

evaluation of the screening process itself.<sup>(1)</sup> These eight projects are carried out by the following groups.<sup>(2)</sup>

- Study #782 University Hospital of Saskatchewan, Saskatoon, Saskatchewan
- #790 Provincial Department of Public Health of Saskatchewan
- #791 University of Western Ontario, London,
- #794 University of Manitoba, Winnipeg, Manitoba
- #798 Provincial Department of Health of British Columbia
- #810 Ontario Cancer Institute, Toronto, Ontario
- #821 St. Paul's Hospital, Vancouver, British Columbia
- #823 University of Toronto East General Hospital

Screening clinics for specific diseases such as glaucoma, are open to various age groups in the provinces. Most provinces commented about the need to establish the value of multi-phasic screening for chronic diseases before undertaking such an expensive service.

#### Recommendation 14

That health counselling of people middle-aged and older, including matters as diet, rest, recreation and living habits be provided through well adult clinics, day care centres, health services in housing projects, pre-retirement courses and health maintenance programs generally; and that initiative in establishing such programs and facilities be taken by the local health department.

#### ACTION TAKEN

The survey conducted by the Canadian Council on Social Development and reported in *Beyond Shelter* shows that social work counselling was available on site or as a special development service in 6.1 per cent of all developments; in or for the general community in 44.5 per cent and not available in 49.4 per cent. Medical check-up was available in 11.1 per cent on site or as a special development service; 8.0 per cent in the community and not available in 80.9 per cent of the cases studied.<sup>(3)</sup>

The Report goes on to state that "except in hostel and mixed developments (particularly those that contained a high proportion of very old and incapacitated residents)

sponsors generally left health services to private physicians and nursing agencies. They did not concern themselves with the prevention of health problems; rather they restricted their role to ensuring that residents received treatment in emergency situations. For example, only 19 per cent of developments reported that their residents had a regular medical checkup service available."<sup>(4)</sup>

At the University of Ottawa Medical School researchers are using a \$38,000 grant to see how well a public health nurse promotes and maintains the health of senior citizens in seven publicly-run apartment complexes.<sup>(5)</sup> This is a three-year project that will be completed in 1975. Through the use of control and experimental groups, the study will measure the effects of public health nursing on the health of senior citizens. The health of the senior citizens is measured in terms of their functional ability using a morale scale which measures psychological well-being and an index of independence which measures ability to do self care activities such as bathing and dressing and instrumental activities such as shopping, cleaning.

Dr. Gustave Gingras, world-renowned specialist in rehabilitation medicine and President of the Canadian Medical Association, in a talk on the medical plight of Canada's elderly, expressed his disappointment by the lack of any day hospital or day-care programs for the elderly. "There is much talk of keeping people out of institutions, yet while the talk goes on the emphasis remains on placement in institutions."<sup>(6)</sup> Some Day Care Centres are available in the larger cities, e.g. Greater Vancouver which takes in almost 50 per cent of the total British Columbia population, has a Day Care Centre Project and the North Shore Day Care Centre, developed under a LIP grant, has established a need for such a service in that area.<sup>(7)</sup>

The Community Care Services (Metropolitan Toronto) Incorporated<sup>(8)</sup> was issued a Charter by Letter Patent on December 13, 1971 with the following objectives.

A. To enable aged, handicapped, chronically ill and convalescent persons to remain in familiar settings and retain involvement with their neighbourhood by:

- (i) the daily provision of a well-balanced meal;
- (ii) relieving some of their isolation and loneliness through friendly visits, group participation in social and recreational events and formal programs, and such social care services as day camps, shopping, escort services, telephone chains, transportation,

(1) *Ibid.*, p. 138.

(2) Science Council of Canada. Telephone Communication April 19, 1974

(3) Canada Council on Social Development. *Beyond Shelter*, Ottawa, 1973, p. 128. This report is based on data up to and including 1970.

(1) *Ibid.*, p. 391.

(2) *On Growing Old*, June 2, 1973.

(3) *Ibid.*, p. 3.

(4) Social Planning and Review Council of British Columbia. *A Study of Community Care for Seniors*, Vancouver, 1972, p. 91.

(5) Social Planning Council of Metro Toronto, *The Aging—Trends, Problems, Prospects*, Toronto, 1973, p. E30.