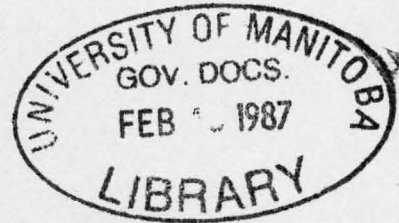


2) *Dept of National*  
Health and Welfare Canada

Santé et Bien-être social  
Canada

# 3) *Annual Report*



4) *1985-1986*



Canada



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, 1986.

Respectfully submitted,

Jake Epp  
Minister of National Health and Welfare

This report is also  
available on audiocassette

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## ***Message from the Minister***



*It is my pleasure to present my department's Annual Report for 1985-86. It outlines the responsibilities, goals and achievements of our many diversified programs. I hope you will find in it, an informative account reflecting the concerns of an organization dedicated to serving the health and social needs of all Canadians.*

*Jake Epp*

*Jake Epp  
Minister*

# *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 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, monitor exposure to radioactivity, and improve 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 Income Security Programs Branch has the responsibility to promote and preserve the social security and social welfare of Canadians through the administration of the Old Age Security Act, the Family Allowances Act and Parts II and III of the Canada Pension Plan Act. The Branch is also involved in the formulation of policy and legislation related to Branch programs.

Through a network of regional offices (located in the provincial capitals) and client service centres, 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 interest of aviation safety. Prospective immigrants to Canada are assessed, as are 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 promotes and supports programming directed to those Canadians in greatest need by ensuring that there is a safety net which provides assistance to meet their basic economic needs and to provide services to support those who would otherwise risk poverty, isolation and dependency. The Branch also supports those involved in the development, coordination and delivery of services in the academic and voluntary sectors by funding research, fellowships and national voluntary organizations active in the field.

The Branch administers major federal/provincial cost-sharing programs through which federal support to those in greatest need is provided. This is directed to basic assistance for those whose budgetary needs exceed available resources, for whatever reason, and to welfare services which provide for counselling and consultation on social and welfare-related issues, including employability, for services to individuals afflicted with physical and mental impairment, child welfare, child abuse and family violence, family and community services, and voluntary action.

Contributions 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, human-resource 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 co-ordination in assisting the provinces and territories to improve and maintain their health services and 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 educational 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 covering 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.

It is the responsibility of this branch to support scientific activities relevant to the concerns and objectives of the Department and to provide for the training and maintenance of needed research personnel in the areas of health services and public health.

### **Fitness and Amateur Sport**

The purpose of the Fitness and Amateur Sport program 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**

The Corporate Management Branch is responsible for providing a full range of financial, personnel, informatics and administrative services for the effective integration of planning, resource allocation and expenditure control activities throughout the Department. The Branch is the departmental liaison with such federal agencies as the Treasury Board and the Office of the Comptroller General. The Corporate Management Branch is directed by an Assistant Deputy Minister who heads six directorates: Financial Administration, Personnel Administration, Administrative services, Public Affairs, Informatics and Program Audit and Review.

### **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. First, it undertakes research analysis and gives advice on health and social policy issues. Secondly, it furnishes support for policy development activities to program branches. 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 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. It is responsible for coordinating the metric conversion in the health, sports and recreation, and personal health care fields. It also maintains a centre for gathering and disseminating information on international trends in health and welfare matters.

## ***Office of the Senior Adviser, Status of Women***

The Senior Adviser is the key advisory and coordinating position responsible for the development, continuous assessment, implementation and integration of a range of policies and programs to ensure the promotion and preservation of the health, social security and social welfare of Canadian women and their families. She chairs a standing Departmental Advisory Committee on Status of

Women Concerns to ensure effective cooperation by all branches in the achievement of departmental and federal goals and to encourage the assumption by Branch managers of responsibility for status of women matters under their jurisdiction. The Senior Adviser's role includes an educational and interpretive one nationally and internationally. The Office has been designated the Canadian Focal Point for the Pan American Health Organization's Programme on Women, Health and Development.

## ***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, assessing the impact of nursing on the health and well-being of Canadians, promoting basic, further, higher and continuing education for nurses, advocating optimum utilization of Canadian nursing skills, encouraging research and development activities in nursing and health care and advising, and consulting and assisting with planning and evaluation of nursing and health care services, on invitation, at local, provincial, national and international levels.

## ***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.



# 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 and Northern Health Services, Immigration Medicine, Quarantine Medicine, Public Service Health, Civil Aviation Medicine, Prosthetic Services and Emergency Services.*

## Indian and Northern Health Services

Medical Services Branch nurse practitioners, physicians, health educators, dental therapists and community health representatives ensure that comprehensive health care is made available to Canada's Indians, Inuit and residents of the Yukon and Northwest Territories. Services are also provided through contribution and contract arrangements with Native organizations, Indian bands and faculties of universities. Provincial medical and hospital programs are utilized in the same manner as by the non-Native population.

Although mortality and morbidity patterns remained essentially unchanged, the trend towards a greater incidence of hypertension and cardiovascular disease among Indians was again noted. Two reports completed in 1985 dealt with support for Indian and Inuit health promotion and with issues for health promotion in (Indian and Inuit) family and child health.

Early in 1985, the Extraordinary Policy Development Process (EPDP) was established in Medical Services Branch. The goal of EPDP was to present some useful options to address the Indian management of Indian health programs, MSB program directions and management improvements.

In the fall of 1985 the Honourable Jake Epp approved the mission of Medical Services Branch to: (a) effect transfer of control of health services to Indian communities at a pace to be determined by the communities themselves; and (b) enhance existing programs for Indian and Inuit communities.

The mission statement related to two major discussion documents prepared by two working groups composed of Medical Services Branch personnel and Indian health representatives. The first document, the interim report of the Sub-committee on the Transfer of Health Programs to Indian Control, was released to all Indian chiefs in the spring of 1986 by the Minister. At that time, the moratorium on health program transfers to band control was lifted. The second document, the interim report of the Sub-committee on Community Health will be released in the summer of 1986. The Sub-committee on the Transfer of Health Services to Indian Control dealt with concrete and practical considerations such as capital requirements, finance, personnel and essential program requirements while the Sub-committee on Community Health looked at those changes required in MSB's programs, policies and practices to more effectively support improved health status through the support of

Indian community health systems and Indian control of Indian health services.

In the northern regions informal discussions have been underway between representatives of federal and territorial governments and Native organizations to consider health program transfers which will specifically accommodate the needs of northern residents. In particular, negotiations progressed smoothly toward the transfer of health services delivery in the Baffin Zone from MSB to the Government of the Northwest Territories. The transfer date is set for September 1986. Affected communities have been involved in these transfer discussions from the outset. After the transfer, the Zone will be managed by a Regional Health Board which will have representation from all of the communities.

## The National Native Alcohol and Drug Abuse Program

The NNADAP was designed to reduce the high levels of abuse of alcohol, drugs and other substances by on-reserve Indians and Inuit people through a combination of community-based prevention programs, a system of residential in-patient treatment, training and research and development. Since NNADAP is in the final year of the five-year development phase, an evaluation is underway and is scheduled for completion prior to March 31, 1987.

### Nutrition

A national task force on native prenatal nutrition was established to address high risk pregnancies in native communities and improve the health status of native mothers and children. The availability and cost of food for pregnant women on social assistance living in remote communities is being addressed through a market-based study assessed by the Montreal Diet Dispensary. The task force's recommendations are anticipated towards the end of 1986.

Evaluation of two productions, "Native Food & Nutrition" and "Nutrient Bar Graphs for Native Foods", showed health professionals and community workers would use these materials in a wide range of situations, for example, in health education, nursing, nutrition, dentistry, Native studies and teacher education.

### National School of Dental Therapy

The National School of Dental Therapy in Prince Albert, Saskatchewan trains dental therapists in a two-year program, following grade 12 graduation, to provide primary dental care in isolated Indian communities in the provinces and in the Yukon and Northwest Territories.

In 1986 the first Mozambique students will graduate from the school. They are in training under an agreement between Medical Services Branch, International and Intergovernmental Affairs, CIDA and CUSO.

### Nursing Operations

During the past year, Nursing Operations has focussed attention on the professional qualifications of MSB nurses, i.e. current registration status and preparation for providing primary health care to the native communities. The Primary Health Care Program was implemented in three pilot regions, Ontario, Quebec and Saskatchewan, in order to more adequately prepare nurses working in isolated communities. The Community Health Nursing (CHN) Inservice Program continues to qualify nurses for health centres.

The Nurse Inventory Information System (N.I.I.S.) piloted in two regions, Ontario and Saskatchewan, has proven to be most effective in streamlining recruitment and answering the continual challenge of filling vacancies of 1089 nursing positions in the Branch. The N.I.I.S. will be implemented in all regions by the fall of 1986. Recruitment of native nurses has also improved significantly during the past year.

The mission of transferring control of health care to the native communities has gained new impetus and requires increased liaison with MSB nurses to facilitate the transfer.

### Environmental Health Services

The third National Workshop for Environmental Health Officers was held to discuss current environmental issues.

The work of national advisory committees on common carriers and on quarantine was completed.

Five new national advisory committees were established: the National Advisory Committee on Housing; the National Advisory Committee on MIS/EDP; the National Advisory Committee on Public Service Health; the National Advisory Committee on Transfer and the National Advisory Committee on Continuing Education.

There is a Memorandum of Understanding between Environment Canada, Indian and Northern Affairs and National Health and Welfare for matters related to Indian environmental health.

The Headquarters Standing Committee comprising these three departments continues to hold meetings to develop standards for design, construction and operation of environmental facilities and services on Indian reserves.

### Public Service Health

Educational materials for the inservice and continuing education of Public Service Health staff in the regions has been purchased and distributed.

Volume and frequency of medical assessments have increased with the establishment of pre-employment guidelines for specific correctional service personnel and with the increased frequency of examinations in several other occupational groups.

Environmental Health Officers continue to respond to requests for investigations of indoor air quality, asbestos removal and noise.

Public Service Health staff participate on departmental and interdepartmental committees on lifestyle, stress management, occupational health and safety, screening examinations of laboratory staff, national criteria for "posture chairs" in the office and health and safety aspects of technological change.

Emphasis has been given to smoking cessation programs for the Public Service as well as indoor air pollution, office automation, ergonomic considerations and their health-related concerns.