

SHARING THE CREATIVE AGING IMPACT STORY: NAVIGATING BARRIERS,
PURSUING SUSTAINABILITY, AND DREAMING INTO THE FUTURE

by

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Abstract

The United States population is rapidly aging and as negative narratives about aging are perpetuated by persistent ageism, older age is often accompanied by social isolation and diminished well-being. Creative aging programs are an excellent solution. These research-driven arts-based programs engage older adults—often those living with dementia—and their care partners in interactive art experiences. They aim to inspire creativity and joy; promote vital social connections; support physical, cognitive, emotional, and social well-being; and preserve agency and dignity. While creative aging program development is growing, the field encounters barriers of funding, capacity, transportation, visibility, and more that inhibit program sustainability, let alone expansion to meet demand. Through conversational interviews, this research investigates these barriers and discusses interviewees’ dreams for the field to critically examine its potential for increased impact as policy-making for “age-friendly” longevity-focused communities gains greater support. By raising questions and theorizing about how dreams of new funding streams, communication networks, a national teaching artist certification, and the integration of arts on prescription into healthcare could be pursued, the goal is to increase creative aging’s visibility and turn negative, fearful narratives of aging into positive aging stories of purpose and vitality.

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Positionality

I have entered into this research on the field of creative aging as a student of art history, visual culture, art management, and museum studies interested in the interdisciplinary nature of accessibility, inclusivity, and belonging in arts programming. On a personal level, I approach this project as a granddaughter whose maternal grandfather died from Alzheimer's disease and a woman who is currently supporting her partner through his grandmother's dementia diagnosis.

Throughout this research process over the past year, I have learned an unimaginable amount about supporting older adults and people living with dementia through engagement with the arts, but I do not purport to know it all. I recognize that there is much I still have yet to learn because with its advocacy for a shift in society's perspective on aging, the field of creative aging is delicately situated in a web of interrelated interdisciplinary systemic issues that require deeper research. I approach this project with an emphasis on equity, recognizing that racial, socioeconomic, and geographical disparities in health care, memory care, gerontology, social work, and urban planning—along with those inherent within arts and cultural institutions—affect the way in which the field of creative aging supports the aging population. I offer this research as the beginning of an exploration of the potential of the arts in its intersections with public health, policy, and social infrastructure and, in the same way that my own perspective has broaden through this endeavor, I hope this project encourages thoughtful and critical reflection on our society's perceptions of and support for older adults.

Language

As a field, we have to understand that the language we use is going to have repercussions.

— Susan Shifrin, Founder and Executive Director of ARTZ Philadelphia¹

In this research, I employ the term “older adult” as opposed to “seniors” or “elderly” to refer to those age 55 and older in a broader and more inclusive fashion. And, I use the term “people living with dementia” to refer to those who are navigating memory loss, whether they have an official dementia diagnosis or not. This practice is intentional in its placement of the person before the disease, otherwise known as people-first language. To similarly center humanity, I use the term “care partner” instead of “caregiver” to avoid the “empty-vessel” model of care that produces burden and burnout as one person with a full vessel depletes themselves by pouring everything into the other, empty vessel that they are caring for.² The term “care partner” instead connotes a reciprocal model of care as a relationship and an exchange.³

Further, informed by recent literature that shifts perspectives and narratives on aging to be positive in its emphasis on the advantages of living longer, I employ the term “longevity-focused” rather than “age-friendly” and “dementia-friendly” except when referring to the age-friendly movement or a program or organization that uses “age-friendly” or “dementia-friendly” in its name. Lastly, while I use “creative aging” to refer to programming that engages older adults and their care partners in arts and culture experiences to support their well-being because this is what pervades the field, I acknowledge that this

¹ Susan Shifrin (Founder and Executive Director of ARTZ Philadelphia), conversational interview with author, Zoom, January 22, 2024.

² Anne Basting, *Creative Care: A Revolutionary Approach to Dementia and Elder Care* (New York: HarperOne, 2021), 53.

³ Basting, *Creative Care*, 53.

term is lacking in its conveyance of the vital nature of and urgent need for this programming to support the well-being of the rapidly increasing population of older adults. By investigating how the field of creative aging is currently sustained and identifying its potential for growth across sectors, I hope that this research contributes to a change in the connotation of “creative aging” from a peripheral part of care to an integral component of healthy aging and care for older adults.

Envisioning

One of the things that I do [in presentations] is an envisioning.... [This is aimed] to help people reframe thinking about getting older so that they will take action. So that they can say, ‘Oh. I do have some control over what I want as I get older if I think about it, if I plan for it’... It has been a very powerful thing for the participants in the presentations. Quite a few people start crying and then I ask them if they want to share. You look at your own story. What do you want your own story to be as you get older?

— Lia Miller, Co-founder and Executive Director of Creative Aging Network-NC⁴

I shall begin with an envisioning exercise. This exercise is inspired by Lia Miller, the Co-founder and Executive Director of Creative Aging Network-NC, who begins her presentations about creative aging with what she calls an “envisioning” that aims to reframe our perspectives on aging.⁵ To fully immerse yourself in this envisioning exercise, I suggest that you read this section slowly and I invite you to close your eyes between sentences as I guide you, the reader, through this exercise and intersperse my own responses to the prompts in italics.

⁴ Lia Miller (Co-founder and Executive Director of Creative Aging Network-NC), conversational interview with author, Greensboro, NC, December 19, 2023.

⁵ Miller, conversational interview.

Imagine—or envision—that you are as old as you will ever be. This is your final day in this life. What does this day look like? Where are you? What do you see around you? What are you doing today? How do you feel?

I envision myself in a familiar bed that is comfortable and peaceful. I am in a home that is cozy, decorated with sentimental items and bursting with memories. One of my grandma's quilts is draped on the foot of the bed. A portrait of my parents from their wedding day is displayed on the nightstand next to a vase of peonies—my favorite flower—from the garden. The smell of homemade shortbread drifts from the kitchen. I hear laughter from beyond the room's threshold and smile at the thought of my loved ones creating happy memories on this day.

Yet, I feel doubtful, questioning if this is a realistic envisioning of my last day. Will I instead lay in a hospital bed inundated by a cacophony of beeps from machines and enveloped in a scent of potent disinfectant while innumerable nurses and doctors come and go? I feel anxious knowing that soon my loved ones will receive the dreaded life-altering phone call—the one that my mother has recounted to me about her father and that I, myself, received just over a year ago about my grandmother—requiring you to hastily pull off the highway or locate the nearest bench to sit on and cry.

Envision what your older age looks like. What do you notice about yourself? How do you feel knowing this is your last day on Earth?

As I lay in bed—in my own home, not in the hospital—I notice that my hair is white and the curls from my youth are still present. I envision that I start my day by reading a book and drinking a cup of coffee, just as I do now. I hear the birds chirp outside and make my bed before taking a morning walk. I notice that my movements are slower and smaller, but I still feel the desire to move and dance. I notice that I am still me. Knowing this is my final day, I do feel sad—even scared—but also grateful. I want to celebrate all of the joyous moments in my life.

We all will die—this is something that we all share—but you have control over your own story and you can control what your life looks like as you age. So, “what do you want your own story to be as you get older?”⁶

I want to keep doing the things that I love. I want to go on daily walks and participate in book clubs with my friends. I want to bake strawberry birthday cakes and, if I'm lucky, play on the floor with my grandchildren. I want to meander through the local museums and parks. I want to learn languages and visit new places. Most of all, I want my story to show that, no matter my age, I am still me.

⁶ Miller, conversational interview.

Introduction

We're all going to grow older if we're lucky. And what are the things that we need in our lives to have a fulfilled, healthy, whole life as we get older?

— Lia Miller, Co-founder and Executive Director of Creative Aging Network-NC⁷

Arts and culture can facilitate connection, empathy, and social cohesion—mitigating the isolating and stigmatizing effects of chronic disease, while increasing access to care.

— Jill Sonke et al., “Creating Healthy Communities Through Cross-Sector Collaboration [White paper]”⁸

Creative aging is a crucial field of practice that engages older adults—often those living with dementia—and their care partners in research-driven interactive arts-based programs to enhance health and well-being and counter negative narratives of aging with positive stories of purpose and vitality. Despite the significant benefits of creative aging programs and increasing interest in program development within museums, cultural institutions, and organizations, the field encounters a myriad of interconnected barriers that inhibit program sustainability, let alone program expansion. No one obstacle can be wholly overcome without addressing the others and, as such, the story of creative aging’s impact and potential yet unrealized due to substantial barriers must be shared for progress to be made. If, as dreamt by creative aging professionals, creative aging is to be integrated into community development within and outside the arts and culture sector, the way the creative aging story is shared needs greater oomph to emphasize that with their inspiration of creativity and joy, promotion of critical social connections, and preservation agency and dignity among other benefits, creative aging programs are *vital* for healthy aging in place, especially as the aging population grows and social isolation heightens.

⁷ Miller, conversational interview.

⁸ Jill Sonke et al., *Creating Healthy Communities through Cross-Sector Collaboration* [White paper], University of Florida Center for Arts in Medicine / ArtPlace America, 2019: 34.

The Field of Creative Aging

Contextualizing Creative Aging within U.S. Aging Projections and Ageism

It's fighting ageism. It's fighting the negativity surrounding shunting people off into long-term communities and forgetting they exist, which is an ongoing problem in our society.

— Sarah House, Program Director at Arts for the Aging⁹

Our older population is often invisible and lacks so many opportunities because of our ageist society... [My hope is that creative aging is] a tool for making life better for all generations because older adults are siloed. And as long as that silo continues to exist, there's going to be ageism.

— Lia Miller, Co-founder and Executive Director of Creative Aging Network-NC¹⁰

The United States population is rapidly aging and generational ratios are becoming more and more skewed. The U.S. Census Bureau's 2017 National Population Projections indicated that one of every five people in the U.S. will be 65 or older by 2030 and the number of adults older than 65 will be greater than the number of children under 18 by 2034 (Figure 1).¹¹ And, by 2060, nearly one of every four people in the U.S. will be an older adult (65 or older), approaching a quarter of the entire American population (Figure 2).¹²

Assuming demographic and health trends continue, the statistic of people ages 65 and older living with dementia in the United States will increase from 6.49 million in 2016 to 11.6 million in 2040.¹³ These projections have significant implications on all aspects of society including health care, social infrastructure, and policy. For example, looking specifically at North Carolina and its capacity to care for the aging population, the North Carolina

⁹ Sarah House (Program Director at Art for the Aging), conversational interview with author, Zoom, January 29, 2024.

¹⁰ Miller, conversational interview.

¹¹ "Older People Projected to Outnumber Children for First Time in U.S. History," United States Census Bureau, last modified October 8, 2021, <https://www.census.gov/newsroom/press-releases/2018/cb18-41-population-projections.html>.

¹² Jonathan Vespa, Lauren Medina, and David M. Armstrong, "Demographic Turning Points for the United States: Population Projections for 2020 to 2060," Current Population Reports, U.S. Census Bureau (2020): P25-1144, <https://www.census.gov/content/dam/Census/library/publications/2020/demo/p25-1144.pdf>.

¹³ Julie M. Zissimopoulos et al., "The Impact of Changes in Population Health and Mortality on Future Prevalence of Alzheimer's Disease and Other Dementias in the United States," *The Journals of Gerontology: Series B: Psychological Sciences and Social Sciences* 73, no. S1 (2018): S43, DOI: 10.1093/geronb/gbx147.

Department of Health and Human Services estimated in 2020 that 300,000 North Carolinians were living with Alzheimer’s Disease or a related dementia and with that statistic expected to increase by 25% by 2025, “the number of doctors specializing in the care of older adults will need to increase 239% by 2050 in order to meet the anticipated demand.”¹⁴

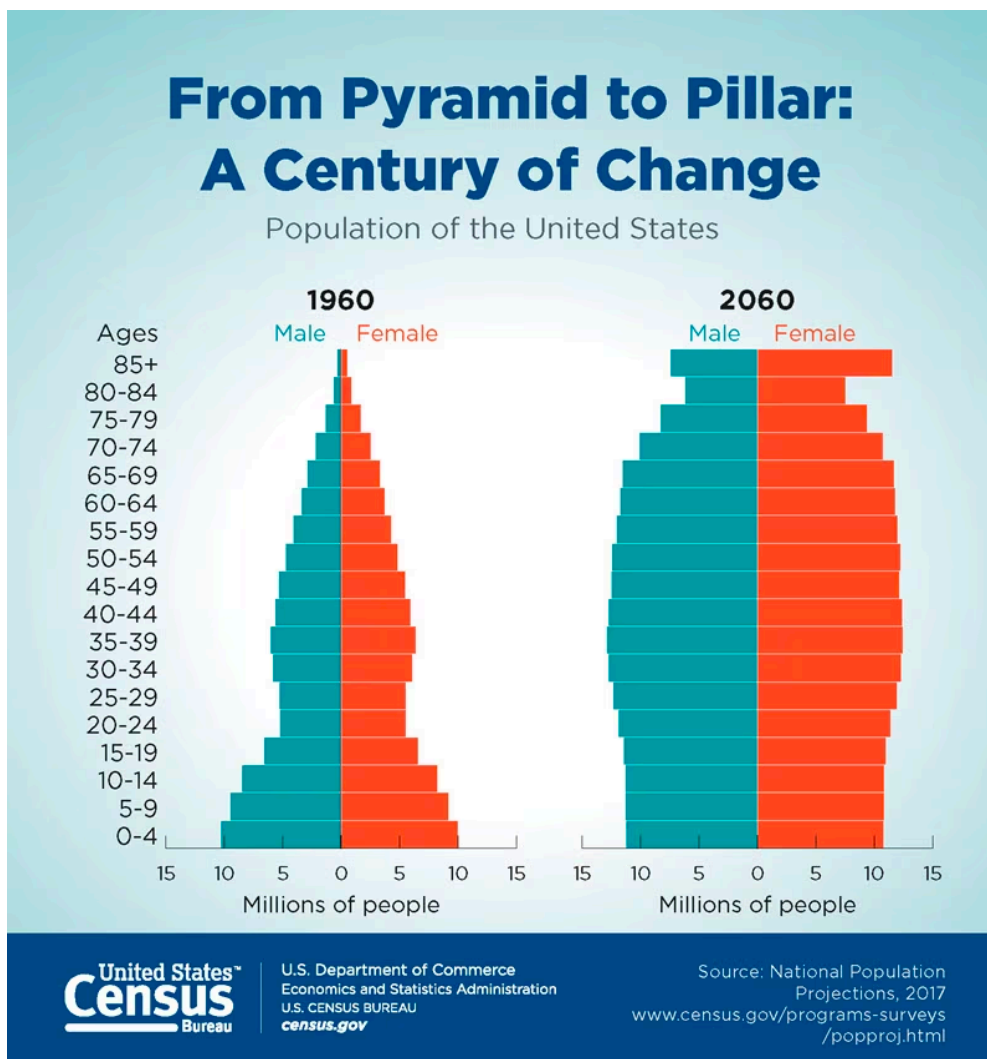


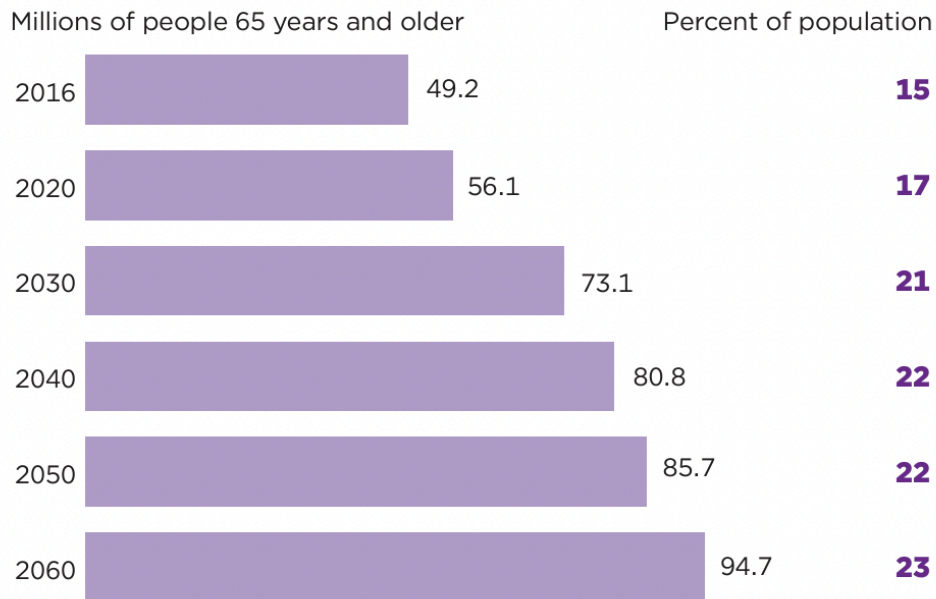
Figure 1, From Pyramid to Pillar: A Century of Change (Source: U.S. Census Bureau, National Population Projections, 2017)¹⁵

¹⁴ “Dementia Capable NC,” North Carolina Department of Health and Human Services, accessed February 10, 2024, <https://www.ncdhhs.gov/dementiacapablenc#BrainHealth-3156>.

¹⁵ U.S. Census Bureau, “From Pyramid to Pillar: A Century of Change, Population of the U.S.,” published March 13, 2018, <https://www.census.gov/library/visualizations/2018/comm/century-of-change.html>.

Projections of the Older Adult Population: 2020 to 2060

By 2060, nearly one in four Americans is projected to be an older adult.



Source: U.S. Census Bureau, 2017 National Population Projections.

Figure 2, Graph of population projections for 2020 to 2060 (Source: U.S. Census Bureau, National Population Projections, 2017)¹⁶

As the U.S. population ages, ageism, “one of the last socially acceptable prejudices,” must be confronted.¹⁷ The World Health Organization explains ageism as “the stereotypes (how we think), prejudice (how we feel) and discrimination (how we act) towards others or ourselves based on age.”¹⁸ Ageism persists pervasively due to its invisibility as an unconscious bias that has infiltrated societal norms and fortifies aging as a negative experience to be feared. Rather than celebrating that we are living longer lives, ageism erects harmful perceived generational divides with its focus on the diminishment of certain

¹⁶ Vespa, Medina, Armstrong, “Demographic Turning Points.”

¹⁷ Kirsten Weir, “Ageism is One of the Last Socially Acceptable Prejudices. Psychologists are Working to Change That.” *American Psychological Association* 54, no. 2 (2023).
<https://www.apa.org/monitor/2023/03/cover-new-concept-of-aging>.

¹⁸ “Ageism,” World Health Organization, accessed January 24, 2024,
<https://www.who.int/health-topics/ageism>.

cognitive abilities as we age.¹⁹ Even the most brief encounters with ageist stereotypes increase older adults' worry about and fear of aging.²⁰ This further ingrains society's profound negative association with elderhood and begets social isolation (the lack of social connections) through older adults' desire to avoid prejudice and preserve their dignity.

Social isolation is intertwined with loneliness (the feeling of being alone, regardless of the amount of social contact) and loneliness too often goes unnoticed in the care of older adults. The physical health of older adults, especially those living with dementia, tends to be prioritized over emotional health and well-being but loneliness and social isolation affect older adults' overall health. Recent research indicates that social isolation is associated with nearly a 50% increased risk of dementia, 29% increased risk of heart disease, and a 32% increased risk of stroke.²¹ In this way, to neglect the impact of social isolation and loneliness as determinants of health is to risk overall health.

Beyond older adults' physical health and arguably most important, however, is the way in which social isolation and ageism exacerbate the loss of the sense of agency, or the ability "to act autonomously in the world, to make our own decisions, to pursue our desires, to write our own story."²² This sense of agency is "a critical ingredient of feeling whole, and uniquely, and beautifully human in this world."²³ Agency is akin to personhood and how one's perspective of themselves as a whole and capable person with purpose diminishes

¹⁹ "Ageing and Health," World Health Organization, accessed March 24, 2024, <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>.

²⁰ Joie Molden and Molly Maxfield, "The Impact of Aging Stereotypes on Dementia Worry," *European Journal of Ageing* 14, issue 1 (March 1, 2017): 35, DOI: 10.1007/s10433-016-0378-z.

²¹ National Academies of Sciences, Engineering, and Medicine, *Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System* (Washington, D.C.: The National Academies Press, 2020), 18.

²² François Matarasso, *Winter Fires: Art and Agency in Old Age* (London: Baring Foundation, 2012), 4.

²³ Lucie Wilk, "What Medicine Can Learn From Art," Tedx Talks, June 18, 2015, video, 15:10, https://www.youtube.com/watch?v=-Ju0Jy9o_Q.

because of ageist stereotypes and societal ostracism is just as critical as a decline in physical health. Commenting on how this loss agency is, in many cases, more significant than abating cognitive function, bioethics scholar Bruce Jennings states:

The tragedy of dementia is not so much that it alters brain function and changes what people can think and do; the real tragedy occurs when and if we allow those changes to objectify persons, reducing them to their impaired body and altered behavior, rather than working with them to remind themselves and to be remembered among us.²⁴

This conviction is at the core of the field of creative aging as programs that reinvigorate older adults with purpose, connection, and joy function to change the narrative of aging for the older adults and their care partners who explicitly benefit as well as for our systemically ageist society. Encapsulating this, art therapist Raquel Chapin Stephenson explains that creative aging programs:

...provide vital services for aging Americans, helping them live independently and improving health and well-being for those in assisted care. The creative aging movement has also helped change the public debate from a focus on disease and marginalization to a more favorable perception of elders' capacities, abilities, and potential.²⁵

Contextualizing Creative Aging within a Web of Disparities and DEAI+J Work

The more an organization is representative OF its community, the more people feel seen and heard. The more programming is created BY the community, the more people feel ownership. The more programming is FOR the community, the more everyone wants to participate.
— OF/BY/FOR ALL²⁶

Diversity, equity, access, and inclusion (DEAI) work is imperative to consider when researching the field of creative aging and advocating for it to be further integrated into

²⁴ Bruce Jennings, "Agency and Moral Relationship in Dementia," *Metaphilosophy* 40, no. 3/4 (2009): 422, DOI: 10.1111/j.1467-9973.2009.01591.x.

²⁵ Raquel Chapin Stephenson, *Art Therapy and Creative Aging: Reclaiming Elderhood, Health and Wellbeing* (New York: Routledge, 2021), 51.

²⁶ "Vision," OF/BY/FOR ALL, accessed January 23, 2024, <https://www.ofbyforall.org/vision>.

social infrastructure because the field is caught within a web of inextricably interwoven cross-sector issues. The historic exclusionary practices of museums and cultural institutions necessitate a conscientious, DEAI-centered approach when researching work with populations that differ from the traditional idea of a museum visitor, artist, or art program participant (e.g. a person living with dementia). Beyond this, however,, in its efforts to offer vital programming to the aging population, the field of creative aging is also afflicted by social systems that perpetuate racial, socioeconomic, and geographic disparities. Grievously, disparities persist in health and health care—including access to and quality of care—between white and Black, Latinx/Hispanic, and Indigenous communities in nearly all U.S. states.²⁷ These disparities are evidenced in an extensive analysis entitled *Advancing Racial Equity in U.S. Health Care: The Commonwealth Fund 2024 State Health Disparities Report* published by the Commonwealth Fund, a foundation dedicated to promoting affordable and accessible quality health care for all.²⁸ By designing a measurement strategy based on health outcomes, health care access, and quality and use of health care services, the report produced performance scores for state health systems stratified by race and ethnicity (Figure 3).²⁹

²⁷ David C. Radley et al., *Advancing Racial Equity in U.S. Health Care: The Commonwealth Fund 2024 State Health Disparities Report*, Commonwealth Fund, April 2024, <https://doi.org/10.26099/vw02-fa96>.

²⁸ Radley et al., “Achieving Racial Equity.”

²⁹ Radley et al., “Achieving Racial Equity.”

Profound racial and ethnic inequities in health and health care exist across and within states.

Health system performance scores, by state and race/ethnicity

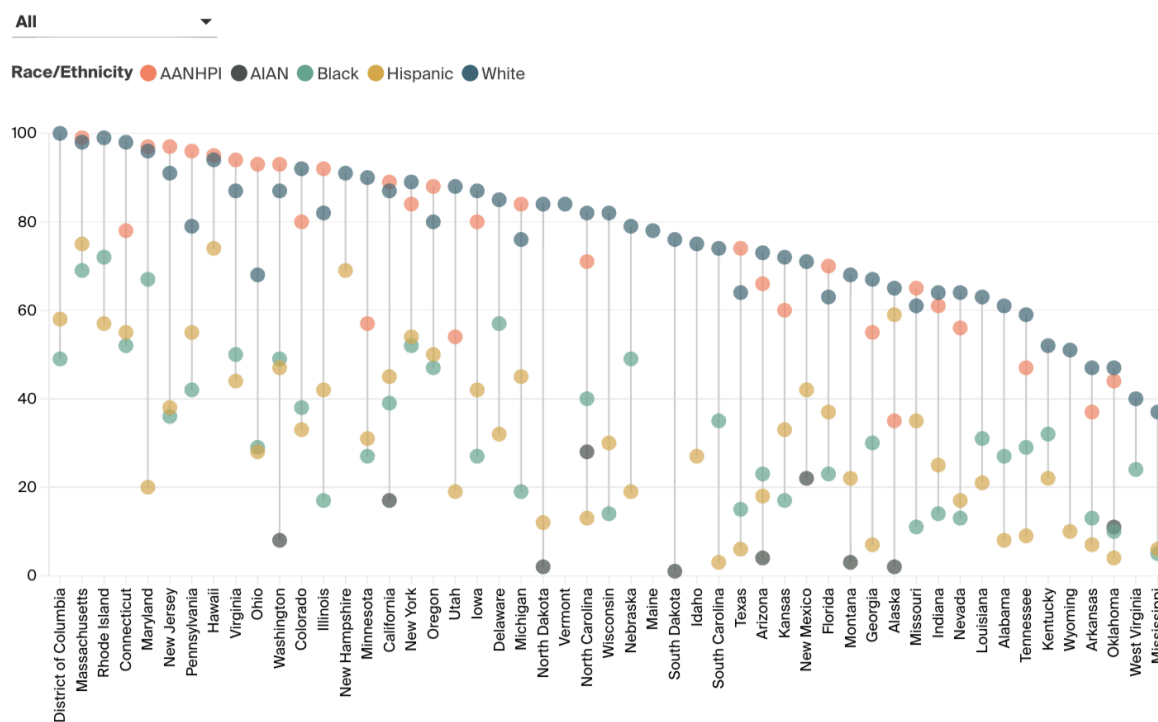


Figure 3, Exhibit 1 from the Commonwealth Fund's 2024 *Advancing Racial Equity in U.S. Health Care: The Commonwealth Fund 2024 State Health Disparities Report*³⁰

Disparities across geographies also prevade as rural communities “have not seen the same health improvements as their urban counterparts, and population trends indicate that the disparity is large and growing” despite rural residents’ higher risk of negative health outcomes due to a variety of environmental and socioeconomic factors.³¹ Connecting this to the aging population, specifically those living with dementia, a recent study indicated that

³⁰ Radley et al., “Achieving Racial Equity.”

³¹ Laura Richman et al., “Addressing Health Inequalities in Diverse, Rural Communities: An Unmet Need,” *SSM Population Health* 7 (2019): 1, DOI: 10.1016/j.ssmph.2019.100398.

members of minoritized racial or ethnic groups and those with a lower socioeconomic status (including those who live in less affluent neighborhoods) are less likely than others to receive specialized care for dementia in memory care centers or clinics which serve as major access points to new treatments as they become available.³² These issues are not exclusive health care; in actuality, they seep into efforts in urban planning, social infrastructure, and policy priorities, contributing to a cross-contaminating, snow-balling spread of inequity. One form of inequity can not be severed from another, so DEAI work in one area is not confined to just that area; rather, it is inherently connected with DEAI work in all sectors. It is this revelation that makes space for justice, the “J” in DEAI+J, to be embraced.

Mia Henry, CEO of Freedom Lifted, a justice and equity education firm, asserts that justice, which “does not only ask who is represented at our table but moves us to inquire about who is served at the table that has been set,” must be central in a change framework.³³ This means that for equity in health care, museums and cultural institutions, and more, there must be a catalytic shift in approach where DEAI principles are enacted in pursuit of justice. Speaking on how making real impact in DEAI+J work in museums and cultural institutions requires confronting their false sense of neutrality—the proclaimed presentation of “neutral” truths—and systemic white supremacy (which also undergirds work in health care as evidenced by aforementioned persistent disparities), curator and writer Laura Raicovich ascertains:

It is the replication of the systems of white supremacy within culture’s very structures that is at the core of the problem with any diversity, equity, and inclusion... We cannot make change until we recognize that neutrality within culture is impossible, and then work to undo the structures that surround and protect this mythology...

³² Abigail Lewis et al., “Association Between Socioeconomic Factors, Race, and Use of a Specialty Memory Clinic,” *Neurology* 101, no. 14 (2023): e1428, DOI:10.1212/WNL.0000000000207674.

³³ Mia Henry, “Doing DEI Work in Your Organization? Start with Justice,” last modified January 17, 2023, <https://miahenry.medium.com/doing-dei-work-in-your-organization-start-with-justice-2f844653d877>.

Indeed, if one thing is clear from this transformative era, it is that the nature of our times is grounded in change, and that *we must imagine the futures we desire together* [emphasis added].³⁴

To imagine a future that is just and succeed in the work that can bring it to fruition in every facet of society, we must embrace community. In the arts and culture sector, specifically, there is an ongoing call for museums and cultural institutions and organizations, with DEAI+J in mind, to become “a part of,” rather than “apart from,” their community.³⁵ Consultant, change leader, and educator Mike Murawski discerns that community, as a sense of belonging, harbors two meanings including “having a sense of relatedness and being a part of something, and... having a sense of ownership and acting as a creator or co-owner of that community.”³⁶ Rather than pursuing community-focused cultural work, work must be driven by the community it aims to serve. The question of “who is at the table?” is important, but in an effort to avoid tokenism where a historically marginalized community is invited to the table as a perfunctory, symbolic gesture to give the appearance of equity through an “opportunity for input without the opportunity for impact,” leadership of a table’s discussion must be relinquished with deference to the community members around whose community the discussion revolves.³⁷

ARTZ Philadelphia, an excellent example of how this community-driven work occurs in the field of creative aging, is a nonprofit organization based in Philadelphia, Pennsylvania that offers a variety of no cost virtual, in-person, and deliverable creative aging programs to older adults and their care partners throughout Philadelphia’s neighborhoods. Founder and

³⁴ Laura Raicovich, *Culture Strike: Art and Museums in an Age of Protest* (London: Verso, 2021), 158-59.

³⁵ Mike Murawski, *Museums as Agents of Change*. (Lanham, MD: Rowman & Littlefield, 2021), 18.

³⁶ Murawski, 21.

³⁷ Eric Jolly, “Diversity: From Talk to Action” (lecture, American Alliance of Museums Annual Meeting, Washington D.C., May 26-29, 2016), quoted in Margaret Kadoyama *Museums Involving Communities: Authentic Connections* (New York: Routledge, 2019), 151.

Executive Director Susan Shifrin situates ARTZ Philadelphia’s creative aging work within the OF/BY/FOR ALL vision included in this section’s epigraph in her explanation of the organization’s goal of “developing programs that are community-driven not just community-centered.”³⁸

Entangled in a maze of infinitely knotted racial, socioeconomic, and geographic disparities whose severity only grows alongside the aging population in the U.S., the field of creative aging is rooted in the employment of DEAI+J principles and the embrace of community-driven work. Further, whether from a health care or an arts and culture perspective, creative aging work can not be seen in any way as “neutral” because it exists to address the shortcomings of our society’s consideration and support of older adults. It is in this unique position that creative aging stands to promote health, well-being, and a sense of purpose and belonging for older adults whilst effectively contributing to the replacement of disparity with equity and countering ageism to change the narrative of aging.

What is Creative Aging?

It’s not just about disease and diagnosis. We’re trying to access our shared humanity through art.

— Madeline Nielsen, Reflections Coordinator at the Nasher Museum of Art at Duke University in Durham, North Carolina

Creative aging as a concept and a field refers to research-driven active arts-based programs for older adults, often those living with dementia, and their care partners that inspire creativity and joy, promote vital social connections, and preserve agency and dignity. It is important to note that while creative aging can be therapeutic, it is not interchangeable with art therapy because there is no diagnosis or individualized treatment plan. Rather,

³⁸ Shifrin, conversational interview.

creative aging improves quality of life by supporting physical, cognitive, emotional, and social well-being in a community environment. It involves more than painting, drawing, or “coloring.” Programs span visual art, theater, dance, movement, music, poetry, literature, and more. For the purposes of this research, I have primarily focused on creative aging programs that center visual art and often combine inquiry-based discussion of artwork and professional artistic practices to support the well-being of older adults.

Creative aging opposes the suffocating and life-threatening concept of ageism that begets social isolation, loneliness, and low self-esteem to turn negative, fearful narratives of aging into positive aging stories of purpose and vitality. As Luke Rackers, then Director of Development and Communications and current Director of Community Engagement at the Central Vermont Council on Aging, expressed in a webinar:

Creative aging activities promote positive psychological, physical, and emotional well-being through engagement with skills-based, social-centric, and practice-focused creative opportunities. Creative aging is an important component of healthy aging for those who seek to share, expand, and unlock their capacity for self expression and reflection, meaningful connection, lifelong learning, and personal growth throughout the[ir] lifespan.³⁹

Across the field, definitions of “older adult” vary between 55+ to 65+ and some creative aging programs are specifically designed for older adults living with dementia or Alzheimer’s disease—some even distinguish between early, moderate, and late stages of the disease—while others cast a wider net to provide lifelong learning to the more general older adult population (e.g. 55+). Further, some programs are sequential (e.g. Lifetime Arts advocates for a model that features at least 8 sequential sessions of at least 90 minutes that conclude with a culminating event), while other programs operate on a drop-in or no

³⁹ engAGED National Resource Center, “Arts and Creative Engagement: Successful Programs, Activities and Approaches, December 21, 2021, video, 34:15, https://www.youtube.com/watch?v=-_Ju0Jy9o_Q.

obligation model. Creative aging programs can take place almost anywhere. Oftentimes programs occur in museums, libraries, theaters, senior centers, community centers, and residential continuing care communities, but location is not limited. In this way and because programs are community-driven, “there’s not one particular approach [to creative aging]. It is so customized based on need.”⁴⁰

Beginning with museum-based programming, the Reflections Program at the Nasher Museum of Art at Duke University in Durham, North Carolina welcomes people living with dementia and their care partners to the museum for in-person conversations about artwork in the gallery (often supported with sensory materials) and hands-on activities that incorporate live music, movement, and artist-led art-making (Figure 4). The small group sizes (20-30 participants split into two groups) in these 90-minute in-person sessions allow for the program to be creative in the type of engagement activities offered. Recently, the Nasher invited the Piedmont Wildlife Center to lead a session with live birds to align with the *Spirit in the Land* exhibition and hosted a session focused on textiles where participants discussed ancient and contemporary weaving before learning to weave on small cardboard looms (Figure 5).⁴¹ And, in further pursuit of the inventive engagement activities, an upcoming session of the Reflections Program centered on a theme of comfort will bring therapy dogs to the galleries to complement participants’ consideration of the question “where do you find comfort?” in relation to viewed artwork by interacting with the dogs together.⁴²

⁴⁰ House, conversational interview.

⁴¹ Ruth Caccavale (Gallery Guide Manager & Museum Educator at the Nasher Museum of Art at Duke University) and Madeline Nielsen (Reflections Program Coordinator at the Nasher Museum of Art at Duke University), conversational interview with author, Durham, NC, January 5, 2024.

⁴² Caccavale and Nielsen, conversational interview.



Figure 4, Peter and Margot making art in the Reflections Program at the Nasher Museum of Art at Duke University in Durham, North Carolina (photograph taken by Cornell Watson)



Figure 5, woven artwork on cardboard loom created by a Reflections Program participant (photograph taken by Cornell Watson)

Museum-based programming does not have to be organized by the hosting museum. ARTZ Philadelphia offers ARTZ @ The Museum, a weekly informal and no obligation program that facilitates an hour of group conversation about two to three works of art for six to eight people living with dementia and their care partners in Philadelphia museums. About this program, one care partner remarked “Both Carl and I had a great time today. He said the following, verbatim, referring to you and ARTZ ‘...how wonderful it’s all been.... it’s really changed me, given me an opportunity and a sparkle that I didn’t have before. If there weren’t this [program] I do not know what I would have done.’”⁴³

Another form of creative aging programming adopts a “we come to you” approach. Opening Minds through Art (OMA) at the Scripps Gerontology Center at Miami University in Oxford, Ohio is an intergenerational abstract art-making program for people living with dementia. OMA pairs people living with dementia (referred to as artists) with volunteers (often students) to connect people across generations through direct interaction and engagement in art-making (Figure 6). OMA participants primarily reside in long-term care communities including skilled nursing, independent living, and assisted living, so trained OMA facilitators across the United States, Canada, and Indonesia travel to these locations to bring arts engagement into their local communities. ARTZ Philadelphia’s ARTZ in the Making program similarly brings hands-on creative expression activities that encourage imagination, conversation, and connection to people living with dementia in care communities.

Museums are recognizing the increasing interest in “we come to you” programs, too. The North Carolina Museum of Art (NCMA) in Raleigh, North Carolina recently launched

⁴³ “ARTZ @ the Museum,” ARTZ Philadelphia, accessed February 14, 2024, <https://www.artzphilly.org/artz-at-the-museum/>.

Creative Impressions, a 90-minute program where staff from the NCMA travel to a site in North Carolina to guide participants through a close-looking observation of an artwork from the permanent collection and sensory engagements/art-making activities related to the art object.⁴⁴



Figure 6, Olga and Allison participating in an Opening Minds through Art program session (photograph source: Opening Minds through Art; photographer unknown)

Sometimes this “we come to you” approach is taken even further with continuing care communities acknowledging the vital role of creative aging for older adults, especially those living with dementia, to develop their own in-house creative aging programming. For example, The Forest at Duke’s Henry Rogers Art Program in Durham, North Carolina is donor-funded and engages residents of the continuing care community in art expressions led by an Artist in Residence. Many of the projects are collaborative (Figure 7) and during the onset of the COVID-19 pandemic, current Artist in Residence Kaidy Lewis established a

⁴⁴ Conversational interview with a museum worker from the North Carolina Museum of Art, Zoom, January 19, 2024.

designated art space or “art kiosk” in The Forest at Duke’s Health Center for residents to have access to art materials around the clock.⁴⁵



Figure 7, Collaborative art project from residents at The Forest at Duke in the Henry Rogers Art Program (photograph taken by Kaidy Lewis)

During the COVID-19 pandemic, many creative aging programs pivoted to an online format. Among others, the Nasher Museum of Art’s Reflections Program and ARTZ Philadelphia continue to offer virtual sessions. After the success of their virtual classes during the pandemic, OMA launched a new program called ScrippsAVID (Arts-based, Virtual, Intergenerational, Dementia-friendly) to connect older and younger adults via a video chat platform that provides arts-based prompts.⁴⁶ The program is free and after creating an account, participants are matched with someone from a different generation who is available at the same time for routine video calls.⁴⁷

⁴⁵ Lauren Young, “The Very Act of Living: Artist in Residence Kaidy Lewis’s Enthusiastic Foray into the Heart of Creativity,” published November 11, 2021, <https://forestduke.org/kaidy-lewis/>.

⁴⁶ Krysta Peterson (Assistant Director of Opening Minds through Art at Scripps Gerontology Center at Miami University) conversational interview with author, Zoom, January 11, 2024.

⁴⁷ Peterson, conversational interview.

Creative aging can also take the form of deliverable art kits. The Art at Hand program at the Denver Art Museum in Denver, Colorado designs boxes (bilingual in English and Spanish) featuring unique thematic activities inspired by artworks from the museum's collection for older adults ages 55 and older.⁴⁸ Examples of box activity contents include creating a suncatcher inspired by Claude Monet's waterlily paintings, painting a miniature mural based on the Denver mural scene (Figure 8), and following the traditions of Santa Clara Pueblo artists to craft and decorate a pinch pot.⁴⁹ The Denver Art Museum delivers these boxes to Denver-area organizations and residential communities that support the well-being and healthy aging of older adults.

ARTZ Philadelphia and Creative Aging Network-NC, a Greensboro, North Carolina-based nonprofit that provides innovative intergenerational and multicultural arts programming to support the social connection and well-being of older adults, offer similar programs. ARTZ Philadelphia's ARTZ Kits (Figure 9) deliver a series of art projects with all of the necessary materials, step-by-step instructions, and follow-along videos directly to care communities and individual residences.⁵⁰ Creative Aging Network-NC sends their Creative Kits that include supplies, instructions, project descriptions, recorded demonstrations, and photos to engage older adults of all ability levels in art-making activities into the local community.⁵¹

⁴⁸ "Art at Hand," Denver Art Museum, accessed February 14, 2024, <https://www.denverartmuseum.org/en/art-at-hand>.

⁴⁹ "Art at Hand," Denver Art Museum.

⁵⁰ "ARTZ Kits," ARTZ Philadelphia, accessed February 14, 2024, <https://www.artzphilly.org/artz-kits/>.

⁵¹ "Programs," Creative Aging Network-NC, accessed February 14, 2024, <https://can-nc.org/programs>.



Figure 8, Denver Art Museum Art at Hand box containing materials and directions for painting a miniature mural based on the Denver mural scene. Photography © Denver Art Museum



Figure 9 (right), three examples of ARTZ Philadelphia's ARTZ Kits guiding creations of "goofy paper" paintings, Modrian-inspired collages, and funky masks (photograph taken by Susan Shifrin)

Memory Cafés, informal social gatherings that are often held at museums and other cultural spaces for people living with memory loss and their loved ones or care partners to connect and build new support networks, are also considered a form of creative aging. The

Frye Art Museum in Seattle, Washington offers a monthly Alzheimer’s Café in collaboration with the University of Washington Memory and Brain Wellness Center at the Memory Hub, a “vibrant dementia-focused programs and events venue, collaborative workspace and training center” located on the Frye Art Museum’s campus.⁵² This program encourages social connection through conversation, live music, snacks, and other activities for people living with dementia, their care partners, family, and friends.⁵³ These cafés can also be designed specifically for care partners (familial and professional) to attend without the person they care for. ARTZ Philadelphia’s Cafés for Care Partners provides “relief from the daily grind” by cultivating friendships in an informal social setting outside of formal support group contexts.⁵⁴ Similarly, the NCMA’s Mindful Museum, an hour-long virtual slow art appreciation program, leads care partners through a brief meditation practice and relaxing social art observation.

Lastly, there are increasing examples of older adults’ artwork from creative aging programs being displayed in exhibitions for public view. Creative Aging Network-NC routinely exhibits the artwork of their intergenerational resident artists and creative aging program participants with reception events after each program session and large biquarterly celebrations. In 2020, the Frye Art Museum presented *Art on the Mind: Ten Years of Creative Aging*, a celebratory exhibition featuring artwork from creative aging program participants to demonstrate “the success of arts engagement programs in bringing joy, respect, and dignity to people living with dementia while destigmatizing the disease.”⁵⁵

⁵² “About the Memory Hub,” The Memory Hub, accessed February 14, 2024, <https://www.thememoryhub.org/page/about>.

⁵³ “Alzheimer’s Café at the Memory Hub,” Frye Art Museum, accessed February 14, 2024, <https://fryemuseum.org/programs/alzheimers-cafe-memory-hub>.

⁵⁴ “Cafés for Care Partners,” ARTZ Philadelphia, accessed February 14, 2024, <https://www.artzphilly.org/cafes-for-care-partners/>.

⁵⁵ “Art on the Mind: Ten Years of Creative Aging,” Frye Art Museum, accessed February 14, 2024, <https://fryemuseum.org/exhibitions/art-mind-ten-years-creative-aging>.

Benefits of Creative Aging Programs

Our research really helps us drive our growth because without the background, the data, [and] the research, what do you have? ...I constantly go back and forth on why we need data to prove that this is worth it—like, can't you see? Watch an OMA session. Watch the relationships. Don't you just get it?

— Krysta Peterson, Assistant Director of Opening Minds through Art⁵⁶

Across all forms that creative aging can take, these programs “offer many of the ingredients of well-being, as they provide opportunities for social engagement and connection, enjoyment, learning, mastery, meaning-making, and self-actualization.”⁵⁷ In the early 2000s, Dr. Gene Cohen conducted a seminal multi-site study to measure the impact of professionally conducted community-based cultural or participatory art programs on the health, well-being, and social functioning of older adults, age 65 and older.⁵⁸ Results from analyzing data from the control and artistic/cultural intervention groups indicated overall better health, fewer doctor visits, less prescription and over-the-counter medication usage, fewer falls, less depression and loneliness, and an increased involvement in social activities.⁵⁹ Overall, with the conclusion that participatory arts programs for older adults provide “true health promotion and disease prevention effects” and reduce “risk factors that drive the need for long-term care,” Cohen’s findings initiated a flood of research on the benefits of engaging older adults in creative activities in a social setting to support their health and well-being.⁶⁰

Creative aging programs invite social connection with one’s care partner and other program participants and “connection is vital for maintaining health and well-being, and staving off isolation and loneliness.”⁶¹ David Reuel Romero’s study of the Memories in the

⁵⁶ Peterson, conversational interview.

⁵⁷ Jill Sonke et al., White paper, 38.

⁵⁸ Gene D. Cohen, “The Creativity and Aging Study: The Impact of Professionally Conducted Cultural Programs on Older Adults,” *National Collaborative on Aging Faculty Publications*, 2006, http://hsrc.himmelfarb.gwu.edu/son_ncafacpubs/2.

⁵⁹ Cohen, “Creativity and Aging.”

⁶⁰ Cohen, “Creativity and Aging,” 8.

⁶¹ Stephenson, *Art Therapy and Creative Aging*, 91.

Making program at the Tucson Museum of Art in Tucson, Arizona, a museum-based educational program specifically designed for Tucson's dementia community, concluded that museum-based creative aging programming increases the emotional connection between the person living with dementia and their care partner.⁶²

Further, with a shared understanding of dementia that does not require discussion, disclosure, or limitation for full participation, creative aging programs are conducive to inviting environments where community-building can unfold and social connection can spark, allowing older adults and their care partners to escape the social isolation that often accompanies dementia diagnoses. Speaking on the social connection possible in this environment as observed in the Reflections Program for people living with dementia and their care partners at the Nasher Museum of Art at Duke University in Durham, North Carolina, Reflections Program Coordinator Madeline Nielsen expressed:

[Reflections] seems to create community and solidarity and a support space. Even though we're not here to talk about dementia, we definitely see people talking to each other... it's not [a] space where you have to disclose and announce and discuss [dementia], but we do see a lot of people doing that and connecting with each other."⁶³

In addition to the opportunity to connect and bond with others, creative aging programs provide cognitive stimulation, enhance self-esteem, and foster a sense of achievement or pride. One study analyzed a one-time art engagement activity for people with early-stage Alzheimer's disease or related cognitive disorders at the Andy Warhol Museum in Pittsburgh, Pennsylvania where museum educators engaged the older adults in discussion of the museum's artwork and led them through the screen printing process on a canvas tote

⁶² David Reuel Romero, "Rekindling Lost Connections: Using Art Museum Educational Programs to Strengthen Personal and Community Relationships," *International Journal of Lifelong Learning in Art Education* 2 (2019): 69-81.

⁶³ Caccavale and Nielsen, conversational interview.

bag.⁶⁴ Older adults who participated cited feelings of acceptance and normalcy; feelings of autonomy, mastery, or control; and a sense of importance and feeling special in their responses about the program.⁶⁵ Reminiscing on the past through the artwork discussion portion of the program, one older adult living with memory loss exclaimed “everybody connects to an experience like this with something in his personal life.”⁶⁶ And, reflecting on the art-making activity, one older adult living with memory loss expressed “To know how to do it [art making]! You never think how they do get this done. But to see how it gets done and do it ourselves makes you feel good because you did it. Nobody painted this for us. We did it ourselves!”⁶⁷

OMA at the Scripps Gerontology Center at Miami University in Oxford, Ohio produces a wide array of research on their intergenerational abstract art-making program. Beyond studies that expand on the aforementioned benefits for older adults to indicate lowered measures of distress, anxiety, depression, and anger as well as an improved perceived quality of life, OMA has directed its research toward program impacts on their student volunteers and older adults’ care partners.⁶⁸ Research reveals program participation improves student (undergraduate, graduate, and medical) attitudes toward people living with dementia, which is integral to increasing empathy in the medical professions.⁶⁹ And, OMA significantly decreases care partners’ burnout and perceived stress, “suggest[ing] that

⁶⁴ Jason D. Flatt et al., “Subjective Experiences of an Art Museum Engagement Activity for Persons With Early-Stage Alzheimer’s Disease and Their Family Caregivers,” *American Journal of Alzheimer’s Disease & Other Dementias* 30, no. 4 (2015): 380-389.

⁶⁵ Jason D. Flatt et al., “Subjective Experiences,” 380-389.

⁶⁶ Jason D. Flatt et al., “Subjective Experiences,” 385.

⁶⁷ Jason D. Flatt et al., “Subjective Experiences,” 386.

⁶⁸ Kate Levenberg, Daniel R. George, and Elizabeth Lokon, “Opening Minds through Art: A Preliminary Study Evaluating the Effects of a Creative-expression Program on Persons Living with Dementia and Their Primary Care Partners,” *Dementia (London)* 20, no. 7 (2021): 2412-2423, DOI: 10.1177/1471301221997290.

⁶⁹ Daniel R. George et al., “An Arts Program to Improve Medical Student Attitudes Toward Persons with Dementia,” *Journal of the American Geriatrics Society* 69, no. 8 (2021): E23-E26, DOI: 10.1111/jgs.17338.

providing a shared arts-based activity outside of typical caregiving routines can positively impact care partners” in addition to older adults.⁷⁰

Lastly, connecting to agency in older age and its inextricable link to personhood, community cultural practice researcher François Matarrasso asserts that “art is a remarkable source of agency” because it brings something into existence that had not existed before.⁷¹ And, in this way, “the act of creating art can be in itself a form of resistance to the idea that with age comes passivity and resignation.”⁷² Creative expression functions as a unique opportunity for the reclamation of agency. This is integral to well-being and, especially when undertaken in intergenerational environments, this reclamation of agency can circumvent ageism.

Research on the benefits of creative aging programs is essential because by scientifically proving its impact on health and well-being, the field can garner support and justify investment through grants, policy, and philanthropy across sectors. To illustrate, when considering how public health issues—including the health and well-being of older adults—are addressed and healthy aging initiatives that curb such negative outcomes are implemented across sectors:

The prioritization of any given public health issue by policy makers or funders generally relies on researchers’ ability to quantify the frequency and urgency of a problem, and to identify data sources and evidence-based programs that address it. Unfortunately, many of the most pressing and intractable issues in public health have not yet been prioritized because they are not easily quantified, measured, or addressed.⁷³

⁷⁰ Levenberg, “Opening Minds,” 2419.

⁷¹ François Matarrasso, *Winter Fires: Art and Agency in Old Age* (London: Baring Foundation, 2012), 4.

⁷² Matarrasso, *Winter Fires*, 38.

⁷³ Jill Sonke et al., White paper, 17.

Thus, as the field of creative aging bridges arts and health, communicating the clear and quantified research that proves what we as arts professionals already know—that the arts are vital for health and well-being—to health providers, aging services professionals, and policymakers is integral to our society’s response to the growth of the aging population and the accompanying epidemic of loneliness and isolation. In this way, Arts for the Aging Program Director Sarah House asserted:

We make sure our asks are grounded in the science... [we’re] making sure that our language is clear, and we’re not [just] pushing the fun aspects... but what science has proved [including] fewer visits to the ER, fewer visits to the doctor needed, [and an] increase in dopamine [which] means lower instances of depression and anxiety. [These are] all these different aspects that go into our ask.⁷⁴

However, conveying this research in a way that demonstrates the criticality of creative aging is complex. Speaking on this, Shifrin expressed:

I think language is a big issue. We know what creative aging means but part of the challenge that we face with every grant we write and every donation we seek is to make the case that this is not icing on the cake. This is in some ways equivalent to whether people have enough food to eat. And I have found that how we make that case and the language we use to make that case is really critical.⁷⁵

Growth of the Field

The field of creative aging is expanding; an increasing number of museums, cultural institutions, and organizations are voicing interest in and developing creative aging programs. An early proponent of the field’s growth was the National Center for Creative Aging (NCCA). The NCCA was founded in 2001 by Susan Perlstein and until 2017, the organization developed creative aging programming to demonstrate the value of creative expression for healthy aging and produced a directory of programs, national convenings, and

⁷⁴ House, conversational interview.

⁷⁵ Shifrin, conversational interview.

networking opportunities for creative aging professionals.⁷⁶ In 2007, the Museum of Modern Art (MoMA) in New York, New York launched the MoMA Alzheimer’s Project—now Meet Me at MoMA—that leads people living with Alzheimer’s disease or other forms of dementia and their family members or care partners through interactive discussion by looking at artwork. MoMA published its comprehensive framework, *Meet Me: Making Art Accessible to People with Dementia*, in 2009 and the Meet Me at MoMA model of creative aging was adopted by and implemented in art museums across the country.⁷⁷ For example, the Frye Art Museum in Seattle, Washington assembled its Creative Aging Advisory Committee in 2009 and piloted its flagship creative aging program, here:now, inspired by the Meet Me at MoMA, in 2010. Here:now continues today as a sequential six-week program of 2-hour sessions of five couples of people living with dementia and their care partners engaging in artwork discussion and art-making in the museum.

Around the same time, Lifetime Arts, a national leader in creative aging program development, began providing professional development, teaching artist training, consulting services, and more to the field of creative aging. Lifetime Arts often partners with E.A. Michelson Philanthropy (formerly Aroha Philanthropies), a private foundation based in Minneapolis, Minnesota that is dedicated to advocating for and financially supporting the field of creative aging. The foundation began describing interactive art programs for older adults as “Vitality Arts” in 2013 and has since invested over \$21 million in the development of Vitality Arts programs in art and cultural institutions and organizations as well as aging

⁷⁶ Perlstein also founded creative aging organization Elders Share the Arts which was the Brooklyn, NY site in Gene Cohen’s foundational study “The Creativity and Aging Study: The Impact of Professionally Conducted Cultural Programs on Older Adults” identifying that engaging in the arts has health and well-being benefits for older adults.

⁷⁷ Museum of Modern Art, *Meet Me: Making Art Accessible to People with Dementia* (New York: Museum of Modern Art, 2009).

services centers.⁷⁸ In 2016, E.A. Michelson Philanthropy launched Seeding Vitality Arts, a multi-year U.S. cohort initiative that “equipped 50 grantees from Anchorage to Puerto Rico with all the tools and funding needed to create highly successful programs,” including Lifetime Arts training for the grantees.⁷⁹ This funding and the partnership with Lifetime Arts continues now in the Vitality Arts Project for Art Museums which is currently, in 2024, providing over \$5 million in grant funding to 25 prominent U.S. art museums to develop and implement new creative aging programs.⁸⁰

Further entrenched in supporting the field of creative aging, E.A. Michelson Philanthropy funded the national creative aging initiative undertaken by the American Alliance of Museums (AAM), resulting in the 2021 publication “Museums and Creative Aging: A Healthful Partnership” which underscores the necessity of creative aging program development in museums to combat ageism.⁸¹ In the same year, the National Assembly of State Arts Agencies (NASAA) separately launched the Leveraging State Investments in Creative Aging initiative, awarding nearly \$1.5 million in grant funding to 36 state art councils and commissions in every region of the U.S. for new and expanded creative aging programs.⁸² NASAA and E.A. Michelson Philanthropy renewed the program in 2023 for just over \$850,000 in grants awarded to nine state arts agencies in Arizona, Delaware, Indiana, Nebraska, New York, Ohio, Tennessee, Vermont, and Wyoming.⁸³ The majority of the state

⁷⁸ “Vitality Arts and Creative Aging,” E.A. Michelson Philanthropy, accessed February 15, 2024, <https://eamichelsonphilanthropy.org/vitality-arts/creative-aging/>.

⁷⁹ “National Expansion of Vitality Arts,” E.A. Michelson Philanthropy, accessed February 15, 2024, <https://eamichelsonphilanthropy.org/vitality-arts/national-expansion/>.

⁸⁰ “The Vitality Arts Project for Art Museums,” E.A. Michelson Philanthropy, accessed February 15, 2024, <https://eamichelsonphilanthropy.org/vitality-arts/for-art-museums/>.

⁸¹ Marjorie Schwarzer, “Museums and Creative Aging: A Healthful Partnership,” American Alliance of Museums, 2021.

⁸² “Leveraging State Investments in Creative Aging,” Lifetime Arts, accessed February 15, 2024, <https://www.lifetimearts.org/nasaa/>.

⁸³ “Projects: States Leading Creative Aging,” National Assembly of State Arts Agencies, accessed February 15, 2024, https://nasaa-arts.org/nasaa_research/projects-states-leading-creative-aging/.

art councils and commissions regrant their awarded grant funds to art organizations, libraries, senior centers, continuing care communities, and other organizations offering creative aging programming.

Over the past two and half decades, the need for increased opportunities for socialization and cultural engagement for older adults has been identified, research has indicated that creative aging programs can fulfill this need, and funding has begun to be directed toward their development. While these emerging funding sources for creative aging work are encouraging and impactful, their limited funds can not support the entire field's implementation of this critical programming for the current 55.8 million older adults, let alone the projected 77.0 million older adults (a 38% increase) in just one decade.⁸⁴ The field of creative aging is growing and expansion must not cease if more of the exponentially growing aging population is meant to benefit from its vital programming in the future.

Objective, Methods, and Product Outcome

Objective

The objective of this research project is to investigate the current status of creative aging program implementation in museums, cultural institutions, and organizations to determine how programming can best be strengthened, sustained, and expanded as the aging population grows and longevity-focused “age-friendly” approaches to society, policy, culture, and community gain greater support. This research considers 1) how current creative aging programs are collaboratively planned, implemented, supported, and sustained; 2) what barriers inhibit the sustainability and growth of creative aging programs; and 3) what support

⁸⁴ “Older People Projected to Outnumber Children for First Time in U.S. History,” United States Census Bureau, last modified October 8, 2021, <https://www.census.gov/newsroom/press-releases/2018/cb18-41-population-projections.html>.

(e.g. partnerships, policy, resources) is needed for creative aging programs to increase their impact going forward and what dreams the field has for the future.

Methods

To examine the three themes above and guide the creation of a storytelling resource for creative aging professionals, I conducted nine 60-minute conversational interviews with staff members who facilitate creative aging programs at their museum, cultural institution, or organization.⁸⁵ Eight of these museums, cultural institutions, and organizations are named; the employee of the Southeastern state arts council/commission elected to remain anonymous and extend that anonymity to the identity of their arts council/commission. Additionally, all interviewees except for the employee of the Southeastern state arts council/commission and the interviewee from the Frye Art Museum responded to a brief questionnaire that collected basic and demographic information about their museum, cultural institution, or organization and its creative aging program.⁸⁶ Further, I received asynchronous interview responses from two of the previously interviewed participants about their creative aging program's impact and its potential for growth.⁸⁷ Audio clips responding to the asynchronous interview questions are included in the storytelling resource.⁸⁸ This research received exemption from Appalachian State University's Institutional Review Board in 2023.

⁸⁵ See Appendix A for profiles on each museum, cultural institution, and organization's creative aging program(s). See Appendix B for biographies on each interviewed professional. See Appendix C for resources recommended by interviewees and that informed interviews. See Appendix D for the interview guide.

⁸⁶ See Appendix D for the questionnaire.

⁸⁷ See Appendix D for the supplementary asynchronous interview response interview guide.

⁸⁸ See Appendix E for the storytelling resource and visit bit.ly/creativeagingimpactstory or samanthaoleschuk.com/creative-aging to engage with its interactive components.

Product Outcome

There are two product outcomes for this research project. First, in this paper, I explore the three aforementioned research considerations through qualitative analysis to present findings on creative aging program's barriers. This is followed by a synthesized discussion of interviewees' dreams for the field of creative aging and my own critical reflections on the current state of the field and its potential for growth and greater impact.

The second product outcome is a storytelling resource entitled "The Creative Aging Impact Story: A Storytelling Resource" for creative aging professionals seeking to grow the field's impact and advocate for creative aging across sectors.⁸⁹ This resource guides creative aging professionals through the process of sharing the story of creative aging's impact which includes demonstrating the field's benefits for older adults, identifying its barriers, communicating its dreams, and emphasizing it as a vital component of healthy aging in place. Utilizing storytelling to convey the impact of the field of creative aging is essential to advocacy for increased support and integration of creative aging into public health, policy, and social infrastructure.

Findings

The following nine museums, cultural institutions, and organizations consented to conversational interviews for this research: Arts for the Aging in Washington, D.C.; ARTZ Philadelphia in Philadelphia, Pennsylvania; Creative Aging Network-North Carolina in Greensboro, North Carolina; Denver Art Museum in Denver, Colorado; Frye Art Museum in Seattle, Washington; Nasher Museum of Art at Duke University in Durham, North Carolina;

⁸⁹ See Appendix E for the storytelling resource and visit bit.ly/creativeagingimpactstory or samanthaoleschuk.com/creative-aging to engage with its interactive components.

the North Carolina Museum of Art in Raleigh, North Carolina; Opening Minds through Art at Scripps Gerontology Center at Miami University in Oxford, Ohio; and a Southeastern state arts council/commission.⁹⁰ During the interviews, each participant identified a variety of barriers to creative aging work, relayed many contributors to success, and dreamt of ideas for their respective programs and the field of creative aging in general. After replaying interview audio recordings and rereading transcripts with an analytical approach, insufficient staff capacity, limited funding, low visibility and awareness, community partnership difficulties such as aging services staff turnover, inaccessible transportation and language, and inadequate integration in policy emerged as key obstacles to sustaining current creative aging programming as well as expanding programming in each museum, cultural institution, or organization's locality.

This section offers a synthesized and analyzed presentation of creative aging's barriers as they interact with fundamental contributors to success including dedicated staff and local community partnerships. With careful consideration and connection across interviews with creative aging professionals, all of these challenges are interlinked and share a common denominator: funding. The intertwined intricacies of these findings establish essential details to the subsequent critical discussion of the future of creative aging and illuminate how the field itself is nestled in a tenuous web of cross-sector discrepancies and disparities.

⁹⁰ See Appendix A for profiles on each museum, cultural institution, and organization's creative aging program(s).

Insufficient Staff Capacity Despite Visionary Thinking and an Exponential Need

A challenge is also capacity, capacity, capacity... We have limited staff, we have limited time. We only have so much funding in our budget.

— Samantha Sanders, Creative Aging Coordinator at the Frye Art Museum in Seattle, Washington⁹¹

The field of creative aging is indebted to its committed professionals that believe in the vital role of creative expression for older adults' well-being and have dedicated large percentages of their careers to creative aging program development and implementation. Many early creative aging programs in museums and many nonprofit organizations whose entire missions encompass creative aging were undertaken by a single individual. These original initiators who started, expanded, and championed their museum, cultural institution, or organization's creative aging program with passion and commitment were cited as key factors to program success in interviews by staff who had since taken over program management. For instance, the creative aging programs at the Frye Art Museum in Seattle, Washington were launched by Mary Jane Knecht. For over a decade, Knecht was the sole person managing the Frye's creative aging programs with "occasional interns and occasional volunteer support."⁹² She expanded beyond the flagship here:now program to introduce a variety of additional programming and events including Bridges, Meet Me at the Movies, Alzheimer's Café, and the Frye Art Museum's Creative Aging Conference. In 2022, Samantha Sanders was hired as the Frye's Creative Aging Coordinator and since Knecht's retirement in June 2023, she has been providing coverage for the vacant Manager of Creative Aging position.⁹³ When asked about contributors to the success and longevity of the Frye Art

⁹¹ Samantha Sanders (Creative Aging Coordinator at the Frye Art Museum), conversational interview with author, Zoom, February 2, 2024.

⁹² Sanders, conversational interview.

⁹³ Sanders, conversational interview.

Museum's creative aging programs, Sanders responded "Mary Jane, obviously bar none, hands down. She's the founder, the creator, [and the] visionary."⁹⁴

Many other creative aging programs were conceived as the brainchild of a single individual and subsequently flourished due to their unwavering commitment and deft cultivation of strategic community partnerships. Inspired by the Meet Me at MoMA model, the Reflections Program at the Nasher Museum of Art at Duke University in Durham, North Carolina was the vision of then Associate Curator of Education (and later Director of Education) Jessica Ruhle who is now the Executive Director of the Yellowstone Art Museum. For seven years, Ruhle led the Reflections Program, expanding it from its original design for individuals in the early stages of Alzheimer's in the Duke Family Support Program to individuals with mid- and late-stage Alzheimer's disease in the Duke Family Support Program and eventually to the public for people living with Alzheimer's and other related dementias. As a final example, in 2013, Shifrin used her Artists for Alzheimer's training and her creative aging program experience from the Berman Museum of Art in Philadelphia, Pennsylvania to found ARTZ Philadelphia, a nonprofit organization with a sole mission of "enhancing the quality of life and well-being of people living with dementia and their care partners through joyful interactions around arts and culture."⁹⁵

While the dreams and committed actions of creative aging visionaries should doubtlessly be celebrated, credit is due to all involved in museums, cultural institutions, and organizations offering creative aging programming for their community's population of older adults. As Ruth Caccavale, Lead Gallery Guide and Museum Educator at the Nasher

⁹⁴ Sanders, conversational interview.

⁹⁵ "Mission," ARTZ Philadelphia, accessed February 16, 2024, <https://www.artzphilly.org/our-mission/>.

Museum of Art at Duke University in Durham, North Carolina, asserted when speaking about the Reflections Program:

You might be the most devoted and dedicated person to creating a program, but the Reflections Program at the Nasher only succeeds because people in other departments are also helping it succeed... Whether it's your security staff or your front desk, or even things like when a new installation is being put up—if you have loud construction noises going on at the same time as your program, that's a problem. So, it really takes the entire museum community to be on board with the program... it's a collaborative approach where it's not just one department or one person doing the program, but it's the institution that's doing the program."⁹⁶

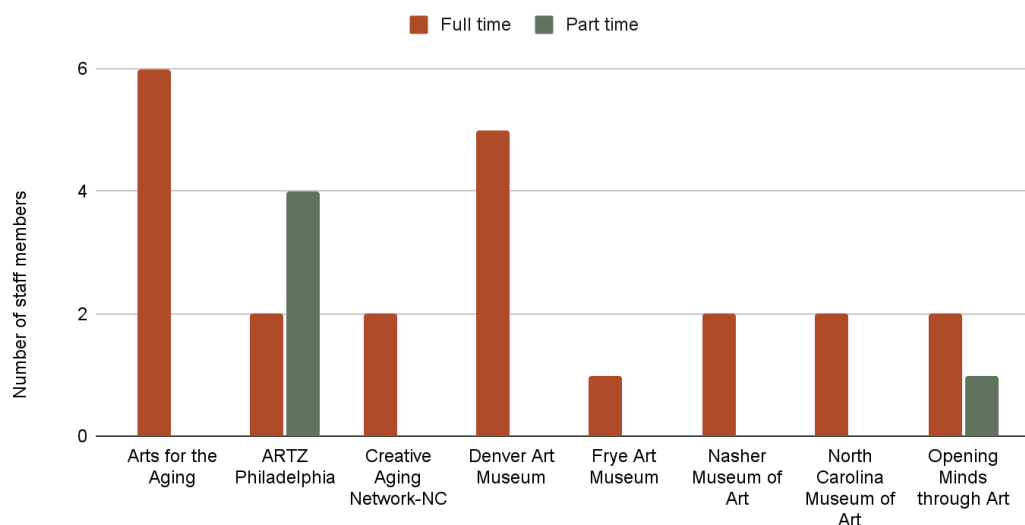
Despite this unflinching passion and team spirit, there is an underlying persistent challenge of “capacity, capacity, capacity.”⁹⁷ The three graphs below illustrate a capacity deficit. Graph 1 indicates the number of full time and part time staff for each museum, cultural institution, or organization's creative aging program (note that this does not include contracted teaching artist/facilitator staff) and Graph 2 indicates the approximate number of people who annually benefit from each creative aging program, including older adults and their care partners. Bear in mind that for staff of nonprofit organizations solely dedicated to creative aging work, their job responsibilities are entirely devoted to creative aging whereas creative aging work is often only one responsibility of many for museum staff. And, understand that programs vary in development stage. As such, Graph 3 indicates how long each creative aging program has been operational.

⁹⁶ Caccavale and Nielsen, conversational interview.

⁹⁷ Sanders, conversational interview.

Creative Aging Program Staff Size

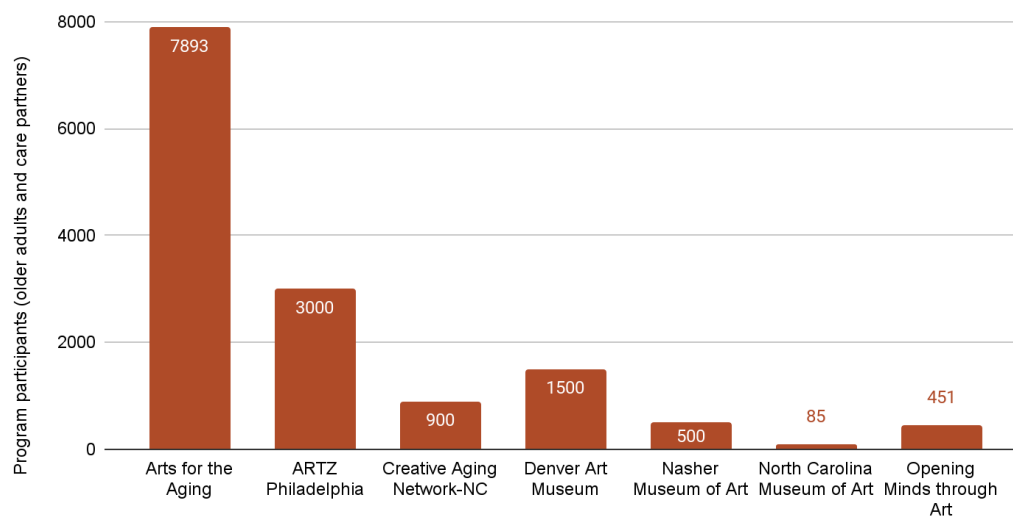
Staff size for creative aging program



Graph 1: Creative Aging Program Staff Size

Annual Average Number of Program Participants

Estimated annual program participants for creative aging program

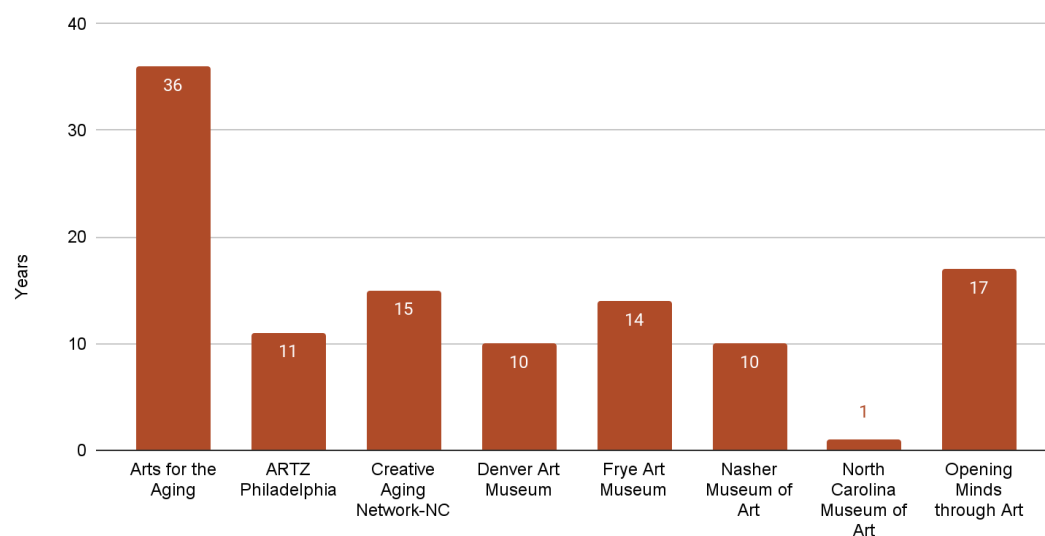


Graph 2: Annual Average Number of Program Participants⁹⁸

⁹⁸ This includes older adults and their care partners. Note that the North Carolina Museum of Art's statistic is representative of a total of 4 program sessions in their first year. Note that Opening Minds through Art's statistic is only representative of those who benefit from OMA programs at Miami University and do not include those who benefit from OMA programming led by their 1,000+ facilitators across the U.S., Canada, and Indonesia. Note that the Frye Art Museum did not provide a statistic on their approximate annual average number of participants.

Age of Creative Aging Programs

Age in years of each creative aging program



Graph 3: Age of Creative Aging Programs

Whether there is a team consisting of a couple of staff members, a small stable of teaching artists or facilitators, and/or occasional volunteers or a single leader bringing creative aging programming to their community, all are faced with the striking gap between the size of the need for creative aging programming and the realistic amount of programming that can be offered due to staff capacity and limited time. Speaking on the way in which the North Carolina Museum of Art (NCMA) in Raleigh, North Carolina is intentionally moving slowly through the creative phases of their new Creative Impressions program for the state, a museum worker expressed that for their team of two:

We wanted to be mindful of launching it and not getting overwhelmed by the amount of requests because we recognize the need that there is for this type of programming, and we want to have the capacity to follow through on all the requests... I think that the major barrier for [us] right now is just to make sure that we have time for it all. Because we recognize that this program is going to take off when people realize that we're doing it and we're just nervous about the capacity. That's been our biggest barrier.⁹⁹

⁹⁹ North Carolina Museum of Art worker, conversational interview.

This presents a rather difficult conundrum where the audience and the need for creative aging programming are growing exponentially but program growth and promotion are stunted by limited capacity in avoidance of being inundated with requests that can not be filled in a timely manner. The number of trained program facilitators must increase enormously to meet the demand for creative aging programming and reach more communities outside of the leading museums, cultural institutions, and organizations' geographic and often urban radiuses. This has driven some organizations to establish teaching artist rosters.

Conversing with an employee of a Southeastern state arts council/commission on their past grant cycles and continued goals to expand their creative aging programming into rural and culturally specific communities, they identified that “We wanted to increase the number of art programs [offered] to older adults. But it’s also about increasing the capacity and knowledge of artists who work with older adults.”¹⁰⁰ Some state arts councils and commissions including the Maine Arts Commission, the Tennessee Arts Commission, and the Vermont Arts Council have developed statewide creative aging teaching artist rosters which list individuals who have received training on designing and implementing art-based programs that invite skill-building and social engagement for older adults. Many other state arts councils and commissions including the Nevada Arts Council have integrated creative aging designations to teaching artists in their general teaching artists rosters that have completed creative aging training.

Similarly, but on a national scale, Lifetime Arts manages the Creative Aging Roster, a directory of panel-reviewed teaching artists organized by arts discipline, geographic location,

¹⁰⁰ Conversational interview with Southeastern state arts council/commission worker, Zoom, January 16, 2024.

and languages spoken. This is also the foundation of Art for the Aging's model. As a regional service provider in Washington D.C., Maryland, and Virginia, Arts for the Aging equips teaching artists with the training and experience necessary to bring creative aging programs to older adults in aging services locations as well as museums and cultural institutions in a wider geographic area. OMA expands this concept further with its facilitator training which has equipped over 1000 artists, aging and health care professionals, activity directors, and other educators across the U.S., Canada, and Indonesia with the skills necessary to implement OMA in their own communities. Understanding how the role of the teaching artist/facilitator is imperative for programmatic success, Assistant Director of OMA Krysta Peterson included that the organization's "next focus is how do we better support the community of facilitators?"¹⁰¹

Explaining the importance of spreading teaching artists throughout a community within various levels of continuing care communities to increase impact, House stated "We don't want to just reach people near the end of their journey. If the arts are going to be effective, you need to have them help [and be accessible] for people who want to age in place in a healthy way."¹⁰² Because dementia is a progressive disease with various characteristics contributing to the label of one's diagnosis as early-, mid-, or late-stage dementia, there is not a "one size fits all" approach to creative aging programs and, therefore, programs must be tailored to community, even individual, needs. Speaking on the development of ARTZ Philadelphia's program called ARTZ in the Neighborhood which expands the organization's programmatic reach to impact underserved, under-resourced communities in Philadelphia, Shifrin explained that "Instead of providing, as those of us in this field too often do, a 'one

¹⁰¹ Peterson, conversational interview.

¹⁰² House, conversational interview.

size fits all’ series of programs that we use in the wealthiest areas of Philadelphia and in the Spanish-speaking areas, we realize that it’s not enough to be person-centered, we need to be neighborhood-centered.”¹⁰³

However, in order to offer a wider variety of programs and adapt each one according to individual, neighborhood, and community needs, museums, cultural institutions, and organizations require more staff members and an expansive and diverse cadre of trained teaching artists. This exigent gap is not due to a lack of interest on the part of teaching artists and museum educators, but the solution is not as easy as hiring more teaching artists or museum educators. To illustrate, House noted:

Holding on to teaching artists is not the problem. I’ve got to say, in fact, I’ve had to put off so many people who have applied because we just don’t have enough work for everyone. and I can’t grow the programs. I don’t want to add too many teaching artists, because then that dilutes the number of programs for each, and then they have to go find additional work to support themselves. We are not a full time employer for any of the teaching artists. But there is an expectation of four to eight programs a month for each [teaching artist] and we value that.¹⁰⁴

Aligned with Shifrin’s assertion that creative aging work is not the place for experimentation because “even the smallest misstep with people living with dementia could actually cause damage”¹⁰⁵ and leading into the following section on limited funding for creative aging, Danielle Schulz, the Associate Director of Lifelong Learning and Accessibility at the Denver Art Museum in Denver, Colorado, explained that for older adults:

There’s a lot of social isolation, even if people are going to programs. And so because of that, these programs take time. They take care. And so you need to have well qualified staff who know what to do. And that costs money. And what we’re finding with grants is [that they] want to fund programs and things. But they don’t want to fund people. But I need people to run these [programs].¹⁰⁶

¹⁰³ Shifrin, conversational interview.

¹⁰⁴ House, conversational interview.

¹⁰⁵ Shifrin, conversational interview.

¹⁰⁶ Danielle Schulz (Associate Director of Lifelong Learning and Accessibility at the Denver Art Museum), conversational interview with author, Zoom, December 11, 2023.

With more hands and minds to work together, hiring more people is the solution to this barrier of capacity, but hiring requires funding and funding is the primary barrier for creative aging programs.

Limited, Fickle, and Locally Dependent Funding

A big [barrier] is just people’s general understanding and willingness to fund the arts.
— Krysta Peterson, Associate Director of Opening Minds through Art¹⁰⁷

The majority of interviewees identified funding as the principal challenge to offering and sustaining creative aging programming. Funding covers the cost of program development, program materials, staff salary, and teaching artist payroll for training and program facilitation. Miller asserted that “funding is the number one barrier. There’s just not enough funding out there.”¹⁰⁸ And, citing a reason, she included “there’s also not a will of our people to do this for our elders.”¹⁰⁹ Shifrin noted the primary barrier “for us, and for creative aging in general: funding.”¹¹⁰ Graph 4 indicates each participating museum, cultural institution, and organization’s operating budget for their creative aging program(s).

¹⁰⁷ Peterson, conversational interview.

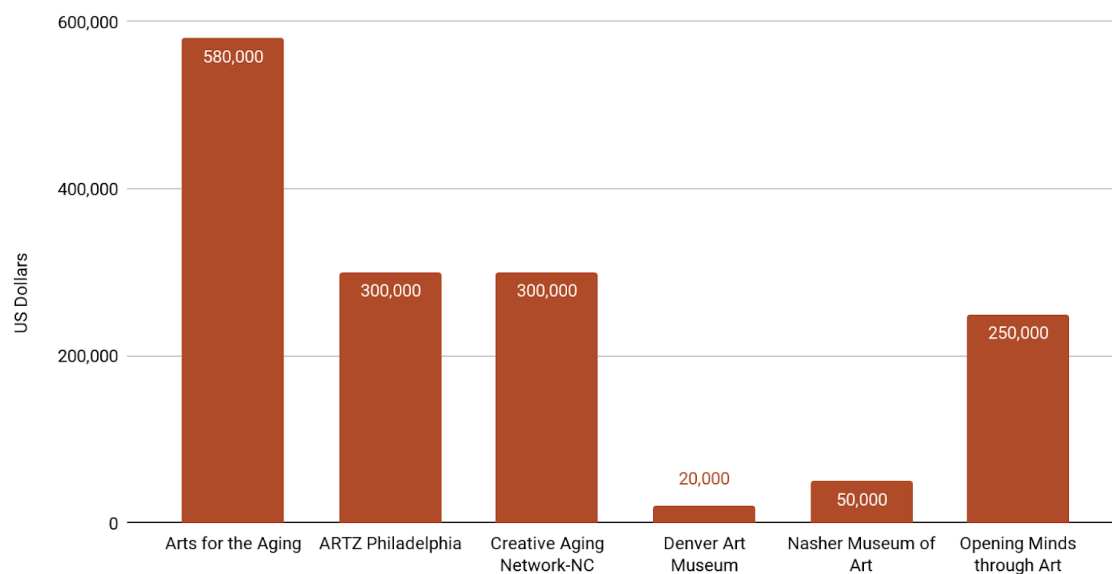
¹⁰⁸ Miller, conversational interview.

¹⁰⁹ Miller, conversational interview.

¹¹⁰ Shifrin, conversational interview.

Creative Aging Programming Budget

Operating budget for creative aging program



Graph 4: Creative Aging Programming Budget¹¹¹

While true that museum and nonprofit professionals in the arts and culture sector are always searching for additional income streams due to limited forms of earned income, the field of creative aging experiences this incessant search with heightened intensity. The financial portfolios of creative aging programs are constantly in flux. Creative aging professionals are perpetually seeking financial support through advocacy for an increased allotment of funds from museum budgets, pursuit of grants in the arts and culture sector, solicitation of philanthropic donations, and requests for state civil money penalty funds that reinvest nursing home fines to improve quality of life for nursing home residents. With little earned income due to keeping programs free of charge for participants and often offering sliding scale payment plans for community partners, creative aging programs are heavily

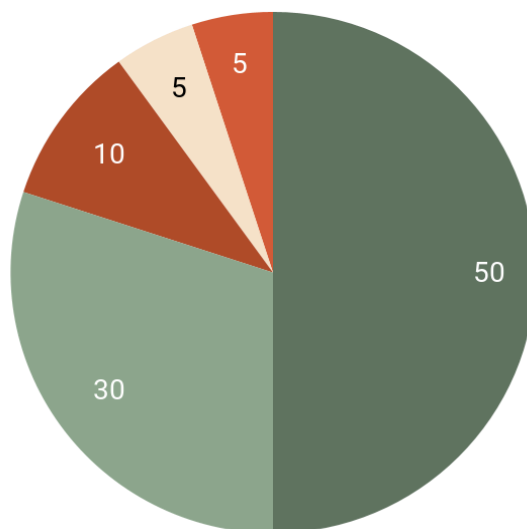
¹¹¹ Note that the Frye Art Museum and the North Carolina Museum of Art did not provide a clear statistic on their creative aging programming budget.

reliant on grant funding and donor support or “angel investors.”¹¹² As examples of the magnitude of grant reliance and donor support, Graph 5 and Graph 6 respectively illustrate the current funding sources for ARTZ Philadelphia and 2022 funding sources for Arts for the Aging.

ARTZ Philadelphia Funding Sources

Current funding source estimations

- Individual donations
- Grants
- Fee for service
- Corporate sponsorships
- Special Events

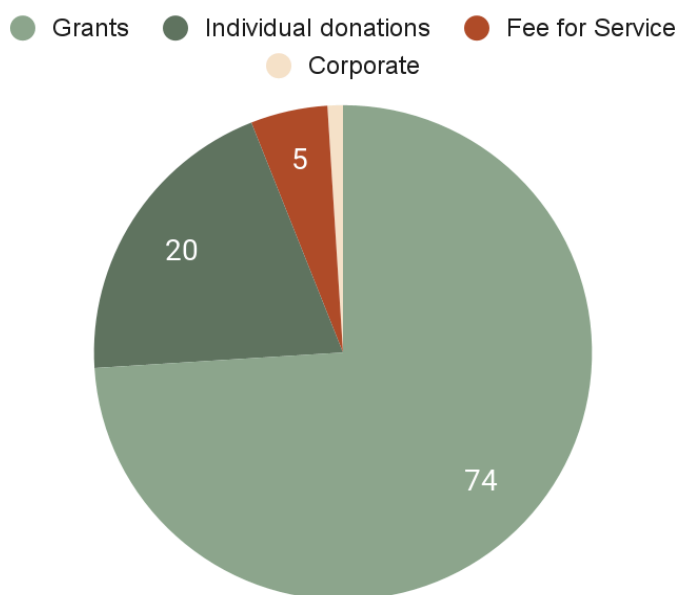


Graph 5: ARTZ Philadelphia Funding Sources

¹¹² Miller, conversational interview.

Arts for the Aging Funding Sources

2022 funding sources



Graph 6: Arts for the Aging Funding Sources

Although creative aging programs are reliant on grants, the funding available is never consistent. And, as grants are time-limited with an end date and, oftentimes, no guarantee of extension or reapplication after the granting period concludes, this reliance breeds chronic instability and restricts the field of creative aging’s ability to grow. As such, creative aging work, as is the case with much arts programming, is dictated by the reality of “here’s what we think we can do with the funds that we have.”¹¹³ While an issue on its own, it is escalated as the field has yet to be fully acknowledged and embraced as one that bridges sectors (more on creative aging as a cross-sector field in the following section). Speaking about sourcing initial funding for Creative Aging Network-NC back in the late 2000s, Miller explained:

The arts councils here—the state arts council and the local arts council—said “Well, you’re doing health care. You need to get health care funding because you’re working with older people.” I was like, “No, I’m doing arts [programming, too]. It’s both!”

¹¹³ Schulz, conversational interview.

And then I would try getting health care funding. They said “No, you’re doing arts [programming]. Go get arts funding.”¹¹⁴

And, illustrating the frustration that ensues when grant funding that creative aging depends on ends, Miller included:

Our grant ended in April of 2023 and the CMS [Centers for Medicare and Medicaid Services] panel for the state decided they weren’t taking any more applications for an indefinite amount of time. We had already submitted our extension request and we were collecting letters of support from our sites. Because you have to have a letter of support from every one of the sites that you’re going to work with over a three year period. And the rate of staff turnover is ridiculous so it’s crazy to try to do that three years in advance, but we were doing that. And they [CMS] decided they were going to put everything on hold, and they were going to reevaluate how they were distributing the funds. And they came back... with new rules... that no nursing home can receive more than \$5,000 for a year. And we can’t do a year-long arts program for \$5,000.¹¹⁵

Similarly, Peterson expressed that for OMA:

[For] the past 6 years, we had a grant through the Ohio Department of Medicaid through CMP [civil money penalties] dollars... We’ve been sustained through that. It was about a million dollars over the course of 3 years. And then we did it twice. So that was huge... [but] that funding ended.. [and] we’re at this turning point of what OMA looks like moving forward. It is pretty difficult.... funding is a huge thing with that grant ending. And they actually stopped that [grant] at a federal level so there was a pause for a while, and they’re starting to open that grant state specifically [in] different places. But it’s changing immensely, and we still don’t know what that looks like.¹¹⁶

Despite such emphasis by the majority of interviewees on the sizable lack of funding for creative aging and the available funding’s fickleness, an employee at a Southeastern state arts council/commission—which currently receives funding from NASAA to “regrant” throughout the state—expressed that their grant funding budget in the area that encompasses creative aging has routinely increased.¹¹⁷ In this way, new or expanded funding opportunities are surfacing, but through conversations with those who lead creative aging programs and are

¹¹⁴ Miller, conversational interview.

¹¹⁵ Miller, conversational interview.

¹¹⁶ Peterson, conversational interview.

¹¹⁷ Southeastern state arts council/commission worker, conversational interview.

actively searching for avenues to financially sustain them, the current available funds for creative aging are insufficient. To illustrate, even with generous support received from a donor that nearly fully funds the Reflections Program, the Nasher Museum of Art sources additional grant funding for the program and is still plagued with inability to offer more Reflections Program sessions without sacrificing other educational programs in the museum.¹¹⁸

The field of creative aging's dependence on grants and philanthropy as primary fundings streams reflects how personal creative aging work is, especially since with limited funds available, many of the interviewees cited that they turn to local foundations, organizations, or benefactors for financial support and resources through years-long relationships. Creative aging programs themselves are inherently personal in that they "meet people where they are and recognize them as the people they always have been and are now," but their support systems are personal, too.¹¹⁹ Exemplifying how individual donors are invested in creative aging, Nielsen spoke on how the Nasher's development department shares Reflections Program stories with donors by stating how she is "in constant dialogue with our development department, at their request. They have me share immediately with them a first braindump whenever there is some sort of magical moment that happens... that helps them with their storytelling [for donor solicitation]."¹²⁰

Demonstrating how the volume of locally concentrated support affects programming, Shifrin commented on ARTZ Philadelphia's local support by stating:

We are incredibly lucky to have two or three organizations in Philadelphia—foundations that are focused on supporting elders, particularly underserved, under-resourced elders. Without them, we really wouldn't be here. They

¹¹⁸ Caccavale and Nielsen, conversational interview.

¹¹⁹ Shifrin, conversational interview.

¹²⁰ Caccavale and Nielsen, conversational interview.

stuck with us through COVID. It was really remarkable, but it is a fact that Philadelphia is actually a little bit unique in even having one foundation whose focus is older members of the community.¹²¹

It has always been ARTZ Philadelphia’s policy that older adults can try out their programs, no strings attached.¹²² People can drop in and drop out without required registration or payment, but as Shifrin noted, “there has to be money somewhere, right?”¹²³ This policy of free, unconditional programming encourages many of the families of participants to become donors and directly aligns with multiple local granting foundations’ mission, vision, and values in Philadelphia’s unique local ecosystem of elder support. Philadelphia is an illustrative case of the impact that can be made when there is more funding and support of older adults’ well-being in one location.

Among the organizations’ other funding partners, Friends Foundation for the Aging, a private foundation and independent nonprofit corporation dedicated to funding “innovative, impactful, collaborative and replicable programs that address aging issues,” has contributed grant funding to ARTZ Philadelphia’s ARTZ in the Neighborhood program for many years.¹²⁴ The Philadelphia Cultural Fund is another granting body that, with its commitment to supporting “the cultural life and vitality of the City of Philadelphia and its residents,” matches ARTZ Philadelphia’s mission.¹²⁵ The Sarah Ralston Foundation, granted \$2 million in 2023, its inaugural year, to nonprofit organizations providing programs and services that enhance the quality of life of underserved older adults in Philadelphia.¹²⁶ One of 48 grantees

¹²¹ Shifrin, conversational interview.

¹²² Shifrin, conversational interview.

¹²³ Shifrin, conversational interview.

¹²⁴ “About Us,” Friends Foundation for the Aging, accessed March 1, 2024, <https://friendsfoundationaging.org/about/>.

¹²⁵ “Philadelphia Cultural Fund,” The Philadelphia Cultural Fund, accessed March 1, 2024, <https://www.philaculturalfund.org/>.

¹²⁶ “The Sarah Ralston Foundation Announces Successful Inaugural Year,” Sarah Ralston Foundation, accessed March 1, 2024,

among organizations addressing issues of food insecurity, housing, health care inequity, and social isolation for older adults, ARTZ Philadelphia received a General Operating Support Grant from the Sarah Ralston Foundation.¹²⁷

Philadelphia has a rich, growing ecosystem of advocates and investors dedicated to supporting the aging population and this expanding local focus benefits ARTZ Philadelphia. The organization's programs have been sustained and their impact continues because of the volume of local funding available for this type of work. The nature of these local funding relationships indicate that in addition to creative aging programming being community-driven, the field's financial and logistic sustainability is also dependent on the priorities of the local community. When the historically underserved and underfunded older adult population is prioritized and invested in, true impact is made and opportunities for growth are plentiful. In contrast, when local funding priorities do not reflect the urgency of this population's plight, program sustainability, let alone the chance for expanding impact across racial, socioeconomic, and geographic disparities, is jeopardized.

Essential Yet Unstable Community Partnerships

[This is] really meant to be kind of an asset-based approach, or like an appreciative inquiry. What is working well for your community? What are you all looking for? What role could the museum play in some of the work you're already doing?
— Danielle Schulz, Associate Director of Lifelong Learning and Accessibility at the Denver Art Museum¹²⁸

Strategic community partnerships emerged across interviews as integral to the success and sustainability of creative aging programs regardless of organization type. Encapsulating

<https://sarahralstonfoundation.org/2024/01/26/the-sarah-ralston-foundation-announces-successful-inaugural-year/>.

¹²⁷ “The Sarah Ralston Foundation Announces Successful Inaugural Year,” Sarah Ralston Foundation.

¹²⁸ Schulz, conversational interview.

this dependence on partnerships for creative aging program success most clearly, Shifrin expressed:

I had spent the last ten [or] eleven years of my museum career as a Director of Education. And that was rooted in collaboration. Virtually everything I did, I did through partnerships and collaborations and community. And so that enabled me to conceive of this organization [ARTZ Philadelphia] as rooted in community and partnerships as well. I can't think of a single thing we've done that didn't involve partnerships. We don't have our own space, we never have. When people ask me, "where is ARTZ?," ARTZ is wherever our programs are, wherever the people we serve are. And so that necessarily means we depend on partnerships.¹²⁹

To forge trusting relationships with community partners, ARTZ Philadelphia works closely with its community members, often called community liaisons, that aid the organization in understanding what specific communities most want and need from creative aging programming.¹³⁰ Further, Schulz asserted that her advice is "working with your community, finding partners [in] other cultural organizations who are doing this work to learn from and share resources, and then really listening to your community."¹³¹ The Denver Art Museum has a newly designated space for Community Spotlight Exhibitions that are meant to showcase community creativity. Many of the exhibitions so far have partnered with community groups that serve older adults in the Denver metro area such as The Center on Colfax (*Queer Creativity Through the Ages: Artwork from The Center on Colfax Open Art Studio*) (Figure 11 and Figure 12) and Las Adelitas Living the Arts (*Las Adelitas Living the Arts: Community, Creativity, and Empowerment*).^{132, 133}

¹²⁹ Shifrin, conversational interview.

¹³⁰ "Meet Our Community," ARTZ Philadelphia, accessed February 19, 2024, <https://www.artzphilly.org/community/>.

¹³¹ Schulz, conversational interview.

¹³² Jason Eaton-Lynch, "New Community Spotlight Celebrates Queer Creativity," Denver Art Museum, May 23, 2022. <https://www.denverartmuseum.org/en/blog/new-community-spotlight-celebrates-queer-creativity>.

¹³³ Sierra Gondrez, "New Community Spotlight Showcases the Art of Las Adelitas Performers," Denver Art Museum, December 5, 2022. <https://www.denverartmuseum.org/en/blog/new-community-spotlight-showcases-art-las-adelitas-performers>.



Figure 11, *Queer Creativity Through the Ages: Artwork from The Center on Colfax Open Art Studio* at the Denver Art Museum (2022). Photography © Denver Art Museum



Figure 12, *Queer Creativity Through the Ages: Artwork from The Center on Colfax Open Art Studio* at the Denver Art Museum (2022). Photography © Denver Art Museum

Miller included that at Creative Aging Network-NC, “a large majority of what we do is in collaboration with other nonprofits and other community partners.”¹³⁴ She shared:

My advice is [to] surround yourself with good people who can help you achieve your goals and dreams. And, seek out those community partners and those colleagues that can help push forward what it is that you’re trying to do [and] that can work side by side with you to help make it happen. It is not something you can do by yourself. There’s so much work to do.¹³⁵

Creative Aging Network-NC employs an intergenerational and multicultural approach to programming, due in large part to partnerships with organizations that serve immigrants and refugees. For example, in collaboration with the Montagnard Dega Association, a Greensboro, North Carolina-based organization dedicated to creating healthy communities to inspire education and preserve Montagnard cultural heritage of the indigenous peoples of the Central Highlands of Vietnam, Creative Aging Network-NC recently hosted a backstrap weaving program for Montagnard youth led by an 80-year-old Montagnard teacher.¹³⁶

Beyond these examples of partnerships with local cultural organizations, cross-sector partnerships—particularly in the public health sector—are crucial to creative aging work. The intentional integration of the arts and culture into the process of equitable community planning and development is termed creative placemaking and it attests that while the arts and culture sector can influence innumerable facets of society from the outside, it has an integral role to play *within* other sectors for the betterment of society in physical, social, and systemic ways.¹³⁷ For one, working with aging services and dementia research organizations as well as continuing care communities and nursing homes provide significant perspectives on the medical side of working with older adults. Reflecting on the Frye Art Museum’s long

¹³⁴ Miller, conversational interview.

¹³⁵ Miller, conversational interview.

¹³⁶ Miller, conversational interview.

¹³⁷ Jamie Hand, Danya Sherman, and Megan Bullock, *The Role of Arts and Culture in Equitable Community Development: A Visual Analysis*, ArtPlace America, 2020, <https://creativeplacemakingresearch.org/>.

standing partnership with the University of Washington Memory and Brain Wellness Center for the Memory Hub, Sanders expressed that “in order to understand more about dementia, we have to partner with people that are in the medical field... [the Memory Hub is] a very key partner that we work with that brings in a whole host of different disciplines and doctors and specialists that we constantly are working with as far as training and program ideas.”¹³⁸

And, speaking about the Nasher Museum of Art’s arts and health partnership with the Duke Family Support Program for their Reflections Program in Durham, North Carolina,

Caccavale affirmed:

The Duke Family Support Program has been incredibly important because they give us feedback from their point of view and from their visitors’ point of view. So [partnering] with an organization that has the perspective of the individual with dementia more firmly in line [can help in] creat[ing] a program that will be more successful and fulfilling. I think that partnership was really important to making our program work well.¹³⁹

Most commonly, partnerships are formed with continuing care communities and nursing homes to identify older adults that can benefit from creative aging programming. While central to programmatic success, these local partnerships pose a challenge because of high turnover rates in health care and aging services. Turnover undermines established relationships between the partner organization and the creative aging program provider because a single person at a partner organization often serves as the point of contact and when that staff person leaves, all progress in the partnership regresses or is lost entirely. Schulz explains that “when we have a really strong community partner and a staff member who works there, the program works really well.”¹⁴⁰ However, House notes that “once you get settled in with one contact, communications get worked out, expectations are settled in

¹³⁸ Sanders, conversational interview.

¹³⁹ Caccavale and Nielsen, conversational interview.

¹⁴⁰ Schulz, conversational interview.

and then they get a new job opportunity or they get disillusioned with the work and they move on... you're back at square one and you're training someone new."¹⁴¹ Speaking on resuming the Frye Art Museums's temporarily paused off-site "we come to you" program called Bridges, Sanders noted that "there's a lot of medical staff turnover with people that we worked with at Bridges [so] going into those communities [again], they might look totally different than they did two years ago."¹⁴²

Many creative aging programs adopt this "we come to you" model and offer programming free of charge for the older adults. Oftentimes, museums including the Frye Art Museum and the NCMA absorb these costs as part of their budget, but for organizations such as Arts for the Aging, OMA, and ARTZ Philadelphia, their community partners (e.g. continuing care communities) have to invest in their services in some capacity, often on a sliding scale. So, when turnover occurs, it takes considerable amounts of time to explain creative aging programs to new partner contacts. And, when continued buy-in for programming is reliant on that explanation, this issue of turnover that remains out of creative aging programs' control exacerbates the funding dilemma and program instability.

Limited Visibility and Awareness of Creative Aging and Positive Aging Narratives

Wherever you are in life, [you] can relate at some level to increasing visibility [and] support for the work that we do with older adults throughout the state.
— Southeastern state arts council/commission worker¹⁴³

The field of creative aging suffers from a plague of low visibility. As Peterson framed it, "while we're not new, we're new for people understanding and wanting us around."¹⁴⁴

¹⁴¹ House, conversational interview.

¹⁴² Sanders, conversational interview.

¹⁴³ Southeastern state arts council/commission worker, conversational interview.

¹⁴⁴ Peterson, conversational interview.

Schulz explained that “seeing it around a lot more” is important, which is why the Denver Art Museum’s space for Community Spotlight Exhibitions is located on the first floor where visitors are more likely to see that older people—and eventually themselves as they age—can continue to be creative.¹⁴⁵ Speaking on visibility, Nielsen stated:

Awareness is a huge issue. So many people in our community don’t even know that this kind of thing exists or is an option. I think it’s still a very novel idea for many... it’s hard because it’s really not what people expect. It’s not something people are necessarily looking out for. They don’t have prior knowledge of it... it’s not like you move to a new town and ask ‘where’s my dementia museum program?’¹⁴⁶

Many factors contribute to the low visibility and limited awareness of creative aging programs. For one, there is no expectation that museums, cultural institutions, or organizations should have programming specifically designed for older adults, especially those living with dementia. Caccavale illustrated this in stating that “Everybody expects you to do K-12 programming—that’s just natural—but they don’t expect a program for people with aging challenges. So if it becomes an expectation for all [cultural] institutions, that would be [the dream].” This missing expectation results in an absence of trust that the creative aging programs that are offered truly provide a welcoming and comfortable environment. Without expectation of programming for them, a museum worker at the NCMA contended that for those living with memory loss, “the museum is sometimes seen as a barrier. And breaking that barrier is always the challenge.”¹⁴⁷

What is meant by this perspective of the museum as a barrier is twofold. First, even when museums comply with accessibility requirements established by the Americans with Disabilities Act (ADA), they still often bear inaccessible features that fail in developing a welcoming, inclusive environment such as insufficient seating in galleries, fluctuating light

¹⁴⁵ Schulz, conversational interview.

¹⁴⁶ Caccavale and Nielsen, conversational interview.

¹⁴⁷ North Carolina Museum of Art museum work, conversational interview.

and noise levels, and complex, academic explanatory text that is often ridden with jargon and obscure terminology. Secondly, the perception of the museum as a barrier stems from museums' history as inequitable, exclusive spaces that replicate systems of white supremacy and purport to present objective truths. This history effectively dissuades those who do not subscribe or conform to such oppressive practices from entry and participation (more on this in the Inhibitory Stigmas of the Arts, Museums, and Cultural Institutions section).

Narrowing the focus of the museum as a barrier to older adults specifically, Shifrin stated that for a person living with dementia, “the act of stepping outside one’s door can sometimes be overwhelmingly scary. And if we really want people to come to our programs, we cannot erect hurdles. We have to take down as many hurdles as we can.”¹⁴⁸ To replace this threshold fear—fear that prevents someone from entering a space due to feelings that they are not welcome, are not safe, and do not belong—with a sense of belonging that produces trust by cultivating a welcoming environment, a museum worker from the NCMA included that “there is merit in marketing programs specifically to people who are 65 and older. And I think that would also probably help break down that threshold barrier. To say ‘this program is specifically for you.’”¹⁴⁹

As previously alluded to, low visibility is also due in part to the community-driven nature of creative aging programs where there is no singular approach to programming because each program is customized according to community need and program location (e.g. museums, libraries, continuing care communities, etc.). These two variables—the absent expectation and the plethora of approaches to creative aging—combine to obfuscate a single understanding of creative aging, rendering it difficult to explain in simple terms. Oftentimes,

¹⁴⁸ Shifrin, conversational interview.

¹⁴⁹ North Carolina Museum of Art museum worker, conversational interview.

it is not explanations in words but observations of programs in action that allow internalization of their vital impact on older adults' well-being and subsequently elicit buy-in. For example, when first establishing ARTZ Philadelphia, Shifrin explained:

I basically went from museum to museum... [and] essentially offered the museums who agreed to host us three to four months of free programming so that they could see what it was I had in mind, because you can [try to] describe it, but unless you see a program in action, it's very hard to imagine. First of all, why it would work, and secondly, what working looks like.¹⁵⁰

The consensus in interviews was that the field of creative aging requires increased visibility. However, as a consequence of limited financial and staff capacity, resources are primarily conserved for sustaining current programming and, when possible, intentionally expanding reach to additional sections of the aging population (e.g. rural, culturally specific, etc.). Even less prioritized are promotional marketing efforts for greater widespread community visibility since “standard marketing doesn’t work because it’s all about trust.”¹⁵¹ To generate greater visibility, ARTZ Philadelphia received funding from their state arts council to pilot meet and greets with community members as a form of trust-centered marketing. Unfortunately, this marketing was suspended due to the COVID-19 pandemic and the organization is still working to find affordable and effective ways to spread the word about their programming.¹⁵²

On a local level, these factors inhibit the awareness of creative aging opportunities in communities, but the larger and even more alarming problem is that an ageist society is not receptive to positive images and stories of aging. In this way, the issue of visibility is twofold. The lack of visibility of creative aging as an effective enhancer of well-being for older adults directly coincides with the paucity of positive narratives about aging. Shifrin

¹⁵⁰ Shifrin, conversational interview.

¹⁵¹ Shifrin, conversational interview.

¹⁵² Shifrin, conversational interview.

included that not only is there a lack of visibility for creative aging programs, but more generally, “there is a dearth of attention being paid to supporting elders.”¹⁵³ Connecting negative societal views of older adults to the limited funding funneled in support of their well-being, which including creative aging programs, Miller exclaimed that “if our society valued older people the way we value youth, there would not be such a huge discrepancy between the funding amounts that are offered.”¹⁵⁴ This statement was not made to suggest that funding from youth ought to be reallocated to programs and services for older adults, but that in the reality that both are underfunded, youth is prioritized.

The two parallel shortfalls can be tackled together, though, as Schulz notes that creative aging is a significant factor in increasing “the visibility of positive stories about aging and adults versus the really negative ageism of ‘your life ends... there’s nothing more for you to do. All you have to focus on is all the medication you’re taking.’”¹⁵⁵ However, Schulz continued on to illuminate the complexity of the situation, identifying the vicious circle whereby increased visibility requires more programming to show its impact and more programming is contingent on additional funding, but additional funding necessitates greater visibility and awareness.¹⁵⁶

In effect, without additional funding, this route of increasing visibility through more programming is not viable. To me, this impasse suggests instead that to spread awareness of creative aging to potential partners and to older adults who can benefit from the programs, we must first find support for creative aging within societal infrastructure—within

¹⁵³ Shifrin, conversational interview.

¹⁵⁴ Miller, conversational interview.

¹⁵⁵ Schulz, conversational interview.

¹⁵⁶ Schulz, conversational interview.

policy—which requires confrontation with societal ageism. In other words, to right the discrepancy of funding and awareness, there must be a change in societal values.

Explaining how increasing awareness of creative aging is a societal undertaking, Caccavale asserted that “[we need] a shift in what we expect, what we think of as normal. What [are our] societal norms? Is it okay to have people in our community out and about who maybe have different challenges or different abilities than a healthy young adult or teenager?”¹⁵⁷ Because, as Nielsen stated about the Nasher Museum of Art’s creative aging program, “awareness of the Reflections [Program] and accessibility are beneficial for more people than just people with dementia.”¹⁵⁸ Expanding awareness of creative aging can initiate a paradigm shift in societal views of older age. It is a means of closing the chasmic gap produced by ageism that ignores the advantages of living a long life and upholds a perception of aging as a completely negative experience. But the arts and culture sector as providers of creative aging programs can not close this gap and alter societal norms about aging on its own. This paradigm shift must be triggered within the intersections of creative aging’s essential partnerships in public health and other avenues including community planning, social infrastructure, and public policy to spark an cross-sector inundation of positive aging stories. Because, as expressed by Miller, “the more that we can involve people from other fields in this work and get them to provide access for the older people they serve, the faster this whole concept [of creative aging] will spread.”¹⁵⁹

¹⁵⁷ Caccavale and Nielsen, conversational interview.

¹⁵⁸ Caccavale and Nielsen, conversational interview.

¹⁵⁹ Miller, conversational interview.

Transportation and Language as Factors of Inaccessibility and Inequity

[Transportation is] a limiting factor for more than just arts programs. It's just a social need of good transportation.

— Sarah House, Programs Director at Arts for the Aging¹⁶⁰

Despite values of inclusion and equity at its core, the field of creative aging is plagued with difficulty regarding equitable access to programming. Physical accessibility of buildings where programming takes place is crucial for success, but transportation and language are equally as important to the accessibility of creative aging programs because they exclude large segments of the older adult population from participation.

To begin with the former, transportation is a fundamental barrier to creative aging work, hence why many programs operate on a “we come to you” model that transfers the burden of commute from the older adults to the program facilitators. The caveat that participants must arrange their own transportation for in-person on-site programs effectively makes participation in creative aging programs a privilege. Speaking on the Reflections Program at the Nasher Museum of Art, Caccavale expressed:

...the place where the program falls short is [that] our audiences do not reflect the Durham community as well as they might. Most of our visitors tend to... have a care partner, often one-to-one, who's caring for them. They have [the] ability to get here on private transportation. I feel that the program has yet to really reach a lot of the folks in our area who could very much benefit from this program, but don't have the resources to get here.¹⁶¹

There are many layers to this transportation dilemma, especially for programs that can not be altered to a “we come to you” model or choose to prioritize in-person, on-site programming. For drop-in no obligation programs that require no registration, such as Drop In Drawing at the Denver Art Museum (designed for older adults, with or without care

¹⁶⁰ House, conversational interview.

¹⁶¹ Caccavale and Nielsen, conversational interview.

partners), coordinating transportation is not feasible, so participants must make their way to the museum independently.¹⁶²

Renting a bus poses problems because many buses do not accommodate large numbers of wheelchairs and walkers. Public transportation is an option in urban areas that have such infrastructure, but it can be difficult to navigate for older adults, especially those living with dementia. Denver, Colorado has public transportation, but Schulz acknowledged that “not a lot of older adults are comfortable with it. And the walkability of our city isn’t the best so that also feels like if we’re expecting folks up to their eighties who are living alone to be able to go to these programs, we need to make it as easy as possible for them to get there.”¹⁶³ And outside of city centers, especially in rural areas, public transportation is less pervasive and implemented on a much smaller scale.

For example, in Boone, North Carolina where I currently live and attend Appalachian State University, our public transportation system, Appalcart, provides free service within town limits—this is how I commute to class and work. Appalcart also offers rural van service on request for those living outside town limits in Watauga County for low fare or free fare for those who qualify with Watauga County’s Project on Aging.¹⁶⁴ While in town bus routes, which primarily serve the student population, are fixed and run all day long, rural van services pick up once a day each morning and drop off once a day each afternoon.¹⁶⁵ This means that if older adults without private transportation who live outside of town limits, especially in rural parts of Watauga County, wished to utilize Appalcart to commute to town for a local creative aging program in Boone, it would be a full-day outing.

¹⁶² Schulz, conversational interview.

¹⁶³ Schulz, conversational interview.

¹⁶⁴ “Rural Services,” Appalcart, accessed March 4, 2024, <https://www.appalcart.com/rural-services>.

¹⁶⁵ “Rural Services,” Appalcart.

To offer a better option than public transportation, the Denver Art Museum has used a portion of their grant funding from the Institute of Library and Museum Services to experiment with providing participants in their Community Spotlight Exhibitions program with a code to park for free in a nearby parking garage.¹⁶⁶ However, while this solution eliminates the parking fee, it still necessitates that older adults either have their own means of private transportation or can coordinate transportation. The cost may be handled, but the coordination of transportation is not, so the issue of transportation affecting the accessibility of programs remains. Recall Caccavale's comment on how without arranged transportation, the Reflections Program at the Nasher Museum of Art in Durham, North Carolina excludes those who do not have the resources to coordinate private transportation and, therefore, does not reflect the diversity of Durham.¹⁶⁷

To circumvent this persisting barrier that prevents many from participating, the Denver Art Museum is currently exploring the logistics of paying for Uber or Lyft rides for participants.¹⁶⁸ This is a creative solution to increase accessibility for programs that do not employ the "we come to you" model because both the coordination and cost of transportation are completely managed for the older adult. By removing these barriers of coordination and cost, creative aging programs enhance their accessibility so that older adults residing in rural areas and those with a lower socioeconomic status who were previously unable to attend can participate and be impacted by this vital programming without the burden of arranging and paying for private transportation.

However, paying for Uber or Lyft rides for participants can be costly. "We come to you" programs facilitated in continuing care communities and deliverable art kits escape this

¹⁶⁶ Schulz, conversational interview.

¹⁶⁷ Caccavale and Nielsen, conversational interview.

¹⁶⁸ Schulz, conversational interview.

cost, but for programs hosted in-person in museums, cultural institutions, and organizations, this cost is only escaped at the expense of accessibility. Accessibility requires investment and until further investment is made in the field of creative aging, transportation barriers denying access to creative aging programs will inhibit their equity.

Language is another important factor in the accessibility and equity of creative aging programs. Programs are primarily delivered in English, as was the case for ARTZ Philadelphia's programming until the start of its ARTZ in the Neighborhood program that extends creative aging opportunities to underserved, under-resourced communities in Philadelphia.¹⁶⁹ In 2018, Shifrin was invited to speak to older adults at Esperanza Health Center in the Spanish-speaking area of North Philadelphia about their creative aging programming. Recounting the experience of conversing with the older adults in attendance about ARTZ Philadelphia's programming, Shifrin stated:

I was invited to come talk to the seniors about what we do at ARTZ. They were majority Spanish speaking, and I don't speak Spanish. So their program manager was translating for me.... I was greeted very warmly, and even though I was not speaking the language that I should have been, everyone was very generous and kind. One of the people who had been nodding and smiling and responding stood up during the question and answer period and, in Spanish, said "How do you expect us to feel welcome at your programs if they're only in English?" And, as I said to her, that was probably the most challenging and inspiring question I had ever heard.¹⁷⁰

The language of program delivery is intrinsic to creative aging's goal of creating welcoming environments conducive to social connection and enhanced self-esteem. Yes, solutions for accessible transportation must be pursued, but if once an older adult does arrive at a creative aging program they do not feel welcomed and respected, effort toward and investment in accessible transportation will be futile. Successful creative aging programming

¹⁶⁹ "ARTZ in the Neighborhood," ARTZ Philadelphia, accessed March 4, 2024, <https://www.artzphilly.org/artz-neighborhood/>.

¹⁷⁰ Shifrin, conversational interview.

is predicated on a strong sense of community; without that sense of community which, for many, comes from language representation making them feel welcome, the impact of creative aging is curtailed. In this way, the language of program delivery—and its historic context and cultural impact—is central to consideration of how the field of creative aging can best serve the growing aging population in ways that rectify racial, socioeconomic, and geographic disparities.

Inadequate Integration in Policy

To change policy, we've got to find a way to open people's eyes to the fact that we all get older. We're all going to get old and we're all going to die. That's something we all have in common. We don't know when we're going to die, so let's live our lives to the fullest as long as we can.

— Lia Miller, Co-founder and Executive Director of Creative Aging Network-NC

At present, the field of creative aging is neither adequately integrated into U.S. state aging plans nor included in the discussions that lead to their development. As responding alarm to the growth of the aging population surges in the U.S. and abroad in what has been termed the “world-wide ‘age-friendly’ movement,”¹⁷¹ commitments toward age-friendliness, or “the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age,” through the development of multi-sector aging plans are gaining momentum.¹⁷² This movement is directly connected to the growing interest and acknowledged value of aging in place, or living in one's home and community “safely, independently, and comfortably, regardless of age, income, or ability level as they age,”¹⁷³

¹⁷¹ Tine Buffel, Sophie Handler, and Chris Phillipson, *Age-friendly Cities and Communities: A Global Perspective* (Bristol: Policy Press, 2019), 3.

¹⁷² Samuèle Rémillard-Boilard, “The Development of Age-Friendly Cities and Communities,” in *Age-Friendly Cities and Communities: A Global Perspective*, edited by Tine Buffel, Sophie Handler, and Chris Phillipson (Bristol: Bristol University Press, 2018), 15.

¹⁷³ “Healthy Places Terminology,” Centers for Disease Control and Prevention, accessed March 25, 2024, <https://www.cdc.gov/healthyplaces/terminology.htm>.

which allows older adults to retain a high level of control over their lives, including a sense of agency.¹⁷⁴ With increasing emphasis on directing effort locally to adopt policies and programs that promote healthy and active aging in place (e.g. making neighborhoods walkable, diversifying transportation options, creating community activity opportunities, increasing affordable and adaptable housing, etc.), one would assume that integrating creative aging programs into policy surrounding age-friendly community development would be natural; shockingly, it is not.

In the Surgeon General’s 2023 report, “Our Epidemic of Loneliness and Isolation,” there is no mention of the arts and the mention of libraries is restricted to listing them as examples of physical elements of communities.¹⁷⁵ Searching through the 2023-2027 state aging plan for North Carolina entitled “AdvaNCing Equity in Aging: A Collaborative Strategy for NC” where three of the nine participants in this research are located, there is no mention of the arts even when considering increasing social community participation to prevent social isolation.¹⁷⁶ Similarly, but in spite of the aforementioned growing local funding priorities that support Philadelphia’s aging population in ways that include the arts, the city’s 2020 Livable Communities Action Plan and Assessment Report entitled “Philadelphia: An Age-Friendly, Livable City for All,” only mentions the arts when referring to the installation of more public art throughout the city which, while a commendable goal, is by no means the full extent of the arts’ potential when it comes aging in place and supporting the health and

¹⁷⁴ “The Value of Aging in Place,” University of Southern California Leonard Davis School of Gerontology, accessed February 26, 2024, <https://gero.usc.edu/students/current-students/careers-in-aging/the-value-of-aging-in-place/>.

¹⁷⁵ Office of the Surgeon General, “Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General’s Advisory on the Healing Effects of Social Connection and Community,” US Department of Health and Human Services, 2023.

¹⁷⁶ North Carolina Department of Health and Human Services, “AdvaNCing Equity in Aging: A Collaborative Strategy for NC,” 2023. <https://www.ncdhhs.gov/ncgs-143b-1811a-state-aging-plan/download?attachment>.

well-being of older adults.¹⁷⁷ Despite this omission of the arts (this exclusion may be due to the report's focus on a vision for the city's housing, transportation, and outdoor space), the action plan does include improving the physical infrastructure and programming at public facilities including libraries and recreation centers as an overall goal because they provide space and opportunity for people to learn, play, and work together while building mutual respect.¹⁷⁸

This alarming absence of the arts raises the question of where creative aging fits into aging plans. This question is lodged within a developing discourse of longevity-focused communities. To illustrate, after pointing out the absence of the arts and limited mention of cultural institutions in the Surgeon General's report, House remarked:

When they're talking about how to engage a community in reducing isolation in older adults and they can't even mention cultural institutions beyond just a minor little side note, that's a problem. It's part of a larger issue of what do people see as community... People are losing the understanding of what a community is. And, that once you do retire into a location, people are more likely to get plugged in when there are activities in the arts. That's a key piece. Yes, transportation is important. Health services are important [and] community centers, etc. But then they want to go do fun things! So if you have a vibrant arts community, you're just going to have a vibrant community, no matter the age. And they [the arts] need to be part of that discussion for a longevity-based [community].¹⁷⁹

When met with questions on the age-friendliness of communities and where creative aging programming may fit within age-friendly efforts, House altered the description to "longevity-based." The goal of being an age-friendly society that adapts its infrastructure to accommodate the cognitive decline, decreased mobility, and chronic illness of the current aging population has shifted to a goal of becoming a longevity society. A society that is longevity-focused celebrates that we are living longer lives and, with emphasis on healthy

¹⁷⁷ City of Philadelphia, "Philadelphia: An Age-Friendly, Livable City for All," 2020.

¹⁷⁸ City of Philadelphia, "Philadelphia."

¹⁷⁹ House, conversational interview.

aging in place, provides continuous opportunities to embrace its benefits rather than only mitigate its disadvantages.¹⁸⁰ This change in diction fundamentally alters the narrative of aging, illuminating how societal narratives and norms are constructed by word choice.

This revision in favor of a longevity focus requires the implementation of holistic policymaking that improves the interconnectedness of issues affecting older adults (e.g. health, wellness, social engagement, etc.) and is currently absent from aging policy and aging plans.¹⁸¹ The emerging longevity focus feeds the mounting potential of creative aging as a vital player in holistic policymaking that supports the aging population and addresses related racial, socioeconomic, and geographic disparities. Creative aging's historic absence from aging plans could be a result of its lack of visibility, but the greater omission of the arts in general as an integral element of healthy aging is indicative of a large issue. Whether because of deliberate exclusion, a lack of evidence-based research to justify the incorporation of the arts and culture, or pure ignorance, those working in the vital intersection of aging and the arts have not been included in "age-friendly" longevity-focused community development.

Shifrin addressed this fact in stating "thus far, we haven't had a lot of attention paid by policymakers."¹⁸² Encapsulating the frustration that this elicits, House asserted:

We haven't been included in the initial discussion. It's not on the radar of people in political power. And it's not on the radar of people in the health community. And so it's a secondary conversation that we're screaming up to the people above us "Hello, we're here to help! We know how to make this work!" And we're not in that top-down part of the conversation. We're on committees. We're on advisory groups. We're here, but it's enacting the policies that are coming from above, [we're] not necessarily [at] the policy making level.¹⁸³

¹⁸⁰ Andrew J. Scott, "The Longevity Society, *Lancet Healthy Longevity* 2, no. 12 (2021): e820-e827, DOI: 10.1016/S2666-7568(21)00247-6.

¹⁸¹ AARP, "AARP Livable Communities Principles," accessed February 26, 2024, <https://policybook.aarp.org/policy-book/livable-communities/aarp-livable-communities-principles>.

¹⁸² Shifrin, conversational interview.

¹⁸³ House, conversational interview.

Despite its large absence from policy and its exclusion from the discussion table that leads decision-making, the field of creative aging harbors hopes and dreams for future policy support. Miller expressed that the “age-friendly” longevity-focused initiative will:

raise awareness about the positive aspects of growing older, alongside some of the problems and challenges that arise with growing older... It creates this opportunity to increase dialogue around the needs for our aging population. And to also help people see within themselves that one day they will get old. I think if we can get people to start thinking that way, then we’re headed in the right direction.¹⁸⁴

One approach to integrating the arts and culture into U.S. state aging plans is the embrace of arts on prescription, or social prescribing. Arts on prescription is a practice whereby health care providers and social service agencies “prescribe” arts, cultural, and nature experiences in local communities as holistic health resources that support health, well-being, and quality of life.¹⁸⁵ The World Health Organization’s definition of health encompasses “complete physical, mental and social well-being and not merely the absence of disease or infirmity.”¹⁸⁶ This definition is included in the recently published “Arts on Prescription: A Field Guide for US Communities” to emphasize that supporting health requires the provision of “practices that reduce, prevent, and respond to harm and suffering, while also actively creating conditions in which people can experience well-being.”¹⁸⁷ This inclusion of well-being as a central component of health epitomizes the contention that excellent physical health is only half of the equation and, therefore, without support of well-being, does not equate to being wholly healthy.

Imagine that instead of (or in addition to) medication, your health provider prescribes participation in creative aging programs. Underscoring how creative aging can benefit from

¹⁸⁴ Miller, conversational interview.

¹⁸⁵ Tasha Golden et al. *Arts on Prescription: A Field Guide for US Communities*, Mass Cultural Council / University of Florida Center for Arts in Medicine, 2023.

¹⁸⁶ “Constitution,” World Health Organization, accessed February 23, 2024, <https://www.who.int/about/accountability/governance/constitution>.

¹⁸⁷ Tasha Golden et al. *Arts on Prescription*, 8.

arts on prescription, House affirmed that “Social prescriptions are what we need... [for] getting the medical community to recognize that arts activities and, basically, social activities are a valid form of health support.”¹⁸⁸ When the medical community embraces arts on prescription as a viable and vital element of health care that intervenes on social determinants of health including social isolation and loneliness, such recognition can permeate into additional policy for infrastructure to support its assimilation.¹⁸⁹ Speaking on this successive process, Schulz dreamt:

What I would love to see... is state government–healthcare, too–being able to recognize the power of going to cultural organizations. It doesn’t just have to be [the visual] arts. It can be music. It can be dance and movement. But seeing that as such an important part and really understanding [that] if we know that going to this art museum to go to a creative aging program is important, how are we providing that funding? Which could be literally buying somebody a membership to go to the museum to do that [program] as part of their Medicare package.¹⁹⁰

With ideas of incorporating creative aging within Medicare, implementing arts on prescription in a large scale way, and facilitating the rise of creative aging professionals to the policy-making level, creative aging as a policy point is multifaceted. It offers a great deal of potential avenues for inclusion in future longevity-focused policy and serves as an excellent segue to creative aging professionals’ dreams for the future.

Discussion: Dreaming into the Future

Identifying the success factors and challenges of creative aging programs in museums, cultural institutions, and organizations is important for critical engagement with the dreams that they elicit for the field’s future. Caught in the viciously restrictive circle of

¹⁸⁸ House, conversational interview.

¹⁸⁹ Katrina Hough et al., “What Are ‘Social Prescriptions’ and How Should They Be Integrated Into Care Plans?,” *AMA Journal of Ethics* 25, no. 11 (2023): E795-801, DOI: 10.1001/amajethics.2023.795.

¹⁹⁰ Schulz, conversational interview.

increasing demand for programming as the aging populations grows, insufficient staff capacity to meet it, and inadequate funds to pay additional staff that satisfy the urgent need, the interviewees contributed a wide variety of dreams that work toward fully realizing the field of creative aging's potential. There is an interesting parallel whereby we do not often consider what we want our older age to look like, older adults are not often asked what they desire from this time in their lives, and creative aging professionals are not often asked to dream about the future of this work.

However, when asked, creative aging professionals gladly shared their dreams. Beyond the evident need for new funding streams, their dreams included a well-established communication network for the field, a national certification for teaching artists, and the implementation of arts on prescription either into Medicare or as its own national support program akin to Medicare. Beginning with an exploration of creative aging's current state of simultaneous timeliness and timelessness as it relates to funding opportunities, this section is dedicated to sharing the ideas that were dreamt by interviewees, raising questions informed by the field's current sustainability, and theorizing about ways in which the dreams could be pursued and the questions could be answered.

New Funding Streams Balancing Timeliness and Timelessness

Facing the debilitating barrier of funding, the field of creative aging's most basic dream is the establishment of additional funding streams. This call for additional funding is rooted in the simultaneity of creative aging's timeliness and timelessness. To explain its timeliness, a variety of currently active program development grants—such as E.A. Michelson Philanthropy's Vitality Arts Project for Art Museums initiative—are bringing creative aging to

new locations and creative aging fits the grant descriptions of certain programs from non-arts-specific foundations such as the Robert Wood Johnson Foundation and the Ford Foundation. The problem with these opportunities, however, is that though they align with trending themes in the arts and culture sector, they are inherently temporary. Grant recipients' projects are restricted by time and funding is capped at a predetermined amount. Once time runs out and the funds are used up from the initial program development grant, how does an organization sustain its new creative aging program that is providing vital support to its local population of older adults?

In no way is this line of questioning meant to dissuade the pursuit of grants—recall that as a large component of creative aging programs' funding sources, programming is currently dependent on grants. Grants create opportunities for museums, cultural institutions, and organizations to develop and pilot programs that were previously unpursued due to lack of funding. Especially since creative aging programs require extensive training, a grant award can be the determining factor in a museum, cultural institution, or organization's decision to offer creative aging programs.¹⁹¹ Speaking on how grants can catalyze creative aging program implementation and subsequently initiate a proliferation of programming, House explained:

Funding isn't really out there—there's attention to it, but there's not huge amounts that are coming in... if the NEA [National Endowment for the Arts] starts announcing new creative aging funding that's specifically focused to revitalize or to create a program within nonprofits and museums and cultural institutions, then I could see there being just an explosion of it across the board because everyone [would] need to plug into this new access money. But when it's coming from a place of 'we're already overstretched. We're doing what we can to keep programs moving. We're focusing on school programs or adult programs because they're the individual donors.' And by the time you get to creative aging stuff, that's not necessarily [a] priority.¹⁹²

¹⁹¹ Shifrin, conversational interview.

¹⁹² House, conversational interview.

This hypothetical example where the National Endowment for the Arts (NEA) announces new funding for creative aging programs can generate more interest in creative aging and consequently, with increased visibility, demonstrate the need for recurring grants. An actual example of this is when state arts councils and commissions establish specific creative aging initiatives. A Southeastern state arts council/commission worker resolved:

By virtue of us having a special initiative, that gives nonprofit organizations a signal... I've heard so many people from museums or other nonprofits say, "You know, we always wanted to work with older adults. We're gonna take the time to do this [because there is funding available]." So what you begin to see is... when we start with a special initiative, it trickles down. And I think that's a critical role [for arts councils/commissions].¹⁹³

This is a great response to the growing conversation on the aging population, but even these special initiatives are rooted in timeliness since the funds must be accessed before they are gone. Even if a granting agency can avoid the way in which the grant cycle encourages subscription to what is trending in the arts and culture sector to continue funding creative aging work in an ongoing fashion (for example, the Southeastern state arts council/commission included in this research has an ongoing creative aging granting initiative), each grant cycle's specific objectives vary (e.g. only continuing care communities can receive funding, only rural and culturally specific organizations can receive funding). This means that past grant recipients can not rely on or expect a grant from each cycle.

A singular grant can support the development of new creative aging programs, but what happens when the grant funds run out and the next grant cycle invites applications for a different type of project that is more timely or based in a different type of organization? What happens to the newly launched creative aging programs? Demand will not subside. Creative aging is timeless in this way, responding to an enduring vital need that is not new at all, just

¹⁹³ Southeastern state arts council/commission worker, conversational interview.

recently paid well deserved attention amid changing population demographics projecting the exponential growth of the aging population. Aligned with the efforts toward a longevity society, creative aging is not a trend that will pass, but a practice that will endure in support of the growing aging population.

It is this rather unique simultaneity of timeliness and timelessness where creative aging is a hot topic at present but preceded and will outlive its trending time (as is also the case with DEAI work in general, especially the subject of accessibility) that, in my opinion, currently presents a striking opportunity for creative aging to be embraced as a unifying cross-sector response that addresses the current deficit of options for longevity-focused aging in place. We are witnessing a serendipitously opportune time where the field of creative aging is presently experiencing increased interest and the demand for programming is on an uphill climb. However, the question remains how should this opportunity be used to embed creative aging into society in a more visible, sustainable, and impactful way?

Most basically, the programming itself must be seen, understood, and championed as vital for healthy aging. We must then contend with the unfortunate reality that, at present, philanthropic contributions by way of grants and individual donations (another major component of creative aging programs' fundings sources) are required to support this critical component of the health and well-being of older adults. I grapple with what this says about our society—that the epidemic of loneliness and social isolation in the aging population is not relieved by our health agencies and institutions, but mitigated as best it can be by philanthropy. What would creative aging look like if there was adequate—even abundant—funding, capacity, and visibility? What would this look like and what do you dream of for the field of creative aging? This is the line of questioning that expanded the

conversation beyond the surface of barriers and the clear, uncontested need for additional funding to inspire dreams of the interviewed creative aging professionals.

Community Networks of Communication

Interviewees expressed that the field needs a communication network (or multiple networks) that locally, regionally, nationally, and eventually internationally connects professionals. In North Carolina alone, there are a plethora of creative aging programs offered by museums, cultural institutions, organizations, and libraries but communication between staff of these programs is minimal. A museum worker at the North Carolina Museum of Art (NCMA) in Raleigh, North Carolina, framed it as:

...in general, we [creative aging providers] don't really talk to one another... I think there is merit in having roundtable discussions about what's being learned. What's being done? How can we improve? ...just learning from one another. I'm very into the idea of being an active learner and I love collaborating. And I think that there could be benefits in multiple sites coming together to talk about lessons learned and ways that we're moving forward, or could potentially partner.¹⁹⁴

The museum worker at the NCMA suggested that these conversations take place quarterly or twice a year and should not require much preparation as one simply needs to “come to the table and be willing and open to talk about your program.”¹⁹⁵ When connected with the abundance of creative aging professionals navigating the same barriers of funding, capacity, visibility, transportation, and more, regularly sharing authentic stories and candid insight—in this case, across the state of North Carolina—can foster a sense of communal strength across the field.

While seemingly a natural concept for any burgeoning field, communication beyond localities, let alone field-wide communication, is currently nominal and this is likely due to

¹⁹⁴ North Carolina Museum of Art museum worker, conversational interview.

¹⁹⁵ North Carolina Museum of Art museum worker, conversational interview.

pervasive preoccupation with sustaining one's own creative aging program rather than exploring expansion as a result of limited capacity. This is not to say that there is no communication at all. There have been (and continue to be) conferences and convenings on creative aging work organized by a variety of museums and cultural institutions including the Denver Art Museum in Denver, Colorado; the High Museum of Art in Atlanta, Georgia; and the Frye Art Museum in Seattle, Washington over the past two decades. These large-scale intensive events are important, but the field of creative aging is in need of an avenue for more constant communication first in specific localities (e.g. regionally and statewide) and eventually nationally, even internationally.

Identifying this need for more constant professional development and community building, the Denver Art Museum has responded by launching its Creative Aging Forum, a routine quarterly meeting in Denver, Colorado (and with a Zoom option) for creative aging professionals to “surface questions, engage in discussion, share resources, find collaborations, and discover the latest opportunities in the fields of creative aging, health and wellness.”¹⁹⁶ This is exactly the kind of communication network that the museum worker at the NCMA dreamt of for North Carolina.

To establish a similar network for communicating about lessons learned in creative aging work and forging connections with others working in the field, the museum worker at the NCMA explained that a date simply needs to be set with enough notice for people to put it on their calendar in advance. And, with the surge in the utilization of video conferencing platforms such as Zoom during the COVID-19 pandemic, a virtual meeting is an excellent, accessible option for a statewide conversation because it affords the opportunity to those

¹⁹⁶ “Creative Aging Forum,” Denver Art Museum, accessed February 29, 2024, <https://www.denverartmuseum.org/en/creative-aging-forum>.

located in rural areas and those who can not sacrifice additional hours to commute to a central location in the state.

In November 2023, I attended an informal Zoom meeting organized by an educator at the Baltimore Museum of Art who is in the early stages of developing museum programming for visitors living with dementia and their care partners. What began as a brief question in the Museum-Ed Discussion List elicited numerous responses and resulted in a slew of creative aging information from dozens of museums, cultural institutions, and organizations of varying sizes in the listserv and in the Zoom meeting.¹⁹⁷ The fruitfulness of this conversation sparked me to envision what digital resources for communication would be useful for the field of creative aging.

The National Center for Creative Aging (NCCA) operated the Creative Aging Resource, an online database of resources pertaining to the field of creative aging, until its closure in 2017 when Lifetime Arts took over its maintenance and expansion, now promoting its free Creative Aging Foundations On Demand course. This database of resources and case studies for learning is significant, but there ought to be an established community connector tool that invites conversation among creative aging professionals like the Museum-Ed Discussion list does for museum educators. Again, the Denver Art Museum has identified this opportunity and responded by beginning production of its Creative Aging Forum Online Directory that aims to serve as an online creative aging resource and networking tool for the field. Schulz expressed that a contact list, suggested training options, and teaching artist roster are planned to be included and, overall, the directory will be a sort of database for shared learning that encourages communication.¹⁹⁸

¹⁹⁷ "Discussion List," Museum-Ed, accessed March 3, 2024, <https://www.museum-ed.org/discussionlist/>.

¹⁹⁸ Schulz, conversational interview.

This is a promising undertaking that shall prove beneficial to the field, especially to those working in Denver. However, I wonder whether an individual museum's website is the best place for a field-wide communication network to be based. Thinking bigger than local and state networks, Lifetime Arts will soon be launching its Creative Aging Community Network as an annual subscription-based program for alumni of the Lifetime Arts training program.¹⁹⁹ The annual cost for an organization (up to 50 seats) costs \$2,000.²⁰⁰ While a natural next step for Lifetime Arts to facilitate connections between those who have completed LifetimeArts training, this network is not accessible to the entire field, especially to those working in small organizations where \$2,000 may well exceed their entire creative aging budget. As such, the field is in need of an accessible alternative (likely one that does not operate for profit) to connect professionals in practice through either, routine live video conferencing, a listserv, online community, or a mix of all three.

National Teaching Artist Certification

Another dream is that of a field-accepted teaching artist certification. Most creative aging programs require teaching artists (sometimes called facilitators) to receive training on engaging older adults in the arts and a variety of organizations offer teaching artist certifications. However, among key national providers of creative aging teaching artist training including Lifetime Arts, Arts and Minds, Arts for the Aging, and TimeSlips as well as the multitude of local options across the U.S., training differs according to the organization. Illustrating this, Lifetime Arts' 2016 publication, "Teaching Artist Training in

¹⁹⁹ "Sustaining Creative Aging," Lifetime Arts, accessed March 3, 2024, <https://www.lifetimearts.org/services-sustain/>.

²⁰⁰ "Standard Price List," Lifetime Arts, accessed March 3, 2024, <https://www.lifetimearts.org/wp-content/uploads/2024/02/Lifetime-Arts-Price-List-2024.pdf>.

Creative Aging: A National Survey,” identified that similarities are found in shared objectives on trainees’ ability to plan programs, design lesson plans with adaptable demonstrations and instructions, work with a diverse range of older adults, understand the creative process, collaborate with host organizations, and demonstrate proficiency in a specific arts discipline.²⁰¹ However, despite the multitude of similarities in teaching artist training objectives:

...there is no consensus on a standard approach to artist training. Rather, there is a continuum of training topics and formats offered by organizations to support artists working with a wide range of older adults. These include active and independent older adults, institutionalized frail elderly, intergenerational groups, and people with cognitive and/or physical challenges. Training formats range from one-hour introductions to the field to multi-day intensives.²⁰²

House reiterated this assertion, emphasizing it as an ongoing debacle, by stating:

The National Organization of Arts and Health doesn’t even have a [list of] full qualifications for what a creative aging teaching artist is. There needs to be consensus in the community... [with] some level[ing] of there’s an arts therapist and then a creative aging teaching artist and then [general] teaching artists. There’s this expectation of what that [creative aging] is and what it requires in education, training, etc. ...[it] just needs to be communicated and tied up.²⁰³

In addition to indicating the persisting blurred designation between creative aging and art therapy, House’s recommendation aligns with those made by Lifetime Arts, specifically that the field “need[s] to develop comprehensive standards-based artist training that includes recognized best practices in arts education, discipline-specific teaching strategies, as well as on-going support through mentoring and peer to peer sharing.”²⁰⁴ And, as we are advocating that teaching artist “training should become normative, much like the accepted practice of professional development for teaching artists in K-12, after-school, and summer programs,”

²⁰¹ Lifetime Arts, “Teaching Artist Training in Creative Aging: A National Survey, 2016, 5.

²⁰² Lifetime Arts, “Teaching Artist Training,” 4.

²⁰³ House, conversational interview.

²⁰⁴ Lifetime Arts, “Teaching Artist Training,” 7.

the field should follow suit with certification for older adult education akin to a teaching certification for K-12.²⁰⁵

While this is an appropriate and intelligent assertion to make in an effort to professionalize the field of creative aging, I encourage caution in its pursuit. First, because creative aging varies in form across visual art, literature, theater, dance, and more which each require different skills and considerations, it is not feasible to condense the practices of the field into a single training course. And, I worry that, depending on how it is undertaken and by whom, the development of a national teaching artist certification could negatively impact the inherent community-driven nature of creative aging. Rather than directing major focus to the production of art or formally outlined discussion of artwork, emphasis should be placed on listening to community desires (e.g. does your community prefer an in-person visit or a “we-come-to-you” model?), modes of engaging and connecting with a diverse range of older adults (e.g. those living with dementia in early versus advanced stages), and methods of encouraging care partner bonding and intergenerational connections.

In this way, to fulfill the field’s aspiration for a national teaching artist certification, I recommend that the training program focus on a community-driven approach to engaging a diverse range of older adults in social connection through the arts. It is not so much about the art—the works of art discussed or the paintings created by participants—but the opportunity for agency and social connection that defines creative aging. Training should focus on methods of maximizing this opportunity. I envision it to be organized like the undergraduate education system: your general education is in gerontology and dementia studies to understand the aging experience and what it means to age in place; you major in creative aging programs to learn how to listen to, work creatively with, and support a diverse range of older adults in a

²⁰⁵ Lifetime Arts, “Teaching Artist Training,” 7.

collaborative environment; and you minor in specific art forms such as visual art, poetry, dance, or theater.

However, just as K-12 educators must renew their licenses, follow new developments in education, and tailor their educational practices according to grade level and student learning styles, a creative aging teaching artist must do the same. A national teaching artist certification should not be the singular, comprehensive option for creative aging training and support, hence the aforementioned recommendation for a field-wide listserv and community network as well as the previously cited development of creative aging teaching artist rosters.

Optimistically, however, a national teaching artist certification could be an impetus for further integrating creative aging into healthcare. I envision that a field-wide and nationally recognized set of standards for creative aging teaching artists could justify creative aging as a significant and reputable component of healthy aging. It could greatly contribute to other sectors' perception of creative aging as a measurable, professionalized, and research-based field and, in consequence, aid the field's case for additional funding and policy support.

Arts on Prescription as an Implemented Practice

Most ambitious and potentially most impactful is the dream of arts on prescription—where arts experiences are “prescribed” by health providers to support health and well-being—as a prevalent practice integrated into the U.S. healthcare system. This movement is not specifically focused on older adults, but presented as a holistic approach to addressing a variety of issues that negatively affect health and well-being across generations. Creative aging programs are positioned as an excellent experience option to be “prescribed”

because they are specifically designed to support health and well-being. Research reinforces that this design is successful by proving the positive impacts of creative aging programs on the health and well-being of participants. This research proving what we, as arts and culture sector workers, already know—art is an essential part of healthy living—is gaining momentum. Schulz reflected on this, stating that “people are seeing the arts as an important part of life and an essential part of healthy living. And that has to happen not just in your 80s... that is kind of a big sea change.”²⁰⁶

Arts on prescription can function as a catalyzing agent that transforms this initial change of burgeoning recognition of art as an integral component of healthy living (and aging) into common knowledge. Instead of running down an endless list of medications and their side effects at the doctor’s office (Have you tried this drug? How about that pill?), doctors can refer to a list of arts and culture experiences that do require a commitment of personal time and resources to participate but do not produce a slew of negative side effects that accompany many traditional forms of medication.

Whether arts on prescription is envisioned as a form of treatment offered by individual health providers, a component of a nationally facilitated health care program such as Medicare, or its own national program altogether, challenges arise regarding its logistical implementation. For one, individual health providers must understand the benefits of arts on prescription to make the decision to actually prescribe art and cultural experiences instead of or in addition to prescription medication. This is where research, visibility, and promotion is paramount.

Pharmaceutical sales representatives—often called drug reps—meet with or “call on” physicians to share information about drugs and influence the provider to prescribe certain

²⁰⁶ Schulz, conversational interview.

medication to patients who would benefit from it. Drug reps are integral to the practice of prescribing and equally to the success of the pharmaceutical industry. The pharmaceutical industry is huge with overall pharmaceutical expenditures in the U.S. totaling \$633.5 billion in 2022 (a 9.4% increase since 2021) led by increases in utilization, price, and new drugs.²⁰⁷ In 2020, the global pharmaceutical market was worth an estimated \$1.2 trillion at ex-factory prices, with the U.S. accounting for nearly half of pharmaceutical sales globally in 2021.²⁰⁸

While drug reps do not make direct sales, they are handsomely compensated, especially in Big Pharma companies, for meeting sales goals and as such, they employ strategies of manipulation when pitching medication to providers, sometimes bending the truth to do so.²⁰⁹ Take for instance OxyContin (oxycodone controlled-release) which, produced and patented by Purdue Pharma—led by the Sackler family—in 1996, was a great financial success. This success was due to the company aggressively marketing the drug to physicians throughout the early 2000s under the premise that it was a nonaddictive opioid when, in fact, it was incredibly dangerous (hundreds of thousands of Americans have died from overdoses related to OxyContin and other prescription opioids) resulting in Purdue Pharma being blamed as a major conspirator in the opioid epidemic.²¹⁰

What if there were representatives that reconfigured the problematic elements of this practice and promoted arts on prescription to physicians? What if even a sliver of funding for pharmaceutical drugs was funneled to arts on prescription? Taking inspiration from the dreams of interviewees conceiving that creative aging programs can and should be prescribed

²⁰⁷ Eric M. Tichy et. al, “National Trends in Prescription Drug Expenditures and Projections for 2023,” *American Journal of Health-System Pharmacy* 80, issue 14 (2023): 899-913. DOI: 10.1093/ajhp/zxad086.

²⁰⁸ BCC Research, “2021 Pharmaceuticals Research Review,” 2022, <https://www.bccresearch.com/market-research/pharmaceuticals/pharmaceuticals-research-review.html>.

²⁰⁹ Adriane Fugh-Berman and Shahram Ahari, “Following the Script: How Drug Reps Make Friends and Influence Doctors,” *PLoS Medicine* 4, no. 4 (2007): e150, DOI: 10.1371/journal.pmed.0040150.

²¹⁰ Patrick Radden Keefe, *Empire of Pain: The Secret History of the Sackler Dynasty* (New York: Doubleday, 2021).

by health care providers (and connecting back to the field's hopes for additional funding streams), I envision that investing in programs connecting art and health—such as creative aging programs—can become equivalent to investing in drug product development.

Historically, government and philanthropic organizations fund early-stage research for new drugs with late-stage development primarily funded by the pharmaceutical companies and venture capitalists but since the onset of the COVID-19 pandemic, late-stage development as well as the expansion of manufacturing capacity and investment in more efficient distribution systems have been increasingly funded by government agencies and philanthropic organizations.²¹¹ That early stage research and development for a wide majority of arts and health programs, including creative aging programs, is already complete. There is research proving their benefits and case studies that can be replicated with adaptations for specific communities. Just like product drug development, these programs need that same investment in capacity and delivery. With government agencies and philanthropic agencies investing in this for pharmaceutical companies that already amass billions of dollars in revenue, is it not possible for a fraction to be diverted toward arts-based programs that promote vital aspects of well-being that drugs do not?

Speaking in a similar way to this notion of lending funds to other forms of health care, but in consideration of quality of life enhancements specifically for older adults, Shifrin stated with solemnity:

Absolutely, there needs to be research to find cures. But in the process of focusing all of the research money on that elusive one cure [for Alzheimer's disease] which is only going to cure one particular dementia-related condition, we are leaving millions of people living here and now without any support. If even a little bit of the research funds that the NIH [National Institutes of Health] and NIA [National Institute on

²¹¹ James C. Robinson, "Funding of Pharmaceutical Innovation During and After the COVID-19 Pandemic," *JAMA* 325, no. 9 (2021): 825-826, DOI:10.1001/jama.2020.25384.

Aging] put out could be devoted to quality of life interventions, I think that would change the game.²¹²

Beyond this potential route of arts on prescription representatives, interviewees shared a dream of integrating creative aging programs into Medicare packages or launching a national creative aging program. This dream for creative aging reflects the larger goal of arts on prescription, in the U.S. and abroad, for the practice to be nationally supported. At a national level, the United Kingdom’s National Health Service and Department of Health and Social Care invested in arts on prescription (referred to as social prescribing in the U.K.) to build a structure whereby care providers throughout the U.K. can refer patients to local arts and social engagement activities.²¹³ Registered charity National Academy for Social Prescribing and the U.K.’s national development agency for creativity and culture, Art Council England, facilitate partnerships and networking for social prescribing. At the city level, the Museums on Prescription 18-month pilot program launched in 2021 in Brussels, Belgium funded visits to cultural institutions in the city on prescription from doctors in a Brussels hospital.²¹⁴

In the U.S., Social Prescribing USA works in affiliation with the U.K.’s Social Prescribing Network and Global Social Prescribing Alliance which is led by the United Nations toward their mission “to make social prescribing available to every American by 2035.”²¹⁵ This advocacy group is currently working to nationally scale social prescribing as is currently being done in the U.K. with consideration of cultural differences among various communities and the distinct needs of patients, health care providers, and insurance

²¹² Shifrin, conversational interview.

²¹³ “Social Prescribing,” National Health Service, accessed March 26, 2024, <https://www.england.nhs.uk/personalisedcare/social-prescribing/>.

²¹⁴ “Arts on Prescriptions Brussels,” Culture for Health, accessed March 6, 2024, <https://www.cultureforhealth.eu/mapping/arts-on-prescriptions-brussels/>.

²¹⁵ “About Us,” Social Prescribing USA, accessed March 6, 2024, <https://socialprescribingusa.com/about.html>.

companies.²¹⁶ In this way, the aims and objectives of the arts on prescription/social prescribing initiative align with those of the field of creative aging—everyone should have access and offerings must be tailored to individual communities—and introduce a new layer of navigating the intricacies of the U.S. healthcare system with which creative aging programs have yet to contend. A Southeastern state arts council/commission worker expressed:

[I dream of] a national program almost akin to what Medicare has done for health care... I would get a national program [whose] whole mission is to get every older adult engaged and involved... [to] reach everybody, regardless of social income, regardless of race, regardless of whether they can afford it or not. That doesn't matter. It should be available in every hamlet, township, rural community, urban community, everywhere. That's what I see, because... this thing of loneliness... it's a national crisis to me.²¹⁷

But, what would a new national program for creative aging (or arts on prescription) akin to Medicare actually look like? It is one thing to cover ticket fees to a museum and another to invest in art and social programming such as creative aging programs. Where will the money come from and what strings will be attached? Would a national program require programs to meet certain standards and program facilitators to have specific qualifications (such as a national teaching artist certification)? How will the community-driven and personal nature of creative aging programs be preserved? And, if and when arts on prescription is embraced and integrated into the U.S. healthcare system with new policy, in what ways can its values be infused in other facets of care?

This mode of thought considering where creative aging, specifically, can have increased impact on the U.S. healthcare system drove Shifrin to assert that in addition to each town in the greater Philadelphia area having a venue for ARTZ Philadelphia's creative aging programs to take place:

²¹⁶ "About Us," Social Prescribing USA.

²¹⁷ Southeastern state arts council/commission worker, conversational interview.

[The] second part of the dream is [that] we [expand our] one of a kind mentoring program in which people living with dementia and their care partners mentor future health care providers... every medical center and every teaching center [for] the health professions in our region [should] host a mentoring program. From my perspective, that is the initiative through which we are going to make the most lasting difference.²¹⁸

This dream is rooted in a revision of the U.S. healthcare system where medical providers receive empathy education that emphasizes treating the person, not just the disease. Approaching a patient as a person preserves dignity and agency in those seeking care. ARTZ Philadelphia’s mentoring program, ARTZ @ Jefferson, is unique in that the mentor—the person living with dementia—is in the driver’s seat to “change the way health care works.”²¹⁹

Shifrin included:

Our mentors who are living through these devastating illnesses can see for themselves that they are changing [a] little bit at a time how people in their position in the future will be treated, understood, respected, [and] dignified. That’s agency... [and] in none of the mentoring programs that I am aware of across the country are the mentors in the driver’s seat. And that’s where they have to be.²²⁰

This call for greater empathy in the medical field and healthcare system in the U.S. is directly connected to the implementation of arts on prescription because to prescribe arts and social experiences to support well-being, there must be increased recognition that well-being is a determinant of health and, therefore, the arts and culture provide vital sustenance for well-being in the same way that food and water provide essential nourishment.

Inhibitory Stigmas of the Arts, Museums, and Cultural Institutions

In addition to challenges of informing physicians of the benefits of arts on prescription and integrating it into the U.S. healthcare system either through Medicare or as

²¹⁸ Shifrin, conversational interview.

²¹⁹ “ARTZ @ Jefferson,” ARTZ Philadelphia, accessed March 6, 2024, <https://www.artzphilly.org/artz-jefferson/>.

²²⁰ Shifrin, conversational interview.

an entirely new national program, this concept of arts on prescription is accompanied by stigmas about art, particularly when certain prescribed experiences, such as creative aging programs, take place in museums. Historically, museums are inequitable, exclusive spaces that replicate systems of white supremacy, erect barriers to entry, and defend a stance of neutrality despite the fact that “they came about precisely to create the ‘freeze frame’ that captures the moment as the story is told via a particular institutional lens.”²²¹ Raicovich contends that “Neutrality is a veil that conceals the ways in which power is wielded and maintained, making its workings invisible; it is ‘just the ways things are.’”²²² Upholding this status quo preserves museums’ exclusionary nature. DEAI+J advocates are directing effort toward dismantling this myth of neutrality but as Raicovich states:

In a society of white-supremacist, capitalist hetero-patriarchy in institutions of white, Western primacy, any actively decolonial, pro-Black, pro-Latinx, pro-immigrant, pro-working class, pro-trans, pro-queer, pro-disabled, pro-family (by all definitions), and self-reflective feminist positions, are regarded as political by default. They are perceived as aggressive, defiant, a challenge to the status quo, rather than as facets of reality that are coequal to the dominant story.²²³

Destroying the myth of neutrality requires simultaneous undoing of institutional structures that protect it (e.g. internal operations, governance) and investment in community-driven programming that is grounded in trusting partnerships. Focusing on the latter as it encompasses the goals of creative aging work, centuries of systematically exclusionary structures have made establishing trust in communities identifying with any of the above positions a difficult task that takes time. But this trust is integral for those historically omitted from who is traditionally considered to be a museum visitor to feel as though museums are spaces they can visit and belong. Threshold fear, when applied to

²²¹ Raicovich, *Culture Strike*, 115.

²²² Raicovich, *Culture Strike*, 141.

²²³ Raicovich, *Culture Strike*, 134.

museums and other cultural spaces, refers to visitors' anxiety (or fear) that effectively prevents them from entering the space because they feel that they are not welcome, are not safe, and do not belong.²²⁴ This threshold fear erects a substantial barrier in museums and other cultural spaces and only when programming is created by, with, and for underserved populations through collaboration does trust begin to form and threshold fear start to dissipate.

For example, as noted by a museum worker at the North Carolina Museum of Art, “unless you say that it caters to them [adults over 65], they’re not going to know... also, we’ve gotten feedback from visitors with disabilities [and] unless you say that this program is accessible, they don’t think it’s accessible.”²²⁵ Focusing strictly on creative aging programs, Jessica Ruhle, the Executive Director of the Yellowstone Art Museum and former Director of Education and leader of the Reflections Program at the Nasher Museum of Art at Duke University, wrote that “when museums establish programs specifically for visitors with memory loss, attendees can participate comfortably because they trust in a welcoming space knowing that others in the group are aware of their condition and that all participants are at ease with it.”²²⁶

There is an overwhelming need for a cultural space of belonging for all. Keeping with the theme of dreaming and concisely encapsulating this need, Raicovich ascertained that “a call for a public cultural sphere—one that centers equity and imagination, our collective and individual humanity in all its complexity, and invites the polis to struggle together to see and

²²⁴ Nina Simon, “Come On In and Make Yourself Uncomfortable,” *Museum 2.0.*, published February 8, 2012, <https://museumtwo.blogspot.com/2012/02/come-on-in-and-make-yourself.html>.

²²⁵ North Carolina Museum of Art museum worker, conversational interview.

²²⁶ Jessica Ruhle, “Museum Constellations: How Dementia-Friendly Programs Build and Strengthen Relationships,” *The Museum as Experience: Learning, Connection, and Shared Space*, edited by Susan Shifrin (Leeds: Arc Humanities Press, 2023), 57.

hear one another—is a dream.”²²⁷ As much as I hope that museums realize this dream of transforming into equitable institutions that prioritize our diverse communities and complex humanity over the defense of neutrality which shrouds unbalanced power relationships, and as much as I believe that museum programming specifically designed for older adults is important, I question whether museums are the most suitable place for creative aging programs to occur. This critical reflection is made in consideration of museums’ current accessibility and sustainability amid their history of inequity, plague of limited resources, and long-term defense of education as central to museum missions.

On the first point, creative aging can function as an initiator of greater equity in museum programming but stigmas of museums’ exclusivity that generate the view held by many—including underserved older adults—that “the museum is not for me” undermines its objective of creating an inclusive, welcoming space. To the second point, creative aging can not be another responsibility that is bestowed upon museum educators who are already overwhelmed with programs and projects. This leads to the final point that education—which creative aging is often attributed as in the museum field—is the subject of ongoing defense in museums. As early as 1992, the American Alliance of Museums (AAM) (then the American Association of Museums) called for museums to be inclusive and welcoming in their publication, *Excellence and Equity: Education and the Public Dimension of Museums*, and underscored acknowledging their role as educational institutions as essential to the pursuit of inclusivity.²²⁸ Despite this resounding commotion for reflection on and action toward belonging in museums, cultural institutions, organizations as well as the recognition of

²²⁷ Raicovich, *Culture Strike*, 140.

²²⁸ “Excellence and Equity: Education and the Public Dimension of Museums,” *American Association of Museums*, 1992.

museum education's value for such reflection and action, there is an education justification disconnect.²²⁹

Museum educators are constantly defending that education is central to museums' missions and purposes to sectors outside the arts and culture sector. In the 2016 issue of AAM's *Museum* issue dedicated to education and in consideration of museums' role in K-12 education reform, then CEO Laura Lott asserted and asked:

...museums receive more than 55 million visits every year from students in school groups. Museums have created educational programs in every subject, tailored to the needs of state and local curriculum standards. Why, then, do we constantly find ourselves having to explain that museums are fundamentally educational institutions, with hands-on, inquiry-based learning at the heart of our missions?²³⁰

Such explanation and defense of museums' educational foundation intensified during the COVID-19 pandemic as budget cuts to education and public programming affected 67% of museums and, with the exception of visitor services, museum education departments experienced more layoffs and furloughs than all other departments.²³¹ With cuts to education departments' work where 75% of the budget (and likely its staff) is devoted to K-12 programming in the typical museum, this leaves a small allotment of time and money for all other educational programming offered to other populations, including creative aging.²³² In Kera Collective's 2021 pro bono study in which data indicated that "education is not truly prioritized in museums,"²³³ evaluations researchers Amanda Krantz and Stephanie Downey express that museum education is in a vulnerable position and these "significant cuts to the

²²⁹ Amanda Krantz and Stephanie Downey, "The Significant Loss of Museum Educators in 2020: A Data Story," *Journal of Museum Education* 46, no. 4 (2021): 419.

²³⁰ American Alliance of Museums, "The Education Issue," *Museum*, September/October 2016, 5.

²³¹ American Alliance of Museums and Wilkening Consulting, "National Snapshot of COVID-19 Impact on United States Museums," published November 17, 2020, <https://www.aam-us.org/2020/11/17/national-snapshot-of-covid-19/>.

²³² "Museums and P-12 Education," American Alliance of Museums, accessed January 23, 2024, <https://www.aam-us.org/programs/museums-and-p-12-education/>.

²³³ Krantz and Downey, "The Significant Loss," 424.

public-facing work of the museum are likely to erode trust within communities.”²³⁴ And, as trust is integral to the development of any programs, especially creative aging programs, that engage underserved and under-resourced populations, I am apprehensive about the field of museum education’s current ability to sustain creative aging work and establish programming for older adults as an expectation equivalent to that of K-12 education.

Public libraries, where creative aging programs also take place, encounter funding struggles as well, but this exclusionary stigma faced by museums is not present. Offering much more than the opportunity to borrow books, a library offers programs and services to educate, inform, and entertain its community with the goal of “stimulating individual learning and advancing society as a whole.”²³⁵ As community centers where resources can be accessed and connections can be made, public libraries (more so than museums at present) are increasingly becoming a part of their communities that inclusively support visitors rather than serve them.

There is no shortage of creative aging work in libraries. Some libraries, such as the Brooklyn Public Library, offer their own creative aging programs while other libraries partner with nonprofit organizations, such as Creative Aging Memphis in Tennessee, and several state arts councils and commissions include libraries in their grant cycles for creative aging program development and expansion. Lifetime Arts has supported creative aging in libraries since its Public Libraries Initiative in 2008 and the production of the Creative Aging Toolkit for Public Libraries in 2013.²³⁶ With funding from the Institute of Library and Museum Services, a longtime supporter of creative aging and other programs for healthy aging in libraries, Lifetime Arts has recently undertaken the Advancing Creative Aging

²³⁴ Krantz and Downey, “The Significant Loss,” 423.

²³⁵ George Eberhart, *The Librarian’s Book of Lists* (Chicago: ALA, 2010), 1.

²³⁶ Lifetime Arts, “Creative Aging Toolkit for Public Libraries,” 2013.

Through State Library Leadership Initiative in which “a total of 132 public and county library systems in Missouri and Wyoming will develop and/or expand arts education programs that improve the lives of older adults.”²³⁷

Despite the wide variety of programmatic forms that creative aging takes and the plethora of locations where programming can occur, the shared objective is enhancing the health and well-being of older adults through arts engagement and social connection. If libraries are the more accessible location without the unfortunately persistent exclusionary stigmas of museums, what impact could we have if we amass resources across museums, libraries, and nonprofit organizations dedicated to creative aging work in our respective communities, regions, and states to offer joint programming in public libraries? This is not to purport that creative aging should cease in museums altogether and only occur in libraries. Rather, this is a recommendation that cities, states, and regions convene to evaluate where the most impact is being made and where their communities feel the strongest sense of belonging that creative aging is meant to foster. If community members feel the strongest sense of belonging in their public library, could local museums work with the public library to offer programming there instead of in the museum? This is where the aforementioned establishment of a community communication network for the field of creative aging would be beneficial and where emphasis on creative aging as community-driven is essential.

²³⁷ “Advancing Creative Aging Through State Library Leadership,” Lifetime Arts, accessed March 6, 2024, <https://www.lifetimearts.org/advancing-creative-aging-through-state-library-leadership/>.

The Creative Aging Impact Story: A Storytelling Resource

To accompany this paper, I created a storytelling resource for the field of creative aging entitled “The Creative Aging Impact Story: A Storytelling Resource.”²³⁸ This resource is a tool for sharing the creative aging impact story and advocating for increased support across sectors and further integration of creative aging into public health, policy, and social infrastructure. This interactive guide describes creative aging, explains its benefits, expresses its importance as the aging population grows, details the field’s barriers to sustainability and expansion, shares the field’s dreams for the future, provides advice on presenting this information as “the creative aging impact story,” includes examples of sharing creative aging stories (two examples from interviewees), and invites you to craft your creative aging impact story. Explaining creative aging as a story is essential for the field to increase its impact and expand the reach of this vital programming. This resource is intended for creative aging professionals seeking to grow the field’s impact and advocate for creative aging across sectors, and can be referenced and utilized by those adjacent to creative aging programs who want to understand the field and/or contribute support.

Conclusion

Creative aging is a vital component of healthy aging in place, balancing the scale that too often prioritizes physical health over well-being, agency, and personhood. Creative aging addresses the urgent need for support of the growing aging population’s health and well-being by mitigating social isolation, enhancing self-esteem, and preserving agency and dignity to amplify a positive narrative on aging that accentuates the advantages of living a

²³⁸ See Appendix E for the storytelling resource and visit bit.ly/creativeagingimpactstory or samanthaoleschuk.com/creative-aging to engage with its interactive components.

long life rather than the adverse effects of cognitive decline and reduced independence. Equipped with an understanding of this need and empowered with belief in creative aging's potential as a solution, this research investigated how creative aging programming is presently implemented in museums, cultural institutions, and organizations; identified the field's barriers to program sustainability and expansion; and advanced the field's dreams for the future and efforts to achieve them.

An array of inhibitive obstacles were uncovered in interviews with creative aging professionals including insufficient funds, a capacity deficit, limited visibility, staff turnover in partnering organizations in the public health and aging services sectors, transportation and language accessibility, and a lack of integration in policy initiatives supporting longevity-focused community building and healthy aging in place. As interviewees divulged these barriers, it became increasingly apparent that the field of creative aging is entangled in a web of interrelated racial, socioeconomic, and geographic disparities affecting older adults' access to and quality of health care options that support both health and well-being.

However, undeterred by such challenges, interviewees harbor considerable hopes and dreams of additional fundings streams, robust networks of communication, a national creative aging teaching artist certification, and the integration of arts on prescription into the U.S. healthcare system either in Medicare or its own national program. All of these dreams support the field's principal goals of providing all older adults access to creative aging programs and embedding longevity-focused approaches to healthy aging into society across sectors.

It is from this place of identified need, demonstrated impact through proven research benefits, disclosed barriers, and articulated dreams that we can lead cross-sector

professionals in arts and culture, public health, policy, social infrastructure, and more to understand creative aging's current impact and imagine its potential impact on the growing aging population. If current impact is any indicator, the field of creative aging is primed to be a successful beacon of support for the current population of older adults and ourselves as we age if we, as a society, can find it in our hearts to do this for our elders, for ourselves, and for future generations who all share one thing in common: we will all age, if we are lucky, and we will all die. So, as we all envision our older age, grappling with the question of "what do you want your own story to be as you get older?" I hope that we unite in recognition of creative aging as a vital component of healthy aging in place. And, through empowered empathy, I hope we can turn this recognition into action to chart a course toward realizing the field's dreams and turn the ubiquitous negative and fearful narrative of aging into a positive story of purpose and vitality.

Appendix A: Participating Museums, Cultural Institutions, and Organizations Profiles

Arts for the Aging: Founded in 1988, Arts for the Aging is a Washington D.C.-based social service organization that engages “older adults and caregivers with diverse abilities and backgrounds in health improvement and life enhancement through regular participation in the multidisciplinary arts.”²³⁹ Working closely in partnership with adult day centers, community centers, senior centers, affordable housing centers, assisted living communities, nursing homes, museums, and cultural institutions, Arts for the Aging offers a variety of programming including the visual arts, music, dance, storytelling, and theater in person in the D.C.-Maryland-Virginia area and virtually across geographies. Arts for the Aging also provides teaching artist training for organizations interested in expanding their reach to older adults and manages a roster of teaching artists that facilitates Arts for the Aging programming for clients.

ARTZ Philadelphia: ARTZ Philadelphia, a nonprofit based in Philadelphia, Pennsylvania, is dedicated to enhancing “the quality of life and well-being of people living with dementia and their care partners through joyful interactions around arts and culture.”²⁴⁰ ARTZ Philadelphia offers a variety of in-person and virtual no-obligation programming for people living with dementia and their care partners (current and former) including ARTZ @ the Museum, weekly in-person programming at local museums and art centers; ARTZ-Connect, virtual small-group conversations inspired by art and art-making activities; ARTZ Notes, a hybrid program that invites participants to listen to music, make music, watch live performances, and engage with other participants and the performers; and Cafés for Care

²³⁹ “About Arts for the Aging,” Arts for the Aging, accessed March 24, 2024, <https://artsfortheaging.org/about-us/>.

²⁴⁰ “Mission,” ARTZ Philadelphia, accessed February 16, 2024, <https://www.artzphilly.org/our-mission/>.

Partners, programming designed for the care partners of people living with dementia. ARTZ Philadelphia also facilitates programs arranged by special arrangement such as ARTZ Kits which provide a box of supplies and directions for art-making activities and ARTZ in the Neighborhood which generates programming by and for underserved and under-resourced communities in Philadelphia. Lastly, ARTZ Philadelphia has a mentoring programs to build empathy in the medical field whereby people living with dementia and care partners share experiences and perspectives on living with dementia with health professions students.

Creative Aging Network-North Carolina: Based in Greensboro, North Carolina on 10 acres of land, the Center for Creative Aging North Carolina (DBA Creative Aging Network-NC) functions to “provide innovative arts programming and education to enhance the well-being and social connection among older adults throughout North Carolina.”²⁴¹ Operating with the hope to become a model for using the arts as a tool for healthy aging through the nation and employing an intergenerational and multicultural approach, the Creative Aging Network-NC offers on-site, “we-come-to-you,” and deliverable kits of visual, literary, performing, and environmental arts programming for older adults, their care partners, and their loved ones. Artwork by Creative Aging-Network-NC artists is displayed in on-site exhibitions and celebrated during exhibition receptions. Creative Aging Network-NC rents 22 studio spaces where many studio artists teach private classes, furthering the organization’s emphasis on intergenerational learning.

Denver Art Museum: The Denver Art Museum, an encyclopedic museum in Denver, Colorado, offers monthly and quarterly creative aging programming for older adults. These programs include drop-in time to explore creativity through drawing, writing, and mindful

²⁴¹ “Creative Aging Network-North Carolina,” Creative Aging Network-North Carolina, accessed January 20, 2024, <https://can-nc.org/>.

looking; tours designed for visitors with early-stage Alzheimer's disease or dementia and their care partners; and deliverable boxes (bilingual in Spanish/English) featuring thematic activities inspired by artworks from the museum collection for Denver-area organizations and residential communities. The Denver Art Museum's newly designated space for Community Spotlight Exhibitions showcases community creativity, often in partnership with community groups who serve older adults in the Denver metro area. The museum is currently developing its Create Café program, a registration-based multi-session visit program led by a teaching artist and Denver Art Museum staff that will culminate in the production of a Community Spotlight Exhibition.²⁴² The Denver Art Museum engages heavily in professional development for the creative aging field through its Creative Aging Forum, Creative Aging Convening, and forthcoming Creative Aging Forum Online Directory.

Frye Art Museum: The Frye Art Museum, the only free art museum in Seattle, Washington, offers a variety of creative aging programs supported by the museum's creative aging advisory committee. The museum's flagship program here:now is a free six-session discussion and art-making experience led by museum educators and teaching artists for adults with dementia and their care partners. The Frye Art Museum's Alzheimer's Cafés are hosted at the Memory Hub, a dementia-specific community center, collaborative workspace, and training center co-founded by the museum and located on its campus, in collaboration with UW Memory and Brain Wellness Center. The Frye Art Museum also presents Meet Me at the Movies, an interactive film program, at various Puget Sound locations and is exploring resuming Bridges, a program that brings art conversations and activities to older adults being cared for at home in the Seattle area and has been on temporary hold since the onset of the

²⁴² Schulz, conversational interview.

COVID-19 pandemic. Lastly, the Frye Art Museum provides a variety of special events, professional development opportunities, and blog posts related to creative aging.

Nasher Museum of Art at Duke University: In partnership with the Duke Family Support Program, the Nasher Museum of Art at Duke University in Durham, North Carolina launched its Reflections Program for visitors with Alzheimer’s and related dementias, their families, and their care partners in 2014.²⁴³ Primary goals of the Reflections Program include providing an opportunity for socialization, comfort, dignity, respect, and purpose through transformative art experiences.²⁴⁴ The Reflections Program offers in-person sessions for the public, in-person sessions for members of the Duke Family Support Program, and monthly virtual public sessions. In-person programming features guided discussion in the galleries (often supported with sensory materials) and an interactive art or music activity. A small subset of the Nasher Museum of Art’s group of Gallery Guides lead sessions of the Reflections Program and the program is donor funded.

North Carolina Museum of Art: The North Carolina Museum of Art (NCMA) in Raleigh, North Carolina is in its second year of offering the request-based Creative Impressions program. Still in its creative phases, Creative Impressions is primarily a “we-come-to-you” program (though it can be facilitated on-site) where staff from the NCMA travel to sites in North Carolina to guide people living with dementia, Alzheimer’s disease, or other forms of memory loss and their care partners through a close-looking observation of artwork from the permanent collection and sensory engagements/art-making activities.²⁴⁵ The NCMA also offers a free virtual slow art appreciation program, Mindful Museum, for care

²⁴³ “Reflections: A Program for People with Dementia and Their Care Partners,” Nasher Museum of Art at Duke University, accessed January 17, 2024, <https://nasher.duke.edu/programs/reflections-alzheimers-program/>.

²⁴⁴ Caccavale and Nielsen, conversational interview.

²⁴⁵ North Carolina Museum of Art museum worker, conversational interview.

partners to relax, be present, and share space with one another.²⁴⁶ The NCMA is beginning work on creative memory care kits in English and Spanish for people living with memory loss and their care partner to complete together; these kits are planned to be disseminated to libraries in North Carolina.²⁴⁷

Opening Minds through Art, Scripps Gerontology Center at Miami University:
Opening Minds through Art (OMA) at the Scripps Gerontology Center at Miami University in Oxford, Ohio is an intergenerational art-making program for people living with dementia. Established by Dr. Elizabeth “Like” Lokon in 2007, OMA pairs people living with dementia (referred to as artists) with a trained volunteer student, loved one, or caregiver. OMA is facilitated in-person in a variety of locations including long-term care communities, senior centers, and university campuses by trained OMA facilitators across the United States, Canada, and Indonesia.²⁴⁸ OMA’s virtual program, ScrippsAVID (Arts-based, Virtual, Intergenerational, Dementia-friendly) was developed to connect people from different generations in an online platform to share art, music, poetry, and stories. ScrippsAVID is free and does not require training; the program pairs participants with someone from a different generation who is available at the same time. In addition to in-person programs, virtual programs, and facilitator training, OMA at the Scripps Gerontology Center conducts research to prove the benefits of their programming for people living with dementia as well as care partners and the students who participate.²⁴⁹

Southeastern state arts council/commission: In partnership with its state Commission on Aging and Disability and its state Department of Health, this Southeastern state arts

²⁴⁶ “Programs for People with Memory Loss and Their Care Partners,” North Carolina Museum of Art, accessed January 21, 2024, <https://ncartmuseum.org/programs-for-people-with-memory-loss-and-care-partners/>.

²⁴⁷ North Carolina Museum of Art museum worker, conversational interview.

²⁴⁸ Peterson, conversational interview.

²⁴⁹ “Research,” Scripps OMA, accessed January 21, 2024, <https://scrippsoma.org/research/>.

council/commission has funded creative aging programs in a variety of organizations since 2017.²⁵⁰ The three goals of the Southeastern state arts council/commission for its creative aging initiatives include increasing participation in the arts, improving the well-being of older adults (i.e. decreased loneliness and isolation), and expanding the capacity of artists to work with older adults.²⁵¹ The Southeastern state arts council/commission developed and implemented a person-centered music program in the state's nursing homes with civil money penalty funds.²⁵² The National Assembly of State Arts Agencies and E.A. Michaelson Philanthropy support the Southeastern state arts council/commission's creative aging initiatives, including grant opportunities focused on expanding creative aging opportunities to rural and culturally specific communities in the state.²⁵³

²⁵⁰ Southeastern state arts council/commission worker, conversational interview.

²⁵¹ Southeastern state arts council/commission worker, conversational interview.

²⁵² Southeastern state arts council/commission worker, conversational interview.

²⁵³ Southeastern state arts council/commission worker, conversational interview.

Appendix B: Participant Biographies

Ruth Caccavale (she/her) is Lead Gallery Guide and Museum Educator at the Nasher Museum of Art at Duke University in Durham, North Carolina. Since its inception in 2013, she has worked with the Nasher's Reflections Program for people living with dementia and their care partners. The program engages visitors in the arts and seeks for them to enjoy social experiences with others undergoing similar challenges. Prior to her move to North Carolina, Ruth taught a variety of art history classes at Rutgers University. She has worked in the education departments of the Metropolitan Museum of Art and the Cloisters.

Sarah House (she/her) is the Program Director at Arts for the Aging based in Washington D.C. She has been instrumental in transitioning the organization and its creative aging programs to a hybrid format with ongoing virtual and in-person workshops. House is a member of the National Organization of Arts in Health and has presented at their annual conference in collaboration with The Phillips Collection, Smithsonian Institution, and HelpAge USA. She previously worked as a school programs educator at The Phillips Collection in Washington D.C. and partnered with their creative aging and family programs. She managed the family and community programs at the Museum of Fine Arts, Houston and was the Education Director at the Houston Center for Contemporary Craft. House double majored to earn a Bachelor of Arts in art history and ancient Mediterranean civilizations from Rice University and has a master's degree in arts administration from Goucher College.

Lia Miller (she/her), the Co-founder and Executive Director of the Center for Creative Aging North Carolina (DBA as Creative Aging Network-NC) in Greensboro, North Carolina, received a Bachelor of Fine Arts with a concentration in video from Savannah College of Art & Design in 1990. She worked as a videographer, editor, and digital artist for

10 years before changing careers to work with older adults. In 2008, she co-founded Creative Aging Network-NC to enhance healthy aging through meaningful lifelong learning in the arts. In addition to developing and teaching visual art classes, Miller works to advance the field of creative aging for health care staff, artists, older adults and those closest to them through programming, training, conference presentations, and consultations.

Madeline Nielsen (she/her) currently coordinates the Reflections Program at the Nasher Museum of Art at Duke University in Durham, North Carolina, combining her passions for accessibility, innovation, and the arts. She graduated from the University of North Carolina at Chapel Hill with degrees in Latin and entrepreneurship. While earning her degrees, Nielsen taught in the galleries and led tours for the public and campus community at the university's Ackland Art Museum, in addition to gaining valuable experience working in the rare book industry and special education.

Krysta Peterson (she/her) is the Assistant Director of Opening Minds through Art (OMA) at Scripps Gerontology Center at Miami University in Oxford, Ohio. She first became involved with OMA in 2010 as a student at Miami University. Upon returning as a Peace Corps Volunteer in China after receiving her Bachelor of Arts in Linguistics from Miami University, Peterson has been a caregiver, served as a volunteer coordinator in hospice, and co-founded a non-profit organization to promote OMA in and around Northeast Ohio. Through her varying positions, Peterson has facilitated programming, led facilitator trainings, and coordinated relationships between universities and long-term care facilities. She loves to build relationships and help others explore the passion that she's had since first becoming an OMA volunteer.

Samantha Sanders (she/her) is the Creative Aging Coordinator at the Frye Art Museum in Seattle, Washington.²⁵⁴

Danielle Schulz (she/her) is dedicated to an accessible and inclusive future. She currently serves as the Associate Director of Lifelong Learning and Accessibility at the Denver Art Museum in Denver, Colorado where she works with colleagues and community members to set the vision for creative programs that support healthy aging and well-being through a focus on inclusion, creativity, and connection so that visitors of all ages and abilities can enjoy and be inspired by their interaction with art. She co-authored *The Art of Access: A Practical Guide for Museum Accessibility* (Rowman & Littlefield, 2021) and received a master's degree in art education from The University of Texas at Austin.

Susan Shifrin (she/her) is the Founder and Director of ARTZ Philadelphia in Philadelphia, Pennsylvania. She is an art historian, curator, educator and arts accessibility advocate. She received her PhD from Bryn Mawr College and has worked on the staffs of large and small museums up and down the East coast. Shifrin was inspired to start ARTZ Philadelphia after having hosted a series of workshops and programs for visitors with dementia at the Berman Museum of Art at Ursinus College, where she was the museum's educator for a dozen years. Shifrin's recent publications include "The Museum as a Site of Caring and Regeneration for People Living with Dementia" in *The Caring Museum*, editor Hamish Robertson (MuseumsEtc, October 2015) and a volume of essays she edited titled *The Museum As Experience*, with essays from contributors around the world (Arc Humanities Press, 2023).

²⁵⁴ Samantha Sanders, Creative Aging Coordinator at the Frey Art Museum, did not provide a biography.

Appendix C: Resource List

Art Museums and Healthy Aging: A Creative Aging Toolkit (Denver Art Museum, 2023)

Art Therapy and Creative Aging: Reclaiming Elderhood, Health and Wellbeing (Raquel Chapin Stephenson, 2021)

Arts on Prescription: A Field Guide for US Communities (Mass Cultural Council, University of Florida Center for Arts in Medicine, and Tasha Golden, 2023)

Bringing the Arts to Life: A Guide to the Arts and Long-Term Care (Judy Rollins, 2013)

Creative Caregiving Guide (National Center for Creative Aging, 2016)

Creating Healthy Communities through Cross-sector Collaboration [white paper] (University of Florida Center for Arts in Medicine / ArtPlace America, 2019)

Creativity Matters: The Arts and Aging Toolkit (National Guild of Community Schools of the Arts, 2007)

Meet Me: Making Art Accessible to People with Dementia (Museum of Modern Art, 2009)

Museums and Creative Aging: A Healthful Partnership (American Alliance of Museums, 2021)

Teaching Artist Relationships with State Art Agencies: Key Strategies and Management Practices (National Assembly of State Arts Agencies, 2022)

The Arts and Aging: Building the Science (National Endowment for the Arts, 2013)

The Creativity and Aging Study: The Impact of Professionally Conducted Cultural Programs on Older Adults (Gene Cohen, 2006)

The Next Wave in Creative Aging: Creative Aging Innovation Forums White Paper (Mather, 2022)

Toolkit on How to Implement Social Prescribing (WHO Western Pacific, 2022)

Untapped Opportunity: Older Americans & the Arts (Culture Track, 2022)

Vital at Every Age: Final Report on Seeding Vitality Arts (Touchstone Center for Collaborative Inquiry, 2020)

What Works: Social Engagement Innovations and Best Practices (engAGED, 2023)

Appendix D: Interview Guides and Questionnaire

The following pages include the Interview Guide, Questionnaire, and Supplementary Audio/Asynchronous Interview Guide.

INTERVIEW GUIDE

Creative Aging Programs in Museums and Cultural Institutions/Organizations

Principal Investigator (PI): Samantha Oleschuk, Undergraduate Student, Department of Art, Appalachian State University, oleschuksl@appstate.edu, (919) 302-2366

Faculty Advisor (FA): Jody Servon, Professor, Department of Art, Appalachian State University, servonjm@appstate.edu

Second Reader & Research Advisor (RA): Shauna Caldwell, Associate Curator for Academic Engagement, Turchin Center for the Visual Arts, caldwellsn@appstate.edu

This is an undergraduate university and departmental honors thesis project.

PURPOSE OF THE CONVERSATIONAL INTERVIEW

The purpose of each conversational interview is to explore the implementation of the creative aging program(s) at the interviewee's museum or cultural institution/organization, consider barriers preventing greater accessibility and impact, and discuss the future of creative aging programs in general. Existing research has thoroughly investigated the benefits of creative aging programs for participants and offers detailed guides on how to lead the two typical components of these programs (group discussion and art-making). Informed by this body of research, the conversational interview will focus on how the creative aging program at the interviewee's museum or cultural institution/organization is collaboratively planned, implemented, and sustained.

INTERVIEW PROCEDURES

Participants will engage in a one hour-long conversational interview guided by a list of topics/interview questions provided below. This will be more like a conversation than a formal interview. The researcher will guide the participant through the questions. The topics/questions are organized thematically; the order that they are asked will be determined by the trajectory of the conversation and the stage of the creative aging program's life. And, other questions not noted in this guide may be asked as the conversation progresses.

A reminder will be given to not provide any names or identifiable information about individuals who have not agreed to be in this research (i.e. creative aging program participants).

A reminder will be given that participants may choose not to respond to individual questions.

A reminder will be given that participants may choose not to continue with the conversational interview for any reason, by expressing the choice verbally during interaction or via email before the interview begins or afterward the interview concludes.

The majority of the interviews will take place via Zoom; the Principal Investigator will be in a private room for each Zoom call. Some interviews may take place in person in a private room or office at the interviewee's place of employment. All interviews will be audio-recorded and auto-transcribed.

TOPICS AND QUESTIONS

Current Programming (30 minutes)

Basics of Your Creative Aging Program

- Please provide an overview of the creative aging program at your museum or cultural institution/organization and your role within the program.
- What local resources, programs, organizations, or community partners support the aging population in your community?

Planning and Implementation of Your Creative Aging Program

- Describe the process of planning and implementing the creative aging program. How did you plan it and how did you make it happen?
 - Consider: who was involved in the planning process, what research was conducted, what collaborations were pursued, how did you acquire funding?

Evaluating Your Creative Aging Program

- What is the primary goal of the creative aging program? Do you feel like you are meeting that goal?
- Describe the evaluation process for the creative aging program.

DEAI Considerations

- Generally, how is your museum or cultural institution/organization considering and implementing diversity, equity, accessibility, and inclusion (DEAI) principles? And, how does your creative aging program fit into these DEAI practices and commitments?

Barriers (15 minutes)

- What has contributed to the overall success and longevity of your creative aging program? And, what has been a barrier?
- What do you see as the primary barrier inhibiting the widespread implementation of creative aging programs?

Dreaming into the Future (15 minutes)

- What if these barriers were eliminated? What directions should creative aging programs take? Can you dream of new possibilities and partnerships? Consider their role in age-friendly communities going forward.
- How do you see growing public policy surrounding age-friendliness of cities and communities affecting creative aging programs?
- What is your hope for creative aging programs in the future?
- For other museums or cultural institutions/organizations that are interested in establishing a creative aging program, what advice do you have?

QUESTIONNAIRE

Creative Aging Programs in Museums and Cultural Institutions/Organizations

Principal Investigator (PI): Samantha Oleschuk, Undergraduate Student, Department of Art, Appalachian State University, oleschuksl@appstate.edu, (919) 302-2366

Faculty Advisor (FA): Jody Servon, Professor, Department of Art, Appalachian State University, servonjm@appstate.edu

Second Reader & Research Advisor (RA): Shauna Caldwell, Associate Curator for Academic Engagement, Turchin Center for the Visual Arts, caldwellsn@appstate.edu

This is an undergraduate university and departmental honors thesis project.

PURPOSE OF THIS QUESTIONNAIRE

The purpose of the questionnaire is to collect basic and demographic information about each museum or cultural institution/organization and its creative aging program including, for example, how many staff members manage and facilitate the program, how long the program has been running, and how many people participate in the program. This questionnaire will save time in each hour-long interview and allow participants to give more accurate information on their creative aging program rather than estimates during the interview.

INSTRUCTIONS

Please answer the following questions about your museum or cultural institution/organization and its creative aging program(s).

Do not provide any names or identifiable information about individuals who have not agreed to be in this research (i.e. creative aging program participants); and, unless materials are publicly available, please remove any identifying information before sharing with the PI.

You may choose not to respond to individual questions in this questionnaire.

You may choose not to continue with the questionnaire or the conversational interview that follows. If you decide to withdraw from the study before or after the questionnaire is received or the interview is held, please contact the PI using the contact information listed at the top of this form.

QUESTIONS

- How long has your creative aging program been operational?
 - 0-6 months
 - 1-3 years
 - 4-6 years
 - 7-10 years
 - Other: _____

- How often do you offer program sessions?
 - Weekly
 - Bi-weekly

- Monthly
 - Bi-monthly
 - Yearly
-
- How are your programs delivered (in-person at the museum, in-person at another space or online)?
 - Generally, how many people participate in each program session?
 - Generally, how many people/participants benefit from your program per year?
 - How long have you worked at your museum or cultural institution/organization?
 - How long have you worked with the creative aging program?
 - Have you worked with any other creative aging programs at other museums or cultural institutions/organizations? If yes, please explain below.
 - How many people are involved in management and facilitation of your creative aging program?
 - What training is provided to staff/leaders/teachers in your creative aging program?
 - What is the staff size of your museum or cultural institution/organization?
 - What is the size of the board?
 - What are the funding needs for your creative aging program and where does this funding come from?
 - Please send any supplemental materials that you think may be helpful in understanding your creative aging program (i.e organizational chart, strategic plan, program goals, etc.) to the PI. Unless materials are publicly available, please remove any identifying information before sharing.

SUPPLEMENTARY AUDIO / ASYNCHRONOUS INTERVIEW GUIDE

Creative Aging Programs in Museums and Cultural Institutions/Organizations

Principal Investigator (PI): Samantha Oleschuk, Undergraduate Student, Department of Art, Appalachian State University, oleschuksl@appstate.edu, (919) 302-2366

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This is an undergraduate university and departmental honors thesis project.

PURPOSE OF THE SUPPLEMENTARY AUDIO / ASYNCHRONOUS INTERVIEW RESPONSE

Thank you for your participation in the interview part of this research. As this research has progressed, it is evident that storytelling is a key aspect of garnering support for creative aging programs. In this way, you are invited to make an additional contribution to this research in the form of an audio recording / asynchronous interview response about your program's impact and its potential for growth.

ASYNCHRONOUS INTERVIEW PROCEDURES

Participants will record a brief audio clip (no longer than 3 minutes in length) about their creative aging program's impact and its potential for growth. Participants may answer any of the following asynchronous interview questions listed below (just one or a combination of a couple), or touch on something else that you find most important in telling their creative aging story.

In the asynchronous interview audio recording, do not provide any names or identifiable information about individuals who have not agreed to be in this research (i.e. creative aging program participants).

QUESTIONS

- What impact has your creative aging program had on your community?
- What do you need to increase this impact?
- What do you want funders to know about creative aging programs?
- What would you tell a public health professional/health care worker to inspire them to work with you or implement creative programming for older adults?
- What would you tell a policymaker to inspire greater support for your programs?
- What is your hope for creative aging programs in the future?

Appendix E: Storytelling Resource

The following pages include my storytelling resource entitled “The Creative Aging Impact Story: A Storytelling Resource” (last updated April 2024). This is a living document and as such, it will continue to be revised and enhanced. To access the most recent version and engage the interactive elements including audio and video, visit bit.ly/creativeagingimpactstory or samanthaoleschuk.com/creative-aging.

THE CREATIVE AGING IMPACT STORY

A Storytelling Resource

A resource for navigating barriers,
pursuing sustainability, and
dreaming into the future to share the
creative aging impact story



Written by Samantha Oleschuk



UNDERSTANDING & USING THIS RESOURCE

This resource is a tool for sharing the story of creative aging's impact to advocate for increased support across sectors and further integration of creative aging into public health, policy, and social infrastructure.

This guide...

- describes creative aging,
- explains its benefits,
- expresses its importance as the aging population grows,
- details the field's barriers to sustainability and expansion,
- shares the field's dreams for the future,
- provides advice on presenting this information as "the creative aging impact story,"
- includes examples of sharing creative aging stories, and
- invites you to craft your creative aging impact story

Explaining creative aging as a story is essential for the field to increase its impact and expand the reach of this vital programming. This resource was created for creative aging professionals seeking to grow the field's impact and advocate for creative aging across sectors, and can be referenced and utilized by those adjacent to creative aging programs who want to understand them and/or contribute support.



WHAT IS CREATIVE AGING?

Creative aging as a concept and a field refers to research-driven art-based programs that **inspire creativity and joy, promote vital social connections, and preserve agency and dignity** for older adults, often those living with dementia.

Creative aging involves more than painting, drawing, or “coloring.” **Creative aging programs support the physical, cognitive, emotional, and social well-being of older adults** by engaging them and their care partners in interactive art experiences led by trained educators or professional teaching artists.



It is important to note that while creative aging can be therapeutic, it is not interchangeable with art therapy because there is no diagnosis or individualized treatment plan that are characteristic of traditional healthcare.



WHAT DOES CREATIVE AGING LOOK LIKE?

Visual art, theatre, dance, movement, music, poetry, literature, and more!

Creative aging programs can be facilitated in person or online in a sequential, “drop-in, no obligation,” or deliverable art kit format in almost any location, oftentimes in museums, libraries, theaters, senior centers, community centers, and residential continuing care communities. Regardless of format and most importantly, **creative aging programs are community-driven with no singular “one size fits all” approach.**

The videos included on the following two pages engage in digital storytelling to offer four examples of what creative aging can look like: intergenerational creative expression with pairs of older adults and students with Opening Minds Through Art; community music experiences, concert series, and studio classes with Creative Aging Memphis; museum-based arts engagements with the Frye Museum of Art; and statewide library-based art workshops with the Wyoming Arts Council and the Wyoming State Library.



WHAT DOES CREATIVE AGING LOOK LIKE?





WHAT DOES CREATIVE AGING LOOK LIKE?





WHAT DOES CREATIVE AGING LOOK LIKE?





BENEFITS OF CREATIVE AGING

Creative aging programs improve health and well-being. They invite social connection, provide cognitive stimulation, enhance self-esteem, foster achievement or pride, and reclaim agency.

Studies indicate that creative aging lowers distress, anxiety, depression, and anger and results in fewer doctor visits, less prescription and over-the-counter medication usage, fewer falls, less loneliness, and increased involvement in social activities.



Reflections Program at the Nasher Museum of Art, photo by Cornell Watson



Reflections Program at the Nasher Museum of Art, photo by Robin McCall



Opening Minds through Art Program, photographer unknown



ARTZ Philadelphia ARTZ Kit, photo by Susan Shifrin



WHY IS CREATIVE AGING IMPORTANT?

By 2034, the number of adults older than 65 will be greater than children under 18. The number of people 65 and older living with dementia will increase from 6.49 million in 2016 to 11.6 million in 2040. These projections have significant implications for all aspects of society including healthcare, infrastructure, and policy, and require that persisting ageism—which fortifies aging as a negative experience—be confronted.



Section 5A: People Are Living Longer: How This Perman... [Share](#)

SECTION 5: A MASTERCLASS IN SUSTAINABILITY STRATEGIES

**People Are Living Longer:
How This Permanent Trend
Impacts Your Work**

Lifetime Arts
Creative Aging Foundations

Watch on  YouTube

WHY IS CREATIVE AGING IMPORTANT?

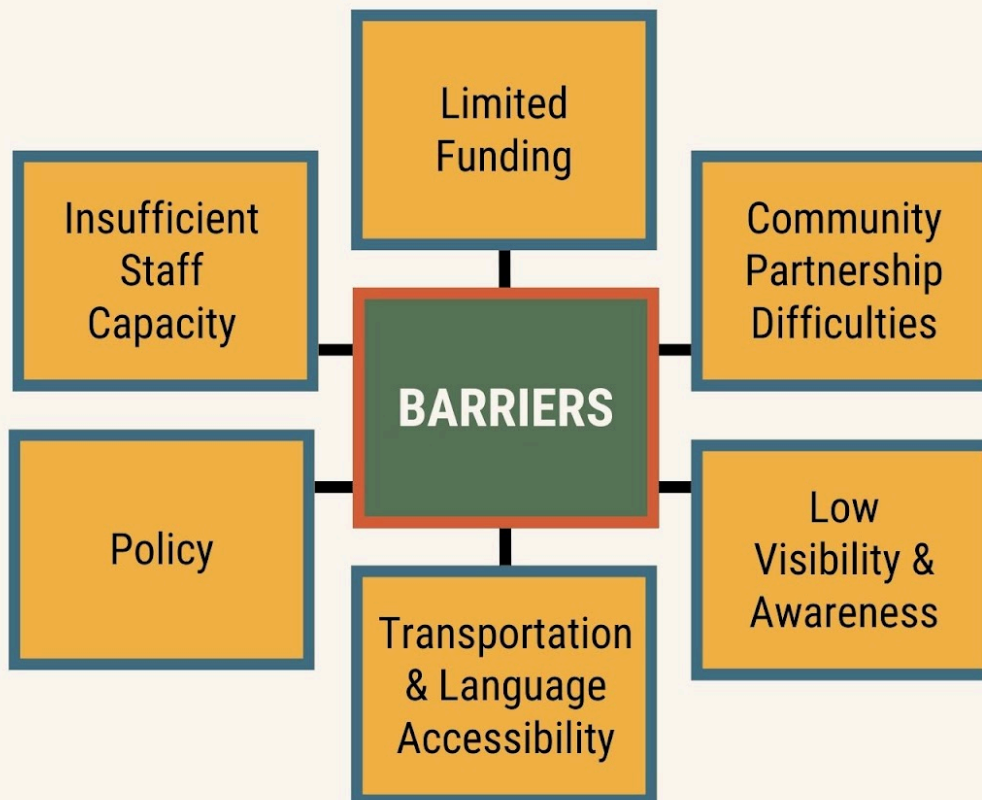
Caught in a web of inextricably interwoven cross-sector issues, including racial, socioeconomic, and geographical disparities, **creative aging is in an opportune position to address the shortcomings of our society's consideration and support of older adults.** Whilst promoting health, well-being, and a sense of purpose and belonging for older adults, creative aging effectively contributes to the replacement of disparity with equity in elder care and tears down the suffocating and life-threatening wall of ageism that begets social isolation, loneliness, and low self-esteem to **turn negative, fearful narratives of aging into positive aging stories of purpose and vitality.**





SUSTAINABILITY & EXPANSION BARRIERS

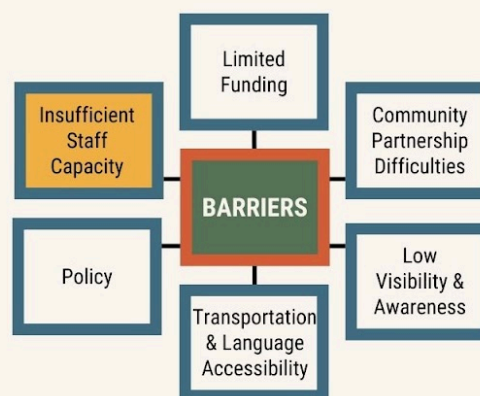
The field of creative aging is expanding; an increasing number of museums, cultural institutions, and organizations are voicing interest in and developing creative aging programs, **but the field encounters barriers that effectively inhibit program sustainability, let alone expansion to meet growing demand.**





BARRIER: INSUFFICIENT STAFF CAPACITY

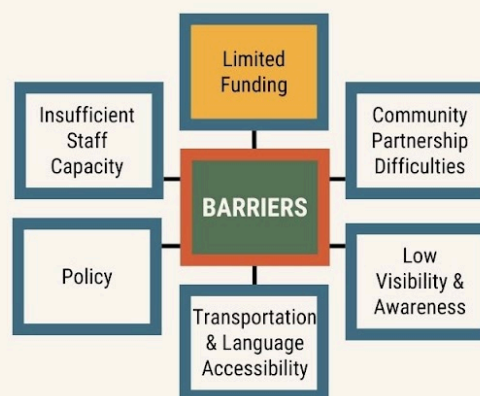
Despite passion and dedication in the field of creative aging, **there is an enormous capacity deficit.** The gap between the size of the need for creative aging programming and the realistic amount of programming that can be offered due to staff capacity and limited time is striking and **stunts expansion beyond current geographic, often urban, radiuses.**





BARRIER: LIMITED FUNDING

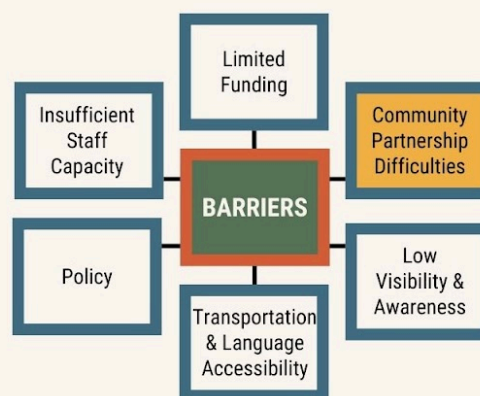
Funding is a principal challenge to offering and sustaining creative aging programming. To offer free programming, the field is reliant on grants and donations, often pursuing civil money penalty funds. Without large-scale cross-sector recognition of creative aging, programs turn to local partners for financial support and resources.





BARRIER: COMMUNITY PARTNERSHIP DIFFICULTIES

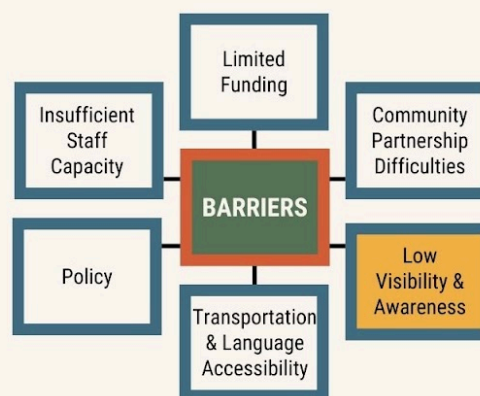
Strategic community partnerships, particularly with the public health sector, are integral to the success and sustainability of creative aging programs. However, **high turnover rates in healthcare and aging services undermine established relationships** when a staff person serving as the point of contact at a partner organization leaves and all progress is lost.





BARRIER: LOW VISIBILITY & AWARENESS

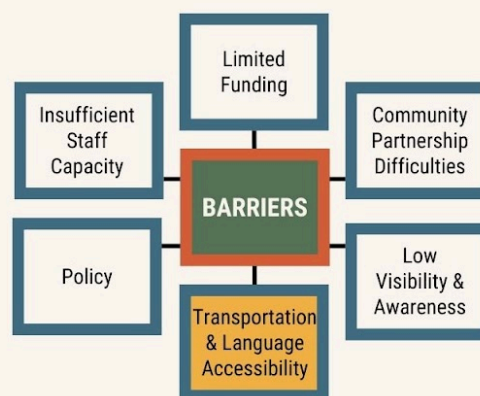
The field of creative aging experiences low visibility and limited awareness. Unlike K-12 education, there is no expectation that programming for older adults should be offered. Creative aging can be difficult to explain; **observing programs in action allows for the internalization of their vital impact on well-being and subsequently elicits buy-in.** However, limited financial and staff capacity requires that resources be conserved for sustaining current programming rather than enhancing promotional efforts for increased visibility.





BARRIER: TRANSPORTATION & LANGUAGE ACCESSIBILITY

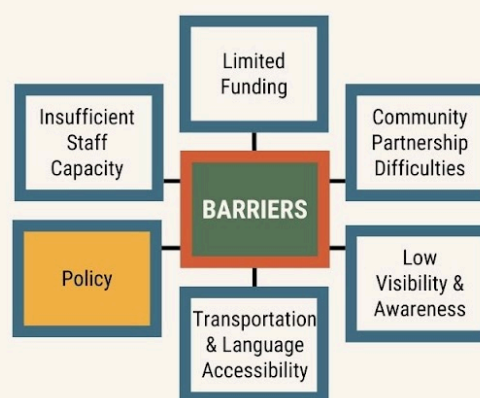
Not all older adults have access to transportation to program locations. This is why creative aging often adopts a “we come to you model,” but **coordinating transportation for on-site programs is necessary to increase equity**. Further, **organizations must expand beyond sole delivery in English to foster a welcoming environment** for other parts of their communities.





BARRIER: POLICY

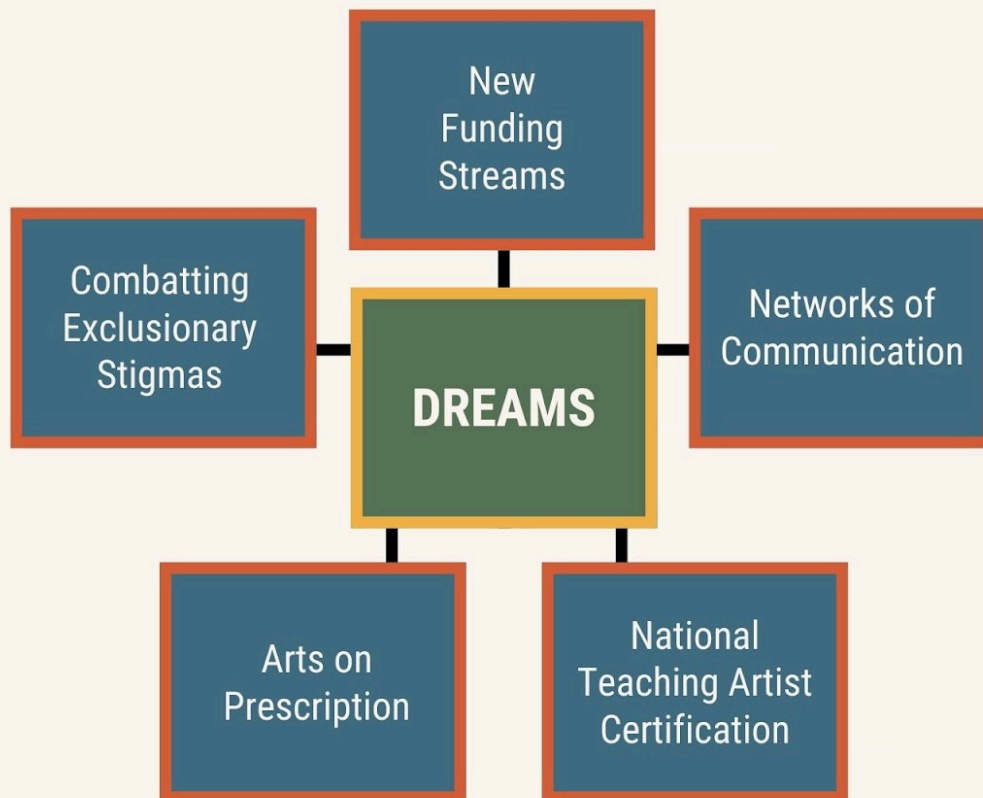
The field of creative aging is neither adequately integrated into U.S. state aging plans nor included in the discussions that lead to their development. **Those working at the intersection of arts and health must be included in “age-friendly” longevity-focused community development of which creative aging is a vital component.**






DREAMING INTO THE FUTURE

Despite being caught in a tangled web of barriers, the field of creative aging harbors large hopes and dreams driven by an understanding that the current impact is only a small portion of creative aging's potential.





DREAM: NEW FUNDING STREAMS

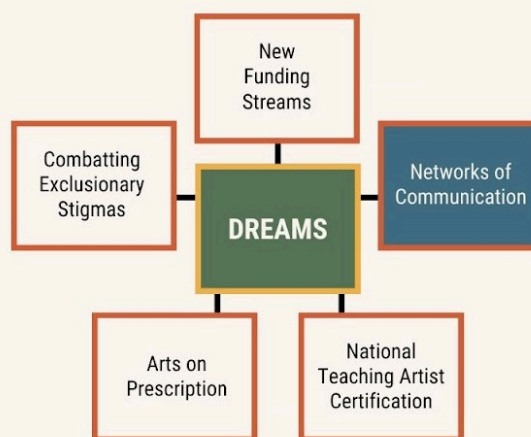
The field dreams of new funding streams from the **National Institute of Health**, the **National Institute on Aging**, and the **National Endowment for the Arts** devoted to creative aging and other quality of life interventions.





DREAM: NETWORKS OF COMMUNICATION

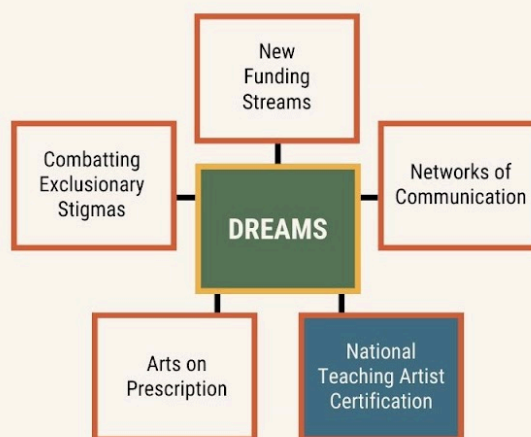
While creative aging conferences and convenings occur, there is minimal collaboration between programs offered near one another. **The field needs a communication network—or multiple networks—that connects professionals locally, regionally, nationally, and internationally.** If we come together as a field in an accessible, organized way with regular communication, we can greatly increase impact and boost visibility.





DREAM: NATIONAL TEACHING ARTIST CERTIFICATION

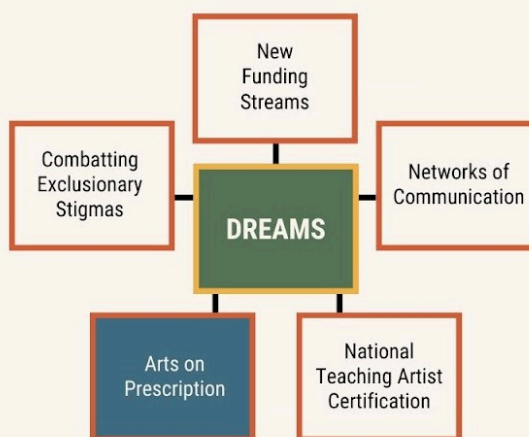
Most creative aging programs require teaching artists/facilitators to receive training on engaging older adults in the arts. A variety of organizations offer different teaching artist training certifications. **The field needs comprehensive standards and strategies for creative aging teaching artists (much like those for K-12 art education) in the form of a national teaching artist certification.** With recognized standards, we could further justify creative aging as a measurable, research-based field that is integral to health aging and, in consequence, aid the case for additional funding and policy support across sectors.





DREAM: ARTS ON PRESCRIPTION

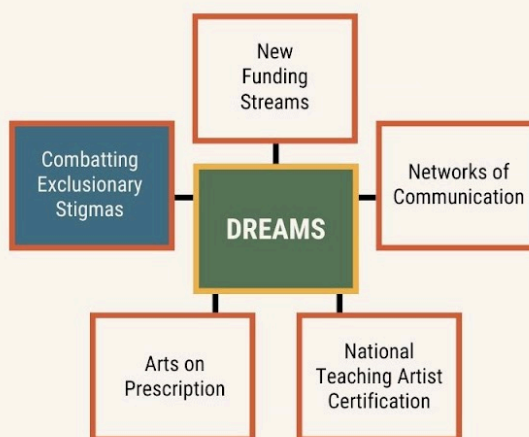
Creative aging would greatly benefit from **social prescribing being integrated into the U.S. healthcare system**. Arts on prescription, or social prescribing, is the practice whereby healthcare providers and social service agencies “prescribe” arts, cultural, and nature experiences in local communities as holistic health resources that support health, well-being, and quality of life. **The dream is that arts on prescription will become a component of Medicare or its own national program** to engage every older adult regardless of race, socioeconomic status, and geographic location in creative aging programs.





DREAM: COMBATting EXCLUSIONARY STIGMAS

Historically, cultural institutions—museums, in particular—are inequitable, exclusive spaces that replicate systems of white supremacy, erect barriers to entry, and defend a stance of neutrality. As community-driven and trust-centered programs with DEAI+J values, the field of creative aging envisions the **creation of cultural spaces of belonging for all** that combat such preservation of a single narrative. Creative aging is an **integral component of undoing the oppressive systems and stigmas of museums and cultural institutions as well as society as a whole.**





STORYTELLING IN ELDER CARE

Storytelling in elder care humanizes the aging experience.

Story sharing intergenerationally transmits values and preserves older adults' agency. Storytelling can be employed as a method for **improving and individualizing care** in support of well-being as sharing stories **builds connections and encourages empathy** between older adults, care partners, and aging services staff and medical professionals.



This clip **encapsulates the power of storytelling** in elder care as MemoryWell Founder and CEO Jay Newton-Small speaks about telling the life stories of those living with Alzheimer's and dementia to improve their care. Storytelling promotes a view of older adults not as patients, but as capable, dignified people with purpose.



STORYTELLING FOR CREATIVE AGING

With its influence on empathy and success in improving elder care, the field of creative aging can adopt the practice of storytelling to navigate its barriers and work towards its dreams. If sharing individuals' stories positively affects their personal aging experience and quality of care, **imagine the positive effects that sharing the creative aging impact story can have on our society's narrative of aging and care options for older adults.**

One emerging storytelling practice in elder care, **digital storytelling**, fuses digital media with voices, images, video, and music to share stories. Engaging older adults living with and without cognitive impairment in digital storytelling improves vitality, increases connectedness, promotes mental health and well-being, and mitigates negative ageism.



STORYTELLING FOR CREATIVE AGING

In this short film by Kati Henderson, the Nasher Museum of Art engages in digital storytelling to document the Reflections program. In addition to benefiting the older adults who contributed, this video enhances the program's visibility and communicates its impact story. This example and others demonstrate that **the act of listening to stories and watching them unfold visually holds power that reading written statements often lacks.**



SHARING THE CREATIVE AGING IMPACT STORY

Let's craft the creative aging impact story to convey creative aging as a vital component of health and well-being as we age.

Elements of the creative aging impact story:

- **Identify the urgent need** for art programming to mitigate social isolation among the growing aging population.
- **Show creative aging's impact** by proving its researched benefits.
 - Present testimonials of creative aging's impact.
- **Explain barriers** plaguing the field of creative aging.
- **Share dreams** to envision the future of creative aging.
 - Specify what the field needs for sustainability and expansion.



This is all in an effort to emphasize creative aging as a vital component of healthy aging in place that must be integrated into our systems of care.



SHARING THE CREATIVE AGING IMPACT STORY

Just as creative aging does not have a “one size fits all” approach, **the creative aging impact story can be told in a myriad of ways.** In these audio clips, two creative aging professionals share their version of the creative aging impact story as it relates to their work and experiences.

Madeline Nielsen
Reflections Program Coordinator
Nasher Museum of Art at Duke University

Krysta Peterson
Assistant Director of Opening Minds through Art (OMA)
Scripps Gerontology Center, University of Miami

The bottom line is that the creative aging impact story answers “what is creative aging?,” posits creative aging as a key solution to the social isolation, loneliness, and persistent ageism that is growing alongside the aging population, and **communicates the field’s immense critical potential for increased impact.**



SHARING *YOUR* CREATIVE AGING IMPACT STORY

Now equipped with the elements of the creative aging impact story and examples of how others share it... **how will you share your creative aging impact story?**

Just as there is no “one size fits all” approach to creative aging, there is no single way to share the creative aging impact story. **It must be tailored to your program, your community, and your audience.**

Consider the following questions:

1. Which parts of your program do participants connect with the most?
2. What have participants shared about their program experiences?
3. How does your program impact individual participants?
How does it impact your community as a whole?
4. How do you want your program to grow in the future? What other communities do you wish to reach?
5. What partnerships do you dream of building?
6. Who are you appealing to for support? What do they need from you to allot that support?
7. What is your positionality within the field of creative aging?



SHARING *YOUR* CREATIVE AGING IMPACT STORY

These two videos offer examples of tailoring the creative aging impact story to your specific program. The Delaware Division of the Arts' video from 2017 is a promotional introduction to their pilot program and **identifies the urgent need for creative aging** in Delaware. ARTZ Philadelphia's video from 2021 communicates that **art is the answer to crafting a positive narrative of aging and caring in community while we wait for a cure** for dementia.





STORYTELLING AS A CATALYST OF CHANGE

The creative aging impact story is **essential to advocacy for increased support and the integration of creative aging into public health, policy, and social infrastructure.** If the field can unite to share this story to convey creative aging as a vital component of healthy aging in place, we can make change happen. I envision that with a deluge of emotive storytelling facilitated by the field of creative aging, its impact on the health and well-being of the increasing aging population will be unignorable. Engaging in conversations and sharing resources among those already dedicated to supporting the aging population is no longer enough; to capture the attention of those who do not yet understand and advocate for this critical programming, we must utilize storytelling to reveal the impact of this work. Clear facts must be incorporated into a story that communicates how creative aging addresses the shortcomings of our society's consideration and support of older adults. But, it must be that: a story.

The creative aging impact story—whatever form it takes for you and your program—shall counter the suffocating and life-threatening concept of ageism that begets social isolation, loneliness, and low self-esteem to turn negative, fearful narratives of aging into positive aging stories of purpose and vitality. Our stories can catalyze a shift in the societal perception of aging.



ENVISIONING EXERCISE

Greatly inspired by Co-founder and Executive Director of Creative Aging Network-NC Lia Miller who begins every presentation about creative aging with what she calls an “**envisioning**” that aims to reframe our perspectives on aging, this resource concludes with an **envisioning exercise**.

Imagine—or envision—that you are as old as you will ever be. This is your final day in this life. What does this day look like? Where are you? What do you see around you? What are you doing today?

Envision what your older age looks like. What do you notice about yourself? How do you feel knowing this is your last day on Earth?

What do you want your own story to be as you get older? We all will die—this is something that we all share—but you have control over your own story and you can control what your life looks like as you age.



RESOURCES

Art Museums and Healthy Aging: A Creative Aging Toolkit (Denver Art Museum, 2023)

Art Therapy and Creative Aging: Reclaiming Elderhood, Health and Wellbeing (Raquel Chapin Stephenson, 2021)

Arts on Prescription: A Field Guide for US Communities (Mass Cultural Council, University of Florida Center for Arts in Medicine, and Tasha Golden, 2023)

Bringing the Arts to Life: A Guide to the Arts and Long-Term Care (Judy Rollins, 2013)

Creative Caregiving Guide (National Center for Creative Aging, 2016)

Creating Healthy Communities through Cross-sector Collaboration [white paper] (University of Florida Center for Arts in Medicine / ArtPlace America, 2019)

Creativity Matters: The Arts and Aging Toolkit (National Guild of Community Schools of the Arts, 2007)

Meet Me: Making Art Accessible to People with Dementia (Museum of Modern Art, 2009)

Museums and Creative Aging: A Healthful Partnership (American Alliance of Museums, 2021)

Teaching Artist Relationships with State Art Agencies: Key Strategies and Management Practices (National Assembly of State Arts Agencies, 2022)

The Arts and Aging: Building the Science (National Endowment for the Arts, 2013)

The Creativity and Aging Study: The Impact of Professionally Conducted Cultural Programs on Older Adults (Gene Cohen, 2006)

The Next Wave in Creative Aging: Creative Aging Innovation Forums White Paper (Mather, 2022)

Toolkit on How to Implement Social Prescribing (WHO Western Pacific, 2022)

Untapped Opportunity: Older Americans & the Arts (Culture Track, 2022)

Vital at Every Age: Final Report on Seeding Vitality Arts (Touchstone Center for Collaborative Inquiry, 2020)

What Works: Social Engagement Innovations and Best Practices (engAGED, 2023)



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Lia Miller, Co-founder and Executive Director, Creative Aging Network-NC, Greensboro, NC

Madeline Nielsen, Reflections Program Coordinator, Nasher Museum of Art at Duke University, Durham, NC

Krysta Peterson, Assistant Director, Opening Minds through Art at Scripps Gerontology Center at Miami University, Oxford, OH

Samantha Sanders, Creative Aging Coordinator, Frye Art Museum, Seattle, WA

Danielle Schulz, Associate Director of Lifelong Learning and Accessibility, Denver Art Museum, Denver, CO

Susan Shifrin, Founder and Director, ARTZ Philadelphia, Philadelphia, PA

A museum worker at the North Carolina Museum of Art, Raleigh, NC

An arts council/commission worker at a Southeastern state arts council/commission

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Visit samanthaoleschuk.com/creative-aging to access the research that informed this resource and contact samanthaoleschuk@gmail.com to connect, converse, and contribute.

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