

Household spending on health care

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Abstract

Objectives

This article examines changes in household spending on health care between 1978 and 1998. It also provides a detailed look at household spending on health care in 1998.

Data sources

Data on household spending are from Statistics Canada's Family Expenditure Survey for survey years between 1978 and 1996, and from the annual Survey of Household Spending for 1997 and 1998.

Analytical techniques

Proportion of after-tax spending was calculated by subtracting average personal income taxes from average total expenditures and then dividing health care expenditures by this figure. Per capita spending was calculated by dividing average household spending by average household size. Constant dollar figures and adjustments for inflation were calculated using the Consumer Price Index (1998=100) to control for the effect of inflation over time.

Main results

Almost every Canadian household (98.2%) reported health care expenditures in 1998, spending an average of close to \$1,200, up from around \$900 in 1978. In 1998, households dedicated a larger share of their average after-tax spending (2.9%) to health care than they did 20 years earlier (2.3%). Health insurance premiums claimed the largest share (29.8%) of average health care expenditures, followed by dental care, then prescription medications and pharmaceutical products.

Key words

health expenditures, dental care, dental health services, prescription drugs, non-prescription drugs

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While Canada's health care system provides universal medical care, not all health care expenses are covered by the various provincial plans.¹ Most households have out-of-pocket expenditures, including payments for health insurance premiums, eye care, and prescription and non-prescription medications and pharmaceutical products. The average amount Canadian households dedicated to health care spending declined noticeably after universal health care was fully implemented in the late 1960s. In the 1990s, however, that amount began to climb again.

Although health care expenditures account for a relatively small share of the average household budget, almost every Canadian household (98.2%) reported such spending in 1998. Households spent an average of close to \$1,200 on health care, with the largest shares going to health insurance premiums and dental care (see *1998 total household budget*). By contrast, 20 years earlier, households averaged around \$900 on health care (1998 constant dollars).

This article is based on data from the 1978 to 1996 Family Expenditure Survey (FAMEX) and the 1997 and 1998 Survey of Household Spending (SHS). These surveys

collect information about household expenditures on a wide variety of goods and services. The analysis focusses on household spending on health care,

examining changes between 1978 and 1998. It also presents 1998 household expenditures on health care by province, and in the context of all major

Methods

Data sources

Detailed information on all aspects of household spending is from the Survey of Family Expenditure (FAMEX), which was generally conducted every four years from 1969 through 1996, and the annual Survey of Household Spending (SHS), which replaced FAMEX in 1997.

This analysis uses data from the 1978, 1982, 1986, 1992 and 1996 FAMEX surveys and the 1997 and 1998 SHS to examine household spending on health care.

FAMEX covered the 10 provinces and two centres in the North. The SHS is carried out for households in all provinces and territories, and the following exclusions apply to both surveys: residents of Indian reserves and crown lands; official representatives of foreign countries living in Canada and their families; members of religious and other communal colonies; members of the Canadian Armed Forces on military bases; residents in homes for senior citizens; and individuals living full time in institutions (prisons, chronic care hospitals and nursing homes, for example).

The sample size for the 1998 SHS was 20,236 households, compared with 12,963 for the 1978 FAMEX. Households were selected from Statistics Canada's Labour Force Survey (LFS) sampling frame, and data were collected between January and March for the previous calendar year.

More information on FAMEX and the SHS can be found in published reports.²⁻⁵

Analytical techniques

The year 1978 is the first for which national data on household health care spending are available after the introduction of universal health care; therefore, it is used as the first year of the time series.

Per capita spending on health care and health care items was calculated by dividing average spending on health care per household by average household size. Although this formula allows for per person spending comparisons across time and household type, it does not account for household composition (for example, the number of adults, children and seniors), which may affect health care spending.

Proportion of after-tax spending was calculated by subtracting average personal income taxes from average total expenditures and then dividing health care expenditures by this figure.

Constant dollar figures and adjustments for inflation were calculated using the Consumer Price Index (1998=100) to control for the effect of inflation on purchasing power.

Since the SHS uses a complex sample design and estimation method, the standard error is estimated using a resampling method known as the jackknife technique with 0.05 designated as the level of significance.^{6,7}

Limitations

Although few households keep detailed accounts of every expenditure, most have some records of their transactions: credit card or bank statements, chequebook entries or utility bills, for example. Through personal interviews, individuals are asked to recall their total household expenditures, including those for health care, for the past calendar year—a period that may be more clearly defined in respondents' minds than any other 12-month period. Respondents are instructed to report only direct costs for all personal health care, as well as amounts not covered by insurance (exclusions, deductibles and expenses over limits). They are also told to exclude payments for which they have been or will be reimbursed.

Like purchases of big-ticket items or substantial outlays for vehicles or furniture, major health care expenditures are usually recalled fairly readily, or receipts or records may be available. Spending on some items may be estimated based on amount and frequency of purchase (weekly or monthly, for example). Of course, the accuracy of data depends on the respondents' ability to remember and their willingness to consult records for the calendar year. It also depends on their understanding of the questions asked. In the case of health care, the distinction between private health insurance plans and public- or government-sponsored (provincial) plans is not always clear. Interviewers are trained to assist respondents, but the variations in coverage and administration among the various provincial health regimes makes this difficult.

To ensure that total expenditures are commensurate with household income and other sources of funds, a "balance edit" is conducted. This edit compares household receipts (income and other money received by the household) with disbursements (expenditures plus the net change in assets and liabilities). If the difference is greater than 10% of the larger of receipts or disbursements, respondents are contacted for additional information. While this edit ensures that total household spending is in line with income, it cannot verify that individual expenditures have been correctly recalled. Further, there is no way of establishing whether household members are spending less on some categories to accommodate out-of-pocket spending on health care. Finally, no questions are asked about the affordability of any goods or services, including health care.

1998 total household budget

After personal income taxes were excluded, overall average household spending totalled \$40,397 in 1998. The biggest share of the household budget—about one-quarter or \$10,092—went to shelter costs. Spending on transportation ranked second, followed by food.

In 1998, health care spending made up a relatively small proportion of total household expenditures (2.9%). However, almost every household (98.2%) reported spending on health care goods and services.

Average after-tax household spending, by major spending category, 1998

	Average expenditure per household	Proportion of after-tax spending
	\$	%
Total after-tax spending	40,397	100.0
Shelter	10,092	25.0
Transportation	6,363	15.8
Food	5,880	14.6
Recreation	2,947	7.3
Personal insurance payments and pension	2,802	6.9
Household operation	2,362	5.8
Clothing	2,201	5.4
Household furnishings and equipment	1,489	3.7
Tobacco products and alcoholic beverages	1,214	3.0
Health care	1,191	2.9
Gifts of money and contributions to persons outside the home	1,144	2.8
Miscellaneous [†]	814	2.0
Personal care	693	1.7
Education	679	1.7
Reading materials and other printed matter	276	0.7
Games of chance (net amount)	249	0.6

Data source: 1998 Survey of Household Spending

Note: Data may not add to totals because of rounding.

[†] Includes spending on other property (not principal accommodation or vacation home), legal services, financial services, dues to unions and professional associations, contributions and dues to social clubs, forfeits of deposits, money lost, and purchase of tools and equipment for work.

More information on household expenditures for 1978 and 1998 is available in published reports.^{2,5,8}

household expenses. Further analysis of provincial trends and differences, as well as differences by age and socio-economic groups, are beyond the scope of this study.

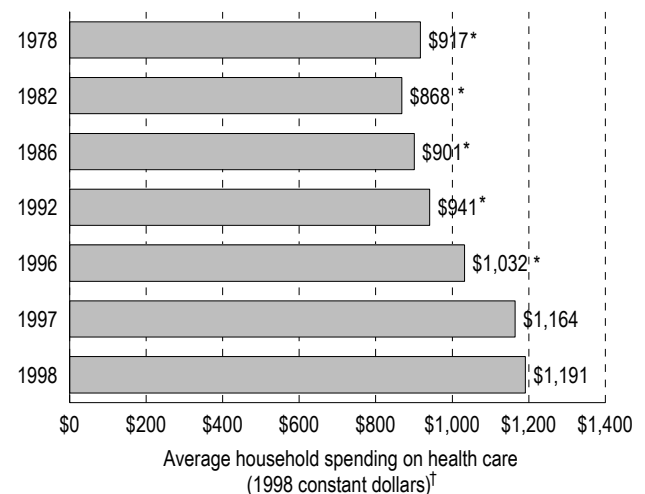
The year 1978, the first for which nationally comparable data are available after the implementation of universal health care, is used as the first year of the time series for health care spending. To account for the effects of inflation, amounts are presented in 1998 constant dollars. Percentages represent after-tax spending unless otherwise specified (see *Methods* and *Definitions*).

Health care spending up in 1990s

From 1978 to 1992, average annual household spending on health care fluctuated around \$900. But in the early 1990s, household health care expenditures increased. On average, households spent close to \$300 more on health care in 1998 than they did in 1978: \$1,191 versus \$917 (Chart 1) (see *The provinces*).

Moreover, households dedicated a larger share of their average after-tax spending to health care in 1998 than they did 20 years earlier: 2.9% compared with 2.3%. By contrast, the proportion allocated to

Chart 1
Average household spending on health care, Canada excluding territories, 1978 to 1998



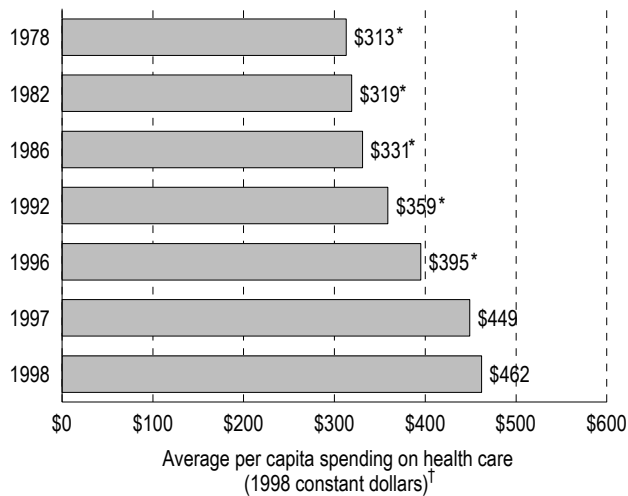
Data sources: 1978, 1982, 1986, 1992 and 1996 Survey of Family Expenditure (FAMEX); 1997 and 1998 Survey of Household Spending (SHS)

Note: FAMEX was conducted periodically, generally every four years, through 1996, when it was replaced by the annual SHS.

[†] Variations over several years represent real changes after inflation has been taken into account.

* Significantly lower than 1998 amount ($p \leq 0.05$)

Chart 2

Average per capita spending on health care, Canada excluding territories, 1978 to 1998

Data sources: 1978, 1982, 1986, 1992 and 1996 Survey of Family Expenditure (FAMEX); 1997 and 1998 Survey of Household Spending (SHS)

Note: FAMEX was conducted periodically, generally every four years, through 1996, when it was replaced by the annual SHS.

[†] Variations over several years represent real changes after inflation has been taken into account.

* Significantly lower than 1998 amount ($p \leq 0.05$)

The provinces

In 1998, Canadian households spent an average of close to \$1,200 on health care, although amounts varied substantially by province. Alberta households had the highest average health care expenditures (\$1,693), followed by those in British Columbia and Saskatchewan. Health care spending was lowest for Newfoundland households (\$913).

As a percentage of after-tax expenditures, health care spending ranged from 2.3% for Ontario households to 3.8% for those in Alberta. The figure was also relatively low (2.7%) in Newfoundland, and high in British Columbia (3.5%).

Average household spending on health care, Canada excluding territories, 1998

	Average expenditure per household \$	Proportion of after-tax spending %
Newfoundland	913	2.7
Ontario	1,049	2.3
New Brunswick	1,081	3.2
Québec	1,106	3.2
Prince Edward Island	1,129	3.3
Nova Scotia	1,129	3.2
Manitoba	1,147	3.1
Saskatchewan	1,163	3.2
Canada	1,191	2.9
British Columbia	1,499	3.5
Alberta	1,693	3.8

Data source: 1998 Survey of Household Spending

many other components of the household budget, such as food and clothing, declined steadily over the same period (from 19.8% to 14.6% and from 8.4% to 5.4%, respectively^{2,5}). Finally, on a per capita basis, 1998 care spending stood at its highest level since 1978 (Chart 2).

The changes in household spending on health care could be partly due to declining average household size, which fell from 2.93 in 1978 to 2.58 two decades later,^{2,5} as well as Canada's aging population.⁹

Health care and the household budget

In 1998, health insurance premiums claimed the largest share of average health care expenditures: 29.8% (Table 1). Dental care ranked second, followed by prescription medications/pharmaceutical products. Not surprisingly, physician care and hospital care accounted for the smallest shares of out-of-pocket spending on health care, each around 1%.

However, not all households reported spending on the various aspects of health care. Consequently, the average amounts spent on these items by those households with actual expenditures was much higher than the average for households overall. For example, overall, households spent an average of \$231 on dental care. But only about half of households reported such expenses. The corresponding average for those households that actually reported such spending was \$476. Similarly, households overall spent an average of just \$13 on physician care and \$9 for hospital care. But when only the few households that reported such expenditures are considered, the figures were \$232 and \$391, respectively.

Health insurance premiums

Spending on health insurance premiums comprises payments for: public (government-supported) hospitals, medical and drug plans; private health insurance plans; dental plans sold as separate policies; and accident and disability insurance (see *Definitions*). Most household members are covered by a public plan administered either directly or indirectly by a provincial government. They may also have some supplementary health care benefits

Table 1
Average household spending on health care, Canada excluding territories, 1998

	Average expenditure per household	Proportion of total health care costs	Proportion of households reporting spending	Average expenditure per household reporting spending
	Constant 1998 \$	%	%	Constant 1998 \$
Total	1,191	100.0	98.2	1,213
Health insurance premiums [†]	355	29.8	51.5	689
Dental care	231	19.4	48.5	476
Prescription medications and pharmaceutical products	198	16.6	65.7	301
Eye care	151	12.7	50.6	298
Non-prescription medications and pharmaceutical products	131	11.0	87.1	150
Other health care practitioners [‡]	54	4.5	19.4	278
Health care supplies and goods	30	2.5	39.2	77
Other medical services [§]	19	1.6	7.9	244
Physician care	13	1.1	5.6	232
Hospital care	9	0.8	2.3	391

Data source: 1998 Survey of Household Spending

[†] Provincial health/drug insurance plans (where applicable); private health insurance plans; dental plans; accident and disability insurance

[‡] Includes nurses, therapists, chiropractors, osteopaths and podiatrists

[§] Includes ambulances, medical equipment rentals, lab services, nursing homes, weight control and smoking cessation programs

Definitions

A *household* is defined as a person or group of persons occupying one dwelling unit (a separate set of living quarters with a private entrance).

Health care spending represents out-of-pocket costs incurred by household members for all health care received during the calendar year, including amounts not covered by insurance, such as exclusions, deductibles, and expenses over limits. All expenditures include the Goods and Services Tax, provincial retail sales tax, customs duties and any additional charges or taxes. Payments for which household members had been or would be reimbursed were excluded.

Spending on *health insurance premiums* includes payments for provincial (that is, public- or government-sponsored) health/drug insurance plans (where applicable) and private health insurance plans, including dental benefit plans and accident/disability insurance. Separate data for public and private plans are not presented in this analysis because their jurisdictions vary over time or from province to province.

Dental care refers to dental services and orthodontic and periodontal procedures such as examinations, cleanings, regular maintenance, root canal surgery, and dentures.

Eye care encompasses: prescription eye wear such as contact lenses and eyeglasses; other eye care goods including non-prescription eye wear, eyeglass cases and contact lens supplies; and eye exams, surgery (including laser treatments), and other eye care services.

Prescription medications and pharmaceutical products are those prescribed by a physician; *non-prescription medications and pharmaceutical products* are over-the-counter items such as vitamins, pain relievers and cough syrup.

Other health care practitioners are professionals such as nurses, therapists, chiropractors, osteopaths and podiatrists.

Health care supplies and goods includes items such as first aid kits, hearing aids and wheelchairs and other appliances.

Other medical services encompasses program enrolment fees, medical equipment rental, ambulances, lab services and nursing homes.

Physician care includes services provided by general practitioners or specialists.

Hospital care expenses represent all direct pay charges included in an individual's hospital bill.

with a private plan (either through employment or private insurance). Of course, the introduction of universal health care contributed to a decline in household spending on health insurance premiums during the 1970s. Beginning in the 1990s, however, average household expenditures for health insurance premiums began to rise.

A number of factors could be behind this increase. Although many employers offer some form of group health insurance, not all employees may be eligible for benefits. Part-time and contract workers, the self-employed, and employees and operators of small businesses may not have supplementary benefits, forcing some to purchase private coverage. Not all companies continue to fund benefits for retired employees, or such benefits may be co-funded; therefore, some retired individuals may have additional out-of-pocket expenditures for health insurance premiums. The rise may also partly reflect the premiums for provincial health insurance plans paid by Alberta and British Columbia residents.

In 1998, average household spending on health insurance premiums was \$355, accounting for 29.8% of total health care expenditures. Only about half of households reported expenses for health

insurance premiums in 1998, with an average expenditure per reporting household of \$689. This compares with \$568 (62.4% of households) in 1978 (Table 2).

Dental care

Between 1978 and 1998, the average amount households spent on dental care declined from \$247 to \$231. The share of total health care expenses dedicated to dental care also declined from 26.9% to 19.4%. In 1998, fewer than half of all households reported direct payments for dental services, suggesting that dental benefit plans cover the costs, or that patients may forego regular check-ups. A recent study based on data from the 1996/97 National Population Health Survey found that just over half (53%) of Canadians reported having dental insurance, and that many patients use dental services on an as-needed basis rather than as regularly scheduled clients.¹⁰

Among the 48.5% of households that actually reported dental care expenses in 1998, spending averaged \$476. The comparable figures for 1978 were 52.3% and \$472.

Table 2
Average household spending on health care, Canada excluding territories, 1978 and 1998

	Average expenditure per household		Proportion of total health care costs		Proportion of households reporting spending		Average expenditure per household reporting spending	
	1978	1998	1978	1998	1978	1998	1978	1998
	Constant 1998 \$		%		%		Constant 1998 \$	
Total	917*	1,191	100.0	100.0	95.7	98.2	958	1,213
Health insurance premiums [†]	355	355	38.7	29.8	62.4	51.5	568	689
Dental care	247*	231	26.9	19.4	52.3	48.5	472	476
Prescription medications and pharmaceutical products	115*	198	12.5	16.6	60.5	65.7	189	301
Eye care	89*	151	9.7	12.7	34.9	50.6	254	298
Non-prescription medications and pharmaceutical products	48*	131	5.3	11.0	66.1	87.1	73	150
Physician care	21*	13	2.3	1.1	16.7	5.6	124	232
Other health care practitioners [‡]	19*	54	2.1	4.5	7.9	19.4	243	278
Health care supplies and goods	10*	30	1.1	2.5	25.4	39.2	40	77
Hospital care	9	9	1.0	0.8	4.7	2.3	185	391
Other medical services [§]	5*	19	0.5	1.6	4.3	7.9	116	241

Data source: 1978 Survey of Family Expenditure (FAMEX); 1998 Survey of Household Spending

Note: Detail may not add to totals because of rounding.

[†] Provincial health/drug insurance plans (where applicable); private health insurance plans; dental plans; accident and disability insurance

[‡] Includes nurses, therapists, chiropractors, osteopaths and podiatrists

[§] Includes ambulances, medical equipment rentals, lab services, nursing homes, weight control and smoking cessation programs

* Statistically different from amounts presented for 1998 ($p \leq 0.05$)

Medications and pharmaceutical products

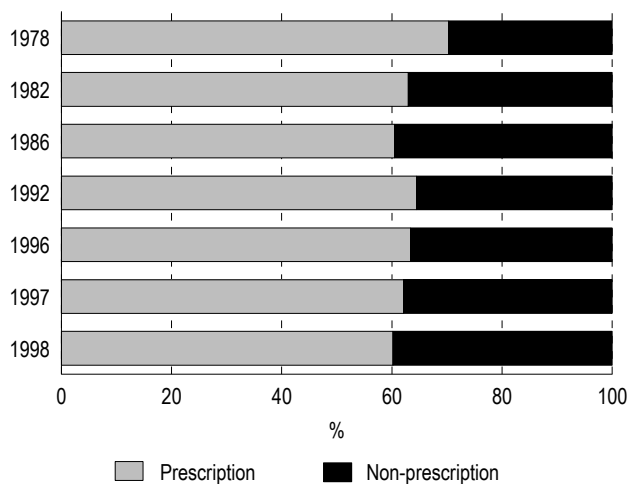
Between 1978 and 1998, household spending on medications and pharmaceutical products (both prescription and non-prescription) increased steadily. In 1978, household spending averaged \$163 on such items, compared with \$329 in 1998. Such spending also represented a larger share of the total health care budget in 1998 than it did in 1978: 27.6% versus 17.8%.

In 1978 and 1998, a larger share of household spending on medications and pharmaceutical products went to prescription than to non-prescription items, although there was a shift in spending, with a much higher share being spent on non-prescription items in 1998 (39.8% versus 29.7%) (Chart 3). Overall, in 1998, Canadian households spent an average of \$198 on prescription and \$131 on non-prescription medications and pharmaceutical products. This compares with \$115 and \$48, respectively in 1978.

Not all households report spending on medications and pharmaceutical products, however. About two-thirds of households (65.7%) reported expenses for prescription items in 1998. This compares with 60.5% two decades earlier. Spending

Chart 3

Percentage of prescription and non-prescription spending on medications and pharmaceutical products, Canada excluding territories, 1978 to 1998



Data sources: 1978, 1982, 1986, 1992 and 1996 Survey of Family Expenditure (FAMEX); 1997 and 1998 Survey of Household Spending (SHS)

Note: FAMEX was conducted periodically, generally every four years, through 1996 when it was replaced by the annual SHS.

on non-prescription products was reported by 87.1% of households in 1998, a notable rise over 66.1% in 1978. Average spending per reporting household also rose over the 20-year period. For prescription items, this amount was \$301 in 1998, up sharply from \$189 in 1978. The amount spent on non-prescription products more than doubled from \$73 to \$150.

These increases suggest that, in the case of prescriptions, households may either be buying more, or are paying a larger share of the costs. Some benefit plans have introduced greater cost-sharing (through deductibles, co-insurance or co-payments) for prescriptions; some may encourage the use of generic drugs. In the first case, individuals pay more out of pocket for their prescriptions; in the second, the benefit plans cover only the cost of generic medications, leaving plan members to absorb the difference.^{1,11,12}

It is also possible that consumers are spending more on over-the-counter products such as cold and flu medications, as well as vitamin and herbal remedies¹³—all now available in a vast selection. Along with the growing role of drug treatment,¹ as well as higher real costs for new prescription medications,¹¹ this may have increased household spending on medicinal and pharmaceutical products.

Eye care

In 1978, on average, households dedicated 9.7%, or \$89, of their total health care spending to eye care. Such spending includes prescription eyeglasses and contact lenses, solutions or cleaning supplies, and eye exams. By 1998, average household spending had risen to \$151 and represented 12.7% of total health care expenditures. Although there have been many innovations in eye care in recent years, including laser surgery and a large array of prescription and non-prescription eye wear, most 1998 expenses (75% or \$113; data not shown) were for prescription eyeglasses and contact lenses.

When only those households that reported eye care expenses are considered (34.9% in 1978 and 50.6% in 1998), household spending averaged \$254 and \$298, respectively.

Physician care

The share of health care spending devoted to physician care, which includes out-of-pocket fees for general practitioners or specialists, declined between 1978 and 1998 (2.3% versus 1.1%). The proportion peaked in 1982, then remained around 1% between 1986 and 1998 (data not shown). The average expenditure per household was almost halved over the 20 years, falling from \$21 to \$13. One study has noted that extra billing and hospital user fees were commonplace in the late 1970s,¹⁴ and this may be reflected in the much higher average for 1978. Fewer households reported spending on physician care in 1998; however, their average expenditure was close to double that recorded in 1978 (\$232 compared with \$124).

Other health care, hospital care

Out-of-pocket spending on other health care practitioners such as nurses, therapists, chiropractors and podiatrists averaged \$54 per household in 1998, compared with \$19 two decades earlier. This category also claimed a higher share of the household budget in 1998 than it did in 1978: 4.5% versus 2.1%. Almost one-fifth (19.4%) of households reported expenditures for other health care practitioners in 1998, spending an average of \$278. Although some households may have access to provincial plans to help cover part of these costs, it is not surprising that spending is rather high.

Given that most hospital costs are covered by health care programs, it is not unexpected that the average household expenditure on hospital care was fairly low in 1998, as it was in 1978: \$9 per household, accounting for around just 1% of total health care costs. Although only 2.3% of households reported spending on this category in 1998, their average expenditure was \$391, up from \$185 in 1978. This category represents any charges billed directly to and payable by the patient, such as the cost differential for a private room.

The average expenditure for health care supplies and goods, which includes items such as first aid kits, hearing aids and wheelchairs, accounted for a relatively small share of total health care costs (2.5%) in 1998. Similarly, other medical services (weight

control and smoking cessation programs, for example), claimed a small proportion (1.6%) of overall health expenditures. However, larger percentages of households reported spending on both categories compared with 20 years earlier, and average expenditures per reporting household almost doubled for each.

Concluding remarks

Over the last 20 years, Canadians' out-of-pocket expenditures on health care have risen considerably. In 1998, health insurance premiums accounted for the largest share of average household spending on health care, followed by dental care, then prescription medications and pharmaceutical products. As expected, physician and hospital care accounted for the smallest proportions.

Data from Statistics Canada's household expenditure surveys show that, between 1978 and 1998, the average health care expenditure per household rose by close to \$300 (in 1998 constant dollars). And in addition to spending more money, households also dedicated a larger share of their after-tax spending to health care—2.9% compared with 2.3%. ●

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