

During the 1970s there was a change in emphasis toward integrating mental patients into the community instead of isolating them in institutions. This trend is reflected through shorter hospital stays, follow-up programs of out-patient visits to psychiatric clinics and special care facilities, and drug therapy.

The rate of patient-days in hospitals varied by sex and age. In the child-bearing years of the 15-24 and 25-44 age groups, the rate for women was double that for men. In the 45- to 64-year-old group, men had the higher rates, most likely because men suffer more heart ailments than women. After the age of 65, both men and women had a high rate of days of hospital care.

Length of stay in hospital also varied by age. Up to 44 years of age, people stayed in hospital for an average of one week. For the 45- to 64-year-old group, the average stay increased to 12 days in 1982-83. Patients 65 years old or more averaged 25 days in hospital at a time.

### 3.5 Financing and expenditures

The overall cost of health in Canada, including expenditures by the private sector and by all levels of government, reached nearly \$39.2 billion in the calendar year 1985 (preliminary data). That figure was up 6.3% from 1984, following annual increases of 11.1% in 1983 and 7.9% in 1984. The 1985 total was about 18 times the amount in 1960. On a per-person basis, the 1985 figure was \$1,543, or \$78 more than the year before and nearly triple the 1975 average.

In 1985, per capita health costs ranged from \$1,721 in Alberta (and \$2,861 in the territories) to \$1,279 in Prince Edward Island. British Columbia (\$1,618 per person), Manitoba (\$1,615), and Ontario (\$1,554) also had costs higher than the national average of \$1,543.

Before 1970, health expenditures took an increasing proportion of the Gross National Product (GNP). From 5.5% in 1960, this share rose to 7.1% in 1970; it oscillated between 6.8% and 7.4% for the next decade. A sharp increase to 8.5% in 1982 was more a result of a relatively small increase in the GNP than of an unusually large increase in health expenditures. From then until 1985 it varied only slightly.

The distribution of total health expenditures by type of service has remained relatively

unchanged during the 1975 to 1985 period. Institutional and related services accounted for about 55% in 1975 and fell gradually to 52% a decade later. Professional services took 22% or 23% throughout. Drugs and appliances rose slowly from 11% in 1975 to 13% in 1985, while the category "Other health expenses", which includes public health, capital expenditure, research, and the cost of insuring services, accounted for 12% or 13% every year.

The development across Canada of governmental plans for the provision of health care on an insured basis (hospital care; physician services; and, under individual provincial governments, various other categories of health needs such as dental care and prescription drugs) has made the governments' overall share of health costs increase substantially. From 42 cents on the dollar in 1960 (when hospital insurance was already largely in place), the share rose to 76 cents in 1975. It remained within one cent of that in each year of the succeeding decade.

### 3.6 International health

Through the Department of National Health and Welfare, Canada is involved in the work of the Commonwealth ministers of health, the Pan-American Health Organization, the World Health Organization, other United Nations specialized agencies and other intergovernmental organizations whose programs have a substantial health component. Similarly, the department takes part in bilateral exchanges with other countries and belongs to several international social policy-related organizations.

Each year Canadian experts in public health and in the health sciences undertake assignments abroad as special advisers or consultants at the request of the World Health Organization, the Pan-American Health Organization or one of the other agencies.

Health and Welfare Canada enforces regulations under agreements between Canada and other countries. Other responsibilities include the custody and distribution of biological, vitamin and hormone standards and certain duties in connection with an international convention on narcotic drugs. Provincial departments and agencies are involved through the federal-provincial Advisory Committee on International Health Affairs.

#### Sources

Information Systems Directorate, Policy, Communications and Information Branch, Health and Welfare Canada; Health Division, Social Statistics Field, Statistics Canada.