frontiers in Political Science

EDITORIAL
published: 09 March 2021
doi: 10.3389/fpos.2021.659374

Editorial: "Health and Political Behavior": Towards an Integrative Approach

Hanna Wass[1]* *and Elisabeth Gidengil*[2]

[1]Faculty of Social Sciences, University of Helsinki, Helsinki, Finland, [2]Department of Political Science and Centre for the Study of Democratic Citizenship, McGill University, Montreal, QC, Canada

Keywords: health, political behavior, political representation, policy responsiveness, inequality, mental health, disability, healthcare

Editorial on the Research Topic

Health and Political Behavior

Nearly ten years of intense study has established that health affects political behavior. It has become increasingly clear that "health and illness shape who we are politically" (Carpenter 2012, 303). Physical and mental health influence people's political interest and their sense of efficacy, electoral and other forms of political participation, ideological orientations, issue preferences and vote choice, and ultimately political representation and policy responsiveness. We have also learnt a lot about the complex cognitive, psychological, financial and social mechanisms that moderate and mediate these relationships, as well as how these relationships vary across countries and welfare regimes.

Much of the literature on health and political behavior to date has drawn either explicitly or implicitly on the civic voluntarism model (Verba et al., 1995). Poor health has implications for all three components identified as prerequisites for political participation: resources, motivation and recruitment. Beyond the civic voluntarism model, health has been identified as a noteworthy source of political inequality, its effects being reinforced by the inter-generational transmission of disadvantage, the unequal accumulation of wealth, descriptive asymmetries (e.g., gender, age, race), disability, and social exclusion. Having established its position as an important sub field within political science, scholarship in health and political behavior has reached the point where it would benefit from making more connections with other bodies of literature and a closer integration with a broader scientific community. This Research Topic aims to contribute to these objectives.

The five articles included in the Research Topic draw from literature on rurality and human capital (Cahil and Ojeda), economic and cognitive scarcity (McGuire et al., Couture and Breux), cultural stereotypes (Reher), and thermostatic policy representation (Bernardi). These rich theoretical perspectives are applied empirically using original and unique datasets (tailored questionnaires, hard-to-survey populations, time series of public opinion and public spending), and innovative research methods.

From one perspective, the results are depressingly familiar: health disparities reinforce existing power differentials. Poor health is often associated with poverty, a combination that frequently leads to political marginalization and a lack of government responsiveness to those with chronic or other health conditions. This applies particularly to mental health, which has never been a "big-ticket issue" in elections. Despite the prevalence of mental illness and its societal costs and despite high levels of support for spending among voters, public spending on mental health responds neither to policy-related problems nor to public opinion. Indeed, as Luca Bernardi points out in his article, mental health spending appears to be a case of policy misrepresentation.

OPEN ACCESS

Edited and reviewed by:
Ignacio Lago,
Pompeu Fabra University, Spain

***Correspondence:**
Hanna Wass
hanna.wass@helsinki.fi

Specialty section:
This article was submitted to Elections and Representation, a section of the journal Frontiers in Political Science

Received: *27 January 2021*
Accepted: *02 February 2021*
Published: *09 March 2021*

Citation:
Wass H and Gidengil E (2021) Editorial: "Health and Political Behavior": Towards an Integrative Approach. Front. Polit. Sci. 3:659374. doi: 10.3389/fpos.2021.659374

Yet, the findings of these articles are as empowering as they are discouraging. The articles identify important mechanisms that can counteract the politically marginalizing effects of poor health. Cahil and Ojeda suggest that participation in religious institutions can counterbalance lagging human capital by building civic skills, disseminating election-related information, and recruiting and mobilizing potential voters. These positive effects serve to offset the negative effects of poor health in rural communities. McGuire et al. show that low-wage earners with health insurance are more likely to vote than the uninsured regardless of their health status, a result that lends further justification to the expansion of Medicaid (cf. Corbo et al., 2020). Reher illustrates that contrary to what could be expected given cultural stereotypes of persons with disabilities, voters perceive disabled candidates to be more compassionate, honest, and hardworking than non-disabled candidates and more concerned about and competent to deal with issues such as healthcare, minority rights and social welfare. Drawing on Affective Intelligence theory (see Marcus et al., 2000), Couture and Breux illustrate how cognitive impairment in the form of mental stress can function as a driver for change in established political preferences and voting patterns.

The final article included in this Research Topic by Bernardi offers a blueprint for advancing the study of health and political behavior and integrating them into system-level analyses. While he is looking specifically at mental health, his message is loud and clear: we need to investigate when and why governments fail to respond to voters' demands for higher quality healthcare. To that end, three areas deserve in-depth attention in future studies: 1) What influences public opinion about issues relating to health and how do these issues emerge on the political agenda? 2) To what extent are policymakers influenced by stakeholders, civil society actors, the broader public and pressing health-related problems when setting policy? and 3) Whose interests are taken into account in health policy and what are the consequences for responsiveness and representation? The answers to these questions affect inputs, process and outputs (Schmidt 2013) and hence the legitimacy of the entire democratic system.

The COVID-19 pandemic has increased the political saliency of health-related issues. External shocks, like pandemics, may constitute a trigger for transforming societal structures, improving healthcare services and widening access to social benefits (e.g., Clemens 2007). At the same time, the COVID-19 emergency underlines the importance of health and puts health firmly on the scholarly agenda. Basic research conducted in the field of health and political behavior during the past decade has laid a solid foundation for this endeavor. What is needed now is a closer partnership with policy scholars and scholars working in other social science disciplines and the health sciences.

AUTHOR CONTRIBUTIONS

All authors listed have made a substantial, direct, and intellectual contribution to the work and approved it for publication.

FUNDING

The authors received financial support from the Strategic Research Council at the Academy of Finland (Grant Number 312710) and Le Fonds de recherche société et culture.

REFERENCES

Carpenter, D. (2012). Is health politics different? *Annu. Rev. Polit. Sci.* 15, 287–311. doi:10.1146/annurev-polisci-050409-113009

Clemens, E. S. (2007). Toward a historicized sociology: theorizing events, processes, and emergence. *Annu. Rev. Sociol.* 33, 527–549. doi:10.1146/annurev.soc.33.040406.131700

Corbo, A. M., Correa, S. Y., Greenberg, R., and Logan, P. (2020). Violence against the poor: the consequences of North Carolina's failure to expand Medicaid. Available at: https://law.unc.edu/wp-content/uploads/2020/06/MedicaidExpansion_final.pdf. (Accessed January 27, 2021)

Marcus, G. E., Neuman, W. R., and MacKuen, M. B. (2000). *Affective intelligence and political judgment*. Chicago, IL: University of Chicago Press.

Schmidt, V. A. (2013). Democracy and legitimacy in the European union revisited: input, outputand 'throughput'. *Polit. Stud.* 61 (1), 2–22. doi:10.1111/j.1467-9248.2012.00962.x

Verba, S., Schlozman, K. L., and Brady, H. E. (1995). *Voice and equality: civic voluntarism in American politics*. Cambridge, MA: Harvard University Press.

Conflict of Interest: The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.