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# Buying Time and Fanning Flames

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I was privileged to have facilitated GIA's Funder Forum on Arts in Medicine this past February in Orlando, Florida. In that role, I had the opportunity to listen to and learn from the gathered practitioners and funders. Since then, I have reflected on what for me was an exceptional day of sharing and exchange that I think benefited both the participants and the growing arts-in-medicine field. Here is some of what emerged.

One reason the day went well was that by the time we met, most of the participants had been immersed in the subject matter through the "Arts in Medicine Literature Review" and our visit to the Shands Arts in Medicine program at the University of Florida in Gainesville the day before. The literature review summarizes well the growing body of research on the impact of the arts in health care settings.[1] It also provided us an insightful orientation to both the history of the field and the intricate web of relationships and infrastructure that undergird the most successful arts-in-medicine programs. This complex mix was on full display at Shands, which is a fully realized example of what can happen when leadership, talent, and resources align to allow a trust-based arts-and-medicine partnership to develop over multiple decades. The stories we heard from nurses, doctors, hospital administrators, and artists at Shands not only personified their deeply committed partnerships but also drove home the fact that these connections did not materialize overnight.

The question of what it takes to create an enduring presence of arts in health care is one of the central themes that emerged in our discussions in Orlando. For me, one of the most useful findings in the literature review was that durable programs, like those at Shands, Houston Methodist, and Duke University, have developed gradually, generally starting with introductory, toe-in-the-water arts events, and then evolving over time to become more broad-based, interprofessional collaborations between arts and medical professionals. The experienced artists and arts administrators at the forum reinforced the notion that this kind of institutionalization requires patient, long-term investment and learning from everyone involved, including funders.

For me, this raises a critical question for funders. If institutionalization is a central goal, what are responsible and effective investment strategies for achieving it? At Shands, over 60 percent of the program's support comes directly from the hospital's budget. Another 20 to 30 percent comes from individual donors. This means that both the hospital and its key supporters regard the institution's arts program as a cost-beneficial, mission-serving asset. It is important to note that Shands is not an isolated example. The 2009 "State of the Field Report: Arts in Healthcare" conducted by the Society for Arts in Healthcare found that 56 percent of the sixty programs surveyed were supported wholly or in part through their hospital's operational budgets.

For those interested in seeding new arts-in-health-care initiatives, this is an important benchmark. Here is evidence that the arts can translate as an effective and accountable resource in one of America's most cost-sensitive sectors. At Shands, we heard about how this level of commitment grew in increments, fed by decades of relationship building, research, and no small degree of risk taking by key hospital leadership. No doubt, stories like this can capture the attention and, hopefully, the imaginations of skeptical medical professionals. But it also drives home the point that this kind of case making is an extended journey, which in Shands's instance has persisted through many iterations of administrations and personnel changes.

The long arc of institutionalization poses both opportunities and challenges for funders. Research shows that funder investments are critical for helping arts-in-health-care programs transition along a continuum from introductory arts events to deep integration. The record shows that this support bought the significant time these programs needed to prove their value proposition within the health care economy. Given patience and persistence, the opportunity exists for more of these truly sustainable programs to take seed and grow. Based on my experience growing programs in mental health and correctional institutions, I think this will require heightened levels of cooperation among funders, particularly at the local level. Their challenge will be to develop shared investment strategies that will sustain a program long enough for it to reach critical mass. This collective impact approach will need to extend across sectors to philanthropic and institutional partners from both the arts and health sectors.

The good news for arts and health care investors and advocates is that most of the pioneering work has been completed. The field has matured considerably since its early days in the late 1970s and has in place many of the support elements needed to fuel and sustain its growth. There is a history of increasing levels and depth of research. There are community-based and academic programs that provide professional development for artists and arts administrators who are interested in careers in health care. Funders and medical institutions in places like Gainesville, Houston, and Raleigh-Durham, North Carolina, have provided models for partnerships that support both core arts-in-health-care programs and the infrastructure necessary to sustain them.

Many in the arts-in-health-care field feel the time is ripe for a new surge in program development. Not only is the case being made

successfully within the health care sector, but also a growing number of local arts agencies are focusing their attention on how the arts can help address the critical issues facing their communities. As such, cross-sector arts partnerships are becoming more and more prevalent in communities across the country. Not surprisingly, health-related initiatives are particularly well represented. Most of these efforts are quite small when compared to programs like Shands. But the spark is there. The critical question relative to growing the field is whether new cooperative program and support strategies can be created to fan these flames into a persistent fire.

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**NOTE**

1. Gay Hanna, with Judy Rollins and Lorie Lewis, “Arts in Medicine Literature Review,” Grantmakers in the Arts, 2017, https://www.giarts.org/sites/default/files/2017-02-Arts-Medicine-Literature-Review.pdf.