Exploring
Arts-based Programming
in Health & Wellbeing

A project evaluation, literature review and summary report

Antigonish, Nova Scotia

Prepared for Arts Health Antigonish (AHA!) and St. Francis Xavier University

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Background

This report represents the collaborative efforts of leaders from the community non-profit organization Arts Health Antigonish (AHA!), the National Collaborating Centre for Determinants of Health at St. Francis Xavier University, and faculty at the university. Each stakeholder brought unique needs and perspectives to the process, with the shared goal of enhancing our collective understanding of the ways that the arts impact health at individual, community and structural levels. The benefits of arts programming in bringing about not only downstream, but also midstream and upstream change was of particular interest. As AHA! strategizes how to most effectively meet the demands of growth that four years of successful programming has brought, and the university launches new academic curricula that weave together arts and science to address complex world issues, the time could not be better for this work. Understanding the impact of AHA! programs on the community, not only informs future AHA! programs, but provides evidence of the profound impact on health and well-being and justifies support for similar programs in other communities. It also calls for a research agenda that informs best practices, and the development of partnerships that can help to extend its reach beyond local communities.

The evaluation and report was prepared by an external reviewer, Vanessa Currie, with guidance and support from a Committee that included Elizabeth Brennan, Family Physician and Co-founder of AHA!, Ann Fox Associate Professor at the Department of Human Nutrition, St. Francis Xavier University, and Connie Clement, Scientific Director of the National Collaborating Centre for the Determinants of Health located at St. Francis Xavier University .

The committee is grateful to St. Francis Xavier University for the funding for this evaluation.

Executive Summary

This report, *Exploring Arts-based Programming in Health and Wellbeing,* provides an overview of the evaluation of six arts-health projects implemented by Arts Health Antigonish (AHA!) with young people, seniors and those in the hospital in Antigonish, Nova Scotia. After a detailed review of existing AHA! project evaluations, primarily reports prepared for funders, a project evaluation framework was developed. The Social Determinants of Health and Equity and public health's levels of intervention, downstream, midstream and upstream, were used, as lenses of analysis, to better understand AHA's programming. Guiding questions were developed to direct the evaluation process and key informant interviews were conducted with five core members of AHA! to provide additional context.

Key themes were garnered from the project evaluations. Predominant themes included: '*social inclusion'*, '*social engagement', 'social networks'* and '*meaningful relationships.'* These themes emerged in every project, across age groups and locations. *'Improved health care services'* arose as a theme in all four projects where health care services are offered. *'Improved living environment'* emerged in all four of the projects offered within living environment settings, that of nursing homes and hospitals. *'Improved education outcomes'* occurred in all three projects located within schools. Secondary and minor themes are discussed in the report. The themes provided a strong indication of the value of the arts in promoting health and wellbeing.

A rapid review the literature helped to contextualize AHA!'s programming within the broader field of arts and health, and therefore a general overview is provided of broad concepts of health, as well as social determinants of health and equity and arts and health. In mapping AHA!'s programming within the literature, three predominant areas emerged within the arts and health literature: (1) arts-based programming across the lifespan, where programming for young people and mental wellbeing, seniors and dementia, social isolation for seniors, and end of life are discussed in more detail; (2) arts-based programming based on context or setting, where programming in nursing homes, hospitals and schools is profiled; and (3) and specific forms of arts-based programming, including music, visual arts and expressive writing. Project case studies provide a deeper look at AHA's programming, and reflect the broad alignment with the literature.

Opportunities to contribute to the field of arts and health are discussed in the final section, suggesting ways in which AHA! can move forward in close collaboration with community groups, artists, health organizations and St. Francis Xavier University. Further engaging in research and publishing, developing art and play focused training programs for practitioners, and working towards deeper partnerships and longer-term funding are some of the areas of opportunity identified.

Table of Contents

Part I: AHA! Project Evaluation

In this section, the organization Arts Health Antigonish (AHA!) is introduced, the methods of the project evaluation are discussed, the project evaluation framework is introduced, and key findings are presented and discussed.

Overview of Arts Health Antigonish

> *"We are not just doing arts and health for a small rural place. We want to know how to live together better, how to build a more creative community. We want to be an incubator for change."*
>
> Anne Simpson,
> Writer and AHA! Leadership Team Member

Arts Health Antigonish (AHA!) is a non-profit community organization whose mandate is to foster creative expression for community health (www.artshealthantigonish.org). At a community roundtable in 2013, hosted by Sustainable Antigonish, there was a general recognition of the importance of the arts and culture to community vitality, vibrancy and health. Key members of the health care and arts communities came together to establish a working group, leading to a new community partnership, called Arts Health Antigonish.

AHA! strives to create positive social change at the individual, community, regional and national level by demonstrating, through its works, the profound effects of the arts on individual and community health and wellbeing. AHA!'s projects aim to have a positive impact on all of the individuals involved, including project participants, artists, staff at the various project locations such as schools and hospitals, as well as on the family members and loved ones of those actively engaged in programming. Projects aim to have a broader impact on community health and wellbeing, by building strong social networks that promote healthy behaviours and reducing risks for key populations. Projects also aim to shift the way health care services and education are offered, opening up opportunities for a broader understanding and inclusion of the benefits of the arts in promoting health and wellbeing. For more information on the goals and objectives of the organization, please see *Appendix A: AHA! Logic Model*.

Since its inception, AHA! has worked with local artists to provide innovative arts-health projects, primarily to youth, seniors and those in hospital. These projects have reached over 800 youth, 150 seniors and about 1000 hospitalized people in Eastern Nova Scotia. In general, AHA!'s arts-based programming includes: poetry, visual arts, dance and music programs for adults with dementia; music and storytelling programs for youth; and music and visual arts programs in hospitals, amoung others. AHA! uses appreciative and arts-based inquiry to evaluate programming.

AHA!'s Arts-based Programming
AHA's arts-based projects and activities reflect the vibrancy of the local culture of rural Nova Scotia. For AHA!, art is defined broadly and programming to date has included music, dance, poetry, creative writing, narrative storytelling, drama, clowning, sketching, video and digital storytelling, knitting, collage and sculpture.

AHA!'s programming is offered at both the individual level, where artists work one-on-one with a participant, as well as in a group setting, where artists facilitate a group that works on individual and collective pieces. The setting is most often at a hospital, school, nursing home, library, health centre or other place where large numbers of people can easily access the programming. These facilitated, interactive, arts-based sessions take participants on a journey of self-discovery and creation. Projects often have underlying themes and objectives, such as building empathy and positive peer relationships, and these are offered in a non-intrusive way where the learning emerges overtime and naturally, drawing from the knowledge and experience of the group. In this sense, artists work through difficult issues with participants, using art as a means to foster communication, healing and positive social change.

AHA! Projects

AHA! has offered a wide range of arts-based activities, projects and programs over the course of the past four years. These have included projects such as *Thundertales*, a mixed-media storytelling initiative that engages young people in creative self-expression, building self-confidence, resilience and empathy. *Eldertree* paired artists with seniors, gathering narrative stories about seniors' lives and transforming these into theatrical performances for the public. An *Arts Health Symposium* gathered together artists, practitioners in health and the arts and interested community members to share lessons learned and to dream together. *Artist Workshops* offered an opportunity for over twenty artists to share their experiences working in arts and health in the community, sharing lessons learned and building skills through play and the arts. Other notable projects include *Imagine Antigonish*, a partnership with the Heritage Museum that profiled an artist-led recasting of the history of Antigonish and linked arts with the social determinants of health. Unfortunately not all of these projects could be included in this evaluation, due to time constraints and other considerations highlighted in the next section. For a complete list of projects please see: http://www.artshealthantigonish.org/projects/

> *"When people interact deeply and truly listen and express themselves to one another, when you experience with someone what they experience, this is the transcendent experience...an 'aha' moment."*
>
> John Graham-Pole, retired Pediatric Oncologist and AHA! Leadership Team Member

Methods of the Project Evaluation

The following section introduces the criteria used to select projects for evaluation and identifies three main lenses of analysis to view the projects, (1) Social Determinants of Health, (2) Social Determinants of (In)Equity, and (3) the three levels of public health interventions: downstream, midstream and upstream. Guiding questions and key terms are introduced.

Project Evaluation Data Sources

Data for the AHA! project evaluation included two main sources, individual project evaluations and key informant interviews. The primary source of data was the project evaluations, while key

informant interviews were used to inform context and provide more detailed anecdotes and examples from specific projects.

<u>Individual Project Evaluations</u>
Since AHA! has offered a wide range of programming over the course of its four-year history, the first step of the project evaluation was to develop criteria to guide the selection of projects to be included in the review. The projects included in this review were selected based on the following criteria:
- The project was offered to a specific group of people on an ongoing basis for a minimum of 3 months (rather than a one-time engagement).
- There were written or filmed evaluations of the project.

Data sources included:
(a) Bi-weekly records from artists documenting detailed activities
(b) Evaluative reports, typically reports to funders at the end of the project*
(c) Film, showcasing the artists and participants in the project, and featuring short interviews with various people involved in the project
(d) Letters of recommendation from administration at the participating location, such as schools and hospitals. Most of these were unsolicited, while others were requested to provide support for funding proposals
*Evaluative reports were the primary data source.

Other existing and available data sources, most often products of the projects themselves, were not included in this evaluative review, mainly due to time constraints, these included:
- Project Facebook pages
- Project Podcasts available on Soundcloud
- Song lyrics and liner notes
- Art pieces

<u>Key Informant Interviews</u>
Key Informant interviews were conducted with five individuals who were central to the formation of AHA!, who worked to develop the guiding vision, and who managed projects and activities. Each interview followed a set of interview questions (Please see *Appendix B: Key Informant Interview Questions*), but was conducted in a conversational tone, allowing for discussions to flow and for important subject matter to be explored more deeply. Interviews provided a great deal of context for the reviewer and were primarily used to validate information provided in the written and filmed evaluations. Quotes from the interviews are included throughout this report, to help provide context and draw attention to important points.

Key Terms
It is helpful to provide a definition of key terms used throughout this report:
1. **Arts-based programming**: A diverse range of activities, including but not limited to: drama, painting, sculpture, poetry, creative writing, dance, music, cooking, sewing crafting, digital arts and multi-media. Arts Health Network Canada categorizes the arts as: visual arts, literary arts, performing arts, media arts, design, music, dance, festivals and celebrations (Arts Health Network Canada, 2014, Info-graphic).

2. **Health**: The physical mental, social, emotional and spiritual wellbeing of an individual. This goes beyond the absence of illness or disease to include a holistic approach to wellbeing (WHO, 1946).
3. **Context**: Arts-based programming can be offered in any setting where people spend time, this includes but is not limited to libraries, schools, hospitals, homes, workplaces, prisons, galleries, parks, festivals, places of worship and online (Arts Health Network Canada, 2014, Info-graphic).
4. **Participant:** Any individual who is directly engaged in an AHA! project. Effort was made not to refer to individuals by the specific role played in society at the time of the project, such as patient or student, but instead to refer to them as participants in a project.
5. **AHA! Artist:** An individual who engages in the production of artistic or cultural materials and acts as a facilitator or guide, assisting project participants to learn new skills and develop their own art.
6. **Staff:** An individual working at a nursing home, school, hospital or other location where an AHA! project takes place. (AHA! does not employ this person.)
7. **Stakeholders:** Youth, seniors, community members, artists, staff at nursing homes, hospitals, libraries and other locations where the project takes place or where participants live/work/spend time, administration at the hospital, school or nursing home, family and loved ones of participants.

Lenses of Analysis: The interaction of art and health as viewed through the following lenses
The project evaluation was undertaken with a number of key concepts in mind. These concepts were used as lenses to assist in the analysis of the AHA! projects, the development of the guiding questions, the project evaluation framework, as well as the structure of the literature review. Below is a brief overview of these concepts with more detail included within *Part II: Art, Health, and the Social Determinants of Health in the Literature*

1. **Social Determinants of Health**: The "interrelated social, political and economic factors that create the conditions in which people live, learn, work and play (NCCDH, 2015a)." "These circumstances are shaped by the distribution of money, power and resources at global, national and local levels (CSDH, 2008)."
2. **Social Determinants of Health (In)Equity**: The equity lens affords a deeper look at the social determinants of health, in order to identify how resources for health are unfairly distributed within and amoung populations. These are often described as the greatest root causes of differences in health (Solar & Irwin, 2010).
3. **Levels of intervention:** Changes within various levels of the public health system are often categorized by the level of an intervention: downstream, midstream and upstream. Within public health and the literature around social determinants of health, these terms refer to:
   - "Downstream interventions and strategies focus on providing equitable access to care and services to mitigate the negative impacts of disadvantage on health (NCCDH, 2015a, 6)." Downstream interventions address immediate needs at the individual or family level and changes are to services or access to services (NCCDH, 2014).
   - Midstream interventions address intermediary determinants, seeking to improve working or living conditions or promote healthy behaviour at the micro-policy level in the community or regionally (NCCDH, 2014).

- "Upstream interventions and strategies focus on improving fundamental social and economic structures in order to decrease barriers and improve supports that allow people to achieve their full health potential (NCCDH, 2015a, 6)." Interventions that lead to changes "upstream" are often at the national or translational policy level and address structural determinants (NCCDH, 2014).

Guiding Questions for the Project Evaluation

The following overarching questions guided the project evaluation and were integrated into the project evaluation framework and the key informant interview questions:

1. (A) How does engagement in arts-based activities influence and/or impact stakeholders (including: participants, artists, staff at locations of activities, administration, participants' families and loved ones), specifically their health and wellbeing? (B) What are the key impacts and/or changes for stakeholders from these art-based activities? *(Downstream)*

2. *(A) How do arts-based activities contribute to positive community development? (B) What are the key impacts and/or changes at the local, community or regional level? (Midstream)*

3. *(A) How do arts-based activities influence social and economic structures that distribute wealth, power, opportunities and decision-making? (B) What are the key impacts or changes at the national and transnational policy level? (Upstream)*

Challenges/Limitations

This process has a number of limitations that should be considered:

1. Due to short timelines, a rapid appraisal was conducted to review literature and existing project evaluation data, which limited the breadth and depth of the work.
2. The primary data source for the evaluation was funding reports, rather than raw qualitative or quantitative data. These reports attempted to meet the priorities of the funders, rather than presenting the full range of project impacts and outcomes. Therefore important information may not have been captured.
3. The project evaluation was conducted by one person and involved only one review of the data, due to time and budgetary constraints. Invariably things may have been missed.
4. The members of Committee and the evaluator are health and social science professionals rather than artists, limiting the arts-focused analysis in the evaluation and throughout the report.
5. The available data presented short-term impacts on project participants and did not capture longer-term impacts for all stakeholders.
6. It was not possible to assess changes for all stakeholders prior to, during and after the project, because this data was not collected.
7. The changes, influences or impacts captured were mainly those for participants, with some indication of impacts on AHA! artists, family members and loved ones, and staff at the various locations, such as hospitals and schools.
8. It is difficult to determine cause and effect between AHA!'s projects and changes in participants' health and wellbeing, because it was not possible to control for other factors in participants' lives.

The Project Evaluation Framework
The project evaluation framework reviewed AHA's programming, drawing on the Social Determinants of Health and (In)Equity and public health's classifications of interventions. The following categories were included within the framework:

- Participants: number of; type: youth, seniors, hospital patients; demographic factor: dementia, cancer, mental wellbeing etc.
- Location: Hospital, school, nursing home etc.
- Type of intervention: music, drama, poetry etc.
- Level of intervention: downstream, midstream, upstream
- Project objective/goal
- Impact: general impact; impact on participants; impact on artists/facilitators; impact on staff/administration; impact on families and loved ones of participants
- Social determinants of health lens
- Social determinants of (in)equity lens
- Value of the artistic contribution
- Quotes: from participants; artists & staff/administration; families and loved ones of participants
- Change in attitudes, beliefs, and values
- Emerging themes
- Gaps/needs or lessons learned in programming
- Reviewer comments

Overview of Project Evaluation Framework
The following table is a summary of the project evaluation framework. This table provides a brief overview of each project and highlights some of the categories presented in the full framework. (If you are interested in the complete framework, please contact artshealthantigonish@gmail.com.)

AHA! Evaluated Projects at a Glance						
#	Name of Project	Project Objective	Lifespan	Context or Setting	Health Challenge	Type of Art-based Programming	Key Themes
1	Arts Canopy	Improve mental and physical wellbeing by meaningfully engaging seniors in creative activities	Seniors	Nursing Home & Community	Mild Cognitive Impairment & Dementia	Music, dance, visual arts and poetry	Social inclusion, social engagement, social networks, meaningful relationships, meaningful roles in community, positive self-expression, sense of happiness, joy and excitement, learn new skills, improved living environment and health services
2	Art Care	Enhance health and recovery of patients through creative activities at the individual and group-level, fostering meaningful relationships and bringing in beauty	All-ages	Hospital	Various	General arts including: painting, sculpture, crafting, knitting, collage, music & storytelling	Social inclusion, social engagement, social networks, meaningful relationships, meaningful roles in community, positive self-expression, learn new skills, creating beauty in the context/setting, improved working conditions, living environment & health care services
3	Eldertree	Provide meaningful roles for seniors in community, by gathering their stories and publically performing them	Seniors	Nursing Home	Various, associated with old age	Narrative storytelling & theatrical performance	Social inclusion, social engagement, social networks, meaningful relationships, meaningful roles in community, improved self-confidence, intergenerational learning, creating shared meaning and purpose, creating beauty in the context/setting, improved working conditions, living environment and health care services
4	Music Therapy	Support the mental and physical wellbeing of students and patients by actively engaging them in music therapy	All-ages & youth	Hospital & School	Various (hospital) & mental wellbeing (school)	Music	*Hospital:* Social inclusion, social engagement, social networks, meaningful relationships, improved working conditions, living environment and health care services, sense of happiness, joy and excitement *School:* Improved self-confidence, improved coping skills, positive identity formation, improved education outcomes
5	Thunder-tales	Promote mental wellbeing through creative storytelling, building young people's self-confidence, resilience, empathy and developing their creativity	Youth	Library, School, Health &, Education Centres	Mental wellbeing & various disorders	Creative storytelling through music, acting, clowning, sketching, writing & digital arts	Social inclusion, social engagement, social networks, meaningful relationships, positive self-expression, learn new skills, sense of belonging, resilience and empathy, improved education outcomes
6	Song Writing	Promote mental wellbeing through music; building self-confidence, decision-making skills and developing coping skills for dealing with challenging peer relationships & depression	Youth (girls)	School	Mental Wellbeing	Music, song writing, & learning instruments	Social inclusion, social engagement, social networks, meaningful relationships, creating shared meaning and purpose, improved education outcomes, positive self-expression, sense of belonging, improved self-confidence, resilience and empathy

Key Findings from the AHA! Project Evaluation

In this section, key themes are presented in a frequency table, discussed based on hierarchy of occurrence and viewed through the lens of public health interventions at the downstream, midstream and upstream.

Key Themes

A number of key themes emerged from the detailed review of six AHA! projects, based on the project evaluation data that was available. These themes might also be referred to as 'outcomes,' but because this review does not include a formal research component, the term 'theme' is used. Due to the nature of the project evaluation, including the guiding questions and the project evaluation framework, these themes are health related.

Data was not available on all themes in each project, therefore although a project might have demonstrated a theme it may not be presented here. That said, it is interesting to look at how these themes are represented across the age-levels, as is outlined in the chart below, as well as across locations, as is highlighted in more detail in the discussion following.

Themes	Out of 6 projects	Youth 3 of 6 projects	Seniors 2 of 6 projects	All-ages 2 of 6 projects
Social inclusion	**6**	3	2	2
Social engagement	**6**	3	2	2
Social networks	**6**	3	2	2
Meaningful relationships	**6**	3	2	2
Improved health care services	**4**	-	2	2
Improved living environment	**4**	-	2	2
Positive self-expression	**4**	2	1	1
Meaningful roles in community	**3**	-	2	1
Improved working environment	**3**	-	1	2
Improved education outcomes	**3**	3	-	-
Improved self-confidence	**3**	2	1	
Learn new skills	**3**	1	1	1
Creating beauty within the context/setting	**2**	-	1	1
Creating shared meaning and purpose	**2**	1	1	-
Sense of belonging	**2**	2	-	-
Resilience and empathy	**2**	2	-	-
Sense of happiness, joy and excitement	**2**	-	1	1
Intergenerational learning	**1**	-	1	
Improved coping skills	**1**	1	-	-
Positive identity formation	**1**	1	-	-

*Please note: The project *Music Therapy* had two separate locations, school and hospital, and therefore two different groups of participants, youth and all-ages, so project themes are included separately in the columns "Youth" and "All-ages," to highlight the differences within the project, based on participants and location. The project is included once in the column "Out of 6 projects."

The themes below are categorized in three levels: predominant, secondary and minor, based on how frequently each theme was documented in the project evaluation. Predominant refers to themes that emerged in six out of six projects, or all projects for a specific age group or settings.

Secondary refers to themes that emerged in three or four out of six programs. Minor themes are those that emerged only once or twice.

Predominant Themes
'*Social inclusion', 'social engagement', 'social networks'* and '*meaningful relationships'* stand out as the key themes from the project evaluation. These were clear in every project, across age groups and locations. *'Improved health care services'* emerged as a theme in all four of the projects where health care services are offered. The same for *'improved living environment'*, this theme emerged in all four of the projects offered within living environment settings, that of nursing homes and hospitals. *'Improved education outcomes'* occurred in all three projects located within schools.

Secondary Themes
'*Positive self-expression'* emerged as a strong theme across age groups and locations. *'Meaningful roles in the community'* emerged as an important theme in both projects with seniors as well as in one project with all-ages. '*Improved working environment'* emerged in both all-ages projects in hospitals, as well as one project with seniors in a nursing home. '*Improved self-confidence'* emerged in two of three youth-focused projects, reflecting project objectives, and also in one seniors' project. *'Sense of belonging'* and *'resilience and empathy'* were clear themes for two of three youth projects. *'Learn new skills'* occurred across the age and location spectrum, indicating the importance of the arts-based skill sets participants are gaining and in some cases to softer skill sets such as communication.

Minor Themes

> *"The youth are impacted from this work, from the connection to their peers. Building resilience to the changes and challenges in their life contributes to their fullest potential."*
>
> Jennifer Leuschner, Manager, Public Health and Co-chair of AHA!

As previously mentioned, it is not the case that these themes were not present in more of the projects, but that the data is not available to show the links. '*Creating beauty within the context/setting'* emerged in one hospital project for all ages and one nursing home project for seniors. These are both mixed-medium arts programs where one objective is to create art to beautify the setting. '*Creating shared meaning and purpose'* speaks to the bonding that occurred within the groups and with the artists and this occurred within one youth project and one seniors' project. *'Sense of happiness, joy and excitement'* emerged for one seniors' and one all-ages' project. '*Intergenerational learning'* occurred in one seniors' project, where this was a key objective. *'Improved coping skills'* and '*Positive identity formation'* occurred in one of three youth projects.

Creating Social Change at the Downstream, Midstream and Upstream
Using the terminology from the social determinants of health, this review explored how AHA's projects created change at the downstream, midstream and upstream levels. (Full definitions are provided earlier in this section and are also discussed in more detail below.) The themes outlined above are discussed with more nuance and context in this section. It is worth bearing in mind that projects are community-based initiatives and project objectives focused mainly on the

downstream and midstream levels, though the long-term vision and objectives of the organization include impacting the upstream.

From a downstream perspective, immediate health needs of individuals and groups are the primary concern and effort is made to provide equal access to health care and social services (NCCDH, 2014). Here changes are made within services or with access to services. AHA!'s projects aim to assist individuals or groups who are marginalized due to income, ability, illness and/or remoteness. Bringing services to people, who are unable to travel due to lack of access to transportation or because of their health, is an important component of the work. The programming model focuses on positive self-expression and skill building. Many of the emerging themes indicate that AHA!'s programming helps create positive behaviour change, and this includes:

- Individual development including self-expression, self-confidence, belonging, resilience and empathy, happiness, joy and excitement as well as skill development: Findings from the project evaluation reveal that AHA! programming positively impacts how people express themselves, how they feel about themselves, how they relate to others in the community, and their ability to cope with daily challenges of life. The arts play a powerful role in helping people to see things from a new angle, offering a new perspective. Group work enables people to build new relationships or deepen existing relationships, and work together to address issues they may be facing. For both seniors and young people, having the opportunity to contribute to community by creating private and public art provides a great deal of value, building self-confidence and creating a sense of belonging. These individual development factors go far to impact physical and mental health and wellbeing and can be seen as both prevention and early-intervention programming as well as needs-based programming.

> *"At the core of all the art is a personal story and this is therapeutic, but it increases in strength when it is expressed."*
>
> Dr. Dorothy Lander, Retired Associate Professor, Department of Adult Education, St. Francis Xavier University, Evaluation Consultant with AHA!

At the midstream level, interventions are thought to impact "material circumstances such as housing conditions, employment, food security" or to "reduce risk by promoting healthy behaviours" (NCCDH, 2014, 2). These intermediary determinants often occur at the local or regional level or within organizations (NCCDH, 2014). Working with partners to implement programming, such as schools, the hospital, nursing homes, and the library, AHA! strives to ensure that projects have a positive impact on the environments in which it works. As a result of AHA!'s programming, the following changes occurred at the midstream:

- Social inclusion, social engagement, social networks, and meaningful relationships: These themes emerged as the strongest and could be found in every AHA! project reviewed, across age-groups and settings. These themes can be viewed as both midstream and downstream, because they impact individuals and groups as well as the broader community and the functioning of the community. Seniors, those living rurally and those experiencing health challenges, often experience social isolation. The opportunity to connect with like-minded individuals, to build meaningful relationships,

sometimes across generations, and then meaningfully contribute to community as a result of those relationships is a huge factor in promoting health and wellbeing. For young people, who are learning to understand and express themselves and may struggle to find a positive community of peers, AHA!'s arts-based programming is able to provide a positive support network and build connections based on shared interest in positive activities.

- Improved health care services: Findings from all AHA! projects taking place within a health care environment indicate that health care services were improved as a result of the arts-based programming. This finding reflects the importance of offering a creative outlet for self-expression and healing within the health care environment. It speaks to the joy and beauty that come with the arts, and lifts up the mood at a difficult time or within a specific unit.
- Improved living environment: AHA! projects positively impacted the living environments in all programming in the hospital and nursing homes. Participants and staff in these settings noted that the feeling and mood were better during programming and afterwards. People looked forward to these activities.
- Improved working environment: Similarly, staff in both projects at the hospital and in one nursing home discussed positive changes to their working environment. Hospital staff spoke of AHA! artists as colleagues and allies in helping support their patients, particularly those they found difficult to reach. Improvements in the working environments point to improvements in both staff and participants' mood as well as to the sense that staff have the resources they need to meet the complex needs of their patients.
- Improved learning environment: The learning environment improved for students in all three projects offered within schools. This finding reflects the improved attitude of students, some who had a difficult time within the school environment, and their newfound interest in not only attending school but participating in activities. Art-based programming offered a way for young people to connect with mentors and peers in a positive manner and this in turn helped to improve many relationships between school staff and students and between the students themselves.

The upstream is described as "structural determinants such as social status, income, racism and exclusion" (NCCDH, 2014, 2). Upstream initiatives attempt to address the social and economic structures that shape the way health is distributed and are often referred to as the "causes of the causes." Data on the impacts at the upstream were not collected for most AHA! projects, as the majority of data was retrieved from funding reports, and upstream impacts were not necessarily objectives of the funders.

- Changes to the health system structure: One modest example of change at the upstream level comes from the *Music Therapy* program in the hospital, where after witnessing the profound impact the music therapist had on the patients, staff, and general mood of the hospital as well as the community, a permanent position was created.

Part II: Art, Health, and the Social Determinants of Health in the Literature

In this section, the methods used for the literature review are presented. A brief overview of how health, social determinants of health and arts-based programming are presented in the literature, is provided.

Literature Review
In order to develop a deeper understanding of the relationship between arts and health, a brief literature review was conducted. With the help and guidance of a librarian at St. Francis Xavier University, the following databases were explored: JSTOR, Canadian Business and Current Affairs Database, ProQuest, Project Muse and Google Scholar. We also explored articles more closely within the Journal *Arts and Health*. The following combinations of words were used: "art" and "health" or "wellbeing." We then added in "social determinants of health" or "social change." Words were searched for within the Abstracts and were explored in various combinations. Due to time constraints, preference was given to reviewing overarching papers, seminal reports and literature reviews. The review focused on publications from 2010 and onwards, though some key documents from earlier years were also included.

The following categories within the arts and health literature emerged from the quick scan of the literature:

1. Art for health education
2. Art therapy
3. Arts engagement through museums, libraries, galleries etc.
4. Art-based programming (including descriptions and evaluations of arts-based programming for specific ailments, such as music therapy for dementia and specific arts-based programming for health and wellbeing, such as studies on dance therapy)
5. Arts-based research and evaluation
6. Art for social change
7. Social determinants of health and equality
8. Bio-medical reports on the use of arts-based programming
9. Overarching reports, papers and literature reviews

Arts Health Network Canada has an info-graphic outlining the basics of arts and health. A portion of this speaks to the various areas of the field, and there are some overlaps with the list provided above. Please follow this link to the PDF: https://artshealthnetwork.ca/ahnc/images/artshealthnetworkcanada-artshealth-infrographic-22012014_0.pdf

Broad Concepts of Health
The World Health Organization's (WHO) Constitution describes health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO, 1946, 1)." This definition of health goes beyond a bio-medical understanding of a lack of ill health, opening up the opportunity to explore what it means to be well. The definition has been criticized for numerous reasons, but has withstood the test of time (Clift and Camic, 2016). The National Collaborating Centre for Determinants of Health provides a more nuanced definition of

health, "the physical, spiritual, mental, emotional, environmental, social, cultural and economic wellness of the individual, family, and community (NCCDH, 2015a, 2)," adding in additional layers such as spirituality and the environment as well as extending from the individual to the family and community. A dynamic view of health also includes an understanding of the individual and/or community's capacity to "adapt and self-manage," bringing in concepts of resilience and coping (Huber et al., 2011, 2).

The WHO's *Ottawa Charter* provides a definition of health promotion, which highlights health as part of everyday life (Clift and Camic, 2016).

> Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to well-being (WHO, 1986).

Health, then, is an evolving concept and importantly the conditions required to maintain good health across the lifespan require attention. The WHO states "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition (WHO, 1946, 1)."

Social Determinants of Health and Health Equity

The WHO defines social determinants of health (SDH) as the "conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels (CSDH, 2008)." In other words, how and why an individual gets sick, what risk factors she is exposed to, what services are provided to her, and what services she accesses are influenced by her social position.

Equal access to good health is a fundamental part of health equity and inequity emerges in health populations that could otherwise be avoidable. Inequality in health is mostly shaped by the social determinants of health, and these "unfair and avoidable" differences exist between and within countries (UN Platform, 2016). How the social determinants of health intersect with each other impacts how conditions change, both across an individual lifespan, and also at the broader community level (NCCDH, 2015b).

A Model of the Determinants of Health
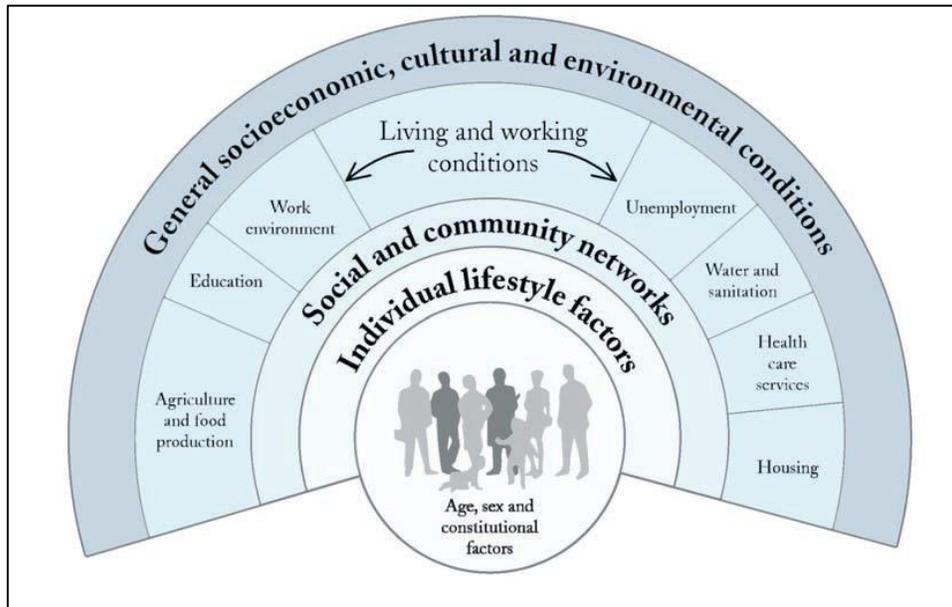
Source: Dahlgren, G. and Whitehead M. (1991) Policies and Strategies to Promote Social Equity in Health. Stockholm: Institute for Future Studies.

This figure provides a visual framework for understanding the social determinants of health. At the centre there are individuals, each with their own biological make-up that includes age, gender, ethnicity, hereditary and genetic factors. The first layer that impacts these individual factors is lifestyle, which includes behaviour and personal choices. Surrounding or impacting individual lifestyle factors are social and community networks that individuals are a part of. These are influenced by the conditions in which we live and work, including education, housing, (un)employment and health care services among others. Finally, the broader socio-economic, cultural and environmental conditions that shape our lives, such as public policy, social support networks, and the environment.

The National Collaborating Centre for Determinants of Health (NCCDH) provides a list of some of the main social determinants of health (NCCDH, 2015a, 3):

• Gender / gender identity	• Health literacy
• Race / racialization	• Income / income security
• Ethnicity	• Employment / job security
• Indigeneity	• Early life experiences
• Colonization	• Disability
• Religion	• Nutrition / food security
• Migrant and refugee experiences	• Housing / housing security
• Culture	• Natural and built environments
• Discrimination / social	• Social safety net / Social protection
• Exclusion / social inclusion	• Access to health services
• Education / literacy	• Health literacy

In general, the terms health inequalities and disparities refer to measurable differences in health status of and between populations. Most of the determinants that diminish likelihood of good

health, quality and even length of life can be avoided or reduced by social and health policy. The WHO's Commission on Social Determinants of Health explained, "This unequal distribution of health-damaging experiences is not in any sense a 'natural' phenomenon but is the result of a toxic combination of poor social policies and programs, unfair economic arrangements, and bad politics (CSDH, 2008, 1)."

The concept of health equity incorporates consideration of which populations receive advantages or disadvantages that influence health. The WHO and numerous other organizations argue that because society could use policy to improve health for all but doesn't, the current distribution of opportunities for health is unfair. The WHO and the NCCDH consider health equity to be an important social goal.

A recent report by the NCCDH, concludes that health equity is an "overarching theme and binding concept" across the literature related to the social determinants of health (Lucyk and McLaren, 2017, 13). The literature reviewed in the report suggests that authors use the term health equity when discussing health changes that need to occur at the societal or structural level (Lucyk and McLaren, 2017). The ways in which SDH are understood are varied. The NCCDH, to encourage more consistency of approach, created a *Glossary of Essential Health Equity Terms*.

Arts and Health

The Arts within the Social Determinants of Health

The arts are not specifically mentioned anywhere within the social determinants of health, something that has been repeatedly challenged by those in the field of art and health (Clift, Camic and Daykin, 2010; Clift and Camic, 2016; All-Party Parliamentary Group, 2017). The editors of the *Oxford Textbook of Creative Arts, Health and Wellbeing*, acknowledge that there are limits to what the arts can achieve in addressing the massive global health inequities that we face today, in this sense many of the midstream and upstream challenges to health and wellbeing. They suggest that the arts can play a vital role in fostering and maintaining health and wellbeing and that researchers and practitioners could explore how best arts can contribute to solving the global challenges we face today (Clift and Camic, 2016). There is a role for the arts within social change and in impacting mental and physical health and wellbeing.

> *"If we are not using the arts for health we will not be healthy people. We need this for a sense of ourselves, sense of our communities, pride in ourselves; meaning; and stimulation. Art enriches us."*
>
> Anne Simpson,
> Writer, AHA! Leadership Team Member

The Arts and Health and Wellbeing

The idea of art as central to our wellbeing can be traced back in history across cultures, as can the role of the arts in addressing illness. Almost every one of us can remember a time when the act of creating something, like a new song learned on the guitar, where the creation and appreciation of the piece brought a positive feeling. The specific role art plays within health and wellbeing is subject to ongoing debate, and perhaps more so in the western world. In the twenty-first century, the role of arts within therapeutic and health care settings has been

gaining momentum, more recently focusing on both practice and evaluation (Clift and Camic, 2016). With the growth in arts-health organizations and networks, international conferences, evaluation and research, peer-reviewed publications, and seminal reports, it can be argued that the field of arts and health has reached a tipping point, where arts are an accepted means to work towards health and wellbeing at the individual and community level (Clift and Camic, 2016).

The All-Party Parliamentary Group on Arts, Health and Wellbeing Inquiry Report, *Creative Health: The Arts for Health and Wellbeing* is a seminal report from the UK released in July 2017, providing the most current and comprehensive overview of the field of arts and health. The report begins with three key messages about the arts and health:

> *The Music Therapy project "help(s) engage people socially, reintroduce them to positive coping and recreation, build self-esteem … (the project) alleviates mental illness symptoms such as anxiety, isolation and agitation"*
>
> Danielle Leblanc, Clinical Manager, Mental Health Unit, St. Martha's Regional Hospital

- "The arts can help keep us well, aid our recovery, and support longer lives better lived.
- The arts can help meet major challenges facing health and social care: ageing, long-term conditions, loneliness and mental health.
- The arts can help save money in the health service and social care (All-Party Parliamentary Group, 2017, 4)."

Throughout the report, these goals are linked to change at the level of policy, administration, programming and services at the national level in the UK.

Jill Sonke, Director Arts in Medicine, University of Florida, explains "the international arts in medicine movement represents a rediscovery of the links between body, mind and spirit and of the unity between the creative and medical arts. It recognizes and advocates for the role of the imagination and creativity in developing and maintaining health (personal conversation with AHA! artist)." There is a shift taking place from an illness-based and hospital-centred health care system to a health-based system that focuses on individuals, and art has a large role to play in this transition (All-Party Parliamentary Group, 2017).

Arts and Health Evaluation and Research
Research is important to help "understand the pathways and processes by which art affects human development" states the white paper *Arts and Human Development: Framing a National Research Agenda for the Arts, Lifelong Learning and Individual Wellbeing*, prepared by the US National Endowment for the Arts and the US Department of Health and Human Services (Hanna, 2011, 7). From a medical perspective, the central question is whether arts-based activities are effective in the treatment of specific illnesses or conditions, and whether or not these interventions are cost-effective (Clift and Camic, 2016). From a health research perspective there is a "hierarchy of evidence" whereby random controlled trials that can establish causal connections and determine objective measurable outcomes are at the top (Clift and Camic, 2016, 6). Though these quantitative controlled studies can indeed be helpful, they can also limit what can be captured when looking at the more complex ways in which art impacts us. There is some discussion in the literature that quantitative studies are unable to capture the deeper transformation and "magic" that occurs in some of these art-based programs, and will actually

limit our understanding of how art impacts health. Thus, there is a call for a mixed-method approach to understanding how art impacts health and wellbeing, one that can draw from both the hard science of quantitative studies as well as more reflective qualitative studies (Clift and Camic, 2016, 6).

To address this challenge, a methodological framework for developing and researching arts in health programs, *Aesop 1*, was developed by researchers in the UK, as a "synthesis of existing arts research methodologies, health research methodologies, health policy documents and reporting guidelines" (Fancourt and Joss, 2015). This helps to address the challenge of how to effectively design, develop, implement, monitor and evaluate an arts health program. Arguably, this may also help to address the problem of the funding gap that exists for many arts and health programs that fall between two sectors, where neither the arts nor health fields can easily understand the methods of the other.

Arts and Health in Canada
According to a conversation with Judith Marcuse, at the International Centre of Art for Social Change at Simon Fraser University, who is currently undertaking a review of the field of art and social change, there are over 250 organizations working in the field in Canada, and many of these have been in operation for decades. A challenge for Canadian practitioners, researchers and organizations, she explained, is in the lack of coordination and cooperation, and there is a great need for improved means of communication and collaboration. Art Bridges provides a helpful resource for those interested in art and social change, including a map of Canada marked with arts-based initiatives http://artbridges.ca. Arts and Health Network Canada offers many useful indications of the current Canadian context on their website https://artshealthnetwork.ca. They summarize the needs that exist within Canada as the following:

- "A central contact point to connect those involved in arts and health initiatives in Canada;
- A comprehensively-researched, current source of information on arts and health initiatives in Canada;
- A source for, or link to, research from around the world on arts' contributions to health care, health promotion and wellness; and best practices;
- A primer for decision makers and practitioners on the benefits of arts and health (Arts and Health 101);
- A multi-disciplinary forum to bridge disciplinary and institutional barriers to understanding and action;
- Appropriate, accepted methodologies to evaluate the impact on health of arts-based activities in Canada; determine best practices; and identify arts involvement in data generation;
- Availability of appropriate training and professional development in Canada;
- Expertise in writing grants and raising funds to advance arts and health in Canada (Arts Health Network Canada, Info-sheet, 1)."

Currently the UK is leading the way in terms of coordinated arts health reviews, policy recommendations, evaluation frameworks and networks of practitioners and researchers. Canada has much to contribute to the conversation and has a unique lens to bring to the discussion. There is great opportunity in the current landscape, such as is presented in an article

titled *"Tipping the Iceberg: The state of arts and health in Canada"*, the authors suggest that the field is gaining momentum and has a solid enough foundation of work to truly make a large impact (Coxa et al., 2010). Judith and Richard Marcuse, discuss the potential of art to tackle complex global challenges by engaging the head and the heart, and describe the growth of the field of art for social change in Canada, identifying key challenges and pointing to a direction forward (Marcuse and Marcuse, 2011).

Part III: Mapping AHA! Programming in the Literature

A mapping process was undertaken to compare the results of the AHA! project evaluation with the literature, focusing on broad level alignments. This section looks at three areas: (1) arts-based programming across the lifespan, (2) arts-based programming based on context or setting, and (3) specific forms of arts-based programming. Case studies of specific AHA! projects are presented, to position them within the literature.

Arts-based Programming Across the Lifespan

The arts and health literature, as well as that of the social determinants of health, are often presented as part of the lifespan. The following four phases of life are discussed in the literature, in terms of how the arts intersect with specific areas of health and wellbeing across the lifespan:

1. Children, adolescents and young adults
2. Working age adults
3. Older adults and seniors
4. End of life

These phases of life are helpful lenses through which to view the social determinants of health and to develop effective policy and programming. In addition, health issues can often be grouped within these phases of the lifespan.

The literature reviewing arts-based programming across the lifespan and various illnesses commonly occurring at different periods of life is vast and therefore difficult to summarize. Based on AHA's programming, this report will look briefly at: 1) young people and mental wellbeing, 2) seniors and dementia, 3) seniors and social isolation, and 4) end of life.

Young people and mental wellbeing: The literature on adolescence and mental wellbeing in connection with the arts is broad, covering young people coping with every day challenges to those who experience serious mental health

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AHA! Project Close-up

The focus of AHA!'s programming with young people is to assist them in achieving their fullest potential by improving mental wellbeing. Young people involved in AHA!'s projects are not necessarily diagnosed with mental health challenges. Participants in *Songwriting* were identified as in need of additional support by their school, while those in *Thundertales* self-selected based on personal interest.

Thundertales used storytelling, through a variety of artistic means, to promote creative self-expression and build self-confidence exploring subjects such as empathy and resilience. According to an artist in Thundertales, we *"explored and shared thoughts on subjects such as depression, death and empathy."* A parent whose children were part of the program explains, *"I feel Thundertales does help to develop empathy and confidence. I have noticed more confidence in them (her children)."*

Songwriting taught young girls how to write lyrics, play instruments and perform together, with the objective to build self-confidence, decision-making skills and coping skills related to challenging peer relationships and depression. The severity of the challenges these girls faced took the AHA! artist by surprise, but strong support networks were formed for these girls to share their feelings and grow together. The AHA! artist shares, "*the (song) writing started to give these girls confidence they didn't previously have, confidence in their words and their power to speak up. Showing the girls this type of group support, female support and group work was really incredible.*" One participant shared that *"(the program) is the only reason I come to school."* And another participant shared, *"I look forward to this every week."* School administrators noted that students who had extremely poor attendance records were attending school regularly and those having problems with the law had found a positive support network.

challenges. Mental wellness is a major challenge for young people. The Canadian Mental Health Association estimates that 10-20% of Canadian youth are affected by a mental illness or disorder. Furthermore, suicide is a leading cause of death in 15-24 year olds, second only to accidents (Mental Health Commission of Canada, 2013). According to a UK study, young people from low socio-economic backgrounds are much more likely to face mental health challenges (All-Party Parliamentary Group, 2017). Approximately a quarter of mental health problems are avoidable with prevention and early intervention during childhood and adolescence (All-Party Parliamentary Group, 2017). The arts can be a powerful and cost-effective way to promote health and wellbeing at this important life stage (All-Party Parliamentary Group, 2017). "Proportional investment in such opportunities across the social gradient would bring untold societal benefits and avoided costs" (All-Party Parliamentary Group, 2017, 99).

In a national qualitative study in the UK looking at the impact of the arts in recovery from mental illness in all age groups, the authors cite "fostering of hope, creating a sense of meaning and purpose, developing new coping mechanisms, and rebuilding identities" as some of the most clear and profound outcomes (Spandler et al., 2007, 791). In a rigorous quantitative study on the impact of participatory arts programming on mental health, researchers found that empowerment, mental health and social inclusion were positively impacted (Hacking et al., 2008).

The *US Arts and Human Development Report* cites research that confirms arts-based learning can change the way young people view themselves and others (Hanna, 2011). It cites a study suggesting that involvement in sustained theatre arts builds self-control, motivation and empathy as well as contributing to shared purpose and team spirit (Hanna, 2011). For young people engaged in the arts, particularly those in ethnic minority and low-income groups, education outcomes improved, including staying in school longer and performing better in school (Catterakk, Chapleau and Iwanaga, 1999 in Hanna, 2011). Another study points to academic success and pro-social outcomes as a result of sustained arts-engagement, pointing to further benefits for low-income students, such as obtaining employment and engaging in volunteerism (Catterall, 2009 in Hanna, 2011).

Seniors and dementia: The arts assist older adults to live healthy lives, longer. The *All-Party Parliamentary Group on Arts, Health and Wellbeing Inquiry Report* suggests that the arts have a major role to play in prevention and postponement of frailty and dementia, as well as improving quality of life for individuals and their care-givers (All-Party Parliamentary Group, 2017). The report cites numerous studies that create a clear link between health in older age and income during working years and previous life experience. Those on the lower social gradient are more likely to experience a disability; life expectancy is linked to education levels; and older people in poor neighbourhoods are more likely to experience mobility challenges (All-Party Parliamentary Group, 2017). According to the Alzheimer's Society of Canada,

> *"Family members are astonished at how helpful AHA! programs can be. They can see that dementia is a disease, but they can also see that there's still a person in there who can craft gorgeous things. It's not just about painting wildflowers; it is about finding the living person."*
>
> Anne Simpson, Writer and AHA! Leadership Team Member

537,000 people are currently living with dementia, and this will almost double within 15 years. In the UK, the *All-Party Parliamentary Group on Arts, Health and Wellbeing Inquiry Report* cites studies that suggest that dementia, and early onset of dementia, are strongly linked to education, occupation and participation in "intellectual, social, physical and creative aspects of life," as well as diet, exercise, smoking and drinking (The All-Party Parliamentary Group, 2017, 130).

Due to the widespread rise in dementia with the ageing populations in the West, there is considerable research and attention to the arts in dementia prevention and care. The strongest evidence exists for the benefits of music programming for those with dementia. Studies show that music programming enhances neural plasticity, decreases agitation, anxiety, frustration and anger and can potentially assist in slowing the onset of dementia (The All-Party Parliamentary Group, 2017). Singing can activate parts of the brain connected to working memory (The All-Party Parliamentary Group, 2017). In a literature review of studies exploring the impact of community-based arts and health programming with people with dementia, "arts-based activities had a positive impact on cognitive processes, in particular on attention, stimulation of memories, enhanced communication and engagement with creative activities" (Young et al., 2016).

> *"Imagine how exciting and moving it is for families and staff, to find their withdrawn, perhaps lost, loved ones, 'waking up' and responding to the arts. The challenge for the artists is to discover that place of connection."*
>
> Elizabeth Brennan, Family Physician, Founder and Co-Chair AHA!

Social isolation for seniors: In the UK, older adults with a low income are twice as likely to feel lonely (All-Party Parliamentary Group, 2017). Social isolation is associated with both physical and mental health challenges and significantly increases older adults' risk of dementia (All-Party Parliamentary Group, 2017). Social isolation is increased for those with mobility issues, negatively impacting health and wellbeing (All-Party Parliamentary Group, 2017). *The Marmot Review*, a seminal review of health and inequality in England, found that life expectancy increased with social participation. "Engagement in the participative creative arts can help to build social capital, address loneliness and social isolation, and build personal confidence and a sense of empowerment" (Allen and Allen, 2016, 32). Arts-based programming involves social interaction, and all AHA! projects included in this review point to social inclusion, social engagement, social networks and meaningful relationships as key themes.

In a multi-method UK study exploring the effects of creative and social activities on the health and wellbeing of socially isolated seniors, researchers found that by comparing pre-testing to 6-month and 12-month follow-ups, that programming had a positive physical and emotional impact, including "increased alertness, social-activity- self-worth, optimism about life and positive changes in health behaviour" (Greaves et al., 2006, 134). They mention that important processes underlying these outcomes were the development of positive group identity and building self-confidence (Greaves et al., 2006). A literature review of arts-based programming for seniors living in nursing homes, concluded that arts-based activities improve "mood, engagement and memory" in the short term and have a role to play in improving quality of life (Fraser et al., 2014).

Using the creative arts to connect rural and socially isolated older adults, Canadian researchers used a participatory action research process involving thematic and narrative inquiry to explore the experiences of participants and program staff. Researchers found that the program positively influenced the wellbeing of participants, particularly around building relationships, creating meaning and personal development (Macleod et al., 2016).

We may be best placed to promote health when we consider health problems and human potential together (Cohen, 2006). Strengthening social networks, and control at the community level, can improve health outcomes (Allen and Allen, 2016). *The Marmot Review* concludes that, in order to reduce social isolation, efforts need to be made to empower communities to develop social capital, including building relationships characterized by trust and reciprocity (Marmot, 2010).

AHA! Project Close-up

Arts Canopy strives to improve the mental and physical wellbeing for seniors with early signs of dementia and for those with dementia by meaningfully engaging them in creative activities. Seniors living in nursing homes, and some still living in their own homes, were engaged in music, dance, visual arts and poetry in a group setting by a variety of AHA! artists. The artists strive to live in the moment with those with dementia, focusing on what they are still able to do and remember, rather than on deficits.

Staff at the nursing home describe *"the good feelings that last well into the evening."* One staff member shared that *"(participants) come back from the music bubbly and want to share their news." "One resident (was) dancing with her walker as she came out of her room, smiling. Got out of bed not complaining."* The program provides various forms of engagement and interaction that bond participants as a group, and help to foster positive relationships, reducing loneliness and isolation.

Interestingly, one staff member reflected that the project *"calms people, all of them. They are able to remember old songs and stories we don't usually hear."* This is consistent with findings in the literature that music is able to access parts of the brain and memory that are not impacted by dementia. A participant in the program described her feeling, *"you enjoy it while you're there and that enjoyment carries on after you are finished. It motivates you to do more things."* The arts have an important role to play in dementia prevention and early intervention, but also in finding creative ways to engage the people who are suffering from the disease.

End of life: One's own death, and passage towards death, is a fundamental part of the human experience. The end of life is heavily associated with the medical system in the West, and perhaps some of the community engagement and creative reflections that once existed around the end of life have been lost (All-Party Parliamentary Group, 2017). Art plays a large role in helping those near the end of life find a way to express themselves, overcome fears, and hopefully access hope and peace (All-Party Parliamentary Group, 2017). Art can also be extremely helpful for loved ones and caregivers to process the life lived and their own lives going forward.

The All-Party Parliamentary Group on Arts, Health and Wellbeing Inquiry Report cites a UK End of Life Strategy that outlines features of a "good death" as: (a) the person is treated as an individual, with both respect and dignity and (b) being in the company of loved ones, in familiar surroundings with little pain (All-Party Parliamentary Group, 2017). The report goes on to discuss how few people are actually able to realize these goals and discusses the ways in which art can play a role in reconciling the physical, psychological, social and spiritual aspects of death (All-Party Parliamentary Group, 2017). Discussions around the end of life centre on themes such as finding meaning in the life story, finding voice and creating a legacy. Art helps people to find meaning in suffering, make sense of the randomness of experiences and bring in some order to help individuals define who they are and have been (All-Party Parliamentary Group, 2017). Art is also very helpful in creating something of value for loved ones, to help ease the loss, as well as in engaging the bereaved in a process of healing (All-Party Parliamentary Group, 2017).

AHA! Project Close-up

AHA! projects have not been specifically designed for those at the end of life, but as project activities take place in both nursing homes and in the hospital, many people are nearing or in this stage of life. ***Art Care*** supports a resident artist in the hospital to work with people on a daily basis, engaging them in a variety of creative activities such as painting, sculpting, crafting, storytelling, music and more. Individual and group arts-based activities aim to enhance health and wellbeing through social engagement and positive self-expression. An AHA! artist shares, *"I observed the healing power of art, through a variety of different forms. Through art-making and personal story telling, patients experience remembrance, which brings forth emotion. To witness joy in the act of remembrance is a gift. Sometimes sadness can bring relief as well through social connection."* An interesting finding from the project evaluation is that the project creates beauty in the hospital, which is important to participants, staff, and loved ones.

One example of an *Art Care* initiative is the creation of an individual and collective art piece, called *Gratitude, Healing and Hope*, with those in the oncology unit, including staff and loves ones. People write messages of hope, and love, or other emotions they wish to release, on a piece of origami paper, often while receiving treatment, and these messages are folded into cranes. The cranes are strung together as part of a larger indoor and outdoor installation carrying messages of gratitude, healing and hope to the community. One participant shared, *"Writing my message on that piece of paper and then wrapping it up and letting it go was such a powerful release. It felt so good to finally let go of that thought and feeling. It was transformative."*

Arts-based Programming Based on Context or Setting
In addition to lifespan, context plays an important role in the social determinants of health and therefore within the arts and health literature. For health data, there are interesting intergenerational factors impacted by place, environment and community (All-Party Parliamentary Group, 2017). The following six contexts are commonly explored in the literature, giving an in depth look at specific environments where art and health interact:
1. Natural environment, nature
2. Educational environments, including schools and education centres
3. Public or community spaces including library, galleries, museums
4. Health care environments, including health centres, hospitals and nursing homes

5. Working environments, including offices, factories etc.
6. Living environments and homes

The *WHO Commission on the Social Determinants of Health* takes account of both the natural and built environment. Research has shown that access to green spaces, water and natural light have a very powerful impact on health and wellbeing (All-Party Parliamentary Group, 2017). Built environments also impact our health and wellbeing, and the quality and access to both built and natural environments is linked to social position. In both architectural design and urban planning, there is an opportunity for art and nature to be brought forward to promote wellbeing.

Art within health care settings has the potential to reduce anxiety and connect us to our humanity (All-Party Parliamentary Group, 2017). There is an interesting discussion in the literature around art, policy and design. "The emphasis on place as an organizing principle for public service design and delivery, combined with the integration of public budgets to commission services, signals an important opportunity for arts, health and wellbeing to feature in local health and wellbeing strategies" (All-Party Parliamentary Group, 2017, 81). Community planning can also be structured to enhance the experiences of people across the lifespan and also for various common illnesses such as dementia (All-Party Parliamentary Group, 2017).

AHA! Project Close-up

The *Music Therapy* program takes place with both young people in schools as well as with participants of all ages in the hospital. In this sense the context or setting has a large impact on the project outcomes. In both settings, a trained music therapist comes in to engage participants in singing, and this often includes playing along with various instruments, dancing and even songwriting. The project aims to positively impact both the physical and mental health and wellbeing of the participants.

For students engaged in the program at school, the strongest benefits of the project appear to be related to individual development, focusing on improved self-confidence, coping skills, and positive identity formation. A school staff member shared, "*It was most satisfying to see how students who struggle with self- esteem and emotional issues became more 'grounded' and validated through music sessions...It allowed our students the opportunity to express themselves, become more confident and contributed to their sense of identity. For some students, as you may or may not know, it was a great leap.*"

For those at the hospital, the music therapy program helps to bring them out of isolation and into a positive social group, and therefore outcomes are centered on inclusion, engagement, building relationships and social networks. A participant shared, *"I really enjoyed that…. That's how music helps you know. Getting together…we could sing and I think that it's important that they do have that therapy. It's a social gathering…any time you get together and sing, naturally its good for your morale."* Improvement to mood and outlook were clear in both settings, with the sense of joy and excitement being particularly clear for those in the hospital. As one participant from the hospital shared, *"music, that's the best therapy going."*

For a closer look at this program watch *Striking A Chord*, a film and arts-based evaluation of the project in the hospital: https://www.youtube.com/watch?v=sdMA_s-a-m0

Specific Forms of Arts-based Programming

According to authors of "*The connection between art, healing and public health: a review of the current literature"*, published in the American Journal of Public Health in 2010, "Engagement with creative activities has the potential to contribute toward reducing stress and depression and can serve as a vehicle for alleviating the burden of chronic disease (Stuckey and Nobel, 2010, 254)." The literature review revealed four primary arts-based therapies most commonly used to promote health: music engagement, visual arts, movement-based creative expression and expressive writing. Three of the above will be explored: music, visual arts and expressive writing, because these are arts-based programming methods commonly implemented by AHA!.

Music: Music is the most common and also most researched arts intervention within the field of health and wellbeing (Stuckey and Nobel, 2010). The authors cite numerous studies that point to music being effective in its ability to decrease anxiety, restore emotional balance, achieve control over pain, calm neural activity in the brain and partly restore effective immune system functioning (Stuckey and Nobel, 2010).

Visual arts: Visual arts, through artistic self-expression, can contribute to positive identity, a sense of self-worth, help maintain social identity, focus on positive life experiences, assist with processing grief, facilitate communication and cathartic release, reveal what cannot be expressed in words, decrease symptoms of physical and emotional distress during treatment, and facilitate emotional healing (Stuckey and Nobel, 2010).

Expressive writing: Those who have written about their own traumatic experiences show improvements in physical health and a reduction in visits to physicians, as well as better immune system functioning (Stuckey and Nobel, 2010). Writing has also been shown to improve mood and health in the long term, including contributing to stress reduction and fostering improvement in a number of social, academic and cognitive variables (Stuckey and Nobel, 2010). It can also be helpful in controlling pain, decreasing symptoms of depression, improving communication and helping with the process of creating meaning (Stuckey and Nobel, 2010).

AHA! Project Close-up

The *Eldertree* project paired AHA! artists with seniors, to gather narrative stories about each person's life. The artists then worked to transform these stories into theatre, using music, dance, poetry and other artistic mediums to share each piece. A number of performances were then given to the participants, their loved ones and the general public, to raise awareness about the fascinating lives of seniors. The project provided meaningful decision-making roles for seniors, who worked alongside the artists to develop each piece. Artists were deeply impacted by the relationships made with the participants and the learning they received. For example, an artist whose passion is traditional Scottish and Acadian dance and music learned new dance steps she could integrate into her work.

The public performances were widely praised for their beauty and importance. Seniors felt honoured to have their stories showcased. One elder shared, *"it's powerful to hear people's stories told with such pride, strength and sensitivity."* This hands-on project was able to improve the living environment for these seniors and also positively impacted health care services. One staff member at a nursing home shared, *"they (participants) come alive…they are excited to hear their stories."* Another shared, *"it made a big difference in their lives."* An AHA! artist reflected, *"when you take an interest in someone and their life, make them feel like they are someone unique, then that really does a lot for self-esteem and morale."*

For a closer look, please see *The Road Home*, a film on the initiative:
https://www.youtube.com/watch?v=qi3Yx-FgSmU

Part IV: Steps Forward

The focus of this report, *Exploring Arts-based Programming in Health and Wellbeing,* is to provide a summary of the project evaluation conducted on a select few AHA! projects with young people, seniors and those in the hospital. The committee was interested to see how the findings of the project evaluation fit within the broader literature related to arts, health and wellbeing. The literature review uncovered a broad field, with many exciting organizations, networks, researchers and practitioners and many possibilities for moving forward.

Opportunities for Contributions to the Field of Arts and Health
Individuals and organizations have been working for decades on arts and health research and programming, and the field is currently reaching a tipping point. There is energy and positive momentum to create large-scale change within the field of arts and health. Particularly in Canada, where the field as a whole is emerging, there is a need to strengthen the network of practitioners, organizations and institutions, share lessons learned, and work together on research.

The findings of this report suggest significant opportunity for collaboration among community groups, artists, health organizations and St. Francis Xavier University. The demand for arts programming is growing, at a rate beyond what AHA! can readily provide, and the health and wellness needs of the population continue. Identifying the most effective ways of addressing these needs, through the education of future artists, health providers, and community leaders, and through research and advocacy around public policy that supports engagement in the arts as a health promotion strategy, are areas that the partnership between AHA! and St. Francis Xavier University is well positioned to address.

Many of the seminal reports and literature reviews cited in this report list key recommendations for the field. The following are specific recommendations for contributions to the field of arts and health for AHA! and St. Francis Xavier University going forward:
- Publish case studies: AHA! could research, write and publish case studies on successful programs such as *Music Therapy* and *Art Care*, including an overview of the program and emerging themes, a deeper look at the literature related to these specific programming areas and themes, and lessons learned.
- Contribute to the dialogue around arts and the Social Determinants of Health (SDH): Because the arts are not specifically mentioned within the SDH, there is a need to bring more attention to the role the arts can play mitigating the determinants, responding to existing inequity in our communities and building positive conditions for health. Publishing articles and continuing to link reports and findings from arts-based programming to the SDH will help move this conversation forward.
- Participate in longitudinal quantitative research: Working with academic and funding partners, AHA! could strive to implement longer-term programming with an accompanying quantitative research component to address the well-documented shortage of longitudinal and quantitative studies on the impacts of arts-based programming on health and wellbeing. "Researchers should make better attempts to establish meaningful control groups, should attempt to quantify interventions and outcome variables at higher levels of standardization and precision to allow for more

cross-study comparison, should expand study populations to allow exploration of the effects of interventions in groups with diverse cultural and socioeconomic backgrounds, and should plan for longer term follow-ups to assess the sustainability of outcomes over time (Stuckey and Nobel, 2010, 261)."

- Conduct arts-based qualitative research: There is another group of practitioners and researchers who see the movement towards quantitative research within the arts as unfortunate, because there is a risk of losing some of the deeper meaning, the transformation and the "magic" that is difficult to capture without qualitative studies. In fact, there are many exciting examples of arts-based research methods that can be employed and it would be very interesting for AHA! to make use of some of these methods of research and publish the findings.

- Explore AHA!'s programming and the literature from an arts-based perspective: Since the current review of AHA!'s programming and the literature was health-focused, it would be interesting to undertake a similar arts-based review, presenting findings through an artistic medium.

- Promote art for social change: Since AHA!'s objectives include both health, wellbeing and broader social change, it would be interesting to see research and programming continue to occur at the midstream and upstream level. This might include an exploration of the AHA! projects Imagine Antigonish and 1784:(Un)settling Antigonish, exploring how they have influenced community health.

- Develop a community arts and health training program, or partner with existing agencies: A current gap in the field is that of thorough and accessible training for those working within the field of arts and health. AHA! has developed its own short-term training opportunities to help prepare artists working with specific health communities, but there is an indication that this could be more rigorous. There might also be some relevance in developing short- term certificates that can be offered in communities where work is taking place.

- Encourage and support arts-based education: Art and play based education are well positioned to improve both the teaching and learning environment. Teachers could be both taught and supported as they implement arts-based education in the classroom.

- Consider submitting large funding applications: Evidence shows that participants benefit from longer-term programming, and though this is an objective of AHA!, it is not easy to secure long term funding. There is some indication that national funding bodies such as SSRC and CIHR have a new interest in the field of arts and health and this might be a strategic time to apply and to assist in addressing more midstream health challenges.

- Establish formal links with key networks and players: AHA! currently has ties with many networks and organizations and it might be interesting to formalize and continue to nurture some of the links, including with: The Sidney De Haan Research Centre for Arts and Health at Christ Church University (https://www.canterbury.ac.uk/health-and-wellbeing/sidney-de-haan-research-centre/sidney-de-haan-research-centre.aspx); the International Centre of Art for Social Change, at Simon Fraser University: https://www.icasc.ca/ and the Centre for Arts and Medicine at the University of Florida http://arts.ufl.edu/academics/center-for-arts-in-medicine/

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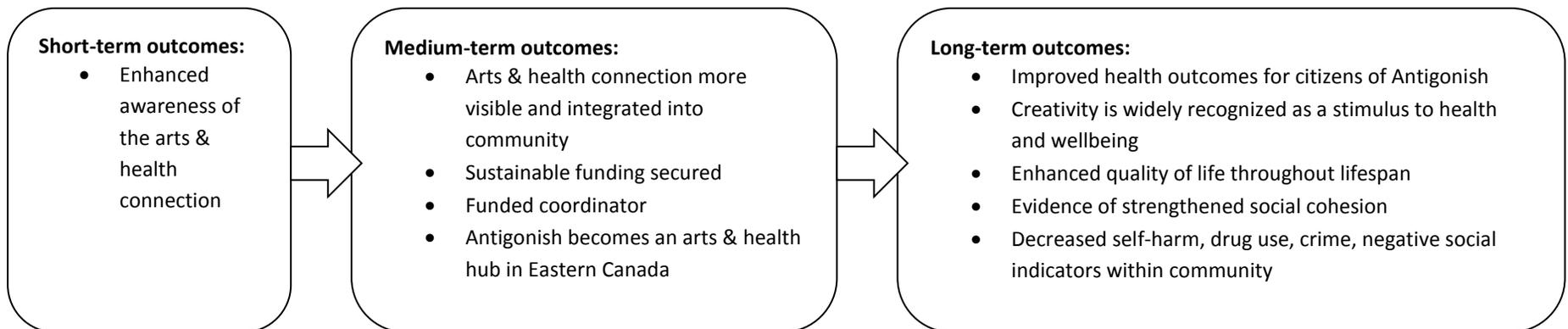
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Appendix A: AHA! Logic Model

Component	Relationships, partnerships & collaboration	Capacity building	Sustainability	Diversity & social inclusion	Enabling, enriching environments	Research, planning & evaluation
Objectives	To build and maintain relationships and partnerships among diverse local, provincial, national and international champions of arts and health To strengthen collaborative arts & health efforts by identifying and working collaboratively with potential partners To support one another in our personal arts and health growth	To build awareness, knowledge and skills among health care providers and artists of the value of art as a healer and determinant of health To support community arts & health endeavors To build leadership through planning and supporting succession	To build community support and momentum for arts and health initiatives To establish funding sources leading to sustainable long term funding To nurture and grow the arts and health movement while respecting our collective capacity To foster the inspiration and spark that brought us together To respect the social, cultural, economic, and environmental pillars of sustainability	To engage & involve First Nations, African Nova Scotian, Immigrant and other priority populations/groups in Arts Health initiatives To place priority on arts & health initiatives that engage people/populations who may experience disproportionate barriers To understand inequity and privilege and how they contribute to/create barriers to health	To foster environments which support and nurture the arts in personal and public spaces To engage and influence decision-makers by showing the power and value of arts & health To advocate for social justice, social change, & health equity through the arts To explore the value of the arts as a tool for learning and healing	Linking planning and evaluation to inform and guide AHA! initiatives To seek opportunities to participate in research demonstrating the value of arts & health To have an ongoing process of critical reflection of the work of AHA!
Activities	Liaise with local, provincial, and national arts & health groups Develop a document of best practices & lessons learned	Nurture artists, health care providers, community members through reciprocal learning opportunities Intentional team building activities for the development of AHA!	Securing sustainable funding Advocate for fair financial compensation for the work of artists Scale up/scale down	Create meaningful employment for youth in our community Improve elder quality of life by involving them in arts & health initiatives Encourage diversity	Work with stfx depts. to plan and develop an interdisciplinary course in arts & health Expand the arts & health team in health care settings	

	Seek opportunities to support, communicate and collaborate Collaborate with relevant stakeholders of each initiative	Assist community projects in initial phases as appropriate	AHA! initiatives as appropriate Raise awareness and support the spread of the arts & health movement to other areas	within the AHA! team and in AHA! projects	To apply an arts and health lens to existing health services, supports and programs Enhance health care environments, community settings through the arts	
Outputs	collaborative projects partnerships networks tools asset maps directories best practice documents communication strategies	Workshops Webinars/conferences Team building exercises Project management skill building sessions	Communication strategies Films developed Inspirational initiatives/ideas shared	Projects Employment opportunities Volunteer opportunities	Policies Projects/programs Arts/health positions	Tools for planning and evaluation Reports films

Short-term outcomes:
- Enhanced awareness of the arts & health connection

Medium-term outcomes:
- Arts & health connection more visible and integrated into community
- Sustainable funding secured
- Funded coordinator
- Antigonish becomes an arts & health hub in Eastern Canada

Long-term outcomes:
- Improved health outcomes for citizens of Antigonish
- Creativity is widely recognized as a stimulus to health and wellbeing
- Enhanced quality of life throughout lifespan
- Evidence of strengthened social cohesion
- Decreased self-harm, drug use, crime, negative social indicators within community

Appendix B: Key Informant Interview Questions

1. Can you tell me briefly about your involvement with AHA?
2. How do you think arts-based programming impacts stakeholders' health and wellbeing?
3. What are some of the impacts or changes for stakeholders involved in AHA's programs? (Please be specific)
4. Have you seen any changes in behaviours, beliefs or attitudes of stakeholders?
5. How do arts-based activities contribute to positive community development? What are some of these changes at the local level as a result of AHA's programs, can you give an example?
6. What do you think is the contribution or impact of the art created by participants?
7. How do arts-based activities influence social and economic structures that distribute wealth, power, opportunities and decision-making? Have you seen any of these changes as a result of AHA's program, if so what are they?
8. What would you say are some of the key themes of AHA's work?
9. In your opinion, what would you say is AHA's greatest impact or achievement?
10. Is there anything else you would like to share with me?