

Although the possibility of government participation in public medical care, beyond the special provision existing for certain indigent groups, received increasing public attention, insurance for medical care in Canada was still largely based on voluntary prepayment plans with approximately one-half the population enrolled. However, almost 98 p.c. of the insurable population was covered under the nation-wide hospital insurance and diagnostic services program operated by the provinces with federal financial support. During the year more than three million patients were admitted to general hospitals and almost 95 p.c. of the half-million births occurred in hospital.

Development in the sciences related to medicine, improved health services, and better nutritional and other standards are contributing to generally favourable health conditions—to a declining death rate and a longer expectation of life. Substantial progress in the fight against contagious diseases has not yet been paralleled by progress in solving the problems presented by chronic illness and the disabilities of older persons. Heart and hypertensive diseases, arthritis and rheumatism are among the leading causes of disability, although residual disability from stroke, Parkinson's disease, epilepsy and multiple sclerosis also accounts for large numbers of disabled persons. The death rate from lung cancer continues to increase and the disease is the subject of continuing investigation. Interest in mental illness has increased in recent years and new approaches to the solution of this major problem are being explored. Accidents, especially traffic accidents, constitute a steady and tragic problem, particularly as they affect children. Canada shares the world-wide concern for the hazards of radiation from medical and industrial causes as well as from fallout, and has devoted considerable attention to this problem.

Progress in the welfare field also continues to be substantial and efforts are concentrated on remaining problems, some of which are of considerable magnitude. Proposals for contributory old age insurance benefits and for improved general assistance programs are being explored. During 1961, the Federal Government and several provincial governments expressed interest in Ontario's proposed plan for the extension and portability of industrial pensions. In 1961, also, a five-million-dollar program was initiated by the Federal Government for the encouragement of fitness, recreation and amateur sport.

Rapid urbanization, large-scale immigration and increasing numbers of older persons in the population are among the forces requiring new approaches to Canada's welfare problems. At the same time, the growth of the industrial community has been associated with a marked improvement in the general standard of living. Higher real income has permitted better levels of nutrition and better housing in the urban industrial centres. During the past decade, many urban services have been extended to the rural population, so that many of the improvements in the national standard of living are being shared more equally by the urban and rural populations.

The increase that has taken place over the years in the provision of social welfare services has, of course, resulted in greatly increased government expenditures. The financial phase of developments in this field is dealt with in the following special article.

### SOCIAL WELFARE EXPENDITURES IN CANADA\*

One of the most significant socio-economic developments in postwar Canada has been the very substantial growth in social welfare expenditures. The more than \$3,300,000,000 spent under public welfare programs in the form of general welfare payments, social insurance benefits, social assistance and health and welfare services in the year ended Mar. 31, 1961 represented an almost elevenfold increase in such expenditures in about a decade and a half since World War II. Outlays of this magnitude by municipal, provincial and federal governments have had a profound effect on the nature and scope of public welfare programs across Canada and at the same time have had important implications for public finance and fiscal policy and for federal-provincial as well as provincial-municipal relations.

\* Prepared by Dr. J. W. Willard, Deputy Minister of Welfare, Department of National Health and Welfare, Ottawa.