Research Note / Note de recherche

The Effect of a Community-Engaged Arts Program on Older Adults' Well-being*

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RÉSUMÉ

Cette étude utilisant des méthodes mixtes a évalué l'effet d'un programme d'arts communautaires engagés sur le bien-être physique, émotionnel et social des personnes âgées. Ateliers hebdomadaires ont été offerts pendant une période de trois ans dans des centres communautaires où les artistes ont collaboré avec quatre groupes de personnes âgées pour produire une œuvre d'art collective ou la performance d'une présentation publique. Les participants ont rempli questionnaires avant et après et des entretiens de groupe ont été menées à la fin du programme. Des analyses t-test appariés ont indiqué que les personnes âgées ont connu une amélioration perçue dans leur état de santé générale, l'expérience de la douleur, et le sens de la communauté. Une analyse descriptive et intérpretative des entretiens de groupe a révélé six thèmes qui ont éclairé la compréhension: (1) fournissant de la structure et de la discipline; (2) facilitant l'adaptation; (3) nécessitant un travail acharné et des efforts; (4) faisant ressortir son côté artistique; (5) la promotion de la participation sociale; et (6) apportant une contribution. Ces résultats concordent avec les recherches antérieures et contribuent à une meilleure compréhension de la façon dont les arts communautaires engagés peuvent favoriser le bien-être des personnes âgées.

ABSTRACT

This mixed-methods study evaluated the effect of a community-engaged arts program on the physical, emotional, and social well-being of seniors. Weekly workshops were offered over a three-year period at community centers where artists worked with four groups of seniors to produce a collective art piece or performance for public presentation. Participants completed pre- and post- questionnaires, and group interviews were conducted at the program's end. Paired t-test analyses indicated that seniors experienced improvement in perceived overall health, experience of pain, and sense of community. Interpretive descriptive analysis of the group interviews revealed six themes that informed understanding : (1) providing structure and discipline; (2) facilitating coping; (3) requiring hard work and effort; (4) bringing out one's artistic side; (5) promoting social involvement; and (6) making a contribution. These results are consistent with previous research and contribute to further understanding of how community-engaged arts can benefit the well-being of older people.

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Countries around the world are facing increased pressure to develop innovative and effective strategies to help sustain a healthy aging population. One way communities are responding is through community-engaged arts programming for seniors. This is happening in part because of a growing policy commitment to the arts as a means of promoting community health (Ruiz, 2004; State of the Field Committee, 2009; Vancouver Board of Parks and Recreation, 2003), as well as an increasing recognition of the value of creative activity for the health of older adults (Cooley, 2005; Hanna, 2006). However, while there is anecdotal evidence suggesting that arts programming is beneficial for seniors, relatively little research exists to support this claim. Studies are few in number and interventions have been of limited scope (Castora-Binkley, Noelker, Prohaska, & Satariano, 2010), with a noted exception being the work of Gene Cohen et al. (2006, 2007). Their *Creativity in Aging* study was a multi-site randomized trial conducted in the United States that demonstrated positive health outcomes for seniors participating in professionally led arts programs.

Although the results of this small body of research are promising, research remains limited in key ways. First, much of this work has been conducted with relatively homogeneous groups that are not always representative of their larger communities. There is little evidence to show how involvement in arts programming can be beneficial for seniors from diverse backgrounds, especially those who face sociocultural barriers to health. Second, most of the programs reported in the literature follow a traditional artist-led model. Further research is needed to understand the health impacts of a community-engaged approach to art-making. Third, whereas scholars have recognized the importance of mixed methods for understanding how involvement in the arts can have benefits for health (Angus, 2002), most research has relied on either quantitative evaluation, or qualitative inquiry. Few studies have reported on both.

The Arts Health and Seniors (AHS) program was developed as a three-year demonstration project to address these gaps. Although the long-term goal of the AHS program was to contribute to creating strong, healthy communities that engage seniors as full and active members, its immediate aim was to provide community-engaged arts programming to support the health of seniors who could be considered "at risk" due to factors such as low socioeconomic status, minority status, sexual/gender orientation, and language barriers. The program was built around an evaluation structure that included a research component using mixed methods to determine the effect of community-engaged arts on the physical, emotional, and social well-being of this population and to explore participants' perceptions of the program. In this article, we describe the AHS program and what we have learned from this research.

Description of the Program

The AHS program developed as a collaborative effort between the Vancouver Board of Parks and Recreation, the regional Health Authority, and researchers from the University of British Columbia. The original intent was to launch a project similar to the *Creativity in Aging* study (Cohen et al., 2006), by offering weekly arts sessions to groups of community-dwelling seniors over a nine-month period, including public performances and presentations. The two programs differed in that the AHS program was carried out in a Canadian context drawing on local expertise in community-engaged arts. This is an approach to art-making that involves a group of individuals from a self-identified community collaborating with artists to develop a plan for artistic expression that is meaningful at a group or community level. Community-engaged arts is a process that develops the unique abilities of individual participants who work together to develop an aesthetic product, ultimately in order to share their work with other members of the community (Lee, 1998).

The AHS program worked in partnership with four community centres located in diverse neighborhoods across the city. These sites were selected on the basis of their diversity and the willingness of the local leaders to act as champions for the project. Each centre sponsored a group of seniors who attended weekly two-hour workshops where they developed the artistic skills needed to produce a collective art piece or performance that was presented publicly at the end of the year. The AHS program was designed to provide a comfortable environment where seniors with no previous formal experience in the arts could learn something new in the company of peers. Each group worked with an artist who facilitated the creative process by helping them identify what kind of project they wanted to pursue over the year. The artists also provided instruction and a unified vision and aesthetic for the project.

The seniors received additional support from a seniors' worker based in each community centre who was familiar with their specific needs and looked after their comfort during the workshops. Although the four groups were largely independent of one another, the AHS program organized a year-end gallery exhibit and performance every June in a downtown community centre for all the AHS participants to come together. Examples of their artwork were shown in a public exhibit space over a three-day period, and a performance was held in a large auditorium where each group performed or presented a video recording of their work before an audience of family, friends, and other community members.

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The AHS program was developed for community-dwelling seniors, purposefully targeting a diverse range of urban neighbourhoods and communities. Over the project's three-year duration, 51 seniors were involved in it, with little turnover from year to year. Over 80 per cent of the participants were women; their ages ranged from 55 to 90 years (see Table 1).

The AHS program's four groups differed in terms of the population they represented and the kind of art project they pursued. Group 1 was an existing social activity group of Chinese-speaking women who met regularly at a community centre located in the heart of an urban neighborhood. This group worked with two different artists. In the first year, they explored puppetry; in the remaining two years, they worked with a dance artist. Group 2 was a group of seniors who identified as lesbian, gay, bisexual, or transgender (LGBT). They came from across the city to a centrally located community centre to work with a professional writer. Over the course of the program, they explored different creative writing forms, including digital media. Group 3 consisted of seniors involved with various social activity programs at a community centre located in a middle-class suburban neighborhood. Over the course of the program, they worked with a video artist to explore the field of digital storytelling. Finally, Group 4 was an existing social activity group that met regularly at a seniors' centre in an ethnically diverse urban neighborhood. This group, which joined the AHS program several months after the others, worked for a little more than two years with a community-engaged artist who was well-established in the local neighbourhood, exploring a variety of visual and textile media (e.g., silk painting, tile mosaics, quilting, etc.).

Methods

The evaluation structure of the AHS program was developed around a community-based participatory model that included peer documentation, qualitative inquiry, and a quantitative evaluation. The latter two components are reported here. The purpose of the evaluation was to understand the effect of the AHS program on participants' perceptions of their physical, emotional, and social well-being and their views of the program itself. This research received approval from the university ethics review board.

The quantitative evaluation component used a repeated-measures design with no control group. While a true pre-test, post-test design would have been ideal, the AHS program started before the research component was developed. Therefore, the baseline measures (Time 1) occurred in the first year of the program, and Time 2 occurred at the conclusion (approximately two and a half years later). Research assistants visited the groups to distribute questionnaires in an effort to gather complete data from as many participants as possible. Ultimately, a convenience sample of 24 AHS participants completed a set of self-reported health measures on two occasions and provided informed consent to permit the use of their data for evaluation purposes.

Similar to the work by Cohen et al. (2006, 2007), we focused on three domains of health: physical, emotional, and social well-being. We selected tools that were brief, easy to complete, and had been shown in previous research to be reliable and valid for use with community-dwelling seniors (see Table 2). This set of measures, along with a brief demographic questionnaire, was completed in approximately 30 minutes, either in an interview format, or independently with a research assistant available to answer clarifying questions. The consent form and questionnaires were translated for the Chinese-speaking group.

To analyse these data, we used descriptive statistics to characterize the study sample and conducted paired t-tests to determine the statistical significance of the difference between Time 1 and Time 2 for each health measure. Then, effect sizes were computed for each measure.

The qualitative inquiry component comprised five focus groups conducted at the conclusion of the three-year project (one group was sub-divided to accommodate

Table 1: Demographic descriptions of the AHS groups

Demographic Characteristic	Group 1	Group 2	Group 3	Group 4
Group size	15	17	9	10
Average age[a]	77 (n = 5)	65 (n = 9)	66 (n = 6)	86 (n = 4)
Gender	15 women	14 women 3 men	4 women 5 men	8 women 2 men
Language	Chinese	English	English	English
Socioeconomic status	Most with limited formal education; semi-skilled labour occupations	Most with university degrees; professional and managerial occupations	Most with university degrees; professional and managerial occupations	Most with high school education; skilled labour and semi-professional occupations

[a] Average age is based on the sample of participants who provided data for the evaluation.

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Table 2: Conceptualization and measurement of health impacts of the AHS program

Domain	Variable	Measurement Scale
Physical well-being	Daily function	OARS-(I)ADL (Thomas, Rockwood & McDowell, 1998)
	Perceived health status	Single item perceived overall health (Lyness et al., 2004)
	Chronic pain	Single item verbal descriptor scale (Herr, Spratt, Mobily & Richardson, 2004)
Emotional well-being	Depression symptoms	Geriatric Depression Scale – Short (Shah, Phongsathorn, Bielawska & Katona, 1996)
	Self esteem	Rosenberg Self Esteem Scale (Robins, Hendin & Trzesniewski , 2001)
	Morale	PGC Morale Scale (Lawton, 1975)
	Life satisfaction	Satisfaction with Life Scale (Pavrot & Diener, 2003)
	Sense of purpose	Life Engagement Test (Scheier et al. 2006)
Social well-being	Social Support	Multidimensional Scale of Perceived Social Support (Zimet, Dahlem, Zimet & Farley, 1988)
	Sense of Community	Community Connections Index: Sense of Community subscale (Mancini, Bowen, Martin, & Ware, 2003)
	Community Involvement	Community Connections Index: Community Engagement subscale (Mancini et al, 2003)

their larger size). All members of the four AHS groups were invited to participate. The groups ranged from seven to nine participants for a total sample size of 38. Each group was led by a facilitator and included an observer who wrote field notes describing the process. Members of Group 1 spoke only Chinese, so that group also included an interpreter who provided translation assistance. The group interviews were semi-structured in format. The facilitator asked participants how their involvement in the AHS program affected their (1) physical and emotional health; (2) sense of community and connection with others; (3) view of themselves; and (4) experiences with art. These four topics were followed up with further questions to obtain more detail and clarity. The interviews lasted from 30 to 90 minutes and were recorded and transcribed verbatim (and in the case of Group 1, were translated into English).

The purpose of the qualitative inquiry was to develop a more contextualized understanding of the health impacts – specifically, what it was about the program that was beneficial from the perspective of the participants themselves. Following the inductive approach described by Thorne et al. (2004), we began with open coding of the transcripts, and then proceeded in an iterative fashion to compare and contrast these findings, looking for commonalities and differences in how participants experienced the program and understood its benefits. The aim was to generate an interpretive description that comprised distinct themes, each reflecting a common pattern of meaning and explanation.

Results

Quantitative Evaluation

Given the small number of participants in each group, we conducted analyses across the entire sample, and since this was conceived as an exploratory pilot study as in the study by Cohen et al. (2006), two-tailed t-tests were used with $p = .10$ as the pre-determined cutoff for significance (see Table 3).

With regard to the physical well-being measures, responses to both the perceived health and chronic pain measures showed improvement over time. These differences were statistically significant with medium effect sizes. There was no significant change in participants' responses on the Older Americans Resources and Services Activities of Daily Living Questionnaire (OARS-(I)ADL), with the average at both Time 1 and Time 2 indicating that people were independent in their activities of daily living.

For the social well-being measures, responses on the sense of community subscale of the Community Connections Index showed improvement over time. This difference was statistically significant with a large effect size. However, the community involvement subscale and the measure of perceived social support showed no significant change.

Likewise, none of the emotional well-being outcomes indicated significant change over time, although the Morale Scale approached significance ($p = .12$) with a small-to-medium effect size. While responses on the depression and self-esteem measures showed modest improvement over time, these differences were not significant, and the effect sizes were very small.

Qualitative Inquiry

Although the AHS groups were structured to differ from each other in terms of participant background and arts modality, results of the qualitative inquiry showed no large differences across the groups in terms of their experiences within the program. The analysis of the focus group data resulted in six themes that were

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Table 3: Health impacts of the AHS program over a two-year period

Measure (sample size)	Time 1 Mean (*SD*)	Time 2 Mean (*SD*)	Effect size (*d*)
OARS-(I)ADL (*n* = 24)[a]	15.2 (2.23)	14.8 (1.71)	0.19
Perceived health (*n* = 21)	2.9 (1.24)	3.3 (0.84)*	0.41
Chronic pain (*n* = 23)[a]	2.7 (1.09)	2.2 (1.27)**	0.52
Geriatric Depression Scale Short form (*n* = 20)[a]	3.2 (3.56)	2.5 (3.07)	0.20
Rosenberg Self-Esteem Scale (*n* = 19)	37.6 (6.91)	38.7 (7.38)	0.16
PGC Morale Scale (*n* = 19)	13.5 (2.61)	14.5 (3.08)	0.37
Satisfaction with Life Scale (*n* = 18)	18.1 (3.76)	17.9 (4.30)	0.06
Life Engagement Test (*n* = 19)	25.4 (4.35)	24.8 (4.38)	0.13
Multidimensional Scale of Perceived Social Support (*n* = 17)	45.8 (8.28)	43.8 (9.69)	0.22
Community Connections Index: Sense of Community subscale (*n* = 24)	21.0 (6.15)	24.0 (4.34)**	0.71
Community Connections Index: Community Engagment subscale (*n* = 24)	22.6 (4.18)	22.9 (4.27)	0.07

[a] Lower score indicates improvement.
*** $p < .10$; ** $p < .05$**

held in common across the four groups. Each theme demonstrated a distinct way by which the participants felt they benefitted from their involvement in the AHS program, and more specifically, what it was about the program that afforded these benefits. Each theme is described here with supportive evidence from the transcripts.

1. Providing Structure and Discipline. The AHS program provided ongoing structure to people's lives, which motivated them to rediscover and sustain a healthy lifestyle through increased activity and interaction. Several people described the program as "a reason to get out of bed"; another said "It's given me the discipline of showing up every week" (Group 3); in essence, it served as a commitment that they took seriously and sought to maintain. The participants consistently spoke of how important it was that their involvement extended over time. In the words of one participant, it was the "ongoing-ness of the group" that really mattered (Group 2). Another group emphasized that they were working on a large-scale project that could not be completed quickly, which meant that the group members eagerly anticipated each week's session. Another member said, "It's forward looking" (Group 4).

This extended commitment meant that people had a reason to look after themselves. Several participants described how their involvement in the AHS program had led them to adopt a healthier lifestyle. One man spoke of having to walk 10 blocks to the program because there were no direct bus routes. He felt stronger as a result. Another participant with a long history of depression said that the AHS program was the first social activity she had participated in for several years, having previously spent most of her time alone at home. Others, too, described having chronic health problems that made it difficult for them to get out of the house. They found that the AHS program provided the "discipline" they needed to overcome those barriers, and as a result they felt more socially and physically active. Members of Group 1 were adamant that this discipline was an important benefit for them. "[It's given us] a greater sense of mental strength … a sense of responsibility that say, on a Tuesday, I have something to participate in."

2. Facilitating Coping. Being involved in the AHS program helped people better manage the physical and emotional challenges they faced. One man spoke of how being involved with others in meaningful and enjoyable activity served as a conscious distraction from the discomforts of everyday life: "People were saying [that] they push aside the aches and pains. … The pain diminishes when you're doing something purposeful, and within community, and when you're having fun" (Group 2).

The seniors also described how creative work was an opportunity to focus their attention on something beyond themselves, thus putting aside feelings of stress and anxiety. Through their art-making together, members of Group 1 described feeling "happier" and "younger". As one member explained, "My emotional scenery has improved a lot as well … so that I don't constantly think to myself, 'I'm getting older and older'".

The art-making process was also a chance for people to unload difficult emotions and use them to guide their artistic expression. Members of the writing group described how they experienced therapeutic benefit from their creative work. They felt they had a chance to "[get] stuff out. It's like a displacement of emotions … it's the action of getting it out of your body" (Group 2). People felt emotionally stronger as a result, a sentiment that was echoed in various ways by other groups. A member of Group 1 summed it up: "With greater

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creative thoughts and awareness, we do not have as much [trouble] … in dealing with a difficult thing".

3. Requiring Hard Work and Effort. The seniors expressed the view that the AHS program provided them with a sense of being challenged, and that their confidence and self-esteem grew as a result. All four groups experienced the program as very demanding: for instance, as requiring "focus" (Group 4) and "a lot of hard work and effort" (Group 1). In part, this was because involvement in the arts was something quite new for most people. Everyone spoke about their excitement to be learning new skills, "discovering talents we didn't even know we had" (Group 4). Moreover, they took this up as a shared responsibility, pushing each other to grow as artists by offering serious critique: "This is a group that has worked diligently at the skill building of writing and listening and giving supportive, useful, and valuable feedback that helps everyone" (Group 2). Constructive peer feedback was an important part of their experience. This commitment to each other's learning meant that by the end of the year, they recognized that together they had achieved something that mattered. "We did this. We felt really good, really important" (Group 3).

Participants described the program as having "high expectations" (Group 2), and for many, this was most evident in the expectation that each group would be part of a public performance at year's end. All the groups talked in different ways about the significance of this day. A member of Group 1 expressed it succinctly: "standing in front of all of those people in that way … it really helped us to develop a sense of self-confidence, and we were proud of our performance." The fact that they had worked hard towards this goal gave them a powerful sense of achievement.

4. Bringing Out One's Artistic Side. Working creatively provided a way for seniors to develop and explore their identity. While many would not have considered themselves as artists at the beginning of the program, and many still did not even later, participants were able to explore their creative identity in relation to the art they produced. As one of the members of Group 4 explained, "It brings out the artistic part of your thinking". The women in Group 1 described a similar kind of experience as an "artistic thing" that had been brought to them through "engaging the puppets … being involved in the body movements, the hand movement, the character voices, and the discipline. This has changed us".

The idea of personal transformation found expression in all four groups. People spoke of the art-making process as a kind of self-exploration and an opportunity for growth. They were coming to understand themselves and their world in new ways. Several spoke of learning to see with "a different eye" (Group 3) or to "look at everything with a different perspective" (Group 4), while others described how they were "thinking from a new perspective" (Group 2). For many, this was a profound change. As one woman said, "I have blossomed in ways that [I] had no way of foreseeing three or four years ago" (Group 2).

Many of the participants framed this experience in terms of becoming an artist. Whereas some claimed this identity unreservedly – "I'm now a published author!" exclaimed one woman (Group 2) – for most, it was more of a journey. For example: "I'm discovering that I'm an artist" said one (Group 3), while another referred to how he was "moving along the spectrum toward that" (Group 2). The significance of these new identities was particularly evident in Group 1: they said they felt "changed" when the facilitator asked directly if they thought of themselves as artists. Immediately there was a lot of laughing and excited discussion among them: "I am an artist"; "We are pretending to be artists!"; "An artist in training?"; "I *feel* like an artist" (Group 1). Of all the topics discussed during the interview, "bringing out one's artistic side" was the one that seemed to elicit the strongest emotional reaction. When the conversation started to die down, the facilitator asked again if anyone wanted to comment and one woman answered simply, "I have nothing to say. My heart is racing. It is jumping" (Group 1).

5. Promoting Social Involvement. The AHS program provided an opportunity for the participants to build a community and create strong social ties within and outside the group. They spoke frequently about the sense of cohesion and commitment they experienced among themselves, describing a "feeling of belonging" and having a place "within community". Members of Group 4 talked about how important it had been for them to attend the end-of-year performance where they saw what the other groups had done: "You realize after watching them that they all participate as much as we do. The participation, you feel it. We *all* feel the togetherness makes a big difference." This feeling of togetherness resulted in part from the art-making process they followed. Working together towards a shared goal was something one group described as "powerful" (Group 2). Each of the groups spoke in various ways about how they felt accountable to each other, and providing serious critique of each other's work was perceived as "absolutely critical".

Although AHS program participants felt a strong sense of belonging and commitment within the group, their experience of being more socially connected extended beyond the group as well. Several spoke about how they had gained greater connection with their families, and especially their children and grandchildren:

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"Being involved in this program has allowed me to connect with my family. My stories in my video are about my family, which means I can share it with my family" (Group 3). Others had been very isolated before joining the AHS program and described how important it was to them to have a reason to "get out of the house" (Group 2). The AHS program was for them a way of reconnecting with the world. This stood out particularly for Group 1 members who described how "it has helped with our social involvement". They felt more confident to be part of the wider community:

> *"It has expanded our global awareness of other cultures … improved it, such that when I used to see new people, I wouldn't initiate conversation. But now, when I see people, I feel that I can speak up. … by participating in this program, it is a subtle change, a change to a more open mind."* (Group 1)

This sense of having expanded their horizons as members of a larger community came in large part because of the opportunity they had to present their work to the public. A member of Group 2 said that when they shared their artwork beyond the LGBT community, "I know they're getting a story that they don't hear very often and that makes me really happy – to be visible, to be part of the greater whole."

6. Making a Contribution. The seniors felt that their involvement in the AHS program influenced their status as valued members of society. By bringing their art into public space, the seniors not only built stronger social connections for themselves but also were able to demonstrate that older people have, in the words of one participant, "something to say, and somebody who might want to hear it" (Group 2). Through their art, people felt able to pass on experience, knowledge, and history that would otherwise remain unknown. They understood the benefits this could have for the generations to come. One man described how as an artist he could show his children that being old is a "fantastic adventure" filled with possibility (Group 3).

The public presentations at the end of each year were pivotal. Each group emphasized the importance of their final works being presented and shared with the larger community. As one person explained, "There's millions of writing groups in the world, but how many of them form and bring it out to other people?" Members of Group 3 spoke of their commitment to "effect change" through their involvement in the AHS program, one person saying: "I think [it's] almost … the obligation of seniors, to become an artist because you have this time and art … is the core of society. It's what makes us human." Other groups spoke of their art as a kind of "public statement" (Group 2) or a way of making themselves "visible" in the community (Groups 1 and 2).

Involvement in the AHS program made people more aware of how much they had to give. This was consistently identified as one of the more important changes they had experienced through their time in the program. Members of Group 4 spoke of their artwork as "proof" that "it's not just a bunch of grannies. We're still capable. We're contributing something to this day and age." People described feeling a "new sense of self importance" (Group 3), which came from being recognized as "a valued member of the larger community" (Group 2).

Discussion

In summary, the results of the quantitative evaluation clearly indicated that involvement in the Arts Health and Seniors program was associated with improved physical and social well-being. This was evident also in the qualitative findings, which described how involvement in the AHS program led participants to feel physically and emotionally stronger and more socially connected, while also experiencing significant personal growth.

The evaluation of the AHS program was in some ways patterned after the *Creativity in Aging* (CA) study by Cohen et al. (2006, 2007). Although we did not have the resources to do a controlled trial, we conceptualized the potential health benefits in a similar way and used some similar measures. Like Cohen et al. (2007), we examined health outcomes over a two-year period, but we also included in the research a qualitative component to further explore the nature of the outcomes and how they were achieved. Ultimately, important parallels emerged in the results of these two projects. In what follows, we examine the similarities and discuss how the qualitative findings inform further understanding in light of more recent research in this area.

First, both studies found evidence to support the claim that involvement in the arts promotes physical well-being. The CA study found that participants reported improved perceived health status, fewer doctors' visits, and reduced medication usage, all with a small to moderate effect size (Cohen et al., 2007). This is similar to our findings of improved perceived health status and reduced pain.

The qualitative results align strongly with these findings, and suggest possible mechanisms that might help explain this outcome. People reported living a healthier lifestyle as a kind of "side effect" of their participation. They wanted to stay involved for the duration of the program, but to do so meant that they had to be more active. In short, the AHS program provided an ongoing reason for participants to take better care of themselves. It may have also served as a

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kind of coping strategy in itself. Participants spoke of the AHS program as something important in their lives that drew their attention away from their health concerns, and for some, this opportunity for creative expression helped them manage these concerns more effectively. Similar results were noted by Greaves and Farbus (2006), who found that older people in a community-based arts program reported eating more healthily, and were more physically active and less focused on "worries and concerns".

A second similarity is that both studies found evidence that involvement in the arts promotes social well-being. Cohen et al. (2007) reported a large effect size for changes in activity levels, which they considered to be an indicator of social benefit. We measured sense of community in our study, and also obtained a large effect size, which is consistent with other research showing how community-engaged arts can help build relationships and contribute to a growing sense of "collective identity" among participants (Greaves & Farbus, 2006; Lally, 2009; Lowe, 2000; Murray & Crummett, 2010).

We found sense of community to be a powerful qualitative finding as well. Participants spoke of their sense of connection and commitment to each other within the group as very important. In describing this, they did not refer to support they received from individual relationships (which might help explain why the social support measure did not show significant change over time), but spoke more about the group as a whole. Moreover, they came to feel a stronger sense of belonging in relation to the larger community, discovering that through their shared art-making they had something of value to contribute. As other research has suggested, working together towards a public performance or presentation is likely an important aspect of belonging (Lally, 2009; Murray & Crummett, 2010). The community involvement subscale did not show significant change over time, although it may not have been sensitive to these kinds of outcomes given its greater emphasis on attendance at public meetings, religious events, and volunteerism.

A third similarity is that, as with the CA project, the AHS program did *not* demonstrate significant impact on measures of emotional well-being, although there was a trend towards improvement in some variables. For example, the small number of people who showed significant depression in the early months of the program (Time 1) reported far fewer symptoms at the end (Time 2); we simply may not have had a sufficient sample size to achieve statistical significance. Given the pilot nature of this study, one might speculate that with a larger sample, this trend might have reached statistical significance.

It is noteworthy that the qualitative findings were strikingly different with respect to the emotional effects of the program. The interview data made broad-ranging reference to the various emotional benefits of the AHS program. People were generally happier; they felt better about themselves and expressed a sense of having grown as a person through this opportunity to work diligently at something that was new and challenging. Many were coming to think about themselves in new ways. This feeling of being transformed and coming to a different self-understanding was not something that people dwelled on in the interviews, but it did come up in all of the groups, and people spoke of it as an important aspect of their shared experience. The few studies that have examined community-based arts programming for older people have noted similar kinds of benefits, with participants reporting improved mood and feelings of self-worth (Greaves & Farbus, 2006; Lally, 2009; O'Shea & Leime, 2012).

Given this pattern of findings, we are forced to consider the possibility that the measures we used were not able to capture in statistically meaningful ways the kind of emotional effects the participants were experiencing. Putland (2008) has argued that feelings of pleasure and joy may be among the most powerful and potentially important outcomes of community-engaged arts, but these have been neglected in evaluation models that draw predominantly on biomedical and social perspectives. We also say this in part because of informal feedback we received suggesting that participants did not approach the questionnaires as objective measures, and in fact, many had strong reactions to some of the questions about emotional well-being, finding them insulting or otherwise hurtful. They felt that statements like "I am inclined to feel like I am a failure" or "I feel useless at times" were not helpful in evaluating their experiences with the AHS program, and that overall these questionnaires did not offer them adequate voice. Although we purposefully chose measures that had been used in previous research with older people, many of the participants viewed them as clinically focused, and made clear that they did not "fit that mold". We also heard from the Chinese group that many of the questionnaire items concerning emotional well-being were difficult to use for reasons of cultural differences. The translators explained that the group members found the terminology on the questionnaires confusing; it did not reflect how they understood and talked about their experiences.

Other researchers have identified similar tensions arising from the use of standardized numerical tools in the evaluation of community-engaged arts programming (Lally, 2009; Newman, Curtis, & Stephens, 2003), and it is certainly not easy to conduct this kind of research in a real-life setting. Many of our design decisions were

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made on pragmatic grounds, and as a result, there are limitations to what we can claim. This was a small convenience sample of volunteers whose experiences may not be representative of the larger group, and data that were gathered under varying circumstances across groups and over time may not have been comparable. Also, the quantitative evaluation was not, strictly speaking, a pre-test, post-test design since participants had been involved in the AHS program for several months before completing the health measures at Time 1, which may have reduced the potential cross-time difference.

Nevertheless, the results of this evaluation do confirm findings of earlier research, and with the inclusion of a qualitative component, have gone a step further towards explaining the benefits of a community-engaged arts intervention in the context of real-life settings. AHS participants experienced improved physical and social well-being, with the qualitative component supporting further understanding of individual emotional benefits and the potential role of community-engaged arts in showing older people as valued contributors to their communities. Such findings may provide a foundation for further conceptual development, which in turn could promote the development of measures that are more sensitive to the unique health benefits afforded by involvement in arts activities.

Furthermore, this study has contributed to our understanding what it is about community-engaged arts that might lead to the benefits cited by the study participants, highlighting five features they identified: (1) the project extending over time; (2) being challenged to learn something new; (3) being held accountable to serious aesthetic goals; (4) working together as a group; and (5) bringing the art into public space. Taken together, these findings may offer direction for further research and knowledge translation, both through informing the development of testable hypotheses for theory-based evaluation approaches that seek to better understand "when and how programs work" (Rogers &Weiss, 2007, p. 67), and also through understanding the practices and experiences of the participants themselves – that is, how they engage together in activities of art-making and what this means to them.

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