

**Towards a Political Science *with* Public Health:
Results of a workshop on *Integrating Science and Politics for Public Health*, Toronto, June 2019**

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Public health is inherently political. Although this has long been understood by public health actors, the tools and insights of political science are critically underutilized in public health research. While political scientists increasingly examine public health issues, and public health scholars have begun to appreciate the contributions of political science, the overall result has been something of a stalemate. This stems in part from divergent understandings of ‘politics’ and ‘evidence’. A large body of work in the field of public health has emphasized the importance of bringing scientific evidence into policy decisions through increasingly more sophisticated processes of knowledge translation and exchange, with political forces and interests sometimes represented as obstacles to be overcome. Political scientists see politics as intrinsic to the task of policymaking. While acknowledging the importance of scientific research, they emphasize the contested nature of what constitutes evidence, the value of diverse knowledge sources, and the multiple considerations that decision-makers must balance in representative democracies.

The emerging field of ‘public health political science’¹ seeks to integrate the concepts, theories, and methods of political science into the study of public health, with the objective of advancing both fields. In particular, a political science *with* public health² joins a commitment to the broader public health project with a nuanced account of the role that both politics and scientific evidence do – and do not – play in public health policymaking. Political science *with* public health thus tries to find ways to reconcile the realities of politics with the goals of public health. It attempts to improve on several common trends in existing research: public health studies that either do not integrate relevant political science concepts or use them instrumentally, and political science studies that use public health only as an illustrative case study or critique the public health field’s understanding of concepts such as politics, power, and institutions without offering a constructive and engaged alternative.

We recently convened a [workshop](#) to discuss the intersection of public health, political science, and the role of evidence in policy. Our goal was to bring together a group of scholars with shared interests and concerns and begin to develop a research agenda. The workshop used contributors’ research in this space as a springboard for exploring the potential content and contours of collaborative work that would advance public health political science. Examples of the topics discussed include the role of deliberative mechanisms in creating and interpreting evidence for public health policy more democratically; the politics of evidence utilization during pandemics; the role of parliamentary committees in generating policy evidence on public health issues; and the strategies that public health actors use to bring evidence into the policy process at the local level.

¹ Greer, Scott L., Marleen Bekker, Evelyne de Leeuw, Matthias Wismar, Jan-Kees Helderma, Sofia Ribeiro, and David Stuckler. “Policy, Politics and Public Health.” *European Journal of Public Health* 27, no. suppl_4 (October 1, 2017): 40–43. <https://doi.org/10.1093/eurpub/ckx152>.

² This phrase and many of the ideas it encompasses were inspired by Mykhalovskiy, Eric, Katherine L. Frohlich, Blake Poland, Erica Di Ruggiero, Melanie J. Rock, and Leigha Comer. “Critical Social Science *with* Public Health: Agonism, Critique and Engagement.” *Critical Public Health*, May 13, 2018, 1–12. <https://doi.org/10.1080/09581596.2018.1474174>.

The workshop discussions identified three near-term objectives for the field of public health political science. First, there is a need to develop a common language and understanding between political science and public health. Neither field is a unitary or homogeneous enterprise, and embracing that complexity is key to learning from each other and moving the political science *with* public health agenda forward. Just as public health could sometimes do with more nuance when talking about concepts like ‘politics,’ ‘ideology,’ and ‘evidence,’ political science must avoid caricaturizing and conflating public health scholars’ and actors’ perceptions of politics. For example, there are many ways of understanding political issues, including by practitioners, that cannot be reduced to being knowledgeable about theories of the policy process – and political scientists could stand to learn from public health actors’ frontline experiences. To achieve such cross-disciplinary learning, we need more sustained and engaged collaborations between political science and public health as well as more cross-publishing of joint efforts in the journals of the respective disciplines, which would increase each field’s understanding of what the other does and can offer.

Second, there is a need to build on both the complementarities and differences between public health and political science. As an example of complementarity, most who work in public health research have a desire to influence public policy in one way or another. To do this, a broader and deeper understanding of what motivates and influences policymakers to adopt public health promoting policies is essential. Such analyses are at the core of political science. A key difference concerns how the fields typically think about evidence. Our goal is to engage productively with this difference so that we do not lose sight of the importance of scientific evidence, the contributions of randomized control trials and systematic reviews, or the value of technical expertise. At the same time, it is critical to also find ways to leverage political scientists’ understanding of democratic institutions and the politics of evidence in order to generate an account of public health that reconciles the role of scientific evidence with the essential political considerations of democratic states. A productive engagement with this core difference would therefore ask, how can evidence be produced and used in more democratic ways, and how can institutions of representative democracy incorporate valid scientific evidence into their decisions more effectively and systematically?

Finally, we need to broaden the conversation. Most of the contributors to this workshop are researchers whose work primarily focuses on high-income countries in the Global North. While this opens up opportunities for much-needed comparative work, we recognize the critical importance of a diversity of voices, contexts, and experiences in building this conversation and field of work. This is also true from a disciplinary and professional perspective. We very much welcome the views of our colleagues in all walks of public health and politics on what public health political science should look like. We also seek to build on existing and emerging work in public health, and in particular global public health governance, that is informed by international relations, political theory, theories of the policymaking process, and models of welfare state regimes, among others. Therefore, the participants in the workshop are committed to broadening the conversation and developing new collaborations in the space of a political science *with* public health. In the near term, we plan to publish some of the research presented at the workshop in an edited volume, and to follow this up with a wider call for papers that would come together as a special issue of a journal. We also plan to convene periodic meetings of interested scholars, with the next meeting tentatively scheduled to take place in 2020. We are additionally considering other vehicles to develop and disseminate research that advances a political science *with* public health. We look forward to continuing this conversation. If you are interested in contributing, please contact Patrick Fafard, Associate Director of the Global Strategy Lab (Patrick.Fafard@globalstrategylab.org).

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