POLITICAL IDENTITIES, PRESUMED DEFINITIONS, AND PROTEAN PORTRAYALS: REPRESENTATIONS OF THE PUBLIC-PRIVATE HEALTHCARE DEBATE IN CANADIAN PRINT MEDIA

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ABSTRACT

The Canadian debate over public versus private delivery and financing of healthcare has been extensively represented in the news media and is an important issue to the public and policymakers. News media has complex and varied influences on its audiences including informing the public and potentially influencing the policy debate. This study explores the representation of the public-private healthcare debate in three Canadian newspapers over time. Using constructed-week sampling, I selected articles published between September 3, 1985 and February 23, 2009 containing search words related to the debate. I coded articles for content, agenda setting, and framing characteristics. The public-private debate was predominantly represented as a political issue and privatization was framed negatively. The agenda setting potential of the articles suggested a potential duality in the role of news media as potential agenda setters and communication agents for the policy debate.

Keywords: healthcare in Canada; private-public debate; media analysis; framing; agenda setting theory; media advocacy

Subject Terms: Mass Media in Health Education; Health Policy Canada; Health Care Reform Canada; Content Analysis Communication

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INTRODUCTION

Canada's publicly financed, privately delivered (and predominantly not for-profit) healthcare system has faced numerous pressures to reform from advocacy groups, professional associations, policymakers, and the public. Proponents of private financing have voiced concerns over the inefficiency and sustainability of the public system, while supporters of public financing have avidly encouraged expansion of the public sector and defended against private expansion. The specific features and intensity of the debate have varied over time and the media has reported on the debate throughout.

However, the role of the media goes far beyond the mere reporting of daily events. The media has a role in setting the policy agenda, framing policy issues, and persuading readers (Iyengar, 1997). Thus, the media is an important resource to understand the nature and potential impacts of the Canadian healthcare debate.

PROBLEM

To my knowledge, the news media's representation of the public-private debate has not been described extensively and its potential influence on the policy debate is previously unstudied. Others have commented on the dearth of media analysis focusing on health policy (Hayes et al., 2007; Collins et al., 2006). This gap in the literature can, in part, be addressed through an analysis of the content, agenda setting, and framing qualities of newspaper articles which discuss the public-private healthcare debate.

PURPOSE

The purpose of this descriptive study was to assess the representation of the public-private healthcare debate in Canadian media over time and explore its potential implications on the policy debate by examining the content, agenda setting, and framing qualities of articles.

LITERATURE REVIEW

The debate over the merits of public financing, private financing, public delivery, private not for-profit delivery, and private for-profit delivery of healthcare has long been a fixture in the Canadian healthcare system. In the current system, medically necessary physician and hospital administered services are publically funded and predominantly privately delivered by physicians in private practice or by private not for-profit hospitals. Services excluded from this definition, such as outpatient pharmaceuticals and dental care, are not universally funded and a combination of public and private financing is typically utilized (Goldsmith, 2002). The public-private debate is multi-faceted. It involves, among other issues, the use of private financing for services otherwise paid by the public purse, the use of private financing for services deemed medically not necessary, the private for-profit delivery of healthcare services, and the expansion of public financing into areas currently not universally funded (e.g. outpatient pharmaceuticals).

The current public-private debate has been shaped by various pressures including economic factors, technological and pharmaceutical advancements, fiscal concerns, and political factors (Deber & Gamble, 2004). The influence and interplay of these factors has been shown to vary over time, with impending elections, budget releases, or commissioning and release of government reports influencing the tone and salience of the debate. For example, news media

coverage of healthcare was more positive in autumn 2002 after the release of the Kirby and Romanow reports (Collins et al., 2006).

Among the major players in Canada, there is little overall consensus on the debate. Academics generally support single payer public financing on the basis of equity and cost-control while policy makers have variable support based on political ideologies (Evans, 2000b). Neoconservative policy makers, for example, often call for the introduction of premiums or allowing individuals to pay out-of-pocket for medically necessary services (Lewis, 2004). Given the value placed on healthcare by the public, the public also has an important role in the public-private debate. The healthcare system is consistently described as Canada's most popular social program and is often cited as a defining feature of the country (Evans, 2000a; Naylor, 1999). Public opinion surrounding healthcare satisfaction and the public-private debate has varied substantially over time. Public satisfaction with the healthcare system peaked in 1988, and then began to falter. By the late 1990s, public satisfaction was at its lowest, a trend attributed to the budget cuts of the 1990s (Abelson et al., 2004; Donelan et al., 2004). By 2002, satisfaction increased slightly, tracking the increased government attention to and expenditure on the healthcare system (Abelson et al., 2004). More recent polls suggest decreasing satisfaction with healthcare and considerable support for system reform, which is often perceived by the public to necessitate a parallel privately financed system (Contandriopoulos & Bilodeau, 2009). Specific healthcare system concerns recently expressed by Canadians have addressed timely access to care, expenditures on prescription drugs and home care, and

the potential role for private financing and private for-profit delivery (Mendelsohn, 2002; CIHI, 2003).

The media has a crucial role in communicating and informing public opinion (McCombs, 2000), and beyond this, has multiple complex effects on society. Media provides information, frames policy issues, persuades readers, and can influence the policy agenda (Rees & Bath, 2000; Passalacqua et al., 2004; Iyengar, 1997). Agenda setting theory focuses on the media's potential role in setting the policy agenda and influencing what the public and policymakers think about. It is based on seeking to understand how media select stories and the importance placed on certain aspects of stories (Cohen, 1963). Various media sources have agenda setting properties and news media is only one of many potential agenda setters (albeit an important one). While agenda setting theory looks at what story is told, framing focuses on how the story is told. Framing refers to the interpretive lens used to present the story. The interplay between framing and agenda setting is inherent as both influence the news media's ability to shape public thinking and policy agendas (McCombs & Ghanem, 2001).

Thus far, use of agenda setting and framing theory in healthcare policy media analysis is relatively limited. Canadian news media sources use a narrow definition of health, largely excluding social determinants of health while focusing heavily on healthcare (Hayes et al., 2007). Despite the Canadian news media's extensive reporting on healthcare management, regulation, service provision,

and delivery, media analyses have focused predominantly on the communication of scientific findings and health risks (Hayes et al., 2007; Seale, 2003).

This trend is beginning to shift and media analyses of healthcare policy issues are gaining traction. For example, a recent study analyzing media coverage during the release of two Canadian healthcare reform documents in 2002 showed the media's role as a conduit for the policy agenda. Using indicators of agenda setting, informing, persuading, and framing, the authors also demonstrated the importance of framing news articles (Collins, 2006). Previous research indicates the need for further exploration of media reports on Canadian health policy, particularly public-private healthcare debate, and substantiates the use of agenda setting and framing theories in this undertaking.

METHODS

Data sources

I used newspaper articles as the data source in this study. Compared to other news media, the use of newspaper articles has notable advantages as listed by Hayes and colleagues (2007). First, newspaper articles are the agenda setting media in Canada (Hayes et al., 2007). Those seeking political knowledge more frequently turn to newspaper than television (Chaffee & Frank, 1996), and reading a newspaper is a important correlate of political knowledge (Gidengil et al., 2004). Secondly, Canadian media is highly concentrated, so newspaper stories are reflected in television and radio programming (Hayes et al., 2007). Last, newspaper is perceived as a more accurate source of information compared to television media (Glynn et al., 1999).[1]

Using the Canadian Newsstand database, I drew a sample of articles from three leading English language newspapers in Canada: Toronto Star, The Globe and Mail, and The National Post. These newspapers were selected based on their similar scale and readership, and variation in ownership and political left-right leanings (Table 1). The Globe and Mail and The National Post are the only national newspapers in Canada and have high weekly readership. The Toronto Star is a local Toronto newspaper with the highest readership of any Canadian newspaper. The Globe and Mail offers a centrist perspective, while the National

[1] While this citation is relatively dated, I still believe this perception to be valid.

Post is more conservative and the Toronto Star is left of centre (Greenberg, 2000; Mitchell, 2007; Aldridge, 2001; Goodyear-Grant et al., 2004; Jiwani, 2005). I am making the assumption that the political orientation of the papers is constant. However, over the time period studied, changes in ownership and editorial boards have occurred, likely influencing the paper's political orientation to some degree. The National Post was renamed from the Financial Post, a newspaper with more limited scope and subject matter, on October 24, 1998. Articles published both before and after the name change were sampled.

Article selection

Articles eligible for this analysis included the words "health", "medicine", or "medicare" within the same paragraph as the search words "two tier", "two-tier", "parallel private", "for profit", "for-profit", "privatiz*", "privatis*", "private health care", or "private healthcare"[2] (hereafter referred to as "search words"). I later excluded obituaries, stock quotes, financial summaries, financial or tax advice, news indices, advertisements, articles referring to search words in a context not related to health, articles that do not refer to Canada, and articles fewer than 50 words. Where regional or early editions of a story were retrieved, I included only the national or final editions.

All dates from September 3, 1985 (the earliest date at which all three newspapers were electronically available) to February 23, 2009 were initially sampled, generating a large sample. To yield a more feasible sample size, I

[2] In Canadian Newsstand an asterisk (*) is a right-handed truncation character of variable length and finds all forms of the word. For example, searching for "privatiz*" will find "privatization", "privatized", etc.

used constructed weeks sampling. The constructed week model corrects for variability in newspaper content according to the day of the week. Its effectiveness in representing the universe of news articles compared to random and convenience sampling has been demonstrated and it is widely applied in newspaper analyses (Riffe, Aust & Lacy, 1993; Collins et al., 2006; Hayes et al., 2007). Constructed week sampling involves a stratified random sample by day of the week. For example, for seven constructed weeks, seven randomly selected Mondays, seven randomly selected Tuesdays, etc. were included. Dates were excluded if any of the three newspapers were not available: Christmas Day (Dec 25), New Years Day (Jan 1), Labour day (first Monday in Sept), Thanksgiving day (second Monday in Oct), all Sundays, and Oct 25-27, 1998 (the National Post was unavailable for reasons related to its name change from the Financial Post to the National Post).

I determined the appropriate number of weeks for constructed week sampling based on work by Lacy and colleagues (2001). They report that for multi-year newspaper content analysis studies, nine constructed weeks adequately represent five years (260 weeks) of newspaper material (2001). Using this formula, 43 constructed weeks were required for this study.

Coding

Given the large number of articles included in this study, I developed a predominantly quantitative codebook to categorize and analyze news articles. Development of the codebook relied on both deductive and inductive methods. The deductive approach relied upon previous studies which apply media analysis

to health policy. These articles helped determine coding methods and types of questions which allow inferences to be made about content, framing, and agenda setting (Collins et al., 2006; Brodie et al., 2002; Soroka, 2002; Braun, 2007). The inductive approach involved reviewing a random 10% of the articles to be coded. The review of articles indicated the need to include a more specific set of codes. For example, the questions about the depth of discussion of the public-private debate, the players discussed in the article, the impetus for the discussion (e.g. wait-times, government expenditure), and the use of evidence were included after the coding of this initial subset.

I also reviewed the codebook with two researchers who are experienced in codebook development, healthcare policy research, and media analysis. These steps fostered further honing of my codebook and data entry form. I altered the wording of a few codebook components, added response choices, allowed questions to have multiple responses, and organized my codebook to facilitate clearer application of agenda setting and framing theories.

The codebook contained the following broad sections: general characteristics, content, agenda setting properties, and framing (summarized in Figure 1; the full codebook is available in Appendix A). The article characteristics section of the codebook recorded structural components of the article: publication date, article type, and newspaper name. For article type, each article was defined as hard news, editorial, or letter to the editor based on the following descriptions. Hard news stories provide facts about an event or issue and are perceived to be the most neutral type of newspaper article (Herald Education, n.d.). In the

Canadian Newsstand database, they were often, though not exclusively, classified as “news” or “cover story”. Editorials are written by staff providing their opinions with the use of supportive facts (Herald Education, n.d.). They were predominantly classified as “editorial” or “commentary”. Letters to the editor are responses from the public. They often feature contrasting opinions or perspectives by prominent figures but can be written by anyone (Herald Education, n.d.). In Canadian Newsstand, they were classified as “letter”. I followed the Canadian Newsstand classifications in all but a few instances where I disagreed or the classification was absent.

The content section provided an organized summary of the article: whether the article discussed healthcare financing only, delivery only, or did not differentiate; the health sector theme discussed; the impetus for the discussion of the public-private debate; references to specific geographic locations; whether the reference to private healthcare focused on a person, event, or idea; the players identified regarding private healthcare; and the use of evidence in articles. The response choices for health sector theme included, for example, surgical care, diagnostic imaging, and not universally insured services (e.g. pharmaceuticals and rehabilitation care). There were questions pertaining to the use of evidence: whether statements were backed by evidence, the type of evidence used. Evidence was defined as any knowledge provided to support statements or opinions and included policy evidence (e.g. references to the Canada Health Act), research evidence, location comparisons, and personal experiences. For a subset of articles using evidence, I classified the adequacy of

the use of evidence into: evidence used well, incompletely, or incorrectly, and recorded specific text examples. The subset selection and classification depended on my own skills and knowledge about the evidence as I only evaluated the adequacy of the use of evidence where I felt I was capable of such an evaluation.

The agenda setting section considered what stories were told and the likelihood that people read them. Here, agenda setting was defined as the prominence of the article and the prominence of the discussion of private healthcare. The prominence of the article considered the article length, use of artwork to accompany the article, and the location of the article in the newspaper. These components were incorporated to determine the likelihood that people read the articles. Prominence of the discussion of private healthcare considered the depth of focus on the search word and the depth of focus on the impetus for discussing private healthcare (e.g. wait times and government spending). Here, the depth of focus was determined by indicating the amount of the article with a particular focus, for example, up to two sentences discussed the search word. Looking at the prominence of the discussion of private healthcare helped elucidate the reader's exposure to the idea of private healthcare and to the public-private debate.

The framing section examined how the story was told and recorded the article tone. This section considered the presence of conflict in the discussion of private healthcare, whether the article strictly reported an event and the type of event, the portrayal of the future of Canadian healthcare, the portrayal of private

healthcare, and the status of private healthcare. Variables referring to portrayal asked whether the article presented a positive, negative, or neutral view. The status of private healthcare was described as emerging, present and steady, present and growing, present and receding, or not present.

For articles with minimal reference to any search word, I could not determine some components of the codebook and they were left blank. Articles were coded in random order and I was blinded to the newspaper name. In keeping with the inductive approach, I used notes taken during coding to make further refinements and additions to the codebook. For example, I added the variable to differentiate between private financing versus private delivery during coding.

Reliability measurements

I conducted an intercoder reliability measurement with a random selection of 5% of the articles. The reliability measurement was performed by someone with no experience in coding, minimal knowledge of Canadian healthcare policy, and limited opinion on the public-private debate. While initially chosen for convenience, this aspect of the study had a potential methodological asset. Ideally, the codebook was robust enough that even someone with limited knowledge and understanding of the debate would prove its reliability. I also performed an intracoder reliability measurement with a random selection of 5% of the articles to ensure the consistency of my own coding over time.

Statistical analysis

Using SPSS 17.0 statistical software, I computed the proportion of outcomes with missing data removed from the denominator where applicable. I stratified data by article type, newspaper source, and date. Since the dates were randomly selected through constructed week selection, there was no underlying structure by which to group them. Thus, I grouped the dates into chronological quintiles: Time 1 (Sept 3, 1985 to Jan 24, 1996), Time 2 (Aug 24, 1996 to Mar 29, 1999), Time 3 (Jun 22, 1999 to Oct 15, 2002), Time 4 (Oct 15, 2002 to Feb 1, 2006) and Time 5 (Feb 4, 2006 to Feb 23, 2009).

To determine the significance of differences between strata, I used the Pearson's exact chi-square test. In cases where more than 20% of the frequencies were below five, the Fischer's exact test was utilized. For variables with mutually exclusive response choices, I performed chi square tests using all responses within each grouping of newspaper name, article type, or time. Thus, any statistical difference over a range of response choices and across the stratification (e.g. the three newspapers) was tested. Where variables did not have mutually exclusive response choices, independent chi square tests were performed by response choice. Here, any statistical difference within one response choice across the stratification was measured. I used chi-square tests for all variables except article length, where means were tested using analysis of variance. Given the large volume of results, only statistically significant p values are reported and some results are not accompanied by a table in the main text (although all tables are in Appendix B).

Self reflection

Prior to developing the coding framework I reflected on my personal characteristics to reveal how these could potentially bias my coding decisions and analysis (as performed by Goldsmith, 2007). I focused on my own views of the media, my political views, and how my experiences shape the lens through which I view health policy.

I have been exposed to Canadian news media for many years: first as a child listening to CBC radio and more recently as a reader of the Globe and Mail. Not long ago I was a passive consumer of media information. Within the last few years, however, I have become more critical of news media – the perceived objectivity of hard news, the opinions of certain journalists, the appeal of certain types of stories, the language used, and the prevailing viewpoints represented. I believe that the media is never truly objective and transparency of the ideologies and opinions of journalists and newspapers is a crucial component of the media's role in informing the public.

Being a young, white middle-class Canadian, I come from a position of relative privilege in society and have never struggled with severe health issues. I have always had private health insurance covering services uninsured by the public healthcare system and cost has never been a barrier to my seeking healthcare. I was raised in Thunder Bay, Ontario a relatively remote community in Northwestern Ontario. The remoteness of Thunder Bay often necessitates travel to access certain specialized healthcare. Although I have never required it,

many friends and family have avoided wait times in Canada by travelling to the nearby United States.

I have left-wing political views and am a supporter of income redistribution, the preferential option for the poor, and the publicly financed healthcare system on the basis of equity. I have faith that the Canadian publicly financed healthcare system will be preserved, though slightly altered through time, and that publicly financed healthcare is the optimal way to achieve equality in healthcare access and outcomes. I support the improvement and expansion of the Canadian healthcare system, to increase pharmaceutical coverage and include services from healthcare professionals other than physicians. Throughout my upbringing and the majority of my adult life, I have been surrounded by like-minded people. I do not have any close friends who believe in privatization of the healthcare system or support conservative ideologies.

This self-reflection highlighted the strength of my own views, especially related to the role of media and Canadian health policy. Wherever possible, I built in mechanisms to reduce the insertion of my beliefs into the project (e.g. reviewing my codebook with two experienced researchers). I remained cognizant of my views throughout the development of my codebook, while I performed the coding, during the presentation of my results, and during their discussion. For example, I wanted a variable to capture whether evidence was used and initially called it “simplification of the debate”. Upon reflection, I divided this variable into two new variables: “statements backed by evidence” (with a yes/no response) and “type of evidence”.

After each coding session, I debriefed with a few questions for myself: Did I code all articles fairly? Was I tempted to include my own values in the coding process? Was I excited, upset, or worked up while reading any of the articles? If the answer was yes to any of these questions, I was prepared to re-code articles but found that doing so was unnecessary.

RESULTS

Article characteristics

Figure 2 shows the number of articles included in the initial search and after selection of constructed weeks by newspaper. The initial search yielded 7296 articles over the course of 1225 weeks. The constructed weeks sampling method reduced this to 208 articles over 43 weeks. Articles not expected to address the study topic (e.g. obituaries and advertisements), articles with fewer than 50 words, and articles that did not make reference to Canada, provinces, or territories were excluded. These exclusions resulted in a final sample of 150 articles. The articles were distributed across all three newspapers: 37% from Toronto Star, 36% from Globe and Mail, and 27% from National Post. The sample generated through constructed week sampling followed a similar distribution over time to the universe of articles that meet the search criteria.

Overall, hard news stories accounted for 45% of all articles coded, 39% were editorials, and 16% were letters to the editor. While the Toronto Star and Globe and Mail had similar breakdowns for article types, editorials were overrepresented in the National Post.

Reliability measurements

The Cohen's kappa coefficients for intercoder and intracoder reliability were 0.613 and 0.718 respectively. These reliability results have borderline

acceptability and warrant further exploration. However, time and resource constraints do not allow for more in-depth investigation of the reliability measurements at this stage. For intercoder reliability, the low reliability may be attributable to the codebook itself or the second coder who had more limited understanding of the public-private debate. Variables with low intercoder agreement were the identification of political institutions as players, whether the article directly discusses an event (second coder more often indicated ‘no’ than the primary coder), the depth of focus on the search word, the portrayal of the future of Canadian healthcare (second coder more often indicated ‘neutral’), and the portrayal of private healthcare (second coder more often indicated ‘neutral’). Variables with low intracoder agreement were the depth of focus on the search word, the depth of focus on the impetus, the portrayal of private healthcare, and the status of private healthcare.

Overview of results

Table 2 provides a summary of the results. For each variable it shows the most frequent response and indicates any statistically significant variance across newspaper, article type, or time period. Overall, analysis of article content revealed political players were most frequently included, political values were the most common impetus for discussion, and policy evidence was most often harnessed. Statistically significant differences in geographic coverage by newspaper; in health sector theme, impetus for discussion, and players across time periods and article types were observed. Analysis of potential agenda setting properties showed low article prominence and low prominence of the

private healthcare discussion. Some statistically significant variation across newspaper, article type, and time period was observed. Framing analysis revealed the negative portrayal of private health care, the predominance of conflict involving politicians, and frequent coverage of political events. Statistically significant differences across article type were observed. These results are described in more detail in the subsequent sections of the results.

Article content

Over half of the articles discussed private financing alone or private delivery alone. Overall 4% of articles discussed private delivery, 49% of articles discussed private financing, and 47% discussed “private healthcare” and did not differentiate financing and delivery. Variation by article type and newspaper was not statistically different. The proportion of undifferentiated articles tended to increase over time but this trend was not statistically significant (summarized in Table 2; full data available in Appendix B1).

The majority of articles referred generally to healthcare with no further specification (66%). Other common themes were physician and hospital care (13%), surgical care (11%), and high tech diagnostics (8%). Editorials more often referred generally to healthcare ($p=0.037$) and less often to physician and hospital care ($p=0.005$) than other article types. Surgical care was discussed with increasing frequency over time ($p<0.001$). The remaining themes were not statistically significant (summarized in Table 2; full data available in Table 3 and Appendix B2).

Political identity or values were the impetus for the discussion of private healthcare in 35% of articles. An example of the use of political identity and values as an impetus for discussion was: “An American-born social conservative who preaches against same-sex marriage, promotes privatized healthcare and wants more powers for Alberta is emerging as a serious threat in the race to replace Premier Ralph Klein” (Walton & Harding, 2007). Other common impetuses were government spending on healthcare and wait times (both discussed in 15% of articles). Letters to the editor discussed political identity and values less often than other types (p=0.008), while hard news articles discussed Canadian identity and values the least (p=0.012). There were statistically significant changes in the discussion of wait-times over time with a peak from 2002-2006 (p=0.01). While this time period spans the Chaoulli trial and decision, only 10% of the articles from that time period explicitly mentioned Chaoulli (summarized in Table 2; full data available in Table 4 and Appendix B3).

Sixty four percent of articles focused on a particular geographic region, most commonly Ontario (17%), Alberta (13%), Quebec (10%), and British Columbia (5%). Other than Canada, the United States and Britain were the most often referenced nations (7% and 4% respectively). Differences in reference to a particular geography were seen by article type and newspaper. Hard news articles had greater coverage of Alberta than other article types (p=0.028). The Toronto Star had a higher proportion of articles referring to Ontario (p=0.01), and the Globe and Mail had a higher proportion of articles referring to Alberta

(p=0.014) and British Columbia (p<0.001) (summarized in Table 2; full data available in Appendix B4).

The public-private debate referred to an event in 36% of articles, a person in 33% of articles, and an idea in 30% of articles. Differences across article type were observed (p=0.006), with letters to the editor presenting private healthcare as an idea and hard news articles referring to events. Variation across newspapers and time periods was not statistically significant (summarized in Table 2; full data available in Appendix B5). Analysis of the players identified in articles highlighted the dominance of politicians (57%) and political institutions (33% of all articles). Overall, healthcare providers supplying privately financed healthcare or representatives of privately funded clinics were more often cited than publicly financed healthcare providers. Letters to the editor more frequently identified the public as players in the debate (p=0.023), and less frequently identified political institutions (p=0.01) than other article types. The discussion of political institutions changed over time (p=0.002), with a peak between 2002 and 2006 (summarized in Table 2; full data available in Appendix B6).

Evidence was used to support statements in 23% of articles. Differences by article type (p<0.001) showed hard news articles used evidence least often. The Toronto Star and National Post used evidence to support statements more often than the Globe and Mail (29, 25 and 15% respectively), though the differences were not statistically significant. Variation over time was not statistically significant (summarized in Table 2; full data available in Appendix B7). Of articles using evidence, policy and research evidence were each

harnessed in 33% of articles, while location comparison was utilized in 21% of articles, and personal experience in 12% of articles. Editorials most often utilized policy evidence ($p=0.007$) and research evidence ($p=0.044$) compared to other article types (summarized in Table 2; full data available in Appendix B8). Evidence was used in different ways and to different degrees. Figure 3 shows representative examples of evidence used well, incompletely, and incorrectly to support different sides of the public-private debate. Evidence used well tended to cite external sources, evidence used incompletely employed hyperbole, and evidence used incorrectly used language with pervasive emotion.

Agenda setting potential

Overall, article prominence was low: the average article length was low, few articles were featured on the front page or section front page, and few articles were accompanied by artwork. The mean length of all articles was 670 words. Statistically significant differences between article type ($p<0.001$) were observed: editorials were the longest and letters to the editor were the shortest article types. Differences by newspaper and time were not statistically significant. Overall, 21% of articles were accompanied by artwork. Differences between article type ($p=0.026$) and newspaper ($p=0.004$) were observed with letters to the editor and Globe and Mail articles having less artwork than other categories. Differences over time were not statistically significant. A low percentage of all articles were featured on the front page (10%) or section front page (7%). Statistically significant differences between newspaper, article type, or time were not observed. Two aspects of article prominence – article length and artwork -

varied statistically significantly by article type. Variation by newspaper and over time was minimal: the only statistically significant variance was use of artwork among different newspapers (summarized in Table 2; full data available in Appendix B9).

The prominence of the private healthcare discussion was relatively low. The depth of focus on the search word was low: overall 57% of articles discussed the search word in two sentences or less. No differences by article type, newspaper, or time were observed. However, the impetus for discussion was explored in greater depth with 46% of all articles exploring the impetus for discussion throughout the entire article. Variation in newspaper and time were observed ($p=0.05$ and $p=0.004$ respectively; Table 5). The Toronto Star articles explored the impetus for discussion in the highest depth and articles between 2002 and 2006 explored the impetus for discussion the least. Article search words were referenced minimally in articles: 48% of all articles referred only once to the search words with no statistically significant differences by newspaper source, article type, or time. The prominence of the private healthcare discussion was low as the search word was often mentioned peripherally. However, the impetus for the discussion of private health care was more prominent (summarized in Table 2; full data available in Appendix B10).

Framing

Conflicting viewpoints were represented in 69% of all articles with no statistically significant differences between newspapers, article types, and over time (summarized in Table 2; full data available in Appendix B11). Conflict most

often involved politicians (50%), writers (35%), political institutions (33%), and the public (18%). An example of conflict between a political institution and a politician was: “The government came under fire in question period from [opposition] MPP Shelley Martel (Nickel Belt), who charged that private health-care providers would siphon off taxpayer dollars for profit” (Boyle, 2002). This quotation demonstrates conflict between “the government”, a political institution, and a specific politician. Conflict between writers was built into many articles, for example the following quotation from an article written in response to an earlier letter to the editor: “Dr. Hoddinott, in his letter to Carolynne Siller, creates confusion and fails to address the problem of extra-billing in a complete and fair manner” (Garlata, 1986). Hard news articles were most likely to discuss conflict involving political institutions ($p<0.001$), and other variation across newspapers, article types, and time periods was not statistically significant (summarized in Table 2; full data available in Appendix B12).

Sixty four percent of all articles directly reported an event. No statistically significant differences between newspapers or over time were seen (summarized in Table 2; full data available in Appendix B13). Differences between article types ($p<0.001$) were observed: hard news articles directly reported an event more often than editorials or letters to the editor. In articles that reported directly on an event, political events were most often reported (57%), followed by media events (14%, e.g. direct response to a previous article), health related events (5%) and political research events (5%). The type of event was statistically significantly different by article type ($p=0.001$) with hard news articles more often reporting

political events than other article types. Differences by newspaper and time were not statistically significant (summarized in Table 2; full data available in Appendix B14).

The future of healthcare in Canada was presented positively in 26% of articles and negatively in 19% of articles. There were no statistically significant differences by newspaper, article type, or time (summarized in Table 2; full data available in Appendix B15). An example of positive framing of the future of Canadian healthcare was, “One would hope the excellent staff in Health Canada will inform our Prime Minister about the real state of our health-care system, to allow the construction of more appropriate prescriptions” (Deber, 1995). An example of negative framing of the future of Canadian healthcare was, “‘We've got a system that is literally collapsing before us and it's a matter of months, not years, before people get hurt on a very wide scale’” (National Post, 2000). These quotes highlight the stark differences between positive and negative framing. Positive framing communicated hope and possibility for change whereas negative framing portrayed despair and lack of control.

Private healthcare was presented positively in 14% and negatively in 59% of articles. Although negative portrayal was most common across all strata, there were statistically significant variations across newspaper (p=0.005) and article type (p=0.004) but not time period. The Toronto Star had the highest proportion of negatively framed articles, followed by the Globe and Mail then the National Post. Letters to the editor most frequently framed private healthcare negatively, followed by hard news and then editorials. Private healthcare had increasingly

positive framing over time, with only 3% of articles portraying it positively from 1985 to 1996 compared to 21% of articles from 2006-2008 (summarized in Table 2; full data available in Appendix B16). An example of positive framing of private healthcare was, "patients must have the option to pay for medical treatment. If I want elective knee surgery on a particular date and time…I should be able to pay for this convenience" (Oberg, 2006). A negatively framed statement about private healthcare was, "the creation of a parallel private system, as the answer to Canada's healthcare woes, offers nothing to the vast majority of Canadians, who deserve timely healthcare on the basis of need -- not on the size of their wallet" (Grinspun, 2006).

The status of private healthcare presented in articles was divided. Private healthcare was shown as not present (38%), present and expanding (25 %), emerging (21%), present and steady (14%), or present and receding (1%). Private healthcare was only portrayed as present and receding in the mid-1980s in reference to the banning of physician extra-billing. A 1986 article described the adverse impacts of extra-billing and the legislative action in place to reduce the contribution of such privately financing to the Ontario healthcare system:

> Extra-billing must be banned because doctors cannot be trusted to ensure that the needy are not forced to pay more than they can afford, Action Awareness spokesman Deborah Cousins told a legislative committee yesterday…During public hearings on Bill 94, the Liberal government's legislation to ban the practice, Cousins cited several instances where

patients were extra-billed even when they told their doctors they could not pay (Harrington, 1986).

Differences in the portrayal of the status of private healthcare between newspapers, article types, and time period were not statistically significant (summarized in Table 2; full data available in Appendix B17).

DISCUSSION

Analysis of the content of articles revealed gross ambiguity in the discussion of private healthcare. Almost half of the articles did not differentiate between private financing and delivery and many articles talked generally about “healthcare” without further specification. Such ambiguity in media coverage of the public-private debate has been shown in previous work by Collins and colleagues (2006). The news media presentation of the public-private debate was predominantly political with political players, institutions, and values dominating the discussion. Articles predominantly referred to politicians and political institutions as players, political values as an impetus for discussion, and reported on political events. This suggests that newspapers act as conduits for the political agenda of the public-private debate rather than agenda-setters. This role for Canadian newspapers supports previous findings (Collins et al., 2006).

Variation in content by article type for health sector theme, players, and impetus for discussion likely reflects the different priorities held by writers. For example, in letters to the editor which are often written by members of the public, ‘the public’ was more often included as a player in the discussion. Content also varied slightly over time in the discussion of surgical care, wait-times, and political institutions. Prior to 1999, no discussion of surgical care was observed and the discussion of wait-times peaked from 2002-2006, a time span which includes the Chaoulli trial and decision.

Initial consideration of agenda setting indicators suggests the articles have low agenda setting potential. Overall, articles had low article prominence – they were short, seldom accompanied by artwork, and seldom on the front page or section front page. The prominence of the private healthcare discussion was also low: articles often made peripheral references to the public-private debate. These characteristics suggest low agenda setting potential. Readers are unlikely to see the articles due to low article prominence and are minimally exposed to the idea of private healthcare and to the public-private debate because low prominence of the private healthcare discussion.

The peripheral mention of the public-private debate indicates another potential agenda-setting characteristic. It shows that the public-private debate is stealing into articles which do not otherwise focus on it or issues surrounding it. For example, the debate was often mentioned in reference to a politician's values as a way of branding them. Such inclusion of the public-private debate highlights the importance of the debate perceived by the media. In this way, the media may serve an agenda setting function by keeping the public-private debate salient to the public and to policymakers.

Articles were often framed as responses to events and incorporated conflict with large variation by article type. Overall, private healthcare was portrayed as negative. However, differences observed by newspaper confirmed the ideologies of the newspapers hypothesized in the study design: National Post, a more conservative newspaper discussed private healthcare in a positive light compared to the leftist Toronto Star and centrist Globe and Mail. The status

of private healthcare was portrayed in a variety of ways from present and receding, to not present, to present and expanding. This variation suggests differing definitions of private healthcare, understandings of the situation by different writers or players, and circumstances in different geographic locations.

Differences in article content, agenda setting potential, and framing across article types mainly reflect different journalistic styles and conventions. For example, hard news articles were less often focused on ideas compared to letters to the editor and editorials, while letters to the editor were, on average, shorter than the others. However, differences in framing of the articles may indicate different opinions from the writers of different article types or reflect an outcome of the journalistic conventions for different article types. The random grouping of dates into time periods allowed overarching trends to be observed, rather than changes related to specific events in the debate. With a few exceptions in article content, the analysis showed relatively consistent outcomes across time periods. This suggests the agenda setting and framing characteristics of the news media presentation of the public-private debate has been similar over time. Given the random selection of constructed weeks and the large time span studied, any possible influence of changes in the minutiae of the debate cannot be examined.

Limitations of this study included its focus on only three major English language newspapers. Two national and one Toronto based publication were included and other newspapers including French language publications and those focusing on Quebec or other specific geographic areas were not

considered. Other media types, for example internet, radio, and television were also excluded. Given the large time span covered and the random selection of dates, this study looks at general shifts in the nature of media coverage over time rather than variations based on specific events. The time span does not allow for analysis of article differences based on the specific writer though previous research has shown that understanding and presentation of health issues varies greatly between journalists (Gasher et al., 2007). As with any research of this nature, coding of articles was susceptible to subjective interpretation. For example, my interpretation of the accuracy of evidence used in articles during coding was limited by my skills and knowledge. However, various measures were taken to lessen the subjectivity (e.g. reviewing the codebook with two experienced researchers prior to coding). The ambiguity of the articles complicated the coding process and limited the inferences I could draw from the articles. However, I saw this ambiguity as a crucial aspect of the media representation of the public-private debate. I recorded whether articles discussed private healthcare financing only, private delivery only, or whether it was not possible to determine. Thus, I incorporated the presence of ambiguity, an inherent limitation of the data source, into the coding allowing me to treat it as a research finding. The relatively low reliability scores will be addressed in future iterations of this paper when time is less constrained.

IMPLICATIONS AND RECOMMENDATIONS

Various findings reveal the low precision and high ambiguity of the news media coverage of the debate. Private financing and private delivery are often not differentiated and healthcare is referenced generally without any indication of what services are implied. Evidence is rarely used in news articles and “private healthcare” is often included as a buzz word in the articles. These findings may indicate a low priority given to or low understanding of these details by the media. Likely, the low precision and high ambiguity reflects crucial journalistic constraints when constructing a story: time, space, and money (Emke, 2000). Regardless, the public is receiving an imprecise and ambiguous account of the public-private debate. With more accuracy and precision within news media coverage and the adoption of a broader definition of health, the media could take on a heightened role in informing the public and influencing the policy debate (Hayes et al., 2007).

The results highlight a disconnect between research evidence and media coverage. Academics were seldom players in the media representations of the public-private debate, research evidence was seldom utilized in articles, and there was high ambiguity in the discussion of the public-private debate. The focus on public financing in almost 50% of articles offers some explanation to the public perception that healthcare reform necessitates a parallel public system (Contandriopoulos & Bilodeau, 2009). These findings suggest an unfulfilled

potential of news media to inform the public, bring clarity to the debate, and bolster its potential agenda setting role. It behooves academics to actively engage in media advocacy activities to inform the media representation of the public-private debate, strengthen the voice of researchers in the news media, and create mutually beneficial linkages with news media. External bodies, such as the Canadian Institutes of Health Research and the Canadian Health Services Research Foundation, can work to bridge the gap between researchers and journalists. Only by developing mutual understanding of the needs, viewpoints, and constraints of researchers and journalists will media advocacy realize its potential to influence the policy debate and public opinion on the public-private debate.

CRITICAL REFLECTION

This research contributed to self-awareness of my biases and opinions surrounding the public-private healthcare debate and the role of media in presenting health policy information. While initially frustrated by the media's portrayal of health information, this research has brought me to greater understanding of the constraints on writers. I understand the need for linkages between academics and writers to facilitate accurate and appropriate media coverage of all health information (not only health policy issues). I have achieved a deeper understanding of the need to actively engage writers and have a stronger appreciation for the importance of careful and deliberate risk communication with media.

TABLES AND FIGURES

Table 1. Characteristics of news sources included.

	Toronto Star	Globe and Mail	National Post[a]
Owner[b]	Star Media Group	CTVglobemedia	CanWest Global Communications
Publication schedule	daily	daily, Mon -Sat	daily, Mon -Sat
Ideology[b,c]	social liberal/ centre-left	centrist	conservative/ right
Total weekly readership[d]	2 132 100	2 769 100	1 570 200
Scale	Local Toronto	National	National

[a] Renamed from Financial Post, a newspaper with more limited subject matter and scope, on October 24, 1998.
Articles published both before and after the name change were sampled.
[b] Changes in ownership have occurred over the time period analysed
[c] Greenberg 2000; Mitchell 2007; Aldridge 2001; Goodyear-Grant et al. 2004; Jiwani 2005
[d] NADBANK 2007

Figure 1. Analytic components.

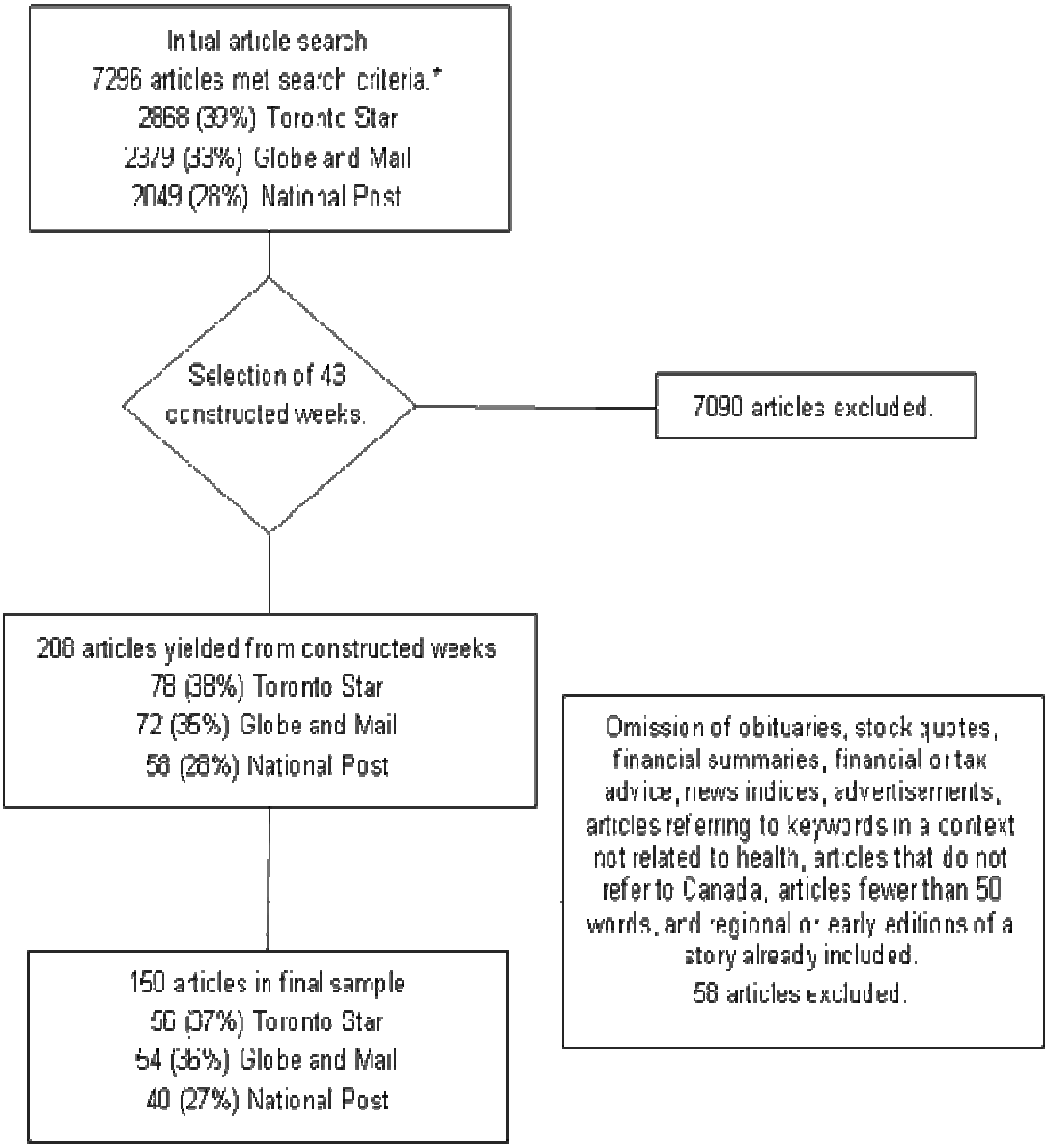
	Variable name	Description
Article characteristics	Publication date	
	Newspaper name	
	Type of article	
Content	Financing versus delivery	Whether the article discussed private financing only, private delivery only, and did not differentiate between
	Health sector theme	The health sector theme(s) discussed in reference to the public-private debate (e.g. surgical care,
	Impetus for discussion	The impetus(es) for the discussion of private financing or the public-private debate (e.g. government spending, political identity and values).
	Geography	The geographic location referred to (i.e. a specific province or country, excluding Canada).
	Focus of reference	Whether the reference to private healthcare focused on a person, event, or idea.
	Players	The type(s) of major player identified (e.g. politician, professional association, provider of publicly financed
	Statements backed by evidence[a]	Whether evidence was used in the article.
	Type of evidence[a]	If evidence was used, the type of evidence (e.g. policy evidence, personal experience).
	Examples of evidence use[a]	Where evidence was used, I evaluated the adequacy of the use of evidence (evidence used well, evidence used incompletely, evidence used incorrectly) and recorded specific text examples of such uses of evidence. Not all articles were coded for this variable.
Agenda setting		
Article prominence	Article length	Number of words in article text.
	Location in newspaper	Where the article was located in the newspaper (front page, section front page, other).
	Artwork	Whether the article was accompanied by a photo or other type of artwork.
Prominence of private healthcare	Depth of focus on search word	The amount of the article which discussed the search word itself (up to two sentences, up to whole article).
	Depth of focus on impetus	The amount of the article which discussed the impetus for the discussion of private financing or the
	Number of references to	Number of references to the search word throughout the article.
Framing	Conflict portrayed	Whether the article framed the public-private debate or private healthcare as a source of conflict.
	Conflict involving	If conflict was present, the type(s) of players identified as a source of conflict.
	Reporting of event	Whether the article directly reported an event or whether it went beyond to discuss other events and
	Type of event	If the article reported an event, the type of event reported by the article (e.g. political, research, health

Future of healthcare in	How the future of healthcare in Canada or a specific province was portrayed (negative, neutral, positive).
Private healthcare	How the idea of privately financed or delivered healthcare was portrayed (negative, neutral,
Status of private healthcare	What was the status of privately financed or delivered healthcare portrayed in the article (e.g. emerging,

NOTE: The vast majority of variables had mutually exclusive categorical response options. Exceptions were variables with non-mutually exclusive response options (health sector theme, impetus for discussion, players, conflict involving), numerical responses (article length and publication date), and prose responses (examples of evidence use). Search words = “two tier”, “two-tier”, “parallel private”, “for profit”, “for-profit”, “privatiz*”, “privatis*”, “private health care”, or “private healthcare” where * denotes a right-handed truncation character of variable length.

[a] Evidence was defined as any knowledge provided to support statements or opinions.

Figure 2. Newspaper article search.



* Published from Sept 3, 1985 –Feb 23, 2009 with words "health", "medicine", or "medicare" within the same paragraph as the words "two tier", "two-tier", "parallel private", "for profit", "for-profit", "privatiz*", "privatis*" "private health care", or "private healthcare" where * denotes a right-handed truncation character of variable length.

Table 2. Summary of findings

	Most frequent category (%)	Statistical Significance			
		Category	News paper	Article type	Time period
Content					
Financing versus delivery	Private financing (49%)	(All)	-	-	-
Health sector theme	General healthcare (66%)	General healthcare	-	*	-
		Physician and hospital care	-	**	-
		Surgical Care	-	-	***
		All other categories	-	-	-
Impetus for discussion	Political identity or values (35%)	Political identity or values	-	**	-
		Canadian identity or values	-	*	-
		Wait-times	-	-	**
		All other categories	-	-	-
Geography	Ontario (17%)	Ontario	**	-	-
		Alberta	*	*	-
		British Columbia	***	-	-
		All other categories	-	-	-
Focus of reference	Event (36%)	(All)	-	**	-
Players	Politician (57%)	Politician	-	-	-
		Political institutions	-	**	**
		Public	-	*	-
		All other categories	-	-	-
Statements backed by evidence	No (77%)	(All)	-	***	-
Type of evidence	Policy (33%) Research (33%)	Policy	-	**	-
		Research	-	*	-
		All other categories	-	-	-
Agenda Setting					
Article prominence					
Article length	n/a	(All)	-	***	-
Location in newspaper	Not front page or section front page (83%)	(All)	-	-	-
Artwork	No (79%)	(All)	*	**	-
Prominence of the private healthcare discussion					
Depth of focus on search word	Up to two sentences (57%)	(All)	-	-	-
Depth of focus on impetus	Whole article (46%)	(All)	*	-	**
Number of references to search word	One (48%)	(All)	-	-	-
Framing					
Conflict portrayed	Yes (69%)		-	-	-

Conflict involving	Politician (50%)	Politician	-	-	-
		Political institutions	-	***	-
		All other categories	-	-	-
Reporting of event	Yes (64%)	(All)	-	***	-
Type of event	Political (57%)	(All)	-	***	-
Future of healthcare in Canada	Neutral (55%)	(All)	-	-	-
Private healthcare	Negative (59%)	(All)	**	**	-
Status of private healthcare	Not present (38%)	(All)	-	-	-

NOTE: "(All)" applies to variables with mutually exclusive response choices and indicates that all response options were considered simultaneously
in the chi square test. For variables that did not have mutually exclusive response choices, independent chi square tests were performed by response choice. Response choices with statistically significant results are provided.
* Indicates statistically significant results of p<0.05; ** Indicates p<0.01; *** Indicates p<0.001; -- indicates p>=0.05.
Newspapers included are Toronto Star, Globe and Mail, National Post. Article types included are hard news article, editorial, letter to the editor. Time periods are Time 1=Sept 3, 1985 to Jan 24, 1996, Time 2=Aug 24, 1996 to Mar 29, 1999, Time 3=Jun 22, 1999 to Oct 15, 2002, Time 4=Oct 15, 2002 to Feb 1, 2006 and Time 5=Feb 4, 2006 to Feb 23, 2008.
Search words are "two tier", "two-tier", "parallel private", "for profit", "for-profit", "privatiz*", "privatis*", "private health care", or "private healthcare" where * denotes a right-handed truncation character of variable length.

Table 3. Healthcare sector themes presented. Proportion of articles by newspaper, article type, and time.

	All	Newspaper			Article Type			Time				
	(n=150)	TS (n=56)	GM (n=54)	NP (n=40)	HN (n=67)	ED (n=59)	LE (n=24)	1 (n=30)	2 (n=30)	3 (n=30)	4 (n=30)	5 (n=30)
General healthcare, no further specification	0.66	0.63	0.63	0.75	0.57	0.78	0.63[a]	0.33	0.67	0.53	0.73	0.73
Physician or hospital care	0.13	0.18	0.11	0.08	0.21	0.02	0.17[b]	0.17	0.13	0.17	0.07	0.10
Surgical care	0.11	0.05	0.17	0.13	0.13	0.10	0.08	0.00	0.03	0.33	0.10	0.10[c]
High tech diagnostic	0.08	0.05	0.11	0.08	0.06	0.07	0.17	0.03	0.10	0.10	0.17	0.00
Home or community care	0.03	0.04	0.06	0.00	0.04	0.03	0.00	0.03	0.10	0.03	0.00	0.00
Reproductive healthcare	0.03	0.04	0.02	0.03	0.04	0.00	0.04	0.07	0.03	0.03	0.00	0.00
Not universally insured services	0.06	0.13	0.04	0.00	0.04	0.07	0.08	0.07	0.10	0.03	0.03	0.07

NOTE: a=p<0.05, b=p<0.01, c=p<0.001. TS=Toronto Star, GM=Globe and Mail, NP=National Post, HN=hard news article, ED=editorial, LE=letter to the editor, Time 1=Sept 3, 1985 to Jan 24, 1996, Time 2=Aug 24, 1996 to Mar 29, 1999, Time 3=Jun 22, 1999 to Oct 15, 2002, Time 4=Oct 15, 2002 to Feb 1, 2006 and Time 5=Feb 4, 2006 to Feb 23, 2009.

Table 4. Impetus for discussion of private healthcare. Proportion of articles by newspaper, article type, and time.

	All	Newspaper			Article Type			Time				
	(n=150)	TS (n=56)	GM (n=54)	NP (n=40)	HN (n=67)	ED (n=59)	LE (n=24)	1 (n=30)	2 (n=30)	3 (n=30)	4 (n=30)	5 (n=30)
Political identity or values	0.35	0.32	0.39	0.35	0.43	0.37	0.08[b]	0.23	0.20	0.43	0.50	0.40
Government spending	0.15	0.18	0.11	0.18	0.15	0.14	0.21	0.27	0.13	0.17	0.07	0.13
Wait times (including Chaoulli)	0.15	0.09	0.17	0.20	0.12	0.15	0.21	0.00	0.20	0.13	0.30	0.10[b]
HC reform	0.09	0.05	0.15	0.08	0.12	0.10	0.00	0.13	0.07	0.03	0.03	0.20
Canadian identity or values	0.08	0.09	0.06	0.10	0.01	0.12	0.17[a]	0.03	0.00	0.13	0.13	0.10
HC quality and standards	0.09	0.14	0.07	0.05	0.12	0.08	0.04	0.10	0.13	0.07	0.07	0.10
Out of pocket expenditure	0.09	0.14	0.06	0.08	0.12	0.03	0.17	0.17	0.13	0.07	0.00	0.10
Public opinion	0.05	0.05	0.04	0.05	0.04	0.05	0.04	0.03	0.03	0.10	0.07	0.00
Uninsured services	0.03	0.02	0.02	0.08	0.01	0.07	0.00	0.03	0.07	0.00	0.03	0.03
HC efficiency	0.03	0.04	0.00	0.05	0.00	0.03	0.08	0.03	0.07	0.00	0.03	0.00
Private delivery facilities	0.03	0.04	0.02	0.05	0.07	0.00	0.00	0.00	0.03	0.10	0.00	0.03
CHA reform or violation	0.03	0.04	0.06	0.00	0.03	0.03	0.04	0.03	0.03	0.00	0.00	0.10
Free trade and foreign interest	0.02	0.02	0.00	0.05	0.00	0.05	0.00	0.07	0.00	0.03	0.00	0.00
Preferential access	0.01	0.00	0.02	0.03	0.00	0.00	0.08	0.00	0.07	0.00	0.00	0.00
Newspaper ideology	0.01	0.00	0.02	0.03	0.00	0.02	0.04	0.03	0.00	0.00	0.03	0.00
Health human resources	0.01	0.02	0.02	0.00	0.01	0.00	0.04	0.03	0.03	0.00	0.00	0.00
Disease status and prevention	0.01	0.02	0.02	0.00	0.00	0.02	0.04	0.00	0.07	0.00	0.00	0.00

NOTE: a=p<0.05, b=p<0.01, c=p<0.001. TS=Toronto Star, GM=Globe and Mail, NP=National Post, HN=hard news article, ED=editorial, LE=letter to the editor, Time 1=Sept 3, 1985 to Jan 24, 1996, Time 2=Aug 24, 1996 to Mar 29, 1999, Time 3=Jun 22, 1999 to Oct 15, 2002, Time 4=Oct 15, 2002 to Feb 1, 2006 and Time 5=Feb 4, 2006 to Feb 23, 2009.

Figure 3. Examples of evidence used to support private or public healthcare.

	Supporting private healthcare	Supporting public healthcare
Evidence used well	"According to OECD economists, 'in countries where [private health insurance] plays a prominent role, it can be credited with having injected resources into health systems, added to consumer choice, and helped make the systems more responsive.'" (Petkantchin 2005)	"A McMaster University study in 1980 found that 18 per cent of the poor delayed seeking medical attention or stayed away from doctors altogether because of extra-billing. It is the elderly and the poor who are most adversely affected by extra-billing. The people of Ontario will no longer tolerate a two- tier healthcare system, one for the rich and one for the poor." (Garlata 1986)
Evidence used incompletely	"Since 1984, when we removed the private sector, our health outcomes have begun to decline, our access to new technology has failed and our chances of finding a family physician have shrunk" (Gunter 2007)	"People in this country have built something rare, the public- health system. Governments have tried to put it in crisis." (Dunn 2003)
Evidence used incorrectly	"This is just another of the specious "trickle down" theories that excuses greed by saying it benefits everyone." (Hanna 1996)	"a two tier system spells the end of proper care for everyone" (Beecham 1996)

Table 5. Depth of focus on the impetus for discussion of private healthcare. Proportion of articles by newspaper, article type, and time.

	All	Newspaper			Article Type			Time				
	(n=150)	TS (n=56)	GM (n=54)	NP (n=40)	HN (n=67)	ED (n=59)	LE (n=24)	1 (n=30)	2 (n=30)	3 (n=30)	4 (n=30)	5 (n=30)
Up to two sentences	0.27	0.16	0.31	0.38	0.31	0.25	0.21	0.17	0.10	0.27	0.60	0.23
Up to two paragraphs	0.17	0.18	0.20	0.10	0.10	0.19	0.29	0.23	0.23	0.17	0.00	0.20
Up to three paragraphs	0.10	0.05	0.11	0.15	0.09	0.10	0.13	0.03	0.13	0.10	0.13	0.10
Whole article	0.46	0.61	0.37	0.38	0.49	0.46	0.38	0.57	0.53	0.47	0.27	0.47
p value				0.05			0.49					0.004

NOTE: TS=Toronto Star, GM=Globe and Mail, NP=National Post, HN=hard news article, ED=editorial, LE=letter to the editor, Time 1=Sept 3, 1985 to Jan 24, 1996, Time 2=Aug 24, 1996 to Mar 29, 1999, Time 3=Jun 22, 1999 to Oct 15, 2002, Time 4=Oct 15, 2002 to Feb 1, 2006 and Time 5=Feb 4, 2006 to Feb 23, 2009. Search words = “two tier”, “two-tier”, “parallel private”, “for profit”, “for-profit”, “privatiz*”, “privatis*”, “private health care”, or “private healthcare” where * denotes a right-handed truncation character of variable length.

Table 6. Portrayal of private healthcare. Proportion of articles by newspaper, article type, and time.

	All	Newspaper			Article Type			Time				
	(n=148)	TS (n=55)	GM (n=53)	NP (n=40)	HN (n=66)	ED (n=59)	LE (n=23)	1 (n=29)	2 (n=30)	3 (n=30)	4 (n=30)	5 (n=29)
Negative	0.59	0.75	0.51	0.48	0.62	0.44	0.87	0.79	0.67	0.50	0.53	0.45
Neutral	0.27	0.22	0.34	0.25	0.29	0.34	0.04	0.17	0.20	0.27	0.37	0.34
Positive	0.14	0.04	0.15	0.28	0.09	0.22	0.09	0.03	0.13	0.23	0.10	0.21
p value				0.005			0.004					0.13

NOTE: TS=Toronto Star, GM=Globe and Mail, NP=National Post, HN=hard news article, ED=editorial, LE=letter to the editor, Time 1=Sept 3, 1985 to Jan 24, 1996, Time 2=Aug 24, 1996 to Mar 29, 1999, Time 3=Jun 22, 1999 to Oct 15, 2002, Time 4=Oct 15, 2002 to Feb 1, 2006 and Time 5=Feb 4, 2006 to Feb 23, 2009.

APPENDICES

Appendix A: Codebook

Section	Information	Response
Coding details	Date of coding	dd/mm/yyyy
	ID number	Numeric 1000+
Article Characteristics	Date	dd/mm/yyyy
	Newspaper name	Categorical 0-T.S., 1-G&M, 2-N.P.
	Type of article	Categorical 0-hard news, 1-edi/col, 2-letter
	Title	Text
Content	Financing versus delivery	Categorical 0-private healthcare delivery only, 1-private healthcare financing only, 2-undifferentiated
	Health sector theme in ref to 2-tier	Categorical Series of Y/N allowing multiple responses. Physician and hospital care, reproductive healthcare, surgical care, high tech diagnostic, , general healthcare, not universally insured services (pharmacare and healthcare products, home and community care, child care, high tech treatment, rehabilitation)
	Impetus for two-tier discussion	Categorical Series of Y/N allowing multiple responses. Canadian identity and values, government spending, wait times (including Chaoulli), out of pocket expenditures and extrabilling, uninsured services, healthcare quality and standards, political identity and values, public opinion, healthcare efficiency, healthcare reform, private healthcare delivery facilities, Canada Health Act reform and violations, free trade and foreign involvement, preferential access to treatment, newspaper's or journalist's opinion, health human resources, disease status and prevention
	Geography	Categorical 0-Ontario, 1-Alberta, 2-Quebec, 3-Other province or territory, 4-US, 5-Britain, 6-Other countries
	Focus of reference to 2-tier	Categorical 0-person, 1-event, 2-idea, 3-other
	Players – type	Categorical Series of Y/N allowing multiple responses Political institution, politician, professional association, advocacy group, research organization or polling firm, public, healthcare provider/institution who provide or support private healthcare, academic, healthcare provider/institution who provide or support public healthcare, business or business person, writer or newspaper, other

	Statements backed by evidence	Categorical 0-no, 1-yes, 2-not applicable
	Type of evidence	Categorical Answer if “Statements backed by evidence” is yes. Series of Y/N Policy, research, location comparison, personal experience
	Examples of evidence use	Categorical 0-evidence used well, 1-evidence used incompletely, 2-evidence used incorrectly Text
Agenda setting		
Article prominence	Article length	Numeric
	Placement	Categorical 2-front pg, 1-section f.p., 0-other
	Artwork	Categorical 0-no, 1-yes
Prominence of discussion of private healthcare	Depth of focus on search word	Categorical 0-key word only, 1-up to two sentence, 2-up to two paragraph, 3-up to three paragraphs, 4 - whole article For subsequent analysis, ‘keyword only’ and ‘up to two sentences’ were condensed.
	Depth of focus on impetus	Categorical 0-key word only, 1-up to two sentence, 2-up to two paragraph, 3-up to three paragraphs, 4 - whole article
	Number of references to search word*	Categorical 0-1 reference, 1-2 to 3 references, 2-4+ references
Framing	Conflict portrayed	Categorical 0-no, 1-yes
	Conflict involving	Categorical Answer if “Conflict portrayed” is yes. Series of Y/N allowing multiple responses. Politician, writer, political institution, public, advocacy group, professional association, healthcare provider, academic, business or business person, supporter of private healthcare, policy option, other
	Reporting of event	Categorical 0-no, 1-yes
	Type of event	Categorical Answer if “Reporting of event” is yes. 0-political, 1-research, 2-personal, 3-political research, 5–media/response to article, 6-business, 7-medical/health, 8-legal, 9-public protest, 4-other
	Future of healthcare in Canada	Categorical 0-negative, 1-neutral, 2- positive
	Private healthcare	Categorical

	0-negative, 1-neutral, 2- positive
Status of private healthcare	Categorical 0-not present, 1-emerging, 2- present and steady, 3-present and growing, 4-present and receding

NOTE: Search words = “two tier”, “two-tier”, “parallel private”, “for profit”, “for-profit”, “privatiz*”, “privatis*”, “private health care”, or “private healthcare” where * denotes a right-handed truncation character of variable length.

Appendix B: Results

Appendix B1. Proportion of articles discussing private financing, private delivery, or undifferentiated by newspaper, article type, and time.

	All	Newspaper			Article Type			Time				
	(n=150)	TS (n=56)	GM (n=54)	NP (n=40)	HN (n=67)	ED (n=59)	LE (n=24)	1 (n=30)	2 (n=30)	3 (n=30)	4 (n=30)	5 (n=30)
Private financing only	0.49	0.52	0.43	0.53	0.43	0.51	0.58	0.60	0.63	0.33	0.33	0.53
Undifferentiated	0.47	0.45	0.54	0.43	0.54	0.44	0.38	0.40	0.37	0.60	0.60	0.40
Private delivery only	0.04	0.04	0.04	0.05	0.03	0.05	0.04	0.00	0.00	0.07	0.07	0.07
p value				0.83			0.68					0.12

NOTE: TS=Toronto Star, GM=Globe and Mail, NP=National Post, HN=hard news article, ED=editorial, LE=letter to the editor, Time 1=Sept 3, 1985 to Jan 24, 1996, Time 2=Aug 24, 1996 to Mar 29, 1999, Time 3=Jun 22, 1999 to Oct 15, 2002, Time 4=Oct 15, 2002 to Feb 1, 2006 and Time 5=Feb 4, 2006 to Feb 23, 2009.

Appendix B2. Proportion of articles presenting various healthcare sector themes, by newspaper, article type, and time.

	All	Newspaper			Article Type			Time				
	(n=150)	TS (n=56)	GM (n=54)	NP (n=40)	HN (n=67)	ED (n=59)	LE (n=24)	1 (n=30)	2 (n=30)	3 (n=30)	4 (n=30)	5 (n=30)
General healthcare, no further specification	0.66	0.63	0.63	0.75	0.57	0.78	0.63[a]	0.33	0.67	0.53	0.73	0.73
Physician or hospital care	0.13	0.18	0.11	0.08	0.21	0.02	0.17[b]	0.17	0.13	0.17	0.07	0.10
Surgical care	0.11	0.05	0.17	0.13	0.13	0.10	0.08	0.00	0.03	0.33	0.10	0.10[c]
High tech diagnostic	0.08	0.05	0.11	0.08	0.06	0.07	0.17	0.03	0.10	0.10	0.17	0.00
Home or community care	0.03	0.04	0.06	0.00	0.04	0.03	0.00	0.03	0.10	0.03	0.00	0.00
Reproductive healthcare	0.03	0.04	0.02	0.03	0.04	0.00	0.04	0.07	0.03	0.03	0.00	0.00
Not universally insured services	0.06	0.13	0.04	0.00	0.04	0.07	0.08	0.07	0.10	0.03	0.03	0.07

NOTE: a=p<0.05, b=p<0.01, c=p<0.001. TS=Toronto Star, GM=Globe and Mail, NP=National Post, HN=hard news article, ED=editorial, LE=letter to the editor, Time 1=Sept 3, 1985 to Jan 24, 1996, Time 2=Aug 24, 1996 to Mar 29, 1999, Time 3=Jun 22, 1999 to Oct 15, 2002, Time 4=Oct 15, 2002 to Feb 1, 2006 and Time 5=Feb 4, 2006 to Feb 23, 2009.

Appendix B3. Impetus for discussion of private healthcare. Proportion of articles by newspaper, article type, and time.

	All	Newspaper			Article Type			Time				
	(n=150)	TS (n=56)	GM (n=54)	NP (n=40)	HN (n=67)	ED (n=59)	LE (n=24)	1 (n=30)	2 (n=30)	3 (n=30)	4 (n=30)	5 (n=30)
Political identity or values	0.35	0.32	0.39	0.35	0.43	0.37	0.08[b]	0.23	0.20	0.43	0.50	0.40
Government spending	0.15	0.18	0.11	0.18	0.15	0.14	0.21	0.27	0.13	0.17	0.07	0.13
Wait times (including Chaoulli)	0.15	0.09	0.17	0.20	0.12	0.15	0.21	0.00	0.20	0.13	0.30	0.10[b]
HC reform	0.09	0.05	0.15	0.08	0.12	0.10	0.00	0.13	0.07	0.03	0.03	0.20
Canadian identity or values	0.08	0.09	0.06	0.10	0.01	0.12	0.17[a]	0.03	0.00	0.13	0.13	0.10
HC quality and standards	0.09	0.14	0.07	0.05	0.12	0.08	0.04	0.10	0.13	0.07	0.07	0.10
Out of pocket expenditure	0.09	0.14	0.06	0.08	0.12	0.03	0.17	0.17	0.13	0.07	0.00	0.10
Public opinion	0.05	0.05	0.04	0.05	0.04	0.05	0.04	0.03	0.03	0.10	0.07	0.00
Uninsured services	0.03	0.02	0.02	0.08	0.01	0.07	0.00	0.03	0.07	0.00	0.03	0.03
HC efficiency	0.03	0.04	0.00	0.05	0.00	0.03	0.08	0.03	0.07	0.00	0.03	0.00
Private delivery facilities	0.03	0.04	0.02	0.05	0.07	0.00	0.00	0.00	0.03	0.10	0.00	0.03
CHA reform or violation	0.03	0.04	0.06	0.00	0.03	0.03	0.04	0.03	0.03	0.00	0.00	0.10
Free trade and foreign interest	0.02	0.02	0.00	0.05	0.00	0.05	0.00	0.07	0.00	0.03	0.00	0.00
Preferential access	0.01	0.00	0.02	0.03	0.00	0.00	0.08	0.00	0.07	0.00	0.00	0.00
Newspaper ideology	0.01	0.00	0.02	0.03	0.00	0.02	0.04	0.03	0.00	0.00	0.03	0.00
Health human resources	0.01	0.02	0.02	0.00	0.01	0.00	0.04	0.03	0.03	0.00	0.00	0.00
Disease status and prevention	0.01	0.02	0.02	0.00	0.00	0.02	0.04	0.00	0.07	0.00	0.00	0.00

NOTE: a=p<0.05, b=p<0.01, c=p<0.001. TS=Toronto Star, GM=Globe and Mail, NP=National Post, HN=hard news article, ED=editorial, LE=letter to the editor, Time 1=Sept 3, 1985 to Jan 24, 1996, Time 2=Aug 24, 1996 to Mar 29, 1999, Time 3=Jun 22, 1999 to Oct 15, 2002, Time 4=Oct 15, 2002 to Feb 1, 2006 and Time 5=Feb 4, 2006 to Feb 23, 2009.

Appendix B4. Proportion of articles focusing on various geographic locations by newspaper, article type, and time.

	All	Newspaper			Article Type			Time				
	(n=150)	TS (n=56)	GM (n=54)	NP (n=40)	HN (n=67)	ED (n=59)	LE (n=24)	1 (n=30)	2 (n=30)	3 (n=30)	4 (n=30)	5 (n=30)
Ontario	0.17	0.29	0.09	0.10[b]	0.22	0.12	0.13	0.27	0.10	0.13	0.07	0.27
Alberta	0.13	0.04	0.22	0.15[a]	0.21	0.05	0.13[a]	0.07	0.07	0.37	0.07	0.10
Quebec	0.10	0.07	0.09	0.15	0.12	0.12	0.00	0.07	0.07	0.10	0.20	0.07
British Columbia	0.05	0.00	0.13	0.00[c]	0.06	0.03	0.04	0.03	0.03	0.07	0.00	0.10
Other provinces/territories	0.05	0.04	0.02	0.10	0.04	0.05	0.04	0.07	0.07	0.00	0.10	0.00
United States	0.07	0.07	0.04	0.10	0.03	0.07	0.17	0.07	0.07	0.13	0.03	0.03
Britain	0.04	0.05	0.00	0.08	0.01	0.07	0.04	0.07	0.03	0.03	0.03	0.03
Other countries	0.04	0.04	0.02	0.08	0.01	0.08	0.00	0.03	0.03	0.00	0.03	0.10

NOTE: a=p<0.05, b=p<0.01, c=p<0.001. TS=Toronto Star, GM=Globe and Mail, NP=National Post, HN=hard news article, ED=editorial, LE=letter to the editor, Time 1=Sept 3, 1985 to Jan 24, 1996, Time 2=Aug 24, 1996 to Mar 29, 1999, Time 3=Jun 22, 1999 to Oct 15, 2002, Time 4=Oct 15, 2002 to Feb 1, 2006 and Time 5=Feb 4, 2006 to Feb 23, 2009.

Appendix B5. Focus of articles. Proportion of articles by newspaper, article type, and time.

	All	Newspaper			Article Type			Time				
	(n=150)	TS (n=56)	GM (n=54)	NP (n=40)	HN (n=67)	ED (n=59)	LE (n=24)	1 (n=30)	2 (n=30)	3 (n=30)	4 (n=30)	5 (n=30)
Event	0.36	0.36	0.37	0.35	0.49	0.27	0.21	0.40	0.33	0.33	0.50	0.23
Person	0.33	0.30	0.37	0.33	0.34	0.32	0.33	0.33	0.17	0.47	0.33	0.37
Idea	0.31	0.34	0.26	0.33	0.16	0.41	0.46	0.27	0.50	0.20	0.17	0.40
p value				0.90			0.006					0.06

NOTE: TS=Toronto Star, GM=Globe and Mail, NP=National Post, HN=hard news article, ED=editorial, LE=letter to the editor, Time 1=Sept 3, 1985 to Jan 24, 1996, Time 2=Aug 24, 1996 to Mar 29, 1999, Time 3=Jun 22, 1999 to Oct 15, 2002, Time 4=Oct 15, 2002 to Feb 1, 2006 and Time 5=Feb 4, 2006 to Feb 23, 2009.

Appendix B6. Players involved in discussion of private health. Proportion of articles by newspaper, article type, and time.

	All	Newspaper			Article Type			Time				
	(n=150)	TS (n=56)	GM (n=54)	NP (n=40)	HN (n=67)	ED (n=59)	LE (n=24)	1 (n=30)	2 (n=30)	3 (n=30)	4 (n=30)	5 (n=30)
Politician	0.57	0.66	0.56	0.48	0.57	0.66	0.38	0.40	0.40	0.47	0.57	0.30
Political institution	0.33	0.30	0.30	0.43	0.45	0.29	0.13[b]	0.47	0.13	0.37	0.53	0.17[b]
Public	0.19	0.23	0.22	0.10	0.12	0.20	0.38[a]	0.13	0.33	0.20	0.13	0.17
Private healthcare provider or institution	0.15	0.09	0.15	0.25	0.16	0.14	0.17	0.17	0.17	0.10	0.10	0.23
Advocacy groups	0.14	0.16	0.15	0.10	0.19	0.14	0.00	0.13	0.10	0.17	0.10	0.20
Public healthcare provider or institution	0.09	0.11	0.09	0.08	0.06	0.10	0.17	0.13	0.13	0.07	0.03	0.10
Professional association	0.09	0.09	0.06	0.13	0.07	0.12	0.04	0.10	0.07	0.10	0.03	0.13
Academic	0.08	0.05	0.11	0.08	0.06	0.14	0.00	0.07	0.03	0.10	0.03	0.17
Business	0.03	0.05	0.02	0.03	0.03	0.05	0.00	0.00	0.03	0.07	0.03	0.03
Writer or newspaper	0.03	0.02	0.06	0.00	0.00	0.02	0.13	0.03	0.07	0.03	0.00	0.00
Research organization	0.03	0.04	0.00	0.05	0.03	0.02	0.04	0.03	0.00	0.03	0.07	0.00
Other	0.04	0.05	0.04	0.03	0.03	0.02	0.13	0.00	0.10	0.07	0.03	0.00

NOTE: a=p<0.05, b=p<0.01, c=p<0.001. TS=Toronto Star, GM=Globe and Mail, NP=National Post, HN=hard news article, ED=editorial, LE=letter to the editor, Time 1=Sept 3, 1985 to Jan 24, 1996, Time 2=Aug 24, 1996 to Mar 29, 1999, Time 3=Jun 22, 1999 to Oct 15, 2002, Time 4=Oct 15, 2002 to Feb 1, 2006 and Time 5=Feb 4, 2006 to Feb 23, 2009.

Appendix B7. Proportion of articles backed with evidence by newspaper, article type, and time.

	All	Newspaper			Article Type			Time				
	(n=150)	TS (n=56)	GM (n=54)	NP (n=40)	HN (n=67)	ED (n=59)	LE (n=24)	1 (n=30)	2 (n=30)	3 (n=30)	4 (n=30)	5 (n=30)
Backed with evidence	0.23	0.29	0.15	0.25	0.07	0.36	0.33	0.27	0.33	0.13	0.17	0.23
Not backed with evidence	0.77	0.71	0.85	0.75	0.93	0.64	0.67	0.73	0.67	0.87	0.83	0.77
p value				0.22			<0.001					0.39

NOTE: TS=Toronto Star, GM=Globe and Mail, NP=National Post, HN=hard news article, ED=editorial, LE=letter to the editor, Time 1=Sept 3, 1985 to Jan 24, 1996, Time 2=Aug 24, 1996 to Mar 29, 1999, Time 3=Jun 22, 1999 to Oct 15, 2002, Time 4=Oct 15, 2002 to Feb 1, 2006 and Time 5=Feb 4, 2006 to Feb 23, 2009.

Appendix B8. For articles backed with evidence, the type of evidence used. Proportion of articles by newspaper, article type, and time.

	All	Newspaper			Article Type			Time				
	(n=42)	TS (n=20)	GM (n=11)	NP (n=11)	HN (n=5)	ED (n=27)	LE (n=10)	1 (n=12)	2 (n=11)	3 (n=5)	4 (n=6)	5 (n=8)
Policy	0.33	0.30	0.18	0.55	0.40	0.41	0.10[b]	0.42	0.09	0.40	0.17	0.63
Research	0.33	0.45	0.18	0.27	0.40	0.30	0.40[a]	0.25	0.27	0.40	0.67	0.25
Location comparison	0.21	0.20	0.27	0.18	0.20	0.22	0.20	0.33	0.36	0.00	0.17	0.00
Personal experience	0.12	0.05	0.36	0.00	0.00	0.07	0.30	0.00	0.27	0.20	0.00	0.13

NOTE: a=p<0.05, b=p<0.01, c=p<0.001. TS=Toronto Star, GM=Globe and Mail, NP=National Post, HN=hard news article, ED=editorial, LE=letter to the editor, Time 1=Sept 3, 1985 to Jan 24, 1996, Time 2=Aug 24, 1996 to Mar 29, 1999, Time 3=Jun 22, 1999 to Oct 15, 2002, Time 4=Oct 15, 2002 to Feb 1, 2006 and Time 5=Feb 4, 2006 to Feb 23, 2009.

Appendix B9. Article prominence measured by article length, accompaniment by artwork, and article location. Presented by newspaper, article type, and time.

	All	Newspaper			Article Type			Time				
	(n=150)	TS (n=56)	GM (n=54)	NP (n=40)	HN (n=67)	ED (n=59)	LE (n=24)	1 (n=30)	2 (n=30)	3 (n=30)	4 (n=30)	5 (n=30)
Article length (mean)	670	695	764	647	632	960	296	689	714	747	578	810
p value				0.51			<0.001					0.47
Article location												
Front page	0.10	0.13	0.06	0.13	0.13	0.07	0.08	0.03	0.20	0.13	0.07	0.07
Section front page	0.07	0.13	0.06	0.00	0.04	0.12	0.00	0.13	0.10	0.07	0.00	0.03
Other	0.83	0.75	0.89	0.88	0.82	0.81	0.92	0.83	0.70	0.80	0.93	0.90
p value				0.08			0.24					0.18
Artwork												
Yes	0.21	0.23	0.07	0.35	0.24	0.25	0.00	0.20	0.17	0.17	0.30	0.20
No	0.79	0.77	0.93	0.65	0.76	0.75	1.00	0.80	0.83	0.83	0.70	0.80
p value				0.004			0.026					0.75

NOTE: TS=Toronto Star, GM=Globe and Mail, NP=National Post, HN=hard news article, ED=editorial, LE=letter to the editor, Time 1=Sept 3, 1985 to Jan 24, 1996, Time 2=Aug 24, 1996 to Mar 29, 1999, Time 3=Jun 22, 1999 to Oct 15, 2002, Time 4=Oct 15, 2002 to Feb 1, 2006 and Time 5=Feb 4, 2006 to Feb 23, 2009.

Appendix B10. Prominence of the private healthcare discussion. Proportion of articles by newspaper, article type, and time.

	All (n=150)	Newspaper			Article Type			Time				
		TS (n=56)	GM (n=54)	NP (n=40)	HN (n=67)	ED (n=59)	LE (n=24)	1 (n=30)	2 (n=30)	3 (n=30)	4 (n=30)	5 (n=30)
Depth of focus on search word												
Up to two sentences	0.57	0.61	0.59	0.50	0.61	0.51	0.63	0.67	0.70	0.53	0.57	0.40
Up to two paragraphs	0.14	0.18	0.13	0.10	0.12	0.20	0.04	0.17	0.07	0.13	0.03	0.30
Up to three paragraphs	0.14	0.11	0.11	0.23	0.15	0.15	0.08	0.10	0.10	0.13	0.20	0.17
Whole article	0.15	0.18	0.17	0.05	0.12	0.14	0.25	0.07	0.13	0.20	0.20	0.13
p value				0.50			0.35					0.20
Depth of focus on impetus												
Up to two sentences	0.27	0.16	0.31	0.38	0.31	0.25	0.21	0.17	0.10	0.27	0.60	0.23
Up to two paragraphs	0.17	0.18	0.20	0.10	0.10	0.19	0.29	0.23	0.23	0.17	0.00	0.20
Up to three paragraphs	0.10	0.05	0.11	0.15	0.09	0.10	0.13	0.03	0.13	0.10	0.13	0.10
Whole article	0.46	0.61	0.37	0.38	0.49	0.46	0.38	0.57	0.53	0.47	0.27	0.47
p value				0.05			0.49					0.004
Number of references to search word												
One	0.48	0.52	0.46	0.45	0.42	0.53	0.54	0.60	0.50	0.40	0.53	0.37
Two-three	0.24	0.21	0.26	0.25	0.30	0.17	0.25	0.20	0.33	0.37	0.10	0.20
Four or more	0.28	0.27	0.28	0.30	0.28	0.31	0.21	0.20	0.17	0.23	0.37	0.43
p value				0.96			0.45					0.09

NOTE: TS=Toronto Star, GM=Globe and Mail, NP=National Post, HN=hard news article, ED=editorial, LE=letter to the editor, Time 1=Sept 3, 1985 to Jan 24, 1996, Time 2=Aug 24, 1996 to Mar 29, 1999, Time 3=Jun 22, 1999 to Oct 15, 2002, Time 4=Oct 15, 2002 to Feb 1, 2006 and Time 5=Feb 4, 2006 to Feb 23, 2009. Search words = “two tier”, “two-tier”, “parallel private”, “for profit”, “for-profit”, “privatiz*”, “privatis*”, “private health care”, or “private healthcare” where * denotes a right-handed truncation character of variable length.

Appendix B11. Portrayal of conflict regarding private healthcare. Proportion of articles by newspaper, article type, and time.

	All (n=150)	Newspaper			Article Type			Time				
		TS (n=56)	GM (n=54)	NP (n=40)	HN (n=67)	ED (n=59)	LE (n=24)	1 (n=30)	2 (n=30)	3 (n=30)	4 (n=30)	5 (n=30)
Conflict portrayed												
Yes	0.69	0.75	0.69	0.60	0.67	0.63	0.88	0.60	0.80	0.73	0.60	0.70
No	0.31	0.25	0.31	0.40	0.33	0.37	0.13	0.40	0.20	0.27	0.40	0.30
p value				0.30			0.08					0.41

NOTE: TS=Toronto Star, GM=Globe and Mail, NP=National Post, HN=hard news article, ED=editorial, LE=letter to the editor, Time 1=Sept 3, 1985 to Jan 24, 1996, Time 2=Aug 24, 1996 to Mar 29, 1999, Time 3=Jun 22, 1999 to Oct 15, 2002, Time 4=Oct 15, 2002 to Feb 1, 2006 and Time 5=Feb 4, 2006 to Feb 23, 2009.

Appendix B12. For articles that portrayed conflict, players involved in conflict. Proportion of articles by newspaper, article type, and time.

	All	Newspaper			Article Type			Time				
	(n=103)	TS (n=42)	GM (n=37)	NP (n=24)	HN (n=45)	ED (n=37)	LE (n=21)	1 (n=18)	2 (n=24)	3 (n=22)	4 (n=18)	5 (n=21)
Politician	0.50	0.57	0.43	0.50	0.47	0.68	0.29	0.67	0.29	0.59	0.39	0.62
Writer	0.35	0.33	0.35	0.38	0.02	0.38	1.00	0.56	0.46	0.14	0.39	0.24
Political institution	0.33	0.33	0.27	0.42	0.53	0.24	0.05[c]	0.33	0.17	0.41	0.56	0.24
Public	0.18	0.14	0.24	0.17	0.18	0.24	0.10	0.06	0.13	0.36	0.17	0.19
Advocacy group	0.12	0.17	0.14	0.00	0.13	0.16	0.00	0.17	0.08	0.14	0.06	0.14
Professional association	0.08	0.07	0.03	0.17	0.07	0.11	0.05	0.11	0.00	0.09	0.06	0.14
Healthcare provider	0.08	0.10	0.08	0.04	0.07	0.11	0.05	0.06	0.17	0.05	0.00	0.10
Academic	0.08	0.10	0.08	0.04	0.04	0.14	0.05	0.11	0.08	0.09	0.00	0.10
Business person or group	0.03	0.02	0.03	0.04	0.04	0.03	0.00	0.00	0.00	0.00	0.06	0.10
“Supporters” of private healthcare	0.02	0.00	0.05	0.00	0.04	0.00	0.00	0.00	0.04	0.00	0.06	0.00
Other	0.06	0.02	0.08	0.08	0.07	0.05	0.05	0.17	0.04	0.09	0.00	0.00

NOTE: a=p<0.05, b=p<0.01, c=p<0.001. TS=Toronto Star, GM=Globe and Mail, NP=National Post, HN=hard news article, ED=editorial, LE=letter to the editor, Time 1=Sept 3, 1985 to Jan 24, 1996, Time 2=Aug 24, 1996 to Mar 29, 1999, Time 3=Jun 22, 1999 to Oct 15, 2002, Time 4=Oct 15, 2002 to Feb 1, 2006 and Time 5=Feb 4, 2006 to Feb 23, 2009.

Appendix B13. Proportion of articles written directly to report an event by newspaper, article type, and time.

	All	Newspaper			Article Type			Time				
	(n=150)	TS (n=56)	GM (n=54)	NP (n=40)	HN (n=67)	ED (n=59)	LE (n=24)	1 (n=30)	2 (n=30)	3 (n=30)	4 (n=30)	5 (n=30)
Directly reporting of event												
Yes	0.64	0.64	0.69	0.58	0.90	0.36	0.63	0.67	0.53	0.67	0.70	0.63
No	0.36	0.36	0.31	0.43	0.10	0.64	0.38	0.33	0.47	0.33	0.30	0.37
p value				0.55			<0.001					0.75

NOTE: TS=Toronto Star, GM=Globe and Mail, NP=National Post, HN=hard news article, ED=editorial, LE=letter to the editor, Time 1=Sept 3, 1985 to Jan 24, 1996, Time 2=Aug 24, 1996 to Mar 29, 1999, Time 3=Jun 22, 1999 to Oct 15, 2002, Time 4=Oct 15, 2002 to Feb 1, 2006 and Time 5=Feb 4, 2006 to Feb 23, 2009.

Appendix B14. For articles written directly to report an event, the type of event reported. Proportion of articles by newspaper, article type, and time.

	All	Newspaper			Article Type			Time				
	(n=96)	TS (n=36)	GM (n=37)	NP (n=23)	HN (n=60)	ED (n=21)	LE (n=15)	1 (n=20)	2 (n=16)	3 (n=20)	4 (n=21)	5 (n=19)
Political	0.57	0.61	0.54	0.57	0.75	0.43	0.07	0.65	0.31	0.70	0.52	0.63
Media/Response to article	0.14	0.14	0.14	0.13	0.02	0.00	0.80	0.20	0.31	0.00	0.14	0.05
Medical/health	0.05	0.00	0.05	0.13	0.07	0.05	0.00	0.00	0.06	0.10	0.10	0.00
Political research	0.05	0.08	0.05	0.00	0.05	0.10	0.00	0.05	0.06	0.00	0.10	0.05
Research	0.04	0.03	0.03	0.09	0.03	0.10	0.00	0.00	0.06	0.05	0.05	0.05
Personal	0.04	0.03	0.08	0.00	0.00	0.10	0.13	0.00	0.13	0.05	0.00	0.05
Legal	0.04	0.06	0.05	0.00	0.03	0.10	0.00	0.10	0.00	0.05	0.05	0.00
Business	0.03	0.06	0.03	0.00	0.02	0.10	0.00	0.00	0.06	0.00	0.00	0.11
Public protest	0.02	0.00	0.03	0.04	0.03	0.00	0.00	0.00	0.00	0.05	0.05	0.00
p value				0.61			<0.001					0.17

NOTE: TS=Toronto Star, GM=Globe and Mail, NP=National Post, HN=hard news article, ED=editorial, LE=letter to the editor, Time 1=Sept 3, 1985 to Jan 24, 1996, Time 2=Aug 24, 1996 to Mar 29, 1999, Time 3=Jun 22, 1999 to Oct 15, 2002, Time 4=Oct 15, 2002 to Feb 1, 2006 and Time 5=Feb 4, 2006 to Feb 23, 2009.

Appendix B15. Portrayal of the future of Canadian healthcare. Proportion of articles by newspaper, article type, and time.

	All	Newspaper			Article Type			Time				
	(n=145)	TS (n=54)	GM (n=52)	NP (n=39)	HN (n=66)	ED (n=56)	LE (n=23)	1 (n=28)	2 (n=30)	3 (n=30)	4 (n=29)	5 (n=28)
Negative	0.19	0.22	0.13	0.21	0.11	0.23	0.30	0.21	0.30	0.10	0.17	0.14
Neutral	0.55	0.46	0.63	0.56	0.64	0.52	0.39	0.46	0.53	0.67	0.59	0.50
Positive	0.26	0.31	0.23	0.23	0.26	0.25	0.30	0.32	0.17	0.23	0.24	0.36
p value				0.48			0.14					0.49

NOTE: TS=Toronto Star, GM=Globe and Mail, NP=National Post, HN=hard news article, ED=editorial, LE=letter to the editor, Time 1=Sept 3, 1985 to Jan 24, 1996, Time 2=Aug 24, 1996 to Mar 29, 1999, Time 3=Jun 22, 1999 to Oct 15, 2002, Time 4=Oct 15, 2002 to Feb 1, 2006 and Time 5=Feb 4, 2006 to Feb 23, 2009.

Appendix B16. Portrayal of private healthcare. Proportion of articles by newspaper, article type, and time.

	All	Newspaper			Article Type			Time				
	(n=148)	TS (n=55)	GM (n=53)	NP (n=40)	HN (n=66)	ED (n=59)	LE (n=23)	1 (n=29)	2 (n=30)	3 (n=30)	4 (n=30)	5 (n=29)
Negative	0.59	0.75	0.51	0.48	0.62	0.44	0.87	0.79	0.67	0.50	0.53	0.45
Neutral	0.27	0.22	0.34	0.25	0.29	0.34	0.04	0.17	0.20	0.27	0.37	0.34
Positive	0.14	0.04	0.15	0.28	0.09	0.22	0.09	0.03	0.13	0.23	0.10	0.21
p value				0.005			0.004					0.13

NOTE: TS=Toronto Star, GM=Globe and Mail, NP=National Post, HN=hard news article, ED=editorial, LE=letter to the editor, Time 1=Sept 3, 1985 to Jan 24, 1996, Time 2=Aug 24, 1996 to Mar 29, 1999, Time 3=Jun 22, 1999 to Oct 15, 2002, Time 4=Oct 15, 2002 to Feb 1, 2006 and Time 5=Feb 4, 2006 to Feb 23, 2009.

Appendix B17. Portrayal of the status of private healthcare. Proportion of articles by newspaper, article type, and time.

	All	Newspaper			Article Type			Time				
	(n=138)	TS (n=53)	GM (n=49)	NP (n=36)	HN (n=62)	ED (n=54)	LE (n=22)	1 (n=28)	2 (n=27)	3 (n=29)	4 (n=28)	5 (n=26)
Portrayed as not present	0.38	0.30	0.41	0.47	0.40	0.35	0.41	0.29	0.52	0.52	0.25	0.35
Present and expanding	0.25	0.34	0.20	0.19	0.31	0.20	0.23	0.21	0.15	0.24	0.32	0.35
Emerging	0.21	0.21	0.24	0.17	0.19	0.26	0.14	0.32	0.15	0.17	0.25	0.15
Present and steady	0.14	0.11	0.14	0.17	0.08	0.19	0.18	0.11	0.19	0.07	0.18	0.15
Present and receding	0.01	0.04	0.00	0.00	0.02	0.00	0.05	0.07	0.00	0.00	0.00	0.00
p value				0.39			0.47					0.21

NOTE: TS=Toronto Star, GM=Globe and Mail, NP=National Post, HN=hard news article, ED=editorial, LE=letter to the editor, Time 1=Sept 3, 1985 to Jan 24, 1996, Time 2=Aug 24, 1996 to Mar 29, 1999, Time 3=Jun 22, 1999 to Oct 15, 2002, Time 4=Oct 15, 2002 to Feb 1, 2006 and Time 5=Feb 4, 2006 to Feb 23, 2009.

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