

Canadian Forum on Arts and Health 2005

Forum Summary Report

British Columbia Arts Council hosted the Forum with support from the University of British Columbia Centre for Continuing Studies and an Innovation Fund grant from Health Canada, B.C. / Yukon Region.

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Canadian Forum on Arts and Health: Summary Report

This report is written to provide a summary of the discussions that took place during the Canadian Forum on Arts and Health. A separate appendix document contains copies of the Power Points and other slides speakers used for their presentations.

1. Forum Purposes

The Canadian Forum on Arts and Health was an invitational event held on March 14 – 15, 2005 in Vancouver, B.C. at the University of British Columbia's (UBC) Robson Square Conference Centre. The British Columbia Arts Council (BCAC) hosted the Forum, with support from UBC's Centre for Continuing Studies and an Innovation Fund grant from Health Canada, BC/Yukon Region.

The Forum was intended to be an opportunity for Canadians active in arts in health to:

- share experiences and research in Canada;
- meet others from across the country who are involved in similar work;
- consider initiatives and research available from other countries;
- assess the implications for Canadian policy in health and the arts; and
- identify questions, issues, and opportunities that need to be addressed in these emerging fields.

This Forum is thought to be the first time that individuals from across Canada who are involved in any aspect of the intersection of arts and health and arts in health care have had an opportunity to come together.

2. Origins and Organization of the Forum

The Forum originated with a question as to what evidence was available to document the relationships among the arts and individual and community health. The question, posed by Richard Brownsey, Executive Director of the BCAC, led to a survey research paper summarizing the literature available in English on arts and health from the United Kingdom, the United States, Canada, Sweden, Japan, and Australia. The author of the paper, Nancy Cooley, suggested that her preliminary research indicated there is extensive and growing evidence that the arts positively contribute to both individual and community health, as well as to medical treatment, and the well being of professional health care workers.

A presentation on the paper, *Arts and Culture in Medicine and Health: A Survey Research Paper*, was made to a meeting of the federal / provincial / territorial ministers of heritage and culture who expressed a desire to see it followed up. This led to a conversation with Health Canada officials, and a subsequent application to the BC / Yukon region of Health Canada for an Innovation Fund grant to support the costs of an invitational national forum. The UBC Centre for Continuing Studies joined the effort to provide meeting facilities and registration support.

The Forum was then pulled together by Cooley & Associates, working with a steering committee of individuals from the BCAC and Health Canada. The Steering Committee met weekly via teleconference.

3. Forum Participants

A diverse group of 120 individuals participated in the Forum. Participants came from across the country, with at least one representative from every province and from the Yukon and Northwest Territories. The majority of participants came from the western provinces: Manitoba, Saskatchewan, Alberta and British Columbia.

Classifying the participants by categories is a challenge, since so many work in more than one discipline. A significant proportion of the participants cannot be easily “labeled” since they are active in multiple capacities in more than one aspect of health, health care and arts and culture. For example, descriptions of some individual participants read as follows:

- a clinical psychologist who treats cancer patients; is a medical school faculty member; conducts research; uses drama to disseminate research results to medical personnel, patients and their families; acts; and is a budding script writer;
- a public health nurse, artist, and art therapist, with an interest in prenatal and peri-natal psychology;
- an arts management consultant, art therapist, producer of educational television programming in the arts, now developing art therapy programs for an agency supporting cancer patients;
- a former dancer; arts based community development program designer and administrator; national arts policy advisor in the United States; research supervisor on a controlled study of the impact of arts on seniors’ mental and physical health and utilization of doctors and medications;
- a psychiatrist and medical faculty member, working with youth addiction and problem gambling; who designs psycho-educational and therapy initiatives involving the use of film, television, the Internet, creative writing and art; and develops film festivals and improvisational theatre programs to educate health care providers on mental health and addiction issues.

If one goes by titles and organizational affiliations, one can roughly estimate something on the order of 35 - 40% of the Forum participants as coming primarily from a health perspective; approximately 50% primarily from an arts and culture perspective; and approximately 20% are associated with a university or other academic institution (categories are overlapping).

However, such categorization should be seen only as very rough approximations since so many Forum participants are clearly active in both arts and health organizations and pursuits. Forum participants also included a few individuals from foundations and other funding organizations and three individuals who shared their First Nations origins.

4. Inputs to the Forum Discussion

A number of activities were undertaken as part of the preparation for the Forum and documents were pulled together for the use of Forum participants and others interested in arts in health.

Survey Research Paper

The original research paper, *Arts and Culture in Medicine and Health: A Survey Research Paper*, was posted on the BCAC web site, where it can still be accessed.

Pre-Forum Survey

An opportunity was provided for anyone who was interested in the Forum, but unable to attend, to fill out a short survey and add any other comments they wished. The survey form could be downloaded from the BCAC web site and emailed to Forum organizers. Five individuals chose to take advantage of this opportunity and provided some extensive comments that were assembled, reproduced and distributed to Forum participants on the first day of the Forum.

Catalogue of People and Activities at the Intersection of Arts and Health in Canada

An invitation was extended to all those invited to the Forum, and also broadcast through a variety of email networks to anyone in Canada who is involved in arts in health, to list themselves in a Catalogue of People and Activities at the Intersection of Arts in Health In Canada. The catalogue's purposes are to

- help assemble a more comprehensive view of the scope and diversity of activity in arts in health in Canada, and
- assist those working in Canada in arts in health to connect with others in the country involved in similar or related work.

A preliminary version of the Catalogue was assembled from all the submissions received by February 27, 2005 (22) and posted on the BCAC web site (downloadable) for Forum participants and use by anyone else interested. The Catalogue seems to have been very well received. 100% of those who answered questions about the Catalogue on the Forum evaluation indicated it was of "moderate" or "high" interest with 77% indicating it was of "high interest". In response to the question: "Would you like to see this Catalogue, or some version of it continued?" 100% of those who answered the question checked "yes".

Listings for the Catalogue and suggestions for inclusion in a bibliography on arts and health continue to be received (over 50 in total to date). A second version of the Catalogue has been compiled by Cooley & Associates and posted on the BCAC web site, including all the listings received by March 31st.

Interviews on Arts, Health and Creative Aging

Pamela Brett-MacLean, of the University of Alberta, undertook a series of short interviews with individuals working in both the general area of aging (including policy and research), and creative aging programs. In addition to promoting awareness of the Forum among selected key informants in Canada, these interviews informed her Forum presentation on "The arts – wellsprings of well-being in later life: A view from within Canada" (See Appendix # 3).

Some key themes that emerged from these interviews included the following:

- Most Canadians (including older Canadians) are not aware of arts programs for seniors; and are unaware of the benefits of the arts in later life in relation to health and well-being.
- Policy documents have not focused on the benefits of arts and culture in the lives of seniors (rather the benefits of physical activity tend to be emphasized).

- Funding allocations have presented formidable challenges to offering quality arts programs to seniors in some settings.
- Although some researchers and academics have shown interest in the arts in later life, this area remains under-researched (in terms of “best practices”), and under-theorized (in relation to understanding such notions as healthy aging, and aging well).
- Some people working in this area feel isolated. Some also feel that their work is not appreciated by health care professionals. There are few resources available for them to use in their work. In addition, there are few opportunities for networking, and sharing ideas and experiences, and limited opportunities for advanced training.
- Canadians tend to consider health (the sciences) and the arts to encompass separate streams, unaware of the interconnections between the two. It is often difficult for people working in arts and aging programs to bridge this conceptual chasm.
- People working in this area are passionate about their work. The challenges that they face have inspired innovative and creative approaches to developing arts programs for older Canadians.
- Several of those interviewed emphasized that value needs to be placed on “personhood,” and “quality of life”. It was felt that a shift in consciousness was needed that values the capacity for expression, learning, and growth in later life – a vital, creative aging that values how the arts are intimately interconnected with our experience of health (emotional, physical, spiritual).

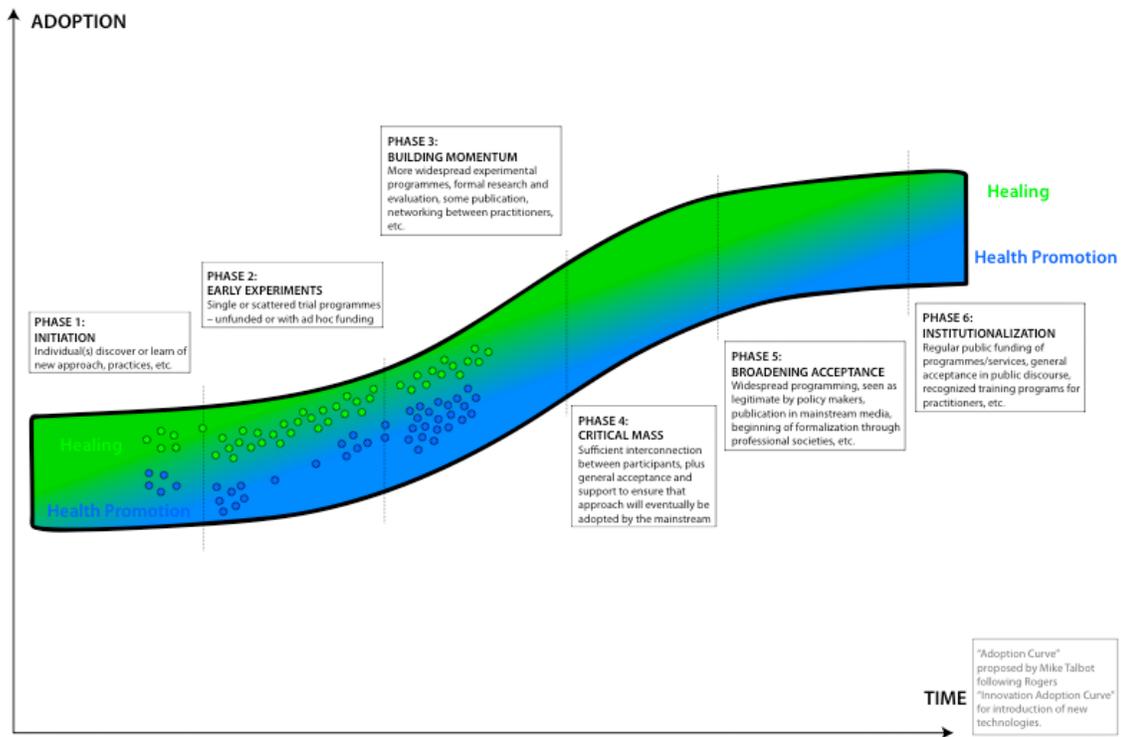
5. An Adoption Curve for Arts and Health

As part of her overview presentation, Nancy Cooley, Forum Director, asked where Canada is on the adoption curve for arts and health. She explained the six basic phases of a typical adoption curve for a new idea or concept and asked Forum participants where people were in their worlds (personal and work) with respect to arts in relation to health care and arts in health promotion.

A large version of an adoption curve was posted in the coffee area and participants were invited to indicate by placing dots on the diagram where they think we are as a country. The results are shown in the diagram on the following page.

As the reader can see, the general assessment of Forum participants was that for both arts in health care and arts in health promotion, Canada is somewhere between Phase I: Initiation, and part way into Phase 3: Building Momentum. After hearing a number of the speakers at the Forum, some participants mused that we might be further along on the curve than they had originally thought.

ADOPTION CURVE



6. Key Group Discussion Topics During the Forum

Discussion flowed in and around and throughout the Forum. Question and comment periods were never long enough; hallways buzzed during breaks; the lunch room reverberated with voices; and passionate exchanges continued into the evening.

Choosing Topics for Breakout Groups

On the second day of the Forum, the morning started with a Collective Reflection and Dialogue session with a number of breakout groups that were chosen by the Forum participants. Michael Talbot and Sally Halliday facilitated a process to choose discussion topics. They started with a number of major themes that had emerged from the first day and then asked for response and additions from the participants. A long list of topics was put up on flip chart sheets that one or more participants wanted to talk about. With the help and permission of the participants, these were then combined into categories of topics that participants spent the next hour and a half exploring the topic of their choice.

Categories of Discussion Topics

The long list of topics was combined to produce the following categories:

National strategy / vision / data base including:

Networks; data base components; mobilizing; publications; first steps; who needs to be at the table; how to break down silos, work across ministries; etc.

Health care and arts including:

Where are we with respect to bridging between them; research partners; focus on chronic disease as an opportunity; place of art in hospitals; sustainability for health care workers; etc.

Funding policy including:

Organizational collaboration; development; innovative delivery mechanisms; need for a new funding vehicle in Canada; research funding opportunities; etc.

Arts and community health including:

Social justice; relation and role of spirituality; preparation and after care for art experiences; etc.

Evaluation and research including:

Impacts; outcome measures; connecting artists and researchers; etc.

Confidentiality including:

Respect for privacy; safety; ethics in the use of imagery; keeping a safe space; etc.

Other topics included First Nations as a resource to healing and the arts; training and capacity building; recording; promotional pieces; disability including a natural partnership with Canadian Public Health Association; using arts in mental health counselling; working internationally; and paying artists and art therapists.

Participants then chose the discussion group they were interested in. When all were settled, there were six groups. A summary of each group's discussions is in the next section.

7. Summaries of Discussion Group Dialogues

Although, it was obvious that each breakout group could easily have engaged in constructive discussions for many hours, each one managed to be quite productive in the short time available. A brief summary of each of the six breakout discussion groups is given below. These notes come from flip chart sheets provided by the groups and from note takers in the groups.

Each group established one or more individuals who are willing to act as a contact or focal point to continue the discussions after the Forum. These individuals are listed at the end of the notes for each breakout group.

Group # 1: National Strategy

Vision

We envision a society where:

- the quality of health is enhanced through the arts;
- sustainable programs are funded;
- the field has a foundation of knowledge and practice;
- there is dissemination of the knowledge of arts in health and communication among those interested;
- arts are infused in education, health and daily life;
- we train, network, and advocate;
- there are links between institutions and community health.

Issues:

- Broaden the definition of health.
- Cultural diversity – How do we broaden our outreach?
- What are the implications of breaking down the “silos” (strength / weaknesses) community, research, health care, asset-based capacity.
- Universal accessibility – building a society for all ages and abilities through the arts.
- Backgrounds

Creative Tensions

Focus: What's in; what's out.

Policy – health / arts, e.g. Increase role of arts in health care education.

Next Steps

1. Create a formal body – as a chapter of the Society for Arts in Healthcare or as a separate Canadian organization
2. Create an infrastructure
3. Participate in the SAH conference
4. Seek SAH Board representatives from Canada

Volunteer contact / focus people:

Marlene Cox-Bishop, Univ. of Alberta, Edmonton, Alberta

Dana Rungay, Manitoba Artists in Healthcare, Winnipeg, Manitoba
Pamela Brett-MacLean, University of Alberta, Edmonton, Alberta

Group #2: Funding, Policy, National Strategy

A few examples of discussion topics:

- need and utility of a national network
- sustainability of funding, funding strategies, improving resources and access to them
- collaboration – multi-disciplinary, multi-lateral partnerships, attracting health care professionals
- where to find funding
- finding a way to improve documentation of success stories, then taking them to other sectors

Vision:

- Where will we be in five years?
- Need to define what a coalition will look like and its focus.
- Need to identify the range of artistic activities under the banner of arts and health.
- Need to develop a focused strategy with all the players at the table, provincially, nationally, and a system for funding it.
- The strength of a network will allow for a way to increase political pressure and move this issue up on the political agenda.

Points / perspectives articulated more than once:

- Creating a national network is a good way to start.
- Silos and lack of cooperation among agencies / departments are a barrier to progress.
- Need creative cooperation / true collaboration among many players.
- There is a need to document experience and spread success stories widely.
- Stable, multi-year funding is needed for practitioners and organizations to survive.
- Political pressure is needed to move arts in health up on the national agenda.

Outcome:

Endorsement of a proposal from Canadian Heritage to pursue the availability of funding for a National Network on Arts and Health (could be modeled on the Creative Cities Network).

Volunteer contacts / focus:

Laurel March, Canadian Heritage, Vancouver, B.C.
Claude Schryer, Canada Council for the Arts, Coordinator Inter-Arts Office,
Ottawa, Ontario
Shannon Turner, Public Health Association of B.C. Victoria, B.C.

Group #3: Research and Arts

Participants in this group shared their experience and research and explored expanding the view of scholarship to include creative work; the challenge of doing research - science based research vs more qualitative research; arts as a method of inquiry; partnerships to evaluate artistic projects; and the need for a multi-disciplinary approach.

Dr. Ruth Martin shared a two page guideline for medical residents who wish to pursue creative arts projects relevant to family medicine. Susan Cox indicated the Canadian Institute for Health Research will fund qualitative research. Valerie Hunter of the Vancouver Foundation indicated the Foundation is funding community research and is looking for things that will inform clinical practice, have an impact on communities and support clinicians.

Two Approaches:

- show impact of arts on health
- research that is integrated with the arts

These two approaches call for different strategies. Arts has a humanizing influence on the academic world; it balances intellect with creativity / the heart.

Challenges:

- documenting outcomes that are known intuitively
- struggles for artists to know what funders want and then how to provide it
- more focus on research results dissemination needed, especially via the arts
- creative products being accepted as legitimate scholarship, especially in medical training
- ethical issues: arts / research - disadvantages of researchers entering the art world, constraints of ethics.
- issues around confidentiality / intellectual property need to be addressed. Whose story is it? Who owns it? This is a new area of ethical inquiry.

Outcomes / Suggestions:

- a network of artists and researchers – multi-disciplinary
- a multi-disciplinary website – for funding tips, opportunities re arts research, and on-line access to literature reviews
- specialized ethics review for community research
- links developed between researchers and artists, e.g. UBC medical school students and local artists
- check out the new Canadian Journal – *Ars Medica*

Volunteer contact / focus:

Susan Cox, University of British Columbia, Vancouver, B.C.

Group #4: Arts and Community Health

This group explored connectedness between

- community spirit / spirituality
- arts as communication, expression, creativity
- bridging / building community and cultures

- And** Challenge of communicating value / role of community health to funders
- And** Arts breakdown stigma
- And** Wrestled with language issues, cultural issues, i.e. use of words like “spiritual”, “divinity”, “sacred” re funders
- And** Raised issues of sustainability / funding.

Some Quotable Almost Quotes:

- We never use the word “spirituality” in research. How do you measure that?
- When we talk about [spirit and art], we are talking about cultural differencesI look at the culture. I look at how different cultures regard and move, soul and divinity, and how is that a desire. We are all desiring something. This desire is spiritual.
- In terms of social justice perspective, we need to acknowledge what de-spiritualizes us when we look at community and art practices Art can become a tool for change.
- It’s understanding community Sometimes it is the caregiver that is the needing one. We are learning ways to rediscover how to safely learn about one another
- Art processes; it switches people to a creative space, and people can connect more easily the arts are a process.
- People are finding their humanity and expressing that. That would be considered “spirituality”.
- Is there a way to write a position paper appealing enough to researchers / funders so that this topic gets legitimized?

Volunteer contact / focus:

Ran Hyman, Simon Fraser University, Burnaby, BC.

Group # 5: Arts in Health Care

Challenge:

- To engage the health care system.

Ideas / Response

- We must go to them with
 - quotes, quips, stories of the value
 - research on
 - patient outcomes
 - staff retention / quality of life
- link of personal experience to professional practice.

Volunteer contacts / focus:

Trevor Hancock, Ministry of Health Services, Victoria, B.C.
Claire Gram, Evergreen Community Health Centre, Coastal Health Authority, Vancouver, B.C.

Group #6: Ethical Issues

This group explored ethical considerations in the intersection of arts, health and health care. They felt art as healing and art used during counselling is a continuum, not opposites.

- “Ethical” not always the same as (merely) “legal”.
- “Do no harm” meets we don’t know what we don’t know.

The group created a grid / matrix for “siting” (positioning) the different kinds of work we do. Each event of art creation and art projects described at this Forum can be located at some intersection on the grid below. There are ethical considerations (questions to be asked) at each point on the grid.

	WHO & WHAT			
		Creator of Art	Initiator / facilitator of process / project	Research
W	Planning			
H	Process			
E	Art “product” – (image, dance, etc.)			
N	Later use of art “product”			
	Project evaluation			
	Consequences for participants. How are they cared for?			

A third dimension across the matrix above would be the legal / ethical grid.

Volunteer contact / focus:

Judy Weiser, Phototherapy Centre, Vancouver, B.C.

8. General Discussions – Recurring Themes

Following each session there was a question and discussion period, usually too short. Forum participants were frequently frustrated by having to cut off engaging discussions to move to the next item on the agenda. These discussions were quite wide ranging, but a number of recurring thoughts and themes were heard. A few of these are listed below for illustration.

- There is a need to break out of disciplinary silos and adopt a broader perspective in order to create effective partnerships.
- Arts and creativity promote a sense of control and empowerment in people, and foster the ability to have an impact on the circumstances of their lives.

- Health is about human relations and connections. The arts facilitate connections.
- Arts can give voice and visibility to individuals and communities.
- The arts promote the ability to build capacity, whether in an individual or in a community.
- Arts can break down differences and cross boundaries.
- Creativity is a need. There is a personal felt need for creativity.
- New understandings of the nature and the experience of illness are revealed through art.
- The arts provide ways in which patients feel they are contributing. They become active partners in their own care.
- Arts-disseminated research makes it possible to communicate material to health care professionals in a way that may otherwise be heard as criticism. In this way they are both supported and challenged.
- Arts as a facilitator of change, with patients, professional care givers, in communities, and in individuals – the transformative nature of art.
- Institutions learn from studies. Individuals and communities learn from stories.
- There are no cookie cutter approaches. Different techniques need to be considered for different circumstances.
- The need for stability and sustainability in funding – discouragement regarding reallocation of funding despite positive impacts; frustration with having to start over again.
- Arts based programs are not well documented in Canada.
- The need for catchy slogans and one-liners.
- The need for networking, a desire for a national data base for people and activities involved in arts in health, and a vehicle for ongoing sharing.

And evident in all the breaks and lunch conversations was the excitement and appreciation of being able to come together in the Forum and a desire for more, and more regular opportunities for meeting and sharing.

9. Flowing from the Forum

A number of initiatives appear to be flowing from the Forum discussions. A few are noted here.

General Actions

- Canadian Heritage personnel announced their intention to pursue funding for a national network and data base on arts in health, a proposal that was endorsed by the breakout discussion group on funding, policy and national strategy. Discussions continue on the best way to pursue a network.
- Representatives from a number of funding organizations explored possibilities for creating collaborative initiatives for multidisciplinary, multi-lateral partnerships and sustainability of funding in arts in health.
- A preliminary vision for a national strategy for arts in health was roughed out and plans were made by a number of participants to continue the discussion on creating a national organization and a national strategy at

the Society for Arts in Healthcare conference in Edmonton, Alberta in June, 2005.

- An informal network was started of researchers and artists interested in arts informed research and in assessing the impact of arts on health.
- A presentation on the results of the Forum has been included in the program of the SAH conference in June. This is the first SAH conference to be held outside of the United States. It is reported by its organizers to be attracting interest from across the country and around the world.
- As noted above, one or more individuals from each breakout discussion group volunteered to serve as contact points for follow-up discussion and action on the focus of the group.

Naj Wikoff also announced on the first day of the Forum that the Johnson & Johnson / Society for the Arts in Healthcare Partnership to Promote Arts and Healing Grant Program is making \$20,000 available in 2005 for projects in Canada. A number of organizations represented at the Forum indicated they intended to pursue the funding.

Participants' Intended Follow-up

On the evaluation forms distributed during the Forum, participants were asked how they intended to follow up on the Forum. Their responses are summarized below. A full listing of their responses can be found in the separate evaluation report on the Forum.

The most common response to the question of how individual participants intended to follow-up on their Forum experience, 16 of 28 written responses (57%), involved continuing with networking and connections made during the Forum. The second most common response, 12 of 28 (43%), involved undertaking some kind of action to either share their experience with colleagues and / or pursue other actions to advance arts in health. Some illustrative comments include:

- *"Will try to connect with people I met, share info with people at workplace, follow up on websites."*
- *"Have set a follow-up meeting with other conference participants from my province to talk about who to send / encourage to go to [Society for Arts in Healthcare] conference in Edmonton and to brainstorm how to start a provincial network."*
- *"Networking. Possibly work in a focused way on bridging art – health thru establishing agency advocating non-profit sustainable arts programming for healthy community."*
- *"Report information, seek new sources of funding based on contacts made here."*
- *"Working with funders to develop funding strategies. Working with potential network leaders and to develop / encourage their role."*
- *"Take the learning into decision making; broaden network."*
- *"I will be preparing a report for my membership and outlining key points and resources."*
- *"More thoughtful programming – seeing connections with community."*
- *"Establish an organized network to undertake advocacy and services to national audience."*

Participants' Desired Follow-up by Forum Sponsors

The most common desires expressed by participants for follow-up by the Forum sponsors was to support continued networking and connections, as well as to support opportunities for continued learning about arts in health. Fifteen of 21 written comments

(71%) addressed these topics. There was also a desire for “advocacy” and other actions to advance arts in health. For example:

- “More events like this. More dialogue between them.”
- “Annual gathering and in between opportunity to share info.”
- “Like to see another forum, maybe make it annual. Have more clients, artists.”
- “More networking – advocacy: website reporting advances / developments in this field; examples of successful programs for the public – hospitals to see.”
- “I think it would be great to have an online forum, or email group that communicates what is going on in their communities.”
- “Regional workshops addressing topics that support further connection and moving forward.”
- “Work towards a national body that can develop a national approach and support the development of programs, research and policy, and that establishes and maintains a network of practitioners and researchers.”

There were also suggestions for very specific actions to take the subject to the health care sector such as:

“Organize educational sessions at the Canadian Healthcare Association annual conference, or at the provincial conferences suggest an article to the Healthcare Quarterly (Canadian journal read by the country’s health care leadership). . . . engage the ‘arts and health’ community in the International Union of Health Promotion and Education conference in Vancouver in 2007 link to the Healthy Communities movement.”

One individual pointed out there was “no French presentation or component. It’s only one Canadian vision.”

See the separate Forum evaluation report on the BCAC web site for a complete listing of all answers to these questions.

10. Thoughts from the Forum Director

This section contains the author’s personal conclusions and recommendations and should be seen to be ONLY her individual thoughts. As a reminder that the following views are ONLY those of the author, the remaining text is written in first person singular.

Director’s Conclusions

When the two day Forum was complete, I was elated by the caliber and depth of the discussions that had taken place. As a long time facilitator of multi-party processes, I was also profoundly impressed by how highly productive the break out group discussions on the morning of the second day had been in the very short time available. The results from those discussions revealed a high degree of like-mindedness and shared perspectives about ways forward among a VERY diverse group of Canadians.

It seemed to me that my impressions going into the Forum that there was a ground swell of interest and support across the country for more exploration and recognition of the power of arts in health was not far off the mark. The Forum participants seemed to exhibit a deep hunger for progress in these fields and a great deal of excitement about

their potential increased contributions to individual and community health and the viability and sustainability of our public health care system.

On the other side of the coin, the exchanges at the Forum often also illustrated the degree of isolation in the country of people working in some aspect of the arts in health; their lack of knowledge of what others in their own or related areas are doing; and occasionally resistance to openly looking at approaches and knowledge outside of their own familiar domains. Clearly, there is still a long way to go to promote greater comfort with open exchanges across a multitude of disciplines, perspectives and different ways of relating to the world.

Listening to the various comments and reactions being shared at the Forum also made it clear that for some, the broad reach of the intersection of arts in health is still a novel concept and not one they are very comfortable with. The basic paradigms that underlie most scientific disciplines and most arts based disciplines are different and result in very different ways of experiencing the work and interacting with it. This is a divide that needs to be addressed and one that will take some concerted effort to successfully bridge.

At base, however, I was left with a profound impression of the excitement, passion and commitment of those involved in the Forum for their own work; their willingness to explore new areas; their desire to raise the awareness of others as to the impact and possibilities of what they are doing; and their strong desire to see the whole area of arts in health advance in Canada. There appears to be a bright future for arts in health in this country and now appears to be the time to take bold steps forward.

Recommendations

My personal recommendations for follow-up to the Forum are not very different from those coming from Forum participants. I think overall participants articulated a clear-eyed view of the possibilities and the difficulties in the way of moving forward. It seems as a minimum that the following next steps should be pursued as quickly as possible:

1. Create a national multi-disciplinary network

Create a national network and data base of all those involved in some aspect of arts in health in Canada. This needs to be a multi-disciplinary and interdisciplinary effort in a burgeoning set of overlapping and intersecting fields. The critical need for a multi-disciplinary effort was clearly recognized by those identifying the need, especially those already engaged in research in arts in health. Such a network and data base are essential foundations to allow people to get in touch, stay in touch and grow together. Heritage Canada's offer to find the funding to move this ahead should be taken up as quickly as possible.

As part of the creation of a national data base, document the scope and diversity of activity in Canada. While the work leading up to the Forum and the Forum itself gives some indication of the diversity of activity in Canada, it is certainly no where near comprehensive as to scope or diversity. A thorough canvass of the country would seem to be in order.

Manitoba Artists in Healthcare (MAH) has been pursuing funding to create a data base before the Forum. This organization is a possible locus for action, as long as it is willing to work in cooperation with others across the country who are interested in contributing

to such a project. The MAH would also have to be clear that it needs to include all those working in all aspects of arts in health, NOT just those involved in health care. One possibility for consideration would be to have a cooperative effort to create the network and data base with MAH concentrating on the more medically oriented side of the equation with others focusing on those more oriented to both individual and community health promotion and wellness.

2. Document Success Stories

As part of the research on the scope and diversity of activities in arts in health in Canada (see # 1 above), document the success stories for distribution to colleagues and skeptics. Most of the success stories we have now are from other countries. Success stories from Canada are essential to understand what is happening, what is relevant, and what is effective in our own country.

Such an effort could be built into the network initiative. Another approach would be to partner with some educational institutions to involve interested graduate students, health sciences students, arts and humanities students, or arts administration students to write up illustrative experiences from around the country.

3. Create and maintain an interactive web site

Create a web site and / or other venues where people can share their work, post documents, pose questions, discuss issues and generally contribute to each other's understanding and growth. Such an obvious presence is desired by those involved in the fields. It is also a necessary information distribution place / credibility support for those trying to educate others about arts in health. With no obvious Canadian source of information to refer people to, one is forced to cite American and other international sources. This is not a tenable position for those involved in Canada, nor is it reflective of the scope and calibre of work going on in this country.

The offer of space on Heritage Canada's interactive policy-oriented site, CultureScope.ca, looks like a logical place to create an interim presence. However, a permanent space that is well maintained needs to be established to serve the community well. It should be possible to put together a consortium of universities and / or cultural agencies that could collectively supply the resources to maintain such a site.

4. Hold another general national gathering / event within the next six to 12 months; explore options for regional get-togethers

Forum participants voiced a strong desire for another opportunity to get together quickly and for opportunities to get together regularly. Such regular gatherings are necessary to allow people to support one another and to learn the full extent of what is happening in the country. They are also necessary to maintain and build the momentum established by the March Forum.

I would suggest another meeting be held in the fall of 2005 or the spring of 2006 to continue and expand the dialogue. The Forum was an invitational event with limited space. The next event should be open to all interested parties. I would suggest holding a meeting to discuss a draft national strategy and policy. See # 5 below.

At such a meeting, it would be appropriate to have on the agenda an exploration of options to hold regional as well as national meetings. Such regional events would permit many more people to attend and could also likely be held more frequently.

5. Create a national policy and funding strategy

Forum participants demonstrated a strong interest in pursuing a defined national policy on arts in health and a strategy for pursuing it, especially a strategy for providing sustaining funding. For arts in health to be enabled to make all the many contributions it can to individual, community and institutional health, there will need to be policy recognition and support for the possibilities. There will also need to be funding vehicles that allow stable and predictable funding over a number of years. Many artists working in communities are already suffering from poverty and burnout as a result of the current project by project funding arrangements. This is simply not an option for any kind of effective arts in health initiatives. Sustaining funding must be created.

I would recommend that the momentum established during the Forum be capitalized on to create a draft policy statement and funding strategy for further discussion in conjunction with the Society for Arts in Healthcare conference in Edmonton in June. Many of those most passionate about pursuing a policy will be there. It should be possible to follow that with refinements via email and conference calls to produce a draft policy statement and / or white paper for the next federal / provincial / territorial meeting of ministers of heritage and culture (scheduled for September 2005). This would allow the debate to proceed rapidly.

Assuming a positive reception from the collected ministers, this discussion could go forward to a second national gathering in the spring of 2006. Such a meeting and discussion could provide nation-wide support for a new policy statement and initiative by the ministers.

6. Seek support for an on-going series of more specialized gatherings

For those involved in various aspects of arts in health to grow and mature their work and the fields, on-going conferences, forums, symposia, and other opportunities to get together are necessary. However, to avoid the narrow specialization that has limited so many other fields, I would recommend that such gatherings be held as sub-groupings under the broader umbrella of arts in health. This allows people to advance in their particular area of interest while maintaining some current knowledge of what is happening in many other aspects of arts in health.

Such gatherings would likely need external financial support for three to five years to become firmly established, but then should be capable of being financially self-supporting.

7. Pursue arts in health demonstration projects to help address some of the most pressing health and social problems our society faces

There are opportunities to pursue demonstration projects, with strong evaluation components included, with provincial health and cultural authorities, that can make an immediate contribution to pressing issues in both our health care system and our society. Some obvious possibilities for initial demonstration projects include the following:

- creative aging projects – community based arts activities to improve the mental and physical health of seniors, the quality of their lives, and thus to reduce their demands on the medical system and the time when they will need long term care facilities. Projects in this area have the capacity to make an immediate positive contribution to the current crises in our medical system, which is suffering from an acute

shortage of doctors, nurses, and, in many provinces, long-term care beds. Even a few years delay in the time when individuals will need long term care facilities can give provincial authorities the breathing space they need to deal with the long term care bed shortage and the avalanche of grey hairs that is coming.

- caring for the caregivers – practices in many countries, especially in the United States, daily demonstrate the power of arts programs for professional and home caregivers to reduce their stress, their levels of absenteeism, their burnout rate, and the rate at which they leave health care. In the United States the vast majority of hospitals now have significant arts programs for both their patients and their staff because it has a strong positive impact on patient and staff satisfaction and on their bottom line. Again, this is an area where demonstration projects can help staff and home caregivers cope until more personnel, respite services, and institutional care spaces are available.

- addictions, depression, alienation and youth at risk -- programs in many countries demonstrate the effectiveness of arts initiatives in creating a sense of connection, relationships and a sense of belonging, and in addressing many other roots of addiction, depression, and marginalization in society. Arts programs can be particularly effective in involving youth and giving them opportunities to learn both substantive and life skills that equip them to be successful in school and employment, to engage constructively in society, and thus to make a positive contribution. Arts programs have also proven to be more effective than increased law enforcement in dealing with delinquent youth. For example the US Justice Department concluded that the Midnight Shakespeare program was more effective (and much cheaper) than hiring additional policemen to deal with street youth who were running afoul of the law.

8. Build strong collaborative research and evaluation components into demonstration projects

Although there is research of varying degrees of rigour available from other countries on the impact on health of many arts-based interventions and activities, there is not a great deal of research available within Canada. There is also a lively debate in academic and artistic circles on the appropriateness of various evaluation methodologies that are used. In many instances, it seems that what is required for a truly useful assessment are new methodologies that use the strengths of both science and the arts.

I recommend undertaking some innovative partnerships with universities and relevant consulting professionals to evaluate demonstration projects, and also to explicitly assess evaluation methodologies, and to design and test new ones where appropriate.

9. Advance the dialogue on ethical considerations

A number of questions and issues about ethics were raised during the Forum and pursued by one break out group. There are clearly a number of issues here that need immediate exploration and resolution if “do no harm” is to be honoured in arts in health activities, especially in community based activities.

I recommend putting together a national working group to continue the dialogue on this subject and to report to the next general gathering of those interested in arts in health (see # 4 above). The reporting and further discussion would be undertaken with a view to making specific recommendations to governments, universities, and practitioners as to appropriate standards and action.

10. Explore establishing training opportunities with Canadian universities

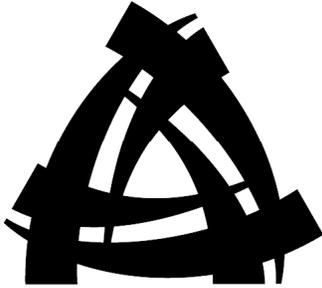
There seems to be a need to establish opportunities for training in various aspects of arts in health in Canada, both as degree programs and as certificate or diploma programs. There is also a need for on-going professional development. The University of British Columbia Centre for Continuing Studies, one of the sponsors of the Canadian Forum on Arts and Health, has already articulated an interest in offering some of this training. I suspect institutions in other parts of the country would be interested as well. One of the pressing needs seems to be training for artists working in health care and also for practitioners working with communities.

I recommend that discussions be opened with UBC Continuing Studies on establishing some certificate courses for existing practitioners and conversations be started with other universities and appropriate educational institutions as well. UBC personnel have expressed an interest in developing such courses.

Each of the categories of recommendations above has many subsets. There are also a host of other recommendations that could be made. However, it seems to me that attention to those above will naturally lead to the appropriate secondary ones. What I think is a critical component of, and complement to, all of the recommendations above is relentless pursuit of opportunities to spread the word, get the success stories out, publicize in Canada relevant experience from other countries, and get both targeted publication coverage and general media coverage of the exciting initiatives already underway in Canada.

It is an exciting time for arts in health. There are extensive contributions to be made to Canadian culture, to the health of communities and individual Canadians, and to our public health system.

Appendix # 1: Forum Program



BRITISH COLUMBIA ARTS COUNCIL

Supported by the Province of British Columbia

Canadian Forum on Arts and Health 2005

March 14 / 15, 2005

Robson Square Conference Centre -- 800 Robson Street
Vancouver, B.C.

Hosted by the British Columbia Arts Council with support from the UBC Centre for Continuing Studies and an Innovation Fund grant from Health Canada BC /Yukon Region

March 14th: 9:00 am to 5:00 pm
5:00 pm to 7:00 pm Informal Reception

March 15th: 8:15 am to 3:00 pm
3:00 pm to 4:00 pm Optional African drumming session
(a beginner friendly experience)

Forum Purposes

The Forum is intended to be an opportunity for people who are active at the intersection of health and the arts to:

- share experiences and research in Canada;
- meet others from across the country who are involved in similar work;
- consider initiatives and research available from other countries;
- assess the implications for Canadian policy in health and the arts; and
 - *identify questions, issues, and opportunities that need to be addressed in these emerging fields.*

Day 1 – March 14, 2005

9:00 am Forum Opens

1. Welcome and Introductory Materials

- Welcome
 - Donald Shumka, Chair, British Columbia Arts Council
 - Yousuf Ali, Ex. Director, Health Canada BC/Yukon Regional Office
 - Jane Hutton, Associate Vice President, UBC Continuing Studies
- **Forum Overview**

Origins and overview of the Forum structure, “*Arts and Culture in Medicine and Health: A Survey Research Paper*”, administrative details, questions to consider.

Nancy Cooley, Forum Director, Cooley & Associates, Inc., Victoria, B.C.

- **Canadian Health Determinants**
- A brief introduction to Health Canada’s Key Determinants of Health and the importance of strong, intact culture to health.
Dr. John David Martin, Program Medical Officer, First Nations and Inuit Health Branch, for Health Canada’s Pacific Region.

10 am to noon

2. Arts in the Medical World

An overview of arts’ contributions to health care -- as adjunct treatment, support to patients, and in reducing length of patient stays, pharmaceutical use and staff stress and absenteeism in hospitals. A report on the results of a recent survey on the use of the arts and arts therapy in American hospitals. Experience in a Canadian hospital using drama with cancer patients, and in disseminating research results to patients, their families and medical personnel.

Naj Wikoff, Director of the Healing and the Arts Project, Dartmouth College Medical School; President of the Society for the Arts in Healthcare, sculptor, storyteller, and celebration artist.

Morning Break

Check out Connection Central and Express Your Experience and place two dots.

Dr. Ross Gray, Associate Professor, Department of Public Health Sciences, Faculty of Medicine, University of Toronto and Co-Director, Psychosocial and Behavioural Research Unit in the Cancer Program of Sunnybrook & Women’s College Health Sciences Centre.

Buffet Lunch – 12:15 pm Rooms 150 / 180

1:15 pm to 3:00 pm

3. Arts, Health, Creative Aging & Building Healthy Communities

The relationships among creative expression and health, well being, and healthy aging. The use of arts to maintain and extend good health in our aging population, to enhance the quality of elders’ lives, and to create and strengthen social connection. A report on the results of just completed American longitudinal research on The Impact of Professionally Conducted Cultural Programs on Older Adults - their physical and mental health and use of doctors and medical facilities.

Susan Perlstein, Founder, Executive Director of the (American) National Center for Creative Aging and Elders Share the Arts; educator, social worker, and artist.

Commentator:

Pamela Brett-MacLean, PhD(C), researcher with the Department of Family Medicine, University of Alberta; Interdisciplinary Studies doctoral candidate at the University of British Columbia (focus on arts, aging and health).

Building Healthy Communities

The uses and efficacy of the arts in contributing to individual health and building community among all ages and backgrounds, including connecting generations and ethnically diverse populations, bringing neighbourhoods together for cooperative action and celebration, and addressing social issues and conflicts.

Susan Perlstein

Commentator:

Jil P. Weaving, Community Arts Programmer, Vancouver Board of Parks and Recreation; artist.

Afternoon Break: **3:00 pm**

3:20 pm to 5:00 pm

4. Community Arts and the Inner City: Inspiring Tales from Vancouver's Downtown Eastside

Personal and community capacity building; building bridges to the city as a whole; demonstrating the effectiveness of the arts for social and economic renewal in an inner city neighbourhood -- these are some of the functions of community arts in Vancouver's Downtown Eastside. They are building on the natural talents and skills of local residents, affirming the richness of the community in human experience and in creative expression, and in the process changing one-dimensional perceptions of the community. Rewards and challenges of this work will be compared and contrasted with initiatives in other types of neighbourhoods.

Michael Clague, Director, Carnegie Community Centre in Vancouver's Downtown Eastside

Terry Hunter, Executive Director, Vancouver Moving Theatre

Sharon Kravitz, President, Community Arts Council of Vancouver

Commentator:

Susan Gordon, Coordinator, Arts and Culture, Vancouver Parks Board

5:00 pm to 7:00 pm

Informal Reception: Robson Square, Rooms 150 / 180

Enjoy the music, food and company.

Day 2 – March 15, 2005

Coffee, baked goods and fruit will be available at approximately 8:00 am.

8:15 am Wake-up Session – Lyle Povah

Optional wake up with a physical and fun rhythmical experience, an energetic musical activity to begin the day. NO musical experience or skill is required.

8:30 am to 10:15 am

5. Collective Reflection and Dialogue

- **Brief report of overnight summary** of Day 1's discussions
Sally Halliday, Sally Halliday Consulting and Counselling
- **Break out groups**
Discussion in smaller groups of topics Forum participants wish to explore in more

depth. Topics and groups will be determined by Day 1's discussions and participants' interests.

Each break out group will need to designate a note taker to report the results of the group's discussions to Sally Halliday and Michael Talbot during the morning break.

Morning Break – 10:00 am to 10:30 am

10:30 am to 12:30 pm

6. Arts in Research and Evaluation

An exploration of the prospects, possibilities, and challenges of incorporating the arts into health research. What is the place of the arts in health research? What can research using arts-informed processes and representational forms of the arts look like? What knowledge is produced and what is lost and what is gained through the use of alternative methodologies in health research? What are some of the key ethical issues associated with arts-informed research? How is the quality of arts-informed research judged or determined? Challenges of evaluating the health impacts of cultural programs and arts-based activities.

Dr. Ross Gray is stepping in for the ailing Dr. Ardra Cole.
Susan Perlstein

Time Permitting: *a surprise presentation*

Buffet lunch: 12:30 pm to 1:30 pm Rooms 150 / 180

Reflection on the morning with fellow participants.

Brief report back on the morning's Collective Reflection session

*Michael Talbot, **Michael A. Talbot & Associates.***

1:30 pm to 3:00 pm

7. Culture, Health, Medicine and Healing

The dominant, current (Canadian) culture did not invent 'health'; nor did it invent 'healing'. It is important to view our current health practices from the outside – from a healthy distance. We can all benefit from analysis of our status quo and dissection of our institutions. On the other hand, an insider's perspective – from within the specialized knowledge and skills of modern medicine – could yield rich rewards. Historically, health and healing belonged to Community, to Ceremony, and to the (Sacred) Arts. Today, medicine is wed to science and technology. How do they (we) all fit together? What happens when other cultures and perspectives vie to contribute to our personal, modern ideas of health and healing? And what happens when our various viewpoints truly finally dialogue?

Dr. Evan Tesla Adams, Chief Resident, Aboriginal Family Medicine, St. Paul's Hospital, Vancouver, B.C.

Closing Remarks

3:00 pm to approximately 4:00 pm

Optional Session: Drumming for Self-Discovery & Celebration

This beginner-friendly session with Lyle Povah offers an experience of the depth, power and magic of African drumming, not as observers but as full participants in this age old activity. Povah describes the drum as an *“evocative instrument with the potential to initiate our inner potential to heal. Its powerful and mesmerizing beat engages the mind, body and spirit and becomes the vehicle upon which we are invited on a journey of self*

and group discovery". This community building activity will close the Forum, providing participants with an opportunity to integrate and celebrate the Forum experience.

Participant evaluations:

Please use the comment and evaluation forms provided before you leave and /or give us your assessment after the Forum by emailing your views to artshealthforum@look.ca.

Appendix # 2: Suggested Guidelines to Support Productive Discussions

1. Respect everyone's right to be heard

- listen without interrupting
- share the floor
- speak concisely
- respect agreed upon time limits for speakers
- turn off cell phones and pagers unless required to be on call
- leave the room promptly if required to answer a cell phone call

2. Respect everyone's views

- listen without judgment
- ask questions to clarify views
- use open questions to elicit information
(questions that begin with who, what, where, when, how or why)
- use respectful language -- avoid put downs or insults
- focus on issues not personalities
- use "I" language to share your experience and views
"I think that . . ." "I feel that. . . ." "It seems to me that"

3. Share one's views and be open to other perspectives

- explore alternatives
- look for areas of agreement
- avoid getting stuck in apparent conflict
- when upset or angry, take a time-out to cool off before speaking

4. Use plain English

- avoid acronyms and alphabet soup
- avoid specialized technical terms or provide definitions

5. Raise information needs and concerns promptly

- speak up if you require additional information on a topic
- speak up promptly if you have questions or concerns about the accuracy of information presented
- identify what could be done to satisfy your questions or concerns

6. Respect the time available for the meeting

- return from breaks on time and reassemble after lunch promptly
- be willing to move on to the next agenda item when asked to do so

7. Take care of your personal needs

- look after your physical needs – suffering is definitely not recommended!