



THE UNIVERSITY OF BRITISH COLUMBIA  
GLOBAL HEALTH RESEARCH PROGRAM



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Dear Mr. Brault,

I am a physician and senior health researcher who has been involved in community-based projects to promote health for more than three decades in Latin America, Southern Africa and Canada. Over the years I have noticed how arts – and particularly collective creative embodied practices – are so effective in stimulating personal growth and social engagement. The complex health, social and environmental problems in society today desperately need to be addressed with the “head, hands and heart”. As I am sure you agree, community-engaged art has an important role to play in this regard.

The reason I am writing is that it was brought to my attention that the Arts Council, in its effort to streamline its granting procedures, has decided to include community-engaged art within the various artistic disciplines, rather than a category onto its own. I believe that this is mistake, and the research my team has been conducting supports this assertion.

Arts for health equity, or arts for social change, require a different skill set than professional arts. For example, there are many talented actors, directors, and playwrights, yet their skill as artists does not mean that they have the knowledge and ability to conduct image theatre work or forum theatre with marginalized populations. Similarly, an elegant dancer does not necessarily have any idea of how to use dance in embodied collective creations to express feelings of discrimination and stigma, let alone using one’s body in a manner that leads to personal growth and encourages social inclusion.

The area that our group has been studying most intensely is social circus – the use of circus arts as a social intervention with marginalized communities. There are over 700 social circus programs in over 80 countries worldwide. Scholars of social circus know categorically that social circus has much more in common with theatre-for-development than with professional circus. Importantly, social circus is not just circus classes conducted in schools, or with children in vulnerable communities, it has a highly developed methodology and pedagogy that has to be

learned. As Canadians, we can be proud of the accomplishments of *Cirque du Monde* (a partnership between *Cirque du Soleil* and civil society), for its role in developing and documenting this methodology.

I would be pleased to share the results of our extensive mixed methods research in Quebec and Ecuador, a country with extensive state support for social circus. Our critical interdisciplinary study of the first 5 years of this program launched in five across the country included extensive observational research as well as a longitudinal comparative survey (studying changes over time) of 254 youth/young adult social circus participants and 167 youths from other community art activities. We found that all programs produced significant increases in personal growth and social inclusion scores, as well as significant positive changes in unhealthy habits and/or attitudes about diet, exercise and substance use. However, importantly, programs with strong pedagogical foundations based more on “social objectives” than “technical artistic skills”, emphasizing values such as teamwork and solidarity along with creativity and perseverance, achieved significantly better social and health-related outcomes. The point here is that these programs, to be effective, need to be led by artists with strong theoretical and pedagogical formation. It is not sufficient that they may be good artists. Or put another way, “art for social change” is not just art conducted in a community setting – it is a discipline of its own, with its own scholarly foundations and methodologies.

At a recent large international health promotion conference I attended, there were presentations describing community engaged arts in the UK, Australia, the US, Turkey, Iran, and Argentina, among others – but nothing from Canada. I understand that it is not the Arts Councils mandate to fund health or social science research on these programs; my concern is that if the Arts Council does not recognize that such health and social intervention programs using the arts – regardless of the art modality employed – have more in common with each other across art forms than with the professional art form utilized, the transformative theory and pedagogy needed for success will be lost.

Please let me know if you would like to receive the research supporting my concern.

Sincerely,



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