Mikko Mattila, Lauri Rapeli, Hanna Wass, and Peter Söderlund, *Health and Political Engagement* (New York: Routledge, 2018), 126 pages. ISBN: 9781138673809. Hardcover $140.00.

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Health is having its moment in the political behavior sun. The past century saw only a handful of articles linking health to political participation, but the past decade has seen a flourishing of research in this area. All types of health conditions have been linked to all kinds of political participation and under a variety of conditions.[1,2,3,4,5,6,7,8,9] The result is a consistent, although not unequivocal, finding that political participation is hampered by poor health. Although the effect of health on participation is not extraordinarily large, like the powerhouse that is education, it is consequential. The provision of high quality and accessible health care is increasingly the responsibility of government, and so whether the voices of the healthy or unhealthy are heard by officials has the potential to determine what policies are passed.

It is in this scholarly landscape that Mikko Mattila, Lauri Rapeli, Hanna Wass, and Peter Söderlund publish *Health and Political Engagement*. Like much of their prior work, which helped shape this landscape, this book is clear and insightful. It is also, as the authors note in the introduction, "the first attempt by political scientists to offer a comprehensive account of how personal health and political engagement are related" (p. 1). In other words, to what extent does health status shape the way individuals think about and engage with the political process? The authors answer this question by assessing whether two measures of health — self-reported health status and functional disability — affect an array of electoral and nonelectoral forms of participation, political trust and efficacy, satisfaction with democracy, political knowledge, political ideology, and policy preferences. They also examine three further conditions: whether and how social context conditions the effects of health, how the health participation gap varies across countries, and the representational consequences of health-related disparities in participation. As should be clear by this description, the book is the most comprehensive study of health and political behavior to date. This is quite an accomplishment and one that should be celebrated. But, as I will point out later, to be the most comprehensive is not necessarily to be comprehensive, and despite all the work the authors do, the burgeoning field of health and political behavior is simply too vast for any single book to earn that title.

One of the problems plaguing scholarship on health and participation is understanding why they are causally linked. Theories abound, but evidence lags. Here, the authors make an important contribution by situating health within a broader understanding of why people participate, focusing on the resources required for participation and the motivation to do so. They write that "[w]hereas resource theory fundamentally suggests that poor health negatively affects engagement, self-interest theory leads to opposite conclusions. From a self-interest viewpoint, personal health can be seen as a source of motivation for people experiencing health problems. Such people have unusually high stakes in policy debates because, in many cases, they depend on public health services" (p. 60). The distinction between resources and self-interest helps readers make sense of the findings that follow: a negative effect of health suggests that resources are the mechanism by which health matters, while a positive effect of health points to self-interest as the mechanism.

The analysis of how health affects political orientation in particular fills a hole in the study of health politics and leads the authors to conclude that "people with health problems are dissatisfied but not disengaged" (p. 90). They find that health is inconsistently linked to political interest and efficacy, but poor health is associated with dissatisfaction with and distrust of government. If the unhealthy are as interested and efficacious as the healthy but are also more dissatisfied, we would expect them to actively voice their grievances to politicians. And yet, as the authors demonstrate in the preceding chapter, those in poor health typically participate less often. These findings together suggest that the consequences of health have more to do with resources than with self-interest or motivation to participate.

The data for most of the analyses comes from an original survey of Finnish citizens. Although some may see the focus on Finland as a limitation on external validity, I see it as a strength of the book. First, the authors pair the survey data with "several official data registers collected by Statistics Finland" (p. 29) so that they can identify, quantify, and correct for sample bias. This allows them to minimize the problems created by low response rates far beyond what would be possible if they had used data from most other countries. Second, Finland's status as a Nordic welfare state with a robust system of universal health care and moderately

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high levels of political participation make it a "least likely case" for where we would expect poor health to have pernicious effects on political behavior. These features make Finland a conservative test of the health participation gap and a compelling case for thinking about solutions to this problem. To this end, I wish the authors had done more to familiarize readers with Finnish politics and health care and to leverage the Finnish particulars for additional insights.

Perhaps the weakest aspect of the book is the decision to measure health only as self-reported health status and functional disability. Prior research (full disclosure, my prior research[5,6]) has identified large negative effects of depression on turnout, while others have shown positive effects of breast cancer on political activity.[10] Even the prior research of these authors is more adventurous when it comes to the measurement of health (e.g., sick leave, heart disease, alcoholism, etc.).[8] How do they make sense of these findings in their models? I would have liked them to grapple with the multidimensionality of health (e.g., overall well-being, chronic conditions, mental health, etc.), even if it meant sacrificing the parsimony of the analysis. Doing so is crucial for a book that seeks to be comprehensive, and the authors certainly have the room to explore given that the book comes in around 50,000 words (which, to be fair, is also a strength).

There are several audiences for this book. Although focused on health, the findings are relevant to anyone studying political behavior. If it were not clear already, this book makes the import of health to political behavior undeniable. But it does more than cement what we already know. It represents the kind of analysis that scholars of political behavior should strive to undertake, and so there are also professional lessons to be gleaned from reading this manuscript. The authors are thorough in their literature review and tempered in their conclusions, they do not gloss over contradictory results, and they avoid shoehorning odd findings into a preconceived narrative. In this respect, the book could be assigned to graduate students for both form and content. The book will also appeal to scholars of health politics and policy. That political voice is shaped by health disparities even in a country with universal health care should pique the interest of anyone with any interest in understanding the extent to which omnibus government programs can form and mobilize constituencies in their defense. Certainly, that is what has been on my mind since finishing the book and what I hope the authors will take on in their next one.

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