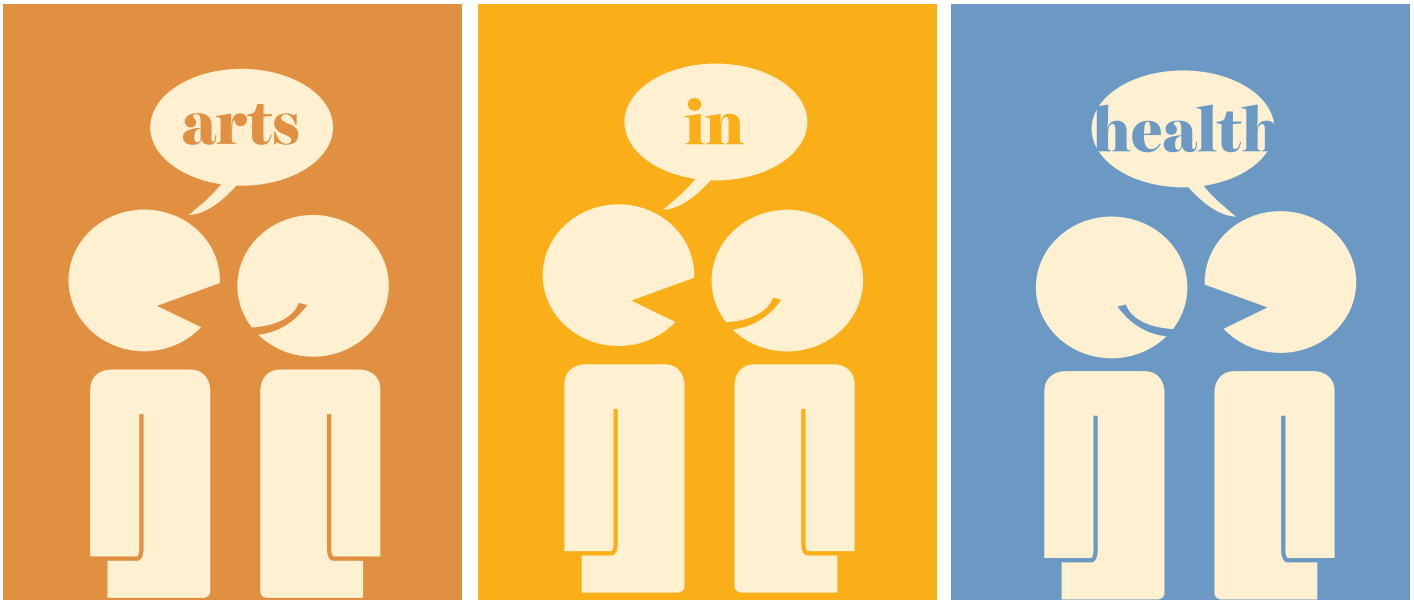
Talking about Arts in Health:



A white paper addressing the language used to describe the discipline from a higher education perspective

Center for ARTS IN MEDICINE
UNIVERSITY OF FLORIDA / COLLEGE OF THE ARTS

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Executive Summary

Center for ARTS IN MEDICINE
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Talking About Arts in Health: A white paper addressing the language used to describe the discipline from a higher education perspective

Issue statement

While there is tremendous growth in practices and programs that use the arts in support of health worldwide, there are significant inconsistencies in terminology used to reference the discipline. These inconsistencies are challenging for professionals within and outside of the field, and particularly so for educators. Inconsistent terminology makes it difficult for practitioners, educators, funders, policy-makers, service users, and the general public to define and reference the discipline, and decades into its formal development, continues to impede progress. Clear, consistent, and descriptive language is a critical aspect of professional conduct, as boundaries are established in equal parts through ethical practice and clear terminology. Since 2009, this issue has been noted in publications from professionals around the world, yet the problem has persisted to date (Stickley et al, 2016; Dileo & Bradt, 2009; Raw, Lewis, Russell, & Macnaughton, 2012; Sonke, 2015; Sonke, Rollins, Brandman, & Graham-Pole, 2009; Sonke, Rollins, & Graham-Pole, 2016).

The Educators Roundtable Initiative:

In October of 2016, the University of Florida Center for Arts in Medicine, with support from the Pabst Charitable Foundation for the Arts and the Atlantic Center for the Arts, convened a five-day roundtable of educators from universities in the United States and the United Kingdom. While the roundtable was focused on education in the United States, participation from individuals in the United Kingdom provided useful broader input. The roundtable focused on addressing language used to describe the discipline within the purview of education, rather than the field, which would be the purview of a professional field association. The roundtable was intended to examine the use of terminology and make a recommendation with the intent to unify language within and across educational programs.

In preparation for the roundtable, a seven-question survey was developed to query educators and professionals regarding language preferences for referencing the discipline. Responses from 452 respondents from 14 countries were analyzed and presented to roundtable participants. Participants included ten university educators, one organization/foundation leader, and one research associate. Nine gathered in Gainesville, Florida, and three participated via Skype. Subsequent to drafting, 5 educators representing the U.S., the U.K., and Ireland were given the opportunity to review the white paper. See Appendix A for a complete list of participants.

Recommendations

Based on review of the field survey, field texts and literature, and educational curricula; examination of grammar, syntax, semantics and of scope of practices; and extensive dialogue among the educators gathered, the term "arts in health" was identified as the term that, for educational purposes, best describes the discipline. The sub-disciplines of "arts in healthcare" and "arts in community health" were also identified to reference the distinct sub-domains of practice in healthcare and community settings, respectively.

In the United States, the movement to incorporate the arts into healthcare is largely recognized as beginning in the 1970s. Formalized developments in applications of the arts to promote health and well-being rapidly grew into a movement recognized as effective in both clinical and community settings (State of the Field Committee, 2009). This movement was driven by recognition of the increased stress inherent to complex healthcare systems, and the need for diverse and innovative ways to respond to this stress. These practices have been recognized as enhancing the culture of care in health institutions and communities at large, while simultaneously advancing the need for focused education and professionalism of those practicing in this discipline (Moss & O'Neill, 2009).

Talking about Arts in Health:

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Background

Development of a Field and a Discipline

Arts in health, as a discipline, emerged from a field that developed across the last three decades of the 20th century. The term "field," defined as "a sphere of activity, interest, etc., especially within a particular business or profession" ("Field," n.d.), has long been used in publications to describe arts in health (Clift & Camic, 2016; Parkinson & White, 2013; Raw et al., 2012; Lambert, 2015; Sonke, 2015; Sonke et al., 2009; State of the Field Committee, 2009). A discipline, on the other hand, is an organized body of knowledge, generally consisting of theory, practice and research that is taught and researched at institutions of higher learning (Abbott, 2001; Oleson & Voss, 1979; Saks, 2012). Arts in health has clearly established itself as a discipline since the mid-1990's with the development of academic centers and degree programs, a growing body of research, and dedicated field journals, including *Arts & Health: An International Journal of Research, Policy and Practice and the Journal of Applied Arts and Health*.

Use of Language in the Field

A brief look at the work of some of the framers of the field provides insight into the efforts made to name it along the way. Although the arts have been used in healthcare and community settings for centuries, a formal effort to define and name the arts in health field in the United States began with a small group of individuals involved with hospital-based arts programming who established the Society of Healthcare Arts Administrators in 1989. The name was later shortened to the Society for Arts in Healthcare. One of the founders, Janice Palmer, described the hospital arts movement at the time as "still experimental" (Palmer & Nash, 1991). Indeed, the names of the programs that developed in the United States between the 1970's and early 1990's reflect a breadth of chosen language: Project Art (University of Iowa), Arts in Medicine (University of Florida Health Shands Hospital), Gifts of Arts (University of Michigan Health System), Healing Arts Program (Hasbro Children's Hospital), Hospital Audiences International, and the Cultural Services Program.

By 2012, the Society for Arts in Healthcare recognized the growing number of artists and arts organizations engaging the arts to promote health and well-being in community settings, in addition to hospital settings. Reflecting this broadening scope of practice, as well as the influence of language used in United Kingdom and European models at the time, "Arts & Health" was inserted into the new name, Global Alliance for Arts & Health. The term "Arts & Health" was retained two years later when the organization decided to simplify its name to Arts & Health Alliance. The Alliance dissolved in 2014. In 2015, recognizing the need for a governing organization, the National Organization for Arts in Health (NOAH) was established. The board chose the term "arts in health" to delineate the field.

Other professional organizations, such as the International Arts-Medicine Association (IAMA), were active in the early 1990's in attempting to provide a forum for interdisciplinary, international communication between arts and health professions (Lippin, 1991).

As early as 1993, academics were questioning and expressing concern about confusing terminology used to describe the field. For example, Bernie Warren, in the second edition of his book, Using the Creative Arts in Therapy (1993), challenged his editors regarding their choice of the word "therapy" in the book's title (Warren, 2008). He put his disagreement into the book's introduction, taking issue with the practice of calling any artistic experience or exploration "therapy" simply because the participants have a disability or health condition. Reflecting some progress, the third edition of his book was published in 2008 under the new title Using the Creative Arts in Therapy and Healthcare. This instance highlights a common lack of differentiation between the creative arts therapies and arts in health.

Review of the literature indicates that terms such as "arts in healthcare," "arts in medicine," and "arts and health" have most commonly been used to describe the field and the discipline across its development. "Arts in medicine" and "arts in healthcare" have often been used synonymously; but, as the field expanded in the United States to include more community based practices, these terms became limiting. As a result, the term "arts and health" has been used more often in recent years, and has also been used as an umbrella term to reference use of the arts in a health context, including the creative arts therapies and arts in health (Moss, 2016). In the UK, the term "arts, health and well-being" has gained favor in recent years. Inconsistency and confusion in terminology may be attributed to the rapid and organic evolution of the field.

arts in healthcare

Education in Arts in Health

Language Issues Facing Educators

Educators face a significant, though surmountable, challenge and opportunity in describing the disciplinary link between health and the arts in a manner that both acknowledges the history of the field and assists to map its future course. An educator's task in arts in health is to present theory, knowledge, and skills as relates to scope of practice and professional standards. This is challenging when the discipline has not achieved a unified taxonomy. Within this task, educators are bound by ethical considerations to address issues such as professional identity, skills, patient safety, and knowledge in preparation for employability.

Overview of Higher Education Programs

The development of accredited academic programs of study over the past three decades throughout the world has established arts in health as an academic discipline (Sonke, 2015). A rapidly growing body of literature supports the discipline, and together, education and research define the discipline and its scope of practice.

As of late 2016, graduate degree programs in arts in health (using various terminologies) are offered at nine accredited universities in the United States, the United Kingdom, and Chile. Numerous other universities, particularly in the UK, regularly or intermittently offer PhD's either under specific requests for proposals or through interdisciplinary degree structures. At least nine accredited universities offer graduate certificates or the equivalent in the United States, the United Kingdom, Australia, and Ireland; and at least six universities offer undergraduate minors or certificates in the United States. Numerous universities also offer individual or multiple courses outside of degree or certificate programs. While a few of these programs have been operational for 20 years or more, the majority have been put into place in the past decade, reflecting the significant growth in the field in recent years. See Appendix B for a list of these programs.

Degree Programs in the United States

The following programs are currently the only degree major or minor programs at accredited universities in the United States. As noted in Appendix B, there are numerous certificates and courses offered at both the undergraduate and graduate levels. The programs noted below provide examples of the focus of educational programs in the United States.

Columbia College Chicago. Columbia College Chicago offers an undergraduate Arts in Healthcare Minor. The minor is an 18-credit residential program offered to students enrolled in a major program in Art & Art History, Design, Photography, Theatre, Music, Dance, Cinema Art + Science, or Creative Writing. The minor provides educational training for artists seeking to harness the value of the arts in healthcare and community

health contexts. There is strong emphasis within the program on preparing students for graduate education in the creative arts therapies, and 70% of students in the minor go on to graduate education in the creative arts therapies.

University of Oregon. The University of Oregon's Arts and Administration Program offers a Master of Arts (MA) or Master of Sciences (MS) degree in Arts Management with a concentration in Arts in Healthcare Management. The 64-credit residential program prepares individuals for leadership positions in developing arts programs affiliated with hospitals, nursing homes, senior centers, and hospice facilities. This graduate concentration addresses policy and administration of efforts that focus on how arts in healthcare contribute to quality of life, patient healing and wellness, and community health and well-being.

University of Florida. The University of Florida's Center for Arts in Medicine offers an online Master of Arts (MA) in Arts in Medicine. The 35-credit curriculum engages students in the practical skills and advanced knowledge necessary to safely and effectively apply the arts in healthcare and community health contexts. The Center also offers two online graduate certificates, the Graduate Certificate in Arts in Medicine and the Graduate Certificate in Arts in Public Health. The 12-credit programs prepare students to integrate the arts and health within careers and programs in healthcare and public health, respectively. Three residential certificates are offered for undergraduate students in Arts in Medicine (12 credits), Dance in Medicine (14 credits) and Music in Medicine (12 credits).

Defining Scope of Practice in Education

Although standards and ethics of practice for the discipline of arts in health have been in development for at least five years, they have yet to be adopted or ratified by a professional organization (Sonke, 2015). Academic degree programs have filled this gap by developing relatively consistent guidelines around scope of practice and emphasizing the importance of these guidelines in their educational programs. This scope of practice is both distinct from and complementary to that of clinical and allied health professions. Within education, particular emphasis is placed on the important distinctions between arts in health, the creative arts therapies, and expressive arts therapy.

The focus of arts in health is on participation and facilitation of the arts and creative experiences. The arts provide a means of distraction and enjoyment, a sense of meaningful connection with others, and a way for participants to share who they are as a whole person rather than one who is defined by diagnosis, age, or disability. This is distinct from the work of therapists who establish and work toward specific clinical and therapeutic goals. Although artists may be called upon to work with a clinical provider, they do not themselves set or work toward treatment goals. While acknowledging the many connections, collaborations and alignments of these disciplines, it is recognized that differentiating clinical and non-clinical disciplines within education is critical to ethical practice and patient safety.

Ethical Issues in Educating an Arts in Health Workforce

Educators in arts in health, as in all arts disciplines, have an ethical responsibility toward preparing students for employment in their disciplines. In 21st century education, providing students with skill development that prepares them to adapt in evolving markets takes precedence over preparing students for linear career tracks.

The skill sets must be clearly defined and yet fluid in their application. This is particularly relevant for arts in health educators because the arts in health job market has not yet evolved as an Occupational Information Network (O'Net) category, as defined by the U.S. Department of Labor. State and national market categorization codes, such as O'Net and the U.S. Department of Education's National Center for Education Statistics CIP codes for degree designation, are necessary for funding and curricular decision making. To date, the only arts in health degree program in the U.S. with a full major in arts in medicine, at the University of Florida, falls under the Florida State CIP Code 50.0799, "Fine Arts and Arts Studies, Other." This gap in terminology highlights the necessity for entrepreneurial skill development within academic programs to prepare students entering an emerging professional job market.

Published and unpublished field surveys suggest that many of the artists working in healthcare institutions do so as contracted employees (State of the Field Committee, 2009). A 2016 survey of 51 arts in health programs in the state of Florida indicated an average pay rate of $33 per hour for artists in these programs in Florida (Sonke, in process). An unpublished national survey conducted in 2010 by an outside consultant of the Society for the Arts in Healthcare indicated that, among 220 arts in healthcare professionals, the median hourly pay rate was $31-40/hour for both artists and administrators (Society for the Arts in Healthcare, 2010, unpublished manuscript). Administrators and artists may also be hired part-time, full-time, and in consultancies and residencies. In spite of this data, the question that remains in arts in health education, as in any discipline, if students will achieve a return on their educational investment. Balancing the scale between educational programs and professional opportunities is crucial as colleges and universities evaluate income potential for student consumers. To date, 80% of graduates of the University of Florida's MA in Arts in Medicine degree program have achieved employment in the field within six months of graduation, which is promising in this regard.

Arts programs in healthcare settings are positioned in a wide range of internal organizational locations within large healthcare institutions, resulting in great variety among the professional titles of arts in health program directors. A survey conducted in 2011 identified that categories of arts in health staffing include various administrative positions (program director, coordinator, office management, communications, development), and artists (paid and volunteer) (Dewey as cited in Sonke, 2015, p. 43). Paid and volunteer artists have various titles such as artist in residence, artist in healthcare, and teaching artist, to name a few. This provides a continuous challenge for educators assisting students in the development of their professional identity.

Arts in Health Education in Context

Recognizing that numerous disciplines use the arts in the interest of health, roundtable participants explored the confluence of healthcare and arts disciplines, specifically, in order to better understand language choices. The discipline of arts in health draws from both the healthcare and arts disciplines to form a distinct discipline. On one end of this continuum is the arts, which in their purest sense are concerned with aesthetics, but may not necessarily be concerned with arts facilitation. On the other end of the continuum is healthcare, which in its purest sense is concerned with assessing and treating patients, but may be less concerned with creativity, enjoyment and beauty.

Arts in health brings the two interests into one frame with practices that focus on arts facilitation, recognizing the value of creativity and aesthetic experience for patients, families, healthcare providers and visitors. Within this frame, artists and

arts in community health

health professionals with skills and experience in the arts bring knowledge and understanding of the arts to their work. Arts in health educators teach the skills and knowledge necessary to ensure patient safety, confidentiality, safe navigation of healthcare and community health environments. They also address the capacity to adapt arts experiences to the interests, skill and developmental level of participants.

Arts in health practices may include over-arching or collective goals that are supported by program evaluation and research. These goals relate to the overall benefits of arts participation, and are not interventions based on the assessment of an individual participant. This contrasts with the purview of disciplines such as creative arts therapies or rehabilitation medicine, which integrate the arts into the context of clinical practices (Broderick, 2011). Clinicians' choices are guided by knowledge of arts interventions specific to related health conditions. Additionally, there are times when a clinician, such as a creative arts therapist, may choose to collaborate with or refer to an artist working in healthcare, in order to provide procedural support.

2016 University of Florida Language Survey

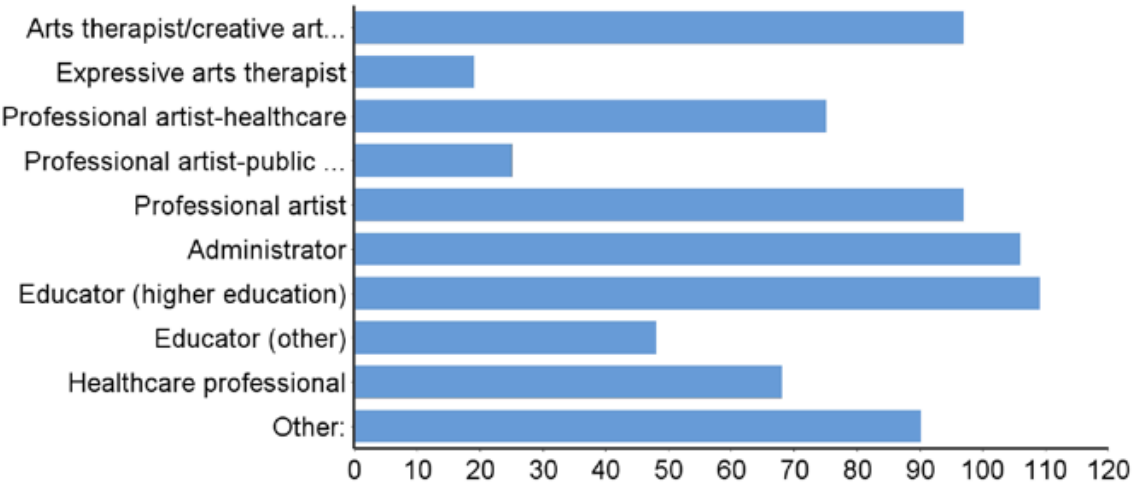
The UF Center for Arts in Medicine queried arts in health educators and professionals, as well as creative arts therapies educators and professionals, around the world regarding language preferences for referencing the discipline of arts in health. As the two disciplines are often confused, input from both disciplines was deemed important. The primary function of the survey was to inform the roundtable discussion.

Survey Methods

A seven-question survey was administered via email from August 18 to September 9, 2016. Approval of the survey as exempt from review was granted by the University of Florida Institutional Review Board (IRB). The survey included four multiple-choice questions, one yes/no question, and two open-ended responses. A snowballing approach was used to garner participation in the survey, with an initial e-mail invitation sent to a list of 1,269 individuals associated in some way with arts in health programming. These individuals were encouraged to share the survey link with others. Out of 526 initial responses, 452 were deemed sufficiently completed (at least 50% of questions answered), and were included in the analysis. This response data was cleaned and analyzed using Qualtrics, an online surveying interface utilized by the University of Florida. A thematic analysis of open-ended responses was conducted by a team of 16 research assistants using manual coding methods.

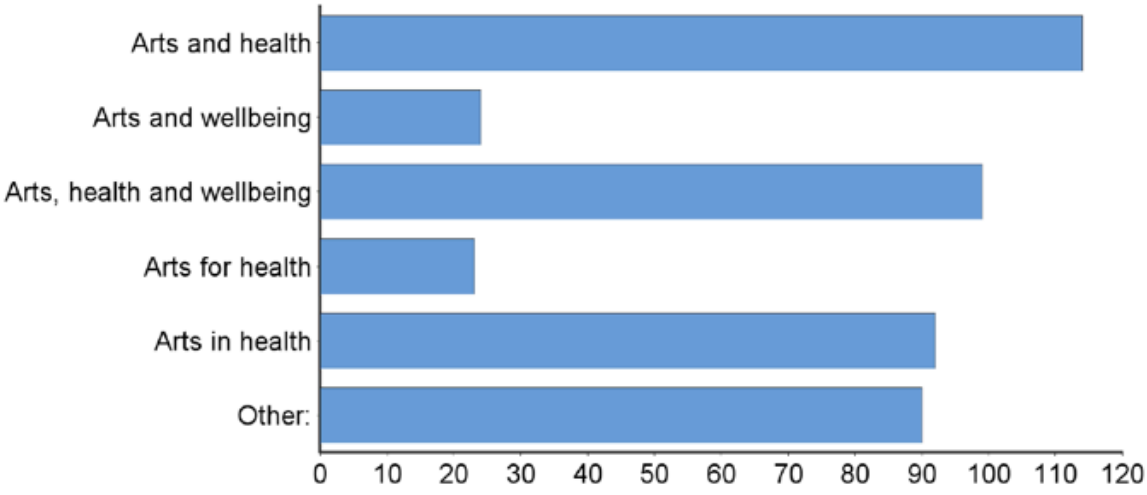
Survey Results

Your Profession (you may check more than one, if applicable)



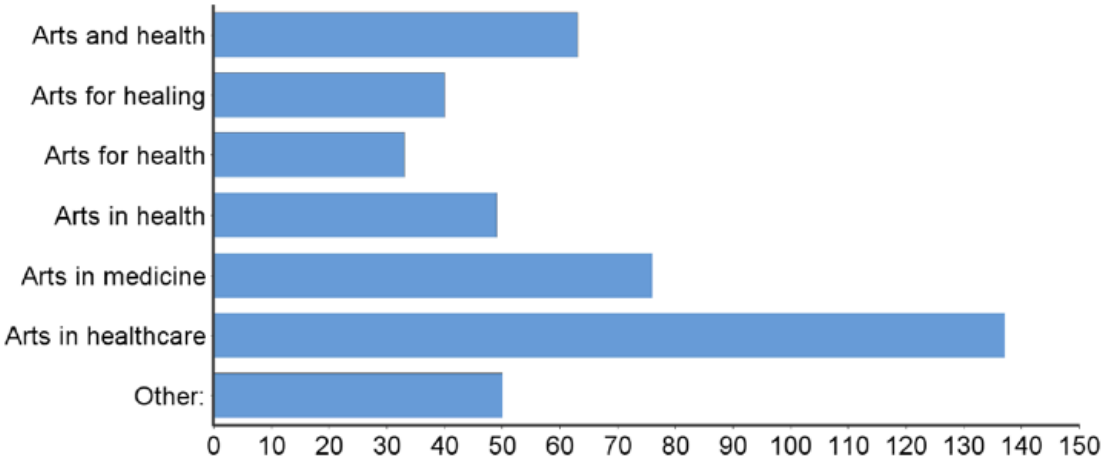
When asked, "What language do you prefer for referencing the overarching field, inclusive of both professional artists and arts therapists/creative arts therapists using the arts in a health context?" the greatest number of respondents chose "arts and health" (25.79%). The choices "arts, health and well-being" (22.40%) and "arts in health" (20.81%) were also significantly represented.

What language do you prefer for referencing the overarching field, inclusive of both professional artists and arts therapists/creative arts therapists using the arts in a health context?



When asked, "What language do you prefer for referencing the use of the arts by professional artists (not creative arts therapists) in healthcare settings?" the greatest number of respondents chose "arts in healthcare" (30.58%). The second and third most preferred choices were "arts in medicine" (16.96%) and "arts and health" (14.06%). The roundtable participants recognized that the use of the phrase "healthcare settings" in the question may have influenced these results.

What language do you prefer for referencing the use of the arts by professional artists (not creative arts therapists) in healthcare settings?



When asked, "Do you think a separate discipline, or sub discipline, should be defined to encompass the use of the arts in community settings and/or in public health programs?" 54% of respondents said "yes" and 46% of respondents said "no." A follow up question for those who said yes asked, "What would you call this discipline?" The most popular response was, "arts in public health" (22.4%), followed by "arts and community health" (16.8%).

The last two questions of the survey served as an opportunity for respondents to provide a rationale for the response that they chose and any additional comments. A majority of respondents indicated that they chose their preferred term because it was the most inclusive out of the provided phrases. Inclusiveness referred most often to the terms "health" and "healthcare" being more inclusive of health disciplines than "medicine." A notable number of respondents (n=11) indicated their aversion to an umbrella term to encompass the creative and expressive arts therapies and arts in health disciplines, citing the significant difference in qualifications and licensing/certification as a primary reason. The most prevalent general comment made was appreciation for the survey initiative and the importance of starting a discussion about language in the field. For a full report of the survey data, please **click here.**

Recommendations

Educators who participated in the roundtable identified one overarching term and two categories, or sub-disciplines, that capture arts practices and programming in both healthcare and community health contexts. Based on the field survey, review of field texts and literature, educational curricula, examination of grammar,syntax, and semantics among the educators gathered, the term "arts in health" was identified as the term that, for educational purposes, best describes the discipline. The sub-disciplines of "arts in healthcare" and "arts in community health" were identified to reference the distinct sub-domains of practice in healthcare and community settings.

These recommendations are in keeping with those made by Dileo and Bradt (2009), and align also with language chosen by the newly formed professional field association in the United States, the National Organization for Arts in Health (NOAH). The roundtable participants offer these recommendations for their own educational programs and for educators nationwide. It is recognized that there will continue to be numerous and varied terms used as program titles in the field, and that this variation accurately represents the broad range of unique practices and programs. Streamlining of language used to reference the discipline within education, however, will undoubtedly help to clarify, define, and advance the discipline and the field.

Rationales

The highest priority of the roundtable educators was to identify language that would best represent and clarify appropriate scope of practice for all discipline stakeholders, including students, educators, artists, healthcare and public health systems and service users. Roundtable participants considered a wide array of information, including

the survey data, field texts and publications, educational curricula, grammar, syntax and semantics, and scope of practices. In depth discussion of the terms commonly used in relation to the discipline helped to objectively eliminate numerous terms and support consideration of others.

Grammar and syntax

The use of prepositions and conjunctions is a significant contributor to inconsistencies in language describing the discipline. Review of field literature reveals widespread use of the conjunctions "in" and "and" for connecting the arts and health concepts in program names, as well as in common references to the discipline or field. Fortunately, there are objective considerations that can guide appropriate conjunction use.

In brief, the term "in" signifies context, whereas "for" indicates instrumental use of the practice. "And" is altogether problematic because it signals the teaching of both disciplines independently of one another and in full, which is not an accurate representation of most academic programs in the US. The use of "for" in "arts for health" places emphasis on art being a cause for health. The term "in" is used to indicate position. Using the term "arts in health" provides strength as an academic discipline and places art within a health context.

Semantics

Roundtable participants agreed that the use of clear and descriptive language that communicates meaning as accurately as possible is a critical aspect of ethical and professional conduct. Professional boundaries are established in equal parts through ethical practice and the terminology used to describe the practice. In keeping with this perspective, roundtable participants examined the terms that are commonly used to describe arts in health practices and, most importantly, the discipline itself. The implications of the use of myriad terms were explored.

The term "health" is being recommended in this publication as the broadest appropriate term to describe what the arts seek to address, or affiliate with, in the discipline. Health, as defined by the World Health Organization (WHO) is "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" (WHO, 1948). At the root of the word "health" is the concept of wholeness. Individuals practicing in the discipline of arts in health may use the arts to promote health and well-being broadly, or with a more specific aim, such as to promote healthy behavior or to enhance a sense of well-being despite health status.

Terms such as "healing" and "therapy" have consistently been applied to this discipline as well. These terms are problematic in that they imply that an artist may be working beyond appropriate scope of practice, hence violating professional boundaries. Therapy is defined as "the treatment of a physical or mental illness" with a therapist being "a person trained in methods of treating illnesses" ("Therapy," n.d.a.). The Oxford Dictionary states that therapy is "treatment intended to relieve or heal a disorder" ("Therapy," n.d.b.). Arts in health professionals are not trained to assess or treat a health condition—physical, cognitive, emotional, or spiritual—or to change health behaviors. Similarly, the term "clinician" implies a level of training and clinical practice beyond the scope of an artist working in health.

"Healing," as defined by the Merriam-Webster dictionary, means "to become healthy or well again," which is an intent beyond the scope of artists working in clinical or community health ("Healing," n.d.). Due to this definition, the term "healer," "healing arts," "healing artist," and "arts in healing" may not accurately describe the intent, knowledge, skills, or scope of practice of an artist working in a health context.

Even the term "therapeutic" is problematic in that the word is defined as "of or relating to the treatment of disease or disorders by remedial agents or methods" ("Therapeutic," n.d.). "Therapeutic" potentially implies a diagnostic, evaluative, or treatment skill set that is beyond the scope of practice of an artist working in a health context.

When describing what artists in healthcare or community health do, terms such as "assessment" or "intervention" imply clinical practice or treatment goals that are generally not characteristic of well-boundaried professional practice.

Terms to describe the context within which arts in health practices occur often include "healthcare" and "medicine." As noted in the survey findings, for many people, medicine implies doctoring, treatment, and prescriptions to manage or alleviate both symptoms and/or illness. Hence, the term "medicine" may not be preferable over "health" or "healthcare." "Public health," like "medicine," indicates a distinct academic discipline and may or may not serve outside of describing practices taking place in a very specific context. "Community health" can capture health practices taking place outside of the hospital or clinical setting, is inclusive of public health settings, and other community sites.

Compared to health terms, there is relatively little variation in arts terms used. Terms such as "arts" and "creative arts" are linked to health terms to make descriptors such as "arts and health", "arts in healthcare" and "arts in medicine". Terms such as "humanities" and "culture" can be used to indicate a broader spectrum of practices, philosophies, and disciplines such as art history, music history, ethics, philosophy, law, the classics, and museum education, for example. Commonly, the term "medical humanities" describes the application of the arts and humanities in service to medical education and practice.

Inclusion of sub-disciplines

In addition to exploring the technical and semantic implications of various terminologies, roundtable participants also explored common perceptions of their use by members of the field, their use in the context of their respective disciplines, and in some cases, their etymologies. As noted, participants recommend "arts in health" as the most appropriate term for representing the discipline within education in the United States, and also suggest the use of the two sub-discipline titles to differentiate healthcare and community based programs. In keeping with the survey findings, roundtable participants recognized "arts in healthcare" as an appropriate term for the domain of arts in health that focuses on clinical settings. However, it was recognized that this term does not adequately reflect the work of artists in community health settings. Thus, the term "arts in community health" was chosen to best reflect the breadth of practices that occur within community settings. Further, the term is not tied to one specific academic discipline, such as public health.

Further Consideration

Members of the Educators Roundtable identified, and survey results revealed, several important issues for further consideration. Roundtable members agreed that resolving these issues would require representation and input from additional disciplines that were not represented at the roundtable.

Clarification is needed regarding the title used for artists in the arts in health discipline. As discussed earlier, a variety of terms (e.g., artist in healthcare, arts in health professional, teaching artist, arts in health practitioner) have been proposed. Certain words, such as "practitioner," have surfaced as potentially problematic. Although artists are practitioners within the structure of healthcare organizations, this word is traditionally connoted with clinicians. Discussion among a multidisciplinary gathering representing both healthcare and the arts is a proposed path to reducing ambiguity.

Roundtable members identified a need for further development of shared objectives and scope of practice with practitioners and clinicians in allied fields that employ the arts as central to their practice. Examples include, but are not limited to, medical humanities, creative arts therapies, nursing, occupational therapy, recreational therapy, and arts activism. This effort may inform the development of a professional scope of practice, an issue frequently addressed by arts in health and the creative arts therapies.

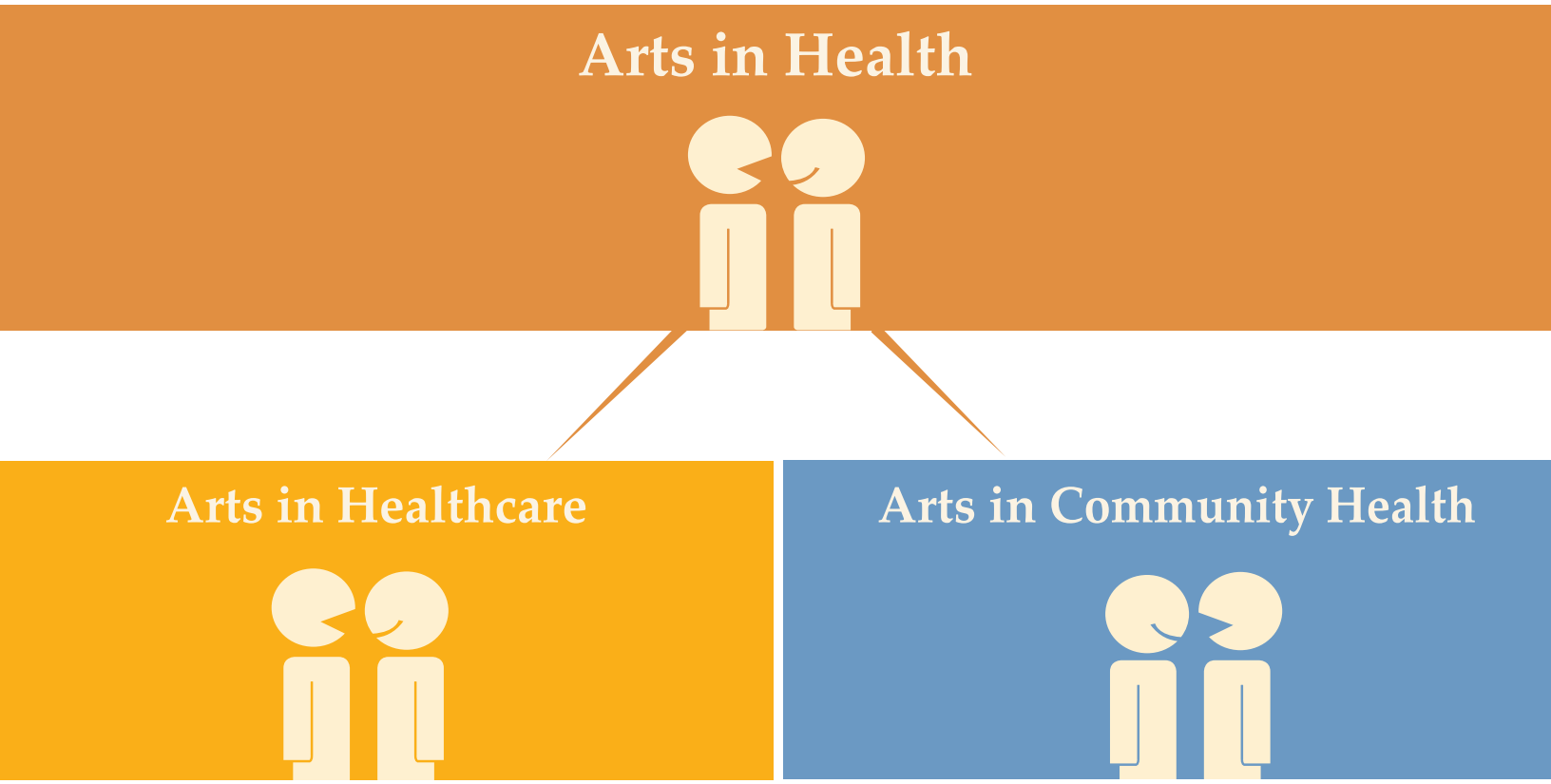
Professional certification identifiers contribute to clear professional identity, and would be helpful to arts in health professionals. Because safety is a critical concern in healthcare settings, healthcare organization administrators, patients, family members, and staff seek assurance that individuals providing services do not cause physical or emotional harm.

An effort to develop a certification process for the field is under way, and completion of this process could contribute to greater clarity both within and outside of the field (Arts in Healthcare Certification Commission, 2015). Certification and the preparation it requires can also bring a level of comfort to artists and help them to derive more satisfaction from their work.

Finally, roundtable participants also considered whether an umbrella term should be used to encompass all of the ways the arts are used in relation to health, which would group professional fields, approaches to practice, and settings. Some survey respondents (n=11) voiced strong objections to combining clinical practices (the creative arts therapies, specifically) with non-clinical practices (arts in health). Further clarification of similarities, differences, and collaborations between arts in health and creative arts therapies are warranted, but exceeded the scope of the roundtable. Representatives from a broad array of allied health disciplines and stakeholders may consider gathering to consider the need, or lack of need, for an umbrella term to encompass the variety of professions that use the arts in a health context in the future.

Conclusion

Roundtable participants recognized that breadth and variation among arts in health practices is a strength of the discipline, reflecting its inherent interdisciplinarity and creativity. Efforts to describe and define such practices within a single term, or set of terminologies, must allow for this breadth and future expansion while also conveying a clear scope of practice. It is evident that no single term has evolved as a natural descriptor for this discipline. As a result, efforts to unite the discipline under a single term have been fleeting. The educators who participated in the roundtable offer the suggestion of "arts in health" as the term that may most accurately describe the discipline for the purpose of education at the current time, with the specific sub-disciplines of "arts in healthcare" and "arts in community health" as suggestions for specifying context within the realm of health.



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Appendix A:
Roundtable Participants

Table A:1

Educators		
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Patricia Lambert, PhD	University of Oregon	Chair, Arts Administration
Jenny Lee, MA, BC-DMT	UF Center for Arts in Medicine; Malcom Randall VA Medical Center	Lecturer; Board Certified Dance/Movement Therapist
Tina Mullen, MFA	UF Health Shands Arts in Medicine; UF Center for Arts in Medicine	Director; Adjunct Lecturer
Judy Rollins, PhD, RN	Georgetown University UF Center for Arts in Medicine	Adjunct Assistant Professor Adjunct Lecturer
Marcia Rosal, PhD, ATR-BC, HLM	Florida State University	Director of Art Therapy
Jill Sonke, MA	UF Center for Arts in Medicine; UF Health Shands Arts in Medicine	Director and Associate In Arts in Medicine; Assistant Director
Heather Spooner, MA, ATR-BC	UF Center for Arts in Medicine; Malcom Randall VA Medical Center	Research Scholar; Board Certified Art Therapist

Table A:1, Continued

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Lisa Wong, MD	Harvard University Medical School	Assistant Clinical Professor of Pediatrics; Associate Co-Director, Arts and Humanities Initiative

Appendix B:
Academic Programs

Table B:1

Graduate Degree Programs at Accredited Universities			
INSTITUTION	**DEGREE(S)**	**PROGRAM**	**LOCATION**
Birmingham City University	Master of Arts (MA)	Arts, Health & Wellbeing	Birmingham, England, UK
Canterbury Christ Church University	Doctor of Philosophy (PhD)	Psychology, Health & Arts	Canterbury, England, UK
Durham University	Doctor of Philosophy (PhD)	Arts & Health	Durham, England, UK
Sheffield Hallam University	Master of Arts (MA)	Arts in Healthcare	Sheffield, England, UK
Ulster University	Doctor of Philosophy (PhD)	Arts & Health	Belfast, Northern Ireland, UK
University of Brighton	Master of Arts (MA)	Inclusive Arts Practice	Brighton, England, UK
University of Central Lancashire	Master of Arts (MA); Doctor of Philosophy (PhD)	Arts-Health	Preston, England, UK
University of Florida	Master of Arts (MA)	Arts in Medicine	Gainesville, Florida, USA
University of Glamorgan	Master of Arts (MA)	Arts, Health & Wellbeing	Trefforest, Wales, UK
University of Liverpool	Doctor of Philosophy (PhD)	Arts & Health	Liverpool, England, UK
University of Oregon	Master of Arts (MA)	Arts Administration; Arts in Healthcare Management	Eugene, Oregon, USA
University of South Wales	Master of Arts (MA)	Arts Practice	Pontypridd, Wales, UK

Table B:2

Graduate Certificate (or equivalent) at Accredited Universities			
INSTITUTION	**CERTIFICATE**	**PROGRAM**	**LOCATION**
Five Branches University, California Graduate School of Traditional Chinese Medicine	Graduate Certificate	Expressive Arts in Mind-Body Medicine	Santa Cruz, California, USA
Lesley University (Institute for Arts and Health)	Advanced Professional Certificate	Arts and Health	Cambridge, Massachusetts, USA
Montclair State University	Graduate Certificate	Arts and Health	Montclair, New Jersey, USA
National University of Ireland Maynooth	Postgraduate Certificate	Arts in Healthcare Settings	Maynooth, Ireland
Staffordshire University	Graduate Certificate	Developing Arts for Health	Stoke-on-Trent, England, UK
University of Florida	Graduate Certificate	Arts in Medicine	Gainesville, Florida, USA
University of Florida	Graduate Certificate	Arts in Public Health	Gainesville, Florida, USA
University of Melbourne	Graduate Certificate	Arts and Community Engagement/Arts & Health	
University of Sydney	Unit of Study	Arts in Health	Sydney, New South Wales, Australia

Table B:3

Undergraduate Certificate & Minor Programs at Accredited Universities			
INSTITUTION	**MINOR/CERTIFICATE**	**PROGRAM**	**LOCATION**
Brandman University	Undergraduate Certificate	Arts for Healing	Irvine, California, USA
Columbia College	Undergraduate Minor	Arts in Healthcare	New York City, New York, USA
The New School for Public Engagement	Undergraduate Certificate	Creative Arts and Health	New York City, New York, USA
University of Florida	Undergraduate Certificate	Arts in Medicine	Gainesville, Florida, USA
University of Florida	Undergraduate Certificate	Dance in Medicine	Gainesville, Florida, USA
University of Florida	Undergraduate Certificate	Music in Medicine	Gainesville, Florida, USA

Table B:4

Coursework (courses, but no degree/major/minor) at Accredited Universities	
INSTITUTION	**LOCATION**
Baylor University	Waco, Texas, USA
Brenau University	Gainesville, Georgia, USA
Georgetown University	Washington D.C., USA
San Francisco State University	San Francisco, California, USA
University of Minnesota	Minneapolis, Minnesota, USA
University of New Mexico	Albuquerque, New Mexico, USA
University of South Florida	Tampa, Florida, USA
University of Washington	Seattle, Washington, USA