Title
Profiling Opera in Healthcare: Partnerships and Programs

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Publication Date
2021

Peer reviewed|Thesis/dissertation

UNIVERSITY OF CALIFORNIA

Los Angeles

Profiling Opera in Healthcare: Partnerships and Programs

A dissertation submitted in partial satisfaction of the requirements for the degree Doctor of Education

by

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2021

ABSTRACT OF THE DISSERTATION

Profiling Opera in Healthcare: Partnerships and Programs

by

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Doctor of Education

University of California, Los Angeles, 2021

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This study investigated the implementation of arts-in-healthcare programming in the 2019-2020 season by opera companies in North America to generate data on the current state of the field. An online survey collected data regarding this programming and the resulting partnerships for a sample population of 67 opera companies, of which 28 provided music programming for healthcare constituents during the 2019-2020 season. Nine follow-up interviews with opera administrators provided further insight into survey responses. Analysis of the data created a profile of the motivations and procedures that were common amongst opera companies offering healthcare programming. These data help to fill the gap in the literature surrounding arts-in-healthcare programming by studying opera companies as a subpopulation of the broader arts field.

The dissertation of Andréa Renée Fuentes is approved.

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2021

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Chapter One: Introduction

Statement of the Problem

Community partnerships with arts organizations serve a variety of purposes, including developing artistic programming and enhancing the understanding of artistic concepts, engaging new audiences, and expanding organizational relationships that enable future collaboration (Denardo, 2001; Ostrower, 2003). Arts organizations often create community arts programming through partnerships with other institutions, such as museums or other arts groups, as well as educational systems like schools and school districts. Arts partnerships with schools and districts provide ample evidence of the impact of arts programming in school communities; the increased tracking of educational data supports funding opportunities as well as the creation and expansion of new arts-in-education programs and policies. Other community arts programs and partnerships are not monitored as closely for planning, implementation, or impact, and there are few available studies to support the growth and development of these programs. In fact, most available data are published as gray literature, and, despite program proliferation, there continues to be a lack of data surrounding community arts programming.

One area of data scarcity for community arts programming is the arts-in-healthcare field. Additional research is needed to establish how the arts are being implemented in healthcare settings by various arts organizations. As Sonke, Helgemo, and Pesata (2018) argue in a study of arts-in-health programs in Florida, the scarcity of data surrounding these programs precludes creating benchmarks for best practices, supporting funding requests, and the development of policy at state and national levels. Additionally, arts administrators have little information (outside of their own programs) to convince donors, grant writers, stakeholders, and other

community partners to expand access to these programs (Backer, 2002; Lawrence et al., 2018; Ostrower, 2003).

Background on the Problem

Generally, partnerships are formal structures in which two or more organizations share their mutual resources to provide new programming that addresses an identified area of need. Organizations may seek partnerships to support their organizational and programming goals when expertise in other disciplines would be beneficial. With arts partnerships, collaborations frequently result in the arts partner providing administrative and/or artistic resources the other partner did not possess (Backer, 2002; Ostrower, 2003; Walker, 2004). For healthcare providers, collaboration with arts organizations can enable arts programming for healthcare constituents who, while under medical care, may lack further access to the arts.

Expanding access to the arts depends on the availability of funding. In the 1990s, in response to several controversial grants, the United States Congress made large cuts to the National Endowment for the Arts' (NEA) budget. Shortly thereafter, the NEA influenced the trajectory of community arts access by financially prioritizing programs, via large grants, that sought to effect social change. Facing dwindling sources of government funds, many arts organizations focused their community programming on social change and education (Callahan, 2004). The proliferation of community arts programming has resulted in tailored programs for many different communities, such as healthcare communities. As these arts-in-healthcare programs developed and expanded, an increasing number of healthcare administrators began financially supporting arts programming within their institutions (Lambert, 2015; Sonke et al., 2009). Administrators have also been supported by the growing body of medical literature

illustrating the ability of the arts to help directly and indirectly address psychological and physiological needs of healthcare constituents.

Increasing medical evidence demonstrates how arts-based interventions can reduce adverse psychological and physiological symptoms and increase feelings of well-being and quality of life (Boyce et al., 2018; Stucky & Nobel, 2010). Engagement with artistic activities, including passive engagement through observation, has the potential to not only enhance psychological states but measurably impact physiological functions. Music offers a wide range of these benefits, from increasing patients' range of movement to reducing heart rate and myocardial oxygen demand in patients recovering from acute myocardial infarction (Staricoff, 2004; White, 1999). Evidence from current research supports that singing in healthcare settings has the potential to enhance overall patient well-being and that this benefit occurs faster than with other arts disciplines (Dingle et al., 2019). The literature regarding singing in healthcare settings also demonstrates improvement in a myriad of other health outcomes (Bailey, 1983; Lestard & Capella, 2016; Rothieax & Tansik, 1997; Standley, 1992; Staricoff, 2004). There is strong support for music and singing as interventions in medical research, but identifying specific doses, disciplines, and regimens for best practices remains difficult.

Although medical research supports the benefits of music and singing within healthcare settings, how programs that provide these activities are operated or evaluated in arts-in-healthcare partnerships is unknown. Without data on these programs and partnerships, arts organizations lack access to market data that would engender improvements and developments in their programs. Increased data helps organizations to network, establish benchmarks for programs and practices, create new knowledge sharing relationships, and increase state and federal awareness toward the importance of their programming (Sonke et al., 2009). Opera

companies, as a subpopulation of arts organizations that offer music programming, need increased data regarding their music programming in healthcare settings to advance the state of the arts-in-healthcare field.

Purpose of the Study

Increasing the available data surrounding opera companies' programming and partnerships with healthcare organizations enables improvement in program development, expansion, and funding opportunities. This information could benefit organizations as they establish goals and best practices for healthcare programs, such as program and partnership structure and the use of evaluative metrics. With additional data, companies can create markers for comparisons with their own practices, decide areas for improvement, and develop future networking and collaboration. Data generated for opera companies' programming in healthcare will advance the knowledge of the broader arts-in-healthcare field.

Statement of Project

This descriptive study collected data from opera companies across North America to investigate how they plan and create programming for healthcare constituencies. An online survey was issued to all North American opera companies identified by OPERA America[1] (as of October 2020) via an email invitation to a survey hosted on Qualtrics.com. 67 companies participated in the survey regarding their healthcare programming in the 2019-2020 season, a response rate of 41%; there were nine semi-structured, follow-up interviews to provide deeper insight into survey responses. The resulting data showed the scale and frequencies of opera-in-healthcare programs and partnerships in the 2019-2020 season – what motivated partnership,

[1] OPERA America is a membership-based organization that serves the opera community.

how healthcare partners were selected, how often programs were offered and where they occurred, types of financial support, how programs and partnerships were evaluated, and how artists were trained, for example – and helped to fill the current gap in literature and data regarding arts-in-healthcare programs by directly addressing opera companies' work and contributions to the field.

Research Questions

1. What motivates opera companies' partnerships in healthcare?
2. How are opera in healthcare programs implemented?
3. How is the effectiveness of the programs measured?

Significance

Understanding the current field of opera-in-healthcare programming and partnerships is particularly important as federal funding for social programs declines while arts organizations continue to increase available community programming and expand access to the arts (Parrott et al., 2018). Increasing data availability provides opportunities for program improvement and additional funding. Furthermore, as a 2011 report commissioned by the Musical Connections Program of Carnegie Hall's Weill Music Institute makes clear, musical experiences in healthcare settings are often not elective, nor are they frequently targeted to individual patients' conditions or treatment plans (Wolf & Wolf, 2011). To improve the programming that serves these populations, there is a need for an evidence-based model, rooted in research, with benchmarks for best practices. This model can only be created through increasing the available data and literature surrounding these programs.

Chapter Two: Review of the Literature

Introduction

This study investigated how opera companies plan for and create programming in healthcare settings because opera companies offer the music programming that the literature states is important. Given the prominence of opera companies in North America and the abundance of medical studies demonstrating the benefits of music as an intervention in healthcare practices, opera companies' programming in healthcare settings needs to be part of the arts-in-healthcare field data. The data surrounding these items are critical to the understanding of programs and partnerships and, in accordance with market-based organizational learning theory and existing arts-in-healthcare literature, essential for the improvement of the field.

The literature review begins with an examination of the foundations of partnerships and the benefits of arts-in-healthcare interventions, and it develops a focus specific to music and music performance programming. The review then turns to the importance and current state of tracking administrative and artistic choices within music programming, artist and staff training, and evaluation.

The Foundation and Professionalization of Partnerships

Partnerships can involve many kinds of interactions, from simple transactional arrangements to structurally-aligned, needs-oriented connections with regularly ongoing communication and development. Because partnerships join mutual assets, the unions can create increased programmatic value and meet partners' individual strengths and needs. In general, some of the major benefits for arts organizations' partnerships with non-arts organizations are a greater public awareness of community involvement and expanded outreach within new communities, as well as broader arenas in which to conduct creative work. Another common, but

important, benefit also includes advocating for the arts (Ostrower, 2003). To mitigate possible obstacles from affecting partnership efforts, partners need to establish professional practices, such as shared goal-setting, normalizing assessment and feedback protocols, and prioritizing communication early in the formation of the partnership (Silk & Augustine, 2017). Partnerships can also help organizations face new challenges, such as meeting rising demands for programs and services. As the demand increases for collaboration between arts and healthcare organizations, further study to support the professionalization of arts-in-healthcare partnerships will be needed. However, the benefits of collaboration between arts and health are already well established through medical research.

The Benefits of The Arts in Healthcare: A Growing Body of Research

Medical research on the benefits of arts-in-healthcare programming demonstrates the importance of these programs and partnerships, and in fact the integration of arts into healthcare settings has a history of thousands of years. By the mid-20th century, a more practically and theoretically embedded approach to arts in healthcare emerged to improve research practices and provide further evidence of the health benefits of the arts (Fancourt, 2017). By the end of the 20th century, arts-in-healthcare programming had been established as a field and partnerships between arts organizations, community-based artists, and healthcare institutions began to flourish (Hanna et al., 2011; Wikoff, 2004). These partnerships provided programming that combined the expertise of multiple disciplines, including patient care, healing environments, caring for caregivers, community well-being, and education (Lambert, 2015). Eventually these associations, such as that of the Arts and Health Alliance (which disbanded in 2014), the National Organization for Arts in Health, Sound Health, and more, supported increasing research to investigate the role of the arts in well-being.

Music is an Important Intervention in Healthcare Research. Increased interconnectedness of arts and healthcare disciplines has enabled many medical studies to empirically demonstrate the benefits of these associations on various facets of overall wellness as well as specific health outcomes. Arts programming, including music programming in both receptive (listening) and engaged (performing) participation, has been found to be clinically effective in benefitting patients with a variety of ailments and conditions, including pain (Simon, 2015; State of the Field Committee, 2009; Stegemann et al., 2019). For example, a randomized clinical trial conducted in a pediatric emergency department found that music had a positive impact on pain and distress in children (Hartling et al., 2013). In the trial, the pain of IV placement was studied in 42 children between the ages of three and 11. Patient distress was also measured using the Observational Scale of Behavioral Distress-Revised model. In the experimental group, music was administered through an iPod dock. To analyze the data, the mean changes in pain scores were compared between study groups and analyzed via multiple linear regression. The regression analyses demonstrated that music significantly limited the increase of distress, and the mean change in pain scores reflected that the control group had a greater increase in pain. Healthcare providers also reported that the procedure was easier to perform when children were listening to music.

Arts-in-healthcare interventions with music have been proven to be impactful even at the tissue or cellular level (Hamilton et al., 2003; Sonke et al., 2014; Stegemann et al., 2019). For example, a 2018 study of 86 students revealed that music promoted both subjective and physiological recovery (as measured by heart rate and skin conductance) after exposure to an acute stressor. A 2019 study showed that preterm babies exposed to music (that was written and produced specifically for them) improved their brain development (Lordier et al., 2019). In this

study, preterm babies were exposed five times per week to music composed by one of the researchers. This music included instruments that had produced behavioral and brain responses in newborns in a previous study, such as harps and bells. Compared with the control group, the music group displayed significantly higher resting state functional connectivity in the brain. This higher resting state resulted in brain structures similar to those of full-term newborns. There are many studies that establish how musical practice and exposure are associated with structural and functional neuroplasticity. These activities positively affect other biologically measurable changes.

Medical research provides important data on biological changes in patients after music interventions. In 2002, a study of music's effects on the immune system and cancer development found that music enhanced the anti-tumor response in unstressed rodents and that music could effectively reverse effects of stress on the number and capacity of lymphocytes (Nuñez et al., 2002). In a 2012 study, mice that were exposed to opera had increased peripheral immune response and improved allograft survival following heart transplantation (Uchiyama et al., 2012) In 2016, Lestard and Capella exposed human nonauditory (non-hearing) cells to music and demonstrated music's ability to affect cell motility as well as cell apoptosis in breast cancer cells. The study identified a future path for the research of arts in healthcare; the study found that music has an effect at a cellular level even when bypassing auditory (hearing) structures and cells (Lestard & Capella, 2016). The known medical benefits of the arts are often measurable only with the aid of medical imaging or other modern techniques for research, but additional physical benefits are noticeable to patients.

In addition to the known medical benefits for patients, research suggests that music interventions may reduce healthcare expenses due to pain and anxiety management. Specifically,

research shows music in healthcare lessens chronic pain, increases sense of control, reduces stress and anxiety, and increases host immunity; these benefits could lower anticipated health care costs for continued patient care (Lippi et al., 2010). A review of music-in-healthcare studies between 1997 and 2009 found that the use of music during anesthesia can reduce the amount of sedation required as well as the likelihood of converting to a general anesthetic and reduced recovery time (Newman et al., 2010). A 2012 study identified that music alleviates pain intensity and pain distress immediately after abdominal surgery (Vaajoki et al., 2011). Music has been found to have benefits far beyond what might be considered subjective reports of wellness; it is promising in alleviating pain and recovery time and positively affecting other health outcomes.

These studies share a common theme among the literature – further clinical research is needed to understand the mechanisms more comprehensively through which music benefits health and wellness (Boyce et al., 2018; Staricoff, 2004; Wolf & Wolf, 2011). As research into the benefits of music in these settings continues, new studies continue to reinforce the importance of arts programming. The expansion of the arts in healthcare as a field underscores the need to track programmatic changes and decision-making at administrative levels and their impacts.

Why Tracking Arts-in-healthcare Programming is Important

Foundational decisions in arts-in-healthcare programming matter. However, the identity of arts-in-healthcare programs and the way that organizations attain high quality and effective programming is still largely unknown. In healthcare organizations in the United States, arts programs provide a wide variety of programming which is generally grouped into two broad categories: arts and aesthetics in the built-environment and artist-based programming (Lambert, 2015; Sonke et al., 2009). The arts and aesthetics in the built-environment model includes

collections, exhibits, designs, and other visual elements. The artist-based program model includes artists that provide bedside and group services as well as the performing arts. Either of these models may have partnerships with arts organizations to provide specific programming. In a 2018 survey of 52 individuals representing 51 different arts-in-healthcare programs in Florida, 78% of organizations engaged in partnerships with other organizations to provide arts-in-health services (Sonke et al., 2018).

Programmatic variables affect healthcare outcomes, but it is unclear how variables interact. For example, in any arts-related programming, administrators must choose between programmatic variables regarding the content, tone, and mood of the art, as well as the engagement style of the artists and the kind of community served. Depending upon the specific arts discipline (e.g., painting, writing, or music-making), additional variables may be introduced. For opera-in-healthcare programming, variables can include activity type, proximity to the artists, artists' voice types and the pitches they sing, the style and volume of music presented, and the duration of the programming, to name only a few.

The literature acknowledges that more research is needed to understand best practices as well as the value and impact of arts-in-healthcare programming. For example, in a 2012 review of 135 published studies on arts-in-healthcare in the *Journal of Qualitative Health Research,* researchers discovered that there was little measure of the temporal and financial engagement in arts-in-healthcare activities and an "almost complete neglect of receptive engagement with the arts," (p. 108) (Moss et al., 2012). Receptive engagement refers to activities that rely on passive observation, such as listening to music programming. The effects of the absence of these data are unknown but likely widespread in the field. Listening to music performance, according to the

most recent state of the field data, is nearly half of all arts-in-healthcare programming (State of the Field Committee, 2009).

Programmatic Choices Create Different Participant Outcomes. Seemingly small details may influence how music-in-healthcare programs are received by patients. For example, even demographic differences in patients can create discrepancies in patient perception of care; the variation of these and other programmatic variables are likely to create differences in patient perception of music programming (Bendall-Lyon & Powers, 2002; Lee et al., 2005; Schoenfelder et al., 2011; Uchiyama et al., 2012). As variables in programmatic decisions have also been found to affect patient response, it is important to record the kinds of programming being offered through arts-in-healthcare partnerships (Kreutz et al., 2004; Lee et al., 2005).

Selections in the music and activities offered affect patient response, and they need to be tailored to communities. For example, a 2004 study found that music activity type affects biological response when researching music as an intervention. Singing resulted in a different cortisol and secretory immunoglobulin A response in choir members over just listening (Kreutz et al., 2004). A 2007 study of 60 patients undergoing surgery demonstrated the importance of patient preference in the style of music offered, as patient choice of music in pre- and post-operative conditions affected their cortisol levels (Leardi et al., 2007). The importance of the style of music used in interventions is found throughout the medical literature. For example, the 2012 study of mice who were exposed to opera after heart transplants, it was found that, although listening to opera and classical music produced statistically significant changes in positive immune responses and elongated tissue survival, listening to Enya did not (Uchiyama et al., 2012). Even with exposure to similar styles of music, patient responses can vary. In a 2005 study, 64 patients were randomly assigned to undergo either 30 minutes of music intervention or

a rest period and found that subjects' satisfaction with music selection was affected by demographic differences within the test population (Lee et al., 2005). A study of healthy individuals illustrated that listening to "Va pensiero", an aria from Verdi's opera *Nabucco*, created significantly lower cerebral flow than listening to "Libiam nei lieti calici", an aria from Verdi's opera *La Traviata*, or listening to the choral portions of Bach's *Cantata No. 169* (Bernardi et al., 2009).

Studies have demonstrated that even small changes in music, such as pitch, need to be considered in music programming in healthcare settings, as these changes affect patient experience with statistically significant results. For example, a 2004 study demonstrated that changes in an opera singer's registration (or pitch) affected whether their emotions were interpreted by audience members as joy or sadness, with upper registers (pitches) frequently being mistaken for joy, and lower registers being mistaken for sadness (Di Carlo & Guaïtella, 2004). Of course, programmatic decisions are not limited to activity and music choices; these decisions extend even to artist selection and artist behavior. In 2013, researchers studied the professionalism of the musicians playing in a hospital and identified that the primary skill needed by the musicians in the setting was the ability to decode a situation efficiently by choosing appropriate interactions and performance elements (Preti & Welch, 2012).

Research into programmatic choices underscores the importance of tracking music decisions and how artists and voice types, which affect what music can be offered, are selected. Programmatic decisions are also important in establishing how programs are understood by both partners to function. These choices become a program's identity, and expectations for quality and other program-defining parameters are created through them. Because programmatic decisions can vary patient outcomes, and because the future of arts-in-healthcare programming

depends on what is occurring and being measured currently, it is important to track trends in programming or how arts are being delivered in these settings by artists.

The Status of Data on Artist Training

In medical settings, patient well-being and health is strongly associated with productive interactions with staff and other personnel, but it is unclear how performing artists are being trained for their engagement within healthcare organizations. Current literature suggests that artists working within the healthcare field should be trained in skills like relationship building, engagement, and communication as best practices to ensure the well-being and improvement of health in patients and their families (Bee et al., 2008; Cramm & Nieboer, 2015). Currently, there is little information about the level of pedagogical training of artists in arts-in-healthcare settings or what support they receive to engage with patients, families, and healthcare staff.

Without data from other organizations and partnerships to understand the field of what is being required in preparation of artists, arts-in-healthcare providers lack the resources to inform best hiring practices and the training of their artists. In an even more significant gap, little is known about the professional managers of arts-in-healthcare settings. Arts managers in healthcare facilities and in arts organizations require the ability to collaborate with healthcare administrators, medical staff, patients and family members, and other community partners. Training programs are extremely rare, which makes quality assurance even more difficult (Lambert & Sonke, 2019).

To ensure the safety of patients and artists, in 2014 Americans for the Arts, a nonprofit organization dedicated to the advancement of the arts, created a program to train and credential artists interested in serving in healthcare settings. Since 2014, other credential programs and trainings have been developed by organizations with similar goals. Clearly, the arts-in-healthcare

field has recognized the need to ensure that artists are trained in healthcare culture, providing services, interpersonal and communication skills, environmental safety, and self-awareness to ensure best practices.

Arts and healthcare partnerships lack informative data and historical knowledge at a macro or field level. As a result, artist selection and training and the assessment of artists' engagement within healthcare settings remain difficult. How artists are enabling programmatic goals is also unknown. In addition to tracking programmatic and staffing decisions, more data is needed regarding the evaluation for the effectiveness of these programs and partnerships. In particular, it is these kinds of data that will enable funding opportunities and further development and growth.

Data, Evaluation, and Norms for Funding and Growth – An Increasing Need and Interest

A growing body of medical literature on the impact of arts interventions illustrates an increased international interest and need for further data. In 2011, the National Endowment for the Arts created a Federal Interagency Task Force on the Arts and Human Development, with members from the United States Department of Health and Human Services, the National Institutes of Health, the National Science Foundation, and the United States Department of Education, to encourage better research. Increasing available data to assess the effectiveness of programs helps to inform best practices and to provide program administrators with the information necessary for improvement toward the advancement of the field. Unfortunately, current literature on evaluating arts-in-healthcare programming, from an arts administration side, is most often practice-related and published as grey literature through governmental and other agency websites. The imbalance in the availability of material regarding evidence and

methodology for arts-in-healthcare programs affects efforts in evaluation (Putland, 2008; White, 2006).

Despite the advances in research methods, researchers conclude that arts programming within healthcare settings needs further research to standardize evaluation practices; ongoing studies have demonstrated the myriad challenges related to program evaluation and evidence of impacts on constituents for arts and health projects (Carswell et al., 2019; Clifton & Camic, 2016; Daykin et al., 2016). Although research methods continue to be improved and refined to demonstrate benefits and outcomes, how positive impacts are measured and represented is also still largely variable and evaluation is challenging (Boydell et al., 2016). The absence a standardized method for evaluation has raised interest in the compilation of and access to national data on arts-in-healthcare programming.

As health and arts organizations create metrics to demonstrate achievement toward intended outcomes and cost-effectiveness, increasingly these organizations find the need to review appropriate frameworks, budgets, and capacity. For example, available data illustrate a possible weakness in how arts-in-healthcare programs are being managed, with 40-50% of arts-in-healthcare programs in Florida lacking paid administrative staff (Sonke et al., 2018). Evaluative data enable organizations to demonstrate progress and success, and they can help to communicate community impact, which is an essential item for many arts grants as well as attracting and securing financial support.

Despite improvements in funding for research and the inclusion in federal funding programs, arts-in-health programs are still under-funded and under-researched (Americans for the Arts, 2020). Because of the need to provide data in applying to funding sources, the National Center for Arts Research and DataArts have created a new entity, SMU Data Arts, to collect data

on nonprofit arts organizations with an aim to create a national culture of data driven decision making. This organization tracks data amongst cultural institutions to provide reports for use in grant writing and other endeavors. It is not specific to arts-in-healthcare work.

Although the need for data is highlighted by these and other nascent tracking systems for arts and other cultural organizations, available arts-in-healthcare data are very limited. This is in direct contrast with the data collected for arts in other disciplines and settings, such as education. The availability of educational programming data is credited with increasing available funding opportunities and improving student outcomes. These data are compilations of demographic data, teacher performance data, student assessment data, and other information used to apply for grants or other requests for financial support. Without comparable sources of data, arts-in-healthcare programming cannot make similar funding requests and advancements.

Without evaluative data in arts-in-healthcare programs specifically, and without comparable state of the field data to draw from, current arts-in-healthcare practitioners are limited in their funding opportunities. As a result, a 2009 state of the field study by Americans for the Arts stated that, as of 2007, 56% of organizations involved in the field were using their general operating budget to fund these programs (State of the Field Committee, 2009). Utilizing general operating budgets, as opposed to outside funding sources such as donations and grants, to fund these programs in any state of permanence weakens opportunities for capacity building and expanding connections to the communities served. It also risks sustainability. Sustainability requires attention to specific operational indicators, such as the level of institutionalization of a program within an organization and project design and implementation factors, and it is important to obtaining funding (Shediac-Rizkallah & Bone, 1998).

In addition to funding concerns, evaluations help organizations to assess impact and identify areas for improvement, which leads to optimizing performance and increasing organizational learning. Sharing these evaluation data amongst stakeholders and other organizations and partnerships is also important to improving the field, as demonstrated by market-based organizational learning theory, which states that organizations with increased knowledge of a field exhibit improved performance within that field. As the position of this study is that the resulting data are necessary for organizations to create improvements and developments within programming, this study is contextualized through market-based organizational learning theory and the current literature for arts-in-healthcare programming.

The Current Study

The purpose of this study was to gather data from opera companies, as arts organizations that can provide the music programming that medical literature states is important, regarding their current music programming for healthcare constituencies. As found in the literature, more research regarding the implementation and evaluation of these programs is necessary. This study provided some of the data needed to fill this gap in the literature.

The current study was guided by concepts rooted in market-based organizational learning theory as well as existing arts-in-healthcare literature. Market-based organizational learning theory argues that increasing access to market data supports organizations in making improvements to their performance. Existing arts-in-healthcare literature, such as an arts-in-health mapping project in Florida by Sonke et al. (2018) and a state of the field report from the Society for the Arts in Healthcare State of the Field Committee (2009), provided a basis from which to create the survey and interview questions regarding the planning, implementation, and evaluation of these programs. Using a framework created from these items, this project seeks to

identify how opera companies are planning for and creating arts-in-healthcare programming within the United States and Canada.

Chapter Three: Research Design and Methods

Introduction

This study investigated the arts-in-healthcare programming and partnerships created by opera companies. Arts-in-healthcare programming is linked with improved health outcomes and is important in providing access to communities with otherwise little access to the arts (Simon, 2015; State of the Field Committee, 2009; Stegemann et al., 2019). Currently, very little is known about the scope of current partnerships and how organizations create and plan for this kind of programming. This study surveyed and interviewed a subset of participants from opera companies across the United States and Canada, as recognized by their OPERA America membership, to collect data regarding their current infrastructures and programming for healthcare partnerships. Increasing available data can promote the benchmarking of best practices and support funding requests, as well as provide the basis for the development of policy at state and federal levels (Sonke et al., 2018). The data resulting from this study are important to the improvement of a field that benefits some of the most underserved and vulnerable constituents of arts programs. This study addressed the following research questions:

1. What motivates opera companies' partnerships in healthcare?
2. How are opera in healthcare programs implemented?
3. How is the effectiveness of the programs measured?

Research Design and Rationale

The research design of this study was based largely on a similar 2018 arts-in-healthcare study, as most of the data were collected from a quantitative survey (Sonke et al., 2018). The Sonke et al. study (2018) created a profile for existing partnerships in the state of Florida by collecting data regarding program demographics, structures, and services. It created what the authors referred to as a "meaningful representation of programs in Florida," but the authors

acknowledged that more descriptive profiling was needed at the state and national levels (Sonke et al., 2018, p. 8).

The survey involved in the current study, issued to all OPERA America member companies (as of October 2020) in the United States and Canada, collected data regarding the scale and frequencies of opera-in-healthcare programs and partnerships. This study investigated healthcare programming offered by opera companies in the 2019-2020 season. The 2019-2020 season was selected because it had the most recently completed and available data. For this study, "healthcare programming" refers to music programming being offered by opera companies in healthcare organizations, and "healthcare organizations" were defined as hospitals, hospices, nursing homes, clinics, or other organizations where healthcare services are provided. The data collected help to fill the current gap in literature and data regarding arts-in-healthcare programs, specifically opera-in-healthcare programs.

A mixed methods study design was appropriate for investigating this problem because the aim was to gather data from a large number of opera companies across the United States and Canada and to create a profile of their programs and partnerships in healthcare. In the survey, participants were asked if they would be willing to have a follow-up interview over Zoom. The semi-structured, qualitative interviews provided richer information regarding survey responses. This format allowed for participants to elaborate and share information in a way that was not possible from the survey alone. This mixed methods design was more appropriate than a strictly qualitative design or a strictly quantitative design. A strictly qualitative design may have given personalized impressions of programming for specific arts-in-healthcare partnerships but not have provided information more broadly about the field, and a quantitative design would have provided the broad array of data needed for the study but not have given a voice to the study

participants (which informed data further regarding the origins of programming, the value embedded in these partnerships, artist trainings, and the perceived impacts within the communities).

Sample

Opera companies were selected as the study population, as they are a subpopulation of arts organizations, and they provide the music programming that medical literature states is important. A sampling frame was created from member companies in the OPERA America database, which at the time of recruitment in October 2020 was 165 opera companies. This figure represents nearly all professional opera companies in the United States and Canada at that time. Companies that may have been excluded from this group are semi-professional or amateur companies, or professional companies with annual budgets significantly smaller than $250,000.

All OPERA America member companies, as of October 2020, were invited to participate in the online survey. 67 program directors and managers from the departments that provided education or community engagement responded to the survey, a response rate of 41%. In survey responses, 16 respondents with healthcare programming indicated they would be interested in a follow-up interview. All 16 were contacted regarding the interview; from those contacts, nine participants agreed to be interviewed.

Recruitment

I recruited participants through multiple steps. First, survey participants were initially contacted through an email to the OPERA America listserv for the education and community engagement departments of opera companies in North America. This initial email announced the survey but did not provide the survey link yet. The listserv email described the purpose of the study, and companies were informed that this investigation intended to collect data on opera and

healthcare partnerships. The listserv email stressed the necessity of studying these programs and how the resulting data could benefit current and future organizational partnerships and planning for companies, as well as the importance of honesty in reporting and the anonymity of the presented aggregate data in the final report. Organizations were informed that they would be provided with the data collected from the study. Access to these data was intended to provide organizations with broader strategies to evaluate their own programming, partnership selection, and impact. Participation was voluntary and without incentivization to minimize selection error.

Next, I sent invitations to the survey, which was hosted on Qualtrics.com. Companies were also offered the option of taking the survey via phone, although no company chose to participate in a phone survey. The invitations were sent October 26th - October 30th, 2020. Follow-up emails and phone calls to possible participant companies continued until January 10th, 2021. Survey data was collected from October 26th, 2020, to January 11th, 2021.

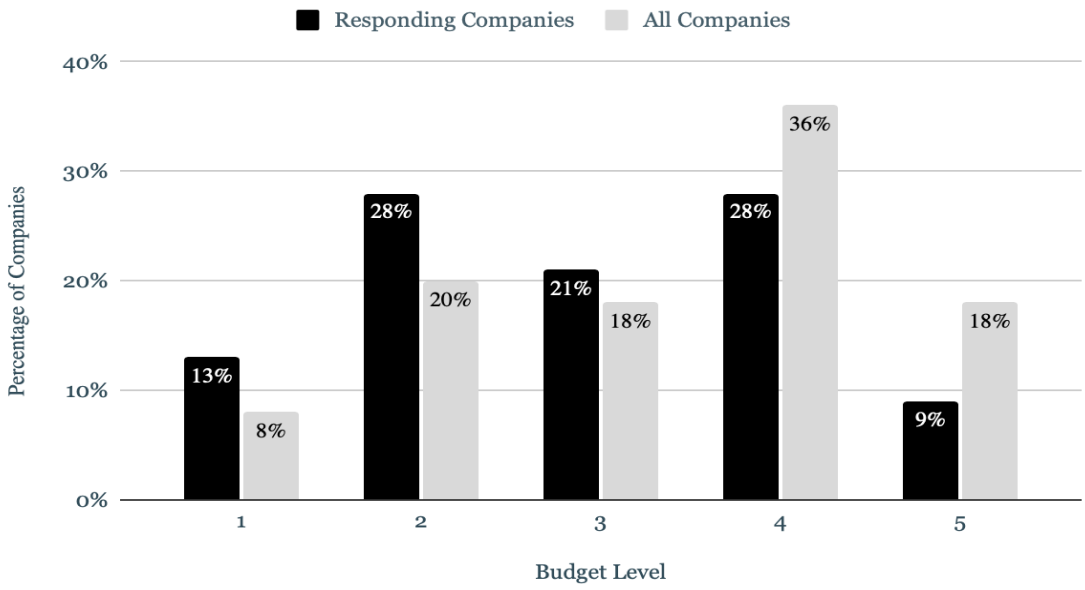
Last, survey participants who marked that their organizations provided opera-in-healthcare programming in the 2019-2020 season were invited to participate in a follow-up interview. Interviews were conducted between December 7th, 2020, and February 13th, 2021.

There were 67 complete responses to the survey, which represents a response rate of 41%. Figure 1 illustrates the budget levels of the companies that participated in the survey (black) and the budget levels of all OPERA America member companies at the time of the survey (grey). OPERA America lists members' budgets on their website; information from the time of recruitment in October 2020 is available in Appendix A. Companies are divided into five budget levels (1-5), with Budget Level 1 being the highest at over $15,000,000, and Budget Level 5 being the lowest at under $250,000. The histogram in Figure 1 shows that the sample population follows a similar distribution to the general population, with the exception of Budget

Level 4. Budget Level 4 is underrepresented in the sample population, but the overall distributions of the populations are similar. These data support the description of this sample as being representative of the larger population. Nine follow-up interviews were conducted; these companies' budget levels were as follows: five Budget Level 1 companies, three Budget Level 2 companies, and one Budget Level 4 company. In interview data, Budget Level 1 was overrepresented, while Budget Levels 2, 3, 4, and 5 were underrepresented.

Figure 1

Responding Companies and All OPERA America Companies by Budget Level



Data Collection Methods

The online survey, hosted on Qualtrics.com, was issued to opera companies via email after the initial contact through the OPERA America listserv. The survey was 32 questions and was estimated to take approximately 18-20 minutes to complete. All survey questions were optional. The survey covered how opera companies were budgeting for, staffing, planning, and creating their healthcare programming or healthcare partnerships in the 2019-2020 season (if

they did participate in healthcare programming). The survey was organized into five main sections: 1) partnership structure; 2) funding sources; 3) artist selection and training; 4) programmatic choices; and 5) evaluation. Some questions had "Other" as a text-entry option, which allowed participants to write in responses not present in the multiple-choice selections. Survey participants were also invited to follow-up interviews over Zoom, which focused on the origin of programming, goals and motivations, artist trainings, and evaluation efforts in their programming. Interviews took approximately 30 minutes and were recorded over Zoom. Nine interviews were conducted over Zoom from December 10th, 2020, to February 23rd, 2021.

Data Analysis Methods

Data from the survey were collected and descriptively analyzed in Microsoft Excel. They were analyzed via the percentages and visualization of the data for each survey item. The "Other" text-entry options were present in several questions; these responses were coded for themes and included in analysis as percentages. The resulting data analysis provided a useful overview of partnership and program details, such as the most common music programming offerings by opera companies to healthcare organizations and the percentages of paid artists in the field and the frequency and types of their trainings.

Interviews were recorded over Zoom and subsequently transcribed via Zoom's audio transcript feature; transcriptions were then reviewed for accuracy and entered into MAXQDA, a software for qualitative data analysis. Codes and themes were created using deductive and inductive coding. After two interviews, codes were reviewed and refined for improved analysis. This process was repeated again after two more interviews were conducted, and again before the final three interviews. Structural codes were created from research questions and interview

questions. Afterward, a short description of each code was created. All interviews were coded manually.

Ethical Considerations

The survey instrument was designed to primarily gather straightforward data regarding partnerships and programming. The main ethical consideration of the survey was safeguarding privacy and confidentiality of participants and obtaining consent, particularly for all questions, as it was necessary to allow participants to skip questions since completing survey questions is considered passive consent. Before taking the survey, the purpose of the study and the anonymity of responses in the study write-up was clarified with participants. To help to ensure confidentiality, identifying characteristics for individuals or organizations, such as names and emails, were removed from the study results.

Reliability/Validity

This study had the potential threat of social desirability bias, in that participants may have reported higher frequencies or superior outcomes for programs or other organizational behavior to support the value of the kind of programming being investigated. To help to mitigate this threat, a statement iterating the importance of honesty and complete anonymity of the data collection and analysis was included in the initial and any subsequent contact, particularly as the results could be useful to any organization in their planning of similar programs. Per the theoretical framework of this study, the resulting data can provide valuable information about current programming availability, possibilities for frameworks, and growth.

Despite the usefulness of survey instruments in collecting data, there was the possibility to introduce error. To improve nonresponse rates and mitigate nonresponse bias, email invitations were personalized, and potential respondents were asked if they would prefer a survey

via phone. To address issues of reliability and validity with the survey instrument, it was pre-tested with two opera-in-healthcare partners before being issued.

Limitations

The main limitation of this study was the COVID-19 pandemic. The outbreak of COVID-19 in March 2020 affected recruitment through contact with potential participants as well as participant responses and data, as opera companies' in-person programming was halted during social distancing. Another limitation was the Budget Level representation in interview participant data, which overly reflected companies in Budget Level 1 and did not reflect companies in Budget Level 3 or Budget Level 5.

Summary

This study used a mixed-method design to collect data from opera companies regarding their work in the arts-in-healthcare field. This project created a meaningful description of opera companies' healthcare partnerships and programming, and this description can be used to identify current areas of strengths and weaknesses in practice. The resulting data, shared with participants in the study, function as part of the theoretical framework which suggests that the data can be used to improve existing practices, create additional value within programs, or to develop new programming within healthcare settings.

Chapter Four: Presentation of Research

This chapter presents the main findings of the research of opera companies that provided healthcare programming in the 2019-2020 season. The chapter includes data from a survey and follow-up interviews and uses graphs to complement the summary. This section describes the responses to the three areas of research: 1) the origins and motivations of healthcare programming from opera companies, 2) how opera-in-healthcare programs are implemented, and 3) how the effectiveness of the programs is measured.

Healthcare Programming Status

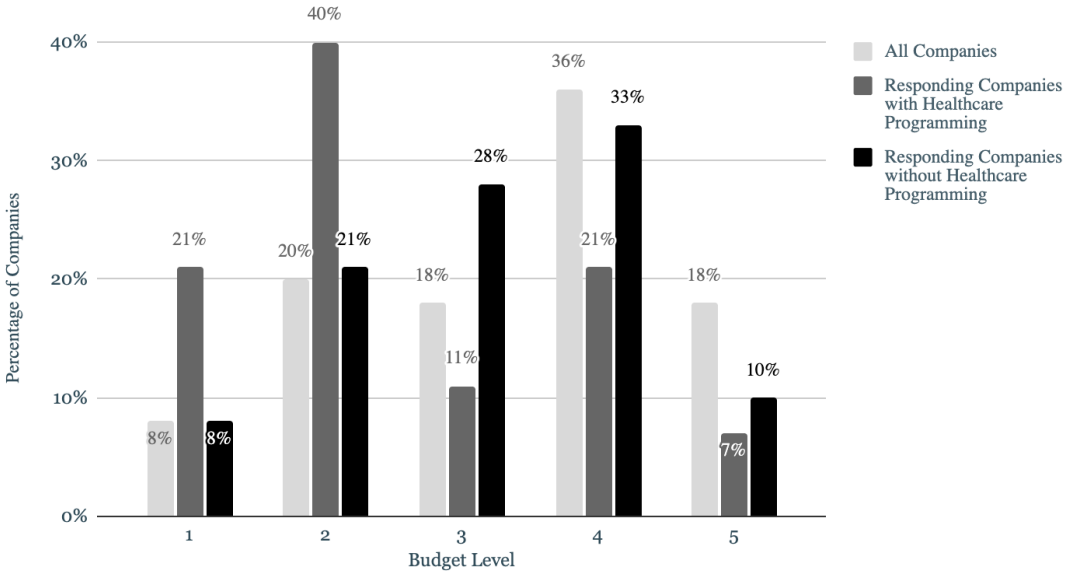
28 (42%) of 67 companies responding to the survey provided music programming to healthcare organizations in the 2019-2020 season, and 39 companies (58%) did not. 18 of these 39 companies had never offered healthcare programming in earlier seasons, nine were unsure if they had ever offered it, and 12 had offered healthcare programming previously. Of the 12 companies that had offered programming previously, six companies were prevented from offering healthcare programming during the 2019-2020 season due to the COVID-19 outbreak. Because they did not offer healthcare programming for the 2019-2020 season, they were not included further in this study's analysis of opera companies' healthcare programming.

Figure 2 shows the Budget Level histogram reflecting percentages of companies invited to the survey, percentages of responding companies with healthcare programming, and percentages of responding companies without healthcare programming. Budget Level 1, Budget Level 2, and Budget Level 4 responses illustrate a greater probability of companies in these categories to have offered healthcare programming than Budget Level 3 or Budget Level 5.

28 companies' survey responses and nine interviews were analyzed to respond to the three areas of research – the origins, implementation, and evaluation of opera companies' healthcare programming.

Figure 2

Budget Levels of Companies by Healthcare Status



Origins, Motivations, and Goals for Healthcare Programming and Partnerships

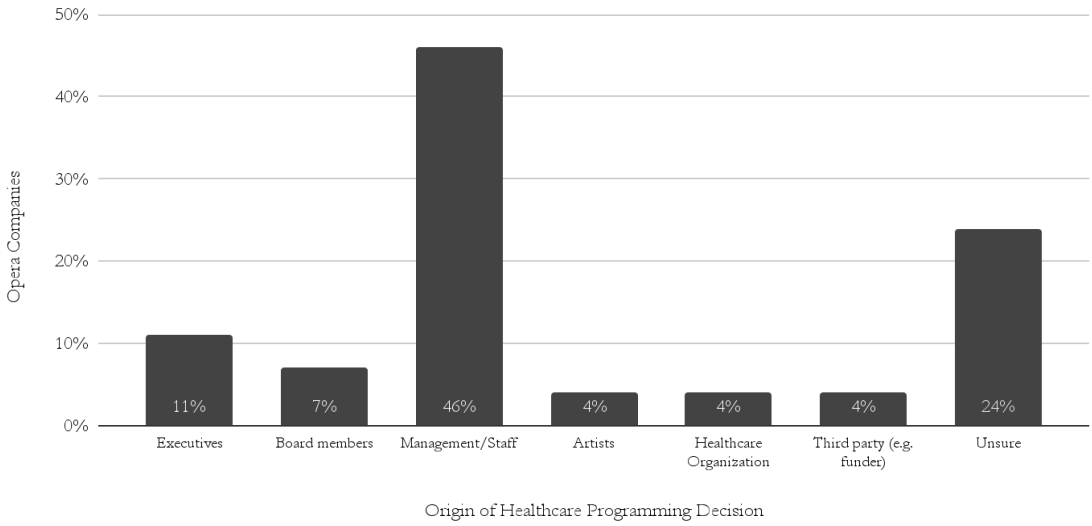
Origins

46% (n = 28) of companies indicated that their healthcare programming was initiated by their own management or staff. In the survey and interview responses, participants expressed their desire to build community relationships and meet community needs through their healthcare programs. These and additional motivations for healthcare programming will be addressed further in the next section. In contrast, only 4% (n = 28) marked that the programs were initiated by healthcare organizations. Figure 3 illustrates the origins of opera companies' healthcare programming as found by survey data. Interviews provided additional context for the origins of healthcare programming. All (nine) interview participants knew the origin of healthcare

programming from the organizations, and five were directly responsible or involved with making the decision for healthcare programming and/or for creating the partnerships that led to programming. Data regarding the selection of specific healthcare organizations provided further insight into the coordination that led to partnerships.

Figure 3

Origins of Healthcare Programming Decisions (n = 28)



In selecting healthcare organizations for partnership, the interview data highlighted the importance of existing connections to healthcare organizations; eight of the interviews iterated that healthcare programming began with existing relationships to individuals associated with the healthcare organizations. Without these connections, opera organizations encountered barriers creating partnerships; in fact, even initially contacting healthcare organizations in meaningful or generative ways was challenging. For example, one interview participant revealed that in outreach to hospitals for programming possibilities, few returned calls, emails, and other attempts for contact. This participant remarked, although the programming was offered at no cost to the hospital, "They got wary of us wanting to get something out of it for ourselves… like it's a

fear of their name being associated with someone else, opening a door to a plethora of nonprofits wanting to partner." Another interview participant helped to understand this issue further: "Every organization has their own set of structures and understanding of what's best for the residents they serve. It wouldn't surprise me if we ran into a partner who felt this wasn't the best fit." Understanding the structure of healthcare organizations and creating early plans for communication supported early partnerships.

Existing relationships and small programs, or pilots, helped to establish the early structures necessary for healthcare programming. Interview participants explained that smaller programs require fewer resources from either partner, and they served to create the initial frameworks for partnerships and facilitated the identification of the strengths and weaknesses of the current structures. These pilot programs, as one interview participant stated, assist companies in understanding "more about what is needed and how these facilities work with us as partners." As partners proceeded, they had the necessary information to discuss improving and tailoring programs to better suit their needs and resources. The importance of pilot programs bringing in additional contacts for partnership was mentioned in five of the nine interviews. Pilots helped organizations to understand how programming would be received and how impactful it could be, and, importantly, provided additional opportunities for communication regarding programming. When there was insufficient communication to establish these early programs, opera companies frequently turned to advocacy from individuals and third-party organizations.

In eight of the interviews, interview participants referenced an individual per organization as being responsible for promoting and encouraging the growth and development of healthcare partnerships. Three interview participants also referenced an outside organization that assisted the facilitation of the partnerships. Through these connections with advocate individuals and

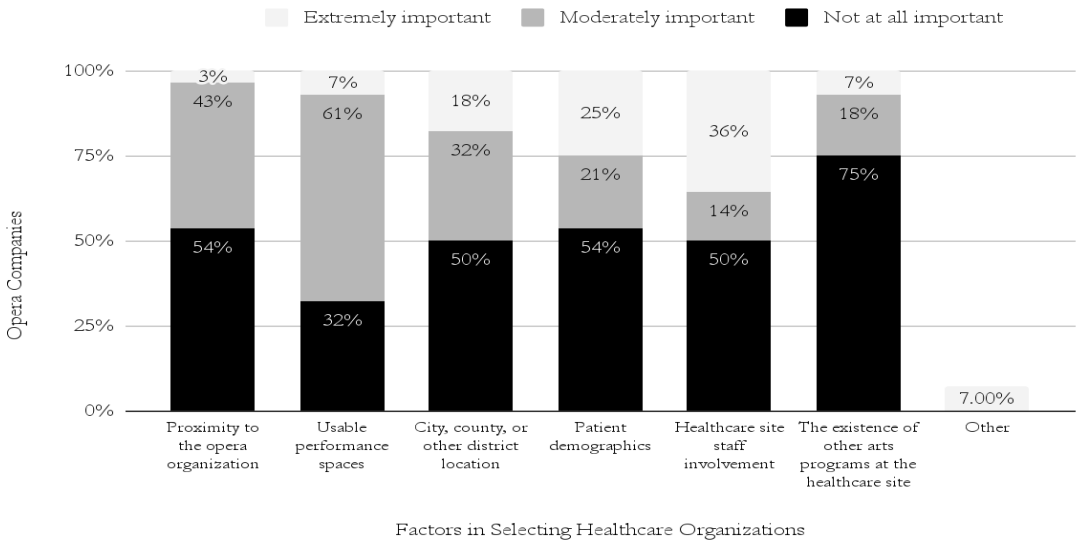
organizations, opera companies received increased access to resources, like funding opportunities and potential contacts for other partnership organizations. Two of the interview participants referred to this kind of individual as a "champion"; participants explained how difficult it is to maintain partnerships without someone consistently advocating within the healthcare organization. One respondent said, when referring to the importance of a person advocating for creating and maintaining partnerships, "Who's going to be the champion and the advocate and who really gets it?" Advocacy from these figures served to promote partnership initiation and stability. Communication between partners in program development and evaluation, as well as between partners and artists, was important to sustaining partnerships and is discussed further in a later section. Obtaining healthcare staff involvement, either through existing relationships, piloting programs, or advocacy, was shown to be an important marker for partnership.

The interview data is triangulated with the data from the survey, shown in Figure 4, in which "Healthcare site staff involvement" was the item marked "Extremely important" by the most respondents, with 36% (n = 28) of respondents stating this factor is "Extremely important" and a total of 50% (n = 28) of respondents marking the item with a level of importance. Curiously, 50% (n = 28) of respondents said this same factor was "Not at all important." Similarly, location was marked with some level of importance by 50% (n = 28) of respondents, while 50% (n = 28) marked the item "Not at all important." The least important factor for partnership across opera companies' responses, by far, was the existence of other arts programs at the healthcare organization; 75% (n = 28) of respondents stated the existence of other arts programs were "Not at all important", with 7% of companies marking the existence of other arts programs were "Extremely important" and 18% marking "Moderately important." There were

two “Other” text entry (write-in) responses for this survey question; one related that organizations were chosen in conjunction with a partner organization to help provide programming to specific health groups, and another stated that the locations within hospital organizations were chosen to increase foot-traffic and audience availability to the programs.

Figure 4

Important Factors in Selecting Healthcare Organizations (n = 28)



Capturing data on the origins of healthcare programming was essential to understanding how opera companies form partnerships; their motivations for partnership were also a central part of this study.

Motivations and Goals for Healthcare Programming

Opera companies’ motivations for developing healthcare programming were strongly tied to providing community-based services. One interview respondent clarified how opera organizations conceive of partners and services for their communities: “The goal is to find out what the broader goals of the partners and the community are and how they would like for us to help them achieve those goals.” Survey and interview data demonstrated that opera companies

aim to provide community services, and that these services are based on current and potential partners' self-identified needs and goals. On the subject of motivation and goals for providing healthcare programming, one interview respondent said:

> For all of our programs, we think of them as sort of Venn Diagrams. So the mission of [opera company] is absolutely bringing a love and knowledge of opera and engagement with opera with our entire community and letting there be no barriers, and of course the barrier of wellness, of mobility, is a huge barrier, and maybe these folks need it the most, and that intersected very elegantly with the hospital's goals.

A community-based goal was identified as the primary reason for providing healthcare programming in six of the interviews; other responses listed providing arts access as the primary goal. Survey data also showed the most important goal in opera companies' decisions to offer healthcare programming was to build community relationships ("Extremely important" 64%; "Very important" 18%, n = 28), followed by improving patients' and families' morale ("Extremely important" 43%; "Very important" 25%; n = 28) and improving healthcare staff members' morale ("Extremely important" 21%; "Very important" 21%, n = 28). Four (n = 28) survey participants added write-in responses for goals, specifically: "meeting an identified community need," "encouraging ticket sales," "providing an opportunity for youth artists to perform," and "rewarding past donors who can no longer come to the theater, but who are long-time opera subscribers." These write-in responses also indicated opera companies' attempts to meet perceived community needs.

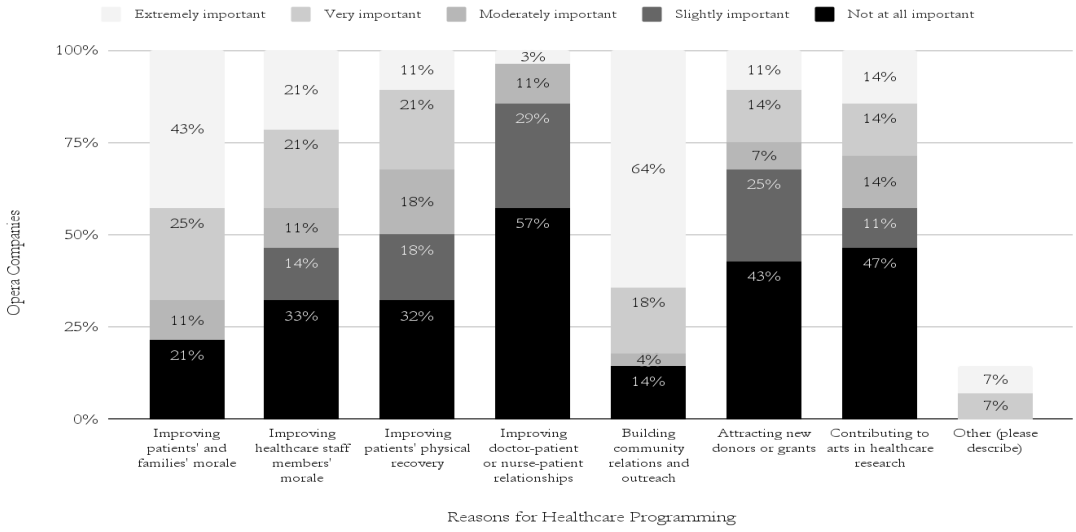
Data also supported that opera company administrative staff believed that music programming helped to increase feelings of wellness and social engagement for patients in healthcare spaces, and these beliefs were a driving force in their program design. All interview

participants referred to their opera in healthcare programs as benefiting patients, either by improving the hospital environment or through direct engagement with the music, artists, or other patients during programs.

Across opera company responses, the least important reason to provide healthcare programming, as identified in the survey results with 57% (n = 28) of respondents marking "Not at all important," was to improve doctor-patient or nurse-patient relationships. Most respondents marked that contributing to arts-in-healthcare research or attracting new donors or grants was important at some level (53% and 57% respectively, n = 28). 32% (n = 28) of respondents marked that improving patients' physical recovery was "Not at all important" in their decision to offer healthcare programming. Figure 5 shows the survey responses for companies' reasons to provide healthcare programming.

Figure 5

Reasons for Healthcare Programming (n = 28)



Opera companies' motivations for healthcare programming revealed a strong connection to the communities they serve and the interests, missions, and goals of their partners. Variations

in the needs of partners and the structures of partnerships affected the implementation of opera companies' healthcare programming.

Opera Companies' Implementation of Healthcare Programming

One of the primary aims of this study was to identify how opera organizations are currently providing music programming to healthcare organizations. Variation in types of programming was found in the literature to alter the perceived quality of programs as well as the impacts to patients and staff. As seen in the literature on arts-in-healthcare programs, the number of individuals experiencing these programs is expected to increase as additional healthcare organizations look to provide access to the arts for their constituents. Operational data, such as budgets and funding sources and the numbers of organizations and individuals reached, helped to provide a profile of how partnerships are sustained and developed. Tracking the kinds of music, the kinds of engagement (receptive or active participation) and their facilitation, and the reach of these programs is important in understanding the current scope of programming offered in partnerships.

Numbers Reached in the 2019-2020 Season and the Effect of COVID-19

The breadth of opera companies' participation in healthcare partnerships varied widely between organizations, although the number of individuals served was similar. It is important to note that 57% of companies offering healthcare programming in the 2019-2020 season reported fewer individuals reached and that six companies stated they were unable able to provide any kind of healthcare programming during this time because of COVID-19. Interview data clarified the impact of the COVID-19 outbreak further – organizations either postponed or cancelled programming or they transitioned programming to adjust for social distancing protocols. Some organizations were able to provide recitals or classes for healthcare organizations online or

outdoors. For example, one interview participant stated, “When the weather was still good enough that we could work outside… most of the places also livestreamed what we were doing into the rooms of people who weren’t comfortable being there in person.” Other organizations had difficulty offering online programming during the social distancing phase of the pandemic because of the complexity of creating online programming or partners’ lack of interest. On this topic, one participant said, “Some partners just weren’t interested in doing online programming,” although the opera company was offering video recordings in place of their usual live concerts. In six of the interviews, participants remarked that COVID-19 had created barriers that prevented programming completely with one or more of their partners. The main barriers cited in interview data were healthcare organizations not allowing outside groups into their facilities and the lack of available technology to display online performances within the healthcare sites. These differences between individual partner sites affected the possibility for continued programming during the COVID-19 outbreak, as some healthcare organizations were able to continue programming while others were not.

In the 2019-2020 season, the number of healthcare organizations reached by individual opera organizations varied from just one to over 11, although participant numbers were relatively low. The number of individuals reached in healthcare programming was 1-500 for 86% (n = 28) of opera companies. 7% of opera companies reached 501-1,000 individuals in these programs, and 7% reached 5,001-10,000 (n = 28). In interview data, participants explained how participant number data could vary from program to program. For example, programs might offer classes or other meetings with the same individuals for many weeks, keeping participant numbers low even for in-depth and recurring programming. Conversely, single recitals offered annually or quarterly might provide programming for a hundred or more people at a time. Both types of programs had

different engagement styles for participants but fall under the same category for number of individuals reached (1-500) in the survey, even though budgets could vary widely between the programs.

Budgeting for Healthcare Programming

Opera companies tend to rely on organizational budgets and private donors to fund healthcare programming. Survey participants were asked to approximate their percentages from the following possible sources: organizational budgets, private donors, grants specific to healthcare programming, other grants, or other sources. Qualtrics, the online survey program through which this survey was administered, offers a question type that allows survey participants to enter their percentages and ensures they add to a sum of 100 (percent). 32% (n = 28) companies relied solely on their organizational budget to fund healthcare programming; 46% (n = 28) used their organizational budget to fund 70% or more of their healthcare programming cost. 32% (n = 28) of companies used funds from private donors for healthcare programming, with 7% (n = 28) of companies relying completely on those funds. Only 11% (n = 28) of companies benefited from grants specific to healthcare programming.

In both survey and interview data, funding was identified as a barrier to creating more programming and/or improving existing programming. 75% (n = 28) of survey respondents said, if more funding were available, they would increase artist or staff compensation. 39% (n = 28) of companies would increase the number of sites they visited per season, and 35% (n = 28) would increase the frequency of visits for healthcare programming per season if additional funding were available.

Frequency of Visits and Types of Programming in the 2019-2020 Season

Nursing homes received the most frequent healthcare programming from opera companies. 71% (n = 28) of companies provided programming to nursing homes at least once during the 2019-2020 season, and 11% (n = 28) of companies provided this programming monthly or bimonthly. The next most common locations were hospitals (Academic/Teaching/University affiliated, Integrated Network, and Veterans Affairs). 68% (n = 28) of companies provided programming at least once in a hospital setting in the 2019-2020 season. One organization worked daily, and another worked weekly or biweekly, with a community health center to provide programming, and one organization worked weekly or biweekly with a mental health organization. No programming was offered by respondents to blood or platelet centers, but all other organizations received some kind of programming in the 2019-2020 season. There were no "Other" write-in text entry responses for this survey question. Figures 6 and 7 show the frequency of healthcare organization visits by healthcare organization type.

Figure 6

Frequency of Healthcare Site Visits in the 2019-2020 season by Healthcare Organization Type (Hospital Locations, n = 28)

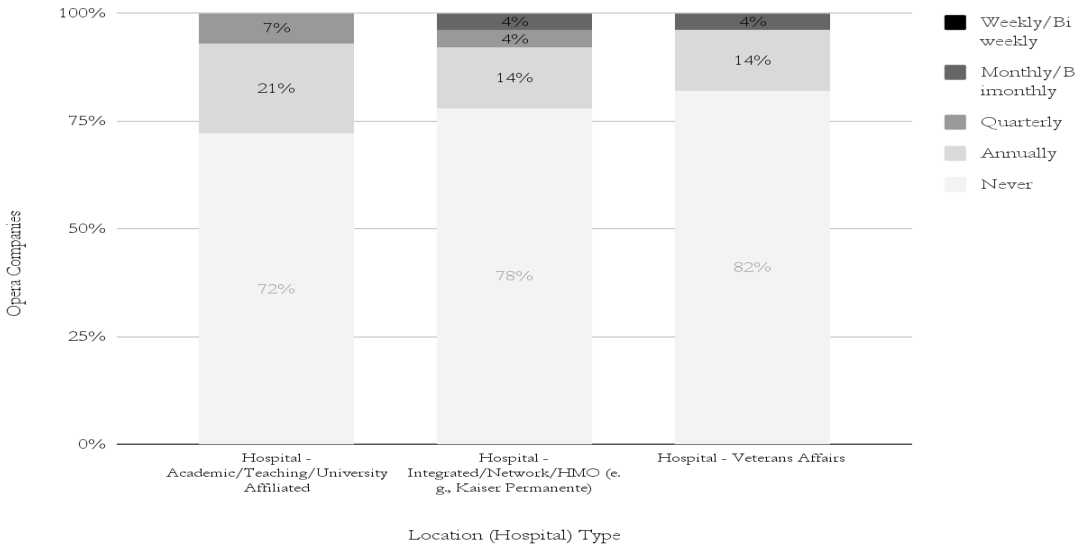
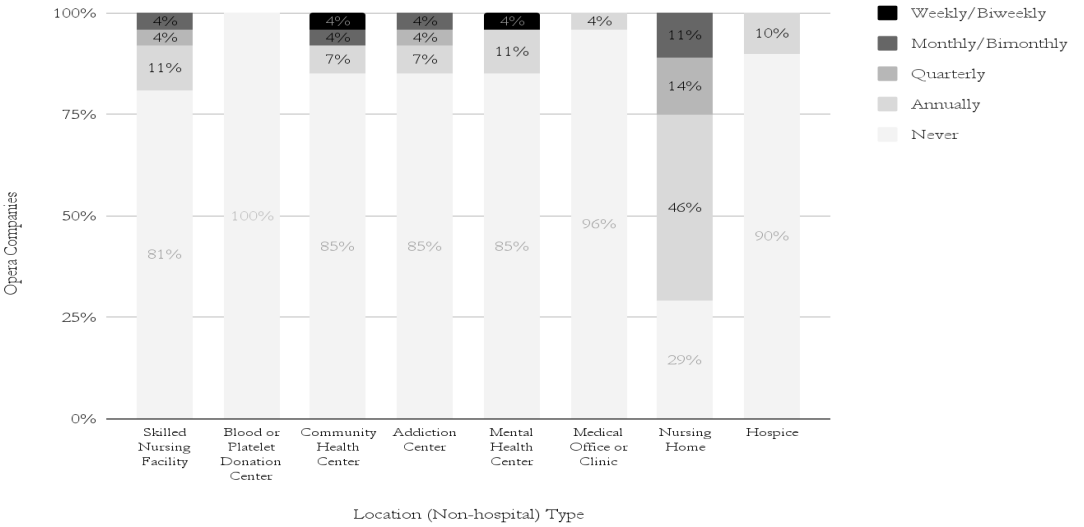


Figure 7

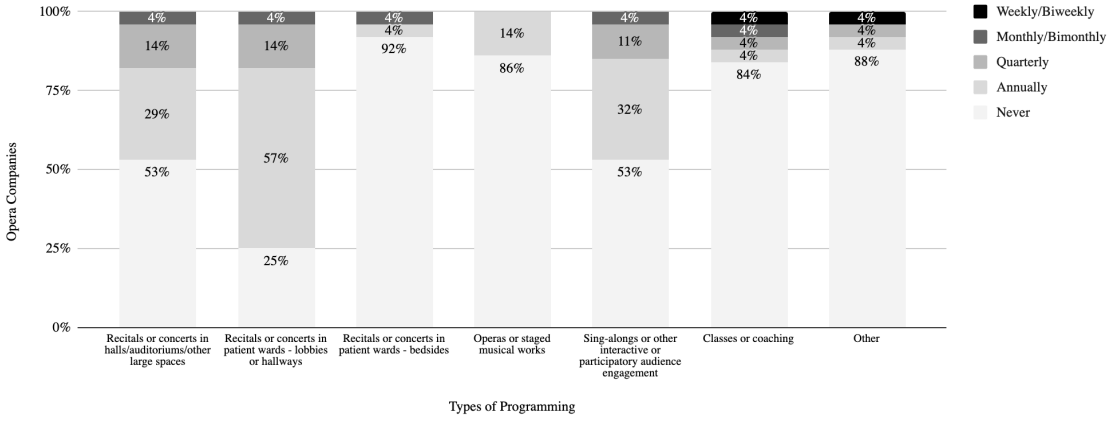
Frequency of Healthcare Site Visits in the 2019-2020 season by Healthcare Organization Type (Non-Hospital Locations, n = 28)



The most common types of musical offerings offered by opera companies in healthcare settings were recitals and/or concerts in patient wards, lobbies, or hallways, with 75% (n = 28) of companies reporting that they provided these services at least once in the 2019-2020 season and 14% (n = 28) of companies providing quarterly visits. 14% of companies (n = 28) provided operas or other staged works once during the season. Programs that provided sing-a-longs or other participatory audience engagement were also common; 47% (n = 28) of companies provided these kinds of participatory programming. There were three "Other" write-in text entries for this survey question; one stated that the respondent wished their organization did more of "these [programs]!", one stated their online recitals were offered quarterly to healthcare partners, and the last stated that their organization provided weekly/biweekly "creativity workshops (not performance based)" to healthcare partners. Figure 8 shows the types and frequencies of programs offered in the 2019-2020 season. Classes or coaching sessions were also available from 14% of companies (n = 28) to provide learning opportunities to hospital constituents.

Figure 8

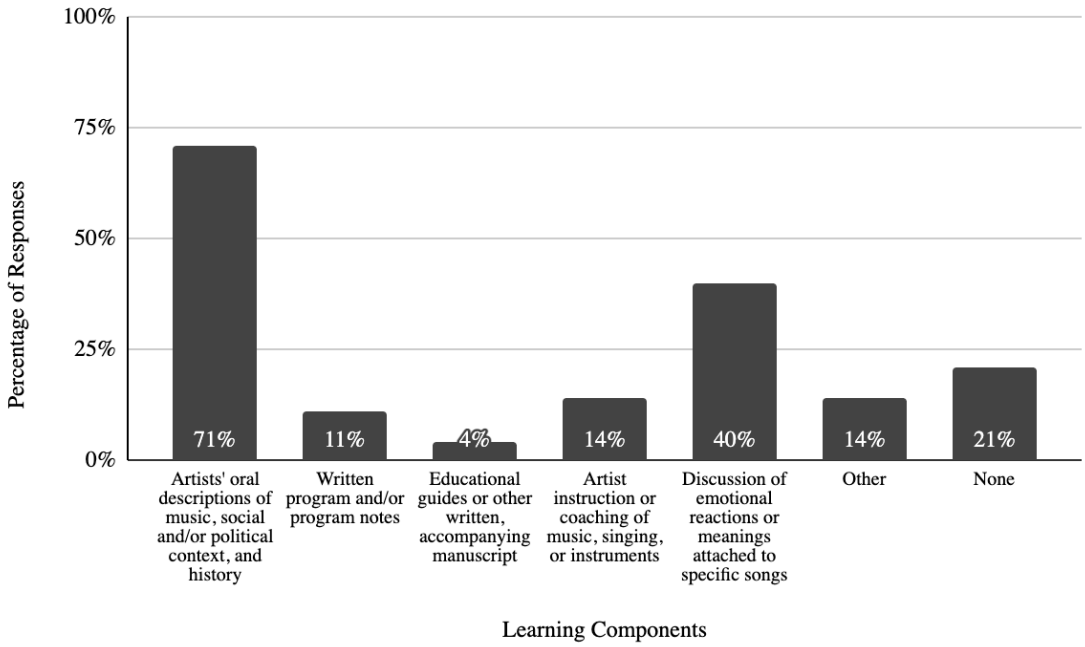
Types and Frequencies of Healthcare Programming Offered in the 2019-2020 Season (n = 28)



In the survey, respondents marked any types of learning items available in their healthcare programs. As shown in Figure 9, the most common type (71%, n = 28) of learning or educational content offered in healthcare programming was the artists' oral descriptions of the music, the social and/or political contexts of the music, and the history of the music being offered. The next most common (40%, n = 28) was a discussion of the emotional reactions or meanings attached to specific songs. There were three "Other" write-in text entry responses; one response stated the opera organization provides "restorative practice, trauma-informed instruction," one explained that "most [learning components] are creativity workshops that encourage active participation in the creative process," and one entered "physical movement and expression." 21% of responses (n = 28) indicated that there were no learning components to the healthcare programs.

Figure 9

Learning Components in Healthcare Programming in the 2019-2020 Season (n = 28)



Additional Partnerships and Offerings to Healthcare Organizations

32% (n = 28) of companies partner with organizations other than the healthcare partner in order to provide programming. 11% (n = 28) of the additional partnerships are with healthcare organizations (other than the healthcare organization receiving programming); interview data helped to explain that these additional healthcare partners can provide direction toward arts-needy audiences and guidance in the creation and tailoring of programs. An additional 11% (n = 28) of companies partner with arts (non-music) and non-healthcare organizations to provide programming, and 7% (n = 28) partner with other music organizations. There was one "Other" write-in text entry response; this company partners with a women's group home to help to provide programming. Besides music programming, 7% (n = 28) of organizations provide additional services to healthcare constituents in the form of free or low-cost tickets. There were no "Other" write-in text entries for additional services to healthcare organizations. These additional partnerships and offerings to healthcare organizations further developed and structured healthcare programming. In interview data, one respondent stated that their organization works with an additional partner to provide trainings for their artists who serve in healthcare programming.

Artists

Although administrators typically create and plan the programming, it is the artists who are tasked with carrying the programming to completion. Arts-in-healthcare literature relates the importance of artist interactions with healthcare constituents, and opera company administrators are aware of the role artists play in establishing connections with healthcare programming audiences. Survey and interview data from the current study illustrate artist engagement within these programs.

Opera companies have artists in healthcare settings that are either resident artists (32%, n = 28), meaning they work with the same organization(s) for a specific amount of time, or visiting artists (50%, n = 28), meaning the artists change as many times as programs are offered, or both (18%, n = 28). In interviews, two opera companies shared that artist residencies are their preferred models because they engender knowledge about the strengths and needs of the partners, their constituents, and even the locations of the healthcare organizations. On this point of knowing how to work with different healthcare organizations, one interview participant commented, "A classic model that then adapts to the different venues is a team of artists who are called to this kind of work and who enjoy this kind of work." The majority of artists working in these programs are not music therapists or therapeutic musicians. Only two (7%, n = 28) companies responded that they work with music therapists or therapeutic musicians to provide programming.

Artist Compensation for Healthcare Programming. Almost 11% (n = 28) of companies currently utilize the services of their artists in a volunteer capacity. In interview data, participants shared that volunteerism in healthcare programming stemmed from two categories: two companies engaged artists from their young artist programs (both high school and young professionals) or and one company engaged the artists from their mainstage productions in community engagement events, of which healthcare programming is part. The mean pay per hour is just under $70.

Important Characteristics for Artists in Healthcare Programming. Artist characteristics were important to opera-in-healthcare administrators. In the survey, respondents marked what they thought were the most important artist characteristics in healthcare programming; participants could mark as many items as were applicable. All interview

respondents stated that particular artist traits affected programming quality. On the subject of artists, one interview participant stated, “If a patient started to sing along or wanted to get up and start dancing… that would not be something that should throw the artist off in any way.” The most important characteristic for artists in healthcare programming, as shown by the survey, was attitude (71%), followed by vocal ability (57%). Figure 10 shows the 28 opera companies’ responses (n = 28). In the “Other” write-in text entry, one company responded by writing “empathy”.

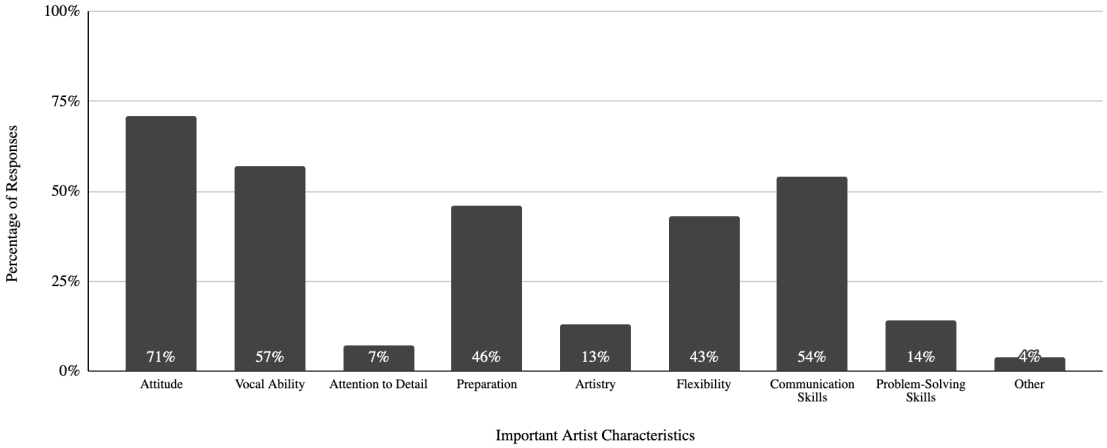
Data showed that artists are engaged by opera administrators for their attitudes and flexibility. In interviews, respondents commented that not all performing artists enjoyed the kind of engagement that healthcare work requires. One interview participant commented:

> It takes a person who’s comfortable in those situations. There are those who don’t want to be in close or in personal contact. They want to see it more as if they were on stage, even if they’re in a room, they want that separation.

Some programming requires direct engagement with hospital constituents and other programming involves a more formal performance style of presentation, and, as interview data further revealed, there are particular artists who best suit the uncommon nature of maintaining both styles of engagement.

Figure 10

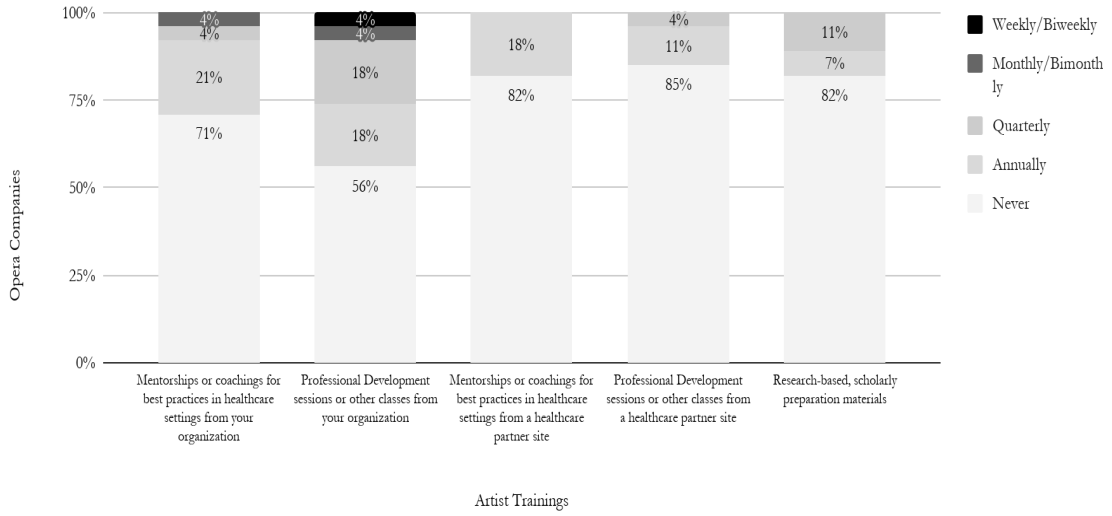
Most Important Characteristics for Artists in Healthcare Programming (n = 28)



Artist Preparation and Training. It is primarily opera companies providing support and training to artists engaging in healthcare programming. The most prevalent type (21%, n = 28) of artist training for work in healthcare settings was mentorships or coachings for best practices provided by the opera organization, followed by professional development sessions or other classes by the organization (18%, n = 28). Figure 11 shows the companies' responses to the kinds of training used for artists in healthcare programs.

Figure 11

Artist Trainings for Healthcare Programming in the 2019-2020 Season (n = 28)



In interviews, five respondents stated that artist training was about preparing artists for what to expect in healthcare settings, as performances in healthcare are likely to be different than artists' other performance experiences. One participant noted:

> Any artist who's going in and doing any of this sort of work should have the training so that they can be prepared and be safe because I think it's as much about patient and participant safety, but it's also really, really about artist safety, too, because it can be really tough to do this work and even with all of the best intentions, things can happen.

Another stated, "People [the audience] are going to get up and it has nothing to do with you [the artist]. It has everything to do with that they've got an appointment they've got to get to." Two interview participants commented how important it is to remind artists about HIPAA and privacy violations within hospital settings. In one interview, a participant stated that one of the trainings the opera organization would like to offer, but has yet to offer, would be a mental health service to artists in healthcare and other community programming. In addition to engaging with patients

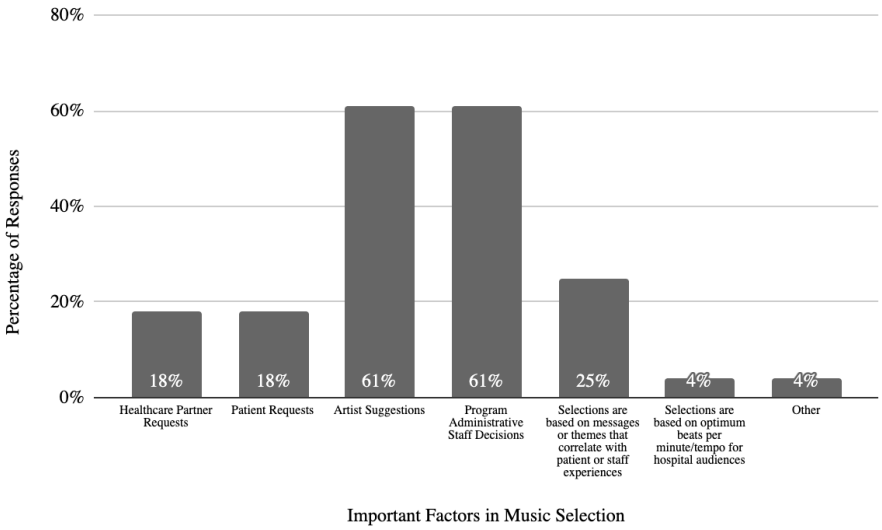
and hospital staff, the artists are also the conduits of the main deliverable for these healthcare programs, the music.

Music Selection

How opera companies select music for healthcare constituents, including those who may not have willingly volunteered to participate in the programs because of various ailments, is important to contextualize in how companies are providing programming. In the survey, respondents marked how music was selected for their healthcare programs. Figure 12 shows the survey responses by percentage. Interview data showed that opera companies select music based on the types of programs offered. Most interview participants stated they were selecting more popular music, or music that correlated with what they knew about the audiences' preferences, or music that had themes of happiness, wellness, and feelings of love and joy. One participant stated that their music was selected after some initial research into what provided feelings of connection to others. The importance of connecting to the community arose again in the survey write-in text entry response; the "Other" response stated that music selected was "often lined up to promote the latest main-stage show." In the survey, only one organization responded that it selects music based on "optimum beats per minute/tempo for hospital audiences."

Figure 12

Factors Influencing Music Selection for Healthcare Programming (n = 28)



How Companies Evaluate Their Healthcare Programming

Measuring the impact of arts in healthcare programming can create challenges for opera company administrative staff, many of whom may not be experts in healthcare or evaluation. This study aimed to address how opera companies were measuring the impact of their programming that serves healthcare constituents.

Evaluative Methods

Evaluative efforts from opera organizations varied. Overall, data from the survey and interview indicated that opera companies had difficulty finding the right method for evaluation and that they were actively looking to improve their efforts and current designs. In the survey, participants were asked to mark any evaluation methods they had used to measure impact or program effectiveness and successes in their healthcare programming. Artist reports (40%, n = 28), healthcare reports (40%, n = 28), and participation data (40%, n = 28) were the most common forms of evaluation, followed by surveys. Only 11% (n = 28) of companies had used an

external evaluation. Surprisingly, 29% (n = 28) of companies did not mark any form of evaluation. Figure 13 shows the kinds of evaluative methods used by companies.

In interviews, participants were asked what their requirements were for successful healthcare programs. In all interviews, participants stated that, even if they had other methodologies in place, they equated program success with meeting their partners' goals for programming. When healthcare partners reported to opera companies that they were pleased with the perceived impacts to program participants, opera companies considered programming successful. All interview respondents highlighted the importance of communication structures in program evaluation and restructuring to improve program impact; all stated that, regardless of other evaluation attempts, they discussed program successes and impacts regularly with healthcare partners. In one interview, a participant stated, "We've been measuring success so far with anecdotal and qualitative feedback, you know, hearing form the partners that they are pleased and literally being in a room and hearing this was the highlight of people's weeks." For these measurements of success, opera companies were in regular and ongoing contact with healthcare partners to assess how partners felt about programming. Although partner feedback was a broad measure of the success of programs and partnerships, deeper assessment of individual aspects of programs remained more complicated.

Healthcare programming data are protected by federal and state regulations, and this further complicates partners' ability to evaluate programming. In interviews, two organizations stated that their healthcare partners were resistant to evaluation; one participant presumed the hesitation was to protect healthcare constituents' privacy. Individuals' data, that could be used to identify participants, could not always be shared by opera companies in their program evaluation efforts. Items that might ordinarily be used to show the importance of other programming, such

as written participant feedback, audio or video recordings, or photographs, could be difficult to obtain and use due to these privacy issues.

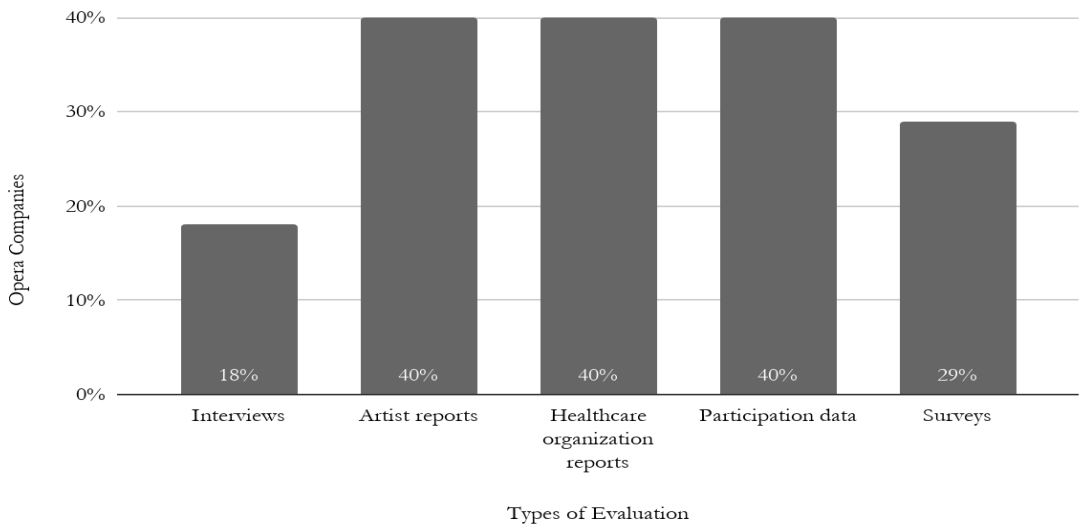
In interview data, participants shared that evaluating programs was difficult and they were continually interested in improved methods that reflected the unique nature of their healthcare programming. Opera companies are looking for quantitative methods for evaluation, although observational data proved to be helpful in relating the importance of programs to donors, upper administration, and other stakeholder groups. In one interview, a participant reflected the importance of observational data and the need for additional measures and said, "It's hard to know the lasting impact, but to be able to actually see that happiness, joy, laughter… it varies from room to room and facility to facility." Another interview respondent said, "Our best evaluation has been kind of observational, you know, tracking numbers, making observations, noting down reactions, and testimonials." On tracking numbers, another interview respondent commented:

> We're constantly advocating for a different kind of metric, because the standard metric of bums in seats, whether [participants] buy tickets and the engagement with the company increases, that isn't necessarily the goal of [this program]. There's also giving back to the community, which is often not necessarily on the number of people who have seen it, but the depth of the engagement or impact of that experience, and that is harder to measure.

Five companies stated in interviews that they were just beginning evaluation in any meaningful way and stated there were definitely improvements they knew they needed in evaluation. In combination with survey data, interview data point to the ongoing difficulty opera companies face in evaluating healthcare programming through regular participant metrics.

Figure 13

Types of Evaluation Used by Opera Companies in Healthcare Programming (n = 28)



Conclusion

This chapter summarized the main findings of the study with regard to the origins and motivations of opera in healthcare programming as well as its implementation and evaluation. This study found that opera in healthcare programs are primarily created and developed to provide services based on what community partners have identified as their own goals and needs for their constituents, and that it was important to have an advocate to grow and promote programming. Although the implementation of the programs was adversely affected by COVID-19, some companies continued to provide online programming during social distancing. The most common type of program offered in the 2019-2020 season was a recital in a performance space or patient ward of an academic, teaching, or university-affiliated hospital. Artists within these programs are typically compensated for their time and trained by the opera organization to prepare them for audience engagement, which may differ from other interactions in on-stage

performances. To this end, program administrators believed that there were specific qualities that best suited some artists over others for this kind of programming. Evaluation of the programs differed in scope across opera organizations, but most organizations evaluated programming through oral discussions with healthcare partners.

Chapter Five: Discussion

Introduction

This descriptive study was designed to generate data surrounding the programming offered by opera companies to healthcare organizations. Medical research provides evidence that supports the importance of music programming within healthcare settings and demonstrates the possible health and wellness benefits for healthcare patients, families, and staff. Despite the availability of medical literature on music interventions in healthcare, there is very little information on the facilitation of music programs by arts organizations, and there is even less information regarding opera companies' work in this discipline. This study aimed to fill this gap in the literature by addressing the following research questions:

1. What motivates opera companies' partnerships in healthcare?
2. How are opera-in-healthcare programs implemented?
3. How is the effectiveness of the programs measured?

To complete the study, a survey was issued to 165 opera companies in North America. 67 companies (41% of companies in North America as identified by OPERA America in October 2020) participated in the survey; the 28 survey respondents that offered healthcare programming in the 2019-2020 season were invited to follow-up interviews, and nine interviews were conducted. This chapter includes a discussion of the major findings of opera companies' work in the arts-in-healthcare field as related to the literature as well as a description of the implications that may be valuable for use by opera or other arts or healthcare organizations interested in the current state of the field. The chapter concludes with a discussion of the limitations of the study and areas for future research.

Summary and Interpretation of Findings

Opera companies' partnerships and programming in healthcare settings reflects the trajectory of arts organizations identified in the literature as institutions of social and educational benefit. Their work in providing music programming demonstrates a commitment to serving communities and tailoring community programing through shared expertise provided by partnership structures. As found in the literature, many partnerships required advocacy to initiate and expand programming, and the professionalization of partnerships as shown through communication and other infrastructures and protocols benefited these collaborations. Methodologies for artist trainings and evaluations for programs varied across companies, and companies were aware of the importance of these items in the improvement of their own work and the field.

Origins and Motivations for Healthcare Partnerships

Opera companies value their programs in healthcare because these programs meet the unique needs of individual communities; the main motivation for opera companies to create healthcare programming is to provide the services that support the attainment of their partners' goals. From interview data, it was clear that participants believed that music programming increased feelings of wellness and social engagement for patients in healthcare spaces and that these feelings had been reinforced by experience and feedback. However, the true motivation for these programs stemmed from the value that opera companies placed on providing their programming and resources in support of their communities.

The view of arts organizations as institutions of service for social and educational change was established in the literature, and the current study found that opera companies were motivated to effect positive change in healthcare communities. Opera companies place value in building community relationships and improving healthcare constituents' morale through their

healthcare programs. Their work in healthcare is driven by a belief that access to music improves quality of life; they believe that it is part of their missions to serve communities by providing this access. Even when discussing artist training, an interview respondent highlighted the importance of being in a position of service and stated, "It's about making sure that we're equipping artists to understand the environment that they're in and serving the folks that they're there to serve." This same statement also reveals an idea echoed throughout the survey and interview data; opera companies create uniquely sensitive programming to each community based on the information they receive from their environments, artists, and partners. This study only began to address the tailoring of these programs to specific audiences and their needs, but it clarified that opera companies are responding to how they perceive partners' goals and that these decisions are driving the planning and implementation of programs.

Planning, Implementation, and Challenges

The data from this study suggest that between 40-50% of opera companies provide healthcare programming, and that this programming is most often initiated by opera company administration and staff.[2] The literature surrounding programming underscores the importance of tracking programmatic decisions, particularly regarding music and artists, as differences in these decisions affect the impacts and quality of healthcare programs. In healthcare programming, opera companies face common challenges in creating and maintaining relationships with their partners, and they face unique challenges in creating the best programming for healthcare audiences.

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[2] Survey data revealed that six companies typically have healthcare programming, but did not offer it in the 2019-2020 season due to the COVID19 outbreak. This study focused on the 28 companies that did provide programing during the 2019-2020 season, which represented 42% of companies responding. With the addition of those six companies, that figure becomes 50%.

Establishing the Connections. Creating healthcare programming and partnerships can be challenging, and some partnerships were adversely affected by lack of communication structures and changes to healthcare administrative staff. Healthcare administrative staff involvement was more important than other logistical items in the creation of partnerships that support healthcare programming, as was the enlistment of third-party advocates. As found in the literature, aligning with third-party organizations can increase program visibility and cohesiveness among organizations, deepen present and future collaborations, and normalize the practice of sharing expertise, contacts, and resources (Stephens, 2019). 32% (n = 28) of opera companies in this study benefited from additional organizational partnerships, and interview data revealed these partnerships provide support for healthcare programs through resources for funding and new potential partner contacts. The individual advocates identified in interview data performed a similar function; these individuals were referred to as "champions" and were also instrumental for many partnerships in ensuring the development and continuation of the programs through their connections with resources. Interview participants indicated that advocates also provided a framework for communication between partners. Partnerships in this study benefited from the increased understanding of the structures of the programs and benefits to their constituents; pilot programs and advocacy helped opera companies create and improve connections.

Meeting Partner and Community Needs. To best meet the needs of their communities through programming, opera companies collaborate with partners through shared values to improve benefits and outcomes. Interviews revealed that, based on healthcare partners' collaboration, some programs were more oriented toward improving certain health or wellness outcomes and included structures to support them, such as restorative practices and trauma-

informed care for small groups of individuals. Other programs were designed to engage music lovers who might not otherwise have access to the opera house; these programs were focused on increasing arts access with larger participant numbers and offering music selections to bring joy and connectedness. Opera companies, in collaboration with their healthcare partners, are dedicated to creating the programming that best suits their constituents. These decisions are also important in establishing how programs are understood by both partners to function, and this understanding provides the necessary space for more collaboration and broader expansion of these programs and partnerships.

Challenges in Expanding, Sustaining, and Training. Expanding healthcare programming for larger audiences and to new partnerships can be difficult, and opera companies are currently limited by funding opportunities for healthcare programs. Even though over one-third of opera companies in this study (n = 28) would like to increase program frequency and the number of organizations that receive programming, many (46%, n = 28) opera companies rely heavily on their organizational budgets to sustain these efforts. Unfortunately, few opera companies benefit from grants for arts-in-healthcare programs, and lack of funding affects the possibilities for expansion and for increasing staff and artist compensation.

Opera companies are specific about the artists they engage for healthcare programs. Current literature suggests that those working within the healthcare field should be trained in skills like relationship building, engagement, and communication as best practices to ensure the well-being and improvement of health in patients and their families (Bee et al., 2008; Cramm & Nieboer, 2015). Artist engagement in these programs reflects what companies believe will meet the needs of their healthcare partners best – artists who are flexible, communicative, and

sensitive to healthcare constituents play important roles in creating and developing programming and partnerships.

Opera companies are aware of the challenges artists face when working in healthcare programming and prioritize selecting artists who support the mission of the programming with certain characteristics and audience engagement styles. As found in the literature and interview data, not all artists enjoy work in healthcare settings, and particular traits, such as attitude and flexibility, improve programmatic outcomes. These items help artists with some of the unique challenges to providing music in healthcare settings. For example, audience members may have different expectations of their own engagement with artists (e.g., they may unexpectedly sing along with artists) or need to leave during programs for health appointments or other reasons, and artists need to be prepared for these possibilities to ensure best outcomes. Opera companies have a variety of methods to prepare their artists for work in healthcare organizations, and interview data found that artist preparation was primarily focused on the kinds of engagement expected from healthcare audiences rather than how their interactions affect healthcare constituents. In this respect, training for artists is still marginal and would benefit from investigating how artists can best support their healthcare audiences. Survey and interview data stressed that knowledge of healthcare organizations and their unique structures supported partners' collaboration and programming.

The engagement of artists-in-residence may improve program quality by increasing artist engagement with healthcare constituents and their knowledge of the sites. In interview data, respondents referred to both the challenges of working with different healthcare organizations, as each has its own structure to navigate, as well as the benefits of knowing a partner organization well. The literature shows that resident artists help to bridge arts-in-healthcare partnerships by

providing artists with the time, space, and other resources that improve engagement with community-based work (Jackson, 2016). In the current study, survey data showed that 50% of opera companies use resident artists in some capacity in their healthcare programming, and interview data supported that participants believed programmatic quality increases when artists have deep knowledge of healthcare organization and constituent needs.

Data Collection and Methods

Available literature on arts-in-healthcare programs shows evaluation of these programs is challenging. The current study found that 29% (n = 28) of opera companies do not use any kind of evaluative methods to measure the impact or success of their healthcare programming. To qualify programs as successful, opera companies are likely to rely heavily on their partners' feedback regarding how programs are meeting patients' and partners' expectations and needs. When partners are pleased with program development and impact, opera companies, in interviews, stated that they understood programs to be successful. This is in alignment with opera companies' interactions in healthcare programming, which was found in this study to be driven by a desire to provide services for their communities and in which they relied on their partners as the experts in the field. It is not surprising that opera companies would equate program success with partners' expectations, but this study also found that opera companies are looking for more quantitative data that reflect the complexity of programs.

Creating effective evaluation protocols for these programs is important to the advancement of programming at local and more expansive levels, as evaluation plays a critical role in developing the services that support partnership goals as well as providing information to other stakeholders and funding sources. Evaluating healthcare programming more meaningfully is currently an area of investigation for opera companies. However, many companies use a

variety of methods to document program development and provide partners with opportunities to review the impact of programming for revision. Because of the private nature of healthcare programming, in which participant data can be protected by state and federal laws, and because it is difficult to measure the impact of the arts, evaluation designs for healthcare programming were nascent for most opera companies.

Across the data from this study, there was recurring evidence that although opera companies seek robust evaluation designs that could provide outcomes-based evidence to support claims of programmatic impact, capturing the importance of the programs was difficult. Despite the advances in research, the literature shows that programming within arts and healthcare settings usually lacks evaluation protocols and that valuation in arts often fails to show why participating in arts is different from other activities; this specific barrier to program evaluation was found in interview data for this study (Carswell, Reid, Walsh, McAneney, & Noble, 2019; Clifton & Camic, 2016; Daykin, Gray, McCree, & Willis, 2016). Commonly-used metrics, like tracking participant data, fail to reflect the deeper values of healthcare programming. The intimate and private nature of healthcare information and healthcare settings, the importance of focused work in health and wellbeing, and available and appropriate space for music activities in healthcare sites can limit participant numbers which can inaccurately reflect the popularity and importance of programs. Larger programs with bigger constituencies may not have the same effect with healthcare constituents who appreciate the close engagement with artists that smaller programs provide; measuring how many people attend programs regularly may not reflect individuals' intention to participate or the value of the programs within the community but instead indirectly capture the schedules of their healthcare services.

Opera-in-healthcare programming is just one area of community services provided by opera organizations, but there is a need to grow and professionalize these programs by normalizing evaluative protocols and practices for the improvement of the field. Normalization of best practices can only be achieved with increasing access to data surrounding current programs and partnerships and the continued reflection and investigation of existing and new data. This study, as well as the literature on arts partnerships, also suggests that evaluation plans are best designed at the outside as part of collaborative program planning. Partners should identify mutually agreed upon goals as well as the measurements required to assess movement toward goals. As opera-in-healthcare practitioners continue to establish important markers for field development, such as evaluative practices that support the importance of these small-constituency programs, interfield data networks and continued collaboration for data collection will benefit programs, partnerships, and their constituents.

Implications/Recommendations

The main goal for this study was to generate data regarding opera companies' planning and implementation of healthcare programming. Broadly, there are four main implications of this study. First, although the study provides data helping to establish the current state of the field, further research and collaboration is needed to further understand programming and evaluation practices. Opera companies' administrators planning these programs differently from one another, as they rely on partners' goals and feedback to inform programs and evaluation, and they are eager to know more about how other companies are working with healthcare partners and to have more data to improve their own programming. Providing a profile of these activities will allow for other organizations and researchers or policymakers to create studies, initiatives, and tools based on existing practice. New tools and data will allow for improvement of the field

and deeper examination into refining programming and dialogue for the benefits and impacts of these programs and their positionality in entertainment and wellness. Furthermore, structured collaborations between companies could fill the information gaps until more established databases and networks are created. These collaborations could be facilitated by a single opera company or a healthcare organization, or by a service organization, such as OPERA America, which already provides networking specific to other types of engagement programs, such as education programs.

The second implication of this study is that opera companies are creating, tailoring, and evaluating community programming to serve the interests and needs of their communities through the expertise provided by their partnerships, but how healthcare partners are establishing these interests and needs is unknown and likely unique to each healthcare organization. As a result, although programs may seem successful to partners, discussions of evaluation are very subjective and there may be many areas for program and partnership improvement that are currently overlooked. To improve the field and increase possible benefits for healthcare audiences, evaluation of healthcare programming needs additional support and reconsideration of the metrics used to measure success more objectively. From current literature, partners should at least account for artist engagement as well as music style in their evaluation efforts, but there are other possible areas for measurement, such as type of programming (receptive or active engagement) and frequency. Partners should establish evaluation metrics and a thorough plan before programming to ensure that both partners understand what constitutes success in programming and what markers will be used to relate this success between those partners and other stakeholders.

The third implication of the study is that artists need further training to support their work in healthcare programming. Although survey data showed that opera companies do provide training for artists, interview data revealed that these trainings are mostly informal discussions of what artists may experience in their work and that they do not provide additional detail into the best styles of engagement or music selection for healthcare audiences. Findings indicate that artists need additional support, based in research, to help them best engage with healthcare audiences in ways that promote increased program benefits and goal attainment. Artists could be trained in healthcare culture, interpersonal and communication skills, and the clarification of their roles within healthcare settings. How artists are assessed for these skills, and how these skills can be improved, is an area for further development within the arts-in-healthcare sector.

The fourth and final implication of the study is that advocacy for arts-in-healthcare programming is important to advancing access and improvements to the field. Opera companies, as institutions of social change, create programming to serve their communities. They accomplish this task through the expertise of their partnerships. The literature states that arts-in-healthcare programming, and particularly music and singing, is important and valuable for healthcare constituents, but expanding program outreach is limited by funding and access to additional partners. This study found that initial contact with potential partners is difficult even when programs are offered without financial responsibilities for the healthcare organization, but the literature, as well as the current study, show that healthcare administrators are increasingly bringing arts programming into their organizations by using their own organizational budgets (Lambert, 2015; Sonke, Rollins, Brandman, & Graham-Pole, 2009). Clearly, healthcare administrators are interested in arts programming, but how should opera companies make their initial contacts to establish partnership? Companies benefitted from local advocacy from third

parties, but further advocacy at broader levels would support expanding access to these programs by generating knowledge and interest in programming and funding opportunities to support partnership goals. Increasing knowledge and interest in the programs would provide additional benefit to the state of the field, which would support further research efforts in the methods for best engagement with healthcare constituencies.

Limitations of the Study

This study gathered data from opera companies across the United States and Canada in an effort to broadly describe and profile healthcare programs offered by these companies. One of the limitations of the study was the COVID-19 pandemic, which affected both the recruitment phase, as many companies suffered layoffs and furloughs, as well as the data collection phase, in which data were excluded from six additional companies that would have offered healthcare programming in the absence of the COVID-19 pandemic.

In March of 2020, the COVID-19 outbreak in the United States began to impact many sectors of the economy, including arts organizations and healthcare organizations. Social distancing and other health and safety protocols prevented regular in-person programming and group gatherings. Although, as found in interview data, some opera companies continued to provide online programming to healthcare organizations during the COVID-19 pandemic, survey and interview responses show a significant impact to healthcare programming during this time. Six companies which, in previous seasons, would have participated further in the study, were not included in additional data analysis because they did not provide healthcare programming in the 2019-2020 season due to COVID-19.

Another limitation of this study is the possibility for desirability bias and selection bias, particularly in the interview process. There is the possibility that the individuals who agreed to

participate in interviews were those who had a reason to discuss their programming at length, which selected for the companies who had the resources to create more programming than other companies. Because the interview data are triangulated with survey data, the possibilities for bias should be significantly reduced, but it is supported by the budgets of the companies that agreed to interviews, which were disproportionately (to the general population) Budget Level 1 companies. Additionally, there was the possibility that individuals felt pressured to inflate the reaches or impacts of existing programming in order to support the importance of these programs for this study. These limitations were addressed as much as possible in the recruitment design of this study, which stressed the importance of honest participation and made continued attempts at recruitment through a lengthy recruitment phase that lasted October 2020 through January 2021.

Finally, there were additional limitations caused by the study design itself. For example, survey data showed that the majority of healthcare programs in the 2019-2020 season served between 1-500 people, but the survey question did not specify how these numbers were being served and this leads to additional questions regarding the differentiation of programs within this same category. Some programs may have had engagement with the same individuals over a number of weeks and others may have offered a single recital annually; and both programs would be reflected in the same category. Although this study was designed to create a broad profile of programs and partnerships, additional research is required to further understand how these and other items are structured.

Future Research

These data provide a glimpse into how opera-in-healthcare programs are being implemented and evaluated, and they have led to a deeper understanding of the benefits and challenges of committed partner collaboration, as well as the important characteristics of

effective, sustainable partnerships. Common collaboration challenges and issues to healthcare programming and partnerships have also been identified.

Beyond evaluating the programs in order to meet internal programmatic goals, further research to align programs with intended impact is needed. How might an organization create a program design with a specific health impact (besides improving general wellness or exposure to the arts) in mind? Studying which programs best suit certain constituents and how to structure those programs in terms of artistry and music selection will be important to aligning intended results with specific impacts.

As found in this study and in the literature, artists' characteristics and their preparation for healthcare programming is important to programmatic impact. The findings illustrate a specific set of abilities and temperament that best suit artists for this work, and these may not necessarily be what is ordinarily expected of performing artists. Although this analysis was important in identifying these characteristics, organizations and researchers need to explore how to support arts organizations and their artists and staff in further healthcare practice. What are the evolving best practices to support professional development amongst artists as well as the arts-in-healthcare administrators? Building the field's understanding of how to create and present such professional development could be furthered by gathering experiences and recording best practices in training that are currently available and identifying gaps in provisions to be addressed.

Finally, additional research could help to identify the strategies for successfully creating and maintaining these partnerships. How can administrators be supported with skill development to seek funds for healthcare programming, and how can they be prepared for creating stronger partnerships? The importance of the support for partnership from hospital organizations emerged

throughout the study. How opera companies create and maintain these relationships, and how partnerships emerge from careful planning, is important in creating generative programming. There is a question for leadership in how administrators work as leaders to direct their organizations and partnerships toward the best outcomes for their constituencies.

Potential Roles for Funders and Policymakers

Arts-in-healthcare funders and policymakers at the local, state, and national levels have unique roles to play in supporting equitable access to healthcare constituents. What can foundations and policymakers contribute to supporting in-depth arts partnerships and access to the arts? What additional resources, besides direct funding, can be provided? How can disease and health status be destigmatized for societal thinking and within specific communities who continue to lack regular access to healthcare, and will the arts play a part? Currently, federal programs have recognized the importance of arts-in-healthcare services; new collaborative efforts between government and private sector agencies continue to grow. However, there is a need to expand research and program funding.

Conclusion

Opera companies serve their communities through the resources and skillsets they possess. With healthcare organizations as partners, opera companies have created the music programming they believe supports community improvement through their partners' missions and goals for their constituents. Although opera companies are providing music programming in meaningful ways through partnership, administrators acknowledge there is room to improve the work they do through improved artist training, support, and evaluation. These findings are aligned with current literature on arts-in-healthcare programming, which encourages further

study of the field to improve programs and expand access to what the medical communities have found to be beneficial for healthcare constituents.

Providing access to the arts in healthcare settings has been repeatedly demonstrated to improve healthcare outcomes in medical literature. The arts organizations that can provide arts programming in these settings are limited by the available literature on the planning, implementation, and evaluation of programs, which compounds the difficulty of creating the programming that is most beneficial to artists working in these programs and the healthcare constituents they serve. Continuing to add data surrounding the activities of arts organizations working in the arts-in-healthcare field improves organizations' opportunities to make meaningful change.

Appendices

Appendix A: Opera Companies Invited to the Survey

Company	City	State	Budget
Against The Grain Theatre	Toronto	ON	4
American Lyric Theater	New York	NY	4
Anchorage Opera	Anchorage	AK	4
Annapolis Opera	Annapolis	MD	4
Ardea Arts - Opera Out Of Bounds	New York	NY	4
Arizona Opera	Phoenix	AZ	2
Atlanta Opera	Atlanta	GA	2
Austin Opera	Austin	TX	2
Baltimore Concert Opera	Baltimore	MD	5
Beth Morrison Projects	Brooklyn	NY	3
Boston Lyric Opera	Boston	MA	2
Boston Opera Collaborative	Boston	MA	5
Calgary Opera Association	Calgary	AB	2
Canadian Opera Company	Toronto	ON	1
Cedar Rapids Opera Theatre	Cedar Rapids	IA	4
Center for Contemporary Opera	New York	NY	4
Central City Opera	Wheat Ridge	CO	2
Chants Libres	Montréal	QC	0
Charlottesville Opera	Charlottesville	VA	4
Chautauqua Opera	New York	NY	3
Chelsea Opera	New York	NY	5
Chicago Opera Theater	Chicago	IL	3
Cincinnati Opera	Cincinnati	OH	2
Dallas Opera	Dallas	TX	1
Dayton Opera	Dayton	OH	4
Delaware Valley Opera	Callicoon	NY	5
Delaware Valley Opera	Narrowsburg	NY	5
Des Moines Metro Opera	Indianola	IA	3
DuPage Opera Theatre	Glen Ellyn	IL	5

Edmonton Opera	Edmonton	AB	2
El Paso Opera	El Paso	TX	4
Encompass New Opera Theatre	Brooklyn	NY	5
Eugene Opera	Eugene	OR	4
Experiments in Opera	Brooklyn	NY	5
Fargo-Moorhead Opera	Fargo	ND	4
Finger Lakes Opera	Rochester	NY	5
Florentine Opera Company	Milwaukee	WI	2
Florida Grand Opera	Fort Lauderdale	FL	2
Florida Grand Opera	Miami	FL	2
Fort Worth Opera	Fort Worth	TX	2
Fresh Squeezed Opera Company	New York	NY	5
Glimmerglass Festival	Cooperstown	NY	2
Greensboro Opera	Greensboro	NC	4
Guerilla Opera	Haverhill	MA	5
Hawaii Opera Theatre	Honolulu	HI	2
Haymarket Opera Company	Chicago	IL	4
Heartbeat Opera	New York	NY	5
Heartland Opera Theatre	Joplin	MO	5
HERE	New York	NY	4
Houston Grand Opera	Houston	TX	1
IN Series	Washington	DC	4
Indianapolis Opera	Indianapolis	IN	4
Inland Northwest Opera	Coeur d'Alene	ID	4
Intermountain Opera Bozeman	Bozeman	MT	4
Kentucky Opera	Louisville	KY	3
Knoxville Opera	Knoxville	TN	3
Lamplighters Music Theatre	San Francisco	CA	3
Livermore Valley Opera	Livermore	CA	4
Long Beach Opera	Long Beach	CA	3
Los Angeles Opera	Los Angeles	CA	1
Lyric Opera of Chicago	Chicago	IL	1
Lyric Opera of Kansas City	Kansas City	MO	2

Lyric Opera of the North	Duluth	MN	5
Madison Opera	Madison	WI	3
Manitoba Opera	Winnipeg	MB	3
Metropolitan Opera	New York	NY	1
Michigan Opera Theatre	Detroit	MI	1
Mill City Summer Opera	Minneapolis	MN	4
Minnesota Opera	Minneapolis	MN	2
Musical Traditions, Inc./The Paul Dresher Ensemble	San Francisco	CA	4
Nashville Opera	Nashville	TN	3
National Sawdust	Brooklyn	NY	5
Nautilus Music-Theater	St. Paul	MN	4
New Camerata Opera	New York	NY	5
New Orleans Opera Association	New Orleans	LA	2
North Carolina Opera	Raleigh	NC	3
Odyssey Opera	Malden	MA	3
On Site Opera	New York	NY	4
OPERA America	New York	NY	3
Opera Atelier	Toronto	ON	2
Opera Birmingham	Birmingham	AL	4
Opera Carolina	Charlotte	NC	2
Opera Colorado	Englewood	CO	2
Opera Columbus	Columbus	OH	3
Opera Cultura	Oakland	CA	4
Opéra de Québec	Québec	QC	3
Opera For The Young	Madison	WI	4
Opera Idaho	Boise	ID	3
Opera in the Heights	Houston	TX	4
Opera In The Rock	Little Rock	AR	5
Opera Ithaca	Ithaca	NY	5
Opera Kelowna	Kelowna	BC	5
Opera Lafayette	Washington	DC	3
Opera Lancaster	Lancaster	PA	5
Opera Las Vegas	Las Vegas	NV	5

Opéra Louisiane	Baton Rouge	LA	4
Opera Maine	Portland	ME	4
Opera Memphis	Memphis	TN	3
Opera Mississippi	Jackson	MS	5
Opera Modesto	Modesto	CA	4
Opera Naples	Naples	FL	3
Opera North (U.S.)	Lebanon	NH	4
Opera Omaha	Omaha	NE	2
Opera on Tap	Brooklyn	NY	5
Opera on the Avalon	St. John's	NL	4
Opera on the James	Lynchburg	VA	4
Opera Orlando	Orlando	FL	4
Opera Parallèle (Opera Parallele)	San Francisco	CA	3
Opera Philadelphia	Philadelphia	PA	1
Opera Roanoke	Roanoke	VA	4
OPERA San Antonio	San Antonio	TX	3
Opera San José	San José	CA	2
Opera Santa Barbara	Santa Barbara	CA	3
Opera Saratoga	Saratoga Springs	NY	3
Opera Southwest	Albuquerque	NM	4
Opera Steamboat	Steamboat Springs	CO	4
Opera Tampa	Tampa	FL	4
Opera Theatre of Saint Louis	Saint Louis	MO	2
Opera.ca	Toronto	ON	1
Orchestra of New Spain	Dallas	TX	4
Pacific Opera Project	Los Angeles	CA	4
Pacific Opera Victoria	Victoria	BC	2
Painted Sky Opera	Edmond	OK	5
Palm Beach Opera	West Palm Beach	FL	2
Pensacola Opera	Pensacola	FL	3
Piedmont Opera	Winston-Salem	NC	3
Pittsburgh Festival Opera	Pittsburgh	PA	4
Pittsburgh Opera	Pittsburgh	PA	2

Pocket Opera	San Francisco	CA	4
Portland Opera	Portland	OR	2
Resonance Works | Pittsburgh	Pittsburgh	PA	5
Sacramento Philharmonic & Opera	Sacramento	CA	4
Salt Marsh Opera	Stonington	CT	4
San Diego Opera Association	San Diego	CA	2
San Francisco Opera	San Francisco	CA	1
Santa Fe Opera	Santa Fe	NM	1
Sarasota Opera	Sarasota	FL	2
Saskatoon Opera	Saskatoon	SK	4
Seattle Opera	Seattle	WA	1
Shreveport Opera	Shreveport	LA	4
Solo Opera	Concord	CA	5
Soundstreams Canada	Toronto	ON	0
Spoleto Festival USA	Charleston	SC	3
Tacoma Opera	Tacoma	WA	4
Tapestry Opera	Toronto	ON	4
The American Opera Project	Brooklyn	NY	4

Appendix B: Survey Protocol

Opera in Healthcare Partnerships and Programming

Start of Block: Introduction

Q1 Thank you for participating in the **Opera in Healthcare Partnerships and Programming Survey**. I am conducting this survey as part of my doctoral dissertation and independently from any organization. The survey data will help this study to identify opera in healthcare programming, its desired and observed outcomes, and its methods of evaluation.

Defining Opera in Healthcare Partnerships and Programming:
For the purposes of this study, I am defining opera in healthcare programming as singing or playing opera within a healthcare location (e.g. hospitals, hospices, nursing homes, clinics or medical offices, mental health and addiction treatment centers, or other). The survey will primarily ask about the 2019-2020 season.

Confidentiality:
The survey should be completed by the administrator of your organization's community programming. All individual responses will be kept confidential. You and your organization will not be identified in the results, which will be shared with participating organizations. Please answer honestly. These data may help opera and other organizations benchmark practices for the improvement of the field.

The survey will take approximately 7-8 minutes to complete, and it can be accessed via computer, tablet, or mobile device.

End of Block: Introduction

Start of Block: Opening

Q2 Please enter your **organization's name**

_____

Q3 Did your organization offer opera or music programming in healthcare sites in the 2019-2020 season?

- ○ Yes (1)
- ○ No (2)

End of Block: Opening

Start of Block: No Current Healthcare Programming

Display This Question:

If Did your organization offer opera or music programming in healthcare sites in the 2019-2020 season? = No

Q4 In the 2019-2020 season, what kinds of partnerships did your organization participate in to provide music or opera programming? (Select one or more responses)

- ☐ Veterans organizations (1)
- ☐ Unhoused organizations (2)
- ☐ Other opera or music organizations (3)
- ☐ K-12 organizations (4)
- ☐ Higher education organizations (5)
- ☐ Women's organizations (6)
- ☐ Addiction and Mental Health organizations (7)
- ☐ Religious organizations (8)
- ☐ Other arts organizations (9)
- ☐ Other (10) _____
- ☐ None (11)

Display This Question:

If Did your organization offer opera or music programming in healthcare sites in the 2019-2020 season? = No

Q5 Has your organization offered opera or music programming in healthcare sites in previous seasons? (Select one response)

- ○ Yes (1)
- ○ No (2)
- ○ Unsure (3)

Display This Question:

If Has your organization offered opera or music programming in healthcare sites in previous seasons?... = Yes

And Did your organization offer opera or music programming in healthcare sites in the 2019-2020 season? = No

Q6 Why was programming in healthcare sites stopped? (Select one or more responses)

- ☐ Budgetary reasons (1)
- ☐ Relationship(s) with healthcare site(s) changed (2)
- ☐ Staffing or artist changes (3)
- ☐ Other (please describe) (4) _____

Display This Question:

If Did your organization offer opera or music programming in healthcare sites in the 2019-2020 season? = No

Q7 Do you plan to offer programming in healthcare sites in upcoming seasons? (Select one response)

- ○ Yes (1)
- ○ No (2)
- ○ Unsure (3)

Display This Question:

If Did your organization offer opera or music programming in healthcare sites in the 2019-2020 season? = No

Q8 Which of the following have you found to be barriers to implementing healthcare programming? (Select one or more responses)

- ☐ Funding needs (1)
- ☐ Staffing needs (2)
- ☐ Creating or establishing relationships with healthcare organizations (3)
- ☐ Time constraints (4)
- ☐ Access to training for healthcare programs (5)
- ☐ Buy-in from opera organization administrators (6)
- ☐ Other (7) _____
- ☐ None (8)
- ☐ Unsure (9)

Skip To: End of Survey If Which of the following have you found to be barriers to implementing healthcare programming? (Sel... = Funding needs

Skip To: End of Survey If Which of the following have you found to be barriers to implementing healthcare programming? (Sel... = Staffing needs

Skip To: End of Survey If Which of the following have you found to be barriers to implementing healthcare programming? (Sel... = Creating or establishing relationships with healthcare organizations

Skip To: End of Survey If Which of the following have you found to be barriers to implementing healthcare programming? (Sel... = Time constraints

Skip To: End of Survey If Which of the following have you found to be barriers to implementing healthcare programming? (Sel... = Access to training for healthcare programs

Skip To: End of Survey If Which of the following have you found to be barriers to implementing healthcare programming? (Sel... = Buy-in from opera organization administrators

Skip To: End of Survey If Which of the following have you found to be barriers to implementing healthcare programming? (Sel... = Other

Skip To: End of Survey If Which of the following have you found to be barriers to implementing healthcare programming? (Sel... = None

Skip To: End of Survey If Which of the following have you found to be barriers to implementing healthcare programming? (Sel... = Unsure

End of Block: No Current Healthcare Programming

Start of Block: Partnership Structure

Q9 In the 2019-2020 season, how many different healthcare sites received your opera or music programming?

▼ 1 (1) ... 11 or more (11)

Q10 In the 2019-2020 season, how many people were served in your healthcare programming? (Select one response)

- ○ 0-500 (1)
- ○ 501-1,000 (2)
- ○ 1,001-5,000 (3)
- ○ 5,001-10,000 (4)
- ○ 10,001-20,000 (5)
- ○ 20,000+ (6)
- ○ Unknown (7)

Q11 Was your 2019-2020 number served by healthcare programming affected by COVID19? (Select one response)

- ○ Yes, the number is larger than in previous years (we reached more people) (1)
- ○ No, the number is the same or similar to previous years (we reached the same number of people) (2)
- ○ Yes, the number is less than in previous years (we reached fewer people) (3)

Q12 How long have you offered opera or music programming to healthcare sites?

▼ 1 year (1) ... 6+ years (6)

Q13 How important was each factor in selecting the health sites? (Please select one response for each)

	Not at all important (1)	Moderately important (2)	Extremely important (3)
Proximity to the opera organization (1)	○	○	○
Usable performance spaces (2)	○	○	○
City, county, or other district location (3)	○	○	○
Patient demographics (4)	○	○	○
Healthcare site staff involvement (5)	○	○	○
The existence of other arts programs at the healthcare site (6)	○	○	○
Other - Please describe (7)	○	○	○

Q14 In the 2019-2020 season, did your organization partner with other groups or organizations (besides the healthcare partner organization) to offer programming at healthcare locations? (Select one or more responses)

- ☐ Yes - with other music organizations (1)
- ☐ Yes - with other arts (non-music) organizations (2)
- ☐ Yes - with other healthcare groups or specialists (3)
- ☐ Yes - Other (please describe) (4) _____
- ☐ No (5)

Q15 In the 2019-2020 season, how often did the following types of healthcare sites receive your programming? (Select one response for each type of healthcare site)

	Never (1)	Annually (2)	Quarterly (3)	Monthly/Bimonthly (4)	Weekly/Biweekly (5)	Daily (6)
Hospital - Academic/Teaching/University Affiliated (1)	○	○	○	○	○	○
Hospital - Integrated/Network/HMO (e.g., Kaiser Permanente) (2)	○	○	○	○	○	○
Hospital - Veterans Affairs (3)	○	○	○	○	○	○
Hospice (4)	○	○	○	○	○	○
Nursing Home (5)	○	○	○	○	○	○
Medical Office or Clinic (6)	○	○	○	○	○	○
Mental Health Center (7)	○	○	○	○	○	○
Addiction Center (8)	○	○	○	○	○	○
Community Health Center (9)	○	○	○	○	○	○
Blood or Platelet Donation Center (10)	○	○	○	○	○	○
Skilled Nursing Facility (11)	○	○	○	○	○	○
Other (please describe) (12)	○	○	○	○	○	○

Q16 In the 2019-2020 season, how often were the following spaces used for your healthcare programming? (Please select one response for each)

	Never (1)	Annually (2)	Quarterly (3)	Monthly/Bimonthly (4)	Weekly/Biweekly (5)	Daily (6)
Recitals or concerts in halls/auditoriums/other large spaces (1)	○	○	○	○	○	○
Recitals or concerts in patient wards - lobbies or hallways (2)	○	○	○	○	○	○
Recitals or concerts in patient wards - bedsides (3)	○	○	○	○	○	○
Operas or staged musical works (4)	○	○	○	○	○	○
Sing-alongs or other interactive or participatory audience engagement (5)	○	○	○	○	○	○
Classes or coaching (6)	○	○	○	○	○	○
Other - please describe (7)	○	○	○	○	○	○

Q17 In the 2019-2020 season, what percentage of your healthcare programming budget came from the following sources? (Please enter approximate percentages; total sum must equal 100)

Organizational budget : _____ (1)
Private Donors : _____ (2)
Grants specific to healthcare programming : _____ (3)
Other grants : _____ (4)
Other source : _____ (5)
Total : _____

Q18 In the 2019-2020 season, how much of your organization's community programming budget was used for healthcare programming? Please slide the button to the approximate percentage.

	0 10 20 30 40 50 60 70 80 90 100
Percentage ()	

Q19 Are you interested in making any of the following changes to your healthcare programming?

	Definitely yes (1)	Probably yes (2)	Might or might not (3)	Probably not (4)	Definitely not (5)
Increasing number of sites (1)	○	○	○	○	○
Increasing frequency of visits (2)	○	○	○	○	○
Increasing evaluation efforts (3)	○	○	○	○	○
Increasing artist pool and compensation (4)	○	○	○	○	○
Increasing administrative staff and compensation (5)	○	○	○	○	○
Other (please describe) (6)	○	○	○	○	○

End of Block: Partnership Structure

Start of Block: Partnership and Programming Goals

Q20 Who initiated your organization's decision to offer programming in healthcare sites?

- ○ Executives (1)
- ○ Board members (2)
- ○ Management/Staff (3)
- ○ Artists (4)
- ○ Healthcare organization (5)
- ○ Third party (e.g. funder) (6)
- ○ Unsure (7)

Q21 How important were each of the following in your organization's decision to offer healthcare programming?

	Not at all important (1)	Slightly important (2)	Moderately important (3)	Very important (4)	Extremely important (5)
Improving patients' and families' morale (1)	○	○	○	○	○
Improving healthcare staff members' morale (2)	○	○	○	○	○
Improving patients' physical recovery (3)	○	○	○	○	○
Improving doctor-patient or nurse-patient relationships (4)	○	○	○	○	○
Building community relations and outreach (5)	○	○	○	○	○
Attracting new donors or grants (6)	○	○	○	○	○
Contributing to arts in healthcare research (7)	○	○	○	○	○
Other (please describe) (8)	○	○	○	○	○

End of Block: Partnership and Programming Goals

Start of Block: Artist Selection and Staff Training

Q22 In the 2019-2020 season, what kind of preparation did artists experience for healthcare programming? (Select one response per item)

	Not received (1)	Received once (annually) (2)	Received quarterly (3)	Received monthly/bimonthly (4)	Received weekly/biweekly (5)	Received daily (6)
Mentorships or coachings for best practices in healthcare settings from your organization (1)	○	○	○	○	○	○
Professional Development sessions or other classes from your organization (2)	○	○	○	○	○	○
Mentorships or coachings for best practices in healthcare settings from a healthcare partner site (3)	○	○	○	○	○	○
Professional Development sessions or other classes from a healthcare partner site (4)	○	○	○	○	○	○
Research-based, scholarly preparation materials (5)	○	○	○	○	○	○
Other - please describe (6)	○	○	○	○	○	○

Q23 Are your artists certified music therapists or therapeutic musicians? (Select one response)

- ○ Yes - all (1)
- ○ Some (2)
- ○ No - None (3)
- ○ Unsure (4)

Q24 Please indicate the types of artists involved in the healthcare partnerships. (Select one response)

- ○ Resident - the same artist(s) work with the same site(s) for a specified amount of time (1)
- ○ Visiting - artist(s) change sites many times as programs are offered (2)
- ○ Both (3)

Display This Question:

If Please indicate the types of artists involved in the healthcare partnerships. (Select one response) = Both

Q25 What percentage of your artists are resident artists? (Please slide the button to the percentage)

0 10 20 30 40 50 60 70 80 90 100

Percentage of resident artists ()	

Q26 What percentage of artists affiliated with community programming participate in your healthcare programming? (Please slide the button to the percentage)

0 10 20 30 40 50 60 70 80 90 100

Percentage of artists ()	

Q27 Are artists paid for their involvement in healthcare programming? (Select one response)

- ○ No, it's a volunteer activity for our artists (1)
- ○ Yes (2)

Display This Question:

If Are artists paid for their involvement in healthcare programming? (Select one response) = Yes

Q28 How much per hour, on average, do you pay your artists in healthcare programming (in $US)? Please slide the button to the average.

0 30 60 90 120 150 180 210 240 270 300

Pay per hour ()	

Q29 What characteristic or skill have you found to be the most important for artists in your healthcare programming? (Select one response)

- ○ Attitude (1)
- ○ Vocal ability (2)
- ○ Attention to detail (3)
- ○ Preparation (4)
- ○ Artistry (5)
- ○ Flexibility (6)
- ○ Communication skills (7)
- ○ Problem-solving skills (8)
- ○ Other (please describe) (9)

_____

End of Block: Artist Selection and Staff Training

Start of Block: Programmatic Choices

Q30 What kind of learning components do your healthcare programs have? (Select one or more responses)

- [ ] Artists' oral descriptions of music, social and/or political context, and history (1)
- [ ] Written program and/or program notes (2)
- [ ] Educational guides or other written, accompanying manuscript (3)
- [ ] Artist instruction or coaching of music, singing, or instruments (4)
- [ ] Discussion of emotional reactions or meanings attached to specific songs (5)
- [ ] Other (please describe) (6) _____
- [ ] None (7)

Q31 Do all of your healthcare programs feature music? (Select one response)

- ○ Yes (1)
- ○ No (2)

Q32 How is music selected? (Select one or more responses)

- ☐ Healthcare partner requests (1)
- ☐ Patient requests (2)
- ☐ Artist suggestions (3)
- ☐ Program administrative staff decisions (4)
- ☐ Selections are based on messages or themes that correlate with patient or staff experiences (5)
- ☐ Selections are based on optimum beats per minute/tempo for hospital audiences (6)
- ☐ Other (please describe) (7) _____

End of Block: Programmatic Choices

Start of Block: Evaluation

Q33 Does your organization use any of the following to evaluate your healthcare programming? (Select one or more responses)

	Yes (1)
External evaluation (3)	☐
Internal evaluation (4)	☐
Formative evaluation (ongoing) (5)	☐
Focus groups (6)	☐
Interviews (7)	☐
Artist Reports (8)	☐
Participation Data (9)	☐
Surveys (15)	☐
Other (please describe) (10)	☐

Q34 Would you be willing to share one of your evaluation reports for the purposes of this study? (Select one response)

- ○ Yes (1)
- ○ No (2)

End of Block: Evaluation

Start of Block: Survey Follow-Up Option

Q35 Would you be willing to complete a short interview over Zoom regarding your healthcare programming? (Select one response)

- ○ Yes (1)
- ○ Maybe - please tell me more about the interview process (2)
- ○ No (3)

Display This Question:

If Would you be willing to complete a short interview over Zoom regarding your healthcare programmin... != No

Q36 Please enter your email address to be contacted regarding the interview

_____

End of Block: Survey Follow-Up Option

Appendix C: Interview Protocols

Interview Protocol – Opera Company Partner

Thank you so much for taking the time to speak with me today about how you partner with healthcare institutions to provide arts programming.

The purpose of this interview is to explore the impact and scope of the healthcare programming offered. The interview data will be part of a larger study of how opera companies plan for and create programming at healthcare sites.

The information gathered in this interview will be analyzed in aggregate and presented anonymously. The interview will be recorded so that I can accurately capture our conversation.

Warm-Up:

1. What is your position within the company?
2. How long have you worked in this position?

Key Questions:

[What are participants' goals for the partnerships?]
[What goes in to building and implementing these programs?]
[What do the participants feel is most successful about their healthcare programming?/differently]
[How are they measuring success? Why?]

1. Which of your music in healthcare programs do you feel have been most successful? Why?
    a. What are your requirements for a successful program?
2. Which partnerships do you feel benefit the most people?
3. Are there audiences you still feel are underserved in your healthcare programming? If so, which?
4. What trainings for artists do you think have been most successful in preparing them?
5. What changes, if any, would you make to your current programming?

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