



Webinar - H.E.A.L. Healthcare: Hearts-based Education and Anticolonial Learning in Healthcare

Description

This webinar will engage participants in anti-bias training using anticolonial arts-based learning tools available from the H.E.A.L. Healthcare website – HEALhealthcare.ca. H.E.A.L. Healthcare, a project completed in collaboration with the National Collaborating Centre for Indigenous Health, was created in response to gaps identified in healthcare education. The website hosts over 30 individual curricula that address personal biases in healthcare, and were created by artists, Indigenous storytellers, and people with lived experience. In the webinar, the facilitators will introduce the project and website, then work through two of the curricula with participants. Through an anticolonial lens, participants will be invited to engage in active listening, write poetry, and reflect on their own personal biases.

Bios

Dr. Sarah de Leeuw



Dr. Sarah de Leeuw, a creative writer and human geographer, is a Professor and Canada Research Chair (Humanities and Health Inequities) with the University of Northern British Columbia's (UNBC) Northern Medical Program (NMP), the Faculty of Medicine at the University of British Columbia (UBC). Between 2012 and 2020, she held a Michael Smith Foundation for Health Research Career Investigator Scholar with the National Collaborating Centre for Indigenous Health (NCCIH) where she has been a Research Associate for more than a decade. Her academic research—funded by CIHR, SSHRC, and MSFHR, focuses on health inequalities, creative arts and critical humanities, marginalized geographies, colonial violence, and Indigenous peoples. Her research appears in more than 140 scholarly and creative publications. Author or co-editor of eleven books, including creative works nominated for Canada's Governor General's Literary Prize (*Where it Hurts* – <https://newestpress.com/books/where-it-hurts>) and awarded the Dorthey Livesay BC Book Award (*Geographies of a Lover*), de Leeuw is also a two time recipient of a CBC Literary Prize for non-fiction and holds a Western Magazine Gold Award. In recognition of her outstanding interdisciplinary contributions across the country and beyond, de Leeuw was appointed in 2017 to *The Royal Society of Canada, the College of New Scholars Artists and Scientists*. She grew up on Haida Gwaii, completed high school on Ts'msyen lands in Terrace, and now divides her time between



Lheidli T'enneh/Dakelh Territory (Prince George) and Syilx Territory (Okanagan Centre), in so called British Columbia.

X'staam Hana'ax (Nicole Halbauer)



X'staam Hana'ax (Nicole Halbauer), is a dedicated member of the Ts'msyen community, Kitsumkalum, and belongs to the Ganhada p'teex (clan) of the Waap (House) of K'oom. With over a decade of advocacy work in northern British Columbia, Nicole has been a strong advocate for decolonized governance in community organizations. She has held significant leadership roles, including Chair of the Board of Governors at Coast Mountain College, Vice Chair of BC Assessment, and various other provincial and community positions. Beyond her professional endeavors, Nicole is deeply committed to her family, raising six children and cherishing her four grandchildren. Her personal experiences shape her work, with a strong belief that reconciliation is essential to the health and well-being of a community.

Michelle Roberge



Michelle Roberge lives with her family tucked away in the trees on a beautiful west facing hill within the traditional territories of Saik'uz Whut'en, in north-central British Columbia, Canada. Here, when not working her day job(s), she grows food with her husband and children on their off-grid farm. Inspired by her childhood of catching (trying to catch) fish on the ocean and lakes of Vancouver Island, Michelle pursued a Bachelor of Science degree in Ecology and Environmental Biology at UBC and immediately followed it with a Master of Science degree in Zoology. Although Michelle started her working life as a fisheries biologist, her life and career has led her down many different and intersecting paths and experiences working in graphic design, health, education, agriculture, and anti-racism awareness. Michelle joined the HARC team to support the HEALhealthcare.ca project as the digital archivist and designer.



Transcript

Dr. Terri Aldred: Hello, everyone! Give it maybe one more minute as people are coming into the Zoom webinar, and then we'll get started.

So, we'll get started. Hadih everyone, welcome to the *H.E.A.L. Healthcare: Hearts-based Education and Anticolonial Learning in Healthcare* webinar. My name is Dr. Terri Aldred, and I will be moderating today's webinar. I'm really excited to introduce our presenters, but before I do that, I will introduce myself.

So, my name is Terri Aldred, I'm Dakelh from Tl'azt'en, a member of the the Frog Clan – on my mom's side, and Métis-Cree and mixed European on my dad's side. And I'm a family physician by profession, and calling in today from the Lheidli T'enneh traditional territory, otherwise known as Prince George. I was born here and graduated high school here, but I grew up all over North Central BC and went away for about ten years for schooling before returning back. And yeah, I live here with my husband and two kids and my mom, in a lovely intergenerational house. And I am, in this space, serving as the new - I'll keep using new for a while - Academic Lead for the National Collaborating Centre for Indigenous Peoples' Health. I've been in the role since May of 2025. We're in a new year now, and I'm still learning lots, but really excited to be able to be here with you all and to participate in this webinar.

The National Collaborating Centre is located at the University of Northern British Columbia, in what is colonially known as Prince George, and again, on the Traditional Territory of the Lheidli T'enneh First Nations, which is my people, the Dakelh (Carrier) people, in the home of many of my relatives. The meaning of 'Lheidli' is where two rivers meet and 'T'enneh' is people. So, it's "the people of where two rivers meet," which right now are very low, so they're more like where two lovely riverbeds meet. Next slide.

For those of you who are not familiar with the National Collaborating Centre for Public Health, we are one of six national Collaborating Centres across Canada that look at specific topics around population and public health, including infectious disease, environmental health, healthy public policy, determinants of health, and knowledge translation. We are unique in that we're the only National Collaborating Centre that focuses on the health of a population. And we just celebrated our 20th anniversary last year and are really excited to look at what the next 20 years from the National Collaborating Centre is going to hold.

Our Centre supports health equity for First Nations, Inuit, and Métis people by promoting the use of Indigenous-informed evidence to transform practice, policy, and program decision-making across all health sectors and public health. Next slide.



So, some housekeeping items for the participants. We are in a Zoom webinar. All questions for the panelists, as well as any technical questions or issues you may be having, can be submitted in the Q&A window, which is located at the bottom of the Zoom screen. The Raise Hand feature will not function and all attendees will be muted. Links to resources mentioned will be posted in the chat window, and today's session is being recorded and will be available on the National Collaborating Centre of Indigenous Health's website. Next slide.

So, without further ado, today's webinar will engage participants in anti-bias training using anti-colonial arts-based learning tools, available through the H.E.A.L. Healthcare website. The H.E.A.L. Healthcare is a project completed in collaboration with the National Collaborating Centre for Indigenous Peoples' Health and was created to address gaps identified in healthcare education, particularly related to how to address anti-Indigenous racism, as well as other biases that may impact the care that healthcare professionals provide. Next slide.

Today's presenters are Dr. Sarah de Leeuw, which I've had the pleasure of working with for a very long time, and really excited about our new working relationship with the National Collaborating Centre. And know that Sarah has really included a lot of arts-based methodologies and narrative medicine in her work, supporting undergraduate medical students, as well as residents and practicing physicians for many years. And it's exciting to see it built into this new curriculum that's available, more broadly, and to help to spread the reach of this work.

Also, really happy to introduce Nicole Halbauer. Sorry if I'm not saying your name correctly. Either - I have the biggest fear about saying people's names, so being a facilitator is...ugh. Anyway, super excited to be with you in this space and to learn more about this project and the work that you're doing.

And the last presenter is Michelle Roberge, and [...] they'll each introduce themselves momentarily, recognizing that placing ourselves in this work is a really important part of the work. Yeah, next slide.

I would like to personally thank you all for joining today. We had a really amazing response to the communications around this particular webinar, and so we're really excited to see so much engagement, and we look forward to further discussion with all of you. Next slide.

X'staam Hana'ax (Nicole Halbauer): Hello, everyone. Welcome to *H.E.A.L. Healthcare: Hearts-based Education and Anticolonial Learning in Health*. Next slide.

I'm going to introduce myself, and this is the outline for today's presentation. We're going to do some introductions, Sarah's going to lead us in a grounding exercise, we're going to talk about learning objectives, and about the website, and arts-based anti-bias training. And then we're going to have a Q&A.



So, I'll start off. [Introduction in Sm'algyax]. Hello, my name's Nicole Halbauer, my true name is X'staam Hana'ax, which means Victorious Woman. I'm from Kitsumkalum, the Ts'msyen Nation. I'm a member of the Ganhada, the Raven Clan, and I belong to the House of K'oom. And we'll pass that over to our fearless leader, Dr. Sarah de Leeuw.

Dr. Sarah de Leeuw: Wobbly? Am I...

Michelle Roberge: We can hear you now.

X'staam Hana'ax (Nicole Halbauer): Is Sarah frozen?

Michelle Roberge: She is frozen.

X'staam Hana'ax (Nicole Halbauer): Okay, well, Dr. Sarah de Leeuw is here with us today to present between Michelle and I, and maybe we'll just have Michelle - we'll introduce you in case Dr. de Leeuw needs to restart her computer.

Michelle Roberge: Hi, everyone. My name's Michelle Roberge. I'm calling in from the unceded, traditional territories, I guess, First Nation in what's colonially known as Vanderhoof, right in the geographical centre of British Columbia. I've been living here now for half my life, which is so surprising, but I was born next to the ocean, within the K'ómoks Traditional Territory on Vancouver Island. But I've been up here, like I said, and I have been raising my family with my husband on our little off-grid farm here, and I've substituted the big sky and rolling hills of the interior landscape for the ocean, which I miss every day. But I've been so fortunate to be able to work on projects like this, with this incredible team. So, that's me. Is Sarah back?

Dr. Sarah de Leeuw: I think I'm back. I've turned my camera off so that I can just be on audio for a while, and that means that you're missing my exciting earrings, made by Michif artist Jake Freeman. Just a quick shout out to arts and fashion that we will be chatting about today, and a huge thanks to Dr. Aldred for such a kind, kind introduction, and sincerest apologies for the wobbliness of my rurally located internet machine.

I'm Sarah de Leeuw and I work with all the folks on this call. Nicole, thank you so much for joining us from the shores of Ksyen, the Skeena River, which is where that picture that you see of me has been taken. Both Nicole and I finished high school on Ts'msyen territories, on the banks of the Skeena River where my dad's ashes were spread. And I tell you that because I think that to introduce ourselves through stories is an integral part of good health care, and an integral part of decolonizing health care, and I hope that the stories that we share today are going to assist us in furthering that perspective. I grew up on Haida Gwaii, and like I said, finished high school on Ts'msyen territories,



but I'm calling in today from the wobbly internet connection area of the Syilx people in Okanagan Territory. And just again, such a huge thanks to all of you who are joining us, almost 300 folks.

So, I want to take a moment - Nicole, if we could just, or Michelle, if we could just advance to the next slide - to recognize that everywhere that we are around the world, really, we're standing on ground that is Indigenous ground. That ground is informed by stories and voices. You might be at an office desk or in a skyscraper somewhere, but your feet are located at one point on Indigenous territory, particularly in mostly unceded British Columbia and across what is colonially called Canada. There are weeds and there are mud, there are rivers and lakes, there's air around us; all of those entities and beings are part of stories, and we need to ground ourselves before doing anything pertaining to health care and to looking at our own biases. We really want to think deeply about the ground that we stand on.

Before this webinar, Michelle and Nicole and I had a conversation about weeds and about ground and Nicole said, "You know, they're not weeds, they're medicine." And we spoke a little bit about invasive species and how it is that lilac is one of Canada's colonially most insipid invasive weeds, and yet we don't always think about lilac as an invasive species, and we instead turn to things like dandelions and think of them as weeds when they're medicine to so many people.

We hope to offer you today stories to think about and an introduction to a website that opens new ways of thinking about the biases that we so often bring into the work that we do. So just a moment, think about the ground that you're on. Think about the Indigenous peoples who have been on that ground since time immemorial. Think about upending conceptions about what constitutes a weed, as opposed to what constitutes an invasive species. And maybe think about locating yourself in that larger conversation of grounding ourselves in understandings and stories, of things that sometimes we don't understand but that nevertheless deserve our greatest love and attention.

It's with a great deal of love, actually, that I will pass this over via the next slide to Nicole. Nicole, again, and as always, what a pleasure to be here with you and to work with you on this project.

X'staam Hana'ax (Nicole Halbauer): Thanks, Sarah. The picture in my bio as well is probably in pretty much the same space that Sarah was on. It's on Ferry Island and the Ksyen is the river that runs between Kitseals and Kitsumkalum, both of my matrilineal homes. And I always think it's so amazing how much honour Sarah brings to my territory when she does her introduction, so thank you for that.

Today we're going to talk about the H.E.A.L. Healthcare website a bit, and we're going to explore a couple of the resources, [in] really simple, but very thought-provoking ways. And we're going to hopefully understand arts-based learning as an effective way of decolonizing practice, which is really important in the work that we're doing to ensure that we are minimizing any harms we may be creating



or any ways we may be contributing to colonial harms. And we're going to really do that by identifying personal biases. We often talk a lot about cultural competency and cultural safety, but in the work I've done with Sarah, I've really begun to look into what are our internal biases and how do those impact the ways we view people, we treat people, and how, most importantly for me and from my perspective, how we write and implement policy. Next slide.

So, we're going to watch the introductory video for H.E.A.L. Healthcare. This one video took as much work as the entire website, I would say, or pretty close. A lot of conversation went into this, so I'm really excited to present it to you. It's very meaningful, it's very visual, and I'm super excited about the response that I get for it from many different people in different environments. So, if you want to run that, Michelle?

H.E.A.L. Healthcare Video: Patients face many biases in the healthcare system. Thankfully, new pathways weaving together art and medicine offer signs of hope.

Recent years have seen a shift in healthcare. Focus is moving from treating disease to treating the whole person without bias. This shift has brought to light socioeconomic, personal, and environmental factors of health. These factors, along with social inequalities, weave together and influence a person's well-being.

Evidence shows that for many people, including healthcare providers, health care isn't healthy or caring. This is especially true for those of us who aren't straight, white, cisgendered, male, wealthy, living in big cities, or able-bodied. Many healthcare learners and professionals face burnout, exhaustion, and stress resulting from systems that don't accommodate our needs. So what can we do about it?

Healing the healthcare system requires a continued shift toward holistic health practices. Practices like those found in health and medical humanities, a growing interdisciplinary field that weaves together arts and creativity with health sciences and medicine.

Since 2008, the Health Arts Research Center, or HARC, has been using arts to facilitate anti-oppressive work within health care. By deepening our understanding of others, HARC maintains that art has the power to transform the hearts and minds of anyone in the healthcare system, from patients to practitioners, students to administrators.

Hearing and sharing stories illuminate biases, which offers individuals the power to change. Stories and art are sources of strength, innovation, and potential. Art and stories offer new, anti-oppressive, anti-colonial ways of thinking and being. They offer threads for learning and understanding the whole person. For health professionals, the result can be new perspectives that improve practice and patient health outcomes.



The H.E.A.L. Healthcare Project is a way to explore ourselves and our world, and to learn how working just a bit differently can provide a big benefit. Strands of learning from the H.E.A.L. Healthcare Project intersect and weave a pathway and experience unique to each individual. If you want to help the healthcare system shift its focus onto people, start here.

HARC is located on the unceded traditional territories of the Lheidli T'enneh and the north-central geographies of colonial British Columbia.

X'staam Hana'ax (Nicole Halbauer): Thanks, Michelle. I see Sarah's on now, so next slide.

That is the beautiful voice of Kung Jaadee and the art of Lisa Boivin and an amazing team of animators. So, I believe Michelle, I throw it back to you.

Michelle Roberge: Yeah. So, I will just give a quick overview of HEALHealthcare.ca. It is a website. It is free to use. It is out there. It has over 30 curricula on the website, and each of the curricula addresses one or more biases. And you can see some biases: ableism, anti-Indigenous racism, ageism. And there are over 50 lessons, activities, arts-based things to do to address those biases.

And so, the website we created in an anti-colonial way, as we could, being a website, and the user's path; you don't start at one curriculum and run through a course. It's really your own journey, and you start and move through the different curricula, addressing different biases as it works for you and your personal learning.

And so that's the really basic nuts and bolts of it. It's easy to get to, easy URL there, and I encourage folks to go and explore it. Each of those curricula were developed by scholars, people with lived experience, artists, and so they come from all different perspectives – from educators, patients – and they are filled with stories. So, that is the overview.

Dr. Sarah de Leeuw: Thanks, Michelle. It's true. This website - and I hope lots of you are clicking on it as you're listening to us in the background – this website centres art as a way of building relationship, looking deeply to ourselves, and also thinking about being in the world differently.

Frankly, art is this remarkable and beautiful and often untapped resource for healthcare providers. So, my day job is in a faculty of medicine, and lots of undergraduate medical students, my medical colleagues, the residents that I'm humbled and honoured to work with, often, they're like, “But science, but biomedical knowledge, I've really got to get the clinical nuggets, or I just won't be able to be a good healthcare provider.” And I really encourage deep breaths and engagement with arts. It's a fascinating thing for me how often healthcare providers speak about having had a passion for music,



or cooking, or theatre, or poetry, or fiction, or movies, but they felt they had to suppress that as they moved toward clinical and healthcare acumen and expertise.

What I've always deeply believed, and partly Nicole – it may have been my dad on the banks of the Skeena River. My dad was a biologist and a painter and a guitar player. I don't think these things are dialogically or dualistically opposed to each other. They fit together. Art is about well-being, and art holds this incredible creative potential to forge and build and strengthen relationships and to disrupt bias. And I think when Nicole takes us through the real heart of this project, which was the approach of the project itself, you'll start to see how it is that art can speak to and alleviate inequities.

So, with that and with the resources that we've penned and are so proud to have produced out of the National Collaborating Centre for Indigenous Health, Nicole, do you want to talk about the approach, which really is all you, my friend? That approach is so you, and it's artful and creative and beautiful as a consequence. Nicole?

X'staam Hana'ax (Nicole Halbauer): First, she makes me blush and then she tells me to talk. Well, I was basically retired when my husband saw this ad on Facebook and he said, “Hey, someone's got your resume and is wanting to hire you.” I'm like, “What are you talking about?” And lo and behold, there was a Facebook post for this Research Manager position and at the bottom was Sarah's name. And I was like - anyway, there was a lot that went through my head, and I went through the job application process and then as Sarah was offering me the job, I kind of said, “Well, you know, is this like other jobs I've had? Where they want me to come and do all sorts of systemic change and everything, but once I get there, I'll be labeled problematic?” And she was like, “No, no, no, you tell me, [...] we'll work through this, you just tell me what you need.”

And so at first, I didn't really know how far I could push Sarah's boundaries and then I started thinking about how I was going to do this. And for me, the most - I'm asking people to share their stories, and I'm asking people to create something for other people to use, but to create from a place of authenticity. And I didn't want to be extractive; it was really important to me that the process not be extractive.

So, I put out several calls for contributors and in the end, I think I had coffee - I call it ‘having coffee’, with about 90 people, 90 artists. And a lot of the conversation in the beginning was, like, they didn't feel they had anything to say to healthcare providers because healthcare providers were way up here and so smart that their lived experience really wouldn't have much impact on them. And I was very quick to say, “No, no, no, you have the missing piece of their education and of their work life, and they need to hear from you in order for them to be able to implement any kind of change.”

So, between Michelle and Lisa Striegler, who's another major part of this team, we managed to get these over 30 people to participate. And it was through cups of coffee and getting to know them



- no matter where they were across the country, spending time talking to them, interviewing them. And some of the folks had people pass from the opioid crisis during the process and it was really important that they didn't just drop their contracts. But in doing that, first they had to feel comfortable enough with me to tell me what was happening in their life, and I believe we created friendships and trust before these things happened, and then for me to be able to advocate, with the structures behind us, a colonial institution that had deadlines to meet.

And that's where Lisa Striegler came in and really took over that administrative piece and made it so that people didn't drop out of the website, that they were given the time and space to be creative and to create these amazing works of art for your viewing and for your learning. And that our team was able to keep going and keep the people part of this central, the relationship central. And in that way, we were - Michelle and I had the most contact with the contributors, and in that way, we were able to keep our authentic selves into the process. At no point did we ever revert to this ideal of professionalism. Quite literally, we were like, "Please don't send us any stiff, professional, performative headshots." And you'll notice that all of the biopics on the website are people doing things they love, in ways that they love, in pure joy, because that was who they are. And so, we were really clear, this was not a colonial process. We're doing this in a way that speaks your truth and brings your authenticity to help other people understand what internal biases they may have.

So, we have all of these amazing resources. There's poetry, painting, writing, cooking. We have two focused on equines because, well, that's my passion, but in a very anti-colonial way. When [...] one young woman said to me, "Well, I don't know, what if I want to do some cooking?" And she's kind of challenging me, and I'm like, "Listen, sister, my kids say my cooking is my art, so you bring it, and you tell us." And so, she has her curriculum; there's three generations of Filipina and their experiences working in the Canadian healthcare system as well - go there, learn how to cook some Filipino food and learn about whatever bias you may have. So, next slide, Michelle.

And so, every project needs to look good or no one's going to click on it. And this is where Sarah put us - did all this great work with Dr. Lisa Boivin.

Dr. Sarah de Leeuw: Yeah, Sarah did none of the work. Actually, Nicole, none whatsoever. All I did was call upon these amazingly stunning people who I am privileged and honoured every day to call friends. And I phoned up Lisa Boivin and I said, "Dr. Boivin, I have thought that your art is the bee's knees from the moment I laid eyes on it."

For those of you who don't know Dr. Boivin, Google her up, she's done an amazing TEDx talk and continues to produce amazing work. She's the Chair of the March of Dimes at the U of T [University of Toronto] in the Faculty of Medicine right now, an absolutely outstanding Indigenous scholar, Deninu Kue from Denendeh, or Northwest Territories area of colonial Canada. And she so generously said, "Absolutely, I'd like to make this website beautiful. Let me design some things. How



about a hawk feather, a clipboard, and flowers?” And for those of you who haven't seen Dr. Boivin's work, you can see it there on the left-hand side of the slide. Flowers are this matrix of love and beautiful enlivenment that she brings to all her art, and she was so generous in so far as designing flowers for our website.

So, she said, “Listen, the clipboard, often a site of clinical and medical notations, kind of a white space, but what if it also represented informed consent and non-hierarchical relationships? What if it represented that, in part, through its dialogue with the hawk feather? The hawk feather, which embodies and conveys how to communicate clearly with kindness and love, a kind of flight of voice and thought and story. And then, flowers, beaded flowers that always, always suggest a reflective nature; there are flowers reflecting the sun, and also a deep respect for Indigenous identity.” And of course, I got all teary, and I was like, “Oh my god, would you really? Yes, please, thank you.”

And then gratefulness took over, and frankly, it was such a grounding foundation for this project, and I think we all learned deeply just from being able to work with the images that Dr. Boivin so generously provided. So, yeah, I think that that, in part amplified and sort of got us on board to the project approach itself. I think, Nicole, you can speak to that?

X'staam Hana'ax (Nicole Halbauer): Yeah, so you'll see this unfinished basket. It's the first basket I made with my daughter. And as you go through, the colours of each strand will change depending on what you're looking for. So, if it's anti-Indigenous racism, if it's environmental racism, if it's, whichever - whatever bias you are looking to learn more about, we have a strand in our basket. And cedar is - cedar bark is very particular to me and my culture. It's strong, doesn't rot, strongest rope you can find is cedar rope if it's made properly and made with good intent. And so, every strand is cedar, in itself, is really perfect. It's beautiful, and it has meaning. But if you take all of that and you weave it together into a basket, you can carry entire nations in a basket, as our women have done for millennia. We have carried our names, our stories, our resources, our territories in our baskets, and it's called a Matriarch's Basket. And it only exists because all of these individual pieces work so closely together to create this.

And that's kind of like our website. Every strand of cedar, every curriculum, works together with another one to build some greater understanding. And that's kind of like our anti-colonial decolonizing work. We all have something to bring, to create and add to the basket, and that's what's really important, from my perspective, is that this isn't one person's work, it's not one sector of our population's work. It's for all of us to be out here doing, and doing it together. Not in the same way - there's twining in a basket, which works very differently than the strands of the cedar bark - and different kinds of baskets, but it's for all of us to be a part of the work, and so that's what matters to me.



We do ask for feedback. I've used our website with multiple organizations, and we love feedback because we want to know if it's having the impact in the world, internally, for people, if it's shifting and moving your heart. And so, we're really excited, like, we cheer when you send us feedback, so do so.

But just keeping that in mind, today we're going to go over two pieces of the curriculum. We're going to read you a story, then we're going to talk about poetry. So, I think that's really important. When I first came to this job, I said I had no artistic ability, because I am a spreadsheet person and a numbers person, and I thought, "Well, I can manage this." But I've changed my mind in the last few years. We all have art in us, just like we all have bias in us, and we - when we focus on that and we bring it out, we have the capacity for great connection and great connection can bring great change.

And so, yeah, we're going to hear from Sarah now, who's going to read you a story. Don't fall asleep, though.

Dr. Sarah de Leeuw: Thank you for that reminder, and you know, it's funny, I just want to say, Nicole, I heard you say, "I'm not an artist" when you took this job on, and then you made this extraordinary basket. And I've known you for so long, Nicole, and I know what a stunning, beautiful individual you are, how fashion and color and cooking define your life as a mother, as a sister, as an incredibly powerful woman. And I just want to thank you again for those observations about how we do all have art in us. I don't have clinical capacity, but I have some creativity, and I think if we do realize that oftentimes creativity and bias can coexist. But we can use arts and creativity to help minimize and disrupt that bias. It is the wonder of creativity and art. It is around us, it's on the public record. All of you can go to this website, you can go and read a book, you can watch a movie, you can access things that might change your heart a little bit, incrementally. It's all of our jobs to change our hearts individually.

We're not going to spend a lot of time on individual curriculums from the H.E.A.L. website. Again, this is a webinar designed to give you a taste of the website. We really encourage you to go and to explore and to stay on that website to learn about fatphobia and transphobia, anti-Indigenous racism, multiplicities of other bias. So, the two exercises that Nicole and I are going to take you through are quite short. This beautiful book – like, I was reading it last night and my partner came upstairs and was like, "Are you talking to somebody in bed?" And I was like, "No, I'm just reading this book again and again, so that I get it perfect for you guys."

This is a book inspired by Patrick Aleck. So, Patrick lives with a disability and was the inspiration for this book, which was co-written and illustrated and produced by Dr. Rheanna Robinson who does incredible work on anti-colonial Indigenous-informed disability studies and critical disability work, along with her son Sean Robinson. So, shout out to the Robinsons and Aleck from the central British



Columbia area, and thank you so much for the gift of this book, which is entitled, *Spaal': A Raven with Different Wings*. And I'll just read it, and then we'll have an exercise at the end of it:

Spaal' looks sad and feels alone in his Village because all the Ravens can see he has different wings and can barely fly.

"Why do you look so sad?" asks Raven Val. Spaal' replies, "My wings...they are different. They aren't the same as yours or as other Ravens."

"And the other Ravens make me feel bad because I don't fly the same," said Spaal'.

Raven Val says, "We are going to teach you how to fly!" Raven Val makes Spaal' fly from tree to tree and pushes him to keep flying because she believes in him!

"Your wings are so special, Spaal'. We are going to practice every day until you can fly with your different wings" Raven Val says.

One day Spaal' tells Raven Val, "I am moving to a different Village so this is where our practice ends!" Spaal' Is very sad again.

Raven Gary tells Spaal', "I will help you continue to fly!" Raven Gary practices flying with Spaal' and teaches him how to exercise his wings daily. Spaal' starts to believe in himself and to be confident about his different wings.

But even when Spaal' is flying better, other Ravens fly by him and push him away and laugh!

Spaal' stops to visit with the Elder Ravens. "Hello, Spaal'" the Elder Ravens cheerfully say. "It is so nice to see you today!"

"Elder Ravens, other ravens are teasing me about the way I fly because my wings are different" Spaal' says quietly.

"Oh, Spaal'" replies the Elder Ravens, "your wings are important, and you have been gifted them for a reason!" The Elder Ravens continue to tell Spaal', "One day you're going to help future little Ravens and help them fly and be a voice for the Raven community!"

"Hmmm..." Spaal' says, "Thank you, Elder Ravens."

For many years, Spaal' continues to fly to his favourite spots by the ocean. He thinks about how Raven Val and Raven Gary pushed him to believe in himself and to show how resilient he is. Spaal' is very grateful to Raven Val and Raven Gary.

Spaal' knows the Elder Ravens were right. A Raven with different wings helps others fly and Spaal' is a voice for his entire community!



Thanks a lot for advancing those slides, Michelle. And notwithstanding just the absolute beauty of that story, and every time I read it, I get just a little bit teary, and I look at the beautiful watercolours and the illustrations just a little bit differently every time I look at it, and every time I see it. I know for many of you folks online, the almost 300 of us, that this will possibly be the first time you were exposed to Raven Spaal' and his different wings.

And so, we're going to take about three minutes just for you to write a short reflection about overcoming challenges. Most often, overcoming bias in ourselves is about understanding areas that we may also be hurting in and developing an empathy for others who we shouldn't be judging, but instead feeling with and feeling together. So, we encourage you to take two minutes, we'll all turn our cameras off, we'll turn them back on in two minutes. We'd encourage you to just write a short reflection about you overcoming challenges in your own life, and hopefully that will allow us to think about ways of disrupting our own biases in us. Michelle, I'm going to leave the clock up to you and when you come back, we're gonna all come back.

Thanks, Michelle! And I know Nicole is going to come right back in and Nicole, lead us in our next reflective process. And for folks who are wondering about sharing or asking questions, please do feel free, when we end the webinar or in our question and answer period, to offer some thoughts and reflections on your reflection process. Nicole?

X'staam Hana'ax (Nicole Halbauer): Thank you, Sarah and Michelle. I always love that one because I am Ganhada, which is Raven, but also because the story is really about embracing our differences and seeing them as strengths, and that is just totally my vibe.

So, a piece of the poetry - like I said, I wasn't exposed to a lot of art in my life, but a piece of poetry that really spoke to me - we're going to listen to. Dr. Shannon Webb-Campbell, [who] is a contributor to the website. And she uses poetry as medicine. You can see her great-grandmother, I believe it is, in the photo. And I just - this is not going to take very long, but I just want you to close your eyes and take a minute and listen to two very short poems of hers, and then we're going to really think about what that means for us.

Dr. Shannon Webb-Campbell:

AFTER THE UPHEAVAL:

*I've landed here
my voice damp with shame*

*my insides burn
I wait for someone to ask me to leave*



*I'm a translation of a translation
somewhere on the chopping block
of cutting and absence I cover
I trace tree lines*

*I am looking for a root
a stem to grow a sense of who I am
metabolize where I come from
and process who I belong to*

I'm afraid of all that came before

A SPHERE WITHIN OUR SPHERE:

*try different entry points,
avert your suffering eyes,
and intersect with love.*

*the body of this book is
traumatized
the body is a wound
we collapse on trauma's floor
we stand in the spine of
what comes after.*

X'staam Hana'ax (Nicole Halbauer): Those are two very short poems, and one of the things that struck me as a Ts'msyen woman is the line, "I am a translation of a translation," and I often reflect on the different viewpoints people, organizations, and institutions have of me as soon as they see me walk into a space or they learn that I am Ts'mshian. And so, I always think people are always translating who I am to suit their narrative. And so, I really find that powerful but it also brings up the concept of what our internal biases are, and so I really strongly suggest that folks go and take a look at Dr. Shannon Webb-Campbell's poetry and just sit in the reflection of it.

And right now, we're going to choose one of those and I'm going to ask you: how has colonialism invaded our understanding about health? And what can poetry offer to help us look at new ways of relating to one another? So, once again, we're going to turn off our cameras, and I really want you to sit with that, and with the poetry, and think about what kind of reflection that thought gives you. How has colonialism invaded our understanding of health? So, we'll give you a couple minutes.



Thank you, everyone. I hope you found that really meaningful and that you've had a little bit of a shift in your heart, even if it's just to spend more time with our website and learning about the way we can adjust our own biases in order to create less harm in the world, and to actually make some systemic changes that would be helpful for people in health.

So, we wanted to - oh, this was Sarah. I'm going to pass it back to Sarah now.

Dr. Sarah de Leeuw: And Nicole, I think in the name of time, what we might encourage people to do, because a lot of people that I work with - I don't know if you've encountered this, my suspicion is that you're going to say yes when I say it - one of the things that people really feel uncomfortable about is drawing. People are like, "Oh, don't make me draw, I can't - I'm not an artist, I can't draw." And I find that to be actually a really liberating and enlivening space to occupy, that feeling of discomfort, because frankly, it is often a feeling that patients and folks who are multiply and forcibly marginalized by systemic bodies of oppression - we often feel, as queer folks, as feminists, as folks who are differently bodied or in body difference, we feel uncomfortable. So, when we tell ourselves as professionals, "It makes me really uncomfortable to draw," that's something that we can really lean into. It can disrupt our own spaces of power and senses of privilege.

So, were going to ask you to take three minutes and draw from the poem, but instead why don't all of you, as a personal challenge, pick up a pen or a pencil and do some doodling while we close out this webinar? And feel free to reflect on my request, making you uncomfortable, what it means to be uncomfortable, and how it is that sort of destabilizing our taken-for-granted landscapes of comfort can build in us some tools that make us stronger in worlds of combating our own bias. So just, yeah, pick up a pencil or a pen and draw something. Draw based on the inspirations that you've felt today. Sorry, Nicole, I didn't mean to interrupt you.

X'staam Hana'ax (Nicole Halbauer): No, I was just going to add to that, Sarah, when I do workshops - I've just finished a round of sessions with the [College of] Complementary Health Professionals of British Columbia, and one of the most uncomfortable things you can do is take away their notebook and their laptop and their pens, and instead I put paints, paintbrushes, and watercolour paper on their tables. And they weren't allowed to take it. Once you break the barrier, the artistic nature flows.

Dr. Sarah de Leeuw: Yeah, and I think that's a beautiful learning lesson, actually, and for those of you who want to take this website into your own teaching environments, please do. It's completely free. Anybody on this webinar can use it. And think about ways of encouraging reflection that don't necessarily allow people to type things into a website but instead ask them to produce a piece of poetry or produce a piece of visual work. It can be a really powerful and arts-based teaching method. It can really encourage self-reflexivity at quite a primal level.



So, I think that that speaks in some ways to the next slide, but again, we'll sort of gloss over it. I will just put out there, as a poet, I'm not suggesting that everybody in the audience needs to become a poet, but I will say that there are a plethora and a growing number of absolutely phenomenal First Nations, Inuit and Métis poets, fiction writers, novelists, and playwrights. I would really encourage you to go out and look up those people's generous voices that they've put on the public record, and I think it really allows us, as professionals and as folks involved – in Nicole's case, in educating politicians and executives, in my case, educating medical professionals - we can access other worlds and other ways of knowing through art.

So, just in terms of poems that I might suggest: I love Jordan Abel's work. A quick shout out to Dr. Jordan Abel at the University of Alberta, amazing. Dallas Hunt, absolutely spectacular. For those of you who may not have heard of Billy-Ray Belcourt from the Drift Pot, Drift Creek - oh my god, First Nation, I've just forgotten that. From colonial Alberta. Look up Billy-Ray Belcourt's works. And Nicole, I don't know if you have any thoughts before we weave it all together in the next slide?

X'staam Hana'ax (Nicole Halbauer): No, I'm just - I just think that the website is a great starting off point if you haven't thought about your own biases.

Dr. Sarah de Leeuw: Cool, I think we can weave it together and end on time with lots of time for questions, Michelle, and thanks for changing the slide. Nicole.

X'staam Hana'ax (Nicole Halbauer): So, I hope that you got the concept of weaving yourself into this work, this anti-colonial work, that everything you do has an impact, and if we are intentional, we understand that we are supporting each other. We have a lot of work to do still, and I think it's really important to know that not one person, not one organization, but all of us, each individual strands in a basket are here to support each other and to create something amazing; to create a world that is free from the colonial harms that we've all survived and continue to thrive in. Because this isn't about survival, it's about thriving, and we want to leave this place better than it was when we got here.

And so, I hope you'll take the time to spend time with our website, that you'll get out there and do some art, and that you'll share it. I just will put out, as an independent contractor, I use the materials on the website to teach all sorts of Crown organizations, community boards, academic boards, and I've not ever had one person tell me it wasn't helpful to them. So, that's all I have to say, let's get on to the question and answers!

Michelle Roberge: Well, I just wanted to do one little plug, if I can.

X'staam Hana'ax (Nicole Halbauer): Yes.



Michelle Roberge: So, that QR code takes you to the website, although it's just easy: healhealthcare.ca. So, we ask that if you can share it. If there's someone, a colleague, or an organization that you think would benefit from knowing about H.E.A.L. Healthcare, that you pass on the word. So, that was that.

Dr. Sarah de Leeuw: Thanks, Michelle. And I feel that we would be remiss if we didn't say this all takes investment and money. I don't want to leave anybody with the suggestion that art is a cheap thing. For those of you who are thinking about working with artists, please, do remunerate them and treat them as the professionals that they are.

So, just a quick shout out: this work, as Dr. Aldred said - because Dr. Aldred and I have known each other for so long, maybe you could share a little bit about your own artistic practices - this work has been evolving for literally decades. It's been generously, generously supported by Indigenous Services Canada, Michael Smith Health Research BC, UNBC [University of Northern British Columbia], UBC [University of British Columbia], SSHRC [Social Sciences and Humanities Research Council], CIHR [Canadian Institutes of Health Research], and the National Collaborating Centre for Indigenous Health, amongst other supporters. So, a huge thank you for the belief and the confidence that, indeed, art can change hearts.

And, Dr. Aldred, I would love it if you would close us out and welcome us into the question and answer period.

Dr. Terri Aldred: Yeah, thanks everybody, and thanks for that amazing presentation. Yeah, it was really great to be able to engage with the material in this sort of format. And just for our participants, we are moving into the Q&A, and so if you have some burning questions, please feel free to drop them into the Q&A.

In terms of reflecting on me as an artist: I would say I don't feel like I'm much of an artist, but I commit enthusiastically to whatever art-based thing that Sarah ropes me into. But mostly, it centres around writing, and I first started working with Sarah around a narrative medicine piece and autoethnography related to my experience going through medical school and residency, which was an incredibly healing process for me on something that could have been a very kind of ticky box kind of process. And was also really well received by my peers, in terms of allowing them an opportunity and space to reflect on their journey through medical education.

And I do want to just pick up a couple of different reflections in terms of what was shared, in that when we took a look at arts-based and narrative medicine approaches, the practice of medicine is more art than science. Of course, we need the science in terms of giving us the tools. But really, we can't separate the practitioners or healers from the work that we do. And so, we know even two people who could be reviewing the same evidence-based guidelines with a patient, that that interaction



is going to vary widely depending on the relationship, depending on what's going on for both of the people in the room, practitioner and patient, and in numerous other factors. And so, really that kind of locating ourselves, grounding us into this work is so important.

And there's actually a lot of evidence, so there's a lot of science with this as well, that shows that the more arts-based practices and narrative medicine we have in our toolbox as healthcare professionals, it actually shows that we listen deeper. It enhances our observational skills. Oftentimes practitioners will notice subtle differences or changes and may pick up more subtle findings than other practitioners. And I could go on, but I won't because this is your Q&A time. But I just wanted to offer some of those reflections, and when we're exploring arts-based methodologies and our biases, it can be really challenging, and using the arts allows us to do so in a way that, hopefully, allows us to put our guards down a little bit and to be able to explore different aspects of ourselves that may feel uncomfortable.

So, without further ado, we'll turn it over to questions.

Dr. Sarah de Leeuw: Terri, thank you so much. I just want to say, without embarrassing my totally brilliant actual boss in front of 300-odd people, Dr. Aldred belly dances and is insanely, stunningly beautiful in that art form, which is a deeply cultural artistic expression of Indigenous Hawaiians. So, Terri, I just want to say, you moved me to tears once in a symposium of healthcare providers by sharing the art of belly dancing, which was spectacular.

Dr. Terri Aldred: Well, thanks, Sarah, I appreciate that. And just to clarify, it's Hula, not belly dancing.

Dr. Sarah de Leeuw: Thank you.

Dr. Terri Aldred: Yes.

Dr. Sarah de Leeuw: Excellent.

Dr. Terri Aldred: Just in case somebody asked me to belly dance at some point, it would probably be a bit of a hot take, but I'd probably engage enthusiastically.

So, in any case, in terms of the questions: should I just read them off and then you three can decide how...?

Dr. Sarah de Leeuw: Nicole and I have been behind the scenes while I'm screwing up the word Hula, and saying that I will take the last two questions right away, and we're going to kind of move through it.



So, I just want to thank whoever wrote question four, which is: have the activities been validated, specifically about the change in behaviour biases for people who engage with the material?

The short and upsetting answer is, no. We are in the process of trying, actually, to find appropriate measurement tools to understand how engagement with arts does change hearts. As you can imagine, that is a highly subjective, personal, and hearts-based place to evaluate from and fairly difficult, particularly in the minds of funders. So, when we approach CIHR and say, “We're interested in experiential, heart-based transformation,” and they say, “So how precisely do you measure that?” We are currently engaged in doing precisely that.

So, we don't have but for narrative responses and ongoing personal reflective processes, which are highly positive. We've done about 700 healthcare professionals with arts-based learning, all of whom have self-reported - well a high percentage of whom have self-reported that this was highly important in their transformative and overcoming bias and cultural safety practice. So, ways and innovative ways to measure that are still underway, and they are things that we are developing.

The other question that was asked, thank you so much, are: what are some examples of how art can be used directly in patient care? This is, and I know this will resonate also with Dr. Aldred, so Terri, feel free to join in the fray in the conversation - these are often questions that I get from medical, from physicians, like, “Yeah, okay, thanks Sarah, I appreciate learning about poetry, but, like in my practice, how do I use it?” So, I'm going to offer some very, very small things that we might all be able to do in our own healthcare environments. Place art that reflects difference and exuberance and joy in our places of care. So, engage Indigenous artists, engage trans writers, put those materials in the places where you practice. Think about carving out one minute in patient engagements for a time of grounding. Offer reading suggestions as ways to alleviate mental health anxieties and offer diverse opportunities for arts engagements, and speak with the people that you are providing care to about the arts. If you're a health researcher, think about engaging and citing and drawing from arts-based material. If you are a student or a teacher, consider integrating arts into your lectures. They don't always have to simply be biomedical and clinical in content.

So those are some very quick and easy opportunities. Nicole is going to add to this, so take her away, Nicole.

X'staam Hana'ax (Nicole Halbauer): I want to be really clear about something: when I do workshops and I take people's laptops, we're writing policy and strategic plans. This is perhaps the greatest use of returning, in my work, of returning arts. Question nine is about institutional priorities and processes. That's where I come in. I train organizations at the board level and at executive levels on how to ensure that their policies are not replicating bias and doing harm, that their strategic plans embrace difference, and that equity, diversity, and inclusion are not just sprinkles on top of a cupcake. And I use this website to do this, because it really changes the dynamic when you



start thinking from your heart, when you rejoin your brain and your heart together. And I think that that's really important to understand is that we can't - we live in a world that sees rationality as something separate from empathy, when really they are, in my mind, the two things that balance each other out, that make us human. And I think that that's really important to remember.

So, when policy writing, standards, hiring process, vetting, strategic plans - this is where I infuse the concept of anti-bias training through art, because it breaks down barriers and it equalizes the power dynamics in the room, and it's actually really important and creates a great deal of openness and transparency, which creates a different form of thought than just writing a policy. Writing policy is so important. When I was working with Lisa Striegler on this project, we understood that we could not shift administration because that's not where we were putting our energies at that moment. So, she understood for these projects to get on this website, she needed to navigate what was happening behind the scenes. And so we had that link between the two layers that really made things operate smoothly for Michelle and I, or as smoothly as they could be, which translated to the artists feeling heard, valued, and minimizing any institutional harm that could have come to them during their times of vulnerability while they were sharing their authentic truths.

So, I just wanted to bring that up, that my work is 100% in policy, strategic planning, and in a corporate world. And I have found a great deal of uptake and usefulness for this website in that, and it's changed, really, the way I do my facilitation.

Dr. Sarah de Leeuw: I think Nicole, the answer that you just gave, and Terri, yes, if you would speak to autoethnography in a moment, that would be great - but I think one of the things that Nicole has touched upon, it also dialogues with a question. I've got question seven, or sorry, I've got question number eight here: how could arts-based interventions be applied in a world of medicine directly?

And I think many of us get this question. We've got a physician who's facilitating us, we've got a medical educator with a PhD, and we've got a brilliant Indigenous woman that works in health care bias disruption. The question is: I'm having a hard time seeing how I can employ the use of arts when, for example, giving someone a vaccine. So, fully, folks, I want you to give people vaccines. We are not here to say, while you give somebody a vaccine, perhaps hum some bars of your favorite Dolly Parton tune and share some recipes. Obviously, that will probably not make the vaccine process any easier. However, what we are here to say is that as somebody who delivers a vaccine, I carry with me a host of biases.

So, we know about, for instance, physicians, that fatphobia is an incredibly resilient bias in many physicians. It's proving very, very difficult to disrupt. So, if I am a physician and I am tasked with delivering a vaccine, and in the back of my head, I have biases about a body that isn't slim and fit and doing triathlons in its spare time, I will be bringing a particular ethos into that engagement. By engaging



in poetry or song or theatre that actively disrupts my own fatphobic biases, I will deliver a better vaccine. And that is the answer to how it is that the arts might directly impact giving a vaccine.

Nicole, I know you want to say something, and Terri, if you would also talk about autoethnography, that would be great. Nicole?

X'staam Hana'ax (Nicole Halbauer): I just want to say, what is your relationship with the patient that you're giving a vaccine? And I don't mean, like, "Do you have cups of coffee with them?" I mean, when they walk into your facility, what are they seeing? Are they seeing sterile white? Are all the photos of a tall, slender, white woman looking healthy and active? What is the art on your wall? How does your staff greet and treat them? Whereas have you used your art and your space and your time to build trust, relationship, and respect?

And one of the keys to the work that I do is it isn't about the mechanics of it, it's about your bias, who you are, and what you're bringing into the room, and how that impacts the person coming to you for care. So if you don't know that you are - if you have not addressed the fact that you are transphobic and you have a trans youth come to you, how are you going to treat them when they start telling you how they are feeling about themselves and their authentic self? Are you going to send them for some sort of therapy to correct that because you have transphobia, or you don't feel - this is about your biases.

And so the website is really about shifting your heart for your practice, and making sure that when my child comes to see you, or my grandchildren come to see you, and they have something that is not colonially acceptable, that you are the physician for them, that I can trust - I'm not going to have to go home and do suicide watch for them because you were their last hope of being accepted, and now I've got a crying teen on my hands because you told them you knew somebody that could help them work through that if they went to go see a psychiatrist. This is about addressing who you are and how who you are impacts your clients in your practice.

Dr. Terri Aldred: Yeah, thanks. I think you guys summarized it very well. So, when we're looking at biases in terms - so there's a lot of shame that can come up when we start talking about subconscious, implicit or explicit biases, that sort of thing, because as a society or culture, we have shamed racism, sexism, a lot of these things. And so, we do feel intense shame when it comes up, and so one of the things around having these conversations and building that curiosity is also developing some shame resilience. To recognize that we are humans; our brains are cued and wired to essentially create shortcuts and stereotypes. And it's our society and how the impacts of power and privilege kind of reflect that some of those biases get shaped into structural, systemic, and interpersonal discrimination and oppression, and essentially being underserved and marginalized.



So, just - and I like to qualify that because there's multiple levels at play on these things. If I develop a bias that, you know, all dogs are black, nobody really cares, right? And despite evidence to the contrary, people are like, "Whatever, Terri believes that all dogs are black." However, in the context of our work as healthcare providers, my job isn't necessarily to tell you what biases are good or bad, which biases you should or shouldn't have, and [it] probably wouldn't be super helpful anyway. And as providers, we do have a duty to our patients and to the public that we do our best to ensure that our biases that we may be bringing in are not going to actively cause harm or further harm for the person sitting in front of us. So that's - this comes back to our responsibility as healthcare providers. And so that would be the nuance there.

Autoethnography is - well, it's not just related to narrative medicine, obviously, there's a whole field of ethnography and then auto-ethnography around telling our own stories and reclaiming. And I think in Indigenous spaces, that's particularly important because very often our stories have been told by non-Indigenous people, and so being able to reclaim and own and tell our own stories is really powerful. In terms of layering in the narrative medicine aspect is being able to reflect on who we are in our professions. And so, in particular, actually reflecting on an ongoing way who I am in medicine, and in particular, when I referenced it, I was reflecting on who I was going into medicine and training, and what training had done to me. So, reflecting on who I am now and how medicine has shaped and molded and affected that expression of Terri, shall we say. And that continues in our professional journey.

And so, narrative medicine and arts-based processes - arts-based practices, sorry, are just one tool that we can use in terms of having a way to build self-reflective practice, and exploring who we are, how we show up. Because, as I mentioned, who we are and how we show up in our work does impact the care we receive. Like, I've served one particular community now for 12 years, and people now, the people who work there will comment when I walk in, they're like, "Oh, wow, your energy is so good today." They don't tend to tell me when my energy is not, but I'll just take these silences. But the times when I've struggled the most, with how I'm showing up have very little to do with the fact that the people or the situation around me was all that different. It was really what I was carrying and how I was showing up in that space. And so, having a way to be like, "Ooh, what's going on here, and how can I start showing up differently?" is just really important.

And so, there was also a question related to a book, which I'm actually somewhat hesitant, just because the space is nuanced, and I'm a little bit worried about endorsing authors or particular books because I haven't well researched them all to know, but I will say that there are a number of books there. I've explored many of these in my healing journey, and I will say that as much as I love them in exploring holistic health, there is a flavour that I always caution that people need to really be mindful and critical when engaging in some of this material. And I feel like it's probably even more important to specify this in the times that we live. But I will say that there is [...], I think it's called Whole Health Medicine Program. It has heart in it, too. It's a narrative medicine storytelling approach that was built into some



of the curriculums in the United States. It was developed and curated by a pediatrician who must be 80 years old now, super lovely lady. But just to say that [...] there's lots of different resources out there, and we could probably look at creating a bit of a, maybe, vetted resource list later.

Dr. Sarah de Leeuw: Yeah, Terri, thank you, and I think it actually leads really nicely to question nine, which is: how might teams navigate institutional priorities, processes, alongside time and conditions needed for arts-based learning and knowledge sharing?

Just a huge shout out to Nicole and the amazing capacity, Nicole, that you intuited in developing the H.E.A.L. website, which allowed for - to answer this question, time constraints, hierarchical Western projects - I almost guarantee you, you will find at least one exercise that takes less than half an hour, and that you can do over multiple days. This does not need to be - like, there's one piece of curriculum, and it's by a dear colleague, an incredible trans scholar out of the States. It's like eight hours of phenomenal trans poetics and engagement of transphobia through poetic creation. That's a very long piece of curriculum. It's amazing, Jack is incredible.

But there are also 10-15 minute bite-sized pieces that are fun, that should be able to translate into any work environment, regardless of time constraints.

So, I mean, we just took you through two exercises here, and I think it probably took us less than 15 minutes. So, we, I think, can engage the arts despite time constraints. Nicole, I'm going to scroll up to some of the earlier questions, but I think -

X'staam Hana'ax (Nicole Halbauer): Yeah, I want to just - because I use this website in my consulting, I just want to say there, and I need to put a plug in here for my daughter, Ocean, has - it seems like it's a really simple children's book, *Maaym Binben*. It's *Blueberry Belly*. But then you get to her reflective questions, and I didn't know this about my daughter, but she learned very quickly that taking her uneducated white father to the emergency room was going to get her better care than going with her Indigenous mother who worked in health. We come from Terrace, so if you've read *In Plain Sight*, you'll understand. And she knew that as a child, and so her reflective sections on this, what looks like a children's book, are actually quite deep and meaningful for practitioners.

So, I used this work from this website, and what I'll generally do is the first session with a new organization is I'll introduce the website the way we have done here. Then I give people homework, so everyone around the table, whether it's the executive team or the board, have to go away and do one piece of the curriculum, and then come back and teach that curriculum in a way that they feel comfortable to their teammates at our next session. And in this way, organizations start to shift together in different ways. The first thing is that the person doing it gets to choose which curriculum is most meaningful to them, and then they get to teach it to their colleagues. And it's really important because then you start to see where the values are.



And as far as institutional changes; when I start working with an institution, I say, “Well, show me your minutes, and show me your agendas, and show me your budgets for the last three years, and I'll tell you just how important decolonization is to you. How important is it that you have this shift?” Because if you haven't funded it, you haven't talked about it, and you haven't put any resources, whether it's time, money, hours, education dollars to it, then I know where I'm starting with your organization.

So, this tool has been invaluable. I used to scramble for really complex things. This is easy and accessible, and it's very non-threatening. And so I find this website - I mean, like I said, I've used it with Crown organizations, Crown corporations across our province, and it's really well received, so much so that one organization organized to write a whole bunch - I think they're on the website now, I don't know - a whole bunch of testimonials for the website and how they use it. And they've used it to write policy, they're using it to write their strategic plan, they're using it in their hiring process. It's how you want it to work for you.

Dr. Sarah de Leeuw: Nicole, I am so thankful that you took on working on this website with us, years ago now, and that you continue to be such an inspiration and a driver behind it.

I'm aware we have three minutes. I'm going to just quickly cherry-pluck a couple of questions: when talking about reflections in art, could there be a use of sports to reflect similarly to art?

Holy smokes, great question, and I don't know the answer to that. I would be speaking out of turn if I suggested that I had any kind of deep sports capacity other than my own personal engagement with sport, but I think that might be an amazing area. Please reach out to us, and I know the NCCIH does have resources on sport, First Nations, Inuit, and Métis well-being, so look forward to hearing from you. Drop the NCCIH an email if you would like.

I don't think I have any other questions. So, when we end the webinar, once the Q&A is closed, give a few seconds and then end the webinar. So, I think we are going to wrap up, unless there are any other questions. There was a question, and I just - sorry, Nicole, do you see a question that I didn't answer?

X'staam Hana'ax (Nicole Halbauer): I was just going to thank everybody for attending and hearing - I know sometimes you might think, “Well, I'm too busy to learn about art, for heaven's sakes, I'm out here doing important work,” but if we don't address our own biases, our work then is tainted by it, and so we really need to have a deep understanding of who we are and what we're bringing into the relationship with those that we're providing service and caring for.

Dr. Sarah de Leeuw: Yeah, Nicole, thank you, and I just want to acknowledge that one of the questions spoke about being somebody who works in the world of disability and it being a lifelong



journey. Look up Rheanna Robinson's work, and thank you for the journey that you're undertaking and the work that you're doing.

With regard to harm reduction and the role of art in harm reduction, I think that, again, taking art to ourselves for our own healing journey can be a remarkably powerful tool. So, I just want to kind of doff my hat to that thoughtful level of engagement. There are a couple of resources on the H.E.A.L. website around traveling through addiction, living with addiction, and telling stories, and for providers who work with folks who live with addiction or are moving through an addiction journey, there are resources on the H.E.A.L. website.

So again, just huge thanks for all of the reflections and comments that you've brought, and Terri, I will leave it to you for the last comment before our tech support closes us out.

Dr. Terri Aldred: Awesome. I was going to say, I have very important housekeeping items, so we encourage everyone to complete the webinar survey. The link is in the chat and you'll receive an email with it tomorrow. And, just want to thank everyone from the bottom of our hearts for joining.

And to say just two things related to that, because I cannot help myself, is related to sports: I think it's all about intentionality. There's a whole movement around mindfulness movement or mindfulness activity. The class is an example of this, where you're kind of intentionally moving through things, certain rhythmic, repetitive movements, and it's all about - yeah, it's all about, I guess, artful movement, as well as bringing that kind of mindfulness into the activity.

And then just related to harm reduction; I think in terms of a trauma-informed approach, really, there's so many activities that are art-based that are really grounded in how to help regulate our own nervous system, but also help to co-regulate for the people that we may be seeing or sitting across from us. So, [I] just encourage you to look up those things. Thanks, everyone.

Dr. Sarah de Leeuw: Thank you, everyone, and from the bottom of my heart, to all of the team that supported this webinar, thank you guys, and yeah, what a pleasure.

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