In September, the Society for the Arts in Healthcare conducted an annual membership survey to learn about
member arts in healthcare programs and initiatives, and find out what programs, services, and information would
best serve the field. Out of 1,632 current members, approximately 1,596 with current e-mail addresses were invited
to complete the survey and 348 (22%) responded. According to a survey random sample online calculator
(www.custominsight.com), our survey has about a 90% confidence level with a 4% error rate. (Last year, there were
330 respondents with a 90% confidence level and 4% error rate.) This summary report includes an analysis of some
of the findings, highlighting most of the survey questions, and lists sample comments. The Society will consider
these findings as a guide to improve member benefits and create programs designed to meet member needs.

Highlights:
The Society for the Arts in Healthcare obtained a great deal of information about who our members are and what
their work is in the field. Many of their responses support existing program plans and initiatives, including launching
an artist registry to connect artists with the growing number of opportunities in healthcare settings, pursuing an
economic benefits study to build the business case for arts in healthcare, and expanding our location-specific Arts in
Healthcare Network program. This year, in addition to the questions geared to the full membership, the Society
included questions for student and international members to learn how the Society can improve member benefits for
these populations specifically. The Society also requested additional comments from all members about their
programs and how the Society can best serve them. These comments will help us to promote the importance of arts
in healthcare through the voices of those in the field.

Findings:
Questions 1 & 2: How long have you been a member of the Society? How did you first learn about the Society?
Over half of the member respondents (53.6%) have been a member between 1–5 years. Just under half (42%) said
they learned about the Society from a colleague, which supports our member-to-member campaign concept.
Another 20.6% found the Society through an Internet search and 12.5% heard about the Society at a conference or
event.

Question 3: What were your primary reasons for joining the Society (check up to 3)?
Networking made the number one slot in the top three list for the forth year in a row, access to up to date news and
information made top three for the third year in a row, and professional development/educational programs and
webinars made top three for the first time.
The top three reasons for joining the Society included:
1. Networking with arts in healthcare peers (41.1%)
2. Professional development/educational programs & webinars (39.5%)
3. Up-to-date news & information (33.4%)

Another 32.6% said they joined to support the Society’s mission. Once again, networking ranked number one and
news and information were in the top three; however, “grants & awards” has been replaced by “professional
development/education” in the top three this year.

Question 4: Please rate the resources you have used on a scale of 1 to 5.
The top five ranked resources in the “have used” category include:
1. Read/posted to the e-newsletter, SAH Connections (36.9%)
2. Read/used the online grants & awards information (36.5%)
3. Read the online events information (36.3%)
4. Read the e-news brief (30.9%)
5. Read/used the online calls for entry information (29.4%)

The top resources/services/programs in the “haven’t used” category include:
1. Applied for/received an American Art Resources/Society research grant (83.8%)
2. Viewed/hosted a Society-sponsored traveling exhibit (75%)
3. Applied for/received Society consulting services (74.3%)
4. Viewed the online membership orientation (69.8%)
5. Emailed a question through the online Ask the Experts (66.1%)

Most resources listed were consistent with last year, with one new to the top five list (#5 read/used online calls for entry information), and one new to the least used list (#4 viewed the online membership orientation).

Question 5 & 6: Have you read the professional journal Art & Health, which the Society began publishing in the spring 2009 as a member benefit? If yes, please note whether you agree or disagree with the following statements about the journal Arts & Health on a scale of 1 to 5.

Over half of the member respondents (63%) have read the professional journal Art & Health. Member respondents ranked the statements as either 5=“very important” or 4=“important” in the following order:

1. I received my hard-copy version in the mail (available to all member types except Student). (59.2%)
2. The right balance of topics has been achieved. (38.7%)
3. The right balance has been achieved between research, policy, and practice papers. (36.5%)
4. The journal’s appearance reflects our field. (31.1%)
5. Two issues a year are sufficient. (29.9%)
6. Additional special issues should be included. (29.5%)

Only one statement ranked “below average” (I was able to access my online journal subscription).

Questions 7, 8 & 9 (Students Only Section):
Do you hold a Society for the Arts in Healthcare student membership? Please rate the importance of the student webpage resources on a scale of 1 to 5 (1=not important; 5=very important). What student-specific resources are missing?

11.5% of the respondents said they are student members. The most important resources currently on the student webpage, ranked only by student respondents, include:

1. Internship/job-opportunity listings (62.1%)
2. Student scholarship (57.1%)
3. Educational-opportunity listings (55.2%)
4. Students Taking Action Special Interest Group (32.1%)

Additional resources students would like added to the student webpage include:
- More for internationally-based resources
- Career guidance
- Grant writing guidance

Questions 10 & 11 (Students Only Section):
After completing your degree or certificate program, do you think you will continue membership with the Society as a non-student? Why or why not?

80.6% of the respondents say they will continue membership with the Society as a non-student.

Why?
- Grants, Publications, Community, News briefs, Conferences, Networking, Education
- It's a growing field and it's a great way to stay "in the know."
- To maintain the networking and to keep current on what's going on in this realm.

Why not?
- The organization is not focused enough on underserved, rural, less formal organizations.
- While I would like to continue my membership, unfortunately I do not have the means of paying for a continued membership.
- It depends on where I work professionally. If I am working in the arts in healthcare, then I will definitely become a non-student member.
Question 12: What new resources, programs, and services should the Society initiate to advance the arts as integral to healthcare?

The top five resources, programs, and services the Society should initiate include:

1. Create a one-page fact sheet for members to use to educate hospital decision makers on the importance of arts in healthcare programs. (60.1%)
2. Create a PowerPoint presentation for members to use to educate hospital decision makers on the importance of arts in healthcare programs. (47%)
3. Complete an economic study (“Business Case for Arts in Healthcare”), (43.9%)
4. In the US, partner with The Joint Commission to survey healthcare institutions about their arts programs. (36.6%)
5. Develop an online mentorship program to connect students and those new to the field with experienced arts and healthcare professionals. (36.2%)

Other suggestions include:
- Explore more in the area of arts in outreach and prevention.
- Focus more on community art and prevention and not just hospital based, therapeutic types of art focused agendas.
- Effective fundraising strategies.
- Proposal development for research.
- Complete an economic study to provide to long-term care facilities, homes, and community-based healthcare service providers, illustrating the economic and quality of life value of the practice of arts in healthcare.
- Training for artists in healthcare.
- Arts therapy with special populations—i.e. Iraq war veterans.

Question 13: To assist with our efforts to provide more professional development opportunities to members, please rate the following ideas on a scale of 1 to 5.

Member respondents ranked the five professional development opportunity ideas as 5="very important" or 4="important" in the following order:

1. Offer regional seminars on developing, evaluating, and capacity building and/or sustaining arts in healthcare programs. (45.6%)
2. Initiate an artists’ scholarship fund to help artists join the Society and attend conferences. (36.3%)
3. Expand the webinar opportunities to be region specific and provide information on local community needs. (34.7%)
4. Offer a preconference session at the annual conference on working effectively to grow hospital environments. (34.1%)
5. Expand the annual international conference to locations outside of the US. (32.3%)

Question 14: Please rate the following potential public education roles on a scale of 1 to 5.

Member respondents ranked the five potential public education roles as either 5="very important" or 4="important" in the following order:

1. Create PowerPoint presentations for members to use in their communities to educate about arts in healthcare. (45.6%)
2. Provide training for members on working with the media. (34.2%)
3. Explore opportunities to host press conferences on compelling arts in healthcare advances. (34.2%)
4. Create a photo archive of images for the media to use in their publications. (33.3%)
5. Give media special access to the membership directory to search for resources for stories. (31.3%)

Questions 15, 16 & 17 (International Member Section):
Do you reside outside of the US? When going through the Society’s resources, have you ever thought that something wasn’t applicable to you because of where you live? If yes, which resources and why?

16.8% of the respondents said they reside outside of the US. 65.3% said a Society resource was not applicable to them because of where they live. Resources mentioned include:
- Geographic location and travel expenses are prohibitive for artists.
- Differences in grant application procedures and the grants that are available.
- Webinars, because of time zone differences. It’s not practical for me to participate.
- My country approaches things differently than the US. Some of the topics don’t apply because we are funded totally different. All our hospitals are public and provincially/federally funded.
- Language and population emphasis.
Questions 19 (International Member Section):
What can we do to better engage people and organizations as members from countries outside of the US?
Member respondents ranked the suggested four ways as 5=“very important” in the following order:
1. Offer more funding opportunities and resources that support programs outside of the US. (61.2%)
2. Support global Arts in Healthcare Networks. (57.1%)
3. Hold conference sessions and webinars that provide country-specific resources and information. (54.2%)
4. Host partnership forums and symposia outside of the US. (49%)

Questions 19, 20 & 21 (International Member Section):
Are there any specific issues with the website’s functionality that don’t meet your needs as a member outside of the US? If yes, what functions could be improved? What additional resources or website functions would be useful?
93.5% of the respondents say there are no specific problems with the website’s functionality. Respondents suggested adding the following resources or website functions:
- Information about programs and grant sources within Australia would be excellent.
- A cross country directory of arts in healthcare projects. (But I think there are as yet very few Canadian members of the Society.)
- Membership interest group for each country.
- Funding opportunities in Canada.
- Better categorize research material for easier referencing.

Question 22: What webinar topics would you like to see added to a future webinar series?
The top five webinar topics based on the percentage of respondents that ranked them as 5=“very relevant” or 4=“relevant”:
1. Finding funds for arts in healthcare: prospect research (48.8%)
2. Overview of arts in healthcare research (42.4%)
3. Medical and healthcare education and the arts (41%)
4. Using program evaluation to build support for your program (36.5%)
5. Ethics in the arts in healthcare (44.8%)

Question 23: What topics would you like to see discussed amongst participants at a “Bring it Forward” open forum during the 2011 Society international conference?
The top “Bring it Forward” open forum topics in each group category based on the percentage of respondents that ranked them as 5=“most interested” or 4=“interested”:
1. Hospice & Palliative Care/Spirituality | Blurring the boundaries: Combining holistic care, spirituality, and the arts (39.6%)
2. Research | Cultivating medical art therapist and artist collaborations to enhance and develop arts in healthcare research (36.4%)
3. Education | Exploring certification: What education and training is needed for artists to work in healthcare settings, and researchers and administrators in the field (34%)
4. Students | Developing ideas and modalities for how students can tailor their education at home institutions toward arts in healthcare graduate studies or careers (27.6%)
5. Medical Art Therapy | Art therapy and social action: Exploring techniques for resolving conflict, anger management, and curbing violence (27.6%)

Questions 24: Are you a member of one of the following established Arts in Healthcare Networks?
The majority of respondents said they are not a member of one of the established Arts in Healthcare Network.
Respondents who are not members of a listed network in percentages include:
- Arts and Health Australia (98.9%)
- Midwest Arts in Healthcare Network (89.7%)
- National Network for Arts in Health Canada (96.7%)
- New England Arts in Healthcare Network (98.1%)

Questions 25, 26 & 27: Are you a member of a location-specific Arts in Healthcare Network that is not represented in question number 24? If your location is not represented, would you be interested in starting an Arts in Healthcare Network in your area? What Society support would you need to start an Arts in Healthcare Network in your area?
92.7% of respondents said they are not a member of a location-specific Arts in Healthcare Network; however, 64.7% said they would create or join a Network if one was in their area. Other groups respondents are members of include:
• Arts and Health Co-ordinators, Ireland
• Arts & Health South West (UK)
• London Arts & Health Forum
• Minnesota Creative Arts and Aging Network
• NJ Alliance for Arts in Healthcare
• NJ Arts Plan
• North Carolina Arts in Health
• NYC Regional Arts in Healthcare Network
• South East Arts & Health Partnership (UK)
• Swedish Association for Art Therapists
• SW Florida
• Texas Medical Center in Houston

Of the seven suggestions for items to help start an Arts in Healthcare Network listed in the survey, the following percentage of respondents ranked them as 5=“very important” or 4=“important”:

1. Provide assistance in helping to expand your network with membership through email invitations to Society members in your area. (44.1%)
2. Provide a webpage for each network. (41.7%)
3. Provide communications support for networks through a Listserv and member directory. (40.9%)
4. Offer webinar opportunities on topics specific to your network’s needs. (36%)
5. Host an online planning meeting. (28.5%)
6. Provide assistance in event planning. (23.7%)

Only one item ranked “below average” (Offer meeting times at the Society’s annual conference).

Question 28: Would you be willing to recruit and secure 10 new members in exchange for a complimentary one-year membership with the Society?

The majority (74.7%) of respondents said they would not be willing to recruit and secure 10 new members, with time limitations as the number one reason.

Additional comments* about members’ programs and how the Society can best serve them

A sample of these comments included:

• Just doing this survey gives me more of an idea of what the Society has to offer. I really need to explore what already is being offered more, before having any useful feedback!
• Would like to see some attention to the “flip side”—specifically how to provide healthcare to artists.
• If the Society decides to move forward with providing some kind of professional certification, I would like to see this include some provisions for artists like myself, with decades of knowledge and experience working in Arts in Healthcare, to receive certification that reflects this expertise, without having to return to college or take another extensive program. Something along the lines of a program that gives credit for knowledge and experience gained through means other than a formal degree program, which is a common feature in many college and other educational/certification programs.
• Although I have been a member for quite some time, I am just beginning to use the benefits available and am looking forward to the upcoming conference.
• Reduced rates for seniors to maintain relationship with the Society as we age out of the work environments.
• With the downsizing of companies over the past two years, there is more responsibility for employees and hence less time to invest in webinars and less funding for conferences. Perhaps something in the way of scholarships to conferences or creating local or regional resources for learning and engagement would help.
• More focus on dance healing information and training.
• It would be nice to have a means to introduce the Society to students enrolled in expressive arts programs via PPT or a representative.
• More help for those wanting funding avenues.
• I am anxious to see the artists’ registry up and running!

(*Comments were edited for brevity)