



HEALTH CARE: A COMMUNITY CONCERN?

by Anne Crichton, Ann Robertson,
Christine Gordon, and Wendy Farrant

ISBN 978-1-55238-572-2

THIS BOOK IS AN OPEN ACCESS E-BOOK. It is an electronic version of a book that can be purchased in physical form through any bookseller or on-line retailer, or from our distributors. Please support this open access publication by requesting that your university purchase a print copy of this book, or by purchasing a copy yourself. If you have any questions, please contact us at ucpress@ucalgary.ca

Cover Art: The artwork on the cover of this book is not open access and falls under traditional copyright provisions; it cannot be reproduced in any way without written permission of the artists and their agents. The cover can be displayed as a complete cover image for the purposes of publicizing this work, but the artwork cannot be extracted from the context of the cover of this specific work without breaching the artist's copyright.

COPYRIGHT NOTICE: This open-access work is published under a Creative Commons licence.

This means that you are free to copy, distribute, display or perform the work as long as you clearly attribute the work to its authors and publisher, that you do not use this work for any commercial gain in any form, and that you in no way alter, transform, or build on the work outside of its use in normal academic scholarship without our express permission. If you want to reuse or distribute the work, you must inform its new audience of the licence terms of this work. For more information, see details of the Creative Commons licence at: <http://creativecommons.org/licenses/by-nc-nd/3.0/>

UNDER THE CREATIVE COMMONS LICENCE YOU **MAY**:

- read and store this document free of charge;
- distribute it for personal use free of charge;
- print sections of the work for personal use;
- read or perform parts of the work in a context where no financial transactions take place.

UNDER THE CREATIVE COMMONS LICENCE YOU **MAY NOT**:

- gain financially from the work in any way;
- sell the work or seek monies in relation to the distribution of the work;
- use the work in any commercial activity of any kind;
- profit a third party indirectly via use or distribution of the work;
- distribute in or through a commercial body (with the exception of academic usage within educational institutions such as schools and universities);
- reproduce, distribute, or store the cover image outside of its function as a cover of this work;
- alter or build on the work outside of normal academic scholarship.

PART VII

Reform and Restructuring

CHAPTER 22

The Welfare State Approach is Questioned

In Chapters 5 and 6 the evolution of the Canadian welfare state, taking professional and social services over from an individualistic private enterprise organization to form a collectivist financial redistributive organization, was described. When these new redistributive programs had been legislated and implemented by the late 1960s, some Canadians started to ask questions about their validity.

Canadian Questions on Redistribution of Resources

Before going on to further discussions of the welfare state/society it may be useful to summarize these questions again:

1. How far should Canada go in developing minimum income policies?

In the early 1970s there began to be a backing off from expanding social welfare schemes (e.g., Canada 1973c), and critical discussions were held about the importance of developing more restrictive minimum income policies. (Seward and Iacobacci 1987; Johnson 1975).

2. Should Canada continue to promote public housing policies?

In the mid 1970s there was a major shift in housing policies away from the emphasis on providing subsidized public housing to encouraging investment in housing as an economic policy (Hallendy 1986).

3. Should the federal government develop other publicly financed health care programs?

It was decided to leave it to the provincial governments to consider whether to finance pharmacy or dental care programs. They all decided to provide subsidies for prescription drugs for elderly and chronic sick patients and some decided to provide dental care for children.

4. Should Canada continue to develop its post-secondary educational institutions?

By the mid 1970s most of these were already in place across the provinces.

5. How could Canada bring its open ended grants-in-aid to the provinces under control?

In 1970 the Economic Council of Canada had pointed out that Canada had become overcommitted to social spending and would be in great difficulties by the end of the century.

Throughout the 1970s negotiations took place between federal and provincial governments with regard to limiting the open-ended matching grants programs but agreement could not be reached. In 1977 the federal government enacted the Established Programs Financing Act (EPF) legislation by fiat. This brought in block grants in lieu of the open-ended grants. These block grants were to be reviewed at five-year intervals. This was intended to force the provinces to take more responsibility for social program funding and administration.

This questioning and the actions taken by the federal government to limit the redistributive programs did not solve the problem of overspending which has become more difficult to cope with in recent years.

International Questions

A second series of questions arose out of the international conference on Crisis in the Welfare State (Organization for Economic Cooperation and Development 1981). This reviewed the difficulties arising in those countries which had committed themselves to some form of collectivist redistribution in the postwar years. Some were much more committed than others (as was explained in Chapter 5). The conference did not explore the extent of commitment so much as the way in which redistribution policies were worked out. It was argued that those countries which consulted (made a partnership with) industrialists, trade unions and others involved in economic productivity were likely to be able to make better adjustments to their social distribution — economic development policies. Those least able were the parliamentary societies in the Westminster tradition in which governments worked out their policies in debate with the political opposition. They needed to keep more

in touch with world market developments and technological changes through consultations with industrialists and researchers.

In Canada these recommendations resulted, in due course, in the making of so-called corporate partnerships: formal discussions with businessmen, unions and researchers about policy development were set up.

Canadian Questions on Citizenship Rights

A third set of questions was raised about ensuring the equal rights of all Canadian citizens, and the Charter of Rights and Freedoms was appended to the patriated constitution of 1982.

This instituted a very different approach from electing governments to carry out financial redistribution policies; it required all Canadians to become involved in accepting social differences in their society — racial, sexual, physical and mental disabilities of other citizens. This can be described as accepting a policy of “equality of consideration.” In order to do so there was a need to make considerable attitude changes in society and to develop greater individual and community awareness of the needs of disadvantaged members of society.

First and Second Order Change

The decision to bring in financial redistributive programs across the provinces was a first order change from making Canadians responsible as individuals for their own survival to making them responsible collectively for others in need.

When it became clear that financial redistributive programs were not enough to provide “equality of consideration” for all citizens, there was a shift in the vision and a move towards reform and restructuring of social programs.

Each of the publicly financed programs reacted to the questionings of the welfare state policies in different ways. The social welfare programs began to focus on the barriers faced by disadvantaged citizens but stopped working towards the removal of residualism in meeting needs. Health care programs shifted to consider the need for social supports, the importance of health promotion and a social model of health. Other programs such as housing moved towards an economic investment rather than a social model of provision.

The clear commitment to collectivism in the financial redistribution model became cloudy as the economic situation of Canada changed.

The following chapters in Part VI examine how Canada went on to deal with the debt and deficit issues up to the end of the Progressive Conservative terms of office in 1993, how it reviewed its health care programs in the

light of these questions and how it has addressed human rights' issues for three disadvantaged groups, before considering the implications of these new issues for consumer involvement in policy making and the new approach to the welfare state. Part VII ends with a further discussion of the context of health care systems — the new welfare society.

Summary

This chapter begins by recapitulating a number of questions about the usefulness of concentrating on financial redistribution within a welfare state when the forecasts said that the nation had become overcommitted. Efforts were now made to control grant aid to the provinces under the EPF legislation of 1977.

A second series of questions relates to the breadth of corporate involvement in policy making and the need for governments to work more closely with businesses and unions.

A third series of questions was raised about equality, other than financial equality and the need to recognize the human rights of all Canadians.

This chapter traces two periods of organizational change in the welfare state after deciding to adopt the collectivist model. The first order of change to financial redistribution was questioned and a new vision adopted. This required restructuring to a second order of change.