

MOBILIZING SOCIAL
SCIENCES, HUMANITIES
AND ARTS IN ADDRESSING
GLOBAL HEALTH CRISES

Consensus Paper.



Mobilizing Social Sciences, Humanities and Arts in Addressing Global Health Crises*

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Summary

Policymakers have faced many uncertainties when determining how best to respond to the COVID-19 pandemic. An initial phase of social solidarity was followed by polarization and expressions of social unrest, globally. Uncertainty and restrictive policy measures not seen before in Canada, for example, have created fertile ground for diverging opinions.

While policymakers are calling on ethics specialists (public health, clinical practice, health research and citizen engagement) as part of the rationale for public health actions like never before, expert advice and insight from the science disciplines specifically concerned with societies (such as sociology, anthropology, and behavioural sciences) continue to be systematically under-utilised by policymakers tackling the pandemic. The social measures put in place to combat the transmission of COVID-19 across Canada exacerbated inequities and, in doing so, have brought to light significant systemic vulnerabilities that were pre-existing in our society. The profound implications of the global spread of COVID-19 have created and intensified social crises in Canada and around the World.

Addressing pandemics and biological threats requires coordinated research, development, and effort for the testing and implementation of treatments, vaccines, and diagnostic tools. Specifically, global crisis responses of these kind also require that we identify and address the associated human, social, economic, and ethical challenges, opportunities, and risks. All rely on data-driven evidence, to inform decisionmakers who design and implement pandemic plans, protocols, and actions during crises and in their aftermath.

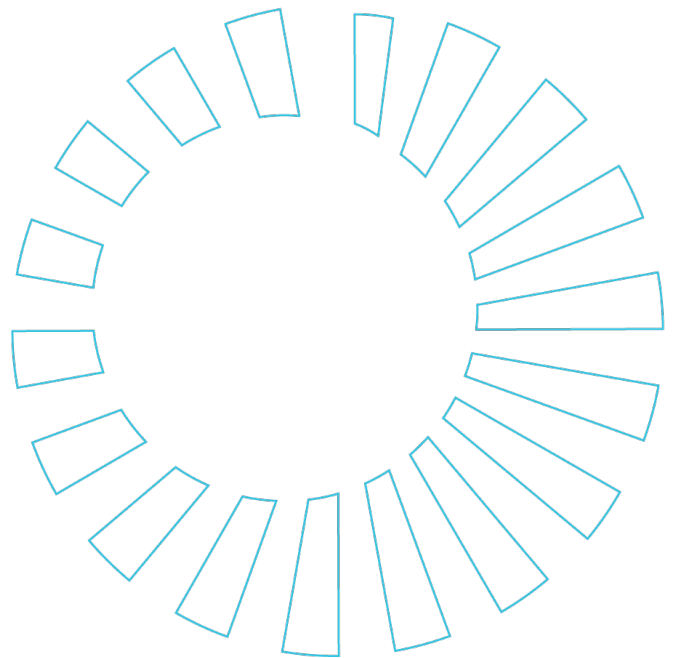
The panelists were tasked with reflecting on a range of issues as a catalyst toward defining strategies and policies to build capacity to strengthen and sustain a deep, multi-generational pool of research talent. The concern is broad and multifaceted, ranging from the identification of research and data gaps that exist around preventive and protective actions for disadvantaged and marginalised populations during health emergencies, to the development of interdisciplinary research strategies that place knowledge of human and social needs at the heart of the scientific response.

The objective was to go beyond the obvious and widespread demand for public health ethics advice during the COVID-19 pandemic, both within Canada and abroad, and to offer insight aimed at capacity-building in the field of public health policy. Specifically, we aimed to articulate the opportunities and challenges around better integration of the social sciences, humanities, and arts into expert advice for policy direction and decision-making in Canada.



Key Recommendations

- In planning and responding to a global crisis, it is critical to systematically integrate SSHA into interdisciplinary, transdisciplinary, cross-sectoral, multidisciplinary research agendas, including community stakeholders, scholars at different stages of their career, international scholars, and the recognition and incorporation of diverse knowledge ways, especially Indigenous knowledge systems.
- The integration of SSHA expertise, for instance in the study of community stakeholders' needs, should happen upstream to inform all aspect of the response to public health crises.
- Training of emerging researcher needs to target the acquisition of skills, tools, and techniques that will support innovation, cross-sectoral collaborations, and partnerships in the social space.
- Key research principles related to social equity and citizen empowerment should be articulated and adopted to provide a critical anchor to guide and move research addressing complex problems and emerging/existing crises forward.
- Mechanisms need to be developed, or continue to be developed, and put into place that facilitate collaborative research from the very start, or before, a crisis emerges.



HUMAN, SOCIAL, ECONOMIC, AND ETHICAL DIMENSION OF PUBLIC AND GLOBAL HEALTH CHALLENGES.

Addressing global health crises requires coordinated research efforts that allow us to better understand, predict, and ultimately help inform individual decision making. Improved understanding of human behaviour will help decision makers to better identify and address the associated human, social, economic, and ethical challenges and opportunities.

The key principles that have been developed in previous contexts for the [Climate Science 2050](#) plan by Environment and Climate Change Canada to support evolving policy and program approaches are universal and can be used to guide research and coordinated responses to other crises. These include:

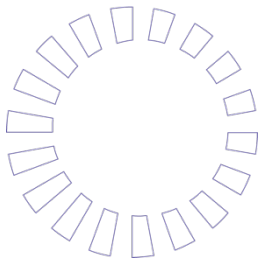
- Ensure the equity of diverse knowledge systems, making space for Indigenous leadership and innovation. Indigenous knowledge is a distinct network of knowledge systems, and in the principle of “two-eyed seeing”, Indigenous knowledge systems and Western science can work in parallel to inform new knowledge.
- Acknowledge and appreciate Indigenous self-determination in research to support an approach that is holistic, place-based, and responsive, and that respects Indigenous sovereignty and ownership of data and knowledge.
- Embrace interdisciplinarity to produce science and knowledge that reflects complexity and interconnections, and that encompasses different kinship systems and relationships with the land.
- Emphasize collaboration across generations, disciplines, sectors, orders of government organizations, and regions to bring together a range of experiences, perspectives, and areas of expertise.
- Adopt a flexible, adaptive approach in science and knowledge activities that can respond to emerging priorities, challenges, and opportunities.
- Apply an intersectional lens that considers how challenges intersect with identify factors like race, class, and gender to develop solutions that tackle both the relevant crisis and inequity, removal of systemic barriers, and promotion of individual and societal well-being.

- Respond to local and regional contacts, needs priorities, and ways of knowing, and involve communities affected by your research to produce tailored and effective adaptation and mitigation efforts.

Each of these recommendations sets an agenda for a reassessment of current academic practices.

WHAT TYPES OF SSHA EXPERTISE NEEDS TO BE INVOLVED IN ADDRESSING HEALTH CRISES?

Social sciences, humanities, and arts research and knowledge mobilization are integral to informing policy development and practice, and critical to addressing the evolving societal impacts of the COVID-19 pandemic in the context of shaping global recovery and the reimagining of societies. Innovative knowledge mobilization measures and increased collaboration between a diversity of researchers, policymakers, and leaders in civil society and international organizations are central to our ability to address emerging and future global challenges.



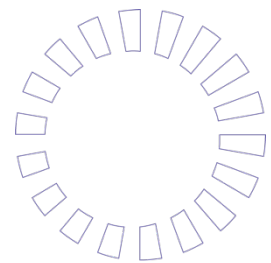
INNOVATIVE KNOWLEDGE MOBILISATION DOES NOT IMMEDIATELY REQUIRE THE CREATION OF A NEW RESEARCH PROGRAM, BUT THE ABILITY TO LEVERAGE RESEARCH PROGRAMS TO ADDRESS COMPLEX PROBLEMS OR TO CONVENE RESEARCH EXPERTISE ACROSS DISCIPLINES TO OFFER TRANSDISCIPLINARY OR INTERDISCIPLINARY PERSPECTIVES AND RECOMMENDATIONS.

For this reason, it seems appropriate to think that the role of SSHA knowledge in interdisciplinary initiatives tackling public and global health issues must be adopted in an integrative as opposed to a sequential manner. Human and social aspects of the problem must be front and centre, and human and social research needs to be integral to the solution. Concretely, this requires research cultures and infrastructures dedicated to fostering inclusive, diverse perspectives that can leverage an innovative approach to collaborative work.

The expertise needed to foster such an environment already exists in a variety of disciplines in which community-focused research yields best practices, such as in Indigenous research, anthropology, and sociology. However, it also requires that the communities themselves be willing to participate, which presupposes strong, existing campus-community partnerships focused on genuine reciprocity and trust.

Indeed, the centrality of SSHA research addressing public health issues is directly connected to the requirement of community and stakeholder engagement, and the capacity of research and knowledge institutions to build social capital. Technology and tools designed to address immediate health risks need to be adopted by communities and individuals; insuring that they are requires evidence and knowledge that only SSHA research can provide. SSHA scholars need to work with communities to understand their needs, their interests, their fears, and their concerns, and this evidence needs to inform policy at all levels.

MORE SUPPORT IS NEEDED ON THE PART OF ALL FUNDERS TO BOLSTER AND ENCOURAGE END-USER INTEGRATED RESEARCH, AND THE PARTICIPATION OF SSHA RESEARCHERS THEMSELVES TO ENGAGE MEANINGFULLY WITH THE COMMUNITIES RESEARCH SERVES, AND BUILD RELATIONS OF TRUST THAT WILL FACILITATE THE ADOPTION OF POLICIES THAT THEIR RESEARCH INFORMS.



Public health crises often require the development and deployment of new technologies that may be perceived as disruptive. Building trust with communities to support adoption is part of the challenge and here, again, SSHA expertise is key. To address beliefs and behaviours that pose an obstacle to the adoption of new technology, policymakers need knowledge about the psychological, ethical, social and cultural determinants of such beliefs and behaviours. SSHA knowledge underpins best approaches to trust-building, effective streamlining of technology adoption, and the implementation of new public health guidelines.

How can we ensure that SSHA knowledge and expertise is effectively mobilized to support efforts to address pandemics and biological threats?

Health crises like the COVID-19 pandemic are by nature complex events: hosts and viral agents are affected not only by the physical and biological dimensions of the environment in which they evolve but by social and cultural factors that can play a crucial role in the capacity of public administration to manage and mitigate the outcomes. SSHA play a critical role in public health crisis response because crisis response rests on the ability to negotiate a wide range of beliefs and attitudes, and relies on the availability of cultural and social processes that underpin relationships of trust between public agencies and citizens.

One way to support policy- and decisionmakers is to have expertise networks and knowledge mobilization mechanisms already in place and ready before a crisis emerges. Short timelines in crisis response are a chronic barrier to bringing knowledge across all disciplines to stakeholders who are under pressure to make policy decisions quickly when crises emerge. While decisionmakers are keen to receive input, one recurrent issue is the difficulty to capture the breadth of considerations and research concisely so as to effectively captivate the attention of decision makers, focusing on relevance to successfully compete with other solicitation.

One of the main obstacles to engaging SSHA expertise where it is needed is a gap in SSHA disciplines' ability to articulate and communicate the relevance and value of research to policy-stakeholders. Decision-makers need better resources when it comes to understanding the division of labour between research fields and, most importantly, to dispel the confusion that arises as a consequence of the perception that SSHA disciplines are at once too vast and too narrow. SSHA have a responsibility to insure that decision-makers and policy stakeholders are confident that leveraging SSHA expertise and research will support the best decisions.

The capacity of public agencies to reinforce the impact of sharing scientific evidence, for instance, for the purpose of informing responsible behaviours, depends in large part on factors that pre-exist the crisis in question.

Advocating for early institutional and systematic engagement is crucial: preparedness needs to preexist the emergence of the need to respond to a health crisis, and the very concept of research preparedness requires expertise on a broad range of social and human issues, including but not limited to a solid and rigorous understanding of the role of social and ethical values in shaping individual decisions in a range of political circumstances.

What does post-graduate training that fosters the relevant collaborative skills in interdisciplinary settings look like?

When it comes to designing responses to public health crises, student engagement and training is critical. It is an opportunity to prepare emerging researchers who are likely to be the ones carrying on the work in the future. Given the nature of the challenge and the requirements around interdisciplinary and transdisciplinary research on which solutions rest, it is imperative to look beyond discipline-specific professional development and to develop skills-building opportunities for graduate students in SSHA that will equip them with the know-how they need to take part in interdisciplinary research and in mobilizing SSHA research.



THE CONCERTED RESOLUTION TO BUILD LITERACY AROUND THE SKILLS FOR INNOVATION AND PARTNERSHIPS IN AN INTERDISCIPLINARY SETTING IS ESSENTIAL TO INSURING THAT EMERGING ACADEMICS IN SSHA CAN RECOGNIZE AND COMMUNICATE THE IMPACT THEY CAN HAVE THROUGH RESEARCH.

However, the type of skills-building that would prepare SSHA graduate students to participate in public health crisis response differs from the approach to training that is perceived as the status quo. SSHA students' training typically revolves around discipline-specific structures, incentives, and rewards, contributing to the misrepresentation of scholarly success as dependent on the capacity to contribute to specialized disciplinary research and the development of impact frameworks around bibliometrics.

Nonetheless, in order for emerging scholars to develop the motivations they need to prepare for and engage in interdisciplinary, community-focused work, perceptions of value around the nature of scholarly success need to change. More importantly, the SSHA need to do away with the myth that expert, discipline-specific scholarship is incompatible with the ability and/or willingness to contribute to public policy and partake in community-engaged knowledge mobilization activities.

Community-engaged learning strategies focused on experiential contexts for skills-development figure among the training strategies that are most effective in imparting applied research know-how. As part of broader knowledge mobilization strategies, they can be leveraged to increase campus-community trust and the level of concerted cross-sectoral readiness in advance of a crisis. The vision, long term, is to create the conditions for interdisciplinarity, multidisciplinary, transdisciplinarity, international collaborations, and cross-sector collaborations that can effectively continue to address current, emerging, and future challenges. But what about the short term?

Upskilling researchers for interdisciplinary, cross-sectoral collaborations.

Public health crisis response of any type requires knowledge drawn from different academic disciplines and different stages of careers in research to reflect the diversity of methodologies, perspectives, and knowledge systems. We need to be generating the relevant collaborative structures and be open to establishing networks before a crisis hits us. The best way to broker the expertise to respond to a specific challenge is to ensure that critical interdisciplinary linkages for this type of research are established and maintained across different sectors (such as healthcare and education), along with stronger channels for collaboration among academics and the policy, business, and not-for-profit communities. It is crucial to acknowledge and recognize that collaborative opportunities to develop new, innovative research proposals must also reflect novel approaches to those collaborations.

Outstanding Questions

- * In planning for and in response to a global crisis, how can we support diversity, collaboration, and equity as key components of both technological and social innovation?
- * What do we need to know to make sure that our SSHA experts can seamlessly move into interdisciplinary endeavors?
- * How can we encourage and enable decisionmakers to integrate critical social perspectives into emergency planning and response?
- * Do you see SSHA to be organically mobilized or mobile with the arrival of disruptive technology?
- * Do you see additional challenges in integrating SSHA into those discussions?



Suggested Readings

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