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No. 94

(Revised April 1967)

## HEALTH AND WELFARE IN CANADA

### PART I - HEALTH SERVICES

(Prepared in the Health Research Division, Research and Statistics Directorate, Department of National Health and Welfare).

Provincial governments in Canada are mainly responsible for the public health services, hospital insurance programmes, and 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 rural health units. 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 through physicians in private practice and the paramedical professions. Some provinces have introduced government administered or regulated medical care programmes.

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 import, assists the provincial health services and hospital insurance programmes through the National Health Grants Programme and the hospital insurance shared-cost agreements, and it participates in international health work, including health-oriented projects in developing countries supported by Canada's bilateral aid programmes.

In 1966, the Federal Government enacted three significant measures, the costs of which will be shared with the provinces, designed to raise the standard of health services: the Health Resources Fund, for which \$500 million will be appropriated over a 15-year period to assist the provinces in expanding their medical schools and other health training facilities; the Medical Care Act, which authorizes federal payments towards the costs of provincial medical care plans; and the health-care services provision of the Canada Assistance Plan for persons in financial need, which is retroactive to April 1, 1966.

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