



AGING POPULATIONS: BUILDING AUDIENCES THROUGH THE  
INTERSECTION OF HEALTH AND ART

Mary Waldroff

Major paper submitted to the faculty of Goucher College in  
partial

fulfillment of the requirements for the degree of

Master of Arts in Arts Administration

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## Abstract

**Title of Thesis:** Aging Populations: Building Audiences Through The Intersection Of Science And Art

**Degree Candidate:** Mary Waldroff

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The population is aging, and at the same time, arts audiences are decreasing. The aging audience is different from previous generations, in that they demand a quality of life heretofore unrealized. Research shows a correlation between improved health and certain arts disciplines, as a means to ameliorate certain psychological and physiological symptoms.

Existing programs that deal with offsetting health issues caused by the implications of aging will be discussed as a means to both improve symptoms, and thereby increase audience numbers.

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Reader's Committee:

Sara R. Leonard, MA, Chair

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Ramona Baker, MFA

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Kimberly Dimond, MA

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Gregory Lucas, MBA

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This paper is dedicated to my mother and father who told me I could be whatever I wanted to be. Most importantly, I dedicate it to Scott, for his unparalleled love and support.



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## INTRODUCTION

The population of the United States is aging. In 2013, there were 44.7 million Americans over the age of sixty-five, versus 35.8 million in 2003. In 2013, this group represented 14.1% of the population. Between 2000 and 2010, the number of people over age sixty-five grew 15.1%, while the overall United States population grew at a rate of only 9.7%. In 2060, one in four people in the United States will be age sixty-five or older, an amount estimated at 98.2 million people (United States Census Bureau).

At the same time, performing arts institutions are losing their audiences. Older Americans are still attending these arts events, but at rates that continue to decline. There is plenty of data and evidence to suggest a diminishing, aging audience, and arts administrators need to address this issue and be proactive in creating solutions in order to engage and retain this audience segment. Today's aging audience is different from previous generations, in that they demand a quality of life heretofore unrealized. This is due, in large part, to the baby boomer generation, who according to Ken Dychtwald, president and CEO of the consulting firm AgeWave, "change every stage of life through which they migrate". People are living longer, and are not languishing in a sedate form of retirement. They are going back to

school, travelling and exercising more, and many are facing their aging with a renewed sense of purpose (Rowley). Arts administrators, focusing on the causes of a diminishing audience, may recognize that one remedy can lie in addressing the needs of the aging population, by providing programmatic opportunities that accommodate their needs, as well as allowing for increased well-being and an improved quality of life. There are three basic ways in which an institution can increase its audience, through broadening (attracting new audiences like the ones the organization already has), deepening (augmenting the level of participation by the current audience), and through diversification (offering opportunities for those not currently served) (McCarthy and Jinnat 14). These three approaches all have applicability for arts organizations seeking to retain and build their audiences through avenues ranging from direct accommodations, to new health-related programmatic offerings. Any of these avenues may impact an aging audience member's perceived ability to participate, resulting in the potential for increased audience for an arts organization, and enhanced quality of life for the audience members.

Through programs such as Dance for PD, Meet me at MoMA, Symphony Cares, and B Sharp, for example, administrators can create opportunities that will attract and retain audience members. An

audience member may feel comfortable and loyal to an organization that appears to understand and accommodate their needs, while also offering the possibility for tangible benefits to their wellbeing.

In addition, an increase in audience numbers should occur. Older audience members want to remain active, engaged, and vital and it is the arts administrator's responsibility to provide quality programming to attract and keep engaged this segment of the audience that is steadily growing in size and, according to data from *The Survey of Public Arts Participation*, has the financial means to attend (Silber, Bohne, Triplett, and Iyengar)

Currently, the barriers caused by a variety of health issues, such as ambulatory problems, diminished sight and auditory senses, as well as memory related constraints are creating attendance and thereby, revenue declines. As people age, attendance diminishes at performances often due to age related issues, which will be discussed in chapter two.

There is a scarcity of quantifiable evidence to support the efficacy of arts as a therapeutic treatment for many aspects of aging, but this is not to say that evidence is not being gathered. Researchers like Tony Noice, are working with the National Institute on Aging (NIA) to begin trials and gather research to determine just how the

incorporation of arts activities can act as interventions to slow or offset some of the negative physiological and cognitive effects caused by aging.

Performing arts organizations, particularly those presenting music and dance, can create programmatic opportunities to ameliorate certain psychological and physiological symptoms common among aging audiences as a means to engage and retain this important audience segment. By creating new programs and potential partnerships, stakeholders may not only improve lives, but also potentially see a rise in both attendance and revenue.

# Chapter I

## LOSS OF AUDIENCE

### Audience Demographics

For the past two decades, national surveys have recorded declining attendance at both visual and performing art events (Blume-Kohout, Leonard, and Novak-Leonard 1). With attendance numbers down, performing arts organizations must learn ways to increase attendance among a population that may no longer feel comfortable or be able to attend due to age-related health concerns.

Since 1982, the National Endowment for the Arts has been tracking adult attendance at benchmark art events in its *Survey of Public Participation in the Arts*, referred to as *SPPA*, which is fielded approximately every five years.<sup>1</sup> Since 1992, data show a consistent decline in benchmark art event attendance.

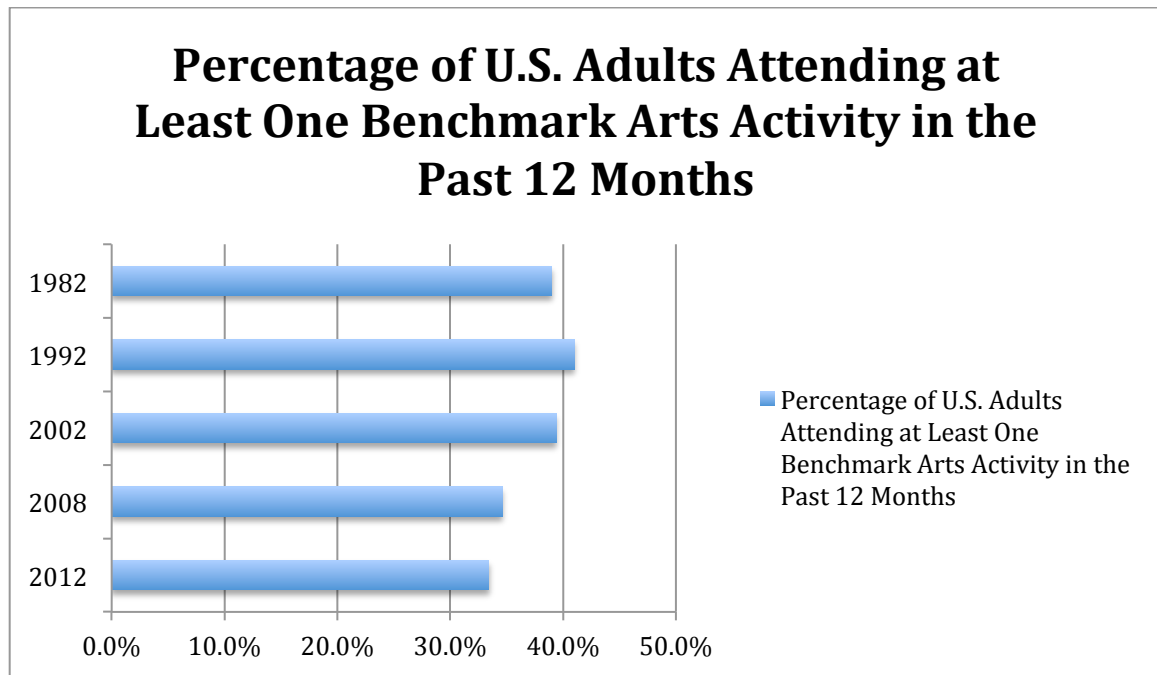
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<sup>1</sup> The seven benchmark arts activities are: art museums/ galleries, musical plays, classical music concerts, non-musical plays, jazz concerts, ballet, and opera.



**Fig. 1**

**Attendance at Benchmark Activities 2012**



Source: Silber, Bohne, Triplett, and Iyengar. *A Decade of Arts Engagement: Findings from the Survey of Public Participation in the Arts (3)*.

Figure 1 shows the percentage of U.S. adults attending at least one benchmark arts activity, each year, from 1982 to 2012. The largest drops in attendance captured by the SPPA were between 2002 and 2008. In 2012, 33% of Americans attended a benchmark arts activity versus 39% ten years before (3).

The *Survey of Public Participation in the Arts* shows that participation rates increase after the age of forty-four, until reaching the age of sixty-five when participation rates begin to decline (5). There is an even larger drop in rates of attendance, from 36.6% to 25.9%, after the age of 75 (4).

**Table 1**

**2012 SPPA Distribution Based on Age**

<b>Age</b>	<b>Population in Millions</b>	<b>Percent of Population</b>	<b>Distribution of Attendees</b>	<b>Rate of Attendance</b>
18-24	30.4	13.0%	11.7%	30.2%
25-34	41	17.4%	17.1%	32.6%
35-44	39.6	16.9%	16.3%	32.4%
45-54	43.7	18.6%	19.2%	34.4%
55-64	38.3	16.3%	18.6%	38.0%
65-74	23.8	10.1%	11.1%	36.6%
75+	18.1	7.7%	6.0%	25.9%
Total	235.0	100.0%	100%	

Source: Silber, Bohne, Triplett, and Iyengar. *A Decade of Arts*

*Engagement: Findings from the Survey of Public Participation in the Arts (4)*

For the purposes of this paper, the decline in attendance at measured music and dance performances will be analyzed.

**Table 2**

**Age distribution of U.S. adults attending benchmark music and dance performances 2002 vs. 2012**

<b>Age</b>	<b>Classi cal Music 2002</b>	<b>Classi cal Music 2012</b>	<b>Opera 2002</b>	<b>Opera 2012</b>	<b>Ballet 2002</b>	<b>Ballet 2012</b>	<b>Other Dance 2002</b>	<b>Other Dance 2012</b>
18-24	7.8%	6.7%	2.0%	1.8%	2.6%	2.4%	6.2%	6.1%
25-34	9.0%	7.3%	3.0%	2.3%	3.5%	3.1%	5.9%	5.2%
35-44	10.7%	6.4%	.03%	1.2%	4.9%	2.8%	7.0%	5.8%
45-54	15.2%	8.2%	4.0%	1.7%	5.1%	2.3%	8.0%	5.5%
55-64	15.6%	11.0%	4.2%	2.7%	3.3%	3.1%	6.0%	6.4%
65-74	12.5%	13.9%	4.0%	3.3%	3.3%	3.3%	5.4%	6.1%
75+	9.5%	10.9%	1.8%	2.7%	2.2%	1.9%	3.0%	3.3%

Source: Silber, Bohne, Triplett, and Iyengar. *A Decade of Arts*

*Engagement: Findings from the Survey of Public Participation in the Arts* (14).

In 2002, those between the ages of forty-five and sixty-four were more likely to attend classical music events than those in any other age bracket. By 2012, however, 65-74 year olds were the most

likely to attend classical musical performances along with consistent, even if not universal declines in attendance rates of those within younger age brackets between 2002 and 2012. This shows that the audiences are aging, and the younger age groups are not attending at the same rate as they did in prior generations (Silber, Triplett and Iyengar 14).

According to the Wallace Foundation, “Arts organizations that want to build their audiences need to understand their audiences” (Parker 5). Innovative programming that can ameliorate certain psychological and physiological symptoms common among aging audiences may be a key to capturing a waning audience.

In an article in *Pacific Standard*, Tom Jacobs cited the National Endowment for the Arts report on the 2012 *General Social Survey*, co-authored by Blume-Kohout, Leonard, and Novak-Leonard, that said cost was not a big factor in people’s decisions to stay home, but rather a lack of time. Jacob’s summarization of the report states, “What’s more, inaccessibility—the perception that the venue where an event is held would be too difficult to get to—was cited nearly as often as money (Jacobs 1). In addition to concerns about venue inaccessibility, Jacobs cited the National Endowment for the Arts report findings that state that not being able to find someone with whom to attend also

poses a significant barrier to attendance (Blume-Kohout, Leonard, and Novak-Leonard 14). With an aging audience, inaccessibility of a venue is a key barrier for those facing driving and walking difficulties, as is the lack of a spouse, partner, or other companion with whom to attend.

### The Missing Audience

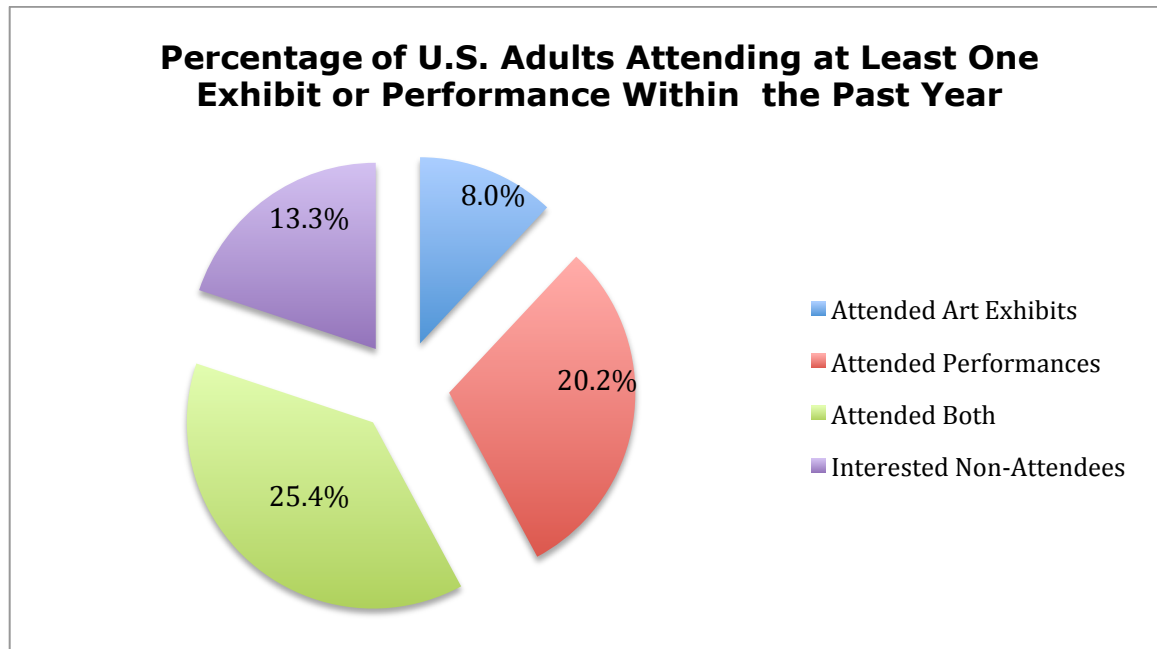
The arts and culture data collected as part of the 2012 *General Social Survey* are unique because the survey asked respondents who did not attend an art event if there was an event in which they were interested but, ultimately, did not attend. Of those respondents who answered yes, questions were posed regarding potential barriers that may have impacted their decision not to attend. The National Endowment for the Arts report on the findings, *When Going Gets Tough: Barriers and Motivations Affecting Arts Attendance*, labeled this type of patron “interested non-attendees” and calls this group the “missing audience”(1).

*When Going Gets Tough* showed that 53.6% of Americans attended at least one exhibit or live performance over the twelve-month survey period, and another 13.3% were interested in attending an exhibit or performance but did not. This 13.3% equates to a

missing audience of thirty-one million people nationally (Blume-Kohout, Leonard, and Novak-Leonard 2).

**Fig. 2**

**Events Attended by Type 2012**



Source: Blume-Kohout, Leonard, and Novak-Leonard. *When Going Gets Tough: Barriers and Motivations Affecting Arts Attendance* (2).

The *General Social Survey* probed further to determine why people attend arts events. The most frequently cited reason for attending was socializing (76%). Impediments to attendance cited by the missing audience included lack of time on the part of respondents (47.3%) and difficulty in getting to the performance facility or exhibition space

including because of handicap or illness (37%). The number that cited having no one to accompany them as a factor in non-attendance was 21.6% (Blume-Kohout, Leonard, and Novak-Leonard 15).

In *A New Framework for Building Participation in the Arts*, Kevin McCarthy and Kimberly Jinnett break down the barriers for attendance into two types: practical and perceptual. Practical impediments are issues such as cost, time, and the lack of information (38) whereas perceptual barriers develop through a person's attitude and beliefs toward the arts, which can create barriers to participation (37). McCarthy and Jinnett state "stage 1 is influenced by perceptual factors, such as personal beliefs about the benefits and costs of arts participation and perceptions of how reference groups view the arts" (35). In *When Going Gets Tough: Barriers and Motivations Affecting Arts Attendance*, Blume-Kohout, Leonard, and Novak-Leonard note that perceptual barriers involve the sense of risk that attendees may feel, thereby making attendance uncomfortable to them (14). Those who choose not to attend based on perception often question how they would fit in with a certain crowd, or cite potential discomfort with a venue. Interestingly, an aging audience is often faced with these exact impediments: lack of someone with whom to attend, difficulty in accessing and mobility within a venue, inability to sit for long periods,

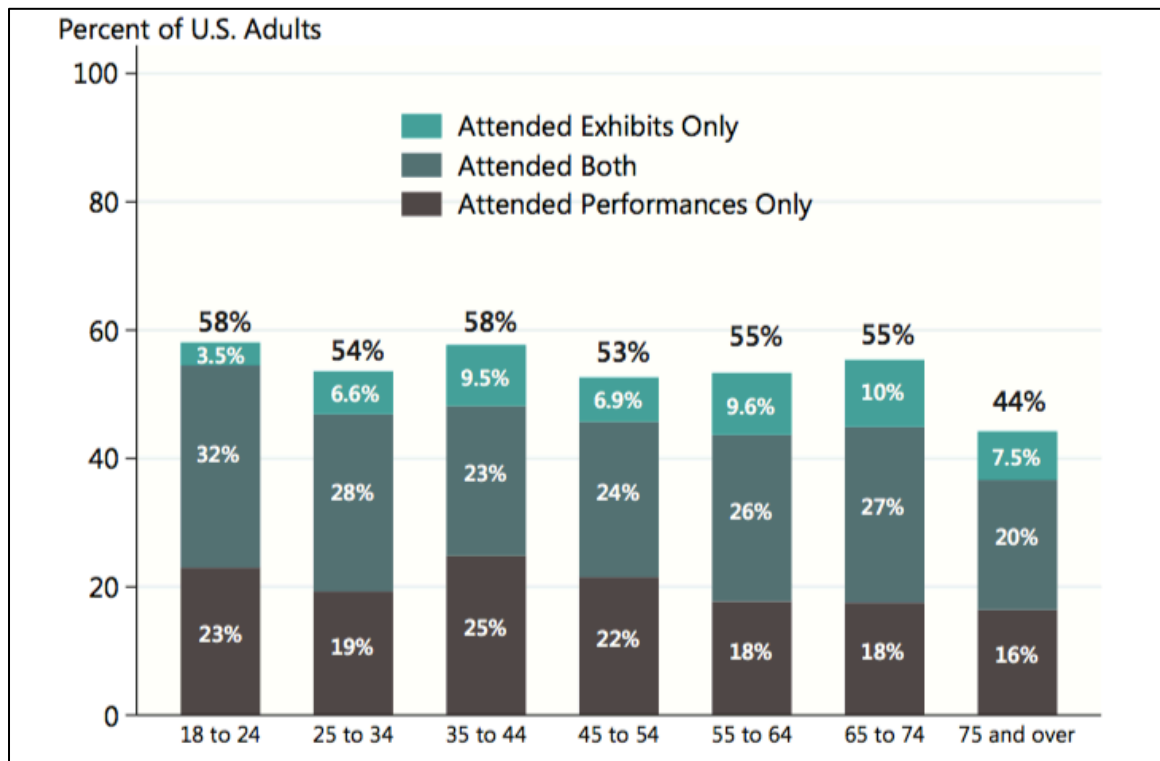


hearing and sight restrictions, and other attributes attributed to aging that may keep a patron from attending.

Similar to analyses of data from the 2012 *SPPA, When Going Gets Tough* examines differences in attendance rates by age using data from the *General Social Survey*. The *Survey* also studied the age of attendees to determine differences in attendance. Attendance rates decline at performances beginning after age forty-four. Of the age group 35-44, 25% attended at least one performance, with decreasing percentages for each subsequent age group until they reach a rate of just 16% for those over seventy-five (Blume-Kohout, Leonard, and Novak-Leonard 27). Unlike the *Survey for Public Participation in the Arts*, the *General Social Survey* parameters were broader, asking about attendance at any live music performance, resulting in higher reported rates of attendance. Attendees over the age of sixty-five, were less likely than younger attendees to cite socialization with family and friends as a reason for attendance. Interested non-attendees (22% of adults polled) listed having no one with whom to attend (15). These two findings led researchers to suggest social isolation that occurs with aging as a possibility for lower attendance rates among the elderly (Blume-Kohout, Leonard, and Novak-Leonard 26).

**Fig. 3**

**Adult Attendance at Events by Age (2012)**



Source: Blume-Kohout, Leonard, and Novak-Leonard Margaret E., *When Going Gets Tough: Barriers and Motivations Affecting Arts Attendance* (27).

As people age, difficulties with transportation, location issues (not wishing to attend a specific venue), and lack of someone with whom to attend, can all impede attendance (Blume-Kohout, Leonard, and Novak-Leonard 26). Issues such as these were also cited in the Brevard Music Center's, Brevard, North Carolina, annual end-of-season

questionnaire. In the 2014 survey, with over five hundred patrons responding, parking accessibility and mobility issues were cited repeatedly as negative factors impacting attendance. Lack of handicapped spaces, difficulty in walking too far, and problems with loading and unloading of wheelchairs were the most common complaints. One patron in particular noted that he saw “people with walkers hiking a long distance to the performance center...this is no way to treat customers.” Of the people polled, 38% were 65-74, and 22% were seventy-five and older (Brevard Music Center). In the 2015 Brevard Music Center executive summary prepared from the survey, more comments regarding accessibility and parking came from respondents, such as “We can never get a handicap space,” “Difficult for older patrons,” “Free parking is too far,” “Especially at night, cars moving in too many directions...it is an accident in the making” (Vennare 4). Comments regarding issues with difficulty reaching the facility substantiate the findings of the *GSS* in regard to older patrons staying away from a particular venue.

According to results from the *General Social Survey*, the chief impediment to attendance for those over fifty-five is difficulty in accessing the venue. For retirees polled in this age group, 35% cited getting to the venue as the strongest barrier they experience.

Additionally, lack of someone to go with can also be an impediment to attendance, especially among retirees who are interested in attending a performance (Blume-Kohout, Leonard, and Novak-Leonard 35).

Those aged forty-five and older, report that poor or failing health impacts attendance. Once a potential audience member reaches sixty-five, failing health impacts the ability to attend. In the 2012 *General Social Survey*, over half of the respondents who professed poor health were over the age of fifty-five. For those reporting ill health, accessing the venue, and the lack of someone with whom to attend are the most common barriers to attendance. Not only is social isolation an issue for this age group, but compromised health plays a role in non-attendance as well. Of those who lived alone, and also cited health as an obstacle, 36% were interested non-attendees (Blume-Kohout, Leonard, and Novak-Leonard 37). If organizations utilize this data to their advantage utilizing inclusionary and creative programming that enhances an attendee's health and well being, they may be able to capture a missing audience that has significant barriers to attendance.

### Financial Ramifications of Non-Attendance

Midland Symphony Orchestra in Midland, Michigan is one of many performing arts institutions to “see a decline in traditional subscription model revenue” (Dimond, 23 Feb.). Based on data obtained from Kimberly Dimond, Managing Director, Midland Symphony Orchestra, since 2005, the orchestra has seen a decline of 19.5% in subscription renewals, and 35% of those polled indicated the lapse was due to poor health or the death of a spouse. These numbers have significantly increased between the years 2015 and 2016. The largest age group in the Midland Symphony Orchestra’s audience is 45-65 year olds, followed by those seventy-five and older for the second largest group attending. Dimond points out that each year, some subscriptions lapse, but more recently, these lapses have been due to the death of a spouse or declining health. Dimond cites lack of comfort and difficulty in access as a prime reason, as the Midland Center for the Arts was built in 1970 and does not adhere to the standards provided by the Americans With Disabilities Act. There are no wheelchair ramps and the main auditorium lacks an elevator. The one wheelchair row in the auditorium is consistently sold out, and many are unable to attend due to sub-standard accessibility (Dimond, 23 Feb.).

**Table 3****Midland Symphony Orchestra Subscription Sales**

Fiscal Year	Subscriptions	Loss/ Gain	% Increase/Decrease	Reason for Not Renewing
2005	781			
2006	841	60	7.0%	
2007	778	-63	(7.5%)	
2008	760	-18	(2.4%)	
2009	688	-72	(9.5%)	
2010	580	-108	(15.7%)	
2011	576	-4	(1.0%)	
2012	587	11	2.0%	
2013	569	-18	(3.0%)	11% health/ death of spouse
2014	459	-110	(19.4%)	27% health/ death of spouse
2015	503	44	8.8%	18% health/ death of spouse
2016	405	-98	(19.5%)	35%health/death of spouse

Source: Dimond, Kimberly, e-mail to author, Feb. 21, 2016.

The financial effects of audience decline are creating difficulties among symphony orchestras throughout the country. Robert Flanagan, an economist at Stanford School of Business, writes in his book, *The Perilous Life of Symphony Orchestras: Artistic Triumphs and Economic Challenges*, that audience decline, staffing and production costs have caused at least eleven orchestra bankruptcies in the past twenty years (2).

Even though many symphony orchestras throughout the country may be in jeopardy, there may be reason to believe that audience and financial problems can be addressed through innovative measures. In an article in *Symphony* magazine, Polly Kahn states that orchestras are “perfectly positioned to help our mature constituency close the circle, engaging seniors as learners well beyond the concert experience” (19). Kahn compares the youth orchestra programs of the past that were a direct result of inadequacies in public school arts education, and says that today’s challenges should focus on seniors, and that continuing their education is the “newest area of challenge and responsibility” (19).

*A New Framework for Building Participation in the Arts*, discussed how many arts institutions are re-examining their offerings in order to appeal to a more diverse, and often a non-traditional audience. Some

organizations are looking at providing services to their communities  
“not just to expand their market and increase their revenues, but also  
to broaden their definition of art and reinvigorate themselves”  
(McCarthy and Jinnett 8).



## Chapter II

### OBSTACLES FACED BY AN AGING AUDIENCE

#### Physical Issues

In order to create programmatic opportunities that can ameliorate certain psychological and physiological symptoms of an aging population, it is imperative to ascertain what types of challenges this segment of the population faces.

As the baby boomer generation ages, this large segment of arts audiences is becoming increasingly challenged by physiological ailments that can impede attendance. This segment of the United States population (now age 52 through 70) is enormous, and numbered approximately 76 million Americans in 2014 (Pollard and Scommenga). To avoid losing this large audience segment, as well as those audience members over 70, who are not part of the boomer profile, programming opportunities must be developed to connect with members of an aging demographic in order to retain their attendance and resulting earned income.

A critical first step is to understand the challenges that members of this group face and determine what motivates their attendance. Arts organizations have an opportunity to engage those in the boomer

generation and older, while creating innovative programming that may offset existing issues such as: emotional distancing due to the loss of a spouse, physical barriers such as movement and balance; neurological diseases that make attendance difficult; and memory, perception and communication problems caused by the dementia spectrum.

Movement disorders, such as Parkinson's disease create mobility and subsequently attendance issues, due to hallmarks of the disease such as tremor and restricted gait, and the uncontrolled movements of dyskinesia that are caused by drug therapy. Many people living with Parkinson's choose to stay home, or not participate in programming, because of their awkward and uncomfortable symptoms, yet research shows that participation may offset some of these symptoms ("Dance for PD"). Arts organizations need to find ways to accommodate and include these individuals and allow them to participate at rates equivalent to past attendance. The *General Social Survey* data regarding the missing audience shows that people are not attending due to poor accessibility, as well as having no one with whom to attend (Blume-Kohout, Leonard, and Novak-Leonard 9). Both of these issues impact people living with Parkinson's. Organizations need to find better ways of allowing an older cohort to access their facility, as well as address other health-related issues in order to retain them as

audience members. Entrances with automatic doors, and improved access for walkers are two such solutions that would assist patrons with Parkinson's.

In addition to Parkinson's, arthritis is taking a toll on a large part of the aging population and the ramifications of this joint disease, as well as joint replacement therapies, create seating issues and attendance barriers. Seat location, size and distance from entry are all pieces of a larger whole that create complications for an aging audience member, who may find it too complicated to attend. For years, accessibility concerns have been addressed through the Americans with Disabilities Act but the problem lies beyond the most commonly addressed impediments to those with paralysis, hearing, and sight issues. Performing arts venues must keep pace with an aging population's symptomatic woes in order to retain this segment's attendance. Equipment such as walkers and canes create access and storage complications that need to be addressed. An organization needs to define spaces for this equipment, and whether or not there is a need for more handicapped seating. It may be necessary to redesign or adapt interior and exterior spaces at performing arts halls in order to enable greater attendance numbers with resulting increase in revenue for the arts organization. New parameters must be addressed

in performance halls such as more handicapped seating, additional wheelchair ramps, site assistance, and more hearing assisted devices. Locations for walkers, canes and caregivers, may soon be additions to ADA requirements ("2010 Revised Regulations").

Recently, the focus on arts programming for an aging audience has begun to shift toward a concept known as "healthy aging", an idea at the focus of research presented in a report from *The Summit on Creativity and Aging in America*, in collaboration with the 2015 White House Conference on Aging. This summit was held on May 18, 2015 at the National Endowment for the Arts. According to one of the report's authors, Dr. Gay Hanna, boomers are trying to change the face of this large demographic. The summit focused on three areas: age-friendly community design, health and wellness in the arts, and lifelong learning and engagement in the arts to set the tone for dialogue about the new face of aging in America (Hanna 7). Perceptions of aging are changing, and boomers in particular want to feel vital and engaged later in their lives in ways that previous generations have not demanded.

## Psychological and Neurological Impediments

Physical impairments are not the only issues impacting attendance among an aging audience. Alzheimer's and other dementia spectrum diseases create an array of memory problems that create a barrier to attendance, and issues such as loss of partner and social withdrawal create evidence of apathy and non-attendance. Alzheimer's and dementia spectrum patients are unable to attend alone and unless a caregiver is willing to attend, they will miss the program. Not all patients can afford a private nurse to enable attendance. Again, there is potential for loss of audience due to the ramifications of aging.

Unless modifications are made to allow for attendance by those with physical and memory issues, arts organizations will see their audience numbers continue to decline. Audiences are aging and lifespans are increasing. Older Americans, in particular, are calling for ways to enhance quality of life, yet physical barriers continue to limit certain activities. Steps must be taken now to engage this segment and prove that, as administrators, care will be taken to engage an aging audience through healthful programmatic methodologies as well as physical plant adaptations. There are a number of organizations that are utilizing alternative and innovative programs to address certain symptoms that are part of the aging process. Programs such as

Dance for PD and Meet Me at MoMA are utilizing new approaches to address some of the psychological and physiological symptoms that are often found in their aging audiences.

## Chapter III

### ALTERNATIVE APPROACHES AND EXISTING PROGRAMS

#### Art Intervention Modalities

Arts organizations can create programmatic opportunities that help mitigate certain psychological and physical symptoms that are often experienced by audience members and potential audience members of an aging population. By concentrating on the intersection of art and health, an aging population can continue to be engaged and retained and there is potential for improving the quality of life. To understand the potential ramifications of arts administrators being able to healthfully impact the aging audience member, one must understand the science behind the connections of art and health.

In 2011, the National Endowment for the Arts partnered with the United States Department of Health and Human Services to highlight some of the most compelling studies that connect improved cognitive, behavioral, and social outcomes from art-based interventions. Increasingly, policy leaders are stressing the overall health of the whole person, and the arts play a fundamental role in reaching across generations through multiple methodologies that allow for improved cognition (Hanna 7). The results highlighted in *The Summit on*

*Creativity and Aging in America* are overwhelmingly positive for older adults. Participation in chorale programs were instrumental in improving overall health of older participants, as well as a decrease in falls and a need for fewer medications (Cohen et.al. 730). In trials using structured theatrical interventions, cognitive function was improved in four areas: immediate word recall, verbal fluency, problem solving, and delayed word recall (Noice and Noice 749). With creative storytelling as an intervention among people with Alzheimer's, there was improvement in alertness and participants were more engaged and showed improved interaction with caregivers.

In September 2012, a public workshop convened by the National Academy of Sciences addressed issues of aging and the impact of the arts on health and wellness. The workshop was the result of a Federal Interagency Task Force on the Arts and Human Development and involved the National Endowment for the Arts (NEA) The National Center for Complementary Medicine (NCCAM), The National Institutes of Health (NIH), the National Institute on Aging (NIA), the Office of Behavioral and Social Sciences Research (OBSSR), and the National Academy of Sciences (NAS). The workshop aimed to identify key issues associated with aging and to pose potential solutions for improving the quality life of aging Americans (Kent and Li 1). There is



much data that indicates physiological and sociological improvements have been associated with arts participation. The results are: an improvement in memory and increased cognitive function; a reduction in stress and agitation; an increase in self-esteem, and better social interaction. The aim of this workshop was to identify and address what is already known about the intersection of science and art and its effects on aging, and to compare these types of treatments to more conventional treatments (Kent and Li 4).

The opening speaker was noted geriatrician David Reuben. Dr. Reuben spoke of four of his patients who were highly functioning well into their eighties and nineties. All were artists or performers. Dr. Reuben posed the question: was it their lifelong involvement in the arts that added to their longevity and high function, or was it just happenstance? (Caset and Associates 1-3). The workshop included results of ongoing studies by Tony and Helga Noice that show promising results regarding the practice of art positively impacting function and ability among the aging (32). Sandra Wilson, C.E.O of Gateway Center for the Arts in DeBary, Florida would be interested in Reuben's question, as she is in her late seventies and was diagnosed with Parkinson's in 2011. Wilson has been an artist all of her life, and is currently part of a study at Shands Hospital, Gainesville, and states

that "... all of my scans have come back positive, and I have been informed that I have severe, and well-progressed Parkinson's, but look at me (she stands on one leg with arms out)." She states her symptom progression is stalled, and she believes, halted, due to her continued painting and participation in several arts activities. She states that, if not for her art, her Parkinson's symptoms would indeed be worse and the challenge of daily interactions and decision-making gives her something to think about other than focusing on her health concerns. Interesting to note, Mrs. Wilson's severe hand tremors are completely halted while she is holding a paintbrush (Wilson). Wilson's doctors are amazed at her progress. The study is ongoing at Shands to determine how the effects of arts interventions impact people living with Parkinson's.

Art methodologies as treatment for the ills of aging are difficult to insert into randomized control trials because they involve many variables. However, in research conducted by Tony and Helga Noice, and Arthur F. Kramer involving participation in arts and health of seniors, the study was well controlled and their findings are critical to the understanding of the impact of art on aging. The study looked at trials that were conducted on adults over age sixty and with no dementia present. Activities included music, theater, creative writing,

dance and visual arts, and for these trials all arts were fine arts. The findings revealed that in the thirty-one studies that were reviewed, cognitive ability was increased in each category. The research does conclude with a call for more randomized control trials only because this is an arena of budding research (Noice, Noice and Kramer 747).

### Movement Based Interventions

In Parkinson's patients, movement based therapies are gaining ground as a means to offset many of the symptoms and side effects associated with this crippling disease. Currently there are several programs that involve dance and movement based therapies to aid in balance and coordination issues faced by the Parkinson's patient. When a person has Parkinson's disease, one of the first symptoms is tremor in any or all of the extremities. Tremor is caused by the body's inability to produce dopamine, and to temporarily quell tremor, most patients are given Levodopa to act on brain receptors that tell the brain how to make the body move. Levodopa is turned into dopamine by the human body, and signals are sent that temporarily stop certain side effects such as tremor and other movement related sensations. Continued Levodopa use can trigger dyskinesia, which is an uncomfortable side effect that creates jerky, uncontrollable

movements and spasms. Some patients never have dyskinesia, but instead suffer from bradykinesia, which is the opposite of dyskinesia, where the body is rigid and extremely slow to move and function. Dance as a means of therapeutic assistance assists with bradykinesia and balance issues among those with movement disorders ("Dyskinesia: What to Do about Moving Too Much").

### Music Based Interventions

Music, when used as an intervention, helps with both memory retention and hearing issues. Lifelong musicians are adept at discerning specific tones and picking apart melodies that enable them to better adapt to failing speech recognition and hearing patterns. Nina Kraus and her team studied these ramifications of musical interventions and specifically investigated how neural activity may change as people age. The study focused on people with past musical training, as well as those who had never studied music. She tested her theories by using a scientific approach that measured auditory brainstem responses to complex sounds. The responses measure inner ear stimulation and determine how the brain processes sounds. This test is often used in patients with age-related hearing issues. Her findings proved that musicians are better at weathering age-related

hearing and memory issues. The mid-brain is specifically geared toward processing auditory learning, and as people age, certain sounds, especially hard consonants, are difficult to discern. What Kraus and her team discovered was that lifelong musicians dealt with normal effects of aging and sound better than non-musicians. Kraus' "...findings suggest that a lifetime of making music promotes improved hearing in noise, auditory memory, and biological processing of sound. Participation also enhances communication skills, cognitive function, and physical health" (Kent and Li 7). Kraus then compared her findings with improved cognitive function in children who study music and learned that musical training has a different impact on the brain than other participatory art forms. Kraus' study involved currently practicing musicians, yet hopes that her findings may show that beginning musical training at a later age may also have strong benefits on the brain. Kraus discovered that even people who began the study of music later in life, as well as acting and creative writing, also benefitted cognitively from the discipline.

There is scientific data proving the positive effects of arts interventions on an aging population. With recently created partnerships between the National Endowment for the Arts and the National Academy of Sciences, arts administrators need to look at

programming that incorporates methodologies that impact the health of the whole person. Members of the baby boomer generation are not content to be idle in their older age, and by attracting them to arts programs that treat the whole person, while positively impacting their health, can be a way to engage this segment in a new way.

## Chapter IV

### CURRENT TRENDS IN ARTS INTERVENTIONS

The challenge is for performing arts venues and producers that have lagging attendance to create activities with partner organizations, such as dance and music schools, or to create their own programming that is aware of the health issues of participants and will engage aging members in order to increase both audience and revenue.

Arts Administrators can expand their programs and begin to insert new, health related components into their offerings. Since audiences are aging, a call to action involves creating programmatic offerings that can be implemented in order to attract a new audience and retain those who are still involved. Organizations can follow the lead of facilities such as the Mark Morris Dance Company, the Museum of Modern Art, and other organizations, and offer health-related arts programs in order to attract and maintain an audience segment that may have been previously disregarded.

Gateway Center for the Arts in DeBary, Florida began by partnering with a local internal medicine doctor, Syed Bilal Ahmed. Dr. Ahmed has many retirees as patients and when they come to him with depression, loneliness and lethargy, he writes “prescriptions” for them.

Dr. Ahmed writes these prescriptions for volunteering at Gateway Center for the Arts, near his office. The patients visit the center and receive assignments as volunteers in a variety of duties. They arrive at Gateway, note in hand and speak to the volunteer coordinator. To date, he has sent over twenty patients, and all but two have become volunteers. Eighty percent of the volunteers have purchased memberships to the organization. Additionally, Gateway has an ongoing painting class, taught by a woman living with Parkinson's disease. Ninety percent of the students in her class have disabilities, and the class is the longest running one at the center. Last fall, Gateway started a Senior Art Camp that runs for one-week increments and offers painting, acting, tai chi and creative writing. In addition to increasing memberships to the center, and creating new awareness of its performances, Gateway has found a way to increase class attendance through its schedules which also have included memoir writing for seniors, music, theater movement for adults, and visual art offerings (Wilson).

There are other arts organizations that are delving into programmatic offerings with enhanced health components for an aging population. Some focus on dance and others are music based.



While audience development is impacted by the addition of these new programs, there are also a number of organizations that are conducting services outside of their organizations that, while based in outreach, enable exposure to a new audience. The Detroit Symphony Orchestra is working with the Henry Ford Health System to present concerts at the hospital. Patients and their families who may otherwise not have been exposed to the symphony will now be aware of its offerings. Outreach in a venue such as this is twofold; it “aims to create a restorative atmosphere that renews the human spirit” and is a living advertisement for the symphony that will be heard by doctors, nurses, administrators and families of patients (Blum). Madison Symphony Orchestra’s Heart Strings Program takes music into assisted living facilities, rehabilitation centers and adult day care centers and reaches over 3,400 people each year (Heartstrings).

Organizations need to be creative in their thinking. Not all programs need to occur at the facility, but an audience may be expanded through other methodologies such as outreach and partnership. Each time a performance occurs away from the home site, new audience members are exposed to what the organization has to offer.

### Dance for PD

The pre-eminent dance program for people living with Parkinson's is Dance for PD developed by the Mark Morris Dance Company. Dance for PD is currently presented in over one hundred communities, and in thirteen countries worldwide. A recent study by Olie Westheimer and her colleagues, found dramatic results among Parkinson's patients enrolled in the program. "There was a significant change from baseline to post-intervention in total UPDRS III (unified Parkinson's disease rating scale), an improvement of 10.4 % over baseline." "There was a remarkable significant change in the UPDRS III gait subscore, which improved by 26.7 %. There was improvement in the UPDRS rest tremor subscore, which improved 18.5 %" (Westheimer et.al.1265). Gait and balance were significantly improved in the Dance for PD participants, but those asked also indicated that their quality of life vastly improved after participation. Patients noticed that an improvement in balance and walking added to their self-esteem and overall sense of well-being. Dr. Un Jung Kang, MD, Chief of Movement Disorders in the Division of Neurology at Columbia University Medical Center, noted, "Dance involves multiple facets such as physical training, emotional reward of participation, and social interactions, all of which should be beneficial in PD" ("Dance for PD").

Even though many call for further randomized control trials regarding dance and Parkinson's, data thus far indicates that utilizing dance as an arts intervention dramatically improves the lives of people living with Parkinson's disease.

David Leventhal, Dance for PD's Program Director, states that those enrolled in the Dance for PD program do take an interest in the offerings of the Mark Morris Dance Company and they learn repertory that is seen on stage in their Dance for PD classes. The Dance for PD initiative has reached over five thousand globally. Leventhal says that the participatory nature of the program is engaging people in ways that have been missing and is being noticed even by a younger set who are keen on participatory offerings as opposed to passive events (Leventhal). By offering a much needed and effective program, Mark Morris Dance Company has increased its presence and reached a new potential audience. Through global replication of this program and increased exposure for the Company, many new potential audience members have been exposed to Mark Morris Dance Company. Leventhal states that the Company "views successful growth as increases in engagement across the various offerings in the company's portfolio" (Leventhal)

### The B Sharp Program

The Fort Collins Symphony in Colorado has a program that offers five free season tickets for people living with dementia and their caregivers. The program is a part of a study led by Jeni Cross at Colorado State University. Patients are given memory tests before and after the concert to collect data. Area businesses pay for the tickets and there is a community engagement component that consists of a reception that includes participants. The key to this program is that it also involves the caregiver, who is often left out of the equation. With dementia spectrum diseases, the caregiver often becomes increasingly isolated as the disease progresses, and the B Sharp program provides a healthful intervention for the person with dementia, as well as a socializing component for the caregiver. One of the participants, Hal Squier, is already becoming more aware and his wife reports that he has increased mental stimulation post concert. The effects last for a day or two afterward as well. The program has gradually come to be embraced by the community, and has increased awareness for the symphony. Cross said that "The more we can do to help people, the better we're making the quality of life for everyone in the community". Patients and their caregivers are enjoying the program so much, that several return to concerts, even after the free program has ended

("Fort Collins Symphony"). The efficacy of this program is certainly worth the costs involved with the reception and ticket costs. Important partnerships are also being made between the symphony and the businesses assisting with funding. Caregivers and patients alike are improving and the symphony is furthering its outreach and engaging with an important audience segment.

### Meet Me at MoMA

While the focus of this paper has been on performing arts organizations, there are programmatic examples in visual arts organizations that are introducing healthful components in order to ameliorate certain symptoms and to connect with an aging audience.

In 2007, the Museum of Modern Art (MoMA) in New York, began a program entitled Meet me at MoMa. It was designed to be an interactive program for people living with Alzheimer's and their caregivers. The program was a well-planned series of educational discourses involving works of art in the collection. The program was held outside of normal hours to allow for quiet time for the attendees. It was found that even those with fairly advanced dementia recognized new things in pieces of art they had never before seen. Something in the emotionally based communication allowed for open thought and

discussion. For the person living with dementia, the program allows them to communicate in a new way, often when verbal communication has become difficult ("Meet me at MoMa"). According to Gene Cohen, M.D., Ph.D., "when memory is going, the capacity for imagination is still there" ("Meet me at MoMA"; Cohen et. al.).

The program enables the individuals suffering from dementia to participate outside the home in a new venue with their caregiver. Meet me at MoMA is highly replicable at other venues throughout the country, as is Dance for PD. In Arizona, the Phoenix Art Museum and the Scottsdale Museum of Contemporary Art are presenting a reiteration of the program. Banner Alzheimer's Institute in Phoenix is studying the program, and over 144 participants, both patients and caregivers, reported positive results. Many of the attendees returned month after month to the museums, even after the conclusion of the program, and the museum recaptured a lost audience (Marcus).

## Call for Funding with an Increase on Inter-Disciplinary and Cross-Disciplinary Partnerships

In 2015, the NEA collaborated with the White House Conference on Aging (WHCOA) to identify opportunities that allow for healthy aging via art and design. The WHCOA identified healthy aging as “continuing to live a productive, meaningful life by having the option to stay in one’s home, remain engaged in the community, and maintain social well-being” (White House 59). In a keynote speech at the conference, Jane Chu, Chairman of the National Endowment for the Arts said:

Because (arts) show stabilization and an overall increase in community activities, they further a positive impact on maintaining independence and reducing dependency. They reduce risk factors that perpetuate the need for long-term care. They foster an improvement in morale and a positive impact on depression, less need for medication, and fewer physical falls. (Hanna 4)

The results of the summit were conclusive that the demographics of the United States are dramatically shifting, and because of increasing life spans, the needs of the population have changed.

Discussion proved that attitudes toward aging are changing and new business models need to be created in order to produce successful art and design products for an aging demographic. Other results from the summit included a need for scientific based research that is more than anecdotal, as well as a need for more partnerships between researchers and policy makers, and to validate arts programs that also serve to ameliorate certain health symptoms (Hanna 31). One of the proposed solutions from the summit was to “identify key federal agencies that can utilize the arts to solve critical health issues... (and) to infuse the arts through existing systems at the federal, state, local, non-profit, and for-profit levels” (Hanna 34). Indeed this is a starting point for increased partnerships with arts organizations and other agencies to concentrate on healthy aging.

The National Endowment for the Arts and the White House Council on Aging are beginning to see the ramifications of arts related programming as a way to sustain and enhance the quality of life for older Americans suffering from physiological symptoms associated with aging. This summit and the WHCOA held listening sessions at conferences involving providers focusing on aging throughout the country. Summit attendees re-convened in Washington to present findings that were truly indicative of the responses of aging Americans



across the country. It is time that the nation recognizes that the arts are a viable and healthy addition to modern medicine and can be complementary partners in the aging process. The arts are unique in that they can play a complementary part of healthy aging that meets the needs of a graying audience as well as helping organizations with broadening and engaging their audiences. A logical next step is for arts administrators to focus on how existing performing arts venues and producers that have lagging attendance can create activities with partner organizations such as dance and music schools to increase their audiences.

Conferences are occurring throughout the country with a focus on the intersection of the arts and aging. One recent symposium was the Third Annual Arts & Wellness Symposium in Orlando, Florida (Inman). The focus of the 2015 conference was on a newly launched online tool for Alzheimer's caregivers that was centered on ways to incorporate artists and caregivers alike in finding new tools to assist with aging. It was created from a partnership between Share the Care, the University of Central Florida, and the Pabst Charitable Foundation and the National Center for Creative Aging. Time has come for arts organizations to tackle these new partnerships and to create new

relationships with medical organizations interested in aging with a creative purpose.

### Partnership Opportunities

An aging population has certain needs, some of which can be met through appropriate, healthful arts programming. Through programs such as Dance for PD, Meet me at MoMA, and B Sharp, it is possible to connect needful, aging audience members with arts modalities that can improve their lives, all while increasing awareness of the organizations, and also re-connecting with a previously lost audience. Through partnerships between existing organizations, some of the financial costs associated with the creation of new ventures may be offset. Part of the discussion during the White House Council on Aging workshop in 2015, concentrated on the cost benefit analysis attached to these new types of programming. Due to the intangible nature of arts activities, especially when utilized as an arts intervention, it is difficult to conduct accurate cost benefit analyses, but if these modalities for treatment are to become incorporated into the dialogue of healthcare, accurate analyses need to be developed. Partnerships are already at work in several cities nationwide that allow for the sharing of staff and responsibilities. In fact, partnerships are a

way to combine methodologies across organizations that may lack expertise in certain areas. By working together, organizations can focus on building their own audience while sharing ideas and resources. Health organizations such as Shands at the University of Florida are wonderful resources for smaller arts organizations and funding that is already in place for research will benefit both groups. By working with health agencies, arts organizations can realize a way to increase attendance among an aging population that demands a better quality of life (Hanna 52).

#### Need for Increase in Research and Tools for Measurement

Much still needs to be done in the field of quantifiable and substantive research, including more well-controlled trials that focus on the intersection of health and the arts, yet with Baby Boomers demanding better and longer lives, coupled with the recognition for more incentives at the federal level, science is sure to become more advanced and data should continue to stream in that supports what is already known. Data is mounting which shows a correlation between health and the arts, and the White House Council on Aging is a positive step in a call for advancement in this field.

## CONCLUSION

At the surface, a call for new programs that capture the intersection of science and art seems altruistic in nature. While the practice is an important way to help an aging population deal with the physical and mental ramifications of growing older, the addition of programs and partnerships that engage people in such a way engages a lost segment of the arts audience, or one which arts administrators are afraid of losing. The size of this audience segment is large, and losing this demographic would be detrimental to any arts organization. Lost audience members can become reconnected through dance, music and visual arts in a way that temporarily offsets many of their age-related health conditions. Caregivers are sometimes drawn into the equation and, as programs evolve and grow, others take notice. As in the case of Dance for PD and Meet me at MoMA, the models are replicated throughout the globe and the chances to build new audiences are occurring.

Arts organizations need to reevaluate how they address their decreasing audiences, and through creative and innovative programming, new members may be attracted and lapsed patrons may return. The way in which we view aging is changing rapidly and a new culture of learning that is innovative and healthful can help

organizations build and sustain their audiences. Perhaps, the way arts administrators define the term audience may change as well.

According to David Leventhal, Program Director, Dance for PD, "It's no longer true that audiences are sitting in a dark theater watching the product of the company. Audiences are anyone who engages in a company's work in any context, whether it is seeing a performance, participating in a class, or being part of a program like Dance for PD". Leventhal states that this is a dramatic change from the past, when "butts in seats" measured audience growth. A new, broader view helps connect these new programs and connects them to the mission of engagement (Leventhal).

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