

## B. COMMUNITY CARE, HOME CARE, SOCIAL SUPPORT AND PREVENTIVE SERVICES

Witnesses often spoke of access in terms broader than those required by the *Canada Health Act*. A variety of witnesses favoured a more comprehensive definition of health and a wider range of insured services in the health care system. The National Advisory Council on Aging's view of health care for seniors is one example:

To provide adequate health care, it is necessary to assure access to a broad spectrum of services that go far beyond the medical model of health and far beyond the walls of health care institutions to meet the physical, mental and social health needs of older Canadians.<sup>82</sup>

A Health and Welfare Canada study of mental disorders among the elderly similarly concludes that:

It is recognized increasingly that the social and public health problems of aging and old age cannot be resolved through a traditional single-track, sectorial approach. An integrated approach combining social, behavioural and medical knowledge and skills has a better chance of ensuring that the needs of the aged population are met.<sup>83</sup>

Ray Jackson of the Science Council of Canada observes that the "health establishment" is adapting to a number of changes that have taken place over the past few decades, including the demographic shift to an older population and the shift from infectious diseases to chronic and degenerative diseases. He says, in this regard:

It is generally realized that after-the-fact treatment of chronic and degenerative diseases does not have a high success rate. Since the origin of diseases lie mainly in social, environmental, nutritional, genetic and lifestyle factors, prevention will be the only really effective approach to the improvement of health and the reduction of health care costs.<sup>84</sup>

Current funding arrangements provide health insurance to cover the cost of care within a "medical model", where health is defined as the absence of illness. Many witnesses (including Dr. Mustard and Professor Contandriopoulos) suggested that funding arrangements based solely on this model of care do not provide the breadth of services required. They pointed out, for example, that little help is available to those who are seeking to take preventive steps or to use available technology and expertise in order to maximize independent living. The National Advisory Council on Aging also expressed this view with respect to seniors. The Science Council paper points out that as the health establishment adapt to its changing environment:

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<sup>82</sup> Brief, p. 11.

<sup>83</sup> Guidelines for *Comprehensive Services to Elderly Persons with Psychiatric Disorders*, Mental Health Division, Health Services and Promotion Branch, 1988, p. 32.

<sup>84</sup> *Issues in Preventive Health Care*, Report of the Science Council of Canada, 1985, p. 3.