Confined to a tokenistic status: Social scientists in leadership roles in a national health research funding agency

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ABSTRACT

The idea of interdisciplinarity has been taken up by academic and governmental organisations around the world and enacted through science policies, funding programs and higher education institutions. In Canada, interdisciplinarity led to a major transformation in health research funding. In 2000, the federal government closed the Medical Research Council (MRC) and created the Canadian Institutes of Health Research (CIHR). From the outset, CIHR's vision and goals were innovative, as it sought to include the social sciences within its purview alongside more traditional health research sectors. The extent to which it has been successful in this endeavour, however, remains unknown. The aim of our study was to examine how CIHR's intentions to foster inclusiveness and cooperation across disciplines were implemented in the agency's own organisational structure. We focused on social scientists' representation on committees and among decision-makers between 2000 and 2015, one of the key mandates of CIHR being to include the social sciences within its remit and support research in this area. We examined the composition of the Governing Council, the Institute Scientific Directors, the Chairs of the College of Reviewers, and two International Review Panels invited by CIHR. We targeted these committees and decision-makers since they hold the power to influence the field of Canadian health research through the decisions they make. Our findings show that, while CIHR was created with the mandate to support the entire spectrum of health-related research—including the social sciences—this call for inclusiveness has not yet been materialized in the agency's organisational structure. Social scientists, as well as researchers from neighbouring disciplines such as social epidemiology, health promotion and the humanities, are still confined to low levels of representation within CIHR's highest echelons. This imbalance limits social scientists' input into health research in Canada and undermines CIHR's interdisciplinary ambition.

1. Introduction: the Canadian institutes of health research and the social sciences

Advocates for interdisciplinarity usually ascribe several epistemic advantages to interdisciplinarity over disciplinary research. Disciplines, they argue, are intellectual silos and operate as bounded territories that constrain innovative thinking (Frodeman et al., 2010; Öberg, 2009). They produce knowledge that rigidly adheres to a set of reified methods, styles of thought and evaluation criteria (Nissani, 1997). In contrast, interdisciplinarity creates inclusive research environments where researchers collaborate to find solutions to complex problems affecting the social and natural world. In erasing boundaries between disciplines, interdisciplinary science is thought to overcome the limits of hyper-specialization, allowing scientists to engage in knowledge production driven by creativity and unrestricted ventures (Hadorn et al., 2010; Klein, 2010; Reich and Reich, 2006).

The idea, or ideal, of interdisciplinarity has been taken up by academic and governmental organisations around the world and enacted through innumerable science policies, funding programs and higher education institutions (Frickel et al., 2017; Jacobs, 2014; Sá, 2008). In Canada, the idea of interdisciplinarity and collaboration across disciplines has led to a major transformation in health

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research funding (see CIHR, 2000a, p. 4). In 2000, the federal government closed the existing funding agency, the Medical Research Council, and created a new interdisciplinary body, the Canadian Institutes of Health Research.

From the outset, CIHR's vision and goals were innovative, as the organisation sought to include the social sciences within its purview alongside more traditional health research sectors like biomedical science, clinical research and epidemiology. The CIHR Interim Governing Council—which oversaw the transition from the MRC to the CIHR—underscored that "economic well-being and […] factors such as the control that individuals feel that they exercise over their lives, and their sense of participation […] in society" are related to health (CIHR, June 2000b, p. 7), highlighting the importance of social factors in health. In order to advance research in these areas, the Interim Governing Council further asserted that CIHR will "draw on the strengths and contributions of all disciplines […] [and] will support investigations into the health of populations, including the societal and cultural dimensions of health" (CIHR, June 2000b, p. 16).

The inclusion of the social sciences under CIHR's new interdisciplinary umbrella led the agency that had previously funded social science studies in health, the Social Sciences and Humanities Research Council (SSHRC), to stop funding health-related projects in 2009 (SSHRC, 2014). After a nine-year transition period, social scientists conducting health research now had to apply to CIHR for funding. It is worth specifying that Canada has three different central funding councils (CIHR, SSHRC and the Natural Sciences and Engineering Research Council, or NSERC). Each council serves its own scientific community. When CIHR was created, health social scientists and humanities scholars had to leave SSHRC and join the new health research community created and funded by CIHR. Fig. 1 illustrates the tri-council structure of Canadian research funding.

The presidents of SSHRC and CIHR in the early 2000s were aware of the challenges associated with integrating the social sciences and humanities into the field of health research. Their respective organisations jointly prepared an edited volume in 2005 entitled "The Social Sciences and Humanities in Health Research." The goal of this publication was to educate traditional health researchers about the academic value of social science and the humanities by bringing to the fore their contribution to health research. In their Foreword to the document, CIHR's and SSHRC's presidents wrote: "Readers [i.e., traditional health researchers] will soon see that the social sciences and humanities bring with them a multitude of tested disciplinary methodologies, approaches and perspectives" (CIHR/SSHRC, 2005, p. i).

Despite these steps taken to smooth over the introduction of social sciences into CIHR, the extent to which the agency has been successful at achieving this integration remains uncertain. Given the known challenges associated with interdisciplinarity and cross-disciplinary collaboration (Frickel et al., 2017; Panofsky, 2011), it is important to trace how the health social sciences have fared since their inclusion under the CIHR funding umbrella. The social sciences, as the presidents of CIHR and SSHRC have both affirmed, are integral to improving health; thus, if they are marginalized within the funding apparatus, their contributions may be thwarted. The aim of our study was therefore to examine how CIHR's mandate to include the social sciences within the health research community (CIHR, 2000a; 2001) was implemented within its own organisational structure—that is, across its various leadership committees and among its decision-makers (i.e., the Governing Council, the Chairs of the College of Reviewers, the Institute Scientific Directors). Our research focus was based on the recommendations made by a group of Canadian social scientists in a position paper submitted to the Interim Governing Council in 1999. One of their key recommendations was to include a sizeable representation of social scientists within CIHR's organisational structure (Grant et al., October 1999, p. 22). This was to ensure that the distinctive features of social scientific scholarship (such as productivity standards, evaluative culture, work organisation and rules of evidence) would be taken into account and play an active role in framing the agency's policies and funding programs. A paucity of social scientists in leadership positions could therefore mean that social science is being unfairly evaluated—or worse, ignored—by key decision-makers at CIHR. The extent to which social scientists are represented on CIHR's leadership committees since its creation in 2000 is the research question we address in this paper.

While several health research disciplines were affected by the consolidation of the funding structure under a single council, social scientists were the only academic community forced to move away from their original funding home (SSHRC) and distance themselves from their proximate peers (i.e., other social scientists and their scientific culture) to relocate under CIHR's umbrella. In this regard, their situation was different from that of the other traditional health research disciplines, as their relocation into the health research field meant the possibility of being relegated to a peripheral position.

Scholars have abundantly documented the challenges faced by social scientists working within health research teams, institutes and medical schools (Albert and Paradis, 2014; Albert et al., 2015a, 2015b; Bardosh, 2014; Béhague et al., 2008; Eakin, 2016; Prainsack et al., 2010; Spiegel et al., 2010; Viseu, 2015). This body of scholarship has shown how social scientists are often marginalized by traditional health researchers and how their research work is customarily perceived as lacking scientific rigour (Albert et al.,
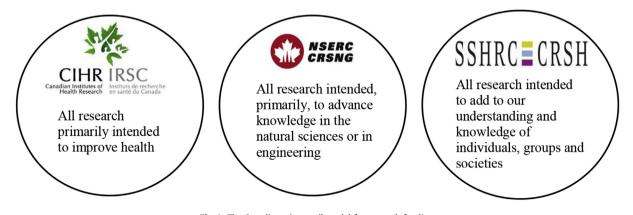

Fig. 1. The Canadian tri-council model for research funding.