Examples of Types of Partnerships

- Artist-initiated project in which the artist or arts organization is working with a healthcare community’s space, staff and/or patients, and is cooperating with healthcare community rules and goals. However, the healthcare community is not involved in artistic decisions.

- Healthcare-program-initiated project in which the artist is hired and paid by the healthcare program and reports to an administrator who may or may not be an arts administrator or have a background in the arts.
Examples of Types of Partnerships

- True artistic collaboration in which a healthcare community of patients, staff or families works with a professional artist to tell a story or express a point of view.

- Artistic partnership for a non-artistic primary purpose: collaborations to promote health education, to change lifestyles, to teach creativity skills to medical or nursing students.
Reasons for Involving the Community in an Arts Partnership or Collaborative Project
Reasons for Partnerships

- An artist or arts organization wants to bring the arts to an underserved population in the healthcare community by collaborating with a healthcare facility.

- Photos: NYC Health and Hospital Corporation commissioned the late Keith Haring to create ceiling murals at Woodhull Hospital as part of their 1% for art program.

- Photos by permission of New York Health and Hospital Corporation to Lynn Kable.
A healthcare organization wants to bring the arts to their patients, clients, residents, consumers, caregivers by entering into collaboration with artists, arts agencies or arts service organization.

Hasbro Children’s Hospital, Providence, RI: “Museum on Rounds” brings objects from Museum of Art and Students from Department of Education at Rhode Island School of Design to hospital. Pediatric patients respond to museum pieces by making their own original art.

Photo: Courtesy of Hasbro Hospital
Reasons for Collaborations

- An artist wants to create work based on interviews or images, or lives and points of view of people in a particular healthcare community at a given time.

- Example: Photos, left, Bill T. Jones dance work, STILL/HERE, based on workshops with persons living with HIV/AIDS and cancer.

Photos by permission of Bill T.Jones/Arnie Zane Dance Company to Lynn Kable. Photos: top by Kevin Fitzsimmons, Lower by Johan Elbers.
Reasons for Partnerships

- An Artist or Arts Service Organization wants to bring opportunities to create art to a particular healthcare community.

- Example: Programs for cancer survivors.

- Top: Mask, Drama Therapy Program, Living Art, Missoula, Montana.
  Center: Creative Center dance program at loft in New York.

Photos: Top, Lynn Kable. Lower, The Creative Center
An artist or arts organization joins forces with a particular group of people in order to give voice to a healthcare community through development of a piece or exhibit that shares their stories or points of view.

- **Example: HAI Outsider Art National Exhibit Program** each January. Work featured is by artists who self-identify as having a mental disability or illness.

Virginia Artist Joe Simms and his painting "BULE DOG"
In January 2006, photo courtesy of HAI.
Tamar Rogoff’s *Daughter of a Pacifist Soldier:* Young professional dancers moved to combat stories heard in voices of veterans in Treatment for PTSD and excerpts from letters and journals by Rogoff’s father during World War II.

Photo: Dancers, photo courtesy of Tamar Rogoff Performance Projects and Jonathan Slaff
A creative artist joins forces with both a community and community site to create site work

- **The Ivye Project**, Tamar Rogoff dance and theatre work performed in a Belarussian forest, where hundreds of Jews from the nearby village of Ivye were shot and buried by Nazis and collaborators in 1942. The piece shared the lives of Ivye residents as Rogoff’s father had noted it in his diary during a visit.

- Featured were Ivye Holocaust survivors and professional actors and dancers from the Baltics. The audience viewed the performance by walking through the forest.

- Photos: Charles Steiner, By permission of Tamar Rogoff Performance Projects.
Reasons for Partnerships: Health Department or Hospital using arts to bring health education to a community at risk for a particular condition or disease


- A trained professional actor (in headband) in a role improvises with community workshop participants to reinforce HIV prevention information. HIV educator is also present. Program scenarios are structured by a psychiatrist based on needs assessments.

Photo: HAI public workshop event, by permission of HAI.
REASONS FOR PARTNERSHIPS: A medical school or nursing school brings in artists to educate students to include artistic expression and perceptions in their work in order to lessen daily stress.

University of Florida:
- CAHRE which offers stress reduction “Days of Renewal” with massage, yoga, visualization classes and arts activities (including movement, humor, and writing) as a fringe benefit with CEU credits for Nurses.
- Dr. John Graham-Pole leads classes in visual, literary, and performing arts for medical students.
Reasons for Collaborations: Memorial Projects - A group of artists join together with families and friends of people who have died to create a work or works in their memory.

The Quilters of Northern Virginia and botanist Walter Parham created a garden of cancer fighting plants and a show of 30 quilts about the plants in honor of the life of Mrs. Parham, who died of cancer. SAH toured the quilts.

Reasons for Partnerships

- Artists joins with a community to respond with art to a disaster.

- Example: the Katrina Project in which artists went to shelters and helped shelter residents to express their feelings about the hurricane that left them homeless.

Photo: Courtesy of Judy Ginsburgh, Central Louisiana Arts and Healthcare
OVERVIEW:
Areas to consider when partnering with other organizations and/or individuals:

- whether your partnership consists of working with individual artists, and/or different organizations;
- within the healthcare community or cross referencing arts, healthcare and social service organizations;
- producing a single event or running a longer term project.
It is useful to ask:
What is a Collaborator and What Is a Partner?

Simply:
- A collaborator helps to create and produce the art/event for the public
- A partner can be anything from those creating the art, providing space, assisting in marketing it, or simply lending their name to your project for increased PR.
- Language is important and all of those involved in the work must be clear about what it means and what the tasks and expectations of each are.
RESPECTING YOUR COLLABORATORS/PARTNERS

Whether you are an artist, a community participant, or a healthcare professional, it is necessary to be extremely clear in these key areas:

- What is the primary purpose of the project? Secondary purposes?
- What will be the activities of the project?
- Where and when are activities happening?
THE VISION

- Who is the lead organization/artist/visionary?
- Who has something necessary/particular/specific to bring to the project?
- What does each Collaborator/Partner get out of it? (how do they benefit by participating)?

(This can range from benefits to those creating or experiencing the art, (patients, clients professionals), can include making money for the organization, looking good on a future grant application, raising awareness of the organization, reaching a specific population, articulating a particular message etc.)
What terminology will be used in talking about the project by both the artists and the healthcare community? How are ‘patient’ community members referred to?

(It is also essential in PR and marketing areas that there is agreement on terminology)

Privacy issues: Is there a danger that a community participant might feel his or her privacy is being invaded or his or her illness exploited? How will that be avoided, if possible, or dealt with, if the problem arises?
With regard to all of the above, how might it be possible to identify and work out areas of disagreement in advance?

Documentation: Who will document the resulting work and how will the documentation be used?

Evaluation – should be discussed at this stage.  
(Ask: Evaluating what, for whom and how?)

Evaluation is a very specific process depending on the type of project/event; funding requirements; and future goals of each partner/collaborator.
FINANCIAL ISSUES

Who is the fiscal agent? (ie: To whom does the money go? Who is responsible for the overall budget and for paying the bills? Among the partners and collaborators, what will be the processes for obtaining money to pay expenses, for documenting expenses and payment, for reporting on finances?)

Who is responsible for finding the money or in-kind donations for the project, for writing grants, and/or for overseeing these processes?
There should be a written agreement clearly defining each partner’s role and area of responsibility.

A contract with individual artists should clearly define their time and fees (How much, when paid?)

Insurance is necessary with/for artists and audience members, for spaces used, and for art pieces.

Release forms for original materials created, videography, photography, reproduction, images of the artists and/or staff members, patients, etc., as makes sense for the partnership, the nature of the project and any work produced, performed, or displayed.
If a participant is a child, a person with mental disabilities, or an older person in a nursing home or hospice, a family member or legal guardian should (or in many cases legally MUST) understand about the project and agree to the participation of the participant. Must they agree in writing and sign a release?

If patients – particularly legally incompetent patients – may make any money from an artistic project, are there legal safeguards that can and should be put in place to safeguard entitlements and patient money? Who will do this for each participant?
PLANNING ISSUES

Scheduling - A BIG ONE!

- Planning time (might also include fundraising, PR and marketing plan)
- Preparation (creating the artistic project, hanging the exhibit etc)
- Time the exhibit or performance is Open/Happening
- After the ‘production’ (clean up, reports etc.)
  (NOTE: who does each and what time frame is necessary for each?)
- Who are the community and professional artistic participants and how much time will each devote to the project?
The daily routine of healthcare settings is often sacrosanct. While during rehearsals an artist may be able to fit her/his work into a short period of time, arrangements should be agreed upon well in advance for dress rehearsal and performance periods, in which greater time commitment by participants is required. (For example, will special arrangements for meals and medication be needed?)

Schedule arrangements are very important if there are healthcare staff participants from many departments!

Permission of the supervisors of participating staff members is needed in a healthcare setting if there is any possibility of schedule disruption.
Particularly if a work is being done at a particular community site, are there peripheral players who feel that they have the rights to that site? How can they be involved in a positive manner or at least agree to let the project go forward? (Perhaps they can be ‘partners’ of the less hands-on variety - What can it give them to be involved?)

Absences: in some projects/events this is an important consideration. If someone drops out, or becomes ill and misses a performance, then what? This is a particularly tricky issue in a healthcare setting because, of course, people who are ill have good days and bad days. Has the artist figured out how the absence of any given performer or any person’s artwork will be “covered”?
Is the event open to the general public or not? If not, who will be invited and how and by whom will the event be publicized?

Who takes responsibility for planning and executing all PR/Marketing for the project?

PR/Marketing may (and indeed should) be shared by the partners but still needs direction and a clearing house for creating the text and any graphics to ensure that PR, even if from different partners, consistently and accurately reflects the project and that all partners have agreed to what goes out. It also ensures best use of media opportunities and connections.
Consider:

- Logos
- Language in media releases, on flyers, websites, etc. (This includes releases as needed from ALL collaborators/partners for their materials.)
- Contact info for the event. Who speaks to press?
- Distribution of PR – who?!
- In addition to the artistic project itself, are there any additional items that would add to the project’s effect? (Lectures, panels, student workshops)
As regards the actual event itself:

- What space(s) are needed for the project? Can these spaces be devoted to the project or must they be shared with other programs?

- Project needs a clear process for preparing the space (What needs doing, who does it, when?)

- Project needs to coordinate volunteers to assist the public. (This might include some training)

- Project needs a plan for cleaning up after the event(s). (Again, who and when?)
PRODUCTION: SPACES AND EQUIPMENT

There must be agreement that the performing and exhibiting space or venue will be available in advance of the event in clean condition and with equipment in working order.

Indoors: Particularly if the project will take place in a healthcare facility, the space and equipment needs to be checked out IN TIME TO HAVE IT CLEANED UP OR REPAIRED. eg: clearing off the stage or floor area (these often become mysteriously cluttered with tables, chairs, boxes, wheelchairs, etc.), mopping the floor, tuning the piano or repairing the sound system.
PRODUCTION: SPACES AND EQUIPMENT - Slide 2

- Outdoor: and especially a public area is to be used, how far in advance can the project take possession of the area to clean it and prepare it before the performance?
- What will be done in case of inclement weather?
- Indoor and Outdoor: Is the area accessible to everyone who will be expected to perform and/or attend a performance or exhibit?
FOLLOW-UP

This includes
- paying bills
- completing contractual agreements
- evaluations
- thank you notes

It is also useful, perhaps a month after the entire event/project is over, to hold a final ‘checking in’ meeting with all the partners to see how all feel about the event/project - what worked and what didn’t, and if they’d do it again (and why/why not.)
Collaboration/Partnership, a one time event or a long term project, bringing the arts and healthcare together involves more than good will and enthusiasm. It requires respect, planning and follow through.

We want success for everyone – those creating the art, providing healthcare, viewing the art and facilitating the project. We want all of us to be able to work together again in the future. We need each other.

We want this collaboration/partnership to be healing for all of us.

Thank you! Lynn and Kate