

Syndrome. Surveillance is maintained of birth defects, cancer, cardiovascular diseases, poisoning and adverse drug reaction.

### 3.2.5 Public health and community health

Health departments, in co-operation with regional and local health authorities, administer such services as environmental sanitation, communicable disease control, maternal and child health, school health, nutrition, dental health, occupational health, public health laboratories and vital statistics. Most provinces have delegated certain responsibilities to health units in rural regions and to municipal health departments in urban centres. Several provinces provide services directly to their thinly populated northern areas.

**Maternal and child health.** Consultant services of health departments co-operate with the public health nursing services. Maternal and child health services also undertake studies and help train nursing personnel. At the local level, public health nurses provide services to mothers, the newborn and children through clinics, home and hospital visits and school health services.

**Nutrition and health education.** Health departments and some municipal or regional health offices employ nutrition consultants and/or health educators to extend guidance to health and welfare agencies, schools, nursing homes, various community service agencies and other institutions. They provide diet counselling to selected patient groups such as diabetics, and conduct nutritional surveys and other research. Most provincial health departments have a division or unit of health education. Many educational activities are directed to accident prevention, health promotion and to changing habits harmful to health, such as smoking and the excessive use of alcohol and other drugs.

**Dental health.** Public health programs have been largely preventive, but emphasis is now being given to dental treatment. Dental clinics conducted by local health services are generally restricted to pre-school and younger school-age groups. A number of provinces send dental teams to remote areas. All provinces have dental care schemes of varying coverage for welfare recipients. Other dental health programs are directed to training dentists, dental hygienists, nurses, therapists and assistants, conducting dental surveys and extending water fluoridation.

**Communicable disease control.** In larger provinces, health departments have divisions of communicable disease control. 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, rubella and measles.

**Public health laboratories.** Provinces maintain central public health laboratories and have branch laboratories to assist local health agencies and the medical profession in protection of community health and 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, together with medical testing for physicians and hospitals.

**Rehabilitation and home care.** Rehabilitation services are provided by public and voluntary agencies in several types of institutions, including hospitals, separate in-patient facilities, worker compensation board centres, and out-patient centres. Financing is from various federal, provincial and voluntary agency sources. Every province includes some institution-based services under hospital and medical care insurance. In some provinces coverage is extended to the supply and fitting of certain prosthetic and assistive devices.

Home care has developed in a variety of ways. Some programs are oriented to specific disease categories. Some are attached to specific hospitals or community centres. Others are integral parts of comprehensive health care delivery systems. The range of services varies from nursing services alone to a complete array of health and social services. Some programs concentrate on patients requiring short-term active treatment. Others treat convalescent or 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 disabled 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