

research

This section presents the findings of an evidence-based research study undertaken to gauge the efficacy of the Meet Me at MoMA program. The study was designed by the Psychosocial Research and Support Program of the New York University Center of Excellence for Brain Aging and Dementia in partnership with The Museum of Modern Art and carried out over the course of nine months. In this report Mary Mittelman, Dr.P.H., and Cynthia Epstein, L.C.S.W., outline the process of developing and implementing the study and highlight the most significant results.

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Overview

The Evaluation

This report describes the findings of a study designed to evaluate the efficacy of the Meet Me at MoMA program for people in the early stage of dementia and their family caregivers. This groundbreaking study provides the first formal evaluation that demonstrates, with both quantitative and qualitative evidence, the many benefits of making art accessible to people with Alzheimer's disease and their caregivers. It also points out the elements of the program that have the greatest positive impact and those components that might be modified to further enhance its effects. This evaluation provides valuable information about the feasibility of assessing people in the early stage of dementia and suggests new directions for future programs and studies.

The Program

MoMA offers its Meet Me at MoMA program once a month on a Tuesday, when the Museum is closed to other visitors. Groups are small in size, usually no more than eight people with dementia plus their family members and caregivers, for a total of sixteen people. Often, there are up to six groups in different Museum galleries simultaneously. Participants are greeted in a common registration area and given name tags, portable stools or wheelchairs, and personal listening devices for sound amplification, if needed. A trained educator leads each group through a tour of four or five artworks related to a theme and presented in a predetermined sequence. Each tour lasts roughly one and a half hours, with about fifteen to twenty minutes spent at each artwork. Several discussion questions are posed to engage participants in observing, describing, interpreting, and connecting to the works and to each other. Historical points about the artworks are conveyed throughout the tour, and smaller group discussions are also often used to spark further interaction among participants.

Study Design

Participants and Eligibility

The research study focused on people in the early stage of Alzheimer's disease and their family caregivers, who together constitute the primary audience of the Meet Me at MoMA program. This cohort includes people with dementia who are most likely to be able to respond to and/or fill out the questionnaires, as well as their family members. Together

“We both love the program. All the instructors have been wonderful, dedicated, knowledgeable, sensitive. It's so important to let the people with memory loss articulate their feelings, impressions, reactions.”

MoMA participant

they form a critical “dyad” for the Museum’s program, which offers potential benefits for each individually as well as potential for enhancing the relationship between them.

We further restricted subjects to those attending the program for the first time, for two reasons: 1) to identify a group with the same degree of exposure to the program; and 2) to reflect our expectation that the first visit might have the most powerful impact.

Development of an Assessment Battery

Researchers selected a battery of scales that were reviewed and modified by MoMA staff. In order to capture all aspects of the Museum experience, there were quantitative measures consisting of self-rating scales to be administered immediately before and one week after the Meet Me at MoMA program and qualitative assessments of responses to the Museum visit. In addition, observer-rated scales were developed collaboratively by consultant Linda Buettner, Ph.D., NYU researchers, and MoMA staff.

- **Self-Rating Scales:** A questionnaire packet was designed to capture the general emotional state of participants. The packet of scales for the people with dementia was slightly modified to be shorter and simpler than the packet designed for the caregiver. For example, it did not include the social-support questionnaire given to the caregiver, as the experience of NYU researchers suggested that this scale would be too difficult for the participants with dementia to complete. The evaluation of people in the early stage of dementia is in a relatively early stage of development. Until recently, there have been few studies in which people with dementia were asked to respond for themselves rather than ask a caregiver to respond for them. The packet had several measures, including a family-relationships scale (Family Assessment Measure [Communication, Affective Expression & Involvement Subscales; Skinner, Steinhauer & Santa-Barbara, 1983]), a self-esteem scale (Rosenberg Self-esteem Scale [$\alpha = .78$; Rosenberg, 1965]), and a quality-of-life scale (QOL-AD, Logsdon et al., 1999) that have been used in other studies involving this cohort. Additionally, the Smiley-Face Assessment Scale (below), which is a self-report instrument with a pictorial response system with five faces ranging from very unhappy to very happy, was used to measure the mood of the participants immediately before and immediately after attending the program.
- **Observer-Rated Scales:** We also wanted to use an instrument to record the observations of the people with dementia and the group dynamics during the tour. With the assistance of Linda Buettner, NYU and MoMA staff modified an already-existing scale to be more appropriate to people in the early stage of dementia and to measuring their responses to works of art and to the educator. Two forms were created: one evaluated responses to the

Smiley-Face Assessment Scale



Very Sad



Somewhat Sad



Neutral



Somewhat Happy



Very Happy

Museum experience of an individual study participant with dementia; the second form evaluated the group as a whole, including study participants and other participants of the program who were not involved in the study.

- **Take-Home Evaluation:** A separate form was created to capture both qualitative and quantitative feedback about participants' experiences during and in the days following the program. Participants were asked to return this form to MoMA within three days of the visit. Again, the form for the person with dementia was slightly modified to be easier to complete.

Procedures

Recruitment

Participants were identified either by NYU or MoMA staff. Upon calling to register for the program, MoMA staff invited callers to enroll in the study and determined eligibility using a script approved by the NYU Institutional Review Board. Upon confirmation of eligibility, MoMA staff sent a letter detailing the procedure for the entire study as a reminder for participants.

First visit

On their first visit, participants arrived one and a half hours before the Meet Me at MoMA program to fill out the initial questionnaire packets. MoMA and NYU staff welcomed participants and explained the goals of the study. The study protocol, including a consent form, was completed with individual assistance available for each person with dementia. Participants then ate lunch and were escorted back to the lobby to join other Meet Me at MoMA attendees. Both immediately before and after the tour, Smiley-Face Assessment Scales were administered to all study participants. After the Meet Me at MoMA program, take-home evaluations were distributed to study participants, to be sent back to MoMA within three days.

Second visit

The second visit occurred one week (eight days) after the first visit. Each participant received a call from MoMA staff confirming the time and date of the visit. All participants returned to the Museum to complete the follow-up assessment, which consisted of the same questionnaire packet as the initial visit. Over lunch, a special interactive discussion was facilitated by one of the MoMA educators. All participants received gifts of appreciation, including a book of highlights from the MoMA collection and free passes to visit the Museum again. Participants were also invited to stay and visit the galleries afterward, as the second visit was scheduled on a day when the Museum was open to the public.

Third visit

A small subgroup of participants was invited to take part in a focus group led by NYU staff with MoMA staff assistance that was planned to take place at least three months after the initial visit. This session was designed to record participants' perceived benefits from the Meet Me at MoMA program and to enable them to offer comments and suggestions to MoMA staff. Two focus groups were conducted, one in June and one in August 2008. The group conversations were recorded and transcribed.

Results

Recruitment and Retention

Recruitment presented two major challenges: identifying the best venues for locating people in the early stage of dementia and determining that the stage assignment was correct.

The majority of participants were subjects of the NYU Alzheimer's Disease Center and were informed about the study by its staff. Other sources were memory programs and support groups offered by the New York City Alzheimer's Association and local medical centers. The data analysis was based on 37 persons with dementia and 37 caregivers.

Health problems and doctor appointments were the most frequent reasons given for inability to attend all parts of the study. However, the attendance of the vast majority of participants proved to be highly reliable.

Demographic Characteristics of Participants

More than three quarters of participating caregivers were spouses of persons with dementia (75.7%). The others were adult children (24.3%). Most caregivers (67.6%) were women, and the majority was highly educated. Almost all (86.5%) had at least a college degree, and more than half (51.4%) had a graduate degree. Slightly more than half of the caregivers (51.4%) were retired. Ten (27%) were employed full time, and four (10.8%) were employed part time.

“It was like the [man] I knew before this illness. The task of reacting to a picture is not beyond his capabilities — it has made me think of trying to focus more on ‘feelings’ than ‘words’ in my interaction with him.”

MoMA participant

Participants' Reactions to the Research Process

We found that people who were in the mildest part of the early stage could, for the most part, complete the questionnaires by themselves. Those who were even slightly more advanced needed to have one-on-one support to answer the questions. In retrospect, the packet of questionnaires was probably too extensive and strained the ability of individuals in early-stage Alzheimer's disease to attend to the task, which became stressful due to its length and the complexity of the questions. Our findings suggest which of the scales are likely to be suitable for use in future studies with people who have early-stage dementia and that these scales should be administered on an individual basis with assistance available as needed.

Self-Rating Scales

Questionnaire packet: Change from baseline (immediately before) to one week after Museum visit

We measured the subjective impression of family relationships of both the person with dementia and the caregiver with a scale that consisted of thirteen questions. There was an observable positive trend on this measure for caregivers, although the change did not reach statistical significance.

We measured the self-esteem of the person with dementia and the caregiver with a ten-item scale. There was little change in self-esteem for caregivers, but there was an observable positive trend for people with dementia.

We asked caregivers about the number of people to whom they felt close and about their satisfaction with social support. The number of people to whom the caregivers said they felt close increased from the first week to the next, with a meaningful change from an average of 7.0 to an average of 9.38 people.

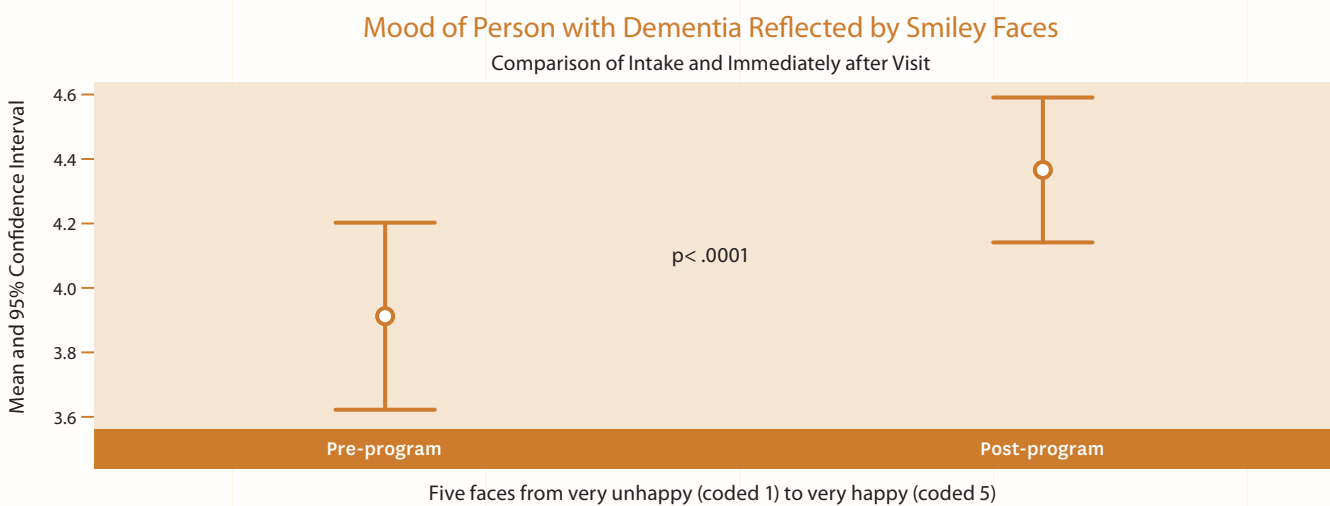
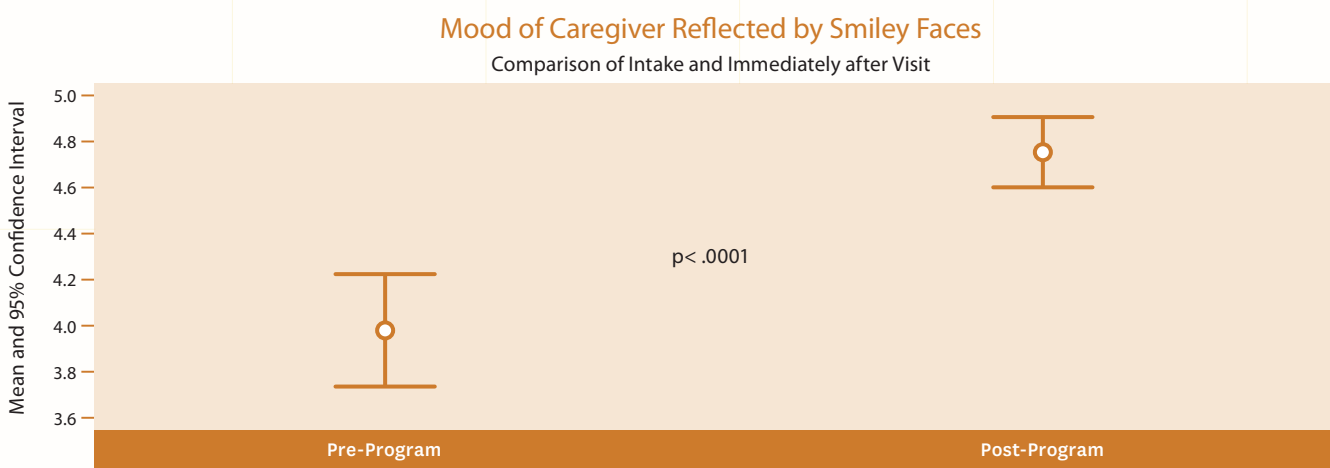
Caregiver mood improved as a result of the Meet Me at MoMA experience. This was reflected in several of our outcome measures. For example, we observed that caregiver health-related quality of life improved. This was in large part due to a statistically significant improvement in one question that asked about caregiver emotional health: "During the past 4 weeks, how much have you been bothered by emotional problems (such as feeling anxious, depressed, or irritable)?"

"The program presented the opportunity to focus, to interact, to listen, and to conceptualize. Overall, I believe the experience was intellectually stimulating for my mother and cognitively awakened her."

MoMA participant

Smiley-Face Assessment Scale: Measure of mood change from immediately before to immediately after Museum visit

Using smiley faces to elicit information about mood revealed a statistically significant and substantively visible change in mood in both caregivers and people with dementia, as illustrated by the graphs below. In fact, the Smiley Face Assessment Scale was the most effective measure in terms of statistical significance of the change observed. As the figures below illustrate, there was more variability in the responses of the people with dementia (longer distance from top to bottom of the error bars) than in those of the caregivers. Nevertheless, both groups clearly improved in mood on this measure, and no one left the Museum less happy than when they arrived.

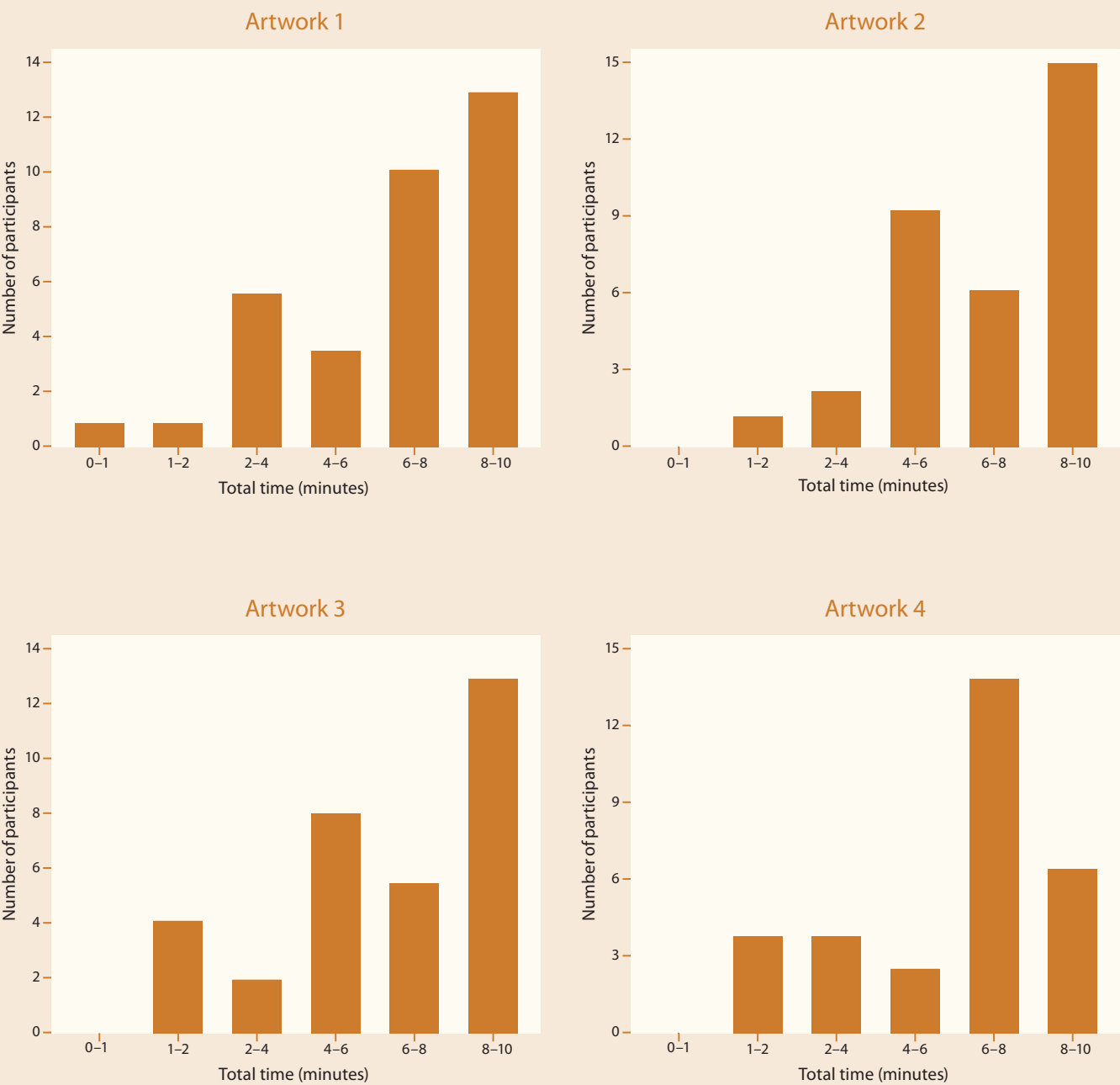


Observer-Rated Scales

Individual reactions during Museum visit

At each monthly session, one person with dementia in each of two gallery tour groups was observed by two raters as the tour proceeded through the first four artworks. It should be noted that occasionally five artworks were included in the Meet Me at MoMA tour, but in those cases we did not rate the fifth one. While there was some variability between raters, they tended to code in the same general range, so we have aggregated their overall findings.

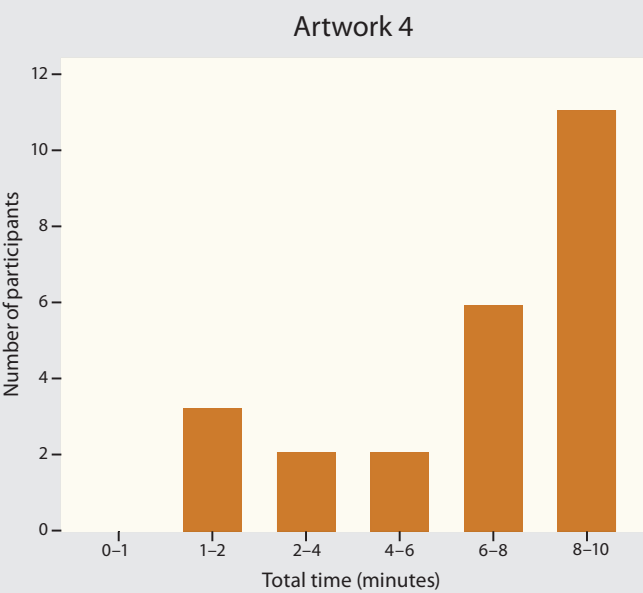
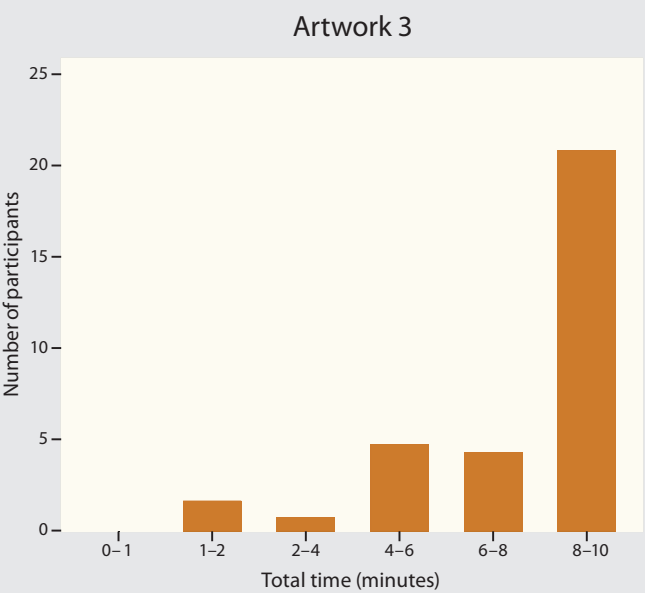
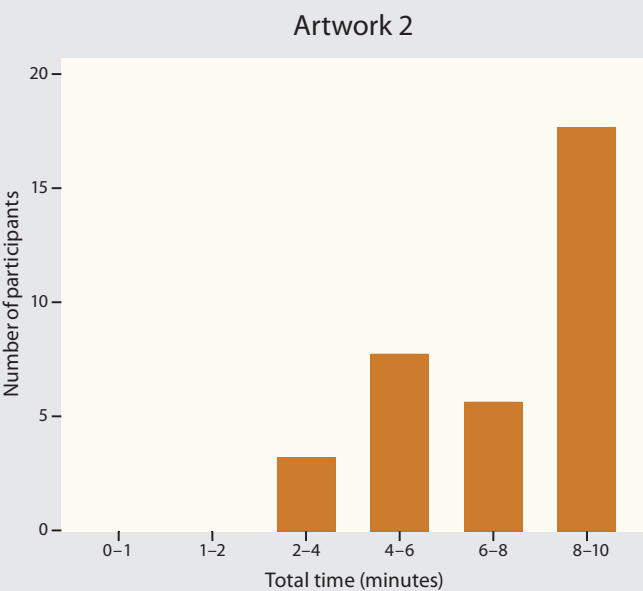
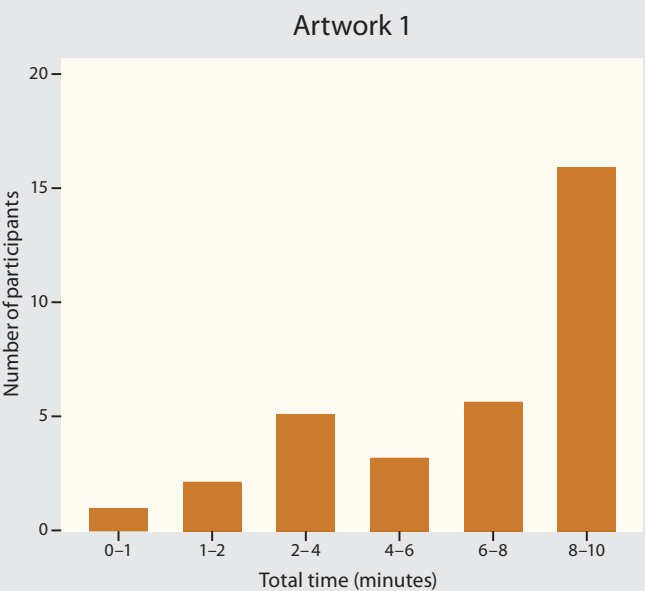
Total time participants spent looking at the educator



The majority of participants with dementia spent a significant amount of time looking at the educator and at the art. The majority of participants with dementia kept their eyes on the educators for more than half the time. There was a small reduction of attention during the discussion of artwork 4, but the majority still paid attention to the educator for at least six of the ten minutes they were observed.

Below, we illustrate the amount of time the people with dementia spent looking at the work of art. It is clear that they spent a significant amount of time looking at the art, and this continued throughout the four artworks.

Total time participants spent looking at the work of art



During the course of the Meet Me at MoMA tour, participants with dementia rarely responded to the educator spontaneously, without prompting. This may be because they were waiting for the prompt from the educator before speaking. On the other hand, this may reflect reduced verbal ability or reduced initiative due to the illness. It may also be that the participation of some of the caregivers, which could be quite enthusiastic, discouraged some of the people with dementia from responding.

We were also interested in how frequently the people with dementia responded verbally to their family caregivers. The data suggests that this was not a frequent occurrence, and may be due to their being appropriately focused on the educator and the art rather than talking among themselves. However, when the group moved from one work of art to the next, we observed conversations between the person with dementia and the caregiver and sometimes overheard that they were related to the art.

We rated the number of times the participants used humor, smiled, or laughed. This occurred on numerous occasions, although the frequency did not increase from one artwork to the next. The group apparently felt comfortable with each other from the inception of the visit, perhaps because some of the study participants had eaten lunch together beforehand, and other members of the group (who were not part of the study) were repeat visitors. In general there was a mood of levity and occasional joking by the people with dementia.

Negative reactions such as crying, verbal expressions of sadness, or agitation were almost never observed among study participants. There were occasions when a participant appeared to fidget or to be distracted, but the distress, if that is what it was, never interfered with the participant's ability to remain in the group or took away from the overall enjoyment of the experience.

Group interaction during Museum visit

At each monthly session two people observed group interaction in each of the two gallery-tour groups for the first four artworks discussed. In order to capture the overall group dynamics, each observer counted the number of times he or she saw people with dementia respond to the educator, the number of responses of people with dementia to their caregiver, the number of unprompted or spontaneous comments by people with dementia, the number of times people with dementia and their caregivers touched each other affectionately, the number of caregivers who responded to the educator, and the number of times participants laughed or used humor.

“It’s been a privilege for me as a caregiver to participate in this. The educators have been engaging and the commentary on the paintings and sculptures from the other group members with Alzheimer’s disease and their caregivers is thought provoking.”

MoMA participant

The average number of participants in a group was 13.8, of whom 6.72 were people with dementia, 6.09 were family caregivers, and .97 were professional caregivers. There was considerable variability, with the minimum number 10 and the maximum 20.

The average number of responses by the people with dementia to the educators ranged from 1.53 to 1.69, with no consistent trend from artwork 1 to artwork 4. Analysis of the average number of responses by the person with dementia to his or her caregiver (from .28 to .35) also yielded no trend from artwork 1 to artwork 4. It should be noted that there was a huge variability in responses.

We tabulated the average number of responses or comments that were made by participants with dementia spontaneously, without prompting. The average was about the same as the number of comments made to the caregivers (from .20 to .35), and again, there was considerable variability.

The number of times caregivers and patients touched to convey affection, while few, increased from artwork 1 to artwork 4.

Finally, we tabulated the average number of times people laughed or used humor, which we hypothesized was an indicator of group cohesiveness and comfort with each other. The average increased from artwork 1 through artwork 3 and decreased in artwork 4.

Our hypothesis was that all the interactions would increase from the first to the fourth artwork. While we did not observe all the trends we expected, the many interactions we saw suggest *consistent* interest and focus on the educator and the art.

Take-Home Evaluation

Responses by caregivers

This form was designed to capture both quantitative and qualitative data about participants' experiences during and up to three days after the program. Responses to pre-coded questions are listed in the tables below. Forty caregivers completed this form and returned it to MoMA (including a few who were not participating in the rest of the study).

1. What attracted you to the Meet Me at MoMA program? Responses provided by us are tabulated below:

	Number	Percent
An opportunity for the person with memory problems to participate in a program	34	85.0
An activity I can do with the person with memory problems	33	82.5
A chance for a special outing with the person with memory problems	26	65.0
The opportunity to go to a museum	17	42.5

Other responses from one or two caregivers conveyed common themes related to finding an experience that would meet the needs of the person with dementia and the caregiving family member in a stimulating yet nonthreatening environment.

2. Do you have past experience visiting art museums or creating art? The vast majority of respondents (93.8% of those who responded) had past experience with art.
3. We asked about caregiving responsibilities and relationships. 89.7% of respondents said they had primary responsibility and 87.5% lived with the person with dementia.
4. We asked whether the caregiver enjoyed the experience, and 97.5% (all but one) said yes. We asked if the caregiver thought the person with dementia enjoyed the experience, and again 97.5% said yes.
5. We asked, "Were you surprised in any way by the response of the person with memory problems?" and, "If so, please explain." Among respondents, fifteen (37.5%) said they were surprised. Among those respondents, 80% were surprised by the degree of engagement of the person with dementia during the program. The increased alertness and



interest in the environment was attributed to the skill of the educators, the stimulating yet calm atmosphere, and the sharing of the experience with others. The caregivers expressed their joy at sharing a pleasant experience with the person with dementia, which is evidenced in a subsequent question:

6. “What was the best thing about the Museum visit?” Responses are tabulated below:

	Number	Percent
Positive experience created by educators and staff	12	80.0
Engagement of person with dementia	6	40.0
Positive interaction of person with dementia and caregiver	6	40.0
Privacy due to Museum being closed	5	33.3
Enhanced self-esteem of person with dementia	2	13.3

It seems that the positive responses to the Museum experience are results of the combination of the many aspects of the program. The approach of the educators seems to contribute to the positive and fulfilling experience. The experience is supported by all the staff and by the relative privacy afforded the participants because the Museum is closed. It suggests to participants that they are V.I.P.’s, as they are given a private tour when the galleries are empty.

7. We asked about other effects of the Meet Me at MoMA experience. From these non-pre-coded responses we get a sense of the uplift that people with dementia (as reported by their caregivers) derived from the experience:

	Number	Percent
Enhanced self-esteem of person with dementia	4	26.7
Person with dementia more responsive to environment	2	13.3
Person with dementia in a better mood	2	13.3

8. We asked whether there was anything bad about the Museum visit. The overwhelming response was “No.”

9. When we asked whether these first-time participants planned to return for another Meet Me at MoMA visit, 92.5% said “Yes.”

10. We asked whether the caregiver was considering other activities with the person with dementia as a result of the Meet Me at MoMA experience. Among those who responded, 88.2% said “Yes,” and 11.8% said “No.” It is evident that the experience fills an important need, and that participants would like to engage in other activities that offer the same benefits as the MoMA program. They listed visits to other museums most frequently as other activities. A few participants also suggested activities like visiting public gardens or enrolling in other classes. These responses make it clear that caregivers are looking for activities that will be emotionally and intellectually stimulating.
11. We asked caregivers a series of questions about the effect of the Museum visit on the person with dementia: Did the visit have an effect on the person with dementia’s conversation, appetite, mood, and sleep? Possible answers were “more than usual,” “unchanged,” or “less than usual.” The effects on conversation and mood were especially positive. Among the responses, 55% said the mood of the person with dementia was better and 45% said it was unchanged. No one said the mood of the person with dementia was worse. Additionally, 55% said that there was more conversation than usual following the program.
12. We asked caregivers to rate their overall satisfaction with the Meet Me at MoMA experience. The responses were coded from 10 to 1, with 10 being very high and 1 being very low. Among the twenty-nine who responded, 75.9% gave the visit the highest possible rating.

Finally, we asked a series of open-ended questions. There are a number of remarks by caregivers that warrant direct quotation.

1. It was like the [man] I knew before this illness. The task of reacting to a picture is not beyond his capabilities — it has made me think of trying to focus more on “feelings” than “words” in my interaction with him. Thank you for a great day. Thank you.
2. The opportunity for a creative, artistic experience together with my spouse in a protected, suitable environment [was the best thing about our visit]. As my husband’s condition declines the MoMA experience becomes more and more a cherished blessing.
3. [The educator’s] pace and conversation, as well as the idea of seeing a few things well, was really perfect. Mom completely enjoyed the afternoon. I was worried at first that she was not commenting. However, when [the educator] asked her if she liked Picasso’s [*Les Femmes d’Alger*], she replied, “I love this painting, the color, composition.” It was wonderful to see mother looking at art again. Thank you so much.

“Bill really looks forward to attending — our conversation on the way home is so positive.”

MoMA participant

4. The lecturer was very attuned to each individual and their capabilities. This made the visit just perfect. Thank you for this beautiful and touching day.

Overall, the responses confirm the high esteem in which family members hold the program and point to the elements of most value to them. The pleasure of the family members at sharing an experience that is gratifying both to them and to their relative with dementia, at seeing the person with dementia expressing himself or herself, and at seeing him or her being received with respect was described as a blessing. The importance of the group and the desire for more socializing with people in a similar situation in an environment both gracious and beautiful was touchingly conveyed.

Responses by people with dementia

We asked people with dementia to respond to a series of questions. To the question, “Did you enjoy the museum experience?” 100% of the participants said “Yes.” To the question, “Was there anything bad about the museum visit?” only one said “Yes.” When asked whether they talked about it afterwards, 90% said “Yes.” When asked if their mood was better, 96.4% (all but one) said “Yes.”

The take-home evaluation also provided an opportunity for participants with dementia to make comments and suggestions. When asked, “What was the best thing about your visit?” eleven participants listed the educators. Also noted were discussing and looking at the artwork, socializing with others, and the private atmosphere. To the question, “Was there anything bad about the visit?” only one participant responded affirmatively, stating that there was too much paperwork.

We asked participants if they observed any change in themselves as a result of the program. Three participants reported enhanced self-esteem. Also listed one time each were increased energy, sense of enlightenment, and recollection of the past.

As with caregivers, we asked participants with dementia if there were other activities they would like to do. Similar programs for people with dementia and visits to other museums were both listed five times each. Three participants expressed a desire to create their own artwork.

“I was able to reflect upon my appreciation of the artist and could recall much of what I learned in school.”

MoMA participant

Summary of take-home evaluation responses

The contribution of the educators to the MoMA program is evident in the very positive responses in the take-home evaluations, reinforcing this finding in other scales. The style of the educators, which encourages interaction and group cohesion, leads to a socially as well as emotionally and intellectually satisfying experience. The feeling of enhanced self-esteem and the desire for more programs like Meet Me at MoMA suggest that both the structure and content of the program are ingredients of its success. One respondent mentioned that the research protocol was too long, a view that was shared by the researchers. For future studies, the protocol, which was an experiment in and of itself, could be shortened to include only scales that showed change resulting from the Meet Me at MoMA experience.

Focus-Group Discussions

Four different couples attended each of the two focus groups that were held at least three months after each couple's initial participation in Meet Me at MoMA. The expressions of gratitude for the program were extremely touching and speak to the excellence of the Meet Me at MoMA program and the great need for more such activities. The comments of the people with dementia pointed to the pleasure of enjoying a stimulating experience in a safe environment and to the resulting enhanced feelings of self-worth they derived from participation and learning. For the caregivers, the pleasure of the art experience is enhanced by sharing it with their spouses and with other couples facing the same diagnosis. Furthermore, the relief of knowing that their spouses will be treated with dignity and that all their responses will be met with acceptance was greatly appreciated.

The suggestions for improving the Meet Me at MoMA program included making the arrival experience less confusing and extending the program to allow for more socializing afterward. Finally, it was clear from the responses that the Meet Me at MoMA experience at least temporarily counteracts participants' social isolation, which is a very poignant issue for families coping with dementia.

Summary

Conclusions

The fact that attendees of the Meet Me at MoMA program return month after month speaks eloquently to the meaning and value it holds for participants. Coming to MoMA again, a place many had visited in the past but were reluctant to return to, was a welcome confirmation that not all valued parts of life have to be forfeited to Alzheimer's disease. This research has helped to identify the specific aspects of the MoMA program that individually and together coalesce to create its impact.

- **The Importance of the Educator:** Beyond a doubt, it is the style and approach of the educators — which is never overly didactic or condescending, but rather warm and interactive — and the interaction with them that participants single out as being of exceptional importance to them. The way in which they involve the participants with dementia and elicit their comments, which are then met with genuine interest and appreciation, rekindles feelings of self-worth.
- **Intellectual Stimulation:** Having the opportunity to learn, to be intellectually stimulated, to experience great art together was felt to be a “blessing.”
- **Shared Experiences:** The family members expressed profound gratitude that the person they care about could have such an experience and, just as important, that they could share it together. For married couples, the opportunity to participate in an activity that is of interest to both partners validated their identity as a couple. Sons and daughters also expressed their pleasure in taking part in an activity with their parents in which both could be relaxed and engaged.
- **Social Interaction:** For so many couples in which one has dementia, what were once “normal” social interactions become events fraught with strain and shame. While they did remark that the program was inherently a socializing activity, many participants expressed the wish that the program could be extended to include more social interaction after the gallery tour.
- **Accepting Environment:** The educators, together with the entire MoMA staff, create a sense of safety and convey feelings of regard for the participants. The value placed on the person with dementia at least temporarily removes the stigma of Alzheimer's disease so that participants can enjoy the MoMA experience. It is possible that the extraordinary

attention that was lavished on study participants may have heightened their feelings of being welcome and important, but this also serves to point out how much people with dementia feel the loss of status in the community and how much they appreciate efforts made on their behalf. The wish to continue to attend as a couple, where the limitations of the ill spouse would not affect the experience for the well, makes this kind of program particularly valuable.

- Emotional Carryover: For both the persons with dementia and their caregivers there were positive changes to mood both directly after the program and in the days following the Museum visit. Caregivers reported fewer emotional problems, and all but one person with dementia reported elevated mood.
- Program Extension: Almost all caregivers planned to return to the Museum for future programs, which is a testament to their positive experiences. The Meet Me at MoMA program also serves as a catalyst for new conversation in the days to follow.

The study design, which included a variety of measures to gather both qualitative and quantitative data through self-report and observation has yielded a comprehensive understanding of how and why the Meet Me at MoMA program impacts attendees and provides suggestions for modifications and future expansion.

Going Forward

Study participants were very grateful for the Meet Me at MoMA program. As they began to know each other from repeated visits, the desire for more socializing became clear. The setting itself sends the message to the person with dementia that he or she continues to be a person of value, and those participants for whom it was a familiar place can now return with their self-esteem safe and even nurtured.

There were several statistically significant findings from this study, which is gratifying, considering the small sample of participants. They are suggestive of the potential of the Meet Me at MoMA program to improve the lives of people with dementia and their caregivers. A longer-term study with a larger number of participants to corroborate and expand the findings of this first study is recommended. This would provide additional evidence for programming that is geared to bring enjoyment and stimulation to people with dementia and their family members and could have major ramifications for the development of interventions for people with Alzheimer’s disease and their caregivers.

“A very pleasant ‘date’ for us both — after 42 years of marriage.”

MoMA participant



