

# **Katherine Fierlbeck**

## **Faculty of Arts and Social Sciences**

**E-mail:**

### **Profile**

**Katherine Fierlbeck is McCulloch Professor of Political Science at Dalhousie University. She received her PhD at Cambridge University, UK, in 1990, followed by a Killam Postdoc at the University of Alberta. She has been in the Department of Political Science at Dalhousie University since 1991, and has been cross-appointed with Community Health & Epidemiology since 2014.**

### **Interview**

#### ***1. What made you want to be a part of HPI?***

So much of health research is inherently interdisciplinary – and HPI has been instrumental in facilitating the ability of researchers across a range of disciplines to discuss health policy problems and to establish research networks to address them. The Institute is inclusive and is made up of individuals who are intellectually curious and interested in learning about a range of perspectives and analytical approaches. It's a terrific venue where one can bounce ideas off others who have a different frame of reference; often, health policy problems can best be tackled with methodological tools from a range of disciplines.

#### ***2. How have your research interests changed or grown over the years? Where did you first start and how did you get to where you are now?***

My doctoral research focused on the nexus between democratic theory and welfare state provision, and gradually focused more closely on issues of power and accountability within health care systems. In the early 1990s, most research on health *systems* was done within the discipline of economics; there was little utilization of the tools of political science to understand the dynamics of power underlying health systems and health policy-making. Over the years I have employed

analytical instruments from political science to (for example) look more closely at the way in which federalism influences the dynamics of health policy, to make comparative analyses between health policy regimes, to understand how power manifests itself in regulatory regimes, and to evaluate how well health systems remain accountable to the populations they serve.

### ***3. What's been most surprising along the journey of your career path?***

While working in a smaller research university can be difficult because there is no “critical mass” of scholars in your area, the advantage of working in a smaller research-intensive university like Dalhousie means that you are obliged to talk to those outside of your own discipline. The biggest surprise for me has been just how rewarding these conversations have become. Those of us looking at the same policy problem from an array of disciplinary backgrounds all have a common starting point, but can contribute essential insights that others may not have considered. I don't think I had appreciated just how intellectually stimulating these discussions over time could be.

### ***4. How does your research impact the everyday lives of Canadians?***

The health care “system” is actually a complex interlinking set of smaller “systems.” How everything works together (or doesn't), why things change (or don't), and where things are going (or not) are confusing questions even for those at the centre of these operations. One thing my research has done is to provide a clear and accessible explanations of how the health care system works.

### ***6. What advice would you give a junior colleague or student just starting their career?***

The social sciences, traditionally, are based on the model of solitary researchers working by themselves. It can be a grueling and often very lonely experience. Those at the start of their career should try to

balance individual projects with work in research networks, which can provide both mentorship and intellectual stimulation. For those in disciplines where research teams are the norm, looking sideways to find research that addresses their interests from a slightly different perspective can be equally as rewarding. In this day and age, research projects are increasingly driven by a “bottom line”: grants, publications, peer recognition. It’s important to be able to find joy, or wonder, or intrinsic satisfaction in the research that you do: and the less you control your own research the more important this becomes. Be careful not to undertake research projects for the wrong reasons.

***7. What would you like to accomplish with HPI over the next five years?***

I’m very much enjoying working in the area of health equity with colleagues in HPI. It’s actually quite a complicated area, with very interesting organizational, normative, methodological, and political elements. I’m looking forward to delving more deeply into the less-examined aspects of this field. I’m also hoping to be able to continue to bring interesting voices and perspectives, from both junior and senior ranks, to work together in making some real advances in our understand of how health equity (and inequity) manifests itself.