Workshop Proposal Outline form
for prospective Workshop Directors for the ECPR Joint Sessions of Workshops

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Title of proposed Workshop:	Health and political behaviour

Outline of topic:	There is a growing recognition that "health and illness shape who we are politically" (Carpenter 2012, 303). The relationship between health and political behaviour is vitally important from both a scholarly and a policy-making perspective and yet political scientists have only recently begun to explore the connections. It is noteworthy that this topic has never been addressed in the ECPR joint sessions. Health status bears very directly on the problem of political inequality. Health disparities are already a major issue in the U.S. where elderly people, non-Whites and low-income people all suffer poorer health (U.S. Department of Health and Human Services 2011). Differences in personal health and wellbeing are increasing even in established welfare states such as the Nordic countries. At the same time, increased life expectancy means that post-industrial societies are experiencing a growth in the proportion of senior citizens whose health problems could impact their political behavior. Health disparities are likely to translate into unequal participation in politics. In their recent contribution, Pacheco and Fletcher (2015, 106) find that poor self-rated health in adolescence has an independent impact on the probability of voting, even controlling for socioeconomic status. In other words, health is not simply a marker of poverty. Given the correlation between self-rated health and parental health, their findings imply that health is an important factor in the inter-generational transmission of political inequality. Poor health raises the costs of participation for a number of reasons, making it more difficult to be politically active (Söderlund and Rapeli 2015, 32). Weakened health may hinder the acquisition of resources such as civic skills, time and money (Verba et al. 1995, 16, also Schur et al. 2013b, 92). Particularly when experienced at a young age, poor health may lead to lower employment and fewer financial resources (Adler and Ostrove 1999). Health problems may also limit opportunities for political recruitment by churches, voluntary associations, informal social networks and political organizations as poor health decreases involvement in social activities and group meetings (Denny and Doyle 2007a; Schur et al. 2013b, 130–131). The probability of being contacted by campaign organizations may also be lower because financial burdens related to ill health, including medical expenses and temporary or

permanent loss of employment, leave little cash for political donations (Pacheco and Fletcher 2015, 107). Finally, citizens with ill health may be less motivated to participate in politics because they feel less efficacious and because dealing with their condition requires a lot of mental effort which can reduce their capacity to follow politics (Denny and Doyle 2007a; Schur et al. 2013b, 93).

If those who suffer from ill health were distributed randomly throughout the population, any lack of political participation on their part would be less cause for concern. However, this is unlikely to be the case (Andersen and Armstead 1995). Accordingly, there is a real possibility that the unequal distribution of health problems may affect the inclusiveness and responsiveness of the political system. The finding that unequal voter participation at the state level is associated with poorer self-rated health in the United States, even controlling for differences in median income and income inequality, suggests that health policy may be skewed toward the interests of those who vote (Blakely et al. 2001). Indeed, a recent study shows that U.S. states spend less on health and have less generous Medicaid programs when there is a health bias in voter turnout (Pacheco 2014). Given the emerging evidence that health-related disparities in electoral participation have policy consequences, it is important to explore the issue attitudes of citizens whose health impedes their ability to participate in politics. Similarly, we need to understand how health disparities influence ideological orientations and party preference as well as the status of health on the political agenda.

The aim of this workshop is to advance research on the relationship between health and political behaviour by bringing together scholars who are addressing questions such as:

- How does health influence political efficacy, political interest and knowledge of politics?

- What impact does health have on turnout, party membership, campaign activism and/or extra-electoral forms of political participation?

- How does health influence ideological orientations and/or vote choice?

- How does health shape policy positions?

- Have the aging of the electorate and growing health disparities increased the salience of health as a political issue for voters?

- What are the causal mechanisms that underlie associations between health and political behaviour?

- What role do factors such as socio-economic status and social capital play in mediating these relationships?

	- How does the association between health and political behaviour vary depending on the institutional and political context? The workshop is associated with the research project "*Health and Political Engagement"*, funded by the Academy of Finland (2013–2017). The research team includes five members besides the director, professor Mikko Mattila (University of Helsinki). Professor Elisabeth Gidengil (McGill University), the vice-chair of the proposed workshop, is one of the international partners on the project.

Relation to existing research:	Despite some early interest in the connection between health and turnout on the part of political scientists (for a review, see Blank and Hines 2001, 91–93; Peterson 1990, 82–86), until recently the topic typically attracted more attention from scholars working in health-related fields. A number of these studies have reported statistically significant relationships between physical or mental health and voting. For example, people with poor general and mental health have been shown to be significantly less likely to vote in general elections in Britain and Ireland (Denny and Doyle 2007a, b). A series of studies have shown that people with disabilities are less likely to vote in U.S. elections (e.g. Schur and Kruse 2000, 2014; Schur et al. 2002, Schur et al. 2013a, b, Schur et al. 2015, Shields et al. 1998a, b, for a review, Ward et al. 2009). A region-level analysis of turnout in Russia, meanwhile, suggested that low turnout was associated with shorter average life expectancy (Reitan 2003). However, a Swedish study that explored the association between long-term sickness absence and non-voting found that the effect of sickness absence was not significant, possibly due to a small number of observations (Bryngelson 2009). Some public health researchers have reversed the direction of the relationship and explored the impact of voting on health. A British study, for instance, found a relationship between voting abstention in the 1979 general election and subsequent poor self-reported health in 1981, even when controlling for a variety of factors that could have influenced the health of abstainers (Arah 2008). However, these studies are typically not inferring that the relationship is causal; rather, they see voter turnout as an indicator of social capital (e.g. Kawachi et al. 1997; Kawachi et al. 1999; Mansyur et al. 2008). Political scientists have generally been slower to explore the impact of health on voter turnout. Smets and van Ham's (2013) recent meta-analysis of 90 studies published in ten top journals in political science between 2000 and 2010 found that 170 different independent variables were used to account for turnout and yet none of the studies addressed physical health and only three looked at mental health. However, this is rapidly changing. Using the data from the National Longitudinal Study of Adolescent Health, Pacheco and Fletcher (2015) show that even after controlling for socioeconomic status and other relevant correlates, an adolescent with excellent health had a seven percentage point higher probability of voting five years later than his/her peer with poor health.

Conversely, an analysis of data from the European Social survey covering 30 European countries found that poor self-reported health depresses turnout, particularly among older people (Mattila et al. 2013). This effect was partly explained by weaker social ties. Also a Danish study using government data on hospitalizations and official voting records found that declining health partly explains why senior citizens are less likely to vote (Bhatti and Hansen 2012; see also Bazargan et al. 1991; Goerres 2007; Peterson 1987; Turner et al. 2001).

Interestingly, the effect of poor health on turnout depends on the type, length and sequence of illness. A U.S. study based on the 2009 Behavioral Risk Factor Surveillance Survey indicates that after adjusting for sociodemographic characteristics and some health-related confounding factors, voters with heart disease are less likely to participate whereas having a cancer diagnosis actually increases the propensity to vote (Gollust and Rahn 2015). This somewhat surprising result suggests that there may be activating mechanisms, such as self-interest and social identity, that work differently depending on the specific chronic condition (ibid., 1121–1124). Using the 1998 General Social Survey and the National Longitudinal Study of Adolescent Health, Ojeda (2015) shows that depression suppresses turnout even after controlling for sociodemographic characteristics, church attendance, the strength of partisanship, general health, and happiness. It also finds that the negative effect of adolescent depressed mood is partially mediated through educational attainment and party identification and weakly mediated through social interaction with friends. The study by Mattila et al. (2016), based on individual-level register data containing information on sickness allowance episodes, in turn reveals that even a small number of sickness days experienced in the year preceding an election decreases voting, although the effect is modest. Furthermore, multiple sickness allowance spells over several years decreased the probability of voting more than health problems experienced only during the year prior to the elections.

It is clearly cause for concern if ill health makes it difficult for some citizens to exercise one of the most basic democratic rights by voting, but any analysis of political participation needs to look at other types of activity as well. Söderlund and Rapeli (2015) found that poor self-rated health in fact mobilizes to participate in certain types of activities, such as wearing a campaign badge/sticker, contacting a politician or public official, and taking part in a lawful demonstration. The authors suggest that this is due to two mechanisms (ibid., 36). On the one hand, people with ill health might prefer those activities that are most easily undertaken, such as wearing a political badge. On the other hand, because they have so much at stake, they might actively try to influence policy-making and thus select a high investment-high pay-off strategy. However, few other studies have analyzed the relationship between health and other forms of political participation (Chan and Chiu 2007; Peterson 1987).

Despite the growing number of studies, there is much that we do not know about the impact of health on people’s propensity to participate in

politics. Studies to date have provided evidence of an association between health and political participation but it is unclear whether the association is causal. A major challenge for political scientists, therefore, is to provide a deeper understanding of the causal connections between health and political participation and to test the hypothesized causal mechanisms using adequate data (see Pacheco and Fletcher 2015). Plausible mediating variables include resources, motivations and social networks. A diminished sense of political efficacy and trust in government may also play a role. There is some evidence of a connection between health and lower levels of political efficacy and perceived government responsiveness among older Americans (Peterson 1987) and people with disabilities (Gastil 2000; Schur and Adya 2013). Interestingly, a recent study of 18- to 29-year-olds Finns who suffered from multiple frequent, yet relatively mild, health symptoms found that low trust in health-related social security exacerbated the negative effect of poor health on voting (Lahtinen et al. 2015).

Second, little is known about the effects of conditioning factors. The relationship between health and political participation could well vary across countries depending on the welfare regime. First, the type of regime could influence the extent of health inequalities (Beckfield and Krieger 2009; Eikemo et al. 2008; Muntaner et al. 2011; Navarro and Shi 2001; Witvliet et al. 2012). The Scandinavian and Anglo-Saxon (Ireland and the United Kingdom) welfare regimes, for example, have smaller health inequalities than the Bismarckian (Germany, France, Austria, Belgium, the Netherlands), Southern European and Eastern European welfare regimes. Second, the welfare regime could influence how health affects participation in politics. The direction of the possible effects, though, is far from clear. Generous welfare provision could narrow participation gaps between the healthy and the unhealthy by equalizing opportunities and lowering the costs of participation, but it is also possible that a lack of adequate social supports could narrow health-related participation gaps in less generous welfare systems by mobilizing citizens with poor health. Denny and Doyle (2007a) uncovered an interaction between poor health and dissatisfaction with the Irish health service: unlike their healthy counterparts, people with poor health were actually more likely to vote if they were dissatisfied with the health service.

The possible effects of health on political behavior are not limited to participation. Several studies have uncovered a link between political ideology and/or partisanship and health. Again, much of this research has been spurred by an interest in public health. A number of ecological studies have demonstrated a positive association between voting for leftwing parties and mortality (Davey Smith and Dorling 1996, 1997; Dorling et al. 2001; Kelleher et al. 2002; Kondrichin and Lester 1999). These patterns have been variously interpreted as indicators of vertical social capital, proxies for social and political attitudes and a barometer of health status (Kelleher 2002; Kellerher et al. 2002).

What are more interesting from a political science point of view are the studies demonstrating an individual-level relationship between health

	and ideology and/or vote choice. For example, individual-level data from 29 European countries shows that people who place themselves further to the right are less likely to report that their health is poor (Subramanian et al. 2009; see also Huijts et al. 2010). A similar pattern has been reported in Japan (Subramanian et al. 2010). A study conducted in the United States reports that Republicans tend to be healthier than Democrats (Subramanian and Perkins 2010). The direction of causality is unclear, however. On the one hand, a greater sense of personal responsibility could motivate individuals with conservative values to engage in more health-promoting behaviors (Subramanian and Perkins 2010). On the other hand, people in poor health may be drawn to parties with a leftist ideology since they tend to support socially disadvantaged voters (Davey Smith and Dorling 1996). Political scientists have begun to investigate the relationship between health and party preference. Pacheco and Fletcher (2015) have shown that voters who report having excellent health are more likely to identify with the Republican Party. They point to the possible role of developmental factors such as genetics and the inter-generational transmission of both poor health and party identification, as well as views about policies to improve public health (ibid., 110). Clearly, a good deal of work is needed to understand the relationship between health and ideology and/or party preference. In particular, there is a need for studies that examine how changes in health status influence citizens' policy preferences and how these preferences, in turn, shape their party attachments and vote choice (Pacheco 2014). It has already been shown that healthy and less healthy or disabled citizens differ in terms of policy preferences, especially in the area of social benefits, healthcare and employment policies (Gastil 2000; Henderson and Hillygus 2011; Robert and Booske 2011; Schur and Adya 2013).This type of study is critical for untangling the direction of causality and specifying the causal paths. It would also be valuable to explore possible interactions between health, ideology and/or partisanship and political participation. Given that parties on the left are more likely to advocate for a strong role for government in the provision of health care, people with poor health may be more politically active if they have leftwing rather than rightwing attitudes. Similarly, people with poor health in countries with strong left parties may have higher levels of political participation than their counterparts in countries with strong right parties. Indeed, a multitude of intriguing hypotheses can be suggested. Now that political scientists are exploring the links between health and political behavior, it is a particularly opportune time to organize a workshop that can build toward a more comprehensive framework for the study of health and political behavior.

Likely participants:	Scholars from several disciplines and methodological backgrounds have been engaged in the study of health and political behavior. The workshop is thus expected to attract not only a wide range of political

	scientists interested in political participation, voting behavior, and political orientations and ideology, but also experts in fields such as health studies, disability studies, health sociology and social capital. The workshop thus has a genuinely multi-disciplinary focus. In selecting papers, the balance in terms of gender, seniority and scientific as well as geographical backgrounds will be taken into account.

Type of Papers required:	A wide range of papers that contribute to a deeper understanding of the relationship between health and political behaviour are welcome. Empirical papers can be based on quantitative data or qualitative data. They can focus on a single country or they can be comparative in character. The data can be drawn from post-industrial countries and developing democracies alike. The papers may utilize a variety of research designs and data sources, including individual-level surveys, register data and aggregate-level data from neighbourhoods, constituencies or countries. Papers from both seasoned scholars and younger scholars interested in exploring this important new area of research are encouraged. Besides political scientists, the topic is also of considerable interest to researchers in fields such as demography, public health, and disability studies. Accordingly, we welcome papers co-authored with researchers from these fields.

Funding:	If the workshop proposal is accepted, two related research projects funded by the Academy of Finland ("*Health and Political Engagement"*, led by professor Mikko Mattila, and "*Equality in Electoral Participation and Vote Choice*" led by academy researcher Hanna Wass) can make a modest contribution to the cost of organizing the workshop. Additional funding will be sought from Finnish private research foundations, the Centre for the Study of Democratic Citizenship at McGill University and the Social Sciences and Humanities Research Council of Canada. One of the aims of the *Health and Political Engagement* research project is to publish a special issue in a political science journal on the relationship between health and political behavior. The workshop would be an ideal venue to gather together researchers interested in the theme. The workshop papers can form a point of the departure for this special issue.

Biographical notes:	Elisabeth Gidengil is Hiram Mills Professor at McGill University. She is a fellow of the Royal Society of Canada and founding director of the Centre for the Study of Democratic Citizenship. Her research focuses on voting behavior and political engagement. A former member of the Canadian Election Study team, she has authored several books on Canadian voting behavior and political engagement. Her work has been published in journals such as *Perspectives on Politics*, *Politics & Gender*, *Political Communication* and *Comparative Political Studies*.

	Hanna Wass is an academy research fellow and university lecturer in the Department of Political and Economic Studies at the University of Helsinki. She is a member of the research project "*Health and Political Engagement"*, funded by the Academy of Finland, and the steering committee for the *Finnish National Election Study*, and the co-convenor of the ECPR standing group "*Public Opinion and Voting Behavior*". She has studied turnout and representation from various perspectives. Her work has been published in journals such as *Electoral Studies*, the *European Journal of Political Research*, the *Journal of Elections, Public Opinion & Parties and Parliamentary Affairs*. She is a co-author of the book "*Health and Political Engagement*", forthcoming in Routledge in 2017.

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