



3) annual report

FOR
THE FISCAL YEAR
ENDED MARCH 31, 1971



211 Dept National



Health and Welfare
Canada

Santé et Bien-être social
Canada



THE DEPARTMENT OF NATIONAL HEALTH AND WELFARE

ANNUAL REPORT

for the fiscal year ended March 31, 1971

OTTAWA

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Information Canada
Ottawa, 1971
Cat. No.: H1-3/1970

His Excellency the Right Honourable Roland Michener,
Governor General and Commander-in-Chief of Canada.

MAY IT PLEASE YOUR EXCELLENCY:

The undersigned has the honour to present to Your Excellency the
Annual Report of the Department of National Health and Welfare for the
Fiscal Year ended March 31, 1971.

Respectfully submitted,

JOHN MUNRO

Minister of National Health and Welfare

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Honourable John Munro
Minister of National Health and Welfare

Sir:

We have the honour to submit the Annual Report for the Department of National Health and Welfare for the fiscal year 1970-71.

Respectfully submitted,

Maurice LeClair, M.D.
Deputy Minister of National Health

Joseph W. Willard
Deputy Minister of National Welfare

MEDICAL SERVICES

Medical Services Branch is responsible for federal health services provided on an individual basis. These include Indian and Northern Health, Quarantine, Immigration Medicine, Public Service Health and Civil Aviation Medicine. Its headquarters is in Ottawa and head office staff includes advisers in various aspects of medicine, dentistry, nursing and health education. The branch has nine regional offices, one of which covers all overseas activities. The other eight, responsible for different geographic areas of Canada, are divided into zones and sub-divided into field units.

Because of the support and impetus provided by the Minister to the programs of Medical Services Branch, 1970-71 must be regarded as the year in which physical and philosophical foundations were laid for an expanded and intensified service.

INDIAN HEALTH

The objective of the Indian Health program is to make available to Canadian Indians health services similar to those provided to other Canadian residents. In order to attain this primary objective, Medical Services Branch engages in four main activities:

Health Care and Treatment Services

In areas to which provincial health services do not extend and where conventional sources of health care are not available, the branch supplies services which conform as closely as possible to the conventional system. Dental care is provided by staff dentists or by dentists in private practice on a fee-for-service basis; patients requiring specialised care are transported to the nearest specialty centre; arrangements are made with optometrists and ophthalmologists for eye care; and assistance is provided, where necessary, to Indians who require medication and prosthetic devices.

Public Health Services

These take the form of maternal and child health programs, school health services, communicable disease control, environmental health, dental health, mental health, nutrition and health education.

Involvement of Indians in the Health Care System

Band administrations are involved wherever possible in the health program. Indians are encouraged to become qualified health workers; bands agree, through contracts, to provide transportation to medical facilities; and health care program planning is discussed with community, provincial and national Indian organisations.

Provision of Physical Facilities

Hospitals, nursing stations, health centres, health stations and clinics are provided where no other facilities exist, usually in isolated and under-serviced parts of the country.

Program Highlights

Some highlights of the Indian health program are described below:

Health Education

Two training programs were held for Community Health Workers and 63 additional workers were placed in the field; refresher courses were given to previously-trained Community Health Workers and workshops in health education were held in most regions. This year saw increased participation in these programs on the part of the National Indian Brotherhood, provincial Indian organisations and bands.

Liaison Officers

The Indian Health Liaison Officer program, which was introduced in 1969, was expanded during the year. This is an important means of establishing and developing trust and confidence between Indians and health services personnel. It has helped developing local health committees work toward improvements in the physical and social environment of Indian communities. Six of the eight Medical Services regions now employ a total of 15 liaison officers.

Nursing

During the year, a recruitment campaign was carried out to staff vacant nursing positions. Major centres, provincial nursing associations, university and diploma schools of nursing were visited. Many nurses were interviewed and approximately 1,200 information kits and application forms distributed. Due to the shortage of nurses sufficiently competent in advanced obstetrical nursing or midwifery to work in remote nursing stations, 60 nurses were interviewed in the United Kingdom. While the vacancy rate for fully-qualified nurse positions in the branch varied from month to month, it has reduced measurably over the past eight months.

During the year the branch held three travel seminars for senior educators in nursing. An average of ten nurses participated at each. The purpose of the project was:

- (a) to help promote recruitment and retention of well qualified personnel;
- (b) to help improve and expand the educational level of nurses to meet Canadian needs by involving leading nurse educators in actual field situations where these needs would be recognised.

A committee was formed to investigate the provision of a formal training program of clinical training for nurses employed by Medical Services, particularly in outpost areas. Specific recommendations were made for a short-term course to increase the skills of nurses in physical assessment and case management. The committee's report was published in January 1971.

Conversion and re-classification of approximately 940 nursing positions in Medical Services was completed during the year.

Health Data System

In 1969 the Booz, Allen & Hamilton study of Indian Health Services recommended the development of a comprehensive data system to facilitate program planning and evaluation. As a result, a health data team was formed in June 1970 to develop such a system. The initial objective was to conduct a pilot study in the Northwest Territories and produce a comprehensive report by the fall of 1971. The study is progressing through four phases: fact finding, collection of data, processing of data and analysis and utilisation of reports.

NORTHERN HEALTH SERVICE

The Northern Health Service co-ordinates health activities in both the Yukon and Northwest Territories. It serves an area of 1,512,000 square miles of which 1,305,000 square miles are in the Northwest Territories and 207,000 square miles in the Yukon Territory.

The enormous size of the territories influences patterns of health care delivery, emphasizing the need for effective communications. While the territories contain almost 40% of the total area of Canada, they contain less than 1/4 of 1% of its population. The population density of the Northwest Territories is 2 per 100 square miles. Moreover, the population of the territories is not spread evenly in a geographic sense; there are some relatively dense clusters of people in areas such as the Southern Yukon and the MacKenzie Basin.

The vital statistics of territorial residents who follow traditional modes of living tend to follow primitive patterns. Contact with modern civilization, however, has introduced the diseases of modern civilizations without, at the same time, conferring full social and economic advantages. Communities which pursue traditional native styles of living continue to have very high birth rates and a high infant mortality rate, though the birth rate for Eskimos is falling. In 1970 it was 40.8 per 1,000; earlier it was around 50 per 1,000, one of the highest in the world. The infant mortality rate remains high at 105 per 1,000 live births, but this is an improvement over the rate of 245 reported in 1956. Prematurity and respiratory infections are important causes of infant deaths. After one year of age, the life expectancy for Eskimos and Indians in the North is quite comparable to the life expectancy for other Canadians.

Types of Facilities

Northern Health Service operates general hospitals at Whitehorse and Mayo in the Yukon Territory and at Inuvik and Frobisher Bay in the Northwest Territories.

The Northwest Territories is also served by a municipal hospital at Yellowknife and by hospitals owned by corporations at Hay River, Fort Smith, Norman Wells, Rae, Fort Simpson, Chesterfield Inlet and Pangnirtung.

The basic health facility for small northern communities is the nursing station. This year, four stations were operated in the Yukon Territory and 33 in the Northwest Territories. The typical nursing station serves as a centre for the practice of public health and preventive medicine, as an out-patient clinic and as a hospital for short term, surgical and obstetrical treatment. All patients who are seriously ill or who require more than a few days in-patient care are evacuated to a general hospital.

Many nursing stations serve areas which are larger than the community in which they are situated and there are satellite facilities, called health stations, which the nurses visit from time to time and which serve as bases for Community Aides.

Community Aides are employed in very small settlements. Their chief function is to facilitate communication between those who become ill and the nearest medical facility. They dispense minor medication on medical direction.

Nurses serving in nursing stations require special training in out-post medicine, in public health, and in dealing with medical, surgical and obstetrical emergencies. During the year, the intensity of medical care available in small settlements was increased by regular visits to remote communities by practitioners and specialists.

Arrangements were made with McGill University and the Montreal General Hospital for medical care services at Frobisher Bay General Hospital and for visits to nursing stations on Baffin Island. Similar arrangements were made with the University of Manitoba for the Keewatin Area and for Churchill, Manitoba.

The University of Alberta maintained an active interest in Inuvik and its satellite stations. Most other communities in the MacKenzie Basin and in the Yukon are served by resident medical practitioners.

Hospital insurance programs functioned throughout the year in both the Yukon and the Northwest Territories. All residents are entitled to free hospital in-patient and out-patient care. Medical Care Insurance was not available this year in either territory.

TABLE 7

MEDICAL SERVICES BRANCH

PHYSICIANS AND DENTISTS VISITS TO INDIAN AND ESKIMO COMMUNITIES

	Doctors Visits		Days in the Field		Dentists Visits		Days in the Field		Ophthalmologists or Opticians Visits		Days in the Field		Dental Hygiene Visits	
	69/70	70/71	69/70	70/71	69/70	70/71	69/70	70/71	69/70	70/71	69/70	70/71	69/70	70/71
Atlantic	----- Regional Officers Only -----						119	171	--	--	--	--	--	--
Quebec	175	173	245	202	23	36	275	10	16	16	23	55	--	--
Ontario	48	120	160	327	4	50	45	283	10	5	28	1	--	--
Manitoba	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Saskatchewan	184	249	108	161½	39	43	205	169½	12	5	17	11	--	--
Alberta	39	25	63	38	59	48	306	277	NIL	NIL	NIL	NIL	19	10
Pacific	338	490	340	477	48	90	408	667	80	71	103	111	--	--
Northwest Territories	344	573	405	800	66	122	210	587	30	72	96	200	--	--
Yukon	110	119	110	112	33	33	58	58	12	12	19	19	--	--
TOTAL	1238	1749	1431	2117½	272	422	1626	2222½	160	181	286	397	19	10

TABLE 8

MEDICAL SERVICES BRANCH
FACILITIES COMPARISON - 1960-1970

Region	Hospitals		Nursing Stations		Clinics		Health Centres		Health Stations	
	1960	1970	1960	1970	1960	1970	1960	1970	1960	1970
Atlantic	--	--	--	--	1	4	6	5	--	--
Quebec	--	--	5	7	1	3	17	15	--	7
Ontario	4	2	4	8	6	3	16	16	--	16
Manitoba	5	2	9	14	4	1	6	13	--	4
Saskatchewan	2	2	2	--	3	1	9	10	--	40
Alberta	6	3	3	3	2	1	7	13	--	7
Pacific	3	1	--	--	6	2	12	16	--	21
Northern - N. W. T.	1	2	10	28	6	5	2	8	--	11
- Yukon	1	2	--	4	1	1	4	3	--	6
TOTALS	22	14	33	64	30	21	79	99	--	112

NOTES: The reduction of Hospitals is generally due to the closing of T. B. Hospitals and the construction of Public Hospitals.

TABLE 9

MEDICAL SERVICES BRANCH
NURSING ACTIVITIES

Region	Admissions Nursing Station	Patient Days	Home Visits	Clinic Visits	School Visits	Pre-Natal Instruction	Post-Natal Instruction	Health Ed. Meetings	
								Number	Attendance
Atlantic	--	--	6,618	7,376	214	623	417	85	1,218
Quebec	337	816	10,746	102,861	979	3,265	1,238	2,251	50,851
Ontario	518	933	8,571	62,911	1,131	1,044	588	147	1,998
Manitoba	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Saskatchewan	--	--	9,034	52,398	1,577	1,315	880	942	7,965
Alberta	55	76	14,145	57,193	1,914	1,565	1,394	415	6,738
Pacific	--	--	20,238	60,564	1,635	1,294	841	326	7,110
Northwest Territories	3,800	28,165	20,738	173,382	2,976	5,848	2,820	1,063	14,604
Yukon	291	819	4,646	38,117	647	458	667	105	2,244
TOTAL	5,001	30,809	94,736	554,802	11,073	15,412	8,845	5,334	92,728