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Here today, gone tomorrow: The issue attention cycle and national print media coverage of prescription drug financing in Canada

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ABSTRACT

Canada is the only developed country that has established universal coverage for hospital care and physician services that excludes medically necessary prescription drugs. Lack of public interest in expanding universal coverage to prescription medicines may be one critical factor in explaining this policy puzzle. Historical levels and patterns of attention to financing issues in the media may have implications for public awareness and support for such major health reform. We thus examined the quantity, context, and patterns of coverage of public drug financing in national print media in Canada from 1990 to 2010. We conducted a time series analysis of monthly newspaper article counts to quantify trends in coverage and analyzed article content by applying Down's theory of the "issue-attention cycle" of political attention. We found that baseline coverage of this issue was low throughout the past twenty years with few cycles of increased attention, initiated by focusing events related to general health reform. Issue-attention cycles were driven by coverage of proposed policy solutions simultaneously accompanied by lower levels of coverage of policy problems and barriers to change, before fading rapidly from attention. The observed patterns of media coverage and the intrinsic characteristics of this policy issue suggest that any momentum for reform (or lack thereof) is likely to be driven by elite members of the policy community rather than by way of public engagement. This has implications for the probability of reform and which options may be considered or eventually implemented, as policies developed within elite policy communities may tend to reflect niche interests rather than being reflective of principled policy goals.

1. Introduction

Canada is the only developed country with a universal public health insurance scheme that excludes coverage for prescription drugs used in the community setting. Under the Canada Health Act, the federal government requires provinces to provide universal first-dollar coverage exclusively for medically necessary hospital and physician services to be eligible for federal cash transfers. Although each of the ten provinces have independently established public safety nets to protect residents against medicine costs, the eligibility and scope of coverage varies widely and is generally limited to coverage for seniors, welfare recipients, and/or individuals with catastrophic medicine expenses [1]. The majority of Canadians rely on employer-sponsored private drug insurance, others pay out-of-pocket. This patchwork of coverage leaves a significant proportion of the population under or uninsured for needed medicines [2,3]. Despite a number of calls for expansion of public drug coverage by high profile health commissions, interest groups, and experts, the federal government has not yet intervened to establish a provincial

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cost-sharing arrangement for drug coverage and provinces have neither meaningfully harmonized nor expanded public coverage on their own [4].

The political risk of "big bang" reform to introduce universal and comprehensive coverage for medicines is great: interests are imbedded and mobilized and the financial implications of reform are high. Given the barriers and the stakes, one may argue that compelling electoral incentives are fundamental in moving reform efforts forward and that the lack thereof may be one explanation for Canada's stagnancy on drug coverage reform. Compared to comparator countries that included prescription medicines during the original establishment of national health insurance schemes, public awareness and support for covering outpatient medicines was low at the time Canada introduced national health insurance [5]. Public salience of this issue may be similarly low today: a 2004 Health Canada survey found that respondents ranked national pharmacare as one of lowest policy priorities for health care, superseding only the publication of annual performance reports [6].

The media is recognized to play an important role in influencing the relative salience of health policy issues on the public agenda and correspondingly, public support for them [7–12]. In health financing debates in the United States, research has suggested that the media played a large role in shaping negative views about managed care [7,13] and for tempering public support for major health reforms proposed by the Clinton and Obama administrations [9,14,15].

While these previous studies have shed light on the influence of media messaging and tone during periods of intensified attention to health reform efforts, the media has effects beyond framing, functioning also an agenda-setter [16]. Despite the potential implications for public awareness and mobilization around reform efforts, there is a dearth of studies of health policy issues that have analyzed longitudinal *patterns* of coverage and how periods of increased attention to policy issues, wherein framing becomes important, materialize and subsequently fade. Indeed, the pattern of coverage in and of itself may act to promote or limit awareness and interest in a policy issue. Media attention in episodic "issue-attention" cycles is much less likely to produce momentum for reform compared to other patterns [17]. However, some policy issues are inherently predisposed to such cycles due to their characteristics, namely those for which harm is realized by a minority or a less powerful majority, concentrated benefits are realized by a powerful minority, and the issue itself is not intrinsically exciting [17]. We argue that prescription drug financing in Canada satisfies each of these conditions. As a result, we hypothesize that this issue has been subject to a pattern of low media coverage punctuated by rapid issue-attention cycles, never sustaining traction on the public agenda.

To explore this hypothesis, we measured the extent to which historical patterns of Canadian print media coverage of drug financing from 1990 to 2010 are indicative of issue-attention cycles. Based on our findings, we consider the implications for understanding patterns of media coverage of health reform issues, and more specifically, whether the patterns of attention observed can help explain the stagnancy of efforts to expand drug coverage in Canada.

1.1. Theoretical framework: the issue attention cycle

The issue-attention cycle provides a theoretical framework for interpreting the dynamics of rises and falls in public attention to health reform issues and how coverage patterns may influence public engagement. The cycle implies that public attention to some domestic policy issues tends not to reflect changes in real-world indicators (for example, the number of uninsured individuals) but rather operates on a systematic cycle with peaks of increased attention and troughs of public boredom or disinterest [17]. Issue that quickly pass through the entire issue-attention cycle rarely sustain the prolonged public attention that may be required for meaningful policy change [17].

Issue-attention cycles have five sequential stages. First, the pre-problem stage occurs when some undesirable condition exists but has not yet captured a significant amount of public attention, not necessarily because the problem is not grave, but due to a lack of perception or awareness of it. Second, gradually, or more often rapidly as a result of some focusing event, the public becomes aware and troubled about the undesirable condition in a stage of alarmed discovery, often accompanied by confident enthusiasm about society's ability to solve the problem within a relatively short period. The third stage is the public's realization of the cost of significant progress (financial or social). The fourth stage involves a gradual decline in public interest as costs are realized. Individuals may feel disillusioned, threatened by the proposed solution, or bored with the issue, and in response, the media will rapidly shift attention to a new problem. In the final "post-problem" stage, an issue that was subject to high attention moves into a prolonged "twilight realm of lesser attention" with spasmodic recurrences of low to moderate interest.

We apply the theory to the issue of Canadian drug financing because its attributes, are consistent with those, originally identified by Downs, that predispose an issue to such a cyclic pattern of coverage. First, the majority of persons in society do not suffer as a result of the current conditions relative to some minority. The majority of healthy, working Canadians are well insured under employer-based plans for their medicine needs (which are likely low) and senior citizens are covered publicly in most provinces. While drug affordability may negatively affect a large absolute number of Canadians, this group is small as a proportion of the population and is concentrated in less politically influential regions (e.g. Atlantic provinces) and among the least mobilized and resourced classes (the working poor and the sick) [2,18]. Agendas are finite by nature and in this case, those who may benefit most from policy change are the least likely to have the time and ability to mobilize multiple actors and expend the political and financial resources necessary to keep an item prominent on the agenda.

Second, any suffering that is caused by the current conditions is generated by social and political arrangements that provide substantial benefits to a majority or powerful