

USE OF ALTERNATIVE HEALTH CARE by Jungwee Park

In 2003, 20% of Canadians aged 12 or older—5.4 million people—reported using some type of alternative or complementary health care (Table A). This estimate is based on data from the Canadian Community Health Survey (CCHS), which included questions about consultations with “alternative health care providers” and chiropractors in the 12 months before the survey interview. The 2003 figure confirms a trend toward increased use of complementary/alternative care.^{1,2} In 1994/95, about 15% of Canadians aged 18 or older had used alternative care.¹

Many consulted chiropractors

Consultations with chiropractors were most common (11%), followed by massage therapists (8%), then acupuncturists (2%) and homeopaths or naturopaths (2%).

Regardless of the type of alternative treatment, women were more likely than men to report having had a consultation in the past year. For example, the proportion of women who said they had used

the services of a massage therapist was twice that for men (10% versus 5%).

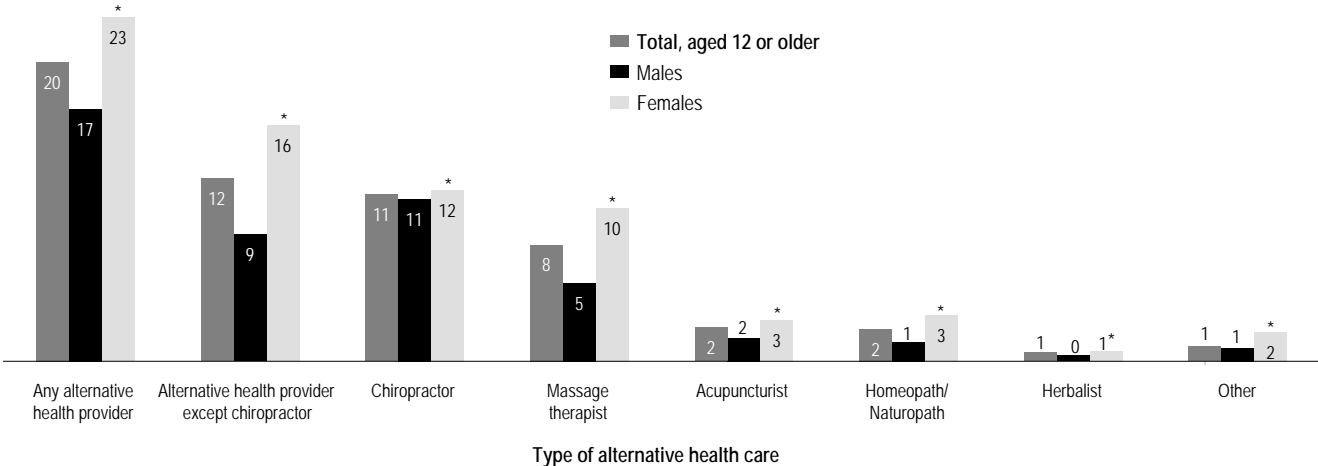
The age groups most likely to use alternative health care spanned mid-life, ranging from 25 to 64. The young (aged 12 to 24) and seniors (65 or older) were less likely to have used such care.

Use higher in western provinces

The use of alternative health care was high in British Columbia, Alberta, Saskatchewan and Manitoba, compared with the national level, and low in the Atlantic provinces and Nunavut. In the west, between 13% and 18% of residents reported consultations with chiropractors, compared with less than 5% in the Atlantic.

Provincial differences partly reflect variations in health benefits available in the provinces, as well as different regulatory policies.³ For example, Manitoba Health covers up to 12 chiropractor visits per year,⁴ while chiropractors are not listed among insured services in the Newfoundland and Labrador Medical Care Plan.⁵

Percentage of people reporting alternative health care consultations in past year, by sex



Data source: 2003 Canadian Community Health Survey
 *Significantly higher than estimate for males (p < 0.05)

Coverage for alternative health care services is not consistent across Canada,³ and payment rates change regularly,⁶ resulting in out-of-pocket expenses for many. Recently, some private insurers have begun to offer limited coverage for such services.⁶ Thus, people with health insurance coverage beyond that provided by their provincial medical plans may be more inclined to use alternative health care. Specific information is not available from the CCHS, but other research has found extended coverage to be most common in the 35-to-44 and 45-to-64 age groups, in Saskatchewan and Manitoba, and among people with higher incomes.⁷

Related to income and education

Because the costs of many types of alternative health care are, at most, only partially covered by provincial programs, it is not surprising that the use of such services rose with income. While 26% of individuals in the highest household income group had used alternative care in 2003, only 13% of those in the lowest income group had done so.

Paralleling income, individuals with the highest education tend to visit alternative practitioners more often. More than a quarter (26%) of postsecondary graduates used some kind of alternative or complementary health care in 2003, compared with 16% of people with less than secondary graduation.

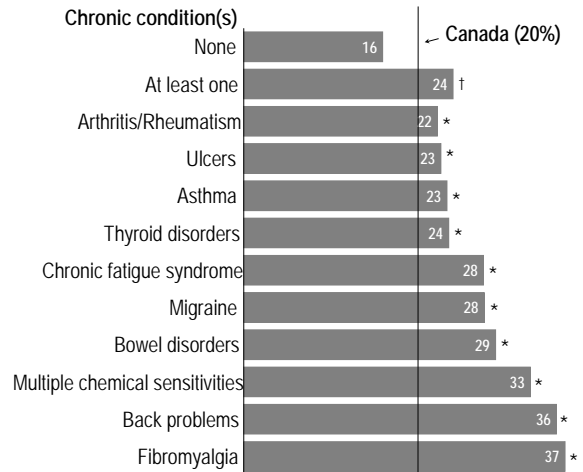
The Questions

The Canadian Community Health Survey asked: "In the past 12 months, have you seen or talked to an alternative health care provider such as an acupuncturist, homeopath or massage therapist about your physical, emotional or mental health?" Those who answered "yes" were asked what type of practitioner had been consulted or visited. Chiropractors were not listed among the alternative health care providers. Information about them was sought in another question: "In the past 12 months, how many times have you seen or talked on the telephone, about your physical, emotional, or mental health with a chiropractor?"

Chronic conditions, higher use

In 2003, about one-quarter of people who reported having at least one diagnosed chronic condition had consulted an alternative practitioner. This contrasts with 16% of people who did not report any chronic conditions covered by the survey. More than 30% of individuals with fibromyalgia, back problems or multiple chemical sensitivities had had alternative care consultations. Use was also relatively high among those with bowel disorders, migraine, chronic fatigue syndrome, thyroid disorders, asthma, ulcers, or arthritis or rheumatism.

Percentage of people reporting alternative health care consultations in past year, by presence of selected chronic conditions



Data source: 2003 Canadian Community Health Survey

* Significantly higher than estimate for Canada ($p < 0.05$)

† Significantly higher than estimate for people with no chronic conditions ($p < 0.05$)

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Data source

The estimates of alternative health care use are based on data from Cycle 2.1 of the Canadian Community Health Survey (CCHS), conducted in 2003. The survey collected information from 135,573 individuals aged 12 or older. The target population was household residents aged 12 or older in all provinces and territories, but excluded Indian reserves, full-time members of the Canadian Armed Forces, health care institutions and some remote areas.

To account for survey design effects, standard errors and coefficients of variation on all estimates and differences between estimates were estimated using the bootstrap techniques.^{8,9} A significance level of $p < 0.05$ was applied in all cases.

References

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- 8 Rao JNK, Wu CFJ, Yue K. Some recent work on resampling methods for complex surveys. *Survey Methodology* (Statistics Canada, Catalogue 12-001) 1992; 18(2): 209-17.
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Table A

Percentage of people aged 12 or older reporting alternative health care consultations in past year, by selected characteristics, Canada, 2003

	Any alternative care		Alternative care (except chiropractors)		Chiro-practor		Massage therapist		Acu-puncturist		Homeopath/ Naturopath		Herbalist		Other	
	'000	%	'000	%	'000	%	'000	%	'000	%	'000	%	'000	%	'000	%
Total	5,373	20.3	3,288	12.4	3,002	11.3	2,093	7.9	597	2.3	579	2.2	148	0.6	386	1.5
Sex																
Males	2,232	17.1	1,127	8.6	1,438	11.0	696	5.3	215	1.6	167	1.3	50	0.4	119	0.9
Females	3,141	23.3 [†]	2,162	16.0 [†]	1,564	11.6 [†]	1,397	10.4 [†]	382	2.8 [†]	412	3.1 [†]	98	0.7 [†]	267	2.0 [†]
Age group																
12-24	773	14.1*	415	7.6*	456	8.3*	269	4.9*	59	1.1*	76	1.4*	15 ^{E1}	0.3* ^{E1}	40	0.7*
25-44	2,373	25.2*	1,561	16.5*	1,271	13.5*	1,091	11.6*	230	2.4*	250	2.7*	64	0.7*	177	1.9*
45-64	1,744	22.2*	1,082	13.8*	967	12.3*	633	8.1	238	3.0*	210	2.7*	54	0.7*	145	1.9*
65+	483	12.8*	230	6.1*	309	8.2*	99	2.6*	70	1.8*	43	1.1*	15	0.4*	24	0.6*
Household income																
Lowest	266	13.2*	159	7.9*	145	7.2*	77	3.8*	38	1.9*	32	1.6*	17 ^{E1}	0.9* ^{E1}	22	1.1*
Lower-middle	704	16.1*	396	9.1*	414	9.5*	206	4.7*	82	1.9*	78	1.8*	32	0.7	68	1.6
Upper-middle	1,604	21.1	972	12.8	902	11.9	605	8.0*	183	2.4	176	2.3	40	0.5	114	1.5
Highest	2,072	25.5*	1,350	16.6*	1,111	13.7*	955	11.8*	202	2.5*	221	2.7*	39	0.5*	139	1.7
Education[†]																
Less than secondary graduation	880	16.4*	402	8.5*	578	10.0*	213	4.5*	90	2.1*	73	1.4*	23 ^{E2}	0.4* ^{E2}	44	1.0*
Secondary graduation	917	21.4*	517	12.4*	558	13.0	331	8.0*	90	2.2*	86	2.0*	27	0.7	55	1.4*
Some postsecondary	420	24.9	250	14.7	245	15.1*	162	9.5	48	2.6	40	2.2*	13 ^{E1}	1.0 ^{E1}	28	1.9
Postsecondary graduation	3,059	26.4*	2,058	18.0*	1,571	13.5*	1,350	12.0*	360	3.1*	372	3.3*	82	0.7	244	2.2*
Province/Territory																
Newfoundland and Labrador	36	7.8*	22	4.8*	20	4.4*	16	3.4*	4 ^{E1}	0.9* ^{E1}	3 ^{E1}	0.7* ^{E1}	F	F	2 ^{E2}	0.4* ^{E2}
Prince Edward Island	11	9.6*	8	6.9*	5	4.3*	4	3.1*	4 ^{E1}	3.2 ^{E1}	2 ^{E2}	1.6 ^{E2}	F	F	F	F
Nova Scotia	80	10.0*	59	7.4*	31	3.9*	37	4.6*	17 ^{E1}	2.1 ^{E1}	9 ^{E1}	1.1* ^{E1}	F	F	4 ^{E1}	0.6* ^{E1}
New Brunswick	73	11.4*	52	8.2*	30	4.7*	32	5.1*	14	2.2	8 ^{E1}	1.2* ^{E1}	F	F	5 ^{E1}	0.8* ^{E1}
Québec	1,240	19.5*	824	13.0*	560	8.8*	473	7.4*	156	2.4	159	2.5*	14 ^{E1}	0.2* ^{E1}	167	2.6*
Ontario	1,971	19.2*	1,174	11.4*	1,154	11.2	761	7.4*	192	1.9*	230	2.2	52	0.5	96	0.9*
Manitoba	234	25.7*	115	12.6	160	17.5*	88	9.7*	14	1.6*	12	1.3*	6 ^{E1}	0.7 ^{E1}	7 ^{E1}	0.8* ^{E1}
Saskatchewan	207	26.0*	130	16.3*	122	15.3*	101	12.6*	18	2.3	8	1.0*	6 ^{E1}	0.7 ^{E1}	9	1.1*
Alberta	712	27.5*	415	16.0*	461	17.8*	306	11.8*	64	2.5	50	1.9	25	1.0*	29	1.1*
British Columbia	796	22.6*	479	13.6*	454	12.9*	269	7.7	112	3.2*	97	2.8*	42	1.2*	65	1.8*
Yukon	6	22.9	4	16.9*	2	8.0*	2 ^{E1}	8.5 ^{E1}	1 ^{E1}	4.7* ^{E1}	1 ^{E2}	2.3 ^{E2}	1 ^{E1}	2.6* ^{E1}	1 ^{E1}	4.0* ^{E1}
Northwest Territories	6	17.9	4	13.1	3	9.0	3	9.2	1 ^{E2}	1.6 ^{E2}	F	F	F	F	F	F
Nunavut	1 ^{E1}	3.9* ^{E1}	0	3.3*	F	F	0 ^{E1}	2.4* ^{E1}	F	F	F	F	F	F	F	F

Data source: 2003 Canadian Community Health Survey

Note: Because of rounding to nearest thousand, some population estimates are shown as 0.

† Significantly higher than estimate for males ($p < 0.05$)

* Significantly different from estimate for total ($p < 0.05$)

‡ For people aged 25 to 64

E1 Coefficient of variation 16.6% to 25.0%

E2 Coefficient of variation 25.1% to 33.3%

F Coefficient of variation greater than 33.3% or sample size less than 10