



Northwest Territories
Health and Social Services System
Annual Report
2007/2008



MESSAGE FROM THE MINISTER



I am pleased to introduce the Annual Report 2007/2008 for the Department of Health and Social Services.

This year's report outlines the mission, mandate and functions of the Department. It also summarizes the progress achieved under each of the high-level goals as stated in *Shaping Our Future 2006 - 2010: An Updated Strategic Plan for Health and Wellness in the Northwest Territories*.

A handwritten signature in black ink that reads "Sandy Lee". The signature is written in a cursive, flowing style.

Honourable Sandy Lee
Minister of Health and Social Services



TABLE OF CONTENTS

| | |
|--|----|
| Overview of the Health and Social Services System | 3 |
| Mandate of Health and Social Services | 9 |
| A Year in Review | 13 |
| Highlights from the Health and Social Services Authorities | 31 |
| Department of Health and Social Services Expenditures | 39 |
| Recently Published Reports | 41 |





OVERVIEW OF THE HEALTH AND SOCIAL SERVICES SYSTEM

The Northwest Territories (NWT) Health and Social Services System (HSS) depends on effective partnerships. The Department of Health and Social Services (DHSS), the Health and Social Service Authorities (HSSA), other Government of the Northwest Territories (GNWT) departments, the Government of Canada, non-government agencies, professional associations and the public all share responsibility for health and well-being in the NWT. Within the territorial government, the Minister of Health and Social Services is responsible for ensuring that the public system provides and manages services according to government legislation, national and territorial standards and public priorities.

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

The Department works under the direction of the Minister and Deputy Minister in partnership with the Health Authorities to plan, develop, evaluate and report on program and service delivery that supports the health and well-being of people across the NWT. The Department's major responsibilities include: securing funding, developing legislation, setting policies and standards, monitoring and evaluation and strategic planning.

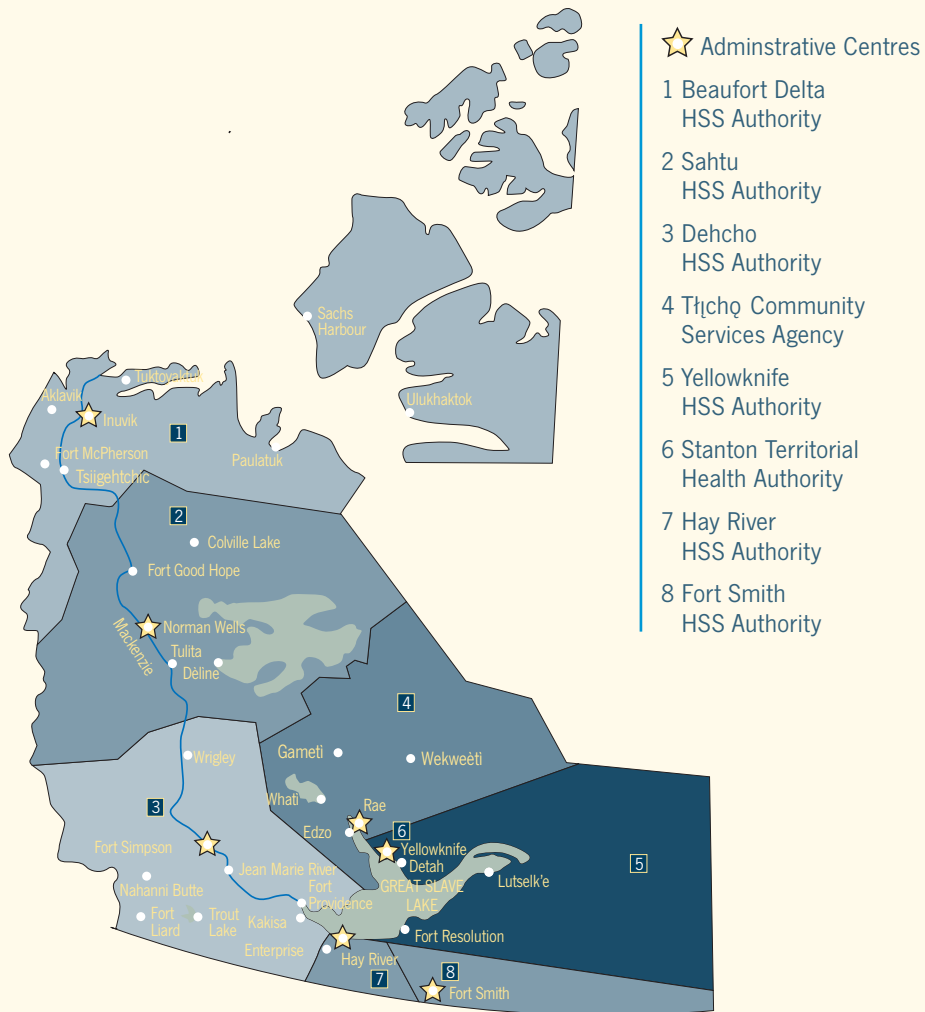
HEALTH AND SOCIAL SERVICES AUTHORITIES

There are eight Health and Social Services Authorities in the NWT, as listed below:

- Dehcho Health and Social Services Authority
- Tłı̨chǫ Community Services Agency
- Fort Smith Health and Social Services Authority
- Hay River Health and Social Services Authority
- Beaufort Delta Health and Social Services Authority
- Sahtu Health and Social Services Authority
- Yellowknife Health and Social Services Authority
- Stanton Territorial Health Authority



The HSSAs are responsible for the planning and delivery of health and social services to the people of the NWT, as well as for the day-to-day management and administration of program and service delivery. They create their own strategic plans that are in line with the overall HSS system plan. The communities served by each HSSA are noted on the accompanying map of the NWT.





JOINT LEADERSHIP COUNCIL

The Joint Leadership Council (JLC) includes the Minister, Deputy Minister and the Chairs of each HSSA. The JLC provides a forum for shared leadership and decision-making, meeting on a regular basis to set priorities and provide oversight on the delivery of programs and services.

JOINT SENIOR MANAGEMENT COMMITTEE

The Joint Senior Management Committee (JSMC) includes the CEOs of each HSSA and senior managers of the Department, who provide leadership and direction with respect to the operations of the overall system. JSMC ensures a cooperative and collaborative approach to management of health and social services throughout the NWT.

INSURED HOSPITAL SERVICES

Insured hospital services are provided under the authority of the *Hospital Insurance and Health and Social Services Administration Act (HIHSSA)* and the Regulations.

Four hospitals and 28 health centres deliver insured hospital services to both in- and out-patients.

The NWT provides coverage for a full range of insured hospital services. Insured in-patient services include: accommodation and meals at the standard ward level; necessary nursing services; laboratory, radiological and other diagnostic procedures together with the necessary interpretations; drugs, biological and related preparations prescribed by a physician and administered in hospital; routine surgical supplies; use of operating room, case room and anaesthetic facilities; use of radiotherapy and physiotherapy services, where available; psychiatric and psychological services provided under an approved program; services rendered by persons who are paid by the hospital; and services rendered by an approved detoxification centre.



The NWT also provides a number of out-patient services. These include: laboratory tests, X-rays, including interpretations when requested by a physician and performed in an out-patient facility or in an approved hospital; hospital services in connection with most minor medical and surgical procedures; physiotherapy, occupational therapy and speech therapy services in an approved hospital; and psychiatric and psychological services provided under an approved hospital program.

The Minister may add, change or delete insured hospital services. The Minister also determines if any public consultation will occur before making changes to the list of insured services.

Where medically necessary services are not available in the NWT, residents travel to hospitals or clinics in other jurisdictions. The NWT provides Medical Travel Assistance (as outlined in the Medical Travel Policy), which ensures that NWT residents have no barriers to accessing medically necessary services. The Department also administers several supplementary health benefits programs.



EXTENDED HEALTH CARE SERVICES

Continuing Care programs and services offered in NWT communities include: supported living, adult group homes, long-term care facilities, and extended care facilities. Where applicable, these programs and services operate according to HIHSSA and the Hospital Standards Regulations.

Supported living services provide a home-like environment with increased assistance and a degree of supervision unavailable through home care services. Current services in this area include supported living arrangements in family homes, apartments and group-living homes where clients live as independently as possible. Group homes, long-term care facilities and extended care facilities provide more complex medical, physical and/or mental supports on a 24-hour basis.

The NWT Home Care Program is established to provide community health care services to support independent living, to develop appropriate care options to support continued community living, and to facilitate admission to institutional care when community living is no longer a viable alternative. Home Care is based on need and is available to NWT residents without charge. The range of Home Care services include: acute care, post-hospital care, chronic illness care, nutrition services, palliative care, personal care, medication management and monitoring, foot care, social support, ambulation, physical/occupational therapy, transportation assistance, equipment loan and respite care.

Home Care services are delivered through the Health and Social Service Authorities and the Tłıchǫ Community Services Agency, and are based on multi-disciplinary assessments of individual needs. The Home Care Program provides services to the seven regions of Yellowknife, Hay River, Fort Smith, Beaufort-Delta, Sahtu, Dehcho, and Tłıchǫ. Home care is funded through the Department of Health and Social Services as a core service. These services have been enhanced through funding from the First Nation and Inuit Health Branch.



MANDATE OF HEALTH AND SOCIAL SERVICES

The core business of the health and social services system is to promote health and well-being for the people of the Northwest Territories. This includes helping people to take personal responsibility for healthy lifestyle decisions; protecting people from abuse, violence, preventable disease and unsafe environmental conditions; caring for and/or counseling people when they require support for social or health issues; and treating people when they are sick or suffering from physical, emotional or mental problems.

VISION

Our children will be born healthy and raised in a safe family and community environment which supports them in leading long, productive and happy lives.

MISSION

To promote, protect and provide for the health and well-being of the people of the Northwest Territories.

GOALS

- Promote healthy choices and responsible self-care.
- Protect public health and prevent illness and disease.
- Protect children and vulnerable individuals from abuse, neglect and distress.
- Provide integrated, responsive and effective health services and social programs for those who need them.



CORE SERVICES

The goals are achieved through the provision of core services in six areas, described below.

Diagnostic and Curative Services are those that are required to diagnose disease and illness and provide treatment. Curative services include all the services provided by physicians, nurses, and allied health professionals in hospitals, health centres and clinics to treat illness and disease. Diagnostic imaging (e.g. X-rays), laboratory services and some pharmacy services are included in this core service. Medical travel services are also included within this core service, to ensure that all people have access to medically necessary services regardless of where they live.

Rehabilitation Services help to improve and maintain the functional independence of clients with impairment from injury, chronic disorder or disability. Rehabilitation services include physiotherapy, occupational therapy, speech and language therapy and audiology. These services are provided in a range of settings, such as the home, clinics, health services agencies and hospitals, and include assessment, treatment, intervention and education.



Protection Services aim to safeguard the health and well-being of individuals and families, and include child protection services, disease surveillance, public health programs and environmental health services. Statutory services of the Chief Medical Health Officer, the Public Guardian and the Director of Child and Family Services are within this core service.

Continuing Care Services are those services that maintain or improve the physical, social and psychological health of individuals who, for a variety of reasons, may not be able to fully care for themselves. The overall objective is to improve independence and quality of life for these individuals and their families. These services are available both in the home and in residential care settings.

Promotion and Prevention Programs are intended to promote health and well-being by providing education and awareness about healthy lifestyles (e.g. diet, exercise) and risk behaviours (e.g. smoking, excessive alcohol consumption). Prevention programs include activities such as childhood immunization, flu vaccinations, cancer screening, early childhood intervention and diabetes education.

Mental Health and Addiction Services respond to mental health issues, addictions and family violence problems through education, prevention, treatment and aftercare and are delivered as an integrated program. These services assist those with a mental illness, mental health issues, addiction or concurrent disorders to receive the care and support they need to live in optimal health. Mental Health and Addiction Services include education and awareness, assessment and referral, residential treatment, community counseling and family violence prevention.



A YEAR IN REVIEW ACHIEVEMENTS AND HIGHLIGHTS

GOAL 1: PROMOTE HEALTHY CHOICES AND RESPONSIBLE SELF-CARE

Over the past several years governments and other health service providers worldwide have become more aware of the diminishing state of personal health. This trend is occurring at the individual and community level, territorially, nationally and internationally. Governments everywhere are being pressured to improve well-being by strengthening family and community wellness. It is well documented that preventative approaches addressing root causes can significantly reduce burden on the public health care system.

Through integration and better coordination of programs and services, the Department of Health and Social Services is making sustained efforts to address preventative health care that is focused on supporting individual healthy choices. This plan will be a valuable tool for moving from a health system based on treatment to one based on health promotion, disease prevention and most importantly, healthy choices and healthy lifestyles.

OUR ANTI-SMOKING INITIATIVES FOR YOUTH

Action on Tobacco, the Territorial Strategy for Tobacco Control lays out goals and activities in the key areas of Prevention, Protection, Cessation and Denormalization.

The following youth programs were successfully implemented under this strategy:

- Butthead Campaign
- Smoke Screening Program
- BLAST Program

The overall prevalence of smoking among 10 to 14-year-olds is declining – a 19 per cent decrease in the prevalence of youth smoking over the past seven years. The downward trend could be attributed to changing attitudes towards smoking as a result of anti-smoking programs and campaigns targeting youth.



The **Don't Be A Butthead** campaign is a social marketing strategy aimed at non-smoking youth between the ages of eight to 14 years. The program is designed to strengthen the resolve of youth to remain smoke-free for life. More than 4,500 youth have made a commitment to be smoke-free since the program began. An evaluation of the program showed that youth are ingraining their commitment to being smoke-free and that the campaign's smoke-free messages are meaningful for them.

The **Smoke Screening Program**, a joint initiative of all three northern territories is popular with both teachers and students. Students in Grades 6 – 12 had the opportunity to view, discuss and rate 12 of the best anti-tobacco ads from around the world. Thirty-four schools participated in the program.

The **BLAST** program focuses on tobacco reduction for students in Grades seven, eight and nine. Students attended a conference in Yellowknife on tobacco education and leadership and planning skills. After the conference, students returned to their communities to plan and implement their own tobacco reduction initiatives.

This year the *Territorial Tobacco Control Act* was implemented. The *Act* contains several measures to protect the public from environmental tobacco smoke, for example, it prohibits the visible display of tobacco products at the point of purchase and all tobacco products must now be covered up in stores where youth are allowed to enter. It also requires the posting of graphic health warning signs supplied by the government in all retail outlets that sell tobacco.

WE SUPPORTED RESIDENTS IN MAKING HEALTHY CHOICES

The **Drop the Pop** campaign was successful again this year. This initiative has been going on since 2006 when 13 schools participated. In 2007, this increased to 33 schools and in 2008, 35 schools participated. The initiative is creating awareness for children to consume healthy foods and beverages. Results indicated a high level of satisfaction with the program and a desire for it to continue. A more formal evaluation is being conducted in 2009 with all three territories. There is a need to establish baseline information and a means to assess improved trends, as well as changes in awareness, knowledge and behaviour.



Following a *School Nutrition Survey Report (2007)*, three school boards have hired a school nutrition coordinator, who will work towards improvements in school nutrition guidelines and traditional foods programming.

Healthy Foods North is a community-based program intended to improve nutrition and increase physical activity in northern communities. The program works in partnership with grocery stores to ensure the provision of better quality fruits and vegetables at an equal or lower cost than less healthy food. Program activities are taking place in Inuvik and Tuktoyaktuk.

The Healthy Foods North program focuses on diet and physical activity through:

- A store intervention program that includes promotion of healthy foods by providing taste tests, cooking demonstrations and ensuring shelf labels are in the local language.
- A community component ties into existing HSS activities (e.g. health fairs, community kitchens, school programs), and makes use of local media (radio, newsletters, etc). Activities and programs promoting physical activity are also integrated into community workplaces and events.

HSS is planning to expand Healthy Foods North into more communities in the NWT as a means of promoting wellness and decreasing the risk of chronic disease.



WE ARE WORKING HARD TO REDUCE SEXUALLY TRANSMITTED INFECTIONS

Statistics confirm that Sexually Transmitted Infections (STIs) are an escalating public health concern and a challenge in the Northwest Territories. The incidence of STIs in the Northwest Territories is up to 12 times higher than the national average and the NWT has the highest rate of Gonorrhoea in the country, the second highest rate of Chlamydia and is currently experiencing a territorial wide outbreak of Syphilis. Aboriginal youth are disproportionately affected by STIs compared to other age cohorts. Youth and young adults, age 15 to 29 have the highest rates of STIs.

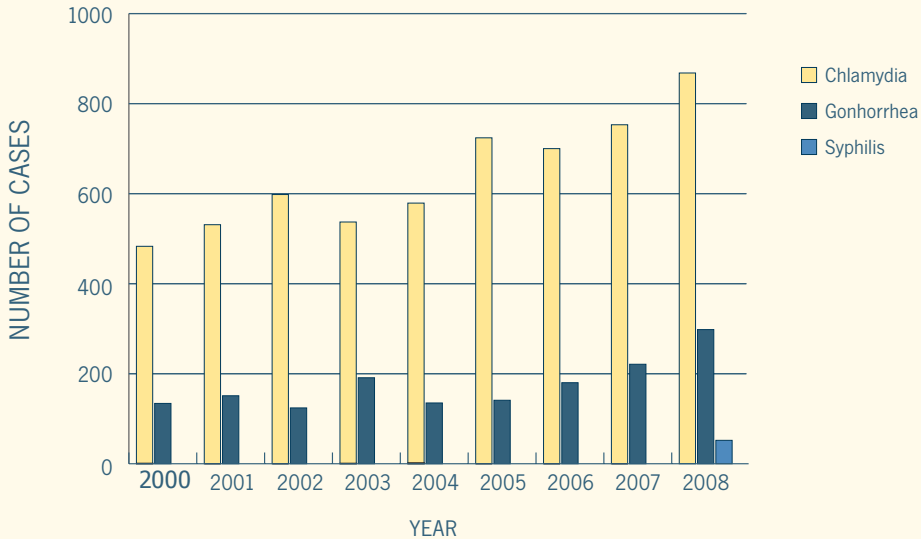
STIs can cause infertility, ectopic (tubal) pregnancies and damage to unborn children. They are also associated with an increased risk of HIV infection and cervical cancer. If left untreated, syphilis can damage the heart, brain, eyes and bones. STIs spread quickly and can create hardships for individuals, families, and communities.

STIs can be treated effectively if assessment, diagnosis, and treatment are offered and accessed in a timely manner. It is possible to successfully prevent STIs through education, awareness, and intervention.

The *NWT STI Strategy* addresses key elements of a comprehensive approach to prevent and control sexually transmitted infections (STIs) in the NWT. The strategic directions document *Naked Truth* (January 2005) serves as the roadmap on STI prevention and control in the NWT. The Strategy includes many aspects of STI prevention including: Clinical Practice, Treatment and Prevention, Health Promotion and Community Readiness & Involvement. Some elements of the strategy are being supported with existing budgets and through the Territorial Health Access Fund (THAF).



Number of Chlamydia, Gonorrhoea and Syphilis Cases, NWT 2000 - 2008



Source: NWT Communicable Disease Registry

The Department recently received approval on a proposal submitted to the Public Health Agency of Canada (PHAC) to fund a Sexual Health Coordinator under the Public Health Human Resource Development Fund. The coordinator has been the lead on the development of a new Youth Sexual Health Website with a planned launch in 2009. This new tool is specifically aimed at youth 13-19 years old. The website is one component of a comprehensive Social Marketing and Mass Media Campaign for STIs in the NWT. Innovative Mass Media and Social Marketing techniques are being explored to engage youth and encourage safer sexual health practices, such as sexual health comic books, mobile text messaging games, contests, print materials, and innovative condom distribution. Collaboration with schools, community leaders, Non-Government Organizations, youth, and health care professionals is underway to focus attention on this sexual health strategy.



WE ARE WORKING TOWARDS DECREASING THE NUMBER OF PREVENTABLE INJURIES

In the Northwest Territories, injury is one of the most serious public health issues. In dealing with a fatal injury, families must cope with the loss of income from a major wage earner. Serious injuries not causing death sometimes result in long-term or permanent disability, chronic pain and a change in lifestyle. If family members have to care for the injured person, this can result in stress, time away from work, possible loss of income and additional expenses. Since most injuries can be prevented it is important that we look at ways to reduce the risk of injury and support healthy choices.

Some key outputs for Injury Prevention

- Nearly 2,000 swim vests were provided to children and youth in 23 NWT communities.
- A travel preparedness tool was developed and focus-tested with Community Health Representatives, hunters and trappers and wildlife resource officers.
- In Lutselk'e, 10 emergency satellite trackers are available on loan from the Health Centre.
- Retro-reflective stickers on snowmobile/ATV/bike helmets are being provided to help increase rider visibility and decrease the risk of crash injury.

Latest data on injuries statistics in the NWT show a need for an increased focus on injury prevention in specific areas due to drowning, falls and other injuries.

- Injuries are the leading cause of premature loss of life in the NWT. More NWT residents die from injuries than from any other causes.
- NWT rates of hospitalization and death, due to injury, are more than double the national average.

The NWT Injury Prevention Strategy "*A Culture of Safety*" was tabled in the Legislative Assembly in August 2007. The strategy provides a strategic implementation plan for 2007 to 2012. Over the next five years, the strategy will address preventable injuries and injury related deaths across the lifespan. Outcome indicators include the denormalization of at-risk behaviours, reduced injury-related hospitalization rates, and fewer injury-related deaths.



WE ARE REVITALIZING THE ORAL HEALTH PROMOTION PROGRAM

PAN TERRITORIAL ORAL HEALTH INITIATIVE

A Pan-Territorial Oral Health Initiative has been established through the Assistant Deputy Ministers Working Group which consists of ADMs from the three Territories, as well as a Health Canada representative. The initiative is targeted at children 0 – 10 years with the goal of improving overall oral health status. Phase 1 of the initiative was completed in the fall of 2007 and was approved by the ADM working group in December 2007. It consisted of a report which included a literature review, client and stakeholder interviews, prevention strategies and recommendations. A work plan was developed for the next phase which will see educational and promotional materials developed and distributed to patients and children. A part-time Dental Consultant for the NWT and Nunavut will establish territorial health baseline data to ensure dental progress/trends can be measured in future years.

GOAL 2: PROTECT PUBLIC HEALTH AND PREVENT ILLNESS AND DISEASE

This goal is achieved through the provision of public health services and environmental health programs aimed at protecting the health and well-being of individuals, families and communities.

ANNUAL REVIEW OF TUBERCULOSIS

Tuberculosis (TB) is an infectious disease caused by bacteria that mainly attack the lungs and can be treated with combinations of antibiotics.

Surveillance is an important component of the TB program. It provides an opportunity to target high risk groups, as well as screen children ages five, 10 and 15 years. Target groups include the homeless population, residents in long-term care facilities, inmates at corrections and youth detentions, people who are chronically ill with cancer, diabetes, renal disease, as well as those on immunosuppressive therapy.



In 2006, there were six cases of tuberculosis in the NWT, in 2007, there were fifteen cases diagnosed and in 2008, there was one TB case diagnosed.

The outbreak of TB among the homeless population, located primarily in Yellowknife, has resulted in a substantial increase in the TB rate over the last six years. It serves as a reminder of the vulnerability of the NWT population to this disease. Marginalized groups and people with weakened immune systems are most at risk.

Response to TB includes treating each case with a combination of antibiotics under directly observed therapy (DOT). As well as treating the case to stop transmission of this airborne disease, contact tracing is done to detect others who may have breathed in the bacterium that causes the disease. To date there have been no active cases identified through contact tracing. Transmission of TB was stopped among the homeless by: enhanced surveillance at all homeless shelters, treating each case with DOT and investigating all close contacts. Treatment and clinical follow-up included doctors, nurses, community health representatives, social workers, mental health workers, addiction services, shelter staff and many others working together to provide a caring and supportive environment.

WE HAVE INCREASED OUR CANCER SCREENING PROGRAM AND HAVE IMPLEMENTED A CANCER REGISTRY

The GNWT, through the Department of Health and Social Services, maintains a Cancer Registry under the *Disease Registries Act*. It is the legal duty of health professionals in the NWT to report every newly diagnosed case of cancer to the Registry.

Cancer rates in the NWT were traditionally lower than in the rest of Canada. However, some types of cancer are on the rise, such as those of the large intestine (colorectal) and of the lungs, which are considered for the most part to be preventable. Poor nutrition and smoking represent by far the most common risk factors for the development of cancer in the NWT.



Breast cancer in women is also increasing in the NWT, as it is in all industrialized countries.

The NWT has a well-established partnership with the Alberta Cancer Board (Cross Cancer Institute in Edmonton) to provide access to high quality clinical services for NWT patients affected by cancer.

BREAST CANCER SCREENING

Stanton Territorial Health Authority (STHA) was mandated in 2002 to initiate the development of an organized breast cancer screening program for all NWT women, in partnership with other Health and Social Services Authorities.

The Inuvik Regional Hospital offers screening mammography on a limited basis. The facility has the capability of performing additional mammographic views and breast ultrasound.

Funding from Health Canada's Patient Wait Times Guarantee Pilot Fund is being used to initiate a screening mammography service in Hay River. The program began screening in September 2008, and when it is fully operational will have potential to screen an estimated 450 to 500 clients per year.

COLORECTAL CANCER SCREENING

The Department of Health and Social Services is funding Stanton Territorial Health Authority (STHA) to test the elements of an organized screening program against colorectal cancer, which has become the most common cancer among our population (now twice the national average overall and up to three times the national rate among Dene men). Pilot projects were initiated in the Dehcho (November 2007) and in Fort Smith (April 2008). The design of the pilot projects is based on the recommendations from two reports commissioned by the Chief Medical Health Officer in 2003 and 2004, as well as consultations with experts. The Beaufort-Delta region is expected to join the pilot phase of this program in the near future.



GOAL 3: PROTECT CHILDREN AND VULNERABLE INDIVIDUALS FROM ABUSE, NEGLECT AND DISTRESS

This goal is achieved through the provision of intervention programs and protection services for those individuals and families who require special assistance to meet their basic needs.

WE HAVE INCREASED FOSTER CARE RATES

Foster families provide an important contribution to children and youth by opening their homes and providing stability, guidance and nurturing. These families are important partners in the health and social services network. They contribute to our success as a service provider by working in partnership with social workers, mental health professionals, schools and health care professionals to provide services and to ensure the well-being of children.

Foster home recruitment is a priority for Health and Social Services as there is an ongoing need for all types of homes. We would never be able to compensate foster parents for the time they spend caring for their foster children in the same manner as staff in a child-care facility, however we do recognize that foster parents are a significant influence in the lives of children in care and we wish to acknowledge the importance of their role.

In 2007/2008, funding was approved for standardization of foster care rates in the NWT, specifically basic maintenance rates and age-of-child rates. The new rate structure will give foster families additional funds for clothing and recreation and supplementary funds based on a child's age.



FEMALE VICTIMS OF FAMILY VIOLENCE ARE ABLE TO ACCESS THE SUPPORT THEY NEED

Family violence is an issue that affects many residents of the NWT. The broad geography and relatively small population make it difficult to provide services that are accessible to all residents. The family violence program currently consists of five family violence shelters throughout the NWT – Family Support Centre (Hay River); Tuktoyaktuk Women and Children’s Shelter; Inuvik Transition House; YWCA Alison McAteer House (Yellowknife); and YWCA Sutherland House (Fort Smith).

The main purpose of a shelter is to provide safety to a woman and her children in a crisis situation of family violence. Shelters determine a woman’s eligibility for services and assist her in developing plans for when she leaves the shelter, which is typically within six weeks. In addition to safety, shelters typically offer their clients emotional support, help obtaining social services, protection orders, and provide education related to family violence. Shelters also assist many women by phone and through outreach activities.

During the fiscal year of 2007/2008, there were a total of 226 women admitted to NWT shelters, along with 191 children, 87 emergency protection orders were granted and NWT shelters assisted 3,832 individuals over the telephone.

Currently, the Department of Health and Social Services provides approximately \$1.75 million to the regional Health Authorities for the five NWT family violence shelters. This is the main source of funds for all shelters.

NWT Family Violence Shelters

Results from a questionnaire conducted in October 2007 indicate a high level of satisfaction with services received from all family violence shelters.



ASSISTING SMALL COMMUNITIES TO PREVENT AND REDUCE HOMELESSNESS AND RELATED IMPACTS

Homelessness is a critical issue in large and small communities across the NWT. The issue is a complex one, as homeless people are diverse and the factors that lead them to become homeless are equally diverse and vary over time. It is also difficult to ascertain the number of homeless persons in the NWT.

In 2007/2008, the Small Community Homelessness Fund (SCHF) was available to communities outside Yellowknife, Fort Smith, Inuvik, and Hay River for development of local projects to address emergency shelter and community homeless issues. A steering committee, led by Health and Social Services with representation from Education, Culture and Employment (ECE), Justice and the NWT Housing Corporation, oversees implementation of the Small Community Homelessness Fund Initiative and reports to the Deputy Ministers of HSS, ECE and the NWT HC.

SCHF program information and application packages were distributed to community governments, Aboriginal organizations, local housing offices, regional housing corporation directors, community groups, community corporations, churches and government staff (Community Wellness Workers, Community Social Workers).

Projects were supported in Wrigley, Fort Providence and Hay River, while homelessness support projects were funded in Fort Liard, Aklavik and Fort Providence.

The Pehdzeh Ki First Nation in Wrigley received funding to renovate a church basement into an overnight shelter, as well as to facilitate a life skills workshop for the homeless. The Deh Gah Got'ie Council in Fort Providence was funded to renovate two bachelor units as emergency housing. The Katlodeeche First



Nation in Hay River was assisted in renovating a three-bedroom house into two bachelor units to provide homeless accommodation on the Hay River Reserve.

The Acho Dene Koe First Nation in Fort Liard received funds to implement their Winter Warm-Up Program. This program includes a weekly hot nutritious meal, a clothing bank and an emergency vouchers program.

WE ARE ENSURING PEOPLE WITH DISABILITIES RECEIVE SUPPORT

The NWT Action Plan for Persons with Disabilities was updated this year. The development of both the NWT Disability Framework and the Action Plan for Persons with Disabilities is representative of interagency co-operation and is an example of what can be accomplished when we work together to support people with disabilities in our communities. The Disability Steering Committee Partnership is made up of GNWT Department/Agency representatives, the NWT Council of Persons with Disabilities, the Yellowknife Association of Community Living and the YWCA of Yellowknife. The committee monitors the implementation of the Action Plan and identifies areas for further action.

Three supported living homes and a day program building will be constructed in Hay River for individuals with moderate to severe cognitive disabilities. There will be a total of 12 beds, two of which are designated for respite clients.

Health and Social Services, in partnership with the Council for Persons with Disabilities, provides support for the following programs: Toll-Free Disability Line, Awareness Week Activities and the Parking Placard Program, along with Community Outreach Programs. The NWT Council of Persons with Disabilities provides financial assistance to regional groups that provide support services to persons with disabilities in Inuvik, Hay River and Fort Smith. The Council also provides financial assistance, training opportunities and workshops to newer groups in the Tłı̄chǫ and Sahtu regions.



WE ARE IMPROVING THE QUALITY OF LIFE FOR SENIORS

The aging population is a significant driver of demand as the need for health services rises dramatically with age. A typical older adult might require more acute care services, more community services, and more residential care services. The age structure of the NWT indicates that recent growth in the senior's population is likely to continue. It is anticipated that the proportion of seniors (aged 60 and older) will increase from 8.6 per cent in 2007 to 11.9 per cent by 2017, making it the fastest growing age group.

The Department of Health and Social Services has a four-year contribution agreement (2006/2007 – 2009/2010) with the NWT Seniors' Society. Funds are being used by the NWT Seniors' Society for the following activities: the Seniors Information Line, the Seniors Advisory Council, Senior's Awareness Week and the Canada Senior Games. Also included in this most recent contribution agreement was \$100,000 per year in funding for four years, to enhance and develop options for senior specific community outreach programs.

Health and Social Services also works closely with the Yellowknife Seniors' Society and the Yellowknife Association of Concerned Citizens for Seniors (YACCS). YACCS is planning to have a 24-bed Territorial Dementia Facility to be operational in early 2010, with the support of HSS and a partnership with Diavik Diamond Mines.

The *Seniors Information Handbook* is being updated for re-print in 2008. This guide is for NWT seniors and people in their community who help and support them. There are many programs and organizations that can help seniors in the NWT with things like pensions, health, housing, and how to access services such as Home Care.



WE ARE ENSURING CAREGIVERS ARE PROVIDED RELIEF FROM THE DEMANDS OF CARING FOR FAMILY MEMBERS

Respite care is a valuable service in that it enables families to have a break from the responsibility of caring for a family member, particularly in the case of individuals who require 24-hour supervision or care.

Family members are often able to carry on with their care-giving responsibilities over a longer period of time if supported by respite. Admissions to long-term care facilities, supported-living homes or foster care can be delayed, resulting in cost savings for the health care system, as well, clients are able to remain in their homes for as long as possible.

Respite services in the NWT are provided by Home Support Programs, Community Organizations and through Long Term Care facilities. Respite services are available in Yellowknife, Hay River, Behchoko, Fort Smith, and Inuvik, and there are plans to expand into smaller communities.

Day programs for seniors are available at varying levels throughout the NWT. For example, there is an Elder's Day Program in Fort Simpson through Long Term Care in collaboration with Home Care. Jimmy Erasmus Senior's Home in Behchoko provides an Elders Day Program that has approximately 5 to 10 seniors participating.



Projects funded by the Territorial Health Access Fund (THAF)

- Don't Be a Butthead
- Colorectal Cancer Screening Project
- Registry of Congenital Anomalies
- STI Awareness and Education Campaign
- Addictions Awareness Campaign
- Mental Health and Addictions Program Review
- Children and Youth Mental Health Promotion
- STI Nurse – YHSSA
- Community Health Nurses in Sachs Harbour and Gameti
- Expansion of Nurse Practitioners
- Community Health Nurse Training
- Continuing Care – Respite Services
- Dialysis Program – Stanton Territorial Health Authority
- Northern Women's Health Program
- Physician Staffing Model
- Physician Resident Support Program
- Accreditation and Quality Improvement
- Territorial Health Access Fund

GOAL 4: TO PROVIDE INTEGRATED, RESPONSIVE AND EFFECTIVE HEALTH SERVICES AND SOCIAL PROGRAMS FOR THOSE WHO NEED THEM.

The Territorial Health Access Fund (THAF) is a product of the Federal Government's *Ten Year Plan to Strengthen Health Care* (2004) and was agreed to by the Prime Minister of Canada and the Premiers of the three Territorial Governments in September of 2004. The THAF funding agreement was created to support health reform activities that reduce the overall reliance on the health care system over time, strengthen the level of access to health services at the community level, and build self-reliant capacity to provide health services in the Territory. THAF is administered by a Working Group composed of Assistant Deputy Ministers from the Departments of Health of the three Territories and First Nations and Inuit Health of Health Canada. The Working Group reports to the Territorial and Federal Deputy Ministers of Health annually on all THAF activity. Through money received from THAF, the Government of the NWT funds health care reform both internally, and through Pan-Territorial initiatives, across the three Canadian Territories.

Investments made in THAF funding for 2007/2008 amounted to \$4,836,000 and the program sunsets in 2010.



RECRUITMENT SUPPORT

The recruitment and retention of a qualified and capable northern public service is a priority of the GNWT. To this end, the Recruitment Support Unit is responsible for the provision of specialized recruitment advice, analysis and support as well as the development, planning and implementation of specialized recruitment programs, strategies and initiatives for the GNWT. These services include the co-ordination of the Northern Graduate Program (interns, teachers, nurses, social workers); casual employment; the Summer Student Employment Program (REP and PEP); Student Support (Bursaries), Mentorship Programs (CHN Development Program, Advanced Nurse Mentorship, Social Work mentorship, etc.); and marketing and promotion.

A major challenge is to increase the availability of qualified individuals for positions within the public service by developing territorial, national and, in some cases, international recruitment strategies to attract potential applicants into hard to fill positions in the GNWT.

ALLIED HEALTH RECRUITMENT

The Allied Health Recruitment unit is responsible for specialized recruitment of public service allied professionals, which results in the ability to identify and react to changes in health care personnel needs and the use of candidate pools to fill multiple needs across the NWT.

Allied Health Workers include Audiologists/Hearing Aide Practitioners, Dental Therapists, Laboratory Technologists/Technicians, Nutritionists/Dieticians, Occupational Therapists, Ophthalmology Technicians, Pharmacists, Physiotherapists, Respiratory Therapists and Speech/Language Pathologists.

Measuring Client Satisfaction

Client satisfaction is an indication of the extent to which services and support meet the needs of clients and families, and is considered a key dimension of service quality.

Results from a questionnaire conducted for the Community Counselling Program indicate that 98% of clients were satisfied with services they received from the Community Counselling Program.



| Health and Social Services Authority (HSSA) | Allied Health Care Professionals Hired in 2007 |
|---|---|
| Beaufort Delta Health and Social Services Authority | 45 |
| Dehcho Health and Social Services Authority | 12 |
| Fort Smith Health and Social Services Authority | 11 |
| Sahtu Health and Social Services Authority | 18 |
| Stanton Territorial Health Authority | 36 |
| Tłı̄ch̄o Community Services Agency - Health | 19 |
| Yellowknife Health and Social Services Authority | 17 |
| Total Allied Health Care Professionals Hired | 158 |

JOB SHARE

In January 2007, a new Job Share Letter of Understanding was approved allowing the GNWT to hire nurses on a job share basis, with a minimum rotation schedule of six weeks in and out. The previous minimum rotation schedule was three months. Since January 2007, eighteen nurses have been hired into extended job share arrangements, filling ten previously vacant positions.



HIGHLIGHTS FROM THE HEALTH AND SOCIAL SERVICE AUTHORITIES

YELLOWKNIFE HEALTH AND SOCIAL SERVICES AUTHORITY (YHSSA)

Primary healthcare services are currently being provided in four clinics in Yellowknife. The demand for primary care exceeds all four clinics' ability to provide service for residents and for people from other communities who access care in Yellowknife. The result is that people who cannot access primary care in clinics are using the Emergency Department at Stanton instead. This creates congestion and increases the workload in Emergency and causes long delays for low-intensity treatment while staff attends to patients with urgent needs. It is also more costly for someone to be seen in Emergency than in a clinic setting. Patients who wait for a clinic appointment may develop more severe symptoms before a physician sees them.

The primary care services currently provided in the Gibson, Family Medical and Great Slave Medical House clinics will be consolidated into one centrally located facility. Services will be integrated and coordinated with services provided at the Frame Lake Clinic, the Emergency Department at Stanton and with outreach services for people who are unable to attend clinics.

A cost-benefit analysis to determine the best value approach to acquiring a facility will be conducted by Public Works and Services (PWS).

The **Midwifery Program** provides safe, individualized and comprehensive care to childbearing families in Yellowknife, Dettah and Ndilo. Services include: preconception counselling, prenatal care, labor and birth care, postnatal care and parenting support until six weeks after birth.

Since February 2008, 14 women received prenatal care - with the first delivery taking place on February 29, 2008, followed by a second birth on March 31, 2008.



Our **Nurse Practitioner Program (NP)** expanded in 2007/2008 to include:

- Full time NP services in the Fort Resolution Health Centre, Yellowknife Public Health and Home Care. This new role has been instrumental in assisting with the assessment and management of TB cases.
- Weekly NP clinics at the Dettah Community Health and Resource Centre.
- NP services at Family Medical Clinic on average, one day per week.
- Development of an Integration Plan, Communication Plan, NP Brochure and Frequently Asked Questions.

The **Public Health Program** continues to deliver holistic and comprehensive community-based health programs and services. The program aims to reduce and prevent the incidence of disease, promote the health status of the community, enhance community wellness and promote healthy public policy.

Our Yellowknife Public Health Clinic:

- Offered 15 public flu immunization clinics and, as of March 31, 2008, 3,523 doses of vaccine were given.

STANTON TERRITORIAL HEALTH AUTHORITY (STHA)

The Diagnostic Imaging Picture Archiving and Communication System (DIPACS) will be the new digital tool in our Diagnostic Imaging Department. This means that an X-ray or ultrasound, for example, can be captured and transmitted electronically, speeding up the sharing and reporting of diagnostic tests. A radiologist at STHA could be consulted by a community hospital in the blink of an eye instead of waiting for film to be shipped to the radiologist. Physicians in their clinics will have access to the information they need on a web-based system where they can look at the film and read the report. More timely and accurate reporting will mean quicker service to patients all over the north. It is expected that DIPACS will be operational at Stanton in early 2009. Shortly thereafter, the project will be extended to Fort Smith, Inuvik, and Hay River with the Community Health Centres following in the next year.



Wekweēti Health / Social Service

Pyxis (Automated Medication Distribution System) is an automated drug distribution system that allows for a safe and reliable way to provide medications to patients in the hospital. There was a need, identified through the hospital accreditation process, for an updated and safer way to dispense drugs to patients. The funding for the project was provided by the Department of Health and Social Services and will allow Stanton to continue to meet national standards of patient care.

DEHCHO HEALTH AND SOCIAL SERVICES HEALTH AUTHORITY (DHSSA)

Dehcho Health and Social Services Authority (DHSSA) is pleased to announce its move toward a Traditional Healing Model to complement the existing health and social services system. DHSSA partnered with the Dene Nation, the Department of Health and Social Services and the other Health Authorities to oversee the *Aboriginal Healers: Working in Harmony with Western Medicine* project funded by Health Canada. The Federal Government allocated funding to this partnership to formalize a Traditional Healing Model.

In 2007/2008, DHSSA hosted the *Integrated Traditional Medicine and Healing and Modern Medicine Forum*. Staff, community representatives (including Board members), Elders and Traditional Healers took part in this forum. To continue with the goals and objectives of the project, DHSSA will hire a Traditional Healing Project Coordinator; develop a communications plan and evaluation framework; complete a risk analysis and legal review; develop protocol requirements; and present the model to other Health Authorities.

TŁJCHQ COMMUNITY SERVICES AGENCY (TCSA)

The Tłjchq Community Services Agency is addressing STI/HIV as a serious present and potential future threat to community health in Tłjchq Communities. A committee of elders and youth working with the Agency educators and nurses visited each household in the four communities to discuss the issue with families and then to conduct a survey. The survey analysis is assisting in developing an ongoing community based Sexual Health/STI Reduction Strategy. The goal of the project is to reduce the incidences of STIs in the region through promotion of healthy sexual practices in the context of respectful relationships.



HAY RIVER HEALTH AND SOCIAL SERVICES AUTHORITY (HRHSSA)

The Hay River Health and Social Services Authority added Supportive Living Services to its already extensive list of services offered to the residents of the South Slave region.

The Supportive Living Services campus will consist of three group homes with our first clients arriving in May 2009. The day program building is currently in the preliminary stages of construction with a completion date of August 2009.

The main purpose of the program is to bring residents living with an intellectual or developmental disability home to the NWT. The majority of these residents are currently residing in Southern long-term care facilities. The second priority will be to NWT residents in local communities who find themselves in need of additional support.

FORT SMITH HEALTH AND SOCIAL SERVICES AUTHORITY (FSHSSA)

The Fort Smith Health and Social Services Authority's Community Wellness Centre is operating the Matrix Intensive Program with great success. The Matrix Intensive Program or Matrix as it is commonly referred to, is a 16-week outpatient addictions treatment program that is locally delivered to accommodate those who do not want to leave their families and community for addictions treatment. The program stresses five core components that include: individual / co-joint weekly sessions with a Mental Health Counselor; an early recovery skills group that focuses on basic skills needed to achieve and maintain sobriety; a relapse prevention group for maintaining sobriety; a family education program that provides opportunity for family participation; and a social support group that offers additional support in a familiar and safe environment.



The first four weeks of the Matrix program offer daily one and one-half hour sessions which then reduce to three sessions per week. The program is open to anyone wanting assistance to deal with an addiction or wanting to maintain sobriety. The referral process requires the participant to attend four appointments with the Wellness Worker prior to admission. With the demonstrated success of the adult Matrix Program, which is in its fourth cycle, the Fort Smith Health & Social Services Authority is planning to commence a Youth Matrix in the fall of 2009. For more information on the Matrix Program in Fort Smith, please contact 867-872-6311.

SAHTU HEALTH AND SOCIAL SERVICES AUTHORITY (SHSSA)

Led by our Regional Public Health Unit and using some innovative ideas, our Primary Community Care Teams were able to more than double our “Flu Shot” coverage this year. Our nurses set up clinics in public places and visited local businesses to offer vaccinations to all their employees. Here is how we compared to the year before:

Flu vaccine coverage in the Sahtu

| Community | 2006/07 | 2007/08 |
|---|----------------|----------------|
| Deline (Pop. approximately 570) | 167 | 289 |
| Tulita (Pop. approximately 490) | 179 | 172 |
| Norman Wells (Pop. approximately 850) | 122 | 310 |
| Fort Good Hope & Colville Lake (Combined pop. approximately 690) | 41 | 270 |



BEAUFORT-DELTA HEALTH AND SOCIAL SERVICES AUTHORITY (BDHSSA)

Contributing to the Department of Health and Social Services annual report allows the BDHSSA to reflect and review what has been accomplished in a year and evaluate progress as measured by our organizational strategic plan. The focus for our organization for the year 2007/2008 has been on prevention, intervention, education, and partnerships which have been our cornerstone for promoting a healthy region.

The ongoing partnerships that have forged with our regional, territorial, and national partners have allowed our Authority to augment programs and services that are offered through our Integrated Service Delivery Model and have increased our knowledge in specific health and social services areas. This year there have been a number of creative partnerships that demonstrated proactive approaches to providing health promotion services with limited financial and human resources. Programs such as: Tele-speech, National School of Dental Therapy practicum program, youth suicide program, H Pylori Research project, Healthy Foods North research project, the Tiny Tots Time, the Dental Passport Program for pre-school dental health, Creating Healthy Communities: addictions awareness and parenting conference, the Prevent Alcohol Related Trauma in Youth (P.A.R.T.Y.) program, Palliative Care and the Colorectal Cancer Screening Program.

The ongoing partnership work done with the Department of Health and Social Services, as it pertains to territorial initiatives such as the electronic medical and health record and the digital imaging system, is progressing well. It is hoped that DIPAC system will be live next year.



This year, in an ongoing effort to recruit staff, our organization launched a new web site <http://bdhssa.nt.ca> and created a new information booklet and compact discs on the services provided in our region. The information is pictorial and gives a flavour of community living in the region.

It is always a pleasure to recognize our long service award recipients, and this year we had the honour of awarding 20 people with an award. This year the BDHSSA had 12 employees receive a five-year award, 5 received a ten-year award, and 2 employees received a fifteen-year award and one person who received the honour of a twenty-year service award.

After two years of hard work by the Department of Health and Social Services and the Regional Authority Directors committee, the Territorial Government approved new foster care rates that were implemented July 01, 2007. As a result all foster parents in the Beaufort-Delta region saw increases and provisional foster homes are now being compensated at the same rates as regular foster homes.

Without the commitment of our community, regional, and territorial partners we would not be as effective in providing services to the people in our region. As the old adage goes, "There is strength in numbers."



DEPARTMENT OF HEALTH AND SOCIAL SERVICES EXPENDITURES

2007/2008 Expenditures by Activity (thousands of dollars)

| | Main Estimates* | Actuals† |
|-------------------------------|-----------------|----------------|
| Directorate | 6,044 | 5,961 |
| Program Delivery Support | 28,172 | 28,574 |
| Health Services Programs | 156,294 | 186,862 |
| Supplementary Health Programs | 17,698 | 19,944 |
| Community Health Programs | 69,187 | 71,551 |
| Total | 277,395 | 312,892 |

*per 2007/2008 Main Estimates

†per 2007/2008 Audited GNWT Financial Statements
(2007/08 Cost of Physician Services was \$39,145,000)¹

Financial Summary of Health and Social Services Authorities 2007/2008

(thousands of dollars)

| Authority/ Agency | Revenues | Expenditures | Operating Surplus (Deficit) | Accumulated Surplus (Deficit) |
|----------------------|----------|--------------|-----------------------------------|-------------------------------------|
| Tłı̄chǫ | 11,258 | 11,140 | 118 | (623) |
| Dehcho | 17,071 | 16,658 | 413 | 4,288 |
| Fort Smith | 14,967 | 15,037 | (70) | 85 |

¹In accordance with Section 24(1) of the *Medical Care Act*, the Director of Medical Insurance shall report each year the cost of administering the Medical Care Plan. Included under Health Service Programs is the cost of Physician Services. For the 2007/2008 Fiscal Year this cost was \$39,145,000.



EMERGENCY

| | | | | |
|----------------|--------|--------|---------|----------|
| Beaufort-Delta | 44,984 | 44,697 | 287 | (6,745) |
| Yellowknife | 41,771 | 42,276 | (505) | 1,395 |
| Hay River | 20,894 | 21,167 | (273) | (707) |
| Stanton | 88,642 | 96,207 | (7,565) | (13,236) |
| Sahtu | 11,000 | 11,171 | (171) | (182) |

Active Positions

(per the 2007/2008 Main Estimates, includes full time and part time positions)

| | |
|------------------------------|--------------|
| Department | 133 |
| Dehcho HSSA | 89 |
| Tłı̨chǫ CSA | 85 |
| Beaufort-Delta HSSA | 219 |
| Stanton Territorial Hospital | 412 |
| Sahtu HSSA | 66 |
| Fort Smith HSSA | 91 |
| Hay River HSSA | 155 |
| Yellowknife HSSA | 145 |
| Total | 1,395 |

RECENTLY PUBLISHED REPORTS

HEALTH CENTRE SERVICES REPORT 2007

This report helps inform the public, health practitioners and decision-makers about the main reasons for health centre use. It examines health centre use by age group and is organized into two main categories: the top five reasons for requiring treatment for a health issue (illness or injury), and the top five reasons for preventative services when a health issue was not the immediate reason for the visit (ex: immunization or screening). The report points out that a substantial number of the health issues seen at health centres are preventable by making healthy lifestyle choices.

HOSPITAL SERVICES REPORT 2006

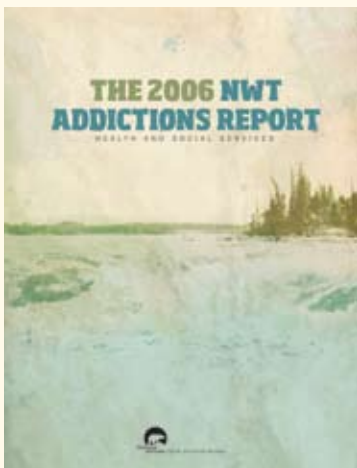
This report focuses on hospital services (inpatients and outpatients) provided to NWT residents between 2000/2001 and 2003/2004 (within and outside of the NWT).

Some key findings of the report are:

- The cost of hospital services for the entire population averaged \$54.2 million between 2000/2001 and 2003/2004. Over three-quarters of the costs (\$42.3 million) were for 5,370 inpatient admissions by 3,537 people, with the remaining \$11.9 million for 84,328 outpatient visits initiated by 23,461 people.



- Infants under one year of age were more than twice as likely to be hospitalized as the average for all ages (218 versus 86 patients per 1,000). They were also more likely to be an outpatient at 940 versus 569 patients per 1,000.
- Seniors, age 65 and older, had the highest hospitalization rates at 249 patients per 1,000. The chance of a repeat hospitalization was also higher, as was the length of stay (7.6 days versus 4.8 on average). The use of outpatient services by seniors was also high at 746 patients per 1000, 5.8 visits per patient, and \$645 per capita.



NWT ADDICTIONS REPORT 2006

This report represents an important ongoing effort to monitor alcohol, illicit drugs, tobacco use and gambling activities in the NWT.

Some examples of key findings in this report are:

- Approximately one-third of the NWT population engaged in hazardous drinking practices.
- The majority of the NWT population reported using cannabis (hemp) at least once in their lifetime. Overall, the proportion of lifetime users increased from 53 per cent to 60 per cent.
- Since 2002, the NWT quit rate has increased steadily from 31 per cent to 38 per cent among current and former smokers.
- The most common types of harm reported were harm to home life or marriage (14 per cent) followed by friendships or social life (12 per cent), physical health (12 per cent), work or study (8 per cent) and learning difficulties (7 per cent).

A GUIDE TO THE PREVENTION AND CONTROL OF COMMUNITY-ASSOCIATED MRSA (SUPERBUGS) (NOVEMBER 2007)

These documents provide information on how to protect against superbugs. They focus on proper methods of sanitation and cleanliness in order to avoid spreading illness.

- In 2007, 37 cases of MRSA were reported. To-date in 2008 (September), there have been 46 cases of MRSA reported.
- Since the beginning of 2007, 47 of the 83 new cases involving superbugs have been community-associated. These have occurred in settings such as daycare centres, women and men shelters, correctional facilities and mining camps, as well as some sporadic cases.
- There have been social marketing campaigns to promote hand washing under the theme “Not all Bugs need Drugs” in the NWT.
- The Department, with the assistance of Health and Social Services Authorities, delivered a targeted public education campaign on superbugs in November 2007. There were positive responses from the public and health care professionals. Further requests were received from both groups for education sessions, media interviews and general sanitation guidelines.





