

HHS Public Access

Author manuscript *Educ Gerontol.* Author manuscript; available in PMC 2023 February 28.

Published in final edited form as:

Educ Gerontol. 2022; 48(9): 415-428. doi:10.1080/03601277.2022.2045536.

Let us progress! Implementing professionally led arts-based programming in senior centers

Jacqueline Eaton^{a,*}

^aCollege of Nursing, University of Utah, Salt Lake City, USA

Abstract

The arts offer a cost effective and appealing approach to healthy aging. The purpose of this study is to evaluate the development and implementation of three creative aging pilot programs led by professional teaching artists in multipurpose senior centers. The process of recruitment focused on professional teaching artists, senior center directors, and program participants. Data collection documented attendance, field note observations, participant demographics, self-reported health, and satisfaction. Open-ended interviews detailed individual experience, learning opportunities, dislikes, and both program and instructor feedback. Analysis involved descriptive statistics and apriori pattern coding. Outcomes are reported specific to each program developed, including: 1) readers theatre, 2) choir, and an 3) Improvisation/Movement class. A total of 35 older adults participated in all three programs. The choir had the highest average of regular attendance, while the improvisation/movement class struggled with recruitment. Overall satisfaction was high across all programs, with participants expressing enjoyment with courses that offer a challenge and desired that courses continue. This study emphasizes the importance in collaborating with centers to develop high quality programming and recommends strategies to facilitate program sustainability. Future program development and instruction may be improved through application of lessons learned.

Keywords

creative aging; senior center; arts-based; teaching artists

The arts offer a cost effective, creative, and appealing approach to healthy aging. Interventions that incorporate the arts can be tailored to communities, increase engagement, provide low cost alternatives, and improve the health of older adults (Johnson et al., 2020). The advantages of arts participation include a wide variety of the benefits connected to activities that are productive, incorporate multiple forms, challenge yet appeal to

This is the Accepted Manuscript version of this article deposited under the terms of the Creative Commons Attribution-NonCommercial License (http://creativecommons.org/licenses/by-nc/4.0/), which permits non-commercial re-use, distribution, and reproduction in any medium, provided the original work is properly cited.

^{*}Corresponding Author: Jacqueline Eaton, PhD, College of Nursing, University of Utah, 10 South 2000 East, Salt Lake City, UT, 84112, jacqueline.eaton@nurs.utah.edu, Phone: 801-587-9638, Twitter: @jackieaton.

Disclosure Statement

At the time of this research, I was a board member of the non-profit EngAGE Utah, which received a grant to pilot these creative aging programs. I did not receive remuneration for this voluntary board position. However, I did receive a small amount of funding to hire a graduate research assistant to facilitate data collection on this project.

participants, and offer both social support and motivation to continue (Noice et al., 2013). Accessible programs promote community building and increase quality of life, which result in economic benefits that reduce healthcare costs (Hanna et al., 2015). Participatory arts include community-based approaches to artistic expression and art-making (Fancourt & Finn, 2019), leading to positive outcomes such as confidence, self-worth, and self-esteem (Ascenso et al., 2018; Franklin, 1992; Grogan et al., 2014). Programs have been found to reduce the risk of depression (Fancourt & Steptoe, 2018; Fancourt & Tymoszuk, 2019), slow cognitive decline (Fancourt et al., 2018a; Fancourt et al., 2018b), enhance brain resilience (Strong & Mast, 2019), improve well-being and reduce anxiety as well as the risk of becoming frail (Williams et al., 2018; Williams et al., 2019; Aalbers et al., 2017).

Professionally Led Arts Programming for Older Adults

Programs led by professional teaching artists are important for high quality opportunities that target the artistry of the experience while emphasizing growth, development, and teaching techniques important for adult learners (Cohen, 2006). Effective programs facilitate experiences that enhance mastery and social engagement through facilitation from trained teaching artists (Beauchet et al., 2020; Lifetime Arts, 2016). These facilitators have professional experience in the arts and are trained to work with older adults (Lifetime Arts, 2016). This is important in order to enhance art-based learning opportunities for older adults which has the potential to transform communities, provide motivation to act, invite diverse perspectives, engender empathy, facilitate healing, explore new actions/roles/relationships, and question assumptions about how knowledge is created (Lawrence, 2012).

Arts programming that involves the community and individuals co-creating art is found to be most effective (Fancourt & Finn, 2019). It is recommended that programming in the community build on structures that already exist, such as libraries, museums, higher education, and senior centers (Hanna et al., 2015). In addition, community-engaged research designs are vital to address community needs and recognize the importance of arts professionals in the research process (Chapline & Johnson, 2016). The arts are described as a pedagogical force, helping people make sense of the world, create meaning (Bishop et al., 2019), and cope with change (Kleijberg et al., 2021). However, there is limited public awareness about the benefits of arts engagement and learning for the older adult population (Lifetime Arts, 2016).

Multipurpose Senior Centers as Point of Delivery for Professionally Led Arts Programming

Senior centers act as a point of delivery of services for an estimated 46 million older adults in the United States (Bobitt & Schwingel, 2017; Kadowaki & Mahmood, 2018). Services focus on exercise, information, referral, meals and programming in nutrition, health, and recreation (Kadowaki & Mahmood, 2018). Decisions are often driven by those who attend and senior center administration tends to have little knowledge about evidencebased programs (Bobbitt & Schwingel, 2017; Kadowaki & Mahmood, 2018). Organizational barriers, such as program inflexibility and funding, stand in the way of implementing programming (Bobitt & Schwingel, 2017). Recent research focused on important changes

for future senior center programming, such as the opportunity to become enhanced learning centers within the community (Formosa & Galea, 2020) and altering center models to build community through intergenerational connection (Brunt et al., 2020). It is important for senior centers to promote the pursuit of person-centered goals (Liao & DeLiema, 2021). They are an ideal location for participatory arts programming led by professional teaching artists, yet we know little regarding the process of developing and implementing such programming within the senior center environment (Kadowaki & Mahmood, 2018). Research should explore methods for increasing participation and developing partnerships (Kadowaki & Mahmood, 2018).

In a scoping review of research on senior centers in both the United States and Canada, there is minimal mention of arts-based programming within centers, and only in association with organizational modes that are linked to lifelong learning (Kadowaki & Mahmood, 2018). For example, music was identified as a preferred topic for discussion (Cohen-Mansfield et al., 2005) and dance was a technique used to target pain management (Tobias et al., 2014) or health through its connection with aerobics (Swan et al., 2010). No mention was made of professionally led arts-based programming, and lacked exemplars in other areas such as visual arts, media, and theatre (Kadowaki & Mahmood, 2018).

Purpose

This project was developed to provide learning experiences that increased access to artsbased training led by professional teaching artists. Through a partnership with a state arts agency and a non-profit focused on increasing high quality creative aging opportunities for older adults, three programs were developed in partnership with multipurpose senior centers. The purpose of this study was to describe the development and evaluate the implementation of these three programs.

Methods

This study uses a mixed method approach to describe the development and implementation of three pilot programs led by professional teaching artists designed to target the needs of three different multipurpose senior centers. Oversight of this study was sought and approved through two entities: the University of Utah Institutional Review Board and the Utah State Department of Health and Human Services Review board. Recruitment targeted three different groups of participants: 1) professional teaching artists assigned to lead each pilot program, 2) directors of participating senior centers, and 3) participants in each of the three programs. Individuals were excluded from participation if they did not fall into one of these three categories.

Multipurpose senior centers were invited to apply to participate in a pilot program that funded the development and implementation of an arts-based course. Each participating center had the opportunity to identify the type of experience that would best fit the needs of their center and community attendees. Two professional teaching artists (6 total) were recruited to lead each individual program. Teaching artists were identified from rosters of professional artists in the area. Those assigned to each pilot participated in training

through EnAGE Utah to improve teaching practices specific to older adult learners. Each participating senior center agreed to collaborate with EnAGE Utah to offer these new programs to older adults in their communities. Centers publicized the opportunity through newsletters, flyers, and announcements within their senior center. Those interested in participating in the pilot program were also invited to participate in this study.

Individuals signing up to participate in the pilot programs were asked, individually, to participate in the evaluation of outcomes associated with participation. Those interested met with the primary investigator, or the research assistant, to read an informed consent document and were invited to ask questions about the process. Those not interested in participating were thanked for their time and reminded that this would not influence their experience or opportunity participating in the pilot program.

Each program was designed as a weekly 60-minute class available during a ten-week period. The initial research design included participant survey completion at six time points (baseline, the first meeting, meeting four, meeting seven, meeting 10, and post participation) in order to assess change over the course of the program. Surveys were to be gathered no less than two weeks apart. Items on the surveys included questions about gender, work status, education, economic status, relationship status, race, ethnicity, and general health. Surveys incorporated questions from the Patient-reported Outcomes Measurement Information System (PROMIS) to evaluate satisfaction with participation in discretionary social activities (PROMIS v1.0 Satisfaction with Participation in Discretionary Social Activities Short Form 7a) (Hahn et al., 2010), emotional distress-depression using the PROMIS v1.0 Emotional Distress-Depression Short Form 4a (Pilkonis et al., 2011; Pilkonis et al., 2014), social isolation (PROMIS v2.0 Social Isolation Short Form 8a) (Hahn et al., 2014), and cognitive abilities (PROMIS v2.0 Cognitive Function Abilities Subset Short Form 4a) (Lai et al., 2014). All PROMIS surveys asked participants to respond to questions using a 5-point Likert scale. Due to additional state level Institutional Review Board oversight for two senior centers, the research team was asked to replace surveys about emotional distress-depression, social isolation, and cognitive abilities with questions regarding self-reported health. Self-reported health was evaluated on a scale from 1 to 7, with 1 being poor and 7 being excellent. These questions asked participants, when compared to other people their age, to self-rate their social life, emotional health, memory, and overall health. The final survey for all centers included questions focused on satisfaction with the pilot program. At this time, open ended questions were also asked about strengths, weaknesses and suggestions for program improvement.

Qualitative data was gathered in order to describe the process of creating and implementing each pilot program. The research assistant documented field notes at all meetings in order to describe the environment, activities, approaches to teaching and participant reactions. No identifying information was included in field notes and all names were changed. Openended interviews with teaching artists, senior center directors, and a minimum of three participants at each program were also gathered. These interviews were digitally recorded, transcribed, and assessed to examine perceptions about the process of program creation and participation. Questions for these interviews were open ended and developed during the process of program development. Interviews occurred outside of program activities.

Journaling, memos, and notes containing information about program development occurred throughout implementation in order to document barriers and strengths to development, and provide a log of activities for reproducibility.

Research Electronic Data Capture (RedCAP) was used to organize data (Harris et al., 2009). NVivo (QSR International, 2016) was used to analyze data for themes, and to provide a description of program development and processes; including recommendations for future use. Apriori codes were used to organize data into patterns based on interview questions (Saldaña, 2009). Descriptive statistics were used to describe participants and examine outcomes specific to quantitative data. Initial plans to assess data longitudinally were revised due to variability in participant attendance and low completion rates.

Results

Three unique programs were created at three different multipurpose senior centers. Two professional teaching artists with expertise in the program topic led each experience. The center director, based on participant interests and the center needs, identified program topics. These included: 1) readers theatre, 2) choir, and 3) improvisation/movement. Each program was offered one time a week for one hour. A total of 35 participants attended at least one week in all programs. Participation and length of weeks offered varied by center and activity. Table 1 shows the demographic characteristics for each sample. The numbers in attendance were greater than the number of participants consenting to complete evaluation surveys. Below is a description of the outcomes for each individual program, followed by an overall report on qualitative findings, including participant experience, learning, dislikes, and feedback specific to instructors.

Reader's Theatre

The first creative aging program was implemented in a senior center that is operated by the city in which it is located and does not receive funding through the Older Americans Act (OAA). It is in a larger metropolitan area. This center had previously developed a reader's theatre and requested that the creative aging program build upon their previous work. Two teaching artists were identified: one newly graduated from an undergraduate theatre program and the second was an individual with decades of experience working in reader's theatre. Both completed the National Center for Creative Aging (NCCA) (2017) Online Artist Training. An initial group of 16 signed up to participate in the class, and thirteen attended at least one time. The average number of participants in attendance were eight (two male and six female). This program lasted 10 weeks, with a final performance on the last meeting day. Nine participants completed surveys, however not all completed every survey. Due to the small number of responses, data was retained for all questions answered, and pairwise deletion was used to remove missing data. The mean age was 75.86 (SD = 6.34), ranging from 69 to 85. The majority of the sample was female (55.6%) and white (77.8%). Most of the sample was separated or divorced (33.3%), with others being widowed (22.2%), married (11.1%) and single (11.1%). Education levels showed that 33.3% of the sample held a bachelor's degree, while fewer were high school graduates (22.2%), did not graduate from high school (11.1%) and had a graduate degree (11.1%). All respondents were

retired (77.8%), with one working part-time for pay (11.1%) and one volunteering part-time (11.1%). Income ranged between \$10,000 and \$75,000 with most making less than \$40,000 annually (44.4%).

Due to the small sample sizes (n=9), change overtime was not assessed, however data does allow us to view change in the overall mean pre to post (Table 2). **Depression** scores began at 5.86 (SD = 1.57) and ended with a mean of 5.00 (SD = 2.24) a reduction by .86 points. This group of respondents were not depressed and their scores did not change over the course of the intervention. Applied cognition at baseline was 16.14 (SD = 1.86) and ended at 17.40 post program (SD = 4.34), an increase of 1.26 points. The baseline was .14 standard deviations above the average general population, post-test was .32 above. The respondents perceived themselves as having functional abilities concerning cognitive tasks. Social isolation scores were an initial mean of 12.60 (SD = 4.98) and ended at 14.25 (SD = 7.50); an increase of 1.65. Participant perceptions of social isolation were .43 standard deviations below the general population mean when starting the program and .32 standard deviations below the general population mean at the end. This means that this population did not perceive themselves as socially isolated. Satisfaction with participation in discretionary social activities did not change from pre to post testing. Baseline participants were 30.60 (SD = 4.16) and post level was 30.80 (SD = 6.94) a change of only .20. This is .75 standard deviations above the general population, almost one standard deviation, a high level of satisfaction. This means that participants in this program were content with their leisure interests and relationships with friends when compared with the general population.

Satisfaction with the Program—Strengths identified by participants included "cooperation with others" and instructors' ability to demonstrate "with their voices how to improve." One participant noted, "I did not know I could talk so loud. I loved the teachers, they were helpful and kind." Five respondents stated that they would participate again because they "made progress" and "enjoyed the camaraderie." The one request for improvement specific to this program was a desire for "More challenging material."

Choir

The second program was at a senior center that was within the oversight of state aging services located in a diverse, urban area with a lower socio-economic population. This center had previously offered a choir, taught by a center attendee, and requested the opportunity to work with professional teaching artists to build on their previous choral work. The two individuals included a professional choral director/composer and pianist who held eight weeks of rehearsal and one final performance. Both had extensive experience working with older adult choirs in the past. A total of 13 participants joined the choir. On average, twelve attended individual sessions (4 male and 8 female). Baseline surveys were not gathered at this facility as approval was under review at the state Institutional Review Board (IRB). Due to state requested changes in survey instruments, data collection at this center was delayed. Programming continued as scheduled. Following program completion, participants were contacted and asked to complete the survey consisting of demographic questions, satisfaction with participation in discretionary social activities (Hahn et al., 2010), and

Due to the one time point of survey data, we can only view general self-rated well-being and satisfaction with participation in discretionary social activities (Table 2). When asked to compare their life with others their age, participants scored general health (M= 5.40, SD = 0.55) and memory highest (M= 5.40, SD = 0.89). Emotional health was still scored high (M= 5, SD = 0.71) and social life was the lowest (M= 4.80, SD = 1.10). **Satisfaction with participation in discretionary social activities** was scored as 23.40 (SD = 2.19), just below the average for the general population by .10 standard deviation.

Satisfaction with the Program—Participants felt the strengths of this program stemmed from the teaching artists, with statements that "they were always on same page," and described them as "professional," having "patience," and "strong leadership and teaching skills." They felt that the experience "brought out talents." One person stated, "Having never been in a choir, I found this extremely enjoyable." Five respondents stated that they would participate again because "it was fun to sing," enjoyed the interaction, and felt they "became a better sounding choir." Improvements were focused on the desire to continue. Participants wanted more practice, and wished other participants would listen more and follow directions. In addition, they felt more sheet music would be helpful as they "ran out." They did not want this program to end, "Let us progress by continuing with the same program."

Improvisation / Movement

The third program was also at a senior center under the state aging services oversight. This center was in a suburban area and offered a wide variety of opportunities for participants; including an array of dance classes with strong attendance. Without a specific request/focus, it was thought that something in combination with movement might be a good fit for the many already participating in the numerous dance opportunities. The professional teaching artists came from two different disciplines; one was a professional in dance and the other in theatre with a specialty in improvisation. Nine people tried the class, with an average attendance of four (one male and three female). Lasting six weeks, this course struggled to recruit participants, which delayed the start date, ultimately shortening the number of weeks it was available. This was the only program that did not end with a performance for the wider community. Five participants completed surveys, however not everyone completed both pre and post data nor each question. Due to the small sample size, we used pairwise deletion to handle missing data. The mean age was 73 (SD = 6.06), ranging from 65 to 79. The majority of the sample was female (60%), and white (100%). Most were married (60%)and separated or divorced (40%). Education levels showed that 40% of the sample held a bachelor's degree and 40% were high school graduates. Only one (20%) had post-graduate

education. Four respondents (80%) were retired, four (80%) volunteered part-time, and one (20%) worked part-time for pay. Income ranged between less than \$10,000 to \$50,000.

When asked to compare their life with others their age, general health did not change from pre to post (M = 6.00, SD = 0.82), memory improved from a mean of 5.50 (SD = 0.58) to 6 (SD = 0.00), emotional health improved slightly from pre (M = 6.00, SD = 0.82) to post (M = 6.25, SD = 0.50), and social life worsened slightly from pre (M = 6.00, SD = 0.82) to post (M = 5.25, SD = 2.22). All scores were positive leaning, so the population of focus perceived themselves as healthy compared to others of their age. **Satisfaction with participation in discretionary social activities** (Table 2) did not change from pre to post testing. Baseline participant satisfaction score was 27.27 (SD = 6.95) and post level was 28.50 (SD = 6.35) a change of only .75. Even at baseline, the participants were a standard deviation of .31 above the general population, which moved to .42 higher at post. Again, participants were starting with a high level of satisfaction and thus it was normal that any movement would be minimal when already high.

Satisfaction with the Program—Program strengths focused on the involvement of everyone. Participants felt that "it was fun," and provided a "variety of experiences." Five respondents stated that they would participate again because it was fun and "refreshing." Again, participants wanted the program to continue. They would like more practice "perfecting some of the games." In addition, participants felt that "the course description" needed improvement as it did not encompass what the class truly entailed. They would like to have a "performance for the senior center."

Overall Experience

Following completion of each program, in-depth interviews were conducted with participants of each program. Twelve interviews were conducted (three from the choir, five from the improvisation/movement course and three from the reader's theatre). Interviews ranged from 14 minutes to 60 minutes, with the average interview lasting 29 minutes. The interviews for the improvisation/movement course became a focus group when all participants arrived at the same time and requested to talk as a group.

Participants were asked to describe their experience participating in the program, the strengths and weaknesses of the program, what they enjoyed most, and suggestions for improvement. All said that they would like their class to continue. They felt it was challenging, but enjoyable. Many felt the comradery and group interaction was important. They appreciated the opportunity to try something new, funny, and surprising. They saw improvement, and linked this to the opportunity to work with experts. Most of all, they appreciated being recognized and the time to share what they learned through performance.

And I, when I was reading one of my, one of, and I don't even remember which part it was now. I finished reading the part and I, there was a few chuckles. But I heard someone in the front row say, she's really good at that. (laughs) and I thought....it's like, is she talking about me? Well she had to have been. Had to have been talking about me because I was the one that was reading. And yeah, so that was kind of an awesome thing. So, I was kind of happy about that.

Page 9

What Did You Learn From This Course?—Participants described learning new skills and new ways of being creative, such as, "I could sing," learning "a little bit more about theatre," and "it decreases your sensitivity for being on stage." They emphasized "everybody has something to contribute" and described getting along with others, meeting more people, and observing what other people are doing. One person stated, "I probably know her better than I would have if I had just been introduced to her by name and had a little small talk about the weather, who knows what. I mean, she just really revealed her personality." Courses were described as fun and an opportunity to laugh and express oneself. "I like making, being able to make people laugh. And seeing them enjoy themselves. So I think that um...it's a good feeling for me. It makes me feel good. So if I can make somebody else feel good it's kind of a win win." Others were more introspective in their thoughts about what they learned. They learned to "accept compliments," "be more patient," and recognize their unique contributions. "I'm a unique person when it comes to doing theatre. I'm unique and, um...I accept that. I've learned to accept myself the way I am."

What Did You Like The Least About The Class?—Most expressed disappointment in the number of weeks the courses were offered.

I'm sorry it's done. You know when we first got, when we first heard about getting the directors, and that. And doing this, I thought this was a long-term thing. I didn't realize that, until...I think we were in the seventh week that this was winding down. And that wasn't, really, that was kind of a disappointment. Um.... cause I thought this was something that was just like a; I thought this was something that was like going to be an ongoing thing.

Other elements least liked included the other people in attendance who were described as "abrasive" and "complained." Participants appreciated multiple instructors and were disappointed when only one instructor was present. Finally, participants expressed discomfort with activities that put them out of their comfort zone. These included improvisation and movement activities that were unfamiliar to some, and theatre exercises that required practicing techniques through role-playing. They said the instructor "had us doing some stuff that I thought was kind of goofy" and one person did not return to the movement class. Her friend said she was "uncomfortable. She uh, she says, this is a little too off the wall for me."

Instructors: How Did They Help?—Participants described instructors balancing each other and working well together; "they were able to build on one another's expertise." They identified the strengths that the instructors had to fix mistakes, determine the limits of their class, and when to alter plans, adapt, and change exercises. Instructors were described as having "positive attitudes," the ability to make strong decisions, and capacity to motivate participants.

Instructors: How Did They Hinder?—Many did not see the teaching artists as hindering any part of the program. However, some had feedback that focused on offering choices and allowing participants to have input on the type of material they perform. One example of this was in the comments regarding the first script rehearsed for the reader's

theatre, which participants described as long and not of interest to their center population. Another concern was the type of movement and length of movement modeled in the improvisation/movement course. Participants thought some of the instructors demonstrated difficult physical movements that they could not repeat; and made sure that the instructors were aware that some participants might need to sit down. Finally, there was concern over one instructor being soft spoken. "Make sure that you're speaking loud enough that everyone can hear you and that.... yeah. Cause I know, a lot of times I know she was way too soft spoken."

What Would You Change About The Class?—Participants wanted courses to continue. They wanted more people involved, and each program to culminate in a performance. It was also recommended that participants have a choice as to what they perform.

But maybe as a group, if we could decide together what play or what...thing that we want to do instead of it just being handed to us and saying; this is what you're doing. Um, maybe have a choice of 2 or 3 things. Well, even 3 or 4 things and say, okay, as a group which one of these things would you like to do instead of just having, saying here this is what we're going to do. You know, given a choice and majority rules.

In addition, participants would like instructors to encourage memorization. One person said, "A little less music encourages more to not look at their music and follow the director cause she would lead them where to go."

Future recommendations include expanding on what they have done to access additional possibilities and challenging assignments.

L2: I think there's a lot more possibilities for the class. I think there's a lot more we could do.

L: I think they have lots of things up their sleeves but didn't have time to do them all.

Many thought that one way to increase participation could be identifying class ambassadors from those attending each week. Alter scheduling to time courses for the majority, "I think we'd have a lot more people if we could do it during the morning hours," and perform at special events, or lunchtime. Those in the choir requested an improved filing system, "maybe to get some....way to file. They gave us a cupboard in the craft room. To put our music. And that was really disorganized." Above all, participants requested more funding so programming could continue.

Discussion

In summary, participants in all three programs rated overall satisfaction (Table 2) as very enjoyable, relevant to their interests, engaging, challenging, and organized. Teaching Artists received high scores as well. All ratings were between 4 and 5 on a 5-point scale (five being most positive), with only one item scoring below a 4. The Reader's Theatre was given the lowest average of 3.20 (SD = 1.10) when compared to similar programs. This score

means that participants felt it was neither better nor worse than other programs. However, all programs were described as improving participant skills.

High scores may represent participants who were already interested in these types of courses, or already experienced with the topics at hand. In addition, those who responded to surveys and agreed to interviews may be those who were most interested and content with the experience. Program length, instructors, and activities differed greatly and should not be compared. However, data from this study does provide initial information on the barriers and facilitators to developing creative aging programming in multipurpose senior centers.

Recommendations for Future Programming

- 1. Provide programs that demonstrate an investment in participants. It is difficult to recruit participants to commit to something they know may end soon. Many felt the course was just getting started and did not give participants enough time to fully explore the new material. This aligns with organizational assessments that identified funding as one of the main impediments of program implementation (Bobitt & Schwingel, 2017).
- 2. Instructors need to communicate with one another and be prepared for courses. This includes making a goal to work towards a final performance so participants can share their knowledge and skills. Cohen (2006) documented the influence of arts-based programming on mastery, which emphasizes sequential learning that leads to mastery of something challenging and provides positive outcomes for participants. A final performance is one method of demonstrating mastery, and an important element of goal-oriented, adult learning that builds on the knowledge of participants (Boyer, 2007). Multiple instructors leading each course was identified as a strength. However, this can become problematic when the instructors have different goals or aspire to different outcomes.
- **3.** Course messaging needs to be clear in order to recruit and retain participants. This should require current participants serving as ambassadors, providing feedback on marketing materials, and scheduling classes at times that facilitate attendance by those using center transportation. Choosing class topics that relate to the community participating at the senior center is an important part of person-centered goals, which may increase enrollment. It is important to recognize diverse needs and enhance accessibility to a variety of preferences, abilities, and languages (Liao & DeLiema, 2021).
- 4. Participants at multipurpose senior centers tend to be healthy, active members of their community. Those responding to these surveys had high levels of well-being, self-rated health, and active participation. Their participation at community centers demonstrates a high level of social engagement and commitment. A ceiling effect may be involved, in that it is unknown if participatory arts programming can improve scores that are already high on these variables. The assessment of community based creative aging programs should target variables of need. This may include civic engagement, empowerment,

resilience, or late life potential. It would also benefit such programs to complete a cost-benefit analysis.

Program evaluation needs to incorporate community-based participatory methods (Chapline & Johnson, 2016). One strength of this project was the partnership of both artists, art administrators, researchers, and stakeholder groups (state arts agency, area agency) on aging, non-profit, and state aging services). Strategic partnerships are vital for enhanced programming that includes professional teaching artists (Lifetime Arts, 2016) and overcomes structural and financial barriers (Bobitt & Schwingel, 2017; Kadowaki & Mahmood, 2018). However, we still faced challenges specific to recruitment, data collection, and even IRB approvals. Participants in these programs were very open to interviews, but hesitant to complete surveys, even when anonymity was assured. In addition, participants may not attend weekly, making longitudinal data difficult to track and gather. For this matter, pre/post designs, or even post only designs may be more helpful in increasing response rate. Finally, it is important to note that not all senior centers have the same IRB oversight. In this study, the researcher's institutional IRB covered those not receiving funding under the OAA, while those receiving funding from OAA had a second IRB that was restrictive regarding the types of survey questions they were willing to approve. Had this difference in oversight been available at the outset, a different strategy in IRB approval would have been pursued in order to gather the same survey data at all three senior centers.

Incorporating professionally led arts-based programming in local senior centers is an important tactic to improving the quality of offerings available to older adults in community settings. It offers a method of building on infrastructure that already exists, while adding a component of professionalism and innovation that may not already exist locally. Such programming requires paying teaching artists and may require partnerships with local non-profits and state art agencies. Programs that target the requests and needs of the senior centers will have higher turnout and facilitate growth in identified areas of need (Brunt et al., 2020; Kadowaki & Mahmood, 2018). This study emphasizes important steps in collaborating with centers to develop such programming; and recommends strategies to facilitate program sustainability. Future research should explore community-based research designs, variables that more adequately assess the constructs being tested, and enhance person-centered approaches to identifying program focus and timing.

Conclusion

Arts-based programming offers innovative approaches to enhancing healthy aging. One way of increasing access to such programming is through senior centers, which provide services to a large number of older adults. This study evaluates the development and implementation of three creative aging pilot programs led by professional teaching artists in multipurpose senior centers. Overall satisfaction was high across all programs and participants described a desire to continue attending and expanding such offerings. Collaborating with community stakeholders, state agencies, and researchers is vital to improving outcome assessments and facilitate sustainability. Future programs should identify methods to increase recruitment, test variables associated with programming, identify methods by which programs can foster training and practice for professional teaching artists, and methods to enhance sustainability.

Acknowledgements

I acknowledge the support and help of the many senior centers, program directors, and participants who participated in the evaluation of these pilot programs. In addition, thank you to Gina Allyn and Samantha Powell for their assistance in data collection.

Funding

This work was supported by the Utah Division of Arts and Museums and EngAGE Utah. In addition, individual support from the National Institute on Aging [K01AG065623 to J.E.].

References

- Aalbers S, Fusar-Poli L, Freeman RE, Spreen M, Ket J, Vink AC, Maratos A, Crawford M, Chen X, & Gold C (2017). Music therapy for depression. Cochrane Database Systematic Review, 11, CD004517. 10.1002/14651858.CD004517.pub3
- Ascenso S, Perkins R, Atkins L, Fancourt D, & Williamon A (2018). Promoting well-being through group drumming with mental health service users and their carers. International Journal of Qualitative Studies on Health and Well-being, 13(1), 1484219. 10.1080/17482631.2018.1484219 [PubMed: 29989487]
- Beauchet O, Bastien T, Mittelman M, Hayashi Y, & Hau Yan Ho A (2020). Participatory art-based activity, community-dwelling older adults and changes in health condition: Results from a prepost intervention, single-arm, prospective and longitudinal study. Maturitas, 134, 8–14. 10.1016/ j.maturitas.2020.01.006 [PubMed: 32143777]
- Bishop K, Etmanski E, & Page MB (2019). Engaged scholarship and the arts. Engaged Scholar Journal: Community-Engaged Research, Teaching, and Learning 5(2), i–viii. 10.15402/ esj.v5i2.68329
- Bobitt J, & Schwingel A (2017). Evidence-based programs for older adults: A disconnect between U.S. national strategy and local senior center implementation. Journal of Aging & Social Policy, 29(1), 3–19. 10.1080/08959420.2016.1186465 [PubMed: 27215272]
- Boyer JM (2007). Creativity matters: The arts and aging toolkit. The National Guild of Community Schools of the Arts.
- Brunt A, Strommen J, & Stangl C (2020). Reinventing the traditional senior center in rural areas to attract a new generation of individuals. Activities, Adaptation, & Aging, 44(2), 89–105. 10.1080/01924788.2019.1581025
- Chapline J & Johnson JK (2016, December). The National Endowment for the Arts guide to community-engaged research in the arts and health. NEA Office of Research & Analysis. Retrieved from https://www.arts.gov/sites/default/files/Guide-to-Community-Engaged-Research-inthe-Arts-and-Health-March2017.pdf
- Cohen G (2006, April 30). The creativity and aging study: The impact of professionally conducted cultural programs on older adults, final report. National Endowment for the Arts. Retrieved from http://arts.gov/sites/default/files/CnA-Rep4-30-06.pdf
- Cohen-Mansfield J, Parpura-Gill A, Campbell-Kotler M, Vass J & Rosenberg F (2005). Elderly persons' preferences for topics of discussion and shared interest groups. Journal of Gerontological Social Work, 44(3/4), 39–57.
- Fancourt D, & Finn S (2019). What is the evidence on the role of the arts in improving health and well-being? A scoping review. Health Evidence Network Synthesis Report 67. Copenhagen: WHO Regional Office for Europe. Retrieved from https://www.euro.who.int/en/publications/abstracts/what-is-the-evidence-on-the-role-of-thearts-in-improving-health-and-well-being-a-scoping-review-2019
- Fancourt D, & Steptoe A, (2018). Effects of creativity on social and behavioral adjustment in 7to 11-year-old children. Annals of the New York Academy of Sciences, 1438(1), 30–39. 10.1111/ nyas.13944 [PubMed: 30079606]

- Fancourt D, Steptoe A, & Cadar D (2018a). Cultural engagement and cognitive reserve: Museum attendance and dementia incidence over a 10-year period. The British Journal of Psychiatry, 213(5), 661–663. 10.1192/bjp.2018.129 [PubMed: 30025547]
- Fancourt D, Steptoe A, & Cadar D (2018b). Cultural engagement predicts changes in cognitive function in older adults over a 10 year period: Findings from the English Longitudinal Study of Ageing. Scientific Reports, 8(1), 10226. 10.1038/s41598-018-28591-8 [PubMed: 29977058]
- Fancourt D, & Tymoszuk U (2019). Cultural engagement and incident depression in older adults: Evidence from the English Longitudinal Study of Ageing. The British Journal of Psychiatry, 214(4), 225–229. 10.1192/bjp.2018.267 [PubMed: 30560742]
- Formosa M, & Galea R (2020). Critical educational gerontology at a senior center in Malta: Possibilities and limitations for critical consciousness. Educational Gerontology, 46(2), 59–71. 10.1080/03601277.2020.1711587
- Franklin M (1992). Art therapy and self-esteem. Art Therapy, 9(2), 78–84. 10.1080/07421656.1992.10758941
- Grogan S, Williams A, Kilgariff S, Bunce J, Heyland JS, Padilla T, Woodhouse C, Cowap L, & Davies W (2014). Dance and body image: Young people's experiences of a dance movement psychotherapy session. Qualitative Research in Sport, Exercise and Health, 6(2), 261–277. 10.1080/2159676X.2013.796492
- Hahn EA, DeVellis RF, Bode RK, Garcia SF, Castel LD, Eisen SV, Bosworth HB, Heinemann AW, Rothrock N, Cella D, & PROMIS Cooperative Group. (2010). Measuring social health in the Patient-Reported Outcomes Measurement Information System (PROMIS): Item bank development and testing. Quality of Life Research, 19(7), 1035–1044. [PubMed: 20419503]
- Hahn EA, DeWalt DA, Bode RK, Garcia SF, DeVellis RF, Correia H, Cella D, & PROMIS Cooperative Group (2014). New English and Spanish social health measures will facilitate evaluating health determinants. Health Psychology, 33(5), 490–499. [PubMed: 24447188]
- Hanna GP, Noelker LS, & Bienvenu B (2015). The arts, health, and aging in America: 2005-2015. The Gerontologist, 55(2), 271–277. [PubMed: 26035603]
- Harris PA, Taylor R, Thielke R, Payne J, Gonzalez N, & Conde JG (2009). Research electronic data capture (REDCap) - A metadata-driven methodology and workflow process for providing translational research informatics support. Journal of Biomedical Informatics, 42(2), 377–381. [PubMed: 18929686]
- Johnson JK, Stewart AL, Acree M, Napoles AM, Flatt JD, Max WB, & Gregorich SE (2020). A community choir intervention to promote well-being among diverse older adults: Results from the community of voices trial. Journal of Gerontology: Psychological Sciences, 75(3), 549–559.
- Kadowaki L, & Mahmood A (2018). Senior centres in Canada and the United States: A scoping review. Canadian Journal on Aging, 37(4), 420–441. 10.1017/S0714980818000302 [PubMed: 30187839]
- Kleijberg M, Hilton R, Ahlberg BM, & Tishelman C (2021). Play elements as mechanisms in intergenerational arts activities to support community engagement with end-of-life issues. Healthcare (Basel), 9(6), 764. 10.3390/healthcare9060764 [PubMed: 34205346]
- Lai J-S, Wagner LI, Jacobsen PB, & Cella D (2014). Self-Reported Cognitive Concerns and Abilities: Two Sides of One Coin? Psycho-Oncology, 23(10), 1133–1141 [PubMed: 24700645]
- Lawrence RL (2012). Transformative learning through artistic expression: Getting out of our heads. In Taylor E, & Cranton P (Eds.), The handbook of transformative learning: Theory, research, and practice (pp. 471–485). San Francisco, CA: Jossey-Bass.
- Liao H & DeLiema M (2021). Reimagining senior centers for purposeful aging: Perspectives of diverse older adults. Journal of Applied Gerontology, 40(11), 1502–1510. 10.1177/0733464821996109 [PubMed: 33648359]
- Lifetime Arts, Inc. (2016). Teaching artist training in creative aging: A national survey. Retrieved from https://www.lifetimearts.org/wp-content/uploads/2016/02/TA-Training-Survey-Report-vol-1.pdf
- National Center for Creative Aging (2017). Online artist training. https://creativeaging.org/training/ online-artist-training/
- Noice T, Noice H, & Kramer AF (2013). Participatory arts for older adults: A review of benefits and challenges. The Gerontologist, 54(5), 741–753. [PubMed: 24336875]

- Pilkonis PA, Choi SW, Reise SP, Stover AM, Riley WT, & Cella D (2011). Item Banks for Measuring Emotional Distress from the Patient-Reported Outcomes Measurement Information System (PROMIS): Depression, Anxiety, and Anger. Assessment, 18(3), 263–283. [PubMed: 21697139]
- Pilkonis PA, Yu L, Dodds NE, Johnston KL, Maihoefer CC, & Lawrence SM (2014). Validation of the Depression Item Bank from the Patient-Reported Outcomes Measurement Information System (PROMIS) in a Three-Month Observational Study. Journal of Psychiatric Research, 56, 112–119. [PubMed: 24931848]
- QSR International Pty Ltd. (2016). NVivo qualitative data analysis software (Version 11) [Computer software]. https://www.qsrinternational.com/products.aspx
- Saldaña J (2009). The coding manual for qualitative researchers. SAGE.
- Strong JV, & Mast BT (2019). The cognitive functioning of older adult instrumental musicians and non-musicians. Neuropsychology, Development, and Cognition. Section B, Aging, Neuropsychology and Cognition, 26(3), 367–386. 10.1080/13825585.2018.1448356
- Swan JH, Turner K, Shashidhara S, & Sanders D (2010). Physical activity and senior centers in Texas. Texas Public Health Journal, 62(2), 16–18.
- Tobias KR, Lama SD, Parker SJ, Henderson CR Jr., Nickerson AJ, & Reid MC (2014). Meeting the public health challenge of pain in later life: What role can senior centers play? Pain Management Nursing, 15(4), 760–767. 10.1016/j.pmn.2013.07.013 [PubMed: 24144569]
- Williams E, Dingle GA, & Clift S (2018). A systematic review of mental health and wellbeing outcomes of group singing for adults with a mental health condition. European Journal of Public Health, 28(6), 1035–1042. 10.1093/eurpub/cky115 [PubMed: 29982515]
- Williams E, Dingle GA, Jetten J, & Rowan C (2019). Identification with arts-based groups improves mental wellbeing in adults with chronic mental health conditions. Journal of Applied Social Psychology, 49(1), 15–26. 10.1111/jasp.12561

Table 1

Demographic Characteristics

Characteristic	Reader's Theatre (n =9) Mean (SD)	Choir (n =5) Mean (SD)	Improvisation (n =5) Mean (SD)
Self-Reported General Health	5.86 (.90)	5.40 (.55)	5.40 (1.14)
-	No. (%)	No. (%)	
Sex			
Male	2 (22.2%)	2 (40%)	1 (20%)
Female	5 (55.6%)	3 (60%)	4 (80%)
Race			
White	7 (77.8%)	5 (100%)	5 (100%)
Black/African American	0 (0%)	0 (0%)	0 (0%)
Asian	0 (0%)	0 (0%)	0 (0%)
Pacific Islander	0 (0%)	0 (0%)	0 (0%)
Native American	0 (0%)	0 (0%)	0 (0%)
Ethnicity			
Hispanic	0 (0%)	0 (0%)	0 (0%)
Not Hispanic	7 (77.8%)	5 (100%)	4 (80%)
Relationship Status			
Single (never married)	1 (11.1%)	0 (0%)	0 (0%)
Separated or Divorced	3 (33.3%)	1 (20%)	2 (40%)
Married	1 (11.1%)	3 (60%)	3 (60%)
Widow or Widower	2 (22.2%)	1 (20%)	0 (0%)
Education			
Did not graduate from high school	1 (11.1%)	0 (0%)	0 (0%)
High School graduate	2 (22.2%)	4 (80%)	2 (40%)
Bachelor's Degree	3 (33.3%)	1 (20%)	2 (40%)
Master's Degree	1 (11.1%)	0 (0%)	0 (0%)
Post-Graduate Degree	0 (0%)	0 (0%)	1 (20%)
Work			
Part-Time (for pay)	1 (11.1%)	0 (0%)	1 (20%)
Volunteer Part-time	1 (11.1%)	0 (0%)	4 (80%)
Volunteer Full-time	0 (0%)	1 (20%)	0 (0%)
Retired	7 (77.8%)	5 (100%)	4 (80%)
Income			
Less than \$10,000	0 (0%)	0 (0%)	1 (20%)
\$10,000-\$25,000	2 (22.2%)	0 (0%)	1 (20%)
\$25,001-\$40,000	2 (22.2%)	2 (40%)	1 (20%)
\$40,001-\$50,000	1 (11.1%)	1 (20%)	1 (20%)
\$50,001-\$60,000	1 (11.1%)	2 (40%)	0 (0%)

-

Characteristic	Reader's Theatre (<i>n</i> =9)	Choir (<i>n</i> =5)	Improvisation (n =5)
	Mean (SD)	Mean (SD)	Mean (SD)
\$60,001-\$75,000	1 (11.1%)	0 (0%)	0 (0%)

Table 2

Descriptives and Outcomes

Construct	Reader's Theatre (<i>n</i> =9)	Choir (<i>n</i> =5)	Improvisation (n =5)
	Mean (SD)	Mean (SD)	Mean (SD)
Depression			
Pre	5.86 (1.57)	-	-
Post	5.00 (2.24)	-	-
Cognition			
Pre	16.14 (1.86)	-	-
Post	17.40 (4.34)	-	-
Loneliness			
Pre	12.60 (4.98)	-	-
Post	14.25 (7.50)	-	-
Activities			
Pre	30.60 (4.16)	NA	27.75 (6.95)
Post	30.80 (6.94)	23.40 (2.19)	28.50 (6.35)
Self-Rated Well-Being			
Pre	NA	NA	23.50 (2.89)
Post	NA	20.60 (1.95)	23.50 (2.89)
Satisfaction			
Enjoyable	4.75 (.50)	4.40 (.55)	4.75 (.50)
Relevant to my interests	4.40 (.89)	4.80 (.45)	4.50 (1.00)
Engaging	4.60 (.55)	4.80 (.45)	4.75 (.50)
Challenging	4.20 (1.30)	4.80 (.45)	4.75 (.50)
Improved my Skills	4.00 (1.41)	4.60 (.89)	4.25 (.96)
Organized/Met Objectives	4.40 (.55)	4.40 (.89)	4.67 (.58)
Comparison to similar programs	3.20 (1.10)	4.25 (.96)	4.33 (.58)
Teaching Artist 1			
Professional	4.67 (.52)	4.80 (.45)	5.00 (.00)
Expert	4.83 (.41)	4.80 (.45)	5.00 (.00)
Effective Teacher	4.83 (.41)	4.80 (.45)	5.00 (.00)
Teaching Artist 2			
Professional	5.00 (.00)	4.80 (.45)	-
Expert	5.00 (.00)	5.00 (.00)	-
Effective Teacher	5.00 (.00)	4.80 (.45)	-
Overall Usefulness	4.50 (.84)	4.60 (.55)	4.25 (.50)