



National Health Expenditure Trends

1975 to 2009

N a t i o n a l H e a l t h E x p e n d i t u r e D a t a b a s e



Canadian Institute
for Health Information

Institut canadien
d'information sur la santé

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Requests for permission should be addressed to:

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

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***Series D4—Provincial/Territorial Government Health Expenditure by Use of Funds,
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Series E—Provincial Government Health Expenditure by Selected Uses of Funds,
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Series F—Provincial/Territorial Government Health Expenditure, by Province/Territory
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Please note that the analyses and conclusions in the present document do not necessarily reflect those of the individuals or organizations mentioned above.

Highlights

- Total health expenditure in Canada, in current dollars,ⁱ was estimated at \$161.0 billion in 2007, and is forecast to have reached \$173.6 billion in 2008 and \$183.1 billion in 2009.
- After adjusting for inflation, total health care spending grew at an average annual rate of 3.8% between 1975 and 1991. From 1991 to 1996, total spending on health care edged up by the rate of 0.9% per year. It increased by 4.7% annually from 1996 to 2007. The real growth (based on constant 1997 dollars) in health care spending in Canada is expected to be 5.4% in 2008 and 3.3% in 2009.
- Total health care spending as a percentage of gross domestic product in Canada fell each year between 1993 and 1997, to reach 8.9% in 1997. Health expenditure has grown faster than GDP since 1998, with the result that the total health expenditure-to-GDP ratio reached 10.5% in 2007. The ratio is forecast to be 10.8% in 2008 and 11.9% in 2009. The relatively higher ratio for 2009 is attributed to a projected fall in GDP growth, which is the outcome of the current economic downturn.
- Since 1997, the public-sector share of total health expenditure has remained relatively stable at around 70%. It accounted for 70.3% of total expenditure in 2007 and is forecast to account for 70.2% in both 2008 and 2009.
- In 2007, private health insurers and households (the private sector) spent \$47.8 billion. Private-sector expenditure is forecast to reach \$51.8 billion in 2008 and \$54.5 billion in 2009. Prescribed drugs and dental care are the greatest components of total private health spending.
- From 1988 to 2007, private insurance expenditure grew more rapidly than out-of-pocket expenditure and non-consumption expenditure. Private insurance firms increased their share of private-sector expenditure from 29.2% to 40.7%, while the out-of-pocket expenditure proportion dropped from 58.1% to 49.0%.
- In 2007, at the national level, the categories hospitals and physicians were mainly financed by the public sector, while drugs and other professionals were financed primarily by the private sector.
- Hospitals have traditionally occupied a prominent place in health care provision. In the mid-1970s, hospitals accounted for approximately 45% of total health expenditure. During the past 30 years, the share of hospitals in total health expenditure has fallen. In 2009, hospitals made up the largest component of health care spending, accounting for 27.8% of total health expenditures. Since 1997, drugs have accounted for the second-largest share. In 2009, drugs accounted for 16.4% of total health expenditure, while physicians are expected to make up the third-largest share, with 14.0%.

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

- Administration expenditure includes public- and private-sector spending. In 1975, administration accounted for 2.9% of total public-sector expenditure and 2.5% of total private-sector expenditure. While the share gradually declined in the public sector to 2.3% in 2007, the private-sector share rose to 6.2%.
- Total health expenditure per capita in Canada was estimated at \$4,889 in 2007 and is forecast to be \$5,211 in 2008 and \$5,452 in 2009.
- Total health expenditure (including public and private sectors) per capita varies among the provinces. In 2009, Alberta and Newfoundland and Labrador are forecast to spend more per person on health care than any other province, at \$6,072 and \$5,970, respectively. Quebec and British Columbia are forecast to have the lowest expenditure per capita at \$4,891 and \$5,254, respectively.
- Total health expenditure as a percent of provincial GDP ranged from 8.2% in Alberta and 9.9% in Saskatchewan to 16.1% in Nova Scotia and 16.7% in Prince Edward Island in 2009. Among the territories, the ratio of health expenditure to GDP was 8.3% for the Northwest Territories, 13.8% for the Yukon and 25.8% for Nunavut in 2009.
- During the current year, 2009, provincial and territorial government health expenditures are forecast to reach \$118.7 billion, which account for almost 65% of total health expenditures in Canada and 94% of expenditures by all levels of government.
- In 2007, the latest available year for data broken down by age group, health care spending by provincial and territorial governments was highest for infants and seniors. Canadians younger than age 1 cost an estimated \$8,239 per person. From youths age 1 to adults age 64, spending averaged less than \$3,809 per person. There was a pronounced increase in per capita spending in the senior age groups: \$5,589 for those age 65 to 69, \$7,732 for those 70 to 74, \$10,470 for those 75 to 79 and \$17,469 for those 80 and older.
- Among 26 countries that had comparable accounting systems in the Organisation for Economic Co-operation and Development (OECD) in 2007, the latest year for which data is available, spending per person on health care remained highest in the United States (US\$7,290). Canada was in the top fifth of countries in terms of per person spending on health, spending US\$3,895, which was similar to several other OECD countries, including France, Germany, the Netherlands and Austria. The lowest per capita expenditures were seen in Turkey (US\$618) and Mexico (US\$823).

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 2009 is CIHI's 13th 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 2009; 2007 figures, which are now considered to be "actual" rather than a forecast; and an outlook for 2008 and 2009;
- 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 2009; 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.

A detailed explanation of all revisions can be found in the Methodological Notes section under Major Changes From Previous Years.

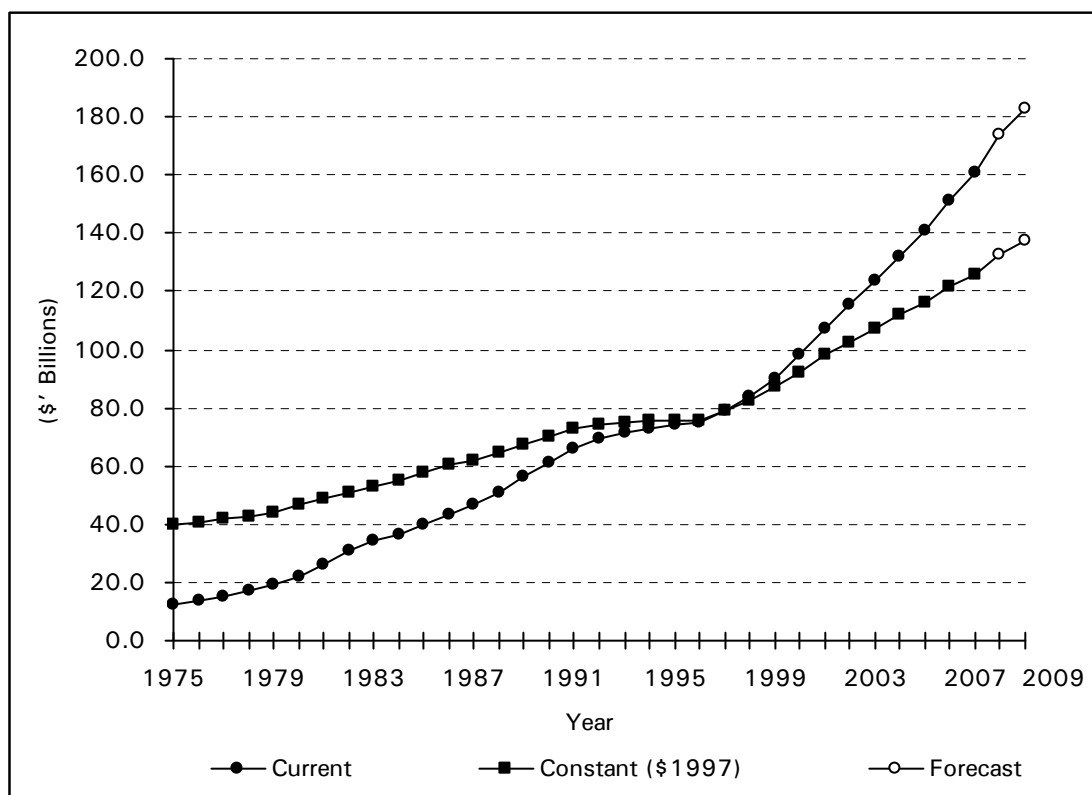
Overview

Total Health Expenditure

2007 and Outlook for 2008 and 2009

Total health expenditures in Canada were \$161.0 billion in 2007. Expenditures are forecast to be \$173.6 billion in 2008 and \$183.1 billion in 2009, an annual increase of 7.8% and 5.5%, respectively (Figure 1). The rates of increase in constant (1997) prices are 5.4% in 2008 and 3.3% in 2009.

Figure 1 Total Health Expenditure, Canada, 1975 to 2009



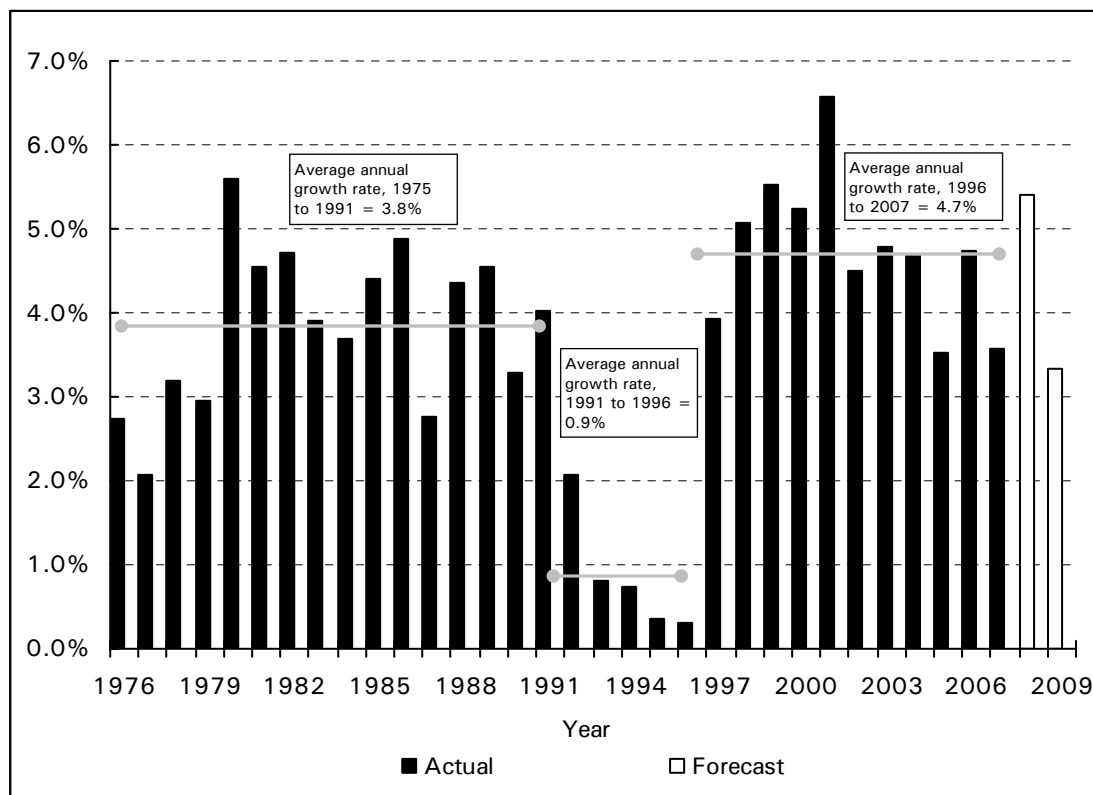
Source

National Health Expenditure Database, Canadian Institute for Health Information.

Trends—1975 to 2007

Health expenditure in 2007 continued the trend of relatively strong growth that has been observed since 1997, following six years when annual growth rates averaged 0.9% in real terms (Figure 2). The modest rates of growth during the early-to-mid-1990s reflected a flattening of the historic growth curve. From 1975 to 1991, the annual average rate of growth was 3.8%. From 1991 to 1996, total spending on health care edged up by the rate of 0.9% per year. The average annual growth rate was 4.7% from 1996 to 2007. The trend since 1997 appears to be largely due to investment by federal, provincial and territorial governments after a period of fiscal restraint during the early and mid-1990s.

Figure 2 Total Health Expenditure, Annual Growth Rates in Constant 1997 Dollars, Canada, 1976 to 2009



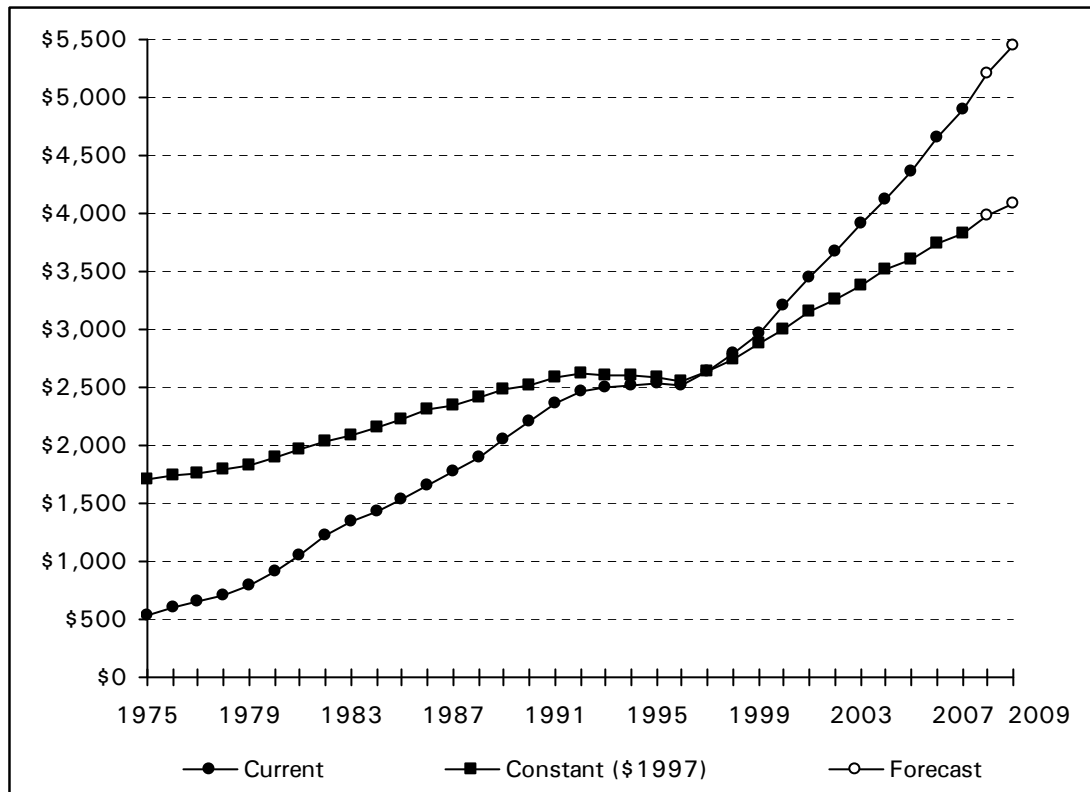
Source

National Health Expenditure Database, Canadian Institute for Health Information.

Total Health Expenditure per Capita 2007 and Outlook for 2008 and 2009

Total health expenditure per capita in Canada was \$4,889 in 2007. Forecasts for 2008 and 2009 are expected to be \$5,211 and \$5,452 (Figure 3). After adjusting for inflation, real rates of increase in 2008 and 2009 are expected to be 4.2% and 2.5%, respectively.

Figure 3 Total Health Expenditure per Capita, Canada, 1975 to 2009



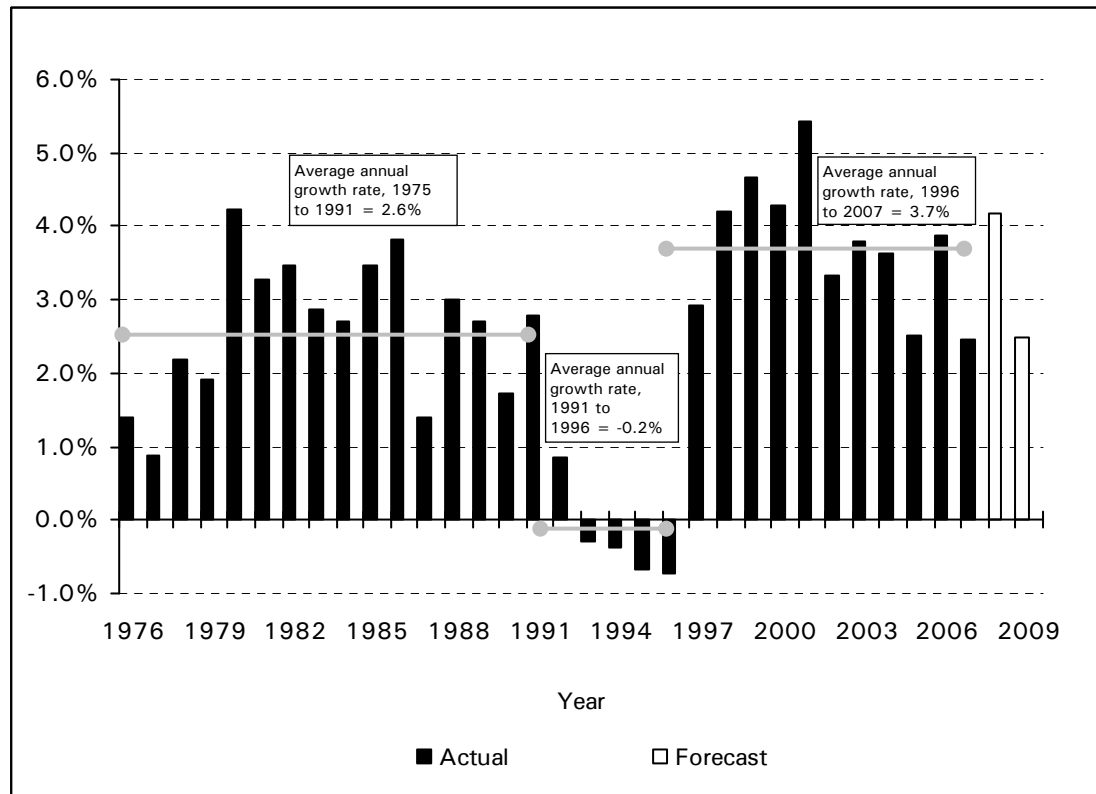
Source

National Health Expenditure Database, Canadian Institute for Health Information.

Trends— 1975 to 2007

Total health expenditure per capita in Canada in constant (1997) dollars increased by an average annual rate of 2.6% from 1975 to 1991. From 1991 to 1996, expenditure per capita declined by an annual average rate of two-tenths of one percent per year. During subsequent years, the average increase rebounded. The total spending on health care per capita increased by the rate of 3.7% yearly from 1996 to 2007 (Figure 4).

Figure 4 Total Health Expenditure per Capita, Annual Growth Rates in Constant 1997 Dollars, Canada, 1976 to 2009



Source

National Health Expenditure Database, Canadian Institute for Health Information.

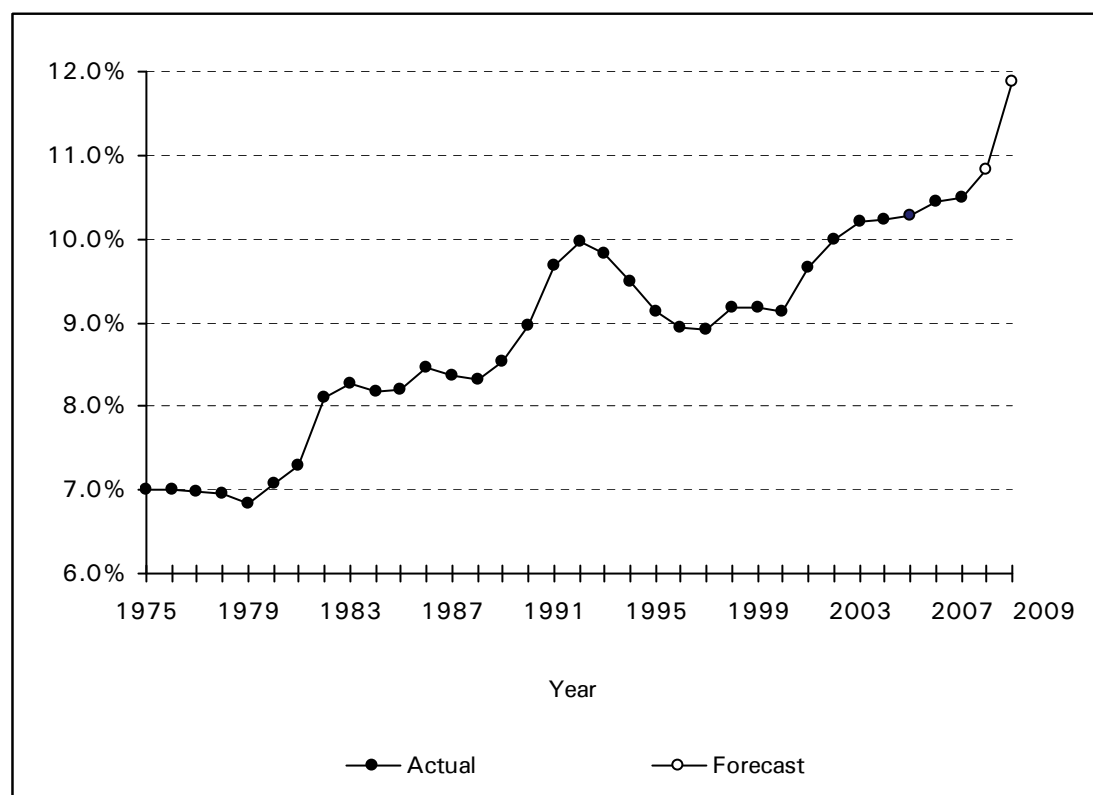
Total Health Expenditure and Economic Growth

2007 and Outlook for 2008 and 2009

Total health expenditure in Canada was 10.5% of gross domestic product (GDP) in 2007. It is forecast to be 11.9% in 2009, reflecting relatively higher growth in total health expenditure than GDP (Figure 5).

The relatively higher ratio of total health expenditure to GDP is due to the current economic downturn. The Conference Board of Canada is forecasting a decline in GDP growth in 2009. The impact of this decline is evident in this higher ratio of total health expenditure to GDP in 2009.

Figure 5 Total Health Expenditure as a Percentage of Gross Domestic Product, Canada, 1975 to 2009



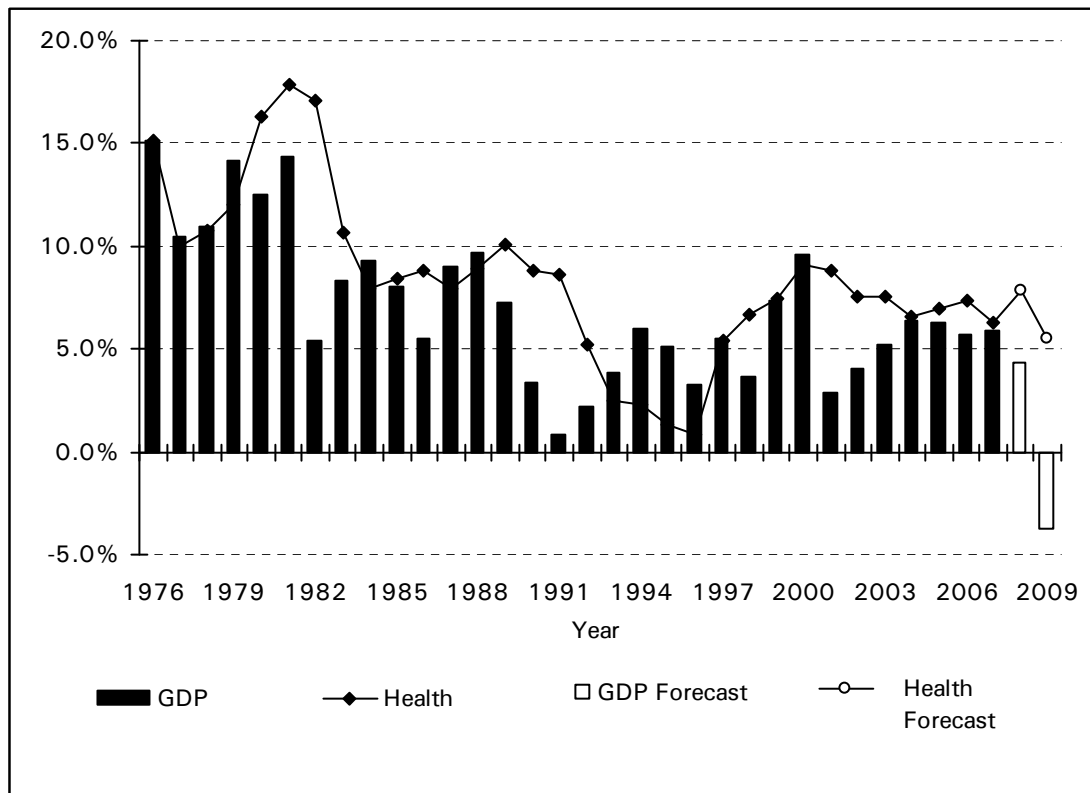
Sources

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

Trends—1975 to 2009

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 6). 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 6 Total Health Expenditure and Nominal GDP, Annual Growth, Canada, 1976 to 2009



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 5). Total health expenditures then grew more slowly than GDP between 1993 and 1997; consequently, the health-to-GDP ratio fell each year in that period until it reached 8.9% in 1997. Health expenditure grew faster than GDP between 1998 and 2007, with the result that the health-to-GDP ratio reached 10.5% in 2007.

See data tables A.1 and B.1.3.

Total Health Expenditure by Source of Finance

2007 and Outlook for 2008 and 2009

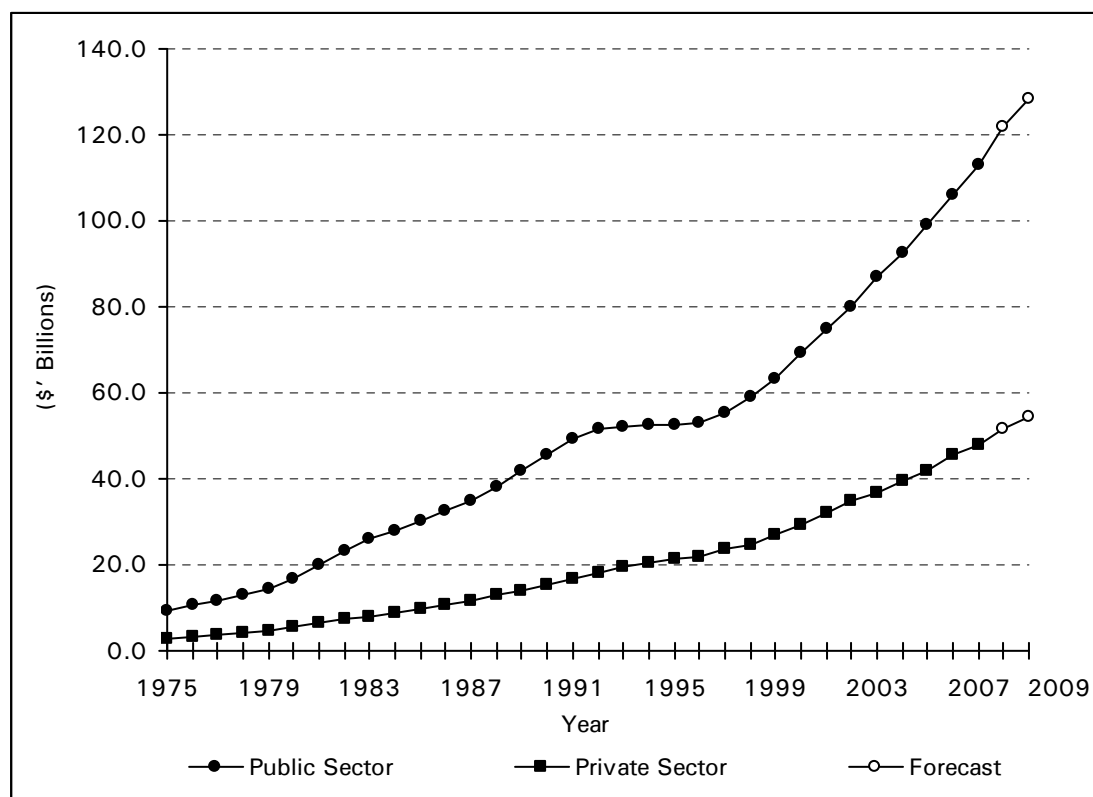
In 2007, governments and government agencies in Canada (the public sector) spent \$113.2 billion on health care. Public-sector expenditure is forecast to be \$121.8 billion in 2008 and \$128.6 billion in 2009. The growth rates associated with these increases are 7.6% and 5.6%, respectively. In 2007, private health insurers and households (the private sector) spent \$47.8 billion. Private-sector expenditure is forecast to reach \$51.8 billion in 2008 and \$54.5 billion in 2009, with expected growth rates of 8.3% in 2008 and 5.3% in 2009.

Since 1997, the public-sector share of total health expenditure has remained relatively stable at around 70%. It accounted for 70.3% of total expenditure in 2007 and is forecast to account for 70.2% in both 2008 and 2009.

Trends—1975 to 2007

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 expenditure trends following the 1990-to-1992 recession (Figure 7).

Figure 7 Health Expenditure by Source of Finance, Canada, 1975 to 2009

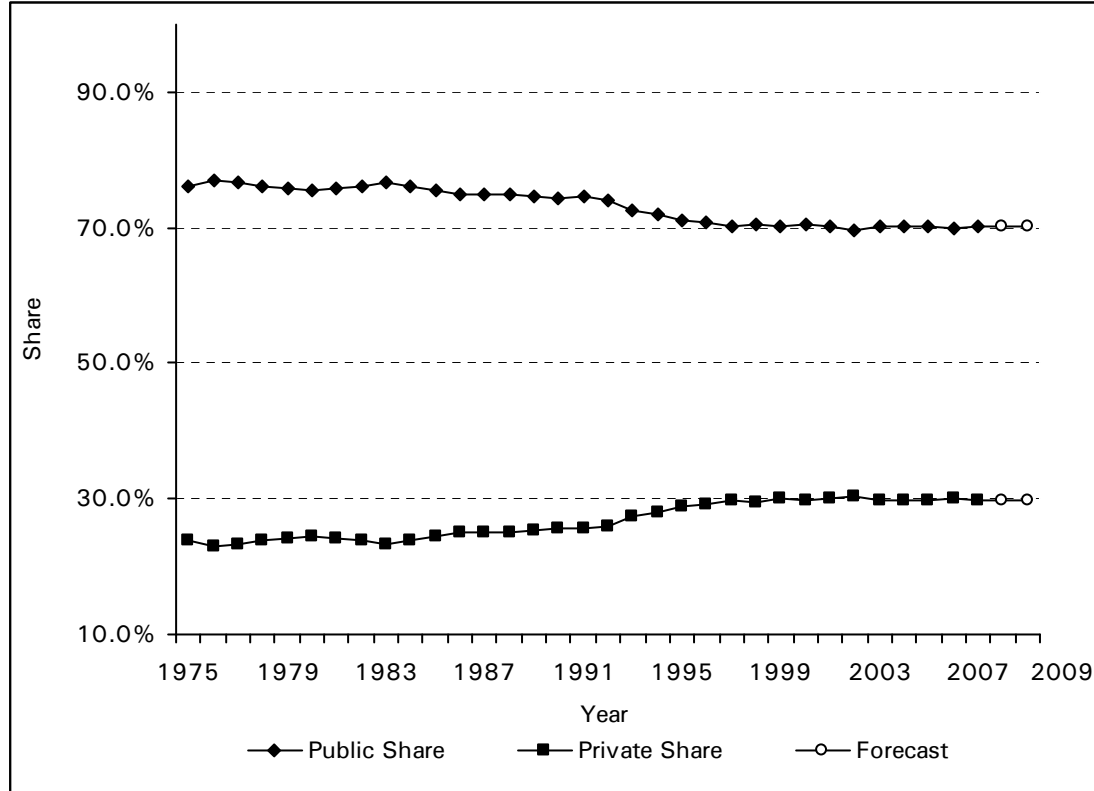


Source

National Health Expenditure Database, Canadian Institute for Health Information.

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. The private-sector share is estimated to be 29.8% in 2009 (Figure 8).

Figure 8 Public- and Private-Sector Shares of Total Health Expenditure



Source

National Health Expenditure Database, Canadian Institute for Health Information.

See data tables A.2.1, A.2.2, A.2.4 and A.2.5.

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 2007, provincial/territorial government expenditure was \$104.0 billion, accounting for 91.9% of public-sector expenditure.

Table 1 Distribution of Public-Sector Health Expenditure by Source of Finance, Canada, 1975 and 2007

	1975		2007	
	\$ Millions	(%)	\$ Millions	(%)
Provincial/Territorial Governments	8,709.3	93.6	104,023.9	91.9
Federal Direct	398.3	4.3	6,054.8	5.3
Social Security Funds	121.1	1.3	2,157.6	1.9
Municipal Governments	71.6	0.8	962.4	0.9
Total Expense	9,300.3	100.0	113,198.7	100.0

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 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 five major programs: the Canada Health Transfer (CHT), Canada Social Transfer, Health Reform Transfer, Equalization and Territorial Formula Financing.

In September 2004, first ministers signed a 10-year plan to strengthen health care. 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 will be reflected primarily in increased expenditures by the provincial and territorial governments during the next several years.

Direct Federal Health Expenditure

In 2007, federal government departments and agencies provided direct health care services to Canadians worth \$6.1 billion, accounting for 3.8% of total health expenditure. Forecasts indicate that the share of federal direct spending will fall to 3.6% of total spending in 2009.

Federal departments that had the largest shares of total federal direct health expenditure in 2007 were Health Canada, which funded 78%, the Department of Veterans Affairs (12%), the Solicitor General of Canada (4%) and the Department of National Defence (3%). The Canadian Institutes of Health Research, which is included under Health Canada, accounted for 16% 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 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/or proceeds (social security funds sector).

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.

Table 2 presents estimates from 1997 to 2009 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 2009

Year	Financed Through Premiums	Financed by ministère de la Santé et des Services sociaux (Quebec)	Total
1997	169.1	700.3	869.4
1998	213.4	779.8	993.2
1999	262.7	918.3	1,181.0
2000	327.9	1,118.3	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	676.4	2,164.9	2,841.2
2008f	708.7	2,348.5	3,057.3
2009f	732.2	2,517.6	3,249.8

Note

f: forecast.

Source

National Health Expenditure Database, Canadian Institute for Health Information.

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.ⁱⁱ The distribution of private expenditure among these three sources of finance is shown in Table 3.

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 2007, the proportion dropped to 49.0%, as expenditure by insurance firms grew more rapidly. The share of non-consumption expenditure dropped from 12.7% to 10.3% during the same period (Table 3).

Table 3 Distribution of Private-Sector Health Expenditure by Source of Finance, Canada, 1988ⁱⁱⁱ and 2007

Source of Finance	1988		2007	
	\$ Millions	(%)	\$ Millions	(%)
Household (Out of Pocket)	7,434.8	58.1	23,398.6	49.0
Private Health Insurance	3,735.7	29.2	19,471.4	40.7
Non-Consumption	1,625.9	12.7	4,904.8	10.3
Total Expense	12,796.4	100.0	47,774.8	100.0

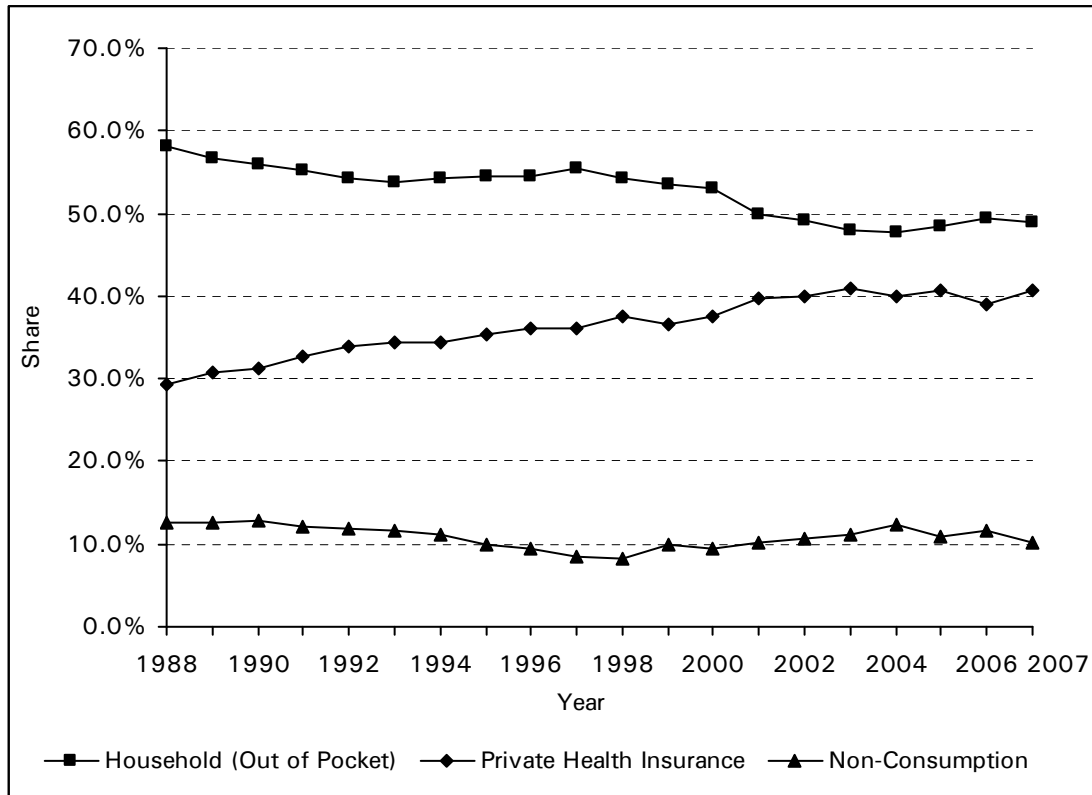
Source

National Health Expenditure Database, Canadian Institute for Health Information.

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

Figure 9 presents the trend of private-sector health expenditure by source of finance from 1988 to 2007. The share of private health insurance expenditure has been increasing since 1988, while the share of non-consumption has remained relatively stable. During the same period, out-of-pocket expenditure dropped its share of private-sector expenditure.

Figure 9 Share of Private-Sector Health Expenditure by Source of Finance, Canada, 1988 to 2007

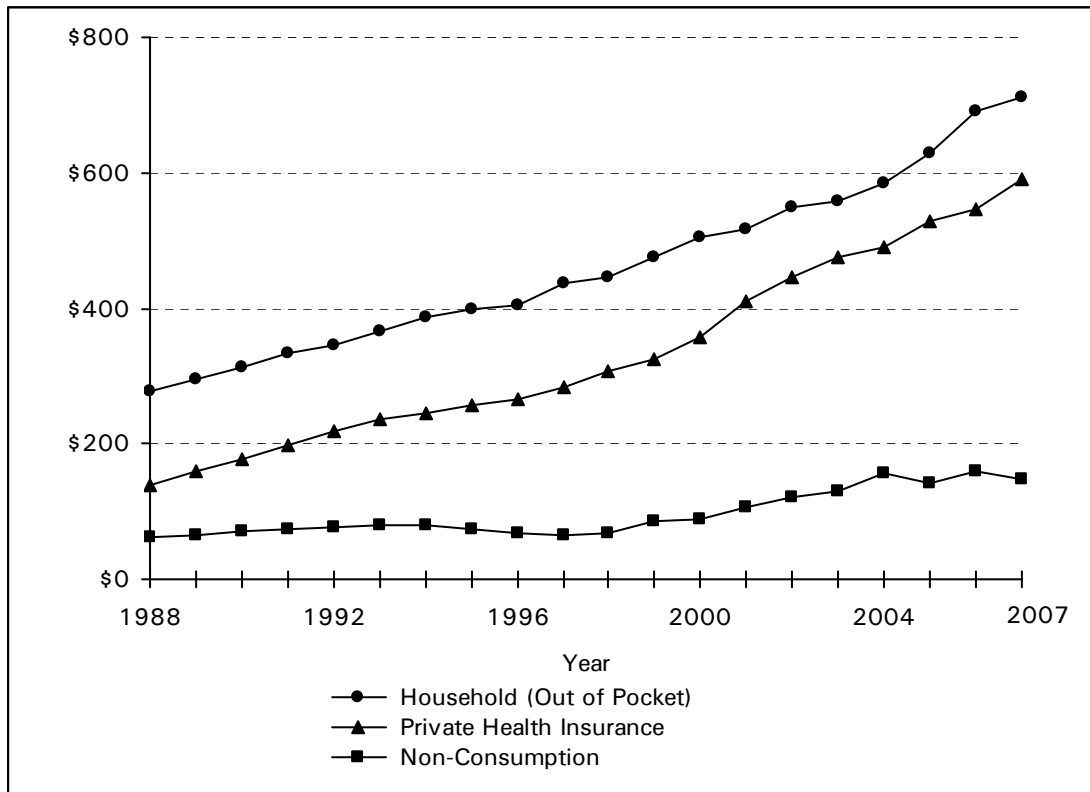


Source

National Health Expenditure Database, Canadian Institute for Health Information.

Private health insurance expenditure per capita has grown more rapidly than the other sources (Figure 10). Private health insurance expenditure per capita increased from \$139 in 1988 to \$591 in 2007; out-of-pocket health expenditure per capita increased from \$278 to \$711; and non-consumption expenditure per capita increased from \$61 to \$149 during the same period.

Figure 10 Private-Sector Health Expenditure per Capita, Source of Finance, Canada, 1988 to 2007



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

Of almost \$4.2 billion spent on hospital services by the private sector in 2007, households and insurance firms together spent nearly \$1.9 billion providing income to hospitals for patient services.^{iv} Non-patient revenue earned from investments, food services, real estate, parking, rentals, donations and other sources provided the remaining \$2.3 billion of the private sector. The distribution of expenditure financed by insurance, households (out-of-pocket expenditure) and non-consumption in 2007 is shown in Table 4.

Table 4 Private-Sector Health Expenditure by Source of Finance and Use of Funds, Canada, 2007 (Millions of Dollars)

	Households (Out of Pocket)		Insurance		Non-Consumption		Total	
	(\$ Millions)	(%)	(\$ Millions)	(%)	(\$ Millions)	(%)	(\$ Millions)	(%)
Hospital Accommodation	767.7	18.4	1,127.7	27.1	2,268.4	54.5	4,163.9	100.0
Other Institutions*	4,425.2	100.0					4,425.2	100.0
Physician Care	238.2	97.5	6.1	2.5			244.2	100.0
Other Professionals								
Dental Care	4,829.4	45.7	5,744.8	54.3			10,574.2	100.0
Vision Care	2,836.1	80.3	693.8	19.7			3,529.9	100.0
Other—Other Professionals	1,204.4	60.5	787.5	39.5			1,991.9	100.0
Drugs								
Prescribed Drugs	3,934.9	33.3	7,896.8	66.7			11,831.7	100.0
Over-the-Counter Drugs	2,500.1	100.0					2,500.1	100.0
Personal Health Supplies	1,978.7	100.0					1,978.7	100.0
Capital					1,550.9	100.0	1,550.9	100.0
Administration			2,982.2	100.0			2,982.2	100.0
Other Health Spending								
Health Research*					1,085.5	100.0	1,085.5	100.0
Other Health Care Goods	293.3	74.6	99.7	25.4			393.0	100.0
Other Health Care Services	390.6	74.6	132.8	25.4			523.4	100.0
Total Expense	23,398.6	49.0	19,471.4	40.7	4,904.8	10.3	47,774.8	100.0

Note

* Forecast for 2007.

Source

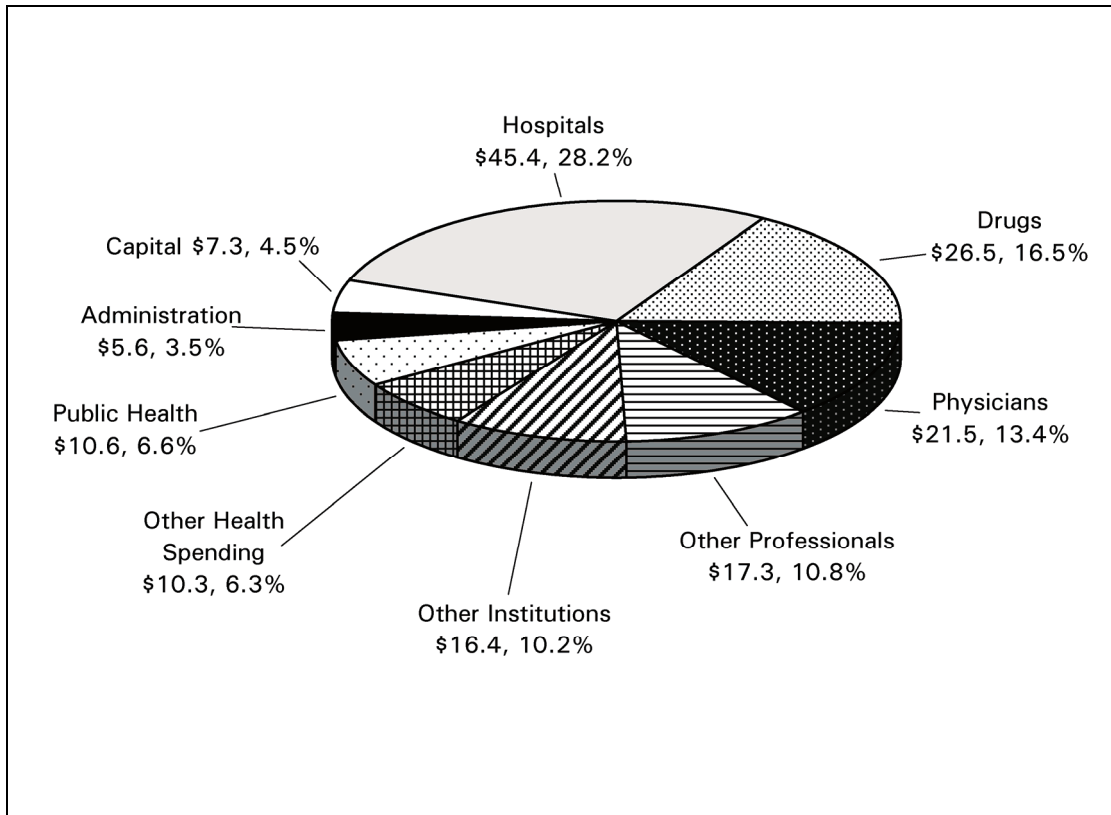
National Health Expenditure Database, Canadian Institute for Health Information.

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

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 28.2% of total health expenditures in 2007. Drugs represent the second-largest share (16.5%), while physicians make up the third-largest share (13.4%) (Figure 11).

Figure 11 Total Health Expenditure by Use of Funds, Canada, 2007 (Billions of Dollars)



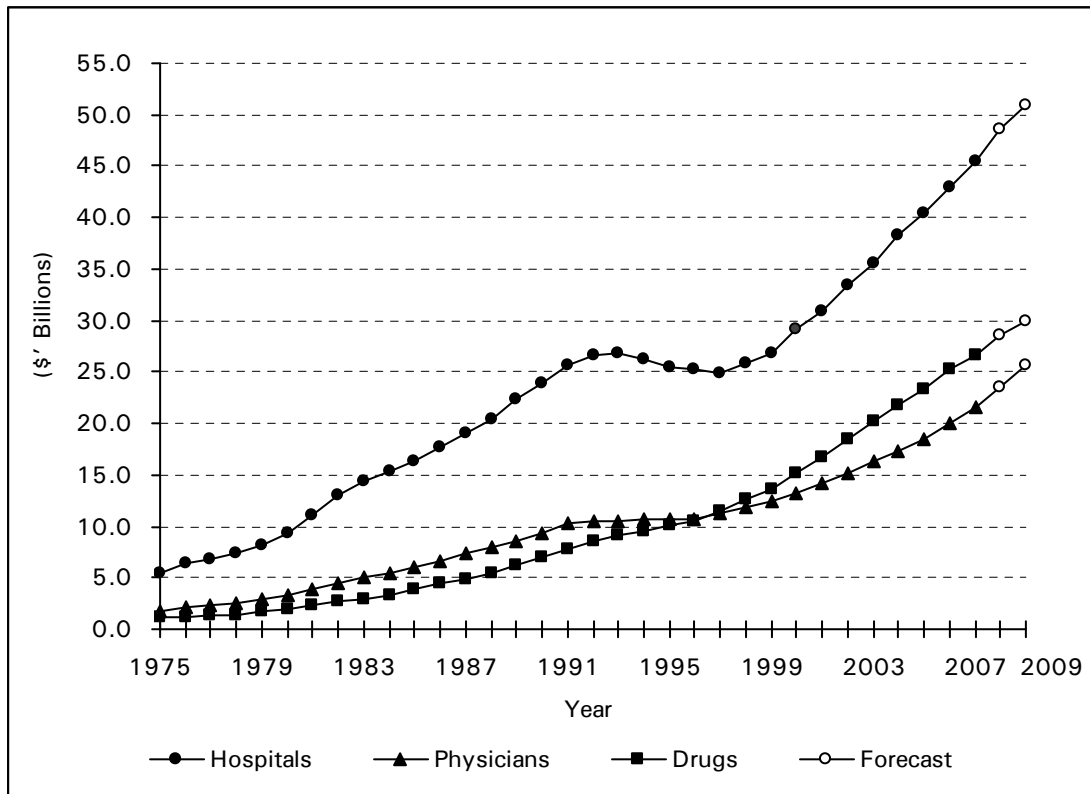
Source

National Health Expenditure Database, Canadian Institute for Health Information.

Figure 12 shows national expenditures for the three major uses of funds from 1975 to 2009 in billions of current dollars. Since 1997, drugs have accounted for the second-largest share, after hospitals.

See data tables A.3.1 to A.3.3 and C.1.1 to C.4.4.

Figure 12 Total Health Expenditure, Selected Use of Funds, Canada, 1975 to 2009

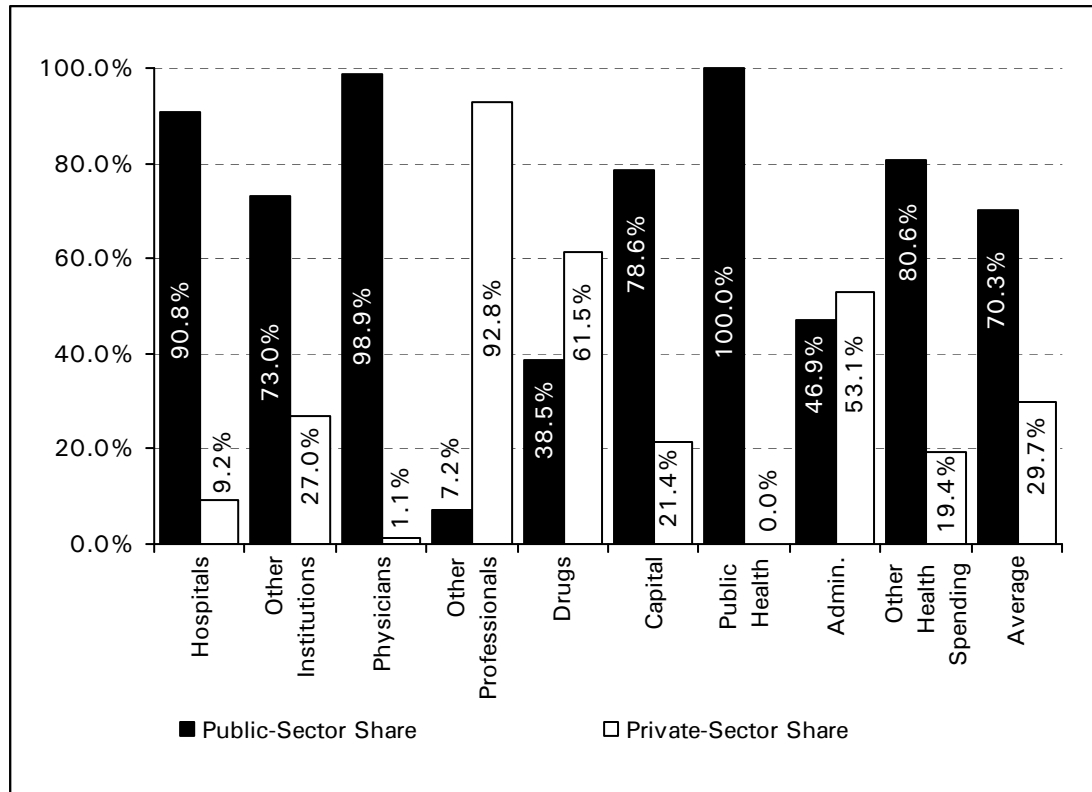


Source

National Health Expenditure Database, Canadian Institute for Health Information.

Figure 13 presents the public and private shares at the national level of the nine major uses of funds in 2007. Hospitals and physicians are the categories financed mainly by the public sector, while drugs and other professionals are financed primarily by the private sector.

Figure 13 Public and Private Shares of Total Health Expenditure, by Use of Funds, Canada, 2007



Source

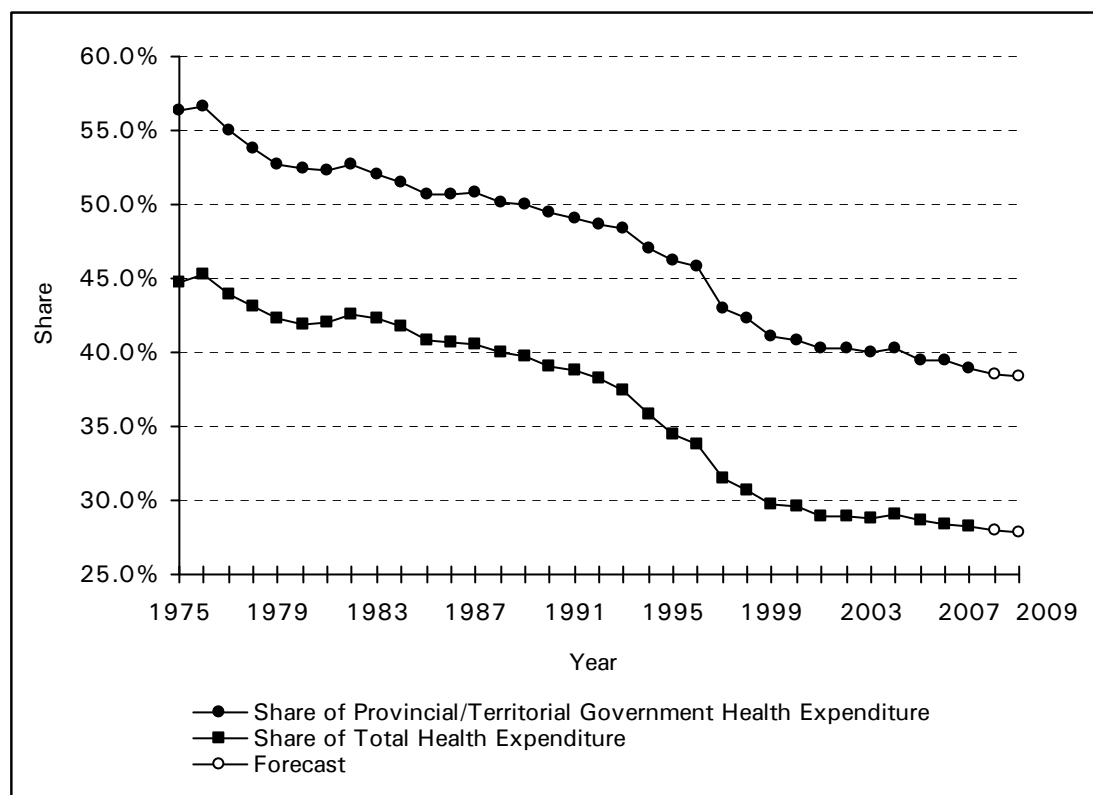
National Health Expenditure Database, Canadian Institute for Health Information.

See data tables A.3.1 to A.3.3 and C.1.1 to C.4.4.

Hospitals

Hospitals have traditionally occupied a prominent place in health care provision. In the mid-1970s, hospitals accounted for approximately 45% of total health expenditure and for 56% of provincial government health expenditure. During the past 30 years, the share of hospitals in total health expenditure has fallen (Figure 14).^v In 2007, Canadians spent \$45.4 billion on hospitals, accounting for 28.2% of total expenditure.

Figure 14 Hospitals' Share of Total Provincial/Territorial Government Health Expenditure and Total Health Expenditure, Canada, 1975 to 2009



Source

National Health Expenditure Database, Canadian Institute for Health Information.

v. A methodological review of Quebec provincial government health expenditures resulted in historical revisions back to 1997. The methodology for breaking down institutional spending between acute and long-term care was improved. The revised estimates caused a shift of spending from the hospital category to the other institutions category. As a result, there is a break in the hospital expenditure series in 1997.

Provincial and territorial government expenditure accounts for 89.3% of hospital income (Table 5). The private sector is the next-largest source of income.

Table 5 Hospital Expenditure Summary by Sector of Finance, Canada, 2007

	Provincial/ Territorial	Other Public*	Private	Total
Total Expenditure (\$ Millions)	\$40,519.1	\$700.4	\$4,163.9	\$45,383.4
Expenditure per Capita	\$1,230.6	\$21.3	\$126.5	\$1,378.3
Share of Total	89.3%	1.5%	9.2%	100.0%

Note

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

Source

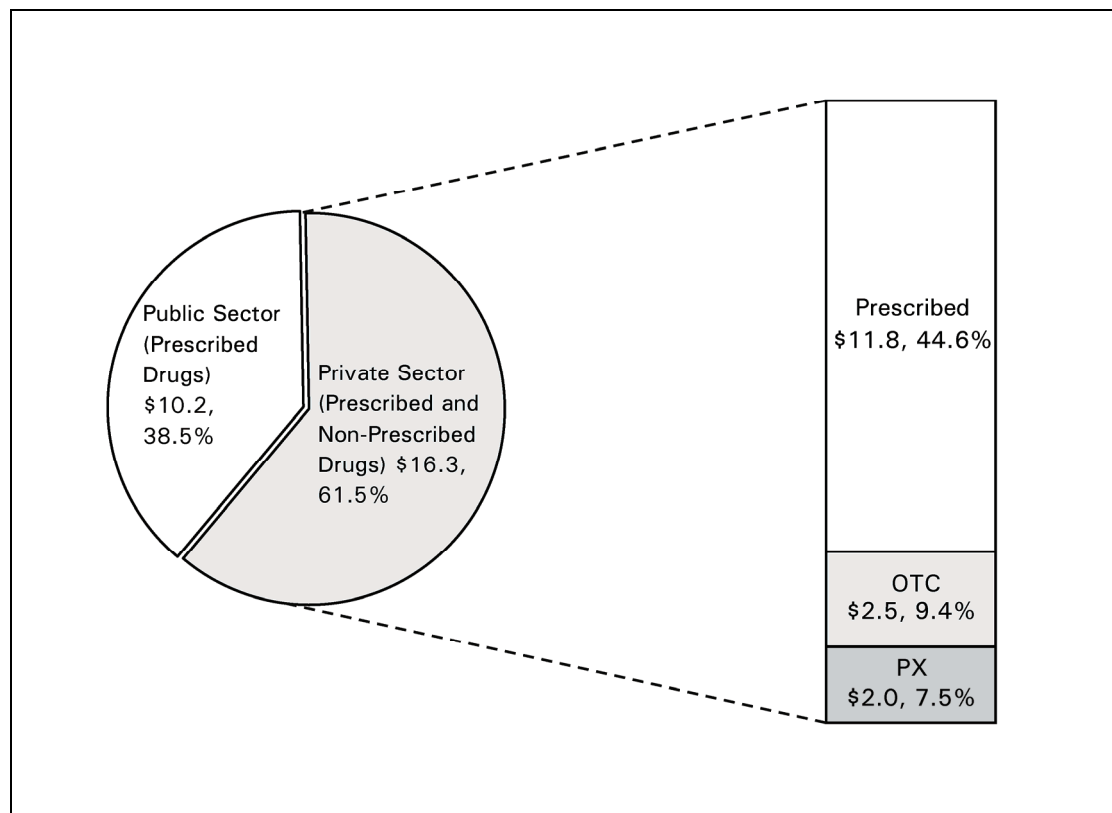
National Health Expenditure Database, Canadian Institute for Health Information.

Drugs

Retail sales^{vi} of prescribed and non-prescribed drugs together constituted the second-largest category of health expenditure in 2007, at \$26.5 billion. Spending on drugs is forecast to have increased by another 7.6% in 2008, to \$28.5 billion, and by 5.1% in 2009, to \$30.0 billion.

Prescribed drugs (the public sector, 38.5%; the private sector, 44.6%) amounted to 83.1% of total expenditure on drugs in 2007 (Figure 15).

Figure 15 Drugs by Source of Finance and Type, Canada, 2007 (Billions of Dollars)



Note

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

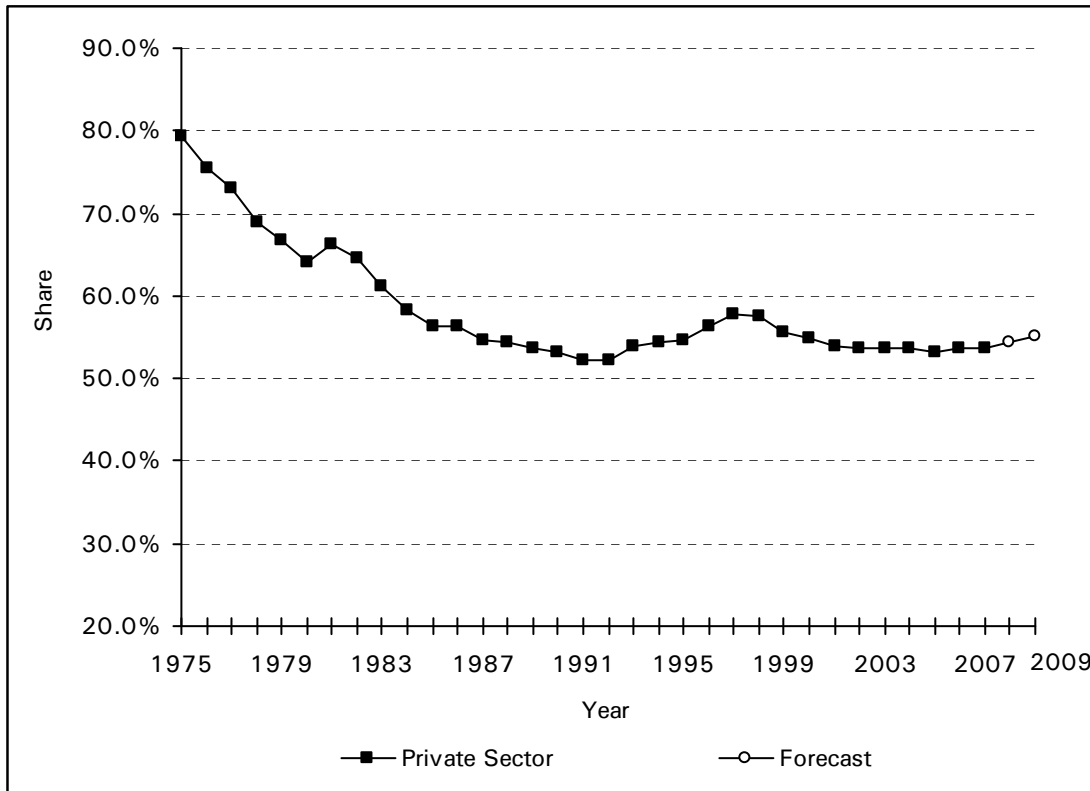
Source

National Health Expenditure Database, Canadian Institute for Health Information.

vi. 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 16, the private sector accounted for more than 79.5% of expenditure for prescribed drugs in 1975. This share decreased to 52.3% by 1992. In 2009, it is expected to be 55.0%.

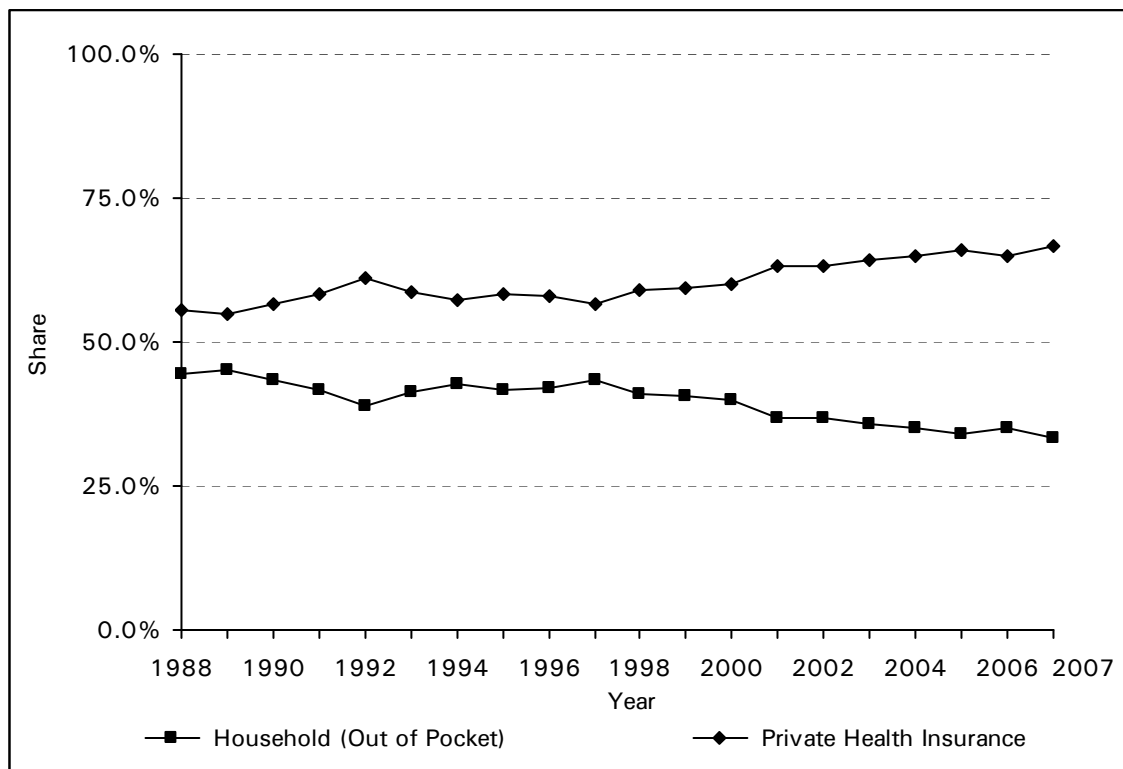
Figure 16 Prescribed Drug Expenditure, Private-Sector Share, Canada, 1975 to 2009



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

Private prescribed drug expenditures are split between household (out of pocket) and private health insurance. As shown in Figure 17, private health insurance accounts for a bigger share, and its overall trend is to increase over time. However, the share of out of pocket decreased from 44.5% in 1988 to 33.3% in 2007.

Figure 17 Private Prescribed Drug Expenditure, Shares by Selected Sources of Finance, Canada, 1988 to 2007



Source

National Health Expenditure Database, Canadian Institute for Health Information.

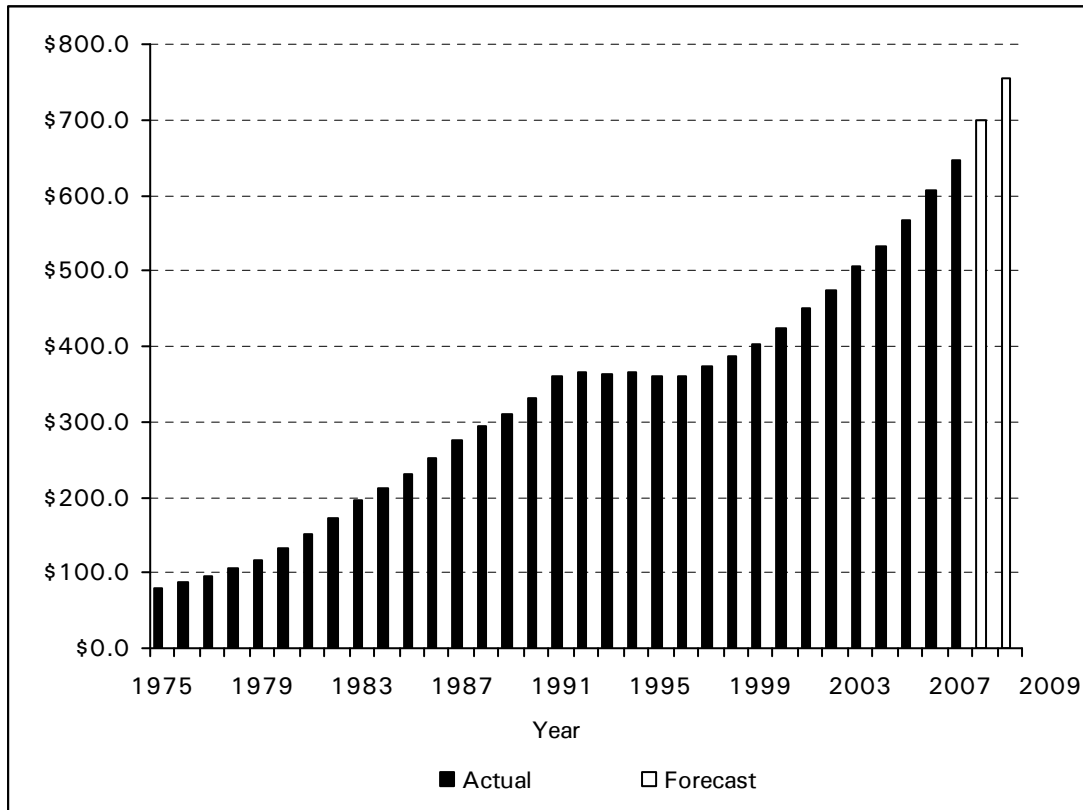
Physicians

Physician services constituted the third-largest category of total health expenditure in 2007, at \$21.5 billion, representing 13.4% of total health expenditure. In 2009, this category is forecast to have grown by 8.8% from 2008 to reach \$25.6 billion, reflecting 14.0% of total expenditure.

Public-sector expenditure on physicians has remained above 98% of total physician expenditure since 1975.

Public-sector physician health expenditure per capita in Canada was \$646 in 2007. Forecasts for 2008 and 2009 are expected to be \$699 and \$755 (Figure 18) at 8.1% and 8.0% growth rates, respectively.

Figure 18 Public-Sector Physician Health Expenditure per Capita, Canada, 1975 to 2009



Source

National Health Expenditure Database, Canadian Institute for Health Information.

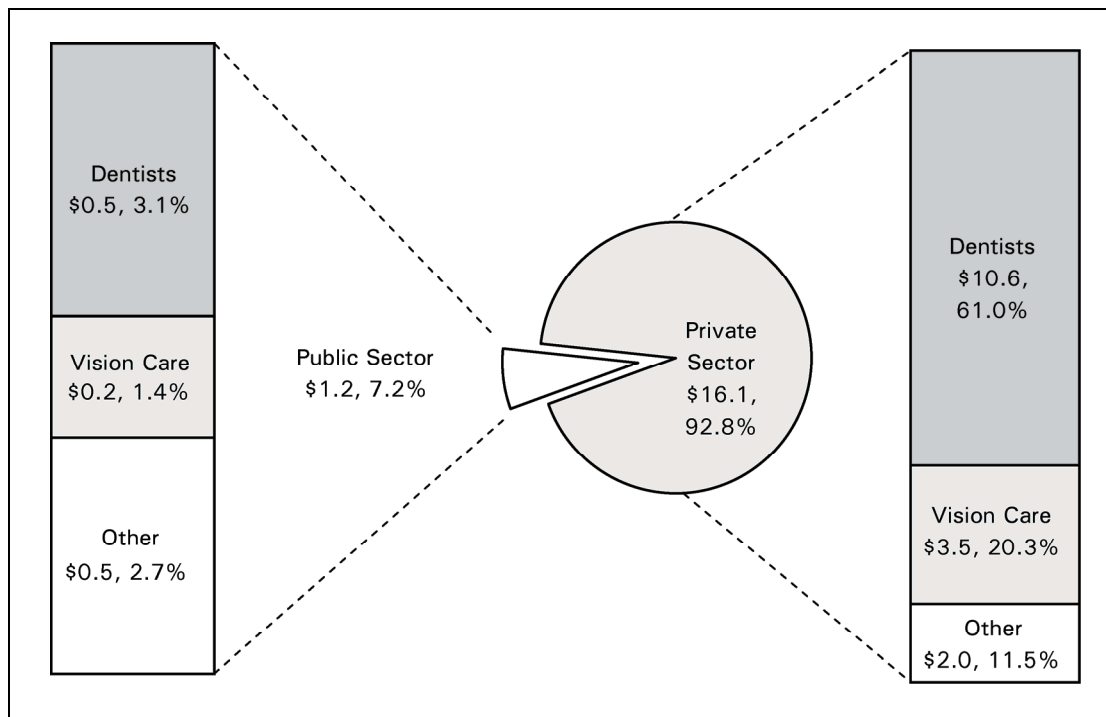
Households account for almost all private spending for physician services. Insurance of supplementary charges to patients for medically necessary services was discouraged prior to the *Canada Health Act*, and such charges are not permitted under the act. Physician charges for uninsured services and administrative fees have not been insured as explicit benefits of most insurance plans, but they may be insured under broad coverage terms that include care not covered by public plans.

Other Professionals

The broad category of other professionals includes care primarily provided by dentists and denturists, optometrists and opticians, chiropractors, physiotherapists and private duty nurses. The category of other professionals accounted for \$17.3 billion, or 10.8% of total expenditures in 2007, and has maintained the highest percentage of private spending of all the major categories (92.8%).

Dental care and vision care are the major discrete categories of expenditure in the private sector for other professional services (Figure 19).

Figure 19 Other Professionals Expenditure by Source of Finance and Type, Canada, 2007 (Billions of Dollars)

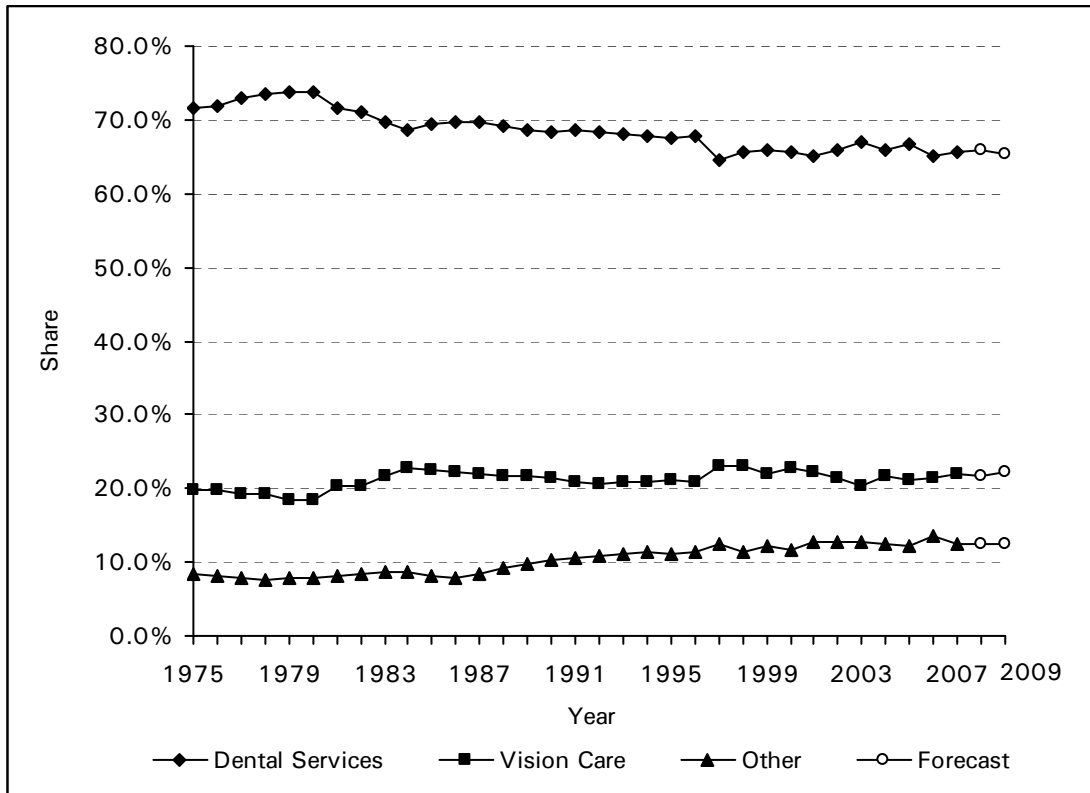


Source

National Health Expenditure Database, Canadian Institute for Health Information.

As shown in Figure 20, dental care accounted for more than 71.6% of private-sector expenditure for other professionals in 1975. This share is expected to decrease to 65.5% in 2009. The share of vision care in the private sector for other professional services is forecast to increase from 19.9% in 1975 to 22.1% in 2009.

Figure 20 Other Professionals Expenditure, Percentage Share of Total Private Spending, by Type, Canada, 1975 to 2009

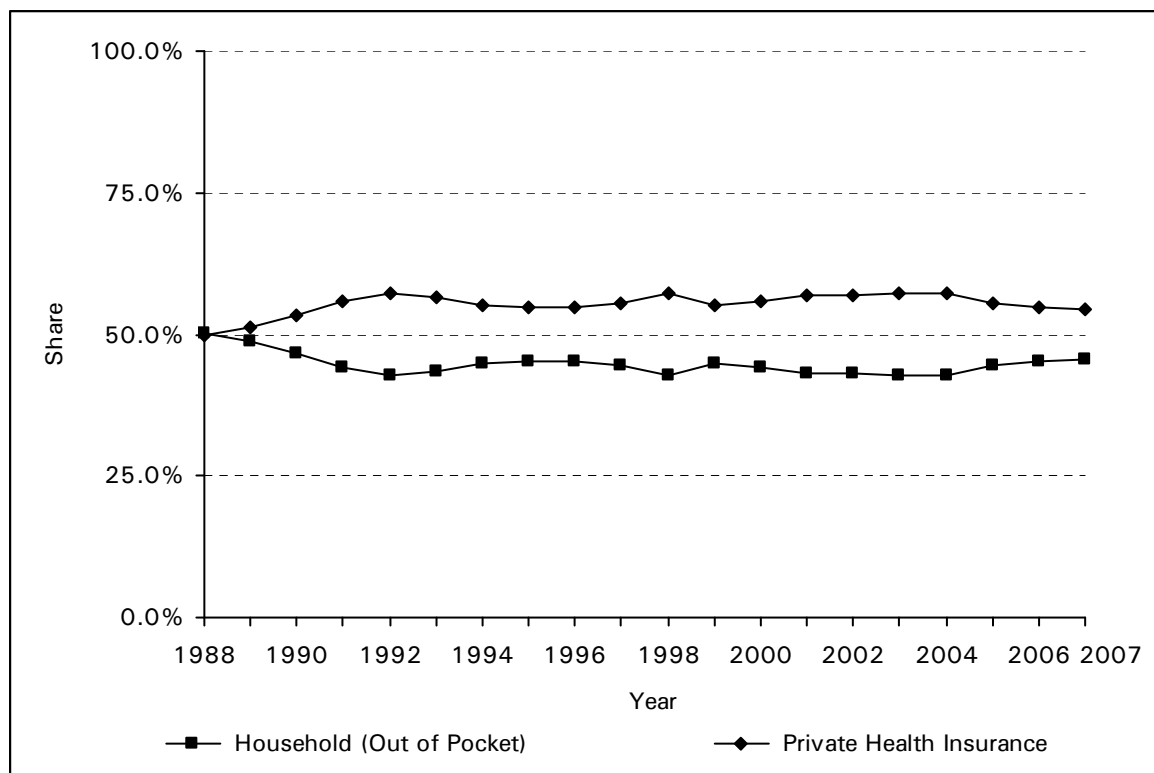


Source

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 (out-of-pocket) spending decreased to 45.7%, and that of private health insurance increased to 54.3% in 2007 (Figure 21).

Figure 21 Private Dental Expenditure, Shares by Selected Sources of Finance, Canada, 1988 to 2007



Source
National Health Expenditure Database, Canadian Institute for Health Information

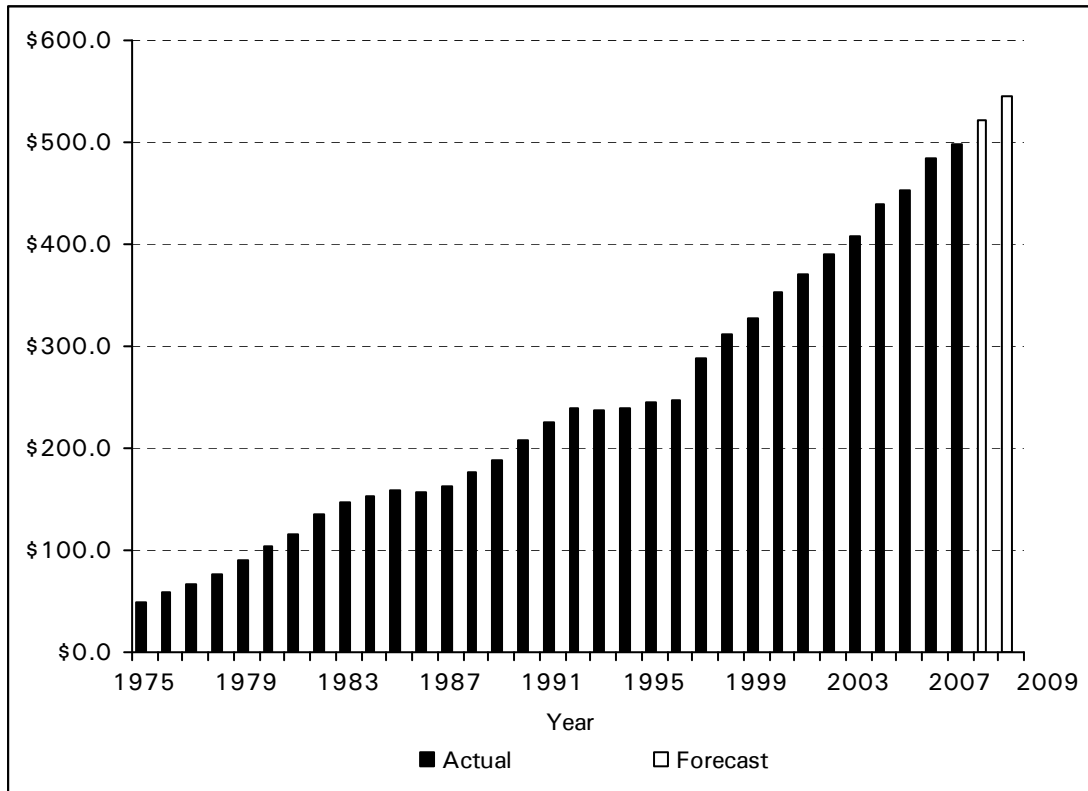
Other Institutions

In 2007, the category of other institutions, which includes nursing homes and residential care facilities, accounted for 10.2% of total expenditures, or \$16.4 billion. Other institutions’ share of total health expenditure is forecast to be 10.0% of total expenditure in both 2008 and 2009.

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 2007, the public share of other institutions was 73.0%.

Other institutions' health expenditure per capita increased during the period of 1975 to 2009 (Figure 22). It was \$48.6 in 1975, and the number increased to \$498.6 in 2007, \$522.3 in 2008 and \$544.2 in 2009.

Figure 22 Other Institutions Health Expenditure per Capita, Canada, 1975 to 2009



Source

National Health Expenditure Database, Canadian Institute for Health Information

Other Health Spending

The sub-category with the greatest impact on the current category of other health spending is health research, which accounted for 1.9% of total health expenditure in 2007 for Canada.^{vii} The remaining categories include medical transportation, hearing aids and appliances, voluntary health associations and explicitly identified home care.^{viii} In 2007, other health expenditures accounted for \$10.3 billion, or 6.4% of total health expenditure.

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

viii. Certain services that are identified by data sources as home care are included under the broad category of other—other health spending. Private nursing care in the home, however, would be included in the other—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.

In 2008 and 2009, it is expected that other health spending will have grown by 9.0% and 7.2%, respectively.

Public-sector sources accounted for 80.6% of other health expenditures in 2007, most of which was for health research, medical transportation and home care.

Administration

Prior to 2005, the National Health Expenditure Database (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 and administrative expenditure.^{ix} A complete review of provincial estimates was carried out during the feasibility study in order to create separate sub-categories 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

- 1) The degree of provincial/territorial detail for certain items in the public health sub-category 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, there are limits on the ability to produce consistent interprovincial/territorial comparisons.

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 has been redefined and separated and is presented in the data tables of this report.

Administration includes infrastructure costs to operate health departments and prepayment administration (the administrative expenses of providing health insurance by governments and private health insurance companies). The administrative expense of non-insured services is included under the category of service. For example, the administrative costs of operating hospitals are included under the hospital category; the administrative expense of operating long-term care programs is 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 differ over time. While the share has gradually declined in the public sector to 2.3% in 2007, the private-sector share has risen to 6.2%.

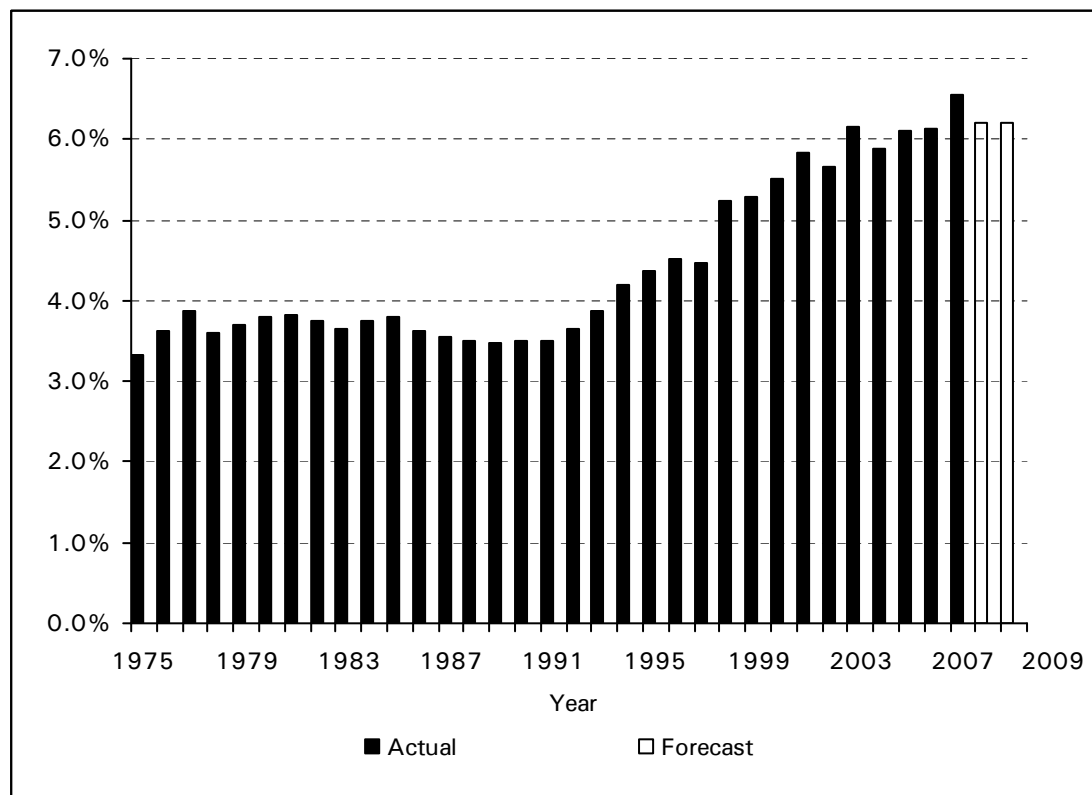
ix. Canadian Institute for Health Information, "Public Health and Administration," *National Health Expenditures Feasibility Study* (Ottawa, Ont.: CIHI, 2002).

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 6.6% in 2007. The share is expected to decrease to 6.2% in 2009 (Figure 23).

Figure 23 Public Health Spending as a Percentage of Total Health Expenditure, Canada, 1975 to 2009



Source

National Health Expenditure Database, Canadian Institute for Health Information.

Health Expenditure in the Provinces and Territories

Health expenditure per capita varies among provinces/territories because of different age distributions.^x 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 and the manner in which health care is delivered (including the balance between institutional and ambulatory care). 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 6). In 2009, total health expenditure per capita in Alberta is expected to reach \$6,072, followed by Newfoundland and Labrador (\$5,970). The lowest per person expenditures are forecast for Quebec (\$4,891), followed by British Columbia (\$5,254).

In 2009, the total health expenditure as a percent of provincial GDP ranges from 8.2% in Alberta and 9.9% in Saskatchewan to 16.1% in Nova Scotia and 16.7% in Prince Edward Island. For the territories, the health expenditure-to-territorial GDP ratio is 25.8% for Nunavut, 13.8% for the Yukon and 8.3% for the Northwest Territories.

In 2009, the public sector is responsible for 70.2% of Canadian health expenditure. It exceeds 78% in the territories and is the lowest in Ontario (67.1%).

Provincial and territorial governments' health expenditure per capita averaged \$3,533 in 2009. The highest per capita spending among the provinces is projected to be in Newfoundland and Labrador (\$4,270) and Alberta (\$4,096), while the lowest is forecast to be in Quebec (\$3,191) and Ontario (\$3,458).

Private-sector expenditure averages \$1,623 per capita in 2009. Ontario (\$1,818) and Nova Scotia (\$1,786) have the highest spending, while Saskatchewan (\$1,387) and Quebec (\$1,400) have the lowest.

x. 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 6 Health Expenditure Summary, by Province/Territory and Canada, 2009^f

	Expenditure	Total Expenditure per Capita	Total Health Exp. as Percent of GDP	Prov./Terr. Government-Sector Exp. per Capita	Other Public-Sector Exp. per Capita	Total Public-Sector Exp. per Capita	Private-Sector Exp. per Capita	Public Sector as Percent of Total
	(\$' Billions)	(\$)	(%)	(\$)	(\$)	(\$)	(\$)	(%)
N.L.	3.0	5,969	10.3	4,270	221	4,491	1,479	75.2
P.E.I.	0.8	5,768	16.7	3,791	412	4,203	1,565	72.9
N.S.	5.5	5,841	16.1	3,722	332	4,055	1,786	69.4
N.B.	4.1	5,506	15.0	3,585	272	3,857	1,649	70.1
Que.	38.1	4,891	12.7	3,191	300	3,491	1,400	71.4
Ont.	72.3	5,530	12.7	3,458	254	3,712	1,818	67.1
Man.	7.0	5,812	14.0	3,775	518	4,293	1,520	73.9
Sask.	5.9	5,813	9.9	3,929	497	4,426	1,387	76.1
Alta.	22.0	6,072	8.2	4,096	321	4,416	1,656	72.7
B.C.	23.3	5,254	12.3	3,522	249	3,771	1,483	71.8
Y.T.	0.3	8,013	13.8	5,072	1,185	6,257	1,757	78.1
N.W.T.	0.4	9,906	8.3	6,563	1,648	8,211	1,695	82.9
Nun.	0.4	11,811	25.8	8,342	2,667	11,009	802	93.2
Canada	183.1	5,452	11.9	3,533	296	3,829	1,623	70.2

Note

f: forecast.

Source

National Health Expenditure Database, Canadian Institute for Health Information.

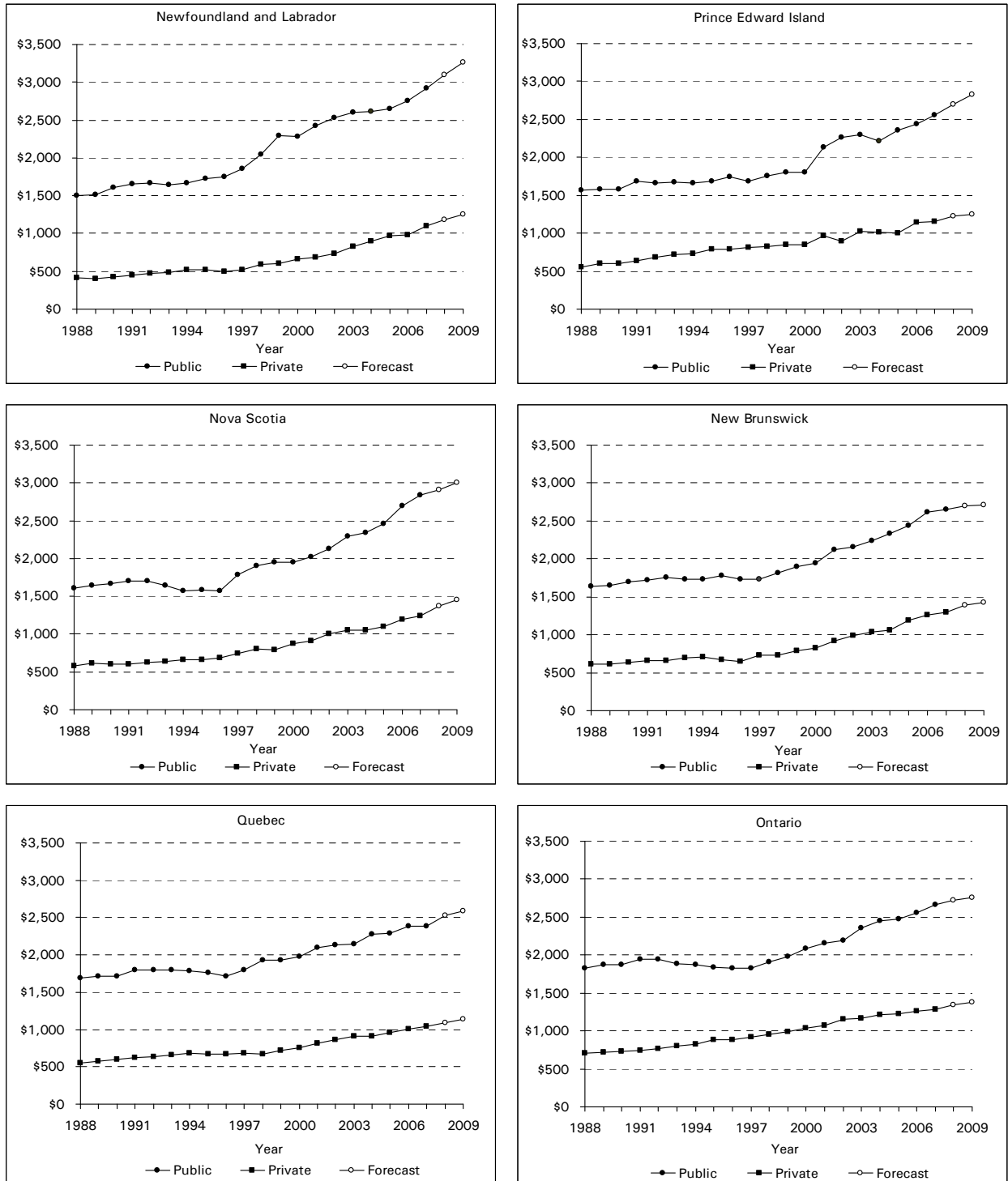
Trends in the Provinces and Territories

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.^{xi}

The 1990s witnessed policies of health system reform and public expenditure restraint in virtually all jurisdictions. Public-sector expenditure per capita declined in all jurisdictions 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.

xi. 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. Both indices track prices separately in each province and territory (see Calculation Methods in the Methodological Notes section of this report).

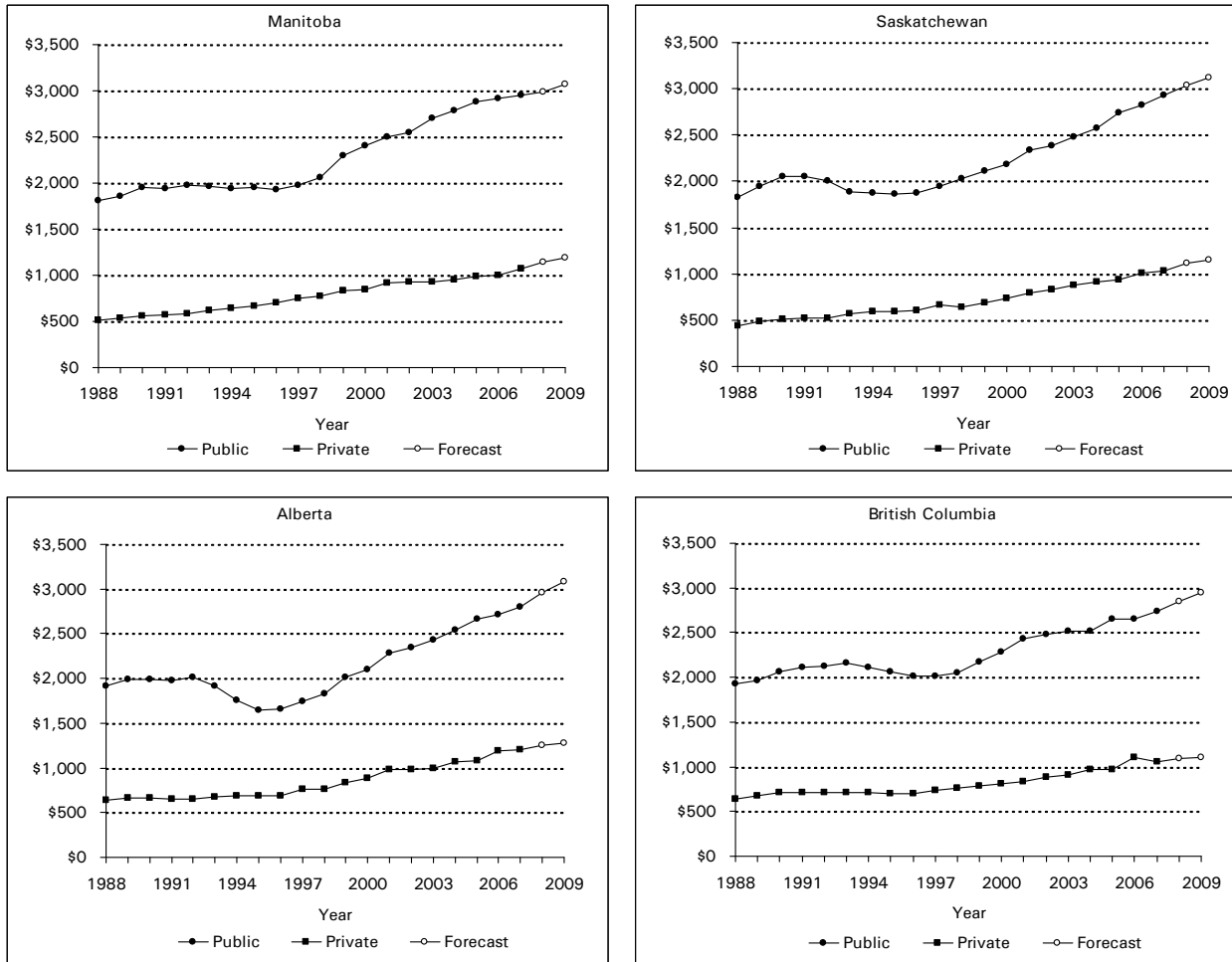
Figure 24 Public- and Private-Sector Health Expenditure per Capita, 1988 to 2009, by Province and Territory, Constant 1997 Dollars



Sources

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

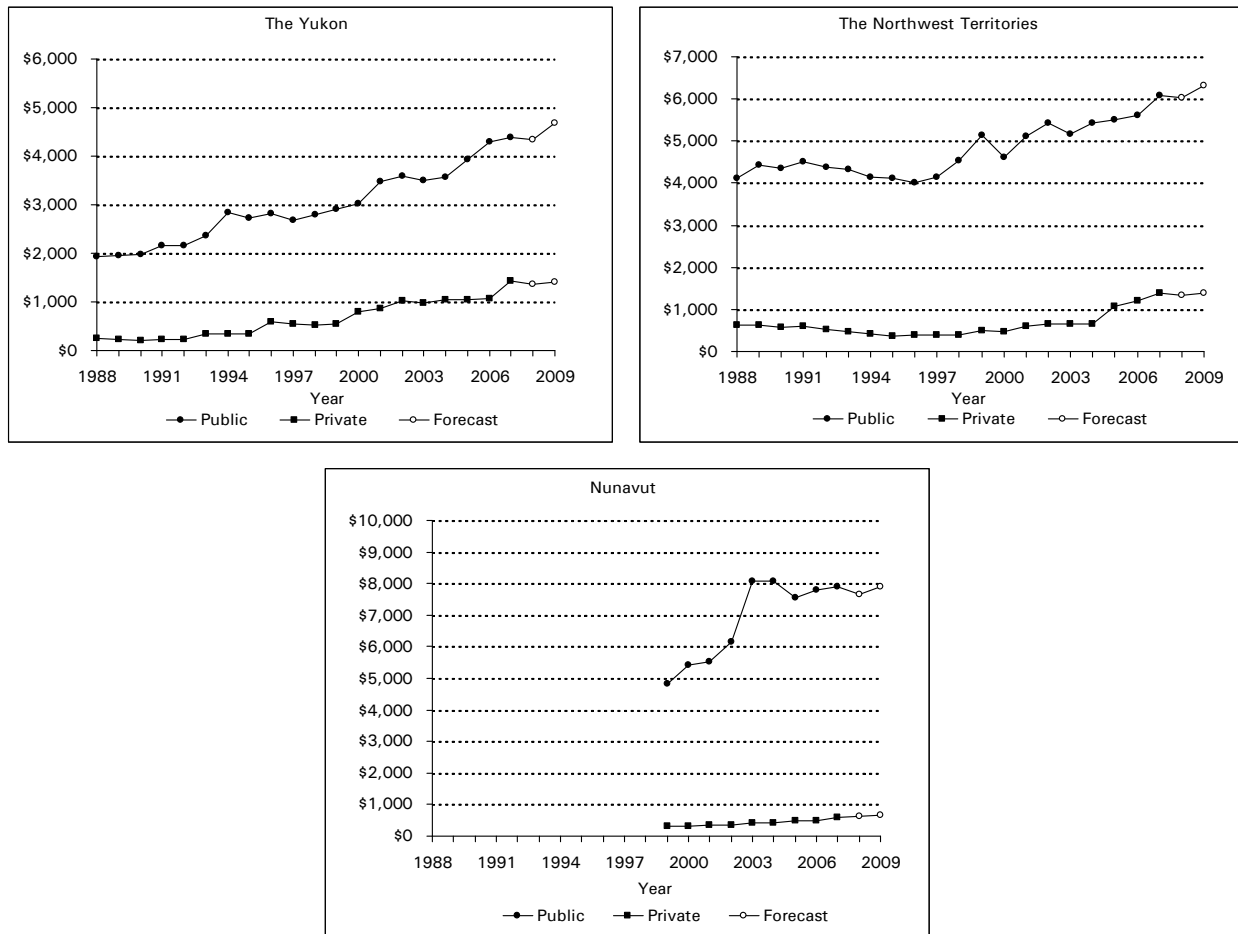
Figure 24 Public- and Private-Sector Health Expenditure per Capita, 1988 to 2009, by Province and Territory, Constant 1997 Dollars (cont'd)



Sources

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

Figure 24 Public- and Private-Sector Health Expenditure per Capita, 1988 to 2009, by Province and Territory, Constant 1997 Dollars (cont'd)



Sources

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

Provincial and Territorial Government Health Expenditure Standardized 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 to measure 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 2004 to 2007 (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, Nova Scotia 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, 2004 to 2007

	2004			2005			2006			2007		
	Actual (\$)	Standardized (\$)	Percent Change	Actual (\$)	Standardized (\$)	Percent Change	Actual (\$)	Standardized (\$)	Percent Change	Actual (\$)	Standardized (\$)	Percent Change
N.L.	2,974	2,988	0.5%	3,092	3,093	0.0%	3,312	3,293	-0.6%	3,616	3,570	-1.3%
P.E.I.	2,527	2,429	-3.9%	2,692	2,583	-4.1%	2,801	2,685	-4.2%	3,006	2,870	-4.5%
N.S.	2,521	2,394	-5.0%	2,757	2,608	-5.4%	3,090	2,918	-5.6%	3,334	3,143	-5.7%
N.B.	2,596	2,501	-3.6%	2,837	2,723	-4.0%	3,146	3,009	-4.3%	3,305	3,141	-5.0%
Que.	2,437	2,396	-1.7%	2,556	2,517	-1.6%	2,698	2,646	-1.9%	2,840	2,776	-2.3%
Ont.	2,635	2,669	1.3%	2,786	2,818	1.2%	2,934	2,968	1.1%	3,127	3,161	1.1%
Man.	2,936	2,830	-3.6%	3,150	3,058	-2.9%	3,299	3,209	-2.7%	3,448	3,379	-2.0%
Sask.	2,748	2,578	-6.2%	3,017	2,832	-6.1%	3,218	3,026	-6.0%	3,436	3,255	-5.2%
Alta.	2,840	3,073	8.2%	3,108	3,377	8.6%	3,291	3,587	9.0%	3,507	3,834	9.3%
B.C.	2,720	2,643	-2.8%	2,905	2,819	-3.0%	3,073	2,984	-2.9%	3,205	3,119	-2.7%
Y.T.	3,669	4,907	33.7%	4,027	5,430	34.8%	4,424	5,193	17.4%	4,460	5,602	25.6%
N.W.T.	5,275	8,136	54.2%	5,443	8,500	56.2%	5,602	8,562	52.8%	6,140	9,225	50.3%
Nun.	8,232	11,739	42.6%	7,469	11,545	54.6%	8,278	13,319	60.9%	8,442	13,789	63.3%
Canada	2,645	2,645	---	2,815	2,815	---	2,981	2,981	---	3,159	3,159	---

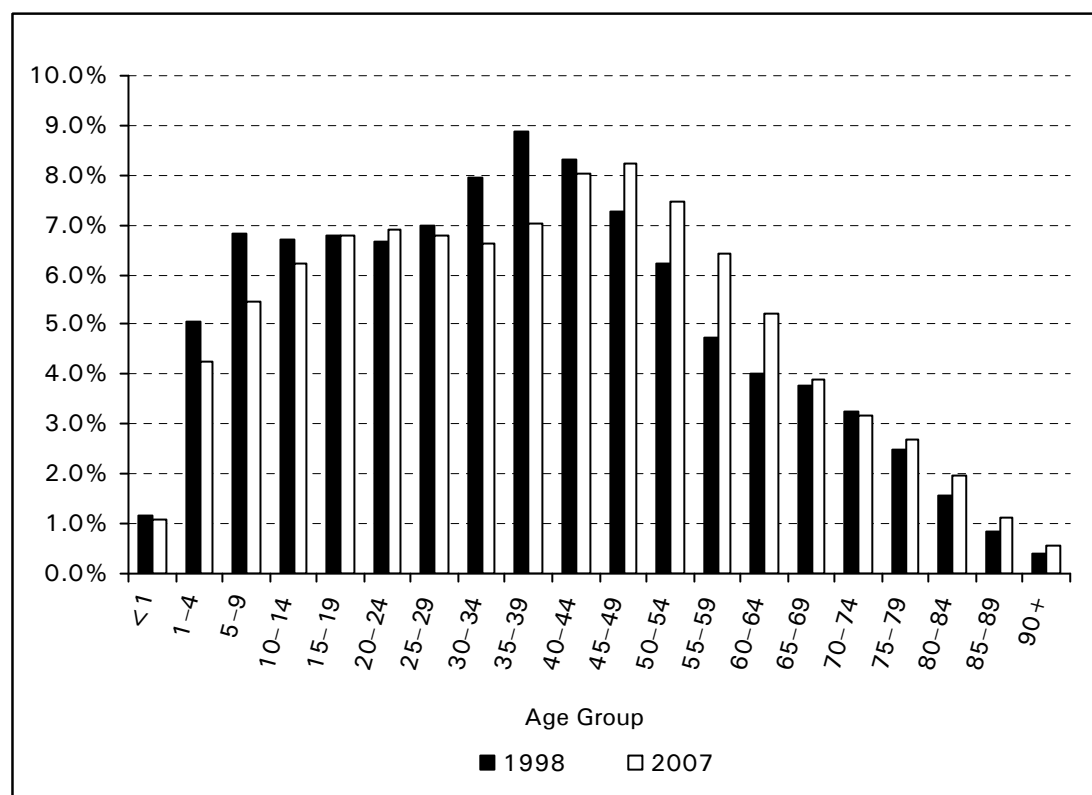
Sources

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

Provincial and Territorial Government Health Expenditure by Age and Sex^{xii}

The population of Canada is aging rapidly by historical standards. The largest concentration of population is in the middle age groups and moving upward.^{xiii} The elderly population (age 65 and older), which accounted for nearly 14% of the total population in 2007, will grow significantly due to the baby-boom cohort. Even over the relatively short period from 1998 to 2007, the increase in older age groups is evident (Figure 25). Future health care costs for an aging population have been a topical issue for a number of years.

Figure 25 Age Distribution, Canada, 1998 and 2007



Source

Population, Statistics Canada.

The conventional wisdom holds that future demands for health care by an aging population will strain governments' ability to fund services covered under the *Canada Health Act*. Some Canadian studies suggest that the effects of population growth and aging will be manageable, however, within the context of a growing economy.

xii. A detailed explanation of methods and sources used to distribute provincial/territorial government health expenditure by age and sex is available in the Methodological Notes section of this report.

xiii. Statistics Canada Population Projections. Medium growth estimate. CANSIM II table 052-0001.

This section briefly looks at provincial and territorial government expenditures by age and sex. CIHI has collected actual utilization data from national and provincial/territorial administrative databases for major categories of service delivered by provincial and territorial governments, from 1996 to 2007. A brief discussion is provided, focusing on the age and sex distributions in 2007 (for 19 age groupings) for the hospital and physician categories.

The complete set of estimates for five major categories—hospitals, physicians, drugs, other institutions and other professionals, from 1996 to 2007—are presented in the Series E data tables of this report.

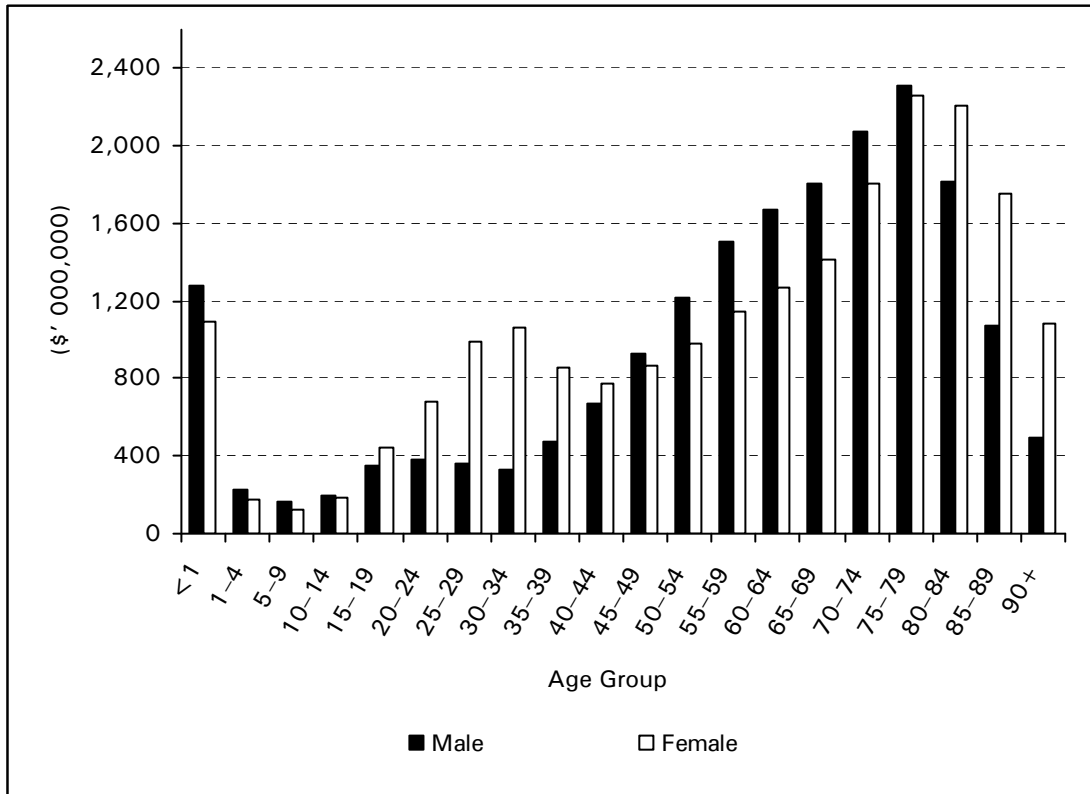
Hospital and Physician Expenditure by Age and Sex

All residents are insured for hospital and physician plans under provisions of the *Canada Health Act*. Provincial and territorial governments account for 89% of total expenditure for hospitals and 97% for physician services. These two categories accounted for approximately 59% of provincial and territorial government health expenditure in 2007.

Hospital expenditure for children younger than one year was approximately \$2.4 billion in 2007, more than the total expenditure for all children and teenagers age 1 to 19 (\$1.9 billion) (Figure 26). Hospital expenditure begins to increase steeply for females age 15 to 19 and continues to increase until it peaks in the age 30 to 34 group. Expenditure for males increases slightly in the last five years of the teens and then stays relatively stable until the 30s. Male expenditure is greater than female expenditure in the age 45 to 49 group and in each subsequent five-year age group until age 79. Expenditure for males declines sharply after age 79, with expenditure for females higher than expenditure for males in each age group. Higher total expenditure for females after age 79 is due to higher female populations.

Persons 65 and older accounted for approximately 50% of provincial/territorial government hospital expenditure in Canada during 2007. Within this age group, most was spent by 70- to 89-year-olds (38% of total). Children younger than one accounted for 6%.

Figure 26 Provincial/Territorial Government Hospital Expenditure, by Age and Sex, Canada, 2007

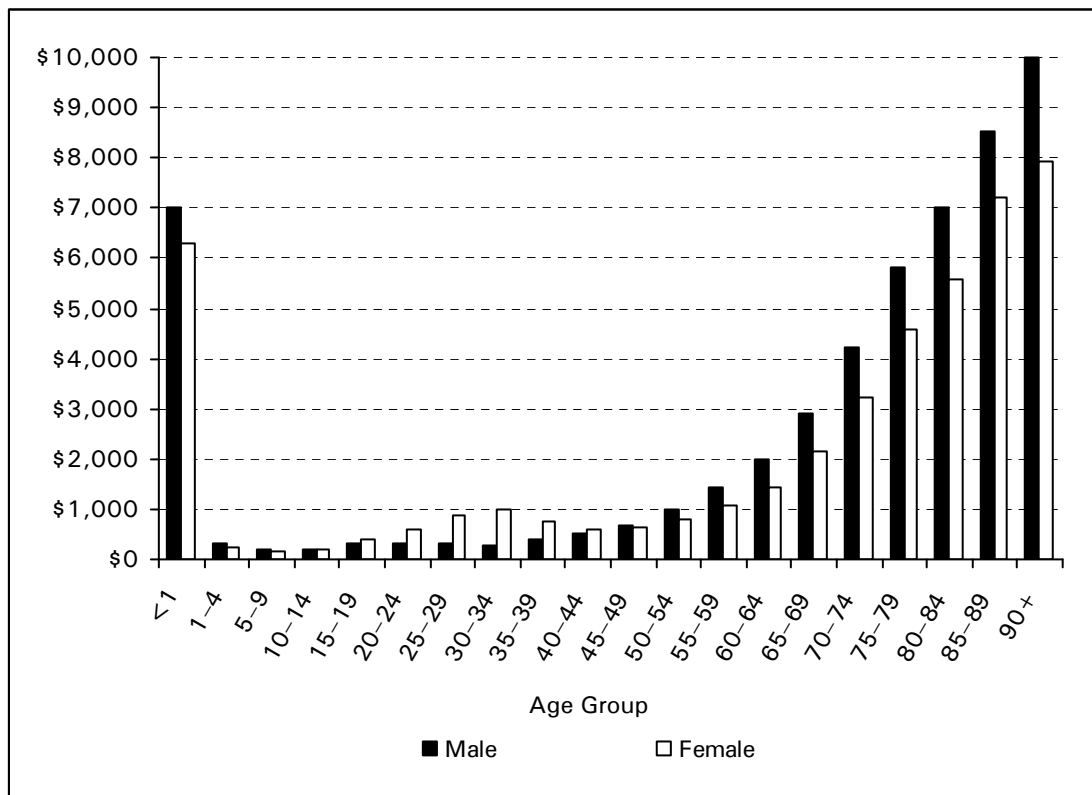


Source
National Health Expenditure Database, Canadian Institute for Health Information.

Hospital expenditure per capita exhibits a more striking age pattern than total expenditure. Expenditure per capita exceeds \$6,200 for both male and female infants younger than one, a level not reached again until age 80 to 84 for males and age 85 to 89 for females (Figure 27). The temporary increase in the female expenditure curve during the 20s and 30s is also noticeable in per capita expenditure, peaking between age 25 and 34.

Hospital expenditure per capita is higher for males than for females throughout the senior age groups.

Figure 27 Provincial/Territorial Government Hospital Expenditure per Capita, by Age and Sex, Canada, 2007

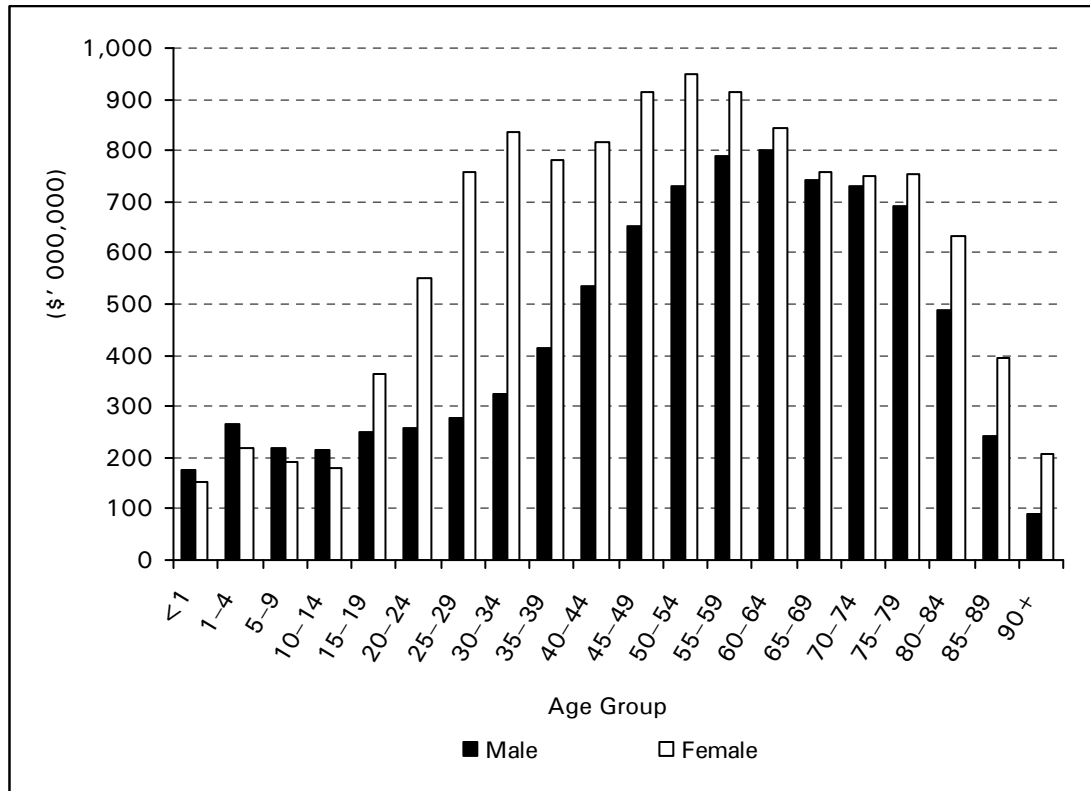


Sources

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

Physician services' expenditure for females is slightly less than that for males until age 14, and it is consistently higher thereafter (Figure 28). Expenditure for females is highest between age 25 and 59, accounting for 50% of total expenditure for females. Expenditure for males for the same group accounts for 42% of total expenditure for males.

Figure 28 Provincial/Territorial Government Physician Expenditure, by Age and Sex, Canada, 2007

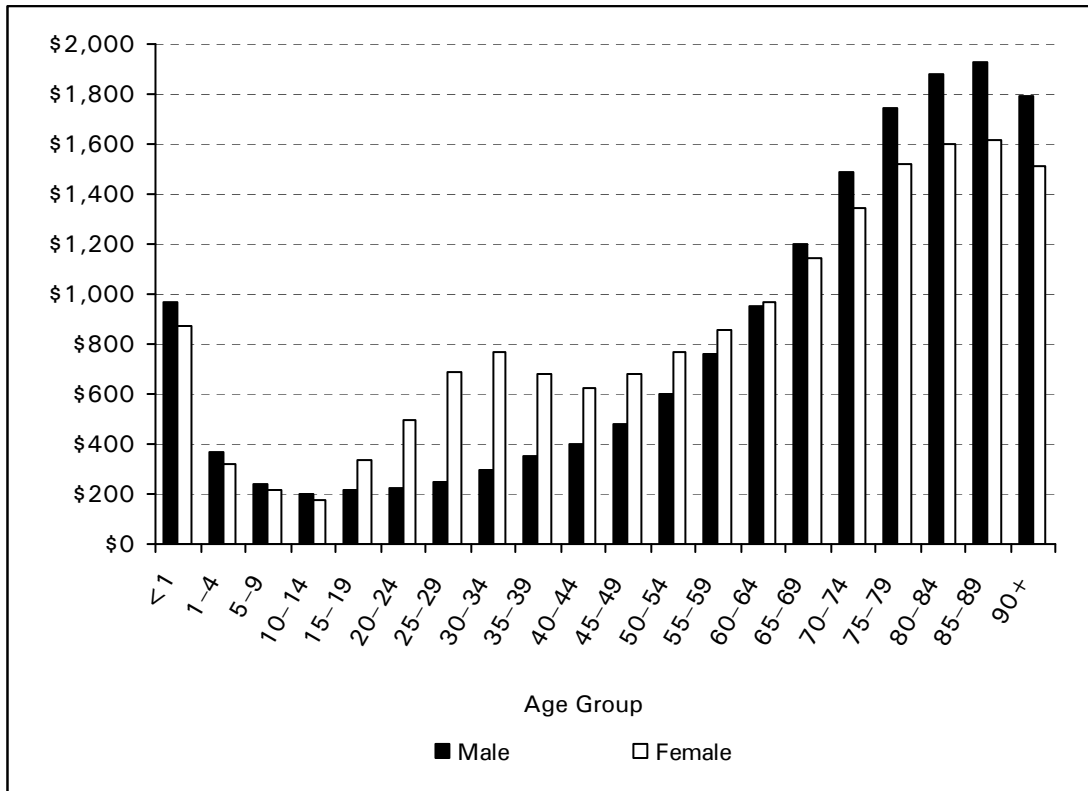


Source

National Health Expenditure Database, Canadian Institute for Health Information.

Expenditure per capita for females has a bimodal distribution, peaking at age 30 to 34 and again at age 85 to 89, then falling off in the oldest age group (Figure 29).

Figure 29 Provincial/Territorial Government Physician Expenditure per Capita, by Age and Sex, Canada, 2007



Sources

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

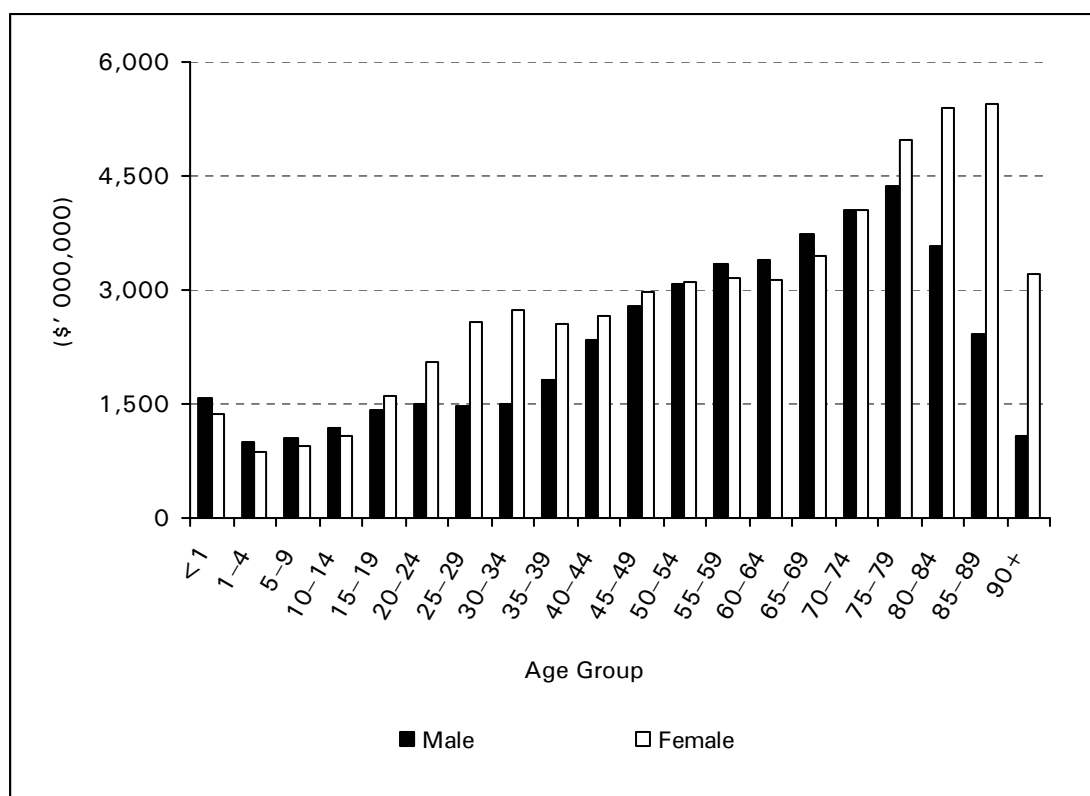
Total Provincial/Territorial Government Expenditure by Age and Sex^{xiv}

The distribution of provincial/territorial government health expenditure by age and sex, in millions of dollars and per capita dollars, is shown in figures 30 and 31. The influence of hospital and physician expenditure is obvious in the shape of the curves.

Seniors age 65 and older consumed more than 44% of all provincial/territorial government health spending in 2007, while comprising only 13.5% of the population. Females accounted for an estimated 55% of all provincial government spending in 2007. Female seniors consume the most, at more than 25% of total expenditure, while senior males accounted for approximately 19%. Infants accounted for less than 3% of total provincial government expenditure.

As in the case for hospital and physician services, there is high spending per capita for infant care, with costs estimated to be greater than \$7,800 per person for both sexes. From youths age 1 to adults age 49, spending per person slowly increases but does not exceed \$2,200 per person. There is a pronounced increase in per capita spending in the senior age groups.

Figure 30 Total Provincial/Territorial Government Health Expenditure, by Age and Sex, Canada, 2007

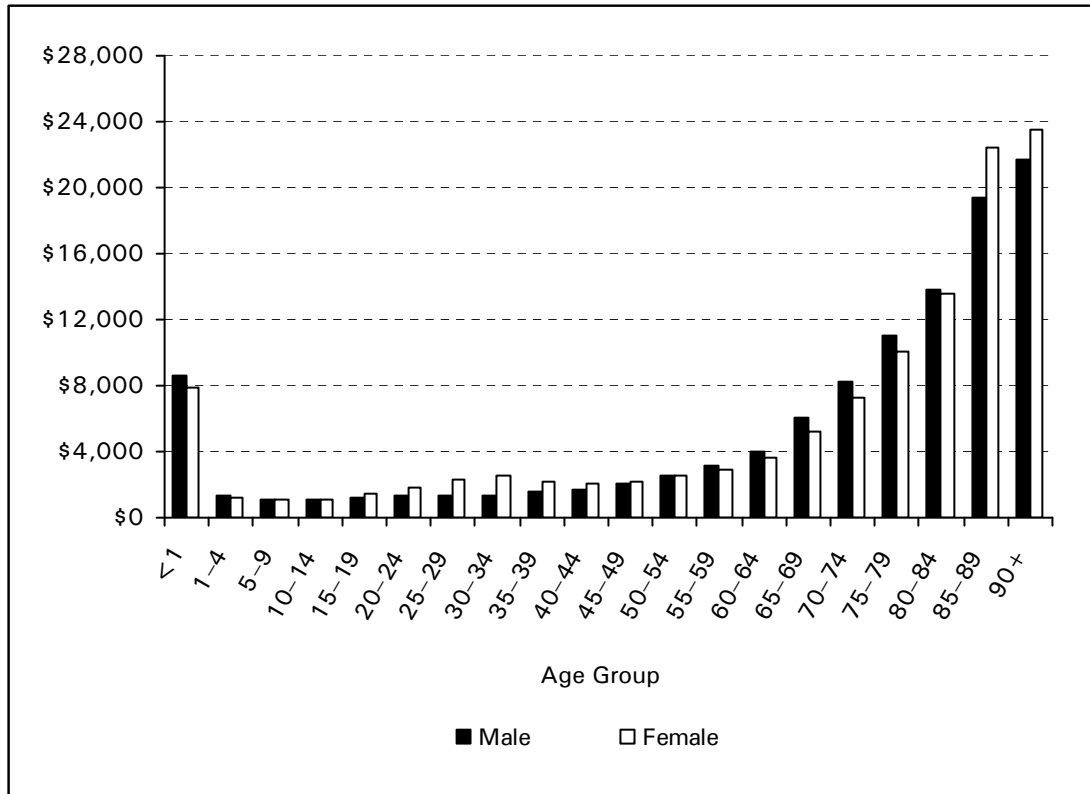


Source

National Health Expenditure Database, Canadian Institute for Health Information.

xiv. Missing data was estimated for this analysis. Refer to Age and Sex Distribution Methods in the Methodological Notes section of this report for more details.

Figure 31 Total Provincial/Territorial Government Health Expenditure per Capita, by Age and Sex, Canada, 2007



Sources

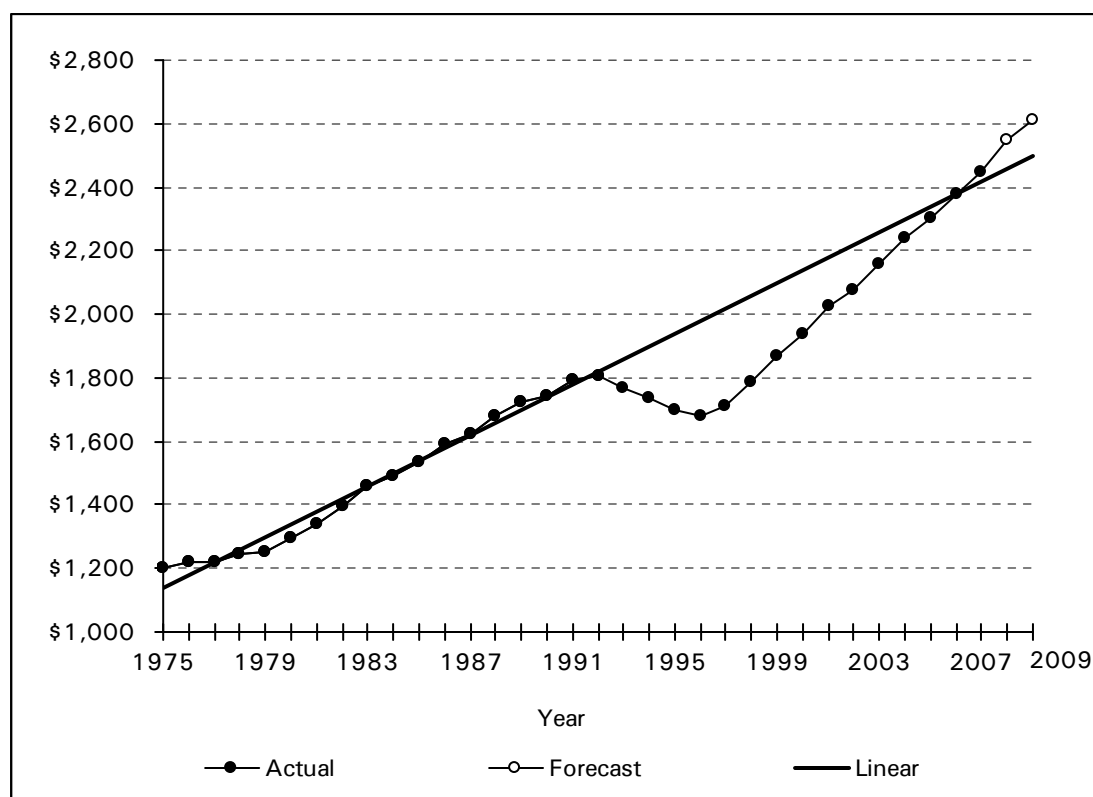
National Health Expenditure Database, Canadian Institute for Health Information; Population, Statistics Canada.

Provincial and Territorial Government Health Expenditures and Fiscal Position

During the current year, 2009, provincial and territorial government health expenditures are forecast to reach \$118.7 billion, which account for almost 65% of total health expenditures in Canada and 94% of expenditures by all levels of government.

Provincial and territorial government health expenditure per capita in constant (1997) dollars decreased during each of the four years from 1993 to 1996 (Figure 32). Expenditure per capita in constant dollars grew more rapidly from 1998 to 2007 than it had at any other time since 1975. This growth is expected to continue in 2008 and 2009. The 2007 estimate is approximately \$29 per capita more than the amount that would have been realized if the trend before 1993 had continued.

Figure 32 Provincial/Territorial Government Health Expenditure per Capita in Constant 1997 Dollars, Canada, 1975 to 2009



Sources

National Health Expenditure Database, Canadian Institute for Health Information; Population, 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.^{xv} The data used here consists of general government revenues and expenditures.^{xvi} General government expenditure is consistent with expenditures reported in the public accounts, which are also the source of data used in the National Health Expenditure Database series.

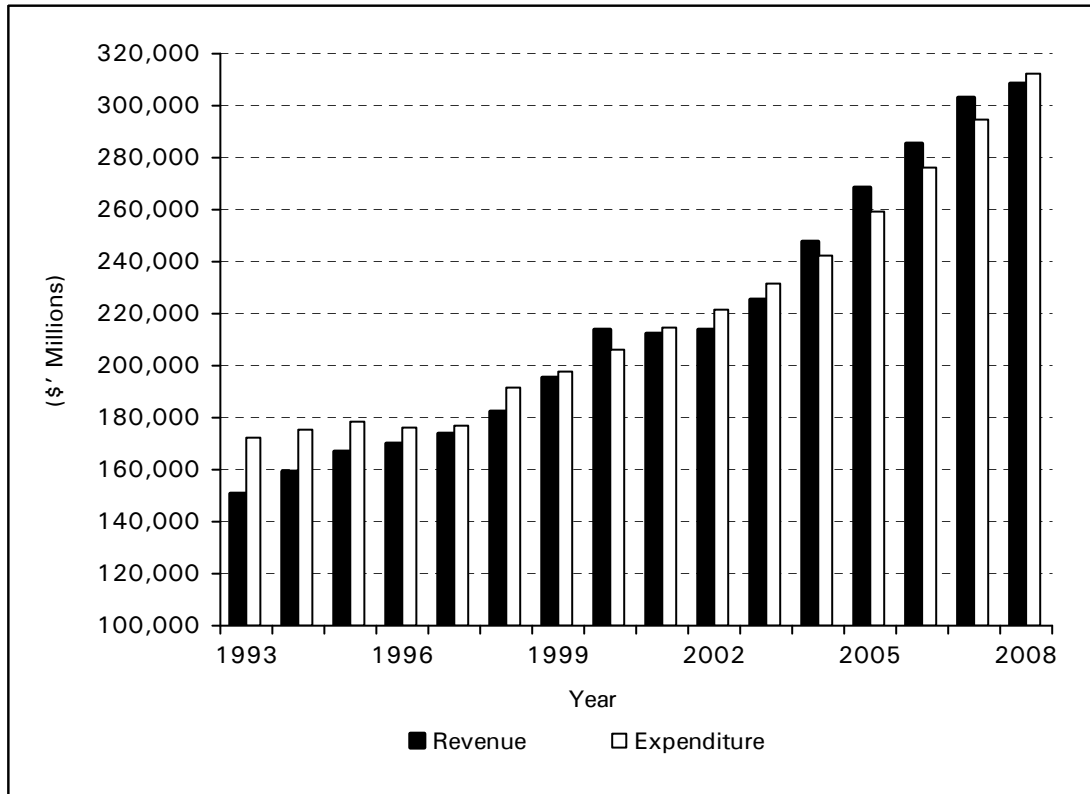
Revenue and Expenditure

Provincial and territorial government expenditures of \$172 billion exceeded revenues by approximately \$21 billion in 1993 (Figure 33). Expenditures increased slowly for two years, then decreased in 1996. Although expenditure growth resumed during the next two years, revenues grew more rapidly and, by the year 2000, provincial and territorial general government revenues exceeded expenditures by approximately \$8.4 billion. However, lower economic growth from 2001 to 2003 led to a decrease in government revenues and a subsequent deficit. Provincial and territorial governments returned to a surplus in 2004, which increased to \$8.5 billion in 2007. In 2008, provincial and territorial governments experienced a deficit of \$4.2 billion.

xv. Financial Management System, Public Sector Statistics Division (PSSD), formerly known as Public Institutions Division, Statistics Canada, Ottawa.

xvi. Provincial and territorial general government revenue and expenditure was the largest component (in fiscal 2007–2008) of the series for total revenue and expenditure, which also includes institutional units controlled or mainly financed by government, such as universities and health service organizations. For this analysis, fiscal year data has been converted to calendar year.

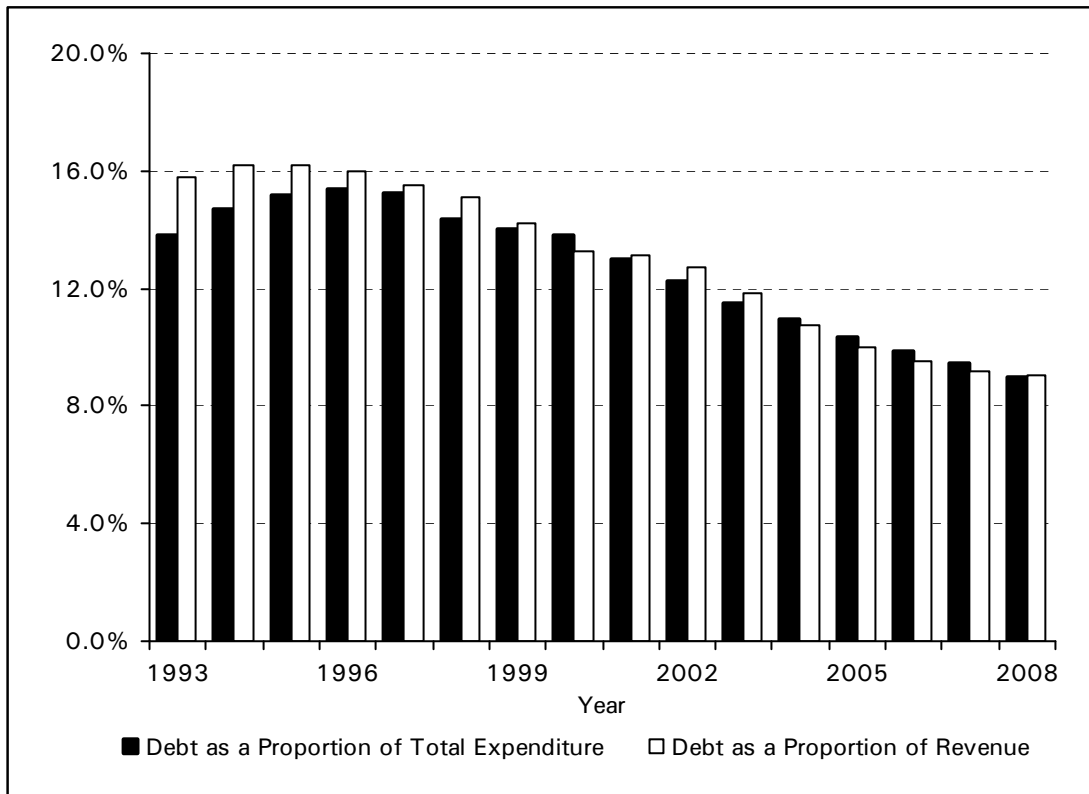
Figure 33 Provincial/Territorial Government Revenue and Expenditure, Canada, 1993 to 2008



Source
Financial Management System, Statistics Canada.

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 34). During the following 11 years, the improving fiscal balance, combined with lower interest rates, led to lower debt charges, reaching 8.9% of expenditures and 9.1% of revenues in 2008.

Figure 34 Provincial/Territorial Debt Charges as a Proportion of Total Provincial/Territorial Expenditure and Revenue, Canada, 1993 to 2008

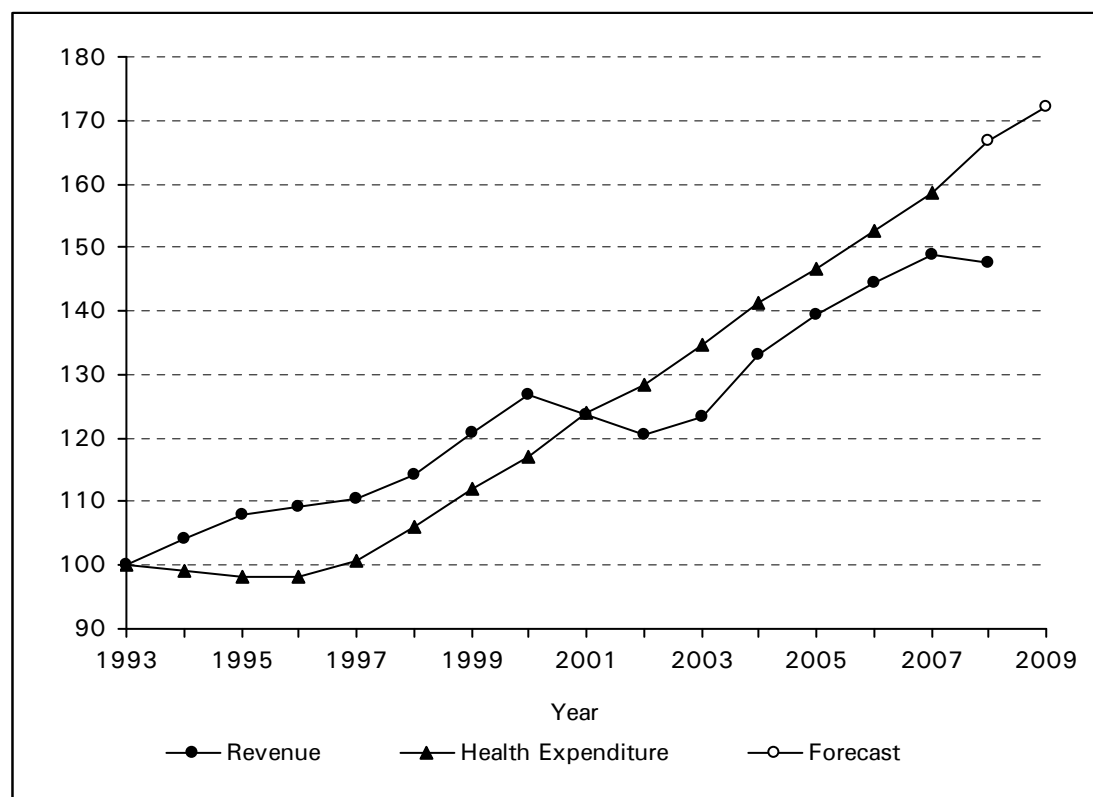


Source
Financial Management System, Statistics Canada.

Health Expenditures and Provincial and Territorial Revenues

While it is common to compare health expenditure to total expenditure, it can also be instructive to compare health expenditure to revenue, especially in the context of changes in provincial and territorial fiscal situations during the last 16 years. Rates of change in revenue were mixed throughout the period. Prior to 2001, the cumulative rate of increase in revenues had remained greater than the cumulative rate of increase in health expenditures (measured from the 1993 base year). By 2008, revenue, at 1997 price levels, was 48% higher than revenue in 1993, similar to the cumulative increase in health expenditures (67%) during that period (Figure 35).

Figure 35 Provincial/Territorial Government Revenue and Health Expenditure, Constant Dollar Indices (1993 = 100), Canada, 1993 to 2009

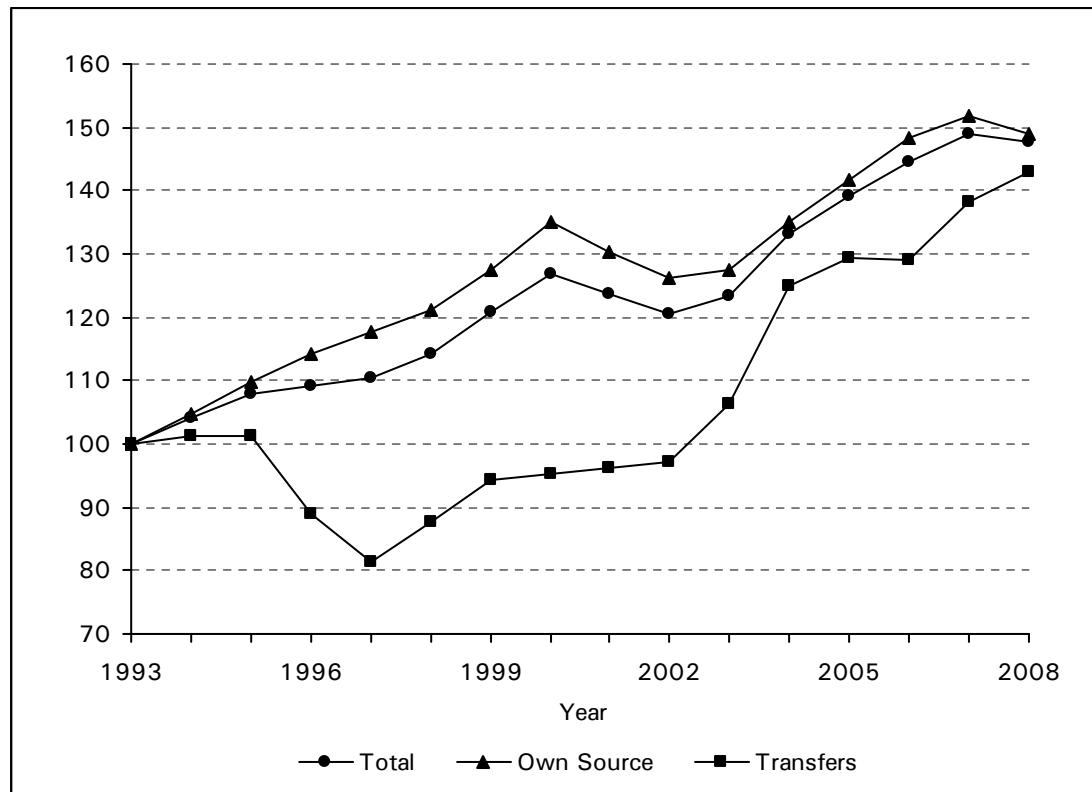


Sources

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

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 Canada Health and Social Transfer (CHST) and the Canada Health Transfer (CHT). Own source revenues at constant (1997) price levels increased in all years from 1993 to 2000, then decreased in 2001 and 2002 before rising again over the next five years, and then dropped again in 2008 (Figure 36). Transfers decreased in constant dollars during the first half of this period and increased in subsequent years.

Figure 36 Provincial/Territorial Government Revenues, Constant Dollar Indices (1993 = 100), Canada, 1993 to 2008



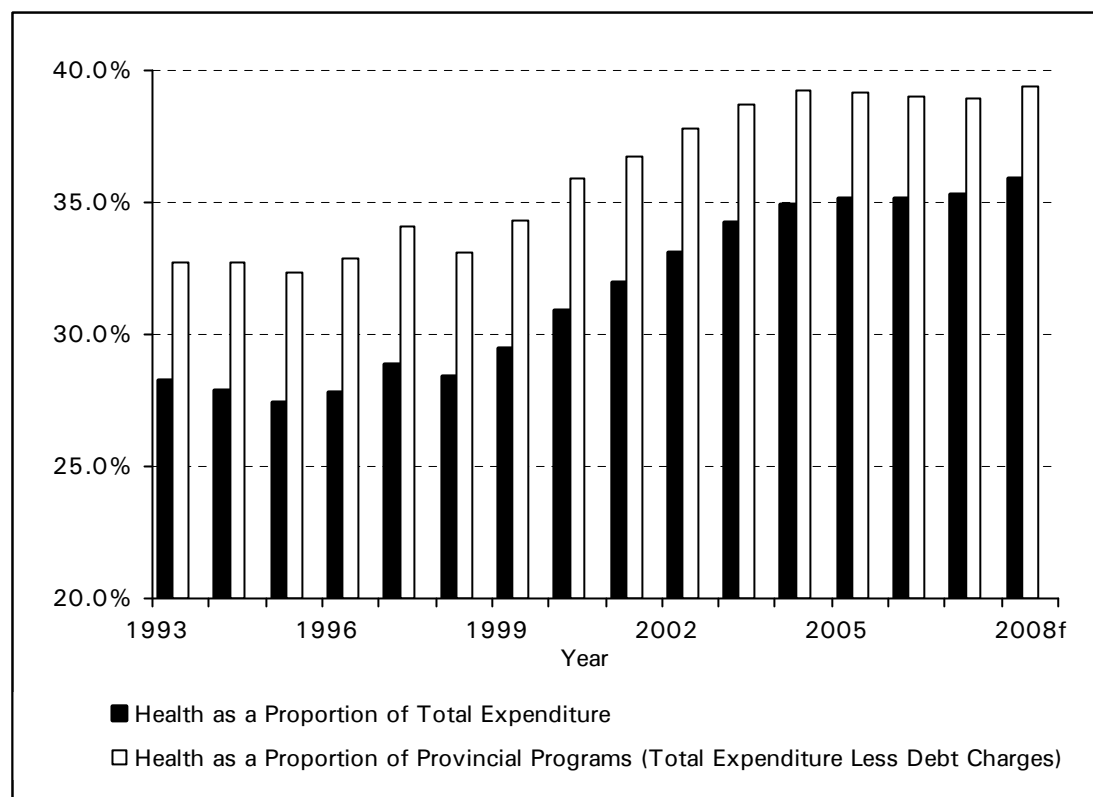
Source
Financial Management System, Statistics Canada.

In interpreting this trend data, it is important to note that transfers in FMS include all inter-governmental transfers, including at various times the CHST, Established Programs Funding and Canada Assistance Plan. The CHST replaced the latter two transfer mechanisms in fiscal 1996–1997, which in turn was replaced by the CHT and the Canada Social Transfer 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.

Health Expenditure and Total Program Expenditure

Health expenditures were equivalent to 28.2% of total provincial and territorial government expenditures in 1993 and 32.7% of program expenditures (total expenditure less debt charges). Health expenditures decreased as a percent of government expenditures during the next two years (Figure 37). Following strong growth of health expenditures over the most recent nine years, combined with more modest rates of growth in total expenditures, the shares of total and program expenditures allocated to health increased to 35.9% and 39.4%, respectively, in 2008.

Figure 37 Provincial/Territorial Government Health Expenditure as a Proportion of Total Provincial/Territorial Government Expenditure and Programs, Canada, 1993 to 2008



Note

f: forecast.

Sources

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

International Comparisons

Comparability of Health Expenditure Across Countries

For the last nine annual updates of the health database maintained by the 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 2009* is at varying levels of comparability.^{xvii} This section shows health expenditure information for the 26 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.^{xviii} The 26 countries are Australia, Austria, Belgium, Canada, the Czech Republic, Denmark, Finland, France, Germany, Hungary, Iceland, Japan, Korea, Luxembourg, Mexico, the Netherlands, New Zealand, Norway, Poland, Portugal, the Slovak Republic, Spain, Switzerland, Sweden, Turkey 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 2009* is based on the SHA starting in the following years:

- Australia: 1998
- Austria: 1990
- Belgium: 2003
- Canada: 1975
- Czech Republic: 2000
- Denmark: 2003
- Finland: 1995
- France: 1995
- Germany: 1992
- Hungary: 1998
- Iceland: 2003
- Japan: 1995
- Korea: 1980
- Luxembourg: 1999

xvii. See *OECD Health Data 2009*, June edition for more information on country methodologies and data limitations.

xviii. See Data Comprehensiveness and Boundaries of Health Care in the Methodological Notes.

- Mexico: 1999
- The Netherlands: 1998
- New Zealand: 2004
- Norway: 1997
- Poland: 2002
- Portugal: 2000
- Slovak Republic: 2004
- Spain: 1999
- Switzerland: 1995
- Sweden: 2001
- Turkey: 1999
- United States: 1999

Due to the change in reporting standards, this section on international comparisons focuses on 2007 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.

Health Expenditure and GDP

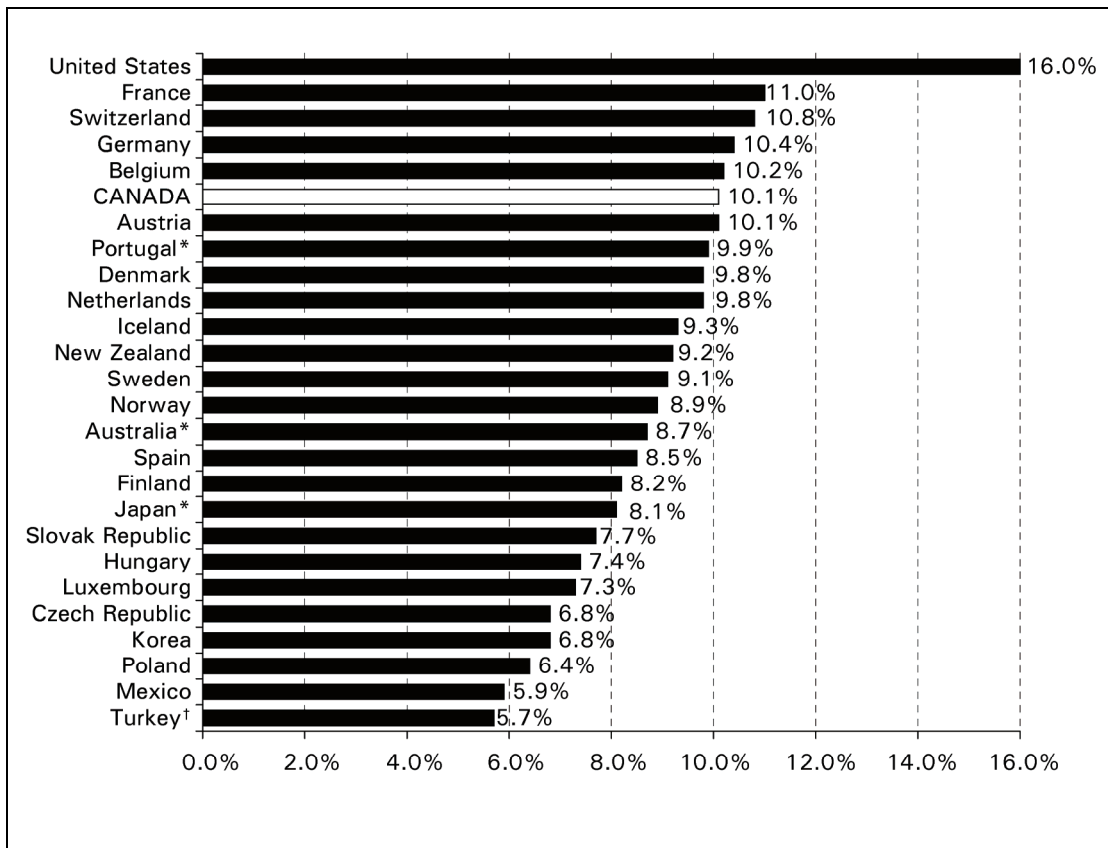
A higher level of public and private spending on health reduces the share of GDP that is left to purchase other goods and services. While there is more than a fivefold variation in health expenditure per capita between some countries, the share of GDP spent on health does not vary as widely. This reflects the fact that the level of health expenditure is driven in part by the level of GDP.

Total Health Expenditure as a Percent of GDP—2007

Canada is among seven 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 2007, the United States had the highest ratio of total health expenditure to GDP at 16%, while Canada was at 10.1% (Figure 38).

Figure 38 Total Health Expenditure as a Percent of GDP, 26 Selected Countries, 2007



Notes

* Data for 2006.

† Data for 2005.

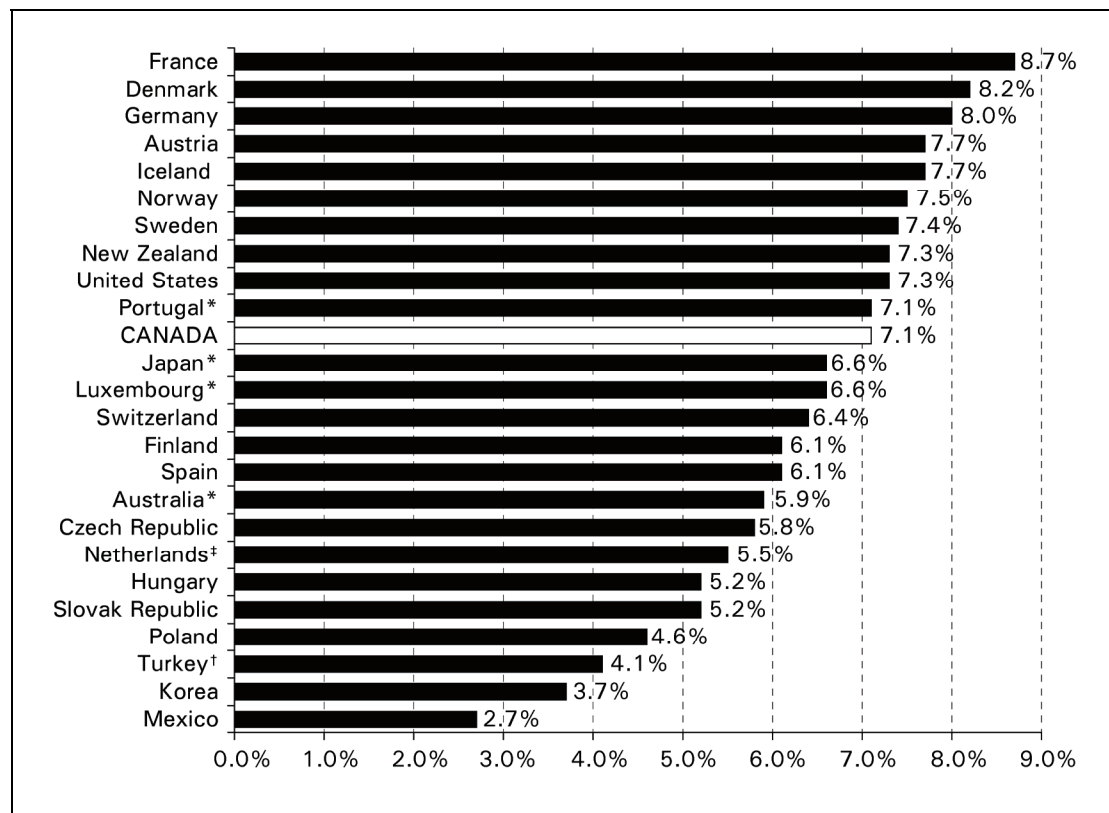
Source

OECD Health Data 2009, June edition.

Public-Sector Health Expenditure as a Percent of GDP—2007

With regard to public-sector spending on health as a percentage of GDP in 2007, Canada falls within the middle of the countries. Public-sector health expenditure accounted for 8.7% of France's GDP, the highest proportion among the countries. The ratios of public-sector spending to GDP were similar for New Zealand, the United States, Portugal and Canada (Figure 39).

Figure 39 Public-Sector Health Expenditure as a Percent of GDP, 25 Selected Countries, 2007

**Notes**

* Data for 2006.

† Data for 2005.

‡ Data for 2002.

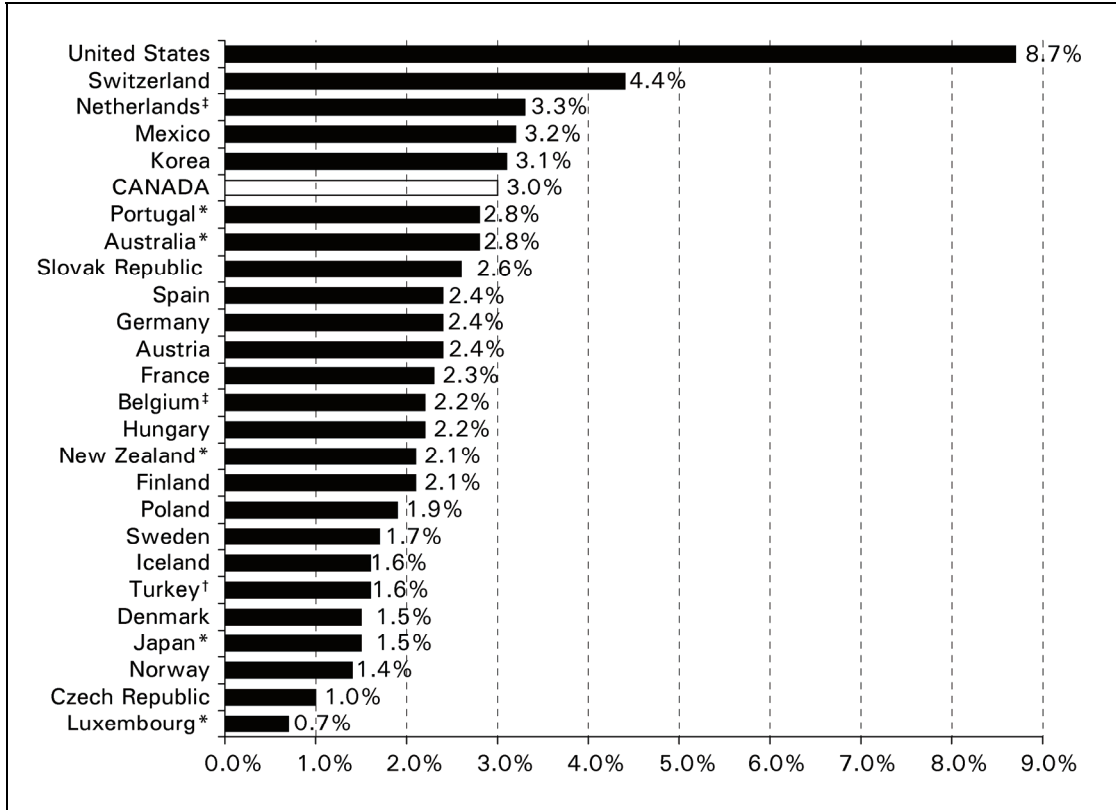
Source

OECD Health Data 2009, June edition.

Private-Sector Health Expenditure as a Percent of GDP—2007

Private-sector health expenditure represented 8.7% of GDP in the United States in 2007, by far the highest percentage among the countries. Canada is within a group of five countries with very similar private-sector health expenditure-to-GDP ratios ranging between 2.8% and 3.2%; other countries in this group are Australia, Portugal, Korea and Mexico (Figure 40).

Figure 40 Private-Sector Health Expenditure as a Percent of GDP, 26 Selected Countries, 2007

**Notes**

* Data for 2006.

† Data for 2005.

‡ Data for 2002.

Source

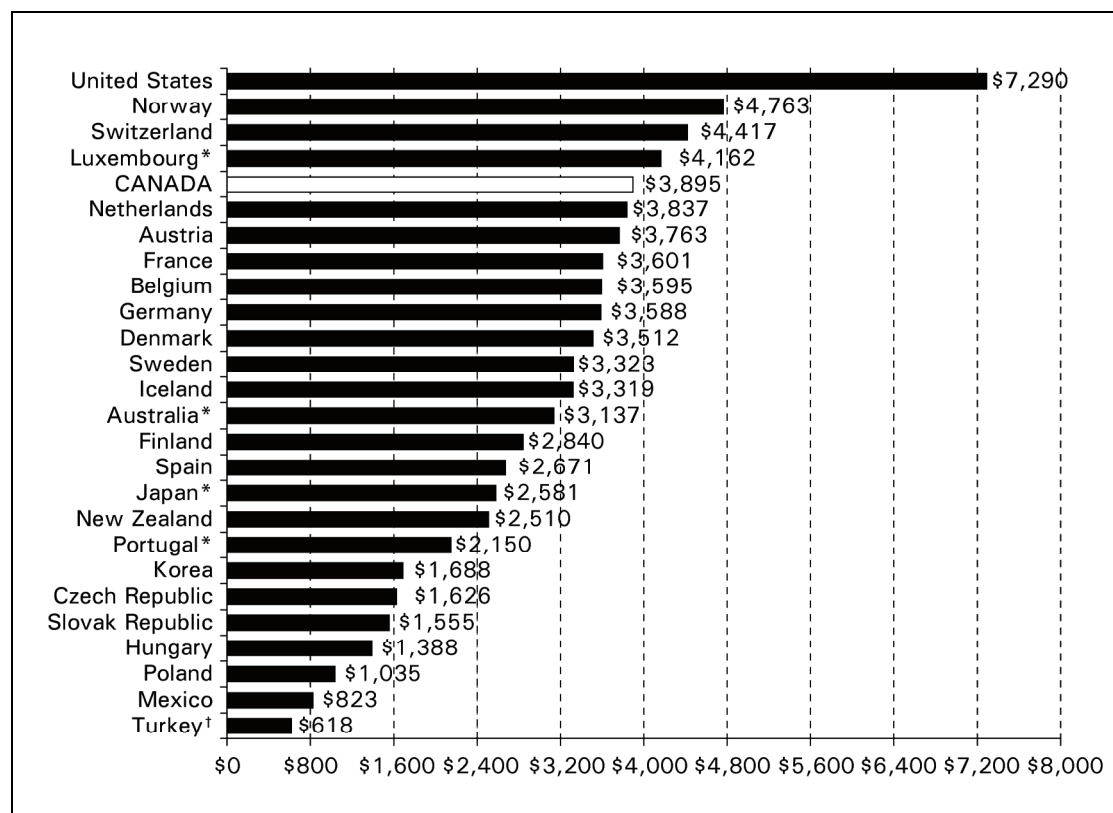
OECD Health Data 2009, June edition.

Health Expenditure per Capita^{xix}

Total Health Expenditure per Capita—2007

Canada, spending \$3,895 per person in 2007, is among the five countries with the highest per capita spending on health. The United States had the highest health expenditure per individual, which was \$7,290 in 2007. These figures were rather similar in Canada, the Netherlands, Austria, France, Belgium, Germany and Denmark (Figure 41).

Figure 41 Total Health Expenditure per Capita in U.S. Dollars, 26 Selected Countries, 2007



Notes

* Data for 2006.

† Data for 2005.

Source

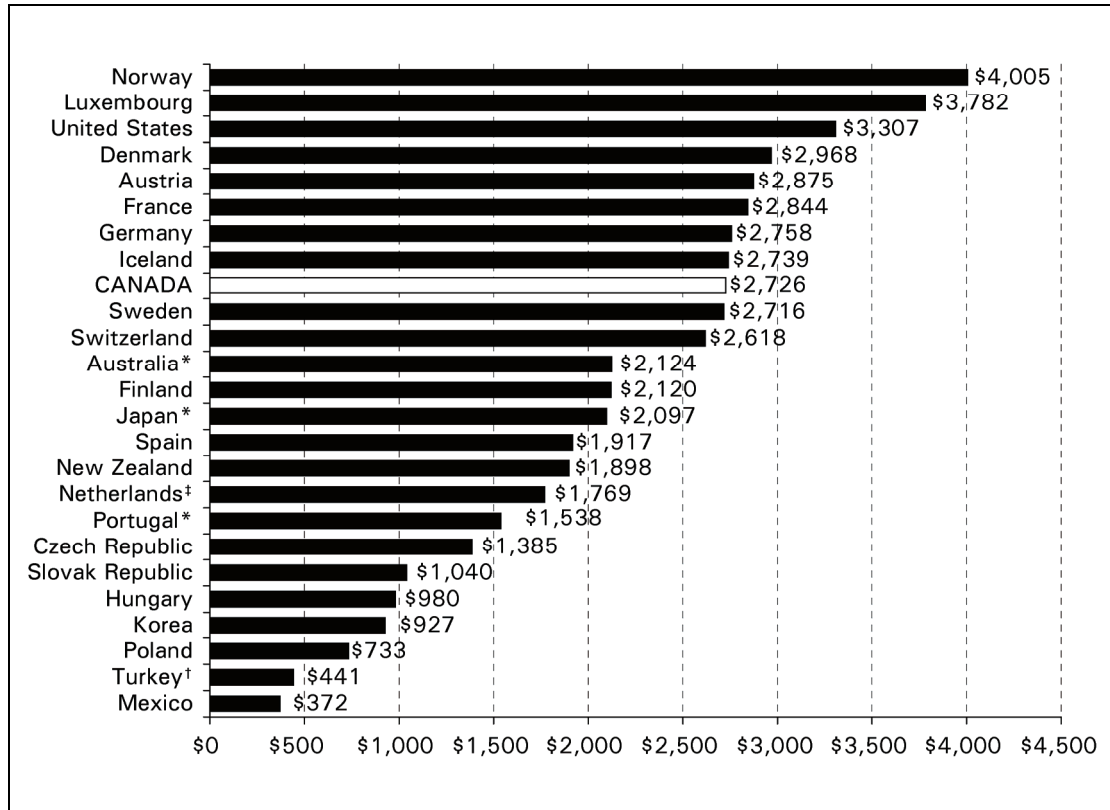
OECD Health Data 2009, June edition.

xix. 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. *OECD Health Data*.

Public-Sector Health Expenditure per Capita—2007

Norway has the highest public-sector health per capita spending at \$4,005, followed by Luxembourg (\$3,782). Canada was within the top nine countries, with public-sector health spending at \$2,726 per person (Figure 42).

Figure 42 Public-Sector Health Expenditure per Capita in U.S. Dollars, 25 Selected Countries, 2007

**Notes**

* Data for 2006.

† Data for 2005.

‡ Data for 2002.

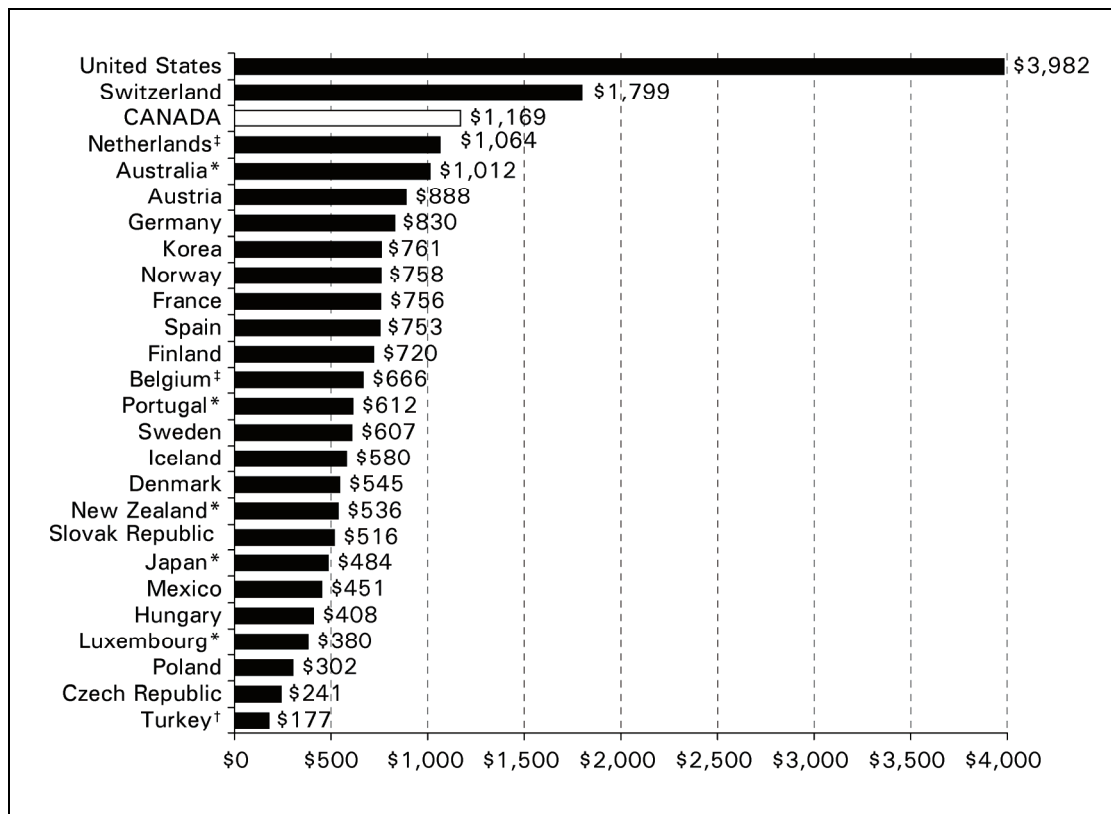
Source

OECD Health Data 2009, June edition.

Private-Sector Health Expenditure per Capita—2007

Canada, with private-sector per person spending of \$1,169, is among the top three countries with the highest per capita health spending funded by the private sector. The highest spenders were the United States (\$3,982) and Switzerland (\$1,799). The Netherlands (\$1,064), Australia (\$1,012), Austria (\$888) and Germany (\$830) were close to Canada’s level (Figure 43).

Figure 43 Private-Sector Health Expenditure per Capita in U.S. Dollars, 26 Selected Countries, 2007



Notes

- * Data for 2006.
- † Data for 2005.
- ‡ Data for 2002.

Source

OECD Health Data 2009, June edition.

Total Health Expenditure by Use of Funds—2007

Expenditure on medical services and expenditure on medical goods are two major categories. Taken together, they represent expenditure on personal health care and account for more than 80% of total health care spending in each of the 25 countries for which the breakdown of total health expenditure is available (the breakdown is not available for Turkey) (Figure 44).

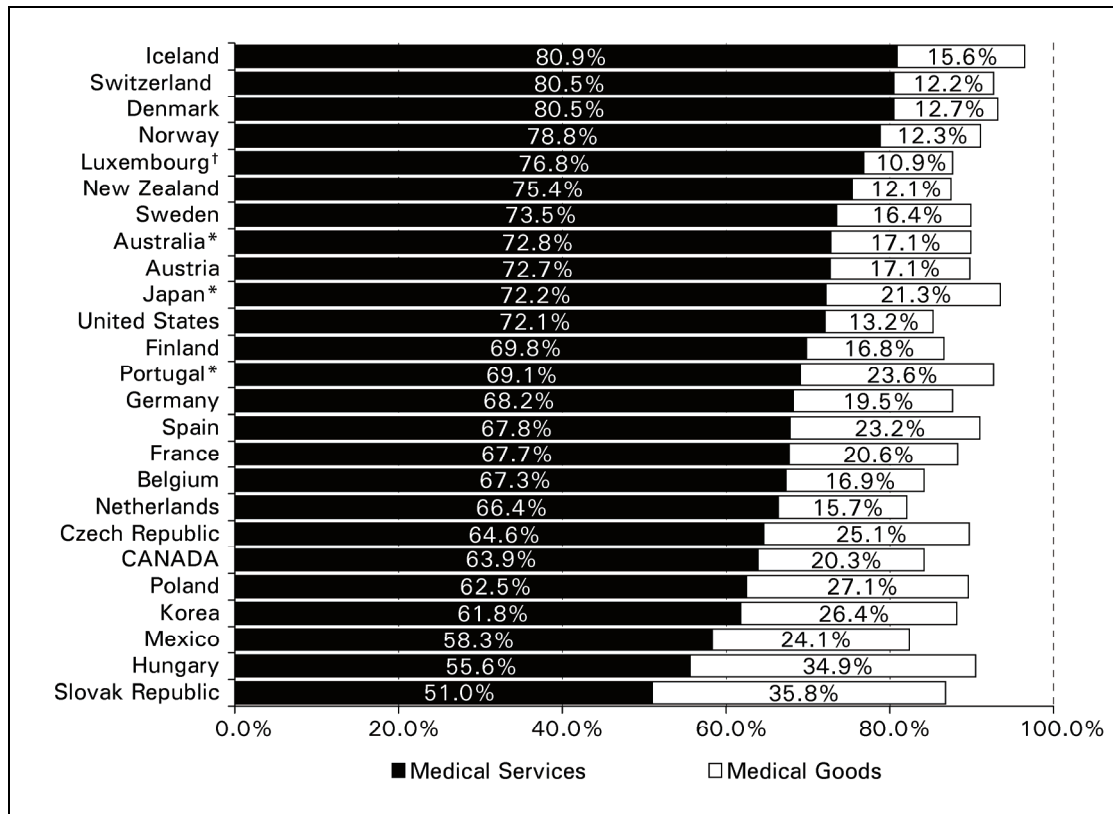
Expenditure on medical services is composed of expenditure on inpatient care and expenditure on other medical services.^{xx} Inpatient care is mainly delivered in hospitals but also in nursing and residential care facilities. Expenditure on other medical services includes all expenditures on day care, outpatient care (in hospitals, physicians' and dentists' offices, outpatient care centres, etc.), ancillary services provided to outpatients such as laboratory services and diagnostic imaging and home care.

Expenditure on medical goods (dispensed to outpatients) comprises mostly expenditure on pharmaceuticals and other medical non-durables, but also, to a lesser extent, expenditure on therapeutic appliances and other medical durables such as eyeglasses, hearing aids, artificial limbs, wheelchairs, etc.

Expenditure on medical goods ranged between 17% and 21% of total health expenditure for a middle group of five countries: Canada, France, Germany, Austria and Australia (Figure 44). The share of medical goods in total health care spending was below 17% in 11 countries and above 21% in 9 countries.

xx. The two components of medical services are not shown separately in the figure, as each component was not reported consistently among countries. Some countries included, under inpatient care, expenditures that should have been included under other medical services.

Figure 44 Expenditure on Personal Health Care as a Percent of Total Health Expenditure, 25 Selected Countries, 2007



Notes

* Data for 2006.

† Data for 2005.

Source

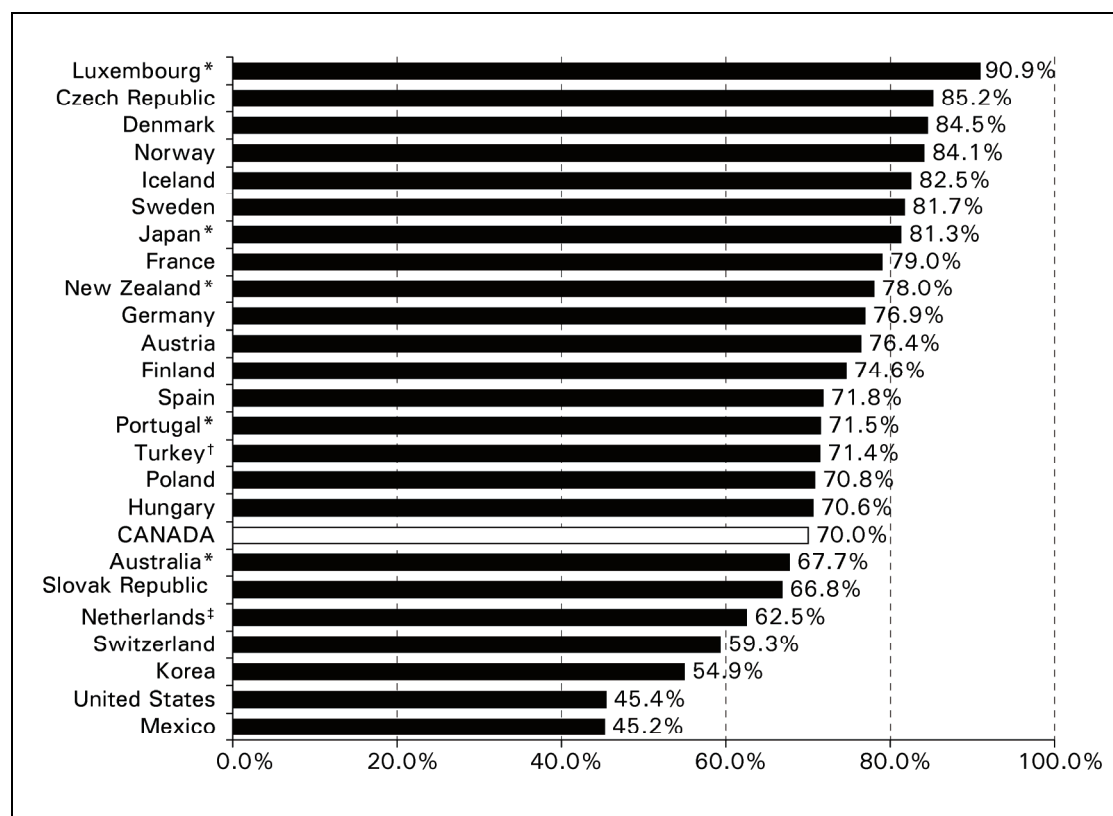
OECD Health Data 2009, June edition.

Public Share of Health Expenditure—2007

Public Share of Total Health Expenditure—2007

Expenditure by the public sector represented more than 80% of total health expenditure in Luxembourg, the Czech Republic, Denmark, Norway, Iceland, Sweden and Japan. The share funded by the public sector was 70% in Canada. The country with the lowest public-sector share was Mexico at 45.2% (Figure 45).

Figure 45 Public Share of Total Health Expenditure, 25 Selected Countries, 2007



Notes

* Data for 2006.

† Data for 2005.

‡ Data for 2002.

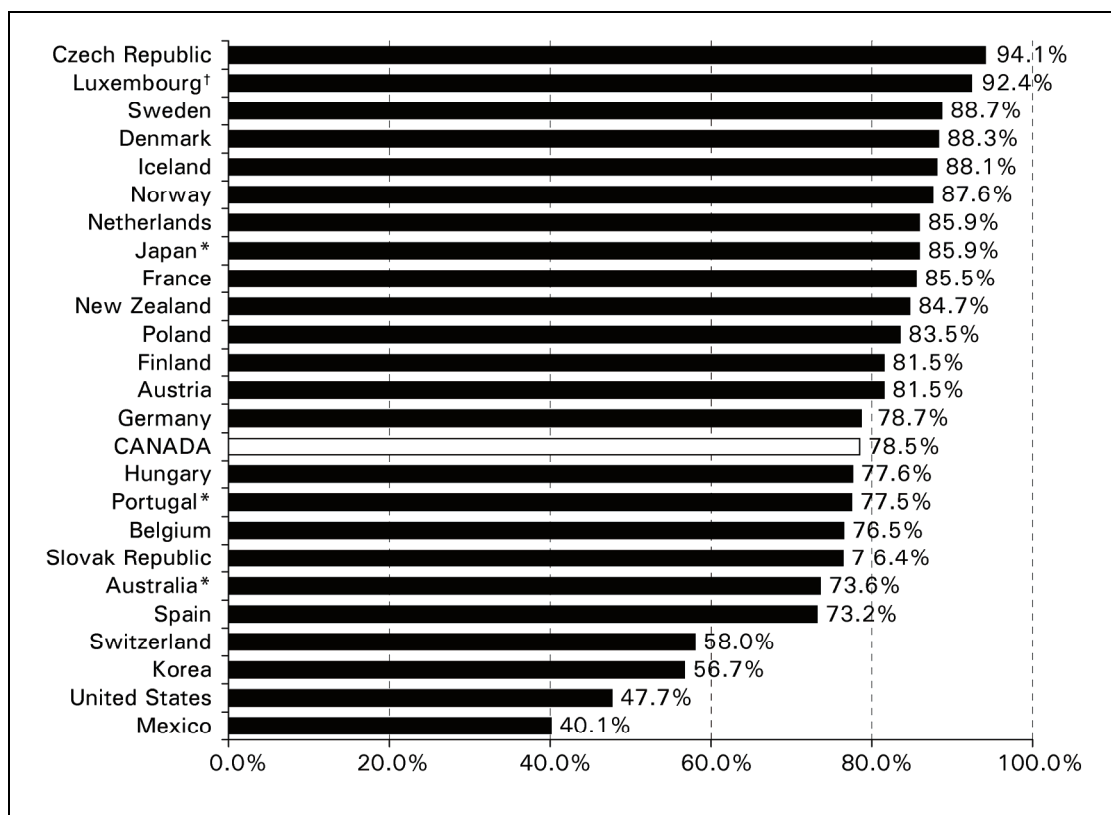
Source

OECD Health Data 2009, June edition.

Public Share of Expenditure on Medical Services—2007

In Canada, 78.5% of expenditures on medical services were financed by the public sector. The public-sector share ranged between 70% and 80% for a group of eight countries: Germany, Canada, Hungary, Portugal, Belgium, the Slovak Republic, Australia and Spain. The public-sector share was 47.7% in the United States and 40.1% in Mexico (Figure 46).

Figure 46 Public Share of Expenditure on Medical Services, 25 Selected Countries, 2007



Notes

* Data for 2006.

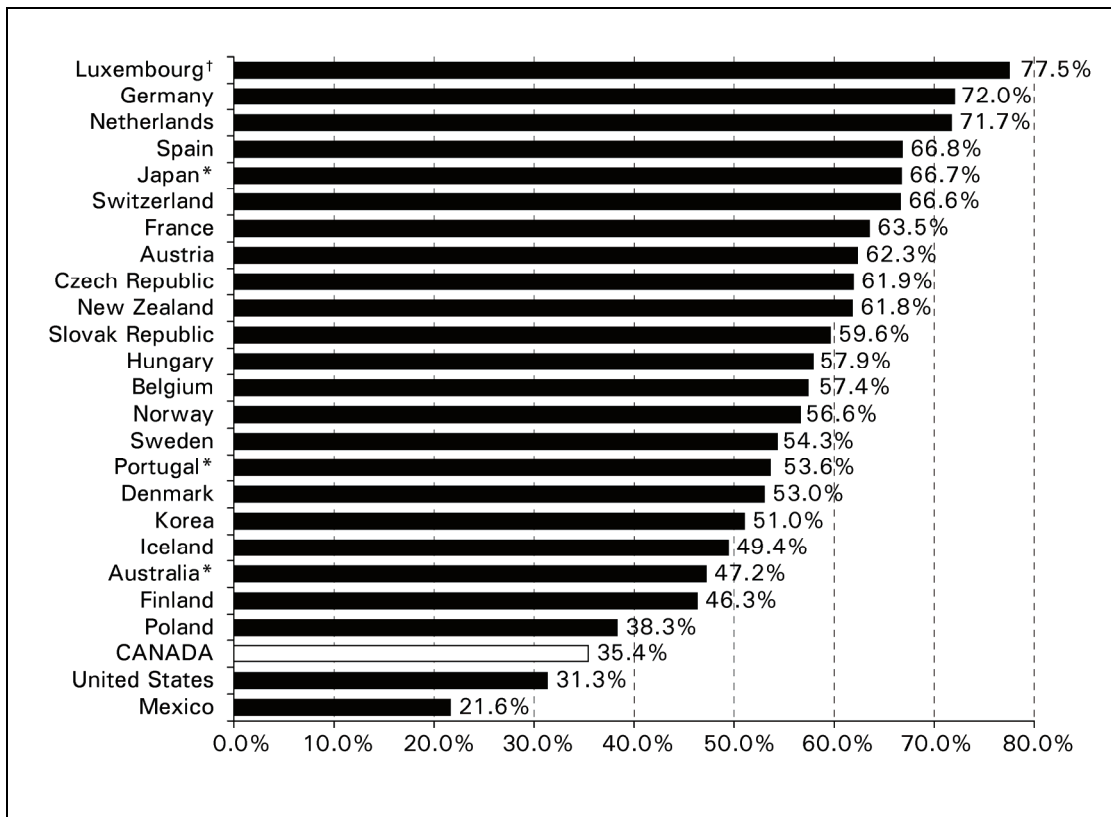
† Data for 2005.

Source

OECD Health Data 2009, June edition.

Public Share of Expenditure on Medical Goods—2007

Luxembourg (77.5%) had the highest share of expenditure on medical goods (dispensed to outpatients) financed by the public sector among the countries for which data was available (data was not available for Turkey). The public sector funded the lowest shares of expenditure on medical goods in Canada (35.4%), the United States (31.3%) and Mexico (21.6%) (Figure 47).

Figure 47 Public Share of Expenditure on Medical Goods, 25 Selected Countries, 2007**Notes**

* Data for 2006.

† Data for 2005.

Source

OECD Health Data 2009, June edition.

Total Health Expenditure by Source of Finance—2007

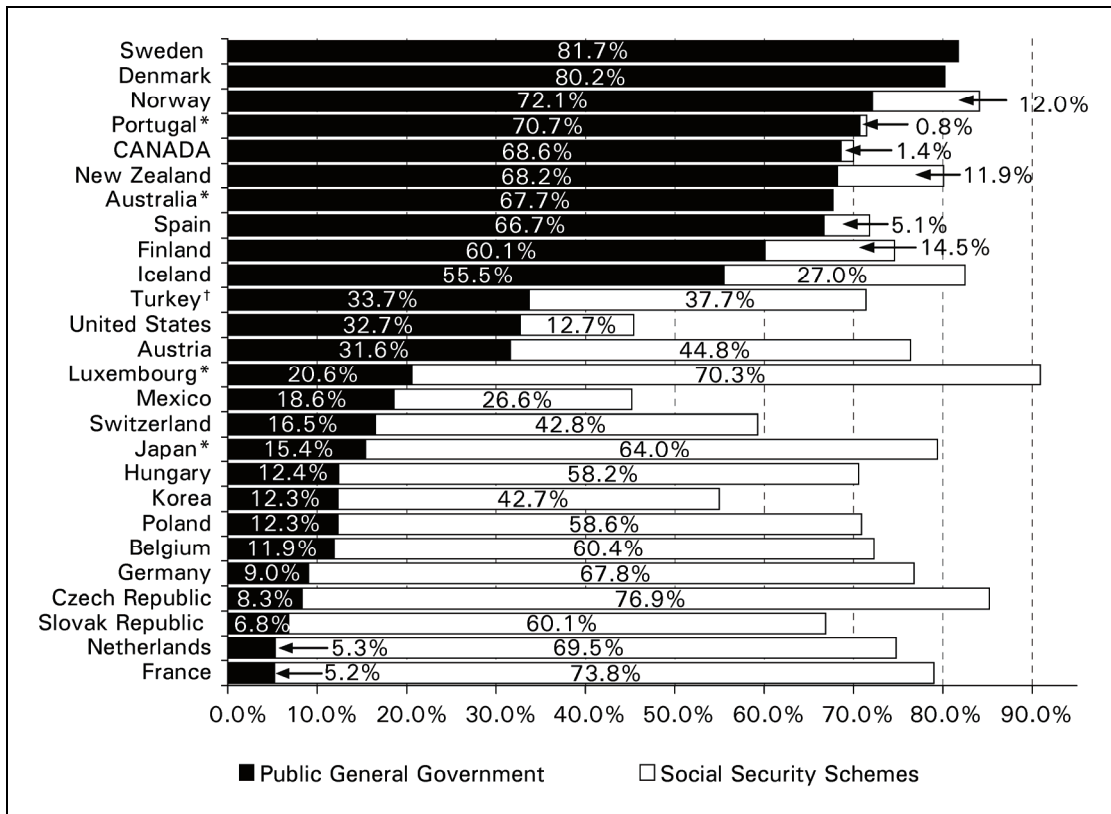
Public-Sector Sources of Finance—2007

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

The public sector includes two sub-sectors: 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 sub-sectors through which the countries provide funding. Expenditures by the public sector represented more than 80% of total health expenditure in Luxembourg, the Czech Republic, Denmark, Norway, Iceland, New Zealand and Sweden. In 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 67% and 80% of total health expenditure. In nine of these countries (France, the Netherlands, Germany, the Slovak Republic, Hungary, Poland, Belgium, Austria 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 Percent of Total Health Expenditure Financed by the Public Sector, by Source of Finance, 26 Selected Countries, 2007



Notes

* Data for 2006.

† Data for 2005.

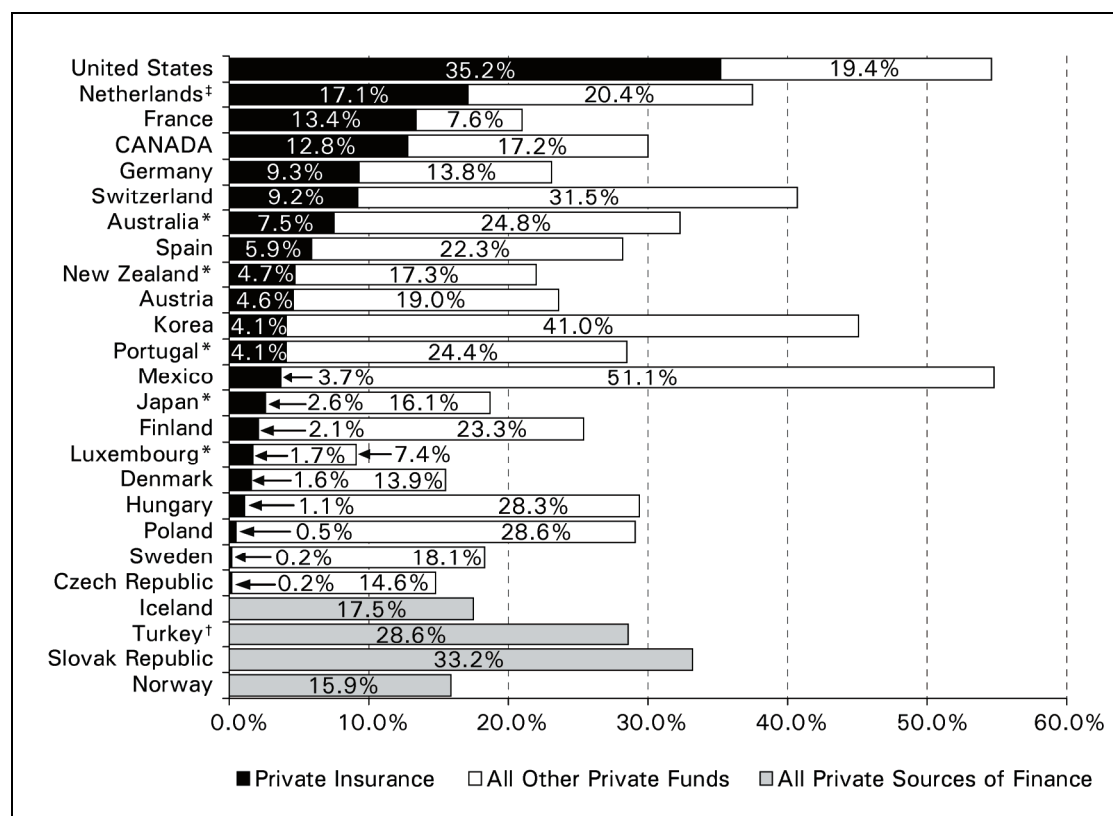
Source

OECD Health Data 2009, June edition.

Private-Sector Sources of Finance—2007

Figure 49 shows countries in descending order according to the share of total health expenditure financed by private insurance. In 21 countries, private-sector funding is broken down between private insurance and all other private funds. However, this breakdown is not available for Turkey, Iceland, the Slovak Republic and Norway. Approximately half of total health expenditure was financed by the private sector in the United States (54.6%) and Mexico (54.8%). Private insurance in the United States accounted for more than half of total health expenditure (35.2%), by far the largest proportion of any country. Canada is included in a group of nine countries (with Australia, Poland, Portugal, Hungary, Spain, Turkey, Finland and the Slovak Republic) where the private sector funded between 25% and 34% of total health expenditure. In Canada, private insurance accounts for 12.8% of total health expenditure.

Figure 49 Percent of Total Health Expenditure Financed by the Private Sector, by Source of Finance, 25 Selected Countries, 2007



Notes

* Data for 2006.

† Data for 2005.

‡ Data for 2002.

Source

OECD Health Data 2009, June edition.

Methodological Notes

Concepts and Definitions

Mandate of the National Health Expenditure Database (NHEX)

The mandate of NHEX is twofold:

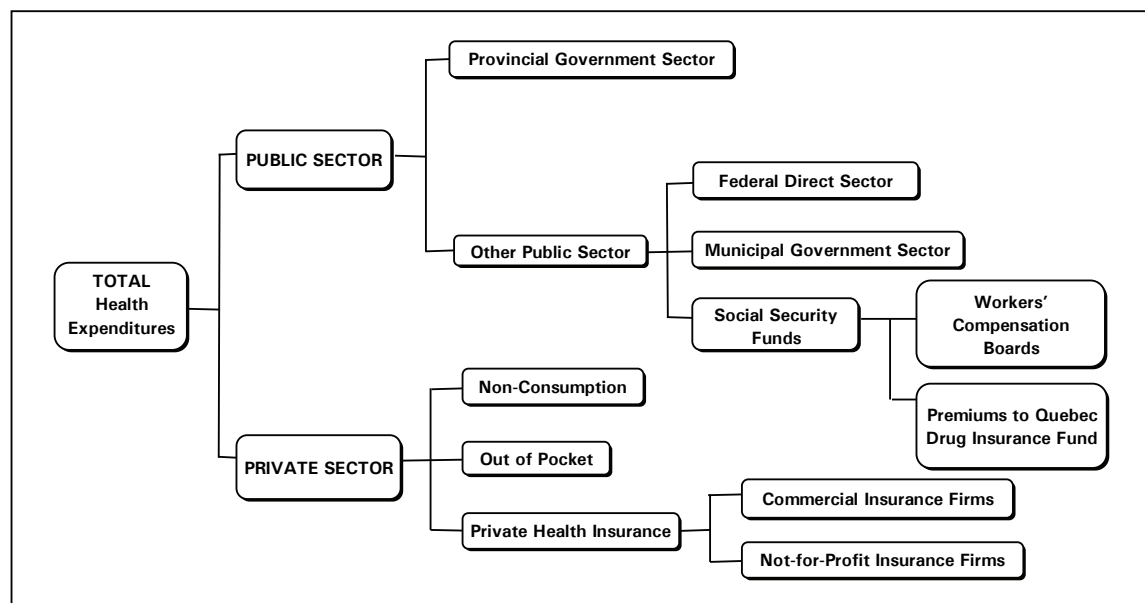
1. To support the development and evaluation of health programs in Canada by all levels of government and within the private sector.
2. To compile information on health expenditures that will accurately portray the importance of health care as a component of national expenditure.

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 50 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 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.^{xxi} It is sub-divided 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.

xxi. 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, massage therapists, osteopaths, physiotherapists, podiatrists, psychologists, private duty nurses and naturopaths. Discrete identification of many of the professions included under other professional services 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 sub-categories:

- *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 sub-categories:

- *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 sub-components: 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 sub-categories 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 either with the hospital or drug categories.
- *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, 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.

- *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 postsecondary 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 the public health capacities of 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 postsecondary 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, postsecondary 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.^{xxii}

- *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 at 1994–1995 levels.^{xxiii}
- *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)^{xxiv}—is the unduplicated value of production 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)^{xxv}—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, which eliminate differences in price levels between countries.

xxii. Health Canada, *Canada Health Act Annual Report*.

xxiii. Human Resources Development Canada, *Cost Shared Programs, Provincial Entitlements Under the Canada Assistance Plan*, February 1996 (unpublished).

xxiv. Statistics Canada, *Guide to the Income and Expenditure Accounts*, catalogue no. 13-603E, 1996, pp. 137 and 139.

xxv. *OECD Health Data*, Organisation for Economic Co-operation and Development, Paris, France.

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, in order to provide the most complete and objective estimates possible. A series of feasibility studies (for example, 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,^{xxvi} 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.

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.

xxvi. *Family Expenditure in Canada*, Statistics Canada catalogue no. 65-555. Statistics Canada, Periodical, Ottawa, Ont.

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

- **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 2009*, 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:

- Minor amounts spent on defence force and prison medical services, education of health professionals outside health institutions and expenditure on school health services.

Austria

- No departures from OECD/SHA boundaries reported.

Belgium

Excludes:

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

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.).
- Expenditures by public and private insurance plans for motor vehicle insurance, for health services not covered by the public programs for health care (such as service 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

Problems with determinations of 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:

- Health care provided in social services institutions (for example, long-term nursing care).
- Some private sources of finance, including non-profit institutions and corporations.
- Some out-of-pocket expenditure (out-of-pocket expenditure is probably underestimated).

Denmark

- No departures from OECD/SHA boundaries reported after 2002.

Finland

Includes:

- Expenditure on environmental health.

Excludes:

- Private capital formation of health care provider institutions.

France

- Data on health expenditure is reported using a detailed analysis that allows for results that are mostly compatible with the SHA standard.

Germany

Excludes:

- Expenditure for military health and prison health.

Hungary

Excludes:

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

Iceland

- No information available on departures from OECD/SHA boundaries and classifications.

Japan

Excludes:

- Some expenditure by central and local governments on administration of health care services.
- Expenditure made out of pocket or by private insurance agents on medical services not covered by national medical insurance schemes. These include:
 - Advanced or experimental medical procedures including clinical trials;
 - Acupuncture and other forms of traditional healing;
 - Some medical check-ups;
 - Upgrade in hotel services for inpatient care; and
 - Voluntary dental care.
- Expenditures made by private insurance companies to supplement co-payments 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.

Korea

- No information available on departures from OECD/SHA boundaries and classifications.

Luxembourg

- Total, public and private health care expenditure covers aggregate health care costs covered by the Grand Duchy of Luxembourg, including expenditure in respect of 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

- No departures from OECD/SHA boundaries reported.

New Zealand

Excludes:

- New Zealand has not yet incorporated 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:

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

Slovak Republic

- No information available on departures from OECD/SHA boundaries and classifications.

Spain

Excludes:

- Health care incurred in nursing homes and residential care facilities until 2002.
- Health care incurred by industries in their production process (occupational health care).
- Private investment in medical facilities includes only hospital capital expenditure.
- Prevention and public health expenditure includes only public expenditure.

Sweden

Excludes:

- Private-sector expenditures other than out-of-pocket expenditures of households.

Switzerland

Includes:

- Figures for medical services include investments. Thus, the sum of personal and collective health expenditure is greater than the reported total current expenditure.

Turkey

Within *OECD Health Data*, Turkish health expenditures are reported in an OECD-compatible way.

Includes:

- 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 States

Excludes:

- Estimates of structures investment do not include spending for moveable equipment.

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 re-classifying Saskatchewan's health expenditure data. Partial methodological changes started in 2005–2006, though they were not reflected in NHEX due to time limitations. Full effects are apparent in the 2006–2007 data in this report.

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 nine not-for-profit insurance companies and the Canadian Life and Health Insurance Association, which survey their 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 research company A. C. Nielsen, which tracks consumer sales of non-prescribed drugs sold in Canada at retail. Each year, A. C. Nielsen, reports retail sales data for two consistent years for more than 48 non-prescribed drug categories. Data is reported by sales channel,^{xxvii} 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 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.

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 CIHI's Canadian MIS Database (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.

xxvii. 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 merchandiser; and warehouse clubs, which are estimated from A. C. Nielsen's household panel data.

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 their 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:

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

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.^{xxviii}

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^{xxix} 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 their 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.

xxviii. For example, *Guide to the Income and Expenditure Accounts*, Statistics Canada catalogue no. 13-603E, Statistics Canada, Ottawa, Ont.

xxix. National Accounts and Environment Division, 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 three 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 and Capital Stock 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 2007 figures for capital expenditure in the provincial government sector, the municipal government sector and the private sector are based on preliminary actual figures from the Investment and Capital Stock Division of Statistics Canada. The 2008 capital figures are based on intentions.

Forecasts for the remaining categories in the federal direct, workers' compensation boards, municipal government and private sector were made entirely based on econometric analysis of time series trends. For each series, 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 the latest year 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 April 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)^{xxx} and Hospital Morbidity Database (HMDB). The CIHI Case Mix grouping methodology (CMG) 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 fiscal 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 fiscal years

xxx. 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.

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 the fiscal year 2006–2007, while the 2008 CMG + grouper was used for 2007–2008.

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^{xxxi} based on the number and type of comorbid diagnoses and the age of the patient. Once the patient is grouped, a Resource Intensity Weight (RIW)^{xxxii} 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.

Data from the DAD/HMDB covers 11 jurisdictions across Canada; the territories are combined due to the small number of facilities. The 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 fiscal years 2002–2003 to 2007–2008 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

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

xxxii. RIWs are resource allocation algorithms, developed by CIHI for estimating the relative hospital resources used for a typical case. See www.cihi.ca/cihiweb/dispPage.jsp?cw_page=casemix_riw_e for more information.

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 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 the 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 the 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, 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 co-payments. 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. Drug claim information by age and sex are currently unavailable from Newfoundland and Labrador, Prince Edward Island and Nunavut. Some data for 2005–2006 was obtained from CIHI's National Prescription Drug Utilization Information System (NPDUIS) Database.

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. Age–sex data was provided for the following plans: Seniors Plan (A), Cystic Fibrosis Plan (B), Family and Community Social Services (E), Human Resources Development (F), Organ Transplant (R), Human Growth Hormone (T) and Nursing Home Program (V), leaving only three plans with no age and sex data: Children in Care (G), HIV (U) and 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.^{xxxiii}

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

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 fiscal year 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 fiscal year 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 in 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.

The 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 approximately 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, co-payments 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 distributions of drug subsidy programs for Newfoundland and Labrador, Prince Edward Island and Nunavut were estimated for 1998 onward using the distributions of drug subsidy programs in other provinces with similar target populations and co-payment plans. Newfoundland and Labrador age–sex distribution was based on New Brunswick's Seniors, Community and Social Services drug plans (plans A, E and F). Prince Edward Island's age–sex distribution for drug expenditure was based on the Nova Scotia Seniors and Community Services drug plans. Nunavut's age–sex distribution is based on Northwest Territories data.

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 co-payment 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 is 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 by 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.

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

The revisions presented in Alberta are due to adjusted dental expenditure data in 2006.

Table 8 Differences From Previously Reported Provincial Government–Sector Data by Province/Territory and Canada, 2006 (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
2006	---	---	---	---	---	---	---	---	43.1	---	---	---	---	43.1

Private Sector

Adjustments were made to not-for-profit insurance companies' data in British Columbia from 2003 to 2006.

Data from Statistics Canada's Residential Care Facilities Survey (RCF) was used to estimate the other institutions category from 2003 to 2006.

Table 9 Differences From Previously Reported Private-Sector Data by Province/Territory and Canada, 2003 to 2006 (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	---	---	---	---	---	---	---	---	---	-66.6	---	---	---	-66.6
2004	---	---	---	---	---	---	---	---	---	-130.6	---	---	---	-130.6
2005	---	---	---	---	---	---	---	---	---	-195.9	---	---	---	-195.9
2006	13.3	9.6	17.2	12.1	12.4	167.9	-13.0	23.6	34.1	-181.0	---	---	---	96.1

Federal Direct Sector

No historical revisions were made this year.

Municipal Government Sector

Municipal government data is from Statistics Canada's Financial Management System. The revisions presented in Table 10 are due to revised revenue and expenditure estimates by Statistics Canada.

Table 10 Differences From Previously Reported Municipal Government–Sector Data by Province/Territory and Canada, 2005 to 2006 (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	---	3.7	---	---	-61.1	-0.5	-1.3	-8.9	1.5	---	---	0.6	-66.1
2006	-0.2	---	-3.0	0.4	---	30.9	22.9	-0.6	-11.1	-0.7	---	---	-1.3	37.4

Social Security Fund Sector

Data for medical aid spending provided by the Manitoba Workers' Compensation Board was revised from 2004 to 2006. Adjustments were also made to the premiums paid by the subscribers of the Quebec Drug Insurance Fund from 1997 to 2006.

Table 11 Differences From Previously Reported Social Security Fund–Sector Data by Province/Territory and Canada, 1997 to 2006 (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
1997	---	---	---	---	-2.9	---	---	---	---	---	---	---	---	-2.9
1998	---	---	---	---	-4.8	---	---	---	---	---	---	---	---	-4.8
1999	---	---	---	---	-1.3	---	---	---	---	---	---	---	---	-1.3
2000	---	---	---	---	-4.4	---	---	---	---	---	---	---	---	-4.4
2001	---	---	---	---	-12.5	---	---	---	---	---	---	---	---	-12.5
2002	---	---	---	---	-17.2	---	---	---	---	---	---	---	---	-17.2
2003	---	---	---	---	-17.1	---	---	---	---	---	---	---	---	-17.1
2004	---	---	---	---	-26.7	---	0.5	---	---	---	---	---	---	-26.2
2005	---	---	---	---	-40.4	---	0.7	---	---	---	---	---	---	-39.7
2006	---	---	---	---	-50.8	---	0.7	---	---	---	---	---	---	-50.1

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. The estimates in this report are now based on the latest released data of July 2009.

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, CHST—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 the Yukon—Public Accounts of Canada, Department of Indian Affairs and Northern Development.
- Health Resource Fund—Health Canada.

Federal Direct Sector

- Public Accounts of Canada.
- Special tabulations/information from
 - Health Canada.
 - Department of Veterans Affairs.
 - Department of National Defence.
 - Solicitor General of Canada.
 - Statistics Canada.
 - Citizenship and Immigration Canada.
 - Several organizations that are responsible for administering research funds from the federal government such as Canada Foundation for Innovation, Canadian Health Services Research Foundation and the 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.
- Annual report of the RAMQ.

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:
 - **Hospitals**—(adjusted revenues from *patient services*) Annual Return of Health Care Facilities, fielded by Statistics Canada to 1994–1995, and the CMDDB administered by CIHI from 1995–1996 and onward.

- **Other institutions**—Residential Care Facilities Survey fielded by Statistics Canada.
- **Over-the-counter drugs and personal health supplies**—Market Review of Selected Drug Categories at Retail, a special tabulation purchased from A. C. Nielsen Canada.
- Non-consumption component:
 - **Hospitals**—(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 and Capital Stock 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.
- 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 National Accounts and Environment Division, 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.
- Price indices
 - Income and Expenditure Accounts Division and Prices Division, Statistics Canada, for all years except the latest.
 - Purchased from Conference Board of Canada for the latest year.

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—Total 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, Source of Finance, by Province/Territory

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

F—Provincial/Territorial Government Health Expenditure, 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, 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 sub-series 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 2009—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	53,090.1	2,092.9	8.3
1984	36,743.1	1,434.8	55,046.8	2,149.6	8.2
1985	39,841.7	1,541.7	57,475.1	2,224.0	8.2
1986	43,337.3	1,660.4	60,274.4	2,309.3	8.5
1987	46,788.2	1,769.0	61,932.5	2,341.6	8.4
1988	50,959.2	1,901.8	64,632.3	2,412.1	8.3
1989	56,095.5	2,056.2	67,576.6	2,477.0	8.5
1990	61,022.6	2,203.2	69,789.7	2,519.7	9.0
1991	66,289.1	2,364.8	72,597.4	2,589.9	9.7
1992	69,749.2	2,458.8	74,097.1	2,612.1	10.0
1993	71,498.9	2,492.8	74,704.7	2,604.6	9.8
1994	73,109.7	2,521.1	75,258.0	2,595.2	9.5
1995	74,089.2	2,528.4	75,532.7	2,577.7	9.1
1996	74,733.5	2,523.9	75,770.7	2,558.9	8.9
1997	78,755.9	2,633.3	78,755.9	2,633.3	8.9
1998	83,976.3	2,784.6	82,754.0	2,744.1	9.2
1999	90,196.1	2,966.6	87,330.9	2,872.4	9.2
2000	98,427.5	3,207.3	91,915.4	2,995.1	9.1
2001	107,067.6	3,451.4	97,945.7	3,157.4	9.7
2002	115,173.8	3,671.2	102,348.1	3,262.3	10.0
2003	123,837.6	3,909.5	107,256.1	3,386.0	10.2
2004	131,931.5	4,123.5	112,275.8	3,509.1	10.2
2005	141,061.1	4,365.6	116,237.4	3,597.3	10.3
2006	151,405.0	4,647.7	121,733.5	3,736.9	10.4
2007	160,973.5	4,888.7	126,079.0	3,829.0	10.5
2008 f	173,585.1	5,211.0	132,879.2	3,989.0	10.8
2009 f	183,120.9	5,452.4	137,313.4	4,088.5	11.9
			(annual percentage change)*		
1976*	15.2	13.7	2.7	1.4	---
1980	16.3	14.8	5.6	4.2	---
1981	17.8	16.4	4.5	3.3	---
1982	17.1	15.7	4.7	3.5	---
1983	10.7	9.6	3.9	2.9	---
1984	7.9	6.9	3.7	2.7	---
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	0.9	-0.2	0.3	-0.7	---
1997	5.4	4.3	3.9	2.9	---
1998	6.6	5.7	5.1	4.2	---
1999	7.4	6.5	5.5	4.7	---
2000	9.1	8.1	5.2	4.3	---
2001	8.8	7.6	6.6	5.4	---
2002	7.6	6.4	4.5	3.3	---
2003	7.5	6.5	4.8	3.8	---
2004	6.5	5.5	4.7	3.6	---
2005	6.9	5.9	3.5	2.5	---
2006	7.3	6.5	4.7	3.9	---
2007	6.3	5.2	3.6	2.5	---
2008 f	7.8	6.6	5.4	4.2	---
2009 f	5.5	4.6	3.3	2.5	---

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

Canadian Institute for Health Information, 2009.

Table A.2.1

Total Health Expenditure by Source of Finance, Canada, 1975 to 2009—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	24,510.1	994.9	222.2	352.7	26,080.0	7,958.6	34,038.6
1984	26,243.9	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	461.3	30,094.9	9,746.9	39,841.7
1986	30,501.5	1,260.8	310.2	456.2	32,528.6	10,808.7	43,337.3
1987	32,821.9	1,349.7	404.6	478.5	35,054.7	11,733.5	46,788.2
1988	35,806.2	1,522.8	303.5	530.3	38,162.8	12,796.4	50,959.2
1989	39,332.1	1,686.6	326.4	566.0	41,911.1	14,184.3	56,095.5
1990	42,469.7	1,970.4	364.6	640.8	45,445.5	15,577.1	61,022.6
1991	46,176.8	2,110.0	374.7	720.8	49,382.2	16,906.9	66,289.1
1992	48,337.8	2,199.9	396.9	702.6	51,637.3	18,112.0	69,749.2
1993	48,572.6	2,280.9	383.7	683.6	51,920.8	19,578.1	71,498.9
1994	48,885.6	2,519.8	446.1	683.9	52,535.5	20,574.2	73,109.7
1995	48,936.4	2,667.0	394.9	720.9	52,719.1	21,370.1	74,089.2
1996	49,095.6	2,606.2	348.1	773.1	52,823.0	21,910.5	74,733.5
1997	51,161.9	2,828.0	318.7	915.4	55,223.9	23,532.1	78,755.9
1998	54,409.0	3,027.5	765.9	1,005.6	59,208.0	24,768.3	83,976.3
1999	58,339.0	3,152.9	565.4	1,140.0	63,197.2	26,998.8	90,196.1
2000	63,639.0	3,614.5	690.3	1,323.1	69,266.8	29,160.7	98,427.5
2001	68,546.3	4,263.1	775.8	1,421.4	75,006.6	32,061.0	107,067.6
2002	73,494.0	4,358.3	825.4	1,499.0	80,176.7	34,997.1	115,173.8
2003	79,330.5	4,990.6	921.5	1,725.8	86,968.5	36,869.1	123,837.6
2004	84,620.3	5,059.2	1,056.8	1,837.8	92,574.1	39,357.4	131,931.5
2005	90,945.6	5,288.6	1,008.8	1,925.3	99,168.3	41,892.8	141,061.1
2006	97,109.3	5,615.6	1,032.5	2,058.8	105,816.2	45,588.8	151,405.0
2007	104,023.9	6,054.8	962.4	2,157.6	113,198.7	47,774.8	160,973.5
2008 f	112,335.9	6,301.9	894.1	2,297.4	121,829.2	51,755.9	173,585.1
2009 f	118,662.9	6,616.0	889.2	2,429.2	128,597.3	54,523.6	183,120.9
	(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
1981	18.1	19.0	17.7	37.7	18.4	16.1	17.8
1982	17.9	23.4	-8.9	6.3	17.6	15.4	17.1
1983	11.4	16.4	-11.4	4.0	11.2	8.8	10.7
1984	7.1	11.2	-3.5	11.2	7.2	10.4	7.9
1985	7.5	4.7	27.3	17.6	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	13.2	8.4	9.8	8.8
1991	8.7	7.1	2.8	12.5	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	-2.7	0.5	8.1	2.5
1994	0.6	10.5	16.2	0.0	1.2	5.1	2.3
1995	0.1	5.8	-11.5	5.4	0.3	3.9	1.3
1996	0.3	-2.3	-11.9	7.2	0.2	2.5	0.9
1997	4.2	8.5	-8.4	18.4	4.5	7.4	5.4
1998	6.3	7.1	140.3	9.9	7.2	5.3	6.6
1999	7.2	4.1	-26.2	13.4	6.7	9.0	7.4
2000	9.1	14.6	22.1	16.1	9.6	8.0	9.1
2001	7.7	17.9	12.4	7.4	8.3	9.9	8.8
2002	7.2	2.2	6.4	5.5	6.9	9.2	7.6
2003	7.9	14.5	11.6	15.1	8.5	5.3	7.5
2004	6.7	1.4	14.7	6.5	6.4	6.7	6.5
2005	7.5	4.5	-4.5	4.8	7.1	6.4	6.9
2006	6.8	6.2	2.3	6.9	6.7	8.8	7.3
2007	7.1	7.8	-6.8	4.8	7.0	4.8	6.3
2008 f	8.0	4.1	-7.1	6.5	7.6	8.3	7.8
2009 f	5.6	5.0	-0.5	5.7	5.6	5.3	5.5

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

Canadian Institute for Health Information, 2009.

Table A.2.2							
Total Health Expenditure by Source of Finance, Canada, 1975 to 2009—Current Dollars							
	Provincial Government	Federal Direct	Municipal Government	Social Security Funds	Total of Public Sector	Private Sector	Total
Year	A	B	C	D	A+B+C+D E	F	E+F G
	(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	64.8	3.6	0.9	1.2	70.5	29.5	100.0
1999	64.7	3.5	0.6	1.3	70.1	29.9	100.0
2000	64.7	3.7	0.7	1.3	70.4	29.6	100.0
2001	64.0	4.0	0.7	1.3	70.1	29.9	100.0
2002	63.8	3.8	0.7	1.3	69.6	30.4	100.0
2003	64.1	4.0	0.7	1.4	70.2	29.8	100.0
2004	64.1	3.8	0.8	1.4	70.2	29.8	100.0
2005	64.5	3.7	0.7	1.4	70.3	29.7	100.0
2006	64.1	3.7	0.7	1.4	69.9	30.1	100.0
2007	64.6	3.8	0.6	1.3	70.3	29.7	100.0
2008 f	64.7	3.6	0.5	1.3	70.2	29.8	100.0
2009 f	64.8	3.6	0.5	1.3	70.2	29.8	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	---
1981	0.2	1.0	-0.1	16.8	0.5	-1.5	---
1982	0.8	5.4	-22.2	-9.2	0.4	-1.4	---
1983	0.7	5.2	-20.0	-6.0	0.5	-1.6	---
1984	-0.8	3.0	-10.6	3.0	-0.7	2.3	---
1985	-0.9	-3.5	17.4	8.5	-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	1.8	0.0	0.1	---
1989	-0.2	0.6	-2.3	-3.0	-0.2	0.7	---
1990	-0.7	7.4	2.7	4.1	-0.3	1.0	---
1991	0.1	-1.4	-5.4	3.6	0.0	-0.1	---
1992	-0.5	-0.9	0.7	-7.4	-0.6	1.8	---
1993	-2.0	1.1	-5.7	-5.1	-1.9	5.4	---
1994	-1.6	8.0	13.7	-2.2	-1.0	2.8	---
1995	-1.2	4.4	-12.6	4.0	-1.0	2.5	---
1996	-0.5	-3.1	-12.6	6.3	-0.7	1.6	---
1997	-1.1	3.0	-13.1	12.4	-0.8	1.9	---
1998	-0.3	0.4	125.4	3.0	0.5	-1.3	---
1999	-0.2	-3.0	-31.3	5.5	-0.6	1.5	---
2000	0.0	5.1	11.9	6.4	0.4	-1.0	---
2001	-1.0	8.4	3.3	-1.2	-0.5	1.1	---
2002	-0.3	-5.0	-1.1	-2.0	-0.6	1.5	---
2003	0.4	6.5	3.8	7.1	0.9	-2.0	---
2004	0.1	-4.8	7.6	0.0	-0.1	0.2	---
2005	0.5	-2.2	-10.7	-2.0	0.2	-0.4	---
2006	-0.5	-1.1	-4.6	-0.4	-0.6	1.4	---
2007	0.8	1.4	-12.3	-1.4	0.6	-1.4	---
2008 f	0.1	-3.5	-13.8	-1.3	-0.2	0.5	---
2009 f	0.1	-0.5	-5.7	0.2	0.1	-0.1	---

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

Canadian Institute for Health Information, 2009.

Table A.2.3

Total Health Expenditure by Source of Finance, Canada, 1975 to 2009—Current Dollars							
Year	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
	(\$' per capita)						
1975	376.32	17.21	3.10	5.23	401.86	125.27	527.13
1976	431.98	18.75	4.51	6.05	461.29	137.85	599.14
1977	467.93	20.03	4.81	6.45	499.22	151.96	651.19
1978	512.01	20.26	4.66	7.25	544.19	169.69	713.87
1979	565.93	21.19	6.45	7.72	601.29	190.79	792.08
1980	644.23	23.74	9.54	9.45	686.97	222.57	909.54
1981	751.62	27.91	11.10	12.85	803.48	255.20	1,058.67
1982	875.97	34.03	9.99	13.50	933.49	291.12	1,224.61
1983	966.22	39.22	8.76	13.90	1,028.11	313.74	1,341.85
1984	1,024.85	43.20	8.38	15.32	1,091.74	343.11	1,434.85
1985	1,091.32	44.80	10.57	17.85	1,164.54	377.16	1,541.70
1986	1,168.59	48.30	11.88	17.48	1,246.25	414.11	1,660.36
1987	1,240.96	51.03	15.30	18.09	1,325.38	443.63	1,769.01
1988	1,336.28	56.83	11.33	19.79	1,424.23	477.56	1,901.79
1989	1,441.70	61.82	11.97	20.75	1,536.23	519.92	2,056.15
1990	1,533.34	71.14	13.16	23.13	1,640.78	562.40	2,203.18
1991	1,647.32	75.27	13.37	25.71	1,761.68	603.14	2,364.82
1992	1,704.03	77.55	13.99	24.77	1,820.34	638.49	2,458.83
1993	1,693.50	79.52	13.38	23.83	1,810.23	682.59	2,492.83
1994	1,685.76	86.89	15.38	23.59	1,811.62	709.48	2,521.10
1995	1,670.06	91.02	13.48	24.60	1,799.15	729.30	2,528.45
1996	1,658.03	88.02	11.75	26.11	1,783.90	739.95	2,523.85
1997	1,710.68	94.56	10.66	30.61	1,846.50	786.83	2,633.33
1998	1,804.19	100.39	25.40	33.35	1,963.32	821.31	2,784.63
1999	1,918.80	103.70	18.60	37.49	2,078.59	888.01	2,966.60
2000	2,073.67	117.78	22.49	43.11	2,257.05	950.20	3,207.25
2001	2,209.65	137.42	25.01	45.82	2,417.91	1,033.52	3,451.43
2002	2,342.62	138.92	26.31	47.78	2,555.63	1,115.53	3,671.16
2003	2,504.43	157.55	29.09	54.48	2,745.56	1,163.94	3,909.50
2004	2,644.78	158.12	33.03	57.44	2,893.37	1,230.10	4,123.48
2005	2,814.60	163.67	31.22	59.59	3,069.08	1,296.51	4,365.59
2006	2,981.00	172.38	31.69	63.20	3,248.28	1,399.46	4,647.74
2007	3,159.19	183.88	29.23	65.53	3,437.83	1,450.91	4,888.74
2008 f	3,372.30	189.18	26.84	68.97	3,657.28	1,553.70	5,210.98
2009 f	3,533.15	196.99	26.48	72.33	3,828.94	1,623.42	5,452.37
	(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
1981	16.7	17.5	16.2	36.0	17.0	14.7	16.4
1982	16.5	21.9	-10.0	5.0	16.2	14.1	15.7
1983	10.3	15.2	-12.3	3.0	10.1	7.8	9.6
1984	6.1	10.1	-4.4	10.2	6.2	9.4	6.9
1985	6.5	3.7	26.1	16.5	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	9.4	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	11.5	6.8	8.2	7.2
1991	7.4	5.8	1.5	11.1	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	-3.8	-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	4.3	-0.7	2.8	0.3
1996	-0.7	-3.3	-12.8	6.1	-0.8	1.5	-0.2
1997	3.2	7.4	-9.4	17.2	3.5	6.3	4.3
1998	5.5	6.2	138.3	8.9	6.3	4.4	5.7
1999	6.4	3.3	-26.8	12.4	5.9	8.1	6.5
2000	8.1	13.6	21.0	15.0	8.6	7.0	8.1
2001	6.6	16.7	11.2	6.3	7.1	8.8	7.6
2002	6.0	1.1	5.2	4.3	5.7	7.9	6.4
2003	6.9	13.4	10.6	14.0	7.4	4.3	6.5
2004	5.6	0.4	13.5	5.4	5.4	5.7	5.5
2005	6.4	3.5	-5.5	3.7	6.1	5.4	5.9
2006	5.9	5.3	1.5	6.1	5.8	7.9	6.5
2007	6.0	6.7	-7.8	3.7	5.8	3.7	5.2
2008 f	6.7	2.9	-8.2	5.3	6.4	7.1	6.6
2009 f	4.8	4.1	-1.4	4.9	4.7	4.5	4.6

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

Canadian Institute for Health Information, 2009.

Table A.2.4							
Total Health Expenditure by Source of Finance, Canada, 1975 to 2009—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	37,028.7	1,503.6	342.1	537.8	39,412.2	13,677.9	53,090.1
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	650.0	42,350.0	15,125.0	57,475.1
1986	41,604.7	1,719.5	423.9	623.4	44,371.5	15,902.9	60,274.4
1987	42,868.1	1,764.7	526.9	625.8	45,785.5	16,147.0	61,932.5
1988	45,077.1	1,918.1	382.4	668.9	48,046.4	16,585.9	64,632.3
1989	47,023.6	2,017.2	389.3	676.5	50,106.7	17,469.9	67,576.6
1990	48,187.1	2,237.4	413.7	727.1	51,565.3	18,224.5	69,789.7
1991	50,300.9	2,304.4	409.0	784.7	53,799.0	18,798.4	72,597.4
1992	51,154.3	2,336.9	420.6	744.6	54,656.3	19,440.8	74,097.1
1993	50,743.2	2,393.3	401.3	715.3	54,253.2	20,451.6	74,704.7
1994	50,294.9	2,599.6	461.7	705.2	54,061.4	21,196.6	75,258.0
1995	49,791.4	2,718.3	403.6	734.5	53,647.7	21,885.0	75,532.7
1996	49,771.3	2,642.4	353.2	784.1	53,550.9	22,219.8	75,770.7
1997	51,161.9	2,828.0	318.7	915.4	55,223.9	23,532.1	78,755.9
1998	53,795.1	2,992.0	754.3	996.2	58,537.6	24,216.4	82,754.0
1999	56,801.2	3,065.2	551.7	1,110.1	61,528.3	25,802.6	87,330.9
2000	59,409.5	3,369.1	647.5	1,233.5	64,659.5	27,256.0	91,915.4
2001	62,842.6	3,901.8	716.5	1,301.3	68,762.2	29,183.5	97,945.7
2002	65,157.1	3,856.6	736.4	1,326.6	71,076.7	31,271.4	102,348.1
2003	68,332.7	4,295.6	799.5	1,475.8	74,903.6	32,352.5	107,256.1
2004	71,644.5	4,274.4	896.6	1,554.5	78,370.1	33,905.7	112,275.8
2005	74,396.6	4,316.3	825.4	1,571.5	81,109.8	35,127.6	116,237.4
2006	77,383.5	4,461.1	826.8	1,642.1	84,313.5	37,420.0	121,733.5
2007	80,533.9	4,671.8	751.5	1,660.5	87,617.6	38,461.3	126,079.0
2008 f	84,795.5	4,739.0	674.1	1,735.2	91,943.8	40,935.4	132,879.2
2009 f	87,600.6	4,870.9	653.8	1,792.7	94,918.0	42,395.4	137,313.4
	(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
1981	4.5	5.3	4.0	21.8	4.7	4.0	4.5
1982	5.7	10.9	-18.3	-4.9	5.4	2.9	4.7
1983	5.5	9.7	-16.6	-1.2	5.3	0.0	3.9
1984	3.2	7.0	-7.0	6.8	3.4	4.6	3.7
1985	3.8	1.2	22.3	13.1	4.0	5.7	4.4
1986	4.8	5.5	8.9	-4.1	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	6.9	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	7.5	2.9	4.3	3.3
1991	4.4	3.0	-1.1	7.9	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	-1.4	-0.4	3.6	0.7
1995	-1.0	4.6	-12.6	4.1	-0.8	3.2	0.4
1996	0.0	-2.8	-12.5	6.8	-0.2	1.5	0.3
1997	2.8	7.0	-9.8	16.7	3.1	5.9	3.9
1998	5.1	5.8	136.7	8.8	6.0	2.9	5.1
1999	5.6	2.4	-26.9	11.4	5.1	6.5	5.5
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	7.1	6.6
2002	3.7	-1.2	2.8	1.9	3.4	7.2	4.5
2003	4.9	11.4	8.6	11.3	5.4	3.5	4.8
2004	4.8	-0.5	12.1	5.3	4.6	4.8	4.7
2005	3.8	1.0	-7.9	1.1	3.5	3.6	3.5
2006	4.0	3.4	0.2	4.5	3.9	6.5	4.7
2007	4.1	4.7	-9.1	1.1	3.9	2.8	3.6
2008 f	5.3	1.4	-10.3	4.5	4.9	6.4	5.4
2009 f	3.3	2.8	-3.0	3.3	3.2	3.6	3.3

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

Canadian Institute for Health Information, 2009.

Table A.2.5

Total Health Expenditure by Source of Finance, Canada, 1975 to 2009—Constant Dollars

Year	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
	(in 1997 \$' per capita)						
1975	1,202.70	54.97	9.96	16.82	1,284.45	430.26	1,714.71
1976	1,222.16	53.19	12.99	17.22	1,305.57	432.89	1,738.46
1977	1,221.03	52.40	12.84	16.97	1,303.25	450.51	1,753.76
1978	1,244.65	49.43	11.60	17.75	1,323.43	468.50	1,791.93
1979	1,254.78	47.14	14.63	17.25	1,333.80	492.65	1,826.46
1980	1,296.08	47.89	19.68	19.16	1,382.81	521.09	1,903.90
1981	1,337.66	49.80	20.21	23.06	1,430.73	535.31	1,966.04
1982	1,397.45	54.57	16.32	21.67	1,490.02	544.33	2,034.35
1983	1,459.72	59.28	13.49	21.20	1,553.68	539.20	2,092.88
1984	1,492.94	62.86	12.42	22.44	1,590.66	558.96	2,149.62
1985	1,535.51	63.05	15.06	25.15	1,638.76	585.27	2,224.03
1986	1,593.98	65.88	16.24	23.88	1,699.98	609.28	2,309.26
1987	1,620.79	66.72	19.92	23.66	1,731.10	610.50	2,341.60
1988	1,682.27	71.58	14.27	24.96	1,793.09	618.98	2,412.07
1989	1,723.63	73.94	14.27	24.80	1,836.64	640.35	2,476.98
1990	1,739.76	80.78	14.94	26.25	1,861.73	657.98	2,519.71
1991	1,794.45	82.21	14.59	27.99	1,919.24	670.62	2,589.86
1992	1,803.31	82.38	14.83	26.25	1,926.77	685.34	2,612.10
1993	1,769.18	83.44	13.99	24.94	1,891.55	713.05	2,604.60
1994	1,734.36	89.64	15.92	24.32	1,864.24	730.94	2,595.18
1995	1,699.23	92.77	13.77	25.06	1,830.84	746.87	2,577.71
1996	1,680.84	89.24	11.93	26.48	1,808.49	750.39	2,558.88
1997	1,710.68	94.56	10.66	30.61	1,846.50	786.83	2,633.33
1998	1,783.83	99.21	25.01	33.03	1,941.09	803.01	2,744.10
1999	1,868.22	100.82	18.15	36.51	2,023.70	848.66	2,872.36
2000	1,935.85	109.78	21.10	40.19	2,106.92	888.13	2,995.06
2001	2,025.79	125.78	23.10	41.95	2,216.62	940.76	3,157.37
2002	2,076.88	122.93	23.47	42.28	2,265.57	996.77	3,262.34
2003	2,157.23	135.61	25.24	46.59	2,364.67	1,021.35	3,386.03
2004	2,239.23	133.60	28.02	48.59	2,449.43	1,059.71	3,509.14
2005	2,302.44	133.58	25.55	48.63	2,510.20	1,087.14	3,597.34
2006	2,375.47	136.94	25.38	50.41	2,588.20	1,148.70	3,736.90
2007	2,445.80	141.88	22.82	50.43	2,660.94	1,168.07	3,829.00
2008 f	2,545.54	142.26	20.24	52.09	2,760.13	1,228.87	3,989.00
2009 f	2,608.28	145.03	19.47	53.38	2,826.15	1,262.31	4,088.46
	(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
1981	3.2	4.0	2.7	20.3	3.5	2.7	3.3
1982	4.5	9.6	-19.2	-6.0	4.1	1.7	3.5
1983	4.5	8.6	-17.4	-2.2	4.3	-0.9	2.9
1984	2.3	6.0	-7.9	5.8	2.4	3.7	2.7
1985	2.9	0.3	21.2	12.1	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	5.9	1.4	2.8	1.7
1991	3.1	1.8	-2.3	6.6	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	-5.0	-1.8	4.0	-0.3
1994	-2.0	7.4	13.8	-2.5	-1.4	2.5	-0.4
1995	-2.0	3.5	-13.5	3.1	-1.8	2.2	-0.7
1996	-1.1	-3.8	-13.4	5.6	-1.2	0.5	-0.7
1997	1.8	6.0	-10.7	15.6	2.1	4.9	2.9
1998	4.3	4.9	134.8	7.9	5.1	2.1	4.2
1999	4.7	1.6	-27.5	10.5	4.3	5.7	4.7
2000	3.6	8.9	16.3	10.1	4.1	4.7	4.3
2001	4.6	14.6	9.5	4.4	5.2	5.9	5.4
2002	2.5	-2.3	1.6	0.8	2.2	6.0	3.3
2003	3.9	10.3	7.5	10.2	4.4	2.5	3.8
2004	3.8	-1.5	11.0	4.3	3.6	3.8	3.6
2005	2.8	0.0	-8.8	0.1	2.5	2.6	2.5
2006	3.2	2.5	-0.6	3.6	3.1	5.7	3.9
2007	3.0	3.6	-10.1	0.0	2.8	1.7	2.5
2008 f	4.1	0.3	-11.3	3.3	3.7	5.2	4.2
2009 f	2.5	1.9	-3.8	2.5	2.4	2.7	2.5

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

Canadian Institute for Health Information, 2009.

Table A.3.1.1 – Part 1

Total Health Expenditure by Use of Funds, Canada, 1975 to 2009 – Current Dollars

Year	Hospitals A	Other Institutions B	Physicians C	Other Professionals			Sub-Total D
				Dental Services	Vision Care Services	Other	
	(\$' 000,000)						
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	26,744.3	6,797.2	10,498.9	4,926.9	1,587.0	1,220.4	7,734.3
1994	26,172.3	6,922.9	10,731.6	5,217.1	1,683.0	1,253.7	8,153.8
1995	25,511.6	7,153.2	10,638.0	5,485.2	1,774.4	1,295.7	8,555.3
1996	25,219.7	7,308.6	10,758.8	5,663.4	1,830.1	1,336.7	8,830.2
1997	24,796.1	8,619.6	11,323.8	5,885.8	2,189.2	1,524.8	9,599.8
1998	25,774.7	9,372.7	11,805.3	6,264.6	2,278.1	1,506.9	10,049.7
1999	26,852.7	9,955.4	12,411.3	6,760.7	2,348.8	1,704.3	10,813.7
2000	29,131.2	10,806.5	13,206.9	7,179.5	2,576.4	1,785.7	11,541.6
2001	30,991.9	11,495.0	14,128.7	7,764.5	2,761.1	2,000.3	12,525.8
2002	33,365.1	12,242.9	15,175.9	8,248.1	2,800.0	2,015.8	13,063.9
2003	35,624.8	12,939.1	16,255.9	8,477.0	2,681.9	2,051.4	13,210.3
2004	38,304.8	14,057.3	17,296.0	8,976.2	3,062.7	2,143.8	14,182.7
2005	40,373.5	14,665.4	18,534.6	9,827.0	3,182.9	2,172.6	15,182.6
2006	42,957.6	15,790.9	20,027.2	10,306.4	3,444.0	2,485.9	16,236.4
2007	45,383.4	16,417.6	21,529.6	11,113.4	3,769.9	2,459.6	17,342.9
2008 f	48,490.9	17,397.3	23,555.9	12,126.0	4,057.0	2,698.8	18,881.8
2009 f	50,947.8	18,276.3	25,634.1	12,790.4	4,388.1	2,834.5	20,013.0
	(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
1981	18.2	13.8	16.3	13.8	24.0	18.9	16.2
1982	18.7	17.1	15.6	14.4	18.7	17.7	15.6
1983	10.1	10.5	14.3	7.4	17.3	15.2	10.3
1984	6.4	4.6	9.4	7.9	16.0	9.9	9.9
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	1.8	2.2	5.9	6.1	2.7	5.4
1995	-2.5	3.3	-0.9	5.1	5.4	3.4	4.9
1996	-1.1	2.2	1.1	3.2	3.1	3.2	3.2
1997	-1.7	17.9	5.3	3.9	19.6	14.1	8.7
1998	3.9	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	6.4	6.2	9.7	4.8	6.7
2001	6.4	6.4	7.0	8.1	7.2	12.0	8.5
2002	7.7	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	8.6	6.4	5.9	14.2	4.5	7.4
2005	5.4	4.3	7.2	9.5	3.9	1.3	7.0
2006	6.4	7.7	8.1	4.9	8.2	14.4	6.9
2007	5.6	4.0	7.5	7.8	9.5	-1.1	6.8
2008 f	6.8	6.0	9.4	9.1	7.6	9.7	8.9
2009 f	5.1	5.1	8.8	5.5	8.2	5.0	6.0

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

Canadian Institute for Health Information, 2009.

Table A.3.1.2—Part 1

Year	Total Health Expenditure by Use of Funds, Canada, 1975 to 2009—Current Dollars						Sub-Total	
	Hospitals	Other Institutions	Physicians	Dental Services	Other Professionals			
					Vision Care	Other		
A	B	C	(percentage distribution of \$' 000,000)		D			
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	15.2	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	31.5	10.9	14.4	7.5	2.8	1.9	12.2	
1998	30.7	11.2	14.1	7.5	2.7	1.8	12.0	
1999	29.8	11.0	13.8	7.5	2.6	1.9	12.0	
2000	29.6	11.0	13.4	7.3	2.6	1.8	11.7	
2001	28.9	10.7	13.2	7.3	2.6	1.9	11.7	
2002	29.0	10.6	13.2	7.2	2.4	1.8	11.3	
2003	28.8	10.4	13.1	6.8	2.2	1.7	10.7	
2004	29.0	10.7	13.1	6.8	2.3	1.6	10.8	
2005	28.6	10.4	13.1	7.0	2.3	1.5	10.8	
2006	28.4	10.4	13.2	6.8	2.3	1.6	10.7	
2007	28.2	10.2	13.4	6.9	2.3	1.5	10.8	
2008 f	27.9	10.0	13.6	7.0	2.3	1.6	10.9	
2009 f	27.8	10.0	14.0	7.0	2.4	1.5	10.9	
			(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	
1981	0.3	-3.4	-1.3	-3.4	5.2	0.9	-1.4	
1982	1.4	0.1	-1.3	-2.3	1.4	0.5	-1.2	
1983	-0.5	-0.1	3.3	-3.0	6.0	4.1	-0.3	
1984	-1.4	-3.1	1.3	0.0	7.5	1.8	1.8	
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	2.0	3.5	
1996	-2.0	1.3	0.3	2.4	2.2	2.3	2.3	
1997	-6.7	11.9	-0.1	-1.4	13.5	8.2	3.2	
1998	-2.5	2.0	-2.2	-0.2	-2.4	-7.3	-1.8	
1999	-3.0	-1.1	-2.1	0.5	-4.0	5.3	0.2	
2000	-0.6	-0.5	-2.5	-2.7	0.5	-4.0	-2.2	
2001	-2.2	-2.2	-1.7	-0.6	-1.5	3.0	-0.2	
2002	0.1	-1.0	-0.1	-1.2	-5.7	-6.3	-3.0	
2003	-0.7	-1.7	-0.4	-4.4	-10.9	-5.4	-6.0	
2004	0.9	2.0	-0.1	-0.6	7.2	-1.9	0.8	
2005	-1.4	-2.4	0.2	2.4	-2.8	-5.2	0.1	
2006	-0.9	0.3	0.7	-2.3	0.8	6.6	-0.4	
2007	-0.6	-2.2	1.1	1.4	3.0	-6.9	0.5	
2008 f	-0.9	-1.7	1.5	1.2	-0.2	1.8	1.0	
2009 f	-0.4	-0.4	3.2	0.0	2.5	-0.4	0.5	

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

f: forecast.

Canadian Institute for Health Information, 2009.

Table A.3.1.2—Part 2

Total Health Expenditure by Use of Funds, Canada, 1975 to 2009—Current Dollars (cont'd)

Drugs			Other Health Spending						Grand Total
Prescribed Drugs	Non-Prescribed Drugs	Sub-Total	Capital	Public Health	Administration	Health Research	Other	Sub-Total	
			<i>E</i>	<i>F</i>	<i>G</i>	<i>H</i>	<i>J</i>		<i>A+B+C+D+ E+F+G+H+J</i>
			(percentage distribution of \$' 000,000)						
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	1.0	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	4.5	3.2	1.4	4.7	6.0	100.0
11.3	3.8	15.0	2.7	5.2	2.9	1.4	4.8	6.2	100.0
11.4	3.7	15.1	3.9	5.3	3.1	1.3	4.9	6.1	100.0
11.9	3.5	15.4	4.0	5.5	3.2	1.4	4.8	6.2	100.0
12.3	3.3	15.6	4.2	5.8	3.5	1.8	4.5	6.3	100.0
12.8	3.2	16.0	4.3	5.7	3.7	1.7	4.6	6.2	100.0
13.3	3.0	16.3	4.5	6.2	3.8	1.7	4.4	6.2	100.0
13.6	3.0	16.6	4.2	5.9	3.8	1.7	4.3	6.0	100.0
13.6	2.9	16.5	4.7	6.1	3.7	1.7	4.4	6.1	100.0
13.8	2.8	16.6	4.8	6.1	3.5	1.8	4.4	6.2	100.0
13.7	2.8	16.5	4.5	6.6	3.5	1.9	4.5	6.4	100.0
13.8	2.6	16.4	5.0	6.2	3.4	2.0	4.5	6.5	100.0
13.9	2.5	16.4	4.8	6.2	3.3	2.0	4.6	6.6	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	---
9.6	-5.2	5.0	-4.8	1.0	4.6	-3.1	13.9	8.6	---
-2.0	-6.7	-3.3	7.2	-2.4	-6.2	-4.7	-0.7	-1.8	---
-1.0	6.9	1.1	-6.9	-2.4	-0.5	4.1	3.1	3.3	---
-0.8	15.9	4.0	-3.0	2.7	8.9	5.0	-0.1	1.3	---
4.9	7.7	5.8	1.2	1.6	-0.7	4.3	7.1	6.3	---
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	-7.6	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	4.3	8.3	7.3	---
3.3	0.0	2.3	-12.1	-0.3	-1.1	-3.7	5.4	3.3	---
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	-0.5	5.5	-1.7	4.6	4.3	-0.8	2.7	2.0	---
1.9	1.2	1.7	-5.4	3.0	1.6	0.6	0.0	0.1	---
6.5	-0.8	4.5	-6.8	-1.2	-4.1	26.1	4.7	9.0	---
3.9	-0.1	2.9	1.7	17.6	-8.5	0.3	2.9	2.3	---
0.9	-1.4	0.3	41.9	0.9	4.6	-8.7	1.3	-1.0	---
4.9	-6.7	2.1	3.6	4.3	3.0	12.7	-1.8	1.2	---
3.2	-4.9	1.4	4.5	5.6	10.6	25.5	-5.5	1.7	---
4.3	-3.1	2.8	1.8	-2.7	5.0	-7.5	1.6	-1.0	---
3.6	-5.0	1.8	5.7	8.9	3.7	4.9	-3.2	-1.1	---
2.2	-1.9	1.4	-7.7	-4.5	-0.4	0.2	-2.9	-2.0	---
0.1	-2.8	-0.4	12.0	3.7	-1.9	-3.0	2.4	0.8	---
1.6	-2.3	0.9	2.3	0.5	-6.2	6.9	-0.2	1.8	---
-0.8	-1.7	-0.9	-5.8	6.8	0.3	6.6	2.2	3.5	---
1.0	-6.3	-0.2	10.9	-5.3	-1.2	2.8	0.3	1.1	---
0.1	-3.3	-0.4	-4.7	-0.2	-3.3	0.1	2.2	1.6	---

Canadian Institute for Health Information, 2009.

Table A.3.1.3—Part 1

Year	Total Health Expenditure by Use of Funds, Canada, 1975 to 2009—Current Dollars						Sub-Total	
	Hospitals	Other Institutions	Physicians	Other Professionals				
				Dental Services	Vision Care Services	Other		
A	B	C	(\$' per capita)			D		
1975	235.70	48.61	79.50	32.05	9.77	5.55	47.37	
1976	271.10	58.36	88.32	37.06	11.09	6.20	54.36	
1977	286.30	66.47	96.28	43.61	12.47	6.85	62.93	
1978	308.05	77.28	107.11	49.71	14.02	7.78	71.51	
1979	335.27	89.73	118.05	56.79	15.11	9.06	80.96	
1980	380.75	103.59	134.10	64.94	16.90	10.42	92.25	
1981	444.42	116.43	154.10	73.00	20.69	12.24	105.93	
1982	521.26	134.76	176.01	82.52	24.28	14.23	121.03	
1983	568.36	147.50	199.18	87.74	28.19	16.23	132.16	
1984	599.23	152.91	215.79	93.81	32.39	17.66	143.86	
1985	629.20	158.88	233.94	104.92	35.83	19.21	159.95	
1986	675.72	156.60	255.73	113.39	38.40	21.53	173.32	
1987	716.52	163.68	277.62	121.12	40.67	23.98	185.77	
1988	761.34	176.85	296.40	130.40	44.19	26.71	201.30	
1989	816.30	188.45	311.81	140.04	47.74	30.56	218.34	
1990	861.68	207.53	333.79	149.43	50.64	34.54	234.62	
1991	917.41	226.36	364.07	159.37	52.97	38.63	250.97	
1992	940.19	239.31	368.34	165.34	54.11	41.30	260.76	
1993	932.45	236.99	366.05	171.78	55.33	42.55	269.66	
1994	902.52	238.73	370.07	179.91	58.04	43.23	281.17	
1995	870.64	244.12	363.04	187.20	60.56	44.22	291.97	
1996	851.70	246.82	363.34	191.26	61.81	45.14	298.21	
1997	829.10	288.21	378.63	196.80	73.20	50.98	320.98	
1998	854.68	310.80	391.46	207.73	75.54	49.97	333.24	
1999	883.20	327.44	408.21	222.36	77.25	56.05	355.67	
2000	949.24	352.13	430.35	233.94	83.95	58.19	376.08	
2001	999.05	370.55	455.45	250.30	89.01	64.48	403.78	
2002	1,063.51	390.24	483.73	262.91	89.25	64.25	416.41	
2003	1,124.66	408.48	513.19	267.62	84.67	64.76	417.04	
2004	1,197.21	439.36	540.58	280.55	95.72	67.00	443.28	
2005	1,249.49	453.87	573.61	304.13	98.51	67.24	469.87	
2006	1,318.69	484.74	614.78	316.38	105.72	76.31	498.41	
2007	1,378.29	498.60	653.85	337.51	114.49	74.70	526.70	
2008 f	1,455.69	522.26	707.14	364.02	121.79	81.02	566.83	
2009 f	1,516.96	544.17	763.25	380.83	130.66	84.40	595.88	
			(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	
1981	16.7	12.4	14.9	12.4	22.4	17.5	14.8	
1982	17.3	15.7	14.2	13.0	17.3	16.3	14.3	
1983	9.0	9.5	13.2	6.3	16.1	14.1	9.2	
1984	5.4	3.7	8.3	6.9	14.9	8.8	8.9	
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	4.1	4.3	2.3	3.8	
1996	-2.2	1.1	0.1	2.2	2.1	2.1	2.1	
1997	-2.7	16.8	4.2	2.9	18.4	12.9	7.6	
1998	3.1	7.8	3.4	5.6	3.2	-2.0	3.8	
1999	3.3	5.4	4.3	7.0	2.3	12.2	6.7	
2000	7.5	7.5	5.4	5.2	8.7	3.8	5.7	
2001	5.2	5.2	5.8	7.0	6.0	10.8	7.4	
2002	6.5	5.3	6.2	5.0	0.3	-0.4	3.1	
2003	5.7	4.7	6.1	1.8	-5.1	0.8	0.2	
2004	6.5	7.6	5.3	4.8	13.1	3.5	6.3	
2005	4.4	3.3	6.1	8.4	2.9	0.4	6.0	
2006	5.5	6.8	7.2	4.0	7.3	13.5	6.1	
2007	4.5	2.9	6.4	6.7	8.3	-2.1	5.7	
2008 f	5.6	4.7	8.2	7.9	6.4	8.5	7.6	
2009 f	4.2	4.2	7.9	4.6	7.3	4.2	5.1	

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

f: forecast.

Canadian Institute for Health Information, 2009.

Table A.3.1.3—Part 2

Total Health Expenditure by Use of Funds, Canada, 1975 to 2009—Current Dollars (cont'd)

Drugs			Other Health Spending						Grand Total
Prescribed Drugs	Non-Prescribed Drugs	Sub-Total	Capital	Public Health	Administration	Health Research	Other	Sub-Total	
		<i>E</i>	<i>F</i>	<i>G</i> (\$' per capita)		<i>H</i>		<i>J</i>	<i>A+B+C+D+ E+F+G+H+J</i>
33.34	13.21	46.55	23.16	17.58	14.85	4.05	9.77	13.82	527.13
37.67	13.48	51.15	23.20	21.77	15.43	4.50	10.94	15.44	599.14
41.64	13.68	55.32	23.76	25.23	17.21	5.46	12.24	17.69	651.19
43.93	16.39	60.32	28.05	25.68	16.97	6.28	12.62	18.90	713.87
48.05	20.48	68.52	29.96	29.21	18.67	7.18	14.51	21.69	792.08
52.96	23.91	76.87	40.41	34.48	20.90	8.26	17.93	26.19	909.54
67.57	26.39	93.96	44.77	40.54	25.44	9.31	23.78	33.09	1,058.67
76.60	28.47	105.07	55.53	45.77	27.60	10.27	27.31	37.59	1,224.61
83.07	33.34	116.41	56.63	48.94	30.10	11.72	30.84	42.56	1,341.85
88.08	41.34	129.42	58.74	53.75	35.05	13.16	32.95	46.10	1,434.85
99.31	47.82	147.13	63.90	58.65	37.38	14.75	37.91	52.66	1,541.70
115.63	53.60	169.23	69.02	60.16	39.48	17.35	43.76	61.11	1,660.36
124.51	61.32	185.82	70.77	62.80	40.08	17.09	48.85	65.93	1,769.01
139.46	66.61	206.07	70.97	66.67	45.74	18.93	57.54	76.46	1,901.79
156.25	72.42	228.67	76.71	71.61	55.90	21.57	66.80	88.37	2,056.15
175.89	74.33	250.22	76.67	77.21	59.84	24.11	77.51	101.62	2,203.18
195.09	79.79	274.88	72.33	82.64	63.52	24.92	87.72	112.64	2,364.82
215.07	85.24	300.31	72.55	89.53	66.05	28.43	93.37	121.80	2,458.83
230.23	89.81	320.05	70.32	96.28	72.20	27.66	101.17	128.83	2,492.83
233.14	95.31	328.46	78.38	105.51	79.26	27.73	109.27	137.00	2,521.10
252.51	95.16	347.67	77.23	110.74	82.93	27.58	112.53	140.11	2,528.45
256.73	96.14	352.87	72.95	113.86	84.08	27.69	112.33	140.02	2,523.85
285.26	99.50	384.75	70.95	117.37	84.13	36.43	122.77	159.20	2,633.33
313.39	105.16	418.56	76.32	145.93	81.43	38.64	133.58	172.22	2,784.63
336.82	110.47	447.29	115.41	156.87	90.78	37.58	144.15	181.73	2,966.60
382.05	111.45	493.50	129.22	176.85	101.06	45.78	153.06	198.84	3,207.25
424.44	114.00	538.44	145.34	201.00	120.28	61.85	155.69	217.53	3,451.43
471.03	117.45	588.48	157.35	207.96	134.36	60.82	168.29	229.11	3,671.16
519.46	118.76	638.22	177.07	241.12	148.37	67.93	173.41	241.35	3,909.50
559.71	122.84	682.55	172.46	242.81	155.83	71.78	177.63	249.41	4,123.48
593.38	126.39	719.77	204.42	266.54	161.76	73.71	192.54	266.25	4,365.59
641.63	131.52	773.15	222.53	285.28	161.60	83.88	204.67	288.55	4,647.74
669.74	136.02	805.75	220.58	320.43	170.42	94.07	220.05	314.12	4,888.74
721.19	135.85	857.04	260.86	323.41	179.39	103.08	235.29	338.37	5,210.98
755.62	137.51	893.13	260.05	337.83	181.46	108.01	251.62	359.63	5,452.37
(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
27.6	10.3	22.2	10.8	17.6	21.8	12.7	32.6	26.4	16.4
13.4	7.9	11.8	24.0	12.9	8.5	10.3	14.9	13.6	15.7
8.4	17.1	10.8	2.0	6.9	9.1	14.1	12.9	13.2	9.6
6.0	24.0	11.2	3.7	9.8	16.4	12.3	6.8	8.3	6.9
12.7	15.7	13.7	8.8	9.1	6.6	12.1	15.1	14.2	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	16.0	7.5
12.0	8.7	11.0	8.1	7.4	22.2	14.0	16.1	15.6	8.1
12.6	2.6	9.4	0.0	7.8	7.0	11.8	16.0	15.0	7.2
10.9	7.3	9.9	-5.7	7.0	6.2	3.4	13.2	10.8	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	-0.5	3.0	2.3	0.3
1.7	1.0	1.5	-5.6	2.8	1.4	0.4	-0.2	-0.1	-0.2
11.1	3.5	9.0	-2.7	3.1	0.1	31.6	9.3	13.7	4.3
9.9	5.7	8.8	7.6	24.3	-3.2	6.1	8.8	8.2	5.7
7.5	5.1	6.9	51.2	7.5	11.5	-2.8	7.9	5.5	6.5
13.4	0.9	10.3	12.0	12.7	11.3	21.8	6.2	9.4	8.1
11.1	2.3	9.1	12.5	13.7	19.0	35.1	1.7	9.4	7.6
11.0	3.0	9.3	8.3	3.5	11.7	-1.7	8.1	5.3	6.4
10.3	1.1	8.5	12.5	15.9	10.4	11.7	3.0	5.3	6.5
7.7	3.4	6.9	-2.6	0.7	5.0	5.7	2.4	3.3	5.5
6.0	2.9	5.5	18.5	9.8	3.8	2.7	8.4	6.8	5.9
8.1	4.1	7.4	8.9	7.0	-0.1	13.8	6.3	8.4	6.5
4.4	3.4	4.2	-0.9	12.3	5.5	12.1	7.5	8.9	5.2
7.7	-0.1	6.4	18.3	0.9	5.3	9.6	6.9	7.7	6.6
4.8	1.2	4.2	-0.3	4.5	1.2	4.8	6.9	6.3	4.6

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Table A.3.2.1 – Part 1

Private-Sector Health Expenditure by Use of Funds, Canada, 1975 to 2009—Current Dollars							
Year	Hospitals A	Other Institutions B	Physicians C	Other Professionals			Sub-Total D
				Dental Services	Vision Care Services	Other	
	(\$' 000,000)						
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	9,805.5	3,212.3	2,036.4	15,054.2
2007	4,163.9	4,425.2	244.2	10,574.2	3,529.9	1,991.9	16,096.0
2008 f	4,459.0	4,907.3	275.6	11,553.0	3,800.1	2,196.8	17,549.9
2009 f	4,671.0	5,206.3	279.9	12,182.2	4,117.1	2,312.8	18,612.1
	(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
1981	20.6	3.5	-3.5	9.8	25.3	17.6	13.2
1982	20.8	14.8	36.1	17.6	19.3	21.1	18.2
1983	14.0	11.0	17.3	9.0	17.5	15.6	11.3
1984	13.3	4.8	2.4	8.7	16.8	9.5	10.5
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	4.6	8.5	18.6	7.1
2007	4.8	7.2	-19.7	7.8	9.9	-2.2	6.9
2008 f	7.1	10.9	12.8	9.3	7.7	10.3	9.0
2009 f	4.8	6.1	1.6	5.4	8.3	5.3	6.1

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

Canadian Institute for Health Information, 2009.

Table A.3.2.2—Part 1

Year	Private-Sector Health Expenditure by Use of Funds, Canada, 1975 to 2009—Current Dollars						Sub-Total
	Hospitals	Other Institutions	Physicians	Dental Services	Other Professionals		
					Vision Care	Other	
A	B	C	D		E	D	
(percentage distribution of \$' 000,000)							
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	23.9	8.4	4.2	36.4
1999	9.2	8.9	0.6	23.6	7.9	4.4	35.9
2000	9.1	9.1	0.6	23.3	8.0	4.2	35.5
2001	9.1	8.5	0.5	23.0	7.8	4.5	35.3
2002	9.4	8.4	0.7	22.4	7.3	4.3	34.0
2003	9.0	8.4	0.5	21.9	6.6	4.2	32.7
2004	9.2	9.1	0.6	21.7	7.1	4.2	33.0
2005	9.2	8.6	0.6	22.4	7.1	4.1	33.5
2006	8.7	9.1	0.7	21.5	7.0	4.5	33.0
2007	8.7	9.3	0.5	22.1	7.4	4.2	33.7
2008 f	8.6	9.5	0.5	22.3	7.3	4.2	33.9
2009 f	8.6	9.5	0.5	22.3	7.6	4.2	34.1
(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
1981	3.9	-10.9	-16.9	-5.4	7.9	1.3	-2.5
1982	4.6	-0.5	17.9	1.8	3.3	4.9	2.4
1983	4.7	2.0	7.8	0.2	7.9	6.2	2.3
1984	2.6	-5.1	-7.3	-1.6	5.8	-0.8	0.1
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	2.3
1998	-4.7	-1.5	12.2	1.8	-0.2	-8.6	0.0
1999	-2.7	-0.6	-2.1	-1.0	-5.8	5.7	-1.3
2000	-0.4	2.4	6.1	-1.5	2.0	-4.8	-1.2
2001	-0.1	-6.7	-23.0	-1.3	-2.6	8.4	-0.4
2002	2.7	-0.9	60.3	-2.6	-6.7	-4.9	-3.8
2003	-3.7	-0.4	-28.1	-2.2	-9.6	-3.0	-3.9
2004	2.2	8.5	10.7	-0.7	8.1	-0.5	1.1
2005	-0.8	-5.8	2.6	3.0	-1.1	-1.3	1.6
2006	-4.7	5.8	10.0	-3.9	-0.3	9.0	-1.6
2007	0.0	2.3	-23.3	2.9	4.9	-6.7	2.0
2008 f	-1.2	2.4	4.2	0.9	-0.6	1.8	0.6
2009 f	-0.6	0.7	-3.6	0.1	2.8	-0.1	0.7

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

Canadian Institute for Health Information, 2009.

Table A.3.2.2—Part 2

Private-Sector Health Expenditure by Use of Funds, Canada, 1975 to 2009—Current Dollars (cont'd)

Drugs			Other Health Spending						Grand Total	
Prescribed Drugs	Non-Prescribed Drugs	Sub-Total	Capital	Public Health	Administration	Health Research	Other	Sub-Total	Grand Total	
		<i>E</i>	<i>F</i>	<i>G</i>	<i>H</i>			<i>J</i>	<i>A+B+C+D+ E+F+G+H+J</i>	
(percentage distribution of \$' 000,000)										
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	
22.0	12.8	34.8	1.7	---	4.5	1.7	2.0	3.7	100.0	
21.1	12.4	33.5	3.3	---	4.9	1.7	2.1	3.8	100.0	
22.0	11.7	33.8	2.8	---	5.2	1.8	2.0	3.9	100.0	
22.2	11.0	33.2	3.4	---	6.2	2.0	1.8	3.8	100.0	
22.7	10.5	33.2	3.5	---	6.6	2.1	2.1	4.2	100.0	
24.0	10.2	34.2	3.9	---	7.1	2.3	2.0	4.3	100.0	
24.4	10.0	34.4	2.8	---	7.0	2.3	1.6	3.9	100.0	
24.3	9.7	34.1	3.5	---	6.5	2.3	1.7	4.0	100.0	
24.6	9.4	34.0	4.5	---	5.9	2.2	1.9	4.1	100.0	
24.8	9.4	34.1	3.2	---	6.2	2.3	1.9	4.2	100.0	
25.2	8.7	34.0	3.0	---	6.2	2.3	2.0	4.3	100.0	
25.6	8.5	34.1	2.7	---	5.9	2.4	2.2	4.5	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	---	
14.8	-3.8	7.1	-8.1	---	37.2	-9.2	-6.5	-7.7	---	
-3.2	-5.4	-4.0	11.7	---	-31.9	-3.8	-9.3	-7.1	---	
-4.5	8.7	0.3	-30.2	---	8.2	2.3	-3.2	-0.8	---	
-7.8	13.4	0.6	-11.2	---	31.3	0.6	-6.3	-3.3	---	
-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	-2.7	3.4	-28.4	---	-8.1	0.6	6.7	4.0	---	
4.8	1.3	3.5	11.5	---	-18.3	13.3	-1.2	5.1	---	
-4.1	-2.8	-3.7	89.3	---	10.2	-3.7	6.8	1.9	---	
4.6	-5.7	0.8	-12.8	---	5.2	9.7	-2.6	2.8	---	
0.5	-6.0	-1.8	19.2	---	19.5	11.2	-12.7	-1.4	---	
2.5	-4.5	0.1	3.7	---	6.1	1.5	17.1	8.8	---	
5.7	-3.1	2.9	9.6	---	7.3	10.4	-5.2	2.6	---	
1.6	-2.1	0.5	-27.7	---	-1.2	2.8	-19.8	-7.7	---	
-0.1	-2.4	-0.8	26.5	---	-6.5	-3.7	8.5	1.2	---	
1.1	-3.6	-0.3	27.6	---	-9.0	-0.8	7.6	2.9	---	
0.7	-0.2	0.4	-28.0	---	5.2	1.7	3.2	2.4	---	
1.9	-6.7	-0.5	-8.9	---	0.0	1.2	4.0	2.5	---	
1.6	-3.1	0.4	-7.9	---	-5.6	2.5	8.7	5.4	---	

Canadian Institute for Health Information, 2009.

Table A.3.2.3—Part 1

Private-Sector Health Expenditure by Use of Funds, Canada, 1975 to 2009—Current Dollars

Year	Other Professionals						Sub-Total
	Hospitals	Other Institutions	Physicians	Dental Services	Vision Care		
					Services	Other	
A	B	C	(\$' per capita)			D	
1975	13.74	14.19	1.16	29.61	8.22	3.53	41.36
1976	16.19	15.76	1.26	34.09	9.36	3.90	47.35
1977	17.71	16.93	1.36	40.08	10.58	4.30	54.96
1978	21.70	20.21	1.60	45.37	11.85	4.62	61.85
1979	25.89	24.39	2.17	50.85	12.72	5.39	68.95
1980	30.56	29.29	2.10	56.98	14.16	6.14	77.28
1981	36.40	29.94	2.00	61.78	17.52	7.13	86.43
1982	43.43	33.98	2.69	71.77	20.65	8.53	100.95
1983	49.00	37.34	3.13	77.47	24.02	9.76	111.25
1984	55.00	38.75	3.17	83.39	27.79	10.59	121.78
1985	58.92	40.22	3.24	94.26	30.78	10.90	135.94
1986	65.14	42.33	2.95	102.39	32.80	11.54	146.73
1987	67.94	45.26	2.90	110.30	34.72	13.54	158.55
1988	71.02	47.41	2.97	118.78	37.45	15.66	171.88
1989	73.35	48.12	3.08	127.21	40.20	18.04	185.45
1990	80.88	57.09	3.17	135.64	42.51	20.29	198.44
1991	86.38	63.08	3.24	144.90	44.13	22.11	211.14
1992	89.46	66.62	3.31	150.63	45.67	23.94	220.23
1993	93.09	70.18	3.39	156.92	47.97	25.54	230.44
1994	91.75	72.14	3.52	164.88	51.00	27.50	243.37
1995	81.29	72.10	3.72	172.69	53.96	28.63	255.29
1996	75.92	71.10	4.03	178.11	55.21	29.85	263.18
1997	77.83	71.29	4.06	184.40	66.03	35.74	286.16
1998	77.45	73.29	4.75	195.95	68.76	34.09	298.79
1999	81.47	78.81	5.03	209.80	70.06	38.95	318.81
2000	86.83	86.36	5.71	221.04	76.45	39.66	337.15
2001	94.31	87.68	4.79	237.29	81.02	46.77	365.08
2002	104.53	93.82	8.28	249.58	81.60	48.01	379.18
2003	105.05	97.49	6.21	254.81	76.95	48.57	380.33
2004	113.42	111.77	7.26	267.37	87.89	51.09	406.35
2005	118.63	111.01	7.86	290.23	91.59	53.15	434.98
2006	122.02	126.76	9.33	301.00	98.61	62.51	462.12
2007	126.46	134.39	7.42	321.14	107.20	60.49	488.83
2008 f	133.86	147.32	8.27	346.82	114.08	65.95	526.84
2009 f	139.08	155.02	8.34	362.72	122.59	68.86	554.17
	(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
1981	19.1	2.2	-4.7	8.4	23.7	16.2	11.8
1982	19.3	13.5	34.5	16.2	17.9	19.6	16.8
1983	12.8	9.9	16.2	7.9	16.3	14.4	10.2
1984	12.2	3.8	1.4	7.7	15.7	8.5	9.5
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	3.7	7.7	17.6	6.2
2007	3.6	6.0	-20.5	6.7	8.7	-3.2	5.8
2008 f	5.9	9.6	11.5	8.0	6.4	9.0	7.8
2009 f	3.9	5.2	0.7	4.6	7.5	4.4	5.2

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

f: forecast.

Canadian Institute for Health Information, 2009.

Table A.3.2.3—Part 2

Private-Sector Health Expenditure by Use of Funds, Canada, 1975 to 2009—Current Dollars (cont'd)

Drugs		Other Health Spending							Grand Total
Prescribed Drugs	Non-Prescribed Drugs	Sub-Total	Capital	Public Health	Administration	Health Research	Other	Sub-Total	
		E	F	G	H			J	A+B+C+D+ E+F+G+H+J
				(\$' per capita)					
26.49	13.21	39.70	6.90	---	3.12	1.01	4.09	5.11	125.27
28.47	13.48	41.95	7.55	---	2.64	1.26	3.90	5.15	137.85
30.40	13.68	44.08	7.51	---	3.80	1.53	4.07	5.60	151.96
30.24	16.39	46.64	9.07	---	3.60	1.80	3.22	5.02	169.69
32.08	20.48	52.56	7.33	---	4.14	2.08	3.28	5.36	190.79
33.99	23.91	57.91	14.50	---	4.78	2.57	3.58	6.15	222.57
44.73	26.39	71.12	15.28	---	7.51	2.68	3.84	6.51	255.20
49.39	28.47	77.85	19.47	---	5.84	2.94	3.97	6.90	291.12
50.84	33.34	84.19	14.64	---	6.81	3.24	4.14	7.38	313.74
51.26	41.34	92.60	14.22	---	9.77	3.56	4.24	7.81	343.11
56.02	47.82	103.84	16.03	---	10.42	3.98	4.57	8.55	377.16
65.09	53.60	118.69	17.24	---	11.36	4.58	5.10	9.68	414.11
68.07	61.32	129.39	18.18	---	10.60	5.15	5.67	10.81	443.63
75.91	66.61	142.52	13.10	---	15.91	6.12	6.62	12.74	477.56
84.01	72.42	156.43	14.31	---	24.20	7.19	7.80	14.99	519.92
93.65	74.33	167.98	13.84	---	24.02	8.17	8.80	16.97	562.40
102.10	79.79	181.89	12.19	---	26.64	8.91	9.66	18.57	603.14
112.53	85.24	197.78	12.80	---	28.38	9.36	10.55	19.91	638.49
124.07	89.81	213.89	12.79	---	36.96	9.61	12.25	21.86	682.59
126.67	95.31	221.98	11.37	---	42.29	10.11	12.94	23.05	709.48
137.66	95.16	232.82	14.99	---	43.48	10.90	14.72	25.62	729.30
144.32	96.14	240.45	16.01	---	44.21	11.22	13.82	25.04	739.95
164.95	99.50	264.45	12.18	---	43.18	12.00	15.68	27.68	786.83
180.51	105.16	285.67	14.18	---	36.82	14.19	16.17	30.36	821.31
187.12	110.47	297.59	29.01	---	43.85	14.78	18.67	33.44	888.01
209.50	111.45	320.95	27.07	---	49.35	17.34	19.45	36.79	950.20
228.96	114.00	342.96	35.10	---	64.15	20.98	18.48	39.45	1,033.52
253.21	117.45	370.66	39.29	---	73.45	22.98	23.35	46.33	1,115.53
279.34	118.76	398.11	44.94	---	82.24	26.48	23.09	49.57	1,163.94
299.86	122.84	422.69	34.36	---	85.89	28.77	19.59	48.35	1,230.10
315.62	126.39	442.02	45.81	---	84.61	29.19	22.39	51.59	1,296.51
344.27	131.52	475.79	63.08	---	83.08	31.26	26.02	57.27	1,399.46
359.33	136.02	495.35	47.10	---	90.57	32.97	27.83	60.80	1,450.91
391.96	135.85	527.81	45.95	---	96.94	35.72	30.99	66.71	1,553.70
415.96	137.51	553.47	44.25	---	95.65	38.26	35.20	73.46	1,623.42
(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
31.6	10.3	22.8	5.4	---	57.3	4.1	7.2	5.9	14.7
10.4	7.9	9.5	27.4	---	-22.3	9.8	3.4	6.0	14.1
2.9	17.1	8.1	-24.8	---	16.6	10.3	4.4	6.9	7.8
0.8	24.0	10.0	-2.8	---	43.5	10.0	2.5	5.8	9.4
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	18.2	3.1	9.7	4.4
3.7	5.1	4.2	104.7	---	19.1	4.1	15.4	10.2	8.1
12.0	0.9	7.8	-6.7	---	12.5	17.3	4.2	10.0	7.0
9.3	2.3	6.9	29.7	---	30.0	21.0	-5.0	7.2	8.8
10.6	3.0	8.1	11.9	---	14.5	9.5	26.4	17.4	7.9
10.3	1.1	7.4	14.4	---	12.0	15.2	-1.1	7.0	4.3
7.3	3.4	6.2	-23.6	---	4.4	8.6	-15.2	-2.5	5.7
5.3	2.9	4.6	33.3	---	-1.5	1.5	14.3	6.7	5.4
9.1	4.1	7.6	37.7	---	-1.8	7.1	16.2	11.0	7.9
4.4	3.4	4.1	-25.3	---	9.0	5.5	7.0	6.2	3.7
9.1	-0.1	6.6	-2.4	---	7.0	8.3	11.4	9.7	7.1
6.1	1.2	4.9	-3.7	---	-1.3	7.1	13.6	10.1	4.5

Canadian Institute for Health Information, 2009.

Table A.3.3.1 – Part 1

Public-Sector Health Expenditure by Use of Funds, Canada, 1975 to 2009—Current Dollars							
Year	Hospitals A	Other Institutions B	Physicians C	Other Professionals			Sub-Total D
				Dental Services (\$' 000,000)	Vision Care Services	Other	
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	4,784.4	10,401.6	426.1	211.0	487.7	1,124.8
1994	23,511.8	4,830.9	10,629.4	435.9	204.1	456.2	1,096.2
1995	23,129.6	5,040.7	10,528.9	425.0	193.1	456.7	1,074.9
1996	22,971.6	5,203.2	10,639.3	389.3	195.3	452.7	1,037.2
1997	22,468.3	6,487.5	11,202.5	371.0	214.5	456.0	1,041.6
1998	23,439.0	7,162.4	11,662.0	355.5	204.7	478.8	1,038.9
1999	24,375.8	7,559.4	12,258.3	381.8	218.8	520.2	1,120.8
2000	26,466.5	8,156.3	13,031.6	395.9	230.3	568.4	1,194.7
2001	28,066.2	8,775.1	13,980.2	403.4	247.8	549.5	1,200.7
2002	30,085.8	9,299.6	14,916.2	418.1	240.1	509.7	1,167.9
2003	32,297.3	9,851.0	16,059.2	405.7	244.2	512.9	1,162.8
2004	34,675.9	10,481.4	17,063.6	421.5	250.6	509.3	1,181.4
2005	36,540.1	11,078.4	18,280.7	449.0	223.5	455.1	1,127.6
2006	38,982.8	11,661.5	19,723.2	500.9	231.8	449.5	1,182.1
2007	41,219.5	11,992.4	21,285.3	539.1	240.0	467.8	1,246.9
2008 f	44,032.0	12,490.0	23,280.3	573.0	256.9	502.0	1,331.9
2009 f	46,276.8	13,070.0	25,354.2	608.2	271.0	521.7	1,400.9
				(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
1981	18.0	17.9	16.7	42.8	17.1	20.8	31.8
1982	18.5	17.9	15.3	-3.0	15.7	12.9	4.2
1983	9.8	10.4	14.2	-3.5	16.0	14.7	5.2
1984	5.8	4.6	9.5	2.3	11.3	10.4	6.6
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	-2.5	-5.4	0.1	-1.9
1996	-0.7	3.2	1.0	-8.4	1.1	-0.9	-3.5
1997	-2.2	24.7	5.3	-4.7	9.9	0.7	0.4
1998	4.3	10.4	4.1	-4.2	-4.6	5.0	-0.3
1999	4.0	5.5	5.1	7.4	6.9	8.6	7.9
2000	8.6	7.9	6.3	3.7	5.3	9.3	6.6
2001	6.0	7.6	7.3	1.9	7.6	-3.3	0.5
2002	7.2	6.0	6.7	3.7	-3.1	-7.2	-2.7
2003	7.4	5.9	7.7	-3.0	1.7	0.6	-0.4
2004	7.4	6.4	6.3	3.9	2.6	-0.7	1.6
2005	5.4	5.7	7.1	6.5	-10.8	-10.6	-4.6
2006	6.7	5.3	7.9	11.6	3.7	-1.2	4.8
2007	5.7	2.8	7.9	7.6	3.6	4.1	5.5
2008 f	6.8	4.1	9.4	6.3	7.0	7.3	6.8
2009 f	5.1	4.6	8.9	6.1	5.5	3.9	5.2

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

f: forecast.

Canadian Institute for Health Information, 2009.

Table A.3.3.1—Part 2

Public-Sector Health Expenditure by Use of Funds, Canada, 1975 to 2009—Current Dollars (cont'd)

Drugs		Other Health Spending							Grand Total	
Prescribed Drugs	Non-Prescribed Drugs	Sub-Total	Capital	Public Health	Administration	Health Research	Other	Sub-Total	Grand Total	
		E	F	G		H		J	A+B+C+D+ E+F+G+H+J	
				(\$' 000,000)						
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	1,139.8	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	278.4	861.6	1,140.0	30,094.9	
1,319.2	---	1,319.2	1,351.5	1,570.2	734.2	333.2	1,009.1	1,342.3	32,528.6	
1,492.7	---	1,492.7	1,391.1	1,661.0	779.6	315.9	1,142.0	1,457.9	35,054.7	
1,702.8	---	1,702.8	1,550.7	1,786.6	799.2	343.0	1,364.3	1,707.3	38,162.8	
1,970.9	---	1,970.9	1,702.4	1,953.6	864.8	392.3	1,609.5	2,001.9	41,911.1	
2,278.0	---	2,278.0	1,740.3	2,138.5	991.9	441.5	1,903.1	2,344.6	45,445.5	
2,606.7	---	2,606.7	1,685.8	2,316.5	1,033.6	448.9	2,188.0	2,636.8	49,382.2	
2,908.5	---	2,908.5	1,694.9	2,539.6	1,068.6	541.0	2,349.3	2,890.4	51,637.3	
3,044.9	---	3,044.9	1,650.2	2,761.5	1,010.9	517.9	2,550.3	3,068.2	51,920.8	
3,087.6	---	3,087.6	1,943.2	3,059.8	1,072.0	511.1	2,793.5	3,304.6	52,535.5	
3,365.3	---	3,365.3	1,824.0	3,245.0	1,155.8	488.8	2,866.2	3,355.0	52,719.1	
3,328.8	---	3,328.8	1,685.9	3,371.5	1,180.8	487.7	2,916.9	3,404.6	52,823.0	
3,598.1	---	3,598.1	1,757.6	3,510.1	1,224.8	730.8	3,202.6	3,933.4	55,223.9	
4,007.5	---	4,007.5	1,874.0	4,400.7	1,345.4	737.6	3,540.5	4,278.1	59,208.0	
4,551.6	---	4,551.6	2,626.8	4,769.4	1,426.7	693.4	3,815.0	4,508.4	63,197.2	
5,295.3	---	5,295.3	3,134.9	5,427.2	1,587.1	873.0	4,100.1	4,973.1	69,266.8	
6,064.1	---	6,064.1	3,419.9	6,235.2	1,741.1	1,267.8	4,256.5	5,524.3	75,006.6	
6,833.5	---	6,833.5	3,703.9	6,524.4	1,910.9	1,187.3	4,547.2	5,734.5	80,176.7	
7,605.8	---	7,605.8	4,185.5	7,637.6	2,094.6	1,313.1	4,761.5	6,074.6	86,968.5	
8,314.0	---	8,314.0	4,418.8	7,768.7	2,237.5	1,376.0	5,056.7	6,432.7	92,574.1	
8,974.9	---	8,974.9	5,125.1	8,612.4	2,492.9	1,438.6	5,497.7	6,936.3	99,168.3	
9,687.0	---	9,687.0	5,194.3	9,293.3	2,558.0	1,714.3	5,819.7	7,534.0	105,816.2	
10,221.0	---	10,221.0	5,712.2	10,550.9	2,629.2	2,011.9	6,329.5	8,341.3	113,198.7	
10,967.1	---	10,967.1	7,158.9	10,773.2	2,746.3	2,243.9	6,805.5	9,049.4	121,829.2	
11,407.8	---	11,407.8	7,248.0	11,346.3	2,882.3	2,342.5	7,268.7	9,611.2	128,597.3	
(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	
21.9	---	21.9	15.2	19.0	12.6	18.1	40.7	34.3	18.4	
20.6	---	20.6	23.7	14.3	22.8	11.8	18.5	16.8	17.6	
19.6	---	19.6	17.6	8.0	8.1	16.8	15.5	15.8	11.2	
15.4	---	15.4	7.0	10.9	9.5	14.2	8.5	9.9	7.2	
18.7	---	18.7	8.5	10.1	7.6	13.3	17.2	16.2	7.6	
17.9	---	17.9	9.3	3.6	5.4	19.7	17.1	17.7	8.1	
13.2	---	13.2	2.9	5.8	6.2	-5.2	13.2	8.6	7.8	
14.1	---	14.1	11.5	7.6	2.5	8.6	19.5	17.1	8.9	
15.7	---	15.7	9.8	9.3	8.2	14.4	18.0	17.3	9.8	
15.6	---	15.6	2.2	9.5	14.7	12.5	18.2	17.1	8.4	
14.4	---	14.4	-3.1	8.3	4.2	1.7	15.0	12.5	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	0.5	
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	2.2	-0.2	1.8	1.5	0.2	
8.1	---	8.1	4.3	4.1	3.7	49.8	9.8	15.5	4.5	
11.4	---	11.4	6.6	25.4	9.8	0.9	10.6	8.8	7.2	
13.6	---	13.6	40.2	8.4	6.0	-6.0	7.8	5.4	6.7	
16.3	---	16.3	19.3	13.8	11.2	25.9	7.5	10.3	9.6	
14.5	---	14.5	9.1	14.9	9.7	45.2	3.8	11.1	8.3	
12.7	---	12.7	8.3	4.6	9.8	-6.4	6.8	3.8	6.9	
11.3	---	11.3	13.0	17.1	9.6	10.6	4.7	5.9	8.5	
9.3	---	9.3	5.6	1.7	6.8	4.8	6.2	5.9	6.4	
7.9	---	7.9	16.0	10.9	11.4	4.5	8.7	7.8	7.1	
7.9	---	7.9	1.4	7.9	2.6	19.2	5.9	8.6	6.7	
5.5	---	5.5	10.0	13.5	2.8	17.4	8.8	10.7	7.0	
7.3	---	7.3	25.3	2.1	4.5	11.5	7.5	8.5	7.6	
4.0	---	4.0	1.2	5.3	4.9	4.4	6.8	6.2	5.6	

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Table A.3.3.2—Part 1

Public-Sector Health Expenditure by Use of Funds, Canada, 1975 to 2009—Current Dollars							
Year	Hospitals	Other Institutions	Physicians	Other Professionals			Sub-Total
				Dental Services	Vision Care Services	Other	
	A	B	C				D
	(percentage distribution of \$' 000,000)						
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	40.7	11.7	20.3	0.7	0.4	0.8	1.9
1998	39.6	12.1	19.7	0.6	0.3	0.8	1.8
1999	38.6	12.0	19.4	0.6	0.3	0.8	1.8
2000	38.2	11.8	18.8	0.6	0.3	0.8	1.7
2001	37.4	11.7	18.6	0.5	0.3	0.7	1.6
2002	37.5	11.6	18.6	0.5	0.3	0.6	1.5
2003	37.1	11.3	18.5	0.5	0.3	0.6	1.3
2004	37.5	11.3	18.4	0.5	0.3	0.6	1.3
2005	36.8	11.2	18.4	0.5	0.2	0.5	1.1
2006	36.8	11.0	18.6	0.5	0.2	0.4	1.1
2007	36.4	10.6	18.8	0.5	0.2	0.4	1.1
2008 f	36.1	10.3	19.1	0.5	0.2	0.4	1.1
2009 f	36.0	10.2	19.7	0.5	0.2	0.4	1.1
	(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
1981	-0.4	-0.5	-1.5	20.6	-1.1	2.0	11.3
1982	0.8	0.3	-1.9	-17.5	-1.6	-4.0	-11.4
1983	-1.3	-0.8	2.7	-13.2	4.3	3.1	-5.4
1984	-1.3	-2.4	2.1	-4.5	3.9	3.0	-0.5
1985	-1.8	-2.6	1.7	-4.0	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	1.6	-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	-2.8	-5.7	-0.2	-2.3
1996	-0.9	3.0	0.9	-8.6	0.9	-1.1	-3.7
1997	-6.4	19.3	0.7	-8.8	5.1	-3.6	-3.9
1998	-2.7	3.0	-2.9	-10.6	-11.0	-2.1	-7.0
1999	-2.6	-1.1	-1.5	0.6	0.2	1.8	1.1
2000	-0.9	-1.6	-3.0	-5.4	-4.0	-0.3	-2.7
2001	-2.1	-0.6	-0.9	-5.9	-0.6	-10.7	-7.2
2002	0.3	-0.9	-0.2	-3.0	-9.4	-13.2	-9.0
2003	-1.0	-2.3	-0.7	-10.5	-6.2	-7.2	-8.2
2004	0.9	0.0	-0.2	-2.4	-3.6	-6.7	-4.6
2005	-1.6	-1.3	0.0	-0.6	-16.7	-16.6	-10.9
2006	0.0	-1.4	1.1	4.6	-2.8	-7.4	-1.7
2007	-1.2	-3.9	0.9	0.6	-3.2	-2.7	-1.4
2008 f	-0.7	-3.2	1.6	-1.3	-0.6	-0.3	-0.7
2009 f	-0.4	-0.9	3.2	0.6	0.0	-1.6	-0.4

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

f: forecast.

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Table A.3.3.2—Part 2

Public-Sector Health Expenditure by Use of Funds, Canada, 1975 to 2009—Current Dollars (cont'd)

Drugs			Other Health Spending						Grand Total
Prescribed Drugs	Non-Prescribed Drugs	Sub-Total	Capital	Public Health	Administration	Health Research	Other	Sub-Total	
		<i>E</i>	<i>F</i>	<i>G</i>	<i>H</i>			<i>J</i>	<i>A+B+C+D+ E+F+G+H+J</i>
(percentage distribution of \$' 000,000)									
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	6.4	2.2	1.3	5.8	7.1	100.0
6.8	---	6.8	3.2	7.4	2.3	1.2	6.0	7.2	100.0
7.2	---	7.2	4.2	7.5	2.3	1.1	6.0	7.1	100.0
7.6	---	7.6	4.5	7.8	2.3	1.3	5.9	7.2	100.0
8.1	---	8.1	4.6	8.3	2.3	1.7	5.7	7.4	100.0
8.5	---	8.5	4.6	8.1	2.4	1.5	5.7	7.2	100.0
8.7	---	8.7	4.8	8.8	2.4	1.5	5.5	7.0	100.0
9.0	---	9.0	4.8	8.4	2.4	1.5	5.5	6.9	100.0
9.1	---	9.1	5.2	8.7	2.5	1.5	5.5	7.0	100.0
9.2	---	9.2	4.9	8.8	2.4	1.6	5.5	7.1	100.0
9.0	---	9.0	5.0	9.3	2.3	1.8	5.6	7.4	100.0
9.0	---	9.0	5.9	8.8	2.3	1.8	5.6	7.4	100.0
8.9	---	8.9	5.6	8.8	2.2	1.8	5.7	7.5	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	---
2.9	---	2.9	-2.7	0.5	-4.9	-0.3	18.8	13.4	---
2.6	---	2.6	5.2	-2.8	4.5	-4.9	0.8	-0.6	---
7.5	---	7.5	5.7	-2.9	-2.8	5.0	3.8	4.1	---
7.6	---	7.6	-0.2	3.4	2.2	6.5	1.2	2.5	---
10.2	---	10.2	0.8	2.3	0.0	5.3	8.9	8.0	---
9.1	---	9.1	1.1	-4.2	-2.5	10.7	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	4.2	7.4	6.8	---
6.6	---	6.6	-5.7	1.0	5.8	3.8	9.0	8.0	---
5.3	---	5.3	-10.9	-0.3	-4.1	-6.4	5.8	3.5	---
6.7	---	6.7	-3.9	4.8	-1.1	15.3	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	2.2	1.2	---
-1.3	---	-1.3	-7.7	3.7	2.0	-0.4	1.6	1.3	---
3.4	---	3.4	-0.3	-0.4	-0.8	43.3	5.0	10.5	---
3.9	---	3.9	-0.6	16.9	2.5	-5.9	3.1	1.4	---
6.4	---	6.4	31.3	1.5	-0.6	-11.9	1.0	-1.3	---
6.1	---	6.1	8.9	3.8	1.5	14.9	-1.9	0.6	---
5.8	---	5.8	0.7	6.1	1.3	34.1	-4.1	2.6	---
5.4	---	5.4	1.3	-2.1	2.7	-12.4	-0.1	-2.9	---
2.6	---	2.6	4.2	7.9	1.1	2.0	-3.5	-2.3	---
2.7	---	2.7	-0.8	-4.4	0.4	-1.6	-0.2	-0.5	---
0.8	---	0.8	8.3	3.5	4.0	-2.4	1.5	0.7	---
1.2	---	1.2	-5.0	1.1	-3.8	11.7	-0.8	1.8	---
-1.4	---	-1.4	2.8	6.1	-3.9	9.7	1.7	3.5	---
-0.3	---	-0.3	16.4	-5.1	-2.9	3.6	-0.1	0.8	---
-1.5	---	-1.5	-4.1	-0.2	-0.6	-1.1	1.2	0.6	---

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Table A.3.3.3—Part 1

Year	Public-Sector Health Expenditure by Use of Funds, Canada, 1975 to 2009—Current Dollars							Sub-Total
	Hospitals	Other Institutions	Physicians	Other Professionals				
				Dental Services	Vision Care Services	Other		
A	B	C	(\$' per capita)			D		
1975	221.96	34.42	78.34	2.44	1.55	2.02	6.00	
1976	254.91	42.61	87.06	2.98	1.73	2.30	7.01	
1977	268.60	49.53	94.92	3.53	1.89	2.55	7.97	
1978	286.35	57.07	105.51	4.34	2.17	3.15	9.66	
1979	309.38	65.34	115.88	5.94	2.40	3.67	12.01	
1980	350.19	74.30	131.99	7.95	2.74	4.28	14.97	
1981	408.03	86.49	152.10	11.22	3.17	5.10	19.49	
1982	477.83	100.78	173.31	10.75	3.63	5.69	20.07	
1983	519.36	110.16	196.05	10.28	4.17	6.46	20.91	
1984	544.22	114.16	212.62	10.42	4.59	7.07	22.08	
1985	570.29	118.66	230.71	10.66	5.05	8.30	24.01	
1986	610.59	114.26	252.78	11.00	5.60	9.99	26.58	
1987	648.58	118.42	274.73	10.82	5.95	10.45	27.22	
1988	690.31	129.44	293.43	11.62	6.75	11.05	29.41	
1989	742.95	140.33	308.73	12.84	7.54	12.52	32.89	
1990	780.79	150.44	330.62	13.80	8.14	14.24	36.18	
1991	831.03	163.28	360.83	14.47	8.84	16.52	39.83	
1992	850.73	172.68	365.03	14.71	8.45	17.37	40.53	
1993	839.36	166.81	362.65	14.85	7.36	17.01	39.22	
1994	810.77	166.59	366.54	15.03	7.04	15.73	37.80	
1995	789.34	172.02	359.32	14.50	6.59	15.59	36.68	
1996	775.78	175.72	359.30	13.15	6.59	15.29	35.03	
1997	751.26	216.92	374.57	12.41	7.17	15.25	34.83	
1998	777.23	237.50	386.71	11.79	6.79	15.88	34.45	
1999	801.73	248.63	403.18	12.56	7.20	17.11	36.86	
2000	862.41	265.77	424.63	12.90	7.50	18.52	38.93	
2001	904.74	282.87	450.67	13.00	7.99	17.71	38.70	
2002	958.98	296.43	475.45	13.33	7.65	16.25	37.23	
2003	1,019.61	310.99	506.98	12.81	7.71	16.19	36.71	
2004	1,083.78	327.59	533.32	13.18	7.83	15.92	36.92	
2005	1,130.85	342.86	565.75	13.90	6.92	14.09	34.90	
2006	1,196.67	357.98	605.45	15.38	7.11	13.80	36.29	
2007	1,251.83	364.21	646.43	16.37	7.29	14.21	37.87	
2008 f	1,321.83	374.95	698.87	17.20	7.71	15.07	39.98	
2009 f	1,377.88	389.15	754.91	18.11	8.07	15.53	41.71	
				(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	
1981	16.5	16.4	15.2	41.1	15.7	19.3	30.2	
1982	17.1	16.5	13.9	-4.2	14.4	11.6	3.0	
1983	8.7	9.3	13.1	-4.4	14.8	13.5	4.2	
1984	4.8	3.6	8.4	1.4	10.3	9.3	5.6	
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	-0.7	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	-3.5	-6.3	-0.9	-3.0	
1996	-1.7	2.1	0.0	-9.4	0.0	-1.9	-4.5	
1997	-3.2	23.4	4.2	-5.6	8.8	-0.3	-0.6	
1998	3.5	9.5	3.2	-5.0	-5.4	4.1	-1.1	
1999	3.2	4.7	4.3	6.5	6.0	7.7	7.0	
2000	7.6	6.9	5.3	2.7	4.3	8.3	5.6	
2001	4.9	6.4	6.1	0.8	6.4	-4.4	-0.6	
2002	6.0	4.8	5.5	2.5	-4.2	-8.3	-3.8	
2003	6.3	4.9	6.6	-3.9	0.8	-0.3	-1.4	
2004	6.3	5.3	5.2	2.9	1.6	-1.7	0.6	
2005	4.3	4.7	6.1	5.5	-11.7	-11.5	-5.5	
2006	5.8	4.4	7.0	10.7	2.9	-2.0	4.0	
2007	4.6	1.7	6.8	6.5	2.4	3.0	4.4	
2008 f	5.6	2.9	8.1	5.1	5.8	6.1	5.6	
2009 f	4.2	3.8	8.0	5.3	4.7	3.1	4.3	

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

f: forecast.

Canadian Institute for Health Information, 2009.

Table A.3.3.3—Part 2

Public-Sector Health Expenditure by Use of Funds, Canada, 1975 to 2009—Current Dollars (cont'd)

Drugs			Other Health Spending						Grand Total
Prescribed Drugs	Non-Prescribed Drugs	Sub-Total	Capital	Public Health	Administration	Health Research	Other	Sub-Total	
		E	F	G (\$' per capita)		H		J	A+B+C+D+ E+F+G+H+J
6.85	---	6.85	16.27	17.58	11.73	3.04	5.67	8.71	401.86
9.20	---	9.20	15.65	21.77	12.79	3.24	7.05	10.29	461.29
11.23	---	11.23	16.25	25.23	13.41	3.92	8.17	12.09	499.22
13.69	---	13.69	18.98	25.68	13.38	4.47	9.41	13.88	544.19
15.97	---	15.97	22.64	29.21	14.53	5.10	11.23	16.33	601.29
18.97	---	18.97	25.91	34.48	16.12	5.69	14.35	20.04	686.97
22.84	---	22.84	29.49	40.54	17.93	6.64	19.94	26.58	803.48
27.22	---	27.22	36.06	45.77	21.76	7.33	23.35	30.68	933.49
32.22	---	32.22	41.99	48.94	23.30	8.48	26.70	35.18	1,028.11
36.82	---	36.82	44.51	53.75	25.28	9.59	28.71	38.30	1,091.74
43.29	---	43.29	47.86	58.65	26.96	10.77	33.34	44.11	1,164.54
50.54	---	50.54	51.78	60.16	28.13	12.76	38.66	51.43	1,246.25
56.44	---	56.44	52.59	62.80	29.48	11.94	43.18	55.12	1,325.38
63.55	---	63.55	57.87	66.67	29.83	12.80	50.92	63.72	1,424.23
72.24	---	72.24	62.40	71.61	31.70	14.38	59.00	73.38	1,536.23
82.24	---	82.24	62.83	77.21	35.81	15.94	68.71	84.65	1,640.78
92.99	---	92.99	60.14	82.64	36.87	16.01	78.05	94.07	1,761.68
102.53	---	102.53	59.75	89.53	37.67	19.07	82.82	101.89	1,820.34
106.16	---	106.16	57.54	96.28	35.25	18.06	88.92	106.97	1,810.23
106.47	---	106.47	67.01	105.51	36.97	17.62	96.33	113.95	1,811.62
114.85	---	114.85	62.25	110.74	39.44	16.68	97.82	114.50	1,799.15
112.42	---	112.42	56.94	113.86	39.88	16.47	98.51	114.98	1,783.90
120.31	---	120.31	58.77	117.37	40.95	24.43	107.09	131.52	1,846.50
132.89	---	132.89	62.14	145.93	44.61	24.46	117.40	141.86	1,963.32
149.70	---	149.70	86.40	156.87	46.93	22.81	125.48	148.28	2,078.59
172.55	---	172.55	102.15	176.85	51.72	28.45	133.60	162.05	2,257.05
195.48	---	195.48	110.24	201.00	56.13	40.87	137.21	178.08	2,417.91
217.82	---	217.82	118.06	207.96	60.91	37.84	144.94	182.79	2,555.63
240.11	---	240.11	132.14	241.12	66.13	41.45	150.32	191.77	2,745.56
259.85	---	259.85	138.11	242.81	69.93	43.01	158.05	201.05	2,893.37
277.76	---	277.76	158.61	266.54	77.15	44.52	170.14	214.66	3,069.08
297.37	---	297.37	159.45	285.28	78.52	52.62	178.65	231.27	3,248.28
310.41	---	310.41	173.48	320.43	79.85	61.10	192.22	253.32	3,437.83
329.23	---	329.23	214.91	323.41	82.44	67.36	204.30	271.66	3,657.28
339.66	---	339.66	215.81	337.83	85.82	69.75	216.42	286.17	3,828.94
(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
20.4	---	20.4	13.8	17.6	11.2	16.6	39.0	32.6	17.0
19.2	---	19.2	22.3	12.9	21.4	10.5	17.1	15.4	16.2
18.4	---	18.4	16.5	6.9	7.0	15.6	14.4	14.7	10.1
14.3	---	14.3	6.0	9.8	8.5	13.1	7.5	8.9	6.2
17.6	---	17.6	7.5	9.1	6.7	12.3	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	7.2	17.9	15.6	7.5
13.7	---	13.7	7.8	7.4	6.3	12.3	15.9	15.2	7.9
13.8	---	13.8	0.7	7.8	13.0	10.8	16.5	15.4	6.8
13.1	---	13.1	-4.3	7.0	3.0	0.5	13.6	11.1	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	-1.3	0.7	0.4	-0.8
7.0	---	7.0	3.2	3.1	2.7	48.3	8.7	14.4	3.5
10.5	---	10.5	5.7	24.3	8.9	0.1	9.6	7.9	6.3
12.7	---	12.7	39.0	7.5	5.2	-6.8	6.9	4.5	5.9
15.3	---	15.3	18.2	12.7	10.2	24.7	6.5	9.3	8.6
13.3	---	13.3	7.9	13.7	8.5	43.7	2.7	9.9	7.1
11.4	---	11.4	7.1	3.5	8.5	-7.4	5.6	2.6	5.7
10.2	---	10.2	11.9	15.9	8.6	9.5	3.7	4.9	7.4
8.2	---	8.2	4.5	0.7	5.8	3.7	5.1	4.8	5.4
6.9	---	6.9	14.8	9.8	10.3	3.5	7.7	6.8	6.1
7.1	---	7.1	0.5	7.0	1.8	18.2	5.0	7.7	5.8
4.4	---	4.4	8.8	12.3	1.7	16.1	7.6	9.5	5.8
6.1	---	6.1	23.9	0.9	3.3	10.2	6.3	7.2	6.4
3.2	---	3.2	0.4	4.5	4.1	3.5	5.9	5.3	4.7

Canadian Institute for Health Information, 2009.

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

Total Health Expenditure as a Percent of (Provincial/Territorial) GDP, by Province/Territory and Canada, 1975 to 2009—Current Dollars												Table B.1.3		
Year	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Canada Average
	(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	9.0	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	10.2	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	9.7	11.6	---	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	11.4	---	8.9
1998	12.8	12.1	11.9	10.9	9.7	8.8	10.6	9.4	7.1	9.9	9.5	12.3	---	9.2
1999	13.0	12.0	11.6	10.9	9.5	8.6	11.6	9.7	7.4	10.1	10.0	10.1	19.1	9.2
2000	12.1	11.9	11.5	11.0	9.6	8.8	11.9	9.3	6.6	10.2	10.4	8.5	20.2	9.1
2001	12.7	13.9	11.6	11.9	10.2	9.2	12.4	10.4	7.3	11.0	11.4	8.3	21.0	9.7
2002	11.7	13.7	12.2	12.4	10.4	9.5	12.6	10.6	7.9	11.3	12.5	9.0	22.6	10.0
2003	11.4	14.3	12.5	12.5	10.6	10.1	13.1	10.6	7.5	11.2	12.1	7.4	29.5	10.2
2004	11.0	13.6	12.5	12.6	10.7	10.3	13.1	10.1	7.3	10.8	12.1	6.9	28.7	10.2
2005	10.2	13.9	12.9	13.3	11.0	10.6	13.5	10.0	6.9	10.8	12.4	7.9	26.8	10.3
2006	9.0	14.4	14.2	13.9	11.3	10.8	13.1	10.2	7.1	10.8	13.4	8.3	27.4	10.4
2007	8.7	14.5	14.6	13.9	11.3	11.0	12.9	9.9	7.2	10.7	13.1	8.3	25.6	10.5
2008 f	8.9	15.5	15.1	14.6	12.0	11.7	13.2	8.7	7.1	11.0	12.6	7.6	24.3	10.8
2009 f	10.3	16.7	16.1	15.0	12.7	12.7	14.0	9.9	8.2	12.3	13.8	8.3	25.8	11.9
	(annual percentage change)*													
1976*	---	---	---	---	---	---	---	---	---	---	---	---	---	0.0
1980	---	---	---	---	---	---	---	---	---	---	---	---	---	3.4
1981	---	---	---	---	---	---	---	---	---	---	---	---	---	3.1
1982	3.7	3.4	1.1	8.2	8.2	10.8	12.0	17.2	20.1	12.4	33.1	16.8	---	11.1
1983	3.4	-8.2	-3.1	-4.3	2.0	1.8	3.3	4.6	5.1	1.8	9.6	0.2	---	2.2
1984	-8.7	1.5	1.5	-0.5	-1.7	-1.2	-4.3	2.2	-2.6	1.5	-3.7	-1.7	---	-1.2
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	6.9	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	45.2	-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	13.5	-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	7.1	-5.9	---	-2.3
1997	3.0	1.2	8.4	1.0	1.6	-2.4	-0.3	5.9	3.2	-0.7	-4.4	-1.3	---	-0.1
1998	3.4	-0.3	2.4	-1.0	1.9	2.2	1.7	3.2	7.0	4.2	2.8	8.1	---	2.9
1999	1.3	-1.1	-2.8	-0.1	-2.6	-1.2	9.1	2.9	4.7	2.9	5.0	-17.9	---	0.0
2000	-6.7	-0.4	-0.9	1.3	1.2	2.2	2.8	-3.5	-10.4	0.4	3.8	-15.8	5.8	-0.4
2001	5.0	16.3	1.2	8.0	5.8	4.0	4.3	11.7	9.5	7.6	9.6	-2.8	4.2	5.7
2002	-7.9	-1.4	5.2	3.7	2.0	3.3	1.3	1.3	8.2	3.2	9.6	8.9	7.4	3.4
2003	-2.8	4.4	2.2	1.0	2.5	5.9	4.6	0.0	-5.2	-0.8	-2.8	-17.9	30.6	2.2
2004	-3.2	-5.1	0.1	0.9	0.6	2.6	0.0	-4.1	-1.7	-3.5	-0.3	-6.7	-2.9	0.1
2005	-7.5	2.7	3.3	5.8	3.0	2.1	2.9	-0.7	-5.6	-0.4	2.5	13.6	-6.6	0.6
2006	-11.4	3.7	10.1	4.2	2.3	1.9	-3.0	2.0	3.0	0.2	8.2	5.2	2.3	1.6
2007	-3.8	0.5	2.7	0.0	0.2	2.1	-1.3	-3.5	0.4	-1.1	-2.5	0.8	-6.3	0.4
2008 f	2.8	6.8	3.5	5.1	6.0	6.5	2.1	-12.2	-0.5	3.3	-3.9	-8.4	-5.3	3.3
2009 f	15.7	7.8	6.6	2.9	6.1	8.6	6.4	13.7	15.4	11.0	9.7	8.4	6.1	9.6

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

Canadian Institute for Health Information, 2009.

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

