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Complementary and Alternative Medicine in Canada: Trends in Use and Public Attitudes, 1997-2006

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Executive Summary

Background

In 1999, The Fraser Institute published the first ever comprehensive study of Canadians' use of and public attitudes towards complementary and alternative medicine (CAM) (Ramsay *et al.,* 1999). In the years since that survey, the health care world has changed significantly. These changes led to the question of whether or not, and to what degree Canadians' use of and public attitudes towards CAM, such as chiropractic, naturopathic, and herbal therapies, had changed since 1997. To answer this question, The Fraser Institute commissioned Ipsos Reid to conduct a second Canadian national survey to determine the prevalence, costs, and patterns of CAM use in 2006.

Methodology

The methodology used in the 2006 survey was in most cases similar to that used in the first survey (1997). In 2006, a total of 2,000 interviews were conducted with a randomly selected sample of adults 18 years of age and older. This increase of 500 interviews from the 1,500 completed in 1997 was implemented to allow greater statistical accuracy in examining changes between 1997 and 2006.[1] In order to minimize any potential seasonal bias in responses, the 2006 survey was completed at the same time of year as the 1997 survey. In 2006, the response rate was 18.8 percent, compared to a response rate of 25.7 percent in 1997. The drop in the response rate from 1997 is largely driven by a secular trend in lower survey responses.

Respondents were asked to report any health conditions, details of their use of conventional medical services in treating their conditions, and whether they had tried any alternative therapies as treatment for these conditions. With respect to alternative medicine use, respondents were asked to indicate whether they had used any of 22 commonly used complementary and alternative medicines and therapies. Lastly, respondents were also asked about their attitudes toward health, health care, medical care, and public policy.

Results

With respect to self-reported health, little has changed between 1997 and 2006. In both cases, more than 60 percent of respondents reported their health to be very good or excellent, and 11 percent of respondents reported their health to be fair or poor. Less than one fifth (18% in 2006 and 19% in 1997) felt their daily activities were limited by their health. The most common health conditions reported in the 12 months prior to both the 2006 and 1997 surveys were allergies (29% each time), back or neck problems (28% and 30%) and arthritis or rheumatism (21% and 20%).

With respect to the use of conventional health care services, 87 percent of respondents in 2006 "usually" sought medical care from a particular doctor's office, clinic or health centre, compared to 88 percent in 1997. On the other hand, only 80 percent of respondents in 2006 "usually" saw a particular doctor, a 2 percentage point decrease from 1997 (82%). As Canadians' confidence in their physicians increases, so does the likelihood that they will seek

1 With regard to the accuracy of the findings, there is a 95 percent chance that the average values for the entire Canadian population are within 2.2 percentage points of the survey percentages in 2006. In 1997, the margin of error was 2.5 percentage points. In addition, the increase in the number of interviews completed in 2006 allows for 95 percent statistical confidence in detecting a 3 percentage point change in the percent of Canadians who have used complementary and alternative medical therapies sometime in their lives (73% in 1997).

care from a particular doctor's office or clinic—a pattern similar to that in 1997. In both 2006 and 1997, 73 percent of respondents had "total" or "a lot" of confidence that their doctor could help them manage their overall health. On average, 73 percent of respondents suffering from one of the conditions listed sought medical attention for their health problems during the previous year in 2006, as was the case in 1997. Those people who received care for their condition in the year prior to the survey in both 2006 and 1997 often felt that care was very or somewhat helpful (81% and 77%, on average, respectively). With respect to prescription medicine use, nearly half of respondents (47%) said they're taking prescription medication in 2006, a significant increase of 8 percentage points since 1997, when 39 percent answered "yes" to the same question.

In 2006, nearly three-quarters of Canadians (74%) had used at least one alternative therapy sometime in their lives. This is very similar to the proportion of Canadians in 1997 (73%), suggesting that there has been no change in the overall usage of complementary and alternative medicine or therapies over the past nine years. In 2006, Albertans (84%) were most likely to have used an alternative therapy during their lifetime, followed closely by British Columbians (83%), while Quebecers (67%) and Atlantic Canadians (63%) were least likely to have done so. Similar patterns were observed in 1997, though in that year British Columbians were most likely (84%) and Quebecers least likely (66%) to have used an alternative therapy during their lifetime.

In 2006, chiropractic care was the most common type of therapy used by Canadians over their lifetime, with 40 percent having tried it—a significant 4 percentage point increase over 1997. Thirty-five percent of Canadians had tried massage by 2006, a significant increase of 12 percentage points from 1997. Relaxation techniques (20%) and prayer (18%) came next on the list of most commonly tried alternative therapies in 2006, and, in both cases, the percentage of Canadians who had tried these therapies had fallen since 1997, though the decreases were not statistically significant. Acupuncture rounded out the five most common therapies used by Canadians over their lifetime, with 17 percent of Canadians having used acupuncture (a statistically significant increase of 5 percentage points from 1997).

In 2006, more than one-half (54%) of Canadians reported using at least one alternative therapy in the year prior to the survey, which was a statistically significant 4 percentage point increase over the rate of use in 1997 (50%). In the 12 months prior to the 2006 survey, the most commonly used complementary and alternative medicines and therapies were massage (19%), prayer (16%), chiropractic care (15%), relaxation techniques (14%), and herbal therapies (10%). Though the top 5 list was the same in 1997, the order was different.

Canadians used alternative therapies an average of 8.6 times during the year previous to the 2006 survey, which was similar to their use in 1996/97 (8.7 times). Most people choosing to use alternative therapies in the 12 months preceding the survey did so to prevent future illness from occurring or to maintain health and vitality. Of those who used alternative medicine in the 12 months prior, 53 percent of respondents in 2006 (down slightly from 56 percent in 1997) had not discussed their use of alternative medicine with their doctor.

The average amount paid out of pocket per user to an alternative health care provider in the year prior to the survey in 2006 was $173, which was a sizable increase from the $93 paid out of pocket on average in 1997.[2] Extrapolation for the Canadian population suggests that during the latter half of 2005 and first half of 2006, Canadians spent more than $5.6 billion out of pocket on visits to providers of alternative medicine, compared to nearly $2.8 billion in 1997. If the additional money spent on books,

2 Spending figures for 1997 are shown in 2006 dollars (adjusted from 1997 to 2006 dollars using Statistics Canada's CPI).

medical equipment, herbs, vitamins, and special diet programs is included, the estimated total out of pocket spending on alternative medicine in Canada increases to an estimated $7.84 billion in the latter half of 2005 and first half of 2006. This is a considerable increase over the $5.37 billion estimated to have been spent in the 12 months prior to the 1997 survey.

Despite the large out-of-pocket expenses that Canadians are incurring to use complementary and alternative medicine, the majority believe that it should be covered privately and not be included in provincial health plans (59% in 2006 and 58% in 1997).[3] With respect to what is covered in provincial health plans, 39 percent of respondents in 2006 felt that these decisions should be made by all health care providers, both alternative and conventional (up slightly from 37 percent in 1997). Rarely was the appropriate decision maker seen to be the provincial ministry of health (16%, up from 13% in 1997), the federal ministry of health (11%, up from 9% in 1997), the regional health authorities (9% in both years), or the general public (1%, down from 3% in 1997).

Conclusions

The majority of Canadians have tried complementary and alternative medicines and therapies at some point during their life, despite the fact that coverage of such treatments by government health insurance plans is usually restricted. However, doctors are still the main providers of health care in Canada. Almost half of the respondents in 2006 saw a doctor before turning to a provider of alternative therapy. In addition, a higher proportion of respondents saw a medical doctor in comparison with the proportion of respondents seeing a provider of alternative therapy for their condition regarding treatment of 8 of the 10 most common medical conditions (some saw both).

Private, out of pocket expenditures on complementary and alternative medicines and therapies are not insubstantial, which helps explain why there has been so much discussion about government policy and insurance coverage regarding alternative therapies in Canada. Before considering adding alternative medicines to publicly funded insurance programs, however, governments should note that despite incurring large out of pocket expenses, the majority of Canadians believe that alternative therapies should be covered privately, and not by provincial health plans. Most importantly, the highest level of support for private payment came from the group that used alternative therapy the most: 58 percent of 18- to 34-year-olds used alternative therapies in the 12 months prior to the 2006 survey, and 62 percent of them preferred that individuals pay for it privately.

The regional variations in attitudes toward health care (both conventional and alternative) revealed by this survey suggest that any effort to create national alternative medicine programs will not likely succeed. For example, British Columbians and Albertans were more likely to perceive value in alternative therapies than residents of other provinces, while Atlantic Canadians were most sceptical. National consensus on such issues seems improbable.

3 The interesting results in this data could be, to some extent, a function of sequencing. In other words, the fact that respondents were asked about how these services should be paid for if funded by provincial governments before they were asked about whether or not such services should be privately or publicly funded could have had an effect on how they answered this question.

Introduction

In 1999, The Fraser Institute published the first ever comprehensive study of Canadians' use of and public attitudes towards complementary and alternative medicine (CAM) (Ramsay *et al.,* 1999). The term "complementary and alternative medicines" is usually used to describe medical therapies, practices, and products that are not typically seen as a part of conventional medicine, or that are not taught widely in medical schools or commonly available in North American hospitals.[4] Broadly, the 1999 study found that the majority of Canadians had used at least one complementary or alternative therapy in their lifetime (73%). The study also discovered that the majority of Canadians (58%) felt that CAM should be covered privately and not be included in provincial health plans.

In the years since that survey, the health care world has changed significantly. In addition to improvements in conventional medicine's ability to deal with and treat pain and disease there has also been a growth in the public's knowledge about what health care can do, partly fuelled by improved access to vast quantities of information via the Internet. These changes led to the question of whether or not, and to what degree, Canadians' use of and public attitudes towards CAM had changed since 1997.[5]

To answer this question, Ipsos Reid was once again commissioned to re-examine the issue in a follow-up survey in 2006. The objectives of the 2006 survey were essentially unchanged from 1997:

- Examine patterns of general use of health care services
- Examine the prevalence and patterns of use of complementary and alternative therapies
- Examine the use of specific CAM therapies and conditions for which these therapies are employed
- Examine expenditures on CAM
- Examine views on health care policy options with respect to CAM, including desires for policy action in this area and attitudes about resource allocation within the health care system
- Examine attitudes and perceptions of CAM

This paper begins with a brief presentation of the methodology employed for the survey including important changes in the methodology between 1997 and 2006. An analysis of the survey results follows, beginning with a description of the sample. Survey results are then given by section in the following order: general use of health care services, use of conventional medical treatments for health conditions, use of complementary and alternative therapies, children's use of alternative therapies, use of conventional and alternative providers of care, attitudes towards complementary and alternative therapies, national projections of use and expenditures, and views on health policy variables. The paper closes with a brief discussion of the survey findings.

4 The National Center for Complementary and Alternative Medicine in the United States, which is a component of the National Institutes of Health, defines complementary and alternative medicine as: "a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine. While some scientific evidence exists regarding some CAM therapies, for most there are key questions that are yet to be answered through well-designed scientific studies—questions such as whether these therapies are safe and whether they work for the diseases or medical conditions for which they are used" (NCCAM, 2002). Eisenberg *et al.* (1998), upon whose work The Fraser Institute's survey is based, use the functional definition: "interventions neither taught widely in medical schools nor generally available in US hospitals."

5 This paper does not make any judgments about the value of alternative and/or complementary medicine. The use of these terms does not mean in any way that the author is suggesting that the health treatments surveyed are either safe or unsafe, effective or ineffective substitutes or complements for conventional medicine and medical treatments.

Methodology in Brief

The methodology used in the 2006 follow-up survey was in most cases similar to that used in the first survey (1997). The methodology used in both the 1997 and 2006 surveys is described below with the differences between the two highlighted in the text. (For a more complete description of the methodology, see "Appendix A: Detailed Survey Methodology.")

As in 1997, The Fraser Institute commissioned Ipsos Reid (then Angus Reid Group) to conduct a telephone survey of Canadians about their health status and their attitudes towards, and patterns of use of, conventional and alternative health care. Respondents were informed that Ipsos Reid, a professional opinion research company, was conducting a survey of Canadians "to learn more about their health care practices and the types of therapies and treatments they use."[6] In the selection of respondents there was no mention of complementary, alternative, or unconventional therapies.

In 2006, a total of 2,000 interviews were conducted with a randomly selected sample of adults 18 years of age and older. This increase of 500 interviews from the 1,500 completed in 1997 was implemented to allow greater statistical accuracy in examining changes between 1997 and 2006. In order to minimize any potential seasonal bias in responses, the 2006 survey was completed at the same time of year as the 1997 survey.

With regard to the accuracy of the findings, there is a 95 percent chance that the average values for the entire Canadian population are within 2.2 percentage points of the survey percentages in 2006. In 1997, the margin of error was 2.5 percentage points. In addition, the increase in the number of interviews completed in 2006 allows for 95 percent statistical confidence in detecting a 3 percentage point change in the percent of Canadians who have used complementary and alternative medical therapies sometime in their lives (it was 73 percent in 1997).

The original survey questionnaire used in 1997 was based on a survey used by the Center for Alternative Medicine Research (based at Harvard Medical School and Beth Israel Hospital) in its pioneering work on alternative medicine use and costs in the United States. This work was published in the *New England Journal of Medicine* in 1993, and followed up with a survey published in the *Journal of the American Medical Association* in 1998 (Eisenberg *et al.,* 1993; Eisenberg *et al.,* 1998). The Fraser Institute and Ipsos Reid (then Angus Reid Group) made several modifications in order to make the survey appropriate for Canada in 1997, given that the health insurance systems of the two countries differ substantially. The 2006 follow-up survey used essentially the same survey questionnaire employed in the 1997 survey. However, due to a secular trend in lower survey response resulting from the changing environment within which public opinion polling is being conducted, some adjustments were made to keep questionnaire length at or below 20 minutes.

The most significant change made to the survey was a split-sampling of the sections on beliefs and perceptions and health care policy options. Questions in both of these sections were asked to 200 of the respondents, while 900 respondents answered only questions on beliefs and perceptions, and the remaining 900 answered only questions on health care policy options. This change allowed for a significant reduction in interviewing time and had only a small impact on the statistical power of the follow-up survey.[7] In addition, having 200 respondents answer

6 There may be some unknown bias in the responses to this survey, as respondents to the questionnaire may be more interested in health and health issues than the general population.

questions in both sections made allowances for testing and controlling for any potential bias that was introduced by the split sampling. Ipsos Reid concluded that there were no systematic differences in the responses that would indicate any bias.

Two additional less-significant changes were made in 2006: in the section on policy variables, the question on support for a government-funded health savings account was dropped, and demographic questions on ethnicity and religious preference were dropped.

Following these changes, the 2006 questionnaire took an average of 18.4 minutes to complete. The 1997 survey questionnaire took an average of 28 minutes to complete.

In 2006, the response rate was 18.8 percent (2,000 out of 10,624). This compares to a response rate of 25.7 percent (1,500 out of 5,827) in 1997. The drop in the response rate from 1997 is largely driven by the secular trend in lower survey responses mentioned above.[8]

The final sample was weighted by age and gender to ensure that the proportions of Canadians in each age and gender category accurately reflect the actual proportions in the Canadian population.[9] Because the questionnaire inquired about the use of alternative medicine during the 12 months preceding the interview, 1997 results correspond to the latter half of 1996 and first half of 1997 while 2006 results correspond to the latter half of 2005 and first half of 2006.

7 For example, had the sample size for the full survey been reduced from 2,000 respondents to 1,100 respondents, the observed change required in the share of Canadians who had ever used complementary and alternative therapies for 95 percent statistical confidence would have grown from 3 percentage points to 4.

8 According to Ipsos Reid, response rates in a general population survey 8 to 10 years ago were normally in the 25 to 30 percent range, compared to the 18 to 20 percent range today.

9 Due to improvements in the sampling preparation methodology, the survey responses for 1997 have been updated and restated in this publication.

Results

Table 1 summarizes the demographic characteristics of the survey respondents. In general, the sample demographics are little changed from those in 1997. There is, however, a notable difference in the average age of respondents, which broadly reflects the ageing of the Canadian population as a whole. In addition, respondents in 2006 were more likely to have reached a higher level of education and more likely to have a family income over $60,000 than respondents in 1997.

With respect to self-reported health (shown in figure 1), little has changed between 1997 and 2006. In both cases, more than 60 percent of respondents reported their health to be very good or excellent, and 11 percent of respondents reported their health to be fair or poor.

Table 2 gives the proportion of respondents who felt their daily activities were limited by their health. In 2006, 18 percent of respondents said they have problems that limit them in some way in their daily life. This proportion was almost unchanged from the 19 percent of respondents in 1997. As was the case in 1997, the data show that, in 2006, limitations on daily life due to health problems increase with age and decrease with level of education. Significantly fewer Canadians aged 35 to 44 felt limited by their health in 2006 than in 1997. Also interesting to note is that, in 2006, British Columbians were more likely to feel limited by their health than residents of the other provinces.

In 2006, there was a statistically significant 4 percentage point increase in the number of Canadians who had not spent a single day in bed—at home or in hospital—in the 12 months prior to the survey due to illness or injury (53 percent in 2006 versus 49 percent in 1997). In both years, 22 percent of respondents spent one or two days in bed. In 2006, 14 percent were bedridden for three to nine days compared to 18 percent in 1997. Finally, 10 percent of respondents in both 2006 and 1997 spent ten or more days in bed during the previous year. In 2006, respondents reported an average of 6 days in bed during the previous 12 months due to illness or injury compared to 7 days in 1997. Interestingly, among those who spent at least one day in bed, there was an increase in the average number of days women spent in bed (13.5 in 1997 to 15.1 in 2006) while there was a decrease (12.4 to 9.1) for men, though it should be noted that neither change was statistically significant.

In the 30 days prior to the 2006 survey, 26 percent of respondents reported having to cut down on their activity levels because of illness, a proportion largely unchanged from that in 1997 (24%). However, the proportion of respondents who had to cut down on what they did because of illness for 10 or more days in 2006 increased a statistically significant 2 percentage points from the 10 percent observed in 1997.

In both 1997 and 2006, the number of days during which activity was reduced due to illness rose as reported health status decreased, rose for those taking prescription medicines, rose for those reporting limits on daily living due to their health, and increased with age. In 2006, women had to reduce their activities more frequently than men (3.9 days on average versus 2.9 for men), a difference that was statistically significant. In 1997, there was no statistically significant difference between the genders.

General use of health care services

Eighty-seven percent of respondents in 2006 "usually" sought medical care from a particular doctor's office, clinic, or health centre, compared to 88 percent in 1997. On the other hand, only 80 percent of respondents in 2006 "usually" saw a particular doctor, a 2 percentage point decrease from 1997 (82%). As Canadians' confidence in their physicians increases, so does the likelihood that they will seek care

Table 1: Demographic Characteristics of Survey Respondents, 1997 and 2006

Characteristic	1997 Number (Percentage)	2006 Number (Percentage)
Sex		
Female	766 (51.1)	1,018 (50.9)
Male	734 (48.9)	982 (49.1)
Primary Employment Status		
Full-Time Employee	682 (45.4)	1,030 (51.5)
Part-Time Employee	161 (10.7)	212 (10.6)
Homemaker	124 (8.3)	108 (5.4)
Not Working But Looking For Work	37 (2.5)	24 (1.2)
Retired	254 (16.9)	335 (16.7)
Student	130 (8.7)	110 (5.5)
Self-Employed	43 (2.9)	74 (3.7)
Seasonal Work	6 (0.4)	9 (0.5)
Disabled/Welfare Recipient/Social Assistance/Other	55 (3.7)	74 (3.6)
Not Known/Not stated	8 (0.5)	24 (1.2)
Age (Years)		
18-34	503 (33.5)	585 (29.3)
35-44	329 (21.9)	390 (19.5)
45-64	440 (29.3)	728 (36.4)
>65	220 (14.7)	285 (14.3)
Not Known/Not stated	8 (0.5)	12 (0.6)
Marital Status		
Married	782 (52.1)	1,011 (50.6)
Living With Someone, Common-Law	130 (8.7)	231 (11.6)
Widowed/Separated/Divorced	243 (16.1)	308 (15.5)
Never Married	337 (22.5)	441 (22.0)
Not Known/Not stated	9 (0.6)	9 (0.4)
Education		
< High School Graduate	235 (15.7)	227 (11.4)
High School Graduate	339 (22.6)	486 (24.3)
Some Post Secondary	234 (15.6)	216 (10.8)
College/Trade School Graduate	254 (16.9)	467 (23.3)
University Graduate	430 (28.7)	602 (30.1)
Not Known/Not Stated	8 (0.5)	3 (0.1)
Annual Family Income		
< $20,000	241 (16.2)	184 (9.3)
$20,000 - $39,999	412 (27.4)	390 (19.6)
$40,000 - $59,999	351 (23.4)	400 (20.0)
$60,000 - $79,999	189 (12.6)	297 (14.8)
> $79,999	203 (13.5)	530 (26.5)
Not Known/Not stated	103 (6.9)	198 (9.9)

continued next page

Table 1: Demographic Characteristics of Survey Respondents, 1997 and 2006

Characteristic	1997 Number (Percentage)	2006 Number (Percentage)
Region		
British Columbia	197 (13.1)	278 (13.9)
Alberta	135 (9.0)	192 (9.6)
Saskatchewan and Manitoba	105 (7.0)	134 (6.7)
Ontario	565 (37.7)	771 (38.6)
Quebec	376 (25.1)	473 (23.7)
Atlantic Canada (NB, NS, PE, NL)	122 (8.1)	152 (7.6)
Number of Medical Conditions Reported (Past 12 months)		
None	551 (36.8)	709 (35.4)
One	325 (21.7)	400 (20.0)
Two	204 (13.6)	317 (15.9)
Three or More	420 (28.0)	575 (28.7)
At Least One	949 (63.3)	1,292 (64.6)

Note: Due to rounding, percentages do not always sum to 100.

from a particular doctor's office or clinic—a pattern similar to that in 1997. Put another way, those who changed doctors were more likely to have little confidence in their doctor, according to the survey results in both years. In addition, in both 2006 and 1997, Canadians in poor health were more likely to return to the same doctor or medical facility than those in excellent health.

All respondents, both those who were loyal to one clinic or doctor and those who were not, generally had confidence in doctors. In both 2006 and 1997, 73 percent of respondents had "total" or "a lot" of confidence that their doctor could help them manage their overall health. In 2006, only 5 percent had no or little confidence in their doctor, which was similar to the 6 perent observed in 1997. In general, older Canadians were more likely to have total confidence in their doctor than younger Canadians.

However, while respondents valued the opinions of their doctors, they also wanted to be fully informed about treatment options. Most people asked doctors a lot of questions but generally depended on the doctor to make decisions about what tests and treatments were best for them. On a seven-point scale, with 1 meaning "completely disagree" and 7 meaning "completely agree," the average score in 2006 was 4.9 in response to the statement "I feel it is important to do everything a doctor tells me to do," which was unchanged from the 4.9 in 1997; and 4.8 to the statement "Most people should go to their doctor when they feel sick, because they don't know enough to make informed choices about their own health," again virtually unchanged from the 4.7 in 1997. As much as people relied on doctors, however, they did not generally agree with the statement that their "health is like the weather, there's not much I can do about it," in either 2006 or 1997—the statement scored a 2.6 out of 7 in both years.

Certain population groups in both 2006 and 1997 were more likely than others to hold particular views about their relationship with their physician. For example, seniors were more likely to feel they can do little about their health than those in all other age groups and were more likely to feel it is important to do everything their doctor tells them. Also, women were more likely than men to ask lots of questions about the tests and treatments prescribed and would

Figure 1: General Health Evaluation of Survey Respondents, 1997 and 2006

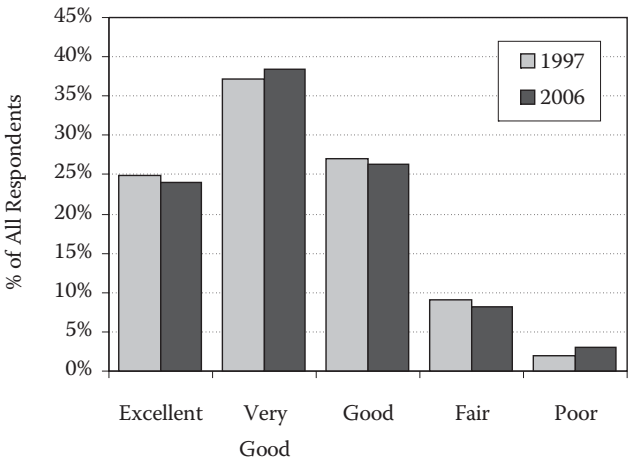


Table 2: Respondents Who Feel Daily Life is Limited by Health Problems, as a Percentage of Respondents in Selected Categories, 1997 and 2006

	1997	2006
All Respondents	19%	18%
Reported Health		
Excellent/Very Good	7%	5%
Good/Fair	37%	36%
Poor	100%	95%
Take Prescription Medicine		
Yes	35%	33%
No	9%	6%
Age		
18-34	11%	9%
35-44	20%	12%
45-64	23%	24%
> 65	30%	34%
Education		
Less Than High School	25%	27%
High School Graduate	22%	21%
Some Post-Secondary	19%	22%
University Graduate	16%	15%
Region		
British Columbia	20%	24%
Alberta	18%	20%
Saskatchewan/Manitoba	19%	20%
Ontario	21%	18%
Quebec	15%	16%
Atlantic	23%	17%

Note: Due to rounding, percentages do not always sum to 100.

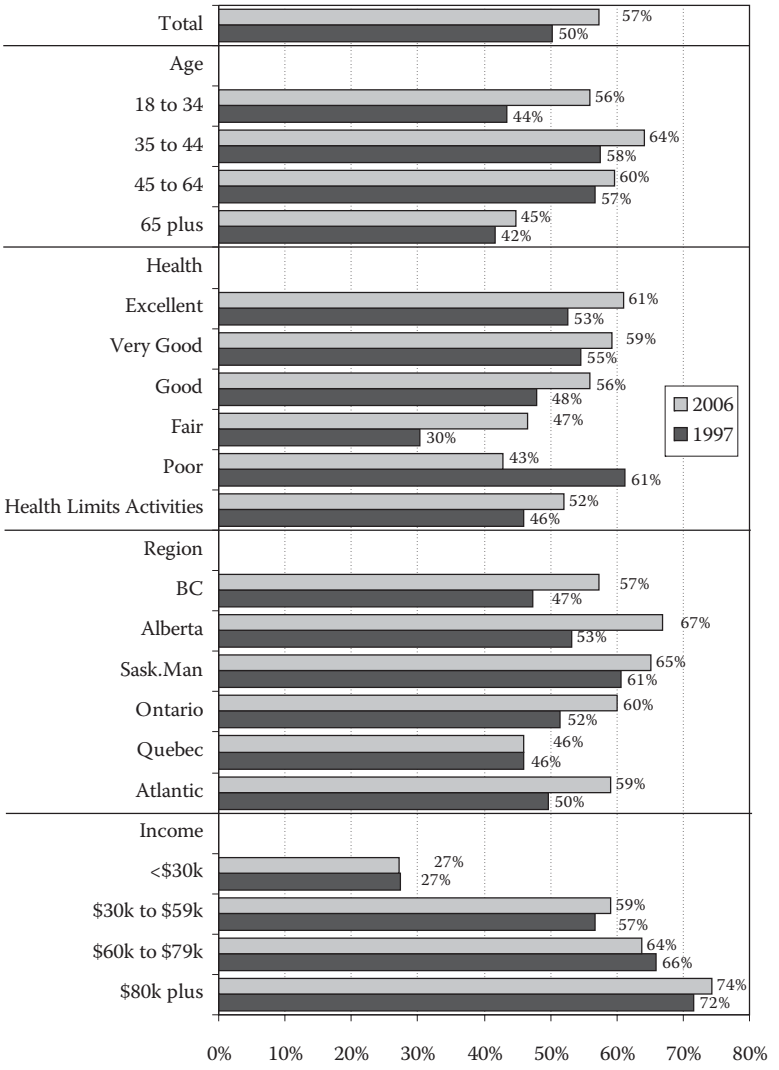
often tell their doctor the tests and treatments they feel are best for them, while men were more likely to do everything the doctor tells them to do.

With respect to prescription medicine use, in 2006, nearly half the Canadian population (47%) said they were taking prescription medication, a significant increase of 8 percentage points since 1997, when 39 percent answered "yes" to the same question. There are also differences between genders: 54 percent of women in 2006 (up from 48 percent in 1997) were taking prescription medicine compared to 39 percent of men (up from 29 percent in 1997). Notably, between 1997 and 2006 there were sizable increases in the number of Canadians taking prescription medicine in all Canadian regions: BC (33% to 44%), Alberta (36% to 46%), SK/MB (41% to 48%), Ontario (41% to 47%), Quebec (38 to 48%), and Atlantic Canada (41% to 47%).

In 2006, a majority of Canadians (57%) had some form of health insurance coverage above and beyond that provided by their provincial medical plan, an increase of 7 percentage points from the 50 percent observed in 1997. In 2006, extended coverage was most common in the 35 to 44 and 45 to 64 age groups, among those with "excellent" health, in Alberta and Saskatchewan and Manitoba, and among those with higher incomes. Similar patterns were observed in 1997, though notably it was those with "poor" health in 1997 who were most likely to hold additional coverage. Figure 2 shows the variations in extended health insurance coverage by age, health status, region, and income in both years.

Use of conventional medical treatments for health conditions

Figure 2: Extended Health Insurance Coverage Beyond that Provided by the Provincial Health Insurance Plan, 1997 and 2006



The most common conditions from which people suffered during the year prior to the survey in 2006 were allergies (29%), back or neck problems (28%), and arthritis or rheumatism (21%). These are the same three health conditions most commonly experienced in 1997 (29%, 30%, and 20% respectively that year). Difficulty walking and frequent headaches were next on the list of people's ailments in both years. Table 3 reports these findings, and shows individuals' use and the perceived effectiveness of conventional medical treatments received in the 12 months prior to each survey.

On average, 73 percent of respondents suffering from one of the conditions listed sought medical attention for their health problems during the previous year in 2006, the same as in 1997. In 2006, people suffering from neurological problems (100%), problems with alcohol or drugs (100%), high blood pressure (96%), and cancer (96%) were the most likely to have seen a doctor for their health condition. Fatigue (94%) and diabetes (91%) were also conditions for which people frequently sought medical attention from a doctor. In 1997, the conditions for which people were most likely to seek medical attention were neurological problems (100%), diabetes (98%), high blood pressure (96%), fatigue (94%), and prostate problems (91%).[10]

On the other hand, respondents in 2006 were less likely to visit a doctor for allergies (37%), arthritis or rheumatism (60%), and frequent headaches (62%). In 1997, the conditions for which respondents were least likely to visit a doctor were problems with alcohol or drugs (34%), head injuries (35%), and allergies (40%).[11]

Those people who received care for their condition in the year prior to the survey in both 2006 and 1997 often felt that care was very or somewhat helpful (81% and 77% on average respectively). Though there were conditions for which every patient suffer-

10 As some of these conditions or therapies have small bases, results must be interpreted with caution for both 2006 and 1997.

11 As some of these conditions or therapies have small bases, results must be interpreted with caution for both 2006 and 1997.

Table 3: Use and Perceived Effectiveness of Conventional Medical Treatment in the 12 Months Preceding June 2006 and 1997, by Condition

Health Condition	1997			2006		
	Have Problem	Saw a Medical Doctor in Past 12 Months (%)*	Found Care Very/ Somewhat Helpful (%)	Have Problem	Saw a Medical Doctor in Past 12 Months (%)*	Found Care Very/ Somewhat Helpful (%)
Heart problems or chest pain	9%	88%	91%	7%	87%	90%
Diabetes	3%	98%	95%	6%	91%	97%
Cancer	2%	89%	100%	2%	96%	100%
Lung problems (asthma, bronchitis, emphysema)	12%	61%	93%	13%	69%	92%
High blood pressure**	13%	96%	100%	18%	96%	93%
Poor circulation in legs**	6%	73%	57%	6%	73%	100%
Digestive system problems (ulcers, inflammatory bowel disease, hepatitis, or constipation)	12%	67%	78%	11%	71%	93%
Bladder problems**	6%	82%	47%	5%	89%	82%
Kidney problems	2%	75%	100%	2%	71%	100%
Prostate problems	2%	91%	86%	2%	82%	93%
Impotence	2%	60%	42%	3%	81%	81%
Gynaecologic or menstrual problems	10%	72%	79%	9%	71%	88%
Neurological problems (stroke, Parkinson's, multiple sclerosis, neuropathy, or seizures)**	1%	100%	35%	2%	100%	65%
Problems related to head injury**	1%	35%	100%	3%	70%	100%
Sprains or strains**	20%	79%	85%	22%	83%	86%
Edema, swelling, or water retention**	6%	72%	52%	8%	86%	100%
Skin or dermatological problems**	15%	86%	74%	18%	71%	87%
Allergies	29%	40%	86%	29%	37%	84%
Episodes of dizziness**	17%	71%	100%	17%	89%	71%
Insomnia**	20%	87%	66%	21%	68%	71%
Fatigue**	32%	94%	61%	24%	94%	65%
Problems with alcohol or drugs	2%	34%	100%	2%	100%	100%
Significant weight problem**	16%	75%	74%	18%	64%	62%
Chronic dental problems**	4%	49%	100%	6%	66%	56%
Arthritis or rheumatism	20%	55%	77%	21%	60%	79%
Back or neck problems	30%	62%	76%	28%	66%	74%
Frequent headaches	16%	63%	72%	14%	62%	72%
Difficulty with routine walking	17%	89%	74%	17%	85%	81%
Average		73%	79%		78%	84%

*Base: Ever seen a medical doctor for problem.

**Unlike other conditions, not all respondents were asked about the presence of these conditions. Thus, they are not included with the other conditions in this table when determining the most common conditions suffered by respondents.

ing from a given condition who sought help was satisfied, in 2006 those seeking care for chronic dental problems (56%), significant weight problems (62%), or fatigue or neurological problems (65%) were least likely to be happy with the care provided by a doctor. In 1997, those suffering from neurological problems (35%), impotence (42%), or bladder problems (47%) were least likely to be happy.[12]

In both 2006 and 1997, most of those suffering from anxiety attacks and/or severe depression did seek medical treatment from their condition.[13] In 2006, they did so most often from a psychiatrist, which was also the case in 1997. The majority of people who sought care from a psychiatrist, psychologist, social worker, or other medical doctor found the treatment helpful in 2006. This was also the case in 1997, with the exception of those suffering from severe depression who saw a psychologist, in which case, only 37 percent of respondents found the treatment helpful.

Use of complementary and alternative therapies

In 2006, nearly three-quarters of Canadians (74%) had used at least one alternative therapy sometime in their lives.[14] (For a description of various complementary and alternative medicines and therapies, see "Appendix B: Descriptions of Select Complementary and Alternative Medicines and Therapies.") This proportion of Canadians is very similar to that in 1997 (73%), suggesting that there has been no change in the overall usage of complementary and alternative medicine or therapies over the past nine years. In 2006, Albertans (84%) were most likely to have used an alternative therapy during their lifetime, followed closely by British Columbians (83%), while Quebecers (67%) and Atlantic Canadians (63%) were least likely to have done so. It is interesting to note the pronounced increase in the usage of alternative medicine or therapies in Alberta since 1997, when it was just 75 percent. In general, in 2006, the usage of alternative therapies decreases moving eastward across the country. Similar patterns were observed in 1997, though in that year British Columbians were most likely (84%) and Quebecers least likely (66%) to have used an alternative therapy during their lifetime. Table 4 gives the proportion of Canadians who have ever used an alternative therapy in their lifetime by type of therapy and region.

In 2006, chiropractic care was the most common type of therapy that Canadians used over their lifetime, with 40 percent having tried it. This was a significant 4 percentage point increase over 1997. Thirty-five percent of Canadians had tried massage by 2006, a significant increase of 12 percentage points from 1997. Relaxation techniques (20%) and prayer (18%) came next on the most commonly tried alternative therapies. However, in both cases, the percentage of Canadians who had tried these therapies had fallen since 1997, though the decreases were not statistically significant. Acupuncture rounded out the five most common therapies used by Canadians over their lifetime, with 17 percent of Canadians having used acupuncture (a statistically significant increase of 5 percentage points from 1997).

12 As some of these conditions or therapies have small bases, results must be interpreted with caution for both 2006 and 1997.

13 Due to differences in the medical services discussed, responses to questions on anxiety attacks and severe depression are not reported in table 3.

14 While differences in the general acceptance of various therapies may mean that some therapies are viewed as less conventional than others (for example, massage therapy is more generally accepted than energy healing), the discussions of complementary and alternative medicine use below do not distinguish between therapies based on how generally they are accepted. Rather, the discussion only presents the results of the survey. The questionnaire used for the survey (originally designed by researchers based at Harvard Medical School and Beth Israel Hospital for use in their pioneering work on alternative medicine use in the United States) did not distinguish between various types of complementary and alternative medicine based on general acceptance.

Table 4: Use of Complementary and Alternative Therapies in Canada in an Individual's Lifetime, by Region, 1997 and 2006 (%)[1]

Therapy	Canada		BC		AB		SK/MB		ON		QC		Atlantic Canada	
	1997	2006	1997	2006	1997	2006	1997	2006	1997	2006	1997	2006	1997	2006
Used at least one therapy in lifetime	73%	74%	84%	83%	75%	84%	79%	78%	73%	75%	66%	67%	69%	63%
Chiropractic care	36%	40%	48%	51%	37%	54%	52%	48%	36%	41%	31%	28%	18%	24%
Massage	23%	35%	37%	44%	29%	46%	27%	38%	20%	33%	20%	32%	14%	20%
Relaxation techniques	23%	20%	31%	26%	27%	24%	23%	20%	22%	21%	20%	15%	22%	21%
Prayer/spiritual practice	21%	18%	24%	23%	22%	22%	26%	20%	21%	17%	16%	15%	27%	21%
Acupuncture	12%	17%	16%	22%	8%	21%	8%	17%	11%	16%	14%	16%	8%	16%
Yoga	10%	16%	21%	20%	7%	20%	9%	13%	10%	17%	7%	12%	8%	9%
Herbal therapies	17%	15%	32%	20%	23%	23%	15%	21%	19%	17%	7%	4%	13%	14%
Special diet programs	12%	10%	15%	8%	12%	11%	21%	10%	11%	13%	10%	8%	10%	9%
Energy healing	7%	9%	10%	15%	7%	13%	3%	8%	8%	10%	5%	6%	6%	7%
Naturopathy	6%	9%	14%	16%	6%	9%	3%	7%	6%	8%	5%	8%	2%	4%
Homeopathy	9%	9%	9%	10%	3%	8%	4%	5%	6%	9%	16%	12%	4%	4%
Folk remedies	12%	9%	20%	15%	11%	13%	19%	10%	11%	9%	7%	4%	15%	4%
Self-help group	8%	9%	14%	10%	5%	10%	11%	10%	9%	9%	4%	7%	9%	9%
Aromatherapy	6%	8%	13%	14%	8%	15%	5%	9%	6%	8%	2%	3%	7%	3%
Imagery techniques	7%	7%	11%	8%	4%	11%	5%	6%	6%	5%	9%	6%	7%	6%
Lifestyle diet	9%	7%	17%	11%	9%	6%	4%	9%	9%	9%	5%	4%	7%	3%
Spiritual or religious healing by others	5%	5%	10%	9%	7%	8%	5%	6%	3%	5%	3%	2%	8%	4%
Hypnosis	5%	4%	10%	7%	4%	7%	4%	6%	5%	4%	3%	3%	3%	3%
Osteopathy	2%	4%	1%	2%	1%	1%	3%	—	1%	1%	3%	11%	—	3%
High dose/mega vitamins	5%	4%	8%	6%	6%	4%	3%	4%	6%	4%	2%	1%	2%	2%
Biofeedback	2%	2%	5%	3%	4%	3%	—	4%	3%	3%	<1%	1%	4%	1%
Chelation	1%	1%	1%	1%	1%	3%	—	1%	1%	<1%	1%	—	1%	1%

[1]In instances where a positive percentage would have rounded to 0 or "–," "<1%" has been substituted.
Note: Due to rounding, percentages do not always sum to total.

On the other hand, spiritual or religious healing by others (5%), hypnosis (4%), osteopathy (4%), high dose/mega vitamins (4%), biofeedback (2%), and chelation (1%) were therapies least tried by Canadians, according to the 2006 survey. This was also the case in 1997.[15]

As was the case in 1997, there were regional variations in the use of complementary and alternative therapies. For example, more than half of Albertans and British Columbians had used chiropractic care versus fewer than one-quarter of Atlantic Canadians. Among other regional variations in 2006 that can be seen in table 4 are that Quebecers were more likely to have used massage than chiropractic care, while Canadians in other regions were more likely to have used chiropractic care; that Quebecers were the most likely to have tried homeopathy (12%); and that Quebecers were far and away the most likely to have tried osteopathy (11%).[16]

Table 5 shows the types of therapies used across Canada in the past 12 months. An examination of the use of alternative therapies over the past year, rather than over Canadians' lifetimes, paints a different picture of the use of complementary and alternative medicine. In 2006, more than one-half (54%) of Canadians used at least one alternative therapy in the year prior to the survey, which was a statistically significant 4 percentage point increase over the rate of use in 1997 (50%).

Focusing on those respondents who have tried various therapies during their lifetime, the use of therapies over the past 12 months was more prevalent in the west, with 68 percent of Albertans (a large increase from 54 percent in 1997) and 64 percent of British Columbians having used such medicines and therapies, compared to 45 percent of Quebecers and 39 percent of Atlantic Canadians. In the 12 months prior to the 2006 survey, the most commonly used complementary and alternative medicines and therapies were massage (19%), prayer (16%), chiropractic care (15%), relaxation techniques (14%), and herbal therapies (10%). Though the top 5 list was the same in 1997, the order was different. As seen in the lifetime use of alternative therapies, there was a sizable increase in the use of yoga in the previous 12 months: from 4 percent in 1997 to 9 percent in 2006.

In the 12 months prior to the 2006 survey, the use of yoga among those who had used it in their lifetimes also increased significantly—from 37 percent in 1997 to 57 percent in 2006. The use of special diet programs in the past 12 months among those who had used diet programs in their lifetimes increased significantly as well, from 27 percent in 1997 to 40 percent in 2006. Use of a given alternative or complementary medicine or therapy among those who had used that therapy in their lifetimes in 2006 was highest for prayer (87%) and relaxation techniques (71%), and lowest for biofeedback (32%) and hypnosis (16%). Past-year use of aromatherapy by those who had used it in their lifetime fell significantly between 1997 (81%) and 2006 (58%). Again, as in 1997, noteworthy differences in use existed among the provinces in 2006 (table 5).[17]

The most likely alternative therapy users over the previous 12 months in 2006 were from the 18 to 34 year old age group (58%). The use of alternative treatments diminished with age, with 49 percent of seniors (65 years and older) having used them during the year prior to the survey. The use of alternative

15 As some of these conditions/therapies have small bases, results must be interpreted with caution for both 2006 and 1997.

16 As some of these conditions/therapies have small bases, results must be interpreted with caution for both 2006 and 1997. Further, differences in the patterns of use between therapies and provinces may not relate solely to the preferences of individuals. Rather, the differences might also be related to differences in insurance coverage of these services. Put simply, it is possible that the differences observed in the use of therapies (both between therapies and between provinces) are at least partly being driven by differences in the marginal cost of services to users as a result of provincial and private insurance coverage decisions.

17 As some of these conditions/therapies have small bases, results must be interpreted with caution for both 2006 and 1997.

Table 5: Use of Complementary and Alternative Therapies in Canada in the 12 Months Preceding the Survey, by Region, 1997 and 2006 (%)[1]

Therapy	Canada*		Canada**		BC**		AB**		SK/MB**		ON**		QC**		Atlantic Canada**	
	1997	2006	1997	2006	1997	2006	1997	2006	1997	2006	1997	2006	1997	2006	1997	2006
Used at least one therapy in past 12 months*	50%	54%	—	—	60%	64%	54%	68%	58%	59%	50%	55%	44%	45%	45%	39%
Massage	12%	19%	51%	55%	52%	52%	42%	57%	62%	59%	51%	56%	52%	58%	46%	30%
Prayer/spiritual practice	18%	16%	85%	87%	93%	94%	81%	92%	84%	93%	83%	86%	85%	83%	87%	81%
Chiropractic care	13%	15%	36%	37%	39%	35%	41%	52%	42%	36%	39%	33%	27%	39%	24%	26%
Relaxation techniques	17%	14%	72%	71%	81%	81%	73%	72%	81%	74%	72%	71%	69%	59%	47%	64%
Herbal therapies	12%	10%	71%	63%	78%	50%	65%	72%	88%	56%	71%	66%	46%	71%	80%	63%
Yoga	4%	9%	37%	57%	47%	53%	30%	51%	34%	67%	38%	66%	22%	48%	42%	45%
Aromatherapy	5%	5%	81%	58%	82%	61%	95%	67%	85%	55%	73%	52%	77%	73%	100%	19%
Energy healing	3%	5%	50%	49%	72%	50%	57%	60%	46%	47%	48%	44%	28%	46%	39%	68%
Acupuncture	2%	4%	22%	25%	31%	32%	28%	30%	—	17%	20%	23%	20%	25%	24%	18%
Folk remedies	6%	4%	50%	47%	46%	46%	67%	63%	51%	49%	57%	44%	23%	39%	61%	44%
Special diet programs	3%	4%	27%	40%	9%	53%	33%	38%	25%	22%	29%	43%	41%	35%	19%	26%
Naturopathy	3%	4%	46%	44%	37%	35%	54%	54%	41%	43%	54%	42%	37%	53%	100%	57%
Lifestyle diet	5%	4%	64%	53%	68%	47%	66%	58%	47%	54%	65%	57%	62%	41%	60%	67%
Imagery techniques	5%	4%	67%	59%	59%	50%	80%	75%	86%	66%	73%	54%	69%	50%	35%	81%
Homeopathy	5%	4%	54%	42%	31%	50%	57%	41%	23%	14%	64%	42%	53%	39%	85%	58%
Self-help group	3%	3%	41%	36%	57%	41%	8%	39%	42%	50%	43%	36%	42%	27%	11%	35%
Spiritual or religious healing by others	2%	2%	54%	48%	45%	53%	51%	57%	19%	48%	89%	47%	52%	58%	35%	—
High dose/mega vitamins	3%	2%	61%	60%	45%	47%	30%	59%	100%	56%	78%	64%	41%	88%	31%	31%
Osteopathy	<1%	1%	28%	36%	—	18%	—	—	—	—	46%	56%	36%	32%	—	59%
Biofeedback	1%	1%	25%	32%	31%	37%	45%	35%	—	35%	15%	35%	—	—	27%	—
Hypnosis	<1%	1%	10%	16%	5%	28%	45%	—	—	11%	10%	19%	8%	19%	—	—
Chelation	<1%	<1%	30%	33%	58%	64%	—	47%	—	—	25%	—	53%	—	—	—

[1]In instances where a positive percentage would have rounded to 0 or "—", "<1%" has been substituted.
*Base: total population.
**Base: those who have used therapies in their lifetimes.
Note: Due to rounding, percentages do not always sum to total.

therapies rose with income: 52 percent of those in the less-than-$20,000-a-year income group used alternative therapies in the 12 months prior to the survey compared to 55 percent of those in the $40,000-to-$59,000 income group, 56 percent of those in the $60,000-to-$79,000 income group, and 61 percent of those in the $80,000+ group. Interestingly, in 2006, alternative therapy use was lower in the $20,000-to-$40,000 income group (47%) than in the less-than-$20,000-a-year group. Alternative therapy use also rose with education: 62 percent of university graduates had used alternative medicines in the year prior to the survey, while 37 percent of those who had not completed high school had done so. The age and education trends are similar to those seen in 1997, while there was no income trend found in the use of therapies in 1997.

Canadians used alternative therapies an average of 8.6 times during the year previous to the 2006 survey, which was similar to their use in 1996/97 (8.7 times). In 2006, British Columbians visited a provider of alternative therapy most often (10.9 times on average), compared to 9.9 in Ontario, 8.8 in Alberta, 6.1 in Quebec, 5.5 in Saskatchewan/Manitoba, and 5.4 in Atlantic Canada. While those aged 18 to 34 were most likely to have used alternative medicine (58%), those aged 35 to 54 were most likely to have seen an alternative therapy provider for their treatment (60 percent compared with 57 percent of 18 to 34 year olds). The use of alternative therapy providers increased with income and with education. The age, income, and education trends are all similar to those seen in the 1997 survey, though in that year Ontarians made the most visits to practitioners, followed by Saskatchewan/Manitoba, BC, Alberta, Quebec, and Atlantic Canada.

Prayer[18] was the most frequently used therapy in 2006, with Canadians making an average of 31.1 visits in the 12 months prior to the survey, followed by yoga (30.0) and relaxation techniques (16.8). The most notable change in frequency of use between 1997 and 2006 occurred in spiritual or religious healing by others, which fell from 71.7 visits in the 12 months prior to the 1997 survey to an average of 9.6 visits in the 12 months prior to the 2006 survey, though this result should be treated with caution given the small base sizes in both years. More reliably, the frequency of visits for prayer (44.8 to 31.1) and yoga (51.6 to 30.0) also fell between 1997 and 2006. The frequency of visits in the past 12 months is shown in table 6.

Table 6 also shows that 90 percent of Canadians who used acupuncture in the past 12 months in 2006, 86 percent of those who received chiropractic care, and 85 percent of those who received osteopathy saw a professional for treatment. (In this context, a professional is defined as someone who is paid for his or her services.) Users of chelation always saw a professional for care in 2006, while slightly less than ⅔ did so in 1997.[19] While the percentage of Canadians seeing a professional for chiropractic care and massage therapy was relatively unchanged from 1997 (88% and 76% respectively), the percentage seeing a professional for acupuncture increased to 90 percent from the 75 percent seen in 1997. Canadians in 2005/06 were also more likely to see a professional for yoga than in 1996/97, despite the fact that they made fewer visits on average. On the other hand, Canadians were least likely to visit a professional for folk remedies (7%), aromatherapy (8%—a sizeable decrease from the 20% seen in 1997), and prayer (9%). The percentage of Canadians seeing a profes-

18 While there is some discussion about whether or not prayer should be included in studies of alternative therapy use, the use of prayer as an alternative therapy was included in the studies published by Eisenberg *et al*., and thus is included in the list of alternative therapies examined in this study.

19 As some of these conditions/therapies have small bases, results must be interpreted with caution for both 2006 and 1997.

Table 6: Use of Alternative Therapy Professionals and Visit Volumes in the 12 Months Preceding 2006 and 1997 Survey Periods, by Therapy

	1997		2006	
	Saw a Professional (%)*	Average Number of Visits per User in Past 12 Months**	Saw a Professional (%)*	Average Number of Visits per User in Past 12 Months**
Chiropractic care	88%	16.4	86%	11.4
Massage	76%	11.8	82%	7.4
Relaxation techniques	13%	9.9	10%	16.8
Prayer/spiritual practice	9%	44.8	9%	31.1
Acupuncture	75%	6.0	90%	8.3
Yoga	14%	51.6	35%	30.0
Herbal therapies	16%	5.8	16%	3.8
Special diet programs	40%	10.7	50%	13.4
Energy healing	28%	21.7	21%	5.4
Naturopathy	39%	4.9	49%	5.6
Homeopathy	27%	2.6	34%	4.4
Folk remedies	7%	1.7	7%	6.4
Self-help group	26%	21.0	35%	15.6
Aromatherapy	20%	5.1	8%	3.8
Imagery techniques	13%	7.1	17%	14.8
Lifestyle diet	12%	1.9	11%	4.2
Spiritual or religious healing by others	38%	71.7	17%	9.6
Hypnosis	34%	1.0	44%	4.7
Osteopathy	60%	3.1	85%	5.3
High dose/mega vitamins	17%	6.3	26%	3.6
Biofeedback	—	—	—	—
Chelation	64%	7.4	100%	3.7

*Base: Used the therapy in past 12 months.
** Base: Have seen a professional for therapy in the past 12 months.

sional for "religious healing by others" also fell noticeably (from 38% to 17%) between 1997 and 2006.

Respondents in 2006 tended to have first used complementary and alternative therapies during their late 20s or early 30s. For example, people typically first tried chiropractic care between ages 27 and 34, depending on the province (national average was age 30), first tried massage between ages 33 and 34 (national average was age 34), first tried relaxation techniques between ages 26 and 33 (national average was age 29), and first tried yoga between ages 27 and 32 (national average was age 31). Acupuncture was one of the few areas in 2006 where starters were typically older than their mid-30s (national average was age 38). Prayer is one therapy typically started at an earlier age: 15 to 19, with a national average of age 18. The patterns of age at first time of use in 2006 are, generally, little changed from those in 1997. Table 7 shows the average age at time of first use of alternative therapies for the 10 most commonly used medicines or therapies (during a lifetime) in both 2006 and 1997.

Most people choosing to use alternative therapies in the 12 months preceding the survey did so for "wellness"—to prevent future illness from occurring or to maintain health and vitality. Unlike in 1996/97, in 2005/06 there was no alternative therapy where all users were using treatments for wellness. In 2005/06,

Table 7: Average Age at Time of First Use of Alternative Therapies for 10 Most Commonly Used Medicines and Therapies (Lifetime 2006), 1997 and 2006

Therapy	Canada		BC		AB		SK/MB		ON		QC		Atlantic Canada	
	1997	2006	1997	2006	1997	2006	1997	2006	1997	2006	1997	2006	1997	2006
Chiropractic care	31	30	30	29	32	28	33	27	30	31	31	32	33	34
Massage	33	34	35	34	32	34	33	33	33	34	31	33	28	34
Relaxation techniques	29	29	29	28	29	28	30	26	29	30	28	29	28	33
Prayer/spiritual practice	18	18	19	18	20	17	22	15	18	18	14	19	14	19
Acupuncture	38	38	42	38	40	39	43	36	38	39	35	38	40	37
Yoga	27	31	25	30	30	32	37	27	27	31	29	30	21	32
Herbal therapies	32	31	32	31	28	32	42	29	31	32	35	27	27	33
Special diet programs	32	34	32	37	29	33	34	31	33	33	32	37	29	33
Energy healing	33	35	33	36	29	31	48	28	36	38	28	33	29	32
Naturopathy	31	34	28	34	32	37	37	30	34	35	29	30	31	38

Base: Ever used the therapy.

92 percent of people using yoga, 87 percent of people using aromatherapy, and 85 percent of people using prayer did so for wellness. On the other hand, only 48 percent of people using acupuncture, 45 percent of people using hypnosis, and 43 percent of people using folk remedies did so for wellness. Table 8 gives the proportion of Canadians using alternative medicine or therapies for wellness.

Overall in 2006, 27 percent of respondents had "total" confidence in their alternative health provider, and 55 percent had "total" or "a lot" of confidence. This compares to 24 percent and 43 percent in 1997 respectively.

Also in 2006, 50 percent of respondents using spiritual or religious healing by others had total confidence in their provider (table 9). The next highest level of provider confidence was among those using homeopathy (46%), followed by users of chiropractic care (44%), and energy healing and prayer for their own healing (41%). The lowest level of provider confidence was among users of self-help groups (14%); followed by users of imagery techniques, naturopathy, and yoga (25%); and users of acupuncture (26%). This was a very different picture from that seen in 1997. In 1997, the highest level of provider confidence was seen in imagery techniques

Table 8: Use of Alternative Medicine or Therapies for Wellness in the Past 12 Months in Canada, by Therapy, 1997 and 2006

	1997	2006
Yoga	86%	92%
Aromatherapy	66%	87%
Prayer/spiritual practice	83%	85%
Special diet programs	77%	83%
Lifestyle diet	87%	83%
Relaxation techniques	84%	81%
Naturopathy	69%	81%
Massage	66%	72%
High dose/mega vitamins	83%	71%
Herbal therapies	72%	70%
Self-help group	74%	67%
Chelation	100%	65%
Biofeedback	100%	64%
Energy healing	64%	63%
Osteopathy	100%	61%
Homeopathy	57%	58%
Imagery techniques	86%	56%
Spiritual or religious healing by others	59%	56%
Chiropractic care	46%	55%
Acupuncture	32%	48%
Hypnosis	78%	45%
Folk remedies	54%	43%

Base: Used therapy in past 12 months.

Table 9: Proportion of Providers who were Medical Doctors and Proportion of Alternative Therapy Users who have Confidence in their Provider, by Therapy, 1997 and 2006

	1997			2006		
	Percent of Providers Who Were Medical Doctors	Users With Total Confidence in Provider	Users With Total/A Lot of Confidence in Provider	Percent of Providers Who Were Medical Doctors	Users With Total Confidence in Provider	Users With Total/A Lot of Confidence in Provider
Chiropractic care	31%	39%	76%	39%	44%	81%
Massage	5%	45%	70%	6%	29%	65%
Relaxation techniques	36%	34%	68%	15%	32%	64%
Prayer/spiritual practice	5%	67%	85%	4%	41%	76%
Acupuncture	24%	50%	72%	33%	26%	61%
Yoga	0%	37%	59%	2%	25%	66%
Herbal therapies	23%	25%	65%	16%	33%	61%
Special diet programs	33%	26%	50%	17%	30%	70%
Energy healing	0%	19%	39%	8%	41%	63%
Naturopathy	8%	15%	89%	26%	25%	65%
Homeopathy	17%	32%	85%	20%	46%	76%
Folk remedies	0%	31%	78%	70%	40%	70%
Self-help group	37%	35%	57%	27%	14%	54%
Aromatherapy	0%	18%	66%	0%	34%	55%
Imagery techniques	16%	71%	100%	57%	25%	38%
Lifestyle diet	89%	10%	50%	17%	30%	89%
Spiritual or religious healing by others	0%	62%	73%	0%	50%	75%
Hypnosis	0%	0%	0%	31%	35%	35%
Osteopathy	0%	34%	66%	0%	39%	86%
High dose/mega vitamins	100%	12%	12%	31%	30%	79%
Biofeedback	NA	NA	NA	NA	NA	NA
Chelation	55%	0%	100%	35%	35%	35%

Base: Saw professional in past 12 months.

(71%), followed by prayer (67%), and spiritual healing by others (62%). The lowest levels of confidence in 1997 were seen in hypnosis and chelation (0%), followed by lifestyle diets (10%), and high dose/megavitamin therapy (12%).[20]

Table 9 also shows whether the provider of the alternative therapy was a medical doctor. In 2006, medical doctors were most common as providers of folk remedies (70%) and imagery techniques (57%), while none of the providers of aromatherapy, spiritual healing by others, and osteopathy were medical doctors. Again, this is much changed from 1997, when all providers of high dose/mega vitamin therapy were doctors and 89 percent of lifestyle diet practitioners were doctors, and where none of the providers of yoga, energy healing, folk remedies,

20 As some of these conditions/therapies have small bases, results must be interpreted with caution for both 2006 and 1997.

Table 10: Top 3 Health Conditions Treated by Therapy for the 10 Most Commonly Used Therapies (Lifetime, 2006), 1997 and 2006

	1997		2006	
	Condition	Percent of Respondents	Condition	Percent of Respondents
Chiropractic care	Back or neck problems	75%	Back or neck problems	61%
	Frequent headaches	6%	Back problems/back pain	7%
	General overall health and back problems/back pain	4%	Joint problems	7%
Massage	Back or neck problems	42%	Back or neck problems	39%
	Relaxation	12%	Relaxation	8%
	Stress	8%	Muscle pulls/problems	6%
Relaxation techniques	Stress	22%	Stress	13%
	General overall health	14%	Back or neck problems	10%
	Relaxation	14%	Anxiety attacks	9%
Prayer/spiritual practice	General overall health	29%	General overall health	18%
	Mental health problems	7%	Back or neck problems	5%
	Back or neck problems	6%	Severe depression and spiritual health	5%
Acupuncture	Back or neck problems	30%	Back or neck problems	30%
	Frequent headaches	13%	Joint problems	11%
	Arthritis or rheumatism	8%	Any sprains or strains	10%
Yoga	General overall health	19%	Back or neck problems	14%
	Back or neck problems	18%	General overall health	13%
	Relaxation	15%	Relaxation	8%
Herbal therapies	Colds/flu	20%	Colds/flu	14%
	General overall health	18%	General overall health	11%
	Digestive system problems	9%	Arthritis or rheumatism	10%
Special diet programs	Weight problem	54%	Weight problem	28%
	General overall health	8%	Diabetes	8%
	Lung problems	5%	General overall health	6%
Energy healing	Back or neck problems	11%	Arthritis or rheumatism	20%
	General overall health	11%	Back or neck problems	16%
	Arthritis or rheumatism	11%	General overall health	10%
Naturopathy	General overall health	16%	General overall health	10%
	Colds/flu	15%	Arthritis or rheumatism	9%
	Digestive system problems	11%	Any allergies and problems with fatigue and colds or flu	7%

Base: Used therapy in past 12 months.

aromatherapy, spiritual healing by others, hypnosis, and osteopathy were doctors.

Table 10 shows the top three health conditions treated by the 10 most commonly used complementary and alternative therapies (in an individual's lifetime in the 2006 survey) for both 1997 and 2006. In 2006, 61 percent of respondents who used chiropractic care in the 12 months prior to the survey used it for back or neck problems, a decrease from 75 percent in 1997. At the same time, 4 percent used it for headaches (compared to 6 percent in 1997) and 3 percent for general overall health (4 per-

cent in 1997). Thirty-nine percent of respondents chose massage therapy for back or neck problems (compared to 42 percent in 1997), while 8 percent chose it for relaxation (down from 12 percent in 1997) and 6 percent for muscle pulls (same as in 1997). In 1997, prayer, yoga, naturopathy, imagery techniques, lifestyle diets, spiritual healing by others, high dose/mega vitamins, and chelation therapy were used most often for general health. In 2006, that list included only prayer, naturopathy, lifestyle diets, and high dose/mega vitamins.

Table 11 shows which alternative therapies were used for the 10 most common medical conditions reported. As was discussed previously, allergies (29%), back and neck problems (28%), and arthritis and rheumatism (21%) were the most common ailments suffered by respondents in 2006. In 2006, massage therapy, prayer, and relaxation techniques were the therapies most commonly used by respondents reporting one of the 10 most common medical conditions. In 1997, prayer, relaxation techniques and chiropractic care were most commonly used by respondents reporting one of these medical conditions.

Children's use of complementary and alternative therapies

In 2006, 15 percent of households with children under the age of 18 used alternative medicine for their children in the 12 months prior to the survey. This compares to 17 percent in 1997—a change that is not statistically significant. As shown in table 12, the

Table 11a: Use of Alternative Therapy for the 10 Most Frequently Reported Principal Medical Conditions, 2006

Rank	Condition	Percent Reporting Condition	Percent Using Alternative Therapy in Past 12 Months*	Percent Who Saw a Provider in Past 12 Months*	3 Most Commonly Used Alternative Therapies
1	Allergies	29%	62%	34%	Massage Therapies, Prayer, Relaxation Techniques
2	Back or Neck Problems	28%	71%	47%	Massage Therapies, Chiropractic Care, Prayer
3	Arthritis or Rheumatism	21%	61%	31%	Prayer, Massage Therapies, Chiropractic Care
4	Difficulty with Routine Walking	17%	64%	39%	Prayer, Massage Therapies, Chiropractic Care
5	Frequent Headaches	14%	70%	41%	Prayer, Massage Therapies, Relaxation Techniques
6	Lung Problems	13%	63%	33%	Prayer, Relaxation Techniques, Massage Therapies
7	Digestive Problems	11%	64%	39%	Prayer, Massage Therapies, Relaxation Techniques
8	Gynaecological Problems	9%	66%	40%	Massage Therapies, Relaxation Techniques, Prayer
9	Anxiety Attacks	9%	72%	45%	Relaxation Techniques, Prayer, Massage Therapies
10	Heart Problems or Chest Pain	7%	60%	30%	Prayer, Relaxation Techniques, Massage Therapies

*Percentages are of those who reported the condition. Provider denotes a provider of care who is not a medical doctor.

Table 11b: Use of Alternative Therapy for the 10 Most Frequently Reported Principal Medical Conditions, 1997

Rank	Condition	Percent Reporting Condition	Percent Using Alternative Therapy in Past 12 Months*	Percent Who Saw a Provider in Past 12 Months*	Three Most Commonly Used Alternative Therapies
1	Back or Neck Problems	30%	71%	41%	Chiropractic Care, Prayer, Relaxation Techniques
2	Allergies	29%	60%	30%	Relaxation Techniques, Prayer, Chiropractic Care
3	Arthritis or Rheumatism	20%	60%	27%	Prayer, Relaxation Techniques, Chiropractic Care
4	Difficulty with Routine Walking	17%	67%	31%	Prayer, Relaxation Techniques, Chiropractic Care
5	Frequent Headaches	16%	65%	34%	Prayer, Relaxation Techniques, Massage Therapies
6	Lung Problems	12%	63%	34%	Prayer, Relaxation Techniques, Herbal Therapies
7	Digestive Problems	12%	63%	32%	Prayer, Massage Therapies, Chiropractic Care
8	Gynaecological Problems	10%	70%	36%	Relaxation Techniques, Prayer, Chiropractic Care
9	Anxiety Attacks	9%	69%	30%	Prayer, Relaxation Techniques, Massage Therapies, Herbal Therapies
10	Heart Problems or Chest Pain	9%	59%	26%	Prayer, Relaxation Techniques, Chiropractic Care

*Percentages are of those who reported the condition. Provider denotes a provider of care who is not a medical doctor.

therapies most widely used by children in 2005/06 include chiropractic care (43%), herbal therapies (22%), and massage (21%). In 1996/97, the most commonly used therapies for children were chiropractic care (39%), herbal therapies (29%), and homeopathy (21%).

In 2006, more children used herbal therapies, homeopathy, naturopathy, acupuncture, folk remedies, energy healing, spiritual healing by others, osteopathy, yoga, and high dose/mega vitamins to treat an illness than to maintain wellness. On the other hand, chiropractic care, massage, prayer, lifestyle diets, relaxation techniques, aromatherapy, imagery techniques, special diet programs, and self help groups were used more often for maintaining wellness in 2006. While there have been changes in the use and application of alternative therapies among children between 1997 and 2006, there are no consistent trends to note.

Conventional and alternative providers of care

Figure 3 shows the percentages of respondents in 1997 and 2006 who saw a medical doctor or an alternative therapy provider (some saw both) for treatment of the 10 most common conditions in each year. In most instances, a higher proportion of respondents saw a medical doctor for their condition. This is similar to the 1997 findings, though in that year there were no cases where a higher proportion of respondents saw an alternative therapy provider.

Doctors, therefore, are still the main health care providers for Canadians. In fact, in 2006, almost half (48%) of respondents saw a doctor before turning to a provider of alternative therapy, compared to 17 percent who saw an alternative therapy provider first. This is virtually unchanged from 1997. In 2006,

Table 12: Proportion of Children who used Alternative Medicine or Therapy in the 12 Months Prior to the Survey Among Households with Children, 1997 and 2006

	1997				2006			
	Have Used It	Reasons for Using Therapy*			Have Used It	Reasons for Using Therapy*		
		Treat an Illness	Maintain Wellness	Both		Treat an Illness	Maintain Wellness	Both
Chiropractic Care	39%	48%	22%	31%	43%	33%	41%	27%
Herbal therapies	29%	33%	34%	33%	22%	34%	30%	37%
Massage	16%	37%	33%	30%	21%	25%	58%	13%
Homeopathy	21%	38%	16%	47%	20%	42%	22%	36%
Prayer/spiritual practice	16%	12%	45%	44%	15%	11%	59%	24%
Naturopathy	5%	16%	53%	31%	14%	37%	24%	39%
Lifestyle diet	16%	—	67%	29%	10%	9%	82%	8%
Acupuncture	2%	48%	—	52%	10%	36%	—	64%
Folk remedies	17%	78%	6%	16%	10%	56%	—	45%
Relaxation techniques	17%	10%	57%	33%	8%	12%	67%	22%
Aromatherapy	5%	31%	56%	13%	8%	11%	67%	22%
Energy healing	1%	—	—	100%	7%	36%	26%	38%
Imagery techniques	6%	19%	29%	53%	6%	13%	59%	28%
Spiritual or religious healing by others	4%	—	40%	45%	5%	48%	17%	35%
Osteopathy	3%	33%	—	34%	5%	37%	22%	41%
Yoga	4%	27%	73%	—	4%	81%	—	20%
High dose/mega vitamins	3%	32%	—	68%	4%	43%	33%	23%
Biofeedback	—	—	—	—	4%	21%	21%	57%
Special diet programs	2%	—	100%	—	2%	—	100%	—
Self-help group	2%	—	64%	36%	1%	—	100%	—
Hypnosis	—	—	—	—	—	—	—	—
Chelation	—	—	—	—	—	—	—	—

Note: Cells may not sum to 100 percent due to rounding and the exclusion of "don't know/not sure."
*Among children under 18 years who have ever used the therapy.

32 percent saw both a provider and doctor concurrently (up from 26 percent in 1997), while 3 percent said that which medical provider they visited first depended on their medical condition (down from 8 percent in 1997).

On average, 53 percent of respondents in 2006 (down slightly from 56 percent in 1997) had not discussed their use of alternative medicine with their doctor. As shown in table 13, users of self-help groups, lifestyle diets, special diet programs, high dose/mega vitamins, homeopathy, and spiritual healing by others were more likely than not to have discussed their use of alternative therapy with their doctor in 2006. In 1997, users of self-help groups, lifestyle diets, spiritual healing by others, osteopathy, chiropractic care, energy healing, and folk remedies were more likely than not to discuss their use of alternative therapy with their doctor.

The reasons for patients not having a discussion with their doctor about their use of alternative thera-

Figure 3: Percent of Respondents With a Medical Condition Seeing a Medical Doctor or Other Provider for Conventional or Alternative Medical Care, 10 Most Common Conditions, 1997 and 2006

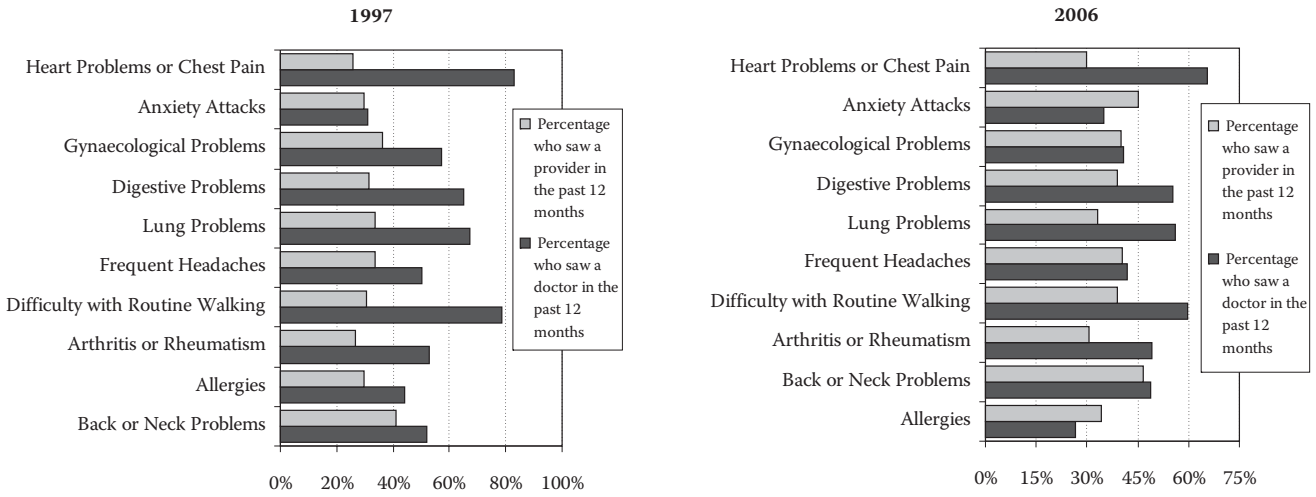
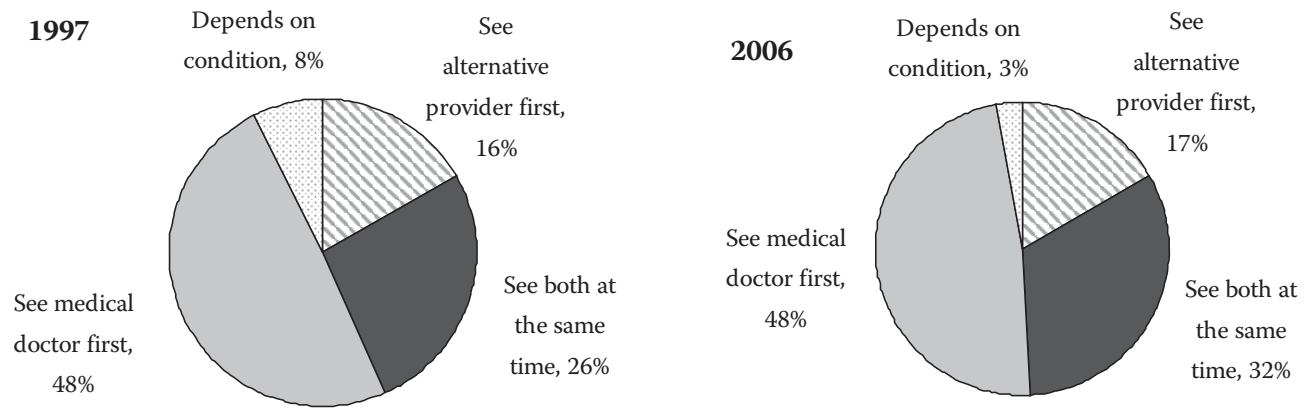


Figure 4: Order of Accessing Health Care Providers, 1997 and 2006



Note: Categories may not sum to 100% due to rounding and the omission of "don't know/not sure."

pies varied. Respondents were given a list of possible explanations (shown in table 14) as to why people in general would not discuss alternative therapy use with their doctor, and were asked whether these explanations applied to them—respondents were allowed to opt for more than one explanation. In 2006, 61 percent of respondents (up from 53 percent in 1997) thought it was not important for their doctor to know about it. Fifty-six percent of respondents (up slightly from 54 percent in 1997) said that the reason "doctor never asked about these therapies" applied to them. Thirty-one percent of respondents in 2006 (down from 39 percent in 1997) felt that it was none of their doctor's business. Only 11 percent were concerned that the doctor would disapprove or not understand (down from 22 percent and 17 per-

Table 13: Proportion of Users Who Have Discussed Specific Therapies With Their Medical Doctors, by Alternative Therapy, 1997 and 2006

	1997	2006
Self-help group	100%	100%
Lifestyle diet	100%	78%
Special diet programs	33%	71%
High dose/mega vitamins	—	62%
Homeopathy	20%	57%
Spiritual or religious healing by others	73%	53%
Hypnosis	0%	50%
Osteopathy	100%	50%
Yoga	46%	49%
Massage	44%	47%
Prayer/spiritual practice	32%	46%
Acupuncture	44%	45%
Chiropractic care	51%	43%
Relaxation techniques	36%	42%
Herbal therapies	40%	38%
Imagery techniques	0%	32%
Energy healing	54%	28%
Naturopathy	42%	27%
Folk remedies	100%	0%
Aromatherapy	0%	0%
Chelation	0%	0%
Biofeedback	—	—

Base: Those whose alternative medicine providers were not medical doctors.

Table 14: Reasons For Not Discussing Certain Therapies With a Medical Doctor

	1997	2006
Thought it was not important for my doctor to know about it	53%	61%
Doctor never asked about these therapies	54%	56%
Thought it was none of my doctor's business	39%	31%
Thought the doctor would disapprove	22%	11%
Thought the doctor would not understand	17%	11%
Thought the doctor would discourage me	21%	10%
Thought the doctor might not continue as my provider	6%	2%

Base: Those whose alternative medicine providers were not medical doctors.

cent respectively in 1997), 10 percent felt that the doctor would discourage them if told (down from 21 percent), and 2 percent (down from 6 percent in 1997) said that the doctor might not continue as their provider.

Attitudes toward complementary and alternative medicine and therapies

As table 15 shows, 74 percent of Canadians in 2006 who had ever used an alternative therapy did so because they believed that using alternative medicine together with conventional medicine was better than using either alone. This was slightly higher than the 72 percent who felt this way in 1997. The support for that belief was 70 percent or higher in every region except in Quebec, where only 69 percent of respondents agreed. There was a marked increase in support for this belief in Atlantic Canada, going from 59 percent in 1997 to 80 percent in 2006.

In 2006, nearly half of Canadians (49 percent, up significantly from 37 percent in 1997) felt that alternative providers of care spent more time with them than doctors did. Responses in this category in 2006 ranged from a low of 42 percent in Quebec to a high of 57 percent in British Columbia. The percent of respondents who felt this way in 2006 was higher than in 1997 in all regions.

Almost half of Canadians in 2006 (48 percent, up from 47 percent in 1997) used alternative therapies because they experienced real and prompt physical relief from alternative medicine in contrast to what they experienced from conventional care. The lowest proportion of Canadians who felt this way was in Ontario (41%), while British Columbians (62%) were most likely to have had this experience. There was an increase in the percentage of Canadians who felt this way between 1997 and 2006 in all regions except Ontario and Quebec.

Table 15: Reasons For Using Alternative Therapies, by Region, 1997 and 2006 (%)

Therapy	Canada		BC		AB		SK/MB		ON		QC		Atlantic Canada	
	1997	2006	1997	2006	1997	2006	1997	2006	1997	2006	1997	2006	1997	2006
Using both conventional and alternative therapies is better than using either one alone	72%	74%	79%	78%	71%	77%	77%	74%	70%	74%	72%	69%	59%	80%
Alternative provider spends more time with me than my conventional medical doctor	37%	49%	41%	57%	28%	54%	27%	51%	39%	48%	38%	42%	41%	46%
Experience real and prompt physical relief from alternative therapies in contrast to visits for conventional care	47%	48%	45%	62%	45%	51%	51%	58%	43%	41%	59%	44%	39%	46%
Alternative medicine providers are better listeners than conventional medical doctors	31%	35%	39%	37%	15%	36%	23%	42%	28%	31%	40%	37%	24%	31%
Alternative medicine providers offer a more understandable and useful explanation of medical problems than conventional medical doctors	37%	30%	44%	29%	17%	32%	30%	28%	37%	32%	40%	28%	41%	20%
Alternative therapies are superior to conventional therapies	20%	16%	28%	18%	19%	13%	15%	25%	14%	14%	28%	16%	13%	16%

Base: Those who have ever used an alternative therapy.

Table 16: Attitudes Towards Alternative Medicine, by Region, 1997 and 2006

	Canada		BC		AB		SK/MB		ON		QC		Atlantic	
	1997	2006	1997	2006	1997	2006	1997	2006	1997	2006	1997	2006	1997	2006
Conventional medicine does not have all the answers to our health problems	77%	76%	85%	79%	76%	78%	69%	74%	77%	77%	78%	73%	69%	79%
Alternative medicine has been used for centuries in other countries; there must be something good about it	74%	68%	78%	73%	73%	74%	69%	67%	73%	68%	76%	64%	71%	66%
Just because alternative medicine hasn't been scientifically tested and approved by Canadian and provincial medical bodies doesn't mean it isn't effective	69%	67%	84%	65%	60%	77%	71%	63%	70%	65%	64%	63%	62%	55%
When it comes to my health, I don't like to try anything new that hasn't been proven	53%	52%	46%	47%	44%	44%	53%	53%	52%	52%	55%	56%	59%	64%
I like alternative medicine because it takes my whole lifestyle into consideration rather than just my physical well-being	46%	45%	54%	42%	37%	51%	45%	46%	42%	42%	53%	47%	37%	36%
If my doctor doesn't recommend I use alternative medicine, I'm not going to try it	35%	36%	22%	31%	29%	25%	40%	30%	40%	38%	37%	37%	41%	45%
I just don't know enough about alternative medicine to want to try it	44%	42%	42%	33%	29%	33%	43%	31%	45%	39%	45%	43%	50%	48%
I don't think alternative medicine works	18%	20%	14%	23%	18%	15%	11%	24%	19%	18%	22%	25%	21%	30%

Base: All respondents.
Note: Percentages are those who agree with each statement, or all who rated their level of agreeement as 5, 6, or 7 on a 7-point scale where "1" means "completely disagree," and "7" means "completely agree."

Thirty-five percent of Canadians, ranging from 31 percent in Ontario and Atlantic Canada to 42 percent in Saskatchewan/Manitoba, felt that providers of alternative medicine are better listeners than medical doctors. This was an increase in the national average, which was 31 percent in 1997. Thirty percent of Canadians felt that alternative providers offered a more understandable and useful explanation of medical problems than conventional doctors, ranging from a high of 32 percent in Alberta and Ontario to a low of 20 percent in Atlantic Canada. There were large shifts in this category between 1997 and 2006.

Finally, 16 percent of Canadians (down from 20 percent in 1997) felt that alternative therapies are superior to conventional therapies. As was the case with the comprehensiveness of explanations, there were significant shifts between 2006 and 1997 in this category as well.

Despite only 16 percent of users feeling that alternative therapies are superior to conventional therapies in 2006, 76 percent of Canadians agreed that conventional medicine does not have "all of the answers" to health problems, and 68 percent agreed that since alternative medicine has been used for centuries in other countries "there must be something good about it." Sixty-seven percent also agreed in 2006 that just because alternative medicines have not been scientifically tested and approved by Canadian and provincial medical bodies does not mean that they are not effective. These results are shown in table 16. Similar trends were seen in 1997.

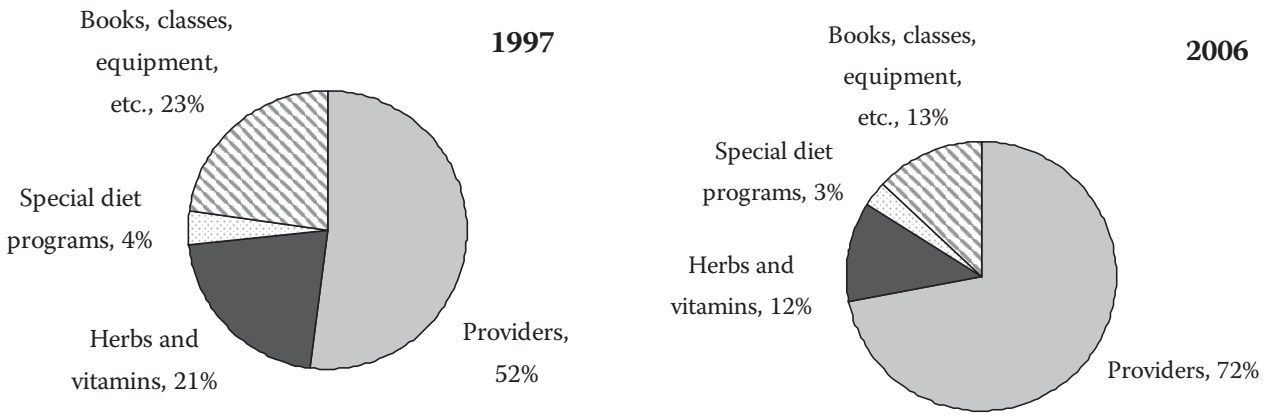
Generally, British Columbians and Albertans were the most receptive and open towards alternative medicine while residents of Atlantic Canada tended to be the most sceptical or cautious in 2006. Importantly, this latter result could be the result of attitudes about health in general: 64 percent of Atlantic Canadians agreed with the statement "when it comes to my health, I don't like to try anything that hasn't been proven," as compared to 56 percent of Quebecers, 52 percent of Ontarians, 53 percent of residents of Saskatchewan/Manitoba, 44 percent of Albertans, and 47 percent of British Columbians. Atlantic Canadians were also the most likely to agree with the statement that "if my doctor doesn't recommend I use alternative medicine, I'm not going to try it." Forty-five percent of Atlantic Canadians agreed with this statement, compared with 25 percent of Albertans, 31 percent of British Columbians, and a Canadian average of 36 percent. These trends are all similar to those seen in 1997, with the notable exception of a seemingly greater acceptance of and openness towards alternative therapies in Alberta (table 16).

National projections of use and expenditures

The survey data indicate that 54 percent of Canadians used alternative medicine in 2005/06. This compares to 50 percent of Canadians in 1996/97. Put another way, in 2005/06 there were more than 17.6 million people spending their own money, in addition to their taxes (which mainly go toward conventional modes of health care), on complementary and alternative medicine. This is in addition to the monies spent both privately and through tax-funded sources on conventional medicine, including pharmaceuticals, dental care, and conventional medical treatment by physicians and hospitals.

While respondents who used chiropractic care reported that about 72 percent of the costs were covered by health insurance in 2006 (down slightly from 75 percent in 1997), insurance coverage was below 10 percent for respondents using high dose/mega vitamins (8% versus 12% in 1997), relaxation (8% versus 9% in 1997), folk remedy (7% versus 4% in 1997), lifestyle diet (7% versus 11% in 1997), herbal therapies (5% versus 2% in 1997), energy healing (3% versus 7% in 1997), yoga (2% versus 0% in 1997), aromatherapy (0% versus 5% in 1997), biofeedback (0% versus 0% in 1997), and chelation (0% versus 35% in 1997). Between 1997 and 2006, the costs of mas-

Figure 5: Breakdown of Alternative Medicine Expenditures Per Capita



sage therapy covered by insurance rose 21 percentage points (36% to 57%). Coverage for acupuncture, homeopathy, imagery techniques, and self help groups also increased notably between 1997 and 2006.

The profile of average out of pocket expenditure on alternative medicines per capita has changed a great deal between 1997 and 2006. In 2006, alternative therapy providers were the major expenditure component, making up 72 percent of average per capita expenditure. Books, classes, equipment, etc., was the next largest category at 13 percent, with herbs and vitamins only slightly smaller at 12 percent. Expenditures on special diets were the smallest expenditure per capita at just 3 percent.

While the relative rankings of the four categories are unchanged from 1997, the proportions are different. As in 2006, alternative therapy providers was the major component of average per capita expenditure in 1997 but was only 52 percent of total average per capita spending. In 1997, books, classes, etc. made up 23 percent of spending, herbs and vitamins 21 percent, and special diets 4 percent. Figure 5 illustrates the breakdown of average per capita expenditures on complementary and alternative therapies.

The change between 1997 and 2006 in the share of spending on providers reflects the finding that average out of pocket expenses on providers over the past 12 months for most alternative therapies have increased relative to 1997. For example, average spending on chiropractic care increased from $234 in 1997 to $242 in 2006, massage therapy increased from $211 in 1997 to $365 in 2006, and herbal therapy increased from $140 in 1997 to $235 in 2006.[21] At the same time, while spending on herbs and vitamins has increased notably since 1997 ($335 in 2006 compared to $198 in 1997 after accounting for inflation), spending on special diet programs and books, classes, etc. has fallen since 1997.

Tables 17a and 17b show how the average expenditure data from the survey results was extrapolated to the Canadian population. The first column shows the number of respondents who spent money on a particular alternative therapy; the second column indicates what proportion of all survey respondents (2,000 in 2006 and 1,500 in 1997) each group represents. For example, 60 users of acupuncture were responsible for some part of the costs of their treatment by a professional provider during the latter half of 2005 and first half of 2006, which represents 3.0

21 Spending figures for 1997 are shown in 2006 dollars (adjusted from 1997 to 2006 dollars using Statistics Canada's CPI).

Table 17a: Estimates of the National Expenditure on Alternative Therapies in Canada, 2006

Alternative Therapy	Number of Users Who Spent Money on Alternative Therapies in Past Year	Proportion of Total Respondent Sample (Users and Non-Users)	Mean Annual Expenditure ($)	Canadian Population (2006)*	Projected Canadian Expenditure (col. 3 x col. 4 x col. 5)
Chiropractic care	211	10.6%	$242	32,623,490	$832,910,323
Massage	248	12.4%	$365	32,623,490	$1,476,539,157
Relaxation techniques	55	2.8%	$166	32,623,490	$148,926,232
Prayer/spiritual practice	N/A	N/A	N/A	32,623,490	N/A
Acupuncture	60	3.0%	$317	32,623,490	$310,249,390
Yoga	84	4.2%	$574	32,623,490	$786,487,097
Herbal therapies	105	5.3%	$235	32,623,490	$402,492,308
Special diet programs	55	2.8%	$510	32,623,490	$457,544,447
Energy healing	22	1.1%	$182	32,623,490	$65,312,227
Naturopathy	30	1.5%	$356	32,623,490	$174,209,437
Homeopathy	23	1.2%	$416	32,623,490	$156,070,776
Folk remedies	29	1.5%	$179	32,623,490	$84,674,268
Self-help group	10	0.5%	$214	32,623,490	$34,907,134
Aromatherapy	36	1.8%	$81	32,623,490	$47,565,048
Imagery techniques	9	0.5%	$267	32,623,490	$39,197,123
Lifestyle diet	25	1.3%	$570	32,623,490	$232,442,366
Spiritual healing by others	N/A	N/A	N/A	32,623,490	N/A
Hypnosis	4	0.2%	$253	32,623,490	$16,507,486
Osteopathy	15	0.8%	$220	32,623,490	$53,828,759
High dose/mega vitamins	25	1.3%	$783	32,623,490	$319,302,408
Biofeedback	1	0.1%	$50	32,623,490	$815,587
Chelation	2	0.1%	$196	32,623,490	$6,394,204
Herbs and vitamins	169	8.5%	$335	32,623,490	$923,489,443
Special diet programs	68	3.4%	$221	32,623,490	$245,132,904
Books, classes, etc.	233	11.7%	$269	32,623,490	$1,022,371,241
Totals					
Provider costs (acupuncture, chiropractic, etc.)					$5,646,375,779
Other costs (herbs, vitamins, diet programs, books, etc.)					$2,190,993,588
Total spending on complementary and alternative health care					$7,837,369,367

*From CANSIM table 0051-0001.

Table 17b: Estimates of the National Expenditure on Alternative Therapies in Canada, 1997 (in 2006 $)

Alternative Therapy	Number of Users Who Spent Money on Alternative Therapies in Past Year	Proportion of Total Respondent Sample (Users and Non-Users)	Mean Annual Expenditure ($)**	Canadian Population (1997)*	Projected Canadian Expenditure (col. 3 x col. 4 x col. 5)
Chiropractic care	149	9.9%	$234	29,907,172	$695,775,236
Massage	102	6.8%	$211	29,907,172	$429,654,327
Relaxation techniques	64	4.3%	$123	29,907,172	$157,130,725
Prayer/spiritual practice	N/A	N/A	N/A	29,907,172	N/A
Acupuncture	20	1.3%	$229	29,907,172	$91,467,028
Yoga	16	1.1%	$93	29,907,172	$29,654,573
Herbal therapies	89	5.9%	$140	29,907,172	$248,501,472
Special diet programs	31	2.1%	$284	29,907,172	$175,351,920
Energy healing	14	0.9%	$235	29,907,172	$65,711,838
Naturopathy	12	0.8%	$214	29,907,172	$51,125,254
Homeopathy	24	1.6%	$150	29,907,172	$71,633,125
Folk remedies	25	1.7%	$74	29,907,172	$36,707,162
Self-help group	10	0.7%	$309	29,907,172	$61,619,892
Aromatherapy	25	1.7%	$221	29,907,172	$110,121,487
Imagery techniques	9	0.6%	$1,486	29,907,172	$266,674,526
Lifestyle diet	28	1.9%	$171	29,907,172	$95,703,395
Spiritual healing by others	N/A	N/A	N/A	29,907,172	N/A
Hypnosis	1	0.1%	$60	29,907,172	$1,203,514
Osteopathy	3	0.2%	$29	29,907,172	$1,733,059
High dose/mega vitamins	25	1.7%	$354	29,907,172	$176,314,731
Biofeedback	0	0.0%	$—	29,907,172	$0
Chelation	1	0.1%	$1,207	29,907,172	$24,070,270
Herbs and vitamins	290	19.3%	$198	29,907,172	$1,144,782,060
Special diet programs	43	2.9%	$254	29,907,172	$217,354,542
Books, classes, etc.	203	13.5%	$302	29,907,172	$1,221,566,223
Totals					
Provider costs (acupuncture, chiropractic, etc.)					$2,790,153,534
Other costs (herbs, vitamins, diet programs, books, etc.)					$2,583,702,825
Total spending on complementary and alternative health care					$5,373,856,359

*From CANSIM Table 0051-0001.

**Spending figures are shown in 2006 dollars (adjusted from 1997 to 2006 dollars using Statistics Canada's CPI).

percent of the 2,000 total respondents. The average spent during the same time on acupuncture services was $317. Thus, the projected Canadian expenditure (the product of the percent of respondents, their average expenditure, and the Canadian population) is $310,249,390.

Using this method, the projected total out of pocket expenditure on providers of alternative therapy in Canada during the latter half of 2005 and first half of 2006 is more than $5.6 billion, compared to nearly $2.8 billion in 1996/97. In the latter half of 2005 and first half of 2006, Canadians are also estimated to have spent more than $923 million on herbs and vitamins (more than $1.14 billion in 1996/97), more than $245 million on special diet programs (more than $217 million in 1996/97), and more than $1 billion on books, classes, equipment, etc. (more than $1.2 billion in 1996/97). In total, Canadians spent an estimated $7.84 billion on complementary and alternative medicines and therapies in the latter half of 2005 and first half of 2006. This is a considerable increase over the $5.37 billion estimated to have been spent in the 12 months prior to the 1997 survey.[22]

Policy variables

When respondents were asked about how to pay for alternative care through government funding, if alternative care were to be paid for by governments, the most popular option in both 1997 and 2006 was the diversion of funding from other parts of the health care system into alternative therapies (34 percent in 2006 and 39 percent in 1997). The least popular method of funding in 2006 was from other ministry budgets (21%), while the least popular method in 1997 was borrowing money (19%). Table 18 breaks down the levels of support for the financing of alternative health care from current health budgets, from other ministry budgets, from an increase in taxes, and from an increase in government borrowing.

Respondents were then asked whether they would prefer to have alternative therapies covered by the provincial health plan or paid for by individuals. Despite the large out of pocket expenses that Canadians are incurring to use complementary and alternative medicine, the majority believe that it should be covered privately and not be included in provincial health plans (59 percent in 2006 and 58 percent in 1997).[23] The most support for private payment of alternative therapies was from the 18- to 34-year-old age group (62%)—the group which, as noted earlier, was more likely to use alternative therapies. This was also the case in 1997.

Regionally, support for private payment in 2006 was strongest in Quebec and Saskatchewan/Manitoba (66%), and weakest in Atlantic Canada (50%). This is a notable change from 1997 when support was strongest in Atlantic Canada (71%) and weakest in British Columbia (48%).

The groups least likely to support private payment for alternative therapies in their separate demographic categories in 2006 were those with a high school education (53%), those with an annual income under $30,000 (50%), and those aged 45 to 64 (57%). Note that the majority in two of the three groups was still supportive of private funding. This is similar to the 1997 finding, though in that year those with less than a high school education were less likely to support private payment (49%) than those with a high school education (56%).

With respect to what should be covered by provincial health insurance plans, 39 percent of respondents in 2006 felt that these decisions should be made by all health care providers, both alternative

22 Spending figures for 1997 are shown in 2006 dollars (adjusted from 1997 to 2006 dollars using Statistics Canada's CPI).

23 The interesting results in this data could be, to some extent, a function of sequencing. In other words, the fact that respondents were asked about how these services should be paid for if funded by provincial governments before they were asked about whether or not such services should be privately or publicly funded could have had an effect on how they answered this question.

Table 18: Support for Various Public Financing Arrangements for Alternative Therapies, by Region, Age, Education, and Income, 1997 and 2006

	The current health budget, even if it means less money for conventional health care		Other ministry budgets, even if it means less spending in these areas		An increase in taxes		Borrowing money	
	1997	2006	1997	2006	1997	2006	1997	2006
All Respondents	39%	34%	20%	21%	24%	25%	19%	23%
Region								
BC	47%	38%	20%	21%	35%	29%	22%	26%
AB	42%	35%	15%	19%	29%	21%	16%	26%
SK/MB	36%	25%	18%	21%	24%	18%	26%	20%
ON	41%	38%	19%	24%	25%	30%	19%	26%
QC	37%	29%	24%	17%	16%	17%	17%	17%
Atlantic	26%	26%	18%	23%	20%	29%	18%	20%
Age								
18-34	40%	34%	18%	20%	21%	24%	19%	24%
35-44	41%	35%	20%	22%	22%	21%	20%	24%
45-64	43%	37%	22%	21%	27%	29%	19%	25%
65+	30%	21%	20%	24%	28%	22%	16%	16%
Education								
Less than High School	33%	29%	23%	29%	21%	24%	21%	19%
High School	39%	39%	23%	26%	24%	31%	17%	26%
Some Post-Secondary	41%	33%	19%	15%	25%	28%	22%	24%
Completed Post-Secondary	42%	32%	17%	19%	25%	22%	18%	22%
Income								
<$30k	39%	35%	24%	26%	26%	26%	22%	29%
$30k-$59k	43%	36%	18%	21%	25%	29%	20%	22%
$60k-$79k	41%	33%	20%	23%	20%	19%	16%	22%
>$80k	37%	31%	16%	18%	25%	25%	13%	22%

and conventional (up slightly from 37 percent in 1997). On the other hand, 16 percent (up from 13 percent in 1997) felt the provincial ministry of health should be responsible for these decisions, 11 percent (up from 9 percent in 1997) said it was the federal ministry of health, 9 percent (same in 1997) said the regional health authorities, and only 1 percent (down from 3 percent in 1997) felt the public should make these decisions. Twenty-one percent of respondents (up from 17 percent in 1997) felt that medical doctors should make the decisions as to insurance plan coverage.

When asked to allocate $100 between conventional and alternative therapies for three different conditions: clogged arteries, lung cancer, and lower

Table 19: Respondents' Treatment Preferences when given $100 for Spending on Health Care Treatments for Certain Conditions, 1997 and 2006

How much of $100 would you spend to address the problem of ...	Procedure/Therapy	Average Amount Allocated	
		1997	2006
Clogged arteries?	Bypass surgery	$45	$46
	Chelation therapy	$15	$19
	Programs to modify diet and lifestyle	$40	$35
Lung cancer?	Chemotherapy or radiation	$53	$56
	Laetrile or herbal therapies	$17	$19
	Programs to modify diet and lifestyle	$32	$26
Lower back pain?	Surgery	$27	$31
	Chiropractic Treatment	$36	$30
	Massage and exercise therapies	$37	$40

back pain, survey respondents in both 1997 and 2006 allocated more of the $100 to conventional treatments for heart disease and cancer (bypass surgery and chemotherapy or radiation respectively) than to alternative treatments (including diet modifications, chelation therapy for clogged arteries, and laetrile or herbal therapies for cancer). Respondents divided their $100 more equally among conventional and alternative treatments for lower back pain in both 1997 and 2006. Table 19 shows respondents' treatment spending preferences.[24]

The majority of respondents in both 1997 and 2006 felt that the most important factor in determining what should be covered by provincial health plans was scientific evidence that the service or treatment is effective in improving a person's health (40 percent in 2006 versus 36 percent in 1997), or whether or not the service is deemed medically necessary (34 percent in 2006 versus 35 percent in 1997). Public demand for the service was considered important by 17 percent of respondents in 2006 and 20 percent in 1997, while only 6 percent in 2006 and 5 percent in 1997 thought the cost of a particular health service should be a determinant of whether it is insured by government.

24 Alternative therapies presented during the survey were usually not described for respondents. Brief descriptions were available to respondents who requested clarification for folk remedies, biofeedback, naturopathy, and osteopathy (as noted in Appendix B). Thus, it is possible that responses to some of the questions were affected by a lack of knowledge about specific alternative therapies.

Discussion

The most common problems from which Canadians are suffering in 2006 are chronic: allergies, back or neck problems, and arthritis and rheumatism. These conditions are more likely to require wellness care, not just symptomatic treatment. It is not surprising, then, to find that the majority of Canadians have tried complementary and alternative medicines and therapies at some point during their life despite the fact that coverage of such treatments by government health insurance plans is usually restricted. Even in private group benefit insurance plans, coverage of such alternative therapies as chiropractic and massage is only partial. However, it should be noted that the private supplementary insurance marketplace in Canada is now increasingly moving away from one-size-fits-all models to flexible benefits plans and health care spending accounts, both of which provide greater individual choice with respect to which services individuals are able to have covered by their insurance.

Despite the increasing desire by Canadians for more control over their health care decisions—which is partially manifested in their interest in alternative medicine—doctors are still the main providers of health care in Canada. Almost half of respondents in 2006 saw a doctor before turning to a provider of alternative therapy. In addition, a higher proportion of respondents saw a medical doctor for their condition regarding treatment of 8 of the 10 most common medical conditions.

Canadians spent an estimated approximately $7.8 billion out of pocket on alternative medicine in the latter half of 2005 and first half of 2006, which is a significant increase from the nearly $5.4 billion (inflation-adjusted) estimated to have been spent in the latter half of 1996 and first half of 1997. In 2006, more than $5.6 billion was spent on providers of alternative therapy, while another $2.2 billion was spent on herbs, vitamins, special diet programs, books, classes, and equipment. These are not insubstantial amounts, which helps explain why there has been so much discussion about government policy and insurance coverage regarding alternative therapies in Canada.

Before considering adding alternative medicines to publicly funded insurance programs however, governments should note that despite incurring large out of pocket expenses, the majority of Canadians believe that alternative therapies should be paid for privately and not by provincial health plans. Most importantly, the highest level of support for private payment came from the group that used alternative therapy the most: 58 percent of 18- to 34-year-olds used alternative therapies in the 12 months prior to the 2006 survey, and 62 percent of them preferred that individuals pay for it privately.

With respect to what should be covered by provincial health insurance plans, most respondents felt that these decisions should be made by all health care providers (39%) and less often by provincial governments (16%), the federal government (11%), or regional health authorities (9%). This suggests that neglecting to include doctors, nurses, and other health professionals, as governments have often done in the past, is not a successful tactic to elicit public support for health care reforms. Similarly misguided is spending a lot of time and effort in public consultations—only 1 percent of respondents felt that the public should make coverage decisions.

The regional variations in attitudes toward health care (both conventional and alternative) revealed by this survey suggest that any effort to create national alternative medicine programs will not likely succeed. For example, British Columbians and Albertans were more likely to perceive value in alternative therapies than residents of other provinces, while Atlantic Canadians were most sceptical. As well, 64 percent of Atlantic Canadians "did not like to try anything new that hasn't been proven" when it comes to their

health, compared to 47 percent of British Columbians and 44 percent of Albertans. Finally, 45 percent of Atlantic Canadians versus 25 percent of Albertans would only use alternative medicine if it were recommended by their doctor. National consensus on such issues seems improbable.

Appendix A: Detailed Survey Methodology

The methodology used in the 2006 follow-up survey was in most cases similar to that used in the first survey (1997). The complete methodology used in both the 1997 and 2006 surveys is described below with the differences between the two highlighted in the text.

As in 1997, The Fraser Institute commissioned Ipsos Reid (then Angus Reid Group) to conduct a telephone survey of Canadians about their health status and their attitudes towards, and patterns of use of, conventional and complementary and alternative health care. In 2006, a total of 2,000 interviews were conducted in English and French with a randomly selected sample of adults 18 years of age and older. This increase of 500 interviews from the 1,500 completed in 1997 was implemented to allow greater statistical power in examining changes between 1997 and 2006.

With regard to the accuracy of the findings, there is a 95 percent chance that the average values for the entire Canadian population are within 2.2 percentage points of the survey percentages in 2006. In 1997, the margin of error was 2.5 percentage points. In addition, the increase in the number of interviews completed in 2006 allows for 95 percent statistical confidence in detecting a 3 percentage point change in the percent of Canadians who have used complementary and alternative medical therapies sometime in their lives.

The original survey questionnaire used in 1997 was based on a survey used by the Center for Alternative Medicine Research (based at Harvard Medical School and Beth Israel Hospital) in its pioneering work on alternative medicine use and costs in the United States. This work was published in the *New England Journal of Medicine* in 1993, and followed up with a survey published in the *Journal of the American Medical Association* in 1998 (Eisenberg *et al.,* 1993; Eisenberg *et al.,* 1998). Several modifications were made by The Fraser Institute and Ipsos Reid (then Angus Reid Group) in order to make the survey appropriate for Canada in 1997, given that the health insurance systems of the two countries differ substantially. The 2006 follow-up survey used essentially the same survey questionnaire employed in the 1997 survey. However, due to a secular trend in lower survey response resulting from the changing environment within which public opinion polling is being conducted, some adjustments were made to keep questionnaire length at or below 20 minutes.

The most significant change made to the survey was a split-sampling of the sections on beliefs and perceptions and health care policy options. Questions in both of these sections were asked to only 200 of the respondents, while 900 respondents answered only questions on beliefs and perceptions, and the remaining 900 answered only questions on health care policy options. This change allowed for a significant reduction in interviewing time and had only a small impact on the statistical power of the follow-up survey.[25] In addition, having 200 respondents answer questions in both sections made allowances for testing and controlling for any potential bias that was introduced by the split sampling (discussed below).

Two additional less-significant changes were made in 2006: in the section on policy variables, the question on support for a government-funded health savings account was dropped, and demographic questions on ethnicity and religious preference were dropped.

In order to minimize any potential seasonal bias in responses, the 2006 survey was completed at the same time of year as the 1997 survey. The question-

25 For example, had the sample size for the full survey been reduced from 2,000 respondents to 1,100 respondents, the observed change required in the share of Canadians who had ever used complementary and alternative therapies for 95 percent statistical confidence would have grown from 3 percentage points to 4.

naire pre-test for 2006 took place on June 15. Ipsos Reid completed 51 initial pre-test interviews (6 in BC, 5 in Alberta, 4 in Saskatchewan and Manitoba, 20 in Ontario, 12 in Quebec, and 4 in Atlantic Canada). This compares to 50 pre-test interviews (25 in Vancouver and 25 in Toronto) completed from May 16 to 18, 1997. No changes were made to the 2006 survey following the pre-test. The remaining survey respondents were contacted between June 19 and July 7, 2006. This compares to a survey period of May 29 to June 16, 1997.

The 2006 questionnaire took an average of 18.4 minutes to complete. The 1997 survey questionnaire took an average of 28 minutes to complete.

The sample

Ipsos Reid has developed an annually updated database of so-called "100-banks" used by telephone companies across the country. A 100-bank contains the first five digits of a telephone number, sorted by area code. Once a 100-bank is selected for an area, a computer randomly generates the last 2 digits to create a potential phone number. This random dialling procedure ensures that all listed and non-listed telephone numbers are contacted. Once any specifications—such as making the sample representative of the population—are included, the final sample is selected, generated, formatted, and sent electronically to Ipsos Reid's field centres. For the 2006 survey, calls were made from field centres in Vancouver, Winnipeg, Ottawa, and Montreal.

For each telephone number called, the surveyor verified that a residence and not a business was reached. Following this initial screening, the "birthday" method was used to ensure that the interviewees were randomly selected: the person interviewed was the one 18 years of age or older who most recently had his or her birthday. If this individual was not at home at the time of the call, an appointment was made for a call-back interview. Up to five attempts were made to reach potential respondents before disqualification. When eligible respondents were reached on the fifth call but not available to be interviewed at that time, arrangements were made for a sixth or seventh call to complete the interview. Calls for the 2006 survey were generally made between 4:30 p.m. and 10:00 p.m. during the weekdays, between 11:00 a.m. and 6:00 p.m. on Saturdays, and between 3:00 p.m. and 10:00 p.m. on Sundays.

In 2006, a total of 36,799 numbers were available for calling. There were 8,926 for which there was no answer even after five call-backs and 13,744 numbers were rejected because they were businesses, disconnected, or out of service. Thus, the valid sample of numbers remaining was 14,109. Among the eligible respondents, 2,000 completed the interview, 8,154 refused to participate in the survey, 470 ended the interview before the survey was complete, 739 interviews were discontinued because of language difficulties, and 717 were discontinued because the respondent failed to meet the screening criteria at the beginning of the survey. In the end, there were 10,624 valid numbers: those who responded, those who refused, and those who ended the interview before it was completed. Therefore, the response rate was 18.8 percent (2,000 out of 10,624). This compares to a response rate of 25.7 percent (1,500 out of 5,827) in 1997. The drop in the response rate from 1997 is largely driven by a secular trend in lower survey responses resulting from the changing environment within which public opinion polling is conducted.[26]

The interview

The questionnaire was divided into 10 sections and took, as noted, an average of 18.4 minutes to complete (versus an average of 28 minutes in 1997). Re-

26 According to Ipsos Reid, response rates in a general population survey 8 to 10 years ago were normally in the 25 to 30 percent range, compared to the 18 to 20 percent range today.

spondents were informed that Ipsos Reid, a professional opinion research company, was conducting a survey of Canadians "to learn more about their health care practices and the types of therapies and treatments they use." In the selection of respondents there was no mention of complementary, alternative, or unconventional therapies.

The first sections of the questionnaire dealt with respondents' general health and their use of health care services. Some of the questions from this portion of the survey asked whether there was a particular doctor or clinic usually visited for care, how often a medical doctor had been seen in the previous 12 months, and whether any extended medical insurance coverage was held above and beyond the provincial health care plan.

The questionnaire then delved into more detail about respondents' medical conditions. More than 30 medical conditions were surveyed, including heart problems or chest pain, cancer, lung problems such as asthma, digestive problems, sprains or strains, depression, back or neck problems, and headaches.

Respondents were then asked about the types of medical care they had obtained for the three most bothersome or serious medical conditions they had experienced in the previous 12 months. They were asked whether they had seen a medical doctor and how helpful they felt the treatment had been, where a medical doctor was defined as an "MD or an osteopath, not a chiropractor or other non-medical doctor."

Once these data were collected, respondents were asked about their "use of some other kinds of therapies and treatments for [their] health conditions." A randomized list of 22 alternative therapies was offered. It included more common treatments such as chiropractic, acupuncture, and massage, as well as less common treatments such as biofeedback, megavitamin therapies, and imagery techniques. Respondents were asked to identify the three therapies they most frequently used in the prior 12 months, whether they used these therapies for wellness or for illness care, whether the care was provided by a professional (someone who was paid to provide these services), how many visits they made to receive these treatments, and whether the treatments were helpful or not. If the provider was not a medical doctor, respondents were asked if they had discussed their use of alternative treatments with their doctor.

The questionnaire then focused on the costs of alternative health care. As many alternative therapies are not, or are only partially, covered by provincial medical insurance plans, respondents were asked whether any part of the visit they made to an alternative medicine provider was covered by insurance, and whether they were responsible for any part of the cost of these visits. Respondents were asked to estimate how much they paid out of pocket to their alternative therapy providers. As well, they were asked separately about any additional expenditures they may have made on herbs and/or vitamins, special diet programs for losing weight, and on books, classes, equipment, or any other items related to their use of alternative therapy.

The survey's next questions diverged from respondents' personal use and feelings towards alternative therapies to whether their children—if they had any children under the age of 18 currently living in their household—had ever used alternative therapies. It was also determined which therapies their children had used and whether the use of these therapies had been discussed with the children's paediatrician.

The questionnaire then concentrated on respondents' beliefs and perceptions regarding alternative therapies. As noted above, 1,100 of the 2,000 respondents answered questions in this section, while the remaining 900 did not. Respondents were asked to comment on why they chose to use alternative therapies. For example, was it because they were more effective or because their provider was more attentive than their medical doctor? They were also asked the extent of their doctors' involvement in health care decisions. Specifically, they were queried

regarding the degree to which they agreed with several statements. For example, they were asked whether they agreed with the statement "I will often tell doctors what kind of tests and treatment I think are best for me," with answers corresponding to a seven-point scale where 1 meant "completely disagree" and 7 meant "completely agree."

The next section concerned health care policy: whether alternative therapies should be funded publicly or privately, how the set of alternative therapies to be government-funded should be determined, and by whom. Respondents were also asked to allocate $100 between specific conventional and non-conventional treatments for heart problems, cancer, and back problems.[27] Again, 1,100 respondents answered questions in this section (including the 900 who did not answer questions in the section on beliefs and perceptions plus 200 who did) while the remaining 900 did not.

The final survey questions gathered the demographic data required for analysis of the survey results.

Testing for selection bias in the split-sample

As noted above, 900 respondents to the 2006 survey answered questions on beliefs and perceptions, 900 respondents answered questions on health policy options, and 200 respondents were asked questions in both of these sections. Ipsos-Reid compared the data findings from these separate groups of respondents to determine if there were any systematic differences in their responses that would indicate a bias created by the split-sampling methodology.[28] Ipsos Reid's analysts concluded that there were no systematic differences that would indicate any bias.[29]

However, some differences were worth noting.

Because of the skip patterns built into the section on beliefs and perceptions (of the list of questions in this section, some respondents may not be asked certain questions based on their responses to prior questions in the survey), there were differences in the proportions of respondents who answered some questions between the group who answered only questions in this section and the group that answered questions in this section and the section on health policy. However, in the vast majority of cases, these differences were found not to be statistically significant.

Nonetheless, Ipsos Reid's analysts found the following statistically significant differences between respondents in the combined 200 sample and those who only answered questions in either the section on beliefs and perceptions or health policy options:

1. Forty-four percent of respondents answering only questions on beliefs and perceptions disagreed strongly with the statement "I will often tell doctors what kind of tests and treatments I think are best for me," compared to 36 percent of respondents answering questions in both sections. The mean score on the 7-point grading scale was also slightly higher for the group answering questions in both the split-sample sections (3.6 versus 3.3—a statistically significant

27 Alternative therapies presented during the survey were usually not described for respondents. Brief descriptions were available to respondents who requested clarification for folk remedies, biofeedback, naturopathy, and osteopathy (as noted in "Appendix B"). Thus, it is possible that responses to some of the questions were affected by a lack of knowledge about specific alternative therapies.

28 Note that, more generally, there may be some unknown bias in the responses to this survey, as respondents to the questionnaire may be more interested in health and health issues than the general population.

29 Specifically, Ipsos Reid's analysts found no systematic differences between the data findings from the separate responses to the sections on beliefs and perceptions and health policy options, and the findings from the 200 respondents who answered questions in both sections in either the weighted or unweighted data. They note: "Essentially, respondents who answered only questions in Section H (beliefs and perceptions) or I (policy options) were not fundamentally different enough in their responses to those who answered questions in both sections to warrant any concern about bias."

Table A1: Differences in Median Amounts Allocated ($) Between Split-Sample Groups, 2006

Health Care Issue and Proposed Treatment	Health Policy Section Only	Both Sections
Clogged Arteries		
Bypass surgery	$47.3	$45.2
Programs to modify diet/lifestyle	$28.7	$34.0
Lung Cancer		
Chemotherapy or radiation	$48.8	$48.5
Laetrile	$8.5	$5.7
Programs to modify diet/lifestyle	$18.1	$19.1
Lower Back Pain		
Surgery	$24.6	$21.9
Chiropractic treatment	$27.1	$24.2
Massage and exercise therapies	$33.9	$37.5

difference). Put simply, those who answered questions in both sections were more likely to be proactive in their personal health care management than those answering only questions on beliefs and perceptions.

2. Thirty-nine percent of respondents answering only questions on beliefs and perceptions agreed strongly with the statement, "Most people should go to their doctor when they feel sick, because they don't know enough to make informed choices about their own health," compared to 47 percent of respondents who answered questions in both sections. There was no statistically significant difference in the mean scores on the 7-point grading scale between the two groups (4.8 versus 5.0).
3. In response to the question, "Who should be primarily responsible for making decisions about which medical services are covered by your provincial health care plan?" 17 percent of respondents who answered only questions in the section on health policy options chose the provincial ministry of health compared to 10 percent of those in the combined sample. Further, 14 percent of those in the combined sample chose "regional health authorities in your province," compared to 8 percent of those answering questions only in this section.
4. In the question asking about the best allocation of a fixed amount of health care dollars between competing alternatives, there were statistically significant differences in the *median* amounts individuals would allocate to the various treatments for health problems between the split-sample groups. However, there were no consistent patterns in terms of which sample group's median amount was higher or lower for the different treatments, suggesting the lack of any real systematic bias (see table M1). Further, there were no statistically significant differences between the two sample groups in terms of the *average* or *mean* amount each would spend.

Sample preparation for analysis

The final sample was weighted by age and gender to ensure that the proportions of Canadians in each age and gender category accurately reflect the actual proportions in the Canadian population. For 1997, actual proportions were drawn from Statistics Canada census data for 1991 which was updated to 1995 by Ipsos Reid (then Angus Reid Group).[30] For 2006, actual proportions were drawn from Statistics Canada census data for 2001. Because the questionnaire inquired about the use of alternative medicine during the 12 months preceding the interview, 1997 results correspond to the latter half of 1996 and first half of 1997 while 2006 results correspond to the latter half of 2005 and first half of 2006.

30 Due to improvements in the sampling preparation methodology, the survey responses for 1997 have been updated and restated in this publication.

Appendix B: Descriptions of Select Complementary and Alternative Medicines and Therapies

Readers should note that the definitions below are sourced from either the National Center for Complementary and Alternative Medicine website (NCCAM, 2007) or from the Aetna InteliHealth website (Aetna InteliHealth, 2005).[31] Therapies are listed in alphabetical order, and are presented in the manner that they were read to survey respondents. It should also be noted that definitions were not available from these two sources for all of the therapies examined in this study, and that these are by no means standard definitions.

Acupuncture

> Acupuncture is one of the oldest, most commonly used medical procedures in the world. Originating in China more than 2,000 years ago, acupuncture began to become better known in the United States in 1971, when *New York Times* reporter James Reston wrote about how doctors in China used needles to ease his pain after surgery.
>
> The term acupuncture describes a family of procedures involving stimulation of anatomical points on the body by a variety of techniques. American practices of acupuncture incorporate medical traditions from China, Japan, Korea, and other countries. The acupuncture technique that has been most studied scientifically involves penetrating the skin with thin, solid, metallic needles that are manipulated by the hands or by electrical stimulation. (NCCAM, 2007)

Aromatherapy

> For thousands of years, oils from plants have been used to lubricate the skin, purify air and repel insects. Essential oils were used in ancient Egypt for bathing and massage and in ancient Greece and Rome for treating infections. The origin of modern aromatherapy is often traced to the French chemist Rene-Maurice Gattefosse, who is said to have poured lavender oil onto his hand after accidentally burning himself. He believed that the pain, redness and skin damage healed more quickly than expected, and he began to study the effects of oils on the body.
>
> Essential oils are extracted from a plant's flowers, leaves, needles, branches, bark, berries, seeds, fruits, rind or roots. These oils are often mixed with a milder "carrier" oil (usually a vegetable oil) or are weakened (diluted) in alcohol. Essential oils are used in many different ways, including directly on the skin, as a part of massage, in bathwater, via steam inhalation or in mouthwashes.
>
> Aromatherapy sessions often begin with an interview, after which the therapist selects a blend of oils that he or she feels is appropriate for the client. Appointments may last up to 90 minutes. Clients may be asked not to shower for several hours afterwards, to allow more time for oils to sink into the skin. Man-made compounds are usually not used. Commonly sold products such as scented candles, pomanders or potpourri are usually not as strong as the oils typically used by aromatherapists. (Aetna InteliHealth, 2005)

31 Alternative therapies presented during the survey were usually not described for respondents. Brief descriptions were available to respondents who requested clarification for folk remedies, biofeedback, naturopathy, and osteopathy (as noted below). Descriptions are presented here to assist readers of this study in understanding precisely what treatments these various medicines and therapies might include.

Biofeedback[32]

Biofeedback tries to teach you to control automatic body functions such as heart rate, muscle tension, breathing, perspiration, skin temperature, blood pressure and even brain waves. By learning to control these functions, you may be able to improve your medical condition, relieve chronic pain, reduce stress, or improve your physical or mental performance (sometimes called peak performance training).

During biofeedback training, sensors attached to your body detect changes in your pulse, skin temperature, muscle tone, brain-wave pattern or some other physiological function. These changes trigger a signal—a sound, a flashing light, a change in pattern on a video screen—that tells you that the physiological change has occurred. Gradually, with the help of your biofeedback therapist, you can learn to alter the signal by taking conscious control of your body's automatic body functions. (Aetna InteliHealth, 2005)

Chelation therapy

Chelation therapy was developed during the 1950s as a way to cleanse the blood and blood vessel walls of toxins and minerals. Therapy involves infusions into the bloodstream of the chemical edetic acid (EDTA). Sometimes the therapy may be given by mouth, which occasionally uses other chemicals.

Chelation was initially used as a treatment for heavy metal poisoning, but some observers believed that people receiving chelation therapy were benefiting in other ways. In modern times, chelation practitioners may recommend this therapy for atherosclerosis (clogged arteries), heart disease, peripheral vascular disease (claudication), diabetes and many other health problems. Chelation practitioners often recommend 20 or more treatments, which may cost several thousand dollars.

The term "chelation" is also sometimes used in medicine as a general term to refer to the use of chemicals in the blood to remove specific toxins or contaminants (for example, deferoxamine is a chelating agent used to treat excessive amounts of iron in the body). This type of chelation should not be confused with EDTA chelation therapy. (Aetna InteliHealth, 2005)

Chiropractic care

The word "chiropractic" combines the Greek words *cheir* (hand) and *praxis* (action) and means "done by hand." Chiropractic is an alternative medical system and takes a different approach from conventional medicine in diagnosing, classifying, and treating medical problems.

The basic concepts of chiropractic can be described as follows:

- The body has a powerful self-healing ability
- The body's structure (primarily that of the spine) and its function are closely related, and this relationship affects health
- Chiropractic therapy is given with the goals of normalizing this relationship between structure and function and assisting the body as it heals (NCCAM, 2007)

32 If necessary, respondents were given the following definition: Biofeedback involves teaching you to control automatic body functions such as heart rate, muscle tension, and breathing to improve your medical condition, relieve chronic pain, reduce stress, or improve your physical or mental performance.

Energy healing

Energy medicine is a domain in CAM that deals with energy fields of two types:

- Veritable, which can be measured
- Putative, which have yet to be measured

The veritable energies employ mechanical vibrations (such as sound) and electromagnetic forces, including visible light, magnetism, monochromatic radiation (such as laser beams), and rays from other parts of the electromagnetic spectrum. They involve the use of specific, measurable wavelengths and frequencies to treat patients.

In contrast, putative energy fields (also called biofields) have defied measurement to date by reproducible methods. Therapies involving putative energy fields are based on the concept that human beings are infused with a subtle form of energy. This vital energy or life force is known under different names in different cultures, such as *qi* in traditional Chinese medicine (TCM), *ki* in the Japanese Kampo system, *doshas* in Ayurvedic medicine, and elsewhere as *prana*, etheric energy, *fohat*, *orgone*, odic force, *mana*, and homeopathic resonance. Vital energy is believed to flow throughout the material human body, but it has not been unequivocally measured by means of conventional instrumentation. Nonetheless, therapists claim that they can work with this subtle energy, see it with their own eyes, and use it to effect changes in the physical body and influence health.

Practitioners of energy medicine believe that illness results from disturbances of these subtle energies (the biofield). For example, more than 2,000 years ago, Asian practitioners postulated that the flow and balance of life energies are necessary for maintaining health and described tools to restore them. Herbal medicine, acupuncture, acupressure, moxibustion,[33] and cupping,[34] for example, are all believed to act by correcting imbalances in the internal biofield, such as by restoring the flow of *qi* through meridians to reinstate health. Some therapists are believed to emit or transmit the vital energy (external *qi*) to a recipient to restore health.

Examples of practices involving putative energy fields include:

- Reiki and Johrei, both of Japanese origin
- Qi gong, a Chinese practice
- Healing touch, in which the therapist is purported to identify imbalances and correct a client's energy by passing his or her hands over the patient
- Intercessory prayer, in which a person intercedes through prayer on behalf of another (NCCAM, 2007)

Folk remedy of any kind[35]

No definition is available from the sources.

Herbal therapies of any kind

No definition is available from the sources.

High dose or mega-vitamin therapies[36]

No definition is available from sources.

33 "Moxibustion is the application of heat from the burning of the herb moxa at the acupuncture point" (NCCAM, 2007).

34 Cupping is the application of vacuum-filled cups (the vacuum created either by fire or by suction) against the skin.

35 If necessary, respondents were given the following definition :Traditional medicine as practised by non-professional healers or embodied in local custom or lore, generally involving the use of natural and especially herbal remedies.

36 Respondents were informed that this form of therapy does not include taking a daily vitamin or vitamins prescribed by your physician.

Homeopathy

The term homeopathy comes from the Greek words *homeo*, meaning similar, and *pathos*, meaning suffering or disease. Homeopathy is an alternative medical system. Alternative medical systems are built upon complete systems of theory and practice, and often have evolved apart from and earlier than the conventional medical approach used in the United States. Homeopathy takes a different approach from conventional medicine in diagnosing, classifying, and treating medical problems.

Key concepts of homeopathy include:

- Homeopathy seeks to stimulate the body's defense mechanisms and processes so as to prevent or treat illness.
- Treatment involves giving very small doses of substances called remedies that, according to homeopathy, would produce the same or similar symptoms of illness in healthy people if they were given in larger doses.
- Treatment in homeopathy is individualized (tailored to each person). Homeopathic practitioners select remedies according to a total picture of the patient, including not only symptoms but lifestyle, emotional and mental states, and other factors. (NCCAM, 2007)

Homeopathy is a system of medicine that is based on the Law of Similars, sometimes described as "like cures like." For example, a substance that causes vomiting when used full strength may be thought to prevent vomiting when used in a very low concentration. The German doctor Samuel Hahnemann developed the main theories of homeopathy in the early 1800s based on this idea and on related principles. (Aetna InteliHealth, 2005)

Hypnosis

Hypnotherapy-like practices were used in ancient Egypt, Babylon, Greece, Persia, Britain, Scandinavia, America, Africa, India and China. The Bible, Talmud, and Hindu Vedas mention hypnotherapy, and some Native American and African ceremonies include trance states similar to hypnotherapy. Hypnotherapy (also called hypnosis) comes from the Greek word *hypnos*, meaning sleep.

Modern Western hypnotherapy can be traced to the Austrian physician Franz Anton Mesmer (1734-1815); the word "mesmerize" is based on his name. Mesmer suggested that illness is caused by an imbalance of magnetic fluids in the body and can be corrected by "animal magnetism." He believed that a hypnotherapist's personal magnetism can be transferred to a patient. His beliefs were initially questioned but were revived by 19th-century English physicians. In the mid-20th century, the British and American Medical Associations and the American Psychological Association endorsed hypnotherapy as a medical procedure. In 1995, the U.S. National Institutes of Health issued a consensus statement noting the scientific evidence in favor of the use of hypnotherapy for chronic pain, particularly pain associated with cancer.

There are three main phases of hypnotherapy: presuggestion, suggestion, and postsuggestion.

- The presuggestion phase involves focusing one's attention using distraction, imagery, relaxation or a combination of techniques. The aim is to reach an altered state of consciousness in which the mind is relaxed and susceptible to suggestion.
- The suggestion phase introduces specific goals, questions or memories to be explored.

- The postsuggestion phase occurs after the return to a normal state of consciousness, when new behaviors introduced in the suggestion phase may be practiced. (Aetna InteliHealth, 2005)

Imagery techniques, including guided imagery

With respect to guided imagery specifically:

> Historically, imagery has been used by many cultural groups, including the Navajos, ancient Egyptians, Greeks and Chinese. Imagery has also been used in religions such as Hinduism and Judaism. The term "guided imagery" refers to a number of different techniques, including visualization; direct suggestion using imagery, metaphor and storytelling; fantasy and game playing; dream interpretation; drawing; and active imagination.
>
> Therapeutic guided imagery is believed to allow patients to enter a relaxed state and focus attention on images associated with issues they are confronting. Experienced guided imagery practitioners may use an interactive, objective guiding style with the aim to encourage patients to tap into latent inner resources and find solutions to problems. Guided imagery is a meditative relaxation technique sometimes used with biofeedback. Books and audiotapes are available as well as interactive guided imagery groups, classes, workshops and seminars. (Aetna InteliHealth, 2005)

Lifestyle diet such as vegetarianism or macrobiotics

No definition available from the sources.

Massage therapies of any kind

> The term massage therapy (also called massage, for short; massage also refers to an individual treatment session) covers a group of practices and techniques. There are over 80 types of massage therapy. In all of them, therapists press, rub, and otherwise manipulate the muscles and other soft tissues of the body, often varying pressure and movement. They most often use their hands and fingers, but may use their forearms, elbows, or feet. Typically, the intent is to relax the soft tissues, increase delivery of blood and oxygen to the massaged areas, warm them, and decrease pain.
>
> A few popular examples of this therapy are as follows:
>
> - In Swedish massage, the therapist uses long strokes, kneading, and friction on the muscles and moves the joints to aid flexibility.
> - A therapist giving a deep tissue massage uses patterns of strokes and deep finger pressure on parts of the body where muscles are tight or knotted, focusing on layers of muscle deep under the skin.
> - In trigger point massage (also called pressure point massage), the therapist uses a variety of strokes but applies deeper, more focused pressure on myofascial trigger points—"knots" that can form in the muscles, are painful when pressed, and cause symptoms elsewhere in the body as well.
> - In shiatsu massage, the therapist applies varying, rhythmic pressure from the fingers on parts of the body that are believed to be important for the flow of a vital energy called *qi.*
>
> Massage therapy (and, in general, the laying on of hands for health purposes) dates back thousands of years. References to massage have been found in ancient writings from many cultures, including those of Ancient

Greece, Ancient Rome, Japan, China, Egypt, and the Indian subcontinent. (NCCAM, 2007)

Naturopathy[37]

No definition is available from the sources.

Osteopathy[38]

Andrew Taylor Still, who was originally trained as a doctor of medicine, founded the discipline of osteopathy in 1874. Dr. Still started the first college of osteopathy in 1892 in Kirksville, Missouri. He sought an holistic approach to treating illness and promoting health by enhancing the body's natural healing powers. His approach emphasized the relationship between body structure and function, and it aimed to focus on the whole patient (mind, body and soul), rather than on symptoms.

Today, osteopathy in the United States combines conventional medical practices with osteopathic manipulation, physical therapy and education about healthful posture and body positioning. With osteopathic manipulation, osteopaths, or doctors of osteopathy (D.O.s), use their hands to diagnose injury and illness and to administer manual treatments. Osteopaths receive similar training as medical doctors (M.D.s), with additional training in osteopathic and holistic medicine. Osteopathic doctors perform all aspects of medicine, surgery and emergency medicine, and they can prescribe drugs. Many osteopaths belong to the American Medical Association, as well as to the American Osteopathic Association. Osteopathy is sometimes confused with chiropractic, as both use spinal manipulation to treat patients.

Osteopaths often focus on the neuro-musculoskeletal system and perform manipulations to treat a wide range of problems. Doctors of osteopathy are trained to evaluate the body by taking a patient's health history, focusing not only on health problems but on lifestyle issues as well. The practice of osteopathic medicine may involve massage, mobilization and spinal manipulation. Osteopaths traditionally believe that the primary role of the health care provider is to facilitate the body's inherent ability to heal itself, that the structure and function of the body are closely related and that problems in one organ affect other parts of the body. The traditional osteopathic view is that perfect alignment of the musculoskeletal system eliminates obstructions in blood and lymphatic flow, which in turn maximizes health. To ensure perfect alignment, a range of manipulative techniques have been developed. Examples include high-velocity thrusts, myofascial (muscle tissue) release, muscle energy techniques, counter strain, craniosacral therapies and lymphatic drainage stimulation. (Aetna InteliHealth, 2005)

Prayer or spiritual practice for your own health concern

Prayer may be defined as the act of asking for something while aiming to connect with God or another object of worship. Praying for the sick or dying has been a common practice throughout history. Individuals or groups may practice prayer with or without the framework of an organized religion.

37 If necessary, respondents were given the following definition: A system of treatment of disease that avoids drugs and surgery and instead emphasizes the use of natural agents.

38 If necessary, respondents were given the following definition: A therapy based on the assumption that restoring health can be accomplished by manipulating the skeleton and muscles using various methods including massage and chiropractic like adjustments.

People may pray for themselves or for others. "Intercessory prayer" refers to prayers said on behalf of people who are ill or in need. Intercessors may have specific objectives or may wish for general well-being or improved health. The person being prayed for may be aware or unaware of the process. In some cases, prayers involve direct content using the hands. Intercessory prayer may also be performed from a distance.

Clergy, chaplains and pastoral counselors are trained by their respective institutions to address the spiritual and emotional needs of physically and mentally ill patients, their families and loved ones. (Aetna InteliHealth, 2005)

Relaxation techniques like meditation or the relaxation response

Numerous relaxation techniques and behavioral therapeutic approaches exist, with a range of philosophies and styles of practice. Most techniques involve repetition (of a specific word, sound, prayer, phrase, body sensation or muscular activity) and encourage a passive attitude toward intruding thoughts.

Methods may be deep or brief:

- Deep relaxation methods include autogenic training, meditation and progressive muscle relaxation.
- Brief relaxation methods include self-controlled relaxation, paced respiration and deep breathing.

Other related techniques include guided imagery, passive muscle relaxation and refocusing. Applied relaxation often involves imagining situations to cause muscular and mental relaxation. Progressive muscle relaxation aims to teach people what it feels like to relax by comparing relaxation with muscle tension. (Aetna InteliHealth, 2005)

Self-help group of any kind

No definition is available from the sources.

Special diet programs for losing or gaining weight[39]

No definition is available from the sources.

Spiritual or religious healing by others

Many therapeutic techniques and medical traditions involve spiritual aspects. Spiritual healers use numerous approaches and styles. Spiritual healers may practice at healing centers, in medical settings, in hospice programs or in homes. Spiritual healers may also work with patients over the Internet.

There are schools that offer certification in spiritual healing, although there are no widely accepted or official licensure requirements. Some of the therapies used in the United States that involve spiritual healing or mind/body medicine include distance healing, therapeutic touch, Ayurveda, prayer, pastoral counseling, supernatural healing sources, metaphysical healing and Reiki. These therapies may be grouped under the concept of holistic care. There is a difference between Eastern spiritual healing traditions and psychoanalysis. The Eastern traditions claim that the healer's meditative practices and communication to the patient are through channels other than verbal communication.

In early history, physical healing was intimately tied to religious salvation, spiritual healing and the civilizing process. Various

39 Respondents were informed that special diet programs are ones people must pay for, but do not include trying to lose or gain weight on your own.

studies of Native American culture suggest that shamanism may be considered effective care, irrespective of age, gender or degree of acculturation. The shaman may also use mineral, animal and industrial-derived materials (ethnopharmacy) for specific conditions. (Aetna InteliHealth, 2005)

Yoga

Yoga is an ancient system of relaxation, exercise and healing with origins in Indian philosophy. Yoga has been described as "the union of mind, body, and spirit," which addresses physical, mental, intellectual, emotional and spiritual dimensions toward an overall harmonious state of being. The philosophy of yoga is sometimes pictured as a tree with eight branches:

- Pranayama (breathing exercises)
- Asana (physical postures)
- Yama (moral behavior)
- Niyama (healthy habit)
- Dharana (concentration)
- Pratyahara (sense withdrawal)
- Dhyana (contemplation)
- Samadhi (higher consciousness)

There are several types of yoga, including hatha yoga, karma yoga, bhakti yoga and raja yoga. These types vary in the proportions of the eight branches. In the United States and Europe, hatha yoga is commonly practiced, including pranayama and asana. (Aetna InteliHealth, 2005)

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