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LOCAL BOARD OF HEALTH  
CITY OF CALGARY HEALTH DISTRICT

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## **1979 ANNUAL REPORT**

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## MEMBERS OF CALGARY LOCAL BOARD OF HEALTH

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Dr. H. Moghdam (Vice-Chairperson)  
Mrs. Jean Fraser  
Ald. S. Higgins  
Dr. Aaron Rynd  
Mrs. J.A. Stewart  
Mr. Gordon Zieffle  
Mr. K. Scott  
Dr. D. Hosking, Medical Officer of Health

## SENIOR STAFF - CITY OF CALGARY HEALTH DISTRICT

Medical Officer of Health - Dr. D. Hosking  
Associate Medical Officer of Health - Dr. J.Z. Garson  
Assistant Medical Officer of Health - Dr. T. Johnstone  
Director - Nursing Division - Frances Moore  
Associate Director - Nursing Division - Betty Eggen  
Assistant Director - Nursing Division - Edna Hill  
Chief Public Health Inspector - Mr. N. Bruce  
Assistant Chief Public Health Inspector - Mr. F. Patton  
Director - Dental Division - Dr. J. Willey  
Supervisor of Dental Hygienists - Mrs. S. Monument  
Co-ordinator - Home Care Program - Ms. D. Wigmore  
Co-ordinator - Focus: Family Planning - Ms. L. Lennox  
Nutritionist - Mrs. B. Maloff  
Education Consultant - Mr. J. Seaborn  
Business and Facilities Manager - Mr. M. Strachan  
Administrative Assistant - Mrs. C. Radojevic  
Clinic Doctors - Dr. I. Peintner  
                    Dr. A. Donner  
Clinic Dentists - Dr. J. Stewart  
                    Dr. B. Gladman  
                    Dr. J. M. Steadman  
                    Dr. J. Sutcliffe  
                    Dr. Fred Wuertz



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## INTRODUCTION

We welcomed one new member to the Board of Health, Mr. Ken Scott, while Dr. Paul Miller, M.D.S., resigned from the Board in order to take up a

INTRODUCTION.....	1 - 3
VITAL STATISTICS - 1979	
BIRTHS.....	4 - 7
Births by Age of Mother and Birth Order.....	5 - 7
Stillbirths.....	8
DEATHS.....	9 - 17
Infant Deaths.....	9
Intermediate List of 72 Causes of Death by Age and Sex.....	12 - 17
Mortality Rates.....	8, 10 - 12
MARRIAGES.....	4, 8
POPULATION GROWTH IN CALGARY.....	4
COMMUNICABLE DISEASE CONTROL.....	18 - 21
VENEREAL DISEASE.....	22
TUBERCULOSIS CONTROL SERVICES.....	36
<u>DIVISION REPORTS</u>	
PUBLIC HEALTH NURSING - Report.....	23 - 44
Attendance at Child Health Centres.....	31
Fluoride Distribution.....	41
Health Education to School and Community Groups.....	33
Description of Selected Subject Codes.....	32
Individual Contacts.....	34
Report of Screening, Assessments and Referrals.....	35
Immunization.....	37 - 40
Student Program.....	42 - 43
FAMILY PLANNING CLINIC.....	44 - 49
DENTAL DIVISION ANNUAL REPORT.....	50 - 64
ENVIRONMENTAL HEALTH INSPECTION DIVISION.....	65 - 70
NUTRITIONIST'S ANNUAL REPORT.....	71 - 79
FOCUS: FAMILY PLANNING.....	80 - 86
CALGARY HOME CARE PROGRAM.....	87 - 95
HEALTH EDUCATION.....	96 - 105
FINANCIAL REPORT.....	106 - 108



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## INTRODUCTION

We welcomed one new member to the Board of Health, Mr. Ken Scott, while Dr. Neil Walker, D.D.S., resigned from the Board in order to take up a practice in Victoria.

Of the senior staff, Dr. David J. Hosking retired in 1980, hence the signature at the bottom of this introduction.

The Associate Medical Officer of Health, Dr. John Z. Garson, was on a three months leave of absence in order to take up a consultant role in Barbados for Kaiser Foundation International, the project being the introduction of the National Health Service in the Nation of Barbados. We were fortunate to recruit as Assistant Medical Officer of Health, Dr. Timothy Johnstone, who had recently returned to Canada following a post in New Zealand as a Medical Officer of Health which involved considerable experience in communicable and tropical diseases of the South Pacific. Mr. Norman Bruce, the Chief Public Health Inspector, retired after 38 years. Mr. Bruce had done yeoman service in the City of Calgary and was one of the rare breed of those having been born in Calgary as well as lived, educated and worked for the whole of his life in Calgary.

1979 saw the decision on the part of the Provincial Government to have uniformity of reporting throughout the Health Units of Alberta in the Annual Reports as relating to Vital Statistics and Demography, also, we are now using the W.H.O. classification of causes of death. Some of our statistics from this year on will relate only to residents of Calgary as opposed to both residents and some non-residents who, for example, fell ill or died while visiting Calgary. This will make our Annual Reports in the future more useful for comparative studies and we are now ready to take advantage of this change to re-vamp our Annual Reports in the future. An "Annual Report Committee" will start work on the 1980 Report.

Calgary continues to be a city of extremely rapid growth, over 2,000 new citizens a month. This guarantees a lot of social problems and we have found certain areas of the city, those with the most rapid growth, have stretched the nursing program in particular to its utmost.

The report of the Nursing Division has been extended to cover some information relating to various studies that have been undertaken. It is hoped that the report of the scoliosis screening will prove of help to other Health Units for comparison purposes. The measles outbreak of 1978-79 is being studied in considerable depth, with one of the principal questions being to determine whether we should give a live attenuated vaccine injection to the children who had received only the three killed vaccine injections. The geriatric program continues to expand, and we of the staff of the Local Board of Health, feel that this is an important and useful extension of our services.

Activity and process studies form a considerable part of the Division's Report, due to the availability of data from ACNARS (Alberta Community Nurses Activity Recording System). Outcome studies will be undertaken in the near future, designing is underway.





Together with other major centres across Canada, we had an immigration of many hundreds of South East Asian refugees and the screening for illnesses with potential for public health hazard was commenced late in 1979 and accomplished without any grave difficulties, thanks to Mrs. Maxine Larsen and her staff in the Communicable Disease Unit and to generous financial support from the Provincial Government. This will be reported in the 1980 Annual Report.

The Nutrition Division which still consists of one health worker, the Nutritionist, Mrs. Bretta Maloff, has thus again had to exert maximum impact of the teaching component through teaching and training the Community Health Nurses. Towards the end of the year a revision of this program was commenced to further rationalize activities when the demand so far outstripped the ability to respond.

Interesting work was done in dental health with a survey of Health Unit dental programs and the report of the Task Force commissioned by the Health Unit Association of Alberta. In addition, a dental survey is being done on the residents of the Calgary Auxiliary Hospitals and Nursing Homes of District No.7. This is due for completion in 1980.

Following Mr. Bruce's retirement, Mr. Patton became Acting Chief Public Health Inspector 1979 (being appointed to the post in 1980). Mr. Patton and Dr. Johnstone did much able work together absorbing the extra load of work generated by the shifting of swimming pools supervision over to Community Health. The Stampede period is very busy for Public Health Inspectors and this year was no exception; good co-operation with the Stampede organizers is the rule and gives confidence that food practices and hygiene are of a very high order.

The Home Care program underwent a year of dramatic growth as a result of the Provincial Government's decision to make Home Care a major aspect of the health services of the Province of Alberta. The report of this program by Dr. J. Brock Dundas, the Medical Director, and Ms. G. Dawn Wigmore, the Director, is of considerable interest, and it is in this area in particular that we have had a major input from the Division of Community Health Science, the Faculty of Medicine of the University of Calgary, in the form of a comparative study of the activities of the Home Care program undertaken by Dr. Edgar J. Love, Professor and Chairman, the Division of Community Health Sciences. This study will prove of inestimable value to us in the management of the Home Care program in the future when it is completed in 1980. The link with this Division is extremely gratifying, it provides a two-way process as the three Medical Officers of Health of the Board have faculty appointments in the Faculty of Medicine, with teaching of medical students both in the medical school and outside when they visit the Board's health care facilities. In addition, many students do an elective with us, the time varying from a few days to as long as four weeks.

The Health Education Division underwent a vast expansion and, in fact, may now appropriately be called a Division. The report of the Director of the program, Mr. John R. Seaborn, M.Sc., M.Ed., makes interesting reading; we are looking forward to the external evaluation of this program with keen anticipation.

Focus: Family Planning's major activity was the presentation of The Three Year Report in June, plotting its direction for the next three years. The direction to be followed is that of changing its focus from that of direct service to one





of concentration upon training others to provide service. This should act as a "multiplier", always a blessing for those programs which endure considerable demands.

The Family Planning Clinic this year graduated to the employment of a full-time administrator, Ms. Susan Gale, and her report is of much interest.

Dr. Hosking would wish me to thank all his health worker colleagues and the Board for the strong support so willingly provided.

OVER-ALL POPULATION INCREASE VERSUS NATURAL INCREASE					
	Population	Over-All Increase	% Increase	Natural Increase Residents	± Previous Year
John Z. Garson Medical Officer of Health					
1978	530,816	25,179	4.7	9,172	+ 321
1978	505,537	28,058	5.6	1,831	+ 9
1977	487,589	27,526	5.7	3,942	+ 173
1976	473,043	16,231	3.6	1,549	+ 204
1975	453,812	20,423	4.7	3,265	+ 441

#### MARRIAGES AND MARRIAGE RATES 1975-1979

Year	No. of Marriages	Rate per 1,000 Population
1979	5,311	10.9
1978	5,211	9.7
1977	5,037	10.3
1976	4,874	10.7
1975	4,939	10.7





POPULATION GROWTH - CALGARY 1975-1979

<u>Year</u>	<u>Births Residents Only</u>	<u>Deaths Residents Only</u>	<u>Natural Increase Births Minus Deaths</u>
1979	8,974	2,803	6,651
1978	8,255	2,604	5,651
1977	8,195	2,553	5,642
1976	7,997	2,528	5,469
1975	7,784	2,519	5,265

OVER-ALL POPULATION INCREASE  
VERSUS NATURAL INCREASE

<u>Year</u>	<u>Population Census</u>	<u>Over-All Increase</u>	<u>% Increase</u>	<u>Natural Increase Residents</u>	<u>+ Previous Year</u>
1979	530,816	25,179	4.7	6,172	+ 521
1978	505,637	18,068	3.6	5,651	+ 9
1977	487,569	17,526	3.7	5,642	+ 173
1976	470,043	16,231	3.6	5,649	+ 204
1975	453,812	20,423	4.7	5,265	+ 441

MARRIAGES AND MARRIAGE RATES 1975-1979

<u>Year</u>	<u>No. of Marriages</u>	<u>Rate per 1,000 Population</u>
1979	5,311	10.0
1978	5,211	9.7
1977	5,037	10.3
1976	4,874	10.7
1975	4,839	10.7





TABLE 4 - MULTIPLE LIVE BIRTHS OCCURRING IN ALBERTA,  
BY AGE OF MOTHER, 1979

AGE OF MOTHER (YEARS)	RESIDENTS				NON-RESIDENTS				TOTAL	
	SINGLE	TWINS	TRIPLETS	NS	TOTAL	SINGLE	TWINS	TRIPLETS		NS
0	1	-	-	-	1	-	-	-	-	1
1	1	-	-	-	1	-	-	-	-	1
2	1	-	-	-	1	-	-	-	-	1
3	1	-	-	-	1	-	-	-	-	1
4	1	-	-	-	1	-	-	-	-	1
5	10	-	-	-	10	-	-	-	-	10
6	17	-	-	-	17	-	-	-	-	17
7	20	-	-	-	20	-	-	-	-	20
8	27	4	-	1	32	-	-	-	-	32
9	41	4	-	-	45	-	-	-	-	45
10	55	8	-	-	63	-	-	-	-	63
11	52	8	-	-	60	-	-	-	-	60
12	55	8	-	-	63	-	-	-	-	63
13	68	4	-	-	72	-	-	-	-	72
14	71	9	-	-	80	-	-	-	-	80
15	69	11	-	-	80	-	-	-	-	80
16	61	11	-	-	72	-	-	-	-	72
17	57	11	-	-	68	-	-	-	-	68
18	49	11	-	-	60	-	-	-	-	60
19	46	14	-	-	60	-	-	-	-	60
20	38	14	-	-	52	-	-	-	-	52
21	33	2	-	-	35	-	-	-	-	35
22	17	4	-	-	21	-	-	-	-	21
23	20	1	-	-	21	-	-	-	-	21
24	50	1	-	-	51	-	-	-	-	51
25	21	2	-	-	23	-	-	-	-	23
26	22	1	-	-	23	-	-	-	-	23
27	109	4	-	-	113	-	-	-	-	113
28	50	1	-	-	51	-	-	-	-	51
29	21	2	-	-	23	-	-	-	-	23
30	29	-	-	-	29	-	-	-	-	29
31	6	-	-	-	6	-	-	-	-	6
32	3	-	-	-	3	-	-	-	-	3
33	3	-	-	-	3	-	-	-	-	3
34	1	-	-	-	1	-	-	-	-	1
35	1	-	-	-	1	-	-	-	-	1
36	-	-	-	-	-	-	-	-	-	-
37	-	-	-	-	-	-	-	-	-	-
38	-	-	-	-	-	-	-	-	-	-
39	-	-	-	-	-	-	-	-	-	-
40	-	-	-	-	-	-	-	-	-	-
41	-	-	-	-	-	-	-	-	-	-
42	-	-	-	-	-	-	-	-	-	-
43	-	-	-	-	-	-	-	-	-	-
44	-	-	-	-	-	-	-	-	-	-
45	-	-	-	-	-	-	-	-	-	-
46	-	-	-	-	-	-	-	-	-	-
47	-	-	-	-	-	-	-	-	-	-
48	-	-	-	-	-	-	-	-	-	-
49	-	-	-	-	-	-	-	-	-	-
50+	-	-	-	-	-	-	-	-	-	-
NS	1	-	-	-	1	-	-	-	-	1
TOTAL	8923	150	-	1	8974	-	-	-	-	8974

THESE COUNTS REPRESENT NUMBERS OF ACTUAL LIVE BIRTHS AND NOT PREGNANCIES;  
STILLBIRTHS ARE NOT INCLUDED IN THESE COUNTS.

















## VITAL STATISTICS

LIVE BIRTHS - 1975 - 1979

Year	Population	Births Incl. Non-Residents	Rate per 1,000 Population	Births Residents Only	Rate per 1,000 Population
1979	530,816	10,178*	18.9	8,974	16.1
1978	505,637	9,482	18.8	8,255	16.3
1977	487,569	9,295	19.1	8,195	16.8
1976	470,043	8,980	19.1	7,997	17.0
1975	453,812	8,697	19.2	7,783	17.2

STILLBIRTHS - 1975 - 1979

Year	No. of Stillbirths Incl. Non-Residents	Rate per 1,000 Live Births Gross	Stillbirths Residents Only	Rate per 1,000 Live Births net
1979	80	7.9	64	7.1
1978	74	7.8	59	7.1
1977	86	9.3	72	8.8
1976	80	8.9	65	8.1
1975	68	7.8	55	7.1

MARRIAGES - 1979

The number of marriages performed in the City of Calgary in 1979 was 5,311.  
This represents a rate of 10.0 per 1,000 population.

DEATHS AND MORTALITY RATES - 1975- 1979

Year	No. of Deaths Incl. Non-Residents	Rate per 1,000 Population	No. of Deaths Residents Only	Rate per 1,000 Population
1979	3,247*	6.1	2,803	5.3
1978	3,043	6.0	2,604	5.1
1977	2,989	6.1	2,553	5.2
1976	3,007	6.4	2,528	5.4
1975	2,992	6.6	2,519	5.6

\* Due to a change in policy of the Provincial Division of Vital Statistics the non-resident figures will no longer be available.





TABLE 12 - INFANT DEATHS OCCURRING IN ALBERTA, CAUSE BY SEX AND AGE, 1979

I.C.D.-9 CAUSES OF INFANT DEATH	SEX	RESIDENTS															NON RES TOTAL	GRAND TOTAL	
		NEONATAL																	
		<1	1	2	3	4	5	6	7-14	21	13	20	27	280	2				
1. GASTROINTESTINAL DISEASE	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	3	-	-
2. PNEUMONIA AND INFLUENZA	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
3. CONGENITAL ANOMALIES	M	4	-	-	-	-	-	-	-	2	2	1	2	1	9	1	1	1	1
	F	4	-	-	-	-	-	-	-	-	-	-	-	-	11	1	1	1	1
4. SHORT GEST. & L.B.W.	M	3	-	-	-	-	-	-	-	-	-	-	-	-	3	4	-	-	-
	F	4	-	-	-	-	-	-	-	-	-	-	-	-	4	-	-	-	-
5. BIRTH TRAUMA	M	1	-	-	1	-	1	1	1	-	-	-	-	-	3	6	-	-	-
	F	2	-	-	1	-	1	1	-	-	-	-	-	-	4	-	-	-	-
6. INTRAUT. HYPOXIA & BIRTH ASPHYX	M	1	1	-	-	-	-	-	-	-	-	-	-	-	1	4	-	-	-
	F	3	-	-	-	-	-	-	-	-	-	-	-	-	3	-	-	-	-
7. RESPIRATORY DISTRESS SYNDROME	M	1	-	1	-	-	-	-	-	-	-	-	-	-	2	4	-	-	-
	F	2	-	2	-	-	-	-	-	-	-	-	-	-	4	-	-	-	-
8. OTHER PERINATAL CONDITIONS	M	5	3	-	-	-	-	-	-	2	2	-	-	-	9	-	1	1	1
	F	10	5	-	-	-	-	-	-	-	-	-	-	17	-	1	1	1	1
9. SUDDEN INFANT DEATH SYNDROME	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	2	2
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	2	2
10. ALL OTHER CAUSES	M	3	1	-	-	-	-	-	-	1	1	1	1	7	1	3	5	5	5
	F	3	1	-	-	-	-	-	-	1	1	1	1	7	1	3	5	5	5
ALL-CAUSES (1 - 10)	M	10	3	4	3	-	1	1	1	5	4	4	2	33	3	36	36	36	36
	F	31	5	4	3	-	1	1	1	4	4	3	2	44	4	48	48	48	48

- 1975 - 1979

Rate per  
1,000 Live Births

1979

Deaths Only

1977

Net

73

8.8

1976

Gross

159

17.7

Net

123

14.4

1975

Gross

140

16.2

Net

100

12.8

Vital Statistics The non-resident



MATERNAL MORTALITY ( INCLUDING NON-RESIDENTS ) - 1975 - 1979

Year	Live Births	Number of Maternal Deaths		Rate per 10,000 Live Births
		Resident	Non-Resident	
1979	10,178 *			
1978	9,482			
1977	9,295	1		1.1
1976	8,890			
1975	8,697	1		1.1

INFANT DEATHS AND MORTALITY RATES - 1975 - 1979

Gross - Includes Non-Residents; Net - Residents Only

Deaths Within First Year of Life	1979		1978		1977		1976		1975	
	Gross	Net	Gross	Net	Gross	Net	Gross	Net	Gross	Net
Number of Infant Deaths	*	97	101	74	97	73	159	115	140	100
Rate per 1,000 Live Births	*	10.8	10.7	9.0	10.4	8.9	17.7	14.4	16.2	12.8

\* Due to a change in policy of the Provincial Division of Vital Statistics the non-resident figures will no longer be available.





REPORTED CASES AND DEATHS FROM DIPHTHERIA,  
INFECTIOUS HEPATITIS, MEASLES, MENINGOCOCCAL INFECTION  
PERTUSSIS, SALMONELLA INFECTION, ETC. - RESIDENTS ONLY - 1977-1979

COMMUNICABLE DISEASE	CASES			DEATHS			Mortality Rate Per 100,000 Population		
	1977	1978	1979	1977	1978	1979	1977	1978	1979
Diphtheria	10	4	9						
Infectious Hepatitis	92	143	100	1			0.2		
Measles	83	840	2765		1			0.2	
Meningococcal Infection		42	56		3	2		0.6	0.4
Pertussis	12	23	21						
Rubella	146	321	1097						
Salmonella Infection	89	254	189						
Syphilis	33	38	49						





TABLE 11 - DEATHS OCCURRING IN ALBERTA, CAUSE BY SEX AND AGE, 1979

I.C.D. - 9 CAUSES OF DEATH	SEX	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	AGE OF			RESIDENTS DECEASED (YEARS)										90+ NS	TOTAL	NON RES	GRAND TOTAL
										AGE			45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89					
										40-44	45-49	50-54														
2. OTHER INTESTINAL INFECTIONS	M	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	F	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
TUBERCULOSIS																										
3. TB OF RESPIRATORY SYSTEM	M	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	F	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
SUB-TOTAL ( 3- 4 )																										
7. MENINGOCOCCAL INFECTION	M	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	F	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
8. SEPTICEMIA	M	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	F	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
10. MEASLES	M	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	F	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
13. ALL OTH INFEC. & PARAS. DISEASES	M	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	F	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
MALIGNANT NEOPLASMS																										
14. LIP, ORAL CAVITY & PHARYNX	M	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	F	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
15. DIGESTIVE ORGANS, PERITONEUM	M	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	F	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
16. RESPIRATORY & INTRATHORACIC	M	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	F	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
17. BREAST	M	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	F	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
18. GENITAL ORGANS	M	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	F	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
19. URINARY ORGANS	M	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	F	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1



TABLE 11 - DEATHS OCCURRING IN ALBERTA, CAUSE BY SEX AND AGE, 1979

I.C.D. - 9 CAUSES OF DEATH	SEX	AGE OF RESIDENTS DECEASED (YEARS)																NON RES TOTAL	GRAND TOTAL			
		0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79			80-84	85-89	90+
20. OTHER UNSPECIFIED SITES	M	-	-	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	39
	F	-	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	43
21. LEUKAEMIA	M	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	18
	F	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	26
22.OTH LYMPHATIC & HEMATOPOIETIC	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	15
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	14
SUB-TOTAL ( 14- 22 )	M	1	3	1	1	3	3	4	4	4	4	4	4	4	4	4	4	4	4	4	4	35
	F	1	3	1	1	3	3	4	4	4	4	4	4	4	4	4	4	4	4	4	4	41
23. BENIGN NEOPLASMS & OTHER	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5
	F	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	14
24. DIABETES MELLITUS	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5
25. NUTRITIONAL DEFIC.	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5
	F	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	9
26. ANAEMIAS	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
	F	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
27. MENINGITIS	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4
	F	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4
DISEASES OF HEART	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
28. RHEUMATIC FEVER & HEART	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
29. HYPERTENSIVE HEART DISEASE	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
31. ACUTE MYOCARDIAL INFARCTION	M	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
	F	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
32.OTH ACUTE&SUBACUTE ISCHAEMIC	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
35.OTH DISEASES OF ENDOCARDIUM	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1





TABLE 11 - DEATHS OCCURRING IN ALBERTA, CAUSE BY SEX AND AGE, 1979

I.C.D. - 9 CAUSES OF DEATH	SEX	AGE OF RESIDENTS DECEASED (YEARS)																		NON RES TOTAL	GRAND TOTAL	
		0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89			90+ NS
36. ALL OTH FORMS OF HEART DIS	M	-	-	-	1	2	1	-	-	2	2	1	3	2	3	9	6	1	3	10	-	46
	F	-	-	-	1	2	1	-	-	2	2	5	5	4	3	15	14	1	12	22	-	107
SUB-TOTAL ( 28- 36 )	M	-	-	1	1	1	2	1	5	15	20	30	44	45	49	43	31	29	33	-	353	
	F	-	-	1	1	3	2	2	5	10	21	36	53	63	77	79	69	63	45	-	573	
37. HYPERTENSION W/NO RENAL DIS	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	-	3	
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	-	3	
CEREBROVASCULAR DISEASES																						
38. CRANIAL HEMORRHAGE	M	-	-	-	-	-	1	-	-	-	1	1	-	-	-	4	3	4	2	1	-	12
	F	-	-	-	-	-	1	-	-	-	2	2	-	-	-	5	3	4	3	1	-	23
39. THROMBOSIS & UNSPEC OCCLUSION	M	-	-	-	-	-	-	-	-	-	-	-	2	2	4	7	7	3	0	1	-	25
	F	-	-	-	-	-	-	-	-	-	-	3	3	15	24	27	3	9	3	3	-	50
40. CEREBRAL EMBOLISM	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
	F	-	-	-	-	-	-	1	-	1	3	4	5	5	4	10	12	3	4	3	-	70
41. ALL OTHER & LATE EFFECTS	M	-	-	-	-	-	-	-	-	-	3	4	5	5	4	10	12	3	4	3	-	101
	F	-	-	-	-	-	-	-	-	-	3	4	5	5	4	10	12	3	4	3	-	177
SUB-TOTAL ( 38- 41 )	M	-	-	-	-	-	1	1	-	1	3	5	7	7	10	15	16	12	29	16	-	113
	F	-	-	-	-	-	1	1	-	1	3	5	7	7	10	15	16	12	29	16	-	229
42. ATHEROSCLEROSIS	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6	6	6	5	5	-	30
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6	10	10	11	5	-	50
43. OTH DIS-ARTERIES, ART. & CAPILL.	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	4	4	3	2	-	24
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	4	4	3	2	-	24
44. AC BRONCHITIS & BRONCHIOLITIS	M	1	-	-	-	-	-	-	-	-	1	1	1	-	-	-	-	1	-	-	-	3
	F	1	-	-	-	-	-	-	-	-	1	1	1	-	-	-	-	1	-	-	-	3
PNEUMONIA AND INFLUENZA																						
45. PNEUMONIA	M	1	1	-	1	-	-	-	1	-	-	1	3	2	1	2	10	9	2	7	-	40
	F	1	1	-	2	-	-	-	1	-	-	1	3	2	1	2	14	9	15	13	-	57
46. INFLUENZA	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	2
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	2





TABLE 11 - DEATHS OCCURRING IN ALBERTA, CAUSE BY SEX AND AGE, 1979

I.C.D. - 9 CAUSES OF DEATH	SEX	AGE OF RESIDENTS DECEASED (YEARS)																		NON RES TOTAL	GRAND TOTAL	
		AGE OF RESIDENTS DECEASED (YEARS)																				
		0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89	90+	NS	
SUB-TOTAL ( 45- 46 )	M	1	1	-	1	-	-	1	-	-	1	3	1	2	2	11	6	9	7	7	-	42
	F	3	1	-	2	-	-	-	-	-	1	3	2	2	2	15	9	16	13	6	-	70
CHRONIC OBSTRUCTIVE PULMONARY DISEASES AND ALLIED CONDITIONS																						
47. BRONCHITIS, CHRONIC & UNSPEC	M	-	-	-	-	-	-	-	-	-	2	1	1	1	1	6	-	4	1	-	16	
	F	-	-	-	-	-	-	-	-	-	2	1	1	1	1	6	1	5	1	-	19	
48. EMPHYSEMA	M	-	-	-	-	-	-	-	-	-	-	-	1	1	5	10	3	3	-	-	21	
	F	-	-	-	-	-	-	-	-	-	-	-	1	1	5	13	3	3	-	-	26	
49. ASTHMA	M	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	1	1	-	-	4	
	F	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	1	1	-	-	4	
50. OTHER	M	-	-	-	-	-	-	-	-	-	-	1	1	3	3	3	7	3	4	-	23	
	F	-	-	-	-	-	-	-	-	-	-	1	3	3	3	3	10	3	4	-	26	
SUB-TOTAL ( 47- 50 )	M	-	-	-	-	-	-	-	-	-	2	1	1	3	3	19	9	12	5	-	76	
	F	-	-	-	-	-	-	-	-	-	2	1	3	3	12	25	13	12	5	-	89	
51. ULCER OF STOMACH & DUODENUM	M	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	2	1	-	3	
	F	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	2	1	-	3	
52. APPENDICITIS	M	-	1	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	-	-	3	
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	
53. INTEST. OBSTR. & ABD. HERNIA	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
54. CHRONIC LIVER DIS & CIRRHOSIS	M	-	-	-	-	-	-	-	-	-	4	6	5	6	6	2	-	-	-	-	45	
	F	-	-	-	-	-	-	-	-	-	3	3	5	3	3	2	-	-	-	-	50	
55. CHOLELITHIASIS & OTH GALLBLAD	M	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	1	-	-	3	
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
NEPHRITIS, NEPHROTIC SYNDROME AND NEPHROSIS																						
56. ACUTE GLOM. & NEPHRIT. SYNDROME	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	
57. CHR GLOM., NEPHRITIS & NEPHRO	M	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	-	2	
	F	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	-	2	



TABLE 11 - DEATHS OCCURRING IN ALBERTA, CAUSE BY SEX AND AGE, 1979

I.C.D. - 9 CAUSES OF DEATH	SEX	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	AGE 40-44	RESIDENTS DECEASED (YEARS)										90+ NS	TOTAL	NON RES	GRAND
											45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89					
58. RENAL FEATURE & RESULTING DIS	M	-	-	-	-	-	-	-	-	-	-	1	-	1	1	1	2	1	3	3	-	-	-	9
	F	-	-	-	-	-	-	-	-	-	-	1	-	1	1	2	2	3	3	3	-	-	-	17
SUB-TOTAL ( 56- 58 )		-	-	-	-	-	-	-	-	-	-	2	-	2	2	3	4	4	6	6	-	-	-	26
59. INFECTIONS OF KIDNEY	M	-	-	-	-	-	-	-	-	-	-	1	-	1	1	2	2	1	3	4	-	-	-	11
	F	-	-	-	-	-	-	-	-	-	-	1	-	1	1	2	2	1	3	4	-	-	-	19
	T	-	-	-	-	-	-	-	-	-	-	2	-	2	2	4	4	2	6	8	-	-	-	30
60. COMPLICATIONS OF PREGNANCY, CHILDBIRTH AND THE PUERPERIUM		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
SUB-TOTAL ( 61- 62 )		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4
63. CONGENITAL ANOMALIES	M	15	2	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	18
	F	31	-	-	1	1	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	38
CERTAIN CONDITIONS ORIGINATING IN THE PERINATAL PERIOD		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
64. BIRTH TRAUMA	M	7	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	8
	F	15	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	16
65. OTHER	M	13	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	13
	F	22	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	22
SUB-TOTAL ( 64- 65 )		29	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	31
66. SYMPTOMS, SIGNS & OTH COND.	M	17	1	-	-	-	-	-	-	-	-	2	-	2	2	3	3	1	3	4	-	-	-	24
	F	10	-	-	1	1	-	-	-	1	1	3	-	3	3	5	5	2	5	6	-	-	-	26
	T	27	1	-	1	1	-	-	-	2	2	5	-	5	5	8	8	3	8	10	-	-	-	50
67. ALL OTHER DISEASES	M	2	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	-	-	-	16
	F	3	3	3	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	-	-	-	24
ACCIDENTS AND ADVERSE EFFECTS		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
68. MOTOR VEHICLE ACCIDENTS	M	2	2	2	13	19	8	6	3	6	3	1	2	2	2	2	1	1	1	1	-	-	-	36
	F	2	2	2	17	25	12	7	4	4	4	1	2	2	2	2	2	2	2	2	-	-	-	59





TABLE 11 - DEATHS OCCURRING IN ALBERTA, CAUSE BY SEX AND AGE, 1979

I C D - 9 CAUSES OF DEATH	SEX	AGE OF RESIDENTS DECEASED (YEARS)																			NON RES	GRAND
		AGE																				
		0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89	90+ NS	TOTAL	
69.OTH ACCID & ADVERSE EFFECTS	M	5	-	2	4	9	4	4	7	3	3	4	1	3	1	1	3	3	3	-	55	
	F	6	-	2	2	7	2	5	4	3	4	4	2	3	1	3	7	5	5	-	55	
	T	11	-	4	6	16	6	9	11	6	7	7	3	6	2	4	10	8	8	-	110	
SUB-TOTAL ( 68- 69)	M	5	2	4	17	25	12	10	7	9	3	4	6	3	4	3	3	3	3	-	120	
	F	3	2	4	23	32	18	12	8	10	3	5	6	4	6	5	4	9	5	-	170	
	T	8	4	8	40	57	30	22	17	19	6	9	12	7	10	8	7	12	8	-	290	
70.SUICIDE	M	-	-	-	6	12	11	6	3	9	3	3	7	1	-	1	1	1	-	1	62	
	F	-	-	-	12	13	11	7	4	11	7	5	7	1	-	1	1	1	-	1	62	
	T	-	-	-	18	25	22	13	7	20	10	8	14	2	-	2	2	2	-	2	124	
71.HOMICIDE & LEGAL INTERVENTION	M	1	1	-	1	1	1	1	1	-	1	1	-	-	3	-	-	-	-	-	8	
	F	3	-	-	1	1	1	2	1	-	-	-	-	-	-	-	-	-	-	-	10	
	T	4	1	-	2	2	2	3	2	-	1	1	-	-	3	-	-	-	-	-	18	
72.ALL OTHER EXTERNAL CAUSES	M	-	-	-	-	1	4	1	1	6	3	3	3	-	1	2	1	-	-	1	23	
	F	-	-	-	1	1	4	1	1	8	5	4	3	-	1	2	1	-	-	1	23	
	T	-	-	-	2	2	8	2	2	14	8	7	6	-	2	4	2	-	-	2	46	
ALL-CAUSES ( 1- 72)	M	60	8	6	31	44	42	28	23	43	70	82	103	116	165	197	193	148	138	112	159	
	F	55	16	11	49	77	41	33	33	77	109	134	160	183	247	316	329	297	251	251	159	
	T	115	24	17	80	121	83	61	56	120	179	196	263	300	412	513	522	445	389	363	318	

\* Due to a change in policy of the Provincial Division of Vital Statistics the non-resident figures will no longer be available.





REPORTED CASES OF NOTIFIABLE COMMUNICABLE DISEASES (RESIDENTS ONLY) - 1979

	Under 1 Year		1 - 4		5 - 9		10 - 14		15 - 19		20 - 24		25 - 29		30 - 39		40 - 59		60Yrs.+		TOTALS
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Amoebic Dysentery					1	1	1	1	4	1	4	1	3	1					1		23
Bacillary Dysentery			1	1	4	1	1	1	1	1	2	2	3	3	2	3	2			1	33
Diphtheria					1					1			1		3		1	1			9
Encephalitis: Herpes Simplex																	1				1
Encephalitis: Other Viral												1			1						2
Gastroenterocolitis Staph.												1									1
Hepatitis A	1		1	1	1	2	3	1	4	7	12	7	11	8	6	3	6	1		1	77
Hepatitis B								1	1	2	5		5		1	3	1	3	1	1	23
Malaria								1	1		1	2	1			2				1	9
Measles	38	29	138	139	604	544	578	550	50	50	8	8	1	3	6	9	2	6	2		2765
Meningitis:	8	5	9	12	7	3	2		2	1	1		4			1		1			56
Hemophilus Influenzae	4	2	2	6																	14
Pneumococcal			1	1																	2
Meningococcal	1		1	2					1				1								6
Sub-Totals	51	37	154	162	618	551	585	555	63	64	33	32	30	15	23	21	14	14	5	4	3021





	Under 1 Year		1 - 4		5 - 9		10 - 14		15 - 19		20 - 24		25 - 29		30 - 39		40 - 59		60Yrs.+			TOTALS
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
Other Bacterial		2		2		1	2														7	
Viral	3	1		3	6	2			2		1		3		1		1				26	
Mumps		A	G	E	S		N	O	T		A	V	A	I	L	A	B	L	E		258	
Pertussis	3	3		2	1	3	5	2	2											21		
Pleurisy														1							1	
Psittacosis							2	1						1		1		1			6	
Rheumatic Fever																					1	
Rubella	14	21	88	83	260	285	166	102	33	11	1	5	2	8	2	13	3				1097	
Salmonella Infection	6	12	13	10	8	10	5	6	14	8	10	12	10	12	4	6	13	12	7	11	189	
Salmonella Typhi										1											1	
Tuberculosis Pulmonary				1							1		3	1	1		5	2	3	2	19	
Tuberculosis Non-Pulmonary															2	1	1	4			8	
Sub-Totals (Page 1)	51	37	154	162	618	551	585	555	63	64	33	22	30	15	23	21	14	14	5	4	3021	
Sub-Totals (Page 2)	26	39	108	97	277	305	177	111	49	20	13	17	18	23	10	21	22	20	10	13	1376	
TOTALS	77	76	262	259	895	856	762	666	112	84	46	39	48	38	33	42	36	34	15	17	4655	





REPORTED COMMUNICABLE DISEASES BY MONTH IN 1979

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTALS
Amoebic Dysentery				2	1	1				1	9	9	23
Bacillary Dysentery		1		4	2	6	1	1	6	3	3	6	33
Diphtheria		1						5			3		9
Encephalitis: Herpes Simplex		1											1
Encephalitis: Other Bacterial		1						1					2
Gastroenterocolitis Staph.						1							1
Hepatitis A	9	9	10	3	6	11	3	6	3	7	5	4	77
Hepatitis B	2	3	3		3	2	1	3	1	2	3	1	23
Malaria	1					1		1	5	1			9
Measles	900	857	409	180	210	138	16	11	6	8	13	17	2765
Meningitis:		4		3	5	4	7	3	6	18	1	5	56
Hemophilus Influenzae		1		2	1	2	2			3	1	2	14
Pneumococcal					1			1					2
Meningococcal		2		1			1		2				6
Other Bacterial		1			1		2			2		1	7
Viral					2	2	2	2	4	12		2	26
Mumps	30	27	11	1	20	25	4	2	11	8	29	90	258
Sub-Totals	941	908	433	196	252	192	39	36	39	64	67	137	3312





	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTALS
Pertussis					1	2	3	1	3	4	7		21
Pleurisy												1	1
Psittacosis			1		1	4							6
Rheumatic Fever	1												1
Rubella	71	149	72	117	193	247	65	15	28	37	30	73	1097
Salmonella Infection	10	14	15	4	7	17	14	15	24	16	36	17	189
Salmonella Typhi						1							1
Tuberculosis Pulmonary		1	3			5			5			5	19
Tuberculosis Non-Pulmonary						1	4		2			1	8
Sub-Totals (Page 1)	941	908	433	196	252	192	39	36	39	64	67	147	3312
Sub-Totals (Page 2)	82	164	91	121	202	277	86	31	62	57	73	97	1343
TOTALS	1023	1072	524	317	454	469	125	67	101	121	140	234	4655





VENEREAL DISEASE INCIDENCE - CALGARY 1979

	Under 1 Year		1 - 4 Years		5 - 9 Years		10-14 Years		15 - 19 Years		20 - 24 Years		25 - 29 Years		30 - 39 Years		40 - 49 Years		60 Years Plus		Age not Stated		TOTAL
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Syphilis: Acquired Primary											2	1	4		3	1	1			1			13
Syphilis: Acquired Secondary												1			1								2
Syphilis: Acquired Latent-Early									1		1		2	1	2		1						8
Syphilis: Acquired Latent-Late										1			3	1	8		1	1	1				17
Syphilis: Undetermined											1		2	1		1	1	2		1			9
Gonorrhoea: All Forms		1	1				1	10	310	502	787	519	496	179	362	115	131	19	12	1	33	24	3504
TOTALS		1	1				1	10	311	503	791	521	507	182	376	118	135	21	13	3	33	24	3553





## COMMUNITY HEALTH NURSING DIVISION

### CALGARY LOCAL BOARD OF HEALTH

It is my privilege to present a report of the Community Health Nursing Division of the Calgary Local Board of Health for the year 1979. During this year, we have had three changes in the District Supervisory Staff. Miss Helen Seymour retired as District Supervisor at the Thornhill District after 26 years of service. Mrs. Cathy Mugford was appointed to the position. Mrs. Sheila Clarke retired in July from her position of District Supervisor in the Haysboro District and Mrs. Eleanor Jepson has been appointed to that position. Mrs. Connie Foster resigned from her position as Supervisor of the Anderson Road District to accept the position of Supervisor at the Drumheller Health Unit and Mrs. Sue Hicks has been appointed as the Anderson Road District Supervisor.

On the first of January this year, the Provincial Immunization Schedule was revised and this has made considerable difference in our statistical tables from last year. The immunization is started for infants at two months with three immunizations at two month intervals and the fourth immunization at eighteen months. This extended spacing between doses has shown up in our statistical tables where there is marked variation between the first and third diphtheria, tetanus, pertussis and sabin immunizations in the infant age group, with a larger number carrying over to the statistics for 1980.

The total attendance at our clinics is 88,874 this year which is an increase over the 82,655 shown in 1978, although the change in Immunization Schedule has made some difference in the infant/early preschool attendance in our clinics as this Schedule requires 5 clinic visits instead of 7.

Table I shows the Health Education to school and community groups by subject, age, time, number of persons and also percentage of total time. It will be noted that Health Education Programs were presented to 92,746 persons and represents 6625.1 hours of Community Health Nursing time. The Community Health Nurses presented programs on nutrition to 14,752 persons. This shows a decrease from last year. This year, the Nutritional teaching





has been incorporated into more of the teachers' curriculum. Some of the subject codes were changed in our monthly recording this year. Previously, the family life education subject code included maturation. This is now identified as a separate subject. An additional code has been added for well adults. Table II outlines the individual contacts for the year 1979. The total number of individual contacts was 67,642. 669 of these contacts were regarding child abuse; 12,042 for communicable diseases. 1454 individual contacts were made under the subject code of well adult, 1066 for acute illness. The Community Health Nurses have been involved in a Bereavement Visiting program and this year visited 124 persons for this reason. Table III has to do with screening, assessment and referral in the Child Health Centre, Geriatric Clinic and School Program.

The following is a report prepared by Dr. J.Z. Garson, Associate Medical Officer of Health on special projects for this year.

### SCOLIOSIS

*Scoliosis screening remains a part of the school program but is still being evaluated. Below is a table which describes the outcome of the screening activity for 1978 - 79.*

#### Scoliosis Screen 1978 - 1979

TOTAL POPULATION IN GRADE 7		7868
SCREENED	(97.6%)	7676
REFERRED		
BOYS		193
GIRLS		220
TOTAL		413
COMPLIED	AS PERCENTAGE OF SCREENED (5.2%)	382
SCOLIOSIS	AS PERCENTAGE OF REFERRED (92.3%)	133
	AS PERCENTAGE OF COMPLIED (34.8%)	
	AS PERCENTAGE OF REFERRED (32.2%)	
	AS PERCENTAGE OF SCREENED (1.7%)	
NOTHING ABNORMAL		249
	AS PERCENTAGE OF COMPLIED (65.12%)	
	AS PERCENTAGE OF REFERRED (60.3%)	
	AS PERCENTAGE OF SCREENED (3.2%)	
UNKNOWN OUTCOME		31
	AS PERCENTAGE OF REFERRED (7.5%)	





From the previous year's screen, we determined that of the children recommended for follow-up by the orthopedic surgeons, 60% of them complied.

### MEASLES

The 1978 - 79 outbreak of measles in Calgary created a lot of work for the staff nurses with some 3000 children being notified as suffering with Measles or the Atypical Measles Syndrome. This outbreak has been studied with some interesting data being produced relating to the efficacy of measles vaccines.

### COHORT STUDIES

1979 saw completion of construction of the 1978 and 1979 cohorts of Calgary children. Throughout these two years, all babies born and resident in Calgary had their Child Health Records distinctively coloured and numbered. This is the beginning of a series of studies designed to answer some questions relating to the effectiveness of the nursing program as it relates to the development of Calgary children.

### NURSING ATTACHMENT TO FAMILY PRACTICES

A pilot attachment, on a one session per week basis, of C.H.N.'s to three family practices for the purpose of increasing cooperation between our C.H.N.'s and family doctors engaged in the care of older citizens, was completed late in 1979. The results though somewhat disappointing were not entirely negative and the experiment may be repeated in a somewhat different format. It is not easy for health workers of different disciplines, accustomed to working separate from one another, to change deeply ingrained habits of work. More thought and different planning will have to be undertaken before a second pilot is embarked upon.

### OBSERVATION REGISTER

Using previous criteria, the numbers of babies entered into lists of children requiring special observation during their early formative years were so large that C.H.N.'s were not able to perform the recommended numbers of examinations of surveillance. Upon examination, it was also evident that the criteria were unrealistic both in terms of C.H.N. - population ratio and in the excessively wide nature of those criteria.

A working committee examined afresh the criteria for including a child on what we now call the Observation Register. This committee produced a new list of criteria and its first year of use is now being studied; preliminary results indicate that the lists so produced are realistic in terms of workload and the relative rates of the various criteria will be examined to evaluate further the correctness or otherwise of the revised list of criteria.

We have been very pleased with the way our geriatric program has developed and Miss Betty Eggen, Associate Director of Nursing visited each District





Office and talked with Community Health Nurses regarding the geriatric program and her report is as follows:

Community Health Nurses have had some contact with the elderly in Calgary for many years. However, prior to the early '70s there was no planned or formalized program for this segment of the population and contact was apt to be in response to urgent referral from the senior citizen's family, friends, neighbors or a community agency. The situation was usually a crisis and often resulted in the elderly person being admitted to the hospital, a nursing home or a lodge. Hence, the senior part of our population began to think of us not as helping persons but ones whose actions were likely to result in them having to leave their home.

In 1974, it was decided that the Nursing Division would actively seek out the elderly in our community and let them know that the Community Health Nurse was prepared to give them assistance with their health problems and provide them with information about the community resources available to help them cope with everyday living in their own homes. Opportunities for Health Education presentations to senior citizens groups would also be explored.

Finding the elderly was the first problem. Districts were invited to explore any avenues appropriate to their own situation. A simple brochure explaining our service was prepared and given to community agencies, doctors and the elderly themselves. Senior Citizen's Clubs and Drop-In Centres were approached; managers of lodges, housing units for the elderly, nursing homes, etc. were contacted. In the downtown area, Community Health Nurses set up screening clinics in the high rise subsidized housing towers. These offered blood pressure readings, urine tests, weight monitoring, etc. They were in no way designed to eliminate regular medical supervision but to complement it. Home visiting had always been a part of the service and this increased in volume as the community





became more aware of our availability to the elderly.

Since 1974, there has been a steady growth in services to those 65 and over. In the third quarter of 1979 (July, August, September) 5.4% of the Community Health Nurses' time was spent working with the geriatric population. The percentage varied with the area of the city as one would expect. The City Hall, North Hill and Bouness areas are above the city average, while Anderson Road, Rundle and Thornhill areas spent less than 2% of their time on geriatrics.

The three services presently provided to the geriatric population are:

- (a) Screening Clinics where blood pressure, weight, haemoglobin and urine can be checked. Guidelines for referral have been established. Those attending are referred as necessary to their own doctor and regular monitoring can be done on his request. A letter explaining this service is sent to each doctor whose patients attend.

A history is taken and advice on health problems offered. Supervision regarding proper taking of medication is often needed. Good nutrition and exercise are stressed. The Community Health Nurse is able to help individuals get help they may need from other community agencies such as Meals on Wheels, homemaking, subsidized taxi service, help with yard work, friendly visiting, etc.

At present, these clinics are being held at 27 different sites.

- (b) Group Health Teaching to groups of elderly who live in a housing complex, attend a Drop-In Centre, belong to a senior citizens club, etc.

To date, 15 such groups have had one or more presentations



and a number have scheduled these monthly or have been involved in a series of sessions.

- (c) Home Visiting on referral from doctors, hospitals, Home Care or other agencies, neighbors, friends, families or the individuals themselves. These referrals have increased substantially and priorities for visiting are set through use of a High Risk Register.

Liaison has been established with the Fanning Centre and the Glenmore Auxiliary Day Centre; close contact with Family Physicians has been actively pursued but with limited success and further feasibility studies will be undertaken.

Two brochures are being printed - one for use with other community workers and one as a handout to the elderly.

A Geriatric Manual which provides guidelines for screening and information on community resources has been developed and provided to each District. This manual will be evaluated at the end of six months using a questionnaire which will be answered by the staff.

We have come a long way in the past 5 years in our endeavour to provide a service to our senior citizens which will assist them to maintain their independence and enjoy optimum health within any limitations they may have. We are aware of much more that can be done as manpower resources become available and which should be done as the percentage of the elderly in our population continues to climb.

Many of our Community Health Nurses have shown real warmth and sensitivity in their approach to the elderly, an interest in meeting the needs of this group and a desire to increase their knowledge in the field of gerontology.





During 1979, a number of Indo-Chinese immigrants came to Calgary and the Communicable Disease Unit has been providing screening clinics for this group. Mrs. Maxine Larsen, Supervisor of the Communicable Disease Unit has submitted the following report:

In October 1979, a clinic was opened in the York Hotel to provide a screening service for these people. On examining the results of studies, there appeared to be a need to identify certain of the intestinal diseases which might be implicated in food borne outbreaks and to search for signs of tuberculosis in this group. The decision was made to screen by means of a TB mantoux skin test and stool examination. The other need was for education concerning other health services available, on the premise that we wished to facilitate the merging of the Indo-Chinese as quickly as possible into the regular stream of total Local Board of Health programs. The clinic developed rapidly with the aid of private agencies and Federal and Provincial departments concerned with the Indo-Chinese. By the end of December, it was apparent that there was evidence of intestinal disease. Shigella, amoebiasis, paratyphoid and salmonella are all subject to provincial regulations and pose a risk if the patient is employed in the food industry. Having identified these diseases and/or other parasites, the patients and their contacts were followed and appropriate action taken.

Following the TB screening, all positive reactors were referred to TB Services for investigation and follow-up.

During 1979, communications with this group of immigrants was greatly aided by volunteer interpreters. Without these people, it would have been much more difficult to carry out the program. The Indo-Chinese immigrants themselves were pleasant and cooperative almost without exception.





Some of the programs of particular note during the year have been:

- The Community Health Nursing staff have worked with members of the other divisions in the preparation and presentation of displays at the Marlborough Village Square Shopping Centre, the North Hill Shopping Centre, the Holy Cross Health Fair, the Fanning Centre and at Women's Day at the Calgary Stampede.
- The Community Health Nurses in a number of the Districts have been developing and presenting postnatal parenting classes for the families in their area and this project has been very successful with positive feedback from the parents who attended as well as our staff.
- We conducted a special measles immunization program in the elementary schools in an attempt to bring about an increased level of immunity within our school population.
- Modified work week projects were terminated in June and the two were evaluated both during the program and at its conclusion by questionnaires completed by the people who use our clinic as well as our staff.
- The Forest Lawn District Office was moved to temporary quarters while the new City of Calgary building in Forest Lawn was being constructed.
- Our Community Health Nurses, the school staff, Family Life and Sex Education Division of the Calgary Board of Education and Focus: Family Planning were involved in the planning, the presentation and the evaluation of seminars on maturation.
- We provided 489 days of field experience for 99 students.

In conclusion, I wish to thank Dr. Hosking, Dr. Garson and members of the Board for their support and guidance over the year. I also wish to thank the staff for the high quality of service they have provided to the families in their areas.

Respectfully submitted,

*Frances M. Moore*

Frances M. Moore  
Director of Nursing

FMM:mr



ATTENDANCE AT CHILD HEALTH CENTRES - 1979

Infant Attendance	<u>1973</u>	<u>1974</u>	<u>1975</u>	<u>1976</u>	<u>1977</u>	<u>1978</u>	<u>1979</u>
New	6,237	6,308	6,401	6,871	7,598	*	7,561
Old	19,184	19,856	26,251	25,513	26,994	*	24,256
Total Infant Attendance	25,421	26,164	32,652	32,384	34,592	34,413	31,817
Preschool Attendance							
New	3,036	3,146	2,968	3,250	2,951	*	1,340
Old	27,161	28,512	35,633	31,694	28,903	*	28,335
Total Preschool Attendance	30,197	31,657	38,601	34,944	31,854	31,854	33,900
New Infants	6,237	6,308	6,401	6,871	7,598	*	7,561
plus							
New Preschoolers Enrolled	3,036	3,146	2,968	3,250	2,951	*	1,340
	9,273	9,454	9,369	10,121	10,549	*	8,901

\* This information not available for 1978 from Provincial computer printout of Community Health Nursing activities.





By Subject, Age, Time and No. of Persons &amp; Percentage by Age Groups

DESCRIPTION OF SELECTED SUBJECT CODES						GERIATRIC	TOTALS
						Persons	Hours
<u>WELL CHILD</u>							
Any activity which provides counselling to parents of infants and children from age 6 weeks concerning normal growth and development and maintenance of good health.							
<u>FAMILY LIFE</u>							
Activities and counselling in the area of general growth and development (physical, social, emotional) over the life span and interpersonal relationships within the family.							
<u>GENETICS</u>							
Activities and counselling and education regarding genetics.							
<u>WELL ADULT</u>							
Normal adult development/maturation, life styles, disease prevention.							
<u>ACUTE ILLNESS</u>							
Individual counselling relating to any short-term deviation from normal health.							
<u>FOLLOW-UP</u>							
Individual contacts made to inquire if action has been taken on recommended referrals to other agencies and/or physician.							
<u>MATURATION</u>							
Group activities and/or individual counselling and education with the primary focus on physical growth and psychosocial development related to sexuality, puberty, menopause.							





## HEALTH EDUCATION TO SCHOOL AND COMMUNITY GROUPS

TABLE I

by Subject, Age, Time and No. of Persons &amp; Percentage by Age Groups

33

	INFANT & PRESCHOOL		SCHOOL		ADULT		GERIATRIC		TOTALS	
	Persons	Hours	Persons	Hours	Persons	Hours	Persons	Hours	Persons	Hours
PRENATAL			931	322.0	93	30.1			1024	352.1
POSTNATAL	12	28.5	21	7.5	35	74.0			68	110.0
WELL CHILD	319	61.8	1373	64.7	36.4	87.1			2056	213.6
PARENTING	67	65.0	72	25.5	300	417.2			439	507.7
HANDICAP/SPEC SERVICES			60	8.5	26	3.0	12	1.0	98	12.5
CHILD ABUSE			5	1.5	156	24.0			161	25.5
FAMILY PLANNING			444	32.5	11	3.5			455	36.0
FAMILY LIFE ED.	110	5.0	9653	1009.7	713	81.5			10,476	1096.2
COMM. DISEASE	184	6.5	2999	74.5	153	16.0			3336	97.0
T.B.			982	16.5	37	2.0			1019	18.5
V.D.			1350	95.0	60	2.0			1410	97.0
CHRONIC DISEASE			78	1.5	64	2.0	95	17.5	237	21.0
MENTAL HEALTH & ILLNESS	15	.5	1650	80.0	32	7.2	104	8.0	1801	95.7
ALCOHOL, DRUGS, SMOKING	181	6.5	5406	216.5	8	1.0			5595	224.0
NUTRITION/FITNESS	3267	157.0	10,899	525.5	511	199.8	75	11.0	14,752	893.3
MATURATION			10,556	783.0	456	39.1			11,012	822.1
WELL ADULT					32	11.5	53	15.0	85	26.5
SAFETY	217	21.0	1249	60.5	111	19.6	40	6.0	1617	107.1
FIRST AID			1211	93.0	242	50.0	12	1.5	1465	144.5
SCOLIOSIS			3519	51.0					3519	51.0
GENERAL HEALTH	4604	187.0	21,486	800.5	545	97.5	84	51.5	26,719	1136.5
PUBLIC RELATIONS	626	25.5	994	38.0	2997	375.5	202	21.5	4819	460.5
OTHERS	27	5.3	384	34.8	238	47.5	34	9.5	683	97.1
TOTAL	9629	569.6	75,322	4341.9	7084	1591.1	711	142.5	92,746	6645.1
PERCENTAGE	10.4	8.6	81.2	65.4	7.6	23.9	0.8	2.1		





by Home Visits, Telephone Calls, Counselling in Schools and Child Health Centre (exclusive of routine clinic package counselling) and Percentage by Age Groups.

	INFANT	PRESCHOOL	SCHOOL	ADULT	GERIATRIC	TOTAL
PRENATAL	25		423	303		751
POSTNATAL	10,185	31	36	72		10,324
WELL CHILD	5,287	2,760	10,617	48		18,712
PARENTING	39	115	24	65		243
OBSERVATION (AT RISK)	443	176	66	18	11	714
HANDICAP/SPECIAL SERVICE	183	509	881	126	24	1723
CHILD ABUSE	247	221	155	46		669
COMMUNICABLE DISEASE	750	1597	6,027	3,583	85	12,042
NUTRITION/FITNESS	185	76	440	74	47	822
FIRST AID	24	73	7,453	64	5	7,619
FOLLOW-UP	1,259	508	2,871	418	1008	6,064
GENERAL HEALTH	15	24	349	82	140	610
MENTAL HEALTH & ILLNESS	12	11	242	982	210	1,457
CHRONIC DISEASE	19	36	165	238	1,408	1,866
POISON CONTROL - SAFETY	8	92	27		30	157
WELL ADULT				771	683	1,454
ACUTE ILLNESS	88	73	712	100	93	1,066
SCOLIOSIS			303			303
BEREAVEMENT	22	2	9	59	32	124
OTHER	51	63	338	405	166	1,023
TOTAL	18,842	6,367	31,138	7,454	3,942	67,743
PERCENTAGE	27.2	9.4	46.0	11.0	5.8	





# SCREENING, ASSESSMENTS AND REFERRALS 1979

TABLE III

( Includes referrals back to nurse )

	AUDIO	NO. REFERRED	VISION	NO. REFERRED	SPEECH	NO. REFERRED	NO. REFERRED	HEALTH ASSESSMENT	NO. REFERRED	SCOLIOSIS	NO. REFERRED	BLOOD PRESSURE	NO. REFERRED	COMMUNICABLE DISEASE & PARASITE	NO. REFERRED	OTHER	NO. REFERRED	TOTAL	TOTAL REFERRED
INFANT	2654	161	2727	171	7	1	5386	190	9858	1004				45	105	13	11	20683	1643
PRESCHOOL	3491	222	4989	564	383	98	4000	201	1972	193		3		1257	153	24	2	16119	1433
SCHOOL	10165	841	27578	4060	4	3	72	12	4586	1043	6983	42		8113	874	123	15	57666	7472
ADULT TO 65	16	3	9	4					78	38		106	13	431	297	77	16	717	371
ADULT 65+	6	1	4	1					456	108		2731	205	20	2	120	36	3337	353
TOTAL	16332	1228	35307	4800	394	102	9458	403	16950	2386	6983	2882	218	9866	1431	357	80	98522	11272





SCHOOL TUBERCULOSIS TESTS 1979GRADE I

Grade I No. Pupils	Tuberculin Tests Accepted	% Accepting Tests	Tuberculin Tests Positive	% Found Positive Reactors
6,755	5,627	83.5	30	0.53

The group of 30 positive reactors includes:

- 10 immigrants with 7 BCG \*
- 3 others with BCG
- 5 previously positive

GRADE IX

Grade IX No. Pupils	Tuberculin Tests Accepted	% Accepting Tests	Tuberculin Tests Positive	% Found Positive Reactors
5,802	4,843	83.6	81	1.67

The group of 81 positive reactors includes:

- 59 immigrants with 37 BCG \*
- 9 others with BCG.
- 9 previously positive.

STAFF

No. Staff	Tuberculin Tests Accepted	% Accepting Tests	Tuberculin Tests Positive	% Found Positive Reactors
4,541	3,679	81.01	101	2.75

Cases - 0

\* Immigrants - Those who have just arrived in Canada.









AGE GROUP	D.P.T.				SABIN				SALK			
	1	2	3	R	1	2	3	R	1	2	3	R
INFANTS 0 - 1	8610	7573	6321	43	10695	9486	4907	36	66	812	1380	14
AGES 1 - 2	161	221	350	5130	981	1726	262	876	10	69	151	38
OTHER EARLY PRESCHOOL	117	154	208	1265	513	666	135	482	6	36	88	4
LATE PRESCHOOL	71	59	82	3581	247	230	121	3513	1	11	40	53
SCHOOL	21	50	49	1127	552	831	394	12085	21	10	26	212
ADULTS					6	14	14	24	476	425	427	3111
GERIATRIC									14	3	2	13
1979 TOTALS	8980	8057	7010	11146	12994	12953	5833	17016	594	1366	2124	3445
1978 TOTALS For Comparison	1	QUAD			11399	8810		17376	914	1078	991	976
	8047	7953	7513	390								





	RUBELLA	MEASLES	DIPHTHERIA					TETANUS				FLU	PLAQUE
			1	2	3	R		1	2	3	R		
INFANTS 0 - 1			12	24	18	1		12	21	16	1		
AGES 1 - 2	27	6328	5	5	12	21		5	6	12	20		
OTHER EARLY PRESCHOOL	3	498	2	4	6	30		2	3	7	30		
LATE PRESCHOOL	1	168	10	10	7	243		9	15	13	242		
SCHOOL	2878	5800	132	237	319	11009		136	233	292	10820		
ADULTS	449	4	16	17	11	33		770	640	561	3141		
GERIATRIC								10	7	2	22		
1979 TOTAL	3358	12798	177	297	376	11337		944	925	903	14276	0	0
1978 TOTAL For Comparison	2731	7457	605	735	1143	20266		1701	1594	2079	24215	13	8



IMMUNIZATION REPORT - 1979

AGE GROUP	TYPHOID				SCHICK	RABIES				SMALLPOX		CHOLERA	TYPHUS	GAMMA GLOBULIN		
	1	2	3	R		1	2	3	4	1	R			ISG-C	ISC-T	ISC-O
INFANT 0 - 1	4	3	4	1						1		26		23		5
AGES 1 - 2	17	13	15	1						9		48	1	10	1	2
OTHER EARLY PRESCHOOL	30	27	21	1						8	1	110	3	10		1
LATE PRESCHOOL	24	24	24	3						8	3	64	2	3		
SCHOOL	197	166	156	38	19			1		15	81	261	11	66	1	3
ADULT	1714	1653	1547	996	427	34	12	34	27	55	1561	2830	573	128	9	16
GERIATRIC	4	6	5	22		1				26	52	1	1	1		
1979 TOTALS	1990	1892	1772	1062	446	35	12	35	27	96	1672	3391	591	241	11	27
1978 TOTALS For Comparison	2626	2359	2282	1231	445	46	36	55	40	368	3902	4431	738	262	33	21





SUMMARY OF WORK DONE BY PHYSICIANS IN CALGARY CHILD HEALTH CENTRES - 1979

	<u>INFANTS</u>	<u>PRE-SCHOOL</u>	<u>PRE-SCHOOL</u>	<u>SCHOOL AGE</u>
	<u>0 - 1 yr.</u>	<u>2 - 3 yr.</u>	<u>4 - 6 yr.</u>	
No. of children examined .	871	110	98	8
	<u>DOCTORS</u>	<u>DENTISTS</u>	<u>EYE EXAMINERS</u>	
	40	1	6	

Counselling in Minor Ailments.....	830	Counselling in Nutrition.....	50
Denver Developmental Screening Tests.....	273	Physical Examinations.....	1,104
Minor Physical Ailments Found.....	973	Major Defects Found.....	9

FLUORIDE DISTRIBUTION PROGRAM

CLINIC	NEW PRESCRIPTIONS	REFILL PRESCRIPTION	TOTAL
ANDERSON ROAD	3009	1777	4786
BOWNESS	1252	1090	2342
CITY HALL	1430	1347	2777
FOREST LAWN	4365	3133	7498
HAYSBORO	2416	3091	5507
NORTH HILL	1981	2024	4005
SCARBORO	928	851	1779
SHAGANAPPI	1255	1295	2550
THORNHILL	2426	766	3192
TOTALS	19,062	15,374	34,436





COMMUNITY HEALTH NURSING SECTION - STUDENT PROGRAM

Number of "Student Days" for Observation/Participation with  
Calgary Local Board of Health - 1979

<u>SCHOOL OF NURSING:</u>	<u>Totals</u>	
	<u>Students</u>	<u>Days</u>
<u>University of Calgary</u>		
Faculty of Nursing		
Generic Degree Program	10	201
Post R.N. Degree Program	9	204
Faculty of Medicine		
Medical Students	3	7
Pediatric Residents	8	5
<u>Foothills Hospital</u>		
School of Nursing	18	18
Refresher R.N. Program	1	4
<u>Mount Royal College</u>		
Allied Health	11	11
Refresher R. N. Program	4	4
<u>Holy Cross Hospital</u>		
School of Nursing	17	17
<u>Others</u>		
Dietetic Interns	3	3
Calgary General Hospital Obstetrical Staff Nurses	15	15
<u>Seminars - 4</u>	68	

TOTALS:	NUMBER OF STUDENTS	99
	NUMBER OF "STUDENT DAYS"	489



## STUDENT TEACHING IN HOURS PER ACTIVITY - 1979

	Course Co-ordination University of Calgary Faculty of Medicine	PREPARING AND LECTURING TO:			OBSERVATION/TEACHING					Committee - Community Health Sciences, Uni- versity of Calgary	Preparation of Brief - University of Calgary "Environmental Health"	Interviewing - Dental Students	TOTALS	SEMINARS		
		Medical Students University of Calgary	Nursing Students	Dental/Auxiliary Students	Pediatric Residents	Medical Students	Nursing Students	Hospital/Nursing Staff	Dietetic Interns					NUMBER	AUDIENCE	HOURS
Medical Officer of Health		12	6			13							31			
Assoc. Med. Officer of Health	30	36				34							100			
Assist. Med. Officer of Health						58				12	20		32			
Clinical Physicians						30							58			
Nursing Admin. Personnel						36						39	30			
Dental Director			16										91			
Supervisor, Communicable Disease Control and Prevention			12			15			91				27			
Nutritionist	20	50				14							175			
Public Health Inspectors						495							495			
Home Care Co-ordinator						8							8			
Community Health Nurses					35	49	5544	105	21				5782	4	68	28
Liaison Nurse, Alberta Children's Hospital						24							24			
Business Manager						8							8			
Family Planning Clinic						9							9			
TOTALS	50	98	18	16	35	793	5544	105	112	12	20	39	6870	4	68	28





## 1979 ANNUAL REPORT

### FAMILY PLANNING CLINIC

The Family Planning Clinic celebrated its 10th anniversary on May 10, 1979. A tea was held at the clinic with invitations being extended to Local Board of Health staff, and those community physicians and agencies who make it possible to operate such a successful program every year.

On August 1st, 1979, the half-time co-ordinator's position was expanded to full-time administrative director. Staffing of the Family Planning Clinic currently consists of one full-time medical director, one full-time administrative director, one full-time receptionist and the following complement of contracted sessional personnel who staff the clinic sessions on Monday, Tuesday and Thursdays from 4:00p.m. to 9:00 p.m.

### 1979 OBJECTIVES

OBJECTIVE 1. To continue to meet the present and future needs of Family Planning Clinic patients in the area of counselling and clinical services, according to the following guidelines:

- (1) providing effective clinical services within a pleasant, unbiased atmosphere, where patients are comfortable dealing with issues concerning their sexuality.
- (2) providing efficient and confidential counselling to those patients who are reluctant to seek birth control information elsewhere.
- (3) providing a referral source for Doctors and Community Agencies who do not carry out certain medical procedures e.g., pregnancy tests, pelvic examination, fittings for diaphragms and insertion of I.U.D.'s
- (4) providing free birth control supplies to patients with limited income.
- (5) providing accurate information regarding sexuality and contraception, so as to reduce the number of unwanted pregnancies.





- OBJECTIVE 2. To provide orientation programs for community health nurses, other Local Board of Health staff and related community agencies.

In September 1979 the Family Planning Clinic changed the orientation program from simple observation of clinics to full group orientation sessions. The Medical Director and Administrative Director conducted five such sessions. All community health nurses beginning employment with the Local Board of Health as well as many other new Local Board of Health employees had the opportunity to be orientated to the Family Planning Clinic structure and procedures.

- OBJECTIVE 3. To provide post-secondary student experience in the area of human sexuality and family planning.

Plans for a practicum program were developed and a contract to accept one fourth year nursing student from the University of Calgary was confirmed for January 1980.

- OBJECTIVE 4. To engage in public relations and liason activities to promote the Local Board of Health, Family Planning Program and to maintain effective referral systems.

Since the assignment of the full-time Administrative Director in August 1979, numerous community meetings were attended and four public addresses were conducted on behalf of the Family Planning Clinic.

#### POINT OF INTEREST

- OBJECTIVE 5. To continue staff development in the area of human sexuality and family planning.

Ten inservice education sessions were held for the staff of the Family Planning Clinic. The Administrative Director attended one ( 3 day ) Communication, Sexuality and Family Planning Workshop in Edmonton.



## PHILOSOPHY

### PROGRAM CHANGES IN 1979

The total number of new patient visits was down slightly, from 1,653 new patient visits in 1978 to 1,511 new patient visits in 1979; a decrease of 142 for the year. In September, 1979 a decision was made to limit the number of new patient visits per session. This enabled staff to more effectively provide patients with contraceptive information as well as freeing them to spend time offering sexuality counselling. The Family Planning Clinic staff feel that this first visit is most essential in assisting people to be successful Family Planners.

### PROBLEM PREGNANCY COUNSELLING PROGRAM

The Problem Pregnancy Counselling Program was established as a program of the Local Board of Health in April 1977. The counselling sessions continue to be held on Wednesday and Friday mornings. The number of clients seen at the Family Planning Clinic (193 in 1978, 186 in 1979) for problem pregnancy counselling has remained unchanged in spite of escalation of the program. For increased counselling sessions was not available under the existing budget. Clients in 1979 represented 47 of the total Family Planning Clinic population.

### SPECIAL PROJECT

Staff of the Family Planning Clinic have been extremely busy planning, writing, and organizing an extensive Policies and Procedural Manual to be printed and distributed to Local Board of Health personnel and related community agencies early in 1980.

## OBJECTIVES

**OBJECTIVE 1.** To maintain the highest professional standards in counselling problem pregnancy patients according to the following guidelines:

### POINT OF INTEREST

(1) demonstrating the greatest sensitivity, while The number of packages of oral contraceptives provided free to patients in 1979 decreased by 45% from 5,127 packages given in 1978 to 2,761 given in 1979. Although it is difficult to support this statistically, the Family Planning Clinic staff believe that encouraging people to assume responsibility for their own contraceptive supplies, helps to ensure more successful usage of them.

This change was met with little resistance from our clientele and those who expressed financial concern were readily provided with methods of contraception, and to assist her objectively in making a responsible decision.





## PHILOSOPHY

The Family Planning Clinic takes a non directive approach in helping patients with problem pregnancies, and in assisting them towards responsible decision making regarding the alternatives of keeping the baby, surrendering the baby for adoption or seeking a therapeutic abortion.

## PROBLEM PREGNANCY COUNSELLING PROGRAM

The Problem Pregnancy Counselling Program was established as a program of the Local Board of Health in April 1977. The counselling sessions continue to be held on Wednesday and Friday mornings. The number of clients seen at the Family Planning Clinic (193 in 1978, 186 in 1979) for problem pregnancy counselling has remained unchanged in spite of escalating demand. Funding for increased counselling sessions was not available under the existing budget. Clientele in 1979 represented 4% of the total Family Planning Clinic population.

## OBJECTIVES

### OBJECTIVE 1.

To maintain the highest professional standards in counselling problem pregnancy patients according to the following guidelines:

- (1) demonstrating the greatest sensitivity, while assisting men and women with problem pregnancies to explore their feelings regarding the situation.
- (2) presenting objectively all available knowledge concerning each of the possible alternatives.
- (3) preventing future unwanted pregnancies by familiarizing the client with effective methods of contraception, and to assist her objectively in making a responsible decision.

Dr. Iona Feinstein - Medical Director  
Susan Gule - Administrative Director





OBJECTIVE 2. To maintain effective referral systems through liason with physicians and other community agencies in the area of problem pregnancies.

Nine meetings were held with community physicians regarding patient care and referral information. It is estimated that approximately 600 phone calls yearly are made with respect to Problem Pregnancy Counselling client referrals.

We sincerely thank the dedicated staff of the Family Planning Clinic for the high quality of service they are providing to our clients. Also our appreciation is extended to all Local Board of Health employees for their invaluable assistance throughout 1979.

Respectfully Submitted

Dr. Inge Peintner - Medical Director (Retired)  
Susan Gale - Administrative Director



PATIENTS ATTENDING FAMILY PLANNING CLINIC - 1979

PATIENTS ATTEND- ING CLINIC	TOTAL PATIENTS VISITS	NEW PATIENTS	SESSIONS	I. U. D. 'S INSERTED	ORAL	PREGNANCY TESTS	PREGNANCY COUNSELLING CLIENTS
JANUARY FEBRUARY MARCH 1209	JANUARY FEBRUARY MARCH 1286	JANUARY FEBRUARY MARCH 368	76	69	867	POSITIVE 45 122 NEGATIVE 77	49
APRIL MAY JUNE 1186	APRIL MAY JUNE 1279	APRIL MAY JUNE 392	73	62	779	POSITIVE 49 114 NEGATIVE 65	35
JULY AUGUST SEPTEMBER 1128	JULY AUGUST SEPTEMBER 1220	JULY AUGUST SEPTEMBER 401	72	51	472	POSITIVE 64 152 NEGATIVE 87	52
OCTOBER NOVEMBER DECEMBER 1049	OCTOBER NOVEMBER DECEMBER 1111	OCTOBER NOVEMBER DECEMBER 350	70	59	643	POSITIVE 50 118 NEGATIVE 68	50
YEARS COUNT 4572	TOTAL 4896	TOTAL 1511	291	241	2761	506 POS. 209 NEGATIVE	186





## DENTAL DIVISION ANNUAL REPORT - 1979



### PHILOSOPHY

The focus of the Calgary Dental Division program is to achieve an optimum level of dental health for the total population of the City of Calgary. In order to achieve this goal it is necessary to make the public aware of the high costs (both financial and healthwise) of dental neglect. The approach is one of providing information as to the most effective uses that can be made of all means of preventing/controlling dental disorders, creating an intelligent demand for dental care and providing the highest possible quality of complementary dental services - both professional and technical.

In the development of recommendations on public health practices to improve children's oral health, several assumptions must be made:

- Oral health is a vital component of total health.
- Most oral diseases are preventable.
- Prevention of oral disease is preferable to treatment and is the key method of cost containment for oral health improvement programs.
- All children should have ready access to dental disease preventive and treatment services.
- Individuals must assume the major share of the responsibility for maintaining their oral health.
- All levels of government have a responsibility for promoting and protecting the health of their citizens.
- Dental research is basic to the short and long term success of any effort to improve oral health.

### PROGRAM LIMITATIONS

The aim of the Dental Division is prevention and treatment of oral diseases. In order to project itself to the forefront by efficient delivery of excellent dental care services to the population at large, the Calgary Dental Division attempts to scrutinize its programs in as great detail as possible. This scrutiny should be a continuing process and it should involve as many dimensions related to the services as possible. One of the main problems encountered in achieving this objective is the difficulty of one person, the director, being the sole supervisor of the entire staff, in addition to the myriad of other duties that are an important part of any service Division.

Another constant concern is that of staff turnover. An important characteristic of the dental public health method is its reliance upon teamwork. This is due partly to the necessity of efficient handling of patients in a clinical treatment setting and partly to the fact that many processes which are involved in prevention lend themselves particularly well to teamwork. The loss of just one employee can seriously affect not only the program services offered to the public but also add to the administrative workload. At the best of times it takes several months to replace staff, and in the case of dentists, a position can go unfilled for periods of eight to twelve months. The fact that six dental teams are responsible for seven clinical facilities makes the loss of one staff member even more critical.





## ORGANIZATION

The authorized establishment of the Division at the end of 1979, consisted of the Director, the Division secretary, six full-time clinical dentists, twelve dental assistants and twelve dental hygienists. These people, other than the Director and secretary, work out of seven permanent clinics which are situated strategically within the City. Because of renovations, dental services were interrupted at the Forest Lawn clinic for most of the year. Attempts were made to redirect the patients from this area to the remaining clinical facilities.

## CLINICAL SERVICES

### A. Clinical Treatment:

The treatment aspect of the Division program remained basically the same, offering comprehensive dental treatment to the children of Calgary families of a limited economic status. These services are available (at minimal charge) to all children up to and including those in Grade 12. The staff provided a full range of paedodontic services including various phases of orthodontic treatment. Overall planning of the treatment service program in each clinic, ensures that dental health education forms an integral part of the dental unit program. A properly motivated patient can reduce the initial treatment costs versus maintenance costs by as much as 5:1 and reduce initial chair time versus maintenance chair time by as much as 4:1.

Emergency treatment service is offered to all preschool and school children within the City of Calgary, regardless of income, if the parents are unable to obtain the services of a private practitioner within a reasonable time frame.

### B. Topical Fluoride Application:

The dental hygienists offer a service consisting of a cursory examination (without x-ray), oral prophylaxis, and topical fluoride application. All children, whose family reside within Calgary city limits, and who are between age three to Grade I inclusive, are eligible for this service once each year (at minimal charge). Throughout the appointment, in which the parent is invited to remain in the dental operatory with the child, the hygienist offers oral health instruction and dental health information relevant to the child's general oral condition. For many children who have not yet seen a dentist, this appointment can be an excellent introduction to the dental office. Where needed, referrals to either a private practitioner or a public health dentist are made.

### C. Informative-Orientative Service:

The services of the dental clinics have a direct effect only upon the health of those people who are accepted as patients. However the clinics are a benefit to the community in other ways. Kindergarten and school teachers have used the clinics to familiarize their young charges with the dental office environment. By serving as a place for demonstrations of new and established dental techniques, the clinics have been of benefit to nursing students, dental assistant students, dental hygienist students, pediatric residents, social service workers, etc., who are encouraged to visit the clinics and to inquire about the value of methods used in providing services there.





## COMMUNITY SERVICES

### A. Early Childhood Services:

Programs specifically designed for children at the kindergarten level by the dental hygienists, are available on request. Dental health puppet shows etc., are used to present the children (and their teachers) with simple basic dental health facts. In some instances, these presentations provide the first contact children have with dental personnel.

### B. School Services:

The overall objectives of this program are to emphasize the dental needs of the community's school aged population. The hygienists provide dental health education through the use of a wide variety of teaching aids. Incorporated into the program are those basic health concepts and learning activities that are directly related to the anticipated needs of the individuals. These services are available to all schools within the Calgary school system.

Special programs, such as fluoride rinsing activities, have been instituted in a number of Calgary schools. In non-fluoridated areas, supervised, weekly mouthrinsing in schools has been proven to be an effective and very efficient caries preventive measure. The Division is presently researching ways in which this program can be expanded to as many schools as possible within the Calgary school system. Staff numbers tend to limit activities in this area.

### C. Community Groups:

Outside of the school environs, the dental staff are often called upon to speak to adult populations. These groups usually consist of parents whose children are attending kindergarten and Day Care Centres. New immigrant groups, pre-natal groups, Brownies, Cubs, etc., are other interested parties utilizing the educational services offered by the Dental Division.

## ADDITIONAL PROGRAM ACTIVITIES

### A. Dental Case Finding:

Large-scale annual oral health screening is still quite common in dental public health programs, however the usefulness of these mass screening programs seems to be more and more in question. The Calgary Dental Division initiated a school program of screening (case-finding) procedures in an area where dental disease constituted an important problem among children. This project led to the identification of cases for whom treatment is unavailable for financial reasons. Staff permitting, it is hoped that this program can be carried out year after year without undue strain upon personnel involved and without the inhibition of other phases of the dental program. The type of examination or inspection to be used will determine the personnel needed.





#### B. Children's Service Centre:

Because of the difficulty involved in obtaining adequate dental services for the children who are residents within the Children's Service Centre, Provincial and City representatives approached the Dental Director re the possibility of the Calgary Dental Division providing the much needed services. A vigorous partnership has developed whereby the Service Centre personnel transport the children to the Bowmont Dental Clinic and the dental staff provide proper oral health services to the children. This program was initiated May 9, 1979.

#### C. Immigrant Program:

The heavy influx of Vietnamese refugees etc., placed a financial burden on the sponsoring groups assisting new immigrants to settle in Calgary. Since many of these new citizens fall within the dental program eligibility requirements, the Division was able to offer preventive treatment services to the preschool and school age children. Initially there was a sporadic demand for the clinical services, however as time goes on the demand is becoming more continuous.

#### D. Alberta Dental Health Status Survey:

In 1978 the Calgary Dental Division staff became heavily involved in an Alberta dental survey of 6-7 and 13-14 year old school children. The results of this study were published in 1979. Calgary was one of the selected health units (18) involved in the survey, presenting a total of 587 school children, or 23% of the total sample (2500), to be examined. In this survey the idea was to limit the age groups of children examined such that the oral health status is determined at entry to and exit from junior schools. The information obtained from such sampling would, amongst other benefits, assist Alberta Health planners to evaluate any "future endeavours aimed at elevating the dental health status of Alberta school children".

Although there was a limited amount of previous Alberta data available for legitimate comparison, the results indicated that for the age groups examined, the dental health status is somewhat better than had been previously thought. The data generated by the study suggests that dental public health activities aimed at those children in greatest dental need, at those least able to pay, and, at those most susceptible to future dental disease would realize the greatest potential gain per unit of activity expended. Further, the prevention and treatment of dental decay should constitute the prime objectives of most dental programs in the Alberta health units. "Such an approach would be eminently consistent with classical public health practice".

#### E. Alberta Survey of Health Unit Dental Programs:

In conjunction with the Dental Health Status Survey, the Calgary Dental staff actively participated in a study of Alberta Health Unit programs and resources. The results appeared to indicate that while many of the basic dental public health services are in existence in the majority of Alberta Health Units, the scope and "quality" of these services varied depending to a large part on staff number, professional representation, and staff initiative and enthusiasm.





The combined results of these two studies suggest that an acceptable level of dental health can be attained if the community effort is systematically planned and executed, and if the dental program policies adopted by the individual Health Units reflect a careful evaluation of the various alternative programs available to meet specific needs. In reviewing alternative methods, indications are given in the Dental Status study as to possible specific dental programs that would generally be carried out in effective dental programs operating through the Health Units.

It might well be said that the Calgary Dental Division program activities when examined in the light of the information compiled in the aforementioned surveys, is for the most part directing its resources at those activities which would realize the greatest potential gain per unit of activity expended. Certainly there are areas for improvement, however as long as the dental staff take the initiative to continuously review their dental programs, cut useless activities and supplant them where possible with more clearly effective preventive procedures, they will be assured of extending the scope and the degree to which they are positively influencing the oral health status of Calgary children.

#### F. Geriatric Survey:

In order to improve the knowledge, attitudes, and behaviour in oral health for the geriatric community, the Calgary Dental staff in association with appropriate personnel from Calgary Auxiliary Hospital and Nursing Home District #7, the University of Alberta Dental Faculty and the Calgary & District Dental Association, implemented proceedings to conduct a dental survey of residents in District #7 facilities. The intent of the survey is to obtain basic information on the oral health status of the residents for the purpose of:

- a) defining some factors that may influence an older person's attitude toward her/his dental health.
- b) ascertaining the dental requirements of the residents, and
- c) perhaps utilizing the information obtained to establish an ongoing preventive-educative dental health program aimed specifically at the older population.

To this end the Dental Division retained the services of a Geriatric Project Coordinator in October, 1979, to organize and supervise the operation of the survey to its successful completion at the final report stage.

#### G. Policy/Procedural Manual:

In an attempt to assist Dental Division staff in all aspects of the administration of personnel procedures, activities have been initiated for the development of a "Manual for Personnel Policies and Procedures". The majority of the work to date has been of a fact-finding or informational gathering type. It is hoped that as many of the dental staff as possible can be involved in this project.





## DENTAL DIVISION GOALS

(With Sample Objectives and Indicators)

H. Burns Memorial Fund For Children:

The Burns Memorial Fund For Children, bequested by the Late Senator Patrick Burns, makes funds available for the provision of goods and services to Calgary children in need. Generally speaking, Trustees of the Fund will consider any type of request that will benefit children provided funds or services are not available from other established sources.

In an attempt to utilize the monies in the Burns Fund as wisely as possible, the Dental Director, at the request of the Trustees, is assisting in the consideration of individual dental applications referred from both the public and private sectors. The deliberations involved in any recommendations, can represent particular complex problems for each child/family situation.

I. Facility Study:

A dental operatory system is governed by the same rules that apply to any human-machine system. The human component of the system interacts with the physical component within the constraint of an environment. Proper design of the environment is essential to achieve systems success. In an attempt to improve the existing physical plant an informal investigation was initiated which led to the recommendation that certain obsolescent equipment be replaced with up-to-date armament, thus facilitating the work of the Division and enabling staff to render a more efficient service.

J. 'Research' Projects:

In 1979, the Dental Division became extensively involved in activities designed to gather reliable up-to-date information with which to approach the 'problems' normally encountered in any progressive health program(s). Time was made available to interested staff to research various areas of concern. Not only was more current and detailed data suggesting the advantages and disadvantages of alternative program efforts examined, but also methodologies designed to improve the availability and encourage the utilization of better dental services. The outcome of such research should lead to improvements in existing programs where relevant and aid in the establishment of guidelines for new program directions.

Areas considered included:

- a) Oral Health Care For The Elderly.
- b) Prenatal And Early Postnatal Dental Care.
- c) Reorganization of Slide/Reference Libraries.
- d) Public Relations.
- e) Fluoridation.
- f) Investigation/Updating Of Statistical Recording And Reporting Methods.
- g) Dental Division Manual.





# DENTAL DIVISION GOALS

(With Sample Objectives and Indicators)

## Goal 1

To effect systematic planning and sustained implementation of health education.

### OBJECTIVE

To encourage people to use the existing health care system more intelligently and more effectively.

Clinical Dentists  
Dental Hygienists  
Dental Assistants

### PERFORMANCE INDICATORS

- \* The design, production and distribution of materials suitable for promoting the Dental Division programs.
- \* The improved utilization of clinical services by the community
- \* The sustained improvement of individual patient attitudes and oral health habits.

### OBJECTIVE

To inform parents and/or guardians of their children's dental defects and the possible consequences of such defects remaining untreated.

Clinical Dentists  
Dental Assistants

Dental Hygienists

### PERFORMANCE INDICATORS

- \* 2,794 dental examinations (with appropriate follow-ups) were conducted during 1979.
- \* 8,120 visual examinations (with appropriate referrals) were completed during 1979.

### OBJECTIVE

To ensure the individual is aware of and encouraged to follow good dental health practices.

Clinical Dentists  
Dental Assistants

Dental Hygienists

### PERFORMANCE INDICATORS

- \* 2,914 clinical educational sessions were conducted during 1979.
- \* 8,053 clinical educational sessions were conducted during 1979.

### OBJECTIVE

To provide emergency dental health care services for the relief of pain and/or anxiety.

Clinical Dentists  
Dental Assistants

### PERFORMANCE INDICATORS

- \* Teaching plans, educational materials, etc., to be used in lessons for children of various ages, were designed and produced during 1979.





Goal 2

To provide the highest quality  
of treatment services  
to the children of Calgary.

OBJECTIVE

To provide diagnostic  
and prognostic services  
on request.

Clinical Dentists  
Dental Assistants

PERFORMANCE INDICATORS

- \* 6,235 appointments were assigned during 1979.
- \* 8,881 x-rays were developed during 1979.

OBJECTIVE

To provide treatment  
services (fillings,  
extractions, crowns,  
etc.).

Clinical Dentists  
Dental Assistants

PERFORMANCE INDICATORS

- \* 5,072 teeth were restored to healthy functioning units.
- \* 731 teeth were extracted during the 1979 year.
- \* 123 pulpotomies were performed in 1979.
- \* 42 single and multicrooted teeth were successfully treated for infected root canals and periapical areas.
- \* 198 stainless steel crowns were inserted.
- \* 573 miscellaneous procedures including postoperative complications, were attended to.

OBJECTIVE

To provide the appli-  
cation of topical  
fluoride on request

Clinical Dentists  
Dental Assistants

PERFORMANCE INDICATORS

- \* 58 orthodontic appliances were inserted during the 1979 year.
- \* 117 space maintenance appliances were inserted during 1979.

OBJECTIVE

To provide minor  
preventive ortho-  
dontic therapy.

Clinical Dentists  
Dental Assistants

PERFORMANCE INDICATORS

- \* 243 emergency cases were handled during 1979.

OBJECTIVE

To provide emergency  
dental health care  
services for the  
relief of pain and/  
or anxiety.

Clinical Dentists  
Dental Assistants



Goal 3

To provide preventive treatment services for the purpose of reducing dental disease.

OBJECTIVE

To provide prophylaxes (tooth-cleaning) on request.

Clinical Dentists  
Dental Assistants

Dental Hygienists

PERFORMANCE INDICATORS

\* 2,401 prophylaxes were completed during 1979.

\* 8,055 prophylaxes were completed during 1979.

OBJECTIVE

To provide the application of topical fluoride on request

Clinical Dentists  
Dental Assistants

Dental Hygienists

PERFORMANCE INDICATORS

\* 2,388 patients were treated with topical fluoride during 1979.

\* 8,024 patients were treated with topical fluoride during 1979.

OBJECTIVE

To promote the use of dietary fluoride supplements for those children not on communal water fluoridation.

Clinical Dentists  
Dental Hygienists  
Dental Assistants  
Nursing Division

PERFORMANCE INDICATORS

\* 34,436 fluoride prescriptions were dispensed by the Local Board of Health.

\* 3,119 Grade 5 students participated in flossing sessions during 1979.

\* 39 Special Education students participated in brushing programs.





Goal 4

To correlate dental health activities  
at the local level with  
health programs at  
school level.

OBJECTIVE

To continue research  
into better methods  
of providing dental  
health services to  
the school community.

Dental Hygienists

PERFORMANCE INDICATORS

- \* The continuation of programs (flossing, mouthrinsing) in the Calgary School System which emphasize the role of prevention in dental health.
- \* 120.5 days were spent 'researching' up-to-date information/methodologies related to dental public health programs.

OBJECTIVE

To perform cursory  
oral examinations on  
children within the  
school environs.

Dental Division  
Staff

PERFORMANCE INDICATORS

- \* 1,269 oral examinations were completed during the 1979 year.

OBJECTIVE

To provide classroom  
instruction and/or  
information (on  
request) on dental  
health topics.

Dental Hygienists

PERFORMANCE INDICATORS

- \* 18,500 students were instructed regarding various aspects of dental health during 1979.

OBJECTIVE

To involve students  
(and teachers) in  
participatory learn-  
ing activities  
(brushing, flossing,  
mouthrinsing, etc.)  
to encourage the  
establishment of  
personal preventive  
dental health habits.

Dental Hygienists

PERFORMANCE INDICATORS

- \* 3,486 Grade 3 students participated in organized brush-ins during 1979
- \* 3,119 Grade 5 students participated in flossing sessions during 1979.
- \* 89 Special Education students participated in brushing programs.





Goal 5

*To correlate dental health activities at the local level with health programs at preschool level*

OBJECTIVE

To develop meaningful dental health programs within Calgary's pre-school system.

Dental Hygienists

PERFORMANCE INDICATORS

- \* Puppet plays, prepared by the hygienists, were presented to 4,575 preschool children.
- \* Puppet show presentations were offered to 7 groups from Parks & Recreation Pre-School Playhouse.

OBJECTIVE

To provide clinical information-orientation activities for preschool groups on request.

Clinical Dentists  
Dental Hygienists  
Dental Assistants

PERFORMANCE INDICATORS

- \* A total of 12 field trips to dental division clinical areas, were handled during 1979.

OBJECTIVE

To provide resource personnel to discuss dental health topics with parents of pre-school children.

Clinical Dentists  
Dental Hygienists  
Dental Assistants

PERFORMANCE INDICATORS

- \* Discussions were held with parents accompanying their children on the clinical orientation sessions.
- \* Participation in pre-school clinics in conjunction with the Community Health Nurses from Rundle and Forest Lawn.
- \* Presentations to parents of Pleasant Heights and Montgomery Day Care.

OBJECTIVE

To inform and encourage the Calgary community to become more aware of the benefits and need for fluoridation.

Clinical Dentists  
Dental Hygienists  
Dental Assistants

PERFORMANCE INDICATORS

- \* Requests for information and advice from the general public and allied professional health workers.



Group 6

*To enlist the support of all individuals, groups and agencies dedicated to the promotion of individual health.*

OBJECTIVE

To encourage health professionals to become more effective educators of the public by making them aware of the magnitude of the dental disease problem, and the types of public health services and facilities available to combat it.

Clinical Dentists  
Dental Hygienists  
Dental Assistants

PERFORMANCE INDICATORS

- \* Visits were made to the various clinics by private dental practitioners, pediatric residents.
- \* Presentations were made to the community health nurses within the Calgary Health District, Local Board of Health.
- \* Presentations were given to the Calgary Dental Assistants Association and the Southern Alberta Dental Hygienists Society.
- \* Presentations were made to the staff of the Calgary Residential Service.

OBJECTIVE

To stimulate and conduct public informational and educational programs designed to improve the health and welfare of the community.

Dental Hygienists

PERFORMANCE INDICATORS

- \* Talks on various dental topics were presented to a wide variety of community groups including instructors and boys/girls involved in the Busy-Bee and Brownie Groups, Beaver and Cub Pack Groups, Pioneer Girls Club.
- \* Education sessions were offered to E.C.S. Parent Orientation Seminar Mount Royal College, New Canadian Groups.
- \* Holy Cross Health Promotion Fair and Marlborough Mall Displays.

OBJECTIVE

To inform and encourage the Calgary community to become more aware of the benefits and need for fluoridation.

Clinical Dentists  
Dental Hygienists  
Dental Assistants

PERFORMANCE INDICATORS

- \* Requests for information and advice from the general public and allied professional health workers.





Goal 6 (continued..)

*To enlist the support of all individuals, groups and agencies dedicated to the promotion of individual health.*

OBJECTIVE

To encourage and assist students in preparing, qualifying and establishing themselves in health careers.

Clinical Dentists  
Dental Hygienists  
Dental Assistants

PERFORMANCE INDICATORS

- \* Continual visits were made to the various dental clinical areas by dental students, dental assistant students from S.A.I.T., nursing students, medical students, dietetic internes during the 1979 year.
- \* Presentations were made to nursing students from the Faculty of Nursing, U. of C.
- \* Increasing requests for dental health education information, etc. from students.

OBJECTIVE

To modify existing programs as more efficient educational/dental

OBJECTIVE

To establish and promote liaison and cooperation with and between other organizations concerned with health care.

Clinical Dentists  
Dental Hygienists  
Dental Assistants

PERFORMANCE INDICATORS

- \* The Dental Division handled many requests for specific statistical information from various supporting agencies.
- \* A total of 44 fee estimates were validated for government agencies.
- \* The Dental Division processed numerous requests for advice and information from health professionals.

OBJECTIVE

To reduce dental misunderstandings by education of people about the scope and limitations of dentistry.

Clinical Dentists  
Dental Hygienists  
Dental Assistants

PERFORMANCE INDICATORS

- \* Innumerable requests for information and advice from the general public by means of telephone calls and personal contacts, were processed by the Dental Division staff.





Goal 1

*To effect systematic investigation of dental needs in order to develop more comprehensive oral health programs in the Community.*

OBJECTIVE

To identify feasible strategies to use in disseminating meritorious preventive concepts to the community at large.

Dental Division  
Staff

PERFORMANCE INDICATORS

- \* Furtherance of oral health teams responsible for reviewing available resources and information related to fluoridation, prenatal dentistry, geriatric dentistry, etc.

OBJECTIVE

To modify existing programs as more efficient educative/preventive dental measures become available.

Dental Division  
Staff

PERFORMANCE INDICATORS

- \* Expansion of pit and fissure sealant preventive service.
- \* Modification of clinical and school lesson plans to be used in the various dental education programs.

OBJECTIVE

To continue research into providing appropriate dental services to special childrens groups.

Dental Division  
Staff

PERFORMANCE INDICATORS

- \* Through liaison with staff of the Children's Service Centre, to develop improved plans to provide appropriate dental services for the children within the institution.

OBJECTIVE

To continue research into providing appropriate dental health education for special target groups.

Dental Division  
Staff

PERFORMANCE INDICATORS

- \* Compilation of data for utilization in possible preventive-education programs dealing with expectant parents, geriatric population.



Goal 7 (Continued..)

To effect systematic investigation of dental needs in order to develop more comprehensive oral health programs in the Community.

OBJECTIVE

To continue research into providing more comprehensive dental services for special adult groups.

Dental Division  
Staff

PERFORMANCE INDICATORS

- \* Through co-operation with appropriate personnel from the University Dental Faculty, Calgary Dental Association, Auxiliary Hospitals, develop resources and priorities for the geriatric population.

OBJECTIVE

To continue research into the most suitable way of updating standards and guidelines for community dental services.

Dental Division  
Staff

PERFORMANCE INDICATORS

- \* Initiation of proceedings for a Geriatric Dental Health Status Survey.





## ANNUAL REPORT FOR THE ENVIRONMENTAL HEALTH INSPECTION DIVISION

### THE CITY OF CALGARY HEALTH DISTRICT

Upon the retirement in October of the Chief Public Health Inspector, Mr. N. L. Bruce, it is my privilege to present the report of the Environmental Health Services Division of the Local Board of Health for the year 1979.

It was necessary for the administrative staff of the Local Board to move into larger quarters due to increased work load and staffing. The new building at Union Centre is now our address, and the move has been most advantageous to all departments.

There have been additions to our Inspectional staff during the year. In January, Roy Reynolds, one of our Senior Inspectors, retired after 31 years with the Board and was replaced by Bill Dennis from Toronto. Vicky Medeiros and Jill Pollock came to us from B.C.I.T. Steven Eng was our first year bursary student from B.C.I.T., receiving three months field training with our Inspectors. Indications are that he is very well suited to the Inspectional field. In September, Dr. T. Johnstone, Assistant Medical Officer, came to the Board and was assigned to our Division. His knowledge in Public Health matters will certainly benefit the department and the public, and will lighten the tremendous work load of our Medical Officer.

Mr. Fred H. Janke, a University of Calgary Student, has written a thesis on the inspection computer program of the Local Board of Health. He submitted it to the Faculty of Graduate Studies as part of the requirements for the Degree of Master of Science. Dr. Hosking, who was one of the examiners on the Board of the Faculty of Medicine, assisted Mr. Janke with his research project, read his report and recommended acceptance. Gary Butler, who was most familiar with the setting up of the computer program, was able to assist in the access to the Health Inspection records. It was indeed an honour for the Inspectional Division to assist Mr. Janke in getting his Master of Science.

During the year, the Inspectional staff spent 224 hours instructing school students, and 395 hours instructing medical students and health education staff members in their line of work. The majority of students did not realize the variation and scope of the duties and responsibilities required of inspectors.

There were 9,874 swabs taken of utensils in food establishments and beverage rooms, which gives the Division a general idea of the washing facilities and the care taken in each food premise serving the general public. There were 217 samples submitted to the Department of Agriculture at Airdrie for routine tests. 122 samples were sent to the Provincial Lab (Southern Branch) for suspected food poisoning. Results showed there were 17 positive samples with *Staphylococcus Aureus*, 4 positive samples for *Samonella* and 1 positive sample with *Yersinia*.





There were 170 plans of new food premises submitted from the City Planning Department for our approval. This was a drop of 10 from the previous year. Discussions are underway to have the Environmental Inspector become more involved in the Occupational Health Program of inspecting smaller industrial and building projects. This would entail more schooling for an Inspector to become more knowledgeable in occupational health.

We have been assigned the duty of checking all public and semi-public swimming pools within the Calgary area by Environmental Health Services in Edmonton, who previously handled this task. Mr. Bill Loucks, Senior Inspector with our division, has undertaken the job of coordinating an instruction slide-tape presentation concerning the proper operation of a swimming pool. He is also setting up a monthly bulletin for Inspectional staff and pool operators so that they can familiarize and update themselves with the operation of swimming pools.

The Calgary Exhibition and Stampede was held July 6-15 inclusive. The grounds and concessions were inspected by four inspectors during the hours of operation. There were 389 written reports along with numerous visual inspections made during the ten days. Two concessioners complained about the poor grade ground meat and the quality of cheese being supplied by the commissary. Upon investigation, approximately 70 pounds of ground meat were condemned. The cheese and meat samples were submitted to our lab in Airdrie for analysis. The results showed contamination of the meat, but the cheese proved to be of an average microbiological quality. One case of suspected food poisoning involving clams was investigated. As it turned out, the person was allergic to clams.

The recommendations for changes from all four inspectors were:

- 1/ that metal holders should be used for single service cups, and
- 2/ that all personnel who are handling food must wear an acceptable head covering or have their hair under control. Diagrams of the recommendations are appended No. 1.

Over the past year, a committee of three has arranged for speakers to meet with our Inspectional Division on a monthly basis. This is a means to acquaint ourselves with many areas related to our concerns. It has proven most beneficial in order to make the right decisions in meeting with the problems of the general public.

The following is a list of the types of premises and the number of inspections made of each by the inspectional staff for 1979, as compiled from the computer print-out:

Restaurant	5269
Restricted Restaurant	3118
Food Store	4329
Bakery	647
Liquor Outlet	1153
Barber & Beauty Salons	1007
Private Dwellings	948
Multiple Dwellings	984
Housing	370
Institutions	874



Swimming Pools & Spas	464
Retail Outlets	738
Stampede Food Concessions	389
Public Facilities	216
Industrial	202
Community Accommodations	147
Animal Premises	62
Halls	70
Vacant Premises	47
Fairs in Shopping Centres	25
Catering Vehicles	20

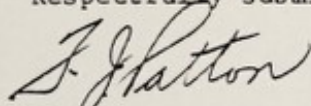
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Grand Total	21,079
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Reports from Milk and Dairy and Complaints divisions are also appended.

The support and guidance I have received from the Medical Officer, the Assistant Medical Officer, the Nursing staff, the clerical staff, together with cooperation from all members of the Inspectional Division has been much appreciated.

Respectfully submitted

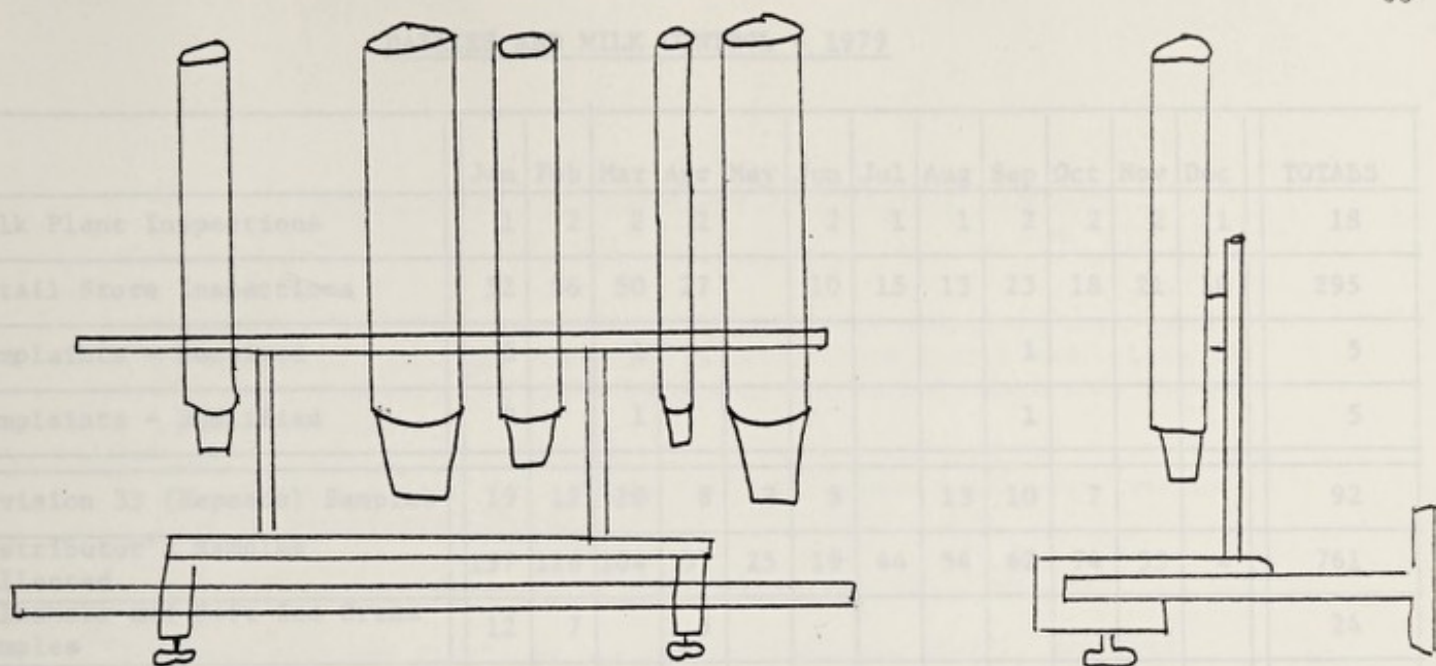


F. J. Patton  
Chief Public Health Inspector

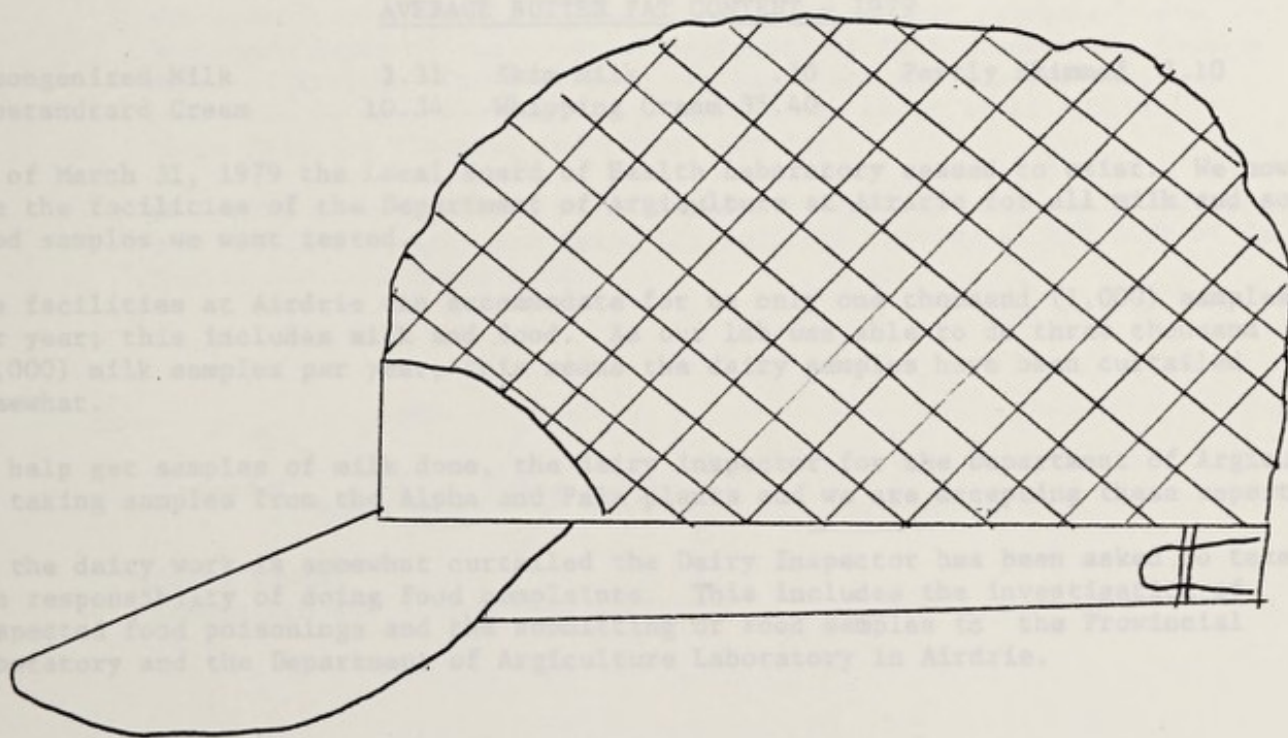
*Hair Control net mesh cap adjustable head-size*







Removable disposable cup dispenser



Hair Control net mesh cap adjustable head-size





DAIRIES AND MILK CONTROL - 1979

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTALS
Milk Plant Inspections	1	2	2	2		2	1	1	2	2	2	1	18
Retail Store Inspections	52	56	50	27		10	15	13	23	18	21	10	295
Complaints - Received	3		1						1				5
Complaints - Justified	3		1						1				5
Division 33 (Repeats) Samples	19	12	16	8	2	5		13	10	7			92
Distributor's Samples Collected	157	128	104	57	25	19	44	54	62	74	33	4	761
Milkshake and Soft Ice Cream Samples	12	7		5									24
Retails Store Samples	97	78	80	32	4	4	2			11	19		327
TOTAL Samples Collected	285	225	200	102	31	28	46	67	72	92	52	4	1204

AVERAGE BUTTER FAT CONTENT - 1979

Homogenized Milk	3.31	Skim Milk	.10	Partly Skimmed	2.10
Substandrard Cream	10.34	Whipping Cream	35.40		

As of March 31, 1979 the Local Board of Health Laboratory ceased to exist. We now use the facilities of the Department of Argiculture at Airdrie for all milk and some food samples we want tested.

The facilities at Airdrie can accommodate for us only one thousand (1,000) samples per year; this includes milk and food. As our lab was able to do three thousand (3,000) milk samples per year, this means the dairy samples have been curtailed somewhat.

To help get samples of milk done, the dairy inspector for the Department of Argiculture is taking samples from the Alpha and Palm plants and we are accepting these reports.

As the dairy work is somewhat curtailed the Dairy Inspector has been asked to take on the responsibilty of doing Food complaints. This includes the investigation of suspected food poisonings and the submitting of Food samples to the Provincial Laboratory and the Department of Argiculture Laboratory in Airdrie.





ANNUAL REPORT-1979-COMPLAINTS-INSPECTION DIVISION

Until late in 1979, there seemed to be little change in the number of telephone calls and in-office consultations that I had. Late in the year, however, the calls seemed to increase dramatically for no apparent reason.

Throughout the year the average daily telephone calls were twenty-five to twenty-six (25-26).

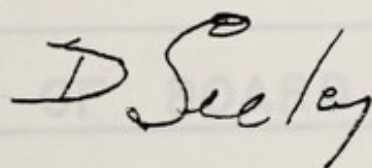
The average in-office visits were one to two (1-2) per day.

As our city has grown, so has our Inspectional Staff. For this reason the number of computer forms reviewed steadily increased to about 250 per day.

The Planning Department, after lengthy consultation with myself, adopted a more sophisticated method of relaying their applications to this department.

Since about October 1979, the Planning Department personnel have been made aware of the types of applications that concern the Local Board of Health. The documents processed are now substantially less than in previous years. I now process about 13-16 applications from the Planning Department per day.

No record is kept of the large number of "up-date" reports of Nurseries and Day Care Centres processed for both the Provincial and City of Calgary Social Services Department.



Duane Seeley  
Complaints and Information Inspector

NUTRITION MUST BE CONSIDERED AN INTEGRAL COMPONENT IN ANY PROGRAM WHICH ATTEMPTS TO PROMOTE OPTIMAL HEALTH. THE NUTRITION DIVISION IS, AT PRESENT, COMPOSED OF ONE PERSON WHO, AS ILLUSTRATED ABOVE, ACTS IN A DIRECT SUPPORTIVE ROLE TO THE MANY PROFESSIONALS WITHIN THE LOCAL BOARD OF HEALTH. AS TIME PERMITS, THE NUTRITIONIST ALSO OFFERS ASSISTANCE TO THE COMMUNITY.











# OBJECTIVES

## PERFORMANCE CRITERIA

1. TO UPDATE LOCAL BOARD OF HEALTH PROFESSIONAL STAFF AS TO CURRENT NUTRITION INFORMATION AND RESOURCES.
2. TO PROVIDE NUTRITIONAL INFORMATION AND COUNSELLING TO THE COMMUNITY AT LARGE.
3. TO MAINTAIN PROFESSIONAL VISIBILITY THROUGHOUT THE PROVINCE.
4. TO ENGAGE IN PUBLIC RELATIONS ACTIVITIES PROMOTING THE LOCAL BOARD OF HEALTH IN GENERAL AND THE NUTRITIONAL COMPONENT IN PARTICULAR.



## OBJECTIVE I

TO UPDATE LOCAL BOARD OF HEALTH PROFESSIONAL STAFF AS TO CURRENT NUTRITION INFORMATION AND RESOURCES.

## PERFORMANCE CRITERIA

THE LOCAL BOARD OF HEALTH PROFESSIONAL STAFF ARE FACED WITH PROVIDING ACCURATE, CURRENT AND USEFUL NUTRITION INFORMATION TO THE COMMUNITY. ONCE AGAIN IT IS EVIDENT FROM THE COMMUNITY HEALTH NURSING STATISTICS THAT NUTRITION IS THE FOCUS OF A LARGE NUMBER OF GROUP COUNSELLING AND EDUCATIONAL SESSIONS.

IN-SERVICE AND ORIENTATION PROGRAMS, THE DEVELOPMENT OF GUIDELINES AND PROTOCOLS, AND THE PROCUREMENT OF TEACHING AND REFERENCE MATERIALS ARE WAYS IN WHICH THE NUTRITIONIST ASSISTS THE COMMUNITY HEALTH WORKER TO MEET THE CHALLENGE OF PROVIDING QUALITY NUTRITION INFORMATION.

THE IN-SERVICE PROGRAM IS OFFERED ON A QUARTERLY BASIS, A TOTAL OF 30 SESSIONS WERE CONDUCTED THIS YEAR. IN ADDITION, ONE SESSION WAS GIVEN TO THE CLERICAL STAFF REGARDING THE NUTRITIONIST'S ROLE AND SERVICES.

THE NUTRITIONIST PARTICIPATED IN 11 ORIENTATION PROGRAMS TO ACQUAINT NEW STAFF WITH NUTRITION SERVICES IN GENERAL, AND THE INFANT NUTRITION GUIDELINES IN PARTICULAR.

TO HELP SUPPORT AND REINFORCE THE IMPORTANCE OF NUTRITION IN PERSONAL AND FAMILY HEALTH EDUCATION PROGRAMS OFFERED BY THE COMMUNITY HEALTH NURSE, THE NUTRITIONIST PRESENTED THE SESSIONS ON NUTRITION FOR THREE PARENTING PROGRAMS AND ONE SENIOR CITIZEN PROGRAM.





## OBJECTIVE 1

TO UPDATE LOCAL BOARD OF HEALTH PROFESSIONAL STAFF AS TO CURRENT NUTRITION INFORMATION AND RESOURCES.

## PERFORMANCE CRITERIA -continued

INDIVIDUAL ASSISTANCE IS PROVIDED TO THE PROFESSIONAL STAFF AS REQUESTED.

NUTRITION REFERENCE MATERIAL AND AUDIO VISUAL AIDS ARE CONTINUALLY ADDED TO THE BOARD'S LIBRARY TO ASSIST WITH EDUCATION PROGRAMS.

AN ARTICLE ON COMMONLY ASKED NUTRITION QUESTIONS WAS PREPARED FOR THE ILLUSTRATED ANNUAL REPORT.

AN INNOVATIVE PROJECT WAS UNDERTAKEN AT THE ADULT DAY CENTRE IN COOPERATION WITH THE COMMUNITY HEALTH NURSES. THE PROJECT INVOLVED THE PLACEMENT OF A COMPUTER IN THE CENTRE FOR APPROXIMATELY TWO WEEKS. THE COMPUTER ASSISTED TEACHING PROGRAM INCLUDED INSTRUCTIONAL MATERIAL ON PRENATAL NUTRITION AS WELL AS A DIETARY ASSESSMENT. THE FEEDBACK INDICATED THE PROJECT WAS WELL RECEIVED.

UPDATE THE BOOKLET GUIDE TO BETTER FOOD CHOICES WHICH WAS DISTRIBUTED TO PROFESSIONALS THROUGHOUT THE PROVINCE.





## OBJECTIVE 2

TO PROVIDE NUTRITIONAL INFORMATION AND COUNSELLING TO THE COMMUNITY AT LARGE.

## PERFORMANCE CRITERIA

A TOTAL OF 45 NUTRITION LECTURES WERE DELIVERED TO A WIDE VARIETY OF COMMUNITY GROUPS INCLUDING PARENTING GROUPS, STUDENT RESIDENT GROUPS, FITNESS AND WEIGHT CONTROL GROUPS, DENTAL HYGIENISTS, EMPLOYEE GROUPS, TEACHERS AND NURSES.

TWO PROGRAMS ARE WORTHY OF SPECIAL MENTION. FIRST WAS THE TWO DAY WORKSHOP ON NUTRITION AND FITNESS WHICH WAS ORGANIZED AND CONDUCTED WITH TWO OTHER COMMUNITY HEALTH NUTRITIONISTS. THE EVALUATIONS INDICATED THE WORKSHOP PROVIDED THE TYPE OF INFORMATION AND RESOURCES DESIRED BY FITNESS EDUCATORS.

AS IN THE PREVIOUS YEAR, A SECTION ON PRENATAL NUTRITION WAS ORGANIZED AND PRESENTED AS AN INSTRUCTIONAL PROGRAM TO THE FIRST YEAR CALGARY MEDICAL STUDENTS. THE ROLE AT THE MEDICAL SCHOOL HAS EXPANDED TO INCLUDE OTHER SERVICES SUCH AS PARTICIPATION ON THESIS COMMITTEES OF GRADUATE STUDENTS. TWO HUNDRED AND FIVE HOURS WERE DEVOTED TO STUDENT TEACHING AND AFFILIATION ACTIVITIES.

FOOD PRICES WERE COLLECTED ON FOUR SEPARATE OCCASIONS, IN ORDER TO UPDATE THE BOOKLET GUIDE TO BETTER FOOD BUDGETING WHICH WAS DISTRIBUTED TO PROFESSIONALS THROUGHOUT THE PROVINCE.



## OBJECTIVE 2

TO PROVIDE NUTRITIONAL INFORMATION AND COUNSELLING TO THE COMMUNITY AT LARGE.

## PERFORMANCE CRITERIA - continued

SEVERAL THERAPEUTIC DIETS WERE COSTED FOR SOCIAL SERVICES. MENU ASSESSMENTS WERE DONE FOR SEVERAL LOCAL ORGANIZATIONS (DAY CARE CENTRES, SENIOR CITIZEN'S LODGES).

THE NUTRITIONIST ASSISTED WITH THE CALGARY PUBLIC LIBRARY COOKING CONTEST FOR CHILDREN BY PROVIDING RESOURCE MATERIAL AND SERVING AS A JUDGE.

TO COMPLETE THE REVISION OF THE PROFESSIONAL REFERENCE PUBLICATION OF THE "GREY" BOOK IS EXPECTED IN 1989.

THE NUTRITION FOR SENIORS SLIDE/TAPE SERIES IS STILL IN PROGRESS. CONSIDERABLE TIME WAS SPENT REVIEWING SCRIPTS, INSURING ACCURACY, AND SCREENING PRESENTATION CONCEPTS. COMPLETION OF THE PROJECT WAS DELAYED AND IS NOW EXPECTED IN 1989.

ONE DEVELOPMENT OF PARTICULAR INTEREST HAS BEEN THE CREATION OF A BIMONTHLY NUTRITION NEWSLETTER WHICH WILL BE DISTRIBUTED TO DAY CARES. THIS IS BEING UNDERTAKEN BY THE ALBERTA COMMUNITY HEALTH NUTRITIONISTS. THE FORMAT FOR THE NEWSLETTER AND THE FIRST EDITION WERE PREPARED BY THE NUTRITIONISTS IN BARONS-EUREKA HEALTH UNIT, MEDICINE HAT HEALTH UNIT AND THE CALGARY LOCAL BOARD OF HEALTH.





## OBJECTIVE 3

TO MAINTAIN PROFESSIONAL VISIBILITY THROUGHOUT THE PROVINCE.

## PERFORMANCE CRITERIA

A VARIETY OF MEETINGS WERE ATTENDED.

EIGHT FULL DAY MEETINGS WERE HELD BY THE MATERNAL AND CHILD HEALTH TASK FORCE IN ORDER TO COMPLETE THE REPORT. THE REPORT WAS FINALIZED AND SUBMITTED IN THE FALL.

THE INFANT NUTRITION GUIDELINES COMMITTEE MET SEVERAL TIMES DURING 1979 TO COMPLETE THE REVISION OF THE PROFESSIONAL REFERENCE. PUBLICATION OF THE "GREY" BOOK IS EXPECTED IN 1980.

THE NUTRITION FOR SENIORS SLIDE/TAPE SERIES IS STILL IN PROGRESS. CONSIDERABLE TIME WAS SPENT REVIEWING SCRIPTS, INSURING ACCURACY, AND SCREENING PRESENTATION CONCEPTS. COMPLETION OF THE PROJECT WAS DELAYED AND IS NOW EXPECTED IN 1980.

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## OBJECTIVE 3

TO MAINTAIN PROFESSIONAL VISIBILITY THROUGHOUT THE PROVINCE.

## PERFORMANCE CRITERIA - continued

THE NUTRITIONIST COMPLETED HER TERM AS PAST PRESIDENT OF THE ALBERTA PUBLIC HEALTH ASSOCIATION IN APRIL.

ALL REGULAR MEETINGS OF THE PROVINCIAL COMMUNITY HEALTH NUTRITIONISTS WERE ATTENDED.

THE FOLLOWING CONVENTION/SEMINARS WERE ATTENDED: ALBERTA PUBLIC HEALTH ASSOCIATION; BOARD OF DIRECTORS MEETING, CANADIAN PUBLIC HEALTH ASSOCIATION; AMERICAN DIETETIC ASSOCIATION; HEINZ INFANT NUTRITION WORKSHOP.



1979 ANNUAL REPORT  
FOCUS: FAMILY PLANNING

## OBJECTIVE 4

TO ENGAGE IN PUBLIC RELATIONS ACTIVITIES PROMOTING THE LOCAL BOARD OF HEALTH IN GENERAL AND THE NUTRITIONAL COMPONENT IN PARTICULAR.

## PERFORMANCE CRITERIA

Assistant Coordinators - Linda Smith  
 - Linda McNab  
 Secretary - Catherine Sear

TELEPHONE INFORMATION WAS PROVIDED TO INDIVIDUALS. (A TOTAL OF APPROXIMATELY 1700 TELEPHONE CALLS WERE RECEIVED).

INDIVIDUAL ASSISTANCE WAS PROVIDED TO HEALTH AND COMMUNITY WORKERS IN 78 INTERVIEWS.

THROUGHOUT THE YEAR, CONTACT WAS MAINTAINED WITH THE MEDIA. FIVE TELEVISION PROGRAMS WERE PRESENTED. INFORMATION WAS PROVIDED TO SEVERAL NEWSPAPER REPORTERS AS REQUESTED.

Identify the needs of the community in the area of human sexuality and family planning education.

This objective is inherent in the achievement of each of the subsequent objectives.

### OBJECTIVE 5 -

Participate in consultation, in-service, and resource sharing with Local Board of Health staff concerning human sexuality and family planning in order to serve community needs.

Participation with Local Board of Health staff has included discussions with Community Health Nursing Division, Health Education Division and Family Planning Clinic on the implementation of the "Three Year Plan".

Four orientation sessions were given to new Community Health Nursing staff, eighteen consultations with Community Health Nurses providing service in the area of sexuality were given, and there has been a steady flow of in-service, on-site visits and advisory assistance by Community Health Nurses.





1979 ANNUAL REPORT  
FOCUS: FAMILY PLANNING

This has been a year of change for Focus. With the support of Doctor Hosking the staff prepared a "Three Year Plan" including a philosophy, aim, administrative objectives, and an outline of possible direction for the division during the next three years. This "Plan" was approved in principal by the Board in June. The summer months were spent developing a schedule of implementation for this plan.

With an increase in staff positions the staff complement was comprised of one full time coordinator, two half-time assistant coordinators, and one full time program support clerk. The incumbents at year end were:

Coordinator - Lynn Lennox  
Assistant Coordinators - Linda Smith  
- Linda McNab  
Secretary - Catherine Senz

As set out in the Three Year Plan the philosophy of Focus is "Sexuality is an integral part of the total person and affects all aspects of his or her life. To promote healthy concepts of sexuality, complete information about human sexuality and family planning is necessary to allow people to make decisions regarding their sexuality and fertility. The responsibility of the Calgary Local Board of Health, Focus: Family Planning program is to provide the services of consultation, resources, and the provision of programs in human sexuality and family planning to promote education of individuals and to promote health."

The activities of the past year are categorized according to administrative objectives as follows.

OBJECTIVE 1 -

Identify the needs of the community in the area of human sexuality and family planning education.

This objective is inherent in the achievement of each of the subsequent objectives.

OBJECTIVE 2 -

Participate in consultation, in-service, and resource sharing with Local Board of Health staff concerning human sexuality and family planning in order to serve community needs.

Participation with Local Board of Health staff has included discussions with Community Health Nursing Division, Health Education Division and Family Planning Clinic re: the implementation of the "Three Year Plan".

Four orientation sessions were given to new Community Health Nursing staff, eighteen consultations with Community Health Nurses providing service in the area of sexuality were done, and there has been a steady demand for our films, audio-visual and library resources by Community Health nurses.





In conjunction with the Calgary Board of Education's Family Life and Sex Education Team Focus co-sponsored an in-service day for each of the ten health clinics and for the principals and Grade 6 teachers of the schools they serve. The "Maturation Unit" (a curriculum guide for sex education) formed the basis of discussion.

In addition, Focus, Nursing Division, and the Family Life and Sex Education Team met to clarify the Community Health Nurse's role in family life education programs in Calgary public schools.

The Family Planning Clinic and Focus continued to work closely in areas of mutual concern including orientation of new staff.

Health Education Division has given Focus valuable consultation regarding audio-visual equipment and resources. Their director presented two in-services for our sessional staff. Focus participated in two promotional displays and sent staff to Health Education Division workshops.

Focus provided two in-services for Clerical Support staff as well as providing information on utilization of volunteers to the Home Care Volunteer Coordinator.

The implementation of the Sessional (name change from volunteer) Plan resulted in the increase of trained and experienced sessional staff from four to thirteen individuals. Recruitment and selection were completed in September. Sessionals attended six skill building sessions planned by the coordinators and a ten week informational course on human sexuality held at the University of Calgary. Monthly staff meetings and in-services were held and a monthly newsletter was published to further staff communication.

Coordinators provided ongoing supervision and evaluation of the education programs planned and presented by sessional staff.

For continued professional education, staff and sessionals attended conferences and workshops such as: Designing and Leading Group Learning Experiences - University of Calgary; Opportunity for Interchange - Edmonton; Adolescent Sexuality Seminar - University of Guelph; Planned Parenthood Federation of Canada Annual General Meeting - Ottawa; Advanced Effective Secretary Seminar - Calgary.

### OBJECTIVE 3 -

Consult and share resources with health professionals, community agencies, and teachers of family life and sex education in the area of human sexuality and family planning.

As anticipated the requests for consultation increased dramatically





during the second half of the year. Examples of the requests were for information and ideas on how to handle specific situations such as handicapped sex education; sources for referral; resources and program planning assistance.

Outside agencies continue to call on Focus for loan of films and information on availability of resources.

#### OBJECTIVE 4 -

Review and acquire resources and reference materials in the area of human sexuality and family planning.

Focus staff continued to preview and order new resource material. An inventory of all resources available at Focus was completed and an assessment of specific need areas is underway. Pamphlet critiques were initiated.

#### OBJECTIVE 5 -

Plan, implement, and evaluate Focus human sexuality and family planning education programs.

As proposed in the "Three Year Plan" the most obvious change in delivery of service by Focus is from direct educational programming in response to requests to consultation and education of Local Board of Health staff, helping professionals and community agency staff. This is reflected in the gradual change in programing during the second half of the year. The four identified target groups for direct programs have been prioritized as follows: professional groups, special needs groups, community groups, schools. Actual presentations are listed in the attached statistical report. Forty program planning meetings were held during the year.

Focus met monthly with the Family Life and Sex Education Team to share information and resources, and to coordinate our joint in-services and school programs. With the implementation of the Family Life and Sex Education Curriculum and the corresponding involvement of teachers, it is anticipated that there will be a noticeable reduction of Focus involvement in public school programs.

It is of note that the Calgary Catholic School Board is implementing a family life curriculum in several schools as a pilot project.

The sessional staff contributed 231.5 hours of teaching time. This represents only a quarter of the actual amount of time spent planning, presenting and evaluating educational programs.

E.L. Lammox,  
Coordinator





FOCUS: FAMILY PLANNING  
DIRECT PROGRAM STATISTICS  
JANUARY 1 - DECEMBER 31, 1979

OBJECTIVE 6 -

Provide experiences for post-secondary students in the area of human sexuality and family planning education.

In the practicum student program of the University of Calgary we had two fourth year baccalaureate nursing students for twenty days each. Six medical students had an individual half-day orientation to Focus programs and resources. Under the Summer Temporary Employment Project program Focus employed a student from May to August to develop teaching resources.

OBJECTIVE 7 -

Liaise with academic institutions in the areas of curriculum planning and course development.

Focus has been involved in a consulting capacity regarding curriculum planning and course development with almost every education program done for professional groups. Some specific examples are the junior high school curriculum in both the Calgary Board of Education and the Calgary Catholic School Board, and the Foothills Hospital School of Nursing.

OBJECTIVE 8 -

Liaise with other related agencies in the area of human sexuality and family planning in order to remain current in the field and exchange knowledge and experience.

Throughout the year Focus staff had contact with such groups as Planned Parenthood Organizations, the Family Life and Sex Education Council, provincial Family Planning Consultants, the Continuing Education Departments of educational institutions, the American Association of Sex Educators, Counselors and Therapists, the Sex Information and Education Council of Canada, and other helping agencies. We also participated in the Provincial Family Life Educators meetings.

In conclusion, I wish to express my appreciation for the support of both Dr. Hosking and Dr. Johnstone. Also, I want to commend the office and sessional staff for excellent work, enthusiasm, commitment, and professional expertise which makes Focus programming possible.

Respectfully submitted,

H.L. Lennox,  
Coordinator





FOCUS: FAMILY PLANNING  
DIRECT PROGRAM STATISTICS  
JANUARY 1 - DECEMBER 31, 1979

OBJECTIVE NO. 2 - Local Bd. of Health Staff Orientation, In-service, etc.

<u>Program</u>	<u>No. of Presentations</u>	<u>Attendance</u>
Community Health Nurse Orientation	4	69
Clerical Support Staff In-service	<u>2</u>	<u>32</u>
SUBTOTALS	6	101

OBJECTIVE NO. 5 - Direct Program Provision

A. Professional Groups

1. Post-Secondary Students

<u>Program</u>	<u>No. of Presentations</u>	<u>Attendance</u>
University of Calgary Continuing Educ. "Living with our Reproductive Systems"	2	42
Mt. Royal College Biology Class	4	147
University of Calgary Faculty of Educ. Ed. Psych. 301	5	232
University of Calgary Faculty of Social Welfare, S.W. 317	2	110
Foothills Hospital School of Nursing	2	122
Mt. Royal College - Health Class	<u>1</u>	<u>30</u>
SUBTOTALS	16	683

2. Working Professionals

<u>Program</u>	<u>No. of Presentations</u>	<u>Attendance</u>
Maturation Unit In-service for Clinics and School Teachers	10	388
A.T.A. Specialty Council on Moral and Religious Values	2	80
In-service for Biology Teachers	1	30
St. Augustine/St. Matthews Elementary & Jr. High School Teacher In-service	1	45
Parkdale Jr. Hg. School Teacher In-service	1	8
Assoc. for Care of Children in Hospital	1	167
Melville Scott Jr. Hg. School Teacher In-service	<u>2</u>	<u>20</u>
SUBTOTALS	18	738



## B. Special Needs Groups

<u>Program</u>	<u>No. of Presentations</u>	<u>Attendance</u>
Langevin Enterprises Female Trainees	2	12
Calgary General Hospital Life Skills Group	3	12
Canadian Mental Health Assoc. Life Skills Group	2	10
Alberta Heart Foundation	<u>1</u>	<u>74</u>
SUBTOTALS	8	108

## C. Community Groups

<u>Program</u>	<u>No. of Presentations</u>	<u>Attendance</u>
North Haven Community Ladies Group	2	20
Church of the Holy Nativity-Anglican Church Women's Group	1	20
Forest Lawn Singles Group	2	40
Northmount Kiwanis Club	1	16
St. David's United Church C.G.I.T.	1	9
"Affirming the Family" Conference	1	8
St. Matthew's Observation Nursery	1	10
Central Observation Nursery	1	5
Calgary Bd. of Educ. Continuing Education	<u>1</u>	<u>17</u>
Dept. Effective Parenting	11	145
SUBTOTALS	11	145

## D. School Groups

<u>Program</u>	<u>No. of Presentations</u>	<u>Attendance</u>
A.E. Cross Jr. Hg. School Parent Night	1	20
Melville Scott Jr. Hg. School Parent Night	1	10
Sir John A. MacDonald Jr. Hg. School Parent Night	1	26
Western Canada High School Grade XI Psychology	15	64
A.E. Cross Jr. Hg. School Grade IX	10	240
Central Memorial Hg. School Modern Living 20	6	19
Sir Winston Churchill High School One Day Sexuality Seminar-Grades XI & XII	2	50





## D. School Groups (continued)

<u>Program</u>	<u>No. of Presentations</u>	<u>Attendance</u>
Nickle Jr. Hg. School Grade VIII boys	1	11
Bowness Hg. School Modern Living 10/20	4	25
Dr. E.P. Scarlett Hg. School Modern Living 20/30	4	67
Crescent Heights High School	2	20
Central Memorial High School	4	18
Dr. E.P. Scarlett High School	3	36
Melville Scott Jr. Hg. School	10	39
James Fowler High School	2	15
<b>SUBTOTALS</b>	<b>66</b>	<b>660</b>

SUMMARY

	<u>No. of Presentations</u>	<u>Attendance</u>
OBJECTIVE NO. 2		
Local Bd. of Health Staff	6	101
OBJECTIVE NO. 5		
A. Professional Groups		
1) Post Secondary Students	16	683
2) Working Professionals	18	738
B. Special Needs Groups	8	108
C. Community Groups	11	145
D. School Groups	66	660
<b>TOTALS</b>	<b>125</b>	<b>2435</b>

The program has pursued active participation in new programs in other areas as well. We have had ongoing discussions with the Calgary General Hospital regarding participation in their new cardiac rehabilitation program. Also, a preliminary discussion was held regarding a program to discharge post-partum mothers and their babies on the second day. This discussion involved the Foothills Hospital. A third area of major interest is in that of palliative care, and during the year we participated in community discussions regarding





## HOME CARE PROGRAM ANNUAL REPORT - 1979

The expansion of Home Care Services referred to in last year's report coincided with the beginning of the current year. Eighteen months of planning, preparation, and staff orientation culminated in a sudden expansion of service early in January. Four Community Co-Ordinators became six by April and were constantly fully occupied in their multiple roles of case finding and consultation within the hospitals, care planning and coordination of services, home evaluation visits, discharge planning and the inevitable administrative paper work. In addition they shared a heavy initial load of In-Service training, explaining the program to medical and para-medical staff within the hospitals.

As mentioned in last year's report, rehabilitation therapy services are contracted from Calgary Auxiliary Hospital and Nursing Home District #7. This service experienced even more phenomenal growth, beginning with two full time therapists and reaching a maximum of eleven full and part-time therapists comprising six full time positions. Nursing service is provided almost exclusively by the V.O.N., and that organization likewise experienced considerable growth in staff. Both responded admirably to the challenge. All of this rapid growth was not without impact on the staff in administration, and initially a large amount of time was spent in staff conferences until it was felt that the major growing pains had been relieved. Tremendous support was required and received throughout the year from the Local Board of Health and the Management Committee as well as from the many Community Services which provide personnel for the Home Care Program.

In September, a Co-Ordinator of Volunteer Services was engaged on a half-time basis in the person of Mrs. Barbara Hay. She spent the last third of the year designing a volunteer program and enlisting volunteers. The preliminary planning suggests that this will be a very successful program and a valuable addition.

### NEW PROGRAMS

In cooperation with the Respiratory Service of the Calgary General Hospital a special attempt was made to establish a home program for patients with chronic obstructive pulmonary disease along the lines of the one recommended by the Canadian Lung Association. This involves mainly home physiotherapy. It is too early to say whether there has been a significant impact on the number of re-admissions or the length of stay in hospital of these patients.

The program has pursued active participation in new programs in other areas as well. We have had ongoing discussions with the Calgary General Hospital regarding participation in their new cardiac rehabilitation program. Also, a preliminary discussion was held regarding a program to discharge post-partum mothers and their babies on the second day. This discussion involved the Foothills Hospital. A third area of major interest is in that of palliative care, and during the year we participated in community discussions regarding





the establishment of such a program for Calgary. A submission was made to this group for the establishment of a community program as a beginning of a totally integrated program for all hospitals and the community.

## COMMITTEES

### (a) Local

#### (i) Management Committee

This Committee was established under Section 3 of the Home Care Regulations and meets nine times a year. In 1979, there were nine meetings.

#### (ii) Service Agency Sub-Committee

This Committee is comprised of representatives from each of the agencies from which we purchase service and a member appointed from the Management Committee. In order to improve delivery of service, the purpose of this Committee is the provision of a forum for communication between the program and service agencies. To date, the committee has met four times and has decided to meet semi-annually in March and September.

#### (iii) Other Local Committees

Home Care administrative staff or delegates serve on the following local committees:

- Palliative Care Committee (Cancer Clinic)
- Outreach Project for Eastern Core Seniors (Carter Place)
- Early Discharge-Postnatal (Foothills and Calgary General)
- Advisory Committee on Continuing Education in Nursing (University of Calgary)
- Advisory Committee - Homemaker Training Program (A.V.C.).

### (b) Provincial

#### (i) Records Committee

This Committee began meeting in January, 1979. Before long, the decision was made to apply for funding for an objective study of the highly complex and cumbersome system in existence. A consulting team commenced study in September and is publishing a final summary of recommendations early in 1980. It is anticipated that their recommendations will have many local implications which will have to be discussed in the immediate future. The records committee meets on an average of once a month, with less frequent meetings held while the consultants were conducting their study.

#### (ii) Standards Committee

This Committee has just been formed and, apparently, has approval for a two year span.





## Caseload Statistics

The expansion of the Program was stimulated by the recognition of a gap in the care of the elderly, and of the handicapped of all ages, and it was gratifying to see that almost all of the increase in admissions occurred in these two groups. The proportion of these groups of citizens on the daily caseload was in the area of 80%. A total of 2483 patients was referred, 2317 admitted, and there were 1624 patients discharged from Home Care. This statistic compares to 724 referrals in 1978. In the same period of time, the average daily census rose from 80 patients to 715. In the proposal for expansion, we indicated that the cases to be absorbed from the V.O.N. caseload could be serviced by Home Care within 12 to 18 months of the commencement of expansion. In fact, the entire V.O.N. caseload not already on Home Care but newly qualified under the regulations, was assimilated within six months.

An indicator of the success our staff has had in the hospital referral program is illustrated in the following statistics. During 1979, a total of 3288 cases was referred from the five acute hospitals to various programs of the Board and throughout the province. This is a 30% increase over the total referrals made from the same sources in 1978. On supervision visits with the co-ordinators at the hospitals, acceptance of the coordinators by hospital staff as an integral part of their "team" was noted.

The Co-Ordinators are each managing a caseload of approximately 120 patients. Our goal is to reduce this caseload to a more manageable number of between 70-90 patients.

## Referrals

See graphs at conclusion of report.

## Service Provision

All of the agencies that provide service to the program are working on a contractual basis.

(a)

### Nursing

The bulk of nursing care is provided by the V.O.N. at \$13.50 per visit. Staff has increased from 18 nurses to 23, with further expansion of staff planned. Owing to a significant number of patients that require maintenance care or relatively minor nursing procedures, we have requested that V.O.N. diversify and provide a level of care (home health aid) at a lower fee. They have agreed to have this component of their program commence by April 1, 1980. During the past summer, the V.O.N. did not have staff available to meet the demands for service we were receiving. Therefore, registered nurses from Upjohn Health Care Services, Ltd. were hired to assist the rehabilitation therapists in respiratory care. Presently, there are two nurses from Upjohn working on a full time basis.





(b) Rehabilitation

This component includes physiotherapy, occupational, and respiratory therapy. Speech therapy is still not available to the program, but demand for this service has not been extensive. District #7 supplies this service from an office in Fanning Centre. There is the equivalent of six full-time therapists on staff with sufficient occupational therapists but not enough physios. Presently, around 15% of our caseload receives rehab. therapy.

(c) Support Services (Homemaking, Homehelp, Meals on Wheels, Handiman)

The majority of homemaker/homehelp service is provided by Calgary Family Service Bureau. Three other agencies supply this service on a more limited basis to approximately one third of the caseload.

Other support services include Meals on Wheels and Handiman Services. Far more than the estimated 10% of the caseload has benefitted from Meals on Wheels. We have made extensive use of Project Homehelp shopping service, but have not always found available workers for heavy cleaning, yard work, and such.

(d) Social Service Consultation

Arrangements have been made through City Social Services for a social worker to act on a consultant basis to staff at caseload reviews. This service commenced in the past month and we plan to evaluate the benefits in six months.

(e) Other Services

Mobile Laboratory service, drugs and dressings, and equipment rental have all been organized and provided to patients on the basis of need. However, we are still relying on loan pools and some programs like Extended Health Benefits for the provision of some items.

EDUCATION

In conjunction with the Health Education Division, a slide-tape presentation was developed. This presentation has been used for orientation of new staff in the community as well as in the hospitals, for medical staff and for community groups and clinics. As well, the pamphlet and posters were developed and are used in the hospitals and in Doctor's offices for promotional purposes.

Orientation of staff from other provincial Home Care Programs has been undertaken at various times throughout the year. This cooperation has resulted in good communication with the programs to which we refer some patients. In addition, we have had a nursing student from the post graduate course at the University of Calgary for thirteen weeks. It is anticipated that we will accommodate more students in the future.





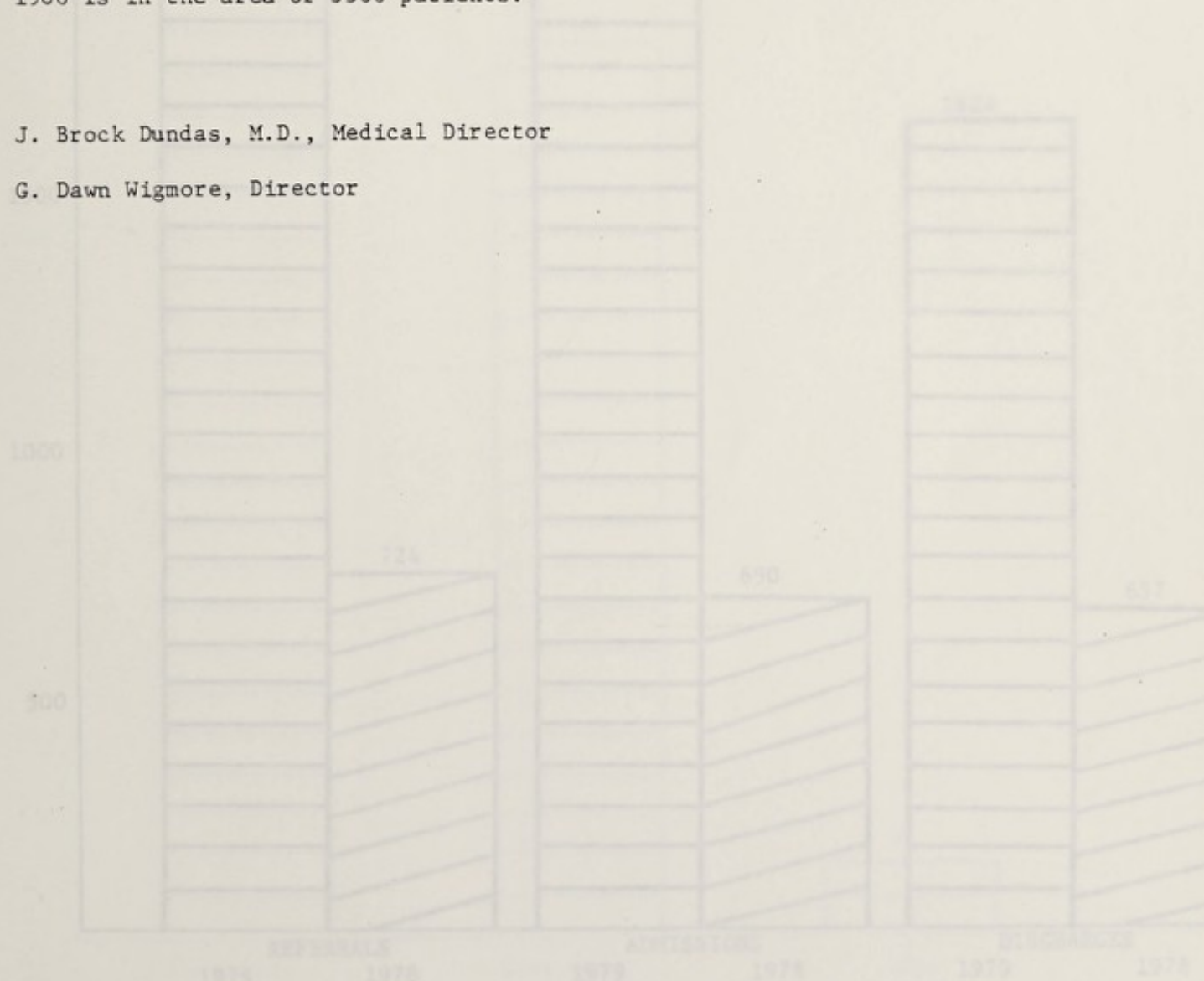
## CONCLUSION

There are several references throughout the text to the rapid increase in the numbers of patients, hours of service, and general level of activity. These references accurately reflect the marked increase in program activity during 1979. The reasons for this have been clearly stated. This activity has placed inordinate stress on all staff members, clerical as well as professional, but the overall result has been a marked increase in numbers without a corresponding sacrifice in quality of service or efficiency, a most gratifying outcome. Throughout the entire year we have been fortunate in the constant and consistent support we have received from Dr. Hosking, in particular, and from the entire Board in general. Without this support, the rapid growth would almost certainly not have proceeded as well as it did. As mentioned earlier, the long and sometimes tedious planning which preceded January 1979 paid off handsomely.

Plans for 1980 include the addition of six new community co-ordinators and the clerical staff required to support them. In addition, we anticipate the addition of some of the new programs discussed above. The projected caseload for 1980 is in the area of 3500 patients.

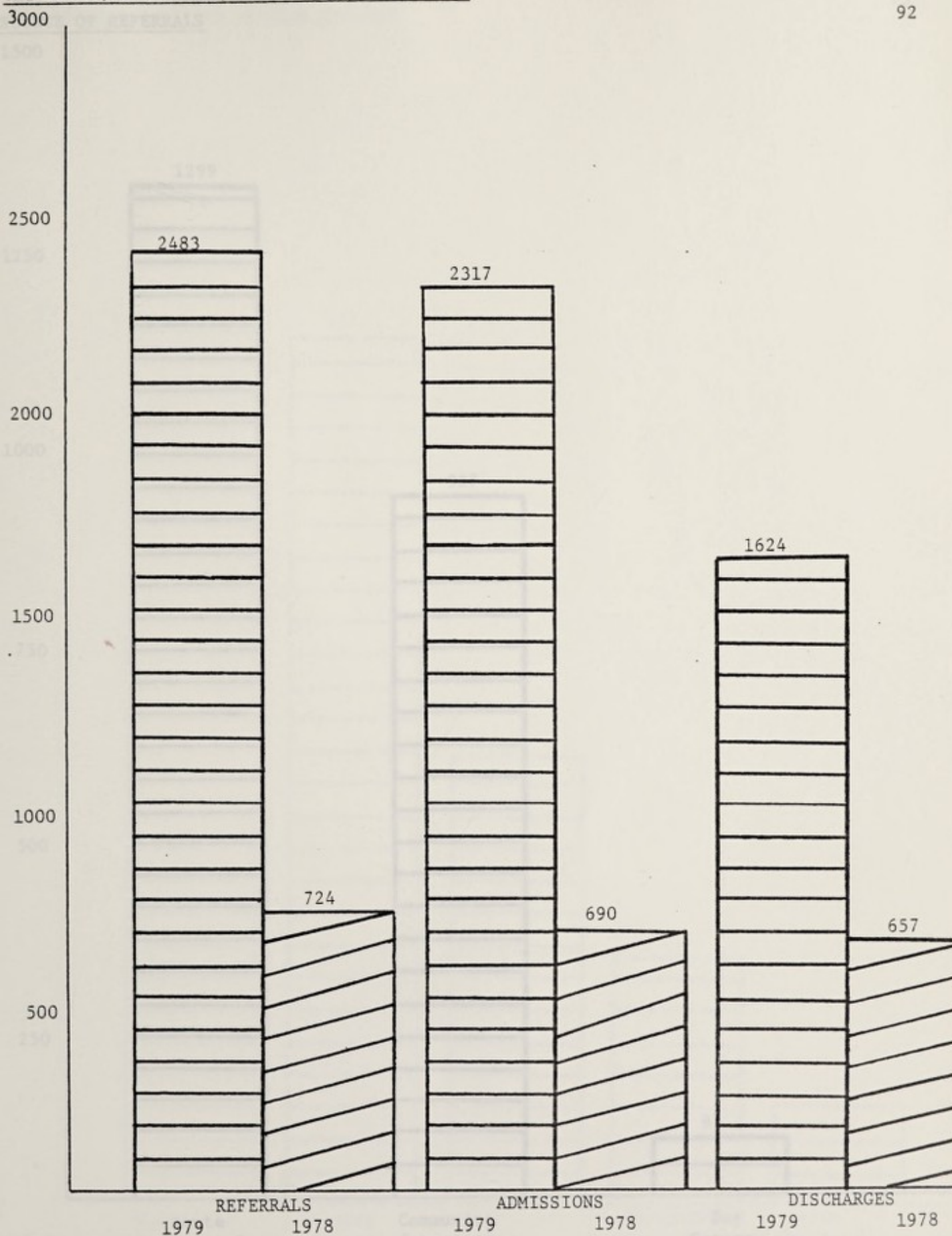
J. Brock Dundas, M.D., Medical Director

G. Dawn Wigmore, Director



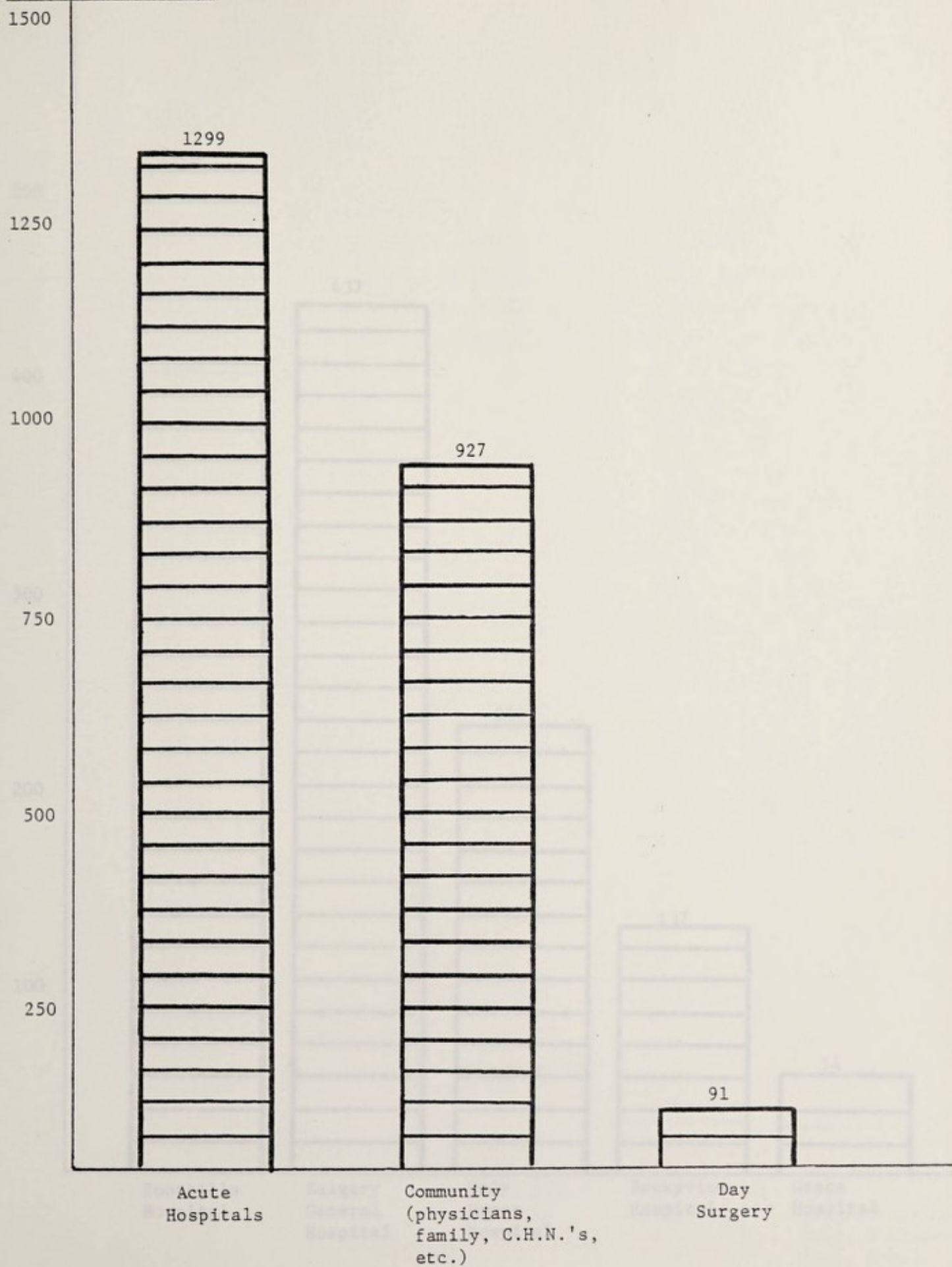




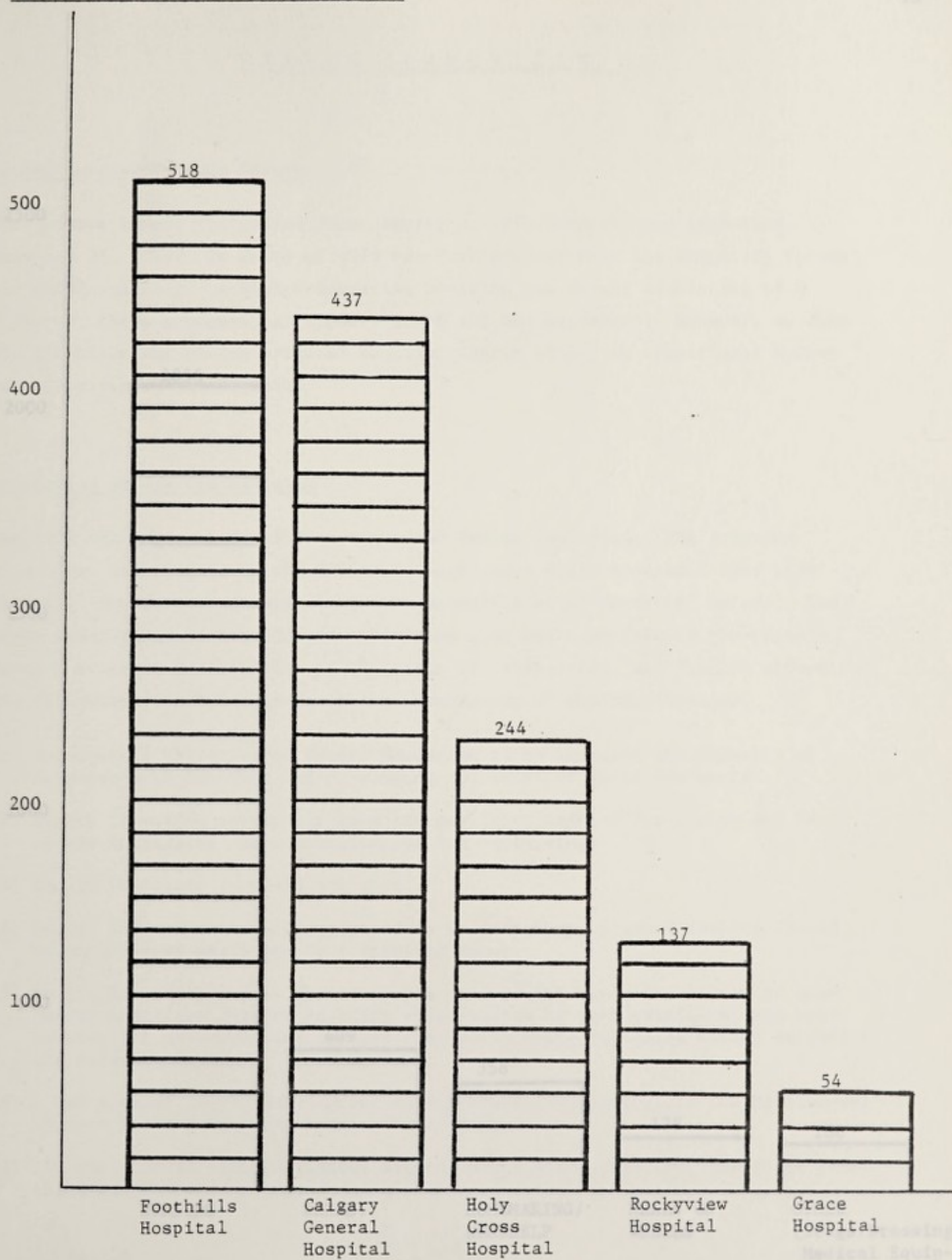






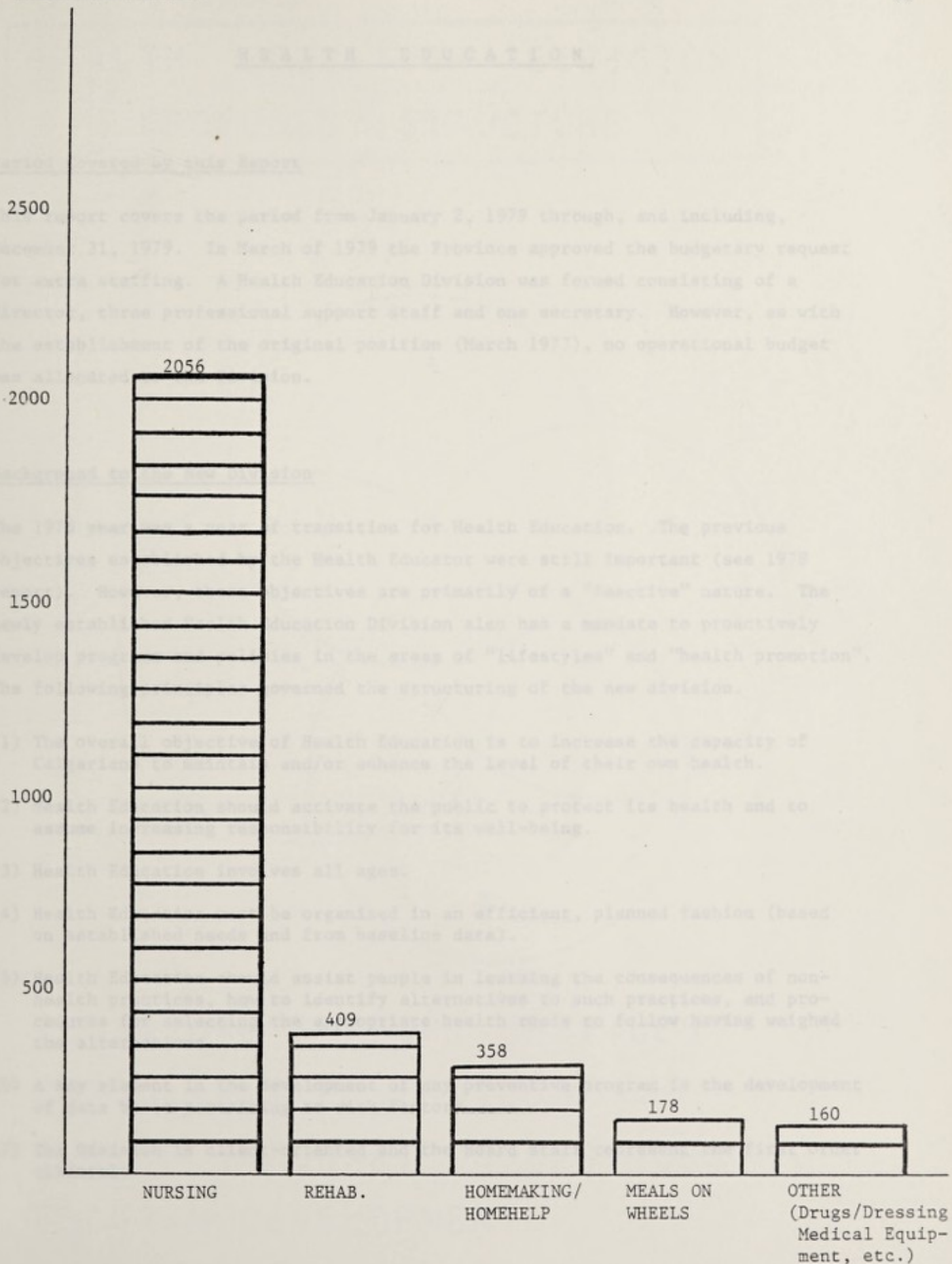
SOURCE OF REFERRALS















## HEALTH EDUCATION

### Period Covered by this Report

This report covers the period from January 2, 1979 through, and including, December 31, 1979. In March of 1979 the Province approved the budgetary request for extra staffing. A Health Education Division was formed consisting of a director, three professional support staff and one secretary. However, as with the establishment of the original position (March 1977), no operational budget was allocated to the Division.

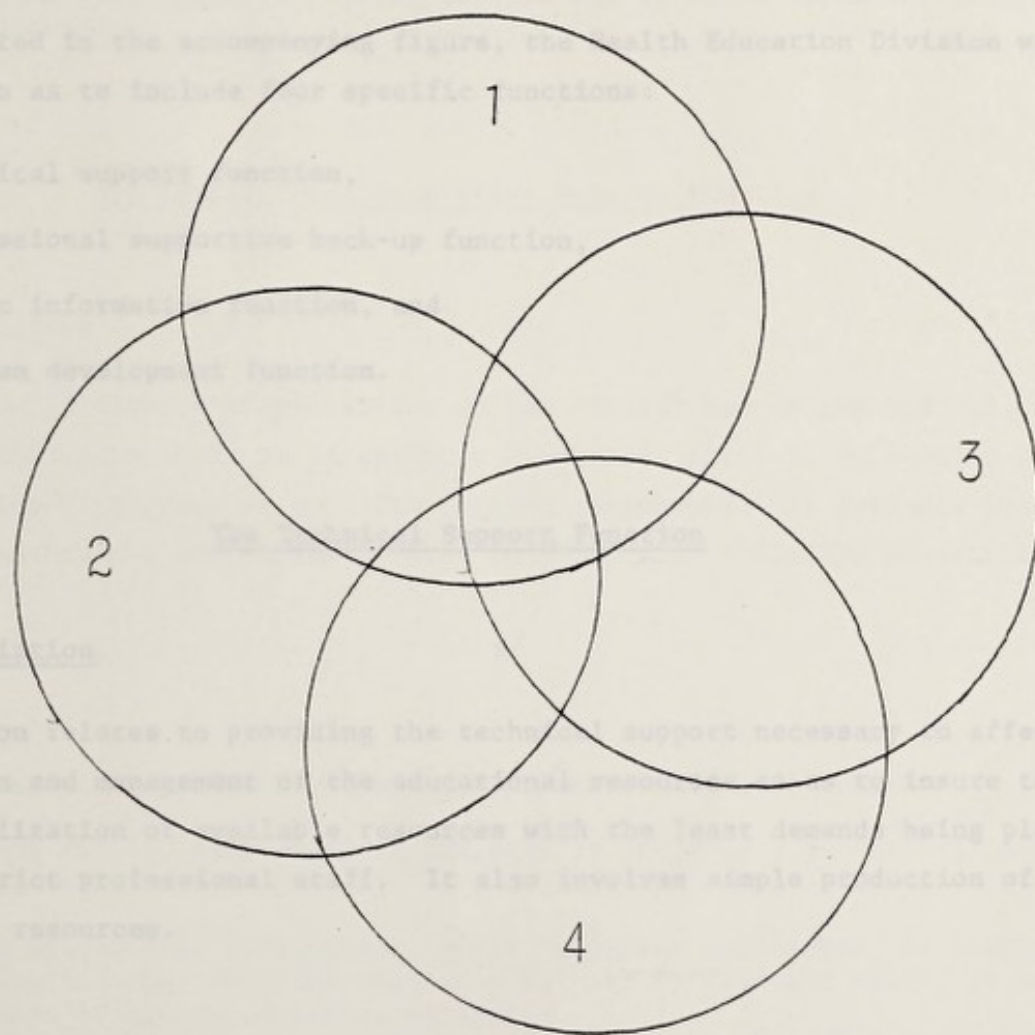
### Background to the New Division

The 1979 year was a year of transition for Health Education. The previous objectives established by the Health Educator were still important (see 1978 report). However, these objectives are primarily of a "Reactive" nature. The newly established Health Education Division also has a mandate to proactively develop programs and policies in the areas of "lifestyles" and "health promotion". The following principles governed the structuring of the new division.

- (1) The overall objective of Health Education is to increase the capacity of Calgarians to maintain and/or enhance the level of their own health.
- (2) Health Education should activate the public to protect its health and to assume increasing responsibility for its well-being.
- (3) Health Education involves all ages.
- (4) Health Education must be organized in an efficient, planned fashion (based on established needs and from baseline data).
- (5) Health Education should assist people in learning the consequences of non-health practices, how to identify alternatives to such practices, and procedures for selecting the appropriate health route to follow having weighed the alternatives.
- (6) A key element in the development of any preventive program is the development of data bases pertaining to risk factors.
- (7) The Division is client-oriented and the Board staff represent the first order clientele.



# HEALTH EDUCATION DIVISION PROPOSED STRUCTURE



1. TECHNICAL SUPPORT SERVICES
2. CONSULTATIVE SERVICES
3. PUBLIC INFORMATION SERVICES
4. PROGRAM DEVELOPMENT





- (8) Health Education requires a multi-disciplinary approach so as to effect needs identification, program planning, health promotion, and evaluation.
- (9) The Calgary Local Board of Health should NOT set itself up so as to be in competition with good community health programs. Program development priorities should be based on a demonstrated need for a specific program and the determination that this need is NOT already being met by some other Calgary organization.

As illustrated in the accompanying figure, the Health Education Division was organized so as to include four specific functions:

- (1) a technical support function,
- (2) a professional supportive back-up function,
- (3) a public information function, and
- (4) a program development function.

#### The Technical Support Function

##### Brief Description

This function relates to providing the technical support necessary to affect the organization and management of the educational resources so as to insure the maximum utilization of available resources with the least demands being placed on the district professional staff. It also involves simple production of educational resources.

##### Activities

- (1) The cataloguing of Local Board of Health Resource materials so as to ensure that district staff know what is available and where to obtain it.
- (2) Organizing a core collection of audio-visual equipment for each of the eleven district offices.
- (3) Ensuring that district staff receive training (as required) in the operation of those audio-visual resources available to them.





- (4) To arrange for routine maintenance and repairs of all audio-visual resources.
- (5) To offer technical back-up expertise in the areas of photography, graphics, putting on of special presentations, etc.
- (6) Preparation of transparencies, posters, pamphlets, etc. to support various programs.
- (7) Co-operated with the Nursing Division in achieving the management/maintenance of our 16mm film collection being carried out by Media Services, Calgary Board of Education..

### The Professional Supportive Back-up Function

#### Brief Description

This function involves the application of the special knowledges and skills of the Health Education staff in assisting professional staff in delivering and developing their programs or specific program components. It does not include the actual mechanical activities related to physically producing materials.

#### Activities

- (1) Obtaining and/or evaluating resources to support various programs.
- (2) Evaluation (on request) of staff projects or programs i.e. nursing in-service programs, etc.
- (3) Research statistical information, ideas, possible approaches, or information pertaining to other programs which can be used by district staff, or in the development of health education materials.
- (4) Sit on various committees i.e. Health Unit Association, various Provincial committees, Interagency Council on Smoking and Health, The Alberta Restaurant and Food Association Board, the Canadian Institute of Public Health Inspectors, the Alberta Heart Foundation, etc.
- (5) Conference attendance so as to keep abreast of recent developments and trends. This year we attended the American Public Health Association Conference, Canadian Institute of Public Health Inspectors' Conference, Conference on Adolescent Development, and a workshop on stress.



- (6) Provide orientation sessions to professional staff, community groups, medical students, staff from other health units, and community agencies.
- (7) Consult with various professional groups i.e. staff of Calgary General Hospital, Air Guard Products, Food Services Training Co-ordinator at the University of Calgary, Air Canada, Student Public Health Inspectors, etc.
- (8) Design educational/promotional materials i.e. transparencies, posters, displays, brochures, etc.
- (9) Provide in-service training to Board staff relating to health educational/instructional/promotional approaches.
- (10) Offer assistance to professional staff in developing talks and/or presentations to various groups.

### The Public Information Function

#### Brief Description

This function involves the interpretation and promotion of the Calgary Local Board of Health programs to the Calgary community. It also includes the development of a mechanism for communicating program information and ideas to the Board staff.

#### Activities

- (1) Production of a staff newsletter (4 issues per year).
- (2) Production of an annual tabloid newsletter (the Illustrated Annual Report) which is distributed through the assistance of both Calgary school systems.
- (3) Design and co-ordination of promotional displays in conjunction with Board staff and community organizations. Last year seven (7) such displays were organized at four shopping centres, the Holy Cross Hospital, the Calgary Homemaker's Fair and the Stampede.
- (4) Development of a 12 minute slide-tape presentation to be used by the Home Care Co-ordinators in the promotion of the Home Care Program.
- (5) Media reporting, press releases, and making arrangements for media coverage for clinic moves, special programs, etc.
- (6) Development of promotional support materials to support the Nursing Pre-School Immunization Program.





## The Program Development Function

### Brief Description

This function is conceived as being involved with the development and co-ordination of health education programs directed at the Calgary community. However, certain obstacles became immediately apparent:

- (1) lack of baseline data pertaining to the Calgary community.
- (2) lack of information as to program needs, programs available, and the direction(s) taken by the Province in this regard.
- (3) lack of an operating budget.

### Activities

- (1) Began an inventory of various Calgary agencies to ascertain the kinds of programs offered and to explore ways we could work together.
- (2) Initiated inquiries regarding programs offered in other centres.
- (3) Reviewed relevant materials in health education and lifestyle issues.

### Staffing

After a considerable period of planning and deliberation, recruitment for the four positions (1 health educator II position, 2 health educator I positions, and a divisional secretary) was initiated in June of 1979. Advertisements were run in the Calgary Herald in July and selection procedures were initiated in August. The first staff member (Health Educator I) came on staff in late September, with the second Health Educator I commencing work in early October. The Health Educator II position, while filled in early October, did not commence until the following January due to a university commitment which had to be fulfilled. The secretarial position was filled early in October.





Another major development was the secondment of the Health Education Officer, Inspection Division to the Health Education Division in October, 1979.\*

It should be mentioned that no attempt was made to slot a person into one of the four functions (outlined above). This means that individuals are actively involved in any or all of the four areas.

#### Highlights of 1979

- (1) The establishment of the Health Education Division.
- (2) The secondment of the Health Educator, Inspection Division to this newly established Division.
- (3) Completion of the two projects involving ACCESS i.e.
  - a. the film on Scoliosis screening
  - b. the slide-tape series on Nutrition for the Elderly

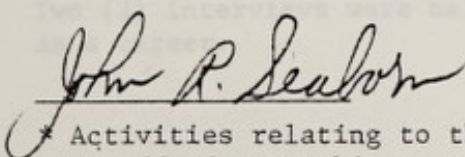
It should be noted here that completion refers only to the development of the prototypes. At this time, the involvement of Health Education was finished. However, the actual materials will not be in the hands of the field staff until early 1980.

#### Acknowledgments

I would like to extend my sincere appreciation to Dr. Hosking for his support and guidance during this transitional period and also to the members of the Calgary Local Board of Health for their support.

Respectfully submitted,

John R. Seaborn  
Director,  
Health Education Division



\* Activities relating to this position have been separated out and are added as an addendum to this report.



A D D E N D U M

ACTIVITIES OF HEALTH EDUCATOR, INSPECTION DIVISION  
PRIOR TO SECONDMENT TO HEALTH EDUCATION

Covers Period from January 1, 1979 - September 30, 1979

During the period January 1, 1979 to September 30, 1979 programs were presented to the following groups:

Number of Presentations

57	Food Sciences Classes
2	University of Calgary Nursing Students
4	Medical Student
25	Hospitals & Nursing Homes
2	N.S.T.P. #2 & #3 (1 day program)
1	Beauty & Barber School
1	N.S.T.P. #1 (2 day program)
1	Dispalys
2	Inservice (Secretaries & Home Ed. Teachers)
3	Health Education Day (Junior High)
24	Food Industry
4	Staff Orientation (C.H.N.)
4	Vocational School
1	Occupational Health Nurses (not Royal College)
1	Community Groups
1	Student P.H.N.'S
1	Children Shelter
1	Dietetic Interns
7	Public Health Inspectors re School Programs
142	TOTAL PRESENTATIONS

One hundred and ninety (190) food handlers graduated from the National Sanitation Program (N.S.T.P.).

One (1) interview was held with C.F.C.N. - T.V. Two hundred and thirty two (232) requests for Sanitation materials (pamphlets, posters, etc.) were fulfilled. Two (2) interviews were held with students interested in Public Health Inspecting as a career.





# ACTIVITIES OF HEALTH EDUCATOR, INSPECTION DIVISION AFTER SECONDMENT TO HEALTH EDUCATION

## Others Areas of Activity Included

Attendance at six AR & FA Board of Director (Local and Provincial) meetings.

Attendance at National C.I.P.H.I. Annual Educational Conference in Banff, Alberta.

Attendance at two C.I.P.H.I. National Executive meetings in Toronto in my capacity as Executive Secretary-Treasurer.

Attendance at Board of Certification of Public Health Inspectors meeting in Ottawa.

Attendance at two P.H.I.'s monthly meeting.

Attendance at Annual Meeting of the Saskatchewan Branch of the C.I.P.H.I. in Regina.

## Hi-Lites of 1979 Included

- (1) Health Appreciation Week at Marlborough Mall - Excellent exposure was obtained as the public were able to attend various portions of the program.
- (2) Health Education Day - Nickle Jr. High "Tough Guys Drink from Dirty Glasses".
- (3) Orientating the Chief Project Officer from the Barbados on the Health education program within the Inspection Division.

In September, 1979 the school programs were transferred to the District Public Health Inspectors as my time became divided 70% Inspection and 30% Health Education as a result of my Secondment.

The Inspection Division is continuing to receive most favorable comments Nationally and Locally as a result of our health education programs.

In closing, I would be remiss if I did not express my sincere appreciation to Dr. Hosking, Norm Bruce and fellow Public Health Inspectors for their continuing participation and support of the health education programs.

Respectfully submitted,

*Lillie Anna Lebara*  
Lillie Anna Lebara  
Health Education Officer





ACTIVITIES OF HEALTH EDUCATOR, INSPECTION DIVISION  
AFTER SECONDMENT TO HEALTH EDUCATION

Covers period from October 1 - December 31, 1979

During this period programs were presented to the following groups:

- 3 Boy Scouts
- 21 Food Sciences Classes (School Boards)
- 1 Dietetic Interns (General Hospital)
- 2 Hospitals and Nursing Homes
- 1 Commercial Baking Class (S.A.I.T.)
- 2 Food Services Industry
- 1 New Staff Orientation (.C.H.N.)
- 31 PRESENTATIONS

With reference to the Food Sciences Classes, in accordance with the policy of getting the district health inspectors more actively involved in the health education programs at the school level, eighteen (18) of these programs were presented by district inspectors. The co-ordination of these programs was done through the Health Education Division. Previous to this time, all such presentations had been done by the health educator.

Other areas of activity included:

- (1) Meetings with AR & FA and CR & FA and Calgary Hotels to make presentations for the February National Sanitation Training Program (February, 1980).
- (2) Scheduling and making arrangements for the food sciences school program on behalf of district health inspectors.
- (3) Ordering and maintenance of audio-visual materials and equipment to support both the N.S.T.P. program and the food sciences programs. In addition, during this period fifty-two (52) requests for health education materials were filled.
- (4) Consultations with staff from Calgary Board of Education, Medicine Hat Health Unit and the Alberta Vocational Centre.
- (5) Initiation of the production of a Health Inspectional Display.
- (6) Interviews with selected community agencies to find out programs offered, etc.
- (7) Meetings with student health inspectors from B.C.I.T.

Respectfully submitted,

*Lilli Anne Zahara*

Lilli Anne Zahara  
 Health Education Officer



## COOPERS &amp; LYBRAND

CHARTERED ACCOUNTANTS

TELEPHONE AREA 1-612-1234-11

CABLE COOPERS

TELETYPE COOPERS

BANK SWIFT

BANK SWIFT CODE

BANK SWIFT CODE

CALGARY ALBERTA CANADA T2P 1K1

OFFICES THROUGHOUT CANADA

AND IN SEVERAL COUNTRIES

OF THE WORLD

July 14, 1980

## AUDITORS' REPORT

To the Calgary Local  
Board of HealthTHE CALGARY LOCAL BOARD OF HEALTH  
STATEMENT OF REVENUE AND EXPENDITURE

FOR THE YEAR ENDED

MARCH 31, 1980

In our opinion, the Statement of Revenue and Expenditure of the Calgary Local Board of Health for the year ended March 31, 1980, is in accordance with the records maintained by the City of Calgary on behalf of the Calgary Local Board of Health for the year ended March 31, 1980.



CHARTERED ACCOUNTANTS





## COOPERS &amp; LYBRAND

CHARTERED ACCOUNTANTS

OFFICES THROUGHOUT CANADA  
AND IN PRINCIPAL AREAS  
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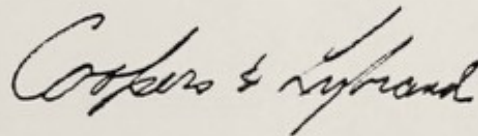
July 14, 1980

## AUDITORS' REPORT

To the Calgary Local  
Board of Health

We have examined the statement of revenue and expenditure of the Calgary Local Board of Health for the year ended March 31, 1980. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as we considered necessary in the circumstances.

In our opinion, this financial statement is in accordance with the records maintained by the City of Calgary on behalf of the Calgary Local Board of Health for the year ended March 31, 1980.



CHARTERED ACCOUNTANTS





THE CALGARY LOCAL BOARD OF HEALTH  
STATEMENT OF REVENUE AND EXPENDITURE  
FOR THE YEAR ENDED MARCH 31, 1980

	1980 \$
REVENUE	
Province of Alberta Operating Advances	7,041,910
Interest income	<u>189,967</u>
	7,231,877
EXPENDITURES	
Administration	1,171,948
Nursing Services	2,945,249
Home Care Program	1,515,265
Nutrition	30,293
Health Information	91,560
Dental Services	605,060
Inspection Services	670,903
Family Planning	<u>162,288</u>
	7,192,566
EXCESS OF REVENUE OVER EXPENDITURES FOR THE YEAR	<u><u>39,311</u></u>







