

The Department serves the provinces in an advisory and co-ordinating capacity and administers grants to provincial health and national voluntary agencies. Administration of federal aspects of the Hospital Insurance and National Health Grant Programs has become a major activity during the past decade.

Co-ordination with the provinces on health matters is facilitated by the Dominion Council of Health, the principal advisory agency to the Minister of National Health and Welfare. Its membership includes the Deputy Minister of National Health, who acts as chairman, the chief health officer of each province, and five appointees of the Governor in Council, representing the universities, labour, agriculture and women's organizations. The Council meets semi-annually. Federal-provincial technical advisory committees of the Council deal with specific aspects of public health.

### Subsection 1.—National Health Grant Program

The National Health Grant Program, inaugurated in 1948, initially made ten federal grants available to the provinces for the development and strengthening of public health and hospital services. Nine were continuing grants: the Hospital Construction, Professional Training, General Public Health, Public Health Research, Mental Health, Tuberculosis Control, Cancer Control, Venereal Disease Control, and Crippled Children Grants. A Health Survey Grant lapsed in 1953 following completion of provincial health surveys. In 1953, after a review of the first five years of the Program, three new grants were established: Child and Maternal Health, Medical Rehabilitation, and Laboratory and Radiological Services.

In 1958, federal assistance under the Hospital Construction Grant was increased to \$2,000 per hospital bed (whether active treatment, chronic, mental or tuberculosis), double the previous grant for active treatment beds. In addition, funds were made available to meet up to one-third of the cost of approved alterations and renovations to existing facilities, with the federal contributions being at least matched by the provinces.

Beginning with the fiscal year 1960-61, a redistribution and merging of certain grants was effected to provide a more flexible measure of assistance and at the same time make larger amounts available for programs where additional aid was necessary. Adjustments were also required for services aided under certain grants, such as laboratory and radiological services and cancer control, now aided under the Hospital Insurance Program. The total allocation remained approximately the same but the number of separate grants was reduced to nine. The General Public Health Grant was increased by almost \$5,500,000 and projects under two previously separate grants—the Laboratory and Radiological Services Grant and the Venereal Disease Control Grant—were absorbed into it. The Medical Rehabilitation and Crippled Children Grants were merged and the combined allocation increased by more than \$1,000,000. The Mental Health Grant was increased by more than \$1,500,000, and the Professional Training and the Public Health Research Grants by about \$1,250,000 each. The Tuberculosis Control Grant was decreased by nearly \$750,000 and the Child and Maternal Health and Cancer Control Grants by lesser amounts. The grants for professional training and public health research, previously fixed amounts, were placed on a per capita basis, to increase with expansion of the population.

Up to Mar. 31, 1961, aid for hospital construction had been approved for 90,295 beds, 11,656 bassinets, 17,777 nurses' beds, 542 interns' beds, and space in community health centres and laboratories exceeding 14,558 bed-equivalents. Approximately 30,991 health workers had been trained or were undergoing special training and more than 7,000 health workers were employed with federal grant assistance.