

A Center for Arts and Health in Rhode Island

Rhode Island Arts and Health Network

2020



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The text, ideas, and images in this publication represent the documentation of 5 workshops and a 6-day design studio facilitated by RISD Center for Complexity in 2020.

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Rhode Island Arts and Health Network
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Executive Summary

They say that there was a time when the people forgot that they were the Earth and the cosmos.

They were told that they were separate not only from all that is but also from one another. And they even believed that their hearts and minds and bodies and spirit were separate entities.

That was the story that they had been told over and over and they had believed it—many of them for a very long time.

Until now...

Excerpt written by Valerie Tutson

This report details the outcome of a series of workshops and a six-day strategic design program undertaken for the Rhode Island State Council on the Arts (RISCA) and Rhode Island Department of Health (RIDOH) partnered with designers from the Center for Complexity (CfC) at Rhode Island School of Design. The objective of the undertaking was to explore — alongside practitioners working in the field — what a “Center for Arts and Health” should be for communities in Rhode Island and beyond.

The recommendations in this report were developed by the participants to help conceptualize how best to advance the integration of the arts, art-therapies, and health and wellbeing in Rhode Island. The work will continue to evolve in new directions as further developments of the effort are advanced.

VISION

Participants imagine a center where “creative expression is core to the health and wellbeing of all people”.

The center **connects** practitioners and communities to **celebrate** multiple ways of knowing, to **promote** diverse approaches, to **provide** services, all in order to **reframe** the relationship between arts and health in Rhode Island and beyond.

CORE VALUES

- We celebrate our work in a **culture of inclusion and equity**.
- We model **experience over narration**.
- We embody **multiple ways of knowing**.
- We insist on **choice and promote equitable access**.
- We work **collaboratively**.
- We build **diverse and just connections**.
- We place **people and relationships at the core**.
- We engage in **continuous learning, reflection, and renewal**.

RECOMMENDATIONS

To move from theory to practice, the participants make many recommendations about the **people** who should be involved (and how), the **programming** that the center should offer, and raise several questions about the **place** where the center should be located. Ultimately, the participants imagine the center as a gathering site (virtual and physical) that acts as a “hub,” connecting to the decentralized efforts around the state, country, and globe.

PEOPLE

Various Partnerships

- 1. Representation Partners
- 2. Advocacy Partners
- 3. Expertise (Practitioner) Partners
- 4. Funding Partners

Phases of Engagement

- 1. Development Team
- 2. Pilot Phase Team
- 3. Early Operations Team
- 4. Sustaining Operations Team

PROGRAM – FOUR PILLARS

Creation/Participation

To engage as many Rhode Islanders as possible in the creation and participation of the arts for both preventive and healing purposes.

Education/Training

To provide educational opportunities and resources to those working in the fields of arts and health.

Knowledge Creation/Evidence

To support and embrace existing, new, different, and holistic ways of creating knowledge, and defining evidence.

Connection/Community

To make connections across artistic and health disciplines with those working in these fields. To re-connect that which has become disconnected or not yet connected.




PLACE

The **virtual presence** is an online community supported by a website, publications, online meetings, and social network events. This is about building and connecting the community.

The **dispersed network** includes practitioners and recipients interacting through the provision of services and sharing knowledge, distributed in communities around Rhode Island and beyond. This is about supporting the work that is already happening or creating new work in sites that already exist.

The **physical center** is a brick and mortar hub offering administrative services and programming. This is about constructing the physical home.

We recommend three pathways forward coordinated and held together by a developing governance structure. They can be traveled in parallel (though likely at different speeds). These next steps include:

-  Developing a virtual presence
-  Reconnecting and expanding the dispersed network
-  Laying the groundwork for a physical center



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WHAT IF...?

What if we created new narratives that flip the dominant biomedical narrative?

What if the arts weren't seen as only utility for health and wellbeing but core to it?

What if arts and health were no longer treated separately in the United States?

What if we understood the human experience to be one that does not separate our bodies from our brains? How would we construct our care and wellbeing?

What if new or different kinds of evidence could be developed to understand the impact of arts on our health?

What if we had shared principles amongst arts and health practitioners?

What is the right level of ambition for a "Center for Arts and Health" in Rhode Island?

LET US SHARE A STORY WITH YOU...

It was the day of the equinox – you know – when night and day share equal space and time marking the beginning of autumn. Signaling that winter was on its way. A time for gathering in.

All came to the center, as was customary. Those who walked walked, those who rode rode.

However they were able to make their way, they came. Some came from right nearby. Some came from far.

Either way they came because this was their place and it was easy for them to access this beautiful space through the gardens where they saw the last bits of the harvest.

The summer flowers were fading and the fall mums were showing their color just as the trees were beginning to dress themselves in bright colors and leaves as well.

They went round and round to the top of a hill and there they came to the Apex center. Where the windows reached from the ceiling to the floor. And when they got close, sliding glass doors opened up and they entered in and made their way to the center of the center where there was a garden, and a tree, and water running over stones. And there was music and singing and food. The feeling was fresh and clean, warm and welcoming.

“Either way they came because this was their place and it was easy for them to access...”

And there was excitement in the air.

All who came knew, as always, that no matter how they entered into that space, they would feel better when they left. How could you not, when you were surrounded by people who loved

life so much that they were committed to honoring it and expressing their love in whatever work they did.

The dancers were there, the cooks, the biologists, the chemists, the weavers, the poets, the engineers and you could not tell one from the other. They had gathered for the story.

They say that there was a time when the people forgot that they were the Earth and the cosmos.

They were told that they were separate not only from all that is but also from one another. And they even believed that their hearts and minds and bodies and spirit were separate entities.

That was the story that they had been told over and over and they had believed it—many of them—for a very long time.

But as always, even in that time, there were those who knew that that was not true. They knew it not just in their brains but in their bones and in every fiber of their being. These were the people who studied medicine and saw the universe in the DNA and the cells. These were the poets whose words gave expression to the pain and disconnect and trauma people felt without knowing why. And these were the musicians whose songs brought joy to the people. Some of these folks were labeled crazy. Some were silenced and ridiculed. Mostly they were ignored and allowed to stay on the edges...over there.

And then the Earth got sick.

Not that she hadn't been sick before. It's just that this time her sickness was what these people knew at the time of this story. And the people got sick too. Viruses erupted, and along with those viruses came forest fires and droughts in some areas and enormous flooding in other places and the people were frightened. They did not know what to do.

Of course, there are always those who know what to do. And there were those at this time, I can't say that they were in hiding as they had had to be at other times, but they were, as I mentioned, on the fringes just doing their work to bring healing where they lived and worked with art and music and food and new medical treatments. But the Earth's sickness

rippled, and those who felt connected felt that they needed to come together. They began to recognize one another and gather in small groups and...talk. At first it was a little quietly. But soon they knew that the time had come to create a space for connection—for art and healing and the people and the environment.

And they had to get the word out. So they talked about it everywhere they went. They sang about it. They wrote papers and made PowerPoints. They put it on billboards everywhere saying "We are not separate!" And the more visible they became the more people heard, the more they turned their attention from the old news and turned to the remembered story until that story was known to be true. And then they gathered to create a space to make that reality visible and accessible for all.

This Apex.

A place on a hill, beside a river in a community that was remembering its own potential. A place that had once given birth to industry and the industrial revolution, which was great in so many ways but had fueled this notion of separation from ourselves and the Earth. And this

place became a place for revolution again. And a heart-quarters was built.

All the people helped to create it, bringing whatever skills they had, they made a space for wholeness. And so it is that we came to be here today, gathered to remember on this day when night and day share equal space in time.

*Story written by Valerie Tutson,
September 2020.*

“...we are not separate. And the more visible they became, the louder they became, the more people heard, the more they turned their attention from the old story and turned to the remembered story until that story was known to be true again.”

“The greatest enterprise of the mind always has been and always will be the attempt to link the sciences and the humanities. The ongoing fragmentation of knowledge and the resulting chaos in philosophy are not reflections of the real world but artifacts of scholarship.”

-E. O. Wilson, *Consilience* 1998

“Mother Earth is a living being, with many gifts – medicinal, edible, spiritual and useful. We live in balance and harmony with these gifts and work to protect them to ensure the health and wellbeing of future generations.”

-Lorén Spears

A 400-Year-Old Problem

In the United States, we inhabit a healthcare system shaped by the 400 year-old ideas of white, European men. To change healthcare, we must examine these ideas and challenge their dominion.

In his book *Consilience*, biologist, naturalist and writer E. O. Wilson sounded a clarion call for the knitting together of the sciences and the humanities – the “great branches of learning” – to advance humanity into the next frontier of knowledge and discovery. In his view, the convergence and eventual synthesis of knowledge between ways of knowing in the sciences and the humanities—a project of the early Enlightenment—was not only possible but necessary in order to unify our understanding of ourselves and our place in the natural world.

Many would say Wilson was late to the game. Indigenous epistemologies for instance, often do not suffer from such fractured ways of knowing. Mind, body, spirit, and the natural world operate together as synergistic ways of knowing and being.

“Indigenous epistemologies for instance, often do not suffer from such fractured ways of knowing.”

However, in the West at least, society and our institutions have been structured according to the logics of separation and reductionism. A partition has been formed between the great branches of learning. Enlightenment thinkers such as Rene Descartes, famously known for advancing the view that mind and body are distinct, loom large. This is especially true in medicine where biomedical ways of knowing have benefited from the partition, but struggle to contend with the complexity of human experience. And while it can be tempting to deride the partition, the advances that have been made because of the scientific principle of reductionism in human health, extended

lifespan, and the reduction of suffering are dramatic. In the last 180 years, for example, the projected lifespan for women in developed countries has doubled to 90 in part through the consistent application and advancement of science.¹

But as everyone knows on some level, science cannot fully describe the human experience. Healing is not just a biological process, it can be experiential too as evidenced by the effect of nature on human health.² As much as 80% of determinants of human health lie outside clinical care, genes, or biological factors.³ So what is the role of culture, experience, expression, and the many facets of the humanities? This is today an open question, ready for (re)discovery!

Our 2020 Arts and Health design studio built on the great work of the Rhode Island Arts & Health Network to advance this question toward recommendations on the establishment of a Center. But as is typical in a RISD context, even the definition of “Center” is up for debate. Must a Center be a physical institution? Or could it be a community of practice working in loose networks, advancing through social learning processes? Is it a combination of both, leveraging the benefits of a distributed community presence towards collective action? To set a key parameter to aid us in answering these questions, we began with a critical exploration of our collective ambition.

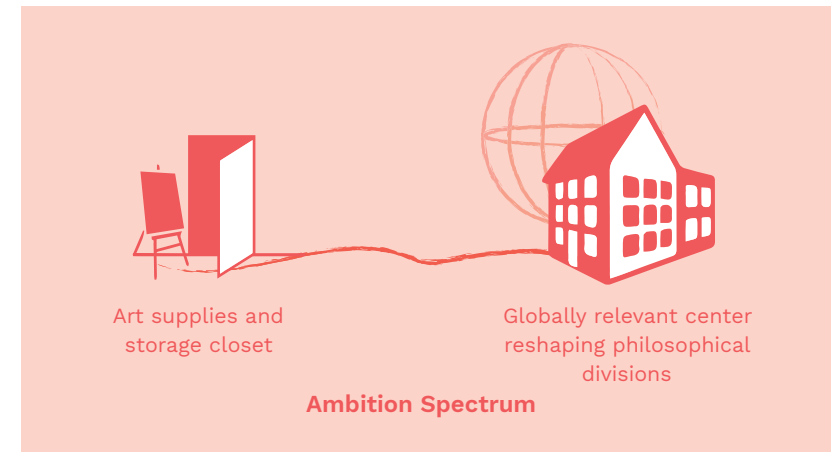
Ambition

If the work of (re)connecting the arts to health pushes deep into the epistemologies on which the modern world was founded, what kind of actions can we take today to make a difference on such a deeply embedded challenge? Is it enough to provide material support to practitioners? Or do we need to challenge dominant ways of knowing? These are questions of ambition for the Center. Once answered, this ambition will shape the mission and work.

¹ Oeppen and Vaupel (2002) – *Broken Limits to Life Expectancy*. In *Science*, 296, 5570, 1029–1031.

² Tarlov AR. *Ann N Y Acad Sci* 1999; 896: 281-93; and Kindig D, Asada Y, Booske B. *JAMA* 2008; 299(17): 2081-2083.

³ <https://time.com/4405827/the-healing-power-of-nature/>



For the studio, exploring ambition gives us the space and agency to consider what could be, rather than limit our imagination to what is feasible today. This exploration can open up different kinds of pathways that were previously ignored and reveal new opportunities that otherwise wouldn't have been surfaced.

Ambition can always be dialed back, but it's hard to dial up once things are in motion. Our primary recommendation to those who carry forward the work of establishing a Center for Arts and Health for Rhode Island is to stay carefully attuned to ambition. Keep ambition high in the beginning and calibrate it as the realities of establishing a Center unfold. Remember that the origins of the challenge you are taking on lie not in natural laws, but in the way that our society decided to arrange its understanding of the world long ago. What's required is nothing less than redesigning and reconnecting the ways we understand the world. What a challenge!

Justin W. Cook
Founding Director, CfC
Providence, RI.

WHAT HAS BEEN DISCONNECTED?

Healing practices and lived experience

The individual, a community, and culture

Public, Clinical, and Behavioral health

Anecdotal and evidence-based outcomes

Mind, Body, and Spirit

WHAT SHOULD BE RE-CONNECTED?

The linkages between health conditions and contextual factors

Collective understanding of each other's cultural needs and healthcare practices

Uniting and reconnecting the roles of arts therapists, clinicians, artists, and families

The connections have not been lost in many places around the world where we see better health outcomes and longer life expectancy

WHAT ARE SOME OUTCOMES WE SHOULD NAVIGATE TOWARDS?

Participative and more
diverse care teams

Integrated, non-siloed
care to serve the
whole person

Engaged patients with
agency over their
own care

Seamless care
across medical
disciplines

Welcoming spaces
that alleviate anxiety

WHAT ARE THE IMPACTS WE SHOULD BE TRYING TO ACHIEVE?

Reduction in stress related
illnesses and conditions

A new generation of healthcare
that utilizes arts as a catalyst
and advocate in the design of
the system

Culturally responsive care that
utilizes embedded art forms

A Brief History

In 2016, a partnership between Rhode Island Department of Health (RIDOH) and Rhode Island State Council on the Arts (RISCA) was formed to support the development of a State Arts and Health Plan — “a public health roadmap for advancing the integration of arts and health for the state. As part of this process, an interdisciplinary team of arts and health practitioners including researchers, artists, and clinicians, formed the Rhode Island Arts and Health Advisory Group.”⁴ The Advisory Group outlined a set of strategies to advance the integration of the arts, creative arts therapies, and health and well-being through a set of policy, practice, and research recommendations. In 2019, the Rhode Island State Arts and Health Advisory Group released the Rhode Island Arts and Health State Plan and began implementation through the creation of the Rhode Island Arts and Health Network and its Steering Committee.

Beginning in January 2020, RISCA and RIDOH partnered with designers from the Center for Complexity (CfC) at Rhode Island School of Design (RISD) to develop the next stages of the plan, particularly the concept of a “Center” for arts and health. This collaboration included 5 workshops with members of the RI Arts and Health Network Steering Committee and a 6-day strategic design studio with practitioners working across the sectors of arts and health in Rhode Island.

⁴ <https://health.ri.gov/healthcare/about/artsandhealth/>

WORKSHOPS

In March 2020, RISD Center for Complexity organized 5 workshops, engaging 18 members of the Rhode Island Arts and Health Steering Committee. To advance the Rhode Island Arts and Health Network to its next phase, the workshops surfaced initial ideas of what the purpose of a “Center for Arts and Health” in Rhode Island might be.



Building shared language

New and ongoing professional development



Inclusive of all bodies and knowledge (Eastern, Western, and Indigenous practices etc.)



Decentralized programming but centralized information

Develop and grow the field



A Center for Arts and Health

Over the course of three weeks in September 2020, eight Rhode Island practitioners working in the fields of arts and health came together in a design studio, to imagine what a “Center for Arts and Health” in Rhode Island should be. Together, our studio considered seven aspects of the center that would need to be understood: Program, Circulation, Site, Clients, Team, Aesthetics, and Timeline.

Having explored these, the participants developed a working vision and proposed a set of core values. We articulated ideas around who should be involved; “People”, what kinds of activities and services could be offered; “Program”, and where a center might be situated; “Place”. We also spent time outlining a trajectory of next steps and phases towards building a thriving arts and health community in Rhode Island. The following is a summary of our work.

Developing Possible Names

The idea of calling something a “Center”, especially in the context of arts and health, was challenged throughout our studio conversations.

The Center for Arts and Health

The Center for Creative Health

The Center for Creative Wellbeing

Hearth Quarters

Heart Quarters

HEARTH

(Art and Health, “Symbolic of Home”)

Developing the Vision

Creative expression is core to the health and wellbeing of all people.

There were many iterations of writing the “vision” for a center for arts and health. This is a compilation of some of the early drafts:

Strengthening the natural, beneficial, and genuine connections between the human experience, health & wellbeing, and creative expression.

We must break down the artificial, damaging and limiting partition between health(care) and human experience. This is the core task of the Center.

To build up the true, authentic healing, and unlimited connection between health, wellbeing, and the human experience.

We commit to centering creative expression to strengthen the natural, beneficial, and genuine connections between the human experience, health, and wellbeing.

**TO SHAPE THE FUTURE OF CREATIVE HEALTH AND WELL-BEING,
WE NEED TO...**

Celebrate

Multiple ways of knowing to honor the diversity, generate new kinds of evidence, and amplify the transformative power of the arts.

Connect

Bring people together to share knowledge, practices, resources, hearts, and minds.

Provide

Offer a creative and holistic process of care for practitioners, communities, families, and individuals to connect with one another and access resources.

Promote

Nurture public understanding of cultural traditions, places, and approaches that exemplify the healing power of connectivity.

Reframe

Shift the paradigm that positions arts and health at the edges to the center of our lives, creating optimum health - our birthright!

Mission

Over the course of the studio, we individually wrote versions of a mission statement in order to develop a collective vision. Included here is some of that work. They reveal more than what the collective synthesis could capture.

“To bring together those who are working, living, thinking, and writing at the intersection of art and health already. To support those who do the work. To broadcast the renewal of this way of being in the world. To create spaces, real and virtual, for people to create together what they find needs creating.”

“To foster relationships, promote collaborations, and provide access to knowledge, strategy, and supports that reconnect the arts to health and well-being.”

“Here is a space where doctors remember their art is science, and artists remember their science is art and that we are all trying to make sense of the world and our place in it. A place to discover, to create, to take care of ourselves, one another, our community and our world.”

“A seamless and cohesive system in place to support the holistic cultural engagements of each individual regardless of who they are.”

“The mission of the ‘Center’ will be to promote individualized, accessible health, and wellness through a holistic approach that integrates culture, arts, ideologies, and mindfulness while providing equitable, inclusive, respectful, preventative and proactive care utilizing all pathways (modalities, ideologies, non-western) of “medicine” to ensure the wellbeing-mind, emotions, body & spirit.”

“...to transform healthcare practices and how healthcare is delivered. To deliver healthcare in an inclusive, holistic, and equitable way to individuals & the community by engaging & integrating equal parts art & medicine. That promotes healing & good health via connecting research, education & practice both locally & globally to improve society’s welfare & well-being.”

“The mission of the ‘Center’ is to provide the dance floor and music for people to come together for community and world well-being. It is a space where clinicians and artists take turns leading as they partner dance. It is a place where the drums play the heartbeat of the community and all the people come for the circle dance, standing side by side seeing each other wholly. It is a place where the fiddle calls the line dancers to face each other and do-si-do around again and to the next line. Music and medicine are married at the center.”

Core Values

We developed these core values to bring the vision to practice. These values, to be embodied by the arts and health network, will shape the decisions and behaviors—large and small—that drive the culture and functioning of the center.

They are intended to guide the networks' thinking around decisions short and long term. The values should be used in determining the recruitment of staff, the way we build our governance system and structure, how we engage with visitors, where we focus efforts, and how we share resources.

Further development of the core values is critical to achieving an overall vision. These are in draft format and will need to evolve as the effort continues. Agreement and language must be developed that helps people see themselves reflected in these values and not as a reason to self-select out.

We celebrate our work in a **culture of inclusion and equity.**

We celebrate and support holistic approaches that provide equitable, inclusive, respectful, preventative, and proactive care especially for under-served populations and those at the fringes of society.

We model **experience over narration.**

Arts and health are most effective when they are experienced and embodied; tapping into our minds, bodies, emotions, and spirits.

We build **diverse and just connections.**

We commit to connecting that which has been disconnected, particularly those partitions which resulted from conquest, colonization, and industrialization.

We place **people and relationships at the core.**

The arts and health network should be a place of nourishment for both individuals and caregivers.



We work **collaboratively.**

Bring people together to share, connect practitioners to each other and to resources, and build extended healthcare teams that wrap around an individual in navigating health and wellness.

We embody **multiple ways of knowing.**

Honor multiple pathways to wellness, such as Eastern, Western, culturally specific, and indigenous.

We insist on **choice and promote equitable access.**

We insist on individualized, appropriate and accessible health & wellness to effectively meet the diverse needs of individuals and communities.



We engage in **continuous learning, reflection, and renewal.**

It is critical that we bridge acting and reflecting. This must be embedded in the culture of the people, the practices, and behaviors. We must build the capabilities and mechanisms for cyclical feedback loops.

People, Program, and Place

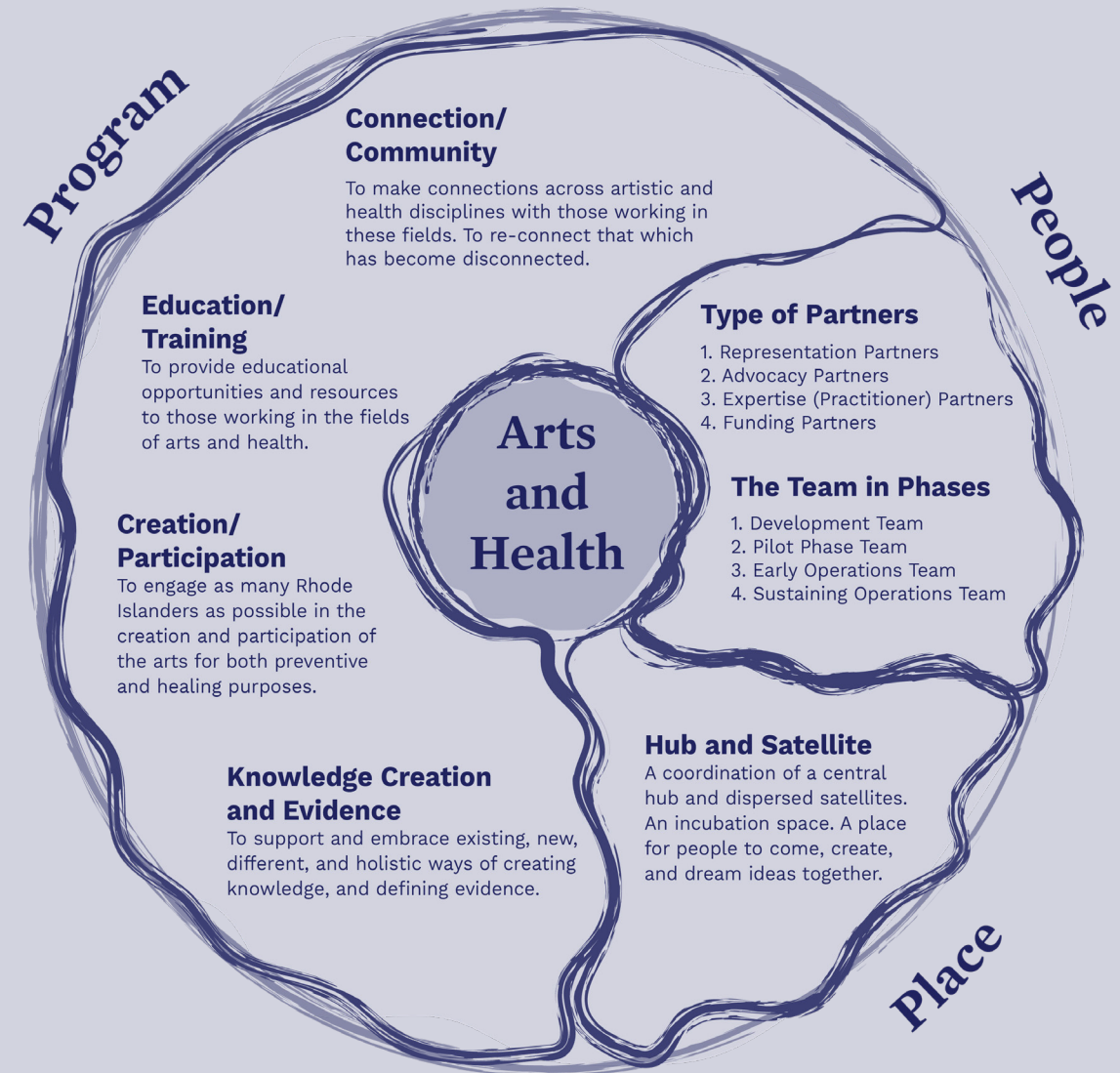
Who should be involved with the center? What should happen there? And while we're at it, where should it be?

In order to bring the vision to life and ensure that the core values would manifest themselves in the day to day operations of the center, we considered the kinds of people, programs, and place that would need to be cultivated at different phases of developing the arts and health center.

In each of these 3 areas, there are details that we felt confident about, pathways for future decision making, and questions still to be answered.

The center should embody its highest ideals at every level. It should look and operate like the network that it is trying to foster. The center is a gathering site (virtual and physical) that acts as “a hub”, connecting to the decentralized efforts around the state, country, and globe. It proceeds in cycles of self-renewal and expansion.

OVERVIEW OF PEOPLE, PROGRAM, AND PLACE



People

The people identified for this effort consist of the community – the people benefitting from arts and health approaches – at the heart of the endeavor; practitioners working in this space as the next layer; supported by a network of partners and institutions.

The network, support and governance structure should be diverse and open up different kinds of engagements. We have organized it by **four different types of partners**. There will be different people engaging with the center, serving in multiple roles, and overlapping throughout the phases of development. We believe there to be **four different phases**, from development to daily operations engaging with different partners during those phases.



VARIOUS PARTNERSHIPS

Network, Support, and Governance:

1. Representation Partners
2. Advocacy Partners
3. Expertise & Practitioner Partners
4. Funding Partners

COLLECTIVE IMPACT APPROACH

Should the governance structure adopt a collective impact approach – the commitment of a diverse group of partners from different sectors coming together around a common agenda? Is there a willingness or desire to commit to a new way of working for all the different clients that would need to come to the table?

REACH

Is this effort restricted to Rhode Island? Or should it consider expanding opportunities more broadly, by thinking regionally and beyond?



THE TEAM IN PHASES

Developing and running the Center takes four (overlapping) teams:

1. Development Team
2. Pilot Phase Team
3. Early Operations Team
4. Sustaining Operations Team

GOVERNANCE AND OVERSIGHT

Who is making the decisions and what processes are being employed? Are we acting collaboratively or unilaterally? Is it a citizen group? An independent body? What is the process to develop shared mission and vision and then determine collaborative outcomes?

CAPACITY

What is the right mix of staff, volunteers, and so on? How many of what kind of skill sets should we be striving for to support at each stage? What is delivered in-house and what is drawn from and coordinated with the community in the field?

Developing Partnerships

An example of different kinds of partners at different phases of the center's development.

Phase	Representation Partners	Advocacy Partners	Expertise & Practicing Partners	Funding Partners
Development	Cultural Groups Senior Coalitions Medical Providers Care Givers Schools	State Government Health Insurers Higher Education National Organizations Care Givers Primary Care Physicians	Practitioners – All mediums (ie. Certified Arts Therapists, Doctors at Lifespan Hospital etc.)	Angel Donor(s) Grass Roots Donors Local Foundations National Foundations Ongoing throughout
Pilot Phase (Years 1-2)	Engage as many partners as possible to inform elements of the pilot and maintain involvement as the pilot takes shape. Learning should be shared, and incorporated into the next phases.	Engage all stakeholders to develop a shared vision, advocacy statement, and platform.	Select practitioners to participate who align with identified pilot study criteria.	
Early Operations (Years 3-5)		Identify roles and levels of engagement based on the development of the center.		
Sustaining				

Program

A center for arts and health will be an integration of four key pillars:

EDUCATION/TRAINING

To provide educational opportunities and resources to those working in the fields of arts and health.

CREATION/PARTICIPATION

To engage as many Rhode Islanders as possible in the artistic creation and participation in the arts for both preventive and healing purposes.

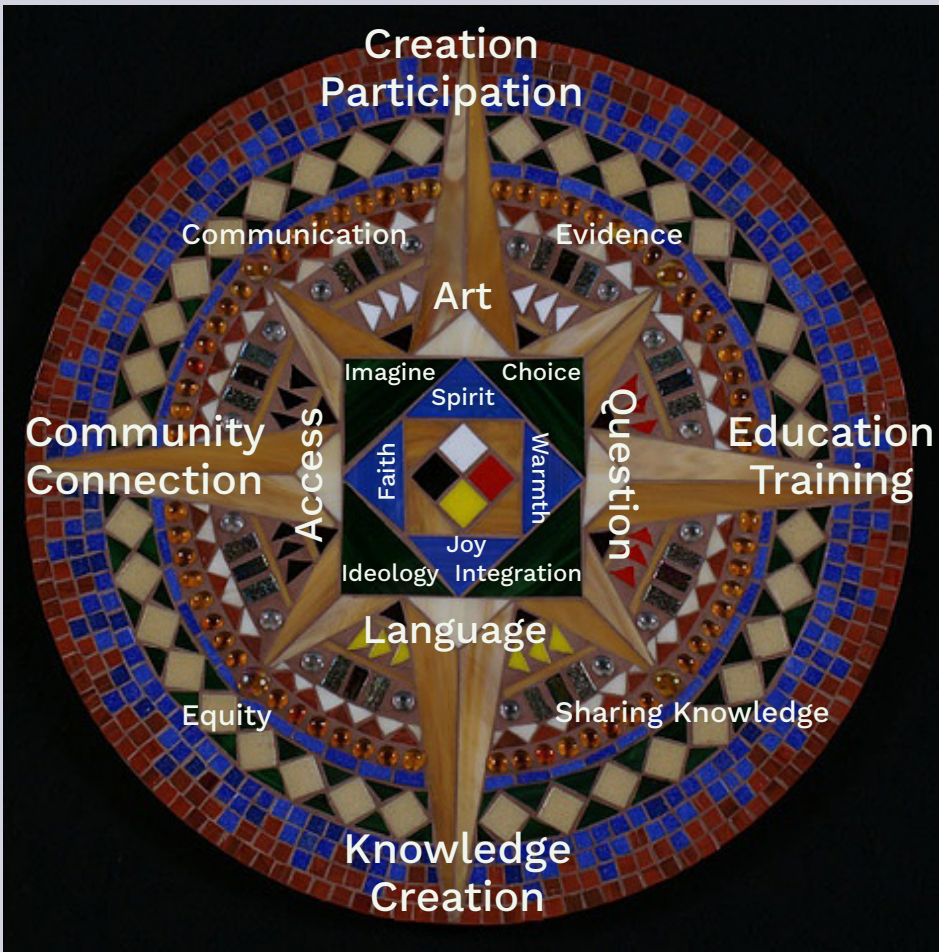
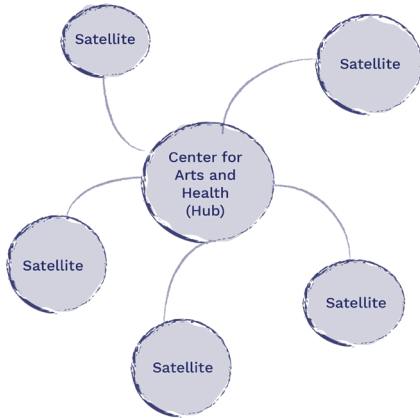
KNOWLEDGE CREATION/EVIDENCE

To support and embrace existing, new, different, and holistic ways of creating knowledge, and defining evidence.

CONNECTION/COMMUNITY

To make connections across artistic and health disciplines with those working in these fields. To re-connect that which has become disconnected or not yet connected.

The center (virtual and physical) will act as a central hub that connects to satellites of activity, practitioners, and organizations dispersed within communities, thus creating a network.



Dianne Sonnenberg Mosaic overlaid with programmatic ideas of a Center for Arts and Health in Rhode Island.

Program

To expand on the four programmatic pillars, we developed a list of potential goals for each one.

CONNECTION/COMMUNITY

- To act as a bridge connecting people to people, people to programs, and people to resources
- To explore partnerships for those working in the field
- To make connections across arts and health disciplines with those working in health and healthcare
- To support existing programs
- To support/provide diverse programs and resources (Western, Eastern, Traditional, Alternative etc.)
- To support/provide programs that fill gaps or ensure accessibility (some programs may not be able to offer full accessibility, the programs at the center should)
- To provide a platform for healing
- To create other entry points for care
- To act as an “Information Center” bringing awareness and helping people know where to go and for what.
- To provide education that exists in the community, not just amongst practitioners

EDUCATION/TRAINING

- To develop educational opportunities and resources for those working in the fields of arts and health
- To bring awareness of existing programs and explore partnerships for those working in the field
- To provide an incubation space experimentation, innovation and program development
- To develop and/or support the programs of others that are based on interdisciplinary teams that include the arts
- To develop and/or support the programs of others that educate each other and the general public about arts and health programs, traditions, and organizations, always encouraging the sharing of resources and information

CREATION/PARTICIPATION

- To engage as many Rhode Islanders as possible in artistic creation and participation in the arts for both preventive and healing purposes
- To develop programming where there are gaps and/or support the programs of others for the purposes of preventive care, wellness care, and treatment of conditions

KNOWLEDGE CREATION/EVIDENCE

- Develop and/or support the creation of knowledge that utilizes existing metrics of evidence and new ones to make the case for the power of the arts in health/ healthcare/ and healing

Place

A center for arts and health will likely include three different kinds of “places”. The virtual presence, the dispersed network, and the physical center. All three will need to be developed, advancing at different speeds with overlapping timelines.

VIRTUAL

An online community supported by a website, publications, and online meetings and social network events. This is about building and connecting the community.



DISPERSED

A network of practitioners and recipients interacting through the provision of services and sharing knowledge, distributed in communities around Rhode Island and beyond. This is about finding the work that is already happening or doing new work in sites that already exist.



PHYSICAL

A brick and mortar hub offering administrative and programming services. This is about constructing the physical home.



Alternative options:

A VIBRANT PHYSICAL SPACE

One option is to have a central place that is able to offer services as part of its regular programming. In this version, the center has flexible programming space with a rich interior and exterior set of facilities.

MOBILE/EMBEDDED

Instead of a central place, an alternative option would be to have a more lean home or hub (mostly for administration). In this version, the center for arts and health is mostly distributed and mobile, embedded in the community. Accessible by being present in already established places, offering to augment them.

VIRTUAL-FIRST

The leanest version questions whether we need a physical place at all. Perhaps the center is online, in the form of a website of resources, regular meetings of the network, virtual visits and virtually delivered services (this possibility is especially driven by the current constraints of physical interaction brought on by COVID-19).

SHIFTING BETWEEN THE OPTIONS

These three ideas are not mutually exclusive. It is possible that the final vision includes all three. Determining the priorities and balance will be key. It is also possible that these priorities will evolve as a function of time.

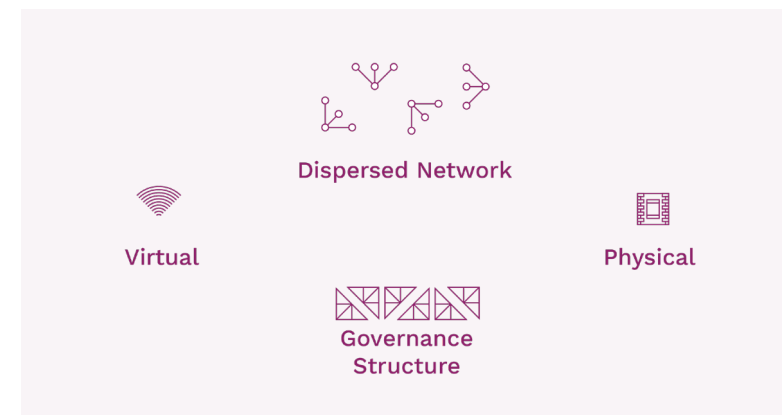
INSTITUTIONAL HOME

What or where should the institutional home be for the center? We have considered and argued for and against government, various academic institutions, and traditional non-profits. We've been interested in the social enterprise model. We wonder about how the institutional home might conflict with the vision or core values. We worry about the risk of being lost in an institution and we worry about the risk of going it alone. This relates to questions of capacity and governance.

Next Steps

Where do we go from here?

There are many construction patterns that build towards the ultimate goals described by the vision, core values, and our ambitions for people, program, and place. The next task is to determine what to start building first. At the Center for Complexity, we see three promising starting points, to be coordinated and held together by a developing governance structure.



Eventually, all three will need to be built, but they need not be built at the same time, at the same pace. They will advance at different speeds with overlapping timelines. What follows is a series of **ideas and questions** to consider as next steps.

Virtual



The virtual presence is an online community supported by a website, publications, and online meetings and social network events. This is about building and connecting the community.

ONLINE COMMUNITY SUPPORTED BY A WEBSITE

- Develops the community first
- Builds the capacity to convene virtually
- Enables the community to identify themselves
- Creates the possibility for two-way engagement (a way for people to interact, register for events etc.)
- Supports and links resources and opportunities (website, publications, online meetings, and social networking events)



CAPABILITIES

Community coordinators: to re-engage the community, plan events, and build the network.

Knowledge generators and capturers: create evidence mapping, activity mapping, develop shared vocabulary and understandings of key terms and practices, identify policy barriers.

Website planners: to build an online centralized platform that is easy to iterate on.

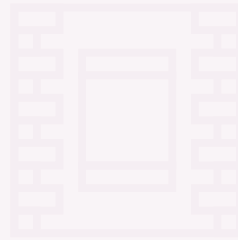
QUESTIONS

How to communicate this as a serious endeavour online?

What is the mechanism for feedback loops? Information and resources are shared out from the “Center” (virtual and physical), how does information cycle back in?

Physical

The physical center is a brick and mortar hub offering administrative and programming services. This is about constructing the physical home.



DEVELOPMENT PHASES

Option: begins as a startup site and then transitions to a permanent site.

Option: starts with the ambition of the permanent site.

BRICK & MORTAR SITE OPTIONS

Option: consider utilizing abandoned spaces such as mill buildings, storefronts, or recreational facilities (ie. Apex building or McCoy Stadium).

Option: set up temporary “Center” pilots within partnered academic institutions (research), healthcare institutions (practice/policy), and community organizations (practice).

QUESTIONS

For everyone to be welcome we seem to need a neutral site. What is a “neutral” site? Is there such a thing as a “neutral” site? How should we consider the physical site and its relationship with the community it is situated in? (historic trauma and exclusionary environments).

How is the physical site welcoming to certain groups of people? What might be welcoming to one group of people may not be to another) Administrator site, or a site people are using (needs to be welcome to a wider range of people).

Dispersed Network

The network includes practitioners and recipients of care interacting through the provision of services and sharing knowledge. Communication flows regularly between and among communities and individuals. This is about supporting the work that is already happening or creating new work in sites that already exist.

ONGOING & CONTINUOUS WORK

Strengthen the network by elevating what’s already happening.

Support practitioners in the field who are already doing work.

Support practitioners in their current places of work.

Re-engage the network through the virtual presence, events, research, etc.

Develop shared vocabulary and understanding of key terms and practices across the field.

Develop an ongoing cycle of mapping and surveying to track evolutions in the practices, successes, and barriers in the field.

Generate mapping and evidence:

- What needs does the field have around advocacy, expertise, representation, and funding?
- Find out what already exists; what don’t we need to recreate?
- What are the gaps, and what is needed to fill those gaps?
- Identify capacity and missing connections
- Identify policy barriers

Governance Structure

A governance structure is needed to ensure that decision making reflects the highest ideals of the Network. It should look and operate like the network that it is trying to foster. It proceeds in cycles of self renewal and expansion.

PARTNERS / FUNDERS

We have identified various types of partners, advocates, experts, representatives, and funders:

- Identify first round of partners
- Identify unexpected partners
- Develop a “strategy screen” to figure out what money/resources we would not take and why not

PURPOSE OF ENGAGEMENT:

- Research: to conduct and fund further research
- Engagement: to engage and expand potential partners
- Participation: to enable partners to participate and experience first-hand
- Awareness: to bring awareness of arts and health activity to partners

ENGAGING WITH PARTNERS:

- Interview and survey people who already use arts and health services to generate evidence
- Create an exhibition to invite partners to experience
- Utilize social media for public engagement
- Conduct site visits to see how the arts and health are already being practiced (ie. Tomaquag Museum, Rhode Island Black Storytellers, Dance for Parkinsons)

MAKING DECISIONS

Develop a governance structure/ business model that embodies the vision and core values:

Adopt a design approach with a radical understanding of accessibility which includes ADA, cultural norms and other forms of access.

Make a clear case for not dividing arts and health. Find commonality among arts and health perspectives and issues utilizing a shared and jointly created approach.

Develop a mechanism for accountability and measuring success.

A center for arts and health should partner with but not be housed exclusively in academia, government, healthcare, or nonprofits.

- The studio does not want a nonprofit as they have traditionally been run
- Option: social enterprise / collective impact approach

CONSIDER THE LIFECYCLE

What can we learn from similar efforts? How have they provided for sustainability?

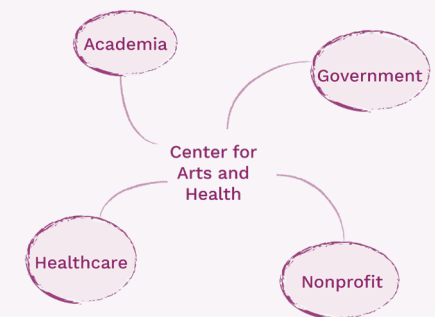
If there is a pilot phase, do we risk great harm if we start up and shut down after the pilot?

What is the relationship between a startup phase and sustaining the center?

Is the governance team for the start up the same as the team for ongoing operations?

Can/should it have a plan to gracefully sunset?

Is the mission to achieve a specific task in a certain timeframe?





Appendix

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Participants 64

68 Documentation

About the Organizations 92

Process

The workshops and strategic design studio offered participants the opportunity to help conceptualize a vision for a “Center for Arts and Health”, its governing values and the various aspects (people, program, and place) of different scales, ambitions, and timelines that could bring that future into practice. By exposing participants to strategic design methodologies and mindsets, the workshops and design studio supported the ongoing use of design thinking in the Network’s continuing efforts to integrate the arts with health and well-being in Rhode Island.

The workshops were facilitated in-person at RISD’s Center for Complexity (CfC) studio space during March 2020. Owing to the constraints of COVID-19, the strategic design studio was led remotely by CfC facilitators via Zoom. Participants logged online for a pair of 2-hour intensive sessions during 6 days spread over 3 weeks in September 2020. Between sessions, participants worked in small teams to advance portions of the work. The following is a capture of the process.



Studio Participants



Valerie Tutson

Creative Director,
Rhode Island Black
Storytellers. Founder,
Funda Fest.



Nicole O'Malley

Executive Director,
Hands in Harmony.



Lorén Spears

Narragansett/Niantic,
Executive Director,
Tomaquag Museum



Jeanine Chartier

Executive and Artistic
Director, Arts Equity
Rhode Island.



Sherilyn Brown

Co-Chair, Rhode
Island State Arts and
Health Network.



Janice DeFrances

Former Director, Rhode
Island Department of
Children, Youth and
Families. Senior Lecturer,
Department of Teaching
and Learning in Art and
Design, RISD.



Michael Fournier

Former Chief Strategy
Officer, VP-Leadership
Development, and Chief
Operating Officer, Y
Professional.



Steven Boudreau

Chief Administrative
Officer, Rhode Island
Department of Health.
Co-Chair, Rhode Island
State Arts and Health
Network.

Studio Facilitators



Justin W. Cook
Founding Director,
Center for Complexity
RISD



Toban Shadlyn
Strategic Designer
and Researcher,
Center for Complexity
RISD



Tim Maly
Senior Lead,
Center for Complexity
RISD

Workshop Participants

Valerie Cookson-Botto

Alexandra Poterack

Michael Bresler

Judith Vilmain

Molly Sexton

Wendy Grossman

Silaphone Nhongvongsouthy

Rachel Balaban

Ellen McCreedy

Stephanie Nitka

Joseph Dziobek

Nancy Gaucher-Thomas

Miranda Olson

Marty Sprague

Dr. Jodi Glass

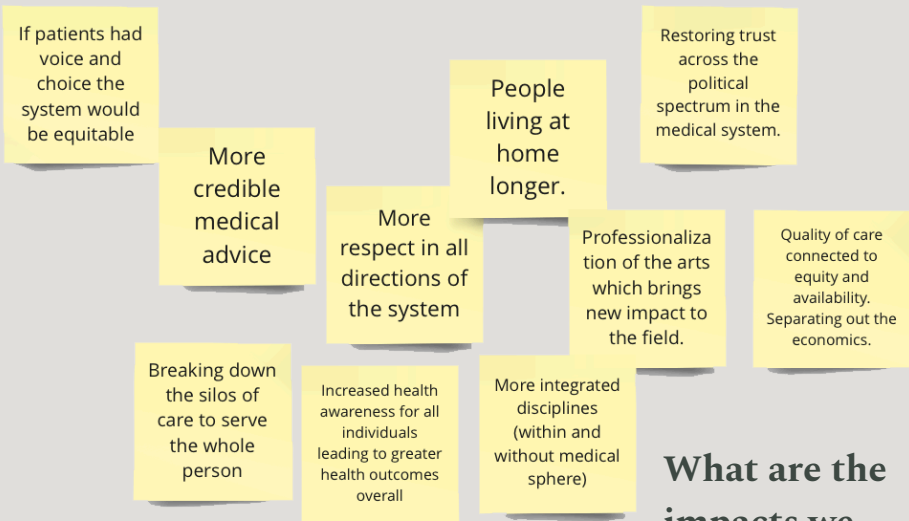
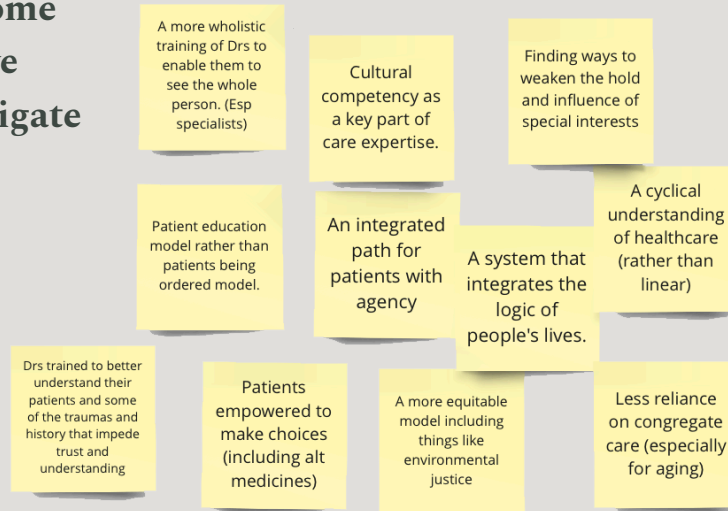
Wendy Wahl

Cynthia Peng

Jordan Butterfield

Documentation

What are some outcomes we want to navigate towards?



What are the impacts we should be trying to achieve?

Arts+Health
Arts, Health
Arts + Health
Arts & Health



- TASK 1** Disrupt the partition
- TASK 2** Assemble the evidence, "and if you don't see it, look deeper"
- TASK 3** Language is part of problem. We need new words.
- TASK 4** Create vectors of pressure on the status quo/paradigm

RISD Welcome to Studio Studio Content Architecture Declarations Bringing it Together

Health Design and Public Policy Studio

Let's get this party started!

Janice DeFrances, Jeannine Chartier, Justin W. Cook, Loren Spears, Michael Fournier, Nicole O'Malley, Sherilyn Brown, Steven Boudreau, Tim Maly, Toban Shadlyn, Valerie Tutson

SEPTEMBER 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5
6	7	8	9 Studio Day 1	10	11 Studio Day 2	12
13	14	15 Studio Day 3	16	17 Studio Day 4	18	19
20	21	22 Studio Day 5	23 Reserve Studio	24	25	26
27	28	29	30			

Indigenous Epistemologies in need of 21st Century Metrics to change 19th Century Institutions

INDIVIDUALIZED UNIVERSAL HEALTHCARE

- Regardless of Income
- No ONE goes uninsured/underinsured
- If you Need it you get it
- Individuals have the Power
- We are principals & Agents

- MARKETPLACE Addresses:
- Creative Care
 - illness Prevention
 - diagnostic
 - primary, educative
 - maternity
 - long term/elderly
 - MENTAL HEALTH
 - Specialists as needed
- EDUCATIONAL/Professional Development towards improved incorporation of ARTS

- PERSON • PATIENT • EDUCATION; to foster engagement and responsibility. they reap the benefits of good decisions: responsibility
- EDUCATION: to make informed choices
- EDUCATION: To promote individual & community collective involvement
- 2nd ACTION! TOWARDS Preventative Actions

PROVIDES ADEQUATE ACCESS (physical, programmatic) for all individuals without DISPARITY

Hand EDUCATION FOR MEDICAL PROFESSIONALS ON How to ART

• Between & Among providers & options

SHARED KNOWLEDGE & SKILLS

COLLABORATION v. competition

→ Not a Hierarchy system

- ★ → between western & others
- not 3rd Party or Institutionalized Bureaucracy Systems

REMOVED FROM \$ Politics Political Axes Special Interests

ENGAGED WELL ORGANIZED TEAM

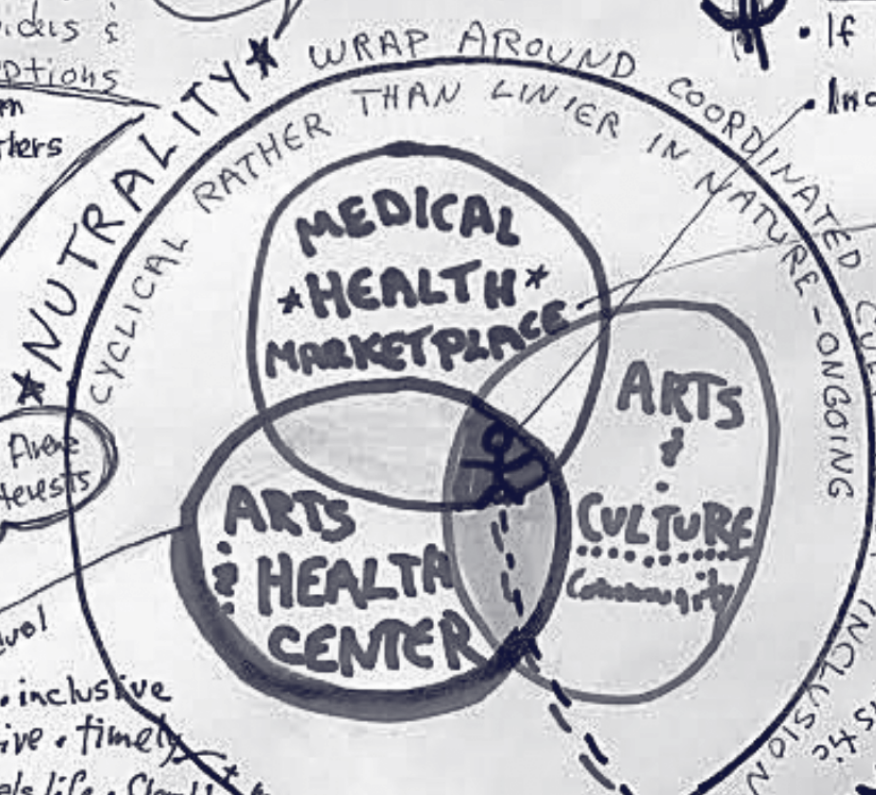
individual

- respectful • professional • inclusive
- Coordinated • effective • timely
- integrated & within individuals life • flexible
- informed • active patient involvement

informed active patient gets together with a prepared pro-active team to develop shared health goals, focused priorities,

PLAN OF ACTION!

Easy Referral network and links to other care providers (cultural/religious)



Drawing by Jeannine Chartier

Systems + Platforms

institutions, spaces to interact
(physical and digital)

Airbnb / RIPTA / Park / Legislature

Strategies + Stories

planning, policies, narratives

Ad Campaigns / Life, Liberty and the Pursuit
of Happiness / Ten Commandments

document /
contribute to body
& research

Asset of Resilient
Methodologies

Develop language
(Common) and
understanding and
disseminate and
promote

Develop, disseminate and
promote
Shared "value" across
multiple publics

allocate for the
& - build
- based support
the value of

work with
tutors, funders,
care providers

referential
/ connect

perform

Policy

Charity
Care

Arts : Health
Indicators of
Success

THINK
SPACES

FUNDER
WORKSHOPS

meetings /
community
space to
discuss - share
+ communicate stories

narratives or
stories shared
on social media

ASSET
MAPPING

ACTUAL
STAFF POSITION
(FOR OVERSIGHT
OF ARTS PROGRAMMING)

Social
Prescribing

Famous
Spokespeople
who have healed
through arts

A multi-billionaire
benefactor

ARTS & HEALTH
PRO & PRACTITIONER
INVENTORIES

website or
online presence

AWAWARENESS

WHO DECIDES
WHAT ART IS?
ARTS + HEALTH IS?
INCLUSION vs. ~~GAZETTES~~

Billboards with
images of "art in health
in action"

ARTS + HEALTH
PRACTITIONER
GUIDELINES
STANDARDS

FIND OUT
CULTURALLY SPECIFIC
METHODS OF
DISTRIBUTION
OR FOR
BENEFITS OF
ARTS + HEALTH

Promotional
videos representing
the work of the center
which include images
of "the work" as well
as testimonials.

space where people
feel safe + comfortable
to receive services

Arts
"emergency
room" -
acute intervention

platform to reach
audience of all
ages

public education on
main concept of
Arts + Health

ARTISTS'
STORIES
OF
THIS WORK

Dialogue between
clinical/behavioral/
public health reps

Inclusive of
Western medicine
and all other
traditions (shamanism,
herbology,
yoga)



Prompt 1
In order to advance our work in this field, we need...

Prompt 2
What must a Center for Arts+Health do to change things in RI?

Me

My Organization

My Community of Practice

Objects + Artifacts

Services + Experiences

Systems + Platforms

Strategies + Stories

INCUBATION

Excite people about their own creativity and well-being

HELP PASS LEGISLATION ON ARTS & HEALTH

GENERATE FUNDING OPPS.

offer a welcoming venue for all people: age, ability, race, culture, gender

LIAISE

Allow for short-term and long-term engagement

BE A LIBRARY OF RESOURCES FOR PRACTITIONERS, ORGS. COMMUNITY CENTERS

Become a visible/known presence for everyone in RI

create inspiration

Collect + share:
- Best Practices
- Research
- Methodology

DEPOSITORY OF BEST PRACTICES STUDIES

Provide a space for
*Possibility
*Hope

initiate different thoughts/actions to gain healthy living style

MED STUDENTS
arts + health
→ Pathway for Training

PROVIDE ROSTER OF ARTS PRACTITIONERS



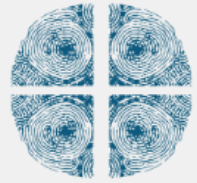
Client



Site



Program



Circulation



Aesthetics



Team

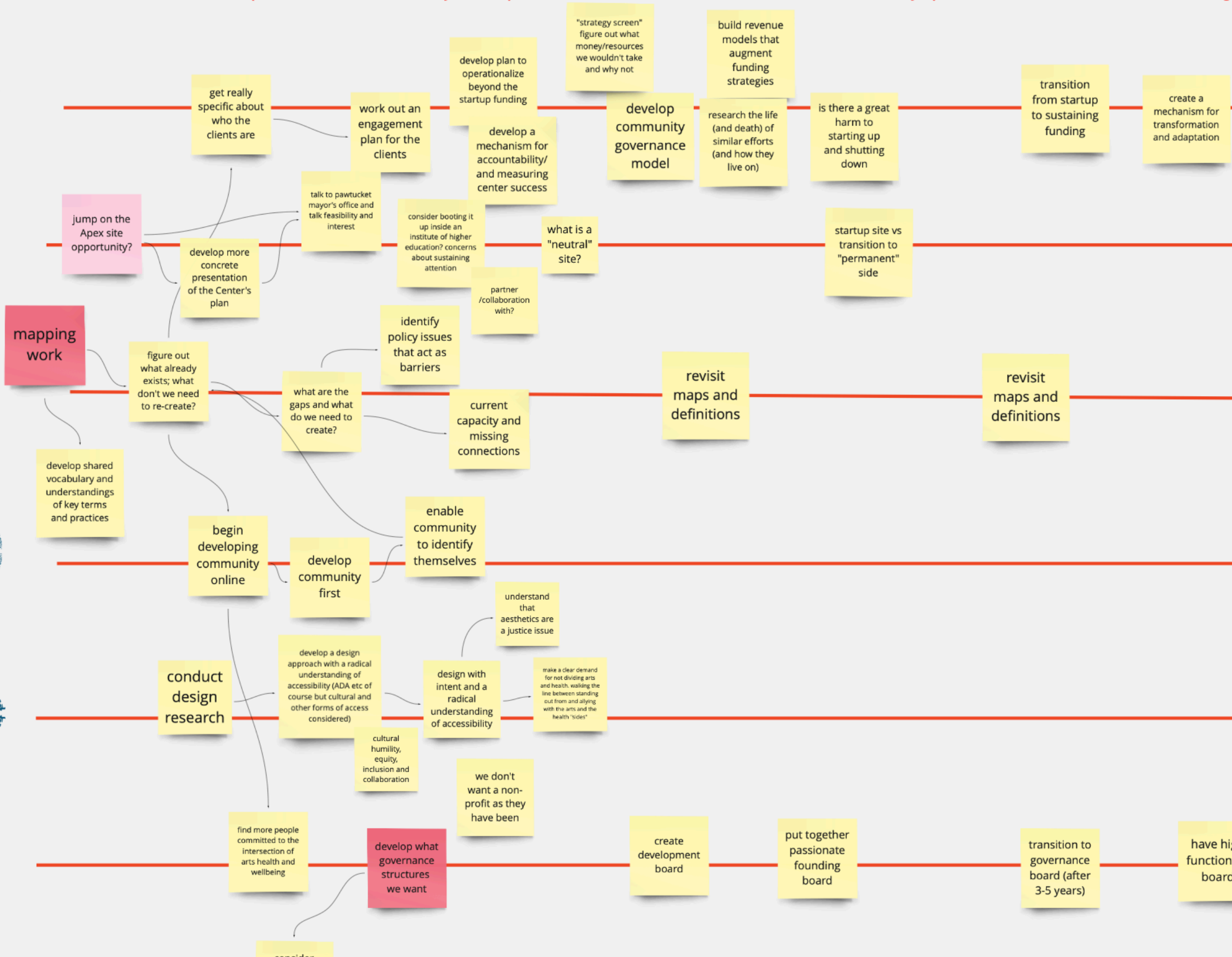
Next Steps

Preliminary / Development

Pilot Phase

Early Operations

Sustaining



Design Layout References Mailings Review View Help

Calibri (Body) 16 A[~] A[~] Aa Font Paragraph Styles Editing Voice

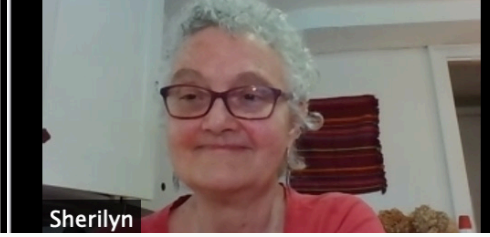
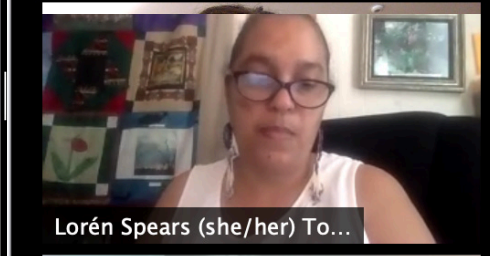
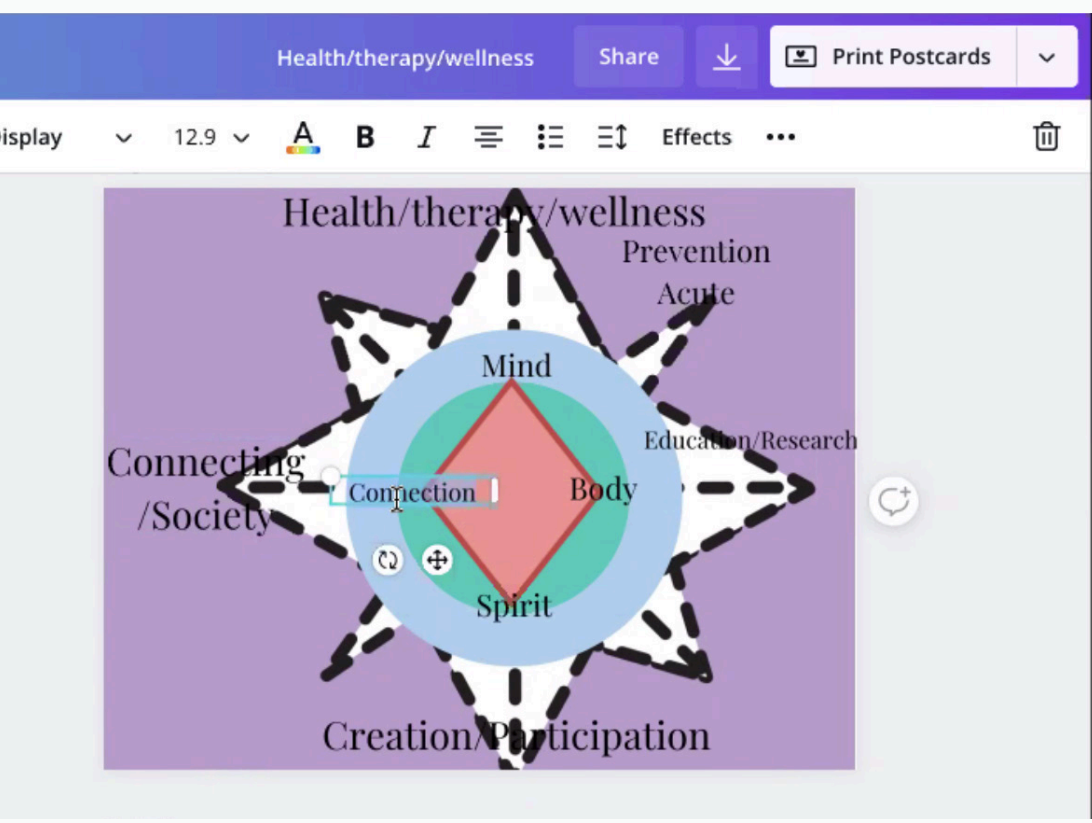
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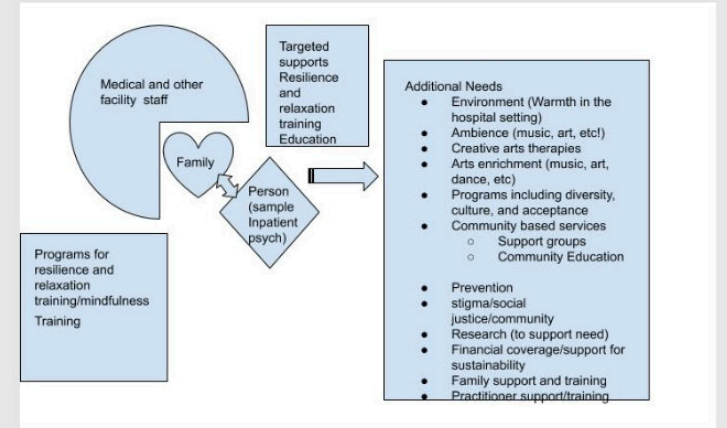
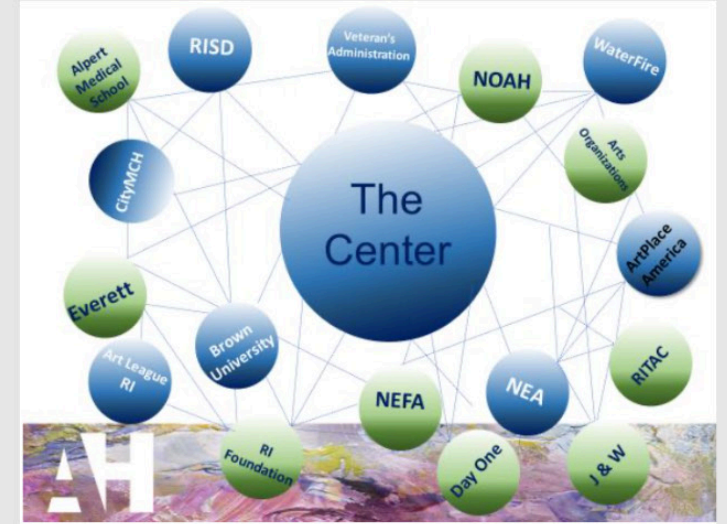
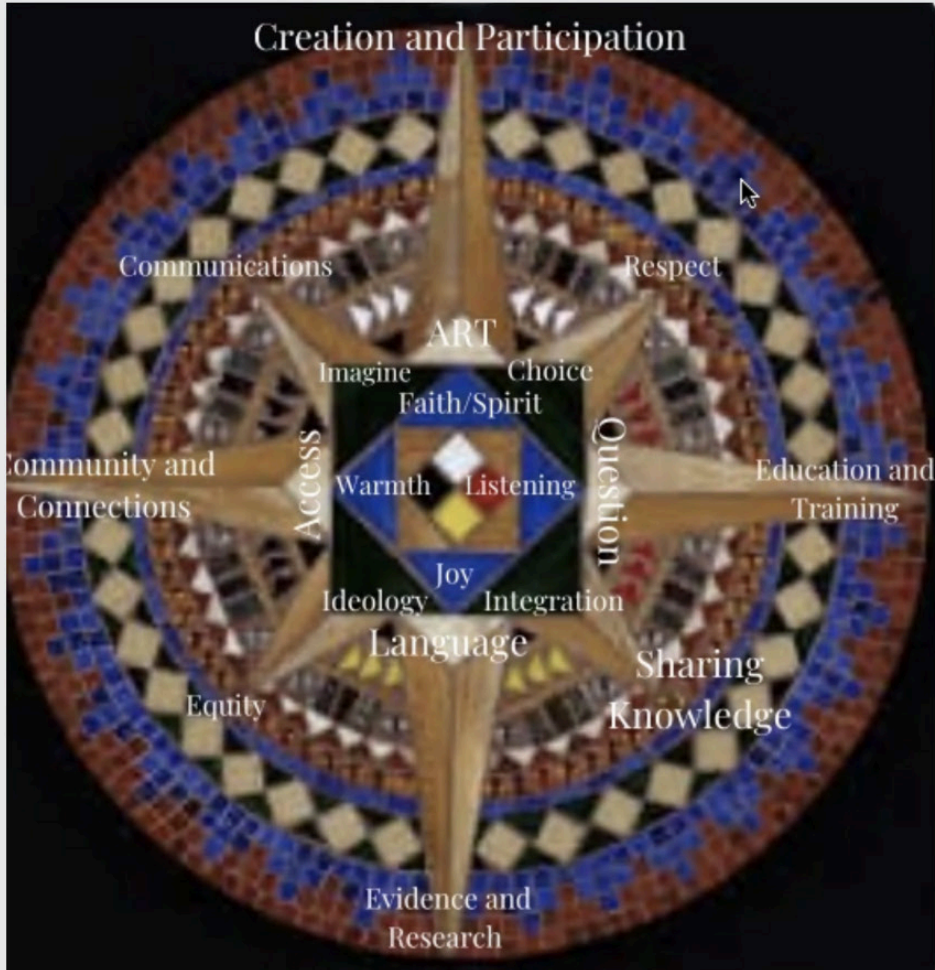
Clients

Stage	Revenue Partners	Advocacy Partners	Expertise Partners "Practitioners"	Representation Partners
Preliminary/Development -Education/Awareness -Gauge Involvement	RI Foundation Champlin (Awareness) Angel Donor (s) Grass Roots Donors (Public Engagement)	State Govt. Health Insurers Higher Education National Organizations (MS, PD, etc.) Primary Care Physicians Behavioral Health Care Givers	Certified Arts Therapy Practitioners -All mediums RISCA DOH	Cultural Groups Senior Coalition Chronic Disease Assoc's (RI) Care Givers Medical Providers RISCA Schools
Pilot Phase (Years 1-2) -Selected Services -Cohort of Partners -Test/Study/Learn	Champlin (Engagement) RI Foundation National Foundations?? State Funding?? Grass Roots Campaign NEA Federal Grants (NAEA) USA Grant Watch (Resource) Gates Foundation Getty Foundation	Engage all interested to develop a shared vision and advocacy statement and platform.	-Selected Practitioners based on Pilot Criteria are engaged with an MOU as to the expectations of the pilot. -RISCA -DOH	Engage as many as possible so as to inform elements of the pilot and maintain involvement as pilot takes shape and learning is shared and incorporated into the next phase. Document Success is critical.
Early Operations (Years 3-5)	RWJ Foundation TACO Foundation National Foundations	Identified roles and levels of engagement based on the		

Focus



How it should be.



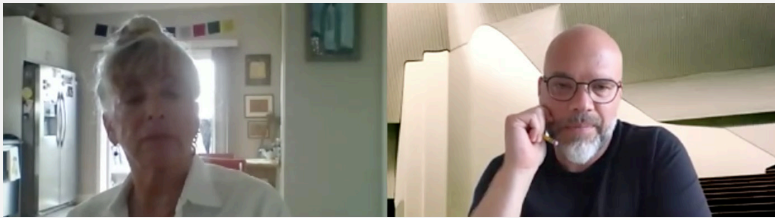
AH Arts and Health

TABLE TALK
SERVING UP CONVERSATION ON ART, ART-THERAPIES, AND WELLNESS

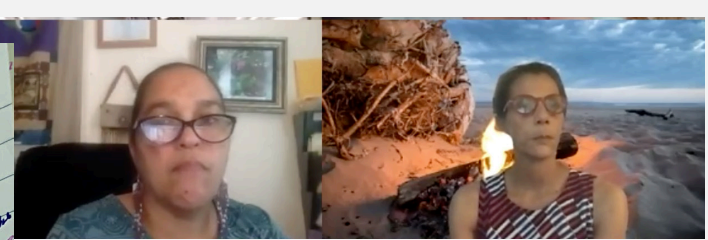
Instructions:
The host will begin the conversation by choosing a card from the deck and reading the culinary term and its definition on the front of the card.
Guests will attempt to identify a dish from the evening's menu to which the culinary process, tool, or term applies.
The first guest to answer correctly will read aloud the alternate meaning from the back of the card and begin a conversation by applying the concept to the fields of art, art-therapy, and wellness.

knead
/nēd/
verb: the process of mixing by hand or with a mixer.

knead
/nēd/
Verb: a bringing together to add strength and texture to the final product.



A Arts, Access, Advocacy, action, aging (well), *accepting*
 B Bridge, balance, *ancestral vs data*, bodies of knowledge, *alternatives*
 C Challenge, change, cycles, choice, *complex*
 D Connection, cyclical, choice, communication, *compassion*
 E Disparities (no), diversity, *emotional*
 F Fluid, environment (safe/healthy), *expanded view*
 G Family, friends, food, justice/access, *faith*
 H Gardens, Group, Geography, *humor*
 I Heard, Healthy Home, *herbal medicine*, *historical trauma*
 J Integrated, individualize, *interconnected*
 K Justice, joint, journey, joy, *invest*, *imagine*
 L Kids, kindness, knowledge, *love*
 M Listen, Lateral, learning, *lateral*, *lived experience*
 N music, mental health, *mindfulness*, *modalities*
 O Natural, nature, normal, nutrition
 P Openness, outcomes, *organic*
 Q Patient-centered, *possibilities*, *problems*, *physical*, *poetry*
 R Quiet, Questions, *rights*, *philosophical*
 S Reflection, responsive, *relationships*, *religion*
 T spiritual, senses, *social*, *specificity*
 U teaching, thoughtfulness, *structures*, *TE*
 V universal healthcare, *utopia*, *uniqueness*
 W Vehicle, Voice, validate, *viewpoint*
 X wholistic, wellness, *women*, *web* of sectors, *wear*
 Y Xtras (inclusive/not-exclusive)
 Z youth, yang of heart, zenith



A Song

by Nicole O'Malley

Mantra:

Breath in, breath out, arts and health are what we're about

Verses:

We are here to make a change, to improve well being

Arts and health are what we're about

Research and beauty with warmth and care

Connecting and respecting

Arts and Health are what we're about

Collaboration and access for all

Increased equity

Arts and Health are what we're about

Maintain excellent care

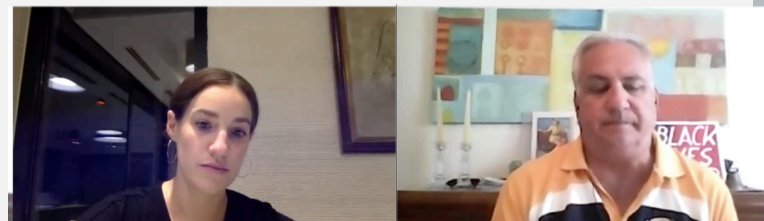
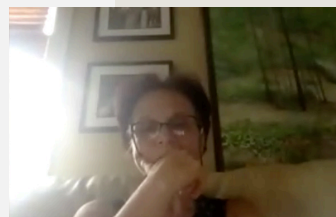
Improve health outcomes

Arts and Health are what we're about

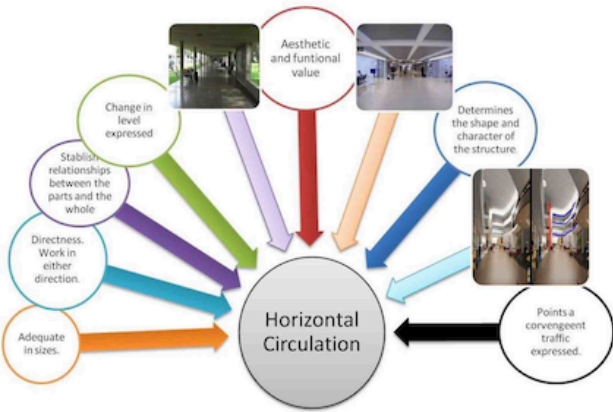
The 2024 Declaration of Arts and Health Inter-Dependence

We the People, *ALL* the people, hold these truths to be **self-evidenced!**

- Whereas all **choices** and decisions about one's **well-being** are made by the **individual**
- And whereas the systems in place support and **ensure equity** and justice for all
- So that the **Expression of Care** for each person is **Wholistic** and **Interconnected**
- We recognize that people need to **be met where they are** as they navigate Arts-Health interventions and that Health and **Healing** go hand in hand.
- When achieved, our Center and System for Arts and Health guarantees these unalienable rights, among these are **Well-being, Choice, Connectedness** and a **wholistic place** where **Spirit, Mind and Body** come together.
- "That they all may be one"



Architectural Circulation That Enables All Users



Outdoor Environment
Labyrinth Garden,
Classroom & Meditation
Shaded courtyard,
Rainwater harvest



- Welcoming to a broad population:
- Highly functional & appeals to the senses
 - Easy use for all population, ages, genders, etc.
 - Non-binary bathrooms
 - Considers the psychological and emotional impact on people
 - A space where you want to be
 - A space that clearly demonstrates that buildings can easily be beautiful, modern and fully accessible at the same

"The door handle is the handshake of the building."
Helsinki University of Technology dean Juhani Pallasmaa

Thresholds such as doorways represent significant points of contact between people, architecture & how individuals circulate. Incorporate access features — ie doors could be sliding (sliding doors benefit all users due to the increased usable floor space and reduced likelihood of injury), with sensory automatic openers or if hinged/manual with appropriate handles that are easier for everyone from people with arthritis, or if you have your hands full.

Inclusive Design: Door handle by UK's Rowan Nowell
a handle that pivots in plan (as opposed to section), making doors much easier to open for many individuals - including non-disabled users with their hands full - provides for easier circulation.



Circulation: How do various programs interact? Who uses the center and for how much time?

From Dannie Ritchie: common theme of being pro-active not reactive that unites the programming

- **Self-reflection;** lifelong learning (the atmosphere and programs to support reflection on one's self and one's own practices, being pro-active at the individual level (indoor garden, labyrinth)
- **Co-learning** (the education/training programming of the center—being pro-active at the group level, sharing resources and skills, facilitating or participating in workshops, adding to the evidence base on all 5 levels of evidence, structuring difficult conversations, building shared language, bringing cultural humility, offering treatment for various conditions, etc.)
- **Institutional Accountability** (advocacy /resource programming)—being pro-active at the policy level and public information access level, including advocating for the use of all 5 types of evidence in research world, arts as part of social justice, building respect with healthcare organizations for arts where they are already connected as part of community health as in indigenous ways of knowing, etc.)

Examples of users: artists, creative arts therapists, caregivers, practitioners, researchers, program administrators, policy makers, etc. Special Note based on Program group original diagram under faith/spirituality: spiritual leaders from various communities, often the trusted people that a family or individual will listen to

Examples of user needs: public health administrators seeking programming and/or information on the arts as ways to build community health, social service agency directors locating research to support agency program planning, a person with a condition hoping to heal or maintain well-being, a doctor or an artist wanting to engage in interdisciplinary professional development or training, etc.)

Frequency: Frequency of interaction varies widely depending on the needs of types of users Could be a single phone call or visit to a website from a parent looking for an arts resource to help their child with aphasia or autism; Could be participation in a year-long training program for nurses wanting to incorporate the arts into their practice, and anything in between, depending on need and purpose

Key concept: Circulation depends on structure -Accessibility on all levels. Can I move around the physical and/ or virtual space? Are there triggers that might impact me negatively? (cultural triggers, cognitive triggers, etc.) Can I hear? Are there things that are familiar to me? Is there space for me to add things that are familiar to me?



Hazelwood School, Glasgow

- Sits in parkland; was designed for client group of teachers, pupils and parents but also to respect the amenity of the surrounding neighborhood
- features a horizontal circulation—ease of navigation and orientation through the building was critical.
- Designed to promote a real sense of independence for the pupil and a design of a place of safety and ambition that would support the participants including dual sensory impaired individuals (blind & deaf) as well as multiple impairments
- "My aim was to create a bespoke building that designed out long dark corridors and maximised levels of natural light and incorporated visual, sound and tactile clues. I believed that even the smallest feature of the architecture could also be conceived as a learning aid. It is a building that will not only support the senses but act as an environment that stimulates the imagination."
- Includes a unique cork-clad trail rail wall that weaves throughout the building, providing signifiers and tactile to guide people; the sensory wall also helps individuals master orientation skills.

MUSHOLM, Korsør, Denmark: Like ripples in the water

With a view to creating a modern and fully accessible holiday centre, is based on a simple layout where the new multi-purpose center hall will be placed at the heart, while activity rooms include 24 accessible vacation residences located along the periphery, allowing life and activities within the building to spread outwards like ripples.

The center hall is designed as a multi-purpose & multi functional development nucleus **with a long activity ramp** with landings and recreational zones that culminates in an observation room with a dramatic view of the ocean. It provides visitors, no matter their ability/disability to have experiences and form new communities as it not only appeals to the senses, but also motivates people to join activities/communities.

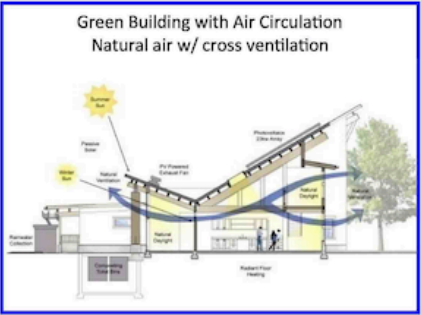
Musholm is situated by the coastline and has received recognition as the world's most socially inclusive building.



Also, continuous circulation from the center to the community, and the community to the center.

Flow of information/ideas/people/programs in and out.

- creates & models an environment for healthy living—opportunity rather than constraint
- inspire & leave a positive impact on people
- embody the principles of **Universal Design** making the idea of *inclusion* a holistic focus
- perhaps uses a ramp rather than staircases or lifts to minimize circulation for clear wayfinding (NYC Guggenheim)



Principles

Is cultural humility its own principle?

Choice needs to be a principle?

Person centeredness as a principle that's missing?

Cultural Inclusivity

To promote individualized & accessible health & wellness through a holistic approach that integrates culture, arts, ideologies and mindfulness while providing equitable, inclusive, respectful, preventative and proactive care utilizing all pathways (modalities/ideologies) of "medicine" to ensure the wellbeing-mind, emotions, body & spirit. Eastern/Western/Traditional/ Alternative medicine/Arts/Clinical

Dignity & Respect principle?

Multilingual / Multidisciplinary

Declarative template?

we must speak in "multi" terms, becoming multilingual, becoming seamless in learning the others' (and the/person's/family) language. Building shared language across disciplines, across different cultures

Expression vs language?

Enough with the binary language,

Re-connecting. Remembering.

Connections

Our society has become so siloized, but our bodies and our health do not live in isolation.

Connections between different fields (arts + medicine, + insurance)

Connections between collaborators (connecting people together)

Connections to support, wider range of programs, services, treatments

A need for refinement Haiku for everything? Ingredients?

"Show me, don't tell me"

Immersive experiences (arts based practices need to be experienced, seen, etc.)

Creating new evidence

Publicly disseminate / share

Ensure access to all types of medicine

Accessible

Accessible language across disciplines and across people

Accessible online (public, open, for everyone, shared)

Accessible to get to (physical space, when it exists)

Values vs Principles? Guiding Principles? Core Values Guiding Values?

8 legs, 8 principles?

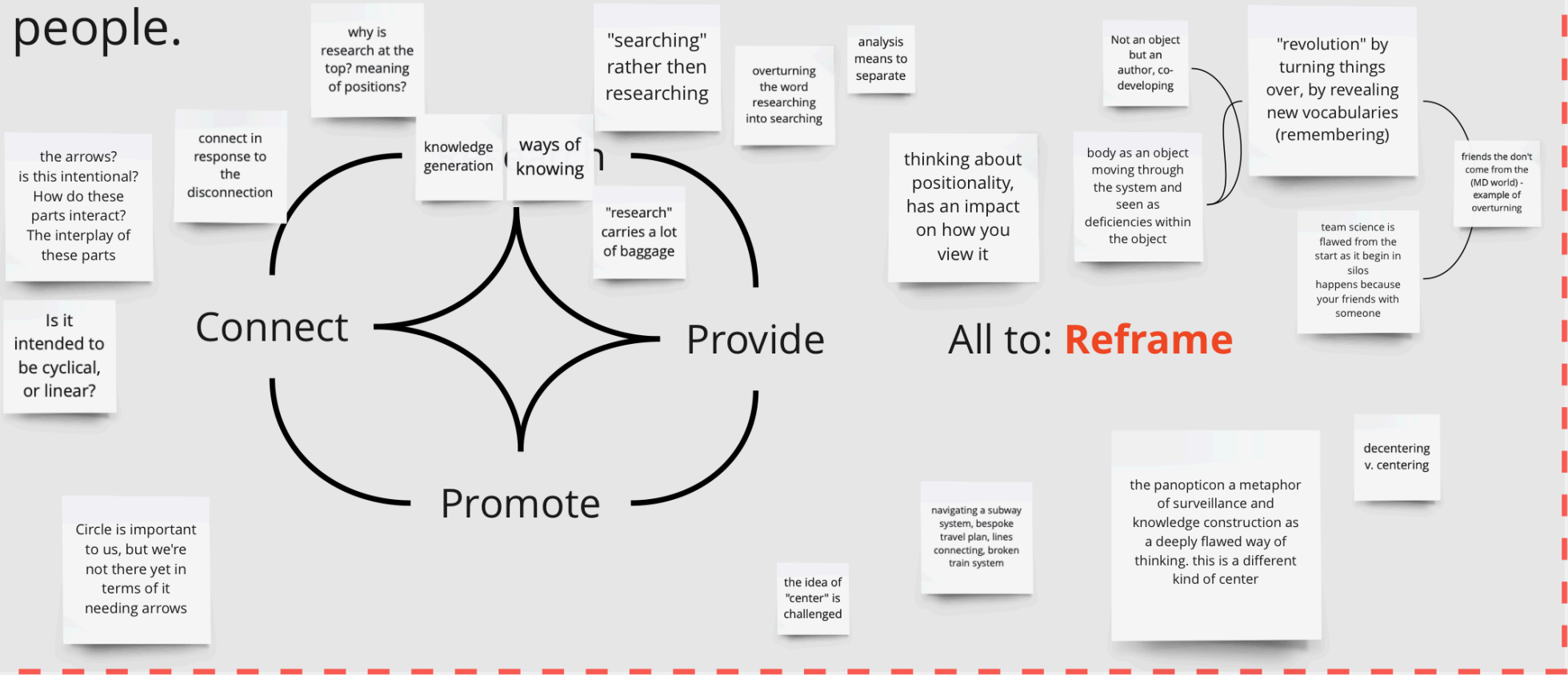
Learning & Adapting

Feedback Loops, cyclical, act and reflect

a web or a bridge.
intersectionality is
in our thinking
but not in a linear
way connections
but not linear

Vision

Creative expression is core to the health and wellbeing of all people.



Core Values

- We celebrate our work in a **culture of inclusion and equity**.
- We model **experience** over narration.
- We embody **multiple ways of knowing**.
- We insist on **choice and access**.
- We work **collaboratively**.
- We build diverse and just **connections**.
- We put **people at the heart** of everything we do.
- We engage in continuous **learning, reflection, and renewal**.
- We promote **access** to **high quality care**.

Val: I was seeing our "list" as petals on my sunflower :)

each statement could have some expanded information below

beware using language that's too easily coopted by existing systems

behaviour description below each of these: "What do we mean by..."

more work to be done here for clarity.

"heartquarters" "Hearth quarters" as a example of the kind of language that does this job.

how can we be clear about a messy blend?

So love that Sahib reminded us of our languages around gardening and nourishment..... can we use that?

Nourishment, empathy, resilience!!! Wonderful!

why are we doing something to people here?

people should be guiding activity rather than something is done to them

need language that helps people see themselves as in it instead of a reason to self select out.

be careful redefining words but using them easily mistaken for old familiar ways

this might reframe this to the medical model

think medical model vs public health model which are you signalling?

movement towards fifth wave of public health

consider unpacking "access"

promote equitable access

abilities and disabilities accessibility

Not just the letter of the law but in spirit

Eastern / Western etc.

available to all people, those at the fringe

did any of these stand out?

Individuals had favorites.

Agree that we need to ensure that we have people see themselves...that we see them and that we hear them!!

we don't measure harm especially in arts based interventions

physician/practitioner of the future challenge in this model? that wraps around an individual not a patient

what is the training needed for physicians practitioners/clinicians in this model

it is "because" we put people at the heart of everything we do that...

"we question high quality care"

there are pockets "we're trying to turn those pockets inside out"

a place of nourishment for everyone involved even caregivers

About the Organizations

RHODE ISLAND STATE COUNCIL ON THE ARTS

Rhode Island State Council on the Arts (RISCA) is a state agency supported by appropriations from the Rhode Island General Assembly and grants from the National Endowment for the Arts, a federal agency. RISCA provides grants, technical assistance and staff support to arts organizations and artists, schools, community centers, social service organizations and local governments to bring the arts into the lives of Rhode Islanders. Visit <http://www.arts.ri.gov> for more information.



RHODE ISLAND DEPARTMENT OF HEALTH

The Rhode Island Department of Health is the state's lead agency tasked with preventing disease and protecting and promoting the health and safety of the people of Rhode Island. This mission is met through three leading priorities: Addressing the socioeconomic and environmental determinants of health; Eliminating health disparities and promoting health equity; and Ensuring access to quality health services for all Rhode Islanders, including the state's vulnerable populations.



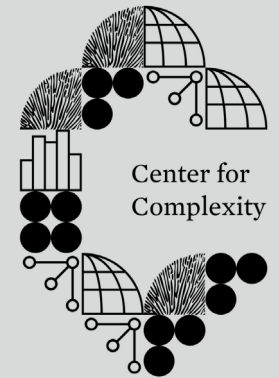
CENTER FOR COMPLEXITY

RHODE ISLAND SCHOOL OF DESIGN

The Center for Complexity (CfC) at Rhode Island School of Design (RISD) is a platform for project based collaboration and innovation, founded to benefit a diverse range of external partners, scholars, and the RISD community.

The most pressing problems (and therefore greatest opportunities) society faces today are sprawling beasts, crossing borders and boundaries, with little regard for the carefully constructed silos that characterize 20th Century knowledge and practice.

The CfC is interested in systems and their big challenges. Based on the belief that they must be addressed by methods that link minds, disciplines, geographies, and scales. CfC is a team of creative practitioners who work with front-line professionals and communities to understand the architecture of challenges, identify disconnects within systems or cultures, and develop pathways to strategically improve outcomes in pursuit of societal well-being.



Colophon

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