OPENING MINDS THROUGH ART (OMA) FINAL REPORT TO THE OHIO DEPARTMENT OF MEDICAID

June 2019

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An Ohio Center of Excellence

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ACKNOWLEDGMENTS

Thanks to this funding from the Ohio Department of Medicaid, we were able to train staff members from 102 nursing facilities throughout the state of Ohio to implement OMA. Special gratitude goes to Amy Hogan for assisting us before and during the entire grant period. We also would like to congratulate all the new OMA facilitators in these 102 facilities. Thank you for taking the time in your busy schedules to complete the OMA training. To the administrators of the 102 sites, thank you for supporting your staff members in their efforts to implement the program.

To all residents and volunteers who have participated in OMA, we thank you for your willingness to connect with each other in this creative process.

And finally, thanks to all the leadership and staff members at Scripps Gerontology Center and the student helpers at Miami University for supporting this project. Special thanks to Suzanne Kunkel for her leadership; to Beth Rohrbaugh, Joan Fopma-Loy, Irene Friedman, Brad Simcock, Debbie Jones, Cheryl Johnson, Tonya Barger, Lisa Grant, Becky Thompson, Maureen Cunningham, and Kimberly Logsdon for their assistance in various aspects of the program; and to Jennifer Heston for her assistance with reports.

Elizabeth Lokon, PhD

June 2019

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EXECUTIVE SUMMARY

Opening Minds through Art (OMA) is an intergenerational art program for people with Alzheimer's disease and other dementias based at Miami University's Scripps Gerontology Center. With CMP funding over the past 36 months, we were able to achieve the goals stated in our original proposal entitled "Quality Improvement Project: Opening Minds through Art (OMA)." The purpose of this project was to replicate OMA in more nursing facilities in Ohio so that Ohio can serve as the national model for quality of care improvement through creative arts programming for people with dementia.

CMP funding enabled Scripps Gerontology Center to achieve the following:

- The OMA program grew from being implemented at 15 nursing facilities in 2016 to 70 facilities in Ohio in 2019. This is a 466% growth in Ohio in 36 months.
- A hybrid on-line and in-person facilitator training was developed that requires staff members to spend less time away from their facility for training.
- Staff members from 102 nursing facilities in 38 counties throughout Ohio were trained as OMA facilitators. This is 100% of the number of sites to be trained stated in the original proposal.
- After completion of the training, 85% of these facilities have launched the OMA program so far. Those not yet launched were only recently trained, had inadequate staffing, or are experiencing some difficulties recruiting volunteers to this point.
- Data were gathered from residents with dementia and volunteers that show positive impacts from OMA participation.

BACKGROUND

Opening Minds through Art (OMA) is an award-winning, evidence-based, intergenerational art-making program for people with dementia. It is designed to provide opportunities for creative self-expression and social engagement for people with Alzheimer's disease and other forms of neurocognitive disorders. Developed in 2007 at Miami University's Scripps Gerontology Center in Oxford, Ohio, the program is grounded in person-centered care principles.

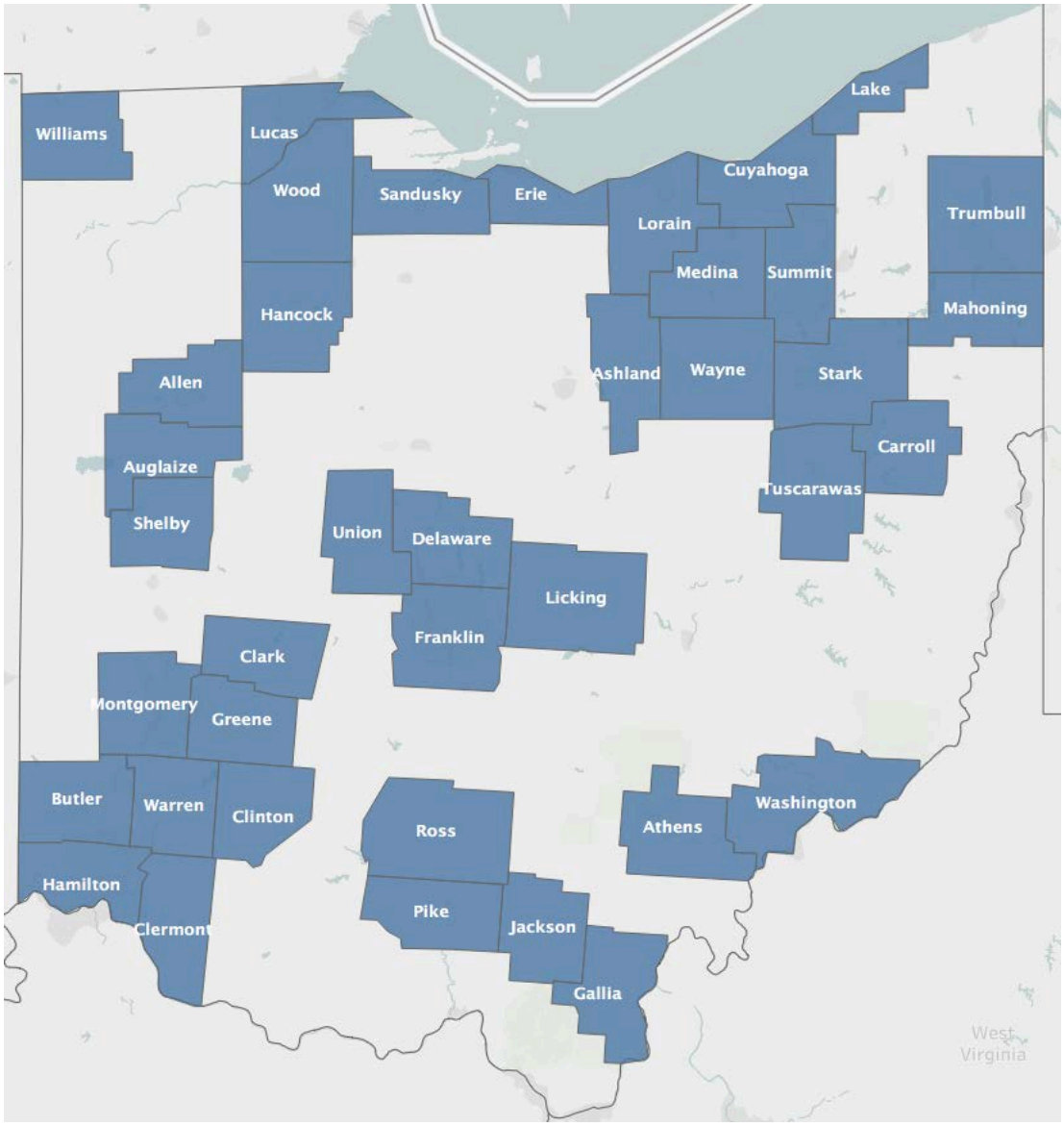
OMA sessions are led by trained facilitators. Each elder is paired with a trained volunteer (college or high school student or community member) who provides guidance during the art-making process but who makes no aesthetic decisions for the artist. Both the art-making process and the final artwork created remind staff and family members of the vital, creative person who still remains. *OMA helps others to view people with dementia more positively; directly improving the quality of interaction with and care of people with dementia.*

For the first eight years of OMA's existence (2008-2016), our focus was largely on implementing the program at sites local to Miami University to refine the program model. In 2016, OMA was poised for expansion. We sought funding from the Ohio Department of Medicaid (ODM) to help us achieve our goals to: 1) provide meaningful creative and social engagement opportunities to residents who live with dementia, 2) provide students, family, and community members without dementia opportunities for meaningful social engagement with residents who have dementia and, 3) help make Ohio the national model for quality of care improvement through creative arts programming for people living with dementia. Over the 36 months of CMP funding, the OMA program grew from being implemented at 15 nursing facilities in 2016 to 70 facilities in Ohio in 2019. This is a 466% growth in Ohio in 36 months.

OMA FACILITATOR TRAINING

A key component of our success in replicating OMA throughout the state of Ohio is our person-centered training program for OMA facilitators. ODM funding allowed us to train 138 staff members from 102 nursing facilities in 38 counties throughout Ohio. This is 100% of the training goal stated in our original proposal. See Appendix A for a list of facilities trained. Figure 1 is a county map of Ohio facilities trained to facilitate OMA.

Figure 1. County Map of Facilities Trained to Facilitate OMA



Prior to the ODM grant, OMA facilitator training was provided exclusively in-person over 3.5 intensive days which included lecture modules and a practicum involving art-making with residents living with dementia. The grant enabled us to adapt the training to be provided as a hybrid course; combining online modules with a shorter in-person practicum. The development of this hybrid training program was a key capacity gained from this grant funding and is essential in the replication process because it cuts the time that staff members need to be away from their facilities.

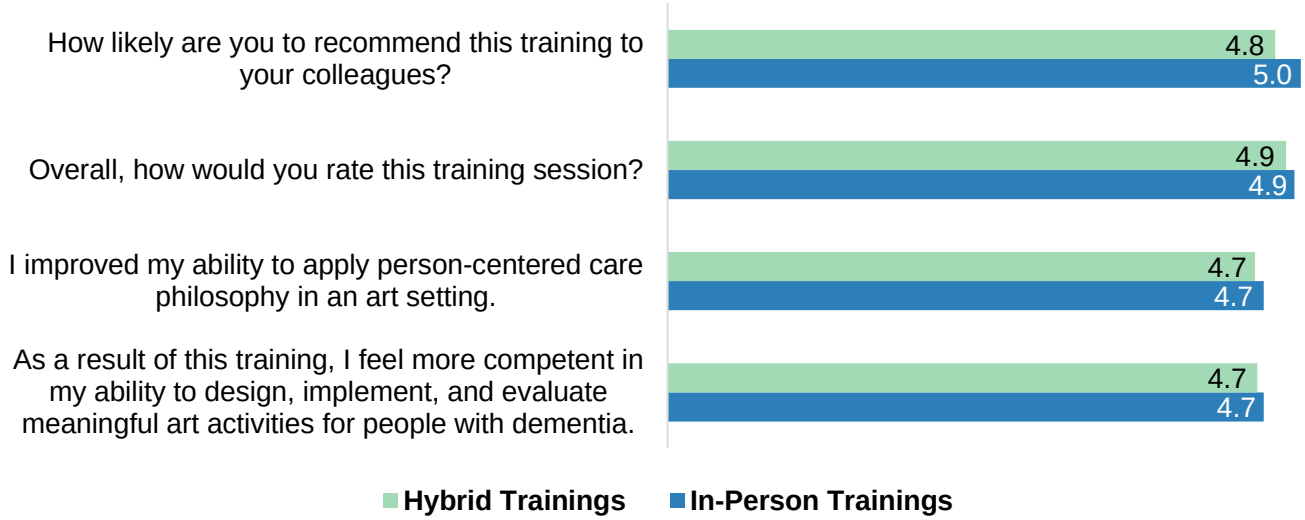
The online modules can be completed at an individual's own pace in 12-15 hours and are closely monitored by OMA instructors. The online portion of the training must be completed prior to attending the in-person practicum. The in-person practicum is 1.5 days. Both the fully in-person and hybrid format modules cover the following topics:

- Overview of dementia
- OMA's person-centered philosophy and methodology
- Research on OMA's impact on residents with dementia and volunteers
- Communication skills to facilitate the creative expression of people with dementia
- Developing failure-free art projects for people with dementia so that everyone can succeed in expressing their unique identities
- Setting up an OMA program (gaining management support, time, space, supplies, and funding needed)
- Recruiting OMA volunteers
- Training OMA volunteers
- Developing art show production skills

There were 10 cohorts trained as OMA facilitators during the grant period, five fully in-person training sessions, and five hybrid training sessions. Half of the facilitators (69 people) were trained fully in-person and the other half were trained using the hybrid format. The first cohort trained using the hybrid format completed their training in August of 2017. Most of the training took place in Oxford, OMA's home base, but we also conducted training in Elyria and Parma, Ohio to reduce travel time for staff members in Northern Ohio.

At the conclusion of training, attendees were asked to evaluate their training experience. Because there was some concern that the hybrid training would not be as effective or as well-received as the fully in-person training, we evaluated both formats using the same set of questions. Figure 2 shows a comparison of average training evaluations from attendees who participated in the fully in-person versus the hybrid format from May 2017-June 2019. As demonstrated, both formats were evaluated highly by all attendees.

Figure 2. Average Attendee Evaluations of Fully In-Person and Hybrid Facilitator Training



N = 72 hybrid; 125 fully in-person.
Note. The combined sample size of hybrid and fully in-person is larger than the reported number of trained facilitators (138) because non-ODM grant recipients were also trained in these sessions. Because the evaluations were anonymous, it is not possible to distinguish between the two groups.

After completion of the training, OMA facilitators have perpetual access to volunteer training videos, teaching manuals, new art projects, evaluation tools, graphic templates, and other resources through OMA's website. They also have access to Scripps Gerontology Center's OMA staff members for consultation by email or telephone at any time.

As of June 2019, 85% of trained facilities have launched the OMA program and the remaining facilities have plans to launch at a future time. Those who have not yet launched were only recently trained, had inadequate staffing, or reported they were experiencing difficulty in recruiting volunteers to this point.

PROGRAM IMPACT

Each year, all sites that completed OMA training were asked to submit semi-annual reports in June and December. In these reports, the sites provided photo or video data of their OMA sessions and/or art shows for quality and fidelity assurance. They also completed a survey which collected the following data:

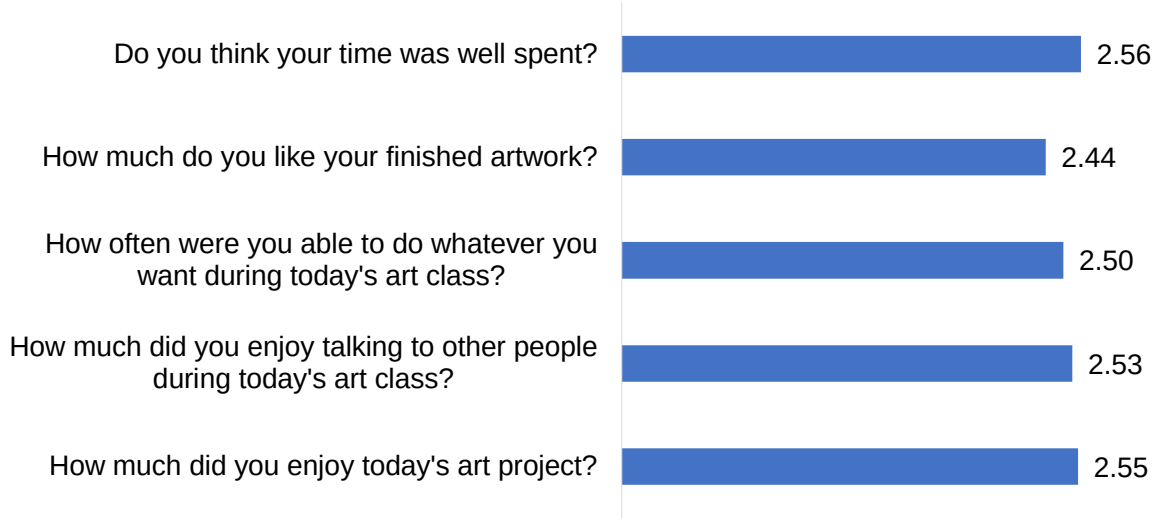
- Number of residents participating in OMA
- Frequency of OMA programming
- Number of volunteers recruited and how they were trained (Facilitators have the option to train volunteers using training videos featuring OMA staff or by conducting their own lectures using the OMA Power Point slides and teaching manual.)

- Summary of OMA evaluations from participating residents with dementia
- Barriers to implementing OMA and support needed from Scripps to address these challenges
- Photo/video data for quality and fidelity assurance.

RESIDENT IMPACT

Data were collected from residents with dementia who participated in the OMA program at 48 replication sites in Ohio from December 2017-June 2019. At each site, participating residents were interviewed by their volunteer partners before each weekly OMA session started and immediately after the session. Each site then calculated the averages of their residents' feedback and included these averages in their semi-annual reports. Figure 3 displays the overall average scores of 610 residents' post-session evaluations from the 48 Ohio sites. As shown, all participating residents rated OMA highly, averaging 2.5 out of 3 on all items. They enjoyed the art projects and the socialization opportunity that OMA provides, felt that they were able to assert their autonomy, and thought that their time was well spent.

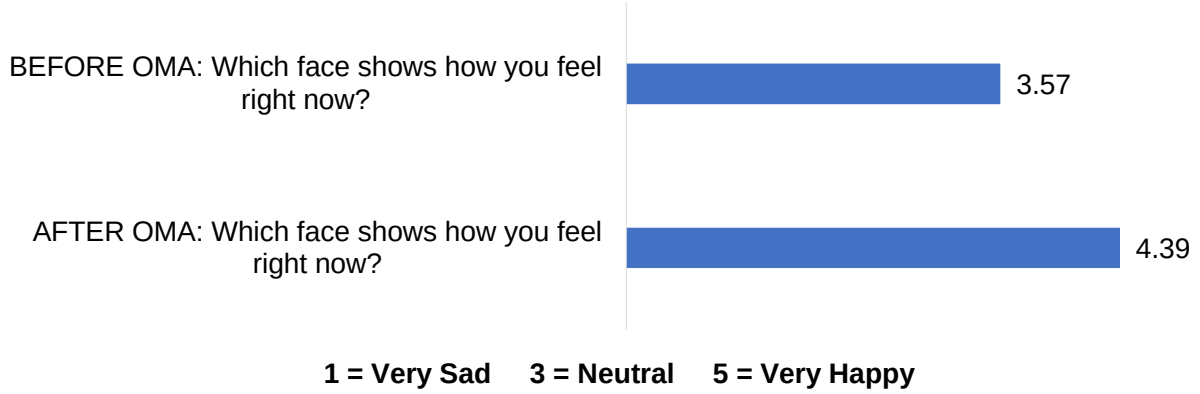
Figure 3. Average Residents' Evaluation of OMA (2017-19)



N = 610 residents' responses at 48 sites.

As part of the pre- and post-session interviews, volunteer partners asked participating residents to indicate their mood by selecting from a series of faces depicting moods ranging from *Unhappy* (1) to *Very Happy* (5). Figure 4 displays the average scores for resident mood before and after OMA. As shown in Figure 4, most residents reported feeling just above neutral before participating in OMA and became more than somewhat happy after participating in OMA.

Figure 4. Average Scores for Residents' Mood Before and After OMA (2017-19)



N = 610 residents.
Note. Residents were asked "Which face shows how you feel right now?"

Nursing home staff members also collected comments from residents with dementia who participated in the OMA program. Over the entire grant period, there were 342 comments submitted in the semi-annual reports, which were categorized into several themes. Table 1 shows comment themes and example comments for each theme. The range of responses shows that the qualitative data support the quantitative evaluation by the residents. Most of the residents' comments (92%) center around enjoying the program, feeling proud of the artwork they created, being surprised by what they created, and valuing their friendship with their OMA volunteer partners.

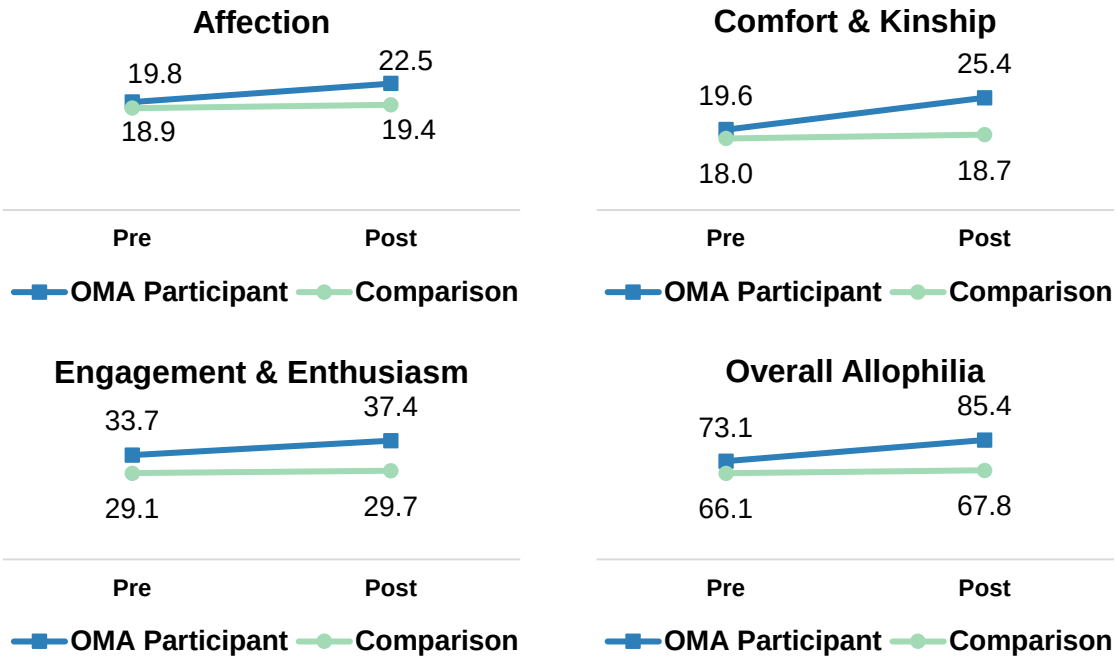
Table 1. Resident Comments (342 Comments)

Theme	# of Comments	%	Example Comments
Enjoyed/Happy	130	38%	"This is a lot of fun!" "It soothes my soul."
Proud of artwork	79	23%	"I would charge $100 for my artwork!" "So pretty. This is wonderful. I like it very much."
Discovered new skills/talents	58	17%	"Boy oh boy, did I do that?" "No one will believe I made that."
Value friendship	48	14%	"I always have fun with you!" "I really enjoy being with them."
Want more OMA	10	3%	"Can we do this again?" "I want to do this more often."
Description of artwork	7	2%	"I see the flower." "It looks like a farm."
Negative comments	7	2%	"It's a mess." "I don't know what it is."
Reminiscing	3	1%	"This painting reminds me of when I was a child." "I used to climb a tree like this."

VOLUNTEER IMPACT

Since 2009 we have published several studies that explore the impact of OMA volunteer participation on college students' attitudes toward older adults with dementia. In the studies, we used different instruments to measure the change in students' attitudes by comparing their scores at the beginning and end of a 15-week semester. In 2018, we published a study using the Allophilia Scale (see Appendix B) to compare 216 students who participated in OMA as volunteers with 499 students who did not.[1, 2] While reduction of negative attitudes toward older adults is extremely important, it is equally important to build genuine liking (allophilia) of older adults that transcends mere tolerance or acceptance. The findings show that just one semester of weekly volunteer participation in OMA was associated with significantly improved student affection, comfort, kinship, engagement, and enthusiasm toward older adults living with dementia (See Figure 5).

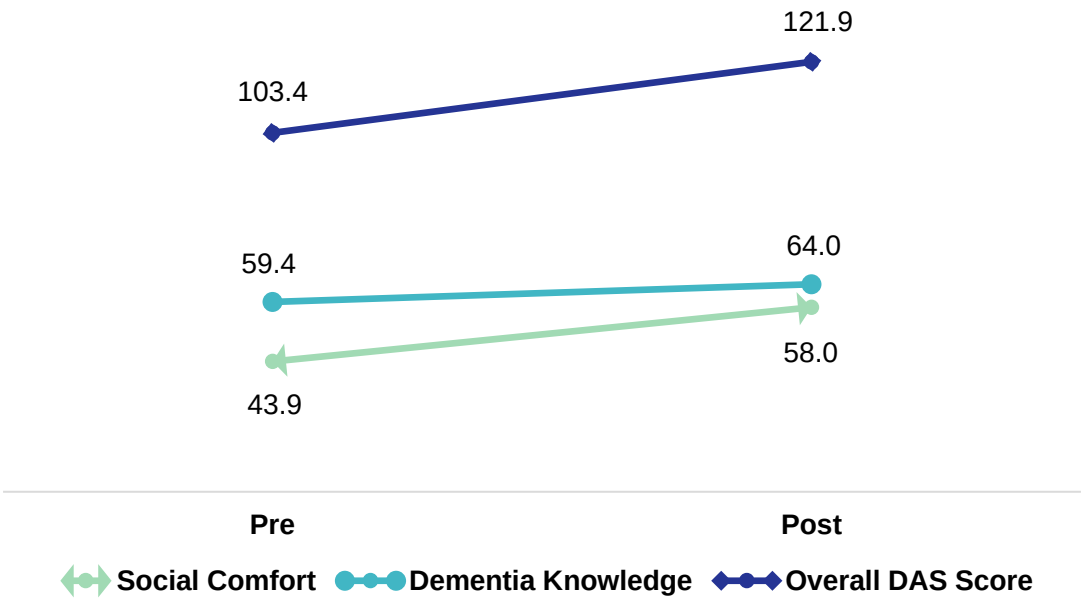
Figure 5. Students' Change in Attitude toward People with Dementia: Allophilia Scale



N = 216 OMA Students; 499 Non-OMA Students.
Note. As reported in Lokon, E., Li, Y., & Kunkel, S. R. (2018).[3]

Our 2017 study utilized the Dementia Attitudes Scale (See Appendix C) and found that students who volunteered in OMA for one semester showed increases in knowledge about dementia and increases in comfort level in interacting with people who have dementia.[4, 5] Students became less afraid, more relaxed, and reported they were more likely to be willing to care for someone with dementia (See Figure 6).

Figure 6. Students' Change in Attitude toward People with Dementia: Dementia Attitudes Scale (DAS)



N = 156 OMA Students
Note. As reported in Lokon, E., Li, Y., & Parajuli, J. (2017).[6]

The findings of our studies show that students' attitudes became more positive after participating in OMA. These findings were shared with all trained facilitators through the OMA newsletter and posted on OMA's website to be used as a resource for trained facilitators when recruiting high school and university volunteers.

Longer lives and the expected increase in number of older adults will create an expanded need for informal caregivers as well as formal service providers in aging, health care, and allied professions. Intergenerational programs like OMA can contribute to the development of an empathetic and person-centered future workforce.

CONCLUSION

CMP funding allowed us to develop tools and resources that have benefited residents with dementia, volunteers, and nursing home staff across the state of Ohio. Our research shows that OMA has positive impacts on both residents with dementia and the volunteers who partner with them on a weekly basis. As our population continues to age and the shortage of long-term care staff becomes more acute, intergenerational programs like OMA will be increasingly essential in attracting and developing the next generation of empathetic and person-centered aging services professionals. Intergenerational programs also have the potential to increase residents' opportunities for social engagement and to assist long-term care staff in providing meaningful and fulfilling activities for residents.

The tools and resources developed through CMP funding have facilitated further replication of OMA in 102 sites across 38 Ohio counties; a 446% increase in Ohio. We hope to continue this positive trend. There are still 50 counties in Ohio where residents with dementia could benefit from OMA.

These new tools and resources will be instrumental in the next phase of our work as we embark on partnerships with medical schools and health science programs across Ohio and around the country to engage future health professionals in OMA experiences. Participation in OMA will enhance these emerging professionals' understanding of individuals with dementia and equip them to improve the health care experiences of residents with dementia in nursing facilities. Presently, we have 12 universities (nine medical schools and three health science programs) paired with 12 nursing facilities to pilot this project and we hope to engage 36 more Ohio university/nursing homes pairs.

One medical school (The University of Toledo College of Medicine and Life Sciences) has provided OMA to its students since 2018 at two different nursing facilities. An initial evaluation shows that medical students do become more positive in their attitudes toward people with dementia as a result of participating in OMA. We believe these positive attitudes will translate to more truly person-centered health professionals.

We look forward to future collaboration with organizations like ODM to provide OMA to the students who will become physicians, nurses, and other health care professionals. Our continued goal is to make Ohio the national model for quality of care improvement through creative arts programming for people living with dementia.

APPENDIX A. LIST OF FACILITIES TRAINED TO FACILITATE OMA

Facility	COUNTY
Admirals Pointe	Erie
ALS Auglaize Acres	Auglaize
Altenheim Senior Living	Cuyahoga
Altercare of Mentor	Lake
Arbor's at Gallipolis	Gallia
Arbors at Stow	Summit
Arlington Pointe Nursing and Rehabilitation Center	Butler
Bath Creek Estates	Summit
Bath Manor Special Care Centre	Summit
Bethany Lutheran Village	Montgomery
Bethany Nursing Home	Stark
Bethesda Care Center	Sandusky
Birchaven Village	Hancock
Brethren Care Village	Ashland
Broadview Multi-Care Center	Cuyahoga
Brookwood Retirement Community	Hamilton
Burlington House	Hamilton
Carroll Health Care Center	Carroll
Cedars of Lebanon Care Center	Warren
Cedarview Care Center	Warren
Chapel Hill Community	Stark
Continental Manor	Clinton
Crossroads Rehabilitation and Nursing	Montgomery
Crystal Care	Ashland
Deupree Cottages	Hamilton
Diplomat Healthcare	Cuyahoga
Eliza Bryant	Cuyahoga
Ennis Court	Cuyahoga
Fair Haven	Shelby
Flint Ridge Nursing and Rehabilitation	Licking
Four Winds Community	Jackson
Friends Care Community of Yellow Springs	Clark
Friendship Village of Dublin	Franklin
Garden Manor Care Center	Butler
Genacross Wolf Creek Campus Nursing Home	Lucas
Glendale Place Nursing and Rehabilitation Center	Hamilton

Facility	COUNTY
Goerlich Center	Lucas
Harmar Place	Washington
Heartland of Twinsburg	Summit
Heartland of Willoughby	Lake
Hennis Care Centre of Dover	Tuscarawas
Hillandale Communities DBA Birchwood Care Center	Butler
Independence House	Hancock
Jennings Center for Older Adults	Cuyahoga
Joshua Tree Care Center	Cuyahoga
Kirtland Rehab and Care	Lake
Liberty Retirement Community	Allen
Life Care Center of Elyria	Lorain
Lima Convalescent Home	Allen
Loveland Healthcare	Warren
Lutheran Home at Concord Reserve	Cuyahoga
Madeira Health Care	Hamilton
Main Street Care Center	Lorain
Maple Knoll Village	Hamilton
Mary Scott Nursing Center	Montgomery
Meadows Health Care Center	Hamilton
Medina Meadows	Medina
Memorial Gables	Union
Mount Alverna Village	Cuyahoga
Muskingum Skilled Nursing and Rehabilitation	Washington
Normandy Care Center	Cuyahoga
Ohio Living Cape May	Clinton
Ohio Living Dorothy Love	Shelby
Ohio Living Lake Vista	Trumbull
Ohio Living Llanfair	Hamilton
Ohio Living Park Vista	Mahoning
Ohio Living Sarah Moore	Delaware
Ohio Living Swan Creek	Lucas
Ohio Living Westminster-Thurber	Franklin
Otterbein Loveland	Clermont
Otterbein Maineville	Warren
Otterbein Monclova	Lucas
Otterbein Perrysburg	Wood
Otterbein Portage Valley	Wood
Otterbein Springboro	Warren

Facility	COUNTY
Otterbein St. Marys	Auglaize
Otterbein Union Township	Clermont
Park View Nursing Center	Williams
Parkvue Community	Erie
Patriot Ridge Community	Greene
Pleasant Lake Villa	Cuyahoga
Providence Care Center	Erie
Rae-Ann Westlake	Cuyahoga
Rosary Care Center	Lucas
Sanctuary Health Network LLC	Medina
Sanctuary Pointe Nursing & Rehab Center	Hamilton
Sem Haven Health Care	Clermont
St. Joseph Senior Living	Stark
St. Margaret Hall	Hamilton
Sunset Village	Lucas
The Christian Village at Mt. Healthy	Hamilton
The Lodge Nursing & Rehab	Hamilton
The Oaks of Brecksville	Cuyahoga
The Oaks of West Kettering	Montgomery
The Pavilion at Piketon	Pike
The Vineyards at Concord	Ross
Tri-County Extended Care Center	Butler
Twin Lakes	Hamilton
Ursuline Center	Lucas
Vancrest of St. Marys	Auglaize
West View Healthy Living	Wayne
Wickliffe Country Place	Lake

APPENDIX B. THE ALLOPHILIA SCALE

This scale assesses your attitudes toward individuals with dementia. Please use the following scale to indicate the extent to which you agree/disagree with each of the items below:

1	2	3	4	5	6
Strongly Disagree					**Strongly Agree**

Scale Item	Rating					
1. In general, I have positive attitudes about individuals with dementia.	1	2	3	4	5	6
2. I respect individuals with dementia.	1	2	3	4	5	6
3. I like individuals with dementia.	1	2	3	4	5	6
4. I feel positively toward individuals with dementia.	1	2	3	4	5	6
5. I am at ease around individuals with dementia.	1	2	3	4	5	6
6. I am comfortable when I hang out with individuals with dementia.	1	2	3	4	5	6
7. I feel like I can be myself around individuals with dementia.	1	2	3	4	5	6
8. I feel a sense of belonging with individuals with dementia.	1	2	3	4	5	6
9. I feel a kinship with individuals with dementia.	1	2	3	4	5	6
10. I would like to be more like individuals with dementia.	1	2	3	4	5	6
11. I am truly interested in understanding the points of view of individuals with dementia.	1	2	3	4	5	6
12. I am motivated to get to know individuals with dementia better.	1	2	3	4	5	6
13. To enrich my life, I would try and make more friends who are individuals with dementia.	1	2	3	4	5	6
14. I am interested in hearing about the experiences of individuals with dementia.	1	2	3	4	5	6
15. I am impressed by individuals with dementia.	1	2	3	4	5	6
16. I feel inspired by individuals with dementia.	1	2	3	4	5	6
17. I am enthusiastic about individuals with dementia.	1	2	3	4	5	6

Source: Pittinsky, T. L., Rosenthal, S. A., & Montoya, R. M. (2011).[7]

APPENDIX C. THE DEMENTIA ATTITUDES SCALE (DAS)

Dementia Attitudes Scale

Directions: Please rate each statement according to how much you agree or disagree with it. Circle 1, 2, 3, 4, 5, 6, or 7 according to how you feel in each case. *Please be honest. There are no right or wrong answers.* The acronym "ADRD" in each question stands for "Alzheimer's disease and related dementias."

1. It is rewarding to work with people who have ADRD.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree

2. I am afraid of people with ADRD.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree

3. People with ADRD can be creative.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree

4. I feel confident around people with ADRD

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree

5. I am comfortable touching people with ADRD.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree

6. I feel uncomfortable being around people with ADRD.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree

7. Every person with ADRD has different needs.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree

8. I am not very familiar with ADRD.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree

9. I would avoid an agitated person with ADRD.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree

10. People with ADRD like having familiar things nearby.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree

11. It is important to know the past history of people with ADRD.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree

12. It is possible to enjoy interacting with people with ADRD.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree

13. I feel relaxed around people with ADRD.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree

14. People with ADRD can enjoy life.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree

15. People with ADRD can feel when others are kind to them.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree

16. I feel frustrated because I do not know how to help people with ADRD.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree

17. I cannot imagine taking care of someone with ADRD.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree

18. I admire the coping skills of people with ADRD.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree

19. We can do a lot now to improve the lives of people with ADRD.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree

20. Difficult behaviors may be a form of communication for people with ADRD.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree

Source: O'Connor, M. L., & McFadden, S. H. (2010).[8]

ENDNOTES

[1] Pittinsky, T. L., Rosenthal, S. A., & Montoya, R. M. (2011a). Measuring positive attitudes toward outgroups: Development and validation of the Allophilia Scale. In L. R. Tropp. & R. K. Mallett. (Eds.), *Moving beyond prejudice reduction: Pathways to positive intergroup relations,* (pp. 41-60). Washington, DC: American Psychological Association.

[2] Pittinsky, T. L., Rosenthal, S. A., & Montoya, R. M. (2011b). Liking is not the opposite of disliking: The functional separability of positive and negative attitudes toward minority groups. *Cultural Diversity and Ethnic Minority Psychology, 17*(2), 134-143.

[3] Lokon, E., Li, Y., & Kunkel, S. R. (2018). Allophilia: Increasing college students' "liking" of older adults with dementia through arts-based intergenerational experiences." *Gerontology and Geriatric Education.* Available at: http://www.tandfonline.com/10.1080/02701960.2018.1515740

[4] Lokon, E., Li, Y., & Parajuli, J. (2017). Using art in an intergenerational program to improve students' attitudes toward people with dementia. *Gerontology and Geriatrics Education 38*(4), pp. 407-424. doi:10.1080/02701960.2017.1281804

[5] O'Connor, M. L., & McFadden, S. H. (2010). Development and psychometric validation of the Dementia Attitudes Scale. *International Journal of Alzheimer's Disease.* doi:10.4061/2010/454218

[6] See 4.

[7] Pittinsky, T. L., Rosenthal, S. A., & Montoya, R. M. (2011). Measuring positive attitudes toward outgroups: Development and validation of the Allophilia Scale. In L. R. Tropp & R. K. Mallett (Eds.), *Moving beyond prejudice reduction: Pathways to positive intergroup relations.* Washington, DC: American Psychological Association.

[8] See 5.