

HealthWorks! Kids Museum

Organizations like ours try to learn from our experiences, both the successful and the not so successful ones. This is a way of assessing our effectiveness and sharing information. It is an important process for the growth of any organization. In doing so, we have recorded some of our learning process around the concept of a "learning history."

We went to the sources of HealthWorks! Kids Museum - the people who originated the concept, those who developed the plans and formed the body to oversee it, those who helped to implement and manage it, and even those who received its benefits. We tried to capture and convey the experience and insights of these people from the very beginning. The result of this new form of assessment, a learning history, is put forth on the pages that follow. We believe that what we have learned in both the successes and the challenges will help you to develop and implement a successful children's learning center in your community.

Memorial Hospital staff members are more than happy to answer any questions you may have regarding this process. Please feel free to call us at (219) 284-7115.

Phil Newbold
CEO, Memorial Hospital/Health System

Setting Sail

In 1993, with a growing demand for ambulatory rehabilitation services and the increase in health & fitness club members, Memorial Hospital administrators and personnel started to discuss how to meet these expanding needs. They discovered, through focus group feedback and member comments, that not only were the facilities too small to fully house the rehabilitation services and the health club, but the accessibility of the sites was also a problem. The locations for the services were spread out making "one-stop" rehabilitation very difficult for users. As the discussion continued, they began to envision an ideal place where clients would participate in rehabilitation and health club services at one unified facility. This would create a continuum toward increased vitality and an environment for success which emphasizes health and fitness, and would make it easier for clients to access a wider range of services.

The planning group talked about where to locate this facility. A market study was conducted to assist in that decision. They went back and forth about the advantages and disadvantages of both a suburban and downtown city location. Although demographics indicated a growing suburban market, they agreed that the hospital had a primary commitment to the City of South Bend. A public-private partnership could invest in the downtown, which had been struggling to regenerate itself for two decades. The project imagined for a central city block would include a municipal parking garage, privately developed commercial office building (60,000 square-feet) Memorial's multi-purpose structure and green space.

Intrigued by the innovative concepts encompassed by the project a family which had deep history in the community and nearly a half century of involvement at Memorial agreed to be a major funder of the project, through a gift to Memorial Health Foundation. Since then the facility has been known as Memorial Leighton HealthPlex, named after Judd C. and Mary Morris Leighton, trustees emeritus of Memorial. Further, the entire 3-structure project in the center of South Bend's downtown is known as Leighton Plaza. The 80,474 square-foot Memorial Leighton HealthPlex would blend services related to health and medicine. The facility will house Memorial's Orthopaedic/Sports Therapy Clinic, Independent Living Center, known as Outpatient Therapy Services, and the Health & Lifestyles Center. The entire project, including the commonly shared green space, was aptly named Leighton Plaza to commemorate the strong support of this generous family, including the Leighton-Oare Foundation.

It was also important that this community-owned hospital create a site that would attract not only those needing rehabilitation services and/or members of the health club, but serve some broader purpose for a diverse range of people. Memorial's strong community-based tradition led planners, at first, to consider including a meeting site or community room to attract a broader base of users and offer a growing array of educational programs and services. Later, after a visit to a hospital-based children's learning program in Philadelphia, Pennsylvania, Diane Stover, Memorial's Vice President of Marketing and Communications and member of the planning team, suggested creating a children-focused site within Memorial Leighton HealthPlex. Memorial Health System CEO, Phil

Newbold was enthusiastic about the concept right from the start. As the idea began to grow in the minds of the planners it became evident that this would be a perfect complement to the rehabilitation services and health club sites since it would not only attract a broad range of citizens (children, parents, teachers, etc) but it would encourage children to start considering health and fitness at a young age.

The idea of a children's health site was on a parallel track with Memorial's focus on "creating a healthier community." The hospital had learned, by looking beyond its walls, that non-medical issues such as employment, education, habitat, and transportation, impact the health status of the community. From this knowledge, a new, broader concept of creating health was formed. This "healthy community" concept has been woven into Memorial Hospital and Health System's mission. Memorial believes that a "healthy community " is as much a social, economic and environmental issue as it is a medical one. By focusing on prevention, the education of children and young families, and the economic development of the community, Memorial increases the potential for "creating a healthier community."

As planners began to include others in the conceptual process, momentum for a children's health education center grew rapidly. Initial research identified possible models for such a facility. In the fall of 1996, the group took a trip to Barrington, Illinois, to JFK Health World to get a first-hand look at a current model. JFK Health World quickly came to the top of the list as an outstanding model and possible partner. Over the next three years, many other health education centers would be visited but JFK Health World would continue to be a primary model.

In order to obtain local input on the idea of a children's health education center, Memorial staff held individual discussions and focus group meetings with community members throughout the region, including representatives from private and public, parochial schools, elementary school teachers and principals, parents and education experts. Feedback from these many diverse sources was overwhelming in support of the project; several participants volunteered to assist in the development of such a facility. This encouraged Memorial to pursue the idea further.

The focus groups also provided Memorial with information about their perceptions of the current gaps in health education and other advice about what children do and don't respond to. For example, Memorial was warned that children are already immersed in and advised about the harms of using drugs and alcohol and, that this would not be a good setting for a sole focus on abuse issues. Members of the focus teams suggested that the center include ways for teachers to access new tools and ideas for teaching health to their students. The focus group participants also advised that the needs of handicapped children be addressed through the exhibits and within the facility. This information was a starting point for detailed discussions during the development stages of the process of creating this innovative, non-traditional, interactive, creative learning environment for young children and their families.

Some of the outcomes from focus group discussions included the following:

Description:

An educational center primarily targeting children, but open to a variety of groups throughout the year. Located within Memorial Leighton HealthPlex, this unique center will offer innovative learning that promotes wellness and quality of life. The center will compliment the elementary school health curriculum by offering a dynamic learning environment on a variety of topics suggested by an advisory group.

Characteristics of the Facility:

- Hands-on environment
- Fun designed into the activities
- Space for structured presentations as well as free time
- Sensitivity to handicapped children
- Combining visual/audio/tactile senses
- Creates dynamic memories for children

Key Topics Under Consideration:

Life Choices & Consequences - nutrition, dental care, skin cancer, self esteem issues, exercise, smoking, helmets, drugs etc.

Accident & Injury Prevention -head injuries, railroad crossings, seat belts, poisons, street safety

Handicapped Sensitivity - better understanding of what those in wheelchairs/etc. go through- how life changes.

How Viruses Spread -personal hygiene, prevention of communicable diseases

Basic Anatomy and how our bodies and brains work.

Summary of Focus Group Feedback on the idea of a Children's Health Education Museum in South Bend

Don't forget the basics- proper hygiene, lice, hand-washing, how viruses spread, etc. In schools we see that these lessons need attention.

We lack the time or updated materials to properly cover health education in elementary schools. Health education is often an "add-on" duty.

We're always looking for new ways to present material. Field trips are important and if the content is of high quality, we can always make the arrangements to take a trip. We plan it into the schedule.

Don't over emphasize things like drug abuse. The children are bombarded with this message and it's to the point that they're tired of hearing the same old thing. Also, we wouldn't want child abuse issues to come up on a field trip since we wouldn't have the support network handy to act immediately.

Educators would love a place to learn more about the newest ways to cover health and medical topics. A lending library or a place where teachers from different towns could come together to share ideas and brainstorm would be great. Almost a support group for teachers.

Kids sometimes pay better attention to lessons they learn from other kids. Some way of incorporating real life stories into the exhibits or presentations would be popular with kids.

Some advance materials that can be used in the classrooms prior to a trip, or as a follow-up after a trip would help. We would like to get the kids excited before the actual trip.

It is important that we get the kids in and out before lunch or before the buses are ready to take them home for the day. It's not important that they eat at the museum.

Don't forget the handicapped and obese children. It's a good idea to have exhibits that include physical activities as long, as the children who can't participate aren't completely left out. They need something else they can do. Don't forget about wheelchair access.

All school populations aren't alike. Some children are very used to video games and lights and noises. The Amish children are sometimes afraid to get in the elevators when they tour the hospital. Some have never been in an elevator.

It would seem to be important to have different areas for different ages. If the facility were open on the weekends, families may come with kids of many ages.

We have systems in place to handle the admission fees. \$3 or \$4 is not a problem. We can get the funds for the kids who don't have the money most of the time.

High school students might also benefit from some type of health care career information in addition to the healthy lifestyles aspects.

Remember to focus on things that contribute to death in children. Accidents are still a top killer. Issues such as helmets, seat belts, train crossings, paint sniffing, sun exposure are a real risk to some of these kids.

The kids should have fun. The facility should have fun built into it.

It's important that the facility be clean. Especially the bathrooms. It's tough to stay clean with so many kids in and out but it needs to have a reputation of being squeaky clean.

We like to have something that the kids can take home to carry the information back to their families. Most parents like to know what was covered. However, some kids may get mixed messages when they go home about smoking, diet, etc.

The topics should change so we can come back different times each year.

It would be nice if children could get immediate feedback on some things so they can work a bit and come back and see if they've improved. Also this would be good to share with the parents.

There should be space where kids can really play and learn at the same time. Some open space in addition to space to sit down and pay attention to the lesson.

Two years is too long for us to wait for a great health exhibit in this region.

A library where students and teachers can research health topics would be nice. Also, if there was a way to be interactive with other museums or national resources.

Information on choices and consequences is important -They need to understand that they can make a difference in how healthy they will be as adults.

During the winter of 1997, the original concept for a community room was reborn and became a full, one floor, children's health and education museum model. As more and more research was collected and input provided, Memorial realized that additional space would be needed in order to achieve all of the objectives that began to surface. In addition, popular educational literature stressed the importance of several key ingredients including; interactivity, free and structured education time, and fun.

Results of the focus groups, national models and possible local applications were presented to Memorial staff and leadership. Memorial planners believed that in order to move further into the design and planning process a trip to Barrington's JFK Health World might produce some helpful outcomes. Memorial and community leaders were invited to visit the facility to prepare for additional planning and decision-making sessions. Those who visited JFK Health World had varying reactions. Some of the visitors were used to more traditional education models and seemed overwhelmed and possibly confused by this hi-tech and seemingly unstructured environment. It took several one on one sessions with these individuals to fully understand this new model and its growing viability. Memorial collected valuable feedback on likes and dislikes from those who visited the Barrington facility. Throughout the next two years nearly 400 people would participate in Memorial's trips to JFK Health World. Various groups visiting Barrington included: Board Members, teachers, Junior League, community leaders, physicians, hospital staff and other interested participants.

Charting the Course

In spring 1997, after an expanded proposal was presented to Memorial's Hospital and Foundation Boards, the concept was approved (along with a \$1,500,000 addition to the HealthPlex construction project to properly expand the new facility) allowing for a new floor of the building to be dedicated to an interactive children's health education center. Initial financing goals included \$1.5 million to create the shell; \$1.0 million to do build out the facility, wall coverings, carpet, ceiling, etc; and, \$2.5 million in private fund-raising from new sources. Once the additional funding was approved, discussions with the building designers and other departments began. Since the new health club would be designed around a nature theme, ways to tie the children's learning center to this theme were pursued. To compliment the nature theme, a working title, Healthy Living Land, was adopted for the children's health education center.

To move the project to the next phase Memorial needed to bring design experts onto the project planning team. After visiting several facilities around the country, two experienced museum exhibit consultants were recommended, GED from Chicago, Illinois and Jeff Kennedy & Associates, from Boston, Massachusetts. Memorial selected Jeff Kennedy & Associates, Inc. to act as Healthy Living Land facility designers.

Planners continued to obtain information about the latest and most innovative concepts in children's museum design and development strategies. To this end, Phil Newbold, Memorial's President and CEO, Diane Stover, Memorial Hospital Vice President of Marketing and Communications, and Reg Wagle, Vice President Memorial Health Foundation organized a National Innovators Summit in Chicago, Illinois on August 30, 1997. In

order to move to the next highest level of information collection and learning, Memorial needed to bring together some of the best minds in the country from various disciplines. They included: Leanne Kaiser, Kaiser Consulting Network, Inc., Brighton, Colorado; Nancy DiLaura, Ruth Lilly Center for Health Education, Indianapolis, Indiana; Jeff Kennedy, Jeff Kennedy Associates, Somerville, Massachusetts; Mary Newbold, South Bend, Indiana; Peter Rusin, JFK HealthWorld, Barrington, Illinois; Ame Simon, Seattle Washington; Jeanette Simon, Memorial Health Foundation, South Bend, Indiana; Gregory Sprick, Jeff Kennedy Associates; Jim Welling, Ph.D. Penn-Harris-Madison School Corp., South Bend, Indiana; Phillip Ziring, M.D. Cook County Children's Hospital. The purpose of the National Innovators Summit was to bring together experts from many disciplines for a one-day discussion and creative learning exchange on ways to reach children with health education messages. In coming years, this "virtual" team of professionals continued to serve as advisors, consultants and as a sounding board for issues as development continues to and through the opening of the education center.

The National Innovators Summit held in Chicago was very helpful. It assisted the leadership by providing a forum to discuss very new ideas and emerging innovations. It also helped Memorial to forge a strong and lasting relationship with not only JFK Health World (Barrington, IL) administrators but other education professionals whose expertise and advice would be valuable throughout the entire development process. By staging the Chicago real-time, real-place meeting, the Memorial team immediately achieved "team-bonding" that served notice that Memorial was serious about this enterprise; and, it created momentum for a diverse team of friends.

Then, in the fall of 1997, Memorial began discussions with the building construction interests and the museum designers. Key decisions about infrastructure issues and traffic patterns within the building were made. Diane Stover, VP Memorial Hospital, remembers, "We really needed to start the discussions about facility support requirement earlier in the planning process." These recommendations will help others avoid expensive changes later in the planning process.

From the beginning, Memorial's planning group realized that it would be of critical importance to obtain community input and achieve community ownership throughout the process. To this end an advisory committee structure was developed (see Box #1) for the purpose of providing a panel of experts from which to draw advice. The idea of the Community Oversight Committees was invented in part to get input from some of the same kinds of professional experts from various disciplines, much like the National Innovators Summit. Equally important was gathering a very diverse representation from the broader community to get reactions and input from individuals who had their pulse on the issues and the market. These committees were the first circle from which, over time, Memorial would achieve linkages to many dozens of "subsystems" or "networks" that make up a community (schools, religious congregations, social services agencies, government, neighborhoods, etc.). Memorial found that integrating all of these subsystems was critical to achieving the full community ownership that would make this a successful endeavor.

Box #1

Organization:

Project Coordinator- Health Experts Committee/Kids Rule Committee	Diane Stover, VP, Memorial
Project Development Coordinator- Reach & Teach Committee/Imagineers Committee	Reg Wagle, VP, Memorial
Facility Design Consultants- Memorial Health Foundation Representative-	Jeff Kennedy & Assoc. Jeanette Simon
Honorary Medical Advisor- Medical Advisor-	Otis R. Bowen, M.D. G. Walter Erickson, M.D.

Committee Structure:

Since proper stakeholder input is important for a successful product, a number of key committees will guide the development of the new children's health museum.

THE IMAGINEERS COMMITTEE: The general oversight committee to include representatives from various perspectives. This group will review operational plans, sub-committee reports and construction updates. Generally, they will pull the strings that lead to a successful museum. They will also report progress to the Memorial Health Foundation.

THE REACH & TEACH COMMITTEE: This committee is responsible for curriculum input and development. As exhibits are proposed this group of educators will serve as a sounding board for effective ways to reach and teach

children about healthy lifestyles and how to avoid injuries and illness.

THE "KIDS RULE! " COMMITTEE: This group of small but powerful stakeholders will assemble throughout the development process to provide input on how well messages are designed to meet the needs and interests of kids. The group should include boys and girls from 5-13 years of age.

THE HEALTH EXPERTS: This committee will serve as the medical advisory group for the facility. As plans are developed the group of clinicians will work to ensure clinical accuracy and appropriateness. This group may also interact with various medical associations such as the American Academy of pediatrics, American Nursing Association, etc. The Community Advisory Committee names were an attempt to break-out of the "boring committee sitting around a table trying to stay awake" model. Memorial wanted to avoid using the word "committee." They wanted to be outrageously creative and to "think outside the box."

Thirty nine members of the Community Advisory Committees and the design team were involved in the first meeting on February 17, 1998. Phil Newbold, Memorial Health System and Hospital President and CEO, began the meeting with an explanation of the importance of innovation in reaching kids. He asked each member to contribute their creativity, ideas and information to this process. He explained that the hospital would not be asking them for money or to help them fund raise.

Phil began the meeting by emphasizing that the museum must be a safe and stimulating environment for kids; and that in creating this type of environment they would need to assume new ways of thinking. He told the participants, "With our 10-15 years work in neighborhoods, we've discovered we need radically new models. The old ones are not working. We need to examine new models and new thinking. We cannot count on Scout Troops, parents, and schools in our children's development. We have a new generation of kids. We want to make the best of the next generation. Many kids learn by external structures (content and values). As kids grow they take external structures and internalize them. Not every child has an equal opportunity to make healthy choices."

As a way to encourage the committee to "think outside the box," Memorial set out to shatter any preconceived notions of a proper "business meeting." First of all, several children were asked to attend the meeting. They would, after all, be the primary users of the facility and were therefore its most important stakeholders. The kids sat in a circle and were asked questions about health. Their responses (below) were interesting and helpful in setting the stage for the meeting discussion.

Children's Responses to Questions

What does it mean to be healthy?

- Live your best and not be sick all the time
- To have a healthy body
- Have a steady heart beat

What do you do at home to be healthy?

- Eat healthy foods
- Exercise my brain
- Exercise my body
- Eat vitamin C pills

If you were in charge of building a place what would have to be there?

- Basketball court
- Virtual reality bicycle thing
- Video games

What have been your favorite school bus trips?

- Exercises and games
 - Got to wear old clothes
 - No regular class
- Committee members then sat at tables that were covered with construction paper.

Crayons were available at each seat and each person was asked to write down childhood memories of their

first school bus trip. This exercise helped the adults think about creating a museum from a child's perspective, and was a starting place for "thinking outside the box." They were also asked to think about an innovative center and write down ideas about how to make it the best possible experience for the children in the community. The papers were then thrown into a basketball hoop in the middle of the room. Memorial's experiment proved fruitful. The very creative and fun meeting generated equally fun and creative ideas.

Thinking Outside the Box In the winter of 1997, hospital administrators, using the input from all the many dialogues, drafted and redrafted goals and objectives for the facility (box #2). The design team from Jeff Kennedy & Associates, Inc. was consulted and both local and national resources were used to gather information and data used in designing the goals and objectives. This would be used as a starting point for discussion with the committee members. As a guide for the facility design team, Memorial staff created an exhibit overview chart that included key subject areas and a planning checklist (box #3).

What are our goals for a child's learning experience at "Healthy Living Land"? #2

1. It will elicit emotion to assure that a child will fully engage in the individual "healthy living" messages as well as the overall experience.
2. It will promote self-realization and self-potential through the positive experience of being in control of his/her learning experience.
3. It will create an environment for dialogue by reinforcing curiosity, optimism, exploration and self-confidence.
4. It will relate to school curricula and provide a base from which the teacher can expand.
5. It will transfer to their own home by stimulating new questions and behaviors that will lead to new discussions and interactions with parents and other family members.
6. Every child will remember his/her experience as a success.
7. It will be fun and exciting enough that she/he will want to return and bring family and friends along.

Memorial Healthy Living Land Museum Overview Chart

#3

Key Subject Areas:

1. How Our Bodies Work: Brain Theatre, Sensory Deprivation, Digestive System, Vision & Hearing, Our Beating Hearts.
2. Injury Prevention: Seat Belts & Helmets, Gun Safety, Swimming-Drowning, RR Crossing, Bites & Stings.
3. Choices We Make: Diet/Nutrition/Exercise, Smoking/Alcohol, Diabetes, Sunburn, Drugs.
4. Illness & Prevention: Germs & Hand washing, Asthma, Bones & Casts, What is Cancer?
5. How We Get Better: Doctors & Hospitals, How Medicine Helps

Exhibit Planning Checklist:

Each exhibit is review using the following criteria:

- Energy Release Area
- Formal Instruction
- Handicapped Accessible
- Adult Supervision Required
- Lots of Fun
- High Maintenance or Supplies
- Personal Results Generated
- Kids Explore on Their Own
- Best of Big Kids
- Reading Required

Safety Drug In order to reduce costs for consultant travel and meeting time, a calendar was developed by Memorial staff and Kennedy staff that would allow for some on-site meeting time and video conferencing meeting time. This arrangement meant significant cost savings to Memorial. However, there is great value to

meeting in-person; this is where a trusting and creative partnership grows. According to Diane Stover, Project Coordinator, "Interactive video meetings allow for great nuts and bolts discussions without the travel hassles. It is easy to review documents and checklists this way and still have the ability to negotiate real time. But, face-to-face meetings should not be underestimated, a trusting relationship is important to the success of the project."

Fund Development

At this point in the project, most of Memorial's fund development activity had centered around the major donors who were considered prospects for becoming the "first investors" who would provide the capital necessary to construct the creative, "fun" parts of the center. Those who came aboard in that role later became known as "Founding Partners."

Those who committed during the first year, before there were any drawings, any articulated educational goals and evaluation techniques or even a facility name, had the largest leap of faith to make. Clearly, Memorial had to ignite their imaginations and interest, using little more than verbalizations of their vision. Given that Memorial was still far away from any degree of clarity, this was a communication skills challenge. However, the focus groups and committee meetings provided information to do just that. Here are some of the phrases used to get the message across to potential donors:

1. "Our vision is of raising up the smartest, the strongest, the most capable generation ever."
2. "...engaging young minds, in their most formative years, in discovering the miracle that is their life, and developing a basis for making those important decisions about how to live it well."
3. "Bringing together the power of two major advances in recent years: first, our understanding of how young minds learn, and second, interactive learning technology. Bring them together to focus in new ways on the subject of health education."
4. "...creating a new kind of learning environment, specifically designed for children and young families."
5. "...unleashing the magical energy that comes from a 'turned-on' kid."
6. "...a national prototype that could be replicated in dozens of communities."

The potential donors that Memorial talked to seemed to understand the concept even before it had much clarity, and were very excited about it. While not every prospect came on board, and others took considerable time in coming to a favorable decision, it never seemed like a difficult process. Nothing generates energy like a great idea; and this was clearly seen as a great idea by virtually anyone who saw it. Memorial found that donors - the best ones - are moved when touched by a great idea that brings them a sense of hope and daring: hope that they will be able to truly make a difference and daring to do it in ways that no one has tried before. This project fit both of those criteria.

The most important initial step was developing a structure for donor/member opportunities. The need for considerable capital dollars made it easy to figure out where to start.

The classifications for various kinds of financial support evolved early:

Founding Partner

These gifts would be 6-digit gifts for capital to create exhibit floor components, classrooms, and resource center - the 'fun' parts of the museum. As individual design components began to emerge, Memorial imagined that there would ultimately be eight to nine of these donors. Knowing that these would have to be real risk-takers who would have to put great trust in us, probably before there was much in the way of tangible product, they derived the recognition concept of Founding Partner. Founding Partners would be the only donors to whom there would be any expressed commitment for permanent recognition at the facility.

Corporate Sponsor

The corporate sponsor will provide relatively high visibility and support for programming. They may come in the form of sponsoring a particular program, a particular curriculum subject or series, a special event, or funding for a particular school or school system to participate. Although such support will not be limited to corporations, it is likely to attract their interest because it will offer the most visible marketing value. This support is also more likely to change and seek special audiences or markets over time. As in all cases, designing the support to suit the unique needs of the donor or sponsor will be an important part of consistently bringing this category of support along. The active promotion of this category did not begin until three months before opening. This audience would need more

tangible evidence, such as a visit to an actual facility.

Corporate Membership

In order to attract these prospects Memorial will need to actively listen to find the right package design for their support. Some may want only a discounted group membership for their employees. Others may be looking for community volunteer programs, private event privileges, or some other cross-benefits that connect their other relationships with Memorial.

Family Membership

It was decided fairly early, given the core purpose of the facility, that the best way to bring individuals and families into the ring of support would be as members. Although there are remarkable individuals and families among the other categories, the typical family is sought primarily as active user of the facility and the various resources it represents.

In most cases, the major donor process requires a "moves management" approach, which is more about asking questions and listening well, then it is about making "sales pitches." For most of the out-of-town prospects Memorial relied on individually crafted correspondence to present the case statement. These were always followed by telephone conversations and personal visits. Reg Wagle, Memorial Health Foundation believes that, "The main difference is that for this project we have license to approach a variety of out-of-town donors that we could not approach for more traditional hospital or healthcare projects."

The leadership, those who were doing the asking, used very little in the way of "presentation tools." At the time they were needed, early in the conceptual phase, the tools did not exist. Ideas were continually evolving, so any printed or media material risked being immediately outdated and would age very quickly. Therefore, Memorial decided that investing big money in very professional-looking media would be a waste of funds.

Communication materials were starting to become an important part of the project, not just from a fund-raising standpoint but as a way to generate excitement and greater community support for the project. Memorial was at another critical juncture. The center was still being referred to as Healthy Living Land, the working title. Before investing time, money and personnel in promotional materials, Memorial needed to present the community with a firm public identity.

Watching Where We're Going

Early in 1998, after two lengthy meetings, several telephone discussions, and extensive data review, the Kennedy design team was ready to develop a first draft of a facility layout. At the first full committee meeting, held February 17, 1998, the Kennedy design team presented their Concept Plan Report. The Concept Plan Report was the first work product submitted in the process of exhibit design for Healthy Living Land. The purpose of the Concept Plan was to provide a solid foundation upon which subsequent phases of work will be built. This report laid the groundwork for design decisions to be made in the months ahead.

According to Jeff Kennedy Associates, "Conceptual Planning is not a phase in which decisions need to be made about the inclusion or exclusion of individual exhibit components or where every included component should be located. These important decisions are more appropriately made after agreement has been reached about the direction set forth in the Concept Plan." A separate document, Exhibit Components Under Consideration, was submitted along with the Plan to give readers a feeling for the kinds of activities and experiences being discussed for each exhibit area.

Jeff Kennedy and Greg Sprick provided insights, based on past research, into the value of possible exhibits. The proposal also moved that this was the stage at which the overarching theme for Healthy Living Land needed to be established. This decision would allow for the creation of all the elements of this new learning environment, from entryway to classroom to exhibit floor, with a single coherent theme. In this way, the facility would maximize the impact of its message. Memorial made the decision to move forward with "Choices and Consequences", stressing to children that the choices that they make today impact their health tomorrow.

In late February Diane Stover, Project Coordinator, made contact with Dana Blackwell of Kidfacts Research. Kidfacts Research researches the attitudes and opinions of children, youth, teens and their parents on a variety of subjects. In this case, Memorial sought their expertise for the purpose of refining a "kid-friendly" name for the museum and potentially gathering reaction on potential exhibits. In early March 1998, a list of approximately 30 names was forwarded to Kidfacts so they could begin their planning and approach. By

mid-March Kidfacts returned a proposal that included four separate focus groups encompassing male and female 3rd through 6th graders. These groups were convened in late April and included some thirty children. The naming process was a lengthy process involving legal, promotional and community concerns. In the end, Memorial would choose HealthWorks! Kids' Museum for the new facility.

Although the word "museum" was not the best and fullest description of HealthWorks! (the right word didn't exist yet in the English language), it was an acceptable compromise that gave those prospective participants in the process some base of identity to refer to. Once open, the word "museum" would be dropped from the identity.

Schematic Design and Development

During the prior stage, Concept Plan Reporting, the advisory committees used JKA's strategy, which considered the following in their review:

- understanding the difference between experiences appropriate for classrooms and the exhibit floor;
- setting overall goals for exhibits;
- defining the basic conceptual models for the exhibit experience;
- identifying major thematic zones;
- creating the basic approach to exhibit organization and presentation;
- establishing criteria for evaluating "big ticket" items under consideration.

All of the physical elements of the facility were developed from the curriculum that would be taught there later. The time spent on site visits and research for exhibits and classroom props was more than equaled by the time spent investigating what the children needed to learn.

The process of curriculum development utilized a variety of approaches and tools. Not only did Memorial look back to the information it had gathered from the educators and learning experts during its focus groups, but to curricula used by other centers and several state education models. The logic engaged is that classroom teachers would be drawn to those field trip activities which best promote increased proficiencies.

Key Points of Selected Health Education Curriculums

Indiana Proficiency Guidelines, Michigan Model, Meeks-Heit's Totally Awesome Health:

1. Growth and Development
2. Family Life
3. Personal Health
4. Mental & Emotional Health
5. Nutrition
6. Substance Abuse
7. Communicable & Chronic Diseases
8. Consumer & Community Health
9. Injury Prevention & Safety
10. Environmental Health

JFK Health World (class groupings):

1. General Health
2. Substance Abuse Education
3. Family Life Education
4. Nutrition
5. Safety/ First Aid
6. Mental Health
7. Environmental Health

Ruth Lilly Center for Health Education (class groupings):

1. General health
2. Drug Education
3. Nutrition
4. Fitness
5. Human Growth & Development

Throughout the summer of 1998 Reach and Teach Action Group (RTAG), a smaller sub-group of the Reach and Teach committee, focused their energies on the development of the educational and curricular goals for HealthWorks!. With the aid of their research and after much discussion, RTAG was able to put forth their vision of the museum's educational purpose and a list of educational goals. These goals provided much of the foundation upon which HealthWorks! would be built. According to Jeanne Strickland, Project Educational Consultant, "While the Experiential Goals drafted in '97 and the Educational Goals for Kids were conceived well before the museum even had a name, they were and still are a guiding value statement..."

The group also presented their outline for an opening day curriculum to include: The Human Body (Inside Out), Personal Health (Healthy Me!), and Injury Prevention/Safety (Danger Zone).

Facility Goals

Educational Goals:

1. To help children understand that their individual actions have real consequences for their own health.
2. To increase children's appreciation of the wonder & complexity of the human body & emphasize that everyone is unique and that no matter what our personal abilities are, our bodies, intelligence & senses are spectacular and awe-inspiring.
3. To promote a holistic view of health that acknowledges the interplay of physical, emotional & spiritual aspects of healthy living.
4. That school groups will have a choice of five classroom programs on opening day.
5. Specific educational goals of the content areas & programs should be developed by Center teaching staff at a later date.

Experiential Goals:

1. Promote self-realization & self-potential by enabling young people to be in control of their own learning experience.
2. Prompt dialogue between young people, their peers, teachers & families.
3. Relate to school curricula & provide a base from which the teacher can expand.
4. Respect the strong emotions that health-related issues may engender for many families.
5. Inspire children to extend their learning beyond this experience, and suggest resources to facilitate self-guided explorations

Every child's visit will:

1. ...elicit emotion to assure that the child engages fully in the individual messages as well as the overall experience.
2. ...foster curiosity, optimism, exploration & self confidence.
3. ...follow them home, in the form of new questions & behaviors, thereby stimulating new discussions & other interactions with parents & other family members.
4. ...be fun and exciting enough that they will want to return & bring family & friends along.
5. ...be remembered as a success.

In addition, the Imagineers Committee agreed to three things they never wanted to hear a child say after a visit to HealthWorks!: 1) I don't get it?, 2) that was stupid, and, 3) I'm never going back there again.

Memorial then turned the focus to the Schematic Design Development stage. The Schematic Design Report focused on the development of a preliminary floor plan, establishing the location, size and adjacencies of the center's thematic zones and a listing of each exhibit. Exhibits in the Schematic drew from a variety of children's museums across the country as well as Ontario, Canada.

On August 11, 1998, Jeff Kennedy Associates (JKA) presented Memorial with an Exhibit Component List which was discussed via video conference. Kennedy Associates divided the exhibits into three main thematic zones: The Human Body (body "testing, anatomy, physiology); The Senses (sight, smell, touch, taste, hearing); The Mind (cognitive thinking, perception, memory). The items on the list drew from several sources, including the direction of RTAG and Kennedy's own research and experience. As in previous documents, JKA carefully outlined

exhibits, listing subject matter and a description of the activity in which visitors would participate. Memorial's next task was to evaluate the proposed exhibition components using the newly formed facility goals as benchmarks.

Where Memorial's initial question had been: "What do elementary-aged children in our community need to learn about health?" The new question became, "How will elementary-aged children in our community learn what they need to know?" Jeff Kennedy noted, "Together, the Center's programs and exhibits can give children the information they need to make healthy choices and the feeling that their actions count"

Exhibit Analysis and Considerations

There are many factors that can influence exhibit decisions and they need to be done with careful consideration to your potential audience. Nothing can be assumed when you are making the choices that will spend the largest portions of your capital budget. For example, you should not assume that every child has access to even the most basic computer system. While it is true that many have video game systems and Internet access at home, in specific areas in Indiana (with significant Amish populations), some visitors may never have even used a computer before. In contrast, for the students who are actively using media technology, the challenge becomes meeting their level of sophistication.

Memorial also carefully considered the emotional situations in which their young visitors would find themselves. Initial exhibit concepts, presented by the designers, set up an area much like a "R&D Lab" for Nike or an astronaut training camp. While this concept would certainly provide a fun and creative atmosphere, which is what they hoped to generate, many members of the Reach and Teach committee voiced concerns about the competitiveness of the environment. One of the facility's aims was give children an equal opportunity to learn about healthy choices and consequences. Therefore, it would have been ill advised to set-up interactive exhibits that would potentially discriminate against heavier, less athletic or handicapped individuals.

After a visit to The Health Center of Wisconsin in Milwaukee, Kathy Jackson, a Memorial project consultant noted, "One reason that I think it was so impressive (was) they didn't have hi-tech exhibits...I don't even know that they had a lot of exhibits that relied on electricity or computers but what they had was phenomenal hands-on interactive stuff...[their team] decided first what they wanted to teach and then they went to the designer and said we want to teach this what can we build to get the message across?"

Exhibit construction and development can be very expensive. Often times the most simple items can be deceptively costly to create. When creating 'The Mind Works' Main Brain Theater facade, some committee members questioned the expense of building the eyeballs. The plan was that the pupils of the eyes would actually change colors during the course of a normal visit. The planners needed to understand that safety, electrical and design concerns contributed to making elements of the exhibit floor fairly sophisticated pieces of equipment. However, just because an item is expensive or computer driven, does not mean it will best fulfill your needs. Some museum's have used items as basic as tennis balls, plumber's tubing and lengths of rope to illustrate various body mechanisms. This requires significant creativity and motivation. The ideal situation is to be able to blend all different kinds of experiences for the students' visit.

Planners also reviewed information and gathered experiences by observing other museums. One of the site visit museums featured an extremely popular "sensory deprivation" exhibit. Students entered a "dark crawl" tube and encountered a variety of tactile materials inside. When Memorial began internal evaluations on a similar exhibit a variety of concerns arose which they considered potentially problematic. Due to the exhibit's popularity the line was quite long; some children had adverse reactions to the darkness once inside; it was impossible for adult chaperones to control the tubes internal traffic flow; and, to protect the exhibit and the students, shoes were removed before entering the tube, resulting in confusion when younger children went to retrieve them. Memorial decided not to pursue a similar exhibit because of the issues outlined above. This was not because they felt it did not offer some positive benefits, but because they did not have solutions to the problems they perceived.

The Reach and Teach committee sought to maximize the amount of "real materials"- items like preserved specimens of lungs, brains and actual x-rays. While the fun and excitement of HealthWorks! was vitally important, of equal importance was enabling students access to models, props and "real-life" materials that their schools might not be able to provide. In addition, Memorial did not want to duplicate exhibit items or activities that were available through other museums or facilities within the community. Memorial wanted to present new and exciting exhibit props and avoid children feeling like they see and do the same things during every field trip. According to Jeff Kennedy, "Kids will want to do their favorite things over and over again, and do the things they did not get around to trying before. As children get older and develop, different elements will appeal to them and old favorites will be experienced in new ways."

Another issue that impacted the Reach and Teach committee's decisions was the limited space available in

the facility. Memorial had 12,000 square feet which they wanted to use efficiently and maximize its potential. Again, in this space they wanted to include a theater, offices, two classrooms, a resource center, reception area, adequate storage and restroom facilities and an exhibit floor that would be open and dynamic.

JKA's research about what kids do and do not like was presented to the committee in the Concept Plan Report and throughout the review process. In addition, the committee learned about the different types of exhibits and the effects they have on children, this included the following:

Exhibits are Free-Choice Learning Environments

Unlike classes, videos and books, exhibits are non-linear and are presented in a "free-choice" learning environment. Children are free to make their own choices about how to spend their time here. This means that exhibits which are less engaging and less interactive (i.e. rely heavily on text) are bypassed.

Exhibits Can Tap Into Many Modes of Learning

Hands-on exhibits provide an excellent platform for tapping into the variety of ways in which children learn. Exhibits proposed for inclusion engage all the senses, include full body experience and span intellectual (cognitive) and emotional (affective) learning.

Exhibits Provide Opportunities to See the Real Thing

Exhibits which show "the real thing" make strong impressions on children. Whether handling a real bone, comparing healthy and smoke-damaged lung specimens or examining a preserved human heart, seeing the real thing provides a level of knowledge and experience that books and videos or computers cannot.

Exhibits Can Affect Attitudes

Research shows that exhibits have a powerful influence on children's attitudes about a particular subject. The underlying philosophy for the center's exhibits is that highly engaging, hands-on exhibits communicate this message to children: "healthy must really be important for me to know about, because someone built this really great place especially for kids." Getting "health" on children's radar screens as something that is interesting and important is a critical step on shaping a lifelong positive attitude toward health.

One of Memorial's goals was to create fluidity throughout the center. RTAG emphasized the need for this integration to encompass everything including: pre-visit activities, exhibit areas, classrooms, the resource center, and even the post-visit. In addition, while maintaining respect for the physical, emotional and environmental differences of the visitors, exhibits needed to forward the primary educational goal of HealthWorks! Kids' Museum: "To engage children in discovering and embarking upon lifelong journeys of healthy living."

Classroom Analysis and Considerations

In order to achieve HealthWorks!'s mission, "to engage children in discovering and embarking upon lifelong journeys of healthy living," they needed to put a great deal of activity into a small amount of space. While the interactive exhibits of the museum floor would surely touch all the visitors on some level, it might not completely drive the healthy living message home. Early in the planning process research showed that a combination of free-space and structured activity areas yielded the best results. Therefore, Memorial decided to incorporate two classroom spaces in the HealthWorks! floor plan.

What made their approach unique is that while many facilities have some type of classroom or lecture area, not all of them are intrinsically linked to the students' exhibit floor experience. The HealthWorks! classrooms would serve as "home base" for children during their visits; but it is the skillful integration of one-on-one interactive learning on the exhibit floor with the facilitated group learning interactions in the "classroom" that will be likely to achieve new kinds of successes at HealthWorks!.

Memorial wanted to be sure to equip its education staff with the best tools possible. To do this, they reached back to some of the initial lessons that they learned in early focus groups. What do teachers in the community need? What do some schools lack in the way of health education materials? What can we offer students in our classrooms that will enable them to walk away stronger and more knowledgeable? The challenge in the classrooms was to continue the "wow" impact of the exhibit floor while providing a flexible space for the visitor to better process and assimilate all the important information.

Teacher feedback indicated that while information and teaching approaches could be acquired in

magazines, at conferences and over the Internet, many schools did not have access to usable interactive models and other 3-dimensional tools. This is particularly true in the lower elementary classrooms where monies for items like age-appropriate anatomical diagrams were simply not available.

By mid-May of 1998 the Reach and Teach committee imagined and proposed classrooms that housed a projection system equipped to handle new technology as it became available, video macro- and micro-scopes, poster friendly wall covering, computer and electrical hook-up availability throughout the room and lots of flat floor space for group activities and large props. Distance learning technology, interactive audience response systems and chroma-key technology were also included among the imagined resources. Displays and props included torso models for older students, Claudia's Kids models for young visitors, a light-up nervous system, models of eye, ear, jaw, lung, teeth and full and child-size skeletons. Accurate realistic models were vital in light of the fact that preserved specimens of many of these items would be on display on the exhibit floor.

Memorial was extremely deliberate in establishing connectivity between the museum's exhibit floor and its classrooms. Reach and Teach wanted to be sure they were choosing elements that were interchangeable, flexible, generic and adaptable to all potential audiences. The classroom itself was being built in this manner, leaving room for its use by adult classes from other components of Leighton HealthPlex and community organizations in the evening hours.

Memorial gathered information from other children's museums and health centers regarding the use of props in their classroom sessions. Some, like Byrnes Health Education Center in York, Pennsylvania, used some low cost and readily available items in presentations. These included: tennis balls that could be squeezed to illustrate the force of a heart pumping; oyster crackers that the students place on their tongues to show how saliva breaks them down; and, pieces of PVC pipe filled with clay to illustrate the affects of plaque on circulatory systems. Other items, like a 911/Anger Display and Game Show Buzzer Stands were available from specialized design/display companies, at sometimes exorbitant costs.

Another way of equipping the audience with information and material about healthy choices/ healthy consequences was with a planned on-site resource center. Memorial's planning team began gathering information on Longe Life Libraries, located just outside of Chicago. Founded in 1986, Longe Life provides guidance in the conceptual, physical, operational and management design for health-based resource centers. By creating a "library" of this nature within HealthWorks!, they would be able to further integrate and expand the visitors' experience from classroom to exhibit floor and back into the community with up-to-date health, medical and healthy lifestyle materials. For example, if a child was scheduled for surgery and was fearful. His or her parents could bring them to HealthWorks! "Brain Forest" library to learn more about the affected part of the body. This could help the child better understand the surgery and what will be happening to them and help to allay his/her fears.

The "Brain Forest" has grown into a concept that may be duplicated within the school system. Memorial is currently working on a "Brain Forest" prototype at Stanley Clark School, a local private school. It is Memorial's hope that a design process will be underway by 2000 and the resource center would be ready for the fall 2001 school year. This is one example of the many "works in progress" that have originated throughout the process of building HealthWorks!

Memorial had many decisions to make while planning the on-site resource library. In order to develop the best possible resource library they had to ask and answer several important questions. Would the facility be a lending entity? Would they link themselves to the local library circulation system? How would individuals utilize the facility? Would they come in and select materials themselves or submit request forms?

Memorial was also very conscious of the time and money it took to outfit areas of HealthWorks! in a dynamic and creative fashion. A room with traditional library shelves and carrel seating would be out of place. Memorial decided to draw inspiration from the nature theme being utilized in other areas of the HealthPlex. Computer stations would be housed in faux tree trunks. A wall of the resource center would contain a large working aquarium. A colorful nature mural will surround the entire resource center. The mural artists used cloth and other tactile materials to engage kids in both a visual and sensory experience. The artwork is a wonderful example of interactivity between kids and their environment.

After careful and intensive analysis of the materials presented in the Schematic Design Report, on October 1, 1998, the Reach and Teach committee recommended a restructuring of the HealthWorks! Kids' Museum' exhibit floor to Jeff Kennedy Associates. In the plan, exhibits would be divided into three main areas: "MindWorks!" (senses, memory, cognitive ability, creativity), "BodyWorks!" (before referred to as the Human Body area) and "You Are Unique"(which later became known as "All About Me!"). This would be the basis for the next step in the development process, the Design Development stage.

Design Development

On February 22, 1999 Jeff Kennedy Associates presented Memorial with the Design Development Report. Where the Concept Plan of early 1998 created the philosophical framework of HealthWorks! Kids' Museum, and the Schematic Design report created a preliminary floor plan, the task of the Design Development Report was to create the museum's "look and feel". The Design Development Report provided Memorial with exhibit drawings, descriptions and outlines of what each provided in the way of visual, sensory and educational content.

Contractor Bidding & Selection Process

The educational and experiential goals created by the Reach and Teach committee served as a benchmark for exhibits approval. By early March, 1999, Reach and Teach outlined which exhibits would be removed, which needed to become more interactive and several exhibits that raised questions about educational impact. For example, a proposed sensory exhibit using hot and cold pipes was questioned with regards to the safety/injury prevention message it sent to young children.

After Memorial made its recommendations for changes to the Design Development Report to JKA, they were ready to begin to actually build the facility. The first step was to gather information about subcontractors, fabricators and other who would turn the concepts and designs into actual exhibits. Memorial's team would grow even larger with the addition of many contractors and sub-contractors.

The bidding process for HealthWorks! was directed by Jeff Kennedy Associates, Inc. (JKA), and overseen by Memorial project leadership. JKA followed the bidding process recommended by American Institute of Architects (AIA). JKA prepared a set of construction drawings, exhibit descriptions and graphic panel schedules, which are all currently owned by Memorial Health System. These were combined with a set of AIA forms that JKA completed. The AIA forms included a set of "General Conditions" that JKA modified slightly to make work for exhibit fabrication and a set of "Supplementary General Conditions" that Memorial included with all the building contracts. According to Greg Sprick, JKA Inc., "There are dozens of firms in the US that can do this work. A very fair and comprehensive list of fabricators is available from ASTC, AYM and AAM.."

HealthWorks! bid several elements of the project. Exhibits, signage, any lighting external to exhibits and installation were bid as a single lump sum contract. Room lighting, networking and electrical distribution were part of the base building. JKA created the bid specification documents which were very complicated and included four books and a set of drawings. JKA pre-selected bidders for this project based on past performance and experience; availability of space in their shops; past jobs and references. This kind of work is extremely "tricky" to do and must be done by bidders who have the expertise and experience.

The bidding process is of vital importance to the project. The "up-front" job of cost estimating is critical to the long term success of a construction project. JKA admits that they should have done a better job of cost estimating "up-front." Exhibit fabrication has gone up about 50% in the past four years. JKA was caught off-guard by the high price of all the bids and then had to significantly reduce the scope of the project to stay within budget. Hiring a fabricator (not one of the selected bidders) or estimator to perform a reliable cost estimate would be a good idea for a project of this magnitude. It may cost up-front but in the long run it may end up saving valuable time and money.

Greg Sprick from JKA remarked that, "GED really wanted to do this job that really helped move the contract negotiations along smoothly." JKA selected General Exhibit and Display (GED) for the single lump sum contract for exhibits, signage, lighting external to exhibits and installation contractor. The contract negotiation went smoothly because JKA was flexible in meeting the target budget and was able to work with GED to reach that number.

Subsequent issues can cause the fabrication process to slow down, costs to increase and delivery to be impacted.

Contractors & Fabricators

Any organization that has built a facility, or individual who has so much as remodeled a kitchen, understands the importance of reliable and experienced contractors. In creating HealthWorks!, Memorial was

doing something much more complex than installing a new counter top. In fact, Memorial was creating something that had never been tried before. All the more reason to have the best, most competent team of professionals and contractors. It was vital to the process that they work through the construction aspects of the project as quickly and efficiently as possible.

Memorial had introduced the community to the fact that they were creating a new kind of children's health learning center and many were anxious for them to open the doors. The physical act of building this facility was as delicate as it was crucial. Delicate in that they had spent so much time envisioning what this place would be that any shortfalls in its translation to reality would be heartbreaking; crucial in that they had managed to create a public "buzz" for the project and didn't want to lose momentum. There are no quick formulas for construction, the unexpected should be expected.

As several illustrations in previous chapters have shown, elements of the design floor which seemed very simple at times posed complicated questions. Considerations for items like lighting, sound, phone and modem lines and bathroom fixtures also needed to be addressed. The need for a strong project manager and clear, consistent communication between designers, architects and contractors can not be stressed enough. For example, Jeff Kennedy Associates, the design team, needed to be sure that Urban Design, the construction crew, was installing child size equipment in the bathroom facilities. In light of the total project size and the focus on the "fun" aspects of the museum, a detail like this could have been lost in the shuffle without an effective project manager and a responsible design firm.

Memorial needed the expertise of a variety of "builders"- software developers, sound engineers, plumbers, and graphic and interior designers, to name a few. For example, in creating the Skin Crawl Wall climbing exhibit, General Exhibits and Display (GED) was responsible for remodeling a basic climbing wall into a magnified square of human skin. They did not, however, have the expertise to build the wall itself. The construction company handling the building of the interior walls was not able to either, as a safely engineered climbing wall has very specific and precise parameters. GED had to hire The Climber's Edge, a company who's business is specifically the building of this kind of wall, as a sub-contractor. What would have appeared to be a quick and easy exhibit on the outset required a great deal of coordination to execute.

Coordination became a key element in the building of HealthWorks!, particularly because it was created in a building which was itself under construction. Memorial was deliberate in crafting contracts with their service providers which specified exact delivery dates. The careful manner in which they linked the delivery dates to one another were critical to the construction schedule. Any late deliveries or absent exhibits would cause a domino effect.

Memorial once again found itself facing a learning curve. This is one of the risks of working "outside the box." In the creation of the All About Me! survey/stat stations they discovered an entire world of complicated software questions. At the outset, they thought they were doing something quite simple, specifically, creating a software package for their own use and potential sale to others interested in creating a children's health center. What they did not expect were the variety of implications this would have. Their system would be built on a platform that they did not own. Did they have the right to sell it? Would selling the package to other museums in some ways obligate the software designers to new clients? Would they be able to serve additional customers? Would they even want to work with clients Memorial had generated and approved? What if they sold the exhibit to another museum and it broke down or there were installation problems? Who would be responsible? The process of creating the All About Me! exhibit provides an excellent model of the process of selecting contractors and designers.

There are many values to entering a project from the outside. In Memorial's case, an institution whose primary concern was running a medical institution was now working to create an interactive children's center. Memorial, and its supporting committees, were energized by the challenges of this new project. Design firms and fabricators, however, at times had difficulty in understanding the vision. For example, when they asked for an innovative library space, designers (who perceived Memorial as conservative hospital administrators) produced sketches with linear glass shelves that looked like any other boring library room. Memorial had something entirely different and creative in mind which included faux tree trunks to house books, resource materials and computer equipment.

In early April, 1999 the team began discussions with Fablevision, the company who would be creating the kiosk software for the "All About Me!" zone of the exhibit floor. Fablevision had previously developed Story Station, where visitors had answers to a specific question videotaped. For example, while at the kiosk a child would be asked by the voice in the computer monitor to talk about an experience they had with weather. Their answers would be video taped. Participants were then able to review, re-tape or edit their answer before selecting the "Done" or save option. At this point the saved answer became part of the exhibit. Teachers could also request

a copy of a videotape compilation of their students' answers to continue the exhibit experience back in the classroom. Finally, Story Station was equipped to allow students to export their answers on the Internet allowing visitors to share their experience with family and friends from home. The system seemed almost tailor made to Memorial's vision of creating a personalized record of each child's visit.

Memorial was completely taken aback when Fablevision began describing their own three sphere model (for evaluation design)- a model virtually identical to Memorial's own. These spheres were an illustration of the interactions between child (while in the museum), parents and teachers and the wider community. Kathy Jackson remembered, "The first time we spoke with Fablevision, Reg Wagle and I looked at each other and we're thinking, 'They've seen our stuff!'. We knew right away they were talking about what we were talking about, connecting the experience at the museum with the school and home. The hour [we have with visitors] wouldn't by itself make that big a difference in their life; but if we connect that, keep the experience going back into the classroom or back into the home, then we could have a much greater impact."

Memorial envisioned stat stations for "All About Me!" that would have visitors answering set questions regarding their own physical characteristics, as well as questions specifically geared to the current curricular lesson being offered. The students would then be given a graphic representation of their profile, complete with picture, that they could carry out with them, back to school, and eventually back home. The system would also compile results from the entire class or group into data helpful to the group learning in the classroom and also back to their own teachers and school. Finally, it would provide core data for the HealthWorks! evaluation protocols. This database would also allow the individual visitors' profile to grow with every return visit to HealthWorks! Kids' Museum. The "All About Me!" concept accomplishes the following: 1) to provide a infrastructure for integrating the exhibit floor experience with the classroom experience; 2) provide a personalized "take-home" extension of the HealthWorks! experience; and, 3) provide some core data for the evaluation processes.

The research and selection process and subsequent management of each contractor and sub-contractor is very important to the success of any project. The decisions you make here will impact the project from its start and throughout its life. A low bid is only useful if the work produced meets specifications and cost considerations. Be sure to make these decisions carefully.

Evaluation Design and Development

Memorial wanted the dialogue between HealthWorks! and the Michiana region to be ongoing. This would help them determine if HealthWorks!, the latest addition to the work of "creating healthier communities," would have the same positive impact as other programs. The decision to document this interchange precipitated the evolution of an innovative concept in the construction of evaluation tools for museums and learning centers.

Memorial discovered, through research and conversations with museum professionals, that the HealthWorks! approach to evaluation was quite unique. There was no record of any organization designing a facility, developing a curriculum and programming, and launching a new initiative with built-in evaluation at the front-end. Evaluation has always been thought of, generally speaking as a "retrofit." In this way Memorial, once again, benefitted from thinking "outside the box." For both the medical and the foundation worlds, ongoing evaluation and information tracking are the norm. Memorial now needed to determine how to best implement processes and practices they knew in an arena they were just discovering. According to Reg Wagle, Memorial Health Foundation, "When we attended conferences for health educators and museum staffs we were amazed that they were just beginning very basic discussions of the evaluation of their effectiveness in changing their own communities. Many of those museums have been in operation for decades."

The Evaluation Design Team came together in Fall of 1998 to discuss how to go beyond kids (at the museum) to the people who are their primary teachers and role models, and to systems that intersect with kids in the many facets of their living. The overlapping of child, family, school, community, and museum would form a major component of the evaluation design. For their purposes, the group developed a three sphere model as a graphic illustration of the concept.

Sphere One - KIDS

Sphere Two - HOME & SCHOOL

Sphere Three - THE WIDER COMMUNITY

Memorial saw kids at the core, the primary reason for HealthWorks!. They are the voice at the center of

Memorial's evaluation. As Memorial moved out from that core they saw the sphere of families and teachers (the two primary learning systems that engage a child) who live beside children and are their mentors. That sphere seemed essential in the teaching, integration, modeling and living experience of children. A third sphere was the subsystems that make up the wider community. Memorial's focus in this sphere was upon organizations within the community that work to create frameworks, experiences and resources for children and families. These spheres do not exist one inside the other, like the layers of an onion, but rather in overlapping fashion, like interlocking rings. At the juncture where the three connected is HealthWorks!, a place "owned" by all. Dr. Dennis W. Rudy, Ph.D., Indiana State University South Bend believes that, "This will require collaboration with a number of community agencies also interested in the long-term quality of life of the people of the region, such as local school corporations, private educational institutions, employers, social service agencies and other community resources."

The process of listening to the people who make up the three spheres had begun well before Memorial had any notions of how they might go about an evaluation. They knew that HealthWorks! Kids' Museum needed to be "measured" by what mattered most to those who would visit, network with and learn from it. This idea of measuring what matters most became a slogan for the Evaluation Design Team: "We measure what we value. We value what we measure." Particularly in a situation like HealthWorks! where a great deal of data could be generated in a short period of time, deciding what results would measure the museum's success or shortfalls would be crucial.

Memorial started its process of evaluation discussions where many of the conversations regarding HealthWorks! began. They asked themselves, "What is it that this new facility has to offer the community?" Using the sphere model as their guide they developed the following:
CONNECTING COMMUNITY AND EVALUATION

SPHERE ONE- KIDS AT HEALTHWORKS!

Evaluate:

1. Cognitive Learning
2. Changes in Attitudes
3. Changes in Behavior

SPHERE TWO- PARENTS

Look for evidence that:

1. Messages went home
2. Dialogue happened
3. Child engaged others
4. "Extensions" were shared
5. Brought others to HealthWorks!
6. Parents told other parents

SPHERE TWO- TEACHERS

An 8-year old come homes from a HealthWorks! experience, thinking he had just had lots of fun, in a group session using a 30 foot rope to learn about the digestive system. That evening at the dinner table, with a large group of extended family, midway through the meal, he launches into an extended "lecture" on the digestive system in which he names and describes the functions of each of the 6 major organs involved in processing the food they are all eating.

This story is an "artifact" - evidence that cognitive learning occurred for the 8-year old; and it is evidence, as well, that a "transfer" to one of the two primary learning systems in his life, his family, has occurred. This is an example of the "mixed method" evaluation protocol vital to HealthWorks! success.

When a child has been part of a school visit to HW! does he or she go home excited, and committed to getting other family members, neighbors, or groups to come back to HW! another time? Here we track evidence that the child is "turned-on" about his or her health (changed attitude) and we have evidence that the other spheres have likewise been impacted. Look for evidence of:

1. Direct teacher feedback
2. New classroom activities
3. Teacher "word of mouth"
4. Use of HealthWorks! extensions

5. Administrative support
6. Parent Teacher Organization support and involvement
7. Teacher training and continuing education
8. Higher education linkages

SPHERE THREE- WIDER COMMUNITY

Seek evidence of:

1. Diversity of organizations using HealthWorks!
2. Private sector ownership
3. Demographics of attendance
4. Satisfaction survey
5. Volume of suggestions and program recommendations
6. Replication of HealthWorks!
7. Vitality of HealthWorks! network

Evaluating something like healthy attitudes is never easy. Opinions can change on a daily basis, particularly in a society that receives so many conflicting messages regarding nutrition, exercise and lifestyle. The evaluation of HealthWorks! success needed to be looked at in both short term and long term ways. Memorial was advised to not even consider long term evaluation until they were three or four years into daily operations.

Memorial viewed short term evaluation as important early because it would allow them to gauge reaction to their start-up status. Were their exhibits functioning properly? Did their community feel welcome? Were their classroom presentations stimulating the children's interest? Short term evaluation can utilize a variety of mechanisms ranging from general observation to surveys taken after the students have returned to their schools, compilation of answers in the All About Me! kiosks to the amount of soap being used in the restrooms.

In August of 1998, Dr. Dennis W. Rudy, Ph.D. at Indiana University South Bend, submitted his Evaluation Proposal for HealthWorks!. The proposal drew information and evaluation techniques from a variety of sources, including the Program Evaluation Standards put forth by the American Evaluation Association. It also outlined time lines for the Formative Evaluation and for the Summative Evaluation.

The Formative Evaluation would occur in five phases, in one-year increments, during the five years following the opening of HealthWorks!. The Summative Evaluation would be done in two phases, one at the end of year two, the other at the end of year five. All of evaluation would be done by a team of professionals and reported to a variety of stakeholders and constituencies.

Children have always been the central focus of HealthWorks! Kids' Museum. However, the role they would play in the evolution of the institution itself was a subject of constant analysis and one of the topics at a "National Evaluators Summit" called together by Memorial on September 22, 1999 in Indianapolis. Barry Cohen of Rainbow Research cautioned Summit participants not to forget that relationships with children are 'reciprocal.' During their visit, children would facilitate the learning of others as well as themselves. Thirteen individuals gathered at the Summit, representing Memorial Hospital HealthWorks! Kids' Museum, Volunteer Hospitals of America, Indiana Youth Institute, IUSB, Rainbow Research, Ruth Lilly Health Education Center, Search Institute, and the Children's Hospital & Health System of San Diego. They discussed and explored evaluation possibilities for HealthWorks! Kids' Museum. Dr. Rudy presented his proposal and asked the group to provide input and suggestions.

The results of the evaluation would make it easier for the museum's director and staff to know what works and what doesn't work; what kids like and don't like about the museum; what parents and teachers do and don't like; and suggestions that would make better exhibits or classroom experiences. This evaluation tool would be a helpful check and balance for museum personnel.

Members of the HealthWorks! "National Evaluators" will serve as expert advisors in years to come, much as the HealthWorks! "National Innovators."

Operational Elements

As the development of the project began to come together, so too did the operational elements. Memorial began to think about the project from a different perspective. It was no longer a concept but was quickly becoming a reality. Operational issues and questions began to surface. What would the Director of this center do? What background and professional experience would he/she need to possess? What other staff members would need to be on board? What would a visit to the museum be like from a personnel perspective? Who will do what?

Memorial realized that the vision of HealthWorks! was not simply to build and equip a floor of Memorial

Leighton HealthPlex but to create a learning environment for their community's children. Vital to this mission was the staff who would actually guide and educate the center's visitors. According to Jeanne Strickland, Educational Consultant, "We began to understand HealthWorks! as more than just a really cool place. We had begun to think of it as dynamic process."

The job descriptions for their Executive Director and Education Coordinator were as creatively crafted as the exhibit floor. The language capitalized on the "look and feel" of the museum, presenting positions that were as innovative and fun as they were important. Rather than a Director, they were looking for a Visionary Potentiator of Pumped-Up Kids. The Education Director was to be a High Flying Kid Motivator and HealthWorks! technical support would be provided by a Techno-Wizard. Plans also included two part-time technical staff members (Masterful Magician of Kid and Community Connectivity and a Keymaster of Incredible Knowledge), two visitor/clerical staff members (Whizbang WondersHost/ess & Sorcerer's Apprentice), a tech supper person (Techno-Wizard), and a talented corral-full of part-time performer-educators for the classrooms. Imagine the vibrations these new job descriptions caused in a hospital human resources department.

The job descriptions were innovative and fun and reflected the nature of the museum:

VISIONARY POTENTIATOR OF PUMPED UP KIDS (DIRECTOR)

Makes this world an exciting place for children and their families to learn and grow together. Create the educational vision, policy and structure of HealthWorks! Kids Museum. Assures that the talent pool connected to HealthWorks! is the best we can find. Provides overall supervision and is responsible for facility management, budgets and operations activities. Provides direction and education to staff and management. Enhances relations with school administrators, service organizations, business and industry. Serves as the service line manager for the HealthWorks! Kids Museum. Reports to the Vice President of Memorial Health Foundation.

ESSENTIAL FUNCTIONS: An Architect of Hope and Daring, Storyteller Guru, All-knowing Encyclopedia, Pilot of a Superbly Tuned Rocket Ride

HIGH-FLYING KID MOTIVATOR (EDUCATION DIRECTOR)

This person is responsible for generating the most incredible and unforgettable learning experiences in a young person's life. Responsible for the research, development, implementation, integration and evaluation of education programming and curriculum. Focuses on the educational needs and development of special populations, including people of all racial/ethnic origins. Recommends improvements and changes, as necessary, to meet the educational goals of HealthWorks! Kids Museum. Reports to the Director, HealthWorks! Kids Museum.

ESSENTIAL FUNCTIONS: High-powered Magic Maker, Network Navigator for Learning, Continual Learner and Teacher of Teachers, Drama Coach, Brainstem, and Planner of Staff Play.

TECHNO-WIZARD

Creates the magical special effects that enhance the wonder of a child's exploration and learning. Reports to the Director, HealthWorks! Kids Museum. Under general supervision is responsible for all audio-visual requirements including planning, designing and producing audio, visual, and audio-visual materials used for communication, information, training and learning purposes.

Essential functions: Master of Multi-Sensory Information Transmissions, Ignitor of Fun for "Turned On" Kids, Internet and Intranet Guru, Everybody's Friend.

Despite the months and years of site visits and research, Memorial was mindful of the fact that, on opening day, they would be taking their maiden voyage. In a sense, they had spent their time planning for a great experiment. The individuals placed at the helm needed to be prepared for whatever unexpected surprises the journey would hold. Memorial needed a staff that would be creative, energetic and unafraid to try new things. They also needed to be able to recognize when strategies weren't working and figure out where adjustments needed to be made.

More than anything, the HealthWorks' staff needed to have a passion for working with children and a respect for how very powerful a well-educated child is in a healthy community. In the best case scenario, they would need educators (whether they were actually traditional classroom teachers, nurses, physicians, medical

students or community members) who understood that the most important person in the facility's classrooms would be the students.

There is no formula for staffing as each community faces different challenges and has its own goals and objectives. In Memorial's case, they saw great value in empowering their educators with the ability to create unique and original programs on an ongoing basis. The Techno-Wizard needed to be able to aid the teachers by constructing new tools for their use. A decision like this is not without risk. Research offered that in-house production of audio and visual materials held a certain amount of stress, particularly as exhibit openings drew close. However, it also provided an invaluable opportunity for creating items specifically tailored to the community and their needs. Kathy Jackson believes that, "[We're starting] pretty bare bones...In talking with other people [from children's museums] they've sort of said, 'Yeah, we started with four, we started with five or six, but within a year we were at fifteen.' so we just know it's going to mushroom."

Marketing Efforts

In addition to personnel and staffing, the hospital knew it was time to advance the marketing efforts and consider increasing public awareness and excitement for HealthWorks!. In order to accomplish this the hospital began to develop a Marketing Action Plan which included objectives, operational issues that impact the marketing effort and activities (including dates, costs and person who would be responsible for each activity).

Marketing Action Plan - Objectives:

1. To introduce the new facility to families in LaPorte/St. Joseph & Elkhart counties and build awareness for the name and scope of the facility.
2. To build attendance & excitement for all Grand-opening events.
3. To build call volume for tour appointments from regional elementary schools.
4. To sell 500 paid memberships during the first year.

Operational Issues that Impact Marketing Efforts:

- Staff customer relations philosophy & training (standards and expectations set)
- Staff hiring requirements relating to customer relations (children & adult)
- Admission discount policies (when & why to discount)
- Membership perks - explanation of the value of a membership
- Injury/Incident management policies and procedures
- Hours of operation and fees - final approved figures
- Memorial employee admission policy
- Access to classrooms for Health & Lifestyles Center evening programs

The Marketing Action Plan helped to set goals for the coming year and propelled Memorial into the next stage of project development. This was when all the plans and concepts become reality, when the exhibits are built and delivered, when the operational components are in place, staff is hired, and the marketing and development plans are executed.

Staffing and Operations

In the summer of 1999 Memorial began putting HealthWorks! Kids' Museum' staff into place. Shortly after the 4th of July, 1999, Deborah Drendall, who had spent the previous 10 years as director of a Montessori academy, was named Visionary Potentiator of Pumped-Up Kids (Director). In addition to Montessori, Deborah's background included work in the public school system and musical performance. Her first exposure to the HealthWorks! project was as a member of the Reach and Teach committee, assisting with the creation of the center's curriculum and exhibit selection.

Less than a month later Deborah would be joined by Becky Williams, HealthWorks! Kids' Museum High Flying Kid Motivator (Education Director). Williams had been working with a similar project in Michigan before joining the fledgling HealthWorks! staff and had a background in public education, nursing and had already worked in a health education center.

The timing and selection of leadership and staff for a facility that is still being built, can be somewhat tricky. How do you write a job description before you've fully articulated your project? Suppose the person you bring in finds that what you envisioned for the museum does not quite measure up in reality? If you've created all

your goals and curriculum, how much room have you left for the creative individuals you've hired? If your project is close to completion, how great a learning curve have you posed to your new staff? Are you creating a situation in which they can succeed? How important is it that your staff come from within the community?

In Memorial's case the national search resulted in individuals who were practically under their noses. Both were already involved in some way in the process of creating HealthWorks! and shared Memorial's enthusiasm for the project. They also understood their role as an intricate part of the next phase. Memorial, and its new HealthWorks! team, recognized that there were two parts to the creation of the facility. The first was the dreaming, planning and building. Many of the individuals and committees involved in these processes would be "finished" when the front doors opened and the first school group entered. The second part was when the work toward HealthWorks! actual mission, preparing the community's children to be healthy, strong and educated, began.

Memorial had been very intentional in creating exhibits and curriculum that would include all of the young people in the region. Memorial also needed to be sure that they were eliminating any obstacles that might keep them away. Early in the process they held meetings with school administrators, teachers, school nurses and counselors to let them know about the new facility and their plans. It was important that the "school community" see HealthWorks! as a valuable enrichment to their students' learning experience.

Next, Memorial approached teachers and school administrators, not about idealized goals, but about the nuts and bolts of interfacing the center and their institutions. For example, Memorial expected a school bus trip to potentially occupy three to four hours of a seven hour school day. This would mean that they would need to provide a space (or other option) so that the children could have lunch. Leighton Plaza's courtyard might offer a brown bag option in the very early fall and late spring, but certainly not during an Indiana winter. The solution, since they did not have the space to provide for a cafeteria or lunchroom, was to partner with another community museum, located across the street, who had lunch facilities. Not only did it solve the problem, but enabled Memorial to reach out to another organization.

Memorial also needed to be mindful of financial issues - admission charges for individuals, but also for school systems as a whole. From Memorial's perspective, they had made the early decision that no child would be kept from visiting HealthWorks! because of money. Institutionally, school budgetary issues seriously impact field trips. Some of the region's schools limited classes to, at most, one field trip a semester. Memorial, new to the attractions/museum arena, may find itself competing against other organizations for student visitors. They had to be able to assure the school systems that students would be offered a beneficial learning experience in the most fun, dynamic manner possible.

Transportation impacted several decisions. The timing of HealthWorks! schedule had to be arranged so that students could be dropped off at school, meet their field trip buses, travel to HealthWorks! and be ready to be picked up when return buses arrived. All this needed to occur without disrupting regular busing schedules. Additionally, Memorial had chosen a downtown location for Memorial Leighton HealthPlex. This placement, at the busiest intersection in South Bend (a downtown with little parking for larger vehicles), resulted in the need for HealthWorks! planners to devise safe bus loading and unloading zones. With early discussion of HealthWorks! the city had made the design of the municipal parking garage accommodate the special dimensions of school buses on its ground level floor. An interesting twist to this story came when a hydrant suddenly appeared in the selected loading zone. Neither the City nor the construction firm thought to check with each other about the placement of the hydrant. Memorial contacted the City only to learn that they would have to incur an additional, substantial cost to have the hydrant moved.

City and school administration are usually quite helpful when it comes to education issues, these are all subjects which must be considered and discussed.

Once your staff is on board and visitation components are in place your attention should turn to development of policies and procedures. It is a critical step toward preparing for opening day.

Policies and Procedures

By the summer before opening, it was time for Memorial to look to the broader goals and mission of the facility for what would become the actual lesson plans and learning props. Memorial's new HealthWorks! staff wanted to present the kids with factual information in the most creative ways possible. The Visionary Potentiator of Pumped-up Kids (Director) and the High-Flying Kid Motivator (Education Director) met off-site for a day long brainstorming session to create the facility's lesson plans.

Their collaboration resulted in fresh approaches to topics that risked being perceived as "old hat" or boring.

Classes were developed around themed "play" and addressed the three areas developed by the Reach and Teach committee. The programs were designed to be interactive, fast-paced and cover a wide range of material in a 45 to 60 minute period. Memorial also wanted to allow for customization of programs to meet the needs of individual classes with specific attention given to the program components of a teacher's choice.

Options for visiting classrooms on opening day were: "Safety: You've Got What it Takes," "Mission Possible: A Healthy Body!" and "Who's the Body Superstar?". Descriptions for each follow:

Safety: You've Got What It Takes!

Personal safety often comes down to making good decisions. Students will review common personal safety rules through role play, demonstration and games. Content will include traffic/pedestrian safety, sport safety, home safety and stranger safety. Attention will also be given to the reasons people sometimes make safety-poor decisions and "positive" versus "negative" risk taking.

Mission Possible: A Healthy Body!

Many of the simple decisions we make daily affect our health. Student teams will investigate exercise, nutrition, rest and sleep, drugs, attitude and hygiene to uncover the mystery of how they fit together to shape our well being. The "hows and whys" of decision-making will also be discussed.

Who's the Body Super Star?

All of our body parts are important, but is there one that is the super star? Students will examine the merits of the heart, lungs, brain, stomach, bones and muscles as they determine who should have the super star title. The importance of working together and being a "team player" will also be emphasized.

While developing the HealthWorks! class plans, Deborah and Becky discovered that the original classroom prop and equipment list they had conceived needed additions and modifications. Some items, like a game board scaled large enough for children to actually walk on, and the theme song to "Mission Impossible" (for the "Mission Possible" program), were based on program themes and could not have been planned for without first developing the curriculum. It was also understood that curriculum planning would be an on-going process with additional lessons and future program development. Reg Wagle, Memorial Health Foundation was emphatic, "One of the restrictions that we imposed on our ourselves was that on opening day we would offer three 'best in the world' programs instead of thirty average ones."

To assist the visiting teachers, Deborah and Becky also devised materials which directly linked the lessons taught at HealthWorks! to two of the state proficiency guidelines used in the curriculum design. In addition, teachers would be provided with both pre- and post-visit information packets. Prior to a visit teachers would receive general field trip information, information outlining program choices and curricular guideline materials. Follow-up packets would not only include ways to follow up in health classes, but in other subjects such as Science, Math or even English.

It was important that on opening day the facility had individuals ready and on-board to implement the curriculum and help guide the visitors. HealthWorks! volunteers or "Magnificent Mentors of Curious Children" were approached with a variety of opportunities and only asked to commit to three hours a week. HealthWorks! volunteers were provided in-depth training, however, some positions have "special requirements." For example, volunteers at the All About Me! area would have received computer training; and, volunteers at the BodyWorks! area need to be comfortable with using words like snot, burp and scab. More than anything the volunteers needed to be enthusiastic, energetic and passionate about the mission of teaching children about the healthy choices and healthy consequences in their lives.

Volunteer training is particularly important as it relates to the enforcement of the rules and situational procedures. Since daily operations will involve a broad range of people, Memorial needed to prepare for many different types of situations that could occur. At a facility where the primary users are children the occasional cut knee or nose-bleed should be expected. However, what should museum personnel do in response to a bee sting, snowstorm, or even a bomb threat? HealthWorks! staff developed situational procedures for just this kind of event. Outlines were put in writing and then reviewed by a member of Memorial's Risk Management team. Hospital ownership necessitated approval of these situational procedures and policies. The Risk Management team was an excellent review source for HealthWorks! staff.

Once the policies and procedures were in place it was time to consider other operational elements of the

museum. Other important practical issues such as the hours of operation, cost for admission, and where to park, were addressed.

It is sometimes difficult to remember, particularly when you have invested years of your life in a project like HealthWorks!, that there are those who do not have an intimate relationship with your facility. Your community has been introduced to your vision and goals through marketing and public relations but they also need to know the day to day nuts and bolts of your operation. When do you open? Is there an admission fee? Can I simply drop my child off? What are my responsibilities when we are there? When it comes to this type of information you must never assume anything.

Memorial chose to devote weekday activities to school and community group visits. From Monday to Friday the center would open at 8:00 a.m. with admission for the general public beginning at 3:00 p.m. and running to the closing at 5:00 p.m.. Saturday the general public is invited in from 12:00 noon until 4:00 p.m. Admission was set at \$3.00 for students/children and \$5.00 for adults. Memorial made the decision early on that money should not be an obstacle for any child.

Memorial designed two visitation "sessions," 8:45a.m. to 11:30 a.m. and 11:30 a.m. to 2:00 p.m., but allowed flexibility for situations regarding particular schools. HealthWorks! school visits were based on a 45 to 60 minute interactive classroom activity, a 20 minute Main Brain Theater show and 40 minutes of exploration on the exhibit floor. To ensure proper and adequate coverage while on the exhibit floor and in the classrooms they decided to require at least one adult chaperone for every six students. To encourage adherence to this policy teachers and adults accompanying students will be admitted free of charge.

Memorial also needed to devise a plan for scheduling groups. They had a limited number of spaces and, especially in the beginning, they needed a diplomatic and democratic reservation system. The success of the new facility hinged on visitation. It was all well and good to create HealthWorks! but useless if they did not create a happy and satisfied audience base.

Memorial utilized a variety of reservation systems, allowing groups to contact them via phone, fax or e-mail. Since the classroom capacity was only 60 students per session, the literature advised planning visits as far ahead as possible. Smaller groups (less than 15) would be combined with other groups of the same grade level. To ensure clear and consistent communication a policy was written guaranteeing that verbal confirmation would be made within one day of scheduling, followed by a written confirmation which could be checked for accuracy, signed and returned. A confirmation number would also be issued for each group and needed to be presented upon arrival.

Memorial also developed basic rules for the facility. They reminded their guests to be courteous of others, advised them that there was no food, drink or smoking allowed in the HealthWorks! Kid's Museum and informed parents and educators that all children needed to be accompanied by an adult for the entire length of their visit.

When creating rules and visitation policies do not be afraid to be straightforward and direct. If you do not want gum chewing in your facility for the protection of your exhibits do not recommend that visitors not chew gum, prohibit gum chewing. Most individuals expect that there will be rules and regulations and are willing to follow them as long as they've been informed they exist.

Also, having a set plan for issuing appointment reminders is always a good idea. Remember that many schools and organizations have limited funds for field trips and transportation. How horrible would it be to have a group arrive a day early to find there is no teacher scheduled or miss their visit entirely? It is easier to make plans than make apologies. In the event that a mix-up occurs, and over any length of time it's bound to happen, be sure that your front desk or reception personnel have a resolution strategy. Nothing makes a worse impression than a staff that seems ill-equipped or confused.

Finally, never forget that even though you have been planning your facility for what may seem like forever there are bound to be surprises. Rather than becoming hung-up on the shortfalls, figure out how to turn them into strengths. Encourage your staff and volunteers to keep their eyes and minds open for new ways of doing things and ways to improve present systems. Create communication mechanisms which allow the interchange of ideas not only internally, but with the external public. When all is said and done your center is about THEM!

Exhibit Delivery and Set-Up

Late December 1999 exhibit parts and other physical elements began to arrive in South Bend. It was time to begin to assemble the physical pieces of the project. For the most part exhibit delivery and set-up was well executed. However, there were some minor issues that arose as a result of poor project management during the earlier stages of development.

Most of the exhibit parts and technology were delivered on schedule with a few exceptions. Setting the

exhibits up and getting them prepared for grand opening was done piece-meal, as they arrived and as parts were delivered. The "brain theater" was the first major element completed. A few minor technological "glitches" were fixed early in the set-up process and the theater was one of the first exhibits visitors could experience.

Memorial decided to host several pre-opening events as an opportunity to thank all of the sponsors, donors, volunteers and supporters of this project. The Junior League, Memorial Hospital employees, and major donors were invited to a special event to commemorate the grand opening. These special events provided the perfect opportunity for Memorial to test out the exhibit floor and the flow of visitors through the museum. It helped them anticipate such issues as traffic flow, staff needs, computer and other technology "glitches," exhibit durability, etc. In fact, Memorial discovered that several of the exhibits were not fully ready for use. Memorial also determined that early marketing efforts and the popularity of Bill Nye would draw many more people to the grand opening than they had anticipated. This meant that adjustments in the initial plan would need to be made quickly. Instead of opening the museum for full use, Memorial decided that we would control the traffic flow by allowing only small groups of about 15 people through the museum in shifts. Each group would hear something about each exhibit but would be asked to look and listen and not touch. Everyone was encouraged to come back to HealthWorks! another day when they would be able to interact with each exhibit as originally intended. This was really the only way to manage the large number of people who showed up for the grand opening. According to Diane Stove, project manager and Memorial Hospital VP, "We really averted some major issues by bringing staff and special guests through before the grand opening to the public. It saved us a lot of head-aches. We went to school on them and learned what to do and what not to do on opening day."

Preparing for Opening Day

In order to prepare for opening day, February 12, 2000, Memorial needed to execute much of the Marketing Action Plan. By late December 1999 Memorial had already enacted some of the plan while the museum was being assembled. However, they needed to focus on the grand opening and generate community awareness. They started to build enthusiasm for the project within the community by writing and releasing information about the project. Several of the press releases and other promotional information were beginning to circulate throughout the Michiana region.

The HealthWorks! Kids Museum logo had been incorporated into several marketing pieces including: note cards, letterhead, envelopes, business cards and other communication pieces. The brochure and other community-oriented marketing pieces were also completed during this period.

Memorial also believed that creating a web site would be an important way of continuing the connection to children, their teachers and parents - "extending the HealthWorks! Experience!." To that end they developed the plans for the web site which included the following: to provide useful, clear and inviting information to the three primary target groups: kids, parents, educators; to build awareness about HealthWorks! And prompt calls for: sponsorship, memberships, visits, and volunteers; to provide additional recognition and thanks to donors; to provide health information that is easy to locate; to offer direct access for post-visit feedback from children and/or educators; to excite and entertain children with pre- and post- visit on-line activities; to assist educators with last minute field trip details; to help educators understand the worthwhile educational value of a visit. You can visit the current version of that web-site, right now, at www.qualityoflife.org/healthworks.htm.

Memorial decided that opening day would need to be fun and exciting! They contracted nationally known television personality, Bill Nye, The Science Guy, as the keynote speaker. In mid-December, Memorial announced an essay contest with the first place winners, their teacher and parents winning a lunch with Bill Nye. The contest required children ages 5-12, living in the Michiana region, to write an original 300-word essay addressing their "plan to live 100 healthy years." Below are a few of the wonderful essays Memorial received.

Derrick Brewer, Age 5

My Plan to Live 100 Healthy Years!

I have a friend that is old and his name is Russell. He is 94 years old. He likes flowers a lot. He has gobs of pretty flowers in his yard. He spends lots of time in his flower gardens. He shares his flowers with us. He cuts up all his own firewood. He gets lots of exercise and breathes lots of fresh air when he's outside in his flower gardens and cutting up his wood. Russell eats strawberries and blueberries and rhubarb and not very much candy. We go berry picking with him. Russell is nice. He does nice things for other people. He gave me a rock that was his when he was a baby. I like the rock. I like Russell. When I get old, I hope I'm just like Russell. Being outside and getting lots of exercise and eating good things and being nice will help me be like Russell. My dog is up in Heaven. He name is Toby and I still love him very much. He lived to be 16 years old. He was outside and

got lots of exercise and ate good food and was very nice too.

Taylor Leigh Marks, Age 8 «
My Plan to Live 100 Healthy Years

I would start now, at 8 years old. I'll eat healthier, I would plan my daily diet which would include raw carrots and lots of soups. I would have a black dog to keep me safe. Having a dog lowers your blood pressure. I would take my dog for walks which would help both of us because my dog and I would get plenty of exercise. I would collect my own herbs and spices to make tea. I would have a goat so that I could drink goat's milk. I would have a cottage by the woods away from the city pollution. On rainy days I would sit in my cottage and read books to keep my mind healthy. I would go to church to keep my spirit healthy. I would choose not to smoke and not be around people that did. I would make beautiful necklaces out of vines and things that I found in the woods. These are the things I would do to live 100 healthy years.

The early marketing efforts, including the South Bend Tribune coverage, and the immense popularity of Bill Nye were all factors that contributed to the huge turn-out of people for the grand opening of HealthWorks! A small "crisis" situation developed when 2300 people arrived and there were only seat planned for about 1000. In fact, the Century Center (the facility where Bill Nye appeared) was filled to capacity and additional rooms were also filled for the "real-time" video broadcast of the presentation. With additional people wanting to see Bill Nye, he agreed to shorten his first presentation and add a second to the plan. This enabled us to give everyone who came to Century Center an opportunity to hear Bill Nye. We did not anticipate the large numbers of people who turned out at HealthWorks!. HealthWorks! staff responded extremely well to this "crisis" situation by adapting quickly to meet the needs of the day. Overall, grand-opening day was a big success.

The media attention for this event was fabulous and helped generate a great deal of interest and enthusiasm for HealthWorks! An article appeared in the South Bend Tribune on Sunday, February 13, 2000 that featured Bill Nye and HealthWorks! In addition, USA Today's web-site featured an article titled, "Museum takes kids-eye view of health" on February 14, 2000. These were both a boost for opening day.

The first week HealthWorks! was open for school groups and the general public, the week following grand-opening, was very calm in comparison. Many of the technological and exhibit issues were resolved and the "test run" gave staff and technical personnel the opportunity to see how things would actually operate. According to Becky Williams, HealthWorks! Educator, "It was actually very good that this crisis occurred. It gave us an opportunity to pull together and showed us the potential for HW! It made opening day seem like a piece of cake!"

The time, energy and resources spent creating HealthWorks! would only be a prelude to the adventure that was about to begin. The vessel was complete and had set sail but the journey was only just beginning.

Summary

At least 10 years have passed from the first time that Memorial administrators gathered to talk about the concept of a "healthy community" until the opening of HealthWorks! Kids' Museum. The creation of the museum itself had occupied a little over three years and it is, even now, only just leaving the dock. Memorial's hope is that they have built something that will accomplish all of its goals, but they are mindful of the fact that there will be unexpected leaks, rough seas and the occasional pirate ship on the horizon.

Memorial discovered that the present facilities for ambulatory rehabilitation and the health and fitness club were too small and too spread out to properly serve their growing client base. To remedy this situation, they decided to build a facility which would encompass both of these programs in a central location in downtown South Bend, Indiana.

Memorial's desire to engage a broad range of community members, beyond just those using the fitness or rehabilitation centers, made them first consider the addition of a community room in the Memorial Leighton HealthPlex. After a visit to a children's health center, one of the Vice Presidents suggested transforming the concept of a simple community room into a children's health learning center. As further research and investigation took place the idea grew into an innovative, interactive learning environment occupying the entire second floor of Memorial's newest building. This museum would be a great, new kind of resource for "creating healthier communities."

Memorial embarked on a series of focus groups, site visits and conversations with experts from the worlds of education, technology, entertainment, psychology, museum design, health and medicine with a goal of creating the best, most audacious facility possible. To this end they hired a design team, organized local committees to

represent the stakeholders and went to work deciding what it was they wanted to teach and how they planned to do it. Memorial's overarching theme instructed children that the health choices they make today have significant consequences for them tomorrow.

As the curriculum group developed experiential and educational goals for the facility the designers, Jeff Kennedy and Associates, were at work creating several documents which drew sample exhibits from other children's museums in the United States and Ontario, Canada. Through a lengthy process of video conferences, phone calls and in-person meetings they created a final list of exhibit components and a floor plan for the new facility which they subsequently named HealthWorks! Kids' Museum. HealthWorks! would include a theater (The Main Brain), three exhibit floor thematic zones (MindWorks!, BodyWorks! and All About Me!), a resource center, offices and two classrooms.

It was extremely important that the classroom spaces be as innovative and exciting as the exhibit floor. To assist in this, planners equipped them with large, attractive props, state-of-the-art technology and media equipment and simple and direct items like "write-on-the-walls" poster-friendly wall coverings. The classrooms were also designed to be flexible, not only to suit a variety of HealthWorks! programming, but also to accommodate usage by other outside groups in the evening hours.

The creation of the physical spaces depended on the expertise and proficiency of the designers and various contractors and sub-contractors. In the creation of HealthWorks! they called upon traditional construction interests-architects, plumbers, carpenters, etc.- as well as creative software developers, museum exhibit fabricators, graphic and interior designers and even a company whose main product is the construction of athletic climbing walls. Clear communication and well orchestrated coordination were vitally important during the building stage.

Memorial recognized that building and equipping this children's museum was one step in the process. The next step was to bring educators and staff together to implement the mission: to engage children in discovering and embarking upon lifelong journeys of healthy living. Capitalizing on HealthWorks! fun and innovation, they crafted job descriptions that were anything but ordinary. The director would be the Visionary Potentiator of Pumped-up Kids, the education director would be a High-Flying Kid Motivator and the media/technology needs would be met by the in-house Techno-Wizard. Initial plans were for a small additional staff of three part-time and one more full-time employee and a group of either contracted individuals or Memorial staff members serving as classroom teachers.

Most amazing in this process was the overwhelmingly positive reaction. Some members of the community focus groups came forward, members of the Junior League for example, offering both staffing and financial assistance. Others would later step forward or be reached by Memorial's Foundation staff. This campaign utilized a multi-pronged approach including traditional foundation routes, one-on-one meetings with identified community supporters as well as making contact with individuals and organizations outside Memorial's traditional region.

During this period an Evaluation Design Team came together to discuss how to go beyond kids (at the museum) to the people who are their primary teachers and role models, and to systems that intersect with kids in the many facets of their lives. The overlapping of child, community and museum would form a major component of the evaluation design. The group developed a three sphere model as a graphic illustration of the concept. Memorial asked themselves, "What is it that this new facility has to offer the community?" This idea of measuring what matters most became a slogan for the Evaluation Design Team: We measure what we value. We value what we measure.

As the opening day drew near, the Memorial team found themselves in a process of finalizing and refining. While many people's work would be completed when the doors of HealthWorks! Kids' Museum opened, implementing the healthy community mission would be just beginning. To reach these goals Memorial selected key staff members and developed a volunteer structure. They had been fortunate that some of the early committee members and their organizations had long ago pledged volunteer support for the venture.

What began as broad conversations about educational goals later became lesson plans and blueprints for necessary classroom props. The HealthWorks! team created materials to explain the links between the curriculum and several state health education models, and determined contents for pre- and post-visit mailings.

Plans were also made for what would happen on a daily visit to the center. Admission cost, visitation scheduling, confirmation and conduct were determined while the marketing and publicity were reaching the wider community. Some of the marketing utilized a "sneak peek" approach, highlighting the arrival of individual exhibits and their installation onto the exhibit floor. With all of the elements finally together they were ready for opening day.

The Future

There are still many questions unanswered. Some will be answered within the first few months of operation, others will take years to determine. Will all of the exhibits function properly? Which ones will be "hits"? Which ones won't? Have they met all the operational goals? Are the mechanics of the facility working properly? Are the bathroom facilities sufficient? Will the center be able to keep pace with the rapidly changing technology?

Technological changes are only one aspect of keeping up-to-date. Will the creative approaches that they use today work with students who arrive a year from now? Two years from now? Ten years? Will they have provided an environment where the staff continues to grow? Will they be able to sustain the enthusiasm for innovation they captured at the beginning of the process? Will staff feel as energized and challenged by the problems as well as the successes that arise?

Memorial is already looking at ways to grow and change as an organization. As many schools have begun to incorporate distance learning technologies Memorial is considering expanding the pre-visit activities to include a "virtual" session with one of the instruction staff. They are investigating new curricula and looking at ways to bring teens and young adults into the center. They will constantly be listening to the community to best determine how to meet and address their needs and expectations.

It is important to recognize, as Memorial has with HealthWorks! Kids' Museum, that creating something by thinking "outside the box" is an exciting experiment. It gives you the opportunity to challenge yourself, your colleagues and your community. But, it is not without risk or hard work. Over the coming years Memorial will be periodically updating this learning history to let you know the progress of the journey. While they hope it is a tale of relatively smooth sailing and success, they are almost certain there are more lessons for us to learn and share with you.

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