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Health Care in Saskatchewan: An Analytical Profile.

By Gregory Marchildon and Kevin O'Fee. Regina, SK: Canadian Plains Research Center and the Saskatchewan Institute of Public Policy, 2007. x + 153 pp. Figures, tables, appendixes, references, index. \$24.95 paper.

Marchildon and O'Fee set out to provide a detailed description of the Saskatchewan health care system, integrating details of how health care is organized, funded, and delivered in this Canadian prairie province. To accomplish their goal of fostering a better understanding of the provincial health system and its inputs and outcomes, they walk their readers through a thicket of details, including standings on health status indicators; macrolevel organizational structures; financing and expenditures; range of services, resources and technologies; and a sample of semirecent health reforms. They then close with a brief assessment of the system's performance.

What the authors attempt is worthwhile, and they present an enormous amount of descriptive data in their text. If the indicator used to measure success were sheer volume of facts, they would have succeeded. The text is literally bursting with numbers and details. However, given that the book's subtitle promised an analytical profile, not merely a descriptive one, these authors owe their readers more.

The absence of a central argument through which to navigate their waves of description, or an analytical lens through which to analyze and interpret the myriad of details, is a major problem for this reviewer. At times, the chapters read more like a grocery list than an analytical profile. This issue is exacerbated when combined with occasional bouts of awkward writing, blurry organization (e.g., health status descriptions jump to include economic details; organizational descriptions suddenly expand into history), and insufficient editing (e.g., figures without legends, and references cited that do not appear in the reference list and vice versa).

In terms of its Great Plains content, a topic of interest to this journal's readers, it is disappointing to see how little time these academics spent unpacking the significant health disparities that exist in this prairie province. Yes, as a whole, Saskatchewan's residents enjoy reasonable health status and access to a reasonably well-performing system, but a mere scratch at the surface reveals significant intraprovincial inequities (e.g., north to south, rural to urban to inner city, Indigenous to non-Indigenous). These details receive far too little attention in this text. While the very real consequences of its colonization history are largely ignored, so too is the province's unique Medicare history. This distinction is mentioned, but the authors shy away from any substantive analysis of it. For example, they could examine how its unique social-democratic and agrarian heritage exerts influence over the modern system or the reforms they describe.

Given how much this text relies on annual statistics, it will quickly date, and I expect the authors will consider a second edition. Perhaps at that time they will feel ready to move beyond the necessary but not sufficient step of description and attend to more substantive and analytical issues. Such an edition I would look forward to reading.

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