

3) Annual Report
4) 1986-1987





CANADA

MINISTER OF
NATIONAL HEALTH AND WELFARE

MINISTRE DE LA
SANTÉ NATIONALE ET DU BIEN-ÊTRE SOCIAL

***Her Excellency the Right Honourable Jeanne Sauvé,
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, 1987.

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 1986-87. 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.

A handwritten signature in dark ink, appearing to read "Jake Epp". The signature is stylized with a horizontal line above the first name and a small mark below the last name.

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 premature 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 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 a highly diversified 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, 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 within 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 and 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 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 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, Facilities Planning and Management, Informatics and Program Audit and Review.

Policy, Communications and Information Branch

The objective of the Policy, Communications and Information Branch is to provide advice to the Minister, Deputy Minister and program branches on trends and issues, policy requirements and communications 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 and guidance for policy development and communications 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.

The Department — An Overview

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 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.

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 the 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, 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, 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 Indian and Inuit organizations, Indian bands and faculties of universities. Provincial medical and hospital programs are utilized in the same manner as by the general population.

Although mortality and morbidity patterns remained essentially unchanged with sporadic controllable minor tuberculosis incidents reported, there continues to be a trend towards a higher incidence of mental health problems, hypertension and cardiovascular diseases.

A computerized management control system has been developed in the area of dental care and another is being developed for prescription drugs. This is in line with a new program with regard to prescription drugs.

Such systems will ensure a quicker response to requests for services required by the client population and their purveyors and facilitate Indian management of Indian programs with minimum disruption.

In the fall of 1985 the Minister approved a mission for Medical Services Branch to a) effect the 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. To this end, a Transfer Directorate was created within Headquarters.

During the year, in conjunction with the Minister's Advisory Committee on AIDS, meetings were held to develop a protocol for health education so that programs are better suited to the requirements of the client population.

There have been major organizational changes within Medical Services Branch. Such changes were necessary to provide maximum support to the transfer of community health services to Indian control and to ensure that resources are available for continued advice to Bands after the transfer.

In the two Territories, discussions have been in progress between representatives of the federal and territorial governments and Indian and Inuit organizations on program transfers which will specifically accommodate the needs of northern residents. As a result, the transfer of health services in the Baffin Zone has been completed and continuing discussions could lead to further transfer in the western Arctic and Yukon during the year.

There was an ongoing project in place during the year to examine future roles of Medical Services Branch hospitals across the country.

The National Native Alcohol and Drug Abuse Program (NNADAP)

Having completed its five-year development phase, the NNADAP is now in the process of having an external expert review conducted. Such a review should be completed in the spring or early summer of 1988.

Several new initiatives have been launched under the NNADAP including a promotional program and development of a national solvent abuse strategy. Several highly successful programs are continuing including the Four Worlds curriculum development project at the University of Lethbridge and the Kahnawake role model program.

Medical Services Branch

Nutrition

Nutrition programs focused on four priority areas including breastfeeding, diabetes, school and prenatal nutrition.

"Coming to Life", a 36-page booklet, was published to address the needs of health professionals who provide Indian and Inuit communities with a better understanding of pregnancy and nutrition during pregnancy.

Native Foods and Nutrition Activity kits were compiled through a joint project between Medical Services Branch and the Department of Indian Affairs and Northern Development to be pre-tested in 26 schools across Canada during Nutrition Month 1987. The objective is to develop a pride in traditional foods and eating practices amongst Indian school children and increase knowledge and use of traditional foods for reasons of economy and nutrition. Commercially available foods which are equally nutritious are also promoted.

Diabetes prevalence indicates an urgency to provide better home care and education. Indian leaders and diabetics have been invited to help formulate programs and educational resources. A number of meetings have been held and should lead to further supportive action in this area during 1987-88.

The report of the National Database on Breastfeeding was distributed to all regions and communities. Breastfeeding at birth was practised on average by 63% of mothers with a range of from 13% to 96%.

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.

Since its inception in 1972, the School has graduated, on average, 10 students per year.

In 1987 the second group of 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

Nursing Operations Division, Medical Services Branch, is facing renewed challenges in the area of nurse recruitment for Indian and Northern Health Services. A national nursing shortage in Canada is contributing to a significant number of nursing vacancies in primary health care facilities in remote communities. A review of current recruitment activities has been undertaken and further initiatives are being developed to deal with the problem.

Increasingly, nurses are becoming more involved in preparation of the transfer of health programs to Indian control. Emphasis is on nursing involvement in community development from a health perspective. It is expected that this focus will take on significantly new meaning at all levels of nursing operations.

Public Service Health

A major review of the activity was undertaken by independent experts under the Canadian Public Health Association. The review reaffirmed the necessity for a higher profile and greater autonomy for occupational health and safety services aimed at public servants.

Public Service Health staff, along with Personnel Services, initiated an employee education program covering the changes in the mandate for occupational health and safety as a result of the Public Service coming under the jurisdiction of the Canada Labour Code, Part IV.

Smoking cessation programs received a high priority in light of the implementation of the departmental ban on smoking in the workplace. The programs are being extended to all departments.

Major activity in the field of infectious diseases saw the commencement of a Hepatitis B vaccination program for high-risk groups, and close monitoring of developments in the area of Acquired Immune Deficiency Syndrome. Preliminary steps were taken to increase the capacity to respond to post-trauma stress disorder.

Concern in the workplace over indoor air quality and environmental hypersensitivity increased the number of workplace investigations. The Occupational Health Unit developed further expertise in this area, and added the capacity for the measurement of volatile organic compounds.

Medical Services Branch

Emergency Services

The Emergency Services Division, through consultation with provincial Emergency Health and Social Services, is actively involved in developing the National Emergency Agency for Health and Welfare. Emergency Health and Social Services training courses are conducted at the Canadian Emergency Preparedness College in Arnprior, Ontario. The Division also consults with other departments that have emergency preparedness responsibilities.

Emergency Services Division liaises with non-governmental organizations such as the Canadian Red Cross and St. John's Ambulance, as well as with international organizations involved in emergency health and preparedness activities, such as the World Health Organization (WHO), the Pan American Health Organization (PAHO) and the North American Treaty Organization (NATO).

Program Transfer Directorate

The federal government has made clear its commitment to greater control by Indian and Inuit people of their own affairs. In line with this commitment, Medical Services Branch has launched an initiative to transfer control of health services to Indian communities wishing to take on this responsibility. The Program Transfer Directorate has been established, and consultations have taken place with Indian leaders across the country to consider the guiding principles for a workable transfer process which can accommodate the diversity of approaches Indian communities may wish to take.

The transfer is developmental and community-specific, and in most cases is likely to take place gradually. The decision to become involved in transfer discussions and the pace at which programs are transferred rest with each Band. At the same time, program transfer remains optional, so that Bands that wish to retain existing Branch services will be able to do so.

Currently, approximately one-half of Bands in Canada are involved in aspects of pre-transfer planning. The first transfer agreements are expected to come into effect in 1988-89.

Indian and Inuit Health Careers Program

The Indian and Inuit Health Careers Program was established in 1984 to increase Native participation in the health professions. Cabinet required an evaluation after three years of program operation. This was completed in October 1986 and an Action Plan was developed to increase program effectiveness. Since the program began, the Branch has provided funds to seventeen institutions for health science programs for native people. Over two hundred students have enrolled in these programs, and many have now graduated. Students have also received on-the-job training through the career-related employment component and 47 bursaries have been granted to Native students enrolled in health programs. The Health Careers Program is seen as a particularly important adjunct to the current Indian health transfer initiative.