PARTNERSHIPS WITH IMPACT: COLLABORATION BETWEEN MUSEUMS AND HEALTH AND SOCIAL SERVICE ORGANIZATIONS TO SERVE INDIVIDUALS WITH ALZHEIMER'S DISEASE

by

Raenelle J. Tauro

Master of Arts

&

Master of Business Administration

in

Museum Studies

in the

Graduate School of Professional Studies

at

John F. Kennedy University

Approved:

_____   _____
Elizabeth S. Peña, Ph.D., Interim Chair   Date

_____   _____
Lisa Eriksen, Master's Project Advisor   Date

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Preface

During my first class of the John F. Kennedy University museum studies

program, I read the book *The Social Work of Museums* by Lois H. Silverman.

Silverman describes how the fields of social work and museums have similar

goals and values, arguing the two disciplines have much reason to work together

in reaching out to the community. Silverman's ideas expanded my view of

museums, and I recognized then their great potential to be places of healing and

social change.

As I progressed in my studies, this perspective caused me to ask many

questions about the future of museums. How will museums stay relevant in their

communities? Are museum resources being fully utilized? What does it mean for

museums to participate in civic engagement? Along with these questions came a

deep passion for understanding how museums can connect with those in the

community whose voices are often marginalized or misunderstood.

The voices of children are among those easily disregarded. For many years

I have worked with children, and it has been important that those I encounter feel

safe, cared for, and valued. It would have been a natural choice for me to select a

master's project focusing on the needs of children, but I felt the urge to search for

other groups also longing for safety, care, and validation. I found myself on a path

to exploring the issues that more mature audiences face and was eventually drawn

to the concerns of persons touched by Alzheimer's disease.

This project allowed me to meet passionate and caring people who strive

to make a difference in the lives of individuals with Alzheimer's disease and their

caregivers. While it is a worthy endeavor, this master's project is but a beginning to a lifelong journey in fully understanding how all types of organizations can support their communities in deep and meaningful ways. It is my hope that through this project and others to come that all voices in the community will one day be heard and valued.

Executive Summary

"Museums face unprecedented opportunities to exert even greater influence in society. We are becoming places of dialogue, advocates of inclusion, places of values, and incubators of community"

-Robert R. Archibald, 2002

With an unstable economy and many cultural institutions fighting for the same visitor dollars, some museums are questioning how they will remain relevant and sustainable. There are museum professionals who believe these challenges require a shift in why, how, and who they serve in their community. Many museums have chosen to address their community's needs by targeting programs to individuals with Alzheimer's disease and their caregivers. This master's project examines the creation of partnerships between museums and health and social service organizations (HSSO), such as the Alzheimer's Association, to develop and implement programs for individuals with Alzheimer's disease.

According to the Alzheimer's Association, dementia is a not disease but a term describing a "wide range of symptoms associated with a decline in memory or other thinking skills severe enough to reduce a person's ability to perform everyday activities. Alzheimer's disease accounts for 60 to 80 percent of cases" (alz.org, What is Alzheimer's?). Because of its prevalence, "Alzheimer's disease" (AD) is the primary term used throughout this master's project, but in actuality this term references varying levels of memory loss and other forms of dementia, such as vascular dementia.

In order to fully explore partnerships between museums and HSSO to serve individuals with AD, my project methodologies included a literature review, interviews with 10 museum and health professionals, and a set of two case studies. Some of the questions used to guide the methodologies included: What, if any, are the key arguments made for museums to develop unique programs to address community challenges as part of their civic engagement? Do museums have the appropriate resources to assist in serving people with Alzheimer's disease? What types of partnerships exist and should museums develop any to serve individuals with AD? In answering these questions, the literature review focused on the themes of the museum field's current perspective on civic engagement, the growing population with Alzheimer's disease and the promotion of art and cultural activities to improve quality of life, and the business sector's evaluation on engaging organizational partnerships.

With regard to civic engagement, the literature review demonstrated a clear movement in the museum field to place more emphasis on caring for the community and addressing its social as well as educational needs. Because of their unique resources, Jackson (2002) argues that museums cannot stand on the "sidelines of civic life" (p. 29). Instead, leaders in the field challenge museums to "come to the center of civic life, and become a more active participant and even a leader in social-capital and community-building processes (Jackson, 2002, p. 29).

Another key finding in the literature review included the validation of museum resources, such as art collections, as appropriate tools in addressing the needs of individuals with AD. John Zeisel, president and cofounder of

Hearthstone Alzheimer Care states "One of the key benefits of doing or appreciating art is that it challenges people who are usually doted on. Everybody with dementia has a lot going for them. They can experience, they can be present, and they can develop" (as cited by Weintraub, 2012, G.12).

Lastly, the literature review provided an outline of best practices used by the corporate sector to create and maintain organizational partnerships and argued for the necessity of collaboration. "We are living in a time when no organization can succeed on its own. The development of results-focused nonprofits and businesses creates a growing opportunity for these organizations to work together and create new possibility that further their respective missions" (Austin, 2000, p. viii). The literature also demonstrated the need to employ a process when deciding whether or not to collaborate and choosing appropriate partners in order to promote a successful partnership.

The second methodology, interviews with 10 museum and health professionals, explored partnerships between museums and HSSO. The interview questions used addressed the museum and HSSO's program and its goals, the engagement of partnerships to create or facilitate the program, and the overall reaction and results of developing such programs. The objective of the interviews was to gather the qualitative data required to understand why museums are selecting to serve individuals with AD and how they are doing so through the use of partnerships.

One of the key findings of the interviews emphasized the ability of museums to provide individuals with AD and their caregivers a comfortable and

engaging experience (L. Cramer, personal communication, February 22, 2013; G. Mastroieni, personal communication, March 25, 2013; J. Ortiz, personal communication, February 22, 2013). The interviews also revealed that while the resources of museums are appropriate in meeting the needs of individuals with AD, many are choosing to partner with other organizations to develop and implement their programs (K. Brill, personal communication, March 5, 2013; B. Burgess, personal communication, March 20, 2013; J. Ortiz, personal communication, February 22, 2013). The interviews further established the characteristics needed to promote a successful partnership including ongoing communication, commitment, common goals, clear understanding of roles (B. Burgess, March 20, 2013; L. Cramer, personal communication, February 22, 2013; G. Mastroieni, personal communication, March 25, 2013; J. Ortiz, personal communication, February 22, 2013).

The third methodology involved two case studies reviewing the *here:now* program at the Frye Art Museum and the SPARK! Alliance, a group of 10 museums, which all provide programs for individuals with AD. These case studies further examined and gained deeper insight into the entire process of building and maintaining partnerships between museums and HSSO. The key findings of these case studies included the significant benefits of such partnerships, methods for choosing a partner, and the need for a variety of partnership types. The benefits of partnerships involved access to funding and expert knowledge. Without partnerships, the programs for individuals with AD would have taken much longer to develop or may not have happened at all (T.

Blasko, personal communication, March 21, 2013; J. Hintz, personal

communication, March 15, 2013; A. Horst, personal communication, March 11,

2013). In choosing a partner, the findings of the case studies place importance on

getting people involved who are passionate and have an affinity for the audience

(A. Horst, personal communication, March 11, 2013; J. Hintz, personal

communication, March 15, 2013).

These findings enabled me to conclude that museums should collaborate

and more specifically engage in partnerships with HSSO to meet the needs of

individuals with AD. Museum and health professionals are encouraged to employ

this conclusion and supporting arguments to make a stronger case for their

respective fields to collaborate and provide cultural activities that help improve

the quality of life for individuals with AD. While partnerships with HSSO are

ideal, collaborations between museums, community organizations, and

individuals are equally valuable and should also be considered. With any type of

partnership, it is clear that collaboration can provide several benefits including

funding, sharing of expert knowledge, and increased access to the target audience

(M. Knecht, personal communication, March 12, 2013).

In making these conclusions, I developed a series of recommendations to

assist museums in developing programs for individuals with AD with an emphasis

on the engagement of partnerships. These recommendations include the need for

museums to research Alzheimer's disease in their own communities, look broadly

for potential partners, form strong partnerships, and study established museum

programs for individuals with AD. The implications of these conclusions and

recommendations can also be used in a continued conversation between both

fields to hopefully extend and increase accessibility to other audiences with varied

mental and physical disabilities.

Methodology

In order to complete a thorough investigation on the topic of partnerships between museums and health and social services organizations to meet the needs of visitors with Alzheimer's disease, I utilized three discrete methodologies: a literature review on the themes of standard business principles for strategic alliances, Alzheimer's disease and therapies focused on improving quality of life, and the museum field's current interest in providing programming to this population; 10 interviews with museums and health or social service professionals who are currently, or have previously been, involved in the creation or implementation of programs working with visitors with Alzheimer's disease; and two case studies examining distinct programs for visitors with Alzheimer's disease, exploring the implementation process and the maintenance of partnerships between museums and social and health organizations.

Literature Review

I first conducted the literature review by exploring the museum field's current interest in engaging the community and addressing its issues. Key questions directing this research included: Is there a trend of museum professionals promoting the need for the field to address social issues? What, if any, are the key arguments made for museums to engage in social-type work? Are museums choosing to provide programs focused on social services than education?

The principle texts considering the museum fields interest in social work included: *The Social Work of Museums* by Lois H. Silverman (2010) and two

articles, "Mastering Civic Engagement: A Report from the American Association of Museums" and "Coming to the Center of Community Life" in *Mastering Civic Engagement: A Challenge to Museums* published by American Association of Museums (2002). The first source was a book I did a report on during my museum studies course, *Issues in Museums I: History and Theory.* The other articles came from a book that was a required text during my museum studies course, *Museums & Communities*.

The literature review additionally investigated scholarly writings on the growing population of individuals with Alzheimer's disease and other forms of dementia, and the promotion of art and cultural activities to improve the quality of life. Key questions directing this research included: Do museums have the appropriate resources to assist in serving people with Alzheimer's disease? Why is Alzheimer's disease an issue museums should address? Can art and cultural activities and settings positively impact the lives of individuals with Alzheimer's disease, and if so what are the benefits?

To understand Alzheimer's disease and its issues, I utilized the website of the Alzheimer's Association. The principle text used to inform me about Alzheimer's disease and its therapeutic treatments was *When Words Have Lost Their Meaning* by Ruth Abraham (2005). This text was found through the JFKU Library database using the search term "alzheimer's" with the term "art therapy." For this section of the literature review, I employed a variety of methods to find appropriate resources. The databases I used included the Proquest Database. The searches I conducted on Proquest used the following terms: "alzheimer's, art,

treatment" and "alzheimer's, art, therapy." Searches done on Proquest using the term, "alzheimer's and museums" did not yield results used in the literature review. I was able to find other scholarly writings using the search terms "alzheimer's and museums" when utilizing the Internet web browser, Google

The final emphasis of the literature review focused on the subject of business principles for strategic alliances. By revealing what scholars regard as best practices for forming and sustaining organizational partnerships, I had a basis from which I could contrast the criteria museums and HSSO during collaborations. Key questions directing this research included: What are the benefits of forming strategic alliances? What types of resources and principles are employed to make strategic alliances thrive? Who are the essential people needed to start and support a partnership?

The principle texts used to inform about business principals for forming strategic alliances included: Collaborative Advantage: The Art of Alliances from the *Harvard Business Review on Strategic Alliances* (2002), and *The Collaboration Challenge*: *How Nonprofits and Businesses Succeed Through Strategic Alliances* by James E. Austin (2000). The first article was selected from a required text read during my MBA course, *Managing Strategy, Planning and Innovation*. The second source was found through the JFKU Library database using the search term, "strategic alliance." For this In addition, I searched through the JFKU Library catalog, using the following search terms: "business partnerships," "strategic alliances," "nonprofit alliances," "nonprofit

partnerships," and "museum partnerships." Unless considered a seminal work, I selected references published within the last 10 years.

Interviews

In order to obtain a more accurate representation of how and why museums and social and health organizations are partnering to address the needs of visitors with Alzheimer's disease and related dementia, I interviewed 10 museum and health and social professionals who are, or have been, involved in a partnership providing programs for individuals with Alzheimer's disease (AD). I asked professionals 8-10 scripted questions (see Appendix C). The objective of the interviews was to provide the qualitative data needed to understand why museums are choosing to provide programs for individuals with AD and how partnership plans and goals are created and then later implemented. The questions also looked into the challenges of building a partnership, as well as the benefits and success in meeting the needs of this target audience.

Professionals were chosen based on their demonstration of leadership in the formation, implementation, or maintenance of a partnership, as well as those who are charged with facilitating resulting programs. In order to find professionals to interview, I sought and accepted recommendations from professors and colleagues. I also gathered names by reviewing print and online publications of museums with programs for individuals with Alzheimer's disease. Other names were collected from authors or individuals named in scholarly writings during the literature review (see Appendix A for list of interviewee names).

Interviews were conducted whenever possible in person through the months of February and March 2013. When an in-person interview was not possible, I conducted interviews by telephone or via e-mail. When permission was given, interviews were recorded. Interviewees were selected from the following institutions and associations: Memphis Brooks Museum of Art, Tennessee; Cameron Art Museum, Wilmington, North Carolina; Museum of Photographic Art, San Diego, CA; New York Museum of Modern Art, New York; California Central Chapter, Colorado Chapter, and Northwest Ohio Chapter of the Alzheimer's Association, and the Shiley-Marcos Alzheimer's Disease Research Center, San Diego, CA.

Case Studies

In order to further explore and gain deeper insight into the entire process of building and maintaining partnerships between museums and HSSO, I conducted a case study to review the *here:now* program for visitors with Alzheimer's disease currently being held at the Frye Art Museum in Seattle, WA. I first heard of this program through an informational interview with Sarah Lenou, a professional who provided Visual Thinking Strategies training for the museum. My classmate from the museum studies program, Amber Davis, referred me to Lenou. Lenou provided the contact information for Mary Knecht, the program manager in charge of *here:now*. This program was subsequently chosen as one of my case studies because of the museum's ongoing partnership with both health and social service organizations.

To perform this case study, I reviewed online material such as the museum's website and other print materials, conducted three interviews (see Appendix A for names and titles), and did a site visit to the museum where I observed one of the *here:now* programs (see Appendix B for case study information collection sheet). During my research, I collected general information about the museum, including its history, mission, and collection. The interviews with a staff member from both the museum and the partner organization, Elderwise, and a medical doctor who is evaluating the program, used a series of 8-10 questions similar to those used during the interview methodology but aimed at gathering more detailed responses (see Appendix C for complete list of questions).

A second case study was done to examine the SPARK Alliance, a cohort of 10 museums each providing programming for individuals with AD. Each member of the Alliance was supported by a partnership with the Helen Bader Foundation. To perform this case study, I interviewed eight individuals representing nine of the 10 museums of the Alliance and the individual who conducted evaluations for many of the programs (see Appendix A for list of names and titles). These interviews used the same set of questions as in the first case study. Interviews were done over the phone and each lasted an hour or more. In addition to the interviews, I reviewed the handbook for the Alliance, obtained from a personal communication with Dawn Koceja, one of the Alliance members. I also examined both online and print materials regarding the Alliance, its

partnership with the Helen Bader Foundation, and individual programs at each museum.

These case studies allowed me to compare each institution's partnership model including the strengths, weaknesses, and benefits. They also provided the opportunity to see how successful these types of partnerships and programs have been in meeting the needs of individuals with AD. The objectives of these case studies included the ability to apply and contrast the methods of these institutions with partnership models and recommendations made by business scholars.

Limitations of Methodology

The purpose of this master's project is to investigate the nature of creating and maintaining partnerships between museums and health and social services organizations to meet the needs of visitors with Alzheimer's disease. Although the goal of the programs museums provide through these partnerships benefit those with Alzheimer's disease, this project will not attempt to measure the extent of the impact, positive or negative, on participants. The level of impact a program may have on a visitor is difficult to assess as individuals with Alzheimer's disease experience memory loss and may not recall any aspect of their participation in a program. Benefits of programs are also challenging to measure due their often-qualitative characteristics. While I was able to collect a substantial amount of information regarding the structure and content of programs, limited description was given during the findings as the focus of the project was on partnerships.

Due to its complexity, the scope of the project was limited in its attempt to define Alzheimer's disease from a scientific perspective such as the provision of a medical explanation of why and how AD occurs. As there is no proven cure for the disease, the project did not attempt to validate that art and cultural activities are healing or of cognitive benefit for Alzheimer's disease or that such activities should be included as a standard or mainstream treatment. Because of my great interest in museums addressing community needs, I instead highlighted the significant social issues visitors with Alzheimer's disease face, such as feeling isolated and their difficulty maintaining and engaging in relationships.

Literature Review

Throughout its history, the museum field has questioned its role in society and as a result has experienced a series of transformations. From their early days as cabinets of curiosity, today many museums seek to engage the public on a deeper and more meaningful level. The public welcomes this invitation to be more engaged by museums and in some cases also requires it.

> The American public has at last developed a profound "museum sense" that goes well beyond the riches, rivals and radicals that shaped museum in the previous century. We demand more of our museums. We treasure them as public forums that allow us to acknowledge our differences, feed our curiosity and nourish our souls. We aspire for museums to be trusted, transparent and flexible institutions that reflect a nation, and indeed a world, that transforms itself constantly, often taking us by surprise. (Schwarzer, 2006, p. 217)

As the nation continuously changes, local communities face a series of challenges including finding ways to maintain an acceptable standard of health and quality of living. One such challenge is the increasing population of individuals with Alzheimer's disease. According to the Alzheimer's Association, more than 5 million people are living with Alzheimer's disease today (alz.org, Alzheimer's Facts and Figures). Some museums have begun to address this population's needs by providing art and cultural programs.

This master's project explores the engagement of partnerships between museums and health and social service organizations (HSSO) to help facilitate

programs and services for visitors of with Alzheimer's disease (AD). The

literature review attempts to further understand why these types of partnerships

are created and sustained and why museums should engage in developing

programs to meet the needs of those with AD. The literature review examines this

topic through three themes and pursues to answer the following questions:

- **Museums and civic engagement:**

  What, if any, are the key arguments made for museums to develop unique

  programs to address community challenges as part of their civic

  engagement? Is there a growing trend of museum professionals promoting

  the need for the field to participate in social work? Are museums

  choosing to provide programs more focused on social services than

  education?

- **The growing population with Alzheimer's disease and the promotion
  of art and cultural activities to improve their quality of life:**

  Do museums have the appropriate resources to assist in serving people

  with Alzheimer's disease? Why is Alzheimer's disease an issue museums

  should address? Can art and cultural activities and settings positively

  impact the lives of individuals with Alzheimer's disease, and if so what

  are the benefits?

- **Organizational partnerships and best practices:**

  What types of partnerships exist and should museums develop any to

  serve people with AD? What are the benefits of forming partnerships?

What types of resources and principles are employed to make

partnerships thrive?

Museums And Civic Engagement

Drucker (2001), an influential business philosopher, points to the necessity

of organizations to understand their social responsibilities:

The modern organization exists to provide a specific service to society. It

therefore has to be in society. It has to be in a community, has to be a

neighbor, has to do its work within a social setting…Its *social impacts*

inevitably go beyond the specific contribution it exists to make. (p. 51)

Although museums have a primary responsibility to care for their

collections and to educate, the beginning of the 21st century has seen a shift in the

way they acknowledge and engage local communities. In 2004, the American

Association of Museums (AAM, now known as the American Alliance of

Museums) adopted "Public Trust and Accountability" as one of the categories of

characteristics for excellence for U.S. museums. "It reflects growing expectations

on the part of the public that they be included in the process of deciding what will

be done with the support they provide to museums…" (AAM, 2008, p. 19). This

characteristic includes the following standards in relation to civic engagement:

- The museum identifies the communities it serves and makes appropriate

  decision in how it serves them.

- The museum strives to be inclusive and offers opportunities for diverse

  participation.

- The museum asserts its public service role and places education at the center of that role. (AAM, 2008, p. 19).

AAM recognizes there has been an increasing consensus over the last 20 years for museums to broaden the scope of individuals and groups they serve. "There is an expectation that any museum serve some broader slice of society…This may or may not be the same folks the museum has identified as its community of users" (AAM, 2008, p. 20).

The AAM fully accepts the need for museums to promote civic engagement in a collection of essays, titled *Mastering Civic Engagement*: *A Challenge to Museums*. In one of these essays, Hirzy (2002) argues, "Museums have substantial potential as civic enterprises that contribute to building and sustaining community, and they are ready to pursue this potential" (p. 10). The context for museums to participate in civic engagement is rooted in the belief that social and economic problems are significantly complex and requires answers, which can only be shaped by a network of institutions vested in the community (p. 14). Museums as community institutions bring a series of valuable resources to social and economic issues. They are:

- Accessible: Available to a cross-section of people

- Connected: Inspires positive personal associations and a sense of ownership and identity

- Safe: A nonjudgmental place for expressing difficult or contentions ideas and beliefs

- Objective: Balanced, equitable, and open to multiple perspectives

- Trustworthy: Well-intentioned, credible, and with transparent motivation

- Rewarding: Emotionally engaging and intellectually stimulating

- Substantive: Confers value, provides context, and shapes meaning

- Reciprocal: Dedicated to shared goals and interests (Hirzy, 2002, p. 15).

With many valued resources, Jackson (2002) contends that museums cannot stand on the "sidelines of civic life" (p. 29). AAM instead through its Museum & Community Initiative challenges museums to "come to the center of civic life, and become a more active participant and even a leader in social-capital and community-building processes" (Jackson, 2002, p. 29). Despite having assets such as knowledge and expertise, both Jackson & Hirzy (2002) agree that it will be difficult for museums to fully understand and master civic engagement.

Some of the main challenges to mastering civic engagement include the public's perception of museum and the museum's need to control knowledge. "Museums are limited by the public's perception that they control knowledge, expertise, and learning, that they are led and staffed by a homogenous group that floats above or passes through the community…" (Hirzy, 2002, p. 16). Mullins (2002) thus argues that museums need to change this perception by urging staff to participate in community building and by talking with and listening to communities—"…listen to what people want, and find ways to involve them as more than passive visitors or program participants. This means becoming more inclusive, more responsive, more relevant, and ultimately more connected to our communities" (p. 83). Jackson (2002) agrees that museum professionals need to work hard to listen to the community and gain a comprehensive view of its issues

through "on-the-ground research—delving into the worlds of city government, social service organizations…and other types of agencies to find out about recent and current initiatives focused on improving quality of life" (p. 31).

In her book, *The Social Work of Museums*, Silverman (2010), a museum and social work professional, confirms the challenges museums face in modifying their mission to participate in civic engagement, specifically social work, but she debates that at their core, museums are social institutions. "On display is a growing belief among practitioners, policymakers, and the public alike in the power of museums to inspire hope and healing, improve lives, and better the world" (Silverman, 2010, p. 3).

To demonstrate just cause for such an undertaking, Silverman (2010) presents scenarios in which museums have already engaged in social work type endeavors. One example takes place in an art museum where a man and women suffering from dementia are visiting from their nursing home. Just before their visit, the man would not interact with others and the woman could not recall her name. While viewing art in the museum, the two individuals are briefly able to overcome the some of the symptoms of dementia. "They find their thoughts and voices and connect with the social world" (Silverman, 2010, p. 1).

Silverman (2010) argues that museums in their varied forms have historically been interested in social work and that the two fields should work together. "To translate their potential into effective action, museums have much more to learn from and about professional social work" (Silverman, 2010, p. 26) Showing a longstanding connection between museums and social work,

Silverman (2010) presents the case of a traveling exhibition, which accepted the challenge of increasing public awareness of groups with disabilities. In one section of the exhibition, visitors who did not have a disability were asked to use wheelchairs and gained first-hand knowledge of the challenges created in a room not built to accommodate individuals with disabilities (p. 12).

> For countless years and all around the world, museums have both intentionally and unintentionally facilitated the expression and transformation of individuals and their sense of identity and contributed to the development and maintenance of friendship, family, and other important social bonds…Museums have also aimed to influence public knowledge, attitudes, and behavior; deliver public health and social welfare campaigns; reduce stigma and bias; empower citizens and communities; and mobilize other forms of social action and social change. (Silverman, 2010, p. 13)

Silverman (2010) thus contends the goals of museums and social work share many similar qualities and lend themselves to an integration of ideas and practices. "The social work profession promotes social change, problem solving in human relationships, and the empowerment and liberation of people to enhance well-being" (Silverman, 2010, p. 24). Throughout her book, Silverman provides examples of how museums have recently engaged in effective social work.

Richard Williams is a survivor of the Alfred P. Murrah Federal Building bombing in Oklahoma City, OK who suffered a fractured skill along with injuries to his hand and ear. He endured a long road to recovery. Later, Williams became

involved with the establishment of the museum and memorial built to honor those who died from the bombing. He also became a docent, which allowed him to share his experience with others. "As the expanding number of memorial museums and sites of conscience worldwide suggests, museums provide lasting touchstones for the validation of human tragedy, suffering, integration and resilience" (Silverman, 2010, p. 65).

In the last few years, more museums have begun to take part in social work by providing programs for individuals with Alzheimer's disease. The New York Museum of Modern Art (MoMA) is one of the first in the United States to offer programs specifically for people with Alzheimer's disease and their caregivers (moma.org, The History of MoMA's Alzheimer's Project). MoMA's program is funded by the MetLife Foundation, which allows the museum to share its expertise and encourage other museums nationally and internationally to provide similar programs for patients with Alzheimer's (Smith, 2010, C.1). One such program that has followed suit is *In the Moment* at the Carnegie Museum of Art (Smith, 2010, C.1).

The *In the Moment* program was created when a senior care facility heard about MoMA's program and approached Mary Ann Perkins, head of the docent program at the Carnegie Museum of Art, Pittsburg, PA, to try and recreate a similar service (Kanny, 2010). Of the program's goals for participants, Perkins shares, "We want them to come to the museum to enjoy an hour of their life in a wonderful space. It's a respite, a relief from the challenging complexities of what

they're dealing with. It's a chance to perceive something different from what they do in their living room" (as cited by Kanny, 2010).

The Kreeger Museum in Washington D.C. hosts a program, *Conversations at the Kreeger Museum*, which was also modeled after MoMA's program. The goal of Kreeger's program is to provide "a forum for dialogue and connection through looking at art and listening to music. The program is intended to stimulate conversation and memories for participants and to create a sense of well-being that can last beyond the tour" (kreegermuseum.org, Conversations at the Kreeger Museum). Derya Samadi, who initially ran the program, states "Art museums have always been places of refuge and stimulation for her, and they serve the same purpose for men and women with Alzheimer's" (as cited by Stamberg, 2012).

A third program modeled after MoMA's program, is *Museum Moments*, at the Michael C. Carlos Museum, Atlanta, GA, which was established by Emily Lu, a medical student. The program is targeted for visitors with early stage Alzheimer's and dementia, but Lu hopes to later extend the program to those with more advanced stages. Family members and caregivers may also attend (Oliverio, 2012, D.1). "I think art is something that speaks to the human condition, to life and aging and all of those moments in life. It can make you happy and sad. There are no wrong answers" (Lu as cited by Oliverio, 2012, D.1).

There are also museums working together with other cultural institutions and HSSO to provide "quality of life" programs for individuals with AD and their loved ones (banneralz.org, Quality of Life Programs). The Banner Alzheimer's

Institute played a significant role in creating the *Arts Engagement Program*, providing visual and performing arts experiences for individuals with AD and their caretakers. The *Arts Engagement Program* is supported by offerings from the Phoenix Art Museum, Scottsdale Museum of Contemporary Art, and the Phoenix Symphony. Over 400 individuals have benefited from these programs, and it is considered a "highlight" by many of the participants and their family members (banneralz.org, Quality of Life Programs).

The interest in museums being vehicles for social change due to economic, political, and social factors has been recorded by the museum field and framed by the "desire by museum professionals to position the museum to be relevant and to provide the most good in society" (Anderson, 2004, as cited by Silverman, 2010, p. 3). In order to stay relevant, Silverman (2010) argues that museums must understand the importance of people and the value of their relationships:

> The great treasures of culture are not sculptures or specimens, but rather, human relationships. Magnificent and precious, our selves, close pairs, families and groups belong in the world's museum although *living* culture has quite different needs than rocks or bones. The next age is demanding change of global proportions and a nearly infinite human capacity for caring. (p. 155)

Alzheimer's Disease And The Promotion Of Arts And Cultural Engagement

Alzheimer's disease is not a normal part of aging and can be defined as a "progressive, degenerative disorder that attacks the brain's nerve cells, or neurons, resulting in loss of memory, thinking and language skills, and behavioral

changes" (alzfdn.org, About Alzheimer's). The National Institute of Aging

indicates the medical field has been unable to determine the root cause of the

disease.

> Although we still don't know how the Alzheimer's disease process begins,
> it seems likely that damage to the brain starts a decade or more before
> problems become evident. During the preclinical stage of Alzheimer's
> disease, people are free of symptoms but toxic changes are taking place in
> the brain. Abnormal deposits of proteins form amyloid plaques and tau
> tangles throughout the brain, and once-healthy neurons begin to work less
> efficiently. Over time, neurons lose their ability to function and
> communicate with each other, and eventually they die. (nia.nih.gov,
> Alzheimer's Disease Fact Sheet)

Early symptoms of AD include difficulty recalling newly obtained

information and later on become severe, including "disorientation, mood and

behavior changes; deepening confusion about events, time and place; unfounded

suspicions about family, friends and professional caregivers; more serious

memory loss and behavior changes; and difficulty speaking, swallowing and

walking" (alz.org, What is Alzheimer's?).

The severity of the disorder is keenly felt when looking at the current

number of individuals with Alzheimer's and projected growth of the population

who will have the disease. A recent online edition of *Journal Neurology*

published findings of research project conducted by scientists at Rush University

in Chicago, which predicts there will be nearly 14 million people with

Alzheimer's within four decades if no cure is found (Ricks, 2013). "Alzheimer's disease is the sixth-leading cause of death in the United States and the only cause of death among the top 10 in the United States that cannot be prevented, cured or even slowed" (alz.org, Alzheimer's Facts and Figures).

Currently, there is a lack of treatment to control the effects of Alzheimer's and none to cure the disease. There are drugs used in the treatment of AD symptoms, which can "provide symptomatic relief and may slow symptoms of cognitive decline for some people for a limited time," but they do not stop or reverse the advancement of the disease (National Institute of Aging, 2012). Jennifer H. Linger, director of education and information for the University of Pittsburg's Alzheimer Disease Research Center confirms, "More than 190 drugs have been tested for treatment of Alzheimer's disease, but there is little evidence that any of them alter the progress of the disease" (as cited by Kanny, 2010).

Because AD is difficult to treat, health practitioners and caregivers seek other ways to improve the quality of life for individuals with AD. "Treatment goals for Alzheimer's patients focus primarily on cognitive functions but also on quality of life," says Jennifer H. Lingler, Director of Education and Information for the University of Pittsburgh's Alzheimer Disease Research Center (as cited by Kanny, 2010). In looking at practices to improve the quality of life for those with AD, therapist Ruth Abraham debates the necessity for therapeutic methods:

In the absence of a much-hoped-for miracle drug, it is our responsibility to find ways to enhance the lives of those stricken with the illness. Current major therapeutic approaches consist of practical and emotional support

and of strategies that help strengthen remaining capacities. Art therapy, a

relatively new resource, sets out to do exactly these things, offering an

additional means to bolster the humanity of the Alzheimer's patient.

(Abraham, 2005, p.1)

Art therapy can address issues of AD, such as difficulty communicating.

Galbraith, Subrin, & Ross (2008) describe how visual aids can promote verbal

exchanges. During a narrative exercise, participants are urged to tell a story. As

they are gluing pictures on paper, "alternate modes of communication are

stimulated and explored" (p. 260). Although therapists acknowledge that art

therapy does not heal or reverse the effects of AD, they argue that its practices do

benefit individuals with AD by giving them moments of creativity (Abraham,

2005, p. 32). Those who promote art activities for individuals with AD believe

that art, poetry, and music therapy are able to reach the brain's emotional centers,

which may be unaffected by the disease and "since an artist 'feels' his way

through the creative process, many people with Alzheimer's who retain a high

perception ability are able to achieve a sense of self through looking at or creating

their own art, music or poetry" (Cherni, 2006). The goals of art therapy can also

be expressed as the following:

Art therapy aims to provide a spontaneous experience in people whose

lives are becoming more rigid, static, and passive. That they are still able

to experience such moments of gratification is demonstrated by each small

choice they are able and encouraged to make, from the color they choose

to draw or paint with, to the images of personal significance to which they choose to return. (Abraham, 2005, p. 32)

Museums who infuse art therapy and activities into their programs for individuals with AD see first-hand some of ways these practices can benefit them. John Zeisel, president and cofounder of Hearthstone Alzheimer Care states "One of the key benefits of doing or appreciating art is that it challenges people who are usually doted on. Everybody with dementia has a lot going for them. They can experience, they can be present, and they can develop" (as cited by Weintraub, 2012, G.12).

The New York University School of Medicine evaluated the programs for individuals with AD at MoMA and Carnegie Museum of Art. The study showed the following general effects on participants: "caregivers reporting fewer problems during the week following their visit; both caregivers and patients reporting elevated mood; caregivers reporting an increase in social support; and patients reporting elevated self-esteem" (Smith, 2010). Amir Parsa, a lecturer and educator at MoMA argues that the programs provide the following benefits:

- An opportunity for personal growth.
- An exchange of ideas without relying on short-term memory.
- Opportunity to access long-term memories.
- New insight into others' ideas and interests.
- A means to make connections between individual experience and the world at large.
- A social setting that allows connection to one's peers.

- A respite, both physically and psychologically (as cited by Smith, 2010).

Derya Samadi, head of the program at the Kreeger Museum also debates the benefits of its program acknowledging they are meaningful but not necessarily long lasting. Samadi knows that 10 minutes after they leave, individuals with AD may not remember their visit but argues that in the moments they are at the museum they may feel better, make connections, and start talking (Stamberg, 2012). "And it's true: Two men, who began the morning with polite smiles and vacant eyes, gradually started connecting with the Kreeger conversations, adding thoughts and becoming energized. It was good to see—for however long it lasted" (Stamberg, 2012).

Partnerships And Best Practices

Business scholars argue that partnerships are a necessary part of maintaining an organization's success. "We are living in a time when no organization can succeed on its own. The development of results-focused nonprofits and businesses creates a growing opportunity for these organizations to work together and create new possibility that further their respective missions" (Austin, 2000, p. viii). Strategic alliances also provide a series of benefits to those who wish to engage in them. "Among the benefits to be realized by non-profits from this partnering are cost savings, economies of scale and scope, synergies and revenue enhancement" (Austin, 2002, p. 9).

The museum field also encourages its institutions to partner, as it allows them to contribute to civic engagement and provide solutions for community issues. "Often, this will mean building relationships with individuals and

organizations that are very different from museums' traditional partners

particularly if the museum aims to become more inclusive, diverse, and relevant"

(Jackson, 2002, p. 32). Hirzy (2002) agrees that partnering is necessary by stating,

"The social and economic issues that challenge communities are so complex that

they require innovative, multidimensional solutions crafted by a broad spectrum

of institutions and people working together" (p. 14).

In considering a partnership, scholars advise that collaborative

relationships come in a variety of forms and levels. "Cooperative arrangements

between companies range along a continuum from weak and distant to strong and

close" (Kanter, 2002, p. 101). Austin (2000) describes strategic alliances as being

on a "collaboration continuum" with the relationship passing through the

following three stages:

- Philanthropic Stage: the type of the relationship between organizations is

  mainly that of a generous donor and beneficiary.

- Transactional Stage: "organizations carry out their resource exchanges

  through specific activities…Engagement of partners is more active at this

  stage and the value flow more significantly two-way."

- Integrative Stage: "the partners' missions, people, and activities begin to

  experience more collective action and organizational integration" (Austin,

  2002 p. 26).

Jackson (2002) also argues that collaborations come in many varieties and

believes there is no correct way to undertake one. "At their best, collaborations

facilitate the work at hand, change to accommodate the particular circumstances

of the participants, have a purpose, and involve relationships that enable the achievement of individual and collective goals" (Jackson, 2002, p. 32).

Kanter (2002) agrees that there are many types of relationships but reveals through extensive study of 37 companies and their partners, three central characteristics of business alliances emerge:

- Beyond the immediate reasons they have for entering into a relationship, the connection offers the parties an option on the future, opening new doors and unforeseen opportunities.

- Alliances that both partners ultimately deem successful involve *collaboration* (creating new value together) rather than mere *exchange* (getting something back for what you put in). Partners value the skills each brings to the alliance.

- They cannot be "controlled by formal systems but require a dense web of interpersonal connections and internal infrastructures that enhance learning" (Kanter, 2002, p. 100).

Whichever type of partnership an organization enters, Austin (2002) contends that several important questions be asked. *Why should we collaborate?* Organizations should understand how the collaboration fits into the overall strategy of the organization. *What type of collaboration should we undertake?* With the variety of collaboration types, the organization should understand which type would serve them best for the current situation. *With whom should we collaborate?* In order to choose the right partner, the missions, values, needs, and skills should be complementary. *When should we collaborate?* An organization

must carefully decide when it is appropriate to start or modify partnership. *How should be collaborate?* The organization must see the creation and maintenance of an alliance as a continuous process, which progresses throughout the partnership (Austin, 2002, p. 16).

In creating a strategic alliance, Kanter (2002) debates the importance of choosing a partner and likens the process to that of a human relationship, which can develop or fail. Kanter (2002) recommends using the following three main criteria for choosing a partner:

1. *Self-Analysis.* Relationships get off to a good start when partners know themselves and their industry.

2. *Chemistry.* To highlight the personal side of business relationships is not to deny the importance of sound financial strategic analyses. But deals often turn on rapport between chief executives.

3. *Compatibility.* The courtship period tests compatibility on broad historical, philosophical, and strategic grounds: common experiences, values and principles, and hopes for the future (Kanter, 2002, p. 104-105).

In order to build and maintain a partnership, Austin (2002) argues that top leaders of both organizations must be actively involved otherwise it appears as though the relationship is not strategically important (p. 53). In addition, it is important for managers to recognize that "institutional partnerships are created, nurtured, and extended by people," and that "Social purpose partnerships appear to be motivationally fueled by the emotional connection individuals make with the social mission…" (Austin, 2000, p. 55). Kanter (2002) contends there are

eight characteristics of organizational relationships that promote their

effectiveness and ability to sustain the partnership:

1. *Individual Excellence*. Both partners are able to contribute to the
   relationship and are not trying to hide weaknesses or avoid a difficult
   circumstance.

2. *Importance*. Because the partnership meets primary strategic goals of each
   organization, both want the relationship to work.

3. *Interdependence*. The organizations involved need each other because
   they have capabilities and resources that complement each other. Neither
   organization can achieve alone what both can collectively.

4. *Investment*. The organizations demonstrate their commitment to the
   partnership and one another by investing financial resources and other
   assets.

5. *Information*. Partners exchange information needed to facilitate the
   relationship, which may include objectives and goals, realization of
   conflicts or changing circumstances, and technical data.

6. *Integration*. The partners connect people from each organization at many
   levels to share methods of operation. Both organizations act as teachers
   and learners.

7. *Institutionalization*. The partnership is formalized with specific duties and
   decision procedures.

8. *Integrity*. The partners treat one another in a manner that promotes and

deserves reciprocal trust. They do not misuse information or attempt to

destabilize each other (Kanter, 2002, p. 127-128).

The focus of partnerships in the last few years has centered on the ability

to address a specific social issue. Kania & Kramer (2011) in the *Stanford Social*

Innovation Review debate *collective impact*, "the commitment of a group of

important actors from different sectors to a common agenda for solving a specific

social problem," which many nonprofits and even businesses are subscribing to.

Kania & Kramer (2011) agree that collaboration is not a new concept but argue

collective impact is something wholly separate:

> The social sector is filled with examples of partnerships, networks, and
>
> other types of joint efforts. But collective impact initiatives are distinctly
>
> different. Unlike most collaborations, collective impact initiatives involve
>
> a centralized infrastructure, a dedicated staff, and a structured process that
>
> leads to a common agenda, shared measurement, continuous
>
> communication, and mutually reinforcing activities among all participants.
>
> (Kania & Kramer, 2011)

Kania & Kramer (2011) emphasize five conditions used to facilitate

collective impact. The first is having a *common agenda*. Collective impact entails

having all participants promote a vision for change. This vision should involve a

mutual understanding of the problem and a shared approach to solving it. The

next condition is having *shared measurement systems*. It is necessary to have all

participants agree on the methods in which achievements will be measured and

reported. The third condition is participating in *mutually reinforcing activities*. The success of collective impact requires a varied group of participants working together. In this scenario, participants are not trying to do the same thing but rather each stakeholder is urged to take on a particular set of activities at which it is highly skilled and that reinforces and corresponds with the activities of others. *The fourth condition is continuous communication*. Trust is very difficult to build between nonprofits, corporations, and government agencies. Numerous years of routine meetings are needed for participants to gain sufficient familiarity with each other to understand and value the shared motivation supporting their individual efforts. The last condition is having *backbone support organizations*. A distinct organization and staff with a very discrete set of skills are needed to act as the backbone to the development and maintenance of collective impact. Participating organizations do not have the time it takes to appropriately coordinate. Collaboration often fails because the need for a supporting infrastructure is overlooked (Kania & Kramer, 2011).

Paul Schmitz (2012), CEO of Public Allies, promotes collective impact as a useful model for organizations wanting to partner and effect social change, but he challenges involved institutions to ensure that the community and issue at hand is at the center of attention.

Collective Impact efforts need to explore how members of the community are engaged not as focus group participants or token representatives but as active leaders and producers of service that will create and sustain long-term change. I believe Collective Impact holds great promise for our

communities to create sustainable solutions. However, to do this well, leaders will need to build trust, coordinate their approaches, and engage community members in new ways. Leaders will need to be more collaborative, inclusive, asset-based, committed to learn, and accountable to implement this approach effectively. This is not how groups have worked before. This is the challenge. (Schmitz, 2012)

While the literature review shows evidence of museums successfully partnering with HSSO to meet the needs of individuals with AD and provides a business perspective of how to develop and maintain organizational partnerships, the findings in the next chapter enable a deeper look into why museums are engaging in partnerships. The findings also promote the establishment of which specific characteristics the museum field view as vital to insuring a partnership will improve the quality of its programs.

Findings

In order to fully explore the topic of partnerships between museums and health and social service organizations to offer programs for visitors with Alzheimer's disease (AD), I conducted interviews with four museum professionals, one museum docent volunteer, and five health professionals involved with Alzheimer's care and research (see Appendix A for complete list of interviewees). All interviewees have been, or are currently, involved in a partnership to create or facilitate a museum program for individuals with AD. The interviewees represent nine art museum programs and four health organizations throughout the United States.

In addition to interviews, I performed two case studies. The first case study examined the *here:now* program at the Frye Art Museum in Seattle, WA and its partnership with Elderwise, a local nonprofit providing cultural engagement for older adults. I conducted the case study through three interviews and a site visit to the museum, which included participation in the *here:now* program. The second case study reviewed the SPARK Alliance, a cohort of 10 museums in Wisconsin and Minnesota, which all provide programs for visitors with AD. This group was established through a partnership with the Helen Bader Foundation. To complete this case study, I interviewed educators from eight of the participating museums, the program evaluator for the Alliance, and one of the expert advisers who assisted with the training of Alliance members. Furthermore, I was given access to a handbook created by the Alliance to help other museums develop their own programs for individuals with AD.

Following the framework utilized during the literature review, I conducted the interviews and case studies to gain greater understanding of how museums are approaching civic engagement, whether or not museums are appropriate institutions to provide programs for individuals with AD, and why and how partnerships to address the needs of individual with AD are developed and maintained. While these methodologies often corroborated the literature, they did also produce key findings regarding why programs specifically targeting individuals with AD were chosen and why and how particular partnerships were formed.

Interviews

To structure my interviews, I developed a set of 10 questions, which varied slightly depending the profession of the interviewee (see Appendix B for set of questions). Using a standard set of questions helped facilitate the comparison and contrasting of responses. Depending on the willingness and ability of the interviewee, additional questions were provided and answered during the interviews, which generally lasted an hour. Two interviews were done in person, seven by phone, and one via e-mail. The interview questions addressed the museum's program and its goals, the engagement of partnerships to create or facilitate its program, and the overall reaction and results of developing such programs.

Museums and Civic Engagement

As discussed in the literature review, there is a growing trend of museums participating in civic engagement by designing programs to meet specific

community needs. Museums such as the Museum of Modern Art in New York

(MoMA) have historically taken a keen interest in community outreach and have

regularly offered education programs for individuals associated with

health institutions (M. Schwartz, personal communication, March 15, 2013).

MoMA has also taken a leadership role in helping other museums develop their

own programs. Through the marketing of its *meet me: The MoMA Alzheimer's

Project*: *Making Art Accessible to People with Dementia*, the museum has created

awareness of programs for individuals with AD and enabled others to do the same

by providing a variety of resources including online materials and on-site

workshops (moma.org/meetme, Resources).

When asked why a museum or a health organization chose to create a

museum program targeting individuals with AD, several of interviewees

referenced MoMA'a Alzheimer's Project in sparking interest in this type of

programming (D. Beal, personal communication, March 10, 2013; B. Burgess,

personal communication, March 20, 2013; C. Conley, personal communication,

March 8, 2013; L. Snyder, personal communication, March 18, 2013). The

Cameron Art Museum in North Carolina was also influenced by MoMA's work

as it began developing its program around the same time in 2006. In this case, the

Director of Youth and Family Education, Georgia Mastroieni was approached by

one of the museum's grant writers who had learned of a program for individuals

with AD in Boston. Mastroieni and a colleague agreed this type of outreach would

be worthwhile and worked with the grant writer to secure funding to design and

implement a program (G. Mastroieni, personal communication, March 25, 2013).

In discussing the goals of their programs, the responses of the interviewees often repeated one another. The most emphasized goals included helping participants engage in conversation, promoting interaction with art and between participants, caregivers, and family members, and providing a safe and comfortable environment for participants. Several of the interviewees agreed the goals of this particular type of programming should not have conventional learning outcomes but instead should focus on participants having a comfortable and engaging experience (L. Cramer, personal communication, February 22, 2013; G. Mastroieni, personal communication, March 25, 2013; J. Ortiz, personal communication, February 22, 2013). Joaquin Ortiz, Interim Director of Education for Museum of Photographic Art, in San Diego, CA, noted how these types of programs highlight the need to "rethink what it means to do education" (personal communication, February 22, 2013). One AD care professional stated, "It's not about teaching. It's connecting to memories and reassembling memories" (L. Cramer, personal communication, February 22, 2013). During the interviews, Alzheimer's care professionals confirm that the goals of these museum programs are appropriately meeting the needs of individuals with AD.

Museums and Alzheimer's Disease

As seen in the literature, art and other cultural activities can be therapeutic and help improve the quality of life for individuals with AD. Several of the interviewed Alzheimer's care professionals agree the museum programs they are a part of do benefit the participants (C. Conley, personal communication, March 8, 2013; L. Cramer, personal communication, February 22, 2013; L. Snyder,

personal communication, March 18, 2013). Luciana Cramer, a care specialist for

the California Central Chapter of Alzheimer's Association, emphasized the need

for more programs for individuals in the early stages of AD, which is part of the

reason her Alzheimer's Association chapter chose to approach area museums and

other cultural institutions to collaborate. With AD, there are both physical and

social issues, and programs in museums can be part of the solution by enabling

participants to interact with art (L. Cramer, personal communication, February 22,

2013).

One of the issues some participants face is the stigma associated with the

disease and the isolation it can cause. In countering this issue, some of the

benefits of museum programs that interviewees emphasized included providing

participants a "dignified adult setting," helping participants feel comfortable and

"normal," encouraging participants to get out of their homes, and building

relationships between participants, caregivers, and family members by providing

a setting which promotes conversation and interaction (C. Conley, personal

communication, March 8, 2013, L. Cramer, personal communication, February

22, 2013, L. Snyder, personal communication, March 18, 2013).

When discussing what types of resources and skills museums have to

facilitate programs for individuals with AD, several interviewees referenced their

art collection and knowledge, and two interviewees acknowledged the use of

techniques based on Visual Thinking Strategies, which are less lecture centered

and encourage interaction with the art through open-ended inquiry based

questions (K. Brill, personal communication, March 5, 2013; G. Mastroieni,

personal communication, March 25, 2013). Two interviewees mentioned the importance of docents and their willingness to receive special training and facilitate the program as a valuable offering (G. Mastroieni, personal communication, March 25, 2013; L. Snyder, personal communication, March 18, 2013). Although museums have a great deal of resources, many are partnering with other organizations to develop and implement their programs for individuals with AD (K. Brill, personal communication, March 5, 2013; B. Burgess, personal communication, March 20, 2013; J. Ortiz, personal communication, February 22, 2013).

Partnerships

All of the museums represented by the interviewees utilized some type of partnership to either develop, or facilitate, its program for individuals with AD. Teams formed to facilitate the partnership and creation of the program often consisted of two to four individuals. In two cases, the development of a program began due to a health organization, such as an Alzheimer's Association chapter or research center, contacting a museum to propose a partnership. After learning about MoMA's program, Donna Beal, Program Director for the California Central Chapter of the Alzheimer's Association, sent out an inquiry letter seeing if any local museums would be interested in facilitating a program. Patsy Hicks, Director of Education at the Santa Barbara Museum of Art chose to collaborate, as did the Santa Barbara Botanic Gardens and the Santa Barbara Museum of Natural History (alz.org, Cultural Connections, D. Beal, personal communication, March 10, 2013). Other museums were approached but chose not to participate

(L. Cramer, personal communication, February 22, 2013). Prior to Cramer's proposal, Hicks was already working with Karen Brill, a counseling psychologist and Museum docent of over 10 years who had announced interest in reaching out to individuals with AD to develop a program. Building on their initial desire to work with this audience, Hicks and Brill agreed to collaborate with Cramer to create and facilitate a program (K. Brill, personal communication, March 5, 2013).

In the case of the San Diego Museum of Art, Lisa Snyder, Director of the Quality of Life Programs and Clinical Social Worker for the Shiley-Marcos Alzheimer's Disease Research Center approached the museum's Director of Education who agreed to work with her (L. Snyder, personal communication, March 18, 2013). Snyder first solicited San Diego Museum of Art because of its prominence in the area and because of its wide range of works, which included both galleries and outdoor sculpture areas. As a result of this initial partnership, three other museums, Mingei International Museum, Museum of Photographic Art, and Timken Museum of Art have collaborated with Snyder and are part of a series of tours rotating through all four institutions (L. Snyder, personal communication, March 18, 2013).

As discussed in the literature review, there are a many types of partnerships, which involve a range in levels of commitment and expectations. The interviewees demonstrate this since their responses regarding how they engaged partnerships were varied depending on the available resources each organization had and the given requirements of either designing or implementing

the program. All interviewees indicated partnerships with a local chapter of the

Alzheimer's Association or an AD research center were used in order to train

museum staff and volunteers. In the case of the Museum of Photographic Art,

staff also received caretaker training from the Glenner Memory Care Center, an

organization providing specialize adult day programs and family resources (J.

Ortiz, personal communication, February 22, 2013). These training sessions

provided attendees background information on AD and recommendations on how

to engage with individuals with AD (C. Conley, personal communication, March

8, 2013; G. Mastroieni, personal communication, March 25, 2013; L. Snyder,

personal communication, March 18, 2013). One interviewee specified training

sessions were also used to indicate the benefits of art for individuals with

dementia (C. Conley, personal communication, March 8, 2013).

In addition to training, partnerships were utilized to understand how to

tailor programs appropriately for individuals with AD (G. Mastroieni, personal

communication, March 25, 2013; L. Snyder, personal communication, March 18,

2013). In several cases, partnering health organizations such as the Alzheimer's

Association also helped market programs, as well as provided direct access to

individuals with AD (C. Conley, personal communication, March 8, 2013; L.

Cramer, February 22, 2013; L. Snyder, personal communication, March 18, 2013;

S. Stokes, personal communication, March 29, 2013). Brill referenced the

California Central Chapter of Alzheimer's Association as a "connection to the

community" (personal communication, March 5, 2013).

Seven of the 10 represented museum programs have staff members from partner health organizations assist in facilitating programs (C. Conley, personal communication, March 8, 2013; L. Cramer, personal communication, February 22, 2013; L. Snyder, personal communication, March 18, 2013). With no formal written agreements or guaranteed payment, partnering organizations have committed to being present at each museum program and have not projected an end date of their services (C. Conley, personal communication, March 8, 2013; L. Cramer, personal communication, Feb. 22, 2013; L. Snyder, personal communication, Feb. 22, 2013). One interviewee reported that her chapter of the Alzheimer's Association received minimal compensation in 2012 when the museum was awarded a grant. Prior to the grant there was no compensation and moving forward there is no assurance of payment (C. Conley, personal communication, March 8, 2013). Another interviewee did note that for future partnerships of any program he is considering using a memorandum of understanding to help formalize each organization's commitment (J. Ortiz, personal communication, Feb. 22, 2013).

The majority of interviewees agreed their partnerships were successful and shared a variety of responses when asked what elements were vital to making these partnerships work. The responses included ongoing communication, commitment, common goals, clear understanding of roles, and genuine care for and desire to help individuals with AD (B. Burgess, personal communication, March 20, 2013; L. Cramer, personal communication, February 22, 2013; G. Mastroieni, personal communication, March 25, 2013; J. Ortiz, personal

communication, February 22, 2013; L. Snyder, personal communication, March 18, 2013). Mastroieni noted how everyone in this line of work is on the same team and wants to make the programs better for the people participating in them (personal communication, March 25, 2013).

When asked what advice they would give to others desiring to duplicate their process and create programs for individuals with AD, answers from interviewees again varied. Responses included to not underestimate the power of teamwork, be flexible, do your research, partner with people you like, and make your program person centered (K. Brill, personal communication, March 5, 2013; B. Burgess, personal communication, March 20, 2013; C. Conley, personal communication, March 8, 2013; G. Mastroieni, personal communication, March 25, 2013; M. Schwartz, personal communication, March 15, 2013). Echoing the sentiment to make programs person centered, one interviewee reminded those who facilitate such programs to ask themselves two questions: "What are you learning about the participant?" and "How are you helping participants express themselves?" (L. Snyder, personal communication, March 18, 2013).

Case studies

To structure my case studies, I used the same question set from my interviews and asked supplementary questions when time and ability of the interviewee permitted me to do so. Between the two case studies, I conducted two interviews in person and ten interviews by phone. In addition to interviews, I collected supporting documents when available and consulted online publications including organizational websites and news articles. In the case of the Frye Art

Museum, I conducted a site visit and participated in a *here:now* program on March 13, 2013, as well as one of the Elderwise day programs on March 14, 2013.

Here:now, A Creative Alliance

Here:now is an outreach program at the Frye Art Museum for individuals with young onset to early- to middle-stage dementia and their care partners, allowing them to experience a "creative and relaxing afternoon together" (fryemuseum.org, here:now). The program is the only museum-based arts program for individuals with dementia in Washington State (fryemuseum.org, here:now). The program was made possible through a "creative alliance" formed between Western and Central Washington State chapter of the Alzheimer's Association, Elderwise, and Frye Art Museum in spring 2010 and by funding from the Frye Foundation, Humanities Washington, the Grousemont Foundation, 4Culture and by the support of members and donors (fryemuseum.org, here:now Program History).

Frye Art Museum

The Frye Art Museum opened February 8, 1952, showcasing the collection of Charles and Emma Frye. The Fryes, leading early-20th century business leaders and art collectors, permanently gifted their collection to the residents of Seattle, WA (fryemuseum.org, Frye History, here:now Program History). The museum is located in an area of Seattle surrounded by a medical community and several senior living facilities, such as Horizon House (M.

Knecht, personal communication, March 12, 2013). The museum has the

following mission statement:

> The Frye Art Museum is a living legacy of visionary patronage and civic
>
> responsibility, committed to artistic inquiry and a rich visitor experience.
>
> A catalyst for our engagement with contemporary art and artists is the
>
> Founding Collection of Charles and Emma Frye, access to which shall
>
> always be free. (fryemuseum.org, About Us)

> The museum has a history of community programs and partnerships

including, *A Learning Community*. This three-year program was developed to

create an "innovative and sustainable school-museum partnership and bring art

into the lives of students, teachers, and families" (fryemuseum.org, Community).

The museum continues to emphasize its desire to address local community needs

and states:

> As a free public art museum, The Frye Art Museum is dedicated to serving
>
> the needs of its immediate neighborhood—particularly adults who have
>
> been homeless, the health care community, and older adults—through a
>
> robust offering of public programs. Our intention in these programs is to
>
> foster deep civic engagement with the community, create a strong, positive
>
> sense of place, unite disparate parts of the community in constructive
>
> ways, and influence the community's health and wellbeing.
>
> (fryemuseum.org, here:now Program History)

Elderwise

> Elderwise is a nonprofit organization located in Seattle, WA, focused on

cultural enrichment and art-making for older adults (fryemuseum.org, here:now Program History) It began as an adult day center in 1997 and now shares its unique programs and values with others through its outreach programs in retirement communities and educational programs for professionals (elderwise.org, Home). "Elderwise acts as an agent of change in our society by infusing its values in the community" (elderwise.org, Home).

Its tagline "creating space to age well" captures the sentiment of its mission and vision: "Our mission is to recognize and nurture the value and wholeness of older adults, regardless of their cognitive or physical ability, and to meet their need to experience life deeply in the present" (elderwise.org, Home). "Our vision is that adults have the opportunity to interact in stimulating, creative and supportive communities in all their years of life" (elderwise.org, Home).

Alzheimer's Association Western and Central Washington Chapter

The Western and Central Washington State Chapter of the Alzheimer's Association was incorporated as a nonprofit organization in Washington State in 1978. This Chapter was developed by family caregivers who saw the shared need of finding resources for their loved ones with dementia. It was one of the first of seven chapters that established the National Alzheimer's Association and now serves 23 counties spanning from Oregon to Canada (alz.org/alzwa, About Our Chapter). Its vision is "A world without Alzheimer's disease," and its mission is "To eliminate Alzheimer's disease through the advancement of research; to provide and enhance care and support for all affected; and to reduce the risk of dementia through the promotion of brain health" (alz.org/alzwa, About Our

Chapter).

Here:now History and Partnerships

When discussing how the partnership between Frye Art Museum, the Alzheimer's Association, and Elderwise was formed, Mary Jane Knecht, Manager of Adult Programs at the museum, recounts an almost happenstance beginning. Prior to development of the *here:now* program, the museum had expressed a strong desire to serve the needs of the immediate neighborhood and had began to carefully review its program offering (M. Knecht, personal communication, March 12, 2013). Knecht became aware of MoMA's work in serving individuals with AD and had an interest in serving this specific audience. Around the same time, Knecht was asked to host a public reading of the book, *Beyond Forgetting: Poetry and Prose about Alzheimer's Disease*. The museum had a history of literary programming and Knecht agreed to work with Holly Hughes, editor of the book, to create the event (M. Knecht, personal communication, March 12, 2013).

During the event, Knecht told the 120 attendees of the museum's interest in serving the local community and that it was exploring offering programs for individuals with AD. After the reading, Knecht was approached by Sandy Sabersky, Executive Director of Elderwise, and Nancy Draper, Director of the Alzheimer's Association Western and Central Washington State Chapter, who both indicated interest in working with the museum to develop a program (T. Keefe, personal communication, March 14, 2013; M. Knecht personal communication, March 12, 2013). A series of meetings followed to discuss their partnership. Eventually their team grew to include, Keri Pollock, Communications

Director for the Western and Central Washington State Chapter of Alzheimer's

Association, Tamara Keefe, Adult Day Program Director for Elderwise, and

Deborah Sepulveda, Frye educator (M. Knecht, personal communication, March

12, 2013).

To begin developing a pilot program and strengthen their alliance, Knecht

secured a grant to help send the entire team to a training focused on creating

partnerships and how to make strategic alliances work (T. Keefe, personal

communication, March 14, 2013; M. Knecht, personal communication, March 12,

2013). The partnership received additional support from Jill Rullkoetter, Senior

Deputy Director for the museum, who introduced to MoMA their intent to

develop a program for individuals with memory loss and expressed interest in

benefitting from MoMA's mentorship (M. Knecht, personal communication,

March 12, 2013). Rullkoetter was also involved in early conversations to help

form the partnership with Alzheimer's Association and Elderwise and approved

of Knecht having dedicated time to work on the program (M. Knecht, personal

communication, March 12, 2013).

During this planning phase, it was acknowledged that because this type of

programming was new territory for the museum and its staff, they would need

training on how to best work with individuals with dementia. "The Frye Art

Museum staff needed to be better equipped to handle interactions involving

people with dementia and their care partners" (T. Keefe, personal communication,

March 14, 2013). To prepare for the program's launch, Alzheimer's Association

and Elderwise provided a training session for the staff of museum, which was

held during the regular staff meeting time and was video taped so that those who were unable to attend could view it later. Knecht and team members from Elderwise each thought it was important to have support and buy in from all staff and every department was invited, including auxiliary staff such as security guards and workers from the museum cafe (T. Keefe, personal communication, March 14, 2013; M. Knecht, personal communication, March 12, 2013).

This session gave an overview on dementia and also focused on how to welcome patrons who have memory loss. Sandy Sabersky, from Elderwise, spoke on how to approach someone with dementia, which involves an awareness of ones body language and verbal approach. Sabersky emphasized the need to listen closely and shared other tips on how to make individuals with dementia feel both welcomed and relaxed (M. Knecht, personal communication, March 12, 2013). Knecht noted how this training session helped plant seeds on how to respect individuals with dementia (personal communication, March 12, 2013).

Beyond providing training, Alzheimer's Association and Elderwise helped recruit five pairs, an individual with dementia and a caregiver, to participate in the six-month pilot program (fryemuseum.org, here:now Program history, M. Knecht, personal communication, March 12, 2013). During the pilot phase, the Alzheimer's Association and Elderwise also partnered with the Frye Foundation to host a one-day conference, *Art, Creativity, and Living with Dementia.* The conference "affirmed that viewing, discussing, and creating art can enhance the lives of those with Alzheimer's and their care partners" (fryemuseum.org, Art, Creativity, and Living with Dementia). Anne Basting, Director for the Center on

Age and Community, and Amir Parsa, Director of the MoMA Alzheimer's

Project both presented at the conference.

In addition to Alzheimer's Association and Elderwise, the *here:now*

program attracted another partner interested in conducting an evaluation. Dr. Lee

Burnside, division of geriatrics at University of Washington and medical director

of Horizon House, heard from a friend about the work being done at the museum.

With his friend's referral, he contacted Knecht at the museum. Knecht was

receptive to working with Dr. Burnside as the museum was concerned with how it

could do more in terms of evaluation and finding ways to connect with the

medical community (L. Burnside, personal communication, March, 13, 2013). At

the time, Dr. Burnside was doing his fellowship in geriatric medicine at

University of Washington Harborview Medical Center. He was able to request

and secure funding from the University to do a study of the *here:now* program (L.

Burnside, personal communication, March 13, 2013).

Dr. Burnside's study is focused on the effects of *here:now* on participants'

quality of life and on relationships between individuals with dementia and their

care partner (fryemuseum.org, Research Study). To conduct the study, he

employed the help of a research assistant, Elizabeth Hopely, who conducted

phone interviews with participants, and Knecht, who aided with the coding of

interview transcripts. The study is not finished, and currently requires additional

funding (L. Burnside, personal communication, March 13, 2013). Dr. Burnside

believes this scientific medical study can be used to encourage more research to

be done in this area and it will aid the museum in securing additional funding by providing concrete data (L. Burnside, personal communication, March 13, 2013).

When asked what skills each organization brought to the partnership and what was vital to making the various partnerships work, both Keefe and Burnside referred to enthusiasm and dedication Knecht has for the program and its participants (L. Burnside, personal communication, March 13, 2013; T. Keefe, personal communication, March 14, 2013). Keefe noted that her own love of art making and a "deep respect for the effects of arts engagement," Pollock's enthusiasm and ability to network, and Sabersky's passion for working with older adults were all important aspects supporting the partnership (personal communication, March 14, 2013).

When discussing the joys and benefits of the *here:now* program and its partnerships, both Keefe and Knecht referenced the opportunity to be a part of a project that is helping the community and making a difference in people's lives (T. Keefe, personal communication, March 14, 2013; M. Knecht, personal communication, March 12, 2013). Knecht also drew attention to the ability of the program to offer participants a "moment of feeling normal" and that the museum administrators are unified in supporting the program because of it provides an experience that honors people and gives them dignity through interaction with art and with others (M. Knecht, personal communication, March 12, 2013). Keefe stated that one of the biggest joys of the program is "creating an environment where people feel comfortable sharing of themselves--either through art or

conversation" (personal communication, March 14, 2013).

Here:now Post-pilot Phase

Currently the *here:now* program is offered in two forms, a monthly

discussion-based gallery tour and a six-session class involving a gallery tour, art-

making experience, and social time (frymuseum.org, here:now Program History).

The art-making experience is made possible by a continuing relationship with

Elderwise. Tamara Keefe from Elderwise is contracted to conduct the art-making

activity of the six-session class (M. Knecht, personal communication, March 14,

2013).

In an ongoing partnership with the Alzheimer's Association and in

conjunction with Town Hall Seattle, the museum continues to offer events

promoting activities that provide individuals with AD ways to better their quality

of living. One such event took place over three days, April 4-6, 2013. Dr. John

Zeisel, author of *I'm Still Here: A New Philosophy of Alzheimer's Care* was

invited to present and discuss "strategies on creating a Seattle program to help

those with the disease live active, engaged lives" (fryemuseum.org/event/4921/).

SPARK! Alliance History & Overview

In 2008, the Minneapolis Institute of Art (MIA) began piloting *Discover

Your Story*, a program for people living with memory loss and their friends and

caregivers. The program was an extension of the museum's 30-plus years of

emphasis on accessibility (D. Hegstrom, personal communication, March 21,

2013). A year later, the institute presented their program at an Alzheimer's

Association conference, during which staff members of care facilities from

smaller towns began to wonder how they could implement the same type of

offerings in their area. Their concern was that individuals in their care would not

be able to travel such long distances to take advantage of the Institute's offerings

(Tygesson, p. 3).

Then in 2010, the Helen Bader Foundation (HBF), located in Milwaukee,

Wisconsin, offered a solution (Tygesson, p. 3). HBF strives to be a philanthropic

leader in improving the quality of life of the diverse communities in which it

works" (madisonchildrensmuseum.org, Helen Bader Foundation Grant). Daniel J.

Bader, CEO of the Foundation states, "At the Helen Bader Foundation, we

believe that strong partnerships – among individuals, organizations, and their

communities – are what it takes to create tremendous results. As a philanthropic

partner, we aim to keep ahead of the issues shaping our communities" (hbf.org,

About the Foundation). Recognizing that the Baby Boomer generation is entering

a time when memory loss will become a primary concern, the foundation has

chosen to focus on building a "network to fight Alzheimer's disease" (hbf.org,

About the Foundation).

Motivated by MoMA's Meet me at MoMA, the foundation's proposal

was to offer planning and implementation grants to five museums throughout

Wisconsin to begin similar programs for individuals with memory loss. The

foundation approached MIA and asked if other museums could observe its

program (Tygesson, p. 3). In order to select five museums, HBF put out a request

for proposal. Its proposal focused on providing a program for individuals who

were in the earlier stages of memory loss and were still living at home and not in

a care facility. Applicants also needed to have a plan for continuing the program once the funding from HBF had finished (D. Koceja, personal communication, March 14, 2013). After the first five museums were selected, HBF required a staff member from each museum to attend a training offered at MoMA (A. Horst, personal communication, March 11, 2013). The foundation's vision was that this type of programming would be made available to an extensive audience throughout Wisconsin, including rural areas (Tygesson, p. 3).

In regards to the role of HBF, several of the museum professional interviewees admitted their museum became interested in programs specifically for individuals with memory loss due to the Foundation's influence (T. Blasko, personal communication, March 21, 2013; H. Casper, personal communication, March 26, 2013; J. Hintz, personal communication, March 15, 2013; A. Johnson, personal communication, 2013). One interviewee mentioned that while each museum had goals, HBF played an important role in providing a clear and shared vision, one with no alternative motives, to help individuals with AD (A. Horst, personal communication, March 11, 2013). Some interviewees also pointed out that without the HBF support and its help forming the Alliance, the programs for individuals with AD would have taken much longer to develop or may not have happened at all (T. Blasko, personal communication, March 21, 2013; J. Hintz, personal communication, March 15, 2013; A. Horst, personal communication, March 11, 2013). One interviewee called HBF "progressive" and noted that it was different from other funders in the way it wanted to make a "paradigm shift" (A. Horst, personal communication, March 11, 2013).

HBF also sponsored an evaluation of the initial SPARK! programs. Because of her extensive experience with aging and dementia studies and research, Susan McFadden, Ph.D., Psychology and professor at the University of Wisconsin, was asked to conduct the evaluation. She was referred to the HBF by Anne Bastings, long-time friend and creator of TimeSlips, a storytelling experience for individuals with dementia and their caregivers (S. McFadden, personal communication, March 19, 2013; timeslips.org, About). Two findings of the study included that care partners were surprised by how much they enjoyed the program experience and others recounted how they had lived in the community but had never been to that particular museum before (S. McFadden, personal communication, March 19, 2013). To conduct her study, McFadden visited six of the museums. She continues her relationship with SPARK! by providing continuing education and occasionally attending SPARK! Alliance meetings (A. Johnson, personal communication, March 7, 2013; S. McFadden, personal communication, March 19, 2013).

Today the SPARK! Alliance consists of 10 museums representing a variety of institution types (see Appendix B). Its mission is:

> The SPARK! project connects museums with local partners in healthy aging to bring the model to the Midwest. SPARK! provides an opportunity for those with Alzheimer's and their caregivers to enjoy art and artifacts in a comfortable setting, guided by trained docents and volunteers. (alz.org, SPARK!)

In addition to MoMA, local Alzheimer's Association chapters provide training and other support (A. Horst, personal communication, March 11, 2013; C. Maraccini, personal communication, March 19, 2013; J. Hintz, personal communication, March 15, 2013). Programming at each museum varies. Partnerships with local health and care organizations were not required by HBF, but in many cases were utilized by Alliance members to create and implement programs (D. Koceja, personal communication, March 14, 2013).

SPARK! Alliance: Partnerships

As demonstrated in the literature review and interviews, partnership types and level of commitments vary by institution. A few of the SPARK! members shared how the Alliance acts as a significant tool in improving their programs. The Alliance allows each member to get feedback on what may, or may not, work in a program and for others to share their expertise (H. Casper, personal communication, March 26, 2013; J. Hintz, personal communication, March 15, 2013). It also aids in succession planning as some museum experience staff turnover (T. Blasko, personal communication, March 21, 2013). In terms of community opportunities, many of the local partnerships engaged in by each museum started through networking and other casual conversations (H. Casper, personal communication, March 26, 2013; D. Hegstrom, personal communication, March 21, 2013; D. Koceja, personal communication, March 14, 2013).

To develop their programs, two of the interviewees mentioned the creation of an advisory council made up of community members who either had expertise

in caring for individuals with AD or great interest in this type of programming (H. Casper, personal communication, March 26, 2013; J. Hintz, personal communication, March 15, 2013). One interviewee indicated the use of a local partnership to facilitate a pilot program. (A. Horst, personal communication, March 11, 2013). In the case of implementation, some museums have engaged in a variety of partnerships, which happened through networking and referrals.

With a desire to provide a variety of arts for its participants, Dawn Koceja, Multigenerational Education Coordinator of the Milwaukee Public Museum, sent out a letter to local cultural institutions, inviting them to work with the museum. Three institutions responded including the Florentine Opera Company, Milwaukee Chamber Theatre, and a local artist who used to work at the museum (D. Koceja, personal communication, March 14, 2013). They provide their services for free. Before these performers present at a program, Koceja does an hour training session with any new artists (D. Koceja, personal communication, March 14, 2013). Koceja also employs the help of Marquette University students. This partnership started when a university student wanted to volunteer at the museum. The student mentioned to Koceja that she was part of a sorority whose volunteer focus included working with older adults and that more students may be interested in helping. Koceja followed up on that conversation and now has a regular flow of students who complete the necessary training and assist with the program (D. Koceja, personal communication, March 14, 2013).

Another museum that has utilized a partnership with a school is the Minnesota Institute of Arts. Jayne Tygesson, a docent and significant supporter of

the SPARK! Alliance, worked with the University of Minnesota to develop a volunteer program to involve students from its medical school. Through a formal agreement, students are required to volunteer and receive credit. The help from the students allows participants of the program to have one-on-one interaction (T. Blasko, personal communication, March 21, 2013; D. Hegstrom, personal communication, March 21, 2013).

When discussing what has been vital to making partnerships and programs successful, the answers varied depending on the museum's resources and general outlook on collaboration. One interviewee mentioned it has 17 community partners who help decide what projects should be undertaken, and noted it is important to choose partners who have an affinity for the project and its audience (A. Horst, personal communication, March 11, 2013). Other answers included being open and receptive to partners, being community driven instead of museum driven, and continuous communication (J. Hintz, personal communication, March 15, 2013; C. Maraccini, personal communication, March 19, 2013). Two interviewees pointed programs for individuals with AD are not necessarily expensive to create or implement and so funding is not always crucial (D. Hegstrom, personal communication, March 21, 2013; A. Johnson, personal communication, March 7, 2013).

When asked what advice interviewees might give to those hoping to duplicate their process and start programs of their own, answers also varied. Responses included reach out to the community, get people involved who are passionate and want to be involved, be open to change, and remember that its

based on what museums already do (D. Hegstrom, personal communication,

March 21, 2013; J. Hintz, personal communication, March 15, 2013; D. Koceja,

personal communication, March 14, 2013). Two interviewees both noted that

museums should not be afraid, one of which emphasized to "just do it!" (D.

Hegstrom, personal communication, March 21, 2013; D. Koceja, personal

communication, March 14, 2013).

Conclusion of Findings

Throughout the literature review and other methodologies, partnerships

were seen as instrumental in developing and creating programs for individuals

with AD. Many of these partnerships were started through personal invitations

and other methods of networking and referrals. Reaching out to the community

and letting others know of the interest in meeting its needs, encourages local

partners who are equally passionate to choose to collaborate.

Conclusions

Exploring partnerships between museums and health and social service organizations (HSSO) to meet the needs of individuals with Alzheimer's disease (AD) provides insight as to why museums should include these individuals in their audience and how to utilize such partnerships to develop and implement various aspects of their programs. The findings of my master's project can assist museum and health professionals in making a stronger argument for their respective fields to collaborate and provide cultural activities that help improve the quality of life for individuals with AD.

Although partnerships between museum and health and social service organizations are emphasized, the literature and findings demonstrate how collaborations between museums are equally valuable (H. Casper, personal communication, March 26, 2013; J. Hintz, personal communication, March 15, 2013). In either case, it is evident that partnerships can provide several benefits including funding, sharing of expert knowledge, and increased access to the target audience (M. Knecht, personal communication, March 12, 2013). The implications of my findings can also be used in a continued conversation between both fields with the hope to extend and increase accessibility to other audiences with varied mental and physical disabilities.

In order to examine partnerships between museums and HSSO to meet the needs of individuals with AD, I first conducted a literature review, which aimed to understand why and how these types of partnerships are utilized and if museums should engage in social work to meet the needs of individuals with AD.

Other methodologies included a set of 10 interviews that involved museum professionals and volunteers, as well as health professionals involved in Alzheimer's care and research. In addition to the interviews, I performed two case studies. The case studies were comprised of a series of interviews, a site visit, and the reviewing of online and other print publications.

To further explore the implications of my findings, I considered the literature review in accordance with my other methodologies, looking closely at the role of partnerships. In looking at partnerships, Austin (2002) contends several questions be asked when assessing whether or not to include collaboration as part of an organizational strategy. These questions include the following: *Why should we collaborate? What type of collaboration should we undertake? With whom should we collaborate? How should we collaborate?* My examination of the findings uses these questions along with *Why should museums engage in partnerships to meet the needs of individuals with AD?* and *How do these partnerships impact individuals with AD and their caregivers?* In answering these questions, I framed my conclusions to discuss how partnerships are used to promote civic engagement and ultimately to improve the quality of life for individuals with AD and their caregivers.

The Need For Civic Engagement

Because of their requirement to serve the public and the rich resources they maintain, museums should address the needs of individuals with AD in order to remain relevant in their communities. There is increasing argument to place an emphasis on civic engagement within the museum field as is demonstrated in the

literature review. Hirzy (2002) agues, "Museums have substantial potential as civic enterprises that contribute to building and sustaining community, and they are ready to pursue this potential. In her book, *The Social Work of Museums,* Silverman (2010), both a museum and social work professional, argues museums at their core are social institutions, museums have historically been engaged in social work, and the fields of social work and museums share related attributes and lend themselves to an integration of philosophies and methods. "On display is a growing belief among practitioners, policymakers, and the public alike in the power of museums to inspire hope and healing, improve lives, and better the world" (Silverman, 2010, p. 3). Museum professionals continue to debate how the term "civic engagement" should be conducted in museums, but it is becoming clear that museums need to assess how their resources should be used to help surrounding communities.

Alzheimer's Disease: A Call To Museums

When assessing which segments of the community demonstrate a significant need, the literature points to the growing population of individuals with AD, which is expected to reach 14 million people in the next 40 years (Ricks, 2013). Unfortunately, Alzheimer's disease is one of the top 10 causes of death in the United States, and it currently cannot be prevented or cured (alz.org, Alzheimer's disease, facts, and figures). Because AD is difficult to treat, health professionals and caregivers desire ways to improve the quality of life for individuals with AD and their caretakers, which can include arts and cultural engagement. Abraham states:

In the absence of a much-hoped-for miracle drug, it is our responsibility to find ways to enhance the lives of those stricken with the illness. Current major therapeutic approaches consist of practical and emotional support and of strategies that help strengthen remaining capacities. (Abraham, 2005, p. 1)

While there are other organizations that also serve this audience, museums are distinctive in their knowledge of arts and cultural engagement. They also provide a unique setting where individuals with AD are able to interact closely with art and other artifacts. One of the primary issues individuals with AD confront is the stigma that accompanies the disease and the isolation it can cause. As a result, individuals with AD and their loved ones need a variety of ways in which they can stay connected with their community. Museum programs offer a solution to this issue as some of the benefits of their programs include providing participants a "dignified adult setting," helping participants feel comfortable and "normal, " encouraging participants to get out of their homes, and building relationships between participants, caregivers, and family members by providing a setting which promotes conversation and interaction (C. Conley, personal communication, March 8, 2013; L. Cramer, personal communication, February 22, 2013; L. Snyder, personal communication, March 18, 2013). The resources of museums should serve to improve the quality of life for individuals with AD and their caregivers.

With no cure and the fast-paced increase of the population with AD, it is important to begin developing and implementing programs now in order to be

prepared for future needs. Within the last seven years, many museums have

recognized the significance of AD and developed programs to reach out to

individuals with AD and provide resources for them and their caregivers. Some of

these museums are very interested in providing resources to assist other museums

in creating programs of their own (D. Koceja, personal communication, March

14, 2013; M. Schwartz, personal communication, March 15, 2013).

MoMA has been instrumental in inspiring other museums to address the

needs of individuals with AD by "developing both print and online resources on

how-to engage individuals with AD with art, as well as providing in-person

training workshops at institutions worldwide" (M. Schwartz, personal

communication, March 15, 2013). The SPARK! Alliance, a cohort of 10

museums through Wisconsin and Minnesota has developed a handbook

describing their own programs and providing guidelines to start a program in

one's own institution (D. Koceja, personal communication, March 14, 2013).

Museums who have not yet looked at individuals with AD as a potential audience

should take advantage of the established work done by their colleagues to begin

implementing programs of their own. Even with a desire to meet the needs of

individuals with AD, some museums may question whether or not they have

enough resources to address the needs of individuals with AD.

The Benefits Of Partnerships

There are many challenges a community may face, and no one museum

can reasonably be expected to meet the needs of every audience. Instead of

turning away from community engagement, museums must find a way to

meaningfully attend to the needs of local constituents in order to remain relevant. Drucker (2001) argues, "The modern organization exists to provide a specific service to society…It has to be in a community, has to be a neighbor, has to do its work within a social setting" (p. 51). Hirzy (2002) points to the complexity of community issues, arguing the need for "innovative, multi-dimensional solutions" developed by an extensive network of organizations and people collaborating with one another (p. 14). Collaboration is a key tool for museums in reaching out to their community.

In terms of helping individuals with AD, collaboration between museums and health and care organizations are a natural choice because of the resources each type of organization can offer. Museums cannot expect to be the leading experts on Alzheimer's disease, its symptoms, and care solutions. Health and care organizations cannot expect to be the experts on learning and arts and cultural engagement. Throughout the findings, the exchange of knowledge between these fields and their adaptation to creating and implementing programs for individuals with AD has been successful (M. Knecht, personal communication, March 12, 2013; L. Snyder, personal communication, March 18, 2013; S. Stokes, personal communication, March 29, 2013).

In order for museums to obtain the necessary resources to increase their accessibility and provide engagement opportunities for individuals with AD, they should participate in partnerships with health and social service organizations (HSSO) because of the substantial benefits they produce. By collaborating with HSSO, museums can gain funding, expert knowledge, and direct access to

individuals with AD (D. Hegstrom, March 21, 2013; G. Mastroieni, personal

communication, March 25, 2013; L. Snyder, personal communication, March 18,

2013). Some interviewees reported that without a partnership and the subsequent

benefits it provided, their program for individuals with AD would have taken

much longer to develop or would not have happened at all (T. Blasko, personal

communication, March 21, 2013; J. Hintz, personal communication, March 15,

2013; A. Horst, personal communication, March 11, 2013).

The significance of these primary benefits such as funding and expert

knowledge suggest both museums and health and social service organizations can

avoid unnecessary spending of limited time and resources through working in

partnerships. Partnerships allow organizations to leverage their skills and other

assets, which can support the saving of resources such as finances and volunteer

or staff time while capitalizing on other resources such as an art collection and

cultural engagement techniques in new and even surprising ways.

Partnerships give museums access to increase funding opportunities. The

findings of my interviews and case studies established that by incorporating social

work into its practices with an emphasis on helping individuals with AD and

engaging in partnerships, museums draw in a range of funding opportunities. In

the case of the SPARK! Alliance, the Helen Bader Foundation as a potential

partner specifically sought out museums and other cultural institutions interested

in providing programs to serve individuals with memory loss (Tygesson, p. 3). As

a result, museums like the Madison Children's Museum who chose to partner

with the foundation received a two-year grant of $22,000

(madisonchildrensmuseum.org, Helen Bader Foundation Grant).

Partnerships with other fields also have the ability to bring in financial

support not typically provided to museums. In the case of the *here:now* program,

its evaluation was funded through a partnership with Dr. Burnside, who was

conducting his fellowship in geriatric medicine at the University of Washington.

Dr. Burnside was able to request and receive funds from the University to do

research on the *here:now* program and its effects on participants' quality of life

and the relationships with their caregivers.

In other cases, partners did not utilize financial support from grants, but

agreed to leverage existing assets in order to promote programs. Although

monetary resources were not brought through these partnerships, it is noted that

services such as training or use of the museum facility, which may normally have

an associated cost or involved a significant commitment, were provided for free

(L. Snyder, personal communication, March 18, 2013; S. Stokes, personal

communication, March 29, 2013).

In terms of training, the majority of Alzheimer's Association chapters

mentioned throughout the findings did not charge a fee to museums (L. Cramer,

personal communication, February 22, 2013; M. Knecht, personal

communication, March 12, 2013; S. Stokes, personal communication, March 29,

2013). At another museum, performing art groups have agreed to occasionally be

a part of the programs for individuals with AD and also provide their services for

free (D. Koceja, personal communication, March 14, 2013). Whether it provides

funding or valuable services free of charge, a partnership with a health or care organization or a partnership focusing on civic engagement has the potential to open new doors and draw in a variety of resources.

The Importance Of Partnership Diversity

Although partnerships with health and social service organizations are ideal, the importance of collaboration with other museums, community organizations, and individuals should be recognized and utilized in increasing the quality of programs for individuals with AD. In the case of the SPARK! Alliance, several of its members discussed how their collaboration with one another assists in the improvement of each individual program. The Alliance enables members to discuss what they are doing in their programs, get feedback on what may work or not work, and to share their expertise (H. Casper, personal communication, March 26, 2103; J. Hintz, personal communication, March 15, 2013). Additionally, the Alliance is helpful with succession planning as replacement for staff in charge of programs for individuals with AD. They can turn to other members for advice and training (T. Blasko, personal communication, March 21, 2013).

Partnerships among museums can also aid in assigning each participating organization an attainable share of responsibilities. In San Diego, four museums collaborate with the Shiley-Marcos Alzheimer's Disease Research Center to each offer three programs, for a total of 12 programs over the course of a year (L. Snyder, personal communication, March 18, 2013). Partnerships with other cultural organizations, such as performance groups, can also aid in increasing the scope of programs for individuals with AD. One museum was able to offer live

opera and theater performances as part of its tour for individuals with AD (D. Koceja, personal communication, March 14, 2013).

Partnerships with community organizations are important as they help museums stay connected to their local constituents and remain in touch with issues they face. It would be difficult for museums to alone do all the necessary work to stay informed of community challenges and to understand which issues require significant attention. Some museums have already have a philosophy of collaboration and social service incorporated into their programs, including one institution who utilizes 17 community partners to help choose which projects should be taken on (A. Horst, personal communication, March 11, 2013).

In the case of individuals with AD, museums can work with local organizations that already have established connections with this segment of the community and possess the knowledge of how to address their specific needs. For several museums, reaching out to local organizations gave them access to the knowledge needed to appropriately and effectively meet the needs of individuals with AD and their caregivers and garnered community support early on for their programs (M. Knecht, personal communication, March 12, 2013; H. Casper, personal communication, March 26, 2013; J. Hintz, personal communication, March 15, 2013).

Beyond partnerships with health and care organizations and other museums, it is necessary to acknowledge the significance of individual partners such as fellow staff and volunteers. Staff and volunteers can act as individual partners or stakeholders in implementing a program and in some cases improving

or expanding it. Front-line staff, security guards, and docents can play an important role in making an experience for individuals with AD and their caretakers comfortable and welcoming (M. Knecht, personal communication, March 12, 2013; L. Snyder, personal communication, March 18, 2013).

In the case of Minnesota Institute of Arts (MIA), Jane Tygesson, a docent, is a champion not only for MIA's program but also for the SPARK! Alliance. At MIA, she was able to arrange a partnership with the University of Minnesota's medical school. Through a joint formal agreement, students can volunteer and receive credit. As a result, one-on-one interaction between students and participants are made possible during programs (T. Blasko, personal communication, March 21, 2013; D. Hegstrom, personal communication, March 21, 2013). Tygesson also undertook the challenge of putting together the SPARK! Alliance handbook, a publication available to help other museums interested in developing their own program (D. Koceja, personal communication, March 14, 2013).

When it comes to best serving individuals with AD, a wide variety of partnerships should be considered. Multiple partnerships can be employed in order to provide programs for individuals with AD that are appropriate and effective. Whether engaging in a partnership with a health organization, museum, cultural group, or individual, keeping an open mind and investing in partnerships can produce benefit that increase the quality of programs for individuals with AD and their caregivers.

The Importance Of Partner Selection

Prior to selecting which organization to partner with, some museums may inquire how to even find potential partners. In order to find a partner, it is necessary for museums to network and find ways to continue being in conversation with the community. In terms of serving individuals with AD, an open invitation should be communicated to local constituents who have expert knowledge and expressed interest in serving this segment of the community.

In the case of the Frye Museum, it hosted a reading of poetry and prose about Alzheimer's disease and casually mentioned its desire to begin offering programming for individuals with AD. As a result, two organizations offered to collaborate (M. Knecht, personal communication, March 12, 2013). Other museums made cold calls inviting community members with expertise in caring for individuals with AD to form an advisory council (H. Casper, personal communication, March 26, 2013; J. Hintz, personal communication, March 15, 2013). The Helen Bader Foundation did not initially select museums to participate in its funding program but rather put out a general request for proposal (D. Koceja, personal communication, March 14, 2013). In two cases, health care organizations found and selected museum partners based on their prominence in the community (L. Snyder, personal communication, March 18, 2013; S. Stokes, personal communication, March 29, 2013). The various methods in which partners were found remind museums to not assume where and when a partner might be found. What can be noted is that a potential partner is much less likely to respond to a desire to collaborate without an invitation or knowledge of the institution's goals.

In order to promote a partnership, which will support individuals with AD, museums must take care in choosing a partner who is genuine in its commitment to the audience. Some potential partners may indicate an interest in doing programs for individuals with AD, but without passion for this audience, they ultimately are not willing to put in the time and effort it takes to provide a meaningful and impactful experience.

During the research, interviewees articulated the characteristics that made their partnerships successful, which included working with people you like, making sure there are common goals, and choosing partners who have a desire to help individuals with AD and are willing to make programs "person centered" (D. Koceja, personal communication, March 14, 2013; J. Ortiz, personal communication, February 22, 2013; M. Schwartz, personal communication, March 15, 2013; L. Snyder, personal communication, March 18, 2013). One interviewee noted how some museums have contacted her wanting to partner, but once they were told about the process and training involved in meeting the needs of individuals with AD, they discontinued the conversation (L. Snyder, personal communication, March 18, 2013). Museums and health organizations will have to discern whether or not a potential partner is in it for the right reasons or will misuse the partnership for self-promotion and the furthering of its own mission and goals.

Choosing which organization to partner with is an important decision as it can determine whether or not goals are achieved. Museums should use established guidelines to increase the likelihood of choosing an appropriate partner.

According to Kanter (2002), there are three criteria to aid the selection of a partner. The first is *self-analysis* in which a relationship has a good start because partners know themselves and their industry. The second is *chemistry*, which places importance on the personal side of business relationships and the level of rapport partners have between each other. The last criterion is *compatibility*, which looks at how the partners are well matched in terms of common experiences, values and principles, and hopes for the future (Kanter, 2001, pp. 104-105).

The importance of using established guidelines was demonstrated through the success of the partnerships used to support the *here:now* program at the Frye Art Museum. In terms of *self-analysis*, each of the partnering organizations, Alzheimer's Association and Elderwise, maintained a clear mission and were well aware of what its organization could contribute to the partnerships and why it desired to collaborate. Prior to the collaboration, the museum had articulated a desire to serve the needs of its local community and reviewed its program offerings to determine next steps (M. Knecht, personal communication, March 12, 2013). In regards to *chemistry*, during the interviews each partner's team member spoke highly of the other partner and referenced the commitment and enthusiasm each had in developing and implementing the program. The team members of the *here:now* program enjoyed working with one another (L. Burns, personal communication, March 13, 2013; T. Keefe, personal communication, March 14, 2013; M. Knecht, personal communication, March 12, 2013). When looking at *compatibility*, all three partners, Alzheimer's Association, Elderwise, and Frye

Art Museum, had a strong commitment to the local community, valued arts

engagement as a valid tool for helping individuals with AD, and sought to

improve the lives of individuals with AD and their caregivers (T. Keefe, personal

communication, March 14, 2013; M. Knecht, personal communication, March 12,

2013). Without using a process to carefully discern and choose an appropriate

partner, museums may waste valuable time and resources as well as limit their

ability to impact the lives of individuals with AD.

Increasing Impact Through Partnerships

Partnerships with the right organizations can increase a museum's impact

in addressing community issues. When collaborating, museums should consider

using the "collective impact" model to meet the needs of individuals with AD and

their caretakers because of its ability to more thoroughly effect community issues.

Although not mentioned specifically during the SPARK! Alliance case study

interviews, several of the partnership requirements and outcomes were

reminiscent of a collaboration framework described during the literature review

known as "collective impact" (Kania & Kramer, 2011). This framework has been

successful in addressing citywide issues such as the improvement of student

achievement and education and the prevention of childhood obesity. The common

theme of these examples and others was that "large-scale social change comes

from better cross-sector coordination rather than from the isolated intervention of

individual organizations" (Kania & Kramer, 2011).

Described in the *Stanford Social Innovation Review*, collective impact is

"the commitment of a group of important actors from different sectors to a

common agenda for solving a specific social problem" (Kania & Kramer, 2011).

While Kania & Kramer (2011) admit the idea of collaboration is not new, they

argue collective impact initiatives are different by its inclusion of five conditions:

common agenda, shared measurement system, mutually reinforcing activities,

continuous communication, and backbone support organizations.

In the case of the SPARK! Alliance, a cohort of 10 museums in Minnesota

and Wisconsin was created around the common agenda of meeting the needs of

individuals with AD. Its formation grew out of the Helen Bader Foundation's

(HBF) resolution to serve individuals with AD through arts and cultural

engagement (Tygesson, p. 3). The HBF acted as a backbone support organization

to the Alliance as it not only funded both a planning and implementation phase,

but it also insured a staff member from each museum attended a training session

at MoMA, and provided expert guidance from Alzheimer's health and care

professionals (A. Horst, personal communication, March 11, 2013). The HBF also

promoted a shared measurement system by employing an individual to conduct a

formal evaluation of the programs (McFadden, S. personal communication,

March 19, 2013). While each of the Alliance members decided the elements of its

program, HBF united them through a non-competitive framework in which all

participants had a clear and shared vision with no alternative motives (A. Horst,

personal communication, March 11, 2013).

Instead of competing with one another, the Alliance allows more programs

to be available throughout Wisconsin and Minnesota and in towns that may not

have significant resources for individuals with AD. The Alliance continues to

meet at least once a year enabling each participating museum to receive feedback and improve on its own program (H. Casper, personal communication, March 26, 2013; J. Hintz, personal communication, March 15, 2013). Seeing the impact of their collaboration, the Alliance has created a handbook with the goal of encouraging others to include programming for individuals with AD and for local institutions to join the cohort (D. Koceja, personal communication, March 14, 2013). Museums do not have all the answers nor should they be expected to. What the collective impact model establishes is the need for museums to collaborate in order to creatively and appropriately provide solutions to community issues that are deep and long lasting.

Throughout the findings, museums provided expert knowledge in terms of art and cultural engagement, while health organizations offered an in depth education on Alzheimer's disease, its impact on individuals and their loved ones, and best care practices. As educational institutions, museums have often been innovative leaders in providing experiences that engage all types of learners. Now museums are called to share the leadership role in creating ways to effectively address the needs of individuals with AD and their caretakers.

Recommendations

Established by the findings from my literature review and methodologies, I have formed recommendations to assist museums and health and social service organization professionals navigate the engagement in and implementation of a partnership designed to serve individuals with AD and their caregivers. The purpose of these recommendations is to provide concrete steps to help museums and health and social service organizations discern whether or not a partnership is an appropriate strategy in serving individuals with AD, aid in the selection of a partner, and to promote partnerships that are efficient and effective.

Research Alzheimer's Disease In Your Community

Before engaging in a formal partnership to develop a program to meet the needs of individuals with AD, a museum should first understand how Alzheimer's disease is manifested in its local community and identify the greatest needs and concerns. As the potential program is in response to a community issue, the community should be invited to be a part of the solution. Museums can gain a preliminary understanding of AD and its effects on their neighbors by doing thorough research through the following action steps:

- Get to know your audience by creating an advisory panel of "experts." These are individuals with first-hand knowledge of the disease, its symptoms, and care practices such as staff from the local chapter of Alzheimer's Association or health professionals from AD research centers and medical centers who specialize in AD diagnosis and care.

- Visit, observe, and if possible, work with individuals with AD through other established cultural engagement programs or at long-term care facilities.

- Be prepared with a series of questions to establish the scope of need and to determine what resources are required to best support the audience. Examples questions are: What issues are not currently being addressed or how could current solutions be expanded and improved? Is there a local constituency that would benefit from programs designed specifically for individuals with AD? How do can the resources of museums best help this audience? Are there already local art engagement programs for individuals with AD? Are there organizations the community recommends collaborating with? What issues do individuals with AD face that may prevent them from coming to and participating in a program?

- Review current programs and collaborations with established achievements such as the *here:now* program in Seattle, the SPARK! Alliance, and various programs in New York including *Meet Me: The MoMA Alzheimer's Project: Making Art Accessible to People with Dementia.* Both the SPARK! Alliance and MoMA have resources specifically aimed at helping other museums offer programs for individuals with AD.

Look Broadly For Potential Partners

Although it is clear that health and social service organizations provide a level of expertise necessary in creating programs suitable for individuals with AD,

museums should not discount partnering with other types of organizations and taking advantage of the resources they may offer. Instead, museum professionals should use the following steps to determine if a partnership will promote the efficiency and effectiveness of a program for individuals with AD. These action steps will also aid in helping museums find potential partners:

- Tell the community about your initiative. Do not underestimate the power of networking. Potential partners are everywhere, but they are less likely to step forward if they are unaware of your desire to serve individuals with AD. Hosting a conference or other events that focus on AD can bring in people with an established interest in this audience and demonstrates the museum's commitment and sincerity in addressing this community issue. The more people that know the museum is interested in partnering, the more possible it is for organizations or individuals to join the collaboration.

- Make a personal invitation. Phone calls, e-mails, and letters can be sent out to organizations that already serve individuals with AD, or those that may also have a great interest in doing so. Potential partners may already have a desire to provide arts and cultural engagement programs for individuals with AD but have not done so due to a lack of resources. A personal invitation may be the catalyst for convincing potential partners to collaborate.

- Approach your board members, staff members and volunteers to be partners. With the increase of AD, it is very likely these individuals will

have a loved one with dementia. These individuals may be key partners in promoting the success of a program through their genuine care for and commitment to the museum and to the audience. They can be the champions for your cause by talking with the community and doing the work to seek out potential organizational partners.

- After finding potential partners, museum professionals should ask the following questions to discern which organization is best suited for the collaboration: Does the organization have a passion and commitment to its community and serving individuals with AD? Does the organization have unique resources that we are unable to provide and will enhance the program? Do our resources compliment one another? Is the organization willing to commit staff time and other resources to the partnership and program? Would the partnership be important to the organization? Do I like and respect this organization and get along with the staff members I will work with? Has the organization collaborated with others in the past and if so, what were the results?

Form Strong Partnerships

While some museums have a history of collaborating to support their programs, others have yet to participate in a formal partnership and are unsure of its requirements. Effective partnerships do take a level of commitment and dedicated resources. The following action steps can be used to promote the effectiveness and sustainability of a partnership:

- Find ways to foster internal institutional buy in and ownership from administration, board members, staff members, and volunteers. A partnership and its subsequent program are more likely to gain dedicated resources when the institution as a whole is willing to support it and sees its value. Attending a board meeting to share information about the initiative, inviting administration to be part of the conversation when developing a partnership, and welcoming all staff to be a part of training sessions are a few methods by which your organization begins to acknowledge the significance of the collaboration and the program.

- Define clear roles and expectations. In order for partnering organizations to be accountable to one another and for the program to run efficiently and effectively, there must be a early designation of what resources each organization will provide, as well as how and when it will be delivered. Setting these terms verbally and in writing at the beginning of a relationship allows partners to avoid placing unfair blame on any one organization or wasting limited resources by supplying the wrong service.

- Set up a system to support open and continuous conversation. Depending on the phase of the partnership, the type and amount of communication can be varied but partners should always be able to contact one another. Each partnering organization should have a primary contact responsible for the details of the collaboration and ideally the program. In the beginning of a partnership, team members for each organization should

meet often and in person to build rapport and gauge most effective communication styles and platforms.

Research Established Museum Programs For Individuals With AD

Museums today are at an advantage as they have many programs after which they model their own. By looking to their colleagues, museums interested in serving individuals with AD can avoid costly mistakes. Museums should review current programs and collaborations with established achievements such as the *here:now* program from the Frye Museum in Seattle, the SPARK! Alliance, and various programs in New York including *Meet Me: The MoMA Alzheimer's Project: Making Art Accessible to People with Dementia.* Both the SPARK! Alliance and MoMA have resources specifically aimed at helping other museums offer programs for individuals with AD. As more museums learn about these programs, my hope is they will choose to join the conversation, reflect on their role in the community, and eventually partner with health and social service organizations to make a difference in the lives of individuals with Alzheimer's disease.

Product Description

In order to encourage others to apply my master's project

recommendations on a nationwide level, I propose that the American Alliance of

Museums (AAM) include a sub-page on their website directed at museum

professionals and volunteers interested in starting their own programs for

individuals with Alzheimer's disease and those who wish to improve upon their

existing program. This page should be available to both Alliance members and

non-members. While focusing on programs in museums, it should be kept in mind

that health and social service professionals serving individuals with AD may also

refer to the page to learn about the benefits of and best practices for art and

cultural engagement. It should also be noted that individuals with AD and

especially their caregivers may additionally visit the site to learn of available

programs in their community and in destinations they may be traveling to.

To develop and maintain the website, I recommend AAM recruit a

committee of 7-10 museum and health professionals from existing programs

throughout the United States to volunteer their time. Because Alzheimer's disease

is expected to be an increasingly significant issue facing many communities, I

suggest that a representative from the Center for the Future of Museums work

with this committee to ensure the relevancy of the website's content and ongoing

conversation. As Alzheimer's disease (AD) is a rising concern for almost any

community, the Center for the Future of Museums may take particular interest in

the website, helping it to possibly expand its coverage of other accessibility issues

expected to grow in the future. AAM should also invite the Alzheimer's

Association to include a link on its website inviting others to the page. While other sections may eventually be included, in its initial phase the website pages should provide the following features:

- A directory including a list of museums who currently provide programs for individuals with AD, brief program description, a reference person for each program with contact information, link to their website, names of partner organizations.

- A conversation forum where both museum and health professionals can discuss best practices for serving individuals with AD and their caregivers. The forum also allows professionals to receive informed advice from colleagues when facing challenges creating or implementing programs. The forum can also be used to network with other museums and find potential partners in their local area.

- An abbreviated set of guidelines to creating and maintaining programs for individuals with AD and how to incorporate the use of partnerships to enhance the quality of such programs.

- Links to established resources dedicated to helping museums develop programs for individuals with AD, such as the online materials available on MoMA's website due to its Alzheimer's Project. Currently, the SPARK! Alliance does not have a website and subsequently its handbook does is not available online. This website would allow the handbook to be readily available for

other museums to use as a rich resource in starting their own program.

- Links to other webpages with pertinent information regarding the definition of Alzheimer's disease and the types of issues individuals with AD and their caregivers face.

- A bibliography listing seminal and current work relevant to Alzheimer's disease, its issues, and the therapeutic use of art and cultural engagement to improve the quality of life for individuals with AD.

A website would allow museums from around the nation and even on an international level to engage in a conversation on how to help improve the quality of life for individuals with AD and their caregivers. In hearing how many museums have succeeded in appropriately and effectively addressing the needs of individuals with AD, other museums may be inspired and encouraged to do the same. Although this website would focus specifically on the issue of AD, the underlying themes of increasing accessibility and civic engagement, suggest the website could expand to include other discussion around other issues facing communities.

References

Abraham, R. (2005). *When words have lost their meaning: Alzheimer's patients communication through art.* Westport, CT: Praeger Publishers.

American Association of Museums (2008). *National standards & best practices for U.S. museums*. Washington D.C.: American Association of Museums.

American Association of Museums. (2012). Trends watch 2012: Museums and the pulse of the future. Retrieved from http://www.aam-us.org/resources/center-for-the-future-of-museums/projects-and-reports.

Asen, L. & Kaplan, S. (2012). Self-help community services: Innovations help older men and women maintain independence in a changing world. *Care Management Journals,* 13(2), 51-7.

Archibald, R. (2002). Introduction. *Mastering civic engagement: A challenge to museums.* Washington D.C.: American Association of Museums.

Austin, J. (2000) *The collaboration challenge: How nonprofits and business succeed through strategic alliances*. San Francisco, CA: Jossey-Bass Publishers.

Berg, A, Ingeberg, H. & Wilkstrom. I. (2012). The essential dialogue: A norwegian study of art communication in mental health care. *Journal of Psychosocial Nursing & Mental Health Services*, 50(8), 22-30.

Bungay, H. & Clift, S. (2010). Arts on prescription: A review of practice in the UK. *Perspectives in Public Health.* 130(6), 277-281. Retrieved from http://rsh.sagepub.com/content/130/6/277.full.pdf+html.

Chase, D. (2011). More than words. *BusinessWest, 26*(20), 58-58. Retrieved from

http://search.proquest.com/docview/860210390?accountid=25307.

Cherni, J. (2006, Aug 06). Senior moments: Art, poetry & music make up part of

the alzheimer's therapy palette. *New Haven Register*. Retrieved from

http://search.proquest.com/docview/242966202?accountid=25307.

Cossio, A. (2002). Art therapy in the treatment of chronic invalidating conditions.

Arts therapies and progressive illness: Nameless dread. Edited by Waller,

D. New York, NY: Brunner-Routledge.

Dodd, J. (2002). Museums and the health of the community. In R. Sandell (Ed.),

Museums, society, inequality (pp. 182-189). New York, NY: Routledge.

Drucker, P. (2001). *The essential drucker*. New York, NY: HarperCollins

Publishers, Inc.

Golden, G. & Merrit, E. (2010). Tomorrow in the golden state: Museums and the

future of California. San Francisco, CA: Creative Commons, California

Association of Museums, & American Association of Museums. Retrieved

from http://www.aam-us.org/resources/center-for-the-future-of-

museums/projects-and-reports.

Galbraith, A., Subrin, R. & Ross, D. (2008). Alzheimer's disease: Art, creativity

and the brain. *Art therapy and clinical neuroscience*. Edited by Hass-

Cohen, N. & Carr, R. London, UK: Jessica Kingsley Publishers.

Hanleybrown, F., Kania, J. & Kramer, M. (2012, Jan. 26). Channeling change:

Making collective impact work. *Stanford social innovation review blog.*

Retrieved from

http://www.ssireview.org/blog/entry/channeling_change_making_collectiv

e_impact_work?cpgn=WP%20DL%20-%20Channeling%20Change.

Hirzy, E. (2002). Mastering civic engagement: A report from the american

association of museums. *Mastering civic engagement: A challenge to*

museums. Washington D.C.: American Association of Museums.

Jackson, M. (2002). Coming to the center of community life. *Mastering civic*

engagement: A challenge to museums. Washington D.C.: American

Association of Museums.

Kania, J. & Kramer, M. (Winter 2011). Collective impact. *Stanford social*

innovation review. Retrieved from

http://www.ssireview.org/articles/entry/collective_impact.

Kanny, M. (2010). Museum program hopes to keep alzheimer's patients 'in the

moment'. *McClatchy - Tribune Business News*. Retrieved from

http://search.proquest.com/docview/815442532?accountid=25307.

Kanter, R. (2002). Collaborative advantage: The art of alliances. *Harvard*

Business Review on Strategic Alliances. Boston, MA: Harvard Business

Review.

Murray, M. (2010). I don't think we knew we could do these sorts of things:

Social representations of community and participation in community arts

by older people. *Journal of Health Psychology*. 15(5), 777-785. Retrieved

from http://hpq.sagepub.com/content/15/5/777.full.pdf+html.

National Institute of Aging (2012). Alzheimer's disease progress report. Retrieved

from

http://www.nia.nih.gov/alzheimers/publication/2011-2012-alzheimers-

disease-progress-report/introduction.

Oliviero, H. (2012, Apr 18). Coping with alzheimer's: art can reach fading minds:

Program at carlos museum introduces the impaired to works that can move

them and even arouse memories. The Atlanta Journal - Constitution.

Retrieved from

http://search.proquest.com/docview/1001787939?accountid=25307.

O'Neill, M. (2010). Cultural attendance and public mental health. *Journal of*

Public Mental Health, 9(4), 22-29.

Ricks, D. (2013, Feb 06). Alzheimer's cases could triple by 2050, researchers say.

McClatchy - Tribune News Service. Retrieved from

http://search.proquest.com/docview/1284422028?accountid=25307.

Schmitz, P. (2012, Sept. 27). The real challenge for collective impact. *The Blog,*

Huffington Post. Retrieved http://www.huffingtonpost.com/paul-

schmitz/collective-impact_b_1920466.html.

Schwarzer, M. (2006). *Riches, rivals, & radicals: 100 years of museums in*

america. Washington D.C.: American Association of Museums.

Silverman, L. (2010). *The social work of museums*. New York, NY: Routledge.

Smith, P. (2010, Dec 27). Memory in the moment museum programs for

alzheimer's patients show the power of art as therapy. Pittsburgh Post –

Gazette. Retrieved

from http://search.proquest.com/docview/821186591?accountid=25307.

Stamberg, S. (2012, May 17). A museum visit for art lovers with alzheimer's.

Retrieved from http://www.npr.org/2012/05/17/152774700/a-museum-

visit-for-art-lovers-with-alzheimers?sc=emaf.

Tygesson, J. (Ed.), *Opening doors to memory and imagination: Creating a museum program for people with memory loss.* Retrieved from D. Koceja, personal communication, March 14, 2013.

Tyler, J. (2002). Art therapy with older adults clinically diagnosed as having Alzheimer's disease and dementia. *Arts therapies and progressive illness: Nameless dread.* Edited by Waller, D. New York, NY: Brunner-Routledge.

United Way. (2012). Charting a course for change: advancing education, income & health through collective impact. Retrieved from http://unway.3cdn.net/ea3f8667b2a4bad0e2_0gm6yxly7.pdf.

Waller, D. (2002). Evaluating the use of art therapy for older people with dementia: A control group study. *Arts therapies and progressive illness: Nameless dread.* Edited by Waller, D. New York, NY: Brunner-Routledge.

Weintraub, K. (2012, Nov 27). Is art the answer when meds fail? Boston Globe. Retrieved from http://search.proquest.com/docview/1202937694?accountid=25307.

Appendix A

Interviews: Interviewee list

Donna Beal, Program Director
Alzheimer's Association, California Central Chapter
Cultural Connections, Santa Barbara Museum of Art
Electronic interview, March 10, 2013
Website: alz.org/cacentral/in_my_community_helping.asp

Karen Brill, Docent
Cultural Connections, Santa Barbara Museum of Art
Phone interview, March 5, 2013
Website: alz.org/cacentral/in_my_community_helping.asp

Brenda Burgess, Docent Coordinator
Alzheimer's Art Therapy Tours, Memphis Brooks Museum of Art
Phone interview, March 20, 2013

Cheryl Conley, Program Director
Alzheimer's Association, Northwest Ohio Chapter
A Brush with Art, Toledo Museum of Art
Phone interview, March 8, 2013
Website: toledomuseum.org/visit/publictours/

Luciana Cramer, Care Specialist
Alzheimer's Association, California Central Chapter
Cultural Connections, Santa Barbara Museum of Art
Interview in person, February 22, 2013
Website: alz.org/cacentral/in_my_community_helping.asp

Georgia Mastroieni, Director of Youth & Family
Connections Alzheimer's Tours, Cameron Art Museum
Phone interview, March 22, 2013
Website: cameronartmuseum.com/index.php?c=connections

Joaquin Ortiz, Interim Director of Education
Memories at the Museum, Museum of Photographic Art
Interview in person, March 22, 2013
Website: mopa.org

Meryl Schwartz, Assistant Educator
The MoMA Alzheimer's Project, The New York Museum of Modern Art
Phone interview, March 15, 2013
Website: MoMA.org/meetme

Lisa Snyder, Director of the Quality of Life Programs
Shiley-Marcos Alzheimer's Disease Research Center
Memories at the Museum, Mingei International Museum, Museum of
Photographic Art, San Diego Museum of Art, and Timken Museum of Art
Interview in person, March 18, 2013
Website: adrc.ucsd.edu/

Sharon Stokes, Early Stage Services Coordinator
Alzheimer's Association, Colorado Chapter
Art & About Tours, Denver Art Museum
Phone interview, March 29, 2013
Website: denverartmuseum.org/see-do-dam/access-programs

Case studies

here:now program, **Frye Art Museum: Interviewee list**

Dr. Lee Burnside, Medical Director and Physician
Horizon House & Division of geriatrics at University of Washington
Interview in person, March 13, 2013

Tamara Keefe, Adult Day Program Director
Elderwise
Interview in person, March 14, 2013
Website: elderwise.org

Mary Jane Knecht, Program Manager
Frye Art Museum
Phone interview, March 12, 2013
Website: fryemuseum.org/program/here_now/

SPARK! Alliance: Members and interviewee list
Website: alz.org/sewi/in_my_community_19695.asp

Tricia Blasko, Curator of Education, Racine Art Museum, Racine Art Museum—
Wustum Museum
Phone interview, March 21, 2013

Heather Casper, Curator of Education, Minnesota Marine Art Museum
Phone interview, March 26, 2013

Debra Hegstrom, Senior Educator, Docent Program, Minneapolis Institute of Art
Phone interview, March 21, 2013

Jayna Hintz, Curator of Education, Leigh Yawkey Woodson Art Museum
Phone interview, March 15, 2013

Amy Horst, Deputy Director for Programming, John Michael Kohler Arts Center
Phone interview, March 11, 2013

Angela Johnson, Arts Coordinator, Madison Children's Museum
Phone interview, March 7, 2013

Dawn Koceja, Multigeneration Education Coordinator, The Milwaukee Public Museum
Phone interview, March 14, 2013

Cheryl Maraccini, Curator of Education, Racine Heritage Museum
Phone interview, March 19, 2013

Susan McFadden, Ph.D., Professor Emerita, Department of Psychology, University of Wisconsin, Oshkosh
Phone interview, March 19, 2013

Appendix B

Case Study Data Collection Sheet

PROFILE

Organization Name:

Primary Contact:

Primary Contact Title:

Program Name:

Partner Organizations:

Organization Type:

History & year founded:

Mission & Vision:

PARTNERSHIP & PROGRAM DOCUMENTS:
__Strategic Plan
Summary:

__Memorandum of Understanding with partner organizations
Summary:

__Evaluations of programs specifically serving individuals with AD
Summary:

__Planning meeting minutes & agendas
Summary:

__Consultant Contracts
Summary:

__Program publications, both print and online
Summary:

INDVIDUALS INTERVIEWED
Name & Title:
Date & method of interview:

Name & Title:
Date & method of interview:

Name & Title:
Date & method of interview:

SITE VISIT
Date & summary:

Appendix C

Interviews with Museum Professionals

1. Can you give me a brief description of your program and its goals?

2. Why did you choose visitors with Alzheimer's/Dementia as a target audience?

3. When you were creating the program, what did you identify as some limitations in your ability to meet the needs of this audience?

4. Did you, your staff, or your volunteers need specialized training and if so, how was it provided?

5. Did you partner with any other organizations to create or facilitate your program?
   (Yes, continue with questions 6-10; No, see alternate questions 11-14)

6. Who were the key players in starting this partnership?

7. How did your two organizations interface? Was a team created, and if so who were the team members?

8. What skill set each team member bring to the table?

9. Do you believe the partnership has been successful? If yes, what was vital to making the partnership work? If not what components were missing? Is there a joy you experienced from this partnership and program?

10. Should your process be duplicated with other museums and why? What advice would you give?

Alternate Questions

11. Why have you chosen not to partner with any other organizations?

12. What resources do you have at your institution that makes it possible to facilitate this program?

13. Could a partnership improve on your current program?

14. If you were to do something like this again, would you consider entering into a partnership with community based organization?

Interviews with health and social service professionals

1. Can you give me a brief description of your program and its goals?

2. How did you come to be in a partnership with a museum?

3. When you were creating the program, what did you identify as some limitations in the ability of museums to meet the needs of this audience?

4. Did museum staff and volunteers need specialized training and if so, how was it provided?

5. Who were the key players in starting this partnership?

6. How did your two organizations interface? Was a team created, and if so who were the team members?

7. What skill set each team member bring to the table?

8. Do you believe the partnership has been successful? If yes, what was vital to making the partnership work? If not what components were missing? Is there a joy you experienced from this partnership and program?

9. Should your process be duplicated with other museums and why? What advice would you give?