

Health & Welfare 1978-1979 Annual Report



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Annual Report

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His Excellency the Right Honourable Edward Schreyer,
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 ending March 31, 1979.

Respectfully submitted,

David Crombie
Minister of National Health and Welfare.

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Table of contents

Health Protection	5	Intergovernmental and International Affairs	30
Field Operations	5		
Drugs	6		
Food	7	Policy, Planning and Information	32
Laboratory Centre for Disease Control	7	Information Systems	32
Environmental Health	8	Policy Analysis and Development	32
		Other Related Activities	33
Medical Services	10	Special Adviser – Policy Development	34
Indian and Northern Health	10		
Civil Aviation Medicine	11	National Council of Welfare	35
Public Service Health	11		
Immigration Medical Services	12	Administration	36
Quarantine and Regulatory	12	Financial Administration	36
Prosthetic Services	12	Internal Audit	36
Emergency Services	13	Personnel Administration	36
		Official Languages	37
Health Services and Promotion	14	Departmental Administrative Services	37
Health Promotion	14	Information	37
Health Services	14		
Health Resources	16		
Research and Evaluation	17		
Canada Health Survey	17		
Fitness and Amateur Sport	18		
Sport Canada	18		
Fitness and Recreation Canada	18		
Administration and Program Services	19		
National Advisory Council on Fitness and Amateur Sport	19		
Principal Nursing Officer	20		
Social Service Programs	21		
Canada Assistance Plan	21		
National Welfare Grants	23		
New Horizons	23		
Bureau on Aging	24		
Bureau on Rehabilitation	24		
Income Security Programs	25		
Programs Planning and Evaluation	25		
Special Projects Team	25		
Canada Pension Plan	25		
Family Allowances	27		
Old Age Security	28		
International Operations	29		

Medical Services Branch

The mandate for the Medical Services Branch program has evolved through custom and legislation to encompass a wide variety of services responding to the health needs of such disparate client groups as the Indian and Inuit people, public servants, immigrants and residents of the Northwest and Yukon Territories.

The expertise required to deal with the problems and challenges of the living and working conditions of Branch clientele involves many areas of medical and technical specialty. Public health and treatment services form the largest portion of Medical Services activities, but these represent only one segment of the range of expertise available within the Branch. Consultants in the areas of occupational health, environmental health, laboratory analysis of contaminants, aerospace medicine, epidemiology medical assessment, disaster planning and prosthetics services are all involved in meeting the responsibilities of Medical Services.

Indian and Northern Health

Alcohol Abuse

The National Native Alcohol Abuse Program, now entering its fifth year of operation, has demonstrated conclusively that skilled Native workers trained in alcohol abuse prevention and counselling can effectively reduce Native alcoholism and its attendant mortality and morbidity. One-third of all Indian and Inuit deaths are attributable to alcohol-related accidents and violence. Suicide, especially in the teen-age cohort, is a growing phenomenon that can be attributed in large measure to the high incidence of alcoholism and drug abuse experienced by the Native people.

The National Native Alcohol Abuse Program conducted 107 alcohol abuse projects during the year, in all provinces and territories. About 300 Indian and Inuit workers were employed in a variety of preventive education, counselling, treatment and follow-up services on Indian reserves, Inuit settlements and in a number of urban settings.

Native Involvement

A major departmental thrust to increase Native involvement in health programs encourages Indian Bands to assume responsibility for local health care delivery. The Department has developed appropriate methods, procedures and safeguards for transfer to local control, and a variety of health services are now being provided through contractual arrangement. Indian Bands and Inuit settlements are being encouraged to establish health committees to increase community input and decision-making in the provision of health programs, while Tribal Councils and other groupings of Native communities are being encouraged to form local or district health boards. The reaction of the Native people to these measures involving them more fully in decisions affecting their health is extremely positive.

Environmental Contaminants

The traditional Indian and Inuit way of life is closely related to the natural environment. Unfortunately, therefore, when that environment is contaminated, those Native people choosing to follow the traditional lifestyle are more exposed to the resulting health hazard than the average Canadian. The Environmental Contaminants Program has continued its across-Canada survey for mercury levels in Indian and northern people, and initiated a program to assess levels of complex organic contaminants, particularly PCBs and Mirex, in Indian residents of southern Ontario who are exposed to effluent from the Great Lakes.

Health education programs have continued in native communities, to alert the Inuit and Indian people, where applicable, to the potential danger of consuming certain traditional foods, and to assist the community in modifying eating patterns. An extensive epidemiological survey of the effects of mercury on the health of northern Quebec Cree was initiated. The study is being carried out by McGill University, with funding from the Department of National Health and Welfare, the Ministère des affaires sociales du Québec and the Donner Canadian Foundation. It is hoped that this study, together with other survey and research work being carried out by the Department, will help to define the health hazard due to environmental methylmercury in the unique exposure pattern seen in native people in Canada.

An electromyographic study was funded by the Department and performed under the auspices of the Canadian Public Health Association in response to a recommendation of the previous Task Force study on Arsenic in Yellowknife. The findings of the study were referred to the Committee of Federal, Territorial and municipal officials and industrial trade union and native representatives, established in Yellowknife to review and implement the recommendations of the original Task Force report.

Infant Health

Infant mortality remains high at more than double the Canadian experience. However, over the past decade, deaths from certain specific causes such as problems of the newborn, respiratory illness and gastro-intestinal disease have shown a four-fold decrease. These reductions demonstrate the effectiveness of the Branch's prenatal and infant preventive health programs. Particular emphasis is being placed on communicable disease control through immunization and infant nutrition education programs, directed particularly at encouragement of breast feeding. Closing of the gap between the native and the national infant morbidity and mortality rates will depend not only on maintenance of curative and preventive health programs, but also on improvements in socio-economic conditions, improved housing construction and infrastructure.

Tuberculosis

There have been sporadic outbreaks of tuberculosis over the past year in British Columbia and the Yukon. These outbreaks have been controlled by using domiciliary chemo-therapy and/or short-term treatment in hospital.

The main objective at the present time is to emphasize the dangers of tuberculosis. The relatively low incidence amongst the client population has created an attitude of complacency. Therefore, staff are now concentrating on stimulating on-going awareness of the dangers of tuberculosis, and ensuring that preventive measures are conscientiously implemented by the staff and adhered to by the client population.

Transfer of Health Services

Until certain areas of controversy are settled with the Indian people, transfer of Northern Health Services to the Yukon Territorial Government is in abeyance. Negotiations for transfer of services to the government of the Northwest Territories are expected to commence soon.

The 400-bed Charles Camsell Hospital in Edmonton, Alberta, was constructed at a time when tuberculosis was the main threat to the health of the Native people. This is no longer the case, and the hospital has assumed an important role in the health services of the community as a general municipal institution. Negotiations continue for its transfer to the Government of Alberta.

Civil Aviation Medicine

In accordance with an interdepartmental management study, the Civil Aviation Medicine Service provided to Transport Canada was reorganized during 1978-79. However, lack of resources precluded implementation of a number of recommendations.

Greater numbers of applicants for aviation licences resulted in an eight per cent increase in medical examinations and a small increase in the numbers killed and injured in aircraft accidents. The six per cent reduction in Civil Aviation Medicine manpower imposed during the year necessarily reduced the aviation safety contribution. Resignations of 16 per cent of experienced medical personnel further compounded the issue.

A number of urgent contract studies in support of civil aeronautics were completed. These included studies on noise level exposures in the air traffic control and radio operator occupations, the safety significance of abnormal heart rhythms in professional pilots, the safety significance of observed liver disease in pilots involved in fatal accidents, and the medical reliability of pilots over 60 years of age. A temporary building was constructed at the Defence and Civil Institute of Environmental Medicine in Toronto to accommodate the small unit which coordinates these support services.

Public Service Health

Economies directed by Cabinet resulted in significant cuts in resources in the Public Service Health activity. This prompted a review of the entire occupational health program in the Public Service to stream-line and optimize the service provided within the remaining resources.

During the early part of 1978 the Occupational Health Unit moved to new quarters. The Unit was at last able to work in purpose-designed laboratories, with a consequent improvement in output. The workload for environmental investigations has increased, and a large number of air analyses are now carried out centrally, leading to accurate comparability of results. Particular emphasis has been placed on responding to requests to investigate environmental conditions in scientific laboratories operated by the federal government.

Slow but steady progress was made with the development of the Employee Assistance Program, which was established by Treasury Board in 1977. Efforts were concentrated on coordinating the work of departments to establish uniformity in the treatment of employees entering the program. The experience of other organizations with similar programs indicates that full development of the program for the Public Service is still some years away.