

Predictors of Canadian Legislators' Support for Public Health Policy Interventions

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Healthy public policy is an important strategy for improving the health of individuals and populations.¹⁻⁴ Because they can enact these policies, legislators should be a key focus for public health policy research. We have previously presented Canadian legislators' views on selected aspects of health promotion according to political party.⁵ In this report, we describe the relationships between Canadian legislators' support for public health policies and two groups of potentially important predictors: 1) political factors, and 2) personal characteristics.

METHODS

The data were collected as part of the Canadian Legislator Study.^{6,7} 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 between July 1996 and June 1997. The overall response rate was 54% (n=553). Response rates did not vary by age, sex, educational attainment, or having an academic degree. However, current or former ministers or party leaders, longer-serving legislators, and lawyers were less likely to respond (p<0.05).

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Although the overall study focused on tobacco control,⁸ legislators were also asked to indicate their degree of support for four public health interventions: regulating violence on TV, requiring side-impact airbags in cars, requiring adult cyclists to wear helmets, and regulating stores selling alcohol. Confirmatory factor analysis of these four items using LISREL⁹ indicated acceptable fit of a one factor model. A unidimensional summative scale (the Public Health Support Scale or PHSS) was computed, using factor loadings as a weight for each item. The PHSS ranged from 0 to 1.85 (mean=1.03, standard deviation=0.51). The skew (-0.1) and kurtosis (2.3) indicated an approximately Gaussian distribution. The PHSS showed construct validity by varying with political party in the expected direction (i.e., decreased support from left-leaning to right-leaning parties).

Explanatory variables consisted of political and personal factors. Political factors included political party, governing status, minister status, and three measures of political ideology – the Health Promotion Ideology Scale (HPIS, measuring beliefs about the role of government in health promotion), the bipolar ideology scale (self-placement of political views on a 10-point left-right scale), and views on government regulation of the private sector, fully described elsewhere.¹⁰ Personal characteristics included age, sex, educational attainment, and smoking status.

Bivariate relationships between the PHSS and explanatory variables were examined with linear regression, using Stata.¹¹ Subsequently, multivariate relationships were determined using two multiple linear regressions. The first model included all variables found to have an association (p<0.10) with the PHSS in the bivariate analysis. The final model was identical to the first, but the bipolar ideol-

ogy scale was omitted to increase the sample size.

RESULTS

New Democrats (p<0.001) and Liberals (p=0.003) were more supportive of public health interventions than were members of all other parties combined (Table I). Progressive Conservatives (p<0.001) and Reformers (p<0.001) were less supportive than all other respondents combined. Support was greater among those indicating that the government has a role in health promotion (higher scores on the HPIS, p<0.001). Support was lower among legislators who placed themselves toward the right of the bipolar ideology scale (p<0.001) and who thought there was too much government regulation of the private sector (p<0.001). Personal characteristics were not related to support.

In the final multivariate linear regression model, political party and political ideology were independently associated with support (Table II). Compared to Liberals, Progressive Conservatives and Reformers were less supportive of public health interventions (p<0.001). Support was higher among legislators who believed the government has a role in health promotion (p<0.001), and lower among those who thought there was too much government regulation of the private sector (p=0.001).

DISCUSSION

Measures of both political party and political ideology were independently associated with support for public health interventions. Previously, with regard to tobacco control policies, we also found that political party and political ideology were the only political factors associated with support (p<0.05), while, consistent with

the findings reported here, none of the demographic characteristics predicted support.¹² However, variables concerning issue-specific knowledge and attitudes, constituency economic interests, and receptivity to lobbying, which predicted support for tobacco control, were not available for assessment as determinants of more general public health support. Future studies of the determinants of support for public health policies should incorporate these types of variables.

This analysis demonstrates that irrespective of party, legislators with "leftist" political views and those who believed that government has a role in promoting healthy lifestyles, were more supportive of the selected public health interventions, while those who thought the level of private sector regulation was "too much" were less supportive. These findings suggest that legislators who oppose specific public health policies may not be opposed to those policies *per se*, but are more generally opposed to an interventionist role for government. If this is the case, public health advocacy efforts need to address the issue of political ideology, perhaps through the strategic framing of issues.¹³⁻¹⁵ Further research to identify the "levers" of support for public health interventions may suggest specific approaches that promote the enactment of healthy public policies.

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TABLE I
Bivariate Associations between the Public Health Support Scale and Explanatory Variables; Coefficients from Single Variable Linear Regressions

	Coeff.	SE	t	P Value	95% CI	N	Adj R ²
Political Factors							
New Democrat***	0.28	0.06	4.91	<0.001	0.17, 0.39	553	0.04
Liberal**	0.13	0.04	3.03	0.003	0.05, 0.22	553	0.01
Progressive Conservative***	-0.28	0.06	-5.04	<0.001	-0.39, -0.17	553	0.04
Reform***	-0.46	0.08	-5.66	<0.001	-0.62, -0.30	553	0.05
Other party§	-0.00	0.08	-0.03	0.973	-0.16, 0.16	553	<0.01
Governing status	0.04	0.04	0.83	0.407	-0.05, 0.12	553	<0.01
Government minister	0.08	0.07	1.11	0.267	-0.06, 0.21	553	<0.01
HPIS¥***	0.21	0.03	7.70	<0.001	0.16, 0.27	552	0.10
Bipolar ideology scale***	-0.09	0.01	-6.93	<0.001	-0.12, -0.07	386	0.11
Private sector regulation***	-0.29	0.04	-6.82	<0.001	-0.37, -0.20	553	0.08
Personal Characteristics							
Age	0.00	0.00	0.58	0.563	-0.00, 0.01	451	<0.01
Sex (male vs. female)	0.04	0.05	0.79	0.431	-0.06, 0.15	553	<0.01
Educational attainment	-0.01	0.03	-0.30	0.763	-0.06, 0.04	551	<0.01
Smoking status	-0.05	0.06	-0.84	0.404	-0.16, 0.06	550	<0.01

§ includes Bloc Québécois, Parti Québécois, Yukon Party and Independents;

¥ HPIS = Health Promotion Ideology Scale;

** p<0.01; *** p<0.001

TABLE II
Multivariable Linear Regression of Public Health Support Scale on Measures of Political Factors¶

	Coeff.	SE	T	P Value	95% CI
New Democrat	0.09	0.06	1.49	0.137	-0.03, 0.20
Progressive Conservative***	-0.20	0.06	-3.58	<0.001	-0.31, -0.09
Reform***	-0.31	0.08	-3.64	<0.001	-0.47, -0.14
Other party§	-0.00	0.08	-0.05	0.959	-0.15, 0.15
HPIS¥***	0.14	0.03	5.09	<0.001	0.09, 0.20
Private sector regulation**	-0.15	0.04	-3.38	0.001	-0.24, -0.06
Constant***	1.16	0.04	31.63	<0.001	1.09, 1.23
N	552				
Adjusted R ²	0.18				

¶ Bipolar ideology scale omitted to increase sample size;

§ includes Bloc Québécois, Parti Québécois, Yukon Party and Independents;

¥ HPIS = Health Promotion Ideology Scale;

** p<0.01; *** p<0.001

Note: The Liberal Party was the comparison category for the political party indicator variables because it is the largest group and also is considered a "centre" party on the ideological spectrum.

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