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Health Care: A Community Concern? Developments in the Organization of Canadian Health Services

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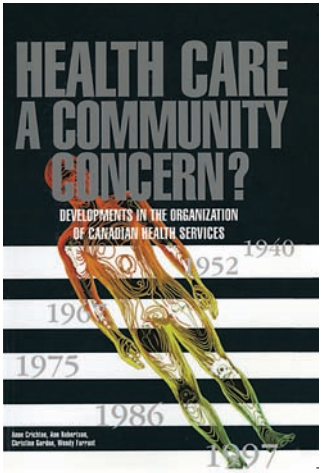

HEALTH CARE: A COMMUNITY CONCERN?
by Anne Crichton, Ann Robertson,
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PART I

Themes of the Book

CHAPTER 1

An Explanation of the Approach

Three themes will be developed in this book:

1. Because the present organization of health care delivery is less efficient and effective than it could be, there is a perceived need for reform and restructuring
2. That understanding how the health care system may be reformed depends upon a better understanding of the context of its organization, that is, the Canadian welfare state and our commitment to it
3. That one aspect of reform and restructuring is community involvement.

As an introduction to an exploration of these themes, the first four chapters will present, first, the framework which will be used for analysing the health care system in its context and second, three brief summaries of the themes which will be discussed more fully later.

The Reasons for Taking This Approach

In 1986 the federal Minister of Health, Jake Epp, called an international conference in Ottawa (WHO 1986) in conjunction with the World Health Organization's (WHO) European office, to discuss the concept of health promotion. He had become interested in this extension of Canada's approach to health care delivery because the previous government had passed, in 1984, the Canada Health Act,[1] which can be seen as bringing to a close the first stage of development of publicly financed health care. The passage of this act ensured that all provinces receiving federal grant aid would provide

1 This act brought together the legislation in 1948 for the National Health Grants, the 1957 Hospital Insurance and Diagnostic Services Act and the 1966 Medical Care Insurance Act (see Chapter 2).

access to universal, comprehensive, portable, publicly administered and equitable medical and hospital services. But the effectiveness of emphasizing *access* to crisis care as the principal goal of the public system had begun to be questioned much earlier in *A New Perspective on the Health of Canadians* (Canada 1974a) which had argued that lifestyle, a good physical and social environment and biological risk were more likely to affect health status *outcomes* than medical care itself, and that a preventive approach would be better than funding crisis care.

Following the 1986 Ottawa conference, the Department of Health and Welfare developed a new emphasis on health promotion and persuaded the National Health Research and Development Program to fund a series of literature reviews on the strengthening of community health services, which were seen to be vital components of the health promotion approach.

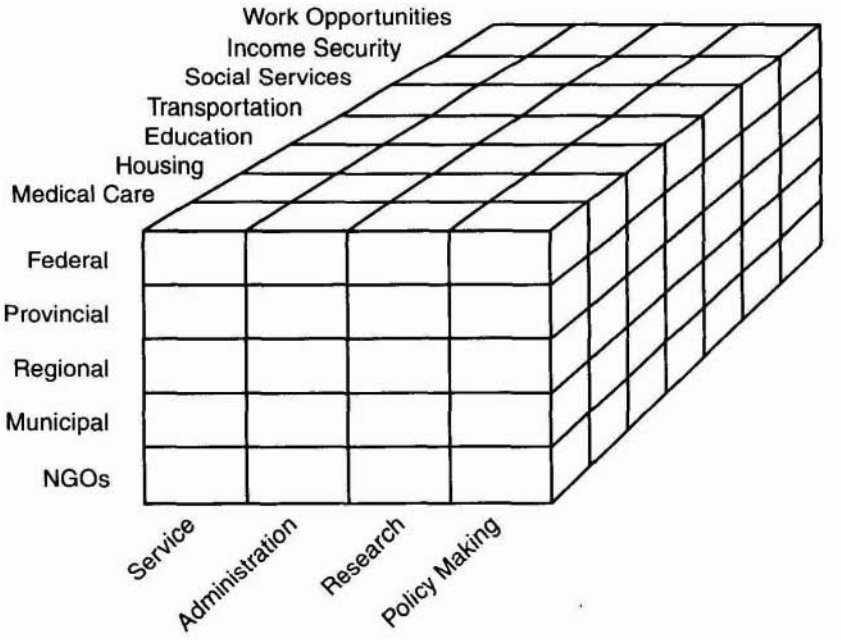
This literature review, as part of that series, takes a broad brush approach in attempting to show how the Canadian health care system has developed its goals and objectives and how the organization and management of services has lagged behind policy changes. It was thought that in order to understand where the system stands today and why it needs reform and restructuring, it would be necessary to take an historical approach which would trace the successes and failures in moving away from an individualistic entrepreneurial medical care organization, first to a collectivist biomedical model, and then to a social model for health care in Canada.[2]

So it seemed to be necessary to find an analytic framework which would link policy to service provision and help us to tease out the complexities of the evolution of the system. The setting of broader goals for the health care system, which had gradually taken place between 1974 and 1986, led us to examine discussions of Canada's social policies as a whole. The *New Perspective* (Canada 1974a) had resulted in an examination of the social determinants of health. Reassessments by WHO of its goals during this period had led to a new emphasis on primary care at very basic levels and the development of countries' social programs rather than promoting more specialist medical care. Canada worked closely with WHO in developing this reassessment of policy direction.

A framework established by Ismael and Vaillancourt (1988) for examination of changes in social policy approaches seemed to help us to tease out the different parts of the system which had an impact on each other – the range of social services, the different levels of government which were involved in providing and administering these services and the different kinds

2 See Appendix A for definitions.

Chart 1.1
A Framework for Analysis of the Canadian Health Care System in the Welfare State



Source: Adapted from Jacqueline Ismael and Y. Vaillancourt, *Privatization and Provincial Social Services in Canada: Policy, Administration and Service Delivery* (Edmonton: University of Alberta Press, 1988). Reprinted with permission.

of analysis of activities which would be necessary (i.e., of service giving, administration, policy making and research). Their framework was adapted by us to fit an analysis of the development of the health care system in the welfare state. It demonstrates (Chart 1.1) the formidable commitment which the Canadian government took on when it decided to move to a publicly financed model of providing health care for all its citizens.

This framework lists, at the top, the different welfare state programs identified as being important in determining health and enhancing education, work opportunities, income security and housing as well as transportation, social support services and medical care. How these programs are organized can be separated out into federal, provincial, regional, municipal and non-governmental organizations' jurisdictions. Activities within each of the programs and within each of the jurisdictions can be divided, too, into service provision, administration, research and policy making.

It was decided that the concept "literature review" should be interpreted broadly since the project was clearly focussed on potential changes in organization. Consequently any documents in circulation at policy discussion levels were sought out, whether in print, duplicated form, or letters, for these last two forms of documentation are often found to be at the cutting edge rather than older materials printed in books or refereed journals. A massive range of background materials was examined in order to relate current policy proposals to their historical origins.

The book follows the plan at the foot of Chart 1.1. It looks at the organization of service delivery, organization of bureaucratic administrative authorities, and some research contributions as well as health and welfare state policy making. Before presenting those literature reviews, however, we put forward a short statement of the arguments for writing this book – a summary of changes in the health care system since 1900, a brief discussion of Canada's decision to become a welfare state during the Second World War (with some questions about that approach) and the reasons for the emergent development of concern about the exclusion of consumers and community members from real participation in the policy-making process with respect to health care.

It would seem that Canada is now moving toward greater community involvement, better understanding of the meaning of collectivist health care and ways of reforming and restructuring social organization to increase community participation and to provide better health services to those who need them most. However, one major problem is the Canadian national deficit situation which is leading to federal withdrawal from social program support. As well there are questions about commitment to collectivist ideology today which need to be addressed. Thus the final section on policy development is concerned with the reforms and restructuring which are putting the Canadian "welfare society" in place and the shift away from financial redistribution policies. These recent reforms are greatly concerned with giving consumer/community members a place in the formal structures of collectivist health service organization so that they may be able to contribute more effectively to policy making in Canadian society.

It will be noted that the literature review concentrates on the period 1940–93 when the research was first undertaken. The last chapters form a postscript to bring the discussion up to early 1996.