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“Health and Wellness in our Communities: The Impact of Museums”

Brooke DiGiovanni Evans, Heather Serrill Johnson,
and Carole Krucoff

Reader Guide by:

Heather Serrill Johnson and Carole Krucoff

With contributions by:

The MER Editorial Team

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“Health and Wellness in our Communities: The Impact of Museums”

by Brooke DiGiovanni Evans, Heather Serrill Johnson, and Carole Krucoff

Health statistics and an overburdened medical care system indicate clear needs for health and wellness programs. In response to these needs, and in recognition that viewing each person as a whole is central to improving health and wellness, many museums have been considering what roles they might play to address community health care issues. The following questions, and the resource list that follows, are intended to foster individual reflection on health care concerns, as well as dialogue on health and wellness programming among museum colleagues and with community partners.

Personal Reflections

1. How do you prioritize health and wellness in your life? Your family members' lives?
2. What health and wellness issues are of special interest to you?
3. In what ways have you or someone you care about been impacted by a disease or disability?

The Museum's Role

4. What role do you think museums should or could play in contributing to the health and wellness of people in your community?
5. What assets does your museum have that could contribute to community health and wellness? What might be your barriers?
6. What would be your goals for the service you'd be providing?

Partnership and Evaluation

7. What community partners might best inform and complement both your goals, your assets, and connections to specific audiences?
8. If you have created programs with other community partners previously, how was the collaboration successful? What were the challenges?
9. How might you and your partners measure the impact of your program from an educational, therapeutic, behavioral, or personal/professional growth perspective?

(continued)

Resources

While not focusing directly on health and wellness concerns, the resources listed here provide possible models for creating effective museum education programs. The first two present ways for museums to go beyond “top down” approaches in choosing collaborators to include voices of those most affected but not often consulted in programmatic decision-making. The last two offer various tools for program planning, the first focusing specifically on internal resources and the second on effective collaboration.

1. “Meditations on Relevance, Part 3: Who Decides What’s Relevant?” Museum 2.0 blog post by Nina Simon, Santa Cruz Museum of Art and History, August 19, 2015.
museumtwo.blogspot.com/2015/08/meditations-on-relevance-part-3-who.html
2. “Engaging with Homeless Adults,” The Inluseum blog post by Rose Paquet Kinsley, May 4, 2016.
inluseum.com/2016/05/04/engaging-with-homeless-adults
3. Program planning resources adapted from workshop led by Elisabeth Nevins at the 2011 New England Museum Association (NEMA) annual conference.
museumeducation.info/wp-content/uploads/2016/06/assets.survey.pdf
4. “Collaboration Cheat Sheet” developed by Margaret Middleton and Alice Vogler for the Healthy Collaboration session at the 2014 NEMA conference.
museumeducation.info/wp-content/uploads/2016/06/collaboration_worksheet.pdf

FROM THE GUEST EDITORS

Health and Wellness in our Communities: The Impact of Museums

Brooke DiGiovanni Evans, Heather Serrill Johnson and Carole Krucoff

As we move into the twenty-first century, research studies continue to cite and support the importance of looking at each person as a whole as a means of improving health and well-being.¹ With health and wellness increasingly seen as social issues, not just medical ones, the door opens for museums to play a role in enhancing the health of their visitors, staff, and the communities they serve. This health impact has been stressed by such scholars as Lois Silverman. She states in her book, *The Social Work of Museums*, that “museums contribute to the self’s pursuit of health in ... major ways,” such as relaxation, introspection, promoting positive feelings, and raising public awareness on health related issues.² But are museums an appropriate venue in which to conduct health programs, and if so, can museums effectively take on this social role, weave it into their missions and visions seamlessly, and ultimately show successful outcomes? The case studies in this issue address these questions, with special emphasis on the impact of health and wellness programs for both the museums and the audiences they serve.

Many museums have been experimenting with how to address healthcare issues. In 2013 the American Alliance of Museums (AAM) assembled a report to “showcase some of the important ways that museums are contributing to health care.”³ The report highlights museums in all 50 states focusing on 10 different health care issues including Alzheimer’s disease, medical training, mental health, visual impairment, and nutrition among others. For its 2014 conference, “Picture of Health: Museums, Wellness, and Healthy Communities,” the New England Museum Association conducted a similar survey of museums in its region. Eighty-four museums responded, and most offered “some sort of health and wellness programming,” but only one-fourth of these planned to expand current programs or develop new ones any time soon.⁴ Barriers mentioned included finding the staff and skills needed, securing funding, and managing schedules and logistics (See note 4).

Health statistics and the overburdened medical care system suggest that there is a clear need for health and wellness programs. As reported by the Center for Disease Control, Alzheimer’s and diabetes are the sixth and seventh leading cause of death in the U.S.A. Eighteen percent of children ages 6–19 are obese.⁵ Of those who have served in the most recent wars, the Veteran’s Administration projects that about 11–20% of veterans suffer from post-traumatic stress,⁶ and the veteran population is large: currently over 21 million.⁷ The problems that these statistics reveal speak to some of the health care concerns that museum programs are addressing and are described and analyzed in this issue of the *Journal of Museum Education (JME)*.

A distinguishing feature of projects described in the case studies in this issue is that they have all undergone evaluation studies to assess their impact on community health. Until recently, only a few health and wellness programs have undergone extensive evaluation on their efficacy, and most have often had only anecdotal support or have been evaluated through attendance figures, surveys, or informal feedback.⁸ The qualitative and quantitative evaluation of the programs described in these articles demonstrate that museums can contribute to the health and wellness of participants, as well as how such programs enable museums to reach a more diverse population and deepen their relationships with their communities. Such evaluation results validate and support the role of health programs in the museum setting.

While the health projects discussed in this journal take place in large, urban institutions, they focus on concerns that affect communities large and small. These projects provide models of collaboration with partners that reside in all communities, including parents and educators, social service agencies and health care professionals. The varied types of evaluations conducted at each museum, from observation by museum staff to quantitative analysis by third-party evaluators, provide a diverse look at how evaluation can effectively inform and provide direction to any institution, regardless of size and resources.

The first two articles in this issue of JME examine how museums can promote wellness through various approaches to health education.

In 2008, Children's Museum of Manhattan collaborated with the National Institutes of Health on a long-term project to address the mounting concerns about childhood obesity. The museum offered multiple comprehensive programs and each were evaluated annually by third-party professionals. In this article, Executive Director Andy Ackerman argues that museums can affect significant positive behavioral and attitudinal changes among the public when the time is taken to develop community trust, and when the latest research is incorporated into an arts and literacy-based curriculum.

The Museum of Science and Industry in Chicago, Illinois created the MedLab program in 2011 to encourage middle and high school students to make better personal health choices and pursue science and health education careers, fields that currently lack qualified employees. MedLab created an authentic experience for students using human patient simulators as medical schools do, as well as evidence-based best practices and Next Generation Science Standards. The immersive nature of the simulation experience supported by key standards demonstrated a creative way to engage youth, and initial evaluation results indicate success.

The next two articles address the therapeutic potential of museum programming in collaboration with social service professionals.

In 2009, The Art Institute of Chicago and CJE SeniorLife, a non-profit eldercare provider and service organization, joined together to create Art in the Moment, an arts-based, therapeutic and wellness program for older adults living with Alzheimer's disease and related dementias and their care partners. Professional evaluation of this on-going program showed that the combined strengths and resources of the partner organizations have led to a variety of significant outcomes. These include positive changes in caregiver/care recipient interaction and demonstrated increase in socialization and personal validation for a traditionally marginalized and growing segment of the population.

In 2014, the Horticultural Therapy Department of the Chicago Botanic Garden piloted a program that leveraged nature's stress reduction qualities to complement a program for veterans in treatment for post-traumatic stress. Offered in collaboration with Thresholds, one of Chicago's largest and most respected mental health care providers, the joint venture described in this article generated an overwhelmingly positive response and offers a model for ways museums and human service agencies can work together to successfully meet health and wellness needs.

The last two articles examine the impact museums can have on skill building, attitude change, and self-care for health professionals.

The Museum of Fine Arts, Boston and the Harvard Combined Dermatology Residency Program implemented a new four session workshop for dermatology residents in 2014. This workshop used a Visual Thinking Strategies-based curriculum, with a focus on visual elements in artwork, linking museum exercises with visual diagnosis in clinical practice. Through pre and post evaluations discussed in this article, residents demonstrated improvement in observation skills as well as overall satisfaction with the course after completion of the workshop.

Since 1997, first year medical residents at Brigham and Women's Hospital (BWH) have participated in the Humanistic Curriculum which encompasses monthly facilitated discussions on the challenges of working in medicine. Starting in 2010, BWH partnered with the Museum of Fine Arts, Boston to hold one of those monthly sessions in the museum's galleries using art as an entry point into a variety of discussions related to their clinical practice. This article shares first person perspectives from medical professionals as well as museum staff, reflecting on the personal and professional impact this program has had on them.

The articles in this guest-edited section of *JME* encompass a range of program ideas, partnerships and evaluation techniques. Some have developed over many years and others are more recent. Museums are places of entertainment and learning, but as these programs show, museums have the capacity to fill another role in society. The 2013 AAM report demonstrates how widespread these types of programs are in the U.S.A. In this *JME* issue the case studies show, through evaluation tools ranging from in-depth studies to personal reflections, how these programs have demonstrated a positive and self-affirming impact on participants. We hope that this collection of articles will inspire colleagues to contemplate the roles their museums can take to promote health and wellness, and the various ways such service to the community can make a difference.

In that light we would like to conclude with a memorable quote in the *Lancet* from Dr. Joseph Liao, a BWH resident who participated in a medical workshop at the Museum of Fine Arts, Boston. His group discussed a serenely peaceful image on an ancient sarcophagus, and the doctor was reminded of the recent death of a patient named Ms. Henderson, who he described as "unflappably steady and warm" though in great pain and no longer able to eat or drink. As his patient began to fail she had asked Dr. Liao if she just might have a cup of coffee. For medical reasons he had to refuse, and he soon learned she had passed away in her room, alone.

Dr. Liao wrote:

I stuck around after the museum tour, found a seat on the outer steps of the museum ... and my thoughts drifted back to Ms. Henderson. ... her request, her eyes searching mine for

something far more substantial than coffee ... I realized how invaluable experiences like the museum trip can be for new physicians ... they can remind us of formative experiences with patients, deepening their impact and strengthening our commitment to values and practices. In these ways, these experiences promote more than reflection and learning. They encourage us to be gradually transformed by our work, and be better prepared to care for the sick and suffering.⁹

Notes

1. Kluger, "Get Your Head in the Game."
2. Silverman, *The Social Work of Museums*, 43–48.
3. "Museums on Call: How Museums are Addressing Health Issues."
4. "Museums, Health and Wellness: A Survey of New England Museums."
5. "CDC Fast Stats."
6. "PTSD: National Center for PTSD."
7. "Department of Veteran's Affairs Statistics at a Glance."
8. "New York University Evaluation of Meet Me at MOMA."
9. Liao, "The Art of Medicine, Eulogy."

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No potential conflict of interest was reported by the authors.

About the authors

Brooke DiGiovanni Evans has been working in museums for fifteen years and is the Head of Gallery Learning at the Museum of Fine Arts, Boston. Over the past six years, Brooke has been focused on developing and teaching programs for medical professionals. These programs range from building observation and visual literacy skills to facilitating conversations about the challenges doctors and nurses face in their daily work. She holds a graduate certificate in Museum Studies and Ed.M, both from Harvard University. Brooke currently serves as Board President for the Museum Education Roundtable.

Heather Serrill Johnson is Executive Director with Explore! Children's Museum of Washington, D. C. and has twenty-five years of experience in the museum and education fields. With a MS in Education, she has focused on educational programs and visitor experience at museums including the Boston Children's Museum, Indianapolis Children's Museum and Children's Museum of Richmond. While at the Association of Children's Museums, she worked with children's museums to reimagine the field and discovered the incredible programs children's museums were conducting to improve the health and well-being of families.

Carole Krucoff formerly served as Head of Public Education at the University of Chicago's Oriental Institute. Prior positions included Education Director at Naper Settlement, a living history museum near Chicago, and Associate Educator at the Chicago History Museum. She received the Association of Midwest Museums Distinguished Career Award in 2012. Now retired from the university, Carole is a museum education consultant with special interests in health and wellness programming. She is also a docent at the Art Institute of Chicago and a member of the Museum Education Department's Diversity Committee.

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