

## Summary of Discussion: Values & Science Town Hall

IAPHS Annual Conference, October 3, 2023

Organizers: Christine Bachrach, Erika Blacksher, Kathie Harris, Anna Zajacova

Moderator: Erika Blacksher

Participants (n=16) were seated in groups of four at round tables. The organizers introduced the session and posed two questions for group discussion (see attachment). The full group participated in discussing the reports from each table. Additional input was provided by the IAPHS Racial and Social Justice Working Group.

Question 1: Consider two statements:

A) Population health science is dedicated to developing an integrated, cells-to-society, understanding of the production and distribution of health across and within populations.

B) Population health science is dedicated to producing evidence needed to achieve health equity within and across populations.

If we could choose *only one* to represent population health science, which should have priority and why?

None of the discussion groups could agree on giving one or the other statement priority, but individuals expressed various arguments supporting each and also arguing that a combination of the two statements is preferable.

### Priority for Statement A

Arguments in favor of giving the first statement priority included:

- It sounds more scientific, more direct and detailed about what population health science is actually doing.
- It's more neutral, less controversial, less value laden. Using value laden terms can be quite polarizing. B might not play well in red states, could hurt our organization.
- It underscores the value of basic science. Even if we are not approaching health equity in an applied fashion, we are understanding social determinants of health, understanding basic science processes. We might identify a social factor that impacts health outcomes, and it may indicate a barrier or lever we can pull in terms of an application down the line. Doing that basic work is important.
- A is broader than B because it doesn't limit population health to disparity and inequality. Do we want to say that people doing population health research without a specific equity focus are not doing population health science? Is equity the only thing we want? People can be equally healthy but all have bad health; what we want is human flourishing for everyone.

- (One person asked, since most of us don't walk the walk when it comes to working for equity in our personal lives, would defining this as a core element of population health science be hypocritical?)

### Priority for Statement B

Arguments in favor of giving the second statement priority included:

- Health equity is central to population health and can't be separated from it, so A and B are the same. What we care about is equalizing populations. Everyone in population health is motivated by an action goal. A focus on health equity distinguishes population health science from public health and other disciplines.
- B is clearer about its political stance and sense of purpose. There is no such thing as value-free science. Pretending that values don't guide our work isn't the best approach because population health isn't agnostic about inequality; it's by its nature political and controversial.
- It's perfectly fine for a population health science organization to focus on health equity. If someone says I don't believe in health equity so I'm not going to join, that's okay, they can take their work somewhere else.

### Priority for Neither Statement

Arguments in favor of giving neither statement priority included:

- A and B are different: A has a larger scope and a low "call to action." B has a narrower scope and a high call to action. Population health science should encompass both A and B, so neither statement suffices by itself. We need a statement that includes a basic science goal and some statement of what the science is for. For example: "Population health science is dedicated to developing an understanding of the production and distribution of health in order to achieve population health within and across populations."
- The field needs to be inclusive, attracting people who identify with A and those who identify with B. A continuum of science contributes to population health, ranging from understanding levels and distributions of health in a population, to identifying the causes of these patterns, to creating evidence that impacts change. Different people can specialize in different parts of the knowledge generation to application process and still all be doing population health science in a valuable way.

### Problems with Health Equity

We used "health equity" in statement B because it carries an explicit moral dimension. It has also emerged as a dominant goal in all health fields in recent years, so we felt it would attract those of us who see science as a path towards making a better world and not an end in itself. The term generated significant controversy, with some participants fully endorsing it and others questioning its meaning and/or its emotional baggage.

Critics of the term argued that there is no agreement on what health equity means. As one participant put it, "You see what you want to see in it." Another said that people are conflating the distribution of health with health equity, while another complained that health equity research at IAPHS focused too

much on oppressed groups defined by race and gender and too little on those oppressed because of poverty or class. Because the term is used so frequently and interpreted so variably, people talk past each other making discussion unproductive. And if meaning is ill-defined, measurement becomes highly problematic.

Others argued that the term carries too much moral, cultural, and political baggage to be useful in population health science. Within the academy, people feel that it is not acceptable to criticize the term. One person said “The problem is that health equity is defined in so many ways but now if you don’t use it in a particular way you’re wrong. It has too much baggage.” More broadly, people feel that the term “provokes a knee jerk reaction.” It triggers blinders in conservative communities: “this is problematic for a large contingent of people; they can’t hear what you’re saying if you use the word equity.”

### Role of Values in Science

Some discussion focused on the role of values in science. Everyone seemed to agree with the idea that science is rooted in values. Every researcher brings bias into their work, affecting the questions they ask and how they go about their research. The conduct of science is itself governed by values about what makes science rigorous or weak, valuable or trivial. But participants offered different views on how far values should drive science. Some emphasized the need to strive for rigorous methods and the highest possible level of objectivity in research. Others felt that letting their values drive research while making their personal values explicit better served science in the long run. (Note there is a discussion of these different perspectives in [Part 4 of the Blog series](#))

Question 2: Given your thoughts on the questions raised earlier, what do you think IAPHS should do as an organization? [Examples](#) of things that an organization could potentially do are listed below. “Nothing at all” is an acceptable answer.

- Take official positions (e.g., through website posts) that endorse specific perspectives on population health or values underpinning it. (What perspectives or values should IAPHS endorse?)
- Convene sessions at conferences that address the issues raised (what kinds of sessions and why?)
- Make changes to the way in which the organization’s programs are run to address the issues raised (e.g., structure of conference sessions, content of Blog and online events, membership outreach, etc.) Which programs, what changes, why?
- Develop specific activities that support members in pursuing a particular perspective on population health. Describe ideas, explain why.

The second and fourth of these activities received the most consistent support, although time constraints prevented elaboration of what form the activities should take. As an example of the second activity, the Race and Social Justice Working Group held two lunchtime sessions at the 2023 conference focused on issues that have been raised due to changes in political climate related to race and social justice in research in teaching. The question of taking official positions generated significant controversy. Some participants enthusiastically supported the idea and some suggested it should be limited to taking evidence-based positions. One person suggested that we wouldn’t have invited the first 2023 plenary

speaker unless we shared her values (pro-choice, social justice, equity). Hence, we're already taking positions and what's missing is an explicit statement that this is what the organization stands for.

Others were vehemently opposed to the idea. They felt that the interdisciplinarity and inclusiveness we try to foster at IAPHS would make such an activity too fraught. It is better to have open discussion about the issues and let people develop their own perspectives, not elevate certain stances as institutional policy.