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Health and Welfare
Canada Santé et Bien-être social
Canada

1991-1992 Annual Report



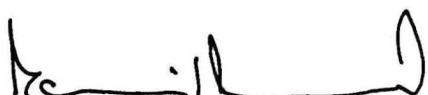
Canada

***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 for the Department of National Health and Welfare for the fiscal year ending March 31, 1992.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Benoit Bouchard".

Benoît Bouchard
Minister of National Health and Welfare

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Medical Services

Medical Services activities are organized under Indian and Northern Health Services, Occupational and Environmental Health Services, Health Advisory Services, and Program Transfer, Policy and Planning.

The objectives of these programs are: to assist registered Indians and Inuit throughout Canada and residents of the Yukon to attain a level of health comparable to that of other Canadians living in similar locations; to preserve the well-being of federal public servants, the travelling public and VIP visitors to Canada; and to assist Canadians, prospective immigrants, temporary residents, civil aviation personnel and those in need of emergency medical services in protecting their health.

Indian and Northern Health Services

Indian and Northern Health Services ensure the availability of health services for the Inuit, status Indians and Yukon residents.

Nursing Services

Health and Welfare nurses provide high-quality primary health care services to Canada's native people. Working in teams with other health personnel under community leadership, they determine the parameters for nurses working in health centres and in isolated outpost stations.

Non-Insured Health Benefits

Non-insured health benefits are provided to Inuit and registered Indians. They relate to a limited number of goods and services not covered by provincial or territorial health insurance plans or other forms of third-party coverage. These benefits

include drugs, medical supplies, medical equipment, vision care, dental care, medical transportation, health insurance premiums and co-insurance fees.

As part of the Department's commitment to improve the management of non-insured health benefits, work is progressing on the implementation of a Health Information and Claims Processing System. The pharmacy claims portion of the processing system has been implemented in Ontario and Saskatchewan, and is scheduled for other locations in the fall of 1992 and in early 1993.

The dental claims portion of the processing system will be implemented in the new system in all regions in the summer of 1993. Vision care and transportation systems will be phased in over the next three years. The federal contribution agreement with the Government of the Northwest Territories for administration and delivery of non-insured health benefits to Inuit and registered Indians in the Northwest Territories was renewed for a further two-year period, expiring in March 1994.

National Native Alcohol and Drug Abuse Program

This program provides culturally relevant, community-based prevention and treatment services. It supports research and development studies into such areas as fetal alcohol syndrome, aftercare, youth treatment and solvent abuse, and funds national health promotion events such as National Addiction Awareness Week.

In 1991-92, a national study identified the components of national treatment standards. Strategic planning workshops were developed for Medical Services Branch and First Nations addictions staff.

Addictions and Community-Funded Programs continued to look at community-based youth activities and

developed an addictions/lifestyle curriculum to be used from kindergarten to Grade 8 in on-reserve schools.

Family Violence

A core package of information was developed to address family violence issues. It will assist communities, individuals and agencies in decision making and planning for their communities. In addition, regional workshops were held to provide basic information to community service providers and agencies engaged in strategic planning.

Community Health Representatives Program

A national study identified activities performed by Community Health Representatives (CHR). Addictions and Community-Funded Programs supported the second national CHR conference in Vancouver. Work also began on the development of a scope of duties for the CHRs which will affect other issues such as liability (through a national working group), training and job descriptions.

Hospital and Health Facilities

During this fiscal year, the long-term capital plan was finalized and submitted to Treasury Board. The Capital Project Review Sub-committee examined proposals exceeding \$400,000 and also allocated resources for all directorates and regions. A review of hazardous waste handling practices was completed and a manual on the transportation of dangerous goods distributed.

Community Health

In the second year of the three-year AIDS funding program, the Department allocated resources through Native Friendship Centres for

community-based education, awareness and training projects, video productions and needle exchange/condom distribution projects. It completed plans to carry out an HIV serological survey in selected native communities in Northern Ontario. Tuberculosis continued to cause concern. Standard preventive procedures were improved and meetings of key informants were held to establish a long-term strategy for eliminating TB in consultation with national expert and First Nation participants.

Also in 1991-92, the Medical Services Branch, the Health Commission of the Assembly of First Nations and the Canadian Diabetes Association began to develop model diabetes program standards for use in aboriginal programs.

The Children's Hospital Injury Research and Prevention Program (CHIRPP) was implemented in the Zone Hospital in Sioux Lookout to provide accurate and comprehensive statistics on death due to injuries among native children.

Occupational and Environmental Health Services

The directorate provides inspection, investigation and advisory services to native people, federal public servants, the travelling public and foreign dignitaries visiting Canada. A pending reorganization of the directorate will subsume the Environmental Health Services Program into the remaining programs to facilitate better service.

In 1991-92, important issues included: new sanitation regulations and legal issues concerning common carriers and authority on federal and leased land; problems of environmental contamination; completion of Phase II of a national survey of radon in Indian homes; the Drinking Water Safety Program for Native People; the Great Lakes Health Effects Program; and Northern and Arctic Pollution.

Environmental Health Services Program

The directorate monitors the environmental health conditions for native people living on reserves, public servants in their workplace and the travelling public. The directorate provides health advice to its various client groups based on its inspections and investigations.

Environmental contaminants continued to be an issue of great concern. The main phase of the national radon survey in Indian homes was completed. Geographical areas of particular concern were identified and will be tested further. Environmental Health Services responded to individual concerns about contaminants in Nova Scotia and the Yukon.

Environmental Health Services collaborated with Health Protection Branch and Environment Canada to produce the pamphlet *Wilderness Water — A Guide to Wilderness Drinking Water*. Intended for campers and federal employees, it describes how to treat water so that it is safe to drink, and has been distributed to all regions, federal and provincial parks. As well, over 50 environmental health officers completed the Fundamentals of Occupational Health and Safety course at Fanshawe College, London, Ontario.

Environmental Contaminants Program

This program is concerned with the effects of environmental contaminants on the health and well-being of native peoples across Canada. It is funded under the Action Plan on Health and Environment, a component of Canada's Green Plan. Program staff work closely with native governments.

The program encompasses a major environmental epidemiology study called EAGLE (Effects on Aboriginals from the Great Lakes Environment). A six-year project now in its second year, EAGLE is a community-based study of the health of native people in the Great Lakes Basin. Aboriginal people, because of their high consumption of fish and wildlife, experience greater exposure to environmental contaminants than do the general population. Therefore, they may be at higher risk of any adverse health effects. The EAGLE Project is a partnership between the

Assembly of First Nations and Health and Welfare Canada.

Nursing Care in Occupational Health

The occupational health education and information programs provided courses on cardiovascular health, hearing conservation, ergonomics, physical fitness and stress. The demand for counselling services has increased as a result of the economic climate, creating a substantial workload that is consuming much of the nursing staff's time.

Employee Assistance Services

Employee Assistance Services provides counselling, advisory, referral and education services to public servants for all types of psycho-social issues. It operated for a full year as a reimbursement-for-costs operation. Memoranda of Understanding were signed with about 30 departments and agencies for some \$1 million. Services will continue to expand with increasing demand. In 1992-93, a national toll-free number will be available, as will new promotional materials.

Occupational Health Sciences

This division is concerned with the mental and physical health of public servants. It provides management with expert advice on matters such as employees' medical fitness and the accommodation of persons with disabilities in the workplace. The division establishes programs for the early diagnosis of occupational disease. Staff also investigate outbreaks of illness, and recommend further studies and corrective action.

This year, biological sampling of native populations was conducted as part of the EAGLE Project, and methods were established for analyzing PCB chemicals and pesticides. Monitoring programs continued for methylmercury affecting natives in Quebec, Ontario and Alberta, and also for asbestos, heavy metals and organic vapours in office buildings.

Major industrial hygiene issues included: investigation of asbestos

insulation on Canadian Coast Guard vessels, residual asbestos materials in office buildings and microbial (fungi) contamination. New safety standards for engineering and equipment use were established for the regions.

Health Advisory Services

These services assist Canadians, prospective immigrants and certain classes of visitors to Canada in protecting and preserving their health, or in determining their medical eligibility for admission to Canada or medical eligibility for certain benefits and types of licences.

Civil Aviation Medicine

Staff in Civil Aviation Medicine provide medical advice to Transport Canada, the aviation industry and the flying public. Programs promote health and safety in aviation, thus helping to reduce the risk of aircraft accidents caused by human factors.

In 1991-92, some 65 875 medical assessments were performed on aviation personnel, and a chemical dependency education and rehabilitation program was established for air traffic controllers. Staff participated in studies on air quality in aircraft, first aid, cardiopulmonary resuscitation in aircraft, pilot flight time and duty limitations, and aeromedical transportation. Civil aviation medical officers and the Toxicology Unit gave continuing support to the Transportation Safety Board of Canada on the human factors area of aircraft accident and incident investigation.

Emergency Services

Emergency Services is responsible for coordinating national emergency responses. It does this by assisting other federal departments, provincial and municipal governments and agencies to prepare for and recover from peacetime disasters and national emergencies.

Immigration and Overseas Health Services

This activity identifies immigrants, refugees and certain classes of visitors who are medically unfit for admission to Canada. It ensures that those who are admitted to Canada, and are in need, have access to emergency health services. It also ensures that federal employees and dependants are medically fit for posting abroad, and helps them to remain healthy while in foreign service.

Designated medical practitioners in countries around the world conduct medical examinations of all prospective immigrants and certain categories of visitors to protect the health and safety of Canadians, and to ensure that health and social services systems are not subjected to excessive demands. The results of these examinations are reviewed by the Department's physicians. Their conclusions are forwarded to Employment and Immigration Canada. Proposed changes to the *Immigration Act* will allow a clearer definition of what "excessive demand constitutes."

Medical Advisory Unit

This unit's role is to assist Employment and Immigration Canada in expeditiously determining the eligibility of claimants to sickness/maternity benefits. It also helps in the preparation of appeals.

Program Transfer, Policy and Planning

Program Transfer

The federal government is committed to encouraging territorial governments and members of First Nations to assume greater control over services delivered by the provinces. The transfer of Indian health services to First Nations enables them to conduct their own research, assess community health needs and coordinate community involvement, leading to development of their own community health plan.

Health program transfer 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 provide these services. In 1991-92, there were 23 health transfer agreements with 67 First Nations. As well, 207 First Nations, representing 48 percent of all First Nations in Canada, were involved in pre-transfer research and planning. Health transfer is also being included in negotiations of self-government agreements affecting 53 First Nations.

Indian and Inuit Health Careers

This program was designed to support students of First Nations and Inuit ancestry in seeking para-professional and professional health care careers. Its goal is to give native people more control over their health services and to increase the number of qualified native health professionals available to work in First Nations communities.

The program's five major activities are: awarding bursaries and scholarships; promoting health care careers; helping to develop post-secondary programs; assisting with career-related employment; and assisting with developing community-based programs. A National Planning Framework, coupled with the new theme, "Meet the Challenge," will strengthen community involvement in the program.