

Community of Voices Study

Choir Program Manual



Community of Voices Study Choir Program Manual

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Community of Voices *Comunidad de Voces*



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Chapter 1: Introduction

The Community of Voices (*Comunidad de Voces* in Spanish) was a research study that examined the effect of a community choir program on the health and well-being of diverse racial/ethnic and socioeconomic older adults (2012-2017). The Community of Voices trial was funded in 2012 by a 5-year grant from the National Institute of Aging of the National Institutes of Health (grant number R01AG042526) to the University of California San Francisco (UCSF). The UCSF Institute for Health & Aging collaborated with two local organizations to implement the research study: San Francisco's Department of Aging and Adult Services (DAAS) and the San Francisco Community Music Center (CMC).

The overall objective of the study was to examine the effect of participation in a community choir for maintaining the health and well-being of diverse older adults. The trial examined a comprehensive set of outcomes hypothesized to be related to choir singing and important to older adults. A cost analysis was also done.

This manual describes how the study was designed and implemented, who the collaborators were, and how the Community of Voices choir program was developed and delivered.



Chapter 2: Community of Voices Study

Background

Adults age 65 and above are currently the fastest growing segment of the United States (US) population. In 2016, there were 47.8 million individuals age 65 and over in the US (U.S. Census Bureau, 2017); this number is expected to more than double by 2060. By 2040, nearly half of older adults are expected to come from diverse racial/ethnic and socioeconomic backgrounds (Vincent & Velkoff, 2010). Novel and cost effective approaches are needed to help older adults remain active, independent and involved in the communities (U.S. Department of Health and Human Services, 2010). Although only beginning to be recognized, community arts programs may offer a unique approach for helping older adults remain engaged in their communities.

Prior to the start of the Community of Voices trial, the principal investigator (Julene Johnson, PhD) spent six months as a Fulbright Scholar in Jyväskylä, Finland studying the association between well-being and singing in a choir as an older adult (Johnson, Louhivuori, & Siljander, 2017; Johnson et al., 2013). Finland supports lifelong involvement in music, and many Finns embrace community choir singing as a lifelong activity. Although Jyväskylä is a relatively small city (with approximately 125,000 residents), it has approximately 50 choirs for persons of all ages; six of the choirs in Jyväskylä are dedicated for older adults.

After returning to San Francisco, Dr. Johnson contacted the San Francisco Department of Aging and Adult Services (DAAS) and the San Francisco Community Music Center (CMC) to explore the possibility of designing a research study conducted in community settings to examine the effects of choirs on the health and well-being of older adults from diverse racial/ethnic and socioeconomic backgrounds. There was a need for a large-scale study given the promising prior research (reviewed below). Around this time, the National Institute on Aging of the National Institutes of Health released a program announcement calling for translational grants that would test novel interventions that might help older adults remain active and independent. DAAS and CMC were selected as community partners for the grant application.

Why a Choir?

Music is an integral part of most cultures. Of the participatory music traditions in the US, group singing is common and requires few prerequisites in terms of musical skills or training. With singing, the musical instrument is located within the body, and basic singing abilities develop spontaneously in young children without formal music training (Trainor & Hannon, 2013). Non-professional choral groups, such as community choirs, typically draw members from the community at large (Bell, 2008). These choirs often include individuals with a wide range of musical experience and abilities, ranging from complete beginners to expert singers.

Choirs also have other advantages. They are practical and can be implemented in a variety of community settings (e.g., community centers, senior centers, faith-based organizations). In addition, choirs can be culturally tailored to be meaningful to individuals from different cultural backgrounds and can be used to share cultural traditions. According to Chorus America, choir singing is one of the most popular arts activities with approximately 32.5 million adults regularly singing in 270,000 choirs (Chorus America, 2009). Choirs also have the potential to be affordable, which can make them accessible to older adults from lower socioeconomic backgrounds. In addition, group singing can be done throughout the life course, thus providing an activity that can be sustained regardless of any changes that might occur with aging.

Prior Studies about Choir Singing and Health

An increasing number of studies suggest that choir singing may have positive health benefits for community-dwelling older adults. The majority of studies to date come from studies where researchers ask older adults who sing in choirs to fill out one-time surveys about their health and well-being. In these studies, older adults who sing in a choir tend to endorse high ratings of well-being and mood (Balsnes, 2012; Clift, 2012; Clift, Hancox, Morrison, Hess, & Stewart, 2010; Gick, 2011; Skingley & Bungay, 2010; Unwin, 2002). However, these studies did not include a control group or compare singers to non-singers. This is important because the choir singers who participated in these research studies often were from high socioeconomic status backgrounds, and it is not yet known if the high quality of life in choir singers is related to their high socioeconomic level, other sociodemographic variables, or choir singing, in particular. For example, it is possible that persons who have better health and higher quality of life participate in choirs. It was unclear from these studies whether these effects can be causally attributed to participating in a choir or to the self-selection of the participants. Longitudinal and randomized controlled studies were needed to help determine the causal effects of choir singing on health and well-being. More diverse samples were also needed.

Prior to the Community of Voices trial, there were only two longitudinal intervention studies of choir singing for older adults. In 2006, Cohen and colleagues published results from the first large, non-randomized study comparing 12 months of participation in a community choir for older adults to a

usual activity comparison group (Cohen et al., 2006). The choir met weekly for 33 weeks over a one-year period. At 12 months, those in the choir group reported higher self-rated health, fewer doctor visits, taking fewer over-the-counter medications, fewer falls, and less decline in morale than the comparison group. However, both groups were self-selected, meaning that the controls were recruited to be in the control group, and others were recruited to be in a singing group. Nonetheless, improvements in several domains of health and well-being suggested better outcomes for those in the choir group, an important finding given the lack of prior studies. The second study was a randomized study of a theater program for lower-income older adults that included a singing group as an active control condition (Noice & Noice, 2009). Within-group analyses suggested that participants in the singing group improved on ratings of personal growth over the 4 weeks, but the authors did not report comparisons between the two control groups.

More recently, Coulton and colleagues completed a randomized trial of a singing program for older adults in England (Coulton, Clift, Skingley, & Rodriguez, 2015). Adults over age 60 were recruited from senior centers and nearby communities and were randomized to participate in a singing program or usual activity control group; the 90-minute singing group met weekly for 14 weeks. After three months, participants in the singing group reported significantly higher scores on a mental health summary index and lower depression and anxiety, compared with the control group.

The first two studies laid the foundation for the Community of Voices trial that was designed to test the hypothesis that singing in a choir can help promote well-being of older adults.

Partnerships

The Community of Voices study involved a partnership between an academic research university (University of California, San Francisco, UCSF), a city and county aging services agency supported in part by the Administration on Aging (San Francisco Department of Aging and Adult Services, DAAS), and a local non-profit community music organization (San Francisco Community Music Center, CMC).

The collaboration originated with an agreement between UCSF and DAAS, whose senior centers provided the location for the choirs. A subsequent agreement between UCSF and CMC was then established. The partnership allowed professionals in research, aging services, and community music to share their expertise and training to create effective research and program protocols across sites. It also enabled access to all of the required professionals that were essential for the study. The senior centers played an important role in supporting recruitment of research participants and providing the space for choir rehearsals and performances. The community music organization was involved in helping develop and deliver the choir program at these senior centers. Thus, the project benefitted each organization in a variety of ways, including facilitating recruitment, increasing enrollment into research and at the senior centers, and bringing a new awareness of available services to older adults.

Memorandums of understanding (MOU's) were drafted and signed between UCSF and CMC, and between UCSF and each of the 12 senior centers. The MOU established the role of each of the respective partners, identified the specific liaisons for the project, secured consistent space for choir rehearsals, and formalized support from leadership of the three organizations.

Community of Voices Study Design

The overall goal of the Community of Voices study was to design a large, randomized study of a year-long choir program and examine a range of outcomes (i.e., psychosocial, physical, and cognitive). We also aimed to examine whether a community choir program could be cost-effective and help reduce health disparities in racial/ethnically and socioeconomically diverse older adults. The study was designed to overcome some of the limitations of the prior studies. Specifically, we aimed to include diverse older adults, take a comprehensive approach to measuring health and well-being outcomes with a focus on cognition, physical function, and psychosocial outcomes, and to recruit a larger sample through a partnership with a local city aging services organization.

The Community of Voices study was a multi-site, "cluster-randomized" trial (Johnson et al., 2015). The study involved 12 senior centers, which served as the "clusters". Each of the 12 senior centers was randomly assigned to receive the 12-month Community of Voices choir program immediately after enrollment ended or after a 6-month delay. Thus, half of the senior centers started their choirs immediately, while the other half of the centers waited six months to start their choir. Randomly assigning the senior centers to immediately start or wait six months to start was an important part of the scientific design that allowed a comparison of those who were singing (i.e., intervention group) with those who were waiting to sing (i.e., control group). This study design was created after obtaining input from the senior center directors and the music organization partner.

Recruitment Approach for the Community of Voices Study

The outreach and recruitment approach was developed and implemented in collaboration with the senior centers through the aging services agency (DAAS) (Johnson, 2017). DAAS supports a large network of senior centers throughout San Francisco and serves older adults from diverse racial/ethnic and socioeconomic backgrounds.

The recruitment approach for the Community of Voices study differed from the way someone typically joins a community choir. That is, the Community of Voices study recruited participants to join a study where they agreed to complete a baseline assessment, wait until we reached our target enrollment at the senior center, and then be randomly assigned to start their choir immediately or after a 6-month wait. There was a 50/50 chance the choir would start immediately; neither the study staff nor the participants in the study knew their group assignment ahead of time. The participants were informed about the overall genre of the music (e.g., show tunes, Latin American folk) that would be used at their

site, but there was no opportunity to visit an existing choir. All choirs in the study were new and were created for the study.

In the Community of Voices study, adults age 60 or older were recruited from the geographic service areas of each senior center. Similar to our previous work recruiting older adults from culturally diverse and lower socioeconomic backgrounds (Santoyo-Olsson et al., 2011), we used multiple methods to recruit participants into the study. Recruitment materials were tailored for each center. For example, we used flyers, presentations at senior centers, tables at food distribution sites, word-of-mouth, and radio. The flyers were shared with the senior centers, the Community Music Center, and approximately 40 local community organizations (e.g., libraries, community health clinics, social workers, aging services). Through these outreach methods, interested individuals were invited to attend an informational meeting at the senior centers about the study.

Recruitment and enrollment were conducted in staggered pairs of centers, which means that we recruited at two senior centers simultaneously. Study recruitment began in February 2012 and was completed by August 2015. We recruited 390 diverse older adults and assessed both primary and secondary outcomes. All participants in the study completed a comprehensive assessment of health and well-being before the choir started (baseline), after six months, and again at 12 months. The outcomes in the study (described below) focused on: 1) physical function, 2) psychosocial function, and 3) cognition.

The study had broad inclusion criteria. We recruited adults age 60 and above who had adequate visual and hearing acuity (with assistive devices), and were fluent in English or Spanish (including bilingual and monolingual speakers). Persons who had a diagnosis of dementia or Alzheimer's disease or had significant cognitive impairment were excluded from the study. In addition, persons who had a serious medical or mental health condition that would limit participation in the study or had plans to move out of the area within 12 months were excluded. Because we wanted to target persons who were not already actively singing in a choir, persons who were already regularly singing in a choir (e.g., weekly) during the past six months were also excluded. For example, someone singing in a choir that met weekly (organized singing group) was excluded, but someone who sang weekly as part of typical activities, like singing hymns at a worship service, was not excluded. The study was approved by the UCSF's Institutional Review Board, and written consent was obtained.

Outcome Measures Used in Community of Voices Trial

The assessments in the Community of Voices study focused on three areas that were the hypothesized *mechanisms of action* of the choir intervention: cognitive, physical, and psychosocial engagement. See Table 1 and the open access journal article Johnson and colleagues (2017) for more details.

The cognitive outcomes focused on verbal memory (remembering a short list of words), attention, and executive function, all of which involve the ability to pay attention to a task and shift one's attention

between several things. The physical function outcomes focused on lower body strength, walking speed, and balance. The psychosocial outcomes included surveys about positive affect, interest in life, loneliness, depressive symptoms, and anxiety. To complete the cost analysis, we asked questions about use of health care services (e.g., visits to doctor or nurse). Finally, we also collected descriptive information that included questions about prior experience with singing, other activities, and self-reported ratings of musical skill.

Table 1. Components of Community of Voices Intervention, Hypothesized Mechanisms of Action, Outcomes, and Specific Outcome Measures. Adapted from Johnson et al. (2017).

Component	Mechanism(s)	Outcomes	Specific Outcome Measures
COGNITIVE ENGAGEMENT			
Attend to conductor, music, and fellow singers; being flexible, organizing materials	Cognitive stimulation, brain	Attention/executive function	<ul style="list-style-type: none"> Trailmaking Test NIH Toolbox Flanker
Learn and recall new music (lyrics, melody, pitch, and rhythm)	Cognitive stimulation, brain	Verbal learning and memory	<ul style="list-style-type: none"> NIH Toolbox Rey Auditory Verbal Learning test
PHYSICAL ENGAGEMENT			
Stand and sit, move to rhythm of songs	Balance, body strengthening	Lower body strength, balance, falls	<ul style="list-style-type: none"> SPPB Chair stands NIH Toolbox Standing Balance Self-reported falls
Stand and sit, move to different parts of room, breathe deeply to sing	Stamina	Walking speed	<ul style="list-style-type: none"> NIH Toolbox Gait Speed
PSYCHOSOCIAL ENGAGEMENT			
Singing feels good, is uplifting, is intrinsically pleasurable and emotionally meaningful	Reduce depressive symptoms and anxiety, increase positive emotions	Emotional well-being	<ul style="list-style-type: none"> PHQ-8 NIH Toolbox Sadness NIH Toolbox Positive Affect NIH Toolbox Fear Affect
Build social network, make new friends	Increase sense of belonging and social support, decrease feelings of loneliness	Social support, loneliness	<ul style="list-style-type: none"> NIH Toolbox Loneliness MOS Social Support
Somewhere to go, regular activity	Something interesting to do	Interest in daily life	<ul style="list-style-type: none"> NIH Toolbox Apathy

All of the participants in the study completed a comprehensive in-person assessment at baseline (before their choir began), after six months, and after 12 months. All assessments took place at each of the senior centers and were completed in English or Spanish, depending on the preference of the

participant. With the assistance of the UCSF research team, participants in the study filled out questionnaires and completed performance measures (e.g., walking speed) to document health and well-being at each time-point. The research team reflected the diversity of the community and involved bilingual and bicultural research associates.



Chapter 3: Community of Voices Choir Program

How was the Community of Voices choir program developed?

The Community of Voices program was developed using a translational research approach, meaning that it incorporated 1) knowledge from existing research about the benefits of choir singing, 2) community best practices, 3) input from expert music professionals delivering choir programs for older adults in community settings, and 4) perspectives from the senior center directors.

The Community of Voices choir program is different from the singalong approach to group singing that is sometimes offered in senior centers. We designed the Community of Voices with the specific goal of promoting health and well-being of diverse, community-dwelling older adults. The content of the choir program was based on existing scientific literature suggesting that activities involving a combination of cognitive, physical, and psychosocial components may confer additional health benefits over activities that involve only one element or activities that are performed alone (Helzner, Scarmeas, Cosentino, Portet, & Stern, 2007; Karp et al., 2006; Menec, 2003). The Community of Voices choir program content thus targeted three components hypothesized to be the primary pathways by which the choir program promotes health and well-being for older adults: cognitive, physical, and psychosocial engagement. Each choir session included activities related to these three components (see below).

To identify community best practices prior to the submission of the grant, the UCSF principal investigator identified a local non-profit music organization (Community Music Center, CMC) that had experience leading choirs with older adults. Discussions were held with CMC directors and music professionals about the development of a choir program for the purposes of a study and what that would entail. Best practices observed in older adult choirs that the principal investigator studied during her research on choral singing in Finland were discussed (Johnson et al., 2017; Johnson et al., 2013). Senior centers played an important role in helping design the choir program. The senior center directors helped identify what music styles were most relevant for the persons they served. This information helped with hiring appropriate choir directors and accompanists.

The Community of Voices choir program was designed to be led by professional choir conductors and accompanists. Professional musicians were used to help assure a high level of standardization of program elements (Cohen et al., 2006). Each choir director had the artistic liberty to develop and tailor a choir program as long as it was built on three engagement components. That is, although each choir director agreed to address each of these components during each choir session, the specific music repertoire, warm-ups, and rehearsal learning techniques were left up to the choir director. This enabled the choir sessions to be tailored to the needs of and cultural background of the participants in each choir.

The Three Engagement Components of the Community of Voices choir program

As discussed above, singing in a choir involves a combination of psychosocial, physical, and cognitive engagement components.

Psychosocial Engagement. Psychosocial engagement is one of the hypothesized pathways by which the Community of Voices choir program benefits health and well-being. Psychosocial engagement can be defined as participating in psychologically meaningful activities in a social context. Activities that provide opportunities to express emotions (both positive and negative) and participate in social interaction are important for well-being. In the choir program, psychosocial engagement was integrated into the structure of each choir session and performances. To provide psychosocial engagement, the choir sessions included working toward a common goal with others, activities to promote group cohesion, a 10-minute break for refreshments and socialization, and the discussion of the meaning of the songs and their cultural history. Performances also provided additional opportunities for participants to build relationships through discussion of performance attire, the inclusion of friends and family (who attended), and receiving feedback from a broader audience for what they learned and accomplished. Reflection sessions, led by choir directors after each performance, provided additional learning and socialization experiences which deepened relationships, while also leading to choir improvements based on suggestions by both the participants and the choir conductors.

Physical Engagement. The choir program also emphasized physical engagement. The voice is the instrument of singing, and the whole body is involved in producing sounds. To provide physical engagement, the sessions included a combination of sitting and standing, moving to different parts of the room to sing, a focus on body posture and breathing, and the use of abdominal and chest muscles involved in breathing. Physical stretching and relaxation were done during the warm-ups. All of the physical engagement components were adapted for persons with mobility limitations. The following is a list of examples of physical engagement in the program sessions:

- Add simple step patterns to the music (e.g., marching to the beat)
- Encourage spontaneous movement to music (e.g., swaying)

- Add specific choreography to songs (e.g., clapping patterns, foot patterns)
- Incorporate both sitting and standing during the session
- Stand for the last run-through of the song
- Walk to different parts of the room to sing
- Focus on posture when sitting and standing
- Focus on breathing when singing

Cognitive Engagement. The third engagement component focused on thinking abilities, e.g., cognition. The program focused specifically on the use of memory, attention, executive function, and language abilities in the context of singing. The program involved learning and memory during each session. The choir sessions involved strategies for learning new songs (e.g., aural learning of separate parts, singing from written song lyrics or musical notation, call and response methods), review of previously learned songs, practice listening to fellow singers, following choir conductor cues, and synchronizing personal singing parts with the rest of the choir. The repertoire included both familiar and new songs, which tapped into both long-term and short-term memory and encouraged the formation of new memories. The memory challenges increased over time as the music repertoire became more difficult. When using familiar songs, the conductors focused on learning and remembering new aspects of the songs.

The Community of Voices program also emphasized learning and remembering new songs. For example, the conductors asked the singers to memorize one section (e.g., chorus) and use lyric sheets to sing other parts of the song (e.g., multiple verses). The conductors sometimes encouraged the singers to sing without music, even if they did not know the whole song. The conductors also encouraged the singers to use their memory by focusing on learning different aspects of the songs (e.g., lyrics, first section of melody, end of melody).

The singers were encouraged to improve their visual and auditory attention by practicing paying attention to the choir director and other singers. The choir directors provided training about how to follow visual conducting gestures and cues. The directors also asked participants to listen to singers next to them and to listen to other sections of the choir (e.g., high and low singers) to improve auditory attention. Participants were encouraged to stay focused on the session tasks and avoid distractions. The attentional load increased over time as the sessions progressed and the music repertoire became more difficult, and the attentional load in public performances remained especially high.

To encourage use of executive function, the conductors encouraged the singers to be organized and attend to the sessions. The conductors also worked on improving personal flexibility by experimenting with different seating arrangements, asking them to sing in different languages, or asking them to focus on careful articulation of the lyrics. Conductors led exercises that encouraged good diction and

pronunciation. The participants were given a choice of whether they wanted to use lyric sheets or scores that include both music notation and lyrics.

Fidelity/Adherence to Community of Voices Program Principles

In order to assure fidelity to the Community of Voices program principles across 12 senior centers, the choir directors at each site were observed on a regular basis. The Principal Investigator of the study visited the choirs four to five times over the course of the year and filled out a fidelity survey (Appendix). Choir directors were evaluated on three broad areas: 1) leadership, 2) musicianship, and 3) implementation of the Community of Voices program components (physical, cognitive, and psychosocial). Each item was rated on a 4-point scale (i.e., a score of 3 indicated that the performance of the director exceeded program expectations, 2 indicated that the item met program expectations, 1 indicated that performance was below expectations, and 0 indicated that performance was well below expectations). Fidelity checks were completed at five time points: 3 weeks after the choir started and at 3, 6, 9 and 12 months. Both positive and negative feedback was provided to choir directors; if ratings on any of the items fell below expectations (a rating of 0 or 1), feedback was provided and a follow-up fidelity visit was completed within 2 weeks.



Chapter 4: Choir Directors and Accompanists

As discussed in Chapter 3, the Community of Voices choir program was designed to be led by professional choir conductors and accompanists. Music professionals were used to help assure a high level of standardization of program elements (Cohen et al., 2006). In the Community of Voices study, choirs were led by a choir director (conductor) who has training in leading group singing and knowledge about choir music and traditions. The choir director was typically supported by an accompanist who provided the music accompaniment for the songs. Although the majority of choirs were led by a director and accompanist team; two choirs were led by a choir director who also was the accompanist (on the piano). The piano (both acoustic and electric) and accordion were the most common instruments used to accompany the choirs.

Qualifications of Choir Directors and Accompanists.

Before hiring the choir directors and accompanists who directed the choirs in the Community of Voices study, we compiled a list of characteristics we felt were important for leading choirs with older adults. Below, we highlight these characteristics.

Experience with Group Singing. Experience with leading group singing was a critical requirement for selecting a conductor or accompanist for the study. In the context of group singing, the ability to work with persons who had a diverse range of musical abilities, from beginners to those who are more experienced, was also required. The ability to transpose songs was also necessary, to enable changing the key to be within the comfortable singing range for older adults.

Knowledge about Choir Music Traditions and Repertoire. We aimed to select choir directors and accompanists who were familiar with the cultural traditions and musical styles of the participants at the senior centers. For choirs that served a majority of people for whom English was a second language, we sought bilingual choir directors (Spanish/English) and (Tagalog/English). If needed, we also made an effort to find choir directors who could speak the predominant language of the

participants. Thus, cultural competence and sensitivity were an asset. Information about how the choir sessions were culturally tailored is found in Chapter 6.

Knowledge and Experience Working with Older Adults. The conductors had to have the ability and awareness of issues related to older adults and older voices and the ability to arrange, transpose, and transcribe music for choirs and older voices. A willingness to learn from the older adults was also an asset. See Chapter 9 for more information about vocal considerations of older adults.

Good Interpersonal Skills. We also looked for conductors and accompanists with good interpersonal skills. This included the ability to communicate in a caring and respectful manner. The ability to resolve problems in a kind yet firm manner was required.

Good Relationship between Music Professionals: For the choirs that involved both a choir director and accompanist, having a good working relationship was important. A willingness to work together to support the choir was needed. The relationship between the choir director and accompanist modeled and set the tone for how choir participants could collaborate with each other.

Hiring and Training of the Directors and Accompanists

The program manager from CMC and the Principal Investigator of the study (from UCSF) were responsible for helping hire, train, and supervise choir conductors and accompanists.

Hiring Process. Two job descriptions (for a choir director and accompanist) were developed based on CMC's experience leading community-based older adult choirs and perspectives from the Principal Investigator's knowledge about choir singing and older adults. We also tailored the job descriptions based on the needs of each senior center. A sample job description is found in the Appendix. The job description was posted on CMC's and general job listing websites and distributed through a network of arts organizations and musicians. We also asked the senior center partners if they knew of choir directors from their community.

Choir directors and accompanists who applied for the positions were asked to submit a resume and cover letter that addressed their interest in and fit with the specific senior center site. CMC's choir program manager and the Principal Investigator conducted the interviews and selected candidates that had the strongest experience and best fit for the site. For choir directors who applied without a choir accompanist in mind, we asked if they had recommendations for accompanists and involved them in the process of interviewing the choir accompanist to ensure that there was a good fit between choir director and accompanist.

For the senior centers whose participants were primarily Spanish speaking, a bilingual Mexican-American choir director was hired; for the senior centers that served predominantly African Americans, we hired music professionals from the community who were familiar with black music and jazz

traditions. For the senior centers that served participants who came from several different cultural backgrounds, we identified a choir director who was open to teaching songs from a variety of music styles, including show tunes and Latin and Chinese folk tunes.

In the study, two choir directors were bilingual (i.e., English and Spanish or Tagalog). All of the choir directors had some prior experience working with older adults. However, the study included additional training on issues related to older adults and aging.

COV Choir Program Training Manual. Prior to the enrollment phase of the study, a training manual was created to provide information about the study goals and choir program guidelines for the music professionals involved in the study. (A separate manual was created for the study procedures.) The training manual was created over a period of six months during meetings between the principal investigator, the lead choir director and accompanist, the CMC program manager, and a choir program assistant who had training in music education.

The manual included information about the study goals and procedures as well as the three Community of Voices engagement components (psychosocial, physical, and cognitive). It also included procedures for running choir sessions, rehearsal planning, and physical and vocal warmups. It provided ideas for music repertoire and performances, identified choir director and accompanist responsibilities, and included information about the participating senior centers. Information about working with older adults was also provided, including working with older voices and incorporating physical activity throughout the choir sessions. As described below, the manual was used in the training of new conductors and accompanists involved with the study.

A booklet about physical activity ideas, “Exercise & Physical Activity: Everyday Guide from the National Institute on Aging at NIH” was also provided. <https://www.nia.nih.gov/health/publication/exercise-physical-activity/introduction>

Training. Each choir director and accompanist hired as part of the Community of Voices study participated in a training led by the principal investigator of the study, the lead choir director and accompanist, and the CMC program manager. During the training, the goals and study procedures were reviewed (with support of the training manual and physical activity guide). All music professionals in the study developed an understanding of the Community of Voices choir model and the ability to maintain fidelity to the three essential components (social, physical, cognitive engagement). New choir directors were also required to observe an existing Community of Voices choir rehearsal to see how the goals of the study were integrated into the rehearsal routines.

Refresher Trainings. Refresher trainings were offered throughout the course of the study to help directors and accompanists maintain focus on the three key engagement components and address any other issues related to leading the choirs. Each refresher training focused on a specific topic, and all music professionals who were currently leading choirs were required to attend. During the refresher

trainings, choir directors and accompanists shared experiences regarding vocal and physical warm ups, approaches to rehearsals, repertoire, and performances that best addressed the Community of Voices choir program components. Guest experts were invited to provide additional learning opportunities. Topics included: the aging voice (by a speech pathologist), integrating physical activities into choir rehearsals (by an expert in delivering arts programs to older adults), and Chinese music traditions (by a professional choir director who specialized in Chinese vocal music).



Chapter 5: Repertoire and Cultural Relevance

Selecting the Music Repertoire

In the Community of Voices study, the choir directors were responsible for selecting the music repertoire. They drew from their own repertoire and considered suggestions from both the senior center directors and participants in the choir. During the start of each choir and over time, participants were asked about their favorite songs, and suggestions were taken for specific songs or arrangements. Gathering input helped participants develop a sense of ownership of the choir. This process also helped ensure that the music was appropriate for participant interests and cultural background. In several of the choirs, participants created original song compositions and arrangements of songs.

The choir directors also had to select the music repertoire based on other demands, such as identifying music that was appropriate for singers of different skills levels (from beginner to advanced) and challenging enough to facilitate growth and mastery over time.

The choir directors and accompanists sometimes arranged existing songs to make them more appropriate for older voices. That is, many of the original scores for songs are in keys that are outside the comfortable range of an older voice. See Chapter 9 for more information about considerations for voices of older adults.

During the initial rehearsals, the choir directors typically focused on singing in unison. This adaptation was made for choirs that had a significant number of participants who had not sung as an adult. In the Community of Voices study, approximately half reported that they did not have experience singing as an adult. Part singing was typically introduced by doing simple rounds. Once familiar with singing a song in unison, the directors introduced a second harmony part and, at times, a third part in harmony and/or counter melody. Over time, arrangements become more complicated. The choirs learned approximately 10-12 songs over the year. Examples of the music repertoire are found in the Appendix.

Cultural Relevance and Adaptation of Repertoire

For choirs that had participants who shared a common cultural tradition, selecting music that reflected these traditions was meaningful for the participants and for the community in which they engaged and performed. For choirs that were culturally diverse, we included repertoire from the various subcultures. This helped maintain inclusivity and cohesion within the choir and added to the uniqueness of the performances. When introducing new music material, conductors led a discussion about the historical context and significance of the material by fellow participants. Guest artists, choir participants, and community members contributed to the development of the musical repertoire for which a particular choir director may be unfamiliar, further enriching choir programs. Choir directors shared repertoire with each other, allowing for cross-pollination of repertoire, ideas, and musical traditions.

The use of music from different languages further enhanced cohesion in choirs with a diversity of participants. In several of the choirs, participants learned the pronunciations of song lyrics, sometimes led by a participant with mastery in the requisite language. Music of certain cultural traditions that was difficult to find was often found on internet sources (e.g., YouTube). This music was transcribed and arranged from the source material, often also being transposed to a new key in order to fit the vocal range of the participants.

Music Scores and Lyric Sheets

Choir directors used a variety of learning tools in the choir sessions, including music scores and lyric sheets. Participants had a wide range of skills related to reading music notation, musical scores, and singing. Approximately half had never sung in a choir as an adult, and the majority did not read musical notation. To accommodate this range of skills, lyric sheets (without music notation) and simplified music scores were provided. Some participants only wanted to use lyric sheets, while others wanted the music score; some participants used both. Some music scores include lots of extra information, like piano accompaniment, counter melodies, chord notation, and complex music symbols. This information can make the musical score busy and difficult to read. In order to make the music score as simple as possible the music notation and lyrics were sometimes transcribed into a new score using a computer program. All printed materials, including the music scores and lyrics, were in easy-to-read print using at least 14-point font. Additional copies of the scores and lyric sheets were stored at each senior center.

Some Tips for Teaching New Songs

- Choir director and accompanist sing the song as a demonstration. Encourage choir participants to listen rather than sing, even if they already know the song.
- Review the history and cultural context of song, including translation of lyrics, if needed.
- Use spoken word “call and response” to teach the lyrics. Focus on pronunciation; this will help with diction.
- Speak the lyrics with the correct rhythm.
- Separate the voices and teach the song using call and response. Teaching the melody and harmony parts separately helps lay the foundation before the two parts come together to sing in harmony.
- While the director works with one group to practice their part, the other section can practice the lyrics. If appropriate, participants who have mastered the material can help others who still may be learning.



Chapter 6: Running the Choir Rehearsal

In the Community of Voices study, each choir rehearsal included activities related to the three components hypothesized to be the primary pathways by which the Community of Voices choir program promotes health and well-being for older adults: cognitive, physical, and psychosocial engagement as described in Chapter 3.

Each choir rehearsed once a week for 90 minutes with a short break in the middle for snacks for a total of 44 weeks (with breaks for holidays). This included three to four informal public performances (see Chapter 8). Participants received a printed schedule at the start of each choir, and updated schedules were printed, as needed.

The choir director and accompanist arrived 15 minutes prior to the choir session and remained 15 minutes after the session, as needed, to answer questions and check-in with senior center staff. Starting and ending the rehearsal on time helped to manage expectations.

Room Characteristics and Set Up

Having a dedicated rehearsal space was essential for the choir program. The space was accessible to persons with different physical abilities, comfortable, and large enough for the singers to move about as needed for singing. It also had good lighting and ventilation. Comfortable chairs for all participants were provided.

Having a dedicated area for personal belongings (e.g., coats, bags) was also helpful. This discouraged participants from putting their belongings next to their chair, which could create a fall hazard and limit movement during the rehearsal. A small table was used for refreshments during the break, and having a storage area for the music and choir supplies at the senior center was also helpful.

To encourage team effort and the sense of belonging to the group, participants were asked to help with setting-up and breaking-down of the room for each session.

Attendance

Regular attendance is important for the success of any choir. In the Community of Voices study, participants were asked to sign in at the beginning of each rehearsal. Tracking attendance was used to evaluate the consistency of participation and follow-up with those who missed rehearsals (adherence). Many senior centers also required a sign-in sheet for activities. For participants who missed more than two sessions, the choir director or research study staff followed up with the participant to inquire why they missed a rehearsal and encourage their participation. Phone call reminders were done after a break in the weekly schedule.

Choir Rehearsal

The choir rehearsals followed a general routine, beginning with announcements and warm-ups, work on the repertoire, a break, additional work on the repertoire, and a short conclusion. The following provides some additional information about how the choir rehearsals were run.

Beginning of Rehearsal. Rehearsals started on time to establish a routine and demonstrate to participants that their time was valued. As described above, attendance was taken. At the start of each session, the choir director welcomed all singers and made announcements.

Warm-Ups. The choir director typically led the warm-ups for approximately 10-15 minutes and included both physical and vocal warm-ups. All participants were encouraged to participate; adaptations were made for participants who had mobility issues. Chapter 7 provides more details about the warm-up routine.

Rehearsing the Music Repertoire. Choir directors were required to focus on each of the three Community of Voices components (cognitive, physical, and psychosocial engagement) during all of the rehearsals. Examples of how the engagement components were incorporated into each session are found in Chapter 3. Typically, 3-4 songs were rehearsed in one session, and each session picked up the learning of repertoire material from the previous session. The sessions typically began with rehearsing and improving familiar songs, followed by working on new song material. As the choir got closer to a performance, the entire set list was rehearsed. Conductors would focus on unifying rhythm and phrasing of lyrics, blending voices, adding more complex arrangement ideas, harmony, counterpart melodies, and memorization.

During the start of the choir, the choir director often allowed participants to select their seat. However, because the seating arrangement sometimes changed based on vocal part needs, choir directors also changed seating arrangements. This also encouraged flexibility and provides an opportunity to get to know other participants. Because seating arrangement can sometimes be a sensitive issue, addressing this issue from the beginning can help set the stage for more flexibility.

Break. Each choir session had a short break (approximately 10 minutes) in the middle of rehearsal for refreshments (e.g., water, snacks). This gave participants a brief reprieve from singing and time for socialization. The snacks were chosen to not interfere with singing after the break. For example, snacks could include room temperature water and fruit. Dry snacks (e.g., crackers) and dairy products (e.g., cheese), which can coat the throat, were avoided. Hot and ice-cold beverages were also avoided, as they can affect the vocal cords.

End of Rehearsal. At the end of rehearsal, the choir director repeated any important announcements. Participants were often asked to help with breaking-down the room.

Additional Tasks

Participants were encouraged to participate in additional tasks with the choir. Examples of tasks included assisting the choir director with organizing and handing out the music, helping set up and breakdown the rehearsal space, and coordinating food for performances. This helped to develop a sense of ownership of the choir.



Warming up the body, voice, breathing, and mind are important steps in preparing to sing. Warming up also helps prevent injuries. In general, physical warm-ups help stretch and relax the body and focus on posture; breathing exercises help increase awareness of breathing (respiration). Likewise, the vocal warm-ups help focus attention on the voice (phonation, articulation, and resonance) and on active listening. A free, online publication titled, “Exercise and Physical Activity: Your Everyday Guide from the National Institute on Aging at NIH” was used as a resource to identify physical warm-ups that were appropriate for older adults. <https://www.nia.nih.gov/health/publication/exercise-physical-activity/introduction>

In the Community of Voices study, the choir directors began each session with a variety of physical, breathing, and vocal warm-ups, which were approximately 10-15 minutes in length; adaptations were made for those with mobility issues. Below are examples of physical, breathing, and vocal warm-ups used in the Community of Voices program.

Physical Warm-Ups and Awareness of Body

- Hand rubs. Rub hands together (e.g., make a fire - adapted from Shintaido master H. F. Ito)
- Wrist rotations. Make a fist and rotate wrists in both directions.
- Hand clasps. Make a fist and open and close hands.
- Face and hand stretches. Hold hands in front; open and close the mouth, eyes, and hands. Vocalize “ah” (when open) and “mmm” (when closed).
- Tongue Stretches. Stick tongue out and point towards nose and down to chin or side to side.
- Throat massage. Gently massage the area around the neck.
- Arm massage. Use the right hand to massage the left; repeat using the left arm to massage the right arm.
- Arm stretches. Reach up, alternating left and right arms. Then then hold one arm and reach to the other side (to stretch the rib cage)

- Head turns. Turn head to left and then the right, verbally greeting the person next to them. Multiple languages can be used.
- Shoulder rotations. Lift up and drop both shoulders. Rotate both shoulders forward and then back. Alternate left and right shoulder rotation (similar to swimming).
- Hip rolls. Rotate the hips to the left and then the right, and then in a circle.
- Waist rotation. Twist upper body from left to right, letting the arms swing naturally at the side.
- Side-to-side steps. Step side to side while clapping on the beat. Additional rhythmic clapping patterns can be added.

Breath Support and Awareness of Breathing

- Breathe through nose and mouth and exhale through the teeth. Inhale on beat one and exhale over 4 beats using a “ss” sound. Then repeat with exhaling for 5, 6, 7, and 8 beats.
- Create a buzz sound with the lips to hear resonance and practice sustaining notes. Feel the energy behind the front teeth.
- Straw Exercise. Buzz into a straw and feel the vibrations. Use the least amount of pressure to create a sound. Buzz vocal exercises or a melody.
- Rolling R’s. Place the tip of the tongue where the soft palate starts and exhale creating a rolling R.
- Hold the nose and talk. Feel the resonance and then let go.
- Describe the breath as simply as possible. Use the analogy of a balloon. If you take a deep breath and let it out slowly, the balloon will fill. If you use too much breath, the balloon will pop.

Vocal Warm-Ups

- Sirens. Use a vowel (e.g., ah, oo) and vocalize a glissando from low to high and then the reverse.
- Five note scales. Starting from the A below middle C to A above the middle C for the lower voice and from middle C to E above for the upper voices. Scales may be sung on “ahh” and “ehh” or on different words (e.g., fruits, vegetables, non-sense syllables).
- Solfège patterns. Using solfège syllables (i.e., do, re, mi, fa, so, la, ti, do) and their hand signs, sing scale exercises, arpeggios, as well as call and response. It may help to have a large print out of the solfège syllables to assist singers when they are singing.
- Tongue twisters. Speak and sing sequences of sounds that are difficult to articulate.
- Try to sing softer than a person’s neighbor and listen for how their voice blends with the rest of the group.
- Vocal warm ups can be sung in rounds to enhance listening skills, concentration, and focus (and it is fun).



Performances were intended to give participants a motivational goal, sense of mastery and a sense of accomplishment. Performances were also an opportunity to share music with the community. During the one-year Community of Voices study, each choir participated in 3-4 informal, public performances, which occurred approximately every three months. It was helpful to set up a first performance date within the first six weeks of the start of a new choir to encourage participation from the beginning and provide a concrete goal. The performances were professional in execution, fairly informal, and accessible to all choir participants, thus accommodating those with little or no experience performing in front of an audience.

Location of Performances

Most of the performances, and particularly the first performance, took place at the senior center during the scheduled time of the choir rehearsal. Keeping the performance time and location the same as the rehearsal time helped minimize planning conflicts and made the performance accessible to all choir participants.

In the study, the performances were advertised with flyers at the senior center and other community locations (e.g., library, local stores). During performances, the choir director would often engage the audience by introducing songs, sharing information about the song, and making bilingual announcements, if appropriate. The choir director also engaged the audience with some songs that included audience participation (e.g., clapping or singing along).

At times, the choirs sang as part of a special event (e.g., Cinco de Mayo), which included off-site performances. Performances at off-site locations required plans for transportation. The off-site locations were compliant with Americans with Disabilities Act (ADA) standards, and the performance spaces (e.g., stage) were reviewed for accessibility. The performance sites also had ample chairs for an audience and, as needed, for choir participants. If needed, sound systems at performance venues were also reviewed for suitability.

Performance Attire

Having a special look or “uniform” for the performances was intended to foster group cohesion, sense of belonging, teamwork, and pride. In the study, the singers in each choir decided on a basic attire (e.g., black pants, white tops, different primary color tops). Singers were provided a stole, which was a simple strip of fabric with the Community of Voices logo worn loosely around the neck. Most choir participants took pride in their stoles, which were purchased from a vendor who created stoles for graduation ceremonies. After the study ended, each of the choirs created their own stoles, customizing them to feature their senior center colors and/or logo. Some choirs purchased stoles, while others had participants create them (e.g., senior center sewing class).

Many of the performances ended with a potluck to share food and conversation. This was a way for choir participants to celebrate with their family and friends, as well as with each other.

Reflection Session

During each rehearsal following a performance, the choir director led a discussion about the performance during which individual experiences and observations were shared. This was used as a learning tool for choir participants to engage in constructive critical thinking about their experiences, while also celebrating their accomplishments.



Chapter 9: Vocal Considerations for Older Adults

I Can't Sing!

Many people who are new to singing feel that they do not have a good singing voice or cannot sing. Some people have also been told (sometimes by their music teachers) that they cannot sing. These and other reasons may make someone hesitant to sing or fully use their voice while singing.

In the Community of Voices study, the choir directors addressed this concern in a number of ways. For example, the breathing exercises and vocal warm-ups helped the participants improve voice quality and vocal control. The directors often provided encouragement and positive feedback to inspire confidence. In some cases, directors used the African proverb, “If you can walk, you can dance; if you talk, you can sing” to point out that singing is a natural activity and, with practice and patience, anyone can learn to sing.

Voices of Older Adults

As a normal part of aging, the human voice undergoes changes across the lifespan. There are a number of characteristics of the voice of an older adult that are important to keep in mind when designing a choir program for older adults.

In general, physical changes in the body contribute to changes in vocal function, vocal quality, and respiratory function of older adults (Linville, 2001). Below is a list of changes that may occur with age and affect the singing voice. While the list below is not comprehensive and there are individual differences in vocal aging (Tay, Phyland, & Oates, 2012).

- Breathing may become more shallow and constricted. It can be more difficult to control the breath during long phrases or on higher notes.
- There can be an overall reduction in pitch range.
- Women’s voices may get lower, and men’s voices may get higher.

- Older adults may also experience a weakening in the throat muscles, which may make singing and swallowing more difficult.
- Older adults may have less tongue control, which affects diction while singing.
- The sound of the voice may be more breathy.
- The resonating cavities of the nose and mouth tend to get larger, which may change the singing voice.

Choir directors should be aware of these changes and plan appropriate warm ups and repertoire to reflect the needs of the older singer. For example, directors sometimes changed the key of songs to accommodate the vocal range of older adults.

Illness

Choir participants who were sick were encouraged to not come to rehearsal. Singing with a respiratory illness can damage the voice. Laryngitis can result from swollen vocal folds from colds or from overuse.



Chapter 10: Sustaining the Choirs

As a part of the Community of Voices study, 12 new choirs were developed over the course of four years, and each choir sang for one year as a part of the study. In order to sustain the choirs beyond their one-year study period, an overarching strategy was developed. Although the methods for transitioning successful community-based health intervention research programs into sustainable programs within the community are still evolving, we developed a sustainability plan from the beginning of the study. Shediak-Rizkallah and Bone identified three key factors that contribute to the sustainability of the community-based programs after the end of the research phase: 1) project design and implementation, 2) organizational setting, and 3) the broader community (Shediak-Rizkallah & Bone, 1998).

As each choir neared the end of its year in the study, CMC, UCSF, and each senior center participated in a discussion about whether that center wished to continue the choir after the study ended. If so, the choir was integrated into CMC's Older Adult Choir Program and supported by foundation and corporate funding; all 12 choirs chose to continue. For long-term support, CMC and its DAAS-supported partners are developing relationships with and support from non-profit and city agencies that serve older adults, health care providers, and grant makers in the areas of arts and health. Choir participants were also engaged in this process, acting as advocates for the program and helping identify resources and opportunities for the choirs.

In addition to working with individual senior centers, a broadened public awareness of older adults who sing in community choirs is planned. After the study results are published, the results will be shared with senior centers, participants, and the community.

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Julene Johnson is a Professor at the UCSF Institute for Health and Aging and UCSF Center for Aging in Diverse Communities. She is a cognitive neuroscientist with a Bachelor's degree in music. She has sung in a number of community choirs over the years. She has a long-standing interest in studying music in both healthy aging and persons with neurodegenerative diseases. In 2010, she was a Fulbright Scholar in Jyväskylä, Finland where she studied community choirs and healthy aging.

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Martha Rodriguez-Salazar is choral director, flutist and mezzo-soprano on the faculty of Community Music Center. She is bilingual (Spanish/English) and a cultural leader in the Bay Area Latino community. Martha directed two older adult choirs prior to the start of the Community of Voices study and acted as the lead choir director for the Community of Voices/Comunidad de Voces study, helping to design the choir program. During the study, she led three choirs. Following the COV study, Martha continues to direct those three older adult choirs plus an additional choir at Laguna Honda Hospital. She also teaches voice, flute and piano at the Community Music Center.

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At the Community Music Center, Sylvia directs and manages a broad range of community music education initiatives, at the Center and off-site in collaboration with community partners, including CMC's Older Adult Choir Program. She was CMC's liaison to the Community of Voices research study, coordinating the Center's work on the choir program as part of the study, including, overseeing the choir directors and their training, helping design the culturally relevant music programs and choir rehearsals, and directing efforts to sustain the choirs after their period in the study ended. Sylvia has extensive experience creating and directing community arts organizations and initiatives. She is bilingual (English/Spanish) and is an alumna of community-based arts education programs, playing percussion and bass.

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Appendix

Community of Voices Choir Director Fidelity Form

MUSICAL SKILLS: To what extent did the choir director do the following?

	Well below expectations	Below expectations	Met expectations	Exceeded expectations
Choose repertoire based on participants skill level and cultural background	0	1	2	3
Lead the choir in age appropriate vocal and physical warm up routines	0	1	2	3
Model the musical skills presented	0	1	2	3
Present choral music in a knowledgeable manner	0	1	2	3
Explain musical concepts clearly	0	1	2	3
Express the character of the music through clear conducting gestures	0	1	2	3
Teach choir participants technical skills to improve their singing voices	0	1	2	3

LEADERSHIP / COMMUNICATION SKILLS: To what extent did the choir director do the following?

	Well below expectations	Below expectations	Met expectations	Exceeded expectations
Use rehearsal time in an organized and efficient manner	0	1	2	3
Speak in a caring and respectful manner	0	1	2	3
Provide positive feedback to singers	0	1	2	3
Inspire choir to develop a positive group spirit	0	1	2	3
Inspire high and achievable expectations for the choir	0	1	2	3
Able to solve problems presented in choir rehearsals	0	1	2	3
Provide appropriate time for a social break during rehearsal	0	1	2	3
Instill a sense of pride in the choir	0	1	2	3
Instill a sense of belonging to the choir	0	1	2	3
Is energetic, with a willingness to learn from the older adults	0	1	2	3

CHOIR PROGRAM ELEMENTS (The COV choir program involves a combination of cognitive, physical and social elements.) **To what extent did the choir director do the following?**

	Well below expectations	Below expectations	Met expectations	Exceeded expectations
Cognitive: Encourage choir participants to use their memory to learn and remember songs	0	1	2	3
Cognitive: Encourage choir participants to practice their concentration and attention	0	1	2	3
Physical: Include voice and physical warm-ups	0	1	2	3
Physical: Include songs that involve body movements	0	1	2	3
Physical: Include both sitting and standing during sessions to build lower body strength	0	1	2	3
Social: Encourage choir participants to interact (e.g., breaks) and get to know each other	0	1	2	3
Social: Encourage singers to talk about themselves and their experiences in choir	0	1	2	3

Examples of the Music Repertoire

- Dahil Sa Iyo (Because of You), music by Mike Velarde and lyrics by Domingo Santiago
- De Colores ([Made] of Colors), canción tradicional mexicana
- Lift Ev'ry Voice and Sing, a song written as a poem by James Weldon Johnson
- Blue Skies, by Irving Berlin
- Sentimental Journey, music was written by Les Brown and Ben Homer, and the lyrics were written by Bud Green
- SH-BOOM (Life Could Be a Dream), written by James Keyes, Claude Feaster, Carl Feaster, Floyd F. McRae, and James Edwards
- Put a Little Love in Your Heart, by Jimmy Holiday, Randy Myers and Jackie DeShannon

Sample Job Description for Choir Director

Purpose: To direct a choir(s) of older adults including developing repertoire, conducting choir rehearsals, coordinating with an accompanist, preparing participants for performances and participating in evaluation. The Choir Director will inspire the participants and set a tone for fun and friendly engagement through music. The position reports to the Project Director and works with a project team including an accompanist, at least one other CMC Choir Director, and the senior centers involved in the program. Training will be provided on issues related to choir singing and older voices.

Principal Job Responsibilities

1. Develop culturally relevant repertoire for a community choir(s) for older adults in conjunction with the Program Director.
2. Train, rehearse, and direct the community choir(s) including vocal/physical warm ups, learning music, and preparing for public performances.
3. Support opportunities for socializing among choir participants including at rehearsal breaks and potlucks after performances.
4. Take attendance at each choir session, turning in the sheet.
5. Implement a system of snack provision
6. Work with Program Director to coordinate details for the choir's public performances.
7. Work with accompanist to prepare music.
8. Develop positive relationships with the choir and the Program Director through effective and timely oral and written interpersonal communications.
9. Arrange for a substitute Choir Director in his or her absence.
10. Participate in evaluation process of Choir(s).

Qualifications

1. Choral conducting experience required.
2. Knowledge about choir music traditions and repertoire and experience with a variety of musical styles and traditions.
3. Ability to arrange and transcribe music for chorus, facilitating growth in repertory suited to and reflective of the choir community.
4. Ability to develop strong working relationship with an accompanist.
5. Knowledge and experience working with older adults and/or a willingness to learn about best practice for working with older adults, learn about vocal considerations for older adults and a willingness to learn from them.
6. Cultural sensitivity and awareness of cultural background(s) of choir members.
7. Good interpersonal skills.
8. Problem solver who is able to kindly and firmly resolve conflict.
9. Able to work with diverse range of musical abilities and sensitivity to issues related to older voices.
10. Punctuality.

