Brief Report

Importance of Health Care Issues in 2005 Presidential Elections in Croatia

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Health and health care provision are among the most important and politically sensitive public service areas. Politicians carefully incorporate health care program changes in their political agendas to gain votes. However, knowing health care priorities of the electoral body is not useful only to politicians, but also to health policy makers, as it enables them to target the most problematic areas in health care. We conducted a telephone survey of representative sample of voters (n=643) immediately before the presidential elections in Croatia in 2005, to determine the possible differences in health care priorities between left-wing and right-wing voters, and found a high level of homogeneity in their opinions. Health care organization, corruption, and financing issues were identified as the top priorities by both left- and right-wing voters. This agreement in voters' expectations, probably caused by a similar frame of mind of Croatian citizens inherited from pre-democratic times of self-government, could be used by health policy makers to rationally invest the means and efforts in dealing with the most problematic health care issues.

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Health and health care provision are among the most important public service areas and, as such, very sensitive areas in political sense. Promises of health care reform are frequently used as a lever in election campaign – for politicians to gain votes, and for voters to influence politicians. Politics and social circumstances influence public attitudes on health care issues (1-4), and individual views on health care issues can be regarded as left or right (5).

In transitional countries, corruption, financing, and organization of health care system are the crucial problems (6,7). Croatia, as one of transitional countries, has the same problems, but it also has a long tradition of social health insurance, public health programs, and equity in health care (8,9). Its health care system is also characterized by paternalistic approach to the patient and well-defined and regulated patient rights, especially the universal right to health care. All these factors influence the expectations of the public and should be taken into account by politicians, especially health policy makers.

We argue that election time provides an excellent opportunity for research into public opinion on health-related policy issues, which might be a useful tool in determining health care priorities and health policy making. Knowledge of high-ranked health care issues may give more political power to public health professionals and policy makers and allow them to focus available power on solving the most important problems. High homogeneity in voters' opinion on health care issues, on the other hand, could limit politicians' interest in this area, as it would leave them little space to offer distinct political options that could be uniquely recognized by the electoral body. We conducted a survey during the presidential elections in Croatia in 2005 to determine the opinion of Croatian electoral body on health care priorities.

Subjects and method

There were two rounds of 2005 Croatian presidential elections, the first one on January 2 and the other on January 16, 2005. Of 13 presidential candidates in the first round, the two best ranked, Jadranka Kosor and Stjepan Mesić, entered the second round. We performed a telephone survey among the representative body of Croatian voters on December 27 and 28, 2004 (5 days before the elections) to determine their health care attitudes and priorities.

The sample consisted of 1000 voters chosen by two-stage stratified random selection of households and residents aged ≥18 years proportionally to the stratum size in 6 regions of Croatia defined as counties or groups of counties (Zagreb, Northern Croatia, Slavonia, Lika and Banovina, Primorje and Istria, and Dalmatia) and urbanization level. The urbanization level was distributed in 4 population size categories (up to 2000 residents, 2001-10 000, 10 001-100 000, and more than 100 000 residents). Randomization of the sample was computer-based according to stratum definition, but the sample was additionally weighted to obtain a fully representative sample of the Croatian voting body.

The survey was performed on the basis of computer-assisted telephone interview (CATI) by Puls Ltd surveying agency. There were 23 questions divided into three question groups. The first question group consisted of general questions on household size, location, and region. The second group of questions was related to the respondent's age, sex, employment status, and income. The third question group consisted of questions related to the elections, presidential role in the interior and foreign policy, health care issues, and health priorities related to the president's work. Questions were made on the basis of topics recognized in the press as most important during the period of two months before the elections. The two most probable candidates for the second round were involved in the analy-

sis (Jadranka Kosor, a center-right candidate, and Stipe Mesić, a center-left candidate).

Statistical analysis

Bivariate analysis was performed with χ^2 test. Multivariable model, controlling for respondent's age, sex, and place of residence, was used to determine the difference between left- and right-wing voter's opinions and expressed as odds ratio (OR) with 95% confidence interval (CI). A binary logistic regression used left- or right-wing voter's preference as the outcome variable. Analysis was performed by Statistical Program for Social Sciences 12.0 (SPSS Inc, Chicago, IL, USA), with statistical significance set at $P<0.05$.

Results and discussion

The response rate was 80.7%, as 81 (8.1%) respondents did not want to answer, 31 (3.1%) were unwilling to vote at all, and 81 (8.1%) were undecided in their presidential candidate preference. Additional 199 (19.9%) were excluded as they preferred presidential candidates who did not enter the second round of the elections. Thus, the analysis included 608 voters who decided to vote for the two most probable candidates for the second round: 453 for the center left-wing candidate (Stjepan Mesić) and 155 for the center right-wing candidate (Jadranka Kosor). The initial analysis revealed significant differences in the general political priorities ($\chi^2_7=23.96$, $P=0.001$). Both groups indicated economy as the most important issue, with 245 (54.0%) left-wing and 63 (40.4%) right-wing voters. Health care issues were ranked as the second priority, with 67 (14.8%) left-wing voters and 42 (26.9%) right-wing voters, suggesting that right-wing voters more often identified health care as a general priority (Table 1).

There were no significant differences in voters' opinions on specific health care priorities in Croatia ($\chi^2_5=5.68$, $P=0.058$). While the left-wing group identified poor health care organization as the top priority, right-wing group identified lack of funding (Table 1). Significant difference was recorded only in the case of funding as the health care priority ($\chi^2_5=7.29$, $P=0.007$). Voters provided similar answers to the question on which health issues the president should be involved in ($\chi^2_5=2.69$, $P=0.261$), with the quality of care ranking first in both groups, but differed in their opinion on mental health as a presidential health care priority ($\chi^2_5=4.79$, $P=0.029$) (Table 1). However, multivariable analysis showed that right-wing voters were more likely to identify finances as a health priority (OR, 2.21, 95% CI, 1.25-3.89).

Obviously, health care delivery issues were highly ranked on the citizens' list of political priorities, which is in accordance with previous findings (10). Health care priorities in both left- and right-wing voter groups were strikingly similar, except for financing issues. Among the most important issues in health care, organization was ranked the first, corruption the second, and fi-

Table 1. Comparison of the political, presidential, and health care priorities of left- and right-wing representative sample of Croatian voters in the presidential elections 2005

	No. (%) of voters*			
Questions	left wing	right wing	*P*†	total
The most important issue in Croatia:				
foreign policy	27 (5.9)	9 (5.8)	0.958	36 (5.9)
interior policy	29 (6.4)	13 (8.3)	0.389	42 (6.9)
economy	244 (53.9)	62 (40.0)	0.004	306 (50.3)
health and health care system	67 (14.8)	42 (26.9)	<0.001	109 (17.9)
social care	36 (7.9)	9 (5.8)	0.390	45 (7.4)
education	40 (8.8)	10 (6.4)	0.362	50 (8.2)
other/no response	10 (2.2)	10 (6.4)	0.010	20 (3.3)
Health care system:				
poor organization	118 (26.2)	32 (20.0)	0.190	150 (24.7)
lack of funding	93 (20.5)	48 (31.0)	0.007	141 (23.2)
suboptimal physicians' performance	29 (6.4)	7 (4.5)	0.399	36 (5.9)
insufficient equipment	72 (15.9)	24 (15.5)	0.928	96 (15.8)
corruption	116 (25.6)	32 (20.6)	0.228	148 (24.3)
other/no response	25 (5.5)	12 (7.7)	0.308	37 (6.1)
Presidential involvement in health care:				
HIV/AIDS‡	15 (3.3)	5 (3.2)	0.969	20 (3.3)
mental health	35 (7.7)	21 (13.6)	0.029	56 (9.2)
waiting for health services	104 (22.9)	33 (21.4)	0.695	137 (22.5)
quality of the health care	185 (40.7)	54 (35.1)	0.205	239 (39.3)
paying the health services	74 (16.3)	24 (15.6)	0.827	98 (16.1)
other/no response	41 (9.0)	17 (10.9)	0.468	58 (9.5)

*The numbers may not add up due to rounding.
†χ^2 test.
‡Human immunodeficiency virus/acquired immunodeficiency syndrome

nancing the third. This homogeneity in opinion probably reflects the expectations inherited from the pre-democratic period of self-government (8,9). Health care organization being ranked as the top priority might reflex suboptimal outcomes of recent health care reforms, or dissatisfying experience with health care management at both local (11) and state level (6). Recognition of corruption as the second most important issue in health care could be regarded as an indicator of the magnitude of this problem (12) and a legacy from the self-management system, where privileges and rights were commonly obtained through unofficial payments (13).

On the other hand, homogeneity of opinions in Croatian voters could in part be due to the similarity of health care agendas of the presidential candidates. Such a situation is not very common in other countries (1,2,5,14). The lack of significant differences between presidential candidates' priorities could also be explained by previously reported determinants of priority attitudes in the general population: patriotism, determination, experience and political neutrality (15).

The results presented here were obtained in a telephone survey, and therefore prone to certain levels of selection bias. Nevertheless, this study showed that although health and health related issues were highly ranked as the public services priority, they did not have determining effects in the Croatian presidential elections 2005. High level of the priority ranking homogeneity might indicate true health care priorities. General population input into health care priorities might be a useful tool for health policy makers, indicating the most critical points of the transitional health care system from the user's point of view.

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