

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 administered by Health and Welfare Canada 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.

3.2.6 Health promotion and physical activity

Health promotion is the process of enabling people to increase control over and to improve their health. It is an approach to health which recognizes the importance of quality of life as a dimension to everyday living. Health promotion is viewed as a new kind of public health in which importance is given to achieving, maintaining and improving health. Health promotion includes three basic mechanisms; self-care, mutual aid and the creation of healthy environments. All sectors of society have a role to play in preserving and enhancing the health of Canadians. For health promotion this role is seen to include fostering public participation in order that people assert greater control over factors affecting their lives; strengthening community health services; and co-ordinating the health aspects of public policies.

Health promotion is increasingly gaining merit as an approach which responds effectively to current and future health concerns.

Areas where health promotion efforts are presently under way include family health; adolescent sexuality; nutrition; impaired driving; mental health; alcohol, tobacco and drug use; and social support for seniors. Health promotion is taking place formally or informally in a variety of settings including health and social services, schools, training centres, the workplace, homes, neighbourhoods and community centres.

Physical activity. A Canada fitness survey, undertaken in 1981, revealed that 56% of Canadians aged 10 and over are physically active. The survey also revealed that, despite increased participation, Canadians are still not as fit as they could be: only 25% are active enough to potentially benefit their cardiovascular health. A longitudinal follow-up survey was launched in 1988.

Fitness and Amateur Sport Canada seeks to increase awareness of the importance of fitness and encourage greater participation in regular physical activity of Canadians including target groups such as disabled persons, youth, employees and older adults. This is accomplished via numerous programs and activities which could