

**Place-Based Crowdfunding Requests:
Examining Housing-Health Needs and Transnational
Educational Relocations**

by
Carly Doran

B.A., University of Alberta, 2018

Thesis Submitted in Partial Fulfillment of the
Requirements for the Degree of
Master of Arts

in the
Department of Geography
Faculty of Environment

© Carly Doran 2021
SIMON FRASER UNIVERSITY
Summer 2021

Declaration of Committee

Name: Carly Doran

Degree: Master of Arts

Title: **Place-Based Crowdfunding Requests:
Examining Housing-Health Needs and
Transnational Educational Relocations**

Committee: **Chair: Suzanna Dragicevic**
Professor, Geography

Valorie Crooks
Supervisor
Professor, Geography

Jeremy Snyder
Committee Member
Professor, Health Sciences

Nadine Schuurman
Examiner
Professor, Geography

Abstract

The practice of online crowdfunding has grown steadily over the past decade, allowing users to ask for financial donations to fulfill their wants and/or needs. Researchers continue to explore the utility of online crowdfunding and the stories divulged in campaign narratives. In this thesis, I present two qualitative analyses that deepen our understanding of the ways in which people are engaging in crowdfunding for place-based needs. In the first analysis I use crowdfunding campaign narratives to develop a classification scheme of the intersections of health and housing needs among Canadian crowdfunders. The second analysis presents a thematic analysis that explores the justifications used to appeal to potential donors written by American students accepted into Caribbean offshore medical schools to assist with covering tuition and transnational relocation costs. Both analyses contribute toward the emergent literature on the practice of crowdfunding and its value in understanding place-based experiences and needs.

Keywords: crowdfunding; qualitative; health geography; housing; health; offshore medical schools

Acknowledgements

I am grateful to my supervisor, Valorie Crooks, who provided me with this opportunity and committed to helping me finish this thesis project. Your continuous guidance and edits allowed me to understand the importance of quality work. Thank you to Jeremy Snyder for your direction and interest in this project. Both of your support through the isolating experience of grad school in a global pandemic pushed me to stay on track.

I am indebted to my mom and my grandparents for their continued support, encouragement and eternal love. Despite, the barriers faced by the pandemic they were closer than ever with the amount of phone calls answered by all. I am also thankful to my brother for his country music playlist that brought me home when I felt far. I am abundantly thankful to the individuals who made Vancouver feel like home during these unprecedented times, I could have never done this without you. Additionally, I am forever grateful for Karina, Shaylee, Christy and Megan for their unwavering friendships.

Finally, I am thankful to lululemon for continuing to give me the space and place to thrive and for paying the bills.

Table of Contents

Declaration of Committee.....	ii
Abstract.....	iii
Acknowledgements.....	iv
Table of Contents.....	v
Chapter 1. Introduction.....	1
1.1. Situating the Research	2
1.1.1. Health Geography	2
1.1.2. Crowdfunding	4
1.2. Research Questions.....	6
1.2.1. Qualitatively Exploring the Intersection of Health and Housing Needs in Canadian Crowdfunding Campaigns	6
1.2.2. “I finally got accepted to my destiny”: Qualitatively exploring American students’ crowdfunding campaigns to attend Caribbean offshore medical schools.....	7
1.3. Thesis Outline	7
1.4. Positionality	8
1.5. Importance	8
Chapter 2. Qualitatively Exploring the Intersection of Health and Housing Needs in Canadian Crowdfunding Campaigns.....	10
Abstract.....	10
2.1. Background.....	11
2.2. Methods	13
2.3. Results.....	15
2.3.1. Health Status Created Need for Housing Relocation.....	16
2.3.2. Health Status or Impairment Created Need for House Modification(s) ...	17
2.3.3. Health Status Contributed to Housing Unaffordability	17
2.3.4. Deleterious Housing Created or Exacerbated Poor Health.....	18
2.3.5. Cyclical Relationship Between Poor Health and Inadequate Housing.....	19
2.4. Discussion.....	20
2.5. Conclusions.....	23
2.6. Figures, Tables and Additional Files	25
2.7. References.....	26
Chapter 3. “I finally got accepted to my destiny”: Qualitatively exploring American students’ crowdfunding campaigns to attend Caribbean offshore medical schools.....	31
Abstract.....	31
3.1. Background.....	32

3.2.	Methods	35
3.3.	Results.....	37
3.3.1.	Justifying the Training	38
3.3.2.	Justifying the Destination	39
3.3.3.	Justifying the Financial Need.....	40
3.4.	Discussion.....	41
3.5.	Conclusions.....	45
3.6.	References.....	47
Chapter 4.	Conclusion	51
4.1.	Overview.....	51
4.2.	Revisiting Objectives.....	51
4.2.1.	What are the different ways in which housing and health intersect to create specific financial needs that Canadians seek support for from others to meet?	52
4.2.2.	What are the justifications used by American-based medical students pursuing offshore Caribbean medical school education to collect donations via online crowdfunding campaigns?	53
4.3.	Bridging the two analyses.....	55
4.4.	Future research directions.....	56
	Additional References.....	59

Chapter 1.

Introduction

Crowdfunding platforms allow people to post public appeals for fundraising donations (Snyder, 2016; Briggman, 2016; Mollick, 2014). Online methods of fundraising are growing in popularity, and it is estimated that crowdfunding revenues will reach US\$28.8 billion by the end of 2025 (GoFundMe, 2020; Valuates Report, 2019). From 2010-2020, the world's most popular online crowdfunding platform, GoFundMe, collected over US\$9 billion in donations and during this period it gained wide public recognition (GoFundMe, 2020). My thesis focuses on the practice of crowdfunding to fulfill what I refer to as place-based fundraising needs and the analyses draw on crowdfunding campaigns as data sources.

Platforms such as GoFundMe function on a donation-based crowdfunding model, meaning that people donate to campaigners with no intention of being compensated for their contribution with services (Breedlove, 2018). Users create a profile where they can post their campaign, consisting of a narrative, a target sum, and often photos and videos to encourage donations (GoFundMe, 2020). Previous research affirms that campaign narratives are carefully curated to convince donors why they should opt to contribute to the campaigner's cause (Snyder, 2016). Building on this recognition, I explore how campaigners appeal to donors to address specific financial needs. In the first analysis I examine the intersection of health and housing needs in Canadian crowdfunding campaigns. In the second analysis I explore the types of justifications integrated into campaigns posted by American campaigners seeking funding to pursue medical educations at Caribbean offshore medical schools.

This chapter begins by outlining the frameworks that situate my research, including concepts in health geography. Following this, to establish the themes discussed in current scholarship and to contextualize my research, I provide a review of major topics in the crowdfunding literature. Next, I outline the thesis and explain the significance of this research as it relates to concepts in health geography, crowdfunding,

and future research. As a final point, I offer a statement of positionality, reflecting on my role in the research process.

1.1 Situating the Research

This thesis draws on two main areas of research, health geography and the practice of crowdfunding. Health geography is the application of geographical information and methods to study health, disease and healthcare (Gregory et al., 2011). My research explores campaigns in crowdfunding that address two place-based issues of interest in contemporary health geography, the first being housing and the second being transnational medical education mobilities. Health geography is a subdiscipline of human geography, which is the study of the relationships that exist between people and places (Johnston, 1981). Health geography seeks to “explore the social, cultural and political contexts for health within a framework of spatial organization” (Drummer, 2008, p.1177). Pivotal issues health geographers explore include social determinants of health, health equity and inequality, globalization, and urbanization (Drummer, 2008).

Crowdfunding campaigns are a publicly available data source that health geographers can use to explore issues through a spatial or place-based lens, which is what I do in this thesis. Spatiality typically refers to the contextual matter of our understanding of social phenomena, and health geographers often undertake spatial research through conducting studies that focus on specific practices in particular places (Rucks-Ahidiana & Bierbaum, 2017). I do exactly this in my thesis. In Chapter 2 I explore housing-related needs specific to Canadian crowdfunders while in Chapter 3 I examine how American students’ crowdfunding campaigns show us how they understand the worthwhileness of obtaining an education at a Caribbean offshore medical school.

1.1.1 Health Geography

The World Health Organization (WHO) defines health as “a state of complete mental and social well-being and not merely the absence of disease” (1948, p.100). Health geographers use this understanding of health to lay the foundation for the discipline, acknowledging that health is not merely a physiological state. Whereas medical

geography is rooted in spatial epidemiology, health geography focuses on social understandings of health that integrate considerations of both place-based and spatial factors in shaping health and wellbeing (Kearns & Moon, 2002; Kearns & Gesler, 1998). The differentiation between medical and health geographies stems in large part from the often-quantitative approach to medical geographies when compared to the qualitative social based theories used in health geography research (Kearns, 1994; Elliot, 2018).

Although health geographers embrace a range of research methods and methodologies, they tend to use a different paradigm to measure outcomes than medical geographers. For example, new technologies and software, such as geographical-positioning systems (GPS) and geographic information systems (GIS), allow quantitative researchers to collect data on reasonably small samples for new forms of analysis in health geography (Rosenberg, 2017). Qualitative health geographers have developed alternative epistemological methods to explore the connections between health and place, inclusive of the social determinants of health and how health is lived out in specific places (Elliot, 2018). Finally, research topics within health geography include examinations of therapeutic landscapes, the built environment, migration and mobilities, urban/rural comparisons with their implications on health and wellbeing, health risks, access to health services, and vulnerability (Rosenberg, 2016).

In addition to researching health and place, health geographers are also active in examining health care and health services from a more institutional perspective. For example, health geographers often examine issues of access to health services through identifying supply-side barriers, gaps or pitfalls that can affect the healthcare systems or that exist within it (Kearns & Collins, 2010). Health geographers explore both supply and demand factors of health care access as they relate to spatiality. This can include the quality of care in rural or urban areas, inequitable payment models, lack of supplies and lack of physicians overall, and inability to meet demand (Ensor & Cooper, 2004). On the demand side, research investigates barriers such as patients' existing health education or lack thereof, their ability to take time off work, language, culture, potential immobility due to health and transport (Canadian Medical Association, 2013). Issues of access are important considerations in my thesis as inaccessibility, whether in relation to health care

or medical education, is something that pushes people to create crowdfunding campaigns (Saleh et al, 2020; Dressler et al, 2018; Llorente & Morant, 2015). It is important to note that these barriers are part of the larger systemic barriers that create inequalities within existing health and social care systems. These discrepancies existence are largely influenced by the ways in which certain social systems are organized, financed, and evolve.

1.1.2 Crowdfunding

Raising money to assist others is not a new practice. From backyard fundraiser dinners, to ticketed events, to donation buckets placed at cash registers or school group fundraisers, for centuries individuals and organizations have supported those who are seeking financial assistance to fulfill a need. More recently, crowdfunding has brought these efforts online, creating fundraising opportunities and accessibility at the click of a button. The concept of crowdfunding first appeared in the business community as a promising multi-donor fundraising method to support user-generated projects (Schwienbacher & Larralde, 2012). These projects often started as small business ventures, such as product kick-starters or investments into technology platforms that required ground up funding in order to come to fruition. Crowdfunding also became a popular to fund large research projects within academia, although ethical concerns do exist about this practice (Wheat et al, 2013). After only a short period of time online crowdfunding platforms became an internet sensation, allowing users to post a public appeal for funding all types of needs, including covering medical expenses (Snyder, 2016; Briggman, 2016; Mollick, 2014). As previous researchers point out, the rise in popularity for crowdfunding is a sign of the collapse of the welfare state in many contexts since people are forced to locate funds individually, feeling as they have exhausted their options (Kim & Hann, 2013; Mollick & Robb, 2016).

Crowdfunding sites such as GoFundMe allow campaigners to post a simple campaign describing the cause for which they seek funding, attach photos/videos, and set a financial goal that can be shared with their social network in a few simple clicks. These campaigns cover everything from medical expenses (e.g., treatment abroad, an uncovered

procedure, the costs of hospital bills), seeking assistance for charity groups, emergency relief, and educational purposes (e.g., tuition costs) (Zhang et al, 2020). In this thesis I articulate several important place-based contextual elements that shape two aspects of crowdfunding. The first element is the contrast between what can be learned about housing needs in crowdfunding campaigns and Canadian housing policy priorities. The second element being the transnational movement for education abroad and American students' use of crowdfunding platforms to seek assistance with tuition to attend offshore Caribbean medical schools.

Researchers have explored various topics within the crowdfunding domain such as medical crowdfunding, the ethics of crowdfunding, and the geographies and spatiality of crowdfunding (Crooks, 2018; Snyder 2016; Agrawal et al, 2011). Medical crowdfunding is when users crowdfund to pay for medical care. This can include experimental treatment, scientifically unsupported treatments, potentially dangerous treatments, and treatment unavailable in the user's local area or be as simple as covering the cost of hospital bills (Snyder et al., 2014; Crooks et al., 2014; Vox, 2018). Ethical crowdfunding research often examines fraudulent campaigns collecting donations for non-existent causes, privacy concerns, fairness of funds distributed and overall access to healthcare (Snyder et al., 2016). Research focusing on the spatiality of crowdfunding continues to explore the significant role of crowdfunding to assist campaigners in overcoming services that are geographically inaccessible and not affordable, for example.

As research progresses in the realm of crowdfunding, many studies have started using campaign narratives to their advantage, as does my thesis. These campaign narratives tell personal stories that disclose private information about users' lived experiences (Vassell et al., 2019). This data is valuable because it offers firsthand personal testimonies about varying issues and concerns and from a research design perspective these narratives are a readily available data source. There are very few data sources available to researchers with such ease of access and detail. Previous studies that have used campaign narratives as data have used these intimate descriptions to examine users' experiences with Lyme disease, identifying gaps within healthcare systems, determining what makes a campaign successful, determining credibility factors, and

examining privacy concerns (Snyder, 2020; Crooks, 2016; Vassell et al., 2019; Kim et al., 2016). My thesis contributes to the emerging field of research around crowdfunding and reinforces the ways in which this data source can be utilized to explore varying issues.

1.2 Research Questions

The overall goal of my thesis is to conduct analyses of crowdfunding campaigns that offer novel insights into understanding what place-based needs campaigners are looking to fulfill through crowdfunding. I specifically address two research questions:

1. What are the ways in which housing and health intersect to create specific financial needs among Canadian crowdfunding campaigners?
2. What justifications do American crowdfunders integrate into their campaigns when seeking funding to attend Caribbean offshore medical schools?

Both questions were pursued collaboratively with my supervisor, Dr. Valorie Crooks, and committee member Dr. Jeremy Snyder and the analyses were prepared as papers for submission to scholarly journals. I address each of these questions separately and present them in Chapters 2 and 3, both of which I overview in the remainder of this section.

1.2.1 Qualitatively Exploring the Intersection of Health and Housing Needs in Canadian Crowdfunding Campaigns

Chapter 2 focuses on Canadians seeking financial assistance through online crowdfunding for issues related to both health and housing needs. Through an initial review of housing-related campaigns, we realized that many requests dealing with housing needs have clear intersections with health needs. This realization served as the impetus for the analysis presented in Chapter 2, where we create a classification scheme of the intersections of housing and health needs through reviewing 100 crowdfunding campaign texts. This analysis is situated within a wider recognition that there are important gaps in both health and housing social supports in Canada and that

crowdfunding campaigns are typically situated within these gaps. Overall, we identify five categories of health-housing needs within the classification scheme.

1.2.2 “I finally got accepted to my destiny”: Qualitatively exploring American students’ crowdfunding campaigns to attend Caribbean offshore medical schools

Chapter 3 explores crowdfunding campaigns by American students who are seeking funds, typically tuition costs and living expenses, to attend offshore medical schools in the Caribbean region. By closely examining campaign descriptions, we specifically looked to identify the types of justifications used by campaigners to appeal to their networks to donate toward their financial ask. This analysis aims to provide important insights into how students intending to pursue medical education at offshore Caribbean institutions talk about these institutions and consider the quality and value of the educations they offer. There are many existing critiques of these institutions based on concerns about educational quality and their reliance on purchasing internship placements in the United States for students (Eckhert, 2010). These institutions are further critiqued for their lack of contributions to their host Caribbean countries (Morgan et al, 2018; Shankar et al, 2018). The discussion section of Chapter 3 reflects on the relevance of such ongoing debates and critiques for how current and accepted students understand the educational opportunities afforded by Caribbean offshore medical schools.

1.3 Thesis Outline

This thesis is organized into four chapters. The current chapter has introduced the topics in this thesis and what I aim to contribute. Chapters 2 and 3 are structured as scholarly journal articles. Chapter 2 has been submitted for review in *BMC Public Health*. Chapter 2 uses qualitative thematic analysis of Canadian health and housing crowdfunding campaigns to uncover the interconnectedness of both themes in the Canadian context, and what these findings indicate about health and social care gaps in Canada. Chapter 3 is in preparation for submission to *BMC Medical Education*. Chapter 3 uses qualitative thematic analysis to examine crowdfunding campaigns based on American students intending to attend Caribbean offshore medical schools. Specifically, we examine how

these campaigners justify their financial ask to potential donors. Both analyses contribute to the ongoing conversation on the potential of crowdfunding data and its utility for researchers. In the concluding chapter, Chapter 4, I identify some themes that crosscut both Chapters 2 and 3 and I also identify some larger research implications that emerge from these analyses.

1.4 Positionality

It is vital to identify and account for the proximity between the researcher and their subject (Moore, 2012). This relationship is sometimes described as ‘insiderness’ and ‘outsiderness’ by identifying shared attributes between the researcher and the social group under study (Moore, 2012; Ritchie et al., 2019; Morgan et al., 2015). A statement of positionality locates the researcher as ‘inside’ or ‘outside’ the community under study in their research topic, providing context into how the connectedness of the researcher may affect the research results. Personally, I have never turned to online crowdfunding as a method to financially assist with my needs, nor do I know anyone closely who has done so. I have, however, had health, housing, and educational needs that have generated expenses that I had to cover. In meeting these needs for myself, I can understand how those with socio-economic positions different from my own may need to (or feel pushed to) reach out to others for financial assistance. My lived experiences related to my own financial needs have all shaped how I interpret my research subjectively.

1.5 Importance

The analyses that form my thesis build on the recognition that data from crowdfunding campaigns can be used to identify existing gaps within larger social systems that push campaigners to seek assistance using external resources (Snyder et al., 2020). These analyses also show that we can collect insights into issues about which little is known currently via crowdfunding campaigns. It is widely known that qualitative methods are an effective starting point for further understanding emergent research topics (Stebbins, 2001; Morgan, 2015), and my thesis research demonstrates the utility of using crowdfunding campaigns to explore issues about which our understanding is nascent.

In terms of the second research question, there is little existing research about Caribbean offshore medical schools outside of published opinion pieces and editorials, including about how those seeking to attend them talk about these institutions and their decisions to attend medical school abroad. Crowdfunding campaigns are a readily available data source utilized in Chapter 3 to offer novel insights about those seeking to attend these medical education institutions. There are surely other issues deserving of research attention that have limited existing data that can be explored through crowdfunding campaigns, and the analyses presented in Chapters 2 and 3 serve as templates for how to approach doing so.

Chapter 2.

Qualitatively Exploring the Intersection of Health and Housing Needs in Canadian Crowdfunding Campaigns

Abstract

Background: Online crowdfunding platforms such as GoFundMe fundraise millions of dollars annually for campaigners. Medical crowdfunding is a very popular campaign type, with campaigners often requesting funds to cover basic health and medical care needs. Here we explore the ways that health needs intersect with housing needs in Canadian crowdfunding campaigns. In Canada, both health and housing needs may be addressed through legislative or policy intervention, are public health priorities, and are perceived as entitlements related to people's basic human rights. We specifically develop a classification scheme of these intersections.

Methods: We extensively reviewed Canadian crowdfunding campaigns on GoFundMe, the largest charitable crowdfunding platform, using a series of keywords to form the basis of the classification scheme. Through this process we identified five categories of intersection. We extracted 100 campaigns, 20 for each category, to ascertain the scope of these categories.

Results: Five categories form the basis of the classification scheme: (1) instances of poor health creating the need to temporarily or permanently relocate to access care or treatment; (2) house modification funding requests to enhance mobility or otherwise meet some sort of health-related need; (3) campaigns posted by people with health needs who were not able to afford housing costs, which may be due to the cost of treatment or medication or the inability to work due to health status; (4) campaigns seeking funding to address dangerous or unhealthy housing that was negatively impacting health; and (5) people describing an ongoing cyclical relationship between health and housing need.

Conclusions: This analysis demonstrates that health and housing needs intersect within the crowdfunding space. The findings reinforce the need to consider health and housing

needs together as opposed to using a siloed approach to addressing these pressing social issues, while the classification scheme assist with articulating the breadth of what such co-consideration must include.

Keywords: Canada; crowdfunding; health; housing; health care; classification scheme

2.1 Background

Crowdfunding platforms, such as GoFundMe, allow users to share their stories and appeal to wider social networks to collect donations to assist with meeting financial needs^{1,2}. While some people campaign to pursue dream projects, such as starting a business or taking an extended trip, others do so to request money to assist with their everyday financial needs, such as to cover the costs of food or rent. Unlike more established methods of fundraising, such as hosting local events or running charity drives or raffles, the money raised through crowdfunding can be requested by and given directly to the campaigner, which may facilitate ease of access³. While traditionally fundraising was often associated with exceptionality, such as to assist families with coping with extensive medical expenses or to help a person recover financially following a devastating house fire, the accessibility of online crowdfunding platforms to campaigners and visibility in social media spaces has made such fundraising for everyday expenses and basic necessities commonplace⁴.

Crowdfunding to cover health or medical needs, often referred to as ‘medical crowdfunding’, is growing in popularity. This is especially true on the GoFundMe platform, where medical crowdfunding brings in the largest donation stream⁴. While this may not be unexpected in countries or jurisdictions that lack public health care coverage and thus where funding one’s care is thought of as a personal responsibility, research has shown that medical crowdfunding is growing in popularity in Canada and the United Kingdom where publicly funded health care is available^{5,6}. People campaign to assist with raising funds for a multitude of expenses related to medical care and health management, such as funding surgery abroad, paying for experimental treatments, covering prescription costs, as well as the expenses associated with getting to-and-from

medical facilities^{7,8}. Given the frequency with which crowdfunding is used to campaign for medical and health-related expenses, it is not surprising to see the rise of research exploring medical crowdfunding and its associated trends, social dynamics, and ethical challenges⁹⁻¹⁷. This research has assisted with establishing a foundational knowledge base about medical crowdfunding, including how it is being used in particular countries such as the United States¹⁸, Canada¹⁴, the United Kingdom^{9,13}, and China¹⁹.

It is certainly likely that people who are unable to meet their own medical care and health needs are going to experience other financial challenges¹. In the current analysis we work from this understanding to explore the intersection of health and housing needs in Canadians' crowdfunding campaigns. We focus on this intersection in the Canadian context because it is acknowledged that both access to housing and health care are basic human rights nationally, via the National Housing Strategy Act's right to housing amendments and the Canada Health Act, with legislative measures and national/provincial/territorial/regional/municipal initiatives to support achieving each^{20, 21}. Meanwhile, it is recognized that there are gaps within both systems that leave some Canadians vulnerable to experiencing inadequate housing or homelessness and also inadequate or inequitable access to health care^{22,23}. Existing research has documented that medical crowdfunding by Canadians assists with documenting gaps in the health and social care systems¹⁴, and it is reasonable to expect the same is true for housing supports. Further to this, having access to affordable housing and health care are both health determinants that are championed by Canadian public health agencies and practitioners^{20, 24}. This is another important interconnection between the domains of health and housing, the intersections of which we explore herein.

Crowdfunding campaigns can serve as a source of rich data for learning about both the practice of crowdfunding and about social phenomena^{6,18}. Researchers have drawn on these campaigns to examine issues as diverse as crowdfunding for specific surgeries²⁵⁻²⁷, local health system gaps and deficiencies demonstrated by crowdfunding¹⁴, and campaign credibility factors²⁸. Here we contribute to this burgeoning area of scholarship by using campaign narratives to explore the intersection of health and housing among Canadian campaigners and specifically develop a classification scheme of

campaign types within these categories. By narratives, we are referring to the text that campaigners write to post on a crowdfunding platform to explain and justify their financial need to potential donors. While these narratives are self-generated, crowdfunding platforms often offer suggestions for how to write content that may appeal to donors. For example, GoFundMe encourages campaigners to share personal details that appeal to readers' emotions in their narratives and to supplement their narratives by adding photos and videos^{4,17}. Campaigns also include a title, a financial goal and donation tracker, and a place for donors to make comments. Further to this, some campaigners opt to include ongoing updates on their campaign and lives. While for this study we gathered the full content of campaigns we identified, including amounts requested and raised along with the number of donors, the current analysis focuses specifically on the content of the narratives. In the section that follows we detail our process of developing a classification scheme of the housing-health intersection in the Canadian crowdfunding landscape. We then move to explore the scope of the scheme, providing an in-depth exploration of each of the five categories of intersection. In our discussion we touch on the wider relevance of this analysis and the fact that the scheme underscores the importance of taking a non-siloed approach to understanding both health and housing needs in addition to offering directions for future research.

2.2 Methods

GoFundMe is the most popularly used crowdfunding platform for personal health-related expenses^{4,29}, and for this reason, we opted to conduct this analysis using campaigns hosted by this site. To start, we developed a list of broad keywords (e.g., medical, health, Canada, house, housing, home) to search using GoFundMe's search function that related to housing and health. Campaigns including these keywords were then restricted to campaigners located in Canada in order to select campaigns facing similar health and housing pressures. We then independently reviewed the titles of the campaigns that were generated through these initial searches in order to refine our keywords and begin to classify the different types of campaigns that dealt with both housing and health. Following this, a team meeting was held to develop a more expansive list of keywords and to identify emerging campaign categories that should be part of the resulting

classification scheme of housing and health intersections. Over the course of several weeks, from November 2019 to March 2020, GoFundMe searches took place, new keywords were determined, and the narratives of identified campaigns were reviewed on an iterative basis until the first two authors had developed a proposed classification scheme that characterized what emerged as the dominant intersections of housing and health among Canadian crowdfunding campaigners. Searches ceased when a series of 25 reviewed campaigns resulted in no new intersections being identified.

After a proposed classification scheme was created, all team members independently reviewed the narratives extracted from GoFundMe by the lead author of an assigned sample of 20 campaigns within each of the five category types that form the basis of the scheme. These 100 campaigns were organized in a shared spreadsheet that summarized key campaign details (e.g., title, date created, social media shares, campaigner location) and a link to the full campaign on GoFundMe. Following an independent review of campaign narratives, a team meeting was held to confirm the scope and scale of each category and the scheme as a whole. Agreement was reached about the framing of each of the five categories that form the classification scheme, including their distinctiveness and any interrelations between categories.

Following achieving confirmation among the investigators regarding the classification scheme, the lead author reviewed the narratives of each of the 100 previously extracted campaigns to ensure that all were assigned to the correct category. The lead and second authors also conducted another keyword search within GoFundMe to ensure that no types of campaigns situated at the intersection of housing and health written by Canadian campaigners had been missed. No new categories that warranted inclusion in the scheme were identified at this stage. The first author then extracted verbatim quotes that illustrated the scope of each of the categories from the narratives of the 100 campaigns captured in the spreadsheet. These quotes were independently reviewed by the team to achieve one final form of confirming interpretation of each category in the classification scheme. Consensus was reached regarding the interpretation of the extracts, after which operational definitions for each category were created.

We believe that our use of investigator triangulation throughout the process added considerably to the rigour of our qualitative study design through enhancing dependability³⁰. Our detailed design process also enhanced the trustworthiness of the resulting classification³¹. In the findings section that follows we present the classification scheme, offering details on each of the five distinct categories that form the basis for understanding how health and housing intersect in the medical crowdfunding campaign space. To enhance qualitative confirmability^{30,31}, we include verbatim quotes from the 100 campaigns we used to finalize the classification scheme throughout the findings section.

2.3 Results

Canadian medical crowdfunding campaigners were found to be fundraising for a variety of purposes that drew together both health and housing needs. Some campaigners sought to relocate closer to health care or treatment facilities, while others requested funds to cover the costs of rent or home modifications. It was not uncommon for campaigns situated at the intersection of housing and health need to also request funds to cover secondary expenses, such as food, travel, or furniture. Of the 100 campaigns we extracted to refine our classification scheme, 20 from each category, we found that the average funding request was CDN\$26,637, ranging from CAD\$5 to CAD\$250,000. Campaigns originated from across the country; however, 77% of campaigns were posted with intended recipients in the populous provinces of British Columbia (n=25), Alberta (n=21), and Ontario (n=31). Eight campaigns emerged from Canada's Atlantic provinces. None originated in Canada's north.

Following the analytic process described above, we identified five categories of housing-and-health intersections that form the basis of a classification scheme that characterizes such crowdfunding by Canadians. First, there were instances of poor health that created a need to temporarily or permanently relocate in order to access treatment or care. Second, some campaigns focused on house modification funding requests to enhance mobility as a result of impairment or some other form of health need. Third, campaigns posted by people with health needs who were unable to afford their housing

costs, often due to treatment or medication costs or an inability to have involvement in paid employment, were identified. Fourth, some Canadians crowdfunded because they were in dangerous or unhealthy housing that was negatively affecting their health. Finally, some campaigns in the housing-health nexus were posted by people who experienced a cyclical or ongoing relationship between poor housing causing poor health, or the reverse. In the section that follows we characterize the scope of each category forming the classification scheme, incorporating some direct quotes from the 100 campaigns we used to confirm the scheme to give voice to the issues at hand.

2.3.1 Health Status Created Need for Housing Relocation

A number of crowdfunding campaigns at the intersection of housing and health relayed requests for donations to assist someone in poor health in need of relocation (e.g. move closer to treatment centers, specialized clinics, and/or trusted physicians). Commonly, campaigns followed the narrative that the recipient required permanent relocation to a new city where housing costs were too high to access care or they required support to afford temporary housing in another city, province, or even country while maintaining their primary residence. With regard to the latter, it was not uncommon for campaigners to indicate that they would need to move between home and the treatment/care location several times throughout a designated period. For example, “[child] and I will be in and out of Vancouver constantly; sometimes staying in the hospital, sometimes staying there as an outpatient... We are looking to raise funds in order to cover the costs associated with staying in Vancouver...and unexpected medical expenses.” Some campaigns even requested assistance to fund housing, cost-of-living, and travel expenses for a caregiver or additional family members to relocate with them temporarily or permanently. This was especially the case with families where the intended recipient was a child with siblings. While most campaigns expressed that funds were needed “to help cover the expenses associated with treatment” or “ensuring [recipient] has somewhere to stay”, they also characterized the need to relocate permanently or temporarily as a “burden” or “added [financial] stress.”

2.3.2 Health Status or Impairment Created Need for House Modification(s)

Permanent or temporary changes in health status, the onset of impairment, and/or fluctuations in mobility all brought about needs for house modifications and prompted Canadians to post crowdfunding campaigns. Typically, these campaigns sought assistance to increase the accessibility or livability of a house through the installation of stairlifts, elevators, railings, track lift systems or retrofitted bathrooms or kitchens. In most instances, such modifications need to be paid for privately and can be quite costly. In some instances, Canadians may be able to have such expenses partially or fully covered by government grants or private insurance³², but this is uncommon due to eligibility criteria or prohibitive wait lists. As one campaigner explained: *“The coverage by the province [via government support programs] is limited, and their home will need renovations to accommodate a child with new prosthetics.”* Reflected in this quote, it was not uncommon for these types of campaigns to be posted on behalf of a recipient in need of having access to such modifications out of a *“desire to be in their homes as long as possible.”* As one family member explained in a campaign, *“We would like to make it so that he has access to the bathroom from his room and for him to have a roll in shower.”* It was not uncommon for campaigns such as this one to express that home modifications were not only unaffordable to the person they are intended to benefit, but that the costs were prohibitive to the wider family and thus a crowdfunding campaign was established to reach out to wider networks.

2.3.3 Health Status Contributed to Housing Unaffordability

Some campaigners were unable to work due to mental or physical impairment, fluctuating symptoms of chronic illness, recovering from an acute health event, or other aspects of their health status. In some cases, this resulted in a complete loss of income while in others it resulted in a changed income due to a new reliance on income support programs; in both instances, these were circumstances that made covering the costs of housing challenging. In other cases, campaigners were able to maintain employment, but new costs associated with managing their health (e.g., high out-of-pocket costs for prescriptions) resulted in a redistribution of money previously allocated for housing.

These were all circumstances that drove people to crowdfund to seek funds to assist with covering housing costs that were otherwise unaffordable. As one campaigner explained: “...I’m not physically, mentally and or emotionally able to work or seek new work for the time being” due to their health. In some instances, people were looking for funds to assist with paying existing rent or mortgage costs, while in others they were looking for funds to help them find housing. Regarding the latter, it was not uncommon for people to be crowdfunding to obtain financial support following a move out of some form of institutional care context and into private housing. As one campaigner explained, “*The mental healthcare system, the housing system, the systems in place for seniors and the disabled have all fallen short of being able to help us.*” This campaigner went on to explain that income support programs do not provide enough funding to cover the costs of safe housing. Perhaps unsurprisingly, many of those crowdfunding because of housing unaffordability related to their health status or health needs explained that they needed to “*either pay rent and starve or eat and get evicted.*” This sense of having “*slipped through the cracks*” in terms of being able to have affordable housing while managing their health needs pushed campaigners to make the decision to crowdfund to assist with housing costs.

2.3.4 Deleterious Housing Created or Exacerbated Poor Health

Limited ventilation, inadequate heating, fire damage, exposed wiring, mold, asbestos exposure, leaks, and allergens were all aspects of the housing environment that had negatively affected the health of some campaigners. People turned to crowdfunding to seek financial assistance with remediation or to move. As one campaigner told:

We emailed our landlord asking if he had ever had the house tested for mold, he feigned ignorance and did not come to check out the problem. At this time, we started getting chronically ill, experiencing all sorts of sickness: chronic cough, sore throat, itchy eyes, sinus congestion, brain fog, exhaustion, fatigue, depression, gastrointestinal problems, infections, anxiety, rashes and even clinically diagnosed pneumonia.

These campaigners typically expressed a need to have a “*safe and healthy home*” or “*a place to call home*.” It was also very common to campaigners dealing with such circumstances to be renters who attributed housing deficits to landlord neglect, and who attributed remaining in substandard accommodations to challenging financial circumstances. In fact, campaigners often felt the need to explain why it was that they had not already moved or addressed the inadequacies themselves. “*The place I was living in for ten years, I found out had asbestos and potentially black mold,*” and “*finding affordable housing in our area took a lot longer than expected, due to an extreme housing shortage*” so “*after a while of living in the apartment we started to feel unwell.*” It was also not uncommon for these campaigners to report having existing chronic health conditions that were being exacerbated due to exposure to their housing environment, while there were also instances of people reporting the onset of new diagnoses they attributed to this exposure.

2.3.5 Cyclical Relationship Between Poor Health and Inadequate Housing

A small number of campaigners reported an ongoing, almost cyclical in nature, relationship between having inadequate housing and poor health or managing health needs. These campaigns were characterized by long narratives that reported a history of dealing with both challenges over an extended period of time and a broad appeal for financial support. For example, one such campaigner was campaigning on behalf of a her 62-year-old mother who had been suddenly evicted from her home. The campaign recipient had to choose between living with a new roommate whose cat “*causes major ammonia issues and have left her with breathing troubles before*” or becoming homeless because she could not afford to live on her own. Further to this, the campaign recipient was diabetic and had cycled in and out of homelessness for the last few years. “*That [the onset of diabetes] started the cycle of poverty that my mother has fought to break for two years.*” As another campaigner explained, this “*cycle of poverty*” can negatively affect health: “*Being chronically ill, homeless, and poor is tough on my mental health. It’s a vicious cycle that’s hard to break out of when things go bad.*” These campaigners turned to the power of crowdfunding to assist them with helping to break this cycle through improving both their health and their housing.

2.4 Discussion

In the current analysis we sought to create a classification scheme of crowdfunding requests situated at the intersection of health and housing needs. The scheme we shared in the previous section is structured around five categories: (1) health status having created a need for housing relocation; (2) health status or impairment having created a need for household modification(s); (3) health status having contributed to having poor or no housing; (4) deleterious housing having created or exacerbated poor health status; and (5) a cycle of poor health contributing to poor housing and the opposite. Table 1 provides an overview of the scheme and the scope of each of the categories. Overall, the campaigns we reviewed often referred to a lack of wider health and social care supports as driving them to seek individual solutions to these needs via crowdfunding. This common motivation for seeking funding from others is one of the interconnections between the categories within the classification scheme. There are other interconnections. For example, it was common for campaigners across all categories who were housed at the time of campaigning to express a desire to remain in their homes in whatever ways possible. This was even true in some, but not all, cases of people experiencing health problems brought on by housing deficiencies. Many requests in this category were for funds to remediate these deficiencies as opposed to finance relocation. In the remainder of this section we consider the findings in light of existing research as well as housing and health policy priorities in the Canadian context.

Existing research has shown that the health and social housing systems in Canada are unable to meet the needs of all Canadians for a number of reasons, including funding limitations and eligibility requirements that can serve as access barriers³³⁻³⁶. The classification scheme presented here, which explores the intersections of health and housing crowdfunding requests, reinforces how interconnected health and housing needs actually are. Housing is widely recognized as an important social determinant of health³⁷ and so it is not surprising that campaigners identified ways their health was shaped by housing status. While in the Canadian context access to health care and access to affordable housing are both thought of as basic rights^{21,37,38}, the ways in which these rights are translated into policy and practice are through distinct systems that are often

siloed and funded through separate mechanism. For example, it is only recently that family physicians, who are at the frontlines of Canadian health care provision, have even been guided on how to identify and support patients experiencing homelessness and precarious housing, including by directing them to appropriate housing services³⁹.

The classification scheme summarized in Table 1 illustrates how gaps in supports around health or housing can exacerbate needs related to the other. For example, the lack of a national pharmacare program⁴⁰ and presence of high out-of-pocket cost of prescriptions to manage some health conditions led some campaigners to struggle with meeting housing expenses after covering medication costs. In such instances they clearly articulated health and housing needs as being interrelated and turned to crowdfunding as a solution. Overall, the classification scheme illustrates the depth and breadth of ways in which health and housing needs are interconnected in the crowdfunding space, and thus it supports wider calls for more integrative approaches to addressing such needs^{37,38}.

The scope of the campaigns reviewed to form the basis of, as well as confirm, the classification scheme presented herein did not touch on some of the most pressing housing needs in Canada that have significant health implications. Specifically, no campaigns were reviewed that sought funds to address people's personal experiences of two of Canada's most publicly acknowledged housing crises: homelessness, particularly within major urban centres, and housing overcrowding in the North^{12,39,41,42}. While there were campaigns posted by people who were concerned about becoming homeless, none of the campaigns we reviewed were by those who identified as homeless. There were also no campaigns posted by people in Canada's North, such as from campaigners in the North West Territories or Nunavut, let alone about overcrowding specifically. Overcrowding and homelessness and their implications for health can already fit within some or all the five categories of the classification scheme presented herein, and so we are not concerned that reviewing such campaigns would result in changing the scheme. Rather, the absence of campaigns posted by people experiencing homelessness or housing overcrowding in the North from the 200+ campaigns reviewed to create and confirm this scheme likely speaks to the inequities inherent in the practice of crowdfunding. Although crowdfunding platforms often suggest that they provide equal

opportunity to create campaigns and fundraise, many researchers have shown that the practice of crowdfunding actually reinforces inequities¹⁴. For example, people who do not have web literacy or reliable internet access, along with those who have limited personal networks or social capital, are disadvantaged when it comes to creating campaigns and/or reaching the fundraising goal^{18,43-47}. Considerable research has also shown that those engaged in crowdfunding may not be those who are most in need, equity-deserving, or vulnerable^{3,46}. This important to take into account when considering how much the health-housing need articulated in the crowdfunding space reflects the scope of needs at this intersection more widely.

Previously, scholars have contributed to the ongoing dialog surrounding the utility of crowdfunding platforms, by suggesting using this data to support policy making and assist with identifying support gaps^{7,13,45}. By hand coding the ways in which users share their experiences with deleterious health and housing circumstances in campaign descriptions, our analysis supports that crowdfunding data can be impactful. Campaigners divulge their personal experiences and where they feel the greater systems are failing to provide them with the proper assistance to fulfill their basic needs, despite the resources already available to Canadians. This analysis provides a strategy to ideally reduce the number of campaigners who feel there is inadequate resources, by creating a classification scheme that highlights the importance of the relationship between specific individual needs to a specific set of circumstances. Additionally, this scheme can be utilized to help policy makers address gaps and strengthen our understanding of the connectivity between health and housing needs of Canadians.

Crowdfunding platforms have increasingly become a space for sharing stories, fueled by social networks and this analysis illustrates the ways in which these stories can be used to improve social systems. While the findings offer a significant insight into the intersectionality of housing and health needs among Canadians, they also provide important direction for future research. For example, we have yet to know about the socio-economic details of those who campaign and how it could relate to a campaign's financial success? How many details are required to be shared in order to collect donations? What is the relationship of those who donate to the campaigner? Furthermore,

how can this analysis be deepened by looking at these needs in relation to the remaining social determinants of health such as education and literacy, income levels and healthy child development? In the past, scholars have argued to use crowdfunding data to identify emerging gaps in healthcare, therefore, through a variety of meaningful techniques, including discourse analysis in depth personal interviews it is possible to explore these questions and contribute to further research that focuses on preventative measures and risk discussion, avoiding these “gaps” all together. Our aim in undertaking this analysis is to better understand how health and housing needs are experienced by individuals who choose to use crowdfunding as a method to assist with their financial needs. The classification scheme created in this research could be further analyzed to help public health researchers properly address the existing Canadian housing crisis. Future researchers could use this classification scheme to better address the housing crisis and interview campaigners in order to find out where they felt the Canadian system failed them before turning to crowdfunding. In doing so, we hope for enhanced housing policy that supports the integration and of acknowledgement of individual health needs. We further aim for this analysis to serve as a model for future analyses using crowdfunding data to identify the gaps that exist within larger social systems.

2.5 Conclusions

We set out to explore if and how and housing and health need, as characterized by Canadian crowdfunding, intersect in the domain of crowdfunding. Following an extensive review of campaigns, we identified five ways in which such intersections emerge. First, there were those whose campaigns indicated that their health status created a need temporarily or permanently relocate, and thus find new housing, as a result of their health status. Second, some campaigners requested funds to assist them with modifying or renovating their housing to meet a health-related need. Third, some campaigners requested funds to assist them with meeting their ongoing housing costs because they were no longer able to do so either due to not being able to work because of their health or the costs of treatments and medications. Fourth, some campaigners sought funding to assist them with addressing unhealthy or dangerous housing that was negatively affecting

their health. Finally, there was a final group of campaigners who characterized a cyclical relationship between housing and health needs, where one informed or impacted upon the other in an ongoing fashion. Overall, the classification scheme we presented herein that characterized these five intersections, see Table 1 for a full synthesis, helps adds to existing research pointing to interrelationships between health and housing need through adding considerable nuance our understanding of the breadth of intersections that exist.

By revealing nuances in the interrelationships between health and housing need, this analysis helps to demonstrate the relevance of calls to look to crowdfunding campaigns as a promising source of detailed information about health and social care needs^{14,15}. However, in doing so we acknowledge that there are inequities inherent in the practice of crowdfunding that result in this practice being inaccessible to many of the most structurally vulnerable groups^{2,18}. For example, as we previously noted, we did not note any campaigns posted by those who identified as homeless. As a result, it is important to couple insights emerging from crowdfunding campaigns with those emerging from other sources in order to inform policy change or intervention. This holds true for the current analysis.

2.5.1.1.1 List of Abbreviations

GFM: Go Fund Me

2.5.1.1.2 Declarations

Ethics approval and consent to participate:

None required.

2.5.1.1.3 Consent for publication

Not applicable.

2.5.1.1.4 Availability of data and materials

Not applicable.

2.5.1.1.5 Competing interests

The authors have no competing interests to report.

2.5.1.1.6 Funding

This analysis was funded by an institutional SSHRC grant awarded by Simon Fraser University.

2.5.1.1.7 Authors' contributions

All authors contributed to conceptualizing this study. CD led the review of crowdfunding campaigns, with VAC providing input on keywords and confirming the classification scheme. JS provided feedback on all steps of the analytic process and supported confirmation of the classification scheme. CD led writing this manuscript with VAC providing writing support. JS provided feedback. All authors have approved this manuscript.

2.6 Figures, Tables and Additional Files

Table 1. Classification Scheme Overview

Category	Scope	Types of Needs Articulated
Health status creates need for housing relocation	Campaigners who needed to relocate in order to be closer to health care facilities or to improve their health	Relocation to be closer to a hospital providing ongoing treatment; Maintaining regular residence while funding temporary relocation to access treatment
Health status or impairment creates need for housing modification(s)	Campaigners whose health status or impairment(s) necessitated housing modifications, typically to improve accessibility	Building ramps or wheelchair turnarounds; Installing roll-in showers or ceiling tracks
Health Status contributes to poor or no housing	Campaigners who were unable to cover housing costs, attributing this at least in part to their health and the costs associated with its maintenance (e.g., prescriptions)	Assistance with paying for some or all of rent and housing-related costs such as utilities; Costs associated with acquiring housing (e.g., first month of rent, damage deposit)

Category	Scope	Types of Needs Articulated
Deleterious housing contributing to poor health	Campaigners living in deleterious housing that was negatively affecting their health	Assistance with covering costs of black mold removal; Costs associated with remediating structurally unsound housing (e.g., moisture in floorboards/walls, exposed electrical sockets)
Cycle of poor health contributing to poor housing and the opposite	Campaigners who reported experiencing a long-term connection between poor health exacerbating poor housing and the opposite	Support to pay rent due to the inability to work; Costs of rebuilding a life shaped by multiple traumas

2.7 References

1. Barclay E. The sick turn to crowdfunding to pay medical bills. National Public Radio. 2012 Oct 24.
2. Moore B. Medical crowdfunding and the virtuous donor. *Bioethics*. 2019 Feb;33(2):238-44.
3. Berliner LS, Kenworthy NJ. Producing a worthy illness: Personal crowdfunding amidst financial crisis. *Social Science & Medicine*. 2017 Aug 1;187:233-42.
4. GoFundMe: #1 Fundraising Platform for Crowdfunding [Internet]. Gofundme.com. 2021 [cited 11 February 2021]. Available from: https://www.gofundme.com/?utm_source=google&utm_medium=cpc&utm_campaign=CA_GoFundMe_EN_Exact_Desktop_NewDormant&utm_content=Gofundme&utm_term=gofundme_e_c_&gclid=Cj0KCQiApY6BBhCsARIsAOI_GjbQKSyZNoYYbWU4wSNYf_3_LPH3wpvbdwWgAICVZU9Zw3c5cN1Ky_0aAnXBEALw_wcB
5. Snyder J, Cohen IG. Medical crowdfunding for unproven medical treatments: should Gofundme become a gatekeeper? *Hastings Center Report*. 2019 Nov;49(6):32-8.
6. Vassell A, Crooks VA, Snyder J. What was lost, missing, sought and hoped for: Qualitatively exploring medical crowdfunding campaign narratives for Lyme disease. *Health*. 2020 Mar 23:1363459320912808.

7. Gonzales AL, Kwon EY, Lynch T, Fritz N. “Better everyone should know our business than we lose our house”: Costs and benefits of medical crowdfunding for support, privacy, and identity. *New Media & Society*. 2018 Feb;20(2):641-58.
8. Vox F, Folkers KM, Turi A, Caplan AL. Medical crowdfunding for scientifically unsupported or potentially dangerous treatments. *JAMA*. 2018 Oct 23;320(16):1705-6.
9. Coutrot IP, Smith R, Cornelsen L. Is the rise of crowdfunding for medical expenses in the United Kingdom symptomatic of systemic gaps in health and social care?
10. Dressler G, Kelly SA. Ethical implications of medical crowdfunding: the case of Charlie Gard. *Journal of medical ethics*. 2018 Jul 1;44(7):453-7.
11. Palad V, Snyder J. “We don’t want him worrying about how he will pay to save his life”: Using medical crowdfunding to explore lived experiences with addiction services in Canada. *International Journal of Drug Policy*. 2019 Mar 1;65:73-7.
12. Ramsay N, Hossain R, Moore M, Milo M, Brown A. Health care while homeless: barriers, facilitators, and the lived experiences of homeless individuals accessing health care in a Canadian regional municipality. *Qualitative Health Research*. 2019 Nov;29(13):1839-49.
13. Saleh SN, Ajufo E, Lehmann CU, Medford RJ. A Comparison of Online Medical Crowdfunding in Canada, the UK, and the US. *JAMA network open*. 2020 Oct 1;3(10):e2021684-.
14. Snyder J, Zenone M, Crooks V, Schuurman N. What Medical Crowdfunding Campaigns Can Tell Us About Local Health System Gaps and Deficiencies: Exploratory Analysis of British Columbia, Canada. *Journal of Medical Internet Research*. 2020;22(5):e16982.
15. Van Duynhoven A, Lee A, Michel R, Snyder J, Crooks V, Chow-White P, Schuurman N. Spatially exploring the intersection of socioeconomic status and Canadian cancer-related medical crowdfunding campaigns. *BMJ Open*. 2019 Jun 1;9(6):e026365.
16. Xu K, Wang X. “Kindhearted People, Please Save My Family”: Narrative Strategies for New Media Medical Crowdfunding. *Health Communication*. 2020 Nov 9;35(13):1605-13.
17. Zhang X, Lyu H, Luo J. What Contributes to a Crowdfunding Campaign's Success? Evidence and Analyses from GoFundMe Data. *arXiv preprint arXiv:2001.05446*. 2020 Jan 15.

18. Kenworthy N, Dong Z, Montgomery A, Fuller E, Berliner L. A cross-sectional study of social inequities in medical crowdfunding campaigns in the United States. *Plos one*. 2020 Mar 5;15(3):e0229760.
19. Jin P. Medical crowdfunding in China: empirics and ethics. *Journal of Medical Ethics*. 2019 Aug 1;45(8):538-44.
20. Gaetz S, Scott F, Gulliver T. *Housing First in Canada: Supporting communities to end homelessness*. Canada Homelessness Research Network; 2013.
21. Canada Health Care Act [Internet]. Canada.ca. 2021 [cited 8 February 2021]. Available from: https://www.canada.ca/content/dam/hc-sc/migration/hc-sc/hcs-sss/alt_formats/pdf/pubs/cha-ics/2015-cha-lcs-ar-ra-eng.pdf
22. Canada PHAof. Government of Canada [Internet]. Canada.ca. / Gouvernement du Canada; 2019 [cited 2021Feb8]. Available from: <https://www.canada.ca/en/public-health/services/publications/science-research-data/inequalities-housing-below-standards-infographic.html>
23. Health inequalities [Internet]. CIHI. [cited 2021Feb8]. Available from: <https://www.cihi.ca/en/health-inequalities>
24. Samuelson-Kiraly C, Montague T, Nemis-White J, MacPherson N, Martin L, Aylen J, Gogovor A, Mitchell JJ. Access and quality of health care in Canada: Insights from 1998 to the present. In *Healthcare Management Forum 2020 Nov* (Vol. 33, No. 6, pp. 253-258). Sage CA: Los Angeles, CA: SAGE Publications.
25. Durand WM, Johnson JR, Eltorai AE, Daniels AH. Medical crowdfunding for patients undergoing orthopedic surgery. *Orthopedics*. 2018 Feb 6;41(1):e58-63.
26. Durand WM, Peters JL, Eltorai AE, Kalagara S, Osband AJ, Daniels AH. Medical crowdfunding for organ transplantation. *Clinical Transplantation*. 2018 Jun;32(6):e13267.
27. Fong A, Jain M, Sacks W, Ho A, Chen Y. Crowdfunding Campaigns and Thyroid Surgery: Who, What, Where, and How Much?. *Journal of Surgical Research*. 2020 Sep 1;253:63-8.
28. Kim JG, Kong HK, Karahalios K, Fu WT, Hong H. The power of collective endorsements: credibility factors in medical crowdfunding campaigns. In *Proceedings of the 2016 CHI Conference on Human Factors in Computing Systems 2016 May 7* (pp. 4538-4549).
29. Young MJ, Scheinberg E. The rise of crowdfunding for medical care: promises and perils. *JAMA*. 2017 Apr 25;317(16):1623-4.

30. Leung L. Validity, reliability, and generalizability in qualitative research. *Journal of family medicine and primary care*. 2015 Jul;4(3):324.
31. Suter WN. Qualitative data, analysis, and design. *Introduction to educational research: A critical thinking approach*. 2012;2:342-86.
32. Baker T, Evans J. 'Housing First' and the changing terrains of homeless governance. *Geography Compass*. 2016 Jan;10(1):25-41.
33. Sommer JL, Noh E, Jacobsohn E, Christodoulou C, El-Gabalawy R. An examination of difficulties accessing surgical care in Canada from 2005-2014: Results from the Canadian Community Health Survey. *PloS one*. 2020 Oct 21;15(10):e0240083.
34. O'Donnell J. Does social housing reduce homelessness? A multistate analysis of housing and homelessness pathways. *Housing Studies*. 2019 Jan 9:1-27.
35. Wang JZ, Mott S, Magwood O, Mathew C, Mclellan A, Kpade V, Gaba P, Kozloff N, Pottie K, Andermann A. The impact of interventions for youth experiencing homelessness on housing, mental health, substance use, and family cohesion: a systematic review. *BMC public health*. 2019 Dec 1;19(1):1528.
36. Collins D, Evans J. Health Geography. *International Encyclopedia of Geography: People, the Earth, Environment and Technology: People, the Earth, Environment and Technology*. 2016 Dec 12:1-2.
37. Dunn JR, Hayes MV. Social inequality, population health, and housing: a study of two Vancouver neighborhoods. *Social science & medicine*. 2000 Aug 15;51(4):563-87.
38. Valdez B, Shroff F. More than Bricks and Mortar: The Right to Healthy Housing. *Social Innovations Journal*. 2020 Sep 18;3.
39. Andermann A, Bloch G, Goel R, Brcic V, Salvalaggio G, Twan S, Kendall CE, Ponka D, Pottie K. Caring for patients with lived experience of homelessness. *Canadian Family Physician*. 2020 Aug 1;66(8):563-70.
40. Lewis S. It won't be easy: how to make universal pharmacare work in Canada. *International Journal of Health Policy and Management*. 2020 Jan;9(1):1.
41. MacLeod T, Worton SK, Nelson G. Bridging perspectives and balancing priorities: New directions for housing policy in Canada. *Canadian Journal of Community Mental Health*. 2017 Jan 6;35(3):55-68.

42. Riva M, Fletcher C, Dufresne P, Perreault K, Muckle G, Potvin L, Bailie RS. Relocating to a new or pre-existing social housing unit: significant health improvements for Inuit adults in Nunavik and Nunavut. *Canadian Journal of Public Health*. 2020 Feb;111(1):21-30.
43. Kenworthy NJ. Crowdfunding and global health disparities: an exploratory conceptual and empirical analysis. *Globalization and health*. 2019 Nov;15(1):1-3.
44. Snyder J. Crowdfunding for medical care: ethical issues in an emerging health care funding practice. *Hastings Center Report*. 2016 Nov;46(6):36-42.
45. Snyder J, Mathers A, Crooks VA. Fund my treatment!: A call for ethics-focused social science research into the use of crowdfunding for medical care. *Social Science & Medicine*. 2016 Nov 1;169:27-3044
46. Snyder J, Chow-White P, Crooks VA, Mathers A. Widening the gap: additional concerns with crowdfunding in health care. *The Lancet Oncology*. 2017 May 1;18(5):e240.
47. Snyder J, Crooks VA, Mathers A, Chow-White P. Appealing to the crowd: ethical justifications in Canadian medical crowdfunding campaigns. *Journal of medical ethics*. 2017 Jun 1;43(6):364-7.

Chapter 3.

“I finally got accepted to my destiny”: Qualitatively exploring American students’ crowdfunding campaigns to attend Caribbean offshore medical schools

Abstract

Background: Although every year thousands of students are accepted into medical school in the United States, many thousands do not gain admission. Some American students look for alternative routes by attending offshore medical schools in the Caribbean region. The region is home to more than 50 such institutions that are designed to train international students for international practice.

Methods: We sought to explore how American students accepted into Caribbean offshore medical schools understand the quality and value of this type of medical education. We conducted a thematic analysis of publicly accessible narratives posted on crowdfunding websites by Americans who had been accepted into or were attending one of these schools. We exhaustively searched GoFundMe for campaigns in early 2020 and identified 34 that had been posted between 2014 and 2020. We then conducted a thematic analysis of campaign narratives to explore the justifications campaigners had incorporated.

Results: We found that crowdfunding campaigners consistently incorporated three types of justifications into their narratives. First, they justified their pursuit of a medical education by characterizing attending a Caribbean offshore medical school as the fulfillment of a dream or calling from God. Second, they justified their selection of the destination by highlighting indicators of educational quality for the school, such as connections between offshore medical schools and those in the United States, and the economic benefits for the Caribbean host country. Finally, they justified the financial request they were putting forth in the crowdfunding campaign by signaling the high cost

of pursuing a medical education abroad and their ineligibility for most United States student loans.

Conclusions: While American students who were crowdfunding to attend a Caribbean offshore medical school viewed such education as an opportunity to fulfill a dream, campaigners did not explicitly acknowledge that other steps were involved in the pathway to becoming a practicing physician in the United States that can be a challenge for graduates of these schools. Although students reflected on some of the benefits of studying medicine in the Caribbean region, their narratives signaled little awareness of the lack of social accountability of these schools to their host countries.

Keywords: Caribbean; medical education; crowdfunding; United States; tuition; offshore medical school

3.1 Background

It is well known that some students who enroll in higher education programs opt to study abroad, including for medical degrees. Notable influential factors that inform students' decisions to study abroad include the affordability of some international programs, family support, destination appeal, academic program options, and the social and cultural amenities available in some host countries^{1,2}. The United States (US) is home to 154 recognized Doctor of Medicine programs, and yet despite this sizeable number some American students opt to seek education abroad to fulfill their plan to become a medical doctor. A significant push factor informing American students' decisions to study medicine abroad is the competitiveness of entry into domestic universities³. For example, in 2019 only 21,622 out of 52,777 applicants were accepted to medical schools in the US, for an overall acceptance rate of 41%⁴. Many American students opting to train for a medical education abroad do so in the Caribbean region at offshore medical schools^{5,6}.

Offshore medical schools are for profit, private educational institutions that operate to provide medical educations primarily for international students who will practice internationally and are thus not integrated parts of the medical systems in their host countries. Offshore medical schools have seen exponential growth throughout the

Caribbean region in the last 50 years⁵. There are over 50 such schools operating in the Caribbean region, with rapid sector growth being driven by a strong desire to diversify local tourism economies⁷⁻⁹. These schools attract students from the US and Canada who have not been admitted to domestic schools or prefer to circumvent applying to local schools altogether because of low acceptance rates. They also strongly recruit students from Global South countries, positioning a medical education obtained in the Caribbean region as a launching point for eventually practicing medicine in the US(10). Offshore medical schools work on a model whereby students attend two years of in-class learning in the host Caribbean country and then complete two years of clinical training elsewhere, which is typically done at a hospital in the US⁷. Thus, in addition to tuition costs that commonly exceed US\$100,000, students must also cover the costs of moving between countries to finish their training³. The common goal of these schools is to train students to pass the US Medical Licensing Exam and ultimately practice somewhere other than within the Caribbean region⁷⁻¹¹.

Despite some offshore medical schools having operated in the Caribbean region for decades, research attention given to these institutions is rather nascent. Much of the research that does exist has critiqued this model of medical education. For example, there have been a few commentaries and studies published that have questioned the quality of education provided at some of these schools and the ability of graduates to successfully compete for residencies in the US and Canada in particular^{5,10,12-14}. This perspective builds on a wider belief held by some in the North American medical education community that many, but not all, of these schools fall towards the bottom of an international hierarchy of medical education institutions¹⁵. Concerns about educational quality reflect the reality that these offshore medical education institutions typically have few opportunities for practical skill development and small group learning⁷. Research has also explored the advertising tactics used by offshore medical schools to recruit Canadian and American students in particular, acknowledging that bold claims are often made with regard to the ability secure residency placements in home countries upon degree completion¹⁶. Missing from these emerging research perspectives are studies that offer insights into experiential accounts of applying to and attending Caribbean offshore medical schools. While personal accounts can be found in online blogs and newspaper

articles¹⁶, such experiential perspectives have yet to be systematically explored. Here we address this gap by qualitatively examining the crowdfunding campaigns posted by Americans who have been accepted to, or are attending, a Caribbean offshore medical school and are seeking financial assistance.

The practice of crowdfunding allows people to fundraise for a cause by requesting donations from a community network¹⁷. The barriers to posting crowdfunding campaigns are minimal, though campaign success is highly inequitable with the most successful campaigners often having deep social networks and relatively high socio-economic status¹⁸. Despite recognition that posting a campaign alone does not guarantee fundraising success, the practice of crowdfunding is growing in popularity. Campaigners are requesting assistance with everything from covering medical expenses and everyday living costs to vacation purchases and wedding savings¹⁹. Given the high cost of post-secondary education, it is not surprising that some students have also harnessed the potential of crowdfunding to fundraise for tuition, supply (e.g., books, computers), and living costs²⁰.

Crowdfunding campaigners post compelling narratives that will ideally move others to donate funds to address a need they have defined^{20,21}. In addition to these narratives, campaigners often include photos and campaign updates and always indicate a financial goal they are working towards. From a research perspective, campaign narratives offer a wealth of insights into things such as health and social care system gaps, larger social inequities, and factors that are driving people to crowdfund for unmet financial needs^{18,20,22,23}. Working from an acknowledgement of the value of these narratives for learning about phenomena that are not well understood, here we explore campaigns seeking financial support to attend Caribbean offshore medical schools on the most popular crowdfunding platform in an initial attempt to explore how current and future American students understand these schools and their value in relation to receiving a medical education. We do this by identifying the justifications that such campaigners incorporate into their campaign narratives, and as we show in this analysis these justifications reflect these students' understanding of the worthwhileness of receiving a medical education from a Caribbean offshore medical school. These understandings serve

as an important complement to published pieces, many of which are editorial in nature and from an American perspective, that have heavily focused on questioning the value and quality of training offered at these institutions and graduates' skills without considering students' perspectives on these issues ^{e.g.,5,12,13,15,24,25}.

3.2 Methods

GoFundMe is the leading platform for personal online crowdfunding and educational fundraising is a sizeable category on the site¹⁹, which is why we used it to identify campaigns for the current exploratory qualitative analysis. We sought to identify all campaigns posted by American students seeking funding to support attending an offshore medical school in the Caribbean region. To start, we created a list of general keywords (e.g., medical school, tuition, offshore, Caribbean, and the names of specific schools) to search using GoFundMe's search tool. Our initial searches identified almost all of the campaigns to have been posted by campaigners based in the US, and so we decided to limit the scope of this analysis to this group to enhance its focus. We also chose to include only campaigns where campaigners had been offered admission to a Caribbean offshore medical school or were already enrolled in one, thereby excluding campaigns where people were crowdfunding for a medical education in general. Campaigns with no descriptions were excluded, while those that were included could be either active or closed with regard to ongoing fundraising activity. We were careful to exclude campaigns posted by people accepted at or attending a medical school in the Caribbean that does not use an offshoring model (e.g., the University of the West Indies). We repeatedly searched for campaigns that met our inclusion criteria over a three-month period in early 2020 using multiple combinations of keywords and iteratively reviewing identified campaigns and generating new keywords or search approaches. We concluded this process of data collection at a point when no new campaigns that met our inclusion criteria were identified over multiple searches by the first and second authors in the third month.

Once campaigns were identified for inclusion, their contents were extracted and stored in a shared spreadsheet that included the campaign URL, funding target,

campaigner location, campaign narrative and title, and name of the offshore medical school of focus. Following this, we each independently reviewed the details and narratives for ten unique campaigns to identify emergent themes. A meeting was then held among our research team to review these independent findings and come to agreement on emergent themes that could form the basis of thematic analysis. Thematic analysis involves identifying meaningful patterns from a qualitative dataset through a process of review, synthesis, and comparison against existing knowledge about the topic²⁶. We agreed that many of the campaign narratives put forth various justifications to support campaigners' appeals for funds from potential donors and that these justifications could be explored through thematic analysis to assist with our goal of understanding students' perspectives on the worthwhileness of attending a Caribbean offshore medical school. We then independently reviewed ten different narratives and came together again to reach consensus on what types of justifications were present and the scope of each. Through this process we identified three unique justifications that were shared across the 34 campaigns and the core themes relating to each, after which the first author went back to the full dataset to hand code it according to these themes. Extracts from this hand coding were shared with the team for each justification as a final step to confirm interpretation. After consensus on interpretation was reached, we then contrasted these justifications against key findings from the existing literature on offshore medical schools to assist with identifying points of intersection.

The rigour of our qualitative analysis has been enhanced in a number of ways, including by using investigator triangulation to support reliability, by building an audit trail by making a record of key decisions and maintaining a journal throughout data collection and analysis, and by supporting trustworthiness through sharing the specific details of our analytic process²⁷. In the section that follows we share the results of the thematic analysis, which is structured around the three justifications we identified. We include verbatim quotes from the 34 campaigns included in this analysis throughout the results to support qualitative confirmability^{28,29}.

3.3 Results

All 34 students whose campaigns were included in this analysis were either already attending a Caribbean offshore medical school or had been accepted to attend one at the time of posting their campaign, and their GoFundMe campaigns were initiated between 2014 and 2020. Many campaigners also sought funds to support the costs of relocating to the host country and of rent and other daily expenses. Of the 34 crowdfunding campaigns we included in the analysis, the average number of donors was eight and the average number of social media shares per campaign was 71. The average financial request was USD\$32,000, with the lowest being USD\$3000 and the highest being USD\$330,000. Most campaigns fell significantly short of reaching their fundraising goal, and even those that were still active at the point of data collection showed sizeable gaps between the funds requested and raised. All 34 campaigns were requesting tuition funding to attend one of only seven Caribbean offshore medical schools, which were: Ross Medical School (Barbados), Trinity School of Medicine (St. Vincent and the Grenadines), American University of Antigua (Antigua), University of St. Kitts (St. Kitts & Nevis), St. James School of Medicine (Anguilla), Avalon School of Medicine (Curacao), and St. George's University (Grenada).

Following the analytic process described above, we identified three recurrent justifications used by American campaigners to encourage donations to cover their tuition fees for an offshore medical school in the Caribbean region. First there were instances of *justifying the training*, whereby campaigners often referred to fulfilling a dream or calling in terms of their pursuit of a medical education at an offshore medical school. Second, there was consistent mention of *justifying the destination*, wherein campaigners discussed diaspora-based motivations for studying in the Caribbean region, institutional affiliations with the US, the quality of education, and why they wanted to attend a specific offshore medical school. Lastly, campaigners touched on *justifying the financial need*. Given the high cost of medical education, these justifications focused on the time sensitivity of fundraising requests, loan ineligibility, and the expenses associated with pursuing their dreams to become a medical professional. In the sections that follows we characterize the scope of each theme, incorporating direct quotes from the campaigns to show the ways in

which campaigners encouraged readers to feel compelled to donate. While we discuss these justifications separately, it is important to recognize that *all* reviewed campaigns include all three types of justification within their posted narratives and there are important interrelationships between them that we draw out in the discussion.

3.3.1 Justifying the Training

Campaign narratives typically told the story of a campaigner who had always known they were “*destined for greatness*” by training as a physician. Similarly, many campaigners told of how from a young age they had wanted to be a doctor, and that such experiences and belief in themselves justified their pursuit of medical education at an offshore medical school in the Caribbean region and their belief that others should financially contribute towards this goal. In fact, 90% of the campaigns reviewed in this analysis included instances of the word “*dream*” at least once. Campaigners described things such as “*fulfilling their lifelong dream*”, “*finally making their dreams come true*” and “*as long as I can remember, I wanted to be a doctor.*” Many times, campaigners included long stories describing how hard they had worked in their previous studies, driven by a realization of wanting to become a doctor or help others. As one campaigner explained:

For as long as I can remember, I have wanted to be a physician. Growing up with the hospital as a second home, I watched and studied all of my physicians and aspired to become one myself. I studied hard throughout my undergraduate studies at Francis Marion University and have accomplished a great deal there. I have been on the President and Dean's list every semester, worked on research for over two years, held five different jobs on campus, and won the Biology Research Award that is only handed out to one student per year. I have embraced my education and taken every opportunity available to me to achieve my dreams of medical school.

As shown in this narrative excerpt, statements describing the hard work that earned this campaigner’s acceptance to Ross Medical School in Barbados assisted with justifying their pursuit of donations via crowdfunding to make them “*one step closer to achieving their dreams.*”

It was not uncommon for campaigners to justify their pursuit of a medical education abroad through believing that attending medical school was “*the opportunity to follow the path set out for him by God*” or an opportunity to be “*able to answer God’s call in helping others.*” In some instances, campaigners set out directly to appeal to a specific church or religious community through their campaigns to support their dream of attending an offshore medical school. Given this, it was perhaps not surprising that some campaigners offered prayers to potential donors in their campaign statements, with others quoting bible verses. Some campaigners signaled that it was through medical practice that they would be able to “*give back to the world that had already given so much to them,*” with such statements focusing on giving back to their home communities in the US, further appealing to the religious beliefs of potential donors.

3.3.2 Justifying the Destination

Many campaigners offered statements that justified their decisions to attend a specific offshore medical school in the Caribbean. One type of justification made in this regard pertained to the quality of education on offer at the offshore medical school. In some instances, this was done by discussing relationships between the destination school and the US through statements such as: “*My school administration is in the United States, with classes taking place in the Caribbean*”, which then went on to signal that such Caribbean-US relationships served to reinforce the quality of the education that would be received. Another type of very common justification of the decision to attend a Caribbean offshore medical school came from campaigners who told of having applied to multiple medical schools, often both in the US and internationally, but having been accepted to only one. “*After trying for so long, closer to home I finally got accepted to my destiny. This was no small feat as it took several exams, applications and admission cycles before I was able to read ‘Congratulations! You have been accepted!’*” Having been accepted into only one medical school served as clear justification for their decision to pursue training at a particular institution in the Caribbean region, which was shared with prospective crowdfunding campaign donors.

Some campaigners justified not only their decision to attend a specific offshore medical school, but also their decision to seek training in the Caribbean region more broadly. In some instances, this was done by referring to the economic benefits that these offshore medical schools can have for local Caribbean economies and the good these schools bring to their host countries. As one campaigner explained:

As many of you know this school is located in the Caribbean and will cost me more than I can afford to relocate. The school helps to gives jobs to the local people and gives back to the community, so I can feel good in my education. That is why I am asking my community, family and friends for help...

Such comments, though infrequent among the campaigns we reviewed, positioned the campaigner as making positive contributions to the school's host country through attending an offshore medical school. Other campaigners justified their decision to relocate to the Caribbean by discussing wanting to study medicine in a beautiful, warm destination. There was recognition by these campaigners that seeking a medical education was likely to be a grueling journey, and that this could be offset somewhat by attending a school situated in a desirable Caribbean destination. Finally, there were a limited number of campaigners who identified as being members of diaspora communities associated with particular Caribbean countries, often first- or second-generation Caribbean-Americans, who wanted to study medicine in the region because of the family networks that were present there.

3.3.3 Justifying the Financial Need

Many campaigners who had recently been accepted into an offshore medical school or who were already enrolled and had upcoming payments focused on the immediacy of their financial need to meet upcoming tuition payment deadlines. This built off of a general sentiment shared in a number of campaigns that it is widely known that obtaining a medical education is a costly venture and that attending a school abroad, with added international travel and relocation costs, would not be possible without others' support. The time sensitivity of their financial needs prompted them to pursue appealing to potential donors through crowdfunding. For example, campaigners often spoke about the

time frame they had to pay tuition as being very short, “*I have not lost hope and I know I can reach this goal before the deadline in a month.*” One campaigner even offered a breakdown of their need in appealing to donors, explaining how they could reach their financial goal in time for their tuition payment deadline of 30 days if 45 donors gave US\$100 each or 100 donors gave US\$45 each. Campaigners commonly made it clear that without support from others to meet their financial needs, their ability to attend an offshore medical school in the Caribbean region would be threatened: “*I am trying my best not to not have to drop out of the program.*”

Although many campaigners indicated plans to complete their medical education residency placements within the US, by attending a Caribbean offshore medical school they were largely ineligible for US student federal loans - there are some exceptions to this for students attending a very small number of schools that hold a specific designation. As one campaigner who had been accepted to attend medical school at the University of St. Kitts in St. Kitts & Nevis explained:

Unfortunately, as a Caribbean medical student I could not get US federal financial aid and would have to pay everything out of pocket. I used up what little savings I had, sold all my belongings except my lovely dog Kalu, and I had a relative co-sign on a private loan.

Many campaigners echoed this statement in framing this situation as being unfortunate, using that exact language: “the unfortunate part about going to a school outside of the US...” or “unfortunately, the government does not recognize...non-US based medical schools to get educational funding [or] financial aid during medical rotations.” Such statements were often used to justify claims made by campaigners that they had no other avenues through which they could reasonably obtain needed funding in a timely way other than via crowdfunding.

3.4 Discussion

In this analysis we sought to learn more about how students accepted into or attending Caribbean offshore medical schools discussed these institutions and the worthwhileness

of the medical educations they offer, and we did so by exploring publicly accessible narratives posted on crowdfunding websites. After exhaustively searching GoFundMe, which is the largest crowdfunding platform, we identified 34 campaigns posted between 2014 and 2020 by American students who were accepted into or already attending an offshore medical school and seeking assistance with tuition costs and other expenses. Thematic analysis of these campaigns using a triangulated process resulted in identifying three justifications that students consistently put forth in making their fundraising appeals to attend offshore medical schools in the Caribbean region. First, campaigners justified the training they sought abroad, often citing a long-standing desire to become a doctor. Second, campaigners justified the destination in which they sought this medical training, reflecting both on their understandings of the educational quality offered at offshore medical schools and also the benefits of studying medicine in the Caribbean region. Finally, and not surprisingly given that they were attempting to appeal to potential donors, campaigners justified their financial need by characterizing the high cost of medical education and their ineligibility for conventional student loans. In the remainder of this section, we reflect on what the findings of this thematic analysis tell us about how American students think about Caribbean offshore medical schools and the value and quality of the medical training provided at these institutions.

When crowdfunding campaigners wrote of attending a Caribbean offshore medical school as fulfilling a long-standing desire to become a doctor, many framed this desire as being shaped by a dream they had for themselves. In many ways, such sentiments drew together two fairly distinct ‘dreams’, the first being to attend and graduate from a medical school and the second to become a licensed and practicing physician in the US. Students’ crowdfunding campaign narratives typically made explicit reference to this first dream while the second one was an implied outcome. This presentation of attending an offshore medical school to fulfill one’s dream of becoming a doctor glosses over the reality that the pathway to becoming a physician in the US requires completion a clerkship during the degree and a residency placement after graduating. Finding such placements can be challenging for some offshore medical school students/graduates due to demand and perceptions about the quality of their training^{8,14,30,31}. An analysis of Caribbean offshore medical schools’ websites showed that

while the schools heavily advertise pull factors for enrolling and the pass rates graduates achieve on the US Medical Licensing Exam upon graduation, they tend to gloss over the steps involved in ultimately returning to the US to practice or any challenges that may be faced when doing so³. The crowdfunding narratives reviewed in the current analysis very much mirror this same type of framing around attending Caribbean offshore medical schools as leading to fulfilling the dream of practicing in the US without acknowledging that receiving a medical education is an important step towards doing so, with more steps to come after graduation. A number of websites and blogs have chronicled the first-hand challenges offshore medical school graduates have experienced in being matched in the US for residency placements as international medical graduates or the extra steps they must undertake to obtain a license to practice in the US e.g.,^{32,33}. A concern based on the findings shared above is that those who opt for Caribbean offshore medical schools are relying heavily on the advertising and informational materials provided by the schools to inform their decision-making which heavily promote the ease of practicing in one's home country upon graduation.

Caribbean offshore medical schools contribute significantly to the practicing physician population in the US, and particularly within country's the primary care sector^{8,10}. In fact, many of these schools' websites explicitly suggest that American students should enrol so that they can assist with addressing physician shortages in the US upon graduation³. Meanwhile, is a wide-held belief in the North American medical education community that the training offered at these schools is inferior to what is offered at conventional medical schools^{15,16,31}. The students whose campaigns we reviewed for the current analysis seemed to be aware of this perception and offered their own indicators of how they understood the quality and value of the education offered at the schools they were attending or had been admitted to. The most common example were statements that drew out connections between a particular Caribbean offshore medical school and the US, in terms of connections to US-based universities or clerkship placements and also US-based headquarters for schools. It was surprising to not see more explicit reference to US Medical Licensing Exam pass rates cited in campaigners' narratives given that they are commonly viewed by offshore medical schools as an important indicator of quality and are widely advertised in recruitment materials¹⁵.

Overall, the narratives we reviewed highlight an important tension between student ineligibility for most standard US student loans to attend Caribbean offshore medical schools and concerns about the quality of the training at these institutions versus the wide acknowledgement that their graduates play an important role in the US medical system.

Although the clear primary motivation of attending an offshore medical school for most, if not all, of the campaigners whose narratives we reviewed for this analysis was that they had been offered admission and wanted to become a practicing physician, many did openly reflect on the benefits of being trained in the Caribbean region. For some, it was highlighting diasporic connections in the region and the desire to study in countries where they had extended family networks. For others, it was observing that offshore medical schools have important economic spill-over benefits for Caribbean host countries and that by attending one of these schools they are supporting the local economy. This is an interesting point for current and future students to have made given that there is significant acknowledgement that offshore medical schools do little to have any social accountability towards their host countries^{7,16}, including through strengthening their economies given the significant amount of foreign investment^{8,34}. International norms for social accountability for medical education institutions exist, and these global principles signal that these institutions should be involved in offering medical clinics for local citizens, support research activities, train students (especially local ones) to address local and regional health priorities and increase the number of physicians practicing in their host countries³⁵⁻³⁹. The offshoring nature of these institutions in the Caribbean region puts them well outside the scope of fulfilling such a mandate. It is not surprising that students who are driven to achieve a goal, proud of having been accepted into a medical school, and asking for financial support from others were not openly reflecting on the challenges of the offshoring of medical education for Caribbean host countries. However, we would be remiss in not noting that given that these schools are economic enterprises their consumer base (i.e., students) may very well be best positioned to shed light on these concerns and demand change, which can be supported through how they talk about these schools with others.

We observed at the outset of this paper that there remains little research into Caribbean offshore medical schools and we set out to use a creative data source (i.e., crowdfunding campaigns) to get a better sense of how American students accepted into or attending these schools understand the quality and value of the education provided and the overall worthwhileness of this type of medical education. A number of important knowledge gaps emerge from the current analysis that are worth exploring further, and here we highlight three. First, while our analysis has brought forth important insights, our use of crowdfunding campaign narratives has a number of limitations given that only a fraction of those accepted into offshore medical schools have posted campaigns and the campaigns are written for a very specific purpose. As such, it would be very useful to probe the issues explored in the current analysis through interviews of focus groups conducted with those attending these schools. This would be a very valuable contribution to the literature. Second, it would be very interesting to explore if and how students/graduates' justifications for attending a Caribbean offshore medical school change over time, and especially as they move into practice and have to address more of a professional politics of medicine in relation to others' understandings of the value and quality of the education they received. Finally, given the belief some students had that they were supporting the local economies of Caribbean host countries, it would also be very interesting to explore how those attending these schools, those who have graduated from them, and even those who teach at them or are in senior leadership roles make sense of the debates that exist regarding the social accountability of offshore medical schools.

3.5 Conclusions

In this paper we set out to explore how American students who are accepted into Caribbean offshore medical schools understand the value and quality of the medical education provided by these institutions. We did this by examining 34 crowdfunding campaigns posted between 2014 and 2020 by American students who were attending, or had been accepted to attend, one of these schools. Through thematic analysis of the campaign narratives, we arrived at an analytic focus on the types of justifications these students incorporated into their campaigns when asking others to assist with covering the costs of attending a Caribbean offshore medical school. We identified three such

justifications, which is that they justified: (1) the training they were seeking as fulfilling a calling or dream; (2) the school they planned to attend and studying in the host country by highlighting perceived quality indicators and economic benefits; and (3) the financial support they were seeking due to ineligibility for standard US student loans and the high cost of studying medicine abroad. Overall, students viewed attending Caribbean offshore medical schools to be a worthwhile venture, despite quality concerns held by members of the American medical education community and barriers to ultimately practicing in the US for graduates^{8,14,30,31}, because they were typically the only institutions had been attended to and by registering they were taking a step towards fulfilling the dream of practicing medicine. This view shaped how students understood the quality and value of the educational opportunities afforded by these institutions, as demonstrated by the points they chose to focus on in the justifications they offered in their crowdfunding narratives.

3.5.1.1.1 List of Abbreviations

US: United States

3.5.1.1.2 Declarations

Ethics approval and consent to participate:

None required.

3.5.1.1.3 Consent for publication

Not applicable.

3.5.1.1.4 Availability of data and materials

The datasets used and/or analysed for this study (i.e., a list of the included crowdfunding campaigns) are available from the corresponding author.

3.5.1.1.5 Competing interests

The authors have no competing interests to report.

3.5.1.1.6 Funding

None.

3.5.1.1.7 Authors' contributions

All authors contributed to developing this analysis. CD led identifying and reviewing crowdfunding campaigns. VAC assisted with developing the search strategy and campaign inclusion/exclusion criteria. All authors reviewed the content of the campaigns for thematic analysis. CD led drafting this manuscript with VAC providing support throughout. JS provided feedback on drafts. All authors have approved this manuscript.

3.5.1.1.8 Acknowledgements

VAC holds the Canada Research Chair in Health Service Geographies.

3.6 References

1. Amani M, Kim MM. Study abroad participation at community colleges: Students' decision and influential factors. *Community College Journal of Research and Practice*. 2018;42(10):678-92.
2. Nyaupane GP, Paris CM, Teye V. Why do students study abroad? Exploring motivations beyond earning academic credits. *Tourism Analysis*. 2017;15(2):263-7.
3. Morgan J, Crooks VA, Sampson CJ, Snyder J. "Location is surprisingly a lot more important than you think": a critical thematic analysis of push and pull factor messaging used on Caribbean offshore medical school websites. *BMC Medical Education*. 2017;17:99.
4. How Many Med Schools Should You Apply To? | The Princeton Review [Internet]. 2021 [cited 2021 Jun 14]. Available from: <https://www.princetonreview.com/med-school-advice/how-many-med-schools-should-you-apply-to>
5. Eckhert NL. Perspective: private schools of the Caribbean: outsourcing medical education. *Academic medicine*. 2010;85(4):622-30.
6. Johnson K, Hagopian A, Veninga C, Hart LG. The changing geography of Americans graduating from foreign medical schools. *Academic Medicine*. 2006;81(2):179-84.
7. Shankar PR, Balasubramanium R, Dakubo G. Challenges with regard to undergraduate medical education in offshore Caribbean medical schools. *Education in Medicine Journal*. 2017;9(4).

8. McLean S, Charles D. A global value chain analysis of offshore medical universities in the Caribbean. United Nations, Santiago; Economic Commission for Latin America and the Caribbean. 2017.
9. Maharaj SR, Paul TJ. The origin and future of offshore medical schools in the Caribbean. *West Indian Medical Journal*. 2012;61(3):280.
10. Shankar PR, Dubey AK, Nandy A, Herz BL, Little BW. Student perception about working in rural United States/Canada after graduation: a study in an offshore Caribbean medical school. *F1000Research*. 2014;3:301.
11. Van Zanten M, Boulet JR. Medical education in the Caribbean: quantifying the contribution of Caribbean-educated physicians to the primary care workforce in the United States. *Academic Medicine*. 2013;88(2):276-81.
12. Halperin EC, Goldberg RB. Offshore medical schools are buying clinical clerkships in US hospitals: The problem and potential solutions. *Academic Medicine*. 2016;91(5):639-44.
13. Korcok MI. Will offshore medical schools graduate quality physicians? *Canadian Medical Association Journal*. 1981;124(4):461.
14. Balon R, Morreale M. More About Offshore Medical Schools Buying Clerkships in US Hospitals. *Academic Medicine*. 2016;91(12):1588-9.
15. Morgan J, Crooks V, Snyder J, Pickering J. “They don’t have the history and the stature:” examining perceptions of Caribbean offshore medical schools held by Canadian medical education stakeholders. *Canadian Medical Education Journal*. 2018;9(3):e56.
16. Morgan J, Crooks VA, Snyder J. “We have been forced to move away from home”: print news coverage of Canadians studying abroad at Caribbean offshore medical schools. *BMC Medical Education*. 2017;17:228.
17. Mollick E. The dynamics of crowdfunding: An exploratory study. *Journal of Business Venturing*. 2014 Jan 1;29(1):1-6.
18. Berliner LS, Kenworthy NJ. Producing a worthy illness: Personal crowdfunding amidst financial crisis. *Social Science & Medicine*. 2017;187:233-42.
19. Zhang X, Lyu H, Luo J. What Contributes to a Crowdfunding Campaign's Success? Evidence and Analyses from GoFundMe Data. *PsyArXiv* 2020;arXiv:2001.05446.

20. Lukk M, Schneiderhan E, Soares J. Worthy? Crowdfunding the Canadian Health Care and Education Sectors. *Can Rev Sociol.* 2018;55(3):404–24.
21. Snyder J, Zenone M, Crooks V, Schuurman N. What Medical Crowdfunding Campaigns Can Tell Us About Local Health System Gaps and Deficiencies: Exploratory Analysis of British Columbia, Canada. *Journal of Medical Internet Research.* 2020;22(5):e16982.
22. Sisler J. Crowdfunding for medical expenses. *CMAJ.* 2012;184(2):E123-124
23. Younkin P, Kuppuswamy V. The colorblind crowd? Founder race and performance in crowdfunding. *Manage Sci.* 2018;64(7):3269–87.
24. Ceaser M. US exam boards urge scrutiny of offshore medical schools. *The Lancet.* 2006;367(9510):555.
25. Babcock JM, Babcock BD, Schwartz MZ. Maintaining a sufficient and quality physician workforce: the role of for-profit medical schools. *Health Services Insights.* 2013;6:HSI-S10462.
26. Terry G, Hayfield N, Clarke V, Brawn V. Thematic Analysis. In C Willig (ed.) *The SAGE handbook of qualitative research in psychology.* Thousand Oaks, CA; Sage. 2017. pp. 17-37.
27. Rhineberger GM, Hartmann DJ, Van Valey TL. Triangulated Research Designs – A Justification? *J Appl Soc Sci.* 2003;(1):56–66.
28. Leung L. Validity, reliability, and generalizability in qualitative research. *Journal of family medicine and primary care.* 2015;4(3):324.
29. Suter WN. *Qualitative data, analysis, and design. Introduction to educational research: A critical thinking approach.* Thousand Oaks, CA; Sage. 2012.
30. Cox WJ, Desai GJ. The crisis of clinical education for physicians in training. *Missouri medicine.* 2019;116(5):389.
31. Skolnick AA. Government report gives Department of Education and some offshore medical schools failing grades. *JAMA.* 1995;273(15):1162-3.
32. Pamela Wible MD. The ugly truth about Caribbean medical schools [internet]. 2017 [cited 2021 Jun 14]; Available from: <https://www.idealmedicalcare.org/ugly-truth-caribbean-medical-schools/>

33. Willet JM. The truth about Caribbean medical schools [internet]. 2019 [cited 2021 Jun 14]; Available from: <https://www.kevinmd.com/blog/2019/05/the-truth-about-caribbean-medical-schools.html>
34. Connell J. Medical tourism in the Caribbean islands: a cure for economies in crisis? *Island Studies Journal*. 2013;8(1):115-130.
35. Boelen C, Heck JE. World Health Organization. Defining and measuring the social accountability of medical schools. World Health Organization; 1995.
36. Gibbs T. Sexy words but impotent curricula: Can social accountability be the change agent of the future? *Medical Teacher*. 2011;33:605–7.
37. Lindgren S, Karle H. Social accountability of medical education: Aspects on global accreditation. *Medical Teacher*. 2011;33(8):667–72.
38. McCurdy L, Goode LD, Inui TS, Daugherty Jr RM, Wilson DE, Wallace AG, Weinstein BM, Copeland 3rd EM. Fulfilling the social contract between medical schools and the public. *Academic Medicine*. 1997;72(12):1063-70.
39. Ventres W, Dharamsi S. Socially accountable medical education—The REVOLUTIONS framework. *Academic Medicine*. 2015;90(12):1728.

Chapter 4.

Conclusion

4.1 Overview

This thesis offers two contributions. First, each analysis provides important insights into issues about which little is known, namely the intersections of health-housing needs and also Caribbean offshore medical schools. Second, these analyses serve as templates for how other researchers can use and analyze crowdfunding campaign narratives as qualitative data. Taken together, my thesis provides new insights into the utility of crowdfunding campaigns in research and lays the foundation for future research on health-housing intersections in Canada as well as the ways in which medical students discuss offshore Caribbean medical schools to their social networks. This chapter will revisit the research objectives put forth by both Chapters 2 and 3 separately and in relation to crosscutting themes. I also identify future research directions.

4.2 Revisiting Objectives

My thesis research offers new insights into the impetus behind specific kinds of crowdfunding related to healthcare, housing, and higher education and establishes new pathways for future research to unpack these practices. In this section I revisit my research objectives as stated in Chapter 1, while reflecting on the findings of both analyses. By drawing back to the objectives, I highlight the ways in which this research contributes to the disciplines that underpin the foundation of my thesis. Although my thesis research objectives are distinct, after presenting each separately I then identify crosscutting themes.

4.2.1 What are the different ways in which housing and health intersect to create specific financial needs that Canadians seek support for from others to meet?

This research objective reflects my interest in qualitatively exploring the nature of the inherent interrelatedness of health and housing issues in Canada using crowdfunding data. Given that crowdfunding campaigns are unsolicited personal narratives, on this analysis I hand coded the recurrent themes that exist in recent campaigns dealing with both health and housing issues by Canadian campaigners. I did this by examining how people discuss their experiences and the reasons for which they seek funding.

As I pointed out in Chapter 2, Canada offers a range of social systems designed to help those in need of housing assistance and a publicly funded healthcare system. However, this analysis found that campaigners often are unaware or have been previously “failed” by these systems, which leads them to crowdfunding. For example, in Chapter 2 we highlighted how campaigners often turned to their available social systems as a first resort when trying to locate funding to improve their situations and used crowdfunding afterwards. Similarly, in Chapter 3, it was observed that students tried to access loans or other funding to cover their educational costs and only after being denied did they turn to crowdfunding to assist them in fulfilling their tuition costs. In order to address this first objective, we identified five distinct categories that characterize the ways in which the intersection of health and housing needs are represented in Canadian crowdfunding campaigns. These categories were: health status created a need for housing relocation, health status or impairment created a need for house modification(s), health status contributed to housing unaffordability, deleterious housing created or exacerbated poor health, and a cyclical relationship between poor health and inadequate housing.

When referring to health status that created the need for relocation, campaigners’ narratives dealt with people whose poor health experiences forced them to relocate for treatment, accessibility, or access to specific care. Health status or impairment creating the need for housing modifications identified campaigns of those whose poor health experiences required renovations to their existing housing to increase accessibility in the home, allowing them to stay in place and not rely on costly in-patient care. Health status

contributing to housing unaffordability emerged from narratives wherein, due to their poor health status, campaigners were unable to maintain paid employment and therefore were at risk of losing their homes. The category of deleterious housing creating or exacerbating poor health acknowledged those whose dangerous housing conditions led them to experiencing poor health in the first place. This could be found in situations of black mold or structural damage to a home that led to declining health status. Lastly, we identified that some campaigners reported ongoing cyclical relationships between poor health and inadequate housing. All five of these categories were identified based on the results of an exhaustive search of Canadian GoFundMe campaigns dealing with health and housing issues by Canadian campaigners and triangulated analysis. The narratives outlined by campaigners provided insight into the challenges to accessing adequate social services before feeling the need to turn to crowdfunding as a method of financial backing.

These findings show how crowdfunding campaign narratives are useful in investigating where gaps exist within social systems, thus leading users to pursue crowdfunding. They offer value, and as was pointed out in Chapter 2 such narratives can serve to inform provincial and federal policy makers looking to create resources in order to avoid these gaps existing within health and housing systems. These findings can also be valuable to social workers who are trying to offer wraparound services and even schools aiming to help students with challenging home circumstances. Known for enabling researchers to explore complex emotional geographies and other elements of lived experience, our qualitative approach was a valuable way to investigate the factual basis of the storytelling within these crowdfunding campaigns (Baxter & Fenton, 2016; Morag, 2001; Poynter, 2010).

4.2.2 What are the justifications used by American-based medical students pursuing offshore Caribbean medical school education to collect donations via online crowdfunding campaigns?

This research objective demonstrates my interest in exploring how campaigners put together their requests for financial assistance from others through crowdfunding. By analyzing the narratives of American students campaigning for financial assistance to attend Caribbean offshore medical schools, we were able to see the ways in which these

campaigners talked about how they understood the value and quality, or overall worthwhileness, of the educational opportunities afforded by these institutions. Campaigners were often trying to fulfill their dreams of becoming of physician in the US and turned to crowdfunding as a way to meet those desires. In making sense of the analytic findings, we were able to explore some of the ways that these narratives challenged or affirmed existing understandings of Caribbean offshore medical schools. This thematic analysis uncovered the three recurrent justifications present in each crowdfunding campaign, with many of those justifications implicitly or explicitly touching on common debates that surround the quality of education provided by Caribbean offshore medical schools.

To fulfill this research objective, we created a pool of search terms to begin exploring campaigns on the GoFundMe platform. Following independent transcript reviews, we agreed on an analytic focus on exploring the ways in which these campaigners justified their ask to their greater social network (i.e., existing friends and family), and how they spoke about their choice to attend an offshore Caribbean institution. The first category found was that campaigners justified the training. This was accompanied by descriptions stating that students were compelled to complete medical school in order to fulfill their calling or higher purpose and an offshore university was their only way to do so. Secondly, they justified their financial ask by divulging their difficulties in accessing loans and their uncertainty about being able to attend the program, should their financial needs not be met. Lastly, they justified the destination, often speaking to why they felt it was advantageous to study medicine in the Caribbean region and at a particular offshore medical school. This included reasoning from they had only been accepted to one location to they wanted the experience of studying abroad.

The findings from this analysis offer insights into the extremely competitive nature and acceptance rates of domestic medical schools in the United States. Additionally, these findings offer insight into the struggles that students face in pursuing post-secondary education and the ways in which incoming students view offshore Caribbean medical schools. These insights are valuable to researchers interested in the equity of post-secondary education acceptance rates, more specifically of medical

schools. These findings can also provide value to offshore Caribbean medical schools looking to make their programs more accessible and to draw a larger number of students towards them by addressing the struggles faced by campaigners. As technologies continue to progress and the internet becomes more accessible than ever, it is easy for people to connect across global networks to fundraise for one simultaneous cause, such as fundraising tuition to help the dreams of a student become a reality (Manyika et al., 2016).

4.3 Bridging the two analyses

Certain crosscutting themes are evident that connect the findings of both analytic chapters and offer unique insight into the utility of crowdfunding campaigns for research. For example, both analyses used campaign narratives to identify thematic categories by analyzing highly personal stories that gave insight into the issues experienced by users. Campaign narratives provide detailed information to online social networks in hopes of collecting donations to assist them in funding their basic needs. The current study focuses on campaigners' needs in the areas of healthcare, housing, and higher education. These narratives serve as a viable, publicly accessible data source for researchers in a variety of social science and fields. Both analyses also offer methodological and empirical contributions by showcasing how the data can be used and gathered. It is likely that researchers have only begun to touch the surface of the datasets available at our fingertips through online crowdfunding platforms.

A second crosscutting theme evident in the analyses is that crowdfunding users feel an inherent need to justify the reason they are using the platform to potential donors. The descriptions used in Chapter 2 were often very long detailed explanations of why the campaigner was requesting money, telling readers of the ways in which they had already attempted to address the issue prior to resorting to crowdfunding. These narratives often came paired with photos, videos, and personal details that were used to convince and justify the request for donations to their social network. Subsequently, Chapter 3 relied heavily on exploring the justifications used to request donations, identified through the reoccurring mentions of the destination, training and funding required. These findings

provide a comprehensive understanding of what compelling elements make justifying a campaign for this cause successful. Not only does the personal connection to the user play a factor, such as a shared religious community, but the narratives are framed to compel donors to connect and gain increased exposure in order to collect donations. It is essential to note that campaigns are specifically crafted to win over the readers' sympathies, so campaigners are motivated by personal interest when scripting their narratives. This need for external justification reinforces a stigma about the socio-economic status of a successful campaigner, which may continue to reinforce systemic inequities identified in the crowdfunding literature (Barcelos & Budge, 2019; Snyder, 2016).

Finally, this thesis contributes to our overall understanding of the barriers to fundraising by unknown, distant, unfamiliar people via internet platforms that continue to decrease as technology evolves. The option to use online crowdfunding platforms has removed the traditional geographical constraints around fundraising for a cause. No longer are donations expected to be collected by local church fundraisers or ticketed events or shared by nearby friends and neighbours. Crowdfunding platforms have brought forward funding opportunities from a global market, essentially making their reach limitless. With the simple click of a button, a financial ask can be opened up to a limitless network, which places a significant focus on the need to get one's campaign narrative 'right' in order to attract donors. Chapters 2 and 3 offer a glimpse into the energies and effort campaigners go to share personal details with others in the hopes of reaching their own financial goals.

4.4 Future research directions

The research from this thesis employed qualitative methods using crowdfunding data and drawing from frameworks in health geography. The two analyses identify several knowledge gaps that still remain regarding online crowdfunding. In order to address these knowledge gaps, a combination of methods and conceptual frameworks can be meaningfully used in future research. In this section, I consider three such future directions: (1) the areas of research for which crowdfunding data can be valuable, (2) to

what extent the inherent equity bias exists on online crowdfunding platforms, and (3) how the uses for crowdfunding vary geographically based on the social services available to users.

I believe that future research should continue to explore the ways in which online crowdfunding data can assist in answering research questions. More specifically, researchers can use crowdfunding campaign narratives with qualitative methods bring forth understandings of under-researched or under-represented groups. These narratives tell deeply personal details of the lived experiences campaigners are facing. Additionally, narratives often tell stories of people who have exhausted their previous funding options, using crowdfunding as a last resort. Further investigations can explore why other services were not adequate for fulfilling their needs. Online crowdfunding campaigns contain not only qualitative but quantitative data such as the number of shares, donors, and donor amounts. Geographical data including location of the donation recipient are also provided. Such information allows for the potential of novel spatial analyses and other quantitative approaches. The quantitative and qualitative data available in these campaigns should be further explored to bring it to bear in future research projects.

Another area worthy of more research is the equity of crowdfunding. Previous studies argue that those with affluent networks are more likely to succeed in the crowdfunding space, and yet Chapters 2 and 3 show the vulnerability people experience when they cannot meet their financial needs and do not directly know people who can assist them. Meanwhile, campaigners with strong personal networks and high socio-economic status tend to have a greater advantage in online environments, being equipped to write well-structured and compelling campaign descriptions (Snyder, Mathers & Crooks, 2016; Paulus & Roberts, 2018). Although it is promoted as an equal opportunity for all, people who are crowdfunding for stigmatized reasons or who are socio-economically marginalized are more likely to experience less fulfilment of their financial target when crowdfunding online. While access to crowdfunding platforms may be reasonably equitable, success in crowdfunding is not.

Finally, this thesis has shown that crowdfunding campaigns can be used to explore place-based needs, and this is something that should be explored further. In Chapter 2, our analysis focused on Canadian campaigners and the interconnectedness of their poor health and housing experiences. In the Canadian context, campaigners had access to a publicly funded health care system and a variety of governmental acts that protect the right to housing. Canadians also have access to a variety of social services designed to assist with those experiencing poor health and housing. In Chapter 3, campaigns were focused on American students' intentions to engage in a transnational medical education by attending an offshore Caribbean medical school. Our findings tell their struggles to access tuition funding at home and reinforce the difficulty to be accepted into a US domestic medical program. I recommend that further research is done to dive deep into the ways in which campaigners globally feel defeated by the systems put in place to help them that ultimately lead them to crowdfunding.

Additional References

1. Agrawal AK, Catalini C, Goldfarb A. The geography of crowdfunding. National bureau of economic research; 2011 Feb 25.
2. Breedlove E. The History of Crowdfunding. July. Available at <https://eventyspartners.com/blog/the-history-of-crowdfunding>. 2018.
3. Briggman S. Crowdfunding personal expenses: Get Funding for Education, Travel, Volunteering, Emergencies, Bills, and more! Briggman; 2016.
4. Dressler G, Kelly SA. Ethical implications of medical crowdfunding: the case of Charlie Gard. *Journal of medical ethics*. 2018 Jul 1;44(7):453-7.
5. Dummer TJ. Health geography: supporting public health policy and planning. *Cmaj*. 2008 Apr 22;178(9):1177-80.
6. Eckhert NL. Perspective: private schools of the Caribbean: outsourcing medical education. *Academic medicine*. 2010 Apr 1;85(4):622-30.
7. Elliott SJ. 50 years of medical health geography (ies) of health and wellbeing. *Social Science & Medicine*. 2018;196(C):206-8.
8. Ensor T, Cooper S. Overcoming barriers to health service access: influencing the demand side. *Health policy and planning*. 2004 Mar 1;19(2):69-79.
9. Gregory D, Johnston R, Pratt G, Watts M, Whatmore S, editors. *The dictionary of human geography*. John Wiley & Sons; 2011 Sep 23.
10. Johnston RJ. *The dictionary of human geography*. In *The dictionary of human geography*. 1981. Basil Blackwell.
11. Kearns R, Collins D. Health geography. A companion to health and medical geography. 2010:15-32.
12. Kearns R, Moon G. From medical to health geography: novelty, place and theory after a decade of change. *Progress in Human Geography*. 2002 Oct;26(5):605-25.
13. Kearns RA, Gesler WM, editors. *Putting health into place: landscape, identity, and well-being*. Syracuse University Press; 1998 Jun 1.
14. Kim K, Hann IH. Does crowdfunding democratize access to capital? A geographical analysis. *SSRN Electronic Journal*. 2013:1-35.

15. Llorente R, Morant M. Crowdsourcing in higher education. In *Advances in crowdsourcing 2015* (pp. 87-95). Springer, Cham.
16. Marmot M, Wilkinson R, editors. *Social determinants of health*. Oup Oxford; 2005 Oct 13.
17. Mollick E, Robb A. Democratizing innovation and capital access: The role of crowdfunding. *California management review*. 2016 Feb;58(2):72-87.
18. Mollick, E. (2014). The dynamics of crowdfunding: An exploratory study. *Journal of Business Venturing*,29(1), 1-16.
19. Morgan J, Crooks V, Snyder J, Pickering J. “They don’t have the history and the stature:” examining perceptions of Caribbean offshore medical schools held by Canadian medical education stakeholders. *Canadian medical education journal*. 2018 Jul;9(3):e56.
20. Paulus TM, Roberts KR. Crowdfunding a “Real-life Superhero”: The construction of worthy bodies in medical campaign narratives. *Discourse, Context & Media*. 2018 Mar 1;21:64-72.
21. Preamble to the Constitution of WHO as adopted by the International Health Conference, New York, 19 June - 22 July 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of WHO, no. 2, p. 100) and entered into force on 7 April 1948.
22. Public Health Agency of Canada (2016)
23. Rosenberg, M. (2016). Health geography II: ‘Dividing’ health geography. *Progress in Human Geography*, 40(4), 546-554.
24. Rosenberg, M. (2017). Health geography III: Old ideas, new ideas or new determinisms? *Progress in Human Geography*, 41(6), 832-842.
25. Rosenberg, M. (2017). Health geography III: Old ideas, new ideas or new determinisms? *Progress in Human Geography*,41(6), 832-842.
26. Rucks-Ahidiana Z, Bierbaum AH. Qualitative spaces: Integrating spatial analysis for a mixed methods approach. *International Journal of Qualitative Methods*. 2015 Apr;14(2):92-103.
27. Saleh SN, Ajufo E, Lehmann CU, Medford RJ. A Comparison of Online Medical Crowdfunding in Canada, the UK, and the US. *JAMA network open*. 2020 Oct 1;3(10):e2021684-.

28. Schwienbacher A, Larralde B. Alternative types of entrepreneurial finance. In *The Oxford Handbook of Entrepreneurial Finance* 2012.
29. Shankar PR, Dubey AK, Nandy A, Herz BL, Little BW. Student perception about working in rural United States/Canada after graduation: a study in an offshore Caribbean medical school. *F1000Research*. 2014;3.
30. Snyder J, Mathers A, Crooks VA. Fund my treatment!: A call for ethics-focused social science research into the use of crowdfunding for medical care. *Social Science & Medicine*. 2016 Nov 1;169:27-30.
31. Snyder J, Zenone M, Crooks V, Schuurman N. What medical crowdfunding campaigns can tell us about local health system gaps and deficiencies: exploratory analysis of British Columbia, Canada. *Journal of medical Internet research*. 2020 May 22;22(5):e16982.
32. Vox F, Folkers KM, Turi A, Caplan AL. Medical crowdfunding for scientifically unsupported or potentially dangerous treatments. *Jama*. 2018 Oct 23;320(16):1705-6.
33. Wheat RE, Wang Y, Byrnes JE, Ranganathan J. Raising money for scientific research through crowdfunding. *Trends in ecology & evolution*. 2013 Feb 1;28(2):71-2.
34. Zhang X, Lyu H, Luo J. What Contributes to a Crowdfunding Campaign's Success? Evidence and Analyses from GoFundMe Data. *arXiv preprint arXiv*