Developing New Academic Programs in the Medical/Health Humanities: A Toolkit to Support Continued Growth

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Abstract

Academic programs in the medical/health humanities have proliferated widely in recent years, and the professional, academic, and cultural drivers of this growth promise sustained new program development. In this article, we present the results of a survey sent to representatives of one hundred twenty-four baccalaureate and ten graduate programs in the medical/health humanities to assess the experiences and needs of existing programs. Survey results confirm the interest in and need for a descriptive toolkit as opposed to a prescriptive manual; indicate what data and materials are most needed to support the successful development of new academic programs in the field; and identify areas for future research. Recognizing a need for program development resources, the Health Humanities Consortium (HHC) has initiated the creation of a comprehensive online toolkit. We discuss survey results and the toolkit in relation to the drivers of new program growth. Finally, we describe resources now available through the HHC's new online program toolkit, including existing programs; sample syllabi; sample curricula templates; program rationale; proposal templates; and graduation data.

Keywords Health humanities · Medical humanities · Curriculum · Education · Degree program development · Program design

Introduction

Since 2000, the number of American baccalaureate certificate, concentration, minor, and major programs in the medical/health humanities has risen from fifteen to one hundred seventeen – an increase of 680%.¹ Over half of these programs were established in five years, from 2016–2021 (Lamb, Berry and Jones 2021; Berry, Jones and Lamb 2016). Likewise, the number of graduate certificate, minor, MA/MS, and PhD programs in the medical/health humanities has blossomed from two before 2000 to twenty-nine in 2021 – an increase of 1,350% (Barrish et al. 2021).

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The Health Humanities Consortium (HHC) has been tracking this programmatic growth since its founding in 2015. During this same period, the organization has received increasing numbers of requests from individuals and institutions seeking program development consultations and resources. Based on these factors, the HHC has determined that a centralized, comprehensive repository of program development resources is of value to educators and administrators interested in establishing medical/health humanities programs. These resources –such as sample syllabi and curricula, marketing materials, funding structures, and timelines –provide an adaptable toolkit for program developers.

Unlike instructional manuals or other prescriptive resources, “toolkits” are collections of information, models, and guidelines that provide “practical, action-oriented instruction and resource templates that [can] be used to achieve specific goals and outcome objectives” (Davis et al. 2017). The content included in toolkits varies widely, as do their target audiences and purposes. What social media toolkits, health intervention toolkits, curriculum development toolkits, and others share in common, however, is that they are designed to promote efficiency and provide guidance and actionable resources. This is especially the case when the issues they address are “emerging or evolving, and well-established processes for addressing them are not yet widely adopted” (Young Adult Library Services Association n.d., 1). Given the relative newness of most academic programs in the medical/health humanities, as well as the inherent interdisciplinarity of the field, the HHC has opted to pursue the production of a descriptive, customizable toolkit as opposed to a prescriptive program development manual.

The creation of a program development toolkit is aligned with the broader mission of the HHC, which promotes and supports medical/health humanities scholarship, education, and practices in public, academic, and healthcare arenas. The organization’s membership reflects the breadth of the field, bringing together academic institutions, researchers, educators, artists, clinicians, journal editors, public scholars, community activists, and students to “promote understanding of the experiences of patients, caregivers, and communities as they are shaped in relation to models of disease, illness, health, and wellness” and to “educate the public, healthcare professionals, and educators about the history, practice, and study of health humanities” (HHC 2021).

Methods

The decision to create a program development toolkit raised the question of what resources and guidance to include in such a portfolio. Recognizing that the rapid growth in medical/health humanities programs has generated a rich pool of collective wisdom from which to draw, the HHC determined that the first step in toolkit development should be the creation of a survey to be sent to all U.S. medical/health humanities baccalaureate and graduate programs. By assessing the experiences and needs of existing medical/health humanities programs, the survey would determine what data and materials are most needed to support the successful development of other new academic programs in the field. It was also hoped that survey results would identify emerging and promising practices in program development and areas for future research.

Members of the HHC Curriculum and Assessment Subcommittee developed the survey in January 2021. We emailed a recruitment message and survey link to representatives of one hundred twenty-four baccalaureate level programs (one hundred seventeen established and seven in development) and ten graduate programs in March 2021. Email addresses

came from program contacts listed with the Case Western Reserve University annual report *Health Humanities Baccalaureate Programs in the United States and Canada* (Lamb, Berry and Jones 2021) and the 2020 Humanities Institute at the University of Texas at Austin list *U.S. Health Humanities Graduate Programs*. The email was sent three times, two weeks apart to maximize participation. We did not survey degree programs based in medical schools or that are part of health professions education because they have been examined as part of the American Association of Medical College's (AAMC's) Fundamental Role of Humanities and Arts in Medical Education (FRAHME) program. The survey was declared exempt by the DePaul University Institutional Review Board on March 26, 2021.

If potential subjects agreed to complete the survey, they were asked five questions: (1) The type and level of program (baccalaureate/graduate and major/minor/certificate/masters/doctorate), (2) a list of what resources would have been useful when developing their academic program (choice and comment box), (3) what was their process in gaining institutional approval for their program (choice and comment box), (4) other advice and ideas (comment box), and (5) what year their program was approved.

We analyzed the descriptive data using frequencies in total and by program type. For the question on institutional approval process, subjects arranged the steps in the order they were completed. For analysis purposes, the mean order of the steps across all respondents was used to indicate the most common order of the steps. Because some categories had a low number of respondents, data are presented as raw numbers and not percentages.

Results

Out of the one hundred thirty-four programs that were sent a recruitment email, sixty-nine agreed to complete the survey (completion rate of 51.5%). As shown in Fig. 1, respondents included 81.3% of baccalaureate majors, 55% of baccalaureate minors, 92.9% of baccalaureate certificates, 58.3% of graduate certificates, 31.3% of master's degrees and 100% of doctoral programs. Two respondents indicated that they had a pathway or concentration in a clinical graduate program and so were not included in the analysis.

Table 1 shows that the oldest baccalaureate program reported was approved in 1987 with the most recent in 2021. The average year of approval of majors and minors was 2015, demonstrating an increase in the approval of baccalaureate degree programs between 2015 and 2021, data that mirror those found in Lamb, Berry and Jones (2021). Certificate programs are even newer, with the oldest respondent reporting approval in 2016 and the

Fig. 1 Type and Level of Program

Table 1 Year of Program Approval

Type	n	Minimum	Maximum	Mean
Baccalaureate Major	18	1987	2021	2015
Baccalaureate Minor	32	1987	2021	2015
Baccalaureate Certificate	9	2016	2021	2018
Graduate Certificate	4	1999	2020	2008
Graduate Masters/PhD	4	2000	2020	2013

newest approved in 2021, with the average year of approval in 2018. With a graduate certificate average approval date of 2008 and graduate degree of 2013, graduate programs are older, in general, even though the oldest reported date is more recent than the oldest baccalaureate degree.

The survey asked respondents to indicate what resources would have been useful in creating their medical/health humanities academic program. Table 2 shows that the most popular responses were a list of existing programs, sample curricula, and data on employment and graduate schools admissions. These rankings remained similar for both baccalaureate and graduate programs. One key difference is that graduate programs showed no interest in receiving continuing education on how to build a program or on sample syllabi. In the comments section, two respondents said they would like information on how to recruit students into their degree, and four indicated wanting information on sources of grant funding.

Table 3 summarizes respondents' answers when asked to list their steps in approving their academic program. Within each category, we ranked the step based on their mean placement. For example, if a program placed a step as first and another program placed it as step 14, the average placement would be step 7. Doctoral programs did not list doctoral degree development steps separately from their masters degree process, so those two categories were collapsed for this analysis. The results show that baccalaureate majors

Table 2 Useful Resources for Developing Academic Health Humanities Programs

Resource	TOTAL	Bacc Major	Bacc Minor	Bacc Certificate	Grad Certificate	Grad Degree
List of existing programs	55	22	36	11	4	4
Sample curriculum	48	19	30	12	2	2
Employment data for graduates	44	21	28	8	4	4
Sample syllabi	36	13	22	11	0	1
Graduate admissions data	34	16	21	8	2	3
Program Assessment tools	33	14	18	7	1	3
Sample program proposals	33	12	17	8	3	3
Listserve of program directors	32	12	19	8	3	3
Reading lists	31	11	20	8	0	0
Graduation data	29	15	16	6	2	2
Sample budgets	26	10	15	7	1	2
External Consultants	21	10	11	4	1	1
Continuing Education on Program Development	19	8	14	4	0	0

Table 3 Steps in Program Development^{2*}

Step	Baccalaureate Major	Baccalaureate Minor	Baccalaureate Certificate	Graduate Certificate	Graduate Masters/PhD
<i>n</i>	20	36	10	5	4
Step 1	Consulting with key stakeholders	Consulting with key stakeholders	Write curriculum	Find a champion	Consulting with key stakeholders
Step 2	Find administrative home	Find administrative home	Consulting with key stakeholders	Identify program director	Find a champion
Step 3	Write curriculum	Write proposal	Find administrative home	Find administrative home	Find administrative home
Step 4	Write proposal	Write curriculum	Write proposal	Consulting with key stakeholders	Map learning outcomes to university goals
Step 5	Identify program director	Find a champion	University curriculum approval	Write proposal	Write proposal
Step 6	Find a champion	University curriculum approval	Develop new courses	Write curriculum	Discussion with external consultants
Step 7	Discussion with external consultants	Develop new courses	Identify program director	Secure funding	Identify program director
Step 8	University curriculum approval	Identify program director	Map learning outcomes to university goals	Map learning outcomes to university goals	University curriculum approval
Step 9	Map learning outcomes to university goals	Map learning outcomes to university goals	University curriculum approval	University curriculum approval	Secure funding
Step 10	Develop new courses	Consult with enrollment & marketing	Develop new courses	Develop new courses	Develop budget
Step 11	Develop budget	Secure funding	Apply for Grants	Apply for Grants	Write curriculum
Step 12	Consult with enrollment & marketing	Discussion with external consultants	Discuss with external consultants	Discuss with external consultants	Develop new courses
Step 13	Secure funding	Recruit faculty	Develop budget	Develop budget	Apply for Grants
Step 14	Apply for Grants	Apply for Grants	Recruit faculty	Recruit faculty	Consult with enrollment & marketing

* Baccalaureate Certificate programs did not include many of the steps in their responses

and minors begin with similar steps of gathering stakeholders, finding an administrative home, writing proposals, and designing curriculum. A major, though, then requires finding a champion, an external consultant, and a program director before seeking university approval whereas a minor seeks approval before developing new courses and identifying a director. In both cases, mapping learning outcomes to department and university learning goals is a latter step. Funding and budgeting are among the last steps. Similarly, baccalaureate certificate programs bypass the funding issues but focus on starting with curriculum. This may indicate that certificate programs are less likely to require new resources and thus are more easily created to capitalize on student and institutional interests in the medical/health humanities.

On the graduate level, program-building begins with finding internal champions and program directors as well as identifying key stakeholders. Although building a consortium of advocates is important at all levels, such work is more extensive for graduate programs. Mapping learning outcomes to university goals and securing funding are earlier steps than in the undergraduate programs. These differences may indicate that graduate programs, especially certificates and master's degrees, are often viewed as sources of tuition dollars for universities.

Discussion

The most significant and immediately actionable result of our research is that survey respondents confirmed a need for and an interest in a public, collaboratively-produced collection of resources to guide program growth in the medical/health humanities. Survey results also revealed significant variability in approaches to program development, which is unsurprising given the fundamental interdisciplinarity of the field and the multitude of distinct program goals, objectives, formats, and emphases across institutions. Program leadership and institutional support across varied arenas reflect a common desire to serve a growing constituency of students interested in the intersectionality of the “human” dimension in the context of health and healthcare (Klugman 2018, 2017; Costa et al. 2020).

Passionate educators, scholars, and administrators from many spheres of academia have answered the call to examine and lend voice through the humanities’ many lenses—history, philosophy, cultural studies, religious studies, literature, composition, the fine and performing arts, and media, gender, and area studies. This shared vision has generated a wide array of innovative pedagogies and programs, which are the crux of the medical/health humanities. So, while disparate, medical/health humanities programs are grounded in the belief that the humanities can best prepare graduates who are discerning participants in healthcare and its processes (Klugman 2018, 2017; Berry, Jones and Lamb 2017; Costa et al. 2020). Given this field’s inherent characteristics, a centralized, online toolkit that is crowdsourced, that promotes discourse, that allows development of customized programs, and that is user-friendly is warranted and desired by the diverse yet cohesive audience it is meant to serve.

In addition, survey results affirm the utility of existing program development resources and offer guidance to the HHC regarding the development of additional tools and the ongoing collection of data to support continued program growth. The survey asked respondents to rank thirteen items that might have been useful in creating their program. Of these thirteen items, the HHC currently provides four on its website (lists of existing programs; sample syllabi; reading lists; and, through data collection via the programs using CIP 51.3204,

some graduation data are currently available through National Center for Education Statistics [NCES]).

The following list expands on what resources are available currently:

1. **Lists of existing programs** are available in two separate documents: *Baccalaureate Health Humanities Programs in the U.S. and Canada* (Lamb, Berry and Jones 2021) and *U.S. Health Humanities Graduate Programs* (Barrish et al. 2021). Each resource provides exhaustive listings of medical/health humanities programs and selected program information, such as individual program names, degrees offered, and institution.
2. **Sample Syllabi and Reading Lists:** A new syllabus repository developed through Rice University's Medical Futures Lab and led by Kirsten Ostherr, PhD and Serena Barbieri, MD, in collaboration with the Health Humanities Consortium, offers a large collection of syllabi and a robust set of search tools within the database.
3. **Employment data for graduates; graduate admissions data; and graduation data** are now being collected by the National Center for Education Statistics (NCES). Beginning in 2020, a new code for entering enrollment and graduation data for medical/health humanities degrees has enabled baccalaureate degree, graduate degree, and graduate certificate programs to enter their student data at several times during the year. NCES prepares its collected data and publishes it in a database named Integrated Postsecondary Education Data System (IPEDS). The first batch of medical/health humanities data (CIP 51.3204) is available and will be updated regularly. These IPEDS data then become available to the public and to prospective students via College Navigator; to see if your degree or graduate certificate is included in College Navigator, go to: <https://nces.ed.gov/collegenavigator/?s=all&p=51.3204>. After a few collection cycles, NCES data are then taken up by the U.S. Bureau of Labor Statistics; thus, in 2023 or so, it will be possible to track numbers between degree program graduates and employment data as well as baccalaureate and graduate enrollments.

Additionally, preliminary versions of the following items are available, to be continually revised and expanded with input from the broader medical/health humanities community:

- a. Learning objectives and outcomes
- b. Marketing strategies
- c. Program rationale
- d. Proposal template
- e. Budget template
- f. Sample curricula templates
- g. Consultation and external advisors

We predict that the current drivers of rapid, new program development will continue to fuel growth in the medical/health humanities within baccalaureate, graduate, and professional education. While the circumstances under which individual medical/health humanities programs are established vary considerably, the published literature identifies three such catalysts that help to contextualize recent program growth in baccalaureate (Lamb, Berry and Jones 2021) and health professions education (Klugman 2018): professional, academic, and cultural drivers of new program development.

First, renewed attention to the value of humanistic knowledge and methodologies drawn from the arts, humanities, and social sciences within the health professions has driven

program growth in professional training (e.g. medical, nursing, pharmacy, and public health education) and pre-health professions education. Pre-health students, pre-medical students, health practitioners, health policymakers, and health administrators have increasingly sought programs that delve into the complexities and intersectionality of the human dimension, while medical and allied health professional schools have also shown increased interest in medical/health humanities training and programs (Klugman 2017; Berry, Jones and Lamb 2017; Howley, Gaufberg and King 2020). This humanities-based approach challenges students to encounter and to understand a range of diverse perspectives that do not necessarily concur with their viewpoints (Blackie and Lamb 2014). The overarching goal of such training is to prepare graduates from disparate backgrounds to be able to critically assess the needs of, and advocate for, those who access the healthcare system (Berry, Jones and Lamb 2017). Medical/health humanities programs implemented across the spectrum of health professions education are as varied as the program educators' talents and the interests of the students they serve. Thus, a toolkit that supports program development and implementation by providing centralized resources for multiple constituents will promote the field's continued growth and innovation.

Second, at the baccalaureate and graduate levels, declining enrollments in traditional humanities disciplines and the resultant turn toward the "applied" humanities have contributed to the rise in medical/health humanities programs while current events illuminating the need for inter- and transdisciplinary approaches to issues of diversity, inclusion, and health justice have spurred innovative scholarly and pedagogical engagement with the field (Klugman and Lamb 2019). In fact, graduate and baccalaureate medical/health humanities programs have proliferated even as enrollments in traditional humanities disciplines, such as English, history, philosophy, and classics, have declined; amid intensifying critiques of humanities education as elitist and irrelevant in an increasingly STEM (science, technology, engineering, and math)-centered world; and despite growing economic crises in many institutions (Olejarz 2017; Stover 2017; Jaschik 2018; Schmidt 2018; Perry 2020). Neither the crises plaguing the humanities nor the turn toward applied humanities are wholly unique to this moment, however; scholars and pundits have bemoaned the loss of prestige and perceived relevance of the humanities in the past, just as they have also encouraged more "practical" and public-facing work as an antidote to critiques of elitism and hyper-specialization (Steinberg 1974; Kolbert 1985; Williams 2019). Advocates contend that the applied focus of medical/health humanities training preserves the foundational mission of a humanities education while pursuing novel objects of study, such as contemporary social media and the culture of medicine, and more deliberately bridging the gap between concept and action. Within today's landscape of shrinking budgets and dwindling enrollments, proponents of an applied humanities approach assert that medical/health humanities is particularly well-positioned to demonstrate the broader utility of humanities training and, thus, to boost enrollment in humanities programs.³ We expect that ongoing, if not intensifying, crises in the humanities—whether budget, enrollment, or relevance—may prompt greater interest in the medical/health humanities and further program growth in this field. As teachers, scholars, and administrators explore the potential of medical/health humanities programs, a crowdsourced toolkit is thereby best suited to providing the wide range of resources necessary to support a growing cadre of champions coming to the field with varying levels of familiarity.

The third catalyst, cultural drivers of medical/health humanities program growth, overlaps with the turn toward the applied humanities. Our rapidly technologizing world, one simultaneously plagued by wickedly complex threats like a global pandemic, racial injustice, economic disparities, and climate change is one in urgent need of humanistic

knowledge and methodologies bent toward informing public policy that both complements and “recontextualize[es] decontextualized scientific advice” (Brom 2019). The events of 2019–21 have rendered this starkly, painfully obvious as the COVID-19 pandemic exposes massive racial disparities in illness and mortality among groups identifying as Black, Indigenous, and People of Color (BIPOC) and the negative effects of racial violence and trauma on health that were highlighted during COVID-19 (Hassanein 2021). Grassroots movements such as Black Lives Matter (founded 2014) and Indigenous peoples protesting the Dakota Access Pipeline at Standing Rock in 2016 brought national attention to the history of institutionalized violence against BIPOC. A few months into the pandemic, Dr. Lisa Cooper, MD, MPH publicly declared racism a public health threat, and in April 2021, the CDC recognized persistent links among health, mortality, quality of life, racism, and structural inequality in the U.S. (Myers 2020; CDC 2021). Mainstream and federal attention to health disparities, police violence, and race-based trauma has affected health professions and employment trends. In higher education and in health professions schools, there is greater demand for studying racism and health as well as for learning anti-racist, inclusive, and decolonial ways of approaching health and healthcare offered by medical/health humanities (Worthen 2021). In addition, there are increases in numbers of students applying to nursing (Joseph 2021) and public health programs (Smith and Young 2020) with intent to study and make changes in equitable health practices and policies. Finally, corporate employers are beginning to seek graduates with interdisciplinary skill sets that include both the sciences and humanities, such as public health and communication for marketing (Joseph 2021). As educators seek novel methods to prepare their students to address health and social injustice, a toolkit promises to evolve alongside its users’ needs, providing resources relevant to contemporary sociocultural issues as well as established objectives of medical/health humanities education.

Conclusion

As discussed briefly in this paper, the growth of medical/health humanities programs and increasing interest in creating new ones comes at an opportune time for humanities at all levels of education, from baccalaureate to graduate and professional education. Complex problems with health and care require interdisciplinary solutions such as those offered by the materials and methods of the medical/health humanities. We need creative, critical, and energetic thinkers to solve the structural social problems that we have confronted in the last year—racism, socioeconomic inequality, violence, and lack of opportunity for many. Medical/health humanities provide a way through these challenges. The American Association of Medical Colleges (AAMC) has recognized the opportunity for the moral imagination and creative problem-solving that the health humanities represent (Howley, Gaufberg and King 2020). The AAMC’s recommendations of making arts and humanities a standard part of required medical education means that pre-health students need to have exposure to the humanities. Uniting scholars and teachers of the medical/health humanities in both pre-health and health professions education, the HHC strives to provide the broader medical/health humanities community with resources that support the field’s continued growth (HHC 2021). The HHC’s decision to create a program development toolkit was made to provide passionate educators, scholars, and administrators interested in developing medical/health humanities programs with a platform that contains pertinent programmatic information and the opportunity for collegial exchange.

Our survey and analysis confirmed the medical/health humanities community's need for, and interest in, a toolkit that provides centralized resources and guidance that supports and strengthens a shared vision of the medical/health humanities. This vision rests on the belief that the medical/health humanities can illuminate the complex problems of illness, public health, policy, access, and caregiving in our post-pandemic world that affect all students and require graduates to be equipped with critical health humanities skills to navigate emerging challenges and changing social landscapes. The Health Humanities Consortium Toolkit (<https://healthhumanitiesconsortium.com/hhc-toolkit/>) responds to national trends and will aid institutions in proposing and launching new degrees as well as providing information needed to attract students and funding.

The toolkit, however, is only the start of building a vibrant, engaging, adaptive, and rigorous medical/health humanities academic community. As the toolkit is further refined and expanded in the coming years, the HHC encourages greater collaboration with and representation of other pre-health and health professions educational programs. Individuals and new and existing programs can assist in myriad ways, from using the new medical/health humanities CIP code (51.3204) for degree and graduate certificate programs to ensure that all programs are consistently included in national data, to sharing curriculum in the syllabus repository, to contributing to the development of learning objectives and outcomes, to hosting future conferences and becoming part of the Health Humanities Consortium. The success of the toolkit and our joint academic ventures depends on all stakeholders working to provide the kind of broad-based, interdisciplinary education that the future of health care requires.

DECLARATIONS

Conflicts of Interest/Competing Interests All authors are members of the Health Humanities Consortium's Curriculum and Assessment Working Group. Berry is currently co-chair of the HHC and Klugman is former founding co-chair.

Ethics Approval This study was declared exempt by the DePaul University Institutional Review Board in March 2021.

Endnotes

¹ Nomenclature has been a subject of debate among medical/health humanities scholars in recent years; see, for example, Viney et al. (2015); Jones et al. (2017); Crawford et al. (2010). Throughout this essay, we use the designator "medical/health humanities" to be inclusive of the wide range of programs that fit this description and because this terminology directly aligns with the Classification of Instructional Programs (CIP) code established for medical and health humanities academic programs by the National Center for Educational Statistics.

² Baccalaureate certificate programs did not include many of the steps in their responses. Only twenty-five programs expressed an interest in continuing education on program development. Of those, six wanted a session at the annual Health Humanities Consortium meeting, fifteen desired a webinar, and four were interested in bringing a speaker or consultant to their campus.

³ See Klugman, whose argument that the health humanities as a field poised to save—or, at the least, reinvigorate—the humanities in higher education "in a time of anti-humanities fervor" is threefold: "Health humanities can (1) model an applied approach for humanities disciplines that inspires student interest; (2) develop students' capacity for critical reading, writing and reflection about health and medicine in society, practice, and their own lives; (3) and inoculate all students against the influence of medicine, whether through preparing pre-health students to navigate the hidden medical curriculum or preparing future patients to navigate the health care system" (2017, 420).

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