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HEALTH AND WELFARE IN CANADA

OTTAWA - CANADA

(Prepared in the Research and Statistics Directorate, Department of National Health and Welfare) to protect the public health of a statist a statist and the protect the protect the public heat the public hea

PART I - HEALTH SERVICES agoncies; the Medical Research Conncil, the National Research Council, the

Provincial governments in Canada are mainly responsible for public health services, hospital and medical insurance programs, and for treatment of chronic diseases such as tuberculosis, mental illness and defect, and alcoholism. Many of the preventive health services, including disease detection and control and health education, are delegated to city health departments and district health units or regions. In addition to the governmental health services, lay and religious voluntary agencies supply a variety of community health services and operate most of the hospitals. Personal health care is largely provided by physicians in private practice and the paramedical professions. Some provinces have introduced government administered or regulated medical care programs.

The responsibilities of the Federal Government in matters affecting the nation's health have become increasingly important. It carries out certain statutory and co-ordinating health functions of national importance, assists the provincial health services and hospital insurance plans through the National Health Grants Program and the hospital insurance shared-cost agreements and assists with joint financing of medical insurance. It also participates in international health work, including health-oriented projects in developing countries and the training of their health personnel supported by Canada's bilateral aid programs.

In 1966, the Federal Government enacted three significant measures, dependent upon provincial participation, designed to raise the standard of Canadian health services: the Health Resources Fund, for which \$500 million will be appropriated over the 15-year period 1966-1981 to assist the provinces in expanding their medical schools and other health-training facilities and to foster health research; the Medical Care Act, effective July 1968, which authorizes federal payments towards the cost of provincial medical care plans; and the health-care services provision of the Canada Assistance Plan for persons ledotte the decime in the incidence of tubercologis and associated disabilities