Canada

Annual Report

Dept of National Health + Welfare

Health and Welfare Canada

Santé et Bien-être social Canada

1981 1982

Annual Report 1981–1982

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, 1982.

Respectfully submitted,

Monique Bégin

Monique Bégin (Whose)
Minister of National Health and Welfare

This report is also available on audiocassette.

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Medical Services Branch

By legislation or custom, Medical Services Branch provides a variety of health services to a number of client groups. These clients include registered Indians and Inuit, all residents of the Yukon and Northwest Territories, immigrants and temporary residents, international travellers, federal public servants, civil aviation personnel, the physically handicapped and disaster victims. The programs under which services are provided to these clients are Indian Health Services, Northern Health Services, Immigration Medicine, Quarantine and Regulatory, Public Service Health, Civil Aviation Medicine, Prosthetic Services and Emergency Services.

The objectives of Medical Services are to promote, preserve and improve the health of those whom it serves. Meeting such comprehensive objectives requires expertise in virtually every area of health care – community health, medical testing and screening, laboratory analysis, aero-space medicine, health education and others.

Indian and Northern Health

Indian and Inuit involvement

The policy of involving Indian and Inuit people in the design and delivery of their own health care services continued as a significant influence on the Medical Services program. Further progress in the implementation of this policy was achieved during 1981-82.

Consultation agreements with the National Indian Brotherhood, Inuit Tapirisat of Canada and the Committee of Original Peoples' Entitlement continued in 1981-82. The purpose of these agreements is to support the recipient organizations in improving their knowledge and levels of skill in various health-related matters, and to continue their consultations with government representatives.

In 1981, the federal government approved a two-year Community Health Demonstration Program. This program will provide funds for a limited number of community-administered health projects for a two-year period, with approved projects starting in the fall of 1982. The projects will be one important means for the Indian people and the federal government to develop a better understanding of the timing, costs, and benefits associated with community-based health care services. Experience gained from these initial projects will provide the basis for planning community-based health care delivery in the future.

Within Medical Services Branch, the employment of Native peoples continued to increase. By the end of the year, the number of Native employees had increased by 15 per cent compared to the previous year-end. As well, Indian and Inuit communities were able to hire additional employees to provide local health and related services through funds provided by the Branch.

National Native Alcohol and Drug Abuse Program (NNADAP)

The abuse of alcohol, drugs and other chemicals is considered to be the single most serious health problem among Indian and Inuit people. It is frequently a factor in deaths and illnesses of Native people and is closely linked with community social problems.

In March 1982, Cabinet approved a joint proposal from the Departments of National Health and Welfare and Indian Affairs and Northern Development for the extension of and changes to the existing National Native Alcohol Abuse Program (NNAAP). The resulting new program, called the National Native Alcohol and Drug Abuse Program (NNADAP) will have a budget, subject to Treasury Board approval, of $154 million spread over five years. The Department of National Health and Welfare has overall program responsibility, including the development of NNADAP policies, and the administration and management of the program. For its part, the Department of Indian Affairs and Northern Development will provide collaboration and support through other socio-economic programs.

The objective of the program is to support Indian and Inuit people and their communities in establishing and operating programs aimed at arresting and offsetting high levels of alcohol, drug and solvent abuse among their populations living on reserve (or off-reserve for a period of 12 months or less). It is intended that the kind, quality and accessibility of alcohol and drug abuse services for Indians and Inuit should compare favourably with those enjoyed by other Canadians; also that the level of financial support should be commensurate with the level of measurable need among the Indian and Inuit peoples (as determined by reliable medical, social and other indicators of the incidence and effects of alcohol and drug abuse).

Immunization
One of the key public health activities of Medical Services is the immunization of its clients. During 1981-82 the Branch adopted as one of its goals the elimination of measles (Rubeola). A target immunization rate of 85 per cent in the school age client population was established. By December 1981, this target had been exceeded in all but two regions (in which 75 per cent had been attained). The emphasis in this area will continue in years to come and there is a good prospect of the elimination of this disease from native communities in the future.

Dental Services
During 1981 the Branch provided dental hygiene and care to Indians and Inuit through the provision of private practising dentists on a contractual basis, and field dental officers employed by Medical Services Branch at regional levels. As well, the Branch trains and employs dental therapists, who provide dental therapy services at field level. The Branch continues to support initiatives in prevention with respect to dental hygiene. During the past year, arrangements were made for the relocation of the School of Dental Therapy from Fort Smith, N.W.T. to Prince Albert, Saskatchewan. The school is scheduled for reopening in September 1982.

Health Services Task Force – N.W.T.
In early 1982, an intergovernmental Task Force was established to examine health services planning and policy coordination in the Northwest Territories. This Task Force came about as a result of central agency demands for better coordination among those departments of the federal government and the Government of the Northwest Territories having responsibilities for health delivery services. The completion of several health studies and the perceived pressure which might be placed on existing facilities by major development projects were additional factors leading to recognition of the need for a coordinated approach to health service delivery.

The goal of the Task Force is to achieve health services planning and policy coordination for the Northwest Territories through consultation among Medical Services Branch, Health and Welfare Canada; the Department of Health, Government of the N.W.T.; and the Department of Indian Affairs and Northern Development.

Nurse recruitment and education
Nurses are the key professional resource in the Branch's delivery of health care services to Native and northern communities. In common with provincial agencies and hospitals in most of Canada, Medical Services Branch experienced a shortage of nurses in 1981. In response, an intensified and successful recruiting drive was mounted in Canada and the United Kingdom. In addition, a new in-service education program was developed for recently-hired nurses to improve the special knowledge and skills needed to deliver health services to meet the needs of Indian and Inuit people.

Indian and Inuit mental health
In the past year, Mental Health Programs have focused on community-based projects. Many of the program objectives were oriented towards crisis intervention. This was reflected in the number of programs that had reduction of suicide attempts, reduction of suicides, and reduction of violent deaths as their primary objectives. In most areas, these programs have met with success. For example, the Wikwemikong Mental Health Consulting Program has seen reductions of suicide attempts from 120 to 18, of high school dropouts from 46 to 24 and of juveniles on probation from 30 to 5.

Overall, the Mental Health Programs are moving towards the utilization of community resources, program coordination, reduction of the number of children that require special education, positive cultural reinforcement and promotion of Native values. At the end of the fiscal year, a Mental Health Workshop was held for the purpose of providing mental health workers with some sense as to the future direction of the program, as well as to effect a better coordination of the program with allied health services.

Environmental Contaminants Program

In 1981-82, through the Environmental Contaminants Program, approximately 2100 tests were conducted for mercury presence in areas identified as high risk in a Canada-wide survey. No medical side effects attributable to mercury were found.

A study at St. Regis to determine the effects of environmental contaminants such as mercury, PCB's, fluoride and mirex neared completion. The field work, including clinical examinations of participating residents, and children's dental examinations has been completed, and a final report is expected in the summer of 1982.

Another environmental contaminants study is being conducted in Manitoba to determine the effects of the Manitoba Hydro diversion of the Churchill and Nelson Rivers. By the end of the year, approximately 1000 mercury results had been processed, and the individuals tested notified of the results.

As well, research is being conducted on the anticipated effects of oil and gas production in the Beaufort Sea, and an epidemiological study in Nass Valley, British Columbia, is being conducted to investigate the possible effects on the Nishga people of mine tailings deposited in the area.

Nutrition

Medical Services Branch continued to provide dietary and nutritional expertise to Indian and Inuit communities. The enhancement of existing Indian and Inuit diets is accomplished through the provision of advice by regional nutritionists and community health representatives.

The year 1981-82 saw continued expansion of community-based nutrition education and development programs. In particular, there was an intensified effort in the area of pre-natal nutritional counselling. Six scholarships for this activity were awarded at the Montreal Diet Dispensary. Pilot projects were launched on a national basis to initiate the long-term involvement of Indian and Inuit mothers in developing a more appropriate infant feeding program and to further promote breastfeeding.

"Nutrition Month", sponsored by the Canadian Dietic Association, allowed for new opportunities to highlight nutrition in Indian and northern schools.

Public Service Health

During 1981-82, routine occupational health program activities continued, with increased attention being paid to a number of problems of more recent origin. Perhaps the chief of these has been asbestos, which has been used for many years as a fire retardant. Air and material sampling were employed to detect the presence of the material, and to ensure the safety of asbestos removal operations.

In addition, the routine surveillance of federal government laboratories received increased attention, in recognition of the hazards posed by the wide variety of chemical and biological agents being used. A tracer gas is being used to determine instances in which contaminated air travels within a building, and the mechanism of such travel.

The office environment continues to be an area of interest in the occupational health field. Office atmospheres can become contaminated with substances given off from building materials, furnishings, tobacco smoke and, occasionally, office equipment. Much time is being devoted to investigating office environments and in recommending measures for their improvement.

Immigration Medical Service

Immigration to Canada requires applicants as well as certain visa holders, students, and workers to undergo a medical examination by designated physicians in their country of application before being authorized to enter Canada. Medical Services Branch officers assess these examinations for Employment and Immigration Canada. In addition to Canada-based medical assessment offices, medical officers of this Branch are located at 14 Canadian missions abroad. Medical assessment for immigration purposes in 1981-82 totalled 214 650.

This year witnessed significant changes in medical standards reflecting current Canadian criteria in the assessment of pulmonary tuberculosis and screening for parasitic diseases. In addition, as the medical advisors to Employment and Immigration Canada, Branch recommendations on some health-related regulations and instructions also have been implemented. These and other changes in procedures are the result of ongoing reviews to streamline the selection process.

Another significant support service provided to Employment and Immigration Canada is in their Settlement Program, in which this Branch is responsible for the cost of non-insured services to certain refugees or immigrants. Many immigrants and government sponsored refugees, in the process of settling in, require health related ser-