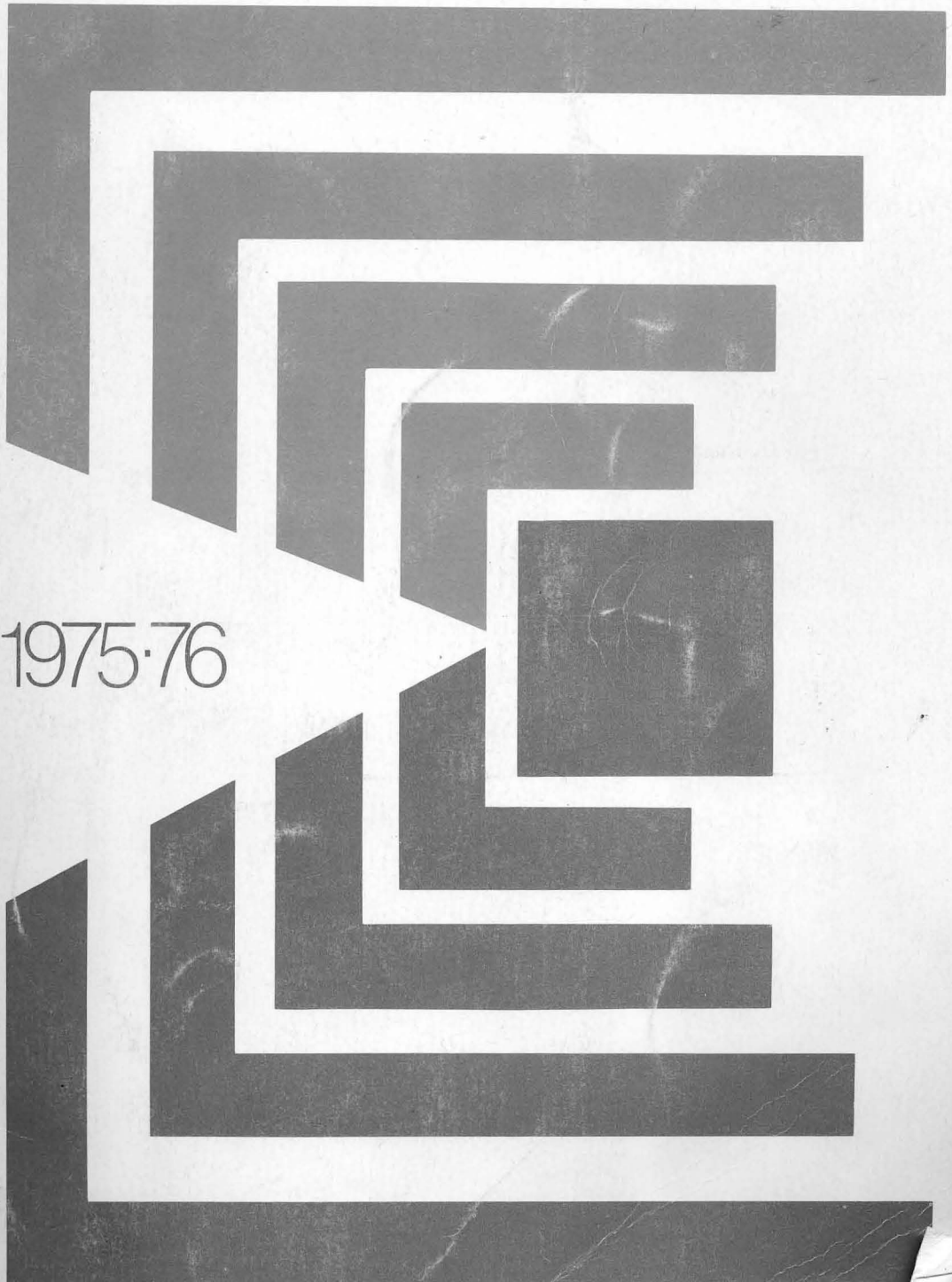
Health and Welfare Canada

Santé et Bien-être social Canada

annual report



1975·76

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His Excellency the Right Honourable Jules Léger,
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, 1976.

Respectfully submitted,

Marc Lalonde
Minister of National Health and Welfare

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Health

Welfare

medical services branch

The federal government plays an important role in the health, well-being and quality of life of all Canadians and has major responsibilities to certain sub-groups that form part of or interact with the main stream of our society.

Through the Medical Services Branch, diagnostic, treatment and preventive health services are provided to such diverse groups as Northerners, Inuit and status Indians who do not have easy access to provincial or territorial health care; pilots, air crew and air traffic controllers; travellers entering Canada from abroad; potential immigrants; public servants; disaster victims and the physically handicapped.

Indian and Northern Health

Health Challenges

Lifestyle, environmental deficiencies such as sub-standard housing, polluted water and inadequate waste disposal, coupled with a harsh climate, provide unique challenges to the medical and paramedical personnel employed in Indian and Northern Health Services.

Lifestyle

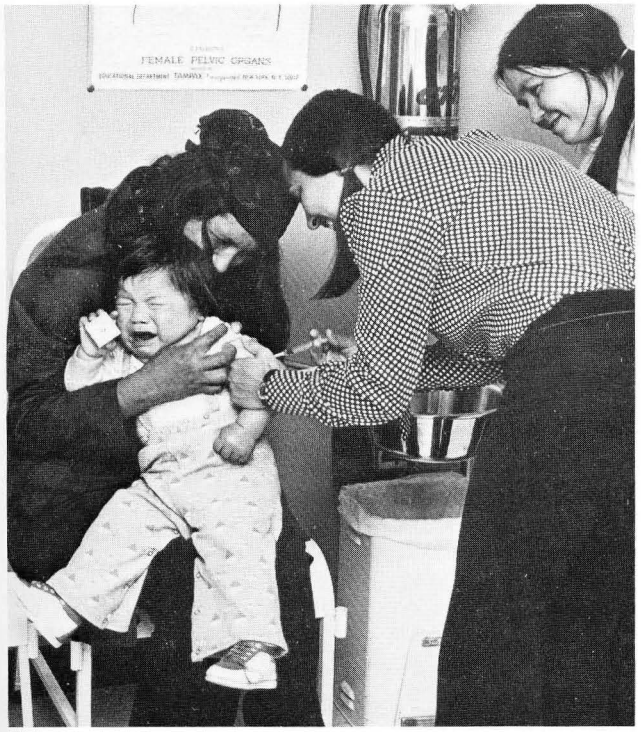
Concern is expressed over the continuing high rates of alcohol abuse, gasoline sniffing, accidents and violence which indicate a low regard for personal safety and health. While lifestyle decisions are made by individuals, they are reflective of the values held by the society and one will not change without the other.

Numerous self-help projects under the National Native Alcohol Abuse Program were approved during the year. After a slow start, this important program is now gathering momentum. Health education programs, aimed at encouraging a healthful lifestyle and more positive health attitudes and behaviours, are a priority thrust of the Indian and Northern Health Services programs in all regions.

Environment

These programs continue to be complicated by adverse environmental conditions. Due to the prevalence of sub-standard housing, inadequate sewage and waste disposal and the harsh climate, disease vectors commonly found in polluted water, contaminated food and in conditions of overcrowding are endemic in many smaller, isolated native communities.

The extent of organic mercury pollution in Canada's waterways is being fully identified. High mercury levels continue to threaten the health of those Indians and Inuit whose major sources of protein are fish and marine animals. Considerable emphasis is placed on health education programs to inform the native people of the danger of mercury pollution and the effects of consuming mercury contaminated food. Health surveillance of communities at risk and early identification of elevated blood-mercury levels remain a priority concern of the Branch. Because of the long half-life of mercury pollutants and the slow conversion process from inorganic to organic forms, mercury pollution is a problem that will remain for many years to come.



Infant Health

The Indian birth rate has shown a gradual decline from 41.9 per 1,000 in 1960 to 25.5 per 1,000 in 1974. In comparison, the general Canadian population trend went from 26.9 in 1960 to 15.4 in 1974.

During the same period the Indian infant mortality rate declined from 79.0 to 39.6 per 1,000 as compared with a decline from 27.0 to 15.0 for the general population. The rate of decline, which has averaged 2.8 per 1,000 live births per year, has been encouraging compared with the decline of 0.9 per year for the general population, although a general leveling off is being experienced in both groups. It is significant that Indian infant mortality is still 2.64 times greater than that for the general population. Further improvements in health care, socio-economic status, housing and services will be required to bring about a further decline.

Tuberculosis

Until 1952, tuberculosis was the leading cause of death among the Indian and Inuit people. The decline since that time is due to a number of factors including hospital treatment of all active cases, the introduction of chemotherapy, and an active program of preventive measures.

Despite these measures, the incidence of tuberculosis among the Indians is still almost 8.5 times higher than the general population. While the Inuit rate has shown a dramatic decline, a 1974 rate 1.85 times that of the Indian group is still unsatisfactory. Both groups have experienced a marked reduction in reactivations due, in large measure, to stricter surveillance and closely supervised chemotherapy regimens.

The Branch has instituted an intensive program of case finding, preventive and therapeutic measures. Active cases of tuberculosis are kept under medical supervision and discharged tuberculosis patients are followed up on return to their communities.

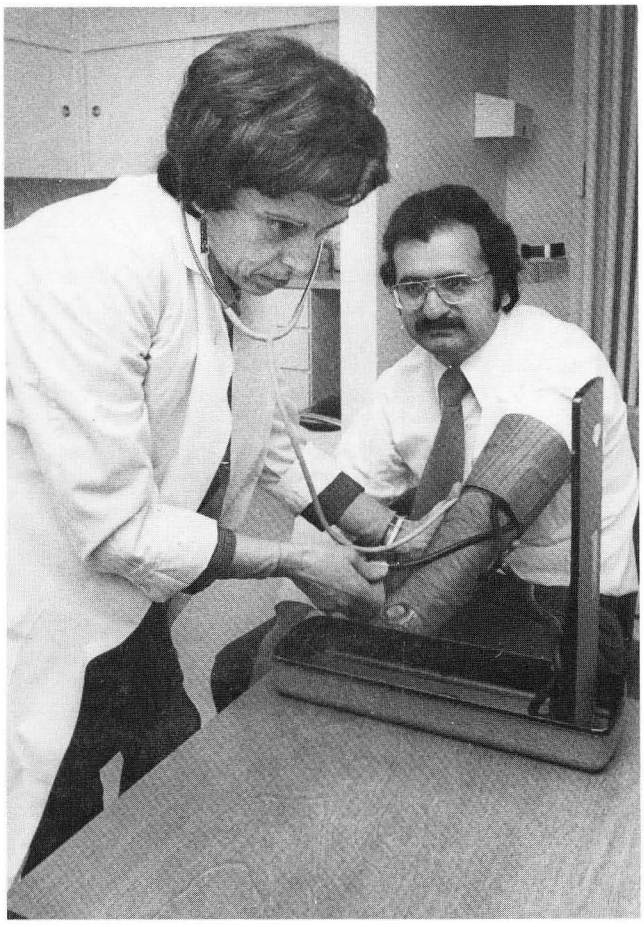
Responsibility for Indian and Northern Health

Discussions are continuing with the Yukon and Northwest Territorial governments concerning the eventual transfer of responsibility for health services. The question of takeover of Indian health services by the provinces has also been raised at federal-provincial meetings of Health Ministers. Consultation with the Indian and Inuit people affected by the transfer is a mandatory step in any negotiations relating to responsibility for the provision of health care services to these special groups.

Native Involvement

Priority continues to be given to the problem of involving the Indian and Inuit people more closely in matters affecting their health. One of the most successful means of achieving this objective is the Community Health Representative Program. Native people are selected and trained along community development and preventive health lines to work with the health care delivery team at the community level. Following their initial training, Community Health Representatives are employed by contract with the band or community

or as public servants. It is planned to continue expansion of this program until all Native communities of significant size are covered.



Public Service Health

Health Units

The operation of a comprehensive occupational health service for federal public servants throughout Canada and abroad continued to centre around the 34 health units in the National Capital Region and the 63 units located across the country. These units provide a focus where the troubled employee can bring personal health problems, concerns with the working environment or family-related difficulties and obtain appropriate action or advice under conditions of full confidentiality. A total of 263,074 first and 92,816 repeat visits were made. Counselling sessions were also provided for 85,591 employees. A reduction of 10 per cent in the number of industrial and of 5 per cent in non-industrial injuries brought to the health units was reported.

Occupational Health

Highly specialized resources have been developed in the fields of occupational medicine, ergonomics and occupational environments. A central occupational health laboratory became fully operational during the year, providing services in support of Public Service Health as well as to the Indian and Northern Health activities.

Advice and support were provided to the Department of Labour on the occupational health of those workers who fall under the jurisdiction of the Canada Labour Code, and to the Department of Indian and Northern Affairs and the Territorial governments on occupational health in the Yukon and Northwest Territories. Many types of occupational exposure may be found within the Public Service and this is reflected in the 34 technical reports released during the year.

Environmental Health

The contribution of Environmental Health Officers to the activity was increased with the inauguration of regular inspection of federal premises for occupational health hazards. This has superimposed an essential preventive health program on the environmental protection and investigation activities.

Health Assessments

A major component of the activity continues to be the pre-employment and periodic health assessment examination program. During the year a wide variety of previously unknown early pathological conditions in employees were uncovered. An analysis of examinations carried out in the National Capital Zone Medical Clinic shows that 25 per cent of those examined had previously unsuspected treatable conditions.

Quarantine and Regulatory

Quarantinable Disease

Intensive efforts by the World Health Organization have caused a dramatic reduction in the number of cases and endemicity of smallpox throughout the world and total eradication is confidently predicted. No cases of smallpox or other quarantinable diseases entered Canada during the year.

Due to the volume of international air traffic, importation of cholera remains a threat requiring constant vigilance and quarantine contingency plans have been developed to contain intercontinental spread of this and other dangerous communicable diseases.