



Western University Global Health and Marginalized Population Day Mapping Report

Mary Aderayo Bamimore¹ (MSc), Dr. Elysée Nouvet² (PhD), Robert Gough³ (MEd),
Dr. Melanie Katsivo⁴ (PhD), Dr. Saverio Stranges^{5,6,7} (MD, PhD, FAHA)

1. PhD Candidate, Department of Epidemiology & Biostatistics, Western University, London, ON, Canada
2. Assistant Professor, School of Health Studies, Western University, London, ON, Canada
3. Director, International Internships & Development, Western International, Western University, London, ON, Canada
4. Research Officer & Adjunct Research Professor, Schulich Medicine & Dentistry, Western University, London, ON, Canada
5. Professor and Chair, Department of Epidemiology & Biostatistics, Western University, London, ON, Canada
6. Cross-Appointed Professor, Department of Family Medicine, Western University, London, ON, Canada
7. Associate Scientist, Lawson Health Research Institute, London, ON, Canada

ABSTRACT

The purpose of this mapping report is to showcase the key strengths and the goals guiding research in the area of global health and marginalized populations at Western University, Canada. This report serves as a written documentation of: (1) the justification and goals of Western University's inaugural 'Global Health and Marginalized Populations (GHMP) Faculty Mapping Exercise (FME)' that was held on November 16th, 2017; (2) the planning and recruitment processes for this event; (3) the key discussion questions that guided the Faculty Mapping Exercise; (4) the summarized research profiles of faculties whose scholarship is related to global health and/or marginalized populations; (5) the FME and community event (Section I of this Report covers (1), (2) and (3); Sections II and III of this Mapping Report covers (4) and (5)).

1 Justification and Planning for Western's inaugural Global Health and Marginalized Populations (GHMP) Day and Faculty Mapping Exercise (FME)

Western University's inaugural Global Health and Marginalized Populations (GHMP) Day

The inaugural **Global Health and Marginalized Populations (GHMP) Day** at Western University featured three main activities that altogether highlighted the research in global health and marginalization at the university. A faculty mapping exercise (FME), a keynote lecture followed by a panel discussion, and poster programs were the three main activities that constituted the inaugural event.

(1) Global Health and Marginalized Populations FME: Justification and Goals

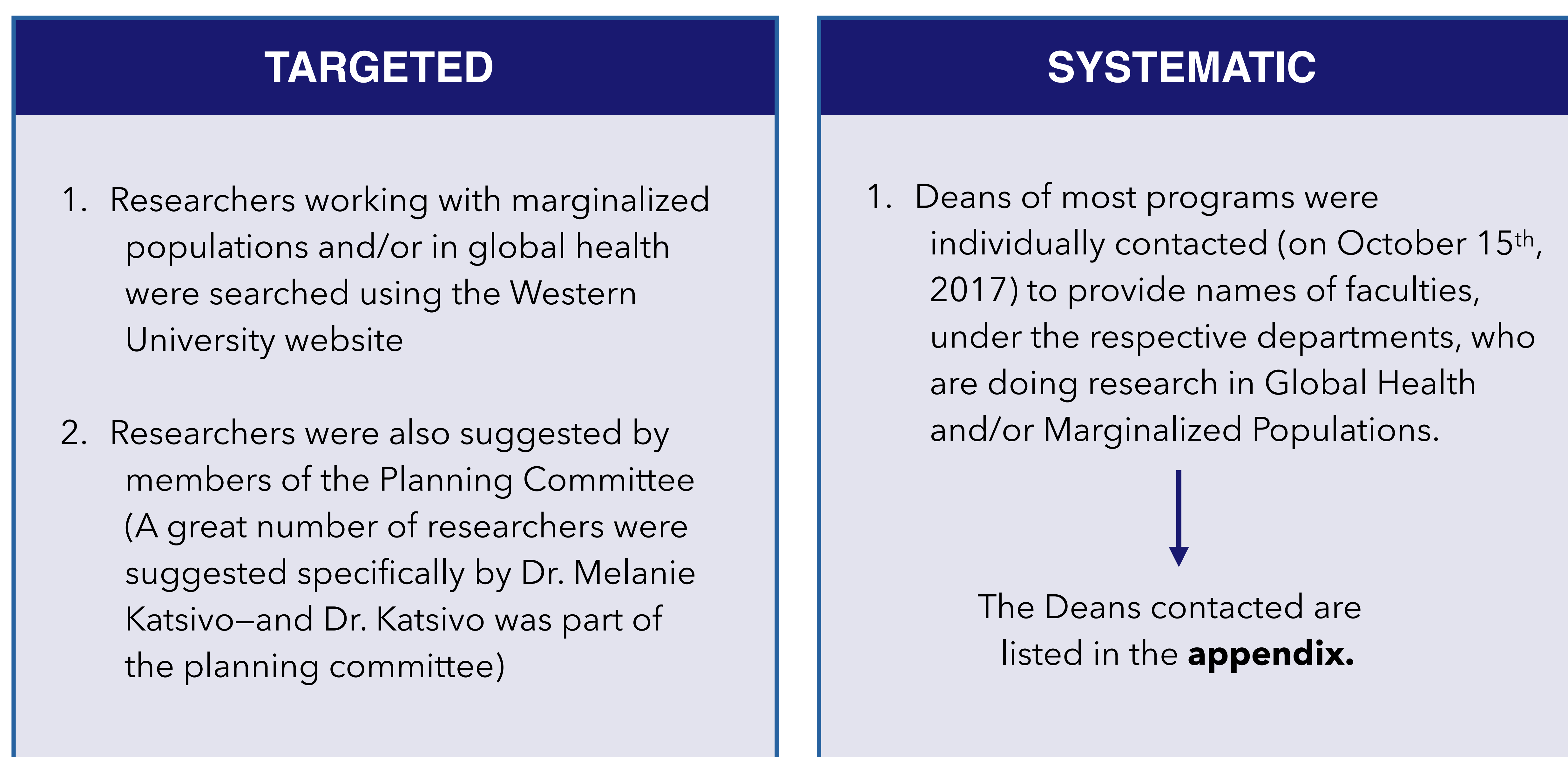
The Faculty Mapping Exercise, which was held on campus, served as an opportunity for Western University researchers working in the area of global health and marginalization to meet, and 'map out' interests and strengths in the area of global health and marginalization. Furthermore, ideas were shared regarding how Western University can move forward in relation to being internationally recognised as an institution of world-class scholarship in global health and marginalization.

Paul Farmer, who is an anthropologist, a physician and a co-founder of *Partners in Health* (link <https://www.pih.org/pages/our-mission>), has proposed that global health is not a discipline, but rather "a collection of problems" (Farmer, Kim, Kleinman, & Basilio, 2013). Those problems inscribe themselves on a landscape of inequalities. While what global health includes/excludes and should prioritize within this landscape merits a discussion in and of itself (that we hope to have at a later date), what was clear in planning the FME was that global health is an area of growing interest at Western University as it is across Canada and internationally. Anecdotally, we know that many undergraduate and graduate students at Western are interested in pursuing careers and education in the field of global health. At the same time, Western University lies within relatively close distance to other universities in the Greater Toronto Area that boast of graduate coursework, degrees, or institutes in global health, such as McMaster University, University of Toronto, and York University. In this environment, what is Western's distinct profile for global health as compared to other institutions in Southern Ontario and Canada? What is our reputation? What are our strengths? What do we envision for putting Western University on the forefront in relation to the scholarship of global health and marginalization?

At the core of the inaugural event’s focus on marginalization, is the acknowledgement that major health inequalities currently persist across different population subgroups in Canada and globally. Global health, as an “assemblage of problems” shaped by historical, economic, political, and social inequalities, likewise is difficult for many of us to separate from questions of equity. That said, equity is not necessarily always the core driving principle for decision-making processes on the stage of global health, and cannot be presumed to represent the key objective of all working in the field of global health. Public health might appear to have a natural relation to social justice, however public health has somewhat failed to tackle the social determinants of health by failing to tackle health equity issues, hence the need for systems science approaches, multi-----sectoral and interdisciplinary initiatives (Mabry, Marcus, Clark, Leischow, & Méndez, 2010). Placing global health in explicit conjunction with “marginalized populations” aims to foreground Western University’s commitment to social justice as part of its commitment to Global Health. A focus on Global Health and Marginalized populations is important, and aligns with calls in top clinical journals by scholars and practitioners from a range of disciplines for more attention to equity as a matter of ethical responsibility and practical need in the field (see for example, Nixon et al. 2018; Pickett & Wilkinson 2017). This focus also coincides with the Expert Panel on Canada’s Strategic Role in Global Health, whose definition of global health includes equity as a top characteristic (Koplan 2009).

(2) Planning and recruitment processes for FME

No directory of Western University research and teaching faculty working in the areas of Marginalized Populations and Global Health existed in September 2017 as we began planning this event. Towards optimizing identification and recruitment of as many faculty as possible working in these areas, targeted and systematic approaches were concurrently employed, within a time frame of approximately 6 weeks. Our approach is summarized below:



2

Data on Faculties across Western University

Over a hundred research faculty members involved in teaching and/or research were identified in this process. These members of the Western community are located across school/departments. The embedded file below is a Microsoft excel document providing information on faculties' research. The participating faculties/researchers were contacted to provide information on their research in relation to global health and/or marginalized populations (within a time frame of approximately 3 weeks). Where faculty did not respond, online searches were conducted to summarize their research interests related to global health and marginalized populations. The summary was then sent to faculty requesting that they correct any inaccuracies before the document was published as part of this report.



database.xlsx

Data obtained serves as 'preliminary data' -and hence the analyses stemming from these must also be understood as preliminary. This database will eventually be updated with more information and an updated version of this document will be produced.

The preliminary data was used to identify the distribution of faculties/researchers in global health and/or marginalized populations, according to schools/departments at Western University (Figure 1). From our sample of 100 faculties/researchers, the greatest proportion of researchers in the area of global health and/or marginalized populations lies in the Schulich School of Medicine and Dentistry, while the smallest proportion was in Engineering (Figure 1).

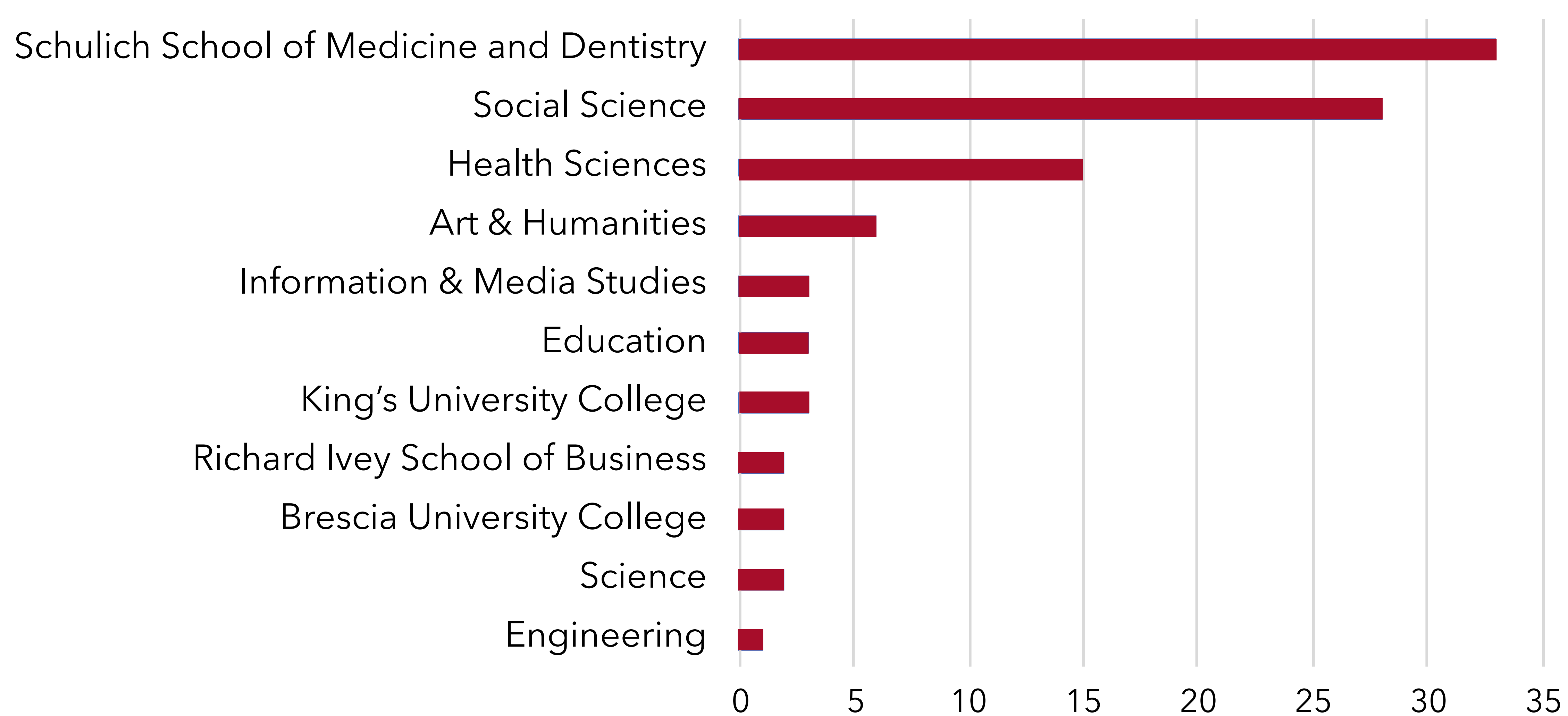


Figure 1. The distribution of the faculties/researches according to schools/departments

3

Report from Faculty Mapping Exercise

(3) Key questions guiding discussion of faculty mapping exercise

A series of discussion questions were generated by the planning committee in advance of the FME. Ultimately, a total of 4 Discussion Questions (or Discussion Clusters) were brought forth at the FME, where faculty covered each discussion cluster in approximately 20 minutes. In Section III, important points from the discussions at the FME are presented and below are **the discussion clusters:**

1

Discussion Cluster

- Does the theme of the event resonate as a focus with those in attendance?
- What do we mean by 'marginalized populations'?
- Why a global perspective?

2

Discussion Cluster

- What are the existing resources, gaps, and opportunities (i.e., infrastructure, teaching, student engagement, teams, networks, etc.) for global health research and education at Western?

3

Discussion Cluster

- What are the short and long-term initiatives that you envision (what would you like to see in the future)?
- What are we aiming for in terms of Global Health and Marginalized Population research on campus? A consortium that meets regularly? A dedicated graduate program? A centre? A school?

4

Discussion Cluster

- What distinctive strengths does Western University already have to move forward with an initiative regarding Global Health and Marginalized populations?
- How do our strengths in Global Health compare to those in other institutions?

Important points from the Discussion Clusters at the Faculty Mapping Exercise

On November 16th, 2017, faculties from various schools/departments met for lunch on campus, at the International Chu Centre. The luncheon meeting was a composite of brainstorming activities and discussion organized around the four discussion clusters outlined above. In what follows, we present a synthesis of the main points that emerged from each of the four discussion clusters.

Does the theme of the event resonate as a focus with those in attendance? What do we mean by ‘marginalized populations’? Why a global perspective?

Firstly, a number of faculty members at the luncheon found the proposed name for Western’s Global Health focus, Global Health and Marginalized Populations, discomfoting; however, all in attendance at the FME were for the ‘spirit’ of this terminology. Faculty discomfort related to the wording ‘marginalized’ and included the following concerns:

- **Labelling:** use of the term ‘marginalized’ could contribute to the further marginalization of populations; using the term marginalized may lead to ‘performing the label’ (i.e., ‘performing marginalization’)
- **Power dynamic:** use of the term ‘marginalized’ reiterates power dynamic

Though the term ‘marginalized populations’ did not resonate with all at the FME, the intention of this wording did. That is, the intention of keeping an acknowledgement of inequalities and differences in access to authority and power within Western’s Global Health research and teaching identity resonated with FME participants. Time was spent in suggesting alternative terminology. Proposed alternatives included: ‘global health equity and social inclusion’ and ‘marginalization and global equity’. It was pointed out that the term ‘equity’ has been used in the literature for the past 20 years and is beginning to lose its power. ‘Global Health and Power’ was another suggested alternative. This phrase, a number of those in attendance felt, might better name the power dynamics that must drive global health research. Power dynamics, it was proposed, can feel eclipsed in statements about equity that, so widely issued, can feel more rhetorical and normative than critical at this juncture. Despite the concerns brought forth regarding the term ‘marginalized’, it was agreed in the end that, at least for the present moment, ‘marginalized’ is ‘workable’. It is still this term that is recognized when writing grants, scholarships, collaborating with institutions globally and locally etc. Moreover, since marginalized is a verb (i.e., someone is marginalizing another), the power dynamic is captured which again supports marginalized as a workable term. Another suggestion was “People living in marginalizing conditions or situations”

What are the existing resources, gaps, and opportunities (i.e., infrastructure, teaching, teams, networks, etc.) for global health research and education at Western University?

At the luncheon, many gaps and resources were identified at Western for this research focus. A main gap identified by faculties was that faculties, who do great work under this research focus, work in silos and do not know each other. For instance, RICE (Research Group in Comparative and International Education) is a resource at the Faculty of Education at Western about which many faculty members at the luncheon only heard about for the first time at the luncheon. Another gap is a lack of teaching resources; despite having faculties who research under the focus of global health and marginalized populations, there exist limited course offerings in global health. The lack of courses makes it more difficult for students interested in this area to develop their skills, and also makes it more difficult for faculty conducting research in global health to recruit high calibre graduate students to support their research.

It was noted that many researchers on campus work in one or more themes connected to global health and marginalized populations. Themes in which Western has strengths include Menta, research on the life-course, and HIV. These and other themes must be more fully identified, to optimize development and support to existing resources and opportunities for global health research and education at Western University.

What short and longer-term initiatives do you envision?

What are our aims for GH and MP research and education on campus?

A consortium that meets regularly? A dedicated graduate program? A centre?

It was pointed out that 'real impact research is activism'. In the spirit of critical global health studies, a cultural shift appears necessary at Western, to expand measures and definitions of what research and how research and teaching in this area count, beyond conventional measures (i.e., such as publications). For instance, an impact or a cultural shift would be evidenced through change in medical curriculums such that Canadian medical curriculums incorporate education on global health and marginalization.

Having quarterly meetings of this group as a symposium would be a shorter-term goal and international partnerships with collaborative research in global health and marginalization would be a longer-term goal. Even though there are established global health research programs such as Global Minds@Western; Human Microbiome and Probiotics; HIV Pathogenesis and Vaccine research and locally, the Indigenous Health and Well-being Initiative and the Center for Research on Health Equity and Social Inclusion (CRHESI), another longer-term goal would be solidifying themes under global health and marginalized populations and assigning 'leaders' for identified research themes; e.g., if mental health is a theme, a longer-term goal would be assigning a 'leader' for global health and marginalization researchers focusing on the theme of mental health. Specific potential roles and responsibilities of such leaders were not discussed.



What are Western's distinctive strengths that can help us move these ideas forward?

How do our strengths in Global Health compare to those in other institutions?

Transdisciplinary research is Western's distinctive strength compared to other Canadian universities such as McGill whose global health research is biomedically driven. Another strength unique to Western is Western's geographic location because the university is in close proximity with rural and urban and rural populations living in marginalizing conditions, because there are others like the Amish, new immigrants etc. populations. Other distinctive strengths include having many professional schools (e.g., law, medicine, dentistry, etc.).

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Appendix

Name	Faculty	Email	Phone
Dr. Andrew Hrymak	Engineering	WEDean@eng.uwo.ca ahrymak@uwo.ca	519-661-2128 x82359
Dr. Vicki Schwean	Education	vschwean@uwo.ca	519-661-2080 x82080
Dr. Betty Younker	Music	byounker@uwo.ca	519-661-2111 x84008
Dr. Jayne Garland	Health Sciences	jgarland@uwo.ca	519-661-2111 x84239
Dean's Office	Information and Media Studies	fimsadmin@uwo.ca	519-661-3720
Dr. Pauline Barmby (Acting Dean)	Science	gradsci@uwo.ca , pbarmby@uwo.ca	519-661-2111 x83041
Dr. Michael Strong	Schulich School of Medicine and Dentistry	jessica.jamieson@schulich.uwo.ca ,	519-661-2111 x89258 (phone number is for Jessica at Office of the Dean)
Dr. Robert Andersen	Social Science	socsci-dean@uwo.ca	519-661-2053 x82053
Dr. Mark Vandenbosch	Richard Ivey School of Business	mvandenbosch@ivey.ca	519-661-4019 x84019
Dr. Michael Milde	Arts and Humanities	mmilde@uwo.ca	519-661-3004 x83004
Dr. Erika Chamberlain	Law	echambe@uwo.ca	519-661-2111 x80036
Dr. Sauro Camiletti	King's College Dean	camil@uwo.ca	519-433-3491 x4303
Dr. Megan Shore	King's Social Justice Program	mshore2@uwo.ca	-518-443-3491 x4519, -519 433-3491 x4519
Dr. Mark Franke	Huron Centre for Global Studies	mfranke@huron.uwo.ca	519-438-7224 x242
Dr. Marlene Janzen Le Ber	Brescia: School of Leadership and Social Change	mleber@uwo.ca	519-432-8353 x28224
Dr. Mark Daley Associate Vice-President (Research)	Research Western	avpr@uwo.ca ,	
David Litchfield - Schulich Medicine & Dentistry Research & Innovation Vice-Dean	Research Western	litchfi@uwo.ca	519.661.2111, ext 80250 and 84186