NATIONAL HEALTH EXPENDITURE DATABASE

NATIONAL HEALTH EXPENDITURE TRENDS

1975–2002

ANALYTICAL FOCUS:

Hospital Expenditure Trends by Function and Type

Canadian Institute for Health Information

Institut canadien d'information sur la santé

National Health Expenditure Trends 1975–2002

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ISBN 1-55392-120-8 (PDF)

Cette publication est disponible en français sous le titre :
« *Tendances des dépenses nationales de santé, 1975 à 2002* »
ISBN 1-55392-121-6 (PDF)

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Acknowledgments

It is only through the contribution of many individuals and organizations that the production of *National Health Expenditure Trends, 1975–2002*, is possible. The Canadian Institute for Health Information (CIHI) expresses its gratitude to:

The National Health Expenditure Expert Advisory Group for their advice and constructive comments related to National Health Expenditures:

- Dr. John Horne, Health Sciences Centre, Winnipeg, Manitoba
- Dr. Richard Plain, University of Alberta
- Dr. Robert G. Evans, University of British Columbia
- M. André Grenon, Health Canada
- Dr. Michael Wolfson, Statistics Canada
- Dr. Jeremiah Hurley, McMaster University
- Dr. Stephen Law, Mount Allison University
- M. Jean Houde, Ministère de la santé et des services sociaux du Québec
- Mr. Cliff Halliwell, Health Canada
- Ms. Louise Ogilvie, Canadian Institute for Health Information

Data Suppliers for their provision of data to the national health expenditure database:

- Health Canada, Statistics Canada and other federal departments reporting health care financial data
- the provincial and territorial governments
- the provincial and territorial Workers' Compensation Boards and la Commission de la santé et de la sécurité du travail du Québec
- A.C. Nielsen Canada
- the insurance industry, whose participation has enhanced our understanding of expenditures in the private sector:
  - The Canadian Life and Health Insurance Association Inc.
  - Atlantic Blue Cross Care
  - Croix Bleue du Québec
  - CUMBA
  - Greenshield Canada
  - Liberty Health
  - Manitoba Blue Cross (United Health Services Corporation)
  - Saskatchewan Blue Cross Medical Services Incorporated
  - Saskatchewan Group Medical Services
  - Alberta Blue Cross
  - Pacific Blue Cross
- Association of Canadian Medical Colleges

- Provincial and territorial ministries for providing age and sex distributions for their respective drug subsidy and additional health benefit programs:
  - Newfoundland Medical Services Commission
  - Maritime Medical Care facilitated by the Nova Scotia Department of Health, Insured Programs Management and Clinical Rationalization
  - Atlantic Blue Cross Care facilitated by the New Brunswick Department of Health and Community Services, Medicare/Prescription Drug Program
  - Régie de l'assurance-maladie du Québec facilitated by the Quebec Ministry of Health and Social Services
  - Ontario Ministry of Health and Long-Term Care, Ontario Health Insurance Program and Drug Programs Branch
  - Manitoba Health and Ministry of Family Services, Employment and Income Assistance Division
  - Saskatchewan Health, Saskatchewan Drug Plan and Extended Benefits Branch and Saskatchewan Medical Services Branch
  - Alberta Blue Cross facilitated by Alberta Health and Wellness and Alberta Human Resources and Employment. Alberta Health and Wellness Extended Health Benefits
  - British Columbia Ministry of Health Services, Medical Services Plan and Pharmacare Planning and Special Projects
  - Yukon Department of Health and Social Services
  - Northwest Territories Department of Health and Social Services

External Consultants to CIHI for their technical expertise and assistance:

- Vern Hicks, Health Economics Consulting Services
- Richard Trudeau, Statistics Canada
- Rob Dunphy, Statistics Canada

CIHI is responsible for the National Health Expenditure (NHEX) Database. The dedicated work of its NHEX section, Geoff Ballinger, Ian Button, Terry Campbell, Gilles Fortin, Chad Gyorfi-Dyke, and Jingbo Zhang is essential to the classification and dissemination of data that describe Canadian health expenditure. The NHEX section would also like to thank colleagues from the Canadian MIS Database, particularly Greg Zinck and Erik Markhauser for their technical expertise and assistance on the Analytical Focus of this report.

Highlights

- Total health expenditure, in current dollars[1], was estimated at $97.4 billion in 2000, and is forecast to have reached $105.6 billion in 2001 and $112.2 billion in 2002.

- After adjusting for inflation the 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 declined by 0.8%. It increased to 5.2% from 1996 to 2000. Real growth is expected to have been 6.6% in 2001 and 3.3% in 2002.

- Total health expenditure per capita was estimated at $3,164 in 2000 and is expected to have been $3,395 in 2001 and $3,572 in 2002.

- Total health care spending as a percentage of Gross Domestic Product was 9.1% in 2000; the ratio is forecast to have increased to 9.7% in 2001 and is expected to have been 9.8% in 2002.

- In 1998, for the first time since 1991, public sector health expenditure grew faster than private sector expenditure. Consequently, the private sector share fell from its peak in 1997 of 30.0% to 29.2% in 2000. It is expected to remain at 29.2% in 2001 and increase slightly to 29.3% of total expenditure in 2002.

- The category of drugs ranks second after hospitals in terms of its share of total health expenditure. In 1997, expenditure on drugs overtook spending on physicians' services. The share of total spending accounted for by drugs grew from a low of 8.4% in the late 1970s to 15.4% in 2000. In 2002, drugs are expected to remain ranked second with a share of 16.2%.

- Total health expenditure per capita varies among the provinces. In 2000, Manitoba and Ontario spent more per person on health care than any other province, at $3,500 and $3,312, respectively. Prince Edward Island, followed by Quebec, had the lowest expenditure per capita at $2,863 and 2,870, respectively.

- Health expenditure varies considerably among different age and sex groups. After adjusting for differences in provincial age and sex distributions, Newfoundland, Alberta and Manitoba had the highest per capita provincial government expenditure in 2000, while Prince Edward Island and Nova Scotia had the lowest.

- According to a new analysis appearing in the Analytical Focus of this report, there has been a substantial reduction in the shares of hospital expenditure accounted for by support services and nursing inpatient services since the mid-1970s. Furthermore, the share allocated to administration has increased during the late 1990s.

[1] All figures are in current dollars (unadjusted for inflation) unless otherwise stated.

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 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 beginning in 1960. The Canadian Institute for Health Information assumed responsibility for the national health accounts, including the National Health Expenditure database, in 1995.

National Health Expenditure Trends (1975–2002) is CIHI's sixth annual health expenditure trends publication and provides detailed updated information on health expenditure in Canada. The 2002 report contains more information than previous versions. It has been reorganized to make the information more accessible to both casual and comprehensive users of the information. This publication includes:

- Highlights of national health expenditure;
- An overview that includes health expenditure trends from 1975 to 2002; 2000 figures which are now considered to be an estimate rather than a forecast; an outlook for 2001 and 2002;
- An update of provincial/territorial government health expenditure by age and sex including three years of expenditure data standardized for age and sex; and
- Updated data tables, which contain estimates to 2000 and forecasts to 2002.

Special features of this year's publication are:

- Summary level data tables appear at the end of the publication. Over 300 detailed data tables in calendar and fiscal year are available in Microsoft® Excel© in the CD-ROM affixed to the inside of the back cover of this document.

- An Analyticical Focus presenting the initial results of a project to link data from CIHI's Canadian MIS Database (formerly the Annual Hospital Survey) and Statistics Canada's Annual Return of Health Care Facilities by hospital functional centre and type of expense. The analysis is based on an historical series developed from the two datasets from 1976/1977 to 1999/2000.
- A summary of enhancements to the National Health Expenditure under the Roadmap initiative.
- Enhanced International Comparisons.

In order to improve the quality of the data in the National Health Expenditure database, the historical information appearing in earlier publications has been revised. A detailed explanation of the revisions can be found in the Data Quality section under Major Changes from Previous Years.

More information on health expenditures and the methods used in the preparation of this document is available by contacting the NHEX section by telephone, (613) 241-7860 or by e-mail: nhex@cihi.ca.

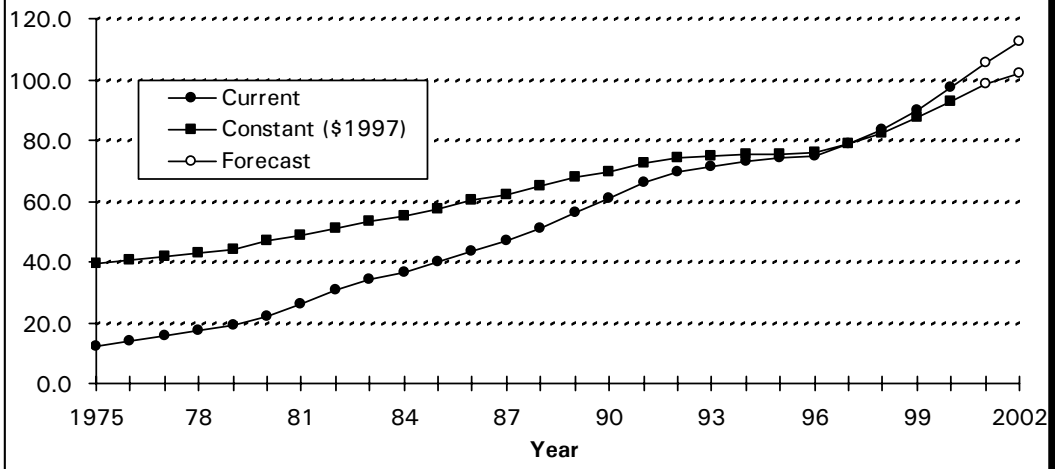
Overview

T O T A L H E A L T H E X P E N D I T U R E

■ 2000 and Outlook for 2001 and 2002

Total Health Expenditures in Canada were $97.4 billion in 2000. Expenditures are forecast to have been $105.6 billion in 2001 and $112.2 billion in 2002, an increase of 8.4% and 6.3%, respectively. Real rates of increase at constant (1997) prices are 6.6% in 2001 and 3.3% in 2002.

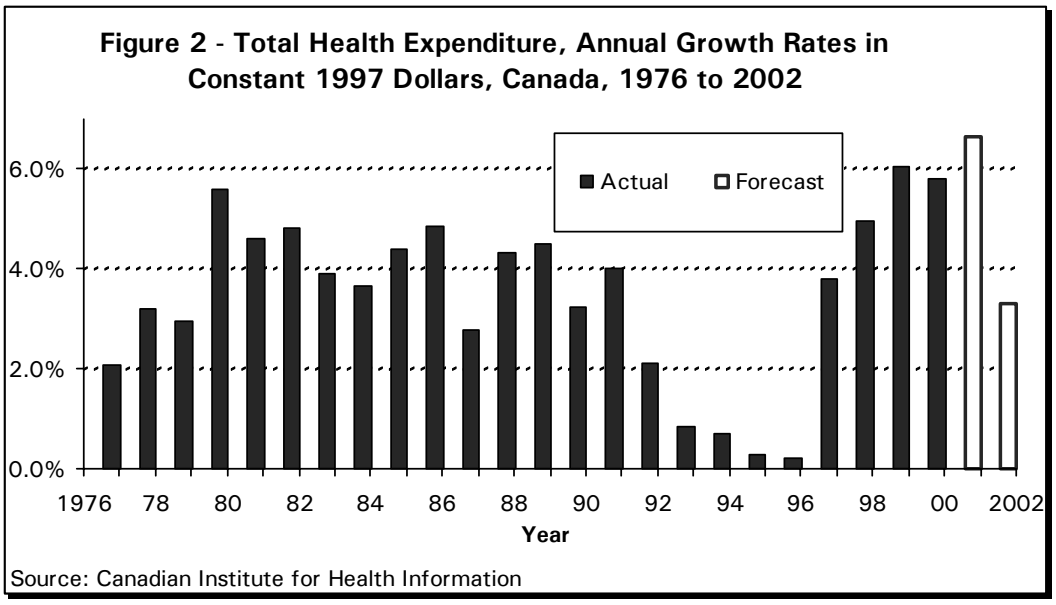
Figure 1 - Total Health Expenditure, Canada, 1975 to 2002



Source: Canadian Institute for Health Information

■ Trends—1975 to 2000

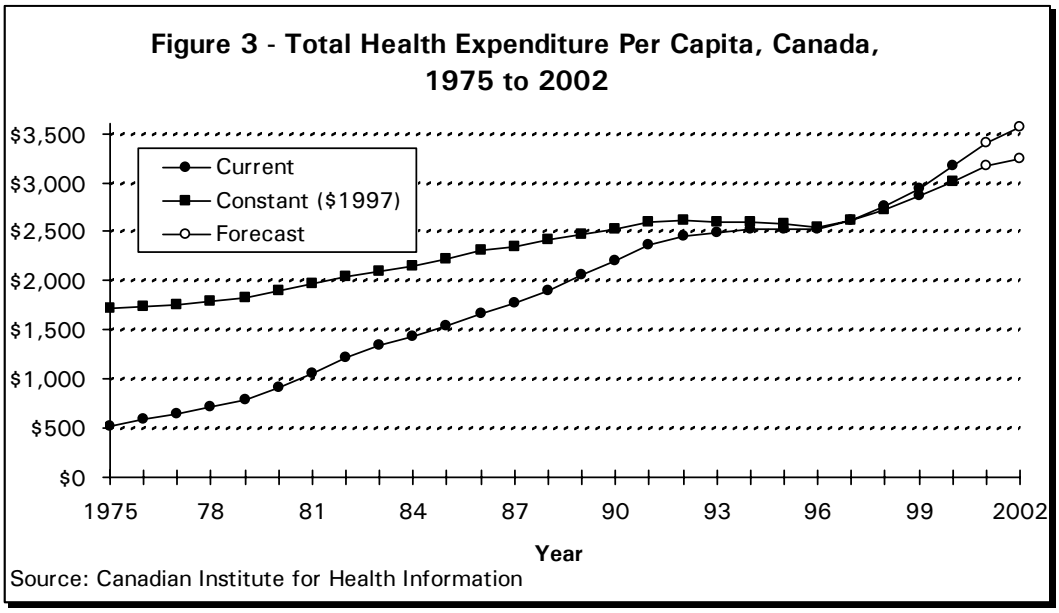
Health expenditure in 2000 continued the trend of relatively strong growth that has been observed since 1997, following six years when annual growth rates averaged 0.8% in real terms (Figure 1). The modest rates of growth during the early to mid-1990s reflected a flattening of the historic growth curve. From 1975 to 1991 the annual average rate of growth was 3.8% (Figure 2). The trend since 1997 appears to be largely due to reinvestment by federal, provincial and territorial governments after a period of fiscal restraint during the early and mid-1990s.



TOTAL HEALTH EXPENDITURE PER CAPITA

■ 2000 and Outlook for 2001 and 2002

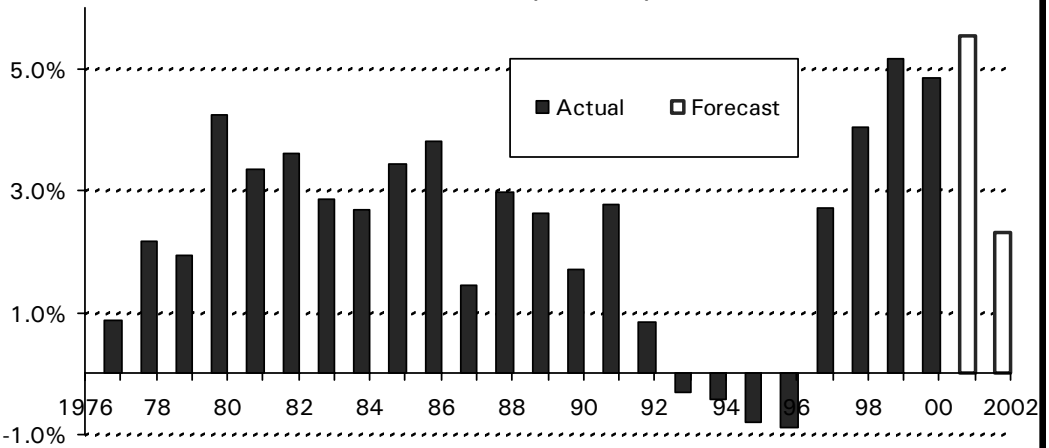
Total Health Expenditure per capita was $3,164 in 2000. Forecasts for 2001 and 2002 are expected to have been $3,395 and $3,572 (Figure 3). After adjusting for inflation, real rates of increase in 2001 and 2002 are expected to have been 5.5% and 2.3%, respectively.



■ Trends—1975 to 2000

Total health expenditure per capita 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 three-tenths of one percent per year (Figure 4). Accelerating growth rates during the next four years, when the average increase was 4.2% per year, followed this decline.

Figure 4 - Total Health Expenditure Per Capita, Annual Growth Rates in Constant 1997 Dollars, Canada, 1976 to 2002



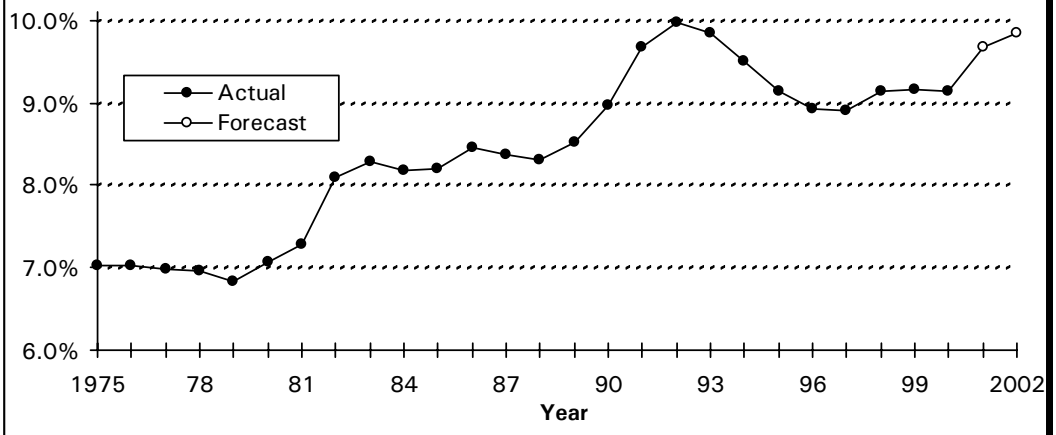
Source: Canadian Institute for Health Information

TOTAL HEALTH EXPENDITURE AND ECONOMIC GROWTH

■ 2000 and Outlook for 2001 and 2002

Total health expenditure was 9.1% of Gross Domestic Product (GDP) in 2000. It is forecast to have been 9.7% in 2001, reflecting relatively high real growth in total health expenditure (6.6%) and lower real growth in the denominator, GDP (1.4%). The last time there was a spread in the two growth rates above five percentage points was in 1991 during the last recession. According to forecasts and despite a smaller spread in growth rates in 2002, the ratio of total health expenditure to GDP is expected to rise to 9.8%, approaching the peak last reached in 1992 (Figure 5).

Figure 5 - Total Health Expenditure as a Percentage of Gross Domestic Product, Current Dollars, Canada, 1975 to 2002

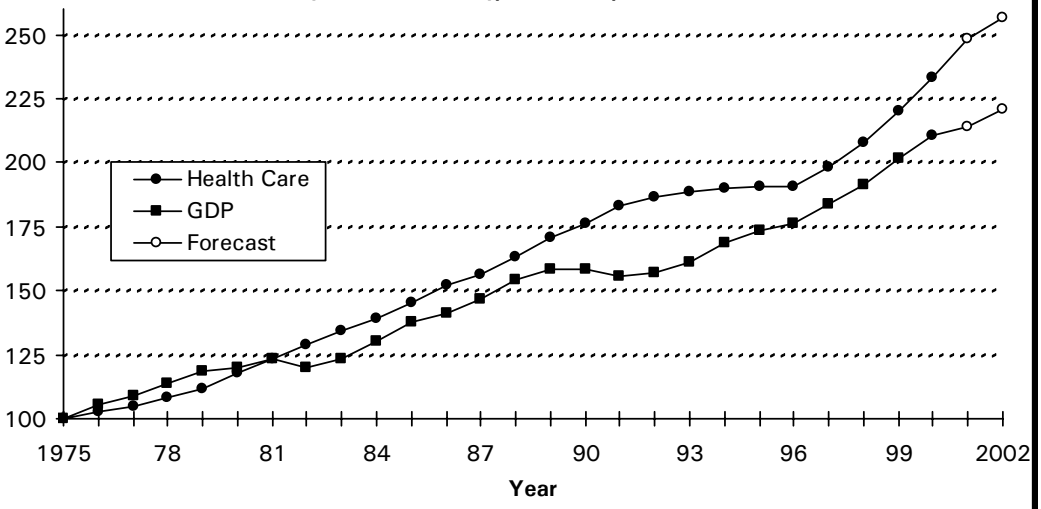


Sources: Canadian Institute for Health Information, Statistics Canada

■ Trends—1975 to 2000

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. Real 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. Real health expenditure grew at slightly higher rates than the economy during two of the last 5 years of the 1980s. By the end of the decade, the total health expenditure to GDP ratio was equivalent to 8.5%.

Figure 6 - Health Expenditure and GDP Trends, Constant Dollar Indices (1975 = 100), Canada, 1975 to 2002



Sources: Canadian Institute for Health Information, Statistics Canada

Canada experienced another recession from 1990 until 1992. Real GDP increased in 1992 but did not recover to pre-recession levels until 1993. Real health expenditures grew at higher rates than real GDP from 1989 to 1992. The ratio of total health expenditure to GDP increased significantly during these four years reaching 10.0% for the first time in 1992. Real 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. Real health expenditure has grown faster than GDP each year between 1998 and 2000, with the result that the health to GDP ratio reached 9.1% in 2000.

See Data Tables A.1 and B.1.3.

TOTAL HEALTH EXPENDITURE BY SOURCE OF FINANCE

■ 2000 and Outlook for 2001 and 2002

In 2000, governments and government agencies in Canada (the public sector) spent $69.0 billion. Public sector expenditure is forecast to have been $74.7 billion in 2001 and $79.4 billion in 2002. The growth rates associated with these increases are 8.4% and 6.2%, respectively; reflecting increased spending by governments on health. In 2000, private health insurers and households (the private sector) spent $28.4 billion. Private sector expenditure is forecast to have reached $30.9 billion in 2001 and $32.9 billion in 2002, assuming growth rates of 8.5% and 6.5%, respectively.

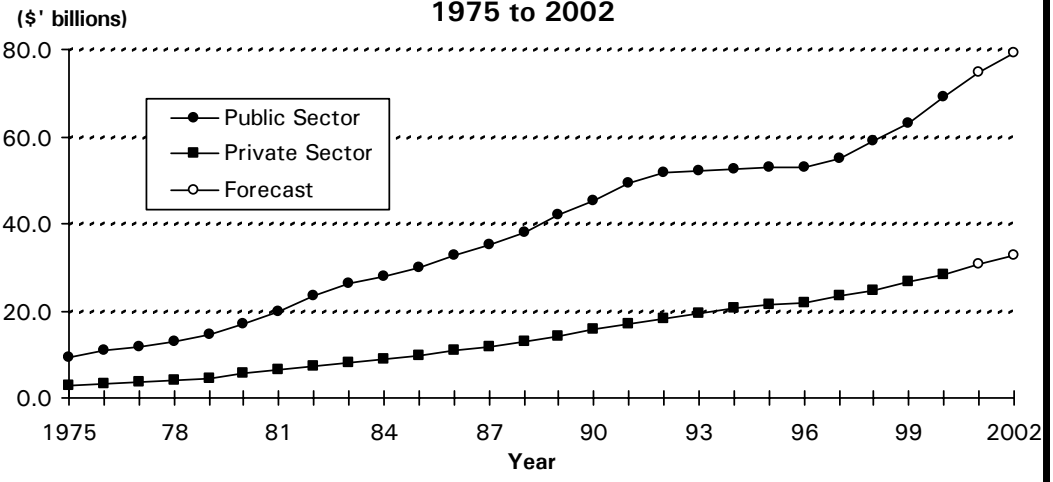
In terms of constant (1997) dollars, the public sector spent $65.9 billion in 2000 and is forecast to have spent $70.6 billion in 2001 and $72.6 billion in 2002, with respective growth rates of 7.1% and 2.8%. Private sector expenditure was $26.6 billion in 2000 and is forecast to have reached $28.1 billion in 2001 and $29.4 billion in 2002, with growth rates of 5.5% and 4.5%, respectively.

The private sector accounted for 29.2% of total expenditure in 2000 and 2001. It is expected to account for 29.3% in 2002.

■ Trends—1975 to 2000

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 1990–1992 recession (Figure 7). During this period, governments introduced fiscal restraint measures, which affected spending for health and social programs. Average annual rates of growth fell to 0.6% from 1992 to 1996, lower than at any time in the past 20 years. In 1995 and 1996 there was virtually no growth and in 1997 public sector expenditure increased by 4.1%.

Figure 7 - Health Expenditure by Source of Finance, Canada, 1975 to 2002



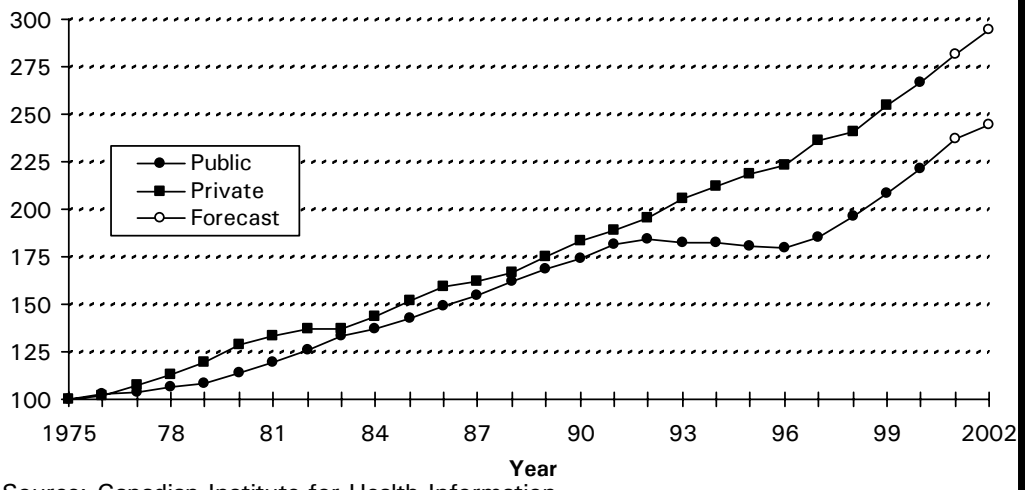
Source: Canadian Institute for Health Information

By comparison, the average annual rate of growth of health spending by private health insurers and households (the private sector) was 11.7% from 1975 to 1991. From 1992 to 1996, it was 4.9%. 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 by 4.1 percentage points during the five years, reaching 30.0% by 1997.

1998 marked the first year in which public sector growth was higher than growth in the private sector by three or more percentage points since 1983. In 1998, public sector health expenditure grew by 7.3% over the previous year reaching $59.1 billion. Private sector growth in 1998 was 4.3%, adding $1.0 billion to private sector expenditure to become $24.6 billion. In 1999, public sector expenditure grew by another 7.0% to reach $63.2 billion. The private sector expenditure grew by 8.2%, more than the public sector expenditure to become $26.6 billion. The higher growth in public sector health care spending relative to the private sector resulted in a fall in the proportion that private sector spending contributes to overall spending. In 1998 the private sector share fell to 29.4% of total health expenditure; in 1999 it grew to 29.6% and in 2000 it fell by four-tenths of one percentage point to 29.2%.

In terms of constant dollars, private sector expenditure grew more rapidly than public sector expenditure during the last half of the 1970s (Figure 8). During this time, real growth rates in the private sector averaged 5.1% annually, while public sector expenditure grew at real rates of 2.7% annually. Rates converged in the early 1980s. From 1984 to 1990, the real annual growth rates were almost identical in the two sectors, averaging 4.1% in the private sector and 4.0% in the public sector.

Figure 8 - Health Expenditure by Source of Finance, Constant Dollar Indices (1975 = 100), Canada, 1975 to 2002

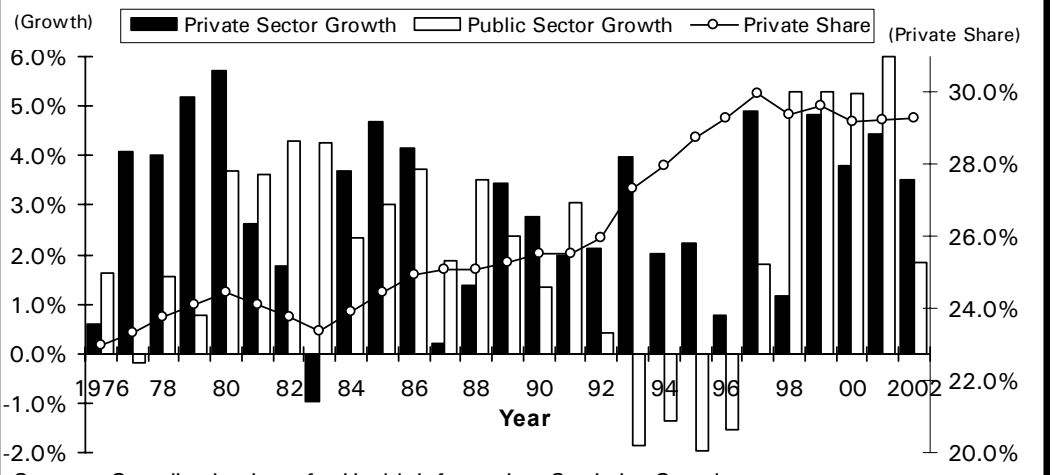


Source: Canadian Institute for Health Information

Public sector expenditure continued to increase during the first two years of the 1990–1992 recession, at annual real rates averaging 3.0%. In 1992, however, the real growth rate of public sector expenditure fell to 1.6%. In 1993, there was a decline in public sector expenditure of seven tenths of one percent with further declines over the next 3 years. In 1997, expenditure increased by 2.9%. In 1998, 1999 and 2000 real growth in the public sector increased by 6.2% each year, respectively, the highest real rates of public sector growth to this point in time in the series.

During the six years after 1991, private expenditure continued to have real growth rates averaging 3.8% per year. The different trends in private and public expenditures after 1991 explain in large part the rapid growth of the private sector share to 1997. By 1998, however, the situation was reversed; real growth in the private sector was lower than in the public sector at just 2.1%; and again in 1999 when it was 5.7%. In 1999, the private share increased to 29.6% reflecting higher nominal growth in the private sector, however, inflation was higher in the private sector that year, with the result that real growth was higher in the public sector. In 2000, both nominal and real growth was lower in the private sector and the private share fell to 29.2% (Figure 9).

Figure 9 - Growth in Real Per Capita Public and Private Health Expenditure and the Private Share, Canada, 1976 to 2002



Sources: Canadian Institute for Health Information, Statistics Canada

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; municipal government and, by Workers' Compensation Boards and other social security schemes. The distribution of public sector expenditure among these four sources of finance is shown in Table 1. Provincial government expenditure was $8.7 billion in 1975, accounting for 93.6% of public sector expenditure and 71.4% of total expenditure that year. The other public sources together totaled $0.6 billion, or 6.4% of the public sector and 4.8% of total expenditure in 1975. The provincial/territorial government share of public sector spending was highest in the late seventies at 94.1%. Over the next sixteen years, the proportion fell by 2.1 percentage points to reach 92.9% of public spending in 1996. The proportion declined further in 1997, when the Quebec Drug Insurance Fund was introduced and included in the Social Security Funds sector. Higher relative growth in direct health care spending by the federal government also contributed to the fall in the overall share of provincial government spending in the public sector. By 2000, provincial/territorial government expenditure was $63.4 billion, accounting for 92.0% of public sector expenditure, a drop of 1.7 percentage points from 1975 and 2.2 percentage points from its high in 1979.

Provincial government expenditure as a proportion of total expenditure has gradually fallen from 71.4% in 1975 to its minimum of 64.7% in 1999, with the largest falls during the severest period of cost containment by provincial/territorial governments from 1992 to 1996. The proportion increased in 2000 to 65.1% and is expected to remain at 65.2% in 2001 and 2002.

Table 1—Distribution of Public Sector Health Expenditure by Source of Finance, Canada, 1975 and 2000

	1975		2000	
	($' 000,000)	(%)	($' 000,000)	(%)
Provincial/Territorial Governments	8,710.4	93.6	63,425.8	92.0
Federal Direct	398.3	4.3	3,551.0	5.1
Social Security Funds	121.1	1.3	1,354.9	2.0
Municipal Governments	71.6	0.8	645.8	0.9
Total Expense	**9,301.4**	**100.0**	**68,977.5**	**100.0**

Source: 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.

In April 1996 the Canada Health and Social Transfer (CHST) was introduced. The CHST is a block fund to the provinces in support of health care, post secondary education, social assistance and other social programs. Provinces can allocate the CHST to health and other social programs according to their specific priorities. Nevertheless, the 1999 federal government budget allocated an additional $11.5 billion dollars in cash transfers to the provinces on an equal per capita basis over 5 years. The federal government designated this money specifically for health care. Most of the funds ($8.0 billion) were to be in the form of future-year increases in the CHST, with a $3.5 billion supplement available to the provinces and territories beginning in 1999.

An additional $2.5 billion over four years beginning in 2000/2001 was allocated to the CHST in the February 2000 federal budget to fund both post-secondary education and health. The health accord signed by the federal and provincial governments on September 11, 2000 further supplemented the CHST adding gradual annual increases that will take the cash component of the CHST from $15.5 billion in 2000/2001 to $21 billion by 2005/2006.

The September 2000 health accord added an additional $2.3 billion in transfers by the federal government to be paid out over five years that was outside of the CHST mechanism. Specifically, $500 million was allocated in 2000/2001 for health information technology. Another $1.0 billion was allocated over two years beginning in 2000/2001 to the Medical Equipment Fund, which is intended to help in the purchase of major medical equipment such as magnetic resonance imaging units. A further $800 million was allocated over 4 years beginning in 2001/2002 to the Health Transition Fund for Primary Care which is intended to ease pressures in emergency rooms and reduce waiting times.

In addition, the 1999 federal budget allocated nearly $1.4 billion over four years for investments in health information, research and prevention. Furthermore, the Federal Minister of Finance in his June 19, 2002 speech to the House of Commons Standing Committee on

Finance, indicated that the federal government is prepared to provide greater funding to Medicare if such reforms are recommended in the final report of the Commission on the Future of Health Care in Canada, chaired by former Saskatchewan Premier Roy Romanow.

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 2000, nearly 30 federal government departments and agencies provided direct health care services to Canadians worth $3.6 billion and accounting for 3.6% of total health expenditure, less than its peak of 3.8%, the previous year. Forecasts indicate that the share of federal direct spending will fall to 3.5% of total spending in 2001 and 2002.

Federal departments that had the largest shares of total federal direct health expenditure in 2000 were Health Canada, which funded 71%, the Department of Veterans Affairs (15%), the Solicitor General of Canada (4%) and the Department of National Defense (3%). The Canadian Institutes for Health Research, which is included under Health Canada, accounted for 10% of total federal direct health expenditure.

Social Security Funds

Workers' Compensation Boards which were shown as a separate category in reports prior to the 2000 report are now included under Social Security Funds together with 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 Quebec Ministry of Health and Social Services, through the Régie de l'assurance-maladie du Québec (RAMQ) introduced a universal drug program that covered residents of the province who were not otherwise covered by the provincial program or by private health insurance generally offered through employment. Drug claims for these participants are paid from the Drug Insurance Fund. This fund is self-financed through the compulsory payment of premiums generally by the self-employed and employees of organizations that do not offer private drug insurance as a benefit of employment.

This 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 Quebec Ministry of Health and Social Services is included as a provincial government expenditure.

Table 2 presents estimates from 1997 to 2002 and annual percent changes from 1998 of the Quebec Drug Insurance Fund.

Table 2—Quebec Drug Insurance Fund, 1997 to 2002

	1997	1998	1999	2000	2001	2002 f
$' 000,000	172.0	218.2	264.0	332.3	367.7	400.1
Annual Percent Change (%)	---	26.8	21.0	25.9	10.7	8.8

f-Forecast
Source: 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.[2] The distribution of private expenditure between these three sources of finance is shown in Table 2. Out-of-pocket expenditure was estimated at $15.2 billion in 2000, an increase of $7.8 billion over the last twelve years. 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 2000, the proportion dropped to 53.5% as expenditure by insurance firms grew more rapidly. The share of non-consumption expenditure dropped from 12.7% to 8.0% during the same period (Table 3).

Table 3—Distribution of Private Sector Health Expenditure by Source of Finance, Canada, 1988[3] and 2000

Source of Finance	1988		2000	
	($' 000,000)	(%)	($' 000,000)	(%)
Household (out-of-pocket)	7,435.3	58.1	15,205.3	53.5
Private Health Insurance	3,734.2	29.2	10,951.4	38.5
Non-Consumption	1,625.9	12.7	2,285.8	8.0
Total Expense	**12,795.4**	**100.0**	**28,442.5**	**100.0**

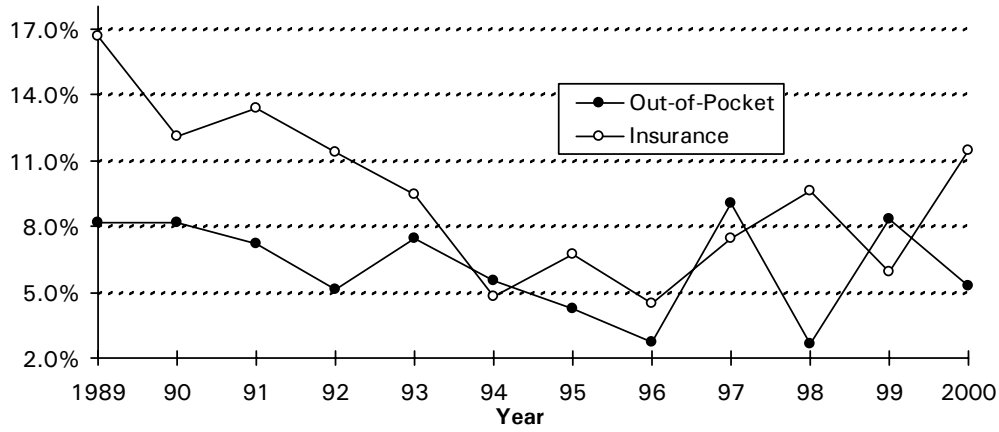
Source: Canadian Institute for Health Information

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

[3] Private sector data were 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 the Definition of the Private Sector near the end of the publication, for further details.

Insurance firms increased their share of private sector expenditure by over nine percentage points during the eleven-year interval (1988–2000) and in 2000 were responsible for nearly 40% of private sector health expenditure. Insurance expenditure grew more rapidly than out-of-pocket expenditure during the late 1980s and most of the 1990s, but rates of growth converged in the mid-1990s. By 1999, growth in health expenditure from households and health insurance firms were similar at 5.3% and 11.5%, respectively (Figure 10). This represents a fall in growth from the previous year in household expenditure and an increase in insurance expenditure.

Figure 10 - Private Sector Health Expenditure, Annual Growth of Selected Sources of Finance, Canada, 1989 to 2000

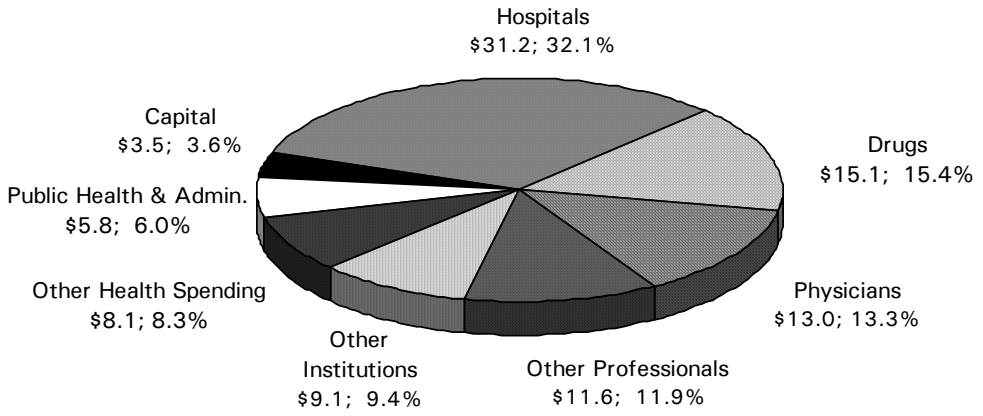


Source: Canadian Institute for Health Information

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 and public health programs, and to fund research. These uses are grouped into eight major categories (uses of funds) throughout most of the National Health Expenditure data series (Figure 11). Data table series A.3.1 to A.3.3 report national estimates for thirteen categories.

Figure 11 - Total Health Expenditure by Use of Funds, Canada, 2000
($' billions)



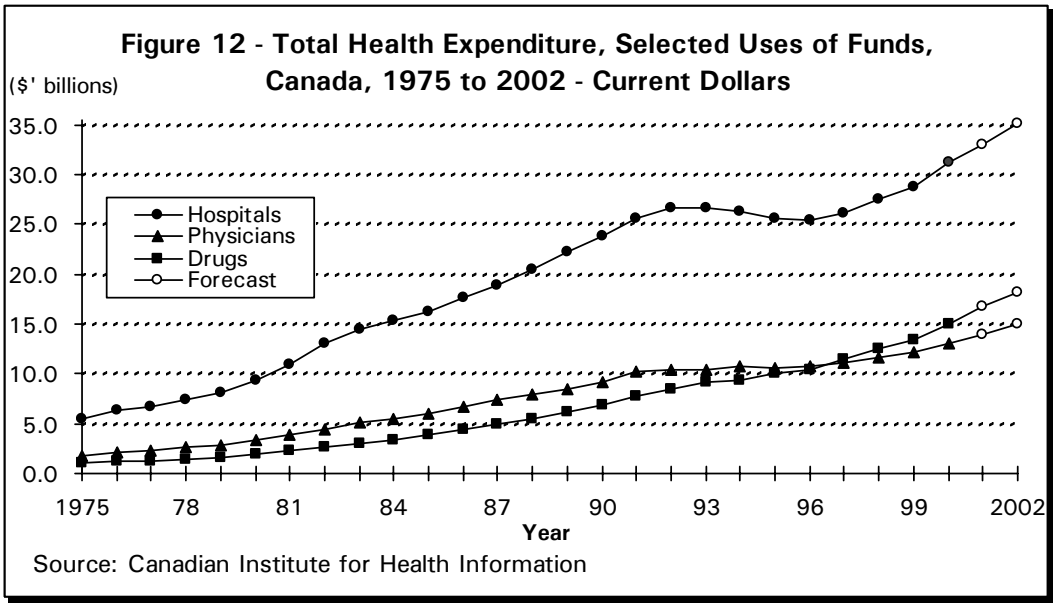
Source: Canadian Institute for Health Information

This section discusses the public and private shares of total health expenditure and the shares of the major categories between the public and private sectors and refers to Figures 11 to 18.

Figure 12 shows national expenditures for the three major uses of funds from 1975 to 2002 in billions of current dollars. Figure 13 presents the public and private shares at the national level of the eight major uses of funds in 2000.

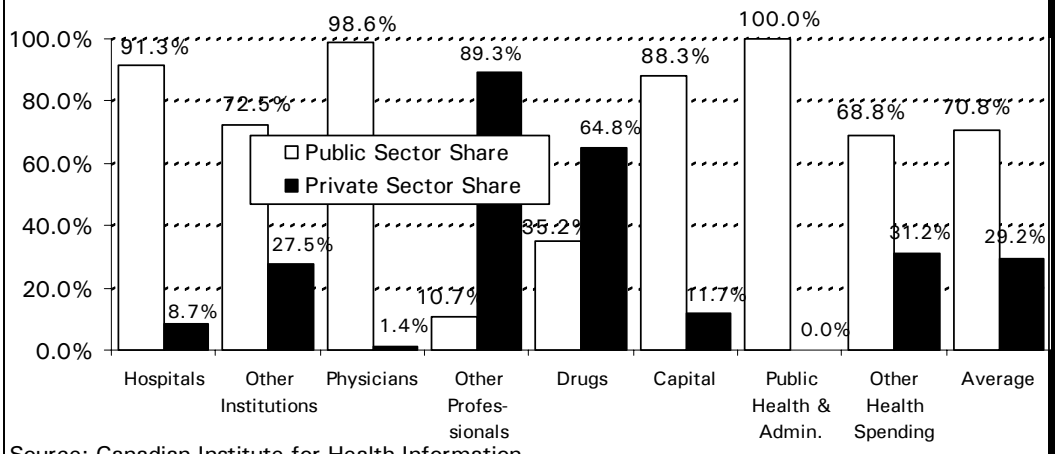
See Data Tables A.3.1 to A.3.3 and C.1.1. to C.4.4.

Figure 12 - Total Health Expenditure, Selected Uses of Funds, Canada, 1975 to 2002 - Current Dollars



Source: Canadian Institute for Health Information

Figure 13 - Public and Private Shares of Total Health Expenditure, by Use of Funds, Canada, 2000

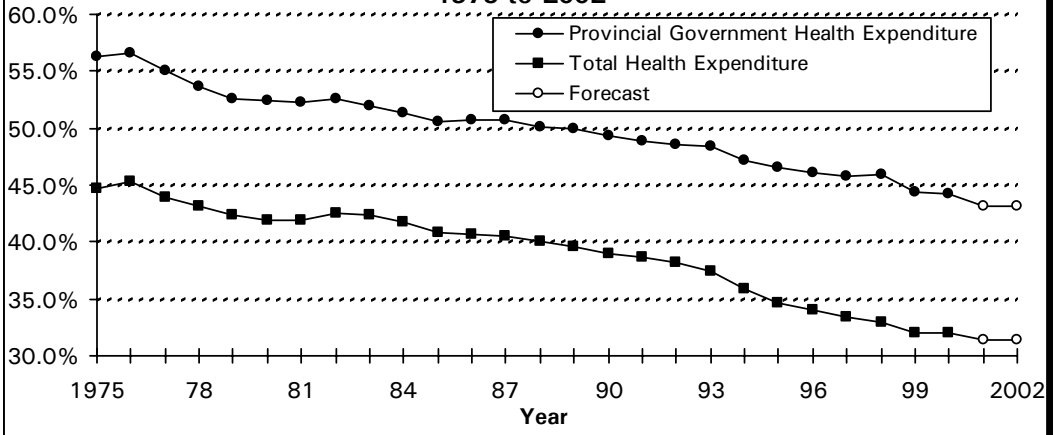


Source: Canadian Institute for Health Information

■ 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 28 years, the share of hospitals in total health expenditure has fallen. Between 1976 and 1990, hospitals' share of total expenditure fell by 6.2 percentage points, while their share of provincial expenditure dropped 7.3 percentage points. During the 1990s hospitals' share of total and provincial expenditure declined by 7.0 percentage points and 5.0 percentage points respectively (Figure 14). At the end of the decade, Canadians spent $31.2 billion on hospitals, accounting for 32.1% of total expenditure.

Figure 14 - Hospitals' Share of Total Provincial Government Health Expenditure and Total Health Expenditure, Canada, 1975 to 2002



Source: Canadian Institute for Health Information

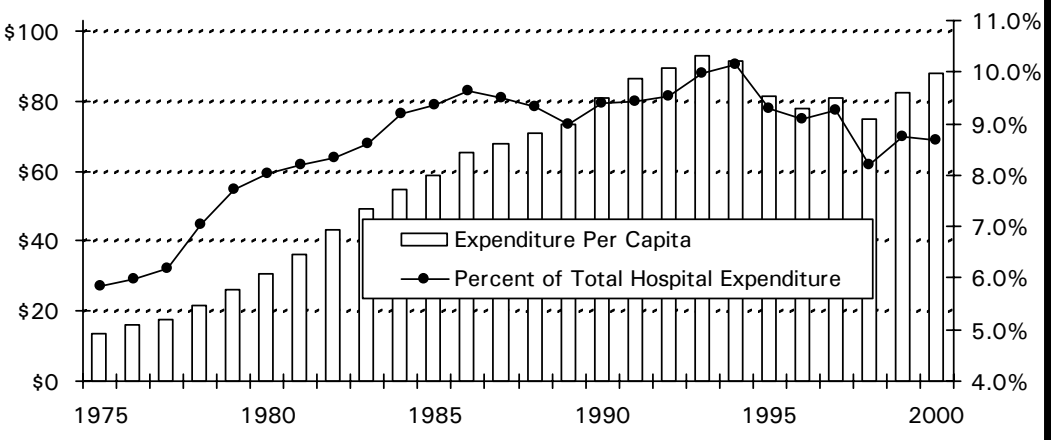
Provincial and territorial government expenditure accounts for 90% of hospital income (Table 4). The private sector is the next largest source of income, followed by other public sectors. Private sector expenditure per capita decreased in most years from 1993 to 1998. This decrease in hospital revenue from the private sector was due in large measure to reductions in the number of hospitals and beds, and the associated decline in revenue for preferred accommodation and auxiliary services. Private sector revenue fell more rapidly than overall hospital expenditure, with the result that by 2000 the private sector accounted for only 8.7% of total hospital expenditure, down from a high of 10.1% in 1994 (Figure 15).

Table 4—Hospital Expenditure Summary by Sector of Finance, Canada, 2000

	Provincial	Other Public	Private	Total
Total Expenditure (000,000)	$28,057.1	$475.7	$2,712.5	$31,245.3
Expenditure Per Capita	$911.22	$15.45	$88.10	$1,014.76
Share of Total	89.8%	1.5%	8.7%	100.0%

Source: Canadian Institute for Health Information

Figure 15 - Private Sector Hospital Expenditure, Canada, 1975 to 2000



Sources: Canadian Institute for Health Information, Statistics Canada

Of the $2.7 billion spent on hospital services by the private sector in 2000, households and insurance firms together spent nearly $1.3 billion providing income to hospitals for patient services[4]. Non-patient revenue earned from investments, food services, real estate, parking, rentals, donations and other sources provided the remaining $1.4 billion of the private sector in 2000. The distribution of expenditure financed by insurance, households (out-of-pocket expenditure) and Non-Consumption in 2000 is shown in Table 5.

In 2001, it is expected that the private share of total hospital expenditure will have risen slightly to 8.9%, reflecting higher expected growth in the private sector at 8.7% and reaching $2.9 billion expenditure on hospital services. Growth in the provincial government sector for the same year is expected to be 5.7% reaching $29.6 billion. In 2002, hospital expenditure in the provincial government sector is expected to have grown by an additional 6.3% to reach $31.5 billion in expenditure. Growth in the private sector in 2002 is expected to have been 8.1% to reach $3.2 billion in spending. The relatively higher growth in the private sector than in the provincial government sector is expected to push the private sector share of total hospital spending to 9.1%. Overall, the share that hospitals will take of total expenditure will fall from 32.1% in 2000 to 31.3% in 2001 and in 2002.

[4] 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.

Table 5—Private Sector Health Expenditure, by Source of Finance and Use of Funds, Canada, 2000 ($' millions)

	Households (Out-of-Pocket)	Insurance	Non-Consumption	Total
Hospital Accommodation	576.8	709.0	1,426.7	2,712.5
Other Institutions	2,512.0			2,512.0
Physicians Care	174.2	4.4		178.6
Other Professionals				
Dental Care	2,998.2	3,781.7		6,779.9
Vision Care	1,860.5	485.4		2,345.9
Other - Other Professionals	711.5	521.4		1,232.9
Drugs				
Prescribed Drugs	2,562.5	3,864.3		6,426.9
Over-the-Counter Drugs	1,716.8			1,716.8
Personal Health Supplies	1,605.9			1,605.9
Capital			409.5	409.5
Other Health Spending				
Prepayment Administration		1,475.2		1,475.2
Health Research			449.6	449.6
Other Health Care Goods	205.7	50.8		256.5
Other Health Care Services	281.2	59.1		340.4
Total Expense	**15,205.3**	**10,951.4**	**2,285.8**	**28,442.5**

Source: Canadian Institute for Health Information

■ Drugs

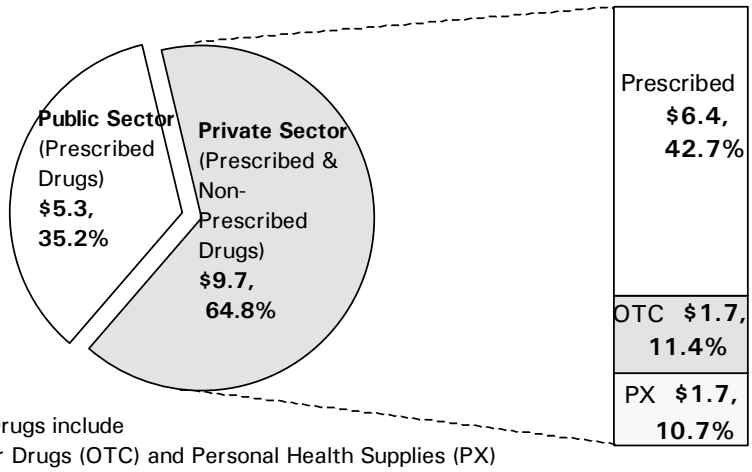
Retail sales[5] of prescribed and non-prescribed drugs together constituted the second largest category of health expenditure in 2000 at $15.1 billion, an increase of 11.6% over 1999. Expenditure for drugs has increased more rapidly than total expenditure, with the result that the share of total health expenditure allocated to drugs increased from (a low of) 8.4% in the late 1970s to 15.4% in 2000 (Figure 11). Spending on drugs is forecast to have increased by another 11.9% in 2001 to $16.8 billion and by 7.7% in 2002 to $18.1 billion, or 16.2% of total health care spending.

Non-prescribed drugs, which include over-the-counter drugs and personal health supplies, amounted to 22.1% of total expenditure on drugs in 2000 (Figure 16).

[5] 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.

Figure 16 - Drugs by Source of Finance and Type, Canada, 2000

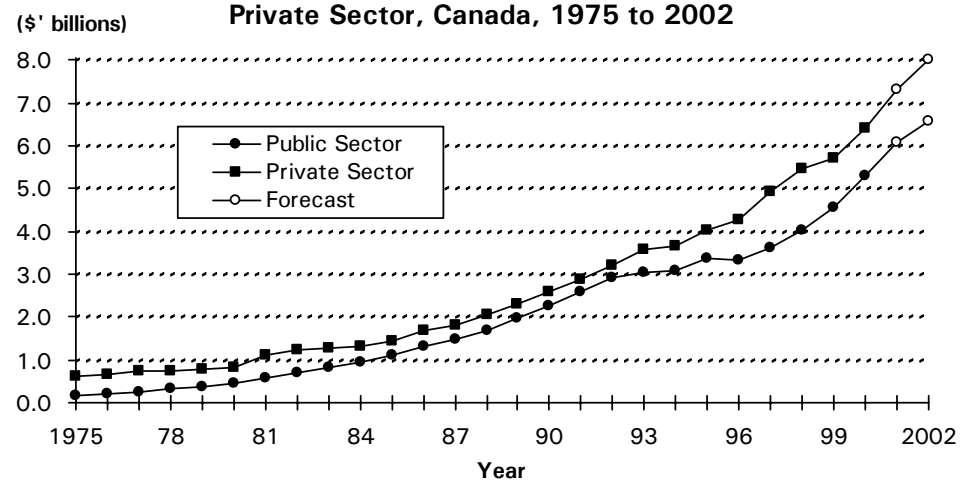
($' billions)



Non-prescribed Drugs include
Over the Counter Drugs (OTC) and Personal Health Supplies (PX)
Source: Canadian Institute for Health Information

In 1976, the private sector accounted for over 75% of expenditure for prescribed drugs; by 1992, it had decreased to 52.3%. The share of prescribed drugs financed from private sources has increased steadily from 1992 to 1998 reaching 57.6%. In 1999, the share fell to 55.6%, or $5.7 billion; in 2000 the share fell to 54.8%, or $6.4 billion. Forecasts indicate that in 2001 and 2002 prescribed drugs expenditure in the private sector will be $7.3 billion and $8.0 billion, respectively. In 2001 the private share of prescribed drugs is expected to have fallen to 54.6%. In 2002 it is expected to have increased slightly to 55.0% of total spending, reflecting slightly lower relative growth in public sector drug programs in that year (Figure 17).

Figure 17 - Prescribed Drug Expenditure, Public Sector vs. Private Sector, Canada, 1975 to 2002



Source: Canadian Institute for Health Information

■ Physicians

Physicians' services constituted the third largest category of total health expenditure in 2000 at $13.0 billion, representing 13.3% of total health expenditure. Expenditure for physicians' services grew at above average rates through the mid-1980s, and peaked at 15.7% of total expenditure in 1987. Expenditure grew at below average rates during the 1990s, leading to a decline in the share of total expenditure. Physician expenditure is forecast to have reached $14.0 billion in 2001, a 7.8% increase over the previous year, but slightly lower growth than in other major categories. In 2002, this category is forecast to have grown by 7.1% to reach $15.0 billion and reflecting 13.4% of total expenditure.

Just under 99% of total physicians' services were financed from public sector sources in 2000. Public sector expenditure on physicians has remained above 98% of total physician expenditure since 1975. The private share of physician expenditure was highest in the decade from 1976 to 1986, when a number of provinces permitted supplementary charges to patients (sometimes referred to as 'extra billing' or 'balance billing'). The private share reached a low of 0.9% from 1991 to 1993; by 2000 the private share of physician services had reached its highest level since 1986, at 1.4%.

Physicians' services were the second largest category of public sector health expenditure in 2000 at 18.6%, the same share as in 1982. Physician expenditure has maintained a share of public sector expenditures ranging from 18.6% to 20.7%.

Households account for almost all private spending for physicians' 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.

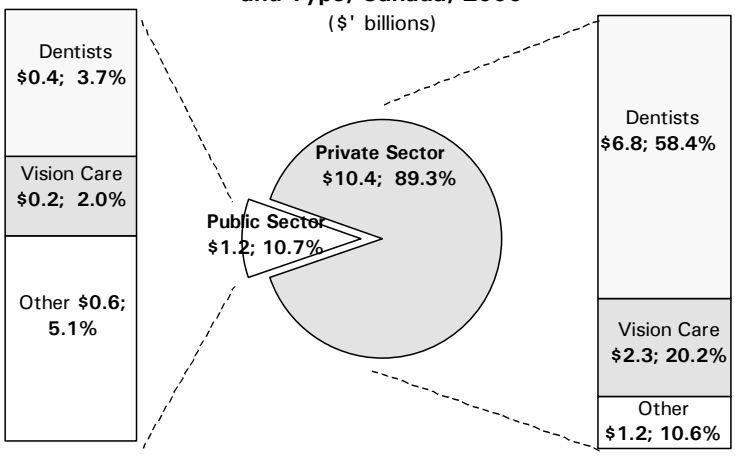
■ Other Professionals

The broad category of other professionals includes primarily care provided by dentists and denturists, optometrists and opticians, chiropractors, physiotherapists and, private duty nurses. The category of other professionals accounted for $11.6 billion or 11.9% of total expenditures in 2000 and has maintained the highest percentage of private spending of all the major categories. The private share declined until 1981 reaching a low of 81.7%, and gradually increased to over 89% in 2000. The private sector growth rates of this category have been more consistent than in other categories, averaging 11.5% through the 1980s and 6.6% from 1990 to 1997. Public sector growth was considerably higher than the private sector from 1975 to the early 1980s, a period when the private sector share declined by over five percentage points. Over 60% of expenditure for other professionals is for dental care.

In 2002, total spending on other professionals is expected to have increased to $13.0 billion, with a rate of growth of 4.6%.

Figure 18 - Other Professionals Expenditure by Source of Finance and Type, Canada, 2000

($' billions)



Source: Canadian Institute for Health Information

Dental care and vision care are the major discrete categories of expenditure in both the public and private sector for other professional services (Figure 18). In the private sector, insurance firms accounted for 56.0% of the amount spent for dental care in 2000. In the same year households accounted for 80% of spending on vision care in the private sector. Households also accounted for the majority of amounts spent for professionals providing services other than dental or vision care e.g. physiotherapists, chiropractors, podiatrists, massage therapists and private duty nurses. Estimates are not reported separately for these professions by private sector data sources.

■ Other Institutions

In 2000 the category of other institutions, which includes nursing homes and residential care facilities, accounted for 9.4% of total expenditures, or $9.1 billion. Other institutions' share of total health expenditure is forecast to have been 9.3% of total expenditure in 2001 and 2002.

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 both by health and social services departments. The public sector share has varied over the last twenty years, fluctuating between 70% and 75% between 1975 and 1993, reaching the highest level in the early 1980s. In 1994, the public sector share fell below 70% for the first time in the series. In 2000 the public share of other institutions was 72.5%.

■ Other Health Spending

Other health spending in past health expenditure reports was a broad category that included several heterogeneous sub-categories including public health and administration. The sub-categories with the greatest impact on the current category of other health spending are prepayment administration (the administrative expenses of providing health insurance) and health research[6]. The remaining categories include medical transportation, hearing aids and appliances, occupational health and voluntary health associations and explicitly identified home care.[7] In 2000, other expenditures accounted for $8.1 billion or 8.3% of total health expenditure.

Public sector sources accounted for 68.8% of other expenditures in 2000, most of which was home care and ambulance services.

The broad category of other expenditures has grown faster than total health expenditure every year since 1982, except in 1987, 1996 and 1998. In 2000, it is estimated to have grown at 5.1%. In 2001 and 2002 it is expected that other health spending will have grown by 6.1% and 4.9%, respectively, reaching $9.0 billion by 2002.

■ Public Health and Administration

Public health and administration includes prevention and promotion activities and infrastructure costs to operate health departments. Public health and administration expenditure is reported in the public sector only.

In 1975, public health and administration accounted for 4.2% of total expenditure and 5.5% of public sector expenditure. Growth in this category has generally been higher than in other categories throughout the series. During the period when governments practiced policies of retrenchment in health care spending, particularly from 1992 to 1996, growth in public health and administration was at least double the growth in total health expenditure. This relative difference resulted in this category's share of total expenditure increasing to 6.0% in 2000, or $5.8 billion. The share is expected to have increased to 6.1% in 2001, but is expected to fall slightly in 2002 to 5.9%.

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

[7] 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.

PROVINCIAL AND TERRITORIAL GOVERNMENT HEALTH EXPENDITURE BY AGE AND SEX[8]

The population of Canada is aging rapidly by historical standards. The largest concentration of population is in the middle age groups and moving upward.[9] The 'baby-boomers', who are defined as those between 36 and 55 in 2001, represented approximately 32% of the population in 2000. Population projections indicate that the cohort of persons between 35 and 55 will peak at 31.6% of the population in 2001 and then gradually decline over the next twenty-five years to approximately 27% in 2026.[9] The baby-boom cohort will affect the size of the elderly population, which was estimated at 12.5% in 2000, and is projected to grow to just over 21% by 2026 (using the traditional threshold of 65 years to define elderly persons). Future health care costs for an aging population has been a topical issue for a number of years.

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. Canadian studies suggest that the effects of population growth and aging will be manageable, however, within the context of a growing economy. Recent research into the effects of population aging on all government expenditures concluded that government expenditures, in total, can be expected to increase by approximately the same percentage as population growth and by less than the growth in GDP.[10]

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 2000. A brief discussion is provided focusing on the age and sex distributions in 2000 (for 19 age groupings), of the hospital and physician categories. In addition, the analysis also examines provincial government health expenditure by age and sex and standardizes expenditures for differences in provincial populations.

The complete set of estimates for five major categories including hospitals, physicians, drugs, other institutions and other professionals, by eight age groupings from 1996 to 2000 are presented in the Series E Data Tables of this report.

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[8] A detailed explanation of methods and sources used to distribute provincial government health expenditure by age and sex is available in the Methodology Notes section of this report.

[9] Statistics Canada Population Projections. Medium growth estimate. CANSIM II table 052-0001.

[10] Denton, F, & B. Spencer. *Population Aging and Its Economic Costs: A Survey of the Issues and Evidence.* Research Institute for Quantitative Studies in Economics and Population, McMaster University, Hamilton, Ont., 2000.

■ Hospital and Physician Expenditure

All residents are insured for hospital and physician plans under provisions of the Canada Health Act. Provincial and territorial governments account for 90% of total expenditure for hospitals and 97% for physicians services. These two categories accounted for approximately two-thirds of provincial and territorial health expenditure in 2000.

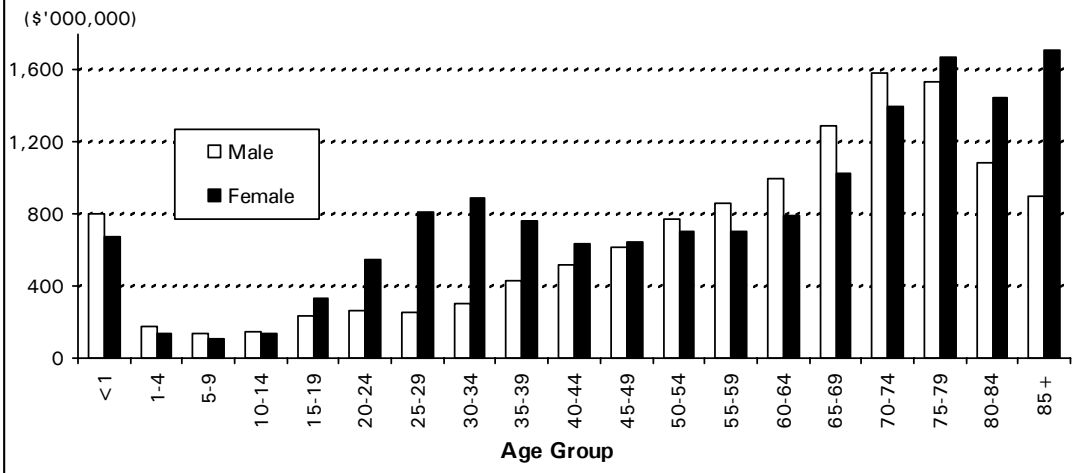
Hospital expenditure for children under one year of age was approximately $1.48 billion in 2000, more than total expenditure for all children and teenagers from ages 1 to 19 ($1.4 billion) (Figure 19). Hospital expenditure begins to increase steeply for females in the 15–19 age group, and continues to increase until it peaks in the 30–34 age group. Expenditure declines during the late 30s and early 40s, and then remains stable until the 60s. 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 50–54 age group, and male expenditure exceeds female expenditure in each five-year age group until age 75. Expenditure for males declines sharply after age 79, with expenditure for females higher than expenditure for males in each age group.

Persons 65 and over accounted for over 48% of provincial government hospital expenditure in Canada during 2000. Within this age group most was spent by 70 to 84 years old (31% of total). Children under one year old accounted for 5%.

Hospital expenditure per capita exhibits a more striking age pattern than total expenditure. Expenditure per capita exceeds $4,000 for both male and female infants under one year of age, a level not reached again until the 80–84 age group (Figure 20). Expenditure per capita drops to the range of $100 to $200 during the childhood and early teenage years. The temporary increase in the female expenditure curve during the 20s and 30s is also noticeable in per capita expenditure, peaking in the age groups from 25 to 35.

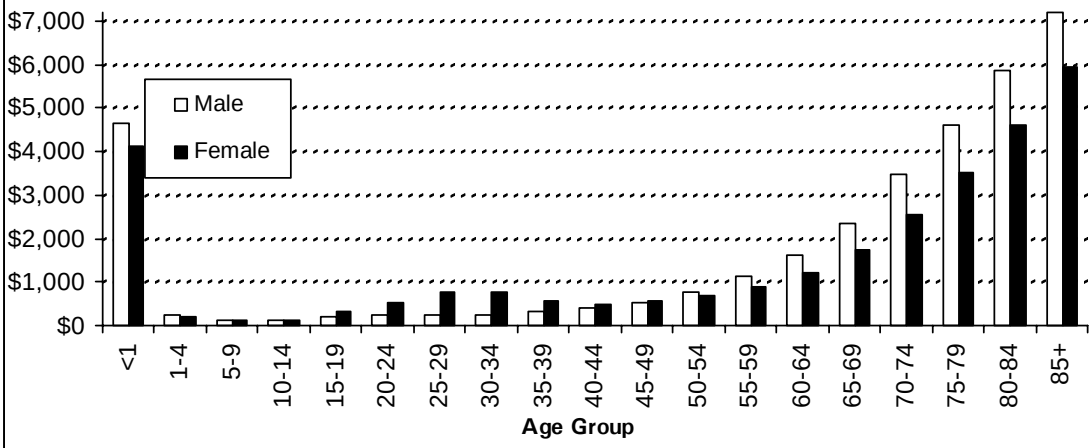
Expenditure per capita for both sexes remains under $1,000 until the 55–59 age group, when it begins to increase rapidly. Hospital expenditure per capita is higher for males than for females throughout the senior age groups. Higher total expenditure for females after age 75 results from higher female populations over 75, which in turn is due to greater longevity.

Figure 19 - Provincial/Territorial Government Hospital Expenditure, by Age and Sex, Canada, 2000



Source: Canadian Institute for Health Information

Figure 20 - Provincial/Territorial Government Hospital Expenditure Per Capita, by Age and Sex, Canada, 2000

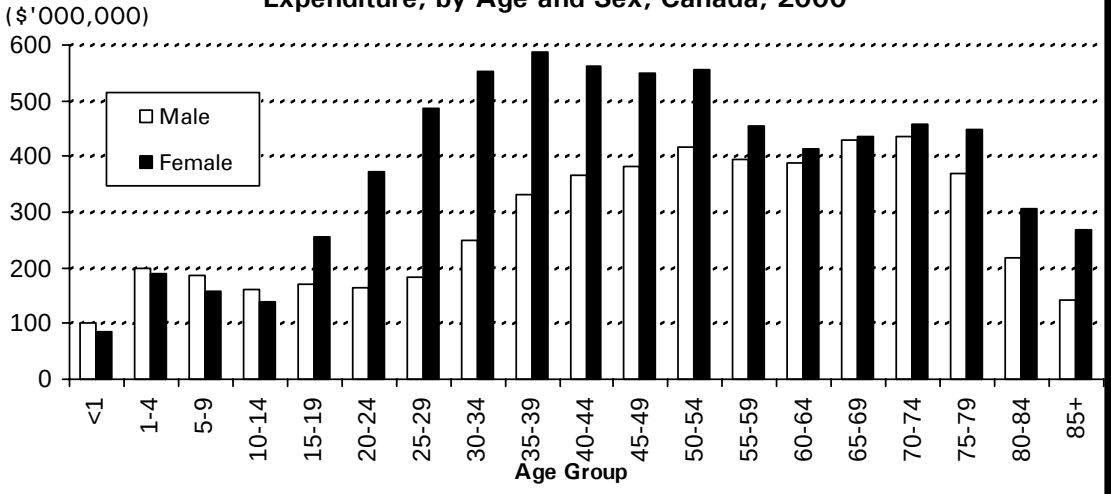


Sources: Canadian Institute for Health Information, Statistics Canada

Physicians' services expenditure for females is slightly less than for males until age 14, and consistently higher thereafter (Figure 21). Expenditure for females is highest between the ages of 25 to 54, with those thirty years accounting for 45% of total expenditure for females. Expenditure for males for the same thirty years, ages 25 to 54, accounts for 36% of total expenditure for males.

Expenditure per capita for physicians' services follows a different age group distribution than that observed for hospital services (Figure 22). Children under one exhibit relatively high expenditure per capita, but the magnitude of differences between expenditure per capita for infants and other children is much less in the case of physicians services than it is in the case of hospitals (expenditure per capita for physicians services is approximately 3.3 times as great for infants as it is for the 5–9 age group, while it is over 36 times as great for hospital services).

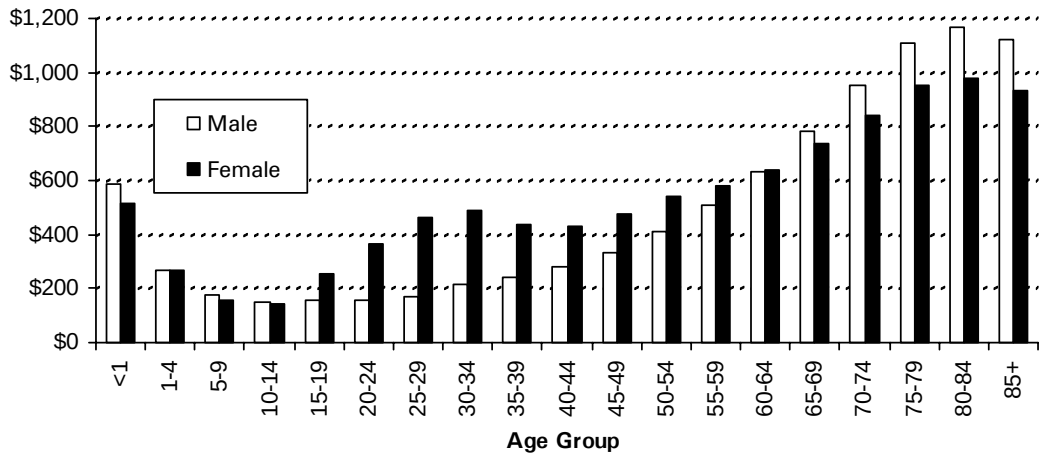
Figure 21 - Provincial/Territorial Government Physician Expenditure, by Age and Sex, Canada, 2000



Source: Canadian Institute for Health Information

Expenditure per capita for females has a bimodal distribution, peaking at ages 25 to 34 and again at ages 80–84, then falling off in the oldest age group. Expenditure per capita for males has a fairly narrow range of $152 to $177 between the ages of 5 and 30, and then increases steadily through the middle and elderly age groups, peaking at over $1,100 for seniors over 74, then falling off in the oldest age group. Expenditure per capita for males is consistently below the level for females in the same age group from age 15 to 64 and consistently higher thereafter. As in the case of hospital services, a larger population of women aged 70 and older is the main factor contributing to higher total expenditure for physicians' services by female seniors compared to males.

Figure 22 - Provincial/Territorial Government Physician Expenditure Per Capita, by Age and Sex, Canada, 2000



Sources: Canadian Institute for Health Information, Statistics Canada

■ Total Provincial/Territorial Government Expenditure[11]

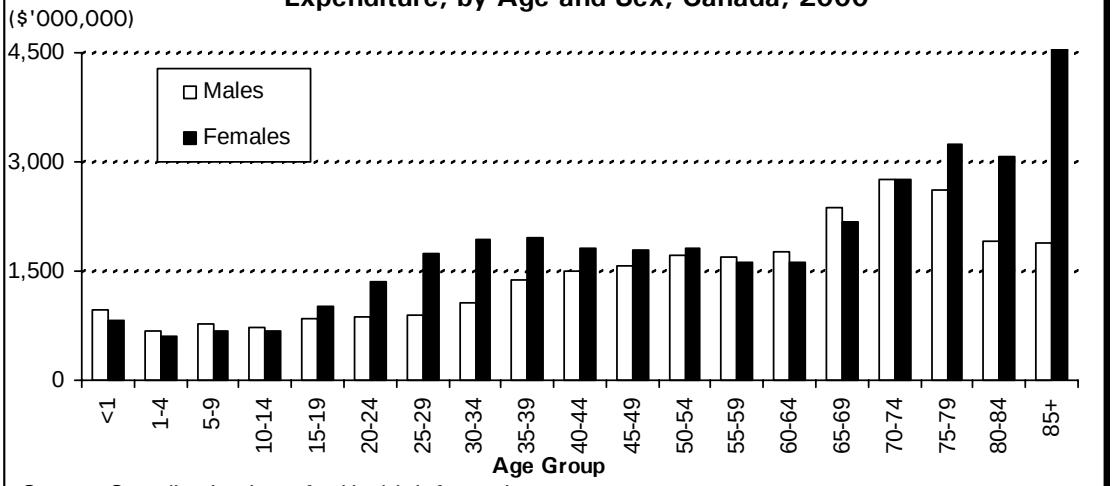
The distribution of provincial/territorial government health expenditure by age and sex, in millions of dollars and per capita dollars is shown in Figures 23 and 24. The influence of hospital and physician expenditure is obvious in the shape of the curves.

Seniors, ages 65 and older, consumed more than 43% of all provincial government health spending in 2000, while only comprising 12.5% of the population. Females accounted for an estimated 56% of all provincial government spending in 2000, with female seniors consuming the most at 25%. Senior males accounted for approximately 18% of total expenditure. 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 $5,000 per person for both genders. From youths age 1, to adults age 54, spending per person slowly increases but does not exceed $1,800 per person. There is a pronounced increase in per capita spending in the senior age groups. Spending per capita for females exceeds that of males from ages 15 to 54 and again at ages greater than 84.

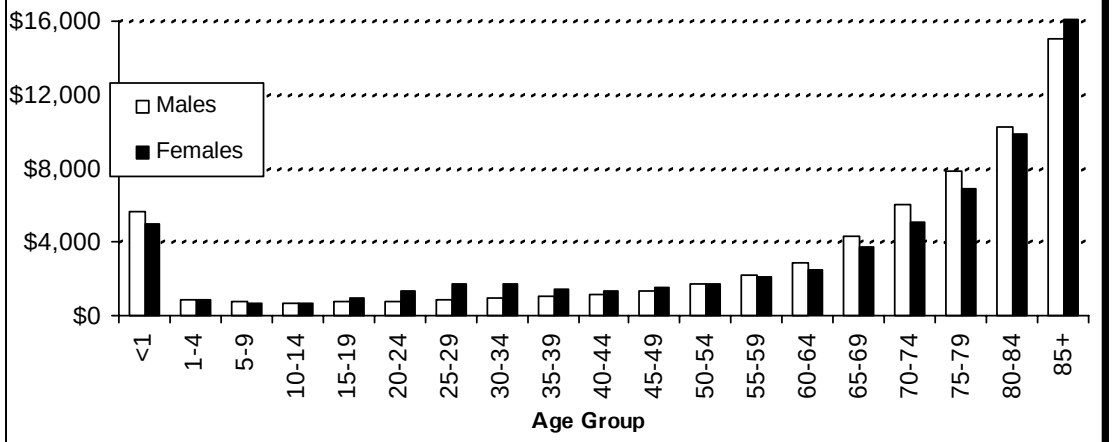
[11] Missing data was estimated for this analysis. Refer to Age/Sex Distribution Methods in the Methodological Notes section of this report for more details.

Figure 23 - Total Provincial/Territorial Government Health Expenditure, by Age and Sex, Canada, 2000



Source: Canadian Institute for Health Information

Figure 24 - Total Provincial/Territorial Government Health Expenditure Per Capita, by Age and Sex, Canada, 2000



Sources: Canadian Institute for Health Information, Statistics Canada

PROVINCIAL AND TERRITORIAL GOVERNMENT HEALTH EXPENDITURE STANDARDIZED FOR AGE AND SEX

Provincial and territorial health expenditures per capita are quite similar because of universal coverage for medically necessary hospital and physicians services under the Canada Health Act. The 13 jurisdictions have different population age and sex profiles, however, 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 expenditure per capita, standardized for age and sex for 1998 to 2000, is compared in Table 6. Distributions that were unavailable for specific categories of expenditure were estimated for these comparisons. The data show both actual and standardized expenditures. 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 so obtained by the population of Canada.

Percentage differences between actual and standardized expenditure tend to be most pronounced in Saskatchewan, Alberta and the territories. Newfoundland, Alberta and the territories have lower than average percentages of their populations over 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 are standardized, with the declines ranging from approximately two to six percent. Saskatchewan standardized expenditure per capita is over six percent less than actual expenditure per capita for all three years presented in this analysis.

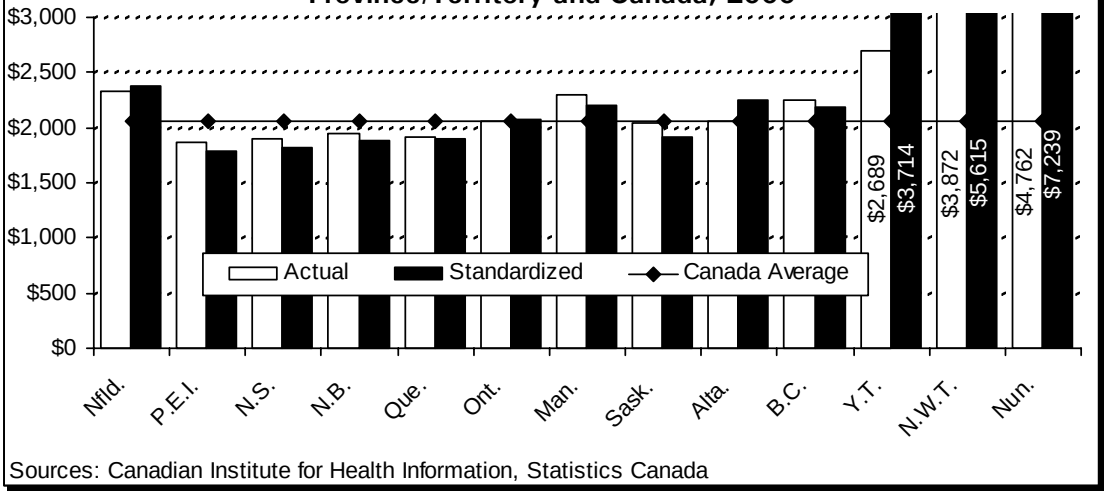
For all three years, the territories have the highest standardized expenditure per capita. In 2000, Newfoundland, Alberta and Manitoba have the highest standardized expenditure among the provinces. Alberta per capita spending increases from fourth highest actual spending to second highest behind Newfoundland in age-sex standardized comparisons, above the national average (Figure 25).

Table 6—Total Provincial/Territorial Government Health Expenditure Per Capita Standardized for Age and Sex, by Province/Territory and Canada, 1998 to 2000

	1998			1999			2000		
	Actual ($)	Standardized ($)	Percent Change	Actual ($)	Standardized ($)	Percent Change	Actual ($)	Standardized ($)	Percent Change
Nfld.	1,925	2,000	3.9%	2,195	2,264	3.1%	2,322	2,379	2.4%
P.E.I.	1,674	1,609	-3.9%	1,747	1,673	-4.2%	1,868	1,793	-4.1%
N.S.	1,769	1,696	-4.1%	1,858	1,780	-4.2%	1,897	1,812	-4.5%
N.B.	1,685	1,639	-2.7%	1,812	1,764	-2.7%	1,945	1,890	-2.8%
Que.	1,765	1,769	0.2%	1,798	1,798	0.0%	1,914	1,906	-0.4%
Ont.	1,767	1,766	-0.1%	1,872	1,874	0.1%	2,061	2,068	0.3%
Man.	1,848	1,748	-5.4%	2,096	1,998	-4.7%	2,293	2,196	-4.2%
Sask.	1,811	1,693	-6.5%	1,946	1,823	-6.3%	2,048	1,915	-6.5%
Alta.	1,680	1,832	9.1%	1,904	2,071	8.8%	2,063	2,242	8.7%
B.C.	1,941	1,904	-1.9%	2,074	2,030	-2.1%	2,246	2,191	-2.5%
Y.T.	2,349	3,284	39.8%	2,505	3,473	38.6%	2,689	3,714	38.1%
N.W.T.	4,048	5,822	43.8%	4,317	6,114	41.6%	3,872	5,615	45.0%
Nun.	---	---	---	3,911	5,541	41.7%	4,762	7,239	52.0%
Canada	1,792	1,792	---	1,904	1,904	---	2,060	2,060	---

Sources: Canadian Institute for Health Information, Statistics Canada

Figure 25- Total Provincial/Territorial Government Health Expenditure Per Capita, Age-Sex Standardized versus Actual, by Province/Territory and Canada, 2000



Sources: Canadian Institute for Health Information, Statistics Canada

HEALTH EXPENDITURE IN THE PROVINCES AND TERRITORIES

Health expenditure per capita varies among provinces because of different age distributions.[12] 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, largely because of their large geographical areas and low population densities (Table 7). In 2000, expenditure per capita is quite evenly distributed among the provinces, with Manitoba, Ontario and British Columbia ranking highest with expenditures of between $3,260 and $3,500 per person. Newfoundland, Alberta and Saskatchewan occupy fourth to sixth positions with expenditures within a $107 range, between $3,056 and $3,163 per capita.

Health expenditure as a percent of GDP shows greater variation than expenditure per capita, ranging from a low of 6.6% in Alberta to highs of 19.3% and 12.2% in Nunavut and Newfoundland, respectively.

In 2000, the public sector was responsible for 70.8% of Canadian health expenditure. The public sector share, with a median (mid-point) of 73.7%, varied considerably among the provinces and territories. It exceeded 84% in the Territories, and was the lowest in Ontario (67.3%).

Public sector expenditure per capita averaged $2,240 in 2000. After the territories, Manitoba, Newfoundland, and British Columbia had the highest public sector expenditure; Prince Edward Island, Quebec and Nova Scotia had the lowest.

Private sector expenditure averaged $924 per capita. Ontario led the thirteen jurisdictions, followed by Alberta and Manitoba.

The 1990s witnessed a leveling of health expenditures, with declines or low growth in expenditure per capita between 1992 and 1996. Expenditure per capita began to show noticeable growth in most provinces beginning in 1998 or 1999 with double-digit growth in some jurisdictions. Variations of this trend are expected to have continued in 2000 and 2002, however, growth is expected to slow in 2002, between 3.5% and 8.3%.

[12] Provincial 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 previous section.

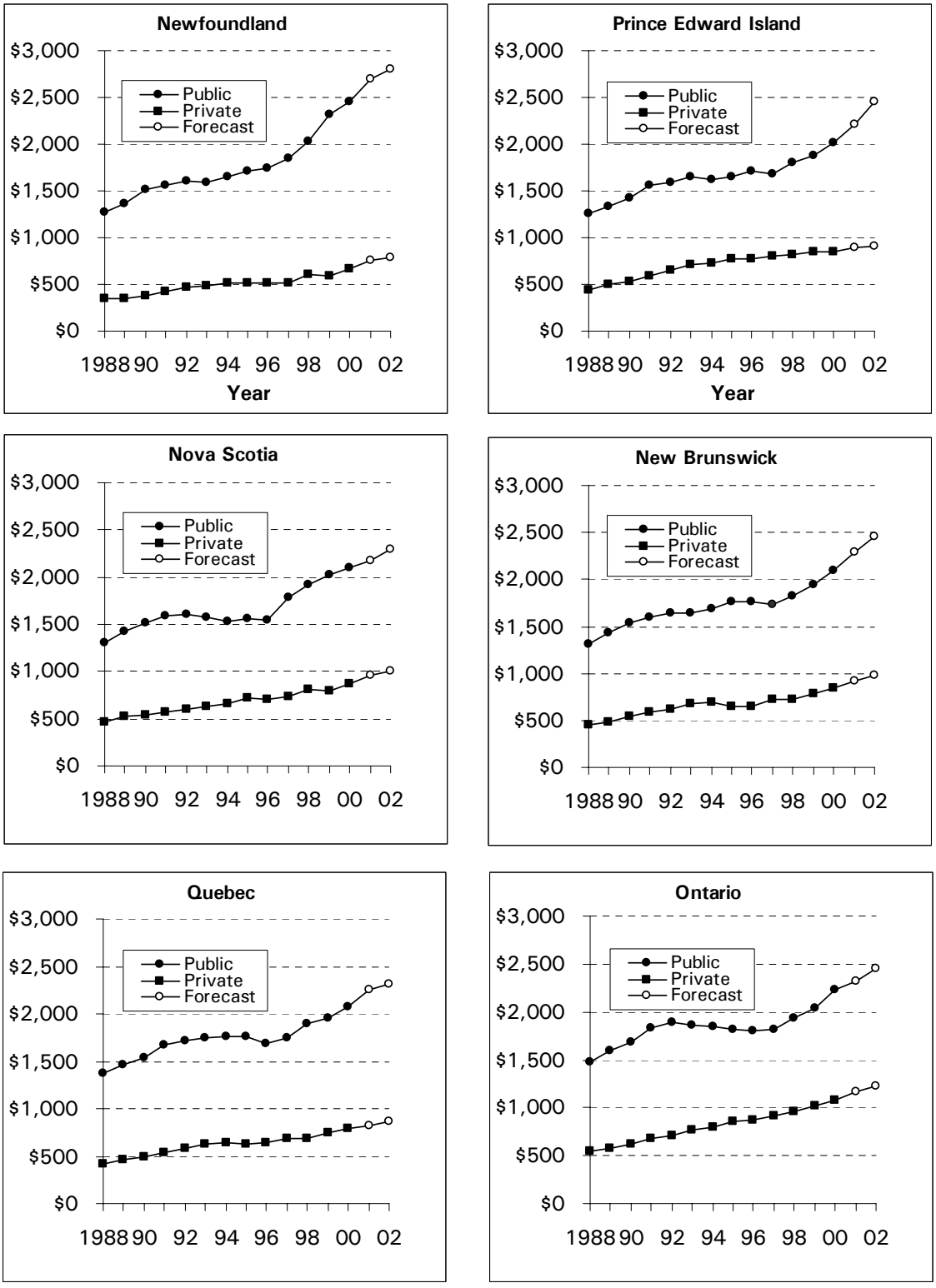
Table 7—Health Expenditure Summary, by Province/Territory and Canada, 2000

	Expenditure	Percent Distribution	Total Expenditure per Capita		Total Health Exp. as Percent of GDP	Public Sector Exp. per Capita	Private Sector Exp. per Capita	Public Sector as Percent of Total
	($' 000,000)	(%)	($)	Change since '99 (%)	(%)	($)	($)	(%)
Nfld.	1,683.0	1.7	3,129	7.6	12.2	2,456	673	78.5
P.E.I.	396.3	0.4	2,865	5.1	11.7	2,009	856	70.1
N.S.	2,800.4	2.9	2,972	5.2	11.6	2,094	877	70.5
N.B.	2,224.3	2.3	2,944	7.6	11.1	2,098	846	71.3
Que.	21,185.3	21.7	2,870	6.1	9.5	2,080	790	72.5
Ont.	38,746.5	39.8	3,312	8.3	8.9	2,230	1,082	67.3
Man.	4,012.3	4.1	3,500	9.2	12.0	2,622	878	74.9
Sask.	3,123.4	3.2	3,056	6.0	9.3	2,328	729	76.2
Alta.	9,521.5	9.8	3,163	8.3	6.6	2,255	908	71.3
B.C.	13,235.9	13.6	3,260	7.3	10.2	2,403	857	73.7
Y.T.	115.3	0.1	3,768	8.4	10.0	3,181	587	84.4
N.W.T.	214.4	0.2	5,249	-7.6	8.0	4,770	479	90.9
Nun.	161.6	0.2	5,876	20.1	19.3	5,556	320	94.5
Canada	**97,420.0**	**100.0**	**3,164**	**7.5**	**9.1**	**2,240**	**924**	**70.8**

Source: Canadian Institute for Health Information

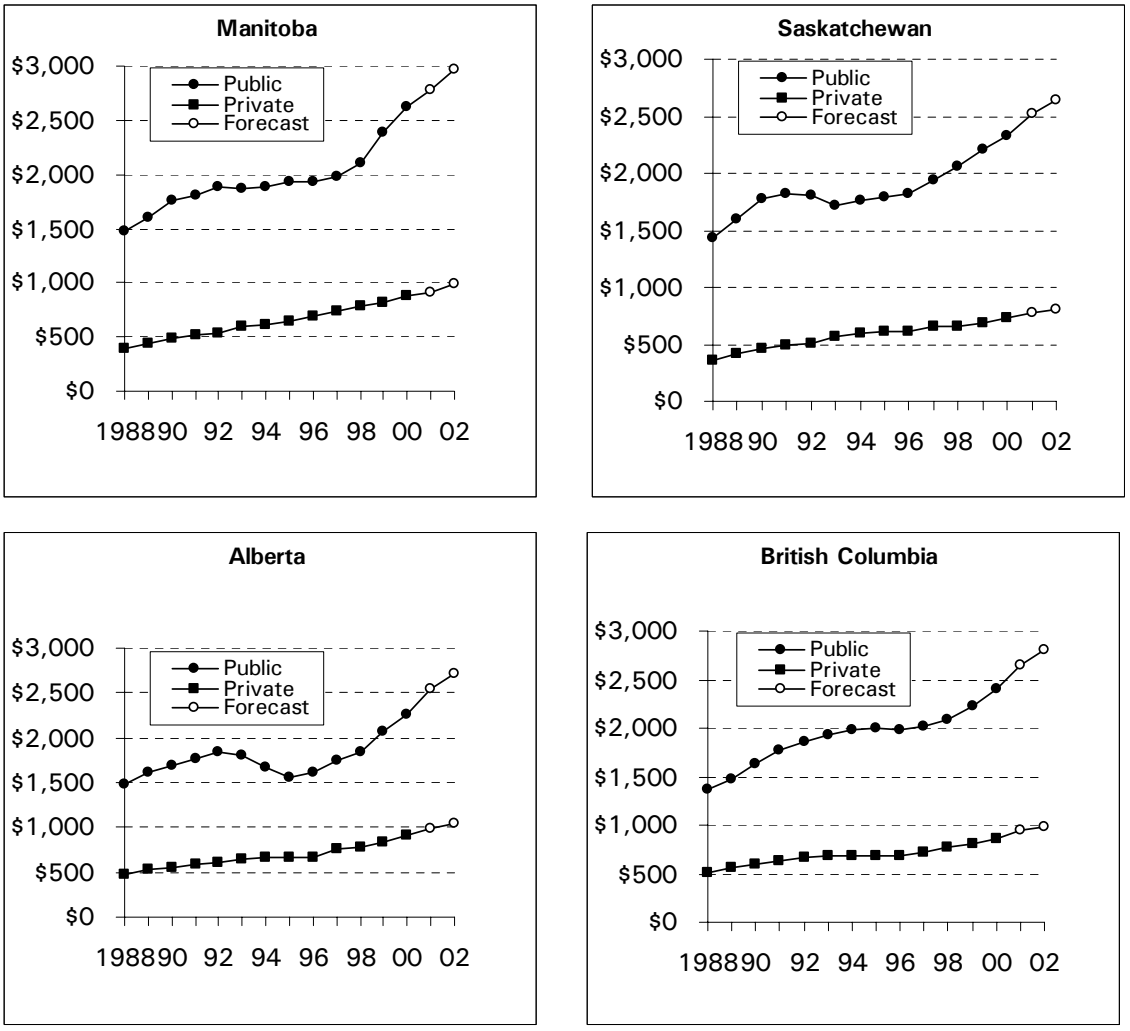
Public sector expenditure per capita declined in all twelve jurisdictions at some time during the 1990s, although the timing and duration of expenditure reductions varied. Quebec, Saskatchewan and Alberta experienced the sharpest declines, while the decline in Ontario was the most protracted with declines in each of the four years from 1993 to 1996 (Figure 26). All jurisdictions recovered from their declines during the latter half of the decade. British Columbia experienced the most stability in public sector expenditure per capita during the five years from 1993 to 1997, and stayed at or near the top of provincial rankings during that time. Current forecasts indicate that Manitoba, British Columbia and Newfoundland will have the highest levels of public expenditure per capita among the provinces in 2002, while Nova Scotia, Quebec and Ontario are expected to have the lowest.

Figure 26—Public and Private Sector Health Expenditure Per Capita, 1988 to 2002, by Province and Territory—Current Dollars



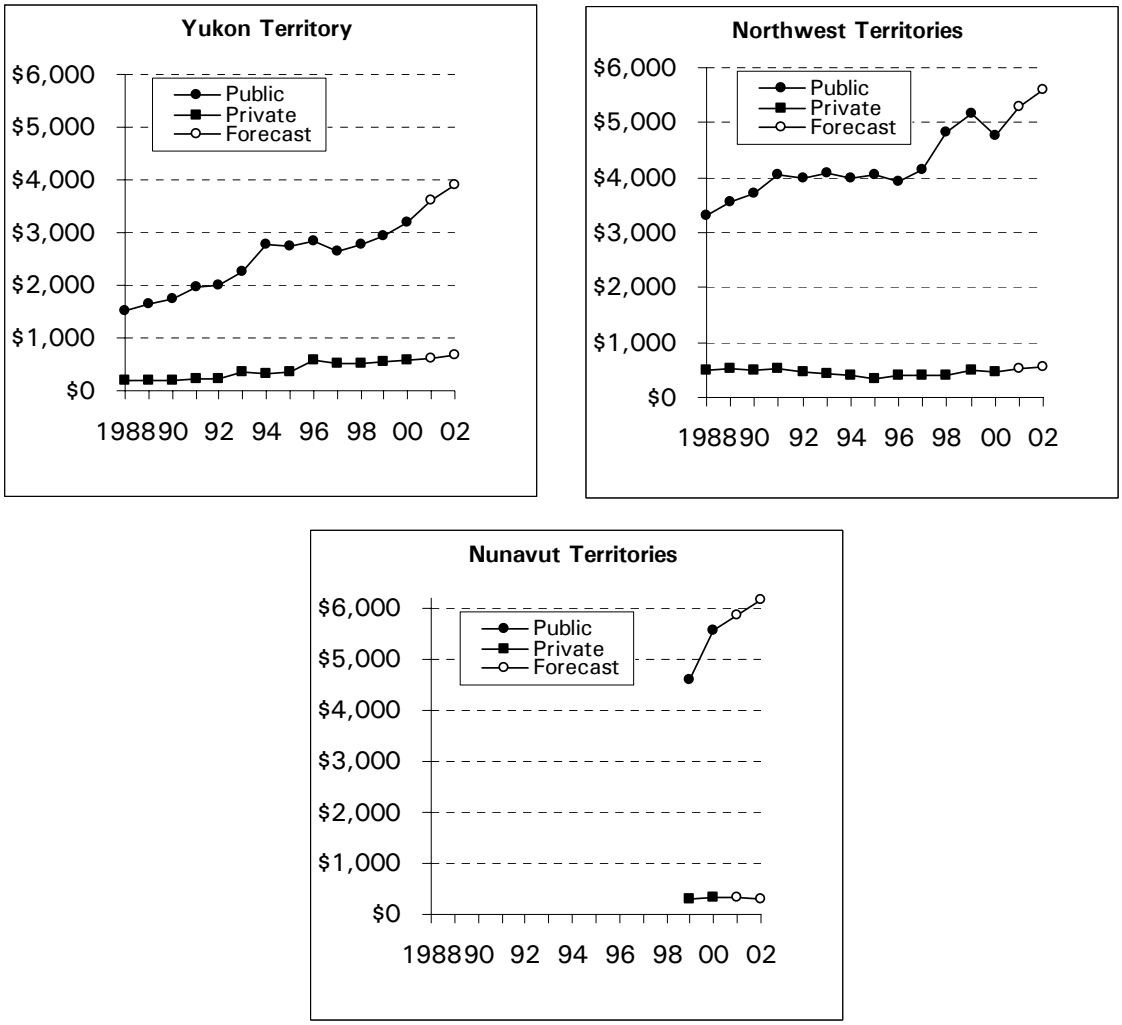
Sources: Canadian Institute for Health Information, Statistics Canada

Figure 26 (cont'd)—Public and Private Sector Health Expenditure Per Capita, 1988 to 2002, by Province and Territory—Current Dollars



Sources: Canadian Institute for Health Information, Statistics Canada

Figure 26 (cont'd)—Public and Private Sector Health Expenditure Per Capita, 1988 to 2002, by Province and Territory—Current Dollars



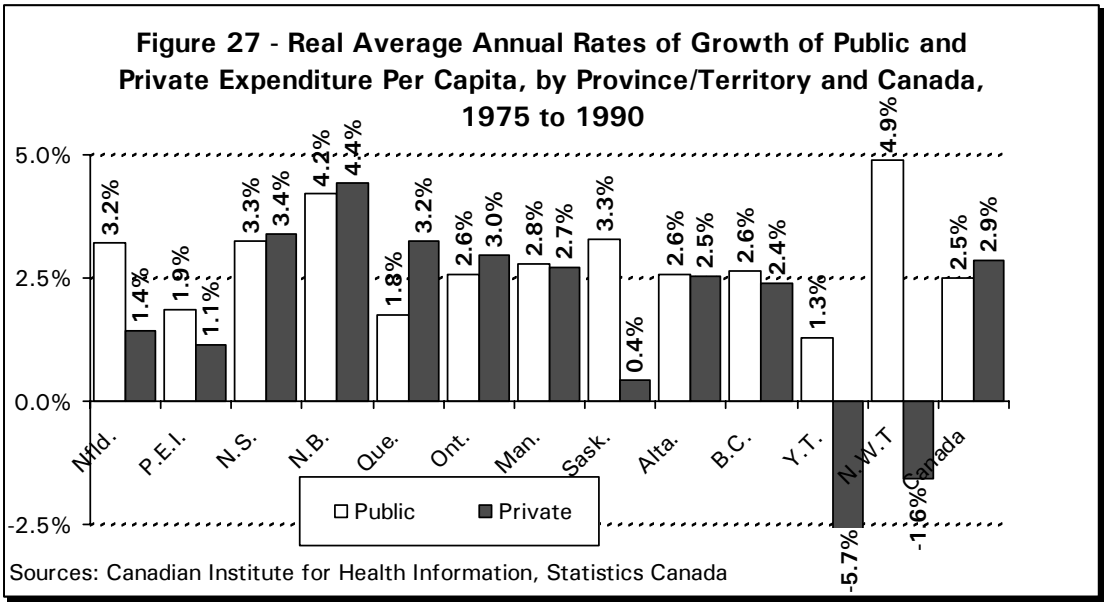
Sources: Canadian Institute for Health Information, Statistics Canada

The provincial trends in Figure 26, which are not adjusted for inflation, show modest private sector growth in most provinces. Ontario private sector expenditure showed the steepest growth curve in the 1990s. By 2002, Ontario is expected to have the highest private sector expenditure per capita at $1,226. Newfoundland, Nova Scotia, New Brunswick, Quebec, Saskatchewan and the territories experienced reductions in private sector expenditure during brief periods of the 1990s. In Quebec the decline was only one year in duration but the Northwest Territories showed a slight downward trend from 1992 to 1997.

■ Provinces and Territories

Provincial rates of increase are compared in Figures 27, 28 and 29. The comparisons focus on growth of health expenditure per capita at constant prices. This is to standardize for both population growth and inflation, which have varied by province during the last two decades.[13] The graphs compare average annual growth rates in the public and private sectors during the fifteen years from 1975 to 1990 (Figure 27), the seven years from 1990 to 1996 (Figure 28) and the five years from 1996 to 2000 (Figure 29). The choice of time periods has some effect on annual average growth rates. In particular, both sectors have experienced quite different rates of growth during specific periods of the 1990s, although the timing of trends has been different, both between sectors and among provinces, as discussed above. Because the early 1990s have witnessed policies of health system reform and public expenditure restraint in virtually all jurisdictions, this decade is viewed separately in comparisons of expenditure trends. This expenditure restraint relaxed over the period between 1996 and 2000, which saw significant public reinvestment in the health sector, hence this period is also viewed separately.

Figure 27 - Real Average Annual Rates of Growth of Public and Private Expenditure Per Capita, by Province/Territory and Canada, 1975 to 1990



Sources: Canadian Institute for Health Information, Statistics Canada

1975 to 1990

Public and private sector annual growth rates for Canada, and in most provinces, were close between 1975 and 1990. Growth rates between the two sectors were nearly identical in Nova Scotia, Manitoba and Alberta. Relatively large discrepancies between the two sectors were evident in Newfoundland, Quebec, Saskatchewan and the territories.

[13] The indexes 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 indexes track prices separately in each province and territory (see Calculation Methods in the Methodological Notes section of this report).

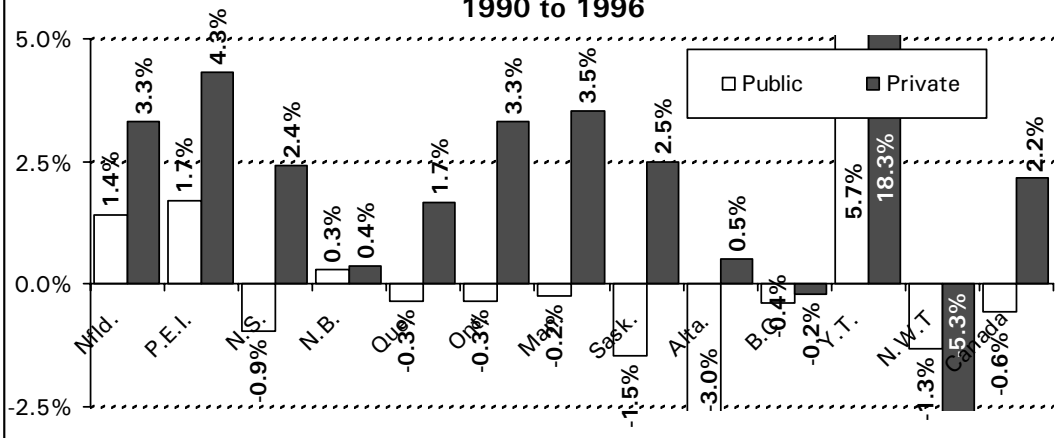
Public sector growth rates tended to be higher than the Canadian average in three of the Atlantic Provinces, Ontario, Manitoba, Saskatchewan, Alberta and British Columbia and the Northwest Territories, and lower in Prince Edward Island, Quebec and the Yukon. The Northwest Territories experienced the highest rates of public sector expenditure growth while the Yukon experienced the lowest. The four provinces from Nova Scotia to Ontario experienced the highest private sector growth rates; Saskatchewan had the lowest; the territories experienced decreases in private sector expenditure.

1990 to 1996

The trends in expenditure at constant prices between 1990 and 1996 tend to be closer to trends at market prices than they were in the earlier period, due to relatively low levels of inflation after 1992.

Public sector expenditure per capita at constant prices declined by an average of 0.6% annually from 1990 and 1996. Different trends were followed from east to west, with Newfoundland, Prince Edward Island and New Brunswick showing small increases, and all other jurisdictions, except the Yukon, experiencing decreases. Among the provinces, Alberta experienced the largest decline, followed by Saskatchewan. Even among provinces experiencing growth during this period, public sector expenditure growth was substantially less than its average during the previous 15 years.

Figure 28 - Real Average Annual Rates of Growth of Public and Private Expenditure Per Capita, by Province/Territory and Canada, 1990 to 1996



Sources: Canadian Institute for Health Information, Statistics Canada

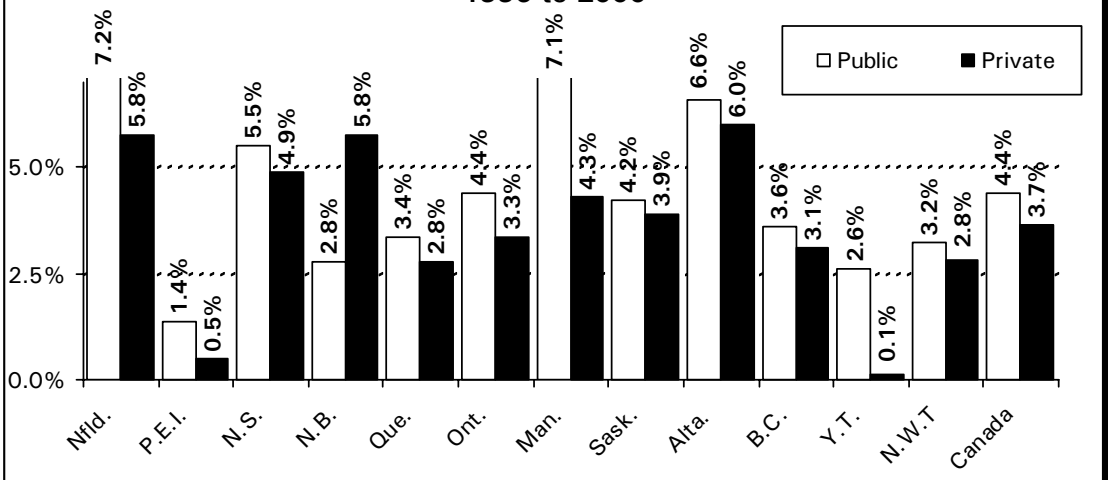
Real private sector expenditure per capita in Canada grew at similar rates during the 1990s as during the previous 15 years (2.2% and 2.9% respectively). Figure 28 shows a wave-like pattern among provinces and territories, cresting in Prince Edward Island, Manitoba and Yukon. British Columbia and the Northwest Territories experienced declines, while the private sector grew in New Brunswick and Alberta by less than 1.0%.

1996 to 2002

Public reinvestment in health care near the end of the 1990s contributed to significant increases in growth rates of public health expenditure across Canada. Public sector health expenditure per capita at constant prices grew by an average of 4.4% annually between 1996 and 2000. The highest growth rates are found in Newfoundland, Manitoba and Alberta. The lowest growth rates are found in Prince Edward Island, the Yukon Territory and New Brunswick.

All provinces experienced an increase in real private sector expenditure per capita from 1996 to 2000. On average, real private per capita health expenditures grew by 3.7%. Newfoundland, New Brunswick and Alberta experienced growth rates higher than 5%. The Yukon Territory and Prince Edward Island saw the smallest annual increase in private sector health expenditure, with growth rates of less than 1%.

Figure 29 - Real Average Annual Rates of Growth of Public and Private Expenditure Per Capita, by Province/Territory and Canada, 1996 to 2000



Sources: Canadian Institute for Health Information, Statistics Canada

In 2001 and 2002, real public sector expenditure per capita health expenditure is forecast to grow by 6.0% and 1.8%, respectively. All provinces are expected to have growth rates above 6.0% in 2001 except Nova Scotia and Ontario, which are expected to have rates of 3.2%. Prince Edward Island and Alberta are forecast to have growth rates above 10.0%. In 2002, Newfoundland, Nova Scotia, Quebec and Saskatchewan are expected to have growth of less than one percent. Quebec is forecast to experience a decline in spending of three-tenths of one percent. Growth in real per capita public sector health expenditure in Prince Edward Island is expected to be above 6.0% in 2002.

Private sector per capita health expenditure at constant prices is forecast to have been 4.5% and 3.5% in 2001 and 2002, respectively. Private sector expenditure are expected to grow in all jurisdictions except Nunavut.

INTERNATIONAL COMPARISONS

■ Comparability of Health Expenditure Across Countries

For the last two annual updates of the health database maintained by the Organisation for Economic Cooperation and Development (OECD), member-countries were asked to report health expenditure according to concepts presented in the OECD manual *A System of Health Accounts* (SHA), released in May 2000. Countries are at varying stages of reporting total health expenditure according to the boundary of health care proposed in the SHA manual. This means that data presented in *OECD Health Data 2002* are at varying levels of comparability. This section shows health expenditure information for the twelve countries that most closely follow the health care boundary proposed in the OECD manual. The OECD states that the data for those countries are believed to be fairly comparable, although some deviations from SHA definitions may still exist among the sub-aggregate variables of total health expenditure[14]. The twelve countries are Australia, Canada, Denmark, France, Germany, Hungary, Japan, Korea, the Netherlands, Switzerland, the United Kingdom and the United States.

■ Comparability of Health Expenditure Over Time

In the last two years, 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 of the twelve countries in the mid to late 1990s.

The data presented in *OECD Health Data 2002* are based on the SHA starting in the following years:

Australia: 1998

Canada: 1975

Denmark: 1971

France: 1990

Germany: 1991

Hungary: 1998

Japan: 1998

Korea: 1995

Netherlands: 1998

Switzerland: 1995

United Kingdom: 1997

United States: 1999

Due to the change in reporting systems, this section on international comparisons focuses on data for 2000, the most recent year for which data are available for all twelve countries, rather than on trends.

[14] See **Data Comprehensiveness and Boundaries of Health Care** at the end of the International Comparisons section.

■ 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—has 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, disability, and handicaps who require nursing care;
- Assisting patients to die with dignity;
- Providing and administering public health;
- Providing and administering health programmes, 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

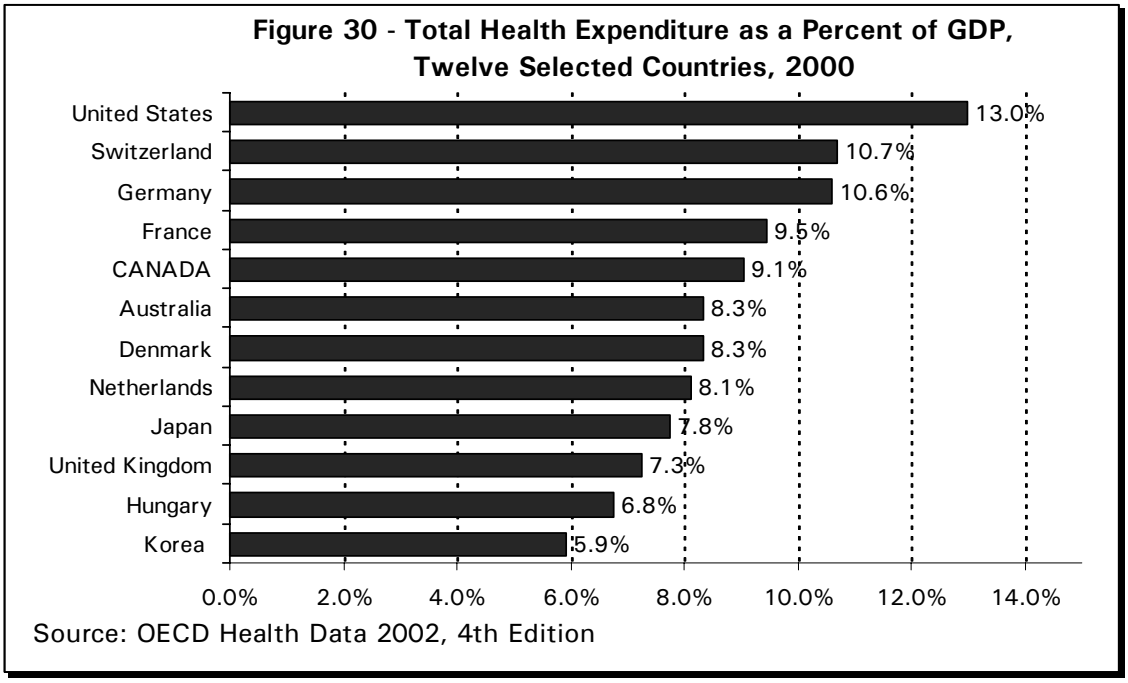
A higher level of public and private spending on health reduces the share of GDP that is left to purchase other goods and services. While there is more than a threefold variation in health expenditure per capita between some countries, the share of GDP spent on health does not vary as widely. This reflects 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—2000

Canada is among the five countries with the highest ratio of total health expenditure to GDP.[15] In 2000, the United States had the highest ratio of total health expenditure to GDP at 13.0%, followed by Switzerland and Germany respectively at 10.7% and 10.6%. Although health expenditure per capita in Canada was higher than in France, Canada's higher GDP per capita produced a lower health to GDP ratio at 9.1% compared with 9.5% for France. Australia, Denmark, the Netherlands and Japan[16] had similar ratios ranging between 7.8% and 8.3%. The share of health expenditure in GDP was 7.3% in the United Kingdom[16] and 6.8% in Hungary. Korea had the lowest ratio at 5.9%. (Figure 30)

[15] 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 their publication in OECD reports.

[16] Notes provided to the OECD by Japan and the United Kingdom suggest that there may be a non-negligible under-reporting of private sector expenditures in these two countries. See section on **Data Comprehensiveness and Boundaries of Health Care**.



Total Health Expenditure as a Percent of GDP—Trends 1975 to 2000

The health to GDP ratio is provided in Table 8 for nine countries starting in 1975. Data for France, Hungary and Korea are only available at a later date. There are some breaks in series due to the adoption of the SHA for international reporting and caution should be exercised in interpreting the data although the impact of the break is believed to be lessened somewhat when the first and last year of a long time series are considered. All countries with available data back to 1975 experienced an increase in their health to GDP ratio over the 25 years, with the exception of Denmark that had a decrease of about half a percentage point. Health expenditure as a percent of GDP in the United States was more than five percentage points higher in 2000 than in 1975. Switzerland followed with an increase of more than 4 percentage points in its health to GDP ratio. Japan and the United Kingdom had similar increases as Canada, about 2 percentage points. In Australia and the Netherlands, the proportion of GDP represented by health expenditure in 2000 was about 1 percentage point higher than in 1975. During the late 1970s, Canada's total health to GDP ratio was relatively constant, but it grew steadily during the 1980s with significant increases during the recessions of the early 1980s and 1990s. The ratio began to decline after it peaked at 10.0% in 1992. Denmark, Hungary, the Netherlands, and the United States also had peaks around 1993 to 1995, followed by declines.

Table 8—Total Health Expenditure as a Percent of GDP for Selected Countries, 1975 to 2000

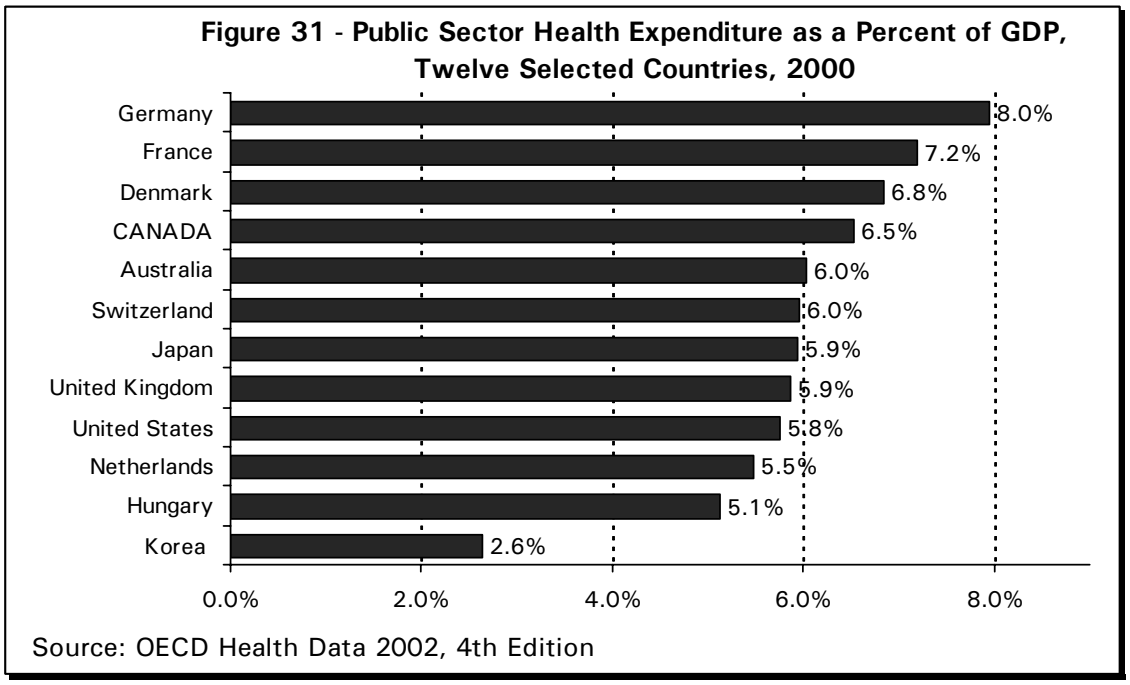
(Caution—breaks in series: Bolded italicized figures are before the adoption of the SHA)

Year	Australia	Canada	Denmark	France	Germany	Hungary	Japan	Korea	Netherlands	Switzerland	United Kingdom	United States
1975	***7.2***	7.1	8.9		***8.8***		***5.6***		***7.2***	***7.2***	***5.5***	***7.8***
1976	***7.2***	7.1	8.8		***8.7***		***5.6***		***7.0***	***7.4***	***5.5***	***8.0***
1977	***7.4***	7.0	8.6		***8.6***		***5.7***		***7.1***	***7.4***	***5.3***	***8.2***
1978	***7.3***	7.0	8.7		***8.7***		***5.9***		***7.2***	***7.4***	***5.3***	***8.1***
1979	***7.0***	6.9	8.8		***8.5***		***6.0***		***7.4***	***7.5***	***5.3***	***8.2***
1980	***7.0***	7.1	9.1		***8.8***		***6.4***		***7.5***	***7.6***	***5.6***	***8.7***
1981	***7.0***	7.3	9.3		***9.2***		***6.5***		***7.7***	***7.6***	***5.9***	***9.0***
1982	***7.3***	8.1	9.3		***9.1***		***6.7***		***7.9***	***7.8***	***5.8***	***9.8***
1983	***7.3***	8.3	9.0		***9.0***		***6.8***		***7.8***	***8.2***	***6.0***	***9.9***
1984	***7.3***	8.2	8.7		***9.1***		***6.5***		***7.5***	***8.0***	***6.0***	***9.8***
1985	***7.4***	8.2	8.7		***9.3***		***6.6***	***4.3***	***7.3***	***8.0***	***5.9***	***10.0***
1986	***7.7***	8.5	8.3		***9.1***		***6.6***	***4.1***	***7.5***	***8.2***	***5.9***	***10.2***
1987	***7.4***	8.4	8.6		***9.2***		***6.6***	***4.0***	***7.6***	***8.5***	***6.0***	***10.4***
1988	***7.3***	8.3	8.8		***9.4***		***6.3***	***4.2***	***7.7***	***8.5***	***5.9***	***10.8***
1989	***7.4***	8.5	8.6		***8.8***		***6.1***	***4.8***	***8.0*** (c)	***8.6***	***5.9***	***11.2***
1990	***7.8***	9.0	8.5	8.6(a)	***8.7***		***5.9***	***4.8***	***8.0***	***8.5***	***6.0***	***11.9***
1991	***8.0***	9.7	8.4	8.9		***7.1***	***5.9***	***4.5***	***8.2***	***9.2***	***6.5***	***12.6***
1992	***8.1***	10.0	8.5	9.1	9.9(b)	***7.7***	***6.2***	***4.7***	***8.4***	***9.6***	***6.9***	***13.0***
1993	***8.1***	9.8	8.8	9.5	9.9	***7.7***	***6.4***	***4.7***	***8.5***	***9.6***	***6.9***	***13.3***
1994	***8.1***	9.5	8.5	9.4	10.2	***8.3***	***6.7***	***4.7***	***8.4***	***9.8***	***7.0***	***13.2***
1995	***8.2***	9.1	8.2	9.6	10.6	***7.5***	***7.0***	4.7	***8.4***	10.0	***7.0***	***13.3***
1996	***8.3***	8.9	8.3	9.6	10.9	***7.2***	***7.0***	4.9	***8.3***	10.4	***7.0***	***13.2***
1997	***8.4***	8.9	8.2	9.4	10.7	***7.0***	***7.2***	5.0	***8.2***	10.4	6.8	***13.0***
1998	8.5	9.1	8.4	9.3	10.6	6.9	7.1	5.1	8.1	10.6	6.8	***12.9***
1999	8.4	9.2	8.5	9.4	10.7	6.8	7.4	5.6	8.2	10.7	7.1	13.0
2000	8.3	9.1	8.3	9.5	10.6	6.8	7.8	5.9	8.1	10.7	7.3	13.0

(a) Data before 1990, shown in *OECD Health Data 2001*, were deleted from *OECD Health Data 2002.*
(b) Data up to 1990 refer to the former Federal Republic; data from 1992 onwards correspond to Germany after reunification.
(c) Data before and after 1989 are not comparable. Starting in 1989 integrated service organisations and maternity centres were excluded and institutions for home health and social services were included.
Source: OECD Health Data 2002, 4th Edition

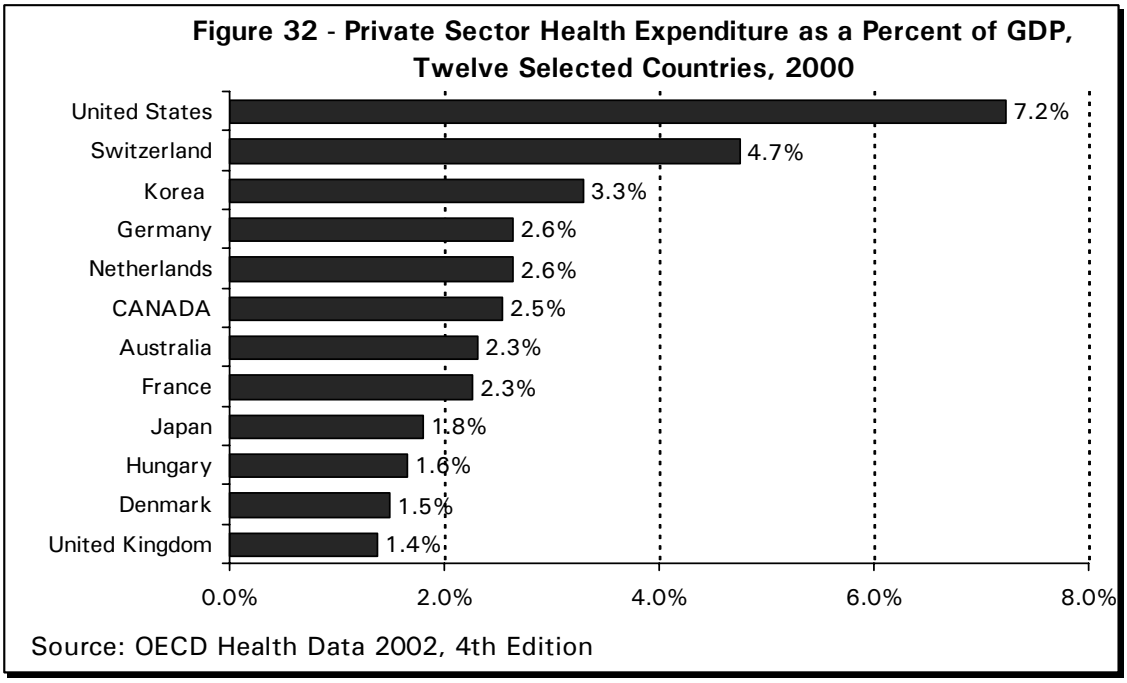
Public Sector Health Expenditure as a Percent of GDP—2000

With regard to public sector spending on health as a percentage of GDP in 2000, Canada falls within the top third of countries. Public sector health expenditure accounted for 8.0% of Germany's GDP, the highest proportion among the twelve countries. France, Denmark and Canada had ratios ranging between 6.5% and 7.2%. Public sector spending on health represented an almost identical proportion of GDP (about 6%) in five countries: Australia, Switzerland, Japan, the United Kingdom and the United States. The ratios in the Netherlands and Hungary were somewhat lower than for these five countries at 5.5% and 5.1% respectively. Spending on health by the public sector in Korea was only 2.6% of GDP (Figure 31).



Private Sector Health Expenditure as a Percent of GDP—2000

Private sector health expenditure represented 7.2% of GDP in the United States in 2000, by far the highest percentage among the twelve countries. Switzerland and Korea followed at 4.7% and 3.3% respectively. Canada is within a group of five countries with very similar private sector health expenditure to GDP ratios ranging between 2.3% and 2.6%; other countries in this group are Germany, the Netherlands, Australia and France. The countries with the lowest ratios, ranging between 1.4% and 1.8%, comprise Japan[16], Hungary, Denmark, and the United Kingdom[16] (Figure 32).

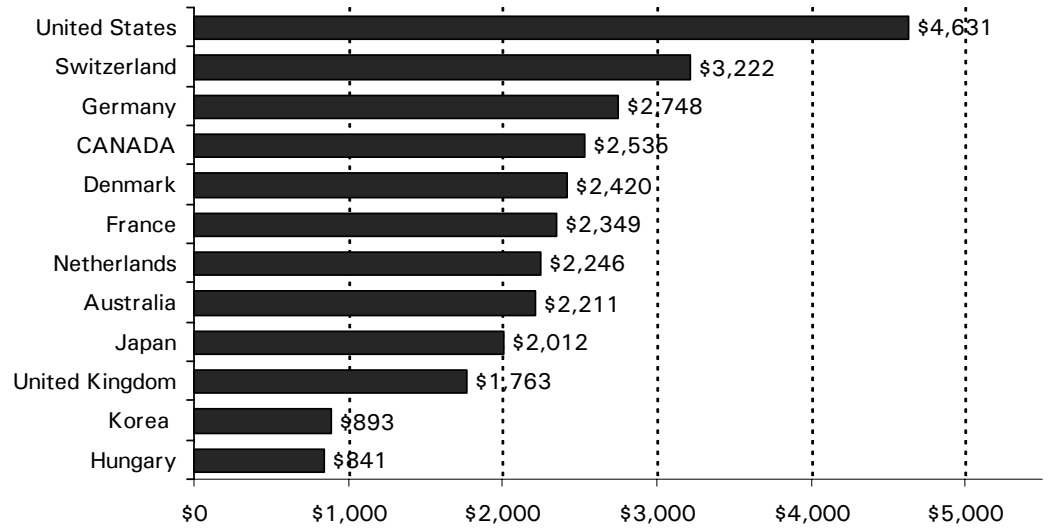


■ Health Expenditure Per Capita[17]

Total Health Expenditure per Capita—2000

Canada, with a per capita spending of $2,535, is among the four countries with the highest spending on health per capita. The United States had by far the highest health expenditure per capita ($4,631) in 2000. Switzerland had the second highest per capita spending, but almost a third lower at $3,222. Health expenditure per capita in Germany, Canada, Denmark and France was rather similar, ranging between $2,349 and $2,748, but considerably lower than in Switzerland. The Netherlands, Australia and Japan followed with a range of expenditure per capita between $2,012 and $2,246. Per capita spending in the United Kingdom was significantly lower than in these three countries at $1,763. Korea and Hungary had the lowest health expenditure per capita at $893 and $841 respectively (Figure 33).

Figure 33 - Total Health Expenditure Per Capita in US Dollars, Twelve Selected Countries, 2000



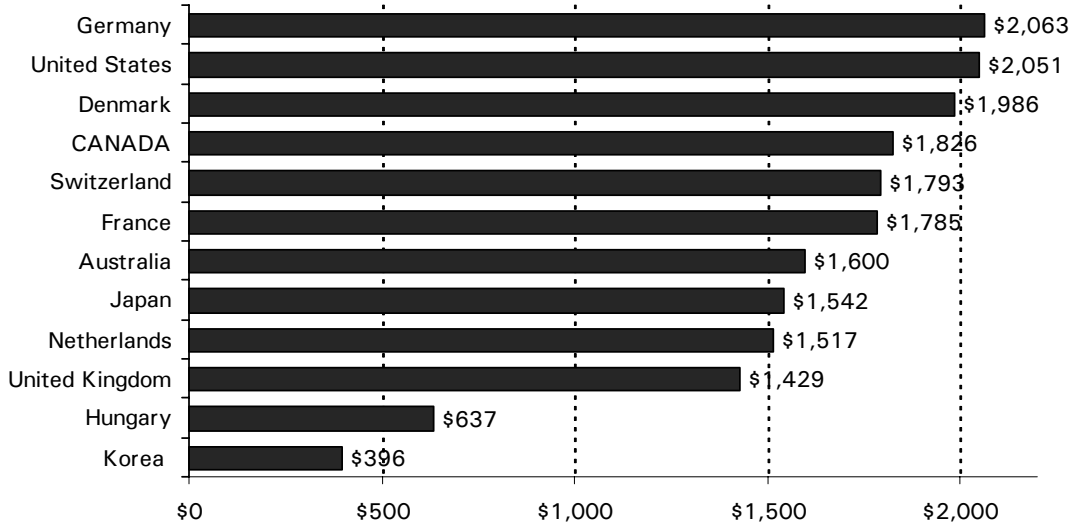
Source: OECD Health Data 2002, 4th Edition

[17] Health expenditure per capita were converted to US dollars using purchasing power parities (PPPs) for GDP, which are designed to eliminate differences in price levels between countries—i.e. PPPs equalize the purchasing power of different currencies.

Public Sector Health Expenditure per Capita—2000

Canada falls within the top third of countries for the level of health spending by the public sector per capita. Health expenditure by the public sector per capita in 2000 was similar in Germany, the United States and Denmark, ranging between $1,986 and $2,063. A second group of countries that includes Canada, Switzerland and France had public sector health expenditure per capita in a narrow range around $1,800. The per capita expenditure varied between $1,500 and $1,600 in Australia, Japan and the Netherlands. Public spending per capita was lower in the United Kingdom at $1,420. Hungary and Korea reported much lower public sector health expenditure per capita than other countries (Figure 34).

Figure 34 - Public Sector Health Expenditure Per Capita in US Dollars, Twelve Selected Countries, 2000

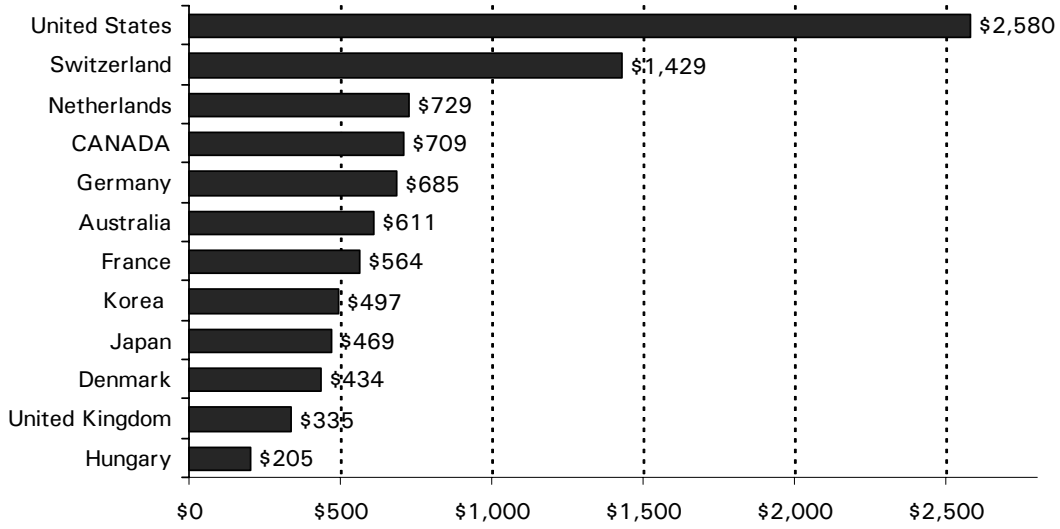


Source: OECD Health Data 2002, 4th Edition

Private Sector Health Expenditure per Capita—2000[16]

Canada, with a private sector spending per capita of $709, is among the four countries with the highest health expenditure per capita funded by the private sector. Private sector spending per capita was considerably higher than in Canada only in the United States ($2,580) and Switzerland ($1,429). Private sector health expenditure per capita in the Netherlands and Germany, amounting to $729 and $685 respectively, were close to Canada's level. The per capita expenditure was around $600 in Australia and France and roughly $500 in Korea and Japan. The three countries with the lowest health expenditure per capita funded by the private sector were Denmark ($434), the United Kingdom ($335) and Hungary ($205) (Figure 35).

Figure 35 - Private Sector Health Expenditure Per Capita in US Dollars, Twelve Selected Countries, 2000



Source: OECD Health Data 2002, 4th Edition

■ Total Health Expenditure by Use of Funds—2000

Expenditure on medical services and expenditure on medical goods are two major expenditure categories. Taken together, they represent expenditure on personal health care and account for more than 85% of total health expenditure in each of the eleven countries for which the breakdown of total health expenditure is available (the breakdown is not available for the United Kingdom) (Figure 36).

Expenditure on medical services is composed of expenditure on inpatient care and expenditure on other medical services[18]. 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.

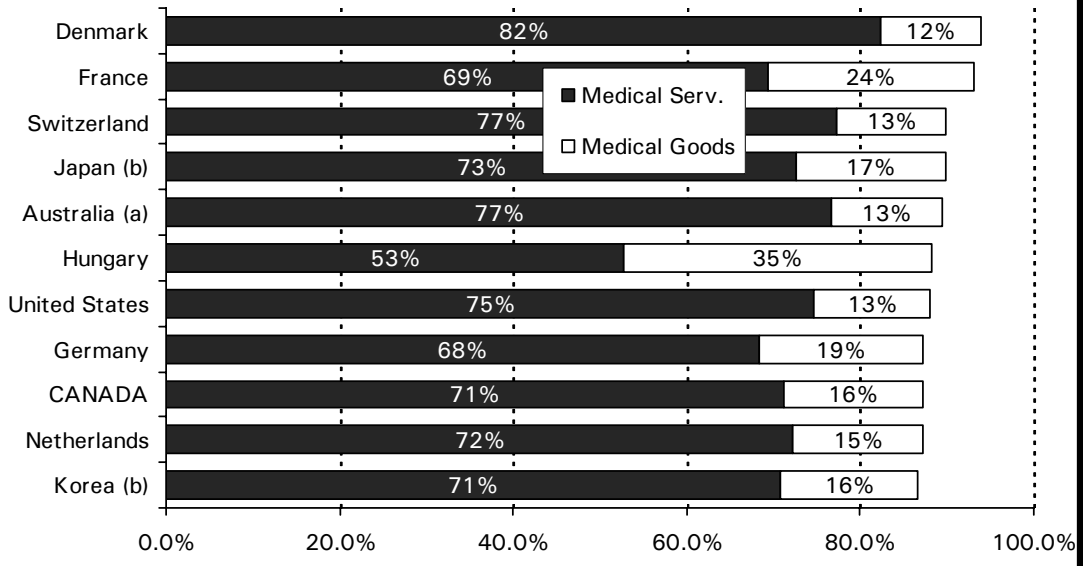
Expenditure on medical goods (dispensed to outpatients) comprises mostly expenditure on pharmaceuticals and other medical non-durables, but also, to a lesser extent, expenditure on therapeutic appliances and other medical durables such as eyeglasses, hearing aids, artificial limbs, wheelchairs, etc.

[18] The two components of medical services are not shown separately in Figure 36, 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.

Among the eleven countries for which the breakdown of total health expenditure is available, expenditure on medical services accounted for about 70% or 75% of total expenditure, with the exception of Denmark where the proportion was 82% and Hungary where it was 53%.

Expenditure on medical goods accounted for the highest percentage of total health expenditure in Hungary (35%), followed by France (24%) and Germany (19%). Expenditure on medical goods ranged between 15% and 17% of total health expenditure within a middle group of four countries: Japan, Canada, the Netherlands, and Korea. Another group of four countries that include Denmark, Switzerland, Australia and the United States had the lowest percentages, around 12% or 13%.

Figure 36 - Expenditure on Personal Health Care as a Percent of Total Health Expenditure, Eleven Selected Countries, 2000



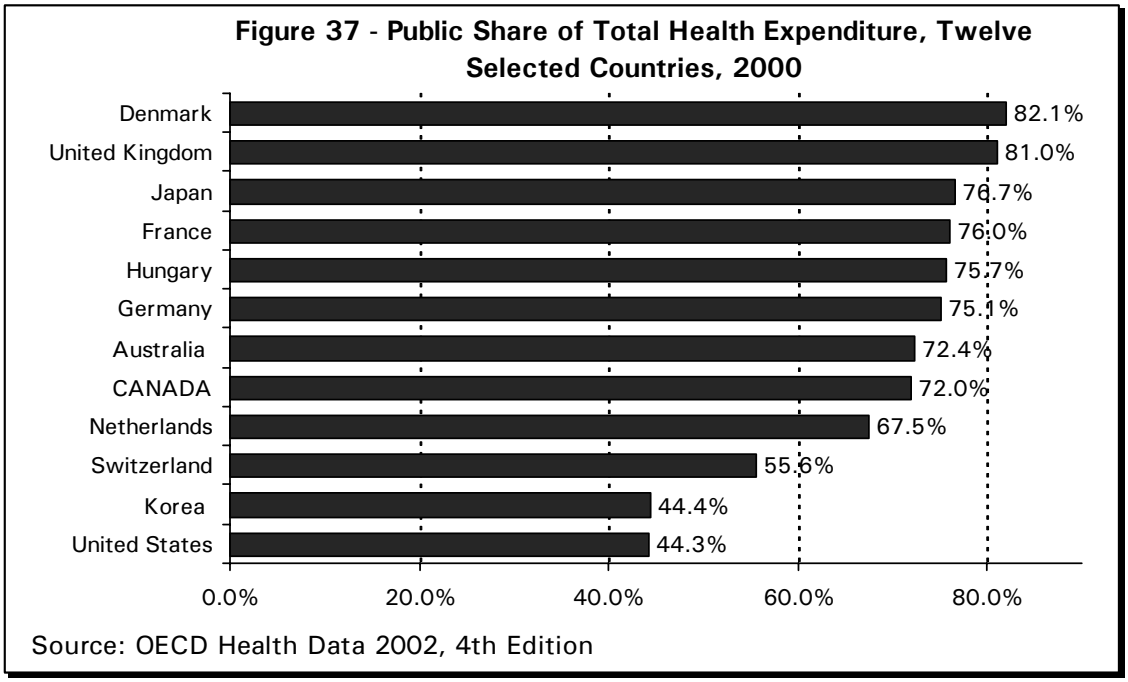
Source: OECD Health Data 2002, 4th Edition

(a) Data for 1998.
(b) Data for 1999.

■ Public Share of Health Expenditure—2000

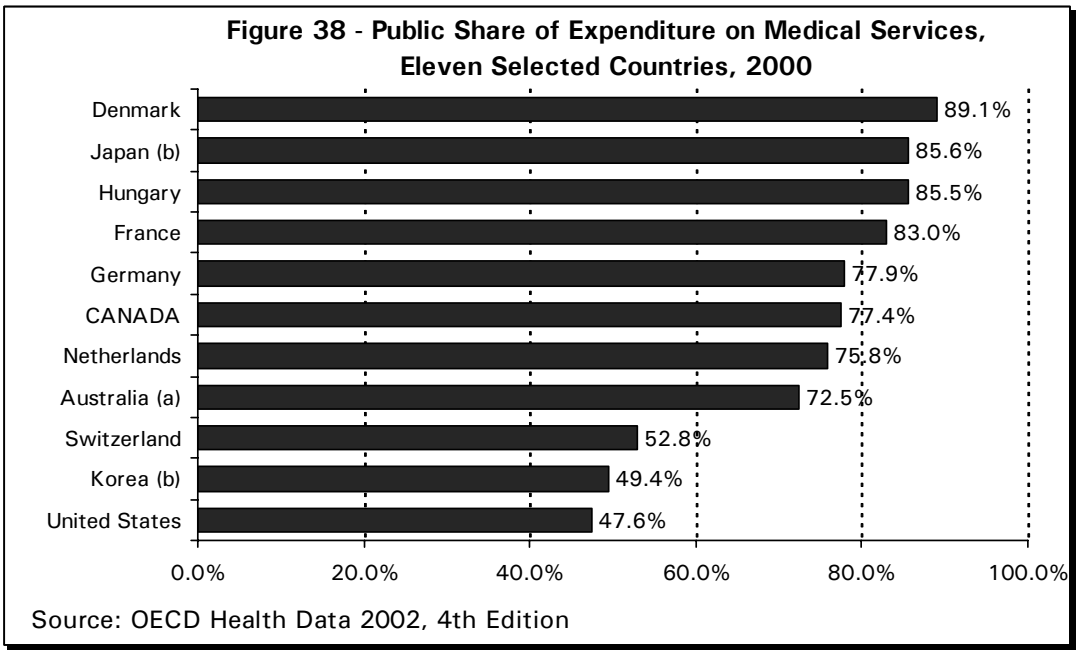
Public Share of Total Health Expenditure—2000

Expenditure by the public sector represented more than 80% of total health expenditure in Denmark and the United Kingdom. However, private sector expenditures in the United Kingdom are believed to be under-reported. Canada is within a group of six countries with a public sector share ranging between 70% and 80% of total health expenditure. The share funded by the public sector was a bit lower in the Netherlands, at 67.5%. The three countries with the lowest public sector shares in descending order are Switzerland (55.6%), Korea (44.4%) and the United States (44.3%) (Figure 37).



Public Share of Expenditure on Medical Services—2000

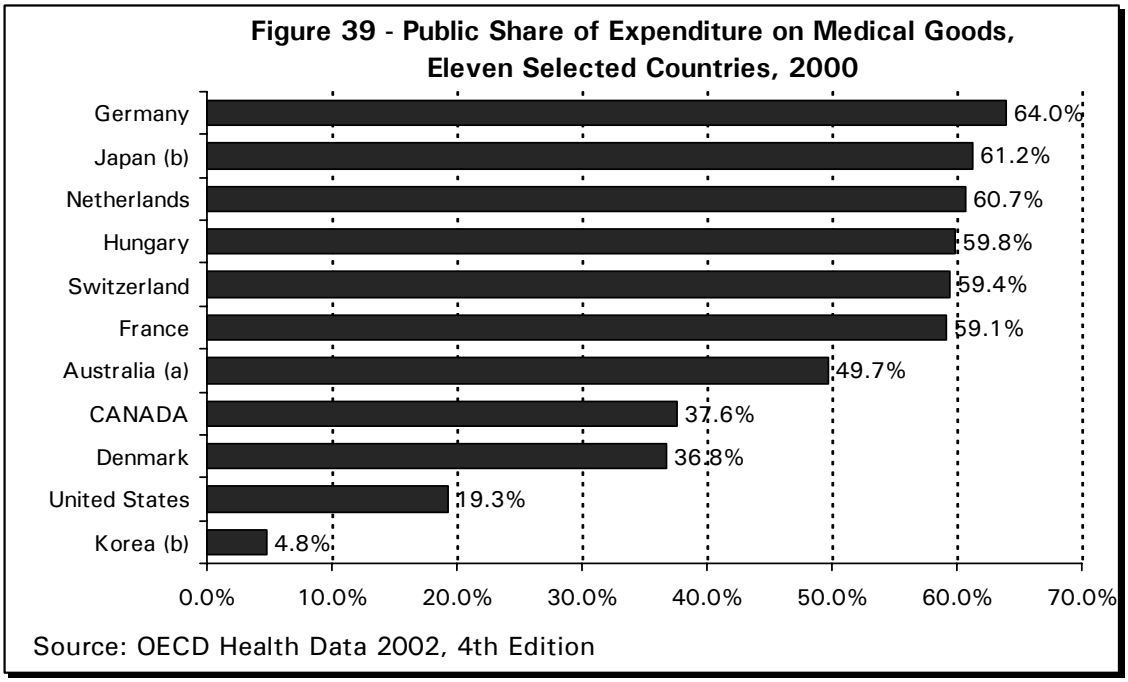
More than 80% of expenditures on medical services were financed by the public sector in Denmark, Japan, Hungary and France (data are not available for the United Kingdom). The public sector share ranged between 70% and 80% for the group of four countries that includes Canada, along with Germany, the Netherlands and Australia. The public sector share was about 50% in Switzerland, Korea and the United States (Figure 38).



(a) Data for 1998.
(b) Data for 1999.

Public Share of Expenditure on Medical Goods—2000

Germany had the highest share of expenditure on medical goods (dispensed to outpatients) financed by the public sector (64.0%) among the eleven countries for which data were available (data were missing for the United Kingdom). The public sector share was about 60% in five countries: Japan, the Netherlands, Hungary, Switzerland, and France. Australia's share was substantially lower at 49.7%. Canada and Denmark had similar public sector shares, respectively 37.6% and 36.8%. The public sector funded the lowest shares of expenditure on medical goods in the United States (19.3%) and Korea (4.8%) (Figure 39).



(a) Data for 1998.
(b) Data for 1999.

■ Total Health Expenditure by Source of Finance—2000

Public Sector Sources of Finance—2000

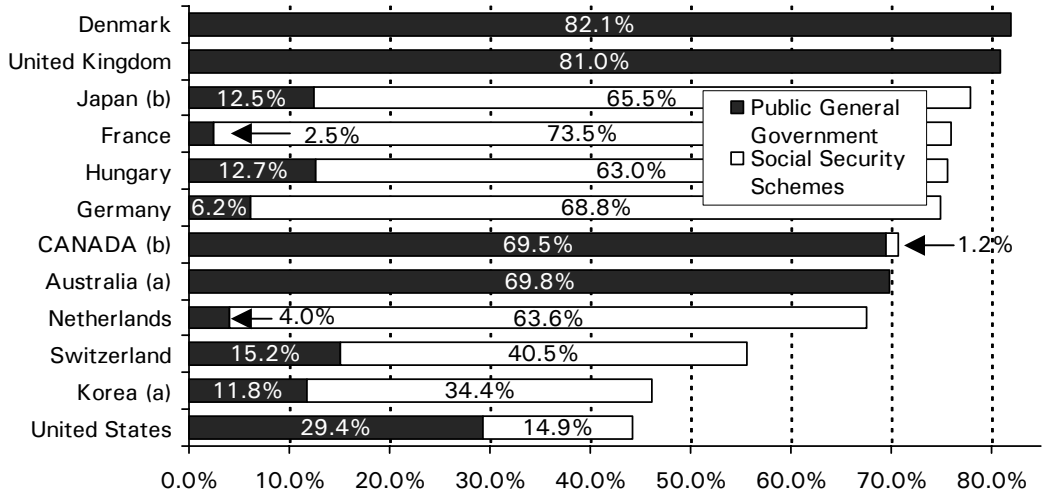
Figure 40 shows the twelve countries in descending order according to the share of total health expenditure financed by the public sector.

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 Denmark and the United Kingdom. General governments financed all of the public sector spending in the two

countries. Canada falls within a group of six countries with a public sector share ranging between 70% and about 80% of total health expenditure. In four out of six countries (Japan, France, Hungary and Germany), social security funds were by far the most important source of finance, in contrast to Canada where only 1.2% of health expenditures were financed by social security funds and Australia where general governments were the sole source of public sector funding. In Canada, social security funds include the health care spending by workers' compensation boards and the drug insurance fund components of the Quebec Ministry of Health and Social Services drug subsidy program. The public sector share of total health expenditure in the Netherlands (67.5%) was slightly lower than in the above group of six countries, with the social security funds sub-sector accounting for 63.6% of total health expenditure. The three countries with the lowest public sector shares in descending order are Switzerland (55.6%), Korea (46.2%) and the United States (44.3%). Among the three countries, the social security funds sub-sector is more important in Switzerland and Korea, while general governments is the dominant public sub-sector in the United States.

Figure 40 - Percent of Total Health Expenditure Financed by the Public Sector, by Source of Finance, Twelve Selected Countries, 2000



Source: OECD Health Data 2002, 4th Edition

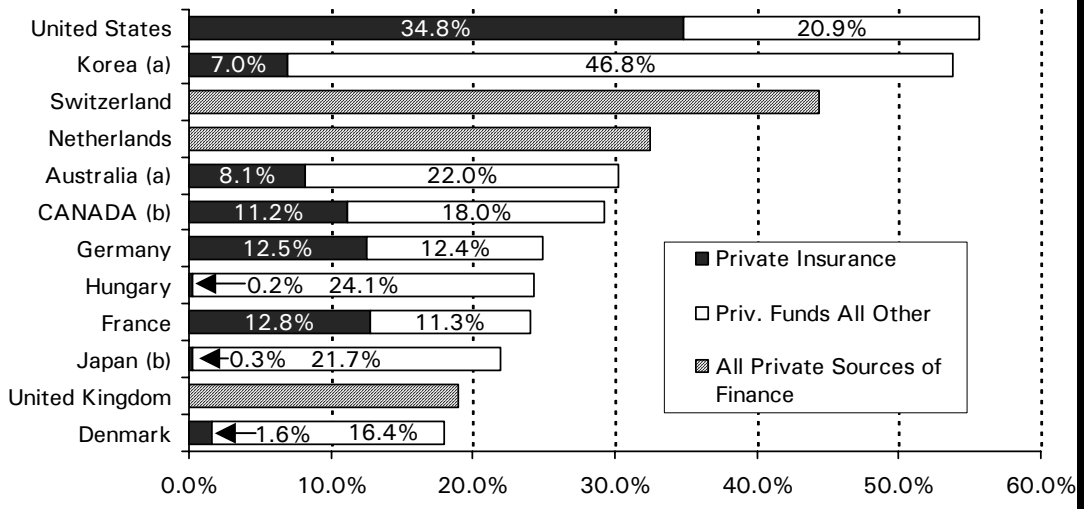
(a) Data for 1998.
(b) Data for 1999.

Private Sector Sources of Finance—2000

Figure 41 shows the twelve countries in descending order according to the share of total health expenditure financed by the private sector. In nine countries, private sector funding is broken down between private insurance and all other private funds. However, this breakdown is not available for Switzerland, the Netherlands and the United Kingdom.

Both the United States and Korea had above 50% total health expenditure financed by the private sector. In contrast to Korea where private insurance funded only 7% of total health expenditure, private insurance in the United States accounted for more than one third of total health expenditure, by far the largest proportion of any country. The private sector funded between 20% to about 30% of total health expenditure in a group of six countries that includes Australia, Canada, Germany, Hungary, France and Japan. Among the six countries, the share of total health expenditure financed by private insurance was similar in Canada, Germany and France, ranging between 11% and 13%. The private insurance share was a lower in Australia, at 8.1%. It was minimal in Hungary and Japan at a fraction of 1%. Denmark had the lowest proportion of health expenditure financed by the private sector (18%), only about one tenth of which was funded by private insurance.

Figure 41 - Percent of Total Health Expenditure Financed by the Private Sector, by Source of Finance, Twelve Selected Countries, 2000



Source: OECD Health Data 2002, 4th Edition

(a) Data for 1998.
(b) Data for 1999.

■ Data Comprehensiveness and Boundaries of Health Care

The OECD 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 2002,* 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.

A U S T R A L I A

Excludes:

- Minor amounts spent on defense force and prison medical services and expenditure on school health services.

C A N A D A

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.
- Expenditure by the private sector in some long-term residential care facilities providing mainly room and board and social services (e.g. facilities for mental retardation, emotionally disturbed children).

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.).
- Medical expenses by public and private insurance plans for motor vehicle insurance.

D E N M A R K

Excludes:

- Parts of the private health expenditures, e.g. occupational health services, expenditure by non-profit institutions serving households such as red cross, philanthropic and charitable institutions.
- Private investments on medical facilities.

F R A N C E

Includes:

- Value of medical goods and services consumed on the national territory, including expenditure by non-residents.
- May include expenditure on health research and training of health workers.

Excludes:

- May exclude expenditure on medical goods and services consumed by French residents outside the national territory.

GERMANY

Excludes:

- Expenditure for military health and prison health.
- Private households' expenditure on patient transport and nursing care.

HUNGARY

Excludes:

- Subsidies by local governments for pharmaceutical goods.

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;
  - 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 traveling 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.

NETHERLANDS

Excludes:

- Investments in outpatient care (total and public expenditure do not include gross capital formation, but do include depreciation and interest as an approximation of the use of capital goods).

UNITED KINGDOM

Excludes:

- Expenditure on occupational health care, paid household production of health care, and health expenditure by the armed forces and in prisons.
- Private expenditure on hospital inpatient care. Public expenditure on hospital inpatient care is for England only. Ratios or per capita calculations carried out against United Kingdom data or United Kingdom population will therefore be probably underestimated by about 1/6.
- Private expenditure on outpatient care. Public expenditure on outpatient care is said to be for England only, yet, public expenditure for physicians' services and dental services is said to be for England, Wales, Scotland and Northern Ireland.
- Expenditure on medical specialists is not included in public physician services expenditure (National Health Service General Medical Services Expenditure). Total physician services figures are calculated by Department of Health and would include expenditure on medical specialists.
- A small amount spent on private medicine prescriptions may not be fully taken into account.
- Expenditure on diagnostic imaging services is said not to be available.
- Private expenditure on patient transport and emergency rescue services. Public expenditure is for England only.
- Private Expenditure on orthopedic and other prosthetics. Public expenditure is for England only.
- Expenditure on prevention and public health other than expenditure by National Health Service on maternal and child health care. Expenditure on maternal and child health care is available for England only.

UNITED STATES

Excludes:

- Estimates of "Investment/construction" currently do not include spending for moveable equipment nor does it include building costs associated with physicians' offices and other medical offices located in commercial buildings. The US National Health Expenditure definition for "construction" is limited to the value of new construction put in place for hospitals and nursing homes (only).

Analytical Focus

Hospital Expenditure by Functional Centre and by Type of Expense—1976 to 1999

INTRODUCTION

This year's analytical focus examines hospital expenditure trends in Canada. The focus combines data from the *Annual Return of Health Care Facilities—Hospitals (HS1&2)*[19] reported to Statistics Canada until fiscal 1993/1994 with data from the *Canadian MIS Database* (CMDB) survey carried out by CIHI since 1995[20]. Data from both surveys were used to distribute total hospital expenditure reported in NHEX in order to derive estimates of expenditure by functional centre and type of expense. Expenditure categories are based on CIHI's *Guidelines for Management Information Systems in Canadian Health Service Organizations* (MIS Guidelines).

CIHI and Statistics Canada carried out a project during 2002 to match data from the surveys in order to develop a consistent historical series of detailed hospital expenditure from the mid-1970s to the late-1990s. The surveys are based on different reporting standards, with the Statistics Canada survey based on the Canadian Hospital Accounting Manual (CHAM) and the CIHI survey based on the MIS Guidelines developed by CIHI and provincial ministries of health, which replaced CHAM. In order to match the data as closely as possible, a matrix of functional centres and types of expense was created and analysts mapped data variables from each survey into cells of the matrix. The template for the matrix was based on the MIS Guidelines primary and secondary accounts, which provided a good fit for most of the CMDB data. Analysts were able to fit variables from the HS1&2 data into most cells of the matrix but there were some cases where the higher levels of aggregation in HS1 did not permit as fine a division of data as is the case with CMDB. Nonetheless, CIHI and Statistics Canada decided to use greater levels of detail for CMDB data in the matrix where there seemed to be the potential for continuing analytical interest. Future reporting will follow the MIS Guidelines standard and it seemed appropriate to establish baseline categories based on possibilities that exist with the MIS Guidelines. Further details about the data-matching project will be available in a documentation manual, which will be published by CIHI and Statistics Canada early in 2003.

This analysis contains five sections. Section 1 provides a description of hospital expenditure trends during 1976/1977 to 1999/2000 and compares survey data to NHEX estimates. Section 2 discusses expenditures by functional centre and Section 3 discusses expenditures by type of expense. Section 4 presents a cross-classification of expenditures using the template developed for the data-matching project. Section 5 presents data by hospital size.

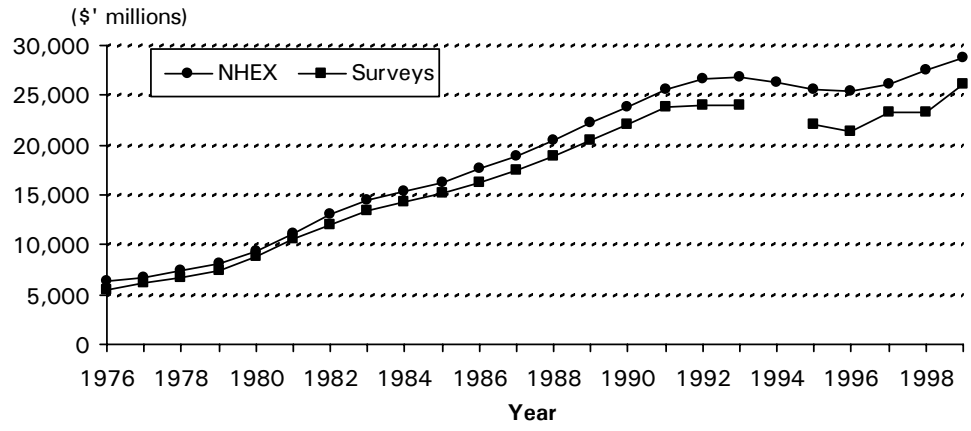
[19] The Annual Returns were submitted in two parts. Part 1 contained the most detail and was used in this project. Part 2 contained audited information but at higher levels of aggregation.

[20] A comprehensive hospital survey was not fielded in 1994/1995; consequently there is a break in the data in that year.

SECTION 1: HOSPITAL EXPENDITURE TRENDS

Hospital expenditures in Canada increased from $6.4 billion in 1976 to $26.2 billion in 1994 (Figure 42). Hospital expenditures decreased during the next three years, then resumed growth in 1997[21]. The period of negative growth in hospital expenditures coincided with a period of fiscal restraint by provincial and territorial governments, which saw both health expenditures and other government expenditures decrease[22].

Figure 42 - Hospital Expenditure Trends, Canada, 1976 to 1999



Sources: Canadian Institute for Health Information; Statistics Canada

Hospital survey estimates tend to be close to the NHEX estimates. From 1976 to the end of the HS1&2 series in 1993/1994, survey estimates were in the range of 90% to 95% of NHEX estimates in most years. With the transition to CMDB in 1995/1996, survey estimates ranged from 86% to 91% of the NHEX estimates, with the closest match in 1999/2000. Response rates were somewhat lower in the initial years of CMDB than they were with the HS1&2 surveys (reporting hospitals accounted for 89% of approved beds in 1995, with the response rate rising to 94% of beds in 1999). A number of factors should be taken into account when comparing the survey data to NHEX data.

[21] All trend data reported in this analysis are based on current dollars. At present there is no specific price index for hospital expenditure. Inflation adjusted data based on the implicit price index for government consumption expenditure (the public sector price index used in NHEX) shows a flatter expenditure curve than Figure 1 but the trends before and after 1993 are the same.

[22] For a more thorough analysis of trends in provincial and territorial government expenditures see *Provincial/Territorial Government Health Expenditures, 1974/1975 to 2002/2003,* CIHI, Nov. 2002, available at www.cihi.ca

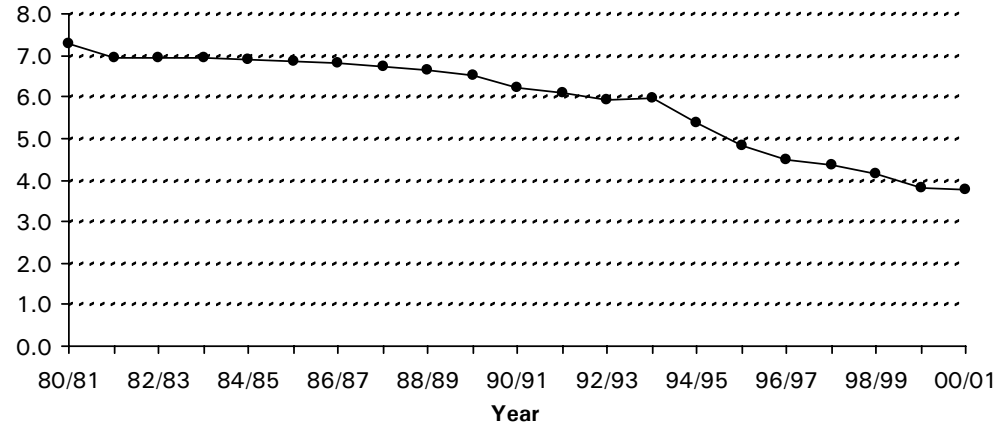
- Hospitals included in the HS1&2 surveys consisted of all hospitals controlled by provincial and territorial ministries of health. Federal and private hospitals are not included. Although federal and private hospitals are surveyed under CMDB, their data have been excluded from this analysis to maintain comparability with *HS1&2*. NHEX includes all hospitals. There were 761 hospitals with 117,092 beds in Canada at the time of the 1999/2000 survey, of which ten hospitals with 553 beds were federal and 14 hospitals with 914 beds were classified as proprietary[23].
- Survey data in Figure 42 have not been extrapolated to estimate expenditure in non-reporting hospitals.
- NHEX data are for calendar years while survey data are for fiscal years (e.g. 1996 is compared to the survey for the fiscal year April 1996 to March 1997).
- NHEX excludes capital from the hospital expenditure estimates (there is a separate category in NHEX for capital expenditures). Hospital expenditure surveys include all expenses except those that are capitalized. The surveys do include some expenses that are capital related, however, such as amortization and interest on long-term debt. Capital related expenses were not included in this analysis to avoid double counting of capital related expenditures in estimates of hospital expenditure based on the hospital category in NHEX (capital related expenses reported in the1999 survey were $953 million, equivalent to 3.5% of amounts reported in the survey).
- NHEX public sector estimates are compiled from public accounts (private sector estimates are taken from survey data). In some cases long term care program expenditures could flow to hospitals with long term care units. Long term care expenditures in public accounts would normally be grouped with expenditure for Other Institutions (homes for special care) in NHEX, unless such expenditures were explicitly identified as going to hospitals (or to home care).

The break in the data series between 1993/1994 and 1995/1996 coincided with the reversal of the trend to annual increases in hospital expenditure. Expenditure declined by 1.8% in 1994, the first decrease in any of the years since the data series began. Hospital expenditure decreased by another 2.3% in 1995/1996, leading to a compound decrease of 4.1% between the two survey years. Hospitals would have made a number of adjustments during this period to deal with reduced revenues. Some of these adjustments could have taken the form of an acceleration of trends that had begun earlier, such as reduced number of beds. Hospital beds per thousand population decreased by 20% between 1993/1994 and 1995/1996 (from 6.0 to 4.8)[24], decreases in approved bed capacity have continued since then, with the reduction from 1993/1994 to 2000/2001 equivalent to 32.2% (Figure 43).

[23] *Canadian MIS Database.* Canadian Institute for Health Information.

[24] The number of approved beds may overstate the number of beds staffed and in operation. There has been no national series for staffed beds since 1993–1994, however. The data on approved beds are compelling even if they may understate capacity reductions.

Figure 43 - Approved Beds in Hospitals Per Thousand Population, Canada, 1980/1981 to 2000/2001



Sources: Canadian Institute for Health Information; Statistics Canada

Provincial and regional financial restructuring during the 1990s led to closures or mergers of certain hospitals, which would have been a significant factor in the reduction of approved bed capacity. Another notable change that had been underway for a number of years included the conversion of certain procedures from inpatient to day surgery. Other adjustments would have involved internal expenditures in ways that are not well defined.

Time series data from the surveys should show the extent to which expenditures were reallocated between functional centres and types of expense. The introduction of a new reporting standard and new institutional responsibility for the survey creates uncertainties around the transition period. As a result changes between 1993/1994 and 1995/1996 should be interpreted with caution. In this analysis we have attempted to identify real changes by examining trends before and after the transition years for consistency or changes in direction. A decrease/increase in the share of expenditure for a specific cell in the data matrix between transition years could be considered as reflecting actual changes in allocation if it was consistent with the trend for that item before and after the transition years. A stable or increasing/decreasing trend before the transition year followed by decreases/increases after the transition could be considered to be a reversal of trend if the direction of change persisted in years that followed the transition year. A simple reallocation of shares without supporting trend data would be considered as probably resulting from different survey methodologies.

SECTION 2: HOSPITAL EXPENDITURE BY FUNCTIONAL CENTRE

This section examines hospital expenditure by functional centre. The centre analysis is based on major categories of the MIS Guidelines Primary Accounts. The accounts define subdivisions within hospitals to record revenue, expenses and statistics, which pertain to the function or activity being carried out. Abridged definitions from the MIS Guidelines for the categories included in this analytical focus are shown below[25]. It is important to note that certain service areas, such as diagnostic and therapeutic, normally provide care to both inpatients and outpatients. Other service areas are predominantly inpatient or outpatient but provide care to both types of client as required (e.g. inpatients may receive services in the emergency department in the event of a mishap or for service needs that are not normally treated within the inpatient department to which they were admitted). As a result it is not possible to directly observe trends in the balance of inpatient care or outpatient care and day surgery from these financial data.

■ Administrative Services

Functional centres that generally support administering the health service organization. Examples include finance, human resources, systems support and telecommunications.

■ Support Services

Functional centres that generally support the other functional centres within the health service organization. Examples include materiel management, plant maintenance.

■ Nursing Inpatient Services

Operating Room is typically included under Nursing Inpatient Services in the MIS Guidelines. For this analysis it has been removed and is reported separately.

Nursing services provided to inpatients to meet their physical and psychosocial needs, including:

- Ambulatory care clients receiving services in nursing inpatient units if separate ambulatory care functional centres have not been established for these services.
- Direct expense for physicians contracted by the health service organization to provide services within a specific nursing inpatient and resident functional centre.

■ Operating Room

Units specifically designed, staffed and equipped for the provision of services to patients during surgical intervention. Includes data for surgical day/night patients who receive services in this unit. In the analytical framework used for this project operating room expenses consist of expenses reported for operating rooms and post-anaesthetic recovery rooms.

[25] Source: MIS Guidelines 2002—Glossary of Terms. CIHI Ottawa.

■ Ambulatory Care Services

Emergency services are typically included under Ambulatory Care Services in the MIS Guidelines. For this analysis it has been removed and is reported separately.

Specialized diagnostic, consultative, treatment, and teaching services provided primarily for registered clients. These services are generally provided in a hospital setting. Excludes:

- services provided to ambulatory care patients by personnel who are accountable to and charged to Nursing Inpatient or Diagnostic and Therapeutic Services; or
- primary care and supportive services (e.g. public health clinics, home care programs, health promotion/education) provided to clients of Community and Social Services.

■ Emergency

The unit provides assessment, diagnostic and treatment services to individuals with conditions requiring immediate attention. Includes data for services provided for registered scheduled outpatients/clients receiving care in Emergency.

■ Diagnostic and Therapeutic Services

Diagnostic services include professional and technical services which assist in the clinical investigation … either to detect the presence of disease, disability, or injury or to assess the severity of known disease, disability, or injury.

Therapeutic services include professional and technical services provided to inpatients, residents or clients which assist in the alleviation or cure of the causes, symptoms and/or sequelae of disease, disability or injury.

Excludes professional and technical services provided by personnel who are accountable and charged to Nursing Inpatient Services in the functional centre framework.

■ Community and Social Services

Health and social services provided by the hospital on an ambulatory or out-reach basis to individuals, groups and/or communities. (e.g. primary care, prevention, wellness, etc.). Services provided by regional health authorities independent of hospitals are not included.

■ Research and Education

Research—Overall management and operational support of formally organized research undertaken by the health service organization.

Education—In-service education programs to health service organization personnel, as well as formal education programs to undergraduate and post-graduate technical, professional and medical students/trainees.

■ All Other

Includes undistributed expenses in the MIS Guidelines. Most of these expenses cannot be associated directly with patient care and include items such as non-patient food services, ancillary operations, transportation, capital fund and special purpose fund. Unallocated administrative expenses such as taxes, depreciation and amortization are also included in this category. There are no expenses allocated to the All Other category in the HS1&2 data.

■ Functional Centre Distributions in HS1&2 and CMDB

Distributions of expenditures by functional centre were quite similar under HS1&2 in 1993/1994 and CMDB in 1995/1996 (Table 9, Figure 44). One important difference was the addition of the All Other category in CMDB, which accounted for approximately four percent of hospital expenditures. In HS1&2 many of these expenditures are believed to have been allocated to the Administrative Services category. It is also worth noting that the convention of excluding capital related expenses in this analysis reduces the weight of All Other expenditures, since capital related expenses tend to be the largest expense item in the All Other category.

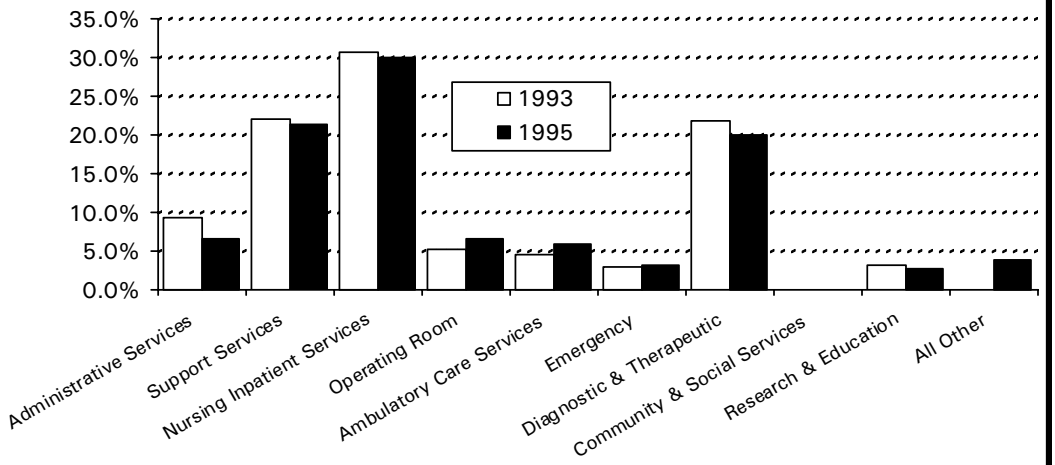
Operating room, ambulatory care services and emergency increased in CMDB in 1995/1996 relative to HS1&2 two years earlier. These functional centres were receiving an increasing share of expenditures in prior years, however, and continued to receive higher shares in subsequent years. Increases in these categories between the two surveys appear for the most part to reflect a trend in restructuring of the ways in which care is delivered. There might also be an effect arising from the existence of more detailed categories in the MIS Guidelines. The shares of other categories decreased. Trends in category allocations are discussed in greater detail in the sections that follow.

Table 9—Hospital Expenditure and the Percentage Distributions by Functional Centre, Canada

Functional Centres	Expenditure 1999 ($' millions)	Percentage Distributions (%)			
		1993/1994	1995/1996	1998/1999	1999/2000
Administrative Services	2,404.7	9.3	6.5	7.2	8.4
Support Services	4,849.5	22.1	21.4	18.4	16.9
Nursing Inpatient Services	8,790.2	30.6	29.9	29.4	30.6
Operating Room	1,680.9	5.2	6.5	6.8	5.9
Ambulatory Care Services	1,876.5	4.6	5.9	7.0	6.5
Emergency	1,235.1	3.0	3.2	3.7	4.3
Diagnostic & Therapeutic	5,580.1	21.9	20.0	19.8	19.4
Community & Social Services	453.4	0.1	---	0.4	1.6
Research & Education	684.4	3.1	2.6	2.7	2.4
All Other	1,163.3	---	3.9	4.7	4.1
Total	28,718.1	100.0	100.0	100.0	100.0

Sources: Canadian Institute for Health Information; Statistics Canada

Figure 44 - Distribution of Hospital Expenditure by Functional Centre, Canada



Sources: Canadian Institute for Health Information; Statistics Canada

■ Trends 1976 to 2000

Administration and Support Services

Administration has increased its share of hospital expenditure. The trend from 1976 to 1993 shows a gradual increase with variations upward and downward from year to year (Figure 45). Administration's share in the HS1&2 survey peaked at 9.7% in 1990 and 1991. The transition to the CMDB resulted in a one-time drop of 2.8 percentage points, which is believed to be due largely to the reclassification of certain expenses under the MIS Guidelines. Between 1995 and 1999 administration expenditures increased at an average rate of 9.9%, with the largest increases in the areas of communications, systems support and general administration (Table 10). These data provide a highly aggregate overview, but they suggest that the trend to hospital mergers and closures associated with financial restructuring may have contributed to above average increases in administrative expense during the latter half of the 1990s.

The share of hospital expenditure allocated to support services has declined during the last 24 years, dropping from 27% in 1976 to 17% in 1999—the largest decline in share of any category. The decline has been steeper than normal during the years since 1995, dropping 4.5 percentage points in four years. A closer examination of the data shows an absolute decline in expenditure for support services during the four years (an annual rate of –2.9%), with decreases in all areas except patient transport.

Table 10—Expenditure Weights and Annual Rates of Increase, Administrative and Support Services, Canada

MIS Account Numbers and Name		Expenditure 1999 ($' millions)	Annual Rate of Increase Since 1995
Administrative Services			
71110	General Administration	1,081	9.6%
71115	Finance	223	-3.8%
71120	Human Resources	251	5.9%
71125	Systems Support	505	11.9%
71130	Communications	345	25.6%
	Total	2,405	9.5%
Support Services			
71135	Materiel Management	470	-2.2%
71140	Volunteer Services	21	-2.1%
71145	Housekeeping	829	-1.8%
71150	Laundry & Linen	301	-5.4%
71153, 55	Plant Administration and Operation	687	-1.1%
71160	Plant Security	119	-0.6%
71165	Plant Maintenance	696	-0.5%
71175	Bio-Medical Engineering	77	-2.1%
71180, 82	Registration	154	-17.0%
71185	Patient Transport	163	3.6%
71190	Health Records	303	-6.9%
71195	Patient Food Services	1,030	-3.1%
	Total	4,850	-3.0%
All Hospital Expenditures		**28,718.1**	**2.9%**

Source: Canadian Institute for Health Information

Nursing Inpatient Services

Nursing inpatient services is the largest broad functional center grouping. Its share of total expenditures trended downward from a high of 33.8% in 1980 to 30.6% in 1993 (Figure 46). Since 1995, the share of nursing inpatient services has been relatively stable at approximately 30%. There was an increase of 1.2 percentage points in the nursing inpatient services share in 1999. The increase was unusual in the context of past trends and it is not clear if it marks a turning point in the share of this category or a temporary aberration in the trend. The question is highly relevant given that 1.2 percentage points represent approximately $345 million in hospital expenditure.

Nursing inpatient services is broken down in CMDB into more discrete functional centres such as medical, surgical, obstetrics, pediatrics, psychiatry; and long term care, rehabilitation and intensive care. This analysis does not delve further into the specific functional centres but the database provides an opportunity to study trends for these types of care. The range of functional centres included demonstrates that there is a wide range of expenditures within the nursing inpatient services functional centre including other occupational groups and other related expenses.

Operating Room

Operating room expenditures have increased their share of hospital expenditure modestly (from 4.5% to 5.2% during 1976 to 1993 and from 6.5% to 6.8% during 1995 to 1998). There also appears to have been a transition effect between 1993 and 1995, and an unusual departure from trend during 1999 (Figure 47).

Ambulatory Care Services and Emergency

Ambulatory care services and emergency have both increased their shares of hospital expenditure, with steeper trend curves since 1995 than in the earlier years of the analysis (Figure 48). Ambulatory care had a drop of 0.5 percentage points in 1999 while emergency care had an increase of 0.6 percentage points. Both rates of change seemed larger than normal (and a reversal of the direction of the past trend in the case of ambulatory care). There may have been a transition effect in reporting ambulatory care between 1993 and 1995, as there was a relatively large increase (1.2 percentage points) between the two years.

Diagnostic and Therapeutic Services

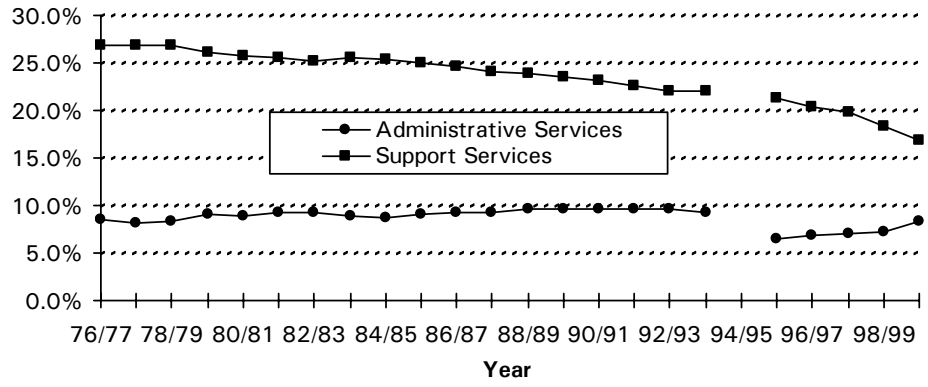
Diagnostic and therapeutic services increased modestly from 18% of hospital expenditures in 1976 to 22% in 1993 (Figure 49). The share dropped by 1.9 percentage points from 1993 to 1995 and it has been declining slightly since then.

Community and Social Services, Research and Education

Community and social services has accounted for a very small share of hospital expenditure historically. Prior to 1995 the only expenditure in this category was for community based home care. Hospitals have been providing a broader range of community based services in recent years and the share of this category is growing.

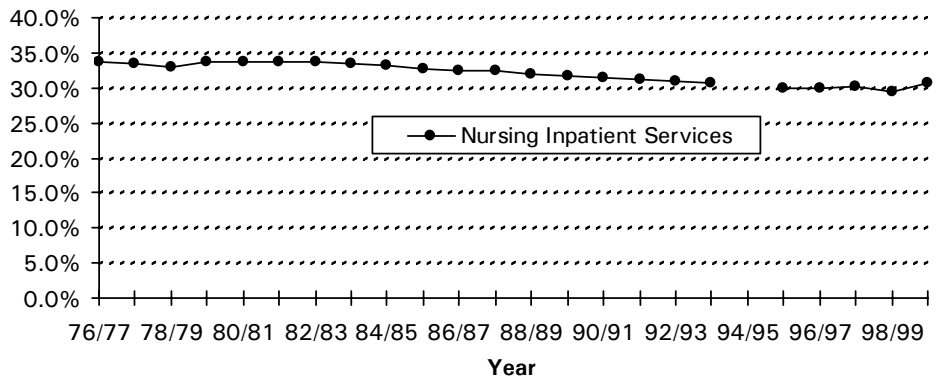
Research and education has been quite stable, fluctuating in a narrow range around three percent of expenditures from 1976 to 1993, and at 2.4% to 2.7% since 1995.

Figure 45 - Share of Hospital Expenditure by Selected Functional Centres, Canada, 1976/1977 to 1999/2000



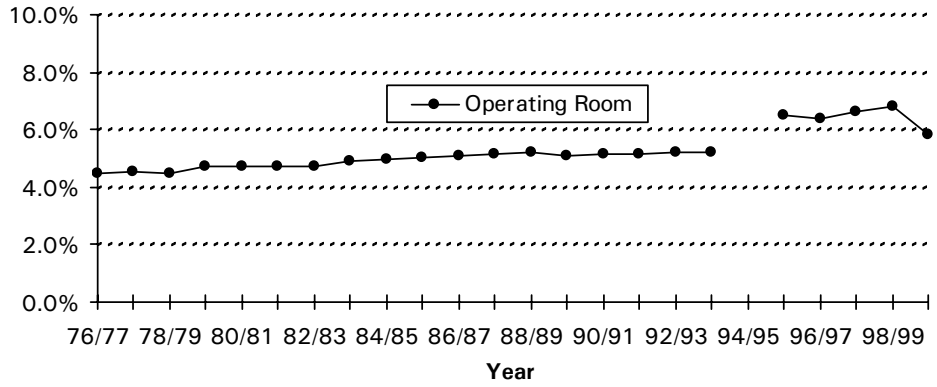
Sources: Canadian Institute for Health Information; Statistics Canada

Figure 46 - Share of Hospital Expenditure by Selected Functional Centre, Canada, 1976/1977 to 1999/2000



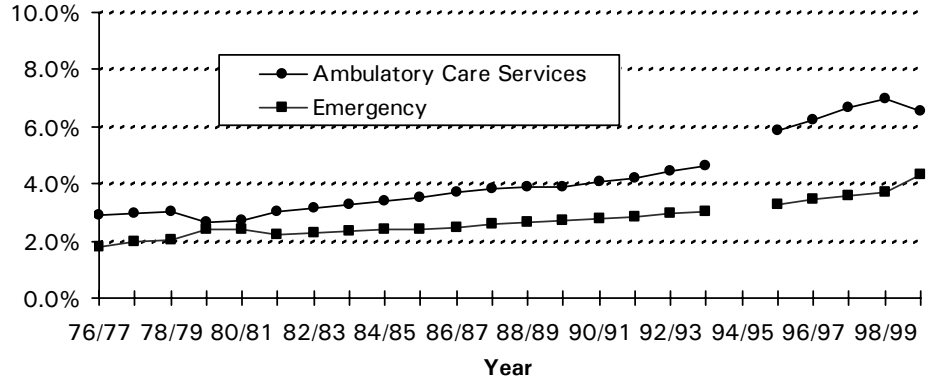
Sources: Canadian Institute for Health Information; Statistics Canada

Figure 47 - Share of Hospital Expenditure by Selected Functional Centres, Canada, 1976/1977 to 1999/2000



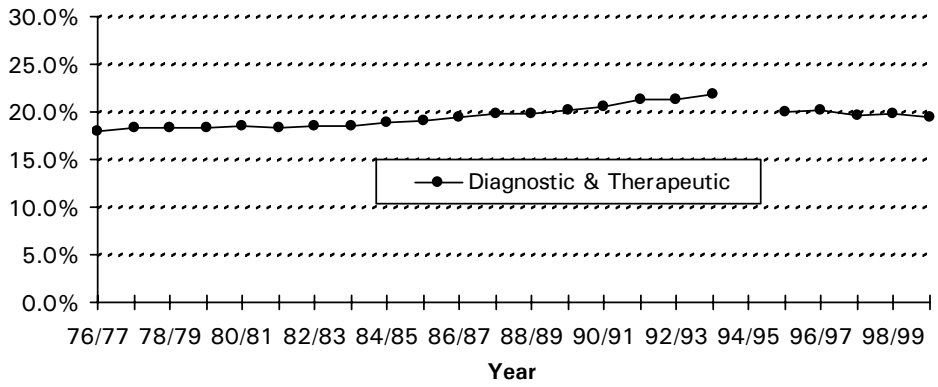
Sources: Canadian Institute for Health Information; Statistics Canada

Figure 48 - Share of Hospital Expenditure by Selected Functional Centres, Canada, 1976/1977 to 1999/2000



Sources: Canadian Institute for Health Information; Statistics Canada

Figure 49 - Share of Hospital Expenditure by Selected Functional Centre, Canada, 1976/1977 to 1999/2000



Sources: Canadian Institute for Health Information; Statistics Canada

SECTION 3: HOSPITAL EXPENDITURE BY TYPE OF EXPENSE

The second view of hospital expenditures is the most traditional—expenditures by type of expense. Categories used in this analysis include:

- Physicians' services reimbursed directly by hospitals. This category includes physicians employed or contracted by the hospital. It is important to note that most physicians' services are paid directly by provincial governments and would not be included in hospital expenditures even though the service took place in a hospital (e.g. most surgery).
- Gross salaries for hospital staff other than physicians. This would include medical professionals such as nurses; staff providing hotel services such as food service and cleaning; and administrative staff.
- Benefits, including government programs such as Canada Pension, employment insurance, workers compensation; life and health insurance; termination benefits and perquisites.
- Drugs purchased by the hospital.
- Medical supplies used in treating patients, such as medical instruments and sutures.
- Non-medical supplies such as food and general supplies used to maintain the hospital premises.
- Sundries, which include non-medical professional services (e.g. legal and accounting), rent and data processing.
- Expenses for amortization and interest on long term debt are not included for purposes of this analysis as they are considered to be capital related expenses that would usually be counted under the broad category of Capital in national health expenditures.

Services contracted out to private providers are recorded differently in the CMDB and HS1&2 databases. CMDB includes an account for purchased salaries or fees, which includes services contracted out[26]. In HS1&2 contracted services would normally have been recorded in the account, 'Other supplies and expenses'.

■ Expense Distributions in HS 1&2 and CMDB

The distribution of most expense categories was quite similar under HS1&2 in 1993/1994 and CMDB in 1995/1996 (Figure 50). Physicians' services expenditure was higher under CMDB. Two differences in recording expenditure for physician services would have been partially responsible for the increase in physicians' share of expenditure: 1) CMDB includes salaries of residents, interns and medical students as physician expenditure while these expenses would be allocated to other staff salaries in HS1&2; 2) most physician expenditure is recorded as purchased services in CMDB—purchased services represented 57% of total physician compensation in 1995/1996 and 71% in 1999/2000. It is possible that some physician payments by hospitals (e.g. fee-for-service or sessional fees) could have been recorded as other supplies and sundries in HS1&2.

[26] For example, salaries paid by contractors who provide security or housekeeping services would be recorded as purchased salaries.

The accounts for other supplies and sundries in HS1&2 included some amounts that are distributed to other functional centres in CMDB. Other supplies and sundries were not separate categories in HS1&2 and efforts to separate specific components during the data-matching project were unsuccessful. For purposes of this analysis, two categories in CMDB data but one combined category for time series analysis of the data series from 1976 to 1999 were used.

■ Trends 1976 to 2000

Physician compensation represented 3.3% of hospital expenditures in 1976 but dropped to 2.3% in 1979 (Figure 51). The share increased slowly during the 1980s, stabilizing at 2.7%, but has been more variable in CMDB, ranging from 4.0% to 4.6%.

Staff salaries and benefits together accounted for 76.3% of hospital expenses in 1976. The share for these expenses declined throughout the 1980s and 1990s (Figure 52). The combined share in 1993 was 71.3% and in 1999 it was 68.7%. Salaries declined while benefits increased their share of expenditure. Benefits appear to have stabilized at approximately 11% of total expenses during the 1990s, while the share of salaries continues to decline. The ratio of salaries to benefits in 1999 was 83.8% to 16.2%.

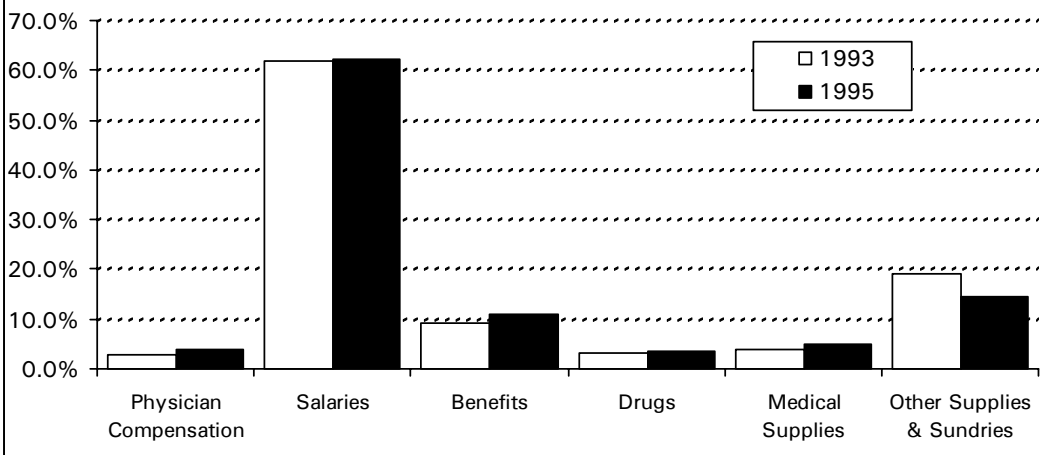
Drugs accounted for an increasing share of hospital expenditure from 1980 to 1986. From 1986 to 1993 the share of drugs remained between 3.1% and 3.3% (Figure 53). Drug expenditures have been increasing since 1995, from 3.5% to 4.3% of hospital expenses. Despite the increase in recent years, drug expenditures by hospitals have not followed the trend for drugs purchased outside of the institutional setting, which increased from 8.5% of health expenditures in 1976 to 15.0% in 1999[27].

The share of expenses for medical supplies is quite similar to the share for drugs with HS1&2, medical supplies peaked at 4.2% of expenses in 1986 then declined to 3.7% in 1993. The share of medical supplies is higher under CMDB (presumably some expenses have moved from supplies and sundries to medical supplies under the MIS Guidelines). Medical supplies have increased from 5.1% of expenditures in 1995 to 6.4% in 1999.

Supplies and sundries have followed a variable trend, peaking at 19.9% of hospital expenses in 1989 (Figure 54). There was a break in the series between the surveys, as some expenses were assigned to different categories under the MIS Guidelines. The trend since 1995 shows supplies and sundries increasing quite rapidly (from 14.4% in 1995 to 16.7% in 1999). Most of the increase in the share of the combined categories is accounted for by sundries, which increased in share from 4.7% in 1995 to 6.6% in 1999.

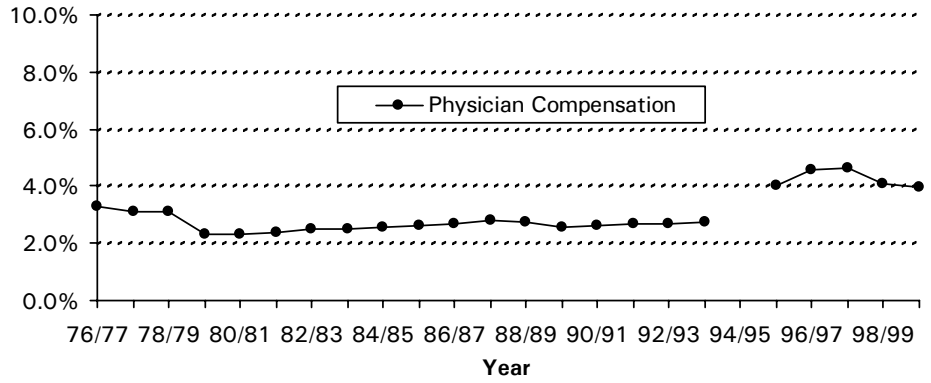
[27] See discussion in the section of this publication titled, Total Health Expenditure by Use of Funds. In the NHEX total expenditure series, Drugs do not include products supplied to institutional inpatients. Instead, all expenses of institutions are classified as Hospital or Other Institutions expenditure.

Figure 50 - Distribution of Hospital Expenditure by Type of Expense, Canada



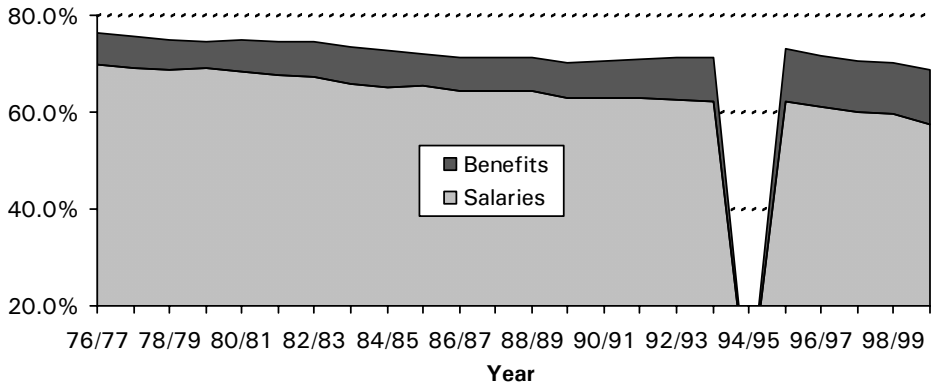
Sources: Canadian Institute for Health Information; Statistics Canada

Figure 51 - Share of Hospital Expenditure by Selected Type of Expense, Canada, 1976/1977 to 1999/2000



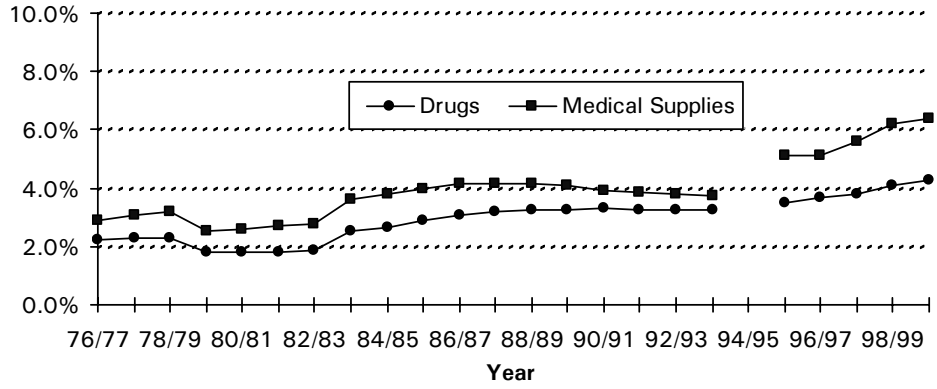
Sources: Canadian Institute for Health Information; Statistics Canada

Figure 52 - Share of Hospital Expenditure by Selected Types of Expense, Canada, 1976/1977 to 1999/2000



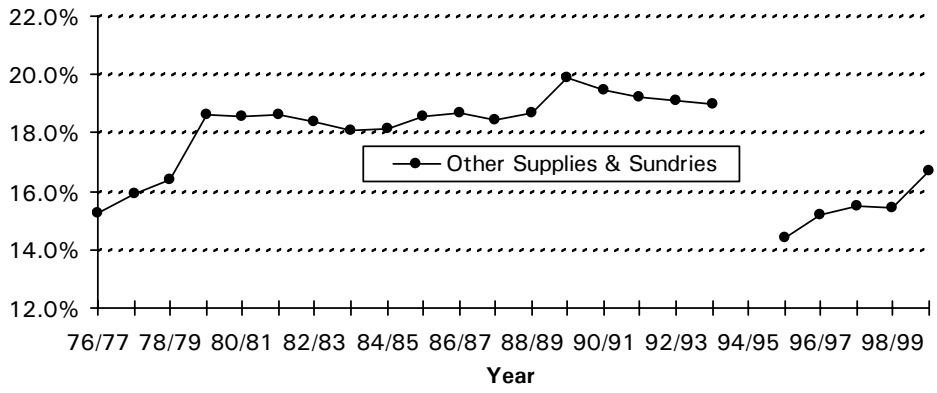
Sources: Canadian Institute for Health Information; Statistics Canada

Figure 53 - Share of Hospital Expenditure by Selected Types of Expense, Canada, 1976/1977 to 1999/2000



Sources: Canadian Institute for Health Information; Statistics Canada

Figure 54 - Share of Hospital Expenditure by Selected Types of Expense, Canada, 1976/1977 to 1999/2000



Sources: Canadian Institute for Health Information; Statistics Canada

SECTION 4: HOSPITAL EXPENDITURE BY FUNCTIONAL CENTRE AND TYPE OF EXPENSE

Table 11 provides a cross-classification of hospital expenditure in 1999, showing how expenses for each functional centre are allocated to each of the different types of expense.

- Physician compensation is concentrated in diagnostic and therapeutic functional centres reflecting the fact that many physicians in the specialties of radiology and pathology receive remuneration from hospitals.
- Other staff salaries and benefits are the largest item of expenditure in all functional centres except all other (undistributed amounts). Other staff salaries are concentrated in nursing inpatient, diagnostic and therapeutic and support services.
- Approximately half of drugs expenditures are found in nursing inpatient and diagnostic and therapeutic functional centres.
- Medical supplies are concentrated in operating room, diagnostic and therapeutic and nursing inpatient functional centres.
- Other supplies and sundries are concentrated in support, diagnostic and therapeutic and the other (undistributed) and functional centres.

Table 11—Hospital Expenditure by Functional Centre and Type of Expense, Canada, 1999 ($millions)

Functional Centre	Physician Compensation	Salaries & Benefits	Drugs	Medical Supplies	Other Supplies & Sundries	**Total**
Administrative Services	67.8	1,526.4	30.5	72.1	707.9	**2,404.7**
Support Services	3.2	3,032.4	78.8	203.8	1,531.4	**4,849.5**
Nursing Inpatient Services	227.4	7,511.9	317.6	299.3	434.0	**8,790.2**
Operating Room	10.0	802.2	89.2	592.4	187.1	**1,680.9**
Ambulatory Care Services	74.7	1,251.0	168.2	191.1	191.5	**1,876.5**
Emergency	80.9	970.1	56.6	65.0	62.4	**1,235.1**
Diagnostic & Therapeutic	608.4	3,510.0	296.0	311.2	854.5	**5,580.1**
Community & Social Services	14.8	243.3	83.9	43.3	68.2	**453.4**
Research & Education	36.0	433.4	19.3	46.8	148.8	**684.4**
All Other	9.9	453.0	82.0	16.5	601.9	**1,163.3**
Total	**1,133.1**	**19,733.7**	**1,222.3**	**1,841.4**	**4,787.7**	**28,718.1**

Source: Canadian Institute for Health Information

Trends by Functional Centre and Type of Expense

It is possible to track trends by functional centre and type of expense with CMDB data. In the HS1&2 data, staff benefits, medical supplies and drugs were not reported by functional centre. In order to estimate total expenses by functional centre for this study, the distribution of these three types of expense were estimated using their distribution in CMDB in 1995. Physician expenses reported in HS1&2 could be mapped to most functional categories but not to nursing inpatient or operating room functional centres. These survey differences limit the scope for comparing trends in expenditures within specific functional centres and expense types. In the discussion that follows, the analysis has been limited to the ambulatory care and emergency functional centres and a combined salary and benefits expense category.

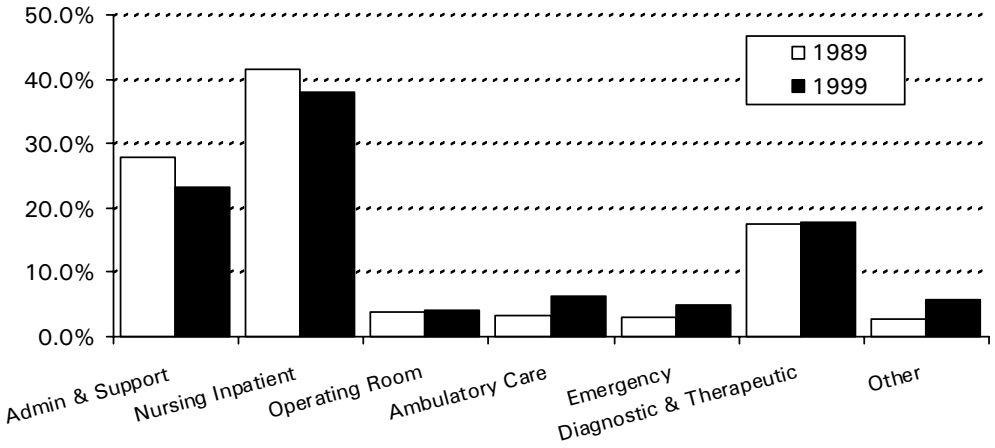
The estimated distribution of salary and benefits are shown for 1989 and 1999 in Figure 55. The percent of salaries and benefits accounted for by administration and support and nursing inpatient declined over the ten year period while the percent accounted for by ambulatory care and emergency increased.

Within the ambulatory care functional centre, expenditures for physicians' services and other salaries and benefits increased as a share of the total during the ten year period while expenditures for medical supplies and drugs decreased (Figure 56). This trend suggests that health human resources are now more predominant in the cost of hospital ambulatory care than they were ten years ago.

In emergency departments, physicians' services increased from 2.4% to 6.0% of expenditure during the ten year period, perhaps reflecting the increasing tendency for emergency physicians to be remunerated on a sessional basis rather than paid fee-for-

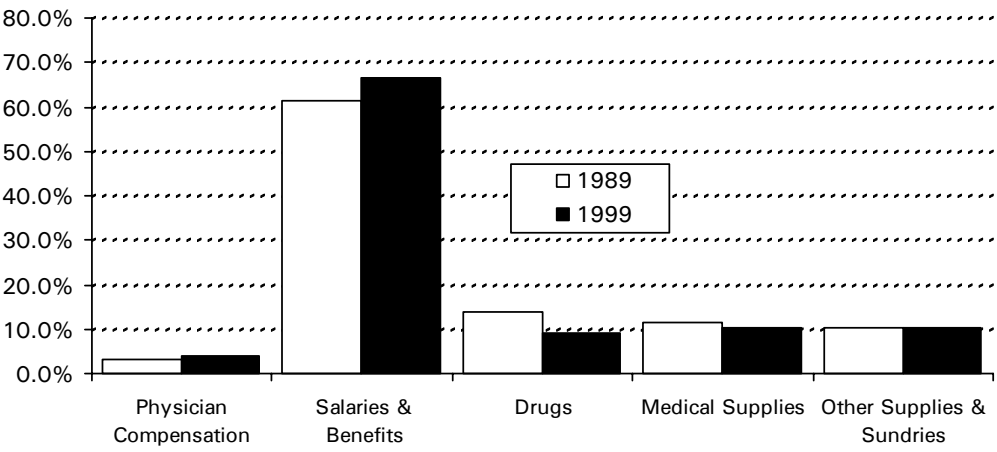
service[28]. The share of other staff salaries and benefits decreased by 2.3 percentage points while the remaining categories decreased slightly or remained approximately the same (Figure 57).

Figure 55 - Distribution of Salaries and Benefits, Canada



Sources: Canadian Institute for Health Information; Statistics Canada

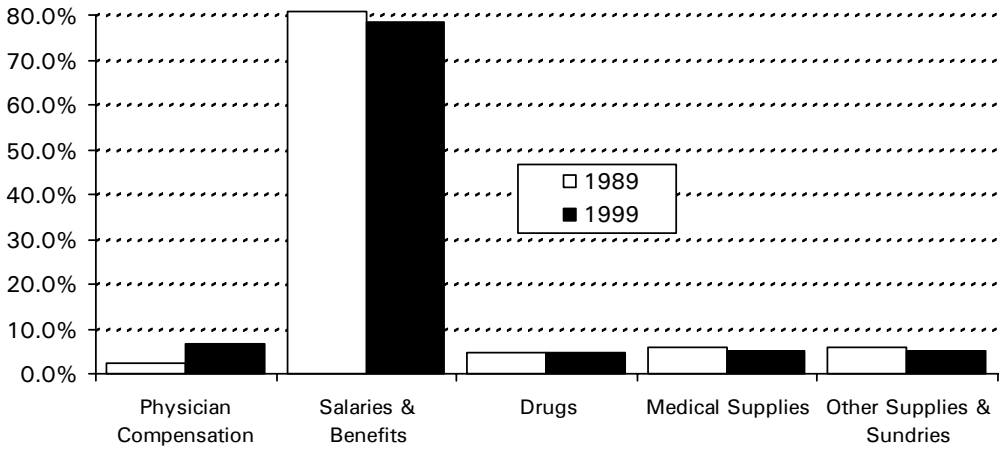
Figure 56 - Distribution of Ambulatory Care Expense, Canada



Sources: Canadian Institute for Health Information; Statistics Canada

[28] This explanation should be viewed with caution. Although alternatives to fee-for-service remuneration have grown in emergency medicine in most provinces, there are a variety of administrative arrangements and the extent to which payments flow through hospital budgets (versus direct provincial or health region payments) is not clear.

Figure 57 - Distribution of Emergency Care Expense, Canada



Sources: Canadian Institute for Health Information; Statistics Canada

SECTION 5: HOSPITAL EXPENDITURE BY HOSPITAL SIZE

This section examines hospital expenditure between 1995 and 1999 by hospital peer group. These comparisons are from CMDB. Data by peer group have not yet been produced from HS1&2, although they are expected to be available by year end. Most peer groups are based on number of hospital beds, except for pediatric and teaching hospitals. For the purpose of this analysis Peer groups are:

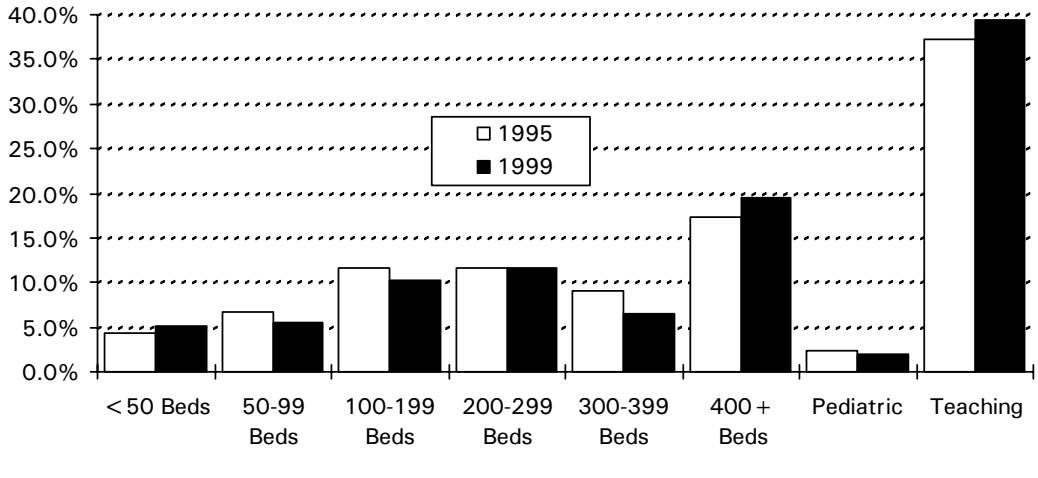
- < 50 beds
- 50 to 99 beds
- 100 to 199 beds
- 200 to 299 beds
- 300 to 399 beds
- 400+ beds
- Pediatric hospitals
- Teaching hospitals

Between 1995 and 1999, the shares of hospital expenditure accounted for by teaching hospitals and hospitals with over 400 beds increased by over 2 percentage points each (Figure 58). Hospitals with fewer than 50 beds increased their share by 0.8 percentage points. Hospitals in the other peer groups tended to have a declining share, with the largest drop (2.5 percentage points) in hospitals with 300–399 beds.

Combining the first two peer groups, hospitals with less than 99 beds accounted for almost the same share of expenditure as hospitals in each of the next two size categories during 1999 (10.3% to 11.6%). At the other end of the peer group scale, the combined share of hospitals with over 400 beds and teaching hospitals was 58.9%. Teaching hospitals accounted for 39.4%, slightly more than double the share of hospitals with 400 or more beds (19.5%). To put the share of teaching hospitals in context, Canada's 53 teaching hospitals accounted for 7.0% of all hospitals in operation and 25.9% of beds in 1999.

Estimated expenditure in 1999 for all hospitals in Canada was $28.7 billion. Expenditure increased by 12.0% between 1995 and 1999. Expenditure trends were quite different by hospital peer group, with expenditure decreasing for hospitals with 50–99 beds, 300–399 beds and pediatric hospitals (Table 12). Hospitals with 400 or more beds accounted for $1.2 billion of the total $3.1 billion increase. Some of the rates of change have been associated with changes in the number of approved beds (Table 13) while others would be due to more complex factors that would require additional research to explain.

Figure 58 - Share of Expenditure by Hospital Peer Group, Canada



Source: Canadian Institute for Health Information

Table 12—Estimated Hospital Expenditure by Peer Group[29], Canada, 1995 and 1999 ($millions)

Hospital Peer Group	1995	1999	Percent Change
<50 beds	1,103	1,462	32.5%
50 - 99 beds	1,693	1,581	-6.6%
100 - 199 beds	2,962	2,962	0.0%
200 - 299 beds	2,973	3,331	12.0%
300 - 399 beds	2,309	1,874	-18.8%
400+ beds	4,438	5,606	26.3%
Pediatric hospitals	609	586	-3.7%
Teaching hospitals	9,558	11,316	18.4%
Total	25,645	28,718	12.0%

Source: Canadian Institute for Health Information

Table 13—Hospitals and Beds in Operation, Canada, 1995 and 1999

Hospital Peer Group	1995		1999		Percent Change in Beds
	Hospitals	Beds	Hospitals	Beds	
<50 beds	342	8,707	346	8,470	-2.7%
50 - 99 beds	167	11,578	120	8,140	-29.7%
100 - 199 beds	125	17,553	100	14,293	-18.6%
200 - 299 beds	83	20,741	61	14,931	-28.0%
300 - 399 beds	46	15,254	25	8,452	-44.6%
400+ beds	46	30,349	50	30,978	2.1%
Pediatric hospitals	8	2,091	6	1,482	-29.1%
Teaching hospitals	62	35,940	53	30,346	-15.6%
Total	879	142,213	761	117,092	-17.7%

Source: Canadian Institute for Health Information

[29] Expenditure was estimated by a two step procedure:
1. Survey amounts were divided by beds in reporting hospitals and the result was multiplied by beds in operation.
2. Percentage shares were calculated from the results of step 1 and used to distribute hospital expenditure reported in the National Health Expenditure Database.

■ Distribution of Expenditures by Functional Centre

There are clear variations in the patterns of expenditure by hospital peer group. Table 14 shows the percentage distribution of expenditures across functional centres in 1999.

- Administrative costs are quite consistent among the peer groups at 8.6% to 8.9% of hospital expenditure.
- Support services are lowest as a percent of expenditure in teaching and pediatric hospitals. Support services appear to be inversely related to hospital size, increasing from a low of 14.0% in pediatric hospitals to a high of 23.2% in hospitals with fewer than 50 beds.
- Nursing inpatient services are lowest as a percent of expenditure in teaching and pediatric hospitals. They vary within a range of 3.3 percentage points in peer groups with 100 to over 400 beds, and reach a high of over 36% in hospitals with less than 50 beds. The relatively high percentage in the lowest bed category probably reflects a concentration on nursing care in the smaller hospitals.
- Operating room expenses account for a higher share of expenditure in teaching hospitals and hospitals in the range of 100 to 399 beds than in the other four peer groups.
- Ambulatory care accounts for 10.2% of pediatric hospital costs, and 7.6% of teaching hospital costs. The share of ambulatory care for the groups under 400 beds declines inversely with peer group bed size, reaching a low of 3.5% in the smallest hospitals.
- Emergency room expenses are highest as a share of expenditure in hospitals with fewer than 100 beds and lowest in teaching hospitals.
- Diagnostic and therapeutic services range from about 18% to 22% of hospital costs except in the under 50 bed size, where they drop to about 15%.
- Community and social services have the highest share of expenditure in teaching hospitals, while research and education shares are highest in teaching and pediatric hospitals.

Table 14—Distribution of Hospital Expenditure by Peer Group and Functional Centre, Canada, 1999

Functional Centre	Type of Hospital							
	< 50 Beds	50 - 99 Beds	100-199 Beds	200-299 Beds	300-399 Beds	400+ Beds	Pediatric	Teaching
Administrative Services	8.9%	8.6%	8.8%	8.7%	8.8%	8.7%	8.6%	8.0%
Support Services	23.2%	21.6%	18.9%	18.1%	16.7%	17.3%	14.0%	14.7%
Nursing Inpatient Services	36.4%	32.5%	30.3%	31.8%	31.6%	33.6%	25.7%	28.2%
Operating Room	1.5%	3.9%	6.3%	6.4%	6.6%	5.4%	5.2%	6.4%
Ambulatory Care Services	3.5%	4.8%	5.2%	5.9%	6.6%	6.0%	10.2%	7.6%
Emergency	5.8%	6.3%	5.6%	5.0%	4.9%	4.2%	3.7%	3.3%
Diagnostic & Therapeutic	14.9%	18.2%	19.5%	19.5%	20.3%	18.3%	21.7%	20.3%
Community & Social Services	1.4%	1.1%	0.5%	0.4%	0.6%	1.3%	0.8%	2.6%
Research & Education	0.3%	0.5%	1.0%	0.6%	0.7%	1.3%	5.8%	4.3%
All Other	4.1%	2.5%	3.7%	3.7%	3.2%	3.9%	4.3%	4.7%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Source: Canadian Institute for Health Information

The findings discussed above should not be interpreted as reflecting relative expenditure across peer groups. Expenditure per bed or per case could show different rankings than the comparisons of shares of expenditure allocated to each functional category. Certain types of care would be more expensive in some types of hospital than in others. Usage patterns will also affect comparisons based on utilization and expenditure—for example hospitals with fewer than 50 beds account for 13.4% of all emergency care visits although they are responsible for less than 5% of hospital expenditure[30].

■ Trends 1995 to 1999

This section examines trends by peer group in the shares of four functional centres that were changing in clearly defined ways over time when viewed from the perspective of all hospital expenditure (see Section 2). These functional centres are administrative, support, ambulatory care services and emergency.

Administrative Services

All peer groups except hospitals with fewer than 50 beds showed increases in the share of expenditures allocated to administration between 1995 and 1999 (Figure 59). The share of administration expenditure in each of the peer groups was much more even in 1999 than in 1995.

Support Services

All peer groups experienced reductions in the share of expenditures accounted for by support services (Figure 60). Reductions were in the range of 4.6 to 6 percentage points for pediatric hospitals and hospitals in the 100 to 400+ size groups.

Ambulatory Care Services

The percentage of expenditures accounted for by ambulatory care increased modestly (0.7 to 1.9 percentage points) for all peer groups except teaching hospitals (Figure 61).

Emergency

Hospitals of all size groups increased their share of expenditures for the emergency functional centre (Figure 62). Increases were largest in the two lowest bed size categories. The profile by peer group changed noticeably, with the 1999 profile indicating a clearly inverse relationship between hospital size and the percent of budgets spent for emergency services.

The analysis of changes for the functional centres discussed above show that there have been systematic changes in hospital expenditure profiles during the last five years. The direction of change is, almost without exception, similar for hospitals in all peer groups, which indicates that changes in total expenditure were not just the result of a reorganization of hospitals due to hospital closures and mergers. While analysis at this level and within this somewhat limited timeframe allows only tentative conclusions, it provides evidence of a reallocation of hospital expenditures during the last half of the

[30] Utilization data from the CMDB were used in this brief discussion. The utilization statistics were not studied in any detail during this analysis. CIHI has developed other analytical tools to study cost and utilization, such as the Cost per Weighted Case methodology, which assigns average cost to inpatient cases weighted by case complexity.

1990s in ways that reflect administrative policy decisions. Changes in the costs of the factors of production in hospital care would also have affected expenditure trends and the relative roles of management decisions and underlying factor cost trends are not clear from this level of analysis.

CONCLUSIONS

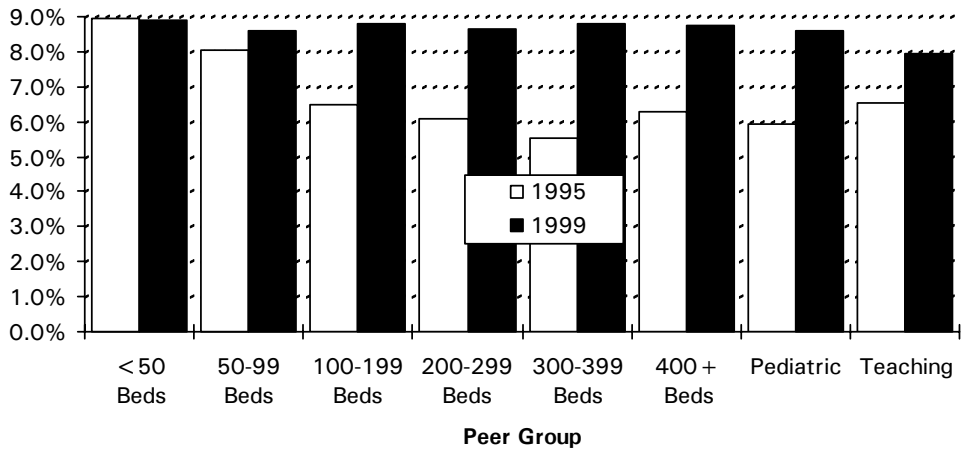
The joint project by CIHI and Statistics Canada to match historical data from the HS1&2 and CMDB surveys has resulted in a consistent time series of financial data for Canadian hospitals. During the 24 years covered by this analysis there were clear trends in the distribution of hospital expenditures across functional centres and types of expense. These trends were consistent for hospitals irrespective of number of beds, or status as pediatric or teaching hospitals.

There has been a substantial reduction in the shares of expenditure accounted for by support services and nursing inpatient services. The share of budgets allocated to administration has increased during the period of financial restructuring in the late 1990s. The share of expenditure for ambulatory care and emergency has increased steadily since the early 1980s. Expenditures for operating rooms and diagnostic and therapeutic services have maintained a fairly steady share of hospital budgets.

In the expense categories, salaries and benefits have declined in aggregate as a share of hospital budgets, although benefits have increased; salary and benefits together account for over two-thirds of total hospital expenditure. Drugs and medical supplies have increased their shares of hospital expenditure although rates of increase in the share of drugs have been considerably less in hospitals than in total health spending.

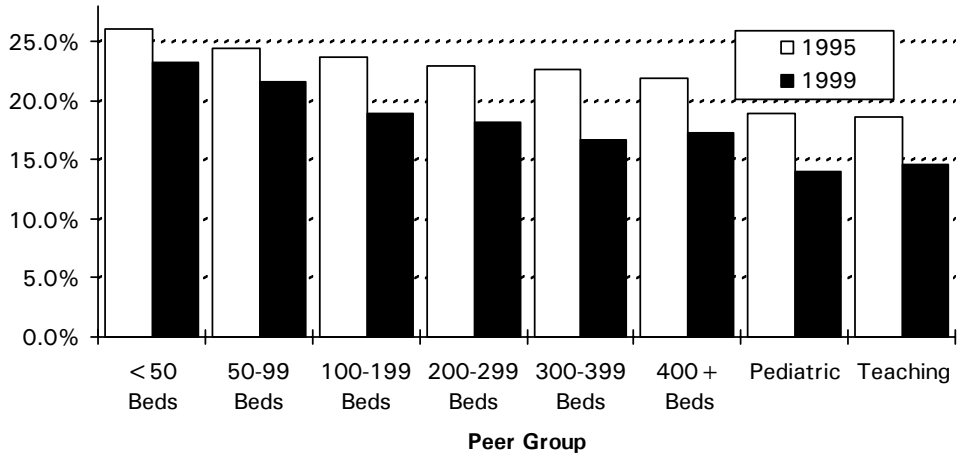
There has been a shift in the breakdown of hospital expenditure by peer group during the last half of the 1990s to larger institutions, particularly hospitals with 400 or more beds and teaching hospitals. Hospital peer groups show interesting differences in the distribution of care by functional centre, indicating that the financial importance of different types of care is affected by a hospitals' role in the health care system. Trends in the late 1990s appear to provide clear evidence of a shift in the composition of hospital expenditures consistent with the evolution of administrative policy.

Figure 59 - Administrative Services as a Percent of Hospital Expenditure, Canada



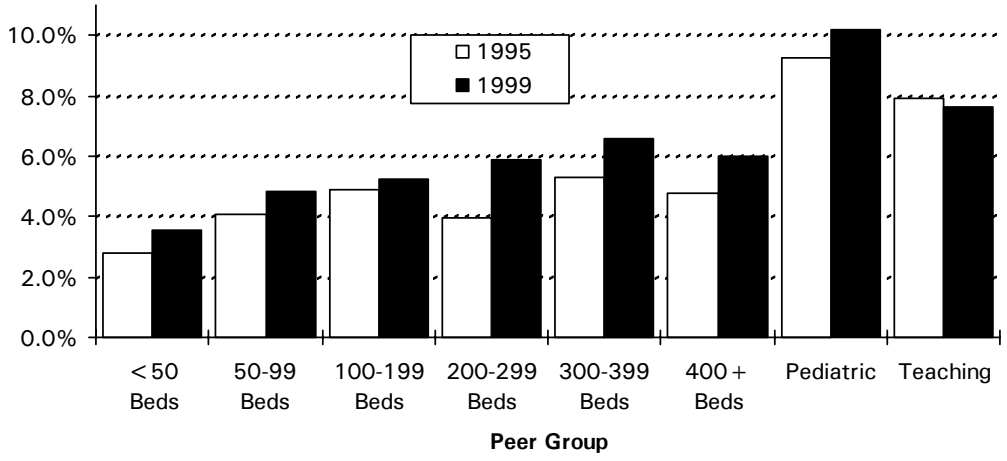
Source: Canadian Institute for Health Information

Figure 60 - Support Services as a Percent of Hospital Expenditure, Canada



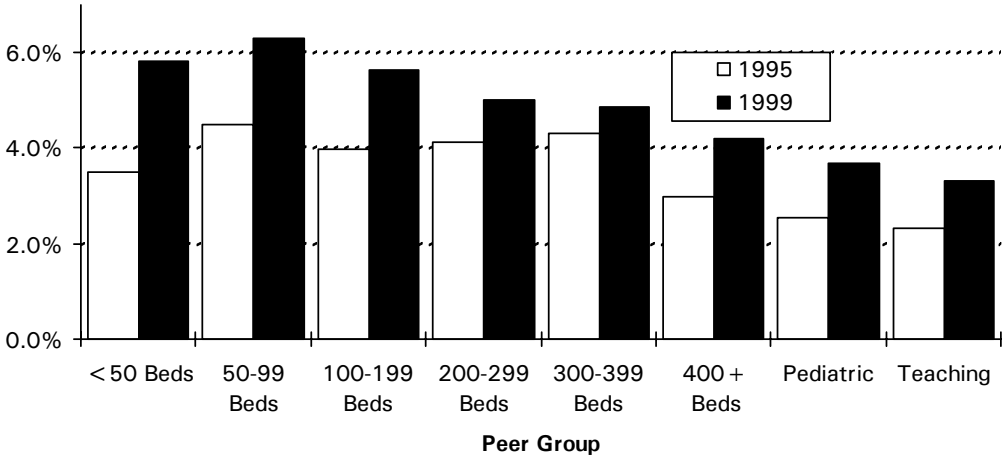
Sources: Canadian Institute for Health Information

Figure 61 - Ambulatory Care Services as a Percent of Hospital Expenditure, Canada



Source: Canadian Institute for Health Information

Figure 62 - Emergency Care Services as a Percent of Hospital Expenditure, Canada



Source: Canadian Institute for Health Information

National Health Expenditure Database—Roadmap Feasibility Studies

PROJECT GOAL AND SCOPE

In 1999, CIHI, Statistics Canada and other partners began the Roadmap Initiative—a series of projects to improve and modernize Canada's health information system and infrastructure. The goal for the National Health Expenditure component of the Roadmap Initiative was to make enhancements to the National Health Expenditure Database (NHEX) to ensure its continued relevance and usefulness in supporting accurate macro level analysis of Canadian health spending.

The scope of the NHEX roadmap project included an assessment of the existing database, including data quality and level of detail. Information development followed two broad streams of closely related activity:

1. Identify current and emerging issues and assess the feasibility of expanding health expenditure data to provide relevant information to meet user needs.
2. Identify data quality issues in the current database, prioritize and implement required changes where possible.

A series of feasibility studies were conducted to determine the advisability and possibility of expanding estimates in the NHEX database for a number of priority issues. Each study sought to provide clear definitions of the subject area, define the degree of present reporting in NHEX and identify data sources for enhanced reporting. This note summarizes the major projects and feasibility studies completed to date[31].

PROVINCIAL AND TERRITORIAL GOVERNMENT EXPENDITURE BY AGE AND SEX (2000)

One of the first achievements of the NHEX Roadmap project was the development of estimates of provincial & territorial government health expenditure by population age and sex. These estimates were first published in National Health Expenditure Trends,1975 to 2000 edition. Estimates by age and sex are now updated annually and incorporated in the NHEX Trends publication.

[31] The Feasibility Studies are available at http://ottprd01:7778/cihiweb/dispPage.jsp?cw_page=spend_nhexenhance_e

THE IMPACT OF REGIONALIZATION ON NATIONAL HEALTH EXPENDITURES (JUNE 2000)

This study was carried out to determine the effects of regionalization on health expenditure estimates and data sources. A second objective was to assess the desirability and the prospects of reporting health expenditures by regional health boards or within health regions.

All provinces and territories except Ontario and Yukon have regional boards. Most regional boards have responsibility for hospitals within their health regions and community-based substitutes for hospital care. There is considerable diversity among provinces in the extent of regional responsibility for programs such as public health, mental health and long term care. Provincial insurance programs for physicians' services, other providers and prescription drugs are not regionalized in any province or territory.

Provincial governments are the main source of funds for regional boards. Funding methods include historical global budgets in most jurisdictions and population-based funding in two provinces. Regional boards do not raise revenue through taxation or premiums.

■ Conclusions and Recommendations

A separate regional sub-sector of finance in NHEX is neither feasible nor advisable at this time. Expenditures by regional boards are included in provincial/territorial data estimates. Consequently, the comprehensiveness of health expenditure data in NHEX has not been adversely affected by the devolution of responsibility for health expenditures to regional boards. Provincial & territorial public accounts remain the most reliable source of information about provincial sector expenditures and most public accounts do not break out health region expenditure.

The development of comprehensive health expenditure estimates within health regions is not feasible within the limits imposed by present sources of data and data collection systems. There are no systematic breakdowns of health spending by region of residence for most provincial programs, other public sectors or the private sector. In order to collect data by region of residence revised reporting protocols would be required as well as more detailed, or specially designed, surveys of household expenditure. The resources required to collect and maintain expenditure data at the regional level would be considerable and the effort would require a commitment by many stakeholders.

The study recognized the importance of health expenditure data to regional boards and to studies of regionalization. Given the diversity of responsibilities within existing regional boards and the differences in programs administered, regional expenditure data will be most useful when collected for specific health programs and within a consistent framework of definitions. This approach is being implemented through CIHI's Guidelines for Management Information Systems in Canadian Health Service Organizations (MIS Guidelines).

The report recommended that CIHI monitor regional financial responsibilities and sources of data and re-evaluate recommendations for reporting regional expenditures in NHEX as appropriate.

HOME CARE ESTIMATES IN NATIONAL HEALTH EXPENDITURES (JULY 2001)

This study reviewed the evolution of home care in Canada and assessed the possibility of expanding the NHEX estimates of home care to include home support as well home health care, which is reported at present. Home health care is defined as services provided in the home by home health care professionals (e.g. nurses, physiotherapists). Home support includes homemaker services, assistance with daily living, and minor home maintenance.

Revised estimates of provincial home care expenditures were developed, incorporating home support as well as home health care. These estimates showed that home support has accounted for most of the growth in home care expenditures during the last six years. Provincial expenditures in fiscal 1998/99 were broken down into home support (48%), home health care (40%) and an unclassified component (12%) that could not be identified as either home support or home health care due to insufficient detail.

■ Conclusions and Recommendations

The report recommended expanding public sector home care estimates to include all expenditures by publicly funded home care programs. The estimates should be broken down into two distinct series of estimates to include both home health care and home support. It is feasible in most provinces and territories to report separate spending estimates for both home health and home support. Challenges still exist in certain jurisdictions, some of which result from reporting protocols that have changed recently. Separate estimates of home health care and home support are not available in British Columbia, Alberta, Newfoundland and the Northwest Territories. In certain other provinces home care information systems are underdeveloped.

The following steps were recommended to deal with problems in separating home health and home support expenditure data. Pending resolution of data problems, CIHI is presently collecting data on home support where available but has not expanded the published home care series to include home support.

- CIHI should actively lobby federal and provincial government organizations that provide home care services to develop improved and standardized financial information.
- Based on these efforts CIHI should develop comprehensive separate series for home health care and home support as data sources permit.

Private sector estimates of home care expenditure should be defined as:

- Client cost sharing and co-payments for services provided by public sector home care programs;
- Fees paid to private sector home care providers; and
- Funds raised in the community by home care programs and non-profit home care providers.

A timetable for production of private sector home care expenditure estimates in conjunction with data suppliers is being developed.

LONG TERM RESIDENTIAL CARE (JUNE 2002)

Long term care in the NHEX database consists of home care and long term residential care. Long term residential care estimates consist of the category, *other institutions*. The home care and long term residential care feasibility studies provided a thorough review of long term care estimates in both community and institutional settings.

The objectives of the long term residential care study were to clarify definitions, examine sources of information and recommend revisions to other institutions expenditure estimates where appropriate. A modified definition for other institutions expenditure developed during the study is:

> Other Institutions include residential health care in long term care institutions (such as nursing homes), which are normally licensed, approved or funded by provincial or territorial departments of health and/or social services. Residential health care in this definition normally involves care by recognized health professionals, such as nursing staff, employed or contracted by the institution. Services or facilities solely of a domiciliary or custodial nature are excluded.

Residential health care is equivalent to care at Type II or higher levels as defined in Statistics Canada's *Survey of Residential Care Facilities*. Data from the Statistics Canada survey show that approximately 86% of expenditure in licensed facilities is for Type II or higher levels of care and that institutions for care of the aged account for over 90% of long term residential care expenditure.

■ Conclusions and Recommendations

The study confirmed that public accounts should continue to be used as the source of information for public sector expenditure. Private sector expenditure will be estimated from the *Survey of Residential Care Facilities,* using the Type II threshold to distinguish residential health care. Historical estimates of private sector expenditure will be revised to the extent possible.

The study recognized that a significant amount of long term residential care is being provided in hospitals and classified as hospital expenditure in NHEX. Privately operated unlicensed residential care facilities reportedly are assuming a larger role in caring for ill persons, especially the elderly. Issues of care in unlicensed institutions and functional classification of care in hospitals should be monitored. Expenditure estimates could be enhanced in future if it becomes possible to recognize these dimensions of long term residential care.

PUBLIC HEALTH AND ADMINISTRATIVE COSTS (JUNE 2002)

This study examined the public health and administrative costs category of NHEX to determine if it was feasible to create two separate categories. The study recognized that public health activities and administrative costs of managing health systems were both topical issues that warranted separate categories in national health expenditure reports.

The study included a thorough review of provincial and territorial data from public accounts back to 1989/1990 and a targeted review of federal, municipal and workers compensation data for 1999/2000. Inconsistency or lack of detail in public accounts was a major cause of variation in the provincial expenditure estimates. A number of specific data reporting problems were identified.

■ Conclusions and Recommendations

The main outcomes of the study were: 1) a new classification system and set of definitions for public health and administration, and 2) a recommendation to revise historical estimates in order to separate public health from government administrative expenditures.

A decision was taken to include program administrative costs with estimates for the program itself in NHEX (e.g. the administrative costs of operating a home care program). This decision has been implemented in *NHEX Trends 2002*. Additional data development efforts were recommended in order to (i) achieve a consistent classification of community based mental health and other community based services across the provinces and (ii) to resolve ambiguities noted in the review of provincial accounts. This work, and the recommendation to separate public health and administration, will be completed during the 2003 production cycle.

Revised definitions:

- *Public health*. Services meant to improve population health, such as health promotion, disease prevention and health inspection services. In NHEX, public health also includes mental health, addiction, nursing and miscellaneous services provided in the community (but not home care).

- *Government administrative costs*. Administrative costs of a government department or branch responsible for health programs, or general administrative services such as health information systems.

- *Prepayment administration*. In the public sector, costs of a provincial government unit responsible for administration and payment of services insured under the Canada Health Act. At present, prepayment administration is limited to hospitals and physicians' services. In the private sector, it is the difference between premiums collected and claims payments.

PRICE INDEXES USED IN NATIONAL HEALTH EXPENDITURES (AUGUST 2001)

This study reviewed the price indexes used in NHEX to calculate expenditures at constant price levels. These indexes are the GDP implicit price index for government current expenditure on goods and services in the public sector and the health component of the Consumer Price Index in the private sector. The study included a review of the performance of these indexes relative to other indexes used in national income and expenditure accounting, a review of price indexes used by other countries and by the Organization for Economic Cooperation and Development (OECD).

■ Conclusions and Recommendations

The review determined that separate public and private sector price indexes are important to the definition of growth trends in the two sectors of finance. Alternative indexes that are available for aggregate expenditures were not expected to provide significant improvements to the accuracy of indexes being used at present. The indexes are maintained by Statistics Canada and are available at provincial and territorial levels, both important considerations for the NHEX estimates.

The aggregate public and private sector indexes are not suitable to deflate specific categories of expenditure in NHEX. The review determined that a physician price index, which has been developed by CIHI, would be the most appropriate index for physicians' services expenditure. There is considerable potential to develop a hospital price index using Case Mix Groups weighted by Resource Intensity Weights in the Discharge Abstract Database and costs in the Canadian MIS Database (all CIHI products). A second feasibility study was undertaken to develop the hospital index and it is underway at present with a target completion date in 2003.

The prospects for developing price indexes for other categories were uncertain. Recommendations suggested approaches that can be developed further in the future as resources permit. In the case of drug prices, it was recommended that CIHI follow relevant activities by academic groups and regulatory agencies. If possible, CIHI should attempt to facilitate the development of a new drug price index that would be more acceptable to analysts than current methodologies.

RECONCILIATION OF NHEX WITH FINANCIAL MANAGEMENT STATISTICS (STATISTICS CANADA)

This project was a joint study by CIHI and the Public Institutions Division of Statistics Canada to reconcile NHEX public sector expenditure estimates with the health spending statistics produced by the Financial Management System (FMS) at Statistics Canada.

The FMS compiles data on expenditure by all levels of government and classifies them within 17 functional categories, one of which is health. A function is defined as 'the principal purpose for which an expenditure is made rather than the activity involved.' Certain expenditures that are considered health activities in NHEX are classified under other functional categories in FMS, for example expenditures by hospitals operated by the Department of National Defence and the Department of Veterans Affairs.

The study found that conceptual approaches accounted for most of the differences between health expenditure estimates in NHEX and FMS. One major difference was the allocation of private sector income in public hospitals to the private sector in NHEX and to government estimates in FMS (FMS includes all expenditures by a public sector institutional unit as public sector expenditure). A number of unexplained differences remained after the detailed reconciliation. Different treatment of health expenditure by provincial departments of Social Services was considered to be an important factor in accounting for unresolved differences.

Methodological Notes

CONCEPTS AND DEFINITIONS

Mandate of the National Health Expenditure Database (NHEX)

The mandate of the National Health Expenditure (NHEX) database is twofold:

1. To support the development and evaluation of health programs in Canada by all levels of government, and within the private sector.

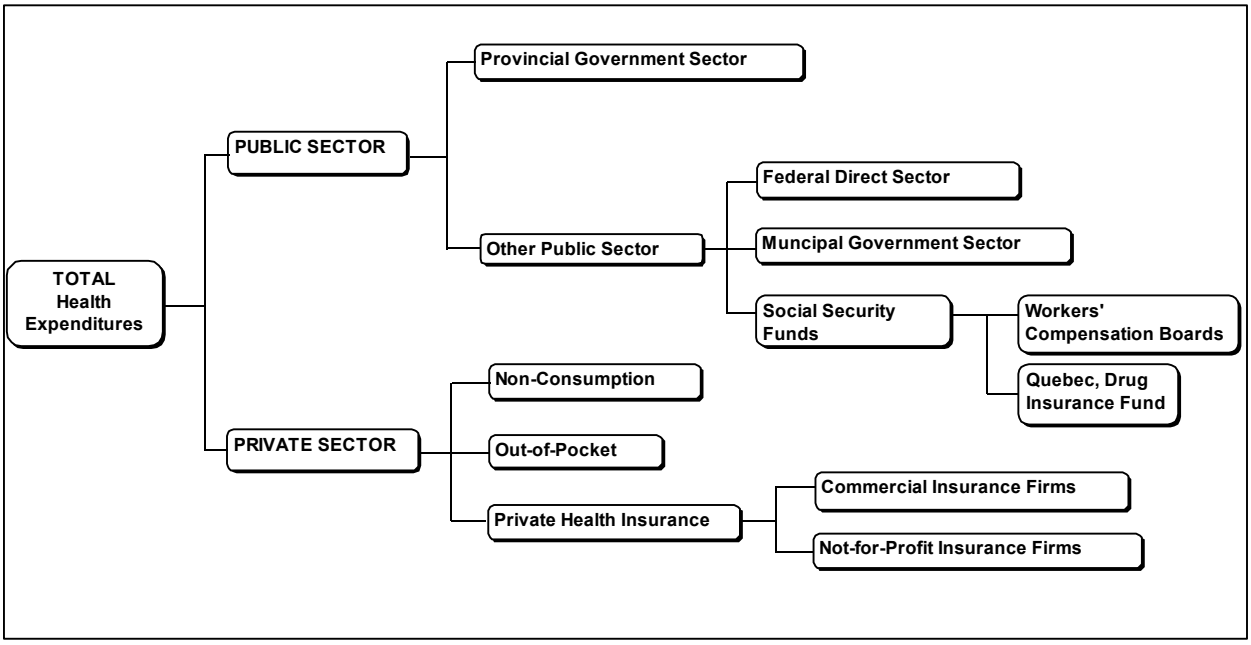
2. To compile information on health expenditures that will accurately portray the importance of health care as a component of national expenditure.

■ 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, housing and income support policies have social welfare goals as their primary purpose and are not considered to be health expenditures, yet they are recognized as powerful factors in determining population health.

Figure 63—Composition of Total Health Expenditures, by Source of Finance



■ 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 are included in the provincial government sector since it is the responsibility of provincial 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. 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 Aboriginals, the Armed 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 and the drug insurance fund component of the Quebec Ministry of Health and Social Services drug subsidy program.

   Health spending by Workers' Compensation Boards (WCB) 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.

   On January 1, 1997 the government of Quebec introduced a drug program that covered residents of the province, who were not otherwise covered by the provincial program or by private health insurance generally offered through employment. Drug claims for these participants of the new plan are paid from the Drug Insurance Fund. This component of the Quebec drug program is self-funded (i.e. it is funded through the compulsory payment of premiums and not by the provincial government of Quebec).

Private Sector—includes out-of-pocket expenditures made by individuals for health care goods and services; the health insurance claims paid 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—are 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, 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, e.g. hospitals or other health spending.

Other Professionals—services, at the aggregate level represent expenditures for the services of privately practicing dentists, denturists, chiropractors, massage therapists, orthoptists, 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, orthoptists, 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. This category has been disaggregated at the Canada level in the Data Tables to provide information on the following sub-categories:

Prescribed Drugs—substances sold under the Food and Drug Act which require a prescription.

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, e.g. 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.

Capital—includes expenditures on construction, machinery and equipment of hospitals, clinics, first-aid stations, and residential care facilities. (See also Methodological Notes.)

Public Health and Administration—expenditures for items such as measures to prevent the spread of communicable disease, food and drug safety, health inspections, health promotion activities, community mental health programs, public health nursing and all costs for the infrastructure to operate health departments.

Other Health Spending—at the aggregate level includes expenditures on home care, medical transportation (ambulances), hearing aids, other appliances and prostheses, prepayment administration, health research and miscellaneous health care. This category has been disaggregated at the Canada level in the Data Tables to provide information on the following sub-categories:

Prepayment Administration—expenditures related to the cost of providing health insurance programs by either government or private health insurance firms.

Health Research—expenditures for research activities designed to further knowledge of the determinants of health, health status or methods of providing health care, evaluation of health care delivery or of public health programs. The category does not include research carried out by hospitals or drug companies in the course of product development. These amounts would be included with the hospital or drug categories respectively.

Other—expenditures for items such as home care, medical transportation (ambulances), hearing aids, other appliances, training of health workers, voluntary health associations, and occupational health to promote and enhance health and safety at the workplace.

The definition of home care that is currently in use in the National Health Expenditure Database 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 underway in order to assess the feasibility of reporting this set of estimates.

■ Other Terms

Federal Transfers—refer to the total of the various federal-provincial-territorial health financing arrangements, which include at various times the Canada Health and Social Transfer (CHST); the Canada Assistance Plan (CAP); Established Programs Financing (EPF); the 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 peoples.

Canada Health and Social Transfer (CHST)—on April 1, 1996 the CHST replaced federal transfers for social assistance under the Canada Assistance Plan (CAP), and for health and post secondary education under Established Program Financing (EPF). The CHST is a block fund provided in the form of both cash transfers and tax point transfers to all provinces/territories in support of health, post-secondary education, social assistance and social service programs. Provinces may allocate 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 entitlements under the combined EPF and CAP transfers in 1995/1996.[32]

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.[33]

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 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.

[32] Health Canada, Canada Health Act Annual Report, 2000–2001, 2001, p. 315.

[33] Human Resources Development Canada, Cost Shared Programs, Provincial Entitlements under the Canada Assistance Plan, February, 1996, (unpublished).

Gross Domestic Product (GDP)[34]—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)[35]—Purchasing Power Parities (PPPs) 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 PPPs 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.

MAJOR DATA LIMITATIONS

Data contained in the national health expenditure database are estimates. The data are collected from diverse sources and include varying classes of financial information. The data are 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 were conducted to determine the advisability and possibility of expanding estimates in the NHEX database for a number of priority issues. For a summary of these studies please refer to the section on NHEX Roadmap Feasibility Studies. Notwithstanding, national health expenditure data are estimates and should be used accordingly.

Most private sector expenditures are estimated from survey data. Prior to 1996, the Family Expenditure Survey by Statistics Canada[36], an important source of private sector data, was not carried out annually; therefore, trend data have been imputed for years between surveys. Private sector data were 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.

[34] Statistics Canada, Guide to the Income and Expenditure Accounts, catalogue 13-603E, 1996, pp. 137 and 139.
[35] OECD Health Data 2002, Organisation for Economic Cooperation and Development, Paris, 2002.
[36] Family *Expenditure in Canada*, Statistics Canada Catalogue Number 65-555. Statistics Canada, Periodical, Ottawa.

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 (613) 241-7860, by fax (613) 241-8120, or by e-mail 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 Organisation for Economic Co-operation and Development (OECD) for reporting of health expenditures.[37]

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 health expenses consist of expenditures on behalf of society, such as public health; expenditures made as investments for purposes of future consumption, such as capital expenditures; the administrative expenses of planning and managing the health care system; and research.

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

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, physicians 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 physicians 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.

[37] Statistics Canada (Public Institutions 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.

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

The definitions and methods used in the preparation of this document 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, Ministère de la santé et des services sociaux du Québec, the Canadian Medical Association and the Canadian Healthcare Association. Some of the recommendations for change made during that process are still under development.

■ 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 (613) 241-7860, by fax (613) 241-8120, or by e-mail nhex@cihi.ca.

Provincial Government

Data are 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 are 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 the National Health Expenditure Database 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.

CIHI's 2000/2001 estimates of provincial government health expenditure were submitted to provincial/territorial departments of health for review.

Provincial government figures identified as forecasts are based on the growth rates of major programs reported in provincial/territorial government Main Estimates and Budgets.

On April 1, 1999 Nunavut was formed from the eastern part of the Northwest Territories. N.W.T. expenditures for calendar year 1999 include expenditures for Nunavut for one quarter of the year ending March 31, 1999, prior to the formation of Nunavut. Consequently, expenditure data for N.W.T. for calendar year 1999 are not comparable to data for calendar years prior to 1999 or to 2000.

Private Sector

Private sector data were 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 are used; the SHS categories of "Other Medicines, Drugs and Pharmaceuticals" (i.e. 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, which 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 are available for the ten 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.
The SHS category of "Other Medicines, Drugs and Pharmaceuticals" i.e. not prescribed by a doctor, 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 48 plus non-prescribed drug categories. Data are reported by sales channel,[38] total dollar sales volume; and, by regional sales distribution for five regions that includes nine provinces. Newfoundland and

[38] 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.

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 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 calculated based on income from patient services from Statistics Canada's Annual Return of Health Care Facilities (HS-2) and CIHI's Canadian MIS Database (CMDB), less hospital care from insurance sources.

Private sector estimates of other institutions are derived from data from Statistics Canada's Residential Care Facilities Survey (RCF). Data used from the survey include income to facilities from co-insurance or self-pay of residents; differential for preferred accommodation; and, sundry earnings. The last year that data was publicly available was from the 1993/1994 survey. Data in this report is based on preliminary figures provided in the 1994/1995 survey. Data used in previous reports for 1996/1997 to 1998/1999 has been revised with updated data from those survey years. In addition, data from the 1999/2000 survey has also been included. Data that is missing from the survey are imputed based on estimates by Statistics Canada and or CIHI.

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 and CIHI's Hospital Surveys.

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 Canadian Medical Colleges. 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, 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 Methodological notes in the Calculation Methods section under Capital Expenditure and in the Forecasting Method section.

Federal Direct

Data on Federal Direct health care spending is derived 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.

Municipal Government

Municipal Government health care spending is based on information provided by the Public Institutions Division of Statistics Canada. This data is supplemented with an estimate of spending by municipal governments on other institutions, which is based on information from Statistics Canada's Residential Care Facilities Survey.

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 Quebec Ministry of Health and Social Services drug subsidy program. The Workers' Compensation Board data are derived from special tabulations from each provincial and territorial Workers' Compensation Board of their medical aid expenditures. Income replacement and occupational rehabilitation is 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 in Quebec after 1996 with the portion of the Régie de l'assurance maladie du Québec's drug program that is not funded by the ministry of health and social services. 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 were derived by adding ¾ of one fiscal year to ¼ 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 (IPI) 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 are 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.[39]

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 the National Health Expenditure database.

The government current expenditure index was forecast for 2002 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 2002 based on the average of the monthly index up to September 2002, which was the latest information available prior to the publication of this report.

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

The Gross Domestic Product at market prices[40] 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.

Gross Domestic Product (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 Gross Domestic Product figures at both the national and provincial/territorial levels for 2002 were prepared by CIHI by applying the Conference Board of Canada’s latest 2002 forecasted growth rate of GDP to the 2001 GDP figures from Statistics Canada.

[39] For example, *Guide to the Income and Expenditure Accounts*, Statistics Canada catalogue number 13-603E, Statistics Canada, Ottawa.

[40] Source: 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 2002 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 the private sectors. Canada refers to the sum of the 10 provinces and 3 territories. Total health care spending in constant 1997 dollars is the sum of public sector health care spending in constant 1997 dollars and private sector health care spending in constant 1997 dollars. Canada Average is the sum of provincial/territorial expenditures divided by the sum of provincial/territorial data of another variable, such as population.

Capital Expenditure

Prior to a major methodology review in 1995, several categories in the private sector were estimated using a residual method, whereby public sector spending was subtracted from an estimated total. The remainder was allocated entirely to the private sector. Following a major methodology review in the early 1990s, capital expenditure remained as 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, 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 for 2001 and 2002 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 in 2001 and 2002, estimates were based on amounts reported in their Main Estimates. In other sectors, 2001 and 2002 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 (2000) 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 2001 and 2002.

The 2001 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 2002 capital figures are based on "intentions".

Forecasts for 2001 and 2002 for the remaining categories in the Federal Direct, Workers' Compensation Boards, Municipal Government and the 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 its use.

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 for 2002 were forecast by CIHI by applying the Conference Board of Canada's 2002 forecasted growth rate of GDP to the 2001 GDP figures from Statistics Canada.

The government current expenditure price index was forecast for 2002 for the provinces and territories. The 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 2002 based on the average of the monthly index up to September 2002, 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 eight age groupings. This is the fourth year of a data development project to age-sex standardize per capita health expenditure by province. This year CIHI has presented five categories of expenditure for 1996 to 2000 and included an estimate of total provincial/territorial government expenditure by age, sex, and by province/territory for 1998, 1999, and 2000. 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 are 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) [41] and Hospital Morbidity Database (HMDB). The CIHI 1999 Case Mix grouping methodology (CMG™) was used to group patient discharge information into homogenous groups, based on clinical and resource utilization characteristics.

In the CMG methodology, patients are assigned to a group according to diagnosis and surgical procedures. Within each group patients are further classified into a complexity level[42] based on the number and type of co-morbid diagnoses and the age of the patient. Once the patient is grouped, a Resource Intensity Weight (RIW™)[43] 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 Morbidity Database is for acute inpatient care only. Weighted cases for the majority of hospital-based ambulatory care (i.e. day surgery, emergency departments and clinics) are currently only available in one province. Nevertheless, acute inpatient weighted cases is 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, Northwest Territories and Nunavut (1999 and 2000) 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% 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 Hospital Morbidity Database.

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[41] 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.

[42] Following extensive consultation with experts in the field, at the time of printing it is believed that these data have not been substantially effected by recent concerns regarding complexity that relate to more current data.

[43] RIWs are resource allocation algorithms, developed by CIHI for estimating the relative hospital resources used for a typical case. See http://ottprd01:7778/cihiweb/dispPage.jsp?cw_page=casemix_riw_e for more information.

Caution should be exercised when comparing age and sex expenditure estimates across provinces, particularly with respect to Manitoba. Manitoba hospital utilization data is reported to CIHI differently than in other provinces and territories. In addition to acute inpatient care, Manitoba's weighted cases include chronic, rehabilitative and long-term hospital care, which results in higher weights applied to senior age groups, and ultimately higher spending in those age groups. CIHI is currently investigating methods of removing the additional cases in Manitoba to produce an age-sex distribution that is consistent with other provinces. Manitoba weighted cases were generated from the Discharge Abstract Database which represent approximately 65% of total acute hospital separations in Manitoba. All provincial/territorial data was provided in fiscal year and converted to calendar year (see Calculation Methods).

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 the National Health Expenditure database (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 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-services data from the NPDB. Yukon fee-for-service data from 1995/1996 to 1999/2000 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 to 1999/2000. Similar to the Northwest Territories, Nunavut for 1999/2000 and 2000/2001 was estimated using the Yukon data. Data was collected in fiscal year and converted to calendar year (see Calculation Methods).

Other Institutions

Statistics Canada's Residential Care Facilities Survey (RCF) was used to estimate the provincial/territorial age and sex distribution from 1995/1996 to 2000/2001 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 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 was 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, 11–17, 18–44, 45-64, 65–69, 70–74, 75–79, 80–84, 85+), were expanded into 5-year age groups by CIHI using population, as well as DAD/HMDB Weighted Cases that were also used to distribute NHEX hospital expenditure (see age-sex distribution methodology for hospitals in this section).

At the time of publication data was unavailable for Quebec for all years. The weighted patient counts for Canada (minus Quebec) from the RCF for 1996/1997 to 1999/2000 was used as a proxy for Quebec's distribution of other institutions expenditure. Estimates for 1995/1996 and 2000/2001 were also generated using growth rates across age groups and gender in the population, applied to the 1996/1997 and 1999/2000 other institutions spending estimates by province and territory. Data was then converted into calendar year (see Calculation Methods).

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, Prince Edward Island and Nunavut.

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 ten different drug plans. Age-sex data were 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 of 1997 this was expanded to include plans E and F. Minor plans for which age-sex data were not available were distributed using the overall distribution of plans for which data were available.

The Quebec Ministry of Health and Social Services supplied data on its drug subsidy program in calendar year. The plans included coverage for seniors, income security recipients, and others. Data for 1997 to 2000 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.[44]

The Ontario Drug Benefits program (ODB) supplied age-sex data, which included combined prescription drug claims paid by the Ministry of Health 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 to 2000/2001. Data for the Ministry of Family Services, Employment and Income Assistance Division's drug plan was supplied for 1997/1998 to 2000/2001. 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 their prescription drug programs from 1995/1996 to 2000/2001. 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 their 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. The age-sex distribution for 1999/2000 Alberta Human Resources and Employment's drug plan is based on 1998/1999 data.

[44] See the definition of Social Security Funds in the variables and concepts section of this report for more information.

British Columbia Ministry of Health of Health Services supplied claims paid by age and sex of the client in calendar year from 1996 to 2000 for each plan administered by their 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 2000/2001 was provided for each plan with the exception of the Child Drug Plan, which was implemented in 1997/1998.

Northwest Territories Department of Health and Social Services supplied data by age and sex for prescription drug claims paid for Extended Health Benefits (EHB).

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 were 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 2000. Provincial/territorial governments provide a variety of health services delivered by health professionals other than than physicians that includes 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 provinces to province. CIHI requested from each province data for claims that were paid for by provincial/territorial governments in a given year, by age and 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 approcismately75% 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 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 provinces' other professionals expenditure. Most data were 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, Prince Edward Island and Nunavut were estimated for 1998 to 2000 using the distributions of drug subsidy programs in other provinces with similar target populations and co-payment plans. Newfoundland's age-sex distribution was based on New Brunswick's seniors and 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 the Northwest Territories data.

The age sex distributions of the category of other professionals in Prince Edward Island, New Brunswick and Nunavut (1999 and 2000) were estimated for 1998 to 2000. 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 the Newfoundland Dental Health Plan clients from 3 to 16 years of age. Similarly, New Brunswick's dental expenditure for the youth income assistance plan was based on clients up to 17 years of age from the Newfoundland 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 professional's 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: (i) 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; (ii) given the uncertainty of illness the availability of facilities has a value for all who potentially would use them if the need arises.

The remaining categories of Public Health and 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 new information becomes available, methods and concepts are refined, and data sources are improved. The data are revised to incorporate these enhancements.

Some data revisions in the provincial government sector can be attributed to the partial implementation of recommendations from CIHI's Public Health and Administration Feasibility Study[45]. More specifically, the administrative costs associated with delivering specific programs were matched with the program to which they applied. Previously these administration expenses were reported entirely in the Public Health and Administration category of expense. These revisions begin in 1985. Although no change in total expenditures by provincial governments is reported for some years, categorical changes in the expenditures may have occurred. For more information on these revisions please contact CIHI at nhex@cihi.ca.

In 2002, Statistics Canada revised the capital series that is used in National Health Expenditures, to include software expenditures. This revision affected the provincial government sector, the private sector and the municipal government sector.

REVISION HISTORY

■ Provincial Government Sector

Newfoundland— Updated historical information resulted in decreases of $0.3 million and $0.1 million in 1989 and 1990 respectively. Capital revisions account for the differences between 1991 and 1999. These revisions resulted in an increase in capital expenditures ranging from $0.3 million in 1995 to $1.5 million in 1991.

Prince Edward Island—Capital revisions account for the differences between 1991 and 1999. These revisions resulted in an increase in capital expenditures ranging from $0.3 million to $0.1 million.

[45] Public Health and Administration in National Health Expenditures-Feasibility Study, CIHI, June 2002, http://ottprd01:7778/cihiweb/dispPage.jsp?cw_page=spend_nhexenhance_e

Nova Scotia—Capital in Nova Scotia was revised from 1991 and 1999 ranged from $1.2 million to $1.6 million. Between 1990 and 1992 $0.1 million in administration expenditures were allocated to capital and eventually dropped when capital data from Statistics Canada was incorporated. A reclassification of capital debt of approximately $0.5 million from administration to capital occurred in 1997 through 1999.

New Brunswick—Capital revisions account for the differences between 1991 and 1999. These revisions resulted in an increase in capital expenditures ranging from $1.1 million to $2.1 million.

Quebec—Capital revisions account for the differences between 1991 and 1999. These revisions resulted in an increase in capital expenditures ranging from $15.5 million to $31.3 million.

Ontario—As a result of new information the Health Resources Development Plan was re-classified from capital to health research from 1985 to 1991. Capital estimates in Ontario were revised from 1991 and 1999 ranging from $16.2 million in 1991 to $45.8 million in 1999. One final revision was the omission of the Lieutenant Governor's Board of Review from 1985 to 1992.

Manitoba—Capital in Manitoba was revised from 1991 and 1999 ranged from $1.5 million in 1991 to $1.6 million in 1999. Updated historical information resulted in an increase in health expenditures of $100,000 in 1990.

Saskatchewan—Capital revisions account for the differences between 1991 and 1999. These revisions resulted in an increase in capital expenditures ranging from $1.0 million in 1991 to $7.6 million in 1999.

Alberta—The category of capital was revised in Alberta between 1991 and 1999. The revision impacted the final figures by between $7.8 million in 1991 and $11.9 million in 1995. The allocation of administration expenditures to capital expenditures occurred in 1991 through 1999 excluding 1993, 1994 and 1995. Ambulance expenditures were revised downwards starting in 1995 based on new information from Alberta Health and Wellness.

British Columbia—The category of capital was revised in British Columbia between 1991 and 1999. The revision ranged from $6.4 million in 1991 to $10.8 million in 1995. The allocation of administration expenditures to capital programs account for further revisions in 1985 through 1999 excluding 1995 and 1996.

Yukon—Capital revisions account for the differences between 1991 and 1997. These revisions resulted in an increase in capital expenditures ranging from $0.1 million in 1997 to $0.7 million in 1996.

Northwest Territories—Capital revisions account for the differences between 1991 and 1999.These revisions resulted in an increase in capital expenditures ranging from $0.1 million in 1999 to $0.5 million in 1991.

Nunavut—The capital revision for 1999 in Nunavut totaled $0.1 million. Update expenditure details lead to further minor revisions of the data (another $0.1 million).

The differences between the revised and original figures in the provincial government sector for the provinces and territories, including revisions to the estimates of capital expenditures, are summarized below (Table 9).

Table 15—Differences from Previously Reported Provincial Government Sector Data by Province/Territory and Canada, 1985 to 1998
($ millions)

Year	Nfld.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Canada
1985	---	---	---	---	---	-0.7	---	---	---	---	---	---	---	-0.7
1986	---	---	---	---	---	-1.0	---	---	---	---	---	---	---	-1.0
1987	---	---	---	---	---	-1.0	---	---	---	---	---	---	---	-1.0
1988	---	---	---	---	---	10.2	---	---	---	---	---	---	---	10.2
1989	-0.3	---	---	---	---	14.2	---	---	---	---	---	---	---	13.9
1990	-0.1	---	-0.1	---	---	17.3	0.1	---	---	---	---	---	---	17.3
1991	1.5	0.1	-3.1	1.1	15.5	31.3	1.5	1.0	7.8	6.4	0.4	0.5	---	63.9
1992	1.5	0.1	-0.2	1.2	16.1	36.1	1.4	1.0	8.0	7.0	0.2	0.5	---	72.9
1993	1.3	0.2	1.4	1.6	18.4	42.2	1.6	1.1	8.5	8.3	0.4	0.4	---	85.4
1994	1.0	0.2	1.4	1.9	19.1	47.1	1.5	1.0	5.0	9.3	0.7	0.2	---	88.4
1995	0.3	0.2	1.4	2.1	19.5	40.2	1.3	1.1	8.7	10.8	0.2	0.1	---	86.0
1996	0.8	0.3	1.6	2.1	19.6	41.0	1.6	1.2	6.1	10.7	0.7	0.3	---	86.0
1997	0.9	0.1	1.4	1.2	22.3	50.1	0.9	4.3	1.4	7.5	0.1	0.2	---	90.4
1998	0.3	0.3	1.6	1.1	24.9	44.9	0.9	5.2	1.3	15.6	---	0.1	---	96.2
1999	1.0	0.2	1.7	1.5	-65.5	47.2	1.6	7.6	6.4	9.7	---	0.1	0.2	11.9

■ Private Sector

Capital expenditures in the private sector from 1991 to 1999 were affected by the revisions to the Capital Survey administered by the Investment and Capital Stock Division of Statistics Canada.

Hospital spending was updated in all jurisdictions excluding Newfoundland, New Brunswick, Quebec and the Yukon in 1999 based on new data from the CMDB. Hospital spending in Ontario was also revised in 1997 and 1998 and in the Northwest Territories in 1998 based on updated information from the CMDB.

Spending on Other Institutions in this sector was revised in New Brunswick, Ontario Alberta, and British Columbia from 1996 to 1999 due to revised data from the Residential Care Facilities Survey fielded by Statistics Canada.

Health research was also updated in most provinces in 1999.

Drug spending was revised in 1999 due to changes in the Survey of Household Spending administered by Statistics Canada. The year 2000 was completely updated using the latest AC Nielson data.

Total differences from 1991 to 1999 between the revised and previous expenditure estimates in the private sector for the provinces and territories are listed below (Table 10).

Table 16—Differences from Previously Reported Private Sector Data by Province/Territory and Canada, 1991 to 1999 ($ millions)

Year	Nfld.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Canada
1991	---	0.1	0.6	0.2	1.1	6.0	0.5	0.1	1.5	1.9	---	---	---	12.0
1992	-1.1	---	0.4	0.1	1.2	7.9	0.2	---	2.8	1.8	---	---	---	13.4
1993	-0.8	---	0.5	0.2	1.3	9.4	0.2	---	3.0	2.2	---	---	---	16.0
1994	-0.5	---	0.5	0.2	1.6	7.1	0.3	---	1.9	2.7	---	---	---	13.7
1995	1.0	0.1	0.4	0.1	0.7	14.2	0.2	---	0.1	1.7	---	---	---	18.4
1996	---	0.1	0.7	0.3	1.6	13.8	0.3	0.1	2.3	2.7	---	---	---	21.8
1997	0.1	0.1	0.4	0.6	1.4	219.4	0.4	0.1	3.6	3.7	---	---	---	229.7
1998	2.0	---	0.4	0.6	2.6	107.5	1.0	0.3	4.5	2.2	---	0.1	---	121.1
1999	2.5	2.1	-30.0	2.3	28.3	347.0	6.7	5.7	27.9	16.3	0.4	0.4	0.3	409.8

■ Federal Direct Sector

Since 1999, provincial level data in the federal direct sector have been collected directly from federal departments and are augmented with information from the National Public Accounts. This year, more detailed information was obtained for the historical data from most federal departments such as the Department of Health Canada, Veterans Affairs Canada (VAC) and National Defense. Consequently, the following revisions were made to reflect this enhancement:

- Updated information on occupational health expenditures was incorporated into the database, leading to a downward revision in most years. Other Health was the category affected most.

The differences between revised and original figures in each jurisdiction are summarized below (Table 11).

Table 17—Differences from Previously Reported Federal Direct Sector Data by Province/Territory and Canada, 1988 to 1999 ($ millions)

Year	Nfld.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Canada
1988	---	---	---	---	---	---	---	---	---	---	---	---	---	0.0
1989	---	---	---	---	-0.1	-0.1	---	---	---	---	---	---	---	-0.2
1990	---	---	---	---	-0.2	-0.3	---	---	-0.1	-0.1	---	---	---	-0.7
1991	---	---	---	---	-0.3	-0.4	---	---	-0.1	-0.1	---	---	---	-0.9
1992	---	---	---	---	-0.2	-0.3	---	---	-0.1	-0.1	---	---	---	-0.7
1993	---	---	---	---	-0.2	-0.2	---	---	-0.1	-0.1	---	---	---	-0.5
1994	---	---	---	---	-0.2	-0.2	---	---	-0.1	-0.1	---	---	---	-0.5
1995	---	---	---	---	-0.2	-0.3	---	---	-0.1	-0.1	---	---	---	-0.6
1996	---	---	---	---	-0.2	-0.3	---	---	-0.1	-0.1	---	---	---	-0.6
1997	---	---	---	---	-0.2	-0.3	---	---	-0.1	-0.1	---	---	---	-0.6
1998	---	---	---	---	-0.2	-0.3	---	---	-0.1	-0.1	---	---	---	-0.7
1999	---	---	---	---	8.0	0.2	---	---	0.1	0.1	---	---	---	8.4

■ Municipal Government Sector

Spending on other institutions in this sector was discontinued in all jurisdictions from 1980 to 1999 based on recommendations of the Long Term Residential Care in National Health Expenditures Feasibility Study. Municipal government data is from Statistics Canada's Financial Management System. It is understood that other institutions that are municipally funded would likely be classified and included in the hospital category. Attempts to estimate municipally funded other institutions would introduce a double count. The total amounts of the revisions are listed below (Table 12).

Table 18—Differences from Previously Reported Municipal Government Sector Data by Province/Territory and Canada, 1980 to 1999 ($ millions)

Year	Nfld.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Canada
1980	---	---	-6.0	-0.1	---	-2.5	---	-0.1	---	-0.1	---	---	---	-8.8
1981	---	---	-8.0	---	---	-2.2	---	-0.1	---	---	---	---	---	-10.2
1982	---	---	-8.5	---	---	-1.9	---	---	---	---	---	---	---	-10.3
1983	---	---	-10.7	---	---	-2.4	---	---	---	---	---	---	---	-13.0
1984	---	---	-11.9	---	---	-0.7	---	---	---	---	---	---	---	-12.6
1985	---	---	-11.6	---	---	-1.0	---	---	---	---	---	---	---	-12.6
1986	---	---	-3.7	---	---	-4.6	---	---	---	---	---	---	---	-8.3
1987	---	---	-17.8	---	---	-10.1	---	-0.1	-0.3	---	---	---	---	-28.4
1988	---	---	-25.5	---	---	-7.4	---	---	-0.1	---	---	---	---	-33.0
1989	---	---	-26.8	---	---	-6.2	---	---	---	---	---	---	---	-32.9
1990	---	---	-29.3	---	---	-7.8	---	---	---	---	---	---	---	-37.1
1991	---	---	-25.5	---	---	-7.4	0.4	---	1.2	---	---	---	---	-31.3
1992	---	---	-36.1	---	---	-7.1	0.4	---	-0.2	-0.1	---	---	---	-43.0
1993	---	---	-43.8	---	---	-12.6	0.5	-1.5	0.8	---	---	---	---	-56.7
1994	---	---	-45.0	---	---	-20.6	0.5	-2.4	5.7	---	---	---	---	-61.8
1995	---	---	-54.7	---	---	-28.3	0.6	-2.7	---	---	---	---	---	-85.1
1996	---	---	-60.9	---	---	-36.3	0.5	-16.7	-12.3	---	---	---	---	-125.8
1997	---	-0.1	-63.4	---	---	-46.8	0.1	-20.5	-5.3	-12.3	---	---	---	-148.4
1998	---	---	-55.4	-0.6	---	-47.6	-2.6	-33.7	-13.7	-10.4	---	---	---	-164.0
1999	---	---	-65.1	0.2	-0.1	-109.2	-8.9	-36.9	-22.5	-19.6	---	0.2	-0.1	-262.0

■ Social Security Fund Sector

Revisions in Nova Scotia are the result of new information from the Workers' Compensation Board of Nova Scotia regarding the payment of physicians. Changes in Ontario and British Columbia are the result of updated information. The revisions are summarized below (Table 13).

Table 19—Differences from Previously Reported Social Security Fund Data by Province/Territory and Canada, 1990 to 1999 ($ millions)

Year	Nfld.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Canada
1990	---	---	1.3	---	---	---	---	---	---	---	---	---	---	1.3
1991	---	---	3.8	---	---	---	---	---	---	---	---	---	---	3.8
1992	---	---	3.6	---	---	---	---	---	---	---	---	---	---	3.6
1993	---	---	3.3	---	---	---	---	---	---	---	---	---	---	3.3
1994	---	---	3.8	---	---	-5.6	---	---	---	---	---	---	---	-1.8
1995	---	---	2.9	---	---	35.8	---	---	---	---	---	---	---	38.6
1996	---	---	2.5	---	---	106.7	---	---	---	---	---	---	---	109.2
1997	---	---	2.6	---	---	74.7	---	---	---	0.9	---	---	---	78.2
1998	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1999	---	---	3.3	---	---	61.4	---	---	---	0.9	---	---	---	65.7

■ Age and Sex Expenditure Data

Changes to the age-sex distributions from the 2001 publication occurred due to methodology revisions and new information from data sources. For more detailed information please contact the NHEX section by telephone, (613) 241-7860 or by e-mail nhex@cihi.ca.

■ Economic and Demographic Data

Statistics Canada recently revised their population estimates. The estimates in this report are now based on the latest released data of October 2002. As part of their overall revision to the methods for measuring the nation's economic activity Statistics Canada also revised estimates of Provincial Government Programs Spending; Provincial and National Gross Domestic Product; and the Implicit Price Index for Government Current Expenditure used in this report.

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 and Yukon Territories—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 Defense
  - Solicitor General of Canada
  - Statistics Canada
  - Citizenship and Immigration Canada
  - Several organizations that are responsible for administering research funds from federal government such as Canada Foundation for Innovation, Canadian Health Services Research Foundation and the Canadian Institute for Advanced Research

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 Régie de l'assurance-maladie du Québec

Municipal Government Sector

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

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 (CLHIA).

- Out-of-pocket Component
  - Survey of Household Spending, Statistics Canada (formerly the Family Expenditures Survey (FAMEX)), except for the following categories
  - **Hospitals**—(adjusted income from *patient services*) Annual Return of Health Care Facilities, fielded by Statistics Canada to 1994/1995, and the Annual Hospital Survey fielded by CIHI from 1995/1996 to 2000/2001

  - **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 AC Nielsen Canada

- Non-consumption Component
  - **Hospitals**—(adjusted income from *non-patient services*) Annual Return of Health Care Facilities, Part 2 fielded by Statistics Canada to 1994/1995 and the Annual Hospital Survey fielded by CIHI from 1995/1996 to 2000/2001
  - **Capital Expenditures**—special tabulation purchased from the Investment and Capital Stock Division of Statistics Canada
  - **Health Research**—The Association of Canadian Medical Colleges, *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 Discharge Abstract Database (DAD) and Hospital Morbidity Database (HMDB)
- CIHI's National Physician Database (NPDB)
- Special tabulations provided by provincial/territorial government departments responsible for administering drug and other health benefit programs
- Statistic Canada's Residential Care Facility Survey (RCF)

Analytical Focus

- 1975/1976—1993/1994: Statistics Canada – Annual Return of Health Care Facilities—Hospitals
- 1995/1996—1999/2001: Canadian Institute for Health Information—Canadian MIS Database

Economic and Demographic Data

- Gross Domestic Product
  - 1975–2001: purchased from National Accounts and Environment Division, Statistics Canada
  - 2002: purchased from the Conference Board of Canada (GDP growth rates)
- Population: purchased from the Demography Division, Statistics Canada
- Provincial Government Expenditure - Special tabulation purchased from the Public Institutions Division of Statistics Canada
- Price Indices
  - 1975–2001: Income and Expenditure Accounts Division and Prices Division, Statistics Canada
  - 2002: purchased from Conference Board of Canada

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, 1974/1975 to 2002/2003
G— Hospital Expenditure by Functional Centre and Type of Expense, 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, and Series G are not available in constant dollar values.

Current dollars
- in millions of dollars
- percentage distribution (Use of Funds and Series G 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" and 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 2002 - Summary

	Total Health Expenditure in current dollars		Total Health Expenditure in constant 1997 dollars		Total Health Expenditure as a % of GDP
	Total	Per Capita	Total	Per Capita	
Year	($' 000,000)	($)	($' 000,000)	($)	(%)
1975	12,200.6	527.20	39,695.7	1,715.29	7.0
1976	14,051.1	599.20	40,778.3	1,738.96	7.0
1977	15,451.2	651.23	41,621.1	1,754.21	7.0
1978	17,108.4	713.92	42,953.6	1,792.43	7.0
1979	19,170.1	792.08	44,216.2	1,826.95	6.8
1980	22,299.9	909.60	46,685.8	1,904.28	7.1
1981	26,278.9	1,058.76	48,845.2	1,967.95	7.3
1982	30,761.4	1,224.70	51,207.0	2,038.70	8.1
1983	34,040.9	1,341.94	53,199.8	2,097.21	8.3
1984	36,746.6	1,434.99	55,144.6	2,153.45	8.2
1985	39,845.2	1,541.84	57,565.3	2,227.54	8.2
1986	43,340.7	1,660.53	60,361.7	2,312.66	8.5
1987	46,791.9	1,769.08	62,047.0	2,345.83	8.4
1988	50,959.8	1,901.60	64,726.6	2,415.32	8.3
1989	56,096.3	2,055.85	67,646.6	2,479.15	8.5
1990	61,027.6	2,203.10	69,842.6	2,521.32	9.0
1991	66,293.6	2,365.02	72,642.9	2,591.53	9.7
1992	69,810.9	2,460.16	74,167.9	2,613.70	10.0
1993	71,561.5	2,493.16	74,784.1	2,605.43	9.8
1994	73,176.3	2,520.19	75,322.8	2,594.12	9.5
1995	74,120.5	2,525.07	75,546.5	2,573.65	9.1
1996	74,779.7	2,520.22	75,695.0	2,551.07	8.9
1997	78,574.2	2,620.26	78,574.2	2,620.26	8.9
1998	83,634.6	2,764.92	82,471.3	2,726.47	9.1
1999	89,788.6	2,942.99	87,467.2	2,866.90	9.2
2000	97,420.0	3,163.93	92,541.8	3,005.50	9.1
2001 f	105,605.2	3,394.51	98,691.7	3,172.29	9.7
2002 f	112,213.0	3,572.07	101,952.9	3,245.46	9.8
			(annual percentage change)		
1975	---	---	---	---	---
1976	15.2	13.7	2.7	1.4	---
1977	10.0	8.7	2.1	0.9	---
1978	10.7	9.6	3.2	2.2	---
1979	12.1	10.9	2.9	1.9	---
1980	16.3	14.8	5.6	4.2	---
1981	17.8	16.4	4.6	3.3	---
1982	17.1	15.7	4.8	3.6	---
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	3.4	---
1986	8.8	7.7	4.9	3.8	---
1987	8.0	6.5	2.8	1.4	---
1988	8.9	7.5	4.3	3.0	---
1989	10.1	8.1	4.5	2.6	---
1990	8.8	7.2	3.2	1.7	---
1991	8.6	7.3	4.0	2.8	---
1992	5.3	4.0	2.1	0.9	---
1993	2.5	1.3	0.8	-0.3	---
1994	2.3	1.1	0.7	-0.4	---
1995	1.3	0.2	0.3	-0.8	---
1996	0.9	-0.2	0.2	-0.9	---
1997	5.1	4.0	3.8	2.7	---
1998	6.4	5.5	5.0	4.1	---
1999	7.4	6.4	6.1	5.2	---
2000	8.5	7.5	5.8	4.8	---
2001 f	8.4	7.3	6.6	5.5	---
2002 f	6.3	5.2	3.3	2.3	---

f - Forecast

CIHI 2002

Table A.2.1

Total Health Expenditure by Source of Finance, Canada, 1975 to 2002 - 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	8,710.4	398.3	71.6	121.1	9,301.4	2,899.2	12,200.6
1976	10,131.2	439.7	105.8	141.9	10,818.5	3,232.6	14,051.1
1977	11,103.3	475.2	114.2	153.1	11,845.8	3,605.4	15,451.2
1978	12,271.1	485.6	111.7	173.8	13,042.1	4,066.3	17,108.4
1979	13,697.0	512.8	156.0	186.8	14,552.7	4,617.4	19,170.1
1980	15,795.6	582.1	234.0	231.7	16,843.4	5,456.5	22,299.9
1981	18,657.7	692.7	275.4	319.0	19,944.8	6,334.1	26,278.9
1982	22,004.4	854.8	250.8	339.1	23,449.1	7,312.3	30,761.4
1983	24,512.4	994.9	222.2	352.7	26,082.3	7,958.6	34,040.9
1984	26,247.4	1,106.1	214.5	392.3	27,960.4	8,786.3	36,746.6
1985	28,205.7	1,157.7	273.1	462.0	30,098.4	9,746.9	39,845.2
1986	30,504.0	1,260.8	310.2	457.0	32,532.0	10,808.7	43,340.7
1987	32,824.6	1,349.7	404.6	479.5	35,058.4	11,733.5	46,791.9
1988	35,806.9	1,522.8	303.5	531.1	38,164.3	12,795.4	50,959.8
1989	39,332.1	1,686.6	326.4	566.8	41,911.9	14,184.3	56,096.3
1990	42,469.7	1,970.4	364.6	645.7	45,450.5	15,577.1	61,027.6
1991	46,176.8	2,110.0	374.7	725.2	49,386.7	16,906.9	66,293.6
1992	48,338.7	2,199.9	396.9	763.4	51,699.0	18,112.0	69,810.9
1993	48,573.0	2,280.9	383.7	746.4	51,984.0	19,577.5	71,561.5
1994	48,977.8	2,519.8	446.1	749.1	52,692.8	20,483.5	73,176.3
1995	48,967.1	2,667.0	394.9	793.2	52,822.2	21,298.3	74,120.5
1996	49,095.5	2,606.3	348.1	825.9	52,875.7	21,904.0	74,779.7
1997	50,904.0	2,850.0	318.7	950.6	55,023.2	23,550.9	78,574.2
1998	54,198.2	3,052.3	765.4	1,046.3	59,062.3	24,572.3	83,634.6
1999	58,091.4	3,370.2	570.1	1,172.7	63,204.4	26,584.2	89,788.6
2000	63,425.8	3,551.0	645.8	1,354.9	68,977.5	28,442.5	97,420.0
2001 f	68,805.6	3,735.6	738.0	1,470.6	74,749.9	30,855.3	105,605.2
2002 f	73,129.8	3,920.1	764.9	1,538.9	79,353.7	32,859.4	112,213.0
				(annual percentage change)			
1975	---	---	---	---	---	---	---
1976	16.3	10.4	47.6	17.2	16.3	11.5	15.2
1977	9.6	8.1	7.9	8.0	9.5	11.5	10.0
1978	10.5	2.2	-2.2	13.5	10.1	12.8	10.7
1979	11.6	5.6	39.7	7.5	11.6	13.6	12.1
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	17.8	7.6	10.9	8.4
1986	8.1	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	10.9	10.1
1990	8.0	16.8	11.7	13.9	8.4	9.8	8.8
1991	8.7	7.1	2.8	12.3	8.7	8.5	8.6
1992	4.7	4.3	6.0	5.3	4.7	7.1	5.3
1993	0.5	3.7	-3.3	-2.2	0.6	8.1	2.5
1994	0.8	10.5	16.2	0.4	1.4	4.6	2.3
1995	0.0	5.8	-11.5	5.9	0.2	4.0	1.3
1996	0.3	-2.3	-11.9	4.1	0.1	2.8	0.9
1997	3.7	9.4	-8.4	15.1	4.1	7.5	5.1
1998	6.5	7.1	140.2	10.1	7.3	4.3	6.4
1999	7.2	10.4	-25.5	12.1	7.0	8.2	7.4
2000	9.2	5.4	13.3	15.5	9.1	7.0	8.5
2001 f	8.5	5.2	14.3	8.5	8.4	8.5	8.4
2002 f	6.3	4.9	3.6	4.6	6.2	6.5	6.3

f - Forecast

CIHI 2002

Table A.2.2

Total Health Expenditure by Source of Finance, Canada, 1975 to 2002 - Current Dollars

	Provincial Government	Federal Direct	Municipal Government	Social Security Funds	Total of Public Sector	Private Sector	Total
	A	*B*	*C*	*D*	*A+B+C+D* *E*	*F*	*E+F* *G*
Year			**(percentage distribution of $' 000,000)**				
1975	71.4	3.3	0.6	1.0	76.2	23.8	100.0
1976	72.1	3.1	0.8	1.0	77.0	23.0	100.0
1977	71.9	3.1	0.7	1.0	76.7	23.3	100.0
1978	71.7	2.8	0.7	1.0	76.2	23.8	100.0
1979	71.4	2.7	0.8	1.0	75.9	24.1	100.0
1980	70.8	2.6	1.0	1.0	75.5	24.5	100.0
1981	71.0	2.6	1.0	1.2	75.9	24.1	100.0
1982	71.5	2.8	0.8	1.1	76.2	23.8	100.0
1983	72.0	2.9	0.7	1.0	76.6	23.4	100.0
1984	71.4	3.0	0.6	1.1	76.1	23.9	100.0
1985	70.8	2.9	0.7	1.2	75.5	24.5	100.0
1986	70.4	2.9	0.7	1.1	75.1	24.9	100.0
1987	70.2	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	69.2	3.2	0.6	1.1	74.1	25.9	100.0
1993	67.9	3.2	0.5	1.0	72.6	27.4	100.0
1994	66.9	3.4	0.6	1.0	72.0	28.0	100.0
1995	66.1	3.6	0.5	1.1	71.3	28.7	100.0
1996	65.7	3.5	0.5	1.1	70.7	29.3	100.0
1997	64.8	3.6	0.4	1.2	70.0	30.0	100.0
1998	64.8	3.6	0.9	1.3	70.6	29.4	100.0
1999	64.7	3.8	0.6	1.3	70.4	29.6	100.0
2000	65.1	3.6	0.7	1.4	70.8	29.2	100.0
2001 f	65.2	3.5	0.7	1.4	70.8	29.2	100.0
2002 f	65.2	3.5	0.7	1.4	70.7	29.3	100.0
			(annual percentage change)				
1975	---	---	---	---	---	---	---
1976	1.0	-4.1	28.2	1.7	1.0	-3.2	---
1977	-0.3	-1.7	-1.9	-1.8	-0.4	1.4	---
1978	-0.2	-7.7	-11.6	2.5	-0.6	1.9	---
1979	-0.4	-5.8	24.7	-4.1	-0.4	1.3	---
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	-19.9	-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	8.6	-0.7	2.3	---
1986	-0.6	0.1	4.4	-9.1	-0.6	2.0	---
1987	-0.3	-0.8	20.8	-2.8	-0.2	0.5	---
1988	0.2	3.6	-31.1	1.7	0.0	0.1	---
1989	-0.2	0.6	-2.3	-3.1	-0.2	0.7	---
1990	-0.7	7.4	2.7	4.7	-0.3	0.9	---
1991	0.1	-1.4	-5.4	3.4	0.0	-0.1	---
1992	-0.6	-1.0	0.6	0.0	-0.6	1.7	---
1993	-2.0	1.1	-5.7	-4.6	-1.9	5.4	---
1994	-1.4	8.0	13.7	-1.9	-0.9	2.3	---
1995	-1.3	4.5	-12.6	4.5	-1.0	2.7	---
1996	-0.6	-3.1	-12.6	3.2	-0.8	1.9	---
1997	-1.3	4.1	-12.9	9.5	-1.0	2.3	---
1998	0.0	0.6	125.7	3.4	0.8	-2.0	---
1999	-0.2	2.8	-30.6	4.4	-0.3	0.8	---
2000	0.6	-2.9	4.4	6.5	0.6	-1.4	---
2001 f	0.7	-5.8	10.1	6.6	0.6	-1.3	---
2002 f	0.1	-4.2	2.8	-1.4	-0.1	0.3	---

f - Forecast

CIHI 2002

Table A.2.3

Total Health Expenditure by Source of Finance, Canada, 1975 to 2002 - Current Dollars

	Provincial Government	Federal Direct	Municipal Government	Social Security Funds	Total of Public Sector	Private Sector	Total
	A	*B*	*C*	*D*	*A+B+C+D* *E*	*F*	*E+F* *G*
Year				**($' per capita)**			
1975	376.38	17.21	3.10	5.23	401.92	125.28	527.20
1976	432.04	18.75	4.51	6.05	461.35	137.85	599.20
1977	467.97	20.03	4.81	6.45	499.27	151.96	651.23
1978	512.06	20.26	4.66	7.25	544.24	169.68	713.92
1979	565.94	21.19	6.45	7.72	601.30	190.78	792.08
1980	644.29	23.74	9.54	9.45	687.03	222.57	909.60
1981	751.71	27.91	11.10	12.85	803.56	255.20	1,058.76
1982	876.06	34.03	9.99	13.50	933.58	291.12	1,224.70
1983	966.31	39.22	8.76	13.90	1,028.20	313.74	1,341.94
1984	1,024.99	43.20	8.38	15.32	1,091.88	343.11	1,434.99
1985	1,091.44	44.80	10.57	17.88	1,164.68	377.16	1,541.84
1986	1,168.71	48.30	11.88	17.51	1,246.41	414.12	1,660.53
1987	1,241.01	51.03	15.30	18.13	1,325.46	443.61	1,769.08
1988	1,336.16	56.83	11.33	19.82	1,424.13	477.47	1,901.60
1989	1,441.46	61.81	11.96	20.77	1,536.01	519.84	2,055.85
1990	1,533.16	71.13	13.16	23.31	1,640.76	562.33	2,203.10
1991	1,647.36	75.27	13.37	25.87	1,761.87	603.15	2,365.02
1992	1,703.47	77.53	13.99	26.90	1,821.89	638.27	2,460.16
1993	1,692.25	79.47	13.37	26.01	1,811.09	682.07	2,493.16
1994	1,686.80	86.78	15.36	25.80	1,814.74	705.45	2,520.19
1995	1,668.17	90.86	13.45	27.02	1,799.50	725.57	2,525.07
1996	1,654.61	87.84	11.73	27.83	1,782.01	738.21	2,520.22
1997	1,697.53	95.04	10.63	31.70	1,834.89	785.37	2,620.26
1998	1,791.77	100.91	25.30	34.59	1,952.58	812.35	2,764.92
1999	1,904.05	110.46	18.69	38.44	2,071.64	871.35	2,942.99
2000	2,059.89	115.33	20.97	44.00	2,240.20	923.73	3,163.93
2001 f	2,211.65	120.07	23.72	47.27	2,402.72	991.80	3,394.51
2002 f	2,327.94	124.79	24.35	48.99	2,526.06	1,046.01	3,572.07
				(annual percentage change)			
1975	---	---	---	---	---	---	---
1976	14.8	9.0	45.7	15.6	14.8	10.0	13.7
1977	8.3	6.8	6.7	6.7	8.2	10.2	8.7
1978	9.4	1.2	-3.1	12.3	9.0	11.7	9.6
1979	10.5	4.6	38.3	6.5	10.5	12.4	10.9
1980	13.8	12.0	48.1	22.4	14.3	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	16.7	6.7	9.9	7.4
1986	7.1	7.8	12.5	-2.1	7.0	9.8	7.7
1987	6.2	5.6	28.7	3.5	6.3	7.1	6.5
1988	7.7	11.4	-26.0	9.3	7.4	7.6	7.5
1989	7.9	8.8	5.6	4.8	7.9	8.9	8.1
1990	6.4	15.1	10.0	12.2	6.8	8.2	7.2
1991	7.4	5.8	1.5	11.0	7.4	7.3	7.3
1992	3.4	3.0	4.7	4.0	3.4	5.8	4.0
1993	-0.7	2.5	-4.4	-3.3	-0.6	6.9	1.3
1994	-0.3	9.2	14.9	-0.8	0.2	3.4	1.1
1995	-1.1	4.7	-12.4	4.7	-0.8	2.9	0.2
1996	-0.8	-3.3	-12.8	3.0	-1.0	1.7	-0.2
1997	2.6	8.2	-9.4	13.9	3.0	6.4	4.0
1998	5.6	6.2	138.1	9.1	6.4	3.4	5.5
1999	6.3	9.5	-26.2	11.1	6.1	7.3	6.4
2000	8.2	4.4	12.2	14.5	8.1	6.0	7.5
2001 f	7.4	4.1	13.1	7.4	7.3	7.4	7.3
2002 f	5.3	3.9	2.6	3.6	5.1	5.5	5.2

f - Forecast

CIHI 2002

Table A.2.4

Total Health Expenditure by Source of Finance, Canada, 1975 to 2002 - 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	27,838.6	1,272.2	230.4	389.4	29,730.5	9,965.1	39,695.7
1976	28,663.9	1,247.3	304.7	403.8	30,619.7	10,158.6	40,778.3
1977	28,974.1	1,243.4	304.7	402.6	30,924.8	10,696.2	41,621.1
1978	29,830.9	1,184.5	277.9	425.3	31,718.7	11,234.9	42,953.6
1979	30,369.4	1,140.9	354.1	417.5	32,281.9	11,934.4	44,216.2
1980	31,778.5	1,174.0	482.4	469.8	33,904.7	12,781.1	46,685.8
1981	33,252.6	1,237.4	501.6	572.9	35,564.5	13,280.7	48,845.2
1982	35,201.6	1,373.2	410.0	545.8	37,530.7	13,676.3	51,207.0
1983	37,131.6	1,506.6	342.1	539.1	39,519.4	13,680.3	53,199.8
1984	38,321.4	1,612.1	318.2	575.8	40,827.5	14,317.1	55,144.6
1985	39,769.3	1,631.6	389.2	652.4	42,442.5	15,122.9	57,565.3
1986	41,684.9	1,721.7	423.9	625.7	44,456.2	15,905.5	60,361.7
1987	42,971.3	1,767.8	526.9	628.6	45,894.7	16,152.3	62,047.0
1988	45,162.3	1,921.0	382.4	671.2	48,136.9	16,589.7	64,726.6
1989	47,088.3	2,019.6	389.3	678.3	50,175.5	17,471.1	67,646.6
1990	48,231.6	2,239.2	413.7	733.8	51,618.3	18,224.3	69,842.6
1991	50,329.7	2,305.5	409.0	790.0	53,834.1	18,808.8	72,642.9
1992	51,155.8	2,336.9	420.6	807.3	54,720.6	19,447.3	74,167.9
1993	50,753.8	2,393.7	401.3	779.6	54,328.4	20,455.7	74,784.1
1994	50,382.0	2,599.1	461.7	771.4	54,214.1	21,108.7	75,322.8
1995	49,804.4	2,717.5	403.6	807.7	53,733.2	21,813.4	75,546.5
1996	49,651.3	2,637.2	353.2	835.9	53,477.6	22,217.3	75,695.0
1997	50,904.0	2,850.0	318.7	950.6	55,023.2	23,550.9	78,574.2
1998	53,625.6	3,019.9	753.8	1,036.8	58,436.0	24,035.3	82,471.3
1999	57,037.5	3,309.3	563.7	1,147.7	62,058.3	25,409.0	87,467.2
2000	60,621.0	3,391.5	627.0	1,285.0	65,924.6	26,617.2	92,541.8
2001 f	64,986.3	3,528.4	708.6	1,377.8	70,601.1	28,090.6	98,691.7
2002 f	66,901.2	3,581.9	715.4	1,395.6	72,594.1	29,358.8	101,952.9
				(annual percentage change)			
1975	---	---	---	---	---	---	---
1976	3.0	-2.0	32.2	3.7	3.0	1.9	2.7
1977	1.1	-0.3	0.0	-0.3	1.0	5.3	2.1
1978	3.0	-4.7	-8.8	5.6	2.6	5.0	3.2
1979	1.8	-3.7	27.4	-1.8	1.8	6.2	2.9
1980	4.6	2.9	36.2	12.5	5.0	7.1	5.6
1981	4.6	5.4	4.0	21.9	4.9	3.9	4.6
1982	5.9	11.0	-18.3	-4.7	5.5	3.0	4.8
1983	5.5	9.7	-16.6	-1.2	5.3	0.0	3.9
1984	3.2	7.0	-7.0	6.8	3.3	4.7	3.7
1985	3.8	1.2	22.3	13.3	4.0	5.6	4.4
1986	4.8	5.5	8.9	-4.1	4.7	5.2	4.9
1987	3.1	2.7	24.3	0.5	3.2	1.6	2.8
1988	5.1	8.7	-27.4	6.8	4.9	2.7	4.3
1989	4.3	5.1	1.8	1.1	4.2	5.3	4.5
1990	2.4	10.9	6.3	8.2	2.9	4.3	3.2
1991	4.3	3.0	-1.1	7.7	4.3	3.2	4.0
1992	1.6	1.4	2.8	2.2	1.6	3.4	2.1
1993	-0.8	2.4	-4.6	-3.4	-0.7	5.2	0.8
1994	-0.7	8.6	15.0	-1.1	-0.2	3.2	0.7
1995	-1.1	4.6	-12.6	4.7	-0.9	3.3	0.3
1996	-0.3	-3.0	-12.5	3.5	-0.5	1.9	0.2
1997	2.5	8.1	-9.8	13.7	2.9	6.0	3.8
1998	5.3	6.0	136.6	9.1	6.2	2.1	5.0
1999	6.4	9.6	-25.2	10.7	6.2	5.7	6.1
2000	6.3	2.5	11.2	12.0	6.2	4.8	5.8
2001 f	7.2	4.0	13.0	7.2	7.1	5.5	6.6
2002 f	2.9	1.5	1.0	1.3	2.8	4.5	3.3

f - Forecast

CIHI 2002

Table A.2.5

Total Health Expenditure by Source of Finance, Canada, 1975 to 2002 - Constant Dollars

	Provincial Government	Federal Direct	Municipal Government	Social Security Funds	Total of Public Sector	Private Sector	Total
					A+B+C+D		*E+F*
	A	*B*	*C*	*D*	*E*	*F*	*G*
Year				**(in 1997 $' per capita)**			
1975	1,202.93	54.97	9.96	16.82	1,284.69	430.60	1,715.29
1976	1,222.35	53.19	12.99	17.22	1,305.75	433.21	1,738.96
1977	1,221.18	52.40	12.84	16.97	1,303.40	450.82	1,754.21
1978	1,244.82	49.43	11.60	17.75	1,323.60	468.83	1,792.43
1979	1,254.82	47.14	14.63	17.25	1,333.84	493.11	1,826.95
1980	1,296.22	47.89	19.68	19.16	1,382.95	521.33	1,904.28
1981	1,339.73	49.85	20.21	23.08	1,432.88	535.07	1,967.95
1982	1,401.48	54.67	16.33	21.73	1,494.21	544.49	2,038.70
1983	1,463.78	59.39	13.49	21.25	1,557.91	539.30	2,097.21
1984	1,496.49	62.96	12.42	22.48	1,594.35	559.10	2,153.45
1985	1,538.90	63.14	15.06	25.24	1,642.35	585.19	2,227.54
1986	1,597.09	65.96	16.24	23.97	1,703.27	609.39	2,312.66
1987	1,624.63	66.84	19.92	23.77	1,735.16	610.67	2,345.83
1988	1,685.27	71.68	14.27	25.05	1,796.27	619.06	2,415.32
1989	1,725.71	74.02	14.27	24.86	1,838.86	640.29	2,479.15
1990	1,741.16	80.83	14.93	26.49	1,863.42	657.90	2,521.32
1991	1,795.51	82.25	14.59	28.18	1,920.53	671.00	2,591.53
1992	1,802.75	82.35	14.82	28.45	1,928.37	685.33	2,613.70
1993	1,768.23	83.40	13.98	27.16	1,892.77	712.66	2,605.43
1994	1,735.16	89.51	15.90	26.57	1,867.14	726.98	2,594.12
1995	1,696.69	92.58	13.75	27.52	1,830.53	743.12	2,573.65
1996	1,673.35	88.88	11.90	28.17	1,802.30	748.77	2,551.07
1997	1,697.53	95.04	10.63	31.70	1,834.89	785.37	2,620.26
1998	1,772.84	99.84	24.92	34.28	1,931.87	794.60	2,726.47
1999	1,869.51	108.47	18.48	37.62	2,034.08	832.83	2,866.90
2000	1,968.80	110.15	20.36	41.73	2,141.05	864.45	3,005.50
2001 f	2,088.88	113.42	22.78	44.29	2,269.36	902.93	3,172.29
2002 f	2,129.66	114.02	22.77	44.43	2,310.88	934.58	3,245.46
				(annual percentage change)			
1975	---	---	---	---	---	---	---
1976	1.6	-3.2	30.5	2.4	1.6	0.6	1.4
1977	-0.1	-1.5	-1.1	-1.5	-0.2	4.1	0.9
1978	1.9	-5.7	-9.7	4.6	1.6	4.0	2.2
1979	0.8	-4.6	26.1	-2.8	0.8	5.2	1.9
1980	3.3	1.6	34.5	11.1	3.7	5.7	4.2
1981	3.4	4.1	2.7	20.4	3.6	2.6	3.3
1982	4.6	9.7	-19.2	-5.9	4.3	1.8	3.6
1983	4.4	8.6	-17.4	-2.2	4.3	-1.0	2.9
1984	2.2	6.0	-7.9	5.8	2.3	3.7	2.7
1985	2.8	0.3	21.2	12.3	3.0	4.7	3.4
1986	3.8	4.5	7.9	-5.0	3.7	4.1	3.8
1987	1.7	1.3	22.7	-0.9	1.9	0.2	1.4
1988	3.7	7.3	-28.4	5.4	3.5	1.4	3.0
1989	2.4	3.3	0.0	-0.7	2.4	3.4	2.6
1990	0.9	9.2	4.7	6.6	1.3	2.8	1.7
1991	3.1	1.7	-2.3	6.4	3.1	2.0	2.8
1992	0.4	0.1	1.6	1.0	0.4	2.1	0.9
1993	-1.9	1.3	-5.7	-4.5	-1.8	4.0	-0.3
1994	-1.9	7.3	13.7	-2.2	-1.4	2.0	-0.4
1995	-2.2	3.4	-13.5	3.6	-2.0	2.2	-0.8
1996	-1.4	-4.0	-13.4	2.4	-1.5	0.8	-0.9
1997	1.4	6.9	-10.7	12.5	1.8	4.9	2.7
1998	4.4	5.0	134.5	8.1	5.3	1.2	4.1
1999	5.5	8.6	-25.9	9.7	5.3	4.8	5.2
2000	5.3	1.5	10.2	10.9	5.3	3.8	4.8
2001 f	6.1	3.0	11.9	6.1	6.0	4.5	5.5
2002 f	2.0	0.5	0.0	0.3	1.8	3.5	2.3

f - Forecast

CIHI 2002

Table A.3.1.1—Part 1

Total Health Expenditure by Use of Funds, Canada, 1975 to 2002 - Current Dollars

	Hospitals	Other Institutions	Physicians	Other Professionals			
				Dental Services	Vision Care Services	Other	Sub-Total
Year	*A*	*B*	*C*				*D*
				($' 000,000)			
1975	**5,454.8**	**1,124.3**	**1,839.9**	740.1	226.1	128.4	**1,094.6**
1976	**6,357.3**	**1,367.7**	**2,071.0**	867.4	260.1	145.5	**1,273.0**
1977	**6,791.9**	**1,575.9**	**2,284.4**	1,033.0	295.8	162.6	**1,491.4**
1978	**7,380.6**	**1,850.3**	**2,566.7**	1,189.4	336.0	186.3	**1,711.7**
1979	**8,113.5**	**2,169.5**	**2,857.0**	1,372.2	365.7	219.2	**1,957.2**
1980	**9,333.7**	**2,536.2**	**3,287.5**	1,590.3	414.3	255.4	**2,260.0**
1981	**11,029.6**	**2,882.0**	**3,824.8**	1,809.7	513.6	303.7	**2,626.9**
1982	**13,091.3**	**3,356.8**	**4,420.8**	2,070.4	609.8	357.3	**3,037.5**
1983	**14,416.5**	**3,727.9**	**5,052.7**	2,223.6	715.0	411.6	**3,350.2**
1984	**15,343.8**	**3,907.2**	**5,525.8**	2,400.3	829.2	452.2	**3,681.7**
1985	**16,260.1**	**4,103.2**	**6,045.7**	2,710.8	925.8	496.4	**4,133.0**
1986	**17,637.2**	**4,087.2**	**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**	**7,942.5**	3,494.0	1,184.2	715.2	**5,393.4**
1989	**22,236.5**	**5,141.3**	**8,507.2**	3,820.7	1,302.3	833.2	**5,956.2**
1990	**23,819.9**	**5,748.2**	**9,247.2**	4,139.0	1,402.7	955.9	**6,497.6**
1991	**25,662.0**	**6,344.9**	**10,210.3**	4,467.5	1,484.8	1,081.7	**7,034.0**
1992	**26,653.5**	**6,787.1**	**10,453.6**	4,690.2	1,535.0	1,170.1	**7,395.4**
1993	**26,739.5**	**6,794.8**	**10,503.8**	4,926.9	1,587.0	1,218.7	**7,732.7**
1994	**26,246.5**	**6,920.1**	**10,736.9**	5,216.5	1,683.0	1,250.3	**8,149.8**
1995	**25,645.1**	**7,130.2**	**10,642.2**	5,485.0	1,774.4	1,307.8	**8,567.3**
1996	**25,459.7**	**7,251.2**	**10,763.7**	5,663.4	1,830.1	1,349.5	**8,843.0**
1997	**26,202.5**	**7,504.7**	**11,182.2**	5,896.7	2,188.3	1,556.8	**9,641.8**
1998	**27,560.8**	**7,808.4**	**11,722.3**	6,279.3	2,275.3	1,540.0	**10,094.6**
1999	**28,718.1**	**8,543.6**	**12,228.9**	6,774.0	2,346.0	1,738.9	**10,858.8**
2000	**31,245.3**	**9,139.2**	**12,999.6**	7,204.1	2,573.8	1,825.5	**11,603.4**
2001 f	**33,076.1**	**9,779.1**	**14,017.1**	7,701.6	2,774.9	1,964.5	**12,441.0**
2002 f	**35,159.3**	**10,399.5**	**15,010.3**	8,036.6	2,924.8	2,054.1	**13,015.4**
				(annual percentage change)			
1975	---	---	---	---	---	---	---
1976	**16.5**	**21.7**	**12.6**	17.2	15.0	13.3	**16.3**
1977	**6.8**	**15.2**	**10.3**	19.1	13.7	11.7	**17.2**
1978	**8.7**	**17.4**	**12.4**	15.1	13.6	14.6	**14.8**
1979	**9.9**	**17.3**	**11.3**	15.4	8.9	17.6	**14.3**
1980	**15.0**	**16.9**	**15.1**	15.9	13.3	16.5	**15.5**
1981	**18.2**	**13.6**	**16.3**	13.8	24.0	18.9	**16.2**
1982	**18.7**	**16.5**	**15.6**	14.4	18.7	17.7	**15.6**
1983	**10.1**	**11.1**	**14.3**	7.4	17.3	15.2	**10.3**
1984	**6.4**	**4.8**	**9.4**	7.9	16.0	9.8	**9.9**
1985	**6.0**	**5.0**	**9.4**	12.9	11.6	9.8	**12.3**
1986	**8.5**	**-0.4**	**10.4**	9.2	8.2	13.2	**9.5**
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	**9.0**	**8.5**	**7.1**	9.3	10.0	16.5	**10.4**
1990	**7.1**	**11.8**	**8.7**	8.3	7.7	14.7	**9.1**
1991	**7.7**	**10.4**	**10.4**	7.9	5.8	13.2	**8.3**
1992	**3.9**	**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	**-1.8**	**1.8**	**2.2**	5.9	6.1	2.6	**5.4**
1995	**-2.3**	**3.0**	**-0.9**	5.1	5.4	4.6	**5.1**
1996	**-0.7**	**1.7**	**1.1**	3.3	3.1	3.2	**3.2**
1997	**2.9**	**3.5**	**3.9**	4.1	19.6	15.4	**9.0**
1998	**5.2**	**4.0**	**4.8**	6.5	4.0	-1.1	**4.7**
1999	**4.2**	**9.4**	**4.3**	7.9	3.1	12.9	**7.6**
2000	**8.8**	**7.0**	**6.3**	6.4	9.7	5.0	**6.9**
2001 f	**5.9**	**7.0**	**7.8**	6.9	7.8	7.6	**7.2**
2002 f	**6.3**	**6.3**	**7.1**	4.3	5.4	4.6	**4.6**

f - Forecast

CIHI 2002

Table A.3.1.1—Part 2

Total Health Expenditure by Use of Funds, Canada, 1975 to 2002 - Current Dollars (cont'd)

Drugs			Capital	Public Health & Administration	Other Health Spending				
Prescribed Drugs	Non-Prescribed Drugs	**Sub-Total**			Pre-payment Administration	Health Research	Other	**Sub-Total**	**Grand Total**
		E	*F*	*G*				*H*	*A+B+C+D+E+F+G+H*
				($' 000,000)					
770.6	305.6	**1,076.2**	**536.1**	**514.9**	211.8	94.8	253.1	**559.7**	**12,200.6**
881.9	316.0	**1,197.9**	**544.1**	**630.4**	212.7	106.7	290.3	**609.7**	**14,051.1**
985.0	324.5	**1,309.5**	**563.7**	**720.4**	248.2	130.7	335.1	**714.0**	**15,451.2**
1,049.2	392.8	**1,442.0**	**672.2**	**714.7**	257.8	151.8	360.6	**770.2**	**17,108.4**
1,159.8	495.5	**1,655.3**	**725.1**	**808.1**	286.8	173.6	424.0	**884.3**	**19,170.1**
1,295.2	586.3	**1,881.5**	**990.7**	**950.5**	318.3	203.0	538.4	**1,059.7**	**22,299.9**
1,673.9	655.0	**2,328.9**	**1,111.2**	**1,117.2**	417.3	232.2	708.8	**1,358.3**	**26,278.9**
1,920.9	715.0	**2,635.9**	**1,394.8**	**1,332.6**	407.8	258.8	825.1	**1,491.7**	**30,761.4**
2,103.8	845.9	**2,949.6**	**1,436.6**	**1,435.3**	434.1	297.9	940.1	**1,672.2**	**34,040.9**
2,252.2	1,058.6	**3,310.8**	**1,504.1**	**1,591.3**	520.7	337.8	1,023.3	**1,881.8**	**36,746.6**
2,565.6	1,235.9	**3,801.5**	**1,651.2**	**1,788.8**	513.4	383.8	1,164.6	**2,061.8**	**39,845.2**
3,018.0	1,399.0	**4,417.1**	**1,801.4**	**1,840.7**	570.4	456.1	1,332.0	**2,358.5**	**43,340.7**
3,293.1	1,621.7	**4,914.9**	**1,871.8**	**1,946.8**	576.5	455.6	1,489.6	**2,521.8**	**46,791.9**
3,736.8	1,784.9	**5,521.7**	**1,901.7**	**2,059.8**	737.4	508.6	1,755.6	**3,001.6**	**50,959.8**
4,262.9	1,975.6	**6,238.5**	**2,092.8**	**2,297.3**	987.7	589.0	2,049.8	**3,626.4**	**56,096.3**
4,871.8	2,058.7	**6,930.5**	**2,123.7**	**2,570.1**	1,002.5	671.4	2,416.6	**4,090.5**	**61,027.6**
5,468.6	2,236.6	**7,705.3**	**2,027.5**	**2,806.1**	1,092.5	699.3	2,711.8	**4,503.7**	**66,293.6**
6,100.7	2,418.1	**8,518.8**	**2,058.0**	**3,073.3**	1,161.2	808.2	2,901.9	**4,871.3**	**69,810.9**
6,603.5	2,576.0	**9,179.6**	**2,016.9**	**3,241.5**	1,410.2	793.4	3,149.2	**5,352.8**	**71,561.5**
6,760.9	2,676.6	**9,437.5**	**2,272.8**	**3,623.9**	1,568.7	801.4	3,418.6	**5,788.7**	**73,176.3**
7,399.0	2,703.6	**10,102.6**	**2,263.1**	**3,786.8**	1,617.6	808.4	3,557.2	**5,983.2**	**74,120.5**
7,602.1	2,756.0	**10,358.1**	**2,160.0**	**3,912.4**	1,651.7	821.1	3,558.7	**6,031.6**	**74,779.7**
8,531.3	2,877.5	**11,408.8**	**2,122.0**	**3,956.0**	1,633.3	1,114.4	3,808.4	**6,556.1**	**78,574.2**
9,451.3	3,067.0	**12,518.3**	**2,298.3**	**4,760.7**	1,494.4	1,219.9	4,156.9	**6,871.2**	**83,634.6**
10,239.8	3,252.3	**13,492.1**	**3,108.5**	**5,159.4**	1,693.9	1,396.6	4,588.6	**7,679.1**	**89,788.6**
11,728.3	3,322.6	**15,051.0**	**3,513.4**	**5,796.8**	1,888.8	1,268.0	4,914.7	**8,071.5**	**97,420.0**
13,396.7	3,441.1	**16,837.8**	**4,405.1**	**6,483.2**	2,017.0	1,289.1	5,259.7	**8,565.8**	**105,605.2**
14,572.9	3,564.0	**18,136.8**	**4,826.1**	**6,676.5**	2,171.5	1,409.3	5,408.2	**8,988.9**	**112,213.0**
				(annual percentage change)					
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14.4	3.4	**11.3**	**1.5**	**22.4**	0.4	12.5	14.7	**8.9**	**15.2**
11.7	2.7	**9.3**	**3.6**	**14.3**	16.7	22.5	15.4	**17.1**	**10.0**
6.5	21.1	**10.1**	**19.2**	**-0.8**	3.9	16.2	7.6	**7.9**	**10.7**
10.5	26.2	**14.8**	**7.9**	**13.1**	11.2	14.4	17.6	**14.8**	**12.1**
11.7	18.3	**13.7**	**36.6**	**17.6**	11.0	16.9	27.0	**19.8**	**16.3**
29.2	11.7	**23.8**	**12.2**	**17.5**	31.1	14.4	31.7	**28.2**	**17.8**
14.8	9.2	**13.2**	**25.5**	**19.3**	-2.3	11.5	16.4	**9.8**	**17.1**
9.5	18.3	**11.9**	**3.0**	**7.7**	6.5	15.1	13.9	**12.1**	**10.7**
7.1	25.2	**12.2**	**4.7**	**10.9**	19.9	13.4	8.8	**12.5**	**7.9**
13.9	16.7	**14.8**	**9.8**	**12.4**	-1.4	13.6	13.8	**9.6**	**8.4**
17.6	13.2	**16.2**	**9.1**	**2.9**	11.1	18.8	14.4	**14.4**	**8.8**
9.1	15.9	**11.3**	**3.9**	**5.8**	1.1	-0.1	11.8	**6.9**	**8.0**
13.5	10.1	**12.3**	**1.6**	**5.8**	27.9	11.6	17.9	**19.0**	**8.9**
14.1	10.7	**13.0**	**10.0**	**11.5**	33.9	15.8	16.8	**20.8**	**10.1**
14.3	4.2	**11.1**	**1.5**	**11.9**	1.5	14.0	17.9	**12.8**	**8.8**
12.3	8.6	**11.2**	**-4.5**	**9.2**	9.0	4.2	12.2	**10.1**	**8.6**
11.6	8.1	**10.6**	**1.5**	**9.5**	6.3	15.6	7.0	**8.2**	**5.3**
8.2	6.5	**7.8**	**-2.0**	**5.5**	21.4	-1.8	8.5	**9.9**	**2.5**
2.4	3.9	**2.8**	**12.7**	**11.8**	11.2	1.0	8.6	**8.1**	**2.3**
9.4	1.0	**7.0**	**-0.4**	**4.5**	3.1	0.9	4.1	**3.4**	**1.3**
2.7	1.9	**2.5**	**-4.6**	**3.3**	2.1	1.6	0.0	**0.8**	**0.9**
12.2	4.4	**10.1**	**-1.8**	**1.1**	-1.1	35.7	7.0	**8.7**	**5.1**
10.8	6.6	**9.7**	**8.3**	**20.3**	-8.5	9.5	9.2	**4.8**	**6.4**
8.3	6.0	**7.8**	**35.3**	**8.4**	13.4	14.5	10.4	**11.8**	**7.4**
14.5	2.2	**11.6**	**13.0**	**12.4**	11.5	-9.2	7.1	**5.1**	**8.5**
14.2	3.6	**11.9**	**25.4**	**11.8**	6.8	1.7	7.0	**6.1**	**8.4**
8.8	3.6	**7.7**	**9.6**	**3.0**	7.7	9.3	2.8	**4.9**	**6.3**

CIHI 2002

Table A.3.1.2—Part 1

Total Health Expenditure by Use of Funds, Canada, 1975 to 2002 - Current Dollars

	Hospitals	Other Institutions	Physicians	Other Professionals			
				Dental Services	Vision Care Services	Other	Sub-Total
Year	*A*	*B*	*C*				*D*
			(percentage distribution of $' 000,000)				
1975	44.7	9.2	15.1	6.1	1.9	1.1	9.0
1976	45.2	9.7	14.7	6.2	1.9	1.0	9.1
1977	44.0	10.2	14.8	6.7	1.9	1.1	9.7
1978	43.1	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	10.9	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	10.6	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	39.6	9.2	15.2	6.8	2.3	1.5	10.6
1990	39.0	9.4	15.2	6.8	2.3	1.6	10.6
1991	38.7	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	35.9	9.5	14.7	7.1	2.3	1.7	11.1
1995	34.6	9.6	14.4	7.4	2.4	1.8	11.6
1996	34.0	9.7	14.4	7.6	2.4	1.8	11.8
1997	33.3	9.6	14.2	7.5	2.8	2.0	12.3
1998	33.0	9.3	14.0	7.5	2.7	1.8	12.1
1999	32.0	9.5	13.6	7.5	2.6	1.9	12.1
2000	32.1	9.4	13.3	7.4	2.6	1.9	11.9
2001 f	31.3	9.3	13.3	7.3	2.6	1.9	11.8
2002 f	31.3	9.3	13.4	7.2	2.6	1.8	11.6
			(annual percentage change)				
1975	---	---	---	---	---	---	---
1976	1.2	5.6	-2.3	1.8	-0.1	-1.6	1.0
1977	-2.8	4.8	0.3	8.3	3.4	1.6	6.5
1978	-1.9	6.0	1.5	4.0	2.6	3.5	3.7
1979	-1.9	4.6	-0.7	3.0	-2.9	5.0	2.0
1980	-1.1	0.5	-1.1	-0.4	-2.6	0.1	-0.7
1981	0.3	-3.6	-1.3	-3.4	5.2	0.9	-1.4
1982	1.4	-0.5	-1.3	-2.3	1.4	0.5	-1.2
1983	-0.5	0.4	3.3	-2.9	6.0	4.1	-0.3
1984	-1.4	-2.9	1.3	0.0	7.4	1.8	1.8
1985	-2.3	-3.2	0.9	4.2	3.0	1.2	3.5
1986	-0.3	-8.4	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	3.5	0.8
1989	-1.0	-1.4	-2.7	-0.7	-0.1	5.8	0.3
1990	-1.5	2.8	-0.1	-0.4	-1.0	5.4	0.3
1991	-0.8	1.6	1.6	-0.6	-2.6	4.2	-0.3
1992	-1.4	1.6	-2.8	-0.3	-1.8	2.7	-0.2
1993	-2.1	-2.3	-2.0	2.5	0.9	1.6	2.0
1994	-4.0	-0.4	0.0	3.5	3.7	0.3	3.1
1995	-3.5	1.7	-2.1	3.8	4.1	3.3	3.8
1996	-1.6	0.8	0.3	2.3	2.2	2.3	2.3
1997	-2.1	-1.5	-1.1	-0.9	13.8	9.8	3.8
1998	-1.2	-2.2	-1.5	0.0	-2.3	-7.1	-1.6
1999	-2.9	1.9	-2.8	0.5	-4.0	5.2	0.2
2000	0.3	-1.4	-2.0	-2.0	1.1	-3.2	-1.5
2001 f	-2.3	-1.3	-0.5	-1.4	-0.5	-0.7	-1.1
2002 f	0.0	0.1	0.8	-1.8	-0.8	-1.6	-1.5

f - Forecast

CIHI 2002

Table A.3.1.2—Part 2

Total Health Expenditure by Use of Funds, Canada, 1975 to 2002 - Current Dollars (cont'd)

Drugs			Capital	Public Health & Administration	Other Health Spending				
Prescribed Drugs	Non-Prescribed Drugs	Sub-Total			Pre-payment Administration	Health Research	Other	Sub-Total	Grand Total
		E	*F*	*G*				*H*	*A+B+C+D+E+F+G+H*
				(percentage distribution of $' 000,000)					
6.3	2.5	**8.8**	**4.4**	**4.2**	1.7	0.8	2.1	**4.6**	**100.0**
6.3	2.2	**8.5**	**3.9**	**4.5**	1.5	0.8	2.1	**4.3**	**100.0**
6.4	2.1	**8.5**	**3.6**	**4.7**	1.6	0.8	2.2	**4.6**	**100.0**
6.1	2.3	**8.4**	**3.9**	**4.2**	1.5	0.9	2.1	**4.5**	**100.0**
6.0	2.6	**8.6**	**3.8**	**4.2**	1.5	0.9	2.2	**4.6**	**100.0**
5.8	2.6	**8.4**	**4.4**	**4.3**	1.4	0.9	2.4	**4.8**	**100.0**
6.4	2.5	**8.9**	**4.2**	**4.3**	1.6	0.9	2.7	**5.2**	**100.0**
6.2	2.3	**8.6**	**4.5**	**4.3**	1.3	0.8	2.7	**4.8**	**100.0**
6.2	2.5	**8.7**	**4.2**	**4.2**	1.3	0.9	2.8	**4.9**	**100.0**
6.1	2.9	**9.0**	**4.1**	**4.3**	1.4	0.9	2.8	**5.1**	**100.0**
6.4	3.1	**9.5**	**4.1**	**4.5**	1.3	1.0	2.9	**5.2**	**100.0**
7.0	3.2	**10.2**	**4.2**	**4.2**	1.3	1.1	3.1	**5.4**	**100.0**
7.0	3.5	**10.5**	**4.0**	**4.2**	1.2	1.0	3.2	**5.4**	**100.0**
7.3	3.5	**10.8**	**3.7**	**4.0**	1.4	1.0	3.4	**5.9**	**100.0**
7.6	3.5	**11.1**	**3.7**	**4.1**	1.8	1.0	3.7	**6.5**	**100.0**
8.0	3.4	**11.4**	**3.5**	**4.2**	1.6	1.1	4.0	**6.7**	**100.0**
8.2	3.4	**11.6**	**3.1**	**4.2**	1.6	1.1	4.1	**6.8**	**100.0**
8.7	3.5	**12.2**	**2.9**	**4.4**	1.7	1.2	4.2	**7.0**	**100.0**
9.2	3.6	**12.8**	**2.8**	**4.5**	2.0	1.1	4.4	**7.5**	**100.0**
9.2	3.7	**12.9**	**3.1**	**5.0**	2.1	1.1	4.7	**7.9**	**100.0**
10.0	3.6	**13.6**	**3.1**	**5.1**	2.2	1.1	4.8	**8.1**	**100.0**
10.2	3.7	**13.9**	**2.9**	**5.2**	2.2	1.1	4.8	**8.1**	**100.0**
10.9	3.7	**14.5**	**2.7**	**5.0**	2.1	1.4	4.8	**8.3**	**100.0**
11.3	3.7	**15.0**	**2.7**	**5.7**	1.8	1.5	5.0	**8.2**	**100.0**
11.4	3.6	**15.0**	**3.5**	**5.7**	1.9	1.6	5.1	**8.6**	**100.0**
12.0	3.4	**15.4**	**3.6**	**6.0**	1.9	1.3	5.0	**8.3**	**100.0**
12.7	3.3	**15.9**	**4.2**	**6.1**	1.9	1.2	5.0	**8.1**	**100.0**
13.0	3.2	**16.2**	**4.3**	**5.9**	1.9	1.3	4.8	**8.0**	**100.0**
				(annual percentage change)					
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-0.6	-10.2	**-3.4**	**-11.9**	**6.3**	-12.8	-2.3	-0.4	**-5.4**	---
1.6	-6.6	**-0.6**	**-5.8**	**3.9**	6.1	11.4	5.0	**6.5**	---
-3.8	9.3	**-0.5**	**7.7**	**-10.4**	-6.2	4.9	-2.8	**-2.6**	---
-1.3	12.6	**2.4**	**-3.7**	**0.9**	-0.7	2.1	4.9	**2.5**	---
-4.0	1.7	**-2.3**	**17.5**	**1.1**	-4.6	0.5	9.2	**3.0**	---
9.7	-5.2	**5.0**	**-4.8**	**-0.3**	11.3	-3.0	11.7	**8.8**	---
-2.0	-6.7	**-3.3**	**7.2**	**1.9**	-16.5	-4.8	-0.6	**-6.2**	---
-1.0	6.9	**1.1**	**-6.9**	**-2.7**	-3.8	4.0	3.0	**1.3**	---
-0.8	15.9	**4.0**	**-3.0**	**2.7**	11.1	5.0	0.8	**4.3**	---
5.1	7.7	**5.9**	**1.2**	**3.7**	-9.1	4.8	5.0	**1.0**	---
8.1	4.1	**6.8**	**0.3**	**-5.4**	2.1	9.3	5.2	**5.2**	---
1.1	7.4	**3.1**	**-3.8**	**-2.0**	-6.4	-7.5	3.6	**-1.0**	---
4.2	1.1	**3.2**	**-6.7**	**-2.8**	17.4	2.5	8.2	**9.3**	---
3.6	0.5	**2.6**	**0.0**	**1.3**	21.7	5.2	6.1	**9.8**	---
5.0	-4.2	**2.1**	**-6.7**	**2.8**	-6.7	4.8	8.4	**3.7**	---
3.3	0.0	**2.3**	**-12.1**	**0.5**	0.3	-4.1	3.3	**1.4**	---
5.9	2.7	**5.0**	**-3.6**	**4.0**	0.9	9.7	1.6	**2.7**	---
5.6	3.9	**5.1**	**-4.4**	**2.9**	18.5	-4.2	5.9	**7.2**	---
0.1	1.6	**0.5**	**10.2**	**9.3**	8.8	-1.2	6.2	**5.8**	---
8.0	-0.3	**5.7**	**-1.7**	**3.2**	1.8	-0.4	2.7	**2.0**	---
1.8	1.0	**1.6**	**-5.4**	**2.4**	1.2	0.7	-0.8	**-0.1**	---
6.8	-0.6	**4.8**	**-6.5**	**-3.8**	-5.9	29.2	1.8	**3.4**	---
4.1	0.1	**3.1**	**1.8**	**13.1**	-14.0	2.8	2.5	**-1.5**	---
0.9	-1.2	**0.4**	**26.0**	**0.9**	5.6	6.6	2.8	**4.1**	---
5.6	-5.8	**2.8**	**4.2**	**3.6**	2.8	-16.3	-1.3	**-3.1**	---
5.4	-4.5	**3.2**	**15.7**	**3.2**	-1.5	-6.2	-1.3	**-2.1**	---
2.4	-2.5	**1.4**	**3.1**	**-3.1**	1.3	2.9	-3.2	**-1.2**	---

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Table A.3.1.3—Part 1

Total Health Expenditure by Use of Funds, Canada, 1975 to 2002 - Current Dollars

	Hospitals	Other Institutions	Physicians	Other Professionals			
				Dental Services	Vision Care Services	Other	Sub-Total
Year	*A*	*B*	*C*				*D*
				($' per capita)			
1975	**235.71**	**48.58**	**79.50**	31.98	9.77	5.55	**47.30**
1976	**271.10**	**58.33**	**88.32**	36.99	11.09	6.20	**54.29**
1977	**286.26**	**66.42**	**96.28**	43.54	12.47	6.85	**62.86**
1978	**307.99**	**77.21**	**107.11**	49.63	14.02	7.78	**71.43**
1979	**335.24**	**89.64**	**118.05**	56.70	15.11	9.06	**80.87**
1980	**380.72**	**103.45**	**134.09**	64.87	16.90	10.42	**92.18**
1981	**444.37**	**116.12**	**154.10**	72.91	20.69	12.24	**105.84**
1982	**521.20**	**133.64**	**176.01**	82.43	24.28	14.23	**120.93**
1983	**568.32**	**146.96**	**199.18**	87.66	28.19	16.23	**132.07**
1984	**599.19**	**152.58**	**215.79**	93.73	32.38	17.66	**143.77**
1985	**629.20**	**158.78**	**233.94**	104.90	35.83	19.21	**159.93**
1986	**675.74**	**156.59**	**255.73**	113.39	38.40	21.53	**173.32**
1987	**716.49**	**163.67**	**277.61**	121.12	40.66	23.98	**185.77**
1988	**761.25**	**176.83**	**296.38**	130.38	44.19	26.69	**201.26**
1989	**814.93**	**188.42**	**311.78**	140.02	47.73	30.54	**218.29**
1990	**859.90**	**207.51**	**333.82**	149.42	50.64	34.51	**234.56**
1991	**915.49**	**226.35**	**364.25**	159.38	52.97	38.59	**250.94**
1992	**939.28**	**239.18**	**368.39**	165.29	54.09	41.24	**260.62**
1993	**931.59**	**236.73**	**365.95**	171.65	55.29	42.46	**269.40**
1994	**903.93**	**238.33**	**369.78**	179.65	57.96	43.06	**280.68**
1995	**873.65**	**242.91**	**362.55**	186.86	60.45	44.55	**291.86**
1996	**858.04**	**244.38**	**362.76**	190.87	61.68	45.48	**298.03**
1997	**873.79**	**250.26**	**372.90**	196.64	72.97	51.92	**321.53**
1998	**911.15**	**258.14**	**387.53**	207.59	75.22	50.91	**333.72**
1999	**941.29**	**280.03**	**400.83**	222.03	76.89	57.00	**355.92**
2000	**1,014.76**	**296.81**	**422.19**	233.97	83.59	59.29	**376.84**
2001 f	**1,063.18**	**314.33**	**450.56**	247.56	89.19	63.15	**399.90**
2002 f	**1,119.23**	**331.05**	**477.82**	255.83	93.10	65.39	**414.32**
				(annual percentage change)			
1975	---	---	---	---	---	---	---
1976	**15.0**	**20.1**	**11.1**	15.7	13.5	11.8	**14.8**
1977	**5.6**	**13.9**	**9.0**	17.7	12.4	10.4	**15.8**
1978	**7.6**	**16.2**	**11.2**	14.0	12.4	13.5	**13.6**
1979	**8.8**	**16.1**	**10.2**	14.2	7.8	16.5	**13.2**
1980	**13.6**	**15.4**	**13.6**	14.4	11.8	15.0	**14.0**
1981	**16.7**	**12.2**	**14.9**	12.4	22.4	17.5	**14.8**
1982	**17.3**	**15.1**	**14.2**	13.1	17.3	16.3	**14.3**
1983	**9.0**	**10.0**	**13.2**	6.3	16.1	14.1	**9.2**
1984	**5.4**	**3.8**	**8.3**	6.9	14.9	8.8	**8.9**
1985	**5.0**	**4.1**	**8.4**	11.9	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	**6.2**	**8.0**	**6.8**	7.6	8.7	11.3	**8.3**
1989	**7.1**	**6.6**	**5.2**	7.4	8.0	14.4	**8.5**
1990	**5.5**	**10.1**	**7.1**	6.7	6.1	13.0	**7.5**
1991	**6.5**	**9.1**	**9.1**	6.7	4.6	11.8	**7.0**
1992	**2.6**	**5.7**	**1.1**	3.7	2.1	6.9	**3.9**
1993	**-0.8**	**-1.0**	**-0.7**	3.9	2.2	3.0	**3.4**
1994	**-3.0**	**0.7**	**1.0**	4.7	4.8	1.4	**4.2**
1995	**-3.3**	**1.9**	**-2.0**	4.0	4.3	3.5	**4.0**
1996	**-1.8**	**0.6**	**0.1**	2.1	2.0	2.1	**2.1**
1997	**1.8**	**2.4**	**2.8**	3.0	18.3	14.2	**7.9**
1998	**4.3**	**3.1**	**3.9**	5.6	3.1	-1.9	**3.8**
1999	**3.3**	**8.5**	**3.4**	7.0	2.2	11.9	**6.7**
2000	**7.8**	**6.0**	**5.3**	5.4	8.7	4.0	**5.9**
2001 f	**4.8**	**5.9**	**6.7**	5.8	6.7	6.5	**6.1**
2002 f	**5.3**	**5.3**	**6.1**	3.3	4.4	3.6	**3.6**

f - Forecast

CIHI 2002

Table A.3.1.3—Part 2

Total Health Expenditure by Use of Funds, Canada, 1975 to 2002 - Current Dollars (cont'd)

Drugs			Capital	Public Health &	Other Health Spending				
Prescribed Drugs	Non-Prescribed Drugs	**Sub-Total**		**Administration**	Pre-payment Administration	Health Research	Other	**Sub-Total**	**Grand Total**
		E	*F*	*G*				*H*	*A+B+C+D +E+F+G+H*
				($' per capita)					
33.30	13.21	**46.50**	**23.16**	**22.25**	9.15	4.10	10.94	**24.19**	**527.20**
37.61	13.48	**51.08**	**23.20**	**26.88**	9.07	4.55	12.38	**26.00**	**599.20**
41.52	13.68	**55.19**	**23.76**	**30.36**	10.46	5.51	14.12	**30.09**	**651.23**
43.78	16.39	**60.17**	**28.05**	**29.82**	10.76	6.33	15.05	**32.14**	**713.92**
47.92	20.47	**68.40**	**29.96**	**33.39**	11.85	7.17	17.52	**36.54**	**792.08**
52.83	23.91	**76.75**	**40.41**	**38.77**	12.98	8.28	21.96	**43.22**	**909.60**
67.44	26.39	**93.83**	**44.77**	**45.01**	16.81	9.35	28.56	**54.73**	**1,058.76**
76.48	28.47	**104.94**	**55.53**	**53.05**	16.23	10.30	32.85	**59.39**	**1,224.70**
82.93	33.34	**116.28**	**56.63**	**56.58**	17.11	11.74	37.06	**65.92**	**1,341.94**
87.95	41.34	**129.29**	**58.74**	**62.14**	20.34	13.19	39.96	**73.49**	**1,434.99**
99.28	47.82	**147.10**	**63.90**	**69.22**	19.87	14.85	45.06	**79.78**	**1,541.84**
115.63	53.60	**169.23**	**69.02**	**70.52**	21.85	17.48	51.03	**90.36**	**1,660.53**
124.50	61.31	**185.82**	**70.77**	**73.60**	21.80	17.23	56.32	**95.34**	**1,769.08**
139.44	66.61	**206.05**	**70.96**	**76.86**	27.52	18.98	65.51	**112.01**	**1,901.60**
156.23	72.40	**228.63**	**76.70**	**84.19**	36.20	21.59	75.12	**132.90**	**2,055.85**
175.87	74.32	**250.19**	**76.66**	**92.78**	36.19	24.24	87.24	**147.67**	**2,203.10**
195.09	79.79	**274.88**	**72.33**	**100.11**	38.98	24.95	96.74	**160.67**	**2,365.02**
214.99	85.21	**300.21**	**72.52**	**108.30**	40.92	28.48	102.26	**171.67**	**2,460.16**
230.06	89.75	**319.81**	**70.27**	**112.93**	49.13	27.64	109.72	**186.49**	**2,493.16**
232.85	92.18	**325.03**	**78.28**	**124.81**	54.02	27.60	117.74	**199.36**	**2,520.19**
252.06	92.10	**344.17**	**77.10**	**129.00**	55.11	27.54	121.18	**203.83**	**2,525.07**
256.21	92.88	**349.09**	**72.80**	**131.85**	55.67	27.67	119.94	**203.28**	**2,520.22**
284.50	95.96	**380.46**	**70.76**	**131.92**	54.47	37.16	127.00	**218.63**	**2,620.26**
312.46	101.39	**413.85**	**75.98**	**157.39**	49.40	40.33	137.43	**227.16**	**2,764.92**
335.63	106.60	**442.23**	**101.89**	**169.11**	55.52	45.78	150.40	**251.70**	**2,942.99**
380.90	107.91	**488.81**	**114.10**	**188.26**	61.34	41.18	159.62	**262.14**	**3,163.93**
430.62	110.61	**541.23**	**141.59**	**208.39**	64.83	41.44	169.06	**275.33**	**3,394.51**
463.90	113.45	**577.35**	**153.63**	**212.53**	69.12	44.86	172.16	**286.14**	**3,572.07**
				(annual percentage change)					
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12.9	2.1	**9.8**	**0.2**	**20.8**	-0.9	11.1	13.2	**7.5**	**13.7**
10.4	1.5	**8.0**	**2.4**	**12.9**	15.3	21.1	14.1	**15.7**	**8.7**
5.5	19.9	**9.0**	**18.1**	**-1.8**	2.8	15.0	6.5	**6.8**	**9.6**
9.5	24.9	**13.7**	**6.8**	**12.0**	10.1	13.2	16.4	**13.7**	**10.9**
10.2	16.8	**12.2**	**34.9**	**16.1**	9.6	15.4	25.4	**18.3**	**14.8**
27.7	10.3	**22.3**	**10.8**	**16.1**	29.5	13.0	30.0	**26.6**	**16.4**
13.4	7.9	**11.8**	**24.0**	**17.9**	-3.4	10.2	15.0	**8.5**	**15.7**
8.4	17.1	**10.8**	**2.0**	**6.6**	5.4	14.0	12.8	**11.0**	**9.6**
6.0	24.0	**11.2**	**3.7**	**9.8**	18.8	12.3	7.8	**11.5**	**6.9**
12.9	15.7	**13.8**	**8.8**	**11.4**	-2.3	12.6	12.8	**8.6**	**7.4**
16.5	12.1	**15.0**	**8.0**	**1.9**	10.0	17.7	13.2	**13.3**	**7.7**
7.7	14.4	**9.8**	**2.5**	**4.4**	-0.3	-1.4	10.4	**5.5**	**6.5**
12.0	8.6	**10.9**	**0.3**	**4.4**	26.2	10.2	16.3	**17.5**	**7.5**
12.0	8.7	**11.0**	**8.1**	**9.5**	31.6	13.7	14.7	**18.7**	**8.1**
12.6	2.6	**9.4**	**0.0**	**10.2**	0.0	12.3	16.1	**11.1**	**7.2**
10.9	7.4	**9.9**	**-5.7**	**7.9**	7.7	2.9	10.9	**8.8**	**7.3**
10.2	6.8	**9.2**	**0.3**	**8.2**	5.0	14.2	5.7	**6.8**	**4.0**
7.0	5.3	**6.5**	**-3.1**	**4.3**	20.1	-3.0	7.3	**8.6**	**1.3**
1.2	2.7	**1.6**	**11.4**	**10.5**	10.0	-0.1	7.3	**6.9**	**1.1**
8.3	-0.1	**5.9**	**-1.5**	**3.4**	2.0	-0.2	2.9	**2.2**	**0.2**
1.6	0.8	**1.4**	**-5.6**	**2.2**	1.0	0.5	-1.0	**-0.3**	**-0.2**
11.0	3.3	**9.0**	**-2.8**	**0.1**	-2.2	34.3	5.9	**7.6**	**4.0**
9.8	5.7	**8.8**	**7.4**	**19.3**	-9.3	8.5	8.2	**3.9**	**5.5**
7.4	5.1	**6.9**	**34.1**	**7.4**	12.4	13.5	9.4	**10.8**	**6.4**
13.5	1.2	**10.5**	**12.0**	**11.3**	10.5	-10.0	6.1	**4.1**	**7.5**
13.1	2.5	**10.7**	**24.1**	**10.7**	5.7	0.6	5.9	**5.0**	**7.3**
7.7	2.6	**6.7**	**8.5**	**2.0**	6.6	8.3	1.8	**3.9**	**5.2**

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Table A.3.2.1—Part 1

Private Sector Health Expenditure by Use of Funds, Canada, 1975 to 2002 - Current Dollars

	Hospitals	Other Institutions	Physicians	Other Professionals			
				Dental Services	Vision Care Services	Other	Sub-Total
Year	*A*	*B*	*C*				*D*
				($' 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**	**80.0**	3,182.6	1,003.4	419.2	**4,605.3**
1989	**2,001.1**	**1,312.8**	**84.5**	3,470.4	1,096.7	491.7	**5,058.8**
1990	**2,240.3**	**1,581.4**	**88.6**	3,756.8	1,177.3	561.4	**5,495.5**
1991	**2,421.4**	**1,768.3**	**91.9**	4,061.8	1,237.1	618.7	**5,917.5**
1992	**2,537.8**	**1,889.9**	**95.2**	4,272.8	1,295.4	677.6	**6,245.8**
1993	**2,670.0**	**2,012.9**	**98.8**	4,500.9	1,376.0	731.1	**6,607.9**
1994	**2,660.6**	**2,092.0**	**103.6**	4,781.2	1,479.0	796.0	**7,056.2**
1995	**2,384.1**	**2,112.6**	**110.1**	5,060.2	1,581.3	853.0	**7,494.5**
1996	**2,315.8**	**2,105.3**	**121.7**	5,274.1	1,634.9	898.5	**7,807.4**
1997	**2,427.6**	**2,131.4**	**123.8**	5,514.8	1,974.7	1,084.2	**8,573.7**
1998	**2,259.9**	**2,183.0**	**146.1**	5,909.1	2,073.5	1,042.3	**9,024.9**
1999	**2,512.9**	**2,422.1**	**156.0**	6,377.1	2,129.8	1,198.6	**9,705.5**
2000	**2,712.5**	**2,512.0**	**178.6**	6,779.9	2,345.9	1,232.9	**10,358.6**
2001 f	**2,947.7**	**2,625.9**	**193.4**	7,252.9	2,539.7	1,358.7	**11,151.3**
2002 f	**3,187.6**	**2,698.6**	**206.0**	7,612.1	2,704.2	1,465.8	**11,782.1**
				(annual percentage change)			
1975	---	---	---	---	---	---	---
1976	**19.3**	**12.5**	**10.3**	16.6	15.3	12.1	**16.0**
1977	**10.7**	**8.7**	**9.4**	19.0	14.4	11.4	**17.4**
1978	**23.8**	**20.5**	**18.7**	14.3	13.2	8.6	**13.7**
1979	**20.5**	**21.9**	**37.1**	13.2	8.3	17.6	**12.6**
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**	**4.4**	9.1	9.3	17.1	**9.8**
1989	**5.2**	**3.3**	**5.6**	9.0	9.3	17.3	**9.8**
1990	**12.0**	**20.5**	**4.9**	8.3	7.4	14.2	**8.6**
1991	**8.1**	**11.8**	**3.8**	8.1	5.1	10.2	**7.7**
1992	**4.8**	**6.9**	**3.6**	5.2	4.7	9.5	**5.5**
1993	**5.2**	**6.5**	**3.8**	5.3	6.2	7.9	**5.8**
1994	**-0.4**	**3.9**	**4.8**	6.2	7.5	8.9	**6.8**
1995	**-10.4**	**1.0**	**6.3**	5.8	6.9	7.2	**6.2**
1996	**-2.9**	**-0.3**	**10.5**	4.2	3.4	5.3	**4.2**
1997	**4.8**	**1.2**	**1.8**	4.6	20.8	20.7	**9.8**
1998	**-6.9**	**2.4**	**18.0**	7.2	5.0	-3.9	**5.3**
1999	**11.2**	**11.0**	**6.8**	7.9	2.7	15.0	**7.5**
2000	**7.9**	**3.7**	**14.5**	6.3	10.1	2.9	**6.7**
2001 f	**8.7**	**4.5**	**8.3**	7.0	8.3	10.2	**7.7**
2002 f	**8.1**	**2.8**	**6.6**	5.0	6.5	7.9	**5.7**

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Table A.3.2.1—Part 2

Private Sector Health Expenditure by Use of Funds, Canada, 1975 to 2002 - Current Dollars (cont'd)

Drugs			Capital	Public Health & Administration	Other Health Spending				Grand Total
Prescribed Drugs	Non-Prescribed Drugs	Sub-Total			Pre-payment Administration	Health Research	Other	Sub-Total	
		E	*F*	*G*				*H*	*A+B+C+D+E+F+G+H*
				($' 000,000)					
613.1	305.6	**918.7**	**159.6**	---	72.2	23.4	94.7	**190.4**	**2,899.2**
667.6	316.0	**983.6**	**177.1**	---	62.0	29.5	91.4	**182.9**	**3,232.6**
721.4	324.5	**1,045.9**	**178.3**	---	90.2	36.4	96.6	**223.1**	**3,605.4**
724.7	392.8	**1,117.6**	**217.4**	---	86.2	43.2	77.1	**206.4**	**4,066.3**
776.5	495.5	**1,272.0**	**177.3**	---	100.1	50.3	79.5	**229.9**	**4,617.4**
833.3	586.3	**1,419.6**	**355.4**	---	117.1	63.0	87.8	**267.9**	**5,456.5**
1,110.2	655.0	**1,765.2**	**379.3**	---	186.5	66.4	95.2	**348.1**	**6,334.1**
1,240.5	715.0	**1,955.5**	**489.1**	---	146.6	73.8	99.7	**320.1**	**7,312.3**
1,289.8	845.9	**2,135.6**	**371.4**	---	172.7	82.1	105.0	**359.9**	**7,958.6**
1,312.7	1,058.6	**2,371.3**	**364.3**	---	250.3	91.2	108.6	**450.2**	**8,786.3**
1,447.7	1,235.9	**2,683.6**	**414.4**	---	269.2	102.8	118.2	**490.3**	**9,746.9**
1,698.8	1,399.0	**3,097.9**	**449.9**	---	296.4	119.7	133.0	**549.1**	**10,808.7**
1,800.4	1,621.7	**3,422.2**	**480.7**	---	280.4	136.1	149.9	**566.5**	**11,733.5**
2,034.0	1,784.9	**3,818.9**	**351.0**	---	425.3	164.1	177.4	**766.8**	**12,795.4**
2,292.0	1,975.6	**4,267.7**	**390.4**	---	660.2	196.1	212.9	**1,069.1**	**14,184.3**
2,593.9	2,058.7	**4,652.5**	**383.4**	---	665.4	226.2	243.8	**1,135.4**	**15,577.1**
2,861.9	2,236.6	**5,098.5**	**341.7**	---	746.8	249.8	270.9	**1,267.5**	**16,906.9**
3,192.3	2,418.1	**5,610.4**	**363.1**	---	805.0	265.5	299.3	**1,369.8**	**18,112.0**
3,558.7	2,576.0	**6,134.7**	**366.7**	---	1,060.0	275.0	351.4	**1,686.5**	**19,577.5**
3,673.3	2,676.6	**6,349.9**	**329.6**	---	1,226.4	289.9	375.3	**1,891.5**	**20,483.5**
4,033.8	2,703.6	**6,737.3**	**439.1**	---	1,274.1	315.2	431.2	**2,020.5**	**21,298.3**
4,273.3	2,756.0	**7,029.3**	**474.0**	---	1,309.1	332.1	409.4	**2,050.5**	**21,904.0**
4,933.2	2,877.5	**7,810.7**	**364.3**	---	1,291.6	358.9	468.9	**2,119.4**	**23,550.9**
5,443.8	3,067.0	**8,510.8**	**418.8**	---	1,111.3	427.8	489.5	**2,028.6**	**24,572.3**
5,688.5	3,252.3	**8,940.7**	**528.8**	---	1,299.7	449.2	569.3	**2,318.2**	**26,584.2**
6,426.9	3,322.6	**9,749.5**	**409.5**	---	1,475.2	449.6	596.9	**2,521.7**	**28,442.5**
7,318.9	3,441.1	**10,760.0**	**481.2**	---	1,578.5	471.9	645.5	**2,695.9**	**30,855.3**
8,011.0	3,564.0	**11,574.9**	**511.2**	---	1,725.0	487.4	686.7	**2,899.0**	**32,859.4**
				(annual percentage change)					
---	---	---	---	---	---	---	---	---	---
8.9	3.4	**7.1**	**11.0**	---	-14.1	26.0	-3.6	**-3.9**	**11.5**
8.1	2.7	**6.3**	**0.7**	---	45.4	23.3	5.7	**22.0**	**11.5**
0.5	21.1	**6.9**	**21.9**	---	-4.4	18.8	-20.2	**-7.5**	**12.8**
7.1	26.2	**13.8**	**-18.4**	---	16.2	16.4	3.1	**11.3**	**13.6**
7.3	18.3	**11.6**	**100.4**	---	17.0	25.4	10.4	**16.5**	**18.2**
33.2	11.7	**24.3**	**6.7**	---	59.2	5.4	8.5	**29.9**	**16.1**
11.7	9.2	**10.8**	**29.0**	---	-21.4	11.1	4.7	**-8.1**	**15.4**
4.0	18.3	**9.2**	**-24.1**	---	17.8	11.4	5.4	**12.4**	**8.8**
1.8	25.2	**11.0**	**-1.9**	---	44.9	11.1	3.4	**25.1**	**10.4**
10.3	16.7	**13.2**	**13.8**	---	7.6	12.7	8.8	**8.9**	**10.9**
17.3	13.2	**15.4**	**8.6**	---	10.1	16.4	12.5	**12.0**	**10.9**
6.0	15.9	**10.5**	**6.9**	---	-5.4	13.7	12.7	**3.2**	**8.6**
13.0	10.1	**11.6**	**-27.0**	---	51.7	20.6	18.3	**35.4**	**9.1**
12.7	10.7	**11.8**	**11.2**	---	55.2	19.5	20.0	**39.4**	**10.9**
13.2	4.2	**9.0**	**-1.8**	---	0.8	15.4	14.5	**6.2**	**9.8**
10.3	8.6	**9.6**	**-10.9**	---	12.2	10.4	11.1	**11.6**	**8.5**
11.5	8.1	**10.0**	**6.3**	---	7.8	6.3	10.5	**8.1**	**7.1**
11.5	6.5	**9.3**	**1.0**	---	31.7	3.6	17.4	**23.1**	**8.1**
3.2	3.9	**3.5**	**-10.1**	---	15.7	5.4	6.8	**12.2**	**4.6**
9.8	1.0	**6.1**	**33.2**	---	3.9	8.7	14.9	**6.8**	**4.0**
5.9	1.9	**4.3**	**7.9**	---	2.7	5.4	-5.1	**1.5**	**2.8**
15.4	4.4	**11.1**	**-23.1**	---	-1.3	8.1	14.5	**3.4**	**7.5**
10.4	6.6	**9.0**	**15.0**	---	-14.0	19.2	4.4	**-4.3**	**4.3**
4.5	6.0	**5.1**	**26.2**	---	17.0	5.0	16.3	**14.3**	**8.2**
13.0	2.2	**9.0**	**-22.6**	---	13.5	0.1	4.8	**8.8**	**7.0**
13.9	3.6	**10.4**	**17.5**	---	7.0	5.0	8.2	**6.9**	**8.5**
9.5	3.6	**7.6**	**6.2**	---	9.3	3.3	6.4	**7.5**	**6.5**

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Table A.3.2.2—Part 1

Private Sector Health Expenditure by Use of Funds, Canada, 1975 to 2002 - Current Dollars

	Hospitals	Other Institutions	Physicians	Other Professionals			
				Dental Services	Vision Care Services	Other	Sub-Total
Year	*A*	*B*	*C*				*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	13.0	10.2	0.5	23.3	7.2	3.9	34.4
1995	11.2	9.9	0.5	23.8	7.4	4.0	35.2
1996	10.6	9.6	0.6	24.1	7.5	4.1	35.6
1997	10.3	9.1	0.5	23.4	8.4	4.6	36.4
1998	9.2	8.9	0.6	24.0	8.4	4.2	36.7
1999	9.5	9.1	0.6	24.0	8.0	4.5	36.5
2000	9.5	8.8	0.6	23.8	8.2	4.3	36.4
2001 f	9.6	8.5	0.6	23.5	8.2	4.4	36.1
2002 f	9.7	8.2	0.6	23.2	8.2	4.5	35.9
			(annual percentage change)				
1975	---	---	---	---	---	---	---
1976	7.0	0.9	-1.1	4.6	3.4	0.5	4.0
1977	-0.8	-2.5	-1.9	6.7	2.5	-0.1	5.3
1978	9.8	6.9	5.3	1.4	0.4	-3.7	0.8
1979	6.1	7.3	20.7	-0.3	-4.6	3.6	-0.8
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	-4.3	0.0	0.2	7.4	0.7
1989	-5.1	-6.8	-4.7	-1.6	-1.4	5.8	-0.9
1990	1.9	9.7	-4.5	-1.4	-2.2	4.0	-1.1
1991	-0.4	3.0	-4.4	-0.4	-3.2	1.5	-0.8
1992	-2.2	-0.2	-3.3	-1.8	-2.2	2.2	-1.5
1993	-2.7	-1.5	-4.0	-2.5	-1.7	-0.2	-2.1
1994	-4.8	-0.7	0.2	1.5	2.7	4.1	2.1
1995	-13.8	-2.9	2.2	1.8	2.8	3.1	2.1
1996	-5.6	-3.1	7.4	1.3	0.5	2.4	1.3
1997	-2.5	-5.8	-5.3	-2.7	12.3	12.2	2.1
1998	-10.8	-1.8	13.1	2.7	0.6	-7.9	0.9
1999	2.8	2.6	-1.3	-0.2	-5.1	6.3	-0.6
2000	0.9	-3.1	7.1	-0.6	3.0	-3.9	-0.2
2001 f	0.2	-3.6	-0.2	-1.4	-0.2	1.6	-0.8
2002 f	1.5	-3.5	0.1	-1.4	0.0	1.3	-0.8

f - Forecast

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Table A.3.2.2—Part 2

Private Sector Health Expenditure by Use of Funds, Canada, 1975 to 2002 - Current Dollars (cont'd)

Drugs			Capital	Public Health & Administration	Other Health Spending				Grand Total
Prescribed Drugs	Non-Prescribed Drugs	Sub-Total			Pre-payment Administration	Health Research	Other	Sub-Total	
		E	*F*	*G*				*H*	*A+B+C+D+E+F+G+H*
				(percentage distribution of $' 000,000)					
21.1	10.5	**31.7**	**5.5**	---	2.5	0.8	3.3	**6.6**	**100.0**
20.7	9.8	**30.4**	**5.5**	---	1.9	0.9	2.8	**5.7**	**100.0**
20.0	9.0	**29.0**	**4.9**	---	2.5	1.0	2.7	**6.2**	**100.0**
17.8	9.7	**27.5**	**5.3**	---	2.1	1.1	1.9	**5.1**	**100.0**
16.8	10.7	**27.5**	**3.8**	---	2.2	1.1	1.7	**5.0**	**100.0**
15.3	10.7	**26.0**	**6.5**	---	2.1	1.2	1.6	**4.9**	**100.0**
17.5	10.3	**27.9**	**6.0**	---	2.9	1.0	1.5	**5.5**	**100.0**
17.0	9.8	**26.7**	**6.7**	---	2.0	1.0	1.4	**4.4**	**100.0**
16.2	10.6	**26.8**	**4.7**	---	2.2	1.0	1.3	**4.5**	**100.0**
14.9	12.0	**27.0**	**4.1**	---	2.8	1.0	1.2	**5.1**	**100.0**
14.9	12.7	**27.5**	**4.3**	---	2.8	1.1	1.2	**5.0**	**100.0**
15.7	12.9	**28.7**	**4.2**	---	2.7	1.1	1.2	**5.1**	**100.0**
15.3	13.8	**29.2**	**4.1**	---	2.4	1.2	1.3	**4.8**	**100.0**
15.9	13.9	**29.8**	**2.7**	---	3.3	1.3	1.4	**6.0**	**100.0**
16.2	13.9	**30.1**	**2.8**	---	4.7	1.4	1.5	**7.5**	**100.0**
16.7	13.2	**29.9**	**2.5**	---	4.3	1.5	1.6	**7.3**	**100.0**
16.9	13.2	**30.2**	**2.0**	---	4.4	1.5	1.6	**7.5**	**100.0**
17.6	13.4	**31.0**	**2.0**	---	4.4	1.5	1.7	**7.6**	**100.0**
18.2	13.2	**31.3**	**1.9**	---	5.4	1.4	1.8	**8.6**	**100.0**
17.9	13.1	**31.0**	**1.6**	---	6.0	1.4	1.8	**9.2**	**100.0**
18.9	12.7	**31.6**	**2.1**	---	6.0	1.5	2.0	**9.5**	**100.0**
19.5	12.6	**32.1**	**2.2**	---	6.0	1.5	1.9	**9.4**	**100.0**
20.9	12.2	**33.2**	**1.5**	---	5.5	1.5	2.0	**9.0**	**100.0**
22.2	12.5	**34.6**	**1.7**	---	4.5	1.7	2.0	**8.3**	**100.0**
21.4	12.2	**33.6**	**2.0**	---	4.9	1.7	2.1	**8.7**	**100.0**
22.6	11.7	**34.3**	**1.4**	---	5.2	1.6	2.1	**8.9**	**100.0**
23.7	11.2	**34.9**	**1.6**	---	5.1	1.5	2.1	**8.7**	**100.0**
24.4	10.8	**35.2**	**1.6**	---	5.2	1.5	2.1	**8.8**	**100.0**
				(annual percentage change)					
---	---	---	---	---	---	---	---	---	---
-2.4	-7.3	**-4.0**	**-0.5**	---	-23.0	13.0	-13.5	**-13.8**	---
-3.1	-7.9	**-4.7**	**-9.8**	---	30.4	10.5	-5.2	**9.4**	---
-10.9	7.3	**-5.3**	**8.1**	---	-15.3	5.3	-29.2	**-18.0**	---
-5.7	11.1	**0.2**	**-28.2**	---	2.3	2.5	-9.2	**-1.9**	---
-9.2	0.1	**-5.6**	**69.6**	---	-1.0	6.1	-6.6	**-1.4**	---
14.8	-3.8	**7.1**	**-8.1**	---	37.2	-9.2	-6.5	**11.9**	---
-3.2	-5.4	**-4.0**	**11.7**	---	-31.9	-3.8	-9.3	**-20.4**	---
-4.5	8.7	**0.3**	**-30.2**	---	8.2	2.3	-3.2	**3.3**	---
-7.8	13.4	**0.6**	**-11.2**	---	31.3	0.6	-6.3	**13.3**	---
-0.6	5.2	**2.0**	**2.5**	---	-3.0	1.6	-1.9	**-1.8**	---
5.8	2.1	**4.1**	**-2.1**	---	-0.7	4.9	1.5	**1.0**	---
-2.4	6.8	**1.8**	**-1.6**	---	-12.8	4.8	3.8	**-5.0**	---
3.6	0.9	**2.3**	**-33.0**	---	39.1	10.6	8.5	**24.1**	---
1.7	-0.2	**0.8**	**0.3**	---	40.0	7.8	8.3	**25.8**	---
3.0	-5.1	**-0.7**	**-10.6**	---	-8.2	5.1	4.3	**-3.3**	---
1.7	0.1	**1.0**	**-17.9**	---	3.4	1.7	2.4	**2.9**	---
4.1	0.9	**2.7**	**-0.8**	---	0.6	-0.8	3.2	**0.9**	---
3.1	-1.4	**1.2**	**-6.6**	---	21.8	-4.2	8.6	**13.9**	---
-1.3	-0.7	**-1.1**	**-14.1**	---	10.6	0.7	2.1	**7.2**	---
5.6	-2.9	**2.0**	**28.1**	---	-0.1	4.6	10.5	**2.7**	---
3.0	-0.9	**1.4**	**5.0**	---	-0.1	2.4	-7.7	**-1.3**	---
7.4	-2.9	**3.3**	**-28.5**	---	-8.2	0.5	6.5	**-3.9**	---
5.8	2.2	**4.4**	**10.2**	---	-17.5	14.3	0.1	**-8.3**	---
-3.4	-2.0	**-2.9**	**16.7**	---	8.1	-2.9	7.5	**5.6**	---
5.6	-4.5	**1.9**	**-27.6**	---	6.1	-6.5	-2.0	**1.7**	---
5.0	-4.5	**1.7**	**8.3**	---	-1.4	-3.3	-0.3	**-1.5**	---
2.8	-2.7	**1.0**	**-0.2**	---	2.6	-3.0	-0.1	**1.0**	---

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Table A.3.2.3—Part 1

Private Sector Health Expenditure by Use of Funds, Canada, 1975 to 2002 - Current Dollars

	Hospitals	Other Institutions	Physicians	Other Professionals			
				Dental Services	Vision Care Services	Other	Sub-Total
Year	*A*	*B*	*C*				*D*
				($' per capita)			
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	5.38	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	83.40	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	146.74
1987	67.94	45.26	2.90	110.30	34.72	13.53	158.55
1988	71.02	47.40	2.98	118.76	37.44	15.64	171.85
1989	73.34	48.11	3.10	127.18	40.19	18.02	185.40
1990	80.88	57.09	3.20	135.62	42.50	20.26	198.39
1991	86.38	63.08	3.28	144.90	44.13	22.07	211.11
1992	89.43	66.60	3.36	150.58	45.65	23.88	220.10
1993	93.02	70.13	3.44	156.81	47.94	25.47	230.22
1994	91.63	72.05	3.57	164.67	50.94	27.41	243.02
1995	81.22	71.97	3.75	172.39	53.87	29.06	255.32
1996	78.05	70.95	4.10	177.75	55.10	30.28	263.13
1997	80.96	71.08	4.13	183.90	65.85	36.16	285.91
1998	74.71	72.17	4.83	195.35	68.55	34.46	298.36
1999	82.37	79.39	5.11	209.02	69.81	39.29	318.12
2000	88.10	81.58	5.80	220.19	76.19	40.04	336.42
2001 f	94.75	84.41	6.22	233.13	81.64	43.67	358.44
2002 f	101.47	85.90	6.56	242.32	86.08	46.66	375.06
				(annual percentage change)			
1975	---	---	---	---	---	---	---
1976	17.8	11.1	8.8	15.1	13.8	10.6	14.5
1977	9.4	7.5	8.2	17.6	13.0	10.1	16.1
1978	22.6	19.3	17.5	13.2	12.1	7.5	12.5
1979	19.3	20.7	35.8	12.1	7.3	16.5	11.5
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	8.0
1988	4.5	4.7	3.0	7.7	7.9	15.6	8.4
1989	3.3	1.5	3.7	7.1	7.3	15.2	7.9
1990	10.3	18.7	3.3	6.6	5.7	12.5	7.0
1991	6.8	10.5	2.6	6.8	3.8	8.9	6.4
1992	3.5	5.6	2.3	3.9	3.4	8.2	4.3
1993	4.0	5.3	2.6	4.1	5.0	6.7	4.6
1994	-1.5	2.7	3.6	5.0	6.3	7.6	5.6
1995	-11.4	-0.1	5.1	4.7	5.8	6.0	5.1
1996	-3.9	-1.4	9.3	3.1	2.3	4.2	3.1
1997	3.7	0.2	0.7	3.5	19.5	19.4	8.7
1998	-7.7	1.5	16.9	6.2	4.1	-4.7	4.4
1999	10.2	10.0	5.9	7.0	1.8	14.0	6.6
2000	7.0	2.8	13.5	5.3	9.1	1.9	5.8
2001 f	7.6	3.5	7.1	5.9	7.2	9.1	6.5
2002 f	7.1	1.8	5.5	3.9	5.4	6.8	4.6

f - Forecast

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Table A.3.2.3—Part 2

Private Sector Health Expenditure by Use of Funds, Canada, 1975 to 2002 - Current Dollars (cont'd)

Drugs			Capital	Public Health & Administration	Other Health Spending				Grand Total
Prescribed Drugs	Non-Prescribed Drugs	Sub-Total			Pre-payment Administration	Health Research	Other	Sub-Total	
		E	*F*	*G*				*H*	*A+B+C+D+E+F+G+H*
				($' per capita)					
26.49	13.21	**39.70**	**6.90**	---	3.12	1.01	4.09	**8.23**	**125.28**
28.47	13.48	**41.95**	**7.55**	---	2.64	1.26	3.90	**7.80**	**137.85**
30.40	13.68	**44.08**	**7.51**	---	3.80	1.53	4.07	**9.40**	**151.96**
30.24	16.39	**46.63**	**9.07**	---	3.60	1.80	3.22	**8.61**	**169.68**
32.08	20.47	**52.56**	**7.33**	---	4.14	2.08	3.28	**9.50**	**190.78**
33.99	23.91	**57.91**	**14.50**	---	4.78	2.57	3.58	**10.93**	**222.57**
44.73	26.39	**71.12**	**15.28**	---	7.51	2.68	3.84	**14.03**	**255.20**
49.39	28.47	**77.85**	**19.47**	---	5.84	2.94	3.97	**12.74**	**291.12**
50.84	33.34	**84.19**	**14.64**	---	6.81	3.24	4.14	**14.19**	**313.74**
51.26	41.34	**92.60**	**14.22**	---	9.77	3.56	4.24	**17.58**	**343.11**
56.02	47.82	**103.84**	**16.03**	---	10.42	3.98	4.57	**18.97**	**377.16**
65.09	53.60	**118.69**	**17.24**	---	11.36	4.58	5.10	**21.04**	**414.12**
68.07	61.31	**129.38**	**18.18**	---	10.60	5.15	5.67	**21.42**	**443.61**
75.90	66.61	**142.51**	**13.10**	---	15.87	6.12	6.62	**28.61**	**477.47**
84.00	72.40	**156.40**	**14.31**	---	24.19	7.19	7.80	**39.18**	**519.84**
93.64	74.32	**167.96**	**13.84**	---	24.02	8.17	8.80	**40.99**	**562.33**
102.10	79.79	**181.89**	**12.19**	---	26.64	8.91	9.66	**45.22**	**603.15**
112.50	85.21	**197.71**	**12.80**	---	28.37	9.36	10.55	**48.27**	**638.27**
123.98	89.75	**213.73**	**12.78**	---	36.93	9.58	12.24	**58.76**	**682.07**
126.51	92.18	**218.69**	**11.35**	---	42.24	9.98	12.92	**65.14**	**705.45**
137.42	92.10	**229.52**	**14.96**	---	43.40	10.74	14.69	**68.83**	**725.57**
144.02	92.88	**236.90**	**15.98**	---	44.12	11.19	13.80	**69.11**	**738.21**
164.51	95.96	**260.47**	**12.15**	---	43.07	11.97	15.64	**70.68**	**785.37**
179.97	101.39	**281.36**	**13.85**	---	36.74	14.14	16.18	**67.07**	**812.35**
186.45	106.60	**293.05**	**17.33**	---	42.60	14.72	18.66	**75.98**	**871.35**
208.73	107.91	**316.64**	**13.30**	---	47.91	14.60	19.38	**81.90**	**923.73**
235.25	110.61	**345.86**	**15.47**	---	50.74	15.17	20.75	**86.66**	**991.80**
255.01	113.45	**368.46**	**16.27**	---	54.91	15.51	21.86	**92.28**	**1,046.01**
				(annual percentage change)					
---	---	---	---	---	---	---	---	---	---
7.5	2.1	**5.7**	**9.5**	---	-15.2	24.3	-4.8	**-5.2**	**10.0**
6.8	1.5	**5.1**	**-0.5**	---	43.7	21.9	4.4	**20.6**	**10.2**
-0.5	19.9	**5.8**	**20.7**	---	-5.4	17.6	-21.0	**-8.4**	**11.7**
6.1	24.9	**12.7**	**-19.2**	---	15.0	15.2	2.1	**10.2**	**12.4**
6.0	16.8	**10.2**	**97.9**	---	15.5	23.7	9.0	**15.1**	**16.7**
31.6	10.3	**22.8**	**5.4**	---	57.3	4.1	7.2	**28.4**	**14.7**
10.4	7.9	**9.5**	**27.4**	---	-22.3	9.8	3.4	**-9.1**	**14.1**
2.9	17.1	**8.1**	**-24.8**	---	16.6	10.3	4.4	**11.3**	**7.8**
0.8	24.0	**10.0**	**-2.8**	---	43.5	10.0	2.5	**23.9**	**9.4**
9.3	15.7	**12.1**	**12.7**	---	6.6	11.7	7.8	**7.9**	**9.9**
16.2	12.1	**14.3**	**7.5**	---	9.0	15.2	11.4	**10.9**	**9.8**
4.6	14.4	**9.0**	**5.4**	---	-6.6	12.2	11.2	**1.8**	**7.1**
11.5	8.6	**10.1**	**-27.9**	---	49.7	19.0	16.8	**33.6**	**7.6**
10.7	8.7	**9.8**	**9.2**	---	52.5	17.3	17.9	**36.9**	**8.9**
11.5	2.6	**7.4**	**-3.3**	---	-0.7	13.7	12.8	**4.6**	**8.2**
9.0	7.4	**8.3**	**-11.9**	---	10.9	9.1	9.8	**10.3**	**7.3**
10.2	6.8	**8.7**	**5.0**	---	6.5	5.0	9.2	**6.8**	**5.8**
10.2	5.3	**8.1**	**-0.2**	---	30.2	2.4	16.1	**21.7**	**6.9**
2.0	2.7	**2.3**	**-11.1**	---	14.4	4.2	5.6	**10.9**	**3.4**
8.6	-0.1	**5.0**	**31.8**	---	2.8	7.6	13.7	**5.7**	**2.9**
4.8	0.8	**3.2**	**6.8**	---	1.6	4.2	-6.1	**0.4**	**1.7**
14.2	3.3	**9.9**	**-23.9**	---	-2.4	6.9	13.3	**2.3**	**6.4**
9.4	5.7	**8.0**	**14.0**	---	-14.7	18.2	3.5	**-5.1**	**3.4**
3.6	5.1	**4.2**	**25.2**	---	16.0	4.1	15.3	**13.3**	**7.3**
11.9	1.2	**8.0**	**-23.3**	---	12.5	-0.8	3.9	**7.8**	**6.0**
12.7	2.5	**9.2**	**16.3**	---	5.9	3.9	7.0	**5.8**	**7.4**
8.4	2.6	**6.5**	**5.2**	---	8.2	2.3	5.3	**6.5**	**5.5**

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Table A.3.3.1—Part 1

Public Sector Health Expenditure by Use of Funds, Canada, 1975 to 2002 - Current Dollars

	Hospitals	Other Institutions	Physicians	Other Professionals			
				Dental Services	Vision Care Services	Other	Sub-Total
Year	*A*	*B*	*C*				*D*
				($' 000,000)			
1975	5,136.7	795.9	1,813.2	54.8	35.9	46.7	137.4
1976	5,977.6	998.2	2,041.5	68.1	40.6	53.9	162.7
1977	6,371.8	1,174.1	2,252.1	82.0	44.9	60.5	187.4
1978	6,860.5	1,366.0	2,528.3	102.1	51.9	75.5	229.6
1979	7,487.0	1,579.2	2,804.5	141.5	58.0	88.9	288.4
1980	8,584.5	1,818.0	3,236.0	193.3	67.2	104.9	365.4
1981	10,126.2	2,138.9	3,775.1	276.3	78.7	126.7	481.7
1982	12,000.5	2,503.4	4,353.1	267.7	91.1	143.0	501.8
1983	13,173.4	2,780.7	4,973.3	258.5	105.7	164.0	528.2
1984	13,935.3	2,915.0	5,444.6	264.7	117.6	181.0	563.3
1985	14,737.5	3,063.8	5,962.1	275.0	130.4	214.6	620.0
1986	15,937.1	2,982.3	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	788.1
1989	20,235.3	3,828.5	8,422.7	350.3	205.6	341.5	897.4
1990	21,579.6	4,166.8	9,158.6	382.2	225.4	394.5	1,002.1
1991	23,240.6	4,576.6	10,118.3	405.7	247.7	463.0	1,116.4
1992	24,115.7	4,897.2	10,358.3	417.4	239.6	492.6	1,149.6
1993	24,069.5	4,781.9	10,405.0	426.1	211.0	487.7	1,124.7
1994	23,586.0	4,828.1	10,633.3	435.2	204.1	454.3	1,093.6
1995	23,261.0	5,017.7	10,532.0	424.8	193.1	454.9	1,072.8
1996	23,143.9	5,146.0	10,642.1	389.3	195.3	451.0	1,035.5
1997	23,774.8	5,373.3	11,058.4	381.9	213.6	472.6	1,068.1
1998	25,300.9	5,625.3	11,576.3	370.1	201.8	497.7	1,069.6
1999	26,205.2	6,121.5	12,073.0	396.9	216.2	540.2	1,153.3
2000	28,532.8	6,627.2	12,820.9	424.3	227.9	592.6	1,244.7
2001 f	30,128.4	7,153.2	13,823.7	448.7	235.1	605.8	1,289.7
2002 f	31,971.8	7,701.0	14,804.3	424.5	220.6	588.3	1,233.4
				(annual percentage change)			
1975	---	---	---	---	---	---	---
1976	16.4	25.4	12.6	24.3	13.4	15.4	18.4
1977	6.6	17.6	10.3	20.4	10.4	12.3	15.2
1978	7.7	16.3	12.3	24.5	15.7	24.8	22.5
1979	9.1	15.6	10.9	38.6	11.6	17.7	25.6
1980	14.7	15.1	15.4	36.6	15.9	18.0	26.7
1981	18.0	17.6	16.7	42.9	17.1	20.8	31.8
1982	18.5	17.0	15.3	-3.1	15.8	12.9	4.2
1983	9.8	11.1	14.2	-3.4	16.0	14.7	5.3
1984	5.8	4.8	9.5	2.4	11.2	10.4	6.6
1985	5.8	5.1	9.5	3.9	10.9	18.6	10.1
1986	8.1	-2.7	10.7	4.4	12.0	21.5	11.9
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	9.4	10.4	7.1	12.5	13.7	15.4	13.9
1990	6.6	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	3.8	7.0	2.4	2.9	-3.3	6.4	3.0
1993	-0.2	-2.4	0.5	2.1	-11.9	-1.0	-2.2
1994	-2.0	1.0	2.2	2.1	-3.3	-6.8	-2.8
1995	-1.4	3.9	-1.0	-2.4	-5.4	0.1	-1.9
1996	-0.5	2.6	1.0	-8.4	1.1	-0.8	-3.5
1997	2.7	4.4	3.9	-1.9	9.4	4.8	3.1
1998	6.4	4.7	4.7	-3.1	-5.5	5.3	0.1
1999	3.6	8.8	4.3	7.2	7.1	8.5	7.8
2000	8.9	8.3	6.2	6.9	5.4	9.7	7.9
2001 f	5.6	7.9	7.8	5.8	3.2	2.2	3.6
2002 f	6.1	7.7	7.1	-5.4	-6.2	-2.9	-4.4

f - Forecast

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Table A.3.3.1—Part 2

Public Sector Health Expenditure by Use of Funds, Canada, 1975 to 2002 - Current Dollars (cont'd)

Drugs			Capital	Public Health & Administration	Other Health Spending				Grand Total
Prescribed Drugs	Non-Prescribed Drugs	Sub-Total			Pre-payment Administration	Health Research	Other	Sub-Total	
		E	*F*	*G*				*H*	*A+B+C+D+E+F+G+H*
				($' 000,000)					
157.5	---	**157.5**	**376.4**	**514.9**	139.6	71.4	158.4	**369.3**	**9,301.4**
214.3	---	**214.3**	**367.0**	**630.4**	150.6	77.2	199.0	**426.8**	**10,818.5**
263.6	---	**263.6**	**385.4**	**720.4**	158.0	94.3	238.5	**490.9**	**11,845.8**
324.5	---	**324.5**	**454.8**	**714.7**	171.6	108.6	283.6	**563.8**	**13,042.1**
383.3	---	**383.3**	**547.8**	**808.1**	186.7	123.3	344.5	**654.5**	**14,552.7**
461.9	---	**461.9**	**635.3**	**950.5**	201.1	140.0	450.7	**791.8**	**16,843.4**
563.7	---	**563.7**	**731.9**	**1,117.2**	230.8	165.7	613.6	**1,010.2**	**19,944.8**
680.4	---	**680.4**	**905.7**	**1,332.6**	261.1	185.0	725.5	**1,171.6**	**23,449.1**
814.0	---	**814.0**	**1,065.2**	**1,435.3**	261.4	215.8	835.1	**1,312.3**	**26,082.3**
939.5	---	**939.5**	**1,139.9**	**1,591.3**	270.5	246.6	914.7	**1,431.7**	**27,960.4**
1,117.9	---	**1,117.9**	**1,236.9**	**1,788.8**	244.1	281.0	1,046.4	**1,571.5**	**30,098.4**
1,319.2	---	**1,319.2**	**1,351.5**	**1,840.7**	274.0	336.5	1,199.0	**1,809.5**	**32,532.0**
1,492.7	---	**1,492.7**	**1,391.1**	**1,946.8**	296.1	319.5	1,339.7	**1,955.3**	**35,058.4**
1,702.8	---	**1,702.8**	**1,550.7**	**2,059.8**	312.1	344.5	1,578.3	**2,234.8**	**38,164.3**
1,970.9	---	**1,970.9**	**1,702.4**	**2,297.3**	327.5	392.9	1,836.9	**2,557.3**	**41,911.9**
2,278.0	---	**2,278.0**	**1,740.3**	**2,570.1**	337.2	445.2	2,172.8	**2,955.1**	**45,450.5**
2,606.7	---	**2,606.7**	**1,685.8**	**2,806.1**	345.7	449.6	2,440.9	**3,236.2**	**49,386.7**
2,908.5	---	**2,908.5**	**1,694.9**	**3,073.3**	356.2	542.7	2,602.5	**3,501.5**	**51,699.0**
3,044.9	---	**3,044.9**	**1,650.2**	**3,241.5**	350.1	518.4	2,797.8	**3,666.3**	**51,984.0**
3,087.6	---	**3,087.6**	**1,943.2**	**3,623.9**	342.3	511.6	3,043.3	**3,897.2**	**52,692.8**
3,365.3	---	**3,365.3**	**1,824.0**	**3,786.8**	343.5	493.2	3,126.0	**3,962.7**	**52,822.2**
3,328.8	---	**3,328.8**	**1,685.9**	**3,912.4**	342.7	489.0	3,149.3	**3,981.1**	**52,875.7**
3,598.1	---	**3,598.1**	**1,757.6**	**3,956.0**	341.8	755.5	3,339.5	**4,436.8**	**55,023.2**
4,007.5	---	**4,007.5**	**1,879.5**	**4,760.7**	383.1	792.1	3,667.4	**4,842.6**	**59,062.3**
4,551.3	---	**4,551.3**	**2,579.8**	**5,159.4**	394.2	947.4	4,019.4	**5,360.9**	**63,204.4**
5,301.4	---	**5,301.4**	**3,103.9**	**5,796.8**	413.5	818.4	4,317.9	**5,549.8**	**68,977.5**
6,077.9	---	**6,077.9**	**3,923.9**	**6,483.2**	438.6	817.2	4,614.2	**5,869.9**	**74,749.9**
6,561.9	---	**6,561.9**	**4,314.9**	**6,676.5**	446.5	921.9	4,721.6	**6,089.9**	**79,353.7**
				(annual percentage change)					
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36.1	---	**36.1**	**-2.5**	**22.4**	7.9	8.1	25.6	**15.6**	**16.3**
23.0	---	**23.0**	**5.0**	**14.3**	4.9	22.2	19.9	**15.0**	**9.5**
23.1	---	**23.1**	**18.0**	**-0.8**	8.6	15.1	18.9	**14.9**	**10.1**
18.1	---	**18.1**	**20.4**	**13.1**	8.8	13.6	21.5	**16.1**	**11.6**
20.5	---	**20.5**	**16.0**	**17.6**	7.8	13.5	30.8	**21.0**	**15.7**
22.0	---	**22.0**	**15.2**	**17.5**	14.8	18.4	36.2	**27.6**	**18.4**
20.7	---	**20.7**	**23.7**	**19.3**	13.1	11.6	18.2	**16.0**	**17.6**
19.6	---	**19.6**	**17.6**	**7.7**	0.1	16.6	15.1	**12.0**	**11.2**
15.4	---	**15.4**	**7.0**	**10.9**	3.5	14.3	9.5	**9.1**	**7.2**
19.0	---	**19.0**	**8.5**	**12.4**	-9.7	14.0	14.4	**9.8**	**7.6**
18.0	---	**18.0**	**9.3**	**2.9**	12.2	19.8	14.6	**15.1**	**8.1**
13.2	---	**13.2**	**2.9**	**5.8**	8.1	-5.0	11.7	**8.1**	**7.8**
14.1	---	**14.1**	**11.5**	**5.8**	5.4	7.8	17.8	**14.3**	**8.9**
15.7	---	**15.7**	**9.8**	**11.5**	4.9	14.0	16.4	**14.4**	**9.8**
15.6	---	**15.6**	**2.2**	**11.9**	3.0	13.3	18.3	**15.6**	**8.4**
14.4	---	**14.4**	**-3.1**	**9.2**	2.5	1.0	12.3	**9.5**	**8.7**
11.6	---	**11.6**	**0.5**	**9.5**	3.1	20.7	6.6	**8.2**	**4.7**
4.7	---	**4.7**	**-2.6**	**5.5**	-1.7	-4.5	7.5	**4.7**	**0.6**
1.4	---	**1.4**	**17.8**	**11.8**	-2.2	-1.3	8.8	**6.3**	**1.4**
9.0	---	**9.0**	**-6.1**	**4.5**	0.4	-3.6	2.7	**1.7**	**0.2**
-1.1	---	**-1.1**	**-7.6**	**3.3**	-0.2	-0.8	0.7	**0.5**	**0.1**
8.1	---	**8.1**	**4.3**	**1.1**	-0.3	54.5	6.0	**11.4**	**4.1**
11.4	---	**11.4**	**6.9**	**20.3**	12.1	4.8	9.8	**9.1**	**7.3**
13.6	---	**13.6**	**37.3**	**8.4**	2.9	19.6	9.6	**10.7**	**7.0**
16.5	---	**16.5**	**20.3**	**12.4**	4.9	-13.6	7.4	**3.5**	**9.1**
14.6	---	**14.6**	**26.4**	**11.8**	6.1	-0.2	6.9	**5.8**	**8.4**
8.0	---	**8.0**	**10.0**	**3.0**	1.8	12.8	2.3	**3.7**	**6.2**

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Table A.3.3.2—Part 1

Public Sector Health Expenditure by Use of Funds, Canada, 1975 to 2002 - Current Dollars

	Hospitals	Other Institutions	Physicians	Other Professionals			
				Dental Services	Vision Care Services	Other	Sub-Total
Year	*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	51.4	10.9	19.3	1.0	0.4	0.6	2.0
1980	51.0	10.8	19.2	1.1	0.4	0.6	2.2
1981	50.8	10.7	18.9	1.4	0.4	0.6	2.4
1982	51.2	10.7	18.6	1.1	0.4	0.6	2.1
1983	50.5	10.7	19.1	1.0	0.4	0.6	2.0
1984	49.8	10.4	19.5	0.9	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	48.3	9.1	20.1	0.8	0.5	0.8	2.1
1990	47.5	9.2	20.2	0.8	0.5	0.9	2.2
1991	47.1	9.3	20.5	0.8	0.5	0.9	2.3
1992	46.6	9.5	20.0	0.8	0.5	1.0	2.2
1993	46.3	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	44.0	9.5	19.9	0.8	0.4	0.9	2.0
1996	43.8	9.7	20.1	0.7	0.4	0.9	2.0
1997	43.2	9.8	20.1	0.7	0.4	0.9	1.9
1998	42.8	9.5	19.6	0.6	0.3	0.8	1.8
1999	41.5	9.7	19.1	0.6	0.3	0.9	1.8
2000	41.4	9.6	18.6	0.6	0.3	0.9	1.8
2001 f	40.3	9.6	18.5	0.6	0.3	0.8	1.7
2002 f	40.3	9.7	18.7	0.5	0.3	0.7	1.6
			(annual percentage change)				
1975	---	---	---	---	---	---	---
1976	0.1	7.8	-3.2	6.8	-2.5	-0.8	1.8
1977	-2.6	7.4	0.7	10.0	0.8	2.5	5.2
1978	-2.2	5.7	2.0	13.1	5.1	13.3	11.2
1979	-2.2	3.6	-0.6	24.2	0.0	5.5	12.6
1980	-0.9	-0.5	-0.3	18.0	0.2	2.0	9.5
1981	-0.4	-0.6	-1.5	20.7	-1.1	2.0	11.3
1982	0.8	-0.4	-1.9	-17.6	-1.5	-4.0	-11.4
1983	-1.3	-0.1	2.7	-13.2	4.3	3.1	-5.4
1984	-1.3	-2.2	2.1	-4.5	3.8	3.0	-0.5
1985	-1.8	-2.4	1.7	-3.5	3.0	10.1	2.2
1986	0.1	-9.9	2.4	-3.4	3.6	12.4	3.5
1987	-0.1	-2.5	2.2	-7.5	-0.1	-1.6	-3.7
1988	-0.9	1.7	-0.6	-0.1	5.6	-1.6	0.6
1989	-0.4	0.5	-2.5	2.4	3.6	5.1	3.7
1990	-1.7	0.4	0.3	0.6	1.1	6.5	3.0
1991	-0.9	1.1	1.7	-2.3	1.1	8.0	2.5
1992	-0.9	2.2	-2.2	-1.7	-7.6	1.6	-1.6
1993	-0.7	-2.9	-0.1	1.5	-12.4	-1.5	-2.7
1994	-3.3	-0.4	0.8	0.8	-4.6	-8.1	-4.1
1995	-1.6	3.7	-1.2	-2.6	-5.6	-0.1	-2.1
1996	-0.6	2.5	0.9	-8.4	1.0	-0.9	-3.6
1997	-1.3	0.3	-0.1	-5.7	5.1	0.7	-0.9
1998	-0.9	-2.5	-2.5	-9.7	-12.0	-1.9	-6.7
1999	-3.2	1.7	-2.5	0.2	0.1	1.4	0.8
2000	-0.2	-0.8	-2.7	-2.1	-3.4	0.5	-1.1
2001 f	-2.6	-0.4	-0.5	-2.4	-4.8	-5.7	-4.4
2002 f	0.0	1.4	0.9	-10.9	-11.6	-8.5	-9.9

f - Forecast

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Table A.3.3.2—Part 2

Public Sector Health Expenditure by Use of Funds, Canada, 1975 to 2002 - Current Dollars (cont'd)

Drugs			Capital	Public Health & Administration	Other Health Spending				
Prescribed Drugs	Non-Prescribed Drugs	Sub-Total			Pre-payment Administration	Health Research	Other	Sub-Total	Grand Total
		E	*F*	*G*				*H*	*A+B+C+D+E+F+G+H*
				(percentage distribution of $' 000,000)					
1.7	---	**1.7**	**4.0**	**5.5**	1.5	0.8	1.7	**4.0**	**100.0**
2.0	---	**2.0**	**3.4**	**5.8**	1.4	0.7	1.8	**3.9**	**100.0**
2.2	---	**2.2**	**3.3**	**6.1**	1.3	0.8	2.0	**4.1**	**100.0**
2.5	---	**2.5**	**3.5**	**5.5**	1.3	0.8	2.2	**4.3**	**100.0**
2.6	---	**2.6**	**3.8**	**5.6**	1.3	0.8	2.4	**4.5**	**100.0**
2.7	---	**2.7**	**3.8**	**5.6**	1.2	0.8	2.7	**4.7**	**100.0**
2.8	---	**2.8**	**3.7**	**5.6**	1.2	0.8	3.1	**5.1**	**100.0**
2.9	---	**2.9**	**3.9**	**5.7**	1.1	0.8	3.1	**5.0**	**100.0**
3.1	---	**3.1**	**4.1**	**5.5**	1.0	0.8	3.2	**5.0**	**100.0**
3.4	---	**3.4**	**4.1**	**5.7**	1.0	0.9	3.3	**5.1**	**100.0**
3.7	---	**3.7**	**4.1**	**5.9**	0.8	0.9	3.5	**5.2**	**100.0**
4.1	---	**4.1**	**4.2**	**5.7**	0.8	1.0	3.7	**5.6**	**100.0**
4.3	---	**4.3**	**4.0**	**5.6**	0.8	0.9	3.8	**5.6**	**100.0**
4.5	---	**4.5**	**4.1**	**5.4**	0.8	0.9	4.1	**5.9**	**100.0**
4.7	---	**4.7**	**4.1**	**5.5**	0.8	0.9	4.4	**6.1**	**100.0**
5.0	---	**5.0**	**3.8**	**5.7**	0.7	1.0	4.8	**6.5**	**100.0**
5.3	---	**5.3**	**3.4**	**5.7**	0.7	0.9	4.9	**6.6**	**100.0**
5.6	---	**5.6**	**3.3**	**5.9**	0.7	1.0	5.0	**6.8**	**100.0**
5.9	---	**5.9**	**3.2**	**6.2**	0.7	1.0	5.4	**7.1**	**100.0**
5.9	---	**5.9**	**3.7**	**6.9**	0.6	1.0	5.8	**7.4**	**100.0**
6.4	---	**6.4**	**3.5**	**7.2**	0.7	0.9	5.9	**7.5**	**100.0**
6.3	---	**6.3**	**3.2**	**7.4**	0.6	0.9	6.0	**7.5**	**100.0**
6.5	---	**6.5**	**3.2**	**7.2**	0.6	1.4	6.1	**8.1**	**100.0**
6.8	---	**6.8**	**3.2**	**8.1**	0.6	1.3	6.2	**8.2**	**100.0**
7.2	---	**7.2**	**4.1**	**8.2**	0.6	1.5	6.4	**8.5**	**100.0**
7.7	---	**7.7**	**4.5**	**8.4**	0.6	1.2	6.3	**8.0**	**100.0**
8.1	---	**8.1**	**5.2**	**8.7**	0.6	1.1	6.2	**7.9**	**100.0**
8.3	---	**8.3**	**5.4**	**8.4**	0.6	1.2	6.0	**7.7**	**100.0**
				(annual percentage change)					
---	---	---	---	---	---	---	---	---	---
17.0	---	**17.0**	**-16.2**	**5.3**	-7.2	-7.0	8.0	**-0.6**	---
12.4	---	**12.4**	**-4.1**	**4.4**	-4.2	11.6	9.5	**5.0**	---
11.8	---	**11.8**	**7.2**	**-9.9**	-1.3	4.6	8.0	**4.3**	---
5.9	---	**5.9**	**7.9**	**1.3**	-2.5	1.8	8.9	**4.0**	---
4.1	---	**4.1**	**0.2**	**1.6**	-6.9	-1.9	13.0	**4.5**	---
3.1	---	**3.1**	**-2.7**	**-0.7**	-3.1	0.0	15.0	**7.7**	---
2.7	---	**2.7**	**5.3**	**1.5**	-3.8	-5.0	0.6	**-1.4**	---
7.6	---	**7.6**	**5.7**	**-3.2**	-10.0	4.8	3.5	**0.7**	---
7.7	---	**7.7**	**-0.2**	**3.4**	-3.5	6.6	2.2	**1.8**	---
10.5	---	**10.5**	**0.8**	**4.4**	-16.1	5.9	6.3	**2.0**	---
9.2	---	**9.2**	**1.1**	**-4.8**	3.8	10.8	6.0	**6.5**	---
5.0	---	**5.0**	**-4.5**	**-1.9**	0.3	-11.9	3.7	**0.3**	---
4.8	---	**4.8**	**2.4**	**-2.8**	-3.2	-1.0	8.2	**5.0**	---
5.4	---	**5.4**	**0.0**	**1.6**	-4.4	3.9	6.0	**4.2**	---
6.6	---	**6.6**	**-5.7**	**3.2**	-5.1	4.5	9.1	**6.6**	---
5.3	---	**5.3**	**-10.9**	**0.5**	-5.6	-7.1	3.4	**0.8**	---
6.6	---	**6.6**	**-4.0**	**4.6**	-1.6	15.3	1.9	**3.4**	---
4.1	---	**4.1**	**-3.2**	**4.9**	-2.3	-5.0	6.9	**4.1**	---
0.0	---	**0.0**	**16.2**	**10.3**	-3.6	-2.6	7.3	**4.9**	---
8.7	---	**8.7**	**-6.4**	**4.2**	0.1	-3.8	2.5	**1.4**	---
-1.2	---	**-1.2**	**-7.7**	**3.2**	-0.3	-0.9	0.6	**0.4**	---
3.9	---	**3.9**	**0.2**	**-2.8**	-4.2	48.5	1.9	**7.1**	---
3.8	---	**3.8**	**-0.4**	**12.1**	4.4	-2.3	2.3	**1.7**	---
6.1	---	**6.1**	**28.3**	**1.3**	-3.8	11.8	2.4	**3.4**	---
6.7	---	**6.7**	**10.2**	**3.0**	-3.9	-20.8	-1.6	**-5.1**	---
5.8	---	**5.8**	**16.7**	**3.2**	-2.1	-7.9	-1.4	**-2.4**	---
1.7	---	**1.7**	**3.6**	**-3.0**	-4.1	6.3	-3.6	**-2.3**	---

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Table A.3.3.3—Part 1

Public Sector Health Expenditure by Use of Funds, Canada, 1975 to 2002 - Current Dollars

	Hospitals	Other Institutions	Physicians	Other Professionals			
				Dental Services	Vision Care Services	Other	Sub-Total
Year	*A*	*B*	*C*				*D*
				($' per capita)			
1975	221.96	34.39	78.35	2.37	1.55	2.02	5.94
1976	254.91	42.57	87.06	2.91	1.73	2.30	6.94
1977	268.55	49.48	94.92	3.46	1.89	2.55	7.90
1978	286.29	57.00	105.51	4.26	2.17	3.15	9.58
1979	309.35	65.25	115.88	5.85	2.39	3.67	11.92
1980	350.16	74.16	131.99	7.88	2.74	4.28	14.90
1981	407.98	86.17	152.10	11.13	3.17	5.10	19.41
1982	477.77	99.67	173.31	10.66	3.63	5.69	19.98
1983	519.31	109.62	196.05	10.19	4.17	6.46	20.82
1984	544.19	113.83	212.62	10.34	4.59	7.07	22.00
1985	570.28	118.56	230.71	10.64	5.05	8.30	23.99
1986	610.60	114.26	252.79	11.00	5.60	9.99	26.58
1987	648.55	118.42	274.72	10.82	5.95	10.45	27.22
1988	690.24	129.42	293.40	11.62	6.75	11.05	29.41
1989	741.60	140.31	308.68	12.84	7.54	12.52	32.89
1990	779.02	150.42	330.62	13.80	8.14	14.24	36.18
1991	829.11	163.27	360.97	14.47	8.84	16.52	39.83
1992	849.85	172.58	365.03	14.71	8.44	17.36	40.51
1993	838.57	166.60	362.50	14.84	7.35	16.99	39.18
1994	812.30	166.28	366.21	14.99	7.03	15.65	37.66
1995	792.43	170.94	358.79	14.47	6.58	15.50	36.55
1996	780.00	173.43	358.66	13.12	6.58	15.20	34.90
1997	792.83	179.19	368.77	12.74	7.12	15.76	35.62
1998	836.44	185.97	382.71	12.24	6.67	16.46	35.36
1999	858.92	200.64	395.71	13.01	7.09	17.71	37.80
2000	926.67	215.23	416.39	13.78	7.40	19.25	40.43
2001 f	968.43	229.93	444.34	14.42	7.56	19.47	41.45
2002 f	1,017.76	245.15	471.26	13.51	7.02	18.73	39.26
				(annual percentage change)			
1975	---	---	---	---	---	---	---
1976	14.8	23.8	11.1	22.6	11.9	13.9	16.9
1977	5.4	16.3	9.0	19.0	9.1	11.0	13.9
1978	6.6	15.2	11.2	23.3	14.6	23.5	21.3
1979	8.1	14.5	9.8	37.2	10.5	16.5	24.4
1980	13.2	13.6	13.9	34.8	14.4	16.5	25.1
1981	16.5	16.2	15.2	41.2	15.7	19.3	30.2
1982	17.1	15.7	13.9	-4.3	14.4	11.6	2.9
1983	8.7	10.0	13.1	-4.4	14.8	13.5	4.2
1984	4.8	3.8	8.4	1.4	10.2	9.3	5.6
1985	4.8	4.2	8.5	2.9	9.9	17.5	9.1
1986	7.1	-3.6	9.6	3.4	10.9	20.3	10.8
1987	6.2	3.6	8.7	-1.6	6.3	4.6	2.4
1988	6.4	9.3	6.8	7.3	13.4	5.7	8.1
1989	7.4	8.4	5.2	10.5	11.7	13.3	11.8
1990	5.0	7.2	7.1	7.5	8.0	13.8	10.0
1991	6.4	8.5	9.2	4.9	8.6	16.0	10.1
1992	2.5	5.7	1.1	1.6	-4.5	5.1	1.7
1993	-1.3	-3.5	-0.7	0.9	-12.9	-2.1	-3.3
1994	-3.1	-0.2	1.0	1.0	-4.4	-7.9	-3.9
1995	-2.4	2.8	-2.0	-3.5	-6.4	-1.0	-3.0
1996	-1.6	1.5	0.0	-9.3	0.0	-1.9	-4.5
1997	1.6	3.3	2.8	-2.9	8.3	3.7	2.1
1998	5.5	3.8	3.8	-3.9	-6.4	4.4	-0.7
1999	2.7	7.9	3.4	6.3	6.2	7.6	6.9
2000	7.9	7.3	5.2	5.9	4.4	8.7	6.9
2001 f	4.5	6.8	6.7	4.7	2.1	1.2	2.5
2002 f	5.1	6.6	6.1	-6.3	-7.1	-3.8	-5.3

f - Forecast

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Table A.3.3.3—Part 2

Public Sector Health Expenditure by Use of Funds, Canada, 1975 to 2002 - Current Dollars (cont'd)

Drugs			Capital	Public Health & Administration	Other Health Spending				Grand Total
Prescribed Drugs	Non-Prescribed Drugs	Sub-Total			Pre-payment Administration	Health Research	Other	Sub-Total	
		E	*F*	*G*				*H*	*A+B+C+D+E+F+G+H*
				($' per capita)					
6.80	---	**6.80**	**16.27**	**22.25**	6.03	3.08	6.84	**15.96**	**401.92**
9.14	---	**9.14**	**15.65**	**26.88**	6.42	3.29	8.48	**18.20**	**461.35**
11.11	---	**11.11**	**16.25**	**30.36**	6.66	3.98	10.05	**20.69**	**499.27**
13.54	---	**13.54**	**18.98**	**29.82**	7.16	4.53	11.83	**23.53**	**544.24**
15.84	---	**15.84**	**22.64**	**33.39**	7.71	5.10	14.23	**27.04**	**601.30**
18.84	---	**18.84**	**25.91**	**38.77**	8.20	5.71	18.38	**32.30**	**687.03**
22.71	---	**22.71**	**29.49**	**45.01**	9.30	6.68	24.72	**40.70**	**803.56**
27.09	---	**27.09**	**36.06**	**53.05**	10.40	7.37	28.88	**46.65**	**933.58**
32.09	---	**32.09**	**41.99**	**56.58**	10.31	8.51	32.92	**51.73**	**1,028.20**
36.69	---	**36.69**	**44.51**	**62.14**	10.56	9.63	35.72	**55.91**	**1,091.88**
43.26	---	**43.26**	**47.86**	**69.22**	9.45	10.87	40.49	**60.81**	**1,164.68**
50.54	---	**50.54**	**51.78**	**70.52**	10.50	12.89	45.94	**69.33**	**1,246.41**
56.44	---	**56.44**	**52.59**	**73.60**	11.20	12.08	50.65	**73.92**	**1,325.46**
63.54	---	**63.54**	**57.87**	**76.86**	11.64	12.86	58.89	**83.40**	**1,424.13**
72.23	---	**72.23**	**62.39**	**84.19**	12.00	14.40	67.32	**93.72**	**1,536.01**
82.23	---	**82.23**	**62.82**	**92.78**	12.17	16.07	78.44	**106.68**	**1,640.76**
92.99	---	**92.99**	**60.14**	**100.11**	12.33	16.04	87.08	**115.45**	**1,761.87**
102.50	---	**102.50**	**59.73**	**108.30**	12.55	19.13	91.71	**123.39**	**1,821.89**
106.08	---	**106.08**	**57.49**	**112.93**	12.20	18.06	97.47	**127.73**	**1,811.09**
106.34	---	**106.34**	**66.92**	**124.81**	11.79	17.62	104.81	**134.22**	**1,814.74**
114.64	---	**114.64**	**62.14**	**129.00**	11.70	16.80	106.49	**135.00**	**1,799.50**
112.19	---	**112.19**	**56.82**	**131.85**	11.55	16.48	106.14	**134.17**	**1,782.01**
119.99	---	**119.99**	**58.61**	**131.92**	11.40	25.19	111.36	**147.96**	**1,834.89**
132.49	---	**132.49**	**62.13**	**157.39**	12.66	26.19	121.24	**160.09**	**1,952.58**
149.18	---	**149.18**	**84.56**	**169.11**	12.92	31.05	131.74	**175.71**	**2,071.64**
172.18	---	**172.18**	**100.80**	**188.26**	13.43	26.58	140.23	**180.24**	**2,240.20**
195.36	---	**195.36**	**126.13**	**208.39**	14.10	26.27	148.32	**188.68**	**2,402.72**
208.88	---	**208.88**	**137.36**	**212.53**	14.21	29.35	150.30	**193.86**	**2,526.06**
				(annual percentage change)					
---	---	---	---	---	---	---	---	---	---
34.3	---	**34.3**	**-3.8**	**20.8**	6.5	6.7	24.0	**14.0**	**14.8**
21.6	---	**21.6**	**3.8**	**12.9**	3.7	20.8	18.5	**13.7**	**8.2**
21.8	---	**21.8**	**16.8**	**-1.8**	7.5	14.0	17.7	**13.7**	**9.0**
17.0	---	**17.0**	**19.3**	**12.0**	7.7	12.4	20.3	**14.9**	**10.5**
19.0	---	**19.0**	**14.5**	**16.1**	6.4	12.1	29.1	**19.4**	**14.3**
20.5	---	**20.5**	**13.8**	**16.1**	13.3	16.9	34.5	**26.0**	**17.0**
19.3	---	**19.3**	**22.3**	**17.9**	11.8	10.3	16.8	**14.6**	**16.2**
18.5	---	**18.5**	**16.5**	**6.6**	-0.9	15.5	14.0	**10.9**	**10.1**
14.3	---	**14.3**	**6.0**	**9.8**	2.5	13.2	8.5	**8.1**	**6.2**
17.9	---	**17.9**	**7.5**	**11.4**	-10.5	12.9	13.4	**8.8**	**6.7**
16.8	---	**16.8**	**8.2**	**1.9**	11.1	18.6	13.4	**14.0**	**7.0**
11.7	---	**11.7**	**1.6**	**4.4**	6.6	-6.3	10.3	**6.6**	**6.3**
12.6	---	**12.6**	**10.0**	**4.4**	4.0	6.4	16.3	**12.8**	**7.4**
13.7	---	**13.7**	**7.8**	**9.5**	3.1	12.0	14.3	**12.4**	**7.9**
13.9	---	**13.9**	**0.7**	**10.2**	1.4	11.6	16.5	**13.8**	**6.8**
13.1	---	**13.1**	**-4.3**	**7.9**	1.3	-0.2	11.0	**8.2**	**7.4**
10.2	---	**10.2**	**-0.7**	**8.2**	1.8	19.2	5.3	**6.9**	**3.4**
3.5	---	**3.5**	**-3.7**	**4.3**	-2.8	-5.6	6.3	**3.5**	**-0.6**
0.2	---	**0.2**	**16.4**	**10.5**	-3.4	-2.4	7.5	**5.1**	**0.2**
7.8	---	**7.8**	**-7.2**	**3.4**	-0.7	-4.6	1.6	**0.6**	**-0.8**
-2.1	---	**-2.1**	**-8.6**	**2.2**	-1.3	-1.9	-0.3	**-0.6**	**-1.0**
7.0	---	**7.0**	**3.2**	**0.1**	-1.3	52.9	4.9	**10.3**	**3.0**
10.4	---	**10.4**	**6.0**	**19.3**	11.1	3.9	8.9	**8.2**	**6.4**
12.6	---	**12.6**	**36.1**	**7.4**	2.0	18.6	8.7	**9.8**	**6.1**
15.4	---	**15.4**	**19.2**	**11.3**	3.9	-14.4	6.4	**2.6**	**8.1**
13.5	---	**13.5**	**25.1**	**10.7**	5.0	-1.2	5.8	**4.7**	**7.3**
6.9	---	**6.9**	**8.9**	**2.0**	0.8	11.7	1.3	**2.7**	**5.1**

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

Table B.1.1

Total Health Expenditure, by Province/Territory and Canada
1975 to 2002 - Current Dollars

	Nfld.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T	Nun.	Canada
Year							**($' 000,000)**							
1975	264.5	59.2	382.5	277.5	3,378.8	4,422.8	546.3	441.2	992.3	1,384.5	15.9	35.1	---	12,200.6
1976	312.8	62.9	442.2	321.9	3,875.2	5,040.8	629.4	520.3	1,158.9	1,629.6	18.1	39.0	---	14,051.1
1977	362.7	68.7	469.1	358.9	4,200.7	5,524.6	706.0	587.4	1,272.1	1,833.2	18.5	49.3	---	15,451.2
1978	412.6	79.5	512.5	404.7	4,666.6	6,071.9	749.0	622.4	1,465.4	2,046.1	21.3	56.5	---	17,108.4
1979	473.3	96.6	573.0	470.0	5,149.6	6,728.0	823.3	703.5	1,781.0	2,289.0	23.9	59.0	---	19,170.1
1980	528.4	122.3	657.2	562.5	5,886.5	7,634.1	971.4	815.7	2,153.1	2,881.5	26.1	61.1	---	22,299.9
1981	621.3	136.4	788.8	681.2	6,887.8	8,903.0	1,153.2	949.0	2,623.7	3,432.5	28.2	73.8	---	26,278.9
1982	701.2	152.4	919.1	819.3	7,890.5	10,445.2	1,332.1	1,130.0	3,351.7	3,872.5	37.1	110.4	---	30,761.4
1983	773.7	164.6	1,004.9	894.6	8,675.3	11,850.0	1,478.6	1,257.6	3,622.1	4,157.9	38.0	123.5	---	34,040.9
1984	751.2	171.2	1,125.3	975.1	9,313.7	13,087.3	1,592.0	1,371.3	3,764.2	4,431.3	37.9	125.8	---	36,746.6
1985	785.7	181.3	1,232.5	1,026.2	10,031.9	14,443.2	1,726.5	1,528.8	4,070.4	4,640.4	39.7	138.5	---	39,845.2
1986	812.5	187.6	1,376.9	1,091.1	10,537.4	16,097.2	1,889.7	1,703.6	4,448.5	4,986.6	42.6	166.9	---	43,340.7
1987	881.6	202.9	1,560.6	1,194.0	11,268.6	17,866.4	1,980.2	1,767.8	4,499.9	5,343.9	44.7	181.3	---	46,791.9
1988	930.9	219.5	1,585.0	1,291.5	12,279.2	19,819.7	2,069.4	1,837.5	4,830.6	5,839.5	45.8	211.2	---	50,959.8
1989	991.6	239.3	1,751.8	1,400.1	13,290.3	21,970.8	2,257.4	2,052.9	5,349.8	6,509.8	49.5	232.9	---	56,096.3
1990	1,096.4	256.2	1,868.2	1,533.5	14,311.5	23,799.1	2,484.3	2,252.2	5,749.4	7,376.3	53.6	246.8	---	61,027.6
1991	1,153.2	280.6	1,973.8	1,629.3	15,634.6	26,194.4	2,576.0	2,319.8	6,062.5	8,127.4	62.6	279.5	---	66,293.6
1992	1,197.4	295.0	2,035.2	1,699.8	16,376.1	27,631.8	2,702.9	2,325.4	6,430.7	8,769.7	67.4	279.6	---	69,810.9
1993	1,209.1	311.7	2,028.3	1,739.1	16,904.1	28,133.5	2,749.5	2,301.9	6,520.4	9,297.4	79.6	287.1	---	71,561.5
1994	1,248.0	313.3	2,025.1	1,791.6	17,310.9	28,769.3	2,801.9	2,382.3	6,305.4	9,849.2	93.0	286.2	---	73,176.3
1995	1,262.5	326.3	2,105.5	1,807.7	17,281.7	29,361.6	2,906.9	2,437.6	6,085.8	10,156.3	94.7	293.9	---	74,120.5
1996	1,260.8	338.0	2,094.6	1,814.1	16,966.6	29,765.7	2,962.5	2,486.6	6,310.2	10,378.9	109.2	292.6	---	74,779.7
1997	1,306.8	339.9	2,362.6	1,855.2	17,764.8	30,885.0	3,090.5	2,656.0	7,067.5	10,836.6	102.0	307.3	---	78,574.2
1998	1,434.1	358.4	2,544.9	1,917.5	18,907.0	32,973.3	3,278.0	2,773.0	7,592.3	11,401.4	103.1	351.6	---	83,634.6
1999	1,573.3	375.5	2,658.8	2,067.4	19,885.7	35,258.2	3,660.7	2,957.6	8,642.1	12,237.0	108.0	232.7	131.4	89,788.6
2000	1,683.0	396.3	2,800.4	2,224.3	21,185.3	38,746.5	4,012.3	3,123.4	9,521.5	13,235.9	115.3	214.4	161.6	97,420.0
2001 f	1,843.5	431.4	2,958.8	2,428.5	22,812.6	41,513.1	4,250.2	3,350.1	10,768.4	14,707.5	127.7	239.2	174.1	105,605.2
2002 f	1,906.6	470.8	3,121.5	2,597.0	23,721.4	44,337.3	4,551.2	3,489.7	11,710.3	15,730.6	136.7	254.3	185.7	112,213.0
							(annual percentage change)							
1975	---	---	---	---	---	---	---	---	---	---	---	---	---	---
1976	18.3	6.2	15.6	16.0	14.7	14.0	15.2	17.9	16.8	17.7	13.6	11.3	---	15.2
1977	15.9	9.3	6.1	11.5	8.4	9.6	12.2	12.9	9.8	12.5	2.4	26.3	---	10.0
1978	13.8	15.7	9.2	12.8	11.1	9.9	6.1	6.0	15.2	11.6	15.4	14.6	---	10.7
1979	14.7	21.5	11.8	16.2	10.4	10.8	9.9	13.0	21.5	11.9	12.2	4.3	---	12.1
1980	11.6	26.6	14.7	19.7	14.3	13.5	18.0	16.0	20.9	25.9	9.0	3.6	---	16.3
1981	17.6	11.5	20.0	21.1	17.0	16.6	18.7	16.3	21.9	19.1	7.9	20.9	---	17.8
1982	12.9	11.7	16.5	20.3	14.6	17.3	15.5	19.1	27.7	12.8	31.9	49.5	---	17.1
1983	10.3	8.0	9.3	9.2	9.9	13.4	11.0	11.3	8.1	7.4	2.4	11.9	---	10.7
1984	-2.9	4.1	12.0	9.0	7.4	10.4	7.7	9.0	3.9	6.6	-0.4	1.8	---	7.9
1985	4.6	5.9	9.5	5.2	7.7	10.4	8.4	11.5	8.1	4.7	4.8	10.2	---	8.4
1986	3.4	3.5	11.7	6.3	5.0	11.5	9.5	11.4	9.3	7.5	7.2	20.5	---	8.8
1987	8.5	8.2	13.3	9.4	6.9	11.0	4.8	3.8	1.2	7.2	5.1	8.6	---	8.0
1988	5.6	8.2	1.6	8.2	9.0	10.9	4.5	3.9	7.3	9.3	2.3	16.5	---	8.9
1989	6.5	9.1	10.5	8.4	8.2	10.9	9.1	11.7	10.7	11.5	8.2	10.3	---	10.1
1990	10.6	7.0	6.6	9.5	7.7	8.3	10.1	9.7	7.5	13.3	8.2	6.0	---	8.8
1991	5.2	9.5	5.7	6.2	9.2	10.1	3.7	3.0	5.4	10.2	16.8	13.2	---	8.6
1992	3.8	5.1	3.1	4.3	4.7	5.5	4.9	0.2	6.1	7.9	7.7	0.1	---	5.3
1993	1.0	5.7	-0.3	2.3	3.2	1.8	1.7	-1.0	1.4	6.0	18.2	2.7	---	2.5
1994	3.2	0.5	-0.2	3.0	2.4	2.3	1.9	3.5	-3.3	5.9	16.9	-0.3	---	2.3
1995	1.2	4.1	4.0	0.9	-0.2	2.1	3.7	2.3	-3.5	3.1	1.8	2.7	---	1.3
1996	-0.1	3.6	-0.5	0.4	-1.8	1.4	1.9	2.0	3.7	2.2	15.2	-0.4	---	0.9
1997	3.7	0.5	12.8	2.3	4.7	3.8	4.3	6.8	12.0	4.4	-6.6	5.0	---	5.1
1998	9.7	5.5	7.7	3.4	6.4	6.8	6.1	4.4	7.4	5.2	1.1	14.4	---	6.4
1999	9.7	4.8	4.5	7.8	5.2	6.9	11.7	6.7	13.8	7.3	4.7	-33.8	---	7.4
2000	7.0	5.5	5.3	7.6	6.5	9.9	9.6	5.6	10.2	8.2	6.8	-7.9	23.0	8.5
2001 f	9.5	8.9	5.7	9.2	7.7	7.1	5.9	7.3	13.1	11.1	10.8	11.6	7.7	8.4
2002 f	3.4	9.1	5.5	6.9	4.0	6.8	7.1	4.2	8.7	7.0	7.0	6.3	6.7	6.3

f - Forecast

CIHI 2002

Table B.1.2

Total Health Expenditure, by Province/Territory and Canada
1975 to 2002 - Current Dollars

Year	Nfld.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T	Nun.	Canada Average
							($' per capita)							
1975	475.49	502.62	462.74	409.87	533.80	531.61	533.03	480.92	548.65	553.88	726.48	818.67	---	527.20
1976	555.96	529.82	529.45	466.84	605.80	599.11	610.01	558.53	619.96	643.16	804.44	880.95	---	599.20
1977	641.63	572.56	558.65	515.80	653.09	649.52	680.13	621.67	653.15	713.40	810.11	1,103.96	---	651.23
1978	727.52	653.05	606.81	578.47	724.49	706.71	719.35	653.80	724.78	782.74	898.95	1,248.03	---	713.92
1979	831.17	785.23	674.67	668.42	796.26	776.66	793.63	733.12	849.04	859.55	997.96	1,289.33	---	792.08
1980	922.83	988.59	770.61	796.61	904.59	872.93	938.88	843.20	982.07	1,050.40	1,072.68	1,319.34	---	909.60
1981	1,080.87	1,102.17	923.01	964.41	1,051.94	1,010.40	1,112.70	972.49	1,143.63	1,215.52	1,177.79	1,552.38	---	1,058.76
1982	1,220.41	1,230.15	1,068.72	1,156.84	1,199.29	1,170.69	1,272.57	1,144.55	1,415.24	1,347.92	1,517.90	2,228.99	---	1,224.70
1983	1,334.99	1,311.83	1,156.14	1,250.58	1,313.99	1,310.60	1,393.50	1,255.28	1,515.28	1,431.06	1,611.05	2,420.07	---	1,341.94
1984	1,294.84	1,352.42	1,282.96	1,352.42	1,404.54	1,426.89	1,485.31	1,350.43	1,574.95	1,504.38	1,585.25	2,392.39	---	1,434.99
1985	1,356.22	1,419.84	1,392.55	1,418.05	1,505.02	1,553.46	1,595.26	1,490.81	1,693.94	1,560.20	1,630.01	2,546.73	---	1,541.84
1986	1,409.35	1,460.72	1,548.25	1,504.73	1,570.78	1,705.61	1,731.02	1,655.21	1,830.00	1,659.95	1,739.80	3,052.20	---	1,660.53
1987	1,532.85	1,578.24	1,746.68	1,640.41	1,661.34	1,852.42	1,803.36	1,711.66	1,847.69	1,752.03	1,740.54	3,293.31	---	1,769.08
1988	1,618.94	1,697.56	1,766.19	1,768.18	1,795.31	2,013.43	1,877.74	1,787.35	1,967.88	1,874.24	1,720.11	3,791.81	---	1,901.60
1989	1,720.31	1,839.78	1,938.06	1,904.27	1,917.93	2,173.22	2,045.64	2,014.06	2,143.51	2,035.23	1,826.11	4,084.65	---	2,055.85
1990	1,896.75	1,962.66	2,053.69	2,071.93	2,043.20	2,310.69	2,247.04	2,236.27	2,256.76	2,241.11	1,928.48	4,190.42	---	2,203.10
1991	1,989.96	2,153.40	2,157.03	2,185.34	2,213.04	2,512.02	2,321.57	2,313.65	2,338.45	2,409.25	2,164.15	4,586.61	---	2,365.02
1992	2,063.89	2,253.72	2,213.75	2,271.12	2,302.33	2,614.05	2,428.29	2,316.13	2,441.07	2,527.08	2,227.76	4,480.52	---	2,460.16
1993	2,083.90	2,355.36	2,195.84	2,320.23	2,359.19	2,631.64	2,458.48	2,286.03	2,441.42	2,603.20	2,599.87	4,517.40	---	2,493.16
1994	2,171.01	2,343.72	2,186.18	2,385.78	2,401.86	2,657.05	2,493.15	2,359.48	2,331.10	2,675.15	3,096.09	4,391.79	---	2,520.19
1995	2,222.88	2,420.60	2,269.57	2,404.59	2,386.50	2,677.77	2,572.99	2,403.57	2,221.22	2,684.00	3,066.38	4,414.43	---	2,525.07
1996	2,249.06	2,482.19	2,249.25	2,409.13	2,332.49	2,681.39	2,611.64	2,439.09	2,269.35	2,673.57	3,417.58	4,330.53	---	2,520.22
1997	2,358.60	2,483.43	2,528.10	2,459.73	2,432.69	2,745.45	2,719.14	2,598.74	2,491.02	2,736.72	3,163.70	4,536.55	---	2,620.26
1998	2,629.85	2,618.48	2,718.65	2,545.33	2,581.64	2,895.59	2,880.74	2,705.72	2,611.86	2,852.40	3,271.35	5,210.14	---	2,764.92
1999	2,908.69	2,726.12	2,824.96	2,736.36	2,705.10	3,058.52	3,203.98	2,883.89	2,919.98	3,037.78	3,477.16	5,680.42	4,893.77	2,942.99
2000	3,128.88	2,864.72	2,971.78	2,943.69	2,869.95	3,312.35	3,499.74	3,056.28	3,163.42	3,259.98	3,767.71	5,248.68	5,876.36	3,163.93
2001 f	3,453.48	3,105.76	3,138.06	3,212.52	3,075.42	3,490.00	3,698.65	3,293.78	3,520.10	3,585.82	4,232.18	5,802.74	6,190.94	3,394.51
2002 f	3,586.55	3,364.66	3,304.02	3,432.23	3,181.85	3,673.86	3,954.61	3,449.01	3,761.03	3,798.49	4,567.89	6,142.03	6,466.58	3,572.07
							(annual percentage change)							
1975	---	---	---	---	---	---	---	---	---	---	---	---	---	---
1976	16.9	5.4	14.4	13.9	13.5	12.7	14.4	16.1	13.0	16.1	10.7	7.6	---	13.7
1977	15.4	8.1	5.5	10.5	7.8	8.4	11.5	11.3	5.4	10.9	0.7	25.3	---	8.7
1978	13.4	14.1	8.6	12.2	10.9	8.8	5.8	5.2	11.0	9.7	11.0	13.1	---	9.6
1979	14.2	20.2	11.2	15.6	9.9	9.9	10.3	12.1	17.1	9.8	11.0	3.3	---	10.9
1980	11.0	25.9	14.2	19.2	13.6	12.4	18.3	15.0	15.7	22.2	7.5	2.3	---	14.8
1981	17.1	11.5	19.8	21.1	16.3	15.7	18.5	15.3	16.5	15.7	9.8	17.7	---	16.4
1982	12.9	11.6	15.8	20.0	14.0	15.9	14.4	17.7	23.8	10.9	28.9	43.6	---	15.7
1983	9.4	6.6	8.2	8.1	9.6	12.0	9.5	9.7	7.1	6.2	6.1	8.6	---	9.6
1984	-3.0	3.1	11.0	8.1	6.9	8.9	6.6	7.6	3.9	5.1	-1.6	-1.1	---	6.9
1985	4.7	5.0	8.5	4.9	7.2	8.9	7.4	10.4	7.6	3.7	2.8	6.5	---	7.4
1986	3.9	2.9	11.2	6.1	4.4	9.8	8.5	11.0	8.0	6.4	6.7	19.8	---	7.7
1987	8.8	8.0	12.8	9.0	5.8	8.6	4.2	3.4	1.0	5.5	0.0	7.9	---	6.5
1988	5.6	7.6	1.1	7.8	8.1	8.7	4.1	4.4	6.5	7.0	-1.2	15.1	---	7.5
1989	6.3	8.4	9.7	7.7	6.8	7.9	8.9	12.7	8.9	8.6	6.2	7.7	---	8.1
1990	10.3	6.7	6.0	8.8	6.5	6.3	9.8	11.0	5.3	10.1	5.6	2.6	---	7.2
1991	4.9	9.7	5.0	5.5	8.3	8.7	3.3	3.5	3.6	7.5	12.2	9.5	---	7.3
1992	3.7	4.7	2.6	3.9	4.0	4.1	4.6	0.1	4.4	4.9	2.9	-2.3	---	4.0
1993	1.0	4.5	-0.8	2.2	2.5	0.7	1.2	-1.3	0.0	3.0	16.7	0.8	---	1.3
1994	4.2	-0.5	-0.4	2.8	1.8	1.0	1.4	3.2	-4.5	2.8	19.1	-2.8	---	1.1
1995	2.4	3.3	3.8	0.8	-0.6	0.8	3.2	1.9	-4.7	0.3	-1.0	0.5	---	0.2
1996	1.2	2.5	-0.9	0.2	-2.3	0.1	1.5	1.5	2.2	-0.4	11.5	-1.9	---	-0.2
1997	4.9	0.0	12.4	2.1	4.3	2.4	4.1	6.5	9.8	2.4	-7.4	4.8	---	4.0
1998	11.5	5.4	7.5	3.5	6.1	5.5	5.9	4.1	4.9	4.2	3.4	14.8	---	5.5
1999	10.6	4.1	3.9	7.5	4.8	5.6	11.2	6.6	11.8	6.5	6.3	9.0	---	6.4
2000	7.6	5.1	5.2	7.6	6.1	8.3	9.2	6.0	8.3	7.3	8.4	-7.6	20.1	7.5
2001 f	10.4	8.4	5.6	9.1	7.2	5.4	5.7	7.8	11.3	10.0	12.3	10.6	5.4	7.3
2002 f	3.9	8.3	5.3	6.8	3.5	5.3	6.9	4.7	6.8	5.9	7.9	5.8	4.5	5.2

f - Forecast

CIHI 2002

Table B.1.3

Total Health Expenditure as a Percent of (Provincial/Territorial) G.D.P., by Province/Territory and Canada 1975 to 2002 - Current Dollars

	Nfld.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T	Nun.	Canada Average
Year							**(percentage)**							
1975	---	---	---	---	---	---	---	---	---	---	---	---	---	7.0
1976	---	---	---	---	---	---	---	---	---	---	---	---	---	7.0
1977	---	---	---	---	---	---	---	---	---	---	---	---	---	7.0
1978	---	---	---	---	---	---	---	---	---	---	---	---	---	7.0
1979	---	---	---	---	---	---	---	---	---	---	---	---	---	6.8
1980	---	---	---	---	---	---	---	---	---	---	---	---	---	7.1
1981	12.1	12.8	9.9	10.7	8.6	6.8	8.5	6.4	4.9	7.7	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	11.1	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	9.8	10.2	12.0	---	9.5
1995	11.9	12.3	10.9	11.0	9.7	8.9	10.8	9.2	6.6	9.6	9.0	12.2	---	9.1
1996	12.1	12.0	10.7	10.9	9.4	8.8	10.4	8.6	6.4	9.5	9.7	11.6	---	8.9
1997	12.4	12.1	11.6	11.0	9.4	8.6	10.4	9.1	6.6	9.5	9.2	11.4	---	8.9
1998	12.8	12.0	11.9	10.9	9.6	8.7	10.6	9.4	7.1	9.9	9.5	13.3	---	9.1
1999	12.9	11.8	11.6	10.9	9.5	8.6	11.5	9.7	7.4	10.1	10.0	10.2	17.3	9.2
2000	12.2	11.7	11.6	11.1	9.5	8.9	12.0	9.3	6.6	10.2	10.0	8.0	19.3	9.1
2001 f	13.4	12.4	11.7	11.8	9.9	9.4	12.2	10.1	7.1	11.2	10.7	7.5	19.3	9.7
2002 f	12.4	12.7	11.8	12.3	9.8	9.5	12.7	10.3	7.6	11.7	11.4	7.9	20.6	9.8
							(annual percentage change)							
1975	---	---	---	---	---	---	---	---	---	---	---	---	---	---
1976	---	---	---	---	---	---	---	---	---	---	---	---	---	0.0
1977	---	---	---	---	---	---	---	---	---	---	---	---	---	-0.5
1978	---	---	---	---	---	---	---	---	---	---	---	---	---	-0.2
1979	---	---	---	---	---	---	---	---	---	---	---	---	---	-1.9
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	-8.8	1.6	1.5	-0.5	-1.7	-1.2	-4.3	2.2	-2.6	1.5	-3.7	-1.7	---	-1.2
1985	0.3	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	-8.3	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	-4.2	0.6	-0.6	-0.2	-3.2	0.3	0.9	-1.6	-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	1.7	4.8	8.0	10.0	4.4	2.2	6.0	6.8	29.2	13.1	---	7.8
1992	4.2	1.1	0.6	1.4	2.6	4.2	3.2	1.1	3.2	1.2	-5.3	0.6	---	3.0
1993	-1.3	0.3	-1.7	-2.3	0.8	-0.6	1.1	-8.4	-6.4	-1.7	45.5	-1.6	---	-1.3
1994	-1.7	-1.5	-1.9	-1.0	-2.5	-3.6	-3.5	-3.1	-10.8	-0.8	13.3	-5.3	---	-3.5
1995	-2.5	-1.4	0.6	-5.8	-4.0	-3.6	-0.1	-5.2	-7.7	-1.9	-11.5	2.1	---	-3.7
1996	2.1	-2.3	-1.6	-1.1	-3.6	-1.3	-3.3	-6.9	-3.2	-0.8	7.0	-5.4	---	-2.3
1997	2.5	1.4	8.1	0.9	0.3	-2.4	-0.3	6.0	3.2	-0.6	-4.8	-1.5	---	-0.4
1998	3.4	-0.9	2.5	-1.3	2.2	1.5	1.9	3.0	7.0	4.1	3.0	16.1	---	2.7
1999	0.6	-1.6	-2.7	0.0	-1.8	-1.2	8.3	3.3	5.0	2.9	5.7	-23.1	---	0.2
2000	-5.3	-1.3	-0.1	2.2	-0.1	3.7	4.6	-4.5	-11.3	0.8	-0.5	-21.6	11.5	-0.1
2001 f	9.6	6.2	1.6	6.5	5.1	4.6	2.2	8.6	8.1	9.8	7.4	-6.7	0.2	5.7
2002 f	-7.6	2.6	0.6	3.5	-1.4	2.1	3.3	2.6	6.3	4.4	6.7	6.0	6.4	1.8

f - Forecast

CIHI 2002

Table B.2.1

Private Sector Health Expenditure, by Province/Territory and Canada 1975 to 2002 - Current Dollars

	Nfld.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T	Nun.	Canada
Year							**($' 000,000)**							
1975	59.4	16.0	81.1	62.7	715.5	1,094.3	122.0	112.6	234.6	388.8	3.5	8.7	---	2,899.2
1976	86.9	15.6	100.8	67.5	755.0	1,205.4	129.7	126.5	260.4	471.2	4.3	9.3	---	3,232.6
1977	121.8	16.1	99.6	74.5	772.8	1,360.0	151.9	143.7	293.3	556.8	4.5	10.5	---	3,605.4
1978	146.3	20.9	109.5	91.1	843.2	1,596.7	160.0	144.6	337.7	599.9	4.8	11.7	---	4,066.3
1979	164.4	31.8	127.8	118.7	901.6	1,874.6	189.0	159.2	389.1	643.4	5.5	12.4	---	4,617.4
1980	178.6	47.1	147.8	147.2	1,089.0	2,126.9	232.3	167.2	493.1	807.9	6.1	13.2	---	5,456.5
1981	210.8	49.3	166.8	177.7	1,397.1	2,377.6	287.6	185.9	581.5	879.1	6.2	14.6	---	6,334.1
1982	218.4	50.4	199.2	210.1	1,528.6	2,834.2	315.1	204.1	786.9	943.1	6.8	15.4	---	7,312.3
1983	234.7	51.1	215.9	232.6	1,643.1	3,253.5	337.6	219.1	720.5	1,026.9	6.7	16.9	---	7,958.6
1984	191.8	49.9	248.5	265.6	1,827.6	3,624.8	367.8	258.6	767.5	1,159.2	6.9	18.1	---	8,786.3
1985	197.1	52.9	285.3	274.1	2,104.4	3,999.5	415.6	333.2	831.3	1,227.1	6.8	19.6	---	9,746.9
1986	169.6	49.6	353.7	285.9	2,486.1	4,367.1	463.9	377.7	910.6	1,317.2	5.6	21.7	---	10,808.7
1987	188.0	53.3	395.0	305.1	2,632.2	4,854.5	449.9	395.5	985.5	1,444.9	5.6	23.9	---	11,733.5
1988	197.1	56.5	420.1	330.4	2,850.8	5,321.9	435.2	369.2	1,184.9	1,596.8	5.2	27.3	---	12,795.4
1989	203.9	64.9	470.3	352.4	3,181.7	5,876.9	484.2	423.7	1,318.8	1,773.0	5.3	29.3	---	14,184.3
1990	220.6	70.0	490.4	397.4	3,497.4	6,466.2	533.2	460.1	1,422.5	1,986.0	5.0	28.4	---	15,577.1
1991	247.5	76.8	518.8	442.4	3,819.3	7,038.2	570.0	490.9	1,505.1	2,159.5	6.1	32.3	---	16,906.9
1992	269.1	85.8	554.5	466.7	4,141.5	7,573.7	602.6	505.8	1,584.2	2,291.2	6.9	29.7	---	18,112.0
1993	284.2	93.5	579.5	503.0	4,444.5	8,252.9	660.2	574.1	1,719.8	2,427.0	10.6	28.3	---	19,577.5
1994	299.7	96.3	608.2	519.4	4,636.6	8,700.5	686.3	603.5	1,777.6	2,518.8	9.9	26.6	---	20,483.5
1995	289.3	103.5	662.6	484.7	4,572.8	9,418.0	727.5	616.9	1,802.3	2,586.6	10.5	23.6	---	21,298.3
1996	286.3	105.0	653.9	488.7	4,711.9	9,677.5	777.2	624.3	1,843.8	2,690.2	18.1	27.3	---	21,904.0
1997	285.9	109.9	690.6	549.5	4,960.8	10,390.1	838.1	676.2	2,131.0	2,875.5	16.9	26.4	---	23,550.9
1998	327.0	112.6	754.5	547.2	4,983.5	10,911.5	890.5	667.2	2,251.1	3,084.4	15.9	26.8	---	24,572.3
1999	323.1	116.7	754.8	597.2	5,532.2	11,820.7	941.0	699.0	2,489.5	3,264.0	16.9	20.7	8.3	26,584.2
2000	361.9	118.4	826.8	639.2	5,829.4	12,655.1	1,006.8	744.5	2,733.8	3,480.2	18.0	19.6	8.8	28,442.5
2001 f	406.8	124.3	908.3	698.3	6,132.3	13,827.5	1,049.4	792.0	3,007.1	3,859.7	18.9	21.7	8.9	30,855.3
2002 f	418.0	128.2	952.1	735.9	6,467.5	14,798.6	1,138.4	816.4	3,267.6	4,085.0	19.9	22.9	9.0	32,859.4
							(annual percentage change)							
1975	---	---	---	---	---	---	---	---	---	---	---	---	---	---
1976	46.4	-2.5	24.3	7.8	5.5	10.2	6.3	12.3	11.0	21.2	23.1	7.0	---	11.5
1977	40.2	3.3	-1.2	10.3	2.3	12.8	17.1	13.6	12.6	18.2	4.1	13.4	---	11.5
1978	20.1	29.6	9.9	22.3	9.1	17.4	5.4	0.6	15.2	7.7	5.7	11.1	---	12.8
1979	12.4	52.1	16.8	30.3	6.9	17.4	18.1	10.1	15.2	7.2	15.4	5.9	---	13.6
1980	8.6	48.2	15.6	24.0	20.8	13.5	22.9	5.0	26.7	25.6	11.5	6.4	---	18.2
1981	18.0	4.8	12.9	20.7	28.3	11.8	23.8	11.2	17.9	8.8	0.7	10.5	---	16.1
1982	3.6	2.2	19.4	18.2	9.4	19.2	9.6	9.8	35.3	7.3	9.7	5.7	---	15.4
1983	7.5	1.3	8.4	10.7	7.5	14.8	7.1	7.3	-8.4	8.9	-1.3	9.8	---	8.8
1984	-18.3	-2.3	15.1	14.2	11.2	11.4	8.9	18.1	6.5	12.9	3.1	7.2	---	10.4
1985	2.7	6.1	14.8	3.2	15.1	10.3	13.0	28.8	8.3	5.9	-1.2	8.3	---	10.9
1986	-13.9	-6.3	24.0	4.3	18.1	9.2	11.6	13.4	9.5	7.3	-17.3	10.5	---	10.9
1987	10.9	7.4	11.7	6.7	5.9	11.2	-3.0	4.7	8.2	9.7	0.4	10.0	---	8.6
1988	4.8	6.1	6.3	8.3	8.3	9.6	-3.3	-6.7	20.2	10.5	-7.5	14.4	---	9.1
1989	3.4	14.9	12.0	6.6	11.6	10.4	11.3	14.8	11.3	11.0	1.2	7.5	---	10.9
1990	8.2	7.7	4.3	12.8	9.9	10.0	10.1	8.6	7.9	12.0	-4.8	-3.3	---	9.8
1991	12.2	9.8	5.8	11.3	9.2	8.8	6.9	6.7	5.8	8.7	20.9	13.7	---	8.5
1992	8.7	11.6	6.9	5.5	8.4	7.6	5.7	3.0	5.3	6.1	14.1	-7.9	---	7.1
1993	5.6	9.0	4.5	7.8	7.3	9.0	9.6	13.5	8.6	5.9	52.5	-4.7	---	8.1
1994	5.5	3.0	5.0	3.3	4.3	5.4	3.9	5.1	3.4	3.8	-6.7	-6.1	---	4.6
1995	-3.5	7.4	8.9	-6.7	-1.4	8.2	6.0	2.2	1.4	2.7	6.4	-11.3	---	4.0
1996	-1.0	1.5	-1.3	0.8	3.0	2.8	6.8	1.2	2.3	4.0	73.0	15.5	---	2.8
1997	-0.1	4.7	5.6	12.5	5.3	7.4	7.8	8.3	15.6	6.9	-6.9	-3.1	---	7.5
1998	14.4	2.4	9.3	-0.4	0.5	5.0	6.3	-1.3	5.6	7.3	-5.9	1.6	---	4.3
1999	-1.2	3.6	0.0	9.1	11.0	8.3	5.7	4.8	10.6	5.8	6.2	-22.8	---	8.2
2000	12.0	1.4	9.5	7.0	5.4	7.1	7.0	6.5	9.8	6.6	6.5	-5.5	6.2	7.0
2001 f	12.4	5.0	9.9	9.3	5.2	9.3	4.2	6.4	10.0	10.9	5.0	10.9	1.1	8.5
2002 f	2.7	3.1	4.8	5.4	5.5	7.0	8.5	3.1	8.7	5.8	5.3	5.6	1.2	6.5

f - Forecast

CIHI 2002

Table B.2.2

Private Sector Health Expenditure, by Province/Territory and Canada
1975 to 2002 - Current Dollars

	Nfld.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T	Nun.	Canada Average
Year							**($' per capita)**							
1975	106.70	135.81	98.13	92.57	113.05	131.53	118.99	122.75	129.69	155.56	160.46	202.70	---	125.28
1976	154.40	131.42	120.69	97.96	118.03	143.27	125.66	135.75	139.32	185.95	192.59	209.75	---	137.85
1977	215.42	134.19	118.59	107.02	120.14	159.90	146.30	152.08	150.57	216.69	197.18	236.08	---	151.96
1978	257.91	171.57	129.63	130.17	130.90	185.85	153.65	151.90	167.03	229.49	200.48	258.67	---	169.68
1979	288.72	258.31	150.52	168.79	139.40	216.40	182.18	165.92	185.49	241.59	228.99	271.21	---	190.78
1980	311.96	380.69	173.28	208.52	167.35	243.21	224.54	172.83	224.89	294.52	251.77	284.97	---	222.57
1981	366.78	398.78	195.17	251.61	213.37	269.83	277.48	190.48	253.47	311.30	257.98	306.50	---	255.20
1982	380.15	407.14	231.63	296.65	232.33	317.65	301.03	206.74	332.28	328.28	276.31	311.09	---	291.12
1983	405.01	407.23	248.37	325.09	248.88	359.83	318.16	218.67	301.41	353.45	282.65	331.49	---	313.74
1984	330.61	394.19	283.28	368.32	275.61	395.21	343.13	254.68	321.10	393.53	287.68	344.96	---	343.11
1985	340.16	414.66	322.36	378.68	315.70	430.17	383.98	324.94	345.95	412.59	278.88	361.05	---	377.16
1986	294.15	386.14	397.71	394.25	370.60	462.72	424.97	366.98	374.60	438.48	229.51	396.70	---	414.12
1987	326.90	414.22	442.14	419.14	388.06	503.32	409.77	382.99	404.66	473.73	219.46	433.58	---	443.61
1988	342.81	436.94	468.07	452.43	416.81	540.63	394.87	359.12	482.72	512.50	195.93	490.00	---	477.47
1989	353.74	499.11	520.28	479.26	459.16	581.30	438.78	415.70	528.39	554.31	194.55	514.35	---	519.84
1990	381.53	535.89	539.05	536.96	499.31	627.82	482.28	456.84	558.37	603.38	180.78	481.69	---	562.33
1991	427.13	589.67	566.96	593.36	540.62	674.96	513.72	489.60	580.53	640.17	209.98	529.44	---	603.15
1992	463.88	655.38	603.19	623.61	582.27	716.50	541.36	503.82	601.37	660.23	229.03	476.22	---	638.27
1993	489.77	706.43	627.39	671.03	620.28	771.99	590.35	570.14	643.96	679.53	344.92	445.89	---	682.07
1994	521.46	720.64	656.61	691.66	643.31	803.56	610.64	597.72	657.18	684.14	327.85	408.36	---	705.45
1995	509.39	767.52	714.26	644.71	631.48	858.92	643.94	608.23	657.83	683.55	339.41	354.42	---	725.57
1996	510.69	771.34	702.15	648.96	647.77	871.78	685.13	612.34	663.07	692.98	567.70	403.37	---	738.21
1997	516.01	803.42	738.94	728.56	679.32	923.61	737.40	661.63	751.10	726.19	523.63	389.80	---	785.37
1998	599.73	822.79	806.04	726.38	680.46	958.21	782.58	651.03	774.41	771.66	503.80	397.39	---	812.35
1999	597.40	847.15	801.99	790.49	752.55	1,025.41	823.63	681.56	841.14	810.28	542.89	505.21	309.04	871.35
2000	672.75	855.68	877.46	845.89	789.71	1,081.86	878.20	728.54	908.28	857.15	586.83	479.00	320.45	923.73
2001 f	762.13	894.96	963.37	923.79	826.71	1,162.47	913.26	778.67	983.01	941.02	624.86	526.44	316.94	991.80
2002 f	786.24	916.02	1,007.77	972.58	867.52	1,226.24	989.14	806.83	1,049.46	986.42	663.81	553.75	314.14	1,046.01
							(annual percentage change)							
1975	---	---	---	---	---	---	---	---	---	---	---	---	---	---
1976	44.7	-3.2	23.0	5.8	4.4	8.9	5.6	10.6	7.4	19.5	20.0	3.5	---	10.0
1977	39.5	2.1	-1.7	9.3	1.8	11.6	16.4	12.0	8.1	16.5	2.4	12.6	---	10.2
1978	19.7	27.9	9.3	21.6	9.0	16.2	5.0	-0.1	10.9	5.9	1.7	9.6	---	11.7
1979	11.9	50.6	16.1	29.7	6.5	16.4	18.6	9.2	11.1	5.3	14.2	4.8	---	12.4
1980	8.0	47.4	15.1	23.5	20.0	12.4	23.2	4.2	21.2	21.9	9.9	5.1	---	16.7
1981	17.6	4.8	12.6	20.7	27.5	10.9	23.6	10.2	12.7	5.7	2.5	7.6	---	14.7
1982	3.6	2.1	18.7	17.9	8.9	17.7	8.5	8.5	31.1	5.5	7.1	1.5	---	14.1
1983	6.5	0.0	7.2	9.6	7.1	13.3	5.7	5.8	-9.3	7.7	2.3	6.6	---	7.8
1984	-18.4	-3.2	14.1	13.3	10.7	9.8	7.8	16.5	6.5	11.3	1.8	4.1	---	9.4
1985	2.9	5.2	13.8	2.8	14.5	8.8	11.9	27.6	7.7	4.8	-3.1	4.7	---	9.9
1986	-13.5	-6.9	23.4	4.1	17.4	7.6	10.7	12.9	8.3	6.3	-17.7	9.9	---	9.8
1987	11.1	7.3	11.2	6.3	4.7	8.8	-3.6	4.4	8.0	8.0	-4.4	9.3	---	7.1
1988	4.9	5.5	5.9	7.9	7.4	7.4	-3.6	-6.2	19.3	8.2	-10.7	13.0	---	7.6
1989	3.2	14.2	11.2	5.9	10.2	7.5	11.1	15.8	9.5	8.2	-0.7	5.0	---	8.9
1990	7.9	7.4	3.6	12.0	8.7	8.0	9.9	9.9	5.7	8.9	-7.1	-6.3	---	8.2
1991	11.9	10.0	5.2	10.5	8.3	7.5	6.5	7.2	4.0	6.1	16.1	9.9	---	7.3
1992	8.6	11.1	6.4	5.1	7.7	6.2	5.4	2.9	3.6	3.1	9.1	-10.1	---	5.8
1993	5.6	7.8	4.0	7.6	6.5	7.7	9.0	13.2	7.1	2.9	50.6	-6.4	---	6.9
1994	6.5	2.0	4.7	3.1	3.7	4.1	3.4	4.8	2.1	0.7	-4.9	-8.4	---	3.4
1995	-2.3	6.5	8.8	-6.8	-1.8	6.9	5.5	1.8	0.1	-0.1	3.5	-13.2	---	2.9
1996	0.3	0.5	-1.7	0.7	2.6	1.5	6.4	0.7	0.8	1.4	67.3	13.8	---	1.7
1997	1.0	4.2	5.2	12.3	4.9	5.9	7.6	8.0	13.3	4.8	-7.8	-3.4	---	6.4
1998	16.2	2.4	9.1	-0.3	0.2	3.7	6.1	-1.6	3.1	6.3	-3.8	1.9	---	3.4
1999	-0.4	3.0	-0.5	8.8	10.6	7.0	5.2	4.7	8.6	5.0	7.8	27.1	---	7.3
2000	12.6	1.0	9.4	7.0	4.9	5.5	6.6	6.9	8.0	5.8	8.1	-5.2	3.7	6.0
2001 f	13.3	4.6	9.8	9.2	4.7	7.5	4.0	6.9	8.2	9.8	6.5	9.9	-1.1	7.4
2002 f	3.2	2.4	4.6	5.3	4.9	5.5	8.3	3.6	6.8	4.8	6.2	5.2	-0.9	5.5

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Table B.2.3

Private Sector Health Expenditure as a Proportion of Total Health Expenditure, by Province/Territory and Canada, 1975 to 2002 - Current Dollars

	Nfld.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T	Nun.	Canada Average
Year							**(percentage)**							
1975	22.4	27.0	21.2	22.6	21.2	24.7	22.3	25.5	23.6	28.1	22.1	24.8	---	23.8
1976	27.8	24.8	22.8	21.0	19.5	23.9	20.6	24.3	22.5	28.9	23.9	23.8	---	23.0
1977	33.6	23.4	21.2	20.7	18.4	24.6	21.5	24.5	23.1	30.4	24.3	21.4	---	23.3
1978	35.5	26.3	21.4	22.5	18.1	26.3	21.4	23.2	23.0	29.3	22.3	20.7	---	23.8
1979	34.7	32.9	22.3	25.3	17.5	27.9	23.0	22.6	21.8	28.1	22.9	21.0	---	24.1
1980	33.8	38.5	22.5	26.2	18.5	27.9	23.9	20.5	22.9	28.0	23.5	21.6	---	24.5
1981	33.9	36.2	21.1	26.1	20.3	26.7	24.9	19.6	22.2	25.6	21.9	19.7	---	24.1
1982	31.1	33.1	21.7	25.6	19.4	27.1	23.7	18.1	23.5	24.4	18.2	14.0	---	23.8
1983	30.3	31.0	21.5	26.0	18.9	27.5	22.8	17.4	19.9	24.7	17.5	13.7	---	23.4
1984	25.5	29.1	22.1	27.2	19.6	27.7	23.1	18.9	20.4	26.2	18.1	14.4	---	23.9
1985	25.1	29.2	23.1	26.7	21.0	27.7	24.1	21.8	20.4	26.4	17.1	14.2	---	24.5
1986	20.9	26.4	25.7	26.2	23.6	27.1	24.6	22.2	20.5	26.4	13.2	13.0	---	24.9
1987	21.3	26.2	25.3	25.6	23.4	27.2	22.7	22.4	21.9	27.0	12.6	13.2	---	25.1
1988	21.2	25.7	26.5	25.6	23.2	26.9	21.0	20.1	24.5	27.3	11.4	12.9	---	25.1
1989	20.6	27.1	26.8	25.2	23.9	26.7	21.4	20.6	24.7	27.2	10.7	12.6	---	25.3
1990	20.1	27.3	26.2	25.9	24.4	27.2	21.5	20.4	24.7	26.9	9.4	11.5	---	25.5
1991	21.5	27.4	26.3	27.2	24.4	26.9	22.1	21.2	24.8	26.6	9.7	11.5	---	25.5
1992	22.5	29.1	27.2	27.5	25.3	27.4	22.3	21.8	24.6	26.1	10.3	10.6	---	25.9
1993	23.5	30.0	28.6	28.9	26.3	29.3	24.0	24.9	26.4	26.1	13.3	9.9	---	27.4
1994	24.0	30.7	30.0	29.0	26.8	30.2	24.5	25.3	28.2	25.6	10.6	9.3	---	28.0
1995	22.9	31.7	31.5	26.8	26.5	32.1	25.0	25.3	29.6	25.5	11.1	8.0	---	28.7
1996	22.7	31.1	31.2	26.9	27.8	32.5	26.2	25.1	29.2	25.9	16.6	9.3	---	29.3
1997	21.9	32.4	29.2	29.6	27.9	33.6	27.1	25.5	30.2	26.5	16.6	8.6	---	30.0
1998	22.8	31.4	29.6	28.5	26.4	33.1	27.2	24.1	29.6	27.1	15.4	7.6	---	29.4
1999	20.5	31.1	28.4	28.9	27.8	33.5	25.7	23.6	28.8	26.7	15.6	8.9	6.3	29.6
2000	21.5	29.9	29.5	28.7	27.5	32.7	25.1	23.8	28.7	26.3	15.6	9.1	5.5	29.2
2001 f	22.1	28.8	30.7	28.8	26.9	33.3	24.7	23.6	27.9	26.2	14.8	9.1	5.1	29.2
2002 f	21.9	27.2	30.5	28.3	27.3	33.4	25.0	23.4	27.9	26.0	14.5	9.0	4.9	29.3
							(annual percentage change)							
1975	---	---	---	---	---	---	---	---	---	---	---	---	---	---
1976	23.8	-8.2	7.5	-7.1	-8.0	-3.4	-7.7	-4.8	-4.9	2.9	8.4	-3.8	---	-3.2
1977	20.9	-5.5	-6.9	-1.1	-5.6	2.9	4.4	0.7	2.6	5.1	1.7	-10.2	---	1.4
1978	5.6	12.1	0.6	8.5	-1.8	6.8	-0.7	-5.0	0.0	-3.5	-8.4	-3.1	---	1.9
1979	-2.0	25.2	4.4	12.2	-3.1	6.0	7.5	-2.6	-5.2	-4.1	2.9	1.5	---	1.3
1980	-2.7	17.1	0.8	3.7	5.7	0.0	4.2	-9.4	4.8	-0.2	2.3	2.7	---	1.6
1981	0.4	-6.0	-6.0	-0.3	9.6	-4.1	4.3	-4.4	-3.2	-8.7	-6.7	-8.6	---	-1.5
1982	-8.2	-8.5	2.5	-1.7	-4.5	1.6	-5.1	-7.8	5.9	-4.9	-16.9	-29.3	---	-1.4
1983	-2.6	-6.2	-0.9	1.4	-2.2	1.2	-3.5	-3.6	-15.3	1.4	-3.6	-1.9	---	-1.6
1984	-15.8	-6.1	2.8	4.8	3.6	0.9	1.2	8.3	2.5	5.9	3.4	5.3	---	2.3
1985	-1.8	0.2	4.8	-1.9	6.9	0.0	4.2	15.6	0.2	1.1	-5.7	-1.7	---	2.3
1986	-16.8	-9.5	11.0	-1.9	12.5	-2.0	2.0	1.7	0.2	-0.1	-22.9	-8.3	---	2.0
1987	2.2	-0.7	-1.5	-2.5	-1.0	0.2	-7.4	0.9	7.0	2.4	-4.4	1.3	---	0.5
1988	-0.7	-1.9	4.7	0.1	-0.6	-1.2	-7.5	-10.2	12.0	1.1	-9.7	-1.8	---	0.1
1989	-2.9	5.4	1.3	-1.6	3.1	-0.4	2.0	2.7	0.5	-0.4	-6.5	-2.6	---	0.7
1990	-2.2	0.6	-2.2	3.0	2.1	1.6	0.1	-1.0	0.4	-1.1	-12.0	-8.7	---	0.9
1991	6.7	0.3	0.1	4.8	0.0	-1.1	3.1	3.6	0.3	-1.3	3.5	0.4	---	-0.1
1992	4.7	6.2	3.7	1.1	3.5	2.0	0.8	2.8	-0.8	-1.7	6.0	-7.9	---	1.7
1993	4.6	3.1	4.9	5.3	4.0	7.0	7.7	14.7	7.1	-0.1	29.0	-7.1	---	5.4
1994	2.2	2.5	5.1	0.2	1.9	3.1	2.0	1.6	6.9	-2.0	-20.2	-5.8	---	2.3
1995	-4.6	3.1	4.8	-7.5	-1.2	6.1	2.2	-0.1	5.0	-0.4	4.5	-13.7	---	2.7
1996	-0.9	-2.0	-0.8	0.5	5.0	1.4	4.8	-0.8	-1.3	1.8	50.1	16.0	---	1.9
1997	-3.6	4.1	-6.4	10.0	0.6	3.5	3.4	1.4	3.2	2.4	-0.4	-7.8	---	2.3
1998	4.2	-2.9	1.4	-3.7	-5.6	-1.6	0.2	-5.5	-1.7	2.0	-7.0	-11.2	---	-2.0
1999	-9.9	-1.1	-4.2	1.2	5.5	1.3	-5.4	-1.8	-2.8	-1.4	1.4	16.6	---	0.8
2000	4.7	-3.9	4.0	-0.5	-1.1	-2.6	-2.4	0.9	-0.3	-1.4	-0.2	2.6	-13.6	-1.4
2001 f	2.6	-3.5	4.0	0.1	-2.3	2.0	-1.6	-0.8	-2.7	-0.2	-5.2	-0.6	-6.1	0.1
2002 f	-0.7	-5.5	-0.6	-1.5	1.4	0.2	1.3	-1.0	-0.1	-1.0	-1.6	-0.6	-5.1	0.2

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Table B.3.1

Public Sector Health Expenditure, by Province/Territory and Canada
1975 to 2002 - Current Dollars

	Nfld.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T	Nun.	Canada
Year							**($' 000,000)**							
1975	205.1	43.2	301.4	214.8	2,663.2	3,328.5	424.4	328.6	757.8	995.6	12.4	26.4	---	9,301.4
1976	225.9	47.3	341.4	254.3	3,120.1	3,835.4	499.7	393.9	898.5	1,158.5	13.7	29.7	---	10,818.5
1977	240.9	52.6	369.5	284.4	3,427.9	4,164.6	554.1	443.7	978.9	1,276.4	14.0	38.8	---	11,845.8
1978	266.4	58.6	403.0	313.6	3,823.4	4,475.1	589.0	477.8	1,127.7	1,446.2	16.6	44.8	---	13,042.1
1979	308.9	64.8	445.1	351.3	4,248.1	4,853.4	634.3	544.3	1,391.9	1,645.7	18.4	46.6	---	14,552.7
1980	349.8	75.2	509.4	415.2	4,797.5	5,507.2	739.1	648.5	1,660.1	2,073.6	20.0	47.9	---	16,843.4
1981	410.4	87.0	622.0	503.5	5,490.7	6,525.4	865.6	763.1	2,042.2	2,553.5	22.0	59.2	---	19,944.8
1982	482.8	101.9	719.9	609.2	6,361.9	7,611.1	1,017.0	925.9	2,564.7	2,929.4	30.4	95.0	---	23,449.1
1983	539.0	113.5	789.0	662.1	7,032.2	8,596.5	1,141.0	1,038.5	2,901.6	3,131.0	31.4	106.6	---	26,082.3
1984	559.4	121.3	876.9	709.6	7,486.1	9,462.5	1,224.3	1,112.7	2,996.8	3,272.1	31.0	107.6	---	27,960.4
1985	588.6	128.3	947.2	752.2	7,927.6	10,443.7	1,310.9	1,195.5	3,239.1	3,413.3	32.9	118.9	---	30,098.4
1986	642.9	138.0	1,023.2	805.3	8,051.3	11,730.2	1,425.8	1,325.9	3,537.9	3,669.4	37.0	145.2	---	32,532.0
1987	693.6	149.7	1,165.5	888.9	8,636.4	13,011.9	1,530.2	1,372.2	3,514.4	3,899.0	39.1	157.4	---	35,058.4
1988	733.8	163.0	1,165.0	961.0	9,428.4	14,497.9	1,634.3	1,468.3	3,645.6	4,242.7	40.6	183.9	---	38,164.3
1989	787.7	174.4	1,281.5	1,047.7	10,108.6	16,093.9	1,773.2	1,629.2	4,031.0	4,736.8	44.2	203.6	---	41,911.9
1990	875.9	186.3	1,377.9	1,136.1	10,814.1	17,332.9	1,951.1	1,792.1	4,326.9	5,390.4	48.5	218.5	---	45,450.5
1991	905.7	203.8	1,455.0	1,186.9	11,815.3	19,156.2	2,006.0	1,828.9	4,557.5	5,967.8	56.5	247.2	---	49,386.7
1992	928.3	209.2	1,480.7	1,233.1	12,234.5	20,058.1	2,100.3	1,819.5	4,846.4	6,478.5	60.4	249.9	---	51,699.0
1993	924.9	218.2	1,448.8	1,236.1	12,459.6	19,880.6	2,089.2	1,727.8	4,800.5	6,870.4	69.0	258.7	---	51,984.0
1994	948.2	217.0	1,416.9	1,272.2	12,674.4	20,068.8	2,115.7	1,778.8	4,527.8	7,330.4	83.2	259.5	---	52,692.8
1995	973.2	222.8	1,442.9	1,323.0	12,708.9	19,943.6	2,179.4	1,820.8	4,283.5	7,569.7	84.2	270.3	---	52,822.2
1996	974.5	233.0	1,440.7	1,325.4	12,254.7	20,088.2	2,185.3	1,862.3	4,466.5	7,688.7	91.0	265.4	---	52,875.7
1997	1,020.9	229.9	1,672.0	1,305.7	12,804.1	20,494.8	2,252.4	1,979.8	4,936.5	7,961.1	85.1	280.9	---	55,023.2
1998	1,107.0	245.8	1,790.4	1,370.3	13,923.6	22,061.8	2,387.5	2,105.8	5,341.2	8,317.0	87.2	324.8	---	59,062.3
1999	1,250.2	258.8	1,904.0	1,470.1	14,353.6	23,437.5	2,719.7	2,258.6	6,152.6	8,973.0	91.1	212.0	123.1	63,204.4
2000	1,321.1	277.9	1,973.5	1,585.1	15,355.8	26,091.3	3,005.4	2,378.9	6,787.7	9,755.8	97.3	194.8	152.8	68,977.5
2001 f	1,436.7	307.1	2,050.5	1,730.2	16,680.3	27,685.6	3,200.7	2,558.1	7,761.2	10,847.9	108.9	217.5	165.1	74,749.9
2002 f	1,488.6	342.6	2,169.4	1,861.1	17,253.9	29,538.7	3,412.8	2,673.4	8,442.7	11,645.6	116.8	231.4	176.7	79,353.7
							(annual percentage change)							
1975	---	---	---	---	---	---	---	---	---	---	---	---	---	---
1976	10.1	9.5	13.3	18.4	17.2	15.2	17.8	19.9	18.6	16.4	10.9	12.7	---	16.3
1977	6.6	11.3	8.2	11.8	9.9	8.6	10.9	12.6	8.9	10.2	1.8	30.3	---	9.5
1978	10.5	11.4	9.1	10.3	11.5	7.5	6.3	7.7	15.2	13.3	18.5	15.6	---	10.1
1979	16.0	10.6	10.5	12.0	11.1	8.5	7.7	13.9	23.4	13.8	11.2	3.9	---	11.6
1980	13.2	16.0	14.4	18.2	12.9	13.5	16.5	19.2	19.3	26.0	8.3	2.9	---	15.7
1981	17.3	15.7	22.1	21.2	14.4	18.5	17.1	17.7	23.0	23.1	10.1	23.7	---	18.4
1982	17.6	17.1	15.7	21.0	15.9	16.6	17.5	21.3	25.6	14.7	38.2	60.3	---	17.6
1983	11.6	11.3	9.6	8.7	10.5	12.9	12.2	12.2	13.1	6.9	3.3	12.2	---	11.2
1984	3.8	6.9	11.1	7.2	6.5	10.1	7.3	7.1	3.3	4.5	-1.1	1.0	---	7.2
1985	5.2	5.8	8.0	6.0	5.9	10.4	7.1	7.4	8.1	4.3	6.1	10.5	---	7.6
1986	9.2	7.5	8.0	7.1	1.6	12.3	8.8	10.9	9.2	7.5	12.3	22.2	---	8.1
1987	7.9	8.5	13.9	10.4	7.3	10.9	7.3	3.5	-0.7	6.3	5.8	8.4	---	7.8
1988	5.8	8.9	-0.1	8.1	9.2	11.4	6.8	7.0	3.7	8.8	3.8	16.8	---	8.9
1989	7.4	7.0	10.0	9.0	7.2	11.0	8.5	11.0	10.6	11.6	9.1	10.7	---	9.8
1990	11.2	6.8	7.5	8.4	7.0	7.7	10.0	10.0	7.3	13.8	9.7	7.3	---	8.4
1991	3.4	9.4	5.6	4.5	9.3	10.5	2.8	2.1	5.3	10.7	16.4	13.2	---	8.7
1992	2.5	2.7	1.8	3.9	3.5	4.7	4.7	-0.5	6.3	8.6	7.0	1.1	---	4.7
1993	-0.4	4.3	-2.2	0.2	1.8	-0.9	-0.5	-5.0	-0.9	6.0	14.2	3.5	---	0.6
1994	2.5	-0.6	-2.2	2.9	1.7	0.9	1.3	3.0	-5.7	6.7	20.5	0.3	---	1.4
1995	2.6	2.7	1.8	4.0	0.3	-0.6	3.0	2.4	-5.4	3.3	1.3	4.1	---	0.2
1996	0.1	4.6	-0.1	0.2	-3.6	0.7	0.3	2.3	4.3	1.6	8.1	-1.8	---	0.1
1997	4.8	-1.3	16.1	-1.5	4.5	2.0	3.1	6.3	10.5	3.5	-6.5	5.8	---	4.1
1998	8.4	6.9	7.1	4.9	8.7	7.6	6.0	6.4	8.2	4.5	2.5	15.6	---	7.3
1999	12.9	5.3	6.3	7.3	3.1	6.2	13.9	7.3	15.2	7.9	4.4	-34.7	---	7.0
2000	5.7	7.4	3.7	7.8	7.0	11.3	10.5	5.3	10.3	8.7	6.8	-8.1	24.1	9.1
2001 f	8.7	10.5	3.9	9.2	8.6	6.1	6.5	7.5	14.3	11.2	11.9	11.6	8.1	8.4
2002 f	3.6	11.6	5.8	7.6	3.4	6.7	6.6	4.5	8.8	7.4	7.3	6.4	7.0	6.2

f - Forecast

CIHI 2002

Table B.3.2

Public Sector Health Expenditure, by Province/Territory and Canada
1975 to 2002 - Current Dollars

Year	Nfld.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T	Nun.	Canada Average
							($' per capita)							
1975	368.79	366.81	364.61	317.30	420.76	400.07	414.03	358.17	418.96	398.32	566.03	615.97	---	401.92
1976	401.57	398.40	408.76	368.89	487.77	455.84	484.35	422.78	480.64	457.21	611.85	671.20	---	461.35
1977	426.21	438.37	440.06	408.77	532.94	489.62	533.83	469.59	502.58	496.71	612.93	867.88	---	499.27
1978	469.61	481.48	477.18	448.30	593.59	520.86	565.69	501.90	557.75	553.24	698.47	989.36	---	544.24
1979	542.44	526.92	524.15	499.63	656.85	560.26	611.45	567.20	663.56	617.96	768.97	1,018.11	---	601.30
1980	610.87	607.90	597.33	588.09	737.24	629.73	714.34	670.37	757.18	755.88	820.91	1,034.37	---	687.03
1981	714.09	703.39	727.84	712.80	838.57	740.57	835.22	782.01	890.16	904.22	919.81	1,245.88	---	803.56
1982	840.26	823.01	837.09	860.19	966.96	853.04	971.54	937.81	1,082.97	1,019.64	1,241.59	1,917.90	---	933.58
1983	929.98	904.59	907.78	925.49	1,065.11	950.76	1,075.34	1,036.61	1,213.87	1,077.61	1,328.40	2,088.58	---	1,028.20
1984	964.24	958.23	999.69	984.10	1,128.93	1,031.68	1,142.18	1,095.75	1,253.85	1,110.84	1,297.57	2,047.42	---	1,091.88
1985	1,016.06	1,005.18	1,070.19	1,039.37	1,189.32	1,123.29	1,211.28	1,165.87	1,347.99	1,147.61	1,351.12	2,185.68	---	1,164.68
1986	1,115.20	1,074.58	1,150.54	1,110.48	1,200.18	1,242.89	1,306.05	1,288.23	1,455.41	1,221.47	1,510.29	2,655.50	---	1,246.41
1987	1,205.95	1,164.03	1,304.53	1,221.27	1,273.28	1,349.10	1,393.59	1,328.67	1,443.03	1,278.30	1,521.08	2,859.72	---	1,325.46
1988	1,276.13	1,260.62	1,298.11	1,315.75	1,378.50	1,472.80	1,482.87	1,428.23	1,485.16	1,361.73	1,524.18	3,301.80	---	1,424.13
1989	1,366.58	1,340.67	1,417.78	1,425.00	1,458.78	1,591.92	1,606.86	1,598.37	1,615.12	1,480.92	1,631.56	3,570.31	---	1,536.01
1990	1,515.22	1,426.78	1,514.65	1,534.98	1,543.89	1,682.87	1,764.76	1,779.42	1,698.39	1,637.73	1,747.70	3,708.73	---	1,640.76
1991	1,562.84	1,563.74	1,590.06	1,591.97	1,672.43	1,837.06	1,807.86	1,824.04	1,757.91	1,769.08	1,954.17	4,057.16	---	1,761.87
1992	1,600.01	1,598.35	1,610.56	1,647.51	1,720.07	1,897.55	1,886.93	1,812.31	1,839.69	1,866.85	1,998.73	4,004.30	---	1,821.89
1993	1,594.13	1,648.92	1,568.45	1,649.21	1,738.91	1,859.66	1,868.13	1,715.90	1,797.46	1,923.67	2,254.94	4,071.51	---	1,811.09
1994	1,649.55	1,623.08	1,529.57	1,694.12	1,758.55	1,853.50	1,882.51	1,761.77	1,673.92	1,991.01	2,768.24	3,983.42	---	1,814.74
1995	1,713.48	1,653.08	1,555.30	1,759.87	1,755.02	1,818.85	1,929.04	1,795.34	1,563.40	2,000.44	2,726.97	4,060.01	---	1,799.50
1996	1,738.37	1,710.85	1,547.10	1,760.17	1,684.72	1,809.61	1,926.51	1,826.74	1,606.27	1,980.59	2,849.88	3,927.17	---	1,782.01
1997	1,842.59	1,680.01	1,789.16	1,731.16	1,753.37	1,821.84	1,981.74	1,937.12	1,739.92	2,010.53	2,640.07	4,146.75	---	1,834.89
1998	2,030.12	1,795.69	1,912.61	1,818.95	1,901.18	1,937.38	2,098.17	2,054.69	1,837.46	2,080.74	2,767.55	4,812.75	---	1,952.58
1999	2,311.29	1,878.96	2,022.97	1,945.87	1,952.55	2,033.12	2,380.35	2,202.33	2,078.84	2,227.50	2,934.27	5,175.21	4,584.73	2,071.64
2000	2,456.13	2,009.04	2,094.32	2,097.80	2,080.24	2,230.49	2,621.54	2,327.73	2,255.14	2,402.83	3,180.87	4,769.68	5,555.91	2,240.20
2001 f	2,691.35	2,210.80	2,174.70	2,288.73	2,248.71	2,327.53	2,785.39	2,515.12	2,537.09	2,644.80	3,607.32	5,276.30	5,874.00	2,402.72
2002 f	2,800.31	2,448.63	2,296.26	2,459.66	2,314.34	2,447.63	2,965.47	2,642.19	2,711.57	2,812.07	3,904.08	5,588.28	6,152.44	2,526.06
							(annual percentage change)							
1975	---	---	---	---	---	---	---	---	---	---	---	---	---	---
1976	8.9	8.6	12.1	16.3	15.9	13.9	17.0	18.0	14.7	14.8	8.1	9.0	---	14.8
1977	6.1	10.0	7.7	10.8	9.3	7.4	10.2	11.1	4.6	8.6	0.2	29.3	---	8.2
1978	10.2	9.8	8.4	9.7	11.4	6.4	6.0	6.9	11.0	11.4	14.0	14.0	---	9.0
1979	15.5	9.4	9.8	11.4	10.7	7.6	8.1	13.0	19.0	11.7	10.1	2.9	---	10.5
1980	12.6	15.4	14.0	17.7	12.2	12.4	16.8	18.2	14.1	22.3	6.8	1.6	---	14.3
1981	16.9	15.7	21.8	21.2	13.7	17.6	16.9	16.7	17.6	19.6	12.0	20.4	---	17.0
1982	17.7	17.0	15.0	20.7	15.3	15.2	16.3	19.9	21.7	12.8	35.0	53.9	---	16.2
1983	10.7	9.9	8.4	7.6	10.2	11.5	10.7	10.5	12.1	5.7	7.0	8.9	---	10.1
1984	3.7	5.9	10.1	6.3	6.0	8.5	6.2	5.7	3.3	3.1	-2.3	-2.0	---	6.2
1985	5.4	4.9	7.1	5.6	5.3	8.9	6.0	6.4	7.5	3.3	4.1	6.8	---	6.7
1986	9.8	6.9	7.5	6.8	0.9	10.6	7.8	10.5	8.0	6.4	11.8	21.5	---	7.0
1987	8.1	8.3	13.4	10.0	6.1	8.5	6.7	3.1	-0.9	4.7	0.7	7.7	---	6.3
1988	5.8	8.3	-0.5	7.7	8.3	9.2	6.4	7.5	2.9	6.5	0.2	15.5	---	7.4
1989	7.1	6.4	9.2	8.3	5.8	8.1	8.4	11.9	8.8	8.8	7.0	8.1	---	7.9
1990	10.9	6.4	6.8	7.7	5.8	5.7	9.8	11.3	5.2	10.6	7.1	3.9	---	6.8
1991	3.1	9.6	5.0	3.7	8.3	9.2	2.4	2.5	3.5	8.0	11.8	9.4	---	7.4
1992	2.4	2.2	1.3	3.5	2.8	3.3	4.4	-0.6	4.7	5.5	2.3	-1.3	---	3.4
1993	-0.4	3.2	-2.6	0.1	1.1	-2.0	-1.0	-5.3	-2.3	3.0	12.8	1.7	---	-0.6
1994	3.5	-1.6	-2.5	2.7	1.1	-0.3	0.8	2.7	-6.9	3.5	22.8	-2.2	---	0.2
1995	3.9	1.8	1.7	3.9	-0.2	-1.9	2.5	1.9	-6.6	0.5	-1.5	1.9	---	-0.8
1996	1.5	3.5	-0.5	0.0	-4.0	-0.5	-0.1	1.7	2.7	-1.0	4.5	-3.3	---	-1.0
1997	6.0	-1.8	15.6	-1.6	4.1	0.7	2.9	6.0	8.3	1.5	-7.4	5.6	---	3.0
1998	10.2	6.9	6.9	5.1	8.4	6.3	5.9	6.1	5.6	3.5	4.8	16.1	---	6.4
1999	13.8	4.6	5.8	7.0	2.7	4.9	13.4	7.2	13.1	7.1	6.0	7.5	---	6.1
2000	6.3	6.9	3.5	7.8	6.5	9.7	10.1	5.7	8.5	7.9	8.4	-7.8	21.2	8.1
2001 f	9.6	10.0	3.8	9.1	8.1	4.4	6.3	8.1	12.5	10.1	13.4	10.6	5.7	7.3
2002 f	4.0	10.8	5.6	7.5	2.9	5.2	6.5	5.1	6.9	6.3	8.2	5.9	4.7	5.1

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Table B.3.3

Public Sector Health Expenditure as a Proportion of Total Health Expenditure, by Province/Territory and Canada, 1975 to 2002 - Current Dollars

	Nfld.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T	Nun.	Canada Average
Year							**(percentage)**							
1975	77.6	73.0	78.8	77.4	78.8	75.3	77.7	74.5	76.4	71.9	77.9	75.2	---	76.2
1976	72.2	75.2	77.2	79.0	80.5	76.1	79.4	75.7	77.5	71.1	76.1	76.2	---	77.0
1977	66.4	76.6	78.8	79.3	81.6	75.4	78.5	75.5	76.9	69.6	75.7	78.6	---	76.7
1978	64.5	73.7	78.6	77.5	81.9	73.7	78.6	76.8	77.0	70.7	77.7	79.3	---	76.2
1979	65.3	67.1	77.7	74.7	82.5	72.1	77.0	77.4	78.2	71.9	77.1	79.0	---	75.9
1980	66.2	61.5	77.5	73.8	81.5	72.1	76.1	79.5	77.1	72.0	76.5	78.4	---	75.5
1981	66.1	63.8	78.9	73.9	79.7	73.3	75.1	80.4	77.8	74.4	78.1	80.3	---	75.9
1982	68.9	66.9	78.3	74.4	80.6	72.9	76.3	81.9	76.5	75.6	81.8	86.0	---	76.2
1983	69.7	69.0	78.5	74.0	81.1	72.5	77.2	82.6	80.1	75.3	82.5	86.3	---	76.6
1984	74.5	70.9	77.9	72.8	80.4	72.3	76.9	81.1	79.6	73.8	81.9	85.6	---	76.1
1985	74.9	70.8	76.9	73.3	79.0	72.3	75.9	78.2	79.6	73.6	82.9	85.8	---	75.5
1986	79.1	73.6	74.3	73.8	76.4	72.9	75.4	77.8	79.5	73.6	86.8	87.0	---	75.1
1987	78.7	73.8	74.7	74.4	76.6	72.8	77.3	77.6	78.1	73.0	87.4	86.8	---	74.9
1988	78.8	74.3	73.5	74.4	76.8	73.1	79.0	79.9	75.5	72.7	88.6	87.1	---	74.9
1989	79.4	72.9	73.2	74.8	76.1	73.3	78.6	79.4	75.3	72.8	89.3	87.4	---	74.7
1990	79.9	72.7	73.8	74.1	75.6	72.8	78.5	79.6	75.3	73.1	90.6	88.5	---	74.5
1991	78.5	72.6	73.7	72.8	75.6	73.1	77.9	78.8	75.2	73.4	90.3	88.5	---	74.5
1992	77.5	70.9	72.8	72.5	74.7	72.6	77.7	78.2	75.4	73.9	89.7	89.4	---	74.1
1993	76.5	70.0	71.4	71.1	73.7	70.7	76.0	75.1	73.6	73.9	86.7	90.1	---	72.6
1994	76.0	69.3	70.0	71.0	73.2	69.8	75.5	74.7	71.8	74.4	89.4	90.7	---	72.0
1995	77.1	68.3	68.5	73.2	73.5	67.9	75.0	74.7	70.4	74.5	88.9	92.0	---	71.3
1996	77.3	68.9	68.8	73.1	72.2	67.5	73.8	74.9	70.8	74.1	83.4	90.7	---	70.7
1997	78.1	67.6	70.8	70.4	72.1	66.4	72.9	74.5	69.8	73.5	83.4	91.4	---	70.0
1998	77.2	68.6	70.4	71.5	73.6	66.9	72.8	75.9	70.4	72.9	84.6	92.4	---	70.6
1999	79.5	68.9	71.6	71.1	72.2	66.5	74.3	76.4	71.2	73.3	84.4	91.1	93.7	70.4
2000	78.5	70.1	70.5	71.3	72.5	67.3	74.9	76.2	71.3	73.7	84.4	90.9	94.5	70.8
2001 f	77.9	71.2	69.3	71.2	73.1	66.7	75.3	76.4	72.1	73.8	85.2	90.9	94.9	70.8
2002 f	78.1	72.8	69.5	71.7	72.7	66.6	75.0	76.6	72.1	74.0	85.5	91.0	95.1	70.7
							(annual percentage change)							
1975	---	---	---	---	---	---	---	---	---	---	---	---	---	---
1976	-6.9	3.0	-2.0	2.1	2.1	1.1	2.2	1.6	1.5	-1.1	-2.4	1.3	---	1.0
1977	-8.0	1.8	2.0	0.3	1.4	-0.9	-1.1	-0.2	-0.7	-2.1	-0.5	3.2	---	-0.4
1978	-2.8	-3.7	-0.2	-2.2	0.4	-2.2	0.2	1.6	0.0	1.5	2.7	0.8	---	-0.6
1979	1.1	-9.0	-1.2	-3.5	0.7	-2.1	-2.0	0.8	1.6	1.7	-0.8	-0.4	---	-0.4
1980	1.4	-8.4	-0.2	-1.2	-1.2	0.0	-1.2	2.8	-1.3	0.1	-0.7	-0.7	---	-0.5
1981	-0.2	3.8	1.7	0.1	-2.2	1.6	-1.3	1.1	1.0	3.4	2.0	2.4	---	0.5
1982	4.2	4.8	-0.7	0.6	1.1	-0.6	1.7	1.9	-1.7	1.7	4.7	7.2	---	0.4
1983	1.2	3.1	0.2	-0.5	0.5	-0.4	1.1	0.8	4.7	-0.5	0.8	0.3	---	0.5
1984	6.9	2.7	-0.8	-1.7	-0.8	-0.3	-0.3	-1.7	-0.6	-1.9	-0.7	-0.8	---	-0.7
1985	0.6	-0.1	-1.4	0.7	-1.7	0.0	-1.3	-3.6	0.0	-0.4	1.3	0.3	---	-0.7
1986	5.6	3.9	-3.3	0.7	-3.3	0.8	-0.6	-0.5	-0.1	0.0	4.7	1.4	---	-0.6
1987	-0.6	0.3	0.5	0.9	0.3	-0.1	2.4	-0.3	-1.8	-0.8	0.7	-0.2	---	-0.2
1988	0.2	0.7	-1.6	0.0	0.2	0.4	2.2	2.9	-3.4	-0.4	1.4	0.3	---	0.0
1989	0.8	-1.9	-0.5	0.6	-0.9	0.1	-0.5	-0.7	-0.2	0.2	0.8	0.4	---	-0.2
1990	0.6	-0.2	0.8	-1.0	-0.7	-0.6	0.0	0.3	-0.1	0.4	1.4	1.3	---	-0.3
1991	-1.7	-0.1	0.0	-1.7	0.0	0.4	-0.8	-0.9	-0.1	0.5	-0.4	-0.1	---	0.0
1992	-1.3	-2.3	-1.3	-0.4	-1.1	-0.7	-0.2	-0.7	0.3	0.6	-0.6	1.0	---	-0.6
1993	-1.3	-1.3	-1.8	-2.0	-1.3	-2.7	-2.2	-4.1	-2.3	0.0	-3.3	0.8	---	-1.9
1994	-0.7	-1.1	-2.0	-0.1	-0.7	-1.3	-0.6	-0.5	-2.5	0.7	3.1	0.6	---	-0.9
1995	1.5	-1.4	-2.1	3.1	0.4	-2.6	-0.7	0.0	-2.0	0.1	-0.5	1.4	---	-1.0
1996	0.3	0.9	0.4	-0.2	-1.8	-0.6	-1.6	0.3	0.6	-0.6	-6.2	-1.4	---	-0.8
1997	1.1	-1.9	2.9	-3.7	-0.2	-1.7	-1.2	-0.5	-1.3	-0.8	0.1	0.8	---	-1.0
1998	-1.2	1.4	-0.6	1.5	2.2	0.8	-0.1	1.9	0.7	-0.7	1.4	1.1	---	0.8
1999	2.9	0.5	1.8	-0.5	-2.0	-0.6	2.0	0.6	1.2	0.5	-0.3	-1.4	---	-0.3
2000	-1.2	1.7	-1.6	0.2	0.4	1.3	0.8	-0.3	0.1	0.5	0.0	-0.3	0.9	0.6
2001 f	-0.7	1.5	-1.7	0.0	0.9	-1.0	0.5	0.3	1.1	0.1	1.0	0.1	0.4	0.0
2002 f	0.2	2.2	0.3	0.6	-0.5	-0.1	-0.4	0.3	0.0	0.4	0.3	0.1	0.3	-0.1

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Table B.4.1

Provincial/Territorial Government Sector Health Expenditure, by Province/Territory and Canada 1975 to 2002 - Current Dollars

	Nfld.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T	Nun.	Canada
Year							**($' 000,000)**							
1975	199.2	41.5	266.9	203.7	2,531.2	3,143.5	376.7	302.1	694.9	929.3	6.2	15.2	---	8,710.4
1976	219.0	45.4	302.7	242.4	2,972.5	3,612.5	449.3	364.1	811.6	1,084.0	8.8	19.0	---	10,131.2
1977	233.3	50.3	334.6	271.7	3,269.2	3,929.1	497.3	410.8	879.1	1,194.5	10.0	23.4	---	11,103.3
1978	258.2	56.4	370.0	299.1	3,661.8	4,229.4	524.9	445.8	1,020.5	1,365.5	11.4	28.1	---	12,271.1
1979	297.3	62.5	413.1	336.7	4,088.1	4,565.8	569.7	508.5	1,258.2	1,556.9	12.4	27.9	---	13,697.0
1980	336.8	72.6	474.5	395.1	4,607.8	5,164.6	652.8	604.5	1,510.2	1,933.8	13.6	29.3	---	15,795.6
1981	393.4	84.1	572.4	478.2	5,268.2	6,069.9	782.9	709.8	1,871.3	2,377.0	15.0	35.5	---	18,657.7
1982	461.9	98.5	662.7	579.6	6,101.1	7,104.3	915.1	859.0	2,426.3	2,722.5	22.4	51.0	---	22,004.4
1983	515.7	109.6	728.7	627.2	6,740.9	8,019.2	1,021.3	965.6	2,769.4	2,934.4	22.8	57.8	---	24,512.4
1984	534.2	116.7	800.3	671.5	7,165.5	8,828.0	1,102.1	1,022.9	2,843.5	3,077.3	23.5	62.0	---	26,247.4
1985	561.2	123.0	867.5	710.7	7,577.2	9,747.2	1,182.6	1,101.3	3,035.1	3,203.1	24.9	71.9	---	28,205.7
1986	611.2	131.7	917.0	759.2	7,715.3	10,995.1	1,269.6	1,223.4	3,316.8	3,445.8	27.6	91.2	---	30,504.0
1987	660.0	142.5	987.4	837.9	8,257.9	12,203.4	1,364.8	1,264.5	3,308.1	3,663.4	29.4	105.4	---	32,824.6
1988	699.4	153.7	1,071.6	900.8	8,996.9	13,583.0	1,464.7	1,349.3	3,427.8	3,978.9	33.4	147.1	---	35,806.9
1989	751.1	163.1	1,178.9	981.2	9,631.6	15,079.3	1,587.0	1,500.2	3,792.9	4,456.0	36.3	174.6	---	39,332.1
1990	836.0	173.7	1,263.6	1,057.2	10,250.4	16,195.9	1,742.8	1,636.4	4,043.8	5,043.6	38.6	187.9	---	42,469.7
1991	861.0	189.6	1,333.8	1,102.1	11,213.3	17,951.3	1,788.7	1,658.2	4,241.0	5,578.3	45.6	213.9	---	46,176.8
1992	881.0	196.2	1,356.8	1,142.4	11,617.6	18,810.3	1,868.8	1,635.9	4,506.3	6,060.7	49.0	213.6	---	48,338.7
1993	880.9	205.2	1,322.9	1,154.7	11,841.5	18,618.3	1,857.1	1,539.4	4,452.2	6,424.1	58.1	218.4	---	48,573.0
1994	902.6	200.4	1,280.1	1,189.3	12,007.4	18,753.5	1,861.9	1,560.5	4,103.5	6,833.1	71.3	214.0	---	48,977.8
1995	925.5	203.2	1,302.6	1,235.3	12,020.3	18,549.7	1,903.4	1,595.6	3,904.8	7,037.8	68.6	220.6	---	48,967.1
1996	926.0	213.2	1,317.7	1,234.5	11,587.3	18,696.6	1,922.8	1,637.4	4,091.3	7,186.1	67.3	215.3	---	49,095.5
1997	968.2	213.9	1,552.0	1,214.0	11,901.7	19,065.6	1,976.6	1,749.2	4,527.6	7,434.9	69.2	231.1	---	50,904.0
1998	1,049.6	229.1	1,656.2	1,269.2	12,925.1	20,123.4	2,102.5	1,856.1	4,883.3	7,756.5	74.1	273.2	---	54,198.2
1999	1,187.5	240.6	1,748.8	1,369.1	13,219.7	21,584.8	2,394.9	1,995.6	5,635.2	8,355.3	77.8	176.9	105.0	58,091.4
2000	1,249.1	258.5	1,787.2	1,469.4	14,131.2	24,108.7	2,628.7	2,092.9	6,208.9	9,119.8	82.3	158.2	131.0	63,425.8
2001 f	1,361.6	286.9	1,854.2	1,606.2	15,405.7	25,528.6	2,799.4	2,248.2	7,129.8	10,169.3	92.8	179.7	143.3	68,805.6
2002 f	1,410.6	322.1	1,962.5	1,727.4	15,922.2	27,275.9	2,982.7	2,357.4	7,778.2	10,942.7	100.3	193.2	154.5	73,129.8
							(annual percentage change)							
1975	---	---	---	---	---	---	---	---	---	---	---	---	---	---
1976	9.9	9.4	13.4	19.0	17.4	14.9	19.3	20.5	16.8	16.6	42.9	24.3	---	16.3
1977	6.5	10.8	10.5	12.1	10.0	8.8	10.7	12.8	8.3	10.2	13.3	23.4	---	9.6
1978	10.7	12.1	10.6	10.1	12.0	7.6	5.6	8.5	16.1	14.3	14.1	19.9	---	10.5
1979	15.1	10.9	11.7	12.6	11.6	8.0	8.5	14.0	23.3	14.0	8.5	-0.5	---	11.6
1980	13.3	16.1	14.9	17.3	12.7	13.1	14.6	18.9	20.0	24.2	10.0	4.9	---	15.3
1981	16.8	15.8	20.6	21.0	14.3	17.5	19.9	17.4	23.9	22.9	10.4	21.2	---	18.1
1982	17.4	17.1	15.8	21.2	15.8	17.0	16.9	21.0	29.7	14.5	49.2	43.8	---	17.9
1983	11.7	11.3	10.0	8.2	10.5	12.9	11.6	12.4	14.1	7.8	1.8	13.2	---	11.4
1984	3.6	6.5	9.8	7.1	6.3	10.1	7.9	5.9	2.7	4.9	3.1	7.3	---	7.1
1985	5.1	5.4	8.4	5.8	5.7	10.4	7.3	7.7	6.7	4.1	5.7	16.0	---	7.5
1986	8.9	7.1	5.7	6.8	1.8	12.8	7.4	11.1	9.3	7.6	10.9	26.9	---	8.1
1987	8.0	8.2	7.7	10.4	7.0	11.0	7.5	3.4	-0.3	6.3	6.6	15.7	---	7.6
1988	6.0	7.9	8.5	7.5	8.9	11.3	7.3	6.7	3.6	8.6	13.8	39.5	---	9.1
1989	7.4	6.1	10.0	8.9	7.1	11.0	8.3	11.2	10.7	12.0	8.5	18.7	---	9.8
1990	11.3	6.5	7.2	7.7	6.4	7.4	9.8	9.1	6.6	13.2	6.6	7.6	---	8.0
1991	3.0	9.2	5.6	4.2	9.4	10.8	2.6	1.3	4.9	10.6	18.1	13.8	---	8.7
1992	2.3	3.5	1.7	3.7	3.6	4.8	4.5	-1.3	6.3	8.6	7.3	-0.1	---	4.7
1993	0.0	4.6	-2.5	1.1	1.9	-1.0	-0.6	-5.9	-1.2	6.0	18.6	2.2	---	0.5
1994	2.5	-2.3	-3.2	3.0	1.4	0.7	0.3	1.4	-7.8	6.4	22.8	-2.0	---	0.8
1995	2.5	1.4	1.8	3.9	0.1	-1.1	2.2	2.2	-4.8	3.0	-3.8	3.1	---	0.0
1996	0.1	4.9	1.2	-0.1	-3.6	0.8	1.0	2.6	4.8	2.1	-1.8	-2.4	---	0.3
1997	4.6	0.3	17.8	-1.7	2.7	2.0	2.8	6.8	10.7	3.5	2.8	7.4	---	3.7
1998	8.4	7.1	6.7	4.5	8.6	5.5	6.4	6.1	7.9	4.3	7.0	18.2	---	6.5
1999	13.1	5.0	5.6	7.9	2.3	7.3	13.9	7.5	15.4	7.7	5.0	-35.3	---	7.2
2000	5.2	7.4	2.2	7.3	6.9	11.7	9.8	4.9	10.2	9.1	5.8	-10.6	24.7	9.2
2001 f	9.0	11.0	3.7	9.3	9.0	5.9	6.5	7.4	14.8	11.5	12.8	13.6	9.4	8.5
2002 f	3.6	12.3	5.8	7.5	3.4	6.8	6.5	4.9	9.1	7.6	8.1	7.5	7.8	6.3

f - Forecast

CIHI 2002

Table B.4.2

Provincial/Territorial Government Sector Health Expenditure, by Province/Territory and Canada 1975 to 2002 - Current Dollars

Year	Nfld.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T	Nun.	Canada Average
							($' per capita)							
1975	358.08	352.59	322.89	300.87	399.90	377.83	367.52	329.31	384.21	371.78	281.70	355.89	---	376.38
1976	389.21	382.69	362.38	351.60	464.69	429.35	435.49	390.81	434.15	427.82	392.62	427.62	---	432.04
1977	412.72	419.05	398.43	390.52	508.27	461.94	479.06	434.76	451.34	464.84	437.44	523.77	---	467.97
1978	455.28	463.11	438.08	427.54	568.50	492.26	504.13	468.36	504.73	522.38	480.28	619.68	---	512.06
1979	521.98	508.31	486.44	478.78	632.12	527.07	549.18	529.89	599.82	584.63	515.47	610.55	---	565.94
1980	588.28	586.87	556.31	559.50	708.09	590.55	630.93	624.89	688.81	704.94	559.01	632.71	---	644.29
1981	684.49	679.49	669.77	677.01	804.58	688.88	755.38	727.33	815.66	841.72	628.28	746.47	---	751.71
1982	803.88	795.17	770.56	818.37	927.32	796.24	874.17	870.12	1,024.50	947.65	915.36	1,030.57	---	876.06
1983	889.85	873.47	838.35	876.77	1,020.99	886.91	962.49	963.80	1,158.55	1,009.96	965.29	1,132.08	---	966.31
1984	920.67	921.68	912.44	931.38	1,080.58	962.50	1,028.22	1,007.34	1,189.70	1,044.69	983.00	1,178.74	---	1,024.99
1985	968.84	963.61	980.12	982.04	1,136.75	1,048.37	1,092.73	1,073.94	1,263.06	1,076.95	1,020.17	1,320.82	---	1,091.44
1986	1,060.20	1,025.65	1,031.12	1,046.95	1,150.11	1,165.01	1,163.02	1,188.66	1,364.48	1,147.04	1,125.67	1,666.68	---	1,168.71
1987	1,147.53	1,107.97	1,105.10	1,151.22	1,217.47	1,265.27	1,242.89	1,224.33	1,358.32	1,201.07	1,142.29	1,915.59	---	1,241.01
1988	1,216.33	1,189.15	1,194.14	1,233.39	1,315.42	1,379.86	1,329.02	1,312.50	1,396.41	1,277.08	1,255.18	2,641.44	---	1,336.16
1989	1,303.05	1,253.92	1,304.21	1,334.52	1,389.94	1,491.56	1,438.08	1,471.85	1,519.72	1,393.12	1,337.02	3,061.70	---	1,441.46
1990	1,446.15	1,330.33	1,388.99	1,428.35	1,463.41	1,572.49	1,576.29	1,624.80	1,587.27	1,532.37	1,391.06	3,189.78	---	1,533.16
1991	1,485.74	1,455.03	1,457.61	1,478.23	1,587.22	1,721.51	1,612.07	1,653.78	1,635.83	1,653.60	1,578.16	3,510.43	---	1,647.36
1992	1,518.59	1,499.30	1,475.80	1,526.35	1,633.33	1,779.52	1,678.94	1,629.44	1,710.57	1,746.46	1,619.07	3,423.11	---	1,703.47
1993	1,518.20	1,550.88	1,432.20	1,540.63	1,652.64	1,741.58	1,660.59	1,528.73	1,667.05	1,798.71	1,897.36	3,437.35	---	1,692.25
1994	1,570.26	1,499.32	1,381.96	1,583.73	1,666.00	1,732.03	1,656.69	1,545.55	1,517.07	1,855.95	2,373.79	3,284.08	---	1,686.80
1995	1,629.49	1,507.22	1,404.09	1,643.11	1,659.93	1,691.73	1,684.73	1,573.28	1,425.18	1,859.88	2,220.34	3,313.42	---	1,668.17
1996	1,651.87	1,565.40	1,415.02	1,639.44	1,592.98	1,684.24	1,695.05	1,606.18	1,471.35	1,851.11	2,108.74	3,185.91	---	1,654.61
1997	1,747.43	1,563.03	1,660.70	1,609.54	1,629.80	1,694.80	1,739.04	1,711.50	1,595.81	1,877.65	2,147.63	3,411.81	---	1,697.53
1998	1,924.80	1,673.63	1,769.29	1,684.73	1,764.85	1,767.16	1,847.72	1,811.04	1,679.93	1,940.52	2,349.43	4,048.46	---	1,791.77
1999	2,195.49	1,746.61	1,858.13	1,812.20	1,798.31	1,872.40	2,096.14	1,945.87	1,904.02	2,074.17	2,504.94	4,317.27	3,910.92	1,904.05
2000	2,322.25	1,868.35	1,896.64	1,944.60	1,914.34	2,061.00	2,292.94	2,047.95	2,062.85	2,246.18	2,689.45	3,871.65	4,762.17	2,059.89
2001 f	2,550.62	2,065.53	1,966.54	2,124.68	2,076.87	2,146.18	2,436.15	2,210.47	2,330.68	2,479.37	3,074.64	4,358.14	5,098.08	2,211.65
2002 f	2,653.51	2,302.29	2,077.24	2,282.91	2,135.72	2,260.13	2,591.73	2,329.90	2,498.15	2,642.36	3,352.15	4,665.41	5,381.74	2,327.94
							(annual percentage change)							
1975	---	---	---	---	---	---	---	---	---	---	---	---	---	---
1976	8.7	8.5	12.2	16.9	16.2	13.6	18.5	18.7	13.0	15.1	39.4	20.2	---	14.8
1977	6.0	9.5	9.9	11.1	9.4	7.6	10.0	11.2	4.0	8.7	11.4	22.5	---	8.3
1978	10.3	10.5	10.0	9.5	11.9	6.6	5.2	7.7	11.8	12.4	9.8	18.3	---	9.4
1979	14.6	9.8	11.0	12.0	11.2	7.1	8.9	13.1	18.8	11.9	7.3	-1.5	---	10.5
1980	12.7	15.5	14.4	16.9	12.0	12.0	14.9	17.9	14.8	20.6	8.4	3.6	---	13.8
1981	16.4	15.8	20.4	21.0	13.6	16.7	19.7	16.4	18.4	19.4	12.4	18.0	---	16.7
1982	17.4	17.0	15.0	20.9	15.3	15.6	15.7	19.6	25.6	12.6	45.7	38.1	---	16.5
1983	10.7	9.8	8.8	7.1	10.1	11.4	10.1	10.8	13.1	6.6	5.5	9.8	---	10.3
1984	3.5	5.5	8.8	6.2	5.8	8.5	6.8	4.5	2.7	3.4	1.8	4.1	---	6.1
1985	5.2	4.5	7.4	5.4	5.2	8.9	6.3	6.6	6.2	3.1	3.8	12.1	---	6.5
1986	9.4	6.4	5.2	6.6	1.2	11.1	6.4	10.7	8.0	6.5	10.3	26.2	---	7.1
1987	8.2	8.0	7.2	10.0	5.9	8.6	6.9	3.0	-0.5	4.7	1.5	14.9	---	6.2
1988	6.0	7.3	8.1	7.1	8.0	9.1	6.9	7.2	2.8	6.3	9.9	37.9	---	7.7
1989	7.1	5.4	9.2	8.2	5.7	8.1	8.2	12.1	8.8	9.1	6.5	15.9	---	7.9
1990	11.0	6.1	6.5	7.0	5.3	5.4	9.6	10.4	4.4	10.0	4.0	4.2	---	6.4
1991	2.7	9.4	4.9	3.5	8.5	9.5	2.3	1.8	3.1	7.9	13.4	10.1	---	7.4
1992	2.2	3.0	1.2	3.3	2.9	3.4	4.1	-1.5	4.6	5.6	2.6	-2.5	---	3.4
1993	0.0	3.4	-3.0	0.9	1.2	-2.1	-1.1	-6.2	-2.5	3.0	17.2	0.4	---	-0.7
1994	3.4	-3.3	-3.5	2.8	0.8	-0.5	-0.2	1.1	-9.0	3.2	25.1	-4.5	---	-0.3
1995	3.8	0.5	1.6	3.7	-0.4	-2.3	1.7	1.8	-6.1	0.2	-6.5	0.9	---	-1.1
1996	1.4	3.9	0.8	-0.2	-4.0	-0.4	0.6	2.1	3.2	-0.5	-5.0	-3.8	---	-0.8
1997	5.8	-0.2	17.4	-1.8	2.3	0.6	2.6	6.6	8.5	1.4	1.8	7.1	---	2.6
1998	10.2	7.1	6.5	4.7	8.3	4.3	6.2	5.8	5.3	3.3	9.4	18.7	---	5.6
1999	14.1	4.4	5.0	7.6	1.9	6.0	13.4	7.4	13.3	6.9	6.6	6.6	---	6.3
2000	5.8	7.0	2.1	7.3	6.5	10.1	9.4	5.2	8.3	8.3	7.4	-10.3	21.8	8.2
2001 f	9.8	10.6	3.7	9.3	8.5	4.1	6.2	7.9	13.0	10.4	14.3	12.6	7.1	7.4
2002 f	4.0	11.5	5.6	7.4	2.8	5.3	6.4	5.4	7.2	6.6	9.0	7.1	5.6	5.3

f - Forecast

CIHI 2002

Table B.4.3

Provincial/Territorial Government Sector Health Expenditure as a Proportion of Total Health Expenditure, by Province/Territory and Canada, 1975 to 2002 - Current Dollars

Year	Nfld.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T	Nun.	Canada Average
							(percentage)							
1975	75.3	70.2	69.8	73.4	74.9	71.1	69.0	68.5	70.0	67.1	38.8	43.5	---	71.4
1976	70.0	72.2	68.4	75.3	76.7	71.7	71.4	70.0	70.0	66.5	48.8	48.5	---	72.1
1977	64.3	73.2	71.3	75.7	77.8	71.1	70.4	69.9	69.1	65.2	54.0	47.4	---	71.9
1978	62.6	70.9	72.2	73.9	78.5	69.7	70.1	71.6	69.6	66.7	53.4	49.7	---	71.7
1979	62.8	64.7	72.1	71.6	79.4	67.9	69.2	72.3	70.6	68.0	51.7	47.4	---	71.4
1980	63.7	59.4	72.2	70.2	78.3	67.7	67.2	74.1	70.1	67.1	52.1	48.0	---	70.8
1981	63.3	61.7	72.6	70.2	76.5	68.2	67.9	74.8	71.3	69.2	53.3	48.1	---	71.0
1982	65.9	64.6	72.1	70.7	77.3	68.0	68.7	76.0	72.4	70.3	60.3	46.2	---	71.5
1983	66.7	66.6	72.5	70.1	77.7	67.7	69.1	76.8	76.5	70.6	59.9	46.8	---	72.0
1984	71.1	68.2	71.1	68.9	76.9	67.5	69.2	74.6	75.5	69.4	62.0	49.3	---	71.4
1985	71.4	67.9	70.4	69.3	75.5	67.5	68.5	72.0	74.6	69.0	62.6	51.9	---	70.8
1986	75.2	70.2	66.6	69.6	73.2	68.3	67.2	71.8	74.6	69.1	64.7	54.6	---	70.4
1987	74.9	70.2	63.3	70.2	73.3	68.3	68.9	71.5	73.5	68.6	65.6	58.2	---	70.2
1988	75.1	70.1	67.6	69.8	73.3	68.5	70.8	73.4	71.0	68.1	73.0	69.7	---	70.3
1989	75.7	68.2	67.3	70.1	72.5	68.6	70.3	73.1	70.9	68.5	73.2	75.0	---	70.1
1990	76.2	67.8	67.6	68.9	71.6	68.1	70.1	72.7	70.3	68.4	72.1	76.1	---	69.6
1991	74.7	67.6	67.6	67.6	71.7	68.5	69.4	71.5	70.0	68.6	72.9	76.5	---	69.7
1992	73.6	66.5	66.7	67.2	70.9	68.1	69.1	70.4	70.1	69.1	72.7	76.4	---	69.2
1993	72.9	65.8	65.2	66.4	70.1	66.2	67.5	66.9	68.3	69.1	73.0	76.1	---	67.9
1994	72.3	64.0	63.2	66.4	69.4	65.2	66.4	65.5	65.1	69.4	76.7	74.8	---	66.9
1995	73.3	62.3	61.9	68.3	69.6	63.2	65.5	65.5	64.2	69.3	72.4	75.1	---	66.1
1996	73.4	63.1	62.9	68.1	68.3	62.8	64.9	65.9	64.8	69.2	61.7	73.6	---	65.7
1997	74.1	62.9	65.7	65.4	67.0	61.7	64.0	65.9	64.1	68.6	67.9	75.2	---	64.8
1998	73.2	63.9	65.1	66.2	68.4	61.0	64.1	66.9	64.3	68.0	71.8	77.7	---	64.8
1999	75.5	64.1	65.8	66.2	66.5	61.2	65.4	67.5	65.2	68.3	72.0	76.0	79.9	64.7
2000	74.2	65.2	63.8	66.1	66.7	62.2	65.5	67.0	65.2	68.9	71.4	73.8	81.0	65.1
2001 f	73.9	66.5	62.7	66.1	67.5	61.5	65.9	67.1	66.2	69.1	72.6	75.1	82.3	65.2
2002 f	74.0	68.4	62.9	66.5	67.1	61.5	65.5	67.6	66.4	69.6	73.4	76.0	83.2	65.2
							(annual percentage change)							
1975	---	---	---	---	---	---	---	---	---	---	---	---	---	---
1976	-7.0	3.0	-1.9	2.6	2.4	0.8	3.5	2.2	0.0	-0.9	25.9	11.7	---	1.0
1977	-8.1	1.3	4.2	0.5	1.5	-0.8	-1.3	-0.1	-1.3	-2.0	10.6	-2.3	---	-0.3
1978	-2.7	-3.1	1.2	-2.4	0.8	-2.1	-0.5	2.4	0.8	2.4	-1.1	4.7	---	-0.2
1979	0.4	-8.7	-0.1	-3.1	1.2	-2.6	-1.3	0.9	1.4	1.9	-3.3	-4.6	---	-0.4
1980	1.5	-8.3	0.1	-1.9	-1.4	-0.3	-2.9	2.5	-0.7	-1.3	0.9	1.3	---	-0.9
1981	-0.7	3.9	0.5	-0.1	-2.3	0.8	1.0	0.9	1.7	3.2	2.4	0.3	---	0.2
1982	4.0	4.8	-0.6	0.8	1.1	-0.2	1.2	1.6	1.5	1.5	13.0	-3.8	---	0.8
1983	1.2	3.0	0.6	-0.9	0.5	-0.5	0.5	1.0	5.6	0.4	-0.6	1.2	---	0.7
1984	6.7	2.4	-1.9	-1.8	-1.0	-0.3	0.2	-2.8	-1.2	-1.6	3.5	5.3	---	-0.8
1985	0.5	-0.4	-1.0	0.6	-1.8	0.0	-1.1	-3.4	-1.3	-0.6	0.9	5.3	---	-0.9
1986	5.3	3.5	-5.4	0.5	-3.1	1.2	-1.9	-0.3	0.0	0.1	3.4	5.3	---	-0.6
1987	-0.5	0.0	-5.0	0.9	0.1	0.0	2.6	-0.4	-1.4	-0.8	1.4	6.5	---	-0.3
1988	0.4	-0.2	6.9	-0.6	0.0	0.3	2.7	2.7	-3.5	-0.6	11.2	19.8	---	0.2
1989	0.8	-2.7	-0.5	0.5	-1.1	0.1	-0.7	-0.5	-0.1	0.5	0.3	7.6	---	-0.2
1990	0.7	-0.5	0.5	-1.6	-1.2	-0.8	-0.2	-0.6	-0.8	-0.1	-1.5	1.6	---	-0.7
1991	-2.1	-0.3	-0.1	-1.9	0.1	0.7	-1.0	-1.6	-0.5	0.4	1.1	0.5	---	0.1
1992	-1.5	-1.5	-1.3	-0.6	-1.1	-0.7	-0.4	-1.6	0.2	0.7	-0.3	-0.2	---	-0.6
1993	-1.0	-1.0	-2.2	-1.2	-1.3	-2.8	-2.3	-4.9	-2.6	0.0	0.4	-0.4	---	-2.0
1994	-0.7	-2.8	-3.1	0.0	-1.0	-1.5	-1.6	-2.0	-4.7	0.4	5.1	-1.7	---	-1.4
1995	1.4	-2.7	-2.1	2.9	0.3	-3.1	-1.5	-0.1	-1.4	-0.1	-5.6	0.4	---	-1.3
1996	0.2	1.3	1.7	-0.4	-1.8	-0.6	-0.9	0.6	1.1	-0.1	-14.8	-2.0	---	-0.6
1997	0.9	-0.2	4.4	-3.8	-1.9	-1.7	-1.5	0.0	-1.2	-0.9	10.0	2.2	---	-1.3
1998	-1.2	1.6	-0.9	1.2	2.0	-1.1	0.3	1.6	0.4	-0.8	5.8	3.3	---	0.0
1999	3.1	0.2	1.1	0.1	-2.8	0.3	2.0	0.8	1.4	0.4	0.3	-2.2	---	-0.2
2000	-1.7	1.8	-3.0	-0.3	0.3	1.6	0.1	-0.7	0.0	0.9	-0.9	-2.9	1.4	0.6
2001 f	-0.5	2.0	-1.8	0.1	1.2	-1.2	0.5	0.2	1.5	0.4	1.8	1.8	1.6	0.1
2002 f	0.2	2.9	0.3	0.6	-0.6	0.0	-0.5	0.7	0.3	0.6	1.0	1.1	1.1	0.0

f - Forecast

CIHI 2002

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

Table E.1.1

Estimate of Total Provincial/Territorial Government Health Expenditures by Age and Sex, by Province/Territory and Canada, 1998 - Current Dollars

Age Groups	Nfld.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Canada
							($' 000,000)							
							Both Sexes							
<1	23.6	6.0	51.8	34.1	372.9	661.6	68.1	49.5	180.6	193.7	2.4	19.9	---	1,664.3
1–4	18.6	4.8	29.3	27.6	256.9	445.0	42.9	53.0	125.3	159.2	2.8	16.8	---	1,182.1
5–14	48.2	11.5	64.7	55.9	554.9	811.6	93.6	115.3	281.4	356.6	6.7	30.6	---	2,431.0
15–44	268.1	57.2	386.3	313.6	3,165.7	5,291.5	523.9	506.2	1,516.4	2,179.3	29.5	121.5	---	14,359.1
45–64	239.4	45.7	342.7	266.8	2,826.2	4,193.7	404.6	333.7	969.2	1,535.4	16.0	44.3	---	11,217.7
65–74	163.2	34.8	280.3	206.7	2,370.2	3,410.3	297.2	251.3	675.3	1,125.0	7.8	18.8	---	8,841.1
75–84	183.4	43.0	312.9	225.8	2,202.9	3,369.9	393.0	312.2	724.3	1,337.0	5.2	14.9	---	9,124.5
85+	105.0	26.1	188.2	138.7	1,175.4	1,939.8	279.2	234.8	410.9	870.3	3.6	6.3	---	5,378.4
Total	1,049.6	229.1	1,656.2	1,269.2	12,925.1	20,123.4	2,102.5	1,856.1	4,883.3	7,756.5	74.1	273.2	---	54,198.2
							Female							
<1	10.9	2.9	22.3	14.7	169.7	306.1	30.1	22.8	81.6	88.5	1.1	9.1	---	759.7
1–4	8.3	2.1	13.2	12.3	119.5	218.3	20.1	24.6	58.2	71.6	1.3	7.8	---	557.4
5–14	23.0	5.6	30.6	26.3	266.2	383.8	44.7	55.6	134.0	167.8	3.2	14.9	---	1,155.7
15–44	164.7	35.7	243.9	194.4	1,883.8	3,334.4	311.3	297.5	913.0	1,307.9	17.6	74.4	---	8,778.7
45–64	119.9	23.3	171.1	134.5	1,402.1	2,141.6	205.5	168.6	497.4	769.9	8.1	22.5	---	5,664.6
65–74	77.6	17.8	138.9	103.9	1,186.8	1,695.3	148.4	124.6	329.5	544.4	3.0	8.4	---	4,378.7
75–84	104.2	24.7	185.4	130.7	1,300.4	1,946.9	233.0	178.3	421.9	773.4	3.2	8.9	---	5,310.8
85+	74.8	18.5	135.4	99.6	851.3	1,408.6	201.3	160.5	287.6	618.5	2.8	4.0	---	3,862.9
Total	583.5	130.6	940.9	716.6	7,179.9	11,434.9	1,194.4	1,032.4	2,723.1	4,342.0	40.3	150.0	---	30,468.5
							Male							
<1	12.7	3.1	29.6	19.4	203.2	355.5	38.1	26.8	99.0	105.2	1.3	10.8	---	904.6
1–4	10.3	2.7	16.1	15.3	137.4	226.7	22.8	28.4	67.1	87.6	1.5	9.0	---	624.8
5–14	25.1	5.9	34.1	29.5	288.7	427.9	48.8	59.8	147.4	188.8	3.5	15.7	---	1,275.3
15–44	103.5	21.4	142.4	119.1	1,281.8	1,957.1	212.7	208.7	603.3	871.4	11.9	47.1	---	5,580.4
45–64	119.5	22.4	171.5	132.2	1,424.1	2,052.0	199.1	165.1	471.9	765.5	7.9	21.8	---	5,553.1
65–74	85.6	17.1	141.4	102.8	1,183.4	1,715.0	148.8	126.7	345.8	580.7	4.8	10.4	---	4,462.4
75–84	79.2	18.3	127.6	95.1	902.5	1,423.1	160.0	133.9	302.4	563.6	2.0	6.0	---	3,813.8
85+	30.2	7.6	52.7	39.1	324.1	531.2	77.9	74.4	123.3	251.8	0.8	2.3	---	1,515.5
Total	466.1	98.5	715.3	552.6	5,745.2	8,688.5	908.1	823.7	2,160.2	3,414.5	33.7	123.2	---	23,729.7
							($' per capita)							
							Both Sexes							
<1	4,492.44	3,970.84	5,288.02	4,297.13	4,839.79	4,981.24	4,758.31	3,880.72	4,767.96	4,488.98	6,131.94	14,880.29	---	4,835.18
1–4	812.90	700.32	675.32	805.24	731.35	748.88	679.53	941.88	783.83	829.81	1,560.25	2,841.95	---	771.80
5–14	664.66	577.92	520.50	568.87	599.81	524.34	564.01	726.19	647.64	689.78	1,361.52	2,162.40	---	595.36
15–44	1,044.59	948.37	916.98	910.52	950.76	1,018.53	1,043.86	1,131.24	1,078.67	1,190.35	1,856.24	3,585.49	---	1,037.27
45–64	1,891.95	1,506.41	1,598.63	1,553.08	1,632.40	1,676.95	1,703.57	1,660.64	1,665.49	1,697.80	2,288.80	4,446.22	---	1,670.09
65–74	4,698.78	3,704.07	4,262.96	3,942.24	4,406.69	4,163.64	3,677.06	3,317.79	4,085.96	3,972.26	7,438.82	12,637.93	---	4,156.86
75–84	8,758.38	6,812.36	7,217.55	6,727.94	7,673.36	7,326.31	7,125.95	5,854.54	7,780.43	7,653.79	13,490.97	26,327.17	---	7,427.77
85+	18,296.30	11,643.19	13,538.25	12,849.27	13,939.57	14,118.62	14,595.55	12,023.89	14,376.42	16,694.86	35,762.04	35,029.53	---	14,379.08
Total	1,924.80	1,673.63	1,769.29	1,684.73	1,764.85	1,767.16	1,847.72	1,811.04	1,679.93	1,940.52	2,349.43	4,048.46	---	1,791.77
							Female							
<1	4,241.78	3,822.48	4,652.84	3,849.72	4,524.34	4,720.96	4,316.20	3,587.89	4,373.65	4,185.71	5,838.68	13,767.67	---	4,515.42
1–4	745.98	649.85	625.80	743.96	695.16	753.74	652.75	892.38	752.21	770.33	1,525.11	2,733.13	---	747.09
5–14	650.80	573.57	505.12	549.81	589.08	509.66	553.87	717.27	633.77	666.67	1,366.20	2,141.80	---	581.01
15–44	1,281.46	1,186.38	1,156.67	1,144.90	1,152.34	1,290.01	1,264.16	1,351.02	1,330.90	1,442.91	2,248.52	4,583.89	---	1,283.09
45–64	1,903.97	1,527.00	1,585.72	1,563.35	1,597.00	1,690.00	1,724.36	1,685.69	1,735.65	1,706.29	2,550.07	4,984.01	---	1,674.89
65–74	4,294.02	3,567.11	3,910.31	3,675.19	4,016.97	3,862.40	3,421.11	3,133.72	3,844.52	3,687.68	6,517.23	11,853.31	---	3,844.73
75–84	8,587.77	6,415.39	7,002.73	6,482.79	7,240.05	7,033.96	7,004.47	5,721.95	7,658.30	7,521.72	14,915.87	33,730.35	---	7,159.27
85+	19,112.60	12,013.11	13,720.24	13,273.38	13,871.03	14,550.37	15,349.72	12,476.09	14,826.63	17,657.61	44,243.64	42,230.67	---	14,768.22
Total	2,123.78	1,877.46	1,972.03	1,885.35	1,935.00	1,981.11	2,081.65	2,003.23	1,890.78	2,161.35	2,663.05	4,648.68	---	1,995.37
							Male							
<1	4,732.18	4,121.16	5,894.09	4,713.82	5,139.07	5,229.50	5,177.21	4,170.49	5,150.52	4,780.43	6,402.21	15,961.77	---	5,140.94
1–4	876.57	746.01	722.42	862.36	766.03	744.25	705.09	989.42	813.51	885.75	1,592.22	2,942.75	---	795.26
5–14	677.89	582.12	535.09	587.02	610.06	538.25	573.62	734.69	660.78	711.71	1,357.20	2,182.26	---	608.99
15–44	807.12	710.71	676.69	682.51	756.33	749.72	831.71	918.33	838.27	942.68	1,474.89	2,667.36	---	797.05
45–64	1,880.04	1,485.57	1,611.71	1,542.78	1,668.83	1,663.54	1,682.62	1,635.82	1,597.43	1,689.34	2,073.05	3,999.76	---	1,665.23
65–74	5,138.07	3,858.23	4,677.57	4,254.82	4,881.66	4,511.46	3,973.69	3,521.31	4,346.03	4,282.03	8,156.82	13,355.07	---	4,516.66
75–84	8,993.45	7,432.15	7,554.26	7,096.60	8,397.52	7,768.00	7,310.53	6,040.90	7,957.45	7,842.77	11,691.09	19,880.04	---	7,837.07
85+	16,546.14	10,830.43	13,092.37	11,882.40	14,122.86	13,088.70	12,952.21	11,151.78	13,425.33	14,723.43	21,700.44	27,074.77	---	13,474.16
Total	1,722.74	1,463.00	1,558.55	1,480.45	1,590.11	1,547.25	1,609.79	1,616.65	1,472.89	1,717.39	2,059.70	3,498.40	---	1,584.22

Note: See methodology for age-sex distribution in the Methodological Notes section of this report. CIHI 2002

Table E.1.2

Estimate of Total Provincial/Territorial Government Health Expenditures by Age and Sex, by Province/Territory and Canada, 1999 - Current Dollars

Age Groups	Nfld.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Canada
							($' 000,000)							
							Both Sexes							
<1	26.4	5.7	49.3	35.2	369.1	672.6	70.1	54.8	194.3	188.8	2.2	10.8	8.2	1,687.6
1–4	23.1	4.6	29.7	27.8	240.3	466.4	51.6	53.6	143.9	160.4	2.7	8.1	8.2	1,220.5
5–14	61.9	11.6	64.0	58.4	551.0	902.1	120.1	125.6	339.8	380.4	6.9	15.8	15.6	2,653.1
15–44	316.4	57.3	404.2	334.0	3,154.3	5,687.4	622.3	541.8	1,761.2	2,302.4	30.2	77.0	47.4	15,335.9
45–64	272.1	47.8	359.3	299.0	2,940.9	4,555.4	479.0	364.6	1,146.7	1,686.6	17.7	31.8	16.3	12,217.2
65–74	171.5	36.3	292.2	219.0	2,400.8	3,581.0	324.6	265.3	765.3	1,187.3	8.0	15.5	6.2	9,273.0
75–84	194.7	46.6	336.2	246.1	2,312.3	3,624.4	417.3	337.7	795.4	1,444.9	6.3	11.3	2.6	9,775.8
85+	121.4	30.6	213.9	149.7	1,251.0	2,095.4	309.9	252.2	488.6	1,004.5	3.8	6.6	0.6	5,928.3
Total	1,187.5	240.6	1,748.8	1,369.1	13,219.7	21,584.8	2,394.9	1,995.6	5,635.2	8,355.3	77.8	176.9	105.0	58,091.4
							Female							
<1	12.0	2.6	23.3	15.6	170.7	308.9	31.2	26.7	89.0	86.9	0.9	4.5	3.4	775.8
1–4	10.9	2.0	14.4	12.5	112.0	228.6	24.0	25.0	67.4	74.2	1.3	3.8	3.7	579.8
5–14	29.9	5.6	30.0	27.7	261.9	425.9	58.1	60.1	161.2	182.1	3.3	7.8	7.6	1,261.3
15–44	189.7	35.6	249.0	206.5	1,860.3	3,515.8	364.2	318.4	1,043.4	1,397.9	18.2	48.6	28.6	9,276.2
45–64	135.0	24.4	180.9	150.1	1,456.0	2,330.3	243.0	184.6	581.4	875.4	8.6	15.9	7.9	6,193.5
65–74	80.8	17.8	144.0	109.8	1,192.9	1,769.7	160.9	130.0	371.6	585.6	3.3	7.9	2.9	4,577.3
75–84	110.0	27.7	199.7	142.1	1,370.4	2,100.3	250.4	192.2	451.2	856.7	3.7	6.6	1.1	5,712.2
85+	82.4	21.9	158.2	106.1	910.5	1,523.6	225.1	172.6	336.6	721.7	3.0	4.6	0.3	4,266.7
Total	650.6	137.6	999.6	770.5	7,334.7	12,203.2	1,356.8	1,109.7	3,101.8	4,780.5	42.4	99.7	55.4	32,642.7
							Male							
<1	14.4	3.1	26.1	19.5	198.4	363.7	38.9	28.1	105.3	101.9	1.2	6.2	4.8	911.7
1–4	12.3	2.6	15.3	15.2	128.3	237.8	27.6	28.6	76.6	86.2	1.5	4.3	4.5	640.7
5–14	32.0	6.0	33.9	30.7	289.0	476.2	62.0	65.4	178.6	198.3	3.5	8.0	8.0	1,391.8
15–44	126.6	21.7	155.2	127.5	1,294.1	2,171.6	258.1	223.4	717.8	904.5	12.0	28.5	18.8	6,059.7
45–64	137.2	23.4	178.4	148.9	1,484.9	2,225.1	236.0	180.0	565.3	811.2	9.1	15.9	8.4	6,023.8
65–74	90.7	18.5	148.3	109.1	1,207.9	1,811.2	163.7	135.3	393.7	601.7	4.7	7.6	3.3	4,695.8
75–84	84.7	18.9	136.5	104.0	941.9	1,524.1	166.9	145.5	344.2	588.2	2.6	4.7	1.6	4,063.6
85+	39.0	8.7	55.7	43.6	340.5	571.9	84.8	79.6	152.0	282.8	0.8	2.0	0.2	1,661.6
Total	536.9	103.0	749.2	598.6	5,885.0	9,381.6	1,038.1	885.9	2,533.5	3,574.8	35.4	77.2	49.6	25,448.7
							($' per capita)							
							Both Sexes							
<1	5,324.44	3,709.90	5,187.41	4,571.48	4,990.16	5,153.00	4,868.14	4,332.77	5,069.20	4,473.80	5,657.56	16,864.86	13,390.18	5,001.36
1–4	1,039.63	700.33	707.71	833.49	710.53	804.28	842.68	983.12	908.20	860.22	1,617.26	2,902.04	2,913.55	819.00
5–14	888.15	587.60	518.05	600.15	595.61	576.73	721.78	798.98	782.49	738.78	1,439.97	2,034.62	2,327.86	648.45
15–44	1,259.87	951.50	961.90	977.03	954.08	1,087.37	1,242.28	1,215.64	1,236.40	1,259.59	1,968.67	3,650.93	3,704.98	1,106.63
45–64	2,080.83	1,522.40	1,620.09	1,681.85	1,649.97	1,765.64	1,960.82	1,763.32	1,881.47	1,799.49	2,426.45	4,521.00	4,935.73	1,760.51
65–74	4,885.33	3,811.88	4,429.36	4,191.32	4,442.99	4,358.63	4,075.98	3,539.71	4,546.49	4,181.08	7,431.42	14,749.20	12,860.99	4,344.77
75–84	9,267.29	7,401.42	7,677.05	7,221.35	7,788.08	7,591.15	7,477.00	6,313.35	8,281.55	8,032.42	15,024.56	25,753.98	18,696.56	7,723.29
85+	20,127.29	13,103.47	14,735.45	13,407.69	14,185.16	14,572.40	15,645.29	12,406.01	16,138.83	18,044.13	34,673.66	44,057.20	18,694.34	15,107.44
Total	2,195.49	1,746.61	1,858.13	1,812.20	1,798.31	1,872.40	2,096.14	1,945.87	1,904.02	2,074.17	2,504.94	4,317.27	3,910.92	1,904.05
							Female							
<1	4,930.14	3,573.59	5,001.84	4,189.97	4,721.63	4,842.85	4,461.97	4,313.02	4,762.75	4,249.23	4,975.92	14,949.85	11,855.38	4,713.59
1–4	990.59	635.67	701.51	781.66	676.39	808.15	800.66	932.55	875.79	819.00	1,607.51	2,786.35	2,835.86	797.59
5–14	879.91	576.31	500.18	584.10	579.21	559.79	717.22	784.31	763.22	727.48	1,435.45	2,011.62	2,317.59	632.88
15–44	1,509.35	1,178.93	1,184.60	1,223.55	1,147.15	1,352.32	1,483.58	1,451.98	1,502.19	1,541.94	2,388.28	4,740.66	4,670.40	1,354.92
45–64	2,070.96	1,540.46	1,621.43	1,685.19	1,612.20	1,780.03	1,980.05	1,794.43	1,937.75	1,867.31	2,581.11	5,006.04	5,256.24	1,771.41
65–74	4,427.32	3,544.52	4,058.21	3,902.08	4,034.17	4,038.32	3,787.52	3,301.08	4,275.48	3,986.56	7,165.77	15,545.82	13,508.20	4,023.30
75–84	9,058.58	7,197.52	7,470.84	6,947.78	7,389.67	7,320.17	7,439.81	6,163.22	7,961.42	8,098.84	15,557.33	30,927.67	19,172.43	7,482.93
85+	20,122.06	13,657.75	15,346.71	13,597.77	14,195.35	15,121.40	16,550.76	12,840.29	16,349.61	19,335.69	44,643.07	55,139.13	31,408.22	15,581.77
Total	2,385.73	1,963.07	2,084.48	2,019.76	1,969.59	2,088.73	2,356.09	2,151.03	2,116.38	2,358.72	2,824.35	5,045.13	4,343.50	2,119.39
							Male							
<1	5,705.33	3,835.79	5,365.27	4,930.08	5,246.88	5,449.46	5,250.65	4,351.71	5,360.53	4,685.02	6,335.63	18,596.94	14,729.05	5,275.44
1–4	1,087.16	759.19	713.64	881.58	743.27	800.59	882.98	1,032.20	938.77	899.18	1,625.71	3,013.13	2,981.42	839.39
5–14	895.98	598.45	534.98	615.44	611.28	592.78	726.09	812.97	800.74	749.47	1,444.24	2,057.44	2,337.62	663.23
15–44	1,009.76	722.89	738.95	736.71	768.22	825.52	1,010.40	986.69	983.45	981.78	1,553.73	2,623.02	2,817.19	864.21
45–64	2,090.64	1,504.06	1,618.72	1,678.50	1,688.76	1,750.81	1,941.40	1,732.51	1,826.90	1,731.62	2,295.19	4,121.19	4,669.50	1,749.44
65–74	5,380.74	4,110.48	4,861.18	4,529.30	4,937.09	4,724.80	4,405.67	3,803.92	4,835.85	4,389.55	7,628.62	13,999.71	12,337.88	4,711.75
75–84	9,553.42	7,722.22	8,000.22	7,631.89	8,451.02	7,999.22	7,533.52	6,523.31	8,742.34	7,937.59	14,328.76	20,856.23	18,388.64	8,088.50
85+	20,138.32	11,893.59	13,237.29	12,966.40	14,157.98	13,287.12	13,662.13	11,558.63	15,690.69	15,416.08	18,532.73	29,952.92	12,337.39	14,012.13
Total	2,002.02	1,522.39	1,623.01	1,600.50	1,622.45	1,650.10	1,831.95	1,738.19	1,695.70	1,786.03	2,205.89	3,638.84	3,519.33	1,684.52

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

Table E.1.3

Estimate of Total Provincial/Territorial Government Health Expenditures by Age and Sex, by Province/Territory and Canada, 2000 - Current Dollars

Age Groups	Nfld.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Canada
							($' 000,000)							
							Both Sexes							
<1	27.4	5.7	45.8	36.3	372.4	735.0	78.3	56.3	216.8	195.3	2.2	9.1	13.7	1,794.3
1–4	22.7	5.0	27.4	27.1	232.3	490.0	64.9	51.7	155.4	169.2	2.7	6.3	8.9	1,263.5
5–14	62.1	12.4	64.2	59.8	558.8	1,021.4	131.8	121.5	366.3	417.9	7.0	13.1	16.9	2,853.1
15–44	324.8	60.7	401.9	351.8	3,223.2	6,250.1	684.0	547.7	1,912.8	2,447.5	31.0	67.2	57.8	16,360.7
45–64	293.5	52.9	387.9	329.5	3,184.3	5,165.0	539.1	388.2	1,304.3	1,872.4	19.4	29.5	20.8	13,586.9
65–74	187.5	39.4	288.0	233.9	2,590.5	3,963.8	344.7	278.2	842.7	1,271.5	8.3	14.5	8.3	10,071.3
75–84	203.8	49.0	338.8	267.9	2,572.7	4,125.1	447.2	365.9	872.6	1,581.6	7.4	10.5	3.4	10,845.9
85+	127.2	33.5	233.1	163.2	1,397.1	2,358.3	338.7	283.5	538.0	1,164.4	4.3	8.0	1.1	6,650.1
Total	1,249.1	258.5	1,787.2	1,469.4	14,131.2	24,108.7	2,628.7	2,092.9	6,208.9	9,119.8	82.3	158.2	131.0	63,425.8
							Female							
<1	12.8	2.5	21.8	16.5	172.3	332.8	35.7	25.9	101.9	90.5	1.0	4.0	5.8	823.5
1–4	10.5	2.1	13.2	12.2	108.0	232.5	35.2	24.2	72.3	77.4	1.3	3.0	4.0	596.1
5–14	29.7	5.9	30.6	28.7	267.8	483.2	63.7	57.7	174.1	195.8	3.3	6.5	8.1	1,355.1
15–44	193.9	37.2	248.7	216.0	1,887.3	3,853.2	397.7	320.2	1,131.1	1,433.6	18.6	42.5	36.4	9,816.3
45–64	142.3	26.7	192.6	164.6	1,576.2	2,643.0	274.3	197.0	663.2	923.1	9.3	14.4	10.1	6,836.8
65–74	86.0	19.5	142.4	118.5	1,284.8	1,953.0	171.5	135.6	407.6	602.2	3.6	7.7	4.0	4,936.4
75–84	113.7	29.0	207.9	156.5	1,521.8	2,392.5	268.9	207.3	492.0	918.9	4.4	6.1	1.3	6,320.4
85+	83.8	23.6	171.5	115.1	1,016.6	1,702.0	246.7	195.9	370.3	832.2	3.3	5.5	0.4	4,767.0
Total	672.6	146.7	1,028.6	828.2	7,834.9	13,592.2	1,493.9	1,163.8	3,412.4	5,073.6	44.9	89.8	70.2	35,451.6
							Male							
<1	14.6	3.1	24.1	19.8	200.1	402.2	42.6	30.5	114.9	104.8	1.3	5.1	7.9	970.8
1–4	12.1	2.8	14.2	14.8	124.3	257.4	29.6	27.5	83.1	91.8	1.4	3.3	4.9	667.4
5–14	32.4	6.5	33.6	31.1	291.0	538.3	68.1	63.8	192.2	222.0	3.6	6.6	8.8	1,498.0
15–44	131.0	23.4	153.3	135.8	1,335.9	2,396.9	286.2	227.5	781.8	1,013.9	12.3	24.7	21.5	6,544.3
45–64	151.2	26.3	195.4	164.9	1,608.0	2,522.0	264.9	191.2	641.1	949.4	10.0	15.1	10.7	6,750.1
65–74	101.6	19.8	145.6	115.3	1,305.7	2,010.8	173.2	142.6	435.1	669.3	4.7	6.8	4.3	5,134.8
75–84	90.2	19.9	130.9	111.3	1,050.8	1,732.6	178.3	158.6	380.6	662.7	3.1	4.4	2.1	4,525.5
85+	43.5	9.9	61.6	48.1	380.5	656.2	92.0	87.5	167.7	332.2	0.9	2.4	0.6	1,883.2
Total	576.4	111.8	758.6	641.2	6,296.3	10,516.5	1,134.9	929.2	2,796.5	4,046.1	37.4	68.4	60.8	27,974.2
							($' per capita)							
							Both Sexes							
<1	5,319.24	3,753.78	4,817.81	4,737.48	5,057.79	5,610.31	5,458.67	4,518.70	5,704.76	4,739.56	6,372.33	14,452.62	19,016.70	5,337.29
1–4	1,054.23	775.69	675.07	837.34	716.13	868.90	1,091.08	980.32	985.71	938.63	1,709.81	2,416.87	3,369.20	873.72
5–14	926.27	639.05	528.32	625.04	604.64	645.73	791.05	784.40	843.75	814.43	1,529.29	1,675.72	2,434.95	696.28
15–44	1,318.47	1,007.98	964.76	1,041.56	983.02	1,182.95	1,370.85	1,243.15	1,330.61	1,341.73	2,079.95	3,226.56	4,435.30	1,179.29
45–64	2,175.33	1,631.85	1,699.23	1,792.33	1,733.19	1,936.12	2,143.20	1,824.42	2,039.84	1,926.51	2,570.08	4,068.42	5,999.81	1,892.76
65–74	5,276.05	4,090.08	4,343.30	4,489.91	4,773.70	4,806.82	4,382.23	3,766.04	4,906.95	4,455.64	7,378.39	13,170.43	15,895.88	4,699.12
75–84	9,674.57	7,764.15	7,661.03	7,727.00	8,352.84	8,344.91	7,954.89	6,844.27	8,797.26	8,581.11	16,740.31	23,402.52	25,079.76	8,325.05
85+	20,157.41	13,776.24	15,318.62	14,069.05	15,051.95	15,650.11	16,408.51	13,387.36	16,709.92	19,459.49	38,519.23	49,254.55	42,131.22	16,094.07
Total	2,322.25	1,868.35	1,896.64	1,944.60	1,914.34	2,061.00	2,292.94	2,047.95	2,062.85	2,246.18	2,689.45	3,871.65	4,762.17	2,059.89
							Female							
<1	5,125.47	3,347.75	4,620.86	4,472.59	4,833.03	5,211.29	5,066.82	4,198.41	5,450.14	4,537.38	5,738.18	12,733.87	16,931.54	5,025.83
1–4	991.42	696.86	661.31	786.87	680.18	843.67	1,214.40	932.53	943.23	882.54	1,696.29	2,363.39	3,290.60	844.14
5–14	908.55	621.71	518.16	613.18	592.19	628.14	786.42	762.21	825.32	784.97	1,516.15	1,644.38	2,400.61	678.85
15–44	1,572.66	1,234.80	1,191.93	1,296.85	1,174.51	1,469.04	1,626.20	1,476.01	1,611.66	1,584.21	2,516.30	4,209.01	5,757.45	1,432.95
45–64	2,116.51	1,631.54	1,672.24	1,788.21	1,694.74	1,951.50	2,167.69	1,861.55	2,108.95	1,895.28	2,669.75	4,422.82	6,383.70	1,889.97
65–74	4,646.53	3,845.52	4,022.00	4,228.34	4,342.64	4,456.17	4,104.22	3,499.34	4,610.38	4,099.90	7,142.69	14,318.87	16,574.56	4,336.84
75–84	9,346.65	7,536.26	7,715.58	7,509.64	7,940.71	8,066.83	7,958.02	6,645.68	8,435.19	8,501.50	18,074.34	28,398.68	28,416.34	8,062.37
85+	19,716.75	14,134.05	15,842.71	14,194.96	15,062.85	16,213.58	17,364.28	13,942.90	16,947.09	20,751.01	49,793.79	58,987.54	64,006.68	16,569.52
Total	2,479.99	2,082.13	2,139.76	2,170.27	2,095.66	2,293.75	2,584.49	2,261.63	2,288.47	2,482.07	3,025.96	4,548.68	5,344.91	2,280.75
							Male							
<1	5,502.25	4,159.26	5,010.69	4,983.95	5,268.80	5,989.88	5,837.89	4,831.98	5,951.22	4,929.24	6,957.43	16,144.18	20,914.29	5,633.43
1–4	1,115.71	848.00	688.32	884.04	750.59	893.02	973.59	1,026.71	1,025.90	991.74	1,721.86	2,468.70	3,437.20	901.95
5–14	943.13	655.71	537.95	636.36	616.57	662.38	795.43	805.59	861.18	842.31	1,541.60	1,707.40	2,467.24	712.84
15–44	1,063.91	780.46	736.94	793.12	798.99	900.90	1,125.32	1,017.29	1,062.53	1,103.02	1,648.61	2,301.68	3,193.36	931.85
45–64	2,233.77	1,632.17	1,726.69	1,796.46	1,772.61	1,920.27	2,118.41	1,787.67	1,972.96	1,957.88	2,483.75	3,778.96	5,679.23	1,895.59
65–74	5,959.45	4,363.37	4,711.60	4,794.75	5,290.43	5,204.58	4,697.28	4,060.33	5,221.60	4,832.95	7,571.20	12,072.99	15,318.28	5,109.45
75–84	10,122.36	8,121.96	7,575.96	8,054.71	9,031.68	8,761.98	7,950.19	7,122.41	9,314.11	8,693.99	15,135.50	18,772.45	23,317.75	8,721.93
85+	21,064.35	12,988.50	14,026.72	13,776.81	15,022.90	14,356.10	14,297.41	12,291.33	16,209.05	16,835.02	21,351.14	35,800.12	33,624.09	15,004.24
Total	2,161.80	1,646.61	1,643.45	1,714.37	1,728.28	1,822.05	1,996.49	1,831.25	1,841.33	2,006.99	2,372.72	3,238.89	4,230.22	1,834.74

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