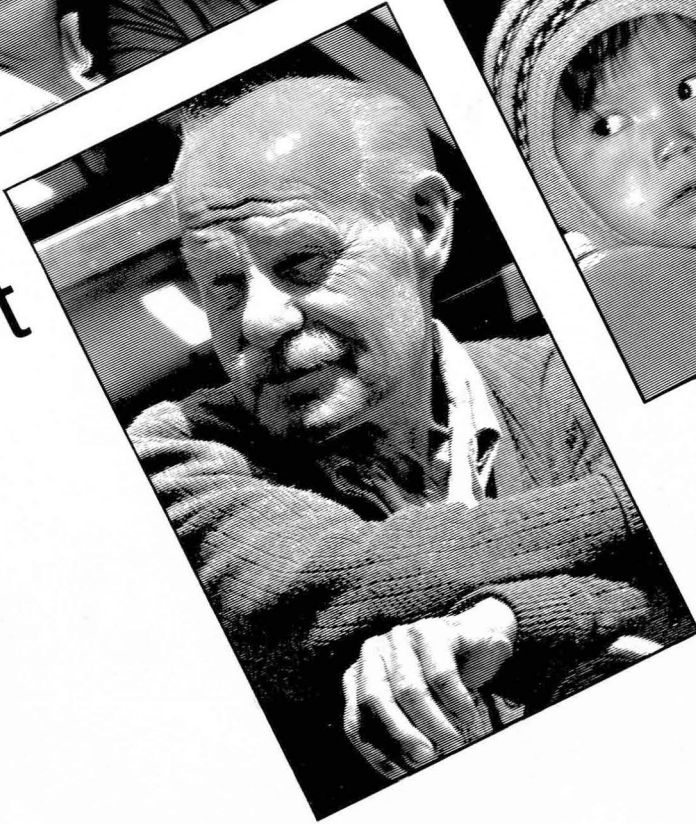


Canada  
Dept of National  
Health & Welfare.

# 8233



Annual  
Report



Health  
and Welfare  
Canada

Santé et  
Bien-être social  
Canada

Canada

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# Annual Report 1982-1983

His Excellency the Right Honourable Edward Schreyer,  
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, 1983.

Respectfully submitted,



Monique Bégin  
Minister of National Health and Welfare



**This report is also  
available on audiocassette.**

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# Medical Services Branch

*By legislation or custom, Medical Services Branch provides a variety of health services to a number of client groups. These clients 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 by which services are provided to these client groups are: Indian Health Services, Northern Health Services, Immigration Medical Services, Quarantine and Regulatory Services, Public Service Health, Civil Aviation Medicine, Prosthetic Services and Emergency Services.*

*The objectives of Medical Services are to promote, preserve and improve the health of those client groups that it serves. The ability to meet these objectives requires expertise in virtually every area of health care, including health education and promotion, preventive health, occupational and environmental health, clinical medicine, medical testing and screening, laboratory analysis, aerospace medicine, emergency measures and many others.*

## Indian and Northern Health

### Indian and Inuit Involvement

The involvement of Indian and Inuit people in the design and delivery of their own health care services continues to exert a significant and positive influence on Indian and Northern Health Services programs, and further progress was achieved during 1982-83. In this regard consultation agreements with the Assembly of First Nations, Inuit Tapirisat of Canada and the Committee of Original Peoples' Entitlement were renewed. The purpose of these agreements is to assist Indian and Inuit organizations, improve their knowledge and levels of skill in various health-related areas, and to maintain an ongoing dialogue and consultation with the providers of health care.

The number of Indians and Inuit employed directly or indirectly by Medical Services increased during 1982-83. For example, the number of indeterminate employees increased from 21 per cent to 22.2 per cent, reflecting the 680 Indian and Inuit employees in full-time positions in the Branch. There was also an increase of 399 band employees, who provide health and health-related services in Indian and Inuit communities.

In 1982-83 the Community Health Demonstration Program was fully implemented, with 31 community-administered projects selected and under way. These projects are an important means for developing a better understanding of the timing, costs and benefits associated with community-based health care services. It is anticipated that experience gained from the demonstration program will provide the basis for planning community-based health care delivery in the future.

### National Native Alcohol and Drug Abuse Program

The National Native Alcohol and Drug Abuse Program (N.N.A.D.A.P.) has been operating since April 1982. The mandate and objectives of this new program are based on the earlier National Native Alcohol Abuse Program (N.N.A.A.P.), the pilot program that was started in 1975.

A major feature of N.N.A.D.A.P. is the accent on community design and delivery. It supports Indian and Inuit communities with financial and technical resources for the establishment and operation of programs aimed at arresting and offsetting high levels of alcohol, drug and solvent abuse. The components of the program include: preventative programs, inpatient and outpatient treatment, and training services. Capital contributions are also made for treatment facilities, while the program incorporates a research and development budget.

N.N.A.D.A.P. is designed to ensure that alcohol and drug services available to Indian and Inuit people are comparable to those enjoyed by other Canadians and are commensurate with the level of need. There are 275 community projects being currently funded. These provide preventative and other support services such as adult workshops, home visit programs and Alcoholics Anonymous meetings. In line with N.N.A.D.A.P.'s special strategies for women and youth, particular efforts are being made in some communities to target services to these particular groups.

The first year of the new program has been largely developmental. Efforts will continue to provide more effective management and improved information systems to support communities in these vital initiatives.

### **Immunization**

One of the key preventive health programs provided by Indian and Northern Health Services is the immunization of its clients. During 1982-83 the goal of eliminating measles (Rubeola) was established and a target immunization rate of 85 per cent in the school age client population was set. By December 1982, this target had already been exceeded in the majority of Regions. The thrust will continue in future years and our Indian and Inuit clientele can look forward to the early elimination of this disease.

### **Dental Services**

New forms of service delivery to our client population were implemented in 1982-83. In addition to the traditional services supplied by the Branch through field dental officers and contractual arrangements with private practitioners, services were expanded through university contracts and agreements with provincial dental associations.

The National School of Dental Therapy reopened its doors in its new location in Prince Albert, Saskatchewan, and the field complement of graduates now stands at an all-time high.

The success of the Dental Therapist Program is evidenced by the fact that we are now able to identify remote communities that are deemed to be "dentally fit".

The Branch is supporting a continuing thrust in the field of prevention at both clinical and educational levels to maintain and improve the quality of oral hygiene.

### **Nurse Recruitment and Education**

Recruitment of nurses in 1982-83 experienced a complete "turn around" from a previous national nursing shortage to one of abundance. This situation is attributed to the current economic climate, which has resulted in

cutbacks in provincial health care budgets and the imposition of other restraint measures.

The first of a series of four learning packages for the new inservice training program for Community Health Nurses was launched in April 1982. Reports indicate that, as a result of this initiative, Community Health Nurses will have improved community health knowledge and skills to serve our Indian and Inuit clientele.

### **Indian and Inuit Mental Health**

In the past year Mental Health Programs were focused towards community-based projects, and program objectives were oriented towards crisis intervention. Consequently there was an increase in the number of programs that had reduction of suicide attempts, reduction of suicides and reduction of violent deaths as their primary goals.

The successful Wikwemikong Mental Health Consulting Program has continued, and efforts are being made to ensure that other Regions in the Branch are made aware of successful programs with a view to their replication elsewhere.

The primary thrust in the Mental Health Program has been towards increased utilization of community resources, program coordination and reduction of the number of children who require special education, positive cultural reinforcement and promotion of Native values. The major thrust, therefore, has been to reduce problems of trans-cultural stimulus by utilizing locally trained Community Health Representatives and School Counselling Services.

With the advent of N.N.A.D.A.P., mental health is being stressed as an important component of the program and it is hoped that efforts to integrate more fully all approaches to mental health will be achieved.

During the year, coordinated efforts were made with other inter-

ested agencies to evaluate a number of mental health programs that are generally available and which could be of benefit to the Indian and Inuit people. These could be augmented by direct input from the Branch. The purpose is to maximize the use of resources and achieve an increased level of mental health program delivery.

### **Environmental Contaminants Program**

In 1982-83 the Environmental Contaminants Program continued to test Indians and Inuit for mercury. These tests were conducted in areas across Canada which were previously identified as "high risk" or having the potential to be "at risk". For example, priority was given to areas in proximity to mega-projects and major industries. Mercury testing also continued in the six communities involved with the Manitoba Northern Flood Agreement.

The epidemiological baseline study in the Nass Valley, British Columbia, was completed, and the report will be released to the Nishga Tribal Council in April 1983.

The St. Regis study was also completed by Dr. Irving Selikoff of Mount Sinai Hospital, New York. The report has not yet been received by the Branch, but is expected early in the fiscal year 1983-84.

The National Health and Welfare position paper on the Beaufort Sea Hydrocarbon Production Proposal was submitted to the Environmental Assessment Panel. The paper discussed the possible environmental health effects this proposal would have on the residents and surrounding areas.

### **Nutrition**

The Branch continues to promote good nutrition and eating habits in Indian and Inuit communities. This was enhanced during 1982-83 through consultation with Regional Nutrition



Advisory Committees. These committees are chaired by Regional Nutritionists and made up of Indian and Inuit educators, Community Health Representatives (CHRs), and Regional health professionals. The Nutrient Bar Graphs of Traditional Foods were published and heightened interest in nutrition education, not only through health services but also in Indian and Inuit schools.

Indian students were employed through "Summer Canada" in four Regions to promote nutrition projects such as "Nutrition from a Child's Point of View", "Nutrition for the Elderly", and "Shopping for Food and Nutrition".

Nutrition training for CHRs has been strengthened by the Regional Nutritionists counselling and teaching in the Community College Training Programs. Four winning nutrition posters selected from the Manitoba Indian School poster contest were published for National Nutrition Month in 1983.

A National Indian and Inuit Data Base on the prevalence of breast-feeding and the availability of educational and support services is being undertaken to improve existing facilities and services used to promote breast-feeding.

## Public Service Health

The most prominent occupational health development during 1982 related to the actual and potential impact of microtechnology on the office worker. Expressions of concern about the effects on health of working with video display terminals came from many quarters. The publication of a number of reports and the intense interest shown by the news media necessitated special efforts to dispell fears and educate employees concerning potential physical problems.

Reorganization of work methods, changes in jobs and fears of redun-

dancy may give rise to psychological problems in the future, but have not yet become apparent to a significant degree in the work force. A program for increasing the skills of medical and nursing staff in the area of employee assistance continued. Work was also started on the production of a series of pamphlets for the education of employees on Lifestyle topics.

Routine surveillance of workplace environments, programs for medical examination and for the provision of nursing services to employees, continued at their normal level.

## Immigration and Quarantine Medicine

### Immigration

This department has the mandate for advising Employment and Immigration (E&I) on the health status of persons applying for immigration to Canada, as well as certain categories of visitors such as students, agricultural workers and long-stay visa holders. During the past year, medical officers located at 14 missions abroad and in regional offices, conducted a total of 164 823 medical assessments, a decrease of 23 per cent over last year. This is attributed to reductions in the level of immigration prompted by the current economic climate.

A modified refugee program was established to accommodate the processing and movement of Polish refugees from Vienna, Austria. A new office was opened in Mexico City to facilitate the processing of applicants from Mexico and Central America.

The cost of non-insured health services required by indigent immigrants or refugees, as identified by Immigration Officers, is a responsibility of the Branch. Close cooperation between E&I and Immigration medical staff is maintained to facilitate the selection and settlement of immigrants. Continued liaison with provin-

cial health authorities and national health agencies is also encouraged.

### Quarantine

Of the remaining six original quarantinable diseases, identified by the World Health Organization, only two of significance are reported: Cholera and Yellow Fever. Only one case of Cholera was identified as entering Canada during 1982-83 and no cases of Yellow Fever were reported.

Medical Services provides Yellow Fever vaccine in centres across Canada to Canadians travelling to areas of the world where the disease is endemic. During the past year six new centres were authorized, bringing the total to 38. During the year 30 000 Yellow Fever inoculations were given.

As an additional health service to Canadian international travellers, the Branch provides a number of brochures on the health aspects of travel abroad. Close liaison with the World Health Organization, the Centre for Disease Control in Atlanta, U.S.A. and the Pan-American Health Organization, keeps health intelligence current. Brochures are supplemented by topical information from 14 departmental missions located in major centres around the world.

## Civil Aviation Medicine

The medical assessment of aviation licences remained around the 80 000 level during the year, representing a large portion of the regional workload. Four training seminars for medical examiners appointed by Transport Canada were completed. Aeromedical lectures to pilots and controllers in support of Transport Canada safety programs reached an unprecedented number, although the accident investigation support activity remained at about one-third of its expected level.