

THE SUMMIT ON CREATIVITY AND AGING IN AMERICA



A report from **The Summit on Creativity and Aging in America**,
in collaboration with the **2015 White House Conference on Aging**
held May 18th 2015 at the **National Endowment for the Arts**

Co-presented by the National Endowment for the Arts and the National Center for Creative Aging



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January 2016

National Endowment for the Arts

400 7th Street, SW
Washington, DC 20506
202-682-5400
arts.gov

Published by the National Endowment for the Arts
Office of Accessibility
Beth Bienvenu, Accessibility Director

Editorial assistance by Rebecca Gross
Designed by Kelli Rogowski

Special thanks to Sunil Iyengar, Jason Schupbach, and Courtney Spearman from the National Endowment for the Arts. Other staff assistance by Ned Read, Lauren Tuzzolino, Jenna Moran, and Kelly Pedersen.

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Sponsored by:
Americans for the Arts
Aroha Philanthropies
DSM
The Pabst Charitable Foundation for the Arts
The Rosalinde and Arthur Gilbert Foundation
and Phyllis Cohen and Walter Goldstein

Cover photo: Tejano musician and singer Manuel “Cowboy” Donley performs at the 2014 NEA National Heritage Fellowships Concert at George Washington University’s Lisner Auditorium on September 19, 2014. Photo by Michael G. Stewart



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I know you understand that the arts have this ability to make such a valuable difference on our health, well-being, and our ability to participate more actively in the community. Because they show stabilization and an overall increase in community activities, they further a positive impact on maintaining independence and reducing dependency. They reduce risk factors that perpetuate the need for long-term care. They foster an improvement in morale and a positive impact on depression, less need for medication, and fewer physical falls. Music was shown to improve movement in people with Parkinson's disease.

— **Chairman Jane Chu**
National Endowment for the Arts

Our listening sessions really are confirming the impression that it is the time to shift from the conversation that we have had in the past about what we have heard in the past, about this coming age wave that's going to overwhelm us, and shift to one that recognizes the tremendous opportunities and importance of tapping the power of experience to improve our communities and our societies.

Specifically, with regard to creative engagement programs, Chairman Chu has actually given you the outcomes. We know the value of music, dance, theater, visual arts, poetry, and storytelling, for example. We know the value to the physical, emotional, cognitive, and social well-being of older adults. Research really is showing that creative engagement programs result in better health, fewer falls, reduced hip damage, fewer doctor visits, and diminished visual problems.



— **Edwin Walker**
Deputy Assistant Secretary for Aging
Administration on Aging

ABOUT

NATIONAL ENDOWMENT FOR THE ARTS

Established by Congress in 1965, the NEA is the independent federal agency whose funding and support gives Americans the opportunity to participate in the arts, exercise their imaginations, and develop their creative capacities. Through partnerships with state arts agencies, local leaders, other federal agencies, and the philanthropic sector, the NEA supports arts learning, affirms and celebrates America's rich and diverse cultural heritage, and extends its work to promote equal access to the arts in every community across America. This year marks the 50th anniversary of the National Endowment for the Arts and the agency is celebrating this milestone with events and activities through September 2016.

Go to arts.gov/50th to enjoy art stories from around the nation, peruse Facts & Figures, and check out the anniversary timeline.

NATIONAL CENTER FOR CREATIVE AGING

The National Center for Creative Aging (NCCA) is dedicated to fostering an understanding of the vital relationship between creative expression and healthy aging, and to developing programs that build on this understanding.

In 2001, NCCA was formed out of a partnership of the National Council on Aging (NCOA) and the National Endowment for the Arts (NEA). NCCA incorporated as an independent nonprofit in Washington, DC in 2007 to be a national arts service organization to develop and sustain effective practices and program services, leverage resources, build capacity, and promote research and policy. NCCA is dedicated to opening access to creative expression across the lifespan through lifelong learning, health and wellness, and community design.



Photos from the May 2015 Summit on Creativity and Aging, courtesy of the National Endowment for the Arts

TABLE OF CONTENTS

Executive Summary	7
Introduction	9
Age-Friendly Community Design	11
Health and Wellness and the Arts	19
Lifelong Learning and Engagement in the Arts.....	27
Findings of the Summit at Large	31
The Role of the Arts in the White House Conference on Aging (WHCOA) Convenings.....	35
References and Resources	39
Participant List	41

PERFORMANCE BY DANCE EXCHANGE

Originally choreographed by Liz Lerman in 1980, *Journey* is an eight-minute performance in which a dancer speaks a monologue adapted from Peter Handke's play *Self Accusation*, charting the emergence of consciousness, self-awareness, and self-control in a developing individual, and by extension, the human species: "I came into the world. I became. I was begotten...I stepped out of nature. I became. I became unnatural. I came to my history...I made myself what I am. I became responsible for my history." *Journey* was performed in the opening session of the NEA Summit on Creativity and Aging in America and set the stage for the day to follow. This rare reconstruction of the original solo work included two dancers (Dance Exchange artists Matthew Cumbie and Thomas Dwyer) whose ages span 50 years, offering audiences an opportunity to reflect on the journeys we take in a lifetime.

Dance Exchange (DX) is a Maryland-based nonprofit arts organization that breaks boundaries between stage and audience, theater and community, movement and language, tradition and the unexplored. DX collaborates across generations, disciplines, and communities to channel the power of performance as a convener for dialogue, a source of critical reflection, and a creative engine for thought and action. Recent and current projects include explorations of human rights, nuclear physics, ecology, human-environmental interactions, and the advancement of racial equity.

Source: Dance Exchange



Dance Exchange dancers Matthew Cumbie and Thomas Dwyer perform *Journey* during the opening session. Photo courtesy of the National Endowment for the Arts

EXECUTIVE SUMMARY

THE SUMMIT ON CREATIVITY AND AGING IN AMERICA

The United States is undergoing a major demographic shift, as older adults become a larger portion of the population. As people live longer and healthier lives, the perception of old age is changing, as are the capabilities, activities, and expectations of older adults. In preparation for addressing these changes at the 2015 White House Conference on Aging (WHCOA), the National Endowment for the Arts (NEA) and the National Center for Creative Aging (NCCA) co-hosted a one-day Summit on Creativity and Aging in America on May 18, 2015, to identify the challenges and opportunities presented by the arts and design. Seventy-five experts in arts, aging, design, and health services attended, in addition to those participating through social media. Attendees each participated in a breakout discussion focused on one of three topic areas:

- Age-Friendly Community Design—promoting excellently designed and built environments for aging populations in the U.S.
- Health and Wellness and the Arts—promoting arts interventions to improve health and well-being outcomes among older adults.
- Lifelong Learning and Engagement in the Arts—promoting greater cognition and creativity among older adults by means of social engagement.

Each topic area session explored these three questions:

- What are the biggest issues or needs in this area?
- What are the biggest barriers to addressing those issues or needs?
- What are viable solutions that the federal government can help with?

Each of the three groups reported its findings to the full body of the Summit (including those participating through social media). The Summit provided feedback on the most important problems and solutions, as outlined below.

Needs, Issues, and Barriers

- Negative attitudes and perceptions about older adults pose a barrier to ensuring that they enjoy a high quality of life. There is a need for a cultural change to combat ageism and call attention to the health and wellness benefits of lifelong arts learning and age-friendly design.
- There is a need to establish leadership within the public, private, and nonprofit sectors, in order to promote, across the aging spectrum, equitable access to life enrichment through the arts, design to improve quality of life,

and affordable options that promote social inclusion and choice in how and where to age.

- To support the growing older adult demographic, we need new business models for producing high-quality arts and design products and services for older adults. There needs to be a sustainable infrastructure within the public and private sectors to encourage the development of these new business models and to take them to scale.
- There is a lack of research collaborations that recognize the benefits of the arts and design in supporting the health and well-being of older people and the communities in which they live.

Viable Solutions

- Promote culture change within all federal programs and services, and create incentives for the private sector to help overcome negative attitudes toward older adults. By reframing issues to focus on the opportunities that longevity provides to *all* generations, we can give attention to developing services, with innovative input from the arts and design, in order to form an intentional continuum of service across the life span.
- Provide leadership across government agencies and develop incentives for the private sector to advocate for access to arts and design services and activities that are high-quality and affordable. Provide social inclusion and options in living environments to lower the risk of people having to receive care in an institution when this is not their setting of choice.
- Encourage partnerships and the leveraging of resources in both the public and private sectors to build infrastructure to support products and services in the arts and design. Help bring these models to scale to meet the growing demand from people living longer and healthier lives in communities of their choice.
- Fund interdisciplinary research and collaborations between artists, biomedical and behavioral researchers, public health policymakers, and social entrepreneurs to expand the evidence base that validates arts and design interventions for older adults. Particular focus should be placed on the effects of arts and design on the health and well-being of older people, brain health, management of chronic diseases, caregiving, and the development of the design of homes and other age-friendly community services.

In addition to the Summit, the arts and design played an important role in the WHCOA's five regional forums and the culminating meeting at the White House, informing and contributing to policy discussions and recommendations.

INTRODUCTION

In the United States, 10,000 people are turning 65 every day. The fastest-growing age group is women 85 and older, and a child born today has a high probability of living to 100 (Wallace, 2015). Life expectancy in the United States has increased from 45 years in 1900 to 79 in 2000, and people alive today have better education, nutrition, and healthcare (Easterbrook, 2014). Economically, while there are significant levels of poverty in the older population, a large share of the wealth in the United States is held by people 50+.

The seismic shift indicated by these facts promises dramatic and potentially positive change for American society. Old age, once considered a time of frailty and loss, is becoming a time of potential, with people living longer, healthier lives with new meaning and purpose (Cohen, 2000).

The full impact of this demographic shift offered unique challenges and opportunities for consideration by the White House Conference on Aging (WHCOA) convening throughout 2015. With a broad purpose to identify and advance actions to improve the quality of life of older Americans, the 2015 WHCOA provided an opportunity to recognize key programs such as Medicare and Social Security as well as to look to the next decade. This year's conference departed from the traditional approach, in which state assemblies formed sets of recommendations, culminating in a large national conference. Instead, the 2015 WHCOA held listening sessions at major conferences of aging service providers; five regional forums (in Tampa, Seattle, Phoenix, Cleveland, and Boston); and a culminating conference at the White House, with 200 invited guests and over 700 watch parties across the nation via live-streaming. The key topics examined were healthy aging, retirement security, long-term services and supports, elder justice, and innovations in product design and technology services to enable independence and enhance quality of life.

NEA AND WHCOA COLLABORATIONS

In advance of the WHCOAs held in 1981, 1995, and 2005, the arts and aging communities held mini-conferences to ensure that the arts, culture, and livability were part of the larger public policy discussions. These mini-conferences played an important role in fostering the development of a robust field of aging, arts, and health among practitioners, researchers, and organizations that serve older people through participation in all arts forms (including music, theater, dance, visual arts, literature, and multimedia, as well as design, folk, and traditional arts).

This year a different approach was taken: the National Endowment for the Arts (NEA) and the National Center for Creative Aging (NCCA) co-hosted a one-day Summit on Creativity and Aging in America on May 18, 2015, in collaboration with the 2015 White House Conference on Aging. This Summit was attended by 75 experts in arts, aging, design, and health services, and participation was made available through social media. Attendees were assigned, based on their expertise, to smaller breakout discussion sessions, each examining one of three topic areas:

- **Age-Friendly Community Design**—to focus on policies that promote excellently designed and built environments for aging populations in the U.S. This includes consideration of community design (walkability, transit, access to green space, and community resources) as well as different housing typologies (single family, urban mixed, and retirement facilities).
- **Health and Wellness and the Arts**—to develop policies that promote arts interventions to improve health and well-being outcomes among older adults. This includes contributions that specific art forms make to older adults' health and well-being; how arts practitioners can partner more effectively with researchers to build evidence in support of these interventions; and (in addition to more evidence) what policy levers must be exerted to bring these interventions to older people from all socio-demographic backgrounds.
- **Lifelong Learning and Engagement in the Arts**—to promote greater cognition and creativity among older adults by means of social engagement. This includes intergenerational learning, the role of older artists as social entrepreneurs, and how the arts contribute to or refashion society's understanding of what it means to age in the 21st century.

A pre-Summit questionnaire completed by attendees gave foundational information to support the beginning discussions around each topic. Each group addressed three basic questions:

- What are the biggest issues or needs in this area?
- What are the biggest barriers to addressing those issues or needs?
- What are viable solutions that the federal government can help with?

Feedback from each of the three topic areas was gathered to inform and be informed by the constellation of convenings held by the WHCOA throughout 2015. The participants' discussions and findings are outlined in this report.

PLEASE NOTE: The report's intent is to share the discussions and ideas presented by the convening attendees. The contents of this report do not necessarily represent the opinions or ideas of the National Endowment for the Arts.

AGE-FRIENDLY COMMUNITY DESIGN

BACKGROUND

Within the 2015 White House Conference on Aging's focus on healthy aging, maximizing independence at home and in the community is identified as a priority. Healthy aging is defined as "continuing to live a productive, meaningful life by having the option to stay in one's home, remain engaged in the community, and maintain social well-being" (White House Conference on Aging, 2015). Age-friendly communities support independence for older adults, and age-friendly community initiatives (AFCIs) focus on "deliberately influencing social and physical environments to benefit older adults" (Greenfield et al., 2015).

Livability through universal design was a discussion track in the 2005 Mini-Conference on Creativity and Aging in America. Focused on improving quality of life for all and reducing long-term care costs, the 2005 universal design recommendations "underscored the importance of designing and creating homes, neighborhoods, and communities that support choice and livability throughout the life span" (Hanna, Noelker, & Bienvenu, 2015). It is notable that of the 50 final resolutions from the 2005 White House Conference on Aging, two were in this area: "Encourage community designs to promote livable communities to enable aging in place" and "Expand opportunities for developing innovative housing designs for seniors' needs."

Since 2005 the aging field has shifted its attention from individuals to communities, and broadened its focus beyond older adults to all ages across the lifespan. Age-friendly community design addresses not only an increasing aging population but also the trend toward longevity. The longevity boom is dominated by older adults who increasingly desire to age in place—87 percent of adults 65 and older want to live in their home or community for as long as possible (Harrell, Lyonott, & Guzman, 2014). The growing numbers of older adults who are living longer must overcome barriers to independence—for example, communities that have historically been self-segregated by age or are oriented to automobiles. Designing for healthy aging and a longer lifespan incorporates an integrated community approach that requires greater connectivity and access to services to address individuals' evolving needs as they age.

The Age-Friendly Community Design discussion track addressed policy issues and barriers to promoting excellently designed and built environments for aging populations in the United States. A diverse group of participants from architecture, real estate, interior design, landscape architecture, aging, funding,

and local government engaged in three focused discussions covering a variety of topics including transportation, housing, healthcare, and land use. The ideas and suggestions generated by the participants are reported below.

WHAT ARE THE BIGGEST ISSUES OR NEEDS RELATED TO AGE-FRIENDLY COMMUNITY DESIGN?

- 1. Ageism and the denial of aging.** The participants felt that the primary issue related to age-friendly community design is an expanding older adult population that is in denial about aging because of a cultural stigma in the United States about growing old. Participants described a personal aging process in which many older adults take the easiest route to solving everyday problems in life, such as housing and transportation, but find that these path-of-least-resistance solutions may not accommodate their growing functional limitations over time. Matthias Hollwich, principal of Hollwich Kushner Architects, reported that the denial of aging is demonstrated by the fact that about half of people end up moving in the last three years of life, burdening their families and communities, instead of taking a long-term view of aging and planning ahead. While “discarding elders” was described as an old idea, it was emphasized that ageism (prejudice or discrimination based on age) continues to be a dominant factor in our culture today. Participants also discussed the need to overturn the view held by many younger people that older adults are burdensome (reflected in the cost of Medicare, for example).

The participants declared that the discussion about aging needs to move to the community level. They felt that denial of the aging process, in particular among the Baby Boom generation, creates a lack of interest in aging and diminishes the momentum to have this community conversation. A lack of community discussion intensifies the denial and downplays the need for age-friendly community design. Participants emphasized the need to elevate the issue of aging in communities by engaging diverse stakeholders and getting political leaders to validate the concern. They proposed reframing the aging process and harnessing the power of a growing demographic to “help shift the sensibility.” Valerie Fletcher of the Institute for Human Centered Design suggested that if we embrace, rather than deny, the trend toward longevity among older adults, design can provide a cost-effective solution (compared with the cost of caregiving to address growing functional limitations in the aging process.)

- 2. Communities that work for everyone.** There was also discussion that communities should be designed for all ages and abilities. Participants pointed out that design for social inclusion includes, but is not limited to, universal design, and that an inclusive approach helps move past ageism and connects all aspects of community. As described by Luis Borray of the Affordable Housing Research and Technology Division at the Department of Housing and Urban Development, “Housing is more about community than

structure; this is true for children and elders and anyone. Transportation also links all people and their needs for daily living, related to accessibility and connectivity.” In addition to housing and transportation, David Kamp of Dirtworks, PC, highlighted land use, which is integral to weaving together the fabric of open space that is part of creating a community both physically and socially. Designing communities for all ages and abilities means addressing social aspects and support networks, taking into account collaboration and interaction.

The participants discussed how, in designing communities for everyone, designers and developers need to create human habitats that make possible independence and well-being across a continuum of functional limitations. Physical design principles need to be adapted so that they work more effectively for people at all stages of their life in communities; and existing social systems and infrastructure must be reconsidered to “unleash” funding and develop new creative, community-based solutions. As an example, Kathy Sykes of the Office of Research and Development at the U.S. Environmental Protection Agency proposed rethinking existing systems of medical care—systems that provide care outside the home, making transportation necessary and creating the potential for injury among frail older adults—as part of developing caring communities for all, including elders. Coalition building can advance the creation of communities for people of all ages and abilities, as shown by the success of coalitions in the disability movement.

- 3. Transportation.** Participants stated that transportation is essential in helping older adults remain connected to their community despite increasing health and mobility challenges. Traditionally, large investments have been made in the transportation infrastructure related to automobiles, but older adults become less able to drive as they age. The participants noted that physical design improvements that enhance walkability and non-motorized transportation should be prioritized, as well as public transportation; this can improve the quality of life for everyone, including older adults. Proper design and infrastructure for walking is particularly important given that walking begins and ends any journey taken by older adults who are ambulatory.
- 4. Efficient, effective, and equitable age-friendly design.** Education about age-friendly design was identified as an important component of its success—the public needs to see that age-friendly design is equivalent to good design, and that there is a need for choice in all parts of design. For example, some older adults want to be with other people their own age, while others prefer intergenerational surroundings. The participants noted that equitable design is relevant in several contexts: diverse cultures (e.g., designing communities that culturally support Native Americans); affordability (e.g., low- and moderate-income housing for older adults); and responsive solutions (e.g., medical services that come to older adults in their homes). Marsha Mazz of the U.S. Access Board emphasized the importance of designing accessible information

and communications technology for disenfranchised older adults. Age-friendly design should provide accessible communications technology in homes and community spaces, such as libraries, as well as training for older adults to enable them to utilize fast-evolving new technologies.

WHAT ARE THE BIGGEST BARRIERS TO ADDRESSING THOSE ISSUES OR NEEDS?

- 1. Lack of options.** Identifying the greatest barrier to age-friendly community design, Kathryn Lawler of the Atlanta Regional Commission stated, “The biggest problem is that our communities need options. Our systems—related to housing, transportation, and healthcare—lead to one solution and a lack of options.” Lawler added that this lack of options is compounded by the tendency to treat older adults as a special interest group rather than part of a larger community.

A lack of transportation options is caused by building roads (prioritizing automobiles), instead of developing public transportation that benefits everyone. Older adults particularly require a range of flexible transportation options according to their differing abilities, preferences, and financial means. Transportation infrastructure with limited options creates a barrier when older adults seek to make healthy choices, such as walking. The participants suggested that including aging in the transportation discussion can reframe the conversation to emphasize options and focus on public transportation and pedestrian infrastructure. It was also noted that the need for options for the growing older adult population is aligned with many millennials’ preferences for collaboration and a shared economy.

- 2. Affordability and a shortage of age-friendly housing.** The participants discussed the fact that developers often lack incentives to build age-friendly housing, and universal design often brings additional costs. In addition, the profitability of building retirement communities discourages developers from prioritizing aging in place. Barbara Huelat of the American Society of Interior Designers observed that the healthcare system faces similar economic barriers; operational efficiencies may outweigh the desire for patient-centered care, so that patients leaving the hospital are sent to rehabilitation facilities instead of their homes, and care is provided in larger nursing homes instead of small house models.

Karyne Jones of the National Caucus and Center on Black Aging reported that urban redevelopment incentives may result in gentrification, making housing unaffordable for older adults who cannot afford the increased taxes and housing costs. Location is an important consideration in ensuring elders’ access to services and transportation, yet housing near public transportation in age-friendly communities may be unaffordable for many older adults.

- 3. Zoning and building codes.** Luis Borray stated that “zoning is currently serving too many dimensions that no longer serve people in given environments.” The participants discussed the pros and cons of zoning, and their experiences with it in their home communities. There is a growing movement among architects and planners in New York, San Francisco, and elsewhere, recognizing that conventional zoning can be a significant regulatory barrier from a physical design perspective. An additional challenge is that the definitions of accessibility and universal design are often misunderstood in relation to zoning and building codes; a common language and shared meaning are necessary to make progress in age-friendly community design. However, while zoning can be a barrier against positive solutions, it can also, if properly used, be an effective tool in community design. Participants pointed to urban development in Europe as a model—cities employ master planners to design large urban areas in ways that are sensitive to issues of accessibility and transportation, and compliance standards are imposed on developers.
- 4. A lack of cost-benefit analyses.** The participants acknowledged that there is little supporting data on the costs and benefits of universal and inclusive design, and the data that is available relates to basic accessibility, not age-friendly communities. Research demonstrating the benefits of good design would help make a stronger case for it. Kathryn Lawler noted that cost and benefit data is different across disciplines (such as housing and healthcare), so the issue must be redefined to capture data in different disciplines. Mary Frances DeRose of the Department of Gerontology at the University of Massachusetts at Boston observed that we need cost-benefit analyses and stories that quantify impact to demonstrate a return on investment for decision makers such as members of Congress. Such data can also educate builders and realtors, who often do not promote accessible housing properties because of negative stereotypes. More broadly, participants felt that there is a lack of vision and no sense of urgency about making a cost-benefit case for age-friendly design and addressing the challenges posed by longevity.
- 5. Challenges to scaling good policies and models.** Participants identified some successful policies and models, including housing policies in Seattle that address gentrification, and the Jacobs Center for Neighborhood Innovation (JCNI) in San Diego, which addresses low-income housing. Jennifer Wallace-Brodeur with Livable Communities at AARP clarified the challenge related to bringing effective models to scale: “How can we create an environment of workable solutions that can be replicated in many places more quickly?” The process of scaling includes information dissemination within the design, real estate, development, political, and aging fields. Jordana Maisel of the Center for Inclusive Design and Environmental Access at the University of Buffalo discussed LEED certification as a model to encourage age-friendly community design. The Global Universal Design Commission is developing voluntary standards and will begin documenting the benefits among an early-adopter cohort of commercial buildings.

WHAT ARE VIABLE SOLUTIONS THAT THE FEDERAL GOVERNMENT CAN HELP WITH?

- 1. A federal review to create options.** The primary solution proposed by participants asks federal agencies to conduct an internal review related to creating options in communities for people of all ages and abilities. The participants developed several ideas.
 - a. Financing tools and incentives.** Creative financing tools could provide tax incentives to encourage investors and developers to build age-friendly communities centered on accessible transit, including mixed-use and intergenerational communities. This could include lowering interest rates for universally designed buildings. Dennis Cope of the AIA Design for Aging Knowledge Community pointed out the Supportive Housing for the Elderly Program (“Section 202”) of the Department of Housing and Urban Development (HUD) as an example of successful regulation that supports affordable housing with services (cleaning, cooking, transportation) for low-income and frail older adults.
 - b. Better use and enforcement of existing laws.** Affordable Care Act funding has been used for healthy community design. Participants also discussed accountability for accessible buildings and universal design under the Federal Housing Authority (FHA), performance standards for transit, and updates to HUD’s Fair Housing Accessibility Guidelines. The technical assistance guidelines for HUD’s Community Development Block Grant (CDBG) were held up as a model for new federal guidelines related to age-friendly design (for example, in planning for an integrated approach to transportation).
 - c. Changes in mortgage finance.** Kathryn Lawler described the 30-year mortgage as a mechanism connecting savings and shelter that was appropriate for a world of lower life expectancies but is misaligned with the trend toward longevity and does not serve older adults who need more flexibility.
 - d. Inclusion of aging in federal discussions.** The aging perspective needs to be represented in partnership discussions at the federal level. For example, the White House Conference on Aging should be connected with the Partnership for Sustainable Communities, which includes HUD, the Department of Transportation (DOT), and the U.S. Environmental Protection Agency (EPA). Aging should be at the forefront of discussions, not an afterthought, and a conversation about all ages should balance a recent focus on children.
- 2. Federal funding of innovation and research.** Agencies such as including the Defense Advanced Research Projects Agency (DARPA), Housing and Urban Development (HUD), the National Science Foundation (NSF), or the Department of Transportation (DOT) should partner with the National Endowment for the Arts (NEA) to support age-friendly community design in relation to housing and transportation.

- 3. A White House spokesperson on aging.** This person would serve as an internal advocate and bring attention to aging issues.
- 4. A government-wide conversation.** The voice of the federal government should be used to bring attention to design as a key tool in creating all-inclusive communities. The opportunity to invest in design as an instrument for social equity should be emphasized.
- 5. A federal campaign against ageism.** This initiative should seek to help change the culture of aging in the United States.

AGE-FRIENDLY COMMUNITIES

An aging population and urbanization are two global trends that are having a major impact in shaping the 21st century. As cities are growing, the share of residents 60 and older is increasing. In 2006 the World Health Organization (WHO) established an initiative to guide cities around the world in developing services to address this expanding older adult demographic. This initiative is informed by the WHO's approach to *active aging*, which the organization sees as a lifelong process shaped by several factors that, individually and together, favor health, participation, and security in older adult life. In supportive and enabling living environments, older people are a resource for their families, communities, and economies, and the initiative seeks to engage cities to become more *age-friendly* in order to tap this potential that older people represent for humanity. An age-

friendly city encourages active aging by optimizing opportunities for health, participation, and security to enhance quality of life as people age. In practical terms, an age-friendly city adapts its structures and services to be accessible to and inclusive of older people with varying needs and capacities.

To understand the characteristics of an age-friendly city, it is essential to go to the source: older city-dwellers. Working with focus groups in 33 cities in all WHO regions, the WHO has asked older people to describe the advantages and barriers they experience in eight areas of city living. In most cities, the reports from older people were complemented by focus groups of caregivers and service providers in the public, voluntary, and private sectors.

Source: The World Health Organization

AGE-FRIENDLY COMMUNITIES (continued)

New York became one of the first cities to be certified as age-friendly by the WHO. In this certification, the arts were cited as essential to the healthy aging process, as they can break down isolations and build community across the generations, bridging both age and cultural differences. An early partnership between New York's Department for the Aging and Department of Cultural Affairs established SPARC:

Seniors Partnering with Artists Citywide, which pairs artists and arts organizations with senior centers to share programming and space for art-making and learning. SPARC has grown over the last ten years to become a premier global example of place-making through the arts.

Source: Age-Friendly Cities New York and the New York City Department of Cultural Affairs



Artist Naomi Goldberg Haas' dance project at the Hudson Guild Senior Center, Manhattan. Photo courtesy of the NYC Department of Cultural Affairs

HEALTH AND WELLNESS AND THE ARTS

BACKGROUND

A major shift is occurring in healthcare, and the arts and aging community is playing a key role in this transformation. A move from a medical model of aging applied at a time of functional loss to an approach focused on the whole person's strengths and abilities is fertile ground for creativity and the arts. This holistic approach helps foster optimal health and wellness, with particular awareness of the person's physical, mental, emotional, and spiritual needs (Thornton, 2013). Successful prevention efforts depend on this awareness.

To meet this need, participants at the mini-conference preceding the 2005 WHCOA called for providing professional development to healthcare providers on the use of the arts in geriatric services, as well as building a workforce of professional artists to team with healthcare providers across healthcare settings (Hanna, Noelker, & Bienvenu, 2015). Since that meeting, there has been much activity throughout the nation. Accreditation standards for artists working in healthcare are being developed. Healthcare professionals are engaging older adults in developing life stories, which improves healthcare quality by promoting person-centered care incorporating the arts and humanities. A Federal Interagency Task Force on Arts and Human Development, led by the NEA, has broadened thinking about engaging older adults in arts participation, not only as audience members, but through creative expression as vital members of their communities. Many medical students' attitudes toward older people are more positive, thanks to art-making projects at museums. The needs of people with memory loss and their caregivers are being addressed through evidence-based arts interventions, and National Institutes of Health funding is now encouraging research in the basic science of arts interventions.

During the 2015 WHCOA/NEA Summit, the assembled group of 22 experts in the Health and Wellness and the Arts track used these developments and related feedback as a springboard toward developing priorities and language that could connect to policy. The participants focused on policy issues and barriers related to the promotion of arts interventions to improve health and well-being outcomes among older Americans. Topics included the contributions that specific art forms make to older adults' health and well-being; how arts practitioners serving these populations can partner more effectively with researchers to build evidence in support of these interventions; and (in addition to more evidence) what policy levers must be exerted to bring these interventions to older Americans from all socio-demographic backgrounds. In this section we report the ideas and knowledge generated by these participants.

WHAT ARE THE BIGGEST ISSUES OR NEEDS RELATED TO HEALTH AND WELLNESS AND THE ARTS?

- 1. Partnerships.** Profound changes can occur when soft and hard sciences get together. There needs to be a way to get students and editorial review boards interested. Partnerships should go beyond art and science to where people live. Researchers, artists, and participants should come together early.
- 2. Research methods.** There tends to be a bias toward random controlled studies within the biomedical and behavioral research community. Bill Elwood, National Institutes of Health, Office of Behavioral and Social Sciences Research, said that “there is epistemological bullying,” and that a broader definition of “rigorous” is needed. Qualitative designs can be just as rigorous as randomized controlled trials. There is a hierarchy of evidence, and researchers should match the design to what is being measured. On the other hand, claims without strong supporting evidence are also made. Limited resources are a consideration.
- 3. Language.** Some words are used differently in science and in the arts. A foundational dictionary is needed to share meaning. Terminology is important when speaking about the “arts” (for instance, are we talking about arts programming or creative arts therapy?).
- 4. A case for shared values.** Marc Agronin, Miami Jewish Health Systems, reminded participants: “Artists need to experience science. Scientists need to experience art. We need to promote that. Without people sharing—talking about their passions—you’re not going to get people talking about the shared value that they have.” It is important that insurance personnel, as well as physicians and other clinicians, recognize the way people in the arts field do things, and that they see the arts as a moral imperative. Art can contribute to shared value.
- 5. Transitions.** When moving from one care setting to another (such as from the hospital to home or a long-term care facility), things are often lost in transition, which may have an impact on the quality of care.
- 6. Engaging the medical community.** Many physicians acknowledge that healing/curing is perhaps only 60 percent medical. There is a need to engage doctors about the remaining 40 percent that is based on other factors (such as psychosocial, emotional, and spiritual) and how the arts can address those factors.
- 7. The public health model.** This model supports community-based participatory research and discovering what can be changed and what cannot. It considers the social determinants of health that influence individual and group differences in health status and offers a way to communicate what is out there in order to address the lack of awareness.

8. **Inventory of existing measures.** Researchers are using many good and validated measures of behavioral health and social-emotional well-being, such as some of those contained in PROMIS (Patient Reported Outcomes Measurement Information System, a system of reliable, precise measures of patient-reported health status for physical, mental, and social well-being, used by the National Institutes for Health). Having an inventory of those measures can encourage and promote quality research.
9. **Programs.** The conversation is too slow. What about people who need help now? More programming is needed, and standards of practice will encourage higher-quality programs.
10. **Community.** Community is not only the people engaging with older people—it is intergenerational and stretches across the lifespan of each person. How we interact with older people now is important. Community is important throughout the life course/life cycle/lifespan.

UNIVERSAL DESIGN

Both the Summit on Creativity and Aging in America and the White House Conference on Aging showcased the field of universal design. Universal design is an approach to creating environments and products that strives to make them usable by all people to the greatest extent possible, and to offer solutions that are capable of being adjusted or modified to meet varied requirements. Universal design is related to accessible design, but it goes further to produce good design for all ages, with special importance placed on providing older adults the capacity to age in the community as independently as possible. While it may involve designing for certain populations including children, people with disabilities, and older adults, universal design means serving not separate groups of users, but rather all users across a spectrum of human-environment interaction.

Source: Welch, 1995.

Welch, P. (1995). *Strategies for teaching universal design* (ed.). Boston, MA: Adaptive Environments.

WHAT ARE THE BIGGEST BARRIERS TO ADDRESSING THOSE ISSUES OR NEEDS?

- 1. Limited public interest, understanding, and/or awareness, and the role of terminology.** There is much to communicate about this work that is not being relayed to the public. Terminology might be a barrier. For example, improved quality of life is often proposed as a positive outcome of engaging in the arts, but the average person may relate better to the word “happiness” than the somewhat vague term “quality of life.” Using common words in place of or when defining “quality of life” may make it easier for people to “get it.” Likewise, many people do not use the term “artist” to identify themselves in a public way. And since many people are in denial about aging, the term “creative aging” may not be effective.
- 2. Failure to include the arts in public policy debate.** Policy does not get made unless a problem is articulated. There is sufficient information on the arts and aging to have a reasonable discussion about policy, perhaps modeled on what has been done in other policy areas such as smoking and physical activity. An awareness campaign appealing to the heart (with a compelling story) and the head (through research) can promote public understanding. Eventually a tipping point may be reached, with a shift in attitude and a cultural change about the value and importance of the arts.
- 3. Inadequate attention to models and methods.** The arts and aging field needs models developed specifically for the artist/scientist team. These should include models for best practices that are replicable and cost-effective, and that add value, as well as theoretical models (mechanistic, physical, biological, psychological, or spiritual). Cohen (2009) argued that sometimes the evidence or outcomes demonstrating success are not enough for the results to be taken seriously: “If there is not an understanding of the underlying mechanism to explain why the results happened, then no matter how robust the findings of the research, they could be dismissed” (p. 48). There is a need for grounded theory and observation studies, which artists can be trained to do.
- 4. Inadequate funding for artists and researchers.** The arts are frequently seen as less worthy of funding and do not survive the prioritization process. Mapping possibilities with aging and the arts can identify opportunities where the two fields intersect. Partners may need training to learn how to seek funding together as a team.
- 5. Failure to make the business case.** For example, declines in the health of caregivers create healthcare system costs, so promoting arts interventions that create positive outcomes for caregivers is not only doing the right thing, it is a means of saving money.

6. Distinctions between the roles of arts, creative arts therapies, and recreational or other kinds of therapies. There are many different outcomes that constitute health and wellness, improved health, decreased illness, or costs saved. Some of these outcomes are explicitly targeted by therapy; others may be powerfully impacted by activities that promote vital involvement and healthy development—activities that might be called “therapeutic” but are not strictly therapy. Professional artists will work toward a different goal than therapists. These activities are complementary but are often seen as being in conflict with each other.



Photo courtesy of EngAGE

WHAT ARE VIABLE SOLUTIONS THAT THE FEDERAL GOVERNMENT CAN HELP WITH?

- 1. Bring government agencies and others together.** Identifying critical agencies was seen as the first step. One of the first comments concerned involving the White House in a public education campaign about the arts. Partnering with other organizations, such as AARP and grant funders in the arts in aging, was viewed as essential. Incentives and a coordinated process are important considerations. Observed Marete Wester, Americans for the Arts, “There are multiple policy areas where we can have an effect, but what is the strategy for communicating in those various ways, and what are the incentives for groups to work together? On the private sector/corporate side, there is tremendous interest and as yet no easy ways to bring those forces together and apply them. Cross-sector, multi-sector intentions are happening out there that are not necessarily coordinated.”
- 2. Identify and expand existing systems to promote intergenerational learning.** By building on existing mechanisms at the federal level, a niche could be carved out to provide stipends and cover training costs for older artists. Some existing mechanisms/systems include National Senior Volunteer Programs/Senior Companions, Experience Corps (including arts instruction), military musicians/bands, grandparents programs (to infuse intergenerational arts program led by professional artists), and AmeriCorps, as well as existing intergenerational settings (such as schools and afterschool programs). New intergenerational volunteer programs can also be created where older individuals would learn from younger individuals and vice versa.
- 3. Develop a central location or portal of research funding opportunities, recently funded projects, and research findings** in the fields of arts, aging, and age-friendly community design. Ensure that these announcements are made available to the public in a timely manner. Engage the Federal Interagency Task Force on the Arts and Human Development in continuing to assist in this process. Create training and mentoring opportunities for potential grant applicants to the NIH.
- 4. Increase attention to models and methods.** Several participants mentioned NIH’s new PROMIS measures, which are flexible, easy to use, and free to the public. Many of the methodologies used in arts and health research come from psychosocial research (defined as non-pharmacological). Looking for linkages with caregiver and educational interventions that are more classically psychosocial rather than arts-related could prove fruitful. Some participants discussed a model of an artist/researcher team and the need for education and training to help ensure the success of such a model. Tony Noice, Elmhurst College, mentioned an incentive to encourage people forming these teams: “There could be grants that only go to the artist/researcher combo.”

- 5. Take greater advantage of NIH funding.** Arts research can be framed within types of projects that NIH has funded and will continue to fund (such as less use of cars, more physical activity, community gardening, and healthy eating). NIH offers mentoring to help researchers with their grant proposal submission, and NIH participants in the discussion group mentioned that program officers are eager to collaborate closely with researchers, beginning with the conception of an initial idea. Emmeline Edwards, NIH National Center for Complementary and Integrative Health, remarked, “Yes, I think program officers are obviously the advocates for the community, but it’s very helpful when the community comes in with something to discuss. Send a one-pager and say, ‘This is what I’m thinking about.’ Then we have something to talk about.” Although the Interagency Task Force has been partly successful in opening up such funding opportunities, there are reportedly insufficient numbers of competitive grant applications, so further education of interested researchers may be necessary.
- 6. Strengthen collaboration with the humanities.** Currently, there is not much crossover between arts and humanities in creative aging, yet there is a strong interest in medical humanities, especially among academics and physicians. There is a natural relationship with health humanities, said Bill Elwood: “There is a Venn diagram-like intersection of arts and humanities. Health humanities currently claim some activities (narrative, performance, drama) which arts would claim as its own. There is a naturally equitable model in which everyone is included for their voices, whether they are patients, counselors, physicians, nurses, etc. Everyone has an equitable voice at the table, and they work really well together.”



Photo courtesy of the Alzheimer's Poetry Project

INTERVIEW WITH SUSAN PERLSTEIN

Susan Perlstein is the founder of Elders Share the Arts and the National Center for Creative Aging. She was interviewed at the Summit on Creativity and Aging in America by facilitator William Benson. Perlstein was born in Brooklyn, New York, the child of a physician who was also a community activist for civil rights. She studied choreography with Alwyn Nicolai at the Henry Street Studio and later received a Bachelor of Arts in American Studies from Barnard College, a Master of Science from Columbia University, and a Master of Social Work from Hunter College. She studied the street theater of Augusto Boal and adapted this art form in developing intergenerational programs centered on people sharing their living histories. Perlstein formed Elders Share the Arts in the 1970s as an innovative way to build communities and grassroots organizations by sharing arts and culture across generations. President Clinton recognized Elders Share the Arts for its outstanding programming in 1998, and in 2001 Perlstein founded the National Center for Creative Aging in Brooklyn. She later reestablished this national arts service organization in Washington, DC, in partnership with Gene Cohen, MD, PhD, director of the Center for Aging, Health, and Humanities at George Washington University.



Photo by Michael Hagedorn, courtesy of Elders Share the Arts

In the interview, Perlstein talked about her early dedication to recognizing older people as the keepers of our culture. She developed their stories into art forms that could be shared in senior centers, schools, and other community centers. She taught them how to be artists and share their art, developing a core of artists called the Pearls of Wisdom, beloved by children across New York City. She later created living history festivals that were held in every borough, with a major event in Central Park. Now Perlstein is a Pearl of Wisdom herself, going into schools and sharing her love of the arts and community life. She has also become an artist again, playing songs on her guitar, learning to play jazz, and playing with a band. Although she is an internationally recognized founder and leader of the creative aging movement, Perlstein still keeps close to her Brooklyn roots in social activism and the joy of community-building.

LIFELONG LEARNING AND ENGAGEMENT IN THE ARTS

BACKGROUND

“Learning is important across the lifespan for us to continue to be generative throughout our entire lives. Arts education is not only for children and youth, but for all of us,” said William Benson, moderator of the Summit and managing principal of Health Benefits ABCs. “**Lifelong learning**” is defined by the Collins Dictionary online as “provision or use of both formal and informal learning opportunities throughout people’s lives in order to foster the continuous development and improvement of the knowledge and skills needed for employment and personal fulfillment.” A large portion of the adult population of the United States is enrolled in some type of lifelong learning program.

In the arts, lifelong learning focuses on maximizing cognition and promoting creativity among older adults through arts engagement. There is not only a need for arts learning across the lifespan, but also a physiological and mental health benefit for older adult participants. But arts within the field of aging is a new, evolving field, and there are inequities and challenges. According to Sherman (2006), there is a dearth of literature that addresses older adults as lifelong learners and participants in the arts. Our society does not generally have a strong commitment in this area. Moreover, arts and aging have existed as two separate entities, leading to a fractured approach often not sensitive to cultural specificity and diversity.

At the Summit, the Lifelong Learning and Engagement in the Arts track focused on policy issues and barriers related to the promotion of greater cognition and creativity among older adults by means of arts engagement. Topics included the arts as a conduit of intergenerational learning, the role of older artists as social entrepreneurs, and how the arts contribute to or refashion society’s understanding of what it means to age in the 21st century. The Lifelong Learning and Engagement in the Arts participants included invited leaders from the arts, education, and aging communities, who represented government, for-profit and nonprofit organizations, and foundations. The results of these discussions are reported in this section.

WHAT ARE THE BIGGEST ISSUES OR NEEDS RELATED TO LIFELONG LEARNING AND THE ARTS?

1. **Advocacy for public policy and culture change.** The overall need is to develop public policies and ensure their inclusion in discussions at the federal, state, and

local levels. A leadership council of arts organizations should be organized to project a central voice advocating for equitable public policy, including the elimination of ageism in federal, state, and local legislation and regulation. This leadership should develop language that can be used by those in the arts, aging organizations, and government agencies.

- 2. Models and programming.** The question is how to build sustainable lifelong learning models across different settings (such as senior centers, community organizations, and long-term care facilities) and how to quantify the effectiveness of programming. There is a need to identify and develop diverse and replicable programs and business models that are culturally sensitive and adaptable to different environments (rural, urban, and suburban). In regard to finance and administrative operation, business models should include capacity building, sustainability, partnership development, resource development, access, and training.
- 3. Research.** Research on the evaluation of model lifelong learning programs is needed, with the aim of showing whether a program is working and effective. It is important to include the older adult in the research process and to assess how participation in lifelong learning benefits him or her. (Current research does not always include the older adult's perspective.) It is also important to quantify participation research and to bring people into lifespan research that investigates the impact that arts engagement has on their lives. Research is needed to analyze the impact of arts in lifelong learning, including cognitive changes (brain function), engagement, and quality of life. Research must also address the gaps between professional language and practice in this field. Finally, collaborative research is necessary to demonstrate the value of shared resources and ultimately to influence practice, advocacy, and policy.

WHAT ARE THE BIGGEST BARRIERS TO ADDRESSING THOSE ISSUES OR NEEDS?

- 1. Competition for resources and the impact of ageism and sexism.** There is competition for resources in the aging world. For example, child services compete with older adult services, making it difficult to get lifelong learning and aging services on the agenda; even within the aging field, services for the frail elderly compete for funding with services designed for people who are healthy as they age. Ageism is a factor—education for older people is often confused with entertainment, as older adults are not seen as generative members of society. Sexism also plays a role—women live longer and do most of the caregiving, so attitudes toward women are a barrier to attention to lifelong learning and the arts.
- 2. A lack of coordinated advocacy.** There is no joint ownership or collaboration to build a coalition of advocates, and there are no existing resources. Organizations do not have an institutional commitment to lifelong learning.

In academia, disciplines are divided into silos that create barriers to lifelong learning. There are also cultural and language barriers between communities of advocates in aging, arts, and education.

- 3. A lack of funding.** The field is new and evolving, and consequently there is a lack of business models to support the development of funding sources. It is important to look at innovative ways to generate monies, through earned income as well as governmental and philanthropic funding. There is a need to look at the gaps in services offered and see if entrepreneurial arts organizations can fill them.

In addition to identifying the three main barriers discussed above, the participants made these general observations about barriers faced in this area:

- **The extent and causes of barriers.** Barriers to lifelong learning are pervasive across funders, gender, communities, and organizations. Many barriers exist because the arts and aging field is relatively new. Some of the major psychological and physical barriers result from ageism.
- **Research.** The participants agreed that additional evidence-based research is essential, but they wondered who the beneficiaries of the research are, and whether the purpose was to inform professional practice or to change policy.
- **Organizational structure.** Business models need to include and be sensitive to changing organizational structures. If an organization is trying to serve a diverse population of older adults, it needs to be organized in a way that addresses their needs.

WHAT ARE VIABLE SOLUTIONS THAT THE FEDERAL GOVERNMENT CAN HELP WITH?

- 1. Mapping the “ecosystem.”** The federal government could presumably catalyze the mapping of lifelong learning in the arts in communities across the country, revealing “creative aging deserts” as well as successful approaches, and this is seen as critical in building sustainable infrastructures. Such a mapping apparatus was recently introduced at the DC Commission on the Arts and Humanities: the Comprehensive Environment Survey of Arts Resources (CESAR) reveals scarcity as well as density of lifelong arts programs. Lisa Richards Toney, interim director of the Commission, stated, “It tells anybody where to place their investment. Washington, DC is a city of lots of people who are aging. CESAR will reveal where they are getting services. How close are they to those services? Proximity is a big deal when you have populations who are not as active.”
- 2. Incentives to leverage resources.** Incentives, such as challenge grants, seed grants, and tax credits, are needed to catalyze funders to leverage resources for artist training and high-quality program services.

- 3. Social impact bonds.** Tim Carpenter, founder of EngAGE, offered, “One example of what the government could do is social impact bonds. It’s basically philanthropy with teeth. Instead of giving money away and saying we’re never going to get it back, they create a partnership...and get somewhere between 0 and 6 percent interest. It’s an ‘earn back’...they can get the money back that they would have given away.”
- 4. Support for the creative economy.** Jobs and industries based on cultural goods and services and intellectual property emerged in a rich exchange among the participants. Lisa Toney observed that local government funds were supporting this creative economy. Arts commissions around the country have to demonstrate the value of funding the creative economy, compared to just the economy in general. Participants discussed the older adult component of the creative economy and made it clear that older adults do not just receive or watch the arts, but also contribute to them—they participate in the generative side, not just the consuming side.
- 5. Education.** “I would like to see another recommendation to the Department of Education,” said Susan Perlstein, Elders Share the Arts, “that says senior centers and schools should be paired in neighborhoods on cultural history because older people are the keepers of our cultural history.” Participants suggested that perhaps the Department of Education could institute relevant policy, or the Older Americans Act could be used to facilitate this. Both could play a role in partnerships addressing this and other education policy considerations for lifelong learning. One vehicle could be “service learning [a teaching method designed to involve students in authentic and meaningful service to their communities] in K-12 education, and older adults in livable communities in general,” said Maura O’Mally, founder of Lifetime Arts.
- 6. Advocacy.** Janet Brown, president and CEO of Grantmakers in the Arts, raised this issue. For the federal government to move forward, there is a great need, both inside and outside government, for organized advocates who can put forward a policy agenda supporting learning across the lifespan, specifically including access to education in the arts. Advocacy is required at the highest levels (such as from the president and first lady) to make the connection between the arts, older people, and communities that are livable across the lifespan. There must be a systematic approach to link agencies and their services in support of innovations in lifelong learning in the arts, based on the understanding that this is healthy for older people, their families, and the communities where they live.

FINDINGS OF THE SUMMIT AT LARGE (INCLUDING SOCIAL MEDIA PARTICIPATION)

The three topic area participants presented their findings to the full body of Summit attendees, including those participating through social media. The Summit at large discussed these findings and addressed the most important issues, needs, barriers, and solutions in the three areas. These principal findings of the Summit discussions are outlined below.

NEEDS/ISSUES

The following actions are needed to address issues:

Age-Friendly Community Design

- Reframing of the issues around aging demographics, in order to embrace designing for longevity across the lifespan.
- Design for social inclusion that includes, but is not limited to, universal design focusing on adaptive physical designs that enable people at all stages of life to maintain their lives in communities of their choice.
- Promotion of the development of infrastructure, especially transportation, that helps older people connect with their communities and maintain their independence, thereby reducing the need for long-term care.
- Promotion of age-friendly design as efficient, effective, and equitable for all, through workforce development, with the focus on the older person as both a co-creator and end-user.

Health and Wellness and the Arts

- Increased public awareness of arts programs that enhance health and wellness of older people.
- A broad definition of the work and an array of existing innovative and novel study designs and outcome measures to support evidence-based research.
- Identification and promotion of shared values and a common language among intergenerational stakeholders, with the aim of building infrastructure for engagement in the arts across the life span in order to improve health.
- Promotion of partnerships among biomedical and behavioral researchers, healthcare organizations, policymakers, funders, etc., both locally and nationally, to leverage resources and validate cross-cutting services in the arts,

with the goal of improving healthcare for older adults and lowering the risk of needing long-term care.

Lifelong Learning and Engagement in the Arts

- Cultural change to create a positive alteration in the public perception of older people and their ability to be generative through arts learning and engagement throughout the life span.
- Leadership advocacy for equitable public policy to support funding for access to lifelong learning and engagement in the arts, including intergenerational arts programs and services for underserved communities.
- Replicable business models that will build sustainable program services to meet the growing demand of older people who prefer to age in place. These programs must include workforce development, be adaptable and diverse, and serve both urban and rural settings.
- Research to analyze outcomes of lifelong learning in arts programs, including cost-effectiveness related to health benefits and lowering the risk of needing long-term care.

BARRIERS

The following barriers were identified:

Age-Friendly Community Design

- Lack of options and lack of awareness about issues related to aging in the design of products, housing and community design, transportation, health, etc.
- Challenge of maintaining and developing age-friendly communities due to lack of affordable housing, often caused by gentrification in urban settings.
- Lack of cost-benefit analyses/evaluations to make the case for age-friendly design and community planning.
- Challenges in bringing all policies and age-friendly design models to scale at the national level, to be easily replicated on local levels across community settings.

Health and Wellness and the Arts

- Insufficient public awareness and limited understanding of the role of the arts in healthcare, caused by inadequate communication between all stakeholders in the healthcare system.
- Lack of advocates to promote sufficient inclusion of the arts in public policy discussions around health and wellness.

- Lack of effective theoretical models and research methods applicable to the arts in health and wellness.
- Insufficient funding for artists and researchers to collaborate in developing an adequate evidence base to provide a model for health and wellness for use in clinical settings, including assisted living, long-term care, and hospice.

Lifelong Learning and Engagement in the Arts

- Ageism, from both the individual and the societal perspective, and a perception that the older person is not worth societal investment or support to continue to be generative.
- The arts and aging fields both being minority players at the table when priorities for research funding are set.
- Lack of leadership and joint collaboration among stakeholders in the arts and aging fields in building a coalition of advocates that can develop a policy base for growing programs and services to meet the increasing demand of the aging demographic.
- Lack of business models to build sustainable programs and services, which could help arts organizations and educational institutions develop an embedded commitment to lifelong learning.

SOLUTIONS

The following solutions were offered:

Age-Friendly Community Design

- Leverage resources across federal agencies to promote creative financing tools for age-friendly home designs and renovations, as well as community design, transportation, and wayfinding, with the goal of giving older people and their families access to affordable options for aging in the communities of their choice.
- Fund innovations in design through research within federal agencies (DARPA, NSF, NEA, etc.).
- Appoint a White House spokesperson on aging to start a federal campaign against ageism, and to promote healthy longevity through quality design for individuals and the communities in which they live, work, and play.
- Start a government-wide conversation on design as a key tool for creating all-inclusive communities regardless of socio-economic status in order to promote good health, education, and generativity across generations.

Health and Wellness and the Arts

- Identify key federal agencies that can utilize the arts to solve critical health issues; help replicate and sustain evidence-based program services across healthcare systems and community services; and expand and infuse the arts through existing systems at the federal, state, local, nonprofit, and for-profit levels.
- Create public awareness by acknowledging and naming the artistic contributions integral to other areas within healthcare systems, including environmental design, workforce development, and patient satisfaction.
- Expand the federal Interagency Task Force on the Arts and Human Development with virtual interprofessional mentorships in order to break down the silos between disciplines, encourage collaboration, and integrate psychological and social sciences as allies in the arts and humanities.
- Establish a national arts, health, and well-being research network with best practice sharing (map out who funds what and under what parameters). This recommendation is not exclusive to aging-related concerns.

Lifelong Learning and Engagement in the Arts

- Actively work to eliminate ageism across all federal policies in the arts, healthcare, education, and community design.
- Catalyze increased public/private funding by convening funders and developing innovative funding models based on earned income and public/private partnerships.
- Collaborate across federal, state, and local governments to collect data, map the ecosystem, and leverage the potential of successful programs in order to build a sustainable supply to meet the growing demographic demand.
- Promote and fund research on cost-effectiveness and outcomes of lifelong learning for career development and life enrichment, including intergenerational programs and services.
- Increase visibility and support of individual older artists and provide support for programs that enhance their quality of life and work.
- Promote workforce development to build a broad and diverse community of teaching artists to work across community settings, including education, vocational and avocational, healthcare, parks and recreation, senior centers, and arts organizations of all disciplines.

THE ROLE OF THE ARTS IN THE WHITE HOUSE CONFERENCE ON AGING (WHCOA) CONVENINGS

WHCOA REGIONAL FORUMS

The White House held regional forums in Tampa, Seattle, Phoenix, Cleveland, and Boston in February and March of 2015, and creativity and arts engagement played an important role throughout. Intergenerational programs that utilize the arts as equalizers between participants (including people with memory loss) were explored. For instance, WHCOA representatives visited The Intergenerational School of Cleveland, Ohio, an award-winning charter school that engages people with early-stage Alzheimer's to mentor high-risk youth, helping them achieve high scores on standardized tests and graduation. The artwork of older artists was celebrated in each location. The WHCOA regional forums collaborated with state arts agencies and regional arts organizations, leveraging and highlighting the important arts infrastructure that the NEA has nurtured across the country. For example, the Arizona Commission on the Arts assisted in the planning and production of the Phoenix forum, and other state arts commissions assisted in finding older artists and related visual arts exhibitions.

WHCOA AT THE WHITE HOUSE

The WHCOA's culminating event was held at the White House on July 13, 2015. The overarching issue that emerged throughout the day, as in the Summit on Creativity and Aging in America, was to foster a cultural change in American's attitudes toward aging. From President Obama, senior White House staff, and Cabinet members, the call of the day was to reframe the issues of aging to embrace longevity for the opportunities it offers, notwithstanding the challenges it presents. Another major challenge identified was how to best support caregivers, both individuals caring for their family members (often both children and older adults) and homecare workers, who requested professional status and were given a strong voice at the conference.

The conversations at the WHCOA and the regional forums raised several implications for the arts. For instance, community initiatives in arts and healthcare (such as providing support for people with memory loss and their caregivers) were highlighted in the context of the arts and dementia-friendly communities. Another platform of issues that exemplified the NEA's work included presentations aimed at encouraging and promoting innovation, including universal design. Needs identified at the Summit—for forming broad-based collaborations and using technology and new business models to leverage for-profit, nonprofit, and public agencies to take products and services to scale—were central at the WHCOA as well.

RECOMMENDATIONS FOR THE FIELD

The NEA gathered and analyzed the comments and findings covered throughout Summit discussions and has distilled them into a set of recommendations that the NEA would submit for consideration by the leadership of the creativity and aging field.

- 1. Launch a national campaign to reframe arts services**, in order to address the reality and benefits of longevity, combat ageism, and promote intergenerational programs and services. This national campaign would tie into the related efforts of AARP, PBS Second Avenue, and other national advocates. Led by a public/private partnership, the campaign would not only generate arts engagement throughout the older population, it would also provide new revenue to arts organizations and jobs for teaching artists and other art service providers.
- 2. Build a leadership council of arts, aging, health, and community services organizations** (including age-friendly/dementia-friendly advocates), to promote collaborations in policy development, research, and funding. This council would operate in a similar way as the Leadership Council of Aging Organizations and other advocacy and policy groups. Regularly scheduled meetings would be held to pool resources in promoting and tracking legislative efforts that encourage creativity and arts participation for older adults; these would involve the arts, design, health, and aging service fields.
- 3. Convene a summit of social entrepreneurs in technology and community service** from the nonprofit and private sectors with the goal of helping arts products and services go to scale. Following models established by AARP and the Gerontological Society of America and using public/private funding, the field of creativity and aging would gather innovators to assist in bringing evidence-based products and programs to scale in order to meet the growing demand by individuals and communities for high-quality services. A series of webinars would disseminate findings to the field.
- 4. Establish a research network to build an evidence base** to support funding and policy development for arts and design products and aging services. At this time there is no coordinated effort to identify, promote, or encourage evidence-based research, which is in demand by institutional service providers across the spectrum of community and health services. A network coordinated by research leaders in the fields of arts, design, health, and aging services would enable researchers to find needed support and build collaboration. There would be competition for funding innovative projects that would enhance the development and utilization of products and services (including age-friendly communities and universal design).

CONCLUSION

This year marks the 50th anniversary of both the establishment of the National Endowment for the Arts and the enactment of the Older Americans Act, Medicare, and Medicaid. This legislation, passed as part of President Lyndon Johnson's Great Society initiative, assured all Americans of the potential to be healthy and to pursue happiness across their lifespans. Creativity and the arts have been recognized as being part of the intrinsic fabric of humanity and key assets in building the American Dream into robust realities. Therefore, the coming together of the NEA and WHCOA in 2015 is historic and has given the field of arts and design an opportunity to be visionary in building innovations to support age-friendly communities for the 21st century.

It is no surprise to anyone that the new longevity of older adults presents distinctive challenges, but the opportunities are surprising and unprecedented. The NEA has kicked off, as part of its 50th anniversary, an initiative called Creativity Connects*, which will explore how the arts contribute to the nation's creative ecosystem and how they connect with other sectors that want and utilize creativity. In addressing our country's seismic demographic shift, the arts and design can help by opening new vistas of participation for all Americans. Across the aging continuum, through innovations that support individual and community development, creativity in the arts and design serves our many cultures, economic levels, and personal preferences. The next 50 years have the potential to be a renaissance in art and design—one that will enable four generations to flourish in their homes and in their urban and rural communities. The arts and design field is ready to make America a vibrant place to grow older.

* Creativity Connects™ is used with permission from Crayola, LLC.



While learning how to paint, two participants enjoy a moment of joy together. Photo by Herb Scher, courtesy of Lifetime Arts

WHCOA THEMES AND VISION FOR THE NEXT TEN YEARS

The White House Conference on Aging event held at the White House on July 13, 2015, engaged 200 onsite participants as well as thousands of Americans watching at 700 convenings in all 50 states. The conference focused on retirement security, healthy aging, long-term services and support, and elder justice. Themes from two of these areas were addressed at the Summit on Creativity and Aging in America:

Healthy aging:

Theme 1: There must be a culture change in Americans' attitudes towards aging population, recognizing older adults as a resource that supports the greater good of society and that can be used to help solve society's problems.

Theme 2: Age-friendly communities that are inclusive and culturally responsive to the needs of diverse groups within the aging community must be supported.

Long-term services and supports:

Theme 1: There is a need for person-centered care that maximizes independence and choice.

Theme 2: There must be greater support for paid and family caregivers.

Theme 3: The patchwork of services and funding streams must be addressed.

A vision for the next decade:

Address our demographic reality.

Address the needs of caregivers, both paid and unpaid.

Collaborate across sectors.

Take advantage of technology.

Help older adults contribute to society and communities in a meaningful way.

For the White House Conference on Aging report, visit: www.whitehouseconferenceonaging.gov.

Source: Super, 2015

REFERENCES AND RESOURCES

Aroha Philanthropies (2015). *Artful aging resources*. http://www.arohaphilanthropies.org/images/111715ResourceGuide_Linked.pdf.

Braveman, P. & Gottlieb, L. (2014). The social determinants of health: It's time to consider the causes of the causes. *Public Health Reports*, 129, 19-31.

Cohen, G. (2000). *The creative age: Awakening human potential in the second half of life*. New York, NY: Avon Books.

Cohen, G. (2005). *The mature mind: The positive power of the aging brain*. New York, NY: Basic Books.

Cohen, G. (2006). *The creativity and aging study: The impact of professionally conducted cultural programs on older adults*. Center for Aging, Health & Humanities, the George Washington University. <http://cahh.gwu.edu/arts-aging-study>.

Cohen, G. (2009). New theories and research findings on the positive influence of music and art on health with ageing. *Arts & Health: An International Journal for Research, Policy and Practice*, 1(1), 48-62.

Easterbrook, G. (2014). The new science of old age. *The Atlantic*, 314(3), 60-72.

Gottlieb, L., Sandel, M., & Adler, N. (2013). Collecting and applying data on social determinants of health in health care settings. *JAMA Internal Medicine*, 173(11), 1017-1020.

Greenfield, E., Oberlink, M., Scharlach, A., Neal, M., & Stafford, P. (2015). Age-friendly community initiatives: Conceptual issues and key questions. *The Gerontologist*, 55(2), 191-198.

Hanna, G., Noelker, L., & Bienvenu, B. (2015). The arts, health, and aging in America: 2005–2015. *The Gerontologist*, 55(2), 271-277.

Harrell, R., Lyonott, J., & Guzman, S. (2014). What is livable? Community preferences of older adults. AARP Public Policy Institute. <http://www.aarp.org/ppi/issues/livable-communities/info-2015/what-is-livable-AARP-ppi-liv-com.html>.

Jeffri, J. (2015). Art cart: Saving the legacy. *Organizing. Culture. Change*, 3(1). <http://public.imagingamerica.org/blog/article/art-cart-saving-the-legacy-a-replicable-interdisciplinary-inter-generational-educational-experience/>.

Larkin, M. (2015). Arts colonies offer a creative, whole person wellness alternative for independent living. *Journal on Active Aging*, May/June.

Lindland, E., Fond, M., Haydon, A., & Kendall-Taylor, N. (2015). *Gauging aging: Mapping the gaps between experts and public understandings of aging in America*. Frameworks Institute. <http://www.frameworksinstitute.org/pubs/mtg/gaugingaging/index.html>.

National Association of Area Agencies on Aging (2014). *Making your community livable for all ages: What's working*. <http://www.n4a.org/files/n4aMakingYourCommunityLivable1.pdf>.

National Association of Area Agencies on Aging (2014). *Trends and new directions: Area Agencies on Aging survey*. <http://www.n4a.org/files/AAA%202014%20Survey.pdf>.

National Endowment for the Arts (2013). *The Arts and Aging - Building the Science*. <https://www.arts.gov/publications/arts-and-aging-building-science>.

National Endowment for the Arts (2011). *The Arts and Human Development: Framing a National Research Agenda for the Arts, Lifelong Learning, and Individual Well-Being*. <https://www.arts.gov/publications/arts-and-human-development-framing-national-research-agenda-for-the-arts-lifelong>.

Sherman, A. (2006). Toward a creative culture: Lifelong learning through the arts. *Generations*, 3(1).

Super, N. (2015). Presentation by Nora Super (Executive Director, 2015 White House Conference on Aging) to the Leadership Council of Aging Organizations, October 7, 2015.

Thornton, L. (2013). *Whole person caring: An interprofessional model for healing and wellness*. Indianapolis, IN: Sigma Theta Tau International.

Wallace, N. (2015). The aging of America. *The Chronicle of Philanthropy*, 27(13), 8-13.

Welch, P. (1995). *Strategies for teaching universal design* (ed.). Boston, MA: Adaptive Environments.

White House Conference on Aging (2015). Healthy aging. <http://www.whitehouseconferenceonaging.gov/blog/policy/file.axd?file=/Healthy%20Aging%20Policy%20Brief/Healthy%20Aging%20Issue%20Brief.pdf>.

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