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REPORTS OF THE GOVERNMENTS OF THE ORGANIZATION ON
PUBLIC HEALTH CONDITIONS AND PROGRESS ACHIEVED
DURING THE PERIOD BETWEEN THE XVIII AND THE
XIX PAN AMERICAN SANITARY CONFERENCES

REPORT OF CANADA

REPORT TO THE PAN AMERICAN SANITARY CONFERENCE
- DEVELOPMENTS AND ADVANCES
CANADA 1970 - 1974

The period from 1970 to 1974 has been a period of significant changes and innovations in the organization and administration of health services in Canada culminating in early 1974 with the adoption of a policy document "A New Perspective on the Health of Canadians" by the Government of Canada.

Arising from the impetus given by the important "Task Force Reports on the Cost of Health Services in Canada" in late 1969 every province of Canada has taken major steps to implement new systems of organization with the sole objective of continuing the reduction of the imbalance and lack of integration between parallel systems of health care with different objectives.

In British Columbia the 1974 report "Health Security for British Columbians" has urged the re-organization of the Department of Health together with the consolidation of primary health care services in a regional management system. In Alberta "Community Resource Centres" are being established to coordinate both health and social services under one administrative system whilst in Saskatchewan a preventive children's dental service was established in 1971-72 in 80 centres followed by a School Dental Service Pilot Project in 1974 with mobile clinics visiting more remote centres. Also in Saskatchewan a Dental Nurses Program was initiated in 1974 with treatment provided for children up to 12 years of age whilst the program of providing psychiatric treatment in "approved homes" and other extended care facilities has resulted in the closure of the larger psychiatric hospitals. Chiropractic services are now also provided as an insured benefit under the health insurance plan.

In Manitoba the concept of the "integrated single unit delivery system" has resulted in the establishment of centres to integrate public health and social services, and District Health Councils with both provider and consumer representation are now being created. In Ontario the provincial Department of Health was re-organized in 1972 and Area Planning Coordinators have been appointed to work with newly appointed District Health Councils. In the province of Quebec the 1971 "Act Respecting Health Services and Social Services" has resulted in health services being re-organized into four levels of care with coordination being provided by Health and Social Service Councils.

In New Brunswick extensive changes have been recommended for the administrative grouping of health and social services under a coordinated regional system of management and are currently being studied. In Nova Scotia a 1972 study has urged the adoption of "a coordinated regional health system" with regional and community health boards managing the system, whilst in Prince Edward Island Regional Service Centres coordinating the work of different government services have already been established. In Newfoundland Regional Hospital Boards are about to be established.

On a national basis the most significant developments have been a publication of a report urging the development of Community Health Centres which has been enthusiastically endorsed by all professional groups, and the "New Perspective on the Health of Canadians" which has proposed a new conceptual approach to health services recognizing that more emphasis now needs to be given to lifestyle, environmental health and human biology in addition to health care organization.

Studies conducted by the Department of National Health and Welfare have revealed that the underlying causes of present mortality and morbidity in Canada resulting in potential years of life lost by premature death are due, in large part,

to environmental factors and self-imposed risks. Only if these conditions are ameliorated can there be significant gains in life expectancy and the overall level of health of Canadians.

For example, the five principal causes of early death measured by potential years of life lost by each cause measured against a life expectancy of seventy and eliminating causes of infant mortality in 1971 were motor vehicle accidents, ischaemic heart diseases, all other accidents, respiratory diseases and lung cancer, and suicide. Similarly, measurement of the principal causes of hospitalization as measured by the total number of hospital days has revealed that the principal causes of hospital morbidity are diseases of the cardio-vascular system, fractures, head injuries, burns and all other causes arising from accidents and violence and finally mental illness. For each of these causes of early death and hospitalization individual behaviour and carelessness are the principal or important underlying factors.

Detailed consideration of all these factors has lead to the conclusion that despite all our best efforts to improve the provision of facilities, services and personnel, significant gains can only be made if there is a greater understanding of and reduction in the causes of early death and hospitalization through a greater awareness of human biology, environment, lifestyle and the health care organization system.

In adopting this new health field concept a universal framework for examing health problems and for suggesting courses of action needed for their solution has been established to bring together in a unifying movement all the participants in decisions which affect health care. By identifying "high risk" segments of the Canadian population programs are now being devised aimed at reducing these risks. Five strategies have been proposed as follows:

- a health promotion strategy involving twenty-three proposals aimed at informing, influencing and assisting both individuals and organizations to accept more responsibility and to be more active in matters affecting physical and mental health.
- a regulatory strategy aimed at using federal regulatory powers to reduce health hazards and at encouraging and assisting provinces to use their regulatory powers to achieve this end.
- a research strategy involving fifteen proposals designed to help discover and apply the knowledge needed to solve health problems.
- a health care efficiency strategy of twenty-one proposals to assist the provinces in re-organizing their health care delivery systems so that cost accessibility and quality are balanced in the best interests of all Canadians.
- a goal-setting strategy with seven proposals to set, in co-operation with others, specific goals to be attained in improving the health of Canadians and in increasing the efficiency of health care systems.

At the present time authority for the pursuit of these objectives is widely dispersed among governments, professions and organizations which, together with the limitations on the availability of additional funds and differences of opinion as to priorities will, naturally, require careful consideration, consultation and planning. The stage has been reached, however, where choices can no longer be solely made by governments but must involve society as a whole and individuals within the society. It is hoped, therefore, that the adoption of the new concept of health care will help to develop a high level of public awareness of its objectives and will generate informed discussion among all Canadians. Only in this way can further improvements and innovations be made in the organization and administration of health services.