

Communicable disease control. The larger provincial health departments have separate divisions of communicable disease control headed by full-time epidemiologists; in others this function is combined with one or more community health services. Local health authorities organize public clinics for immunization against diphtheria, tetanus, poliomyelitis, whooping cough, smallpox and measles. They also engage in case-finding and diagnostic services in co-operation with public health laboratories and private physicians. Special services for tuberculosis and venereal disease have already been described.

Public health laboratories. All provinces maintain a central public health laboratory and most have branch laboratories to assist local health agencies and the medical profession in the protection of community health and the control of infectious diseases. Public health bacteriology (testing of milk, water and food), diagnostic bacteriology and pathology are the principal functions of the laboratory service, with medical testing for physicians and hospitals steadily increasing.

Rehabilitation and home care. Rehabilitation services are provided by a wide range of public and voluntary agencies. Physical medicine and rehabilitation services are based in 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.

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 the services within the program, and co-ordinated services to meet the changing needs of the patient. In some provinces the departments of health play an active role in the 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.

5.5.7 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.

For several years federal and provincial governments have been discussing the possibility of replacement of the Canada Assistance Plan with a new social services act. The federal proposal for this new act broadens and re-defines services to be eligible for federal funding. It also recommends a block funding formula as a replacement for the present cost-sharing arrangements.