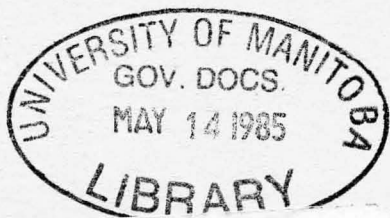




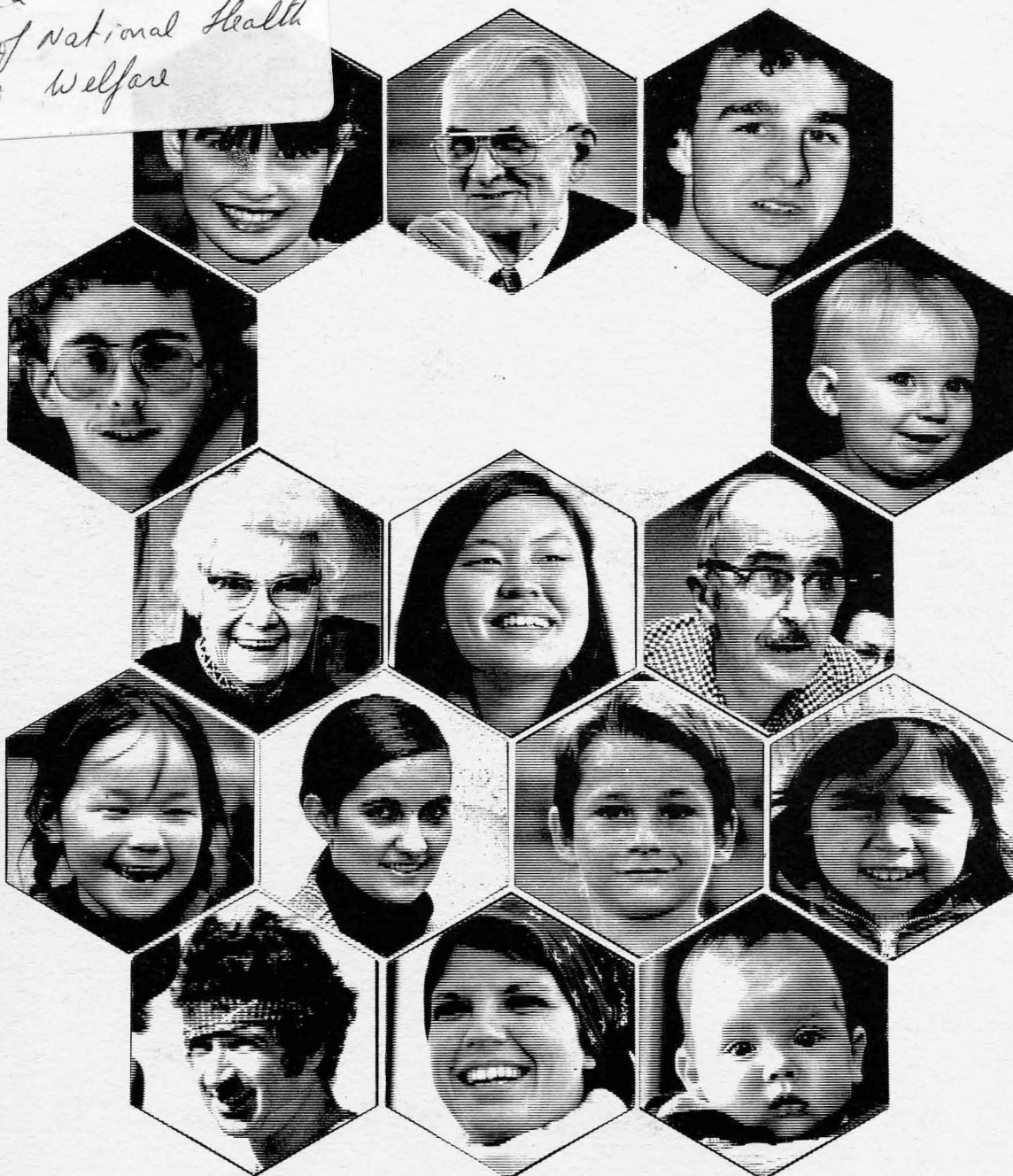
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Annual Report

4) 1983-1984



Canada
Dept. of National Health
& Welfare





CANADA

MINISTER OF
NATIONAL HEALTH AND WELFARE

MINISTRE DE LA
SANTÉ NATIONALE ET DU BIEN-ÊTRE SOCIAL

Her Excellency the Right Honourable Jeanne Sauv ,
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, 1984.

Respectfully submitted,

Jake Epp
Minister of National Health and Welfare

This report is also
available on audiocassette

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The Department — Its Mandate

*The mandate of Health and Welfare Canada
is to promote and preserve the health
and to ensure the social security
and quality of life of all Canadians*

The Department - An Overview

Health Protection Branch

The Health Protection Branch carries out a wide range of activities intended to protect Canadians from hazards that may contribute to untimely illness or death. These activities include efforts to guard the safety and nutritional quality of foods, ensure the safety and effectiveness of drugs and medical devices as well as to control the availability of drugs that may be used improperly.

Other responsibilities of the branch include programs to reduce the presence of dangerous chemicals in our environment, monitoring exposure to radioactivity, control of the safety of cosmetics and improving capabilities to diagnose diseases.

The branch also has a continuing program to monitor trends in the incidence of communicable and non-communicable diseases in Canada.

Income Security Programs Branch

The branch is responsible for maintaining and improving the income security of Canadians. In so doing, it administers three major programs: The Family Allowances, Canada Pension Plan and Old Age Security (including the Guaranteed Income Supplement and Spouse's Allowance).

Through a network of regional, district and local offices, the branch provides a full range of services to the public, including provision of general information on all aspects of income security benefits.

Medical Services Branch

The Medical Services Branch provides services to highly diversified groups of clientele in the provinces and the territories, as well as to prospective immigrants and Canadian public servants and their dependents serving around the world.

Two major activities concern the preservation and improvement of the health of the nation's Indians and Inuit, and the responsibility for the provision of health services to the residents of the Yukon and Northwest Territories. Services are provided through a network of hospitals, nursing stations and health centres in communities throughout Canada.

The branch operates the occupational health service covering public servants at home and abroad. It is also responsible for medical examinations and investigations conducted in the interests of aviation safety. Prospective immigrants to Canada are assessed, as well as certain categories of visitors, to determine their acceptability from a health standpoint, and to protect the health of Canadians by minimizing the entry and spread of quarantinable and exotic diseases.

Social Service Programs Branch

The branch administers major federal-provincial cost-sharing programs, grant programs and provides consultation and information to the provinces, voluntary organizations, and consumer groups. Through shared cost and other programs, financial assistance and funding are provided for welfare services, counselling and consultation on social and welfare-related issues which include employability of Canadians, services to individuals afflicted with physical and mental impairment, child welfare and child abuse, family and community services, and voluntary action.

Grants are provided to groups of retired persons to encourage utilization of skills, talents and experience for the community. The branch provides funding to provincial and municipal welfare departments, voluntary agencies, citizens' groups, universities and other organizations to carry out research, demonstration and social welfare manpower development projects. The branch operates a national day care information centre, an adoption desk and a clearinghouse on family violence.

Health Services and Promotion Branch

The Health Services and Promotion Branch has two main responsibilities: to encourage and assist Canadians to adopt a way of life that enhances their physical, mental and social well-being and to provide leadership and coordination in assisting the provinces and territories to improve and maintain their health services at national standards.

In the field of health promotion, the branch works closely with provincial governments and non-government organizations to develop and deliver health information and education programs in such areas as smoking, alcohol use, nutrition, drug use, accidents, personal health care, and family and child health.

The branch is also responsible for payments concerning provincial programs providing hospital, diagnostic, medical, and extended health care services, as provided by legislation and for monitoring provincial compliance with the program conditions associated with federal payments.

Fitness and Amateur Sport

The purpose of Fitness and Amateur Sport is to promote, encourage and develop fitness and amateur sport in Canada, a two-fold objective pursued through Fitness Canada and Sport Canada, chiefly by providing funds to national sport and physical recreation associations, agencies and special organizations.

Fitness Canada develops programs and materials designed to increase public awareness of the benefits of fitness and to encourage mass participation in physical activity. Sport Canada provides financial assistance to Canada's national and international athletes and teams for the purpose of training and competition as well as for the development of coaching and officiating. Sport Canada also assists in the staging of major international events in Canada and supports international sport exchanges.

Corporate Management Branch

It is the responsibility of this branch to provide a full range of services for integrating effective planning, resource allocation, expenditure control and implementation of management practices throughout the Department. It is also responsible for the provision of personnel services for the Department in the areas of classification and organization, staffing, training, equal employment opportunities, policy, employee programs, staff relations and official languages. The Branch oversees the implementation of the Departmental Human Resources Management Model.

The Branch is the departmental liaison with central federal agencies such as the Treasury Board and the Office of the Comptroller General. While the Branch provides a number of administrative services directly to Health and Welfare Canada's other branches, all planning, financial and most administrative services are extended through personnel in line branches.

Policy, Planning and Information Branch

The objective of the Policy, Planning and Information Branch is to provide authoritative advice to the Minister, Deputy Minister and program branches on trends and issues, policy requirements and information needs relative to departmental objectives, priorities and programs.

The branch has three main roles designed to meet that objective. Firstly, it undertakes research analysis and gives advice on health and social policy issues. Secondly, for the program branches, it furnishes support for policy development activities. Finally, it provides to the department, its provincial counterparts and national and international organizations, efficient access to information on health and welfare-related matters.

Intergovernmental and International Affairs Branch

This Branch coordinates Canada's participation in matters involving international and federal/provincial liaison in the areas of health, social security and social affairs. One of its principal responsibilities is coordinating, monitoring and, where required, initiating departmental policies and strategies on issues which affect more than one branch or require inter-departmental consultation. The Branch assists in negotiating international social security agreements and maintains a centre for gathering and disseminating information on international trends in health and welfare matters.

Special Adviser — Policy Development

The function of this office is to advise the Deputy Minister on welfare and status of women concerns, and to coordinate program evaluation, the protection of privacy, and access to information. The special adviser is consultant to the department on the development of policies affecting social services and income security programs.

Principal Nursing Officer

The Principal Nursing Officer advises the department on matters concerning nursing and health. This includes studying and reporting on the professional and ethical responsibilities of nurses, and assessing the impact of nursing on the health of Canadians. Another responsibility includes promoting basic, higher and continuing education for nurses, and encouraging maximum utilization of Canadian nursing skills.

National Council of Welfare

The National Council of Welfare is a citizens' advisory body to the Minister of National Health and Welfare, communicating directly with the Minister on matters pertaining to the welfare of Canadians. Its 21 members, drawn from all provinces, are private citizens serving in their personal capacities rather than as formal representatives of organizations or agencies. The council regularly publishes reports on issues concerning poverty and social policy on such topics as income security, medicare, pension reform, taxation, social services, and poverty as it affects women, children, the aged, single parents and the community.

National Advisory Council on Aging

The National Advisory Council on Aging is a citizens' body which assists and advises the minister of National Health and Welfare on matters affecting seniors. It is represented by 18 members with various backgrounds and spheres of experience.

Internal Audit

The role of this directorate is to provide the Deputy Minister and senior managers with an independent, systematic and objective assessment of the department's operations and its responsibility to acquire and expend public funds with a high degree of integrity.

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 Services

Indian and Northern Health Services provide comprehensive primary health care to Canada's Indians, Inuit and territorial residents. Community health programs focus on the promotion of health and prevention of disease. Treatment services are provided by Medical Services health professionals, by contract with university medical faculties and by provincial medicare and hospital programs.

While Indian and Inuit infant mortality has decreased dramatically over the past decade, rates are still substantially higher than the national average. Despite a birth rate one and a half times higher than that for Canada generally, only one maternal death has been recorded since 1976. Accidental and violent death, diseases of the circulatory system and neoplasms are the three main causes of death. Death rates for accidents and violence are approximately three times the national average.

Inter-disciplinary working groups, made up of representatives of the Branch, other branches of the department, other federal departments and agencies, as well as members of native organizations, have been constituted to develop medium and long-term strategies to improve the health of Canada's native people by addressing the key issues that impact on current high levels of mortality and morbidity.

Special attention is being paid to health promotion, health careers, environmental and dental health.

National School of Dental Therapy

This unique Medical Services Branch program educates and trains students for employment by the Branch as dental therapists. These graduates, of whom roughly 50 per cent are native, provide primary dental care in isolated Indian communities and in the Yukon and Northwest Territories. The school, which was originally located in Fort Smith, NWT, moved in the fall of 1983 to Prince Albert, Saskatchewan.

A major dental survey is being planned to determine the dental status of the native people. The results will be used to establish future resources needed to provide a more effective dental health treatment and preventive service.

Nutrition

The Indian and Northern Health Services Nutrition Program continues to attract considerable community attention, resulting in a growing level of awareness and demand for services. Several Regional Nutrition Advisory Committees have been established, involving Indian and Inuit client groups, as well as provincial and territorial representatives.

As a result of a special thrust for the promotion of breast feeding, more than 60 per cent of Indian and Inuit infants born in 1983 were breastfed from birth; 43 per cent continued breast-feeding to three months and more than 30 per cent of mothers were still breastfeeding their infants at six months.

Nutrition promotional material, available for use by Indian and Inuit groups includes a Nutrition Month Handbook, nutrition games for use in schools, and a biannual *Nutrition Newsletter* featuring the use of native foods.

National Native Alcohol and Drug Abuse Program

The National Native Alcohol and Drug Abuse Program was approved by Cabinet in April 1982 and completed its first full year of operation in 1983-84. The major focus of the program is the community design and delivery of services. Considerable progress has been made towards the goal of providing program coverage to 90 per cent of the on-reserve Indian population. During the year, coverage increased to more than 75 per cent.

To ensure that there is effective involvement of user groups, a special advisory structure has been developed. This consists of a National Native Advisory Council on Alcohol and Drug Abuse, which reports to the Minister of National Health and Welfare, as well as Regional Advisory Boards, which provide recommendations on

project selection and resource allocation to Medical Services Regional Directors.

Currently, more than 343 community projects are funded. These provide preventive and support services, home visiting, in-school education and counselling activities. The program has also implemented special strategies for women and youth, to ensure that services are targeted to the needs of these vulnerable groups. To this end, a conference was held on the impact of alcohol and drug abuse on women and attracted more than 850 participants.

During the year, treatment centres were built at Round Lake in British Columbia, Beaver Lake in Alberta and an existing facility, Pritchard House in Winnipeg was purchased for renovation.

The Research subcomponent of the program is now fully implemented and studies were carried out on a broad range of topics including: Fetal Alcohol Syndrome, family violence, communications for native youth, suicide prevention, effectiveness of halfway houses and solvent abuse.

A half-hour film on successful alcohol and drug abuse projects was produced and distributed and a variety of brochures, newsletters and background reports published.

National Indian and Inuit Health Conference

The Conference, with the theme "Indian and Inuit Control of Health" was jointly convened by the Allied First Nations and Inuit Tapirisat of Canada in Hamilton, Ontario, from November 28 to December 2, 1983. More than 700 delegates attended from across Canada. The Conference was a follow-up to a recommendation made by Mr. Justice Thomas R. Berger in his 1980 "Report of an Advisory Commission on Indian and Inuit Health Consultation".

Working groups were formed to examine key issues affecting health delivery to the native people, including community involvement, self-determination, health manpower, special needs groups, mental health, alcohol and chemical abuse, traditional medicine and cross-cultural orientation. A special working group addressed the needs of native people living north of the 60th parallel.

The recommendations arising from the Conference will be studied carefully by the Department in conjunction with Indian and Inuit leaders.

Environmental Health Services

An Environmental Health Services directorate was established in Medical Services Branch headquarters in 1983 to organize and maintain environmental health programs for the protection of Indian and Northern residents, public servants and the travelling public.

The First National Workshop for Environmental Health Officers was held to discuss environmental issues. This resulted in the establishment of a National Committee on Common Carriers, Quarantine and Indian and Northern Health.

In February 1984, a joint Memorandum of Understanding was signed between the Departments of the Environment, Indian and Northern Affairs and National Health and Welfare to delineate the roles played by each department in the provision of environmental facilities and services on Indian reserves and settlements.

The first volume of the St. Regis Environmental Contaminants Study, conducted under contract by Dr. Irving Selikoff of Mount Sinai Hospital, New York, N.Y., U.S.A., was released on March 15, 1984. The study covers the results of tests for fluorides emitted from a nearby industrial plant.

Public Service Health

Continued restraints on growth meant that opportunities for fresh approaches in the occupational health program for the Public Service were limited. Medical assessments remained very much at their previous levels. Nursing services continued to be in very high demand, with increased emphasis on counselling. Continuing problems with indoor air quality and with the removal of asbestos insulation added to the work carried out by environmental

health officers and the analytical services of the Occupational Health Unit. A major epidemiological study of the incidence of cancer in one federal building is being carried out under contract by a university health sciences department.

The health and ergonomic aspects of working with video display terminals continued to occupy attention during the year, as the number of different pieces of equipment increased in the Public Service. An information pamphlet on this subject was prepared as part of the health education service to employees.

A comprehensive review of medical standards for certain occupations was undertaken with the aim of ensuring that the spirit of the Canadian Human Rights Act is being observed. Denial of employment for medical reasons is kept to the minimum and only occurs when it can be justified under the guidelines issued by the Canadian Human Rights Commission.

Occupational Health Unit

The Occupational Health Unit provides consultative, field and analytical services in support of the Public Service Health and Indian and Northern Health programs. Major areas of concern during the year included health aspects related to air quality in government office complexes and control of chemical and biological hazards in federal research laboratories.