



REFERENCE PAPERS

INFORMATION DIVISION

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No. 41 CANADA'S NEW NATIONAL HEALTH PROGRAMME

In 1948 a new National Health Programme was launched by the federal government consisting of grants to the provinces totalling more than \$30,000,000 annually, to aid them in extending and strengthening their health services. It is hoped that this will open up a new era for public health in Canada and make possible greatly accelerated progress in Canada's fight against disease.

A broad outline of the Programme was presented to Parliament on May 14, 1948. Its magnitude may be seen in the fact that, excluding the health services for Canada's veterans and for the Indians, the \$30,000,000 annual expenditure will equal the federal government's outlay for health over the past 27 years and will be nine times that of the previous year.

In most respects, on the basis of expenditure for each citizen, Canada's health grant programme exceeds that of the United States. For example, the Dominion will spend twice as much on hospital construction; three and one-half times as much for public health; Canada's tuberculosis control grants will be nearly five times as large; her cancer grants will be 14 times as great, and she will spend 16 times as much as the United States on grants for mental health care.

A Co-operative Effort

In Canada, health has always been, for the most part, a responsibility of the provinces. The National Health Programme does not disturb that balance, but rather will supplement the health services which have already been developed by the provincial departments of health. As interest is general in the achievement of good health, close co-operation between the federal and provincial governments has been possible to ensure the most effective use of the federal grants. All proposals are considered in relation to the agreed and closely integrated national plan, and only those are undertaken which have been jointly approved as most likely to raise the level of the nation's health.

Mr. Paul Martin, Minister of National Health and Welfare, in presenting the Programme to public health authorities said:

With this close federal - provincial partnership for good health, and with these new financial resources to accelerate the drive against disease, we can confidently expect a steady united advance in all our health services. Now it is possible to move far beyond the early stages of health care in Canada; to press on towards our ultimate goal - a positive state of good health for every Canada.

Grants to the Provinces

The grants to the provinces under the National Health Programme are designed to promote three things: health surveys; a variety of health projects, at present eight in number; and hospital construction.

The health survey grants totalling \$625,000 will make it possible for each province to establish the planning machinery that will be necessary before it can adequately survey its existing health needs, lay its plans for the expenditure of the National Health Grants, study the extension of its hospital accommodation and prepare the proper organization of hospital and medical care insurance.

Specific Projects

The eight projects which are at present being aided by grants will receive \$17,000,000 in the first year, rising later to a steady figure of \$22,000,000. As will be seen below, these projects cover the entire field of public health. The grants are given, generally, on condition that existing expenditures are not reduced. These represent, therefore, a very real increase in Canada's health programme, and should encourage expansion into entirely new fields.

(a) Public Health - \$4,400,000 to \$6,500,000 - The annual grant for general public health will widely extend the scope of present programmes and will permit of the training of more personnel for work in the public health field. The plan is to increase this grant yearly until after four years it reaches \$6,500,000 - that is, 50 cents more for every citizen than at present.

(b) Professional Training - \$500,000 - One of the urgent needs in the health field in Canada is for more trained personnel. A number of the health grants under the new programme will provide funds for this purpose but, in addition, a grant of \$500,000 has been made for training personnel in public health work and for staffing the expanding hospital programme. This should do much to relieve the heavy burden on present workers.

(c) Public Health Research - \$100,000 to \$500,000 - In addition to the annual medical grant provided by the federal government through the National Research Council, there will be a new grant, starting at \$100,000 a year, and increasing to \$500,000. The steady increase of this grant over five years will permit research facilities to develop gradually.

(d) Mental Health Care - \$4,000,000 to \$7,000,000 - One of Canada's most urgent national health problems is the prevalence of mental ill-health. The new federal grant, which will start at \$4,000,000 and rise, over a period of years, to \$7,000,000 annually, will enable medical science to move beyond institutional care to carry more active preventive campaigns against mental illness into the community itself. This grant will also health to meet the urgent need for more skilled workers in the field of mental health.

(e) Aid to Crippled Children - \$500,000 - The provision of a crippled children's grant, to total \$500,000 a year, will now make possible greatly expanded plans to search out and to treat the crippling conditions of children. Already, excellent work is being done in some provinces and fine programmes have been worked out. Provincial departments can now develop more active campaigns for prevention of crippling conditions and also for treatment and rehabilitation.

(f) Control of Cancer - \$3,500,000 - The new health programme makes possible a really intensive nation-wide effort to lessen the ravages of cancer. To support and to develop all provincial programmes against cancer, \$3,500,000 will be made available each year. The grant will make possible the mobilization of the special skills required to give the cancer victim his best hope of recovery, through early diagnosis and expert treatment. This cancer control programme complements, but in no way supplants, the intensive research programmes now under way which are so essential if Canada is to find the cause and the best methods of treatment of this dread disease.

(g) Venereal Disease Control - \$500,000 - Annual federal grants to assist the provinces in the control of venereal disease have been doubled, and now will amount to \$500,000 a year.

(h) Tuberculosis Control - \$3,000,000 to \$4,000,000 - To extend the use of the latest advances in medicine and the latest techniques in prevention and cure of tuberculosis, the federal government is making grants of from \$3,000,000 to \$4,000,000. In the past 50 years, Canada has made great progress in this field and the government hopes that the grants will bring about what Mr. Paul Martin refers to as "the final chapter" for this disease.

Hospital Construction

The inadequacy of hospital facilities, particularly in rural areas, has been considered one of the most serious defects in Canadian health services. Federal action in making available to the provinces up to \$13,000,000 a year for hospital construction, over a period of at least five years, should do much to improve the situation. After five years provincial needs will be surveyed and it is expected that grants will continue for five more years, probably at a rate of \$6,500,000 a year.

Each province is being asked to make a thorough survey of its hospital needs. The hospital construction grants are available to help build new hospitals and may also be utilized to provide rural and sparsely-settled areas with such things as nursing stations and health centres. The level of health services in rural Canada should be raised by these grants. In the larger centres, the grants are expected to stimulate retarded hospital construction and to alleviate the acute shortage of hospital beds.

The Programme in Action

Within a short time after Parliament approved the grants, a special meeting was held of the Dominion Council of Health, with representatives of all the public health forces of the provinces to hear from the Minister of National Health and Welfare the aim of the programme and the government's plans for its implementation.

After they had studied the federal plan, the provinces, without exception, announced their unqualified willingness to take advantage of its provisions, and began making surveys on which to base their proposals for local projects. At this stage, inauguration of the programme was facilitated through the nomination by Mr. Paul Martin of Manitoba's Deputy Minister of Health and Public Welfare, Dr. F. W. Jackson, to act as liaison officer between the co-operating governments. Dr. Jackson moved to Ottawa to take over, for the time being, the post of Director of Health Insurance Studies in the Department of National Health and Welfare.

In the few months of 1948 during which the Programme was in operation, the Department found ample evidence that it was succeeding admirably in its main purpose of raising the entire level of health activity in Canada. From every province plans and projects were coming forward, the number of requests for government partnership on proposals under the programme ranging from ten to forty a day.

Speaking to the annual meeting of the Royal College of Physicians and Surgeons of Canada in Ottawa on November 27, 1948, Mr. Martin, in reviewing the development of the programme, said:

From a study of projects coming in, I can say that, all across Canada, health activity is being greatly stimulated by this federal programme. It builds on good foundations,

for Canada's health levels are among the highest in the world.

The Minister's estimation of the value of the programme found corroboration, not only in the action of all the provinces in taking advantage of it, but in its reception even outside Canada. For instance, at its annual convention in Boston, Mass., in November, the American Public Health Association paid this fine tribute to it:

Resolved, that the American Public Health Association extends its hearty congratulations to the government and to the people of Canada for a step which makes the year 1948 memorable in the annals of public health on this continent.

Entering 1949, Canada was planning to extend the provisions of its health programme and, on the basis of experience gained in applying the original provisions, to make further contributions to the development of services which would ensure the health and welfare of Canadians.

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After they had studied the federal plan, the provinces, without exception, announced their unqualified willingness to take advantage of the provisions, and began making arrangements to do so. This was the first step in the implementation of the programme.

Deputy Minister of National Health and Welfare, Mr. Jackson, in a letter to the provinces, outlined the co-ordinating government's plan to assist in the implementation of the programme. The Department of National Health and Welfare, in the few months of 1948, during which the programme was in operation, the Department found many instances where it was necessary to assist in the implementation of the programme. The number of provinces which have accepted the programme is increasing.

Referring to the annual meeting of the Royal College of Physicians and Surgeons of Canada in Ottawa on November 24, 1948, Mr. Jackson, in reviewing the progress of the programme, said:

From a study of reports coming in, I can say that all across Canada, health activity is being greatly stimulated by this first programme. It will be a good foundation for further progress.