

How Canadian Legislators View Health Promotion: Does Party Affiliation Matter?

Mary Jane Ashley, MD,^{1,2} Joanna E. Cohen, PhD,^{1,2}
David A. Northrup, MA,³ Roberta G. Ferrence, PhD^{1,2,4}

Legislators are ultimately responsible for enacting policies that bear directly on health promotion in the population. Yet, research into what determines legislators' views of health promotion and their perceptions of the role of government has been limited. One notable exception is a recent American study of the voting intentions of legislators in North Carolina, Texas and Vermont with regard to tobacco control policies.¹

In this report, we describe the views of Canadian legislators on selected aspects of health promotion. Given the emphasis on political party that characterizes the Canadian parliamentary system, we also present these perspectives according to political party affiliation.

METHODS

The data were collected as part of the Canadian Legislator Study.^{2,3} All Canadian federal (n=291) and provincial/territorial (n=741) legislators, serving as of October 1996, were eligible to participate in a structured, computer-assisted telephone interview, conducted in either English or French between July 1996 and June 1997. The overall response rate was 54% (n=553). The response rates for legislators belonging to the Liberal, Progressive Conservative, New Democratic and

Reform parties (n = 510) were 58%, 50%, 68% and 75%, respectively. Overall, response rates did not vary by age, sex, educational attainment, or having an academic degree. However, current or former ministers or party leaders, those who were lawyers, and those with longer length of service were less likely to respond (p<0.05). Although the emphasis was on tobacco control,⁴ legislators' views on the role of government in health promotion and their support for selected health promotion issues were also addressed.

In this analysis, federal, provincial, and territorial legislators are combined. The findings are presented for all respondents and by political party, where the respondents numbered 40 or more. Chi-square tests were performed to determine if overall differences in the responses of legislators across party affiliations were statistically significant.

RESULTS

A majority of Canadian legislators agreed that government has a major role in promoting healthy lifestyles (Table I). However, legislators affiliated with the New Democratic (NDP) and Liberal parties were much more likely to support a major role for government than were respondents affiliated with the Progressive Conservative (PC) and Reform parties. A converse pattern was found for the view that promoting healthy lifestyles is mostly the responsibility of individuals. Indeed, almost half (48%) of the Reform party legislators supported this position.

Support for the role of government in five specific health promotion domains was also examined. The only health promotion area in which a clear majority of all legisla-

tors thought that government should play a major role was discouraging youth from starting to smoke. Less than one third of all legislators saw a major role for government in encouraging physical activity and healthy eating habits.

For each of these domains, a similar and statistically significant pattern of differences across the parties was found. Across the domains, New Democrats were generally most supportive and Reformers least supportive of a major role for government. Liberals tended to be close to the New Democrats in their support, while Progressive Conservatives were considerably less supportive than Liberals.

Legislators also differed statistically across party affiliations in their perceptions of the impact of health promotion programs and policies. New Democrats were most likely to agree that health promotion programs and policies would save money in the long run, and Reformers were least likely to agree that such interventions would change most people's behaviour.

For three other health promotion issues (violence on television, side-impact air bags in cars, and tobacco advertising), legislators were asked about the regulatory role of government versus the role of industry (Table II). As a group, legislators were strongly supportive of regulating tobacco advertising, but there was limited support for the other two measures. Again, for all three issues, Progressive Conservatives and Reformers were less supportive of a regulatory role for government than were New Democrats and Liberals, and the variations in responses across parties were statistically significant. Although a majority of legislators, overall, supported requiring the wearing of bicycle helmets by adults, there was much less support among PC and Reform

1. Department of Public Health Sciences, University of Toronto
2. Ontario Tobacco Research Unit, University of Toronto
3. Institute for Social Research, York University, Toronto
4. Centre for Addiction and Mental Health, Toronto

Correspondence: Dr. Mary Jane Ashley, Department of Public Health Sciences, University of Toronto, Toronto, ON M5S 1A8, Tel: 416-978-2751, Fax: 416-978-8299, E-mail: maryjane.ashley@utoronto.ca.

legislators. Overall support was higher for requiring children to wear bicycle helmets. However, for both questions that examined this measure, similar patterns of party differences were found. Reform legislators, in particular, were much less supportive of this measure.

DISCUSSION

These findings have direct implications both for the Canadian population and for health promotion advocates. Overall support among legislators for a major role of government in promoting healthy lifestyles and for specific health promotion measures appears, for the most part, to be modest. However, party affiliation does appear to matter, as views on health promotion do vary in a consistent manner across the Canadian political spectrum, with NDP and Liberal legislators being more supportive and PC and Reform legislators being less supportive.

Policy measures to promote the health of the population, including interventions in domains that are often labelled 'lifestyle', have been repeatedly recommended by expert groups, based on appraisals of the scientific evidence (e.g., refs.⁵⁻⁸). However, the implementation of such measures is determined largely by political factors. Ultimately, implementation depends on the willingness of legislators to act, sometimes in the face of powerful contravening forces and frequently in the context of well-entrenched ideologic positions and arguments.^{9,10} These positions and arguments incorporate concepts such as freedom of choice, freedom of speech, free enterprise, and the role of government, which, in turn, may underpin either support for or opposition to particular measures.¹¹⁻¹⁴ Effective health promotion depends not only on an understanding of what policy measures are effective, but on a better appreciation of the 'politics' of getting these measures, first on the public agenda, then implemented, and finally, maintained.

Understanding how issues can best be presented to build political support must be a priority for both health researchers and health promotion advocates.¹⁵ In Canada, a start has been made

TABLE I
Canadian Legislators' Views About the Role of Governments in Health Promotion, Overall and by Party Affiliation, 1996-97

Political Party/ Views on Health Promotion‡	NDP n = 96 %	Liberal n = 275 %	PC n = 99 %	Reform n = 40 %	All† n = 553 %
With regard to promoting healthy lifestyles **					
Government has a major role	71	59	34	25	53
Responsibility of individuals	5	11	19	48	14
Responsibility of both government and individuals	16	22	27	15	22
Government has a major role in ¶					
Discouraging youth from starting to smoke**	74	69	47	38	62
Preventing alcohol abuse**	66	53	38	18	49
Encouraging people to quit smoking**	57	53	31	15	46
Encouraging people to be physically active*	36	35	24	10	31
Encouraging healthy eating habits**	34	36	19	8	30
Programs and policies to encourage people to adopt healthy behaviours **					
Will save money in the long run	82	75	61	40	71
Will not change most people's behaviour	4	14	24	42	16

† The 'all' category includes 43 legislators who were Independents or members of other parties.
 ‡ Not all response categories for the questionnaire items are shown. For the first and last items, 'other response, don't know, and refused' are not shown. For the set of five health promotion domains, only one category (major responsibility - see footnote¶) is shown.
 ¶ For each domain the wording was similar (e.g., 'What about programs and policies to encourage healthy eating habits? Do you think the [federal, provincial, territorial] government has a major responsibility, some responsibility, or no responsibility in this area?'). The presentation of the items was randomized. The adjective before government matched the legislator's status, i.e., federal legislators were asked about the federal government and so forth.
 * p<0.01 ** p<0.001

TABLE II
Canadian Legislators' Support for Specific Health Promotion Interventions by Government, Overall and by Party Affiliation, 1996-97

Political Party/ Views on Health Promotion‡	NDP n = 96 %	Liberal n = 275 %	PC n = 99 %	Reform n = 40 %	All† n = 553 %
Regarding violence on television**					
Industry should develop guidelines	17	34	42	55	33
Government should regulate	52	44	31	18	42
Regarding side-impact air bags in cars**					
Decision of industry	15	30	54	55	34
Government should require	60	47	27	18	43
Regarding advertising of tobacco products**					
Industry should develop guidelines	1	8	29	30	12
Government should regulate	88	75	56	45	72
Should adults who ride bicycles be required by law to wear helmets? **					
Yes	76	68	37	33	59
Left up to individual	20	30	60	60	37
Should young people who ride bicycles be required by law to wear helmets? ¶*	n=55	n=142	n=61	n=14	n=293
Yes	87	86	72	43	80
No	7	11	23	36	15
Should young people who ride bicycles be required by law to wear helmets or do you think this decision should be left up to their parents? ¶**	n=41	n=133	n=38	n=26	n=260
Required by law	93	85	63	31	75
Left up to parents	7	13	34	65	22

† The 'all' category includes 43 legislators who were Independents or members of other parties.
 ‡ Not all response categories for the questionnaire items are shown. For the first three items, 'other response, don't know, and refused' are not shown. For the last three items, 'don't know' and 'refused' are not shown.
 ¶ The fifth and sixth items were asked as 'split ballot' questions. Legislators were asked only one of the questions at random.
 * p<0.01 ** p<0.001

on this research endeavour, both through the Canadian Legislator Study^{4,14} and other efforts.¹⁶ Other studies have found that a policy maker's policy preference may change, depending on how an issue is framed.^{17,18} However, even high levels of support do not necessarily translate into policy, and a better understanding in the public health community of the political barriers and facilitators that underpin public policy decisions is imperative.

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États ainsi que les pouvoirs de coercition directs auxquels l'OMC peut recourir pour obliger les pays à ouvrir leur marché.

Cet article traite des répercussions potentielles directes de l'OMC sur les systèmes de prestation de soins de santé financés publiquement, en raison de son influence sur le commerce dans le secteur de la santé et de ses services auxiliaires.

Changements récents à l'ordre commercial international

La plupart des pays sont tenus de respecter les règles de l'Accord général sur les tarifs et le commerce (GATT en anglais), mis sur pied en 1946 et remplacé par l'Organisation mondiale du Commerce (OMC) en 1995. Le champ d'application de l'OMC dépasse de loin celui du GATT. Autrefois, les accords commerciaux portaient surtout sur le commerce de marchandises comme les produits naturels et les matières premières, les produits transformés et les denrées. Aujourd'hui, les accords

internationaux englobent le commerce des services et de la propriété intellectuelle (le secteur qui connaît la croissance la plus rapide dans les pays développés).

Il est probable que les plus importantes répercussions sur les services de santé des pays développés découleront des règlements sur le commerce des services adoptés par l'OMC.

Répercussions potentielles du commerce des services sur la prestation des soins de santé

L'Accord sur les aspects des droits de propriété intellectuelle qui touchent au commerce (les ADPIC) exige de tous les pays membres de l'OMC qu'ils adoptent une législation sur les brevets analogue à celle des États-Unis. Au cours des dernières années, sous la menace de changements à la législation sur les brevets introduits dans le cadre de l'Accord sur le libre-échange (ALÉ) entre le Canada et les États-Unis, le gouvernement canadien a commencé à étendre la protection des brevets aux entreprises fabricant des médicaments sous mar-

que déposée, aux dépens des entreprises canadiennes produisant des médicaments génériques qui avaient jusque-là approvisionné le marché canadien en médicaments à faible coût.⁴ Alors que le Canada était déjà intervenu sévèrement à l'encontre des fabricants de médicaments génériques, l'Accord sur les ADPIC a été utilisé pour le forcer à accorder aux multinationales une protection des brevets d'une durée de 20 ans comme le stipule la législation américaine à cet égard.⁵

Pour les systèmes de soins de santé, cette situation pourrait se révéler grave car une plus grande protection des brevets, en permettant aux entreprises pharmaceutiques de se protéger de la concurrence sur une plus longue durée, diminuera la disponibilité de médicaments meilleur marché. C'est un problème très grave car dans les budgets des soins de santé, les médicaments constituent la part qui augmente le plus rapidement.

L'autre accord important, l'Accord général sur le commerce des services ... voir Éditorial, à la page 23