several types of institution, including hospitals, separate in-patient facilities, worker compensation board centres, and out-patient centres for children. Financing is from various federal, provincial and voluntary agency sources. Every province includes some institution-based services under hospital and medical care insurance. Two provinces have recently extended this coverage to include the supply and fitting of certain prosthetic and corrective devices. Vocational rehabilitation for the disabled is also a joint federal-provincial activity.

Two events highlight recent Canadian and international developments in rehabilitation. The national health and welfare department provided financial support and co-operation to the Canadian Rehabilitation Council for the Disabled for the 1980 World Congress of Rehabilitation International in Winnipeg and 1981 was designated the International Year for Disabled Persons.

Home care in Canada has developed in a variety of ways. Provincial home care programs characterize the numerous approaches and organizational structures that exist in Canada today. Some programs are oriented to specific disease categories; some are attached to specific hospitals or community centres, while others are seen as integral parts of comprehensive health care delivery systems. The range of services delivered by the home care programs varies from nursing services alone to a complete array of health and social services. Some programs concentrate on patients requiring short-term active treatment, while others treat convalescent or chronic patients. Some have as specific objectives the reduction of institutional costs and length of stay, and others aim for continuity of care and provision of co-ordinated health care services to patients for whom home care is the most appropriate level of care.

Most home care programs have two features: centralized control of services, and co-ordinated services to meet the changing needs of the patient. In some provinces the departments of health play an active role in financing and administration of home care programs, while in others local agencies, municipalities and hospitals assume major responsibility for home care.

Special schools or classes for various groups of handicapped children are usually operated by school boards, whereas most schools for the deaf and for the blind are residential schools operated by provincial governments.

Special programs for welfare recipients. All provinces pay all or part of the cost of additional services required by residents in financial need under their social assistance programs. These costs are shared equally with the federal government under the Canada Assistance Plan Act. The range of benefits varies from province to province, but may include such services as eyeglasses, prosthetic appliances, dental services, prescribed drugs, home care services, and nursing home care. Usually, if the benefit is universally available to insured residents under another program, this portion would not be administered under welfare auspices. Details of such programs are included in Chapter 8, Social security.

Health personnel 5.9

In terms of function, numbers and visibility, nurses and physicians may be seen as particularly significant categories of health personnel. However, because of increasing complexity of health care and a growing concern of efficiency in health services, other occupations have multiplied in number, size and importance in recent years. Tables 5.21, 5.22 and 5.23 present selected information on health personnel in Canada. Table 5.21 includes figures for interns and residents and those involved in administration, teaching, and research, as well as those in the clinical practice of medicine.

As of December 1977, there were 41,398 active civilian physicians in Canada. More important than the total number of physicians is the population/physician ratio. There is a greater concentration of the most highly qualified health personnel in urbanized areas. In 1977, the population/physician ratio ranged from 538 residents per physician in Ontario to 1,294 in the Northwest Territories. Nationally, this ratio has improved each year since 1966, reaching a level of 566 persons per active physician in 1977. This