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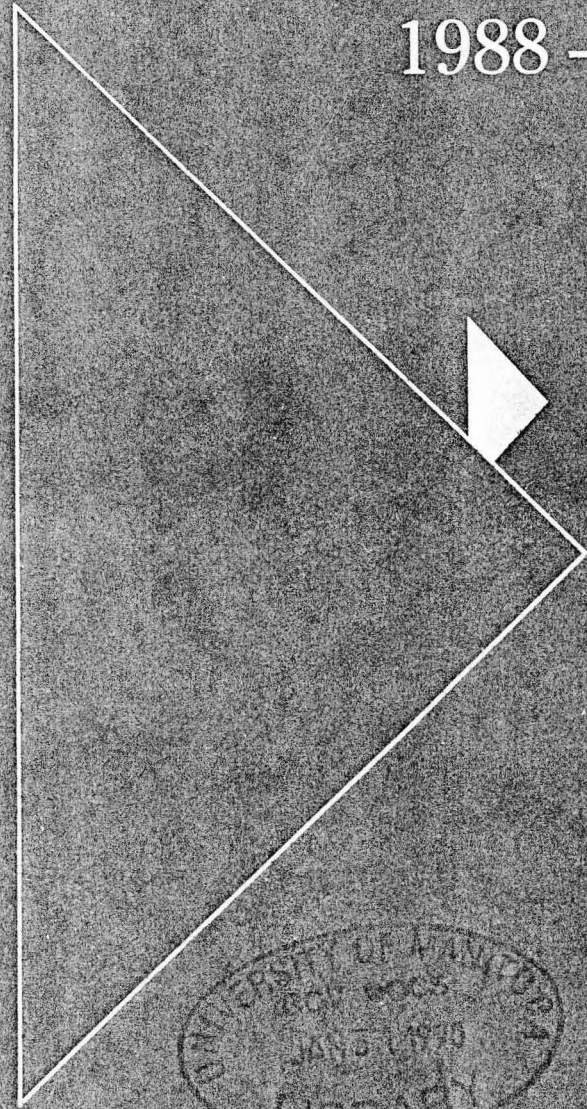
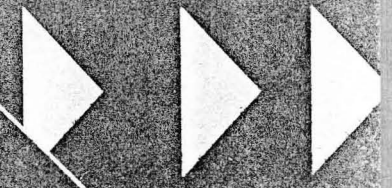
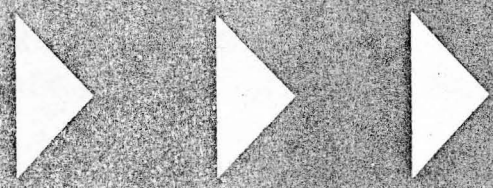
Health and Welfare  
Canada

Santé et Bien-être social  
Canada

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1988 - 1989



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, 1989.

Respectfully submitted,

A handwritten signature in cursive script that reads "Perrin Beatty".

Perrin Beatty  
Minister of National Health and Welfare

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## **Message from the Minister**

Over the past century, the people of Canada have established a tradition of accessible health care and equitable welfare programs that is among the finest in the world. Today, more services are available than ever before, and more people are using them.

In implementing our programs and in carrying out our duties, this department touches the lives of all Canadians. I hope you will find this Annual Report for 1988-1989 a useful and informative aid in understanding the role and objectives of National Health and Welfare programs, as well as our major activities and accomplishments.

**Perrin Beatty**  
**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 dependants serving around the world.

Indian and Northern Health Services 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 Territory. Services are provided through a network of hospitals, nursing stations and health centres.

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.

Working with other federal departments and provincial and social services agencies, the Branch also plays an active role in the development of a national emergency response for the Department.

## 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 new child care initiative provides funding for the demonstration and study of innovative projects. The Branch continues to operate a national child 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.

The Branch also works closely with provincial governments and non-government organizations in support of issues relevant to the quality of life of Canada's seniors.

### **Fitness and Amateur Sport**

The Fitness and Amateur Sport program encourages Canadians to become involved in regular physical activity as an integral part of a healthy lifestyle, and develops programs dedicated to promoting excellence in amateur sport. These objectives are met primarily through the funding of national sport and physical activity associations.

Fitness Canada develops programs and materials designed to increase public awareness of the benefits of fitness and encourage mass participation in physical activity. Sport Canada provides financial assistance to Canadian athletes and teams for training and coaching development designed to improve performance levels at national and international competitions. Sport Canada also assists in the staging of major international events in Canada.

The International Relations Directorate develops and implements strategies and programs to enhance the international dimension of Canada's sport and fitness policy and relationships in order to assist Canada to maintain a high level of leadership, contribution and visibility in international sport and fitness circles – both governmental and non-governmental.

### **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**

The Branch coordinates Canada's participation in international health and social affairs, and promotes networking between international, intergovernmental and non-governmental organizations. 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 interdepartmental consultation.

The Branch provides secretariat services for meetings of Ministers and Deputy Ministers of Health and Social Services and 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 the 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. The Council has 18 members, men and women, who represent all parts of the country as well as a mix of language and ethnic groups and occupational backgrounds. The Council reviews the needs and problems of seniors and recommends remedial action, liaises with other groups with responsibilities in the area of aging, encourages public discussion, and publishes and disseminates information. In carrying out its responsibilities, the Council works closely with the Minister of State for Seniors.

## **Review of Demography and Its Implications for Economic and Social Policy**

The Review of Demography and Its Implications for Economic and Social Policy is mandated to study possible changes in the size, structure and distribution of the population of Canada to the year 2025, and how these changes might affect Canada's economic and social life.

# 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 Directorate**

### **Community Health Services**

Four interdisciplinary working groups, whose members were drawn from regional offices across the country and from nominees of Indian and Inuit organizations, studied various issues including cardiovascular disease, injury prevention, mental health and prescription drug abuse.

The study reports will be analyzed and proposals made to senior management regarding implementation of the recommendations.

A major revision was initiated of Medical Services Branch Clinical Guidelines for use in northern areas, where treatment services are provided by nurses and community health representatives. The Guidelines will be produced as boxed sets of booklets that will be more attractive and more easily accessed for quick reference. Sets will be given to every nurse in nursing stations and other locations where treatment is given to Indian patients.

A mental health working group is studying the need for community workers with mental health skills. In addition, work has begun on developing a mental health resource and advisory service for bands and native groups, which will be aimed at extending knowledge and awareness about mental health.

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

The Branch began to implement improvements to the administrative procedures to ensure consistency of non-insured health benefits across the country and to improve the efficiency and effectiveness of the program. Information brochures on the various benefits are being produced for distribution to NIHB clients and service providers.

The first phase of a project to computerize the collection of health information and the payment of claims is continuing.

### **Nursing Services**

Medical Services Branch nurses continue to provide high-quality primary health care services to Canada's native people. The change in focus from health care provider to health care facilitator continues to provide challenges for nurses working with native communities. Two successful training programs are offered to nurses working in the Branch: one in community health nursing for those nurses who do not have public or community health background; the other in clinical skills for nurses working in isolated communities.

An advisory committee of Indian and Inuit Nurses of Canada (IINC) was established in early 1988. IINC and Medical Services Branch nursing have collaborated on a handbook for nurses and communities on the transfer process.

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

NNADAP supports approximately 400 community-based prevention projects and 37 treatment centres. As a result of a series of external evaluations and internal reviews, NNADAP priorities are being reassessed. Most notable are efforts to restructure the native advisory body to the program and initiatives to redefine primary prevention, treatment and aftercare activities.

NNADAP coordinated the aboriginal component of the National Drug Strategy, which includes awareness and educational activities targeted at on-reserve Indian and Inuit youth populations.

### **Hospitals and Health Facilities**

Work continues to develop the Branch's ability to manage and maintain its real property. Capital cost guidelines were completed and other capital management tools were readied for implementation following three-year accreditation ratings from the Canadian Council of Health Facilities Accreditation. In line with trends in the Canadian health care system, quality assurance in Branch hospitals and health facilities received particular attention.

## **Health Advisory Services Directorate**

### **Civil Aviation Medicine**

During the year, Civil Aviation Medicine continued to provide aeromedical advisory services to Transport Canada, the aviation industry and the flying public. Almost 65 000 medical assessments of aviation personnel were provided to Transport Canada. Aviation safety has been given high priority by Transport Canada's Aviation Group, and Civil Aviation Medicine continued to deliver aeromedical education and training to flying personnel. In addition, maintenance of high standards and continuing education of Civil Aviation Medical Examiners was ensured through five regional aeromedical seminars, visits by Aviation Medical Officers, and newsletters.

As cardiovascular disease continues to be the leading cause of medical loss of licensure in Canadian pilots, a booklet entitled "Guidelines for the Assessment of Cardiovascular Fitness in Canadian Pilots, 1988" was published and distributed to 27 405 practising primary-care physicians, internists and cardiologists across Canada. The International Civil Aviation Organization requested additional copies for distribution to its 160 member nations.

Civil Aviation Medicine completed "A Study on Flight Times and Flight Duty Times in Canada" on which new regulations governing Canadian pilots' duty-hours will be based.

At the request of the Canadian Aviation Safety Board, Civil Aviation Medicine Officers continued to provide support in the investigation of human factors in aviation accidents. The Civil Aviation Medical Unit provided toxicological laboratory services to the Canadian Aviation Safety Board in 49 aviation accidents involving 80 fatalities, and which required 1100 laboratory tests.

### **Immigration Medical Services**

Immigration Medical Services conducts medical examinations of all prospective immigrants to Canada, as well as certain categories of visitors. The

results of these examinations, conducted by designated medical practitioners in the applicant's country of origin, are reviewed by Health and Welfare Canada physicians, and the Employment and Immigration Commission is advised of the results.

Non-insured health services are provided to government-sponsored refugees and indigent immigrants by Immigration Medical Services.

### **Medical Advisory Division**

The Branch continued to provide physicians to furnish advice and guidance to the Employment and Immigration Commission in the administration of the sickness and maternity provisions of the "Unemployment Insurance Act."

### **Emergency Services**

Emergency Services continued to play an active role in the development of a national emergency response for Health and Welfare Canada, and worked closely with other federal departments and agencies having responsibilities in the area of emergency preparedness. Liaison was also maintained with St. John Ambulance and the Canadian Red Cross and with the World Health Organization, the Pan American Health Organization and the North Atlantic Treaty Organization.

Emergency Services continued to offer emergency health and social services training programs at the Canadian Emergency Preparedness College in Arnprior, Ontario.

### **Research and Development**

Medical Services Branch held meetings and workshops involving Branch personnel and researchers from the private sector to encourage research and development proposals and the development of in-house research projects.

Clinical research priorities include: diabetes, hypertension, deafness/otitis media and AIDS/STDs. In the environmental area, research focused on PCBs, toxaphene, methylmercury, cadmium and indoor air quality, while in the social welfare field, priorities included substance abuse, smoking, violence, physical abuse and the sexual abuse of children.

## **Program Transfer, Policy and Planning Directorate**

In line with the commitment of the federal government to enhance Indian and Inuit control of their own affairs, Medical Services Branch continued to work with Indian communities wishing to take over administration of their health services.

The Program Transfer, Policy and Planning Directorate was established in April 1986 to work with communities on establishing a workable transfer process, designed to accommodate the diversity of approaches Indian communities may wish to take.

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

Over 200 communities are currently involved in aspects of pre-transfer planning. Transfer negotiations were concluded during the year with the Nisga'a Valley Health Board and the Nuu-chah-nulth Tribal Council in British Columbia, the William Charles Band in Saskatchewan, and the Conseil Attikamek-Montagnais in Quebec. Negotiations are under way with an additional four Bands and two Tribal Councils.

In the Northwest Territories, a transfer agreement was signed with the Government of the Northwest Territories which took effect in April 1988.

#### **Bill C-31**

The Branch worked with the Department of Indian and Northern Affairs to assess the potential impact, on the Branch's programs and service delivery, of Bill C-31 registrants under the 1985 amendments to the Indian Act. Consultation with the Assembly of First Nations Chiefs' Committee on Bill C-31 ensured that all relevant issues were addressed. This resulted in the provision of additional funding to implement the 1985 Indian Act amendments. Expenditures necessary as a result of Bill C-31 will be part of the Branch's regular budget.

#### **Indian and Inuit Health Careers**

The Indian and Inuit Health Careers Program provides encouragement and support to native individuals to participate 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, 19 institutions have been funded to provide health science programs for native people. Over 200 students have been enrolled in these programs, and many have now graduated. The program's career-related employment component provides students with on-the-job training. Ninety bursaries have been granted to native students enrolled in health programs, while five scholarships were granted to recognize outstanding achievers. The program provides an important link between the Transfer

initiative and the availability of qualified native health professionals to undertake the administration of health care programs in native communities.

### **Public Service Health Directorate**

During the first full year of operation, refinements of the headquarters organization were made to better reflect program responsibilities. A new division entitled "Occupational Medicine and Hazards Investigation" was established in January 1989 by integrating the Occupational Medicine Division with the Occupational Health Unit. Employee Assistance, previously a division of Occupational Medicine, now reports to the Director General, Public Service Health.

#### **Occupational Medicine and Hazards Investigation**

Advice and support was provided to regional staff on medical fitness and programs of medical surveillance. Assistance in contentious and complex assessment cases was provided to Regional Medical Officers by the Director and by the Public Service Health Medical Review Board. In concert with Occupational Health Nursing, a significant amount of time and effort was dedicated to the preparation and distribution of educational materials concerning AIDS.

#### **Occupational Health Unit**

The principal focus of activity by the Occupational Health Unit was in the area of PCB investigations. The monitoring and testing program for PCB analysis of blood samples, from both federal government employees and registered Indians, was substantially expanded. These analyses played a significant role in the identification of possible sources of PCBs to which native communities may have been exposed.

The analysis of samples from the methyl-mercury monitoring program continued to be a major activity of the Unit, most coming from the Manitoba Northern Flood Agreement communities. In addition, technical advice with regard to the ongoing monitoring program was sought by, and provided to, the Quebec Cree Board of Health.

The laboratory continued to provide high-quality analyses as shown by the excellent results obtained from the eight interlaboratory Quality Control Programs. It also expanded and up-dated its capability through the replacement of many of its laboratory instruments. Construction of a suitable storage facility for acids, solvents and gas cylinders was initiated, which should further facilitate the provision of high-quality analyses. The