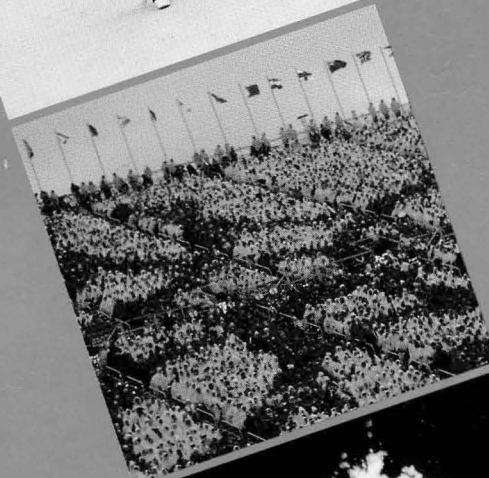


OCB

/88

# ANNUAL REPORT



1987-1988



Health and Welfare  
Canada

Santé et Bien-être social  
Canada

Canada



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, 1988.

Respectfully submitted,

*J. Epp*

Jake Epp  
Minister of National Health and Welfare

This report is also  
available on audiocassette





© Minister of Supply and Services Canada 1989

Cat. No. H1-3/1988

ISBN 0-662-56406-5

# Table of Contents

<b>The Department - An Overview</b>	5
<b>Review of Operations</b>	8
Health Protection Branch	9
Income Security Programs Branch	15
Medical Services Branch	20
Social Service Programs Branch	25
Health Services and Promotion Branch	29
Fitness and Amateur Sport	34
Corporate Management Branch	37
Policy, Communications and Information Branch	40
Intergovernmental and International Affairs Branch	43
Senior Adviser, Status of Women	45
Principal Nursing Officer	46
National Council of Welfare	47
National Advisory Council on Aging	48

# Message from the Minister



It is my pleasure to present my department's Annual Report for 1987-88. 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 black ink that reads "Jake Epp". The signature is written in a cursive style with a horizontal line above the first 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.

The Indian and Northern Health Services activities are devoted to the preservation and improvement of the health of Canada's Indians and Inuit, as well as 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 an occupational health service for 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 services to support those who would otherwise risk poverty, isolation and dependency.

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 help seniors maintain and improve their quality of life and independence, as well as 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.

A national child care strategy has been announced, involving tax measures, funding for innovative development, demonstration and applied research projects and a new federal/provincial cost-sharing arrangement for day care. The Branch also 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 develops, implements and maintains departmental policies and procedures relative to planning, resource allocation, financial administration, informatics, administrative services, the provision of office accommodation, facilities management and audit and evaluation. As well, the Branch provides direct support services associated with these functional areas to Department components in the National Capital Region. The Corporate Management Branch, which is the departmental liaison with such federal agencies as the Treasury Board and the Office of the Comptroller General, is directed by an Assistant Deputy Minister who heads five

directorates; Departmental Planning and Financial Administration, Informatics, Departmental Administrative Services, Program Audit and Review and Facilities Planning and Management. The Branch itself is supported by a Secretariat which houses Management Consulting Services.

## 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.

## **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 such as income security, medicare, pension reform, taxation, social services, and poverty.

## **National Advisory Council on Aging**

The National Advisory Council on Aging (NACA) was created by Order-in-Council on May 1, 1980 to assist and advise the Minister of National Health and Welfare on issues related to the aging of the Canadian population and the quality of life of seniors. NACA reviews the needs and problems of seniors and recommends remedial action, liaises with other groups involved in aging or representing seniors, encourages public discussion and publishes and disseminates information. In carrying out its responsibilities, NACA works closely with the new Minister of State for Seniors.



# Medical Services Branch

*By legislation or custom, Medical Services Branch provides a variety of health services to a number of client groups. These 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 and Emergency Services.*

## **Indian and Northern Health Services**

### **Community Health Services**

Medical Services Branch physicians, nurses, health educators, dental therapists, community health representatives and other health workers ensure that comprehensive health care is made available to Canada's Status Indians, Inuit and residents of the Yukon and Northwest Territories. Health care is also provided through contribution or contract arrangements with territorial governments, provincial governments, Indian and Inuit organizations, Indian Bands and university faculties of medicine and dentistry. Provincially insured health programs are generally available to Indians and Inuit.

Mortality and morbidity patterns remained essentially unchanged during the year, with sporadic incidents of tuberculosis reported. Lifestyle-related diseases continue to dominate Indian and Inuit health, particularly in the areas of cardiovascular disease, accidents and violence.

Despite some initial problems, the automated dental claims system has proved to be an effective processing mechanism. The automation of claims for payment for drugs and optometric services is now under active consideration.

A manual on AIDS, for use by professional staff at the field level, was developed and published. Another publication on community level health education in AIDS is being developed to guide and assist community health representatives in developing strategies to meet the needs of the community for AIDS-related information and disease prevention.

The position of Special Advisor, Mental Health, and a Mental Health Working Group have been established in order to gather information regarding mental health concerns at the community level and to begin to develop effective strategies for their resolution.

### **Non-Insured Health Benefits (NIHBs)**

Steps were taken during the year to improve the administration of the Non-Insured Health Benefits program through such measures as: computerization, streamlining procedures and improving coordination and liaison in service delivery. A director was appointed to manage the implementation of administrative measures that are designed to improve the efficiency and effectiveness of the program.

## **Nursing Services**

The provision of high-quality, culturally appropriate nursing service requires adequate numbers of educationally prepared and highly motivated professionals. Throughout the year, Medical Services continued to experience difficulties in recruiting and retaining nurses with the skills needed to function effectively in remote areas. Following successful pilot projects in three Regions, a national in-service training program is being developed to provide nurses

## Medical Services Branch

with essential primary care clinical skills. The first students are expected to enter the national program in September 1988.

A major thrust of Community Health Services has been to better define working relationships with native communities concerned with the planning and delivery of health services. In addition, there has been active and ongoing involvement with Program Transfer and with Bands and other Indian collectives that are at the pre-transfer planning stage.

### **The National Native Alcohol and Drug Abuse Program (NNADAP)**

As an essential component of its five-year development phase, NNADAP is undergoing a comprehensive review by external consultants. This should be completed by the end of the 1988/89 fiscal year.

A number of initiatives that were previously launched by NNADAP in the areas of a promotion program and development of a national solvent abuse strategy are now bearing fruit and several highly successful programs are continuing, including: the Kahnawake role model program, and the national addictions curriculum model coordinated by the Mokakit Indian Education Research Association.

### **Hospitals and Health Facilities**

The management of Branch capital was completely restructured following the consolidation of Corporate Management Branch and changes in the organization of Medical Services. Several critical management tools were developed to facilitate capital planning and review of projects. Design guidelines covering space and furnishing and post-occupancy methodology were the two main tools completed.

## **Program Transfer and Policy Development Directorate**

The federal government has made clear its commitment to greater Indian and Inuit control 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 and Policy Development Directorate has set up ongoing consultation with Indian communities across the country to develop a workable transfer process, designed to accommodate the diversity of approaches Indian communities may wish to take. This initiative has been well received by the Indian community. In November 1987, the Assembly of First Nations organized a Program Transfer conference in Montreal, which was attended by a large number of delegates and by the Minister and senior Branch officials.

Program transfer is developmental and community-specific and, in most cases, will probably take place gradually. The decision to become involved in transfer discussions, and the pace at which programs are transferred, rests with each Band. Transfer, however, remains optional, so that Bands that wish to retain existing Branch services can continue to do so.

Approximately one half of Indian Bands have been, or are currently involved in aspects of pre-transfer planning. Transfer agreements have been concluded with the Nisga'a Valley Health Board and with the Nuu-chah-nulth Tribal Council for transfer of health services in the spring of 1988.

In the Yukon and Northwest Territories, negotiations on Program Transfer are in progress between representatives of the federal and territorial governments and Indian and Inuit organizations. Every attempt is being made to accommodate the needs of northern residents in these negotiations. A transfer agreement has been successfully concluded with the Government of the Northwest Territories, which will take effect in April 1988.

### **Indian/NHW Relations**

A major incentive was initiated in November 1987 between the Minister of National Health and Welfare and the National Chief of the Assembly of First Nations to enable the two institutions to continue to liaise and consult on health and related issues. This "ministerial liaison process" is proving to be a positive and constructive mechanism for the exchange of views and information.

### **Bill C-31**

During the fiscal year, it became apparent that earlier projections of the number of Bill C-31 registrants and related costs had been underestimated. As a result, a project was initiated with the Department of Indian Affairs and Northern Development to analyze the implications of this situation and to develop recommendations and strategies for dealing with its potential effects on programs and service delivery. At the same time, consultation was undertaken with the Assembly of First Nations Chiefs' Committee on Bill C-31 to ensure that the Indian view was represented.

## Medical Services Branch

### 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. The program is decentralized and funds are allocated to MSB regions on the basis of their Indian and Inuit populations. To date, funds have been provided to 19 institutions for health science programs for Native people. Over 200 students have been enrolled in these programs, and many have now graduated. Students have also received on-the-job training through the program's career-related employment component. Sixty-nine bursaries have been granted to Native students enrolled in health programs while the recent creation of a scholarship component enables the Branch to recognize outstanding achievers. The Indian and Inuit Health Careers Program is seen as a particularly important adjunct to the current Indian health transfer initiative.

### Public Service Health Directorate

The establishment of the Public Service Health Directorate during the 1987-88 fiscal year came about as a result of a reorganization of Branch activities and a decision by the Cabinet to strengthen the role of Public Service Health (PSH). This decision followed recommendations made by the Canadian Public Health Association in its detailed review of occupational health and safety services for public servants.

The Directorate's headquarters component is comprised of: Environmental Health Services, Occupational Health Nursing, Occupational Medicine (including Employee Assistance Services) and the Occupational Health Unit. To ensure delivery of effective services to clients across the country, five Public Service Health regional offices were established in the Atlantic provinces, Quebec, Ontario, the Prairie provinces and Pacific. The new structure will become fully operational on April 1, 1988.

#### Occupational Medicine

As a result of the reorganization of the Public Service Health directorate, a new Occupational Medicine Unit was created. During its first year, the emphasis has been on the review and development of the program. The physicians' guide has been reviewed and updated; a review of the roster of designated PSH physicians was initiated; and a Medical Review Committee has been established.

A videotape on AIDS was produced and will be screened for the information of public servants during the summer of 1988.

#### Employee Assistance Services (EAS)

The National Drug Strategy has increased interest in EAS and its ability to deal with drug abuse in the workplace. Public Service Health was involved in providing professional and technical support to the government's response to the Standing Committee Report entitled "Booze, Pills and Dope: Reducing Substance Abuse in Canada".

Training sessions were held to certify selected employees as critical incident stress debriefers; and the Directorate coordinated an inter-departmental committee established to create a network of response to incidents of post-trauma stress.

Client loads increased across the country for all types of employee problems and there was a significant increase in the number of senior executives and managers seeking assistance through EAS.

#### Occupational Health Nursing

The PSH Occupational Health Nursing Unit continues to focus on preventative health measures. Smoking cessation programs were conducted in all Regions. Where requests for programs exceeded available resources, referrals were made to local community agencies.

AIDS education packages have been developed in several regions and a special package for Correctional Services officers and health care workers is being developed jointly with Correctional Services training staff.

There has been an increased demand in all regions for Occupational Health Nursing services, particularly for employee counselling and periodic health examinations.

### Environmental Health Services (EHS)

Environmental Health Services are provided to: Public Service Health, Quarantine Services, Regulatory Services and Indian and Northern Health Services.

During the year, Advisory Committees on Native Housing, Informatics, Public Service Health and Continuing Education have made recommendations that will help guide future EHS program development.