



National Health Expenditure Trends, 1975 to 2012

The page features decorative wavy lines in grey and teal that flow across the top and sides, framing the central content area.

Our Vision

Better data. Better decisions.
Healthier Canadians.

Our Mandate

To lead the development and maintenance of comprehensive and integrated health information that enables sound policy and effective health system management that improve health and health care.

Our Values

Respect, Integrity, Collaboration,
Excellence, Innovation

Table of Contents

Acknowledgements	ix
Highlights	xiii
Introduction	1
1.0 Overview	2
1.1 Total Health Expenditure	2
1.2 Total Health Expenditure per Capita	7
1.3 Total Health Expenditure and Economic Growth	9
2.0 Total Health Expenditure by Source of Finance	11
2.1 Public-Sector Health Expenditure by Source of Finance	14
2.2 Private-Sector Health Expenditure by Source of Finance	17
3.0 Total Health Expenditure by Use of Funds	21
3.1 Hospitals	24
3.2 Drugs	27
3.3 Physicians	30
3.4 Other Professionals	32
3.5 Other Institutions	37
3.6 Administration	38
3.7 Public Health	39
3.8 Other Health Spending	40
4.0 Health Expenditure in the Provinces and Territories	41
5.0 Provincial and Territorial Government Health Expenditure by Age and Sex	49
5.1 Standardization for Age and Sex	49
5.2 Population Aging	51
5.3 Issues to Monitor in Future	55
6.0 Provincial and Territorial Government Health Expenditures and Fiscal Position	57
7.0 International Comparisons	62
8.0 Methodological Notes	78
8.1 Concepts and Definitions	78
8.2 Major Data Limitations	84
8.3 Collection and Non-Response	85
8.4 Major Changes From Previous Years	105
8.5 Sources of Data	107

9.0 Data Tables	110
Series A—Summary Data, Canada	113
Series B—Total Health Expenditure by Source of Finance, by Province/Territory and Canada (Selected Tables)	139
Series E—Provincial/Territorial Government Health Expenditure, by Age and Sex, by Province/Territory and Canada (Selected Tables)	153
References	157

Comprehensive versions of data tables, series A to G, are available on the CD-ROM at the back of this report. They are also available online at www.cihi.ca.

List of Figures

Figure 1	Total Health Expenditure, Canada, 1975 to 2012	2
Figure 2	Total Health Expenditure, Annual Growth Rates in Constant 1997 Dollars, Canada, 1976 to 2012.....	3
Figure 3	Average Annual Growth in Total Health Expenditure per Capita and GDP per Capita, 2000 to 2010	4
Figure 4	Cost Driver Shares of Average Annual Growth in Public-Sector Health Spending, 2000 to 2010, Compared With Annual Growth in 2011 and 2012.....	6
Figure 5	Total Health Expenditure per Capita, Canada, 1975 to 2012.....	7
Figure 6	Total Health Expenditure per Capita, Annual Growth Rates in Constant 1997 Dollars, Canada, 1976 to 2012.....	8
Figure 7	Total Health Expenditure as a Percentage of Gross Domestic Product, Canada, 1975 to 2012.....	9
Figure 8	Total Health Expenditure and Nominal GDP, Annual Growth, Canada, 1976 to 2012.....	10
Figure 9	Total Health Expenditure by Source of Finance, 2010 (Billions of Dollars and Percentage Share)	11
Figure 10	Health Expenditure by Source of Finance, Canada, 1975 to 2012	12
Figure 11	Public- and Private-Sector Shares of Total Health Expenditure, 1975 to 2012.....	13
Figure 12	Distribution of Private-Sector Health Expenditure by Source of Finance, Canada, 1988 and 2010 (Millions of Dollars and Percentage Share)	17
Figure 13	Share of Private-Sector Health Expenditure, Sources of Finance, Canada, 1988 to 2010	18
Figure 14	Private-Sector Health Expenditure per Capita, Source of Finance, Canada, 1988, 1998 and 2010	19
Figure 15	Total Health Expenditure by Use of Funds, Canada, 2010 (Billions of Dollars and Percentage Share)	21
Figure 16	Public and Private Shares of Total Health Expenditures, by Use of Funds, Canada, 2010.....	22
Figure 17	Total Health Expenditure, Share of Selected Use of Funds, Canada, 1975 to 2012.....	23
Figure 18	Total Health Expenditure per Capita, Selected Use of Funds, Canada, 1975 to 2012.....	24
Figure 19	Hospital Share of Public-Sector Health Expenditure, Canada, 1976 to 2012	25
Figure 20	Drugs by Source of Finance and Type, Canada, 2010 (Billions of Dollars and Percentage Share)	27
Figure 21	Prescribed Drug Expenditure, Private-Sector Share, Canada, 1975 to 2012	28

Figure 22	Private Prescribed Drug Expenditure, Share by Sources of Finance, Canada, 1988 to 2010.....	29
Figure 23	Public-Sector Physician Health Expenditure per Capita, Share of Total Health Expenditure, Canada, 1975 to 2012	31
Figure 24	Total per Capita Spending, Dental and Vision Care Services, Canada, 1975 to 2012.....	33
Figure 25	Other Professionals Expenditure by Source of Finance and Type, Canada, 2010 (Billions of Dollars and Percentage Share).....	34
Figure 26	Other Professionals Expenditure, Percentage Share of Total Private Spending, by Type, Canada, 1975 to 2012.....	35
Figure 27	Private Dental Expenditure, Share by Source of Finance, Canada, 1988 to 2010 ...	36
Figure 28	Total Health Expenditure per Capita, Other Institutions, Canada, 1975 to 2012	37
Figure 29	Public-Sector Other Institutions Expenditure as a Percentage of Total Other Institutions Expenditure, Canada, 2000 to 2012	38
Figure 30	Public Health Spending as a Percentage of Total Health Expenditure, Canada, 1975 to 2012.....	40
Figure 31	Public- and Private-Sector Health Expenditure per Capita, 1988 to 2012, by Province and Territory , Constant 1997 Dollars.....	46
Figure 32	Age Distribution, Canada, 2000 and 2010	51
Figure 33	Total Provincial/Territorial Government Health Expenditure, by Age and Sex, Canada, 2010	52
Figure 34	Provincial/Territorial Health Expenditure per Capita, by Age Group, 2010	53
Figure 35	Share of Provincial/Territorial Government Health Expenditure, by Age Group, Canada, 2000 and 2010.....	54
Figure 36	Contribution of Aging to Average Annual Growth for Hospitals, Physicians, Drugs and Other Institutions, Canada, 2000 to 2010	55
Figure 37	Contribution of Population Growth and Aging to Growth in Provincial/ Territorial Government Health Expenditure, by Province/Territory and Canada, 2000 to 2010.....	56
Figure 38	Provincial/Territorial Government Health Expenditure per Capita in Constant 1997 Dollars, Canada, 1975 to 2012	57
Figure 39	Provincial/Territorial Government Revenues, Constant Dollar Indices (1993 = 100), Canada, 1993 to 2011	58
Figure 40	Provincial/Territorial Debt Charges as a Proportion of Total Provincial/Territorial Expenditure and Revenue, Canada, 1993 to 2011	59
Figure 41	Provincial/Territorial Government Health Expenditure as a Proportion of Total Provincial/Territorial Government Expenditure and Programs, Canada, 1993 to 2011.....	60

Figure 42	Public-Sector Spending Growth (Health, Transportation/Communications, Education and Social Services) Compared With Revenue and Debt Charges, Average Annual Real per Capita Expenditure Growth, Canada, 1998 to 2009	61
Figure 43	Total Health Expenditure as a Percentage of GDP, 30 Selected Countries, 2010	64
Figure 44	Total Health Expenditure per Capita, U.S. Dollars, 30 Selected Countries, 2010	65
Figure 45	Total Health Expenditure, Public and Private Share, 30 Selected Countries, 2010	67
Figure 46	Public-Sector Health Expenditure as a Percentage of GDP, 30 Selected Countries, 2010	68
Figure 47	Public-Sector Health Expenditure per Capita, U.S. Dollars, 30 Selected Countries, 2010	69
Figure 48	Percentage of Total Health Expenditure Financed by the Public Sector, by Source of Finance, 30 Selected Countries, 2010	71
Figure 49	Percentage of Total Health Expenditure Financed by the Private Sector, by Source of Finance, 30 Selected Countries, 2010	73
Figure 50	Expenditure on Services Provided by Hospitals, per Capita, U.S. Dollars, 2010	75
Figure 51	Total Expenditure on Drugs, per Capita, U.S. Dollars, 2010	76
Figure 52	Expenditure on Services Provided by Offices of Physicians, per Capita, U.S. Dollars, 2010	77
Figure 53	Composition of Total Health Expenditures, by Source of Finance	78

List of Tables

Table 1	Distribution of Public-Sector Health Expenditure by Source of Finance, Canada, 1975 and 2010.....	14
Table 2	Quebec Drug Insurance Fund, in Millions of Dollars, 1997 to 2012	16
Table 3	Private-Sector Health Expenditure by Source of Finance and Use of Funds, Canada, 2010 (Millions of Dollars and Percentage Share)	20
Table 4	Hospital Expenditure Summary by Sector of Finance, Canada, 2010	25
Table 5	Health Expenditure Summary, by Province/Territory and Canada, 2012.....	42
Table 6	Total Health Expenditure per Capita and Share, Selected Use of Funds, by Province/Territory and Canada, 2012.....	44
Table 7	Total Provincial/Territorial Government Health Expenditure per Capita, Standardized for Age and Sex, by Province/Territory and Canada, 2007 to 2010....	50
Table 8	Differences From Previously Reported Provincial Government–Sector Data, by Province/Territory and Canada, 2004 to 2009 (Millions of Dollars)	105
Table 9	Differences From Previously Reported Private-Sector Data, by Province/Territory and Canada, 2005 to 2009 (Millions of Dollars)	106
Table 10	Differences From Previously Reported Federal Direct–Sector Data, by Province/Territory and Canada, 2003 to 2009 (Millions of Dollars)	106
Table 11	Differences From Previously Reported Social Security Fund–Sector Data, by Province/Territory and Canada, 2009 (Millions of Dollars)	106

List of Data Tables

Series A—Summary Data, Canada

1	Total Health Expenditure, Canada, 1975 to 2012—Summary	114
2.1–2.3	Total Health Expenditure by Source of Finance, Canada, 1975 to 2012—Current Dollars	115
2.4–2.5	Total Health Expenditure by Source of Finance, Canada, 1975 to 2012—Constant Dollars	118
3.1.1–3.1.3	Total Health Expenditure by Use of Funds, Canada, 1975 to 2012—Current Dollars	120
3.2.1–3.2.3	Private-Sector Health Expenditure by Use of Funds, Canada, 1975 to 2012—Current Dollars	126
3.3.1–3.3.3	Public-Sector Health Expenditure by Use of Funds, Canada, 1975 to 2012—Current Dollars	132

Series B—Total Health Expenditure by Source of Finance, by Province/Territory and Canada (Selected Tables)

1.1–1.2	Total Health Expenditure, by Province/Territory and Canada, 1975 to 2012—Current Dollars	140
1.3	Total Health Expenditure as a Percentage of (Provincial/ Territorial) GDP, by Province/Territory and Canada, 1975 to 2012—Current Dollars	142
2.1–2.2	Private-Sector Health Expenditure, by Province/Territory and Canada, 1975 to 2012—Current Dollars	143
2.3	Private-Sector Health Expenditure as a Proportion of Total Health Expenditure, by Province/Territory and Canada, 1975 to 2012—Current Dollars	145
3.1–3.2	Public-Sector Health Expenditure, by Province/Territory and Canada, 1975 to 2012—Current Dollars	146
3.3	Public-Sector Health Expenditure as a Proportion of Total Health Expenditure, by Province/Territory and Canada, 1975 to 2012—Current Dollars	148
4.1–4.2	Provincial/Territorial Government–Sector Health Expenditure, by Province/Territory and Canada, 1975 to 2012—Current Dollars	149
4.3	Provincial/Territorial Government–Sector Health Expenditure as a Proportion of Total Health Expenditure, by Province/ Territory and Canada, 1975 to 2012—Current Dollars	151

Series E—Provincial Government Health Expenditure, by Age and Sex, by Province/Territory and Canada (Selected Tables)

1.1	Estimate of Total Provincial and Territorial Government Health Expenditures, by Age and Sex, by Province/Territory and Canada, 2010—Current Dollars	154
-----	---	-----

List of Data Tables on CD-ROM

Series A—Summary Data, Canada

Series B—Total Health Expenditure by Source of Finance, by Province/Territory and Canada

Series C—Health Expenditure by Use of Funds, by Source of Finance, Canada

Series D—Health Expenditure by Use of Funds, by Source of Finance, by Province/Territory

Series D1—Total Health Expenditure by Use of Funds, by Province/Territory

Series D2—Private-Sector Health Expenditure by Use of Funds, by Province/Territory

Series D3—Public-Sector Health Expenditure by Use of Funds, by Province/Territory

***Series D4—Provincial/Territorial Government Health Expenditure by Use of Funds,
by Province/Territory***

Series E—Provincial Government Health Expenditure, by Age and Sex, by Province/Territory
and Canada

Series F—Provincial/Territorial Government Health Expenditure, by Province/Territory
and Canada

Series G—Drug Expenditure by Type, by Source of Finance and as a Share of Public, Private
and Total Health Expenditures, by Province/Territory and Canada, 1985 to 2012

Appendix A—Gross Domestic Product at Market Prices

Appendix B—Price Indices, by Province/Territory and Canada

Appendix C—Population, Population by Age and Sex, by Province/Territory and Canada

Appendix D—Total Provincial/Territorial Government Programs and Expenditures,
by Province/Territory and Canada

Acknowledgements

The Canadian Institute for Health Information (CIHI) wishes to acknowledge the following individuals for their contribution to *National Health Expenditure Trends, 1975 to 2012*:

- Christopher Kuchciak, Manager, Health Expenditures, CIHI
- Gilles Fortin, Program Consultant, CIHI
- Ruolz Ariste, Program Consultant, CIHI
- Jean He, Program Lead, CIHI
- Yiqun Yang, Senior Analyst, CIHI
- Alain Yao, Senior Analyst, CIHI
- Jian Gao, Senior Analyst, CIHI
- Viktoria Roman, Senior Analyst, CIHI
- Dawn Liew, Analyst, CIHI
- Vicky Wang, Analyst, CIHI
- Hui Ju Hung Huang, Student, CIHI

It is only through the contribution of many individuals and organizations that the production of *National Health Expenditure Trends, 1975 to 2012* is possible. CIHI expresses its gratitude to the following:

The National Health Expenditure Expert Advisory Group for its advice and constructive comments related to national health expenditures:

- John Horne, PhD, Royal Roads University
- Richard Plain, PhD, University of Alberta
- Robert G. Evans, PhD, University of British Columbia
- Hu Lu, PhD, Health Canada
- Xiaoyi Yan, PhD, Health Canada
- Jeremiah Hurley, PhD, McMaster University
- Stephen Law, PhD, Mount Allison University
- François Béland, ministère de la Santé et des Services sociaux du Québec
- Livio Di Matteo, PhD, Lakehead University
- Michael Wolfson, PhD, University of Ottawa
- Francine Anne Roy, Director, Health Spending and Strategic Initiatives, CIHI
- Jean-Marie Berthelot, Vice President, Programs, CIHI

Data suppliers for their provision of data to the National Health Expenditure Database:

- Health Canada, Statistics Canada and other federal departments reporting health care financial data
- The provincial and territorial governments
- The provincial and territorial workers' compensation boards and the Commission de la santé et de la sécurité du travail du Québec
- The Nielsen Company Canada
- The insurance industry, whose participation has enhanced our understanding of expenditures in the private sector:
 - The Canadian Life and Health Insurance Association Inc.
 - Medavie Blue Cross
 - Croix Bleue du Québec
 - Green Shield Canada
 - Manitoba Blue Cross
 - Saskatchewan Blue Cross
 - Group Medical Services
 - Alberta Blue Cross
 - Pacific Blue Cross
- Association of Faculties of Medicine of Canada
- Provincial and territorial health ministries for providing age and sex distributions for their respective drug subsidy and additional health benefit programs:
 - Newfoundland and Labrador Medical Services Commission
 - Maritime Medical Care, facilitated by the Nova Scotia Department of Health, Insured Programs Management and Clinical Rationalization
 - Medavie Blue Cross, facilitated by the New Brunswick Department of Health, Medicare/Prescription Drug Program
 - Régie de l'assurance maladie du Québec, facilitated by the ministère de la Santé et des Services sociaux, Quebec
 - Ontario Ministry of Health and Long-Term Care, Ontario Health Insurance Program and Drug Programs Branch
 - Manitoba Health and Ministry of Family Services, Employment and Income Assistance Division
 - Saskatchewan Health, Saskatchewan Drug Plan and Extended Benefits Branch and Saskatchewan Medical Services Branch
 - Alberta Blue Cross, facilitated by Alberta Health and Wellness and Alberta Human Resources and Employment; Alberta Health and Wellness Extended Health Benefits
 - British Columbia Ministry of Health, Medical Services Plan and PharmaCare Planning and Special Projects

- Yukon Department of Health and Social Services
- Northwest Territories Department of Health and Social Services

Please note that the analyses and conclusions in the present document do not necessarily reflect those of the individuals or organizations mentioned above.

Highlights

Overview of Health Expenditures in Canada

- Total health expenditure in Canada, in current dollars,ⁱ was \$193.1 billion in 2010, and is forecast to have reached \$200.6 billion in 2011 and \$207.4 billion in 2012.
- In current dollars, total health expenditure per capita in Canada was \$5,659 in 2010. Forecasts for 2011 and 2012 are expected to be \$5,818 and \$5,948, amounting to respective growth rates of 2.8% and 2.2%. When adjusted for inflation and for population changes, real rates of increase are expected to be 0.3% in 2011 and 0.4% in 2012.
- Total health expenditure in Canada was 11.9% of gross domestic product (GDP) in 2010. It is forecast to be 11.7% in 2011 and 11.6% in 2012.

Who Pays for Canada's Health Care System?

- In 2010, at the national level, hospitals and physicians were mainly financed by the public sector, while drugs and other professionals were primarily financed by the private sector.ⁱⁱ
- Since 1997, the public-sector share of total health expenditure has remained relatively stable at around 70%. In 2010, the public sector spent \$136.2 billion on health care, accounting for 70.5% of total health expenditure. It is forecast to be \$140.6 billion in 2011 and \$144.6 billion in 2012, accounting for 70.1% and 69.7% of total health spending, respectively.
- In 2010, the private sector spent \$56.9 billion on health care. The annual growth rates are forecast to be 5.4% and 4.6% in 2011 and 2012, respectively. Both are higher than public-sector annual growth rates, which are forecast to be 3.3% in 2011 and 2.9% in 2012.

Where Are Canada's Health Care Dollars Being Spent?

- In 2012, hospitals, which make up the largest component of health care spending, are forecast to have grown by 3.1% from 2011 to reach \$60.5 billion, reflecting 29.2% of total health expenditure.
- In 2012, drugs, which account for the second-largest category, are forecast to have grown by 3.3% from 2011 to reach \$33.0 billion, amounting to 15.9% of total health care spending.
- During the same period, spending on physicians is forecast to have increased by 3.6%, reaching \$30.0 billion, which represents 14.4% of total health care spending.

What Factors Drive Health Care Costs?

- The major cost drivers of health care spending in the past decade were compensation of health care providers, increased use of services and an evolution in the types of services provided and used.

i. All figures are in current dollars (unadjusted for inflation) unless otherwise stated.

ii. See Section 8.1 for category definitions.

- Physician spending has been among the fastest-growing health categories in recent years; this is partly attributable to increases in physician fee schedules.
- Canadians used more health care in some areas, including increased medical procedures, volume of drugs sold and use of physician services.
- The emergence of new drugs and new diagnostic and surgical tools also contributed to growth in health care costs.
- Population aging has been a relatively modest contributor to costs. However, the impact of aging on health care spending varied considerably by province. It was more significant in the Atlantic provinces and Quebec, for example, than in Ontario and the west.
- Weaker prospects for economic growth combined with fiscal deficits and fewer savings from debt service charges could have a dampening effect on the future growth of health spending.
- As the percentage of the population age 80 and older increases, decision-makers will be faced with the challenge of finding the appropriate use of hospital care, long-term institutional care and community care for older Canadians that balances access, quality and appropriateness of care on the one hand and cost on the other.
- Managing health-specific price inflation for core medicare goods and services, including doctors, nurses, other health care professionals and advanced diagnostics, will be a challenge.

Provincial/Territorial Differences in Health Care Expenditures

- Total health expenditure per capita varies among the provinces. In 2012, Newfoundland and Labrador and Alberta are forecast to spend more per person on health care than any other province, at \$7,057 and \$6,754, respectively. Quebec and British Columbia are forecast to have the lowest health expenditure per capita, at \$5,469 and \$5,700, respectively.
- In 2012, total health expenditure as a percentage of provincial GDP is forecast to have ranged from 8.6% in Alberta to 17.4% in Prince Edward Island. For the territories, the health expenditure-to-territorial GDP ratio was 23.2% for Nunavut, 12.2% for Yukon and 8.4% for the Northwest Territories.
- Similar to previous years, per capita health care spending by provincial and territorial governments was highest for infants and seniors. In 2010, the latest available year for data broken down by age group, Canadians younger than age 1 cost an estimated \$9,264 per person. For youths age 1 to 14, per person average spending on health was \$1,341; it was \$2,479 per capita for those age 15 to 64. Compared to other age groups, per person spending for seniors increased prominently: \$6,223 for those age 65 to 69, \$8,721 for those 70 to 74, \$12,050 for those 75 to 79 and \$20,113 for those 80 and older.
- During 2012, provincial and territorial government health expenditures are forecast to reach \$135.0 billion, which accounts for 65.1% of total health expenditures in Canada.
- Provincial government per capita health expenditure growth varied among the provinces. In 2012, the highest annual growth rates were forecast to be 4.9% in Prince Edward Island and 4.1% in Newfoundland and Labrador. New Brunswick and Ontario were forecast to have the lowest annual growth in 2012, at 0.7% and 1.2%, respectively.

How Does Canada Compare Internationally?

- Among 30 countries that had comparable accounting systems in the Organisation for Economic Co-operation and Development (OECD) in 2010, the latest year for which data is available, spending per person on health care remained highest in the United States (US\$8,233). Canada was in the top quartile of countries in terms of per person spending on health, spending US\$4,445, which was similar to several other OECD countries, including Denmark (US\$4,464), Austria (US\$4,395) and Germany (US\$4,338). The lowest per capita expenditures were seen in Turkey (US\$913) and Mexico (US\$916).

Introduction

Both the public and private sectors finance Canada's health system. Public-sector funding includes payments by governments at the federal, provincial/territorial and municipal levels and by workers' compensation boards and other social security schemes. Private-sector funding consists primarily of health expenditures by households and private insurance firms.

The Canadian Institute for Health Information (CIHI) tracks health care spending by each source of finance in the National Health Expenditure Database (NHEX). This database contains a historical series of macro-level health expenditure statistics by province and territory. CIHI assumed responsibility from Health Canada for the national health accounts, including NHEX, in 1995.

National Health Expenditure Trends, 1975 to 2012 is CIHI's 16th annual health expenditure trends publication and provides detailed, updated information on health expenditure in Canada. This publication includes

- Highlights of national health expenditure;
- An overview that includes health expenditure trends from 1975 to 2012; 2010 figures, which are now considered to be "actual" rather than a forecast; and an outlook for 2011 and 2012;
- An update of provincial/territorial government health expenditure by age and sex, including four years of expenditure data standardized for age and sex;
- Updated data tables to 2012; and
- International comparisons.

Summary-level data tables appear at the end of the publication. More than 300 detailed data tables in calendar and fiscal year are available in Microsoft Excel on the CD-ROM affixed to the inside of the back cover of this document or on CIHI's website at www.cihi.ca.

1.0 Overview

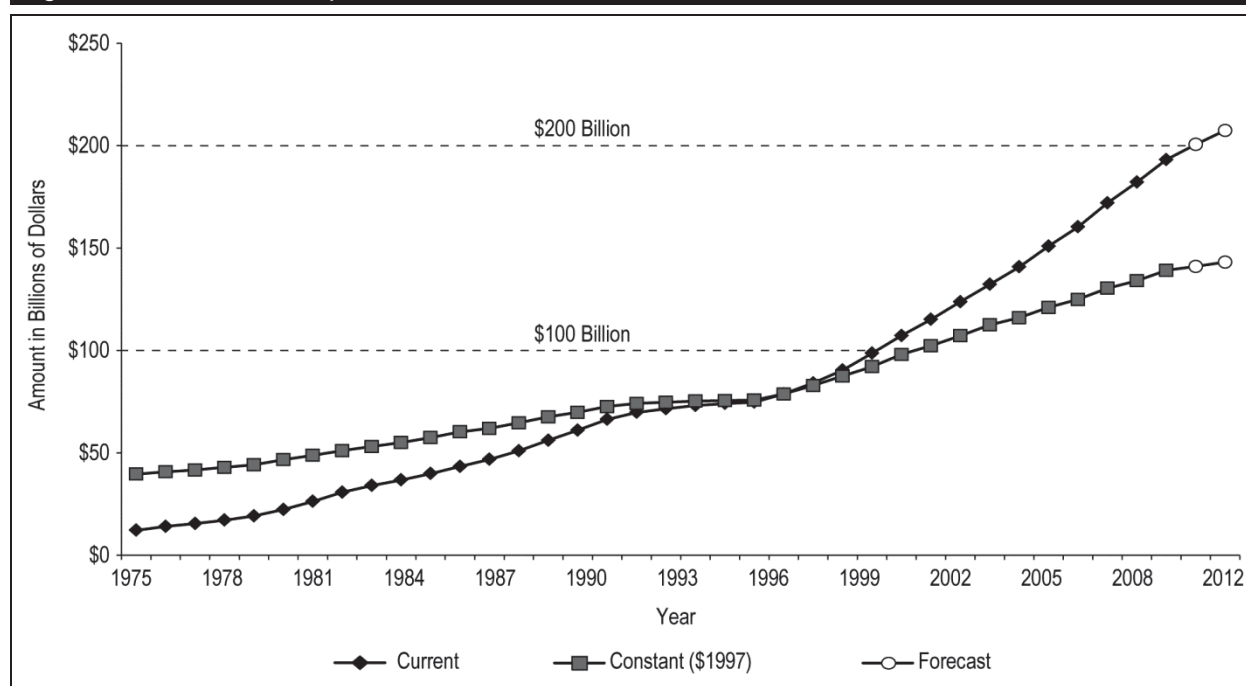
1.1 Total Health Expenditure

2010 and Outlook for 2011 and 2012

Total health expenditures in Canada were \$193.1 billion in 2010. Expenditures are forecast to be \$200.6 billion in 2011 and \$207.4 billion in 2012, an annual increase of 3.9% and 3.4%, respectively. In the last decade, total health expenditure in Canada doubled from close to \$100 billion to just more than \$200 billion, largely due to investment by federal, provincial and territorial governments after a period of fiscal restraint from the early to mid-1990s (Figure 1).

When adjusted for inflation, total health expenditures rose to \$139.1 billion in 2010, which represents a 3.8% increase when compared to 2009. In constant dollar terms (1997 dollars), the rates of growth are 1.4% in 2011 and 1.5% in 2012.

Figure 1: Total Health Expenditure, Canada, 1975 to 2012



Note

See Table A.1.

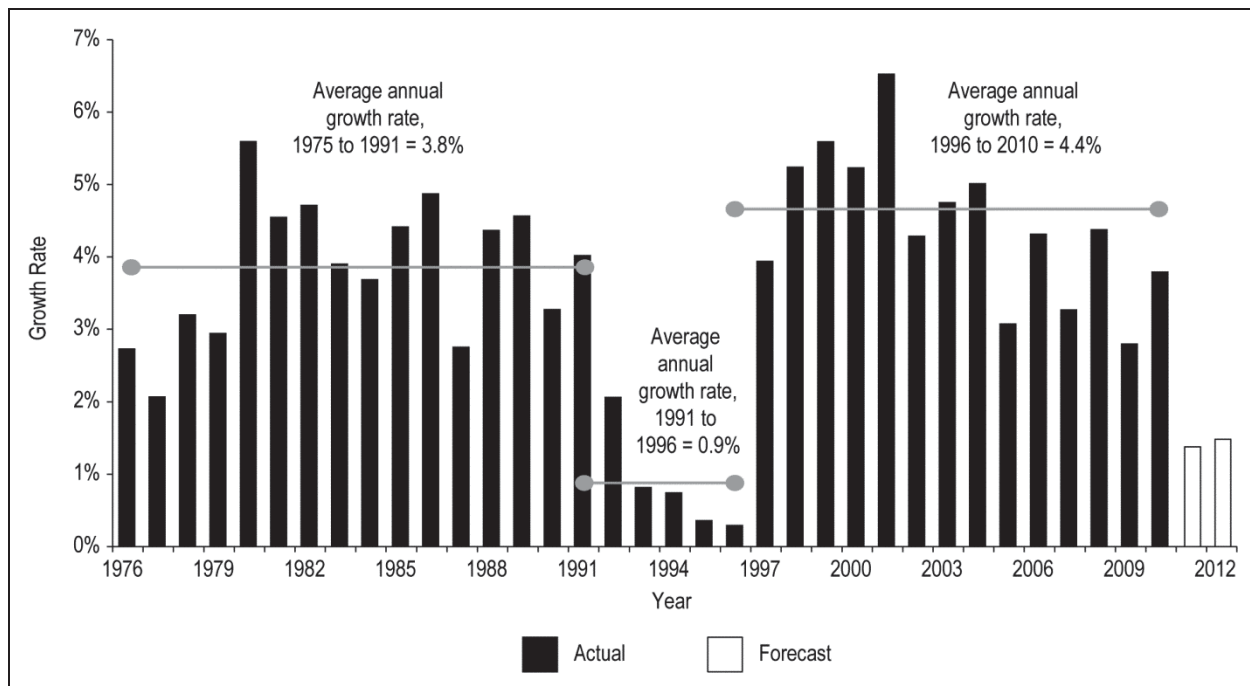
Source

National Health Expenditure Database, Canadian Institute for Health Information.

Trends—1975 to 2010

As the following figure illustrates, there have been three distinct phases in the growth of total health expenditure since 1975: a growth phase from 1975 to 1991; a short period of retrenchment and disinvestment from 1991 to 1996, when governments dealt with fiscal deficits; and a growth phase that averaged 4.4% per year from 1996 until 2010, during which time health care became a top priority for Canadians. During this latter period, major investments were made in health care, including spending on physicians, drugs, hospitals and advanced diagnostics. However, growth in total health expenditure has moderated since 2005.

Figure 2: Total Health Expenditure, Annual Growth Rates in Constant 1997 Dollars, Canada, 1976 to 2012



Note

See Table A.1.

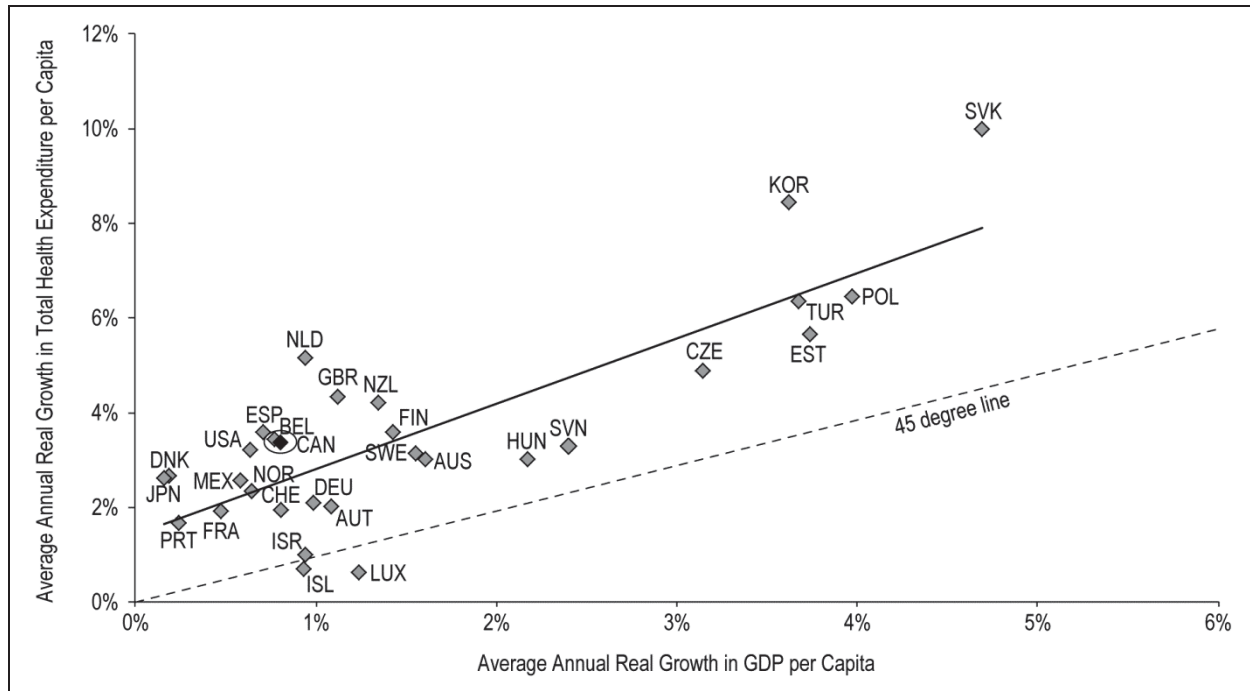
Source

National Health Expenditure Database, Canadian Institute for Health Information.

Growth in Health Care Spending and the Economy

When viewing Canada's recent health spending trends in the larger global context, Canada's experience parallels that of other countries in the Organisation for Economic Co-operation and Development (OECD). The most obvious similarity is the positive correlation between growth in health care spending and growth in the economy between 2000 and 2010. Figure 3 illustrates this by comparing Canada with other OECD countries in 2010. Almost all countries are above the 45-degree line; this means that, except for Iceland and Luxembourg, the rates of increase in spending in OECD countries were above the rates at which their respective economies grew from 2000 to 2010. Canada is above the trend line of OECD countries, indicating that Canada invested more of its economic growth in health care than the OECD average.

Figure 3: Average Annual Growth in Total Health Expenditure per Capita and GDP per Capita, 2000 to 2010



Notes

Country abbreviations are as follows: Australia, AUS; Austria, AUT; Belgium, BEL; Canada, CAN; Czech Republic, CZE; Denmark, DNK; Estonia, EST; Finland, FIN; France, FRA; Germany, DEU; Hungary, HUN; Iceland, ISL; Israel, ISR; Japan, JPN; Korea, KOR; Luxembourg, LUX; Mexico, MEX; the Netherlands, NLD; New Zealand, NZL; Norway, NOR; Poland, POL; Portugal, PRT; Slovak Republic, SVK; Slovenia, SVN; Spain, ESP; Sweden, SWE; Switzerland, CHE; Turkey, TUR; United Kingdom, GBR; United States, USA.

2009 data was used for Australia, Israel, Japan and Luxembourg. 2008 data was used for Turkey.

Source

Organisation for Economic Co-operation and Development, *OECD Health Data 2012* (June edition) (Paris, France: OECD, 2012).

Health Care Cost Drivers Overview

In November 2011, CIHI published a special report, titled *Health Care Cost Drivers: The Facts.*, which shed light on the underlying factors influencing health care costs.¹ The report examined growth in public-sector health spending from 1998 to 2008 in relation to macroeconomic factors such as fiscal capacity and growth in gross domestic product (GDP). As well, the major spending categories of hospitals, drugs and physicians were analyzed. The analysis used a common analytical framework that focused on price effects, demographics (population growth and aging) and other effects, such as volume and mix of services, technology and innovation.

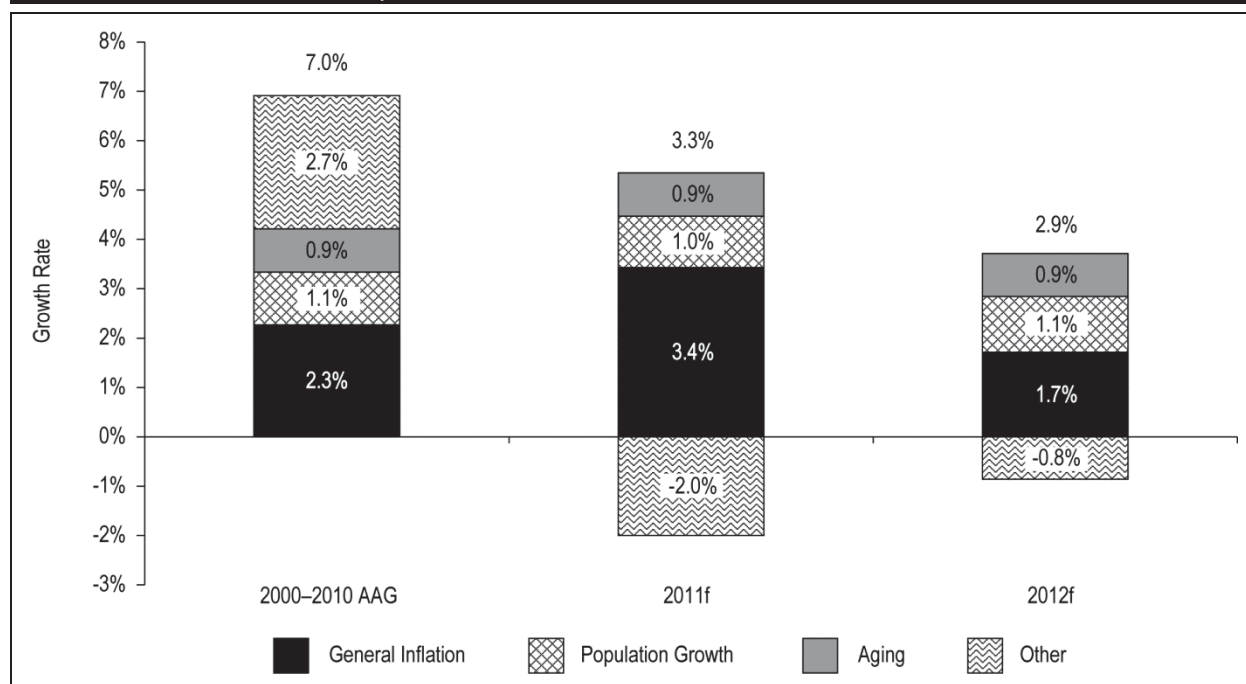
Public-sector health expenditure in Canada increased by 7.0% per year in the 10-year period from 2000 to 2010 (the latest period for which data is available). Forecasts for 2011 and 2012 show a slowing of this rate of growth, to 3.3% and 2.9%, respectively (Figure 4).

Price effects have been a significant driver of overall health spending. Since no ideal measure of inflation for the entire health care sector exists, economy-wide inflation was used for the purpose of the cost drivers study. General inflation averaged 2.3% per year from 2000 to 2010.

Population growth added on average 1.1% per year to public-sector health care spending, while population aging, at 0.9% per year, added even less to the total growth. Demographic factors, at a combined 2.0% (both population growth and population aging), have been a relatively modest contributor to the growth of 7.0% per year in health spending. However, both population growth and aging vary considerably among provinces and territories (see Figure 37 in Section 5.3).

The *other* category includes all other factors as a residual, such as changes in technology, increases in service utilization and health-sector inflation above the rate of general inflation.

Figure 4: Cost Driver Shares of Average Annual Growth in Public-Sector Health Spending, 2000 to 2010, Compared With Annual Growth in 2011 and 2012



Notes

f: forecast.

Age and sex data is available up to 2010.

Sources

National Health Expenditure Database, Canadian Institute for Health Information; Gross Domestic Product, Statistics Canada.

Issues to Monitor in the Future

Weaker prospects for economic growth combined with fiscal deficits and fewer savings from debt service charges could have a dampening effect on the future growth of public-sector health spending.

As the percentage of the population age 80 and older increases, decision-makers will be faced with the challenge of determining the best ways to provide care for older adults.

Price inflation has been a significant cost driver. Managing health-specific price inflation for core medicare goods and services, including doctors, nurses, other health care professionals and advanced diagnostics, will be a challenge.

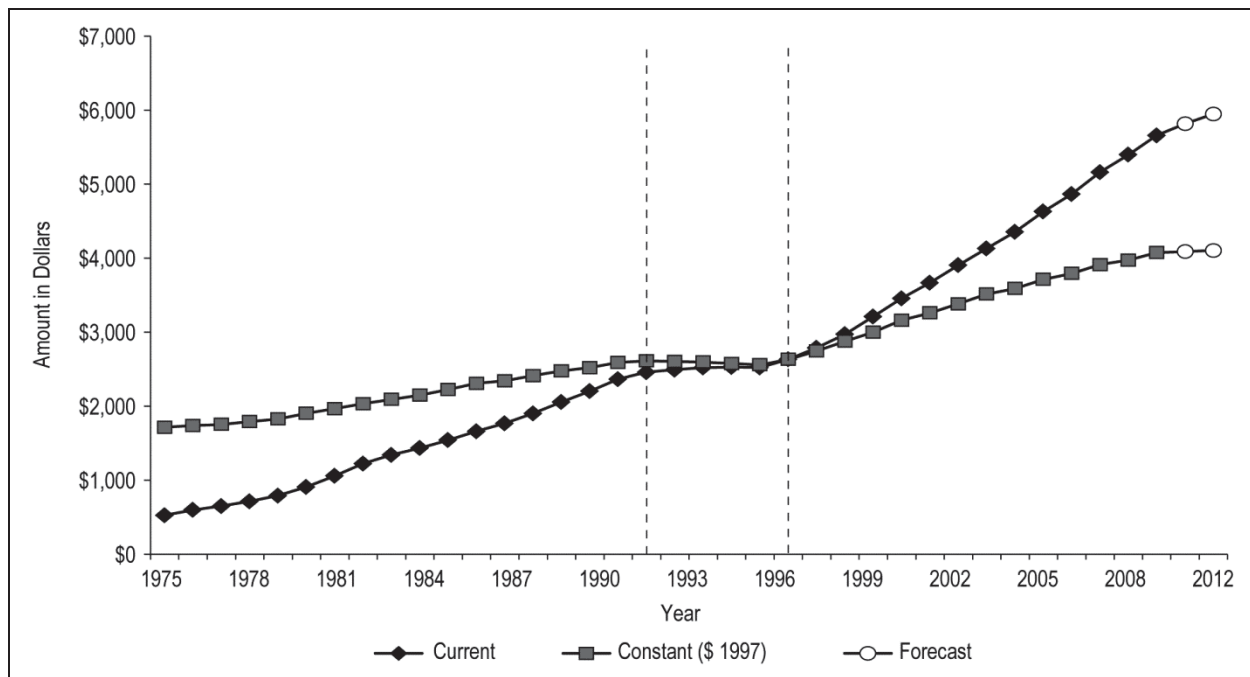
Health care system policy- and decision-makers will continue to be challenged to innovate and reform how health care is provided. The provision of health care in Canada continues to evolve. A few examples of the continuing transformation of the Canadian health care system include the introduction of interprofessional collaboration to provide team-based care, expansion in the scope of practice for some non-physician providers, increased focus on patient-centred care, emphasis on integration and continuity of care, shifting to ambulatory and home care, ensuring the affordability of drugs and providing incentives to health care providers to meet the needs of their patient populations.

1.2 Total Health Expenditure per Capita

2010 and Outlook for 2011 and 2012

Total health expenditure per capita in Canada increased to \$5,659 in 2010, continuing the trend since 1998, when health expenditure growth outpaced population growth and inflation. Forecasts for 2011 and 2012 are expected to be \$5,818 and \$5,948 (Figure 5).

Figure 5: Total Health Expenditure per Capita, Canada, 1975 to 2012



Note

See Table A.1.

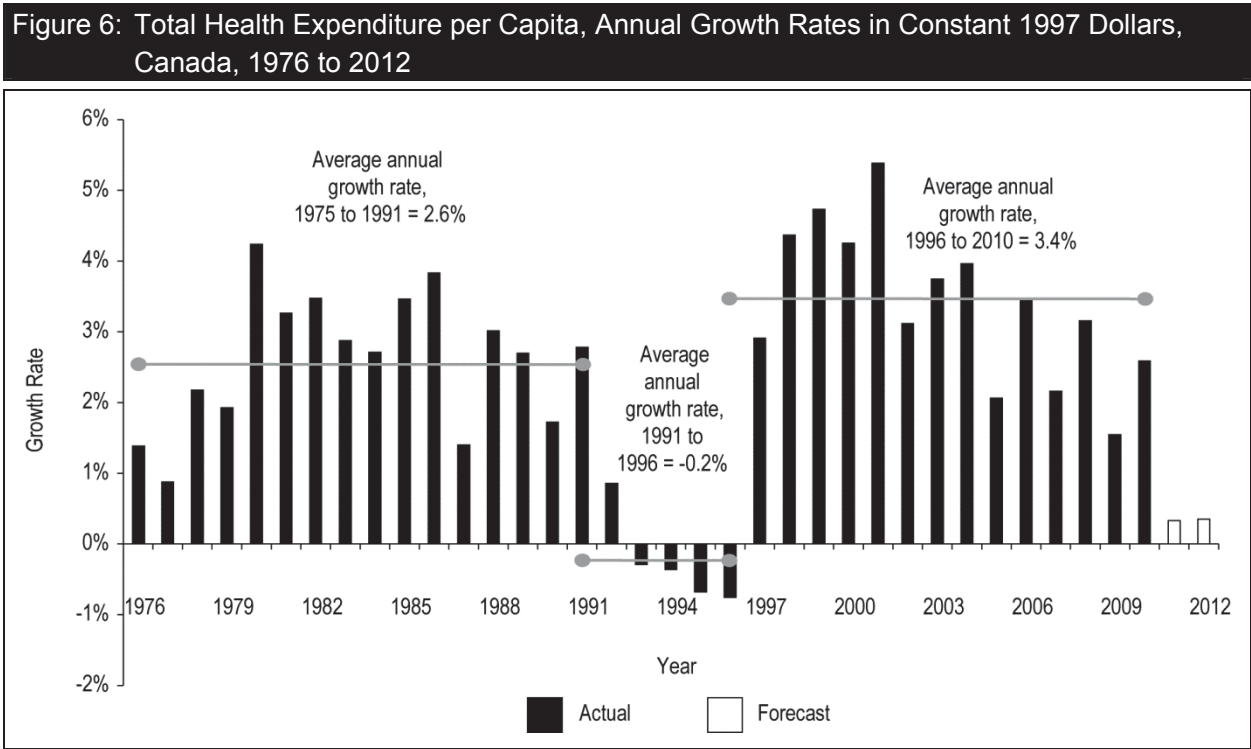
Source

National Health Expenditure Database, Canadian Institute for Health Information.

Trends—1975 to 2010

Total health expenditure per capita in Canada in constant (1997) dollars declined by an annual average rate of two-tenths of one percent during the early to mid-1990s. During subsequent years, the average growth rate rebounded. Total spending on health care per capita increased by an average rate of 3.4% a year from 1996 to 2010 (Figure 6).

The rates of increase after adjusting for inflation and population growth are expected to be 0.3% in 2011 and 0.4% in 2012, which is virtually no growth.



Note

See Table A.1.

Source

National Health Expenditure Database, Canadian Institute for Health Information.

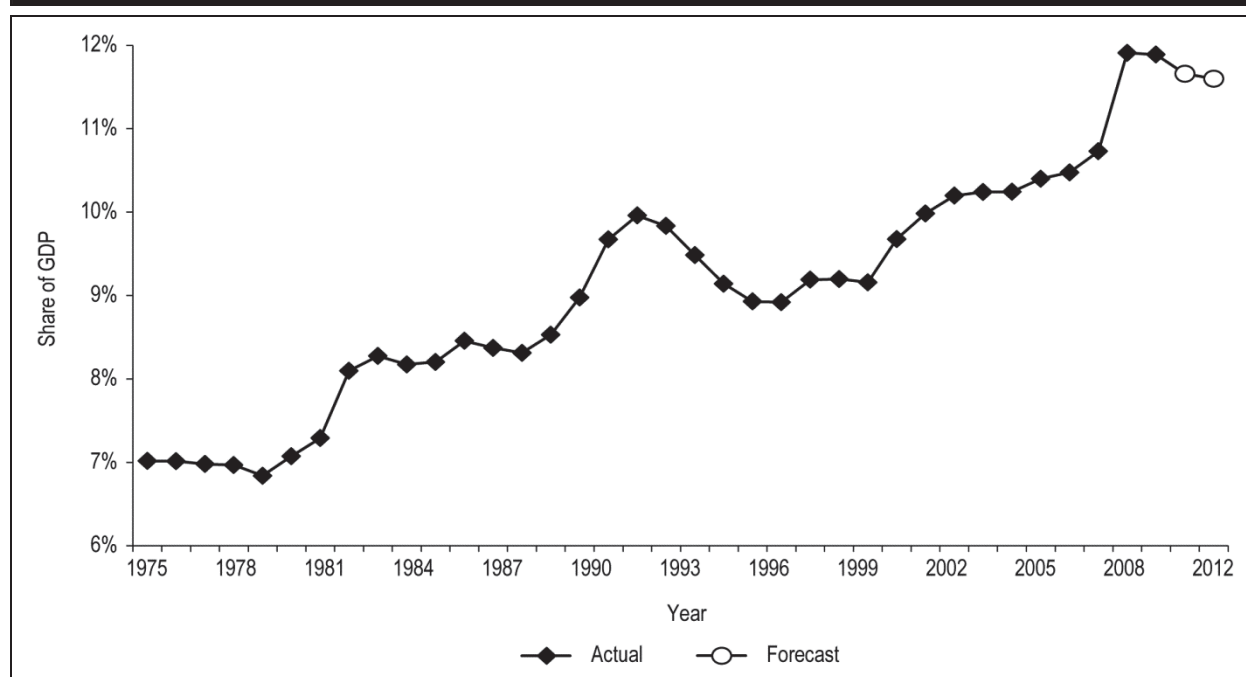
1.3 Total Health Expenditure and Economic Growth

2010 and Outlook for 2011 and 2012

Total health expenditure in Canada was 11.9% of GDP in 2010. It is forecast to be 11.7% in 2011 and 11.6% in 2012 (Figure 7).

During the past decade, total health expenditure increased by an average of \$9.5 billion yearly. Similar to total health expenditure, GDP also grew during the same time period, with the exception of 2009 due to the economic downturn. The decline in GDP in 2009 is reflected in a higher total health expenditure-to-GDP ratio for that year. In 2012, GDP is expected to grow faster than health expenditures, resulting in a lower total health spending-to-GDP ratio than in 2010 and 2011.

Figure 7: Total Health Expenditure as a Percentage of Gross Domestic Product, Canada, 1975 to 2012



Note

See Table A.1.

Source

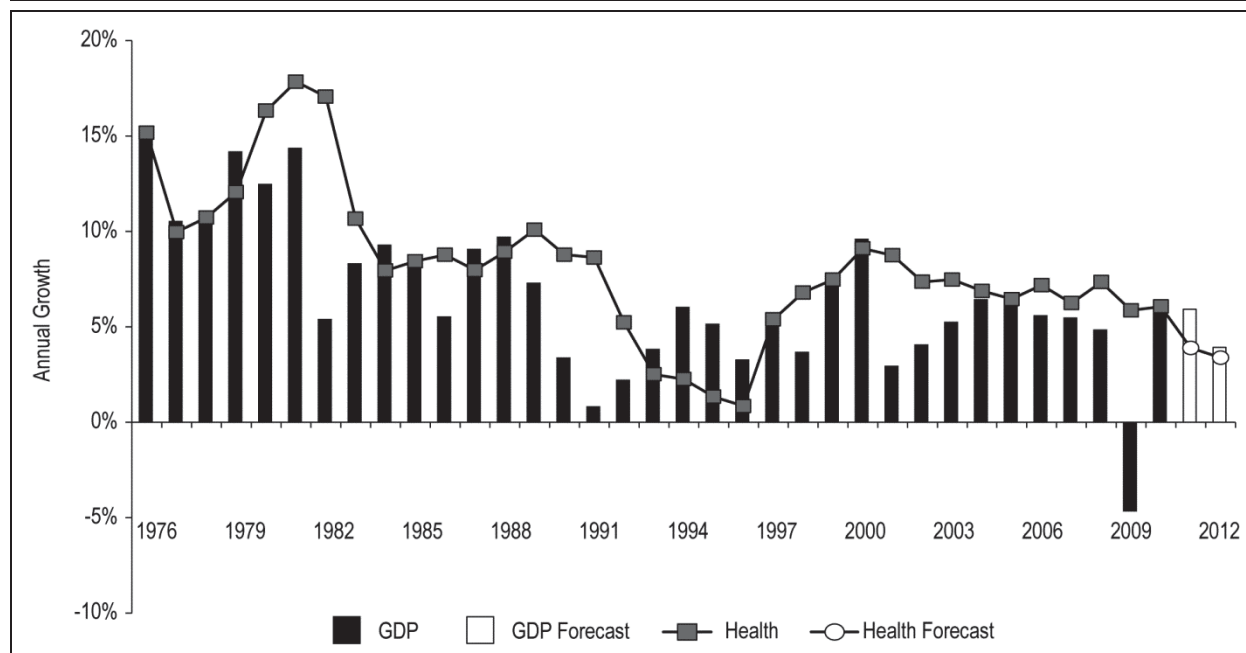
National Health Expenditure Database, Canadian Institute for Health Information.

As in other G7 countries, growth in Canada's health care spending per capita has exceeded economic growth over the last decade, resulting in an increasing share of GDP devoted to health. Between 2000 and 2010, the health spending-to-GDP ratio in Canada increased from 9.2% to 11.9%. Similar growth was seen in other countries. For example, health spending as a percentage of GDP in the U.S. increased from 13.7% to 17.6% in the same period. The ratio in France went up from 10.1% to 11.6%, and in the U.K. it increased from 7.0% to 9.6%.

Trends—1975 to 2012

Total health expenditure as a proportion of GDP was 7.0% in 1975. During the late 1970s, total health expenditures increased at rates that were almost identical to the rate of growth in GDP. The two rates of growth diverged during the early 1980s. GDP fell during the 1982 recession and did not recover to its pre-recession level until 1984 (Figure 8). Health expenditure continued to grow during this time. Consequently, the ratio of total health expenditure to GDP increased sharply, from 6.8% in 1979 to 8.3% in 1983.

Figure 8: Total Health Expenditure and Nominal GDP, Annual Growth, Canada, 1976 to 2012



Note

See Table A.1 and Appendix A.1.

Sources

National Health Expenditure Database, Canadian Institute for Health Information; Gross Domestic Product, Statistics Canada.

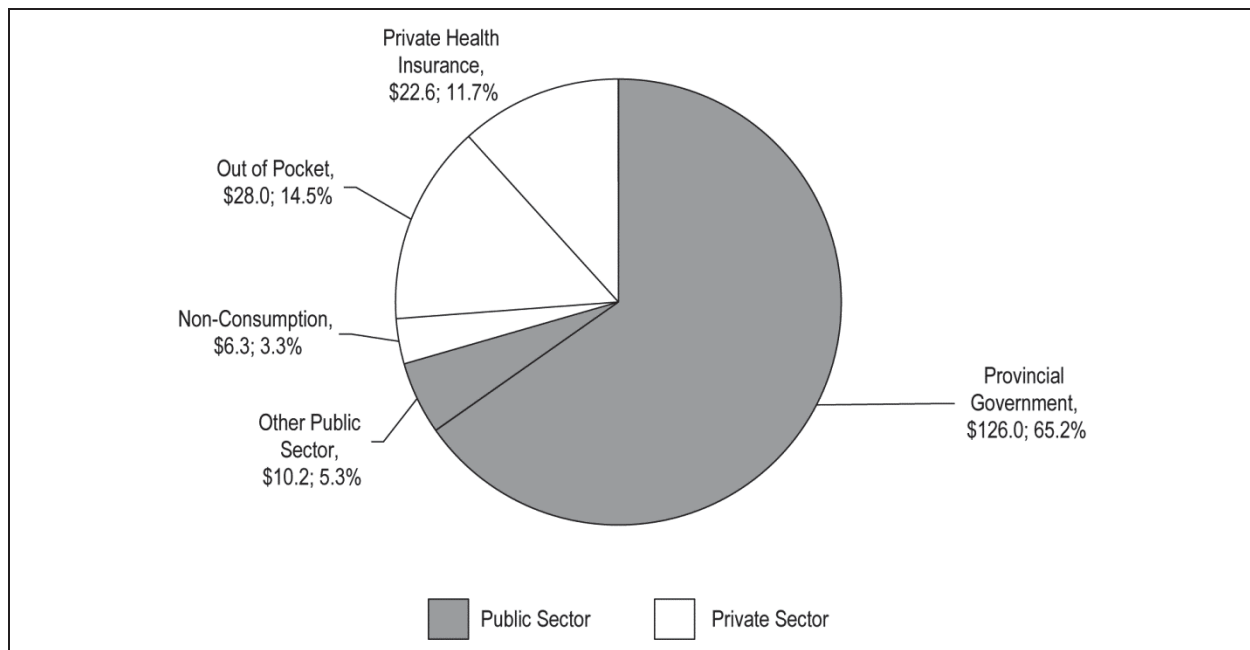
Canada experienced another recession from 1990 until 1992. The ratio of total health expenditure to GDP increased significantly, reaching 10.0% for the first time in 1992 (Figure 7). Total health expenditures then grew more slowly than GDP between 1993 and 1997 (Figure 8); consequently, the health-to-GDP ratio fell each year in that period until it reached 8.9% in 1997. Health expenditure has grown faster than GDP since 1998, with the result that the health-to-GDP ratio has trended upwards for the last decade, finally peaking at 11.9% in both 2009 and 2010.

2.0 Total Health Expenditure by Source of Finance

Both the public and private sectors finance Canada's health system. Public-sector funding includes payments by governments at the federal, provincial/territorial and municipal levels and by workers' compensation boards and other social security schemes. Private-sector funding consists primarily of health expenditures by households and private insurance firms.

As shown in Figure 9, provincial and territorial government spending on health accounted for 65.2% of total health expenditure in 2010. Another 5.3% came from other parts of the public sector: federal direct government, municipal government and social security funds. The private sector was made up of three spending categories, the largest of which was out-of-pocket spending (14.5%), followed by private health insurance (11.7%) and non-consumption,ⁱⁱⁱ which accounted for 3.3% of total health spending.

Figure 9: Total Health Expenditure by Source of Finance, 2010 (Billions of Dollars and Percentage Share)



Source

National Health Expenditure Database, Canadian Institute for Health Information.

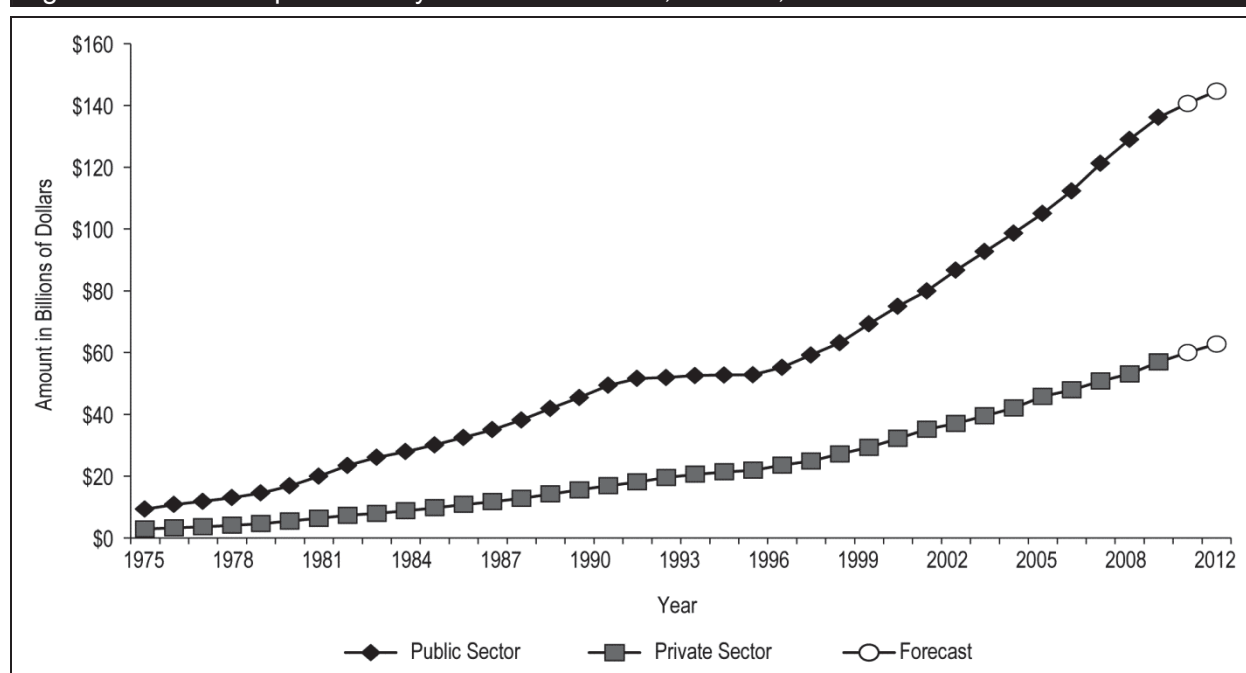
iii. Non-consumption expenditure includes a number of heterogeneous components, such as hospital non-patient revenue, capital expenditures for privately owned facilities and health research.

2010 and Outlook for 2011 and 2012

In 2010, governments and government agencies in Canada (the public sector) spent \$136.2 billion on health care (Figure 10). Public-sector expenditure is forecast to be \$140.6 billion in 2011 and \$144.6 billion in 2012. The growth rates associated with these forecasted increases are 3.3% and 2.9%, respectively. In 2010, the private sector spent \$56.9 billion. Private-sector expenditure is forecast to reach \$60.0 billion in 2011 and \$62.8 billion in 2012, with expected growth rates of 5.4% in 2011 and 4.6% in 2012.

Since 1997, the public-sector share of total health expenditure has remained relatively stable at around 70%. It accounted for 70.5% of total expenditure in 2010 and is forecast to account for 70.1% in 2011 and 69.7% in 2012.

Figure 10: Health Expenditure by Source of Finance, Canada, 1975 to 2012



Note

See Table A.2.1.

Source

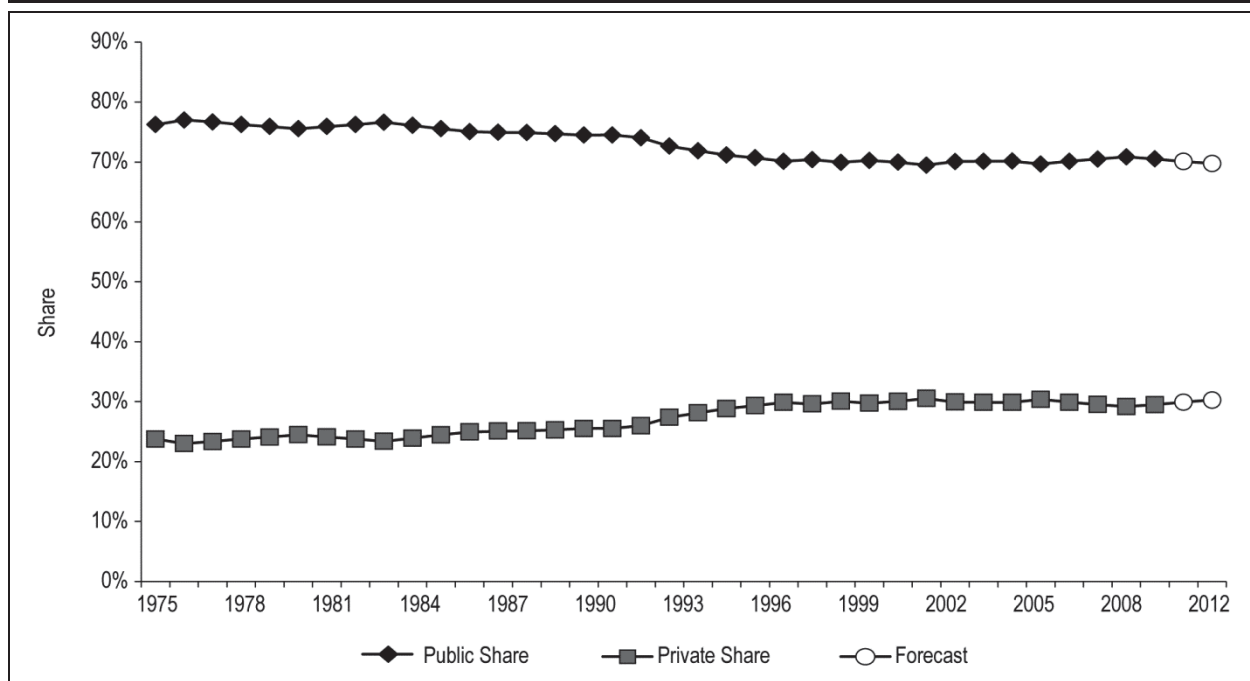
National Health Expenditure Database, Canadian Institute for Health Information.

Trends—1975 to 2010

The average annual rate of growth in public-sector health expenditure between 1975 and 1991 was 11.0%. There was a pronounced change in public-sector expenditure trends following the 1990-to-1992 recession.

During this period, governments introduced fiscal restraint measures, which affected spending for health and social programs. Private-sector growth rates were considerably higher than the public-sector rates during this period and, as a result, the private-sector share of total health expenditure increased to 29.9% by 1997; it has remained stable since then. The private-sector share is estimated to be 30.3% in 2012 (Figure 11).

Figure 11: Public- and Private-Sector Shares of Total Health Expenditure, 1975 to 2012



Note

See Table A.2.2.

Source

National Health Expenditure Database, Canadian Institute for Health Information.

2.1 Public-Sector Health Expenditure by Source of Finance

Health expenditures by governments and government agencies (the public sector) are financed by three levels of government—provincial and territorial governments; federal government direct health care spending; and municipal government—and by workers' compensation boards and the Quebec Drug Insurance Fund. The distribution of public-sector expenditure among these four sources of finance is shown in Table 1. Provincial/territorial government expenditure was \$8.7 billion in 1975, accounting for 93.6% of public-sector expenditure. The other public sources together totalled \$0.6 billion, or 6.4% of the public sector in 1975. The provincial/territorial government share of public-sector spending declined in 1997, when the Quebec Drug Insurance Fund was introduced, as the portion that is self-financed by premiums was included in the social security funds sector. By 2010, provincial/territorial government expenditure was \$126.0 billion, accounting for 92.5% of public-sector expenditure.

Table 1: Distribution of Public-Sector Health Expenditure by Source of Finance, Canada, 1975 and 2010

	1975		2010	
	Amount in Millions	Percentage	Amount in Millions	Percentage
Provincial/Territorial Governments	8,709.3	93.6	125,982.4	92.5
Federal Direct	398.3	4.3	6,653.2	4.9
Social Security Funds*	121.1	1.3	2,560.6	1.9
Municipal Governments	71.6	0.8	962.4	0.7
Total Expense	9,300.3	100.0	136,158.6	100.0

Notes

* This includes workers' compensation boards and premiums to the Quebec Drug Insurance Fund.

See tables B.4.1, B.6.1, B.7.1 and B.8.1.

Source

National Health Expenditure Database, Canadian Institute for Health Information.

Federal Transfers

National health expenditures are reported based on the principle of *responsibility for payment* rather than on the original source of the funds. It is for this reason that federal health transfers to the provinces are included in the provincial government sector. There are now four major programs: the Canada Health Transfer (CHT), Canada Social Transfer (CST), Equalization and Territorial Formula Financing (TFF).

In September 2004, first ministers signed a 10-year plan to strengthen the health care system. This agreement included \$41.3 billion in new federal spending, beginning in 2004–2005. It included funding for the financial recommendations in the report of the Commission on the Future of Health Care in Canada, wait times, additions to the Medical Equipment Fund, an increase to the CHT and improvements to Aboriginal and northern health.

The increases in federal transfers were reflected primarily in increased expenditures by the provincial and territorial governments over the past several years.

Direct Federal Health Expenditure

In 2010, federal government departments and agencies provided direct health care services to Canadians worth \$6.7 billion, accounting for 3.4% of total health expenditure (including the public and private sectors). Forecasts indicate that the share of federal direct spending will be 3.1% in 2011 and 2.9% in 2012.

Federal departments that had the largest shares of total federal direct health expenditure in 2010 were Health Canada, which funded 80.3%, the Department of Veterans Affairs (7.9%), the Solicitor General of Canada (6.0%) and the Department of National Defence (3.4%); several minor departments totalled 2.4%. The Canadian Institutes of Health Research, which is included under Health Canada, accounted for 15.9% of total federal direct health expenditure.

Social Security Funds

Workers' compensation boards are included under social security funds, along with a portion of the Quebec Drug Insurance Fund. Both workers' compensation boards and the Quebec Drug Insurance Fund meet the conditions of social security funds. Social security funds are financially autonomous social insurance schemes that are imposed and controlled by a government authority. They generally involve compulsory contributions by employees, employers or both, and the government authority determines the terms on which benefits are paid to recipients.

Workers' compensation boards operate under provincial and territorial statute and are considered agencies of the provincial/territorial governments. They are financed through compulsory contributions by employers, who pay a percentage of their total payroll depending on the accident experience of each category of employer.

On January 1, 1997, the government of Quebec created a basic drug insurance plan with the objective of ensuring the population of Quebec has access to drugs as required by health status. All residents of Quebec must be covered by drug insurance, whether by private group insurance or by the public plan administered by the Régie de l'assurance maladie du Québec (RAMQ). The Drug Insurance Fund was the chosen mechanism to pay all drug and pharmaceutical service costs provided to subscribers^{iv} insured by the RAMQ, as well as their children. Since July 1, 2002, the Drug Insurance Fund has also covered persons age 65 or older and social assistance recipients insured by the RAMQ. Accordingly, the public plan has been financed, since July 1, 2002, both by the expenditure allocated to this program by the Quebec government (provincial government sector) and by the amounts collected by the Drug Insurance Fund as premiums and proceeds (social security funds sector). The premiums are paid by the subscribers of the Quebec Drug Insurance Fund and by persons age 65 or older insured by this plan.

The premium component of the Quebec drug program is considered to be a social security scheme, while the remaining portion of the program that is paid through the ministère de la Santé et des Services sociaux (MSSS) is included as a provincial government expenditure.

iv. Subscribers are defined as Quebec residents younger than age 65 who do not receive social assistance benefits and who do not have access to private group insurance.

Table 2 presents estimates from 1997 to 2012 for the Quebec Drug Insurance Fund.

The premiums are calculated as the difference between the total Drug Insurance Fund, extracted from RAMQ annual reports, and the fund financed by the MSSS, extracted from Quebec public accounts.

Table 2: Quebec Drug Insurance Fund, in Millions of Dollars, 1997 to 2012

Year	Financed Through Premiums	Financed by ministère de la Santé et des Services sociaux du Québec	Total
1997	169.1	700.3	869.4
1998	213.4	779.8	993.2
1999	262.4	918.6	1,181.0
2000	327.8	1,118.4	1,446.2
2001	367.4	1,309.4	1,676.8
2002	433.2	1,439.5	1,872.7
2003	577.8	1,538.9	2,116.7
2004	615.5	1,678.1	2,293.6
2005	618.7	1,798.7	2,417.5
2006	669.0	1,955.6	2,624.5
2007	712.1	2,164.9	2,877.0
2008	774.7	2,297.2	3,071.9
2009	807.2	2,380.3	3,187.5
2010	844.7	2,394.9	3,239.6
2011 ^f	832.7	2,466.2	3,298.9
2012 ^f	841.4	2,521.1	3,362.5

Note

f: forecast.

Source

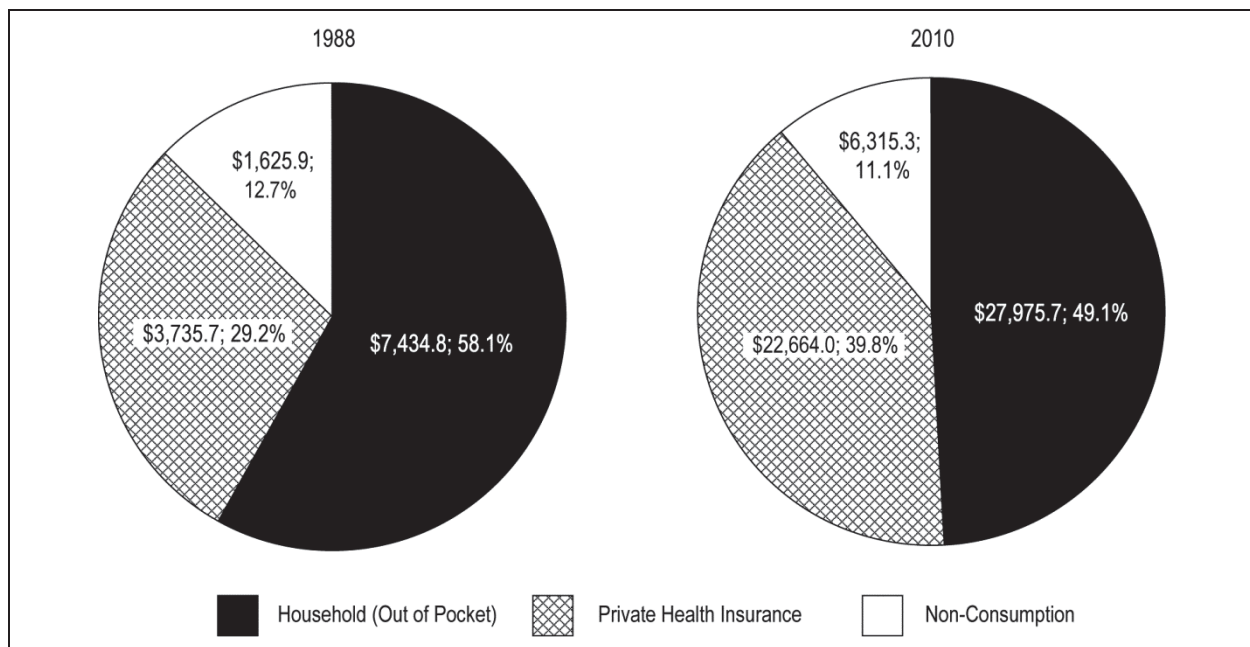
National Health Expenditure Database, Canadian Institute for Health Information.

2.2 Private-Sector Health Expenditure by Source of Finance

Private-sector expenditure in the national health accounts has three distinct components: household out-of-pocket expenditure, commercial and not-for-profit insurance expenditure and non-consumption expenditure. The distribution of private health expenditure among these three sources of finance is shown in Figure 12.

In 1988, the first year for which data at this level of detail was available, out-of-pocket expenditure accounted for 58.1% of private-sector expenditure. By 2010, the proportion dropped to 49.1%, as expenditure by insurance firms grew more rapidly. The share of non-consumption expenditure dropped from 12.7% to 11.1% during the same period (Figure 12).

Figure 12: Distribution of Private-Sector Health Expenditure by Source of Finance, Canada, 1988^v and 2010 (Millions of Dollars and Percentage Share)



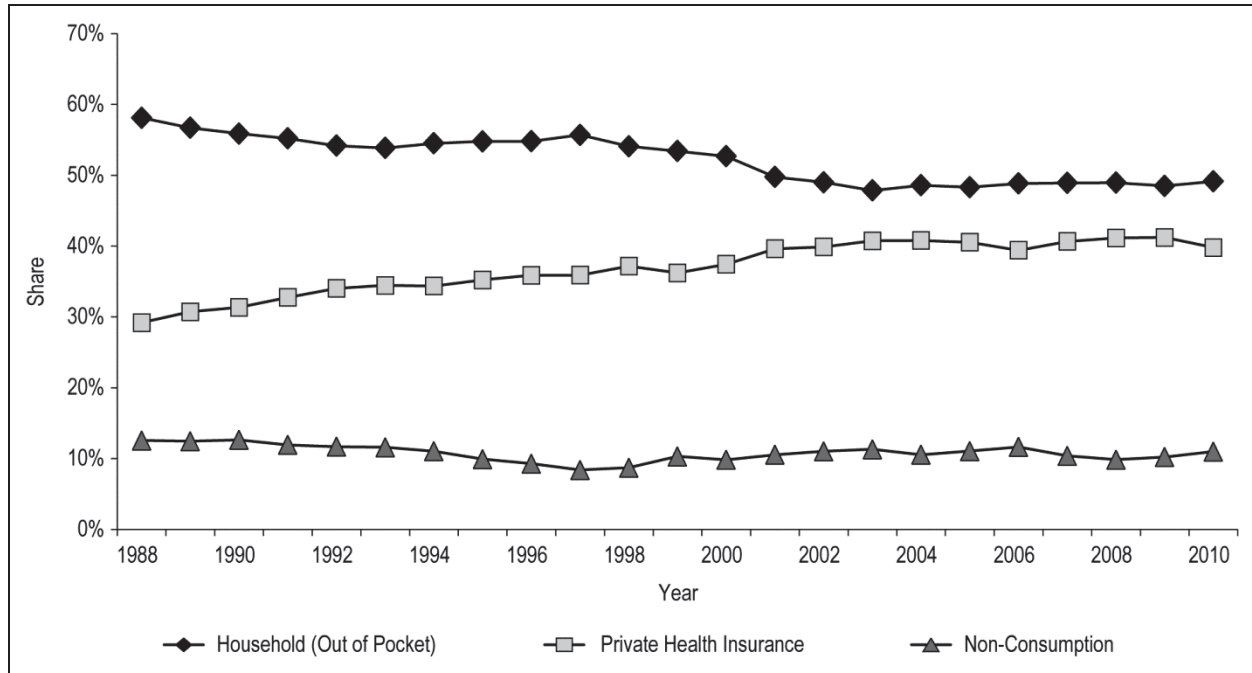
Source

National Health Expenditure Database, Canadian Institute for Health Information.

v. Private-sector data was revised following a methodology review in the early 1990s. The revised private-sector data incorporated information estimated directly from insurance, out-of-pocket and non-consumption sources for 1988 and subsequent years. See Section 8.0: Methodological Notes for further details.

Figure 13 presents the trend for private-sector health expenditure by source of finance from 1988 to 2010. The share of private health insurance in private-sector health expenditure increased from 1988 to 2010, while the share of out-of-pocket expenditure dropped. During the same period, the share of non-consumption remained relatively stable.

Figure 13: Share of Private-Sector Health Expenditure, Sources of Finance, Canada, 1988 to 2010

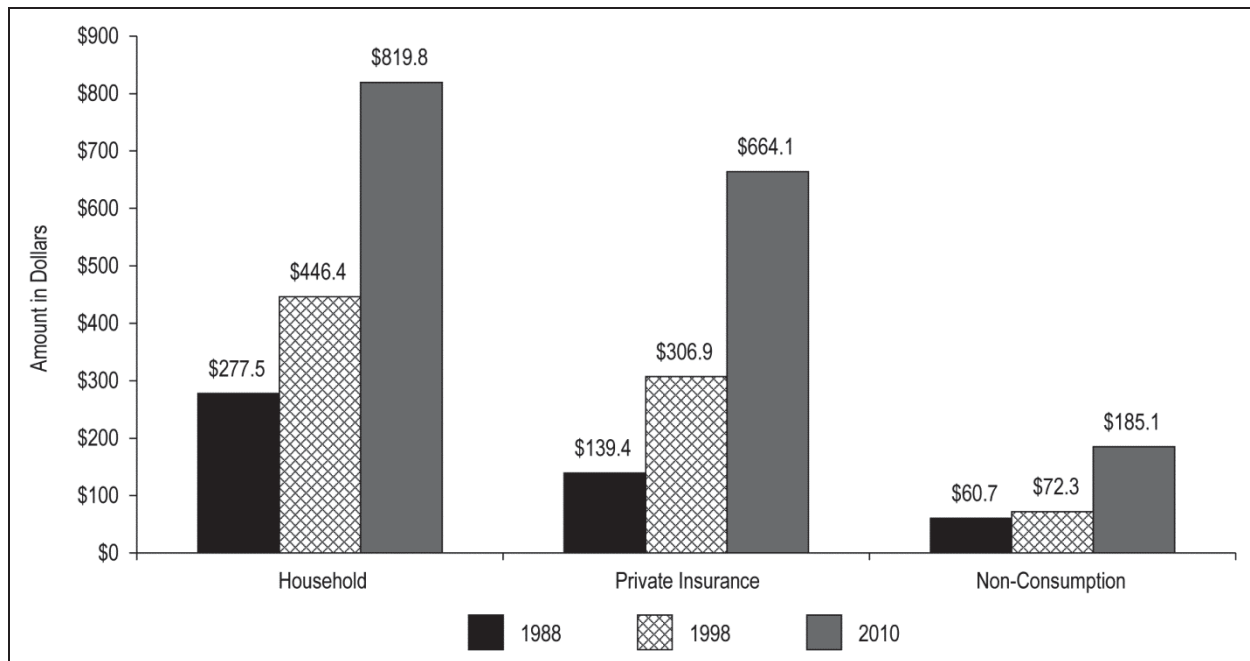


Source

National Health Expenditure Database, Canadian Institute for Health Information.

Private health insurance expenditure per capita has grown more rapidly than the other sources of finance (Figure 14). Over more than two decades, private health insurance expenditure per capita increased from \$139.5 in 1988 to \$664.1 in 2010 (7.4% annual growth); out-of-pocket health expenditure per capita increased from \$277.5 to \$819.8 (5.0% annual growth); and non-consumption expenditure per capita increased from \$60.7 to \$185.1 (5.2% annual growth) during the same period.

Figure 14: Private-Sector Health Expenditure per Capita, Source of Finance, Canada, 1988, 1998 and 2010



Source

National Health Expenditure Database, Canadian Institute for Health Information.

Table 3 presents the distribution of expenditure financed by insurance, households (out-of-pocket expenditure) and non-consumption in 2010. Of nearly \$57 billion financed by the private sector, almost a half was paid by households and individuals out of pocket for health care goods and services, while less than 40% was made up of health insurance claims paid to individuals by commercial and not-for-profit insurance firms. The remaining 11% of total private-sector health care spending was non-consumption expenditure.

Drug expenditure in the private sector was almost \$19 billion in 2010, accounting for 33.3% of total private-sector spending. Prescribed drugs accounted for the largest portion of spending on drugs, at more than \$14 billion in 2010. More than 65% of prescribed drugs were paid for by insurance companies. Over-the-counter drugs and personal health supplies were paid for out of pocket by Canadians.

The second-largest share of private-sector spending was on dental care services. Canadians spent \$12.1 billion on private dental care in 2010, of which about \$6.5 billion was paid for by insurance firms and \$5.6 billion by households. When looking at expenditures on private vision care services (\$4.1 billion), only 20% was paid for by insurance companies, while 80% was paid for out of pocket.

Of more than \$5.1 billion spent on hospital services by the private sector in 2010, households and insurance firms together spent \$2.2 billion providing income to hospitals for patient services.^{vi} Non-patient revenue earned from investments, food services, real estate, parking, rentals, donations and other sources provided the remaining \$2.9 billion of the private sector.

Table 3: Private-Sector Health Expenditure by Source of Finance and Use of Funds, Canada, 2010
(Millions of Dollars and Percentage Share)

	Households (Out of Pocket)		Insurance		Non-Consumption		Total	
	Amount in Millions	Percent	Amount in Millions	Percent	Amount in Millions	Percent	Amount in Millions	Percent
Hospital Accommodation	925.8	18.0	1,273.5	24.7	2,947.0	57.3	5,146.3	100.0
Other Institutions*	5,652.8	100.0					5,652.8	100.0
Physician Care	283.5	97.2	8.3	2.8			291.8	100.0
Other Professionals								
Dental Care	5,614.6	46.5	6,451.7	53.5			12,066.3	100.0
Vision Care	3,310.4	80.2	818.7	19.8			4,129.1	100.0
Other—Other Professionals	1,671.5	62.8	991.6	37.2			2,663.1	100.0
Drugs								
Prescribed Drugs	4,843.1	34.3	9,270.8	65.7			14,114.0	100.0
Over-the-Counter Drugs	2,748.3	100.0					2,748.3	100.0
Personal Health Supplies	2,091.3	100.0					2,091.3	100.0
Capital					2,057.0	100.0	2,057.0	100.0
Administration			3,513.4	100.0			3,513.4	100.0
Other Health Spending								
Health Research*					1,311.3	100.0	1,311.3	100.0
Other Health Care Goods	452.9	78.4	124.9	21.6			577.8	100.0
Other Health Care Services	381.5	64.4	211.2	35.6			592.6	100.0
Total Expense	27,975.7	49.1	22,664.0	39.8	6,315.3	11.1	56,955.0	100.0

Note

* Estimated for 2010. See Section 8.1 for definitions.

Source

National Health Expenditure Database, Canadian Institute for Health Information.

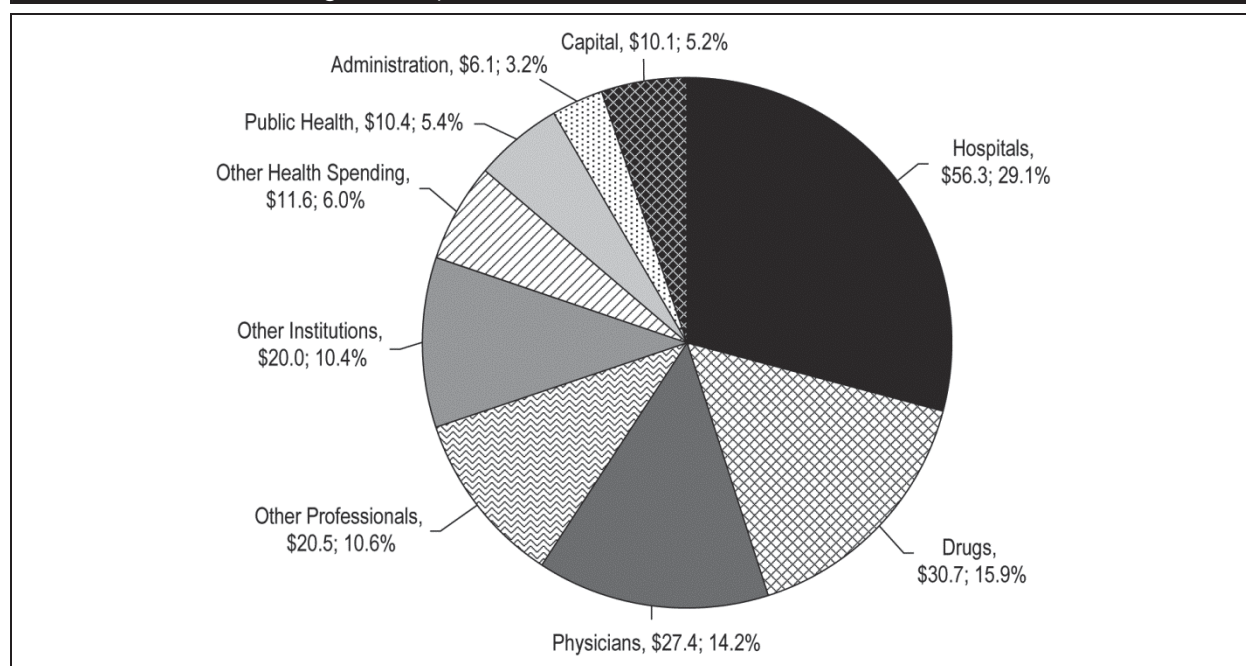
vi. Income to hospitals for patient services includes charges for preferred accommodation, care of non-residents, chronic care copayments, uninsured services and other patient services.

3.0 Total Health Expenditure by Use of Funds

Health dollars are used to purchase health care goods and services, to provide capital investment, to administer public and private insurance plans as well as public health programs, and to fund research. These uses are grouped into nine major categories (uses of funds) throughout most of the national health expenditure data series. Data table series A.3.1 to A.3.3 reports national estimates for 13 categories.

Hospitals make up the largest component of health care spending, accounting for 29.1% of total health expenditures in 2010. Drugs represent the second-largest share (15.9%), while physicians make up the third-largest share (14.2%) (Figure 15).

Figure 15: Total Health Expenditure by Use of Funds, Canada, 2010 (Billions of Dollars and Percentage Share)



Note

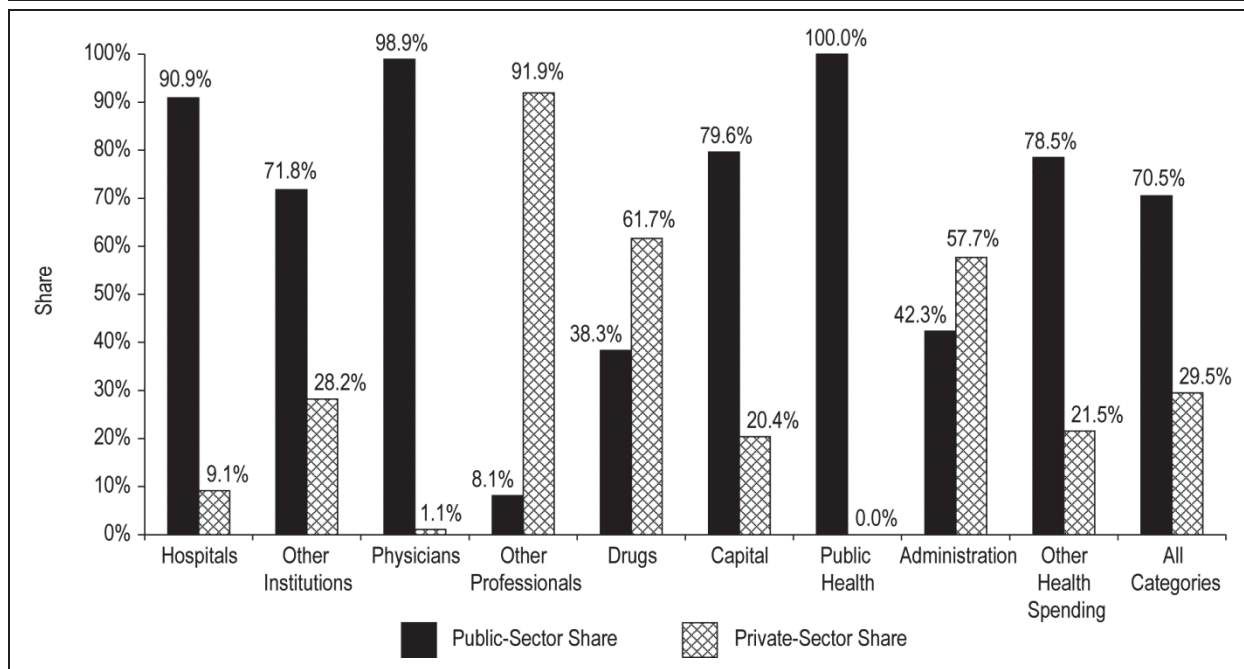
See tables C.1.1 and C.1.2 and Section 8.1 for definitions.

Source

National Health Expenditure Database, Canadian Institute for Health Information.

Figure 16 presents the public and private shares of the nine major uses of funds at the national level in 2010. Hospitals and physicians are financed mainly by the public sector, while drugs and other professionals are financed primarily by the private sector.

Figure 16: Public and Private Shares of Total Health Expenditures, by Use of Funds, Canada, 2010



Note

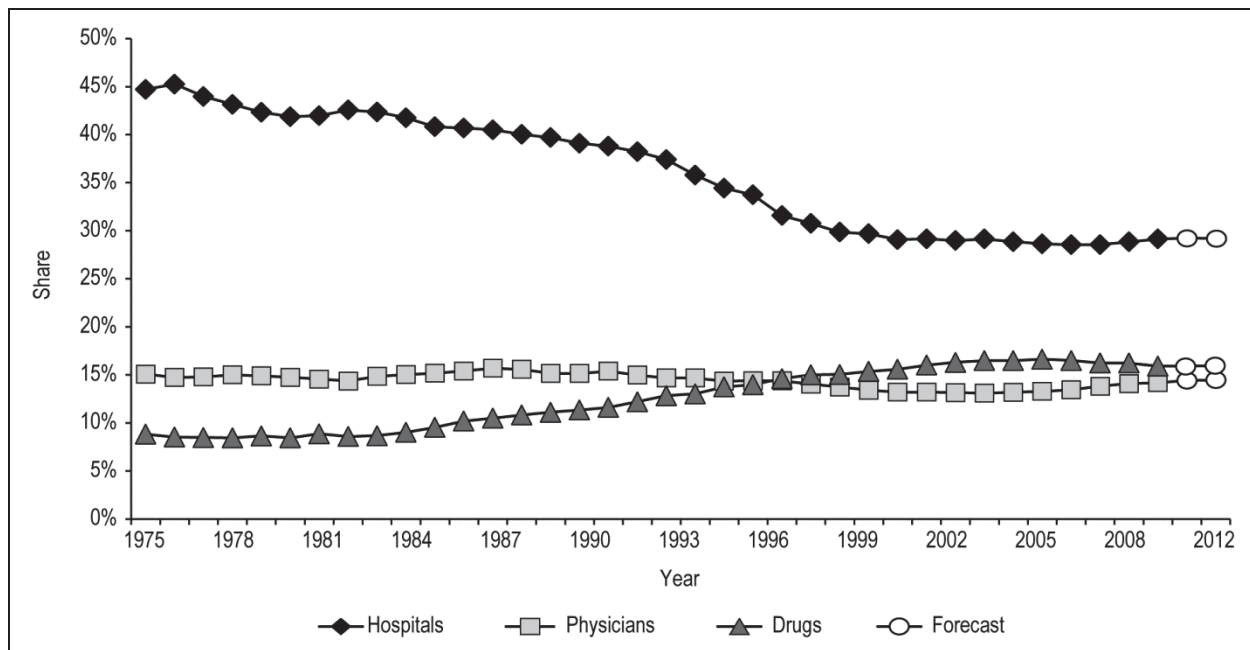
See tables C.1.1, C.2.1 and C.3.1 and Section 8.1 for definitions.

Source

National Health Expenditure Database, Canadian Institute for Health Information.

Figure 17 presents how shares of health care expenditure have changed over time for the three largest spending categories: hospitals, physicians and drugs. In 1975, hospital spending accounted for almost half of total health spending. There has been a notable decreasing trend in hospitals' share of spending over the years. However, hospital spending still takes the largest share of total health care funding; this trend has been stable since 2001. In contrast, drug expenditures' share has been increasing since the mid-1980s, and it has accounted for the second-largest share since 1997, after hospital spending. The growth of drug spending has been stable since 2004. Physician spending as a percentage of total health expenditure edged down in early 1990s. From 1991 to 2005, physician spending's share dropped from 15.4% to 13.2%. Since 2006, physician spending as share of total health care spending has increased.

Figure 17: Total Health Expenditure, Share of Selected Use of Funds, Canada, 1975 to 2012



Note

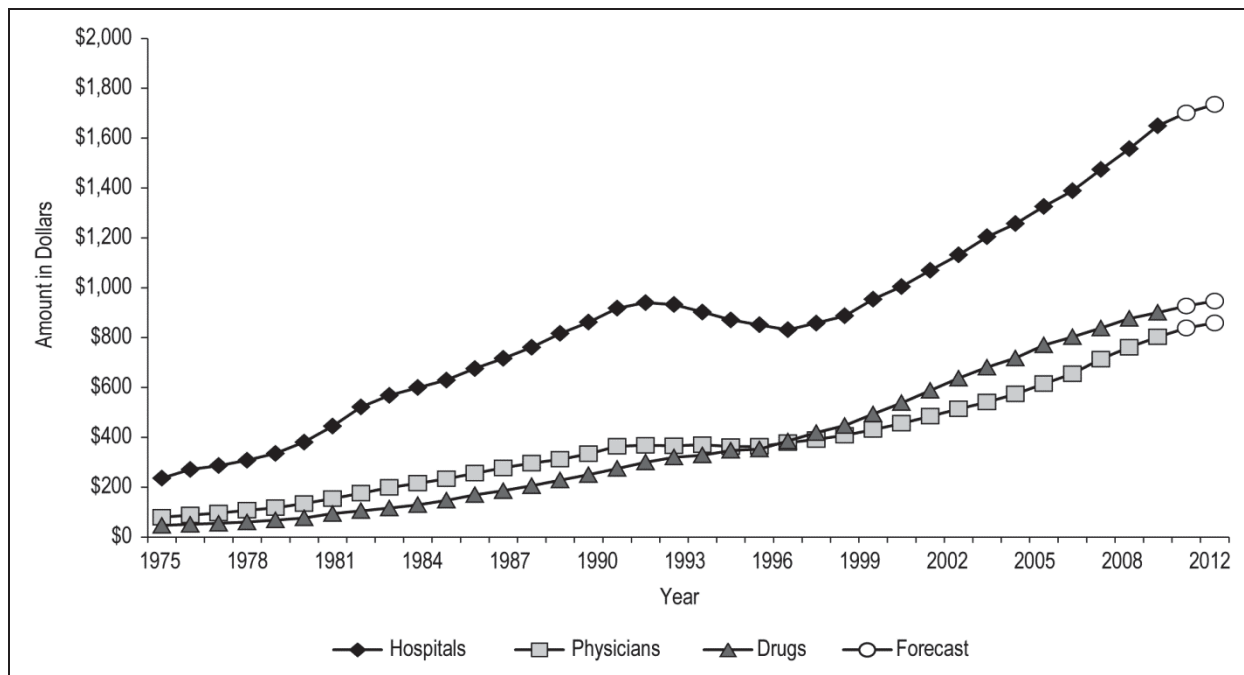
See Table A.3.1.1.

Source

National Health Expenditure Database, Canadian Institute for Health Information.

Figure 18 shows per capita spending on hospitals, drugs and physicians in Canada. In 2010, Canadians spent \$1,649 per person on hospitals, \$901 on drugs and \$803 on physicians. Forecasts for 2012 are \$1,736, \$947 and \$859 per person on hospitals, drugs and physicians, respectively.

Figure 18: Total Health Expenditure per Capita, Selected Use of Funds, Canada, 1975 to 2012



Note

See Table C.1.3.

Source

National Health Expenditure Database, Canadian Institute for Health Information.

3.1 Hospitals

In 2010, Canadians spent \$56.3 billion on hospitals, accounting for 29.1% of total health expenditure. Hospital spending is forecast to be \$58.7 billion in 2011 and \$60.5 billion in 2012, representing 29.2% of total health expenditure for both forward-looking years.

Public-sector spending accounts for more than 90% of total hospital expenditure. Provincial and territorial governments are by far the major financing sources of hospitals (89.6%), as shown in Table 4.

Table 4: Hospital Expenditure Summary by Sector of Finance, Canada, 2010

	Provincial/ Territorial	Other Public*	Private	Total
Total Expenditure (Millions of Dollars)	\$50,409.3	\$731.6	\$5,146.3	\$56,287.2
Expenditure per Capita	\$1,477.2	\$21.4	\$150.8	\$1,649.4
Share of Total	89.6%	1.3%	9.1%	100.0%

Notes

* The other public category includes federal government direct, municipal governments, workers' compensation boards and the Quebec Drug Insurance Fund.

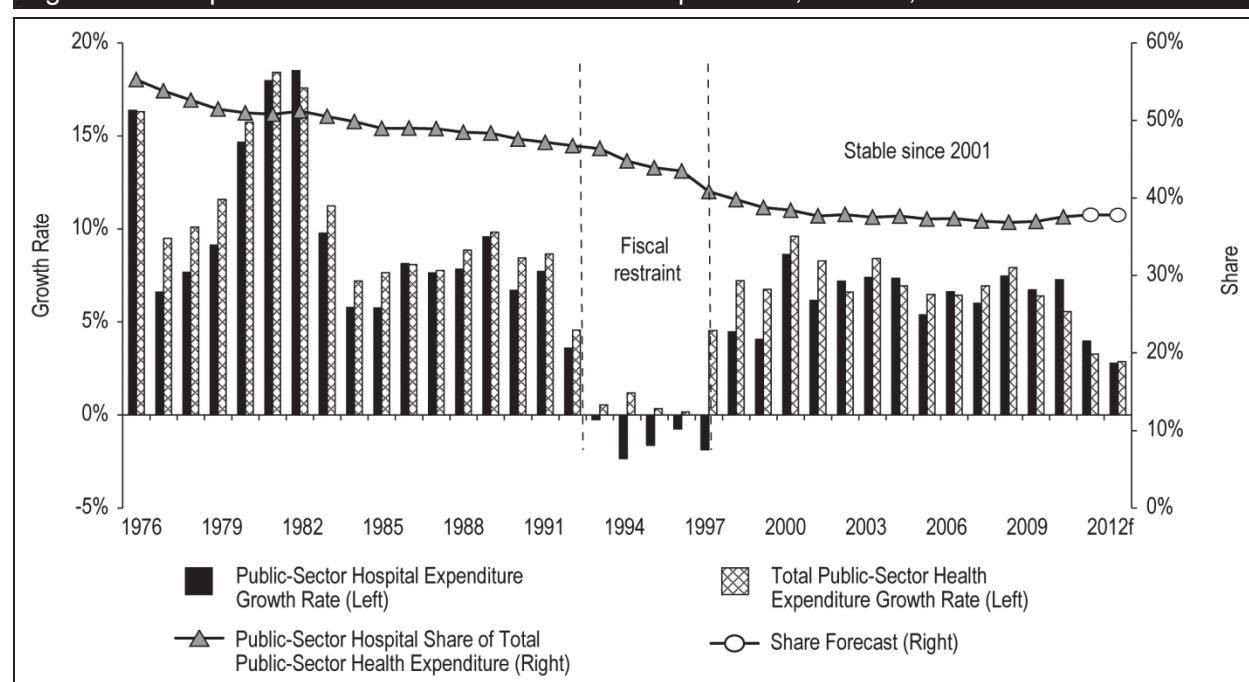
See tables C.4.1, C.4.3, C.5.1, C.5.3, C.2.1 and C.2.3.

Source

National Health Expenditure Database, Canadian Institute for Health Information.

From the mid-1970s to the early 1990s, as shown in Figure 19, the growth rate in public-sector hospital expenditure was slightly lower than that in public-sector health expenditure. In the mid-1990s, public-sector hospital expenditure decreased, while public-sector health expenditure continued to grow, albeit at a very diminished pace. Hospitals were particularly affected at that time by fiscal restraint measures, as federal and provincial/territorial governments focused on reducing or eliminating budget deficits. This was a period of hospital consolidation, restructuring and bed closures. There was systematic shifting from inpatient to outpatient care, especially to day surgery procedures and ambulatory clinics in hospital settings. These measures resulted in a sharp fall in the hospital share of public-sector health expenditure. Over the last 10 years, the two growth rates have been similar and the hospital share of public-sector health expenditure has been relatively stable.

Figure 19: Hospital Share of Public-Sector Health Expenditure, Canada, 1976 to 2012

**Note**

f: 2011 and 2012 are forecast.

Source

National Health Expenditure Database, Canadian Institute for Health Information.

Hospital Spending Cost Drivers

In the context of the health care cost drivers project, public-sector hospital spending was analyzed with a focus on the most recent 10 years for which comprehensive data was available (1998 to 2008). The analysis used the common analytical framework consisting of price effects, population growth and aging, as well as other effects.²

The estimated average annual growth rate for public-sector hospitals in this decade was 6.7%, which can be broken down as 2.8% for price effects (as measured by Statistics Canada's GDP deflator), 1.0% for population growth, 1.0% for population aging and 1.9% for other effects.

Price inflation has also been a major factor in the growth of hospital costs.

The health care sector in general is labour intensive, and hospitals are no exception. Compensation constitutes 60% of total hospital costs, and the single largest component of the workforce in hospitals is nurses. Compensation of the hospital workforce has also grown faster than compensation in non-health sectors. Increases in hospital employees' wages have exceeded increases in the Industrial Composite wage rates and the health and social sector component reported in Statistics Canada's Survey of Employment, Payrolls and Hours. The hourly paid hospital employees wage index increased by an average of 3.4% per year between 1998 and 2008. As for general wage costs in the health sector, between 1998 and 2008, nominal hourly wages grew at an average annual rate of 3.1% in the health and social assistance sector, compared with 2.5% in the general economy. This could be due, in part, to the increased demand for health professionals in hospitals.

Other effects include volume and mix of services and the effects of technology and innovation. These factors are difficult to estimate explicitly in the hospital sector, since there have been myriad changes in models of care during the last decade. Some of these changes have tended to reduce costs (for example, the shift from inpatient to ambulatory care) while others have tended to increase costs (for example, higher average resource requirements for inpatient care).

The following issues will affect hospital expenditure trends in the future. The first three can be seen as cost drivers, while the fourth suggests that administrative action to limit the effects of cost drivers may be more difficult in the future:

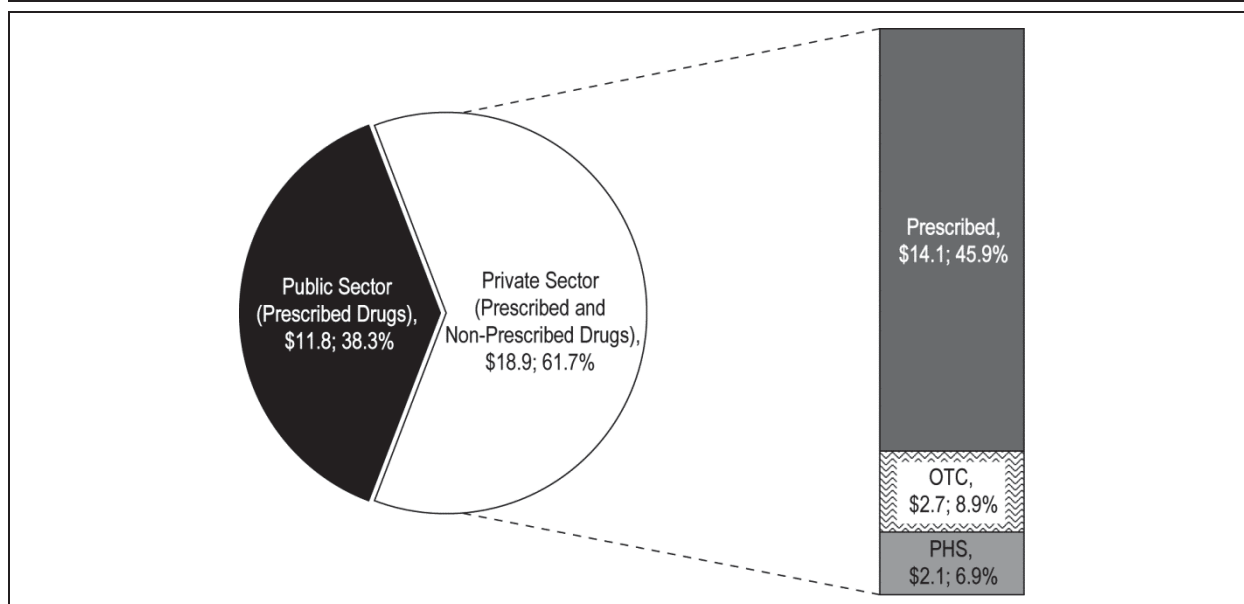
- Hospital inflation outpacing general inflation
- Growing impact of technological changes
- Expansion of hospital services, such as hip and knee replacements and diagnostic imaging
- Limited opportunities for cost savings from shifting care from an inpatient to an outpatient setting

3.2 Drugs

Retail sales^{vii} of prescribed and non-prescribed drugs together constituted the second-largest category of health expenditure in 2010, at \$30.7 billion. Spending on drugs is forecast to have increased by another 4.0% in 2011, to \$32.0 billion, and by 3.3% in 2012, to \$33.0 billion.

Prescribed drugs amounted to 84.2% of total expenditure on drugs in 2010 (Figure 20), of which 38.3% is attributed to the public sector and 45.9% to the private sector.

Figure 20: Drugs by Source of Finance and Type, Canada, 2010 (Billions of Dollars and Percentage Share)



Notes

Non-prescribed drugs include over-the-counter (OTC) drugs and personal health supplies (PHS).

See tables A.3.1.1, A.3.2.1 and A.3.3.1.

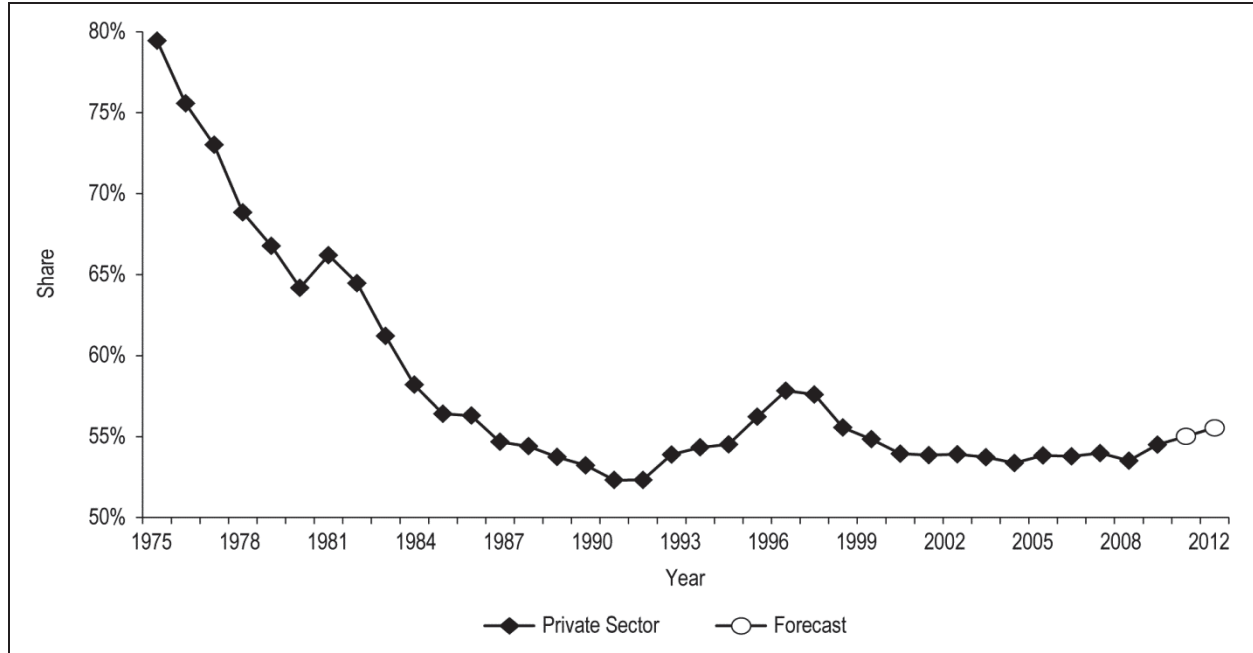
Source

National Health Expenditure Database, Canadian Institute for Health Information.

vii. The drug category does not include drugs dispensed in hospitals and, generally, in other institutions. These are included in the categories of hospitals and other institutions.

As shown in Figure 21, the private sector accounted for 79.5% of expenditure for prescribed drugs in 1975. This share decreased to 52.3% by 1992 and has remained relatively stable since. In 2012, it is expected to be 55.5%.

Figure 21: Prescribed Drug Expenditure, Private-Sector Share, Canada, 1975 to 2012



Note

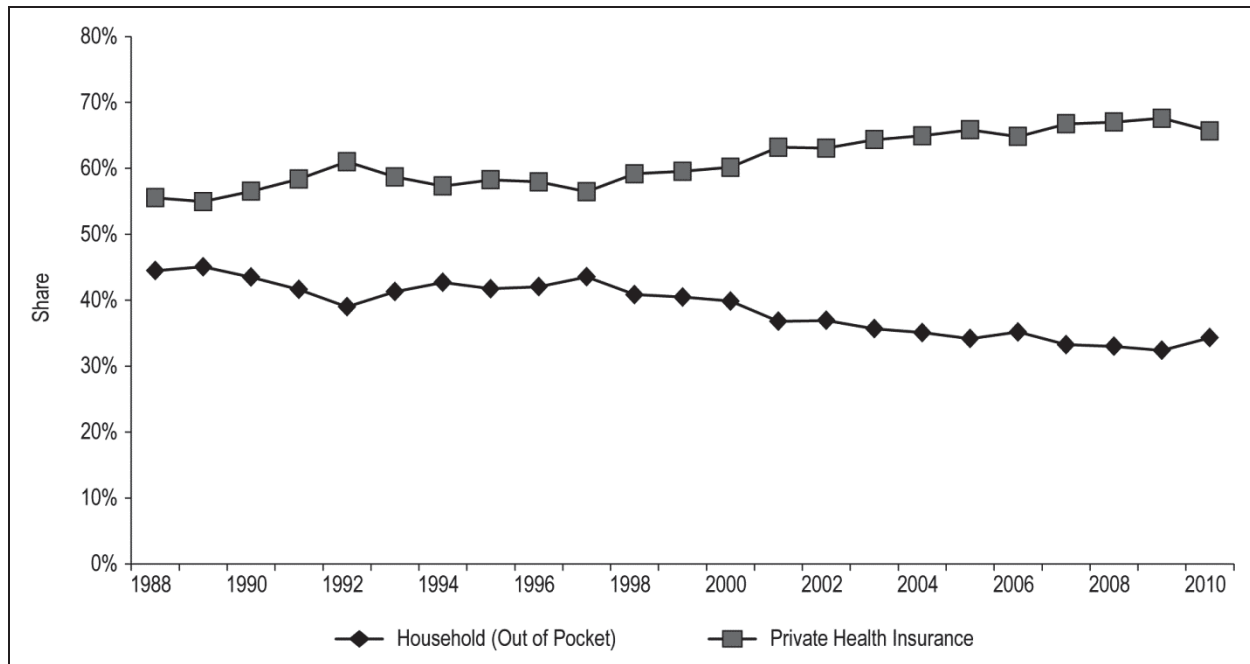
See tables A.3.2.1 and A.3.3.1.

Source

National Health Expenditure Database, Canadian Institute for Health Information.

Private prescribed drug expenditures are split between households (out of pocket) and private health insurance. As shown in Figure 22, private health insurance accounts for a bigger share, and its overall trend is to increase over time. The share of out-of-pocket expenditure decreased from 44.5% in 1988 to 34.3% in 2010.

Figure 22: Private Prescribed Drug Expenditure, Share by Sources of Finance, Canada, 1988 to 2010



Source

National Health Expenditure Database, Canadian Institute for Health Information.

Drivers of Retail Prescription Drug Spending

Over the past two decades, pharmaceuticals have been one of the fastest-growing components of health system spending in Canada. However, since 2005, drug spending has grown more slowly than hospital spending, physician spending and total health care spending. In 2011, CIHI released a report looking at factors that influenced retail prescription drug expenditure in the latest 10 years.³

The study^{viii} examined the cost drivers of retail prescription drugs between 1998 and 2007, the latest year for which data was available. During this period, the average annual growth rate was 10.1%. Increased volume of use and changes in the mix of treatments being used were the largest contributors, accounting for average annual growth of 6.2% and 2.0%, respectively. Both volume and mix effects were due in part to changes in treatment guidelines, increased disease prevalence and the uptake of new drugs.

viii. It should be noted that the drug cost drivers report used multiple data sources to examine overall drug spending. For further details on the data sources, see its appendices A and B.

Population growth and aging had a more modest impact on spending during the study period, each accounting for average annual growth of 1.0%, while price changes did not have a significant role.

Cholesterol-lowering drugs, cancer drugs and immunosuppressants accounted for roughly one-third of overall growth in drug spending; the growth of cancer drugs and immunosuppressants was due in part to the uptake of newer biologic drugs. Trends in drug development suggest that these classes may continue to drive spending in the years to come. Although these therapeutic categories historically accounted for less than 10% of all approved drugs on the market, they account for 20% of drugs approved in the past decade and nearly 30% of drugs under clinical development today.

Some cost savings may also be available in future due to the increased availability of generic drugs. In 2009, drugs whose patents were set to expire between 2010 and 2014 accounted for nearly \$8.7 billion in wholesale purchases. This was equal to more than one-third (38.2%) of all wholesale spending on prescription drugs in Canada.

In addition to a high number of generic products recently coming, or about to come, to market, there has been a trend recently for public drug programs to regulate generic prices as a percentage of the equivalent brand name product (these prices are often applied by private drug programs as well).

3.3 Physicians

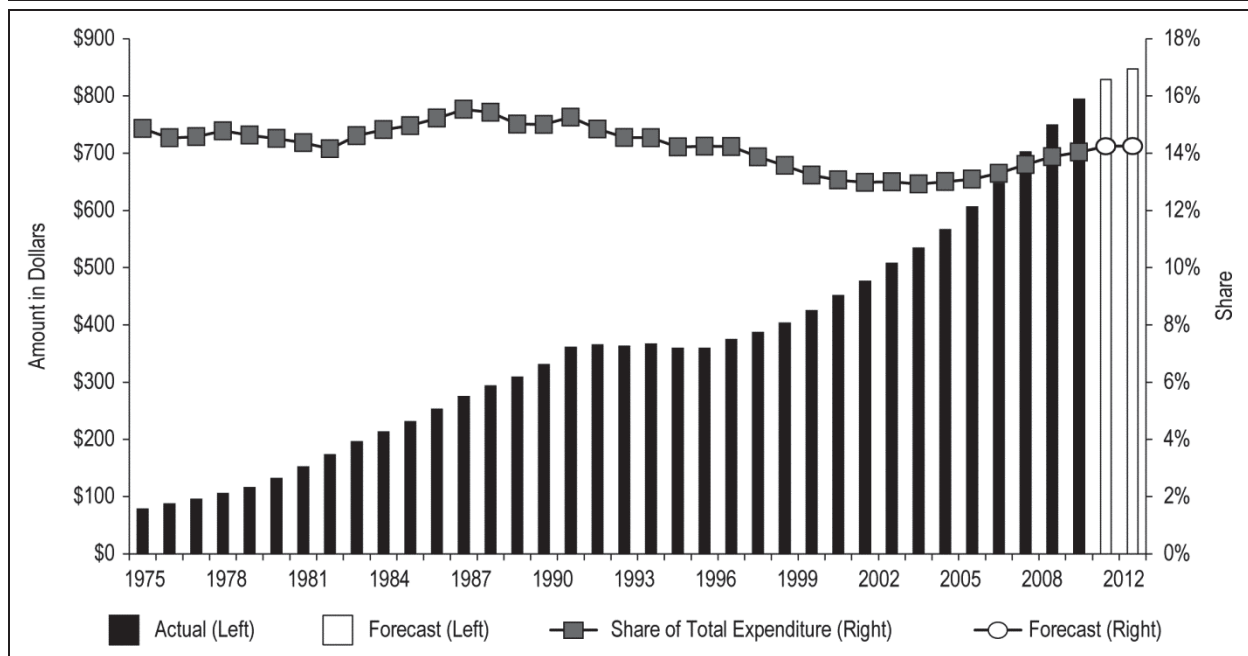
Physician services constituted the third-largest category of total health expenditure in 2010, at \$27.4 billion, representing 14.2% of total health expenditure. In 2012, this category is forecast to have grown by 3.6% from 2011 to reach \$30.0 billion, reflecting 14.4% of total health expenditure.

Public-sector expenditure on physicians has remained above 98% of total physician expenditure since 1975.^{ix} Public-sector physician health expenditure per capita in Canada was \$794 in 2010. Forecasts for 2011 and 2012 are expected to be \$829 and \$848 (Figure 23), with growth rates of 4.3% and 2.3%, respectively.

As Figure 23 illustrates, public-sector physician spending as a percentage of total health expenditure declined from 1992 to 2004. This share increased from 13.0% in 2005 to 14.0% in 2010.

ix. Households account for almost all private spending for physician services. Insurance for supplementary charges to patients for medically necessary services is discouraged under the *Canada Health Act*.

Figure 23: Public-Sector Physician Health Expenditure per Capita, Share of Total Health Expenditure, Canada, 1975 to 2012



Note

See Table C.3.3.

Source

National Health Expenditure Database, Canadian Institute for Health Information.

Physician Spending Cost Drivers

Physician expenditure in Canada has increased steadily since 1975, with the exception of a few years during the 1990s. It was one of the fastest-growing categories of health expenditure in the last six years, outpacing growth in spending on hospitals or drugs. CIHI presented the results of an analysis of physician cost drivers in 2011. This report⁴ focused on the period 1998 to 2008, the most recent 10 years for which comprehensive data was available. The key points from the analysis are summarized below:

- Total public-sector spending on physicians increased at an average annual rate of 6.8% between 1998 and 2008.
- Physician fee increases (average annual increase of 3.6%) were the main cost driver during this period, accounting for approximately one-half of annual growth in expenditure.
- Physician fees have grown faster than wages for other health and social services workers.
- Population growth and aging accounted for combined average annual increases of 1.6% in expenditure.
- Physician supply per 1,000 Canadians grew more rapidly from 2004 to 2008, despite the relatively low supply level in Canada compared with that in other OECD countries.

A number of issues identified in the study have the potential to affect future trends in expenditure for physicians' services.

- Increases in physician fees have been above rates of inflation. Many provinces have multi-year contracts with physicians.
- Utilization increased at accelerated rates between 2003 and 2008. Higher expenditure per physician combined with an increasing physician supply could have added to these rates of growth in the few years following 2008.
- The scope of practice of non-physician health professionals is changing. Governments are examining whether other professionals (such as pharmacists or nurse practitioners) can complement physician services.

3.4 Other Professionals

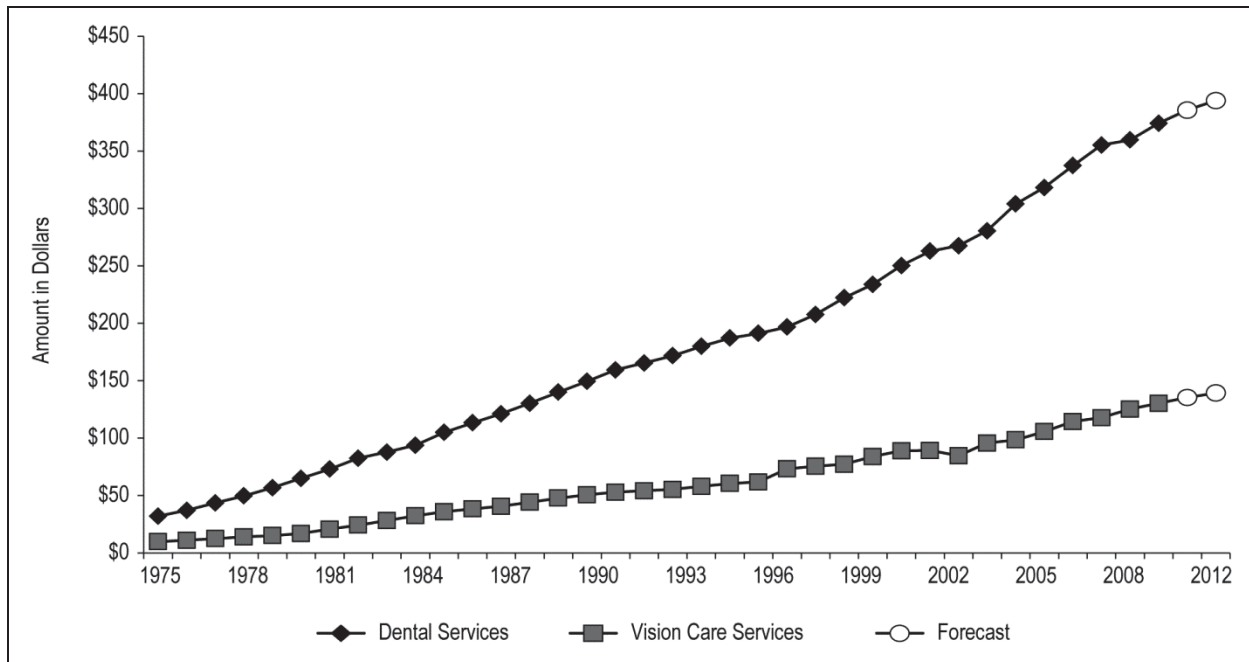
The broad category of other professionals^x includes care primarily provided by dental and vision care professionals. The category of other professionals accounted for \$20.5 billion, or 10.6%, of total expenditures in 2010, and has maintained the highest percentage of private spending of all the major categories (92%).

In 2010, total per capita health expenditure on dental services in Canada, including the public and private sectors, was \$374 (Figure 24). The private sector, which makes up the largest component of spending on dental services, grew annually at an average rate of 5.9% from 2000 to 2010. Private spending reached \$354 per person in 2010, reflecting 58.9% of total expenditure on other professionals.

During the same period, total per capita spending on vision care grew at an average annual rate of 4.5% to reach \$130 in 2010, which represents 21.6% of total other professionals spending.

Expenditures on dental services grew faster than those on vision care in the last decade. From 2000 to 2010, the average annual growth rate for dental services in Canada was 5.9%, while for vision care it was 5.6%.

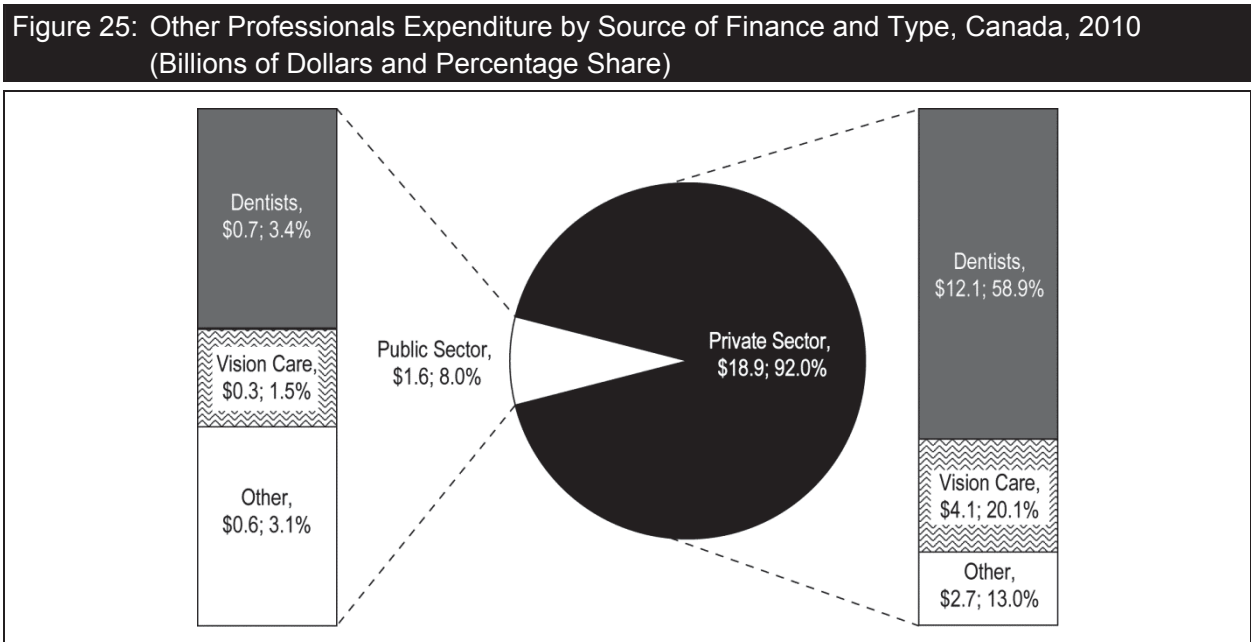
x. Care provided by nurses in hospitals is included in hospital expenditures.

Figure 24: Total per Capita Spending, Dental and Vision Care Services, Canada, 1975 to 2012**Source**

National Health Expenditure Database, Canadian Institute for Health Information.

CIHI's Health Personnel Database shows that between 2000 and 2010, the number of dentists and dental hygienists increased by 41.6%, from 32,182 to 45,554; this growth rate was almost four times that of the Canadian population. Growth in the number of optometrists, from 3,584 to 4,841, more than tripled the growth rate of the Canadian population.

Dental care and vision care are the major discrete categories of expenditure in the private sector for other professional services (Figure 25). The remaining subcategory (other) includes professionals such as chiropractors, massage therapists, physiotherapists, podiatrists and psychologists.

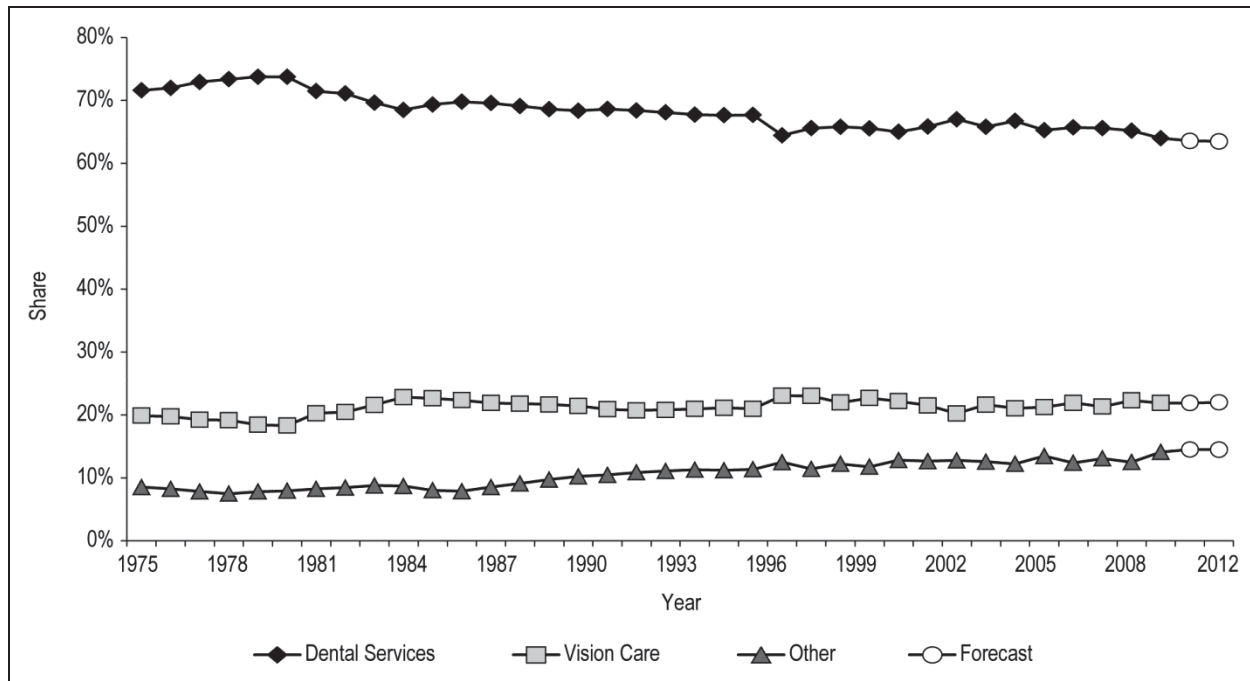


Note
See tables A.3.2.1 and A.3.3.1.

Source
National Health Expenditure Database, Canadian Institute for Health Information.

As shown in Figure 26, dental care accounted for 71.6% of private-sector expenditure for other professionals in 1975. This share is expected to decrease to 63.5% in 2012. The share of vision care in the private sector for other professional services is forecast to increase from 19.9% in 1975 to 22.0% in 2012.

Figure 26: Other Professionals Expenditure, Percentage Share of Total Private Spending, by Type, Canada, 1975 to 2012

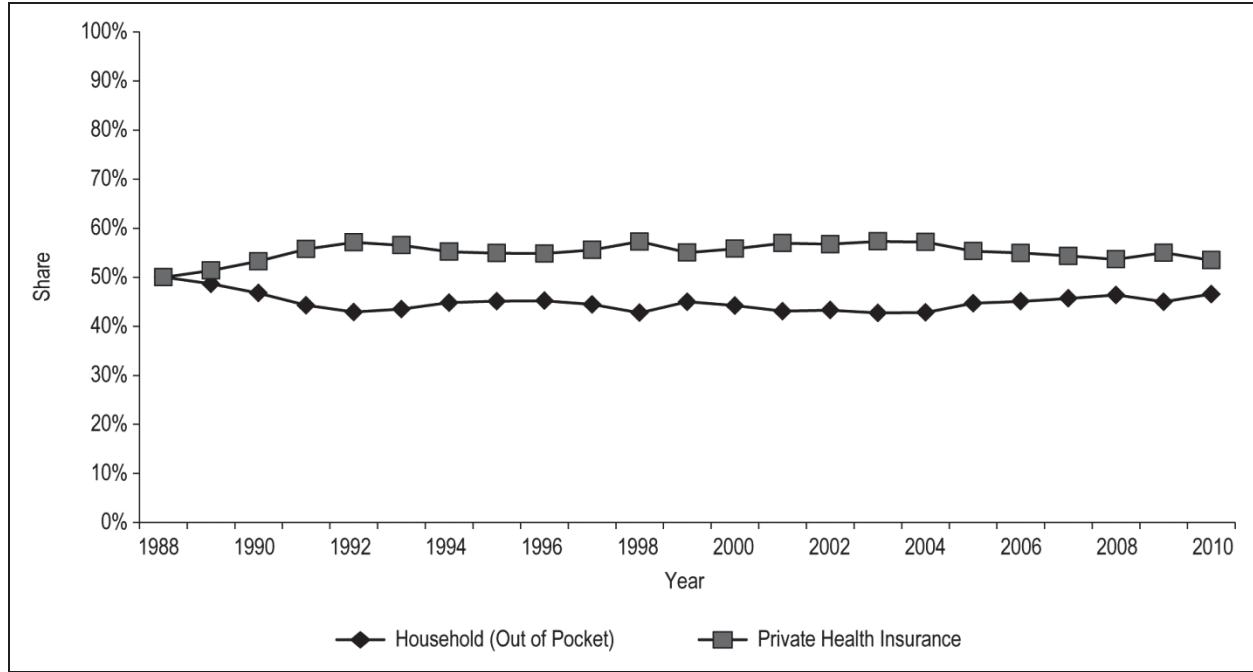


Source

National Health Expenditure Database, Canadian Institute for Health Information.

For dental services, the shares of private insurance and of household (out-of-pocket) spending were almost equal in 1988. The share of household spending decreased to 46.5%, and that of private health insurance increased to 53.5%, in 2010 (Figure 27).

Figure 27: Private Dental Expenditure, Share by Source of Finance, Canada, 1988 to 2010



Source

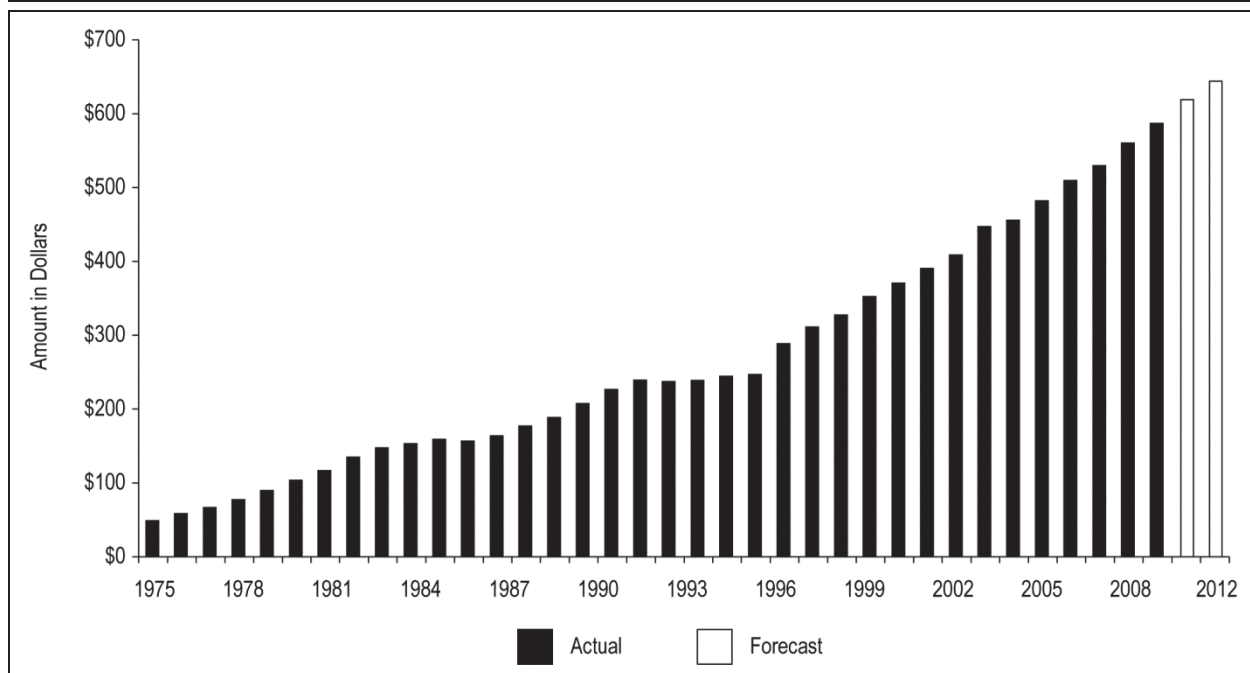
National Health Expenditure Database, Canadian Institute for Health Information.

3.5 Other Institutions

In 2010, the category of total other institutions, which includes nursing homes and residential care facilities, accounted for 10.4% of total health expenditures, or \$20.0 billion. Other institutions' share of total health expenditure is forecast to be 10.6% in 2011 and 10.8% in 2012.

Other institutions' health expenditure per capita increased during the period from 1975 to 2012 (Figure 28). It was \$49 in 1975, increased more than tenfold to \$587 in 2010, and is forecast to be \$619 in 2011 and \$644 in 2012. The annual growth rate was 4.7% in 2010 and is expected to be 5.5% in 2011 and 4.0% in 2012.

Figure 28: Total Health Expenditure per Capita, Other Institutions, Canada, 1975 to 2012



Note

See Table C.1.3.

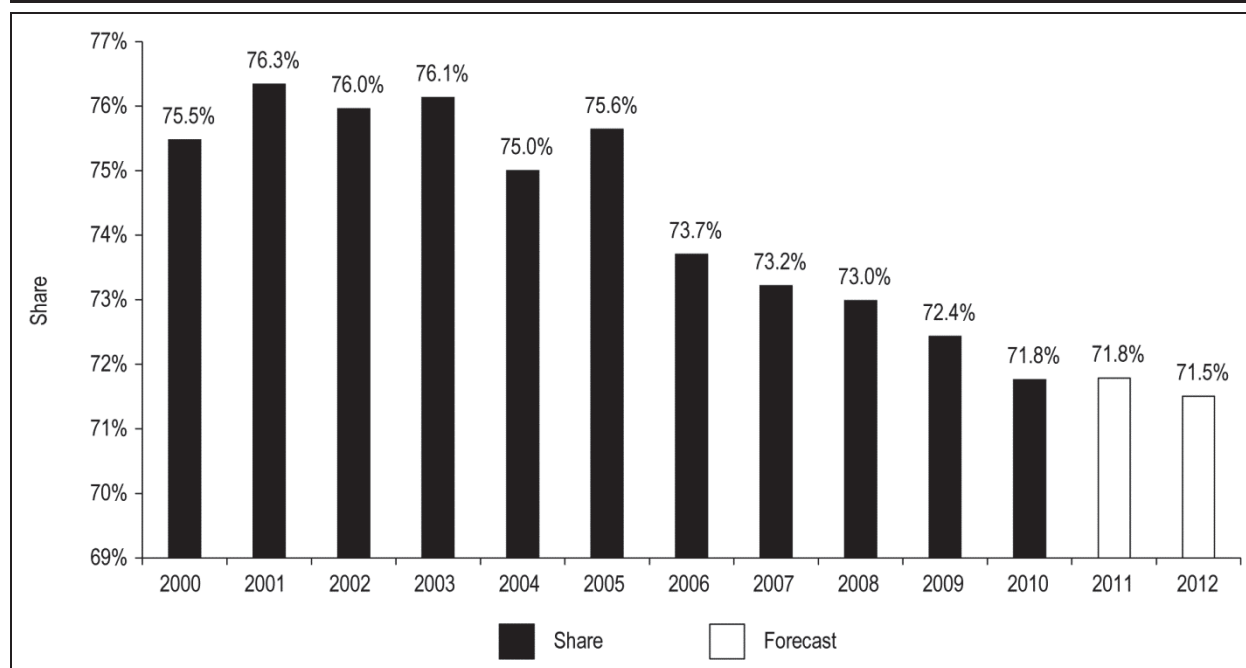
Source

National Health Expenditure Database, Canadian Institute for Health Information.

Public expenditure is the main source of finance for other institutions. In many provinces, public responsibility is split between provincial and/or regional authorities; funding is often provided by both health and social services departments. In 2010, the public share of other institutions was 71.8%.

Despite the growth trend in spending on other institutions, the public-sector share of total other institutions expenditure is expected to drop to 71.5% in 2012 from 75.5% in 2000 (Figure 29).

Figure 29: Public-Sector Other Institutions Expenditure as a Percentage of Total Other Institutions Expenditure, Canada, 2000 to 2012



Source

National Health Expenditure Database, Canadian Institute for Health Information.

3.6 Administration

Prior to 2005, NHEX included a category of public health and administration in public-sector expenditure estimates. A study published in June 2002 examined the feasibility of breaking out the category into separate components for public health expenditure and administrative expenditure.⁵ A complete review of provincial estimates was carried out during the feasibility study to create separate subcategories for public health and certain public and private administration costs. The review identified two key factors that limit the degree of comparability of estimates from public sources and therefore are responsible for significant variation between the estimates of some provinces.

These factors are the following:

1. The degree of provincial/territorial detail for certain items in the public health subcategory was quite variable. Levels of detail for administrative costs also vary from province to province in public sources.
2. In the absence of a consistent reporting framework, the ability to produce consistent inter-provincial/-territorial comparisons is limited.

Results of the review were presented in the 2004 edition of *National Health Expenditure Trends*. Following consultation with the NHEX Expert Advisory Group, the original category of public health and administration was redefined and separated and is presented in the data tables of this report.

Administration includes infrastructure costs to operate health departments, as well as prepayment administration (the administrative expenses of providing health insurance by governments and private health insurance companies). Administrative expenses for non-insured services are included under the relevant category of service. For example, administrative costs of operating hospitals are included under the hospital category, and administrative costs of operating long-term care programs are included under the other institutions category.

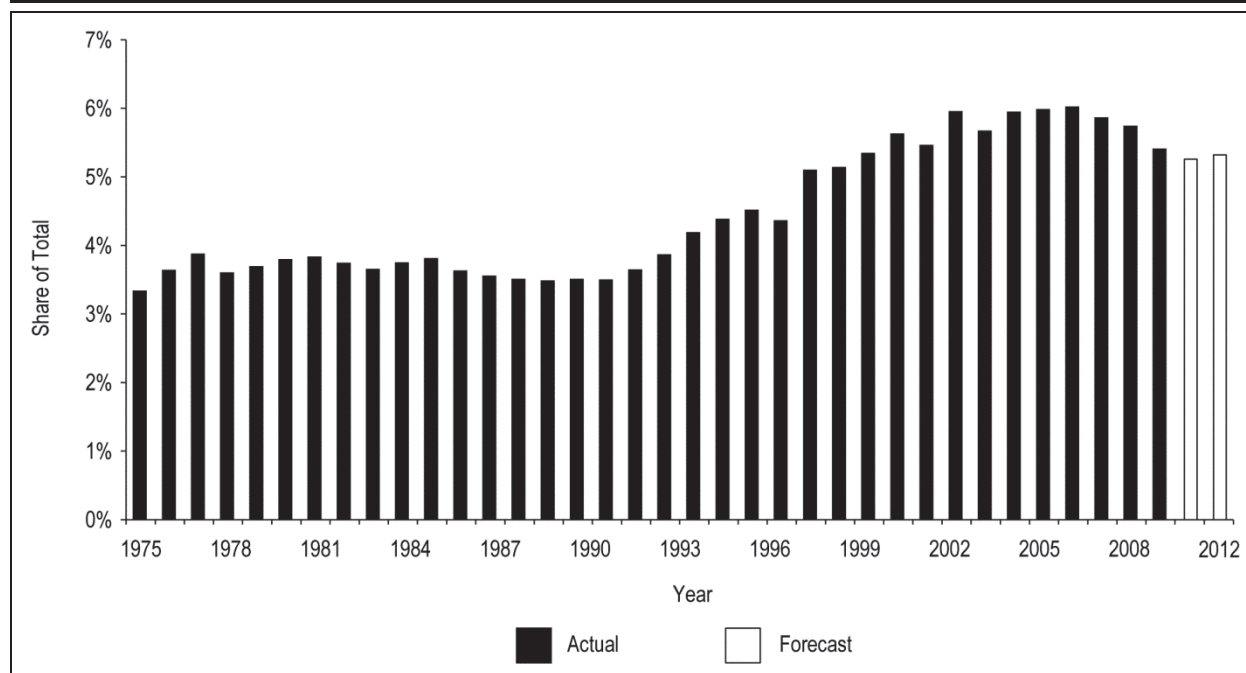
In 1975, administration accounted for 2.9% of total public-sector expenditure and 2.5% of total private-sector expenditure. The public- and private-sector trends have differed over time. While the public-sector share gradually declined to 1.9% in 2010, the private-sector share rose to 6.2%.

3.7 Public Health

NHEX captures public health spending by governments and government agencies and includes expenditures for items such as food and drug safety, health inspections, health promotion activities, community mental health programs, public health nursing, measures to prevent the spread of communicable disease and occupational health to promote and enhance health and safety at the workplace. The decision to broaden the definition of public health beyond the ambit of health promotion, disease prevention and health inspection is consistent with the definition of prevention and public health services used by the OECD in its manual, *A System of Health Accounts* (SHA). The SHA is the framework that Canada's health accounts are based on.

In 1975, public health accounted for 3.3% of total expenditure. Growth in this category has generally been higher than in other categories throughout the series. During the period when governments practised policies of retrenchment in health care spending, particularly from 1992 to 1996, growth in public health was at least double the growth in total health expenditure. This relative difference resulted in the share of total expenditure increasing to 5.4% in 2010. The share is expected to reach 5.3% in both 2011 and 2012 (Figure 30).

Figure 30: Public Health Spending as a Percentage of Total Health Expenditure, Canada, 1975 to 2012



Note

See Table A.3.1.2.

Source

National Health Expenditure Database, Canadian Institute for Health Information.

3.8 Other Health Spending

In 2010, other health expenditures accounted for \$11.5 billion, or 6.0% of total health expenditure. In 2011 and 2012, it is expected that other health spending will have grown by 1.8% and 3.3%, respectively.

The subcategory with the greatest impact on the category of other health spending is health research, which accounted for 1.8% of total health expenditure in 2010 for Canada.^{xi} The remaining categories include medical transportation, hearing aids and appliances, voluntary health associations and explicitly identified home care.^{xii}

Public-sector sources accounted for 78.5% of other health expenditures in 2010, most of which was for health research, medical transportation and home care.

xi. Research funded by pharmaceutical companies is funded from drug sales and included in the drugs category.

xii. Certain services that are identified by data sources as home care are included under the broad category of other health spending. Private nursing care in the home, however, would be included in the other professionals category. Home care programs provided by hospitals are included in the hospitals category. Support services such as domestic maintenance and delivery of meals are considered to be social services within the current definition of home care and are removed where identified.

4.0 Health Expenditure in the Provinces and Territories

Health expenditure per capita varies among provinces/territories because of different age distributions.^{xiii} Population density and geography also affect health expenditure, particularly in the case of the territories. Other factors that affect health expenditure include population health needs, the manner in which health care is delivered (including the balance between institutional and ambulatory care) and differences in the remuneration of health care workers across the country. The manner in which health care is financed is also an important consideration, including the degree of public coverage and private insurance for services not included in the *Canada Health Act* and the level of remuneration of health personnel.

Health expenditure per capita is highest in the territories because of their large geographical areas and low population densities (Table 5). In 2012, total health expenditure per capita in Newfoundland and Labrador is expected to reach \$7,057, followed by Alberta (\$6,754). The lowest per person expenditures are forecast for Quebec (\$5,469), followed by British Columbia (\$5,700).

In 2012, total health expenditure as a percentage of provincial GDP is expected to range from 8.6% in Alberta to 17.4% in Prince Edward Island. For the territories, the health expenditure-to-territorial GDP ratio is forecast to be 23.2% for Nunavut, 12.2% for Yukon and 8.4% for the Northwest Territories.

The public sector is forecast to be responsible for 69.7% of Canadian health expenditure in 2012. The public sector's share is expected to be the highest in the territories and the lowest in Ontario (67.8%).

Provincial and territorial governments' health expenditure per capita is expected to average \$3,870 in 2012. The highest per capita spending among the provinces is projected to be in Newfoundland and Labrador (\$5,190) and Alberta (\$4,606), while the lowest is forecast to be in Quebec (\$3,513) and British Columbia (\$3,690).

Private-sector expenditure is expected to be \$1,800 per capita in 2012. Among the provinces, Nova Scotia (\$2,034) and New Brunswick (\$1,941) are forecast to have the highest spending, while Saskatchewan (\$1,529) and Newfoundland and Labrador (\$1,658) are forecast to have the lowest.

xiii. Provincial/territorial comparisons in this discussion are based on figures that are not adjusted for variations in age and sex. For age-sex standardized comparisons see the discussion in the next section.

Table 5: Health Expenditure Summary, by Province/Territory and Canada, 2012^f

	Total			Provincial/Territorial Government			Total Public Sector*				Private Sector			
	Expenditure	Exp. per Capita	Exp. as Percent of GDP	Expenditure	Exp. per Capita	Exp. per Capita Growth From 2011	Expenditure	Exp. per Capita	Exp. per Capita Growth From 2011	Exp. as Percent of Total	Expenditure	Exp. per Capita	Exp. per Capita Growth From 2011	Exp. as Percent of Total
	Amount in Billions of Dollars	Amount in Dollars	%	Amount in Billions of Dollars	Amount in Dollars	%	Amount in Billions of Dollars	Amount in Dollars	%	%	Amount in Billions of Dollars	Amount in Dollars	%	%
N.L.	3.6	7,057	11.7	2.6	5,190	4.1	2.7	5,399	4.0	76.5	0.8	1,658	5.2	23.5
P.E.I.	0.9	6,336	17.4	0.6	4,253	4.9	0.7	4,663	4.3	73.6	0.2	1,673	2.7	26.4
N.S.	6.1	6,497	16.0	3.9	4,142	1.6	4.2	4,463	1.4	68.7	1.9	2,034	4.1	31.3
N.B.	4.8	6,318	15.4	3.1	4,093	0.7	3.3	4,377	0.5	69.3	1.5	1,941	4.7	30.7
Que.	44.0	5,469	12.7	28.2	3,513	2.5	30.5	3,792	2.3	69.3	13.5	1,677	5.1	30.7
Ont.	79.1	5,849	11.9	50.4	3,726	1.2	53.6	3,963	1.0	67.8	25.5	1,886	2.4	32.2
Man.	8.2	6,518	13.7	5.5	4,324	2.9	6.1	4,816	2.3	73.9	2.1	1,701	3.5	26.1
Sask.	6.9	6,481	9.6	4.8	4,480	2.8	5.3	4,952	2.3	76.4	1.6	1,529	4.5	23.6
Alta.	26.0	6,754	8.6	17.7	4,606	2.4	18.9	4,896	2.2	72.5	7.2	1,858	3.5	27.5
B.C.	26.5	5,700	11.8	17.1	3,690	2.2	18.3	3,937	1.9	69.1	8.2	1,763	3.5	30.9
Y.T.	0.3	8,916	12.2	0.2	5,867	-3.2	0.2	6,920	-3.1	77.6	0.1	1,996	5.7	22.4
N.W.T.	0.4	9,853	8.4	0.3	6,807	-3.8	0.4	8,405	-3.7	85.3	0.1	1,448	0.5	14.7
Nun.	0.4	13,250	23.2	0.4	10,835	8.3	0.4	12,427	6.8	93.8	0.0	823	-8.3	6.2
Canada	207.4	5,948	11.6	135.0	3,870	2.0	144.6	4,148	1.7	69.7	62.8	1,800	3.5	30.3

Notes

f: forecast.

* Total public sector includes provincial/territorial, federal direct and municipal governments; workers' compensation boards; and the Quebec Drug Insurance Fund.

Source

National Health Expenditure Database, Canadian Institute for Health Information.

The figures in Table 6 present total health expenditures in 2012 by selected use of funds for each jurisdiction. For hospital spending, Newfoundland and Labrador and Alberta are forecast to spend more per capita than any other province, at \$2,651 and \$2,387, respectively. Quebec and Ontario are projected to have the lowest per capita spending on hospitals, at \$1,440 and \$1,621, respectively.

For the drug category, the highest per capita spending among the provinces is projected to be in Nova Scotia (\$1,160) and New Brunswick (\$1,110), while the lowest is forecast to be British Columbia (\$736) and Alberta (\$873).

For physician spending, the highest per capita spending among the provinces is projected to be in Alberta (\$969) and Ontario (\$911), while the lowest is forecast to be in Prince Edward Island (\$717) and Quebec (\$726).

The shares of each spending category out of total health expenditure for each jurisdiction are also shown in Table 6.

Table 6: Total Health Expenditure per Capita and Share, Selected Use of Funds, by Province/Territory and Canada, 2012^f

	Hospitals		Drugs		Physicians		Other Professionals		Other Institutions	
	Exp. per Capita	Exp. as Percentage of Provincial Total	Exp. per Capita	Exp. as Percentage of Provincial Total	Exp. per Capita	Exp. as Percentage of Provincial Total	Exp. per Capita	Exp. as Percentage of Provincial Total	Exp. per Capita	Exp. as Percentage of Provincial Total
N.L.	2,651	37.6	1,089	15.4	907	12.9	442	6.3	919	13.0
P.E.I.	1,894	29.9	940	14.8	717	11.3	474	7.5	870	13.7
N.S.	2,004	30.8	1,160	17.9	808	12.4	657	10.1	848	13.1
N.B.	2,117	33.5	1,110	17.6	803	12.7	577	9.1	728	11.5
Que.	1,440	26.3	1,063	19.4	726	13.3	571	10.4	755	13.8
Ont.	1,621	27.7	955	16.3	911	15.6	614	10.5	636	10.9
Man.	2,020	31.0	874	13.4	853	13.1	602	9.2	779	12.0
Sask.	1,893	29.2	896	13.8	877	13.5	606	9.3	841	13.0
Alta.	2,387	35.3	873	12.9	969	14.3	789	11.7	500	7.4
B.C.	1,661	29.1	736	12.9	856	15.0	755	13.2	405	7.1
Y.T.	2,177	24.4	744	8.3	873	9.8	673	7.5	1,743	19.6
N.W.T.	3,920	39.8	702	7.1	1,179	12.0	655	6.6	781	7.9
Nun.	4,453	33.6	657	5.0	1,518	11.5	569	4.3	1,210	9.1
Canada	1,736	29.2	947	15.9	859	14.4	639	10.7	644	10.8

Note

f: forecast.

Source

National Health Expenditure Database, Canadian Institute for Health Information.

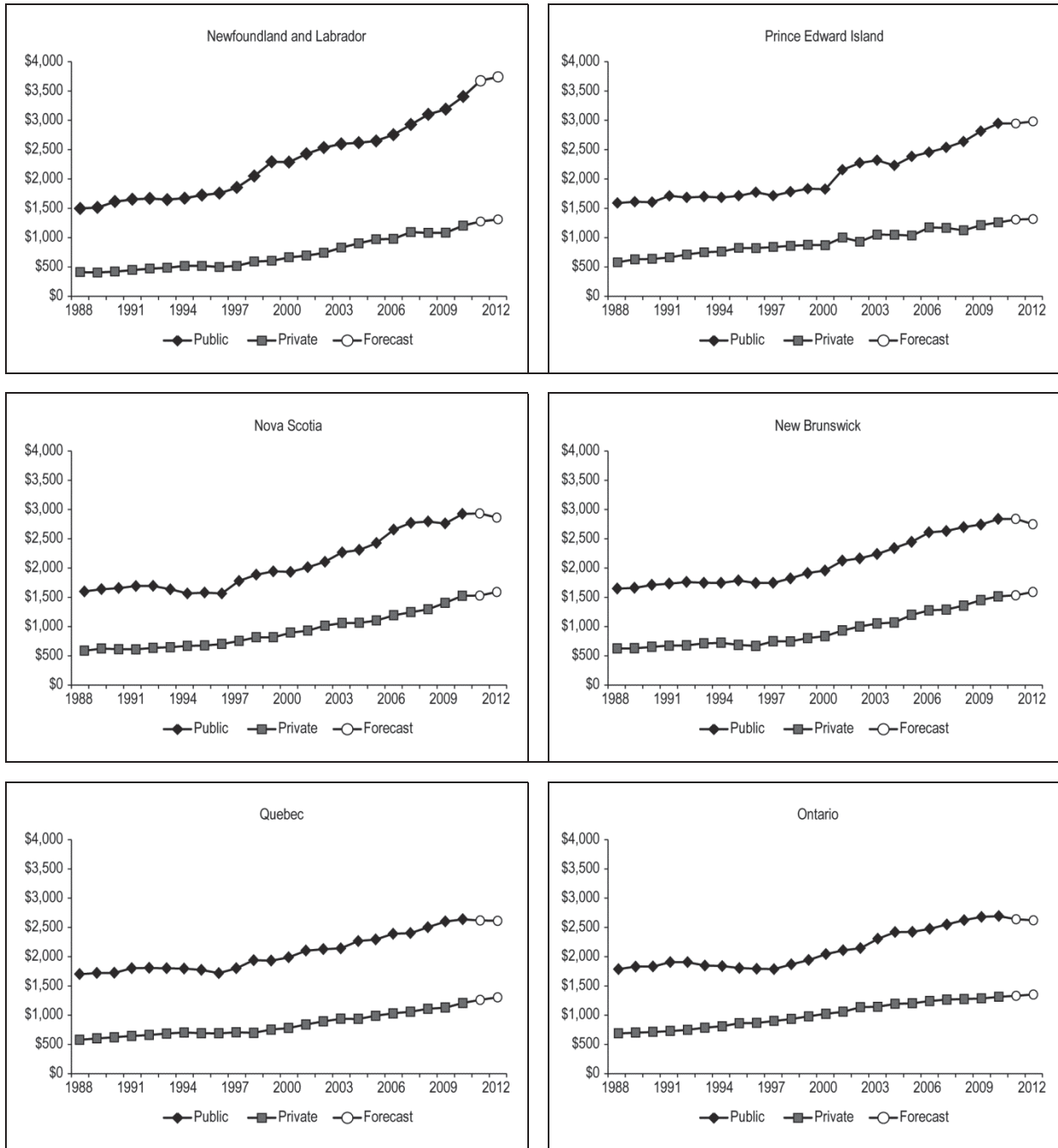
Trends in the Provinces and Territories

The figures in this section present growth of health expenditure per capita at constant prices. This is to standardize for both population growth and inflation, which have varied by province/territory during the last two decades.^{xiv}

The 1990s witnessed policies of health system reform and public expenditure restraint in virtually all jurisdictions. Public-sector expenditure per capita declined across the board at some time during this period, although the timing and duration of expenditure reductions varied. Quebec, Saskatchewan and Alberta experienced sharp declines, while Ontario experienced declines in each of the four years from 1993 to 1996. Public investment in health care near the end of the 1990s contributed to significant increases in growth rates of public-sector health expenditure across Canada. Meanwhile, the private sector experienced parallel growth in all provinces.

xiv. The indices used to measure inflation are the implicit price index for government current expenditure in the public sector and the consumer price index—health component in the private sector from Statistics Canada. Both indices track prices separately in each province and territory. See Section 8.3: Collection and Non-Response for more details.

Figure 31: Public- and Private-Sector Health Expenditure per Capita, 1988 to 2012, by Province and Territory, Constant 1997 Dollars



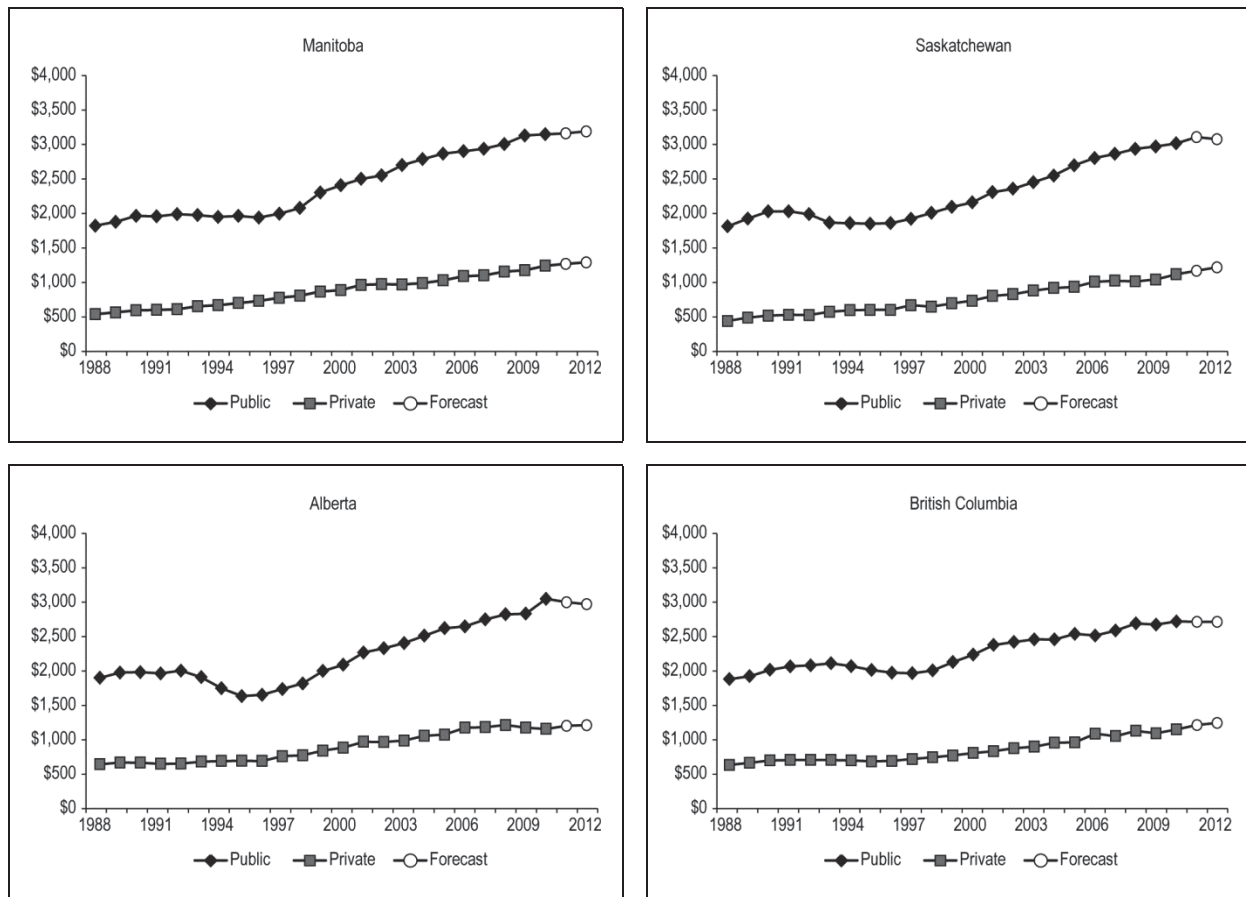
Note

See tables B.2.5 and B.3.5.

Sources

National Health Expenditure Database, Canadian Institute for Health Information; Population and Price Indices, Statistics Canada.

Figure 31: Public- and Private-Sector Health Expenditure per Capita, 1988 to 2012, by Province and Territory, Constant 1997 Dollars (cont'd)



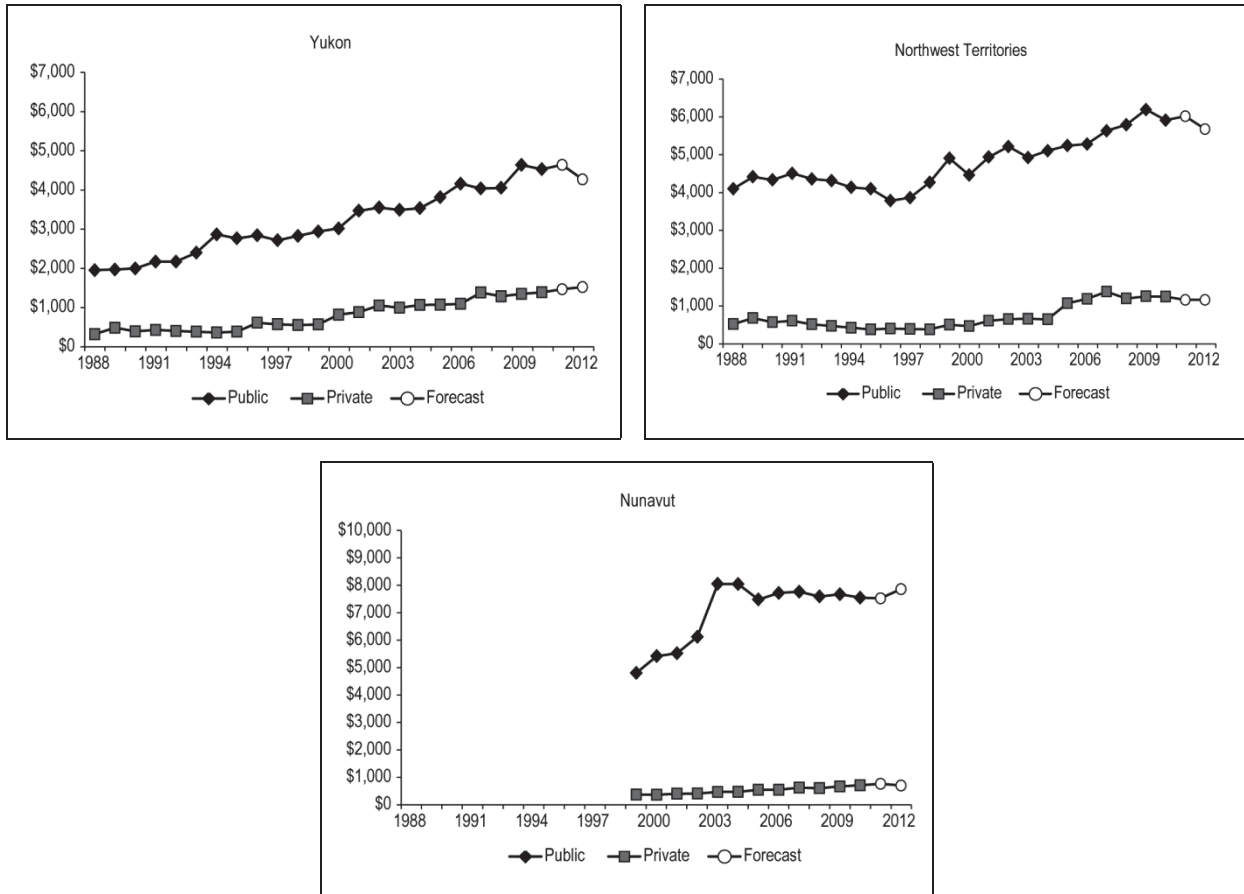
Note

See tables B.2.5 and B.3.5.

Sources

National Health Expenditure Database, Canadian Institute for Health Information; Population and Price Indices, Statistics Canada.

Figure 31: Public- and Private-Sector Health Expenditure per Capita, 1988 to 2012, by Province and Territory, Constant 1997 Dollars (cont'd)



Note

See tables B.2.5 and B.3.5.

Sources

National Health Expenditure Database, Canadian Institute for Health Information; Population and Price Indices, Statistics Canada.

5.0 Provincial and Territorial Government Health Expenditure by Age and Sex

CIHI collected actual utilization data from 1996 to 2010 from national and provincial/territorial administrative databases for the major categories of service delivered by provincial and territorial governments. The estimates for five major categories—hospitals, physicians, drugs, other institutions and other professionals—are presented in the Series E data tables of this report.

5.1 Standardization for Age and Sex

Similarities in provincial and territorial government per capita health expenditures arise because of universal coverage for medically necessary hospital and physician services under the *Canada Health Act*. However, each jurisdiction has different population age and sex profiles, which could lead to systematic differences in total expenditure (even if per capita expenditure were virtually the same for each age and sex group). Standardizing expenditure to a common population distribution provides a means of measuring differences that result from utilization and prices.

Total provincial/territorial government expenditure per capita, standardized for age and sex, is compared in Table 7. The data shows both actual and standardized expenditures from 2007 to 2010 (the latest year for which age–sex data is available). Standardized expenditures were calculated by multiplying the male and female population of Canada in each of 19 age groups by the expenditure per capita for each age group in each province and territory and dividing the product by the population of Canada.

Percentage differences between actual and standardized expenditure tend to be most pronounced in Alberta and the territories. Alberta and the territories have lower-than-average percentages of their populations older than 65, which accounts for their increases in per capita expenditure when standardized to the national population. Quebec and Ontario show little difference between actual and standardized expenditure, due to their large shares of the total population. Other provinces show lower expenditure per capita when data is standardized.

Table 7: Total Provincial/Territorial Government Health Expenditure per Capita, Standardized for Age and Sex, by Province/Territory and Canada, 2007 to 2010

	2007			2008			2009			2010		
	Actual (\$)	Standardized (\$)	Percentage Change	Actual (\$)	Standardized (\$)	Percentage Change	Actual (\$)	Standardized (\$)	Percentage Change	Actual (\$)	Standardized (\$)	Percentage Change
N.L.	3,617	3,585	-0.9%	3,928	3,879	-1.2%	4,328	4,274	-1.3%	4,767	4,702	-1.4%
P.E.I.	2,998	2,864	-4.5%	3,250	3,109	-4.3%	3,631	3,495	-3.8%	3,911	3,781	-3.3%
N.S.	3,323	3,132	-5.7%	3,511	3,310	-5.7%	3,575	3,355	-6.2%	3,890	3,660	-5.9%
N.B.	3,304	3,140	-5.0%	3,515	3,331	-5.2%	3,710	3,509	-5.4%	3,888	3,672	-5.5%
Que.	2,840	2,774	-2.3%	3,016	2,937	-2.6%	3,212	3,120	-2.9%	3,323	3,218	-3.2%
Ont.	3,113	3,148	1.1%	3,293	3,327	1.0%	3,474	3,505	0.9%	3,598	3,630	0.9%
Man.	3,448	3,375	-2.1%	3,673	3,611	-1.7%	3,946	3,907	-1.0%	4,070	4,050	-0.5%
Sask.	3,434	3,252	-5.3%	3,693	3,522	-4.6%	3,845	3,704	-3.7%	4,060	3,937	-3.0%
Alta.	3,524	3,850	9.3%	3,845	4,212	9.5%	3,974	4,422	11.3%	4,437	4,972	12.0%
B.C.	3,114	3,035	-2.5%	3,333	3,254	-2.4%	3,397	3,319	-2.3%	3,523	3,441	-2.3%
Y.T.	4,353	5,805	33.4%	4,661	6,215	33.3%	5,370	6,895	28.4%	5,431	7,173	32.1%
N.W.T.	5,798	8,569	47.8%	6,376	9,174	43.9%	6,663	9,752	46.4%	6,561	9,785	49.1%
Nun.	8,436	13,435	59.3%	8,496	14,259	67.8%	9,186	15,415	67.8%	9,596	16,243	69.3%
Canada	3,142	3,142	—	3,350	3,350	—	3,519	3,519	—	3,692	3,692	—

Sources

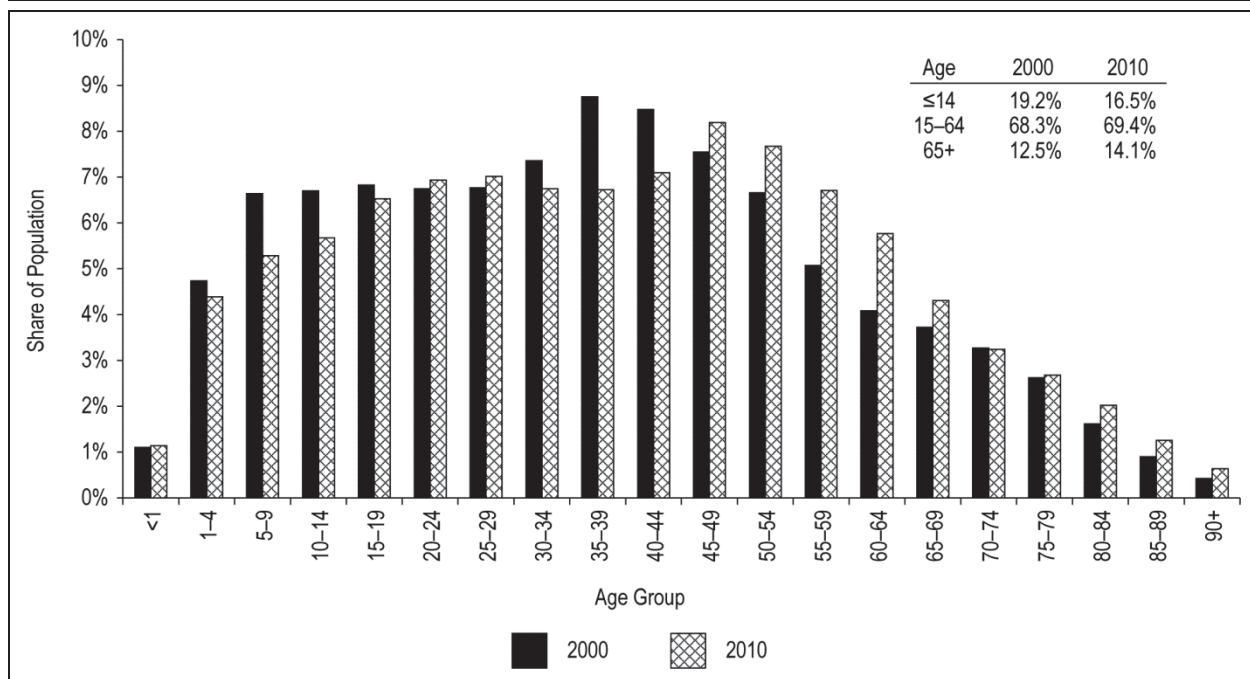
National Health Expenditure Database, Canadian Institute for Health Information; Population, Statistics Canada.

5.2 Population Aging

Canada's population is growing;⁶ this growth is a function of changing birth, mortality, immigration and emigration rates. Although these factors are largely outside the control of health system decision-makers, the implications of a growing population in terms of potential demand for health care services in the future need to be considered.

Population aging describes a shift in the age structure of the population. Like many industrialized countries, Canada is undergoing a demographic shift. As seen in Figure 32, the largest concentration of the population is in the middle age groups (30s to 50s); however, the baby-boom cohort, Canada's largest population group in recent history, is beginning to turn 65.

Figure 32: Age Distribution, Canada, 2000 and 2010



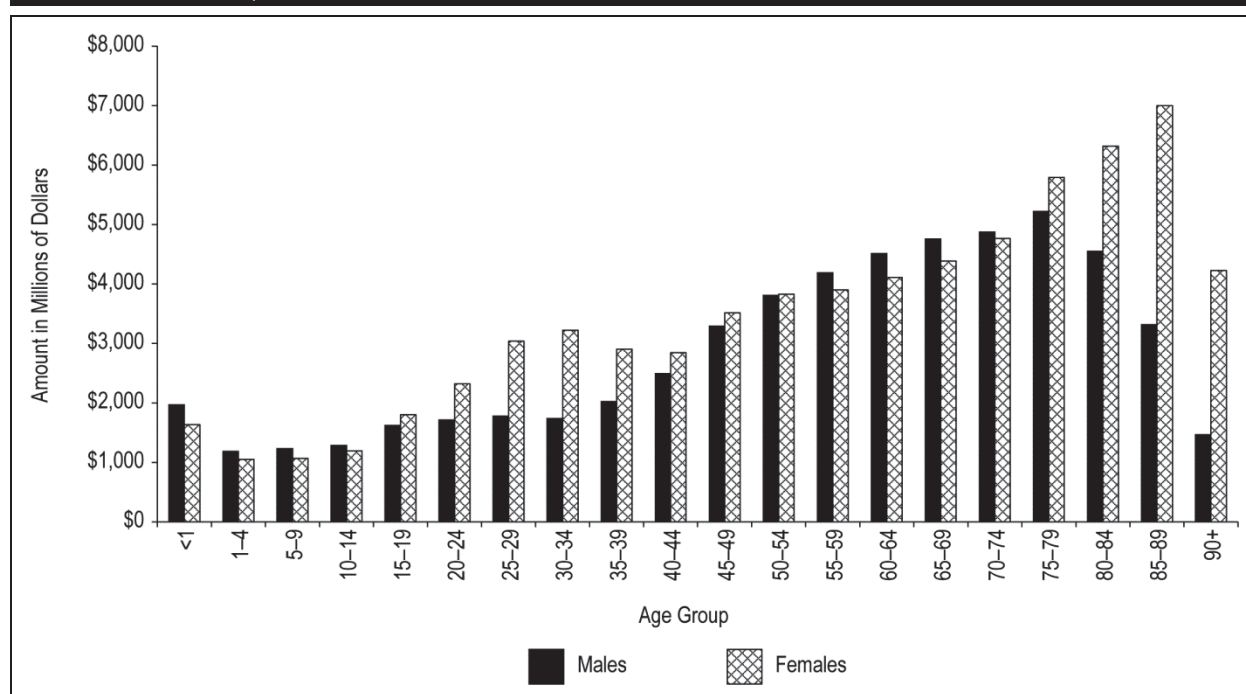
Source

Population, Statistics Canada.

One perception is that future demands for health care by an aging population will strain governments' ability to fund services covered under the *Canada Health Act*. However, some Canadian studies suggest that the effects of population growth and aging will be manageable within the context of a growing economy.

The distribution of provincial/territorial government health expenditure by age and sex^{xv} is shown in Figure 33. More was spent on seniors' health care than on that for other age groups, as is clearly seen in the shape of the curves. More was spent on females age 25 to 34 and age 80 and older than on males of the same age ranges. This is because females tend to have longer life expectancy and because of higher costs during childbearing years.

Figure 33: Total Provincial/Territorial Government Health Expenditure, by Age and Sex, Canada, 2010



Note

See Table E.1.1.

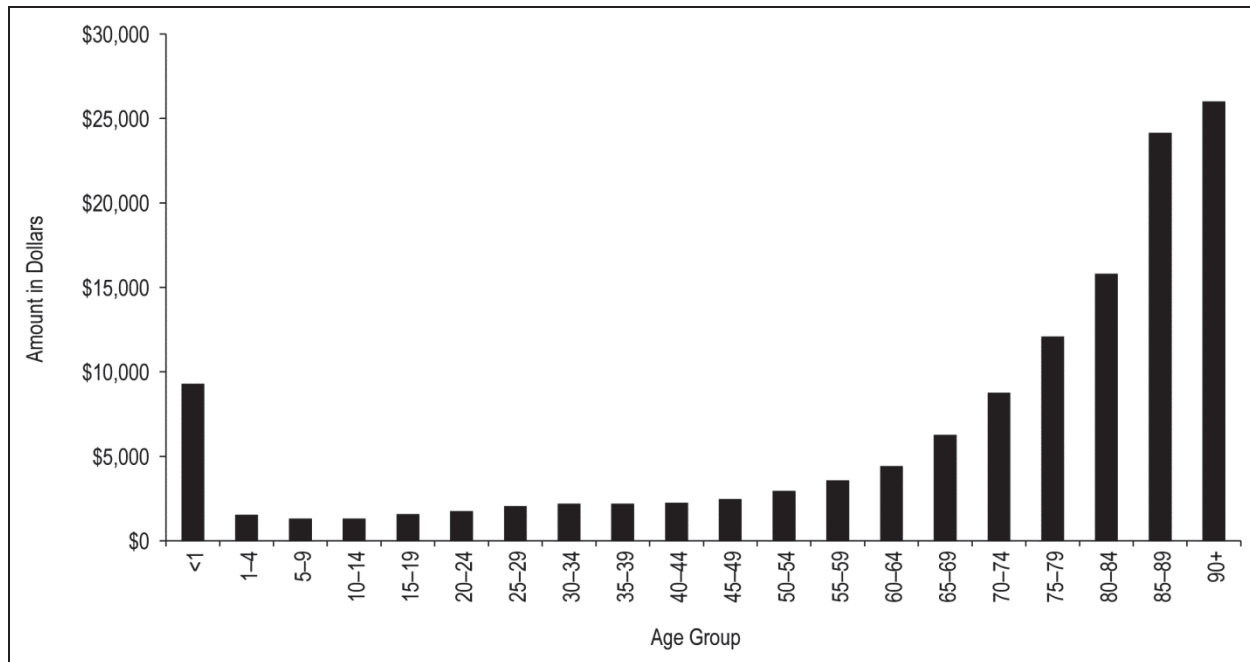
Source

National Health Expenditure Database, Canadian Institute for Health Information.

xv. Missing data was estimated for this analysis. A detailed explanation of the method and data sources used to distribute provincial/territorial government health expenditure by age and sex is available in the Methodological Notes section of this report.

As a consequence of the population shift and baby boomers turning 65, there is a perception that an aging population will lead to greater demands for health care services and acceleration in the growth of health spending. However, seniors are a diverse group. As shown in Figure 34, provincial and territorial government health spending varies among the senior age groups. On average, health care spending per person is highest for those age 80 and older.

Figure 34: Provincial/Territorial Health Expenditure per Capita, by Age Group, 2010



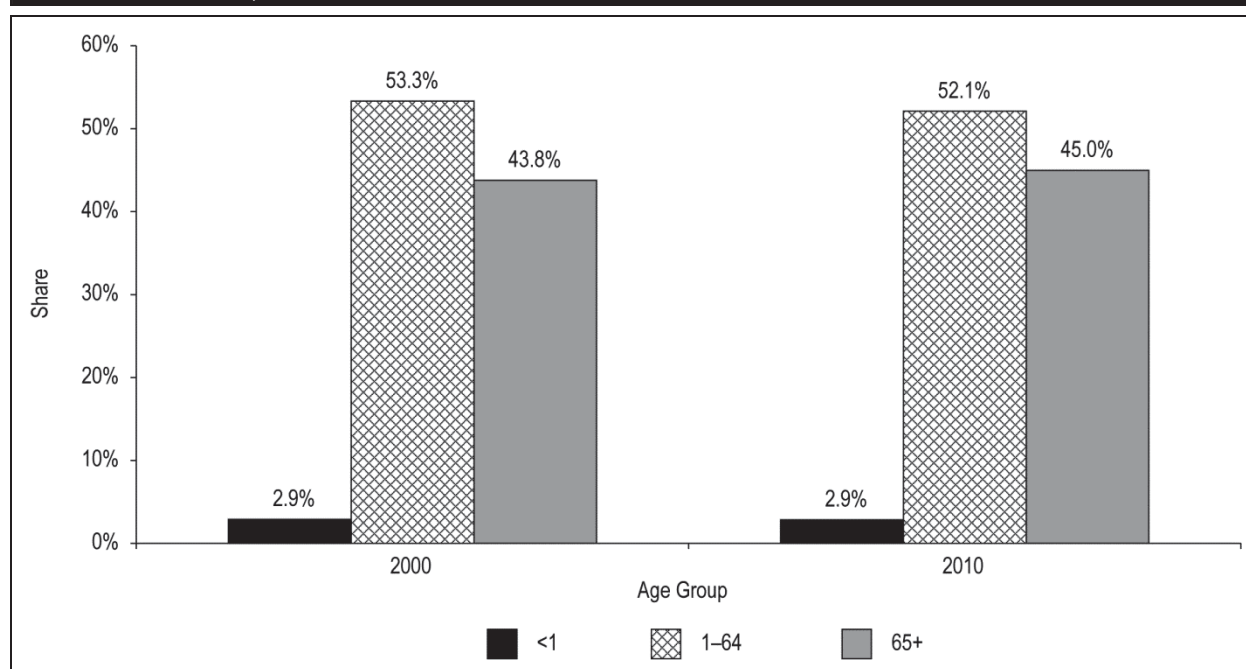
Source

National Health Expenditure Database, Canadian Institute for Health Information.

Older seniors consume more health care dollars largely as a consequence of two factors: the cost of health care in the last few months of life, and the minority of the population with chronic illnesses that tends to require more intensive medical attention with age. Survey data shows a stronger correlation between the presence of multiple chronic diseases and higher utilization of health services than between age and utilization.

As seen in Figure 32 and Figure 35, while Canadians older than age 65 account for just over 14% of the population, they consume 45% of provincial and territorial government health care dollars.^{xvi} However, the share spent on Canadian seniors has not changed much over the last decade or so—from 43.8% in 2000 to 45.0% in 2010. Therefore, the effects of population aging have evolved slowly in the past.

Figure 35: Share of Provincial/Territorial Government Health Expenditure, by Age Group, Canada, 2000 and 2010



Source

National Health Expenditure Database, Canadian Institute for Health Information.

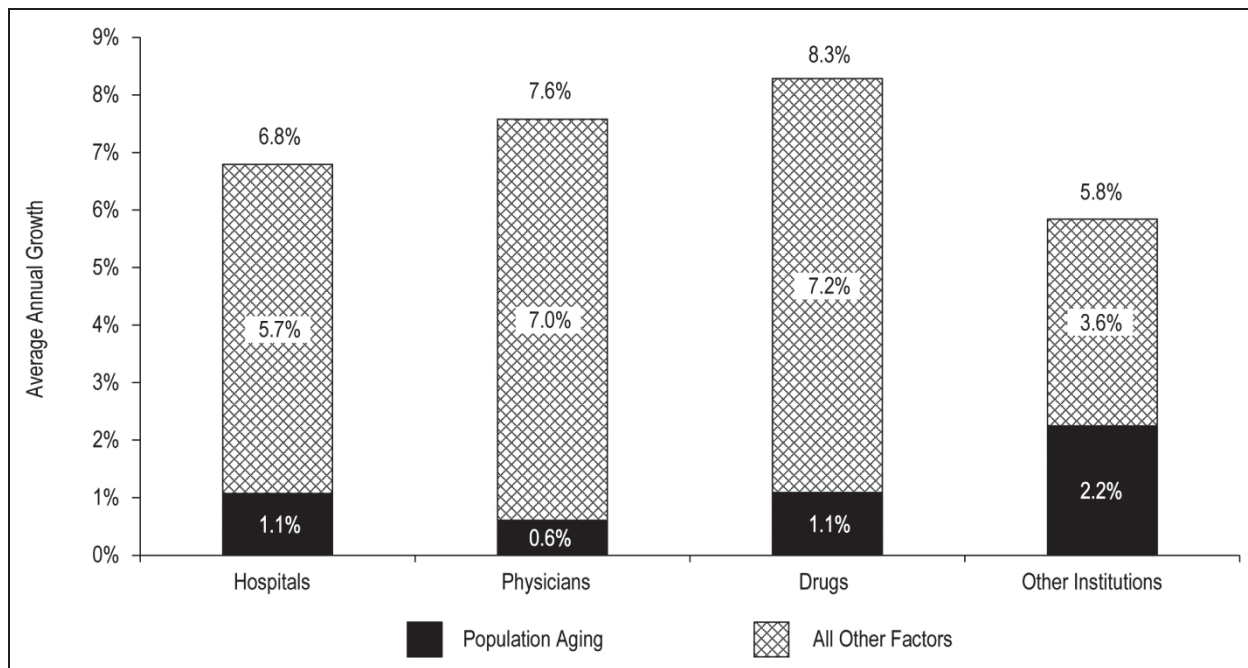
xvi. Program design also plays a small role. For example, most provincial and territorial drug plans target seniors for coverage.

5.3 Issues to Monitor in Future

As the percentage of the population age 80 and older increases, decision-makers will be faced with the challenge of determining the best ways to provide care for older adults. The challenge will be to find the appropriate use of hospital care, long-term institutional care and community care for older Canadians that balances access, quality and appropriateness of care on the one hand and cost on the other.

Figure 36 shows that the effects of aging have varied slightly across categories in the provincial/territorial government sector. While aging contributed an annual average rate of growth of only 0.6% to physician spending, it contributed 2.2% per year on average to the growth in spending on other institutions.

Figure 36: Contribution of Aging to Average Annual Growth for Hospitals, Physicians, Drugs and Other Institutions, Canada, 2000 to 2010

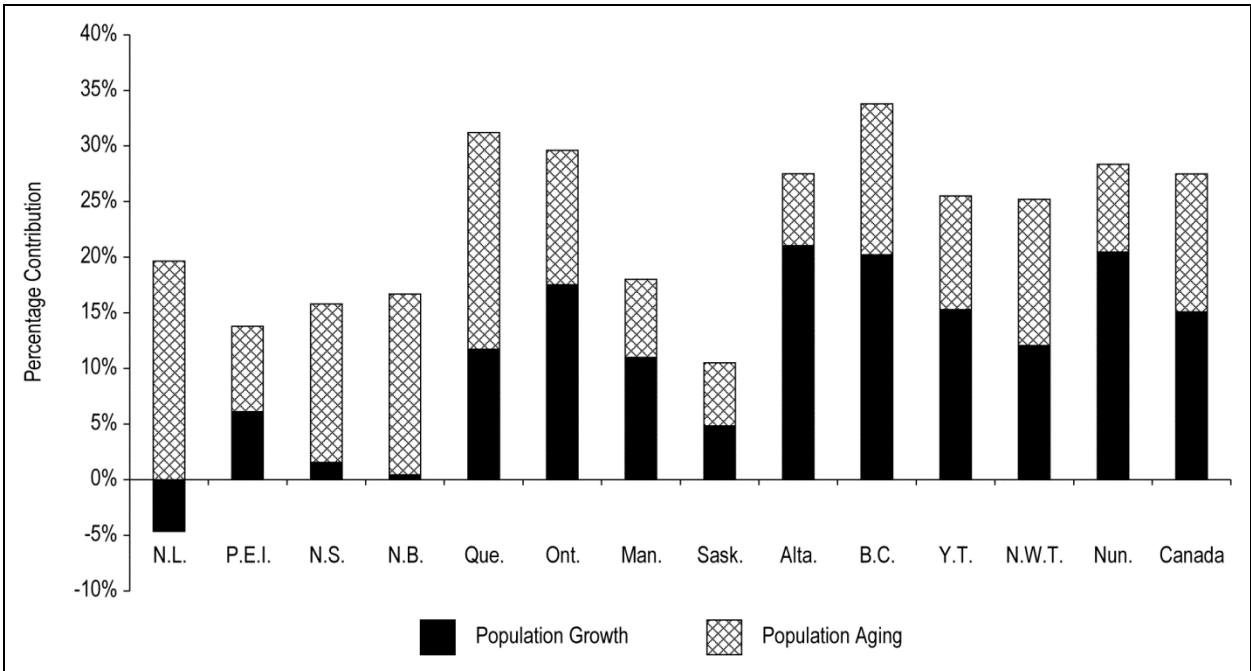


Source

National Health Expenditure Database, Canadian Institute for Health Information.

Even though population aging has been a very modest cost driver overall (contributing an annual average growth of only 0.9%), the effects of population aging vary across Canada. As can be seen in Figure 37, there is a noticeable east–west gradient in Canada, in which the impact of aging is more significant in the Atlantic region and Quebec than in Ontario and Western Canada. The different demographic profiles across provinces/territories are a product of numerous factors, including immigration and interprovincial migration. The influx of working-age individuals into a province or territory usually lessens the importance of population aging as a health care cost driver.

Figure 37: Contribution of Population Growth and Aging to Growth in Provincial/Territorial Government Health Expenditure, by Province/Territory and Canada, 2000 to 2010



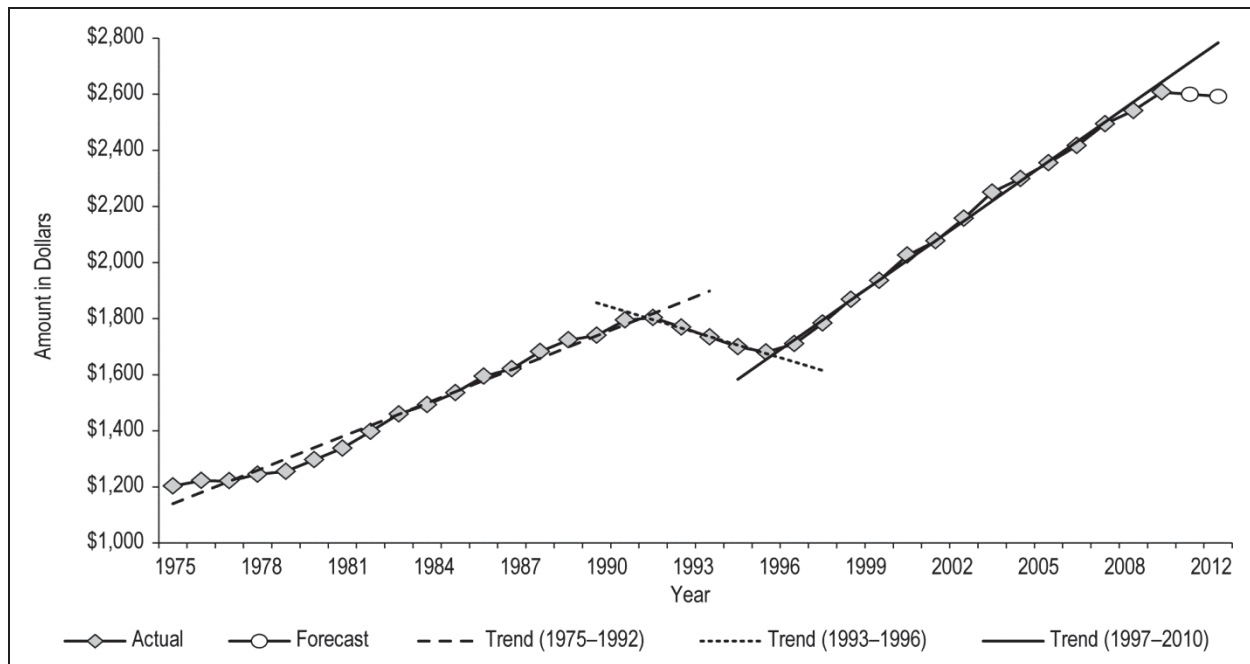
Source
National Health Expenditure Database, Canadian Institute for Health Information.

6.0 Provincial and Territorial Government Health Expenditures and Fiscal Position

During the current year, 2012, provincial and territorial government health expenditures are forecast to reach \$135.0 billion, which accounts for 65.1% of total health expenditures in Canada and just more than 93% of expenditures by all levels of government (federal direct sector, provincial government sector and municipal government sector).

Provincial and territorial government health expenditure per capita in constant (1997) dollars decreased during each of the four years from 1993 to 1996 (Figure 38). Expenditure per capita in constant dollars grew more rapidly from 1997 to 2010 than at any other time since 1975. Growth is expected to plateau in 2011 and 2012.

Figure 38: Provincial/Territorial Government Health Expenditure per Capita in Constant 1997 Dollars, Canada, 1975 to 2012



Sources

National Health Expenditure Database, Canadian Institute for Health Information; Statistics Canada.

Provincial and Territorial Government Financial Trends

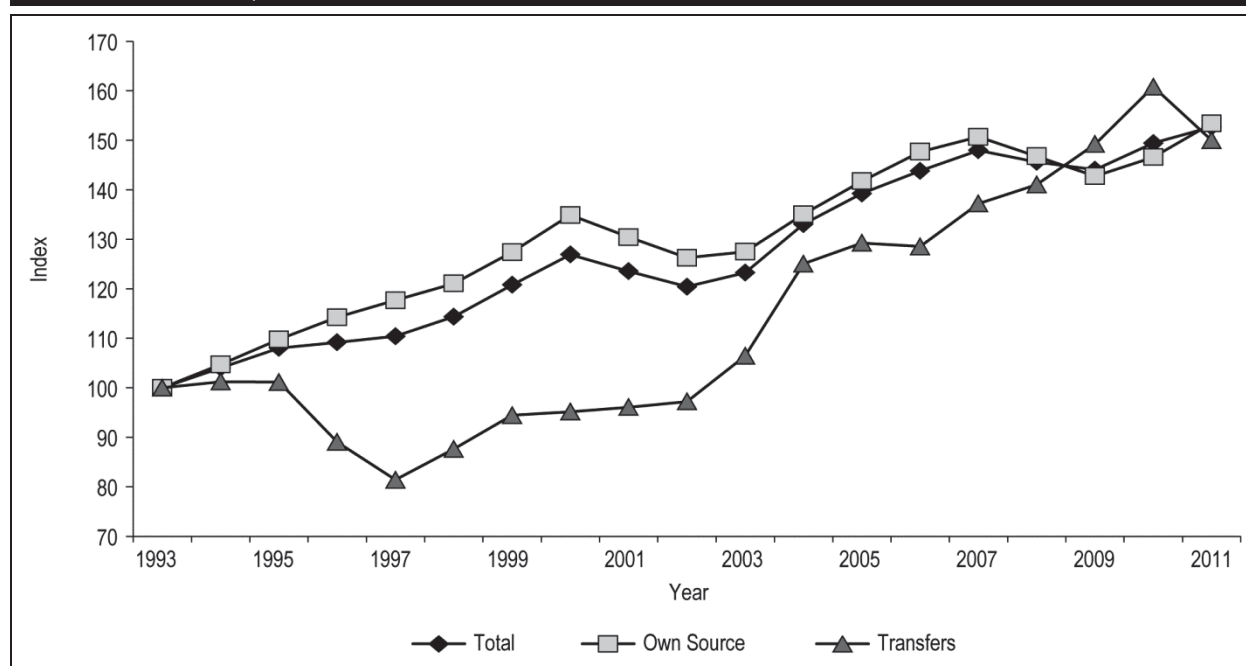
This section uses financial trend data from Statistics Canada's Financial Management System (FMS) to explore the relationship between health expenditures by the provincial/territorial governments and their fiscal position, as expressed by levels of expenditure relative to revenues. The FMS provides a breakdown of all public-sector expenditure by type of

organization and type of expenditure.^{xvii} The data used here consists of general government revenues and expenditures.^{xviii} General government expenditure is consistent with expenditures reported in the public accounts, which are also the source of data used in the NHEX series.

Revenue and Expenditure

Provincial and territorial revenues reported in the FMS accounts include own-source revenue from taxation, investments and other sources. Transfers from other levels of government are the second major category of revenue; they include statutory subsidies, equalization payments, the CHT and the CST. Own-source revenues at constant (1993) price levels have fluctuated over the years (Figure 39). Transfers decreased in constant dollars in the mid-1990s and then increased in subsequent years.

Figure 39: Provincial/Territorial Government Revenues, Constant Dollar Indices (1993 = 100), Canada, 1993 to 2011



Note

FMS data is estimated for 2009, 2010 and 2011.

Sources

Financial Management System, Statistics Canada; Provincial Public Accounts, Budgets, Main Estimates.

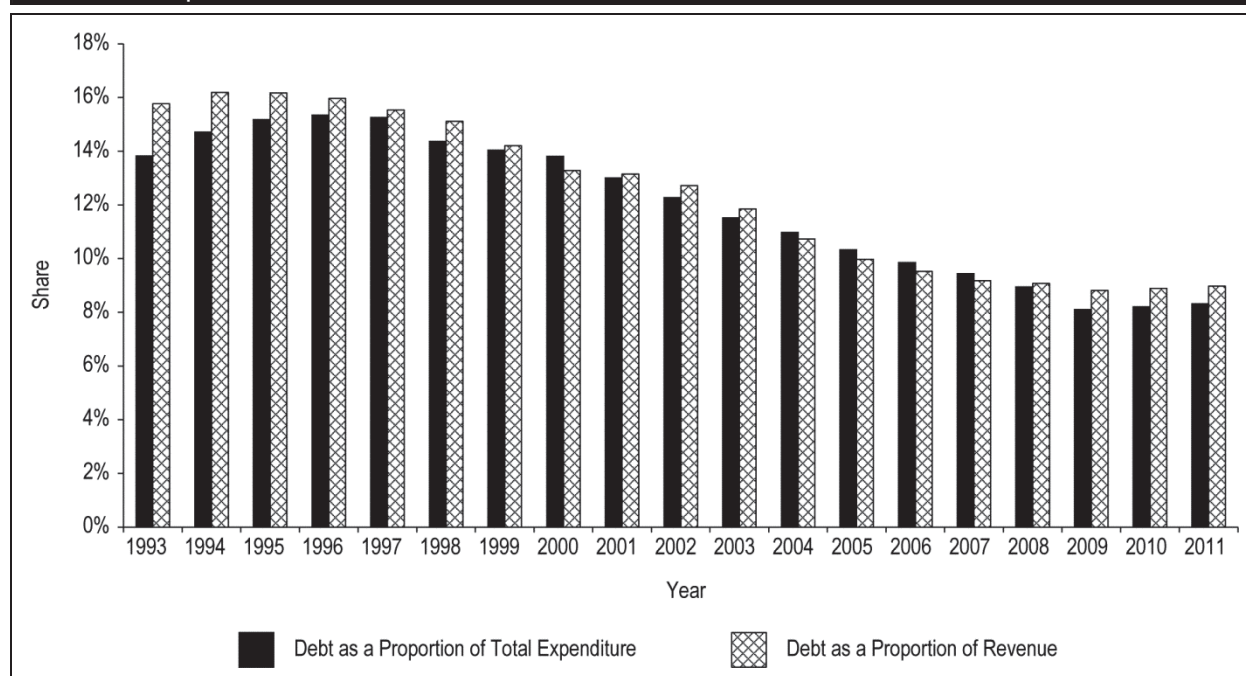
xvii. The Financial Management System (FMS) is owned by the Public Sector Statistics Division (PSSD), formerly known as the Public Institutions Division, of Statistics Canada.

xviii. General government revenues and expenditures are the largest component of the series for total provincial and territorial government revenues and expenditures. The remaining three components are non-autonomous pension plans, universities and colleges, and health and social service institutions. For this analysis, fiscal year data has been converted to calendar year data.

In interpreting this trend data, it is important to note that transfers in FMS include all intergovernmental transfers, including at various times the CHST, Established Programs Funding and Canada Assistance Plan. The CHST replaced the latter two transfer mechanisms in 1996–1997, which in turn was replaced by the CHT and the CST in 2004–2005. Amounts transferred under these programs are often the main focus of discussion about funding for health and social programs. Federal, provincial and territorial cost-sharing arrangements for health also include the value of tax points, which would be included as provincial and territorial government own-source revenue in the FMS accounts. As a consequence, it is not possible to define clearly the relative shares of health funding provided by federal and provincial/territorial levels of government.

Provincial and territorial debt charges were 13.8% of total expenditures and 15.8% of revenues in 1993. During the next three years, debt charges increased to peak at 15.3% of expenditures in 1996 (Figure 40). During the following 15 years, the improving fiscal balance, combined with lower interest rates, led to lower debt charges, reaching 8.3% of expenditures and 9.0% of revenues in 2011.

Figure 40: Provincial/Territorial Debt Charges as a Proportion of Total Provincial/Territorial Expenditure and Revenue, Canada, 1993 to 2011



Note

FMS data is estimated for 2009, 2010 and 2011.

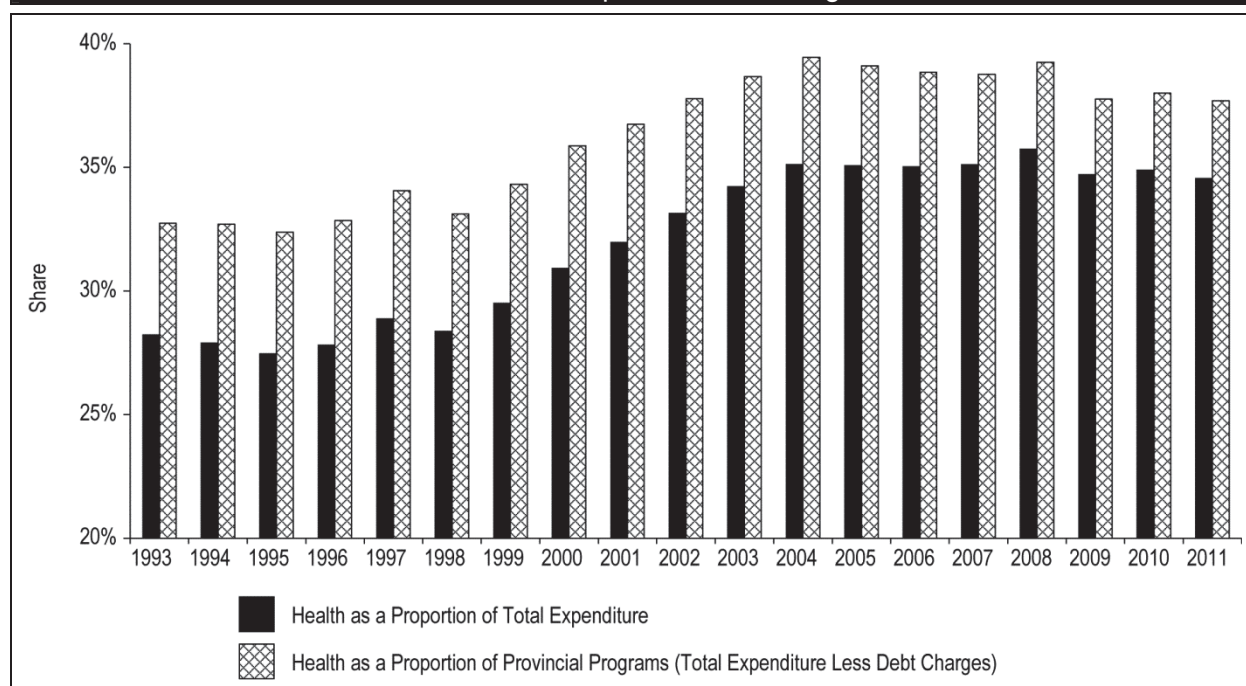
Sources

Financial Management System, Statistics Canada; Provincial Public Accounts, Budgets, Main Estimates.

Health Expenditure and Total Program Expenditure

Health expenditures were equivalent to 28.2% of total provincial and territorial government expenditures and 32.7% of program expenditures (total expenditure less debt charges) in 1993. Health expenditures decreased slightly as a percentage of government expenditures during the next two years (Figure 41). Following strong growth of health expenditures over the last decade, combined with more modest rates of growth in total expenditures, the shares of total and program expenditures allocated to health increased to 34.6% and 37.7%, respectively, in 2011.

Figure 41: Provincial/Territorial Government Health Expenditure as a Proportion of Total Provincial/Territorial Government Expenditure and Programs, Canada, 1993 to 2011



Note

FMS data is estimated for 2009, 2010 and 2011.

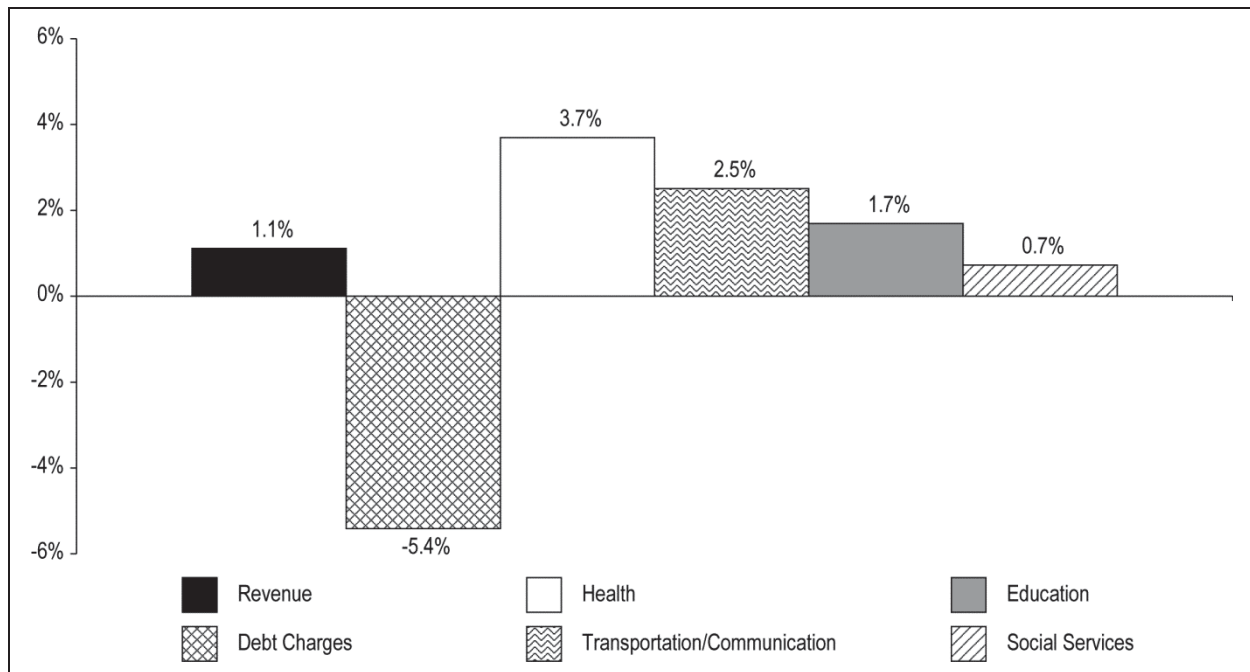
Sources

National Health Expenditure Database, Canadian Institute for Health Information; Financial Management System, Statistics Canada; Provincial Public Accounts, Budgets, Main Estimates.

When general inflation and population growth are accounted for, public-sector health spending grew at an annual average of 3.7% from 1998 until 2009, more than triple the rate of revenue growth of the provincial, territorial and federal governments. However, spending in other major sectors, including transportation, communications and education, also exceeded revenue growth (Figure 42). This was a result of the fiscal dividend that governments earned as a result of eliminating deficits and bringing down debt loads in the 1990s, thereby reducing—very substantially—the interest they had to pay on outstanding debt in the years following. However, not all of the fiscal dividend was invested in government programs such as health care. Some of the dividend was returned to Canadians in the form of major tax cuts, thus also explaining the relatively weak growth of government revenues during the period.

The decline in interest rates reduced government debt service costs and allowed for investments in new programs, expansion of existing programs—including health care—and tax reduction.^{xix} However, in the wake of the global recession and the return of large public-sector fiscal deficits, combined with lower GDP growth, the foundation for a fiscal dividend is crumbling.

Figure 42: Public-Sector Spending Growth (Health, Transportation/ Communications, Education and Social Services) Compared With Revenue and Debt Charges, Average Annual Real per Capita Expenditure Growth, Canada, 1998 to 2009



Source

Financial Management System, Statistics Canada.

xix. Balanced budgets after the mid-1990s opened up a fiscal dividend that enabled provinces to spend more on health, even while lowering income and corporate taxes.

7.0 International Comparisons

Comparability of Health Expenditure Across Countries

For the last 12 annual updates of the health database maintained by the Organisation for Economic Co-operation and Development (OECD), member countries were asked to report health expenditure according to concepts presented in the OECD manual *A System of Health Accounts* (SHA), released in May 2000. Countries are at varying stages of reporting total health expenditure according to the boundary of health care proposed in the SHA manual. This means that data presented in *OECD Health Data 2012* is at varying levels of comparability.⁷ This section shows health expenditure information for the 30 countries that most closely follow the health care boundary proposed in the OECD manual. The OECD states that the data for those countries is believed to be fairly comparable, although some deviations from SHA definitions may still exist among the sub-aggregate variables of total health expenditure.^{xx} The 30 countries are Australia, Austria, Belgium, Canada, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Hungary, Iceland, Israel, Japan, Korea, Luxembourg, Mexico, the Netherlands, New Zealand, Norway, Poland, Portugal, the Slovak Republic, Slovenia, Spain, Sweden, Switzerland, Turkey, the United Kingdom and the United States.

Comparability of Health Expenditure Over Time

Since the early 2000s, countries adopted the SHA to report their data for the most recent years. Many countries have yet to revise their series for earlier years. Breaks in series thus appear in most countries in the mid-1990s to early 2000s.

The data presented in *OECD Health Data 2012* is based on the SHA starting in the following years:

- Australia: 1998
- Austria: 1990
- Belgium: 2003
- Canada: 1975
- Czech Republic: 2000
- Denmark: 2003
- Estonia: 1999
- Finland: 1995
- France: 1995
- Germany: 1992
- Hungary: 1998
- Iceland: 2003
- Israel: 2006

xx. See International Comparisons: Data Comprehensiveness and Boundaries of Health Care in the Methodological Notes.

- Japan: 1995
- Korea: 1980
- Luxembourg: 1999
- Mexico: 1999
- The Netherlands: 1998
- New Zealand: 2004
- Norway: 1997
- Poland: 2002
- Portugal: 2000
- Slovak Republic: 2005
- Slovenia: 2002
- Spain: 1999
- Sweden: 2001
- Switzerland: 1995
- Turkey: 1999
- United Kingdom: 1997
- United States: 1999

Due to the change in reporting standards, this section on international comparisons focuses on 2010 data, the most recent year for which data is available.

OECD Definition of Total Health Expenditure

Total expenditure on health is defined by the OECD as the sum of expenditure on activities that—through application of medical, paramedical and nursing knowledge and technology—have the goals of

- Promoting health and preventing disease;
- Curing illness and reducing premature mortality;
- Caring for persons affected by chronic illness who require nursing care;
- Caring for persons with health-related impairments and disabilities who require nursing care;
- Assisting patients to die with dignity;
- Providing and administering public health; and
- Providing and administering health programs, health insurance and other funding arrangements.

Activities such as food and hygiene control, health research and development and training of health workers are considered health-related but are not included in total health expenditure.

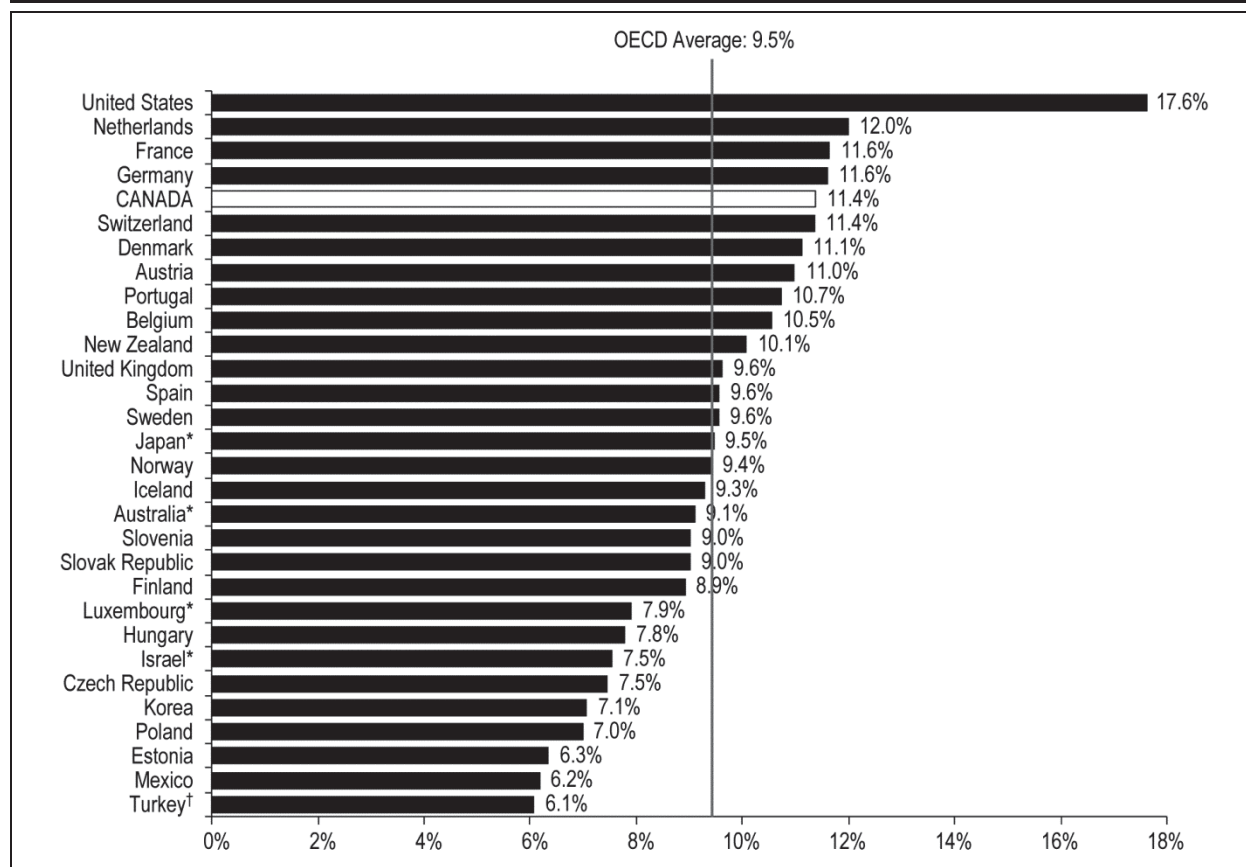
Total Health Expenditure

Total Health Expenditure as a Percentage of GDP—2010

Canada is among five countries with the highest ratio of total health expenditure to GDP. The OECD GDP figures are standardized for international comparability; consequently, the health expenditure-to-GDP ratios reported by the OECD may differ from those reported by the national health accounts of member countries. Specific to Canada, the GDP estimate published by Statistics Canada contains an amount for financial intermediation services indirectly measured (FISIM). Statistics Canada removes the FISIM from the GDP estimate provided to the OECD. In addition, there is a time lag between both Statistics Canada's revision of the Canadian GDP and CIHI's revision of national health expenditure data and its publication in OECD reports.

In 2010, the United States had the highest ratio of total health expenditure to GDP, at 17.6%, while Canada was at 11.4% (Figure 43).

Figure 43: Total Health Expenditure as a Percentage of GDP, 30 Selected Countries, 2010



Notes

* Data for 2009.

† Data for 2008.

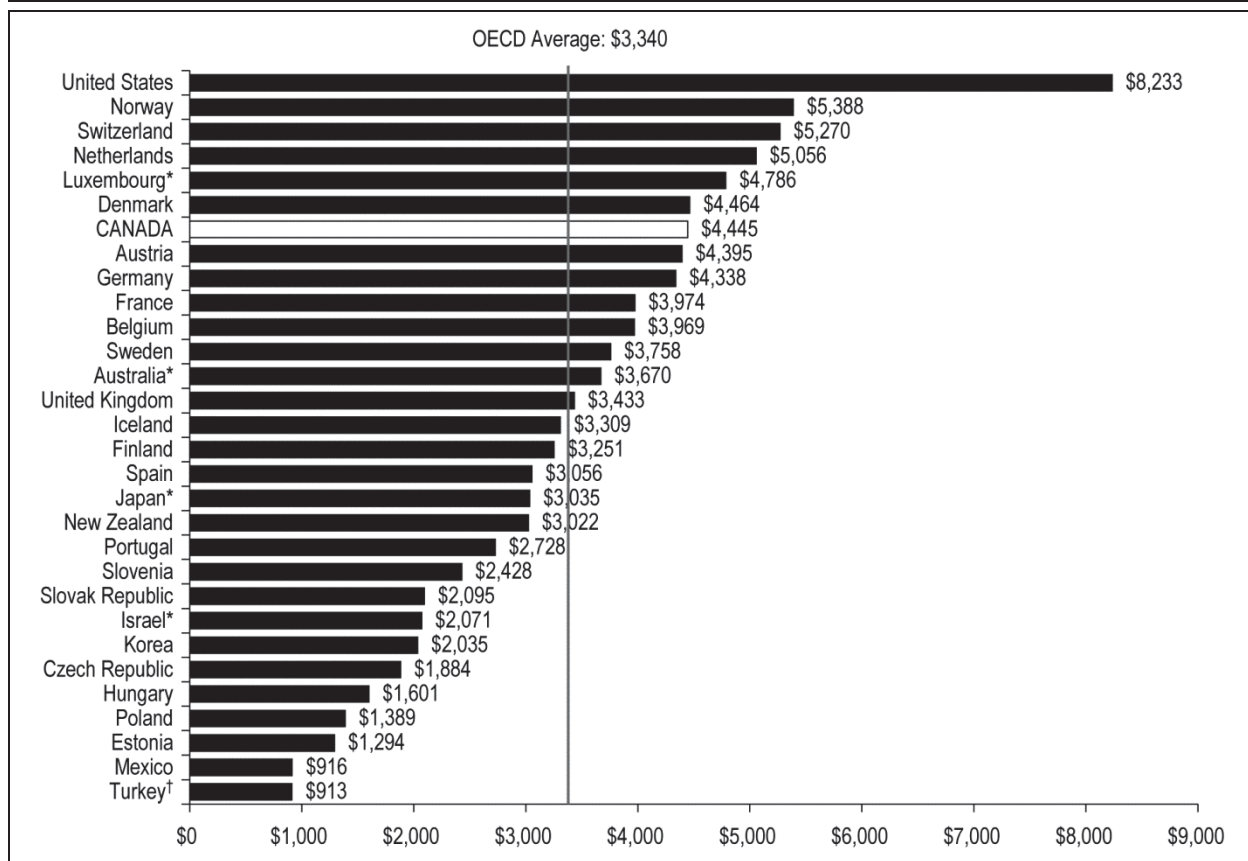
Source

Organisation for Economic Co-operation and Development, *OECD Health Data 2012* (June edition) (Paris, France: OECD, 2012).

Total Health Expenditure per Capita^{xxi}—2010

Canada, with spending of US\$4,445 per person in 2010, was among the seven countries with the highest per capita spending on health. The United States had the highest health expenditure per individual, at US\$8,233 in 2010. Spending was similar in Canada, Denmark (US\$4,464), Austria (US\$4,395) and Germany (US\$4,338) (Figure 44).

Figure 44: Total Health Expenditure per Capita, U.S. Dollars, 30 Selected Countries, 2010



Notes

* Data for 2009.

† Data for 2008.

Source

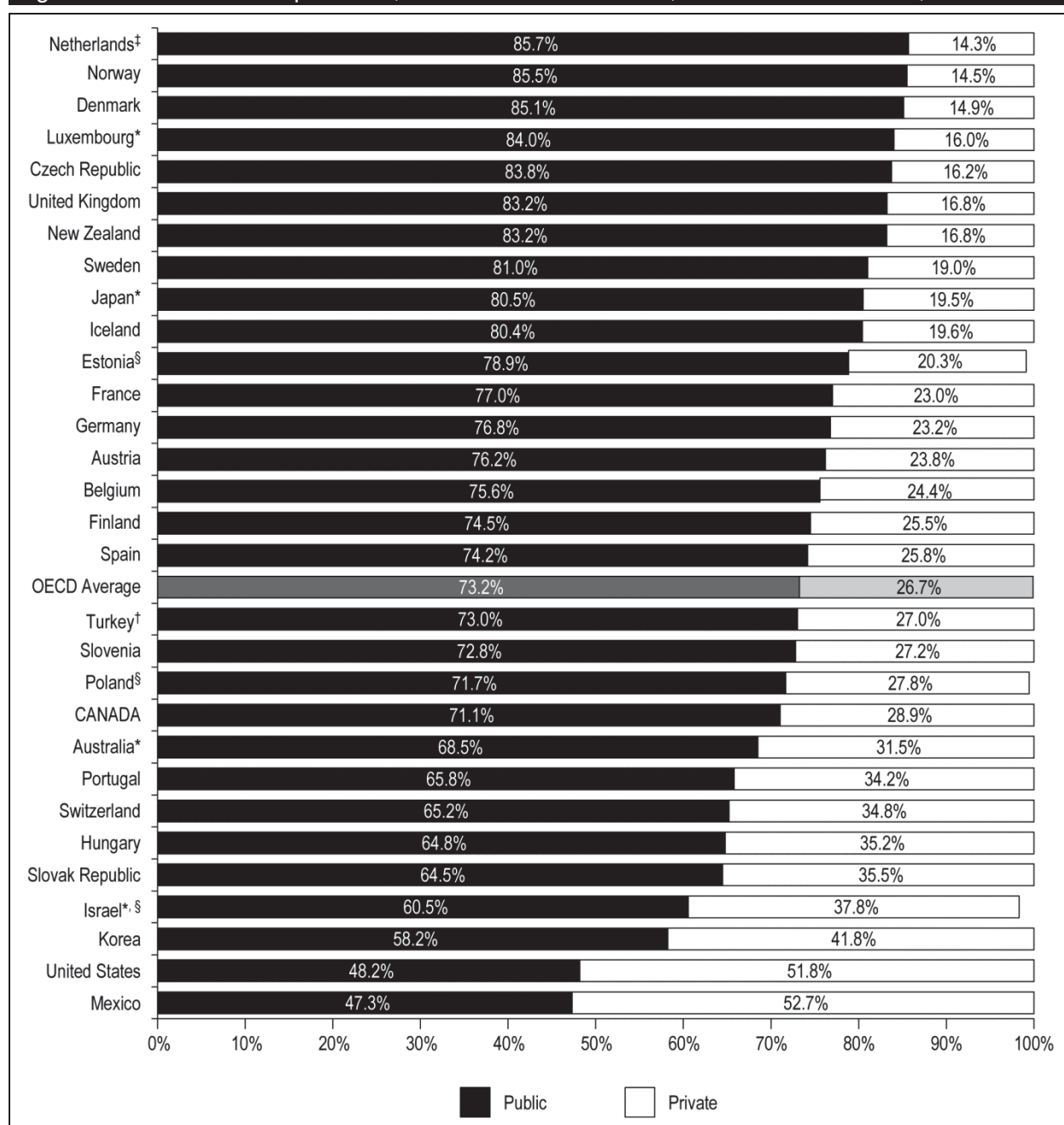
Organisation for Economic Co-operation and Development, *OECD Health Data 2012* (June edition) (Paris, France: OECD, 2012).

xxi. Health expenditure per capita was converted to U.S. dollars using purchasing power parities (PPPs) for GDP, which are designed to eliminate differences in price levels between countries—that is, PPPs equalize the purchasing power of different currencies. See *OECD Health Data*.

Health Expenditure by Source of Finance

Total Health Expenditure by Source of Finance—2010

Expenditure by the public sector represented more than 80% of total health expenditure in Norway, Denmark, Luxembourg, the Czech Republic, the United Kingdom, New Zealand, Sweden, Japan and Iceland. Expenditure by the public sector also accounted for more than 80% of current expenditure (excluding capital expenditure) in the Netherlands. The share of total health expenditure funded by the public sector was 71.1% in Canada. The country with the lowest public-sector share was Mexico, at 47.3%, followed by the United States, at 48.2%. These two countries thus had the highest shares of total health expenditure funded by the private sector.

Figure 45: Total Health Expenditure, Public and Private Share, 30 Selected Countries, 2010**Notes**

* Data for 2009.

† Data for 2008.

‡ Current expenditure (capital excluded).

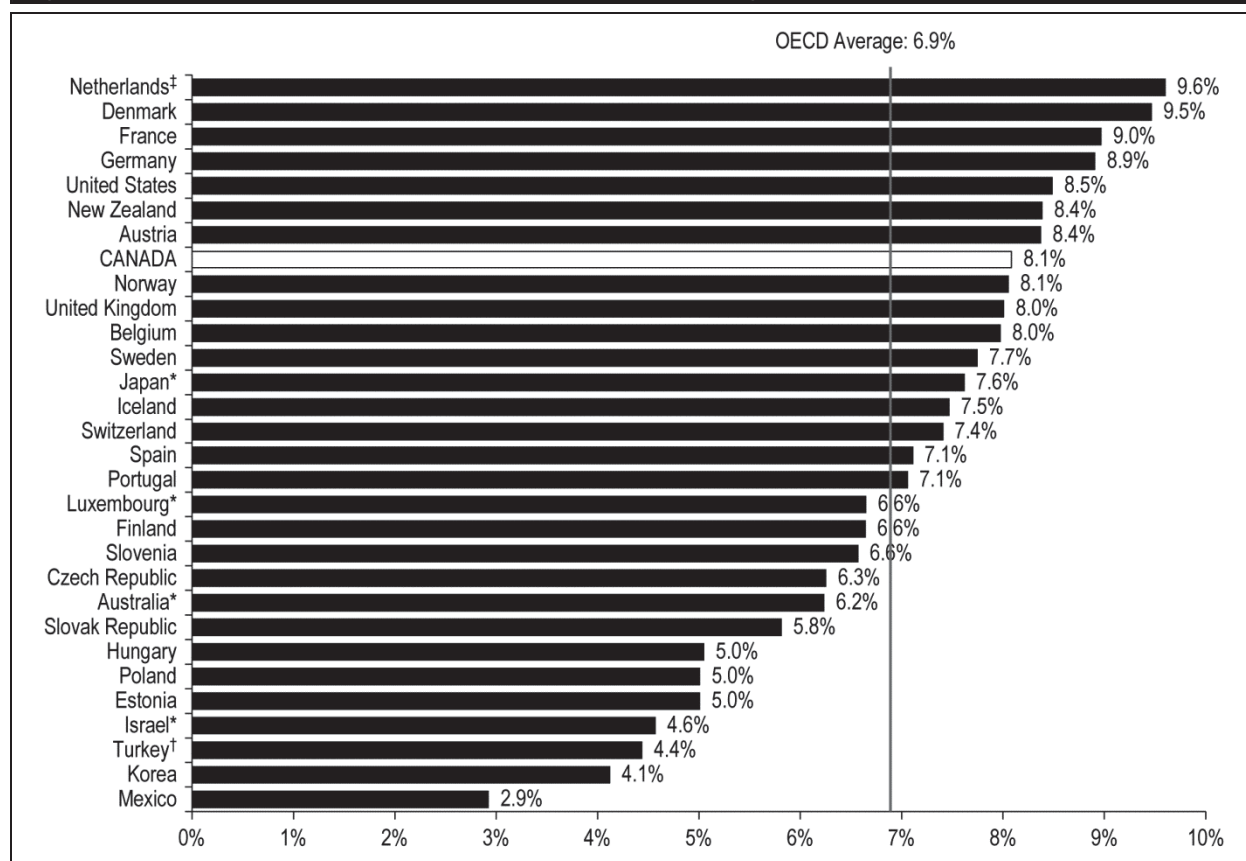
§ Public and private shares do not add up to 100% due to the "rest of the world" financing. Rest of the world equals 0.5% of total expenditure in Poland, 0.9% in Estonia and 1.7% in Israel.

SourceOrganisation for Economic Co-operation and Development, *OECD Health Data 2012* (June edition) (Paris, France: OECD, 2012).

Public-Sector Health Expenditure as a Percentage of GDP—2010

With regard to public-sector spending on health as a percentage of GDP in 2010, Canada fell within the higher third of countries. Public-sector health expenditure accounted for 9.6% of the Netherlands' GDP, the highest proportion among the countries. The ratios of public-sector spending to GDP were similar for Canada, Norway, the United Kingdom and Belgium (Figure 46).

Figure 46: Public-Sector Health Expenditure as a Percentage of GDP, 30 Selected Countries, 2010



Notes

* Data for 2009.

† Data for 2008.

‡ Current expenditure (capital excluded).

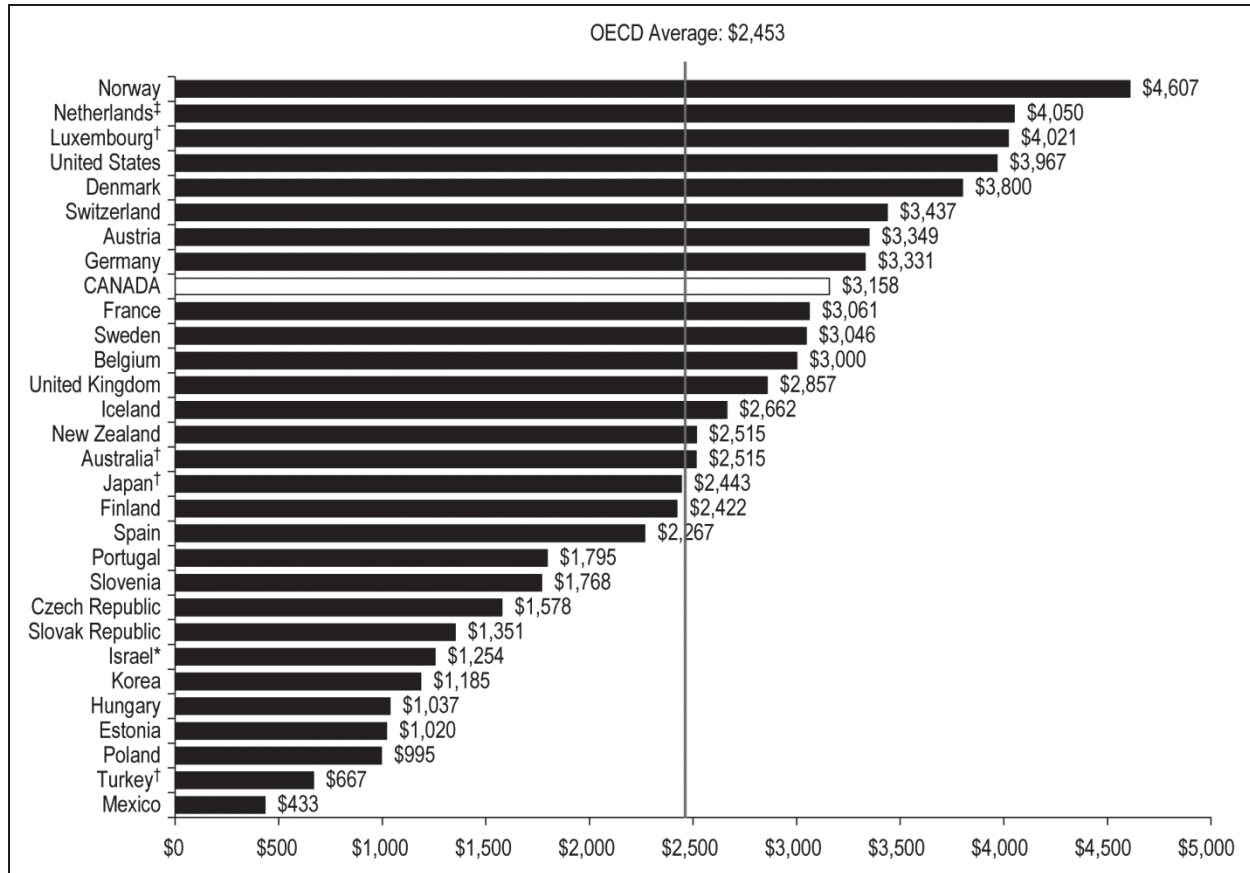
Source

Organisation for Economic Co-operation and Development, *OECD Health Data 2012* (June edition) (Paris, France: OECD, 2012).

Public-Sector Health Expenditure per Capita—2010

Norway had the highest public-sector per capita health spending, at US\$4,607, followed by the Netherlands (US\$4,050). Canada was within the top 10 countries, with public-sector health spending at US\$3,158 per person (Figure 47).

Figure 47: Public-Sector Health Expenditure per Capita, U.S. Dollars, 30 Selected Countries, 2010



Notes

* Data for 2009.

† Data for 2008.

‡ Current expenditure (capital excluded).

Source

Organisation for Economic Co-operation and Development, *OECD Health Data 2012* (June edition) (Paris, France: OECD, 2012).

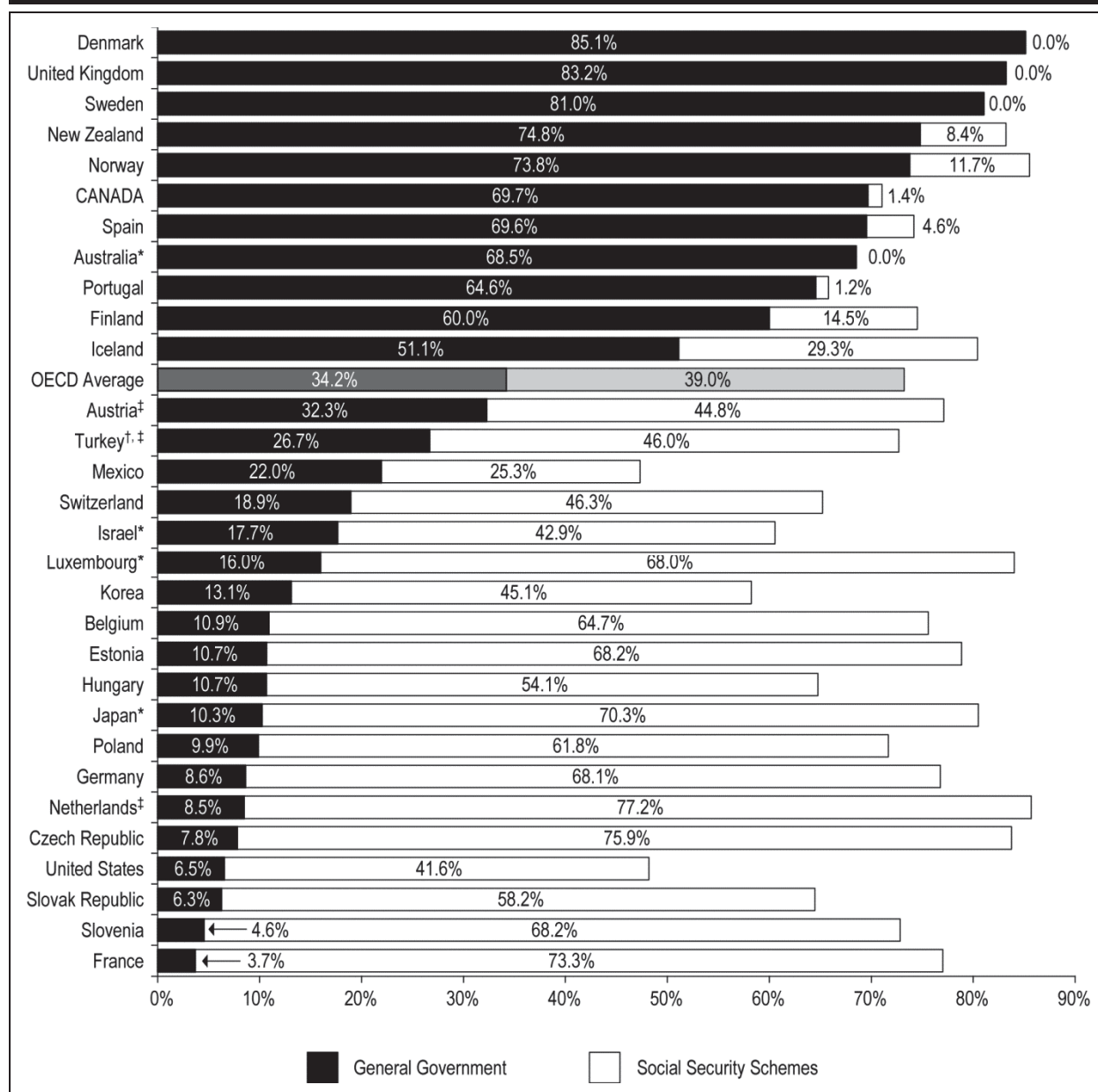
Public-Sector Sources of Finance—2010

Figure 48 shows 30 selected countries in descending order according to the share of total health expenditure financed by the public sector, general government.

The public sector includes two subsectors: 1) *general governments*, including central, state/regional and local government authorities; and 2) *social security funds*, which are social insurance schemes covering the entire community or large sections of the community and that are imposed and controlled by government units.

Generally, the level of public-sector financing appears to be unrelated to the choice of subsectors through which the countries provide funding. Expenditures by the public sector represented more than 80% of total health expenditure in Denmark, the United Kingdom, Norway, Luxembourg, the Czech Republic, Iceland, Sweden, Japan and New Zealand. They also represented more than 80% of current expenditure (excluding capital expenditure) in the Netherlands. In the United Kingdom, Sweden, Denmark and Australia, general governments financed all of the public-sector spending. Canada falls within a group of countries with a public-sector share ranging between 65% and 80% of total health expenditure. In nine of these countries (France, Germany, Slovenia, Estonia, Belgium, Poland, Austria, Switzerland and Turkey), social security funds were the principal source of finance, in contrast to Canada, where 1.4% of health expenditures were financed by social security funds. In Canada, social security funds include the health care spending by workers' compensation boards and the Quebec Drug Insurance Fund component of the MSSS drug subsidy program.

Figure 48: Percentage of Total Health Expenditure Financed by the Public Sector, by Source of Finance, 30 Selected Countries, 2010



Notes

* Data for 2009.

† Data for 2008.

‡ Current expenditure (capital excluded).

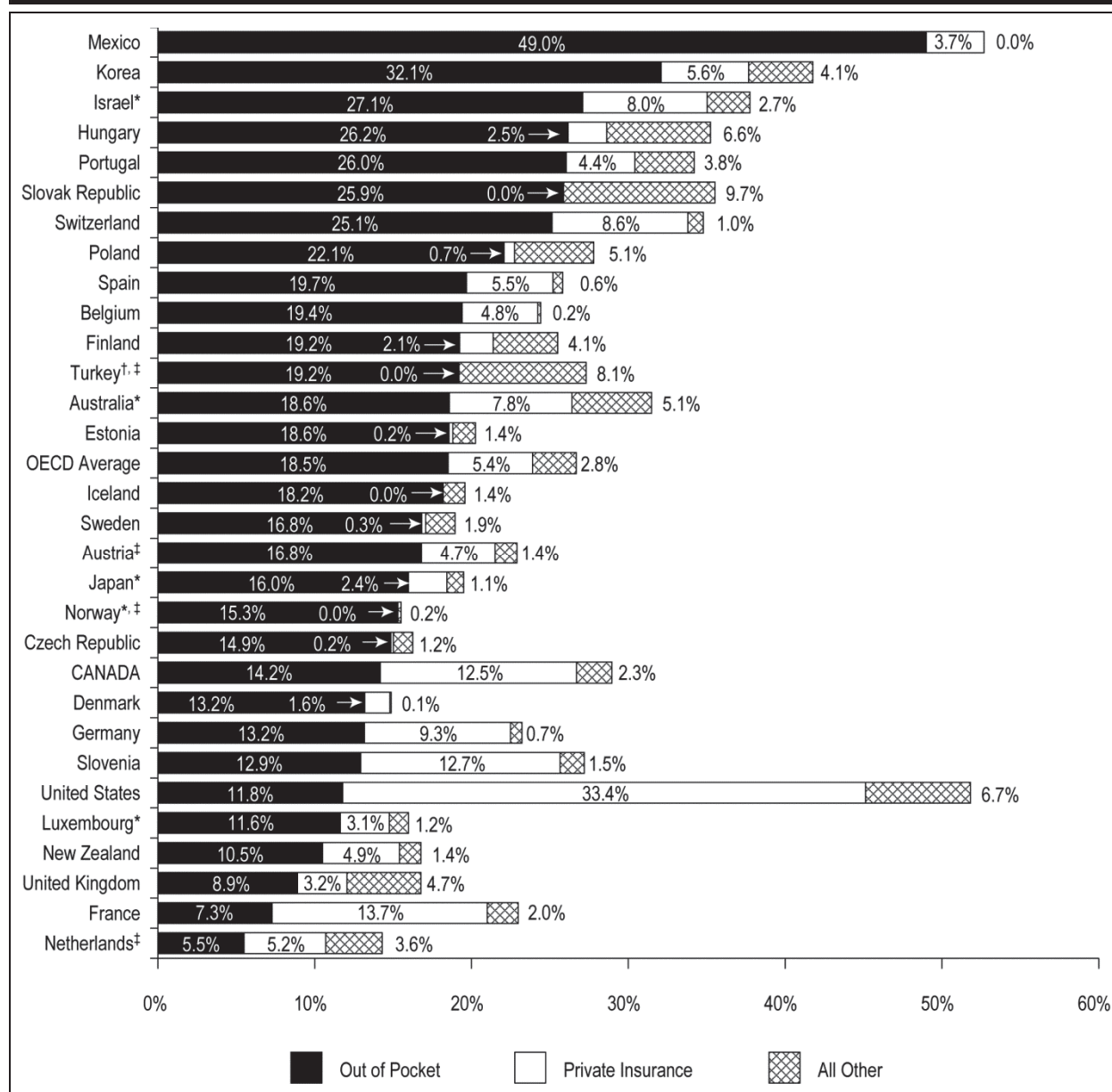
Source

Organisation for Economic Co-operation and Development, *OECD Health Data 2012* (June edition) (Paris, France: OECD, 2012).

Private-Sector Sources of Finance—2010

Figure 49 shows 30 selected countries in descending order according to the share of total health expenditure financed by out-of-pocket payments from households. In 26 countries, private-sector funding of total health expenditure is broken down between out-of-pocket payments, private insurance and all other private funds (for example, non-government organizations and corporations). However, this breakdown is available only for current expenditure (excluding capital expenditure) in Turkey, Austria, the Netherlands and Norway. Approximately half of total health expenditure was financed by the private sector in Mexico (52.7%) and in the United States (51.9%). Almost all private-sector health expenditures in Mexico were out-of-pocket payments (49% of total health expenditure), by far the highest proportion of any country. By contrast, in the United States, private insurance accounted for more than half of private-sector health expenditure (33.4% of total health expenditure), also by far the largest proportion of any country. Canada is included in a group of nine countries (with Finland, Spain, Slovenia, Portugal, Turkey, Poland, Australia and Switzerland) where the private sector funded between 25% and 35% of total health expenditure. In Canada, out-of-pocket payments and private insurance accounted for 14.2% and 12.5% of total health expenditure, respectively.

Figure 49: Percentage of Total Health Expenditure Financed by the Private Sector, by Source of Finance, 30 Selected Countries, 2010



Notes

* Data for 2009.

† Data for 2008.

‡ Current expenditure (capital excluded).

Source

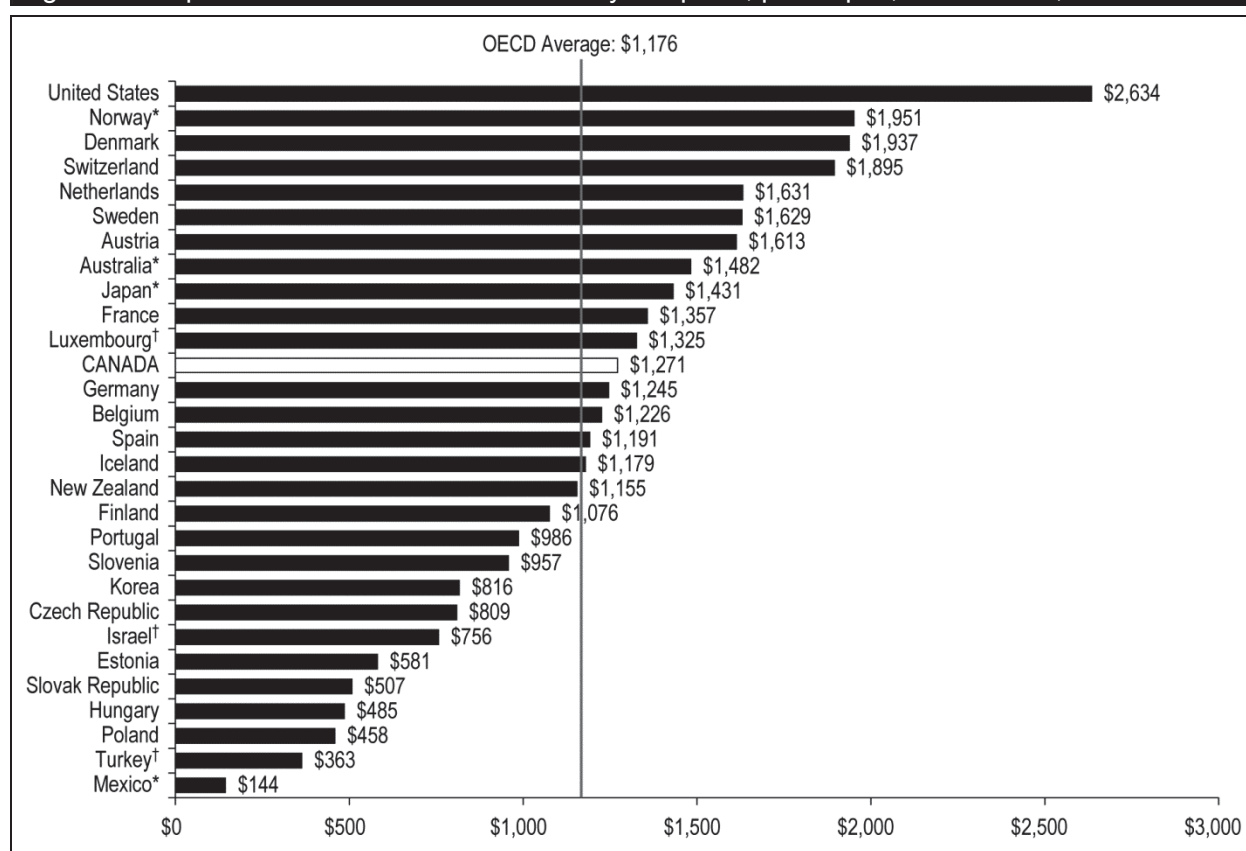
Organisation for Economic Co-operation and Development, *OECD Health Data 2012* (June edition) (Paris, France: OECD, 2012).

Health Expenditure by Use of Funds

Hospitals—2010

Similar to the situation in Canada, hospitals in other OECD countries occupy a prominent place in health care provision. On average, hospitals account for more than one-third of all health spending in OECD countries. Figure 50 shows countries in descending order of per capita expenditure on hospital services in 2010. Canada, with spending of US\$1,271 per person, fell within the middle of the countries, near Germany, Luxembourg, Belgium and France. There were large differences in hospital spending per capita. The United States had the highest spending (US\$2,634), at more than twice the OECD average. Mexico had the lowest spending (US\$144).

While hospital spending in Canada includes remuneration of physicians on hospital payrolls, it excludes payments made directly by the provincial/territorial medical care insurance plans to physicians for services provided in hospitals. This results in an under-estimation of hospital spending in Canada as, under the SHA, all expenditures for physicians' services provided in hospitals are to be recorded under the hospital category. There exists a similar under-estimation in the United States, where independently billed physicians' fees are excluded from inpatient hospital expenditure. The variation in hospital spending per capita across OECD countries reflects, among other factors, the extent to which long-term care is provided in hospitals rather than in residential long-term care facilities.

Figure 50: Expenditure[‡] on Services Provided by Hospitals, per Capita, U.S. Dollars, 2010**Notes**

* Data for 2009.

† Data for 2008.

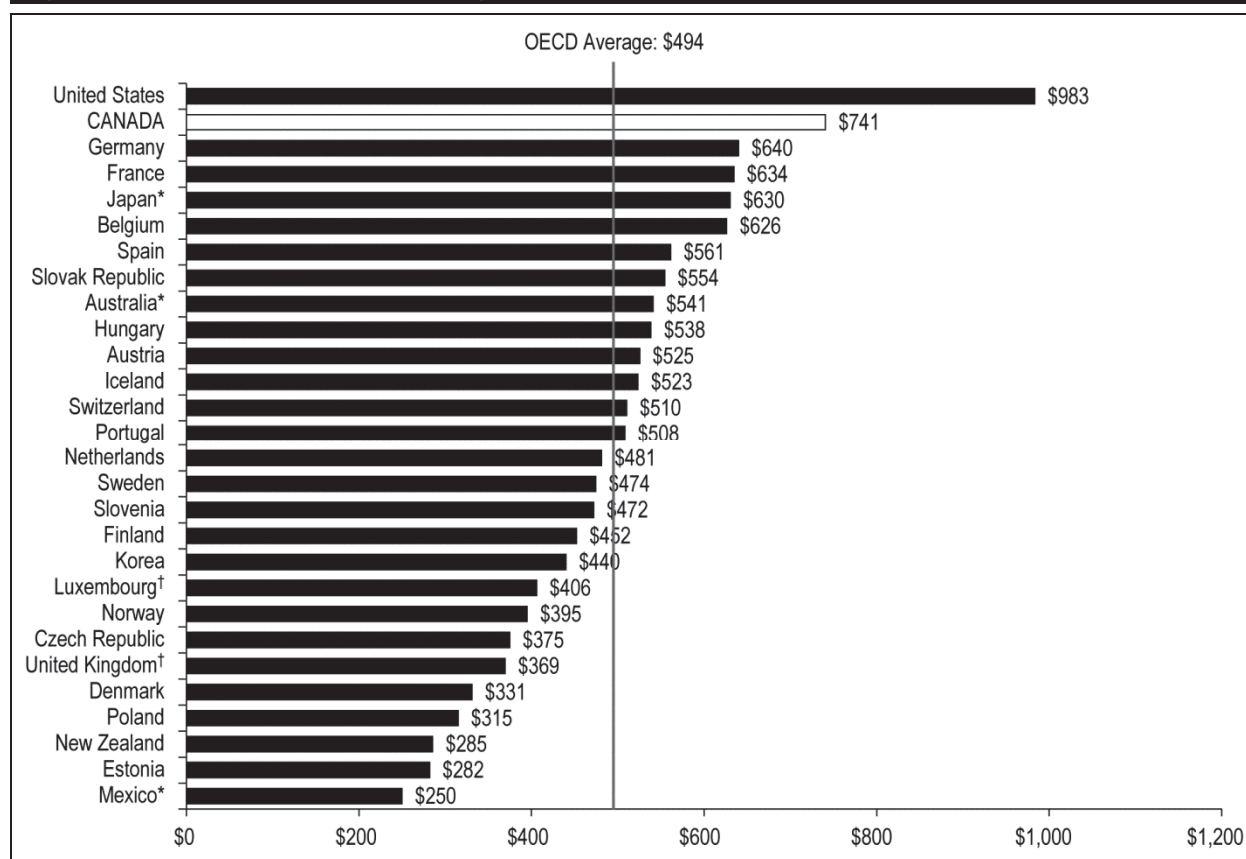
‡ Total current expenditure (capital excluded).

SourceOrganisation for Economic Co-operation and Development, *OECD Health Data 2012* (June edition) (Paris, France: OECD, 2012).

Drugs—2010

Drugs include prescribed and non-prescribed drugs (often referred to as over-the-counter drugs) as well as other medical non-durables (or personal health supplies) such as bandages, syringes, elastic stockings and knee supports, and contraceptive devices. Drugs consumed in hospitals are excluded as, under the SHA, they are considered intermediate consumption in the production of hospital care. Drugs constitute a large category of health expenditure across OECD countries, accounting for, on average, almost a fifth of total health spending. Figure 51 shows that Canada had the second-highest expenditure on drugs per capita, after the United States, in 2010.

Figure 51: Total Expenditure[‡] on Drugs, per Capita, U.S. Dollars, 2010



Notes

* Data for 2009.

† Data for 2008.

‡ Total current expenditure (capital excluded).

Source

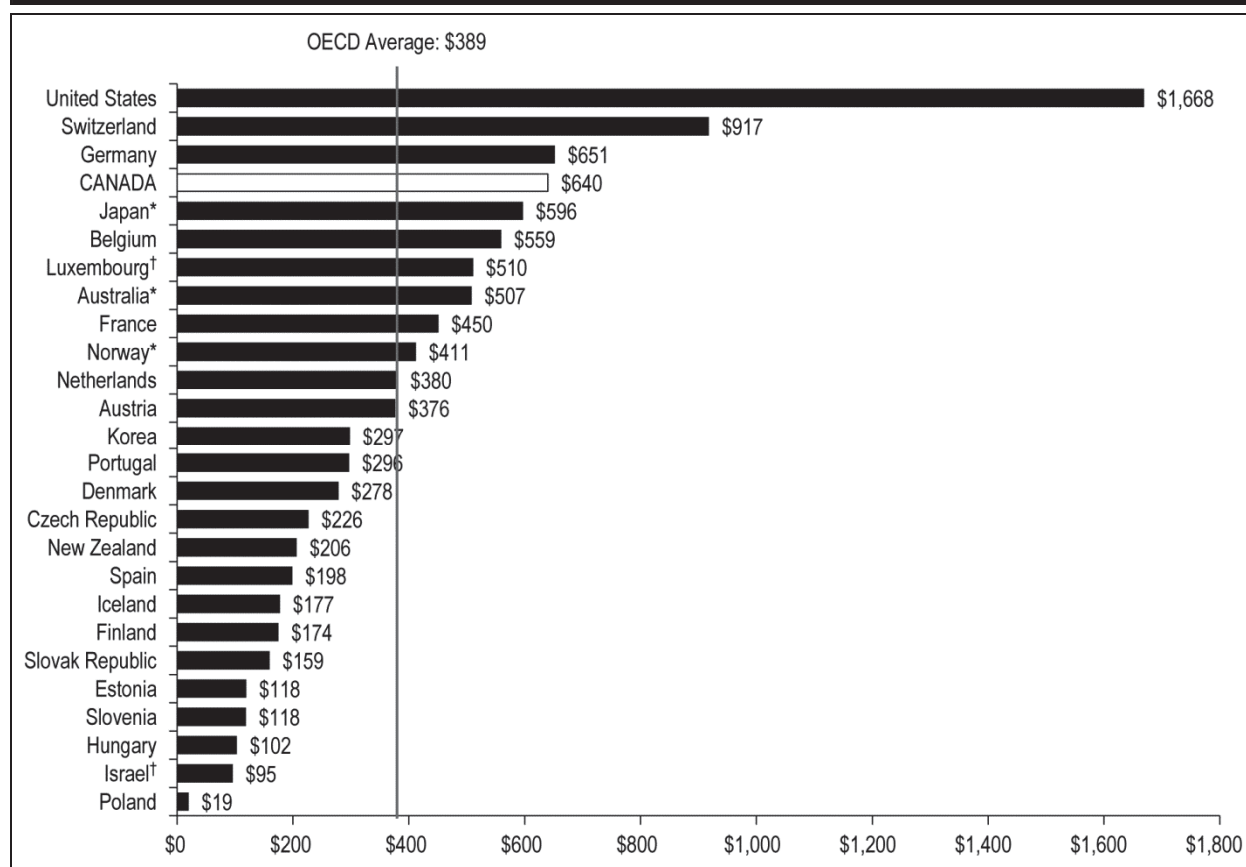
Organisation for Economic Co-operation and Development, *OECD Health Data 2012* (June edition) (Paris, France: OECD, 2012).

Physicians—2010

Figure 52 shows per capita expenditures for 26 OECD countries on services provided by offices of physicians, defined as establishments of health practitioners who hold the degree of doctor of medicine or a corresponding qualification and who are primarily engaged in the independent practice of medicine.

Canada had the fourth-highest spending per capita on offices of physicians, after the United States, Switzerland and Germany, and just before Japan. Canadian expenditure includes payments made directly by the provincial/territorial medical care insurance plans to physicians for services provided in hospitals, resulting in an over-estimation as, under the SHA, all expenditures for physicians' services provided in hospitals are to be recorded under the hospital category. In Switzerland and Japan, a high proportion of the expenditure on offices of physicians was for drugs (30.5% and 23.5%, respectively), while this proportion was nil or negligible in other countries.

Figure 52: Expenditure[‡] on Services Provided by Offices of Physicians, per Capita, U.S. Dollars, 2010



Notes

* Data for 2009.

† Data for 2008.

‡ Total current expenditure (capital excluded).

Source

Organisation for Economic Co-operation and Development, *OECD Health Data 2012* (June edition) (Paris, France: OECD, 2012).

8.0 Methodological Notes

8.1 Concepts and Definitions

Mandate of the National Health Expenditure Database

The mandate of NHEX is twofold:

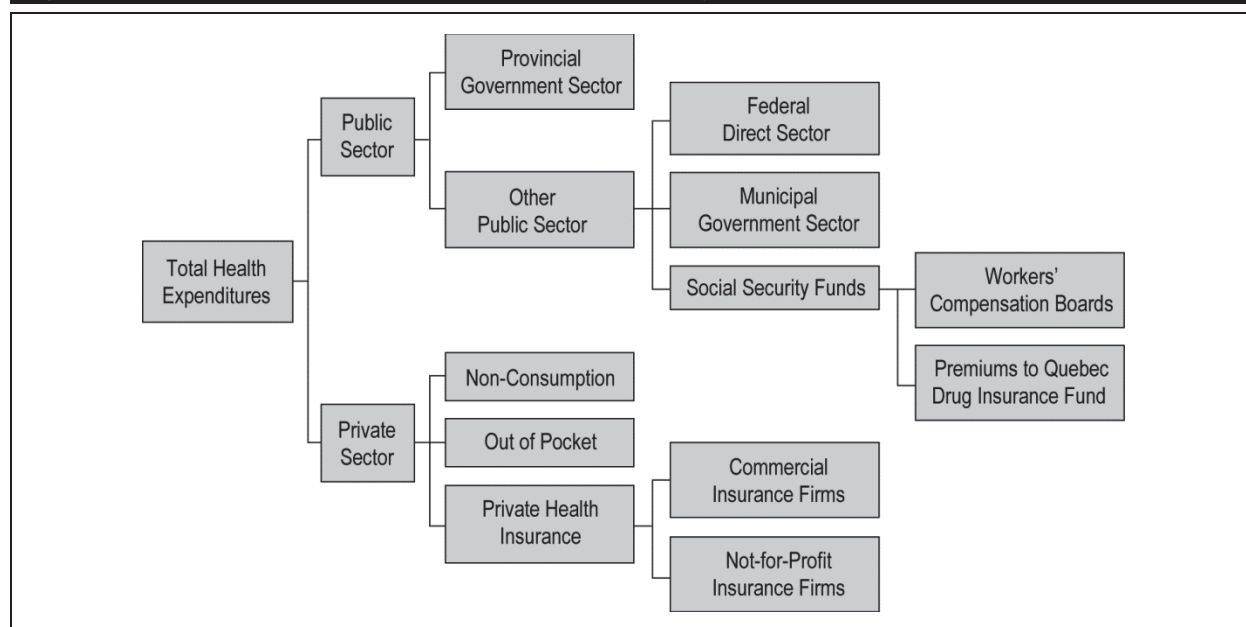
1. To support the development and evaluation of health programs in Canada by all levels of government and within the private sector.
2. To compile information on health expenditures that will accurately portray the importance of health care as a component of national expenditure.

Variables and Concepts

Health expenditure—includes any type of expenditure for which the primary objective is to improve or prevent the deterioration of health status.

This definition allows economic activities to be measured according to primary purpose and secondary effects. Activities that are undertaken with the direct purpose of improving or maintaining health are included. Other activities are not included, even though they may impact health. For example, funds aligning with housing and income support policies which have social welfare goals as their primary purpose are not considered to be health expenditures, yet they are recognized as powerful factors in determining population health.

Figure 53: Composition of Total Health Expenditures, by Source of Finance*



Note

* The remaining funds in the Quebec Drug Insurance Fund are financed through the Consolidated Revenue Fund (these expenditures are captured under the provincial government sector).

Source of Finance (Sectors)

National health expenditures are reported based on the principle of *responsibility for payment* rather than on the original source of the funds. It is for this reason, for example, that federal health transfers to the provinces/territories are included in the provincial government sector, since it is the responsibility of provincial/territorial governments to expend federal transfers on health services. The exception to this principle is that provincial government health transfers to municipal governments are included in the provincial government sector.

Public sector—includes health care spending by governments and government agencies.^{xxii} It is subdivided into four levels, as described below:

1. The *provincial government sector* includes health spending from provincial/territorial government funds, federal health transfers to the provinces/territories and provincial government health transfers to municipal governments.
2. The *federal direct sector* refers to direct health care spending by the federal government in relation to health care services for special groups, such as Aboriginal Peoples, the Canadian Forces and veterans, as well as expenditures for health research, health promotion and health protection. Federal direct health expenditure does not include federal health transfers to the provinces.
3. The *municipal government sector* expenditure includes health care spending by municipal governments for institutional services; public health; capital construction and equipment; and dental services provided by municipalities in the provinces of Nova Scotia, Manitoba and British Columbia. Designated funds transferred by provincial governments for health purposes are not included in the municipal sector but are included with provincial government expenditure.
4. *Social security funds* are social insurance programs that are imposed and controlled by a government authority. They generally involve compulsory contributions by employees, employers or both, and the government authority determines the terms on which benefits are paid to recipients. Social security funds are distinguished from other social insurance programs, the terms of which are determined by mutual agreement between individual employers and their employees. In Canada, social security funds include the health care spending by workers' compensation boards, as well as the premiums paid by the subscribers of the Quebec Drug Insurance Fund and by persons age 65 or older insured by this plan.

Health spending by workers' compensation boards includes what the provincial boards commonly refer to as medical aid. Non-health related items often reported by the workers' compensation boards as medical aid expenditure, such as funeral expenses, travel, clothing, etc., are removed.

xxii. Statistics Canada (Public Sector Statistics Division) publishes estimates of government health expenditure as part of its comprehensive reporting system of all government expenditures, the Financial Management System (FMS). The FMS public-sector health spending estimates are lower than those reported by CIHI because different classification methods are applied and a narrower definition of health expenditure is used in the FMS.

On January 1, 1997, the government of Quebec created a basic drug insurance plan with the objective of ensuring the population of Quebec has access to drugs as required by health status. All residents of Quebec must be covered by drug insurance, whether by private group insurance or by the public plan administered by the RAMQ. The Drug Insurance Fund is the chosen mechanism to pay all drug and pharmaceutical service costs provided to subscribers insured by the RAMQ, as well as their children. Since July 1, 2002, the public plan has been financed both by the expenditure allocated to this program by the Quebec government (provincial government sector) and by the amounts collected by the Drug Insurance Fund as premiums and proceeds (social security funds sector).

Private sector—includes out-of-pocket expenditures made by individuals for health care goods and services; the health insurance claims paid to individuals by commercial and not-for-profit insurance firms, as well as the cost of administering those claims; non-patient revenues received by health care institutions, such as donations and investment income; private spending on health-related capital construction and equipment; and health research funded by private sources.

Use of Funds (Categories)

Hospitals—institutions where patients are accommodated on the basis of medical need and are provided with continuing medical care and supporting diagnostic and therapeutic services. Hospitals are licensed or approved as hospitals by a provincial/territorial government, or are operated by the government of Canada, and include those providing acute care, extended and chronic care, rehabilitation and convalescent care, psychiatric care, as well as nursing stations or outpost hospitals.

Other institutions—include residential care types of facilities (for the chronically ill or disabled, who reside at the institution more or less permanently) and which are approved, funded or licensed by provincial or territorial departments of health and/or social services. Residential care facilities include homes for the aged (including nursing homes); facilities for persons with physical disabilities, developmental delays, psychiatric disabilities and alcohol and drug problems; and facilities for emotionally disturbed children. Facilities solely of a custodial or domiciliary nature and facilities for transients or delinquents are excluded.

Physicians—expenditures include primarily professional fees paid by provincial/territorial medical care insurance plans to physicians in private practice. Fees for services rendered in hospitals are included when paid directly to physicians by the plans. Also included are other forms of professional incomes (salaries, sessional, capitation).

The physician expenditure category does not include the remuneration of physicians on the payrolls of hospitals or public-sector health agencies; these are included in the appropriate category, for example, hospitals or other health spending. Physician expenditures generally represent amounts that flow through provincial/territorial medical care plans. Provinces/territories differ in terms of what the medical care plans cover. CIHI has not attempted to make adjustments to physician expenditures to reflect these differences because only a few provinces, to date, can net out these differences from their data.

Other professionals—services at the aggregate level represent expenditures for the services of privately practising dentists, denturists, chiropractors, optometrists, massage therapists, osteopaths, physiotherapists, podiatrists, psychologists, private duty nurses and naturopaths. Discrete identification of many of the professions included under other professionals is often possible only when they are reported by provincial medical care insurance plans.

This category has been disaggregated at the Canada level in the data tables to provide information on the following subcategories:

- *Dental services*—expenditures for professional fees of dentists (includes dental assistants and hygienists) and denturists, as well as the cost of dental prostheses, including false teeth, and laboratory charges for crowns and other dental appliances.
- *Vision care services*—expenditures for the professional services of optometrists and dispensing opticians, as well as expenditures for eyeglasses and contact lenses.
- *Other*—expenditures for chiropractors, massage therapists, osteopaths, physiotherapists, podiatrists, psychologists, private duty nurses and naturopaths.

Drugs—at the aggregate level, include expenditures on prescribed drugs and non-prescribed products purchased in retail stores. Estimates represent the final costs to consumers including dispensing fees, markups and appropriate taxes. This category has been disaggregated at the Canada level in the data tables to provide information on the following subcategories:

- *Prescribed drugs*—substances considered to be drugs under the *Food and Drugs Act* and which are sold for human use as the result of a prescription from a health professional.
- *Non-prescribed drugs*—include two subcomponents: over-the-counter drugs and personal health supplies.
 - *Over-the-counter drugs*—therapeutic drug products not requiring a prescription.
 - *Personal health supplies*—include items used primarily to promote or maintain health, for example, oral hygiene products, diagnostic items such as diabetic test strips and medical items such as incontinence products.

The drug category does not include drugs dispensed in hospitals and, generally, in other institutions. These are included with the category of hospitals or other institutions. The classification system is consistent with international standards developed by the OECD.

Capital—includes expenditures on construction, machinery, equipment and some software of hospitals, clinics, first-aid stations and residential care facilities. It is based on full-cost or cash-basis accounting principles.

Public health—by governments and government agencies, includes expenditures for items such as food and drug safety, health inspections, health promotion activities, community mental health programs, public health nursing, measures to prevent the spread of communicable disease and occupational health to promote and enhance health and safety at the workplace in public-sector agencies.

Administration—expenditures related to the cost of providing health insurance programs by the government and private health insurance companies and all costs for the infrastructure to operate health departments. The administrative costs of operating hospitals, drug programs, long-term care programs and other non-insured health services are not included under the category of administration, but rather are included under the category of service, for example, hospitals, other institutions and drugs.

Other health spending—at the aggregate level includes expenditures on home care, medical transportation (ambulances), hearing aids, other appliances and prostheses, health research and miscellaneous health care. Some of the subcategories of the aggregate category are defined as follows:

- *Health research*—expenditures for research activities designed to further knowledge of the determinants of health, health status or methods of providing health care, evaluation of health care delivery or of public health programs. The category does not include research carried out by hospitals or drug companies in the course of product development. These amounts would be included with either the hospital or drug category.
- *Other*—expenditures for items such as home care, medical transportation (ambulances), hearing aids, other appliances, training of health workers and voluntary health associations.

The definition of home care that is currently used in NHEX is based on the definition used by the OECD, under which only the health professional component of home care is intended to be included. The portion that is commonly referred to as home support is considered to be a social service expenditure rather than a health expenditure and is excluded when it can be identified. A home care feasibility study at CIHI investigated the feasibility of developing a set of estimates that identify both the health professional and the home support components of home care. The process of updating the data collected in this study is under way in order to assess the feasibility of reporting this set of estimates.

Other Terms

Federal transfers—refer to the total of various federal, provincial and territorial health financing arrangements that may be used to fund the delivery of health and health-related services. They include at various times the Canada Health Transfer, Canada Social Transfer, Health Reform Transfer, Canada Health and Social Transfer, Canada Assistance Plan, Established Programs Financing, Equalization, Territorial Formula Financing and Health Resource Fund, which supported provincial capital health expenditures from the mid-1970s to the early 1980s, and transfers by the Department of Indian and Northern Affairs to the territorial governments for the medical care and hospital insurance plans on behalf of Aboriginal People. More recently, several other targeted transfer mechanisms were created, including the Diagnostic/Medical Equipment Fund, the Public Health and Immunization Fund and the Wait Times Reduction Fund.

In April 2004, the federal government restructured its transfers into five major programs: the Canada Health Transfer, Canada Social Transfer, Health Reform Transfer, Equalization and Territorial Formula Financing. Effective April 1, 2004, the Canada Health and Social Transfer was restructured to enhance the transparency and accountability of federal support for health.

The Canada Health and Social Transfer was replaced by the Canada Health Transfer and the Canada Social Transfer. In 2005–2006, the Health Reform Transfer was rolled into the Canada Health Transfer program.

- *Canada Health Transfer (CHT)*—is provided to each province and territory in support of health care. CHT funding is provided through cash payments and tax transfers and supports the government of Canada's commitment to the five principles of the *Canada Health Act*.
- *Canada Social Transfer (CST)*—provides support to the provinces and territories for post-secondary education, social assistance and social services, including early childhood development and early learning and child care.
- *Health Reform Transfer (HRT)*—provides provinces and territories support for health care reforms targeted to primary health care, home care and catastrophic drug coverage. The HRT was integrated into the CHT starting in 2005–2006.
- *Equalization*—ensures that less prosperous provinces have sufficient revenue to provide reasonably comparable levels of public services at reasonably comparable levels of taxation. Equalization payments are unconditional; provinces can spend them according to their respective priorities. Eligibility to receive equalization funding is determined by a formula measuring each province's revenue-raising capacity against a five-province standard. Currently, six provinces receive equalization: Prince Edward Island, Nova Scotia, New Brunswick, Quebec, Ontario and Manitoba.
- *Territorial Formula Financing (TFF)*—ensures that territorial governments can provide reasonably comparable levels of public services at reasonably comparable levels of taxation, taking into account the higher costs in the North. The transfers are based on a formula that fills the gap between the expenditure requirements and revenue-raising capacity of the territories.
- *Diagnostic/Medical Equipment Fund*—to improve access to publicly funded diagnostic services, the government of Canada provides provinces and territories with targeted funding that supports specialized staff training and equipment.
- *Wait Times Reduction Fund*—to improve access to health care services, the government of Canada provides provinces and territories with targeted funding to assist in reducing wait times.
- *Public Health and Immunization Fund*—to improve public health capacities, the government of Canada provides provinces and territories with targeted funding to support immunization programs.
- *Canada Health and Social Transfer (CHST)*—on April 1, 1996, the CHST replaced federal transfers for social assistance under the CAP and for health and post-secondary education under EPF. The CHST was a block fund provided in the form of both cash transfers and tax point transfers to all provinces/territories in support of health, post-secondary education, social assistance and social service programs. Provinces/territories allocated the CHST to health and other social programs according to their particular priorities while upholding the criteria and conditions of the *Canada Health Act*. In 1996–1997, CHST transfers were allocated among the provinces and territories in the same proportions as provincial/territorial entitlements under the combined EPF and CAP transfers in 1995–1996.⁸

- *Canada Assistance Plan (CAP)*—introduced in 1966 by the federal government to share in eligible costs incurred by the provinces and territories in providing social assistance and welfare services to persons in need or persons likely to become in need if these services were not provided. The 1994 budget limited 1995–1996 CAP transfers for all provinces/territories to 1994–1995 levels.⁹
- *Established Programs Financing (EPF)*—prior to the introduction of the CHST, the federal government contributed to the operation of provincial/territorial health insurance plans according to the provisions of the *Federal–Provincial Fiscal Arrangements and Federal Post-Secondary Education and Health Contributions Act, 1977 (EPF Act)*. Under the act, provinces and territories were entitled to equal per capita federal health contribution increases according to a fixed formula (escalator). Health contributions to the provinces/territories consisted of both cash and an equalized tax transfer. The February 26, 1991, federal budget extended a freeze at 1989–1990 levels to 1994–1995. Legislation later provided for EPF entitlements to grow in 1995–1996 in accordance with the escalator, less three percentage points.

Gross domestic product (GDP)¹⁰—is the sum of gross value-added originating within the boundaries of Canada, regardless of the ownership of the factors of production. Gross domestic product can be valued either at factor cost or at market prices. In this publication, GDP is valued at market prices and is expressed in terms of the prices actually paid by the purchaser. It includes all indirect taxes, such as sales and excise taxes, customs duties and property taxes, and also reflects the impact of subsidy payments.

Implicit price indices—see Methodological Notes, Calculation of Constant Dollars.

Purchasing power parity (PPP)⁷—purchasing power parities are the rates of currency conversion that equalize the purchasing power of different currencies. This means that a given sum of money, when converted into different currencies at the PPP rates, will buy the same basket of goods and services in all countries. Thus PPPs are the rates of currency conversion that eliminate differences in price levels between countries.

8.2 Major Data Limitations

Data contained in NHEX is estimated. The data is collected from diverse sources and includes varying classes of financial information. The data is collected and classified according to methods established by a review committee. CIHI analysts and external experts continue to improve the comprehensiveness, accuracy and currency of the data to provide the most complete and objective estimates possible. A series of feasibility studies (for example, on home care, public health and administration) were conducted to determine the advisability and possibility of expanding estimates in NHEX for a number of priority issues. The research papers for these feasibility studies are available on CIHI's website (www.cihi.ca). Notwithstanding, national health expenditure data is estimated and should be used accordingly.

Most private-sector expenditures are estimated from survey data. Prior to 1996, the Family Expenditure Survey by Statistics Canada,¹¹ an important source of private-sector data, was not carried out annually; therefore, trend data has been imputed for years between surveys. Private-sector data was revised following a methodology review in the early 1990s. The revised private-

sector data incorporated information estimated directly from new sources for 1988 and subsequent years. Prior years were estimated using trend data. As a result, readers should use caution when using the private-sector expenditure data for small provinces and for years prior to 1988.

In 2010, the Survey of Household Spending (SHS), formerly the Family Expenditure Survey, underwent a major redesign by Statistics Canada. This impacts out-of-pocket health expenditure in NHEX. See Section 8.3: Collection and Non-Response for more details.

8.3 Collection and Non-Response

The following notes briefly describe some of the major technical points associated with the compilation of the health expenditure estimates. Additional information can be obtained by contacting the National Health Expenditure section by phone at 613-241-7860, by fax at 613-241-8120 or by email at nhex@cihi.ca.

Hierarchy of Classification

National health expenditures in Canada are based on a system of classification that is consistent with international standards developed by the OECD for reporting health expenditures.

National health expenditures are grouped within the broad categories of personal health care or other expenditures:

- **Personal health care** consists of expenditure for health goods and services used by individuals.
- **Other expenditures** consist of expenditures on behalf of society, such as public health; expenditures made as investments for purposes of future consumption, such as capital expenditures; the administrative expenses of planning and managing the health care system; and research.

Personal health expenditures are classified within categories that describe the type of health care used. Certain categories overlap. The hierarchy of classification that is used to allocate overlapping categories of expenditure is as follows:

- **Institutional setting**—health care services consumed in hospitals or other institutions are allocated to the institutional category if the institution purchases the services on behalf of its patients. For example, physician services and drugs paid through hospital budgets are classified as hospital expenditures. This allocates expenditure to the supplier actually paid by patients or their agents in the form of government or insurance companies. It also reflects data availability.
- **Self-employed provider of service**—for example, all expenses of physicians' practices are considered to be expenditures for physician services, even though some of these expenses would be for employment of other health professionals, drugs or personal health supplies.
- **Type of good and service**—drugs, personal health supplies and appliances are examples.

An exception to the hierarchy of classification is eye care, in which optometrist services, eyeglasses and contact lenses sold by optometrists are combined as one category: vision care services.

The definitions and methods used in the preparation of this report are for the most part based on those adopted in 1994 by the National Health Expenditure Methodology Review Committee. This committee included representation from Health Canada, Statistics Canada, the MSSS, the Canadian Medical Association and the Canadian Healthcare Association.

International Comparisons: Data Comprehensiveness and Boundaries of Health Care

The OECD manual *A System of Health Accounts* provides a comprehensive framework for reporting expenditures on the entire field of health care activities and proposes common functional boundaries of health care for international comparisons. However, member countries do not yet fully report comprehensive data. Also, they may include expenditures that fall outside the boundaries of health care as defined by the OECD. For *OECD Health Data 2012*, countries were asked to provide notes on their departures from OECD/SHA boundaries. Country notes are presented below. For each country, the list below shows, under Excludes, expenditures that should have been included in total health expenditure but were not. It shows, under Includes, expenditures that should have been excluded from total health expenditure but were included.

Australia

Excludes

- Health expenditure on health services provided by the Australian Defence Force, some school health expenditure and some expenditure incurred by corrective services institutions.
- All expenditure for residential aged care facilities in welfare (social) services, about 30% of which have a health purpose.

Austria

Excludes

- Expenditure by the public sector on occupational health.

Belgium

Excludes

- Expenditure by corporations on occupational health services.
- Expenditure on all other industries' secondary producers of health care.
- Capital expenditures.

Canada

Includes

- Expenditure of Canadian hospitals for care provided to non-Canadians.
- Revenues of Canadian hospitals from ancillary operations (gift shops, parking lots, etc.). Only profit used to subsidize patient care should be included; however, while hospital revenues from ancillary operations are reported, profit cannot be determined from available data.

- Expenditure of inpatient facilities for alcohol/drug addiction, except for private-sector expenditure after 1999.
- Expenditure by the private sector in some long-term residential care facilities providing mainly room and board and social services (for example, facilities for mental retardation, emotionally disturbed children) until 1998.
- Such items as oral hygiene (for example, dentifrice, dental floss, toothbrushes, oral antiseptics), medicated shampoos, antiperspirants, etc.

Excludes

- Expenditure on school health made by provincial ministries of education.
- Expenditure by private insurers for out-of-country care provided to Canadians.
- Private-sector expenditure on occupational health care.
- Expenditures of voluntary health associations (societies dedicated to prevention and treatment of major diseases such as arthritis, cancer, diabetes, cerebral palsy, lung, kidney, liver and heart diseases, etc.).
- Expenditure by public and private insurance plans for motor vehicle insurance for health services not covered by the public programs for health care (such as services of physiotherapists, chiropractors, etc.).
- Expenditure on the systematic evaluation of health care delivery or of public health programs (non-biomedical research). In Canada, this expenditure is included under health research and development, a health-related function, rather than under health administration and insurance.

Czech Republic

There are problems determining the boundaries for health care, health-related care and non-health care.

Includes

- Some health-related functions (for example, training of health workers and health research).

Excludes

- Some health care expenditure in social services institutions (for example, for long-term nursing care) other than health personnel salaries.
- Some out-of-pocket expenditure (out-of-pocket expenditure is probably underestimated).

Denmark

Private investments in medical facilities are not available. Therefore, there is no estimate of total private expenditure on health. Expenditure on other non-medical durables, as well as public expenditure on therapeutic appliances, is also likely to be underestimated.

Excludes

- Parts of private health expenditure, such as occupational health services, and expenditure by non-profit institutions serving households, such as the Red Cross and philanthropic and charitable institutions.

Estonia

Excludes

- Private expenditures for day and home long-term care.

Finland

Includes

- Expenditure on environmental health.

Excludes

- Private capital formation of health care provider institutions.
- Some inpatient long-term nursing care expenditure (only long-term care within health centre hospitals is included).
- Hearing and medico-technical devices and all other miscellaneous medical durables.

France

Excludes

- Residential mental retardation facilities, mental health and substance abuse facilities and all other residential care facilities.
- Retail sales and other suppliers of hearing aids.

Germany

Excludes

- Expenditure for military health and prison health.
- Capital formation for ambulatory providers.

Hungary

Excludes

- Private services provided abroad and financed by (voluntary) insurance enterprises.

Iceland

The lack of adequate information hinders the estimation of capital formation in the private sector.

Israel

Includes

- Food and hygiene control and research in hospitals.

Excludes

- Health services provided by hospitals at military bases.
- Services for the frail elderly in geriatric centres and homes for the aged, which are defined as welfare services.
- Some expenditures on services provided by market clinics or private physicians and nurses, which were purchased by enterprises and institutions that are not affiliated with the health industry (for example, manufacturing establishments) instead of being purchased by households.

Japan

Excludes

- Some expenditure by central and local governments on administration of health care services.
- Some expenditure made out of pocket or by private insurance agents on medical services not covered by national medical insurance schemes.
- Expenditures made by private insurance companies to supplement copayments on health services covered by the national medical insurance schemes.
- Expenditure made on health insurance to cover medical expenses for residents of Japan while travelling abroad.
- Expenditures made by non-profit institutions to finance health care to disadvantaged citizens.
- Nursing and residential care facilities. Medical care services at long-term care welfare facilities for the elderly exist, but no estimation is made for these services because no data is available.
- Providers of ambulatory health care. No calculation is made for medical treatments not covered by insurance (dental treatments not covered by insurance, judo-orthopedy, massage, acupuncture, etc.), because no data is available.
- Retail sales and other providers of medical goods. No estimation is made, except for glasses, hearing aids, mercury thermometers and mercurial column blood pressure gauges.

Korea

Data for administration expenditure by private insurance is not available.

Luxembourg

Total, public and private health care expenditure includes aggregate health care costs covered by the Grand Duchy of Luxembourg, including expenditure on frontier-zone workers and residents insured by international institutions. Therefore, the health care expenditure per inhabitant of Luxembourg cannot be correctly calculated by dividing the health care expenditure by the resident population of Luxembourg.

Mexico

Includes

- Figures for total expenditure also include health-related expenditure; consequently for international comparison these items have to be deducted from total expenditure.

The Netherlands

Capital expenditure is available in total, but there is no breakdown according to financing sources. As a result, health expenditures broken down by financing sources refer to current expenditures only.

New Zealand

Excludes

- Expenditures for capital items in OECD reporting.

Norway

No departures from OECD/SHA boundaries reported.

Poland

Excludes

- Expenditures on health by private insurers, private employers and private non-profit institutions.

Portugal

Excludes

- Health expenditures of the military forces, workers of the ministry of justice and police forces.

Slovak Republic

Excludes

- Private expenditures on joint examination and therapeutic units.
- Data on expenditure on private investment, private prevention and administration, etc.

Slovenia

Excludes

- Clinical laboratory.

Spain

Excludes

- Health care incurred by industries in their production process (occupational health care).
- Much private investment in medical facilities (includes only hospital capital expenditure).
- Much prevention and public health expenditure (includes only public expenditure and non-profit institutions serving households [NPISH] expenditure).

Sweden

No departures from OECD/SHA boundaries reported.

Switzerland

Includes

- Investments in figures for medical services. Thus, the sum of personal and collective health expenditure is greater than the reported total current expenditure.

Excludes

- Other medical non-durables and medico-technical devices, including wheelchairs.
- Administration of social insurance.
- Outpatient care centres, ambulance services, blood and organ banks and providers of all other ambulatory services.
- Retail sales, other suppliers of optical glasses, other vision products, other suppliers of hearing aids and other suppliers of medical appliances.
- All other providers of health care.

Turkey

The Turkish NHA covers Turkish residents' expenditures for purchases of health care abroad. However the purchase of health care domestically by non-residents is not estimated separately and deducted from the total, as this is accepted as non-feasible and should not significantly change the results.

United Kingdom

Excludes

- Non-NHS expenditure on nursing care in nursing homes, occupational health care and household production of health care.

United States

No departures from OECD/SHA boundaries reported.

General Methods

The following is intended as a general overview of the methods applied to calculate estimates of health expenditure in Canada. More detailed information can be obtained by contacting the National Health Expenditure section by phone at 613-241-7860, by fax at 613-241-8120 or by email at nhex@cihi.ca.

Provincial/Territorial Government

Data is extracted annually from provincial/territorial government public accounts. Programs and/or program items are classified into health expenditure categories according to accepted and standardized methods and definitions used in estimating national health expenditure. Data from the public accounts is supplemented with information from provincial/territorial government department annual reports and annual statistical reports when available, as well as information provided by provincial/territorial government department officials. Total provincial government health spending figures include spending for health services reported by the provincial/territorial ministry responsible for health as well as by other departments that report spending on health according to national health accounts definitions.

Adjustments for regional health authority and/or hospital deficits or surpluses are not made in NHEX unless the provincial government assumes them. Once assumed by the provincial government, they are allocated to the years when the regional health authority and/or hospitals accumulated them.

During the preparation of this report, CIHI's estimates of provincial/territorial government health expenditure were submitted to provincial/territorial departments of health for review.

Figures identified as forecasts are based on the growth rates of major programs reported in provincial/territorial government main estimates and budgets.

The variations seen in administration, prevention and promotion, and health research in 2006–2007 for Saskatchewan are due to methodological changes in its accounting system. The methodological changes involved reclassifying Saskatchewan's health expenditure data.

On April 1, 1999, Nunavut was formed from the eastern part of the Northwest Territories. The Northwest Territories expenditures for calendar year 1999 include expenditures for Nunavut for one-quarter of the fiscal year ending March 31, 1999, prior to the formation of Nunavut. Consequently, expenditure data for the Northwest Territories is not comparable before and after calendar year 1999.

Private Sector

Private-sector data was revised in 1995, following a methodology review that began in the early 1990s. Private-sector data under the revised methodology incorporated information estimated directly from new sources for 1988 and subsequent years.

Expenditure amounts prior to 1988 were estimated using trend data. Therefore, readers should exercise caution when using the private-sector expenditure data for small provinces and for years prior to 1988.

Health insurance claims by category and premiums are collected from eight not-for-profit insurance companies and the Canadian Life and Health Insurance Association, which surveys its member companies. The difference between claims and premiums is allocated to the category of prepayment administration, which relates to the cost of providing health insurance programs. Currently, health care spending data by insurance companies providing casualty insurance is not included in the estimates.

Out-of-pocket health expenditures are based on purchased data from the Survey of Household Spending (SHS), formerly the Family Expenditure Survey, fielded by Statistics Canada. Only category data from Section P of the survey on direct costs for health care is used; the SHS categories of other medicines, drugs and pharmaceuticals (that is, not prescribed by a doctor) and hospital care are replaced with data from other sources as described below. National health expenditure estimates are equal to the average expenditure per household for each category multiplied by the estimated number of households.

The SHS is an annual survey that began in 1996. Prior to 1996, full surveys that included both urban and rural areas were carried out in 1986 and 1992. In 1990, a survey was conducted that included only metropolitan areas. In years when complete surveys are carried out, data is available for the 10 provinces and for 17 urban centres. The urban centres include Yellowknife and Whitehorse, which are used to derive estimates of expenditure in the territories. Metropolitan expenditures per household tend to be somewhat higher than provincial estimates. All relevant categories were updated in complete survey years. In years when only urban surveys were carried out, the percentage changes in urban expenditures within each province or territory were used to update category estimates from complete survey years.

Between 1992 and 1996, when no surveys were conducted, provincial growth rates of the Statistics Canada variables of personal expenditure on medical care and dental care, drug and drug sundries, and other health care were used to impute missing years. Starting in 2000, the SHS is conducted in the territories only every second year. For 2000, 2002 and each year thereafter, out-of-pocket estimates in the territories for physicians, dental care, eye care and other professional services, prescribed drugs and other health goods and services are estimated by CIHI. The SHS category of other medicines, drugs and pharmaceuticals is replaced with information purchased from the Nielsen Company, which tracks consumer sales of non-prescribed drugs sold in Canada at retail. Each year, the Nielsen Company reports retail sales data for two consistent years for more than 50 non-prescribed drug categories. Data is reported by sales channel,^{xxiii} total dollar sales volume and regional sales distribution for five regions that include nine provinces. Newfoundland and Labrador and the territories are not included. The data is processed by classifying the non-prescribed drug categories as either over-the-counter drugs or personal health supplies. Regional sales amounts are separated into

xxiii. As a general rule, Statistics Canada definitions govern the classification of stores by class of trade. Sales channels include drug stores, food stores with pharmacies, grocery banners, mass merchandisers and warehouse clubs, which are estimated from the Nielsen Company's household panel data.

nine provinces, and estimates for Newfoundland and Labrador and the territories are calculated using provincial distributions of direct costs for health care from the SHS. Lastly, appropriate provincial and federal sales taxes are incorporated into the estimates.

In 2010, the SHS underwent a major redesign by Statistics Canada: the reference period for prescribed drugs changed from 12 months to 3 months, and the result was annualized by multiplying by 4. One of objectives of the redesign was to better adapt collection methods and reference periods. However, this methodology change caused a break in the series of out-of-pocket prescribed drugs spending across the provinces. The 2010 growth rates of out-of-pocket prescribed drugs exceeded 30% for most provinces and were almost 50% in some provinces. To mitigate the impact of this change, a smoothing method was used. It was noticed that the share of other professionals spending of all out-of-pocket spending dropped the most compared with the other categories in the majority of the provinces in 2010; therefore, 2010 SHS data for prescribed drugs and other professionals was redistributed based on 2009 SHS proportions for these two categories.

The SHS category of hospital care is not used; instead the out-of-pocket component of hospital care is estimated based on revenues from patient services from Statistics Canada's Annual Return of Health Care Facilities (HS-2) prior to 1994–1995 and the Canadian MIS Database (CMDB) thereafter.

Private-sector estimates of other institutions are derived from data from Statistics Canada's Residential Care Facilities Survey (RCF). Data used from the survey includes income to facilities from co-insurance or self-pay of residents, differential for preferred accommodation and sundry earnings.

The **non-consumption** component of the private sector includes non-patient revenue to hospitals, including ancillary operations, donations, investment income, etc. This data is derived from Statistics Canada's HS-2 prior to 1994–1995 and the CMDB thereafter.

The non-consumption portion of the private sector also includes expenditures for biomedical and health care research by Canadian faculties of medicine derived from medical education statistics published by the Association of Faculties of Medicine of Canada. Included are amounts for research funded by national and provincial not-for-profit foundations such as the Heart and Stroke Foundation of Canada, the National Cancer Institute of Canada and the Canadian Cancer Society, to name only a few. In addition, funding from local sources, internal university sources, university and unaffiliated hospitals and foreign sources are also included. The sum of these amounts is provincially distributed according to the reported distribution of total amounts spent on research by the various faculties of medicine across the country.

Capital expenditure in the private sector is also included as a non-consumption component category. Additional information on the calculation of capital can be found in the Calculation Methods section under Capital Expenditure and in the Forecasting Method section.

Federal Direct

Data on federal direct health care spending is estimated from information provided by federal government organizations supplemented with information from the national public accounts. Federal government health care spending is generally provided according to the province in which the expenditure was made. Some data, however, is provided only at the national level; in these cases it is distributed by the appropriate provincial/territorial population.

Historically, public health and administration in the federal direct sector have been reported as one combined category. In an attempt to break out the category into separate components for public health and administration, an analysis of more detailed data available from 1988 to 2003 was undertaken. The estimated distribution between the categories during this period was applied to the historical data from 1975 to 1987 to produce separate estimates for public health and administration for the entire time series.

Municipal Government

Municipal government health care spending is based on information provided by the Public Sector Statistics Division (PSSD), formerly known as the Public Institutions Division, of Statistics Canada.

Social Security Funds

In Canada, social security funds include the health care spending by workers' compensation boards and the Drug Insurance Fund component of the MSSS drug subsidy program. The workers' compensation board data is derived from special tabulations from each provincial and territorial workers' compensation board of its medical aid expenditures. Income replacement and occupational rehabilitation are not included. Items included as medical aid that do not meet the national health expenditure definition of health expenditures, such as funeral expenses, clothing expenses, hotel accommodation and non-medical transportation, are excluded.

The workers' compensation boards' data is supplemented after 1996 with the portion of the RAMQ's drug program that is not funded by the MSSS. See the definition of social security funds in the Concepts and Definitions section of this report for additional information.

Calculation Methods

Calculation of Average Annual Rate of Growth

The average annual rate of growth is the constant annual rate necessary for a value at the beginning of a period to grow to a value at the end of a period over the number of compounding years in the period. The formula used to calculate the average annual rate of growth is

$$e^{(\ln(\text{value at end of period}) - \ln(\text{value at beginning of period})) / T} - 1$$

where the constant e equals 2.718, which is the base of the natural logarithm, and T equals the number of years in the period.

Calculation of Calendar Year

Some information sources provide data in fiscal years. Calendar year data was calculated by adding three-quarters of one fiscal year to one-quarter of the previous fiscal year.

Calculation of Constant Dollars

Real health expenditure and real per capita health expenditure are presented in constant (1997) dollars. Constant dollar expenditure was calculated using price indices for public and private expenditures in each province and territory. The indices are the implicit price indices (IPIs) for government current expenditure, which are used to deflate public-sector health care spending, and the health component of the consumer price index (CPI), which is used to deflate private-sector health care spending. Statistics Canada developed both sets of indices. A more complete explanation of the methodology for calculating implicit price indices is available in Statistics Canada publications.¹²

In the health expenditure series, public and private expenditures are adjusted separately in each province using the appropriate index. Adjusted values are summed to obtain Canada totals at constant dollar values. Consequently, the overall implicit price index of the health expenditure series reflects the mix of public and private expenditures reported in NHEX.

The government current expenditure index was forecast for the latest year in this report for the provinces and territories. The forecasts are based on the Conference Board of Canada's forecasts of this index for Canada, Ontario and Quebec and CIHI's forecasts for the remaining provinces.

The CPI (health) index was forecast to December of the latest year in this report based on the average of the monthly index up to April of the same year, which was the latest information available prior to the publication of this report.

Calculation of TOTAL Health Expenditure as a Percentage of Gross Domestic Product

The GDP at market prices^{xxiv} was used to express total health expenditure as a percentage of GDP. National GDP figures for Canada were used rather than the sum of provincial/territorial GDP to calculate the total health expenditure-to-GDP ratio for Canada.

The GDP figures provided by Statistics Canada were revised (upward) in 2001 as part of its overall revision to the methods for measuring the nation's economic activity. Revised GDP figures for Canada were available from 1975 to 2000. Revised provincial and territorial GDP figures were available from Statistics Canada from 1981 to 1999. No attempt was made by CIHI to estimate provincial GDP prior to 1981. Forecasts of GDP figures at both the national and provincial/territorial levels for the latest year were prepared by CIHI by applying the Conference Board of Canada's latest available forecasted growth rate of GDP to the previous year's GDP figures from Statistics Canada.

xxiv. Information provided by the National Accounts and Environment Division of Statistics Canada.

Calculation of per Capita Dollars

Per capita health expenditures were calculated using the most recent revised population estimates from the Demography Division of Statistics Canada. This takes into account the results of the census adjustment for net census under-count, non-permanent residents and returning Canadians. Population figures for the latest year are projections from the Demography Division of Statistics Canada.

Calculation of TOTAL Health Expenditure

Total health expenditure refers to the sum of the public and private sectors. Canada refers to the sum of the 10 provinces and 3 territories. Total health care spending in constant (1997) dollars is the sum of public-sector health care spending in constant (1997) dollars and private-sector health care spending in constant (1997) dollars. Canada average is the sum of provincial/territorial expenditures divided by the sum of provincial/territorial data of another variable, such as population.

Capital Expenditure

Prior to a major methodology review in 1995, several categories in the private sector were estimated using a residual method, whereby public-sector spending was subtracted from an estimated total. The remainder was allocated entirely to the private sector. Following a major methodology review in the early 1990s, capital expenditure remained the only category that was estimated this way. In 1998, the method of calculating capital expenditure was reviewed and revised. Capital expenditure for the private sector and provincial and municipal government sectors is now estimated from information obtained from the Investment, Science and Technology Division at Statistics Canada. Capital expenditure in the federal direct sector is obtained from the national public accounts and federal departments that provide health services. There are no capital expenditures in the social security funds sector. The implications of this change are twofold: capital expenditure in all sectors is based on full-cost or cash-basis accounting principles, and capital is the only category of expenditure in which spending is categorized as private or public based on ownership of the facility in which the investment is made. This convention has been adopted due to data limitations.

Forecasting Methods

Provincial government-sector health spending forecasts are based on the growth rates of a consistent set of major health programs of provincial health departments reported in provincial main estimates and budgets. In the case of territorial government forecasts of the Northwest Territories and Nunavut, estimates were based on amounts reported in their main estimates. In other sectors, figures for these two territories were calculated by developing a forecast for the Northwest Territories including Nunavut. The share of Nunavut spending in the last year of actual data of the combined total of the Northwest Territories and Nunavut was used as a proxy to break out the forecasts for the Northwest Territories and Nunavut for the latest years.

The 2010 figures for capital expenditure in the provincial government sector, the municipal government sector and the private sector are based on actual figures from the Investment, Science and Technology Division of Statistics Canada. The 2011 capital figures are based on preliminary actual data, while 2012 capital data is based on intentions.

Forecasts for federal direct health care spending are based on information from the national public accounts and the Treasury Board of Canada's Main Estimates. Forecasts for workers' compensation boards, municipal government and the private sector were made entirely based on econometric analysis of time series trends. For each specific category, such as drugs and other institutions, up to 40 different univariate forecasting specifications were evaluated, and the best one (based on the root mean square error of prediction) was selected. The functional forms studied included the exponential smoothing family (simple, double, Holt, Brown, Winters, damped trend, etc.), time trends, ARIMA specifications, etc. Logarithmic transformations were used when the data warranted their use. A LOESS smoothing technique was used as well to help in generating better forecasts in some cases by capturing recent information in the series.

Forecasts of health expenditures are identified in the figures by special symbols and in the data tables by the letter "f."

Gross domestic product figures at both the national and provincial/territorial levels were forecast for 2011 and 2012 by CIHI by applying the Conference Board of Canada's forecasted growth rate of GDP of this year to the previous year's GDP figures from Statistics Canada.

The government current expenditure price index forecasts are based on the Conference Board of Canada's latest forecasts of this index for Canada, Ontario and Quebec and CIHI's forecasts of the remaining provinces.

The CPI (health) index was forecast to December of the latest year based on the average of the monthly index up to June of the same year, which was the latest information available prior to the publication of this report.

Age and Sex Distribution Methods

The Series E data tables present provincial government health expenditure for selected categories of spending by sex and age groupings. Total provincial/territorial government expenditure by age, sex and province/territory is available for 1998 onwards. The five categories presented are hospitals, other institutions, physicians, other professionals and drugs. The method of distributing the five categories and total is explained below. The data reported in Series E of the data tables is not age–sex standardized.

Hospitals

The distribution of provincial government hospital expenditure by age and sex is based on information from CIHI's Discharge Abstract Database (DAD)^{xxv} and Hospital Morbidity Database (HMDb). The CIHI Case Mix Group (CMG) grouping methodology was used to group patient discharge information into homogenous groups, based on clinical and resource utilization characteristics. Currently, the CMG can only be grouped back by a maximum of five years. Therefore, for the period from 1995–1996 to 1996–1997, the 2001 methodology was employed, while for the period 1997–1998 to 2002–2003, the 2002 methodology was used. The 2003 CMG methodology was used for 2003–2004 to 2005–2006. After the grouper redevelopment, the CMG+ methodology has been in place since 2006. Thus the 2006 CMG+ methodology was used for 2006–2007, the 2008 CMG+ grouper was used for 2007–2008 and the 2009 CMG+ grouper was used for 2008–2009. The 2010 CMG+ grouper was used for 2009–2010 and the 2011 CMG+ grouper was used for 2010–2011.

Based on the CMG grouping methodology, patients are assigned to a group according to diagnosis and surgical procedures. Within each group patients are further classified into a complexity level^{xxvi} based on the number and type of comorbid diagnoses and age. Once the patient is grouped, a Resource Intensity Weight (RIW)^{xxvii} is assigned. The assigned RIWs were then aggregated to generate total weighted cases by age and sex.

The provincial government hospital expenditure estimate for each province is allocated to a given age group based on the weighted cases in that age group relative to total weighted cases. Weighted case information from the DAD and the HMDb is for acute inpatient care only. Weighted cases for the majority of hospital-based ambulatory care (day surgery, emergency departments and clinics) are currently limited to some facilities in a couple of provinces. Nevertheless, acute inpatient weighted cases are used as a proxy to distribute the national health expenditure estimate of hospital expenditure financed by provincial governments, which includes inpatient and ambulatory care.

CIHI investigated the reasonableness of using the acute inpatient data as a proxy to distribute comprehensive provincial government hospital expenditures by comparing 1998–1999 weighted cases calculated from Alberta's Ambulatory Care data set with the Alberta acute inpatient weighted cases from the DAD/HMDb. The analysis showed that the distribution of ambulatory care weighted cases differs from inpatient weighted cases primarily in the senior age groups. The impact of including the ambulatory care weighted cases with the inpatient weighted cases is to lower per capita spending in the senior age groups from what it would have been based on the inpatient weighted cases only.

xxv. The Discharge Abstract Database receives information from participating hospitals that represent about 85% of all hospital discharges in Canada. The database contains clinical, demographic and administrative data for inpatient acute, chronic and rehabilitation care and day surgery.

xxvi. Following extensive consultation with experts in the field, it is believed that this data has not been substantially affected by recent concerns regarding complexity.

xxvii. RIWs are resource allocation algorithms developed by CIHI for estimating the relative hospital resources used for a typical case. See http://www.cihi.ca/CIHI-ext-portal/internet/en/document/standards+and+data+submission/standards/case+mix/casemix_ri for more information.

Data from the DAD/HMDB covers 11 jurisdictions across Canada; the territories are combined due to the small number of facilities. Yukon, the Northwest Territories and Nunavut (1999 onward) were distributed according to a combined territorial distribution and further distributed based on population. Data for Prince Edward Island and Saskatchewan from the DAD for 1995–1996 to 1997–1998 represents about 85% of total acute hospitalizations within each province; however, from 1998–1999 onward the DAD represents 100% coverage in these two provinces. Weighted cases for Quebec are based entirely on the HMDB. Data for 2002–2003 to 2008–2009 in Quebec, as well as for 2003–2004 in Manitoba, was unavailable and has been estimated based on an analysis of the historical series.

Caution should be exercised when comparing age and sex expenditure estimates across provinces, particularly with respect to Manitoba. Hospital utilization data in Manitoba is reported to CIHI differently than in other provinces and territories. In addition to acute inpatient care, Manitoba's weighted cases include chronic, rehabilitative and long-term hospital care, which results in higher weights applied to senior age groups and ultimately higher spending in those age groups.

Physicians

The distribution of provincial government physician expenditure by age and sex is based on information from CIHI's National Physician Database (NPDB). The NPDB contains data on the socio-demographic and billing activities of fee-for-service physicians, as well as on the age and sex of patients. NPDB data is used as a proxy to distribute all physicians' services expenditure from NHEX. NHEX includes primarily professional fees, paid by provincial medical care insurance plans to physicians in private practice, but it also includes alternative payment methods such as salaries, sessional and capitation payments.

Fiscal year 1996–1997 data was unavailable from the NPDB for Nova Scotia and was estimated using growth rates in the population by age and sex applied to the 1995–1996 fee-for-service data from the NPDB. Data for 1995–1996 was also unavailable from the NPDB for New Brunswick. Similar to Nova Scotia, it was estimated using growth rates in the population by age and sex applied to 1994–1995 fee-for-service data from the NPDB. Yukon fee-for-service data from 1995–1996 onward was used to estimate the Northwest Territories by applying Yukon fee-for-service per capita spending by age and sex to the Northwest Territories population for 1995–1996 onward. Similar to the Northwest Territories, Nunavut for 1999–2000 onward was estimated using Yukon data. Data was collected in fiscal year and converted to calendar year (see Calculation Methods).

Data provided by the NPDB for the latest year is a preliminary estimate.

Other Institutions

Statistics Canada's Residential Care Facilities Survey (RCF) was used to estimate the provincial/territorial age and sex distribution for other institutions. Facilities for delinquents, transients and others were excluded from the age–sex distribution. Only facilities financed to provide a level of care for type II or higher were considered for the estimation. These levels of

care require a minimum of at least one and a half hours a day of medical and/or professional nursing supervision. Patient counts by age and sex and by predominant level of care within each facility were used to create the distributions.

In order for a facility's patient count to be included it was also necessary for the facility to report both income from provincial/territorial government sources and days of care for provincial government-funded clients. Within a particular facility type, patient counts by age and sex were weighted based on the predominant level of care. Weights were generated using the estimated cost per patient for a particular type of care relative to type II. That is, type II care was the basis and had a weight of one. Once patient counts by age and sex, level of care and facility type were assigned weights, the patient counts were aggregated to create total weighted provincial or territorial patient counts. A distribution across age and sex was generated and then applied to the appropriate provincial/territorial NHEX figure for other institutions. The age groups from the RCF (<10, 11 to 17, 18 to 44, 45 to 64, 65 to 69, 70 to 74, 75 to 79, 80 to 84 and 85+) were expanded into five-year age groups by CIHI using population, as well as DAD/HMDB weighted cases.

At the time of publication data was unavailable for Quebec for all years. The weighted patient counts for Canada (minus Quebec) from the RCF were used as a proxy for Quebec's distribution of other institutions expenditure.

Drugs

Provincial government prescribed drug expenditure primarily includes drugs that are dispensed through provincial drug subsidy programs. The level of coverage under these programs varies across the country. Universal drug plans with first dollar coverage to all residents are currently not available in any province. Most provincial government plans provide prescribed drugs to seniors and welfare recipients. British Columbia, Saskatchewan and Manitoba provide some coverage to all residents with an assortment of substantial individual deductibles and copayments. Similarly, Quebec instituted a universal plan in 1997 that requires Quebec residents to be covered under the provincial plan if a private group plan, usually available through an employer, is not available.

CIHI requested drug claims that were paid in a given year by age and sex from each provincial drug subsidy program. Some data from 2005–2006 was obtained from CIHI's National Prescription Drug Utilization Information System (NPDUIS) Database. Drug claim information by age and sex is currently unavailable from Nunavut only.

The Newfoundland and Labrador Prescription Drug Program (NLPDP) supplied expenditure data by age and sex from 2007–2008 onward. Data collected from the NLPDP consists of five main plans (the Foundation Plan, 65Plus Plan, Access Plan, Assurance Plan and Select Needs Plan) and prescription drug claims paid by the Department of Health and Community Services.

Data from Nova Scotia consists of the Seniors Pharmacare Program and prescription drug claims paid by the Department of Community Services through the Income Assistance Program and Family Benefits Program. Data from the Special Drug Program was unavailable; expenditure for this plan was distributed using data from the Department of Community Services.

Data collected from the New Brunswick Prescription Drug Program consists of 10 different drug plans: Seniors Plan (A), Cystic Fibrosis Plan (B), Social Development (Individuals in Licensed Residential Facilities) (E), Social Development (F), Children in Care (G), Multiple Sclerosis (H), Organ Transplant (R), Human Growth Hormone (T), HIV (U) and Nursing Home (V). However, there is no data available for Special Authorization (SA) (for drugs not normally covered under the provincial formulary). Beginning in October 1996, claims under SA are included in six other plans (A, B, G, R, T and V) if the claimant is a beneficiary of one of these plans. In September 1997, this was expanded to include plans E and F. Minor plans for which age–sex data was not available were distributed using the overall distribution of plans for which data was available.

The MSSS supplied data on its drug subsidy program in calendar year. The plans included coverage for seniors, income security recipients and others. Data for 1997 onward also included a general client group representing recipients whose drug claims are paid through the self-financed Drug Insurance Fund by the premiums of subscribers to the plan and not the provincial government. Consequently, the age–sex distribution of this group was not included with the rest of the provincial government program.^{xxviii}

The Ontario Drug Benefits program (ODB) supplied age–sex data, which included combined prescription drug claims paid by the Ministry of Health and Long-Term Care and the Ministry of Community Services, as well as data for the Trillium Drug Program, which was implemented in April 1995. The Special Drug Program does not have an age–sex profile; its expenditure was therefore applied to the ODB distribution.

Manitoba was unable to provide data for 1996–1997 because of the Drug Programs Information Network (DPIN) conversion from a calendar year to a fiscal year system. This resulted in a 15-month year from January 1996 to April 1997. The Department of Health's Pharmacare plan supplied data on drug claims paid for 1997–1998 onward. Data for the Ministry of Family Services, Employment and Income Assistance Division's drug plan was supplied for 1997–1998 onward. The figures reported for Manitoba in 1997 are based on fiscal year data for 1997–1998.

Data supplied by the Saskatchewan Drug Plan and Extended Benefits Branch was reported by calendar year.

Alberta Health and Wellness provided expenditure data by age and sex on its prescription drug programs from 1995–1996 onward. Data was supplied for all four of Alberta's prescription drug plans: Seniors, Widow's Pension, Regular and Palliative Care. Alberta Human Resources and Employment provided data for its prescription drug expenditure under the Employment and Income Assistance programs (formerly under Alberta Family and Social Services) for 1995–1996 to 1998–1999 and 2000–2001 onward. The age–sex distribution for 1999–2000 Alberta Human Resources and Employment's drug plan is based on 1998–1999 data.

British Columbia's Ministry of Health Services supplied claims paid by age and sex of the client in calendar year from 1996 onward for each plan administered by the PharmaCare program. NHEX drug plan expenditures for British Columbia were converted to calendar year and then applied to the distribution of the appropriate data supplied by the province.

xxviii. See the definition of social security funds in the Variables and Concepts section of this report for more information.

Yukon Department of Health and Social Services supplied drug expenditure claims for three administered drug plans: Seniors, Child Drug Plan and Chronic Care Drug Plan. Data from 1995–1996 to 2004–2005 was provided for each plan, with the exception of the Child Drug Plan, which was implemented in 1997–1998. The Northwest Territories Department of Health and Social Services supplied data by age and sex for prescription drug claims paid for Extended Health Benefits.

The provincial government drug estimate at the program level is allocated to a given age group based on the value of claims paid in that age group relative to total claims paid. In provinces with more than one program, the age–sex–distributed programs were combined to represent a total estimate for the province. Most data was collected in fiscal year and converted to calendar year (see Calculation Methods).

Other Professionals

Expenditure for the category of other professionals accounted for less than 1% of total provincial/territorial health expenditure in recent years. Provincial/territorial governments provide a variety of health services delivered by health professionals other than physicians, including primarily dentists, optometrists, chiropractors and physiotherapists.

All provinces provide various programs for seniors and children, as well as programs for income assistance recipients. However, the services provided vary considerably across Canada. For instance, Ontario, British Columbia and Quebec provide physiotherapy services to residents, while other provinces do not. Chiropractic services are provided through provincial insurance plans from Ontario west to British Columbia, but nowhere else in Canada. Target populations, copayments and deductibles also vary from province to province. CIHI requested from each province data for claims that were paid for by provincial/territorial governments in a given year, by age, sex and type of service provided by other health care professionals. Details of data availability and estimation methods are described below.

Data was unavailable from Prince Edward Island, New Brunswick and Nunavut. The remaining provinces and territories were able to supply data by age and sex for approximately 75% or more of other professional services. When a province or territory was unable to supply 100% of services, CIHI estimated the age and sex distribution for these services by using data from programs from other provinces with similar coverage and eligibility levels.

The provincial government expenditure estimates for other professionals at the program level are allocated to a given age group based on the value of claims paid in that age group relative to total claims paid. In provinces with more than one program, the age–sex–distributed programs were combined to represent a total estimate for the provinces' other professionals expenditure. Most data was collected in fiscal year and converted to calendar year (see Calculation Methods).

Total Provincial Government Health Expenditure by Age and Sex

To age–sex standardize total provincial government health expenditures, it is necessary that all categories of expenditure be distributed by age and sex for each province. Unfortunately, age–sex distributions for all provincial/territorial government expenditures are currently not available in all provinces and territories. Consequently, CIHI estimated the missing data using the following methods. The age–sex distribution of drug subsidy programs for Nunavut was estimated for 1998 onward using the distribution of drug subsidy programs in the Northwest Territories. The age–sex distributions of the category of other professionals in Prince Edward Island, New Brunswick and Nunavut (1999 onward) were estimated for 1998 onward. The age–sex distributions of these provinces were based on the distributions in other provinces of other health care provider programs that had similar beneficiaries and copayment plans. Dental expenditure by age and sex in Prince Edward Island was based on Newfoundland and Labrador Dental Health Plan clients age 3 to 16. Similarly, New Brunswick’s dental expenditure for the Youth Income Assistance Plan was based on clients up to age 17 from the Newfoundland and Labrador dental plan. New Brunswick’s age and sex distribution for the Income Assistance Optometry Plan was based on Saskatchewan Health’s Supplementary Health Optometry plan. As was the case with Nunavut’s drug expenditure, Nunavut’s other professionals category expenditure was based on the age–sex distribution for the Northwest Territories. Quebec’s physiotherapy expenditure was distributed across a combined age–sex distribution of Ontario and British Columbia’s fee-for-service physiotherapy plans.

Capital expenditure was estimated for all provinces and territories using the general provincial/territorial populations by age and sex. This method was used based on two criteria: 1) capital investments in health care institutions typically last for decades, and those who do not use institutional services in a given year may use them in the future; and 2) given the uncertainty of illness, the availability of facilities has a value for all who potentially would use them if the need arose.

The remaining categories of public health, administration and other health spending were also estimated using the general provincial/territorial populations by age and sex based on the following rationale. Public health and health research benefit the entire population, and it would be difficult to attribute them in different proportions to specific age and sex groups. Prepayment administration expenditures are accounted for mainly by the universal hospital and physicians’ services plans. The rationale for distributing them according to the general population rather than based on utilization is because prepayment administration expenses are made up largely of the costs of registration systems for eligible residents, which cover the total population, and claims processing costs. The convention of allocating ambulance expenditure by population distributions is not believed to result in significant error of the total provincial expenditure distributions due to its small share of the other health care spending category.

Age-Sex Standardization of Provincial Government Expenditures

For the purpose of age-sex standardization, CIHI used a direct method. Standardized expenditures by category were calculated by multiplying the male and female population of Canada in each of the 19 age groups by the expenditure per capita for each age group and sex by province and territory. Male and female standardized expenditure was aggregated and then divided by the total Canada population to generate the standardized per capita spending for a particular category by province and territory.

8.4 Major Changes From Previous Years

In the process of compiling the national health expenditure series from year to year, new information becomes available, methods and concepts are refined and data sources are improved. The data is revised to incorporate these enhancements.

Revision History

Provincial Government Sector

Historical revisions for Nova Scotia, from 2004 onward, are due to adjusted expenditures in the hospital category, while revisions for Ontario affect several categories. Yukon's revisions since 2005 came from the other institutions category. Historical refinements were made for Quebec, Alberta, British Columbia and Nunavut in 2009.

Table 8: Differences From Previously Reported Provincial Government–Sector Data, by Province/Territory and Canada, 2004 to 2009 (Millions of Dollars)

Year	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Canada
2004	—	—	-2.5	—	—	423.8	—	—	—	—	—	—	—	421.2
2005	—	—	-3.5	—	—	86.9	—	—	—	—	-2.4	—	—	81.0
2006	—	—	-11.3	—	—	-77.6	—	—	—	—	-3.6	—	—	-92.5
2007	—	—	-10.9	—	—	-185.1	—	—	—	—	-3.6	—	—	-199.6
2008	—	—	-8.4	—	—	-213.1	—	—	—	—	-3.7	—	—	-225.2
2009	—	—	-12.5	—	-17.3	-210.1	—	—	16.2	-1.2	-3.4	—	19.7	-208.7

Private Sector

From 2005 onward, minor adjustments were made to certain provinces in regards to over-the-counter drugs and personal health supplies.

Table 9: Differences From Previously Reported Private-Sector Data, by Province/Territory and Canada, 2005 to 2009 (Millions of Dollars)

Year	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Canada
2005	-0.2	—	—	—	—	—	—	—	—	—	—	—	—	-0.2
2006	0.1	—	—	—	—	—	—	—	—	—	0.2	0.1	—	0.4
2007	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2008	—	—	—	-0.1	—	—	-0.1	0.1	—	—	—	—	—	—
2009	-6.7	9.0	9.8	2.6	20.1	43.9	-11.5	-1.7	-2.9	10.7	—	-0.1	0.1	73.4

Federal Direct Sector

The historical revisions shown in Table 10 are largely due to methodological changes to several federal departments, which dated back to 2003.

Table 10: Differences From Previously Reported Federal Direct-Sector Data, by Province/Territory and Canada, 2003 to 2009 (Millions of Dollars)

Year	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Canada
2003	0.1	—	0.3	—	3.5	4.5	0.2	2.2	3.0	1.9	—	—	—	15.6
2004	-0.1	—	-0.5	—	-0.8	-6.8	-0.1	0.6	0.6	-3.4	—	—	—	-10.4
2005	—	—	-0.2	—	-0.6	-2.8	-0.1	—	-0.1	-1.3	—	—	—	-5.1
2006	0.1	—	0.2	0.1	1.5	2.5	0.2	0.2	0.7	0.8	—	—	—	6.4
2007	—	—	-0.2	-0.1	-0.7	-1.3	-0.1	-0.1	-0.5	-0.4	—	—	—	-3.2
2008	—	—	0.1	0.1	1.3	2.4	0.2	0.2	1.0	1.1	—	—	—	6.3
2009	-0.3	—	-0.8	-0.8	7.3	18.3	-0.1	-4.6	3.7	4.5	4.0	8.4	6.3	46.0

Social Security Fund Sector

Changes in Quebec are the result of updated historical information. New data for Ontario was available in 2009.

Table 11: Differences From Previously Reported Social Security Fund-Sector Data, by Province/Territory and Canada, 2009 (Millions of Dollars)

Year	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Canada
2009	—	—	—	—	63.1	-0.2	—	—	—	—	—	—	—	62.9

Age and Sex Expenditure Data

Changes to the age–sex distributions from the previous publication occurred due to methodology revisions and new information from data sources. For more detailed information please contact the NHEX section by telephone at 613-241-7860 or by email at nhex@cihi.ca.

Economic and Demographic Data

Statistics Canada recently revised its population estimates back to 2008. The estimates in this report are now based on the latest released data of July 2012.

8.5 Sources of Data

National health expenditure estimates are compiled based on information from the following sources.

Provincial Government Sector

- Provincial public accounts and main estimates.
- Provincial departments of health annual reports and statistical supplements where available.
- Annual reports of various foundations, agencies and commissions.
- Special tabulations and specific information from various provincial departments reporting health expenditures.
- Federal transfers as a part of provincial government spending:
 - EPF, CHT, CST—Federal–Provincial Relations Division, Federal Department of Finance.
 - CAP—Cost Shared Programs Division, Human Resources and Development Canada.
 - Contributions to the governments of the Northwest Territories and Yukon—Public Accounts of Canada, Department of Indian Affairs and Northern Development.
 - Health Resource Fund—Health Canada.

Federal Direct Sector

- Public Accounts of Canada.
- Main Estimates of Treasury Board of Canada.
- Special tabulations/information from
 - Health Canada;
 - Department of Veterans Affairs;
 - Department of National Defence;
 - Public Safety Canada;
 - Statistics Canada;
 - Citizenship and Immigration Canada; and

- Several organizations that are responsible for administering research funds from the federal government, such as the Canada Foundation for Innovation, Canadian Health Services Research Foundation and Canadian Institute for Advanced Research.

Municipal Government Sector

- Special tabulation purchased from the Public Sector Statistics Division of Statistics Canada.

Social Security Funds Sector

- Special tabulations on medical aid spending provided by the provincial/territorial workers' compensation boards.
- Annual reports of provincial/territorial workers' compensation boards.
- Special tabulations from the MSSS.

Private Sector

- Private insurance component:
 - The *not-for-profit* portion is captured from special tabulations provided by the not-for-profit insurance companies.
 - The *commercial* portion is captured by a special tabulation provided by the Canadian Life and Health Insurance Association.
- Out-of-pocket component:
 - Survey of Household Spending, Statistics Canada, except for the following categories:
 - o **Hospital accommodation**—(adjusted revenues from *patient services*) Annual Return of Health Care Facilities, fielded by Statistics Canada to 1994–1995, and the CMDB, administered by CIHI from 1995–1996 onward.
 - o **Other institutions**—Residential Care Facilities Survey fielded by Statistics Canada.
 - o **Over-the-counter drugs** and **personal health supplies**—Market Review of Selected Drug Categories at Retail, a special tabulation purchased from the Nielsen Company Canada.
- Non-consumption component:
 - **Hospital accommodation**—(adjusted revenues from *non-patient services*) Annual Return of Health Care Facilities, Part 2, fielded by Statistics Canada to 1994–1995, and the CMDB, from 1995–1996 onward.
 - **Capital expenditures**—special tabulation purchased from the Investment, Science and Technology Division of Statistics Canada.
 - **Health research**—the Association of Faculties of Medicine of Canada, *Canadian Medical Education Statistics*, Expenditure for Biomedical and Health Care Research of Canadian Faculties of Medicine by Source of Funds.

Age and Sex Data

- CIHI's DAD and HMDB.
- CIHI's NPDB and NPDUIS Database.
- Special tabulations provided by provincial/territorial government departments responsible for administering drug and other health benefit programs.
- Statistics Canada's Residential Care Facility Survey.

Economic and Demographic Data

- Gross domestic product:
 - Purchased from Statistics Canada, for all years except the latest.
 - Purchased from the Conference Board of Canada (GDP growth rates) for the latest year.
- Population—purchased from the Demography Division, Statistics Canada.
- Provincial government expenditure—special tabulation purchased from the Public Sector Statistics Division of Statistics Canada. From 2009–2010, data is also extracted and estimated from provincial Public Accounts, Budgets and Main Estimates.
- Price indices:
 - Income and Expenditure Accounts Division and Prices Division, Statistics Canada, for all years except the latest.
 - Purchased from The Conference Board of Canada for the latest year.

9.0 Data Tables

This section provides summary-level expenditure data. These data tables are organized as follows:

Series

A—Summary Data, Canada

B—Total Health Expenditure, by Source of Finance, by Province/Territory and Canada (Selected Tables)

E—Provincial/Territorial Government Health Expenditure, by Age and Sex, by Province/Territory and Canada (Selected Tables)

The CD-ROM affixed to the back cover of this report contains more comprehensive data tables in Microsoft Excel. The data tables on the CD are organized as follows:

Series available on the CD-ROM

A—Summary Data, Canada

B—Total Health Expenditure, by Source of Finance, by Province/Territory and Canada

C—Health Expenditure, by Use of Funds, by Source of Finance, Canada

D—Health Expenditure, by Use of Funds, by Source of Finance, by Province/Territory

E—Provincial/Territorial Government Health Expenditure, by Age and Sex, by Province/Territory and Canada

F—Provincial/Territorial Government Health Expenditure, by Province/Territory and Canada

G—Drug Expenditure by Type, by Source of Finance and as a Share of Public, Private and Total Health Expenditures, by Province/Territory and Canada

Each series generally follows the order below except as indicated. In addition, tables in A.3, Series C, Series D, Series E and Series F.2 and F.3 are not available in constant dollar values.

Current dollars

- In millions of dollars.
- Percentage distribution (use of funds only).
- Per capita.
- Sector as a proportion of
 - GDP (B.1 and F.1 series only).
 - Total health expenditure (B.2 to B.8 series only).
 - Total provincial/territorial government program/expenditure (B.4 and F.4 series only).

Constant dollars

- In millions of 1997 dollars (A, B and F.1 series only).
- In 1997 dollars per capita (A, B and F.1 series only).

Most subseries also include a table of annual percentage changes.

In all tables, forecasts are denoted with the letter “f”; the symbol “—” denotes data that is either unavailable or not applicable.





Series A

Summary Data, Canada

Table A.1

Total Health Expenditure, Canada, 1975 to 2012—Summary

Year	Total Health Expenditure in Current Dollars		Total Health Expenditure in Constant 1997 Dollars		Total Health Expenditure as a % of GDP
	Total (\$' 000,000)	Per Capita (\$)	Total (\$' 000,000)	Per Capita (\$)	(%)
1975	12,199.4	527.1	39,684.0	1,714.7	7.0
1976	14,049.8	599.1	40,766.5	1,738.5	7.0
1977	15,450.0	651.2	41,609.5	1,753.8	7.0
1978	17,106.8	713.9	42,940.6	1,791.9	7.0
1979	19,169.7	792.1	44,203.5	1,826.5	6.8
1980	22,298.4	909.5	46,676.2	1,903.9	7.1
1981	26,276.7	1,058.7	48,797.9	1,966.0	7.3
1982	30,759.1	1,224.6	51,097.5	2,034.3	8.1
1983	34,038.6	1,341.8	53,090.2	2,092.9	8.3
1984	36,743.1	1,434.9	55,046.8	2,149.6	8.2
1985	39,842.4	1,541.7	57,476.0	2,224.1	8.2
1986	43,338.1	1,660.4	60,275.6	2,309.3	8.5
1987	46,789.2	1,769.0	61,934.0	2,341.7	8.4
1988	50,960.1	1,901.8	64,633.6	2,412.1	8.3
1989	56,096.2	2,056.2	67,577.6	2,477.0	8.5
1990	61,026.3	2,203.3	69,794.4	2,519.9	9.0
1991	66,289.8	2,364.8	72,598.2	2,589.9	9.7
1992	69,749.9	2,458.9	74,097.8	2,612.1	10.0
1993	71,500.0	2,492.9	74,706.0	2,604.6	9.8
1994	73,111.4	2,521.2	75,259.8	2,595.2	9.5
1995	74,086.4	2,528.4	75,529.8	2,577.6	9.1
1996	74,713.9	2,523.2	75,750.7	2,558.2	8.9
1997	78,734.4	2,632.6	78,734.4	2,632.6	8.9
1998	84,083.9	2,788.2	82,858.5	2,747.6	9.2
1999	90,363.4	2,972.1	87,490.6	2,877.6	9.2
2000	98,589.1	3,212.5	92,066.0	3,000.0	9.2
2001	107,208.3	3,456.0	98,072.6	3,161.5	9.7
2002	115,093.2	3,668.6	102,276.3	3,260.1	10.0
2003	123,694.0	3,905.0	107,134.5	3,382.2	10.2
2004	132,197.9	4,131.8	112,504.2	3,516.3	10.2
2005	140,729.0	4,355.3	115,962.1	3,588.8	10.2
2006	150,838.0	4,630.3	120,962.7	3,713.2	10.4
2007	160,244.4	4,866.3	124,917.9	3,793.5	10.5
2008	172,004.7	5,162.3	130,385.8	3,913.2	10.7
2009	182,086.3	5,398.4	134,031.7	3,973.7	11.9
2010	193,113.5	5,658.8	139,115.0	4,076.5	11.9
2011 f	200,621.8	5,818.0	141,032.3	4,089.9	11.7
2012 f	207,416.9	5,948.1	143,121.2	4,104.3	11.6
(annual percentage change)*					
1976*	15.2	13.7	2.7	1.4	---
1980*	16.3	14.8	5.6	4.2	---
1985	8.4	7.4	4.4	3.5	---
1986	8.8	7.7	4.9	3.8	---
1987	8.0	6.5	2.8	1.4	---
1988	8.9	7.5	4.4	3.0	---
1989	10.1	8.1	4.6	2.7	---
1990	8.8	7.2	3.3	1.7	---
1991	8.6	7.3	4.0	2.8	---
1992	5.2	4.0	2.1	0.9	---
1993	2.5	1.4	0.8	-0.3	---
1994	2.3	1.1	0.7	-0.4	---
1995	1.3	0.3	0.4	-0.7	---
1996	0.8	-0.2	0.3	-0.8	---
1997	5.4	4.3	3.9	2.9	---
1998	6.8	5.9	5.2	4.4	---
1999	7.5	6.6	5.6	4.7	---
2000	9.1	8.1	5.2	4.3	---
2001	8.7	7.6	6.5	5.4	---
2002	7.4	6.2	4.3	3.1	---
2003	7.5	6.4	4.8	3.7	---
2004	6.9	5.8	5.0	4.0	---
2005	6.5	5.4	3.1	2.1	---
2006	7.2	6.3	4.3	3.5	---
2007	6.2	5.1	3.3	2.2	---
2008	7.3	6.1	4.4	3.2	---
2009	5.9	4.6	2.8	1.5	---
2010	6.1	4.8	3.8	2.6	---
2011 f	3.9	2.8	1.4	0.3	---
2012 f	3.4	2.2	1.5	0.4	---

Notes

* Refer to electronic tables for annual percentage change for the years 1977 to 1979 and 1981 to 1984.

f: forecast.

Canadian Institute for Health Information, 2012.

Table A.2.1

Total Health Expenditure by Source of Finance, Canada, 1975 to 2012—Current Dollars

	Provincial Government	Federal Direct	Municipal Government	Social Security Funds	Total of Public Sector	Private Sector	Total
	A	B	C	D	A+B+C+D E	F	E+F G
Year	(\$' 000,000)						
1975	8,709.3	398.3	71.6	121.1	9,300.3	2,899.2	12,199.4
1976	10,129.9	439.7	105.8	141.9	10,817.2	3,232.6	14,049.8
1977	11,102.0	475.2	114.2	153.1	11,844.6	3,605.4	15,450.0
1978	12,269.4	485.6	111.7	173.8	13,040.5	4,066.3	17,106.8
1979	13,696.6	512.8	156.0	186.8	14,552.3	4,617.4	19,169.7
1980	15,794.1	582.1	234.0	231.7	16,841.8	5,456.5	22,298.4
1981	18,655.5	692.7	275.4	319.0	19,942.6	6,334.1	26,276.7
1982	22,002.1	854.8	250.8	339.1	23,446.8	7,312.3	30,759.1
1983	24,510.2	994.9	222.2	352.7	26,080.0	7,958.6	34,038.6
1984	26,244.0	1,106.1	214.5	392.3	27,956.9	8,786.3	36,743.1
1985	28,202.8	1,157.7	273.1	462.0	30,095.5	9,746.9	39,842.4
1986	30,501.5	1,260.8	310.2	457.0	32,529.4	10,808.7	43,338.1
1987	32,821.9	1,349.7	404.6	479.5	35,055.7	11,733.5	46,789.2
1988	35,806.2	1,522.8	303.5	531.1	38,163.7	12,796.4	50,960.1
1989	39,332.1	1,686.6	326.4	566.8	41,911.9	14,184.3	56,096.2
1990	42,469.7	1,970.4	364.6	644.4	45,449.2	15,577.1	61,026.3
1991	46,176.8	2,110.0	374.7	721.4	49,382.9	16,906.9	66,289.8
1992	48,337.8	2,199.9	396.9	703.2	51,637.9	18,112.0	69,749.9
1993	48,572.6	2,280.9	383.7	684.8	51,922.0	19,578.1	71,500.0
1994	48,885.6	2,519.8	446.1	685.7	52,537.2	20,574.2	73,111.4
1995	48,936.4	2,667.0	394.9	718.0	52,716.3	21,370.1	74,086.4
1996	49,080.1	2,606.2	348.1	769.0	52,803.4	21,910.5	74,713.9
1997	51,143.2	2,828.0	318.7	911.5	55,201.3	23,533.1	78,734.4
1998	54,391.6	3,027.5	765.9	1,001.1	59,186.0	24,897.9	84,083.9
1999	58,329.8	3,152.9	565.4	1,134.7	63,182.8	27,180.7	90,363.4
2000	63,632.5	3,614.5	690.3	1,316.6	69,253.9	29,335.1	98,589.1
2001	68,539.3	4,261.3	775.8	1,415.0	74,991.5	32,216.8	107,208.3
2002	73,485.3	4,140.5	825.4	1,494.4	79,945.7	35,147.5	115,093.2
2003	79,324.6	4,699.9	921.5	1,722.5	86,668.6	37,025.4	123,694.0
2004	85,027.8	4,764.4	1,056.8	1,832.9	92,682.0	39,515.9	132,197.9
2005	90,804.2	4,919.6	1,008.8	1,947.1	98,679.7	42,049.3	140,729.0
2006	96,651.2	5,255.9	1,032.5	2,095.7	105,035.3	45,802.7	150,838.0
2007	103,477.3	5,677.4	962.4	2,210.9	112,328.1	47,916.3	160,244.4
2008	111,626.9	6,350.1	868.4	2,387.2	121,232.5	50,772.2	172,004.7
2009	118,691.8	6,917.9	938.8	2,441.1	128,989.6	53,096.7	182,086.3
2010	125,982.4	6,653.2	962.4	2,560.6	136,158.6	56,955.0	193,113.5
2011 f	130,871.8	6,245.2	875.3	2,623.1	140,615.3	60,006.5	200,621.8
2012 f	134,951.7	6,113.5	879.7	2,692.5	144,637.5	62,779.4	207,416.9
(annual percentage change)*							
1976*	16.3	10.4	47.6	17.2	16.3	11.5	15.2
1980*	15.3	13.5	50.0	24.0	15.7	18.2	16.3
1985	7.5	4.7	27.3	17.8	7.6	10.9	8.4
1986	8.2	8.9	13.6	-1.1	8.1	10.9	8.8
1987	7.6	7.1	30.4	4.9	7.8	8.6	8.0
1988	9.1	12.8	-25.0	10.8	8.9	9.1	8.9
1989	9.8	10.8	7.6	6.7	9.8	10.8	10.1
1990	8.0	16.8	11.7	13.7	8.4	9.8	8.8
1991	8.7	7.1	2.8	11.9	8.7	8.5	8.6
1992	4.7	4.3	6.0	-2.5	4.6	7.1	5.2
1993	0.5	3.7	-3.3	-2.6	0.6	8.1	2.5
1994	0.6	10.5	16.2	0.1	1.2	5.1	2.3
1995	0.1	5.8	-11.5	4.7	0.3	3.9	1.3
1996	0.3	-2.3	-11.9	7.1	0.2	2.5	0.8
1997	4.2	8.5	-8.4	18.5	4.5	7.4	5.4
1998	6.4	7.1	140.3	9.8	7.2	5.8	6.8
1999	7.2	4.1	-26.2	13.4	6.8	9.2	7.5
2000	9.1	14.6	22.1	16.0	9.6	7.9	9.1
2001	7.7	17.9	12.4	7.5	8.3	9.8	8.7
2002	7.2	-2.8	6.4	5.6	6.6	9.1	7.4
2003	7.9	13.5	11.6	15.3	8.4	5.3	7.5
2004	7.2	1.4	14.7	6.4	6.9	6.7	6.9
2005	6.8	3.3	-4.5	6.2	6.5	6.4	6.5
2006	6.4	6.8	2.3	7.6	6.4	8.9	7.2
2007	7.1	8.0	-6.8	5.5	6.9	4.6	6.2
2008	7.9	11.8	-9.8	8.0	7.9	6.0	7.3
2009	6.3	8.9	8.1	2.3	6.4	4.6	5.9
2010	6.1	-3.8	2.5	4.9	5.6	7.3	6.1
2011 f	3.9	-6.1	-9.0	2.4	3.3	5.4	3.9
2012 f	3.1	-2.1	0.5	2.6	2.9	4.6	3.4

Notes

* Refer to electronic tables for annual percentage change for the years 1977 to 1979 and 1981 to 1984.
f: forecast.

Canadian Institute for Health Information, 2012.

Table A.2.2

Total Health Expenditure by Source of Finance, Canada, 1975 to 2012—Current Dollars

	Provincial Government	Federal Direct	Municipal Government	Social Security Funds	Total of Public Sector	Private Sector	Total
	A	B	C	D	A+B+C+D E	F	E+F G
Year	(percentage distribution of \$' 000,000)						
1975	71.4	3.3	0.6	1.0	76.2	23.8	100.0
1976	72.1	3.1	0.8	1.0	77.0	23.0	100.0
1977	71.9	3.1	0.7	1.0	76.7	23.3	100.0
1978	71.7	2.8	0.7	1.0	76.2	23.8	100.0
1979	71.4	2.7	0.8	1.0	75.9	24.1	100.0
1980	70.8	2.6	1.0	1.0	75.5	24.5	100.0
1981	71.0	2.6	1.0	1.2	75.9	24.1	100.0
1982	71.5	2.8	0.8	1.1	76.2	23.8	100.0
1983	72.0	2.9	0.7	1.0	76.6	23.4	100.0
1984	71.4	3.0	0.6	1.1	76.1	23.9	100.0
1985	70.8	2.9	0.7	1.2	75.5	24.5	100.0
1986	70.4	2.9	0.7	1.1	75.1	24.9	100.0
1987	70.1	2.9	0.9	1.0	74.9	25.1	100.0
1988	70.3	3.0	0.6	1.0	74.9	25.1	100.0
1989	70.1	3.0	0.6	1.0	74.7	25.3	100.0
1990	69.6	3.2	0.6	1.1	74.5	25.5	100.0
1991	69.7	3.2	0.6	1.1	74.5	25.5	100.0
1992	69.3	3.2	0.6	1.0	74.0	26.0	100.0
1993	67.9	3.2	0.5	1.0	72.6	27.4	100.0
1994	66.9	3.4	0.6	0.9	71.9	28.1	100.0
1995	66.1	3.6	0.5	1.0	71.2	28.8	100.0
1996	65.7	3.5	0.5	1.0	70.7	29.3	100.0
1997	65.0	3.6	0.4	1.2	70.1	29.9	100.0
1998	64.7	3.6	0.9	1.2	70.4	29.6	100.0
1999	64.6	3.5	0.6	1.3	69.9	30.1	100.0
2000	64.5	3.7	0.7	1.3	70.2	29.8	100.0
2001	63.9	4.0	0.7	1.3	69.9	30.1	100.0
2002	63.8	3.6	0.7	1.3	69.5	30.5	100.0
2003	64.1	3.8	0.7	1.4	70.1	29.9	100.0
2004	64.3	3.6	0.8	1.4	70.1	29.9	100.0
2005	64.5	3.5	0.7	1.4	70.1	29.9	100.0
2006	64.1	3.5	0.7	1.4	69.6	30.4	100.0
2007	64.6	3.5	0.6	1.4	70.1	29.9	100.0
2008	64.9	3.7	0.5	1.4	70.5	29.5	100.0
2009	65.2	3.8	0.5	1.3	70.8	29.2	100.0
2010	65.2	3.4	0.5	1.3	70.5	29.5	100.0
2011 f	65.2	3.1	0.4	1.3	70.1	29.9	100.0
2012 f	65.1	2.9	0.4	1.3	69.7	30.3	100.0
	(annual percentage change)*						
1976*	1.0	-4.1	28.2	1.7	1.0	-3.2	---
1980*	-0.9	-2.4	28.9	6.6	-0.5	1.6	---
1985	-0.9	-3.5	17.4	8.6	-0.7	2.3	---
1986	-0.6	0.1	4.4	-9.1	-0.6	1.9	---
1987	-0.3	-0.8	20.8	-2.8	-0.2	0.5	---
1988	0.2	3.6	-31.1	1.7	0.0	0.1	---
1989	-0.2	0.6	-2.3	-3.1	-0.2	0.7	---
1990	-0.7	7.4	2.7	4.5	-0.3	0.9	---
1991	0.1	-1.4	-5.4	3.1	0.0	-0.1	---
1992	-0.5	-0.9	0.7	-7.4	-0.6	1.8	---
1993	-2.0	1.1	-5.7	-5.0	-1.9	5.4	---
1994	-1.6	8.0	13.7	-2.1	-1.0	2.8	---
1995	-1.2	4.4	-12.6	3.3	-1.0	2.5	---
1996	-0.5	-3.1	-12.6	6.2	-0.7	1.7	---
1997	-1.1	3.0	-13.1	12.5	-0.8	1.9	---
1998	-0.4	0.2	125.0	2.8	0.4	-0.9	---
1999	-0.2	-3.1	-31.3	5.5	-0.7	1.6	---
2000	0.0	5.1	11.9	6.4	0.5	-1.1	---
2001	-0.9	8.4	3.4	-1.2	-0.4	1.0	---
2002	-0.1	-9.5	-0.9	-1.6	-0.7	1.6	---
2003	0.4	5.6	3.9	7.3	0.9	-2.0	---
2004	0.3	-5.1	7.3	-0.4	0.1	-0.1	---
2005	0.3	-3.0	-10.3	-0.2	0.0	0.0	---
2006	-0.7	-0.3	-4.5	0.4	-0.7	1.6	---
2007	0.8	1.7	-12.3	-0.7	0.7	-1.5	---
2008	0.5	4.2	-15.9	0.6	0.5	-1.3	---
2009	0.4	2.9	2.1	-3.4	0.5	-1.2	---
2010	0.1	-9.3	-3.3	-1.1	-0.5	1.1	---
2011 f	0.0	-9.6	-12.5	-1.4	-0.6	1.4	---
2012 f	-0.3	-5.3	-2.8	-0.7	-0.5	1.2	---

Notes

* Refer to electronic tables for annual percentage change for the years 1977 to 1979 and 1981 to 1984.
f: forecast.

Canadian Institute for Health Information, 2012.

Table A.2.3

Total Health Expenditure by Source of Finance, Canada, 1975 to 2012—Current Dollars

	Provincial Government	Federal Direct	Municipal Government	Social Security Funds	Total of Public Sector	Private Sector	Total
	A	B	C	D	A+B+C+D E	F	E+F G
Year	(\$' per capita)						
1975	376.3	17.2	3.1	5.2	401.9	125.3	527.1
1976	432.0	18.8	4.5	6.0	461.3	137.9	599.1
1977	467.9	20.0	4.8	6.5	499.2	152.0	651.2
1978	512.0	20.3	4.7	7.3	544.2	169.7	713.9
1979	565.9	21.2	6.4	7.7	601.3	190.8	792.1
1980	644.2	23.7	9.5	9.5	687.0	222.6	909.5
1981	751.6	27.9	11.1	12.9	803.5	255.2	1,058.7
1982	876.0	34.0	10.0	13.5	933.5	291.1	1,224.6
1983	966.2	39.2	8.8	13.9	1,028.1	313.7	1,341.8
1984	1,024.8	43.2	8.4	15.3	1,091.7	343.1	1,434.9
1985	1,091.3	44.8	10.6	17.9	1,164.6	377.2	1,541.7
1986	1,168.6	48.3	11.9	17.5	1,246.3	414.1	1,660.4
1987	1,241.0	51.0	15.3	18.1	1,325.4	443.6	1,769.0
1988	1,336.3	56.8	11.3	19.8	1,424.3	477.6	1,901.8
1989	1,441.7	61.8	12.0	20.8	1,536.3	519.9	2,056.2
1990	1,533.3	71.1	13.2	23.3	1,640.9	562.4	2,203.3
1991	1,647.3	75.3	13.4	25.7	1,761.7	603.1	2,364.8
1992	1,704.0	77.6	14.0	24.8	1,820.4	638.5	2,458.9
1993	1,693.5	79.5	13.4	23.9	1,810.3	682.6	2,492.9
1994	1,685.8	86.9	15.4	23.6	1,811.7	709.5	2,521.2
1995	1,670.1	91.0	13.5	24.5	1,799.1	729.3	2,528.4
1996	1,657.5	88.0	11.8	26.0	1,783.2	739.9	2,523.2
1997	1,710.1	94.6	10.7	30.5	1,845.7	786.9	2,632.6
1998	1,803.6	100.4	25.4	33.2	1,962.6	825.6	2,788.2
1999	1,918.5	103.7	18.6	37.3	2,078.1	894.0	2,972.1
2000	2,073.5	117.8	22.5	42.9	2,256.6	955.9	3,212.5
2001	2,209.4	137.4	25.0	45.6	2,417.4	1,038.5	3,456.0
2002	2,342.3	132.0	26.3	47.6	2,548.3	1,120.3	3,668.6
2003	2,504.2	148.4	29.1	54.4	2,736.1	1,168.9	3,905.0
2004	2,657.5	148.9	33.0	57.3	2,896.7	1,235.1	4,131.8
2005	2,810.2	152.3	31.2	60.3	3,054.0	1,301.3	4,355.3
2006	2,966.9	161.3	31.7	64.3	3,224.3	1,406.0	4,630.3
2007	3,142.4	172.4	29.2	67.1	3,411.1	1,455.1	4,866.3
2008	3,350.2	190.6	26.1	71.6	3,638.5	1,523.8	5,162.3
2009	3,518.9	205.1	27.8	72.4	3,824.2	1,574.2	5,398.4
2010	3,691.7	195.0	28.2	75.0	3,989.9	1,669.0	5,658.8
2011 f	3,795.3	181.1	25.4	76.1	4,077.8	1,740.2	5,818.0
2012 f	3,870.0	175.3	25.2	77.2	4,147.8	1,800.3	5,948.1
(annual percentage change)*							
1976*	14.8	9.0	45.7	15.6	14.8	10.0	13.7
1980*	13.8	12.0	48.1	22.4	14.2	16.7	14.8
1985	6.5	3.7	26.1	16.7	6.7	9.9	7.4
1986	7.1	7.8	12.5	-2.1	7.0	9.8	7.7
1987	6.2	5.6	28.7	3.5	6.3	7.1	6.5
1988	7.7	11.4	-26.0	9.3	7.5	7.6	7.5
1989	7.9	8.8	5.6	4.8	7.9	8.9	8.1
1990	6.4	15.1	10.0	12.0	6.8	8.2	7.2
1991	7.4	5.8	1.5	10.6	7.4	7.2	7.3
1992	3.4	3.0	4.7	-3.7	3.3	5.9	4.0
1993	-0.6	2.5	-4.4	-3.7	-0.6	6.9	1.4
1994	-0.5	9.3	15.0	-1.0	0.1	3.9	1.1
1995	-0.9	4.7	-12.4	3.6	-0.7	2.8	0.3
1996	-0.8	-3.3	-12.8	6.0	-0.9	1.5	-0.2
1997	3.2	7.4	-9.4	17.4	3.5	6.3	4.3
1998	5.5	6.2	138.3	8.9	6.3	4.9	5.9
1999	6.4	3.3	-26.8	12.4	5.9	8.3	6.6
2000	8.1	13.6	21.0	15.0	8.6	6.9	8.1
2001	6.6	16.6	11.2	6.3	7.1	8.6	7.6
2002	6.0	-3.9	5.2	4.4	5.4	7.9	6.2
2003	6.9	12.4	10.6	14.2	7.4	4.3	6.4
2004	6.1	0.4	13.5	5.3	5.9	5.7	5.8
2005	5.7	2.2	-5.5	5.2	5.4	5.4	5.4
2006	5.6	6.0	1.5	6.8	5.6	8.0	6.3
2007	5.9	6.9	-7.8	4.4	5.8	3.5	5.1
2008	6.6	10.5	-10.8	6.7	6.7	4.7	6.1
2009	5.0	7.6	6.8	1.0	5.1	3.3	4.6
2010	4.9	-4.9	1.3	3.7	4.3	6.0	4.8
2011 f	2.8	-7.1	-10.0	1.4	2.2	4.3	2.8
2012 f	2.0	-3.2	-0.6	1.5	1.7	3.5	2.2

Notes

* Refer to electronic tables for annual percentage change for the years 1977 to 1979 and 1981 to 1984.
f: forecast.

Canadian Institute for Health Information, 2012.

Table A.2.4

Total Health Expenditure by Source of Finance, Canada, 1975 to 2012—Constant Dollars

	Provincial Government	Federal Direct	Municipal Government	Social Security Funds	Total of Public Sector	Private Sector	Total
	A	B	C	D	A+B+C+D E	F	E+F G
Year	(in 1997 \$' 000,000)						
1975	27,834.3	1,272.1	230.4	389.4	29,726.3	9,957.7	39,684.0
1976	28,659.5	1,247.3	304.7	403.8	30,615.2	10,151.2	40,766.5
1977	28,970.1	1,243.4	304.7	402.6	30,920.8	10,688.7	41,609.5
1978	29,826.1	1,184.5	277.9	425.3	31,713.8	11,226.8	42,940.6
1979	30,367.9	1,140.9	354.1	417.5	32,280.4	11,923.1	44,203.5
1980	31,774.8	1,174.0	482.4	469.8	33,901.0	12,775.2	46,676.2
1981	33,201.3	1,236.2	501.6	572.2	35,511.3	13,286.6	48,797.9
1982	35,100.5	1,370.6	410.0	544.4	37,425.5	13,672.1	51,097.5
1983	37,028.8	1,503.6	342.1	537.8	39,412.3	13,677.9	53,090.2
1984	38,230.8	1,609.6	318.2	574.5	40,733.1	14,313.7	55,046.8
1985	39,681.7	1,629.3	389.1	650.9	42,351.0	15,125.0	57,476.0
1986	41,604.7	1,719.5	423.9	624.6	44,372.7	15,902.9	60,275.6
1987	42,868.1	1,764.7	526.9	627.2	45,787.0	16,147.0	61,934.0
1988	45,077.1	1,918.1	382.4	670.1	48,047.6	16,585.9	64,633.6
1989	47,023.6	2,017.2	389.3	677.5	50,107.7	17,469.9	67,577.6
1990	48,187.1	2,237.4	413.7	731.8	51,569.9	18,224.5	69,794.4
1991	50,300.9	2,304.4	409.0	785.5	53,799.7	18,798.4	72,598.2
1992	51,154.3	2,336.9	420.6	745.3	54,657.0	19,440.8	74,097.8
1993	50,743.2	2,393.3	401.3	716.6	54,254.4	20,451.6	74,706.0
1994	50,294.9	2,599.6	461.7	707.1	54,063.2	21,196.6	75,259.8
1995	49,791.4	2,718.3	403.6	731.6	53,644.8	21,885.0	75,529.8
1996	49,755.4	2,642.4	353.2	780.0	53,531.0	22,219.8	75,750.7
1997	51,143.2	2,828.0	318.7	911.5	55,201.3	23,533.1	78,734.4
1998	53,777.4	2,992.0	754.3	991.6	58,515.4	24,343.2	82,858.5
1999	56,792.1	3,065.2	551.7	1,105.0	61,514.1	25,976.5	87,490.6
2000	59,403.3	3,369.1	647.5	1,227.5	64,647.3	27,418.7	92,066.0
2001	62,836.1	3,900.2	716.5	1,295.4	68,748.2	29,324.4	98,072.6
2002	65,149.2	3,663.6	736.4	1,322.5	70,871.7	31,404.6	102,276.3
2003	68,327.4	4,046.1	799.5	1,473.1	74,646.0	32,488.5	107,134.5
2004	71,991.8	4,024.9	896.6	1,550.4	78,463.7	34,040.5	112,504.2
2005	74,274.8	4,014.1	824.4	1,591.5	80,704.8	35,257.3	115,962.1
2006	76,719.0	4,159.6	820.2	1,670.2	83,368.9	37,593.7	120,962.7
2007	79,556.0	4,351.5	741.5	1,698.4	86,347.4	38,570.5	124,917.9
2008	83,100.6	4,711.6	646.3	1,783.2	90,241.6	40,144.2	130,385.8
2009	85,711.3	4,980.2	676.6	1,772.6	93,140.8	40,890.9	134,031.7
2010	88,971.2	4,684.3	677.1	1,824.4	96,157.0	42,958.0	139,115.0
2011 f	89,664.8	4,267.6	594.6	1,810.0	96,336.9	44,695.4	141,032.3
2012 f	90,409.8	4,084.3	585.4	1,814.4	96,893.8	46,227.4	143,121.2
(annual percentage change)*							
1976*	3.0	-2.0	32.2	3.7	3.0	1.9	2.7
1980*	4.6	2.9	36.2	12.5	5.0	7.1	5.6
1985	3.8	1.2	22.3	13.3	4.0	5.7	4.4
1986	4.8	5.5	8.9	-4.0	4.8	5.1	4.9
1987	3.0	2.6	24.3	0.4	3.2	1.5	2.8
1988	5.2	8.7	-27.4	6.8	4.9	2.7	4.4
1989	4.3	5.2	1.8	1.1	4.3	5.3	4.6
1990	2.5	10.9	6.3	8.0	2.9	4.3	3.3
1991	4.4	3.0	-1.1	7.3	4.3	3.1	4.0
1992	1.7	1.4	2.8	-5.1	1.6	3.4	2.1
1993	-0.8	2.4	-4.6	-3.9	-0.7	5.2	0.8
1994	-0.9	8.6	15.0	-1.3	-0.4	3.6	0.7
1995	-1.0	4.6	-12.6	3.5	-0.8	3.2	0.4
1996	-0.1	-2.8	-12.5	6.6	-0.2	1.5	0.3
1997	2.8	7.0	-9.8	16.9	3.1	5.9	3.9
1998	5.2	5.8	136.7	8.8	6.0	3.4	5.2
1999	5.6	2.4	-26.9	11.4	5.1	6.7	5.6
2000	4.6	9.9	17.4	11.1	5.1	5.6	5.2
2001	5.8	15.8	10.7	5.5	6.3	7.0	6.5
2002	3.7	-6.1	2.8	2.1	3.1	7.1	4.3
2003	4.9	10.4	8.6	11.4	5.3	3.5	4.8
2004	5.4	-0.5	12.1	5.2	5.1	4.8	5.0
2005	3.2	-0.3	-8.0	2.7	2.9	3.6	3.1
2006	3.3	3.6	-0.5	4.9	3.3	6.6	4.3
2007	3.7	4.6	-9.6	1.7	3.6	2.6	3.3
2008	4.5	8.3	-12.8	5.0	4.5	4.1	4.4
2009	3.1	5.7	4.7	-0.6	3.2	1.9	2.8
2010	3.8	-5.9	0.1	2.9	3.2	5.1	3.8
2011 f	0.8	-8.9	-12.2	-0.8	0.2	4.0	1.4
2012 f	0.8	-4.3	-1.5	0.2	0.6	3.4	1.5

Notes

* Refer to electronic tables for annual percentage change for the years 1977 to 1979 and 1981 to 1984.
f: forecast.

Canadian Institute for Health Information, 2012.

Table A.2.5

Total Health Expenditure by Source of Finance, Canada, 1975 to 2012—Constant Dollars

	Provincial Government	Federal Direct	Municipal Government	Social Security Funds	Total of Public Sector	Private Sector	Total
	A	B	C	D	A+B+C+D E	F	E+F G
Year	(in 1997 \$* per capita)						
1975	1,202.7	55.0	10.0	16.8	1,284.4	430.3	1,714.7
1976	1,222.2	53.2	13.0	17.2	1,305.6	432.9	1,738.5
1977	1,221.0	52.4	12.8	17.0	1,303.2	450.5	1,753.8
1978	1,244.7	49.4	11.6	17.7	1,323.4	468.5	1,791.9
1979	1,254.8	47.1	14.6	17.3	1,333.8	492.7	1,826.5
1980	1,296.1	47.9	19.7	19.2	1,382.8	521.1	1,903.9
1981	1,337.7	49.8	20.2	23.1	1,430.7	535.3	1,966.0
1982	1,397.5	54.6	16.3	21.7	1,490.0	544.3	2,034.3
1983	1,459.7	59.3	13.5	21.2	1,553.7	539.2	2,092.9
1984	1,492.9	62.9	12.4	22.4	1,590.7	559.0	2,149.6
1985	1,535.5	63.0	15.1	25.2	1,638.8	585.3	2,224.1
1986	1,594.0	65.9	16.2	23.9	1,700.0	609.3	2,309.3
1987	1,620.8	66.7	19.9	23.7	1,731.2	610.5	2,341.7
1988	1,682.3	71.6	14.3	25.0	1,793.1	619.0	2,412.1
1989	1,723.6	73.9	14.3	24.8	1,836.7	640.3	2,477.0
1990	1,739.8	80.8	14.9	26.4	1,861.9	658.0	2,519.9
1991	1,794.4	82.2	14.6	28.0	1,919.3	670.6	2,589.9
1992	1,803.3	82.4	14.8	26.3	1,926.8	685.3	2,612.1
1993	1,769.2	83.4	14.0	25.0	1,891.6	713.0	2,604.6
1994	1,734.4	89.6	15.9	24.4	1,864.3	730.9	2,595.2
1995	1,699.2	92.8	13.8	25.0	1,830.7	746.9	2,577.6
1996	1,680.3	89.2	11.9	26.3	1,807.8	750.4	2,558.2
1997	1,710.1	94.6	10.7	30.5	1,845.7	786.9	2,632.6
1998	1,783.2	99.2	25.0	32.9	1,940.4	807.2	2,747.6
1999	1,867.9	100.8	18.1	36.3	2,023.2	854.4	2,877.6
2000	1,935.7	109.8	21.1	40.0	2,106.5	893.4	3,000.0
2001	2,025.6	125.7	23.1	41.8	2,216.2	945.3	3,161.5
2002	2,076.6	116.8	23.5	42.2	2,259.0	1,001.0	3,260.1
2003	2,157.1	127.7	25.2	46.5	2,356.5	1,025.6	3,382.2
2004	2,250.1	125.8	28.0	48.5	2,452.4	1,063.9	3,516.3
2005	2,298.7	124.2	25.5	49.3	2,497.7	1,091.1	3,588.8
2006	2,355.1	127.7	25.2	51.3	2,559.2	1,154.0	3,713.2
2007	2,415.9	132.1	22.5	51.6	2,622.2	1,171.3	3,793.5
2008	2,494.1	141.4	19.4	53.5	2,708.4	1,204.8	3,913.2
2009	2,541.1	147.7	20.1	52.6	2,761.4	1,212.3	3,973.7
2010	2,607.1	137.3	19.8	53.5	2,817.7	1,258.8	4,076.5
2011 f	2,600.3	123.8	17.2	52.5	2,793.8	1,296.2	4,089.9
2012 f	2,592.7	117.1	16.8	52.0	2,778.6	1,325.7	4,104.3
	(annual percentage change)*						
1976*	1.6	-3.2	30.5	2.4	1.6	0.6	1.4
1980*	3.3	1.6	34.5	11.1	3.7	5.8	4.2
1985	2.9	0.3	21.2	12.3	3.0	4.7	3.5
1986	3.8	4.5	7.9	-5.0	3.7	4.1	3.8
1987	1.7	1.3	22.7	-0.9	1.8	0.2	1.4
1988	3.8	7.3	-28.4	5.5	3.6	1.4	3.0
1989	2.5	3.3	0.0	-0.7	2.4	3.5	2.7
1990	0.9	9.2	4.7	6.4	1.4	2.8	1.7
1991	3.1	1.8	-2.3	6.1	3.1	1.9	2.8
1992	0.5	0.2	1.6	-6.2	0.4	2.2	0.9
1993	-1.9	1.3	-5.6	-4.9	-1.8	4.0	-0.3
1994	-2.0	7.4	13.8	-2.4	-1.4	2.5	-0.4
1995	-2.0	3.5	-13.5	2.4	-1.8	2.2	-0.7
1996	-1.1	-3.8	-13.4	5.5	-1.3	0.5	-0.8
1997	1.8	6.0	-10.7	15.7	2.1	4.9	2.9
1998	4.3	4.9	134.8	7.9	5.1	2.6	4.4
1999	4.7	1.6	-27.5	10.5	4.3	5.8	4.7
2000	3.6	8.9	16.3	10.1	4.1	4.6	4.3
2001	4.6	14.5	9.5	4.4	5.2	5.8	5.4
2002	2.5	-7.1	1.6	0.9	1.9	5.9	3.1
2003	3.9	9.4	7.5	10.3	4.3	2.5	3.7
2004	4.3	-1.5	11.0	4.2	4.1	3.7	4.0
2005	2.2	-1.2	-8.9	1.6	1.8	2.6	2.1
2006	2.5	2.8	-1.3	4.1	2.5	5.8	3.5
2007	2.6	3.5	-10.6	0.6	2.5	1.5	2.2
2008	3.2	7.0	-13.9	3.8	3.3	2.9	3.2
2009	1.9	4.4	3.4	-1.8	2.0	0.6	1.5
2010	2.6	-7.0	-1.1	1.7	2.0	3.8	2.6
2011 f	-0.3	-9.8	-13.1	-1.8	-0.8	3.0	0.3
2012 f	-0.3	-5.4	-2.6	-0.9	-0.5	2.3	0.4

Notes

* Refer to electronic tables for annual percentage change for the years 1977 to 1979 and 1981 to 1984.
f: forecast.

Canadian Institute for Health Information, 2012.

Table A.3.1.1—Part 1

Total Health Expenditure by Use of Funds, Canada, 1975 to 2012—Current Dollars

	Other Professionals						Subtotal
	Hospitals	Other Institutions	Physicians	Dental Services	Vision Care Services	Other	
Year	A	B	C	(\$' 000,000)			D
1975	5,454.9	1,125.0	1,839.9	741.7	226.1	128.4	1,096.2
1976	6,357.3	1,368.6	2,071.0	869.1	260.1	145.5	1,274.7
1977	6,792.8	1,577.0	2,284.4	1,034.6	295.8	162.6	1,493.0
1978	7,382.0	1,851.8	2,566.7	1,191.3	336.0	186.3	1,713.5
1979	8,114.1	2,171.7	2,857.1	1,374.5	365.8	219.2	1,959.5
1980	9,334.4	2,539.6	3,287.5	1,592.0	414.4	255.4	2,261.7
1981	11,030.7	2,889.9	3,824.8	1,811.8	513.6	303.7	2,629.1
1982	13,092.8	3,384.8	4,420.8	2,072.7	609.8	357.3	3,039.8
1983	14,417.6	3,741.6	5,052.7	2,225.7	715.0	411.6	3,352.4
1984	15,344.8	3,915.5	5,525.9	2,402.3	829.4	452.2	3,683.8
1985	16,260.3	4,105.9	6,045.7	2,711.3	925.9	496.4	4,133.6
1986	17,637.2	4,087.3	6,674.8	2,959.6	1,002.2	562.0	4,523.8
1987	18,951.1	4,329.2	7,342.8	3,203.6	1,075.6	634.3	4,913.5
1988	20,400.3	4,738.7	7,942.1	3,494.0	1,184.2	715.6	5,393.8
1989	22,270.1	5,141.3	8,506.7	3,820.7	1,302.3	833.8	5,956.7
1990	23,866.4	5,748.2	9,245.1	4,139.0	1,402.7	956.6	6,498.3
1991	25,716.3	6,345.2	10,205.5	4,467.5	1,484.8	1,082.7	7,035.0
1992	26,670.3	6,788.4	10,448.5	4,690.2	1,535.0	1,171.6	7,396.8
1993	26,744.4	6,797.4	10,499.1	4,926.9	1,587.0	1,220.4	7,734.3
1994	26,172.6	6,923.4	10,731.8	5,217.1	1,683.0	1,253.7	8,153.9
1995	25,511.9	7,153.6	10,638.3	5,482.5	1,774.4	1,293.9	8,550.8
1996	25,205.5	7,309.0	10,759.1	5,660.3	1,830.1	1,334.7	8,825.2
1997	24,857.3	8,620.0	11,324.0	5,883.0	2,189.2	1,523.0	9,595.2
1998	25,873.4	9,373.1	11,805.4	6,261.4	2,278.1	1,504.9	10,044.4
1999	26,970.6	9,955.6	12,411.4	6,757.4	2,348.8	1,702.1	10,808.2
2000	29,271.3	10,806.7	13,221.8	7,176.0	2,576.4	1,783.4	11,535.8
2001	31,170.0	11,495.3	14,149.7	7,761.1	2,761.1	1,998.0	12,520.2
2002	33,552.1	12,242.7	15,199.0	8,244.2	2,799.8	2,013.9	13,057.8
2003	35,839.9	12,938.2	16,280.8	8,472.9	2,681.6	2,050.2	13,204.7
2004	38,529.7	14,303.8	17,316.1	8,972.0	3,062.4	2,149.5	14,184.0
2005	40,611.9	14,723.6	18,556.2	9,820.1	3,182.5	2,168.5	15,171.2
2006	43,190.5	15,702.0	20,046.9	10,363.7	3,443.8	2,500.3	16,307.8
2007	45,729.9	16,778.6	21,554.3	11,107.3	3,769.7	2,513.1	17,390.2
2008	49,122.4	17,642.0	23,780.3	11,833.5	3,925.8	2,840.6	18,599.9
2009	52,521.8	18,892.0	25,672.0	12,128.7	4,223.3	2,837.0	19,189.0
2010	56,287.2	20,018.8	27,397.8	12,770.1	4,445.9	3,302.3	20,518.4
2011 f	58,680.5	21,335.2	28,924.1	13,299.2	4,671.8	3,561.5	21,532.5
2012 f	60,522.7	22,448.2	29,956.7	13,735.8	4,859.5	3,680.3	22,275.7
(annual percentage change)*							
1976*	16.5	21.7	12.6	17.2	15.0	13.3	16.3
1980*	15.0	16.9	15.1	15.8	13.3	16.5	15.4
1985	6.0	4.9	9.4	12.9	11.6	9.8	12.2
1986	8.5	-0.5	10.4	9.2	8.2	13.2	9.4
1987	7.4	5.9	10.0	8.2	7.3	12.9	8.6
1988	7.6	9.5	8.2	9.1	10.1	12.8	9.8
1989	9.2	8.5	7.1	9.3	10.0	16.5	10.4
1990	7.2	11.8	8.7	8.3	7.7	14.7	9.1
1991	7.8	10.4	10.4	7.9	5.8	13.2	8.3
1992	3.7	7.0	2.4	5.0	3.4	8.2	5.1
1993	0.3	0.1	0.5	5.0	3.4	4.2	4.6
1994	-2.1	1.9	2.2	5.9	6.1	2.7	5.4
1995	-2.5	3.3	-0.9	5.1	5.4	3.2	4.9
1996	-1.2	2.2	1.1	3.2	3.1	3.2	3.2
1997	-1.4	17.9	5.3	3.9	19.6	14.1	8.7
1998	4.1	8.7	4.3	6.4	4.1	-1.2	4.7
1999	4.2	6.2	5.1	7.9	3.1	13.1	7.6
2000	8.5	8.5	6.5	6.2	9.7	4.8	6.7
2001	6.5	6.4	7.0	8.2	7.2	12.0	8.5
2002	7.6	6.5	7.4	6.2	1.4	0.8	4.3
2003	6.8	5.7	7.1	2.8	-4.2	1.8	1.1
2004	7.5	10.6	6.4	5.9	14.2	4.8	7.4
2005	5.4	2.9	7.2	9.5	3.9	0.9	7.0
2006	6.3	6.6	8.0	5.5	8.2	15.3	7.5
2007	5.9	6.9	7.5	7.2	9.5	0.5	6.6
2008	7.4	5.1	10.3	6.5	4.1	13.0	7.0
2009	6.9	7.1	8.0	2.5	7.6	-0.1	3.2
2010	7.2	6.0	6.7	5.3	5.3	16.4	6.9
2011 f	4.3	6.6	5.6	4.1	5.1	7.8	4.9
2012 f	3.1	5.2	3.6	3.3	4.0	3.3	3.5

Notes

* Refer to electronic tables for annual percentage change for the years 1977 to 1979 and 1981 to 1984.
f: forecast.

Canadian Institute for Health Information, 2012.

Table A.3.1.1—Part 2

Total Health Expenditure by Use of Funds, Canada, 1975 to 2012—Current Dollars (cont'd)

Drugs			Other Health Spending						Grand Total A+B+C+D +E+F+G+H+J
Prescribed Drugs	Non-Prescribed Drugs	Subtotal	Capital	Public Health	Administration	Health Research	Other	Subtotal	
		E	F	G (\$' 000,000)	H			J	
771.7	305.6	1,077.3	536.1	406.8	343.6	93.7	226.0	319.7	12,199.4
883.4	316.0	1,199.4	544.1	510.6	361.9	105.4	256.7	362.1	14,049.8
987.9	324.5	1,312.4	563.7	598.5	408.3	129.4	290.3	419.7	15,450.0
1,052.7	392.8	1,445.5	672.2	615.4	406.7	150.4	302.5	452.9	17,106.8
1,162.9	495.5	1,658.4	725.2	707.0	451.8	173.7	351.3	524.9	19,169.7
1,298.4	586.3	1,884.6	990.7	845.4	512.3	202.5	439.5	642.1	22,298.4
1,677.1	655.0	2,332.1	1,111.2	1,006.1	631.5	231.2	590.2	821.3	26,276.7
1,924.1	715.0	2,639.1	1,394.8	1,149.7	693.3	258.0	686.1	944.1	30,759.1
2,107.1	845.9	2,953.0	1,436.6	1,241.4	763.6	297.3	782.4	1,079.7	34,038.6
2,255.6	1,058.6	3,314.2	1,504.1	1,376.5	897.6	336.9	843.7	1,180.6	36,743.1
2,566.5	1,235.9	3,802.3	1,651.2	1,515.7	966.1	381.8	979.8	1,361.6	39,842.4
3,018.0	1,399.0	4,417.1	1,801.4	1,570.2	1,030.6	453.7	1,142.1	1,595.8	43,338.1
3,293.1	1,621.7	4,914.9	1,871.8	1,661.0	1,060.1	453.0	1,291.9	1,744.9	46,789.2
3,736.8	1,784.9	5,521.7	1,901.7	1,786.6	1,225.5	508.0	1,541.7	2,049.7	50,960.1
4,262.9	1,975.6	6,238.5	2,092.8	1,953.6	1,525.0	589.1	1,822.4	2,411.5	56,096.2
4,871.8	2,058.7	6,930.5	2,123.7	2,138.5	1,657.3	671.4	2,146.9	2,818.3	61,026.3
5,468.7	2,236.6	7,705.3	2,027.5	2,316.5	1,780.5	699.3	2,458.9	3,158.2	66,289.8
6,100.7	2,418.1	8,518.8	2,058.0	2,539.6	1,873.5	807.2	2,648.7	3,455.9	69,749.9
6,603.5	2,576.0	9,179.6	2,016.9	2,761.5	2,071.0	794.1	2,901.7	3,695.9	71,500.0
6,760.9	2,764.0	9,524.9	2,272.8	3,059.8	2,298.4	804.9	3,168.8	3,973.7	73,111.4
7,399.0	2,788.4	10,187.4	2,263.1	3,245.0	2,429.9	808.8	3,297.5	4,106.3	74,086.4
7,601.0	2,846.7	10,447.8	2,160.0	3,371.5	2,489.6	819.9	3,326.5	4,146.4	74,713.9
8,530.9	2,976.8	11,507.7	2,122.0	3,430.8	2,515.9	1,089.7	3,671.9	4,761.5	78,734.4
9,451.1	3,171.3	12,622.4	2,301.5	4,284.6	2,455.4	1,295.0	4,028.5	5,323.6	84,083.9
10,240.3	3,358.8	13,599.2	3,508.9	4,642.4	2,759.9	1,324.4	4,382.8	5,707.2	90,363.4
11,724.6	3,420.3	15,144.8	3,965.5	5,265.8	3,101.6	1,579.5	4,696.3	6,275.8	98,589.1
13,166.6	3,536.4	16,703.0	4,508.7	6,029.0	3,731.2	2,072.8	4,828.4	6,901.2	107,208.3
14,750.9	3,684.7	18,435.6	4,933.0	6,282.6	4,215.2	2,058.2	5,116.9	7,175.1	115,093.2
16,413.7	3,762.2	20,176.0	5,601.6	7,358.1	4,704.8	2,319.8	5,270.1	7,589.9	123,694.0
17,857.9	3,930.2	21,788.1	5,510.0	7,490.9	5,332.7	2,476.2	5,266.3	7,742.5	132,197.9
19,110.6	4,083.7	23,194.3	6,596.7	8,364.5	5,283.9	2,535.2	5,691.5	8,226.7	140,729.0
20,830.9	4,263.7	25,094.5	7,240.7	9,019.2	5,224.5	2,877.8	6,134.0	9,011.8	150,838.0
21,999.6	4,439.9	26,439.5	7,255.4	9,643.7	5,639.9	3,100.0	6,712.7	9,812.8	160,244.4
23,406.8	4,515.7	27,922.4	8,167.3	10,077.5	5,855.1	3,587.8	7,250.0	10,837.9	172,004.7
24,813.5	4,756.5	29,570.0	8,758.7	10,443.9	5,906.1	3,578.0	7,554.7	11,132.7	182,086.3
25,897.8	4,839.6	30,737.4	10,100.8	10,437.5	6,090.1	3,440.3	8,085.4	11,525.6	193,113.5
26,886.6	5,068.9	31,955.5	9,639.8	10,548.8	6,272.8	3,294.6	8,438.1	11,732.7	200,621.8
27,733.7	5,291.7	33,025.5	9,601.2	11,032.9	6,433.8	3,271.6	8,848.5	12,120.1	207,416.9
(annual percentage change)*									
14.5	3.4	11.3	1.5	25.5	5.3	12.5	13.6	13.2	15.2
11.7	18.3	13.6	36.6	19.6	13.4	16.6	25.1	22.3	16.3
13.8	16.7	14.7	9.8	10.1	7.6	13.3	16.1	15.3	8.4
17.6	13.2	16.2	9.1	3.6	6.7	18.8	16.6	17.2	8.8
9.1	15.9	11.3	3.9	5.8	2.9	-0.2	13.1	9.3	8.0
13.5	10.1	12.3	1.6	7.6	15.6	12.1	19.3	17.5	8.9
14.1	10.7	13.0	10.0	9.3	24.4	16.0	18.2	17.7	10.1
14.3	4.2	11.1	1.5	9.5	8.7	14.0	17.8	16.9	8.8
12.3	8.6	11.2	-4.5	8.3	7.4	4.2	14.5	12.1	8.6
11.6	8.1	10.6	1.5	9.6	5.2	15.4	7.7	9.4	5.2
8.2	6.5	7.8	-2.0	8.7	10.5	-1.6	9.6	6.9	2.5
2.4	7.3	3.8	12.7	10.8	11.0	1.4	9.2	7.5	2.3
9.4	0.9	7.0	-0.4	6.1	5.7	0.5	4.1	3.3	1.3
2.7	2.1	2.6	-4.6	3.9	2.5	1.4	0.9	1.0	0.8
12.2	4.6	10.1	-1.8	1.8	1.1	32.9	10.4	14.8	5.4
10.8	6.5	9.7	8.5	24.9	-2.4	18.8	9.7	11.8	6.8
8.4	5.9	7.7	52.5	8.3	12.4	2.3	8.8	7.2	7.5
14.5	1.8	11.4	13.0	13.4	12.4	19.3	7.2	10.0	9.1
12.3	3.4	10.3	13.7	14.5	20.3	31.2	2.8	10.0	8.7
12.0	4.2	10.4	9.4	4.2	13.0	-0.7	6.0	4.0	7.4
11.3	2.1	9.4	13.6	17.1	11.6	12.7	3.0	5.8	7.5
8.8	4.5	8.0	-1.6	1.8	13.3	6.7	-0.1	2.0	6.9
7.0	3.9	6.5	19.7	11.7	-0.9	2.4	8.1	6.3	6.5
9.0	4.4	8.2	9.8	7.8	-1.1	13.5	7.8	9.5	7.2
5.6	4.1	5.4	0.2	6.9	8.0	7.7	9.4	8.9	6.2
6.4	1.7	5.6	12.6	4.5	3.8	15.7	8.0	10.4	7.3
6.0	5.3	5.9	7.2	3.6	0.9	-0.3	4.2	2.7	5.9
4.4	1.7	3.9	15.3	-0.1	3.1	-3.9	7.0	3.5	6.1
3.8	4.7	4.0	-4.6	1.1	3.0	-4.2	4.4	1.8	3.9
3.2	4.4	3.3	-0.4	4.6	2.6	-0.7	4.9	3.3	3.4

Canadian Institute for Health Information, 2012.

Table A.3.1.2—Part 1

Total Health Expenditure by Use of Funds, Canada, 1975 to 2012—Current Dollars

Year	Hospitals	Other Institutions	Physicians	Other Professionals			Subtotal
				Dental Services	Vision Care Services	Other	
	A	B	C				D
	(percentage distribution of \$' 000,000)						
1975	44.7	9.2	15.1	6.1	1.9	1.1	9.0
1976	45.2	9.7	14.7	6.2	1.9	1.0	9.1
1977	44.0	10.2	14.8	6.7	1.9	1.1	9.7
1978	43.2	10.8	15.0	7.0	2.0	1.1	10.0
1979	42.3	11.3	14.9	7.2	1.9	1.1	10.2
1980	41.9	11.4	14.7	7.1	1.9	1.1	10.1
1981	42.0	11.0	14.6	6.9	2.0	1.2	10.0
1982	42.6	11.0	14.4	6.7	2.0	1.2	9.9
1983	42.4	11.0	14.8	6.5	2.1	1.2	9.8
1984	41.8	10.7	15.0	6.5	2.3	1.2	10.0
1985	40.8	10.3	15.2	6.8	2.3	1.2	10.4
1986	40.7	9.4	15.4	6.8	2.3	1.3	10.4
1987	40.5	9.3	15.7	6.8	2.3	1.4	10.5
1988	40.0	9.3	15.6	6.9	2.3	1.4	10.6
1989	39.7	9.2	15.2	6.8	2.3	1.5	10.6
1990	39.1	9.4	15.1	6.8	2.3	1.6	10.6
1991	38.8	9.6	15.4	6.7	2.2	1.6	10.6
1992	38.2	9.7	15.0	6.7	2.2	1.7	10.6
1993	37.4	9.5	14.7	6.9	2.2	1.7	10.8
1994	35.8	9.5	14.7	7.1	2.3	1.7	11.2
1995	34.4	9.7	14.4	7.4	2.4	1.7	11.5
1996	33.7	9.8	14.4	7.6	2.4	1.8	11.8
1997	31.6	10.9	14.4	7.5	2.8	1.9	12.2
1998	30.8	11.1	14.0	7.4	2.7	1.8	11.9
1999	29.8	11.0	13.7	7.5	2.6	1.9	12.0
2000	29.7	11.0	13.4	7.3	2.6	1.8	11.7
2001	29.1	10.7	13.2	7.2	2.6	1.9	11.7
2002	29.2	10.6	13.2	7.2	2.4	1.7	11.3
2003	29.0	10.5	13.2	6.8	2.2	1.7	10.7
2004	29.1	10.8	13.1	6.8	2.3	1.6	10.7
2005	28.9	10.5	13.2	7.0	2.3	1.5	10.8
2006	28.6	10.4	13.3	6.9	2.3	1.7	10.8
2007	28.5	10.5	13.5	6.9	2.4	1.6	10.9
2008	28.6	10.3	13.8	6.9	2.3	1.7	10.8
2009	28.8	10.4	14.1	6.7	2.3	1.6	10.5
2010	29.1	10.4	14.2	6.6	2.3	1.7	10.6
2011 f	29.2	10.6	14.4	6.6	2.3	1.8	10.7
2012 f	29.2	10.8	14.4	6.6	2.3	1.8	10.7
	(annual percentage change)*						
1976*	1.2	5.6	-2.3	1.8	-0.1	-1.6	1.0
1980*	-1.1	0.5	-1.1	-0.4	-2.6	0.2	-0.8
1985	-2.3	-3.3	0.9	4.1	3.0	1.2	3.5
1986	-0.3	-8.5	1.5	0.4	-0.5	4.1	0.6
1987	-0.5	-1.9	1.9	0.3	-0.6	4.6	0.6
1988	-1.2	0.5	-0.7	0.1	1.1	3.6	0.8
1989	-0.8	-1.4	-2.7	-0.7	-0.1	5.8	0.3
1990	-1.5	2.8	-0.1	-0.4	-1.0	5.5	0.3
1991	-0.8	1.6	1.6	-0.6	-2.6	4.2	-0.3
1992	-1.4	1.7	-2.7	-0.2	-1.7	2.8	-0.1
1993	-2.2	-2.3	-2.0	2.5	0.9	1.6	2.0
1994	-4.3	-0.4	0.0	3.6	3.7	0.5	3.1
1995	-3.8	2.0	-2.2	3.7	4.0	1.8	3.5
1996	-2.0	1.3	0.3	2.4	2.3	2.3	2.3
1997	-6.4	11.9	-0.1	-1.4	13.5	8.3	3.2
1998	-2.5	1.8	-2.4	-0.3	-2.6	-7.5	-2.0
1999	-3.0	-1.2	-2.2	0.4	-4.1	5.2	0.1
2000	-0.5	-0.5	-2.4	-2.7	0.5	-4.0	-2.2
2001	-2.1	-2.2	-1.6	-0.5	-1.4	3.0	-0.2
2002	0.3	-0.8	0.1	-1.1	-5.5	-6.1	-2.9
2003	-0.6	-1.7	-0.3	-4.4	-10.9	-5.3	-5.9
2004	0.6	3.4	-0.5	-0.9	6.9	-1.9	0.5
2005	-1.0	-3.3	0.7	2.8	-2.4	-5.2	0.5
2006	-0.8	-0.5	0.8	-1.5	1.0	7.6	0.3
2007	-0.3	0.6	1.2	0.9	3.0	-5.4	0.4
2008	0.1	-2.0	2.8	-0.7	-3.0	5.3	-0.4
2009	1.0	1.2	2.0	-3.2	1.6	-5.7	-2.5
2010	1.0	-0.1	0.6	-0.7	-0.7	9.8	0.8
2011 f	0.4	2.6	1.6	0.2	1.1	3.8	1.0
2012 f	-0.2	1.8	0.2	-0.1	0.6	0.0	0.1

Notes

* Refer to electronic tables for annual percentage change for the years 1977 to 1979 and 1981 to 1984.
f: forecast.

Canadian Institute for Health Information, 2012.

Table A.3.1.2—Part 2

Total Health Expenditure by Use of Funds, Canada, 1975 to 2012—Current Dollars (cont'd)

Drugs			Other Health Spending							Grand Total A+B+C+D +E+F+G+H+J
Prescribed Drugs	Non-Prescribed Drugs	Subtotal	Capital	Public Health	Administration	Health Research	Other	Subtotal		
<div><div>E</div><div>F</div><div>G</div><div>H</div><div>(percentage distribution of \$' 000,000)</div><div>J</div></div>										
6.3	2.5	8.8	4.4	3.3	2.8	0.8	1.9	2.6	100.0	
6.3	2.2	8.5	3.9	3.6	2.6	0.8	1.8	2.6	100.0	
6.4	2.1	8.5	3.6	3.9	2.6	0.8	1.9	2.7	100.0	
6.2	2.3	8.4	3.9	3.6	2.4	0.9	1.8	2.6	100.0	
6.1	2.6	8.7	3.8	3.7	2.4	0.9	1.8	2.7	100.0	
5.8	2.6	8.5	4.4	3.8	2.3	0.9	2.0	2.9	100.0	
6.4	2.5	8.9	4.2	3.8	2.4	0.9	2.2	3.1	100.0	
6.3	2.3	8.6	4.5	3.7	2.3	0.8	2.2	3.1	100.0	
6.2	2.5	8.7	4.2	3.6	2.2	0.9	2.3	3.2	100.0	
6.1	2.9	9.0	4.1	3.7	2.4	0.9	2.3	3.2	100.0	
6.4	3.1	9.5	4.1	3.8	2.4	1.0	2.5	3.4	100.0	
7.0	3.2	10.2	4.2	3.6	2.4	1.0	2.6	3.7	100.0	
7.0	3.5	10.5	4.0	3.5	2.3	1.0	2.8	3.7	100.0	
7.3	3.5	10.8	3.7	3.5	2.4	1.0	3.0	4.0	100.0	
7.6	3.5	11.1	3.7	3.5	2.7	1.1	3.2	4.3	100.0	
8.0	3.4	11.4	3.5	3.5	2.7	1.1	3.5	4.6	100.0	
8.2	3.4	11.6	3.1	3.5	2.7	1.1	3.7	4.8	100.0	
8.7	3.5	12.2	3.0	3.6	2.7	1.2	3.8	5.0	100.0	
9.2	3.6	12.8	2.8	3.9	2.9	1.1	4.1	5.2	100.0	
9.2	3.8	13.0	3.1	4.2	3.1	1.1	4.3	5.4	100.0	
10.0	3.8	13.8	3.1	4.4	3.3	1.1	4.5	5.5	100.0	
10.2	3.8	14.0	2.9	4.5	3.3	1.1	4.5	5.5	100.0	
10.8	3.8	14.6	2.7	4.4	3.2	1.4	4.7	6.0	100.0	
11.2	3.8	15.0	2.7	5.1	2.9	1.5	4.8	6.3	100.0	
11.3	3.7	15.0	3.9	5.1	3.1	1.5	4.9	6.3	100.0	
11.9	3.5	15.4	4.0	5.3	3.1	1.6	4.8	6.4	100.0	
12.3	3.3	15.6	4.2	5.6	3.5	1.9	4.5	6.4	100.0	
12.8	3.2	16.0	4.3	5.5	3.7	1.8	4.4	6.2	100.0	
13.3	3.0	16.3	4.5	5.9	3.8	1.9	4.3	6.1	100.0	
13.5	3.0	16.5	4.2	5.7	4.0	1.9	4.0	5.9	100.0	
13.6	2.9	16.5	4.7	5.9	3.8	1.8	4.0	5.8	100.0	
13.8	2.8	16.6	4.8	6.0	3.5	1.9	4.1	6.0	100.0	
13.7	2.8	16.5	4.5	6.0	3.5	1.9	4.2	6.1	100.0	
13.6	2.6	16.2	4.7	5.9	3.4	2.1	4.2	6.3	100.0	
13.6	2.6	16.2	4.8	5.7	3.2	2.0	4.1	6.1	100.0	
13.4	2.5	15.9	5.2	5.4	3.2	1.8	4.2	6.0	100.0	
13.4	2.5	15.9	4.8	5.3	3.1	1.6	4.2	5.8	100.0	
13.4	2.6	15.9	4.6	5.3	3.1	1.6	4.3	5.8	100.0	
(annual percentage change)*										
-0.6	-10.2	-3.3	-11.9	9.0	-8.5	-2.3	-1.4	-1.7	---	
-4.0	1.7	-2.3	17.5	2.8	-2.5	0.3	7.6	5.2	---	
4.9	7.7	5.8	1.2	1.5	-0.7	4.5	7.1	6.4	---	
8.1	4.1	6.8	0.3	-4.8	-1.9	9.2	7.2	7.7	---	
1.1	7.4	3.1	-3.8	-2.0	-4.7	-7.5	4.8	1.3	---	
4.2	1.1	3.2	-6.7	-1.2	6.1	3.0	9.6	7.9	---	
3.6	0.5	2.6	0.0	-0.7	13.0	5.4	7.4	6.9	---	
5.1	-4.2	2.1	-6.7	0.6	-0.1	4.8	8.3	7.4	---	
3.3	0.0	2.4	-12.1	-0.3	-1.1	-4.1	5.4	3.2	---	
6.0	2.8	5.1	-3.5	4.2	0.0	9.7	2.4	4.0	---	
5.6	3.9	5.1	-4.4	6.1	7.8	-4.0	6.9	4.3	---	
0.1	4.9	1.5	10.2	8.4	8.5	-0.9	6.8	5.1	---	
8.0	-0.4	5.5	-1.7	4.7	4.3	-0.8	2.7	2.0	---	
1.9	1.2	1.7	-5.4	3.0	1.6	0.5	0.0	0.1	---	
6.5	-0.8	4.5	-6.8	-3.4	-4.1	26.1	4.7	9.0	---	
3.7	-0.2	2.7	1.6	16.9	-8.6	11.3	2.7	4.7	---	
0.8	-1.4	0.3	41.9	0.8	4.6	-4.8	1.2	-0.2	---	
4.9	-6.7	2.1	3.6	4.0	3.0	9.3	-1.8	0.8	---	
3.3	-4.9	1.4	4.6	5.3	10.6	20.7	-5.5	1.1	---	
4.4	-2.9	2.8	1.9	-2.9	5.2	-7.5	-1.3	-3.2	---	
3.5	-5.0	1.8	5.7	9.0	3.9	4.9	-4.2	-1.6	---	
1.8	-2.3	1.0	-8.0	-4.7	6.1	-0.1	-6.5	-4.6	---	
0.5	-2.4	0.0	12.5	4.9	-6.9	-3.8	1.5	-0.2	---	
1.7	-2.6	0.9	2.4	0.6	-7.8	5.9	0.6	2.2	---	
-0.6	-2.0	-0.8	-5.7	0.6	1.6	1.4	3.0	2.5	---	
-0.9	-5.2	-1.6	4.9	-2.6	-3.3	7.8	0.6	2.9	---	
0.1	-0.5	0.0	1.3	-2.1	-4.7	-5.8	-1.6	-3.0	---	
-1.6	-4.1	-2.0	8.7	-5.8	-2.8	-9.3	0.9	-2.4	---	
-0.1	0.8	0.1	-8.1	-2.7	-0.9	-7.8	0.5	-2.0	---	
-0.2	1.0	0.0	-3.7	1.2	-0.8	-3.9	1.4	-0.1	---	

Canadian Institute for Health Information, 2012.

Table A.3.1.3—Part 1

Total Health Expenditure by Use of Funds, Canada, 1975 to 2012—Current Dollars

Year	Hospitals	Other Institutions	Physicians	Other Professionals			Subtotal
				Dental Services	Vision Care	Other	
					Services		
A	B	C	(\$' per capita)			D	
1975	235.7	48.6	79.5	32.0	9.8	5.5	47.4
1976	271.1	58.4	88.3	37.1	11.1	6.2	54.4
1977	286.3	66.5	96.3	43.6	12.5	6.9	62.9
1978	308.1	77.3	107.1	49.7	14.0	7.8	71.5
1979	335.3	89.7	118.1	56.8	15.1	9.1	81.0
1980	380.7	103.6	134.1	64.9	16.9	10.4	92.3
1981	444.4	116.4	154.1	73.0	20.7	12.2	105.9
1982	521.3	134.8	176.0	82.5	24.3	14.2	121.0
1983	568.4	147.5	199.2	87.7	28.2	16.2	132.2
1984	599.2	152.9	215.8	93.8	32.4	17.7	143.9
1985	629.2	158.9	233.9	104.9	35.8	19.2	160.0
1986	675.7	156.6	255.7	113.4	38.4	21.5	173.3
1987	716.5	163.7	277.6	121.1	40.7	24.0	185.8
1988	761.3	176.8	296.4	130.4	44.2	26.7	201.3
1989	816.3	188.5	311.8	140.0	47.7	30.6	218.3
1990	861.7	207.5	333.8	149.4	50.6	34.5	234.6
1991	917.4	226.4	364.1	159.4	53.0	38.6	251.0
1992	940.2	239.3	368.3	165.3	54.1	41.3	260.8
1993	932.5	237.0	366.1	171.8	55.3	42.6	269.7
1994	902.5	238.7	370.1	179.9	58.0	43.2	281.2
1995	870.6	244.1	363.1	187.1	60.6	44.2	291.8
1996	851.2	246.8	363.3	191.2	61.8	45.1	298.0
1997	831.1	288.2	378.6	196.7	73.2	50.9	320.8
1998	858.0	310.8	391.5	207.6	75.5	49.9	333.1
1999	887.1	327.4	408.2	222.3	77.3	56.0	355.5
2000	953.8	352.1	430.8	233.8	84.0	58.1	375.9
2001	1004.8	370.6	456.1	250.2	89.0	64.4	403.6
2002	1069.5	390.2	484.5	262.8	89.2	64.2	416.2
2003	1131.4	408.5	514.0	267.5	84.7	64.7	416.9
2004	1204.2	447.1	541.2	280.4	95.7	67.2	443.3
2005	1256.9	455.7	574.3	303.9	98.5	67.1	469.5
2006	1325.8	482.0	615.4	318.1	105.7	76.8	500.6
2007	1388.7	509.5	654.6	337.3	114.5	76.3	528.1
2008	1474.3	529.5	713.7	355.2	117.8	85.3	558.2
2009	1557.1	560.1	761.1	359.6	125.2	84.1	568.9
2010	1649.4	586.6	802.8	374.2	130.3	96.8	601.2
2011 f	1701.7	618.7	838.8	385.7	135.5	103.3	624.4
2012 f	1735.6	643.8	859.1	393.9	139.4	105.5	638.8
(annual percentage change)*							
1976*	15.0	20.1	11.1	15.7	13.5	11.8	14.8
1980*	13.6	15.4	13.6	14.3	11.8	15.0	13.9
1985	5.0	3.9	8.4	11.8	10.6	8.8	11.2
1986	7.4	-1.4	9.3	8.1	7.2	12.1	8.4
1987	6.0	4.5	8.6	6.8	5.9	11.4	7.2
1988	6.3	8.0	6.8	7.7	8.7	11.4	8.4
1989	7.2	6.6	5.2	7.4	8.0	14.4	8.5
1990	5.6	10.1	7.0	6.7	6.1	13.0	7.5
1991	6.5	9.1	9.1	6.7	4.6	11.8	7.0
1992	2.5	5.7	1.2	3.7	2.2	6.9	3.9
1993	-0.8	-1.0	-0.6	3.9	2.3	3.0	3.4
1994	-3.2	0.7	1.1	4.7	4.9	1.6	4.3
1995	-3.5	2.3	-1.9	4.0	4.3	2.1	3.8
1996	-2.2	1.1	0.1	2.2	2.1	2.1	2.1
1997	-2.4	16.8	4.2	2.9	18.4	13.0	7.6
1998	3.2	7.8	3.4	5.6	3.2	-2.0	3.8
1999	3.4	5.4	4.3	7.0	2.3	12.2	6.7
2000	7.5	7.5	5.5	5.2	8.7	3.8	5.7
2001	5.3	5.2	5.9	7.0	6.0	10.8	7.4
2002	6.4	5.3	6.2	5.0	0.3	-0.3	3.1
2003	5.8	4.7	6.1	1.8	-5.1	0.8	0.2
2004	6.4	9.5	5.3	4.8	13.1	3.8	6.3
2005	4.4	1.9	6.1	8.4	2.9	-0.1	5.9
2006	5.5	5.8	7.2	4.7	7.3	14.4	6.6
2007	4.7	5.7	6.4	6.0	8.3	-0.6	5.5
2008	6.2	3.9	9.0	5.3	2.9	11.7	5.7
2009	5.6	5.8	6.6	1.2	6.3	-1.3	1.9
2010	5.9	4.7	5.5	4.1	4.0	15.0	5.7
2011 f	3.2	5.5	4.5	3.1	4.0	6.7	3.9
2012 f	2.0	4.0	2.4	2.1	2.9	2.2	2.3

Notes

* Refer to electronic tables for annual percentage change for the years 1977 to 1979 and 1981 to 1984.
f: forecast.

Canadian Institute for Health Information, 2012.

Table A.3.1.3—Part 2

Total Health Expenditure by Use of Funds, Canada, 1975 to 2012—Current Dollars (cont'd)

Drugs			Other Health Spending						Grand Total
Prescribed Drugs	Non-Prescribed Drugs	Subtotal	Capital	Public Health	Administration	Health Research	Other	Subtotal	
		E	F	G (\$' per capita)	H			J	A+B+C+D +E+F+G+H+J
33.3	13.2	46.5	23.2	17.6	14.8	4.1	9.8	13.8	527.1
37.7	13.5	51.1	23.2	21.8	15.4	4.5	10.9	15.4	599.1
41.6	13.7	55.3	23.8	25.2	17.2	5.5	12.2	17.7	651.2
43.9	16.4	60.3	28.1	25.7	17.0	6.3	12.6	18.9	713.9
48.0	20.5	68.5	30.0	29.2	18.7	7.2	14.5	21.7	792.1
53.0	23.9	76.9	40.4	34.5	20.9	8.3	17.9	26.2	909.5
67.6	26.4	94.0	44.8	40.5	25.4	9.3	23.8	33.1	1,058.7
76.6	28.5	105.1	55.5	45.8	27.6	10.3	27.3	37.6	1,224.6
83.1	33.3	116.4	56.6	48.9	30.1	11.7	30.8	42.6	1,341.8
88.1	41.3	129.4	58.7	53.8	35.1	13.2	32.9	46.1	1,434.9
99.3	47.8	147.1	63.9	58.7	37.4	14.8	37.9	52.7	1,541.7
115.6	53.6	169.2	69.0	60.2	39.5	17.4	43.8	61.1	1,660.4
124.5	61.3	185.8	70.8	62.8	40.1	17.1	48.8	66.0	1,769.0
139.5	66.6	206.1	71.0	66.7	45.7	19.0	57.5	76.5	1,901.8
156.3	72.4	228.7	76.7	71.6	55.9	21.6	66.8	88.4	2,056.2
175.9	74.3	250.2	76.7	77.2	59.8	24.2	77.5	101.8	2,203.3
195.1	79.8	274.9	72.3	82.6	63.5	24.9	87.7	112.7	2,364.8
215.1	85.2	300.3	72.5	89.5	66.0	28.5	93.4	121.8	2,458.9
230.2	89.8	320.0	70.3	96.3	72.2	27.7	101.2	128.9	2,492.9
233.1	95.3	328.5	78.4	105.5	79.3	27.8	109.3	137.0	2,521.2
252.5	95.2	347.7	77.2	110.7	82.9	27.6	112.5	140.1	2,528.4
256.7	96.1	352.8	72.9	113.9	84.1	27.7	112.3	140.0	2,523.2
285.2	99.5	384.8	71.0	114.7	84.1	36.4	122.8	159.2	2,632.6
313.4	105.2	418.6	76.3	142.1	81.4	42.9	133.6	176.5	2,788.2
336.8	110.5	447.3	115.4	152.7	90.8	43.6	144.2	187.7	2,972.1
382.0	111.4	493.5	129.2	171.6	101.1	51.5	153.0	204.5	3,212.5
424.4	114.0	538.4	145.3	194.3	120.3	66.8	155.6	222.5	3,456.0
470.2	117.4	587.6	157.2	200.3	134.4	65.6	163.1	228.7	3,688.6
518.2	118.8	636.9	176.8	232.3	148.5	73.2	166.4	239.6	3,905.0
558.1	122.8	681.0	172.2	234.1	166.7	77.4	164.6	242.0	4,131.8
591.4	126.4	717.8	204.2	258.9	163.5	78.5	176.1	254.6	4,355.3
639.5	130.9	770.3	222.3	276.9	160.4	88.3	188.3	276.6	4,630.3
668.1	134.8	802.9	220.3	292.9	171.3	94.1	203.8	298.0	4,866.3
702.5	135.5	838.0	245.1	302.5	175.7	107.7	217.6	325.3	5,162.3
735.7	141.0	876.7	259.7	309.6	175.1	106.1	224.0	330.1	5,398.4
758.9	141.8	900.7	296.0	305.9	178.5	100.8	236.9	337.7	5,658.8
779.7	147.0	926.7	279.6	305.9	181.9	95.5	244.7	340.2	5,818.0
795.3	151.8	947.1	275.3	316.4	184.5	93.8	253.7	347.6	5,948.1
(annual percentage change)*									
13.0	2.1	9.9	0.2	23.9	4.0	11.0	12.1	11.8	13.7
10.2	16.8	12.2	34.9	18.0	11.9	15.1	23.5	20.7	14.8
12.7	15.7	13.7	8.8	9.1	6.6	12.3	15.1	14.3	7.4
16.4	12.1	15.0	8.0	2.6	5.6	17.6	15.4	16.0	7.7
7.7	14.4	9.8	2.5	4.4	1.5	-1.5	11.6	7.9	6.5
12.0	8.6	10.9	0.3	6.2	14.1	10.7	17.8	15.9	7.5
12.0	8.7	11.0	8.1	7.4	22.2	13.9	16.1	15.6	8.1
12.6	2.6	9.4	0.0	7.8	7.0	12.3	16.0	15.1	7.2
10.9	7.3	9.9	-5.7	7.0	6.2	2.9	13.2	10.7	7.3
10.2	6.8	9.3	0.3	8.3	4.0	14.1	6.4	8.1	4.0
7.1	5.4	6.6	-3.1	7.5	9.3	-2.7	8.4	5.8	1.4
1.3	6.1	2.6	11.5	9.6	9.8	0.2	8.0	6.3	1.1
8.3	-0.2	5.8	-1.5	5.0	4.6	-0.6	3.0	2.3	0.3
1.7	1.0	1.5	-5.6	2.8	1.4	0.3	-0.2	-0.1	-0.2
11.1	3.5	9.1	-2.7	0.7	0.1	31.6	9.3	13.7	4.3
9.9	5.7	8.8	7.6	23.9	-3.2	17.9	8.8	10.9	5.9
7.5	5.1	6.9	51.2	7.5	11.5	1.4	7.9	6.3	6.6
13.4	0.9	10.3	12.0	12.4	11.3	18.2	6.2	8.9	8.1
11.1	2.3	9.1	12.5	13.3	19.0	29.8	1.7	8.8	7.6
10.8	3.0	9.1	8.2	3.0	11.7	-1.8	4.8	2.8	6.2
10.2	1.1	8.4	12.5	16.0	10.5	11.6	2.0	4.8	6.4
7.7	3.4	6.9	-2.6	0.8	12.2	5.7	-1.1	1.0	5.8
6.0	2.9	5.4	18.5	10.6	-1.9	1.4	7.0	5.2	5.4
8.1	3.6	7.3	8.9	7.0	-1.9	12.6	6.9	8.7	6.3
4.5	3.0	4.2	-0.9	5.8	6.8	6.6	8.3	7.7	5.1
5.2	0.5	4.4	11.3	3.3	2.6	14.4	6.7	9.2	6.1
4.7	4.1	4.6	5.9	2.4	-0.4	-1.5	2.9	1.5	4.6
3.2	0.6	2.7	14.0	-1.2	1.9	-5.0	5.8	2.3	4.8
2.7	3.7	2.9	-5.6	0.0	1.9	-5.2	3.3	0.7	2.8
2.0	3.2	2.2	-1.5	3.4	1.4	-1.8	3.7	2.2	2.2

Canadian Institute for Health Information, 2012.

Table A.3.2.1—Part 1

Private-Sector Health Expenditure by Use of Funds, Canada, 1975 to 2012—Current Dollars

Year	Other Professionals						Subtotal
	Hospitals	Other Institutions	Physicians	Dental Services	Vision Care	Other	
					Services		
A	B	C	(\$' 000,000)			D	
1975	318.1	328.4	26.8	685.3	190.3	81.7	957.2
1976	379.6	369.5	29.5	799.3	219.4	91.6	1,110.3
1977	420.1	401.8	32.3	950.9	251.0	102.0	1,303.9
1978	520.1	484.3	38.3	1,087.3	284.0	110.8	1,482.1
1979	626.5	590.3	52.6	1,230.7	307.8	130.3	1,668.8
1980	749.2	718.2	51.5	1,397.0	347.1	150.5	1,894.6
1981	903.4	743.2	49.7	1,533.4	434.9	177.0	2,145.2
1982	1,090.8	853.4	67.7	1,802.7	518.6	214.3	2,535.7
1983	1,243.1	947.2	79.4	1,965.1	609.3	247.7	2,822.1
1984	1,408.5	992.3	81.3	2,135.5	711.7	271.2	3,118.4
1985	1,522.6	1,039.4	83.6	2,435.8	795.5	281.8	3,513.0
1986	1,700.1	1,104.9	76.9	2,672.5	856.2	301.3	3,829.9
1987	1,796.9	1,197.1	76.6	2,917.3	918.3	358.0	4,193.6
1988	1,903.1	1,270.4	79.6	3,182.6	1,003.4	419.6	4,605.6
1989	2,001.1	1,312.8	84.0	3,470.4	1,096.7	492.2	5,059.3
1990	2,240.3	1,581.4	87.9	3,756.8	1,177.3	562.1	5,496.2
1991	2,421.4	1,768.3	90.9	4,061.8	1,237.1	619.7	5,918.6
1992	2,537.8	1,889.9	93.8	4,272.8	1,295.4	679.0	6,247.2
1993	2,670.0	2,012.9	97.3	4,500.9	1,376.0	732.6	6,609.5
1994	2,660.6	2,092.0	102.2	4,781.2	1,479.0	797.4	7,057.6
1995	2,382.0	2,112.6	109.1	5,060.2	1,581.3	838.9	7,480.5
1996	2,248.1	2,105.4	119.5	5,274.1	1,634.9	884.0	7,793.0
1997	2,327.8	2,132.1	121.3	5,514.8	1,974.7	1,068.8	8,558.2
1998	2,335.7	2,210.3	143.3	5,909.1	2,073.5	1,028.1	9,010.7
1999	2,476.9	2,396.0	153.0	6,378.9	2,130.0	1,184.1	9,692.9
2000	2,664.6	2,650.2	175.3	6,783.6	2,346.1	1,217.2	10,346.9
2001	2,925.6	2,719.9	148.5	7,361.2	2,513.3	1,450.8	11,325.2
2002	3,279.4	2,943.2	259.8	7,830.0	2,559.9	1,506.1	11,896.0
2003	3,327.5	3,088.0	196.7	8,071.3	2,437.6	1,538.5	12,047.4
2004	3,629.0	3,576.0	232.4	8,554.7	2,812.1	1,634.5	13,001.3
2005	3,833.3	3,587.0	253.9	9,378.0	2,959.5	1,717.5	14,055.0
2006	3,974.8	4,129.4	304.0	9,868.0	3,212.3	2,037.6	15,117.8
2007	4,158.5	4,493.9	244.2	10,574.2	3,529.9	1,991.9	16,096.0
2008	4,446.7	4,765.9	390.3	11,256.2	3,661.5	2,244.4	17,162.0
2009	4,843.8	5,208.6	397.8	11,477.0	3,927.8	2,204.3	17,609.1
2010	5,146.3	5,652.8	291.8	12,066.3	4,129.1	2,663.1	18,858.5
2011 f	5,507.3	6,019.5	347.0	12,588.0	4,338.0	2,876.0	19,802.0
2012 f	5,864.9	6,397.0	400.4	13,003.5	4,509.6	2,969.1	20,482.3
(annual percentage change)*							
1976*	19.3	12.5	10.3	16.6	15.3	12.1	16.0
1980*	19.6	21.7	-2.0	13.5	12.8	15.5	13.5
1985	8.1	4.8	2.9	14.1	11.8	3.9	12.7
1986	11.7	6.3	-8.0	9.7	7.6	6.9	9.0
1987	5.7	8.3	-0.4	9.2	7.3	18.8	9.5
1988	5.9	6.1	3.9	9.1	9.3	17.2	9.8
1989	5.2	3.3	5.5	9.0	9.3	17.3	9.9
1990	12.0	20.5	4.6	8.3	7.4	14.2	8.6
1991	8.1	11.8	3.5	8.1	5.1	10.3	7.7
1992	4.8	6.9	3.2	5.2	4.7	9.6	5.6
1993	5.2	6.5	3.7	5.3	6.2	7.9	5.8
1994	-0.4	3.9	5.1	6.2	7.5	8.8	6.8
1995	-10.5	1.0	6.7	5.8	6.9	5.2	6.0
1996	-5.6	-0.3	9.5	4.2	3.4	5.4	4.2
1997	3.5	1.3	1.6	4.6	20.8	20.9	9.8
1998	0.3	3.7	18.1	7.2	5.0	-3.8	5.3
1999	6.0	8.4	6.7	7.9	2.7	15.2	7.6
2000	7.6	10.6	14.6	6.3	10.1	2.8	6.7
2001	9.8	2.6	-15.3	8.5	7.1	19.2	9.5
2002	12.1	8.2	75.0	6.4	1.9	3.8	5.0
2003	1.5	4.9	-24.3	3.1	-4.8	2.2	1.3
2004	9.1	15.8	18.2	6.0	15.4	6.2	7.9
2005	5.6	0.3	9.2	9.6	5.2	5.1	8.1
2006	3.7	15.1	19.7	5.2	8.5	18.6	7.6
2007	4.6	8.8	-19.7	7.2	9.9	-2.2	6.5
2008	6.9	6.1	59.8	6.4	3.7	12.7	6.6
2009	8.9	9.3	1.9	2.0	7.3	-1.8	2.6
2010	6.2	8.5	-26.7	5.1	5.1	20.8	7.1
2011 f	7.0	6.5	19.0	4.3	5.1	8.0	5.0
2012 f	6.5	6.3	15.4	3.3	4.0	3.2	3.4

Notes

* Refer to electronic tables for annual percentage change for the years 1977 to 1979 and 1981 to 1984.
f: forecast.

Canadian Institute for Health Information, 2012.

Table A.3.2.1—Part 2

Private-Sector Health Expenditure by Use of Funds, Canada, 1975 to 2012—Current Dollars (cont'd)

Drugs			Other Health Spending							Grand Total A+B+C+D +E+F+G+H+J
Prescribed Drugs	Non-Prescribed Drugs	Subtotal	Capital	Public Health	Administration	Health Research	Other	Subtotal		
		E	F	G (\$' 000,000)	H			J		
613.1	305.6	918.7	159.6	---	72.2	23.4	94.7	118.2	2,899.2	
667.6	316.0	983.6	177.1	---	62.0	29.5	91.4	120.9	3,232.6	
721.4	324.5	1,045.9	178.3	---	90.2	36.4	96.6	132.9	3,605.4	
724.7	392.8	1,117.6	217.4	---	86.2	43.2	77.1	120.3	4,066.3	
776.5	495.5	1,272.0	177.3	---	100.1	50.3	79.5	129.8	4,617.4	
833.3	586.3	1,419.6	355.4	---	117.1	63.0	87.8	150.8	5,456.5	
1,110.2	655.0	1,765.2	379.3	---	186.5	66.4	95.2	161.6	6,334.1	
1,240.5	715.0	1,955.5	489.1	---	146.6	73.8	99.7	173.4	7,312.3	
1,289.8	845.9	2,135.6	371.4	---	172.7	82.1	105.0	187.2	7,958.6	
1,312.7	1,058.6	2,371.3	364.3	---	250.3	91.2	108.6	199.9	8,786.3	
1,447.7	1,235.9	2,683.6	414.4	---	269.2	102.8	118.2	221.0	9,746.9	
1,698.8	1,399.0	3,097.9	449.9	---	296.4	119.7	133.0	252.7	10,808.7	
1,800.4	1,621.7	3,422.2	480.7	---	280.4	136.1	149.9	286.0	11,733.5	
2,034.0	1,784.9	3,818.9	351.0	---	426.3	164.1	177.4	341.5	12,796.4	
2,292.0	1,975.6	4,267.7	390.4	---	660.2	196.1	212.9	408.9	14,184.3	
2,593.9	2,058.7	4,652.5	383.4	---	665.4	226.2	243.8	470.0	15,577.1	
2,861.9	2,236.6	5,098.5	341.7	---	746.8	249.8	270.9	520.7	16,906.9	
3,192.3	2,418.1	5,610.4	363.1	---	805.0	265.5	299.3	564.8	18,112.0	
3,558.7	2,576.0	6,134.7	366.7	---	1,060.0	275.6	351.4	627.0	19,578.1	
3,673.3	2,764.0	6,437.4	329.6	---	1,226.4	293.2	375.3	668.4	20,574.2	
4,033.8	2,788.4	6,822.2	439.1	---	1,274.1	319.4	431.2	750.6	21,370.1	
4,273.3	2,846.7	7,120.0	474.0	---	1,309.1	332.1	409.4	741.5	21,910.5	
4,933.2	2,976.8	7,910.0	364.3	---	1,291.4	358.9	469.0	827.9	23,533.1	
5,443.5	3,171.3	8,614.9	427.5	---	1,110.3	557.5	487.8	1,045.2	24,897.9	
5,689.0	3,358.8	9,047.9	882.1	---	1,333.2	631.0	567.6	1,198.6	27,180.7	
6,429.3	3,420.3	9,849.6	830.6	---	1,514.4	706.5	597.0	1,303.5	29,335.1	
7,102.5	3,536.4	10,638.9	1,088.8	---	1,990.1	806.5	573.2	1,379.7	32,216.8	
7,943.9	3,684.7	11,628.6	1,232.5	---	2,304.3	871.2	732.5	1,603.7	35,147.5	
8,848.5	3,762.2	12,610.7	1,423.5	---	2,605.2	994.9	731.6	1,726.4	37,025.4	
9,594.0	3,930.2	13,524.2	1,099.2	---	2,748.2	1,078.9	626.7	1,705.6	39,515.9	
10,198.4	4,083.7	14,282.1	1,480.1	---	2,734.1	1,100.1	723.6	1,823.7	42,049.3	
11,214.9	4,263.7	15,478.5	2,055.0	---	2,720.8	1,174.8	847.5	2,022.4	45,802.7	
11,831.7	4,439.9	16,271.6	1,550.9	---	2,982.2	1,202.6	916.4	2,118.9	47,916.3	
12,634.9	4,515.7	17,150.6	1,406.3	---	3,291.8	1,203.2	955.2	2,158.5	50,772.2	
13,279.0	4,756.5	18,035.5	1,517.0	---	3,303.3	1,261.2	920.5	2,181.7	53,096.7	
14,114.0	4,839.6	18,953.6	2,057.0	---	3,513.4	1,311.3	1,170.4	2,481.7	56,955.0	
14,792.0	5,068.9	19,860.9	2,014.8	---	3,722.5	1,351.4	1,381.1	2,732.4	60,006.5	
15,403.9	5,291.7	20,695.6	2,131.1	---	3,838.7	1,381.3	1,588.1	2,969.4	62,779.4	
(annual percentage change)*										
8.9	3.4	7.1	11.0	---	-14.1	26.0	-3.6	2.3	11.5	
7.3	18.3	11.6	100.4	---	17.0	25.4	10.4	16.2	18.2	
10.3	16.7	13.2	13.8	---	7.6	12.7	8.8	10.6	10.9	
17.3	13.2	15.4	8.6	---	10.1	16.4	12.5	14.3	10.9	
6.0	15.9	10.5	6.9	---	-5.4	13.7	12.7	13.2	8.6	
13.0	10.1	11.6	-27.0	---	52.0	20.6	18.3	19.4	9.1	
12.7	10.7	11.8	11.2	---	54.9	19.5	20.0	19.7	10.8	
13.2	4.2	9.0	-1.8	---	0.8	15.4	14.5	14.9	9.8	
10.3	8.6	9.6	-10.9	---	12.2	10.4	11.1	10.8	8.5	
11.5	8.1	10.0	6.3	---	7.8	6.3	10.5	8.5	7.1	
11.5	6.5	9.3	1.0	---	31.7	3.8	17.4	11.0	8.1	
3.2	7.3	4.9	-10.1	---	15.7	6.4	6.8	6.6	5.1	
9.8	0.9	6.0	33.2	---	3.9	9.0	14.9	12.3	3.9	
5.9	2.1	4.4	7.9	---	2.7	4.0	-5.1	-1.2	2.5	
15.4	4.6	11.1	-23.1	---	-1.3	8.1	14.6	11.6	7.4	
10.3	6.5	8.9	17.3	---	-14.0	55.3	4.0	26.3	5.8	
4.5	5.9	5.0	106.3	---	20.1	13.2	16.4	14.7	9.2	
13.0	1.8	8.9	-5.8	---	13.6	12.0	5.2	8.7	7.9	
10.5	3.4	8.0	31.1	---	31.4	14.2	-4.0	5.9	9.8	
11.8	4.2	9.3	13.2	---	15.8	8.0	27.8	16.2	9.1	
11.4	2.1	8.4	15.5	---	13.1	14.2	-0.1	7.7	5.3	
8.4	4.5	7.2	-22.8	---	5.5	8.4	-14.3	-1.2	6.7	
6.3	3.9	5.6	34.7	---	-0.5	2.0	15.5	6.9	6.4	
10.0	4.4	8.4	38.8	---	-0.5	6.8	17.1	10.9	8.9	
5.5	4.1	5.1	-24.5	---	9.6	2.4	8.1	4.8	4.6	
6.8	1.7	5.4	-9.3	---	10.4	0.1	4.2	1.9	6.0	
5.1	5.3	5.2	7.9	---	0.3	4.8	-3.6	1.1	4.6	
6.3	1.7	5.1	35.6	---	6.4	4.0	27.2	13.8	7.3	
4.8	4.7	4.8	-2.1	---	6.0	3.1	18.0	10.1	5.4	
4.1	4.4	4.2	5.8	---	3.1	2.2	15.0	8.7	4.4	

Canadian Institute for Health Information, 2012.

Table A.3.2.2—Part 1

Private-Sector Health Expenditure by Use of Funds, Canada, 1975 to 2012—Current Dollars

Year	Hospitals	Other Institutions	Physicians	Other Professionals			Subtotal
				Dental Services	Vision Care Services	Other	
A	B	C	(percentage distribution of \$' 000,000)			D	
1975	11.0	11.3	0.9	23.6	6.6	2.8	33.0
1976	11.7	11.4	0.9	24.7	6.8	2.8	34.3
1977	11.7	11.1	0.9	26.4	7.0	2.8	36.2
1978	12.8	11.9	0.9	26.7	7.0	2.7	36.4
1979	13.6	12.8	1.1	26.7	6.7	2.8	36.1
1980	13.7	13.2	0.9	25.6	6.4	2.8	34.7
1981	14.3	11.7	0.8	24.2	6.9	2.8	33.9
1982	14.9	11.7	0.9	24.7	7.1	2.9	34.7
1983	15.6	11.9	1.0	24.7	7.7	3.1	35.5
1984	16.0	11.3	0.9	24.3	8.1	3.1	35.5
1985	15.6	10.7	0.9	25.0	8.2	2.9	36.0
1986	15.7	10.2	0.7	24.7	7.9	2.8	35.4
1987	15.3	10.2	0.7	24.9	7.8	3.1	35.7
1988	14.9	9.9	0.6	24.9	7.8	3.3	36.0
1989	14.1	9.3	0.6	24.5	7.7	3.5	35.7
1990	14.4	10.2	0.6	24.1	7.6	3.6	35.3
1991	14.3	10.5	0.5	24.0	7.3	3.7	35.0
1992	14.0	10.4	0.5	23.6	7.2	3.7	34.5
1993	13.6	10.3	0.5	23.0	7.0	3.7	33.8
1994	12.9	10.2	0.5	23.2	7.2	3.9	34.3
1995	11.1	9.9	0.5	23.7	7.4	3.9	35.0
1996	10.3	9.6	0.5	24.1	7.5	4.0	35.6
1997	9.9	9.1	0.5	23.4	8.4	4.5	36.4
1998	9.4	8.9	0.6	23.7	8.3	4.1	36.2
1999	9.1	8.8	0.6	23.5	7.8	4.4	35.7
2000	9.1	9.0	0.6	23.1	8.0	4.1	35.3
2001	9.1	8.4	0.5	22.8	7.8	4.5	35.2
2002	9.3	8.4	0.7	22.3	7.3	4.3	33.8
2003	9.0	8.3	0.5	21.8	6.6	4.2	32.5
2004	9.2	9.0	0.6	21.6	7.1	4.1	32.9
2005	9.1	8.5	0.6	22.3	7.0	4.1	33.4
2006	8.7	9.0	0.7	21.5	7.0	4.4	33.0
2007	8.7	9.4	0.5	22.1	7.4	4.2	33.6
2008	8.8	9.4	0.8	22.2	7.2	4.4	33.8
2009	9.1	9.8	0.7	21.6	7.4	4.2	33.2
2010	9.0	9.9	0.5	21.2	7.2	4.7	33.1
2011 f	9.2	10.0	0.6	21.0	7.2	4.8	33.0
2012 f	9.3	10.2	0.6	20.7	7.2	4.7	32.6
(annual percentage change)*							
1976*	7.0	0.9	-1.1	4.6	3.4	0.5	4.0
1980*	1.2	2.9	-17.0	-3.9	-4.6	-2.3	-3.9
1985	-2.6	-5.6	-7.3	2.8	0.8	-6.3	1.6
1986	0.7	-4.1	-17.0	-1.1	-2.9	-3.6	-1.7
1987	-2.6	-0.2	-8.2	0.6	-1.2	9.4	0.9
1988	-2.9	-2.7	-4.8	0.0	0.2	7.5	0.7
1989	-5.1	-6.8	-4.8	-1.6	-1.4	5.8	-0.9
1990	1.9	9.7	-4.7	-1.4	-2.2	4.0	-1.1
1991	-0.4	3.0	-4.7	-0.4	-3.2	1.6	-0.8
1992	-2.2	-0.2	-3.7	-1.8	-2.2	2.3	-1.5
1993	-2.7	-1.5	-4.1	-2.6	-1.7	-0.2	-2.1
1994	-5.2	-1.1	0.0	1.1	2.3	3.6	1.6
1995	-13.8	-2.8	2.8	1.9	2.9	1.3	2.0
1996	-7.9	-2.8	6.8	1.7	0.8	2.8	1.6
1997	-3.6	-5.7	-5.4	-2.6	12.5	12.6	2.2
1998	-5.2	-2.0	11.6	1.3	-0.8	-9.1	-0.5
1999	-2.9	-0.7	-2.2	-1.1	-5.9	5.5	-1.5
2000	-0.3	2.5	6.2	-1.5	2.1	-4.8	-1.1
2001	0.0	-6.5	-22.9	-1.2	-2.5	8.5	-0.3
2002	2.7	-0.8	60.4	-2.5	-6.6	-4.8	-3.7
2003	-3.7	-0.4	-28.1	-2.1	-9.6	-3.0	-3.9
2004	2.2	8.5	10.7	-0.7	8.1	-0.5	1.1
2005	-0.7	-5.7	2.7	3.0	-1.1	-1.3	1.6
2006	-4.8	5.7	9.9	-3.4	-0.4	8.9	-1.3
2007	0.0	4.0	-23.2	2.4	5.0	-6.6	1.8
2008	0.9	0.1	50.8	0.5	-2.1	6.3	0.6
2009	4.2	4.5	-2.6	-2.5	2.6	-6.1	-1.9
2010	-1.0	1.2	-31.6	-2.0	-2.0	12.6	-0.2
2011 f	1.6	1.1	12.9	-1.0	-0.3	2.5	-0.3
2012 f	1.8	1.6	10.3	-1.3	-0.6	-1.3	-1.1

Notes

* Refer to electronic tables for annual percentage change for the years 1977 to 1979 and 1981 to 1984.

f: forecast.

Canadian Institute for Health Information, 2012.

Table A.3.2.2—Part 2

Private-Sector Health Expenditure by Use of Funds, Canada, 1975 to 2012—Current Dollars (cont'd)

Drugs			Other Health Spending						Grand Total A+B+C+D +E+F+G+H+J
Prescribed Drugs	Non-Prescribed Drugs	Subtotal	Capital	Public Health	Administration	Health Research	Other	Subtotal	
E	F	G	H	(percentage distribution of \$' 000,000)					J
21.1	10.5	31.7	5.5	---	2.5	0.8	3.3	4.1	100.0
20.7	9.8	30.4	5.5	---	1.9	0.9	2.8	3.7	100.0
20.0	9.0	29.0	4.9	---	2.5	1.0	2.7	3.7	100.0
17.8	9.7	27.5	5.3	---	2.1	1.1	1.9	3.0	100.0
16.8	10.7	27.5	3.8	---	2.2	1.1	1.7	2.8	100.0
15.3	10.7	26.0	6.5	---	2.1	1.2	1.6	2.8	100.0
17.5	10.3	27.9	6.0	---	2.9	1.0	1.5	2.6	100.0
17.0	9.8	26.7	6.7	---	2.0	1.0	1.4	2.4	100.0
16.2	10.6	26.8	4.7	---	2.2	1.0	1.3	2.4	100.0
14.9	12.0	27.0	4.1	---	2.8	1.0	1.2	2.3	100.0
14.9	12.7	27.5	4.3	---	2.8	1.1	1.2	2.3	100.0
15.7	12.9	28.7	4.2	---	2.7	1.1	1.2	2.3	100.0
15.3	13.8	29.2	4.1	---	2.4	1.2	1.3	2.4	100.0
15.9	13.9	29.8	2.7	---	3.3	1.3	1.4	2.7	100.0
16.2	13.9	30.1	2.8	---	4.7	1.4	1.5	2.9	100.0
16.7	13.2	29.9	2.5	---	4.3	1.5	1.6	3.0	100.0
16.9	13.2	30.2	2.0	---	4.4	1.5	1.6	3.1	100.0
17.6	13.4	31.0	2.0	---	4.4	1.5	1.7	3.1	100.0
18.2	13.2	31.3	1.9	---	5.4	1.4	1.8	3.2	100.0
17.9	13.4	31.3	1.6	---	6.0	1.4	1.8	3.2	100.0
18.9	13.0	31.9	2.1	---	6.0	1.5	2.0	3.5	100.0
19.5	13.0	32.5	2.2	---	6.0	1.5	1.9	3.4	100.0
21.0	12.6	33.6	1.5	---	5.5	1.5	2.0	3.5	100.0
21.9	12.7	34.6	1.7	---	4.5	2.2	2.0	4.2	100.0
20.9	12.4	33.3	3.2	---	4.9	2.3	2.1	4.4	100.0
21.9	11.7	33.6	2.8	---	5.2	2.4	2.0	4.4	100.0
22.0	11.0	33.0	3.4	---	6.2	2.5	1.8	4.3	100.0
22.6	10.5	33.1	3.5	---	6.6	2.5	2.1	4.6	100.0
23.9	10.2	34.1	3.8	---	7.0	2.7	2.0	4.7	100.0
24.3	9.9	34.2	2.8	---	7.0	2.7	1.6	4.3	100.0
24.3	9.7	34.0	3.5	---	6.5	2.6	1.7	4.3	100.0
24.5	9.3	33.8	4.5	---	5.9	2.6	1.9	4.4	100.0
24.7	9.3	34.0	3.2	---	6.2	2.5	1.9	4.4	100.0
24.9	8.9	33.8	2.8	---	6.5	2.4	1.9	4.3	100.0
25.0	9.0	34.0	2.9	---	6.2	2.4	1.7	4.1	100.0
24.8	8.5	33.3	3.6	---	6.2	2.3	2.1	4.4	100.0
24.7	8.4	33.1	3.4	---	6.2	2.3	2.3	4.6	100.0
24.5	8.4	33.0	3.4	---	6.1	2.2	2.5	4.7	100.0
(annual percentage change)*									
-2.4	-7.3	-4.0	-0.5	---	-23.0	13.0	-13.5	-8.3	---
-9.2	0.1	-5.6	69.6	---	-1.0	6.1	-6.6	-1.7	---
-0.6	5.2	2.0	2.5	---	-3.0	1.6	-1.9	-0.3	---
5.8	2.1	4.1	-2.1	---	-0.7	4.9	1.5	3.1	---
-2.4	6.8	1.8	-1.6	---	-12.8	4.8	3.8	4.3	---
3.6	0.9	2.3	-33.0	---	39.4	10.6	8.5	9.5	---
1.7	-0.1	0.8	0.3	---	39.7	7.8	8.3	8.0	---
3.0	-5.1	-0.7	-10.6	---	-8.2	5.1	4.3	4.7	---
1.7	0.1	1.0	-17.9	---	3.4	1.7	2.4	2.1	---
4.1	0.9	2.7	-0.8	---	0.6	-0.8	3.2	1.3	---
3.1	-1.4	1.2	-6.6	---	21.8	-4.0	8.6	2.7	---
-1.8	2.1	-0.1	-14.5	---	10.1	1.2	1.6	1.5	---
5.7	-2.9	2.0	28.3	---	0.0	4.9	10.6	8.1	---
3.3	-0.4	1.8	5.3	---	0.2	1.4	-7.4	-3.7	---
7.5	-2.6	3.4	-28.4	---	-8.1	0.6	6.7	4.0	---
4.3	0.7	2.9	10.9	---	-18.7	46.8	-1.7	19.3	---
-4.3	-3.0	-3.8	89.0	---	10.0	3.7	6.6	5.0	---
4.7	-5.6	0.9	-12.8	---	5.2	3.7	-2.5	0.8	---
0.6	-5.9	-1.6	19.4	---	19.7	4.0	-12.6	-3.6	---
2.5	-4.5	0.2	3.8	---	6.1	-1.0	17.1	6.5	---
5.7	-3.1	2.9	9.6	---	7.3	8.4	-5.2	2.2	---
1.6	-2.1	0.5	-27.6	---	-1.2	1.6	-19.7	-7.4	---
-0.1	-2.4	-0.8	26.5	---	-6.5	-4.2	8.5	0.5	---
1.0	-4.1	-0.5	27.5	---	-8.6	-2.0	7.5	1.8	---
0.8	-0.5	0.5	-27.9	---	4.8	-2.2	3.4	0.2	---
0.8	-4.0	-0.5	-14.4	---	4.2	-5.6	-1.6	-3.9	---
0.5	0.7	0.6	3.1	---	-4.0	0.2	-7.9	-3.4	---
-0.9	-5.1	-2.0	26.4	---	-0.8	-3.1	18.5	6.0	---
-0.5	-0.6	-0.5	-7.0	---	0.6	-2.2	12.0	4.5	---
-0.5	-0.2	-0.4	1.1	---	-1.4	-2.3	9.9	3.9	---

Canadian Institute for Health Information, 2012.

Table A.3.2.3—Part 1

Private-Sector Health Expenditure by Use of Funds, Canada, 1975 to 2012—Current Dollars

Year	Hospitals	Other Institutions	Physicians	Other Professionals			Subtotal
				Dental Services	Vision Care Services	Other	
	A	B	C	(\$' per capita)			D
1975	13.7	14.2	1.2	29.6	8.2	3.5	41.4
1976	16.2	15.8	1.3	34.1	9.4	3.9	47.3
1977	17.7	16.9	1.4	40.1	10.6	4.3	55.0
1978	21.7	20.2	1.6	45.4	11.9	4.6	61.9
1979	25.9	24.4	2.2	50.9	12.7	5.4	69.0
1980	30.6	29.3	2.1	57.0	14.2	6.1	77.3
1981	36.4	29.9	2.0	61.8	17.5	7.1	86.4
1982	43.4	34.0	2.7	71.8	20.6	8.5	101.0
1983	49.0	37.3	3.1	77.5	24.0	9.8	111.2
1984	55.0	38.7	3.2	83.4	27.8	10.6	121.8
1985	58.9	40.2	3.2	94.3	30.8	10.9	135.9
1986	65.1	42.3	2.9	102.4	32.8	11.5	146.7
1987	67.9	45.3	2.9	110.3	34.7	13.5	158.6
1988	71.0	47.4	3.0	118.8	37.4	15.7	171.9
1989	73.4	48.1	3.1	127.2	40.2	18.0	185.4
1990	80.9	57.1	3.2	135.6	42.5	20.3	198.4
1991	86.4	63.1	3.2	144.9	44.1	22.1	211.1
1992	89.5	66.6	3.3	150.6	45.7	23.9	220.2
1993	93.1	70.2	3.4	156.9	48.0	25.5	230.4
1994	91.7	72.1	3.5	164.9	51.0	27.5	243.4
1995	81.3	72.1	3.7	172.7	54.0	28.6	255.3
1996	75.9	71.1	4.0	178.1	55.2	29.9	263.2
1997	77.8	71.3	4.1	184.4	66.0	35.7	286.2
1998	77.5	73.3	4.8	195.9	68.8	34.1	298.8
1999	81.5	78.8	5.0	209.8	70.1	38.9	318.8
2000	86.8	86.4	5.7	221.0	76.4	39.7	337.2
2001	94.3	87.7	4.8	237.3	81.0	46.8	365.1
2002	104.5	93.8	8.3	249.6	81.6	48.0	379.2
2003	105.0	97.5	6.2	254.8	77.0	48.6	380.3
2004	113.4	111.8	7.3	267.4	87.9	51.1	406.4
2005	118.6	111.0	7.9	290.2	91.6	53.2	435.0
2006	122.0	126.8	9.3	302.9	98.6	62.5	464.1
2007	126.3	136.5	7.4	321.1	107.2	60.5	488.8
2008	133.5	143.0	11.7	337.8	109.9	67.4	515.1
2009	143.6	154.4	11.8	340.3	116.4	65.4	522.1
2010	150.8	165.6	8.5	353.6	121.0	78.0	552.6
2011 f	159.7	174.6	10.1	365.1	125.8	83.4	574.3
2012 f	168.2	183.4	11.5	372.9	129.3	85.1	587.4
(annual percentage change)*							
1976*	17.8	11.1	8.8	15.1	13.8	10.6	14.5
1980*	18.0	20.1	-3.2	12.1	11.3	14.0	12.1
1985	7.1	3.8	1.9	13.0	10.8	3.0	11.6
1986	10.6	5.2	-8.9	8.6	6.6	5.9	7.9
1987	4.3	6.9	-1.7	7.7	5.8	17.2	8.1
1988	4.5	4.8	2.5	7.7	7.9	15.7	8.4
1989	3.3	1.5	3.6	7.1	7.4	15.2	7.9
1990	10.3	18.7	3.1	6.6	5.7	12.5	7.0
1991	6.8	10.5	2.3	6.8	3.8	8.9	6.4
1992	3.6	5.6	2.0	4.0	3.5	8.3	4.3
1993	4.1	5.3	2.5	4.2	5.1	6.7	4.6
1994	-1.4	2.8	3.9	5.1	6.3	7.7	5.6
1995	-11.4	-0.1	5.6	4.7	5.8	4.1	4.9
1996	-6.6	-1.4	8.4	3.1	2.3	4.3	3.1
1997	2.5	0.3	0.6	3.5	19.6	19.7	8.7
1998	-0.5	2.8	17.1	6.3	4.1	-4.6	4.4
1999	5.2	7.5	5.9	7.1	1.9	14.2	6.7
2000	6.6	9.6	13.6	5.4	9.1	1.8	5.8
2001	8.6	1.5	-16.2	7.4	6.0	17.9	8.3
2002	10.8	7.0	73.0	5.2	0.7	2.6	3.9
2003	0.5	3.9	-25.0	2.1	-5.7	1.2	0.3
2004	8.0	14.6	17.0	4.9	14.2	5.2	6.8
2005	4.6	-0.7	8.2	8.5	4.2	4.0	7.0
2006	2.9	14.2	18.8	4.4	7.7	17.7	6.7
2007	3.5	7.7	-20.5	6.0	8.7	-3.3	5.3
2008	5.7	4.8	58.0	5.2	2.5	11.4	5.4
2009	7.6	8.0	0.7	0.7	6.0	-3.0	1.4
2010	5.0	7.3	-27.5	3.9	3.9	19.4	5.9
2011 f	5.9	5.4	17.7	3.2	4.0	6.9	3.9
2012 f	5.3	5.1	14.1	2.2	2.8	2.1	2.3

Notes

* Refer to electronic tables for annual percentage change for the years 1977 to 1979 and 1981 to 1984.
f: forecast.

Canadian Institute for Health Information, 2012.

Table A.3.2.3—Part 2

Private-Sector Health Expenditure by Use of Funds, Canada, 1975 to 2012—Current Dollars (cont'd)

Drugs			Other Health Spending						Grand Total A+B+C+D +E+F+G+H+J
Prescribed Drugs	Non-Prescribed Drugs	Subtotal	Capital	Public Health	Administration	Health Research	Other	Subtotal	
		E	F	G (\$' per capita)	H			J	
26.5	13.2	39.7	6.9	---	3.1	1.0	4.1	5.1	125.3
28.5	13.5	41.9	7.6	---	2.6	1.3	3.9	5.2	137.9
30.4	13.7	44.1	7.5	---	3.8	1.5	4.1	5.6	152.0
30.2	16.4	46.6	9.1	---	3.6	1.8	3.2	5.0	169.7
32.1	20.5	52.6	7.3	---	4.1	2.1	3.3	5.4	190.8
34.0	23.9	57.9	14.5	---	4.8	2.6	3.6	6.2	222.6
44.7	26.4	71.1	15.3	---	7.5	2.7	3.8	6.5	255.2
49.4	28.5	77.9	19.5	---	5.8	2.9	4.0	6.9	291.1
50.8	33.3	84.2	14.6	---	6.8	3.2	4.1	7.4	313.7
51.3	41.3	92.6	14.2	---	9.8	3.6	4.2	7.8	343.1
56.0	47.8	103.8	16.0	---	10.4	4.0	4.6	8.6	377.2
65.1	53.6	118.7	17.2	---	11.4	4.6	5.1	9.7	414.1
68.1	61.3	129.4	18.2	---	10.6	5.1	5.7	10.8	443.6
75.9	66.6	142.5	13.1	---	15.9	6.1	6.6	12.7	477.6
84.0	72.4	156.4	14.3	---	24.2	7.2	7.8	15.0	519.9
93.6	74.3	168.0	13.8	---	24.0	8.2	8.8	17.0	562.4
102.1	79.8	181.9	12.2	---	26.6	8.9	9.7	18.6	603.1
112.5	85.2	197.8	12.8	---	28.4	9.4	10.6	19.9	638.5
124.1	89.8	213.9	12.8	---	37.0	9.6	12.3	21.9	682.6
126.7	95.3	222.0	11.4	---	42.3	10.1	12.9	23.1	709.5
137.7	95.2	232.8	15.0	---	43.5	10.9	14.7	25.6	729.3
144.3	96.1	240.5	16.0	---	44.2	11.2	13.8	25.0	739.9
164.9	99.5	264.5	12.2	---	43.2	12.0	15.7	27.7	786.9
180.5	105.2	285.7	14.2	---	36.8	18.5	16.2	34.7	825.6
187.1	110.5	297.6	29.0	---	43.9	20.8	18.7	39.4	894.0
209.5	111.4	320.9	27.1	---	49.3	23.0	19.5	42.5	955.9
229.0	114.0	343.0	35.1	---	64.2	26.0	18.5	44.5	1,038.5
253.2	117.4	370.7	39.3	---	73.5	27.8	23.3	51.1	1,120.3
279.3	118.8	398.1	44.9	---	82.2	31.4	23.1	54.5	1,168.9
299.9	122.8	422.7	34.4	---	85.9	33.7	19.6	53.3	1,235.1
315.6	126.4	442.0	45.8	---	84.6	34.0	22.4	56.4	1,301.3
344.3	130.9	475.1	63.1	---	83.5	36.1	26.0	62.1	1,406.0
359.3	134.8	494.1	47.1	---	90.6	36.5	27.8	64.3	1,455.1
379.2	135.5	514.7	42.2	---	98.8	36.1	28.7	64.8	1,523.8
393.7	141.0	534.7	45.0	---	97.9	37.4	27.3	64.7	1,574.2
413.6	141.8	555.4	60.3	---	103.0	38.4	34.3	72.7	1,669.0
429.0	147.0	576.0	58.4	---	108.0	39.2	40.1	79.2	1,740.2
441.7	151.8	593.5	61.1	---	110.1	39.6	45.5	85.2	1,800.3
(annual percentage change)*									
7.5	2.1	5.7	9.5	---	-15.2	24.3	-4.8	1.0	10.0
5.9	16.8	10.2	97.9	---	15.5	23.7	9.0	14.7	16.7
9.3	15.7	12.1	12.7	---	6.6	11.7	7.8	9.6	9.9
16.2	12.1	14.3	7.5	---	9.0	15.2	11.4	13.2	9.8
4.6	14.4	9.0	5.4	---	-6.6	12.2	11.2	11.7	7.1
11.5	8.6	10.2	-27.9	---	50.0	19.0	16.8	17.8	7.6
10.7	8.7	9.8	9.2	---	52.1	17.3	17.9	17.6	8.9
11.5	2.6	7.4	-3.3	---	-0.7	13.7	12.8	13.2	8.2
9.0	7.3	8.3	-11.9	---	10.9	9.1	9.8	9.4	7.2
10.2	6.8	8.7	5.0	---	6.5	5.0	9.2	7.2	5.9
10.3	5.4	8.1	-0.1	---	30.2	2.7	16.1	9.8	6.9
2.1	6.1	3.8	-11.1	---	14.4	5.2	5.6	5.4	3.9
8.7	-0.2	4.9	31.8	---	2.8	7.8	13.7	11.1	2.8
4.8	1.0	3.3	6.8	---	1.7	2.9	-6.1	-2.2	1.5
14.3	3.5	10.0	-23.9	---	-2.3	7.0	13.4	10.5	6.3
9.4	5.7	8.0	16.4	---	-14.7	54.0	3.1	25.2	4.9
3.7	5.1	4.2	104.7	---	19.1	12.3	15.4	13.7	8.3
12.0	0.9	7.8	-6.7	---	12.5	10.9	4.2	7.7	6.9
9.3	2.3	6.9	29.7	---	30.0	12.9	-5.0	4.7	8.6
10.6	3.0	8.1	11.9	---	14.5	6.8	26.4	14.9	7.9
10.3	1.1	7.4	14.4	---	12.0	13.1	-1.1	6.6	4.3
7.3	3.4	6.2	-23.6	---	4.4	7.4	-15.2	-2.2	5.7
5.3	2.9	4.6	33.3	---	-1.5	1.0	14.3	5.9	5.4
9.1	3.6	7.5	37.7	---	-1.3	5.9	16.2	10.0	8.0
4.4	3.0	4.0	-25.3	---	8.4	1.3	7.0	3.6	3.5
5.5	0.5	4.2	-10.4	---	9.1	-1.1	3.0	0.7	4.7
3.8	4.1	3.9	6.6	---	-0.9	3.5	-4.8	-0.2	3.3
5.1	0.6	3.9	34.0	---	5.1	2.8	25.7	12.4	6.0
3.7	3.7	3.7	-3.1	---	4.9	2.0	16.8	9.0	4.3
3.0	3.2	3.0	4.6	---	2.0	1.1	13.7	7.5	3.5

Canadian Institute for Health Information, 2012.

Table A.3.3.1—Part 1

Public-Sector Health Expenditure by Use of Funds, Canada, 1975 to 2012—Current Dollars

Year	Other Professionals						Subtotal
	Hospitals	Other Institutions	Physicians	Dental Services	Vision Care	Other	
					Services		
A	B	C	(\$' 000,000)			D	
1975	5,136.8	796.6	1,813.2	56.4	35.9	46.7	139.0
1976	5,977.7	999.1	2,041.5	69.8	40.6	53.9	164.4
1977	6,372.7	1,175.2	2,252.1	83.7	44.9	60.5	189.1
1978	6,861.9	1,367.5	2,528.3	104.0	51.9	75.5	231.4
1979	7,487.6	1,581.4	2,804.5	143.8	58.0	88.9	290.7
1980	8,585.2	1,821.5	3,236.0	194.9	67.2	104.9	367.1
1981	10,127.4	2,146.7	3,775.1	278.4	78.7	126.7	483.9
1982	12,001.9	2,531.4	4,353.1	270.0	91.1	143.0	504.2
1983	13,174.5	2,794.4	4,973.3	260.7	105.7	164.0	530.3
1984	13,936.3	2,923.3	5,444.6	266.7	117.7	181.0	565.4
1985	14,737.7	3,066.5	5,962.1	275.5	130.4	214.6	620.5
1986	15,937.1	2,982.4	6,597.9	287.2	146.1	260.7	693.9
1987	17,154.2	3,132.1	7,266.2	286.3	157.3	276.4	719.9
1988	18,497.2	3,468.3	7,862.5	311.3	180.8	296.0	788.2
1989	20,269.0	3,828.5	8,422.7	350.3	205.6	341.5	897.4
1990	21,626.1	4,166.8	9,157.3	382.2	225.4	394.5	1,002.1
1991	23,294.9	4,576.9	10,114.5	405.7	247.7	463.0	1,116.4
1992	24,132.6	4,898.5	10,354.7	417.4	239.6	492.6	1,149.6
1993	24,074.4	4,784.5	10,401.8	426.1	211.0	487.8	1,124.8
1994	23,512.0	4,831.4	10,629.7	435.9	204.1	456.3	1,096.2
1995	23,129.9	5,041.1	10,529.2	422.2	193.1	455.0	1,070.3
1996	22,957.4	5,203.6	10,639.6	386.2	195.3	450.7	1,032.2
1997	22,529.5	6,487.9	11,202.7	368.2	214.5	454.2	1,036.9
1998	23,537.7	7,162.7	11,662.1	352.3	204.7	476.8	1,033.7
1999	24,493.7	7,559.6	12,258.5	378.5	218.8	518.0	1,115.3
2000	26,606.7	8,156.5	13,046.5	392.4	230.3	566.1	1,188.9
2001	28,244.4	8,775.3	14,001.3	399.9	247.8	547.2	1,195.0
2002	30,272.8	9,299.5	14,939.2	414.2	239.9	507.8	1,161.9
2003	32,512.4	9,850.2	16,084.1	401.6	244.0	511.7	1,157.3
2004	34,900.8	10,727.8	17,083.7	417.4	250.3	515.0	1,182.7
2005	36,778.5	11,136.6	18,302.3	442.1	223.0	451.0	1,116.2
2006	39,215.6	11,572.6	19,742.9	495.7	231.5	462.8	1,190.0
2007	41,571.5	12,284.6	21,310.1	533.1	239.8	521.2	1,294.2
2008	44,675.8	12,876.0	23,389.9	577.3	264.3	596.2	1,437.8
2009	47,678.0	13,683.4	25,274.2	651.7	295.5	632.7	1,580.0
2010	51,140.9	14,366.0	27,106.0	703.8	316.8	639.2	1,659.9
2011 f	53,173.2	15,315.7	28,577.0	711.3	333.8	685.5	1,730.5
2012 f	54,657.8	16,051.2	29,556.3	732.3	349.9	711.2	1,793.4
(annual percentage change)*							
1976*	16.4	25.4	12.6	23.8	13.3	15.4	18.3
1980*	14.7	15.2	15.4	35.5	15.9	18.0	26.3
1985	5.8	4.9	9.5	3.3	10.8	18.5	9.7
1986	8.1	-2.7	10.7	4.2	12.0	21.5	11.8
1987	7.6	5.0	10.1	-0.3	7.7	6.0	3.8
1988	7.8	10.7	8.2	8.8	14.9	7.1	9.5
1989	9.6	10.4	7.1	12.5	13.7	15.4	13.9
1990	6.7	8.8	8.7	9.1	9.6	15.5	11.7
1991	7.7	9.8	10.5	6.1	9.9	17.4	11.4
1992	3.6	7.0	2.4	2.9	-3.3	6.4	3.0
1993	-0.2	-2.3	0.5	2.1	-11.9	-1.0	-2.2
1994	-2.3	1.0	2.2	2.3	-3.3	-6.5	-2.5
1995	-1.6	4.3	-0.9	-3.1	-5.4	-0.3	-2.4
1996	-0.7	3.2	1.0	-8.5	1.1	-0.9	-3.6
1997	-1.9	24.7	5.3	-4.7	9.9	0.8	0.5
1998	4.5	10.4	4.1	-4.3	-4.6	5.0	-0.3
1999	4.1	5.5	5.1	7.4	6.9	8.6	7.9
2000	8.6	7.9	6.4	3.7	5.3	9.3	6.6
2001	6.2	7.6	7.3	1.9	7.6	-3.3	0.5
2002	7.2	6.0	6.7	3.6	-3.2	-7.2	-2.8
2003	7.4	5.9	7.7	-3.0	1.7	0.8	-0.4
2004	7.3	8.9	6.2	3.9	2.6	0.7	2.2
2005	5.4	3.8	7.1	5.9	-10.9	-12.4	-5.6
2006	6.6	3.9	7.9	12.1	3.8	2.6	6.6
2007	6.0	6.2	7.9	7.5	3.6	12.6	8.8
2008	7.5	4.8	9.8	8.3	10.2	14.4	11.1
2009	6.7	6.3	8.1	12.9	11.8	6.1	9.9
2010	7.3	5.0	7.2	8.0	7.2	1.0	5.1
2011 f	4.0	6.6	5.4	1.1	5.4	7.2	4.3
2012 f	2.8	4.8	3.4	3.0	4.8	3.8	3.6

Notes

* Refer to electronic tables for annual percentage change for the years 1977 to 1979 and 1981 to 1984.
f: forecast.

Canadian Institute for Health Information, 2012.

Table A.3.3.1—Part 2

Public-Sector Health Expenditure by Use of Funds, Canada, 1975 to 2012—Current Dollars (cont'd)

Drugs			Other Health Spending						Grand Total A+B+C+D +E+F+G+H+J
Prescribed Drugs	Non-Prescribed Drugs	Subtotal	Capital	Public Health	Administration	Health Research	Other	Subtotal	
		E	F	G (\$' 000,000)	H			J	
158.6	---	158.6	376.4	406.8	271.4	70.3	131.2	201.6	9,300.3
215.8	---	215.8	367.0	510.6	299.9	75.9	165.3	241.2	10,817.2
266.6	---	266.6	385.4	598.5	318.1	93.1	193.7	286.8	11,844.6
327.9	---	327.9	454.8	615.4	320.6	107.2	225.4	332.6	13,040.5
386.4	---	386.4	547.8	707.0	351.7	123.4	271.8	395.2	14,552.3
465.0	---	465.0	635.3	845.4	395.2	139.5	351.8	491.3	16,841.8
566.9	---	566.9	731.9	1,006.1	445.0	164.7	495.0	659.7	19,942.6
683.6	---	683.6	905.7	1,149.7	546.6	184.2	586.4	770.6	23,446.8
817.4	---	817.4	1,065.2	1,241.4	590.9	215.1	677.4	892.5	26,080.0
942.8	---	942.8	1,139.9	1,376.5	647.3	245.7	735.1	980.8	27,956.9
1,118.7	---	1,118.7	1,236.9	1,515.7	696.8	279.0	861.6	1,140.6	30,095.5
1,319.2	---	1,319.2	1,351.5	1,570.2	734.2	334.0	1,009.1	1,343.1	32,529.4
1,492.7	---	1,492.7	1,391.1	1,661.0	779.6	316.9	1,142.0	1,458.9	35,055.7
1,702.8	---	1,702.8	1,550.7	1,786.6	799.2	343.9	1,364.3	1,708.2	38,163.7
1,970.9	---	1,970.9	1,702.4	1,953.6	864.8	393.1	1,609.5	2,002.6	41,911.9
2,278.0	---	2,278.0	1,740.3	2,138.5	991.9	445.2	1,903.1	2,348.3	45,449.2
2,606.7	---	2,606.7	1,685.8	2,316.5	1,033.6	449.5	2,188.0	2,637.5	49,382.9
2,908.5	---	2,908.5	1,694.9	2,539.6	1,068.6	541.7	2,349.3	2,891.0	51,637.9
3,044.9	---	3,044.9	1,650.2	2,761.5	1,010.9	518.6	2,550.3	3,068.9	51,922.0
3,087.6	---	3,087.6	1,943.2	3,059.8	1,072.0	511.8	2,793.5	3,305.3	52,537.2
3,365.3	---	3,365.3	1,824.0	3,245.0	1,155.8	489.3	2,866.3	3,355.7	52,716.3
3,327.7	---	3,327.7	1,685.9	3,371.5	1,180.5	487.7	2,917.2	3,404.9	52,803.4
3,597.7	---	3,597.7	1,757.6	3,430.8	1,224.5	730.8	3,202.9	3,933.7	55,201.3
4,007.5	---	4,007.5	1,874.0	4,284.6	1,345.1	737.6	3,540.8	4,278.3	59,186.0
4,551.3	---	4,551.3	2,626.8	4,642.4	1,426.7	693.4	3,815.2	4,508.6	63,182.8
5,295.2	---	5,295.2	3,134.9	5,265.8	1,587.1	873.1	4,099.3	4,972.3	69,253.9
6,064.1	---	6,064.1	3,419.9	6,029.0	1,741.1	1,266.3	4,255.2	5,521.5	74,991.5
6,807.0	---	6,807.0	3,700.5	6,282.6	1,910.9	1,187.0	4,384.4	5,571.4	79,945.7
7,565.2	---	7,565.2	4,178.1	7,358.1	2,099.6	1,324.9	4,538.5	5,863.4	86,668.6
8,263.9	---	8,263.9	4,410.8	7,490.9	2,584.5	1,397.3	4,639.6	6,036.9	92,682.0
8,912.2	---	8,912.2	5,116.6	8,364.5	2,549.9	1,435.1	4,968.0	6,403.0	98,679.7
9,616.0	---	9,616.0	5,185.7	9,019.2	2,503.8	1,703.0	5,286.4	6,989.4	105,035.3
10,168.0	---	10,168.0	5,704.5	9,643.7	2,657.7	1,897.5	5,796.4	7,693.8	112,328.1
10,771.8	---	10,771.8	6,761.0	10,077.5	2,563.2	2,384.6	6,294.8	8,679.4	121,232.5
11,534.5	---	11,534.5	7,241.7	10,443.9	2,602.8	2,316.9	6,634.2	8,951.1	128,989.6
11,783.9	---	11,783.9	8,043.8	10,437.5	2,576.7	2,128.9	6,915.0	9,043.9	136,158.6
12,094.6	---	12,094.6	7,624.9	10,548.8	2,550.3	1,943.2	7,057.1	9,000.3	140,615.3
12,329.9	---	12,329.9	7,470.1	11,032.9	2,595.1	1,890.3	7,260.4	9,150.7	144,637.5
(annual percentage change)*									
36.1	---	36.1	-2.5	25.5	10.5	8.0	25.9	19.7	16.3
20.3	---	20.3	16.0	19.6	12.4	13.1	29.4	24.3	15.7
18.7	---	18.7	8.5	10.1	7.6	13.6	17.2	16.3	7.6
17.9	---	17.9	9.3	3.6	5.4	19.7	17.1	17.8	8.1
13.2	---	13.2	2.9	5.8	6.2	-5.1	13.2	8.6	7.8
14.1	---	14.1	11.5	7.6	2.5	8.5	19.5	17.1	8.9
15.7	---	15.7	9.8	9.3	8.2	14.3	18.0	17.2	9.8
15.6	---	15.6	2.2	9.5	14.7	13.3	18.2	17.3	8.4
14.4	---	14.4	-3.1	8.3	4.2	1.0	15.0	12.3	8.7
11.6	---	11.6	0.5	9.6	3.4	20.5	7.4	9.6	4.6
4.7	---	4.7	-2.6	8.7	-5.4	-4.3	8.6	6.2	0.6
1.4	---	1.4	17.8	10.8	6.0	-1.3	9.5	7.7	1.2
9.0	---	9.0	-6.1	6.1	7.8	-4.4	2.6	1.5	0.3
-1.1	---	-1.1	-7.6	3.9	2.1	-0.3	1.8	1.5	0.2
8.1	---	8.1	4.3	1.8	3.7	49.8	9.8	15.5	4.5
11.4	---	11.4	6.6	24.9	9.9	0.9	10.5	8.8	7.2
13.6	---	13.6	40.2	8.3	6.1	-6.0	7.8	5.4	6.8
16.3	---	16.3	19.3	13.4	11.2	25.9	7.4	10.3	9.6
14.5	---	14.5	9.1	14.5	9.7	45.0	3.8	11.0	8.3
12.3	---	12.3	8.2	4.2	9.8	-6.3	3.0	0.9	6.6
11.1	---	11.1	12.9	17.1	9.9	11.6	3.5	5.2	8.4
9.2	---	9.2	5.6	1.8	23.1	5.5	2.2	3.0	6.9
7.8	---	7.8	16.0	11.7	-1.3	2.7	7.1	6.1	6.5
7.9	---	7.9	1.3	7.8	-1.8	18.7	6.4	9.2	6.4
5.7	---	5.7	10.0	6.9	6.1	11.4	9.6	10.1	6.9
5.9	---	5.9	18.5	4.5	-3.6	25.7	8.6	12.8	7.9
7.1	---	7.1	7.1	3.6	1.5	-2.8	5.4	3.1	6.4
2.2	---	2.2	11.1	-0.1	-1.0	-8.1	4.2	1.0	5.6
2.6	---	2.6	-5.2	1.1	-1.0	-8.7	2.1	-0.5	3.3
1.9	---	1.9	-2.0	4.6	1.8	-2.7	2.9	1.7	2.9

Canadian Institute for Health Information, 2012.

Table A.3.3.2—Part 1

Public-Sector Health Expenditure by Use of Funds, Canada, 1975 to 2012—Current Dollars

Year	Other Professionals						Subtotal
	Hospitals	Other Institutions	Physicians	Dental Services	Vision Care Services	Other	
	A	B	C				
	(percentage distribution of \$' 000,000)						D
1975	55.2	8.6	19.5	0.6	0.4	0.5	1.5
1976	55.3	9.2	18.9	0.6	0.4	0.5	1.5
1977	53.8	9.9	19.0	0.7	0.4	0.5	1.6
1978	52.6	10.5	19.4	0.8	0.4	0.6	1.8
1979	51.5	10.9	19.3	1.0	0.4	0.6	2.0
1980	51.0	10.8	19.2	1.2	0.4	0.6	2.2
1981	50.8	10.8	18.9	1.4	0.4	0.6	2.4
1982	51.2	10.8	18.6	1.2	0.4	0.6	2.2
1983	50.5	10.7	19.1	1.0	0.4	0.6	2.0
1984	49.8	10.5	19.5	1.0	0.4	0.6	2.0
1985	49.0	10.2	19.8	0.9	0.4	0.7	2.1
1986	49.0	9.2	20.3	0.9	0.4	0.8	2.1
1987	48.9	8.9	20.7	0.8	0.4	0.8	2.1
1988	48.5	9.1	20.6	0.8	0.5	0.8	2.1
1989	48.4	9.1	20.1	0.8	0.5	0.8	2.1
1990	47.6	9.2	20.1	0.8	0.5	0.9	2.2
1991	47.2	9.3	20.5	0.8	0.5	0.9	2.3
1992	46.7	9.5	20.1	0.8	0.5	1.0	2.2
1993	46.4	9.2	20.0	0.8	0.4	0.9	2.2
1994	44.8	9.2	20.2	0.8	0.4	0.9	2.1
1995	43.9	9.6	20.0	0.8	0.4	0.9	2.0
1996	43.5	9.9	20.1	0.7	0.4	0.9	2.0
1997	40.8	11.8	20.3	0.7	0.4	0.8	1.9
1998	39.8	12.1	19.7	0.6	0.3	0.8	1.7
1999	38.8	12.0	19.4	0.6	0.3	0.8	1.8
2000	38.4	11.8	18.8	0.6	0.3	0.8	1.7
2001	37.7	11.7	18.7	0.5	0.3	0.7	1.6
2002	37.9	11.6	18.7	0.5	0.3	0.6	1.5
2003	37.5	11.4	18.6	0.5	0.3	0.6	1.3
2004	37.7	11.6	18.4	0.5	0.3	0.6	1.3
2005	37.3	11.3	18.5	0.4	0.2	0.5	1.1
2006	37.3	11.0	18.8	0.5	0.2	0.4	1.1
2007	37.0	10.9	19.0	0.5	0.2	0.5	1.2
2008	36.9	10.6	19.3	0.5	0.2	0.5	1.2
2009	37.0	10.6	19.6	0.5	0.2	0.5	1.2
2010	37.6	10.6	19.9	0.5	0.2	0.5	1.2
2011 f	37.8	10.9	20.3	0.5	0.2	0.5	1.2
2012 f	37.8	11.1	20.4	0.5	0.2	0.5	1.2
	(annual percentage change)*						
1976*	0.1	7.8	-3.2	6.4	-2.5	-0.8	1.7
1980*	-0.9	-0.5	-0.3	17.1	0.2	2.0	9.1
1985	-1.8	-2.6	1.7	-4.1	3.0	10.1	1.9
1986	0.0	-10.0	2.4	-3.6	3.6	12.4	3.5
1987	-0.1	-2.6	2.2	-7.5	-0.1	-1.6	-3.7
1988	-1.0	1.7	-0.6	-0.1	5.6	-1.6	0.6
1989	-0.2	0.5	-2.5	2.4	3.6	5.1	3.7
1990	-1.6	0.4	0.3	0.6	1.1	6.5	3.0
1991	-0.9	1.1	1.7	-2.3	1.1	8.0	2.5
1992	-0.9	2.4	-2.1	-1.6	-7.5	1.7	-1.5
1993	-0.8	-2.9	-0.1	1.5	-12.4	-1.5	-2.7
1994	-3.5	-0.2	1.0	1.1	-4.4	-7.6	-3.7
1995	-2.0	4.0	-1.3	-3.5	-5.7	-0.6	-2.7
1996	-0.9	3.1	0.9	-8.7	0.9	-1.1	-3.7
1997	-6.1	19.3	0.7	-8.8	5.1	-3.6	-3.9
1998	-2.6	3.0	-2.9	-10.8	-11.0	-2.1	-7.0
1999	-2.5	-1.1	-1.5	0.6	0.1	1.8	1.1
2000	-0.9	-1.6	-2.9	-5.4	-4.0	-0.3	-2.7
2001	-2.0	-0.6	-0.9	-5.9	-0.6	-10.7	-7.2
2002	0.5	-0.6	0.1	-2.8	-9.2	-13.0	-8.8
2003	-0.9	-2.3	-0.7	-10.6	-6.2	-7.1	-8.1
2004	0.4	1.8	-0.7	-2.8	-4.1	-5.9	-4.4
2005	-1.0	-2.5	0.6	-0.5	-16.3	-17.8	-11.4
2006	0.2	-2.4	1.3	5.3	-2.5	-3.6	0.2
2007	-0.9	-0.7	0.9	0.6	-3.1	5.3	1.7
2008	-0.4	-2.9	1.7	0.3	2.1	6.0	2.9
2009	0.3	-0.1	1.6	6.1	5.1	-0.3	3.3
2010	1.6	-0.5	1.6	2.3	1.6	-4.3	-0.5
2011 f	0.7	3.2	2.1	-2.1	2.0	3.8	1.0
2012 f	-0.1	1.9	0.6	0.1	1.9	0.9	0.8

Notes

* Refer to electronic tables for annual percentage change for the years 1977 to 1979 and 1981 to 1984.
f: forecast.

Canadian Institute for Health Information, 2012.

Table A.3.3.2—Part 2

Public-Sector Health Expenditure by Use of Funds, Canada, 1975 to 2012—Current Dollars (cont'd)

Drugs			Other Health Spending							Grand Total A+B+C+D +E+F+G+H+J
Prescribed Drugs	Non-Prescribed Drugs	Subtotal	Capital	Public Health	Administration	Health Research	Other	Subtotal		
(percentage distribution of \$ '000,000)										
		E	F	G	H			J		
1.7	---	1.7	4.0	4.4	2.9	0.8	1.4	2.2	100.0	
2.0	---	2.0	3.4	4.7	2.8	0.7	1.5	2.2	100.0	
2.3	---	2.3	3.3	5.1	2.7	0.8	1.6	2.4	100.0	
2.5	---	2.5	3.5	4.7	2.5	0.8	1.7	2.6	100.0	
2.7	---	2.7	3.8	4.9	2.4	0.8	1.9	2.7	100.0	
2.8	---	2.8	3.8	5.0	2.3	0.8	2.1	2.9	100.0	
2.8	---	2.8	3.7	5.0	2.2	0.8	2.5	3.3	100.0	
2.9	---	2.9	3.9	4.9	2.3	0.8	2.5	3.3	100.0	
3.1	---	3.1	4.1	4.8	2.3	0.8	2.6	3.4	100.0	
3.4	---	3.4	4.1	4.9	2.3	0.9	2.6	3.5	100.0	
3.7	---	3.7	4.1	5.0	2.3	0.9	2.9	3.8	100.0	
4.1	---	4.1	4.2	4.8	2.3	1.0	3.1	4.1	100.0	
4.3	---	4.3	4.0	4.7	2.2	0.9	3.3	4.2	100.0	
4.5	---	4.5	4.1	4.7	2.1	0.9	3.6	4.5	100.0	
4.7	---	4.7	4.1	4.7	2.1	0.9	3.8	4.8	100.0	
5.0	---	5.0	3.8	4.7	2.2	1.0	4.2	5.2	100.0	
5.3	---	5.3	3.4	4.7	2.1	0.9	4.4	5.3	100.0	
5.6	---	5.6	3.3	4.9	2.1	1.0	4.5	5.6	100.0	
5.9	---	5.9	3.2	5.3	1.9	1.0	4.9	5.9	100.0	
5.9	---	5.9	3.7	5.8	2.0	1.0	5.3	6.3	100.0	
6.4	---	6.4	3.5	6.2	2.2	0.9	5.4	6.4	100.0	
6.3	---	6.3	3.2	6.4	2.2	0.9	5.5	6.4	100.0	
6.5	---	6.5	3.2	6.2	2.2	1.3	5.8	7.1	100.0	
6.8	---	6.8	3.2	7.2	2.3	1.2	6.0	7.2	100.0	
7.2	---	7.2	4.2	7.3	2.3	1.1	6.0	7.1	100.0	
7.6	---	7.6	4.5	7.6	2.3	1.3	5.9	7.2	100.0	
8.1	---	8.1	4.6	8.0	2.3	1.7	5.7	7.4	100.0	
8.5	---	8.5	4.6	7.9	2.4	1.5	5.5	7.0	100.0	
8.7	---	8.7	4.8	8.5	2.4	1.5	5.2	6.8	100.0	
8.9	---	8.9	4.8	8.1	2.8	1.5	5.0	6.5	100.0	
9.0	---	9.0	5.2	8.5	2.6	1.5	5.0	6.5	100.0	
9.2	---	9.2	4.9	8.6	2.4	1.6	5.0	6.7	100.0	
9.1	---	9.1	5.1	8.6	2.4	1.7	5.2	6.8	100.0	
8.9	---	8.9	5.6	8.3	2.1	2.0	5.2	7.2	100.0	
8.9	---	8.9	5.6	8.1	2.0	1.8	5.1	6.9	100.0	
8.7	---	8.7	5.9	7.7	1.9	1.6	5.1	6.6	100.0	
8.6	---	8.6	5.4	7.5	1.8	1.4	5.0	6.4	100.0	
8.5	---	8.5	5.2	7.6	1.8	1.3	5.0	6.3	100.0	
(annual percentage change)*										
17.0	---	17.0	-16.2	7.9	-5.0	-7.2	8.3	2.9	---	
4.0	---	4.0	0.2	3.3	-2.9	-2.3	11.8	7.4	---	
10.2	---	10.2	0.8	2.3	0.0	5.5	8.9	8.0	---	
9.1	---	9.1	1.1	-4.2	-2.5	10.8	8.4	8.9	---	
5.0	---	5.0	-4.5	-1.8	-1.5	-12.0	5.0	0.8	---	
4.8	---	4.8	2.4	-1.2	-5.8	-0.3	9.7	7.6	---	
5.4	---	5.4	0.0	-0.4	-1.5	4.1	7.4	6.8	---	
6.6	---	6.6	-5.7	0.9	5.8	4.4	9.0	8.1	---	
5.3	---	5.3	-10.8	-0.3	-4.1	-7.1	5.8	3.4	---	
6.7	---	6.7	-3.9	4.8	-1.1	15.2	2.7	4.8	---	
4.1	---	4.1	-3.2	8.1	-5.9	-4.8	8.0	5.6	---	
0.2	---	0.2	16.4	9.5	4.8	-2.5	8.3	6.4	---	
8.6	---	8.6	-6.5	5.7	7.4	-4.7	2.3	1.2	---	
-1.3	---	-1.3	-7.7	3.7	2.0	-0.5	1.6	1.3	---	
3.4	---	3.4	-0.3	-2.7	-0.8	43.3	5.0	10.5	---	
3.9	---	3.9	-0.6	16.5	2.5	-5.9	3.1	1.4	---	
6.4	---	6.4	31.3	1.5	-0.6	-11.9	0.9	-1.3	---	
6.1	---	6.1	8.9	3.5	1.5	14.9	-2.0	0.6	---	
5.8	---	5.8	0.7	5.7	1.3	33.9	-4.1	2.5	---	
5.3	---	5.3	1.5	-2.3	3.0	-12.1	-3.3	-5.3	---	
2.5	---	2.5	4.1	8.0	1.4	3.0	-4.5	-2.9	---	
2.1	---	2.1	-1.3	-4.8	15.1	-1.4	-4.4	-3.7	---	
1.3	---	1.3	9.0	4.9	-7.3	-3.5	0.6	-0.4	---	
1.4	---	1.4	-4.8	1.3	-7.7	11.5	0.0	2.6	---	
-1.1	---	-1.1	2.9	0.0	-0.7	4.2	2.5	2.9	---	
-1.8	---	-1.8	9.8	-3.2	-10.6	16.4	0.6	4.5	---	
0.6	---	0.6	0.7	-2.6	-4.6	-8.7	-0.9	-3.1	---	
-3.2	---	-3.2	5.2	-5.3	-6.2	-12.9	-1.3	-4.3	---	
-0.6	---	-0.6	-8.2	-2.1	-4.2	-11.6	-1.2	-3.6	---	
-0.9	---	-0.9	-4.8	1.7	-1.1	-5.4	0.0	-1.2	---	

Canadian Institute for Health Information, 2012.

Table A.3.3.3—Part 1

Public-Sector Health Expenditure by Use of Funds, Canada, 1975 to 2012—Current Dollars

Year	Hospitals	Other Institutions	Physicians	Other Professionals			Subtotal
				Dental Services	Vision Care Services	Other	
	A	B	C	(\$' per capita)			D
1975	222.0	34.4	78.3	2.4	1.5	2.0	6.0
1976	254.9	42.6	87.1	3.0	1.7	2.3	7.0
1977	288.6	49.5	94.9	3.5	1.9	2.6	8.0
1978	286.4	57.1	105.5	4.3	2.2	3.2	9.7
1979	309.4	65.3	115.9	5.9	2.4	3.7	12.0
1980	350.2	74.3	132.0	8.0	2.7	4.3	15.0
1981	408.0	86.5	152.1	11.2	3.2	5.1	19.5
1982	477.8	100.8	173.3	10.8	3.6	5.7	20.1
1983	519.4	110.2	196.1	10.3	4.2	6.5	20.9
1984	544.2	114.2	212.6	10.4	4.6	7.1	22.1
1985	570.3	118.7	230.7	10.7	5.0	8.3	24.0
1986	610.6	114.3	252.8	11.0	5.6	10.0	26.6
1987	648.6	118.4	274.7	10.8	5.9	10.4	27.2
1988	690.3	129.4	293.4	11.6	6.7	11.0	29.4
1989	742.9	140.3	308.7	12.8	7.5	12.5	32.9
1990	780.8	150.4	330.6	13.8	8.1	14.2	36.2
1991	831.0	163.3	360.8	14.5	8.8	16.5	39.8
1992	850.7	172.7	365.0	14.7	8.4	17.4	40.5
1993	839.4	166.8	362.7	14.9	7.4	17.0	39.2
1994	810.8	166.6	366.6	15.0	7.0	15.7	37.8
1995	789.4	172.0	359.3	14.4	6.6	15.5	36.5
1996	775.3	175.7	359.3	13.0	6.6	15.2	34.9
1997	753.3	216.9	374.6	12.3	7.2	15.2	34.7
1998	780.5	237.5	386.7	11.7	6.8	15.8	34.3
1999	805.6	248.6	403.2	12.4	7.2	17.0	36.7
2000	867.0	265.8	425.1	12.8	7.5	18.4	38.7
2001	910.5	282.9	451.3	12.9	8.0	17.6	38.5
2002	964.9	296.4	476.2	13.2	7.6	16.2	37.0
2003	1,026.4	311.0	507.8	12.7	7.7	16.2	36.5
2004	1,090.8	335.3	533.9	13.0	7.8	16.1	37.0
2005	1,138.2	344.7	566.4	13.7	6.9	14.0	34.5
2006	1,203.8	355.2	606.1	15.2	7.1	14.2	36.5
2007	1,262.4	373.1	647.1	16.2	7.3	15.8	39.3
2008	1,340.8	386.4	702.0	17.3	7.9	17.9	43.2
2009	1,413.5	405.7	749.3	19.3	8.8	18.8	46.8
2010	1,498.6	421.0	794.3	20.6	9.3	18.7	48.6
2011 f	1,542.0	444.2	828.7	20.6	9.7	19.9	50.2
2012 f	1,567.4	460.3	847.6	21.0	10.0	20.4	51.4
(annual percentage change)*							
1976*	14.8	23.8	11.1	22.2	11.9	13.9	16.7
1980*	13.2	13.7	13.9	33.8	14.4	16.5	24.7
1985	4.8	3.9	8.5	2.3	9.8	17.5	8.7
1986	7.1	-3.7	9.6	3.2	10.9	20.3	10.7
1987	6.2	3.6	8.7	-1.6	6.3	4.6	2.4
1988	6.4	9.3	6.8	7.4	13.4	5.7	8.1
1989	7.6	8.4	5.2	10.5	11.7	13.3	11.8
1990	5.1	7.2	7.1	7.5	8.0	13.8	10.0
1991	6.4	8.5	9.1	4.9	8.6	16.0	10.1
1992	2.4	5.8	1.2	1.7	-4.4	5.1	1.8
1993	-1.3	-3.4	-0.6	1.0	-12.9	-2.1	-3.2
1994	-3.4	-0.1	1.1	1.2	-4.3	-7.5	-3.6
1995	-2.6	3.3	-2.0	-4.1	-6.3	-1.3	-3.4
1996	-1.8	2.1	0.0	-9.5	0.0	-2.0	-4.6
1997	-2.8	23.4	4.2	-5.6	8.8	-0.2	-0.5
1998	3.6	9.5	3.2	-5.1	-5.4	4.1	-1.1
1999	3.2	4.7	4.3	6.6	6.0	7.8	7.0
2000	7.6	6.9	5.4	2.7	4.3	8.3	5.6
2001	5.0	6.4	6.2	0.8	6.4	-4.4	-0.6
2002	6.0	4.8	5.5	2.4	-4.3	-8.2	-3.9
2003	6.4	4.9	6.6	-4.0	0.7	-0.2	-1.3
2004	6.3	7.8	5.2	2.9	1.6	-0.3	1.2
2005	4.3	2.8	6.1	4.9	-11.8	-13.3	-6.6
2006	5.8	3.1	7.0	11.2	3.0	1.8	5.8
2007	4.9	5.0	6.8	6.4	2.5	11.4	7.6
2008	6.2	3.6	8.5	7.0	8.9	13.1	9.8
2009	5.4	5.0	6.7	11.5	10.4	4.8	8.5
2010	6.0	3.8	6.0	6.7	6.0	-0.1	3.8
2011 f	2.9	5.5	4.3	0.0	4.3	6.1	3.2
2012 f	1.6	3.6	2.3	1.8	3.7	2.6	2.5

Notes

* Refer to electronic tables for annual percentage change for the years 1977 to 1979 and 1981 to 1984.
f: forecast.

Canadian Institute for Health Information, 2012.

Table A.3.3.3—Part 2

Public-Sector Health Expenditure by Use of Funds, Canada, 1975 to 2012—Current Dollars (cont'd)

Drugs			Other Health Spending						Grand Total A+B+C+D +E+F+G+H+J
Prescribed Drugs	Non-Prescribed Drugs	Subtotal	Capital	Public Health	Administration	Health Research	Other	Subtotal	
		E	F	G (\$' per capita)	H			J	
6.9	---	6.9	16.3	17.6	11.7	3.0	5.7	8.7	401.9
9.2	---	9.2	15.6	21.8	12.8	3.2	7.0	10.3	461.3
11.2	---	11.2	16.2	25.2	13.4	3.9	8.2	12.1	499.2
13.7	---	13.7	19.0	25.7	13.4	4.5	9.4	13.9	544.2
16.0	---	16.0	22.6	29.2	14.5	5.1	11.2	16.3	601.3
19.0	---	19.0	25.9	34.5	16.1	5.7	14.3	20.0	687.0
22.8	---	22.8	29.5	40.5	17.9	6.6	19.9	26.6	803.5
27.2	---	27.2	36.1	45.8	21.8	7.3	23.3	30.7	933.5
32.2	---	32.2	42.0	48.9	23.3	8.5	26.7	35.2	1,028.1
36.8	---	36.8	44.5	53.8	25.3	9.6	28.7	38.3	1,091.7
43.3	---	43.3	47.9	58.7	27.0	10.8	33.3	44.1	1,164.6
50.5	---	50.5	51.8	60.2	28.1	12.8	38.7	51.5	1,246.3
56.4	---	56.4	52.6	62.8	29.5	12.0	43.2	55.2	1,325.4
63.5	---	63.5	57.9	66.7	29.8	12.8	50.9	63.7	1,424.3
72.2	---	72.2	62.4	71.6	31.7	14.4	59.0	73.4	1,536.3
82.2	---	82.2	62.8	77.2	35.8	16.1	68.7	84.8	1,640.9
93.0	---	93.0	60.1	82.6	36.9	16.0	78.1	94.1	1,761.7
102.5	---	102.5	59.7	89.5	37.7	19.1	82.8	101.9	1,820.4
106.2	---	106.2	57.5	96.3	35.2	18.1	88.9	107.0	1,810.3
106.5	---	106.5	67.0	105.5	37.0	17.6	96.3	114.0	1,811.7
114.8	---	114.8	62.2	110.7	39.4	16.7	97.8	114.5	1,799.1
112.4	---	112.4	56.9	113.9	39.9	16.5	98.5	115.0	1,783.2
120.3	---	120.3	58.8	114.7	40.9	24.4	107.1	131.5	1,845.7
132.9	---	132.9	62.1	142.1	44.6	24.5	117.4	141.9	1,962.6
149.7	---	149.7	86.4	152.7	46.9	22.8	125.5	148.3	2,078.1
172.5	---	172.5	102.2	171.6	51.7	28.4	133.6	162.0	2,256.6
195.5	---	195.5	110.2	194.3	56.1	40.8	137.2	178.0	2,417.4
217.0	---	217.0	118.0	200.3	60.9	37.8	139.8	177.6	2,548.3
238.8	---	238.8	131.9	232.3	66.3	41.8	143.3	185.1	2,736.1
258.3	---	258.3	137.9	234.1	80.8	43.7	145.0	188.7	2,896.7
275.8	---	275.8	158.3	258.9	78.9	44.4	153.7	198.2	3,054.0
295.2	---	295.2	159.2	276.9	76.9	52.3	162.3	214.6	3,224.3
308.8	---	308.8	173.2	292.9	80.7	57.6	176.0	233.6	3,411.1
323.3	---	323.3	202.9	302.5	76.9	71.6	188.9	260.5	3,638.5
342.0	---	342.0	214.7	309.6	77.2	68.7	196.7	265.4	3,824.2
345.3	---	345.3	235.7	305.9	75.5	62.4	202.6	265.0	3,989.9
350.7	---	350.7	221.1	305.9	74.0	56.4	204.7	261.0	4,077.8
353.6	---	353.6	214.2	316.4	74.4	54.2	208.2	262.4	4,147.8
(annual percentage change)*									
34.3	---	34.3	-3.8	23.9	9.1	6.6	24.3	18.1	14.8
18.8	---	18.8	14.5	18.0	10.9	11.6	27.8	22.7	14.2
17.6	---	17.6	7.5	9.1	6.7	12.5	16.1	15.2	6.7
16.8	---	16.8	8.2	2.6	4.3	18.5	16.0	16.6	7.0
11.7	---	11.7	1.6	4.4	4.8	-6.4	11.7	7.2	6.3
12.6	---	12.6	10.0	6.2	1.2	7.1	17.9	15.6	7.5
13.7	---	13.7	7.8	7.4	6.3	12.3	15.9	15.1	7.9
13.8	---	13.8	0.7	7.8	13.0	11.6	16.5	15.5	6.8
13.1	---	13.1	-4.3	7.0	3.0	-0.2	13.6	11.0	7.4
10.3	---	10.3	-0.7	8.3	2.2	19.1	6.1	8.3	3.3
3.5	---	3.5	-3.7	7.5	-6.4	-5.3	7.4	5.0	-0.6
0.3	---	0.3	16.5	9.6	4.9	-2.4	8.3	6.5	0.1
7.9	---	7.9	-7.1	5.0	6.7	-5.4	1.5	0.5	-0.7
-2.1	---	-2.1	-8.5	2.8	1.1	-1.4	0.7	0.4	-0.9
7.0	---	7.0	3.2	0.7	2.7	48.3	8.7	14.4	3.5
10.5	---	10.5	5.7	23.9	8.9	0.1	9.6	7.9	6.3
12.6	---	12.6	39.0	7.5	5.2	-6.8	6.9	4.5	5.9
15.3	---	15.3	18.2	12.4	10.2	24.7	6.4	9.3	8.6
13.3	---	13.3	7.9	13.3	8.5	43.5	2.7	9.9	7.1
11.0	---	11.0	7.0	3.0	8.5	-7.3	1.9	-0.2	5.4
10.1	---	10.1	11.8	16.0	8.8	10.5	2.5	4.2	7.4
8.1	---	8.1	4.5	0.8	21.9	4.4	1.2	1.9	5.9
6.8	---	6.8	14.9	10.6	-2.3	1.7	6.0	5.0	5.4
7.0	---	7.0	0.5	7.0	-2.6	17.7	5.5	8.3	5.6
4.6	---	4.6	8.8	5.8	5.0	10.2	8.5	8.9	5.8
4.7	---	4.7	17.1	3.3	-4.7	24.2	7.3	11.5	6.7
5.8	---	5.8	5.8	2.4	0.3	-4.0	4.1	1.9	5.1
1.0	---	1.0	9.8	-1.2	-2.2	-9.2	3.0	-0.1	4.3
1.6	---	1.6	-6.2	0.0	-2.0	-9.7	1.0	-1.5	2.2
0.8	---	0.8	-3.1	3.4	0.6	-3.8	1.7	0.5	1.7

Canadian Institute for Health Information, 2012.





Series B

Total Health Expenditure
by Source of Finance,
by Province/Territory and Canada
(Selected Tables)

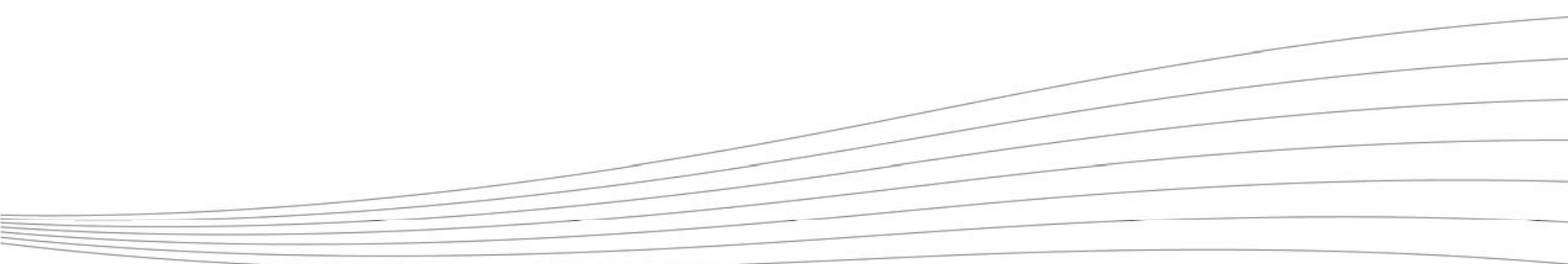


Table B.1.1

Total Health Expenditure, by Province/Territory and Canada, 1975 to 2012—Current Dollars

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Canada
Year	(\$' 000,000)													
1975	264.5	59.2	382.5	277.5	3,378.8	4,422.8	546.3	441.2	992.3	1,383.4	15.9	35.1	---	12,199.4
1976	312.8	62.9	442.2	321.9	3,875.2	5,040.8	629.4	520.3	1,158.9	1,628.3	18.1	39.0	---	14,049.8
1977	362.9	68.7	469.1	358.9	4,200.7	5,524.6	706.0	587.4	1,272.1	1,831.8	18.5	49.3	---	15,450.0
1978	412.7	79.5	512.5	404.7	4,666.6	6,071.9	749.0	622.4	1,465.4	2,044.4	21.3	56.5	---	17,106.8
1979	473.3	96.6	573.0	470.0	5,149.6	6,728.0	823.3	703.5	1,781.0	2,288.6	23.9	59.0	---	19,169.7
1980	528.4	122.3	657.2	562.5	5,886.5	7,634.1	971.4	815.7	2,153.1	2,880.0	26.1	61.1	---	22,298.4
1981	621.3	136.4	788.8	681.2	6,887.8	8,903.0	1,153.2	949.0	2,623.7	3,430.4	28.2	73.8	---	26,276.7
1982	701.2	152.4	919.1	819.3	7,890.5	10,445.2	1,332.1	1,130.0	3,351.7	3,870.2	37.1	110.4	---	30,759.1
1983	773.7	164.5	1,004.9	894.6	8,675.3	11,850.0	1,478.6	1,257.6	3,622.1	4,155.7	38.0	123.5	---	34,038.6
1984	751.7	171.0	1,125.3	975.1	9,313.7	13,086.0	1,592.0	1,371.3	3,764.2	4,428.9	37.9	125.8	---	36,743.1
1985	785.8	181.2	1,232.5	1,026.2	10,031.9	14,442.8	1,726.5	1,528.8	4,070.4	4,637.9	39.7	138.5	---	39,842.4
1986	812.5	187.6	1,376.9	1,091.1	10,537.4	16,097.2	1,889.7	1,703.6	4,448.5	4,984.1	42.6	166.9	---	43,338.1
1987	881.6	202.9	1,560.6	1,194.0	11,268.6	17,866.4	1,980.2	1,767.8	4,999.9	5,341.3	44.7	181.3	---	46,789.2
1988	930.9	219.5	1,585.2	1,291.5	12,279.2	19,819.8	2,069.6	1,837.6	4,830.6	5,839.1	45.8	211.2	---	50,960.1
1989	991.6	239.3	1,751.8	1,400.1	13,290.3	21,970.8	2,257.4	2,052.9	5,349.8	6,509.7	49.5	232.9	---	56,096.2
1990	1,096.4	256.2	1,866.9	1,533.5	14,311.5	23,799.1	2,484.3	2,252.2	5,749.4	7,376.3	53.6	246.8	---	61,026.3
1991	1,153.2	280.6	1,970.0	1,629.3	15,634.6	26,194.3	2,576.0	2,319.8	6,062.5	8,127.4	62.6	279.5	---	66,289.8
1992	1,197.4	295.0	2,031.6	1,699.8	16,376.1	27,575.2	2,701.9	2,325.4	6,430.7	8,769.7	67.5	279.6	---	69,749.9
1993	1,209.1	311.7	2,025.0	1,739.1	16,904.2	28,074.9	2,749.1	2,301.9	6,520.4	9,297.4	80.1	287.1	---	71,500.0
1994	1,249.3	313.7	2,023.4	1,793.0	17,327.9	28,749.1	2,804.9	2,385.2	6,313.4	9,771.3	94.0	286.3	---	73,111.4
1995	1,269.4	327.4	2,061.3	1,819.3	17,367.9	29,286.7	2,915.5	2,442.3	6,092.5	10,113.2	95.8	295.0	---	74,086.4
1996	1,253.4	339.1	2,089.0	1,813.7	16,976.4	29,693.7	2,972.1	2,490.0	6,320.6	10,378.1	110.2	277.7	---	74,713.9
1997	1,305.4	340.3	2,364.2	1,857.2	18,009.2	30,795.1	3,100.5	2,656.2	7,082.1	10,832.0	103.3	289.0	---	78,734.9
1998	1,433.4	361.4	2,552.9	1,924.2	19,173.7	33,125.6	3,286.3	2,778.2	7,619.8	11,414.3	104.1	309.8	---	84,083.9
1999	1,583.3	378.7	2,677.9	2,076.5	20,073.3	35,439.2	3,700.8	2,977.4	8,701.7	12,279.7	109.2	223.1	142.6	90,363.4
2000	1,687.2	401.4	2,836.6	2,218.6	21,667.5	39,040.0	4,063.6	3,159.8	9,601.8	13,412.6	123.2	208.5	168.5	98,589.1
2001	1,802.9	475.9	3,013.3	2,467.8	23,608.1	41,792.2	4,381.6	3,457.0	10,962.4	14,680.1	142.7	240.0	184.3	107,208.3
2002	1,926.1	505.4	3,306.8	2,615.6	25,004.4	45,404.6	4,607.2	3,623.1	11,793.7	15,670.2	155.5	265.7	215.0	115,093.2
2003	2,061.8	541.0	3,595.8	2,788.5	26,583.1	49,589.1	4,927.3	3,873.0	12,630.7	16,391.3	156.3	263.4	292.7	123,694.0
2004	2,138.0	538.2	3,722.0	2,979.8	28,010.5	53,733.0	5,234.5	4,126.7	13,832.9	17,122.6	167.5	284.3	308.0	132,197.9
2005	2,235.0	576.0	4,026.8	3,294.0	29,784.9	56,697.4	5,618.3	4,419.5	15,170.7	18,097.9	185.3	318.8	304.6	140,729.0
2006	2,344.9	621.7	4,500.6	3,581.7	31,637.7	60,079.0	5,976.7	4,765.0	16,992.8	19,444.6	213.5	344.4	335.4	150,838.0
2007	2,559.1	654.2	4,809.2	3,722.9	33,470.7	63,934.9	6,282.4	5,093.4	18,474.1	20,276.6	227.5	385.2	354.1	160,244.4
2008	2,735.0	695.7	5,062.7	3,983.3	35,862.5	67,779.3	6,747.8	5,436.4	20,395.9	22,293.9	237.6	406.9	367.6	172,004.7
2009	2,993.5	788.2	5,328.8	4,304.1	38,263.8	71,662.5	7,302.4	5,812.0	21,535.8	22,985.5	278.7	440.1	390.8	182,086.3
2010	3,299.5	845.6	5,812.3	4,528.8	40,524.8	74,764.0	7,664.2	6,233.6	23,918.2	24,396.2	289.3	434.4	402.7	193,113.5
2011 f	3,455.8	889.3	6,009.4	4,690.7	42,328.9	77,112.1	7,942.3	6,670.5	24,892.2	25,455.9	313.1	444.0	417.7	200,621.8
2012 f	3,593.9	927.3	6,145.5	4,778.1	43,976.2	79,136.7	8,226.1	6,933.2	26,020.5	26,485.6	312.7	434.2	446.9	207,416.9
(annual percentage change)*														
1976*	18.3	6.2	15.6	16.0	14.7	14.0	15.2	17.9	16.8	17.7	13.6	11.3	---	15.2
1980*	11.6	26.6	14.7	19.7	14.3	13.5	18.0	16.0	20.9	25.8	9.0	3.6	---	16.3
1985	4.5	5.9	9.5	5.2	7.7	10.4	8.4	11.5	8.1	4.7	4.8	10.2	---	8.4
1986	3.4	3.5	11.7	6.3	5.0	11.5	9.5	11.4	9.3	7.5	7.2	20.5	---	8.8
1987	8.5	8.2	13.3	9.4	6.9	11.0	4.8	3.8	1.2	7.2	5.1	8.6	---	8.0
1988	5.6	8.2	1.6	8.2	9.0	10.9	4.5	4.0	7.3	9.3	2.3	16.5	---	8.9
1989	6.5	9.0	10.5	8.4	8.2	10.9	9.1	11.7	10.7	11.5	8.2	10.3	---	10.1
1990	10.6	7.0	6.6	9.5	7.7	8.3	10.1	9.7	7.5	13.3	8.2	6.0	---	8.8
1991	5.2	9.5	5.5	6.2	9.2	10.1	3.7	3.0	5.4	10.2	16.8	13.2	---	8.6
1992	3.8	5.1	3.1	4.3	4.7	5.3	4.9	0.2	6.1	7.9	7.9	0.1	---	5.2
1993	1.0	5.7	-0.3	2.3	3.2	1.8	1.7	-1.0	1.4	6.0	18.6	2.7	---	2.5
1994	3.3	0.6	-0.1	3.1	2.5	2.4	2.0	3.6	-3.2	5.1	17.4	-0.3	---	2.3
1995	1.6	4.4	1.9	1.5	0.2	1.9	3.9	2.4	-3.5	3.5	1.9	3.0	---	1.3
1996	-1.3	3.5	1.3	-0.3	-2.3	1.4	1.9	2.0	3.7	2.6	15.1	-5.9	---	0.8
1997	4.1	0.4	13.2	2.4	6.1	3.7	4.3	6.7	12.0	4.4	-6.3	4.1	---	5.4
1998	9.8	6.2	8.0	3.6	6.5	7.6	6.0	4.6	7.6	5.4	0.8	7.2	---	6.8
1999	10.5	4.8	4.9	7.9	4.7	7.0	12.6	7.2	14.2	7.6	4.9	-28.0	---	7.5
2000	6.6	6.0	5.9	6.8	7.9	10.2	9.8	6.1	10.3	9.2	12.7	-6.5	18.1	9.1
2001	6.9	18.6	6.2	11.2	9.0	7.0	7.8	9.4	14.2	9.4	15.9	15.1	9.4	8.7
2002	6.8	6.2	9.7	6.0	5.9	8.6	5.1	4.8	7.6	6.7	8.9	10.7	16.6	7.4
2003	7.0	7.0	8.7	6.6	6.3	9.2	6.9	6.9	7.1	4.6	0.5	-0.9	36.1	7.5
2004	3.7	-0.5	3.5	6.9	5.4	8.4	6.2	6.5	9.5	4.5	7.2	7.9	5.3	6.9
2005	4.5	7.0	8.2	10.5	6.3	5.5	7.3	7.1	9.7	5.7	10.6	12.2	-1.1	6.5
2006	4.9	7.9	11.8	8.7	6.2	6.0	6.4	7.8	12.0	7.4	15.2	8.0	10.1	7.2
2007	9.1	5.2	6.9	3.9	5.8	6.4	5.1	6.9	8.7	4.3	6.6	11.9	5.6	6.2
2008	6.9	6.3	5.3	7.0	7.1	6.0	7.4	6.7	10.4	9.9	4.4	5.6	3.8	7.3
2009	9.5	13.3	5.3	8.1	6.7	5.7	8.2	6.9	5.6	3.1	17.3	8.1	6.3	5.9
2010	10.2	7.3	9.1	5.2	5.9	4.3	5.0	7.3	11.1	6.1	3.8	-1.3	3.0	6.1
2011 f	4.7	5.2	3.4	3.6	4.5	3.1	3.6	7.0	4.1	4.3	8.2	2.2	3.7	3.9
2012 f	4.0	4.3	2.3	1.9	3.9	2.6	3.6	3.9	4.5	4.0	-0.1	-2.2	7.0	3.4

Notes

* Refer to electronic tables for annual percentage change for the years 1977 to 1979 and 1981 to 1984.

f: forecast.

Canadian Institute for Health Information, 2012.

Table B.1.2

Total Health Expenditure, by Province/Territory and Canada, 1975 to 2012—Current Dollars

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Canada Average
Year	(\$' per capita)													
1975	475.29	502.62	462.74	409.87	533.75	531.61	533.03	480.92	548.65	553.44	726.48	818.67	---	527.13
1976	555.99	529.82	529.45	466.84	605.80	599.11	610.01	558.53	619.96	642.64	804.44	880.95	---	599.14
1977	641.93	572.56	558.65	515.80	653.12	649.52	680.14	621.68	653.15	712.85	810.18	1,103.96	---	651.19
1978	726.96	653.05	606.81	578.47	724.60	706.71	719.36	653.82	724.79	782.10	899.00	1,248.03	---	713.87
1979	830.23	785.24	674.68	668.42	796.36	776.66	793.65	733.15	849.06	859.40	998.00	1,289.33	---	792.08
1980	922.34	988.59	770.61	796.61	904.64	872.94	938.89	843.21	982.07	1,049.86	1,073.08	1,319.09	---	909.54
1981	1,080.88	1,102.17	923.01	964.41	1,051.94	1,010.40	1,112.70	972.49	1,143.63	1,214.75	1,177.79	1,552.38	---	1,058.67
1982	1,220.41	1,230.17	1,068.72	1,156.84	1,199.29	1,170.69	1,272.56	1,144.53	1,415.24	1,347.15	1,517.96	2,228.99	---	1,224.61
1983	1,334.99	1,311.30	1,156.14	1,250.58	1,313.98	1,310.60	1,393.48	1,255.25	1,515.28	1,430.31	1,611.11	2,420.07	---	1,341.85
1984	1,295.66	1,350.90	1,282.96	1,352.42	1,404.53	1,426.75	1,485.30	1,350.41	1,574.92	1,503.55	1,585.31	2,392.39	---	1,434.85
1985	1,356.50	1,419.40	1,392.54	1,418.05	1,505.01	1,553.40	1,595.25	1,490.78	1,693.92	1,559.34	1,630.07	2,546.73	---	1,541.72
1986	1,409.34	1,460.70	1,548.24	1,504.71	1,570.76	1,705.55	1,731.01	1,655.19	1,829.95	1,659.09	1,739.80	3,052.14	---	1,680.39
1987	1,532.79	1,578.34	1,746.68	1,640.40	1,661.41	1,852.54	1,803.40	1,711.73	1,847.76	1,751.15	1,741.02	3,293.37	---	1,769.04
1988	1,618.95	1,698.12	1,766.48	1,768.26	1,795.46	2,013.75	1,878.01	1,787.57	1,968.11	1,874.31	1,720.95	3,792.49	---	1,901.82
1989	1,720.39	1,840.01	1,938.19	1,904.32	1,918.16	2,173.70	2,045.59	2,014.15	2,143.98	2,035.64	1,826.71	4,084.51	---	2,056.18
1990	1,896.84	1,962.74	2,052.39	2,071.96	2,043.36	2,311.07	2,246.92	2,236.27	2,257.18	2,241.49	1,928.76	4,190.00	---	2,203.31
1991	1,989.99	2,153.50	2,152.81	2,185.39	2,213.09	2,511.89	2,321.53	2,313.60	2,338.38	2,409.20	2,164.74	4,586.61	---	2,364.84
1992	2,064.37	2,255.45	2,209.26	2,272.21	2,303.89	2,608.87	2,428.27	2,316.20	2,442.42	2,528.43	2,242.01	4,480.52	---	2,458.85
1993	2,084.83	2,358.94	2,191.52	2,322.46	2,362.48	2,626.67	2,459.81	2,286.26	2,444.45	2,606.22	2,638.01	4,517.40	---	2,492.87
1994	2,174.65	2,351.09	2,182.78	2,389.97	2,409.37	2,657.46	2,497.17	2,362.72	2,337.72	2,658.36	3,165.61	4,394.37	---	2,521.16
1995	2,237.14	2,436.16	2,220.76	2,422.62	2,405.71	2,674.59	2,582.01	2,408.26	2,227.99	2,677.58	3,145.60	4,430.96	---	2,528.35
1996	2,238.91	2,497.61	2,242.84	2,410.86	2,342.58	2,679.20	2,620.42	2,443.36	2,277.57	2,678.72	3,511.90	4,109.41	---	2,523.19
1997	2,369.01	2,500.34	2,535.39	2,467.84	2,475.62	2,742.64	2,728.98	2,609.05	2,502.48	2,743.29	3,248.86	4,266.11	---	2,632.61
1998	2,654.75	2,660.92	2,739.44	2,563.77	2,627.99	2,914.19	2,889.02	2,730.40	2,628.02	2,865.71	3,343.18	4,611.49	---	2,788.20
1999	2,968.31	2,778.63	2,867.64	2,766.37	2,741.01	3,079.97	3,239.21	2,934.22	2,946.49	3,061.24	3,549.19	5,486.98	5,317.99	2,972.10
2000	3,195.29	2,940.60	3,037.42	2,956.07	2,945.14	3,340.92	3,541.64	3,135.42	3,195.32	3,320.61	4,048.47	5,149.06	6,125.90	3,212.52
2001	3,453.96	3,482.35	3,231.81	3,290.91	3,191.58	3,512.64	3,805.84	3,456.55	3,586.31	3,599.43	4,737.37	5,878.03	6,554.35	3,455.96
2002	3,707.89	3,690.64	3,538.55	3,485.93	3,358.21	3,751.81	3,986.93	3,638.10	3,784.49	3,807.68	5,159.07	6,403.74	7,480.36	3,668.59
2003	3,977.07	3,939.54	3,839.51	3,711.97	3,546.92	4,043.95	4,240.76	3,893.51	3,995.33	3,944.61	5,112.72	6,237.18	10,035.17	3,904.97
2004	4,133.01	3,903.61	3,968.19	3,962.26	3,710.50	4,326.22	4,471.83	4,147.82	4,311.76	4,073.12	5,425.66	6,637.98	10,396.19	4,131.80
2005	4,346.98	4,168.03	4,302.20	4,384.26	3,920.08	4,512.17	4,784.96	4,463.93	4,624.18	4,248.08	5,966.11	7,461.96	10,150.44	4,355.31
2006	4,595.04	4,507.95	4,798.00	4,803.31	4,145.65	4,743.57	5,047.72	4,802.88	4,966.84	4,582.13	6,613.94	7,972.64	10,890.10	4,630.33
2007	5,053.76	4,735.39	5,139.15	4,993.74	4,353.96	4,997.67	5,263.58	5,092.05	5,259.26	4,704.96	6,983.77	8,846.94	11,322.14	4,866.25
2008	5,401.27	4,983.11	5,401.90	5,332.18	4,626.99	5,240.20	5,597.66	5,361.80	5,678.48	5,085.23	7,174.38	9,316.34	11,623.39	5,162.35
2009	5,882.72	5,581.13	5,667.20	5,738.99	4,888.77	5,481.83	5,989.62	5,646.42	5,865.36	5,153.76	8,274.58	10,084.47	12,121.90	5,398.40
2010	6,453.40	5,896.78	6,151.77	6,015.62	5,126.03	5,652.04	6,208.21	5,970.71	6,428.01	5,385.87	8,371.57	9,911.90	12,264.33	5,658.81
2011 f	6,768.37	6,097.08	6,356.19	6,209.05	5,304.60	5,766.26	6,350.93	6,305.52	6,586.36	5,566.17	9,032.01	10,165.05	12,536.74	5,818.03
2012 f	7,057.05	6,335.68	6,496.75	6,318.02	5,469.23	5,849.49	6,517.63	6,481.15	6,753.84	5,700.44	8,916.19	9,852.93	13,250.10	5,948.12
(annual percentage change)*														
1976*	17.0	5.4	14.4	13.9	13.5	12.7	14.4	16.1	13.0	16.1	10.7	7.6	---	13.7
1980*	11.1	25.9	14.2	19.2	13.6	12.4	18.3	15.0	15.7	22.2	7.5	2.3	---	14.8
1985	4.7	5.1	8.5	4.9	7.2	8.9	7.4	10.4	7.6	3.7	2.8	6.5	---	7.4
1986	3.9	2.9	11.2	6.1	4.4	9.8	8.5	11.0	8.0	6.4	6.7	19.8	---	7.7
1987	8.8	8.1	12.8	9.0	5.8	8.6	4.2	3.4	1.0	5.5	0.1	7.9	---	6.5
1988	5.6	7.6	1.1	7.8	8.1	8.7	4.1	4.4	6.5	7.0	-1.2	15.2	---	7.5
1989	6.3	8.4	9.7	7.7	6.8	7.9	8.9	12.7	8.9	8.6	6.1	7.7	---	8.1
1990	10.3	6.7	5.9	8.8	6.5	6.3	9.8	11.0	5.3	10.1	5.6	2.6	---	7.2
1991	4.9	9.7	4.9	5.5	8.3	8.7	3.3	3.5	3.6	7.5	12.2	9.5	---	7.3
1992	3.7	4.7	2.6	4.0	4.1	3.9	4.6	0.1	4.4	4.9	3.6	-2.3	---	4.0
1993	1.0	4.6	-0.8	2.2	2.5	0.7	1.3	-1.3	0.1	3.1	17.7	0.8	---	1.4
1994	4.3	-0.3	-0.4	2.9	2.0	1.2	1.5	3.3	-4.4	2.0	20.0	-2.7	---	1.1
1995	2.9	3.6	1.7	1.4	-0.2	0.6	3.4	1.9	-4.7	0.7	-0.6	0.8	---	0.3
1996	0.1	2.5	1.0	-0.5	-2.6	0.2	1.5	1.5	2.2	0.0	11.6	-7.3	---	-0.2
1997	5.8	0.1	13.0	2.4	5.7	2.4	4.1	6.8	9.9	2.4	-7.5	3.8	---	4.3
1998	12.1	6.4	8.0	3.9	6.2	6.3	5.9	4.7	5.0	4.5	2.9	8.1	---	5.9
1999	11.8	4.4	4.7	7.9	4.3	5.7	12.1	7.5	12.1	6.8	6.2	19.0	---	6.6
2000	7.6	5.8	5.9	6.9	7.4	8.5	9.3	6.9	8.4	8.5	14.1	-6.2	15.2	8.1
2001	8.1	18.4	6.4	11.3	8.4	5.1	7.5	10.2	12.2	8.4	17.0	14.2	7.0	7.6
2002	7.4	6.0	9.5	5.9	5.2	6.8	4.8	5.3	5.5	5.8	8.9	8.9	14.1	6.2
2003	7.3	6.7	8.5	6.5	5.6	7.8	6.4	7.0	5.6	3.6	-0.9	-2.6	34.2	6.4
2004	3.9	-0.9	3.4	6.7	4.6	7.0	5.4	6.5	7.9	3.3	6.1	6.4	3.6	5.8
2005	5.2	6.8	8.4	10.7	5.6	4.3	7.0	7.6	7.2	4.3	10.0	12.4	-2.4	5.4
2006	5.7	8.2	11.5	9.6	5.8	5.1	5.5	7.6	7.4	7.9	10.9	6.8	7.3	6.3
2007	10.0	5.0	7.1	4.0	5.0	5.4	4.3	6.0	5.9	2.7	5.6	11.0	4.0	5.1
2008	6.9	5.2	5.1	6.8	6.3	4.9	6.3	5.3	8.0	8.1	2.7	5.3	2.7	6.1
2009	8.9	12.0	4.9	7.6	5.7	4.6	7.0	5.3	3.3	1.3	15.3	8.2	4.3	4.6
2010	9.7	5.7	8.6	4.8	4.9	3.1	3.6	5.7	9.6	4.5	1.2	-1.7	1.2	4.8
2011 f	4.9	3.4	3.3	3.2	3.5	2.0	2.3	5.6	2.5	3.3	7.9	2.6	2.2	2.8
2012 f	4.3	3.9	2.2	1.8	3.1	1.4	2.6	2.8	2.5	2.4	-1.3	-3.1	5.7	2.2

Notes

* Refer to electronic tables for annual percentage change for the years 1977 to 1979 and 1981 to 1984.
f: forecast.

Canadian Institute for Health Information, 2012.

Table B.1.3

**Total Health Expenditure as a Percent of (Provincial/Territorial) G.D.P., by Province/Territory and Canada,
1975 to 2012—Current Dollars**

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Canada Average
Year	(percentage)													
1975	---	---	---	---	---	---	---	---	---	---	---	---	---	7.0
1976	---	---	---	---	---	---	---	---	---	---	---	---	---	7.0
1977	---	---	---	---	---	---	---	---	---	---	---	---	---	7.0
1978	---	---	---	---	---	---	---	---	---	---	---	---	---	7.0
1979	---	---	---	---	---	---	---	---	---	---	---	---	---	6.8
1980	---	---	---	---	---	---	---	---	---	---	---	---	---	7.1
1981	12.1	12.8	9.9	10.7	8.6	6.8	8.5	6.4	4.9	7.6	5.9	7.4	---	7.3
1982	12.5	13.2	10.0	11.6	9.3	7.5	9.5	7.5	5.9	8.6	7.9	8.6	---	8.1
1983	12.9	12.1	9.7	11.1	9.4	7.7	9.8	7.9	6.2	8.8	8.6	8.6	---	8.3
1984	11.8	12.3	9.8	11.1	9.3	7.6	9.4	8.1	6.0	8.9	8.3	8.5	---	8.2
1985	11.8	12.5	9.9	10.9	9.3	7.6	9.3	8.5	6.1	8.7	8.2	8.4	---	8.2
1986	11.2	11.5	10.3	10.4	9.0	7.7	9.8	9.6	7.7	8.8	6.8	10.8	---	8.5
1987	11.4	11.7	10.8	10.3	8.8	7.7	9.7	9.7	7.5	8.5	5.1	10.8	---	8.4
1988	11.0	11.5	10.4	10.4	8.7	7.7	9.4	9.7	7.6	8.4	4.8	10.6	---	8.3
1989	11.0	11.6	10.7	10.7	9.0	7.9	9.7	10.3	7.9	8.6	4.9	10.9	---	8.5
1990	11.9	11.8	11.0	11.4	9.3	8.4	10.3	10.6	7.8	9.3	5.1	11.3	---	9.0
1991	12.0	12.4	11.2	11.9	10.1	9.3	10.7	10.8	8.3	9.9	6.6	12.8	---	9.7
1992	12.5	12.6	11.2	12.1	10.3	9.6	11.1	11.0	8.6	10.1	6.2	12.9	---	10.0
1993	12.4	12.6	11.0	11.8	10.4	9.6	11.2	10.0	8.0	9.9	9.1	12.7	---	9.8
1994	12.2	12.4	10.8	11.7	10.2	9.2	10.8	9.7	7.2	9.7	10.3	12.0	---	9.5
1995	11.9	12.3	10.7	11.1	9.8	8.9	10.8	9.2	6.6	9.6	9.1	12.3	---	9.1
1996	12.0	12.0	10.7	10.9	9.4	8.8	10.5	8.6	6.4	9.5	9.8	11.0	---	8.9
1997	12.4	12.2	11.6	11.0	9.6	8.6	10.4	9.1	6.6	9.5	9.3	10.7	---	8.9
1998	12.8	12.1	11.9	10.9	9.8	8.8	10.6	9.4	7.1	9.9	9.6	11.7	---	9.2
1999	13.0	12.0	11.6	10.9	9.5	8.7	11.6	9.7	7.4	10.2	10.1	9.7	19.1	9.2
2000	12.1	11.9	11.5	11.0	9.6	8.9	11.9	9.3	6.6	10.2	10.3	8.3	20.2	9.2
2001	12.7	13.9	11.6	11.9	10.2	9.2	12.5	10.4	7.2	11.0	11.3	8.1	21.0	9.7
2002	11.7	13.7	12.2	12.4	10.4	9.5	12.6	10.5	7.8	11.3	12.4	8.8	22.6	10.0
2003	11.4	14.2	12.5	12.5	10.6	10.1	13.2	10.6	7.4	11.3	12.1	7.1	29.5	10.2
2004	11.0	13.5	12.5	12.6	10.7	10.4	13.2	10.1	7.3	10.9	12.0	6.6	28.7	10.2
2005	10.2	14.1	12.9	13.3	10.9	10.6	13.5	10.0	6.9	10.7	12.4	7.5	26.8	10.2
2006	9.0	14.4	14.2	13.9	11.2	10.7	13.2	10.4	7.1	10.7	13.1	8.0	27.4	10.4
2007	8.7	14.4	14.6	13.8	11.3	10.9	12.8	10.0	7.2	10.6	12.6	8.4	26.4	10.5
2008	8.9	14.8	14.7	14.5	11.8	11.5	13.1	8.3	7.1	11.2	11.7	8.1	23.5	10.7
2009	12.1	16.5	15.3	15.4	12.6	12.3	14.2	10.0	8.9	12.0	13.1	10.8	25.6	11.9
2010	11.7	16.9	16.0	15.4	12.7	12.2	14.1	9.8	9.1	12.0	12.4	9.3	22.9	11.9
2011 f	11.5	17.2	16.1	15.4	12.6	12.1	13.9	9.6	8.6	11.8	12.8	9.0	22.7	11.7
2012 f	11.7	17.4	16.0	15.4	12.7	11.9	13.7	9.6	8.6	11.8	12.2	8.4	23.2	11.6
	(annual percentage change)*													
1976*	---	---	---	---	---	---	---	---	---	---	---	---	---	0.0
1980*	---	---	---	---	---	---	---	---	---	---	---	---	---	3.4
1985	0.2	1.8	1.1	-1.0	0.6	0.9	-0.6	5.9	0.8	-2.5	-1.3	-1.6	---	0.4
1986	-5.1	-8.2	3.3	-4.7	-3.7	1.1	5.3	12.4	25.9	1.7	-17.0	28.8	---	3.1
1987	1.3	1.5	5.3	-1.1	-2.5	0.3	-1.0	1.4	-2.4	-3.1	-25.4	0.6	---	-1.0
1988	-3.2	-1.7	-4.1	0.6	-0.6	-0.2	-3.2	0.3	0.9	-1.5	-6.2	-1.7	---	-0.7
1989	0.3	1.2	3.7	2.7	2.7	2.0	2.8	5.4	5.1	2.4	1.6	2.5	---	2.6
1990	7.9	1.6	2.3	6.8	4.2	6.8	6.3	3.2	-1.2	7.9	4.6	3.8	---	5.2
1991	1.1	5.3	1.6	4.8	8.0	10.0	4.4	2.2	6.0	6.8	29.2	13.1	---	7.8
1992	4.2	1.1	0.6	1.4	2.6	4.0	3.1	1.1	3.2	1.2	-5.1	0.6	---	2.9
1993	-1.3	0.3	-1.7	-2.3	0.8	-0.6	1.1	-8.4	-6.4	-1.7	46.1	-1.6	---	-1.3
1994	-1.6	-1.4	-1.8	-0.9	-2.5	-3.4	-3.3	-3.0	-10.7	-1.6	13.8	-5.3	---	-3.5
1995	-2.1	-1.1	-1.4	-5.3	-3.6	-3.8	0.1	-5.1	-7.7	-1.6	-11.5	2.5	---	-3.6
1996	1.0	-2.4	0.2	-1.8	-4.0	-1.3	-3.3	-6.9	-3.2	-0.4	6.8	-10.5	---	-2.3
1997	3.0	1.2	8.4	1.1	1.6	-2.4	-0.3	5.9	3.2	-0.7	-4.5	-2.4	---	-0.1
1998	3.5	-0.3	2.8	-1.0	2.2	2.3	1.8	3.2	7.2	4.2	2.7	8.8	---	3.0
1999	1.3	-1.1	-2.6	-0.1	-2.5	-1.2	9.1	2.9	4.8	2.9	5.1	-16.7	---	0.1
2000	-6.7	-0.5	-0.9	1.3	1.2	2.2	3.1	-3.4	-10.8	0.6	2.8	-14.8	5.8	-0.4
2001	4.9	16.3	1.1	8.0	5.8	4.0	4.5	11.7	9.3	7.7	9.5	-2.6	4.2	5.7
2002	-8.0	-1.6	5.0	3.6	1.6	3.2	1.1	1.1	8.1	3.1	9.4	8.5	7.4	3.2
2003	-2.8	4.3	2.1	0.9	2.4	5.8	4.4	0.2	-5.2	-0.7	-2.4	-18.6	30.6	2.1
2004	-3.2	-5.1	0.0	1.0	0.6	3.5	0.1	-4.3	-1.8	-3.5	-0.7	-7.8	-2.9	0.4
2005	-7.6	4.1	3.5	5.9	2.7	1.3	2.4	-0.7	-5.3	-1.8	3.0	13.5	-6.6	0.0
2006	-11.6	2.5	10.2	4.0	2.3	1.6	-1.8	4.0	3.1	0.0	5.6	7.7	2.1	1.5
2007	-2.7	-0.1	2.4	-0.7	1.0	2.2	-2.9	-4.2	1.5	-1.1	-3.9	4.2	-3.6	0.7
2008	1.5	3.1	0.7	5.2	4.1	5.5	1.9	-17.3	-2.2	5.9	-6.6	-3.0	-10.9	2.4
2009	36.1	11.1	4.5	6.4	6.6	6.7	8.3	21.0	26.6	7.2	11.4	33.1	9.1	11.0
2010	-3.2	2.3	4.3	-0.2	1.1	-0.9	-0.3	-2.1	1.4	0.2	-4.9	-14.5	-10.5	-0.2
2011 f	-1.7	1.8	0.4	0.3	-0.8	-1.2	-1.7	-2.4	-5.1	-1.9	3.4	-2.4	-0.9	-1.9
2012 f	1.9	1.2	-0.5	-0.4	0.6	-1.2	-1.2	-0.2	-0.5	0.3	-4.7	-6.6	2.1	-0.5

Notes

* Refer to electronic tables for annual percentage change for the years 1977 to 1979 and 1981 to 1984.

f: forecast.

Canadian Institute for Health Information, 2012.

Table B.2.1

Private-Sector Health Expenditure, by Province/Territory and Canada, 1975 to 2012—Current Dollars

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Canada
Year	(\$' 000,000)													
1975	59.4	16.0	81.1	62.7	715.5	1,094.3	122.0	112.6	234.6	388.8	3.5	8.7	---	2,899.2
1976	86.9	15.6	100.8	67.5	755.0	1,205.4	129.7	126.5	260.4	471.2	4.3	9.3	---	3,232.6
1977	121.8	16.1	99.6	74.5	772.8	1,360.0	151.9	143.7	293.3	556.8	4.5	10.5	---	3,605.4
1978	146.3	20.9	109.5	91.1	843.2	1,596.7	160.0	144.6	337.7	599.9	4.8	11.7	---	4,066.3
1979	164.4	31.8	127.8	118.7	901.6	1,874.6	189.0	159.2	389.1	643.4	5.5	12.4	---	4,617.4
1980	178.6	47.1	147.8	147.2	1,089.0	2,126.9	232.3	167.2	493.1	807.9	6.1	13.2	---	5,456.5
1981	210.8	49.3	166.8	177.7	1,397.1	2,377.6	287.6	185.9	581.5	879.1	6.2	14.6	---	6,334.1
1982	218.4	50.4	199.2	210.1	1,528.6	2,834.2	315.1	204.1	786.9	943.1	6.8	15.4	---	7,312.3
1983	234.7	51.1	215.9	232.6	1,643.1	3,253.5	337.6	219.1	720.5	1,026.9	6.7	16.9	---	7,958.6
1984	191.8	49.9	248.5	265.6	1,827.6	3,624.8	367.8	258.6	767.5	1,159.2	6.9	18.1	---	8,786.3
1985	197.1	52.9	285.3	274.1	2,104.4	3,999.5	415.6	333.2	831.3	1,227.1	6.8	19.6	---	9,746.9
1986	169.6	49.6	353.7	285.9	2,486.1	4,367.1	463.9	377.7	910.6	1,317.2	5.6	21.7	---	10,808.7
1987	188.0	53.3	395.0	305.1	2,632.2	4,854.5	449.9	395.5	985.5	1,444.9	5.6	23.9	---	11,733.5
1988	197.1	56.5	420.3	330.5	2,850.8	5,321.9	435.4	369.3	1,184.9	1,597.1	5.2	27.3	---	12,796.4
1989	203.9	64.9	470.3	352.4	3,181.7	5,876.9	484.2	423.7	1,318.8	1,773.0	5.3	29.3	---	14,184.3
1990	220.6	70.0	490.4	397.4	3,497.4	6,466.2	533.2	460.1	1,422.5	1,986.0	5.0	28.4	---	15,577.1
1991	247.5	76.8	518.8	442.4	3,819.3	7,038.2	570.0	490.9	1,505.1	2,159.5	6.1	32.3	---	16,906.9
1992	269.1	85.8	554.5	466.7	4,141.5	7,573.7	602.6	505.8	1,584.2	2,291.2	6.9	29.7	---	18,112.0
1993	284.2	93.5	579.5	503.0	4,444.6	8,253.2	660.2	574.1	1,719.9	2,427.0	10.6	28.3	---	19,578.1
1994	301.1	96.7	610.2	520.8	4,653.5	8,740.7	689.2	606.4	1,785.7	2,533.2	9.9	26.8	---	20,574.2
1995	296.4	104.6	621.3	496.4	4,663.6	9,411.7	736.1	621.5	1,809.0	2,574.3	10.5	24.7	---	21,370.1
1996	279.0	106.1	650.8	488.4	4,727.9	9,655.3	786.8	627.7	1,854.2	2,689.4	18.2	26.7	---	21,910.5
1997	284.5	110.4	694.9	551.4	4,976.0	10,314.0	848.6	680.1	2,140.1	2,889.4	17.3	26.4	---	23,533.1
1998	325.6	115.9	766.1	553.6	5,050.8	11,095.5	897.7	674.7	2,265.9	3,109.8	16.3	26.0	---	24,897.9
1999	332.5	119.7	778.2	607.0	5,616.8	12,094.6	985.9	727.0	2,561.6	3,310.3	16.9	21.1	9.1	27,180.7
2000	368.6	123.7	868.2	638.6	5,967.7	13,082.2	1,058.2	778.6	2,808.8	3,586.8	24.7	19.6	9.3	29,335.1
2001	387.4	147.5	930.6	727.8	6,621.8	14,186.0	1,197.1	875.5	3,218.4	3,860.3	27.5	26.3	10.6	32,216.8
2002	416.0	139.8	1,042.5	786.5	7,141.6	15,841.5	1,247.1	903.8	3,337.4	4,218.0	33.2	28.7	11.2	35,147.5
2003	470.5	161.3	1,111.7	840.9	7,671.7	16,447.8	1,282.1	975.0	3,522.5	4,466.5	32.3	29.9	13.3	37,025.4
2004	509.2	162.3	1,137.0	864.5	7,888.3	17,727.8	1,345.3	1,025.7	3,882.3	4,893.7	35.5	30.3	13.9	39,515.9
2005	550.2	163.2	1,207.8	984.2	8,567.8	18,760.6	1,429.5	1,054.1	4,129.9	5,098.4	36.6	50.4	16.7	42,049.3
2006	561.6	187.7	1,333.1	1,054.7	9,109.1	19,991.2	1,547.1	1,164.3	4,835.8	5,902.5	39.6	58.3	17.6	45,802.7
2007	632.3	188.4	1,413.2	1,075.5	9,561.5	21,052.9	1,600.0	1,217.3	5,118.2	5,915.1	51.9	68.9	21.0	47,916.3
2008	638.2	185.2	1,484.6	1,141.5	10,259.4	21,821.9	1,726.8	1,223.3	5,546.5	6,611.5	50.3	62.0	21.0	50,772.2
2009	679.9	215.9	1,661.8	1,299.5	10,770.5	22,651.7	1,830.0	1,344.7	5,821.2	6,673.1	56.0	67.4	24.9	53,096.7
2010	755.2	224.4	1,825.2	1,379.1	11,926.8	23,710.9	1,973.0	1,471.7	6,290.3	7,242.1	60.5	68.2	27.5	56,955.0
2011 f	804.8	237.5	1,846.7	1,401.1	12,738.9	24,641.1	2,055.7	1,547.7	6,781.1	7,793.6	65.5	62.9	29.9	60,006.5
2012 f	844.6	244.8	1,923.6	1,468.1	13,486.8	25,517.2	2,147.2	1,635.6	7,157.1	8,192.9	70.0	63.8	27.8	62,779.4
(annual percentage change)*														
1976*	46.4	-2.5	24.3	7.8	5.5	10.2	6.3	12.3	11.0	21.2	23.1	7.0	---	11.5
1980*	8.6	48.2	15.6	24.0	20.8	13.5	22.9	5.0	26.7	25.6	11.5	6.4	---	18.2
1985	2.7	6.1	14.8	3.2	15.1	10.3	13.0	28.8	8.3	5.9	-1.2	8.3	---	10.9
1986	-13.9	-6.3	24.0	4.3	18.1	9.2	11.6	13.4	9.5	7.3	-17.3	10.5	---	10.9
1987	10.9	7.4	11.7	6.7	5.9	11.2	-3.0	4.7	8.2	9.7	0.4	10.0	---	8.6
1988	4.8	6.2	6.4	8.3	8.3	9.6	-3.2	-6.6	20.2	10.5	-7.5	14.4	---	9.1
1989	3.4	14.8	11.9	6.6	11.6	10.4	11.2	14.7	11.3	11.0	1.2	7.5	---	10.8
1990	8.2	7.7	4.3	12.8	9.9	10.0	10.1	8.6	7.9	12.0	-4.8	-3.3	---	9.8
1991	12.2	9.8	5.8	11.3	9.2	8.8	6.9	6.7	5.8	8.7	20.9	13.7	---	8.5
1992	8.7	11.6	6.9	5.5	8.4	7.6	5.7	3.0	5.3	6.1	14.1	-7.9	---	7.1
1993	5.6	9.0	4.5	7.8	7.3	9.0	9.6	13.5	8.6	5.9	52.5	-4.7	---	8.1
1994	6.0	3.4	5.3	3.5	4.7	5.9	4.4	5.6	3.8	4.4	-6.0	-5.5	---	5.1
1995	-1.6	8.2	1.8	-4.7	0.2	7.7	6.8	2.5	1.3	1.6	6.1	-7.8	---	3.9
1996	-5.9	1.4	4.7	-1.6	1.4	2.6	6.9	1.0	2.5	4.5	73.0	8.3	---	2.5
1997	2.0	4.1	6.8	12.9	5.2	6.8	7.9	8.3	15.4	7.4	-5.2	-1.4	---	7.4
1998	14.4	5.0	10.2	0.4	1.5	7.6	5.8	-0.8	5.9	7.6	-5.4	-1.4	---	5.8
1999	2.1	3.3	1.6	9.6	11.2	9.0	9.8	7.8	13.1	6.4	3.2	-18.8	---	9.2
2000	10.8	3.3	11.6	5.2	6.2	8.2	7.3	7.1	9.7	8.4	46.7	-7.0	2.4	7.9
2001	5.1	19.3	7.2	14.0	11.0	8.4	13.1	12.4	14.6	7.6	10.9	34.1	14.4	9.8
2002	7.4	-5.2	12.0	8.1	7.9	11.7	4.2	3.2	3.7	9.3	20.8	9.0	4.9	9.1
2003	13.1	15.4	6.6	6.9	7.4	3.8	2.8	7.9	5.5	5.9	-2.6	4.1	19.2	5.3
2004	8.2	0.6	2.3	2.8	2.8	7.8	4.9	5.2	10.2	9.6	10.0	1.4	4.5	6.7
2005	8.1	0.6	6.2	13.8	8.6	5.8	6.3	2.8	6.4	4.2	2.9	66.1	20.0	6.4
2006	2.1	15.0	10.4	7.2	6.3	6.6	8.2	10.5	17.1	15.8	8.3	15.7	5.7	8.9
2007	12.6	0.3	6.0	2.0	5.0	5.3	3.4	4.6	5.8	0.2	31.2	18.2	18.8	4.6
2008	0.9	-1.7	5.1	6.1	7.3	3.7	7.9	0.5	8.4	11.8	-3.0	-10.1	0.4	6.0
2009	6.5	16.5	11.9	13.8	5.0	3.8	6.0	9.9	5.0	0.9	11.3	8.8	18.5	4.6
2010	11.1	4.0	9.8	6.1	10.7	4.7	7.8	9.4	8.1	8.5	8.0	1.1	10.2	7.3
2011 f	6.6	5.8	1.2	1.6	6.8	3.9	4.2	5.2	7.8	7.6	8.2	-7.7	8.9	5.4
2012 f	4.9	3.1	4.2	4.8	5.9	3.6	4.4	5.7	5.5	5.1	6.9	1.4	-7.2	4.6

Notes

* Refer to electronic tables for annual percentage change for the years 1977 to 1979 and 1981 to 1984.

f: forecast.

Canadian Institute for Health Information, 2012.

Table B.2.2

Private-Sector Health Expenditure, by Province/Territory and Canada, 1975 to 2012—Current Dollars

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Canada Average
Year	(\$' per capita)													
1975	106.65	135.81	98.13	92.57	113.03	131.53	118.99	122.75	129.69	155.56	160.46	202.70	---	125.27
1976	154.40	131.42	120.69	97.96	118.03	143.27	125.66	135.75	139.32	185.95	192.59	209.75	---	137.85
1977	215.42	134.19	118.59	107.02	120.15	159.90	146.30	152.08	150.57	216.69	197.19	236.08	---	151.96
1978	257.68	171.57	129.63	130.17	130.92	185.85	153.65	151.90	167.03	229.50	200.49	258.67	---	169.69
1979	288.40	258.31	150.52	168.79	139.42	216.40	182.19	165.93	185.49	241.59	229.00	271.21	---	190.79
1980	311.79	380.69	173.28	208.52	167.36	243.21	224.54	172.83	224.89	294.53	251.86	284.92	---	222.57
1981	366.78	388.78	195.17	251.61	213.37	269.83	277.48	190.48	253.47	311.30	257.98	306.50	---	255.20
1982	380.15	407.15	231.63	296.65	232.33	317.65	301.03	206.74	332.28	328.28	276.32	311.09	---	291.12
1983	405.01	407.23	248.37	325.09	248.87	359.84	318.16	218.66	301.41	353.45	282.66	331.49	---	313.74
1984	330.61	394.19	283.28	368.32	275.61	395.21	343.13	254.68	321.10	393.53	287.69	344.96	---	343.11
1985	340.16	414.66	322.36	378.68	315.70	430.17	383.98	324.93	345.94	412.58	278.89	361.05	---	377.16
1986	294.15	386.13	397.71	394.24	370.59	462.71	424.97	366.97	374.58	438.48	229.51	396.69	---	414.11
1987	326.89	414.24	442.14	419.14	388.08	503.36	409.78	383.01	404.68	473.72	219.52	433.59	---	443.63
1988	342.81	437.42	468.32	452.46	416.85	540.72	395.06	359.28	482.78	512.66	196.03	490.09	---	477.56
1989	353.75	499.18	520.32	479.28	459.21	581.43	438.77	415.71	528.50	554.42	194.61	514.33	---	519.92
1990	381.55	535.91	539.08	536.96	499.35	627.92	482.25	456.84	558.47	603.48	180.81	481.64	---	562.40
1991	427.13	589.69	566.94	593.38	540.63	674.92	513.71	489.59	580.52	640.15	210.04	529.44	---	603.14
1992	463.99	655.88	603.05	623.91	582.66	716.54	541.56	503.84	601.71	660.58	230.03	476.22	---	638.49
1993	489.99	707.51	627.19	671.67	621.16	772.16	590.76	570.20	644.78	680.33	347.90	445.89	---	682.59
1994	524.20	724.66	658.31	694.18	647.05	807.95	613.62	600.67	661.19	689.18	334.47	410.95	---	709.48
1995	522.27	778.40	669.35	660.95	645.98	859.52	651.90	612.84	661.54	681.57	346.09	370.96	---	729.30
1996	498.31	781.25	698.71	649.20	652.41	871.18	693.69	615.97	668.13	694.17	580.94	395.82	---	739.95
1997	516.33	811.16	745.24	732.76	684.03	918.57	746.91	668.05	756.21	731.75	543.38	389.36	---	786.87
1998	603.02	853.14	822.05	737.64	692.27	976.12	789.20	663.07	781.48	780.76	524.83	387.12	---	825.61
1999	623.44	878.29	833.35	808.66	766.97	1,051.12	862.92	716.46	867.37	825.22	548.19	519.53	338.68	893.99
2000	698.00	905.97	929.70	850.90	811.16	1,119.54	922.32	772.58	934.74	887.99	813.55	484.88	338.32	955.88
2001	742.15	1,078.93	998.07	970.56	895.20	1,192.33	1,039.77	875.38	1,052.90	946.52	911.33	645.24	378.42	1,038.54
2002	800.89	1,020.75	1,115.60	1,048.19	959.16	1,309.00	1,079.23	907.57	1,070.93	1,024.93	1,100.75	692.18	388.44	1,120.32
2003	907.53	1,174.86	1,187.04	1,119.37	1,023.61	1,341.31	1,103.43	980.13	1,114.22	1,074.87	1,056.96	708.13	456.07	1,168.88
2004	984.26	1,176.96	1,212.20	1,149.59	1,044.95	1,427.33	1,149.28	1,030.97	1,210.13	1,164.12	1,151.06	708.29	469.23	1,235.06
2005	1,070.07	1,180.97	1,290.40	1,309.94	1,127.63	1,493.03	1,217.48	1,064.72	1,258.82	1,196.74	1,177.29	1,179.43	556.12	1,301.35
2006	1,100.57	1,361.24	1,421.18	1,414.38	1,193.61	1,578.42	1,306.65	1,173.53	1,413.46	1,390.93	1,226.05	1,349.38	573.00	1,406.02
2007	1,248.73	1,363.52	1,510.16	1,442.58	1,243.78	1,645.67	1,340.51	1,217.00	1,457.07	1,372.54	1,593.80	1,582.90	670.40	1,455.11
2008	1,260.27	1,326.94	1,584.04	1,528.06	1,323.67	1,687.11	1,432.45	1,206.46	1,544.23	1,508.08	1,520.52	1,419.37	665.26	1,523.82
2009	1,336.18	1,528.75	1,767.34	1,732.73	1,376.09	1,732.74	1,500.98	1,306.38	1,585.42	1,496.23	1,663.75	1,545.39	773.43	1,574.18
2010	1,477.16	1,565.11	1,931.80	1,831.87	1,508.64	1,792.51	1,598.19	1,409.62	1,690.52	1,598.81	1,751.35	1,556.13	836.87	1,668.95
2011 f	1,576.23	1,628.03	1,953.33	1,854.62	1,596.42	1,842.60	1,643.82	1,463.02	1,794.25	1,704.15	1,888.77	1,440.97	897.88	1,740.19
2012 f	1,658.45	1,672.67	2,033.54	1,941.32	1,677.32	1,886.14	1,701.23	1,528.92	1,857.67	1,763.34	1,996.40	1,447.88	823.08	1,800.33
(annual percentage change)*														
1976*	44.8	-3.2	23.0	5.8	4.4	8.9	5.6	10.6	7.4	19.5	20.0	3.5	---	10.0
1980*	8.1	47.4	15.1	23.5	20.0	12.4	23.2	4.2	21.2	21.9	10.0	5.1	---	16.7
1985	2.9	5.2	13.8	2.8	14.5	8.8	11.9	27.6	7.7	4.8	-3.1	4.7	---	9.9
1986	-13.5	-6.9	23.4	4.1	17.4	7.6	10.7	12.9	8.3	6.3	-17.7	9.9	---	9.8
1987	11.1	7.3	11.2	6.3	4.7	8.8	-3.6	4.4	8.0	8.0	-4.4	9.3	---	7.1
1988	4.9	5.6	5.9	7.9	7.4	7.4	-3.6	-6.2	19.3	8.2	-10.7	13.0	---	7.6
1989	3.2	14.1	11.1	5.9	10.2	7.5	11.1	15.7	9.5	8.1	-0.7	4.9	---	8.9
1990	7.9	7.4	3.6	12.0	8.7	8.0	9.9	9.9	5.7	8.8	-7.1	-6.4	---	8.2
1991	11.9	10.0	5.2	10.5	8.3	7.5	6.5	7.2	3.9	6.1	16.2	9.9	---	7.2
1992	8.6	11.2	6.4	5.1	7.8	6.2	5.4	2.9	3.7	3.2	9.5	-10.1	---	5.9
1993	5.6	7.9	4.0	7.7	6.6	7.8	9.1	13.2	7.2	3.0	51.2	-6.4	---	6.9
1994	7.0	2.4	5.0	3.4	4.2	4.6	3.9	5.3	2.5	1.3	-3.9	-7.8	---	3.9
1995	-0.4	7.4	1.7	-4.8	-0.2	6.4	6.2	2.0	0.1	-1.1	3.5	-9.7	---	2.8
1996	-4.6	0.4	4.4	-1.8	1.0	1.4	6.4	0.5	1.0	1.8	67.9	6.7	---	1.5
1997	3.6	3.8	6.7	12.9	4.8	5.4	7.7	8.5	13.2	5.4	-6.5	-1.6	---	6.3
1998	16.8	5.2	10.3	0.7	1.2	6.3	5.7	-0.7	3.3	6.7	-3.4	-0.6	---	4.9
1999	3.4	2.9	1.4	9.6	10.8	7.7	9.3	8.1	11.0	5.7	4.5	34.2	---	8.3
2000	12.0	3.2	11.6	5.2	5.8	6.5	6.9	7.8	7.8	7.6	48.4	-6.7	-0.1	6.9
2001	6.3	19.1	7.4	14.1	10.4	6.5	12.7	13.3	12.6	6.6	12.0	33.1	11.9	8.6
2002	7.9	-5.4	11.8	8.0	7.1	9.8	3.8	3.7	1.7	8.3	20.8	7.3	2.6	7.9
2003	13.3	15.1	6.4	6.8	6.7	2.5	2.2	8.0	4.0	4.9	-4.0	2.3	17.4	4.3
2004	8.5	0.2	2.1	2.7	2.1	6.4	4.2	5.2	8.6	8.3	8.9	0.0	2.9	5.7
2005	8.7	0.3	6.5	13.9	7.9	4.6	5.9	3.3	4.0	2.8	2.3	66.5	18.5	5.4
2006	2.8	15.3	10.1	8.0	5.9	5.7	7.3	10.2	12.3	16.2	4.1	14.4	3.0	8.0
2007	13.5	0.2	6.3	2.0	4.2	4.3	2.6	3.7	3.1	-1.3	30.0	17.3	17.0	3.5
2008	0.9	-2.7	4.9	5.9	6.4	2.5	6.9	-0.9	6.0	9.9	-4.6	-10.3	-0.8	4.7
2009	6.0	15.2	11.6	13.4	4.0	2.7	4.8	8.3	2.7	-0.8	9.4	8.9	16.3	3.3
2010	10.6	2.4	9.3	5.7	9.6	3.4	6.5	7.9	6.6	6.9	5.3	0.7	8.2	6.0
2011 f	6.7	4.0	1.1	1.2	5.8	2.8	2.9	3.8	6.1	6.6	7.8	-7.4	7.3	4.3
2012 f	5.2	2.7	4.1	4.7	5.1	2.4	3.5	4.5	3.5	3.5	5.7	0.5	-8.3	3.5

Notes

* Refer to electronic tables for annual percentage change for the years 1977 to 1979 and 1981 to 1984.

f: forecast.

Canadian Institute for Health Information, 2012.

Table B.2.3

**Private-Sector Health Expenditure as a Proportion of Total Health Expenditure,
by Province/Territory and Canada, 1975 to 2012—Current Dollars**

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Canada Average
Year	(percentage)													
1975	22.4	27.0	21.2	22.6	21.2	24.7	22.3	25.5	23.6	28.1	22.1	24.8	---	23.8
1976	27.8	24.8	22.8	21.0	19.5	23.9	20.6	24.3	22.5	28.9	23.9	23.8	---	23.0
1977	33.6	23.4	21.2	20.7	18.4	24.6	21.5	24.5	23.1	30.4	24.3	21.4	---	23.3
1978	35.4	26.3	21.4	22.5	18.1	26.3	21.4	23.2	23.0	29.3	22.3	20.7	---	23.8
1979	34.7	32.9	22.3	25.3	17.5	27.9	23.0	22.6	21.8	28.1	22.9	21.0	---	24.1
1980	33.8	38.5	22.5	26.2	18.5	27.9	23.9	20.5	22.9	28.1	23.5	21.6	---	24.5
1981	33.9	36.2	21.1	26.1	20.3	26.7	24.9	19.6	22.2	25.6	21.9	19.7	---	24.1
1982	31.1	33.1	21.7	25.6	19.4	27.1	23.7	18.1	23.5	24.4	18.2	14.0	---	23.8
1983	30.3	31.1	21.5	26.0	18.9	27.5	22.8	17.4	19.9	24.7	17.5	13.7	---	23.4
1984	25.5	29.2	22.1	27.2	19.6	27.7	23.1	18.9	20.4	26.2	18.1	14.4	---	23.9
1985	25.1	29.2	23.1	26.7	21.0	27.7	24.1	21.8	20.4	26.5	17.1	14.2	---	24.5
1986	20.9	26.4	25.7	26.2	23.6	27.1	24.6	22.2	20.5	26.4	13.2	13.0	---	24.9
1987	21.3	26.2	25.3	25.6	23.4	27.2	22.7	22.4	21.9	27.1	12.6	13.2	---	25.1
1988	21.2	25.8	26.5	25.6	23.2	26.9	21.0	20.1	24.5	27.4	11.4	12.9	---	25.1
1989	20.6	27.1	26.8	25.2	23.9	26.7	21.4	20.6	24.7	27.2	10.7	12.6	---	25.3
1990	20.1	27.3	26.3	25.9	24.4	27.2	21.5	20.4	24.7	26.9	9.4	11.5	---	25.5
1991	21.5	27.4	26.3	27.2	24.4	26.9	22.1	21.2	24.8	26.6	9.7	11.5	---	25.5
1992	22.5	29.1	27.3	27.5	25.3	27.5	22.3	21.8	24.6	26.1	10.3	10.6	---	26.0
1993	23.5	30.0	28.6	28.9	26.3	29.4	24.0	24.9	26.4	26.1	13.2	9.9	---	27.4
1994	24.1	30.8	30.2	29.0	26.9	30.4	24.6	25.4	28.3	25.9	10.6	9.4	---	28.1
1995	23.3	32.0	30.1	27.3	26.9	32.1	25.2	25.4	29.7	25.5	11.0	8.4	---	28.8
1996	22.3	31.3	31.2	26.9	27.8	32.5	26.5	25.2	29.3	25.9	16.5	9.6	---	29.3
1997	21.8	32.4	29.4	29.7	27.6	33.5	27.4	25.6	30.2	26.7	16.7	9.1	---	29.9
1998	22.7	32.1	30.0	28.8	26.3	33.5	27.3	24.3	29.7	27.2	15.7	8.4	---	29.6
1999	21.0	31.6	29.1	29.2	28.0	34.1	26.6	24.4	29.4	27.0	15.4	9.5	6.4	30.1
2000	21.8	30.8	30.6	28.8	27.5	33.5	26.0	24.6	29.3	26.7	20.1	9.4	5.5	29.8
2001	21.5	31.0	30.9	29.5	28.0	33.9	27.3	25.3	29.4	26.3	19.2	11.0	5.8	30.1
2002	21.6	27.7	31.5	30.1	28.6	34.9	27.1	24.9	28.3	26.9	21.3	10.8	5.2	30.5
2003	22.8	29.8	30.9	30.2	28.9	33.2	26.0	25.2	27.9	27.2	20.7	11.4	4.5	29.9
2004	23.8	30.2	30.5	29.0	28.2	33.0	25.7	24.9	28.1	28.6	21.2	10.7	4.5	29.9
2005	24.6	28.3	30.0	29.9	28.8	33.1	25.4	23.9	27.2	28.2	19.7	15.8	5.5	29.9
2006	24.0	30.2	29.6	29.4	28.8	33.3	25.9	24.4	28.5	30.4	18.5	16.9	5.3	30.4
2007	24.7	28.8	29.4	28.9	28.6	32.9	25.5	23.9	27.7	29.2	22.8	17.9	5.9	29.9
2008	23.3	26.6	29.3	28.7	28.6	32.2	25.6	22.5	27.2	29.7	21.2	15.2	5.7	29.5
2009	22.7	27.4	31.2	30.2	28.1	31.6	25.1	23.1	27.0	29.0	20.1	15.3	6.4	29.2
2010	22.9	26.5	31.4	30.5	29.4	31.7	25.7	23.6	26.3	29.7	20.9	15.7	6.8	29.5
2011 f	23.3	26.7	30.7	29.9	30.1	32.0	25.9	23.2	27.2	30.6	20.9	14.2	7.2	29.9
2012 f	23.5	26.4	31.3	30.7	30.7	32.2	26.1	23.6	27.5	30.9	22.4	14.7	6.2	30.3
	(annual percentage change)*													
1976*	23.8	-8.2	7.5	-7.1	-8.0	-3.4	-7.7	-4.8	-4.9	2.9	8.4	-3.8	---	-3.2
1980*	-2.7	17.1	0.8	3.7	5.7	0.0	4.2	-9.4	4.8	-0.2	2.3	2.7	---	1.6
1985	-1.7	0.1	4.8	-1.9	6.9	0.0	4.2	15.6	0.2	1.1	-5.7	-1.7	---	2.3
1986	-16.8	-9.5	11.0	-1.9	12.5	-2.0	2.0	1.7	0.2	-0.1	-22.9	-8.3	---	1.9
1987	2.2	-0.7	-1.5	-2.5	-1.0	0.2	-7.4	0.9	7.0	2.4	-4.4	1.3	---	0.5
1988	-0.7	-1.9	4.7	0.1	-0.6	-1.2	-7.4	-10.2	12.0	1.1	-9.7	-1.8	---	0.1
1989	-2.9	5.3	1.3	-1.6	3.1	-0.4	2.0	2.7	0.5	-0.4	-6.5	-2.6	---	0.7
1990	-2.2	0.6	-2.2	3.0	2.1	1.6	0.1	-1.0	0.4	-1.1	-12.0	-8.7	---	0.9
1991	6.7	0.3	0.3	4.8	0.0	-1.1	3.1	3.6	0.3	-1.3	3.5	0.4	---	-0.1
1992	4.7	6.2	3.6	1.1	3.5	2.2	0.8	2.8	-0.8	-1.7	5.7	-7.9	---	1.8
1993	4.6	3.1	4.8	5.3	4.0	7.0	7.7	14.7	7.1	-0.1	28.5	-7.1	---	5.4
1994	2.6	2.8	5.4	0.4	2.1	3.4	2.3	1.9	7.2	-0.7	-19.9	-5.3	---	2.8
1995	-3.2	3.7	-0.1	-6.1	0.0	5.7	2.7	0.1	5.0	-1.8	4.1	-10.5	---	2.5
1996	-4.7	-2.1	3.4	-1.3	3.7	1.2	4.9	-0.9	-1.2	1.8	50.3	15.1	---	1.7
1997	-2.1	3.7	-5.6	10.3	-0.8	3.0	3.4	1.6	3.0	2.9	1.1	-5.2	---	1.9
1998	4.2	-1.2	2.1	-3.1	-4.7	0.0	-0.2	-5.2	-1.6	2.1	-6.1	-8.0	---	-0.9
1999	-7.5	-1.4	-3.2	1.6	6.2	1.9	-2.5	0.5	-1.0	-1.1	-1.6	12.8	---	1.6
2000	4.0	-2.5	5.3	-1.5	-1.6	-1.8	-2.2	0.9	-0.6	-0.8	30.1	-0.5	-13.3	-1.1
2001	-1.6	0.6	0.9	2.5	1.8	1.3	4.9	2.8	0.4	-1.7	-4.3	16.6	4.5	1.0
2002	0.5	-10.7	2.1	2.0	1.8	2.8	-0.9	-1.5	-3.6	2.4	10.9	-1.5	-10.1	1.6
2003	5.6	7.8	-1.9	0.3	1.0	-4.9	-3.9	0.9	-1.4	1.2	-3.1	5.0	-12.5	-2.0
2004	4.4	1.1	-1.2	-3.8	-2.4	-0.5	-1.2	-1.3	0.6	4.9	2.6	-6.0	-0.7	-0.1
2005	3.4	-6.0	-1.8	3.0	2.1	0.3	-1.0	-4.0	-3.0	-1.4	-7.0	48.1	21.4	0.0
2006	-2.7	6.6	-1.2	-1.4	0.1	0.6	1.7	2.4	4.5	7.8	-6.1	7.1	-4.0	1.6
2007	3.2	-4.6	-0.8	-1.9	-0.8	-1.0	-1.6	-2.2	-2.6	-3.9	23.1	5.7	12.5	-1.5
2008	-5.6	-7.5	-0.2	-0.8	0.1	-2.2	0.5	-5.9	-1.8	1.7	-7.1	-14.8	-3.3	-1.3
2009	-2.7	2.9	6.3	5.4	-1.6	-1.8	-2.1	2.8	-0.6	-2.1	-5.1	0.6	11.5	-1.2
2010	0.8	-3.1	0.7	0.9	4.6	0.3	2.7	2.0	-2.7	2.3	4.0	2.4	6.9	1.1
2011 f	1.7	0.6	-2.1	-1.9	2.3	0.8	0.5	-1.7	3.6	3.1	0.0	-9.7	5.0	1.4
2012 f	0.9	-1.1	1.9	2.9	1.9	0.9	0.8	1.7	1.0	1.0	7.1	3.7	-13.3	1.2

Notes

* Refer to electronic tables for annual percentage change for the years 1977 to 1979 and 1981 to 1984.

f: forecast.

Canadian Institute for Health Information, 2012.

Table B.3.1

Public-Sector Health Expenditure, by Province/Territory and Canada, 1975 to 2012—
Current Dollars

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Canada
Year	(\$' 000,000)													
1975	205.1	43.2	301.4	214.8	2,663.2	3,328.5	424.4	328.6	757.8	994.5	12.4	26.4	---	9,300.3
1976	225.9	47.3	341.4	254.3	3,120.1	3,835.4	499.7	393.9	898.5	1,157.2	13.7	29.7	---	10,817.2
1977	241.1	52.6	369.5	284.4	3,427.9	4,164.6	554.1	443.7	978.9	1,275.0	14.0	38.8	---	11,844.6
1978	266.4	58.6	403.0	313.6	3,823.4	4,475.1	589.0	477.8	1,127.7	1,444.5	16.6	44.8	---	13,040.5
1979	308.9	64.8	445.1	351.3	4,248.1	4,853.4	634.3	544.3	1,391.9	1,645.2	18.4	46.6	---	14,552.3
1980	349.8	75.2	509.4	415.2	4,797.5	5,507.2	739.1	648.5	1,660.1	2,072.0	20.0	47.9	---	16,841.8
1981	410.4	87.0	622.0	503.5	5,490.7	6,525.4	865.6	763.1	2,042.2	2,551.3	22.0	59.2	---	19,942.6
1982	482.8	101.9	719.9	609.2	6,361.9	7,611.1	1,017.0	925.9	2,564.7	2,927.1	30.4	95.0	---	23,446.8
1983	539.0	113.4	789.0	662.1	7,032.2	8,596.5	1,141.0	1,038.5	2,901.6	3,128.8	31.4	106.6	---	26,080.0
1984	559.9	121.1	876.9	709.6	7,486.1	9,461.2	1,224.3	1,112.7	2,996.8	3,269.7	31.0	107.6	---	27,956.9
1985	588.8	128.3	947.2	752.2	7,927.6	10,443.3	1,310.9	1,195.5	3,239.1	3,410.8	32.9	118.9	---	30,095.5
1986	642.9	138.0	1,023.2	805.3	8,051.3	11,730.2	1,425.8	1,325.9	3,537.9	3,666.9	37.0	145.2	---	32,529.4
1987	693.6	149.7	1,165.5	888.9	8,636.4	13,011.9	1,530.2	1,372.2	3,514.4	3,896.4	39.1	157.4	---	35,055.7
1988	733.0	163.0	1,165.0	961.0	9,428.4	14,497.9	1,634.3	1,468.3	3,645.6	4,242.0	40.6	183.9	---	38,163.7
1989	787.7	174.4	1,281.5	1,047.7	10,108.6	16,093.9	1,773.2	1,629.2	4,031.0	4,736.8	44.2	203.6	---	41,911.9
1990	875.9	186.3	1,376.6	1,136.1	10,814.1	17,332.8	1,951.1	1,792.1	4,326.9	5,390.4	48.5	218.5	---	45,449.2
1991	905.7	203.8	1,451.2	1,186.9	11,815.3	19,156.1	2,006.0	1,828.9	4,557.5	5,967.8	56.5	247.2	---	49,382.9
1992	928.3	209.2	1,477.0	1,233.1	12,234.5	20,001.5	2,099.3	1,819.5	4,846.4	6,478.5	60.6	249.9	---	51,637.9
1993	924.9	218.2	1,445.5	1,236.1	12,459.6	19,821.7	2,088.9	1,727.8	4,800.5	6,870.4	69.5	258.7	---	51,922.0
1994	948.1	217.0	1,413.1	1,272.2	12,674.4	20,008.4	2,115.7	1,778.8	4,527.8	7,238.1	84.1	259.5	---	52,537.2
1995	973.1	222.8	1,440.0	1,323.0	12,704.3	19,875.0	2,179.4	1,820.8	4,283.5	7,538.9	85.2	270.3	---	52,716.3
1996	974.4	233.0	1,438.2	1,325.3	12,248.5	20,038.3	2,185.3	1,862.3	4,466.5	7,688.7	92.0	250.9	---	52,803.4
1997	1,020.8	229.9	1,669.3	1,305.7	13,033.2	20,481.1	2,251.9	1,976.1	4,942.0	7,942.6	86.0	262.6	---	55,201.3
1998	1,107.8	245.5	1,786.8	1,370.6	14,123.0	22,030.1	2,388.6	2,103.5	5,354.0	8,304.5	87.8	283.8	---	59,186.0
1999	1,250.8	259.0	1,899.7	1,469.5	14,456.5	23,344.6	2,714.9	2,250.4	6,140.2	8,969.4	92.4	201.9	133.6	63,182.8
2000	1,318.7	277.7	1,968.4	1,580.0	15,699.7	25,957.7	3,005.3	2,381.2	6,792.9	9,825.8	98.4	188.9	159.2	69,253.9
2001	1,415.5	328.5	2,082.7	1,740.0	16,986.3	27,606.2	3,184.5	2,581.5	7,744.0	10,819.7	115.3	213.6	173.7	74,991.5
2002	1,510.0	365.6	2,264.3	1,829.1	17,862.7	29,563.0	3,360.1	2,719.3	8,456.3	11,452.1	122.3	237.0	203.8	79,945.7
2003	1,591.3	379.7	2,484.1	1,947.6	18,911.4	33,141.3	3,645.3	2,898.0	9,108.3	11,924.8	124.0	233.5	279.4	86,668.6
2004	1,628.9	375.9	2,585.0	2,115.2	20,122.2	36,005.2	3,889.2	3,100.9	9,950.6	12,228.9	132.0	253.9	294.1	92,682.0
2005	1,684.8	412.8	2,819.0	2,309.8	21,217.1	37,936.8	4,188.8	3,365.4	11,040.8	12,999.4	148.7	268.4	288.0	98,679.7
2006	1,783.3	434.0	3,167.5	2,527.0	22,528.6	40,087.8	4,429.5	3,600.8	12,157.0	13,542.1	173.9	286.1	317.8	105,035.3
2007	1,926.8	465.9	3,396.0	2,647.4	23,909.2	42,882.0	4,682.4	3,876.0	13,355.9	14,361.5	175.5	316.3	333.1	112,328.1
2008	2,096.9	510.4	3,578.1	2,841.8	25,603.1	45,957.4	5,021.1	4,213.2	14,849.4	15,682.4	187.2	344.9	346.6	121,232.5
2009	2,313.6	572.3	3,667.0	3,004.6	27,493.3	49,010.8	5,472.5	4,467.3	15,714.6	16,312.4	222.7	372.6	365.9	128,989.6
2010	2,544.3	621.1	3,987.1	3,149.7	28,598.0	51,053.1	5,691.2	4,761.9	17,627.9	17,154.2	228.8	366.2	375.2	136,158.6
2011 f	2,651.0	651.8	4,162.6	3,289.6	29,590.0	52,471.1	5,886.6	5,122.8	18,111.1	17,662.2	247.6	381.0	387.8	140,615.3
2012 f	2,749.3	682.5	4,221.9	3,309.9	30,489.5	53,619.5	6,078.9	5,297.6	18,863.5	18,292.7	242.7	370.4	419.1	144,637.5
(annual percentage change)*														
1976*	10.1	9.5	13.3	18.4	17.2	15.2	17.8	19.9	18.6	16.4	10.9	12.7	---	16.3
1980*	13.2	16.0	14.4	18.2	12.9	13.5	16.5	19.2	19.3	25.9	8.3	2.9	---	15.7
1985	5.2	5.9	8.0	6.0	5.9	10.4	7.1	7.4	8.1	4.3	6.1	10.5	---	7.6
1986	9.2	7.6	8.0	7.1	1.6	12.3	8.8	10.9	9.2	7.5	12.3	22.2	---	8.1
1987	7.9	8.5	13.9	10.4	7.3	10.9	7.3	3.5	-0.7	6.3	5.8	8.4	---	7.8
1988	5.8	8.9	-0.1	8.1	9.2	11.4	6.8	7.0	3.7	8.9	3.8	16.8	---	8.9
1989	7.4	7.0	10.0	9.0	7.2	11.0	8.5	11.0	10.6	11.7	9.1	10.7	---	9.8
1990	11.2	6.8	7.4	8.4	7.0	7.7	10.0	10.0	7.3	13.8	9.7	7.3	---	8.4
1991	3.4	9.4	5.4	4.5	9.3	10.5	2.8	2.1	5.3	10.7	16.4	13.2	---	8.7
1992	2.5	2.7	1.8	3.9	3.5	4.4	4.7	-0.5	6.3	8.6	7.2	1.1	---	4.6
1993	-0.4	4.3	-2.1	0.2	1.8	-0.9	-0.5	-5.0	-0.9	6.0	14.7	3.5	---	0.6
1994	2.5	-0.6	-2.2	2.9	1.7	0.9	1.3	3.0	-5.7	5.4	20.9	0.3	---	1.2
1995	2.6	2.7	1.9	4.0	0.2	-0.7	3.0	2.4	-5.4	4.2	1.4	4.1	---	0.3
1996	0.1	4.6	-0.1	0.2	-3.6	0.8	0.3	2.3	4.3	2.0	7.9	-7.2	---	0.2
1997	4.8	-1.3	16.1	-1.5	6.4	2.2	3.0	6.1	10.6	3.3	-6.5	4.6	---	4.5
1998	8.5	6.8	7.0	5.0	8.4	7.6	6.1	6.4	8.3	4.6	2.0	8.1	---	7.2
1999	12.9	5.5	6.3	7.2	2.4	6.0	13.7	7.0	14.7	8.0	5.2	-28.9	---	6.8
2000	5.4	7.2	3.6	7.5	8.6	11.2	10.7	5.8	10.6	9.5	6.5	-6.5	19.2	9.6
2001	7.3	18.3	5.8	10.1	8.2	6.4	6.0	8.4	14.0	10.1	17.1	13.1	9.1	8.3
2002	6.7	11.3	8.7	5.1	5.2	7.1	5.5	5.3	9.2	5.8	6.1	10.9	17.4	6.6
2003	5.4	3.8	9.7	6.5	5.9	12.1	8.5	6.6	7.7	4.1	1.4	-1.5	37.1	8.4
2004	2.4	-1.0	4.1	8.6	6.4	8.6	6.7	7.0	9.2	2.6	6.4	8.7	5.3	6.9
2005	3.4	9.8	9.1	9.2	5.4	5.4	7.7	8.5	11.0	6.3	12.7	5.7	-2.1	6.5
2006	5.8	5.1	12.4	9.4	6.2	5.7	5.7	7.0	10.1	4.2	16.9	6.6	10.3	6.4
2007	8.0	7.3	7.2	4.8	6.1	7.0	5.7	7.6	9.9	6.1	0.9	10.6	4.8	6.9
2008	8.8	9.6	5.4	7.3	7.1	7.2	7.2	8.7	11.2	9.2	6.6	9.1	4.1	7.9
2009	10.3	12.1	2.5	5.7	7.4	6.6	9.0	6.0	5.8	4.0	18.9	8.0	5.6	6.4
2010	10.0	8.5	8.7	4.8	4.0	4.2	4.0	6.6	12.2	5.2	2.7	-1.7	2.5	5.6
2011 f	4.2	4.9	4.4	4.4	3.5	2.8	3.4	7.6	2.7	3.0	8.2	4.0	3.4	3.3
2012 f	3.7	4.7	1.4	0.6	3.0	2.2	3.3	3.4	4.2	3.6	-2.0	-2.8	8.1	2.9

notes

* Refer to electronic tables for annual percentage change for the years 1977 to 1979 and 1981 to 1984.

f: forecast.

Canadian Institute for Health Information, 2012.

Table B.3.2

**Public-Sector Health Expenditure, by Province/Territory and Canada, 1975 to 2012—
Current Dollars**

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Canada Average
Year	(\$' per capita)													
1975	368.63	366.81	364.61	317.30	420.71	400.07	414.03	358.17	418.96	397.88	566.03	615.97	---	401.86
1976	401.59	398.40	408.76	368.89	487.77	455.84	484.35	422.78	480.64	456.69	611.85	671.20	---	461.29
1977	426.51	438.37	440.06	408.78	532.97	489.62	533.84	469.60	502.58	496.16	612.99	867.88	---	499.22
1978	469.28	481.48	477.18	448.30	593.68	520.87	565.70	501.92	557.76	552.61	698.51	989.36	---	544.19
1979	541.83	526.92	524.16	499.63	656.94	560.26	611.46	567.22	663.57	617.81	769.00	1,018.11	---	601.29
1980	610.55	607.90	597.33	588.09	737.28	629.73	714.35	670.38	757.18	755.33	821.22	1,034.17	---	686.97
1981	714.10	703.39	727.84	712.80	838.57	740.57	835.22	782.01	890.16	903.45	919.81	1,245.88	---	803.48
1982	840.26	823.02	837.09	860.19	966.96	853.04	971.54	937.79	1,082.96	1,018.87	1,241.64	1,917.90	---	933.49
1983	929.97	904.07	907.77	925.49	1,065.11	950.77	1,075.33	1,036.59	1,213.87	1,076.86	1,328.45	2,088.58	---	1,028.11
1984	965.06	956.70	999.68	984.09	1,128.93	1,031.54	1,142.17	1,095.73	1,253.83	1,110.02	1,297.62	2,047.42	---	1,091.74
1985	1,016.34	1,004.74	1,070.18	1,039.37	1,189.31	1,123.23	1,211.28	1,165.85	1,347.98	1,146.76	1,351.18	2,185.68	---	1,164.56
1986	1,115.18	1,074.57	1,150.53	1,110.46	1,200.16	1,242.85	1,306.04	1,288.21	1,455.36	1,220.62	1,510.29	2,655.45	---	1,246.28
1987	1,205.91	1,164.10	1,304.53	1,221.26	1,273.33	1,349.18	1,393.62	1,328.72	1,443.08	1,277.43	1,521.49	2,859.77	---	1,325.41
1988	1,276.14	1,260.71	1,298.16	1,315.80	1,378.61	1,473.03	1,482.95	1,428.29	1,485.33	1,361.65	1,524.93	3,302.40	---	1,424.26
1989	1,366.63	1,340.84	1,417.87	1,425.04	1,458.95	1,592.27	1,606.82	1,598.43	1,615.48	1,481.22	1,632.10	3,570.18	---	1,536.26
1990	1,515.29	1,428.83	1,513.31	1,535.00	1,544.02	1,683.15	1,764.67	1,779.42	1,698.71	1,638.00	1,747.95	3,708.35	---	1,640.91
1991	1,562.86	1,563.81	1,585.86	1,592.01	1,672.46	1,836.97	1,807.82	1,824.01	1,757.86	1,769.05	1,954.71	4,057.16	---	1,761.70
1992	1,600.38	1,599.57	1,606.22	1,648.30	1,721.23	1,892.32	1,886.70	1,812.37	1,840.71	1,867.85	2,011.98	4,004.30	---	1,820.36
1993	1,594.84	1,651.43	1,564.33	1,650.79	1,741.32	1,854.51	1,869.05	1,716.06	1,799.67	1,925.89	2,290.11	4,071.51	---	1,810.27
1994	1,650.45	1,626.43	1,524.47	1,695.79	1,762.32	1,849.50	1,883.55	1,762.05	1,676.53	1,969.18	2,831.14	3,983.42	---	1,811.68
1995	1,714.87	1,657.77	1,551.41	1,761.67	1,759.73	1,815.07	1,930.11	1,795.42	1,566.45	1,996.01	2,799.51	4,060.01	---	1,799.05
1996	1,740.60	1,716.36	1,544.13	1,761.66	1,690.17	1,808.02	1,926.73	1,827.39	1,609.44	1,984.56	2,930.96	3,713.59	---	1,783.24
1997	1,852.68	1,689.18	1,790.15	1,735.08	1,791.60	1,824.07	1,982.07	1,941.00	1,746.27	2,011.53	2,705.48	3,876.75	---	1,845.74
1998	2,051.73	1,807.78	1,917.40	1,826.14	1,935.72	1,938.07	2,099.82	2,067.33	1,846.54	2,084.94	2,818.35	4,224.37	---	1,962.59
1999	2,344.87	1,900.33	2,034.29	1,957.71	1,974.04	2,028.84	2,376.29	2,217.76	2,079.12	2,236.02	3,001.00	4,967.45	4,979.32	2,078.12
2000	2,497.29	2,034.62	2,107.72	2,105.17	2,133.98	2,221.39	2,619.32	2,362.85	2,260.58	2,432.62	3,234.92	4,664.19	5,787.58	2,256.63
2001	2,711.82	2,403.43	2,233.73	2,320.35	2,296.37	2,320.31	2,766.07	2,581.17	2,533.41	2,652.91	3,826.04	5,232.80	6,175.93	2,417.42
2002	2,907.00	2,669.89	2,422.95	2,437.73	2,399.05	2,442.81	2,907.70	2,730.52	2,713.56	2,782.74	4,058.32	5,711.56	7,091.92	2,548.27
2003	3,069.54	2,764.67	2,652.47	2,592.61	2,523.31	2,702.64	3,137.33	2,913.38	2,881.11	2,869.73	4,055.76	5,529.05	9,579.09	2,736.09
2004	3,148.75	2,726.65	2,755.99	2,812.67	2,665.54	2,898.90	3,322.55	3,116.84	3,101.63	2,909.00	4,274.60	5,929.69	9,926.96	2,896.75
2005	3,276.91	2,987.06	3,011.79	3,074.32	2,792.44	3,019.14	3,567.48	3,399.22	3,365.36	3,051.34	4,788.82	6,282.52	9,594.32	3,053.96
2006	3,494.48	3,146.71	3,376.81	3,388.92	2,952.03	3,165.15	3,741.08	3,629.35	3,553.38	3,191.19	5,387.89	6,623.26	10,317.10	3,224.31
2007	3,805.02	3,371.86	3,628.99	3,551.17	3,110.17	3,352.00	3,923.07	3,875.05	3,802.19	3,332.42	5,389.97	7,264.05	10,651.74	3,411.14
2008	4,141.00	3,656.17	3,817.86	3,804.11	3,303.32	3,553.09	4,165.21	4,155.34	4,134.25	3,577.15	5,653.86	7,896.98	10,958.13	3,638.53
2009	4,546.54	4,052.39	3,899.86	4,006.26	3,512.68	3,749.09	4,488.65	4,340.04	4,279.94	3,657.53	6,610.83	8,539.08	11,348.47	3,824.22
2010	4,976.23	4,331.66	4,219.97	4,183.76	3,617.39	3,859.53	4,610.02	4,561.09	4,737.49	3,787.06	6,620.21	8,355.77	11,427.46	3,989.86
2011 f	5,192.14	4,469.05	4,402.86	4,354.43	3,708.18	3,923.66	4,707.11	4,842.51	4,792.11	3,862.02	7,143.24	8,724.07	11,638.86	4,077.84
2012 f	5,398.59	4,663.01	4,463.22	4,376.70	3,791.91	3,963.35	4,816.40	4,952.23	4,896.17	3,937.10	6,919.79	8,405.05	12,427.02	4,147.79
	(annual percentage change)*													
1976*	8.9	8.6	12.1	16.3	15.9	13.9	17.0	18.0	14.7	14.8	8.1	9.0	---	14.8
1980*	12.7	15.4	14.0	17.7	12.2	12.4	16.8	18.2	14.1	22.3	6.8	1.6	---	14.2
1985	5.3	5.0	7.1	5.6	5.3	8.9	6.1	6.4	7.5	3.3	4.1	6.8	---	6.7
1986	9.7	7.0	7.5	6.8	0.9	10.6	7.8	10.5	8.0	6.4	11.8	21.5	---	7.0
1987	8.1	8.3	13.4	10.0	6.1	8.6	6.7	3.1	-0.8	4.7	0.7	7.7	---	6.3
1988	5.8	8.3	-0.5	7.7	8.3	9.2	6.4	7.5	2.9	6.6	0.2	15.5	---	7.5
1989	7.1	6.4	9.2	8.3	5.8	8.1	8.4	11.9	8.8	8.8	7.0	8.1	---	7.9
1990	10.9	6.4	6.7	7.7	5.8	5.7	9.8	11.3	5.2	10.6	7.1	3.9	---	6.8
1991	3.1	9.6	4.8	3.7	8.3	9.1	2.4	2.5	3.5	8.0	11.8	9.4	---	7.4
1992	2.4	2.3	1.3	3.5	2.9	3.0	4.4	-0.6	4.7	5.6	2.9	-1.3	---	3.3
1993	-0.3	3.2	-2.6	0.2	1.2	-2.0	-0.9	-5.3	-2.2	3.1	13.8	1.7	---	-0.6
1994	3.5	-1.5	-2.5	2.7	1.2	-0.3	0.8	2.7	-6.8	2.2	23.6	-2.2	---	0.1
1995	3.9	1.9	1.8	3.9	-0.1	-1.9	2.5	1.9	-6.6	1.4	-1.1	1.9	---	-0.7
1996	1.5	3.5	-0.5	0.0	-4.0	-0.4	-0.2	1.8	2.7	-0.6	4.7	-8.5	---	-0.9
1997	6.4	-1.6	15.9	-1.5	6.0	0.9	2.9	6.2	8.5	1.4	-7.7	4.4	---	3.5
1998	10.7	7.0	7.1	5.2	8.0	6.3	5.9	6.5	5.7	3.6	4.2	9.0	---	6.3
1999	14.3	5.1	6.1	7.2	2.0	4.7	13.2	7.3	12.6	7.2	6.5	17.6	---	5.9
2000	6.5	7.1	3.6	7.5	8.1	9.5	10.2	6.5	8.7	8.8	7.8	-6.1	16.2	8.6
2001	8.6	18.1	6.0	10.2	7.6	4.5	5.6	9.2	12.1	9.1	18.3	12.2	6.7	7.1
2002	7.2	11.1	8.5	5.1	4.5	5.3	5.1	5.8	7.1	4.9	6.1	9.1	14.8	5.4
2003	5.6	3.5	9.5	6.4	5.2	10.6	7.9	6.7	6.2	3.1	-0.1	-3.2	35.1	7.4
2004	2.6	-1.4	3.9	8.5	5.6	7.3	5.9	7.0	7.7	1.4	5.4	7.2	3.6	5.9
2005	4.1	9.6	9.3	9.3	4.8	4.1	7.4	9.1	8.5	4.9	12.0	6.0	-3.4	5.4
2006	6.6	5.3	12.1	10.2	5.7	4.8	4.9	6.8	5.6	4.6	12.5	5.4	7.5	5.6
2007	8.9	7.2	7.5	4.8	5.4	5.9	4.9	6.8	7.0	4.4	0.0	9.7	3.2	5.8
2008	8.8	8.4	5.2	7.1	6.2	6.0	6.2	7.2	8.7	7.3	4.9	8.7	2.9	6.7
2009	9.8	10.8	2.1	5.3	6.3	5.5	7.8	4.4	3.5	2.2	16.9	8.1	3.6	5.1
2010	9.5	6.9	8.2	4.4	3.0	2.9	2.7	5.1	10.7	3.5	0.1	-2.1	0.7	4.3
2011 f	4.3	3.2	4.3	4.1	2.5	1.7	2.1	6.2	1.2	2.0	7.9	4.4	1.8	2.2
2012 f	4.0	4.3	1.4	0.5	2.3	1.0	2.3	2.3	2.2	1.9	-3.1	-3.7	6.8	1.7

NOTES

* Refer to electronic tables for annual percentage change for the years 1977 to 1979 and 1981 to 1984.

f: forecast.

Canadian Institute for Health Information, 2012.

Table B.3.3

Public-Sector Health Expenditure as a Proportion of Total Health Expenditure by Province/Territory and Canada, 1975 to 2012—Current Dollars

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Canada Average
Year	(percentage)													
1975	77.6	73.0	78.8	77.4	78.8	75.3	77.7	74.5	76.4	71.9	77.9	75.2	---	76.2
1976	72.2	75.2	77.2	79.0	80.5	76.1	79.4	75.7	77.5	71.1	76.1	76.2	---	77.0
1977	66.4	76.6	78.8	79.3	81.6	75.4	78.5	75.5	76.9	69.6	75.7	78.6	---	76.7
1978	64.6	73.7	78.6	77.5	81.9	73.7	78.6	76.8	77.0	70.7	77.7	79.3	---	76.2
1979	65.3	67.1	77.7	74.7	82.5	72.1	77.0	77.4	78.2	71.9	77.1	79.0	---	75.9
1980	66.2	61.5	77.5	73.8	81.5	72.1	76.1	79.5	77.1	71.9	76.5	78.4	---	75.5
1981	66.1	63.8	78.9	73.9	79.7	73.3	75.1	80.4	77.8	74.4	78.1	80.3	---	75.9
1982	68.9	66.9	78.3	74.4	80.6	72.9	76.3	81.9	76.5	75.6	81.8	86.0	---	76.2
1983	69.7	68.9	78.5	74.0	81.1	72.5	77.2	82.6	80.1	75.3	82.5	86.3	---	76.6
1984	74.5	70.8	77.9	72.8	80.4	72.3	76.9	81.1	79.6	73.8	81.9	85.6	---	76.1
1985	74.9	70.8	76.9	73.3	79.0	72.3	75.9	78.2	79.6	73.5	82.9	85.8	---	75.5
1986	79.1	73.6	74.3	73.8	76.4	72.9	75.4	77.8	79.5	73.6	86.8	87.0	---	75.1
1987	78.7	73.8	74.7	74.4	76.6	72.8	77.3	77.6	78.1	72.9	87.4	86.8	---	74.9
1988	78.8	74.2	73.5	74.4	76.8	73.1	79.0	79.9	75.5	72.6	88.6	87.1	---	74.9
1989	79.4	72.9	73.2	74.8	76.1	73.3	78.6	79.4	75.3	72.8	89.3	87.4	---	74.7
1990	79.9	72.7	73.7	74.1	75.6	72.8	78.5	79.6	75.3	73.1	90.6	88.5	---	74.5
1991	78.5	72.6	73.7	72.8	75.6	73.1	77.9	78.8	75.2	73.4	90.3	88.5	---	74.5
1992	77.5	70.9	72.7	72.5	74.7	72.5	77.7	78.2	75.4	73.9	89.7	89.4	---	74.0
1993	76.5	70.0	71.4	71.1	73.7	70.6	76.0	75.1	73.6	73.9	86.8	90.1	---	72.6
1994	75.9	69.2	69.8	71.0	73.1	69.6	75.4	74.6	71.7	74.1	89.4	90.6	---	71.9
1995	76.7	68.0	69.9	72.7	73.1	67.9	74.8	74.6	70.3	74.5	89.0	91.6	---	71.2
1996	77.7	68.7	68.8	73.1	72.2	67.5	73.5	74.8	70.7	74.1	83.5	90.4	---	70.7
1997	78.2	67.6	70.6	70.3	72.4	66.5	72.6	74.4	69.8	73.3	83.3	90.9	---	70.1
1998	77.3	67.9	70.0	71.2	73.7	66.5	72.7	75.7	70.3	72.8	84.3	91.6	---	70.4
1999	79.0	68.4	70.9	70.8	72.0	65.9	73.4	75.6	70.6	73.0	84.6	90.5	93.6	69.9
2000	78.2	69.2	69.4	71.2	72.5	66.5	74.0	75.4	70.7	73.3	79.9	90.6	94.5	70.2
2001	78.5	69.0	69.1	70.5	72.0	66.1	72.7	74.7	70.6	73.7	80.8	89.0	94.2	69.9
2002	78.4	72.3	68.5	69.9	71.4	65.1	72.9	75.1	71.7	73.1	78.7	89.2	94.8	69.5
2003	77.2	70.2	69.1	69.8	71.1	66.8	74.0	74.8	72.1	72.8	79.3	88.6	95.5	70.1
2004	76.2	69.8	69.5	71.0	71.8	67.0	74.3	75.1	71.9	71.4	78.8	89.3	95.5	70.1
2005	75.4	71.7	70.0	70.1	71.2	66.9	74.6	76.1	72.8	71.8	80.3	84.2	94.5	70.1
2006	76.0	69.8	70.4	70.6	71.2	66.7	74.1	75.6	71.5	69.6	81.5	83.1	94.7	69.6
2007	75.3	71.2	70.6	71.1	71.4	67.1	74.5	76.1	72.3	70.8	77.2	82.1	94.1	70.1
2008	76.7	73.4	70.7	71.3	71.4	67.8	74.4	77.5	72.8	70.3	78.8	84.8	94.3	70.5
2009	77.3	72.6	68.8	69.8	71.9	68.4	74.9	76.9	73.0	71.0	79.9	84.7	93.6	70.8
2010	77.1	73.5	68.6	69.5	70.6	68.3	74.3	76.4	73.7	70.3	79.1	84.3	93.2	70.5
2011 f	76.7	73.3	69.3	70.1	69.9	68.0	74.1	76.8	72.8	69.4	79.1	85.8	92.8	70.1
2012 f	76.5	73.6	68.7	69.3	69.3	67.8	73.9	76.4	72.5	69.1	77.6	85.3	93.8	69.7
	(annual percentage change)*													
1976*	-6.9	3.0	-2.0	2.1	2.1	1.1	2.2	1.6	1.5	-1.1	-2.4	1.3	---	1.0
1980*	1.4	-8.4	-0.2	-1.2	-1.2	0.0	-1.2	2.8	-1.3	0.1	-0.7	-0.7	---	-0.5
1985	0.6	0.0	-1.4	0.7	-1.7	0.0	-1.3	-3.6	0.0	-0.4	1.3	0.3	---	-0.7
1986	5.6	3.9	-3.3	0.7	-3.3	0.8	-0.6	-0.5	-0.1	0.0	4.7	1.4	---	-0.6
1987	-0.6	0.3	0.5	0.9	0.3	-0.1	2.4	-0.3	-1.8	-0.8	0.7	-0.2	---	-0.2
1988	0.2	0.7	-1.6	0.0	0.2	0.4	2.2	2.9	-3.4	-0.4	1.4	0.3	---	0.0
1989	0.8	-1.8	-0.5	0.6	-0.9	0.1	-0.5	-0.7	-0.2	0.2	0.8	0.4	---	-0.2
1990	0.6	-0.2	0.8	-1.0	-0.7	-0.6	0.0	0.3	-0.1	0.4	1.4	1.3	---	-0.3
1991	-1.7	-0.1	-0.1	-1.7	0.0	0.4	-0.8	-0.9	-0.1	0.5	-0.4	-0.1	---	0.0
1992	-1.3	-2.3	-1.3	-0.4	-1.1	-0.8	-0.2	-0.7	0.3	0.6	-0.6	1.0	---	-0.6
1993	-1.3	-1.3	-1.8	-2.0	-1.3	-2.7	-2.2	-4.1	-2.3	0.0	-3.3	0.8	---	-1.9
1994	-0.8	-1.2	-2.2	-0.2	-0.8	-1.4	-0.7	-0.6	-2.6	0.2	3.0	0.6	---	-1.0
1995	1.0	-1.6	0.0	2.5	0.0	-2.5	-0.9	0.0	-2.0	0.6	-0.5	1.1	---	-1.0
1996	1.4	1.0	-1.4	0.5	-1.4	-0.6	-1.6	0.3	0.5	-0.6	-6.2	-1.4	---	-0.7
1997	0.6	-1.7	2.6	-3.8	0.3	-1.4	-1.2	-0.5	-1.2	-1.0	-0.2	0.6	---	-0.8
1998	-1.2	0.6	-0.9	1.3	1.8	0.0	0.1	1.8	0.7	-0.8	1.2	0.8	---	0.4
1999	2.2	0.7	1.4	-0.6	-2.2	-1.0	0.9	-0.2	0.4	0.4	0.3	-1.2	---	-0.7
2000	-1.1	1.2	-2.2	0.6	0.6	0.9	0.8	-0.3	0.3	0.3	-5.5	0.1	0.9	0.5
2001	0.5	-0.3	-0.4	-1.0	-0.7	-0.7	-1.7	-0.9	-0.1	0.6	1.1	-1.7	-0.3	-0.4
2002	-0.1	4.8	-0.9	-0.8	-0.7	-1.4	0.3	0.5	1.5	-0.8	-2.6	0.2	0.6	-0.7
2003	-1.6	-3.0	0.9	-0.1	-0.4	2.6	1.4	-0.3	0.6	-0.5	0.8	-0.6	0.7	0.9
2004	-1.3	-0.5	0.5	1.6	1.0	0.3	0.4	0.4	-0.2	-1.8	-0.7	0.8	0.0	0.1
2005	-1.1	2.6	0.8	-1.2	-0.8	-0.1	0.3	1.3	1.2	0.6	1.9	-5.7	-1.0	0.0
2006	0.9	-2.6	0.5	0.6	0.0	-0.3	-0.6	-0.8	-1.7	-3.0	1.5	-1.3	0.2	-0.7
2007	-1.0	2.0	0.3	0.8	0.3	0.5	0.6	0.7	1.1	1.7	-5.3	-1.2	-0.7	0.7
2008	1.8	3.0	0.1	0.3	-0.1	1.1	-0.2	1.8	0.7	-0.7	2.1	3.2	0.2	0.5
2009	0.8	-1.0	-2.6	-2.2	0.6	0.9	0.7	-0.8	0.2	0.9	1.4	-0.1	-0.7	0.5
2010	-0.2	1.2	-0.3	-0.4	-1.8	-0.2	-0.9	-0.6	1.0	-0.9	-1.0	-0.4	-0.5	-0.5
2011 f	-0.5	-0.2	1.0	0.8	-0.9	-0.4	-0.2	0.5	-1.3	-1.3	0.0	1.8	-0.4	-0.6
2012 f	-0.3	0.4	-0.8	-1.2	-0.8	-0.4	-0.3	-0.5	-0.4	-0.5	-1.9	-0.6	1.0	-0.5

Notes

* Refer to electronic tables for annual percentage change for the years 1977 to 1979 and 1981 to 1984.

f: forecast.

Canadian Institute for Health Information, 2012.

Table B.4.1

**Provincial/Territorial Government Sector—Health Expenditure, by Province/Territory and Canada,
1975 to 2012—Current Dollars**

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Canada
Year	(\$' 000,000)													
1975	199.2	41.5	266.9	203.7	2,531.2	3,143.5	376.7	302.1	694.9	928.2	6.2	15.2	---	8,709.3
1976	219.0	45.4	302.7	242.4	2,972.5	3,612.5	449.3	364.1	811.6	1,082.7	8.8	19.0	---	10,129.9
1977	233.5	50.3	334.6	271.7	3,269.2	3,929.1	497.3	410.8	879.1	1,193.1	10.0	23.4	---	11,102.0
1978	258.3	56.4	370.0	299.1	3,661.8	4,229.4	524.9	445.8	1,020.5	1,363.8	11.4	28.1	---	12,269.4
1979	297.3	62.5	413.1	336.7	4,088.1	4,565.8	569.7	508.5	1,258.2	1,556.5	12.4	27.9	---	13,696.6
1980	336.8	72.6	474.5	395.1	4,607.8	5,164.6	652.8	604.5	1,510.2	1,932.3	13.6	29.3	---	15,794.1
1981	393.4	84.1	572.4	478.2	5,268.2	6,069.9	782.9	709.8	1,871.3	2,374.8	15.0	35.5	---	18,655.5
1982	461.9	98.5	662.7	579.6	6,101.1	7,104.3	915.1	859.0	2,426.3	2,720.3	22.4	51.0	---	22,002.1
1983	515.7	109.5	728.7	627.2	6,740.9	8,019.2	1,021.3	965.6	2,769.4	2,932.2	22.8	57.8	---	24,510.2
1984	534.6	116.5	800.3	671.5	7,165.5	8,826.6	1,102.1	1,022.9	2,843.5	3,074.8	23.5	62.0	---	26,244.0
1985	561.4	123.0	867.5	710.7	7,577.2	9,746.8	1,182.6	1,101.3	3,035.1	3,200.6	24.9	71.9	---	28,202.8
1986	611.2	131.7	917.0	759.2	7,715.3	10,995.1	1,269.6	1,223.4	3,316.8	3,443.3	27.6	91.2	---	30,501.5
1987	660.0	142.5	987.4	837.9	8,257.9	12,203.4	1,364.8	1,264.5	3,308.1	3,660.8	29.4	105.4	---	32,821.9
1988	699.4	153.7	1,071.6	900.8	8,996.9	13,583.0	1,464.7	1,349.3	3,427.8	3,978.3	33.4	147.1	---	35,806.2
1989	751.1	163.1	1,178.9	981.2	9,631.6	15,079.3	1,587.0	1,500.2	3,792.9	4,455.9	36.3	174.6	---	39,332.1
1990	836.0	173.7	1,263.6	1,057.2	10,250.4	16,195.9	1,742.8	1,636.4	4,043.8	5,043.6	38.6	187.9	---	42,469.7
1991	861.0	189.6	1,333.8	1,102.1	11,213.3	17,951.3	1,788.7	1,658.2	4,241.0	5,578.3	45.6	213.9	---	46,176.8
1992	881.0	196.2	1,356.8	1,142.4	11,617.6	18,810.3	1,867.8	1,635.9	4,506.3	6,060.7	49.1	213.6	---	48,337.8
1993	880.9	205.2	1,322.9	1,154.7	11,841.5	18,618.2	1,856.8	1,539.4	4,452.2	6,424.1	58.1	218.4	---	48,572.6
1994	902.6	200.4	1,280.1	1,189.3	12,007.4	18,753.5	1,861.9	1,560.5	4,103.5	6,740.9	71.5	214.0	---	48,885.6
1995	925.5	203.2	1,302.6	1,235.2	12,020.3	18,549.6	1,903.4	1,595.6	3,904.8	7,007.1	68.7	220.6	---	48,936.4
1996	926.0	213.2	1,317.7	1,234.4	11,586.2	18,696.5	1,922.8	1,637.4	4,091.3	7,186.1	67.6	200.8	---	49,080.1
1997	968.2	213.9	1,552.0	1,213.9	12,158.9	19,065.6	1,976.6	1,749.2	4,527.6	7,434.9	69.6	212.8	---	51,143.2
1998	1,050.3	228.8	1,656.5	1,269.5	13,145.9	20,121.8	2,102.8	1,855.2	4,896.0	7,758.4	74.2	232.3	---	54,391.6
1999	1,190.4	240.8	1,749.7	1,369.8	13,403.0	21,592.8	2,395.3	1,995.4	5,641.1	8,390.8	78.4	166.8	115.4	58,329.8
2000	1,246.8	258.2	1,788.1	1,466.6	14,455.8	23,941.2	2,630.8	2,092.9	6,214.9	9,164.8	83.8	152.1	136.3	63,632.5
2001	1,333.7	305.1	1,885.1	1,595.4	15,536.1	25,257.5	2,794.1	2,266.4	7,033.8	10,118.4	96.9	170.8	146.0	68,539.3
2002	1,423.3	344.4	2,061.4	1,678.9	16,410.9	27,252.2	2,964.4	2,391.8	7,730.9	10,763.6	102.1	191.2	170.3	73,485.3
2003	1,498.1	354.5	2,271.0	1,793.0	17,270.3	30,380.5	3,220.5	2,533.5	8,287.0	11,185.5	103.8	191.3	235.8	79,324.6
2004	1,538.7	347.8	2,361.6	1,952.4	18,395.1	33,149.1	3,436.4	2,733.7	9,110.3	11,434.5	113.3	211.1	243.9	85,027.8
2005	1,589.7	371.3	2,576.9	2,131.6	19,421.9	35,097.5	3,698.2	2,986.5	10,197.5	12,168.9	122.7	217.3	224.2	90,804.2
2006	1,690.2	385.7	2,887.2	2,345.6	20,587.7	37,085.9	3,906.6	3,192.7	11,258.7	12,690.0	139.2	226.9	254.9	96,551.2
2007	1,831.3	414.2	3,109.8	2,463.4	21,830.3	39,820.5	4,115.1	3,434.7	12,377.8	13,421.9	141.8	252.5	263.8	103,477.3
2008	1,988.9	453.7	3,290.9	2,626.0	23,378.0	42,591.5	4,427.9	3,744.5	13,811.8	14,612.2	154.3	278.5	268.7	111,626.9
2009	2,202.6	512.8	3,361.8	2,782.1	25,138.3	45,417.7	4,811.2	3,957.7	14,590.3	15,149.5	180.9	290.7	296.1	118,691.8
2010	2,437.2	560.9	3,675.2	2,926.7	26,267.5	47,595.8	5,024.1	4,238.5	16,510.4	15,955.8	187.7	287.6	315.1	125,982.4
2011 f	2,545.2	591.1	3,855.3	3,071.4	27,343.6	49,238.0	5,254.7	4,611.7	17,003.9	16,504.5	210.0	309.0	333.3	130,871.8
2012 f	2,643.0	622.4	3,918.3	3,095.0	28,249.5	50,412.6	5,457.6	4,792.0	17,747.2	17,143.0	205.7	300.0	365.4	134,951.7
(annual percentage change)*														
1976*	9.9	9.4	13.4	19.0	17.4	14.9	19.3	20.5	16.8	16.6	42.9	24.3	---	16.3
1980*	13.3	16.1	14.9	17.3	12.7	13.1	14.6	18.9	20.0	24.1	10.0	4.9	---	15.3
1985	5.0	5.5	8.4	5.8	5.7	10.4	7.3	7.7	6.7	4.1	5.7	16.0	---	7.5
1986	8.9	7.1	5.7	6.8	1.8	12.8	7.4	11.1	9.3	7.6	10.9	26.9	---	8.2
1987	8.0	8.2	7.7	10.4	7.0	11.0	7.5	3.4	-0.3	6.3	6.6	15.7	---	7.6
1988	6.0	7.9	8.5	7.5	8.9	11.3	7.3	6.7	3.6	8.7	13.8	39.5	---	9.1
1989	7.4	6.1	10.0	8.9	7.1	11.0	8.3	11.2	10.7	12.0	8.5	18.7	---	9.8
1990	11.3	6.5	7.2	7.7	6.4	7.4	9.8	9.1	6.6	13.2	6.6	7.6	---	8.0
1991	3.0	9.2	5.6	4.2	9.4	10.8	2.6	1.3	4.9	10.6	18.1	13.8	---	8.7
1992	2.3	3.5	1.7	3.7	3.6	4.8	4.4	-1.3	6.3	8.6	7.6	-0.1	---	4.7
1993	0.0	4.6	-2.5	1.1	1.9	-1.0	-0.6	-5.9	-1.2	6.0	18.3	2.2	---	0.5
1994	2.5	-2.3	-3.2	3.0	1.4	0.7	0.3	1.4	-7.8	4.9	23.0	-2.0	---	0.6
1995	2.5	1.4	1.8	3.9	0.1	-1.1	2.2	2.2	-4.8	3.9	-3.8	3.1	---	0.1
1996	0.1	4.9	1.2	-0.1	-3.6	0.8	1.0	2.6	4.8	2.6	-1.7	-9.0	---	0.3
1997	4.6	0.3	17.8	-1.7	4.9	2.0	2.8	6.8	10.7	3.5	2.9	6.0	---	4.2
1998	8.5	7.0	6.7	4.6	8.1	5.5	6.4	6.1	8.1	4.3	6.6	9.1	---	6.4
1999	13.3	5.2	5.6	7.9	2.0	7.3	13.9	7.6	15.2	8.2	5.8	-28.2	---	7.2
2000	4.7	7.2	2.2	7.1	7.9	10.9	9.8	4.9	10.2	9.2	6.9	-8.8	18.1	9.1
2001	7.0	18.2	5.4	8.8	7.5	5.5	6.2	8.3	13.2	10.4	15.6	12.2	7.1	7.7
2002	6.7	12.9	9.4	5.2	5.6	7.9	6.1	5.5	9.9	6.4	5.4	12.0	16.6	7.2
2003	5.3	2.9	10.2	6.8	5.2	11.5	8.6	5.9	7.2	3.9	1.7	0.0	38.5	7.9
2004	2.7	-1.9	4.0	8.9	6.5	9.1	6.7	7.9	9.9	2.2	9.1	10.4	3.5	7.2
2005	3.3	6.8	9.1	9.2	5.6	5.9	7.6	9.3	11.9	6.4	8.3	2.9	-8.1	6.8
2006	6.3	3.9	12.0	10.0	6.0	5.7	5.6	6.9	10.4	4.3	13.5	4.4	13.7	6.4
2007	8.4	7.4	7.7	5.0	6.0	7.4	5.3	7.6	9.9	5.8	1.8	11.3	3.5	7.1
2008	8.6	9.5	5.8	6.6	7.1	7.0	7.6	9.0	11.6	8.9	8.9	10.3	1.9	7.9
2009	10.7	13.0	2.2	5.9	7.5	6.6	8.7	5.7	5.6	3.7	17.2	4.4	10.2	6.3
2010	10.7	9.4	9.3	5.2	4.5	4.8	4.4	7.1	13.2	5.3	3.8	-1.1	6.4	6.1
2011 f	4.4	5.4	4.9	4.9	4.1	3.5	4.6	8.8	3.0	3.4	11.9	7.5	5.8	3.9
2012 f	3.8	5.3	1.6	0.8	3.3	2.4	3.9	3.9	4.4	3.9	-2.0	-2.9	9.7	3.1

Notes

* Refer to electronic tables for annual percentage change for the years 1977 to 1979 and 1981 to 1984.
f: forecast.

Canadian Institute for Health Information, 2012.

Table B.4.2

**Provincial/Territorial Government Sector—Health Expenditure, by Province/Territory and Canada,
1975 to 2012—Current Dollars**

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Canada Average
Year	(\$ per capita)													
1975	357.93	352.59	322.89	300.87	399.86	377.83	367.52	329.31	384.21	371.34	281.70	355.89	---	376.32
1976	389.23	382.69	362.38	351.60	464.68	429.35	435.49	390.81	434.15	427.31	392.62	427.62	---	431.98
1977	413.02	419.05	398.43	390.52	508.29	461.94	479.07	434.77	451.35	464.30	437.49	523.77	---	467.93
1978	454.97	463.11	438.08	427.54	568.59	492.26	504.13	468.37	504.73	521.74	480.31	619.68	---	512.01
1979	521.39	508.31	486.44	478.79	632.20	527.07	549.20	529.91	599.83	584.48	515.50	610.55	---	565.93
1980	587.97	586.87	556.32	559.50	708.13	590.56	630.94	624.90	688.82	704.40	559.22	632.58	---	644.23
1981	684.49	679.49	669.77	677.01	804.58	688.88	755.38	727.33	815.66	840.95	628.28	746.47	---	751.62
1982	803.88	795.18	770.56	818.37	927.32	796.24	874.17	870.10	1,024.50	946.88	915.40	1,030.57	---	875.97
1983	889.85	872.94	838.34	876.77	1,020.99	886.91	962.48	963.78	1,158.55	1,009.21	965.33	1,132.08	---	966.22
1984	921.49	920.16	912.44	931.38	1,080.57	962.36	1,028.22	1,007.33	1,189.68	1,043.87	983.04	1,178.74	---	1,024.85
1985	969.11	963.16	980.11	982.04	1,136.74	1,048.32	1,092.73	1,073.93	1,263.05	1,076.10	1,020.22	1,320.82	---	1,091.32
1986	1,060.19	1,025.64	1,031.12	1,046.94	1,150.09	1,164.97	1,163.01	1,188.64	1,364.43	1,146.18	1,125.67	1,666.65	---	1,168.59
1987	1,147.48	1,108.04	1,105.10	1,151.22	1,217.52	1,265.35	1,242.92	1,224.38	1,358.38	1,200.20	1,142.60	1,915.62	---	1,240.96
1988	1,216.34	1,189.24	1,194.19	1,233.44	1,315.53	1,380.08	1,329.10	1,312.55	1,396.57	1,276.99	1,255.80	2,641.91	---	1,336.28
1989	1,303.10	1,254.08	1,304.30	1,334.56	1,390.10	1,491.89	1,438.04	1,471.92	1,520.06	1,393.40	1,337.46	3,061.59	---	1,441.70
1990	1,446.22	1,330.38	1,389.08	1,428.37	1,463.53	1,572.74	1,576.21	1,624.80	1,587.56	1,532.63	1,391.27	3,189.46	---	1,533.34
1991	1,485.76	1,455.09	1,457.56	1,478.27	1,587.25	1,721.43	1,612.05	1,653.75	1,635.78	1,653.57	1,578.60	3,510.43	---	1,647.32
1992	1,518.94	1,500.45	1,475.44	1,527.08	1,634.44	1,779.63	1,678.64	1,629.49	1,711.51	1,747.40	1,630.67	3,423.11	---	1,704.03
1993	1,518.87	1,553.24	1,431.70	1,542.11	1,654.93	1,741.91	1,661.38	1,528.88	1,669.10	1,800.79	1,913.85	3,437.35	---	1,693.50
1994	1,571.25	1,502.41	1,381.01	1,585.29	1,669.57	1,733.51	1,657.61	1,545.80	1,519.44	1,833.90	2,406.47	3,284.08	---	1,685.76
1995	1,630.96	1,511.50	1,403.36	1,644.78	1,664.98	1,694.03	1,685.66	1,573.35	1,427.96	1,855.19	2,257.88	3,313.42	---	1,670.06
1996	1,654.16	1,570.44	1,414.75	1,640.82	1,598.79	1,686.95	1,695.29	1,606.75	1,474.25	1,854.82	2,154.16	2,972.33	---	1,657.50
1997	1,757.15	1,571.56	1,664.36	1,613.06	1,671.41	1,698.00	1,739.72	1,718.15	1,599.84	1,882.96	2,187.86	3,141.80	---	1,710.05
1998	1,945.16	1,684.76	1,777.59	1,691.40	1,801.80	1,770.20	1,848.60	1,823.25	1,688.58	1,947.83	2,381.31	3,456.79	---	1,803.61
1999	2,231.77	1,766.59	1,873.69	1,824.87	1,830.19	1,876.60	2,096.54	1,966.46	1,910.13	2,091.76	2,548.64	4,103.00	4,303.32	1,918.50
2000	2,361.22	1,891.94	1,914.73	1,954.06	1,964.90	2,048.82	2,292.92	2,076.82	2,068.22	2,268.96	2,756.05	3,756.67	4,957.08	2,073.46
2001	2,555.02	2,232.30	2,021.76	2,127.56	2,100.32	2,122.90	2,426.92	2,266.09	2,301.09	2,480.95	3,216.74	4,183.20	5,192.98	2,209.43
2002	2,739.98	2,515.13	2,205.82	2,237.56	2,204.06	2,251.87	2,565.29	2,401.67	2,480.77	2,615.43	3,389.07	4,608.66	5,924.44	2,342.34
2003	2,889.64	2,581.16	2,424.96	2,386.73	2,304.34	2,477.50	2,771.76	2,546.87	2,621.32	2,691.83	3,396.58	4,529.92	8,083.36	2,504.24
2004	2,974.49	2,522.54	2,517.84	2,596.12	2,436.76	2,668.95	2,935.66	2,747.68	2,839.73	2,720.03	3,669.06	4,930.13	8,232.34	2,657.52
2005	3,091.99	2,686.79	2,753.10	2,837.18	2,556.17	2,793.18	3,149.72	3,016.57	3,108.31	2,856.38	3,950.29	5,085.46	7,468.92	2,810.22
2006	3,312.09	2,796.23	3,078.05	3,145.56	2,697.70	2,928.14	3,299.37	3,218.02	3,290.81	2,990.40	4,312.52	5,252.20	8,277.65	2,966.94
2007	3,616.56	2,998.16	3,323.20	3,304.33	2,839.74	3,112.70	3,447.78	3,433.84	3,523.74	3,114.40	4,352.57	5,797.95	8,436.37	3,142.37
2008	3,927.74	3,250.20	3,511.39	3,515.22	3,016.23	3,292.86	3,673.12	3,693.08	3,845.39	3,333.03	4,661.23	6,376.04	8,496.34	3,350.24
2009	4,328.46	3,631.12	3,575.29	3,709.50	3,211.78	3,474.24	3,946.26	3,844.95	3,973.73	3,396.78	5,369.70	6,662.61	9,185.79	3,518.91
2010	4,766.84	3,911.48	3,889.86	3,887.50	3,322.61	3,598.17	4,069.65	4,059.74	4,437.18	3,522.50	5,431.49	6,561.29	9,596.40	3,691.67
2011 f	4,984.98	4,052.75	4,077.77	4,065.63	3,426.66	3,681.90	4,201.87	4,359.39	4,499.15	3,608.87	6,058.75	7,075.51	10,001.21	3,795.28
2012 f	5,189.79	4,252.53	4,142.19	4,092.54	3,513.33	3,726.31	4,324.10	4,479.57	4,606.42	3,689.66	5,867.10	6,807.01	10,835.23	3,870.03
	(annual percentage change)*													
1976*	8.7	8.5	12.2	16.9	16.2	13.6	18.5	18.7	13.0	15.1	39.4	20.2	---	14.8
1980*	12.8	15.5	14.4	16.9	12.0	12.0	14.9	17.9	14.8	20.5	8.5	3.6	---	13.8
1985	5.2	4.7	7.4	5.4	5.2	8.9	6.3	6.6	6.2	3.1	3.8	12.1	---	6.5
1986	9.4	6.5	5.2	6.6	1.2	11.1	6.4	10.7	8.0	6.5	10.3	26.2	---	7.1
1987	8.2	8.0	7.2	10.0	5.9	8.6	6.9	3.0	-0.4	4.7	1.5	14.9	---	6.2
1988	6.0	7.3	8.1	7.1	8.0	9.1	6.9	7.2	2.8	6.4	9.9	37.9	---	7.7
1989	7.1	5.5	9.2	8.2	5.7	8.1	8.2	12.1	8.8	9.1	6.5	15.9	---	7.9
1990	11.0	6.1	6.5	7.0	5.3	5.4	9.6	10.4	4.4	10.0	4.0	4.2	---	6.4
1991	2.7	9.4	4.9	3.5	8.5	9.5	2.3	1.8	3.0	7.9	13.5	10.1	---	7.4
1992	2.2	3.1	1.2	3.3	3.0	3.4	4.1	-1.5	4.6	5.7	3.3	-2.5	---	3.4
1993	0.0	3.5	-3.0	1.0	1.3	-2.1	-1.0	-6.2	-2.5	3.1	17.4	0.4	---	-0.6
1994	3.4	-3.3	-3.5	2.8	0.9	-0.5	-0.2	1.1	-9.0	1.8	25.7	-4.5	---	-0.5
1995	3.8	0.6	1.6	3.8	-0.3	-2.3	1.7	1.8	-6.0	1.2	-6.2	0.9	---	-0.9
1996	1.4	3.9	0.8	-0.2	-4.0	-0.4	0.6	2.1	3.2	0.0	-4.6	-10.3	---	-0.8
1997	6.2	0.1	17.6	-1.7	4.5	0.7	2.6	6.9	8.5	1.5	1.6	5.7	---	3.2
1998	10.7	7.2	6.8	4.9	7.8	4.3	6.3	6.1	5.5	3.4	8.8	10.0	---	5.5
1999	14.7	4.9	5.4	7.9	1.6	6.0	13.4	7.9	13.1	7.4	7.0	18.7	---	6.4
2000	5.8	7.1	2.2	7.1	7.4	9.2	9.4	5.6	8.3	8.5	8.1	-8.4	15.2	8.1
2001	8.2	18.0	5.6	8.9	6.9	3.6	5.8	9.1	11.3	9.3	16.7	11.4	4.8	6.6
2002	7.2	12.7	9.1	5.2	4.9	6.1	5.7	6.0	7.8	5.4	5.4	10.2	14.1	6.0
2003	5.5	2.6	9.9	6.7	4.5	10.0	8.0	6.0	5.7	2.9	0.2	-1.7	36.4	6.9
2004	2.9	-2.3	3.8	8.8	5.7	7.7	5.9	7.9	8.3	1.0	8.0	8.8	1.8	6.1
2005	4.0	6.5	9.3	9.3	4.9	4.7	7.3	9.8	9.5	5.0	7.7	3.2	-9.3	5.7
2006	7.1	4.1	11.8	10.9	5.5	4.8	4.8	6.7	5.9	4.7	9.2	3.3	10.8	5.6
2007	9.2	7.2	8.0	5.0	5.3	6.3	4.5	6.7	7.1	4.1	0.9	10.4	1.9	5.9
2008	8.6	8.4	5.7	6.4	6.2	5.8	6.5	7.5	9.1	7.0	7.1	10.0	0.7	6.6
2009	10.2	11.7	1.8	5.5	6.5	5.5	7.4	4.1	3.3	1.9	15.2	4.5	8.1	5.0
2010	10.1	7.7	8.8	4.8	3.5	3.6	3.1	5.6	11.7	3.7	1.2	-1.5	4.5	4.9
2011 f	4.6	3.6	4.8	4.6	3.1	2.3	3.2	7.4	1.4	2.5	11.5	7.8	4.2	2.8
2012 f	4.1	4.9	1.6	0.7	2.5	1.2	2.9	2.8	2.4	2.2	-3.2	-3.8	8.3	2.0

Notes

* Refer to electronic tables for annual percentage change for the years 1977 to 1979 and 1981 to 1984.

f: forecast.

Canadian Institute for Health Information, 2012.

Table B.4.3

**Provincial/Territorial Government Sector—Health Expenditure as a Proportion of
Total Health Expenditure by Province/Territory and Canada, 1975 to 2012—Current Dollars**

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Canada Average
Year	(percentage)													
1975	75.3	70.2	69.8	73.4	74.9	71.1	69.0	68.5	70.0	67.1	38.8	43.5	---	71.4
1976	70.0	72.2	68.4	75.3	76.7	71.7	71.4	70.0	70.0	66.5	48.8	48.5	---	72.1
1977	64.3	73.2	71.3	75.7	77.8	71.1	70.4	69.9	69.1	65.1	54.0	47.4	---	71.9
1978	62.6	70.9	72.2	73.9	78.5	69.7	70.1	71.6	69.6	66.7	53.4	49.7	---	71.7
1979	62.8	64.7	72.1	71.6	79.4	67.9	69.2	72.3	70.6	68.0	51.7	47.4	---	71.4
1980	63.7	59.4	72.2	70.2	78.3	67.7	67.2	74.1	70.1	67.1	52.1	48.0	---	70.8
1981	63.3	61.7	72.6	70.2	76.5	68.2	67.9	74.8	71.3	69.2	53.3	48.1	---	71.0
1982	65.9	64.6	72.1	70.7	77.3	68.0	68.7	76.0	72.4	70.3	60.3	46.2	---	71.5
1983	66.7	66.6	72.5	70.1	77.7	67.7	69.1	76.8	76.5	70.6	59.9	46.8	---	72.0
1984	71.1	68.1	71.1	68.9	76.9	67.5	69.2	74.6	75.5	69.4	62.0	49.3	---	71.4
1985	71.4	67.9	70.4	69.3	75.5	67.5	68.5	72.0	74.6	69.0	62.6	51.9	---	70.8
1986	75.2	70.2	66.6	69.6	73.2	68.3	67.2	71.8	74.6	69.1	64.7	54.6	---	70.4
1987	74.9	70.2	63.3	70.2	73.3	68.3	68.9	71.5	73.5	68.5	65.6	58.2	---	70.1
1988	75.1	70.0	67.6	69.8	73.3	68.5	70.8	73.4	71.0	68.1	73.0	69.7	---	70.3
1989	75.7	68.2	67.3	70.1	72.5	68.6	70.3	73.1	70.9	68.5	73.2	75.0	---	70.1
1990	76.2	67.8	67.7	68.9	71.6	68.1	70.1	72.7	70.3	68.4	72.1	76.1	---	69.6
1991	74.7	67.6	67.7	67.6	71.7	68.5	69.4	71.5	70.0	68.6	72.9	76.5	---	69.7
1992	73.6	66.5	66.8	67.2	70.9	68.2	69.1	70.4	70.1	69.1	72.7	76.4	---	69.3
1993	72.9	65.8	65.3	66.4	70.1	66.3	67.5	66.9	68.3	69.1	72.5	76.1	---	67.9
1994	72.3	63.9	63.3	66.3	69.3	65.2	66.4	65.4	65.0	69.0	76.0	74.7	---	66.9
1995	72.9	62.0	63.2	67.9	69.2	63.3	65.3	65.3	64.1	69.3	71.8	74.8	---	66.1
1996	73.9	62.9	63.1	68.1	68.2	63.0	64.7	65.8	64.7	69.2	61.3	72.3	---	65.7
1997	74.2	62.9	65.6	65.4	67.5	61.9	63.7	65.9	63.9	68.6	67.3	73.6	---	65.0
1998	73.3	63.3	64.9	66.0	68.6	60.7	64.0	66.8	64.3	68.0	71.2	75.0	---	64.7
1999	75.2	63.6	65.3	66.0	66.8	60.9	64.7	67.0	64.8	68.3	71.8	74.8	80.9	64.6
2000	73.9	64.3	63.0	66.1	66.7	61.3	64.7	66.2	64.7	68.3	68.1	73.0	80.9	64.5
2001	74.0	64.1	62.6	64.6	65.8	60.4	63.8	65.6	64.2	68.9	67.9	71.2	79.2	63.9
2002	73.9	68.1	62.3	64.2	65.6	60.0	64.3	66.0	65.6	68.7	65.7	72.0	79.2	63.8
2003	72.7	65.5	63.2	64.3	65.0	61.3	65.4	65.4	65.6	68.2	66.4	72.6	80.6	64.1
2004	72.0	64.6	63.5	65.5	65.7	61.7	65.6	66.2	65.9	66.8	67.6	74.3	79.2	64.3
2005	71.1	64.5	64.0	64.7	65.2	61.9	65.8	67.6	67.2	67.2	66.2	68.2	73.6	64.5
2006	72.1	62.0	64.2	65.5	65.1	61.7	65.4	67.0	66.3	65.3	65.2	65.9	76.0	64.1
2007	71.6	63.3	64.7	66.2	65.2	62.3	65.5	67.4	67.0	66.2	62.3	65.5	74.5	64.6
2008	72.7	65.2	65.0	65.9	65.2	62.8	65.6	68.9	67.7	65.5	65.0	68.4	73.1	64.9
2009	73.6	65.1	63.1	64.6	65.7	63.4	65.9	68.1	67.7	65.9	64.9	66.1	75.8	65.2
2010	73.9	66.3	63.2	64.6	64.8	63.7	65.6	68.0	69.0	65.4	64.9	66.2	78.2	65.2
2011 f	73.7	66.5	64.2	65.5	64.6	63.9	66.2	69.1	68.3	64.8	67.1	69.6	79.8	65.2
2012 f	73.5	67.1	63.8	64.8	64.2	63.7	66.3	69.1	68.2	64.7	65.8	69.1	81.8	65.1
	(annual percentage change)*													
1976*	-7.0	3.0	-1.9	2.6	2.4	0.8	3.5	2.2	0.0	-0.9	25.9	11.7	---	1.0
1980*	1.5	-8.3	0.1	-1.9	-1.4	-0.3	-2.9	2.5	-0.7	-1.3	0.9	1.3	---	-0.9
1985	0.5	-0.4	-1.0	0.6	-1.8	0.1	-1.1	-3.4	-1.3	-0.6	0.9	5.3	---	-0.9
1986	5.3	3.5	-5.4	0.5	-3.1	1.2	-1.9	-0.3	0.0	0.1	3.4	5.3	---	-0.6
1987	-0.5	0.0	-5.0	0.9	0.1	0.0	2.6	-0.4	-1.4	-0.8	1.4	6.5	---	-0.3
1988	0.4	-0.2	6.8	-0.6	0.0	0.3	2.7	2.7	-3.5	-0.6	11.2	19.8	---	0.2
1989	0.8	-2.7	-0.5	0.5	-1.1	0.1	-0.7	-0.5	-0.1	0.5	0.3	7.6	---	-0.2
1990	0.7	-0.5	0.6	-1.6	-1.2	-0.8	-0.2	-0.6	-0.8	-0.1	-1.5	1.6	---	-0.7
1991	-2.1	-0.3	0.0	-1.9	0.1	0.7	-1.0	-1.6	-0.5	0.4	1.1	0.5	---	0.1
1992	-1.5	-1.5	-1.4	-0.6	-1.1	-0.5	-0.4	-1.6	0.2	0.7	-0.3	-0.2	---	-0.5
1993	-1.0	-1.0	-2.2	-1.2	-1.3	-2.8	-2.3	-4.9	-2.6	0.0	-0.3	-0.4	---	-2.0
1994	-0.8	-2.9	-3.2	-0.1	-1.1	-1.6	-1.7	-2.2	-4.8	-0.2	4.8	-1.8	---	-1.6
1995	0.9	-2.9	-0.1	2.4	-0.1	-2.9	-1.6	-0.1	-1.4	0.4	-5.6	0.1	---	-1.2
1996	1.3	1.3	-0.2	0.2	-1.4	-0.6	-0.9	0.7	1.0	-0.1	-14.5	-3.3	---	-0.5
1997	0.4	0.0	4.1	-4.0	-1.1	-1.7	-1.5	0.1	-1.2	-0.9	9.8	1.8	---	-1.1
1998	-1.2	0.7	-1.2	0.9	1.6	-1.9	0.4	1.4	0.5	-1.0	5.8	1.8	---	-0.4
1999	2.6	0.4	0.7	0.0	-2.6	0.3	1.2	0.4	0.9	0.5	0.8	-0.2	---	-0.2
2000	-1.7	1.2	-3.5	0.2	-0.1	0.6	0.0	-1.2	-0.2	0.0	-5.2	-2.4	0.0	0.0
2001	0.1	-0.4	-0.8	-2.2	-1.4	-1.4	-1.5	-1.0	-0.9	0.9	-0.3	-2.5	-2.1	-0.9
2002	-0.1	6.3	-0.4	-0.7	-0.3	-0.7	0.9	0.7	2.2	-0.3	-3.3	1.1	0.0	-0.1
2003	-1.7	-3.9	1.3	0.2	-1.0	2.1	1.6	-0.9	0.1	-0.7	1.1	0.9	1.7	0.4
2004	-0.9	-1.4	0.5	1.9	1.1	0.7	0.4	1.3	0.4	-2.1	1.8	2.3	-1.7	0.3
2005	-1.2	-0.2	0.9	-1.2	-0.7	0.3	0.3	2.0	2.1	0.7	-2.1	-8.2	-7.1	0.3
2006	1.3	-3.8	0.2	1.2	-0.2	-0.3	-0.7	-0.9	-1.4	-2.9	-1.5	-3.3	3.3	-0.7
2007	-0.7	2.1	0.8	1.0	0.2	0.9	0.2	0.6	1.1	1.4	-4.4	-0.5	-2.0	0.8
2008	1.6	3.0	0.5	-0.4	-0.1	0.9	0.2	2.1	1.1	-1.0	4.2	4.4	-1.9	0.5
2009	1.2	-0.3	-2.9	-2.0	0.8	0.9	0.4	-1.1	0.0	0.6	-0.1	-3.5	3.7	0.4
2010	0.4	2.0	0.2	0.0	-1.3	0.4	-0.5	-0.1	1.9	-0.8	0.0	0.2	3.3	0.1
2011 f	-0.3	0.2	1.5	1.3	-0.3	0.3	0.9	1.7	-1.0	-0.9	3.4	5.2	2.0	0.0
2012 f	-0.2	1.0	-0.6	-1.1	-0.6	-0.2	0.3	0.0	-0.2	-0.2	-1.9	-0.7	2.5	-0.3

Notes

* Refer to electronic tables for annual percentage change for the years 1977 to 1979 and 1981 to 1984.
f: forecast.

Canadian Institute for Health Information, 2012.





Series E

Provincial/Territorial Government
Health Expenditure, by Age and
Sex, by Province/Territory and
Canada (Selected Tables)

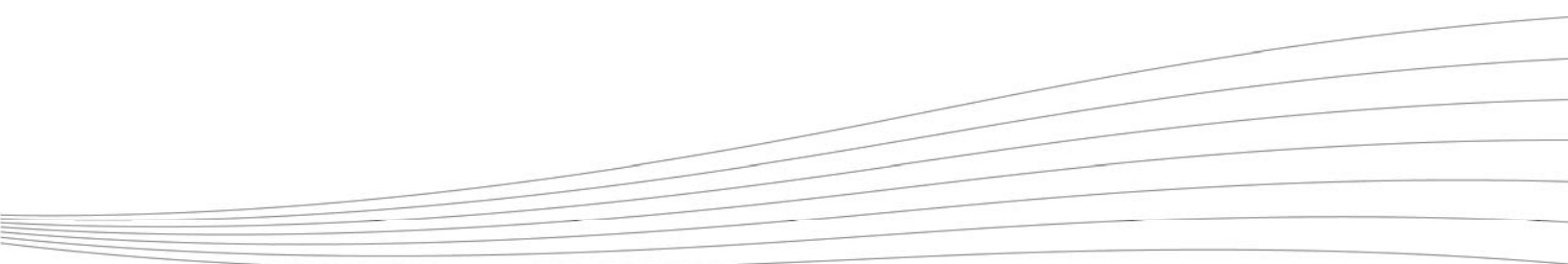


Table E.1.1

**Estimate of Total Provincial and Territorial Government Health Expenditures, by Age and Sex,
by Province/Territory and Canada, 2010—Current Dollars**

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Canada
Age Groups	(\$' 000,000)													
	Both Sexes													
<1	47.7	13.6	101.1	60.3	564.6	1,409.6	149.8	127.8	677.8	412.7	4.2	11.8	20.9	3,601.7
1-4	31.0	10.4	53.6	37.3	396.6	827.9	96.5	95.6	375.3	275.6	6.4	12.1	20.7	2,239.0
5-9	36.3	16.2	53.0	56.6	437.2	846.1	93.4	86.6	343.6	303.7	5.9	8.2	14.3	2,301.0
10-14	40.9	25.3	54.6	47.1	405.2	938.5	122.2	95.8	375.3	348.0	5.5	8.1	14.6	2,481.3
15-19	53.8	16.3	88.1	66.8	574.7	1,276.1	156.9	137.1	518.0	493.4	7.8	15.6	21.8	3,426.3
20-24	66.6	17.5	101.0	77.3	715.3	1,432.1	182.0	158.7	641.7	597.8	9.4	17.5	22.9	4,039.8
25-29	71.1	17.5	108.9	90.0	838.1	1,739.6	195.1	176.7	827.3	701.3	9.9	19.0	21.9	4,816.4
30-34	79.2	18.6	115.6	93.4	782.0	1,926.4	193.5	165.5	817.8	720.9	9.8	18.4	20.1	4,961.2
35-39	84.0	18.5	118.7	94.8	860.1	1,926.5	193.6	151.3	729.3	710.1	10.1	16.5	17.8	4,931.1
40-44	93.7	20.4	127.3	107.5	1,004.0	2,062.7	204.9	165.7	750.7	763.2	10.5	15.4	16.7	5,342.7
45-49	124.6	27.1	182.3	145.0	1,269.8	2,649.3	260.3	215.3	926.9	948.4	14.5	21.2	25.2	6,809.9
50-54	150.6	31.9	209.1	182.5	1,529.8	2,877.2	297.7	238.6	1,033.8	1,034.3	14.5	19.4	20.5	7,639.8
55-59	178.4	33.4	230.9	195.1	1,718.5	2,983.4	314.3	249.5	1,049.4	1,091.3	13.0	15.8	18.5	8,091.5
60-64	201.8	40.9	269.9	225.2	1,721.0	3,242.6	344.2	269.7	1,082.4	1,183.3	12.0	15.1	17.5	8,625.5
65-69	198.6	38.5	298.4	226.1	1,994.6	3,578.2	317.5	268.2	1,072.9	1,117.5	11.5	13.2	11.2	9,146.3
70-74	204.2	43.3	314.3	239.2	2,343.8	3,677.9	323.5	283.6	1,065.4	1,107.8	10.8	14.4	11.3	9,639.6
75-79	229.8	47.7	344.4	274.5	2,884.1	4,075.1	385.5	333.6	1,198.1	1,207.7	10.5	14.5	9.1	11,014.6
80-84	215.7	49.4	339.8	275.2	2,524.5	4,201.0	432.6	364.0	1,222.1	1,214.0	9.0	14.4	5.8	10,867.5
85-89	214.1	46.6	337.7	258.7	2,522.6	3,862.3	458.2	391.0	1,108.8	1,091.0	10.2	11.5	3.6	10,316.3
90+	115.0	27.9	226.4	174.1	1,181.0	2,063.4	302.6	264.2	693.9	633.6	2.2	5.6	0.7	5,690.6
Total	2,437.2	560.9	3,675.2	2,926.7	26,267.5	47,595.8	5,024.1	4,238.5	16,510.4	15,955.8	187.7	287.6	315.1	125,982.4
	Female													
<1	21.9	5.8	44.9	28.7	253.8	647.1	67.1	58.6	298.7	190.9	2.0	5.5	9.7	1,634.6
1-4	14.1	3.8	25.2	16.9	187.2	385.0	44.9	45.3	176.2	129.3	4.0	7.7	13.0	1,052.7
5-9	17.1	4.5	25.6	18.3	203.2	398.9	43.7	41.7	159.1	142.5	3.0	4.6	7.3	1,069.4
10-14	18.0	5.4	25.0	22.4	196.0	452.2	68.2	46.2	179.5	167.6	2.9	4.1	7.2	1,194.7
15-19	29.3	8.7	48.1	36.3	304.1	673.9	85.3	72.8	269.3	249.1	4.2	8.7	12.1	1,801.9
20-24	37.7	10.0	60.8	46.8	410.4	824.5	104.8	96.0	376.2	326.0	5.5	10.8	14.1	2,323.5
25-29	46.3	11.1	70.4	59.4	517.4	1,118.4	123.6	114.5	521.3	422.9	6.2	12.6	14.5	3,038.8
30-34	51.5	12.1	77.5	58.5	510.1	1,289.4	121.3	104.7	516.9	452.0	6.2	11.6	12.5	3,224.3
35-39	50.9	10.9	69.7	55.3	476.9	1,184.9	109.9	86.2	420.8	414.6	5.8	9.2	9.8	2,904.9
40-44	52.4	11.1	69.6	58.8	505.7	1,133.0	108.6	83.4	392.1	407.2	5.8	8.6	9.2	2,845.5
45-49	63.4	14.9	96.4	74.0	636.8	1,385.1	135.9	114.2	481.8	485.9	7.0	9.5	11.5	3,516.4
50-54	75.4	16.6	106.2	90.9	751.8	1,455.6	146.1	122.8	513.0	523.7	6.9	9.4	10.1	3,828.4
55-59	85.0	16.4	112.2	93.5	814.6	1,456.8	156.5	120.7	493.2	529.5	6.2	7.4	9.1	3,901.0
60-64	89.6	19.9	126.3	106.1	816.7	1,548.1	167.3	128.0	523.2	567.6	5.5	6.2	8.1	4,112.7
65-69	92.3	18.1	146.6	107.5	971.5	1,708.8	153.0	130.2	512.8	530.2	4.9	5.7	5.0	4,386.7
70-74	100.5	20.3	156.1	117.3	1,189.6	1,817.1	165.3	141.0	516.8	525.6	4.9	7.5	5.4	4,767.2
75-79	125.0	24.6	184.0	154.0	1,574.3	2,128.1	202.8	175.4	613.0	594.2	5.6	7.4	4.4	5,792.9
80-84	129.0	27.9	209.8	166.9	1,533.7	2,431.3	251.9	205.0	684.5	660.4	5.0	8.1	3.0	6,316.5
85-89	145.6	32.9	241.9	179.8	1,794.2	2,587.3	313.8	256.3	732.1	697.2	7.1	7.6	2.2	6,997.9
90+	90.3	20.9	178.2	133.6	882.6	1,540.2	223.3	196.0	510.6	446.0	1.5	3.6	0.3	4,227.0
Total	1,335.1	295.8	2,074.6	1,625.0	14,530.6	26,165.9	2,793.2	2,339.2	8,890.9	8,462.3	100.1	155.8	168.5	68,937.0
	Male													
<1	25.8	7.7	56.2	31.6	310.8	762.4	82.7	69.2	379.2	221.8	2.2	6.2	11.2	1,967.1
1-4	16.9	6.5	28.4	20.3	209.4	442.9	51.6	50.3	199.1	146.3	2.4	4.4	7.7	1,186.3
5-9	19.2	11.7	27.4	38.2	234.1	447.1	49.7	44.9	184.5	161.2	2.9	3.7	7.0	1,231.6
10-14	22.9	19.9	29.6	24.7	209.3	486.3	54.0	49.6	195.8	180.4	2.7	4.0	7.4	1,286.5
15-19	24.5	7.6	39.9	30.5	270.6	602.2	71.6	64.3	248.6	244.4	3.6	6.9	9.7	1,624.4
20-24	28.9	7.6	40.3	30.5	304.9	607.6	77.1	62.7	265.6	271.8	3.9	6.7	8.9	1,716.4
25-29	24.7	6.4	38.5	30.6	320.7	621.2	71.5	62.2	306.0	278.4	3.7	6.3	7.4	1,777.6
30-34	27.8	6.5	38.1	34.9	272.0	637.0	72.2	60.7	300.9	268.9	3.7	6.8	7.6	1,737.0
35-39	33.1	7.6	49.0	39.5	383.2	741.6	83.7	65.1	308.5	295.5	4.3	7.3	8.0	2,026.3
40-44	41.3	9.3	57.7	48.7	498.3	929.7	96.3	82.3	358.6	356.0	4.7	6.9	7.5	2,497.3
45-49	61.2	12.2	85.9	71.0	633.1	1,264.2	124.4	101.1	445.1	462.5	7.5	11.7	13.7	3,293.5
50-54	75.2	15.3	102.9	91.6	778.0	1,421.6	151.6	115.8	520.8	510.6	7.6	10.0	10.5	3,811.4
55-59	93.5	17.0	118.7	101.7	903.8	1,526.6	157.8	128.8	556.3	561.8	6.8	8.4	9.4	4,190.5
60-64	112.2	21.0	143.6	119.1	904.3	1,694.5	176.9	141.7	559.2	615.7	6.5	8.8	9.4	4,512.9
65-69	106.3	20.4	151.8	118.6	1,023.0	1,869.3	164.5	138.0	560.1	587.3	6.6	7.5	6.2	4,759.6
70-74	103.7	23.0	158.3	121.9	1,154.3	1,860.8	158.3	142.6	548.6	582.2	5.9	7.0	5.9	4,872.4
75-79	104.9	23.1	160.3	120.6	1,309.7	1,946.9	182.7	158.1	585.1	613.5	4.9	7.1	4.7	5,221.7
80-84	86.7	21.5	130.0	108.4	990.7	1,769.7	180.7	159.1	537.6	553.6	4.0	6.3	2.8	4,551.0
85-89	68.5	13.7	95.8	78.9	728.4	1,275.1	144.4	134.7	376.8	393.8	3.1	3.8	1.4	3,318.4
90+	24.7	7.0	48.2	40.4	298.4	523.2	79.3	68.2	183.3	187.7	0.7	2.0	0.5	1,463.6
Total	1,102.1	265.1	1,600.5	1,301.7	11,737.0	21,429.9	2,230.9	1,899.3	7,619.5	7,493.4	87.7	131.8	146.6	57,045.4

Note

See methodology for age-sex distribution in the Methodological Notes section of this report.

Canadian Institute for Health Information, 2012.

Table E.1.1 (Cont'd)

**Estimate of Total Provincial and Territorial Government Health Expenditures, by Age and Sex,
by Province/Territory and Canada, 2010—Current Dollars**

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Canada
Age Groups	(\$' per capita) Both Sexes													
<1	9,498.24	8,969.61	10,773.27	8,004.80	6,172.12	9,893.89	9,372.00	8,789.61	12,663.47	9,074.19	10,744.53	16,751.15	26,122.58	9,263.54
1-4	1,615.90	1,821.30	1,484.63	1,281.00	1,168.51	1,444.75	1,572.66	1,765.49	1,937.71	1,545.63	4,178.87	4,538.24	7,295.47	1,495.57
5-9	1,486.50	2,178.45	1,192.59	1,542.51	1,130.55	1,171.93	1,251.23	1,377.55	1,597.65	1,374.85	2,910.77	2,629.99	4,218.71	1,275.77
10-14	1,497.07	2,881.05	1,076.37	1,153.75	967.02	1,213.09	1,525.50	1,443.59	1,713.68	1,438.93	2,802.95	2,759.79	4,290.36	1,281.61
15-19	1,755.62	1,587.76	1,469.32	1,412.92	1,150.58	1,449.37	1,756.89	1,848.51	2,135.12	1,735.59	3,404.33	4,228.34	6,735.45	1,538.09
20-24	2,074.13	1,780.84	1,568.16	1,606.78	1,440.26	1,540.90	2,037.34	2,030.14	2,261.12	1,842.39	3,857.65	4,852.23	7,489.98	1,707.91
25-29	2,428.10	2,214.88	1,911.48	1,973.37	1,568.90	1,900.89	2,295.41	2,396.19	2,622.95	2,178.28	4,203.49	4,952.57	8,039.60	2,011.74
30-34	2,635.54	2,321.75	2,094.41	2,026.99	1,427.54	2,200.90	2,438.72	2,456.22	2,829.67	2,446.99	4,267.20	4,923.04	7,950.19	2,155.82
35-39	2,536.53	2,108.33	1,963.49	1,961.07	1,691.99	2,110.11	2,463.81	2,468.44	2,635.89	2,374.33	3,922.13	5,173.83	8,139.31	2,148.15
40-44	2,449.67	2,069.62	1,975.90	2,070.13	1,855.05	2,116.77	2,573.82	2,642.26	2,823.70	2,346.05	3,931.26	5,034.13	7,466.30	2,206.28
45-49	2,897.47	2,244.72	2,286.47	2,336.55	1,960.10	2,391.22	2,776.32	2,791.65	3,168.14	2,572.62	4,385.20	6,006.03	13,345.97	2,437.80
50-54	3,552.13	2,861.53	2,710.59	2,980.35	2,423.10	2,895.19	3,299.91	3,123.36	3,752.23	2,938.15	4,712.20	6,290.80	13,064.19	2,917.19
55-59	4,300.62	3,298.12	3,303.43	3,410.97	3,057.41	3,505.45	3,963.49	3,708.35	4,653.87	3,434.50	4,851.15	6,138.63	15,538.16	3,536.30
60-64	5,409.74	4,198.64	4,204.45	4,353.22	3,521.37	4,398.49	5,133.60	4,920.06	6,128.30	4,268.73	5,853.43	8,617.08	22,489.61	4,380.30
65-69	7,551.54	5,625.48	6,264.79	6,050.27	5,175.16	6,556.40	6,472.81	6,563.90	8,706.17	5,461.69	9,179.30	14,249.34	23,151.73	6,223.15
70-74	10,690.39	8,150.44	8,909.73	8,731.71	8,485.20	8,662.40	8,782.02	8,526.93	11,747.92	7,142.04	14,783.70	26,492.84	42,643.26	8,721.02
75-79	16,137.04	11,281.27	12,352.96	12,629.38	12,598.04	11,545.17	12,140.72	11,362.39	15,938.87	9,527.44	21,106.13	33,506.76	58,503.24	12,049.58
80-84	22,159.97	16,670.24	16,855.45	17,038.20	14,918.72	15,648.90	16,847.04	15,176.75	21,922.97	12,576.44	36,711.88	53,491.94	87,876.57	15,768.35
85-89	39,160.16	25,029.22	25,780.14	24,319.38	25,036.59	23,136.61	25,859.40	24,506.52	33,306.89	17,632.34	94,424.36	82,543.90	131,940.25	24,110.71
90+	40,652.01	26,614.20	29,405.59	29,732.52	23,266.05	25,694.53	30,166.35	27,512.84	38,588.17	19,272.96	34,495.84	111,533.65	43,456.93	25,970.24
Total	4,766.84	3,911.48	3,889.86	3,887.50	3,322.61	3,598.17	4,069.65	4,059.74	4,437.18	3,522.50	5,431.49	6,561.29	9,596.40	3,691.67
Female														
<1	8,813.58	7,499.39	9,823.24	7,911.18	5,651.05	9,307.25	8,531.89	8,143.98	11,357.06	8,660.33	11,217.67	15,304.87	25,348.58	8,593.86
1-4	1,518.88	1,342.16	1,427.72	1,198.14	1,127.21	1,378.97	1,499.91	1,705.62	1,865.00	1,498.83	5,724.09	5,916.62	9,432.79	1,442.37
5-9	1,423.46	1,234.62	1,180.93	1,025.27	1,079.07	1,137.18	1,205.66	1,366.80	1,537.73	1,338.58	3,175.33	2,734.64	4,556.73	1,222.02
10-14	1,356.86	1,279.21	1,012.91	1,141.81	958.74	1,196.09	1,758.55	1,428.14	1,681.09	1,429.35	2,845.58	2,771.74	4,340.20	1,266.07
15-19	1,982.60	1,724.74	1,619.49	1,572.56	1,246.39	1,565.55	1,953.63	2,013.96	2,278.33	1,810.58	3,766.27	5,034.28	7,578.51	1,657.56
20-24	2,360.60	2,033.02	1,898.19	2,023.28	1,687.46	1,815.75	2,416.09	2,547.62	2,778.40	2,087.37	4,731.11	6,323.58	9,587.13	2,019.91
25-29	3,138.07	2,733.32	2,381.41	2,606.04	1,980.82	2,441.49	2,971.66	3,134.60	3,497.68	2,645.90	5,330.07	6,521.25	10,454.78	2,570.87
30-34	3,348.23	2,862.22	2,672.35	2,507.52	1,902.14	2,883.07	3,088.05	3,101.31	3,775.35	3,032.29	5,137.71	6,235.99	10,237.98	2,802.18
35-39	2,967.60	2,440.88	2,258.13	2,245.83	1,930.21	2,564.40	2,832.08	2,839.64	3,203.17	2,739.96	4,221.56	6,364.53	9,469.68	2,543.83
40-44	2,662.38	2,264.42	2,127.67	2,228.64	1,911.48	2,324.99	2,761.53	2,691.99	3,069.22	2,482.15	4,183.83	5,658.63	7,961.48	2,367.84
45-49	2,903.98	2,474.41	2,379.06	2,336.69	1,992.82	2,511.97	2,929.68	2,970.51	3,370.38	2,626.02	4,095.96	5,528.57	13,166.99	2,533.24
50-54	3,487.60	2,867.03	2,690.33	2,902.66	2,371.95	2,924.27	3,319.12	3,204.67	3,821.43	2,924.69	4,878.05	6,268.07	14,147.06	2,917.62
55-59	4,019.89	3,194.75	3,146.44	3,197.45	2,851.32	3,355.07	3,930.79	3,614.85	4,457.00	3,267.34	5,018.33	6,099.29	16,774.71	3,362.98
60-64	4,745.68	4,018.61	3,878.21	4,063.27	3,258.45	4,088.29	4,907.24	4,666.04	5,950.37	4,030.96	5,473.72	8,835.27	21,900.02	4,095.62
65-69	6,893.86	5,056.09	5,984.18	5,680.24	4,859.43	6,037.15	6,089.38	6,257.25	8,210.28	5,096.21	9,280.03	14,192.73	20,828.99	5,795.03
70-74	10,236.22	7,295.57	8,371.53	8,224.87	8,094.92	7,998.58	8,367.39	8,077.30	10,843.56	6,572.02	15,090.46	27,840.07	45,301.45	8,146.51
75-79	16,409.51	10,660.05	11,941.46	12,680.21	12,313.82	10,924.03	11,493.11	10,951.16	15,125.47	8,940.56	21,519.88	33,571.54	61,595.76	11,554.72
80-84	22,496.87	16,256.63	17,404.31	17,178.62	15,041.34	15,408.78	16,480.19	14,843.01	21,399.52	12,116.63	38,294.72	61,892.07	84,150.88	15,601.93
85-89	41,826.33	27,109.16	28,203.99	25,889.69	26,949.15	23,902.67	26,930.80	25,422.77	34,565.09	18,121.50	106,639.17	87,842.89	144,389.68	25,300.96
90+	42,271.29	26,991.95	31,108.62	30,712.47	23,071.06	26,548.36	30,709.63	28,285.90	39,540.77	19,463.29	31,593.90	116,293.51	23,901.39	26,522.30
Total	5,128.04	4,034.00	4,271.43	4,239.98	3,645.17	3,900.71	4,505.97	4,457.16	4,879.34	3,706.08	5,908.87	7,326.56	10,608.57	4,007.69
Male														
<1	10,167.06	10,514.01	11,674.70	8,091.85	6,674.61	10,453.12	10,185.58	9,423.12	13,925.25	9,463.31	10,357.75	18,287.89	26,832.20	9,904.93
1-4	1,707.24	2,302.77	1,539.10	1,359.27	1,208.08	1,507.26	1,642.03	1,823.04	2,006.94	1,589.48	2,881.85	3,230.83	5,275.61	1,546.17
5-9	1,547.22	3,076.90	1,203.69	2,033.76	1,179.38	1,204.79	1,294.26	1,387.68	1,653.20	1,408.57	2,678.22	2,510.32	3,913.02	1,326.42
10-14	1,629.17	4,378.32	1,136.71	1,164.82	974.90	1,229.34	1,306.75	1,458.31	1,744.69	1,447.94	2,758.67	2,747.78	4,243.13	1,296.39
15-19	1,544.55	1,455.85	1,321.61	1,260.83	1,059.08	1,338.24	1,568.79	1,691.15	1,998.99	1,665.28	3,062.06	3,514.02	5,912.51	1,424.21
20-24	1,791.06	1,531.55	1,242.16	1,220.89	1,203.02	1,278.31	1,679.50	1,548.60	1,789.31	1,614.99	3,062.22	3,533.52	5,557.39	1,412.54
25-29	1,705.61	1,663.85	1,404.30	1,341.67	1,174.75	1,359.08	1,647.10	1,671.17	1,839.26	1,717.19	3,114.65	3,349.09	5,532.30	1,466.50
30-34	1,890.01	1,717.82	1,454.07	1,534.37	972.45	1,488.14	1,802.18	1,807.77	1,978.39	1,847.57	3,327.68	3,612.90	5,811.07	1,509.50
35-39	2,072.77	1,765.85	1,656.37	1,665.30	1,466.70	1,644.58	2,104.64	2,104.38	2,122.96	1,999.87	3,575.51	4,195.42	6,937.80	1,756.48
40-44	2,224.36	1,876.63	1,819.23	1,906.55	1,801.09	1,908.48	2,390.60	2,593.68	2,596.62	2,207.60	3,661.44	4,422.54	6,934.96	2,047.14
45-49	2,890.76	2,016.63	2,190.72	2,336.39	1,928.26	2,271.59	2,626.23	2,613.79	2,974.92	2,518.82	4,694.41	6,462.30	13,500.21	2,343.53

References

1. Canadian Institute for Health Information, *Health Care Cost Drivers: The Facts*. Ottawa, Ont.: CIHI; 2011.
2. Canadian Institute for Health Information, *Hospital Cost Drivers Technical Report—What Factors Have Determined Hospital Expenditure Trends in Canada?* Ottawa, Ont.: CIHI; 2012.
3. Canadian Institute for Health Information, *Drivers of Prescription Drug Spending in Canada*. Ottawa, Ont.: CIHI; 2012.
4. Canadian Institute for Health Information, *Health Care Cost Drivers: Physician Expenditure—Technical Report*. Ottawa, Ont.: CIHI; 2012.
5. Canadian Institute for Health Information, *Public Health and Administration in National Health Expenditures Feasibility Study*. Ottawa, Ont.: CIHI; 2002.
6. Statistics Canada, *Annual Demographic Estimates: Canada, Provinces and Territories, 2011. Table 2.1-1: Annual Population Estimates by Age Group and Sex at July 1, Provincial Perspective—Canada*. Catalogue no. 91-215-X. Ottawa, Ont.: Statistics Canada; 2011.
7. Organisation for Economic Co-operation and Development, *OECD Health Data 2012*. June edition. Paris, France: OECD; 2012.
8. Health Canada, *Canada Health Act Annual Report*. Ottawa, Ont.: Health Canada.
9. Human Resources Development Canada, *Cost Shared Programs, Provincial Entitlements Under the Canada Assistance Plan* (unpublished). Ottawa, Ont.: HRDC; 1996.
10. Statistics Canada, *Guide to the Income and Expenditure Accounts*. Catalogue no. 13-017. Ottawa, Ont.: Statistics Canada; 2008: 23.
11. Statistics Canada, *Family Expenditure in Canada*. Catalogue no. 65-555. Ottawa, Ont.: Statistics Canada; 1992.
12. Statistics Canada, *Guide to the Income and Expenditure Accounts*. Catalogue no. 13-017. Ottawa, Ont.: Statistics Canada; 2008.

Production of this report is made possible by financial contributions from Health Canada and provincial and territorial governments. The views expressed herein do not necessarily represent the views of Health Canada or any provincial or territorial government.

All rights reserved.

The contents of this publication may be reproduced unaltered, in whole or in part and by any means, solely for non-commercial purposes, provided that the Canadian Institute for Health Information is properly and fully acknowledged as the copyright owner. Any reproduction or use of this publication or its contents for any commercial purpose requires the prior written authorization of the Canadian Institute for Health Information. Reproduction or use that suggests endorsement by, or affiliation with, the Canadian Institute for Health Information is prohibited.

For permission or information, please contact CIHI:

Canadian Institute for Health Information
495 Richmond Road, Suite 600
Ottawa, Ontario K2A 4H6

Phone: 613-241-7860

Fax: 613-241-8120

www.cihi.ca

copyright@cihi.ca

ISBN 978-1-77109-105-3 (PDF)

© 2012 Canadian Institute for Health Information

How to cite this document:

Canadian Institute for Health Information, *National Health Expenditure Trends, 1975 to 2012* (Ottawa, Ont.: CIHI, 2012).

Cette publication est aussi disponible en français sous le titre *Tendances des dépenses nationales de santé, 1975 à 2012*.

ISBN 978-1-77109-107-7 (PDF)

Talk to Us

CIHI Ottawa

495 Richmond Road, Suite 600
Ottawa, Ontario K2A 4H6
Phone: 613-241-7860

CIHI Toronto

4110 Yonge Street, Suite 300
Toronto, Ontario M2P 2B7
Phone: 416-481-2002

CIHI Victoria

880 Douglas Street, Suite 600
Victoria, British Columbia V8W 2B7
Phone: 250-220-4100

CIHI Montréal

1010 Sherbrooke Street West, Suite 300
Montréal, Quebec H3A 2R7
Phone: 514-842-2226

CIHI St. John's

140 Water Street, Suite 701
St. John's, Newfoundland and Labrador A1C 6H6
Phone: 709-576-7006