

When the extensive coverage provided by voluntary plans is considered -- and this fact is not generally realized -- almost half the cost of health care in Canada is spread across the whole population. In other words, Canadians are doing a good deal towards insuring themselves in a collective way against the cost of illness and of providing for health care.

The increasing magnitude of government expenditures has been matched by a significant widening in the scope of public health services. At the turn of the century, public health was limited mainly to environmental sanitation, communicable disease control and vital statistics. Today, these fields of action are still important concerns of public health authorities but comprehensive programmes have also been developed in many entirely new areas such as child and maternal health, public health nursing, nutrition, industrial health, the control of tuberculosis, mental health, social diseases, cancer control, dental health and others.

Under our constitution, public health is primarily a provincial and local responsibility. In recent years, however, the increasing weight of health expenditures has led the Federal Government to provide substantial financial assistance to provincial and local health services. The object of these federal expenditures has not been to usurp any initiative or prerogative that properly belongs to the provinces. The aim is to "stimulate" but never to "control" provincial and local health activities.

Public health in Canada is a dynamic developing movement. By the constant re-direction of our health efforts, public health authorities in this country have attempted always to keep abreast of the real needs of our people in a changing society. Let me illustrate this by reference to two important current trends.

(a) Our Aging Population:

In recent years there has been a very marked shift in our pattern of mortality. At the turn of the century more than one-third of all deaths could be attributed to infectious diseases; today, less than ten per cent result from this cause. In 1900, less than one out of every fifteen deaths was due to the heart and circulatory system. At the present time, heart disease alone accounts for nearly one-third of all deaths reported. As the field of acute disease comes more completely under the control of medicine, the long-term health problems become increasingly the concern not only of the practising physician but of public health authorities as well.

The increase in life expectancy over the past fifty years has altered the whole age structure of our population. Let me remind you that a child born two thousand years ago at the height of the Roman Empire had a life expectancy of only 23 years. By 1850, the expectation of life at birth in the United States was only about 40 years. In other words, after nearly 2,000 years, the increase in the average human life span, as exemplified in a young and vigorous nation, was only 17 years. On the other hand, in the last half century, life expectancy in countries like ours, has increased by about twenty years. To put it another way -- the chances of living to a ripe old age have improved nearly as much since 1900 as in all the preceding 19 centuries.