

HERZL HEALTH CENTRE
PRESIDENT'S ANNUAL REPORT
1970-71

On behalf of the Board of Directors, I have the honour to submit, for your approval, the 60th Annual Report of the President of Herzl Health Centre.

Sixty years - not such a very long time - but what exciting changes. Our beginnings were very humble. Twenty-five Jewish women and men got together in the early 1900's to do something for the sick and destitute Jewish immigrant population. They chose to name their venture the "Herzl Hospital and Dispensary" after that famous Jewish personality of the times, Theodore Herzl.

When Herzl first opened its doors in 1911, in the St. Urbain-Milton area, it was a haven of hope for struggling Jewish immigrants; a place where they could bring their children for medical attention, when the cost of a doctor's visit was out of reach, and where they obtained needed medicines at little or no cost. Limited as its services were then, it was also the first place where Jewish doctors could obtain some institutional experience.

The next milestone for Herzl was 1927 when it employed its first dentist, thereby expanding its programme into dental treatment and ushering in a new phase of service unique to the community.

With the opening of the Jewish General Hospital in the mid thirties, Herzl turned more of its attention to preventive and diagnostic services, and moved into new and larger quarters on Jeanne Mance Street.

In the forties, Herzl gave up its previous treatment role and concentrated on preventive medicine referring patients to hospital clinics or private doctors for treatment.

In the early fifties, evening dental clinics and well-being clinics for men and women were introduced. In 1960, in cooperation with Mt. Sinai Hospital, Herzl embarked on a case finding programme for tubercular patients and when the Jewish population shifted from the eastern to the western part of Montreal, Herzl moved to its present location on Decelles Avenue in 1964.

Since then we have continued to expand our facilities and services and we now have more patients than we can serve, given the present restrictions of human and physical resources and funds.

In the medical field, the role Herzl plays today is still unique in that we are the only preventive medicine agency in Canada, family oriented, conducting well-being clinics for the entire family; for men, women and children. As I will relate shortly, Herzl continues to expand its services to meet the new demands made upon us by our patients and their environment. Just how extensive and how vital today's programme really is will become clearer when this evening's panel members discuss under the heading "Will the Real Herzl Please Stand up" why we need Herzl Health Centre even more than ever before.

Looking back over our sixty years of operation, Herzl has really changed and we have made great progress in the delivery of the health services to fit the changing needs of our population. But what about last

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year, as this really is a report dealing with the operation of the Centre since the last annual meeting.

I would be less than honest if I reported that 1970-71 was a satisfactory year for this agency. By that I do not mean that we did not handle a near-record number of patients, or that the quality of care and services which we gave those patients deteriorated or that teaching and research did not proceed as usual.

But during most of the year, a number of developments combined to produce an atmosphere either of uncertainty and/or crisis and this atmosphere made long-term planning and decision-making virtually impossible. I should add that this atmosphere has lifted in the last six weeks.

Since our last annual meeting we have experienced:

- 1) The introduction of Medicare legislation, in July 1970;
- 2) The frustrating attempt to get a definition from the government as to how this new legislation would affect our agency, both in regard to present services and future programming;
- 3) The threatened withdrawal of doctors' services, in opposition to medicare, at a time when our clinics were already dangerously understaffed;
- 4) The proclamation into law, as of November 1, 1970, of medicare with the result that from that day forward there no longer existed in Quebec private and public medical treatment - everyone was entitled to receive doctor's care equally, without charge;
- 5) The resulting anticipated loss in revenue to the agency since all medical clinics were now free to the patient made us fear for our survival because the community could not afford to support our budget and government funding was uncertain;
- 6) The inability of our agency, from November 1970 to February 1971 to obtain a pool number from the government against which charges could be made for doctors services created additional anxiety;
- 7) The uncertainty, until February 1971, as to whether the government would honour charge backs for services rendered prior to the receipt of our pool number;
- 8) The inability to obtain a definition as to fees to be charged for the services rendered by our doctors to our patients;
- 9) The mountain of new paper work required to implement medicare and obtain payment from government;
- 10) The time consuming negotiations with our own doctors with regard to the fees they would receive for services they rendered to the Clinic;
- 11) The receipt and extensive study by our Planning Committee, Executive Committee and our Board of Directors of the Health Services Study conducted by Agnew, Peckham and Associates Ltd., for the Health Services Division of

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Allied Jewish Community Services concerning the extensive and exciting recommendations it contained with regard to Herzl in particular and the delivery of health services for our total Jewish community;

12) The release of part of the report of the Commission of Inquiry on Health and Social Welfare, better known as the Castonguay Report, with its definition for a new health plan for Quebec which emphasizes fundamental changes in the organization of the delivery system;

13) Our frustrating search to find knowledgeable people who could properly interpret this report insofar as it affects our Agency and the Jewish-sponsored health services of our community;

14) The very extensive self-evaluation conducted by our staff and Board, in light of the Peckham and Castonguay Reports, in order to prepare special briefs to government so that it would be apprised of our future goals and financial needs and last but not least,

15) The fire which occurred to our premises on January 21, 1971, miraculously without injury to anyone, which literally "put us out of business" for some time and which resulted in a clogging up of our already overburdened appointment lists;

Even before the introduction of medicare we were faced with serious shortages - shortage of space; shortage of doctors; a shortage of para-medical personnel and of non-medical personnel. With the introduction of medicare, these shortages merely became more acute as greater demands for service were made upon our agency.

However, the strength of our Agency throughout the ages has been its flexibility and capacity to adapt itself to change. I am very proud to be able to report that notwithstanding the staggering problems previously outlined, we still had time and strength to be inovators of new programmes to meet the needs of our patients:

a) Our home visitors programme moved out of the learning stage, into the operative stage, and have proven very effective in strengthening clients to organize their lives physically, emotionally and culturally and thereby maintain the health level of their family;

b) A child and mother's group programme dealing with obesity was introduced. This was a new method to overcome an old problem. In previous years we attempted to solve this problem on a one-to-one basis, i.e. a doctor and a child. We learned that this wasn't a successful approach and have embarked on a team approach basis, combining the doctor, public health nurse, social worker, psychologist, parent and child to solve this problem. The results of this new approach have been very gratifying and the pounds keep coming off.

c) Our family planning programme now has one full year of operation completed and we believe our programme is most successful. We at Herzl believe that family planning is an obligation and a human right. We take it upon ourselves to ensure that life is a precious and preservative thing and not a debilitating one. Our clinic saw 362 women, most of them accompanied by their husbands, during last year's programme and by way of

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counselling and medical services, we believe we have 362 families who are stronger and better informed. We look forward to the coming year when we anticipate an even greater patient load in this clinic.

d) Another new and exciting programme introduced during the past year was the programme of psychological testing developed for grade one and kindergarten children of our Jewish day schools. The object of this programme was two fold -

1) To have our clinical psychologist go out into the schools and attempt to pick up learning difficulties before they became debilitating and overwhelming; and

2) To give the teachers in-service training in the management of the children's needs.

We were successful in finding a large number of perception difficulties- these findings were reported to the parents and the school and in private interviews remedial programmes were developed or, in severe cases, references were made to more specialized treatment.

f) There were other new programmes we introduced during the past year which weren't as successful as the ones I've already mentioned and there were others that just weren't successful at all. However, there is one additional programme I want to describe. Its potential is very exciting and far-reaching. It is called "The Listener" or "An Attitudinal Study" programme. In it we deal with 9 to 14 year olds.

The purpose of the programme is to listen to the youth in order to pick-up potential psychiatric and social problems. Too often we found that no one listened to the youth until he got into trouble, at which time it was too late. We hope that by listening to them now we can pick up difficulties which can be remedied before they get into trouble while the youth tells us during programmed interviews how they feel about being Jewish, about their parents, his/or her brothers and sisters, drugs, school, friends, sex, the clinic, society, government, etc., our interviewers listen and note down the responses. We then analyze the responses and hope to be able to develop out of the data which we are compiling a programme to serve the health needs of our young population which will be more than just a bandaide - hand - out programme. We hope to be able to develop a cause-effect and remedy program which will really serve his needs. The program is very new; its potential is very exciting and important, not just for the pathology we are finding today, which is in itself very important, but for the research data we are accumulating. Wow, after reviewing all that, I now realize that we have had ourselves a very busy year. Much has been accomplished and this is because your agency has continued to be fortunate in the loyalty and the quality performance of its staff. They have shown a willingness and an ability to adapt themselves to the process of change and development. On behalf of the Board of Directors, I express to them our sincere appreciation for their constant understanding, their outstanding service and constructive achievement.

To all committee chairmen, and the members of their respective committees, to my fellow officers and members of the Board of Directors, I extend my deep gratitude for their interest, cooperation and wise counsel.

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To Mrs. Pashlin and her magnificent band of dedicated volunteers, I extend grateful thanks. Their sterling contribution serves as an excellent example for all volunteers. Without their generosity of time, talent and energy our agency would be unable to advance to its proud status.

To our Executive Director, my boss, Mrs. Shirley Kantrowitz, I wish to express my sincere thanks and gratitude for the excellent manner in which she carries out her increasingly difficult responsibilities.

We acknowledge the generous support of the Allied Jewish Community Services and the Combined Jewish Appeal and record our sincere appreciation to the officers and entire campaign organization for their assistance.

We publicly acknowledge the generous support and cooperation of the Province of Quebec and extend to it our grateful thanks for the courtesy, cooperation and understanding afforded our agency.

But so much for the past. What about the future.

The pattern of health services will be profoundly altered by the introduction of the Provincial Health Care Schemes. Something of great value which has been built up painstakingly over years of devoted and intelligent effort is in danger of permanent destruction if we are not careful; and once destroyed, it will be very difficult, if not impossible, to restore.

It is important to remember that the government does not deliver any medical services. These are still delivered by the medical community of institutions and professionals. Although the government feels it is doing what is good to meet the needs of the population, it still hasn't got the expertise and experience to fulfill the complex job it has taken upon itself.

In this area, our community is rich in human resources and experience and we have a viable medical system which we must preserve to fulfill the future needs and interest of our community and which can serve as a model to the larger community.

The Castonguay Report bases the delivery of health services on dividing up the Province into geographic regions. The mere mention of regionalization sends shivers up many spines in our community, for it would destroy the very system of medical services the Jewish community has painstakingly developed. We all know this but yet no one seems to be making the right moves. If we don't start soon, the government is going to make the decisions for us. We should be showing the way, instead of sitting back and waiting for government directives.

It would seem to me that Allied Jewish Community Services must start to use some of that "aggressive leadership" which they speak so much about. I recognize that as a community we have a variety of viewpoints. But hiding behind a principle of consensus is like the ostrich with his head in the sand. Allied Jewish Community Services has done its homework well - the Agnew Peckham Report and its predecessors speak clearly - it has thoroughly analyzed the problem and now it is time for it to speak with courage, in interpreting the findings, and to promote the necessary action, without

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expecting everyone to agree.

The future of the delivery of Jewish-sponsored health services and its continued success as a leader in medical care, depends upon Allied Jewish Community Services exemplifying that rationality, that efficiency, that planning and that non-discrimination, which is increasingly required by the government. This behavior will make for the basic foundation on which new heights are to be built. It can be a model for the government to use. The time to act is now.

The emphasis in medicine during the next few years will be an ambulatory and preventive health care, if one reads the government papers correctly. It's much cheaper to treat a patient on an ambulatory basis than in a bed in a hospital. It's much cheaper still, to keep him well by good preventive and diagnostic programs.

Future ambulatory and preventive care should differ from current practise in, that most of the cases would be family oriented, would emphasize promotion of health and early detection of disease, would strive to include all medical services required, and would be a continuing health resource to the same families.

The Hall Commission and the Castonguay Report say "The concept of health care has spread beyond a narrow definition of health services... It is giving increased recognition to the concept...which views a man as an integral part of his environment."

The challenge of our health institutions is firstly that of guaranteeing the survival and growth of the body: however, a society that is fit for humans must also assure the survival and growth of the spirit. Our society must find ways and means for our population to feed, clothe, house, educate himself and his family and for them to generally participate in the main-stream of canadian life. As a society becomes more industrial, automated and computerized, the importance of the family unit becomes more important in the realization of one's happiness - for it is only at home that one can be entirely onself.

Herzl is family oriented. The problems of the individuals are often related to the social, medical and economic distress of the family. Perhaps we are more aware of the needs of the family for generally we see it first when it is "in crisis". We are seeing more and more multi-problem families.

While in the late fifties and early sixties only 10% of our case loads were multi-problem families, today more than 50% of our case load consists of multi-problem families who are either in crisis or on the verge of crisis, and they look to our agency for solutions.

This increase in the use of our agency as "A friend in need" has placed added stress on the coordination and pooling of the rare, professional skills and facilities of our clinic and the coordinated social and health agencies of our community. The alleviation of their problems require a "team approach" not just by Herzl, but by the entire community.

There is a myth prevalent that the needs of individuals, groups and communities can be adequately served if only the existing programs had more

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money to hire more staff, build additional facilities and coordinate their programs more effectively.

The solution to individual or social problems is not simply a matter of inadequate funds, but more a lack of adequate analysis of the problems faced by individuals and groups in modern society, and a consequent lack of appropriate approaches to meet them.

We are today experiencing a most accelerated rate of change in the mental, social and physical health patterns of our patient population. Entirely new standards of patient amenities should be adopted and both health, education and social service programs should be adopted and both health, education and social service programs should be intensified and greatly expanded.

In order to do this, we must make the distinction between old style planning which was related to the distribution of funds for existing services and a new type of planning, one which is designed to meet the major issues of the modern society with the advancement of new goals, regardless of the restrictions imposed by the funding process. Such planning looks toward the mobilization of new resources rather than limiting itself to the optimum use of existing ones. We must overcome internally or externally imposed restraints and create new structures, purposes and goals based upon a new definition of individual and community needs.

It may well be that the survival of Herzl Health Centre may well depend upon its ability to face this challenge and to prove its worth as an organization, committed to providing the help required by individuals, groups and communities, who face the massive problems created by a rapidly changing urban environment.

As in the past, the coming year will be one in which the pursuit of excellence will be the keynote. You can be assured that the Board of Directors and staff of Herzl Health Centre will strive to improve the quality and quantity of our services and attempt to coordinate our services with our sister agencies for a more meaningful and effective community health programme, one which will meet the challenge of the changing urban environment.

Respectfully submitted,

Morton Bessner,
President

HERZL HEALTH CENTRE
PEDIATRICS - 1970

TOTAL VISITS

4571 *

Previous Years	1783
Repeat	2064
New	724

No. of Individuals Served

2507

Infants	139
1-5 years	486
6-10 years	852
11-16 years	1030

SERVICES

Complete Physicals and Histories	3821
Chest X-Rays	147
Hear Tests	2292
Positive - 303	
Negative - 1989	
Laboratory Tests	2099
Sabin	1356
DPT	516
DT	146
TT	123
Measles	94
Smallpox	229
Aminographs (including PKU)	-
Hearing and Eye Testing	2208
Social Service & Public Health	947
Referrals - Hospitals & Social Service Agencies	419
Obesity Service (Includes 2 hour group sessions dietary instructions and nursing advice)	125

- * 1. 1500 Screening exams for Camp eliminated in 1970. Policy change reflected in visits, individuals and services.
- 2. Statistics here only include those coming for physician medical services. Other visits to nurses, social worker and psychologist not included.
- 3. Reduction in births evidence of success of Family Planning Clinic.

ANALYSIS OF AGE

Previous Year Patients		1783
Infants	43	
1-5	375	
6-10	558	
11-16	807	
New Patients		724
Infants	96	
1-5	111	
6-10	294	
11-16	223	
Repeat Visits		2064
Infants	456	
1-5	748	
6-10	484	
11-16	376	

ANALYSIS OF RELIGION

Previous Year Patients		1783
Jewish	1696	
Protestant	28	
Catholic	34	
others	25	
New Patients		724
Jewish	628	
Protestant	18	
Catholic	34	
Others	44	
Repeat Visits		2064
Jewish	1864	
Protestant	31	
Catholic	96	
Others	73	

ANALYSIS OF REFERRALS

2507

No. of Individuals

Jewish Community Camps & N.H.	1623
JIAS	271
JGH	175
Mt. Sinai Hospital	22
Other Agencies & Hospitals	37
Self-Referrals	379

No. of Visits

4571

Jewish Community Camps & N.H.	2180
JIAS	761
JGH	615
Mt. Sinai Hospital	53
Other Agencies & Hospitals	86
Self-Referrals	876

HERZL HEALTH CENTRE
WELL-BEING STATISTICS - 1970

VISITS

3696

Visits for Complete Examinations or X-Ray	2687
Visits for Results and Referrals	949

SERVICES

Complete Physicals	2026
X-Rays	2687
Urinalyses (Microscopic & Complete)	2035
Hematology (Hemoglobins, Sed. rates, Hematocrits)	7496
Wassermans	2052
Electrocardiogram	1837
Pap Smears	1970
Biochemistry (BUNS, Creatinines, AC & PC Sugars SGOT & Uric Acids)	4868
Discussions re Results and Referrals	949

ANALYSIS OF AGES

Previous Year Patients

1368

Men

524

16-39- 169
40-59- 210
Over 60- 145

Women

844

16-39 - 248
40-59 - 323
Over 60 - 273

New Patients

1186

Men

473

16-39 - 251
40-59 - 135
over 60 - 87

Women

713

16-39 - 403
40-59 - 187
Over 60 - 123

ANALYSIS OF RELIGION

Previous Year Patients

1368

Jewish - 1197
Prot - 44
Catholic - 89
Others - 38

New Patients

1186

Jewish - 804
Prot - 69
Catholic - 230
Others - 83

ANALYSIS OF VISITS FOR RESULTS AND REFERRALS

Total Number of Patients		949
Total Number of Referrals		1058
Social Service & Public Health Counselling	237	
Referrals to Private Physicians for Follow-Up	158	
Clinics	663	
Allergy	7	
Arthritis	18	
Cardiology	54	
Dermatology	34	
Diabetic	16	
Ear, Nose, Throat	37	
Endocrine	24	
Eye	18	
Family Planning	7	
Gastroenterology	75	
Geni to-Urinary	29	
Geriatrics	2	
Glucose Tol. Test	-	
Gynecology	70	
Hematology	5	
Medical	120	
Neurology	17	
Obesity	2	
Orthopedics	32	
Psychiatry	20	
Pulmonary	5	
Rectal	11	
Surgery	30	
Vascular	7	
Social Services	21	
Dentistry	2	

HERZL HEALTH CENTRE
FAMILY PLANNING ANALYSIS
(January - December 1970)

TOTAL VISITS

841

New Patients	148
Previous Years	65
Class Visits	274
Private Classes (unmarried)	12
Repeat Visits	342

RELIGION

Jewish	145
Protestant	24
Catholic	31
Others	13

STATUS

Single	19
Married	172
Divorced	7
Separated	15

AGES

15-20	8
21-25	44
26-30	60
31-40	88
41-50	13

REFERRED BY

Jewish General Hospital	31
J.G.H. Rounds	83
JIAS	26
Baron de Hirsch	6
Herzl	56
Others	11

METHODS

IUD	111
Pill	55
Diaphragm	31
Foam & C.	9
Method Changes	1
Unable to Service	6

ADDITIONAL SERVICES

Hospital rounds, nurse	120 hours
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LANGUAGES

French	141
English	44
Bilingual	14
Others	14

TOTAL REFERRALS

Laboratory Tests

Family Planning	
- Urinalysis (Microscopic & Complete)	239
-Slides	216
-Hematology (Hemoglobins, Sed. Rates, Hematocrits)	376
-X-Rays	6

FAMILY PLANNING CLINIC

CLASSES

Classes Attended	139
Husband Attended	135
No Husband	4
Private Classes	12 (Unmarried)
Hospital Visits - Nurse	120 Hours
Private Interviews (concerning side effects)	40
Telephone Time	165 Hours

HERZL HEALTH CENTRE
DAY DENTAL - 1970

TOTAL VISITS

4106

Previous year	327
Repeat patients	3326
New patients	453

NUMBER OF INDIVIDUALS SERVED

780

Children	310
Adults (over 16 and under 60)	314
Adults (over 60)	156

SERVICES

Full Mouth Examinations		628
Dental x-rays		2652
Repairs:		3693
Permanent Fillings	2578	
Temporary Fillings	80	
Extractions	557	
Other operations	401	
Surgery (Gum)	77	
Impressions and Wax-Bites		781
Prosthetics (Deliveries):		540
Upper Dentures	59	
Lower Dentures	55	
Upper Partial	32	
Lower Partial	39	
Crowns	---	
Bridges	---	
Repairs to Dentures	355	
Prophylaxis		464
Endodontia		57
Periodontia		4
Referred to Jewish General Hospital		50
Fluoridation (Topical)		134

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ANALYSIS OF AGE

Previous years Patients	.	327
Children (under 16)	103	
Adults (16-59)	157	
Adults (over 60)	67	
New Patients		453
Children (under 16)	207	
Adults (16-59)	157	
Adults (over 60)	89	
Repeat Visits		3326
Children (under 16)	1188	
Adults (16-59)	1422	
Adults (over 60)	716	

ANALYSIS OF RELIGION

Previous years Patients		327
Jewish	302	
Protestant	7	
Catholic	14	
Others	4	
New Patients		453
Jewish	398	
Protestant	22	
Catholic	28	
Others	5	
Repeat Visits		3326
Jewish	3031	
Protestant	136	
Catholic	132	
Others	27	

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ANALYSIS OF REFERRALS

Number of individuals 780

JIAS	199
City Welfare	62
Jewish Community Camps	136
Baron de Hirsch	15
J.G.H.	28
* Other Agencies & Hospitals	12
Self-Referred	328

Number of Visits 4106

JIAS	1158
City Welfare	269
Jewish Community Camps	620
Baron de Hirsch	123
J.G.H.	175
* Other Agencies & Hospitals	63
Self-Referred	1698

(8 staff included in Self-Referred)

* Includes referrals from Red Feather Agencies, Montreal General Hospital, and Jewish Vocational Service.

HERZL HEALTH CENTRE
EVENING DENTAL-1970

TOTAL VISITS 950

Previous years	70
Repeat patients	804
New patients	76

NUMBER OF INDIVIDUALS SERVED 146

SERVICES

Full Mouth Examinations		123
Dental x-rays		897
Repairs		843
Temporary Fillings	31	
Permanent Fillings	573	
Extractions	140	
Surgery	18	
Other operations	81	
Impressions & Waxbites		180
Prosthetics (Deliveries)		146
Upper Dentures	18	
Lower Dentures	14	
Upper Partial	7	
Lower Partial	16	
Repairs to Dentures	91	
Fluoride Treatment		8
Prophylaxis		129
Endodontia		13
Referred to Jewish General Hospital		16

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ANALYSIS OF AGE

<u>Previous years patients</u>		70
Children (under 16)	3	
Adults (16-59)	56	
Adults (over 60)	11	
<u>New Patients</u>		76
Children (under 16)	8	
Adults (16-59)	58	
Adults (over 60)	10	
<u>Repeat Visits</u>		804
Children (under 16)	108	
Adults (16-59)	599	
Adults (over 60)	97	

ANALYSIS OF RELIGION

<u>Previous years patients</u>		70
Jewish	65	
Protestant	2	
Catholic	2	
Others	1	
<u>New Patients</u>		76
Jewish	61	
Protestant	8	
Catholic	4	
Others	3	
<u>Repeat Visits</u>		804
Jewish	717	
Protestant	38	
Catholic	41	
Others	8	

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ANALYSIS OF REFERRALS

Number of Individuals 146

JIAS	49
City Welfare	5
Baron de Hirsch	5
Other Agencies & Hospitals	3
Self-Referred	77
J.G.H.	4
Camps	3

Number of Visits 950

JIAS	356
City Welfare	23
Baron de Hirsch	20
* Other Agencies	7
Self-Referred	457
J.G.H.	21
Camps	66

* Includes referrals from Red Feather Agencies, Montreal General Hospital, and Jewish Vocational Service.

HERZL HEALTH CENTRE

ANNUAL REPORT

PUBLIC HEALTH NURSE

1970-71

Once again, at the completion of another very busy year at Herzl, I submit my annual report. In retrospect, the year has been most interesting - a year in which several new, exciting programs were added to the existing, established ones from previous years.

Complete total examinations were given to 2026 patients in the Adult Well-Being Service. From this number 488 had complete normal examinations. A total of 2824 children and adults received x-rays at Herzl in 1970.

The ongoing program with Mount Sinai found 31 patients who had abnormal chest x-rays with possible chest disease at Herzl, and were referred for further diagnostic x-rays through the Mount Sinai Public Health Department. Eighteen of these patients were referred to the Pulmonary Clinic at the Jewish General Hospital. Two patients were admitted to the Jewish General Hospital and one was admitted to the Mount Sinai Hospital. A total of 26 patients with suspected chest pathology preferred to go to their own private doctors for follow-up.

As in previous years, the Survey Committee of volunteers telephoned patients in whom pathology was found and had been referred to a private doctor or a hospital clinic by the examining physician at Herzl. The volunteers were most successful in contacting 673 of these patients. Of this number 194 had not gone for follow-up.

The Jewish General Hospital Nursery continued to refer newborn infants to the Herzl Health Centre. However, after the introduction of Medicare in November, a definite decrease in referrals was noted. However, in total 76 infants were referred to our Pediatric Clinic. A visit was made to each home soon after the newborn left the hospital. At the time of the home visit, an appointment was made for the child to attend our Pediatric Clinic.

Three families were involved in our special Premi-Program. This program provides more intensive follow-up of both mother and child. A home visit is made to the mother as soon as she leaves the hospital (upon referral from the Jewish General Hospital Premi Nursery). At this time a complete home assessment is made and reassurance given to the anxious mother, alone at home without her infant. A second home visit is made after the discharge of the baby from the hospital. A pediatric appointment is given to the mother to bring the child to Herzl in two weeks, rather than the usual four weeks. After seeing the Public Health and Pediatric Nurses and Doctor, the mother is referred to Social Service to give her an opportunity to further discuss anything which might be of concern to her. The mother and baby return to the clinic frequently and are followed closely by the team members.

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Other home visits were made at the request of the doctor, social workers and pediatric nurse. These visits were made for the purposes of total family assessment in the home and for general health teaching. A definite increase in referrals of this type was noted.

The highly successful Home Visitor Program, directed by the social workers, continued for the second year. Herzl welcomed a new member to the staff - an additional part-time social worker. She has proved to be most helpful in attempting to meet the increasing demands being made on the Social Service Department.

September once again found the Adolescent Obesity Group meeting weekly under the leadership of a social worker. Dietary counselling and medical follow-up was provided by the members of the Pediatric, Public Health and Medical staff. More time and effort were placed in the organization of this year's program and the results proved to be most satisfying. The mothers of the children were actively involved for the first time. They met once weekly, as a group, with a social worker to discuss common problems and concerns.

Several new programs were initiated during the last year. There has long been a need for a program to assist the existing medical and social teams in further identifying problems in many of the young people seen in our Pediatric Clinic. A training program for selected volunteers was introduced. These women were trained to interview all children between the ages of 9 and 15 for the purpose of assessing attitudes and problem identification.

In connection with our existing T.B. prevention service a more intensive follow-up program was introduced this year. A skin test for T.B. is given routinely to every child in the Pediatric Clinic annually. 178 were referred to me with excessive positive reactions. I, in turn, referred these children to the Montreal Children's Hospital, Public Health Department, for more intensive follow-up. 112 accepted the referral and of this total 31 were referred to the Pediatric Chest Clinic of the Montreal Children's Hospital. They were consequently started on anti-T.B. medication on prophylactic basis.

Student nurses from the Jewish General Hospital and McGill University, and Residents from the Montreal Children's Hospital continued to observe and participate in various Herzl activities.

The social workers, psychologist, doctors and pediatric nurse continued to try to meet the ever-increasing demands for their services.

In closing, I would like to thank the Executive Director Mrs. Kantrowitz, the staff at Herzl Health Centre, the Jewish General Hospital, and Mount Sinai Hospital, and the staff of all the other community agencies for their cooperation during the past year. I would also like to thank the volunteers who have given so much of their time to help in the more effective operation of our clinics at the Herzl Health Centre.

Respectfully submitted,

Jennifer Wood,
Public Health Nurse.

HERZL HEALTH CENTRE

PEDIATRIC-HOME VISITS

1970

(January 1st - December 31st)

To New Born Infants	76
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To Other Children	141
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Total Visits made	217
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HERZL HEALTH CENTRE
SURVEY COMMITTEE
1970-71

Sandra Shiller, Chairman

Bella Cohen

Arlene Druckman

Shirley Ellis

Bonnie Erbstein

Beverley Goldbloom

Dede Litwin

Sonya Postelnick

Esther Simcoe

Dorothy Steinberg

Libby Toulch

Sarah Weinstein

Judy Wiseman

HERZL HEALTH CENTRE
SURVEY COMMITTEE
1970-71

Complete Examination		2026
Normal Examination	485	
Examinations with Pathology	1541	
Chest x-rays		2687
Normal	2112	
Abnormal	575	

	<u>New Findings</u>	<u>Previous Findings</u>	<u>Total</u>
Allergies	5	1	6
Anxiety Tension	164	69	233
Anemia	32	12	44
Asthma	3	6	9
Arthritis & Allied Conditions	76	81	157
Cardiac	185	125	310
Dermatology	51	17	68
Diabetes	26	47	73
Dentistry	13	--	13
E.N.T.	54	28	82
Endocrine	36	23	59
Gastric	161	59	220
G.U.	80	69	149
Gynecology	95	33	128
Hyperglycomia	31	1	32
Hypertension	121	99	220
Hematology	2	2	4
Obesity	33	42	75
Hernia	36	19	55
Ophthalmology	42	28	70
Orthopedics	58	19	77
Pulmonary Non T.B.	71	25	96
Old T.B.	3	6	9
Rectal	59	20	79
Varicosities	119	58	177
V.D.	15	--	15
Neurological	11	3	14
Weight Loss	9	--	9

TUMORS

Fibroma	--	--	--
Mastitis	4	--	4
Breast Lumps	50	--	50
Cysts	8	2	10
Nodules	6	--	6
Other Masses	14	--	14
Polyps	5	--	5
Adenopathy	8	2	10
Lymph Glands	3	--	3

HERZL HEALTH CENTRE
SURVEY COMMITTEE
AGE GROUP BREAKDOWN
1970-71

Number of Patients

673

60-20 years - Male 10
 Female 23

21-40 years - Male 48
 Female 156

41-60 years - Male 81
 Female 187

Over 60 years - Male 60
 Female 108

HERZL HEALTH CENTRE
SURVEY COMMITTEE
POPULATION BREAKDOWN
1970-71

Number of patients

673

Adjacent area

463

N- CPR tracks
W- Cote St. Luc Boundary
S- Queen Mary Road
E- Outremont and City Boundary

Outremont

42

Cote St. Luc

20

Ville St. Laurent

39

Chomedey

44

N.D.G.

16

Other areas surrounding adjacent areas

37

Off the Island of Montreal

12

HERZL HEALTH CENTRE
SURVEY COMMITTEE
OCCUPATIONAL BREAKDOWN
1970-71

Number of Patients

673

FEMALES

479

Housewives	332
Unskilled	61
Semiskilled	41
Professional	7
Students	16
Unemployed	20
Retired	2

MALES

194

Unskilled	53
Semiskilled	51
Business Men (store-keepers, peddlers, etc)	25
Professional (white collar workers)	4
Students	11
Unemployed	23
Retired	27

HERZL HEALTH CENTRE
SURVEY COMMITTEE
FOLLOW-UP BREAKDOWN
1970-71

Number of patients contacted 673

Number of patients who went for follow-up 479

Private Doctors 185

Jewish General
Hospital 250

Patients who went
elsewhere 44

Number of patients who did not go for
follow-up 194

HERZL HEALTH CENTRE
PSYCHOLOGY STATISTICS
June 1970 - June 1971

Number of Persons Tested

514

Age

1 - 2	53
3 - 4	3
5 - 6	401
7 - 8	17
9 - 10	13
11 - 12	8
13 - 14	3
15 - 16	3
Adults (Parents)	13

Tests Administered

Wechler Intelligence Scale for Children	49
Wechler Pre-School and Primary Scale of Intelligence	5
Peabody Picture Vocabulary Test (Form A)	18
Peabody Picture Vocabulary Test (Form B)	15
Draw-A-Person Test	70
Durrell Analysis of Reading Difficulty	3
Denver Developmental Screening Test	56
Metropolitan Readiness Tests (Form A)	381
Bender Visual-Motor Gestalt Test	62
Sentence Completion Test	12
Rorschach's Test	27
Minnesota Multiphasic Personality Inventory	13

Recommendations*

Interpretation to Parents + Specific Recommendations	76
Referral to Individual Counselling (parent or child)	4
Referral to Family Counselling	10
Referral to Family Psychiatry	10
Visual Motor Training	15
Special Class Placement	7
Speech Therapy	1
Follow-up + Evaluation	16
Neurology	1
Report communicated to main referral source	45

*Note: In the vast majority of cases, when the report was "normal" it was not included in the "Recommendations" statistics.

Cont'd...

Referral Sources*

Number of Patients	532
Baron de Hirsch Institute	13
Herzl (Pediatrics)	84
Herzl (Social Service)	4
J.I.A.S.	3
Psychological Screening Program	381
Hebrew Day Schools	47

*Note: Referrals are often made from several sources at the same time.

Findings*

Essentially Normal	365
Immaturity	44
Visual-Motor Incoordination	20
Slow Learner (IQ. 80-90)	14
Mental Retardation (IQ. Below 80)	3
Brain Damage	6
Speech Difficulty	1
Neurotic	21
Psychotic (Borderline)	4

*The above statistical categories are essentially descriptive of the findings. Some patients were thus counted in more than one category.

HERZL HEALTH CENTRE
SOCIAL SERVICE STATISTICS
1970

<u>Direct Service</u>		172
Independant Cases	103	
Family Cases	69	
<u>Referred from</u>		172
Pediatric Clinic	66	
Dental Clinic	3	
Well-Being Clinic	85	
Family-Planning Clinic	18	
<u>Class Cases</u>		172
Intake	151	
Crisis	17	
<u>Contacts</u>		2703
Home Visits	5	
Interviews	160	
Phone Calls and Letters (multiple)	2383	
Agency Referrals and/or Contacts	155	
<u>Presenting Problems</u>		185
Alcoholism	2	
Anxiety	28	
Behavioral Difficulties	18	
Career Planning	1	
Children's Health	2	
Concentration Camps Survivors	3	
Dental Fear	1	
Depression	25	
Drugs	2	
Family Assessment	10	
Family Situations	24	
Fear of Doctor	1	
Financial Problems	2	
Geriatrics	1	
Hostility	1	
Infertility	1	
Intropsychological Problems	2	
Isolation	4	
Marital	12	
Medical Problems	13	
Multiple Problems	1	
New Immigrants	5	
Obesity	10	
Personal Crisis	3	
Psychiatric	4	
Retarded Child at Home	1	
Unemployment	5	
Unwanted Pregnancy	2	
Unwed Mother	1	

Cont'd...

Referrals

155

Allan Memorial	1
Baron de Hirsch	16
Camps	31
Catholic Welfare	3
Chomedey High School	1
Family Planning Clinic	2
Golden Age	1
Herzl Health Centre: Anxiety Group	1
Herzl Health Centre: Obesity	5
Infertility Clinic	1
Home-Visitor	5
J.I.A.S.	20
Jewish General Hospital	10
Jewish General Hospital: Psychiatry	26
Jewish General Hospital: Social Service	1
Jewish General Hospital: Speech Therapy	1
Knights of Pythias	1
McGill Mental Health	4
Montreal Children's Hospital	3
N/H: Mothers Group	4
Notre Dame Hospital: Psychiatry	1
Private Psychiatrist	1
Queen Elizabeth Hospital: Obesity	5
Queen Elizabeth Hospital: Social Service	1
Referrals: Refused	2
Societe de Service Social aux Familles	3
Vocational Services	2
Weight Watchers	1
Y.M.H.A.	1
Youth Clinic	1

No Further Referrals

57

Case Conferences within Agency

63

Public Health Nurse	10
Pediatric Nurse	15
Psychologist	20
Case Conferences	15
Obesity Program	3

Cont'd...

Agency Liaisons & Case Conferences Inter-Agency 28

Jewish Community Camps	2
Mount Sinai Hospital	2
Conferences with many agencies	5
Cases discussed with Baron de Hirsch	4
Conferences with JIAS	4
Jewish General Hospital: Family Psychiatry	2
Montreal Children Hospital	1
N/H: Meetings	2
Corporation of Social Workers	2
Others	4

Community Organisation & Development 13

Teaching:

Case Review with Students of the Jewish General Hospital (Nursing) Demonstration Interviews	2
Home Visiting Volunteers (weekly sessions of 2 hours)	30
Teaching Interviewing to Home Volunteers	5
Supervision	14
Weekly Staff Conference	36
Volunteer Case-Aides (weekly sessions of 2 hours for 13 weeks)	15