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Editors' Introduction: Health Humanities: The Future of Pre-Health Education is Here

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We live in an exciting new era for health humanities. At the baccalaureate level, programs focused on health and healthcare have more than quadrupled since 2000 across the United States (Berry et al. 2016), with more programs in development in Canada and other nations. These programs are appearing in all types of schools from liberal arts colleges to public and research universities. Teaching opportunities also exist at schools without a formal program as health becomes a desired focus for hires within literature, gender studies, religion, history, communication and other disciplines. While each major, minor, certificate, and concentration varies according to its own institutional context, it is clear that the disciplinary composition of health humanities is being pushed forward by emerging programs and by the work of colleagues who are in the process of creating them. At the same time, increasing numbers of students who have benefitted from health humanities education are now moving on to diverse careers in healthcare practice, advocacy, policy, and education.

In this issue, we have drawn together the voices and perspectives of stakeholders in baccalaureate education: from first-year college students to medical residents, practicing dieticians, pharmacists, and nurses; program administrators; and educators with diverse backgrounds in clinical practice and humanities scholarship. Each brings a fresh perspective to the practice of the field. Placed in conversation, these voices raise key questions about the field as a whole: its scope, disciplinary positioning, aims, methods, and assessment of impact.

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Why "health humanities" and why baccalaureate education?

Baccalaureate or pre-health humanities educators are particularly well-positioned to address such questions about the field as they have frequently been involved in developing health humanities curricula and proposing their programs to their respective administrations. In a period of widespread restricted institutional budgets, the growth in number of health humanities programs far outstrips the material limitations that most institutions face. From 2000-2016 in the United States, the number of health humanities programs has increased from fourteen to fifty-eight, with another six known programs currently in development (Berry et al. 2016). There is at least one health humanities program (major, minor, certificate, or concentration) in twenty-six states (Berry et al. 2016).

Medical humanities, a form of applied humanities for physicians in training that began in medical schools, has transformed into a more inclusive, interdisciplinary field in part through the wider educational scope of baccalaureate programs. We use the term "health" vs. "medical" humanities deliberately. Delese Wear and Tess Jones point out that "The linguistic shift to 'health humanities' acknowledges an important fact: that illness and all phenomena related to health are not just the purview of 'medicine' and are, in fact, *lived* outside medical settings where doctors play a minimal role" (2016). In this expansion of the traditional parameters of medical humanities, Wear and Jones call attention to investigating "the complex cultural landscape of patients across race, class, ability, and gender identity" and attending to "new genres such as YouTube videos, TED talks, and graphic novels; and to all caregivers, formal and informal" (2016).

Whereas the province, implicit and explicit, of medical humanities has traditionally been physicians and medical students, health humanities is expanding thanks not only to an array of providers and providers-in-training in fields such as nursing, pharmacy, and public policy but also to the scholarship and art of participants in every avenue of healthcare, from the actions and writing of advocates and allies to the perspectives of diverse students, patients and their families. In short, like health itself, health humanities is relevant to everyone.

While we see "health humanities" as the direction in which the field has moved, the term is particularly appropriate for the baccalaureate level. The broader audience, the move to include all participants, and the more diverse aims of baccalaureate education more readily fit "health humanities" than "pre-medical humanities." Educators at this level teach students who are interested in a wide range of health professions as well as those who may not have any interest in a career in healthcare but who nevertheless have a stake in health. Thus, according to Michael Blackie and Erin Lamb, the goal of health humanities educators at the college level is "to prepare students to be critical, discerning participants in the future delivery of health care, whether they are receiving this care, providing it, shaping policy around it, or engaging with it in some other capacity" (2014, 490). To this list, we might add that college educators are often preparing students to negotiate their own health outside of clinical contexts, through addressing issues around racism, sexism, weight and body image, socioeconomic status, aging, disability and other categories of diversity.

At all levels, health humanities education engages students in critical thinking about the complexity of human contexts of health and healthcare and promotes the value of diverse perspectives in understanding the human consequences of medicine. Describing the outcomes of a course on Literature and Medicine, for example, Sally Shigley captures the breadth of humanistic inquiry skills as well as the expanded purview of the field beyond the physician: "Literature in general, and Dannie Abse's poem 'X-Ray' specifically, focuses the students on

language and form in a way that initiates analytical, philosophical discussions of medical issues, eschews potentially adversarial discussions that 'take sides' with physicians, nurses, or patients, and starts valuable conversations about health care and those who give and receive it" (2013, 431). A health humanities baccalaureate education provides all of these desirable characteristics of graduates: an active engagement with knowledge and cross-fertilization of ideas; disciplinary breadth, social and cultural perspective, critical thinking and reflectivity; and ethical tools for moral reasoning. For students bound for health professions programs, these characteristics also meet the call of advocates for reform in medical education to "prepare the student to develop into an independent and creative thinker, with a strong moral compass and a commitment to social justice" (Kanter 2008). This capacity of health humanities education to prepare not just pre-health students but *all* students to engage critically with health and healthcare from a range of disciplinary perspectives and cultural positions has been one reason for the field's recent growth.

Another key reason for this growth is a recognition that there is more time and room in the curriculum at the baccalaureate level to immerse students in the methods and topics of health humanities. For example, the major and minor programs offer sustained, cumulative study across the four years to focus in depth on selected issues via scholarship, reflection, and creative work. For many students, this immersion is especially beneficial because it comes at a particularly formative time, "emerging adulthood," to use Jeffrey Arnett's phrase, when their worldviews are being most shaped (2004). The trends of increasing numbers of health humanities programs and rising numbers of students within many programs testify to previously unmet demand now being successfully met by the field.

Health humanities similarly meets the needs of diverse educators. For humanities educators, the growth of health humanities at the baccalaureate level secures a foothold amid the widespread emphasis on STEM education and offers a clear and *legible* way of articulating the value of the humanities to career-focused students and their parents. For health professions educators, the scholarship and reflective pieces in this issue provide ample evidence that health humanities training "helps [clinicians in training to] function optimally in an environment characterized by change and uncertainty" (Kanter 2008); health humanities also equips entering medical students with many of the core competencies advocated by the American Association of Medical Colleges (2016). In this issue, short perspective pieces from health humanities students and impact studies indicate an impressive range of benefits for students, which may be of use to educators, administrators, and colleagues engaged in advancing the field as a discipline.

Documenting growth in pre-health humanities

As a first step toward assessing the status of health humanities education in the U.S., we have identified the baccalaureate institutions that currently offer such programs. Those data are available in a report, *Health Humanities Baccalaureate Programs in the United States* (Berry et al. 2016), and this special issue offers a closer look at several of these pre-health humanities programs in the "Snapshots" section.

To collect these data, we had to define what we meant by a "health humanities" program, a task that was already rife with ideological and political complexities. While there are many interdisciplinary programs out there that examine "health," we limited our selection of "health humanities" programs to those requiring at least one course in which students examine health

and/or medicine through the materials and methods of humanities disciplines.[1] These pre-health humanities programs may also include electives in social science, fine arts, and performing arts courses.

Our own research into these programs and our attempts to draw a line between what counts, and what does not count, as "health humanities" have exposed a wide variety of curricular approaches and raised many questions. These questions—which are essentially of field definition and justification—are, we venture, the same with which many of us who identify as "health humanities" educators are grappling. These questions inform the section structure for this special issue:

1. What does health humanities teaching look like?
2. How are health humanities programs situated within institutions and disciplines?
3. How can we measure the impact of what we actually "do," i.e., how can we make stronger claims about what health humanities offers for our students, now and in their future?

Our contributors address these questions from multiple angles in the sections below.

Teaching methods

The four essays in this section document pedagogies in an array of classrooms and experiential learning settings. In "Uniting the Pre-Health Humanities with the Introductory Composition Course," Amy Rubens offers an example of how the health humanities may be incorporated into teaching at schools without a formal major and minor—and argues for the benefits for all students regardless of their career intentions. Other educators discuss the complexities of education outside of typical humanities classrooms and methods. Sarah Ann Singer, Kym Weed, Jennifer Stockwell, Jordynn Jack, and Jane Thrailkill advance the question of boundaries in "Pre-Health Humanities as Intensive Research Practice"; they argue for the need to incorporate research into baccalaureate health humanities curricula and to demonstrate a valuable working model of interdisciplinary research between the humanities, social sciences, and sciences. Casey Lee Kayser, in "Cultivating Community-Responsive Future Health Care Professionals: Using Service-Learning in Pre-Health Humanities Education" speaks to the value of experiential learning, both service work and clinical shadowing, in developing future healthcare professionals who are compassionate, culturally competent, and responsive to their communities. Erica Fletcher and Nicole Piemonte, in "Navigating the Paradoxes of Neoliberalism: Quiet Subversion in Mentored Service-Learning for the Pre-Health Humanities," raise concerns about the neoliberal politics of service-learning for health humanities that encourage students simply to accumulate hours and offer strategies for subverting those forces and cultivating students' moral imaginations. All of these essays emphasize the practical, applicable value of the health humanities, both inside and outside of the classroom.

Institutional and disciplinary positioning

The articles in this section are invested in defining—in disciplinary and institutional terms—the field of health humanities. The need to define the field in terms of discipline has not been so relevant at the health professions level where the humanities and social sciences may be

easily lumped together in one “department” or “program” but is much more pressing at the baccalaureate level where disciplines are carved out. A particularly urgent question in a time of constrained budgets and competitive marketing in higher education is the value of the humanities compared with science, technology, engineering, and mathematics (STEM) fields. Contributors in this section argue persuasively for the value of health humanities in relation to both their particular institutional missions and to the liberal arts in general. Damon Boria and Virginia Engholm, in "Proposing a Health Humanities Minor: Some Lessons," provide a rationale for starting up a health humanities program at a school that specializes in pre-health and nursing and explore some of the challenges they faced in trying to sell such a program to an administration. In "How Health Humanities Will Save the Life of the Humanities,” Craig Klugman argues that the value of health humanities programs lies in its applied nature; the health humanities, he asserts, will not only develop students’ critical capacities for engaging with health and healthcare in their own lives but will also help to stave off the decline of the humanities within higher education more broadly. Expanding on the question of situating health humanities, in "Site, Sector, Scope: Mapping the Epistemological Landscape of Health Humanities," Andrea Charise connects the content and methods of health humanities to national contexts of healthcare administration and education in Canada, the US, and the United Kingdom. She argues that, from the institutional level to the national level, funding is intimately linked to disciplinary boundaries that must be defined and negotiated in order to create programs and continue growing the field.

Measuring the impact of baccalaureate health humanities

A debate about the outcomes of health humanities education continues across the various sites of the field: from medical schools and residency programs to baccalaureate programs. On one hand, college and health professions administrators, and many medical educators, call for metrics—quantitative measures of what this curriculum does for students (Ousager and Johannessen 2010). On the other hand, humanists tend to argue that empirical data cannot capture the nuanced learning outcomes of critical thinking, reflection, and synthesis skills that our students gain (Belling 2010). The two empirical studies of the impact of health humanities included here advance the debate about assessment of impact. These studies show statistically significant and positive achievements, confirming what our collective experience has suggested. Clayton Baker, Margie Hodges Shaw, Christopher Mooney, Susan Dodge-Peters Daiss, and Stephanie Brown Clark, in “The Medical Humanities Effect: A Pilot Study of Pre-Health Professions Students at the University of Rochester,” review the debate about whether the impact of health humanities is measurable and offer original data analysis from a pilot study of several baccalaureate health humanities courses suggesting that such courses affect habits of mind and preparedness for health careers. In "Developing and Evaluating an Innovative Structural Competency Curriculum for Pre-Health Students," JuLeigh Petty, Jonathan Metzl, and Mia Keeys share a new evaluation tool, the Structural Foundations of Health Survey © (2016). Using this tool, they show that students who have completed their Medicine, Health and Society curriculum, compared with students who have not, demonstrate improved ability to analyze relationships between structural factors and health outcomes, and higher understanding of structural and cultural competency. These two original studies suggest further questions and directions as our field establishes best practices for assessment.

Perspectives on the health humanities

Adding to our understanding of the impact of health humanities education are individual student and alumni perspectives of valuable learning moments and their application in diverse encounters with patients and communities. One strength of humanities inquiry is its attention to specificity, context, and pluralism, and many humanists believe that metrics alone cannot capture the effects of a humanities education. To this end, the Perspectives and Spotlights section presents reflective essays and statements from students, graduates, and faculty. This section opens with an overview by Lauren Barron, "The Impact of Baccalaureate Medical Humanities on Subsequent Medical Training and Practice: A Physician-Educator's Perspective," that offers five categories of health humanities benefits and illustrates them with excerpts culled from student reflections. Ten short, reflective essays and seventeen excerpted statements by former and current health humanities students speak to the benefits of health humanities for their experiences in medical school, public health, nursing, pharmacy, public policy, dietetics, clinical practice, and even dance. These perspectives illuminate the wealth of insights and innovations fostered in health humanities students through their exposure to critical and reflective thinking, diversity and structural inequality; they also offer a tantalizing glimpse of the positive changes these students are poised to make in their continued engagements with health and health care. Moreover, these narratives and qualitative studies lay the foundation for a needed larger, longitudinal and multi-site assessment of health humanities impact among graduates.

Snapshots of health humanities programs

This section provides brief "snapshots" of the described mission and curricular structure of thirty-four current health humanities programs, demonstrating the wide variability in approaches. Looking at these snapshots in the aggregate helps us to see the commonalities that may point us toward field-defining organization and practices.

In conclusion: looking ahead

In this issue, we speak to the aims and outcomes of health humanities education for pre-health professions students. Health humanities as an increasingly recognized and highly desirable field at the baccalaureate level is answering the call from health professions educators to admit students with social awareness, critical thinking about human aspects of healthcare, and resilience with ambiguity—some of the qualifications advocated for in the move toward holistic review (Conrad et al., 2016). As student perspectives reveal, this training is especially valuable before students enter professional education and begin interacting with patients. For example, Elisabeth Hesse, a physician and program manager at the Army Public Health Center, writes in this issue that "there are emails and phone calls daily from soldiers, retirees, family members, and civilians, asking questions about their health and the health of their units, hospitals, installations, and country. These populations are all now my patients. It was my medical school education and residency training that taught me what to say to answer these questions, but it was my [baccalaureate] Biomedical Humanities classes that taught me how to say it."

The contributions in this issue also reveal that health humanities is a field of relevance and importance for *all* students, not just pre-health professions students. As Martha Nussbaum notes, liberal education and humanities inquiry in particular promote "the cultivation of the whole human being for the functions of citizenship" through their emphases on critical thinking and examination of one's traditions, understanding difference, and narrative (or perspectival) imagination (1997). These skills, applied to health and care issues, are germane to everyone across diverse contexts. As Capitol Hill staffer Gilbert Ruiz asserts in his Perspective in this issue, "I know what is economically, socially, and philosophically required to argue that, "health care is(n't) a right," a background that fuels his passion to design policies that "bridge a burgeoning gap between rapidly advancing health science and the ability to translate that into meaningful care." Indeed, with the national implementation of healthcare reform and increasing attention to embodied diversity, health disparities, and identity-based violence in the US and around the world, health humanities education is vital to participants and leaders in every sector, and it is best positioned to reach the most students at the baccalaureate level.

As we look to the future, we see the need for further field definition. At the baccalaureate level there is an opportunity to increase visibility and inclusion of the field by submitting program information to the National Center for Education Statistics so that health humanities as a field of study is accessible to academic administrators, faculty, and students. Another next step is to reach a working consensus of what essential methods in the field may be and what, if any, basic health humanities content should be included in the baccalaureate curriculum. Finally, there is a need to follow up with those students who matriculate to health professions schools as well as graduate programs in public health, health communication and the social sciences to understand if their baccalaureate experiences in the health humanities impacted their choice of programs, contributed to overall satisfaction with their education and training, and addressed important issues such as burn-out and moral distress.

As our contributors have shown, the relationship between health humanities and STEM education can be articulated in a variety of ways. The Snapshots also show a compelling diversity of program structures. We hope that this conversation will continue not only among health humanists but also with stakeholders in STEM, in health professions education, and in college administration.

Now is the time to engage in full collaboration between baccalaureate and health professions educators to decide what preparation will most benefit future practitioners and their patients and how baccalaureate health humanities training will "count" in the admissions process to medical, dental, nursing and pharmacy schools as well as physical therapy and physician assistant programs—all of which are highly competitive. We also call for more research into the varied careers–in addition to clinical, biomedical practice—that are pursued by graduates of health humanities programs. The time is ripe for the health humanities to flourish at the baccalaureate level, and all of us invested in this field need to work toward effectively articulating just how the health humanities can serve diverse students as they pursue work affecting, and live lives affected by, health, wellbeing, access, inclusion, and care.

Endnotes

[1] For the purposes of this report, Berry, Lamb and Jones included as "humanities" disciplines such fields of study as philosophy (in addition to bioethics), literature, dramaturgy, media studies, religious studies, American

studies, Africana studies, Asian studies, art history, classics, comparative literature, European studies, history, history of medicine, women's and gender studies, Latin American studies, LGBTQI studies, disability studies, age studies, music, writing, rhetoric, and composition.

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