Annual report / City of Calgary, Department of Public Health.

Contributors

Calgary (Alta.). Health Department.

Publication/Creation

[Place of publication not identified]: [s.n], [1979]

Persistent URL

https://wellcomecollection.org/works/mmx2wp43

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.





LOCAL BOARD OF HEALTH
CITY OF CALGARY HEALTH DISTRICT

1979 ANNUAL REPORT



MEMBERS OF CALGARY LOCAL BOARD OF HEALTH

Dr. N. Maguire (Chairperson)

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 Hygientists - 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

Adminstrative Assistant - Mrs. C. Radojevic

Clinic Doctors - Dr. I. Peintner

Dr. A. Donner

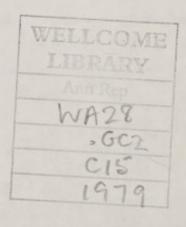
Clinic Dentists - Dr. J. Stewart

Dr. B. Gladman

Dr. J. M. Steadman

Dr. J. Sutcliffe

Dr. Fred Wuertz



INTRODUCTION		1	-	3
VITAL STATISTICS - 1979				
BIRTHS			-	
Births by Age of Mother and Birth Order		5	-	8
DEATHS		9	- :	17
Infant Deaths	ra su	12	- :	9
Intermediate List of 72 Causes of Death by Age and Sex Mortality Rates	8, 1			
MARRIAGES			4,	8
POPULATION GROWTH IN CALGARY				4
COMMUNICABLE DISEASE CONTROL	mt.	18	- :	21
VENEREAL DISEASE				22
TUBERCULOSIS CONTROL SERVICES				36
DIVISION REPORTS				
PUBLIC HEALTH NURSING - Report	1	23	-	44
Attendance at Child Health Centres				31
Fluoride Distribution				41
Description of Selected Subject Codes				32
Individual Contacts				34
Report of Screening, Assessments and Referrals		37	-	
Student Program	4	42	-	43
FAMILY PLANNING CLINIC		44	_	49
DENTAL DIVISION ANNUAL REPORT	1081		-	
ENVIRONMENTAL HEALTH INSPECTION DIVISION	(65	-	70
NUTRITIONIST'S ANNUAL REPORT	349	71	-	79
FOCUS: FAMILY PLANNING		80	-	86
CALGARY HOME CARE PROGRAM	-	87	-	95
HEALTH EDUCATION		96	-1	05
FINANCIAL REPORT	1	06	-1	08

Digitized by the Internet Archive in 2019 with funding from Wellcome Library

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.

ROTTORGERM

We welcomed one new rember to the Board of Health, Mr. Ken Scott, while the Met Meller to take up a tron the Sound is order to take up a scotting in Victoria.

Of the sector staff, by. David J. Healting raticed in 1980, hence the elgenture at the sector of this increduction.

The Associate Manipal Officer of Caules, Dec 1000 2. Carson, was no e three somether tears of absence to order to cause up a consultant role in Sendent for Kalser foundation legennational, the project betog the introduction of the Matter as Assistant Service in the Macion of Sendent. We were fortunate to recently calking and the Carson of Sendent Sen

if the same the decision on the part of the Provincial Covernment to have uniformity of recording throughout the Harlts of Alberta in the Agnust Marris of Harlts and the Agnust Marris of Harlts and Value of Classification of causes of death. Some of our statistics from this year of Harlts and of the Colors of the Agnust of the Agnust of the Agnust of the Agnus of the

Calcary continues to be a city of extramely rapid growth, over 2,000 new citiens a route, this guarantees a loc of social problems and we have found carries areas of the city, cause with the most total growth, have expected the nursing provess in particular to its utmost.

The report of the National Plateton has been extended to cover some laformation reducing to various studies that have been undertaken. It is hoped that the respect of the of the seculous studies that respect of the seculous seculous seculous and the constitution of the seculous seculous of the constitution who whather we should give a live account of the three various in the children who find received only the three aliked receive injections. The profits who continues to expend, and we of the section in the first of feel find that the section of the local board of feel. Feel that the section of the local board of feels. Feel child is an insertant and account material of the local board of feels.

Acetyley and process studies form a considerable rate of the Division's Empore, due to the track of the Commister Surson detivity and doctors of the Commister Surson detivities and the constant of the const

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 heath 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.

John Z. Garson Medical Officer of Health The Family Planning Cilcic this year graduates to the deployment of a full-time

POPULATION GROWTH - CALGARY 1975-1979

Year	Births Residents Only	Deaths Residents Only	Natural Increase Births Minus Deaths
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

Year	Population Census	Over-All Increase	% Increase	Natural Increase Residents	+	Previous Year
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

Year	No. of Marriages	Rate per 1,000 Population
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

POPULATION CROWTH - CALCARY 1975-1979

OVER-ALL POPULATION INCREASE VERSUS NATURAL INCREASE

PRESENTACES AND MARRIAGE RATES 1975-1979

TABLE 4 - MULTIPLE LIVE BIRTHS OCCUPRING IN ALBERTA,

TOTAL		1 1	169 2017 2017 2011	420000 010000 010000 010000	220050	204200 042570 150000	112 2005 243 263	10 10 10 10 10 10	alal I I	8974
	TOTAL	11111	11111	11111	11111	11111	11111	11111	111111	1 1
(0	ZS	11111	11111	11111			11111	11111	min	L L
NON-RESIDENTS	TRIPLETS		17711	*****		77777				i i
N	THINS		11111	11111			11111	11111	111111	1 1
	SINGLE		11111			11111	11111	11111	111111	1 1
	TOTAL	14146	201798	47/10/0-0 01-10/0-0 01-10/0-0	720 712 712 584 584	100000 100000 100000	11 725 74005 74005	20000	414111	1 8974
1	SZ		11141		11111	11111	11111	11111		
SIDENTS	TRIPLETS NS				11111		11111	11111	111111	1 1 1
RESIDENTS			11144	11111	11111	1111	41101	11111		150 - 1
RESIDENTS	TRIPLETS		11111			11111		11111		9923 150 - 1

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

THE PARTY OF THE PARTY OCCUPANT IN PRINTER

TABLE 1 - LIVE BIRTHS OCCURRING IN ALBERTA,

TOTAL	10.0	IHIHM	100 4000 00000 0100 000111 0100	000000 500 000000 500 000000	OHITCHO	112 700 43 26 26	20000	414111	1 8974
NON- PESTORNE	TOTAL	11111	11111 111		11111	11111	11111		1 1
TOTAL		14146	400 400 600 100 100 100 100 100 100 100 100 1	\$60000 \$60000 \$60000 \$60000	100450	112 70 50 24 26	20000	alalli	1 8974
	Z.	11111		4m ron-ron	MOUNT	41412	1111		5.4
	10TH+				11114	44411			ıın
	9ТН	11111					11111		
	8ТН	11111			шн	14411	11111		1 m
DENTS	TH.	11111			I IMHH	21217			' #
RESIDENTS	419			II IAAIM	ナーハハルナ	4mm1m	11144		30
	5TH	11111	11111 1104	1004591	1277	DIS 1 214	MAA I A		- 16
	HT4	11111	1111H 404	22222	MATTE	1 000 o	40114	origin S	295
	380		11100 WON	1004466	M07000	20 118 1	ro-m i i		1126
	SND		1 1 6 BU VOV	201402 20140 2	1233	400H0	Maini		1 3211
	1ST	14146	1000 000000 00000000000000000000000000	2000 400000 2000000000000000000000000000	1069 2006 2006 2006	000000	romo i H		4147
AGE	(YEARS)		2000 00000 000000 00000 00000 00000 00000	00000 to	OHOMA	NAC-SO NAC-SO	040mg	222420 000000 1	NS TOTAL 4

	OTAL		11	1-	-m	13	55	113	66	101	66	00	200		41	40	18	500	36	180	10	10		9-	-	ern	-	3	1.	-					,	1		1	1001
	ITS T																																						
	RESIDENTS TOTAL	TOTAL	1.1	11		1	1 1		1	1	1				1	1		•	1		1	111		1		1	1	1	1		1		1			1	1	1	,
					-m	m	Oly	200	0	-	0.0	no	-0		-	0.0	•	2-0	TV	200	0	01		.0.		m	_			_								_	_
BERTA	TOTAL					1	N.	11	0	10	0	ou	nu	1	4	31	7	163	0	1	-	7						1			7								1001
IN ALE		22	1.1		1	-		41	1	1	,	121			1	1		1			1	1 1		1		1	1	,	1	i			1	1 1	1	1	1		m
BING 979		10TH+		1	1		1 1		,	1	1				1	1					,			-		1	1	1		1			1			1	ı	1	-
DER, 1		9TH 1			,				1	1	,				1	,		,						1			,	,		,						,	,	1	ı
STH OR		втн	1 1	1	,	1	1:1		1		1				1	,		1			1	1 1		1	1 1		1	,	1	,			1				ı	1	E
BYBIE	ORDER	7TH 8	1 1	1		,			,	,	,				,	,		1		. ,	1	1		,			1	-		,			1				,	1	-
OUT-OF-WEDLOCK LIVE BIRTHS OCCURRING IN ALBERTA, AGE OF HOTHER BY BIRTH ORDER, 1979	BIRTH ORDER	6TH 7		1		,	1 1			1	,				1	1			c	u I	1.	-				1	,	,	1				,	1		,		,	m
GE OF		STH		ele:					,	,	,		-		-1	-		m		-11-1	c.				1-1	-	1	1	1				,		-		,	1	14
3 - 00		4TH		1.1	1.1	1	1.1		1	~	-		10	J	1	M 100	111	1		-			-	cu	-	-	1	-					1			1	1	1	56
TABLE		3RD 4				,		-	es.	2	4	30	200	77	7	-00	**	um)		200	11	-		,				,	1	1						1	i	1	7.3
		2ND	11			1	10	2	23	25	500	100	375	10	19	9	71	12	•	- 5	41	me	u	2		1			1	1				1			,	-	228
		1ST	1.1	1-	-m	12		105	74	72	69	and and	900	03	15	23	94	000	0	7	100	~- -	1	-	-	-		0			1					1	1	1	652
	AGE OF MOTHER	(YEARS)	10	4cur	14	15	19	18	19		21				25	550	36	200	97	310	211	13	*	35	200	30	39	40	41	910		***	45	000	67	65	+05	NS	TOTAL

Live Births net

THE R. P. LEWIS CO. LANSING MICH. SPECIAL PROPERTY.

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.

VITAL STATISTICS

LIVE BIRTUS - 1975 - 1979

1			
			789%
			1978
			1977
			1976
			1975

SELITBLEMEN - 7812 - 7818

		5261
		1978
		1977
		1976
		1975

MARKINGES - 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 MOSTALITY RATES - 1975- 1979

		1979
		1978

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

GRAND		TOTAL	NHM		2000	MHJ	mm-o	HM4	moun	1880	100	1981	9450
NON	KES	TOTAL	111	111	111	111	111	111	111	111	111	111	
		TOTAL	ou-m		ara	111	1.11	111	-1-	-11-	16	400	4525
		MOS	1	111				111	111		212	meun	103.7
	AL	MOS	111	111	144	111	111	111	111	111	111	1.1.1	144
	A CONT	FIOS	111	111	-11	111	111	111	111	13.1	111	-1-	0110
•	25	105	111	111	1	11.1	111	111	111	111	HUM	1,1,1	HM4
2000	E COS		111	-11	144	111	1.1.1	111	111	111	m++	1	4mr
		MOS	010	1	1 ~~	111	111	111	111	1.1.1	(VI-IM)	100	4100
		-11	111	111	I MM	111	111	111		1.1.1	400	111	MUG
	an 2	TOTAL	111	111	1138	thm	mmo	HM4	0.07	17	1.1.1	1037	MM-0
	6	-27	111	in		1.1.1	1.1.1	111	111	111	1.1.1		210
RESIDENTS		20	1.1.1	1.1.1	1000	111	111	1.1.1	111	111	111	-11	HOM
RESI		13 -	1.1.1	1.1.1	010	1.1.1	1	111	111	0110	1.1.1		50-0
	AL	4	111	111	1.17	1.1.1		111	1.1.1	111	1.11	11.7	
******	NEONA!	2	1.1.1	1.1.1	111	1.1.1	1 ~~	1.1.1	1.1.1	111	1.1.1	1.1.1	1
	Z	4	111	111	111	111	111	1.1.1	111	111	111	1.1.1	1.1.1
		m	1-1-1	1.1.1		111	-1-	111	111	111	1-1-1	111	N-M
		2	111	111	111	1.1.1	111	111	440	10101	111	111	HMY
		-	111	111	111	1.1.1	111	1	1-1-1	NHM	111		meun
		₽	111	111	414	MHJ		HOM		1022	111	mm-o	855
		SEX	THE	Tu-	<u> Eu</u>	<u> Eu</u>	ELH	IL-	ELF	<u>Eu</u>	<u> Eu</u>	ELF	ILL
	SELECTED	NT DEATH	TINAL DISEASE	ND INFLUENZA	ANOMALIES	& L.B.H.	4	6. INTRAUT.HYPOXIA & BIRTH ASPHYX	7. RESPIRATORY DISTRESS SYNDROME	8. OTHER PERINATAL CONDITIONS	9. SUDDEN INFANT DEATH SYNDROME	CAUSES	ALL-CAUSES (1 - 10)
	01 0 - 0 7	CAUSES OF INFANT DEATH	1. GASTROINTESTINAL DISEASE	2. PNEUMONIA AND INFLUENZA	3. CONGENITAL ANOMALIES	4. SHORT GEST. & L.B.W.	5. BIRTH TRAUMA	. INTRAUT.HYP	7. RESPIRATORY	3. OTHER PERIN	. SUDDEN INFA	10. ALL OTHER CAUSES	ALL-C
	-	Ü	-	2	m	4	v.	9	7	0	6	-	

- THAT GEVINE OCCURATION IN VIBERIAL CRISS BY SEN NO YOU' TANK

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

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

INFANT DEATHS AND MORTALITY RATES - 1975 - 1979

Gross - Includes Non-Residents; Net - Residents Only

Deaths Within First	19	79	197	78	197	77	1976 19 Gross Net Gross		1975	
Year of Life	Gross	Net	Gross	Net	Gross	Net			Net	
Number of Infant Deaths	*	97	101	74	97	73	159	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.

MATHRIAL MOREALITY (INCLUDING HOM-RESIDENTS) - 1975 - 1979

INFANT DEATHS AND MORTALITY RATES - 1975 - 1979

Oross - Includes Non-Residence; Mer - Residence Only

^{*} Due to a chapge in policy of the Provincial Division of Vital Statistics the non-reside

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

COMMUNICABLE DISEASE		CASES	411 112 111 mas		DEATHS		Mortality Rate Per 100,000 Population		
E 15 11 11 11 11	1977	1978	1979 1977		1977 1978 1979		.979 1977		1979
Diphtheria	10	4	9		1117	25 19			
Infectious Hepatitis	92	143	100	1			0.2		
Measles	83	840	2765		1		1111	0.2	
Meningococcal Infection		42	56		3	2	-	0.6	0.4
Pertussis	12	23	21		112 50	10	1		
Rubella	146	321	1097						
Salmonella Infection	89	254	189		100	111111		4	
Syphillis	33	38	49		111111	14 1 14			

REPORTED CASES AND DEATHS FROM DIPHTHERIA, INFECTIOUS HERATITIS, MEASIES, MUNINDOCOCCAL IMPECTION PRATUSSIS, SAIMONNILLA INFECTION, ETC. - RESIDENTS ONLY - 1977-1979

COMPRINTENDED DISTASE					93
					1979
					0.4

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

TOTAL	2003		414	414	-11	N-IM	Irdel	011		950	1947	1196	47		MHW 846
TOTAL	111			111		111	111	111		111	111	111	111	111	111
55	111		111	111	111	111	111	111		111	111	111	111	1.1.1	LLL
	1		1.1.1	111	111	111	111	111		111	145	mım	IMM	2000	111
999	111		- 111	_(1)	111	I HH	***	-11		111	Ema	4000	ımm	ont	100
80	111		111	- 111	111	111	111	1		111	12 18 18	P=40	100	0110	MOID
-75	111		111	111	111	111	111	111		111	31.6	125	144	10	oumin.
70	111			111	111	111	111	01101			300	13	1.00	122	ruent-
-665	0.1		1.11	111	111	111	rir	111		212	252	2256	1 ~~	M4L	HOM
69-	111		- 111	(11	111	1.1.1	111	111		111	100	125	I LOLO	-10-0	
500	111		111		111	-1-	111	-11		NOV	100	1123	100	-m-4	SHO
-550	211				111	-1-	111	111		HHO	17	111	I MM	たいい	-1-
450	111		- 111	111	111	111	111	111		111	N-400	omo	144	1.1.1	
075	111		- 111	111	er r	111	111	111		111	144	ou-m	I MM	1 (4)(4)	111
300	111			111	111	1.1.1	111	111		111	moun		144	I mm	111
-34	111		111	111	111	111	111	111		1.1.1	1-1-1	111	1 ~~	-1-	111
125	111		111	111	111	111	1.1.1	111		1.1.1	111	111	111	111	111
-24	111		111	111	111	1.1.1	1.1.1	-1-		111	111	111	111	111	111
-19	111		111	111	111	111	111	-11		111	111	111	111	-11	111
-10	111		111	111	111	111	111	111		1.1.1	1113	111	111	111	111
200	111		100	- 111	111	1.11	111	111		1.1.1	111	111	111	111	111
04	N-M		111	111	-11	111	1 44	1.1.1		111	111		111	111	
SEX	ELL		TILL	- IL-	THE	THE	Eur	TH-		ELL	EUL	ELL	THE	Tu-	THE
AUSES OF 9 72 SELECTED	2.OTHER INTESTINAL INFECTIONS	TUBERCULOSIS	3.TB OF RESPIRATORY SYSTEM	SUB-TOTAL (3- 4)	7.MENINGOCOCCAL INFECTION	8.SEPTICEMIA	10.MEASLES	13.ALL OTH INFEC.&PARAS.DISEASES	MALIGNANT NEOPLASMS	14.LIP, ORAL CAVITY & PHARYNX	15.DIGESTIVE ORGANS, PERITONEUM	16.RESPIRATORY & INTRATHORACIC	17.BREAST	18.GENITAL ORGANS	19.URINARY ORGANS
	SEX -4 -5 -14 -15 -24 -25 -34 -35 -44 -45 -54 -55 -64 -65 -74 -75 -84 -85 90+ NS TOTAL	SEX -4 -5 -14 -15 -24 -25 -34 -35 -44 -45 -54 -55 -64 -65 -74 -75 -84 -85 90+ NS TOTAL TOT	SEX -4 -5 -14 -19 -24 -25 -34 -35 -44 -45 -54 -55 -64 -65 -74 -75 -84 -85 90+ NS TOTAL TOT	SEX -4 -5 -14 -19 -24 -25 -34 -39 -44 -49 -54 -59 -64 -69 -74 -75 -84 -89 90+ NS TOTAL TOT	CTIONS H 2 -5 -14 -19 -24 -29 -34 -39 -44 -49 -54 -59 -64 -69 -74 -79 -84 -89 90+ NS TOTAL	SEX -Q -9 -1Q -19 -2Q -25 -3Q -39 -4Q -49 -5Q -5Q -6Q -69 -7Q -79 -6Q -89 90+ NS TOTAL TOT	SEX -4 -5 -10 -15 -24 -25 -34 -49 -45 -54 -65 -74 -75 -80 -89 -90 + NS TOTAL T	SEX 4 -95 -140 -155 -254 -259 -340 -459 -544 -455 -540 -659 -770 -770 -655 -770 -770 -655 -770 -770 -655 -770 -770 -770 -770 -770 -770 -770 -7	TEN THE TEN TH	TEH THE THE THE THE THE THE THE THE THE	TIONS H	TIONS FINAL	SEX 46 -95 -116 -116 -126 -126 -126 -126 -126 -126	SEX X 20 SEX X 40 SEX	ARWAN WAY THE

					1,11				

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

90+ NS TOTAL	111	111															
+				111	111	111	111	111	111			111	111	111	111	111	
+	1.1.1	1.1.1	111	1.1.1	111	111	111	1 1 1	1.1.1			1-1-1	1.1.1	1.1.1	111	1.1.1	
Un-	-11	111	144	11 20	-11	1907		1	111			111	-11	110	111		
-895	H10-0	1000		200 200 200	111	14	1 etel	111	111			-11	440	cumu cumu	717		
-84	0.20	446		500 100 100 100 100 100 100 100 100 100	111	4100	-11	1 eter	- 111			1	HM4	446	100	111	
-75	3MC	HUM	HOM	24V 0.00	-m4	HM4	111	1.1.1	111			0.510	I etel	NO.00 NW0	111	111	
-74	4mr	mım	-11-	9440	-11	400	414	1.13	1.1	-		HOM	144	MH0 000	111	1.1.1	
1669	-00100		M/0	4M0 0.4M	-1-	MOUL		111	1.1.1	'		1 6464	HOM	944 944	111	0.10	
99-	1040	mım	mm-o	404 404	1.11	1.1.1	1 000	111	1	-		mım	1.1.1	38	-11	1.1.1	
-555	NHM	mim	1	5587	111	N-M	-11-	1.1.1	1.1			100	1	3273	111	N-H	
-520	1183	111	-1-	5000 5000		-1.1.1	111	. ()	-11	1		HOM	111	9000	111	1.1.1	
45	non	414	212	SHE SHE	1 0202	-1.1.1	111	111	1.1			HOLM	414	173	111	l ete	1
955		1	-1-	4530	1		1.1.1	1.1.1		-		144	111	MOUL	111		
-335	100	1.1.1	1	111	111	111	111	1.1	1.1	1		-11	111	414	111	1-1-1	
340		-1-	-11	4mr	111	0110		1.1	1.1	'		111	111		111	111	
-255		010	1	Moun	111	1.1.1	111	1.1	1.1	1		-11	-111	1111	111	111	
-24	1	1	144	1 10111	111	111	111	1.1	1 1 1			-11	111	111	111	111	
-15	1 6464	1.1.1	1.1.1	HOM	Idd	111	-111	1.1	111	1 11		111	111	111	111	1.1.	
-14	HM4	1.1.1	-111	HM4	111	-111	111	1.1		1		111	11 (4		- 111	1.13	1
100	0110	-1-	111	mım	111	111	111	. 1.1		1		111	111	111	111	1.1.1	1
04	111		-1.1.1	-1-	1		1	-1.1	1	64		111	111	-111	111	-1.1	
SEX	ELL	EAH	TWH	THE	ELH	THE	- IL-	EL	- IL	-		THE	THE	THE	EUL	TIL	-
SFS OF DEATH	OTHER UNSPECIFIED SITES	. LEUKAEHIA	OTH LYMPHATIC & HEMATOPOTETIC	SUB-TOTAL (14- 22)	BENIGN NEOPLASMS & OTHER	DIABETES MELLITUS	HUTRITIONAL DEFIC.	. ANAEMIAS	P. MENINGITIS		DISEASES OF HEART	3.RHEUMATIC FEVER & HEART	9.HYPERTENSIVE HEART DISEASE	1.ACUTE MYOCARDIAL INFARCTION	2.OTH ACUTE&SUBACUTE ISCHAEMIC	5.OTH DISEASES OF ENDOCARDIUM	
	SEX -2 -5 -14 -15 -24 -25 -34 -35 -44 -45 -54 -55 -64 -65 -74 -75 -84 -85	x -4 -5 -14 -15 -24 -25 -34 -35 -44 -45 -54 -55 -64 -65 -74 -75 -84 -85 - 5 -5 -5 -54 -55 -54	SEX -Q -9 -1Q -19 -2Q -29 -3Q -39 -40 -49 -5Q -59 -60 -65 -7Q -79 -89 -89 -89 -89 -10 -19 -29 -29 -34 -39 -40 -49 -59 -64 -69 -74 -75 -89 -89 -89 -89 -10 -10 -10 -10 -10 -10 -10 -10 -10 -10	SEX _ Q S 1Q 19 29 29 39 40 49 59 50 65 50 69 70 79 89 _ 89 _	SEX _Q _9 _1Q _19 _2Q _29 _3Q _39 _40 _49 _54 _59 _60 _69 _70 _79 _89 _89 _89 _81	SEX -Q -5 -10 -15 -29 -29 -34 -45 -59 -64 -65 -54 -59 -64 -69 -74 -75 -89 -89 -89 -14 -19 -29 -34 -39 -44 -49 -54 -59 -64 -69 -74 -79 -89 -89 -89 -89 -89 -89 -89 -89 -89 -8	SEX -4 -5 -10 -15 -25 -34 -35 -40 -45 -55 -64 -65 -74 -75 -80 -80 -64 -65 -74 -75 -80 -80 -64 -65 -74 -75 -80 -80 -64 -65 -74 -75 -80 -80 -80 -64 -65 -74 -75 -80 -80 -80 -64 -65 -74 -75 -80 -80 -80 -80 -80 -80 -80 -80 -80 -80	ZEX 40 -9 -14 -195 -24 -259 -344 -459 -554 -559 -644 -659 -74 -759 -864 -869 -544 -459 -554 -559 -644 -459 -554 -559 -644 -459 -554 -559 -644 -459 -554 -559 -644 -459 -554 -559 -644 -459 -554 -559 -644 -459 -554 -559 -644 -459 -554 -559 -644 -459 -554 -559 -644 -459 -554 -559 -644 -459 -554 -559 -644 -459 -554 -559 -644 -459 -554 -559 -644 -459 -554 -559 -644 -459 -554 -559 -644 -459 -554 -559 -644 -459 -554 -559 -644 -459 -554 -559 -644 -459 -544 -459 -544 -459 -544 -459 -544 -459 -544 -459 -544 -459 -544 -459 -544 -459 -544 -459 -544 -459 -544 -459 -544 -459 -459	22 J. C.	22	25 X X Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	25. 25. 27. 27. 27. 27. 27. 27. 27. 27. 27. 27	No. No.	18 18 18 18 18 18 18 18	RES 1989 198	SEX	No. No.

1'

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

GRAND	TOTAL	107	5255 7253 7303	NHM		2575	500	1	101	1113	7000	SHE	CUMM		9529	
RES	TOTAL	111	111	111			-111	111	111	11.11	111	111	111			111
	25	111	1.1.1	111		111	111	111	1.1.1	1.1.1	111	1.1.1	111		111	1111
	+06	220	2000 2000	144			HOM	111	46M	2110	200	010	1111		130~	1.1.1
	-895	1293	0.4m	-11-		NHM	Ø40	1 44	6005	2000	1112	ุดเพเก	1.1.15		0.015	I riei
	-84	119	331	-11-		144	ผพเก	111	2000	352	16	3mm			omo	-111
	-75	1,486	7000	111		неим	JML.	111	126	3000	104	440	1.1.1=		100	
	-74	5000	789	111		4HN	020	111	1899	255	2000	Mould	111		1 0101	111
3	-69	NHM	246	111		004	4-10	111	440	10	l eter	un-t-o			-	
(YEARS)	099	200	400	111		1	212	111		Mon	1.1.1					111
	-555	Mond	0MM	111=		1111	NAM		omu	440		1			mim	111
RESIDENTS	550	mtm	3688	1.1.1		1 ~~	1.1.1	1.13	M-44	moun	1.1.1	414	111			111
OF R	-45	100	15	111			111	111	HOM	omio	111	1111	1		111	111
AGE	055	200	1055	111		1111	111	111		-1-	111	111	111		111	111
	-355	111	215	111		1111	111	111	. 111	111	111	1.19	111		l etel	111
	340	111		111		1111	1.1.1	111			1.1.1	1111	111		111	1111
	-252		212	111		-11	111	111	111		111	Ide			111	111
	-24	100	HOM	1.1.1		111	111	111	111	1.1.1	1.1.1		1.1.1.1		111	1111
	-15	414	-1-	1111			1.1.1	1.11	111	1111	111	-113	111			111
	-14	1.1.1		1.1.1		111	1.1.1	111	111	1.1.1	1.1.1	111	COL		(1.)	111
	100	1.1-1-	1.1.1	1.1.1		111	1.1.1		111	1.1.1	111	111	1111		I mine	111
	04	1-1-1	111	111		5.1.1	111		111	111	111	1.1.1	-1-		HOM	111
	SEX	Eu-	Eur	EU		ELL	EUF	THE	THE	TUP	EUP	TUL	ELL		Σu.⊢	THE
	S						20									
	CAUSES OF DEATH SELECTED	36.ALL OTH FORMS OF HEART DIS	SUB-TOTAL (28- 36)	37.HYPERTENSION W/WO RENAL DIS	CEREBROVASCULAR DISEASES	38.CRANIAL HEMORRHAGE	39.THROMBOSIS & UNSPEC OCCLUSION	L EMBOLISM	41.ALL OTHER & LATE EFFECTS	SUB-TOTAL (38- 41)	CLEROSIS	43.0TH DIS-ARTERIES, ART. &CAPILL.	44.AC BRONCHITIS & BRONCHIOLITIS	PNEUMONIA AND INFLUENZA	ra La	K2
	CAUSES OF DE	36.ALL 0TH	ns	37.HYPERTER	CEREBROVAS	38.CRANIAL	39. THRONBO	40.CEREBRAL EMBOLISM	41.ALL OTH	SUE	42.ATHEROSCLEROSIS	43.0TH DIS-	44.AC BRONG	PNEUHONIA	45. PNEUMONIA	46.INFLUENZA

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

										AGE	OF R	RESIDENTS		(YEARS)	_						NON RES		GRAND
CAUSES OF DEATH	SEX	04	100	-14	-15	-24	-252	-34	139	055-	-45	-550	-550	59-	- 69	7.6	75	960	699	SN +06	TOTAL		TOTAL
SUB-TOTAL (45- 46)	EL H	HOM	1	111		111	111	111	144	111	111	-11	mım		010	100	11	omo	16.39	13	111		725
CHRONIC OBSTRUCTIVE PULHONARY DISEASES AND ALLIED CONDITIONS																							
47. BRONCHITIS, CHRONIC &UNSPEC	THE	111	111	111		1111	111	111	111	1111	- (1)	212	414		1 ~~		919	1	44N	414	111		1939
48. EMPHYSEMA	ELL	1.1.1	111	111	111	111	111	111	111	111	1	111		440		מומ	1370	ou-m	NHM.	111	111		23
49. ASTHMA	THE	1.1.1	111	111	111	111	111	1	111	111	111	111	111	111		144		1	1	111			-m-0
50.ОТНЕЯ	TILL	111	111	111	111	1011	111	111	-111	1.1.1	l etel	111	1	HOM	0000	1250	mm-o	V-140	NHM)	414		111	6-33 6-33
SUB-TOTAL (47- 50)	Emm	1.1.1	-1.11	111	111	111	111	1	111	111	1 0101	010		mmo	877	193	13	1340	8752	111		111	228
51.ULCER OF STOMACH & DUODENUM	THE	111	111	111	111	1.11	111	111	111	111	111	111	-11	111	111	010	1.1.1	111	000	144			num co
52.APPENDICITIS	EUL	12.1	144	111	111	111	111	111	111	111	111	1.1.1	10	1	111	111		111	111	111		111	HOM
53.INTEST. 08STR. & ABD.HERNIA	ILL	2121	111	111	111	111	110	1.1.1	111	111	111	111	111	111	1.1.1	ņi	1	111	111			111	
54.CHRONIC LIVER DIS & CIRRHOSIS		111	4111	111	111	111	0110	01101	HM4	4100	900	446	90v8	ıγνα	amo	2000	0110		111	111		111	5512
55.CHOLELITHIASIS & OTH GALLBLAD	EWH	2.12	111	111	111	1.1.1	111	1.1.1	111	111	111	111	111	1	111	111	-	144		1111	111	111	mm#
NEPHRITIS, NEPHROTIC SYNDROHE AND NEPHROSIS																			201.				
56.ACUTE GLOM.& NEPHRIT.SYNDROME	Tul	1.1.1	111	111	111	111	111	1.1.1	111	1.1.1	111	1.1.1	111	111	1.1.1	1.1.1	111	1	111	111	111	111.1	1 etel
57.CHR GLOH., NEPHRITIS & NEPHRO	THE	111	111	111	111	111	111	111	111	111	111	111	414	111	111	111	111	111	-11	111	111	111	010
1,																							

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

GRAND	TOTAL 3	1198	010		HOM DENG		16	10.61	300	Minutes	0000 0000 0000		N-00-
RES	TOTAL	(1)	rrr.		111-111		111 1	11	111		111		111
					111 111		111 1				111		111
	# NHM	N-m			111 111			111	111	1001	o-meu		111
	9 0 0 0 0 0 0										750		
	MMI GOD	HW4	111		111 111		111 1	111	111		950		111
	MN- 460	HM4	414				111-1		111	1 ~~	004 04		440
	-79	010	111		111 111		111		111	111	000 0-MM		414
	-74		111		111 144		111 1	1.1.1	1.1.1	1000	NON		2007
6	110	414	111		111 111		111-1	111	111	HHM	700¢		CHM
(YEARS)	-64	-11	111		111 111		111	111	111	111	3550		0110
	100 111		111		111 111		111	111	1.1.1	rrr.	16		010
RESIDENTS	1 2 4	-11	1111		111 144		1.1.1	111	111	NHM	1405		-1-
9	26 111	1917	111		111 144		1.1.1		111	-1-	1220		WH4
AGE	04 111	111	1.1.1		111 144		. 111	111,	111		4WL		940
	NO 111	111	111		TEN TEN		111	1.1.1	111	111	NHM		M-4
	94 111	1.00	111		111-111		1.1.1	111	1.1.1	111	ним		210
	100 111	111	111		111 111		1.1.1	111	1.1.1	111	100°		122
	150	(1)	1.1.1				111	1 1 1	1.1.1	1.1.1	4mr		25
	26	111	111		111 414		111	111	1.1.1	-1-			174
	-14	111	111		111-111		1.1.1	111	1.1.1	111	1 6161		01101
	100 111	111	111		111 100			111	-11	111	NHM		0.014
	07 111	- 111			111 200		158	22	17	16	CHE		100
	SEX TTT	EUP	EWH		EUF EUF		Tu-	THE	THE	Σ≟⊢	<u> Eu</u>		TWH
	CAUSES OF DEATH SELECTED 58.RENAL FEATURE & RESULTING DIS	SUB-TOTAL (56- 50)	59.INFECTIONS OF KIDNEY	COMPLICATIONS OF PREGNANCY CHILDSIRTH AND THE PUERPERIUM	SUB-TOTAL (61- 62) 63.CONGENITAL ANOMALIES	CERTAIN CONDITIONS ORIGINATING IN THE PERINATAL PERIOD	64.BIRTH TRAUHA	65.0THER	SUB-TOTAL (64- 65)	66.SYMPTOMS, SIGNS & OTH COND.	67.ALL OTHER DISEASES	ACCIDENTS AND ADVERSE EFFECTS	68.MOTOR VEHICLE ACCIDENTS
	CAL		,	-	9		•	9		9	٥		9

MATERIAL TO - BETTE OCCUPATION OF PERSONAL CYTICS IN SEX 100 Pers 1014

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

GRAND	TOTAL	725	128 176	0000 0000	1900	MOM	1599 2803 2803
RES	TOTAL	11	111	111		111	111
	S 1	1.1	111	111	(11.	111	111
	90+ 1	min	amu	-1-	111	-1-	5352
		on.	moun			111	3138
	970	5	moo	1	111	111	149
	-75	-111	med	-1-	111	-1-	163
	-74		Mort	1-1-1	111	0110	316
(3)	900	mm.	400	111	MIM	1	165
(YEARS)	59-		WH4	-11	111	111	116
ASED	1000 A	14	010	11	111	mim	163
RESIDENTS	04 K	tom	440	word	144	CLOSE	134
OF A	24 200 m	th	-0<100	M11	-1-	OMN	103
AGE	95	nım	200	1139	111	9000	247
	-39	114	M0	m-v-t	144	-11	5445 5445
	940	n-t	1550	2000	1 (161	-1-	5445 440
	2001	1000	129	='=	-1-	414	5000
	-24	210	3272	12	-1-	1	174
	-195	000	17	120	-1-	1	499
	-14 -15	1101	काक	111	111	111	1556
			tun	111	1 44	111	60 8 115 16
	SEX -4 -9	0-0	(JPMC)	111	-6-20	111	1155
	SEX	ELL	THE	EWH	ZL-	TIL	TUP
	CAUSES OF DEATH SELECTED	69.OTH ACCID & ADVERSE EFFECTS	SUB-TOTAL (68- 69)	70.SUICIDE	71.HOMICIDE & LEGAL INTERVENTION	72.ALL OTHER EXTERNAL CAUSES	ALL-CAUSES (1- 72)
	CAL	9		7	7	7	

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

1

11

ANDTE TI - DEVISE COCKBEDIE IN PERSON* CYNES BY RES VIO YOF TAX

-	
G,	i
~	
-	
9	1
1979	
1	ı
	ı
	I
-	ł
ONLY)	į
54	I
=	1
\mathbf{z}	I
	ı
_	
	ı
93	ı
=	J
2	ì
25	
=	
=	
\mathbf{H}	
rn	
2.1	
(RESIDENTS	
1	
-	ĺ
E DISEASES	
S	
6-1	
100	
(A)	
4	
6:1	
91	
-	
COMMUNICABLE D	
194	
-	
200	
7	
54	
0	
-	
77	
=	
-	
\mathbf{z}	
7	
=	
×	
0	
NOTIFIABLE	
NOTIFIABLE	
NOTIFIABLE	
NOTIFIABLE	
OF NOTIFIABLE	
OF NOTIFIABLE	
OF NOTIFIABLE	
OF NOTIFIABLE	
OF NOTIFIABLE	
OF NOTIFIABLE	
OF NOTIFIABLE	
CASES OF NOTIFIABLE	
CASES OF NOTIFIABLE	
CASES OF NOTIFIABLE	
CASES OF NOTIFIABLE	
CASES OF NOTIFIABLE	
CASES OF NOTIFIABLE	
CASES OF NOTIFIABLE	
CASES OF NOTIFIABLE	
CASES OF NOTIFIABLE	
CASES OF NOTIFIABLE	
CASES OF NOTIFIABLE	
OF NOTIFIABLE	
CASES OF NOTIFIABLE	

H		Under 1 Yea	Under 1 Year	-	4	- 5	6	10 -	14	15 -	19	20 -	24	25 -	29	30 -	39	- 05	59	60Yrs.+	+.	TOTALS
ae 4 2 6 6 8 551 585 555 63 64 33 32 30 15 21 14 16 15 6 18 551 585 555 63 64 33 32 30 15 23 21 14 15 15 15 15 15 15 15 15 15 15 15 15 15		M	Cz.	M	E4	M		M		E		M								-	H	
	Amoebic Dysentery					1	1	1	1	4	1	4	1	3	1	-6	1				-	. 23
1tris 1 <td>Bacillary Dysentery</td> <td></td> <td></td> <td>1</td> <td>1</td> <td>7</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>2</td> <td>2</td> <td>3</td> <td>3</td> <td>3</td> <td>2</td> <td>3</td> <td>2</td> <td>1</td> <td></td> <td>33</td>	Bacillary Dysentery			1	1	7	1	1	1	1	1	2	2	3	3	3	2	3	2	1		33
itis 1	Diphtheria			9		П			- 2		1			1		3	-	-	1	-		6
trist: A condition A condition B condition A condition B condition A condition B condition A condition B condition A condition	Encephalitis: Herpes Simplex					=												1				1
A 1 4 7 12 7 11 8 6 3 6 1 1 B 6 1 1 2 3 1 4 7 12 7 11 8 6 3 6 1 3 1 3 1 3 1 1 1 1 2 7 11 8 6 3 6 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 <td>Encephalitis: Other Viral</td> <td></td> <td>11</td> <td></td> <td></td> <td>П</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>2</td>	Encephalitis: Other Viral												11			П						2
A A A A A A A A A A A A A A A A A A A	Gastroentercolitis Staph.												1									1
B B Complementary Signature S			1	1	1	1	2	6	1	4	7	12	7	=======================================	80	9	3	9	1		1	77
tis: 38 29 138 139 604 544 578 550 50 8 8 8 1 3 6 9 2 6 2 tus: 10 2 1 2 1 3 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6						- 1	R	ä	1	1	2	5		2		-	3	П	3	-		23
tis: 8 5 9 138 139 604 544 578 550 50 50 8 8 1 3 6 9 2 6 9 2 tis: 1	Malaria						-		1	1		1	2	1			2				П	6
8 5 9 12 7 3 2 1 1 4 1 4 1 4 1 4 1 4 1	Measles	38	29		139	604	544		920	50	50	80	8	1	3	9	6	2	9	2		2765
4 2 6 1	The state of	∞	5	6	12	7	3	2		2.	-	1		4			1		1			56
1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Hemophilus Influenzae	4	2	2	9												100					14
cal 1 1 2 . 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Pneumococcal			1	1	3		18	8	9		- 7	H	A			R		A			2
51 37 154 162 618 551 585 555 63 64 33 32 30 15 23 21 14 14 5	Meningococcal	1	H	1	2				i i	-	1		-	-1	è	4	Öi ;	77	A	9	-	9
	Sub-Totals	51	37	154	162		551	107000000000000000000000000000000000000	555	63	99	33	32	30	15	23	21	14	14	2	4	3021

			Malaria	Hepsthitte B	Hepschila A	Staph.	Encaphalitian	Sheabpartain:	highthorto	Buchlary Dysentery	Assestic Dysentery	

Acterial 1 Year 1 - 4 5 - 9 10 - 14 15 - 19 20 - 24 25 - 29 30 - 30 - 30 - 30 - 30 - 30 - 30 - 30		Under	- 4		=		=		=				=		-		-		-		=	
Bacterial Bacterial 3 1 3 2 1 1 2 8 8 8 8 26 2 1 2 1 8 8 8 8 260 285 166 102 33 11 1 5 1 8 10 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	42	1 Ye	ar		4		6	1	14	15 -	19	1	24	.	29	30 -	39	- 04	59	60Yrs.+	+.	TOTALS
Bacterial 2 2 2 1 1 2 1 1 2 1 1 1 1 1 1 1 1 1 1		M	FF	M	F	N		×		M		7		M		M	-	M	F	M	CE4	
ssis A G E S N O T A A I	ther Bacterial		2	2			1	2											Laky			7
ssis A G E S N O T A V A I L Lsy acosis S 2 2 2 2 1 I <th< td=""><td>Iral</td><td>3</td><td>- 1</td><td>9</td><td>3</td><td>9</td><td>2</td><td></td><td></td><td>2</td><td></td><td></td><td></td><td>3</td><td></td><td>-</td><td></td><td></td><td>1</td><td></td><td></td><td>26</td></th<>	Iral	3	- 1	9	3	9	2			2				3		-			1			26
18 19 19 19 19 19 19 19	sdwn		٧	9	ш	S		Z	0	H		V	>	۷	I	П	4	. ш	J	FI		258
c Fever 1	ertussis	3	3	2	1		5	2	2													21
ever 14 21 88 83 260 285 166 102 33 11 1 5 2 8 2 8 1	leurisy														-							1
tion 6 12 13 10 8 10 5 6 14 8 10 12 10 12 4 monary	sittacosis							2	1						1		1		1			9
tion 6 12 13 10 8 10 5 6 14 8 10 12 10 12 4 monary							-	1	1200									9	2			1
tion 6 12 13 10 8 10 5 6 14 8 10 12 10 12 4 monary	ubella	14	21	88	83				102	33	11	1	2	2	00	2	13	9				1097
monary 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		9	12	13	10	8	10	5	9	14	- 00	10	12	10	12	7	9	13	12	7	77	189
Pulmonary 1 1 2 1 1 3 1 1 1 1 3 1 1 1 1 1 1 1 1 1	almonella Typhi							7			1											1
y (Page 1) 51 37 154 162 618 551 585 555 63 64 33 22 30 15 23 (Page 2) 26 39 108 97 277 305 177 111 49 20 13 17 18 23 10					Т				1 0			1		9	1	1		. 5	2	6	2	19
(Page 1) 51 37 154 162 618 551 585 555 63 64 33 22 30 15 23 (Page 2) 26 39 108 97 277 305 177 111 49 20 13 17 18 23 10	uberculosis on-Pulmonary						137	18	3							2	1	1	7			8
(Page 2) 26 39 108 97 277 305 177 111 49 20 13 17 18 23 10	(Page	51	37		162		551		555	63	99	33	22	30	15	23	21	14	14	2	4	3021
00 00 00	(Page	26	39	108		277	305		111	65	20	13	17	18	23	10	21	22	20	10	13	1376
76 262 259 895 856 762 666 112 84 46 39 48 38 33	OTALS	77	9/	262	259	895	856	762	999	112	84	94	39	48	38	33	42	36	34	15	17	4655

2565									
S									
2									
de l									
5									
88									
RA									
8.8									
7.6									
28									
2									
NA A									
SAT									
376									
298									
0,00									
CAR!									
Sec.									
3									
2,163707									

REPORTED COMMUNICABLE DISEASES BY MONTH IN 1979

	Jan	Feb	Mar	Apr	Мау	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 Semplex		1											1
Encephalitis: Other Bacterial		1	-72		93	-7	65	1	28	37	30		2
Gastroentercolitis Staph.				9		1				140	36		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	72 3	3	5	4	7	3	6	18	1	5	56
Hemophilus Influenzae	10	1	20	2	1	2	2		01	3	1	2	14,
Pneumococcal					1			1					2
Meningoccal		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							н		-			1	1
Psittacosis			1		1	4			N				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
Teberculosis 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

TOTAL		13	2	∞	17	6	3504	3553
d d	F		CHEAR	DOLLARS	OF REALS		24	24
Age not Stated	Σ	12221.030	to presen		er the co	numley.	33	33
ars	F	1				1	er 1979. Profilery S	8
Plus	M		resident of a		1	toaford	12	13
60	E		thatta (raid to Juli	2	19	21
Years	×	1		Н	COLPEG TO	1	131	135
39	124	1	sor at th	Promise 1.1	Tales	1	115	118
30 - Years	Σ	9	П	2	80		362	376
29	F	of and to	a hay sad	1	1	1	179	182
25 - Years	×	4	mar. The	2	3	2	496	507
4	[24		П	the. This	extended	specing	519	521
20 - 2 Years	M	2	and coded	T	tetanus,		787	791.
19 s	FI		a tutait	- 1 1 1 1 1 1	Vict o 14	301 510	502	503
15 - 19 Years	M				1	-	310	311
10-14 Years	(H		No. 18 197				10	10
	Σ		THE STATE OF THE	ha Infant	marly yes	internal a	7	-
years	(in		male reg	asee 5 cl			01.7	
Ye	E							
1 - 4 Years	(H	-	100		1-101-311		-	-
Year	Σ						-	-
Under 1 Year	7.				usa Yang			
ă T	E			5		ভ		
		Syphilis: Acquired Primary	Syphilis: Acquired Secondary	Syphilis: Acquired Latent-Early	Syphilis: Acquired Latent-Late	Syphilis: Undetermined	Gonorrhoea: All Forms	TOTALS

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

COMMINSTY HEALTH MUNESTED DIVISION.

CALCARY LOCAL BOARD OF BEALTH

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.

District after 16 years of sarvice. Hrs. Cathy Musicrd was appointed to the position. Hrs. Shails Clarks retired is inly from her position of District Supervisor in the Haysborn District and Mrs. Eleanor Lepson has been appointed to that position. Mrs. Connis Foster resigned from her position as Supervisor of the Anderson Road District to steept the position of Supervisor at the Originalist Health Date and Mrs. Sus Hicks has been appointed as the Anderson Road District Supervisor.

On the first of January this year, the Provincial Immunitation Schedule was revised and this has made considerable difference in our exactatical tabins from last year. The immunitation is started for infants at two months with three immunitations at two month intervals and the fourth immunitation at eighteen months. This extended spacing between dones has shown up in our statistical tables where there is marked variation between the first and third diphiheria, tetanus, perturals and sable immunitations in the infant are group, with a larger number carrying over to the exetistics for 1980.

The total attendance at our clinics is 88,874 this year which is an increase over the 82,655 shown in 1978, sithough the change in Immunisation 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 92,745 persons and represents 5525.1 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 GRAI	DE 7				7868
	SCREENED				(97.69	%)	7676
	REFERRED						
	BO	YS RLS					193 220
	TO	FAL					413
	COMPLIED	AS	PERCENTAGE	OF	SCREENED	(5.2%)	202
COMP	COMPLIED	AS	PERCENTAGE	OF	REFERRED	(92.3%)	382
	SCOLIOSIS						133
		AS	PERCENTAGE	OF	COMPLIED	(34.8%)	
		AS	PERCENTAGE	OF	REFERRED	(32.2%)	
		AS	PERCENTAGE	OF	SCREENED	(1.7%)	
	NOTHING ABNO	ORMAL					249
		AS	PERCENTAGE	OF	COMPLIED	(65.12%)	
		AS	PERCENTAGE	OF	REFERRED	(60.3%)	
t	NKNOWN OUTC		PERCENTAGE	OF	SCREENED	(3.2%)	31
		AS	PERCENTAGE	OF	REFERRED	(7.5%)	

has been incorporated into more of the teachers' curriculum. Some of
the subject codes were changed in our monthly recording this year.
Frewlously, 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 67,542.

669 of these contacts were regarding child abuse; 12,042 for communicable
diseases. 1654 individual contacts were made under the subject code of
well adult, 1055 for acute filmess. The Community Health Nurses have
been involved in a Berenvesent Visiting program and this year Visited
assessment and referral in the Child Health Centre, Certatric 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.

212011005

Scotlasis sarpenting numerics a pant of the school program but is still being evaluated. Selow is a table which describes the outcome of the screening activity for 1978 - 79.

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 agresh 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

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

23324311

The 1978 - 79 outbreak of meastes in Caigary exeated a for of morb for the issuing nurses with some 3000 children being notified as suffering with Heastes of the Atypical Mississ Syndrome. This outbreak has been studied with some interesting data being produced relating to the efficacy of meastes vaccines.

COHORT STUDIES

1979 and completion of nonstruction of the 1972 and 1979 colores 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 mursing program as it relates to the development of Calgary children.

NURSING ATTACHMENT TO FAMILY PRACTICES

A pelot attachment, on a one session per week basis, of C.M.M.'s to thate family practices for the purpose of increasing cooperation between our C.M.M.'s and family doctors engaged in the care of cider citizens, was completed tate in 1979. The results through somewhat disappointing were not entirely regalive and the experiment may be respected in a somewhat disappointing were disappointed for more than the respected in a somewhat disappointes, accusation to working separate from one another, to change deeply ingrained habits of working separate from one another, to change deeply ingrained habits of working separate industry planning will have to be undertaken before a second pilot is embarked upon.

OBSERVATION REGISTER

Using previous existeria, the numbers of babies entered into Siate of children requiring special observation during their early formative years were so large that C.H.N. is 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 teams of C.H.N. - population ratio and in the excessively wide nature of those criteria.

A working committee examined agreek the exiteria for including a child on what we now call the Observation Register. This committee produced a now being studied; a now being studied; onetimizary results indiente that the lists so produced are resident in terms of workload and the relative rates of the various exiteria with terms of workload and the relative rates of the various exiteria with a seviced to evaluate firether the correctness or otherwise of the revised consecues of the revised c

We have been very pleased with the way our geriatric program has developed and Miss Setty 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, wrine 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

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

Community Health Nurses have had some centact with the elderly in Calgary for many years. However, prior to the eastly '70s there was no planned or formalized program for this segment of the population and contact was apt to be in response to ungent referral from the senior citiesen's family, friends, neighbors or a community agency. The situation was usually a crisis and often resulted in the situation was usually a crisis and often resulted in the situation began to think of us not as helping persons but population began to think of us not as helping persons but ones whose actions were likely to result in them having to ones whose actions were likely to result in them having to

In 1974, it was decided that the Nursing Division would actively seek out the elderly in our community and let then 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 eddorfy was the first problem. Districts were invited to explore any avenues appropriate to their our situation. A simple browlers explaining our service was prepared and given to community agencies, doctors and the edderfy themselves. Serion Citizen's Clubs and Drop-In Centres were appropriate managers of todges, housing units for the edderfy, nursing homes, etc. were contacted. In the downtown area, Community Health Hurses set up screening clinics in the high rise subsidized housing towers. These offered blood pressure readings, wrine tests, weight monitoring, etc. They but to complement it, Home visiting had always been a part of but to complement it, Home visiting had always been a part of

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 Bowness 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 wrine 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.

became more aware of our evallability to the elderly.

Since 1974, there has been a steady passeth in aervices to those 65 and over. In the third quarter of 1979

[July, August, September] 5.45 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 Bowness areas are above the city average, while
Anderson Road, Rundle and Thornbill areas spent less
thus 15 of their time on geriatrics.

The three sensides presently provided to the periatric population are:

(a) Secenting Chinics where blood pressure, weight, haemoglobin and unine can be checked. Guidelines for referral have been established. Those attending and regular monitoring can be done on his request. A lecter explaining this service is sent to each doctor whose patients attend.

A history is taken and advice on health problems of offened. Supervision regarding proper taking of medication is often needed. Good natrition and exercise are stressed, The Community Health Natse its abte to help individuals get help they may need from other community agencies such as Healt on Wheels, homemubing, 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, altend a Drop-In Centre, belong to a senior dicirens club, etc.

- 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 feasibilty 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 questionaire 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.

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

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

Linison had been established with the Fanning Centre and the Glegmone Auxiliary Day Centres close contact with Family Physicians has been actively pursued but with Limited success and function feasibiley studies will be undertaken.

Two beochunes and being printed - one for use with other community workers and one as a handout so the elderly.

A Genistric Hannat which provides quidelines for screening and information on community resources has been developed and provided to each District. This minual will be evaluated and at the and of six months using a questionaire which will be answered by the staff.

We have come a fong 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 marke of much more that can be done as marpower resources become available and which should be done as marpower resources become available and which should be done as marpower resources become available our population continues to the percentage of the elderly in our population continues to climb.

Many of our Community Health Munses 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 browledge in the field of genontology.

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.

During 1979, a number of Indo-Chinese Immagrants case to Calgary and the Communicable Disease Unit has been providing acreening clinical for this group. New. Maxing Larsen, Supervisor of the Communicable Disease Unit has submitted the following report:

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 carmy out the program. The Indo-Chinese immigrants then-selves were pleasent 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 questionaires 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,

Francia m. Mane

Frances M. Moore
Director of Nursing

FMM:mr

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 preventation of displays at the Mariborough Village Square Shopping Centre, the Horth Hill Shopping Centre, the Holy Cross Resith Fair, the Fending Centre and at Memon's Day at the Calgary Stampede.
- The Community Health Norses in a number of the Districts have been developing and presenting postnatel 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 mension insunitation program in the slamentary schools in an attempt to bring about an increased lavel of lementry within our school population.
 - Hodified work wask projects were carefoated in June and the two were evaluated both during the progress and at its conclusion by questionaires completed by the people who use our clinic as well as our staff.
 - The Forest Lawn District Office was moved to temporary questers 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 Sound of Education and Focust Family Planning were involved in the planning, the presentation and the evaluation of seminars on saturation.
 - We provided 469 days of field experience for 99 students.

In conclusion, I wish to thank Dr. Hosking, Dr. Garson and members of the Soard 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,

I romen in main

Frances M. Moore Director of Nursing

ATTENDANCE AT CHILD HEALTH CENTRES - 1979

Infant Attendance	1973	1974	1975	1976	1977	1978	1979
New	6,237	6,308	6,401	6,871	7,598	*	7,561
01d	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
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.

STEENDANGE AT CHILD HEALTH CENTRES -: 1979

This information mor available for 1978 from Provincial computer printent of

DESCRIPTION OF SELECTED SUBJECT CODES

WELL CHILD

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.

FAMILY LIFE

Activities and counselling in the area of general growth and development (physical, social, emotional) over the life span and interpersonal relationships within the family.

GENETICS

Activities and counselling and education regarding genetics.

WELL ADULT

Normal adult development/maturation, life styles, disease prevention.

ACUTE ILLNESS

Individual counselling relating to any short-term deviation from normal health.

FOLLOW-UP

Individual contacts made to inquire if action has been taken on recommended referrals to other agencies and/or physician.

MATURATION

Group activities and/or individual counselling and education with the primary focus on physical growth and psychosocial development related to sexuality, puberty, menopause.

DESCRIPTION OF SELECTED SUBJECT CODES

WELL CHILD

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.

SAIT ATIMVA

Activities and commediting in the area of general growth and development (physical, social, smotional) over the life span and interpersonal relationships within the family.

CEMETICS

Activities and councelling and aducation regarding genetics.

WELL ABULT

Mormal adult development/macuration, life styles, disease prevention.

MOUTE TILBUSS

Individual counselling relating to any abort-term deviation from normal health.

TU-420,1369

Individual contacts made to inquire if action has been taken on recommended referrals to other agencies and/or physicism.

MOITABUTAN

Group activities and/or individual counselling and aducation with the primary focus on physical growth and psychosocial development related to agreeality, puberty, menopause.

HEALTH EDUCATION TO SCHOOL AND COMMUNITY GROUPS TABLE I

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

	INFANT PRESCH		SCHOOL		ADUI	ADULT		ATRIC	TOTA	TOTALS	
	Persons	Hours	Persons	Hours	Persons	Hours	Persons	Hours	Persons	Hour	
PRENATAL			931	322.0	93	30.1			1024	352.1	
POSTNATAL	12	28.5	21	7.5	35	74.0	73		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	RESK)		60	8.5	26	3.0	12	1.0	98	12.5	
CHILD ABUSE			5	1.5	156	24.0		24	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	
т.в.			982	16.5	37	2.0	66		1019	18.5	
V.D.			1350	95.0	60	2.0	108	1108	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		30	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	100	-93	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	31	135 7	456	Date	3519	51.0	
GENERAL HEALTH	4604	187.0	21,486	800.5	545	97.5	84	51.5	26,719	1136.	
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.	
PERCENTAGE	10.4	8.6	81.2	65.4	7.6	23.9	0.8	2.1			

SEALTH EDUCATION TO SCHOOL AND COMMENTY GROUPS

MIGAT

by Subject, Age, Time and No. of Persons & Percentage be Age Groupe.

8.1					
He					
350					
110					
213					
307					
a.					
12					
36					
9601					
97.					
18.					
97.					
21.					
95.					
224					
198					
823					
.26					
107					
144					
53					
111					
660					
18					
664					

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		3 9 7		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	

by Hore Visite, Telephone Calls, Counselling in Schools and Child. Health Centre (exclusive of routine clinic package counselling) and Parcentage by Age Oronge.

SCREENING, ASSESSMENTS AND REFERRALS 1979
(Includes referrals back to nurse)

TOTAL REFERRED	1643	1433	7472	371	353	11272
JATOT	20683	16119	57666	717	3337	98522
NO. REFERRED	11	2	15	16	36	80
ОТНЕК	13	24	123	77	120	357
NO. REFERRED	105	153	874	297	2	1431
COMMUNICABLE DISEASE &	45	1257	8113	431	20	9986
NO. REFERRED			300	13	205	218
BLOOD PRESSURE	RAUSE.	3	42	901	2731	2882
ио. кетеккер			624			624
SCOFIOSIS	April 1	8 3	6983		Tus	6983
NO. REFERRED	1004	193	1043	38	108	2386
HEALTH ASSESSMENT	9858	1972	4586	78	456	16950
ио. кегеккер	190	201	12	1900		403
DEVELOPMENTAL	5386	4000	72			9458
NO. REFERRED	1	86	3			102
SPEECH	7	383	4			394
No. REFERRED	171	564	4060	4	1	4 800
NOISIA	2727	6865	27578	6	77	35307
NO, REFERRED	161	222	841	3	1	1228
OIDUA	2654	3491	10165	16	9	16332
	INFANT	PRESCHOOL	SCHOOL	ADULT TO 65	ADULT 65+	TOTAL

SCHOOL TUBERCULOSIS TESTS 1979

GRADE I

Grade I	Tuberculin Tests	%	Tuberculin Tests	% Found
No. Pupils	Accepted	Accepting Tests	Positive	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	Tuberculin Tests	%	Tests	Tuberculin Tests	% Found
No. Pupils	Accepted	Accepting		Positive	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.

SCHOOL TUBERCULOSIS TESTS 1979

T SCARD

		755
I Found Postcive Reactor		
1.67		
E Found Postsive Reactor		
2,75		

GRADE I IMMUNIZATION STATUS - OCTOBER 1977

DISEASE	FULL	. %	LAPSED	%	IN ADEQUA	ATE %	NONE	%	UN - KNOWN	%	TOTAL	%
DIPHTHERIA	5971	68.8	674	8.0	844	10.0	325	3.9	781	9.3	8415	100
TETANUS ·	5790	68.8	673	8.0	845	10.0	327	3.9	780	9.3	8415	100
POLIO	5448	64.7	598	7.1	1199	14.3	386	4.6	784	9.3	8415	100
MEASLES: LIVE VACCINE	6080	72.1	13060	88	P.MILE.		1433	17.0	902	10.7	8415	100
HAD DISEASE ONLY	411	4.9		A								
HAD LIVE MEASLES VACCINE & DISEASE	228	2.7	R E									

GRADE I IMMUNIZATION STATUS - OCTOBER 1978

DISEASE	FULL	%	LAPSED	%	IN - ADEQUA	TE %	NONE	%	UN -	%	TOTAL	%
DIPHTHERIA	6298	76.7	350	4.3	707	8.6	276	3.4	578	7.0	8209	100
TETANUS	6298	76.7	349	4.3	709	8.6	275	3.4	578	7.0	8209	100
POLIO	6030	73.5	290	3.5	1003	12.2	306	3.7	580	71.	8209	100
MEASLES: VACCINE	6310	76.9			1		1202	14.6	696	8.5	8209	100
HAD DISEASE ONLY	399	4.9			Mar.							
HAD LIVE MEASLES VACCINE & DISEASE	247	3.0	Sollos.									

GRADE I INCIDITZATION STATUS - OCTOBER 1977

GRADE I INSURITATION STATUS - OCTOBER 1978

79	į
19	
1	
H	1
REPORT	1
EP	
	1
NOI	1
E	1
LZAT	1
IND	1
듯	1

AGE		D.P.T.	T.		PHYSICAL	SABIN	z	THEANG			SALK	DAL ME
GROUP	1	2	3	~	1	2	3	æ	1	2	3	æ
INFANTS 0 - 1	8610	7573	6321	43	10695	9486	4907	36	99	812	1380	14
AGES 1 - 2	191	221	350	5130	981	1726	262	876	10	69	151	38
OTHER EARLY PRESCHOOL	1117	154	208	1265	513	999	135	482	9	36	88	7
LATE PRESCHOOL	7.1	59	82	3581	247	230	121	3513	1	11	05	53
SCHOOL	21	20	65	1127	552	831	394	12085	21	10	26	212
ADULTS					9	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	A	QUAD		3	000.1	0.00		75055	,,,	0101	.00	1
For Comparison	1	2	3	4	11399	8810		1/3/6	914	10/8	166	9/6
	8047	7953	7513	390								

6	
-	
6	
1979	
1	
-	
REPORT	
0	
ď.	
8	
\approx	
_	
-	
2	
3	
=	
5	
7	
2	
MUNIZATION	
=	
24	

						110				
PLAGUE	TATO CARDO	883		2					0	8
FLU									0	13
	×	1	20	30	242	10820	3141	22	14276	24215
	3	16	12	7	13	292	561	2	903	2079
TETANUS	2	21	9	3	15	233	079	7	925	1701 1594
L	1	12	5	2	6	136	770	10	944	1701
	R	1	21	30	243	11009	33		11337	20266
IERIA	3	18	12	9	7	319	11		376	1143
DIPHTHERIA	2	24	5	4	10	237	17		297	735
	1	12	5	2	10	132	16		177	909
MEASLES	этоло		6328	498	168	5800	7		12798	7457
RUBELLA	I		27	3	1	2878	644		3358	2731
	ace.	INFANTS 0 - 1	AGES 1 - 2	OTHER EARLY PRESCHOOL	LATE PRESCHOOL	SCHOOL	ADULTS	GERIATRIC	1979 TOTAL	1978 TOTAL For Comparison

1						to mile	ALC: UNKNOWN				
	LIN	ISG-0	. 2	2	1		3	16		27	21
53	GAMMA GLOBULIN	ISC-T	in a	1	N B	STOLE	1	6	agy o	11	33
	GAMMA	ISG-C	23	10	10	3	99	128	1	241	262
	TYPHUS			1	6	2	11	573	1	591	738
	CHOLERA		26	87	110	99	261	2830	1	3391	4431
	ох	Я	alastr mrail	Atla	1	3	81	1561	52	1672	3902
	SMALLPOX	1	1	6	8	8	15	55	26	96	368
		4			rearns.		EBUTT	27	OURAN	27	40
	RABIES	3					1	34		35	55
	RA	2		FRES	RIPLIO		MI	12	INGRE	12	36
		1		300				34	1	35	94
	SCHICK			125			19	427	20	955	445
-	AUR	R	1	1	1	3	38	966	22	1062	1231
OR.	OID	3	4	15	21	24	156	1547	5	1772	2282
8	турногр	2	3	13	27	24	166	1653	9	1892	2359
	PE	1	4	17	30	24	197	1714	4	1990	2626
	AGE	GROUP	INFANT 0 - 1	AGES 1 - 2	OTHER EARLY PRESCHOOL	LATE PRESCHOOL	SCHOOL	ADULT	GERIATRIC	1979 TOTALS	1978 TOTALS For Comparison

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

	INFANTS	PRE-S	CHOOL	PRE-SCHOOL	SCHOOL AGE	
	0 - 1 yr.	2 - 3	yr.	4 - 6 yr.		
No. of children examined .	871	11	0	98	8	
	DOCTORS	DENTI	STS	EYE EXAMINE	RS	
	40		1	6 .		
Counselling in Minor Ailments		830	Counsell	ing in Nutri	tion	50
Denver Developmental Screening	Tests	273	Physical	Examination	ıs 1	,104
Minor Physical Ailments Found		973	Major De	fects Found.		ç

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

SUMMARY OF WORK DOME BY PHYSICIAMS IN CALGARY CHILD REALTH CENTERS - 1979

Counselling in Minor Ailments...... 273
Denver Dayslopments! Screening Tests..... 273
Minor Physical Ailments Found....... 973

Physical Examinations.....

MARDORY MOTTUS EXTRIC EGIROUSE

	851	

Totals

COMMUNITY HEALTH NURSING SECTION - STUDENT PROGRAM

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

		lotals	
SCHOOL OF NURSING:		Students	Days
University of Calgary			
Faculty of Nursing	ESUREZ SE		
Generic Degree Program		10	201
Post R.N. Degree Program		9	204
Faculty of Medicine			
Medical Students		3	7
Pediatric Residents		8	5
Foothills Hospital			
School of Nursing		18	18
Refresher R.N. Program		1	4
Mount Royal College		1	
Allied Health		11	11
Refresher R. N. Program		4	4
Holy Cross Hospital			
School of Nursing		17	17
Others			
Dietetic Interns		3	3
Calgary General Hospital Obstetrical Staff Nurses		15	15
Seminars - 4		68	
	4 1		
	NUMBER OF STUDENTS	99	
TOTALS:			
	NUMBER OF "STUDENT DAY	S" 489	

COMPARITY HEALTH HURSING SECTION - STUDENT PRODUCES

Number of "Student Days" for Observation/Perticipation with Calcary Local Board of Health - 1979

NUMBER OF STUDENTS

UNBER OF "STUDENT DAYS" 489

		ONTOADTHO		MAN					-		1	1			SEI	SEMINARS	
	gary	_			OBSERVATION/TEACHING	ATION	1/TEAC	HING		tuu	gar	nta	TOTALS	NUMBER		AUDIENCE	HOURS
	Course Co-ordinat: University of Calg Faculty of Medicin	Medical Students University of Calgary	Nursing Students	Dental/Auxiliary Students	Pediatric Residents	Medical Students	Nursing Students	Hospital/Nursing Staff	Dietetic Interns	Committee - Commu Health Sciences, versity of Calgar	Preparation of Br University of Cal "Environmental He	Interviewing - De Students	d approtes was not	School of Nursing	Pediatric Residents		
Medical Officer of Health		12	9			13	-				dee S co sion		31				
Assoc. Med. Officer of Health	30	36	198	50		34			-		adn mpl		100			1 PAH	
Assist. Med. Officer of Health				o Co xus			-	197	-	12	20		32			979	
Clinical Physicians			Cipi		in	58					as condi		58			All	
Nursing Admin. Personnel						30							30			SIAI UNNI	
Dental Director				16	ef no	36					ons Tue	39	91			RE	
Supervisor, Communicable Disease Control and Prevention	res esin	nfon	12		ELVE	15			-		irec:	acto	27	mala i		EL IN	
Nutritionist	20	20		WE		14		223.00	9.1				175			10	
Public Health Inspectors	no!	Lon				495			-				495				
Home Care Co-ordinator	r es	el.				80							00	VIII			
Community Health Nurses					35	64	5544	105	21				5782	4	-	89	28
Liaison Nurse, Alberta Children's Hospital	egy to	Boct	tin'	conc	Vice	24							24				
Business Manager	E BI	123	Gai	ern:	9	8							89				
Family Planning Clinic			may		= 1:	6							6				
TOTALS	20	98	18	16	35	793	5544	105	112	12	20	39	0289	7	-	89	28
			1											1			

THE TELEVISION IN MARKS HIS VICINIZA - 1833

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:
 - 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.

1979 AMMUAL REPORT

EAMILY PLANSING 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 mention who make it possible to operate such a successful program every year.

On August lat, 1979, the ball-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 reception-lat and the following complement of contracted sessional personnel who staff the clinic sessions on Monday, Tuesday and Thursdays from A:00p.m.

1979 OBTECLIARRE

DBJECTIVE 1.1 To concinue to meet the present and future needs of Family
Fianning Clinic partents in the eres of counselling and
clinical services, according to the following guidelines:

- (I) 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 relucted to seek birth coursel information elsewhere.
- (3) providing a referral source for Doctors and Conmunity Agencies who do not carry out certain
 medical procedures e.g., pregnancy tests, pelvic
 exemination, firstings for disphragus and insertion
 of I.U.D.'s
 - (4) providing free birth coursel supplies to patients
- (5) providing accurate information regarding sexuality
 and contraception, so as to reduce the number of unvanted presentedes.

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 fivesuch 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.

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.

OBJECTIVE 2.

To provide orientation programs for community health nurses, other local Soard of Health staff and related community agencies,

In September 1979 the Family Planning Clinic changed the orientation program from simple obvervation of clinics to full group orientation sessions. The Medic Strector and Administrative Director conducted flyes such sessions. All community health norses beginning amployment with the Local Board of Health as well as many other new Local Board of Health employees had the opportunity to be oriented to the Family Planning Olinic structure and procedures.

OBJECTIVE 3.

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

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

ORTECLIAR V

To engage in public relations and liamon activities promote the Local Board of Health, Family Planning Program and to maintests affective 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.

-c avituaceo

To concloue staff development to the area of human sexuality and family planeteg.

Ten innervice education sessions were held for the st of the Fantly Flanning Clinic. The Administrative Director attended one (3 day) Communication, Sexuality and Fantly Flanning Workshop in Education.

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.

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.

POINT OF INTEREST

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 contraception.

PROCESS 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 semuality counselling. The
Family Planning Clinic staff feel that this first visit is most escential
in assisting people to be successful Family Planners.

SPECIAL PROJECT

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

POINT OF INTEREST

The number of packages of oral contracaptives provided free to packages in 1979 decreased by ASZ 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 contracaptive supplies, helps to ensure more successful usage of them.

This change was set with little resistance from our ellentele and those who expressed financial concern were readily provided with contraception.

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:
 - 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.

ARROSOTIRA

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

PROBLEM PRECNANCY COUNSELLING PROCEAM

The Problem Pregnancy Counselling Program was established as a program of the Local Board of Health in April 1977. The commelling sessions continue to be held on Wednesday and Friday mornings. The number of clients seem at the Faully Planming 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. Clientels in 1979 represented 4% of the total Family Planming Clinic population.

OBTECLIARS

OBJECTIVE 1

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

- (1) demonstrating the greatest reneitlyity, while sestating 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 pregnanties by familiarising the citest with effective methods of contraception, and to assist her objectively in making a responsible decision.

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

os svitostse

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

Mine meetings were held with community physicians regarding parison care and referral information. It is estimated that approximately 500 phone calls yearly are made with respect to Problem Fregnancy Counselling citent referrals.

We sincerely thank the dedicated staff of the Family Planning Clinic for the high quality of sarvice 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

PATIENTS ATTENDING FAMILY PLANNING CLINIC - 1979

	DEST	AL DIVISIO	S AMIDAL B	190HT - 19	
PREGNANCY COUNSELLING CLIENTS	49	35	52	50	186
PREGNANCY TESTS	VE 45	VE 65	.VE 64	VE 50	os. 209
PREGNA	POSITIVE 122 NEGATIVE	POSITIVE 114 NEGATIVE	POSITIVE 152 NEGATIVE	POSITIVE 118 NEGATIVE	506 POS.
ORAL	867	977	472	643	2761
SESSIONS I.U.D.'S INSERTED	69	62	51	59	241
SESSIONS	76	73	72	70	291
NEW PATIENTS	JANUARY FEBRUARY 368 MARCH	APRIL 392 MAY 392 JUNE	JULY AUGUST 401 SEPTEMBER	OCTOBER NOVEMBER 350 DECEMBER	TOTAL 1511
AL VISITS	1286	1279	1220	1111	4896
TOTAL PATIENTS VISITS	JANUARY FEBRUARY MARCH	APRIL MAY JUNE	JULY AUGUST SEPTEMBER	OCTOBER NOVEMBER DECEMBER	TOTAL
PATIENTS ATTEND- ING CLINIC	JANUARY FEBRUARY 1209 MARCH	APRIL 1186 JUNE	JULY AUGUST 1128 SEPTEMBER	OCTOBER NOVEMBER 1049 DECEMBER	YEARS COUNT 4572

		THE CLIMIC SALEMD-

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.

DENTAL DIVISION ABBUAL REPORT - 1979



SHITOSOLIHA

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 total it is necessary to make the public aware of the high costs (both Einancial 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 dental for dental tare and providing the highest possible quality of complementary dental assisted - both professional and technical.

In the development of recommendations on public health practices to improve

- . Oral health is a vital component of total health.
 - aldeinsverg and assessed into proventable.
- * Frevention of oral disease is preferable to transment and is the key mathod of cost containment for oral health improvement programs.
 - e 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.
 - a All levels of government have a responsibility for promoting and
 - Dental research is besic to the abort and long term success of any
 effort to improve oral health.

PROBLEMIT MARRIES

The sim of the Dental Division is prevention and treatment of oral diseases. In order to project itself to the forefront by efficient delivery of escellant dental care services to the population at large, the Calgary Dental Division attempts to scrutinise its programs in as great detail as possible. This scrutiny should be activities as possible. One of the main problems encountered in schleving this objective is the difficulty of one person, the director, being the sole supervisor of the autit part of ether duties that are sole supervisor ent part of any service Division to the syriad of other duties that are an import-

Another constant concern is that of staff turnover. An important characteristic of the demtal public health melecd is its reliance upon teamsork. This is due partly to the necessity of efficient handling of parisons 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 employes 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 dentiers, a position can go unfilled for periods of eight to tuelve months. The fact that six dentait teams are responsible for seven clinical facilities makes the loss of one staff

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.

school aged population. The hygienists provide dental .

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.

DEGENIZATION

The authorized establishment of the Division at the end of 1979, consisted of the Director, the Division secretary, six full-time clinical dentists, realys dental assistants and twelve dental hygienists. These people, other than the Director and secretary, work out of seven permanent clinics which are situated attracefically within the City. Secause 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

CLINICAL SERVICES

A. Clinical Treatment:

The treatment aspect of the Division program remained basically the same, of faring comprehensive dental treatment to the children of Calgary families of a limited economic status. These sarvices are available (at minimal charge) to all children up to and including those in Grade 12. The staff provided a full range of paedodomic services including various phases of orthodomic treatment. Gversil planning of the treatment service program in each climic, ensures that dental health education forms an integral part of the dental unit program. A properly motivated patient can reduce the initial treatment coers versus maintenance coers by as much as 3:1 and initial treatment chair time by as much as 3:1 and reduce initial chair time versus maintenance chair time by as much as 4:1.

Emergency tradement 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.

5. Topical Fluoride Application:

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

C. Informative-Orientative Servicer

The services of the dental dilnics have a direct effect only upon the health of those people who are actapted as patients. However the citatics are a benefit to the community in other ways. Kindergarten and achool teachers have used the citates to familiarise their young charges with the dental nationshit. By serving as a place for demonstrations of new and established dental techniques, the citates have been of benefit to nursing students, dental assistant students, dental applicate to contain the citates acted to the citates and to inquire about the value of methods used in providing services.

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 ares, 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.

COMMUNITY SERVICES

A. Early Unildhood Services:

Programs specifically designed for children at the kindergarten level by the dental hygianists, are evaliable on request. Dental health pupper shows etc., are-used to present the children (and their testhers) with simple beate 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 eyed population. The hygienists provide dental health education through the use of a wide variety of tenching aids.

Incorporated into the program are those hash bealth 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 ares, supervised, weakly mouthfinished in exhaple has been proven to be an effective and very afficient caries preventive measure. The Division is presently remembers 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 strending kindergarten, and Day Care Centres. New immigrant groups, pre-natel groups, brownles, Cubs, etc., are other interested parties utilizing the educational services offered by the Dental Division.

ASDITIVITOR MANDORS JANDITIES

A. Dencal Case Findding

Large-scale amount oral bealth 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 intitieted 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 may unavailable for financial reasons. Staff permitting, it is hoped that this program can be carried out year after year without under 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.

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 Central Frowingial and City representatives approached the Dental Director retine possibility of the Calgary Dental Division providing the much needed services. A vigorous partnership has developed whereby the Service Centra personnel transport the thildren to the Soumont Dental Citat and the dental scaff provide proper oral health services to the children.

This program was initiated May 9, 1979.

C. Immigrant Programs

The beavy influx of Vistmaness refugees etc., placed a financial burden on the sponsoring groups assisting new insignants to sattle in Calgary. Since many of these new citizans 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 5-7 and 13-14 year old school children. The results of this study were published in 1979. Calgary was one of the selected health units (13) involved in the survey, presenting a total of 587 school children, or 13% of the total sample (2500), to be examined in this survey the idea was to limit the age groups of children examined auch that the oral health status is determined at entry to and exit from junior acheois. The information obtained from such sampling would, amongst tunior schools. The information obtained from such sampling would, amongst endeavours aimed at clavating the dental health status of Alberta subbool children.

Although their was a limited amount of previous Alberta data available for legicinate 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 intivities aimed at inose children in greatest dental need. At those least abis to pay, and, at those most susceptible to intust dental dental disease vould realize the greatest potential gain per unit of activity expended. Further, the prevention and treatment of dental datay should constitute the prime objectives of most dental programs in the Alberta health units. "Such an approach would be eminently consistent with classifical public health practice".

E. Alberta Survey of Realth Sair Dental Programmi

In conjunction with the Dental Health Status Survey, the Galgary 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 atoff number, professional representation, and staff initiative and exchanges.

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.

The combined results of these two studies suggest that an acceptable level of dental health can be attained if the compunity 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 Deutal Status study as to possible specific dental programs that would generally be carried out in alternative 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. Cortainly there are areas for improvement, however as long as the dental staif take the initiative to continuously review that's dental programs, but dental 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 attems of Calgary children.

Certatric Survey

In order to taprove the knowledge, attitudes, and behaviour is oral health for the geriatric equatority, the Calgary Dental staff in association with appropriate personnel from Calgary Auxiliary Hospital and Mursing Hone District 57, the University of Alberta Dental Faculty and the Calgary & District Dental Association, implemented proceedings to conduct a dental survey of residents in District 57 facilities. The intent of the survey is to obtain busic 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 dentel health.
 - b) ascertaining the dental requirements of the residents, and
- c) parhaps utiliaing the information obtained to astabilish an ongoing praventive-educative dental health program sized specifically at the older population.

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

- Policy/Proceeders! Manual:

In an accompt to seelet Dental Division staff in all aspects of the adminferration of personnel procedures, activities have been initiated for the development of a "Manual for Personnel Politics 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.

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 Divison 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.

H. Borns Memorial Fund For Children:

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

In an attempt to utilize the mondes in the Number Fund as wisely as possible,
the Descal 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/fently situation.

L. Facility Study:

A dental operatory system is coverned by the same rules that apply to any human-sachine system. The human constraint 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 aquipments technical with up-to-date standardon that facilitating the work of the Division and embling staff to remain a spre sificient service.

Research! Protects

In 1979, the Demial Divisor became extensively involved in solivities designed
to gather reliable up-to-date information with which to approach the 'problems
normally encountered to any progressive health progressis. These was made
available to intersected staff to research various areas of concern. Not only
was more current and detailed face augmenting the advantages and disadvantages
of elementive program efforts exemined, but also methodologies designed to
improve the availability and encourage the utilization of better dental
survices. The outcome of such research should lead to improvements in existface programs where relevant and sid in the secsolishment of guidalines for
new programs directions.

Areas considered included:

- a) Drai Health Care For The Elderly.
- by Present and Early Postnaral-Sectal Care
- an exercise of Title Careers Libraries
 - d) Public Salactons,
 - e) Fluoridacion.
- 1) Investigation/Updating 26 Statistical Recording and Reporting Methods.
 - e) Deered Division Mandal.

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

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

OBJECTIVE

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

Clinical Dentists
Dental Assistants

Dental Hygienists

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.

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.

PERFORMANCE INDICATORS

- * 2,914 clinical educational sessions were conducted during 1979.
- * 8,053 clinical educational sessions were conducted during 1979.
- * Teaching plans, educational materials, etc., to be used in lessons for children of various ages, were designed and produced during 1979.

DENTAL DIVISION GOALS

(With Sample Objectives and Indicators)

1 3.560

To effect systematic planning and sustained implementation of health education.

BUILDRINE

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

Clinical Dentists Dental Hygienists Dental Assistants

To inform perebts end/ or guardians of their children's dental defects and the possible consequences of such defects

Clinical Dentists Dental Assistants

Dental Hygienists

To ensure the laddered of and encouraged to follow good dental bealth practices.

Clinical Centists Cental Assistants

Dental Hygienists

PERFORMANCE INDICATORS

- The design, production and disbution of pacertals suitable f promoting the Dental Division programs.
 - * The improved utilization of com
- The sustained improvement of individual patient attitudes as oral health habits.

PERFORMANCE INDICATORS

- appropriate follow-ups) were conducted during 1979.
- * 8,120 visual examinations (vitappropriate referrals) were completed during 1979.

PERCHANGE INDICATORS

- * 1,91% clinical educational sassions were conducted during 1979.
- * 8,053 clinical educational sessions were conducted during 1979.
- Teaching plans, educational materials, etc., to be used in lessons for children of various ages, were designed and produc during 1979.

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 multirooted 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 minor preventive orthodontic therapy.

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

Clinical Dentists Dental Assistants

PERFORMANCE INDICATORS

* 243 emergency cases were handled during 1979.

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

PERFORMANCE INDICATORS

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

Dental Hygienists

* 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.

5000 J

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

GRIECLIAS

To provide prophylaxes (coord-cleaning) on request.

Climical Dentists Denyal Assistants

Dental Hygienists

SVITSSILES

To provide the application of repical fluoride on request

Clinical Dentists Dental Assistants

TI STAN RESERVE SALE ST

OTOI

* 8,024 perisons were treeted with topical fluoride during 1979.

SALICATIAN

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

Clinical Dentists Dental Hyglanists Dental Assistants Nursing Ofvision

PERSTANTIGE INDICATORS

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

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 learning 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.

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 preschool 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 preschool children.

Clinical Dentists Dental Hygienists Dental Assistants

Dental Hygienists

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.

To connecate dental health activities at the Load
Level mith health programs at preschool level

CBJECTIVE

To develop meaningTul deatel health programs within Calgary's preschool system.

Dental Hygrenists

CONTRACTIVE

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

Clinical Dentists Dental Hygienists Dental Assistants

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

Clinical Dencists Dental Myglenists Dental Assistants

Dental Hygienists

PERCHANGE INDICATORS

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

PERFORMANCE INDICATORS

dantal division clinical areas were handled during 1979.

PERSONANCE THOUGATORS

- parents accompanying their children on the clinical orientation sessions.
- * Participation in pre-school climics in conjunction with the Community Health Nurses from Rundle and Forest Lawn.
- Frementations to parents of Plement Holghts and Montgomers Day Care.

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

OBJECTIVE

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

Dental Hygienists

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

- * 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.

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.

PERFORMANCE INDICATORS

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

de augra

To encise the support of all individuals, proups and agencies dedicated to the provotion of individual health.

OBJECTA VE

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

Clidical Dentists Dental Hygienists Dental Assistants

To stimulate and conduct outlie informational and inducational programs designed to improve the nealth and welfare of the dominatey.

PERFORMANCE SUBSECATIONS

- Visits were made to the various clinics by private destal practitations; pediatric residents
- Productions were ande to the community health nurses within the Calgary Health District, Local Board of Health.
- Presentations were given to the Calgary Dental Assistants Associate Associate Albert Sental Hygienists Society.
- Presentations were made to the staff of the Calgary Rasidenti Service.

PERFORMAGE INDICATORS

- Talks on verious dancel topics
 were presented to a wide varia
 of community groups including
 instructors and boys/girls
 levelved in the Busy-Ses and
 Brownis Groups, Seaver and Cob
 Fack Groups, Seaver and Cob
 - Educanteh ununiona were offer to E.C.S. Perent Orientation Seminar Hount Royal College, New Canadian Groups.
 - * Holy Cross Sealth Promotion Fair and Mariborough Mall Maplays.

PERFORMANCE DEDICATORS

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

Olinical Dentists Dental Hygienists Dental Assistants

DRIECTIVE

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

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

OBJECTIVE

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

Clinical Dentists Dental Hygienists Dental Assistants

OBJECTIVE

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

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.

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.

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 & (continued.,)

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

SVITOSLEO

To encourage and sestar students in preparing, qualifying and establiabing thurselves in health careers.

Clinical Dentists Dental Hygienists Dental Assistants

PERSONALUS INDICATORS

- Concinual visits were made to the various dental clinical areas by dental students, dental assistant students from 5.A.I.T., nursing students, medical students, distoric internes during the 1979 year.
 - Presentations were cade to nursing students from the Faculty of Norsing, U. of C.
- loareasing requests for dental bealth education information, etc. from students.

PERFORMANCE INDICATORS

- * The Dental Division bandled many requests for specific statistical information from various supporting specific.
- * A cotal, of 46 fee estimates were validated for government agencies.
- The Dental Division processed mumerous requests for advice and information from health professionals.

PERFORMANCE INDICATORS

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

Clinical Dentists Dental Hygienists Dental Assistants

TVITTORING

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

Clinical Dentists Dental Hygienists Deutal Assistants

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 preventiveeducation programs dealing with expectant parents, geriatric population.

Goat 7

To effect systematic investigation of deviation and deviation of deviation and the develop more comprehensive and health programs in the Community.

BUITORLEG

To identify feasible strategies to use in disseminating merit-concepts to the community at large.

Dental Division Staff

BVITORLEO

To modify extering programs as more efficient educative/ preventive dental measures become

Dental Olvision Staff

SVITONIAG

To continue research
late providing approprinte dental services
to special childrens
groups.

Dental Division

ental Division the Children's Ser

incompa italson with stait of the Children's Service Centre, to develop improved plans to provide appropriate dental services for the children with in the institution.

PERFORMANCE INDICATORS

Compilation of data for utilization in possible preventiveeducation programs dealing with expectant parents, arthreft population.

Dental Divisio

SVITOSLED

To concinue research into providing appropriate dental health aducation for special target groups.

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

OBJECTIVE

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

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.

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.

ASSITAL REPORT FOR THE SAVIRONMENTAL HEALTH INSPECTION DIVISION

THE CITY OF CALCARY BEALTH DISTRICT

Upon the retirement in Ogrober of the Chief Public Health Imagernor, Mr. N. L. Bruce, it is my privilege to present the report of the Environmental Health Services Division of the Local Edard 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 nowe has been most advantageous to all departments.

There have been additions to our Inspectional staff during the year.

In January, Soy Raymolds, one of our Senior Inspectors, retired sites it years with the Sound and was replaced by Sill Dennis from Toronto-Vicky Medeiros and Jill Pollock came to us from S.C.I.T. Staven Engus our first year bursary student from S.C.I.T., receiving three months field training with our Inspectors. Indications are that he very well suited to the Inspectional field. In Sopramber, Dr. Tohustons, Assistant Medical Officer, came to the Board and was assigned to our Division. His knowledge in Public Health matters will inspectors.

Hr. 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 Haster of Science. Dr. Hosking, who was one of the examiners on the Board of the Faculty of Medicine, assisted in. Janka with his research project, read his report and recommended acceptance. Gary Butler, who was most femiliar with the secting up of the computer program, was able to samilar with the access to the Health Inspection records. It was indeed an homour for the Inspectional Division records. It was indeed an homour for the Inspectional Division to assist Mr. Janke in getting his Haster of Science.

During the year, the Inspectional staff spent 224 hours instructing achool students, and 195 hours instructing medical students and health adocation staff members in their line of work. The majority of students did not resline the variation and scope of the duties and responsibilities required of inspectors,

There were 9.874 suche Laken of utenells in food establishments and beverage rooms, which gives the Division a general idea of the vashing facilities and the core taken in each food premise serving the general public. There were 217 samples submitted to the Department of Agriculture at Airdrie for routine teats. 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 Samonalla and 1 positive sample with Versinia.

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 semipublic 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 appendixed 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:

do compaged areas asset	
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

There were 170 plans of new food premises substited from the City Flancing Department for our approval. This was a drop of 10 from the pravious year. Discussions are underway to have the invironmental Inspector become more involved in the Occupational Health Frogram of inspecting smaller industrial and building grojects. This would entail more schooling for an impactor to become more inouladgeable in occupational health.

We have been assigned the duty of checking all public and westpublic swimming pools within the Calgary area by Environmental,
Health Services in Edmonton, who previously handled this task.
Hr. Bill Loucks, Senior Inspector with our division, has undertaken the job of coordinating as instruction alide-tare presentation cancerning the proper operation of a swimming pool. He is
also section up a mosthly bulletin for inspectional staff and
also section up a mosthly bulletin for inspectional staff and
pool operation of swimming pools.

The Calgary Exhibition and Stampeds was held July 5-15 inclusive.

The grounds and concessions were inspected by four inspectors
during the hours of operation. There were 189 written reports
along with numerous visual inspections made during the ten days.

Two concessioners complained about the poor grade ground west
and the quality of cheese being supplied by the commissary.

Upon investigation, approximately 70 pounds of ground west vere
condemned. The theses and seat samples were submitted to our
lab in Airdria for analysis. The results showed contemination
of the meat, but the cheese proved to be of an average microhiological quality. One case of suspected food potenting
involving clams was investigated. As it turned out, the person
anvas allergic to clams.

The recommendations for changes from all four inspectors were:

1/ that metal nolders 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 weder courtel. Disgrand
of the recommendations are appendixed Mr. 1.

Over the past year, a committee of three has arranged for apachers to meet with our inspectional Division on a monthly basis. This is a means to acquaint ourselves with many areas related to our cooteres. It has proven most beneficial in order to sake the right decisions in meaning with the problems of the general publication decisions in meaning with the problems of the general publications.

The following is a list of the types of premises and the number of impactions used of each by the imspectional staff for 1979.

As compiled from the computer print-out
Restricted Restaurant 3118
Food Store
Food Store
Sakery
Liquor Outlet
Darber & Seauty Salone 1007
Frivate Ovellings
Multiple Dwellings 984
Bousing 170
Housing 1874
Restructions 874

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

Reports from Milk and Dairy and Complaints divisions are also appendixed.

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

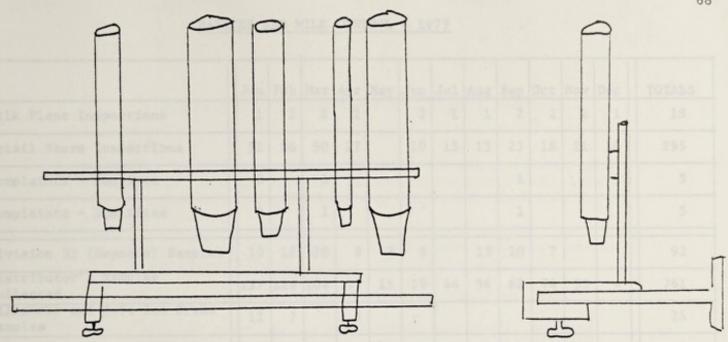
Reports from Hilk and Dairy and Complaints divisions are also appendixed.

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

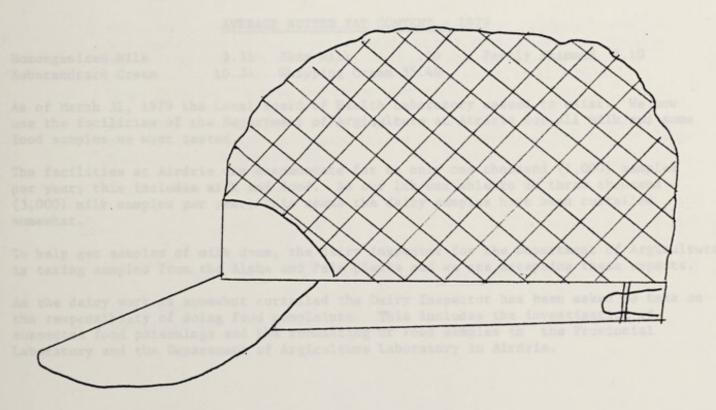
Respectfully substreed

Bosses - L. H

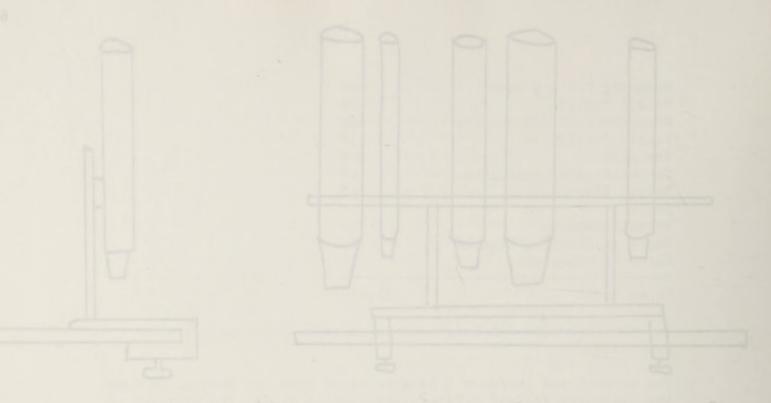
Chief Public Health Inspector



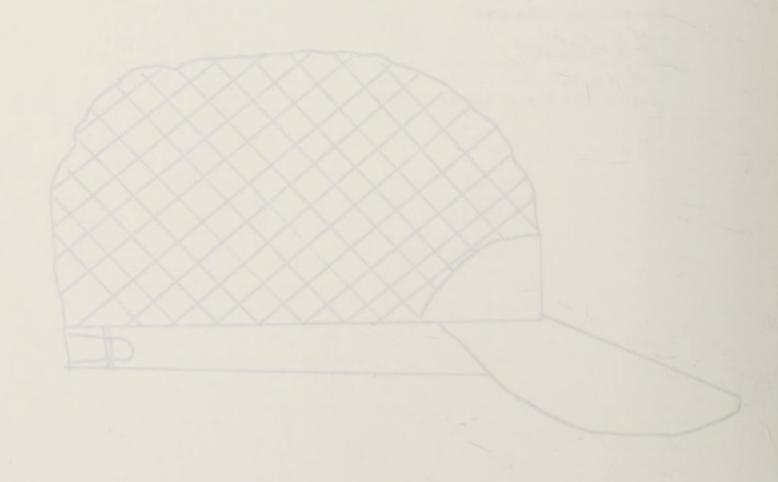
Removable disposable cup dispenser



Hair Control net mesh cap adjustable headsize



Removable disposable cup dispenser



Hair Control net mesh cap adjustable head

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	10-0	1	5 30		cati	pour l	bat	1	ad.	Lar	a Int	5
Complaints - Justified	3		1					0.55	1	-11/3-0			5
Division 33 (Repeats) Samples	19	12	16	8	2	5	ngtas	13	10	7	-	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	89 9	5	1000		Mal			la s			24
Retails Store Samples	97	78	80	32	4	4	2			11	19		32.7
TOTAL Samples Collected	285	225	200	102	31	28	46	67	72	92	52	4	1204

AVERAGE BUTTER FAT CONTENT - 1979

Homongenized Milk 3.31 Skim Milk .10 Substandrard Cream 10.34 Whipping Cream 35.40

.10 Partly Skimmed 2.10

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.

AVERAGE BUTTER FAT CONTENT - 1979

Homongenized Milk Substandrard Cream

3.31 Skim Milk .10

As of March 31, 1979 the Local Board of Health Laboratory coased to extet. We now use the facilities of the Department of Arghouleure at Airdays for all stike and some

The fartificies 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 (1,000) milk eamples per year, this means the dairy samples have been curtailed somewhat.

To help get samples of milk doos, 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 responsibility of doing Food complaints. This includes the investigation of suspected food paisonings and the submitting of Food samples to the Provincial Laboratory and the Department of Argitulture Laboratory in Airdits.

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 sophistaicated 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.

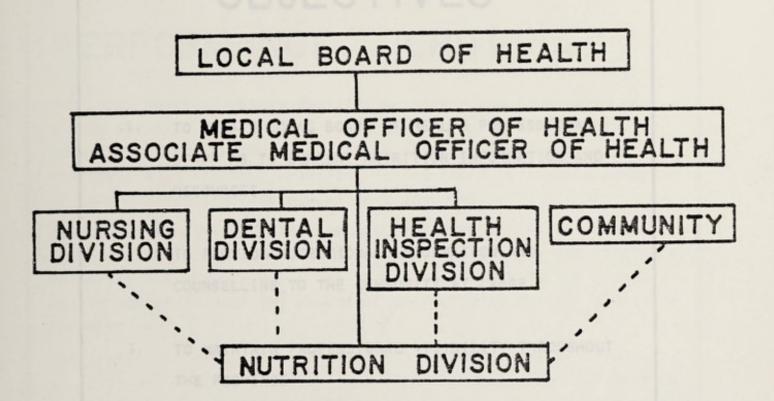
Duane Seeley

Complaints and Information Inspector

of calcade calls and in-office consultations that I had. Late in

NUTRITION

INTRODUCTION



ROLE OF BOARD NUTRITIONIST

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.

NUTRITION

LOCAL BOARD OF HEALTH

MEDICAL OFFICER OF HEALTH

COMMUNITY

DENTAL

NURSING

NUTRITION DIVISION

ROLE OF BOARD NUTRITIONIST

MUTRITION MUST BE CONSIDERED AN INTEGRAL COMPONENT IN ANY PROGRAM WHICH ATTEMPTS TO PROMOTE OFTIMAL 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 MUTRITIONIST ALSO OFFERS ASSISTANCE TO THE COMMUNITY.

- 1. TO UPDATE LOCAL BOARD OF HEALTH PROFESSIONAL STAFF AS TO CURRENT NUTRITION INFORMATION AND RESOURCES.
- TO PROVIDE NUTRITIONAL INFORMATION AND COUNSELLING TO THE COMMUNITY AT LARGE.
- THE PROVINCE.
- PROMOTING THE LOCAL BOARD OF HEALTH IN GENERAL
 AND THE NUTRITIONAL COMPONENT IN PARTICULAR.

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

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

TO MAINTAIN PROFESSIONAL VISIBILITY THROUGHOUT THE PROVINCE.

TO ENGAGE IN PUBLIC RELATIONS ACTIVITIES
RECMOTING 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 PRO-VIDING 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 GUIDE-LINES 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 I

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

PERFORMANCE CRITERIA

THE LOCAL BOARD OF HEALTH PROFESSIONAL STAFF ARE FACED WITH PRO-VIOLNG ACCURATE, CURRENT AND USEPUL NUTRITION INFORMATION TO THE COMMUNITY. DUCE AGAIN IT IS EVIDENT FROM THE COMMUNITY HEALTH NURSING STATISTICS THAT NUTRITION IS THE POCUS OF A LARGE NUMBER OF ERROP COUNSELLING AND EDUCATIONAL SESSIONS.

IN-SERVICE AND ORIENTATION PROGRAMS, THE DEVELOPMENT OF GUIDE-LINES AND PROTOCOLS, AND THE PROGUREMENT OF TEACHING AND REFERENCE MATERIALS ARE MAYS IN WHICH THE NUTRITIONIST ASSISTS THE COMMUNITY HEALTH WORKER TO MEST 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 INFRANT NUTRITION GUIDELINES IN PARTICULAR.

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

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 INSTRUCT-IONAL MATERIAL ON PRENATAL NUTRITION AS WELL AS A DIETARY ASSESSMENT. THE FEEDBACK INDICATED THE PROJECT WAS WELL RECEIVED.

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

PERFORMANCE CRITERIA -

INDIVIOUAL ASSISTANCE IS PROVIDED TO THE PROPESSIONAL STAFF AS

NUTRITION REPERENCE MATERIAL AND AUDIO VISUAL AIDS ARE CONTINUALLY ADDED TO THE SOARD'S LICRARY TO ASSIST WITH EDUCATION PROPARED FOR AN ARTICLE ON COMMONLY ASSED NUTRITION QUESTIONS WAS PREPARED FOR THE ILLUSTRATED ANNUAL REPORT.

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

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 <u>GUIDE TO BETTER FOOD BUDGETING</u> WHICH WAS DISTRIBUTED TO PROFESSIONALS THROUGHOUT THE PROVINCE.

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
EALGARY MEDICAL STUDENTS. THE ROLE AT THE MEDICAL SCHOOL WAS EXPANDED TO INCLUDE DIHER SERVICES SUCH AS PARTICIPATION ON THESIS
COMMITTEES OF GRADUATE STUDENTS. TWO HUNDRED AND FIVE HOURS WERE
DEVOTED TO STUDENT TEACHING AND AFFICIATION ACTIVITIES.

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

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 PROVIDE NUIRITIONAL INFORMATION AND COUNSELLING TO THE

PERFORMANCE CRITERIA-

SEVERAL THERAFEUTIC 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 RESCURCE MATERIAL AND SERVING AS A JUDGE.

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 FINAL-IZED 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.

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.

TO MATHTAIN PROFESSIONAL VISIBILITY THROUGHOUT THE PROVINCE.

PERFORMANCE E CRITERIA

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 FINAL-ILED AND SUBMITTED IN THE FALL.

THE INFANT NUTRITION GUIDELINES COMMITTEE MET SEVERAL TIMES DURING 1979 TO COMPLETE THE REVISION OF THE PROFESSIONAL REPERENCE. 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.

ONE DEVELOPMENT OF PARTICULAR INTEREST MAS 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 PORMAT 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.

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 NUTRITION-ISTS 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.

TO MARKET IN PROPESSIONAL VISIBILITY THROUGHOUT THE PROVINCE.

PERFORMANCE CRITERIA- CONTENIES

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

ALL REGULAR MEETINGS OF THE PROVINCIAL COMMUNITY HEALTH NUTRITION-

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.

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

PERFORMANCE CRITERIA

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.

TO EMGAGE IN PUBLIC RELATIONS ACTIVITIES PROMOTING THE LOCAL BOARD OF HEALTH IN GENERAL AND THE NUTRITIONAL COMPONENT IN

PARTICULAR

PERFORMANCE CRITERIA

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

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

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

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.

TROPES LAWREN PERFORT

This has been a year of change for Pous, With the support of Doctor Socking 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 corprised of one full time coordinator, two half-time assistant coordinators, and one full time program support clark. The incumbents at year and water

Coordinator - Lynn Lemmox Assistant Coordinators - Linds Saith - Linds McWab

Secretary - Catherine Sens

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 product 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 allow people to make decisions regarding their sexuality and fertility. The responsibility of the Calgary Local Board of Health, Focus: Family Fimening program is to provide the services of consultation, resources, and the provision of programs in human sexuality and family planning to promote advication of individuals and to promote health."

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

- I SVITORISO

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 Mursing Division, Realth Education Division and Family Planning Clinic re: the implementation of the "Three Year Plan".

Four orientation sessions were given to new Community Health Nurses providing staff, eighteen consultations with Community Health Nurses providing service in the area of sexuality were done, and there has been a stendy decand for our filter, 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

In conjunction with the Galgary Boafd 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 5 teachers of the schools they serve. The "Maturation Onit" (a curriculum guide for sex education) formed the basis of discussion.

In addition, Focus, Nursing Division, and the Family Life and Sex Education Team not to clarify the Community Sealth Norse's role in family life education programs in Calgary public schools.

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

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

Tocus provided two in-narvices for Clerical Support staff as well as providing information on utilization of voluntaers to the Sams Care Volunteer Coordinator.

The implementation of the Secritors (name change from volunteer) Flan
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 advestion, staff and sessionals attended conferences and vertabops such as: Designing and Leading Group Learning Experiences - University of Galgary: Opportunity for Interchange - Edwardon; Adolescent Sexuality Seminar - University of Gualph; Flanned Ferenthood Tederation of Ganada Annual Ganaral Magring - Ottawa; Advanced Effective-Secretary Seminar - Calgary.

OBJECTIVE 3 -

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

As anticipated the vequents 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 priorized 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.

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

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

A SVITOSLED

Rayles and adquire resources and reference naterials in the area of human sexuality and family planning.

Focus staff continued to preview and order new resource witerfal. An inventory of all resources available at Focus was completed and an appearance of specific need aross is underway. Parphlat critiques were initiated.

- E SVETOSLEO-

Plan, Implement, and avaluate Focus human sesuality and family planning education programs.

As proposed in the "Three Year Plan" the most obvious thenge in delivery of service by Focus is from direct educational programming in response to requests to consultation and education of local Sound of Health staff, helping professionals and community assocy staff. This is reflected in the gradual change in programma during the direct programm have been priorited as follows: professional groups. Special needs groups, community groups, schools. Actual presents—tions are listed in the stracked statistical report. Forty program planning meatings were held during the year.

Focus met monthly with the Fantly Life and Sex Education Team to share information and resources, and to coordinate out joint in-services and achool 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 dontributed 231.5 hours of teaching time, This represents only a quarter of the setual arount of time spent planning, presenting and evaluating advestional programs.

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, committment, and professional expertise which makes Focus programming possible.

Respectfully submitted,

H.L. Lennox, Coordinator

- 9 EALIDATED

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 Daccalaureace nursing students for twenty days each. Six medical students had an individual helf-day orientation to Focus programs and resources. Under the Suzmer Temporary Employment Traject program focus exployed a student from May to August to devalop teaching resources.

OBJECTIVE 7 -

Listes with academic institutions in the areas of curriculum planning and course developments

Tocus 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 to both the Calgary Board of Education and the Calgary Catholic School Board, and the Foothills Hospital School of Mursing.

- 8 SYITOSTEO

Listes with other related agencies in the area of bunan servicity 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 Flanned 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, Council or Canada, and Therapists, the Sex Information and Education Council of Canada, and other helping agenties. We also participated in the Provincial Family Life

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

Baspactfolly submitted.

H.L. Lennox,

FOCUS: FAMILY PLANNING

DIRECT PROGRAM STATISTICS JANUARY 1 - DECEMBER 31, 1979

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

Program	No. of Presentations	Attendance
Community Health Nurse Orientation	4	69
Clerical Support Staff In-service	_2_	_32_
SUBTOT	ALS 6	101

OBJECTIVE NO. 5 - Direct Program Provision

A. Professional Groups

1. Post-Secondary Students

Program	No. of Presentations	Attendance
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	1	30
SUBTOTA	ALS 16	683

2. Working Professionals

Program	No. of Presentations	Attendance
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	e 1	8
Assoc. for Care of Children in Hospital	1	167
Melville Scott Jr. Hg. School Teacher In-service	_2_	
SUBTOTA	ALS 18	738

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

B. Special Needs Groups

Program	No. of Presentations	Attendance
Langevin Enterprises Female Trainees	2	12
Calgary General Hospital Life Skills Group	3	12
Canadian Mental Health Assoc. Life Skills Group	s 2	10
Alberta Heart Foundation	1	_74_
SUBTOT	ALS 8	108

C. Community Groups

Program	No. of Presentations	Attendance
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	on <u>1</u>	_17_
Dept. Effective Parenting SUBTO	TALS 11	145

D. School Groups

Program	No. of Presentations	Attendance
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)

Program	No. of Presentations	Attendance
Nickle Jr. Hg. School Grade VIII boys	1	11
Bowness Hg. School Modern Living 10/20	d to in last 4 and a re	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	In-Service 3 raining	36
Melville Scott Jr. Hg. School	10	39
James Fowler High School	2	15
SUBTOT	ALS 66	660

SUMMARY	No. of Presentations	Attendance
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
the Canadian Lung Association. This in		
TOTAL	S 125	2435

0. School Groups (continued)

	Bowness Hg. School Modern Living 10/20
	Melville Scott Jr. Hg. School

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

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 lanuary. Four Community Co-Ordinators became six by April and were constantly fully occupied in their sultiple roles of case finding and consultation within the bospitals, care planning and coordination of services, home evaluation wishin the bospitals, discharge planning and the inevitable administrative paper work. In addition they shared a heavy initial load of in-Service training, explaining addition the program to medical and para-medical staff within the bospitals.

As mentioned in least year's report; rehabilitation therapy services are contracted from Calgary Auxiliary Hospital and Mursing Home District #7. This service experienced even more phenomenal growth, beginning with two full time therapiate and reaching a maximum of eleven full and part-time therapiate cveptist aix full time positions. Mursing service is provided almost exclusively by the #4.0.%, and that organization likewise experienced considerable growth in staff. Soth 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 apent in staff conferences until it was felt that the major growing pains had been relieved. Transmidous support was required and received throughout the year from the local Board of Health and the Management Committee as well as from the samy Community Sarvices 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. Serbare Hay. She spent the last third of the year designing a volunteer program and enlisting volunteers. The preliminary planning suggests that this vill be a very successful program and a valuable addition.

MEW PROGRAMS

In cooperation with the Respiratory Service of the Calgary Ceneral Hospital a special accompt was cade to establish a home program for patients with throafs obstructive pulmonary disease along the lines of the one recommended by the Canadian Lung Association. This involves mainly home physiotherapy. It is too estly to say whather there has been a significant impact on the number of re-admissions or the length of ersy in hospital of these parients.

The program has pursued ecrive participation in new programs in other areas as well. We have had ongother discussions with the Calgary General Hospital regarding participation in their new cardiac rehabilitation program. Also, a preliminary discussion was held regarding a program to discussion involved the mothers and their babies on the second day. This discussion involved the Foothills Hospital. A third area of major interest is in that of palifactive 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.

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

COMMITTEES

Isocal (s)

(23

Management Compittee

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

Service Agency Sub-Countitee

This Committee is comprised of representatives from each of a spendies from which we purchase service and a member appoints from the Management Committee. In order to improve delivery service, the purpose of this Committee is the provision of a forum for communication between the program and service spendies. To date, the committee has not four times and has decided to meet send-annually in March and September.

Ocher Local Committees

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

- Palitarios Care Countries (Cancer Clinic)
- Outreach Project for Eastern Core Saniors (Carter Place)
- Early Discharge-Postnatal (Foothills and Calsary Canara
- Advisory Countries on Continuing Education in Euraing
- Advisory Committee Honomaker Training Program (A.V.C.)

Lalondvort (d)

Records Counttees

This Committee began meeting in Isnuary, 1979. Sefore long, the decision was made to apply for funding for an objective erudy of the highly complex and cumbersons system in existence. A consulting team commenced study in September and is publishing a final suspency of recommendations will have not in any local implications which will have to be discussed in the other forums. The records committee meets on an average of once a month, with less frequent meets on an average of once a month, with less frequent meets on an average of once a month, with less frequent meets on an average of once a month, with less frequent meets on an average of once a month, with less frequent meets on an average.

Standards Committee

his Committee has just been formed and, apparently, has percoval for a two year apen.

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.

Caseload Statistics

The expansion of the Program was attaulated by the recognition of a gap in the care of the elderly, and of the handicapped of all ages, and it was statifying 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 pattents was referred, 2317 admitted, and there were 1524 pattents discinrated from Rome Care. This statistic compares to 724 referrals in 1978. In the proposal for expansion, we indicated that the cases to be absorbed from the V.O.W. caseload could be serviced by Home Care within 12 to 18 months of the commencement of expansion. In fact, the entire V.O.W. 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 progres is illustrated in the following statistics. During 1979, a total of 3288 cases was referred from the five acute hospitals to various progress of the Soard 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 170 patients.
Our goal is to reduce this caseload to a more manageable number of between 70-90 patients.

Raferrals

See graphs at conclusion of report.

Service Provision

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

Nursing

The bulk of nursing care is provided by the V.O.M. at 513.50 per visit. Staff has increased from 18 nurses to 23, with further expension of staff planaed. Outing to a significant number of patient nursing procedures, we have requested that V.O.M. diversify and provide a level of care (home health aid) at a lower les. They have agreed to have this component of their program commence by april 1, 1980. During the past summer, the V.O.M. did not be staff available to meet the demands for service we were receiving. Therefore, registered nurses from Opjobn Health therapies in respiratory care. Presently, the rebabilitation therapies from Upjobn 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.

Rehabilitration

This component includes physiotherapy, occupational, and respiratory therapy. Speech therapy is still not available to the program, but demand for this service hes not benn extensive. District #7 supplies this service from an office in Fanning Cantre. There is the equivalent of aix toll-time therapists on staff with sufficient occupational therapists but not enough physics. Freently, sround 15% our caseloss receives rebab. therapy.

Support Services (Homewaking, Houshelp, Meals on Wheels, Handtman)

The majority of homemaker/homehelp mervice is provided by Calgary Family Service Sureau. Three other agencies suppliable service on a more limited basis to approximately one third of the caselosd.

Other support services include Mesls on Wheels and Handi Services. Far more than the estimated 10% of the caselo has benefitted from Mesls on Wheels. We have tade extenuse of Project Homehalp shopping service, but have not always found available workers for heavy cleaning, yard and such.

Social Service Consultation

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

Ocher Services

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

ROITADUUS

In conjunction with the Realth 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 nospitals, for medical scalf and for community groups and clinics. As well, the peophies and posters were developed and are used to the hospitals and in Doctor's offices for promotional purposes.

Orientation of staff from other provincial Home Care Programs has been undertained 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 nersing student from the post graduate course at the University of Colgary for thirteen weeks. It is anticipated that we will accommodate more studing the future.

(d)

101

(5)

(5)

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 preceeded 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

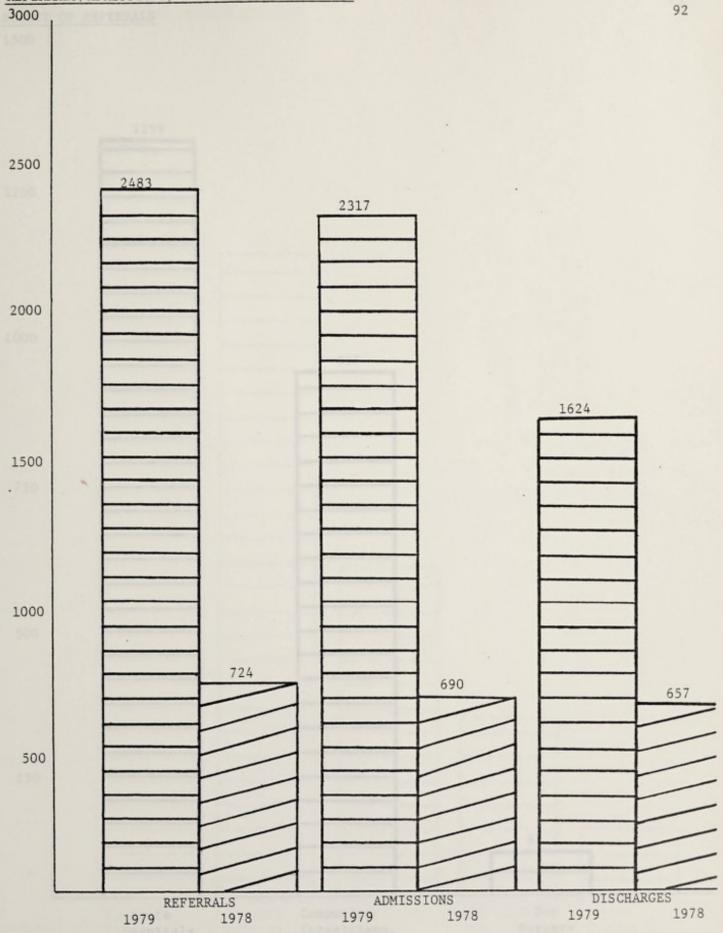
CONCEDSION

There are several references throughout the test 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 respons for this have been clearly exacted. This activity has placed inordinate stress on all staff members, elevical as well as professional, but the overall result has been a marked increase in numbers without a corresponding out the entitie in quality of service or efficiency, a most gratifying outcome. Throughout received from Dr. Hoeking, in particular, and from the entite Soard in generational this support this support, the rapid growth would almost certainly not have procueded as well as it did. As mentioned earlier, the long and sometimes tedious planning which preceded famoury 1979 gald off handsomely.

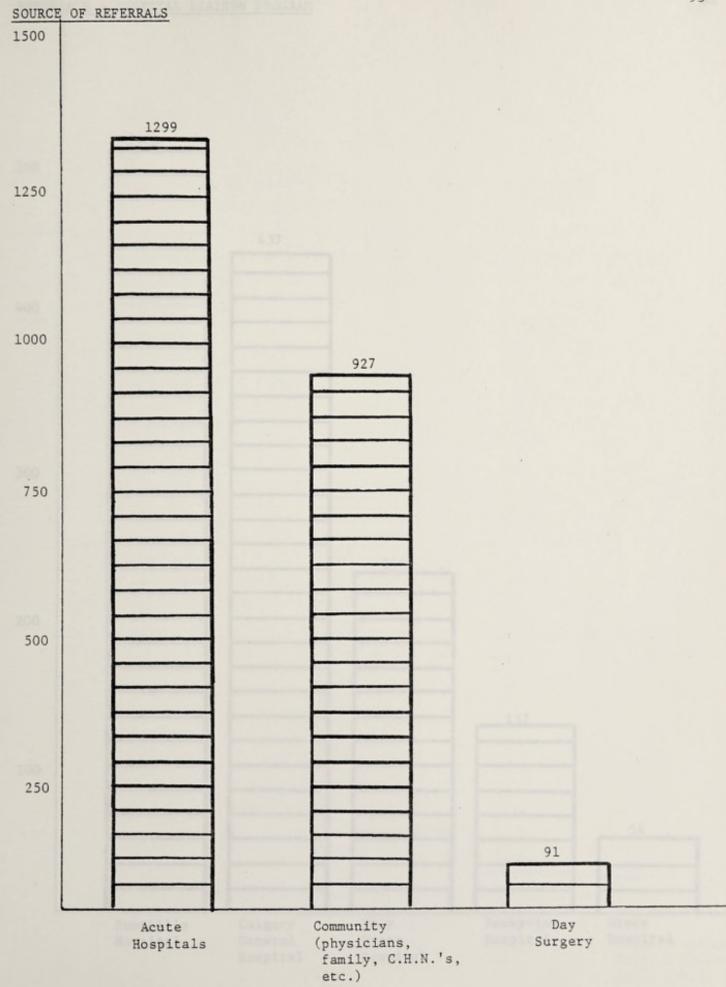
Plans for 1980 include the addition of six new community co-ordinators and the clerical staff required to support them. In addition, we anticipate the addition of some of the new programs discussed above. The projected teasload for 1980 is in the area of 1500 patients.

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

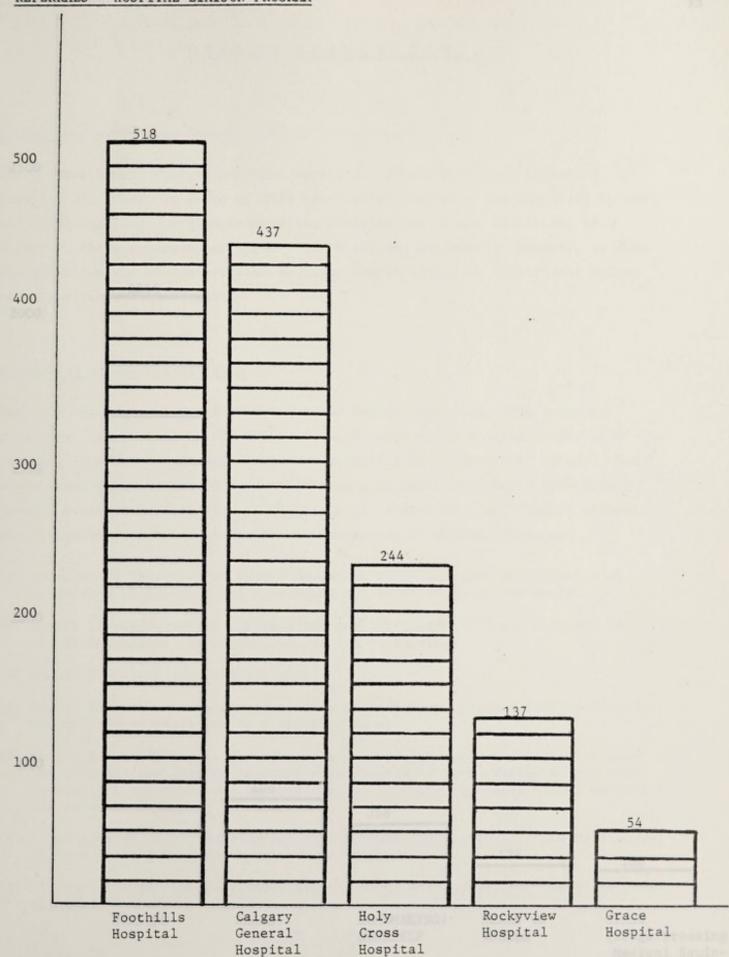
G. Dave Wignors, Director













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 nonhealth 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.

ROTTADUCE BIJABE

Period Covered by this Report

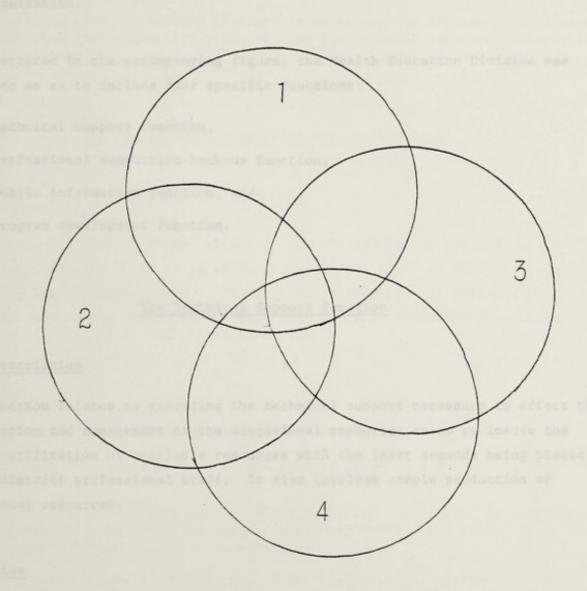
This report covers the partod from January 2, 1979 through, and including, December 31, 1979. In March of 1979 the Province approved the budgetary request for extra staffing. A Health Education Division was formed consisting of a director, three professional support staff and one secretary. However,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

Sackground 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 "Ranctive" nature. The newly established Realth Education Division also has a mandate to prostrively develop programs and polities in the areas of "lifestyles" and "health promotion". The following principles governed the structuring of the new division.

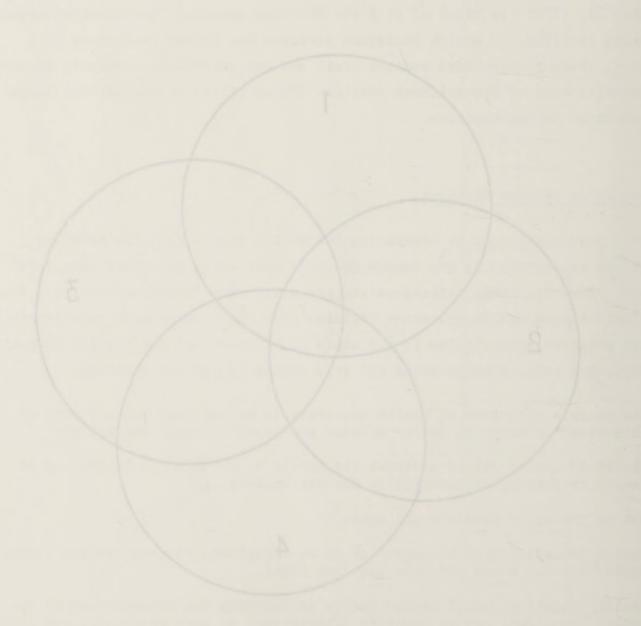
- (1) The overall objective of Health Education is to increase the capacity of Calgarians to maintain and/or enhance the level of their own health.
- (2) Health Education should activate the public to protect its health and to assume increasing responsibility for its well-being.
 - (3) Health Education 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 nonhealth 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 perceiding to tiek factors.
- (7) The Division is client-oriented and the Board staff represent the first order

HEALTH EDUCATION DIVISION PROPOSED STRUCTURE



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

HEALTH EDUCATION DIVISION PROPOSED STRUCTURE.



TECHNICAL SUPPORT SERVICES
CONSULTATIVE SERVICES
PUBLIC INFORMATION SERVICES
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.

- (8) Health Education requires a multi-disciplinary approach so as to affect 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 compatition with good community health programs. Program development prior-littles 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 cechnical 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 sifect 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.

Aggivitana

- (1) The cataloguing of local Board of Health Revource materials so as to ensure that district staff know what is available and where to obtain it.
 - (2) Organizing a core collection of gudio-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.

- (A) To arrange for routine maintenance and repairs of all sudio-visual resources.
 - (5) To offer technical back-up expertise in the areas of photography, graphics, putting on of special presentations, etc.
 - (6) Preparation of transparancies, posters, pasphlets, etc. to support vertoos programs.
- (7) Co-operated with the Norsing Division in Achieving the management/selectorated of our ifms film collection being carried out by Media Services, Calgary Board of Education.

The Frofessional Supportive Sack-up Function

Brist Description

This idencation 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.

selfiviteA.

- (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, atc.
 - (3) Research exactacical 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.
- (A) Sit on various committees i.e. Health Unit Association, various Provincial committees, Interascenty Council on Smoking and Health, The Alberta Restautant and Food Association Health, the Canadian Institute of Public Health Inspectors, the Alberta Health Inspectors,
 - (S) Conference attendance so as to keep abresst of recent davalopsents and trends. This year we attended the American Public Health Association Conference, Canadian Institute of Public Health Inspectors' Conference.

- (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.

- (6) Frowlds orientation sessions to professional staff, community groups, madical studences, staff from other health units, and community agencies.
 - (7) Consult with various professional groups i.e. steff of Calgary Ceneral 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. transparenties, posters, displays, brochures, etc.
 - (9) Provide in-service training to Board staff relating to besith educational/
- (10) Offer assistance to professional staff in developing talks and/or presentations to various groups.

The Public Information Function

Bris 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 machanism for communicating program information and ideas to the Board stail.

Secistricios.

- (1) Production of a staff newsletter (4 lasues per year).
- (2) Production of an annual cabloid newsletter (the Illustrated Annual Report)
- (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.
 - (5) Davelopment of a 12 minute alide-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 Nutsing Pre-School Immunitation 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

- 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.

The Program Unvelopment 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 beseline data pertaining to the Calgary community.
- (2) lack of information as to program needs, programs available, and the direction(s taken by the Province to 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 custres.
 - (3) Reviewed relevant materials in health education and lifestyle issues.

Staffing

After a considerable period of planning and deliberation, recryicment for the lour positions (I hasirh educator II position, 2 health educator I positions, and a divisional secretary) was initiated in June of 1979. Advertisements were run in the Caigary Herald in July and selection procedures were initiated in August. The first staff member (Besith 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.

Another major development was the secondment of the Health Education Officer, Inspection Division to the Health Education Division in October, 1979.4

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

Highlights of 1979

- (1) The establishment of the Sealth 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 Scollosia screening

 b. the side-tage series on Nucrition for the Siderly

It should be noted here that completion refers only to the dayslopment of the prototypes. At this time, the involvement of Health Education was finished. However, the detual 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 transfitional period and also to the members of the Calgary Local Board of Health for their support.

Respectfully submitted,

John H. Seaborn Director. Realth Education Division

Activities relating to this position have been separated out and are added as

ADDENDUM

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	Dietitic 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.

ADDENDUM

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

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

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

Mumber of Presentations

One hundred and minery (190) foud 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 chirty two (232) requests for Sanitation materials (pamphiets, posters, acc.) were fulfilled.

Two (2) interviews were held with students interested in Fublic Sealth Inspecting as a career.

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.

Others Areas of Activity Included

Attendance at six AR & FA Sound of Director (Local and Provincial) sections. Attendance at Matiqual C.I.P.H.I. Annual Educational Conference in Sanif.

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

Attendance at Sourd of Certification of Public Health Inspectors meeting in Ottown.

Attendance at Annual Meating of the Saskatchevan Branch of the C.I.F.H.I. In Reging.

Mi-Littes of 1979 Included

- (1) Health Approclation Week at Mariborough Mail Excellent exposure was obtained as the public were able to attend various portions of the program.
- (2) Health Education Day Mickie Jr. High "Tough Guys Drink from Dirty Glasses".
 - (3) Orientating the Unief Project Officer from the Barbados on the Health sducation 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 result of my Secondment.

The Inspection Division is continuing to receive wost favorable comments Marionally and Locally as a result of our health adapation programs.

In closing, I would be reades if I did not express my sincers appreciation to Dr. Hosking, Norm Arque and fellow Public Masich Inspectors for their continuing participation and support of the besith education programs.

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

Health Education Officer

Lille amy Zapara

THE CALGARY LOCAL BOARD OF HEALTH

STATEMENT OF REVENUE AND EXPENDITURE

FOR THE YEAR ENDED

MARCH 31, 1980

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

COOPERS & LYBRAND

CHARTERED ACCOUNTANTS

OFFICES THROUGHOUT CANADA AND IN PRINCIPAL AREAS OF THE WORLD TELEPHONE AREA (403) 264-IIII

CABLES COLYBRANO

TELEX 03-825788

SUITE 2400

BOW VALLEY SO. III

255-5TH AVENUE S.W.

CALGARY, ALBERTA, CANADA T2P 3G9

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

Coopers & reprosed

COOPERS & LYBRAND

STRATEGOSON GERSTRANS

AND IN PRINCIPAL AREAS OF THE WORLD

DIMPRICO CARAS

July 14, 1980

WUDITORS' REPORT

To the Calgary Local Board of Health

the Calgary Local Stand of Hasith for the year ended March 31, 1980. Our exactnation was made in accordance with gonerally accepted auditing standards, and accordingly included such tests and other procedures as we considered necessary to the circumstances.

the records maintained by the City of Calgary on behalf of the Calgary Local Soard of Health for the year anded March 31, 1980.

Cooples & replicant

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

THE CALGARY LOCAL SOAND OF HEALTH
STATEMENT OF REVENUE AND EXPENDITURE
FOR THE VEAR ENOUGH MARCH 31, 1980

1980

BUNEVER

Province of Alberta Operating Advances Interest Income

778.180.7

EXPENDITURES.

Administration
Norsing Services
Home-Cars Program
Mutricion
Health Information
Dental Services
Inspection Services
Faully Flanning

1,171,948 2,945,249 1,515,265 30,293 91,560 91,560

605,060 670,903 162,288

7,192,366

39,311

EXCESS OF REVENUE OVER EXPENDITURES FOR THE YEAR



