Politics and Public Health in Canada:
Forty Years of Public Discourse

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ABSTRACT

Politics and Public Health in Canada: Forty Years of Public Discourse

In Canada, the responsibility for the delivery of public health services rests with the Federated states. Over the last forty-five years those federated states, coordinated by the federal government, have built a public health system. In this paper we ask ourselves: what have been the main characteristics of their discourse? Are the health policies uniform across provinces (federated states)? Can we distinguish the policies of the left from those of the right? Can we associate policies to specific political parties? To answer these questions we analyse the public discourse of the governments of the Canadian provinces over a period of 40 years using a mixed methodology – a quantitative content analysis complemented by a qualitative analysis.

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Health and Canadian identity

The best known Canadians symbols are probably a Mounted Police in red uniform with a Smokey hat or a beaver showing its front teeth or gnawing a tree. The Canadian society is not however a militarist society and the Canadian State is not, by most standards, a police state. While Canadians, like their beavers, do cut a lot of trees and do dig holes in the ground to find resources, they are, generally speaking, very conscious of the quality of their environment. They are after all the instigators of Greenpeace. But they do not identify themselves with the police or with the environment. Canadians identify themselves with the Welfare State, even if it is not the most comprehensive welfare state in this world, and Canada places special emphasis on the delivery of health care to its citizens.

The last major enquiry (Romanov Commission) on health care in Canada states in its final report (2002: 60):

«The Canada Health Act has served Canadians well. In many respects, it has become an icon to Canadians. They view it as a hallmark of Canadian society […] that closely match[es] their values. All of this has made the Canada Health Act virtually immune to change. In fact, most Canadians would not stand idly by and accept changes that would destroy this symbol of Canadian identity.»

This kind of rhetoric is also heard from representatives of advocacy groups:

«Health care is not only Canada's best loved social program. It is also critical to our identity, uniting us across region, class, race, gender and age. "At a time when other traditional expressions of Canadian values have been placed under demonstrable stress, health and health care have increased in importance and prominence as a shared and common value." Indeed, the National Forum on Health that was appointed by the Prime Minister to advise him on how to improve the health system and the health of Canada's
people, went on to conclude that "its significance has broadened into symbolic terms as a defining national characteristic." »¹

If Canadians identify themselves to their health care service, it is probably because of the contrast with the American (USA) way of doing things as it is revealed in many essays (see for example Heath 2000; Simpson 2000). The Canadian health system delivers in many ways services comparable to the services received by West Europeans in their respective countries. Public expenditures (as % of GDP) were higher in Canada (6.7%) in 2002 than in the United Kingdom (6.4%), Italy (6.4%) or Belgium (6.5%), but lower than in Denmark (7.3%), France (7.4%), Sweden (7.8%), Norway (8.0%) or Germany (8.6%)².

For Canadians, health is a most serious subject. In March 2006, an opinion poll of the Canadian adult population reported that the most important problem for them was health (28%) followed by environment at 8%³.

Whatever the reason, Canadians do identify themselves to their health care system. Canada however is a federal country and the delivery of health services is predominantly under the jurisdiction of the federated states (provinces).

«Canada's publicly funded health care system is best described as an interlocking set of ten provincial and three territorial health insurance plans. Known to Canadians as "medicare", the system provides access to universal, comprehensive coverage for medically necessary hospital and physician services.⁴»

Health has become with time a very important item in the budget of the federated states. For most provinces health expenditures absorb at least a third of the budget and in some cases the percentage is reaching 40% and growing. Table 1 shows the importance of health expenses in the five most western provinces for the fiscal years 1991-1992 and 2001-2002.

¹ Ensuring Medicare's Future: A Submission to the Department of Finance and to the Alternative Federal Budget Process by the Canadian Health Coalition, December 1998
³ Source: La Presse, Montréal, June 16th 2006. P. A-7
⁴ Health Canada http://www.hc-sc.gc.ca/hcs-sss/index_e.html 13/06/06
Table 1. Health budget by province, 1992-2002, as percentage of total expenses

<table>
<thead>
<tr>
<th></th>
<th>British Columbia</th>
<th>Alberta</th>
<th>Saskatchewan</th>
<th>Manitoba</th>
<th>Ontario</th>
</tr>
</thead>
<tbody>
<tr>
<td>1992</td>
<td>33.60%</td>
<td>24.60%</td>
<td>32.3%</td>
<td>33.00%</td>
<td>32.70%</td>
</tr>
<tr>
<td>2002</td>
<td>39.50%</td>
<td>32.60%</td>
<td>34.7%</td>
<td>39.60%</td>
<td>38.00%</td>
</tr>
</tbody>
</table>

Sources: (Charland 2006: 84, table 2 and personal communication)

So for Canadians, the public health system is an icon, dear to their identity, but it is not just a symbol, it is also a very real policy in monetary terms. To go beyond the symbols and the slogans one as to look at the policies in each of those sub-national entities. It is what we will be doing in this study.

In this paper, we want to review what were the preoccupations of the provincial governments in Canada about the health system over the second part of the twentieth century. What were they talking about officially? If the public delivery of health services is so central to the Canadian psyche, do we find variations across provinces? Were the policies conditioned by the party in power? Can we differentiate between the left and the right when it comes to health issues?

Discourse as policy

The definition of public policy may vary from one field of study to another one. For our part we will stick to the concept as defined by Thomas Dye and refined by Imbeau (Imbeau and McKinlay 1996: 2) «public policy is whatever government agents do or choose not to do». «All these actions can be classified into six types of government activity: financial activity (spending and revenues), regulatory activity (laws, regulations and international agreements), discursive activity (speech and writing), administrative activity (changes in the structures of public organisations), coercive activity (policing and war) and ‘event activity (other sorts of activity)’» (Imbeau and McKinlay 1996: 3).

To be as close as possible to the government, we chose to study the declaration of intention the governments make in a quite regular manner. On a periodical basis the government of the day issues through a major statement its program for the next year or so. The State of the Union read
by the president of the United States of America is probably the most publicized of those statements. In the USA, in each federated state, the Governor does the same in his State of the State speech. In the British institutions, the same kind of speech is labelled «Speech from the Throne». It is usually read by the monarch or her representative. In Canada it is read by the Governor General while in the Canadian provinces it is read by the lieutenant governors appointed in each of those federated states by the Governor General. If those speeches are formally read by the representative of the monarchy, the content is solely within the prerogative of the chief of the executive, the Prime minister (or Premiers in the Canadian provinces). So to go back to our main questions, we will ask

- What were the health issues the principal governments stressed over the period?
- Is the discourse on health a good predictor of the government ideology?
- Do right leaning or left leaning governments differ in their discursive activity?
- Do the policies, as measured by the discursive activity, vary from one province to another?

Methodology
A) The corpus
We collected the official government statement delivered at the beginning of each session of a legislature which is roughly speaking once a year. These speeches are official documents recorded in the debates of the legislative assembly. We collected those speeches for the period starting in 1960 up to 2000. In this study we analyse the speeches from five provinces starting with British Columbia on the Pacific ocean and going inland with Alberta, Saskatchewan, Manitoba and Ontario. Those provinces account for 90 per cent of the Canadian population outside Quebec. The number of speeches is as follows (Table 2):
Table 2. Number of Speeches from the Throne and number of words by province.

<table>
<thead>
<tr>
<th>Province</th>
<th>Number of speeches</th>
<th>Number of words</th>
</tr>
</thead>
<tbody>
<tr>
<td>British Columbia</td>
<td>43</td>
<td>158 163</td>
</tr>
<tr>
<td>Alberta</td>
<td>44</td>
<td>146 049</td>
</tr>
<tr>
<td>Saskatchewan</td>
<td>47</td>
<td>121 155</td>
</tr>
<tr>
<td>Manitoba</td>
<td>35</td>
<td>140 568</td>
</tr>
<tr>
<td>Ontario</td>
<td>39</td>
<td>149 631</td>
</tr>
<tr>
<td>Total</td>
<td>208</td>
<td>715 566</td>
</tr>
</tbody>
</table>

B) The variables

The speeches were first coded along two sets of categories: a first set indexed all issues specifically related to health. Usually a full paragraph is devoted to the Department of Health, detailing the recent realizations, the problems identified and more often the proposed actions for the forthcoming year. The many subcategories were consolidated in eight main categories. The first category ACCESS as mainly to do with the movement toward universal coverage. The main expressions are made of keywords like «universal AND health-care», «insurance AND health-care», «protection AND hospitalization», «access AND medical», and so on. ACCESS is related to how wide the coverage is in terms of population. The second category, INTENSITY, has to do with what is covered by the public health-care system. Overtime different illness were explicitly dealt with. For example, in 1960 a government may announce special measure to deal with poliomyelitis, some years later it was kidney failure or dialysis, or cancer, and so on. The third category, CONSTRUCTION, as to do with buildings, infirmaries, new hospital wings, sanatorium and other expressions referring to the physical constructions. The fourth category, MONEY, regroups the part of the speeches related to the cost or funding of health care. The fifth category, PROMOTION, refers to health promotion, health education, fitness. The sixth category, ORGANIZATION, identifies those part of the governments speeches that deal with the organization of the health system. It has to do with structuring and restructuring the institutions that deliver the heath services. The seventh category, PERSONNEL, refers to doctors, physicians, nurses and other medical personnel, medical schools or training programs for medical personnel. The last category, CLIENTS, underlines the mention of specific clienteles. For example, services for the seniors or elderly, the children, the rural population, the handicapped, etc. All those
categories are directly related to health or more precisely to the health department within a province.

Speeches were also analysed to reveal the connections made to health when the governments identify a problem or commit themselves to a policy related to recreation, industry, transportation or any other departmental policy. In other words do the governments link their policies to health? This aspect of health policy is now known as «health impact assessment» (HIA). While the health impact assessment movement has more to do with the study of the impact on health of future policies, the category we develop here has to do with the explicit acknowledgment by governments of the link between certain conditions in the social, physical or working environment and health.

To these variables constructed from the speeches we added variables related to the provinces and the political parties. The parties of the right are the Conservative Party and the Social Credit. On the left, one finds the New Democratic Party formerly the Co-operative Commonwealth Federation (CCF). In between is the Liberal Party. The speeches were studied using the software QDA-Miner (Péladeau 2006) for the qualitative analyses and WordStat (Péladeau 2005) for the quantitative part.

Results
Let start with reviewing quickly how Canadian authorities viewed their health system in terms of values.

Values
Health care is often express as a value that supports the political community as defined in system analysis (Easton 1965). It can hardly be expressed in a more explicit manner than by the government of Manitoba in 1992: «One of the fundamental values that unites us as […] Canadians is a commitment to the health and well-being of all our citizens.»

Canadians authorities have a high opinion of their health system. Here are the kind of expressions they use to describe the state of their systems:
«My government wishes to add to what many consider the best program of health care in North America [...]» British Columbia, 1980

«While we enjoy one of the world’s finest health care systems, we pay a high price: one-third of the provincial budget.» British Columbia, 1988

British Columbians set the standard by world comparison while the other provinces compare themselves to the other provinces. For example, in Alberta (1973), the land of oil, the government writes: «A standard of health care unsurpassed by any other province in Canada and the promotion of its wise use by all our citizens» or «Albertans enjoy the highest standard of hospital and medical care in the nation.» (Alberta, 1976). And again «Alberta has the only fully accredited mental health clinic system in Canada, making our province’s system one of the best in any of the provinces. Alberta is also the provincial leader with respect to the range of rehabilitation and other services provided for mentally handicapped persons.» Alberta 1985

Moving a bit further east the tone is less bombastic but the governments underline the importance of the health system: In Saskatchewan, the province where the public health care system was born in Canada, the government declared (1976): «My Government is committed to maintain Saskatchewan’s position as a leader in the delivery of health care.»

Manitobans and Ontarians also refer to this health system as a cardinal value of their society. While opinion polls in the 1990’s and the beginning of the third millennium repeatedly show the importance of the public health system for the citizens, their governments have been expressing these values for a while. In the first Speech from the Throne in our list from Ontario, one can read that «[...] the things that matter most to us, such as first-class health care [...]» The same idea is repeated in Manitoba some years later

«Manitobans place an extremely high value on our health care system. In fact, the majority of our citizens probably regard health care as the most important public service provided by the Provincial Government.» Manitoba 1976

If the federated states did rate their health system as being among the best in the world, the rhetoric as been less stringent with time. As table 1 has shown, the part of the resources devoted to health has been growing and the number of problems associated with the delivery of health
care has concomitantly been growing too. While public authorities maintain that the system they are responsible for is well managed, they also recognize that the demands are such that the system can hardly cope. They then become less bombastic. Furthermore, as international comparisons become more frequent Canadians authorities have to reconcile themselves to the fact that some other countries are doing better.

**References to specific health issues: a description**

What importance do the authorities give to health in their most official statements, the Speech from the Throne? On average they will devote around seven percent of the speech to health issues, some provinces, like Manitoba (9.5%) and Alberta (8.8%), giving more weight to health than British Columbia (6.7%), Saskatchewan (5.8%) and Ontario (5.9%).

All those Canadian provincial governments refer one way or another to the universality or the accessibility of health services in almost every speech (see table 3). One of the fundamental characteristics of the Canadian health system is the free access to services. Today, Canada's health system is characterized by single-payer national health insurance. It is unlawful to charge a fee to the patient if the service is covered by the state. So, there is no partial coverage of a treatment. Either the treatment is totally covered by the state or it is not covered at all. The mantra is repeated again and again. The idea of a user fee is anathema. Provinces, if they want to receive federal grants for health, must assure the universality of coverage (all citizens and immigrants are covered).

<table>
<thead>
<tr>
<th>Exhibit 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>«Universal access and affordability of health care must be protected.» British Columbia-1991</td>
</tr>
<tr>
<td>«Health remains a vital priority for our government.» Alberta 1997</td>
</tr>
<tr>
<td>«Saskatchewan people are firmly committed to universal, accessible, publicly-funded health care.» Saskatchewan 1996</td>
</tr>
<tr>
<td>«In Manitoba, the torch of universal health care has been held high.» Manitoba –1988</td>
</tr>
<tr>
<td>«Making sure that every person in Ontario has access to top-quality health care is your government's most urgent concern.» Ontario 1999</td>
</tr>
</tbody>
</table>
The federal government requires that insurance cover "all medically necessary services." What is a «medically necessary service» however may depend on the provincial jurisdiction. Some provinces may cover a service while another one will not cover the service or treatment. So there is a constant discussion of what should be covered by the public system and how it should be covered. Those items are the second most important after accessibility. In table 3 they are grouped under «Intensity» and they appeared in 85 per cent of the speeches.

Exhibit 2

«Effective October 1, 1966, the coverage of the British Columbia Hospital Insurance Service was extended to include out-patient cancer therapy in the facilities […]»  British Columbia 1960

«My Government is very concerned that breast cancer is the single largest cause of death in women aged 40 to 59 years. During this session plans will be unveiled to initiate a breast screening program for early detection of cancer.» Alberta 1989

«The Ministry of Health will increase access to the most up-to-date methods to prevent and treat kidney disease.»  Ontario 1984

«This program will provide supplementary health benefits in the areas of optical, dental, and drug coverage, and payment of medical premiums.» Alberta 1979

«In further preparation for providing the first phase of free dental care for children in 1974, The Saskatchewan dental Care Act will be introduced at this Session.» Saskatchewan 1973

«In Manitoba, the torch of universal health care has been held high. Manitobans have built the most comprehensive health service system in the nation, including such initiatives as ensuring of personal care homes, the introduction of Pharmacare, continuing care, and dental health programs for children »Manitoba 1988
Table 3 Number of speeches referring to the categories.

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage of cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access (who is covered)</td>
<td>94.5%</td>
</tr>
<tr>
<td>Intensity (which services are provided)</td>
<td>85.1</td>
</tr>
<tr>
<td>Construction (buildings)</td>
<td>7.7</td>
</tr>
<tr>
<td>Money (cost and funding)</td>
<td>57.2</td>
</tr>
<tr>
<td>Personnel (medical personnel)</td>
<td>11.1</td>
</tr>
<tr>
<td>Organization of Medicare</td>
<td>49.5</td>
</tr>
<tr>
<td>Clientele</td>
<td>96.2</td>
</tr>
<tr>
<td>Promotion of health</td>
<td>49.5</td>
</tr>
<tr>
<td>Health Impact Assessment</td>
<td>78.4</td>
</tr>
</tbody>
</table>

Governments are highly preoccupied by the cost and the funding of health programs. If the capital spending on buildings is not an item which comes too often in the speeches, 7.7%, the references to cost and funding of the health programs appear in 57 per cent of the occasions. Politicians spend quite a lot of time in discussing the organization (49.5%) of the health system, the distribution of institutions over the land and the recruitment and training of personnel (11%). And one is not surprised that they refer often (96.2%) to specific clientele (Exhibit 3). They do also promoted health in half (49.5%) their Speeches from the Throne.
Exhibit 3

«We face many new challenges in the months ahead, including helping care providers make an orderly transition to other health care priorities and positions, establishing community health centres to bring a wide range of care for families and seniors closer to home, and putting a new focus on women health issues, including expanding help with high-risk pregnancies and mammography screening in many communities across British Columbia.» British Columbia 1993

«Funding will be provided to support a range of new women health services and to expand existing health programs.» Ontario 1987

«Along with the Healthy Babies, Healthy Children program, the guarantee forms part of your government's broader plan to improve health care for young children and families.» Ontario 1999

«Expansion of community-based health, including support services for seniors in Winnipeg and self-managed home care in rural and northern Manitoba, will be confirmed this year.» Manitoba 1994

«A speech-therapy programme is now operating in four Provincial health units, and rehabilitation services for the handicapped have been planned and organized in 19 local areas.» British Columbia 1967

«This program will meet the extraordinary needs of all handicapped or chronically ill persons. It will complement programs already in effect for senior citizens […]» Alberta 1979

My ministers remain committed to strengthening rehabilitation services with facilities such as the new state-of-the-art Wascana Rehabilitation Centre, expanded rural community therapy, and enhanced mental health rehabilitation programs. Improved treatment facilities for alcohol and drug abuse […].» Saskatchewan 1989

«To the office worker, the pensioner, the single parent, the farmer, to all Ontarians a sound health care system is fundamental to the quality of our lives.» Ontario 1995
Health Impact Assessment

The movement for the assessment on health of public policy is a rather new fashion. This new movement wants this assessment to be based on evidence provided by science. Public authorities have been conscious that health is determined by all kinds of conditions. The actual scientific demonstrations may have been lacking, but governments have been persuaded that clean air, fresh water, public parks for recreation, etc. are factors affecting the health and well being of their population. Human beings in general and political and economical elites in particular have always been aware of the link between their environment and their health and well being as the location of wealthy residential quarters attests in almost all civilisation. What is surprising in the case of the Canadian provincial governments since 1960, is that in more than three-quarters of their speeches opening a parliamentary session, they explicitly refer to this phenomenon.

Exhibit 4

«But health care encompasses more than hospital and medical services. Today, ill health is often the result of individual lifestyles -- smoking, excessive alcohol consumption, lack of exercise, poor nutrition, stress. In this Session, the government will take steps to strengthen its preventive health programs, to inform Saskatchewan residents about habits which result in health problems, and to improve preventive programs for groups within the population who are most at risk.» Saskatchewan 1981

«My government believes strongly that participation in sport and recreation enhances the Independence of our youth and the health and quality of life for all British Columbians. British Columbia». 1989

« […] Ontarians in the 1980s and will be encouraged by new approaches in promoting positive health through nutrition, non-smoking, alcohol moderation, physical fitness and similar activities». Ontario 1980

«Preparations are being made to consolidate the various occupational <B>HEALTH</B> and safety programs within the Department of Labour and to hold public seminars to establish the most effective ways of administering the new Workplace Safety and Health Act.» Manitoba 1977

«A matter of prime concern in British Columbia today is the protection of our environment. There are many facets to the problem of environmental control. They range beyond those measures designed directly to minimize air, soil, and water pollution, to those so necessary in a programme of environmental health protection.» British Columbia 1970

«As a special initiative, a hazardous contaminants co-ordinating unit will be established in the Ministry of the Environment to co-ordinate and expand research into the transport, storage, environmental effects and possible health implications of contaminants which may be present on
land, in water or in the air.» Ontario 1980

«My government will present proposals for extensive new sports, fitness and recreation programmes that will offer more opportunities for the improved health and enjoyment of the people of Ontario.» Ontario 1974

«The Provinces of British Columbia, Saskatchewan, Ontario, Quebec and Newfoundland have enacted seat belt and other safety legislation and realized decreases of 15 percent to 21 percent in the number of deaths and injuries resulting from traffic accidents. My Ministers are carefully reviewing the preventive health that could be achieved through highway safety measures.» Manitoba 1982

«The aspect of prevention in other health and safety programmes cannot be overstated. Our seatbelt and speed limit regulations have saved many lives, prevented thousands of serious injuries and saved society much grief and millions of dollars in lost work and hospitalization. Avoiding death and carnage on the highways is a continuing concern of the government and one which all Ontarians share.» Ontario 197

POLITICS AND POLICIES

A regional mix
At the end of the period studied here, year 2000, a fine observer of the Canadian scene, Donald Savoie (2000) declared « All things Canadian are now regional»7. If it is the case, then we should be able to differentiate baskets of policies by region. The regions referred to are mostly the “provinces”. Our data are extracted from speeches of five provinces. British Columbia and Ontario are always described as region. The three other provinces used to be merged in one region “The prairies”, but in the last thirty years Alberta is recognized as a region of its own. Saskatchewan and Manitoba, while they have quite different economic and demographic characteristics are often still lumped together. Before merging them, it is worth checking if they are really similar in term of public policy as identified in the Speeches from the Throne.

To check if the policy mix is different form one province to another, we use a discriminant function. The goal of discriminant function analysis is to predict group membership from a set of predictors. Our objective here is not however to interpret the patterns of differences between

independent variables\textsuperscript{8}, but simply to check if the characteristics of the discourse allow us to identify where they came from. It is a procedure also known as classification. Knowing the mix of themes underlined in the part of the speeches related to health allow the analyst to classify correctly only 47 per cent of the speeches. However, as table 4 shows, some provinces are more distinctive. Two-third of the speeches from British Columbia are correctly predicted while only 28 per cent are correctly predicted in Ontario and 29 per cent in Saskatchewan. Manitoba comes third, with 62\%, and 48 \% of the speeches from Alberta are also correctly predicted. The differences between regions seem indeed to be quite important, but some provinces do not appear to be identifiable by their mix of health policy as measured by the public discourse of the authorities.

Table 4 Predicted classification of speeches by province.

<table>
<thead>
<tr>
<th>Provinces</th>
<th>BC</th>
<th>AL</th>
<th>SA</th>
<th>MA</th>
<th>ON</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>BC</td>
<td>67.4</td>
<td>9.3</td>
<td>2.3</td>
<td>4.7</td>
<td>16.1</td>
<td>100%</td>
</tr>
<tr>
<td>AL</td>
<td>18.2</td>
<td>47.7</td>
<td>6.8</td>
<td>20.5</td>
<td>6.8</td>
<td>100%</td>
</tr>
<tr>
<td>SA</td>
<td>34.0</td>
<td>10.6</td>
<td>29.8</td>
<td>4.3</td>
<td>21.3</td>
<td>100%</td>
</tr>
<tr>
<td>MA</td>
<td>5.7</td>
<td>25.7</td>
<td>2.9</td>
<td>62.9</td>
<td>2.9</td>
<td>1000%</td>
</tr>
<tr>
<td>ON</td>
<td>25.6</td>
<td>5.1</td>
<td>15.4</td>
<td>25.6</td>
<td>28.2</td>
<td>100%</td>
</tr>
</tbody>
</table>

\textbf{Health and Political Parties}

Health care has first been a core element of the CCF now known as the NDP. However the Liberal Party, the dominant party in Canada during the twentieth century, became the owner of the theme. For years and years the Liberal Party has succeeded in associating the notion of being Canadian, supporting the health system and … being liberal. The NDP remains a very strong defendant of public health care, but most of the time it is the Liberal party which succeeds to attract voters with this issue. The 2000 federal election was again an occasion to reassess the mantra.

If there was one issue that was relevant in the eyes of many voters, it was health. And at least two of the parties – the NDP and the Liberals – had made sure that it was near the top of the political agenda. […] The Liberal strategy was successful. (Blais, Gidengil et al. 2002: 146)

In the provinces, the Liberal Party is not the party which is most easily identifiable from the policy positions on health. Table 5 reported the number of cases correctly attributed to political parties. In all cases the party in power, even when in minority in the legislative assembly, did not form a coalition. So the policy position taken in the Speech from the Throne can easily be attributed a specific party. The Social Credit, now disappeared, was the most distinctive. The NDP and the Liberals while they both claim the ownership of the issue are quite distinguishable one from the other. The liberal speeches misclassified do not collect themselves in the NDP category often (14% of the cases). As for the NDP speeches, only 9% find themselves being classified as speeches prepared by a liberal Premier (Prime minister).

Table 5 Predicted classification of cases by political parties

<table>
<thead>
<tr>
<th>Parties</th>
<th>LIB</th>
<th>PC</th>
<th>SC</th>
<th>NDP</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Original</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LIB</td>
<td><strong>42.9</strong></td>
<td>7.1</td>
<td>35.7</td>
<td>14.3</td>
<td>100%</td>
</tr>
<tr>
<td>PC</td>
<td>12.1</td>
<td><strong>34.1</strong></td>
<td>27.5</td>
<td>26.4</td>
<td>100%</td>
</tr>
<tr>
<td>SC</td>
<td>10.2</td>
<td>14.3</td>
<td><strong>57.1</strong></td>
<td>18.4</td>
<td>100%</td>
</tr>
<tr>
<td>NDP</td>
<td>9.3</td>
<td>22.2</td>
<td>24.1</td>
<td><strong>44.4</strong></td>
<td>1000%</td>
</tr>
</tbody>
</table>

**Health and ideologies**

Recoding the political parties according to their ideologies, allows us to try to distinguish policies from the left, the center or the right. Table 6 reported the findings. The combination of issues raised by the center party is such that more than sixty percent of the speeches are properly classified. When there are mistakes, the speeches are more often attributed to the left than to the right. This is what most observers of the Canadian scene would have predicted for the period covered in this study. On the other hand, it is a bit surprising that the speeches coming either from the left or from the right can be attributed to the opposite end of the ideological spectrum. It would have seemed more reasonable to misclassify a case into the nearest ideological position instead of the furthest one.
Table 6 Predicted classification of cases by left-right ideologies

<table>
<thead>
<tr>
<th>% Original</th>
<th>% predicted</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ideologies</td>
<td>Left</td>
<td>Center</td>
<td>Right</td>
</tr>
<tr>
<td></td>
<td>Left</td>
<td>53.7</td>
<td>16.7</td>
<td>29.6</td>
</tr>
<tr>
<td></td>
<td>Center</td>
<td>21.4</td>
<td>64.3</td>
<td>14.3</td>
</tr>
<tr>
<td></td>
<td>Right</td>
<td>31.4</td>
<td>16.4</td>
<td>52.2</td>
</tr>
</tbody>
</table>

Discussion and Conclusion

The public health system became during the second half of the twentieth century a national icon for Canadians. When the Canadian federal government, in the mid 1980’s, negotiated a free trade agreement with the USA, it had to reassure the public that the public health system would not be modified because of free trade. The most challenging obstacle to convincing Canadians to support the free trade agreement was the “social program” argument (Johnston, Blais et al. 1992: 154). Since then, in each federal election, the public health system has remained a hot issue. Any party wishing to discuss the possibility of introducing a user fee or any other “innovation” of this kind has to back track. “No two-tier system” is the motto. As we have documented, the provincial governments have also committed themselves to an universal, free access system. With time, however, as the pressure to lower taxes has gained momentum, the cost of the public health system is squeezing all other public programs.

In the analysis, we have identified explicit references to the universal access as well as to the actual coverage of the public insurance. In his study of the American States Coffey (2005) has constructed an index of ideology of the executive of the States. His index of health-liberal is very much the equivalent of our ACCESS variable. We used Coffey’s dictionary to build an index of «health-liberal» and we correlated it with our ACCESS variable. The Pearson correlation between both indexes is 0.78. On the other hand his «conservative-health» index did not register at all. Only five statements were identified as conservative. In other words, using Coffey’s indexes, there is no such thing as a conservative ideological government in the five provinces we studied over a forty years period. How can we explain this lack of conservatism in Canada? First it can be argued that the vocabulary is not the same in the USA and Canada and we cannot expect
that an index based on vocabulary would be exportable from one country to another. His index for “liberal” works however. Second, one can argue that left and right are the opposite ends of a continuum and not two separate dimensions. In Canada, on this one-dimensional axis, cases would fall mainly on the left side of the dimension. So a Canadian conservative would be more or less located at the center of such a continuum.

Our second dimension had to do with how extensive was the coverage. The government policy positions as revealed by the Speeches from the Throne would need further study to reveal the full significance of the second dimension. Theoretically, we should have two orthogonal axis: access and coverage. If we were to summarize the idea in a fourfold table, we would find

<table>
<thead>
<tr>
<th>Health services</th>
<th>Access</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Universal</td>
</tr>
<tr>
<td>Coverage</td>
<td>High</td>
</tr>
<tr>
<td></td>
<td>Low</td>
</tr>
</tbody>
</table>

The debate in Canada has been restricted to the amount of coverage. The left advocates higher coverage while the right prefers that the strictly non-vital treatments should be left to individual preferences in a free market. In other words the number of medical procedures paid by the State should be kept to a minimum. Since we don’t find real conservative government, that is government denouncing the universal access and promoting a selective access to health care, we have not been able to develop this argument.

A third category worth emphasizing is the index we labelled HIA for Health Impact Assessment. This category was used to characterize the policies dealing with problems which are not first and foremost in the realm of the department of health, but which have to do with health. The more recent movement among health specialists to promote the idea of a priori evaluation of any policy on health has, in part, already been implemented. Governments have explicitly acknowledge that some policies in the fields of recreation, transport, labour, road construction, etc have a direct effect on health. The difference now is that the assessment should be systematic and should cover all significant policy.
Finally the difficulty of differentiating the left and the right in Canada is not new. And it seems that it is not going to be much different in the next while

«The entire body politic, with a few cloistered exceptions, has shifted a bit to the right […] So we’re right back to where we used to be. Conservatives and Liberals are becoming indistinguishable again.»

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References


