

While there are examples of particular facets of health promotion programs such as self help education, social support groups, educational and information programs, one could not say that a population-based health promotion approach has been adopted by the health care system. Indeed, reform has been focussing on decreasing or refusing increases to hospital budgets; caps on physician salaries; graduating fewer physicians; encouraging outpatient surgeries and post-intensive care at home rather than in the hospital; and more recently, regionalization. One of the reasons why it is believed health care systems hesitate to embrace the health promotion perspective in practice is because they do not know where to begin and end. That is, it seems to encompass everything. There are isolated examples of attempts to experiment with the most appropriate role for a regional health authority in a population-based health promotion approach, but the starting questions are not receiving serious attention - should they try to do this? Should they facilitate grassroots community groups in doing this? Should they simply focus on providing illness care and not even attempt health promotion and disease prevention? These questions are not being asked at present.

There has been striking consistency across the country in the vision of a more cost effective and appropriate health care system. It is to include a broadening of the definition of health beyond biomedical boundaries, have less emphasis on institutional care, more emphasis on home care, more emphasis on health promotion and disease prevention, care closer to home, more evidence-based decision making, and alternate payment for physicians away from fee-for-service. It is believed all of this can be achieved without added dollars (except in the initial transition period) and through restructuring and redistribution. This vision would provide a health care system appropriate for an ageing society. Reform to date, however, does not suggest this is likely to happen in the foreseeable future. Indeed, rather than embracing and implementing the recommendations of the National Forum on Health, the Prime Minister has recently announced the establishment of a new Commission (The Romanow Commission) to examine the health care system for the new century.

Current Issues - Diversity

Seniors represent a heterogenous group along a multitude of dimensions. It is important, especially when viewing aggregate statistics, to remember that diversity characterizes seniors. Not only does the term 'seniors' or 'elderly persons' span over three decades in terms of ages, it encompasses the rich, the middle class and the poor, the well and the ill, the educated and the not so educated, the happy and the sad, and a spectrum of subcultural groups. In this section, subcultural diversity is elaborated. There is a paucity of research in this area in Canada although the issue of ethnic or racial subgroups is receiving some attention and the delivery of culturally appropriate health care services has been of concern for some time.

The term 'cultural competence' has been used to refer to 'a set of congruent behaviours, attitudes, and policies that come together in a system, agency or among professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations', (Cross et al., 1989). It refers to more than cultural awareness or sensitivity, including not only cultural knowledge and respect for different cultural perspectives, but also having skills and being able to use them effectively in cross-cultural situations. Brach and Fraser (2000) argue that it includes an ongoing commitment or institutionalization of appropriate practice and policies for diverse populations. It refers to a continuum recognizing that responses to cultural diversity can vary in effectiveness.

After reviewing available literature, Brach and Fraser (2000) derive nine major cultural competency techniques that can be utilized with diverse populations, but hasten to add that the research does not tell us whether or not or in which situations these techniques are most likely to be effective. They include: interpreter services; recruitment and retention of