

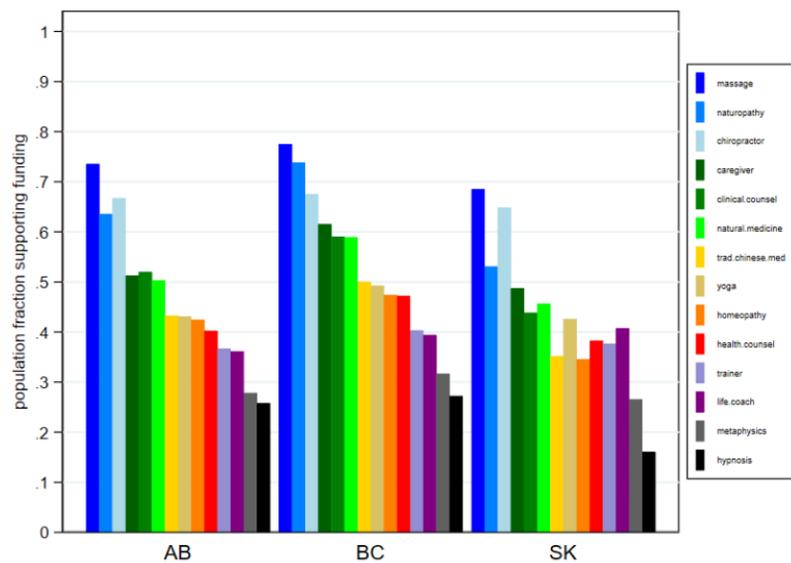
**REPORT ON SURVEY REGARDING FUNDING OF ALTERNATIVE, COMPLEMENTARY AND INTEGRATIVE  
HEALTHCARE SERVICES NEUROLOGICAL WELLNESS ASSOCIATION**  
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**SUMMARY:** Limited funding for healthcare services is a well-known barrier. In Canada not all of healthcare is covered by public funding or insurance. Alternative, complementary and integrative (ACI) healthcare services are less supported by such funding. This survey assesses interest for funding of ACI services in Canada.

**INTRODUCTION:** Multiple national surveys of the Canadian population (1994-2016) confirm great interest in and use of ACI health services. Three-quarters of the population report lifetime use of one or more ACI therapies. Over one-half, a majority, use them in one year. One-sixth of the population works with an ACI provider during the year. That is one person in every other house or apartment. Access to ACI providers is uneven, with diversity and inequity. Like conventional medicine, access depends on many factors. These include awareness, purpose for care (e.g. wellness, treatment), numbers of providers, and funding. At present many ACI therapies are provided by practitioners to at least 380,000 people of all ages per therapy each year. Total yearly costs are estimated at several billions of dollars. As evidence for ACI services grows, funding concerns grow. That impacts health outcomes, public policy, and insurance plans.

**METHODS:** This survey was done in 2019-2020 by the Neurological Wellness Association. It asked which ACI therapies should be funded out of a list of 14 therapies. Funding means from pooled resources, such as insurance schemes, company plans and/or governments. The survey had yes/no answers. Therapies were labelled by common terms (e.g. massage). Definitions of each were not provided, the same as in the published national research studies. A convenience sample of 1,665 Canadians completed the short survey once, at shopping malls and other public locations. The sample was not by random selection and so is not representative of all Canadians. Sample size is about the same as a few national surveys.

**RESULTS:** Of 1,665 respondents 44% lived in Alberta, 39% in British Columbia, and 10% in Saskatchewan. Over two-thirds were female. The most frequently supported ACI therapies were massage at 74%, naturopath 67%, and chiropractic 66%. Least endorsed were hypnosis at 26% and metaphysical therapies 29%. Only 5% of the whole survey rejected funding for all 14 therapies. Support was greater with females and highest in British Columbia (see figure). Support for therapies clustered into five sets: (1) naturopath, homeopathy, traditional Chinese medicine and doctor of natural medicine; (2) chiropractic and massage; (3) clinical counsellor and caregiver; (4) health coach, life coach, trainer and yoga; and (5) metaphysics and hypnotist. These sets are like established major categories of ACI, such as healthcare systems, body-manipulative therapies, and mind-body therapies. Support for any set of ACI therapies also depended on gender and geographic residency. Further, those favoring funding for dentistry, vision and hearing were more likely to support funding for ACI therapies.



**CONCLUSIONS:** The majority of respondents supported funding for five or more ACI therapies. Support increased with female gender and living in British Columbia. Patterns of support, and clusters of therapies, indicate population sub-groups that hold different preferences, likely for reasons of diversity and inequity, perceptions, and familiarity. Given ACI services are popular, healthcare needs are increasing, and there is more research showing benefits with ACI services, the challenge of funding is increasing. Systematic and representative surveys of the Canadian population could add clarity and help to evolve policies.