

INNOVATIVE CROSSROADS:

The Intersection of Creativity, Health, and Aging

Our country is on the precipice of a significant demographic shift as the Baby Boom population reaches retirement age, which has resulted in a rapid increase in the number of older Americans. Popularly referred to as the “silver tsunami” or “Boomer explosion,” this shift will result in about one-fifth of the U.S. population being over the age of 65 by 2030 (U.S. Census Bureau 2013). This will have significant implications and consequences for nearly every aspect of society, not least of all being the health system.

Health care costs for older adult populations are already high due to the higher incidence and number of chronic health conditions in this age group, and they will only continue to rise as the population grows. By 2030, national health care spending is expected to increase by about 25 percent, largely because of the increased number of older Americans (CDC 2013). In order to cope with this enormous influx of older people, new adaptations and innovations will be required to meet their health and wellness needs — largely revolving around treating chronic diseases — which pharmaceutical and other traditional medical interventions alone may not adequately address (Whitehouse 2013).

A field that is gaining increasing attention for its promise to improve the health and well-being of older adult populations is the arts. This is an area many health funders have not necessarily considered in the past, but a small and growing number of funders recognize the benefits of working at the intersection of the arts and health. Partnerships between these different spheres may have the potential to yield great benefits. The MetLife Foundation has taken a particular interest in this approach, breaking down silos between their own health and cultural program areas and funding a number of projects to promote the arts in health and aging (Brown 2013).

One program in particular has worked to help make connections between the arts, health, and aging. The *Grantmakers Partnership Project*, an initiative launched in 2010 and administered by the National Center for Creative Aging (NCCA), has been funded by the MetLife Foundation to create an infrastructure for resource development through partnerships with public and private funding agencies, focusing on grantmaker affinity groups, government agencies, the private sector, and national service organizations. This initiative brings together Grantmakers In Health (GIH), Grantmakers In Aging (GIAging), Grantmakers in the Arts (GIArts), the NCCA, and the Global Alliance for Arts and Health (formerly the Society for the Arts in Healthcare) to educate their members about the benefits of the arts in aging and health care environments, to give funders tools to identify and support promising programs, and to generate more funder interest and support for programs.

The initiative has met a number of important milestones over the past three years. Funders have been exposed to a number of expert presentations and roundtable sessions, ranging from webinars to sessions at national conferences. The project has also hosted a number of funder and expert meetings, including two regional issues forums, held in Arizona and New York City, to discuss the critical needs of the field and best practices. A national Thought Leader Forum was also convened in Washington, DC, which resulted in a set of recommendations to encourage additional funder support of the field. Building on this earlier work, GIH, in close collaboration with the NCCA, GIAging, GIArts, and the Global Alliance for Arts and Health, convened a one-day national funder strategy session in Washington, DC, that was preceded by two introductory webinars for health funders and a session at the 2013 GIH annual meeting. The strategy session, *Innovative Crossroads: The Intersection of Creativity, Health, and Aging*, brought together a select number of health, arts, and aging grantmakers invested in the field along with national experts to explore and discuss:

- how creative expression can improve health outcomes for older Americans,
- promising programs,
- challenges facing funders in supporting programs, and
- opportunities for funders to advance programs and the field as a whole.

This paper is a summary and synthesis of the information presented at the national funder strategy session, the topics and issues examined and considered, and the recommendations that emerged from the day's discussion.

INTERGENERATIVITY

Intergenerativity is an approach that focuses on fostering collaboration, not only across different domains of discourse, but also across generations, with the goal of enhancing collective wisdom through the meaningful fusion of ideas and emotions arising from conversations and experiences. This concept has important implications for programs focused on the intersection of the arts, health, and aging in intergenerativity, as it gives weight to intergenerational programs and community redesign as a means to solve problems, improve wellness, and even address chronic diseases like dementia.

A prominent example of where this concept is being applied is the Intergenerational School in Cleveland, Ohio (www.tisonline.org), where classes are multi-aged, and community partners and mentors of all ages, including those with mild to moderate dementia, are incorporated as part of the learning environment.

Source: Whitehouse 2013; George et al. 2011a.

AN OVERVIEW OF THE RESEARCH

Research about the health benefits of arts interventions and programs for older adult populations is still in its relative infancy, but the indications are thus far promising. Programs ranging from the performing arts to storytelling have shown a wide range of benefits on participant health, both physical and mental, and quality of life. The seminal research in this field, conducted by Gene D. Cohen, identified many of these benefits, which include improved physical health, fewer visits to physicians, decreased use of medications, fewer falls, improved morale, decreased feelings of loneliness, and increased activity (Cohen et al. 2006).

Subsequent research has since found additional positive correlations between healthy aging and creative arts interventions. Programs ranging from participatory music, theater, dance, and creative writing, to design and visual arts have shown a wide range of beneficial outcomes. These observed benefits include improved cognitive function and memory, improved hearing, improved self-esteem and well-being, reduction of stress and other common symptoms in dementia patients, improved social interactions, and numerous psychosocial benefits (Kent and Li 2013).

Given the promising findings, there has been an effort at the national level to evaluate current research and thoughtfully advance research in the arts and aging. The effort has been multisectoral in nature, embodied by the National Endowment for the Arts' Federal Interagency Task Force on the Arts and Human Development (NEA Task Force). Arising from the recommendations of an earlier NEA-U.S. Department of Health and Human Services collaboration, the NEA Task Force consists of the NEA, National Institutes of Health (NIH), National Institute on Aging, Office of Behavioral and Social Sciences Research, and National Center for Complimentary and Alternative Medicine (Hanna et al. 2011).

The NEA Task Force, among other things, has been reviewing the current state of research on the arts and aging, and is working to develop a national research agenda to help build the evidence base and further the field (Iyengar 2013).

EXAMPLES OF PROMISING PROGRAMS

Innovative programs are being implemented across the country in a wide variety of settings and communities. Two nationally recognized programs provide good examples of promising practices.

- **Dance for PD** – In 2001, in an effort to offer an alternative to traditional Parkinson’s disease (PD) interventions, Olie Westheimer, founder and executive director of the Brooklyn Parkinson Group, approached the Mark Morris Dance Group, a professional dance company with a training and community outreach mission, to develop a dance program for PD patients. Rather than focus solely on the disease itself, the goal was to focus on the social, cognitive, technical, and creative aspects of dance to help people with PD cope and develop effective, nonmedicalized strategies for living with their disease.

The Dance for PD program, the first program of its kind in the country, was innovative and unique for a number of reasons. First, the program uses professional dancers as the instructors, under the premise that they are in fact movement experts who can impart beneficial knowledge and skills to people with PD. Second, the courses are not overly simplified for participants. While the pacing is different, the classes are professional in their rigor and emphasis on nurturing artistic development in each individual. Third, the program uses no hierarchy within the classes, believing that both the instructors and participants have much they can share with each other.

The program was originally a tough sell. PD patients and families had serious concerns about the accessibility and enjoyability of dance, which required breaking down perceptions of dance as high-level art beyond the reach of PD patients. Meanwhile, there were challenges in asking professional dancers, the instructors, to not take the basics of their art for granted and to share and teach it in a passionate and sensitive manner.

Originally only offered in the Brooklyn studio, the program grew slowly as the company started offering classes to the communities they visited while on the road. This allowed the issue and the intervention to slowly take root in new communities. By 2007, Mark Morris Dance Group started a training program for other dancers to implement the program in other areas. The program has since spread to eight countries and over 100 different communities.

As the program began to spread, the medical community grew interested, but wanted evidence of the program’s benefits and effectiveness. Given Dance for PD’s traditional affiliation and background with community organizations, rather than research institutions, this was a challenge. Ultimately, the program had to rely on others to do the necessary research and needed to look at other evidence bases to sway the medical community. Standard assessments of the program have shown improvement in participants’ motor function, and Dance for PD is working with researchers to identify additional quality of life measures to help demonstrate the program’s outcomes.

There have been a number of lessons learned from the program thus far. Framing the program as art rather than an intervention has been critical to its success. The context in which the program is offered speaks volumes: rather than being offered in a hospital or other health care setting, Dance for PD almost always takes place in studios and art centers. The program also found it important to treat PD persons as learners, artists, and people – not merely as patients. An unexpected outcome of the program was that it fostered and created new communities and activities broadly related to the arts and healing.

BUILDING COMMUNITIES OF PRACTICE

The NEA is funding the NCCA to build “communities of practice” between arts, aging, and health providers. This initiative will launch in 2013 in 12 states. Currently the NCCA is working with members of Leading Age, the national nonprofit association of continuing care retirement communities, to develop a center of excellence for Alzheimer’s patients and their caregivers. Identifying the transferable language between the arts, aging, and health sectors will be a key goal for this center.

Source: Hanna 2013

Dance for PD originally was funded through the Mark Morris Dance Group's own budget. As the program expanded, it required additional funding from multiple sources. The Johnson & Johnson Foundation/Society for the Arts in Healthcare Partnership to Promote Arts in Healing and the Andrew W. Mellon Foundation provide lead three-year grants that conclude at the end of 2013 (Leventhal 2013; Dance for PD 2013).

- **TimeSlips** – *TimeSlips* is “an improvisational storytelling method that replaces the pressure to remember with the freedom to imagine” (*TimeSlips* 2013). Founded by Anne Basting, the project is rooted in her research on senior theater groups, which found many positive health and social benefits stemming from participation. Having observed that mostly healthy older adults participate in these theater programs, *TimeSlips* is the result of efforts to bring the benefits of the theater arts to less healthy older adult populations.

After repeated failures to implement theater-based interventions with dementia patients in 1996, Dr. Basting decided to try something that departed from traditional interventions. One day, she simply tore out a magazine picture and asked the group to make up a story. She asked questions like “What do you want to do?” and “What do you think?” that did not require a right answer or specific memory recall. The result was a creative, participatory dialogue among the patients, and even the staff, that would become *TimeSlips* (Basting 2013).

The key component of the program is the prompt selection: using open-ended questions and inviting individualized expression that runs contrary to the regimented, risk-managed environment that dementia patients live in. The program facilitator echoes individual responses, which improves trust, helps patients recognize that their input is being valued, and actually expands the communication abilities of dementia and Alzheimer's patients. Another important component of the program is when the facilitator recognizes that a story is done, retells it one more time, and then thanks each participant individually. The goal of this part of the process is to create a protected and safe space where it is acceptable for the patients to share and express themselves without consequences (Basting 2013).

A number of evaluative research studies have been conducted regarding the benefits of *TimeSlips* on both patients and staff. One study found that the intervention improves the quantity and quality of engagement between staff and residents on dementia units, even among those who did not take the training or participate in the sessions. The program also improved the attitudes of the staff toward people with dementia (Fritsch et al. 2009). Another study suggested that the program improved the communication and affect of people with dementia (Philips et al. 2010). Yet another study of the program found that medical students participating in *TimeSlips* improved their attitudes toward the dementia patient population (George et al. 2011b). Likewise, there has also been an observed spill-over effect where participants are found to be more engaged and are being engaged more outside of the intervention (Basting 2013).

TimeSlips has now trained over 2,000 facilitators and has been implemented by 30 organizations and facilities worldwide. The program has also created a service learning program for students in high school,

THE POWER OF THE ARTS IN AFFECTING HEALTH AT ALL AGES

The power of arts programs to affect health has not been limited to older adult populations. The NEA Task Force is exploring the impact of arts and creative programs on the health and well-being of children and adolescents. Likewise, the NEA is engaged with the armed forces through the Walter Reed Healing Arts Partnership, which actively engages returning veterans in writing projects to help them cope with Post-Traumatic Stress Disorder and other behavioral health issues relating to their war-time experiences.

Source: O'Brien 2013

college, and medical school; created an on-line training program; and launched a Web site with free, custom storytelling software. *TimeSlips* recently became an independent nonprofit organization separate from the University of Wisconsin-Milwaukee. It currently receives funding from The Rosalinde and Arthur Gilbert Foundation, The Extencicare Foundation, The Helen Bader Foundation, The Jacob and Valeria Langeloth Foundation, The Picker Institute, the Retirement Research Foundation, and the NCCA (Basting 2013; *TimeSlips* 2013).

CHALLENGES

Despite the positive evidence from current research, creative arts programs that influence the health of older Americans face significant challenges. Many of the challenges arise from the fact that the arts and health are different fields that interact with communities and the world in very different ways. The challenges include differences in language, differences in approach, siloing and differences in roles, and research gaps.

- ▶ ***Differences in Language*** – Language is a tremendous barrier between the health and arts spheres of funding and programming. Projects that attempt to bring the spheres together are often stymied by differences in the use of many terms, ranging from basic definitions of what a “therapy” is to more significant challenges of defining what would constitute “success” for arts, health, and aging programs. Funders and organizations that come to the table with seemingly similar goals may, in fact, have very different ideas and take for granted the meaning they apply to terms and concepts that appear benign on the surface.

These language differences can lead to misunderstandings and misperceptions about the goals and end results of initiatives. For example, health funders and organizations might define “improving health” from a chronic disease management perspective, while arts funders and organizations might define it from a quality of life perspective. To further complicate matters, aging funders might define “improving health” from a daily function perspective. Thus, different funders may have very different ideas on the types of programs to support, the approach programs should take, the objectives and targets set by programs, and even the metrics used to measure outcomes.

- ▶ ***Differences in Approach*** – Closely associated with the challenge of language is the difference in approach between health and the arts. Arts programs and their funders typically focus on engaging the community for the sake of promoting the arts and culture. Thus, funding and programs are more akin to patronage, focusing on things like dissemination of programs, supporting artists and arts education, and fostering innovative new programs and arts approaches. The field can be far less data reliant than the health field is, and often places greater weight on anecdotal and other information sources.

Health programming, and thus funding, can be far more data-driven and evidence-based, in part because of the sector’s focus on generating measurable changes in areas like health access, quality of care, disparities, and disease prevention. When supporting arts projects, health funders are often asked to support more experimental and creative programs and approaches, which may seem risky (Whitehouse 2013).

- ▶ ***Siloing and Differences in Roles*** – Because of these difference in approaches, the arts and health worlds often have a difficult time interacting, which, in turn, does a great deal to maintain the existing silos between the two realms. On both sides of the aisle, there may be a feeling that the intersection of the arts, health, and aging is “not my job” or that it does not address a funder’s priorities. Thus, arts funders and programs may not see health as something they should be concerned with, while health funders and programs may not see the arts as highly relevant to their work. But as the evidence indicates, these perspectives are not accurate. Accordingly, there is a real need for deconstructing silos and efforts to educate both fields about their potential for working together.
- ▶ ***Research Gaps*** – Finally, despite the current research base and its near-universal positive support for arts, health, and aging programming, there remain significant gaps and shortcomings. In its recent report, *The*

Arts and Aging: Building the Science, the NEA Task Force identified additional gaps in the research base and opportunities to fill these gaps moving forward. The report is based on an earlier white paper, *The Arts and Human Development*, and five new white papers commissioned by the NEA Task Force and on the proceedings of a National Academies Workshop, jointly sponsored by the NIH and NEA, held in September 2012 (Hanna et al. 2011; Kent and Li 2013).

Among the findings, the report generally concludes that studies in this field need to be more rigorous in their methodology and design and that alternative research designs and measures need to be developed to better study the multimodal nature of these arts interventions. Common deficiencies in current research include poor sampling, lack of adequate control groups, poor definition and documentation of the actual interventions, inadequate measure of health outcomes, and poor statistical methodology. Other research gaps include the development of better theoretical models, the creation of more appropriate research designs, more study of diverse populations, study of aging effects across the lifespan, the effects of combining multiple interventions, and study of the costs and benefits of these programs (Kent and Li 2013).

RECOMMENDATIONS FOR GRANTMAKERS

Researchers, grantmakers, and practitioners in the field have several recommendations for funders interested in supporting creative arts programs for older Americans. These recommendations stem from careful consideration of the research, identified challenges, and components of successful, and even unsuccessful, programs in the field.

- **Lead by Example** – Funders, as conveners and program supporters, can play a significant role in breaking down silos within communities, a critical area for leadership. Funders can convene meetings where the health, aging, and arts communities are brought to the same table to address common issues like the health and well-being of older adults. Ultimately, such convenings can hopefully help draw arts funders and artists into health and community initiatives where they typically would not be included. Conversely, arts stakeholders may bring a new perspective and energy that typically might not be present in traditional health and community initiatives.

Funders can also work to deconstruct silos by modifying their grantmaking processes. Grantmakers could alter requests for proposals (RFPs) to allow for or even encourage creative arts and health programs. This could be done either by explicitly making such programs a priority in the RFP process or by simply recommending or requiring partnerships between the arts, health, and aging communities as a prerequisite for other initiatives.

Grantmakers could also break down silos by modifying their approach to funding, both internally and externally. Community and family foundations that fund in health, aging, and/or the arts can follow the example of the MetLife Foundation by breaking down the internal silos that typically exist between such program areas. This could range from having the different program staffs coordinate and collaborate with one another, to combining funding streams to support creative arts programs specifically targeted at improving the health and well-being of older adult populations.

Externally, grantmakers that support the arts, health, and aging in the community can consider working to form funder collaboratives to support strategies and programs. While a long-term goal could be joint funding of programs, a more attainable, short-term goal might be to identify, coordinate, and collaborate on investment strategies that complement existing and future efforts.

- **Language Issues and Expectations** – Significant differences in language and expectations among health, aging, and arts stakeholders can cripple a project even before it starts. This is an issue grantmakers are in an ideal position to solve.

Johnson & Johnson, for example, has funded a number of these programs, and found that taking significant time and resources at the outset of an initiative or program to sit down with the key stakehold-

ers to air their various views and definitions was a vitally important step in making investments a success (Atkins 2013). This approach allowed everyone to come to a consensus on critical definitions, outcomes, and measures of success, which put everyone on the same page and ultimately helped with buy-in into a common mission.

On a larger scale, funders could consider supporting a discussion among key state or national stakeholders in the arts, health, and aging to create a consensus report. Such a document could be a critical resource for aiding programs in this field by providing a starting point for local discussions between stakeholders. Ultimately, such an endeavor could help develop a unified message as to why these programs are important and worthy investments for funders.

- **Identify, Support, and Promote Successful Programs** – One of the most important roles a grantmaker can play is supporting new and existing arts interventions for older adult populations of different types and enacted in different settings. With proper evaluation, funders can thus identify successful programs and help build the research base for an emerging field. Grantmakers can also consider supporting “centers of excellence.” Health, arts, and aging funders could work together to develop criteria for designating places where arts-based health interventions are working successfully. Funders could then promote these relationships by advertising these centers of excellence and through grant opportunities. Such centers could also help direct researchers to places where exemplary practice is already in place, which can help the research field build a more robust body of evidence and address more practical research questions, such as how to take programs to scale.

Given that this field of programming is still relatively new, an important role funders can play is in the promotion of successful programs that have been properly vetted and evaluated. This can range from authoring program reports that highlight successful programs, to supporting or publicizing to grantees databases of and resources on quality programs like the NCCA’s *Directory of Creative Aging Programs in America* and the various reports and resources authored by the Global Alliance for Arts and Health, such as its *Research Directory* and recent report *Bringing the Arts to Life: A Guide to the Arts and Long-Term Care*.

- **Apply Lessons from the Arts to Health Funding** – Health funders and programs can learn a lot from arts funders in a number of ways given their different approach to problem solving and programming. For example, many arts funders allow and even encourage programs to charge a fee-for-service to help make them sustainable enterprises. Fees are anathema for many health funders. Similarly, more could be done to help health-focused programs create business plans to be sustainable, as arts programs are encouraged to do.

Another lesson to take from the arts funding world is to perhaps give greater weight to data that do not quite meet the “gold standard” of the randomized controlled trial (RCT) and consider funding programs that have other evidence to support their effectiveness; sometimes “anecdote can be the antidote” (Whitehouse 2013). This could include programs that use quasi-experimental methods to collect quantitative data to those that are backed by qualitative data. Many arts interventions, including those that have an impact on the health of older people, currently rely heavily on qualitative and other quantitative data that fall below the level of an RCT, but arts funders have nonetheless considered them to be successful.

- **Educate Foundation Trustees about the Potential of Creative Arts Interventions** – For many foundation boards of directors, creative arts interventions that improve health and wellness might very well be a foreign concept. Therefore, there will be a need to educate them about their potential benefits to older adult populations. One way to help begin the conversation is to remind board members that the arts have been used by many health funders already, including direct applications, such as specialized arts therapy programs. Programs like Dance for PD and TimeSlips, in many ways, are the next logical step in directly applying the creative arts on a larger scale for a population that has a significant need. Ultimately, supporting these programs is a means to positively affect the health of many older Americans through nonmedicalized interventions that are true to the spirit of patient-centered care.

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