



**The Impact of the Development of Museum Programs for People
Affected by Alzheimer’s Disease or Dementia
The Museum of Modern Art**

June 30, 2011

**Marianna Adams, Ed.D.
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Audience Focus, Inc.**



EXECUTIVE SUMMARY
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As part of The MoMA Alzheimer's Project, The Museum of Modern Art (MoMA) and Audience Focus, Inc. investigated museum programs developed for people with Alzheimer's disease and dementia (AD/D) and their caregivers. The MoMA Alzheimer's Project is the nationwide and international expansion of MoMA's art and dementia programs for individuals living with Alzheimer's disease and their caregivers. Funded by a major grant from MetLife Foundation, the project broadens the reach of these programs through the development of resources that can be used by museums, assisted-living facilities, and other community organizations serving people with dementia and their caregivers.

The following questions guided the evaluation study: 1) What are the varieties of programs that have emerged, with the help of The MoMA Alzheimer's Project, and how did they evolve? 2) In what ways does this programming affect the museums that implement this type of program and their relationship to their community?

Data for this study were collected through an online survey and educators directly responsible for implementation of the program were invited to participate.

The MoMA Alzheimer's Project has, in a relatively short time, influenced many museums nationally and internationally. Most museums in the study are either in the pilot testing phase of their AD/D program or have implemented it fully for two years or less. While these programs serve all of the Stages of Alzheimer's disease, most programs serve Stages 2 and 3, people with very mild to mild cognitive impairment.

The majority of AD/D programs take place in the museum galleries and include looking at and talking about art. Many programs, however, also have a classroom component, usually an art making activity but they can include music, ballroom dancing, poetry and other hands-on experiences. Almost all the museums partner in some way with their local Alzheimer's Association and many of them collaborate with local senior care facilities. A few sites are part of a multi-museum collaboration.

The print, website, and staff resources that MoMA offers museum practitioners in the planning and implementation of AD/D programs are greatly used. MoMA resources tend to influence practitioners' decisions about how to facilitate the group discussions, how to communicate with this audiences, and the teaching methodologies to use in the programs.

Funding for these programs is quite varied. Many programs have no special funding as expenses are paid out of the department's budget, most commonly the education

department. Several programs have special dedicated grant or donor funding just for the AD/D programs while other museums wrap this program into funding sources of general programs or special access program initiatives.

Most practitioners indicated that their AD/D programs are evaluated. When asked for their key findings, most people said they found out that participants felt positive about the sessions and appreciated the museum for providing the opportunity. Some practitioners noted that their evaluations told them how visitors benefitted from the program, in particular that it fostered deeper more meaningful relationships between the person with the disease and their caregiver. Only a few practitioners noted how evaluation findings influenced their own educational practice in the program but in those instances the evaluation results emphasized the importance of limiting the number of art works viewed in a session, as well as the importance of always treating those with AD/D with respect and dignity.

Typically these programs involve education, security, and visitor services departments. However, many museums involved a wider variety of, if not all, museum departments. The AD/D program has stimulated cross-departmental awareness of, sensitivity towards, and conversations about aging issues.

It was gratifying to find that so many museum practitioners have taken the pedagogical approach to their AD/D audience and applied it, in whole or part, to their educational practice in other areas. The AD/D teaching and learning strategies have been applied to school students as well as other adult audiences. In addition, many practitioners have found that the approach to this audience has caused them to think differently about the museum experience in general. A few practitioners saw this in reverse – that their current pedagogical approach informed their AD/D program pedagogy. These practitioners already employed a more conversational, participatory approach to gallery learning overall.

Implementing an AD/D program has spawned a number of related programs or initiatives. For instance, some museums and their communities engage in public discussions around creativity and aging issues and they sponsor age-related issue workshops for the community. These efforts also result in new partnerships in the community and many museums offer the museum as a meeting place for age-related organizations and advocacy groups. In addition, many museum practitioners note that the museum is continually approached, by others working in the senior community, to become involved in this program and museum staff members are frequently invited to participate in panel discussions and conferences because of this program.

Most museums publicize their programs through museum-related vehicles such as the museum newsletter or magazine. In addition, many programs have received press attention from local or regional news, radio, and television stations. Many practitioners indicated that their program has been featured on an internet publication, most frequently their local Alzheimer's Association e-newsletter or e-zine.

In the future, most organizations want to attract more people to the programs, offer more programs, increase training for staff and volunteers, and secure funding to do

those tasks. A few sites want to add an art making component, conduct programs off-site, change some logistical aspect such as program timing or schedule, where visitors enter, and increase accessibility through hearing devices, wheel chairs, and the like.

The most frequent piece of advice given by practitioners to others intending to implement a similar program, was to work with experts who know about this group, specifically the local Alzheimer's Association chapter, MoMA, and other professionals in their area. In addition, practitioners saw great benefit in starting small, pilot testing the program, staying realistic about what can be accomplished, and patiently waiting for the program to evolve as it needs to. High quality and frequent training with experts was another trend in the advice from practitioners, as was the importance of hiring flexible staff and recruiting volunteers who were effective with this population. Heightening listening skills in all aspects of the program and remaining ever flexible were also important considerations.

While there is great variety in logistics for this program, such as the length of program, who delivers the program, or how often it is offered, there are key components of the program that show up across all of the programs. These can be thought of as the necessary conditions for a successful AD/D program. Specifically those conditions are: an open, conversational approach to looking at and talking about art that draws on personal experience, partnering with people and local organizations with expertise and long-term experience with this audience, ample time to plan and pilot the program, flexible and sensitive staff or volunteers to work with the audience, and early and ongoing training of staff in the needs and capabilities of people with AD/D.

Throughout this study, the evaluators were struck by the passion and compassion with which practitioners talked or wrote about their AD/D programs. Implementing this type of program appears to stimulate museum professionals to reflect sensitively and deeply on their practice and that has, in turn, influenced many of them to think differently about the overall museum experience, for all types of audiences. In evaluations of other types of museum programs, for families, teachers, students, and general adult audiences, we rarely, if ever, hear practitioners talk about the importance of humor, respect, and patience in the implementation of a public program. These are qualities that not only make for meaningful experiences for museum visitors but bring deeper meaning to the individuals who implement these programs as well. Additionally, there is evidence that these programs cause the museum as a whole to be more aware of the needs and capabilities of the AD/D audience.

The conversational, organic approach to experiencing art that the AD/D programs use was a natural outgrowth of the pedagogical strategy of inquiry. That this approach has been applied to other museum audiences such as school students and to the regular adult visitor is particularly gratifying. It represents not only a growing acceptance but an embrace of the needs and motivations of all museum audiences. General visitors, students, and families do come to learn when they choose to visit a museum but they want to learn in their own way and in their own time, following their individual interests, drawing on their own experience. The pedagogical approach of the AD/D programs is focused on what visitors really want to do in a museum.

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Introduction

As part of The MoMA Alzheimer's Project, The Museum of Modern Art (MoMA) Education Department commissioned Audience Focus, Inc. to conduct an investigation of museum programs developed for people with Alzheimer's disease and their caregivers, with guidance and support from The MoMA Alzheimer's Project. The MoMA Alzheimer's Project is the nationwide and international expansion of MoMA's art and dementia programs for individuals living with Alzheimer's disease and their caregivers. Funded by a major grant from MetLife Foundation, the project broadens the reach of these programs through the development of resources that can be used by museums, assisted-living facilities, and other community organizations serving people with dementia and their caregivers. The following questions guided the evaluation study:

- What are the varieties of programs that have emerged with the help of The MoMA Alzheimer's Project? How did these varieties of implementation evolve and why?
- To what degree does this programming affect the museums and their relationship to their community?
 - Shifts in internal practice & perception
 - Shifts in perception of museum and community

Methodology



The first phase of this study involved conducting four “mini” case studies with museum sites that have developed programs for people with dementia and their caregivers, with the support of The MoMA Alzheimer’s Project. The write-ups for these case studies are included in Appendices A-D.

The evaluators used the case studies to inform the creation of the final online survey. Educators directly responsible for implementation of the program were invited to participate, as well as other educators, volunteers, and/or people from partnering organizations. See Appendix E for the online survey protocol.

Results & Discussion

Description of Sample

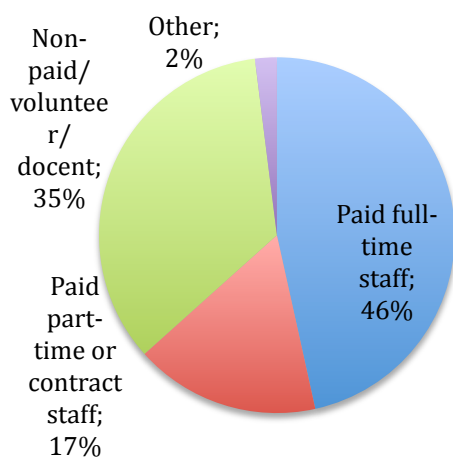


Figure 1: Roles of Survey Respondents

Forty museums were invited to participate in the final online survey and 33 museums responded to the survey¹, totaling 66 people. Responses show that 66 people, from 33 museums participated, although in 5 surveys the museum name field was left blank (See Appendix F for complete list of participating museums). Figure 1 illustrates the roles that respondents to the survey held in their organizations.

Participants indicated their position(s) in their institution’s Alzheimer’s disease/Dementia program (AD/D). From the counts in Figure 2, it is clear that roles overlap one another as many people held more than one position in the program. Most of the respondents manage and/or lead the AD/D programs. Two people who answered “Other” indicated that they are presently training with those that deliver the program; another person trains docents who provide the tours, and another designs the program.

| | |
|-----------------------------|------------|
| Supervise the program staff | 19 |
| Manage the program | 37 |
| Provide program support | 23 |
| Teach/lead | 39 |
| Other | 4 |
| TOTAL | 122 |

Figure 2: Positions respondents held in their AD/D programs

¹ Five surveys were missing the identification of the museum so it is possible that more than 33 museums participated.

Evaluation Question 1: Varieties of Program Implementation

- What are the varieties of programs that have emerged with the help of The MoMA Alzheimer's Project? How did these varieties of implementation evolve and why?

The online survey sought to document different ways in which programs were implemented. This section included questions about logistics, resources, community partners, funding, and evaluation of the program.

Logistics

A number of questions in the survey related to logistics of running the AD/D programs such as how long the program has been implemented, frequency of programs, where the programs are held, who comes, the cost to participants, and what activities take place.

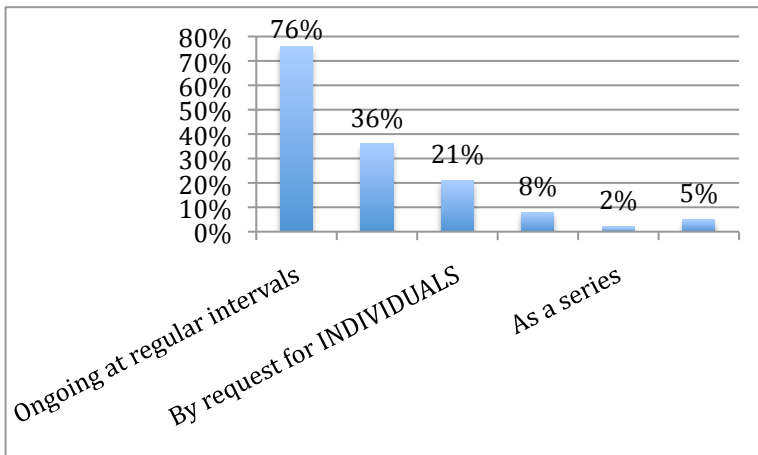


Figure 3: Frequency of AD/D programs

Just over half of the survey participants indicated that their program has been running for between 1 and 2 years (55%), 24% for more than 2 years, and 21% are in the initial stages (piloting the program; running the program for less than a year). Most respondents described the frequency of their AD/D program as an ongoing program occurring at regular intervals, typically once or twice a month (See Figure 3).

Interestingly, the AD/D programs serve a wide range of stages of Alzheimer's disease/Dementia. (See Figure 4.) Almost all of the programs serve people with Stage 3 of the disease. These stages align with the Alzheimer's Association description of stages as follows:

- Stage 1: No cognitive impairment

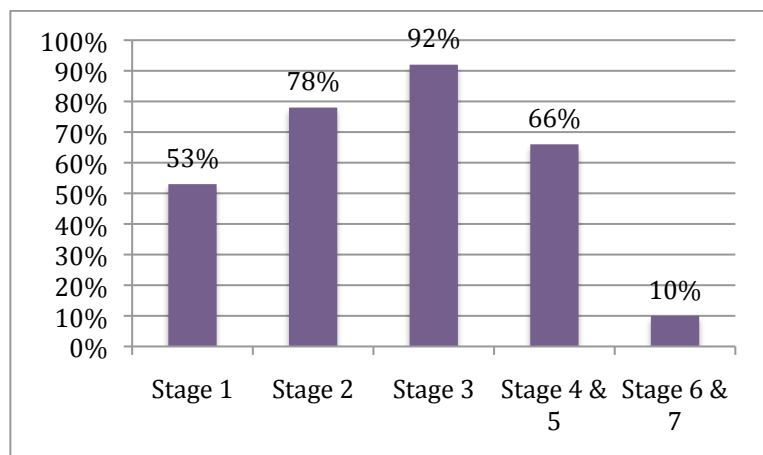


Figure 4: Stages served by AD/D programs
4 Impact of AD/D Museum Programs
The Museum of Modern Art



- Stage 2: Very mild cognitive impairment
- Stage 3: Mild cognitive impairment
- Stage 4 & 5: Moderate to moderately severe cognitive impairment
- Stage 6 & 7: Severe to very severe cognitive impairment

In addition to individuals with memory loss, almost all of the programs serve family caregivers (95%) and professional caregivers (88%). Three quarters of the respondents (75%) mentioned that staff members from senior care organizations and facilities attend; two people cited docents and volunteers are part of the audience; and one person each mentioned friends of caregivers and seniors without dementia. All of the programs include other individuals; none are exclusive to individuals with Alzheimer’s disease and dementia only.

Three quarters (75%) of the programs are free to all participants. For those that charge a fee, 22% charge the community organization or the care facility pays, 17% charge individual participants with dementia, and 5% charge the caregiver. Two people noted that other charges outside of admission might apply, including fees for art workshops. One person specified that private Alzheimer’s disease and dementia programs might also be contracted within their space, at which time the museum charges a fee. Another person explained their charges as, “A one time per month program is free to participants with dementia and caregivers living at home, but care facilities coming as a group on other days pay.”

Many programs are held in more than one location. Almost all of the programs (98%) take place in the galleries at the museum; 45% in a classroom, art studio, or other non-gallery space (at the museum); 18% off-site, at a care facility or other senior care organization; and one person noted their program is sometimes held in the museum’s garden. Respondents could select multiple responses so the percentages total over 100%.

Survey participants indicated the types of activities their program offers to the Alzheimer’s disease and dementia audience. (See Figure 5.) Almost all of the programs engage their audience by looking at art and talking about art. Most museums offer a variety of activities within a single program. Of those who chose the “other” category, two people each mentioned garden

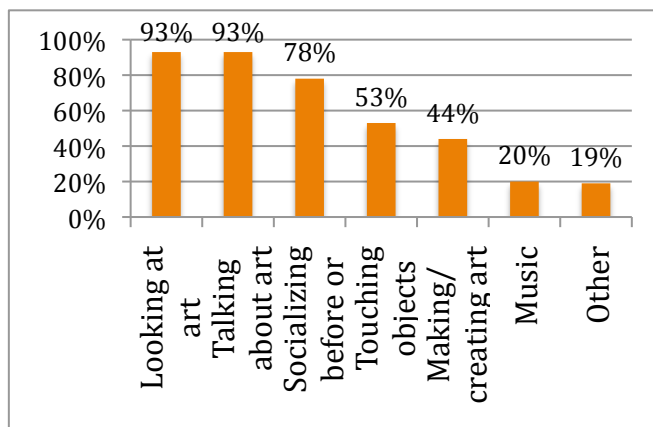


Figure 5: Types of Activities Offered

tours, sensory experiences/tours, creative storytelling and poetry, ballroom dancing, and transportation-themed activities (covering the topics of the bicycle, the electric tramway, and royal automobiles). One person each added lunch, a Natural History Museum (not art), and theater.

Use of Resources

| | |
|---|-----|
| Meeting or conversations with MoMA staff | 78% |
| The MoMA Alzheimer's Project book | 73% |
| MoMA staff in-person training for museum educators/docents | 69% |
| The MoMA Alzheimer's Project website | 64% |
| MoMA presentations at conferences, symposia, and/or online webinars | 49% |
| Other | 8% |

Figure 6: Use of MoMA resources

The survey asked participants to identify the MoMA Alzheimer's Project resources that they used in developing their program and how those resources influence program decisions. Based on the table in Figure 6, it is clear that many museums used more than one MoMA resource in

planning their program. Of those who answered "other", two mentioned conversations with Carrie McGee, which they described as instrumental, invaluable, inspiring and helpful. Two other people mentioned they did not use MoMA's resources to develop the program, but one later attended a MoMA seminar and the other based their program on MFA Boston's program prior to contacting MoMA. One person cited a conference organized by Optimal Life Designs, which included MoMA staff and medical experts.

Some of the comments practitioners wrote about the effectiveness of MoMA resources for the AD/D programs are as follows:

Although we ended up taking a slightly different road, the excellent written materials from MoMA were absolutely invaluable to us. The conference also featured local people who worked with arts and this population. We instituted a learn-as-we-go approach with two organizations (one live in care, one adult day care) with a reputation for excellence and for doing research.

MoMA was the initial inspiration that started our museum's interest in developing a program for people with Alzheimer's and memory loss. The MoMA programs were the original impetus for the Helen Bader Foundation to work with Wisconsin museums, providing funding for research and training to begin a museum based memory loss program.

The Education staff at MoMA was a wonderful resource, particularly during the initial phase, when we were gathering ideas and information to develop the structure of the program. Through MoMA's knowledge, examples, training sessions and printed and on-line resources, our initial program planning and piloting phase went smoothly and successfully.



The great response from participants in the program has reflected the attitude of the MoMA Program and the importance of art in the lives of people with Alzheimer's and Dementia, also the importance of unlocking the emotive response and the experience in a beautiful gallery space, and the influence of beauty in their lives.

The audience this program serves is as complex and heterogeneous as the general public. Therefore, the strategies that MoMA espoused really showed that with just slight adjustments (or being aware of certain things); this program could be led like any of our other gallery programs. We use inquiry, hands-on materials, themes, and other strategies in the same way.

Survey participants also identified the degree to which MoMA resources, MoMA staff, and/or MoMA training affects their decisions about program design and/or

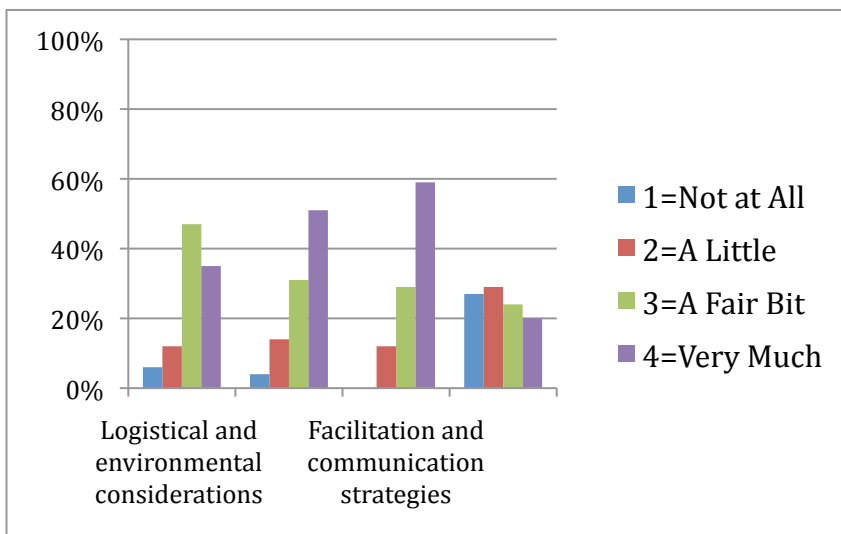


Figure 7: Degree to which MoMA resources affect program decisions

implementation components. As illustrated in Figure 7, clearly the MoMA resources are important to most practitioners in the areas of “Facilitation and communication strategies” and “Teaching methodologies.” The full descriptions of the choices respondents had on the survey are as follows:

- **Logistical and environmental considerations** (E.g., availability of sound amplification devices, stools, distributing nametags, having the program at low attendance times)
- **Teaching methodologies** (E.g., scaffold or structured approach to looking and talking about art, discussion activities, presence of a relevant theme, materials-based art making workshops)
- **Facilitation and communication strategies** (E.g., repeating answers and questions, being aware of scenarios, adapting inquiry strategies)
- **Extension activities and special events** (E.g., art-making, exhibition/display of participant artwork, special event for socializing, reproductions to take home)

A few comments were provided about other influences on the development and implementation of the individual AD/D programs are as follows:

I was interested in the research methodologies applied by MoMA and Mount Sinai Medical School and developed my own tools to test the effectiveness of the program I offered.

Our program is developed through collaboration between docents and curators, so we all influence each other based on our experience and thoughts about how the program should unfold.

My research and first hand experience in the galleries with this audience has formulated many, many decisions about program structure.

Frequency and time of day was something that we looked at very closely across institutions that offer this kind of program, including MoMA.

There was some discussion about times to hold the activity. We opted for doing the activities during opening hours and it has not been a major issue. In fact I think that the groups enjoy being in an environment where they do not feel that they are singled out.

We [have been influenced] by the way the Minneapolis Institute of Art implements their programming for individuals with memory loss.

Community Partners

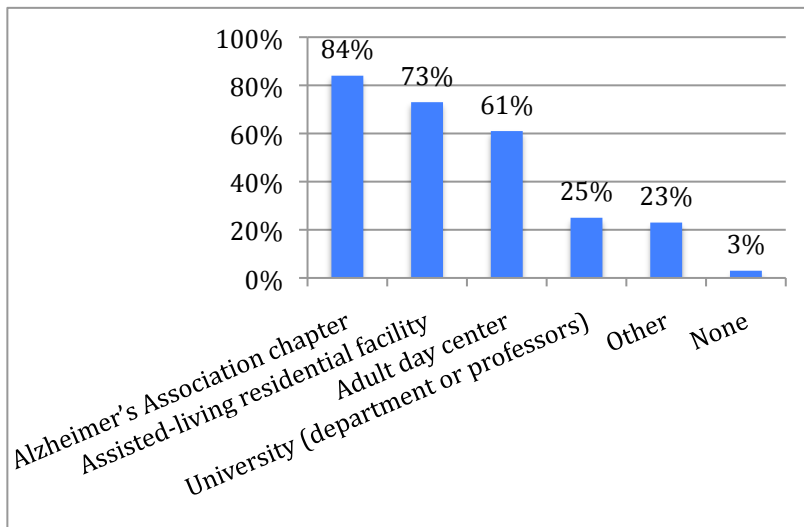


Figure 8: Types of Partners

Many museums collaborate with more than one outside organization to implement the AD/D programs (See Figure 8). Most organizations partner with their local Alzheimer's Association and/or a local assisted living facility. Almost 2/3 of the respondents indicated that they also partnered with adult day-care centers. Of the fifteen people who

answered "other," six indicated that they worked with other museums and two specifically mentioned MoMA. Two people cited working with the Cleveland Clinic and two others mentioned working with outside arts organizations, specifically, Arts & Minds, Inc. and Art to Go.

Funding

Almost half of the AD/D programs do not have special funding as the costs tend to come out of departmental budgets (See Figure 9). About one-quarter of the programs have special grant funding. Of those who answered "other," three people did not know how to describe the funding, three people indicated their

funds were provided in part or full by private donors, one mentioned that their partner, Arts & Minds, Inc., covers most program expenses (educator cost, supplies, food/refreshment), and one person indicated that there is no funding for the program.

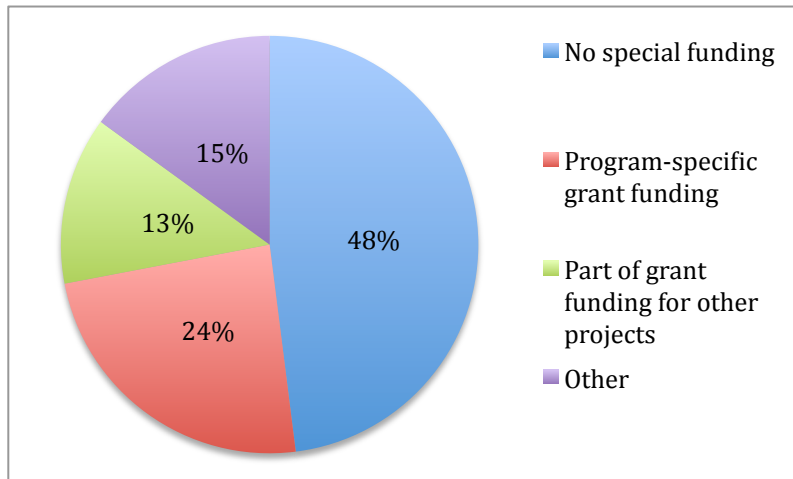


Figure 9: Funding for AD/D program

Respondents indicated if they sought or are seeking new funding in order to and/or as a result of establishing this program and if so, is the funding limited to programs for people with dementia or does the funding cover broader audiences (e.g., older adults, individuals with cognitive disabilities, general access programs/initiatives).

Sixty-one percent of people surveyed indicated that they have not sought new funding while the rest (39%) said they have sought new funding for this program.

Of the 39% who have sought extra funding, just over half (53%) fund only the programs for caregivers of and/or individuals with dementia. Forty-seven percent mentioned that their funding covers a broader range of programs. Four cited programs for older adults, and one each for education, mixed audiences, general access programs/initiatives, general health related issues, individuals with cognitive disabilities, and one person indicated they did not know how to answer the question.

Evaluation

Two-thirds of the sample indicated that they had conducted an evaluation of their program. Respondents who had evaluated their AD/D program were asked to describe one thing they learned from the evaluation. Many people mentioned that general visitor feedback has been overwhelmingly positive. Program participants are appreciative and have fun. One person noted the need for programs like this, but also mentioned a need for “better marketing and more consistent funding,” while another learned evaluation is crucial to their program’s success. Respondents also mentioned how the program benefits the caregiver and care-receiver, elevating their moods and improving their relationships. The following quotes represent what practitioners have learned from the evaluation of their programs:

Relationships/Social Connection

The program is much appreciated by family members who are thankful for time out with their loved one in a stimulating environment.

Caregivers particularly value the time to be creatively engaged with other families in the same situation and the opportunity to do something with a loved one that can so unexpectedly trigger enjoyment, memories, and speech that they thought were lost.

Being inclusive of care partners is essential. Our program provides care partners relief, as well as an opportunity to see their loved one/person in their care in a fresh light -- active in his/her community.

We have research to support that our program strengthens the relationship between professional care partners and the people living with dementia.

The majority of our visitors come back month after month. They like the positive social interaction with other couples and docents.

Value to Participants with AD/D

[We learned about] the developmental significance of the program. There are many in the program that not only remember fragments of their lives, but are able to share their memories with the others in the group. They are less agitated and happier and the nursing staff have found them easier to settle particularly soon after the visit and for some for several days afterwards. The giving out of the postcards has also helped them retain the memory of the visit and for them to remember how happy they were during their visit to the gallery.

The participants love the program and keep returning. They appreciate having a special place to come to where their differences are not an obstacle to participation.

Our evaluation has focused on staff (caregiver evaluation) regarding changes in alertness, mood, responsiveness, and expressions or signs of enjoyment in the person with memory loss, which has been strongly commented on by staff caregivers.

Our participants value both the learning and the reminiscence aspect.

Importance of Art

[We have learned about] the importance of art to people living with Alzheimer's and dementia.



Survey participants also talked about the evaluation and its effect on their approach to the program; what was working and things they needed to change. The following quotes reflect their experience:

The Memory Lane program was received with a great appreciation and gratitude, both by the patients and the caregivers. It is necessary to have enough time for the tour; using the elevators etc.; not too many works for the tour, 3-5 is enough. The objects connected to the works worked very well (a piece of birch bark, a piece of special pine soap used in the countryside to wash the carpets, a brush, a silk scarf, a bark boat etc.). Many times they inspire and arouse a vivid conversation.

We conduct evaluations of each tour via an evaluation form filled out by the group coordinator. Volunteer Docents most often hear that the group should be treated as adults and not to decrease expectations of the kind of information to share. Biggest lesson: A smile is as rewarding and indicative of understanding as is a verbal response.

We learned that a program for senior audiences has to be flexible at every moment, and requires a diverse set of strategies. What works for one group does not necessarily apply to another. For the program to succeed it requires patience to develop strategies, and you must be willing to change them as the situation develops.

Participants and activity directors of the senior organizations we visit with our non-Alzheimer's outreach program welcome a more interactive/discussion approach implemented by our volunteers.

We need to help people sit close to the artwork, but no one likes to be up front. Therefore, we created large reproductions of the work to pass out to participants so they can see the work more easily. They take all three reproductions home.

For those people who indicated that they did not conduct formal evaluation of their AD/D program, many request regular feedback through informal questionnaires, surveys, and dialogue with participants, observers, and peers. The following quotes represent some their views:

We've only conducted an informal evaluation. Feedback seems to be very successful, [the program is] producing positive moods and good family exchanges. All seem to love it - including the docents - who feel privileged to be involved.

We often talk informally after the tour to discuss problems and possible improvements.



We spent over a year piloting tours with a local group, then did several "low profile" pilots with individuals recruited by the Alzheimer's Association before officially going public with a special event this week. So our focus has been heavily on logistics and the timing isn't right yet for developing any kind of formal evaluation tool. We have been getting informal feedback after every tour from our community piloting partner (who has MoMA training and has used the tour techniques with her own groups for years) and from our partners at the Alzheimer's Association. We would love to see evaluation tools for these tours shared between museums if applicable.

It's still early, although we discuss and evaluate each tour with group leaders and staff/volunteers involved in an informal way.

We have only had two pilot sessions. We have casually discussed the program with the visitors, but have not conducted an in-depth evaluation.

The evaluation was very informal and done with questionnaires at the end of the first year of the program. I would like to conduct something a little more formal but time and resources are a factor.

We haven't had the funding to conduct an evaluation, though this is something we would really like to do in the future.

Four people noted that their program was still in its early stages and therefore not ready to be evaluated; and two people mentioned a shortage of resources. One person each cited the following reasons for delaying an evaluation: other priorities, a lack of program participants to be statistically significant, already having access to an evaluation (conducted by their local Alzheimer Association who surveyed their program), and staff changes at their partner institution. One other person explained that they did not, at this time, see a need for an evaluation, but did not elaborate. The following quotes reflect where some practitioners are in the evaluation process:

We are now working on a museum generated evaluation component. The implementation of our program is just over a year. We have concentrated on training the docents this year. We did have a questionnaire, but the questions were too open-ended and the participants did not want to fill it out. We have had response letters from the individuals involved that have been favorable.

I am in the process of recruiting an evaluator to evaluate the program.

Our program has evolved quite significantly over our first year and we are just now getting to the point where we have a consistent program that is ready to be evaluated. We will be conducting evaluations over the next year.



Evaluation Question 2: Effect on Museum Practice & Community Relationships

- To what degree does this programming affect the museums that implement this type of program and their relationship to their community?

Of particular interest in this study was the ways in which this program has influenced professional practice in other areas. Specifically the survey sought information on the ways in which AD/D program practitioners have worked with other museum departments and how the pedagogical strategies have influenced educational practice. In addition, the study explored ways in which the AD/D program shifted perceptions of and by partners.

Shifts in Internal Practice & Perception

Involvement of Other Departments

| | |
|---------------------------------------|----|
| Security Department | 11 |
| Education Department | 9 |
| Visitor Services/Volunteer Department | 8 |
| All Departments | 7 |
| Curatorial/Exhibitions Department | 7 |
| Marketing/PR Departments | 7 |
| Development Department | 4 |
| Art Department | 3 |
| Facilities/Operations Departments | 3 |
| Other | 4 |

Figure 10: Range of Departments involved in AD/D Programs

The survey asked participants how they have involved other departments within the museum in developing their AD/D program. Figure 10 lists the various departments that were mentioned. Many practitioners noted that more than one department was involved in their AD/D program. One museum practitioner commented on an increase in cross-departmental communication: "*As the program has gained attention internally, it's increasing awareness and conversations about our aging audiences.*" The following are some additional quotes from practitioners' comments:

Security Department

Our program is offered when the museum is closed to the public. For this reason, we work most closely with our Security department to make sure visitors are still welcomed to the museum and can make it to our meeting location in the most straightforward way.

We find when security staff is advised in advance about the type of tour that will be taking place in their gallery, they are extremely supportive.

Since we offer the program on a day the museum is closed to the public, we work closely with our security staff to make sure the gates are open and lights are on in appropriate galleries.

Visitor Services/Volunteers



This is an educational experience so the teachers/facilitators come from the Education department, but they are also volunteers so they are also considered part of our Visitor Services Department.

Our visitor services manager and volunteers all help with administrative tasks related to this program.

The program is going on in constant cooperation with our customer services department, which is receiving the bookings and conveying the needs and wishes of the Memory Lane groups and individuals to the Memory Lane guides.

Our docent coordinator is very involved with selecting docents best suited for the job.

Docents are enlisted from other educational programs.

ALL Departments (Training)

ALL staff and departments went through training with the Alzheimer's Association to build awareness and learn techniques and tips for interacting with people with Alzheimer's disease and memory loss.

Other departments were offered the option of coming to a general training on Alzheimer's, which was helpful if any of them encountered the groups while out in the garden.

Curatorial Department

We have worked with our Curatorial and Operations departments to make the museum environment more comfortable for the senior audiences that come to our museum programs. This has resulted in more seating, larger exhibition text, grant proposals for assisted listening devices, etc.

Our Education department works with the Exhibitions department to understand current and future exhibits and train educators on exhibit information, which is crucial in the development of the content of the Alzheimer's programs.

We have a staff of four people and we work together very closely on most everything. The Curator of Collections helps select and make accessible specific artworks for our SPARK program.

I have involved the Exhibitions Department with the selection of works in the galleries.



Marketing/PR

I have involved the Marketing Department for our PR needs.

We've been in close contact with our marketing, design, and editorial team in developing an identity for the program.

Development Department

The Education department also works closely with the Development department on the program's funding sources and developing new directions for the Alzheimer's program.

I am constantly begging the Development Department to look for new sources of funding.

The Development department has our Art & About "wish list" for potential program funders.

The development team has observed the program to properly promote it to future funders.

Operations Department

Housekeeping is alerted as to what parts of the museum we will be using so they can adjust their schedule if necessary.

Security and Visitor Services were part of the planning team and continue to be vital to the smooth operation of the program.

Other

The library has provided assistance in researching objects. The Education Department has been a driving force for this program.

The director helps to promote the program.

We have collaborated with our Performing Arts Department to provide performance opportunities for memory loss groups. We currently have an exhibition with 9 galleries devoted to the theme of "memory" in the arts. There is also an art-making component to our program.

We have had dialogues with the Department of Medicine. The Assistant Curator of the access program for people with dementia has presented together with project manager Amir Parsa at the XXIIIrd Nordic Medical History Congress hosted by the department of Medicine.



The survey also asked participants how they imagined involving other departments in the future (Figure 11). The following quotes represent the responses to this question:

The Arte Musica Foundation that is housed here at the Museum and coordinates the musical programming in our new concert hall will be putting on special concerts for some of our participants (along with other special audiences).

We would like to engage the Education Department in the program and provide an art making activity for the Art & Memory service to the community.

| | |
|--------------------------------------|---|
| Art/Music Departments | 6 |
| Marketing/Communications Departments | 5 |
| Development Department | 4 |
| Education Department | 3 |
| Curatorial/Exhibition Departments | 3 |
| Guest Services Department | 1 |
| Family Programming Department | 1 |
| All Departments | 1 |

Figure 11: Departments considered for future involvement

I imagine the education and art-making department will be able to provide a greater variety of programs for people living with Alzheimer's and dementia, utilizing the many talents of the gallery staff. In the same way that they provide innovative programs for children, the gallery will be able to provide innovative programs for the Elders, who also have a great gift to contribute to society by opening up their world experience again.

We have just begun to use another facet of the education department. Art to Go is a suitcase program that goes out to Assisted Living Centers and presents the program to groups who cannot make it into the museum. We have also piloted a project to bring those groups into the museum where possible and have a whole group in the CMA. Our regular Tuesday monthly sessions are primarily individuals and their caregivers who sign up for the program.

[We plan] to work with the Community Affairs Department to better promote the opportunity to assisted living facilities and day centers.

It is possible for Education and Public Programs to create an outreach effort using docents who have had very positive experiences. Those docents might identify churches, care facilities, and other prospective agencies benefitting from access to these tours. The tours at the MFAH have been very successful in providing both intellectual and social interaction. Not only to the recipients benefit, but the docents exchange articles about new research results which could improve communication on the tours. That is not a department; it is a benefit, I know.

We will continue to work with Exhibitions and Development departments as our programs continue to develop and grow. The museum's marketing staff is also an important factor in the growth of the Alzheimer's program.

We would like our Curatorial and Exhibition Design departments to think about image selections and layout considering the needs of our participants with Alzheimer's and Dementia.

I would love to bring Curatorial into the conversation around this program, as they consider selection of artwork, artwork placement, and didactics, which all impact the audiences' experience with the work.

We are working towards involving guest services volunteers in greeting the groups and logistics during check-in (thus far it's just been docents and Alzheimer's Association representatives).

I think doing a form of intergenerational programming by involving family programs in our planning would be potentially beneficial.

I would like all of our departments to assist and participate in our Alzheimer's programs to help the entire museum understand this audience and value their presence in our institution.

One person noted the museum did not see the need to involve other departments and two people wrote about collaborations outside of the museum. One mentioned potentially working with the Carnegie Museum of Natural History and The Warhol Museum to develop a program series; the other talked about working with "Caregivers and people in arts programming for this population if, and when, we decide to train and recruit others."

Effect on Practice

Many survey participants referenced how their pedagogical approach for their Alzheimer's disease and dementia program has been applied to other programs and tours within their museum. Some people mentioned experimenting with teaching strategies employed with their Alzheimer's disease groups – inquiry methods, touchable objects, and more limited selection of artworks – with other types of audiences. The following quotes represent their views:

The approach we use for the SPARK program is often repeated with other programs, particularly school tours. The facilitators and I plan our SPARK tour very thoroughly by selecting three artworks based on our theme and then what approaches we will use at each artwork. Often, once this work is done, we use the same questioning/ activities/ poems/ songs with other groups.



We have incorporated many of the open-ended questioning tour strategies and story telling processes into our school tours.

We have been encouraged to use objects that can be touched, looked at, or smelled to connect to the art works. We use this with other groups, such as school groups. Young people with no disabilities have been delighted to try a new approach to art.

MoMA's program and training have had a tremendous influence on how I engage participants (especially students) on other tours. One teacher said she'd been bringing classes to our museum for 11 years and this was the best tour she'd ever been on!

We model many of our non-Alzheimer's tours based on the interactive, scaffold approach of our Alzheimer's tours. Some pedagogical experiments we have tried in our hands-on programs, such as providing experience with a subject first and connecting it to content second, are strategies we are now trying in our school-based programs.

I feel the Inquiry Method is an effective and delightful way to experience art with our Elder HeART visitors. We also feel it is very strong with other audiences and this approach is being incorporated into tours for school children and adults. One challenge with school children is to meet school curricular objectives during the tour, as part of No Child Left Behind. This translates into offering more "information" than we do with our Elder HeART visitors.

The program has influenced the way the whole of the Access Program is delivered. I am currently implementing inquiry-based learning as the foundation for the program.

The materials from MoMA give food for thought for all group programs in terms of what art work to use and how to arrange the physical presentation to best fit the group. We have become especially mindful of selecting pieces that are easily accessible and low enough for little ones to see.

The team is six docents and the Director of Education. To develop this program we have formed a learning community. The docents have steered this program in a very multi-sensory direction with less verbally based inquiry teaching based on their experiences with groups who are pretty far along on the spectrum. They incorporate acting, music--particularly singing, and touch. This has sparked other discussions about multi-modal learning for other adults. This program makes extra demands on staff and our facility, but it seems really inspiring to people.

We already use an inquiry based, interactive approach with many other audiences, but incorporating popular culture: lyrics from music hall numbers, texts from revues relating to the topics we talk about on the program is we think unique.



Other survey participants referenced how their existing pedagogical approach has influenced their Alzheimer's disease and dementia program. The following quotes reflect this kind of experiences:

Our teaching in the Alzheimer's program is very similar to our teaching in other gallery-based programs. We develop programs around an organizing theme, select approximately four works of art, and ask questions that spark rich discussion. There are some slight differences in the structure and the questioning strategies for this audience, but our teaching of other programs has greatly influenced how we lead the Alzheimer's programs.

As Amir stated in [MoMA's] training session with the docents, it's not that different than how we treat any visitor. We want to be warm, caring, and addressing the interests of all of our visitors. The interactive model and the opening up the session for dialogue is a model we have been using in all our teaching programs for at least 10 years now. Our docents were already onto this more visitor centered approach and I think that has really helped them to make the new Alzheimer's project such a success.

Honestly, our existing pedagogical model for tours and hands-on art-making experiences has played a huge part in the development of our Alzheimer's program. Our tour model is conversational -- it focuses on getting participants to contribute to meaning making around a work of art. Tour guides facilitate the discussion, which integrates careful observation, open-ended questions, and the delivery of some art historical information. The tour is meant to be social, self-reflexive, and an opportunity for learning at various levels. In our art-making experiences the art lab coordinator fosters a social environment where making and connecting with those around you are given equal weight. Socializing is given more emphasis in our Alzheimer's art-making experiences than in, say, K-12 experiences. No matter the audience, the activity is always modeled and people are given the opportunity to present their work if they wish. In the Alzheimer's art-making activities we tend to have more volunteers/staff on deck to assist with selecting materials and manipulating tools. This is a difference.

The pedagogical approach to this program is in line with the pedagogical approach in all of our other gallery experiences. This helps the program fit in with the experience we offer at the museum, rather than being an aberration from what we do.

I use the same interactive approach that I use with other groups of adults and children (encouraging active involvement of all, personalizing the experience, i.e. meeting the folks outside, walking into the museum with them, and chatting before and after).



Many participants wrote about how their experience with their Alzheimer's disease and dementia programs directly impacted how they framed the overall program experience, and therefore affected their group communication and facilitation strategies when teaching:

People really respond to a warm, welcoming approach, and though the cognitive aspect is definitely important, the program is a nice opportunity to talk about how the artworks trigger memories and feelings. I believe that this is probably true of all groups, especially those who are more fragile in terms of mental and physical health.

I became focused on the idea of providing a comfortable and supportive space for all participants rather than focusing strictly on content and outcomes. I work to create moment-to-moment positive experiences that are not based around memorization. I also am more aware of the different places that people are working from and try to accommodate all of those needs rather than focusing on the "high functioning" people.

Through working with the Alzheimer's audience, I have become more aware of really slowing down and allowing time for answers, and have focused a bit more on engaging every participant in a group in a way that works for them.

The need to slow down and have quiet intervals is important. It is also important to use direct questioning to the involved participant so as to involve him/her, looking at art as a search, a reinforcement of "sleeping" knowledge, enjoyment.

Learning and using names is essential to focus, attention and relationship; Walking around the edges and/or moving toward the one asking questions promotes dialogue and follow-up; introducing an art term or an important date can be printed in large type and held up at the appropriate moment.

I have learned to be very flexible with respect to my lesson plan and to be prepared to go in a variety of different directions once the class begins. Even though the class focuses on photography I have incorporated many tactile and theatrical elements, which the participants really enjoy.

I have better patience, especially waiting for answers to my questions. I find myself taking more time with individual art pieces during a tour.

Our program has heightened my awareness about successful communication skills. I am much more aware of pausing, crafting my questions for emphatic responses and allowing their responses to drive additional questions.

Our teaching staff looks forward to this program every month. We have the same core group of people that come every time and we have developed a close relationship with them. We have learned about the importance of conversation and humor in our work.



Some survey participants explained how their program and approach have encouraged docent and educator development by providing opportunities to incorporate new teaching techniques, and by increasing sensitivity to and awareness of diverse audiences.

Our Gallery Teachers (graduate students hired as museum educators) lead these sessions with our teaching staff. We have found that the multi-generational approach has helped the graduate students understand more about aging, and has allowed for deep conversations and connections between the visitors and teachers.

Our volunteers, who visit and present at senior community organizations, observe our Alzheimer's program. This has become a vehicle for additional volunteer training, and has helped support one of our training goals: to direct our volunteers towards an interactive/inquiry/discussion approach rather than lecture format.

It has helped to influence the docents in-gallery techniques, conversation based experiences with all age groups. I think it's also allowed them to be more flexible with all groups, to have a better understanding of the diversity of museum audiences.

It is increasing sensitivity among docents of the range of abilities they see in their regular tours. Our regular touring philosophy emphasizes interaction (high level for school groups, but also for adult groups) - and yet it continues to be surprisingly difficult for docents to limit the amount of content they share, limit the amount of their own "telling" time, and to tour objects they haven't been trained on or haven't researched heavily. This is something to continue working on.

Our program has utilized for many years the methodology necessary in conducting tours for people with dementia (VTS information infused tours). We have adapted our approach to the needs of this audience, but basically we are fortunate in already having in place the appropriate methodology. Having said that, I believe wholeheartedly conducting tours for people with dementia enhances

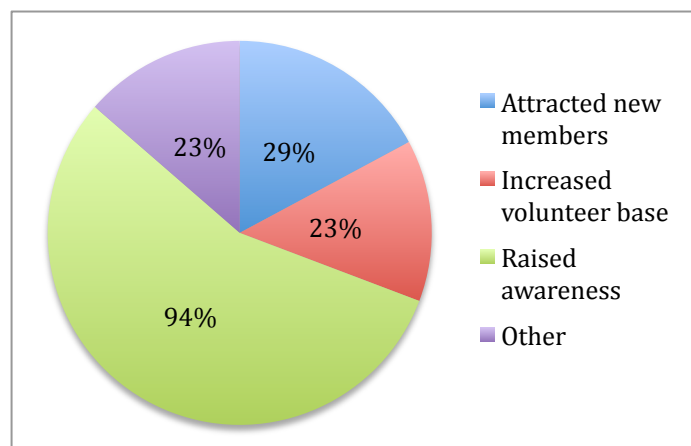


Figure 12: Institutional Impact of AD/D programs

docent-touring capability. I see it happening. Getting docents to believe this and understand this is another thing.

A few practitioners referenced ways the program has encouraged them to continue to train to be more effective and better meet the needs of this audience and audiences with special needs, in general. One person wrote about how they began attending trainings geared towards working with audiences with other special needs to develop more inclusive, accessible program options in the future, while another participant mentioned that following on-going research on memory loss has impacted their teaching delivery.

Institutional Impact

The survey asked participants to indicate *other* ways in which their AD/D programs have impacted their institution. As Figure 12 illustrates, the majority of respondents indicated that their program has raised awareness of the potential for new audiences. The program appears to have attracted new members and increased the volunteer base for some museums. Of the 14% who answered “other,” four people mentioned that the program has generated a general feeling of goodwill, inspiration, and appreciation. One person, each, cited raised staff awareness of Alzheimer’s disease and the role the museum can play in their lives, raised awareness of individuals with special needs and the need to approach all visitors with dignity, humor and openness, inspired an exhibition and programming theme, trained existing volunteer guides, and built a new community of people loyal to the museum.

Broadening and Strengthening Community Relations

Additional Programs and Partnerships – at the Museum and in the Community

The survey asked participants how their program has spawned other related programs and or/ways of serving their community, outside of their programming for people with memory loss. Figure 13 lists the categories of community

| | |
|--|----|
| Public discussions around aging & art | 11 |
| Workshops on age-related issues | 9 |
| Don’t know | 9 |
| Influenced other partnerships | 6 |
| Offer museum as a meeting place | 4 |
| Continued learning/increased awareness | 4 |

Figure 13: Institutional Shifts

influence along with the counts for the number of times respondents noted those categories. Public discussions around creativity and aging issues topped the list followed by workshops focused on age-related issues. Several people noted that the AD/D programs stimulated them to create new partnerships, to offer the



museum as a meeting place for age-related groups, and to learn more about age-related issues.

Survey respondents were asked to explain their answers to the above question. Almost half of the twenty-five people who responded to this question described how they extended their Alzheimer's disease and dementia program in their communities to include additional programs, offerings, and partnerships. Some have hosted workshops, panel discussions, a film series, and national conferences at their institution. The following quotes represent their views:

The Museum has held workshops for museum staff and volunteers, as well as the general public, about the program. We now have an active advisory group that meets to discuss the program and other activities in the community. We allow community partners to meet at the museum for unrelated meetings.

We recently held a panel discussion that looked at the intersection of accessibility and cultural programming in the Twin Cities (Minneapolis/St. Paul). Many people expressed an interest during the Q & A at this event in learning more about cultural opportunities for older adults. We will take this interest and hold another resource and sharing opportunity this fall at our institution. We will invite representatives from area museums, performance venues, and universities to speak as well as ask organizations such as the Alzheimer's Association and groups focused on care and independent living to be present. Additionally, early-stage advocacy groups are beginning to meet at our institution.

The Alzheimer's Society is going to be holding an Alight at the RA event here for National Dementia Awareness Week.

We just hosted a two day national conference together with three other museums and a municipal resource center for dementia for both museum and health care professionals. The conference had more than 100 participants.

While we have yet to hold workshops or private meetings, there are plans (pending funding) to hold a training workshop here for our statewide partners so that facilities throughout Virginia can develop a similar program.

MoPA has hosted and organized a six month long film series/festival entitled "Coming of Age" which deals directly with aging and memory loss. This festival was a success and will be held again next year.

Several practitioners referenced being sought out by those working with the aging community in their area, while others mentioned invitations to speaking engagements, including panel discussions and conferences. The following quotes reflect their experiences:



I have been asked to speak at two conferences on age and vitality in our community since we launched our SPARK program..

We were contacted by [another group] as a result of our Rendezvous program for individuals with Alzheimer's. We decided to work with them on an as needed basis. We've only had one group, but they were very responsive and we were encouraged with the level of participation.

One of our curators was asked to participate in a panel about aging and creativity at a local art museum because of our Alzheimer's tour program.

Some survey participants mentioned that they have been motivated to serve additional audiences because of their involvement with their AD/D programming. Three people mentioned their museum's accessibility programming. One noted that their museum is, "Just starting to give access programming its due attention"; another mentioned researching and planning to provide a program with the same guidelines as their Alzheimer's disease and dementia program for people living with Autism; and one other person mentioned a tea dance held at their museum for older people affected by mental illness and dementia and their "befrienders."

Two people explained that their museums are not currently in a position to offer additional programming. One person noted that the "focus has been on one specific facility and group of people" and the museum is not able to expand given their staffing.

Press

The survey asked participants to describe the press they have received and could select multiple responses to this question, therefore the percentages in Figure 14 total over 100%. Of the fifty-nine people who answered this question.

Almost three-quarters indicated that they had publicized the program in a museum publication such as a newsletter, museum magazine, or flyer. About two-thirds have published or had an article written about their program in a newspaper or magazine. One person who chose "article in newspaper/magazine" as a source added that the article was in their museum

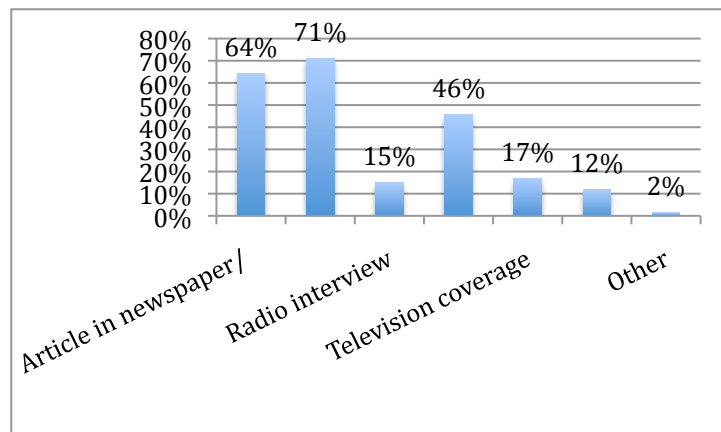


Figure 14: Press for AD/D programs

magazine for museum members; another noted that their article had not yet been released, but “will be in the gallery magazine and the in-flight magazine of Qantas Airline.” One person who chose “Blog posting/other online sources”, specified the Alzheimer’s Association website and one person mentioned flyers as a source of press.

Many museums use internet publication resources, such as blogs, e-zines, and, specifically, their local Alzheimer’s Association website. One person provided a comment in the “Other” section: “We consider this a pilot program, so have avoided press, we are only working with two organizations. However, we recently did press release and allowed partners to promote it through their press sources.”

Future Directions & Advice

Future Directions for the Program

Survey participants were asked to think ahead about the next 1-3 years of their program and what they have planned, or hope to implement in the future. Each participant chose 1-3 statements that expressed their future intentions. Figure 15 lists the ways in which respondents want to move the program in the near future. Most organizations want to attract more people to the programs, increase training for staff and volunteers, and to secure funding to do those tasks. Several museums hoped to add an art-making component. In some cases this would involve a studio project as part of the regular visit and in one case, a museum educator noted that her museum would like to offer an art-making workshop twice a year for this audience.

| | |
|--|----|
| Attract more people to the program | 30 |
| Increase/enhance training | 24 |
| Seek new funding | 22 |
| Seek press coverage | 15 |
| Offer more programs | 13 |
| Keep it as it is | 10 |
| Add an art-making component | 5 |
| Conduct programs off-site | 5 |
| Change a logistical aspect (e.g. time, schedule, entry, accessibility) | 5 |
| Incorporate a special event | 4 |
| Add a touchable object component | 3 |
| Evaluate the program | 1 |

Figure 15: Future plans

One practitioner, who wants to expand the program, explains the issue this way: “We are working on how to expand this program appropriately for our size and staffing, without losing the high quality and learning community. We are considering seeking funding, but are at the stage of evaluating our purposes and goals. [We are also considering] how, given that we are university-based, we can be a site for research.”



Advice to Those Considering Starting an AD/D Program

At the end of the survey, practitioners were asked to reflect on advice they would give to an organization intending to start an AD/D program. The most frequent piece of advice was to work with experts who know about this group, specifically the local Alzheimer's Association chapter, MoMA, and other professionals in the area. The second most frequent category of advice was to start small, pilot test the program, be realistic about what you can accomplish, and be patient. Offering high quality and frequent training for all staff working with this audience was another trend in the responses. Using regional experts in the field of age-related issues is a key component of a successful program. A few people noted the importance of hiring flexible staff and recruiting volunteers who could work with this population, as well as the importance of listening to the volunteers who are working with the group and being flexible as the program proceeds. The following are representative comments from practitioners:

Drawing on Resources & Partnerships

It is well worthwhile to partner with the local Alzheimer's chapter.

Planning with the Alzheimer's Association and also people living with Alzheimer's was critical to our program.

Consult MoMA and your local experts in the field. In the UK this would be your local PCT and branch of the Alzheimer's Society. Also, try to consult people with Dementia and their care-givers as much as possible.

Seek constructive partnerships and make sure you build good, sustainable relationships with everyone involved as you proceed.

Contact facilities and support groups in your area to see how willing and able they are to participate. Many will express interest, but may have logistical reasons for not being able to become totally involved.

Get community buy in. We identified 30 potential partners and have hosted two lunches where we explain the program and ask them for their feedback. They have been referring people to the program and are an amazing support network.

Establish as many community partners as possible---adult care centers, etc.

I would encourage all museums/arts organizations to work together and start a similar program.



Start small, be realistic & patient, planning is key

Having a single group to pilot tours with from the target population was incredibly helpful. It gave our docents great opportunities to observe and practice tour techniques, interact with the target audience, and experiment with logistics, before going public.

We created a very targeted program that 1) we could handle and do well; 2) our staff and facility could support; 3) would allow us to learn a lot in a pilot phase and to consider next steps from a solid foundation; and 4) be truly satisfying to all concerned. So my advice would be to consider these elements in your decision.

Be patient with getting the word out.

Take your time, talk to people who have been through the experience; feel comfortable borrowing approaches that are already out there.

Small steps. It took me 2 years with one Senior Care Center coming for tours and lots of observation and research to make this happen, BUT MoMA's model and resources can certainly help expedite the process for any museum!

Trust that the program will be rewarding

Our Alzheimer's Program is such a worthwhile and necessary program for both patients and caregivers and I would encourage other organizations to consider a program for their institutions.

It is a rewarding experience to work with this population.

Offering a program such as this is extremely rewarding for everyone involved. Our educators feel that they are really making a difference in the lives of the individuals attending the program and practically argue about who will be doing these workshops! The participants are very appreciative and we have all become very attached to our regular users of the program.

As an educator, you will gain as much from this program as the participants. Although initial development of the program was time intensive, the program costs little to develop and the results are enormous! And it is a great opportunity to work with this audience.

Training

The training for this program was excellent. Having the group hear a variety of persons affected by Alzheimer's--spouse, patient, caregiver, Alzheimer's Org.,



and Alzheimer's specialist--and complete orientation with a MoMA educator seemed perfect.

Training to people in direct contact with guests with Alzheimer's is absolutely essential, particularly regarding the progressive nature of the disease and the way to handle its symptoms (like confusion, repetition).

Take an Alzheimer's and Dementia caregiver's class. The key to working with this population is developing empathy and understanding of the way they perceive their reality.

Visit an adult day facility to become comfortable working with the audience and to observe the staff and the techniques they use.

Respect, Flexibility, Listening

Listen to the visitors, don't assume they can't do things or won't like the art; it's about the conversation and experience. It's worth every bit of effort put into it.

Respectfully receive docents' suggestions and ideas.

Flexibility is the key component. Many times the museum's "agenda" (learning outcomes, content goals, etc.) should take a backseat to the needs, abilities, and interests of the program audience. Doing this also opens up new ideas and inspirations to staff.

Hire staff that are patient and flexible.

Be sure to recruit volunteers from your existing docent pool who are passionate, friendly, open, and able to receive constructive feedback when working with this population.

Conclusions & Reflections

Summary of Conclusions

The MoMA Alzheimer's Project has, in a relatively short time, influenced many museums nationally and internationally. Most museums in the study are either in the pilot testing phase of their AD/D program or have implemented it fully for two years or less. While these programs serve all of the Stages of Alzheimer's disease, most programs serve Stages 2 and 3, people with very mild to mild cognitive impairment. Organizations that work closely with senior care facilities tend to work with people in later stages of the disease. Although the focus of these programs is on people with Alzheimer's disease or dementia, most organizations perceive the caregivers as equal participants in the program.



The majority of AD/D programs take place in the museum galleries and include looking at and talking about art. Many programs, however, also have a classroom component, usually an art making activity but they can include music, ballroom dancing, poetry and other hands-on experiences. Almost all the museums partner in some way with their local Alzheimer's Association and many of them collaborate with local senior care facilities. A few sites are part of a multi-museum collaboration.

The print, website, and staff resources that MoMA offers museum practitioners in the planning and implementation of AD/D programs are greatly used. Those running the programs say that MoMA resources influence their decisions about how to facilitate the group discussions, how to communicate with this audiences, and the teaching methodologies to use in the programs.

Funding for these programs is quite varied. Many programs have no special funding as expenses are paid out of the department's budget, most commonly the education department. Several programs have special dedicated grant or donor funding just for the AD/D programs while other museums wrap this program into funding sources of general programs or special access program initiatives.

Most practitioners indicated that their AD/D programs are evaluated. When asked for their key findings, most people said they found out that participants felt positive about the sessions and appreciated the museum for providing the opportunity. Some practitioners noted that their evaluations told them how visitors benefitted from the program, in particular that it fostered deeper more meaningful relationships between the person with the disease and their caregiver. Only a few practitioners noted how evaluation findings influenced their own educational practice in the program but in those instances the evaluation results emphasized the importance of limiting the number of art works viewed in a session, as well as the importance of always treating those with AD/D with respect and dignity. Many of those who have not formally evaluated their AD/D program are currently planning to or would like to do so in the future.

For all but one museum, this program, by necessity, involved other departments in a museum, particularly security and visitor services departments. However, many museums involved a wide variety, if not all, museum departments. The AD/D program has stimulated cross-departmental awareness of, sensitivity towards, and conversations about aging issues. Several museums provide training to all staff members on how to best serve this audience.

It was gratifying to find that so many museum practitioners have taken the pedagogical approach to their AD/D audience and applied it, in whole or part,



to their educational practice in other areas. The AD/D teaching and learning strategies have been applied to school students as well as other adult audiences. In addition, many practitioners have found that the approach to this audience has caused them to think differently about the museum experience in general. A few practitioners saw this in reverse – that their current pedagogical approach informed their AD/D program pedagogy. These practitioners already employed a more conversational, participatory approach to gallery learning overall. In many cases, the AD/D programming initiative has spurred many practitioners to seek training geared to other special needs audiences, thereby positioning the museum to be increasingly more accessible to all people.

Implementing an AD/D program has spawned a number of related programs or initiatives. For instance, some museums and their communities engage in public discussions around creativity and aging issues and they sponsor age-related issue workshops for the community. These efforts also result in new partnerships in the community and many museums offer the museum as a meeting place for age-related organizations and advocacy groups. In addition, many museum practitioners note that the museum is continually approached, by others working in the senior community, to become involved in this program and museum staff members are frequently invited to participate in panel discussions and conferences because of this program.

Most museums publicize their programs through museum-related vehicles such as the museum newsletter or magazine. In addition, many programs have received press attention from local or regional news, radio, and television stations. Many practitioners indicated that their program has been featured on an internet publication, most frequently their local Alzheimer's Association e-newsletter or e-zine.

In the future, most organizations want to attract more people to the programs, offer more programs, increase training for staff and volunteers, and secure funding to do those tasks. A few sites want to add an art making component, conduct programs off-site, change some logistical aspect such as program timing or schedule, where visitors enter, and increase accessibility through hearing devices, wheel chairs, and the like.

The most frequent piece of advice given by practitioners to others intending to implement a similar program, was to work with experts who know about this group, specifically the local Alzheimer's Association chapter, MoMA, and other professionals in their area. In addition, practitioners saw great benefit in starting small, pilot testing the program, staying realistic about what can be accomplished, and patiently waiting for the program to evolve as it needs to. High quality and frequent training with experts was another trend in the advice from practitioners, as was the importance of hiring flexible staff and recruiting



volunteers who were effective with this population. Heightening listening skills in all aspects of the program and remaining ever flexible were also important considerations.

While there is great variety in logistics for this program, such as the length of program, who delivers the program, or how often it is offered, there are key components of the program that show up across all of the programs. These can be thought of as the necessary conditions for a successful AD/D program. Specifically those conditions are: an open, conversational approach to looking at and talking about art that draws on personal experience, partnering with people and local organizations with expertise and long-term experience with this audience, ample time to plan and pilot the program, flexible and sensitive staff or volunteers to work with the audience, and early and ongoing training of staff in the needs and capabilities of people with AD/D.

Reflections

Throughout this study, the evaluators were struck by the passion and compassion with which practitioners talked or wrote about their AD/D programs. Implementing this type of program appears to stimulate museum professionals to reflect sensitively and deeply on their practice and that has, in turn, influenced many of them to think differently about the overall museum experience, for all types of audiences. In evaluations of other types of museum programs, for families, teachers, students, and general adult audiences, we rarely, if ever, hear practitioners talk about the importance of humor, respect, and patience in the implementation of a public program. These are qualities that not only make for meaningful experiences for museum visitors but bring deeper meaning to the individuals who implement these programs as well. Additionally, there is evidence that these programs cause a wide range of museum staff members to be more aware of the needs and capabilities of the AD/D audience, even if they are not directly involved in the program.

The conversational, organic approach to experiencing art that the AD/D programs use was a natural outgrowth of the pedagogical strategy of inquiry that many museums already employed. That this more conversational approach has been applied to other museum audiences such as school students and to the regular adult visitor is particularly gratifying. It represents not only a growing acceptance but an embrace of the needs and motivations of all museum audiences. General visitors, students, and families do come to learn when they choose to visit a museum but they want to learn in their own way and in their own time, following their individual interests, drawing on their own experience. The pedagogical approach of the AD/D programs is focused on what visitors really want to do in a museum.



Appendix A: Walker Art Center Case Study



Walker Art Center Minneapolis, Minnesota

Contemporary Journeys: *The Alzheimer's Association and Walker Art Center have teamed up to offer tours and Art Labs for people with early-to-mid stage Alzheimer's disease and dementia, their care partners, and their family members. Tours are*

thematic and engage multiple senses. Art Lab activities attempt to connect to real-world, concrete scenarios, offer choice in material without overwhelming by providing too many choices, and are adaptable to accommodate those who may have diminished fine motor skills. The aim of our programs for people with memory loss and their companions is to offer an opportunity to increase the quality of life for someone living with Alzheimer's disease or dementia as well as provide some relief to care partners and family members who get to see their loved ones being successful and engaged out in the community.

(Information from museum website: <http://learn.walkerart.org/accessibility.wac>)

Creation of program

The Walker Art Center was approached by The Goodman Group, a privately held company, based out of the Twin Cities, which manages senior residences, to develop a program to serve people with Alzheimer's disease and other dementias living in their centers. Courtney Gerber, Assistant Director of Education, Tour Programs at the Walker, had heard of Meet Me at MoMA and already had the notion of a program for this audience on her radar.

Katie Westberg, Director of Life Enrichment with The Goodman Group, had attended a MoMA session, at a National Alzheimer's Association Conference and loved it. Ms. Westberg explains, "My heart falls with the memory-care communities. The arts provide an opportunity for residents to feel useful and to learn." She came back to the Twin Cities and reached out to two well-known arts entities, one of which was the Walker Art Center. At the time, the Walker had a group of tour guides trained to work with people experiencing cognitive learning disabilities, but no specific programs for older adults with memory loss. Ms. Westberg pitched her idea and learned the Walker Art Center was already looking to widen their perspective on diversity and accessibility. This program fit that model.

Ms. Westberg connected with Courtney Gerber, and the two partnered to develop a pilot program. Ms. Gerber recruited a small number of guides and Walker staff and they visited one of the Goodman Group's residences to observe; they returned and participated in an art activity that the residence staff put together. This was their first time interacting with residents and testing their inquiry technique. For the third visit, the Walker's art lab coordinator, Ilene Krug Mojsilov, created a hands-on art-making activity, called "Window on the World". This activity used the frame as a metaphor for a



window. The coordinator explained how art can represent a window into the mind of the artist and how they view the world. The residents used a mat board frame, colored cellophane, construction paper shapes, and markers for drawing. Reproductions of works of art from the Walker's collection were displayed as a visual throughout the lab. Residents then participated in a show-and-tell.

A series of visits to the museum over twelve months was arranged for the residents of two Goodman facilities, to participate in guided tours and art labs. The program was scheduled before public hours so participants could enjoy a quieter environment, when their energy levels were higher and lucidity generally greater. A guided tour lasted approximately forty-five minutes to an hour and art labs an hour and fifteen minutes.

Ms. Gerber found the biggest benefit in creating Contemporary Journeys was the luxury of time. There was no pressure; they could do it slowly and do it well. The program would consist of two components, one for residents in senior living residences and another series for individuals with early stage Alzheimer's disease and dementia and their care partners. To reach the latter group, the museum collaborated with the Alzheimer's Association and developed a lasting relationship. The Walker's experience with the residential group is ongoing as well.

Recruitment

In general, Ms. Gerber has found that people in the mid-to-late stages of the disease are in residences and people in the early stage of Alzheimer's disease and dementia, live independently and need encouragement to contact the Walker about getting involved in Contemporary Journeys. The art center is actively working with the Alzheimer's Association to recruit early stage individuals and their care partners. The Alzheimer's Association distributes a marketing piece, a postcard describing the program's objectives, to their 500+ mailing list. The program has also been featured in a special interest story on the local Public Radio Station. All of the programming information for Contemporary Journeys is also posted on the Walker's web site.

Ms. Gerber strives to think creatively about people who work with this audience and has considered reaching out to church groups and other local organizations that work with older adults. At this time, participants are encouraged to call in on their own and schedule a tour. When they do, the museum will contact previous participants, from their early stage evaluation, and two or three of those couples will come in to meet the new couple. The program hopes to help this audience create a community. Ms. Gerber has found this strategy works very well although it is somewhat labor-intensive for the staff.

This past fall, the Walker held an open house to encourage individuals with Alzheimer's disease and other dementias and their care partners to come in and socialize. The event was somewhat successful. There were about a dozen people with a lot of interest and a few return visitors. There is also a local psychologist they work with, who has taken literature to share with his clients.



For their resident program, the museum works very closely with the Goodman Group. There are various other adult residences that they have growing relationships with, but would not consider a partner.

Delivery and Logistics

The residence groups visit one to two times a week and the individual and care partner groups visit approximately one to two times a month. The Walker would like to see this latter number grow to four times a month. The guided tours and labs are operated the same for both groups.

When the Goodman Group residents visit, their staff selects who is willing and most able to participate for each program. Ms. Gerber explains that most who are selected are middle stage, "as the people with more progressed memory loss tend not to indicate an interest in participating." The numbers for each program fluctuate. The museum sees a lot of return visitors, which provides an opportunity to develop a relationship with the participants.

Once a tour guide receives an assignment, the Walker finds it is beneficial to have direct contact with the residence staff or the individual caregiver, to know exactly what to expect. It is extremely important for the guides to feel comfortable before the participants arrive at the art center. Once the tour coordinator gets a sense of the physical mobility of the group, they can determine which chairs to use, those with backs or gallery stools; there is always some kind of seating. Listening devices are also available when needed.

A group of specially trained tour guides lead the guided tours with a second person handling logistics; the art lab coordinator, Ilene Krug Mojsilov leads the art making and is supported by the tour guides. Ms. Gerber occasionally leads tours, but now that a sufficient number have been recruited and trained, the tour guides lead the majority. The program generally consists of four works of art. The museum sets up at least one set of chairs, sometimes two, if the works are further apart.

Art Lab Activities

Before the group arrives, the coordinator preps for the lab. She thinks through the presentation of materials and explains, "Colors need to be bright, but not too many of them; paper needs to be pre-cut. I have found that I need to reduce the number of things on a tray so there's not too much to choose from." The amount of prep work for this group is beyond that for other groups that participate in art labs. The coordinator requests feedback from the tour guides regarding the presentation of materials.

Ms. Krug Mojsilov has found that a boardroom configuration with the chairs and tables works best. The lab begins with an opening conversation on a theme, for example, Joseph Cornell and his found object work. Reproductions of works from the museum's galleries are tied into the labs whenever possible "To set the stage for connecting the lab and tour experiences." The coordinator might start with the overall theme of collecting and warm-up with a question like, "What have you collected?" The group will then discuss what they have collected, spoons, buttons, etc. She then prompts them to think of a story; someone might say, "Oh my aunt collected spoons and went to thrift



stores." The coordinator then shows the group an example of the project they will work on and guides them with a demonstration. The tour guides help the participants in the process. To close, the participants hold up their work and say one thing about it.

During the lab, there is some spontaneous conversation across the table. With the early stage groups, there tends to be much more interaction across the table, which is the coordinator's goal, but she notes, "It's hit or miss." The lab is scheduled when there is nothing else coming in right away; it may run longer if necessary. The coordinator monitors the group; if she observes them spinning their wheels or feeling left out she attempts to bring them back into the activity.

Logistical challenges and issues

Finding enough support on the museum's end is always a challenge. Specifically, having enough tour guides who are trained and aligned with this approach.

The team also needs to feel comfortable working with people who might get anxious. In one situation a resident put their head down on the table and went to sleep during an art lab. The coordinator did not make light of the situation, but instead eased it by saying, "This is just the way it is today, let's concentrate on the other people."

Use of Resources

Ms. Gerber was familiar with the Meet Me at MoMA program and knew there would be resources available. She contacted MoMA and Amir Parsa, The MoMA Alzheimer's Project Manager, came to the museum to assist with their training. The techniques he used put people at ease and were easy to incorporate into the Walker's program as they were so closely aligned with its general approach to touring. Since that time she has visited MoMA's website regularly to compare notes and has referred to their book for related fact checking. Ms. Gerber is also a fan of the videos and training tapes on the website.

The museum has also worked with the Minneapolis Institute of Arts, which also has a program for this audience. Ms. Gerber has looked at the work of Ann Bastings, consulted with Stacey Fuller at the Amon Carter Museum, Celeste Fetta at the Virginia Museum of Fine Arts, the Alzheimer's Association and the program evaluator, Dr. Joseph Gaugler, a professor and researcher at the University of Minnesota.

Evaluation

From time to time, staff from the resident facilities completes basic experience evaluations after each group visit that rank overall organization of the program and ask for observations on the participants' level of engagement.

With a generous grant from the MetLife Foundation, the Walker Art Center was able to hire Dr. Joseph Gaugler at the University of Minnesota, to conduct an evaluation of Contemporary Journeys. The main objective of the evaluation was to, "investigate whether Contemporary Journeys increased enjoyable activity, feelings of self-efficacy, and psychosocial wellbeing on the part of the person with memory loss and ameliorates the emotional distress of care partners while also offering a learning opportunity."



The evaluation took place over six months following tours and art labs for individuals with early stage Alzheimer's disease and their care partners. Ten couples were divided into four groups; two met from October to January and two met from February to May. Each group participated in a guided tour and an art lab.

Dr. Gaugler concluded that participation in Contemporary Journeys led to care partners perceiving their partners in a more positive light. He found that while participating in the program, the care partner's mood was elevated as well as mood of the individual with Alzheimer's disease (*Museum (Ex)Changes: Intersections of Art and Alzheimer's Disease*).

The evaluation assured Ms. Gerber that the program's approach was working and motivated her to get more early stage individuals in the museum and establish a relationship with them.

Effect of program on Museum

Impact on teaching practice

Contemporary Journeys, like other programs offered at the museum, is inquiry-based, participatory learning. Ms. Gerber knew that with this program the audience's ability to participate would vary. She had to step back and think about what a response might look like; it could be as subtle as a facial expression. To create the program, they augmented what they already had in place.

The art lab coordinator has taken some of the activities created for Contemporary Journeys and experimented with other groups. She used the "Window on the World" project with an elementary school group and found that the elementary group, "did more layering, but the story telling was quite different. With the younger group there was emotion and narrative and with the seniors, it evoked more memories as they recalled their own experiences."

Impact on Institution

The response from museum staff has always been very positive. Early on, Ms. Gerber identified key amenities this audience might need, most of which were at the front desk. As the first point of contact for visitors walking through the door, the visitor's services staff became crucial contributors to the museum's accessibility initiatives. They are tuned in to when these tours are happening; some have been involved with the tours and assisted in the logistics as well. The guards are accustomed to opening the museum early and understand that the team needs to get into the galleries to set up chairs.

The museum's performing arts department is interested in engaging with this group also. They are looking at the possibility of an artist working with this audience to do some kind of movement workshop.

Press for museum

The program has received some publicity on public radio. The American Association of Museum Directors interviewed Ms. Gerber for a story on accessibility in museums.



Effect of program on community perception of museum

Coming to the end of a two-year grant from the MetLife Foundation, which has focused on honing the Walker's Open Door Accessibility Initiatives, the museum has had people come in and give feedback. Over the last year, people have talked about the museum as an accessible institution and that is new; that is a shift.

Ms. Westberg, from the Goodman Group, will never forget the receptiveness she received when she approached the Walker about starting a program for people with memory loss. To this day she advocates for the Walker and Contemporary Journeys to let people know it is available. Ms. Westberg also added that, "Programs like this make residences look more attractive. I think we under-communicate what is available. In our company, it's not just bingo, bible study, and birthday parties...the three B's. That's the exciting thing; it's evolved. It comes from a push from within. There are still some places where it's just the 3-Bs."

Effect on participants

The program offers this audience an opportunity to participate in community life in a public place, in a structured and meaningful way. It provides an occasion for care partners and families to engage in conversation, or have an exchange, with their loved one with memory loss.

Sojourn Solutions, a day care center, recently came in for a program. Sometimes there are paid nurses, but often family members are the care partners. One daughter comes in regularly with her mother. Ms. Krug Mojsilov has observed, "Their empathic relationship and rapport has produced projects that were layered and thematic. The daughter encouraged her mother to make choices about the project and this generated a conversation about their shared experiences." One month, the daughter was unavailable. Ms. Krug Mojsilov wondered how the participant would interact without her daughter's help. Much to her surprise, she watched as the participant engaged with another staff member from the facility. She completed the new project and shared something about it. Ms. Krug Mojsilov notes that "The conversation during their art-making was different – maybe less intimate – but the participant cheerfully coped with a new situation" and added, "We think this works because of individual attention. It's marvelous if someone can't use the scissors that there is someone to help, but they are still engaged in the process. This comes through in the experience of the hands-on activities."

Ms. Gerber recalled a recent Contemporary Journeys tour, where it came out in the group's discussion that one of the participants, Mary, was a dancer. As the group was transitioning from one exhibition to another, "Mary took two of the assisting tour guides by the hand and led them back to the gallery they'd just left. She paused, gave herself a little room, and then promptly demonstrated a high kick, Rockettes-style. She then looked at them with an expression that seemed to suggest, 'See. I've still got it!'"

"The program helps to make the relationship between the participant and their care partner more 'equalizing.' The two are experiencing something equally and together. There is a freedom in this program that is different from other programs that are more



practical and offer support, which is needed, but this one adds another dimension, which is a great balance."

Some couples have mentioned that their interest in art and culture continue after they leave the museum. They tend to go out and experience art, music, and theater in the community more than they had before participating in the program. They are finding other ways to enjoy each other than just the patient/care partner relationship.

In her many years working with individuals with memory loss, Ms. Westberg, with The Goodman Group, has found that family members feel frustrated and sad. They do not know what to do with their loved ones; the idea that the program allows care partners to interact with the participants is huge. This allows them the opportunity to be successful, which is empowering.

According to Ms. Westberg, it is important for people with Alzheimer's disease and other dementias to be exposed to music and the arts. They can continue to be successful in those areas until later in the progression of their disease. It is one of the last areas of the brain, especially with music, to be affected. As the disease progresses, individuals are less inhibited so a person who has never picked up a paintbrush might paint an amazing watercolor.

Ms. Westberg sees Contemporary Journeys as an opportunity for residents to be successful and to engage with their peers. She recognizes that the individuals may not be able to retain the information about the art or artist, but in the moment, when they are learning, it is a benefit because they enjoy it. At the end of the tour when the guide asks, "What did you like most about the tour?" The residents can talk about something they saw six or seven pieces ago, which Ms. Westberg finds very powerful. People navigating Alzheimer's disease and other forms of dementias still want to be useful and want to engage.



Appendix B: Virginia Museum of Fine Arts



Virginia Museum of Fine Arts Richmond, Virginia

In 2008, as the regional liaison for the Museum of Modern Art's Alzheimer's Project, the Virginia Museum of Fine Arts launched ArtLinks, group tours for facilities that serve individuals with dementia and Alzheimer's disease.

ArtLinks tours offer a supportive and enriching experience in a gallery setting. VMFA Educators

"link" the act of looking at art to participants' experiences by encouraging opinions, discussion, and positive interaction.

ArtLinks Tours are conducted by specially trained staff or guides and last approximately one hour. Although the tour is itself an hour, we encourage you to set aside two hours for a visit so your guides can best serve the varying needs of your group. An ArtLinks tour is operated by one guide and one tour assistant. The guide will facilitate your group's experience in the galleries while the assistant is there to help direct caregivers and residents to the restroom, obtain gallery stools, or answer any questions you may have. Your group will be met at the entrance by your guide and assistant who will remain with the group the entire time you are at the museum. (Information from museum website: http://www.vmfa.state.va.us/Learn/Adults/Group_Visits_for_Adults/ArtLinks.aspx)

Creation of the program

The Alzheimer's Association of Greater Richmond contacted the marketing department of the VMFA and requested a tour. They had a young onset group (under 65) and were looking for a museum experience for them. Celeste Fetta, Manager of Adult and Higher Education, had read about MoMA's Meet Me at MoMA program and was already interested in the notion. After receiving advice on tour techniques from staff at the Museum Fine Arts Boston and MoMA, she decided to give the tour herself.

The museum already had a touch tour for the visually impaired, but the Alzheimer's disease program was the first for cognitive impairment. The regular adult programming during the day tended to attract older audiences, but this program was the first directed specifically for an older audience. She met Mary Ann Johnson, Program Director for the Alzheimer's Association on that first tour and struck up an immediate relationship. Together, as partners, they began to brainstorm on how to make this tour a regular program. Shortly after, Ms. Fetta approached her supervisor about going to MoMA to observe.

Ms. Fetta and Ms. Johnson went to MoMA to observe programs and meet with staff. After the visit, they were asked if the VMFA wanted to be a test site for the program and program training. They received a draft of MoMA's training manual and used that to create their own training guide. The VMFA guides for ArtLinks are docents, which differs from MoMA's, which are paid education staff. They made sure their manual addressed the training of volunteers. Ms. Johnson prepared a section for the docents explaining



what Alzheimer's disease is, how best to interact with the audience, and how to rephrase questions so they would understand. Ms. Fetta prepared the sections regarding how to talk about works of art.

Working with volunteers, they did a lot of adapting to their training. They were very specific with how they chose their volunteers for this program. Careful in the initial screening process, they made sure their candidates were well suited for the program. Many of the volunteers shared a personal connection to the disease; some had lost a spouse or a family member to the disease. The volunteers participated in two days of training, plus homework. Volunteers were asked to create a proposed tour. During training, lead docents and tour assistants would rotate. Sometimes after rotating, trainees would decide they did not want to lead this type of tour, realizing they would not be able to anticipate what was needed. From this, Ms. Fetta explains, "It was clear the approach was not sinking in for everyone. We did have to turn some volunteers down." Other volunteers did not complete all of the training, which was a requirement to be considered eligible for giving these tours.

This all happened right before the VMFA began a major expansion. On-site tours were halted during construction. Off-site visits were created and modeled from the museum's off-site programming for K-5, where staff takes reproductions of art, which is based on a theme, into the classroom. The programming was adapted for the Alzheimer's disease audience. Objects were picked around a theme and they used question strategies modeled by MoMA. Groups could book two specific themes: Let's Eat (food & art), or Places (different locales in art). The presentation lasted about forty minutes. The program was tested with some senior centers and resident facilities.

In July 2010, the museum restarted the on-site tour program. With the new construction and configuration it was important to make sure the docents felt secure giving the tours. Ms. Fetta & Ms. Johnson hope to do another training to re-energize the pool of docents.

Recruitment

The VMFA website is the main source of publicity for the ArtLinks program. There is also a link through the Alzheimer's Association website. They have also handed out flyers to the different communities and centers that they visit.

Delivery and Logistics

Participants arrive at the school group entrance, which is a smaller space. It's not as loud or overpowering as the main entrance and there is seating. Here they do introductions, nametags, go over expectations, and what they will do that day. At this point, the staff will inquire if anyone needs a wheelchair. The museum does not have hearing amplification at this time, but it is a consideration for future grant applications.

The group is limited to sixteen people, including caregivers. Most of the caregivers are staff from the assisted living centers, but occasionally family members participate as well. The support group that Ms. Johnson brings is always a family caregiver and the individual with the disease. They try to have a 1:1 or 1:2 ratio of staff to participants. The average group size is ten to twelve people.



The ArtLinks tour is operated by one docent and one assistant; the docent facilitates the group's experience in the galleries while the assistant is there to help direct caregivers and residents to the restroom, obtain seating, or answer any questions. The tour consists of four works of art. As the museum is not equipped with many gallery stools, the participants sit in wheelchairs or on gallery benches. There is a conversation about each work of art, which is modeled after MoMA's Meet Me at MoMA program. There is a lot of directed looking and the docent asks questions that relate to the participant's own lives. At end of the tour everyone receives a souvenir image of one work they have looked at that day. The group is then walked to the bus. The docents wait outside until they are off the grounds, providing continual contact with the group from the moment they arrive until the time they depart.

One logistical problem with the space is the noise level in the atrium. According to Ms. Fetta, the space is "cavernous and can be overwhelming." Often, because of the time it takes to travel with the group and in an effort to be sure every one is physically comfortable, the Impressionist Gallery, which is a long journey to visit, is not used. The museum is about to open a Picasso Exhibit, which will likely attract many visitors. Ms. Fetta worries how the surge in attendance level will affect the program. The program takes place during regular museum hours.

At the present time the program is for residential communities. Without enough funding, there is no drop-in offered. ArtLinks does not have an art-making component, but would like to in the future. The biggest hurdle for the program is funding.

Use of Resources

Ms. Fetta received an early draft of the MoMA training manual. They did not access the website as it was still being developed. She also used materials collected on her trip to MoMA, which included materials that they use with their staff and their evaluation form, which she used to evaluate the docents. Ms. Fetta invited Amir Parsa, The MoMA Alzheimer's Project Manager, to visit VMFA. While there he gave a public lecture, which was very successful and sold out, and also led a tour with Ms. Johnson's group. Ms. Fetta and her staff were unaware of MoMA's webinar.



Amir Parsa leads an early onset group

Evaluation

After the first one or two tours, the docents complete a self-evaluation. There is a group evaluation also that the group coordinator completes. The evaluations help Ms. Fetta to gage the success of the tour. She uses the evaluations to get ideas and address problems with docents.

Effect of program on museum

One of the key things Ms. Fetta pays attention to is how they look at their adult programs. ArtLinks has opened her eyes to the world of seniors, who are a large part of the museum's audience, and senior care. Internally the program has received a lot of



attention and support from the staff. Ms. Fetta counts the docents as the program's biggest cheerleaders.

Press for museum

When the program first began there was some news coverage. When Mr. Parsa came from MoMA and lectured, his visit was covered in the local newspaper.

Effects on Participants

Ms. Fetta and her team have found the program very rewarding. In some cases a person may start off not wanting to be there; with each work of art they see, they open up a little more and by the end of the tour they are smiling and don't want to leave. They have observed many changes in participants such as changes in posture, going from slumped over to standing up straight, from quiet to interacting, from complaining to happy. The team has been amazed to watch how a person totally changes for the better. The docents have noted that there is always one comedian in the group, which can be fun, but challenging.

The caregivers encourage participants to respond. Often they will help with a prompt, as they know the participant much better than the docents. It is a team effort to get the participant involved. On one evaluation, a caregiver commented, "Betty never talks and I heard her talk a lot today." This type of scenario was especially true for the outreach program.



Appendix C: Museum of Wisconsin Art



Museum of Wisconsin Art West Bend, Wisconsin

Spark! Cultural Programming for People with Memory Loss and their Caregivers. The Museum of Wisconsin Art presents a new, free monthly museum program: Spark! Led by museum education staff, this program provides an engaging morning of art discussion and dialogue for adults with

memory loss and their caregivers. Selected themes, artists, and exhibitions are highlighted during each interactive program in the museum's galleries. Spark! offers adults the opportunity to share an enriching museum experience together. Spark! is the last Wednesday of each month from 10:30 am – 12 Noon. Space is limited and pre-registration is requested. Spark! is free of charge. (Information from museum website: <http://www.wisconsinart.org/education/spark.aspx>)

Creation of the program

The museum received an RFP from the Helen Bader Foundation to investigate the possibility of starting a cultural program for individuals with memory loss. Courtney Spousta, Curator of Education, explains, "[The RFP] really got me thinking. I networked here in the community. People were very excited. I kept getting the green light." At the time, the museum did not offer programs for older adults or programs for individuals with cognitive impairments, but the membership base tended to be older so the Spark! program was a "nice pairing" for the museum.

The museum staff is small. Ms. Spousta found that one key component to starting a new program was making sure it was not too big and unmanageable. The Helen Bader Foundation gave the museum a six-month planning grant to allow them to look at feasibility. There was no mandatory start time for the program, which enabled the museum take their time to plan.

Ms. Spousta connected with a local adult day center, Luther Manor, which has been very innovative at looking at the positive sides of art and the creative process with this audience. After speaking with Ellen Nocun, the Arts Coordinator there, Ms. Spousta was invited to visit the center and observe what they do. She found the opportunity to spend time with adults with memory loss crucial to the development of the program. After spending ½ a day with adults at the center working on an art project, she began to develop a pilot tour program with Luther Manor. People with memory loss were brought to the museum for a tour. According to Ms. Spousta, these pilot tours allowed her to "start looking at how the museum worked with spacing, accessibility, how much art can we look at, and how the dialogue might go."

Their key partners are the members of the Spark Alliance, a group of cultural organizations across Wisconsin and Minnesota committed to offering quality



programming for people with memory loss. The museums work together for this program, instead of competing against one another. The museum also linked with their local Alzheimer's Association. Ms. Spousta pointed out that it is "critical for an organization getting started to connect with those types of organizations that serve that population. The training they provided, I wouldn't have been able to do so quickly. "

Recruitment

Ms. Spousta visits support group meetings for families dealing with Alzheimer's disease and dementia and from those meetings has recruited many people. When she visits the groups and introduces the program many people say, "Sign me up." The local Alzheimer's Association has information about their program and the other Spark! programs in the state, which has helped to get the word out. Other museums in the Spark Alliance, especially the Milwaukee Public Museum, advertise the program in their brochure. The Museum of Wisconsin Art also has a printed brochure about Spark! and includes a write up about the program in their members quarterly newsletter. Information regarding the program is also available on the museum's website and promoted through members as well. Some recruitment has been through word of mouth. Thus far, all the participants are new visitors to MWA and not current museum members.

Delivery and Logistics

The program is limited to fourteen participants (seven dyads), in addition to two to three volunteers and Ms. Spousta. The program is for adults with memory loss and a care partner. It can be a family member or paid caregiver and the museum sees both, but at this point the majority of caregivers are family members. Ms. Spousta delivers the content and leads the activities for the program. A museum volunteer is present and sometimes jumps into the conversation if there is a lull, which doesn't happen very often. This first year of the program is focused on conversation, on looking at and talking about artwork. Their program is modeled on MoMA's Meet Me at MoMA. The museum hopes to add an art-making component in year two.

Ms. Spousta chooses three pieces of artwork prior to the tour. The museum is



Courtney Spousta and program volunteers

small with intimate galleries. There is seating arranged for the group at each work of art. No one stands. The chairs are padded, sturdy folding chairs, which sit up a little higher as the participants need help getting up and down. Ms. Spousta has found that seating is a key element in the success of the conversation. She has observed that people are more comfortable when they are seated and often want to stay seated and keep talking about one work of art longer than she ever thought possible. The group

has a conversation about each piece, lasting about thirty minutes. The conversation is rich with an emphasis on what they see right in front of them and the story they can create. Ms. Spousta explains, "The group will often discuss the artist and specific historical significance, however, this does not ever lead or start the basis of the

conversation – the visual elements are always the starting point for our discussion. Many of the caregivers will ask direct questions about the artist and historical content.”

The volunteers walk with the group from one work of art to another. As the museum is on more than one floor, some people take the stairs and others use the elevator. While traveling through the museum, the group will often look at and chat about art along the way. Ms. Spousta has found there is a learning curve to knowing how fast the group can move from one work to another. When registering for the program, participants are asked to inform the museum if they use a walker or wheelchair so they can be sure to accommodate them.

The program starts at 10:30 and discussion continues until noon. There is a reception with coffee and people stay another 30 minutes. It's a social time for the participants. They all wear nametags and get to know one another in the process. Ms. Spousta has observed that the caregivers seem to enjoy that portion of the program as they get to chat with other people in similar situations.

Use of Resources

Ms. Spousta first heard that the program was based on the MoMA model in the RFP. She visited MoMA's website and found the information to be presented very well, which helped her to understand how this project could work. She received MoMA's published manual six to seven months later. At monthly meetings she shares the materials received through MoMA with her volunteers. Although the volunteers do not lead discussions, they are very familiar with the techniques.

In their grant award, Ms. Spousta was invited to go to MoMA with the Spark Alliance. They trained with Amir, who took them into the galleries and modeled a discussion. From that process, she formed her technique on how to lead the discussions. Based on what she observed there and has seen at The Museum of Wisconsin Art, these kinds of discussions can be adapted for any age. She explains, “if you saw Sparks!, you wouldn't know it was for Alzheimer's disease participants. You would just say it's a rich discussion.” She has also used the Spark techniques with school groups and found that the timing is different; it's a faster pace. One docent noted that she has also used Ms. Spousta's techniques on tours with children and found that there are a lot of similarities. They might say, “Let's look at the art and talk about what kind of day it is.”

Ms. Spousta was unaware of MoMA's webinars. The museum has received materials from the Alzheimer's Association and Ms. Spousta has used the published works of Anne Bastings, Director of the Center on Age and Community at the University of Wisconsin, as a reference. In the future the museum would like to offer the participants printed postcards of the artwork they look during the program.

Evaluation

Ms. Spousta has held off from evaluating the program for fear that it might intimidate participants. The idea of filling out paperwork right at the beginning seemed too clinical to her. Just recently an evaluator came to observe the program. The evaluation was developed and conducted by the University of Wisconsin; the museum could make changes to the instrument if necessary. Participants were surprisingly comfortable filling



out the forms. There was one evaluation form for the adult with memory loss and a different one, a bit longer, for the caregiver and one for the volunteers. They also asked for consent to do a phone interview at a later date. They kept the evaluation form for the adult with memory loss very simple, just circling things. Ms. Spousta was unclear on the level of research and hoped to learn more at the next Spark Alliance meeting.

Effect of program on Museum

According to Ms. Spousta, the program was met with some apprehension from the museum staff. Some staff members felt they she was taking on too much with the program and could not see the “big picture.” As a small museum, not all off the staff has had the opportunity to witness the program, although they might hear about it from the volunteers. Ms. Spousta believes the program can influence other staff work and predicts a trickle down effect.

Press

The local paper wrote an article at the start of the program in September 2010. It's a small paper, but the reporter would like to return and take photographs of the program. There are other press avenues available, but Ms. Spousta would like to remain very sensitive to this group.

Effects on Participants

Ms. Spousta has been working in art museums for twenty years and has observed how this program has “opened up how art can enrich people by just the visual richness of it and the storytelling.” Some participants have said, “I've never been into art, I don't consider myself an art museum go-er.” She has found the quality of this program so enriching because it allows people to spend time thinking creatively with art, in a way that makes them comfortable and “Those kinds of things empower all types of people.”

Feedback has been very positive. The individuals coming immediately say how happy they are with the program, in fact, “they are gushing about it, not just a little thank you.” In one case, the regular caregiver was out of town, but found someone else to bring the participant; one docent explained, “Obviously the families/caregivers see the value of this.” According to Ellen Nocun, Arts Coordinator at Luther Manor, it's important to get [this group of people] involved in the community. The program helps to keep people with memory loss engaged and in step with everyone else in day-to-day life. She found the participants very open to talking about their experiences at the museum. She notes, “They might not remember what they had for lunch that day, but they can talk for thirty minutes about some piece of art they saw at the museum that day.” One caregiver told her, “I haven't had a conversation with my mom in six months and we talked all afternoon on our museum visit.” Ms. Nocun reflected on her resident's participation in the pilot program and explained, “We don't know why this is so successful, but it is and we expand on that. It's better than playing bingo every day. We want a more enriched program.”

Appendix D: American Folk Art Museum





American Folk Art Museum New York, New York

Folk Art Reflections, meets the first and third Thursday of every month, from 2:00–3:30 pm. The program is interactive and discussion-based for individuals with Alzheimer's disease and their family members or caregivers and brings the world of folk art to life through conversation. Museum admission and the program are free. Registration is required; participation is limited to one program per month. Stools are provided.

(Information from museum website:

<http://www.folkartmuseum.org/disabilities>)

Creation of program

In the spring of 2008, Jennifer Kalter, acting Director of Education, at the American Folk Art Museum (AFAM) in New York City attended a conference at MoMA, which talked about the Meet Me at MoMA program for people with Alzheimer's disease and dementia and their caregivers/family. The conference inspired Ms. Kalter and she felt that this type of programming was something she would like to try at the American Folk Art Museum. She already considered increasing the museum's accessibility programming and adding programming for older adults and saw this as a great fit. AFAM already offered touch tours, verbal imaging tours, sign language interpretation, and pre-organized tours for older adults, all upon request, but the Alzheimer's disease program was the first for cognitive impairment.

An initial discussion about the program with the Director of AFAM was encouraging so Ms. Kalter wrote up a proposal and was given the green light by the Director. In a small museum, Ms. Kalter notes, there is less red tape and fewer people involved in decision-making. She has the luxury of going to her Director and "having a decision made in ten minutes." When creating the program, she realized that it "doesn't have to be so huge. You can start small," and advised, "I don't think everyone [in the museum] has to be involved [in the decision]." This program was begun and is still implemented with no specific funding. Ms. Kalter does not feel it is a project that they need to have funding for as it is run on a very small scale.

To begin the implementation process, Ms. Kalter observed a few Meet Me at MoMA programs and consulted with Amir Parsa, The MoMA Alzheimer's Project Manager, on many occasions. The program launched in the fall of 2008, consisting of one program a month with a maximum of fifteen participants. That year was considered a pilot in terms of "visitor-ship." The museum felt it was very important to offer this as a free program. Ms. Kalter modeled the program after her observations at MoMA. The program ran for ninety minutes, as the group viewed four works of art. Before long, Ms. Kalter found that interest in the program was growing and in 2009 increased to two programs a month.

Recruitment

When Folk Art Reflections first launched, MoMA helped to promote it and connected Ms. Kalter to six or seven families who were already participating in the Meet Me at MoMA program. Because of the close proximity between the two museums, it was easy for them to collaborate in that way.

Some of the recruitment is through word-of-mouth. Members hear about the program from the museums e-blasts and Facebook statuses. The museum gets a lot of phone calls from members who want to observe the program and are very curious to hear what it is all about. Staff members have also mentioned that they would like to refer people to the program.

The Alzheimer's Association has been a great resource for the program as well and has helped to get the word out. They promote the program on the Cultural Arts page of their website and offer a link to the museum. The museum also has a list of facilities that they mail a flyer to that announces their program, but at this point, pre-organized groups are not their main focus. They would like to include more groups from day-care and assisted living facilities in the future.

The museum has been reluctant to expand their outreach, as they are very happy with how the program is operating now. Ms. Kalter explains, "We would always like to reach more families, but probably cannot increase the number of sessions at this time. With more funding for the program, perhaps we could spend more time on outreach and possibly increase the number of programs offered." There are many repeat visitors who also attend other programs at MoMA and the MET.

Delivery and Logistics

The program averages approximately ten people, including caregivers, but can accommodate up to fifteen. The tour is scheduled during regular museum hours, but at a quiet time when no other groups are visiting. In the first six months of the program, the museum used one or two volunteer docents. The training for these docents was intense, as they had never done this type of teaching before. Ms. Kalter provided the training, which taught the docents how to lead discussion-based tours for this audience. The Alzheimer's Association also came to the museum and educated the docents about the disease. This model proved cumbersome and currently, Ms. Kalter leads half of the tours and a part-time contracted educator, who works with school programs and as an educator with Alzheimer's disease programming at MoMA, leads the other half of the tours.

There are stools that the participant or their caregiver carries with them to each gallery. There are also wheelchairs available if necessary. Due to the small size of the space and the small size of the groups, Ms. Kalter has not seen a need for hearing amplification devices.

They strive to introduce new themes for every program, which is nice for the participants and caregivers alike. The program employs a variety of touch objects and recycled materials, which are a focus in folk art creation. Ms. Kalter also experiments with music that relates to the art in some way. With a quilt from the 1800s on view, they used an old song, like *Oh Susanna*, which brought up imagery of Westward Expansion. Ms. Kalter gages the success of using music by whether or not it furthers the discussion. The goal is to get the audience talking about the connection between the music and the work of art. Sometimes this is successful; sometimes it is not. Sometimes there is no reaction from the audience about the music or the connection between the music and the art. They want the activities to encourage some sort of reaction and engagement with the art and with other people in the program.

Use of Resources

At the time Folk Art Reflections began, the MoMA publication was not yet available and their website offered only PDF's, which explained strategies for starting a program. Ms. Kalter used these online resources, which she found very helpful, to create the museum's Folk Art

Reflections program. She also read publications about Alzheimer's disease and connected with people in the field at various conferences.

Evaluation

Without the necessary resources, the program is not currently being evaluated, although it is something the museum would like to pursue in the future. Ms. Kalter and the contracted educator tend to casually check in with each other and discuss what is successful and what is not.

Effects of program on Museum

The museum already offered discussion-based programs, which were very successful. According to Ms. Kalter, they used the same techniques to design their Alzheimer's disease program. There is a lot of overlap between discussion and engagement.

Ms. Kalter notes that working with this audience has made her more creative and has given her more freedom to play with themes than she has had with school audiences. She has observed that some of this creativity has spilled over into other programs.

"The staff at the museum has all been very supportive and excited about the program from the beginning," explained Ms. Kalter. She shares updates with them at all staff meetings and has found that some of the staff have been surprised to see that there is an audience for this type of program, but she notes, "They are all very encouraging."

Press for museum

The museum has not had any media attention from newspapers or radio. One reporter, with a small art blog, did a story, which she posted, but it wasn't mainstream. Ms. Kalter is currently working with a PR person at the Alzheimer's Association to get the word out. The PR person has pitched some stories to the *Wall Street Journal*, but nothing has been published at this time.

Effects on Participants

With no formal evaluation, the best evidence of the program's effect on participants is anecdotal and from their caregivers. They talk about how they notice changes in the people they bring; they notice that they are more engaged. Caregivers have described the program as an amazing opportunity to do something new together, where they feel comfortable, and do not have to think about the diagnosis. They tell stories about how nice it is to go out and be with other people and socialize. Ms. Kalter has also heard stories about how the program effects people's moods in a positive manner, the person with Alzheimer's disease and the caregiver as well. One family member called recently to report that although she did not come to the museum for the program, her husband and his caregiver talked about it for several days.

Appendix E: Online Survey Protocol

MoMA Survey: Museum Programs for Individuals with Alzheimer's Disease

Welcome

Thank you for taking time to complete this survey. The questions in this survey pertain to your program for individuals with Alzheimer's disease or other forms of dementia and their caregivers.

My museum/institution is:

- | | |
|--|--|
| <input type="radio"/> American Folk Art Museum | <input type="radio"/> Coffs Harbour Regional Gallery |
| <input type="radio"/> Art Gallery of Western Australia | <input type="radio"/> Denver Art Museum |
| <input type="radio"/> Art Institute of Chicago | <input type="radio"/> ... 24 additional choices hidden ... |
| <input type="radio"/> Ateneumin Taidemuseo Art Gallery | <input type="radio"/> Studio Museum in Harlem |
| <input type="radio"/> Booth Museum of Western Art | <input type="radio"/> University of Michigan Museum of Art |
| <input type="radio"/> Carnegie Museum of Art | <input type="radio"/> Virginia Museum of Fine Arts |
| <input type="radio"/> Cleveland Art Museum | <input type="radio"/> Walker Art Center |
| <input type="radio"/> Cleveland Clinic | <input type="radio"/> Yale University Art Gallery |

At the museum, I am a:

- | | |
|--|--|
| <input type="radio"/> Paid full-time staff | <input type="radio"/> Non-paid/volunteer/docent |
| <input type="radio"/> Paid part-time or contract staff | <input type="radio"/> Other, please specify: _____ |

What is your role in the Alzheimer's disease/Dementia program at your institution? Please check all that apply.

- Supervise the program staff (supervise someone who directly manages the program)
- Manage the program (primary responsibility for running the program)
- Provide program support or coordinate the program (Support the program manager e.g., schedule, organization, logistics)
- Teach/lead the tours, discussions, other activities
- Other, please specify: _____

Which statement best describes how long your institution has been running your Alzheimer's disease/Dementia programs? Please check one.

- Our program is in the initial stages (piloting the program; running the program for less than a year)
- Our program has been running for between 1 and 2 years
- Our program has been running for more than 2 years

Which statement best describes the frequency of your Alzheimer's disease/Dementia programs? Please check all that apply.

- Our programs are ongoing at regular intervals (such as once a month or once a quarter)
- Our programs are offered as a series (such as 2-4 programs offered over 1-2 months then offered again several months later)
- Our programs are offered by request/on-demand for INDIVIDUALS
- Our programs are offered by request for organized GROUPS (such as groups from assisted-living facilities or adult-day centers)
- Our programs are occasional, like a special event
- Other, please specify: _____

In the ongoing implementation of your program, what outside organizations do you work with? This includes partners in planning, providing participants, and training. Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Assisted-living residential facility | <input type="checkbox"/> University (department or professors) |
| <input type="checkbox"/> Adult day center | <input type="checkbox"/> None |
| <input type="checkbox"/> Alzheimer's Association chapter | <input type="checkbox"/> Other, please specify: _____ |

How would you describe the funding for your Alzheimer's disease/Dementia program? Please check one.

- No special funding, incorporated within the department's regular budget
- Program-specific grant funding (foundation, business, or government)
- Part of grant funding that also covers other projects/expenses
- Other, please specify: _____

Have you sought new funding in order to AND/OR as a result of establishing this program?

- Yes
- No

If so, is the funding limited to programs for people with dementia or does the funding cover broader audiences (e.g., older adults, individuals with cognitive disabilities, general access programs/initiatives)?

- Funds only our programs for caregivers of and/or individuals with dementia
- Also funds other programs (please specify) _____

What kind of press have you received? Please check all that apply?

- | | |
|--|---|
| <input type="checkbox"/> Article in newspaper/ magazine | <input type="checkbox"/> Television coverage |
| <input type="checkbox"/> Newsletter (museum and/or other source) | <input type="checkbox"/> Our program has not yet received any press |
| <input type="checkbox"/> Radio interview | <input type="checkbox"/> Other, please specify: _____ |
| <input type="checkbox"/> Blog posting/other online sources | |

How have you involved other departments within the museum in developing your Alzheimer's program?

If you're not already involving other departments in your Alzheimer's program, do you imagine doing so in the future? If so, what are some ways you imagine this involvement taking shape?"

Where does your program take place? Please check all that apply.

- In the galleries (at the museum)
- In classroom, art studio, or other non-gallery space (at the museum)
- Off-site, at a care facility or other senior care organization
- Other, please specify: _____

What stage of Alzheimer's/Dementia does your program best/most frequently address? Please check all that apply. (Note: Stages align to Alzheimer's Association stages)

- | | |
|--|--|
| <input type="checkbox"/> Stage 1: No cognitive impairment | <input type="checkbox"/> Stage 4 & 5: Moderate to moderately severe cognitive impairment |
| <input type="checkbox"/> Stage 2: Very mild cognitive impairment | <input type="checkbox"/> Stage 6 & 7: Severe to very severe cognitive impairment |
| <input type="checkbox"/> Stage 3: Mild cognitive impairment | |

In addition to individuals with dementia, who else participates in your program? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Family caregivers | <input type="checkbox"/> None, our program is only for people with Alzheimer's disease |
| <input type="checkbox"/> Professional caregivers | <input type="checkbox"/> Other, please specify: _____ |
| <input type="checkbox"/> Staff from care organizations/facilities | |

Is there a fee for people to participate in your Alzheimer's disease/Dementia program? Please check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> It is free to all participants | <input type="checkbox"/> Community organization or care facility pays |
| <input type="checkbox"/> Participants with dementia pay | <input type="checkbox"/> Other, please specify: _____ |
| <input type="checkbox"/> Caregivers pay | |

What types of activities do program participants engage in while at your museum? Please check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Looking at art | <input type="checkbox"/> Socializing before or after the program |
| <input type="checkbox"/> Talking about art | <input type="checkbox"/> Music |
| <input type="checkbox"/> Touching objects related to art | <input type="checkbox"/> Other, please specify: _____ |
| <input type="checkbox"/> Making/creating artworks | |

Which of the following MoMA Alzheimer’s Project resources did you use in developing your program? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Meeting or conversations with MoMA staff | <input type="checkbox"/> The MoMA Alzheimer’s Project website (www.MoMA.org/meetme) |
| <input type="checkbox"/> MoMA staff in-person training for museum educators/docents | <input type="checkbox"/> MoMA presentations at conferences, symposia, and/or online webinars |
| <input type="checkbox"/> The MoMA Alzheimer’s Project book (Meet Me: Making Art Accessible to People with Dementia) | <input type="checkbox"/> Other, please specify: _____ |

To what degree did MoMA resources, MoMA staff, and/or MoMA training affect your decisions about following program design and/or implementation components? 1=Not at all and 4=Very Much

| | 1=Not at All | 2=A Little | 3=A Fair Bit | 4=Very Much |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| Logistical and environmental considerations (E.g., availability of sound amplification devices, stools, distributing nametags, having the program at low attendance times) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Teaching methodologies (E.g., scaffold or structured approach to looking and talking about art, discussion activities, presence of a relevant theme, materials-based art making workshops) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Facilitation and communication strategies (E.g., repeating answers and questions, being aware of scenarios, adapting inquiry strategies) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Extension activities and special events (E.g., art-making, exhibition/display of participant artwork, special event for socializing, reproductions to take home) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Is there anything else, not mentioned above, that affects your decisions about following program design and/or implementation components? Please explain:

Please reflect on how this Alzheimer’s program has influenced your teaching with other audiences and/or how your pedagogical approach has played into the development of this program model?

In what other ways have your Alzheimer’s programs impacted your institution? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Attracted new members | <input type="checkbox"/> Raised awareness of the potential for new audiences |
| <input type="checkbox"/> Increased volunteer base | <input type="checkbox"/> Other, please specify: _____ |

Have you conducted any evaluation of your program?

- Yes
 No

If YES, what’s one thing you learned?

If NO, is there any particular reason you have not conducted an evaluation?

What do you plan (or hope) to do with this program in the near future (next 1-3 years)? Choose 1 to 3 that are most important to you.

- | | |
|---|---|
| <input type="checkbox"/> Keep it as it is for the most part | <input type="checkbox"/> Change some logistical aspect (such as timing, scheduling, entry, accessibility options) |
| <input type="checkbox"/> Increase recruitment/advertising to attract more people to the program | <input type="checkbox"/> Incorporate a special event (reception, garden party, etc.) |
| <input type="checkbox"/> Be able to offer more programs during the month/year | <input type="checkbox"/> Increase/enhance training of staff and/or volunteers involved in the program |
| <input type="checkbox"/> Add a touchable object component to the program | <input type="checkbox"/> Seek new funding |
| <input type="checkbox"/> Add an art-making, creative component to the program | <input type="checkbox"/> Seek press coverage |
| <input type="checkbox"/> Conduct programs off-site | <input type="checkbox"/> Other, please specify: _____ |

Outside of your programming for people with dementia, how has the program spawned other related programs and/or ways of serving this community? Please check all that apply.

- Hold workshops or private meetings at the museum to discuss issues related aging, creativity, art, or other related topics
- Initiate or organize public discussions around aging, creativity, art, or other related topics
- Offer the museum as a meeting place for this audience, their support groups, and/or related associations (museum does not plan the program)
- Don't know
- Other, please specify: _____ Please explain your responses to the above question:

If you have one piece of advice to a museum/arts organization starting a similar program, what would you tell them?

Thank you for completing this survey.

Appendix F: List of Responding Museums

| Museum | Count |
|--|--------------|
| American Folk Art Museum | 1 |
| Art Gallery of Western Australia | 2 |
| Art Institute of Chicago | 2 |
| Ateneumin Taidemuseo Art Gallery | 3 |
| Booth Museum of Western Art | 2 |
| Carnegie Museum of Art | 1 |
| Cleveland Art Museum | 5 |
| Cleveland Clinic | 1 |
| Coffs Harbour Regional Gallery | 2 |
| Denver Art Museum | 2 |
| Detroit Institute of Arts | 0 |
| Fairchild Tropical Botanic Garden | 2 |
| Frederik Meijer Gardens & Sculpture Park | 1 |
| Frist Center for the Visual Arts | 0 |
| Hood Museum of Art | 1 |
| John Michael Kohler Art Center | 2 |
| Herbert F. Johnson Museum of Art | 0 |
| Kresge Art Museum | 1 |
| Leigh Yawkey Woodson Art Museum | 1 |
| Memphis Brooks Museum of Art | 0 |
| Milwaukee County Historical Society | 0 |
| Milwaukee Public Museum | 1 |
| Minneapolis Institute of Arts | 1 |
| Minnesota Marine Art Museum | 1 |
| Montreal Museum of Fine Arts | 1 |
| Museum of Fine Arts, Houston | 6 |
| Museum of Photographic Arts | 3 |
| Museum of Wisconsin Art | 0 |
| National Gallery of Victoria | 3 |
| Neuberger Museum of Art | 1 |
| Norwegian Museum of Science and Technology | 3 |
| Orlando Museum of Art | 1 |
| Racine Art Museum | 0 |
| Royal Academy of Arts | 1 |
| Spruill Center for the Arts | 1 |
| Studio Museum in Harlem | 1 |
| University of Michigan Museum of Art | 2 |
| Virginia Museum of Fine Arts | 1 |
| Walker Art Center | 7 |
| Yale University Art Gallery | 1 |
| TOTAL | 64 |