



Health and Welfare
Canada

Santé et Bien-être social
Canada

ANNUAL REPORT 1989-1990

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CANADA

MINISTER OF
NATIONAL HEALTH AND WELFARE

MINISTRE DE LA
SANTÉ NATIONALE ET DU BIEN-ÊTRE SOCIAL

***His Excellency the Right Honourable Ramon John Hnatyshyn,
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, 1990.

Respectfully submitted,

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

Perrin Beatty
Minister of National Health and Welfare

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Indian and Northern Health Services Directorate

Community Health Services

Cardiovascular diseases are increasing in Indian populations, and diabetes has become more prevalent in aboriginal communities in recent years than in the general population of Canada. To respond more effectively to this development, following reports from four interdisciplinary working groups created in 1988-89, the Community Health Services Branch has established a permanent working group that will decide how to implement the working groups' recommendations on heart health and diabetes.

The Branch also continued to plan for a fall 1990 international meeting in Minneapolis on diabetes in aboriginal peoples. Major sponsors of the conference are the Native American Research and Training Centre, the American Diabetes Association and the Canadian Diabetes Association. Besides the Branch, the co-sponsors include the US Indian Health Service, the Assembly of First Nations, the International Diabetes Centre and the American Indian Health Care Association.

Two other branch initiatives related to diabetes among Native people were the funding and production of a video, *Mohawk Elders Speak*, by the Kateri diabetes support group, and the establishment of a scholarship for training in diabetes by the Eli Lilly Company.

The Branch contributed to the Department's AIDS endeavours by drawing up a framework for AIDS programs that emphasized three priority levels – counselling, community-based care for AIDS patients, and AIDS hospices and home-care services. Regions will base

their strategic planning on these three levels. The Branch also initiated discussions on the feasibility of seroprevalence studies to determine the prevalence of HIV infection in Indians.

The Branch carried out a review of tuberculosis control services for registered Indians, and at year's end was studying the report of this review.

Three outbreaks of whooping cough in the Yukon and Alberta were the impetus for a general review of communicable disease control programs. The Branch also began discussing how to improve immunization against an organism that is a common cause of meningitis in small children.

The Branch completed a nutrition education curriculum for Indian schools and took steps to implement recommendations on content and presentation. This program will be administered in communities, with regional support from aboriginal and other organizations concerned with education.

The Branch implemented a management information system and infection control procedures as part of the dental therapy program.

Non-Insured Health Benefits

In line with its commitment to Treasury Board to implement measures for improving the administration and management of the Non-Insured Health Benefits Program, the Branch has selected a contractor to administer automated claims processing. Work is now under way to specify the procedures that the contractor will follow to ensure consistency in claims processing to all providers across the country. The phase-in of the automated claims processing system is scheduled to begin in Ontario and Saskatchewan regions in the fall of 1990.

Through its regional offices, the Branch has prepared brochures on the various benefits, and distributed them to clients and service providers.

The Branch also held meetings with the Health Boards of the Government of the Northwest Territories, and with Native

associations and health-care providers, to disseminate information about the benefits and operation of the automated claims processing system.

Nursing Services

Medical Services Branch nurses provide high-quality primary health-care services to Canada's Native people. Recruitment and retention of qualified nurses continues to be a major challenge. The change in focus from health-care provider to health-care facilitator requires a change in role and attitude for the professional. The Branch is developing community-based management tools to assist in this area. Two popular and successful programs are the community health nursing training for nurses without public or community health background and the clinical skills training for nurses working in isolated communities.

The advisory committee of Indian and Inuit Nurses of Canada was established in early 1988 and is a continuing link between the Branch and Native and band-employed nurses.

The National Native Alcohol and Drug Abuse Program (NNADAP)

This Program supports approximately 400 community-based prevention projects through 660 alcohol and drug workers and its 45 treatment programs.

NNADAP is implementing the recommendations contained in an evaluation of selected NNADAP projects, which was carried out by the Addiction Research Foundation of Ontario. An important feature of this follow-up has been the establishment of a Primary Prevention Task Force that is examining relevant means of promoting primary prevention activities at the community level.

NNADAP has played a lead role in national initiatives such as the highly successful National Addictions Awareness Week. The Program has also spearheaded a health promotion campaign aimed at solvent abuse and co-ordinated the aboriginal component of the National Drug Strategy, which includes awareness and educational activities targeted at Indian and Inuit youths on reserve.

Hospitals and Health Facilities

The Branch has developed and implemented a capital management process that allows for appropriate control, yet encourages the flexibility required to meet individual community needs. Capital management tools have been implemented. In line with trends in the Canadian health-care system, quality assurance in branch hospitals and health facilities received particular attention, and tools are being developed to improve capacity in this area.

Mental Health Services

The increasing interest of the provinces and the First Nations in addressing the mental health needs of Native peoples led to constructive, forward-looking discussion on a number of Native mental health issues.

The Branch prepared to undertake a consultation process in order to develop a mental health policy framework during fiscal year 1990-91. It will involve First Nations representatives, regional offices and other interested federal agencies.

Following receipt of the report from the branch Multi-disciplinary Working Group on Mental Health, the Department renewed its commitment to work with First Nations communities on mental health issues by establishing a small technical mental health resource capacity in Indian and Northern Health Services. A series of field-level meetings were

held and resource documents were produced to improve knowledge at the field level and give the Department a better sense of models available to address mental health issues in First Nations communities. The consultative meetings dealt with child development, suicide prevention strategies, community mental health strategies, consultancy, schools and child mental health, and training programs. Resource documents include *Principles of Training: Guidelines*, *Native Mental Health Bibliography*, a draft Mental Health manual for native workers and proceedings of the consultations.

In response to a serious increase in the teenage suicide rate in Northwestern Ontario, the Mental Health unit worked closely with Nishnawbe-Aski Nation and the Ontario Regional Office to plan, support and participate in a series of community meetings aimed at addressing the problem.

Public Service Health Directorate

A report entitled *Health Effects of Working at the Site of the Gander Arrow Air Crash* was released by the Minister in June 1989. An inter-departmental committee was set up to carry out the recommendations of the report and to discuss the development of a co-ordinated approach to responding to future critical incidents that may have an impact on public servants.

The Directorate was also instrumental in the development of an initiative on Health Promotion in the Workplace. Further, a number of major health impact/assessment studies were carried out to address health issues for public service employees. These included studies at Lancaster Park (Edmonton, Alberta) and Shirley's Bay, Ontario.

Employee Assistance Services

As a result of the recommendations of the Gander study report, more than 30 workers benefited from an

assessment for Post-traumatic Stress Disorder and, where needed, treatment was offered.

Training and development in the expanding field of Critical Incident Stress was provided to many groups in the federal government, with many Critical Incident Stress Debriefings conducted wherever the need arose.

During the year, Employee Assistance Services provided counselling, advisory, referral and education services for all types of psycho-social issues. The number of public servants seeking services from Employee Assistance continued to increase.

The program consultants continued to assist departments in expanding a national network of trained peer referral agents to cope with increasing demands for such services.

Environmental Health Services

Environmental Health Services continued to provide inspection and investigation services for Indians, federal public servants and the travelling public. Work continued on new sanitation regulations for common carriers and on legal issues involving common carriers and authority on federal land and leased land.

Environmental contaminants became the predominant issue during the year, and the Branch began an inventory of these contaminants. Headquarters developed protocol, procedures, information materials and a video for a national radon survey of Indian homes to be carried out in 1990-91.

The Division also produced the video *Sampling for Methylmercury*, as well as a video and a brochure entitled *Role of the EHO in the Public Service Health Workplace Surveillance Program*. The *Public Service Health Manual for EHOs* and *List of Approved*

Water Sources for Common Carriers were completed and published this year.

A major achievement was the development, with Fanshawe College and the University of Western Ontario, of a comprehensive three-week training course in the fundamentals of occupational safety and health. As well, 20 Environmental Health Officers completed a sanitation training course on aircraft inspections.

Staff of Environmental Health Services participated in or supported working groups on transportation of dangerous goods, hazardous waste, the workplace hazardous materials information system (WHMIS), and Northern/Arctic technical contaminant committees.

Toward the end of the year, staff began work on Environment Canada's proposed Federal Environmental Agenda. Various reports and protocols were developed, including an indoor air-quality monitoring protocol for Treasury Board, public health engineering needs for Medical Services Branch, and space requirements for quarantine services at international airports. They also participated in and supported a joint Indian housing council, a national study of food inspection effectiveness, the Federal Provincial Subcommittee on Drinking Water and the Railway Working Group on Sewage Disposal.

Occupational Health Nursing

Occupational Health Nursing addressed the problem of providing necessary services with reduced resources when the demand for services is increasing. The Division initiated a review of the conceptual framework and program and practice standards on which the service is based, increased the accuracy of service needs assessments in the workplace, and increased staff skills and abilities.

The nurses serve as consultants to Safety and Health committees, to ensure relevance of services and reduce overlap of functions. Some departments have provided person-years to enable Public Service Health to hire Occupational Health nurses for their employees.

There has been a further increase in demand for programs on stress reduction, and nurses in some regions have been providing or co-ordinating critical incident stress debriefings.

There is a new interest in problems related to video display terminals, in hearing conservation and in back care. Interest in the smoking cessation program is very low.

Forty percent of the nursing staff have specialty certification, others are currently enrolled in courses leading to certification, and in-service and relevant community courses are provided as needed.

Occupational Medicine and Hazards Investigation

Expert advice and guidance to regional staff on medical fitness and the medical surveillance program are a prime responsibility for this Division. The Public Service Health Medical Review Board assessed an increased number of contentious and complex cases. In addition, a complete review of the physicians' guide on medical assessments was carried out.

The laboratories perform high-quality analyses as part of the branch monitoring program for federal government employees and registered Indians. Major activities this year were the methyl mercury monitoring program, mainly for registered Indians from Quebec, Ontario, Alberta and Manitoba (Northern Flood Agreement); and the monitoring program for asbestos, PCBs, heavy metals such as lead, cadmium and arsenic, and organic vapours in office buildings and workshops.

The Occupational Health Unit's mandate to provide consultation and technical assistance on industrial

hygiene has resulted in investigations into asbestos, office equipment and vehicle exhaust gas studies, to name a few. A growing concern about asbestos in the non-occupational environment such as federal offices and Native schools has increased the profile of the Unit, which has initiated a joint effort between the Department and the provinces on a national guideline for asbestos in schools. Investigation into office building complaints has decreased over last year.

Program Transfer, Policy and Planning Directorate

Medical Services Branch works with First Nations communities that wish to assume control of their health services through health program transfer agreements. Through this process, Indian communities are able to undertake pre-transfer planning, to assess community health needs and priorities, conduct community information workshops, and prepare a community health plan. Once ratified by the community, the health plan becomes the basis of negotiations with Medical Services Branch. The decision to enter negotiations rests with each community.

In 1989-90, more than 200 First Nations communities were involved in various aspects of health program transfer planning. Negotiations are currently under way with four Bands and four Tribal Councils. In addition, the Branch concluded negotiations and signed agreements with the River Desert Band, Nation Huronne Wendat, Sandy Bay Band and Mathias Colomb Band, bringing to eight the total number of transfer agreements signed. Communities already running their health services through transfer agreements are Nisga'a Valley Health

Board, Nuu Chah Nulth Tribal Council, Montreal Lake Band, and Conseil Attikamek-Montagnais.

Indian and Inuit Health Careers

The Indian and Inuit Health Careers Program encourages and supports students of Indian and Inuit ancestry in the pursuit of professions in the health-care field. The Program supports the transfer initiative by seeking to increase the number of qualified Native health professionals available to work with First Nations communities.

To date, 19 postsecondary programs have been funded through the institutional funding component of the Indian and Inuit Health Careers Program to provide health science programs for Native people. Many of the more than 250 students originally enrolled in these programs have now graduated. Through the career-related employment component of the Health Careers Program, many students have also been provided with opportunities for on-the-job training. In addition, 115 bursaries have been granted to Native students enrolled in health studies and 17 scholarships have been awarded to outstanding achievers.