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PALETTE: An Intergenerational Art Program to Improve Health Care Delivery and Health Outcomes of Older Adults

Sadie Rubin

PALETTE, Virginia Commonwealth University

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Case Study

PALETTE: An Intergenerational Art Program to Improve Health Care Delivery and Health Outcomes of Older Adults

by Sadie Rubin, MSSW

Objectives

1. Demonstrate the positive outcomes of the PALETTE model in training and educating health professional students in gerontological experiences.
2. Describe the partnerships developed and their importance in executing PALETTE programs.
3. Highlight student experiences in intergenerational visual arts and intergenerational movement arts.

Background

“PALETTE shows you how to look at our partners as people, compared to ‘old people.’”

Too often, health professional students’ experiences with older adults are limited to visits in nursing

homes and hospitals, providing them with a very limited, disease-focused view of what it looks like to age. Promoting Art for Life Enrichment Through Transgenerational Engagement (PALETTE) is a model of intergenerational arts programming that engages health professional students with independent, active older adults in an effort to challenge pervasive stereotypes and negative attitudes toward the aging population.

The PALETTE model was developed in 2013 by Sadie Rubin and a team of partners in Richmond, Virginia as a response to the prevalence of ageism within the health-care field, which has been shown to reduce effective care delivery and impact long-term health outcomes for older adults (Reyna, et.al, 2007). Bodner (2009) attributes these negative attitudes in younger adults, in part, to a lack of time spent with older adults, as well as to fear of their own aging and death. PALETTE has demonstrated its effectiveness in challenging these underlying issues by engaging students in meaningful relationships with older adults and by providing concrete gerontological training and

education (Rubin, et.al, 2015).

The foundation of the PALETTE model was Vital Visionaries, a demonstration project that, from 2007-2008, connected medical students with active older adults for creative arts activities in eight cities. Evaluation data showed that medical students’ attitudes toward older adults became more positive upon completion of the Vital Visionaries project and they experienced a positive change in their perceptions of commonality with older adults (Gonzales, Morrow-Howell, & Gilbert, 2010). The PALETTE model expands these positive outcomes by including diverse disciplines of young health professionals who are both likely to care for older adults and yet receive inadequate training in gerontology and geriatrics (Kovner, Mezey, & Harrington, 2002).

Participating in shared arts activities has been shown to promote mutual and holistic understanding by tapping into life experiences and emotional expression (Larson, 2006). With student and older adult participants engaged in the same creative activity, they are able to

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see each other as peers and thus establish relationship-building common ground. Further, art expression and creation has the ability to reveal a person's physical and cognitive abilities in a way that can challenge stereotypes of older adults and aging (LaPorte, 2000).

With the stresses of school and work left out of PALETTE, students can engage with their older adult Partners in Arts Learning (PALs) to build meaningful intergenerational relationships. Student participants appreciate the casual, creative environment, noting that *"one of the really nice things about the way the program was set up was that you had something else that you could bond around...it didn't feel like a formal interview, but you do end up organically finding out a lot about them and then sharing about yourself, too."*

These personal relationships can then translate into students' careers. As one past participant, a graduate student in Social Work at the time, remarked, *"The PALETTE program reminded me of the importance of having interpersonal skills to communicate with older adults outside the realm of professional relationships. Having the context of a life story or experiences will make understanding current concerns easier and relevant."*

The first PALETTE program was launched in January 2014, funded in part by the Geriatric Training and Education (GTE) initiative of the Virginia General Assembly, administered by the Virginia Center on Aging. PALETTE contracted local organization Art on Wheels to conduct visual arts programming with

over 40 interdisciplinary students and senior adults at the Weinstein Jewish Community Center (JCC). Since then, with additional funding through the GTE initiative, as well as from the VCU Council for Community Engagement, PALETTE has engaged over 115 participants in intergenerational arts programming, including the original visual arts (the PALETTE program) and an expansion to movement arts (PALETTE in Motion).

Partners

The PALETTE model relies on strong community and university partners to be successful. As a way to ensure best practices, it has been vital to maintain partnerships that represent the diversity of the populations PALETTE serves. During its development stages, PALETTE established partnerships with the Virginia Commonwealth University (VCU) Department of Gerontology, VCU School of Pharmacy, and the Weinstein Jewish Community Center (JCC). Since its launch, partners have grown to include VCU Departments of Physical Therapy, Dance and Choreography, VCU Schools of Dentistry and Social Work, Senior Connections (Capital Area Agency on Aging), AgeWave, and the Visual Arts Center of Richmond.

Program Structure

PALETTE programs consist of an initial training and education seminar, followed by five weekly arts engagement classes, one cultural outing, one final showcase of the participants' work, and one closing reflection seminar. Participants are required to attend all activities.

Recruitment of participants. Student participants in PALETTE programs are recruited by word-of-mouth using social media, classroom announcements, and peer recommendations. Students must be currently enrolled in a health professional program. Older adult participants are recruited by word-of-mouth from past participants, and through the efforts of community partners Weinstein JCC and Senior Connections. Older adults must be currently living independently. PALETTE requires no previous experience in arts for either group of participants and both groups reflect a diversity of cultures, backgrounds, and artistic abilities.

Training and education seminar. Gerontologists and gerontological specialists conduct this two-hour seminar to encourage thoughtful conversations about aging. Student and older adult participants attend seminars separately. For student participants, training and education seminars include an introduction to aging in the United States, topics on ageism, stereotypes of aging, working with older adults, and group discussions on how students view their own aging. For older adult participants, topics include ageism and stereotypes of aging, and discussions on how the older adults view their own aging. At the start of this seminar, participants complete a pre-test survey to measure outcomes of the program; the post-test survey is then administered at the conclusion of the program.

Arts engagement classes. A professionally-trained artist conducts each 90-minute art class to engage participants in productive arts. Through the original PALETTE

program, students and senior adults partner one-on-one in visual arts activities that include printmaking, painting, clay hand-building, and more. Through PALETTE in Motion, students and senior adults partner in intergenerational groups to participate in movement arts activities that include choreography, sculptures in motion, mirrored movements, and more. Classes are followed by light snacks or lunch (depending on time of day), which gives the participants a chance to chat informally.

Cultural outing. Cultural outings give participants the opportunity to experience art and culture together in the community. These outings also inspire participants to continue engaging in creative activities once the program has ended. Participants of the PALETTE program have visited the Virginia Museum of Fine Arts for guided museum tours, as well as the Visual Arts Center of Richmond for hands-on workshops. For PALETTE in Motion, participants experienced a performance at the Richmond Ballet.

Final event. At the semester's end, PALETTE programs host a final event open to the community to demonstrate the work developed by participants. Family, friends, colleagues, and community members attend, which not only brings the community into the PALETTE experience, but also provides participants with the sense of accomplishment that comes with presenting their work to an audience. For the PALETTE program, this event is an opening reception for a curated exhibit of the participants' visual artworks. For PALETTE in Motion, participants showcase short

pieces of learned movements in their culminating event for the community.

Reflection seminar. This two-hour seminar is an opportunity for participants to reflect on their experience in the program. As with the initial training seminar, the reflection seminar is held separately for student and older adult participants and led by gerontological specialists. The reflection seminar is invaluable for solidifying experiences and attitudes developed throughout the semester, as participants come together through shared experiences. During this seminar, participants complete the post-test survey, measuring personal and program outcomes.

Program evaluation. Student and older adult participants complete pre- and post-test surveys to evaluate the effectiveness of PALETTE programs in achieving its intended outcomes. Surveys evaluate all participants' attitudes toward older adults and aging using standardized measurement tools, including the Aging Anxiety Scale (Lasher & Faulkender, 1993), Aging Semantic Differential (Rosencranz & McNevin, 1969) and Attitudes To Ageing Questionnaire (Laidlaw, et.al, 2007). PALETTE programs are further evaluated through a qualitative analysis of student reflection papers submitted anonymously, as well as through observational data collected during PALETTE seminars.

Case Study 1: The PALETTE Program and Intergenerational Visual Arts

When Ms. C, a graduate student in

Pharmacy, signed up to participate in the PALETTE program, she did not know what to expect of her senior Partner in Arts Learning (PAL). Given her background in healthcare and focus on people with diseases, Ms. C thought her PAL might be frail and need help doing the art projects. Prior to the initial training and education seminar, Ms. C had never heard the term "ageism" nor considered the ways in which our society stereotypes older adults. Participating in the seminar helped her to realize that even her initial thoughts about what the program would be like were ageist. She began to pay closer attention to her behavior, noticing that some of the things she said or heard around the hospital might also have been ageist.

When it came time to meet Mr. S, her assigned PAL, Ms. C saw that he had no problem doing any of the assigned tasks and often it was Mr. S who would lead them in the projects. Mr. S, a recently-widowed, 83-year old, had heard about PALETTE at a luncheon and signed up because it was "an irresistible idea to combine learning new arts with meeting new people!" After many years of caring for his wife with Alzheimer's disease, he wanted to make sure that he remained connected to his community. Though Mr. S used an assisted device for mobility, he remained living independently, close to his two children and four grandchildren.

Ms. C reflected that she was surprised with how easy conversation was with her PAL. Although talking about religion can be uncomfortable, the relationship she had with

Mr. S allowed them to speak openly about religion. She was surprised by this, reflecting that she had always expected older adults would be less tolerant. That she and Mr. S were able to talk honestly helped her not only to understand someone else's faith, but also to see that it was unfair to associate closed-mindedness with older adults.

As the program progressed, Ms. C and Mr. S would use art as a conversation piece to learn more about each other. One day while they were painting, Mr. S noticed the bright colors she was using and said, "You're really good at working with colors. Where did you learn that?" Ms. C's answer involved a long response about where she was from, her culture, her hobbies, and more. This opened the door for her to learn more about him, subsequently realizing how much they had in common, while celebrating each other's uniqueness as well. Ms. C later reflected that "it was amazing how one simple aspect of art could ease any tensions in communication and strengthen a bond of friendship."

Throughout the program, Ms. C learned that her PAL was an independent, kind, and happy person. What surprised Ms. C most was how much this surprised her. Being in healthcare, she had been more exposed to older adults with medical conditions and hadn't realized just how much her mind was trained to see older adults as frail and in need of help. As a future healthcare professional, Ms. C felt that it was a great service to her future patients to have participated in PALETTE, to be able to better empathize and interact with older

adults. With her high value on patient-centered care, Ms. C was grateful for the opportunity to experience first-hand the individuality of older adults, reflecting that *"each older adult is unique in their own way: some are youthful, energetic, and independent, while others are not. PALETTE has helped me realize that I need to dig a little deeper to find these things and see past the barriers to provide the best patient-centered care for my patients. I hope to be not only a culturally competent health care provider, but also an empathic one that can understand, appreciate and celebrate the differences of all individuals."*

Meanwhile, the program meant so much to Mr. S that he reported that participating in PALETTE was "the highlight of my senior life."

Case Study 2: PALETTE in Motion and Intergenerational Movement Arts

As a first year graduate student in Physical Therapy, Ms. R joined PALETTE in Motion with no previous knowledge of the program or its intended outcomes. She entered the program with minimal expectations, thinking that the older adults would be fairly limited in what they would be able to do, and that her task would be to assist them in the movement activities.

There were a few Sundays when Ms. R walked to PALETTE in Motion overwhelmed and stressed by schoolwork, wishing that she hadn't signed up for an additional commitment. But once the group circle warm-up began, she forgot her worries and focused on what

they were doing together. Ms. R was amazed by the inviting space that the group created and the willingness of everyone to participate fully in PALETTE in Motion. She found that all of the students and older adults were open-minded and willing to step out of their comfort zones. They bonded over the fact that they were all taking a bit of a risk, trying something completely new and "acting a little silly." Being in the presence of everyone so invested in the movement eliminated feelings about her outside problems, and she would leave PALETTE in Motion brighter and lighter, ready to tackle her other work.

The connection Ms. R made with her PAL, Mrs. H., is one that will "last forever" in her heart and she knew it the first day they met. Mrs. H was friendly, loving, and so full of life and energy that it "radiated from her soul." Having worked at the VCU School of Pharmacy for most of her career, Mrs. H, a 91-year old widow living independently, gave back to the VCU community by serving on various boards. Though her children live in another state, Mrs. H travels frequently to visit them, joining them for exercise classes and other activities. Signing up for PALETTE in Motion was a "no-brainer" for Mrs. H, who was excited to engage with students.

Given her PAL's age, Ms. R was expecting to learn mostly about Mrs. H's past and what advice she had for the younger generation. However, Ms. R was surprised that they spent more time learning about each other in the here and now. Ms. R realized that just because Mrs. H

is “an elder” doesn’t mean that her life is over and that her identity is based on her past. Ms. R learned what makes her PAL laugh, what interests and hobbies they share; she learned who Mrs. H *is today*, not who she *was then*.

Ms. R loved that she got to know Mrs. H through talking and dancing. They were able to learn more about each other and express their personalities through the movement, a very different and new, but exciting mode of getting to know one another. Ms. R later reflected that communicating in this way shouldn’t have surprised her, because “we express ourselves daily through our mannerisms and our actions, so dance is just another means of that expression.” This opportunity to connect through movement rather than conversation “engaged the mind, body, and spirit of the student and senior participants on a different level” than Ms. R had experienced ever before.

Being part of PALETTE in Motion changed Ms. R’s outlook on life. Besides leaving behind the aging stereotypes that were in her mind when she entered the program, Ms. R left the program with a more optimistic view of later life, hoping to be as active as Mrs. H. when she reaches her age.

As a future physical therapist, what Ms. R learned through PALETTE in Motion will affect the way she treats older patients. She was reminded of the human side of healthcare, the compassion and empathy necessary to treating a patient as a person. In her profession, Ms. R will not equate advanced age with weakness,

inflexibility or inability to walk without some type of assistance. Through PALETTE in Motion, she realized that understanding an older adult’s functional *abilities* is just as important as understanding their functional impairments.

After the program ended, Mrs. H spent time reflecting on her experience with PALETTE in Motion, sharing that sometimes she feels like “older adults are invisible in our society. In this program I felt like I was the star, like I was really being seen.”

Conclusion

In challenging negative attitudes toward older adults and aging among future healthcare professionals, the PALETTE model has the potential to improve the health care delivery and health outcomes of older adults. In the words of Ms. R, who will take what she learned into her future career as a physical therapist: “Professors and textbooks can say as many times as they want that age is only a number, but it was not until I danced alongside 80- and 90-year-old women that I truly understood the concept.”

Study Questions

1. How does ageism affect the health outcomes of older adults?
2. What are some ways to combat ageism among health care professionals?
3. How does creative engagement help participants to foster intergenerational relationships in PALETTE programs?

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About the Author



Sadie Rubin is the Founder and Director of PALETTE. She has an MS in Social Work from Columbia University and is a

licensed social worker in the Commonwealth of Virginia. Ms. Rubin has conducted research with the VCU Department of Gerontology and VCU School of Pharmacy on PALETTE outcomes and has presented at local and national conferences. She currently serves as an adjunct instructor in the VCU Department of Gerontology. You may contact her at:

srubin@paletteprogram.org and www.paletteprogram.org.