

Canada, but the proportion of federal support is higher in provinces where the per capita cost is below the national average and lower in the other provinces. Contributions for insured out-patient services in each province are paid in the same proportion as the contributions to the cost for in-patients.

Under the Established Programs (Interim Arrangements) Act, a province could, prior to October 31, 1965, have contracted out of various federal-provincial programs, including hospital insurance, and on January 1, 1965, Quebec did so. Accordingly, the federal contribution to the Quebec hospital insurance program is made through tax abatement and not under the Hospital Insurance Act. Federal payments to the provinces (including Quebec) under this program for the fiscal year 1973-74 amounted to \$1,517 million.

**Health Manpower Development.** The purpose of the federal Health Manpower Development Program is to improve and maintain, through the collaboration of federal and provincial governments and other concerned agencies, the quality, supply, distribution, and productivity of all health manpower in Canada at a level that makes possible the delivery of effective and efficient total health services.

The program includes the administration of the Health Resources Fund Act of 1966 which provided a Fund of \$500 million over a 15-year period (1966-80) to provide financial assistance in the planning, acquisition, construction, renovation, and equipping of health training and research facilities. Up to 50% of eligible costs of approved projects are supported by federal contributions. Of the total amount, \$400 million is allocated to provinces on a per capita basis, \$25 million is further allocated to the Atlantic provinces for joint projects, and \$75 million for support of health training and research projects of national significance. The program also includes the administration of the Professional Training Grant, which provides assistance to the provinces in an extended program for the training of health and hospital personnel.

**Community health.** The federal community health program is aimed at promoting lifestyles that will improve personal health, and the development of comprehensive community health services readily accessible to all Canadians. The Health Promotion Division of the Community Health Directorate develops health-promotion and education services as essential components of community health services, seeks to increase public awareness of health responsibilities, and works with health agencies to improve personal health.

The Community Health Services Development Division of the Directorate is concerned with consulting, planning, developing, and evaluating community health services and centres. The main thrust is to promote community health services as identified in the Castonguay-Nepveu Report, the Manitoba White Paper, the Hastings Report, and others; to facilitate co-ordination of community health-services planning; and to encourage shifts in emphasis from institutional care to ambulatory care, and from curative services to health-promotional and preventive services.

**Health services for specific groups.** Through its Medical Services Branch, the Department of National Health and Welfare provides or arranges for several types of medical and health service for persons whose care is by custom or legislation a federal responsibility.

Indians, as residents of a province or territory, are entitled to the benefits of medical care and hospital insurance. These insured benefits are supplemented by Medical Services, which assists Indian bands in arranging for transportation and in obtaining drugs and prostheses. Emphasis is placed on a comprehensive public health program which provides dental care for children, immunization, school health services, health education, and prenatal, postnatal and well-baby clinics. Through direct financial assistance to organizations of native peoples, support is given to Indian programs directed toward improving the quality of life by means of adult education, family planning, accident prevention, venereal disease control programs, and the suppression of alcoholism and drug abuse. Since Indians comprise only 1% of the Canadian population and are distributed widely throughout Canada, a network of specially designed health facilities has been constructed in almost 200 communities that would otherwise lack health facilities. Approximately 60 of these are nursing stations, 91 are health centres, 46 are out-patient clinics, and nine are hospitals.

Increasing numbers of Indians are being trained and employed in the public health and medical care programs to facilitate understanding and health activities in local communities.