



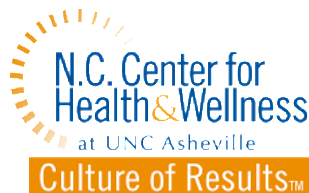
Program Evaluation Methods and Results

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Source: <http://www.artsforlifenc.org/art-gallery/>

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BACKGROUND

In 2019, Arts for Life (AFL) partnered with the Culture of Results (COR) Initiative of the North Carolina Center for Health and Wellness to complete a program evaluation. The COR team applied an empowerment model of evaluation to iteratively develop performance measures and draft a survey to evaluate AFL's programs. The purpose of this evaluation was to understand how AFL services impact key customers and to support AFL in growing their programs, improving services, and building sustainability.

Culture of Results uses Results-based Accountability (RBA), an evidence-based framework for program planning and evaluation. This report follows the RBA format of reporting on headline performance measures: How much did we do?, How well did we do it?, Is anyone better off?

The desired results of the program evaluation were to: 1) Better understand short- and long-term impact of programs on key customers using quantitative and qualitative information, 2) Produce product(s) that can be used to communicate outcomes to funders and 3) Prepare evidence that positions Arts for Life within the field of arts in health.

PERFORMANCE MEASURES

Through background research on AFL programs and a search of scientific research in the field, COR identified potential performance measures to include in this evaluation. A summary of the background research and literature review that informed this list of measures can be found in Appendix A. The following possible performance measures were identified prior to seeking stakeholder input:

Arts For Life Past and Possible Performance Measures Final		= Measures from literature search
How much did we do?	How well did we do it?	
# Clients/patients served # People supported (siblings + family) # Lessons taught/Sessions # Hours of Service # Volunteer Hours; Hrs/week \$ Value of Hours	Values embodied- inclusion, creativity, learning, collaboration, and compassion % Participants satisfied w AFL program Qualitative Improvement Data- what works to do better in AFL programs	
Is anyone better off?: Δ Knowledge, Attitudes/opinions, Skills/behaviors, Circumstances – internal + external		
Δ Health outcomes: patients “feel better” physically after engaging in art projects, reduced need for medication, improved general symptoms of illness and/or side effects of treatment (physical, mental and/or emotional) Δ Satisfaction w/ healthcare experience/quality of care (reported by patients and/or parents) Δ Attitudes/opinions/feelings: anxiety about their treatment and/or the hospital (of patients), anxiety about life overall (of patients and parents/caregivers), depression(of patients and parents/caregivers), quality of life, sense of purpose, sense of accomplishment, sense of control/locus of control, self-esteem/self image, feeling liked, feeling cared for, expressing self and emotions through art Δ Skills/behaviors: coping skills with effects of illness, treatments, reduced fear, adherence to treatment (of patients and parents/caregivers), imagination/creativity, critical thinking, ability to set goals, ability to achieve goals, new art skills, improved art skills, increased interactions of patients with other patients and siblings/social functioning, increased interactions of caregivers with other caregivers Δ Circumstances: social support, increased access to the arts and education, clinicians work environments, positive educational experiences, bond with therapist/AFL provider		

By means of a survey ([Arts for Life Performance Measures Identification and Prioritization](#)) shared with board members, staff, volunteers, clinical partners, family members/patients, donors, funders, and other stakeholders, performance measures were identified and prioritized in order of importance. Stakeholders also offered other key measures they felt were missing. The survey received a total of 39 responses representative of the AFL community. Results of the stakeholder survey can be reviewed in greater detail in Appendix B.

The following were the final prioritized performance measures that informed the program evaluation:

Arts For Life Final Performance Measures for Program Evaluation

How much did we do?	How well did we do it?
# Clients/patients served - Age ranges of clients - Gender of clients - Race/ethnicity of clients # Activity location # Activity Type	% Participants who enjoy AFL art projects % Participants who feel included & respected
Is anyone better off?: Δ Satisfaction with Clinical Care: % Participants who report improved healthcare experience Δ Health outcomes: % Participants who report their body feels better physically Δ Mental health outcomes: % Participants who report lower anxiety % Participants who report increased happiness Δ Skills/behaviors: % Participants who report they can express themselves through art or music Δ Circumstances: % Participants who report coping skills % Participants who report perseverance % Participants who report preference for social connection	



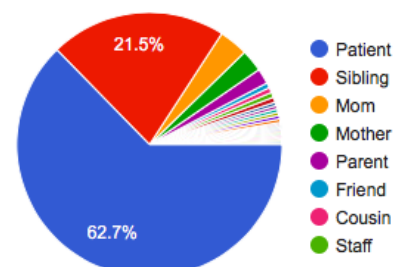
These measures were used to develop the Arts of Life Survey that was delivered to program participants. The protocol for collecting survey data is outlined in Appendix C. The Arts for Life survey and all responses can be found in Appendices D and E respectively.

KEY FINDINGS

How much did we do?: Numbers Served & Frequency of Services Received

In total, 487 survey responses were received between September 2019 and January 2020. Nearly 63% of respondents were patients and 21.5% were siblings of patients. The remaining respondents were parents, friends, staff, and other family members. Most participants (74.7%) were between 5-12 years old. Nearly 60%

Are you a patient or a family member?



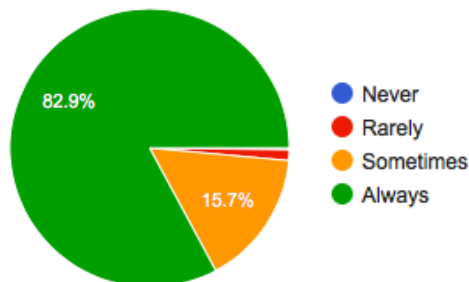
were white, 21.9% African-American/Black and 10.4% Hispanic. More participants were female (62.1%) than male (37.7%). About half of all respondents (49%) were from Asheville: Rueter and the Winston Salem-7th floor program locations, with the other half being split the remaining 10 locations. Almost all participants (93.2%) were active in the craft or art studio.

For many respondents (39%), this was the first-time making art or music with Arts for Life. One fourth of respondents participated once in a while, and 35.5% participate often or all of the time.

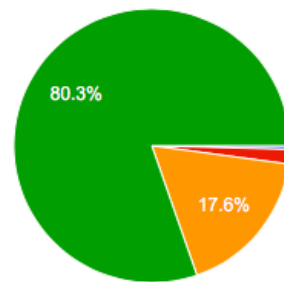
How well did we do it?: Customer Satisfaction & Inclusivity

A majority of respondents (82.9%) *always* enjoyed doing art projects with Arts for Life while being patients or family members/friends of patients. Over 80% of respondents felt that making art or music, *always* made them feel included and respected.

I enjoy doing these art projects.



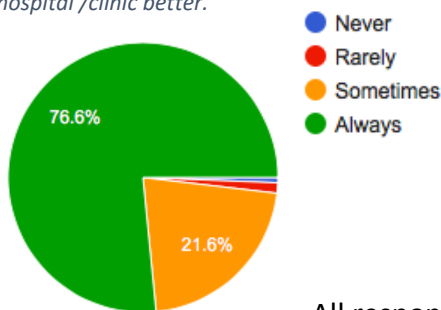
When I make art or music, I feel included and respected.



Is anyone better off?: Various Outcomes

Many participants (76.6%) reported higher satisfaction with clinical care, stating art or music *always* makes being at the hospital or clinic better. More than half of patients (62.1%) had improved health outcomes agreeing that "When I make art or music, my body *always* starts feeling better." More than half (58.1%) reported lower anxiety, *always* starting to feel less nervous or scared and 82.4% *always* starting to feel happier when making art or music

When I make art or music, it makes being at the hospital /clinic better.



A large majority (79.7%) of participants said making art or music *always* let them express themselves. When feeling bad, 61.1% *always* agree that they can start doing something that will make them feel better. Most participants (73.1%) *always* enjoyed spending time with other people while making art or music

All respondents had positive comments in reaction to the final survey item, "Why do you do art or music with us?". For a complete list of open-ended responses, please see the "Arts for Life Survey Responses" Excel sheet attached. Exceptional comments have been pulled out below:

"Because it makes me feel happy and welcome. Doing art always makes me feel better. I can forget everything that happened. I really like doing art."

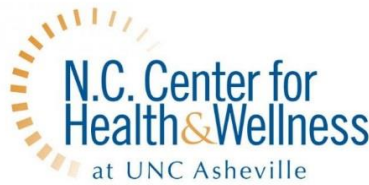
"It helps me not be as scared or nervous about being here or at a doctor's office/clinic."

"My body feels more happy when I do art. It's always something I can do to make myself feel better. Because it makes me want to stay at the art table and not leave."

"It gives me something to do when I'm hurting. And it's real fun."

APPENDICES

APPENDIX A: Review of Research Relevant to Arts for Life



By: Cat Turbyfill, MPH Candidate, NCCHW Research Assistant &
Emma Olson, MPH, LMSW, NCCHW Director of Partnerships and Evaluation

Methods

The Culture of Results team conducted research to learn about the effectiveness and impact of art therapy on clinical patients. We primarily reviewed two systematic reviews studying various impacts of art therapy using validated tools and conducted additional research based on primary findings. All reviewed articles were scientific studies in clinical applications of art therapy.

Key Findings

Significant findings from these reviews included:

- 1) There is a strong positive association between art therapy and **anxiety**; it is worth noting that different types of anxieties were measured (e.g., hospital anxiety, treatment anxiety, etcetera).
- 2) Impacts on **depression** were present but not as strong (i.e., statistically insignificant).
- 3) Though often researched, there were no significant correlations between art therapy and **quality of life** in the systematic reviews. Other independent studies (those not included in aforementioned reviews) revealed conflicting findings on impact of patient's QoL – revealing QoL may have a positive impact in some settings. As a caveat, in one study patients reported anxiety and depressive symptoms as critically important to treatment, while QoL was rated as important in comparison.
- 4) Lastly, one study revealed positive associations in **measures of coping and general symptoms** of the patients; but both of these measures were not included in the two reviews and evidence is limited.
- 5) Other impact measures included: **mood states (positive and negative moods), symptoms/functional assessment, blood pressure, heart rate, social behavior/social desirability, body image, pain, coping, benefit finding, spiritual wellbeing, shoulder range of motion, social functioning, social interaction, socialization, problem-solving abilities, locus of control, apathy, cognitive function, memory, self-esteem, hostility, emotional content, self-image, somatic/psychological symptoms, distress, general well-being, health-related QoL, academic achievement, adjustment (defined by: withdrawal, troubling thoughts, delinquency, attention, aggressive behavior psychosomatic difficulties, anxiety / depression,**

social problems), resistance, simple response (composed of agreement, appropriate request, and recounting), and cognitive exploration, affective exploration, insight, therapeutic change.

In addition, one study looked at factors that affect the intervention impact. Process measures for predicting impact included: therapists' and children's session impression (feeling and meaning) and therapists' and children's strength of bonding (agreement on tasks, agreement on goals, and bonding with the therapist).

Validated tools for AFL performance evaluation have been compiled by the Research Assistant to match all performance measures listed. There are a number of studies assessing art therapies but these prove difficult to compare as populations differ across characteristics, as do outcome measures, and instruments used.

Conclusions

This research illustrates various types of impact of art therapy on patient health and wellbeing. These can be considered potential changes to measure in the Arts for Life program evaluation. As the impact of art therapy on anxiety shows the strongest correlation, the AFL team should seriously consider including possible measures of anxiety change. Depression and quality of life should also be considered in particular.

However, the methods of these studies may differ substantially from those that will be utilized in the program evaluation. Arts for Life may not focus on one type of impact and thus the use of a validated tool could be challenging. In addition, the sample population may differ. For example, there will be great variability in patient diagnosis or conditions, as well as where the patient is in the trajectory of the treatment plan or illness. This variability could lead to differences in the impact or effectiveness of the intervention. Additional challenges may also include not having a comparison group or pre-assessment available.

Table of Findings: <https://drive.google.com/drive/u/0/recent>

APPENDIX B: Summary Memo of Stakeholder Survey

RESPONSE

The Performance Measure Identification and Prioritization Survey received a total of 39 responses. Responses were representative of AFL community comprising of Board, staff (including employed Doctors), volunteers, clinical partners, family members/patients, donors and funders.

KEY FINDINGS

The majority of respondents (86.8%) chose: “Patients feel better physically after...” as the most important PM to capture **health outcomes**. “Improved general symptoms of illness and/or side effects of treatment...” had a similarly high response rate of 81.6%, while 50% selected “Reduced need for medication”.

There was overwhelming consensus on how to measure **satisfaction**: 100% selected “Improvement of healthcare experience/quality of care...”

Attitudes/opinions/feelings had much greater variance in responses across most measures.

“Expressing self and emotions through art” received the greatest consensus at a rate of 94.9%.

“Anxiety about their treatment and/or the hospital” also received majority response (87.2%).

Most responses were varied regarding **skills/behaviors** performance measures. The highest response rate of 87.2% fell on “Coping skills with effects of illness and/or treatments in patients”.

Performance measures for **circumstances** also varied in responses. “Social support/reduced isolation” received the greatest response rate of 87.2%

NEXT STEPS

Our team will discuss best methods to collect data with AFL leadership. The internal survey revealed most respondents (87.2%) agreed with survey design to capture PMs from AFL customers. The other top two responses included observations (69.2%) and focus groups (59%).

Most headline measures appear that they could easily be captured via self-reported survey and/or interviews with parents/caregiver while child completes art project. Our team recommends using a survey format for ease of use and analysis. For instance, Google Forms (as used in the stakeholder survey) provides a platform that also executes the statistical analysis of responses. While Google’s analytics may not be as sophisticated as other software, it provides AFL with a simplistic and cost-efficient tool. Our team believes this will enable AFL to better support their evaluation efforts, ensure continuity, and foster sustainability in future/on-going evaluations.

To further elucidate what PMs are best suited for AFL, our team will update the Performance Measure grid to indicate majority responses (>85%), responses under consideration (50%-84%), and some interest (<50%). This will be sent to AFL staff to discuss further in the next meeting and determine possible indicators for survey prototype.

APPENDIX C: Arts for Life Survey Protocol

Screening and Participant Eligibility

First, screen for appropriate respondents.

ASK PARTICIPANTS:

- 1) *How old are you?* (Must be 5 years or older). [If under 5, continue art project as usual.]
- 2) *Have you filled out a survey with us recently-sometime this year?* (Must answer no.)
[If YES: *Great, thanks for doing that already – we really appreciate your help.*] - END.
[If NO: Continue below]

Information about the Purpose and Directions

If s/he is under the age of 18 years, locate the parent/guardian of the child. Ask, *Can you show me who bought you here today?*

ASK/TELL GUARDIANS:

Can your child fill out a brief survey that we can use to evaluate our program? The survey will probably take about 3 to 5 minutes to complete, but your child can take as much time as necessary. There are relatively no risks to participating—we don't anticipate any questions will be upsetting, and the answers are anonymous. The survey will help us understand our impact, continue to bring art supplies to this hospital, and make activities even better.

If possible, your child should complete the survey independently. If s/he needs help, you can read the questions, but try not to influence your child's answers. We want him/her to be honest about his/her experiences here.

Your child can ask us questions at any point, skip a question if s/he is having trouble coming up with an answer, or stop if s/he wants to. Do you or your child have any questions? Do you consent to participating?

IF GUARDIAN IS NOT IMMEDIATELY PRESENT, STAFF SHOULD PROCEED WITH SURVEY- TELL THE PARTICIPANT:

Can you please fill out a brief survey that we can use to evaluate our art projects? The survey will probably take about 3 to 5 minutes to complete, but you can take as much time as necessary. The survey will help us understand what we do, continue to bring art supplies to this hospital, and make activities even better.

There are no right or wrong answers – it is not a test. We just want you to be honest about how you feel. You won't be asked for your name and no one will know what answers you gave. We don't think any questions will be upsetting, but you can skip any you don't want to answer or stop if you chose to. We really want to know what you think. Can you help us with this important project?

AFTER THEY CONSENT ASK:

Would you like to fill the survey out on an iPad or a piece of paper?

Get the appropriate item, complete the first portion, then ask:

Would you like to complete the rest on your own or with help from your parent/guardian or me?

Hand the survey to them or support them in completing it.

If they are completing it independently, stay nearby for questions.

If they are completing an electronic version, ask them to press submit when they finish. If they are completing a hard copy, ask them to put the finished survey in a nearby envelop.

Thank them for their time.

If they are curious, they can learn about highlighted results of the survey in the next Arts for Life annual report.

APPENDIX D: Arts for Life Survey



Program Evaluation Survey 2019

Directions: Circle the option that best describes the participant.

General Information

1. What is the program location?

- | | | |
|-------------------------|--------------------------------|---------------------------------------|
| a) Asheville: Zeis | f) Durham: Clinic Waiting Room | j) Winston-Salem: 9PHO Clinic |
| b) Asheville: Reuter | g) Durham: VDH | k) Winston-Salem: 9PHO Inpatient |
| c) Asheville: Inpatient | h) Durham: PBMT | l) Winston-Salem: 7 th Fl. |
| d) Charlotte: Playroom | i) Durham: Inpatient | |
| e) Charlotte: Bedside | | |

2. What type of activity are you doing?

- | | | |
|-----------------|---------------------|------------|
| a) Art Studio | c) Music | e) Art Kit |
| b) Craft Studio | d) Creative Writing | |

3. Are you a patient or a family member?

- | | | |
|------------|------------|---------------|
| a) Patient | b) Sibling | c) Other_____ |
|------------|------------|---------------|

4. How old are you?

- | | | | | |
|--------|---------|----------|----------|-----------------|
| a) 5-8 | b) 9-12 | c) 13-15 | d) 16-18 | e) 18 and above |
|--------|---------|----------|----------|-----------------|

5. What is your gender?

- | | | |
|---------|-----------|-----------------|
| a) Male | b) Female | c) Other: _____ |
|---------|-----------|-----------------|

6. What is your race/ethnicity?

- | | | |
|---------------------------|---------------------|-----------------------|
| a) African American/Black | d) Hispanic/Latino | g) White/Non-Hispanic |
| b) Asian | e) Native American | h) Multiracial |
| c) Middle Eastern | f) Pacific Islander | |

7. How often have you made art or music with us?

- | | | | |
|------------------------|--------------------|----------|-----------------|
| a) It is my first-time | b) Once in a while | c) Often | d) All the time |
|------------------------|--------------------|----------|-----------------|

Turn over the page and pass it to the participant.

Program Evaluation Survey 2019

Directions: Circle the option that best describes you.

Program Information

1. I enjoy doing these art projects.

Never Rarely Sometimes Always

2. When I make art or music, it makes being at the hospital/clinic better.

Never Rarely Sometimes Always

3. When I make art or music, I feel included and respected.

Never Rarely Sometimes Always

4. When I make art or music, my body starts feeling better.

Never Rarely Sometimes Always

5. When I make art or music, I start feeling less nervous.

Never Rarely Sometimes Always

6. When I make art or music, I start feeling happier.

Never Rarely Sometimes Always

7. Making art or music lets me express myself.

Never Rarely Sometimes Always

8. When I'm feeling bad, I can usually start doing something that will make me feel better.

Never Rarely Sometimes Always

9. I enjoy spending time with other people while I make art or music.

Never Rarely Sometimes Always

10. Why do you do art or music with us?

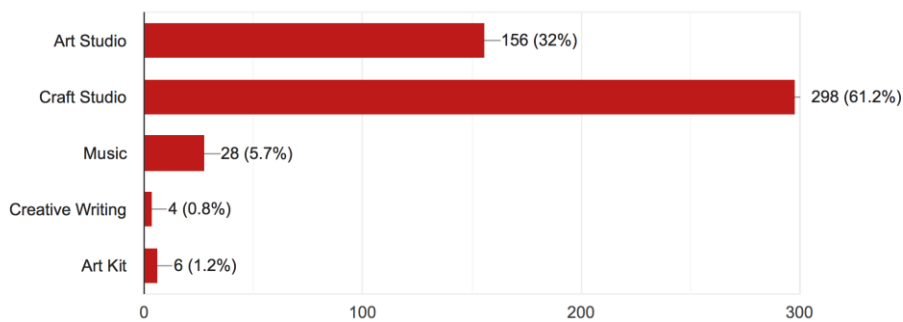
Comments: _____

APPENDIX E: Arts for Life Survey Responses

GENERAL INFORMATION

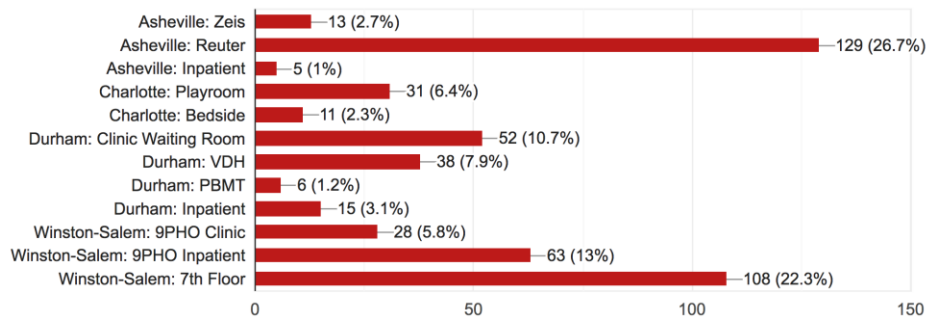
What type of activity are you doing?

487 responses



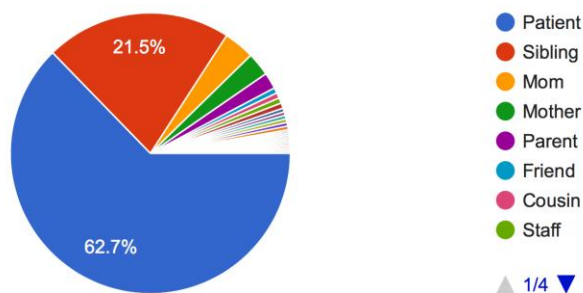
What is the program location? Circle all that the participant has been to.

484 responses



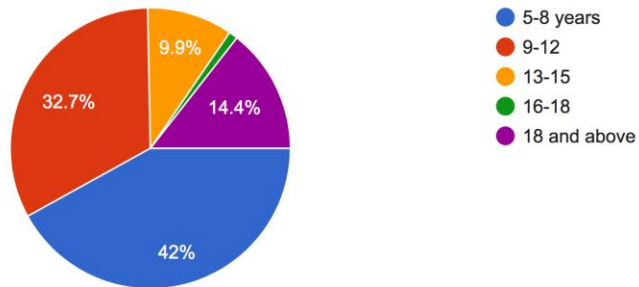
Are you a patient or a family member?

480 responses



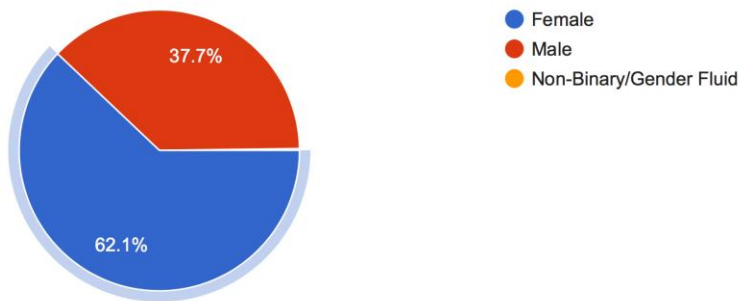
How old are you?

486 responses



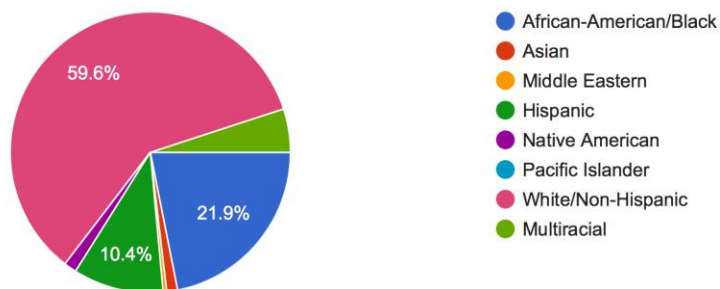
What is your gender?

485 responses



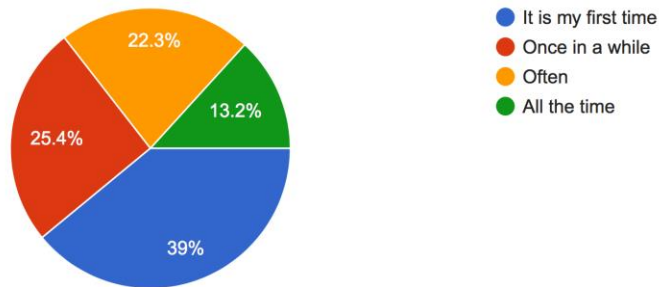
What is your race/ethnicity?

480 responses



How often have you made art or music with us?

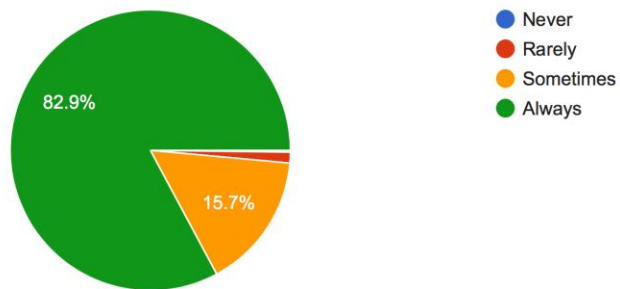
484 responses



PROGRAM INFORMATION

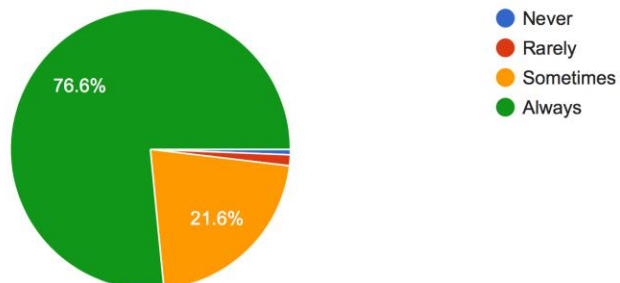
I enjoy doing these art projects.

484 responses



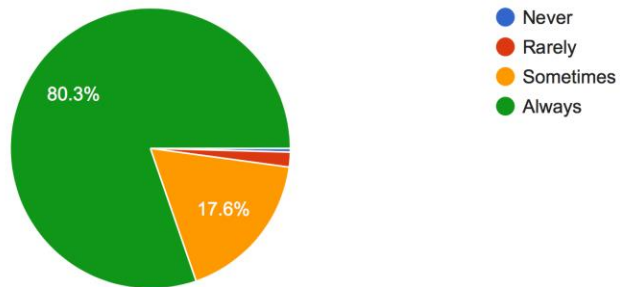
When I make art or music, it makes being at the hospital/clinic better.

482 responses



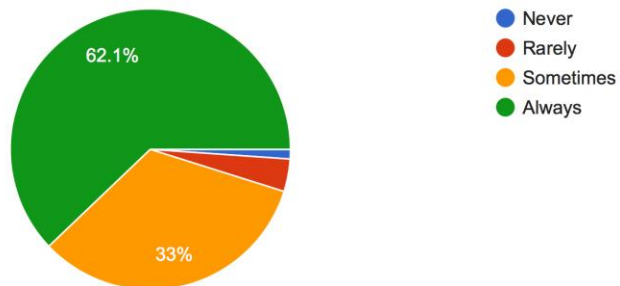
When I make art or music, I feel included and respected.

467 responses



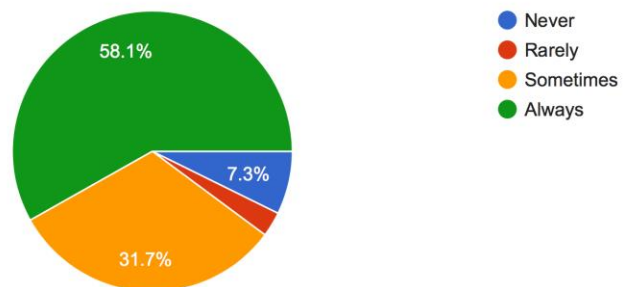
When I make art or music, my body starts feeling better.

454 responses

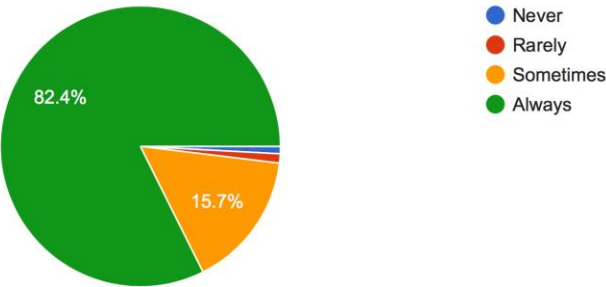


When I make art or music, I start feeling less nervous or scared.

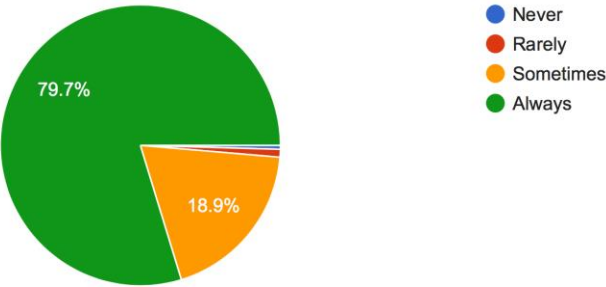
454 responses



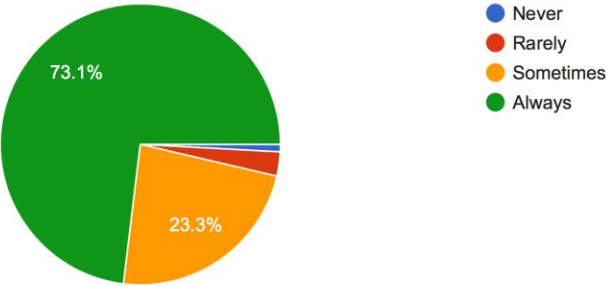
When I make art or music, I start feeling happier.
471 responses



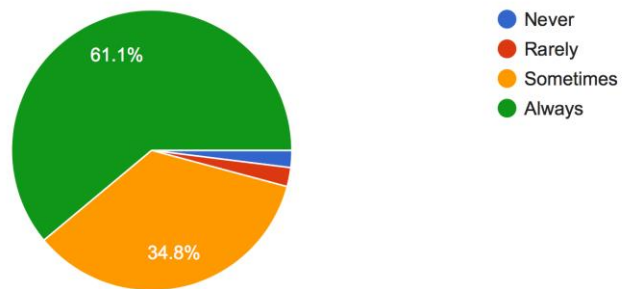
Making art or music lets me express myself.
444 responses



I enjoy spending time with other people while I make art or music.
468 responses



When I'm feeling bad, I can usually start doing something that will make me feel better,
457 responses



Why do you do art or music with us?

See "Arts for Life Survey Responses" sheet attached for all participant comments.