National Collaborating Centre
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STATE OF COURSE OFFERINGS AND RESEARCH IN CANADIAN UNIVERSITIES

REPORT | APRIL 2009

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ABOUT THE NATIONAL COLLABORATING CENTRE FOR HEALTHY PUBLIC POLICY

The National Collaborating Centre for Healthy Public Policy (NCCHPP) seeks to increase the expertise of public health actors across Canada in healthy public policy through the development, sharing and use of knowledge. The NCCHPP is one of six Centres financed by the Public Health Agency of Canada. The six Centres form a network across Canada, each hosted by a different institution and each focusing on a specific topic linked to public health. In addition to the Centres' individual contributions, the network of Collaborating Centres provides focal points for the exchange and common production of knowledge relating to these topics.

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We would also like to thank the many respondents who were generous with their time in answering our questions. Without their contribution, this study would not have been possible.

FOREWORD

The role of the National Collaborating Centre for Healthy Public Policy (NCCHPP) is to increase the expertise of public health actors across Canada in healthy public policy through the development, sharing and use of knowledge, which includes clarifying the best strategies to use. More specifically, the NCCHPP seeks to make work from the different disciplines of the social sciences available to public health actors. This bridging role between public health and the social sciences is achieved in a variety of ways. One method is to solicit the contributions of researchers made in their respective domains. Another is to employ the conceptual models developed, for example, in analyses of public policies in order to determine their relevance to the analysis of healthy public policies.

To this end, it is important for the NCCHPP to identify the work of social science researchers working in the domain of health across Canada.

For this exploratory study, the NCCHPP collaborated with Nicole F. Bernier, a political scientist and researcher at the Département de médecine sociale et préventive de l'Université de Montréal (the Department of Social and Preventive Medicine at the University of Montréal) who came up with the idea and the framework for this study. The objective of this project was to examine how health policy issues are integrated into course offerings and research agendas in Canadian political science departments.

One key finding from this project is that the health policy research conducted in these departments focuses on the health care system and health policy-making processes. To carry out a more thorough study of health policy research currently underway in Canada, a more comprehensive inquiry would be required, one that would use a broader definition of health and would examine health determinants and healthy public policy as they apply to a larger concept of health, such as that used by the World Health Organization (WHO). This broad definition of health, which states that "health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity,"* implies that health is not only determined by medical or biological factors; social factors also have a significant impact. It follows that various types of health policy analysis are possible, and this expands the range of potential research fields.

* Preamble, Constitution of the World Health Organization, 1948, http://www.searo.who.int/EN/Section898/Section1441.htm, accessed on September 7, 2007.

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INTRODUCTION

This 2007 exploratory study was conducted to examine the contribution of political science departments to the study of health policy in Canada. The first phase of our project consisted of a systematic scan of political science departments at universities across Canada to identify currently offered courses that are principally or partially focused on health and identify the political science researchers who have studied health. By cross-referencing two lists accessed via the Canadian Political Science Association and the Association of Universities and Colleges of Canada, 56 political science departments were identified. Our repertoire was created by examining the official websites of all the political science departments.

The courses that addressed health policy fell into two categories. First, there are the specialized health courses, where health policy is the focus and where the word “health” is clearly stated in the title of the course. In total, 26 specialized health courses were identified. Second, there are those health-related courses that stated health as one of the subjects that would be covered during the semester. It was impossible to systematically identify all the courses in this second category because, in order to determine which issues were to be covered during the semester, we had to examine the course syllabuses, which were not always available online.

The examination of departmental websites also gave access to information on the research interests of faculty members. Our identification and selection of political scientists conducting health policy research was made on the basis of whether or not the word “health” appeared in the researcher’s research agenda, present or past research projects, or publications. The academics identified in the repertoire include full-time professors in political science departments. Associate professors, cross-appointed professors and adjunct professors were also included in order to have a more complete picture of who is conducting health policy research in Canada. This made it possible for us to identify 39 Canadian political scientists conducting health policy research.

The second phase of the project consisted in learning how political science departments integrate health policy issues into their research agendas. Phone interviews, lasting approximately 40 minutes, were conducted with 15 researchers conducting health policy research and 2 department chairs[1] in 17 Canadian political science departments. The goal of these interviews was to learn more about the potential interests, opportunities and challenges involved in providing specialized courses in health and in pursuing health policy research in political science departments.

Considering the time allocated to this project, not all respondents identified in the initial repertoire were contacted. Three non-exhaustive criteria were used to select respondents. Initially, researchers stating health as their main research focus were selected by using the information available on departmental websites. Also, in order to obtain a complete picture of

[1] At the beginning of the project, many departmental chairs were contacted for the interviews. Most of these academics were not comfortable with the research subject and therefore preferred to decline the invitation to participate in the project.

political science and health policy analysis in Canada, potential respondents in all provinces were contacted. We were able to speak to respondents in every province except Prince Edward Island and British Columbia. Finally, to draw a realistic portrait of the Canadian reality, academics were selected from departments offering specialized health courses as well as from departments that do not offer specialized courses.

It is important to keep in mind that the information that was gathered for this report reflects the opinions of the people interviewed, and thus is not an accurate measure of reality but rather a portrait based on the opinions of our respondents.

1 COURSES

1.1 SPECIALIZED HEALTH COURSES OFFERED IN POLITICAL SCIENCE DEPARTMENTS

The aim of this section is to examine the availability of specialized health courses in political science departments and also the factors that determine how these courses are integrated into the various departments. Although health-related courses are part of the repertoire, the need to have a clear and reliable picture of how health policy is currently being examined in political science departments made it necessary to refer only to specialized health courses in our discussions with respondents.

Generally speaking, not many specialized health courses are offered in political science departments across Canada. As would typically be the case in other disciplines, most of the specialized courses that are offered are graduate-level courses, more specifically at the master's level. In a few political science departments, courses offered are cross-listed with other faculties, mainly with faculties of medicine.

Another trend is that most of the courses are offered in the larger centres, primarily in Ontario and Québec.

Certain professors, however, have found ways to compensate for this limited number of specialized health courses by integrating health issues into their broader courses. Many professors integrate health into courses on Canadian federalism, intergovernmental relations, comparative federalism and social policy. Every respondent conducting health research or interested in the health field said that they always touch on health in their broader teachings.

Also, in many political science departments, there are "special topic" courses, in which the topic changes every year. Professors have from time to time used the special topic course to examine health issues.

A breakdown of the distribution of specialized health courses by province and region will be presented in Appendix A.

1.2 SPECIFIC FACTORS THAT DETERMINE SPECIALIZED HEALTH COURSE OFFERINGS

This section will summarize respondents' views of the main obstacles and facilitators to developing specialized health courses in political science departments.

1.2.1 Obstacles

Although not specific to political science, the department size, the presence of researchers interested in the field, actual department interest and students' requests all play important roles in course curricula. On the other hand, the separation of political science and public policy analysis specific to this field limits the number of courses offered.

Department size

According to most respondents, the main obstacle to offering specialized health courses in political science departments is the size of the department. To be representative of the discipline, departments need to offer core courses, and so there is a broad range of courses that cannot be developed by smaller departments. A researcher from a smaller department said that "Since my department is expected to cover four subfields in political science – Canadian politics, comparative politics, international relations and political philosophy – there is not a lot of room for highly specialized courses to be developed."

Presence of political scientists doing health research in the department

The majority of respondents said that in order to develop specialized health courses, the department must have someone conducting health research. For many respondents, the relatively small number of political scientists working on health issues in political science departments makes it harder to develop courses focused on health. Thus one of the greatest obstacles to developing specialized health courses is the lack of a faculty member who can teach such courses.

The majority of the people questioned felt that there are many political scientists interested in health policy research, but they are often teaching in other faculties. "If political scientists that are interested in health are actually doing their work outside political science departments, then they are teaching their courses elsewhere."

So the lack of specialized courses in health is perhaps less related to the limited number of political scientists working on health issues; rather it is a reflection of the fact that people are conducting health policy research in departments other than political science.

According to various respondents, there are political scientists conducting health research in the social sciences (sociology, history, economy, management, public administration and schools of public policy), in faculties of medicine (health administration, nursing, health management), and in collaborative programs.

Interest from the department

In order to develop specialized courses, there needs to be an interest shown by the department. This depends largely on the specific interests of the political scientists in a given department; beyond the core courses, the more specialized courses reflect the interests of faculty members.

A few respondents mentioned that "the departments are basically dominated by theorists and, because of this, they don't really have an interest in developing specialized health courses, because these courses are often viewed as too applied." Since political science departments tend to be more theoretical than applied, it can be difficult to develop these specialized courses.

Students' requests and interests

Another obstacle to offering specialized courses is that they need to have a broad appeal to students. The more specialized the course, the more difficult it is to interest a significant number of students. As one respondent mentioned, "just narrowing courses to health makes it difficult to get sufficient registrations and thus impossible to offer." This is particularly true in smaller departments.

Respondents said that there is an interest in health policy courses among political science students, but it is small. Professors have not had a large number of students to supervise at the graduate level. Some academics were concerned about this low level of interest on the part of students. "In society in general there is a growing need not only for basic knowledge but also a need for more complex knowledge about the healthcare system. Political science has to get students interested if they are to become the kind of scholars able to deliver this knowledge."

It is interesting to note that many respondents mentioned that students in health programs are very interested in health policy courses. In fact, the majority of respondents felt that these students seem to have more interest in health policy courses than political science students. Respondents also mentioned that many health workers take health policy courses.

Political science versus public policy analysis

A few respondents mentioned that the lack of specialized health courses can be partly explained by the separation of public policy and political science in Canadian universities. At the graduate level in many universities, public policy is being taught outside political science departments.

A few respondents said that although political science departments do not have many specialized health courses, quite a few are offered in schools of public policy. These people also mentioned that there are more requests from students to develop specialized health courses in schools of public policy than there are in political science departments. In fact, at Queen's University, the "emergence of specialization in health policy in the School of Policy Studies was directly related to student demands."

1.2.2 Facilitators

Topic currency

Many respondents felt that when health becomes an important political topic, there is more room to develop health-related courses. For instance, many respondents said that during the Romanow Commission, because health was being discussed and debated at the political level, they were able to address health issues in their classes. Also, some professors taught a health-related course within the confines of a special-topic course. Because health was a high priority at the time, a few departments felt that they needed to have a course on the topic or use it in case studies.

Scholarly entrepreneurs

In many cases where there are specialized courses in health, it takes “scholarly entrepreneurs” to integrate these courses into the department curriculum. Professors that were able to develop a specialized course in health had to sell it to their dean and to the department. Some of them had to lobby for a long period of time in order for the course to be accepted. In order for these “scholarly entrepreneurs” to be successful in their endeavours, there needed to be a certain departmental openness to the idea.

Department support for interdisciplinary studies

As mentioned earlier, one way to offer specialized health courses in political science departments is to cross-list courses with other departments. In order to develop those partnerships, the department has to be willing to develop an interdisciplinary curriculum with other faculties.

Some professors have received considerable support from their departments, and this has made it possible to develop these courses and acquire the requisite resources. For instance, one university assembled a number of joint chairs in Arts and Medicine, which made it possible to cross-list courses.

While some professors have been able to develop these partnerships, some respondents felt that political science departments are not always open to this kind of collaboration. Some professors find it hard to cross-list with faculties of medicine because political science departments tend to be more interested in traditional partnerships, such as those with economics, history or philosophy departments. This point is less relevant in the context of the social determinants of health.

2 RESEARCH

2.1 STATE OF HEALTH RESEARCH IN CANADIAN POLITICAL SCIENCE DEPARTMENTS

There are 56 political science departments across Canada, and 39 political scientists conducting health policy research were listed in these departments. Some of them are full-time professors in political science, while others share their time with other faculties. Much of the health policy research in political science tends to be found in the larger universities, most of which are in the central provinces.

You will find a more detailed breakdown of researchers by province and by region in Appendix B.

2.2 FACTORS THAT INFLUENCE THE INTEGRATION OF HEALTH POLICY RESEARCH INTO THE RESEARCH AGENDAS OF POLITICAL SCIENCE DEPARTMENTS

There are two factors affecting the integration of health policy research into political science research agendas: the theoretical orientation of the research and the prevalence of disciplinary research in Canadian political science departments.

Theoretical orientation of research in political science departments

The majority of respondents said that health policy has never really been a research priority in political science departments, mainly because health policy research is considered to be applied research.

One respondent summarized well the opinions of many others by saying that “health research is often not perceived very well in political science departments. It is considered to be very applied, in a field that places great emphasis on the importance of theoretical innovation just in terms of its relative value. For many political science departments, health research is near the bottom of the scale.” Consequently it can be a challenge for political scientists to integrate health policy research into political science department research agendas, because it is viewed as too applied.

Prevalence of uni-disciplinary research in political science departments

Many respondents recognize that political science departments tend to conduct mostly uni-disciplinary research. Many said that there is an established culture in which political science academics conduct much of their research without being part of large multidisciplinary research teams. They are not very interested in collaborative ventures and prefer disciplinary work.

At the same time, it is well known among political scientists that research in the health field tends to be multidisciplinary research. Many respondents felt that because health policy is such a complex issue–especially in light of the broadening definition of health–health policy research requires a combination of expertise in order to conduct effective research. As one academic said: “Health policy research is a mix of what you know about what is actually going on in the system, how much you understand the theory, and how you put all those

things together." Many respondents feel that health policy issues are complex, and that conducting multidisciplinary research is an excellent way to meet this challenge.

Furthermore, there seems to be a division among political scientists regarding the willingness to conduct multidisciplinary work. A lot of the respondents mentioned that the biggest obstacle for political scientists conducting health policy research is the culture of the "lone wolf investigator." This may become a real challenge because health research, mainly through health granting agencies, puts a strong emphasis on multidisciplinary research.

Besides the methodological challenges inherent in multidisciplinary research, political scientists are also faced with institutional challenges when trying to integrate multidisciplinary health policy research into political science research agendas. On the one hand, funding agencies promote interdisciplinary research in health, yet the institutions themselves in the universities are based on disciplines.

For instance, many respondents mentioned that the whole reward structure in political science departments is not favourable to multidisciplinary research. Some political scientists in political science departments are occasionally reluctant to participate in multidisciplinary projects because they feel that they will not be promoted or that their work will not be fully recognized. Because of the nature of authorship in political science, on a team of three researchers, an individual's work is only recognized as one third of a publication. So there is little incentive to work on multi-authored manuscripts.

For many respondents, because political science operates within a highly structured context that is mainly disciplinary, the challenge that researchers face with multidisciplinary research is how to work across existing structures and processes. This makes integrating multidisciplinary health research in political science research agendas more difficult.

2.3 FACTORS THAT FAVOUR OR HINDER POLITICAL SCIENTISTS CONDUCTING HEALTH POLICY RESEARCH IN CANADA

This section will summarize the respondents' views of the main obstacles and facilitators to developing health policy research in political science departments. Before examining these elements, it is interesting to highlight a tendency that crops up in the interview data. Even though this is not an exhaustive survey, distinctive patterns appeared to emerge from the interviews.

Among the people interviewed, there seem to be two kinds of political scientist conducting health policy research. There are those who study health policies as part of a broader research agenda: for instance, some are interested in federalism or public opinion, and health becomes part of their analysis. Then there are those researchers who have health policies as a main focus of their research agenda. These academics are mainly interested in health policies and tend to develop partnerships with people in other departments, such as health administration or public health.

The next few pages will summarize the obstacles and facilitators to conducting health policy research mentioned by these two groups of political scientists. A few suggestions as to what would benefit political scientists performing this kind of health research will also be presented.

2.3.1 Obstacles

Granting agencies

Evaluation process

One challenge that many respondents face in health policy research is related to the health granting agencies' evaluation processes. A majority of respondents felt that the research granting system through the Canadian Institutes of Health Research (CIHR) was weighted toward natural scientists, and that political scientists did not fare as well in securing research funding.

For many respondents, applying for health research grants is problematic, mainly because the evaluation criteria are so different from those at the social sciences granting agencies, sometimes placing political scientists at a disadvantage.

The overall feeling among researchers was that people dominating the decision-making process in the health granting agencies tend to come from a health services research background and often do not fully understand what political scientists are trying to achieve. The majority of respondents felt that this is a major challenge for the political scientist conducting research in health policy.

It is important to mention that a few respondents were satisfied with the mechanisms designed to help political scientists apply for health research grants. This minority felt that, from the start, CIHR has allowed social scientists with particular disciplinary perspectives to present their proposals and get a fair hearing from their peers.

Nature of the research that is funded

Another challenge with respect to granting agencies is related to the nature of research that is funded by health granting agencies. Several respondents felt that micro research, such as health services research or health impact evaluations, seem to get more funding than macro research.

Several academics felt that there are fewer opportunities for funding from health granting agencies when the focus of the research is at the system level. Because they have struggled to see where and how they could fit in to the suggested research themes, some have had to turn to social science granting agencies such as the Social Sciences and Humanities Research Council of Canada (SSHRC). A few respondents also mentioned that presenting grant applications to health granting institutes does not come naturally because they feel that these institutions will not fund research unless it is mainly dedicated to health. For these respondents, funding does not come from what are seen to be the standard facilitators, which are CIHR grants or other grants related to health institutes.

The prevalence of micro research in health research also poses a challenge for multidisciplinary research. Because their focus is on more macro-level issues, some political scientists find it difficult to become part of a multidisciplinary research team, and, as a result, find it difficult to secure funding for such research.

Numerous respondents felt that a better balance is required between the two types of research because "if you don't understand the politics, you won't understand healthcare in Canada." Thus for many, travelling between micro and macro research is essential in order to understand the bigger picture in the health field.

Data access

A majority of respondents believe that access to health-related data is also one of the main obstacles facing Canadian political scientists conducting health research.

Nature of the available information

Many said that most of the data collected by governments is related to health outcomes or health inputs, and political scientists tend not to have much need for this type of information.

“Since political scientists are more interested in the actual factors that influence public policy, they would be much more interested in data on public attitudes toward healthcare, public opinion data, newspaper content analysis coverage, etc. For instance, polls made by government have not historically been made easily available, they have never been archived in any systematic way, and it is not something that Statistics Canada does.” According to many respondents, “that is a whole area that is under-developed in health policy research in Canada.”

In other words, numerous academics felt that they did not have the kind of data that they needed to do their research.

Provincial information integration

Many respondents said that it can be difficult to do comparative work on Canadian healthcare systems because gathering data in each individual province can be a challenge. One researcher in particular felt that “even though CIHI [Canadian Institute for Health Information] continues to do some important work with regard to expanding a national database, the integration of databases remains a real challenge in many provinces.”

This situation poses a major problem of comparability of provincial behaviour, both in terms of resource allocations and resource flows.

Interview data

Many political scientists mentioned that it can be difficult to conduct health policy research when you need to conduct interviews either with policy makers or with people from the health sector.

Many said that it can be difficult for political scientists trying to understand what is going on in cabinet decisions, which are made behind closed doors. “When you touch on the politics of healthcare, it is very sensitive. A lot of the policy makers do not want to talk to you.”

One respondent said that “a lot of the ability to do the work in the health field depends on the ability to build trust relations between researchers and policy makers.” According to the interview data, many academics find it hard to develop these relationships and therefore hard to access this type of information.

For some respondents it is also a challenge to get people from the health sector involved in research projects. “It is sometimes hard to get people to talk to you and do interviews because people don’t always want you to know exactly what they are doing.” Thus some felt that this type of research can become problematic if you need to “speak truth to power.”

It is worth mentioning that only a minority of respondents felt that access to policy-makers and other health actors is relatively easy. What facilitated access for these people is their networking with individuals in the field, prior experience as political administrators, sitting on royal commissions, and being recognized as established researchers.

The problems encountered trying to access data via decision makers and health professionals highlights the fact that researchers need some kind of entrance to conduct interview-based health policy research. This can be a real challenge, especially for junior researchers conducting work on health policies.

Regional differences

Many respondents felt that health policy research is mostly conducted in the larger centres, especially in Ontario. According to the information gathered while creating the repertoire, it seems that 37.8% of academics conducting health policy research are based in Ontario. One researcher mentioned “that smaller institutions tend to be cut off, but not necessarily deliberately.” For instance, some academics from smaller universities believe that their name does not come up when there is a need for expertise.

An example of this type of exclusion is a researcher who tried to publish a paper in an American journal. The editor thought it was an interesting paper, but since it was only about Nova Scotia and not, for example, Ontario and Nova Scotia, they did not want to publish it.

There is also a certain language barrier between Francophone and Anglophone researchers. Even though this situation is not exclusive to health policy research, it was said to cause occasional problems for political scientists who venture into that field.

As one respondent mentioned, “most of the Francophone researchers publish in English, which makes it very easy for their Anglophone counterparts. The Francophone researchers who publish only in French still know what is going on through journals, but the same is not true of Anglophone researchers who don’t read French.” A few people said that they do not really know what is going on in Québec because they do not read French.

While this situation was said to be “something that individuals can surmount quite easily,” it is worth mentioning that this issue raises problems in the dissemination of research.

2.3.2 Facilitators

Some facilitating factors have helped political scientists conduct health policy research. They fall into four categories: diversity of the health field, development of population health, currency of the topic, and funding possibilities.

Diversity of the health field

Many political scientists feel that the health policy research field is a rich one because there are so many political issues surrounding healthcare – whether at the regional, provincial or federal levels – and therefore there are many potential areas of research. Some respondents also mentioned that the study of the social determinants of health creates opportunities and real interest for research in the field. Thus, the complexity of health policy and the several determinants of health encourage the development of health policy research by political scientists.

Development of population health

In recent years, the development of the field of population health has also contributed to opening the health policy research field not only to political scientists, but also to social scientists in general.

For instance, some respondents mentioned that population-based information utilization – such as the gathering of standardized information on all health regions in Canada – has made it possible to develop better information to feed into the decision-making process.

Some respondents also said that the development of population health as a lens through which policy makers see the healthcare system has opened the door to more health policy research by political scientists.

Topic currency

Many researchers believe that for the last decade, political science has benefited from a favourable context for the development of health policy research.

A good majority of respondents mentioned that discussions on the Health Accords, the Romanow Commission, and the Kirby report and the media coverage surrounding these issues have created a demand for information and thus a need for research and analysis. Some academics said that even though health was not their first research interest, they were drawn into the health policy research field because it was such an important political topic.

What has also helped some Canadian political scientists working on health policy is that during that same period, SSHRC targeted federalism grants and gave specific funds to federalism research. At that point, health was being dealt with at the federal level, so the fact that SSRCH tagged funding for federalism gave academics an entrance into macro-level research in health.

In summary, there is a sense among political scientists that health policy analysis on its own is not necessarily a natural focus for political science, but rather it becomes a focus once health becomes an important political question.

Even though these circumstances have facilitated the development of health policy research by political scientists, some academics feel there is a certain risk to studying a policy issue when it is such a popular issue. As expressed by one respondent: “There is a risk that these things are so fraught politically that you are going to do the study to reinforce a political agenda rather than to find out what is actually happening.”

The feeling of crisis in the healthcare system

A comment that came up often is that there is a sense of crisis in the Canadian healthcare system. Many felt that in the next few years Canada will have to make political decisions about the healthcare system: “We are reaching a point where we will have to make important collective decisions, and so policy analysis becomes even more important than in normal circumstances.”

There is also a recognition that in order to solve some of the problems in the healthcare system, significant amounts will have to be invested in research on the management, the organization and the functioning of the healthcare system rather than only on its clinical aspects. Thus the sense of urgency has also opened doors for health policy research.

Funding possibilities

Most of the respondents said that the shift in the last decade in political science toward health policy research has been in part caused by the availability of new research dollars. This comment from a respondent sums up the general opinion: “There has been a political willingness in recent years to bring on a stream of new money for health research beyond medical research. Some of this support has been through SSHRC with the *Health and Canadian Society* grant competition and CIHR with its health policy pillar.”

The creation of these two national institutions helped create more opportunities for political scientists to become interested in health policy and helped develop health research in political science.

2.3.3 How to encourage political scientists to conduct health policy research

According to respondents, there are three main ways to encourage the political science community to conduct more health policy research. They involve granting agencies, networks in political science and the development of collaboration with other researchers outside of political science.

Get granting agencies to be more favourable to political scientists conducting health policy research

Many mentioned that if the granting agencies want more social scientists involved in health policy research, they have to rethink their evaluation processes. The overall sense is that there needs to be a critical mass of political scientists sitting on the committees in order to

provide more political science input in the decision-making process. As a few respondents mentioned, “one lone voice doesn’t make a difference.”

One respondent added that SSHRC could have strategic grants for health policy-related research that would follow the SSHRC model rather than the CIHR model.

Another respondent said that political scientists conducting health policy research could benefit from access to tools for dealing with the application procedures of granting agencies, etc.

Build better research networks

Networks of political scientists working on health policy issues

Most of the respondents said that there is a great need for better research networks among political scientists working on health policies. People seemed to find the existing networks for political scientists in the health field quite weak, and stated that there are not many places to build these networks.

Many respondents mentioned that this situation was unfortunate, especially since health research funding agencies increasingly require collaborative research. There seems to be a great need to connect political scientists conducting health policy research through formal institutions.

Networks across disciplines

People who were open to multidisciplinary research also said that political scientists would greatly benefit from developing research networks with scholars not only in political science field but also from a variety of disciplines involved in health policy research.

Networks of political scientists and practitioners

Finally, many researchers mentioned that political scientists would benefit from developing networks with actors working in the health sector, because this would facilitate the exchange of information and perhaps make collaboration easier.

Despite that the majority of respondents felt there was a lack of networking among political scientists conducting health policy research, a small minority said that political scientists in this area communicate enough on a regular basis. These researchers felt that political scientists are able to discuss health policy issues through regular journals, meetings and the Canadian Political Science Association.

Develop better partnerships and collaborations in health policy research

Some academics feel that health policy analysis in general would benefit from having more exchanges between political science and other departments, mainly those in the faculty of medicine. It was mentioned that these department tend to put more emphasis on evidence-based information when examining health policies. As one respondent said, “people in population health or public health tend to have a predisposition to say, ‘Well we have the evidence, why don’t you make public policy? We know what makes people healthy, why don’t they just do this?’ ”

Thus health policy analysis, especially in the health field, would benefit from having more public policy knowledge. In this light, knowledge transfer becomes an interesting way to bring together evidence-based knowledge and public policy knowledge.

CONCLUSION

The purpose of this project was to understand how political scientists in political science departments deal with health policy research in Canada. By looking at what is being taught in terms of specialized health courses and by talking to respondents from different parts the country, we found definite trends emerging across the country, despite certain regional differences. It is important to keep in mind that the information presented in this report reflects the opinions of the people who were interviewed and is thus not an accurate view of reality. Rather, the information reflects expressed opinions.

The first section of this report highlighted the general lack of specialized courses in health offered by Canadian political science departments. This is explained in part by the limited number of political scientists conducting health policy research in political science departments. Because of a certain disinterest in health policy research in political science departments, some political scientists are conducting their research in other social science departments – in schools of public policy and also in faculties of medicine – and they are therefore giving their courses there. The relatively small number of requests from political science students for these courses also explains the few specialized health courses in political science departments.

In terms of research, over the past decade there has been growing interest among political scientists in the field of health policy research. A favourable context in the late 1990s and early 2000s, the diversity of the health field, the sense of crisis in the Canadian healthcare system, the emergence of new funding opportunities and the development of population health have all contributed to political scientists' growing interest in health policy research.

The theoretical orientation of research and the prevalence of uni-disciplinary research in political science departments may make it more difficult to integrate health policy research into political science department research agendas.

The most important challenge facing political scientists in the field of health policy research is related to health granting agencies. The evaluation processes were said to place political scientists at a disadvantage. Granting agencies' preference for micro research over macro research was also deemed a barrier for Canadian political scientists. Political scientists are also confronted with data access challenges in terms of the nature of the available information, the integration of provincial health information and the access to interview data. Regionalism issues were also mentioned as a problem, both in terms of where the research is being conducted and the language barrier between Francophone and Anglophone researchers.

Three main solutions were proposed to overcome these obstacles. Some respondents mentioned that granting agencies need to create better funding opportunities for political scientists conducting health policy research. There is also a need to implement better formal research networks for political scientists working on health policy issues. Finally, better partnerships and collaborations need to be developed in health policy research.

Overall, political scientists appreciate the value of frameworks produced in political science and applied to health policy analysis. There is an acknowledgment that political science brings with it a very important set of tools that can help make sense out of health policy challenges. But the institutions that academics rely on in political science departments do not always encourage political scientists' involvement in health policy research, and this forces them to go elsewhere to pursue their research. In this context, in order to fully understand how political science as a discipline deals with health policy analysis, we need look outside political science departments.

Another finding of this research is that political scientists seem to be more interested in health policy research that has a "health system" perspective. There seems to be a relative lack of interest in healthy public policy research and research on the social determinants of health in political science departments, as these issues were not raised in any significant way during the interviews. This situation could be explained by the type of questionnaire used. It would seem, though, that political scientists in political science departments view health policy research in terms of the health system and health services rather than in a perspective that considers a broader definition of health. It would therefore be interesting to discover which academics are interested in these questions, what kind of research they are doing, and the context in which they are conducting their work.

APPENDIX A

DISTRIBUTION OF SPECIALIZED HEALTH COURSES IN CANADIAN POLITICAL SCIENCE DEPARTMENTS

DISTRIBUTION OF SPECIALIZED HEALTH COURSES IN CANADIAN POLITICAL SCIENCE DEPARTMENTS

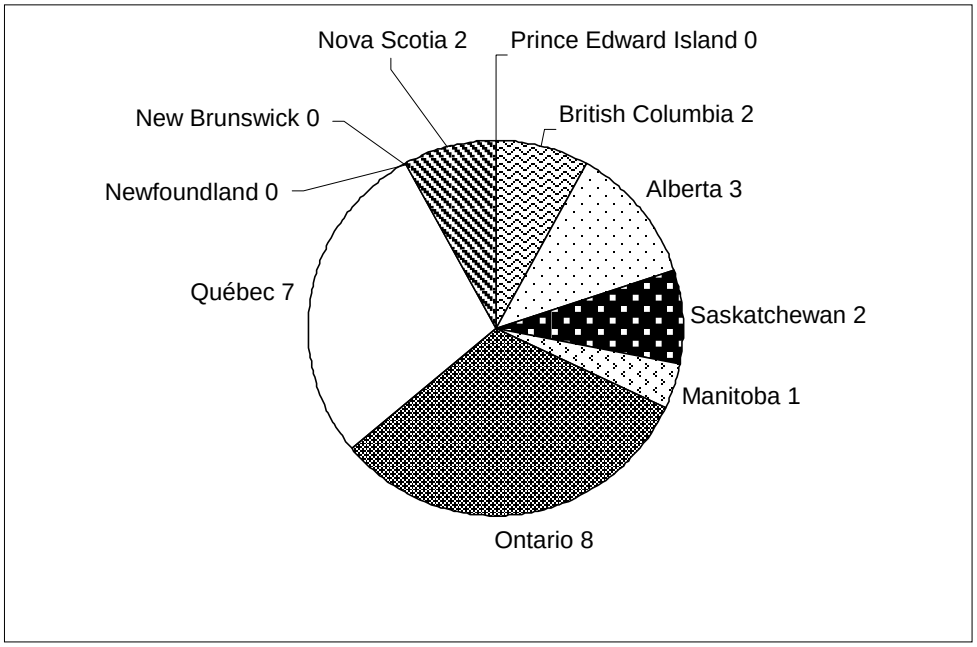

Figure 1 **Distribution of specialized health courses in Canadian political science departments, by province (in numbers)**

Note: Based on information available on political science departmental websites in May 2007.

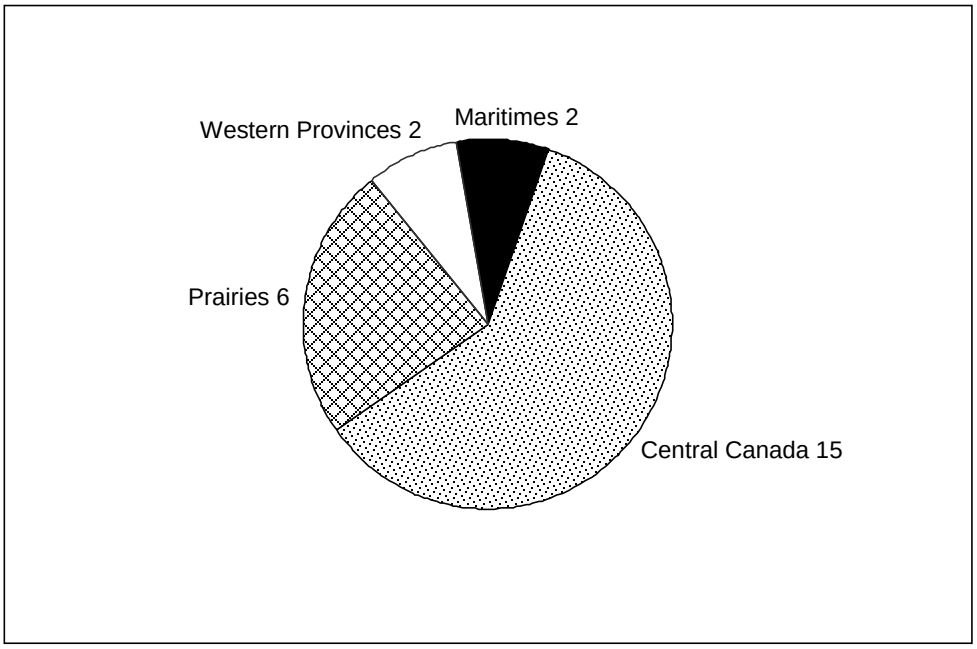

Figure 2 **Distribution of specialized health courses in Canadian political science departments, by region (in numbers)**

Note: Based on information available on political science departmental websites in May 2007.

APPENDIX B

DISTRIBUTION OF POLITICAL SCIENTISTS CONDUCTING HEALTH POLICY RESEARCH IN CANADIAN POLITICAL SCIENCE DEPARTMENTS

DISTRIBUTION OF POLITICAL SCIENTISTS CONDUCTING HEALTH POLICY RESEARCH IN CANADIAN POLITICAL SCIENCE DEPARTMENTS

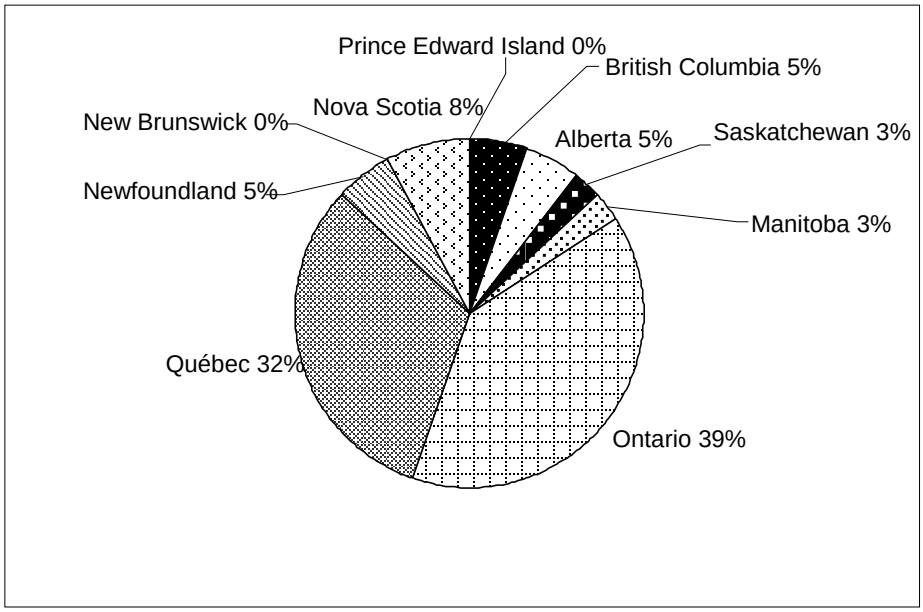

Figure 3 **Distribution of political scientists conducting health policy research in Canadian political science departments, by province (%)**

Note: Based on information available on political science departmental websites in May 2007.

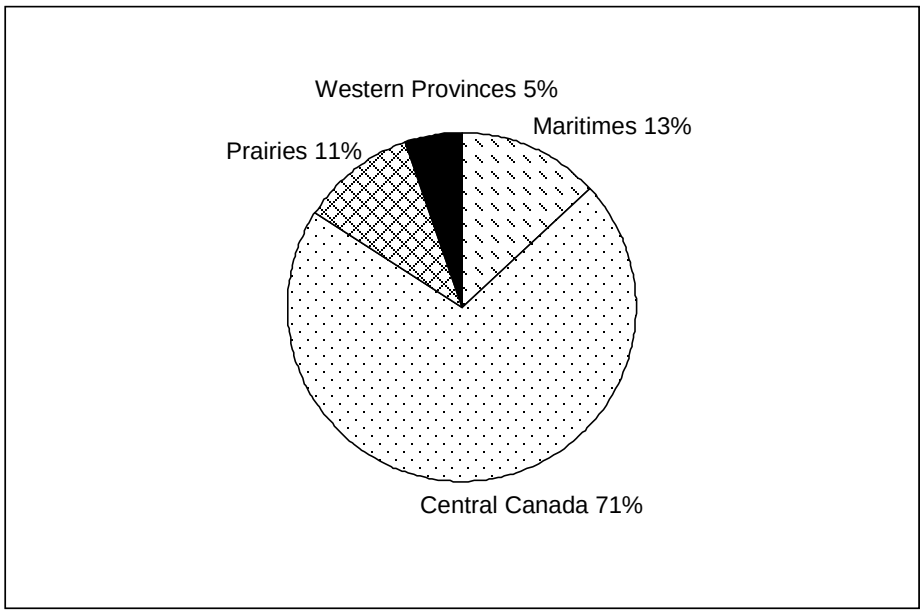

Figure 4 **Distribution of political scientists conducting health policy research in Canadian political science departments, by region (%)**

Note: Based on information available on political science departmental websites in May 2007.

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