ABSTRACT

This study focuses on the use of alternative health care practitioners by Canadians aged 15 and over using data from the 1994-95 National Population Health Survey. A total of 17,626 respondents were selected. Consultation with an alternative health care provider or with a chiropractor was deemed to be an indicator of the use of alternative health care.

In 1994-95, an estimated 15% of Canadians aged 15 and over (3.3 million people) used some form of alternative health care in the year preceding the survey. Use of alternative health care was most prevalent among women, persons aged 45-64 and among higher income groups.

The use of alternative health care was associated with the number of diagnosed chronic illnesses. Among persons free of chronic diseases, 9% consulted alternative health care providers compared with 26% of those with three or more chronic conditions. Since the population is aging, the proportion with multiple chronic illness will also increase, with consequent demand for services from alternative health practitioners. The inclusion of any alternative practitioner services under existing health care plans could result in higher health care costs.

ABRÉGÉ

L'étude examine la popularité de la médecine douce chez les Canadiens de 15 ans et plus selon les données de l'Enquête nationale sur la santé de la population de 1994-1995. En tout, 17 626 répondants ont été sélectionnés. La consultation d'un spécialiste de la médecine douce ou d'un chiropraticien a été considérée comme un indicateur du recours aux services de médecine parallèle.

En 1994-1995, environ 15 % des Canadiens de 15 ans et plus (3,3 millions de personnes) ont fait appel à une forme quelconque de médecine douce durant l'année précédant l'enquête. Cette tendance est plus prévalente chez les femmes, chez les personnes de 45 à 64 ans et chez les groupes à revenu supérieur.

Le recours à la médecine douce varie avec la prévalence des maladies chroniques. Ainsi, il passe de 9 % quand le répondant ne souffre d'aucune maladie chronique à 26 % chez les personnes atteintes de trois affections ou plus. Puisque la population vieillit, on assistera à une hausse de la proportion de personnes atteintes de plusieurs maladies chroniques, ce qui accentuera la demande des services de médecine douce. L'inclusion de tels services aux régimes d'assurance-santé existants pourrait entraîner l'escalade des coûts de santé.

Use of Alternative Health Care Practitioners by Canadians

Wayne J. Millar, MA, Msc

Many individuals think differently from medical practitioners about the causality and cure of disease and as a consequence seek care from alternative health care practitioners.[1] The National Population Health Survey[2] provides new data relating to the use of a wide range of alternative health care services in Canada. This article focuses on the use of alternative health care, the association of chronic disease conditions with the use of alternative health care providers, and the demographic characteristics of users. It does not address the appropriateness or the effectiveness of alternative health care.

METHODS

The National Population Health Survey (NPHS) is designed to collect information related to the health of the Canadian population over time.[2] The NPHS surveyed household residents in all provinces and territories, except persons living on Indian Reserves, Canadian Forces Bases, and in some remote areas. An institutional component of the survey covered long-term residents of hospitals and residential care facilities.

This article analyses responses from the interviews with the one randomly selected member of each household. In total, there were 17,626 respondents. A more detailed description of the survey design, sample and interview procedures may be found in published reports.[2,3] Because of differences between regions and income categories, age standardization was used to control for the age distribution of the comparison groups. Age adjusted rates are based on the estimated 1994 population (both sexes).

The use of alternative health practitioners was determined by the following question: "People may also use alternative health care services. In the past 12 months, have/has . . . seen or talked to an alternative health care provider such as an acupuncturist, naturopath, homeopath or massage therapist about your/his/her physical, emotional or mental health?" Responses to this question were used to determine the proportion of the population that had used an alternative health care provider. If the respondent answered yes, the next questions was: "Who did . . . see or talk to?" Response options were massage therapist, acupuncturist, homeopath or naturopath, Feldenrais or Alexander teacher, relaxation therapist, biofeedback teacher, rolfer, herbalist, reflexologist, spiritual healer, religious leader, self-help group (such as AA, cancer therapy etc.), other.

Chiropractors were not listed as an example in the specific questions relating to alternative health services. However, they were listed in the question relating to contacts with various health professionals. The question was: "[Not counting when the person was an overnight patient] In the past 12 months, how many times have/has . . . seen or talked on the telephone with [fill category] about your/his/her physical, emotional or mental health?"

Chiropractors are included in the category of alternative health care provider. This classification decision is consistent with previous studies. However, a separate category of alternative health care practitioner use that excludes chiropractors is

Correspondence and reprint requests: W.J. Millar, Health Statistics Division, Statistics Canada, 18th Floor, R.H.Coats Building, Tunney's Pasture, Ottawa K1A OT6,Tel: 613-951-1631, fax: 613-951-0792, e-mail: millway@statcan.ca

included for comparison in the tables. All figures include chiropractors as a component of alternative health care practitioners. Respondents were asked to report on the chronic diseases that had been diagnosed by a health professional. In this article, a count of the chronic conditions was used to define four chronic disease categories: no chronic disease, one chronic disease, two chronic diseases, and three or more chronic diseases.

Households were grouped into four income categories on the basis of the number of persons in the household and their combined income. The income categories were lowest, lower-middle, upper-middle, and highest. Educational attainment was based on four categories: elementary school or no education, high school, some post-secondary education, and university degree.

RESULTS

Age and sex

An estimated 15% of Canadians aged 15 and over (3.3 million people) used an alternative practitioner in the year preceding the survey. Among the 15 to 24 year-olds, about 10% used alternative health care; for 25 to 44 year-olds, the proportion increased to approximately 17%, and at ages 65 and over the rates decreased to about 10% (Table I). Rates varied by sex: about 13% of men aged 15 and over used some form of alternative health care compared with 16% of women. For both men and women, utilization rates were initially low in the 15-24 age group, reached their peak in the 25-64 age range and declined in the oldest age group (Figure 1). In general, the use of alternative practitioners other than chiropractors was low. The age adjusted rates for use of three leading alternative practitioners were 2% for massage therapy, 2% for homeopathy and 1% for acupuncture (data not shown).

Education and income

Utilization rates varied by education and income. Among those with less than high school education, 11% consulted an alternative health care provider, compared with 14% of high school graduates,16% of those with some post secondary education

TABLE I
Percentage of Population Aged 15 and Over Who Consulted an Alternative Practitioner or Chiropractor, by Age and Sex, Canada 1994-95

	Total Population '000s	Total Alternative Practitioners	Chiropractor	Other Alternative Practitioners
Both sexes				
15+	22,620	15	11	5
15-24	3,786	10	8	3
25-44	9,620	17	12	7
45-64	5,966	16	12	6
65+	3,251	10	8	3
Men				
15+	11,070	13	11	3
15-24	1,895	10	8	2
25-44	4,812	15	12	4
45-64	2,969	13	11	4
65+	1,399	9	8	2
Women				
15+	11,550	16	11	7
15-24	1,891	10	8	3
25-44	4,808	19	13	9
45-64	2,996	19	13	8
65+	1,852	11	8	4

Source of data: National Population Health Survey, 1994-95
Note: Because of rounding, the estimates for chiropractor and other alternative practitioners may not sum to total alternative practitioners.

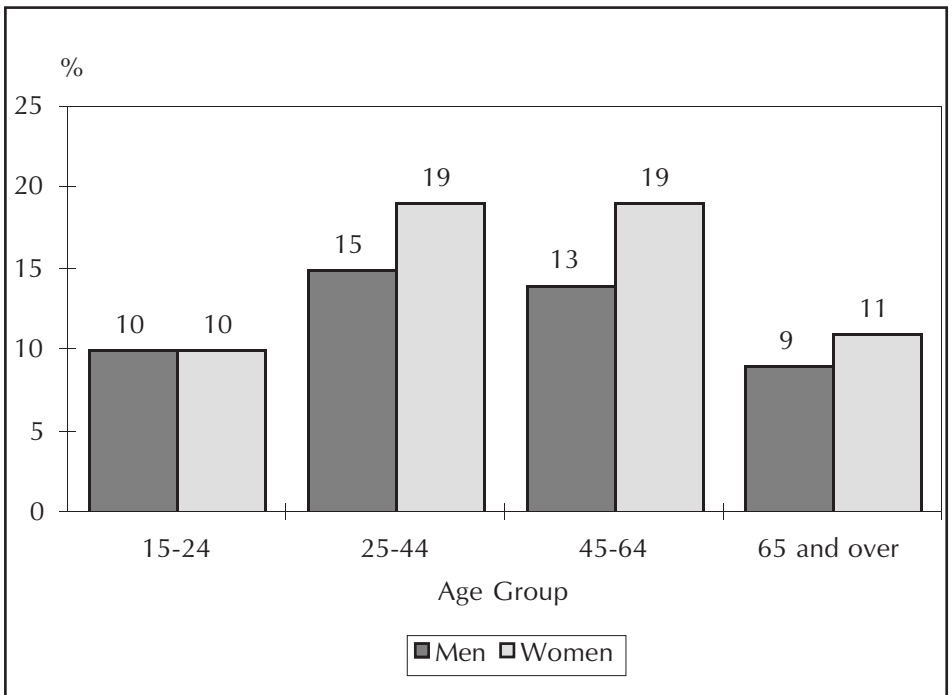

Figure 1. Consulted an alternative practitioner, by age and sex, Canada 1994-95

TABLE II
Age Adjusted Percentage of Population Aged 15 and Over Who Consulted Alternative Practitioners, by Selected Characteristics, Canada 1994-95

	Population '000s	Total Alternative Practitioners	Chiropractor	Other Alternative Practitioners
Region, both sexes				
Canada	22,623	15	11	5
Atlantic	1,859	5	3	2
Quebec	5,700	14	8	8
Ontario	8,582	12	10	3
Prairies	3,612	21	17	6
B.C.	2,870	21	17	7
Income level				
Lowest	3,890	12	8	4
Lower middle	6,378	14	11	5
Upper middle	7,809	16	12	5
Highest	3,474	17	13	7
Education				
Less than High School	6,660	11	9	3
High School	3,504	14	11	4
Some Post Secondary	5,503	16	11	6
College/University	6,915	16	12	6
Number of Chronic Diseases				
No chronic disease	10,162	9	7	4
One chronic disease	6,400	16	12	6
Two chronic diseases	3,021	20	17	6
Three or more chronic diseases	3,038	26	20	10

Source of data: National Population Health Survey, 1994-95
Note: The income categories includes a not stated category that is not included in this table.

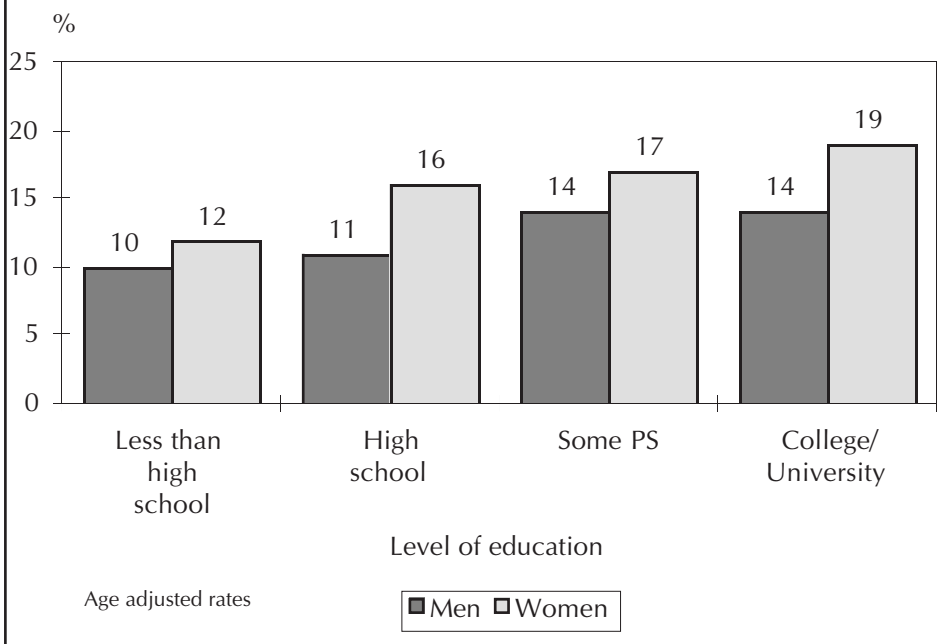

Figure 2. Consulted an alternative practitioner, by level of education and sex, Canada 1994-95

and 16% of those with a college or university degree (Table II). Increasing utilization rates with higher levels of education were apparent for both men and women; however, the gradient was more pronounced among women. For men, rates increased from 10% among those with less than high school education to 14% among those with some post-secondary education, a college or a university degree. For women, rates increased from 12% among those with less than high school education to 19% of women with a college or university degree (Figure 2).

Among men, there was a weak association in the use of alternative health care by income level. About 10% of the lowest income group, 12% of the lower-middle, 14% of the upper-middle, and 15% of the highest income group used alternative health care (Figure 3) In contrast, the association was more pronounced among women: about 12% of the lowest income, 16% of the lower-middle, 17% of the upper-middle and 20% of the highest income group used some form of alternative health care (Figure 3).

Regional differences

There were marked regional differences in the use of alternative health care. Only 5% of persons in the Atlantic region used alternative health care providers compared with 12% in Ontario, 14% in Quebec, and 21% in Prairie and British Columbia regions (Table II). Among males, utilization rates ranged between 3 and 7% in the provinces of the Atlantic region (data not shown). Rates in Quebec and Ontario were double those observed in Atlantic Canada, and in Prairie and BC regions rates ranged between 19 and 21%. In all regions, the utilization rate among women was higher. Women in British Columbia had the highest utilization rate (24%) (Figure 4).

Chronic disease and alternative health care

The use of alternative health care was associated with the number of diagnosed chronic illnesses. Among persons free of chronic diseases, 9% consulted alternative health care providers compared with 16% of those who had one chronic disease, 20% of those with two chronic conditions and

26% of those with three or more (Table II). The association between the number of chronic conditions and use of alternative practitioners was apparent for both men and women (Figure 5).

DISCUSSION

Analyzing the use of alternative health care practitioners in national or provincial groups may conceal the fact that there are specific groups within the population for which alternative medicine is more prevalent. For example, the survey does not permit examination of acupuncture or herbalists by the Chinese community, or the use of traditional medicine by Canada's Native population.

The regional differences in the use of alternative health care practitioners possibly relate to the funding of various alternative health care services under provincial health care plans. Saskatchewan, Manitoba, British Columbia, Alberta and Ontario include at least some form of payment for chiropractic services under provincial health legislation. Provincial insurance in Quebec does not extend to chiropractic services, and in the Atlantic region, chiropractor services are either not funded or are restricted in the scope of services.

The estimates from the NPHS survey of consultation with alternative health care providers are lower than the 20% (based on recall over a six month period) obtained in an earlier Canadian survey.[4] They also differ from the rates observed in a US study, in which one in three respondents (34%) aged 18 or over reported using at least one unconventional therapy in the previous year.[5] This estimate is twice that observed in Canada. However, patterns of use in the United States and Canada share some similarities. In both countries, utilization tends to be higher among women, the more highly educated, among higher income groups and in the west.[5] The questions used in the two surveys were similar but were not identical. This could account for some of the difference between the two sets of results.

For at least one type of complementary health care, there is movement towards incorporating training as part of medical

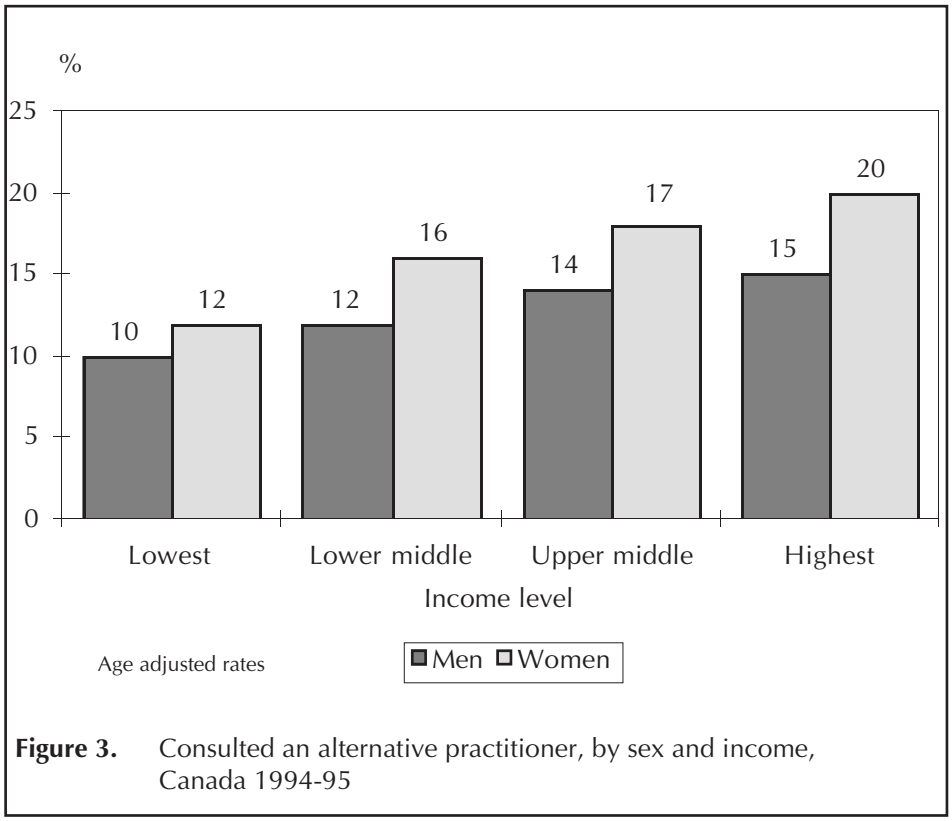

Figure 3. Consulted an alternative practitioner, by sex and income, Canada 1994-95

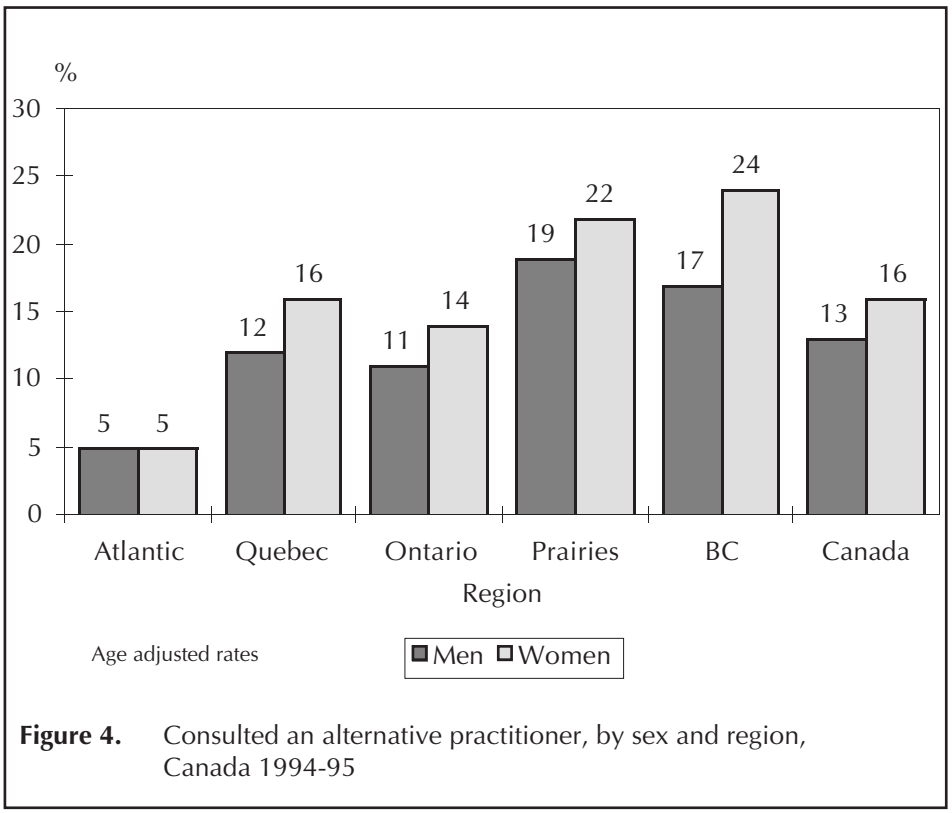

Figure 4. Consulted an alternative practitioner, by sex and region, Canada 1994-95

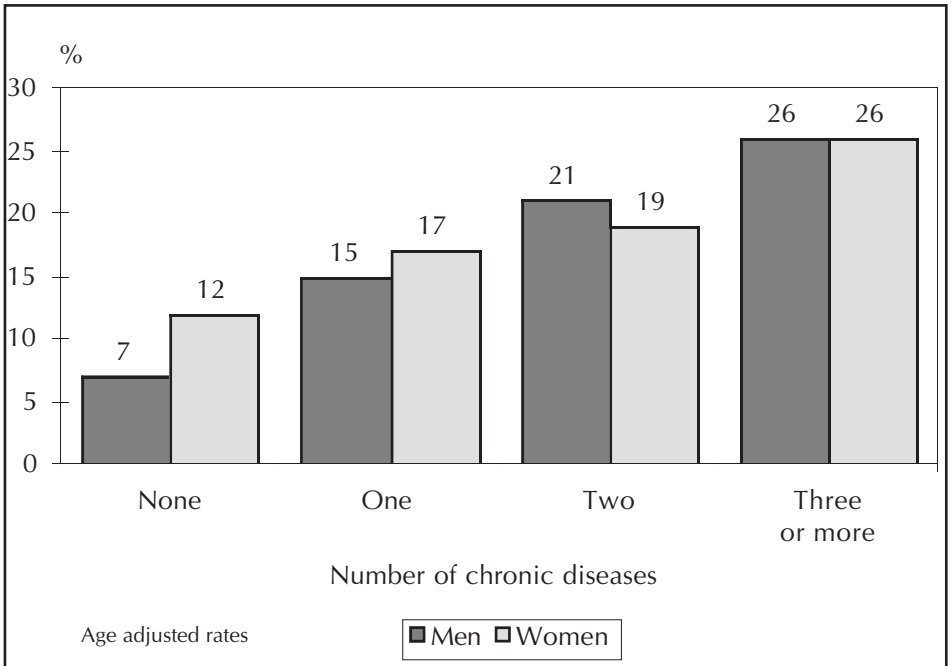

Figure 5. Consulted an alternative practitioner, by number of chronic conditions, Canada 1994-95

school or postgraduate education. Anesthesia residents at McMaster University do a rotation in an acupuncture clinic, and at the University of Alberta, the Faculty of Extension has a graduate program in medical acupuncture.[6] In the autumn of 1996, the Tzu Chi Institute for Complementary and Alternative Medicine opened as part of the Vancouver Hospital.[7]

Because the population is aging and the prevalence of multiple chronic diseases increases with age, the demand for alternative therapies could increase. The inclusion of any alternative practitioner services under existing health care plans could result in higher health care costs. Consequently, there is a growing recognition that the claims of alternative practitioners of health care should be evaluated with the same types of scientific criteria as are used for competing treatments in conventional medical practice.[8,9]

REFERENCES

1. Gillick MR. Common sense models of health and disease. *N Engl J Med* 1985;313:700-3.
2. Catlin G, Will P. The National Population Health Survey: Highlights of initial developments. *Health Rep* 1992;4:313-19.
3. Tambay JL, Catlin G. Sample design of the National Population Health Survey. *Health Rep* 1995;7(1):1-11.
4. Berger E. *The Canadian Health Monitor Survey* (survey no. 4). Toronto: Price Waterhouse, 1990; 4, p.8.
5. Eisenberg DM, Kessler RC, Foster C, Norlock FE, Calkins DR, Delbanco TL. Unconventional medicine in the United States. *N Engl J Med* 1993;328(4):246-82.
6. Spencer HM. Physicians should keep an open mind on complementary health care, congress says. *Can Med Assoc J* 1995;153(12):1787-97.
7. Immen W. Clinic to open doors for alternative medicine. An institute in Vancouver Hospital will offer services of shamans, acupuncturists. Mainstream Mds are taking notice. *Globe and Mail*. 1996 July 1: A1.
8. Smith T. Alternative medicine. BMJ 1983;287(6388):307.
9. Trachtman P. NIH looks at the implausible and the inexplicable. *Smithsonian* 1995;25(6):110-23.

Received: November 5, 1996
Accepted: February 19, 1997