



## EXECUTIVE SUMMARY

# The Humanities and Health Policy

November 2023

*An RSC Policy Briefing*

COVID-19 was a stark reminder that understanding a novel pathogen is essential but insufficient to protect us from disease. Biomedical and technical solutions are necessary, but they do not prevent or resolve misinformation, vaccine hesitancy, or resistance to public health measures, nor are they sufficient to advance the development of more equitable and effective healthcare systems.

Responding to crises such as pandemics requires deep collaboration drawing on multiple methodologies and perspectives. Along with the science, it is imperative to understand cultures, values, languages, histories, and other determinants of human behaviour. In this policy briefing we argue that the Humanities – a group of methodologically diverse fields, including interdisciplinary studies that overlap significantly with the social determinants of health – are an underused source of cultural and social insight that is increasingly important and could be better leveraged in such collaboration.

Humanities disciplines approach health and illness as part of the human condition. Their historicized perspective could be more effectively mobilized to explore the social and cultural context in which science exists and evolves, in turn helping us understand the forces shaping perceptions, concerns, and assumptions. Literature, film studies, religion, history, language and other Humanities experts can increase the effectiveness and inclusiveness of policies, educational documents and communications materials, using tools to decode cultural meanings behind words and images, to analyze rhetoric and audience, and to develop nuanced messaging in various languages and cultural idioms.

Humanities scholars and practitioners can also create archives of information to support policy development, resource distribution, and even epidemiological advances. With new digital forms of communication and data collection enabling access to the views and experiences of a wide spectrum of the population, such archives could be transformative.

For decades, there have been calls for collaboration to increase Canada's capacity to better understand and act on the cultural and social determinants of health. The most recent of these is the *Report of the Advisory Panel on the Federal Research Support System*, which emphasizes the importance of multidisciplinary research to answer complex scientific questions and address priority areas and opportunities.

We therefore urge the inclusion of the Humanities – with its strong and well-established foundation of health-related scholarship – in this multidisciplinary work. To that end, we offer seven recommendations, addressed to federal and provincial governments, universities, and key agencies, that draw from Humanities research towards delivering more effective research, education, planning and policy.

These recommendations require neither significant new investment nor structural changes; rather, they aim to integrate Humanities expertise into existing conversations and initiatives, and to increase the capacity of the Humanities to contribute to the common aim of all health-related disciplines: the well-being of people and their communities.

### **Recommendations**

1. Humanities expertise should be embedded into health-emergency planning at federal and provincial/territorial levels.
2. Research funders, including federal agencies, should promote research on the cultural and social determinants of health, the culture and history of public health, longitudinal social and health impacts of public health crises, and other under-addressed areas of health studies to increase graduate and post-doctoral training capacity as well as enhance the knowledge base across all health-related disciplines, including the Humanities and Social Sciences.
3. CIHR, SSHRC, and provincial funding agencies should collaborate on initiatives to support the archiving and analysis of the pandemic response, including social media, grassroots organizing, public health, creative expression, and individual experiences, to support a knowledge base that will facilitate effective responses to healthcare crises.
4. Accrediting bodies such as the Medical Council of Canada should require knowledge of the history and culture of infectious disease and public health in medical education.
5. CIHR's Health Systems Impact Fellowships should be matched by a parallel SSHRC program.
6. Universities should recognize public engagement by health-related faculty as valuable outreach, and promote health research across all disciplines, in support of social accountability. This should also include support and training.
7. PHAC, in partnership with the Tri-Agency, should establish an annual federal conference on a current theme in public health, with academics from all health disciplines including the Humanities, along with clinicians and policymakers, to support cross-sectoral knowledge exchange across provinces and territories.