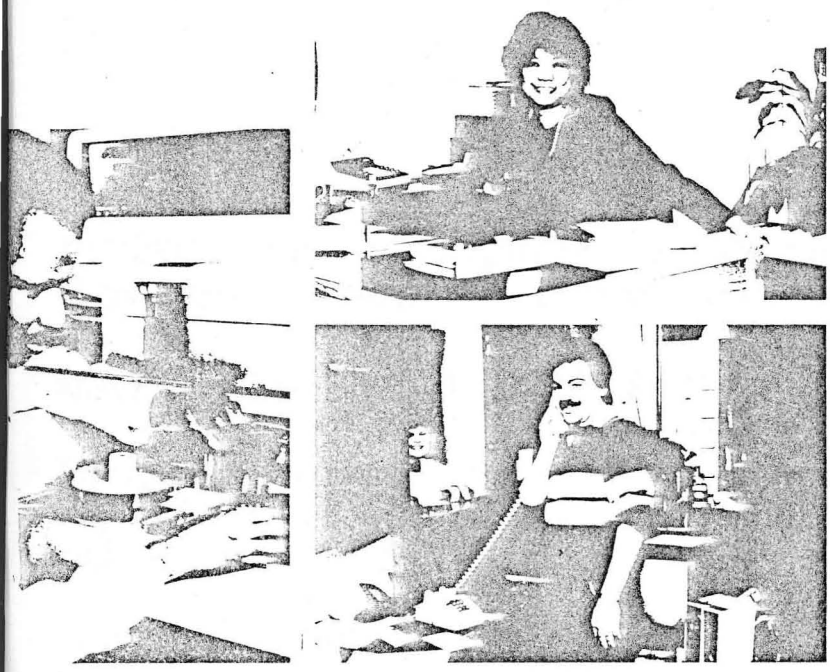
Health and Welfare Canada
Santé et Bien-être social Canada



Annual Report 1990-1991

Canada

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1990-91 In Review

Health and Welfare Canada is responsible for developing policies and delivering programs to meet the health and social security needs of all Canadians – from infants to adolescents to the elderly. Whether the subject is food allergies, hazardous materials in the workplace, healthy lifestyle habits, pensions, grants for seniors or child care projects, this Department is the federal government authority.

It is hard to imagine living without the safety net of a universal system of health insurance. Family Allowances, the Old Age Security pension and the Canada Pension Plan also add to the financial security of millions of Canadians. In areas of emerging concern, like the diseases of aging, Health and Welfare Canada provides funding for medical and social research. In others, departmental experts conduct investigations using in-house resources. On most aspects of program development, the Department works closely with other levels of government, professionals in organizations across the country, and special interest groups.

Canadians enjoy a state of physical, social and economic well-being that is fifth in the world – far ahead of the United States and Great Britain, says the United Nations Human Development Index of 1990. At a time of economic constraint, Health and Welfare Canada is faced with the challenge of not only maintaining this standard, but continuing to improve its health and social programs. The overview that follows describes some of the Department's major accomplishments in 1990-91.

Family Violence/Child Sexual Abuse

A generation ago, violence within the family was considered a private matter. Today, it is a major community and government concern. The abuse of women, the elderly and children has emerged in Canada as a wide-spread social problem with devastating consequences. In the case of children, for example, studies show that experiences of family violence or abuse may result in alcohol and drug addiction, delinquency, suicide, juvenile prostitution, mental health problems and violent crime.

Health and Welfare Canada has led the way in developing long-term strategies for the federal government to deal with family violence. Working with other federal government departments, the provinces and non-governmental organizations, the Department develops and funds programs to prevent violence, to educate the public in recognizing the problem, to help victims and to deter potential offenders.

In 1991, the Department launched a $136 million Family Violence Initiative to continue its earlier initiatives on family violence and child sexual abuse. The new, four-year undertaking involves seven other federal government agencies and departments. Its goals include the strengthening of legal support, protection, shelter and treatment services for victims.

In 1990 the Minister's Special Advisor on Child Sexual Abuse submitted the results of a two-year study. His report, *Reaching for Solutions,* was based on cross-Canada travel and contributions from more than 1600 people. In it, the author admitted, "I can scarcely believe the overwhelming and complicated nature of child sexual abuse."

Despite the progress achieved so far by government and community groups, much still needs to be done. *Reaching for Solutions* made 74 recommendations. The Family Violence Initiative and other related federal activities respond to elements of more than 90 percent of the recommendations directed toward the federal government.

Children and Families

The Department is also involved in the broader issue of improving child care services in Canada. In 1990, its two-year-old Child Care Initiatives Fund financed 175 projects for a total of $13 million. The fund helps non-profit groups and organizations to develop services for children who are underserved, such as aboriginal children or those living in remote communities.

Children's issues came into the international spotlight in September 1990, as 70 world leaders attended the World Summit for Children, co-chaired by the Prime Minister of Canada. The Department published *Children of Canada, Children of the World,* Canada's national paper for the

World Summit, which gave an overview of children's issues in Canada today. In response to the summit, a Children's Bureau was established in Health and Welfare Canada. Its purpose is to ensure the effectiveness of federal policies and programs relating to children and their families. The bureau will lead the federal effort to develop an action plan for children based on the Summit Declaration.

In January 1991, federal and provincial finance ministers agreed to implement a 30 percent increase in benefits for children of disabled or deceased contributors to the Canada Pension Plan (CPP). Administered by the Income Security Programs Branch, the CPP is Canada's principal earnings-related social insurance program. Major changes to the Plan require the approval of provincial governments in addition to that of Parliament.

This improvement in CPP children's benefits represents an increase of $35 per month over the current benefit of $113, and will assist approximately 170 000 Canadian children. The proposed amending legislation will be tabled in the fall of 1991 and is expected to become effective on January 1, 1992.

Accidental injuries kill an alarming number of Canadian children each year. In fact, the deaths of more than half of all five- to fourteen-year-olds are caused by injuries. To address this issue, Health and Welfare Canada launched the Children's Hospital Injury Research and Prevention Program (CHIRPP) in 1988. Using the data reported by hospital emergency wards, CHIRPP is building a national profile of childhood and adolescent injuries, including the circumstances surrounding teenage suicides. Such information is vital to understanding the causes of injury and preventing fatal injury among youngsters. In 1990, CHIRPP continued to expand its network of participating hospitals.

AIDS (Acquired Immunodeficiency Syndrome) is another major challenge in the pediatric field. Although 54 Canadian children under the age of 15 were reported to have AIDS as of July 1990, Canadian children are at very low risk. Nevertheless, preventive measures are part of the National Strategy on AIDS. Included in the strategy, for example, is a survey to determine how many child-bearing women are infected with HIV (Human Immunodeficiency Virus), the virus believed to cause AIDS, as well as funding for projects to prevent HIV infection in women.

Fighting AIDS

Although AIDS is still a major public health problem, there is now a better understanding of the disease, how it is transmitted, and how to control its spread. The ultimate challenge is to find a cure. In the meantime, much attention is focused on developing effective care, treatment and support for people with AIDS, as well as support programs for their caregivers, families and friends. In June 1990, the federal government announced its National AIDS Strategy to combat HIV infection and AIDS. *HIV and AIDS: Canada's Blueprint* describes the national dimensions of the problem and sets out goals and priorities for action. It is intended as a framework for governments, community groups, professionals and organizations in developing their particular plans.

At the same time as it announced the National AIDS Strategy, the federal government outlined its own intentions. The Minister of National Health and Welfare stated that the Department would spend $112 million on HIV/AIDS programs over the next three fiscal years, with $38 million committed for 1990-91. Of the $112 million, $10 million was earmarked for a national clinical network to test experimental anti-HIV and AIDS drugs, and $6 million to develop a treatment information system. By providing the latest information, the new system will help physicians and patients to choose appropriate treatments.

In addition, the AIDS Secretariat was established in the Department to co-ordinate AIDS-related work in this and other federal departments, and to collaborate with other government and non-governmental organizations on AIDS issues, policies and programs.

Since the release of the National AIDS Strategy, work on HIV/AIDS has been a priority in Health and Welfare Canada. As well as the initiatives described above, major accomplishments during 1990-91 included several national studies on the attitudes, knowledge and behaviour of specific groups in relation to HIV infection, and a report on women and AIDS. Policy guidelines for young offenders' organizations and child welfare agencies on how to deal with young people and employees who are HIV positive were developed by the Canadian Child Welfare Association and Central Toronto Youth Services with funding from Health and Welfare Canada.The second Aboriginal AIDS Conference, co-sponsored by Health and Welfare Canada and the Province of British Columbia, was held in Vancouver in 1991. In addition, a joint national committee, in which the Department participated, distributed its findings on AIDS among Canadian aboriginal people. It recommended a national strategy focusing on prevention and education.

In 1991, the Extraordinary Assistance Plan provided the first payments to Canadians who became infected with AIDS from contaminated blood or blood products.

Drug, Tobacco and Alcohol Abuse

At the threshold of the 21st century, most Canadians' lives are threatened less by microbes than by their own destructive living habits. For example, many Canadians depend on tobacco, prescription drugs or alcohol to relieve stress or social problems. They persist in these habits despite the damage to their health, working lives and family stability. In 1990, the results of two national surveys showed that although the abuse of drugs and alcohol is on the decline, many adults still drink excessively, and far more young people drink and drive than use illegal drugs.

As Canada's Drug Strategy entered its fourth year in 1990-91, Health and Welfare Canada established a secretariat to work with the Department's partners in the provinces, territories and 14 federal government departments. As part of the process leading to renewal of the Strategy, which sunsets March 31, 1992, national consultations with major stakeholders were conducted with the assistance of the provinces and territories in the spring of 1991.

In 1990, the first National Survey on Drinking and Driving showed that Canadians considered impaired driving to be a major social problem. The survey also revealed that young people from their mid-teens to mid-20s were the most likely offenders.

Health and Welfare Canada collaborated with the provinces and territories on a wide variety of anti-drinking, anti-drug and anti-smoking educational materials for grade-school children, youth and their parents. Some resources were designed to meet special needs. For example, "Ready or Not!" is an educational program to help parents communicate with their pre-teens about drugs. In 1990, the Department released booklets and a video based on the program across Canada. Health and Welfare Canada received awards for various media campaigns against drugs, and against drinking and driving.

The National Native Alcohol and Drug Abuse Program (NNADAP) employs hundreds of community workers to promote drug-free health among aboriginal people on reserves. In 1990-91, it was improved with a system to gather information on addictions and treatment in NNADAP centres. These data will help health workers to give better service to their clients. Much effort also went into prevention programs that promote a drug-free lifestyle, designed for Indian and Inuit schools and for the adult community.

Drug use in Canadian amateur sport was the subject of the *Dubin Commission Report*, released to the public in June 1990. The government subsequently proposed new penalties for athletes caught using performance-enhancing drugs such as anabolic steroids.

Environmental and Occupational Health

Health and Welfare Canada is concerned with Canadians' general health and safety. The Department investigates issues ranging from pesticide levels in food, to radon gas in homes, to the effectiveness of medical devices such as pacemakers. In recent years, the possible health risks from both indoor and outdoor pollution have received special attention.

In 1988, the *Canadian Environmental Protection Act* (CEPA) gave Health and Welfare Canada greater responsibilities in controlling environmental contaminants. Since then, the Department has collaborated with Environment Canada on major projects, such as the Great Lakes Action Plan.

In 1990-91, departmental research on the effects on human health of chemicals found in the Great Lakes Basin involved the use of new analytical methods, a study of toxins in fish and the participation of local residents as advisors.

On another front, the Department and Environment Canada launched a new program to assess and rehabilitate contaminated landfill sites that could threaten public health. This long-term cleanup program is a federal-provincial effort.

In co-operation with Environment Canada, Health and Welfare also contributed to the process of evaluating toxic chemicals under the CEPA and participated in public consultation sessions on the Green Plan.

The Department is also concerned about environmental health issues particular to Canada's native populations. Because it is more common for aboriginal peoples to live off the land and nearby waters than other Canadians, they are exposed to environmental pollutants to a greater degree than those who get their food from a wider variety of sources. The Department has developed a partnership agreement with the Assembly of First Nations to look into the degree of health risks involved in living off the land.

Excellence and Renewal

Excellence and Renewal is the Department's response to PS 2000, the Prime Minister's commitment to revitalizing the Public Service of Canada.

Launched by the Deputy Minister in January, 1991, the Excellence and Renewal project will serve two main purposes: it will create a better working environment in which Health and Welfare Canada employees can do their jobs more effectively, and it will give them the means with which to provide the best possible service. Although managers recognized the challenges inherent in delivering quality service at a time of financial restraint, they made major changes that were already showing results by the end of the fiscal year. Some of the changes directly touch the lives of Canadians; others are less obvious to the public.

Income Security Programs (ISP) Redesign, for example, is a large and complex project now moving into the planning stages. The redesign will affect some 10 million Canadians who receive Family Allowances, Old Age Security and Canada Pension Plan benefits. As the population ages over the next decade, the number of recipients will increase by over 30 percent. Health and Welfare Canada, working with Supply and Services Canada, is streamlining the system to accommodate this rapid growth while still operating within tight budgets. Although program delivery is already efficient, the delivery processes are old and cumbersome. ISP managers, aiming for "client satisfaction every time", are laying the foundation for an organization so effective that 99.99 percent of payments will be issued in the right amount, to the right person, on time, and to the right address.

As part of Excellence and Renewal, the Department also began a review of its structure at headquarters and in the regions. Following consultations with managers across the country, the Departmental Restructuring Committee will recommend how Health and Welfare Canada should be organized in order to meet the challenges that lie ahead.

These are some of the highlights of 1990-91. Further information about these and other activities can be found in the text that follows.

Medical Services Branch

Indian and Northern Health Services

Addictions and Community-Funded Programs

Refocusing of Programs
In 1990-91, efforts were concentrated on modifying the National Native Alcohol and Drug Abuse Program (NNADAP) to improve the program and to offer greater support to communities. A national mission statement and goals were developed and will be refined through a consultation process.

In the area of treatment, a national mission statement and goals were drafted, and the Treatment Activity Reporting System (TARS) continued to accumulate pertinent statistics. TARS provides information on addictions and treatment trends in NNADAP-funded treatment centres.

A draft Primary Prevention Framework was tabled for community-based review across the country. This framework, based on a health promotion model, is a means of improving the range of on-reserve drug and alcohol services available to First Nations. The framework is also the first step in a process, similar to that under way with treatment, leading to a national prevention identity. It includes a mission statement, goals, a scope of duties, training requirements, and required program resources.

Health Promotion in Addictions
During 1990-1991, the directorate undertook a range of health promotion activities to assist First Nations and Inuit people in making healthy, addictions-free lifestyle choices. These activities included: the development of an addictions prevention curriculum for use in First Nations schools; a solvent abuse early-intervention program that promotes healthy lifestyles, and participation in National Addictions Awareness Week (NAAW). NAAW is a Native, community-based campaign to improve public awareness of addictions issues. It mobilizes First Nations community support and involvement in addressing these issues. In 1990, 879 community groups across the country participated.

AIDS and the Aboriginal Population

The directorate, together with aboriginal organizations and other key stakeholders, established a focus group on AIDS and HIV infection in aboriginal people. A full-time physician was appointed to implement the AIDS/HIV Framework. The budget for programs was $1.6 million. The directorate is now making a concerted effort to educate aboriginal people about AIDS prevention through community-based education initiatives and improved access to educational resources. The branch and directorate also contribute support to the production of videos and community-based workshops. Front-line health workers are upgrading their skills in the area of AIDS prevention and a revised *HIV/AIDS Manual* is being produced.

Mental Health Advisory Services

During 1990-91, an extensive consultation process with First Nations and the Labrador Inuit took place. These discussions resulted in the development of a comprehensive document entitled *Agenda on First Nations and Inuit Mental Health.*

The branch provided technical assistance to field staff through expert consultation, applied research, and support for First Nations' participation in conferences and workshops. The directorate also entered into contracts with First Nations organizations to develop training resource material.

Non-Insured Health Benefits (NIHB)

The directorate is continuing to improve its management of non-insured health benefits through the implementation of the Health Information and Claims Processing System. Over the past year, headquarters and regional staff worked with a contractor to develop both the basic system and the component that processes pharmacy claims. Implementation of the pharmacy system began in the Ontario and Saskatchewan regions in the spring of 1991. Other regions and benefit areas will be phased in over the next three years.

The directorate's staff held meetings with the Government of the Northwest Territories, regional health boards and Native associations to discuss, review and report on the delivery of non-insured health benefits in the N.W.T. Information brochures on NIHB pharmacy, dental, and medical transportation benefits have been completed and sent to the Government of the Northwest Territories for distribution.

Nursing Services

The directorate is placing emphasis on defining the scope of practice for nurses working in Native communities. The Nursing Services directorate has developed training programs to prepare nurses to meet the full range of the practice's demands. This initiative conforms to the "centre of excellence" concept, contributes to safe nursing practice and ensures that First Nations are receiving quality care.

Cardiovascular Diseases and Diabetes

Overall, cardiovascular diseases are the main cause of death among Indian people, while diabetes is significantly more prevalent in Indians than in the general population. The directorate's report on these illnesses served as a base for the development of a program framework. The Department reached an agreement with the Assembly of First Nations to fund a Diabetes Coordinator. In addition, an international meeting on aboriginal diabetes was held in the United States. Partial funding was provided by the Medical Services Branch.

Nutrition

The directorate has been involved in the nutritional analysis and promotion of wild foods and has produced education materials that reflect traditional eating practices. It also published its second report on breast-feeding among registered Indians. The report is based on the national breast-feeding data base.

Injury Prevention

Among Indians, injuries are the main cause of years of life lost. Directorate staff completed a report on unintentional injuries and their prevention among aboriginal people, and established a focus group to produce a program framework and recommendations for ways to prevent injuries.

Improved Safety and Accessibility of Health Facilities

Indian and Northern Health Services undertook a number of initiatives to improve the safety and accessibility of hospitals and health facilities. These included maintaining accreditation standards and surveying and scheduling retrofits for accessibility.

Program Transfer

One of the branch's most important initiatives is a partnership with First Nations communities that wish to assume control of their health services through health program transfer agreements. These agreements enable communities to design, manage and deliver their own health programs, allocate health care resources according to community health priorities and select the health workers who will be providing these services. Through the transfer process, communities 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 for negotiations with the Medical Services Branch. The decision to begin transfer discussions with MSB rests with each community.

Transfer activity in 1990-91 saw the continuation of health transfer planning by 59 projects involving 185 communities in the pre-transfer and transfer process. Negotiations are currently under way with four First Nations and four Tribal Councils. In addition, the Department signed new transfer agreements with three bands: the Sto:lo Tribal Council, the Standing Buffalo Band and the Mathias Colomb Band. These transfers involved 12 communities and will provide community health services to 4619 people. Since the beginning of the transfer initiative in 1986, ten Transfer Agreements have been signed, involving 42 First Nations communities. There are currently 243 First Nations involved in various aspects of the transfer process, representing 41 percent of all First Nations in Canada.

Indian and Inuit Health Careers

The Indian and Inuit Health Careers Program was specifically designed to encourage and support students of First Nations and Inuit ancestry who seek educational opportunities leading to para-professional and professional careers in the health-care field. The program also provides a learning environment designed to overcome many of the social and cultural barriers that have, in the past, inhibited Native students' educational achievement. The program supports the transfer initiative by seeking to increase the number of qualified Native health professionals available to work with First Nations communities.

In 1990-91, 28 bursaries were granted to Native students enrolled in health studies, and 14 scholarships were awarded to outstanding achievers. Since the inception of the Indian and Inuit Health Careers program, a total of 143 bursaries have been granted and 31 scholarships have been awarded.