Similarly, for income maintenance and welfare services, expenditures in public programs were 85 percent or more of the total in each year from 1950 through 1966 for which estimates are available.

In contrast, expenditures for health and medical care have been largely private expenditures. This comparison may be carried back to the fiscal year 1929, when public expenditures were 14 percent of the total for health and medical care. For those years for which estimates are available, the highest public share was 32.5 percent in the World War II year 1945. Since then, public programs have comprised 24 to 25 percent of all health and medical care expenditures in each reported year. In the fiscal year 1966, the percentage was 25.3. This was before medicare benefits were added to the social security system. As a result of this new public insurance program and recent expansion of Federal aid for medical care programs for public assistance recipients and other persons who need help in paying for medical care, the public share of health and medical care expenditures may be expected to jog upward in the fiscal year 1967.

Public programs included in the "health, education, and welfare" or "social welfare" series are identified in table 2. This table reports expenditure amounts for each program in 11 selected fiscal years from 1934–35 through 1965–66. The four sections of this table show for each program and group of programs (i) the sum of public expenditures, (ii) Federal Government expenditures, (iii) State and local government expenditures, and (iv) the percentage of financial support from the Federal and the State-local governments for each category of programs. Federal grants to State and local governments are classified as Federal expenditures in the social welfare series.

Although the "public funds" lines of table 1 are derived from the same basic program data as table 2, they present a different grouping of items and programs into broad categories. Table 2 is organized primarily on the basis of types of statutory programs; table 1 classifies expenditures by general objectives or purposes. For example, "Health" in table 1 includes all the medical and health-related expenditures that are classified in table 2 under the several major headings, "Social insurance, hospital and medical benefits;" "Public aid, vendor medical payments;" "Other welfare services, medical rehabilitation expenditures in vocational rehabilitation;" and "Veterans' programs, medical and health services." Similarly, "Education" in table 1 includes veterans' education, and "Social insurance and welfare" omits expenditures for medical care.[7]

Table 3 carries the historical series of table 2 back to 1889–90 in summary form by showing public expenditures for the several types of social welfare programs as percentages of the gross national product in selected years through fiscal 1966.

[7] Detail underlying table 1 appears in tables 5, 9, and 10 of the article by Mrs. Merriam in the Social Security Bulletin, December 1966.