Reviewer’s report

Title: Support for a tax increase to provide unrestricted access to an Alzheimer's disease medication: a survey of the general public in Canada

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Reviewer: William F Vasquez

Reviewer’s report:

This paper investigates public support for an increase in annual personal income tax to fund a public program of unrestricted access to medication for Alzheimer’s disease (AD). As the authors argue, the study addresses an important research question as the Canadian population to be affected by AD is expected to increase in the following years, and private health insurance fails in covering household expenditures on AD medication. Household survey is collected to elicit public preferences on four programs: 1) medication to treat symptoms with no side effects, 2) medication to treat symptoms with side effects, 3) medication to halt the disease with no side effects, and 4) medication to halt the disease with side effects. The paper presents evidence that suggest that the public support an income tax increase to provide unrestricted access to AD medication.

In general, the paper is well written and the discussion of results is supported by the data. However, I found some shortcomings in the study that may compromise its relevance for policy purposes. The comments below could prove useful.

Major Comments

1. For policy purposes, it would be interesting to estimate the magnitude of income tax increases that respondents are willing to pay (WTP) to fund the proposed programs. The authors report that the survey was developed based on the contingent valuation literature. Moreover, results are discussed including references to previous studies that estimated the WTP for AD public programs using the contingent valuation method (e.g. Nocera et al. 2005 and Negrin et al. 2008). The contingent valuation method is used to estimate WTP for hypothetical goods and services. In this method, respondents are expected to be sensitive to different levels of tax increases (see Whitehead 1995). The authors, however, did not attempt to confront respondents with specific tax increases, which prevents them from estimating individuals’ WTP for the proposed programs. While the estimation of WTP is proposed as future research, there is no explanation of why the authors did not attempt to address such an important, policy-relevant issue in this paper.

2. The support rate is presented for each program, varying from 0.49 to 0.67. It may be useful to implement a statistical test to investigate whether the support rate differentials are significant or not.
3. The results are primarily based on a logistic regression model that estimates the probability of being in favor of at least one of the four programs presented. Then, logistic regression models are estimated for each program. The only result that is robust across all models is the respondent’s perception of his friends’ approval of his support for a tax increase. This result is interpreted as a positive influence of respondents’ social network on support for tax increase. Table 2 shows that a high percentage of respondents (74%) who reported some level of approval by their friends. Coupled with high rates of public support for the programs presented, this result raises the question of social desirability bias in the results (see, for instance, Leggett et al. 2003 and List et al. 2004). That is, respondents could have provided answers that seemed to be socially accepted or expected by the interviewer, instead of reporting what they really would do if taxes were increased to support access to AD medication. Some discussion about this issue could benefit the paper.

4. In the same line of the last comment, results are not robust across different models, which put into question the validity of such estimates, particularly for policy recommendations. The paper does not discuss the lack of robustness of results. Is there an explanation for the inconsistency of estimation results across models?

Minor Comments:

1. The order of programs presented to the respondents was randomized. Even though, it may be worth to test for order effects on the support for specific programs. Also, authors could test for differences across surveys implemented in English compared with those implemented in French.

2. The non-response rate for this study is high, which is particular of telephone surveys. Readers may be interested in learning about evidence against systematic non-response, particularly because the sample does not mimic the Canadian population (e.g. age).

3. A dummy variable is used to estimate age effects on support for access to AD medication. This effect is found to be negative and significant in few models indicating a lower support from older respondents. It might be beneficial to explore whether there is a linear or quadratic relationship between age and public support.

Discretionary Revisions

1. Tables 1 and 2 can be combined in a single table.

2. In some references, journal titles are abbreviated. Readers may benefit from the full name of cited journals.

• This is an article whose findings may be of interest for policymakers and those with closely related research agendas.
References:


Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:

• I declare that I have no competing interests.