

chronic patients. The objectives are the reduction of institutional costs and length of stay, and 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 and co-ordinated services to meet the changing needs of the patient. In some provinces the departments of health play an active role in financing and administration of home care programs. 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. Most schools for the deaf and for the blind are residential schools operated by provincial governments.

A program for the vocational rehabilitation of disabled persons, initiated in 1952, has been administered by NHW since April 1973. The federal government shares the costs incurred by the provinces in providing comprehensive services for vocational rehabilitation of physically and mentally disabled persons. Services include social and vocational assessment, counselling, training, maintenance allowances, provision of tools, books and other equipment, remedial and restorative treatments, and provision of prosthetic and orthotic appliances, wheelchairs, and other mobility aids.

3.2.5 Health promotion and physical activity

Significant gains, in terms of increased longevity and reduced prevalence of sickness and disability, could arise from improvements in the physical environment and changes in individual behaviour. Promotion of healthy lifestyles and accessibility of community health services are emphasized by the various health departments. Health promotion programs are, for instance, aimed at producing a generation of non-smokers, reducing alcohol consumption, changing nutritional practices, reducing drug use, reducing risks of accidents, increasing emphasis on fitness and exercise and improving parenting and other aspects of family life.

Several factors suggest that health promotion in the mental health field will become a salient issue in the future. An increasingly stressful environment could be reflected in increased mental health problems. Both the individuals concerned and the community sector should be made aware of this problem and provide support in coping with it.

Federal and provincial governments co-operate on programs such as a national alcohol information program and a long-range plan carried on in co-operation with a council on smoking and health.

Efforts have been made to reach people at all levels. Trainer workshops have been held for addiction workers. NHW has developed a basic training system in alcohol and drug services. Television programs and public service announce-

ments have been produced on nutrition, health and fitness. Plans for future directions in health promotion include emphasis on programming in self-care and stress.

The physical activity index of the Canada Health Survey showed that the proportion of persons who were very active declines with age. While 46% of men and 32% of women aged 15-19 were classified as very active, this proportion declined to only 11% of men and 5% of women aged 65 and over.

Physical activity. A Canada fitness survey was undertaken in 1981 by Fitness and Amateur Sport Canada to assess fitness levels of a representative cross-section of the population. More than 20,000 Canadians answered detailed questions on their activity patterns, and more than 15,000 took fitness tests.

More than three out of every four (77%) in the sample aged 14 years and over reported participating in some sport over the last 12 months, while 66% took part in exercises, including walking, jogging, cycling, calisthenics and exercise classes in the previous month. Sport participation was up from 54% in 1976, when activity patterns were studied in a similar survey. Thus an additional 23% of the population was active in sports, not counting those who were limited by chronic injury or illness. In contrast to sports, proportionate participation in exercise activities had changed little since 1976 when it was 63%.

Sports were the preference of males, while exercise activities were the choice of females. Sport participation drops drastically with advancing age, while exercise participation is more stable. Nevertheless, a majority reported remaining active up to age 55.

Compared with 1976, there were large increases in the number wanting to begin jogging, calisthenics, cycling, walking, running and racquetball. Lack of time due to work was the main reason people cited for not increasing their activity levels.

Fitness Canada seeks to increase awareness of the importance of fitness and encourage greater participation in physical activity. It provides support to some 400 projects conducted by more than 100 national organizations. Projects promote and develop physical activity programs for all Canadians including the disabled and the poor.

3.2.6 Voluntary agencies

Health is one field in which voluntary agencies are most involved. Health departments in Canada recognize and support the intrinsic worth of voluntary action in developing and providing services to promote health and well-being. Historically, voluntary groups have played a major role in promoting public awareness and action leading to the development of Canadian health systems and social services. The voluntary sector, with its grassroots involvement, is in a position to be aware of emerging problems, evolve innovative responses and mobilize