

consultation services are offered to the nursing homes in the field of nutrition, administration, finance, as well as consulting services in the fields noted under inspection services.

Seminars and discussion groups are also held for nursing home staff. In the case of charitable and municipal homes for the aged, consulting is available from Toronto in all areas of care standards; in addition, in-service training and other programs are available from the province in conjunction with the Ontario Association of Homes for the Aged.

New Brunswick<sup>(1)</sup> engaged consultants to study its hospital facilities in 1969 and has stated its policy: the main objectives in the nursing home program is to ensure that each resident of the province who is in need of care does in fact receive the care required. Regulation 71-73 of the Health Act has greatly improved the number and quality of nursing care facilities in the province. As in other provinces, approved nursing homes, operated on a non-profit basis in the province, are not part of the hospital services system but come under the Social Welfare Act. The Department of Social Services is authorized to provide financial assistance for persons unable to pay for nursing home care. Although construction grants for nursing homes do not come under hospital construction, under Chapter 39, An Act to Amend the Health Act, the Minister may grant to charitable organizations an amount of two thousand dollars per bed toward the cost of new construction of nursing homes. Operating costs are reviewed by the Department of Social Services to determine the rate per day to provide financial assistance. Nursing homes are licensed and supervised by the Provincial Department of Health and consultation services are provided in the field of rehabilitation staffing, dietary and administrative services.

In February 1973 the first report of the Nova Scotia<sup>(2)</sup> Council of Health was released. The Council had been directed to undertake a complete review of the health system in the province.

Among its recommendations was that the province adopt the "progressive care" approach and define levels of care, including active treatment; nursing home care designed for long-term patients; home care designed as a hospital alternative for patients who require regular nursing care and some physician attention; ambulatory care for those who require extended therapy and personal care for those who need support to maintain themselves.

The emphasis is on non-institutional care.<sup>(3)</sup>

The implementation of the proposed plan hinges on changes in federal-provincial cost sharing, i.e., sharing to be related to payment for health care to population.

- (1) New Brunswick. Department of Health, Public Health Services. Letter dated August 17, 1973.
- (2) Nova Scotia Council of Health, *Health Care in Nova Scotia - A New Direction for the Seventies*, Halifax 1973, 187 pages.
- (3) *Canadian Medical Association Journal*, March 3, 1973, Volume 108, p. 661.

In Prince Edward Island<sup>(4)</sup> private nursing homes operate without public financial assistance and are licensed and supervised by the Hospital Services Commission under Regulations passed under the Hospitals Act to ensure suitable standards of accommodation and service. Their services are supplemented by manors operated by the Department of Social Services located in all major urban centres in the province. All private nursing homes and public institutions have Registered Nurse supervision and such ancillary staff as may be needed to meet the requirements for nursing care of the patients therein.

In the Annual Report<sup>(5)</sup> for 1973 of the Newfoundland Department of Social Services and Rehabilitation it was reported that sufficient emphasis has not been placed on the urgent need for beds where nursing care can be provided. Approval for the construction of five new Homes for Senior Citizens at Lewisporte, Grand Bank, St. Anthony, Grand Falls, and Stephenville Crossing was granted. Approximately 25 per cent of the bed capacity will be for nursing care.

#### Recommendation 39

That Central Mortgage and Housing Corporation (CMHC) conduct a sustained educational campaign to make everyone concerned aware of the opportunities, under the NHA as amended, to provide new and converted housing of many varieties for the use of older people and that in such a campaign attention be called to such particulars as:

- (a) The desirability of spreading housing for old people throughout the community and/or incorporating it in housing for other age groups;
- (b) the additional opportunities available under the revised public incomes; and
- (c) the importance, when hostels and other special group living arrangements are being considered for old people able to get about, of selecting a convenient site, ensuring a homelike atmosphere, keeping the size of the project as small as is compatible with economical operation, and of blending it in with the general housing of the area.

#### ACTION TAKEN

The 1971 CMHC Report *Urban Canada: Problems and Prospects*<sup>(6)</sup> includes a monograph which has particular relevance for policy and program planners concerned with housing the elderly.

- (4) Prince Edward Island. Department of Health. Letter dated August 28, 1973.
- (5) Newfoundland. Department of Social Services and Rehabilitation, *Annual Report for the Year Ending March 31, 1973*, p. 49.
- (6) Central Mortgage and Housing Corporation *Urban Canada: Problems and Prospects*, Ottawa, 1971.