

SOLVING THE MUSICIANS' DILEMMA:
DUPLICATING THE
HEALTH ALLIANCE FOR AUSTIN MUSICIANS
IN OTHER MUSIC CITIES

Thesis Supervisor:

Karen H. Smith, Ph.D.
Department of Marketing

Second Reader:

Doris J. Laird, Ph.D.
School of Journalism and Mass Communication

Approved:

Heather C. Galloway, Ph.D.
Director of the University Honors Program

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HONORS THESIS

Presented to the Honors Committee of
Texas State University-San Marcos
in Partial Fulfillment
of the Requirements

for Graduation in the University Honors Program

by

Corey S. Jackson

San Marcos, Texas
May 2011

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Acknowledgements

I would like to express my gratitude to my thesis advisor, Dr. Karen Smith, for taking this project on and for guiding me through the intricacies of marketing, business, and the nonprofit sector. Her consistent availability to her students is laudable and invaluable.

I also acknowledge Dr. Doris Laird's contributions as second reader for this project. Her skillful editing and willingness to question the veracity of my work has added to the integrity of this project.

I also want to thank many for opening their doors to me and allowing me to ask many questions: Casey Monahan, Director of the Texas Music Office; Carolyn Schwarz, Executive Director of HAAM; the amazing and affable Ray Benson of Asleep at the Wheel; my friend, drummer Phillip Fajardo, whom I greatly admire and whose battle inspired this thesis; and Paul Natkin, Director of the Chicago Music Commission. Thank you, Nan Warshaw of Bloodshot Records, for all your help at SXSW. Thanks also to Bethany Bultman, Director of New Orleans Medical Clinic, and Miguel Guillen of Artist Trust for taking the time to contribute to this project through email conversations.

Finally, this thesis and my education simply would not have been possible without the unyielding support of my family. My husband, Wes, and sons, Nathan and Luke, have offered unlimited patience and understanding through the many hours of research and writing required for this labor of love. Thank you all – you are my heart.

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Abstract

Austin, Texas, “The Live Music Capital of the World,” is home to more than 8,000 working musicians. Austin’s music industry provides upwards of 10,000 jobs and contributes nearly \$1 billion annually to the local economy, yet most Austin musicians live without adequate healthcare. Health Alliance for Austin Musicians (HAAM) is a nonprofit organization that brings together healthcare providers, local businesses, and community donors in a network providing basic preventive health services to this essential segment of the community (Health Alliance for Austin Musicians, n.d.).

Medical indigence – the inability to pay for healthcare services without the risk of financial crisis – plagues 33 percent of all working musicians (Future of Music Coalition, 2010). When a medically indigent patient is treated in an emergency room, services are covered by municipal funds. Nonprofit organizations like HAAM can save the community tax dollars.

Chicago, Illinois, is home to more than 80,000 musicians and a music scene that contributes more than 65,000 jobs and \$15 billion annually to Chicago’s economy (Rothfield, 2006). There is not an organization that supports musicians in Chicago with affordable healthcare. This thesis explores HAAM’s history and services, and proposes a template for a nonprofit musicians’ healthcare network that allows music advocates in American cities to provide this service for their working musicians. Chicago is an ideal case study for the template.

Introduction

The Musicians' Dilemma

Merriam-Webster defines *dilemma* in several ways. One definition is, “a difficult or persistent problem” (Merriam-Webster, Incorporated, 2011). One would think the life of a musician is the stuff of legend: adoring fans, exotic tour destinations, and earning a living with the envious gift of song. In reality, the independent, local, working musician’s life is one of irregular hours, low pay, hard physical labor, exposure to second-hand smoke, and convenience store dinners (Monahan, 2010). Yet, if one were to offer guaranteed financial security and stability in exchange for this lifestyle to a room full of working musicians, chances are there would be no takers.

The musician’s life is blessed, but it does not come without its disadvantages. Musicians are entrepreneurs, and as such, they lack employee benefits such as health insurance and sick days (South by Southwest Music Festival, 2011). A musician cannot call in sick and still expect to get paid. A doctor’s visit costs much more than the average \$20 co-pay when there is no healthcare insurance to help defray the expense. If one were to stand in a room full of working musicians and ask how many have played at least one benefit concert to raise money for a fellow songster’s medical bills, chances are the whole room would respond affirmatively.

Consequently, the Musicians' Dilemma is the lack of sufficient healthcare. This thesis proposes a viable solution for music cities throughout our nation by adapting the template of the Health Alliance for Austin Musicians (HAAM). HAAM is a nonprofit organization founded in Austin, Texas, and dedicated to connecting local working musicians with low-cost preventive healthcare (Health Alliance for Austin Musicians, n.d.).

Why Healthcare?

Healthcare reform has been a contentious element of our national dialogue for quite some time. There seems to be little agreement on anything other than the American healthcare system is in need of repair. How to go about that repair is passionately yet unproductively debated. Even as the Affordable Healthcare Act goes into effect incrementally, interest groups are fighting for and against it. Many say it goes too far and infringes on individual and states' rights. Many others say that it does not go far enough to protect the poorest Americans from bankruptcy in the face of health challenges.

As the dialogue continues with little hope of real answers in sight, there are nonprofit organizations giving real hope and answers to specific segments of uninsured Americans. HAAM is one such group, connecting working musicians in Austin, Texas, to low-cost healthcare services – “keeping Austin music healthy” while saving the community tax dollars (Health Alliance for Austin Musicians, n.d.). The purpose of this thesis is to determine how this exceptional nonprofit model for healthcare support in a unique population can be duplicated in other music cities. It is a focused study of a specific category of people, but can have broad ramifications. If the HAAM model for musician healthcare support can be reproduced successfully in other American cities, there is a

strong possibility that it can be duplicated for other segments of uninsured Americans as well.

Why the Nonprofit Sector?

The federal government in our democratic republic is criticized both for not doing enough to protect individuals, and for trying to do too much. America's national bureaucracy is, by nature, big and lumbering, slow to implement course changes and often missing the mark when change finally does occur. It is saddled with political concerns, striving to please or at least appease a diverse constituency, so sweeping reforms become one-size-fits-all legislation that actually works for no one.

The nonprofit sector, on the other hand, is lithe and agile enough to support specific causes ideally. Society has been looking to the nonprofit sector increasingly to offer cures to what ails it (Kaplan, 2010). Philanthropists have their pick of organizations to fund, so that they can support the cause that sparks their individual compassions and interests. Where a democratic government is duty-bound to serve all of its citizens without regard to their circumstance or category, nonprofit organizations must narrowly designate their constituency so that they can focus resources optimally (Bradach, 2008). Many millions of Americans need healthcare support, as was indicated previously. It is hoped that this thesis will be a step toward helping them receive the support they need through the helping hands of their communities.

HAAM's Story and Players

Health Alliance for Austin Musicians (HAAM) is a purely “Austin-thentic” organization, constructed in a community with a history of rolling up its sleeves to care for its people.

The Texas capital is home to many creative thinkers who seem to see the world and her problems – and how to solve them – through a lens unique among others. HAAM is a creative solution to the musician's dilemma, which many have yet to even recognize as a problem, innovated by an icon of Austin's business community, Robin Shivers.

Many members of the Austin music scene would contend that there would be no HAAM without Robin Shivers. Casey Monahan, Director of the Texas Music Office, stated that a combination of Shivers' charisma, compassion, and contacts were the magnet that made the various pieces of HAAM come together (Monahan, 2010). Veteran Austin musician Marcia Ball said of Shivers, “She pursued her vision...with her usual formidable energy, and she carried the entire music community and Austin at large with her until she had achieved her goal” (Health Alliance for Austin Musicians, 2009).

What really seemed to herald the dawn of HAAM was a collision of events in the mid-1990's that raised awareness regarding an invaluable yet vulnerable segment of Austin society. The local musicians – who enrich Austin's culture, economy, and job market – were barely making a living while living the musician's dream. Consequently, regular healthcare was out of reach, and Austin musicians, like others throughout the country,

had to adopt a “don’t get sick” health policy, hardly a fool-proof plan. A serendipitous series of events fired off like a chain reaction that culminated in Austin’s nonprofit musicians’ healthcare network. The next few pages will tell that story. It, like every chain reaction, needed a catalyst to culminate in lasting change. In Austin, the catalyst was Shivers – a debutante, a businesswoman, and an icon all rolled into one (Monahan, 2010).

Robin Shivers

Robin Ratliff Shivers became known to many as Austin’s Angel. Robin Ratliff was born into a wealthy Fort Worth family in 1953, and moved to Austin in the 1970’s to study business at the University of Texas. According to her resume, she received her BBA in Finance in 1977 (Shivers, 1992). Ms. Ratliff became Texas royalty when she married Allan “Bud” Shivers, Jr., son of the legendary former Texas governor Allan Shivers, in 1978 (Corcoran, 2009).

Robin Shivers was an astute businesswoman and a compassionate civic activist. In the 1980s she worked in corporate finance. She demonstrated her eye for talent by recruiting the management team for Windsor Financial Corporation, the company founded by her husband Bud. Shivers shifted her focus by 1990 to commercial real estate management and marketing, along with stock portfolio management and other financial analysis (Shivers, 1993). She was also involved in various philanthropic projects. The Shivers began serving on Seton Hospital’s board in 1984, where she chaired several committees and campaigns for Seton East Clinic that provided healthcare for the working poor (Shivers, 1992). Seton Medical Center is now home to the Shivers Center, which

provides innovative outpatient care to cancer patients, thanks to the Shivers' monetary and service donations.

Shivers began working with KLRU, Austin's public broadcasting station, in 1987.

KLRU has hosted the *Austin City Limits* music show for 35 seasons. She served initially on the station's finance committee, and advanced to Chairman of the Board in 1991.

That year, Shivers organized the 16th season celebration of *Austin City Limits*, booking country music's up-and-coming Garth Brooks for the event. It was a phenomenal success.

In one evening, Shivers' efforts netted 70,000 attendees, \$175,000, and incalculable publicity for KLRU (Shivers, 1992). The 16th season celebration also helped launch Brooks' astronomical rise to country music fame and landed two awards from PBS for Shivers (Shivers, 1993).

Something more lasting, and profoundly providential for Austin musicians, came out of Shivers' three-year gig with *Austin City Limits*: Robin Shivers had been bitten by the music-industry bug. In 1993, she reached out to Casey Monahan to learn how to get involved in the business (Monahan, 2010). Shivers became a music business consultant; established RRS Management; and began managing a favorite local band, Loose Diamonds. She later went on to represent Loose Diamond's front man, Troy Campbell, in his solo career, and added other artists like Scrappy Jud Newcomb (Monahan, 2010). Robin Shivers effectively juggled life as a wife and business partner, music manager, philanthropist, and activist. Her resumes recount a dizzying whirlwind of activity benefitting the city she loved. While she seemed to be on the forefront of life in Austin, she shied away from the spotlight. Former client, Troy Campbell, says of Shivers, "[she] was like Batman. She was Bruce Wayne, and then she was secretly saving lives but

never wanted the credit because she thought it would distract.” (Health Alliance for Austin Musicians, 2009)

Sims Ellison

Coinciding with Shivers’ rise in the Austin music industry was the tragic fall of a local superstar, Sims Ellison. Metal rock band Pariah had relocated to Austin from its native San Antonio in 1990. Bass player, Sims Ellison, was the driving force behind the band, the “glue that kept it together” (Corcoran, 1995a). He worked tirelessly on grassroots Pariah promotion, pursuing fame in the art that he loved. The band was quickly picked up by Geffen Records, discovered by the same executive that signed Guns ‘n Roses to the label (Corcoran, 1995a). It looked like the dream was about to come true for Sims and his boys. Whoever wrote the words, “It is darkest right before the dawn,” would have seen poetic irony in just how contrary Pariah’s circumstances were to that cliché. Manic activity and promising circumstances for the band masked the depression and despair that regularly plagued Ellison. Pariah singer Dave Derrick stated that his band mate had battled periodic “fear and anxiety that he couldn’t control” (Corcoran, 1995a). Bad timing and poor management converged to make what should have been their big break an obstruction on their road to success. Their driving metal sound was being slowly rubbed out by the emerging Seattle grunge scene, while Geffen executives drug their heels in releasing Pariah’s recording, *To Mock a Killing Bird*. When the album was finally released, it was without much fanfare and to lackluster reception; consequently, it made very little money (Corcoran, 1995a).

Pariah languished with Geffen for a dusty three years before the label dropped them.

Other Pariah players kept their hands in the music business, working as guitar technicians

for local big-hitters Charlie Sexton and Storyville. Yet Sims was working in clothing retail near the UT campus, antithetical to his rock 'n roll dream. Meanwhile, Ellison's long-time girlfriend, aspiring actress Renee Zellweger, ended their relationship and left for Los Angeles (Monahan, 2010). During the week that Geffen cut Pariah loose, television advertisements for *Love and a .45*, Zellweger's first feature film, hit the Austin airwave. Nobody saw the darkness descend on Ellison. This astounding culmination of life stressors opened the door, and depression came in to visit again, this time to stay. Twenty-eight-year-old Sims Ellison was found by an unsuspecting friend, dead in his apartment on June 6, 1995. Coroner's reports mark time of death at 3 am. The cause of death was a shotgun wound to the face, an apparent suicide (Corcoran, 1995a).

Austin's music community was shaken to its core. Why did he do it? How did we miss it? Dave Derrick stated, "Sims was not the type to hurt anybody, and I'm sure he never meant to cause this much pain. But then we never realized exactly how much pain he was in, and I guess we have to feel a little guilty about it." (Corcoran, 1995a)

Michael Corcoran

Michael Corcoran was an Austin music-beat journalist, just starting at the *Austin American-Statesman* in the summer of 1995. His first assignment was Ellison's suicide, recounted and cited above (Corcoran, 2007). This heart-rending initiation at the city's largest newspaper was the first of what seemed to be a call to action.

Corcoran covered a tribute held in honor of Sims at The Back Room, where several thousand dollars had been raised. In his article, Corcoran editorialized about how the money could be spent to not only honor the fallen brother of Austin's music community, but to ensure that others did not meet the same fate. Michael Corcoran's argument was,

“It would be entirely appropriate...for the money raised to be used to start up a new musicians’ assistance program, which would provide free, confidential counseling for music biz-related problems” (Corcoran, 1995b). Four men, including Sims’ father, Don Ellison, answered the call.

SIMS Foundation

Sims Ellison’s death shocked the community into action. Out of the ashes of his suicide rose the Services Invested in Musician Support (SIMS) Foundation. Through its ups and downs over the past 15 years, the SIMS Foundation has provided mental health services that have saved many of Ellison’s musician brothers and sisters from succumbing to the darkness since its inception (Corcoran, 2007).

Regardless of the good work of the SIMS Foundation, there was still more to be done and everyone in the business knew it. Artists that brought so much intangible joy and economic enrichment to their community needed a hand from the community. Musicians across the nation were falling into a healthcare hole, without the safety net of health insurance. Austin musicians were not exempt. Yet again, Michael Corcoran’s written words called the city to action (Corcoran, *The Groove Tax*, 2001).

“The Groove Tax”

Another tragedy rocked the Austin music scene when Texas music “phenom” Doug Sahm was found dead in a Taos, New Mexico, hotel room in November 1999. The 58-year-old was a victim of heart disease. Music writer, Joe Nick Patoski called Sahm one of “the true originators...of Texas music” (Corcoran, 1999). His sound is so integral to Texas musical ingenuity, so inspirational and innovative, that some have declared that

Sahm should have been named State Musician of Texas, if such a distinction existed (Doug Sahm obituary, 1999).

Sahm was part eccentric hipster and part realist. His eldest son, Pariah drummer Shawn Sahm, recalled to Corcoran in 2001 that while his father had a dread for anything boring – and health insurance was definitely a boring investment – he recognized health insurance as a necessary evil. In an article in July 2001, Corcoran related that, in order to make it more palatable to pay the monthly premiums, Sahm would refer to it as the “groove tax,” required to fully enjoy the privileged life of a working musician (Corcoran, 2001).

In the same article, Corcoran interviewed SIMS Foundation Director Peyton Wimmer. At the time, Wimmer was tinkering with an organization he was calling SAHM, named to honor Doug Sahm, which would provide affordable healthcare services to Austin’s working musicians. Corcoran heralded the groundbreaking idea, writing that it was a necessary debt owed to the hardworking musicians populating the Live Music Capital of the World (Corcoran, 2001). Unfortunately the SIMS Foundation’s founding board members disagreed on this and other issues. The internal conflicts led to the dissolution of the board, and while the SIMS Foundation regrouped and soldiered on, the SAHM project was sidelined. Fortunately for Austin, SIMS’ “no” turned out to be a “not yet.”

Ray Benson

Still others saw the need. Austin celebrity Ray Benson was investigating the issue. Headman of the legendary Asleep at the Wheel, Grammy-Award winner, band manager, record producer, and community activist are all hats that Ray wears. “Fortunately, enough people saw that I could do more than just play the guitar,” the jovial Benson

quipped (Benson, 2011). Benson was, and still is, a member of the St. David's Foundation Board of Directors and began leveraging contacts in healthcare to solve the musician's dilemma through a series of meetings. Others, including Waterloo Records owner John T. Kunz, were working toward a solution for area musicians as well. Yet healthcare for working musicians seemed a concept that would take several years to manifest.

Until Robin Shivers took it on, musician's healthcare was a collective Austin dream out of touch with reality. Troy Campbell related, "She said she was going to figure out how to get me healthcare. As my manager, she had a plan for me and my career" (Health Alliance for Austin Musicians, 2009). She was also talking to Clifford Antone and Kunz about her healthcare "hobbyhorse." Nobody really believed it would happen, until she called an initial meeting to present a model for Health Alliance for Austin Musicians. Shivers leveraged her longtime position on Seton Medical Center's board, rallying the hospital to commit 500 places in their uninsured clinics to Austin musicians. Also, Ray Benson's connection with St. David's Foundation afforded basic dental care for area music makers through three of their mobile dental vans. SIMS Foundation was HAAM's third leg, rounding out a tripod of total musician care. Ray Benson, John Kunz, and all the others were convinced. The Health Alliance for Austin Musicians was unveiled at the 19th annual South by Southwest Music Festival in 2005 (Monahan, 2010). HAAM's corporate leadership consisted of Shivers, Executive Director Carolyn Schwarz, and a voluntary board of directors comprised of Benson and other local businesspeople and leaders. The delicate process of convincing Austin's mainstay musicians to join began shortly after the 2005 unveiling. HAAM's innovative low-cost healthcare network

– not insurance – was a hard-sell to jaded area songsters, hardened by too many benefit concerts and angry collections bills from hospitals delivered in envelopes boasting the local “Live Music” brand (Corcoran, 2001). HAAM only screened and referred 450 musicians in their first year, short of Seton’s dedicated capacity. Some might have taken that as a signal to defeat, as a sign of disinterest, but Shivers was determined. HAAM persisted despite the slow start. Today, five years after its inception, HAAM has helped more than 2,200 local musicians get the preventive healthcare they needed at a price they could afford. Always growing and adapting, HAAM has secured affiliation with vision and hearing providers in response to client feedback (Schwarz, 2010).

Never one for fuss or fanfare, Robin Shivers slipped away silently in her sleep in November 2009. Her passing was surprising and heartbreaking, but her legacy – HAAM – is firmly established. Kevin Connor, music marketing director for the Austin Convention and Visitor’s Bureau and a familiar local voice at radio KGSR, said that Shivers’ passing “has left a big hole that we all have to work harder to help fill” (Corcoran, 2009). Perhaps this attitude seals HAAM’s sustainability, symbolizing the community’s commitment to honor “Austin’s Angel” and its musicians.

Sustainable Success, Austin-Style

If all HAAM had to offer was Seton's initial 500-capacity commitment, it would have been overwhelmed by 2006. Instead, HAAM has expanded to accommodate four times the original offering. HAAM's growth – including its network, budget, and support – indicate the organization's intrinsic sustainability.

So, what's the secret? Why has the Austin community been able to grow and sustain such a vital service organization, where others have not? HAAM's *modus operandi* is not complicated. HAAM's plan involves leveraging services that already exist in most large cities, said Carolyn Schwarz, HAAM's Executive Director. Schwarz emphasized that HAAM's objective was not to build something new, but to connect musicians to existing healthcare services (Schwarz, 2010). For a basic outline of HAAM's Critical Success Factors, see Figure 1 (following page,) "What Makes HAAM Work?"

What makes HAAM work?

Several **Critical Success Factors** were identified in an interview with HAAM's Executive Director Carolyn Schwarz (October 25, 2010):



Confirmed Value. Austin has performed two economic impact studies to date, with a third in process. As of 2004, Austin's music scene contributed approximately \$1 billion and more than 13,000 jobs to the local economy.



Catalyst. HAAM is the legacy of Austin businesswoman Robin Shivers. Shivers' compassion, charisma, and connections in music, local hospitals, and the business community made HAAM possible. The model she established makes HAAM sustainable.



Clinics. Shivers did not create new services, but capitalized on existing services. Initial providers were

- Seton Medical Center Clinics - primary care
- St. David's - mobile dental care
- SIMS Foundation - mental health care



Community Support. Austin citizens have had an overwhelmingly positive response to HAAM, and support the services through

- Fundraising: Including annual HAAM Benefit Day and Corporate Battle of the Bands, among others
- Business Advocate Groups: Good Eggs
- Volunteerism: HAAMBassadors

Figure 1: What makes HAAM work? The Critical Success Factors that have made HAAM a successful nonprofit organization.

The Texas Constitution makes counties responsible for providing indigent medical care (Texas Legislature, 1989). Any person who cannot pay for medical care is considered medically indigent, whether the care is preventive or urgent and emergency treatment. This category includes homeless individuals and those with an annual income at or below the national poverty line, but it also includes those who are employed with companies that do not provide insurance and the self-employed. Working musicians fall within this latter group.

Federal mandate requires this of all states, therefore, major cities will most likely have established programs intended to provide services that defray the cost of emergency room treatment at taxpayer expense. Logic would dictate that HAAM's provider network is not the unique element.

If there was a secret genius to HAAM's model, it would be community support – the fourth Success Factor (see Fig. 1) – which can be divided into two major categories: those who give money (business donors, individual donors, and support through community fundraising events) and those who give their time (business advocate groups, the Board of Directors, and HAAMBassadors.)

Locally Supported Fundraisers

Local fundraising has been HAAM's backbone since the beginning, and the Austin community always brings strong support. HAAM's two major annual fundraising efforts – HAAM Benefit Day and Corporate Battle of the Bands – have annually growing support, Austin-style. On Benefit Day, local businesses join forces with HAAM by dedicating 10 percent of a day's profits in exchange for signage, advertising, and complementary performances from Austin bands. In 2010, the 5th Annual Benefit Day

broke records: more than 200 businesses, 140 bands, and supporters rallied to donate more than \$195,000 (Health Alliance for Austin Musicians, 2010). Corporate Battle of the Bands is a competition of musical hobbyists from Austin's business community judged by a celebrity panel, hosted at world-famous Antone's nightclub. The bands, which are usually sponsored by their employers, pay entry fees which go directly to fund HAAM and pay for musician healthcare. The event raises awareness and funding, and is an opportunity for accountants, ad execs, graphics designers, and other business professionals to show off their music skills. Philanthropic business groups like Good Eggs, a group of young Austin executives and entrepreneurs, recognize the value added by the working musician to Austin's culture, quality of life, and economy, and have banded together to spread the word and raise money.

Board of Directors

The next category is comprised of those who give of their time in strategic service as volunteer members of the Board of Directors. The HAAM Board is comprised of business and civic leaders who are well-connected in mainstream Austin, including bankers, business executives, and hospital administrators.

The Board of Directors is joined by an Artist Advisory Board, with a finger on the pulse of Austin's music scene. The artistic members provide an invaluable service in musician screening. As will be discussed later in the paper, one of the most difficult and yet vital things a nonprofit needs to do to successfully achieve its mission is to determine what it will – and will not – do. HAAM recognizes that, while there are many who want to be musicians, and many that are in need of healthcare assistance, resources are limited. In order to best serve the working musicians of Austin, HAAM adheres to strict musician

qualification guidelines. When screening potential clients, HAAM consults with the Artist Advisory Board to determine their legitimacy. These artist members know who is working and who is not, who is “gigging” and who has fallen out of circulation, or never really entered it. Applicants must earn at least \$5,000 annually by making music in order to qualify for HAAM membership. The Artist Advisory Board serves to verify earnings claims. If applicants have not scheduled regular shows that pull ample ticket sales, they cannot qualify as working musicians. HAAM usually helps these applicants find programs they do qualify for while ensuring their resources are directed to true working musicians.

HAAMBassadors

Another category is filled with those who give of their time. Volunteers – HAAMBassadors – make HAAM events work by being the organization’s face and hands. HAAMBassadors agree to work fundraising events by giving announcements, facilitating musicians, taking donations, and collecting sponsors and pledges. HAAMBassadors have been approached by many smiling Austin musicians just wanting to hug them. Every HAAMBassador can share at least one amazing story from an Austin musician about how HAAM has helped them. At a recent HAAM event on a central Texas Saturday, a HAAMBassador spoke about her motivation to volunteer: “I am passionate about Austin, and our music scene keeps our community vibrant. I don’t have a lot of money [to give], but I do have time.” (Anonymous, 2011)

Providers

HAAM’s providers have been mentioned previously, but their services deserve more attention. The charitable arms of two major area hospital networks – Seton and St.

David's – have donated access to established services. The SIMS Foundation has been offering confidential counseling and mental health support to Austin musicians since 1995, and was one of HAAM's three inaugural providers in 2005. HAAM added hearing care with Estes Audiology to their offering in 2009, and vision services provided by Prevent Blindness Texas in 2010, both in response to musician client surveys.

Seton. The Seton Family of Hospitals has an established clinic system with three locations that provides low-cost preventive care for uninsured patients. Through the clinics, HAAM clients receive physicals and checkups as well as some acute care, with the focus on preventing chronic or more acute situations that require more extensive medical procedures at considerably higher cost. Seton's current HAAM capacity is 1,000 patients; Seton donates the first 500 appointments, and HAAM funds the remaining 500 each year through fundraising (Benson, 2011). Nine-hundred twenty-nine patients were provided with 2,383 clinic visits in 2010. In the same year, clinic physicians wrote 1,605 prescriptions to HAAM members and made 149 specialist referrals. Also in 2010, Seton provided 879 hospital services to patients exhibiting higher acuity (Health Alliance for Austin Musicians, 2010).

Drummer Phillip Fajardo was one of those more serious cases. Fajardo has been playing professionally since the 1970's. A list of musicians he has held the beat for reads like a Who's Who directory, including Larry Gatlin, Jimmy Buffett, Willie Nelson, George Strait – with whom he won a Grammy Award – Don Walser, and Dwight Yoakum (Coppedge, 2010). Fajardo was diagnosed with a tumor growing in the right hemisphere of his brain that caused two seizures in 2009. He was able to receive a cutting-edge surgical procedure at Seton, paid for with the assistance offered by HAAM (Fajardo, 2010).

Now in full remission, Fajardo continues to retrain the neurons that control the left side of his body, and is slowly returning to the life that could have ended tragically, had it not been for the HAAM network.

St. David's. The St. David's Foundation has a fleet of vans that are outfitted to serve as dentist's offices to provide care to children at local elementary schools. During times that schools are not using these services – such as school holidays, summer and when the students are testing – the vans are mobilized to provide care for HAAM's client musicians. Initially started with three vans, St. David's fleet has doubled to six vans in service today. Local blues musician LZ Love says of HAAM's dental services, “[HAAM] helped me stay in touch with my health, and it gave me my smile back because I was able to get my teeth fixed” (Health Alliance for Austin Musicians, n.d.). Love had a loose front tooth with a dead nerve and a large gap in the front of her smile that would seethe with pain if she accidentally knocked it on a microphone. Thanks to HAAM, she received expensive dental procedures, including an abstraction and a partial plate (Rosser, 2006). To show her gratitude and to give back, she holds an annual concert, dinner, and silent auction with proceeds benefitting HAAM.

SIMS. Austin's SIMS Foundation was discussed through the story of HAAM, but we have yet to address the value it adds to healthcare in Austin. The St. David's Community Health Foundation funded a study published in 2006 that, among other concerns, elucidated the nature of and causative factors behind uncompensated emergency room visits. The study indicated that the overwhelming majority of emergency room visits were related to mental health issues, be it domestic violence, violent crime, attempted suicide, overdose, or other acute health problems caused by substance abuse and

addiction. More than 16,000 emergency room visits in 2003 and 2004 were attributed to mental health issues, either directly or indirectly (Warner, 2006). Unpaid medical bills totaling more than \$167 million were racked up in the four hospitals in the St. David's system, and a significant portion of that total came from these emergency room visits. The SIMS Foundation provides a full menu of mental health services, including individual and group counseling sessions, psychiatric assessments, detoxification and rehabilitation, and medication management tailored to musicians' specialized needs (SIMS Foundation, 2010). SIMS also provides services to musicians' families because they understand that mental health affects the entire family. Musicians and their families are an at-risk population for substance abuse and mental health issues. Job stress is intensified for musicians, with a work schedule in which the only thing regular is the late nights and rigorous touring itineraries, where the only guarantee is free beer and easy access to drugs. The musician's lifestyle takes its toll, often leading to depression, anxiety, relationship woes, and substance abuse and addiction (SIMS Foundation, 2011). With the help of its provider network, consisting of more than 60 caregivers in private practice and in-house counselors and social workers, the SIMS Foundation is able to serve more than 600 people annually with counseling, psychiatric and addiction treatment services. The foundation supplied almost 3,000 sessions to HAAM clients in 2010 alone (Health Alliance for Austin Musicians, 2010). While concrete data are not available, SIMS' services have made significant contributions to keeping musicians and their loved ones out of area emergency rooms (SIMS Foundation, 2011).

HEAR Clinics and Estes Audiology. For musicians of any genre, hearing loss could spell early retirement, and area audiologist Soriya Estes, Au.D., knew that (Estes, 2010).

Dr. Estes, an avid music fan, had been looking for an avenue of outreach to musicians when she heard a HAAM Benefit Day promotion on the radio. That was the impetus she needed to contact HAAM about establishing a provider relationship. Almost serendipitously, HAAM had just tallied responses to musician needs surveys the week before, in which 70 percent of responders requested hearing services (Estes, 2010). Estes began cost negotiations with two companies that manufacture specialized filtered earplugs, and HAAM gathered grants to fund HEAR clinics. Since 2009, Estes has screened upward of 500 musicians, fitting them for customized earplugs that will help maintain their hearing for years to come. Those who need a complete audiological battery are referred to the Speech and Hearing Clinic at the University of Texas, where they can be fully assessed by members of the doctoral audiology program according to a sliding fee scale. Austin musicians, like Kalu James, who had been putting off this necessary prevention for years, are grateful that they can now protect one of their most vital job assets at very little out-of-pocket expense (Health Alliance for Austin Musicians, 2010).

SEE Project and PBT. Prevent Blindness Texas (PBT) is an affiliate of Prevent Blindness America, a volunteer eye health and safety organization. A pressing need that some HAAM clients faced was vision correction or glasses replacement, and they indicated that need on HAAM's musician surveys. The Austin chapter of PBT collaborated with HAAM on the SEE Project, in which 175 musicians were given dilated eye exams, enabling optometrists to correct vision problems and detect other health concerns such as diabetes, hypertension, neurological disorders, and brain tumors. After the vision screening, musicians who needed vision correction were given prescriptions

and vouchers for glasses at participating optical outlets (Health Alliance for Austin Musicians, 2010).

HAAM's affiliated service providers deliver substantial services to musicians when they partner with HAAM, and potentially reduce the cost of uncompensated care while improving the greater Austin area's health status. Not only do they recognize the significance of preventive care to the local economy, they also see the value that musicians supply to music cities in economic impact and quality of life. "I really want to encourage audiologists to seek out [musicians' health networks] or to think outside the box to determine what you can do in your area to create hearing protection awareness," says Dr. Estes of the HEAR Clinics. "It is such a good way to give back to musicians, who give us so much with their music. Not to mention all [musicians] add to the local economy, especially in a place like Austin (Estes, 2010)."

Organizational Overview

Does the answer lie in the local nonprofit sector?

It would seem that options abound for solving the musicians' healthcare dilemma. State agencies and nonprofit artists' organizations point their musicians to affordable insurance options in states like Washington and Texas. Other organizations, such as Future of Music Coalition and their Health Insurance Navigation Tool – HINT – provide free and confidential health insurance counseling tailored to each individual (Future of Music Coalition, 2010). New Orleans, with all its rich musical culture, has supported musician healthcare with a clinic dedicated to serving musicians and artists since 1998 (New Orleans Musicians Clinic, 2010). MusiCares, a subsidiary of the National Academy of Recording Artists and Sciences (NARAS) offers emergency healthcare assistance for its members across the nation (The Recording Academy, 2010). With these as options, what makes the local, nonprofit organization the most suitable answer to the musicians' dilemma?

The United States is at the precipice of needed healthcare reform. While our nation's healthcare system favors those who have insurance – and thus the ability to pay for care – through full-time employment, 19 percent of Americans are uninsured (Kaiser Family Foundation, 2010). Further, a survey conducted by Future of Music Coalition in 2010 showed that approximately 33 percent of musicians are uninsured – well above the

national average (Future of Music Coalition, 2010). The Affordable Healthcare Act (AHCA) of 2010 is scheduled for incremental implementation through 2014. While addressing the Asian American and Pacific Islanders Summit in May 2010, former Speaker of the House Nancy Pelosi called the AHCA an entrepreneur's bill, in that it would allow the creative class and other entrepreneurs to focus on their craft without healthcare concerns (Ballasy, 2010.) How far will the AHCA go to solve the healthcare dilemma? In the wake of such reforms, are nonprofit musician healthcare networks needed?

The purpose of this section is to compare two specific examples – the New Orleans Musician's Clinic and The Washington Artists' Health Insurance Program -- to the Health Alliance for Austin Musicians model, and to determine which model can most optimally help music cities support their working musicians. Additionally, this section will discuss the AHCA's potential implications for working musicians, and it will show that the nonprofit health network model is still a dynamic and effective answer to the musician's dilemma.

New Orleans Musicians' Clinic

The New Orleans Musicians' Clinic (NOMC) was founded in 1998 by author and philanthropist, Bethany Bultman, and her husband, Johann. NOMC began offering traditional and alternative care solely to local artists, mostly musicians. Patients pay \$10.00 co-pay for all services, plus a sliding-scale fee based on their income. NOMC serves in excess of 2,000 of the city's artists and musicians, and they are one of 26 nonprofit health clinics and organizations in Louisiana that serve uninsured patients and the "working poor" (Drummond, 2010).

Bultman is passionate about bringing healthcare to musicians in New Orleans and beyond, declaring of her staff and herself, “either we’re full-time volunteers or we work for slave wages” (Dentler, 2005). Bultman’s ultimate goal is to create a national network that would facilitate nonprofits like HAAM. While efforts to establish a sister clinic in New York City with the Jazz Foundation of America yielded no fruit, Bultman is currently working toward opening a clinic in Boston, Massachusetts (Bultman, 2011). “The more musicians’ clinics there are, the more power we all have to save American musicians and change the healthcare indicators in our country,” Bultman told reporters in 2005 (Dentler, 2005). Shortly after that interview, Hurricane Katrina turned New Orleans upside down, and Bultman has worked nonstop ever since to keep NOMC open and its patients healthy, including the 87 percent suffering from more than one chronic condition (Bultman, 2011). Little by little, the economy of the music mecca is recovering from Katrina and the British Petroleum oil leak of last summer, but the “gigs” have simply dried up. Musicians who used to eke out a reasonable living are now barely getting by; statistics from last summer show that approximately 80 percent of New Orleans musicians are making less than \$15,000 annually (Drummond, 2010). Consequently, NOMC has fewer resources to treat the 2,000 patients who rely solely on the clinic for their healthcare. The clinic had been receiving federal subsidies in the form of the Primary Care Access and Stabilization Grant, but that ran dry at the end of last September. The clinic has been approved for a federal Medicaid waiver, making it a model program under the AHCA. Bultman and her staff have been waiting for Congress to determine how monies can be spent. The only thing clear as of February was that monies would not be allowed to

cover dental, eye, and ear care, which leaves the clinic dependent on other funding sources for those services (Bultman, 2011).

Meanwhile, the volunteer position that Bultman fills as NOMC Director has taken over her life and it is not uncommon for her to put in 80 hours a week for the clinic without pay. Last summer, the director expressed exasperation when she said, “I keep thinking the government will recognize the importance of what we’re offering and step in and take over. But they don’t – so I just keep working.” (Drummond, 2010).

Although NOMC has operated for 13 years now, the model is not ideal. Patients have stretched the clinic’s capacity. All resources, including the volunteer staff, are strained. Funding that the clinic relies on will drastically restrict the services it can offer, forcing it to sacrifice much-needed mental, dental, vision, and hearing care. In the years since Katrina, state emergency rooms have been flooded with low-income patients suffering from post-traumatic stress disorder. New Orleans musicians simply cannot afford to lose mental health support.

Granted, the tragedies that have struck New Orleans are unusual, but I submit that a strong musicians’ healthcare model would be resilient enough to better recover from catastrophes. The work that Bultman and her staff at NOMC do for the musicians of New Orleans is laudable. However, could they do more with a musicians’ healthcare network rather than a brick-and-mortar clinic? What if NOMC were to adopt the nonprofit musicians’ healthcare network template?

Currently, Bultman spends much of her time obtaining referrals for the clinic’s patients. Additionally, the clinic staffs doctors, medical assistants and nurse practitioners to treat patients, who then spend a large amount of time following up with the patients to make

sure they stay on medications and continue therapies. If NOMC were to partner with providers around the city rather than treat patients, resources could be distributed to more musicians, and the burden on the clinic staff could be alleviated. HAAM clients are card-carrying members, and an annual primary-care physical is required to maintain membership. NOMC could offer patients a healthcare card which would qualify them to receive care from affiliate providers. In order to retain their card, musicians would be required to re-enroll annually and visit their doctor regularly, just as HAAM clients. Instead of being the musicians' only clinic, NOMC would be their connection to many providers.

Washington Artists Health Insurance Plan and The Artist Clinic

Washington Artists Health Insurance Plan (WAHIP) was a non-profit affiliation between two creative coalitions for the arts in the state of Washington – Leveraging Investments in Creativity (LINC) and Artist Trust. WAHIP undertook the Artist Clinic pilot in partnership with The Country Doctor, a system of low-cost health clinics in Washington. Artists of all disciplines were encouraged to apply to Artist Trust for a healthcare voucher totaling \$75 at The Artist Clinic. The voucher would avail artists to a good amount of care, as The Country Doctor offers many procedures for as little as \$15 (Bunny, 2010). The pilot program ran from the beginning of 2010 through June of the same year, during which response to the program was being evaluated in order to apply for funding. Artist Trust's Miguel Guillen appealed to artists to simply give the program a try. "Everything eventually points to metrics so if artists don't use the service then we don't have the numbers needed to present to potential funders and for creating new partnerships...We

need more artists to take advantage of the program in order to ensure its continuation" (Bunny, 2010).

According to Guillen, approximately 100 artists of varying disciplines used the pilot Artist Clinic of which the overwhelming majority of respondents were visual artists.

While the program was offered statewide, most respondents were concentrated in King County, where Seattle is the county seat. It would seem that, given Seattle's burgeoning music scene and the municipal focus on its music, more musicians would have responded.

In fact, only 17 musicians redeemed Artist Clinic vouchers. MusiCares was one of Artist Trust's partnering organizations in the pilot program, but most of the organization's partners were broad-focus agencies that serve artists of all fields. Although Guillen expressed interest in continuing and even expanding The Artist Clinic, he stated by email that Artist Trust has not pursued further funding in order to resume the program.

The Artist Clinic is most similar to the New Orleans Medical Clinic, which was previously concluded to be an insufficient system for meeting musicians' healthcare needs. There is also the matter of time. According to Carolyn Schwarz, HAAM experienced a very slow initial response from Austin musicians. A time-limited pilot program such as The Artist Clinic does not allow for sufficient time to overcome what Schwarz called "trust factors" (South by Southwest Music Festival, 2011).

Here, I find it helpful to point out one of HAAM's subtlest strengths: its limited scope and constituency. HAAM is a local nonprofit organization serving the healthcare needs of area musicians. As will be discussed further in the next section, nonprofit organizations must be clear on what services they will and will not provide, and whom they will and will not serve. This focus allows HAAM to effectively distribute resources

to the beneficiaries in the most need. Austin has a thriving art scene, with vibrant cultural contributions in the visual arts, theater, and filmmaking. A conversation with Ray Benson revealed that, while HAAM has successfully garnered contributions for musicians' healthcare, adding actors (for example) would deplete community resources (Benson, 2011). This is not to say that Austin's musicians are in more need or hold higher status in our community strata. However, since Austin has built the Live Music brand and culture, and other arts funnel support into the music scene, HAAM's logical constituency is limited to working musicians.

Therefore, I would submit that an Artist Clinic system that serves artists of all disciplines throughout the entire state of Washington is too broad an undertaking to remain effective. Artist Trust's mission, while a noble undertaking, seems to be too expansive in scope. As a result, services for musicians are marginalized, and as if by consequence, not many musicians use their services. I suggest that a local organization with the specific purpose of serving musicians' healthcare needs would be highly beneficial to the Seattle community, which is home to a vibrant and lucrative music industry. Additionally, a nonprofit musicians' healthcare network partnering with The Country Doctor clinics and other providers would lighten Artist Trust's burden, allowing them to dedicate resources to artists who practice other crafts.

The Affordable Healthcare Act

In America today, approximately 19 percent of our population – about 47 million people – have little or no access to healthcare because they are uninsured or underinsured. The nation's current fee-for-service medical system works best for Americans who have adequate insurance coverage or who earn salaries substantial enough to afford to pay for

care outright. Many Americans do not have health insurance, or do not have enough to weather a major health crisis without seeking the financial shelter of bankruptcy. This significant group includes people from all walks of life: entrepreneurs, job holders with smaller companies not offering insurance, part-time employees who do not qualify for employee benefits, contracting consultants, etc.

Working musicians can be categorized as entrepreneurs. Most working musicians in America earn less than \$24,000 a year, and as previously mentioned, about 33 percent of all musicians are uninsured, eclipsing the national average in other populations (Future of Music Coalition, 2010).

By 2014, the Affordable Healthcare Act (AHCA) requires that all state governments extend Medicaid coverage to every citizen with annual income of \$14,400 or less. The AHCA also has provisions that will extend insurance benefits to those who are currently shut out of the system. For example, adult children, regardless of dependent status, can remain on their parent's insurance policy until the age of 26. In Texas, that provision alone will ensure that approximately 160,000 young adults currently uninsured will be covered. Additional provisions make it illegal for insurance companies to deny coverage due to pre-existing conditions. Until the AHCA was enacted, insurers took broad license in defining and evaluating pre-existing conditions. According to Renata Marinaro of the Artist Health Insurance Resource Center, insurance providers in Texas recognize past speeding tickets, bad credit, pregnancy, obesity and drug and alcohol use as pre-existing conditions. Additionally, insurance companies in every state would be within their rights to declare "working musician" as a pre-existing condition (South by Southwest Music Festival, 2011).

While these requirements will aid healthcare access for many, there will still be gaps in coverage, and working musicians will still be at risk of falling through them. For example, a large proportion of HAAM's constituents make less than \$16,000 annually, but still earn more than \$14,400. The individual mandate requiring that everyone possess some form of health insurance will likely alienate many musicians. Carolyn Schwarz predicts that many will automatically choose the excise tax, reasoning that paying \$95 a year is less than paying monthly insurance premiums (South by Southwest Music Festival, 2011). While that may be true, the excise tax will increase significantly, to \$695, in 2016. Also, the majority of HAAM's clients are younger musicians. According to HAAM's statistics, 66 percent of all members are younger than 40 (Health Alliance for Austin Musicians, 2010). A proportion of them will likely be eligible for continued coverage under their parent's insurance, but there will still be many without coverage. Federal representatives have met with HAAM's board of directors to congratulate them on the nonprofit's success and to urge them to carry on. HAAM was assured that its services would still be needed as the AHCA takes effect (Benson, 2011). Therefore, the musicians' healthcare network template will continue to be an appropriate and effective vehicle for solving the musician's dilemma in Austin and other music cities, even in light of healthcare reform.

Can HAAM be Duplicated?

Precedence for duplicating HAAM's model was established when Shivers advised a group of musicians and club owners in Tucson, Arizona, on how to start their own musicians' assistance program (Corcoran, 2009). Tucson Artists and Musicians Healthcare Alliance (TAHMA) is the nonprofit established in the Arizona art mecca by local entertainment executive David Slutes. Slutes was not available for an interview for this project.

Leaders and nonprofit executives from other music cities have consulted with HAAM board members in starting similar nonprofits for their musicians, yet none has taken root outside of Austin. Is this nonprofit success limited to this specific and unique community, or can it be duplicated? Ray Benson stated that while others have asked about making this model work in their towns, nobody has really asked the right questions. The purpose of this section is to offer these "right questions," along with Austin's answers to them, uncovered through interviews with Carolyn Schwarz and Ray Benson.

Chicago is a prime example of a city whose music scene – one that bustles with more than 80,000 working musicians – could benefit from a nonprofit musicians' healthcare network. While Chicago's music scene and the general cultural landscape enjoy global recognition, it has not been allowed to grow without challenge. Jim DeRogatis, music journalist for the *Chicago Sun-Times*, characterized the city government's attitude toward the grassroots music industry as ranging "from merely dismissive to downright obstructionist" (DeRogatis, 2008). Chicago's city government regularly enacted

decisions that hinder independent music making in its city by attempting to regulate the industry without consulting with insiders on how to do so effectively (Natkin, 2011).

Consequently, Chicago's working musicians have borne the economic brunt inflicted by myopic policies enacted with public interest in mind that in reality did nothing to serve the public.

However, Chicago's musicians are at a crossroads: the changing of the mayoral guard could potentially bring a change in fortune for the local music industry. Former ballet dancer and music aficionado Rahm Emanuel will be sworn into office on May 16, 2011, bringing a close to Richard M. Daley's record-holding 22 years in office. Arts activists are cautiously optimistic that Mayor-Elect Emanuel will be an ally to Chicago's music industry (Natkin, 2011).

This crossroads is a serendipitous moment for a nonprofit healthcare network in Chicago. As this change in the city's political season comes, the atmosphere is primed to promote the music scene and musicians to the place of cultural and commercial relevance they deserve, while allowing the city to capitalize on this valuable artistic asset. Businesses and citizens will likely support an initiative such as a musicians' healthcare network when their leaders recognize the music scene as a major economic force within their community.

Along with examples of how HAAM answered "the right questions," this section will offer possible solutions that Chicago can apply to establish a nonprofit healthcare network to exclusively serve its low-paid, underinsured working musicians.

Question 1: How did HAAM come together?

The story of HAAM's beginnings was told earlier, and a synopsis of its success is presented in Figure 1, "What Makes HAAM Work?" In summary, Austin is a music city with a scene of proven value outlined in several economic impact studies. These reports allowed Shivers to convince hospitals and clinics that Austin needed HAAM. Businesses, policymakers, and the community at large have rallied behind the alliance ever since in fundraising, volunteerism, and business advocate groups because they recognize the contribution live music makes to Austin's quality of life.

In HAAM's case, the pieces were already in place, awaiting a catalyst to help them merge into a whole greater than the pieces themselves. That is not to imply hard work was not involved; any nonprofit organization has an effort-intensive startup. Nonetheless, Shivers seemed to possess, along with charisma and dedication, a keen awareness of Austin's atmosphere, allowing her to sense the prime opportunity to put her plan into motion. While Shivers was undeniably special, there are creative and connected thinkers in every business community that can read their town's mood. Furthermore, the pieces in HAAM's puzzle are not unique to Austin. Every music city has them: an involved community, businesses that can understand the value musicians add to local culture and quality of life, and services available for the less fortunate.

Question 2: What obstacles did HAAM overcome?

Presence, place, and permanence. The main obstacle stood between HAAM and the musicians, and that obstacle was skepticism. "Musicians are ... cynics, because they've been burned in their music industry world," says Schwarz. "There was a big trust factor that we had to overcome in the first year" (South by Southwest Music Festival, 2011).

HAAM had to prove to Austin's musicians that the organization was there to stay, and Chicago's musicians' healthcare network will need to bear that burden of proof as well. Professional presentation, particularly an office presence, goes a long way in establishing permanence. A capable staff, while it does not need to be large, is mandatory. Although it will be tempting to initially run the organization out of a home from a laptop, a physical office must be secured to headquarter operations. The office is the place where musicians will be screened, submit information, and visit annually to renew their membership. The office provides a tangible face to the intangible services delivered by the musicians' healthcare network.

As Austin musicians were convinced of HAAM's legitimacy, they began encouraging other musicians to enroll as member clients. This word-of-mouth exchange was the most effective solution to the music community's skepticism. Musicians in any town are members of a close-knit community, along with venue owners, promoters, and producers. Word travels fast, and a personal recommendation carries a lot of weight in a community like that. Chicago's music community, while ten times the size of Austin's, shares a rapid communication network – a “grapevine” – similar to that in Austin and all the other music cities of the world. When a nonprofit musicians' healthcare network is established, word will travel among musicians and clients will come. Even if they come slowly, those with the organization must remain patient and confident.

Perceptions. Another obstacle is perceptions of community members and donors.

Preventive healthcare is a cause to which many readily contribute, but mental healthcare seems to be another issue altogether. Although the St. David's Foundation study showed how mental illness can cost a community tax dollars in the emergency room, an informal

survey revealed that donors more readily support physical health services than mental health services (Benson, 2011). HAAM addressed this perception problem with packaging. HAAM and its founding board members recognized the vital contributions the SIMS Foundation made to musician health, and wisely bundled their services in with preventive healthcare, which makes supporting mental healthcare more palatable to potential donors.

Chicagoans who take on this nonprofit project will also have to address perception issues among donors, especially in the business community. Bundling services may be a feasible way to circumvent resistance toward mental health care as a viable cause to support. I suggest that another potential solution could come from endorsements from Chicago musicians that have achieved international fame and financial success. In advertising and fundraising, notoriety offers an air of legitimacy and authenticity that is highly convincing. Famous artists can be recruited to make recommendations and endorsements to business owners for the musicians' healthcare network.

Question 3: What elements does a city need in place for a grassroots musicians' health alliance to take root?

Culture. First and foremost, a city needs to possess a culture that highly regards the city's music scene. Branding contributes a great deal to this culture. For example, Austin is officially named "Live Music Capital of the World," by City Council Resolution (Austin City Council, 1991). This official brand not only communicates the pride Austin invests in its musicians, but that the city recognizes the industry as an economic driver and emphasizes the music scene as part of its personality. That message translates into sizable tourism and commercial profits.

For example, the 25th annual South by Southwest music festival (SXSW) wrapped up on March 20, 2011. Mike Shea, the festival's Executive Director, said that crowds have swelled 20-30 percent in 2009 and 2010 (Plohetski, 2011). Numbers for 2011's SXSW had not been released at the time of this writing, but they are certain to show a significant increase even more than the last two. Austin's music scene, downtown and beyond, is transformed into a mega-festival. Upwards of 200 venues – some as traditional as nightclubs and concert halls, others eccentric like the Seaholm Power Plant – hosted events all day Tuesday through Saturday. SXSW draws entertainment moguls, journalists, corporate powerhouses, record executives, celebrities, and tourists from all over the world, all of whom stay in local hotels, eat in local restaurants, and patronize Austin businesses, from bars to independent pedicab drivers that haul people from event to event. When all is told, festival-goers pour millions of dollars into the city's economy every year.

Policy makers in music cities are wise to capitalize on the music scene by building a local brand around it. Not only does this attract tourism dollars, it also draws businesses to the area and fuels economic growth year round. A prime example is Boeing's relocation to Chicago, when three cities were courting the corporation's headquarters. All three metropolitan areas offered the same tax incentives, but the CEO opted to relocate to Chicago, in part because of the city's world renowned symphony orchestra and lyric opera (Natkin, 2011). A major corporation such as Boeing will bring thousands of employees to the greater Chicago area, create new jobs for people already living there, and contribute substantially to the city's economy, a windfall that occurred because the CEO is a music lover.

The cultural treasures abounding in Chicago are an untapped asset that the city should promote, and a branding campaign is an effective way to do this. The local economy would benefit by an influx of tourism dollars from travelers seeking out live music in a historically musical town. Chicago's independent musicians would benefit by working in a city whose citizens respect their craft and seek out their shows. The entire population – long-time residents, newcomers, and those considering relocating there – would profit from a diverse and dynamic cultural commodity.

Activists from the music community need to partner with the city government to craft the city's music brand and a strategy to market the music scene globally. This is a high priority in Chicago for the Chicago Music Commission (CMC). Paul Natkin, the Commission's Executive Director, recognizes the value Austin's brand has brought to the music scene and is working with policy makers to establish a brand for Chicago (Natkin, 2011).

Social Marketing to Create Culture. Those interested in influencing Chicago's music culture should understand social marketing principles. Social marketing uses traditional consumer marketing principles to "sell" ideas, attitudes, or behaviors (Weinrich, 2006-2010). Social marketing is used "to create, communicate, and deliver value in order to influence target audience behaviors that benefit society as well as the target audience" (Kotler, 2008). In order to make lasting behavioral and value changes, the social marketer must recognize that influential information flows in two directions – upstream and downstream. In general, the target audience is considered to comprise downstream recipients of the social marketer's message. The message focuses on a behavior or attitude change in the target audience, which in our case is a community that appreciates

and values the music scene, and musicians who feel valued and respected. However, behavioral change will last only if some marketing effort is focused on influencing upstream factors. In the case of creating a community culture that values the local music scene, upstream factors are community leaders – such as business owners, philanthropists and activists – as well as policy makers – such as the mayor, city council members, and other public officials. Information outlets and gatekeepers – print, radio, television, and internet media – are also considered upstream factors (Kotler, 2008).

Activists passionate about their town and its music scene are the perfect drivers of cultural change. This is not a new concept for Chicago's music community. Musicians and industry advocates bound together to influence the Chicago city council to drop a proposed ordinance in 2008 that could have potentially crippled the industry's future. In 2003, tragedy struck when an event attended by approximately 1,000 people in a 300-capacity venue ended in a stampede that killed 21 people and injured more than 50 others. The incident, forever labeled "The E2 Tragedy," for the nightclub in which it occurred, sent shockwaves through the community which demanded that someone be held accountable.

A slow, lumbering investigation culminated with the proposed Promoters Ordinance, which intended to require promoters to pay a licensing fee and carry up to \$300,000 worth of accident and injury insurance for each event. It also put harsh limits on events advertisement, including flyer distribution and online advertising. The ordinance, although intended to protect the public from potential overcrowding disasters, was predicted to have a deleterious effect on startup promoter businesses, as well as the musicians they were promoting. Many of the arduous requirements the ordinance placed

on the promoter – such as insurance coverage, security, and capacity requirements – were actually the responsibility of the venue agreeing to host the events. Furthermore, laws regulating the venues in these areas already existed.

Industry advocates, including CMC's Paul Natkin, were able to confront the city council with these facts (Natkin, 2011). The music community worked together to raise awareness on the issue through petitions, posters, and demonstrations. Music writers from the *Chicago Tribune* and the *Chicago Sun-Times* covered the story. CMC published the suggested second draft of the ordinance on their website, which is antithetical to Chicago's traditional closed-door city politics (Committee on License and Consumer Protection, 2009). These efforts convinced the city council to let the ordinance die in 2009 (Natkin, 2011).

This recounting is included to illustrate the power of music industry activists to drive culture and policy in Chicago. Skilled community activists with deep roots in Chicago and connections to many or all of its parts and players will have a detailed knowledge of how to market attitudes to their constituents. They can begin by enlisting donors and philanthropists to fund their social marketing campaign. Once funds are in place, the activist(s) can then begin enlisting partners upstream of their target market. Some examples of partners and actions follow.

Many businesses can serve as music venues, and their business would benefit from hosting musicians and performers. Cafes and coffee shops, libraries and bookstores, retail outlets and restaurants all make suitable venues for musicians, not just bars and concert halls. Businesses that build relationships with musicians can call on them to play live sets at promotions and events, such as a sale at a dress shop or "Taco Tuesdays" at a

cafe. Chicago businesses that host live music regularly should notice an influx of new customers who enjoy music and will support businesses that offer it. The musicians benefit from the relationship as well, by exposure to new audiences and the chance to market their recordings. Business coalitions could band together for day-, week- or month-long promotions involving live music. For example, in 2006, Austin business group Waterloo Ice House Restaurants and Waterloo Records hosted “30 Bands in 30 Days,” promoting their 30th anniversary, in which they offered a different local band daily and discounted menu items named for local music celebrities (Waterloo Group, 2006).

A successful campaign to shape a music culture should include community policies that create an atmosphere favorable to live music performances. As examples, businesses in music districts may be allowed to stay open and serve later, thus enhancing the music audience’s experience. Ordinances protecting bands from illegal parking fines while unloading equipment can be adopted. Additionally, sound ordinances should be favorable toward live music throughout the day and week. If possible, residential developments should remain separate from long-standing music venues so that outdoor concerts will not disturb occupants. If new residences are built near thriving music venues, contractors should use specialized sound-shielding materials, such as soundproof windows. Additionally, people moving into new residencies in music districts need to realize what community they are joining. Municipal funding can be provided for upkeep of outdoor areas, such as parks, courtyards, and amphitheaters, and provide soundstages at these public venues. Musicians and promoters should then have access to plan events in these locations. This last provision would benefit other civic organizations, such as

community theater groups and visual artists, as well as Chicago neighborhoods, by providing a safe environment. Although a partnership between the music industry and Chicago's city government would be lucrative and beneficial for both parties, Chicago's government has been, at the least dismissive, and at worst adversarial toward the music scene (DeRogatis, 2008).

In addition to the exposure gained by the above components, radio and television spots, such as public service announcements and music events calendars, are useful in promoting events patrons might otherwise not hear about. Even those who do not attend events will begin to recognize Chicago's independent music offerings and begin to view their community culture in light of them. A locally-recognized entertainment reporter can be enlisted as well. Two well-known journalists actively reporting on the city's music scene are Greg Kot of *The Chicago Tribune* and Jim DeRogatis of the *Chicago Sun-Times*. Just as Michael Corcoran was a journalist advocate for Austin musicians, these respected music writers can contribute significantly to the campaign to brand Chicago's music scene, and then to the march toward a musicians' healthcare network.

Confirmed Value. An economic impact study is a vital component in creating a culture that values a city's live music scene and its musicians. To date, Austin has conducted two economic impact studies, with a third on the way. Each study has shown a large and growing chunk of Austin's economy is contributed by the music industry. According to the study presented by Texas Perspectives in 2004, Austin's music industry contributes approximately \$1 billion and more than 13,000 jobs to the economy, which is a large proportion for a relatively small city (Health Alliance for Austin Musicians, n.d.).

Chicago also has an extensive economic impact study that elucidates the economic

contributions of many central and ancillary facets of its music industry (Rothfield, 2006). The numbers provided by the study indicate that Chicago's music scene is a multi-billion dollar industry, one worthy of the city's attention and support. Therefore, the economic impact study is a valuable tool for influencing upstream factors such as policy makers and donors.

Social Marketing for a musicians' health network. When a community appreciates its musicians, advocacy for its musicians' health network can be established. Social marketing principles should again be applied. The following discussion is adapted from Nedra Kline Weinreich's *Hands-On Social Marketing: A Step-by-Step Guide* (Sage Publications, 1999) and from her website (Weinrich, 2006-2010).

In traditional marketing, there is a principle of "the 4 P's" which refers to product, price, place, and promotion. In social marketing, the product is generally a service, attitude, or behavior. Price can include intangible things such as time or effort. Place refers to where the target audience receives the product or service, be it through media outlets or face-to-face interactions, education, and exchange. Promotion, often mistaken as the whole of social marketing due to its visibility, integrates advertising, public relations, promotions, media advocacy, personal selling, and entertainment avenues. Adequate research is required so that the most effective promotion vehicles are utilized to reach the target audience and boost demand.

In addition to these traditional marketing "P's," social marketers apply four more: publics, partnerships, policy, and purse strings. "Publics" refers to our previous discussion on upstream and downstream factors. Social marketers may find it necessary to segment their market into publics in order to tailor their message appropriately.

Partnership, especially in light of this thesis' proposed health network template, is a self-explanatory principle. Healthcare for uninsured, low-income musicians can be such a complex and costly issue that more than one organization is needed to handle it adequately. Providers partner with the nonprofit organization to provide sufficient resources to care for the network's constituents. Policy was named previously as a vital component for creating a music culture, as its role is essential in influencing an atmosphere in which a musicians' healthcare network can grow in the community. Finally, the organization needs to determine its purse strings, or from where and how it will obtain funding for its services.

An effective social marketing campaign will apply a marketing mix strategy that incorporates these "8 P's." The following is an example of how a marketing mix strategy could be applied to establishing a nonprofit musicians' healthcare network in Chicago, based on this thesis' template. This example assumes that the working musicians are the downstream target audience.

- The **product** is enrollment in the network and visiting the doctor annually for preventive checkups and physicals.
- The **price** of these behaviors is partially monetary, in that a sliding-scale fee is applied according to the musician's income. Time is also a price, as well as the possibility of embarrassment or discomfort.
- The **place** is the organization's headquarters, where screening takes place, various providers' offices, and mobile and community clinic events.

- **Promotion** can be done through news articles and press releases, radio and television public service announcements, musician mailings, media events, community outreach, and social media.
- **Publics** to influence include the target audience (musicians) as well as people that influence their behavior, such as family, peers, managers, and venue owners. Other external publics include policy makers, donors, local businesses, and the media, whereas internal publics include volunteers and the board of directors.
- **Partnerships** describe the organization's affiliated providers, including local hospital and clinic systems. Partnerships can also be cultivated with similar organizations in other cities, musician and music industry associations in Chicago, corporate sponsors, community members, and the member musicians themselves.
- **Policy** aspects could include smoking ordinances in night clubs and restaurants, so that musicians are not subject to second-hand smoke and do not have easy access to cigarettes. Other policies that create an atmosphere that promotes musician health and value are definitely applicable.
- **Purse strings** – where the money comes from – may be grants from philanthropic foundations and even government organizations, donations from local businesses and community leaders, and sponsorships from the local healthcare system's charity arm.

Research conducted for this project indicates that HAAM's founders applied these principles, and continue to use them to leverage support for Austin's musicians. As a

result, the organization is thriving in its sixth year and is looked to by other music cities and organizations like the Future of Music Coalition as an example of what a community can do to advocate for better healthcare options.

Question 4: What is the profile of the ideal leader – the ‘catalyst’ – for a nonprofit musicians’ healthcare network?

The term *catalyst* can be defined as an agent that provokes significant change or action (Catalyst - Merriam-Webster Dictionary, 2011). In chemical terms, a catalyst is a protein or other substance that brings chemical reactants together and allows them to react at a faster rate than they would unassisted. Both definitions can be applied to describe the ideal leader of a musicians’ healthcare network. The ideal leader will not be able to turn a blind eye to the musicians’ dilemma, and will work with and among others to provoke change significant enough to solve the dilemma. The ideal leader will also be able to use his or her connections to bring together parties – businesses, donors, healthcare providers, musicians’ organizations – to create a low-cost healthcare network that would be difficult to form without the impetus of the catalyst.

Many interviewed for this thesis expressed doubt that HAAM would exist without Shivers; they are probably right. Her charisma, tenacity, and acumen proved to be the magnet that brought her many contacts together into the alliance. As we discussed earlier, however, every city has a “Robin Shivers” – a creative, well-connected member of the mainstream business community that can take on this project with passion, charisma and the stamina necessary to see it through. Additionally, the catalyst need not be an individual. A group of people willing to bring together their contacts and creativity can serve as the catalyst for Chicago’s nonprofit musicians’ healthcare network.

Shivers was a visionary, a creative problem solver. She saw a need for musicians' healthcare and went about solving it. HAAM's model – connecting musician members with established healthcare resources within the community – is unrivalled, as we discussed in the previous section and its ingenuity is widely recognized. Alex Maiolo of the Future of Music Coalition said, "[HAAM] is inspirational. I wish every community had something like it" (South by Southwest Music Festival, 2011). While the HAAM model seems so simple and obvious, it took an imaginative approach to put it into practice. Therefore, I submit that the ideal leader possesses a unique life view which lends itself to solving problems in innovative ways.

Shivers was passionate about music in Austin, but music was not her only experience. She was a recognized business person credited with a cache of commercial and community service triumphs. Shivers' service contributions to Seton's community clinics were a reflection of her equitable healthcare interests. Her successful involvement in the Austin community earned for her recognition and trust among her peers. The ideal leader for Chicago's musician healthcare alliance will be well-connected and well-thought of in the community. The leader or leaders should be influential and credible to policy makers and local companies. They should be able to command trust and confidence within the public in order to raise awareness and funds. Additionally, the ideal leader will have an established interest in providing healthcare opportunities and solutions for the working poor. This existing interest will fuel the determination needed to take on the long hours and hard work required for starting a nonprofit organization. Equally important, Shivers was not easily discouraged, and so the ideal leader will be persistent. HAAM's slow start in 2005 could have sent the signal that there was not

ample interest among musicians to justify the alliance. Nonetheless, Shivers and HAAM continued raising money, screening musicians, and scheduling appointments. Soon word began to spread among Austin's musicians. As a result, lives have been saved and changed, and the music in Austin continues.

Question 5: What barriers can be expected and planned for?

It is possible that every music city – including Chicago – has a population unaware of the musician's dilemma, not recognizing that someone leading the blessed life of music could ever be categorized as 'less fortunate.' Fame does not always, or even regularly, equate to wealth, but that may not be common knowledge. This pervading lack of knowledge can possibly be the biggest barrier to forming a musicians' healthcare network, particularly when it comes to funding. Helpful strategies for overcoming the awareness barrier can be found in the section subtitled "Social Marketing to Create Culture," starting on page 37.

The city's political environment should be considered as well. The previous discussion on the averted promoter's ordinance is applicable, but it is not the first detrimental policy pursued by Chicago's leaders. Traditionally, Chicago has hosted seven free open-air music festivals each summer, but that number has fallen to three during recent years as the city has struggled to cut costs. Mayor Daley supported beautification and construction projects, including Millennium Park, which were strategically geared to increase tourism, while neglecting to avail Chicago's cultural treasures by promoting grassroots local music in Chicago. Although Chicago's economic impact study demonstrates that the music industry contributes a sizable amount to the local economy every year, policies enacted by state and local governments often marginalize it

(Warshaw, 2011). By and large, the music community feels that policymakers make it harder to make music in “The Windy City” (Rothfield, 2006). The political barriers are indeed looming, but not insurmountable. As was shown by averting the promoters’ ordinance, Chicago’s music community has a formidable voice that, in concert, can influence local policy decisions.

Any community interested in creating a musicians’ healthcare network also must consider the demographics of their city and the music scene. Special attention has to be given to specific politics that might be intrinsic to the demographics as well. For example, Austin is a “safe haven” for migrant workers from Mexico and South America, and a growing segment of Austin’s musician population is in the Tejano genre. At the time of this writing, HAAM has undertaken an outreach campaign appealing to Latino musicians, for which they have consulted with cultural experts to enable them to overcome language and ethnic barriers (Benson, 2011).

Chicago enjoys a music scene rich in variety, made by a musician population with a diverse heritage. That diversity should be embraced; however, it should also be a recognized source of political tension. Whatever race tensions exist within Chicago’s political environment will exist to some extent within the music community as well.

Time should be spent in the planning phase to adequately address or, if possible, circumvent these stressors. Inclusiveness strategies need to be in place as well. Outreach campaigns specifically targeted to each ethnic population will most likely be an integral piece of initial musicians’ healthcare network social marketing.

Additionally, be aware that the working musician tends to hold a different mindset than others that could benefit from healthcare advocacy. While they occupy a statistical group

that includes uneducated working poor, working musicians “don’t see themselves as the working poor, so they want another way of access,” stated Diana Resnick, HAAM board member and vice president of community care for the Seton Healthcare Network (Dentler, 2005). In some counties, Travis County included, hospital districts require a remedial course in personal care for all patients seeking medical indigence assistance (Benson, 2011). Musicians, with the intelligence to construct complicated orchestrations with varying time signatures and modalities, find such a requirement insulting and would likely not seek care at all if this were a condition. People of the creative class share characteristics that need to be carefully considered in the startup phase of a musicians’ healthcare network that could otherwise become a barrier to success.

The Template for a Musician's Health Alliance

Establishing a Common Vocabulary

Some terms and definitions should be provided to facilitate discussion before introducing the basic template for the nonprofit musicians' healthcare network. According to *The Stanford Social Innovation Review* (Foster, 2009), executives in the nonprofit sector lack a shared vocabulary with which they can communicate, particularly regarding financial issues. On the other hand, their for-profit counterparts enjoy a common lexicon that allows them more clarity, especially when discussing business models. Foster and his colleagues propose that this lack of vocabulary in the nonprofit sector is a result of poor understanding regarding funding, and could lead to a shortfall in what is required, or at least the failure to reach fundraising potential. This sentiment is echoed by authors in *The Harvard Business Review*, who state that "a lack of development in the mechanisms and institutions that channel information and money between donors and nonprofits is to blame" for a lack of growth in nonprofit organizations (Kaplan, 2010).

Beneficiaries ≠ Customers

For-profit business models describe, in addition to revenue, a relationship between the business and its customer. If one were to define the nonprofit's customer base, the term would describe those that are paying into the organization, or *donors*. A donor gives money to a nonprofit whose mission aligns with the donor's beliefs and values, or at least

to one that will serve the donor on another level. While funds are channeled to provide services for the *beneficiaries* (in our case, working musicians) the donor is the one paying for the services, and is therefore more correctly categorized as the nonprofit's customer.

Mission Statements, Business Models and Funding Models

For this reason, the term "business model" is insufficient for the nonprofit organization's unique situation. Rather, nonprofits should utilize two models – the *business model* to express the organization's operations and services for the beneficiary, and the *funding model*, which depicts strategy for financial sustainability from the donor.

The traditional guiding force for nonprofit organizations has been the *mission statement*, which is a simple, gracefully worded statement that explains the nonprofit's cause to the community. As an applicable example, printed in bold letters in the middle of HAAM's homepage is the following:

**The mission of the Health Alliance for Austin Musicians is to
provide access to affordable healthcare for Austin's low income,
uninsured musicians, focusing on prevention and wellness.**

(Health Alliance for Austin Musicians, n.d.)

The mission statement is a necessary piece of the nonprofit's overall picture; however, a business model statement should also be in place. The *business model statement* is an internal statement that links the organization's funding strategy to its overall strategy (Masaoka, 2010). In essence, the business model statement focuses the organization's fundraising efforts and strategies in order to effectively support the nonprofit's overall mission. While HAAM's mission statement paints a picture of its cause for the community's benefit, the statement does nothing to illustrate how the organization will

continue to fund its mission. A business model statement for a nonprofit organized to provide musicians with healthcare could be worded (for example), “We provide access to affordable healthcare for our community’s low income, uninsured musicians by utilizing donated clinic time and resources from local healthcare providers, supplemented by sustaining sponsors, community fundraising, and local donors.”

Defining Donors

Donors can be divided into three categories: single-gift donors, sustaining sponsors, and businesses that use cause-related marketing campaigns (business CRMs). A *single-gift donor* is one that contributes funds in a one-time gift. While these donors are not limited in the frequency of their gifts, they are not committed to long-term financial contribution. A *sustaining sponsor* has committed to annual giving that helps to make up a large portion of the nonprofit’s budget. Sustaining sponsors for localized nonprofits are generally local businesses, but can also be charitable foundations that extend grants to qualifying organizations. *Business CRMs* partner with the nonprofit in fundraising efforts by donating a percentage of profits. For example, on the annual HAAM Benefit Day in October, local businesses such as grocery stores, restaurants, and retail outlets commit a certain percentage of the day’s business to HAAM. In exchange for their donation, local musicians play live sets throughout the day which draw more patrons, while HAAMBassadors mingle with customers, allowing them the chance to make donations beyond their purchases. Additionally, HAAM provides signage and advertising for the event that can be displayed in advance. Announcements are made leading up to the event and throughout the day on several radio and television stations, websites, and social media outlets that draw in customers interested in “keeping Austin music healthy.”

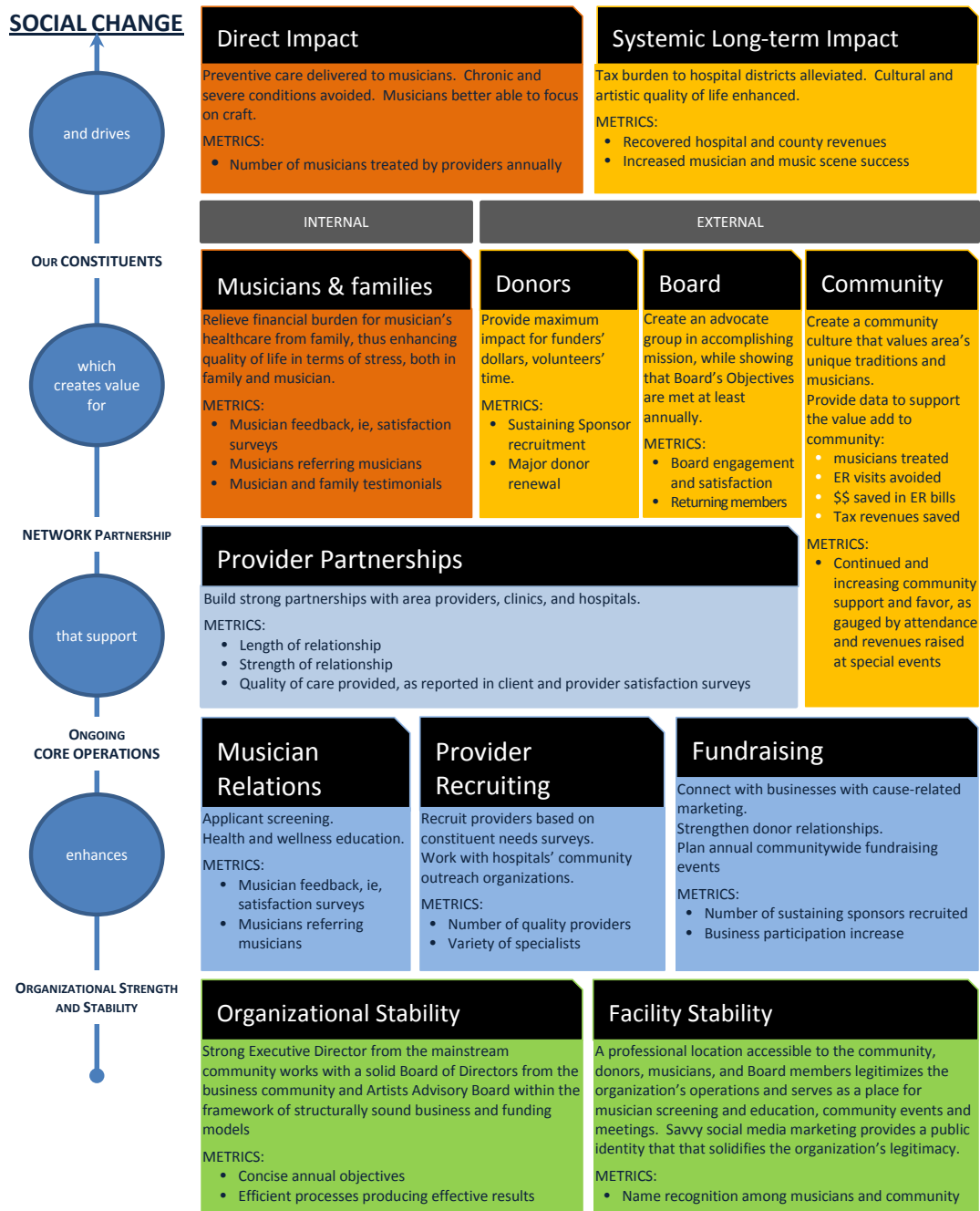
Finally, all business CRMs are credited in HAAM's annual reports and other publications, which further advertises the business to HAAM supporters that will most likely continue supporting the businesses. According to myhaam.org, Benefit Day 2010 raised \$195,000 (Health Alliance for Austin Musicians, n.d.), all of which contributes to business CRM growth.

Scorecards, Strategy Maps and Other Frameworks

A clear model is needed in order for nonprofits to track and report outcomes. Nonprofit organizations are increasingly being called upon to address many of society's most pressing issues. In many cases, the nonprofit sector is ideally suited to provide societal services where traditional market mechanisms would fall short (Barret, 2005). At the same time, increasing expectations for accountability and proof of results are also being placed on organizations (Bradach, 2008). To that end, nonprofit organizations need to adopt a framework upon which they can measure and report their performance and impacts. This could take the form of a *score card*, with which specific *metrics* – measures of success – are tracked and reported that illustrate the organization's progress toward meeting its mission (Kaplan, 2010). Another effective framework is the *strategy map*, which outlines different aspects of the nonprofit's purpose alongside the strategies it will use to fulfill it (Kaplan, 2010). A sample scorecard, adapted specifically for a nonprofit musician's healthcare network from New Profit (Kaplan, 2010), follows.

Figure 2. Musician's Health Network Scorecard. This is an example of a tool that can be used to manage and track performance of the organization. Adapted from the balanced scorecard system developed by New Profit

Mission To connect our city's working, uninsured musicians with affordable health care, emphasizing preventive care while saving our community dollars.



(Kaplan, 2010)

All frameworks should support the business model and the funding model. In the case of a musicians' healthcare network, the two are so intermingled that I will combine them in the template to show how resources flow directly and seamlessly through the nonprofit organization. The organization, termed "Network" in the template, serves as a connector between musicians, providers, and donors. On the following page, Figure 3 is a graphical representation of care and services without the musicians' healthcare network serving as a connector. Figure 4, the template of the musicians' healthcare network, follows as a graphic depiction of efficient resource flow facilitated by the nonprofit organization functioning as a connector.

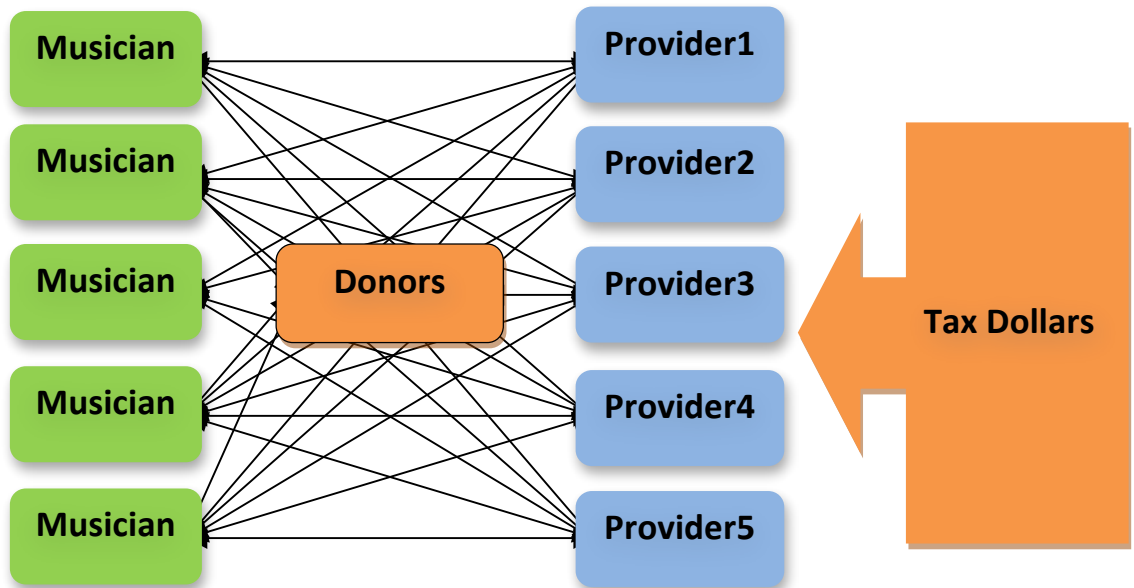


Figure 3. Flow of resources without a coordinating network. Donors directly providing funds for musician health care – either to providers or the musicians – would create a cumbersome system, requiring continuous communication and multiple gifts to multiple recipients. In essence, this method centralizes the donors and makes them the connector, a responsibility that requires fulltime attention. When this system fails or in the case of expensive emergency care, the city’s taxpayers will be required to fund care, often at greater expense. While it may seem simpler, this system complicates record keeping for every party, eliminates the musician-screening apparatus, does not save the community tax dollars, and could prove to be more expensive while less efficient.

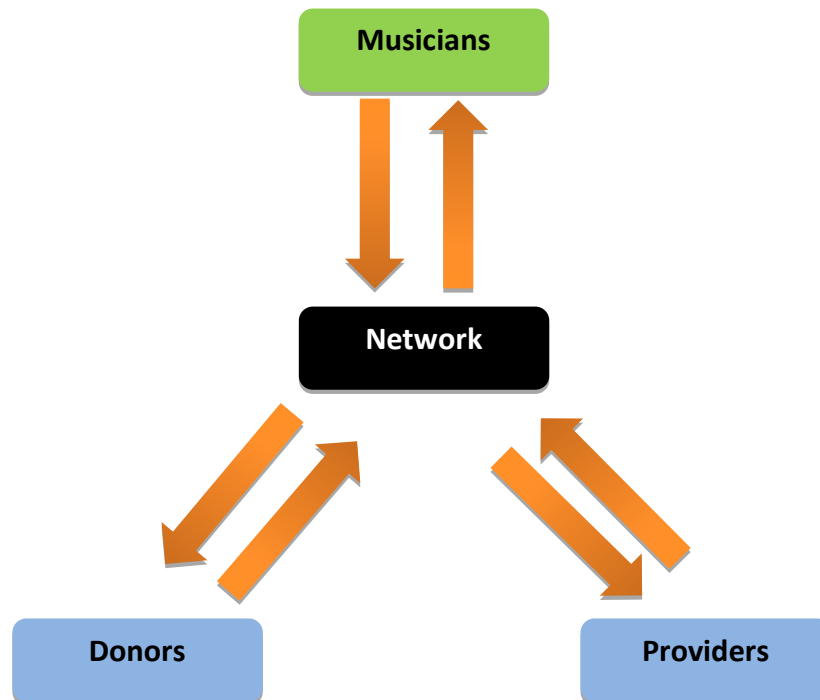


Figure 4. Musicians’ Healthcare Network. The nonprofit organization serves as a coordinating network between musicians and the donors and providers, eliminating the need for continuous communication on the donors’ part. The network also fosters provider relationships and screens musicians for eligibility, making the system much more efficient and effective for all involved.

Conclusions

Every American music city has, at the heart of its cultural asset, a group of hardworking independent entrepreneur-musicians facing the Musicians' Dilemma daily. Communities that value their music culture can and should stand with their musicians to face and overcome this dilemma. This thesis has provided a simple and elegant solution, one that can be tailored to fit the unique personality of any music city. It has also discussed ways to successfully establish the nonprofit musicians' healthcare network by applying social marketing principles. Ideas set forth in this thesis are intended to allow the music to go on in cities across this nation with fewer healthcare concerns.

What is next for Chicago?

Meetings with the Chicago Music Commission are currently being arranged to present these suggestions and to collaborate on their next steps. These meetings will focus on finding Chicago's catalyst, identifying potential barriers and how to plan for them, and recruiting providers from among the city's many hospitals and clinic systems. The Commission's work with Mayor-Elect Rahm Emmanuel will continue, and the next several months should reveal the prime opportunity to initiate a nonprofit musicians' healthcare network in that thriving music market.

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