

The  
Northwest  
Territories

# Health

Report  

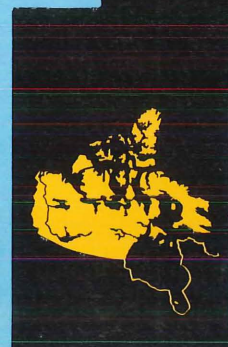
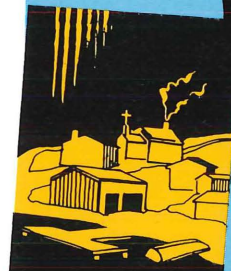
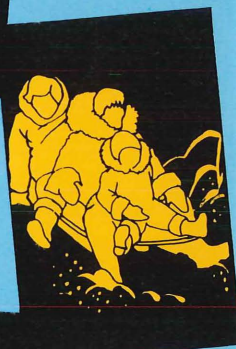
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1990



Northwest  
Territories Health

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The  
Northwest  
Territories

*Health*

Report

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1990







MR. DANIEL L. NORRIS  
COMMISSIONER

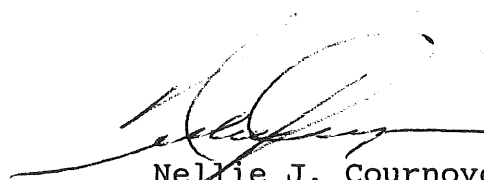
**Department of Health Report 1990**

I am pleased to submit the Department of Health's 1990 report, *Choosing Health*. The purpose of the report is to provide northerners with information to enable us to make decisions that affect our health and the health of our families and communities.

This report provides information about the health of N.W.T. residents, and health services, for the period January 1, 1990 to December 31, 1990.

The N.W.T., like the rest of Canada, is beginning to move away from a time when treatment of disease was of primary importance to a time in which public policy and lifestyle and behavioral choices make the largest contribution to health or to disease. During 1990 the Department of Health continued to emphasize the development of healthy lifestyles by providing programs in health promotion, disease prevention, treatment and rehabilitation, and by advocating healthy public policy.

This is a time of change and challenge. Our choices for health will be influenced by restraint, the settlement of land claims, constitutional development and division of the Territories. The growing N.W.T. population will continue to challenge the Department's ability to deliver necessary health care services in a universal yet cost-effective manner. It is important for us all as individuals to work as partners in making the right choices for the health of all N.W.T. residents.



Nellie J. Cournoyea  
Minister of Health





THE HONOURABLE NELLIE J. COURNOYEA  
MINISTER OF HEALTH

**Department of Health Report**

I have the honour of submitting the 1990 report of the Department of Health, "*Choosing Health*", which provides information for the period January 1, 1990 to December 31, 1990.

This information about the health of the Northwest Territories residents, about health services and about major health care issues, is connected to the choices we as individuals are making about our own health.

In the accompanying report, descriptive text is supplemented by explanatory tables and graphs, and by discussion of important choices we can make that will benefit our own health and the health of our families and communities.

Respectfully submitted,

Bob Cowcill  
Deputy Minister

# *Acknowledgements*

**T**he Department of Health must acknowledge the assistance of several other Departments and agencies in the preparation of this report. The GNWT Departments of Education and Social Services, as well as the NWT Housing Corporation and Bureau of Statistics, have contributed information which we have used or referenced in this document. Also, contributions from all NWT hospital and health boards have been incorporated and supplemented.

Credit must also be given to the various Department of Health staff who made individual contributions or assisted in providing information for the report. Finally, thanks must go to the members of the editorial committee, who oversaw the development of this report from start to finish, and outside agencies who assisted with the editing and word processing of the final document.

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# CHOOSING HEALTH

## ABOUT THIS DOCUMENT

This is the Department of Health's 1990 health report. It gives the kinds of information that most annual health reports provide --- information about the overall health of NWT residents, about the major health issues, and about some of the major health services government provides to residents.

But it does something more. It links the information to the choices that people in the NWT are making about their own health. Thus, the reason for the subtitle, *Choosing Health*.

A brief word about this term "Choosing Health." In some cases people may not be able to make choices that benefit their health. They may face great obstacles. They may lack the necessary resources, or have to deal with unfamiliar legislation, or they may require the cooperation of a great many people --- even nations --- who are unwilling to go along. Choices are not always possible.

But there are very many situations in which choices are

possible. People can make choices that will benefit their own health, the health of their family, or the health of their community.

It's these choices that this report looks at.

## CHOOSING HEALTH

The idea that people can actually make choices that will influence health takes some getting used to. It demands a different way of thinking about health.

*What Is Health?* Many people think of health as something you "get" from nature, or something you "get back" from doctors, nurses and other health professionals when you get sick. Others think of health as the absence of disease or illness.

But health is something more. It's something positive --- a resource for daily living. Health is *a state of complete physical, mental, spiritual, and social well-being*. When a person is "healthy" that person has a balance in their life.

*H* health  
is seen

*as a resource for daily living,  
not the objective of living; it  
is a positive concept,  
emphasizing social and  
personal resources, as well as  
physical capacities.*

---World Health Organization, 1984.



**TO MAKE CHOICES ABOUT HEALTH:**

- ◆ *Get the right information.*
- ◆ *Study and understand the information (discussion).*
- ◆ *Consider the various options.*
- ◆ *Figure out the resources (people, money, buildings, etc.) needed for each option.*
- ◆ *Develop an action plan.*
- ◆ *Take action.*

It also means that if a person doesn't have this balance, he or she may have a health problem --- just as much as if that person had the flu, or suffered an injury.

The person who doesn't have enough education and training to get a job, who lives in overcrowded housing, or who is constantly being abused by a spouse --- this person has a health problem.

So does a family in which a parent has a serious drinking problem, and a community where residents don't have a constant source of clean drinking water.

With such a broad definition of health, it follows that the range of health choices and decisions will also be quite broad.

**THE RANGE OF HEALTH DECISIONS**

**H**ealth decisions are not simply decisions about medicine or medical practices. They are decisions in all those areas that affect our physical, mental, spiritual, and social well-being.

An example. If one looks back over the past two hundred years, it is apparent that the most important decisions that improved peoples' health were decisions related to broad technological changes in society as a whole. Better housing, better sewage systems, changes in farming practices that led to better food distribution systems, changes

in work patterns that led to better jobs for more people --- these were the major causes of improved health in the vast majority of people.

This is not to deny the great importance of health professionals, antibiotics, modern medical techniques and more sophisticated medical equipment. These are very important. But in terms of health they are only part of the picture. The rest of the picture has to do with other kinds of decisions.

Today, it has to do with two kinds of decisions in particular --- decisions about the *environment* (both the natural environment and the community environment), and decisions about *personal lifestyle* (the way we choose to live our lives on a day by day basis).

It is hard to overestimate the importance of making the right environmental choices. All of us need clean air, unpolluted waters, and a safe physical and social environment in which to live. It's a matter of survival.

As for the importance of decisions about personal lifestyle, one has only to look at the major health problems facing us today here in the North --- lung cancer, accidents, injuries, and suicides. All of these problems cause people to die prematurely. And all of these problems are preventable . . . if people learn to make the right lifestyle choices.



## ***MAKING THE RIGHT DECISIONS***

---

**W**ho are the people that actually choose health? And what do they need to make the right decisions?

Each one of us is responsible for making decisions about our own personal health. When we choose not to begin smoking or to stop smoking, to get more exercise, to limit junk food and start eating what's good for us, we are making decisions about our own health. (And often our decisions will benefit the lives of those around us.)

Many people also make decisions for other people. Parents make decisions for their children. They often make decisions for the elderly if they can no longer make decisions for themselves.

Then there are people who serve on hamlet councils, school boards, health boards, housing associations, band councils, hunters and trappers associations --- these people are community representatives, making health-related decisions for the members of their community.

What do we need to make the right decisions about health --- either as individuals, as members of a family, or as members of a community? We need three things.

We need *information* --- information about our bodies and how they work, about what's good

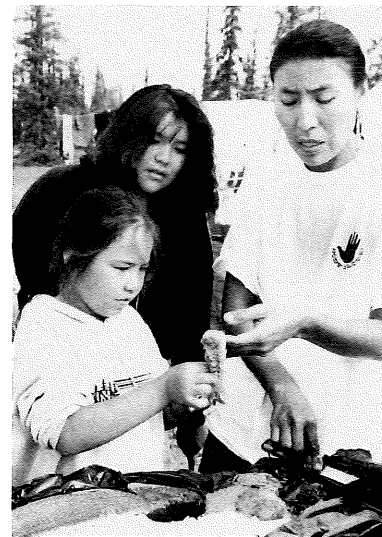
for us and what's not good for us, about what we need to grow mentally, physically, spiritually and socially, and about how we must live in harmony with our environment. We need this kind of information if we are going to make informed decisions.

The second thing we need is *more effective ways of making decisions*. In the past, most health care decisions were made by the patient, the family, or the physician. Today, with our expanded understanding of health, more decisions must be made at the regional and community level by a variety of people working together.

Finally, we need to *want to make decisions*, and to realize that not only our own good health but that of those around us, and of our children and grandchildren, and of our land, depends on us making good decisions about health.

As we move into the future we will need better mechanisms for bringing together patients and consumers, health professionals, members of health boards, and members of other community boards and agencies --- to make the critical health decisions in a coordinated way.

Now, a word about our readers.



*"Choosing the right foods is vital to health."*

## ***THE READERS OF THIS REPORT***

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**T**he Department of Health has written this report for two groups of people.

One group is the *health care professionals* --- doctors, nurses, researchers, people who work for government departments --- the kinds of people that usually read annual health reports. Members of this group are often primarily concerned with facts, figures, budgets, and other kinds of statistical information.

The second group is all of the people we talked about earlier in this report --- *the community decision-makers*. This group includes teenagers, adults, parents, elders, teachers, and students. It also includes counsellors, community leaders, members of health boards, hamlet councils and band councils, and members of all those other boards and agencies that are making decisions that affect health every day in every community across the Northwest Territories.

Community decision-makers are often less interested in the statistics. They want to understand how the information in this report relates to the decisions they have to make about their own health or the health of their community.

They may also want to use the various sections of this report for other things --- for community

discussions, for training workshops, or for community meetings.

The report tries to respond to the different requirements of both groups --- in its design, and in its language.

In terms of design, the report is divided into three parts. Part One speaks to the community decision-makers. It relates information to choices. Parts Two and Three, the statistical information, are designed primarily for the health planners and professionals. The individual chapters have been kept short, and combine written text with graphs and charts. They are easy to copy for discussion purposes.

The report uses *plain language* (concrete words, short sentences and paragraphs) as much as possible. It avoids bureaucratic jargon. And when it has to use technical terms it tries to explain them or give definitions.

There are sometimes delays in receiving reports from the field, so figures in this section may not necessarily be complete, and cautious interpretation of any data presented is recommended.



# The Child

## ***THE CHOICES IN CHILDHOOD***

---

Babies and small children need help making decisions. So parents, grandparents and family members help them. And the decisions made during the early years --- especially decisions about health --- influence the child's growth, development, and future health.

The first decision parents make is the decision to have a child. During pregnancy the mother continues to make critical choices --- about what to eat, whether to smoke or drink, and about the kind of care she will seek during pregnancy.

After the child's birth, decisions focus on child rearing, or how to ensure that the child grows up in a healthy, supportive environment.

This chapter looks at some of these decisions, and at some of the health care issues related to these decisions.

## ***THE HEALTH CARE ISSUES***

---

In 1990, 1506 babies were reported born in the Northwest Territories. The NWT has the highest birth rate in Canada. For each thousand people in the NWT, about 28 babies were reported born in 1990. But the number of births varied across the Territories.

### **ETHNIC BREAKDOWN OF LIVE BIRTHS**

ETHNICITY	BIRTHS
Dene	255
Inuit	725
Other	515

(11 stillbirths occurred in 1990)

For the Keewatin it was almost 43 births per thousand residents; and for the Kitikmeot it was about 35 births per thousand residents.

In 1990, most babies were born to mothers between the ages of 20-39 (83%). But a significant

*Some women*

*would prefer to give birth in their own communities.*

*The Department of Health recognizes the importance of the birth event in the life of the family and community. It is looking at ways which might enable mothers to give birth in their home communities. The key consideration, of course, is ensuring the health and safety of both the mother and the child.*

◆ *At present mothers from smaller communities travel to larger centres to give birth.*

◆ *In 1990, 95% of babies were born in hospitals.*



*The NWT  
Perinatal/  
Infant death rate is higher  
than the Canadian rate.*

**DEATH RATES**

*Per 1000 births (Based on 1988  
Canadian data)*

**Perinatal:**

*NWT (1990) . . . . . 10.0  
Canada . . . . . 7.6*

**Infant:**

*NWT (1990) . . . . . 11.4  
Canada . . . . . 7.2*

number were born to teenage mothers (16%).

There were more births within Dene and Inuit families than within non-Native families. The 1990 figures show that the birth rate is highest among the Inuit (34.8 per 1000).

*Perinatal deaths* (stillbirths and deaths that occur during the first week after the birth of the child) and *infant deaths* (deaths between birth and the end of the first year) continue to be high in comparison with the rest of Canada.

*Alcohol use and smoking during pregnancy* continue to be major areas of concern. These practices present a real danger to the unborn baby, and they can present problems later on. Babies tend to be smaller at birth, develop more slowly, and be sick more often if their mothers drink or smoke.

There are no exact figures on how many women smoke or drink during pregnancy; it seems to be a common practice in most communities. What we do know is

**IMMUNIZATION SCHEDULE  
FOR NWT BABIES AND CHILDREN**

AGE	VACCINES
birth	BCG (anti-tuberculosis vaccine)
2 months	diphtheria, pertussis (whooping cough), tetanus, polio
4 months	diphtheria, pertussis, tetanus, polio
6 months	diphtheria, pertussis, tetanus
12 months	measles, mumps, rubella
18 months	Haemophilus influenzae B, diphtheria, pertussis, tetanus
6 years	diphtheria, pertussis, tetanus, polio
16 years	diphtheria, tetanus, polio

During 1990, 11 babies were stillborn, 4 died in the first week of life and 13 died later in the first year. This is about the same number of babies that have died each year over the past decade.

About 5% (75) of the babies born during 1990 were *low birth weight babies* --- babies who weighed less than 2500 grams (5.5 pounds). These tended to be more common among teenage mothers.

that the Northwest Territories has the highest smoking rates in Canada. About 65% of Dene women and 77% of Inuit women smoke.

After childbirth the major concern is with *infectious childhood diseases*. Thanks to immunization programs, diphtheria, polio and tetanus have disappeared. Other diseases such as chickenpox still occur.

Haemophilus influenzae type B (Hib) remains a concern in babies, even though children 18 months of age are now vaccinated against it. In the North it tends to affect children under one year of age whereas in the South it usually affects children who are a little older. It often leads to meningitis, with death or disability resulting in up to one-third of the children who get the disease.

A new and safe Hib vaccine for younger babies was tested by the Department in 1989-90 but the results were disappointing. Now, however, new vaccines being tried out in the United States look more promising.

A common problem among small children in many communities is *tooth decay*. A major cause of this problem is the improper use of nursing bottles. (The child is put down to rest with a bottle containing milk, juice, or a sugary liquid. The bottle remains in the infant's mouth after the child falls asleep. The bacteria in the mouth turns the liquid into acid which causes tooth decay.) It is very common to find children with many of their primary teeth pulled out at two or three years of age.

As children grow older, their dental problems continue. The levels of dental health for 6-year-old and 12-year-old Dene and Inuit children are poor in comparison to other Canadian children --- based upon the

number of diseased, missing or filled teeth.

Another common childhood ailment is *otitis media* --- a middle ear infection. It is more common in homes where people smoke, and children with this problem often go on to develop hearing and speech problems.

Finally, there is a real concern about the large number of *accidents and injuries* among children under 5 years of age ( as there is with the population as a whole). NWT children die from injury or violence at four to five times the overall rate for Canadian children; many survive with chronic disabilities. Why this number is so high is not clear. Undoubtedly, in many cases, some combination of abuse, neglect, or inadequate supervision are contributing factors.

Community Health Nurses, Dental Therapists, and Community Health Representatives play a lead role in delivering the School Age Health Program. The program consists of various components, including the following:

- Pre-school Assessment,
- Immunization,
- Screening (vision and hearing),
- Nutrition Promotion,
- Dental Hygiene,
- Environmental Health Surveillance, and
- Individual Counselling.

## **R**EPORTED **CASES OF CHILDHOOD DISEASES IN 1990:**

### *AGE 0-12*

<i>Chickenpox (varicella)</i> . . . . .	260
<i>Measles</i> . . . . .	1
<i>Mumps</i> . . . . .	8
<i>Pertussis (whooping cough)</i> . . . .	.20
<i>Rubella</i> . . . . .	0

### *ALL AGES*

<i>Chickenpox (varicella)</i> . . . . .	360
<i>Measles</i> . . . . .	1
<i>Mumps</i> . . . . .	8
<i>Pertussis (whooping cough)</i> . . . .	.28
<i>Rubella</i> . . . . .	1

## ***PRIORITIES FOR HEALTH***

**W**hat can NWT parents and communities do to make sure their children are born healthy and stay healthy?

They can take common sense measures during pregnancy --- not drinking alcohol or smoking, while also eating properly, getting exercise, and making regular prenatal visits. These practices help ensure the health and vitality of their unborn children.

After the child is born, parents can make sure their child has a healthy diet. Breast feeding is the best start for babies, and it is recommended for at least the first 6 to 8 months.

Parents can keep the home environment clean, free of smoke, and teach their children good hygiene. Parents can also make sure, through regular checkups,

that their children receive the proper immunizations. They can also teach their children to brush and floss their teeth at an early age, and they can increase their efforts to make sure their children are properly supervised.

Community health centres support parents by continuing to deliver much needed prenatal, well baby, and immunization programs. They can also continue to promote awareness of good health practices through the school health curriculum.

The Department, working with the community, should promote the development of parenting skills (how to understand and work with children) through community programs.

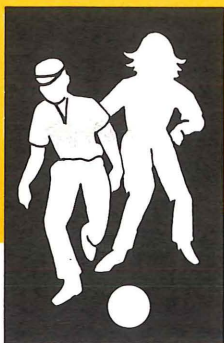
In terms of new approaches, priority must be given to changing problem attitudes and to promoting healthy lifestyle practices in a changing cultural climate.



*"Prevention starts at an early age."*

Photo Credit: "William Belsey Photography"





# Youth

## **A TIME OF CHANGE**

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**Y**outh --- the years of later childhood, through the teenage years --- is often a difficult time for young people. They go through a series of physical, emotional and psychological changes. It is a time of searching, discovery, and insecurity.

Young people want to establish their own identity. They drift apart from their parents. They seek more independence. Parents are not always sure how to react. They often see their teenagers as "rebellious" --- throwing over their values and beliefs.

It is a time to discover and establish new relationships. As parents sense they are "losing control," they often see their influence replaced by the influence of teenage friends and companions. It is also the time when young people become more aware of their sexuality, and may become sexually active.

It is a time of vulnerability, of coping with social pressure, and of making critical lifestyle choices. It's

a difficult time to make decisions --- especially the right decisions about one's health.

## **HEALTH ISSUES**

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**O**ne of the first important decisions that many young people make is *whether to stay in school*. Sometimes this is a family decision, made after consulting with parents and receiving their consent. More often it is an individual decision --- the young person decides not to attend school and the parents find themselves unable to intervene.

While school attendance figures from 1989/90 show some signs of improvement, the drop out rate is still high.

Many children --- especially aboriginal children --- drop out after the middle grades. The overall graduation rate in the NWT is approximately 20%. The non-Native rate is 40%; the Metis rate is 20%; the Inuit rate is 10%; and the Dene rate 5%.

## **SCHOOL ATTENDANCE 1989/1990:**

- ◆ *The total enrollment in NWT schools in 1989/1990 was 13,442 students.*
- ◆ *The attendance rate for the year was 85.1%. This was a slight improvement from the preceding year.*
- ◆ *912 students (7% of the total student population) were absent 50% or more of the time. The major reason for absence was truancy.*
- ◆ *560 students withdrew from school completely.*
- ◆ *170 students graduated from Grade 12; 126 of these were non-Native.*

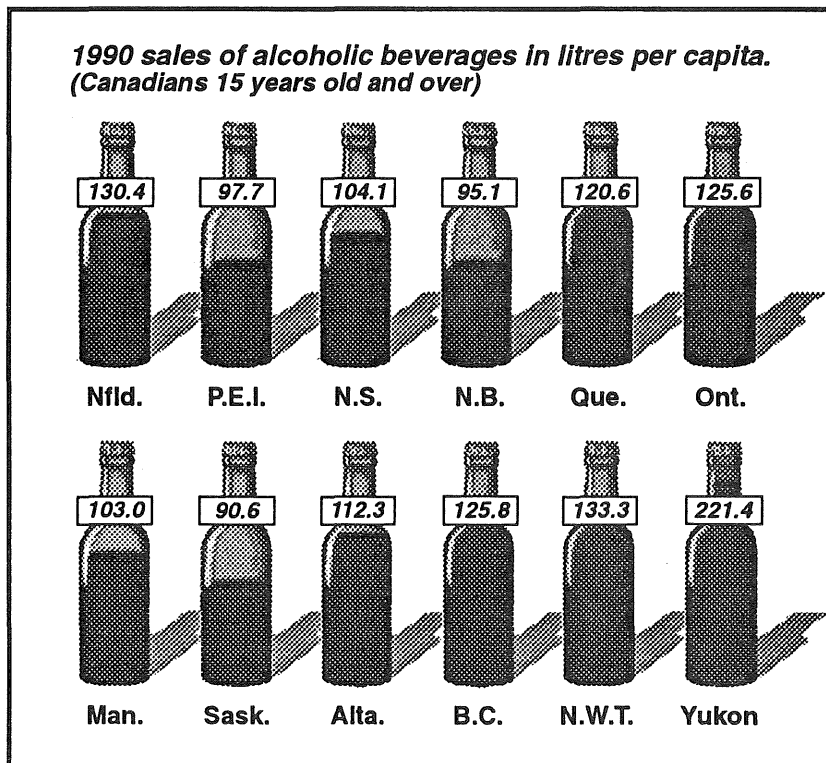
--- Department of Education





Though accurate statistics on alcohol consumption among teenagers are not available, there seems no doubt that *alcohol abuse* is a significant problem. The NWT ranks second in Canada in alcohol consumption per capita --- so

A final worrisome issue among youth is the significant number of *accidents, injuries and violent deaths*. Of the 62 NWT deaths in 1990 caused by accidents, injury, and violence (including homicide, suicide, and family violence) 24 of



alcohol is readily available. Given the peer pressure, and at times the example of parents, choosing not to drink (or to drink only in moderation) can be a very difficult choice.

Alcohol abuse can lead to further problems, including *problems with the criminal justice system*. In 1990, 1165 adult NWT residents were sent to jail. A significant number of these, 595 (51%) were between the ages of 18 and 25.

these --- 39% --- involved young people under 24 years of age.

Why is the rate so high? It is not known. But we do know that in many cases alcohol, substance abuse and family conflict are contributing factors.

## HEALTH PRIORITIES

We know the kinds of things that help young

## ALCOHOL CONSUMPTION IN THE NWT IN 1990:

- ◆ The NWT ranks second in Canada in alcohol consumption per capita.
- ◆ Alcohol sales totalled \$29.5 million, an average of \$833 per resident age 15 or over.
- ◆ The average resident age 15 or over drank 14.2 litres of liquor, 7.3 litres of wine, and 114 litres of beer.

--- Bureau of Statistics  
(Statistics Canada)



**EATHS DUE  
TO LUNG CANCER IN  
THE NWT:**

1985 . . . . .	12
1986 . . . . .	11
1987 . . . . .	11
1988 . . . . .	18
1989 . . . . .	16
1990 . . . . .	17

**1990 TERRITORIAL  
INCARCERATIONS BY AGE**

<b>AGE</b>	<b>NUMBER/%</b>
18-20 . . . . .	212/18%
21-25 . . . . .	383/33%
26-30 . . . . .	241/21%
31-35 . . . . .	111/9%
36-40 . . . . .	85/8%
41+ . . . . .	133/11%
<b>Total . . . . .</b>	<b>1,165/100%</b>

--- Department of Social Services

people stay healthy: practising safe sex, not smoking, not drinking to excess, eating a balanced diet, taking better care of themselves, and staying in school to develop job skills.

Every teenager in the NWT has heard this advice time and time again. But is it having the desired effect?

How can we progress from simply providing information to actually encouraging and creating healthier lifestyles?

One priority is to develop a comprehensive health education program for young adults --- a program for the high school years, and for those returning to school as young adults.

A second priority is research. An example --- we have plenty of information about the number of young people dropping out of school. But we know very little about why they are dropping out of school --- or what it will take to keep them in school.

A third priority is to find more culturally relevant ways of

communicating vital information. The messages about health choices cannot continue to come primarily from non-Native professionals --- doctors, nurses, teachers, or RCMP officers. They must come from aboriginal leaders, from elders, and from teenagers themselves.

There is a need to forge closer working relationships among young people, their families and elders on the one hand, and health professionals, community groups and social agencies on the other hand. There must be less lecturing and more open discussion.

A fourth priority is to present messages in a culturally relevant manner. Many residents in smaller communities have great difficulty reading English. Handouts and posters written in English often seem like a "wall of words."

A fifth priority, and undoubtedly the one with the most potential, is to strengthen the ability of the family to help the young person make critical choices --- which is the subject we now turn to.



# The Family

## THE CHANGING FAMILY

As is the case in the rest of Canada, the family structure in the Northwest Territories is changing.

There is no "typical family model" in the Northwest Territories. One finds two-parent "nuclear families," single-parent families, children being raised by one or two grandparents, "extended families," a significant number of single males living alone or in groups, and so forth.

All family structures are going through the changes typical of the time. But the changes are most noticeable within aboriginal families who are making the transition from a traditional lifestyle to a wage economy.

In the past these families were able to survive through hunting, trapping and fishing. While there is still a "domestic economy" the decline in fur prices and the rise in costs has severely reduced the ability of families to support themselves in the traditional manner. They have had to adjust.

More families need two incomes to make ends meet, so more women are taking jobs outside the home. More families are ending up on social assistance. And many young people no longer see hunting and trapping as a viable career.

In addition to economic hardship, the switch from a land economy to a wage economy also has cultural implications. Until recently families were living a lifestyle that was thousands of years old. Now, patterns of work and family lifestyles are changing --- and many family members are finding the changes difficult.

It is hard making choices in the midst of change. People are often uncomfortable when they are surrounded by "the unknown." They may feel "victimized" or "locked in" because of past experience. They may have difficulty seeing options. But, as the history of the peoples of the North demonstrates, they can adapt to change. And they can do it while preserving the best of their traditions, customs and culture.



*"Celebrating the family."*

**A**dults in the Northwest Territories are fully aware that they are going to need an education to be able to have a more secure economic future. That's why so many of them are going back to school.

◆ At the time of the Labour Force Survey in 1989 almost 800 residents were enrolled in Arctic College Upgrading Courses throughout the NWT - learning how to read and do basic math, or working for their high school certificate.

◆ In 1989-90 the total enrollment for Arctic College was 975 full-time students and 6,831 part-time students.

◆ In 1990-91 the number of part-time students declined to 6,320; but the number of full-time students increased to 1,270.

--- Department of Education

## HEALTH ISSUES

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**T**hroughout the Territories there is a serious *unemployment problem*. The overall unemployment rate is 16%. But, when one includes those who have stopped looking for work, the actual rate is closer to 21%. In many small, traditional communities the number of unemployed runs as high as 50%. In 1990 an average of 1,618 persons received unemployment benefits each month --- for a total of \$22.5 million dollars for the year.

Many families are dependent upon *Social Assistance*. In 1990 approximately 8,000 people were on Social Assistance. The average payment of \$556 per month per household provided an allowance for items such as food, clothing, and rent. The total expenditure for the year was more than \$21 million. This was a 4.6% increase over 1989 (in terms of dollars) and represented a 7% increase in the number of recipients.

There are two major reasons for the high unemployment rates and the dependence upon Social Assistance: the lack of jobs and the lack of the necessary training and education to get the jobs that are available.

The Government of Canada has noted that more than one-third of Canadians have some trouble with everyday reading tasks. The

*illiteracy problem* is even more severe in the Northwest Territories. Though many aboriginal people may be able to read in their own language, they can't read in English --- a skill needed for most jobs. In most small communities the *functional illiteracy rate in English* (less than a Grade 9 education in English) runs at about 72%.

The lack of a basic education and literacy skills has a direct relationship to the unemployment problem. For those residents who have less than a Grade 9 education, the unemployment rate is 34%. But it is only 8% for those with a Grade 10 education or better.

Given the high cost of living in the North --- especially in some communities without road access and resulting higher food costs --- both parents must try to find employment. But this is often difficult because of the lack of jobs, and adequate *day care programs*. Many communities lack the facilities and the financial resources needed to provide suitable day care. In some cases parents turn to other family members to serve as baby sitters. Though this works well in some situations, it sometimes causes another problem. Children are kept home from school to baby-sit their younger brothers and sisters.

A growing concern throughout the Territories is the problem of *family breakdown*. Since 1986 there has been a steady increase in the number of children that Social

Services has had to take from their families and place in foster homes or group homes. In 1990 an average of 340 children per month were "in the care" of the Superintendent of Child Welfare, a 23% increase over 1989. The three most common reasons for taking children into care were parental neglect, lack of supervision, and emotional and behavioral problems.

Among the causes that contribute to family breakdown, one of the most worrisome is *family violence*. Spousal assault, child abuse, and child sexual abuse are the most common manifestations of the problem. The exact causes are more difficult to determine. Alcohol and drug abuse are contributing factors. But the roots of the problem are often built into the family environment. Children who are abused, or grow up in an atmosphere of physical violence, tend to accept this type of behaviour in their own families.

Though the *elderly* (those persons 65 years of age and older) make up only about 3.0% of the total population (as compared to 11.5% in the rest of Canada) they have special needs to which the family and community must try to respond. In the past, as elsewhere in Canada, there was a trend toward institutional care for the elderly. Today elderly people are requesting to remain with their families in their home communities. They are beginning to be supported with home-based services.

## HEALTH PRIORITIES

Any strategy for helping families begins with the recognition of the importance of the family. Family members must be encouraged to retain the values and principles that have come out of their own culture, traditions and customs. In particular, health professionals must work closely with the elders in the community --- for they are the ones who provide guidance and pass on the traditional values and knowledge.

At the same time, family members must be helped to adapt to change --- to learn new skills and new ways of doing things. Education and training --- both for young people and for adults --- are two of the most important ways of supporting the family in today's changing society.

To the fullest extent possible the "helpers" should be members of the same culture and speak the same language as the people they are helping.

Finally, every effort must be made to promote and sustain a coordinated approach to assisting families. This coordination must exist among government departments --- and between departments and various citizen committees and boards working at the community level.

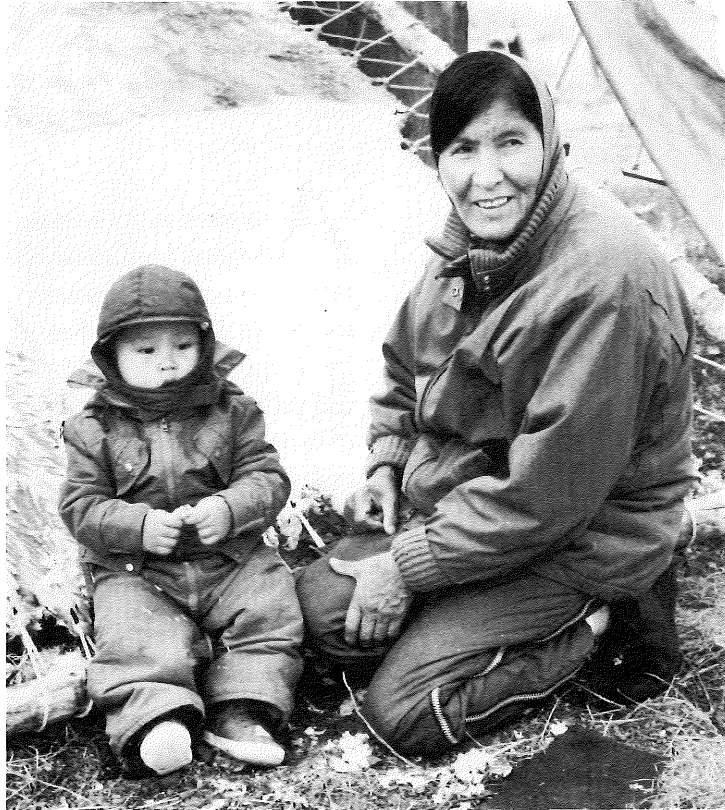
Canadian researchers, studying incidents of child sexual abuse throughout Canada, have indicated that:

- ◆ The victim is usually a child between 4 and 11 years of age.
- ◆ The assault usually occurs in the child's home, or in the home of a friend or relative.
- ◆ An assault is repeated in 88% of cases.
- ◆ 97% of the offenders are male.
- ◆ As many as 1 in 3 girls, and 1 in 5 boys will likely be sexually assaulted before the age of 18.

— 1984 Badgley Report on Sexual Offences Against Children - Health and Welfare Canada.

There is danger for children who witness their parents fighting physically. This creates a problem within the child and it stays with the child throughout the child's development.

— Peepeelee Nutaralak,  
NWT Advisory Council on the Status of Women.



*"Our elders are our guides."*

*"We must always communicate with our children  
and teach them well.*

*It's too late to try when they are already grown."*

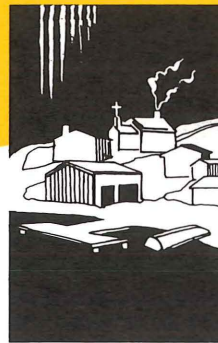
*- Mary Agnes Bonnetrouge*

*Elder, Fort Providence area*

*"Traditional knowledge . . . encompasses spiritual relationships,  
relationships with the natural environment  
and the use of natural resources, relationships between people,  
and is reflected in language, social organizations,  
values, institutions, and laws."*

*- Report of the Traditional Knowledge Working Group,  
Department of Culture and Communications, GNWT 1991*





# The Community

Every day, in every community across the NWT, people make decisions which affect their own health, as well as the health of other members of their community.

Some of these people serve on boards or committees: hamlet and band councils, housing association boards, health and school boards, alcohol committees, social assistance appeal boards, hunters and trappers associations, tourist associations, youth committees, and so forth.

All of these groups and organizations must deal with "the reality of the North." Most NWT residents live in small, isolated communities. The climate, compared to what other Canadians experience, is severe.

Transportation is quite limited. While some communities in the west are on the road system, the majority of communities depend primarily on air transportation. And, because of the high costs of transportation, the cost of living in our communities is much higher than it is in Southern Canada.

Sometimes these boards and committees deal with the day to

day issues. More often they are concerned with planning for the future. Their concerns are the economy, the physical environment, the services, and the relationships between groups and organizations.

In terms of the health of the community, these boards and committees are important. They create and maintain the physical and social context within which the community lives and grows. This is a difficult job --- and at times it can be a frustrating one. And, as this Chapter will show, it is a job that takes a great deal of skill and patience.

## HEALTH ISSUES

What is the most serious issue facing communities in the Northwest Territories today?

Undoubtedly it is the economy. The majority of NWT communities lack a *viable economic base*.



**PROFILE**

**OF THE NWT (1990):**  
**(Total Population; 53,801)**

### By Gender:

Male . . . . . 28,049  
Female . . . . . 25,752

### By Ethnicity:

Inuit . . . . . 20,836  
Dene . . . . . 9,323  
Metis . . . . . 4,033  
Non-Native . . . . . 19,609

### By Region:

Baffin . . . . . 10,755  
Keewatin . . . . . 5,490  
Kitikmeot . . . . . 4,221  
Inuvik . . . . . 7,812  
Fort Smith . . . . . 25,523  
*(includes Yellowknife)*

--- Bureau of Statistics



**ESTIMATE**

**OF POPULATION BY REGION:  
Northwest Territories, Regions and Communities,  
June 1990**

<b>Baffin Region</b> . . . . .	<b>10,755</b>	Arctic Red River . . . . .	107
Arctic Bay . . . . .	561	Colville Lake . . . . .	56
Broughton Island . . . . .	468	Fort Franklin . . . . .	549
Cape Dorset . . . . .	992	Fort Good Hope . . . . .	597
Clyde River . . . . .	527	Fort McPherson . . . . .	697
Grise Fiord . . . . .	54	Fort Norman . . . . .	369
Hall Beach . . . . .	498	Inuvik . . . . .	2,790
Igloodik . . . . .	964	Norman Wells . . . . .	482
Iqaluit . . . . .	3,016	Paulatuk . . . . .	254
Lake Harbour . . . . .	366	Sachs Harbour . . . . .	144
Nanisivik . . . . .	313	Tuktoyaktuk . . . . .	995
Pangnirtung . . . . .	1,115	<b>Fort Smith Region</b> . . . . .	<b>25,523</b>
Pond Inlet . . . . .	940	Detah . . . . .	136
Resolute . . . . .	165	Enterprise . . . . .	57
Sanikiluaq . . . . .	479	Fort Liard . . . . .	428
<b>Keewatin Region</b> . . . . .	<b>5,490</b>	Fort Providence . . . . .	599
Arviat . . . . .	1,299	Fort Resolution . . . . .	502
Baker Lake . . . . .	1,132	Fort Simpson . . . . .	1,001
Chesterfield Inlet . . . . .	296	Fort Smith . . . . .	2,487
Coral Harbour . . . . .	581	Hay River . . . . .	2,891
Rankin Inlet . . . . .	1,425	Hay River Reserve . . . . .	181
Repulse Bay . . . . .	497	Jean Marie River . . . . .	68
Whale Cove . . . . .	246	Kakisa . . . . .	28
<b>Kitikmeot Region</b> . . . . .	<b>4,221</b>	Lac La Martre . . . . .	428
Bay Chimo . . . . .	67	Nahanni Butte . . . . .	90
Cambridge Bay . . . . .	1,071	Paradise Gardens . . . . .	42
Coppermine . . . . .	982	Rae-Edzo . . . . .	1,422
Gjoa Haven . . . . .	756	Rae Lakes . . . . .	219
Holman Island . . . . .	339	Snare Lake . . . . .	125
Pelly Bay . . . . .	356	Snowdrift . . . . .	270
Spence Bay . . . . .	590	Trout Lake . . . . .	60
<b>Inuvik Region</b> . . . . .	<b>7,812</b>	Wrigley . . . . .	167
Aklavik . . . . .	766	Yellowknife . . . . .	13,698

--- Bureau of Statistics

The *SCONE Report* (the report of the Legislative Assembly's Special Committee on the Northern Economy, 1989) divided NWT communities into two groups --- the developed communities, and the underdeveloped communities.

There are seven *Developed Communities*: Yellowknife, Hay River, Fort Smith, Inuvik, Resolute, Norman Wells, and Nanisivik. They have a viable economic base --- either because of the size of their local population, or, in the case of Resolute, Norman Wells and Nanisivik, because of markets outside the NWT. The majority of non-Native residents live in the developed communities.

The rest of the communities are *Underdeveloped Communities*. They are the smaller, more isolated communities. In general they have poor transportation links to the outside world and lack a viable private sector. In terms of jobs and wages, they have high levels of unemployment, and wages tend to be lower than the national average. Most residents, the majority of whom are aboriginal people, have not completed high school.

As the *SCONE Report* points out, the prospects for the underdeveloped communities are not encouraging over the shorter term. Their populations are growing faster than the populations of the developed communities. Their demand for services is outstripping available resources.



Their residents face increased dependency upon government.

Their hope for the future seems to rest upon: 1) personal development, through education and training, 2) community and regional economic development and 3) cultural development to support the *domestic economy*.

The term "domestic economy" refers to the land economy that exists in most communities throughout the NWT. People are dependent upon the land for food, fuel, and materials for clothing and household use. The *SCONE Report* values the domestic economy at about \$50 million dollars annually. (It also has great direct value in terms of health. Nutritionists are continually emphasizing the importance of "country foods" in the overall diet of NWT residents.)

One of the major threats to the domestic economy --- and to the overall health of NWT residents --- comes from *environmental contaminants* (natural and man-made chemicals, and other substances, which could present risks to residents directly or indirectly). These contaminants come from industrial pollution, mining wastes, toxic chemical spills, and domestic or community garbage dumps. They may enter the ecological system by way of air, land, water, or migrating animals. Some of them come from within the NWT. But significant amounts are long-range contaminants from around the world.

Contaminants are a concern because they can enter the food chain. Recent surveys indicate that land and sea mammals, fish, birds, and even vegetation have been contaminated by pollutants from around the world. Given the high dependence of many NWT residents on land foods, the monitoring and control of contaminants is an essential part of the GNWT's health strategy.

A Contaminants Unit within the Department of Health, staffed by an environmental scientist, was established in mid-1990. The unit coordinates activities and deals with issues on environmental pollutants in the NWT and communicates with organizations and the general public on contaminants.

Another issue that has a direct impact on family health is *housing*. The NWT has a serious shortage of housing.

Because there is no market economy in most communities, government is often the sole provider of housing. In 1990 the NWT Housing Corporation built 277 public housing units. It renovated an additional 250 existing units. And it helped 159 families with moderate incomes to become home owners through its Homeownership Assistance Program (HAP).

The government does not have enough resources to meet the projected demand for 3,000 or more additional housing units. Population growth and new family formation (younger people wanting



*n winter 1990, there were an estimated 7,266 native households in the NWT. Some 3,216 were in the Tungavik Federation of Nunavut (TFN) claim area, while 887 were in the Inuvialuit settlement area and 3,163 were in the Dene-Metis claim area.*

***Average Number of Persons per Native Household, NWT, Winter 1990:***

<i>NWT (overall)</i>	<i>4.5</i>
<i>TFN claim area</i>	<i>5.3</i>
<i>Inuvialuit settlement area</i>	<i>4.3</i>
<i>Dene-Metis claim area</i>	<i>3.8</i>

*--- NWT Renewable Resource Harvester Survey, Winter 1990.*

**T**he issue of environmental contaminants in the Arctic continues to be a major concern. Generations of aboriginal peoples have grown strong and survived because of the food they have harvested, preserved, and eaten; traditional lifestyles are now potentially threatened by contamination of the food chain.

**A**pproximately 91% of the estimated 7,266 native households in the NWT reported consuming meat and fish obtained through hunting and fishing.

**Native Households with Most or All Meat and Fish Obtained Through Harvesting, NWT, Winter 1990:**

- NWT (overall) . . . . 49%
- TFN claim area . . . . 59%
- Inuvialuit settlement area . . . . 52%
- Dene-Metis claim area . . . . . 39%

--- NWT Renewable Resource Harvester Survey, Winter 1990.

to move out of their parents' homes) creates a need for an estimated additional 150 social housing units each year. A careful review of NWT housing needs taking into account "minimum healthy living space guidelines" would be helpful in more precisely confirming and prioritizing the housing requirements in relation to resources available.

Closely related to the housing issue is the need for adequate sewer and water services in each community.

The types of sewer and water services vary from community to community --- and even within communities. Honey buckets are still in use in many smaller communities, even where pump-out services are available. In communities where flush toilets are available, some homes are still without them.

In 1982 the Department of Municipal and Community Affairs did a survey of sanitation services throughout the NWT. Since then, projects have been carried out in every community. Water supplies have been improved. So have sewage and solid waste disposal capabilities.

But there are still problems. Environmental health records point to some problems with the operation and maintenance of these systems. Greater emphasis has to be placed on monitoring and enforcement --- to ensure that public health requirements are met.

**HEALTH PRIORITIES**

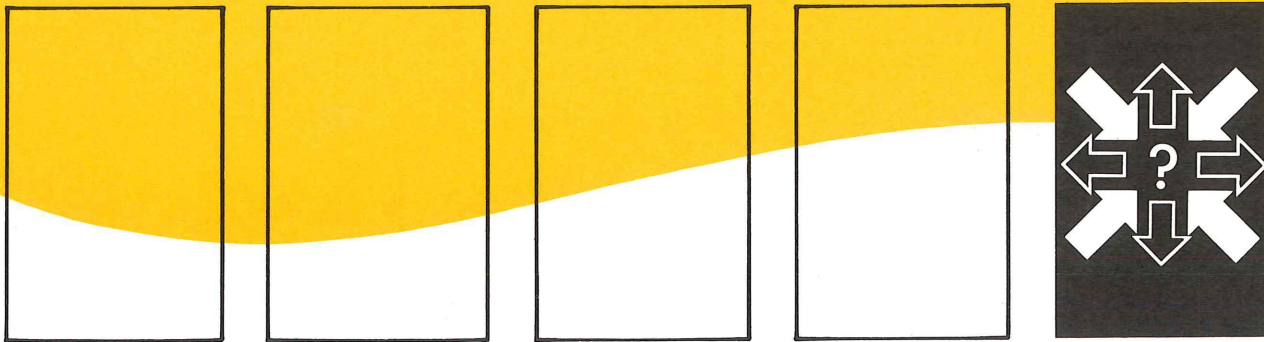
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Given the very close relationship between the people of the North and the physical environment, every effort must be made to protect and preserve the environment from the harmful effects of contaminants. In terms of development, government must ensure that all projects and initiatives are *sustainable*. They must be carried out in a manner that will preserve the environment for future generations.

Government must continue to try to develop local economies. And residents must be encouraged to upgrade their education and training.

More must be done to improve environmental health in local communities.

The NWT *Cities, Towns and Villages Act, Hamlets Act, and Charter Communities Act* authorize municipalities to make bylaws in the areas of sewage, garbage and waste disposal, water supply, and general public health. But few bylaws have been proclaimed. In addition, there are 17 communities not covered under these Acts. They have little or no power to affect change in the area of environmental health. Broader community and political support is needed to ensure a safer and more hygienic environment.



# Creating Support for Decision-making

## ***THE IMPORTANCE OF SUPPORT***

If a person decides to stop smoking, it is much easier if friends and family members support them in their decision. They provide support by encouraging the person, by not smoking in their presence, by not offering them cigarettes, by not making fun of their decision, and so forth. It's always easier to follow through on a decision with support.

If a person on a hamlet or band council has to make a difficult decision about, say, improving the community's garbage disposal system, the decision will be much easier if the person knows that the community will support the decision.

Support is important when a person is making choices. It is especially important when people are making choices about their own health, or about the health of the family or the community.

Why? Because choices about health are not one-time decisions. They are usually decisions that have to be made a number of

times. If I decide to give up smoking today, I have to make the same decision tomorrow, and the next day, and the next day --- until I overcome the urge to smoke.

This report talks about "choosing health." What kind of support do people need to make the kinds of decisions that will help themselves, their families and their communities?

## ***PEOPLE NEED INFORMATION***

Information is a form of support. If people have the right information about health, and they know it is the right information, they will have more confidence in making decisions that benefit their health and the health of their family members.

This does not mean that they *will* make good choices. This report indicates there is a great difference between knowing what is good for you, and actually doing it.

Still . . . getting the right information is the starting point. Information is "empowering." It



*"A community gathering."*

## CREATING SUPPORT FOR DECISION-MAKING

helps give people *the power* they need to make the right choices.

If information is so important, then so are those places and people that usually give out information: the school, the local health centre, government departments that provide services, the elders, the native organizations and the community groups. They must provide the right information, in the right way, to the right people at the right time --- if their information is to be a source of support.



*"A Community Health Representative helps children choose nutritious foods."*

### **PEOPLE NEED MODELS**

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People know that certain practices are harmful to their health. But they still do them. Why? Often it's because other people are doing them. The example of others can be a very strong negative influence.

It can also be a very strong influence for good. Every community has people who serve as models. They show --- in the way they live their lives, look after their families, and work with their communities --- that making the right choices about health is the right thing to do.

People need models. They need to see other people not smoking, not abusing alcohol, staying in school, caring for their children, or dealing with other people respectfully.

When communities have enough people who are models of

"healthy living", making the right choices about health becomes the normal thing to do --- not the exception.

### **PEOPLE NEED SUPPORTIVE FAMILIES**

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One thing this report points out time and time again is the importance of the family in providing support for making choices. The family has a very strong influence on its own members, as well as on the community, and community institutions like schools, churches, and other agencies.

How can we strengthen the role of the family in the community? What can we do to support families in their efforts to help people make the right health decisions?

There are many things we can do. But the main thing we have to do is recognize the importance of the family as the primary source of information and education. It is the elders and the parents who are the primary teachers.

In the old days, when people lived on the land, everyone knew this. But when people moved off the land into towns, other people --- doctors, nurses, priests, RCMP officers, schoolteachers --- began to do most of the teaching.

The *new teachers* provide valuable information. But they are

not the only teachers. They cannot replace the parents, grandparents and community elders. These *traditional teachers* provide most valuable information --- information about values and culture, and how to live one's life in harmony with the land and with other members of the community. This information, this "teaching", is the basis for all other teaching.

People need support to make healthy choices. Some of the support must come from the new teachers --- the doctors, nurses, and other health professionals. They have valuable information to share with people. So do the traditional teachers --- the parents and elders. They have traditional knowledge, they know how to talk to people so they will understand, and they know how to provide family support.

## **PEOPLE NEED TRAINING**

**I**f a person wants to learn to survive on the land, they must find a trainer. They must go out on the land with an experienced person --- a hunter or elder --- who can show them how to survive.

If people in the community need to get the right information about health to live healthy lifestyles, someone must give them that information. They must give the information in a way that people will understand. The community must have people who

have been trained to give out information, and help people make decisions.

Every community does have some trained resource people: nurses, community health representatives, social workers, alcohol counsellors, wildlife officers, RCMP officers, teachers, Government Liaison Officers (GLOs), and municipal staff. They have been trained to do different things. Some of them also do a good job of providing information for the community. Others don't do such a good job --- and may need more training themselves.

Over the next decade communities will need many more trained people. And the people who will best benefit from the training are those people who are already community leaders: elders, members of health committees, hamlet councils, school boards, band councils, alcohol committees, women's organizations, and others.

These people are the ones who must support individuals, family members and community residents in making choices about health.

## **ORGANIZATIONS NEED TO SUPPORT ONE ANOTHER**

**A**s we have seen in this report, many people, serving on many different boards and committees, make decisions which affect people's health.

ince a positive state of physical, mental and social well-being is as much our goal as the reduction of disease and disability, we must be prepared to see the whole person within the context of their daily life.  
— Honourable Nellie Cournoyea, Minister of Health, Government of the Northwest Territories.

Unfortunately, these people and their organizations do not always work together.

Sometimes the problem is with information. Organizations don't always share information with one another.

Sometimes the problem may be different priorities. Each organization has its own priorities, and each organization wants to "do its own thing."

There can be many problems, and many reasons for the problems. But the result is usually the same. Organizations end up competing with one another, rather than cooperating with one another. They may waste resources --- and the community members don't get the kind of support they need.

Healthy people need a balance in their lives. They need to have their physical, psychological, social, spiritual, economic and cultural needs met together in some kind of harmony. Their problems and their needs can't be divided up into small pieces, with one organization dealing with one problem and another organization dealing with another problem. They must be dealt with together.

This means that organizations and caregivers must find better ways to work together in supporting the community. Government agencies must work more closely with community groups and native organizations. Health professionals, and traditional teachers and healers, must share their expertise and learn

from one another in their efforts to support the community.

## ***THE DEPARTMENT OF HEALTH MUST PROVIDE LEADERSHIP***

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If we need cooperation at the local level among departments and agencies, we need the same kind of cooperation at the top levels of government. The Department of Health must provide the leadership.

It is a difficult time to lead because it is a time of change. Fiscal restraint is a reality for the immediate future; the settlement of land claims, constitutional development, and division of the Territories will all influence the kinds of choices we can make. The challenge for the Department is the same as the challenge for individuals --- to make the right choices.

There are three things the Department of Health can do in particular.

*It can help provide a sense of vision.* The Department is responsible for developing a Territorial-wide health care system. In dialogue with communities, native bands, and regional health boards it must describe the future model for the Northwest Territories health system --- and it must chart the course that will make that model a reality.

*It can foster healthy public policy.* (Policies are government commitments to the public to do certain things, or not do certain things). The Department must work cooperatively with other Departments, and other levels of Government, to ensure that all policies are coordinated and promote health at the community level. At a practical level all GNWT Departments must coordinate their activities to provide real support at the community level.

*Finally, it can foster and carry out research.* There are many areas where research is lacking. And there is one area in particular where there is a very special need. We need research in the area of health promotion.

What are the best ways to convince northern peoples to make the right health choices?

We are not sure. But we should be. And we have to find out.



*"The reason we choose . . ."*







# REGIONAL HEALTH

In April, 1988, the responsibility for delivering all health services was transferred from the Government of Canada to the Government of the Northwest Territories. (Transfer to the Baffin Regional Health Board had commenced earlier.) With this transfer a system of service delivery was put in place that stressed participation, devolution of authority, responsibility and accountability. This participation is provided to ensure that the system responds as sensitively as possible to the health needs of the people, who, in turn, come to a better understanding of health services through participatory management of the available resources.

Prior to the transfer in 1988, boards of management had already been separately established for the Fort Smith Health Centre, H.H. Williams Memorial Hospital, Stanton Yellowknife Hospital and the Baffin Region, but since the transfer, the decentralized system of health service delivery has been augmented. Regional health boards were established in the Inuvik, Kitikmeot and Keewatin Regions.

The Mackenzie area, however, continues to be served by the Mackenzie Regional Health Service with no board yet in place.

Each Board is responsible for the planning, management and delivery of health services in their respective facility or region, in close collaboration with the Department of Health. These boards are governed by the *Territorial Hospital Insurance Services Act*, as well as the *Public Health Act* and other legislation, and report to the Minister of Health on matters of funding, health legislation, policy and standards.

Citizen participation at the community level is encouraged through community health committees, or other participatory structures defined by the community. Regional health boards are ideally comprised of one member from each community served, although the links between community health committees and the Boards are not always this direct. Community health committees of the hamlet and town councils, or other representative bodies at the community level,

## INTRODUCTION

serve as a channel for health board members to receive and transmit information and concerns regarding health services.

The following is a brief description of the hospital and regional health boards in the Northwest Territories, and some *highlights of their key activities in 1990*. Also included with each regional summary are tables that highlight specific *health status issues* and concerns for that region. Conditions vary greatly from region to region, although there is some consistency in certain types of data, such as the distribution of births across age groups.

There are sometimes delays in receiving reports from the field, so figures in this section may not necessarily be complete, and cautious interpretation of any data presented is recommended.

Also, the boundaries of GNWT administrative regions and NWT health board regions are not always the same, so some differences in population and other data may be noticed. Where information at the health board level is not available, it may be reported at the administrative level instead.

Health data for the individual hospital boards in Fort Smith and Hay River have been broken out and included in individual summaries, but the numbers presented for these two communities are generally small and in some cases cannot be compared fairly to those of the

larger regional boards. Health data for the Mackenzie Region, on the other hand, include data from the Stanton Yellowknife Hospital in most cases. While Fort Smith and Hay River are treated separately, it must be recognized that their health status will be influenced by prevailing conditions in the Mackenzie Region of which they are geographically a part.

Individual regional boards also provide a number of services under *Community Health and Public Health* programs. Community Health programs include treatment services, diagnostic procedures, laboratory and x-ray activities, and referrals. Public Health programs include health assessments, screening and testing, counselling, immunization, follow-up, health promotion, general public health and administration. The following summaries also detail the total number of Community Health and Public Health services rendered in 1990 by region, and each provides a breakdown by number of patients and gender. Hay River and Yellowknife are not treated separately, as their data are incorporated under the Mackenzie Region. During the course of the year, more than one service may be provided to each individual patient, hence the number of claims always exceeds the number of individuals treated.

The levels of *dental health* are also examined on a regional basis, based on Dental Health Surveys done in 1990-91. Overall, dental health has improved in the NWT

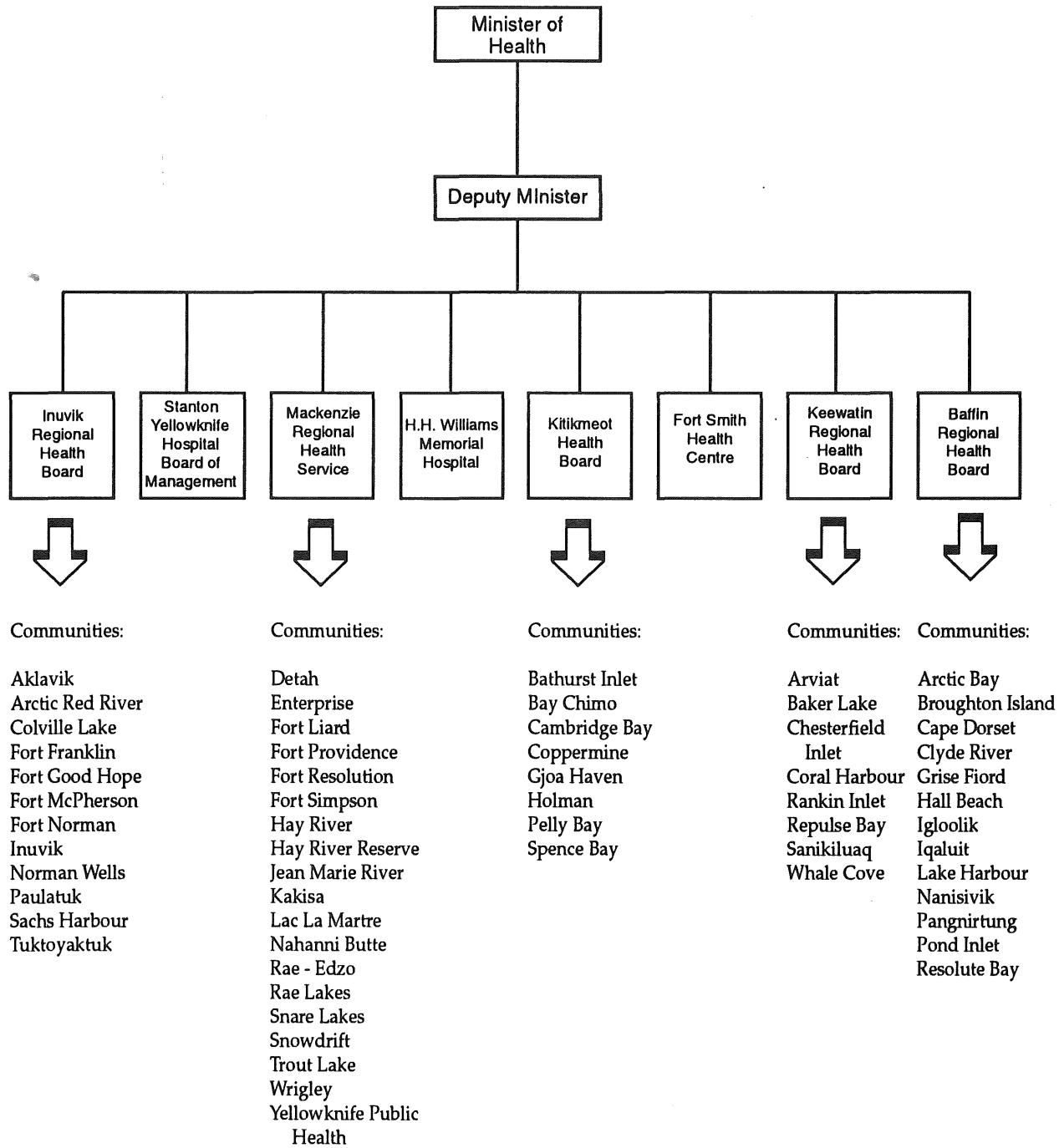
since the previous survey in 1988-89. At that time, surveys indicated that the average 12-year-old Dene or Inuit child had 6.89 decayed, missing or filled teeth, compared with the 1990-91 figure of 5.4 for Dene or Inuit children in this age group.

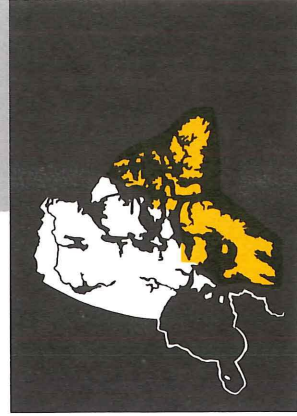
Where figures are available for individual Boards or Regions, the number of *Medicare claims* (treatment paid for under the Health Care Plan) and types of hospital visits (*inpatient days*, or full days spent inside a hospital,

and *outpatient visits*, or treatment received during a one-day brief visit to a hospital) are given. Medical treatment inside and outside the NWT, as well as *medical travel* costs, are also examined on a regional basis where possible. These costs include payments made by GNWT Health but not co-payments paid by individual patients, or amounts paid by the Department of Personnel on behalf of GNWT employees.

INTRODUCTION

**N.W.T. HEALTH BOARDS:  
ORGANIZATION**





# Baffin Regional Health Board

**T**he Baffin Regional Health Board (BRHB) is responsible for one (1) public health unit, one (1) patient boarding home in Montreal, 12 community health centres and one (1) 35-bed regional hospital. The population of the Baffin Health Board Region is approximately 10,276.

The BRHB provides the following services to the residents of the Baffin Region:

- A full range of community, environmental and public health programs;
- Health promotion programs;
- Emergency preparedness program;
- Visiting medical specialists program;
- Long-term care and psychiatric placements;
- Dental services;
- Audiology screening;
- Coordinated home care program;
- Medical travel program; and
- Hospital inpatient and outpatient services.

## **1990 HIGHLIGHTS**

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**T**he McGill/Baffin Program continued to provide specialist services to the residents of the Baffin Region. A follow-up to the 1974 survey of chronic ear disease and hearing loss among Inuit elementary school children indicated that 32% of the children studied suffered from some degree of chronic ear disease. Preliminary data from a similar study indicate a decrease in chronic ear disease in Inuit school-age children.

Various health promotion activities occurred in the Baffin Region in 1990. A person with AIDS provided in-services for staff, school and community groups to heighten awareness of this disease. A Medical Health Officer position and a Health Promotion Officer position were established, and eight students from the Baffin Region graduated from the Community Health Representative Training Program in Iqaluit. Community mental health staff

**REPORTED VITAL STATISTICS, 1990**

1990 Estimated Population	10,276
Total Births	*285
Mothers Younger Than Age 15	2
Low Birth Weight (Under 2500 grams)	19
Still Births	3
Deaths of Babies Under One Year	4
Total Deaths (All Ages)	43

\* NOTE: Due to registration error this number is known to be wrong. A correction is being made and the final actual number of births for 1990 is likely to be nearly 350.

participated in research on sexual abuse of children. The Dental Program continued to target children for preventive and restorative dental services, through the placement of dental therapists in communities.

The Baffin Regional Hospital participated in a mock disaster that was coordinated by the Ministry of Transportation. The Hospital's ability to respond to an emergency was tested when a major dynamite explosion occurred in Iqaluit.

Various capital projects were underway in 1990. A functional program for hospital renovations was completed and approved. The new Grise Fiord Health Centre was officially opened, and the public health unit in Iqaluit was renovated. Baffin House, the Inuit Boarding Home in Montreal, was also renovated.

**HEALTH STATUS**

Two-hundred and eighty-two live births were reported in the Baffin Region in 1990 but this figure is under review. All but six took place in hospitals. Of these, 19 were reported as low birth weight infants (under 2500 grams).

Most births were to Inuit women between the ages of 20 and 39, but a total of 64 births were to Inuit females aged 19 or younger. Two of these births were to children under 15.

There were a total of 43 deaths in the Baffin Region in 1990. Almost half (42%) were due to injuries. Based on reports received to date, there were five deaths from cancers in 1990. For a comparison to 1989 figures and a breakdown of other causes, see the sidebar on the following page.

**COMMUNITY HEALTH AND PUBLIC HEALTH SERVICES**

A total of 86,894 Community Health services were provided in the Baffin Region in 1990. There were 24,424 Public Health services provided by Community Nurses or CHRs in 1990 to 5,060 individuals. Of these, 2,160 were males, and the remaining 2,900 were females.

**DENTAL HEALTH**

Dental Health in the Baffin Region, based on a 1990-91 study, is comparable to that of the NWT overall. Six-year-old Dene or Inuit children had an average of 8.75 decayed, missing or filled teeth, compared to the NWT average of 8.77 for that survey year. Twelve-year-old Dene or Inuit children had an average of 5.7 decayed, missing or filled teeth, compared to the NWT average of 5.4 for that age group in 1990-91.

## MEDICARE

There were 52,511 Medicare claims made on behalf of residents of the Baffin Region in 1990. The total cost of these claims was \$2,534,373, which represents an average claim of \$48.26. This is higher than the NWT average claim for 1990, which was \$40.31.

## INPATIENT AND OUTPATIENT TREATMENT

In 1990, residents of the Baffin Region spent a total of 8,481 inpatient days in NWT hospitals. The majority of these days (7,926) were spent in Baffin Regional Hospital. Baffin residents also made 10,475 outpatient visits inside the NWT in 1990. Again, most of these (9,910) were to Baffin Regional Hospital.

Residents of the Baffin Region spent 6,105 inpatient days in facilities outside the NWT in 1990, at an average cost of \$480 per day. A total of 2,112 outpatient visits were made outside the NWT by Baffin residents that year, at an average cost of \$56.

## MEDICAL TRAVEL COSTS

Medical travel costs for the Baffin Region in 1990 were higher than in other regions, because of the relative distance to referral centres inside or outside the NWT. There were 444 chartered medical trips made at an average cost of \$4,907 each. There were 4,859 scheduled trips at an average cost of \$595 each. The NWT average for a chartered trip was \$2,537, while the NWT average for a scheduled trip was \$457.

## **BAFFIN DEATHS, 1989 & 1990**

	'89	'90
Infections	2	1
Neoplasms (Cancer)	12	5
Mental Disorders	---	1
Diseases of the Nervous System	1	1
Diseases of the Circulatory System	8	6
Diseases of the Respiratory System	5	6
Diseases of the Digestive System	---	1
Congenital Anomalies	---	3
Perinatal Conditions	4	1
Ill-Defined Conditions	4	---
Injury	20	18
Total	56	43





# Inuvik Regional Health Board

The Inuvik Regional Health Board (IRHB) is responsible for one (1) public health unit, two (2) community health stations, nine (9) community health centres and one (1) 47-bed regional hospital which provides 28 acute and 19 long-term care beds, a patient transient centre and physicians' clinics. The population of the Inuvik Health Board Region is 7,812.

The IRHB provides the following services to the residents of the Inuvik Region:

- A full range of community, environmental, and public health services;
- Health promotion program;
- Visiting medical specialists program;
- Emergency preparedness program;
- Long-term care and psychiatric placements;
- Coordinated home care program;
- Dental services;

- Medical travel program; and
- Hospital inpatient and outpatient services.

## ***1990 HIGHLIGHTS***

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Over 600 people attended the second annual Inuvik Health Fair, aimed at the school population, which focused on "Healthy Starts".

The Public Health Unit staff in Inuvik regularly visited the High School, teaching classes on health-related subjects (e.g., prevention of sexually transmitted diseases, anatomy and physiology of male and female reproductive systems, and assertiveness training).

The Community Health Representative in Sachs Harbour developed and implemented a successful Preschool Program. The health concerns identified for this group included dental health, nutrition, social skills and interaction, smoking and second-hand smoke, physical activity, and what to do in an emergency. This program yielded many positive results. In particular, the children were receptive to the health ideas



presented to them. Also, heights and weights were taken and developmental screening was done in a group setting. Children with specific weaknesses were identified, and activities to improve these areas were planned.

In June, the patients in the Long-Term Care Unit of the Inuvik Regional Hospital went on their annual camping trip. The camping trip serves as a reminder of times past for the elders, and was a new experience for most of the children.

### **HEALTH STATUS**

There were 216 live births in the Inuvik Region in 1990. Of these, 11 were low birth weight infants. All but six births took place in hospitals.

Most live births were to women between the ages of 20 and 39, but a total of 36 births were to women aged 19 or younger. There were no births to children under 15. Total births were fairly evenly distributed across ethnic groups.

There were a total of 26 deaths in the Inuvik Region in 1990. Over a third (35%) were due to circulatory disease. Based on reports received to date, there were five deaths from cancers in 1990. For a comparison to 1989 figures and a breakdown of other causes, see the sidebar on the following page.

### **COMMUNITY HEALTH AND PUBLIC HEALTH SERVICES**

A total of 44,375 Community Health services were provided in the Inuvik Region in 1990. There were 12,907 Public Health services provided by Community Nurses or CHRs in 1990 to 3,471 individuals. Of these, 1,388 were males, and the remaining 2,083 were females.

### **DENTAL HEALTH**

Dental Health in the Inuvik Region, based on a 1990-91 study, is poorer than that of the NWT overall. Six-year-old Dene or Inuit children had an average of 9.14 decayed, missing or filled teeth, compared to the NWT average of 8.77 for that survey year. Twelve-year-old Dene or Inuit children had an average of 6.0 decayed, missing or filled teeth, compared to the NWT average of 5.4 for that age group in 1990-91.

### **MEDICARE**

There were 48,038 Medicare claims made on behalf of residents of the Inuvik Region in 1990. The total cost of these claims was \$2,115,869, which represents an average claim of \$44.05. This is higher than the NWT average claim for 1990, which was \$40.31.

### **REPORTED VITAL STATISTICS, 1990**

1990 Estimated Population	7,812
Total Births	219
Mothers Younger Than Age 15	---
Low Birth Weight (Under 2500 grams)	11
Still Births	3
Deaths of Babies Under One Year	---
Total Deaths (All Ages)	26

INUVIK

**INUVIK DEATHS,  
1989 & 1990**

	'89	'90
Infectious Diseases	2	1
Neoplasms (Cancer)	7	5
Diseases of the Nervous System	1	---
Diseases of the Circulatory System	8	9
Diseases of the Respiratory System	4	3
Diseases of the Digestive System	3	2
Diseases of the Skin	1	---
Congenital Anomalies	1	---
Ill-Defined Conditions	2	1
Injury	15	5
Total	44	26

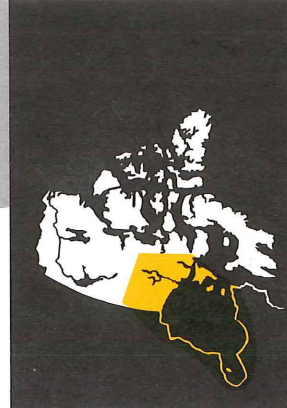
***INPATIENT AND  
OUTPATIENT  
TREATMENT***

In 1990, residents of the Inuvik Region spent a total of 6,445 inpatient days in NWT hospitals. The majority of these days (5,048) were spent in Inuvik Regional Hospital. Inuvik Region residents also made 14,074 outpatient visits inside the NWT in 1990. Again, most of these (12,585) were to Inuvik Regional Hospital.

Residents of the Inuvik Region spent 3,075 inpatient days in facilities outside the NWT in 1990, at an average cost of \$616 per day. A total of 1,422 outpatient visits were made outside the NWT by Inuvik Region residents that year, at an average cost of \$73.

***MEDICAL TRAVEL  
COSTS***

Medical travel costs for the Inuvik Region in 1990 were lower than in other regions, because of the relative distance to referral centres inside or outside the NWT. There were 420 chartered medical trips at an average cost of \$1,621 each. There were 4,554 scheduled trips at an average cost of \$318 each. The NWT average for a chartered trip was \$2,537, while the NWT average for a scheduled trip was \$457.



# Keewatin Regional Health Board

## 1990 HIGHLIGHTS

The Keewatin Regional Health Board (KRHB) is responsible for eight (8) community health centres and patient boarding homes in Winnipeg (Ubilivuk) and Churchill (Iglualuk). The population of the Keewatin Health Board Region is approximately 5,969. The KRHB provides the following services to the residents of the Keewatin Region:

- A full range of community, environmental and public health services;
- Health promotion program;
- Visiting medical specialists program;
- Emergency preparedness program;
- Long-term care and psychiatric placements;
- Dental services;
- Home care program for respite care; and
- Medical travel program.

The two main initiatives supported by the KRHB in 1990 were a needs assessment and the completion of an obstetrical study. Both projects were conducted by the University of Manitoba and were funded by the National Health Research and Development Program. The results of the needs study will be received by the KRHB in 1991 and will form the basis of a strategic plan. The KRHB supports the initiation of a pilot Community Birthing Project in Rankin Inlet.

Ten nurses attended the Advanced Nursing Skills In-Service Program. Community Health Representatives (CHRs) were recruited for Coral Harbour, Sanikiluaq and Whale Cove. As well, an individual from Arviat enrolled in the CHR training program. Dental therapists attended in-service programs at the National School of Dental Therapy, and a dental therapist was hired to work in Repulse Bay. Also, provisions were made for dental therapists to visit Keewatin

**REPORTED VITAL STATISTICS, 1990**

1990 Estimated Population	5,969
Total Births	236
Mothers Younger Than Age 15	1
Low Birth Weight (Under 2500 grams)	19
Still Births	1
Deaths of Babies Under One Year	6
Total Deaths (All Ages)	31

communities where there was no resident therapist.

During 1990, the KRHB worked on developing an environmental health program that met the requirements of the Public Health Act and was responsive to the concerns of the people in the Keewatin Region. The Board's environmental health concerns related to the supply of potable water and the disposal of waste in the Keewatin communities. In regard to the effects of wastes on human health, the KRHB was involved in reviewing three projects: the proposed uranium development near Baker Lake, the gold mine at Cullaton Lake, and the abandoned nickel mine and mill at Rankin Inlet.

The KRHB, in collaboration with the Departments of Health and Public Works, developed specifications for a new Health Centre in Chesterfield Inlet. Construction began in August 1990.

Renovations were made to the Sanikiluaq Health Centre and the Medical Boarding Home in Churchill. The search for a new medical boarding home in Winnipeg continued in 1990, and actions were taken to lease Delaware Lodge. It should be ready for occupancy in early 1991.

The Arviat Health Committee sponsored a successful "Healthy Baby Contest" in 1990. Fifty parents and their children took part in various activities and contests including baby crawling, nicest teeth, and choosing foods which

make our bodies strong. One of the Health Committee members, a respected elder, discussed traditional methods of feeding babies and introducing native foods to babies' diets.

**HEALTH STATUS**

There were 235 live births to residents of the Keewatin Region in 1990. Thirty-four of these occurred in Health Centres, while the rest took place in hospitals outside of the Region. There were 19 low birth weight infants in the Keewatin Region (8.0%), a percentage higher than the overall rate for the NWT (5.0%).

Most live births were to Inuit women between the ages of 20 and 39, but a total of 46 births were to Inuit females aged 19 or younger. One of these births was to a child under 15.

There were a total of 31 deaths in the Keewatin Region in 1990. Almost a third (32.3%) were due to cancers. Based on reports received to date, there were ten deaths from cancers in 1990. For a comparison to 1989 figures and a breakdown of other causes, see the sidebar on the following page.

## **COMMUNITY HEALTH AND PUBLIC HEALTH SERVICES**

A total of 69,070 Community Health services were provided in the Keewatin Region in 1990. There were 14,541 Public Health services provided by Community Nurses or CHRs in 1990 to 3,323 individuals. Of these, 1,324 were males, and the remaining 1,999 were females.

## **DENTAL HEALTH**

Dental Health in the Keewatin Region, based on a 1990-91 study, is better than that of the NWT overall. Six-year-old Dene or Inuit children had an average of 8.49 decayed, missing or filled teeth, compared to the NWT average of 8.77 for that survey year. Twelve-year-old Dene or Inuit children had an average of 4.5 decayed, missing or filled teeth, compared to the NWT average of 5.4 for that age group in 1990-91.

## **MEDICARE**

There were 19,965 Medicare claims made on behalf of residents of the Keewatin Region in 1990. The total cost of these claims was \$709,712, which represents an average claim of \$35.55. This is lower than the NWT average claim for 1990, which was \$40.31.

## **INPATIENT AND OUTPATIENT TREATMENT**

In 1990, residents of the Keewatin Region spent a total of 513 inpatient days in NWT hospitals. The majority of these days (438) were spent in Stanton Yellowknife Hospital. Keewatin residents also made 476 outpatient visits in the NWT in 1990. Again, most of these (237) were to Stanton Yellowknife Hospital, but many others occurred at Baffin Regional Hospital.

Residents of the Keewatin Region spent 6,615 inpatient days in facilities outside the NWT in 1990, at an average cost of \$596 per day. A total of 12,903 outpatient visits were made outside the NWT by Keewatin residents that year, at an average cost of \$35.

## **KEEWATIN DEATHS, 1989 & 1990**

	'89	'90
Infections	---	1
Neoplasms (Cancers)	8	10
Diseases of the Nervous System	1	---
Diseases of the Circulatory System	6	4
Diseases of the Respiratory System	4	6
Diseases of the Genitourinary System	1	---
Perinatal Conditions	1	2
Ill-Defined Conditions	---	3
Injury	4	5
Total	25	31

## ***MEDICAL TRAVEL COSTS***

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**M**edical travel costs for the Keewatin Region in 1990 were higher than in other regions, because of the relative distance to referral centres inside or outside the NWT. There were 461

chartered medical trips at an average cost of \$4,149 each. There were 4,013 scheduled trips at an average cost of \$565 each. The NWT average for a chartered trip was \$2,537, while the NWT average for a scheduled trip was \$457.



# Kitikmeot Health Board

The Kitikmeot Health Board (KHB) is responsible for six (6) community health centres, two (2) community health stations, and the Lena Peterson boarding home in Yellowknife. The population of the Kitikmeot Health Board Region is 4,221.

The KHB provides the following services to the residents of the Kitikmeot Region:

- A full range of community, environmental and public health services;
- Health promotion programs;
- Emergency preparedness program;
- Visiting medical specialists program;
- Long-term care and psychiatric placements;
- Dental services; and a
- Medical travel program.

## 1990 HIGHLIGHTS

The focus of the KHB in 1990 was threefold:

- Firstly, the recruitment and retention of staff, and staff education,
- Secondly, the standardization of delivery of community health programs in health centres, and
- Thirdly, the maintenance of staff morale.

The addition of a Senior Nursing Officer to the KHB strengthened many aspects of the delivery of community health programs. The increased contact of regional administrative staff with the health centres enhanced staff orientation and allowed assessment of various program areas.

Seven nurses attended modules of the Advanced Nursing Skills In-Service Program (ANSIP). Continuing Education for nurses in the Kitikmeot has proven to be an effective means of retention, and has added stability in staffing in the Region.

In 1990, Community Health Representatives (CHRs) were

**REPORTED VITAL STATISTICS, 1990**

1990 Estimated Population	4,221
Total Births	149
Mothers Younger Than Age 15	1
Low Birth Weight (Under 2500 grams)	8
Still Births	---
Deaths of Babies Under One Year	5
Total Deaths (All Ages)	26

recruited for Coppermine and Pelly Bay. These CHRs greatly enhanced health promotion and education activities by involving their communities in community assessment and problem identification.

**HEALTH STATUS**

**T**here were 149 live births to residents of the Kitikmeot Region in 1990. All but seven took place in hospitals outside of the Region. There were eight low birth weight infants.

Most live births were to Inuit women between the ages of 20 and 39, but a total of 27 births were to Inuit females aged 19 or younger. One of these births was to a child under 15.

There were a total of 26 deaths in the Kitikmeot Region in 1990. Over half (53.9%) were due to injuries, or diseases of the circulatory system. Based on reports received to date, there were three deaths from cancers in 1990. For a comparison to 1989 figures and a breakdown of other causes, see the sidebar on the following page.

**COMMUNITY HEALTH AND PUBLIC HEALTH SERVICES**

**A** total of 44,516 Community Health services were provided in the Kitikmeot Region

in 1990. There were 9,246 Public Health services provided by Community Nurses or CHRs in 1990 to 2,328 individuals. Of these, 853 were males, and the remaining 1,475 were females.

**DENTAL HEALTH**

**D**ental Health in the Kitikmeot Region, based on a 1990-91 study, is poorer than that of the NWT overall. Six-year-old Dene or Inuit children had an average of 9.88 decayed, missing or filled teeth, compared to the NWT average of 8.77 for that survey year. Twelve-year-old Dene or Inuit children had an average of 6.1 decayed, missing or filled teeth, compared to the NWT average of 5.4 for that age group in 1990-91.

**MEDICARE**

**T**here were 16,943 Medicare claims made on behalf of residents of the Kitikmeot Region in 1990. The total cost of these claims was \$845,720, which represents an average claim of \$49.92. This is higher than the NWT average claim for 1990, which was \$40.31.



## **INPATIENT AND OUTPATIENT TREATMENT**

In 1990, residents of the Kitikmeot Region spent a total of 4,834 inpatient days in NWT hospitals. The majority of these days (4,697) were spent in Stanton Yellowknife Hospital. Kitikmeot residents also made 1,561 outpatient visits inside the NWT in 1990. Again, most of these (1,324) were to Stanton Yellowknife Hospital.

Residents of the Kitikmeot Region spent 2,075 inpatient days in facilities outside the NWT in 1990, at an average cost of \$723 per day. A total of 489 outpatient visits were made outside the NWT by Kitikmeot residents that year, at an average cost of \$67.

## **MEDICAL TRAVEL COSTS**

Medical travel costs for the Kitikmeot Region in 1990 were higher than in other regions, because of the relative distance to referral centres inside or outside the NWT. There were 490 chartered medical trips at an average cost of \$3,004 each. There were 2,187 scheduled trips at an average cost of \$549 each. The NWT average for a chartered trip was \$2,537, while the NWT average for a scheduled trip was \$457.

### **KITIKMEOT DEATHS, 1989 & 1990**

	'89	'90
Neoplasms (Cancers)	6	3
Diseases of the Nervous System	---	1
Diseases of the Circulatory System	2	7
Diseases of the Respiratory System	1	2
Diseases of the Digestive System	---	2
Congenital Anomalies	1	1
Perinatal Conditions	1	---
Ill-Defined Conditions	2	3
Injury	6	7
Total	19	26



# Mackenzie Regional Health Services

The Mackenzie Regional Health Service (MRHS) is administered by a corporate structure with a public administrator as trustee, pending the outcome of discussions with communities in this region concerning the establishment of a regional health board.

The MRHS is responsible for three (3) public health units, two (2) medical clinics, a 14-bed hospital in Fort Simpson which provides acute and long-term care, eight (8) community health centres, six (6) community health stations and the Vital Abel Boarding Home in Yellowknife. The population of the Mackenzie Health Region (including Yellowknife) is 19,964.

The MRHS provides the following services to the residents of the Mackenzie Region:

- A full range of community, environmental and public health services;
- Health promotion programs;
- Emergency preparedness program;
- Visiting medical specialists program;

- Hospital inpatient and outpatient services;
- Dental services;
- Long-term care and psychiatric placements; and a
- Medical travel program.

In October 1990, the Mackenzie Region began to have the services of a Medical Health Officer.

## 1990 HIGHLIGHTS

Many of the programs offered by the MRHS in 1990 focused on youth. Following are examples of some of these programs:

- The Yellowknife Public Health Unit staff organized two (2) special public presentations: a health awareness night for men and one for women;
- Special dental health promotion activities, aimed at improving dental health among children, were hosted;

- A car seat loaner program is offered by the Yellowknife Public Health Unit to residents of Yellowknife and Detah;
- The Community Health Representative in Fort Wrigley hosted a "Teens Night" which focused on discussion of AIDS and other sexually transmitted diseases;
- A food safety course was offered to over 30 people by the Environmental Health Staff; and
- The staff in Fort Liard spent time teaching young school-age children about "good feelings" and "bad feelings."

## HEALTH STATUS

There were 483 live births in the Mackenzie Region in 1990. All but two took place in hospitals. There were 16 low birth weight infants in the Mackenzie Region.

Most births were to women between the ages of 20 and 39, but a total of 54 births were to women aged 19 or younger. One of these births was to a child under 15.

There were a total of 55 deaths in the Mackenzie Region in 1990. Over a third (34.5%) were due to injuries. Based on reports received to date, there were 13 deaths from cancers in 1990. For a comparison to 1989 figures and a breakdown of other causes, see the sidebar on the following page.

## COMMUNITY HEALTH AND PUBLIC HEALTH SERVICES

A total of 62,282 Community Health services were provided in the Mackenzie Region in 1990. There were 31,911 Public Health services provided by Community Nurses or CHRs in 1990 to 7,475 individuals. Of these, 3,274 were males, and the remaining 4,201 were females.

## DENTAL HEALTH

Dental Health in the Mackenzie Region, based on a 1990-91 study, is better than that of the NWT overall. Six-year-old Dene or Inuit children had an average of 7.30 decayed, missing or filled teeth, compared to the NWT average of 8.77 for that survey year. Twelve-year-old Dene and Inuit children had an average of 5.0 decayed, missing or filled teeth, compared to the NWT average of 5.4 for that age group in 1990-91.

## **REPORTED VITAL STATISTICS, 1990**

1990 Estimated Population	19,964
Total Births	486
Mothers Younger Than Age 15	1
Low Birth Weight (Under 2500 grams)	16
Still Births	3
Deaths of Babies Under One Year	1
Total Deaths (All Ages)	55

**MACKENZIE DEATHS,  
1989 & 1990**

	'89	'90
Infectious and Parasitic Diseases	1	---
Neoplasms (Cancers)	4	13
Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders	2	---
Diseases of the Blood and Blood-Forming Organs	---	1
Mental Disorders	2	1
Diseases of the Nervous System	1	1
Diseases of the Circulatory System	9	7
Diseases of the Respiratory System	7	5
Diseases of the Digestive System	3	1
Diseases of the Genitourinary System	2	2
Congenital Anomalies	4	---
Perinatal Conditions	---	1
Ill-Defined Conditions	1	4
Injury	19	19
Total	55	55

**MEDICARE**

There were 211,547 Medicare claims made on behalf of residents of the Fort Smith Region in 1990. (The Fort Smith Region includes all communities served by the Mackenzie Regional Health Service, as well as the Towns of Hay River and Fort Smith, and the City of Yellowknife.) The total cost of these claims was \$7,863,108, which represents an average claim of \$37.17. This is lower than the NWT average claim for 1990, which was \$40.31.

**INPATIENT  
AND OUTPATIENT  
TREATMENT**

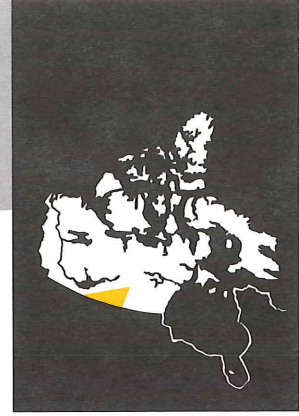
In 1990, residents of the Fort Smith Region spent a total of 21,003 inpatient days in NWT hospitals. The majority of these days (14,116) were spent in Stanton Yellowknife Hospital, but many others (4,035) were spent in H.H. Williams Memorial Hospital. Fort Smith Region residents also made 50,049 outpatient visits inside the

NWT in 1990. Again, most of these (31,174) were to Stanton Yellowknife Hospital, with nearly all of the remainder being visits to facilities in Fort Smith, Hay River or Fort Simpson.

Residents of the Fort Smith Region spent 10,504 inpatient days in facilities outside the NWT in 1990, at an average cost of \$631 per day. A total of 6,355 outpatient visits were made outside the NWT by Fort Smith Region residents that year, at an average cost of \$69.

**MEDICAL  
TRAVEL COSTS**

Medical travel costs for the Fort Smith Region were lower than in other regions, because of the relative distance to referral centres inside or outside the NWT. There were 1,158 chartered medical trips at an average cost of \$1,076 each. There were 5,010 scheduled trips at an average cost of \$322 each. The NWT average for a chartered trip was \$2,537, while the NWT average for a scheduled trip was \$457.



# Fort Smith Health Centre

The Fort Smith Health Centre Board of Management is responsible for one (1) community health unit, one (1) outpatient clinic and one (1) 25-bed hospital which provides acute and long-term care. The population of Fort Smith is 2,487. The Board delivers the following services to the town of Fort Smith:

- A full range of community and public health services;
- Health promotion program;
- Emergency preparedness programs;
- Dental services;
- Home care program;
- Long-term care; and
- Hospital inpatient and outpatient services.

## **1990 HIGHLIGHTS**

In 1990, the Fort Smith Health Centre Board of Management addressed the following community issues:

- Substance abuse;

- Hazardous waste inventory and external review of the handling and disposal of hazardous waste from the Health Centre;
- Labelling of alcoholic beverages; and
- Mental health services.

The Board focused many of its activities on community issues; in collaboration with other groups and agencies, the Fort Smith Health Centre Board arranged for workshops to advance the town of Fort Smith towards the "healthy community" concept.

The Community Health Program staff, including the Community Health Representative, targeted many activities at the youth of Fort Smith. The programs offered varied greatly and included prenatal classes, control of rabies and pertussis outbreaks, smoking cessation classes, AIDS presentations and immunization clinics.

## **HEALTH STATUS**

There were 57 live births to residents of the Town of Fort

FORT SMITH

**REPORTED VITAL STATISTICS, 1990**

1990 Estimated Population	2,487
Total Births	57
Mothers Younger Than Age 15	---
Low Birth Weight (Under 2500 grams)	1
Still Births	---
Deaths of Babies Under One Year	1
Total Deaths (All Ages)	18

**FORT SMITH DEATHS, 1989 & 1990**

	'89	'90
Neoplasms (Cancers)	4	1
Mental Disorders	---	3
Diseases of the Nervous System	---	3
Diseases of the Circulatory System	3	4
Diseases of the Respiratory System	1	1
Diseases of the Digestive System	2	---
Diseases of the Skin	---	1
Congenital Anomalies	---	1
Ill-Defined Conditions	---	2
Injury	4	2
Total	14	18

Smith in 1990. All of these births took place in hospitals.

Most births were to women between the ages of 20 and 34, but a total of 3 births were to women aged 19 or younger. There were no births to children under 15.

There were a total of 18 deaths in the Town of Fort Smith in 1990. The breakdown was evenly distributed among assorted causes. Based on reports received to date, there was only one death from cancer in 1990. For a comparison to 1989 figures and a breakdown of other causes, see the sidebar at bottom left.

**PUBLIC HEALTH SERVICES**

There were 3,733 Community Health services provided in the Town of Fort Smith in 1990. The majority of these were Public Health services. There were 3,377 Public Health services provided by Community Nurses or CHRs in 1990 to 904 individuals. Of these, 443 were males, and the remaining 461 were females.

**DENTAL HEALTH**

Dental Health Survey results for the Town of Fort Smith are not available separately, and are included under results given for the Mackenzie Regional Health Service (Fort Smith Region).

**MEDICARE**

There were 17,392 Medicare claims made on behalf of residents of the Town of Fort Smith in 1990. The total cost of these claims was \$689,263, which represents an average claim of \$39.63. This is comparable to the NWT average claim for 1990, which was \$40.31.

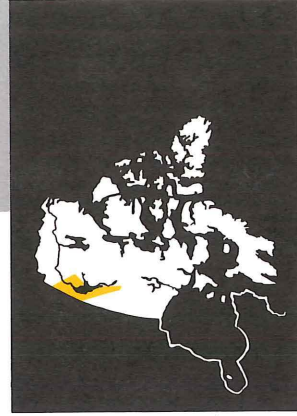
**INPATIENT AND OUTPATIENT TREATMENT**

In 1990, residents of the NWT spent a total of 826 inpatient days in the Fort Smith Health Centre. Most of these (775) were Fort Smith Region residents. NWT residents also made 5,154 outpatient visits to the Fort Smith Health Centre in 1990. Again, most of these (4,824) were Fort Smith Region residents. Inpatient days and outpatient visits outside the NWT in 1990 for the Town of Fort Smith are included in the totals for the Mackenzie Regional Health Service (Fort Smith Region).

**MEDICAL TRAVEL COSTS**

Medical travel costs in 1990 for the Town of Fort Smith are included in the totals for the Mackenzie Regional Health Service (Fort Smith Region).





# H.H. Williams Memorial Hospital

The H.H. Williams Memorial Hospital is operated for the Government of the Northwest Territories by the Pentecostal Assemblies of Canada Sub-Arctic Mission. The H.H. Williams Memorial Hospital Board is responsible for a home care program and a hospital which provides acute and long-term care.

H.H. Williams Memorial Hospital has a total of 50 beds, including 24 medical/surgical beds, 10 paediatric beds, and 16 extended care beds.

The population of Hay River is 3,072 (including the Hay River Reserve). The H.H. Williams Memorial Hospital Board provides the following services to the town of Hay River:

- Hospital inpatient and outpatient services;
- Coordinated home care;
- Long-term care; and
- Visiting medical specialists.

## 1990 HIGHLIGHTS

The Home Care Program continued to service the needs of the Town of Hay River and the Hay River Reserve. The program was expanded in 1990.

In 1990, the H.H. Williams Memorial Hospital was involved in the following community activities:

- Delivered a presentation at Fort Providence career day;
- Participated in a program which provides high school students exposure to career opportunities within the Hospital;
- Involved youth from a young offenders facility as volunteers in the extended care unit;
- Increased community-based occupational therapy services (services supplied to Fort Smith on a cost-shared basis); and
- Participated in a community sharps disposal program in cooperation with Public Health, Environmental Health and local pharmacists.



**REPORTED VITAL STATISTICS, 1990**

1990 Estimated Population	3,072
Total Births	74
Mothers Younger Than Age 15	----
Low Birth Weight (Under 2500 grams)	1
Still Births	1
Deaths of Babies Under One Year	----
Total Deaths (All Ages)	18

**HEALTH STATUS**

**T**here were 73 live births to residents of the Town of Hay River in 1990. All of these births took place in hospitals.

Most births were to women between the ages of 20 and 34, but a total of eight births were to women aged 19 or younger. There were no births to children under 15.

There were a total of 18 deaths in the Town of Hay River in 1990. Over two-thirds (72.2%) were due to injuries, or diseases of the circulatory system. Based on reports received to date, there was one death from cancer in 1990. For a comparison to 1989 figures and a breakdown of other causes, see the sidebar on the following page.

**COMMUNITY HEALTH AND PUBLIC HEALTH SERVICES**

**C**ommunity Health and Public Health activity for the Town of Hay River is reported under the Mackenzie Regional Health Service, and is not available separately.

**DENTAL HEALTH**

**D**ental Health Survey results for the Town of Hay River are not available separately, and are included under results given for the Mackenzie Regional Health Service.

**MEDICARE**

**T**here were 26,814 Medicare claims made on behalf of residents of the Town of Hay River in 1990. The total cost of these claims was \$1,036,201, which represents an average claim of \$38.64. This is lower than the NWT average claim for 1990, which was \$40.31.

**INPATIENT AND OUTPATIENT TREATMENT**

**I**n 1990, residents of the NWT spent a total of 4,083 inpatient days in the H.H. Williams Memorial Hospital. Most of these (4,035) were residents of the Fort Smith Region. NWT residents also made 8,366 outpatient visits to the H.H. Williams Memorial Hospital in 1990. Again, most of these (8,168) were Fort Smith Region residents.

Inpatient days and outpatient visits outside the NWT in 1990 for the Town of Hay River are included in the totals for the Mackenzie Regional Health Service (Fort Smith Region).

### ***MEDICAL TRAVEL COSTS***

---

**M**edical Travel costs in 1990 for the Town of Hay River are included in the totals for the Mackenzie Regional Health Service (Fort Smith Region).

### **HAY RIVER DEATHS, 1989 & 1990**

	'89	'90
Neoplasms (Cancers)	6	1
Mental Disorders	2	1
Diseases of the Circulatory System	3	7
Diseases of the Respiratory System	2	1
Diseases of the Digestive System	---	1
Diseases of the Musculoskeletal System and Connective Tissue	---	1
Perinatal Conditions	1	---
Ill-Defined Conditions	1	---
Injury	9	6
Total	24	18



# Stanton Yellowknife Hospital

The Stanton Yellowknife Hospital Board of Management is responsible for one (1) 99-bed regional hospital which provides acute, long-term and rehabilitation care, and ambulatory services.

The Board delivers the following services to residents of the Northwest Territories:

- Emergency services;
- Acute inpatient and ambulatory services;
- Diagnostic and support services;
- Rehabilitative services;
- Long-term care (in hospital as well as home care);
- Specialist services;
- Travelling clinics and programs;
- Various health professional education programs; and an
- Emergency response plan.

The year 1990 was a year of transition for Stanton Yellowknife Hospital (SYH); along with changes in personnel and services offered, there was some development of the services delivered as well as

planning for future service delivery development.

Stanton Yellowknife Hospital worked with other key players in the health care system in determining the level of service which should be offered and/or supported by the facility. In keeping with this a second General Surgeon and an Orthopedic Surgeon were added to the facility in 1990. The laboratory capability in tuberculosis testing was enhanced, and the protocol for the use of t-PA (tissue plasminogen activator) in cardiac care was implemented. The laundry service was expanded to other health agencies in Yellowknife.

An Ethics Committee and a Cost Containment Review Committee were established by the SYH Board of Management.

In 1990, the SYH further developed its role as a support to educational initiatives, including the following: Certified Nursing Assistant Program; Registered Nurse Refresher Program; ANSIP Program; Clinical experience for St. John Ambulance --- Air Medevac Nurses; and Medical Residency Programs as well as Nursing,

Occupational Therapy and Physiotherapy Programs.

The SYH participated in the following research initiatives in 1990: Post-Occupancy Evaluation Study on the facility; Northwest Territories Injury Research and Prevention Project; and Anonymous Unlinked Surveillance Project.

Stanton Yellowknife Hospital received support from community groups which allowed program enhancements in the Audiology and Speech Departments, the Eye Clinic, and in various patient areas.

## **HEALTH STATUS**

Statistics on births, health conditions and deaths in the City of Yellowknife are reported under the Mackenzie Regional Health Service, and are not provided separately.

## **COMMUNITY HEALTH AND PUBLIC HEALTH SERVICES**

Community Health and Public Health activity for the City of Yellowknife is reported under the Mackenzie Regional Health Service, and is not available separately.

## **MEDICARE**

There were 138,751 Medicare claims made on behalf of residents of the City of Yellowknife in 1990. The total cost of these claims was \$4,895,335, which represents an average claim of \$35.28. This is lower than the NWT average claim for 1990, which was \$40.31.

## **INPATIENT AND OUTPATIENT TREATMENT**

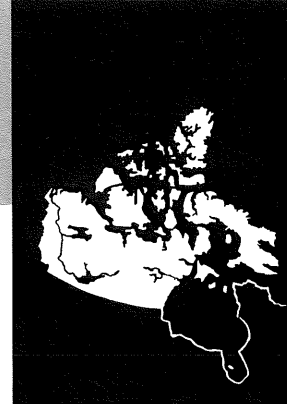
In 1990, residents of the NWT spent a total of 20,775 inpatient days in the Stanton Yellowknife Hospital. Most of these were residents of the Fort Smith Region (14,116) or Kitikmeot Region (4,697). NWT residents also made 34,118 outpatient visits to the Stanton Yellowknife Hospital in 1990. Again, most of these (31,174) were Fort Smith Region residents.

Inpatient days and outpatient visits outside the NWT in 1990 for the City of Yellowknife are included in the totals for the Mackenzie Regional Health Service.

## **MEDICAL TRAVEL COSTS**

Medical travel costs in 1990 for the City of Yellowknife are included in the totals for the Mackenzie Regional Health Service (Fort Smith Region).





# TERRITORIAL HEALTH

This section of the report provides an overview of some of the NWT's major health concerns --- along with information on Department of Health services.

As much as possible the report contains the most recent information available. However, since information may have come from different sources, some discrepancies may exist.

Care must be taken in interpreting the data. Because of the very small population base in the NWT, it is often difficult to make valid comparisons between regions, between the NWT and the provinces or territories in the rest of Canada, or between age groups and ethnic groups. In many cases, the best basis for comparison is with other circumpolar countries, despite our relatively small population.

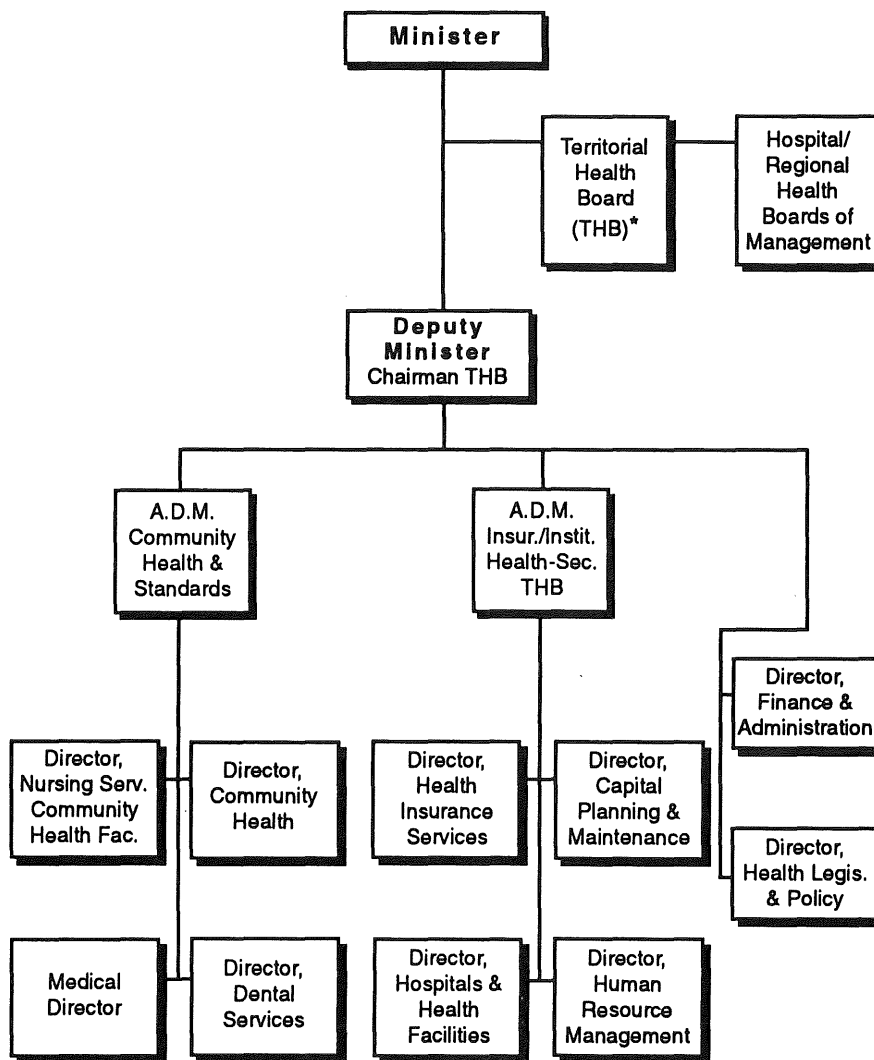
Unless otherwise noted, the information in the following pages is provided by the Department of Health. The term "Indian" in the graphs and charts refers to "Registered Indians" or "Status Indians."

The information in this section is broken down into the categories listed in the adjacent sidebar.

## TABLE OF CONTENTS

- A. Population Profile
- B. Births and Stillbirths
- C. Sexually Transmitted Diseases (Gonorrhoea and Chlamydia)
- D. Cancer
- E. Tuberculosis
- F. Leading Causes of Death
- G. Health Insurance Benefits
  - Medicare
  - Non-Insured Health Benefits
  - Extended Health Benefits
  - Pharmacare Payments
  - Medical Travel Costs
- H. Hospital Services
  - Inpatient and Outpatient Treatment
  - Treatment Outside the NWT
- I. Department of Health Financial Overview
- J. Capital Construction
- K. Staff Recruitment and Training
- L. Legislation and Policy
- M. Research and Special Projects

**DEPARTMENT OF HEALTH  
HEADQUARTERS**



\* DISSOLVED IN JUNE 1991



## A. POPULATION PROFILE

### By Gender:

Male . . . . . 28,049

Female . . . . . 25,752

### By Ethnicity:

Inuit . . . . . 20,836

Dene . . . . . 9,323

Metis . . . . . 4,033

Non-Native . . . . . 19,609

### By Region:

Baffin . . . . . 10,755

Keewatin . . . . . 5,490

Kitikmeot . . . . . 4,221

Inuvik . . . . . 7,812

Fort Smith . . . . . 25,523

(includes Yellowknife)

## BREAKDOWN OF NWT POPULATION BY AGE GROUP

AGE GROUP	POPULATION	PERCENTAGE
0-12	16,300	30.3%
13-19	6,879	12.8%
20-64	29,018	53.9%
65+	1,604	3.0%
	53,801	100.0%

## POPULATION GROWTH, 1979 - 1990

	1979	1980	1981	1982	1983	1984
Indian	8,433	6,990	6,953	7,154	7,303	7,257
Other*	22,141	23,087	22,962	23,619	24,344	24,799
Inuit	15,489	15,913	15,826	16,280	17,040	17,460
Total	46,063	45,990	45,741	47,053	48,687	49,516

	1985	1986	1987	1988	1989	1990
Indian	7,416	7,514	7,817	7,897	8,052	9,323
Other*	25,572	26,181	24,920	25,211	25,703	23,642
Inuit	18,024	18,543	19,007	19,196	19,571	20,836
Total	51,012	52,238	51,744	52,304	53,326	53,801

\*"Other" total includes Metis residents.

**B. BIRTHS AND STILLBIRTHS****BY ETHNIC GROUPS**

	LIVEBIRTHS	MOTHERS < AGE 15	LBW	TSB
<b>INDIAN</b>	255	1	9	2
<b>INUIT</b>	725	4	50	6
<b>OTHER</b>	515	0	16	3
<b>TOTAL</b>	1,495	5	75	11

LBW = Low Birth Weight (under 2500 grams)

TSB = Total Still Births

Note:

Because of delayed registrations, small variations in numbers may be noted in the different tables. For example, 18 of the births that occurred in 1990 were not reported until 1991. Some tables have been revised taking these changes into account, while others have not been revised.

**BY REGIONS**

	LIVEBIRTHS	MOTHERS < AGE 15	LBW	TSB
<b>BAFFIN</b>	**282	2	19	3
<b>FORT SMITH</b>	57	0	1	0
<b>HAY RIVER</b>	73	0	1	1
<b>INUVIK</b>	216	0	11	3
<b>KEEWATIN</b>	235	1	19	1
<b>KITIKMEOT</b>	149	1	8	0
<b>MACKENZIE*</b>	483	1	16	3
<b>TOTAL</b>	1,495	5	75	11

LBW = Low Birth Weight (under 2500 grams)

TSB = Total Still Births

\* Mackenzie Region includes Yellowknife.

\*\* See note on page 32. The correct figure is likely to be closer to 350.

**COMMENTS:**

In 1990 there were 1495 live births in the NWT. Based upon a population of 53,801 this represents a birthrate of 27.8 live births per 1000 residents. This rate is almost double the 1989 Canadian rate of 15 per thousand.

Teenage births have occurred at about 3 times the Canadian rate for the last decade. Of the 1,495 live births in 1990, 238 (16%) were to mothers under 19 years of age. This is more than double the Canadian figure --- 7.5% in 1989 --- for this age group.

The fertility rate for NWT women aged 15-49 was 104.4 births per 1000 population in 1990. (Fertility rates are a measure of the number of births to women of child-bearing age over time.) By comparison, the fertility rate for Canadian women aged 15-49 was 55.7 per 1000 population in 1989.

The average NWT birth weight in 1990 was 3,432 grams (7.6 lbs.).

**C. SEXUALLY TRANSMITTED DISEASES****GONORRHOEA CASES, 1990 BY AGE AND REGION**

AGE	BAFFIN	FT SMITH*	INUVIK	KEEWATIN	KITIKMEOT	ALL
0-4	1	2	0	1	0	4
5-9	0	1	0	0	1	2
10-14	8	5	2	1	0	16
15-19	46	37	7	21	3	114
20-24	63	31	14	24	5	137
25-29	44	17	11	13	1	86
30-39	39	9	9	4	6	67
40-59	12	8	0	3	1	24
60-99	1	1	0	2	0	4
ALL	214	111	43	69	17	454

\* Includes Mackenzie Region, Hay River, and Fort Smith.

**GONORRHOEA CASES, 1987-1990**

	MALE	FEMALE	TOTAL
1987	364	215	579
1988	240	208	448
1989	238	166	404
1990	230	224	454

**Rates\*\***

	MALE	FEMALE	TOTAL
1987	1,339	868	1,114
1988	880	831	857
1989	858	649	758
1990	820	870	844

\*\*Calculated as the number of cases per each 100,000 persons.

**CHLAMYDIA CASES, 1990 BY AGE AND REGION**

AGE	BAFFIN	FT SMITH*	INUVIK	KEEWATIN	KITIKMEOT	TTL
0-4	0	2	1	0	3	6
5-9	0	0	0	1	0	1
10-14	10	13	2	4	0	29
15-19	131	104	58	79	36	408
20-24	134	132	64	43	61	434
25-29	64	43	44	21	30	202
30-39	31	34	20	13	17	115
40-59	9	7	13	0	5	34
60-99	1	1	0	1	1	4
<b>ALL</b>	<b>380</b>	<b>336</b>	<b>202</b>	<b>162</b>	<b>153</b>	<b>1,233</b>

\* Includes Mackenzie Region, Hay River, and Fort Smith.

**CHLAMYDIA CASES, 1987-1990**

	MALE	FEMALE	TOTAL
<b>1987</b>	208	678	886
<b>1988</b>	187	648	835
<b>1989</b>	274	778	1,052
<b>1990</b>	276	957	1,233

**Rates\*\***

	MALE	FEMALE	TOTAL
<b>1987</b>	765	2,736	1,705
<b>1988</b>	685	2,590	1,596
<b>1989</b>	988	3,039	1,972
<b>1990</b>	984	3,716	2,292

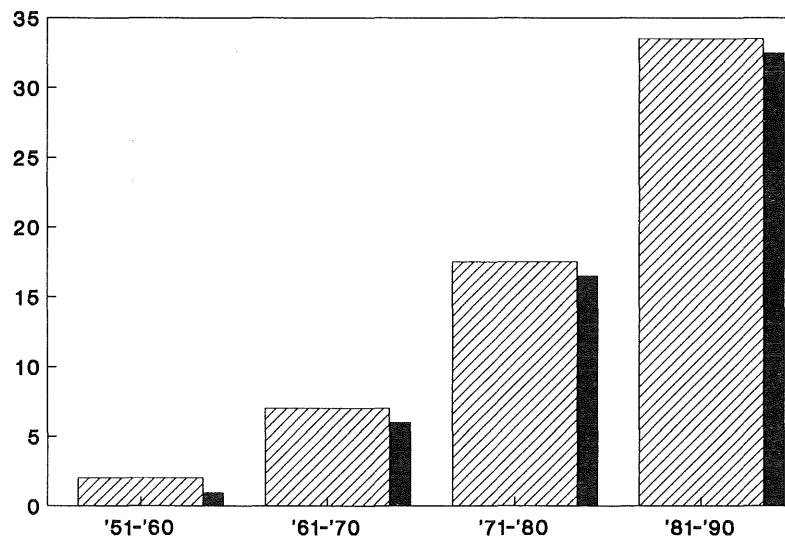
\*\*Calculated as the number of cases per each 100,000 persons.

**COMMENTS:**

Confirmed gonorrhoea rates for the 15-24 age group are 6 times the Canadian average.

The figures for chlamydia are unlikely to reflect the true rate of infection. It was not a reportable disease until mid-1990 and testing did not occur in all regions prior to this time. Men are likely tested less often than women, which would explain the lower figures for males.

The high rates for both gonorrhoea and chlamydia are an indication of unprotected sexual activity. This raises concern about possible spread of Human Immunodeficiency Virus (HIV). At least 10 persons have been reported as having HIV Infection since 1987.

**D. CANCER****CRUDE DEATH RATES,  
LUNG CANCER, NWT, 1951-1990***Rate/100,000 Population***CANCER INCIDENCE  
BY AGE GROUPS, 1987-1988**

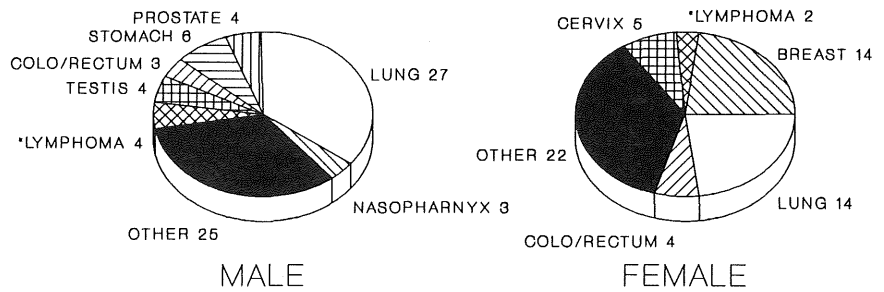
	0-9	10-19	20-29	30-39	40-49
<b>1987</b>	---	---	1	5	9
<b>1988</b>	4	---	4	6	11
<b>TOTAL</b>	4	0	5	11	20

	50-59	60-69	70-79	80+	TOTAL
<b>1987</b>	18	24	9	4	70
<b>1988</b>	18	15	4	5	67
<b>TOTAL</b>	36	39	13	9	137

Note: This excludes non-melanoma skin (\*ICD9 173) and in situ carcinomas (ICD9 230-234).

\*ICD9 is an international system of classifying diseases.

**MAJOR CANCER TYPES, NWT, 1987-1988  
(TOTAL 137)**



\* Non-Hodgkin's Lymphoma

Graphs exclude non-melanoma skin and in situ carcinomas.

**NWT DEATHS FROM CANCER, 1990  
BY AGE, ETHNICITY, AND SEX**

AGE	INDIAN		INUIT		OTHER		TOTAL	
	M	F	M	F	M	F	M	F
<15	---	---	---	---	---	---	0	0
15-24	---	---	---	---	---	---	0	0
25-34	---	1	1	---	---	---	1	1
35-44	---	---	---	---	1	---	1	0
45-54	---	---	3	1	---	---	3	1
55-64	2	1	6	3	1	1	9	5
65+	3	---	5	3	3	3	11	6
TTL	5	2	15	7	5	4	25	13

"Other" includes Metis residents.



**COMMENTS:**

The overall cancer rate is about equal to the Canadian rate. But some rates for some types of cancers are much higher.

Lung cancer accounts for over a quarter of all cancers. Between 1970-1984 rates for men were 50% higher than the Canadian average, and for women, they were four times as high.

In 1990 there were 38 deaths from cancer. But this number may go higher because of late reporting.

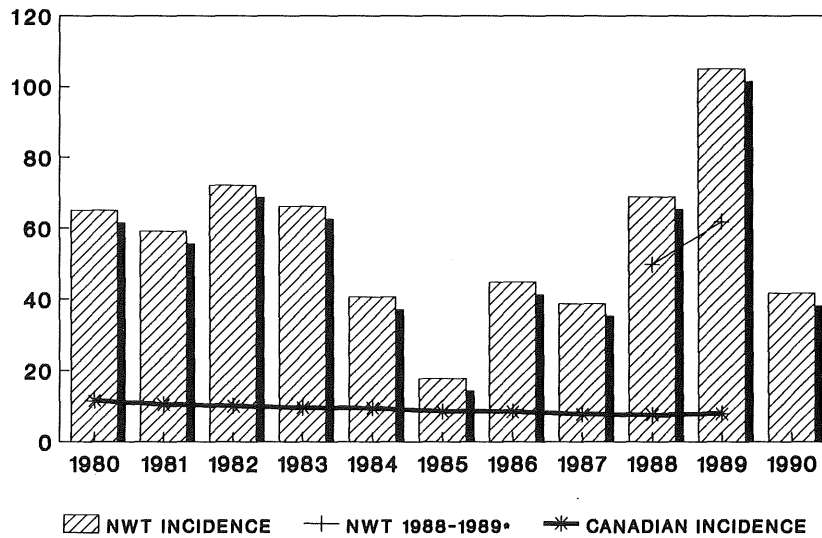
Cancer data for the Inuit have been compiled for the years 1969 to 1987 as part of a Canadian national study.

In 1990 the *Disease Registries Act* was passed. It requires health professionals to report all new cases of confirmed or suspected cancer.

The Department of Health is participating in *Cancer 2000*, a national task force aimed at developing a coordinated control strategy throughout Canada.

**E. TUBERCULOSIS**

**TUBERCULOSIS INCIDENCE,  
NORTHWEST TERRITORIES AND CANADA, 1980-1990**



\* NWT incidence 1988-1989 excluding cases from an outbreak in one community.

**COMMENTS:**

Tuberculosis rates are higher in aboriginal people than in non-aboriginal people.

Though current Tuberculosis rates are higher than in the rest of Canada, they are considerably lower than in the 1970s and 1980s.

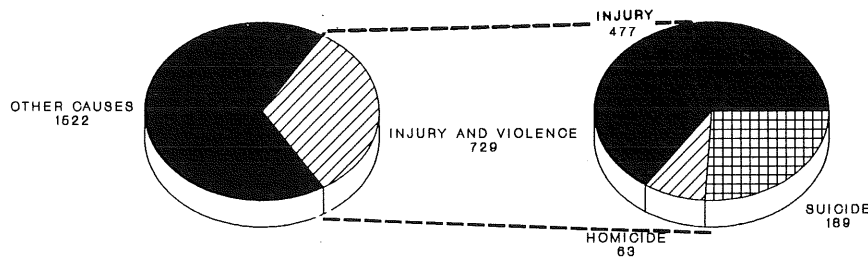
The arrival of HIV infection may mean that tuberculosis will be an increasing problem in the future. (In several countries, increases in tuberculosis have been linked to HIV infection.)

**F. LEADING CAUSES OF DEATH**

**LEADING CAUSES OF DEATH IN THE NWT BY INTERNATIONAL CLASSIFICATION OF DISEASES, 1990**

<i>Injury</i> . . . . .	62
<i>Diseases of the Circulatory System</i> . . . . .	44
<i>Neoplasms (Cancer)</i> . . . . .	38
<i>Diseases of the Respiratory System</i> . . . . .	24
<i>Mental Disorder</i> . . . . .	7
<i>Diseases of the Digestive System</i> . . . . .	7
<i>All Other Causes</i> . . . . .	35
<b>Total</b> . . . . .	<u>217</u>

**NWT DEATH, 1981-1990**

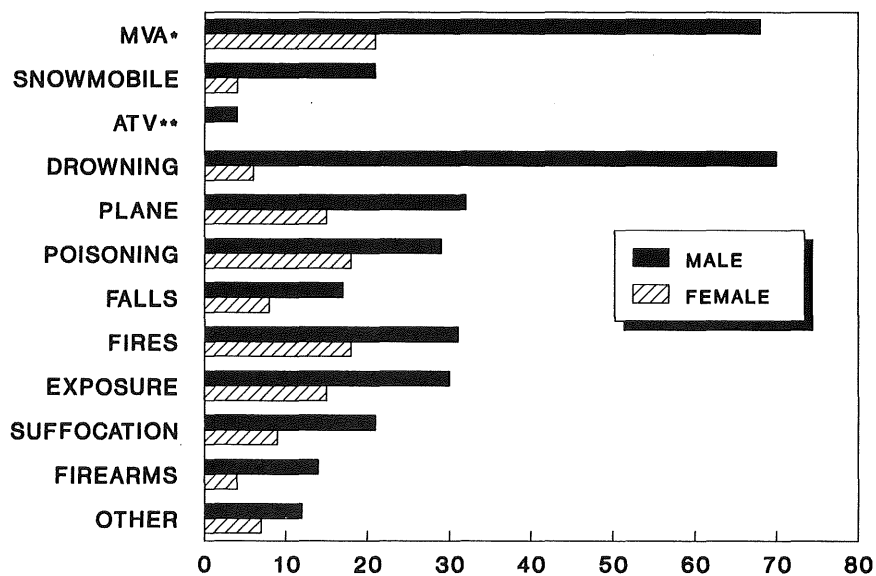


**NUMBER OF SUICIDES IN THE NWT, 1980-1990**

1980 . . . . .	11	1986 . . . . .	17
1981 . . . . .	11	1987 . . . . .	17
1982 . . . . .	8	1988 . . . . .	21
1983 . . . . .	24	1989 . . . . .	32
1984 . . . . .	18	1990 . . . . .	23
1985 . . . . .	18		

--- Vital Statistics, CHMIS.

**NWT INJURY DEATHS, 1981-1990**



\* Motor Vehicle Accidents

\*\* All-Terrain Vehicles

**COMMENTS:**

In 1990, deaths by injury accounted for 62 of 217 deaths in the NWT --- 28.6%. From 1981 to 1990, deaths from injury and violence accounted for 729 of 1,522 deaths (47.9%). Of these 729 deaths, over one-third were homicides or suicides.

## G. HEALTH INSURANCE BENEFITS

*Health Insurance Benefits* is the general term used to cover a number of specific programs: Medicare, Non-Insured Health Benefits (NIHB), Extended Health Benefits (EHB), Pharmacare, and Medical Travel.

### MEDICARE

Medicare is the program that covers the cost of most physician services. Payments for the 1988-1990 period were as follows.

YEAR	TOTAL CLAIMS	TOTAL AMOUNT	AVG. CLAIMS
1988	257,314	\$8,797,773	\$34.19
1989	307,757	\$12,048,614	\$39.15
1990	349,004	\$14,068,782	\$40.31

The average cost per person in the NWT during 1990 was \$262.

### NON-INSURED HEALTH BENEFITS (NIHB)

This program serves Registered Indian and Inuit residents. It is administered through a contribution agreement with Health and Welfare Canada. It covers the cost of medical supplies and equipment, eye-glasses, dental care, as well as certain other medical costs including boarding homes, co-payments for airfare and local ground transportation. Benefits are provided when no employer plan exists.

Costs for the 1988-1990 period were as follows.

#### 1988-1989

CATEGORY	HQ (1)	FT SMITH (2)
Ground Transportation, Meals, Accom.	\$1,418,289	\$427,259
Alcohol & Drug Treatment	\$403,189	
Glasses & Appliances	\$220,618	\$210,528
Drugs, Medical Supplies & Equipment	\$37,613	\$20,931
Pharmacare (3)	\$0.00	\$281,681
Dental	\$50,257	\$66,805
Blue Cross Payments	\$131,756	\$737,670
Transportation Co-Payments (4)	\$0.00	\$165,178
<b>TOTAL</b>	<b>\$2,261,722</b>	<b>\$1,910,052</b>

TERRITORIAL HEALTH

CATEGORY	INUVIK	KITIKMEOT
Ground Transportation, Meals, Accom.	\$380,280	\$89,126
Alcohol & Drug Treatment		
Glasses & Appliances	\$132,335	\$101,727
Drugs, Medical Supplies & Equipment	\$7,941	\$6,353
Pharmacare (3)	\$176,425	\$59,941
Dental	\$87,126	\$57,369
Blue Cross Payments	\$612,634	\$316,705
Transportation Co-Payments (4)	\$196,514	\$94,052
<b>TOTAL</b>	<b>\$1,593,255</b>	<b>\$725,273</b>

CATEGORY	KEEWATIN	BAFFIN	TOTAL
Gnd. Trans, Meals, Accom.	\$1,225,529	\$1,211,357	\$4,781,840
Alcohol & Drug Treatment			\$403,189
Glasses & Appliances	\$260,314	\$353,015	\$1,278,537
Drugs, Med. Sup. & Equip.	\$86,434	\$218,020	\$377,292
Pharmacare (3)	\$4,457	\$234,189	\$756,693
Dental	\$757,922	\$1,162,680	\$2,182,159
Blue Cross Payments	\$0	\$0	\$1,798,764
Trans. Co-Payments (4)	\$154,020	\$229,330	\$839,094
<b>TOTAL</b>	<b>\$2,518,676</b>	<b>\$3,408,591</b>	<b>\$12,417,568</b>

1989-1990

CATEGORY	HQ (1)	FT SMITH (2)
Ground Transportation, Meals, Accom.	\$1,060,076	\$645,440
Alcohol & Drug Treatment	\$532,946	
Glasses & Appliances	\$216,320	\$208,848
Drugs, Medical Supplies & Equipment	\$54,610	\$1,364
Pharmacare (3)	\$0	\$467,769
Dental	\$339,512	\$69,279
Blue Cross Payments	\$178,647	\$716,827
Transportation Co-Payments (4)	\$0	\$301,091
Meetings	\$346	
<b>TOTAL</b>	<b>\$2,382,457</b>	<b>\$2,410,618</b>

## PART THREE

CATEGORY	INUVIK	KITIKMEOT
Ground Transportation, Meals, Accom.	\$501,461	\$357,416
Alcohol & Drug Treatment		
Glasses & Appliances	\$111,847	\$83,064
Drugs, Medical Supplies & Equip.	\$573	\$115
Pharmacare (3)	\$291,116	\$68,237
Dental	\$114,333	\$81,599
Blue Cross Payments	\$731,313	\$393,700
Transportation Co-Payments (4)	\$281,228	\$120,960
Meetings		
<b>TOTAL</b>	<b>\$2,031,870</b>	<b>\$1,105,091</b>

CATEGORY	KEEWATIN	BAFFIN	TOTAL
Gnd. Trans, Meals, Accom.	\$1,512,021	\$1,376,841	\$5,453,254
Alcohol & Drug Treatment			\$532,946
Glasses & Appliances	\$205,092	\$248,892	\$1,074,064
Drugs, Med. Sup. & Equip.	\$72,135	\$68,631	\$197,429
Pharmacare (3)	\$9,491	\$277,549	\$1,114,162
Dental	\$450,595	\$477,176	\$1,502,493
Blue Cross Payments	\$0	\$41,617	\$2,062,104
Trans. Co-Payments (4)	\$230,276	\$362,919	\$1,296,474
Meetings			\$346
<b>TOTAL</b>	<b>\$2,479,610</b>	<b>\$2,823,625</b>	<b>\$13,233,272</b>

1990-1991

CATEGORY	HQ (1)	FT SMITH (2)
Ground Transportation, Meals, Accom.	\$1,258,873	\$930,147
Alcohol & Drug Treatment	\$675,232	
Glasses & Appliances	\$202,410	\$99,148
Drugs, Medical Supplies & Equipment	\$57,805	\$43,072
Pharmacare (3)	\$0	\$625,215
Dental	\$4,012	\$46,551
Blue Cross Payments	(3) \$289,708	\$1,103,548
Transportation Co-Payments (4)	\$0	\$211,647
Meetings	\$3,281	\$0
<b>TOTAL</b>	<b>\$2,491,321</b>	<b>\$3,059,329</b>

TERRITORIAL HEALTH

CATEGORY	INUVIK	KITIKMEOT
<b>Ground Transportation, Meals, Accom.</b>	\$281,912	\$705,854
<b>Alcohol &amp; Drug Treatment</b>		
<b>Glasses &amp; Appliances</b>	\$113,822	\$62,610
<b>Drugs, Medical Supplies &amp; Equipment</b>	\$43,650	\$21,588
<b>Pharmacare (3)</b>	\$445,980	\$83,878
<b>Dental</b>	\$112,807	\$91,590
<b>Blue Cross Payments</b>	\$1,054,244	\$390,040
<b>Transportation Co-Payments (4)</b>	\$240,391	\$142,919
<b>Meetings</b>	\$0	\$0
<b>TOTAL</b>	<b>\$2,302,806</b>	<b>\$1,498,479</b>

CATEGORY	KEEWATIN	BAFFIN	TOTAL
<b>Gnd. Trans, Meals, Accom.</b>	\$1,926,498	\$1,257,609	\$6,360,893
<b>Alcohol &amp; Drug Treatment</b>			\$675,232
<b>Glasses &amp; Appliances</b>	\$65,402	\$217,598	\$760,990
<b>Drugs, Med. Sup. &amp; Equip.</b>	\$113,124	\$202,833	\$482,072
<b>Pharmacare (3)</b>	\$9,714	\$368,375	\$1,533,162
<b>Dental</b>	\$928,169	\$435,690	\$1,628,819
<b>Blue Cross Payments</b>	\$0	\$211,445	\$3,048,986
<b>Trans. Co-Payments (4)</b>	\$217,380	\$303,009	\$1,115,346
<b>Meetings</b>	\$0	\$789	\$4,070
<b>TOTAL</b>	<b>\$3,260,287</b>	<b>\$2,997,348</b>	<b>\$15,609,570</b>

- (1) Amounts reported under Headquarters are for payments that are not linked to the region of the patient receiving services.
- (2) Fort Smith includes all Stanton Yellowknife Hospital, Mackenzie Regional Health Services, Fort Smith Health Centre and H.H. Williams Memorial Hospital expenditures.
- (3) As per Health Insurance System extract.
- (4) Represents the deductible amount paid by Health and Welfare Canada on behalf of Status Indian and Inuit patients receiving Medical Travel Benefits.

**EXTENDED HEALTH BENEFITS (EHB)**

The Government of the Northwest Territories provides Extended Health Benefits to Non-native and Metis residents for specified disease conditions. The program may include the costs of drugs, medical surgical supplies and equipment, and some medical travel costs. Benefits are provided when no employer plan exists.



In 1988 the program was extended to seniors (aged 60 and over) to cover additional costs for hearing aids, eye-glasses, dental care, and some medical travel costs. The following costs exclude the drug benefit costs.

YEAR	TOTAL CLAIMS	TOTAL AMOUNT	AVG. CLAIMS
1988	1,045	\$324,628	\$310.65
1989	1,826	\$280,584	\$153.66
1990	2,409	\$352,750	\$146.43

### PHARMACARE

The Pharmacare Program covers costs for prescription drugs provided under both the Extended Health Benefits and Non-Insured Health Benefits Programs.

YEAR	# CLAIMS	PATIENTS	TOTAL PAID	AVG \$ PR CL*	AVG # CL*
1988	49,669	8,439	\$1,172,590	\$23.61	5.89
1989	56,059	9,244	\$1,411,698	\$25.18	6.06
1990	70,799	10,460	\$1,933,735	\$27.31	6.65

\* Average cost/number of claims per patient.

### MEDICAL TRAVEL

Patients who must travel to a health facility outside of their own community for treatment are eligible for certain medical travel benefits (air travel costs less a co-payment) if they do not have coverage under an employer plan. The majority of trips (87% in 1990) are on scheduled flights (as opposed to special charters).

YEAR	FLIGHT TYPE	WARRANTS	TOTAL COST	AVERAGE COST
1988	CHARTERED	2,547	\$6,957,392	\$2,731.60
	SCHEDULED	16,117	\$7,885,618	\$489.27
	TOTAL	18,664	\$14,843,010	\$795.27

YEAR	FLIGHT TYPE	WARRANTS	TOTAL COST	AVERAGE COST
1989	CHARTERED	2,406	\$7,743,110	\$3,218.25
	SCHEDULED	18,380	\$8,884,571	\$483.38
	TOTAL	20,786	\$16,627,682	\$799.95

YEAR	FLIGHT TYPE	WARRANTS	TOTAL COST	AVERAGE COST
1990	CHARTERED	3,061	\$7,766,229	\$2,537.15
	SCHEDULED	20,755	\$9,491,797	\$457.33
	TOTAL	23,816	\$17,258,026	\$724.64

## H. HOSPITAL SERVICES

Under the *Territorial Hospital Insurance Services Act* (THIS) the Department of Health pays for the cost of hospital services both inside and outside the NWT. Payments also include extended and chronic care programs, as well as services provided to Health Boards by other GNWT Departments (especially the Departments of Finance, Government Services, Personnel, and Public Works).

### INPATIENT DAYS AND OUTPATIENT VISITS, NWT HOSPITALS, 1988-1990

REGION		1988	1989	1990
BAFFIN REGIONAL HOSPITAL	Inpatient Days	8,749	8,419	8,034
	Outpatient Visits	8,832	8,839	10,195
FORT SMITH HEALTH CENTRE	Inpatient Days	1,050	800	826
	Outpatient Visits	4,812	5,092	5,154
H.H. WILLIAMS MEMORIAL HOSPITAL	Inpatient Days	5,201	5,225	4,083
	Outpatient Visits	7,821	9,469	8,366
INUUVIK REGIONAL HOSPITAL	Inpatient Days	6,042	6,428	5,217
	Outpatient Visits	10,973	11,405	13,475
FORT SIMPSON HOSPITAL	Inpatient Days	550	1,262	1,034
	Outpatient Visits	4,879	5,308	5,327
STANTON YELLOWKNIFE HOSPITAL	Inpatient Days	16,319	17,313	20,775
	Outpatient Visits	28,681	31,459	34,118
YELLOWKNIFE DETOX CENTER	Inpatient Days	862	1,128	1,307
	Outpatient Visits	0	0	0
<b>TOTAL</b>	Inpatient Days	38,773	40,575	41,276
	Outpatient Visits	65,998	71,572	76,635

Stanton Yellowknife Hospital accounted for half of all NWT inpatient days in 1990.

Though the NWT total of inpatient days and outpatient visits increased steadily in NWT hospitals over the three-year period, 3 hospitals --- Baffin Regional Hospital, Fort Smith Health Centre, and H.H. Williams Memorial Hospital --- showed declines in inpatient days.

**NWT RESIDENTS RECEIVING TREATMENT  
OUTSIDE NWT, 1988-1990**

THIS: Count and cost of Inpatient Days and Outpatient Visits by Region of residence and year of service.

REGION		1988 COUNT	1988 COST
FORT SMITH REGION	Inpatient Days	11,841	\$5,845,427.35
	Outpatient Visits	5,735	\$336,281.88
INUVIK REGION	Inpatient Days	5,167	\$2,635,130.35
	Outpatient Visits	1,498	\$89,192.67
BAFFIN REGION	Inpatient Days	6,724	\$3,300,805.75
	Outpatient Visits	2,158	\$98,413.95
KEEWATIN REGION	Inpatient Days	7,103	\$3,731,514.10
	Outpatient Visits	10,506	\$345,130.09
KITIKMEOT REGION	Inpatient Days	1,591	\$743,457.85
	Outpatient Visits	431	\$29,419.50
UNKNOWN REGION	Inpatient Days	0	\$0.00
	Outpatient Visits	504	\$20,928.00
<b>NWT TOTAL</b>	Inpatient Days	32,426	\$16,256,335.40
	Outpatient Visits	20,832	\$919,366.09

REGION		1989 COUNT	1989 COST
FORT SMITH REGION	Inpatient Days	11,881	\$6,809,297.85
	Outpatient Visits	6,204	\$376,742.32
INUVIK REGION	Inpatient Days	4,330	\$2,623,810.00
	Outpatient Visits	1,463	\$92,302.63
BAFFIN REGION	Inpatient Days	5,063	\$2,510,397.55
	Outpatient Visits	1,888	\$103,255.20
KEEWATIN REGION	Inpatient Days	6,108	\$3,656,891.45
	Outpatient Visits	9,699	\$337,764.35
KITIKMEOT REGION	Inpatient Days	1,684	\$963,723.60
	Outpatient Visits	449	\$25,492.00
UNKNOWN REGION	Inpatient Days	52	\$19,312.00
	Outpatient Visits	852	\$32,352.00
<b>NWT TOTAL</b>	Inpatient Days	29,118	\$16,583,432.45
	Outpatient Visits	20,555	\$967,908.50

TERRITORIAL HEALTH

REGION		1990 COUNT	1990 COST
FORT SMITH REGION	Inpatient Days	10,504	\$6,623,249.55
	Outpatient Visits	6,355	\$437,833.35
INUVIK REGION	Inpatient Days	3,075	\$1,895,651.15
	Outpatient Visits	1,422	\$103,182.58
BAFFIN REGION	Inpatient Days	6,105	\$2,931,850.30
	Outpatient Visits	2,112	\$118,346.40
KEEWATIN REGION	Inpatient Days	6,615	\$3,943,848.25
	Outpatient Visits	12,903	\$449,403.81
KITIKMEOT REGION	Inpatient Days	2,075	\$1,499,504.00
	Outpatient Visits	489	\$32,614.96
UNKNOWN REGION	Inpatient Days	92	\$64,152.00
	Outpatient Visits	312	\$9,998.00
<b>NWT TOTAL</b>	Inpatient Days	28,466	\$16,958,225.25
	Outpatient Visits	23,593	\$1,151,379.10

## I. DEPARTMENT OF HEALTH FINANCIAL OVERVIEW, 1988/89 - 1990/91

<u>EXPENDITURES (000's)</u>	<u>1988/89</u>	<u>1989/90</u>	<u>1990/91</u>
<b>T.H.I.S.</b>			
NWT FACILITIES	69,334	77,366	83,651
HOSPITALS OUTSIDE NWT	20,817	20,571	20,481
EXTENDED/CHRONIC CARE	1,151	2,106	2,452
SUPPORT SERVICES - GNWT (1)	<u>2,773</u>	<u>3,201</u>	<u>3,223</u>
SUBTOTAL	94,075	103,244	109,807
CHANGE FROM PRECEDING YEAR		9.75%	6.36%
<b>MEDICARE</b>			
INSIDE NWT DOCTORS	8,295	9,636	11,802
OUTSIDE NWT DOCTORS	<u>2,846</u>	<u>3,301</u>	<u>3,356</u>
SUBTOTAL	11,141	12,937	15,158
CHANGE FROM PRECEDING YEAR		16.12%	17.17%
TOTAL EXPENDITURES	<u>105,216</u>	<u>116,181</u>	<u>124,965</u>
CHANGE FROM PRECEDING YEAR		10.42%	7.56%
<u>REVENUES AND RECOVERIES</u>			
<b>ESTABLISHED PROGRAM FINANCING</b>			
HOSPITAL	9,746	8,732	9,201
MEDICARE	3,353	3,004	3,166
EXTENDED/CHRONIC CARE	2,534	2,778	2,790
<b>D.I.A.N.D. GRANT</b>			
HOSPITAL SERVICES	19,488	27,200	31,743
MEDICAL CARE SERVICES	3,638	4,313	5,926
<b>RECIPROCAL BILLING</b>			
(RECOVERIES FOR SERVICES TO OUT OF NWT RESIDENTS)	411	1,074	1,282
<b>OTHER RECOVERIES</b>			
	256	507	32
TOTAL REVENUE AND RECOVERIES	<u>39,426</u>	<u>47,608</u>	<u>54,140</u>
CHANGE FROM PRECEDING YEAR		20.75%	13.72%

## NOTES:

- Services provided on behalf of Health Boards by DPW, Personnel, Finance and Govt. Services.
- All figures reflect actuals as published in the GNWT Public Accounts of the Dept. of Finance.

**J. CAPITAL CONSTRUCTION****1990 CALENDAR YEAR**

<b>PROJECT</b>	<b>STATUS</b>
H.H. Williams Renovations	Code Upgrade.
Nahanni Butte Health Station	Planning and design of new Health Station. Construction completed 1991. Total estimated project cost \$439,600.
Rae Lakes Health Centre	Planning and design of new Health Centre. Construction began Spring, 1990. Interim certificate issued March, 1991. Total estimated project cost \$2,117,800.
Ft. McPherson Health Centre	Design, contract documents, construction project initiated.
Inuvik Staff Residence Renovation	Renovation completed 1990. Project cost \$1,202,000.
Inuvik Hospital Minor Renovations	Renovations to entrance, admission/discharge areas, resource library and Board administration area.
Broughton Island Health Centre	Functional Program and Feasibility study initiated.
Grise Fiord Health Centre	Construction of Health Centre completed in 1990. Total estimated project cost \$2,570,000.
Baffin Regional Hospital	Programming for interim renovations of Hospital and Public Health Building expansion design.
Chesterfield Inlet Health Centre	Planning and construction of Health Centre completed in 1991. Total estimated project cost \$3,004,000.
Cambridge Bay Health Centre	Upgrade. Energy retrofit which extended the life of facility another 15 years. Project cost \$420,000.

## ***K. STAFF RECRUITMENT AND TRAINING***

The NWT Health Care System has a work force of approximately 1,360 positions in total, counting both headquarters and hospital/health board staffing requirements. The majority of health professionals are recruited from the South.

### ***NURSING SERVICES***

Up until recently, the recruitment of nurses was a major problem. The situation improved somewhat in 1990. Several major initiatives were launched to improve the recruitment and retention of nurses, and provide better in-service training.

In 1990, the Department of Health and the NWT Registered Nurses Association conducted the Nurse Recruitment and Retention Project. A mail survey asked nurses to identify the major concerns and issues related to recruitment and retention. The final report (July, 1990) came up with 27 recommendations. These included recommendations for improved in-service educational programs, a job-sharing program for isolated post nurses, development of a comprehensive GNWT orientation package, and a nursing workload study. The Department is presently examining and implementing these recommendations.

In October, 1989, the Department introduced its Advanced Nursing Skills In-Service Program (ANSIP). This 16-week program provides nurses with advanced skills and confidence needed for the expanded nursing role. It contains five modules that cover: Physical Assessment, Disease Management, Laboratory, Radiology, Emergency, Obstetrics, Newborn, Gynaecology, Paediatrics, and Transcultural Nursing. Nursing theory and clinical practice are fully integrated with information on aboriginal customs and practices at the community level. During 1990, 29 nurses completed various modules of the course.

### ***SUPPORT STAFF***

The Community Health Representatives (CHR) Program recruits individuals from their home communities to work closely with the local health care team. Community Health Representatives identify health-related problems and carry out health promotion and education programs. During 1990, a total of 28 aboriginal CHRs graduated from training programs in Yellowknife, Inuvik and Iqaluit.

## TERRITORIAL HEALTH

Because many residents speak only an aboriginal language, translation is a necessity. Medical clerk interpreters are trained to explain medical conditions to unilingual residents. During 1990, approximately 50 hospital and health board employees took one or more modules of the interpreting and translating short courses offered by Arctic College.



## L. LEGISLATION AND POLICY

During 1990, many changes and improvements were made to various Acts and Regulations which impact on health. Amendments were made to the *Child Welfare Act*, *Dental Profession Act*, *Environmental Protection Act*, and *Mental Health Act*. Also, two important new bills were introduced.

The purpose of the *Environmental Bill of Rights* is to enable more people to become directly involved in the protection of the environment. It introduces a process that enables an individual to take direct action against any person or corporation who would harm the environment.

The *Transportation of Dangerous Goods Act* regulates the transportation of dangerous goods. It defines offences, establishes penalties, and makes provision for inspection, arrest, and search and seizure.

In addition to legislation, the Department continues to promote the concept of "healthy public policy." This concept recognizes that all public policy (and not only "health policy") can either have a direct impact on health, or can influence the overall climate within which health care services are developed and delivered.

## **M. RESEARCH AND SPECIAL PROJECTS**

In 1990, the National Health Research and Development Program through its "North of 60<sup>o</sup>" initiative provided research monies for health-related projects.

A cooperative effort between the Federal government and the governments of the NWT and Yukon, the program distributed \$285,042 during the 1990-91 fiscal year. The wide range of approved projects included studies of traditional foods, suicide and alcohol abuse, sexually transmitted diseases, pregnancy and traditional childbirth practices, school health programs, and an evaluation of the training received by CHRs.

A research project conducted by Dr. Brian Finnemore examined the incidence and causes of low birth weight babies in the Kitikmeot Region. It determined that the rate of low birth weight babies in the Kitikmeot is comparable to rates found in Southern Canada. The study concluded that the rate could be lowered significantly through the use of established methods of education and prenatal care.

In January, 1989, the Minister of Health, Nellie J. Cournoyea, initiated the Medical Patient Search Project. This project's mandate was to trace NWT medical patients who went missing during the period from 1940-1975. (Most of the patients were sent to hospitals and sanatoria in the South for treatment of tuberculosis. Some of the Inuit patients never came back, and their families lost track of them.)

In 1990, 21 requests for information were received and 17 cases were resolved. When combined with cases from 1989, this represents a success rate of 89%. (Records were found and forwarded for 73 of 82 patients.)

Also in 1990, the Department organized and hosted the very successful First International Circumpolar Nursing Conference (May 16-18, 1990 in Whitehorse, Yukon). The theme of the conference was "Inukshuk --- Nurses Show the Way".

One hundred and fifty nurses attended --- from all Canadian provinces, both Territories, Alaska, Greenland, and from the Aboriginal Outback Program in Australia. Ten abstracts were presented by NWT nurses.

In April, 1990, a successful meeting of circumpolar countries was held in Yellowknife, resulting in a draft Circumpolar Memorandum of Understanding on Protecting Arctic Flora and Fauna. In November, 1990, the Department participated in a circumpolar meeting in Norway to develop a Circumpolar Arctic Monitoring Program.

The Arctic Environmental Strategy (AES) is part of the Green Plan, and includes a \$35 million comprehensive "Northern Contaminants Research Plan." This plan is a multi-agency effort to begin to address such questions

## PART THREE

about contaminants as where they come from, how they get here, how they move around, how much are in people and wildlife now, and what, if any, effect they might have. The Departments of Health and Renewable Resources were actively involved in the development of this plan, and are involved with several other regional and federal agencies in AES projects.



# *APPENDICES*

# APPENDICES

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**APPENDIX 1:****NWT REPORTED VITAL STATISTICS, 1990**

	Mackenzie*	Hay River	Fort Smith	Inuvik	Keewatin	Baffin	Kitikmeot	NWT
<b>Estimated Population</b>	19,964	3,072	2,487	7,812	5,969	10,276	4,221	53,801
<b>Births</b>	486	74	57	219	236	***285	149	**1,506
<b>Babies weighing under 2,500 grams</b>	16	1	1	11	19	19	8	75
<b>Stillbirths</b>	3	1	0	3	1	3	0	11
<b>Deaths (Total)</b>	55	18	18	26	31	43	26	217
<b>Deaths of babies under 1 year of age</b>	1	0	1	0	6	4	5	17

(Populations given are for Health Board Regions.)

\*Mackenzie includes Yellowknife.

\*\*Some regions have had a delay in the registration of their births.  
This figure will be corrected and may be 10% higher.

\*\*\* See note, page 32.

**APPENDIX 2:****NWT REPORTED VITAL STATISTICS BY ETHNICITY, 1990**

	INDIAN	INUIT	*OTHER	TOTAL
<b>Estimated population</b>	9,323	20,836	23,642	53,801
<b>Births (Total)</b>	257	731	518	1,506
<b>Babies weighing under 2,500 grams</b>	9	50	16	75
<b>Stillbirths</b>	2	6	3	11
<b>Deaths (Total)</b>	44	109	64	217
<b>Deaths of babies under 1 year of age</b>	1	14	2	17

\* "Other" includes Metis residents.



### APPENDIX 3:

#### TOTAL LIVE BIRTHS AND RATES BY TOWN/REGION, 1981—1990

REGION/TOWN	1981		1982		1983		1984		1985	
	#	RATE	#	RATE	#	RATE	#	RATE	#	RATE
Baffin	292	35.2	297	35.2	317	36.0	335	36.3	341	35.8
Town of Fort Smith	50	21.8	56	24.6	62	26.5	45	18.8	51	20.7
Town of Hay River	80	28.2	80	27.7	94	30.2	66	21.3	91	29.0
Inuvik	210	28.1	222	28.7	276	33.5	288	34.9	220	26.7
Keewatin	138	31.9	161	36.8	169	37.3	180	38.6	164	33.9
Kitikmeot	99	30.5	128	38.3	130	37.5	104	29.1	120	33.0
Mackenzie*	436	25.3	444	24.7	463	25.5	450	24.6	469	24.5
Region Unknown	2	—	2	—	2	—	—	—	—	—
<b>TOTAL</b>	<b>1,307</b>	<b>28.6</b>	<b>1,390</b>	<b>29.5</b>	<b>1,513</b>	<b>31.1</b>	<b>1,468</b>	<b>29.6</b>	<b>1,456</b>	<b>28.5</b>

REGION/TOWN	1986		1987		1988		1989		1990	
	#	RATE	#	RATE	#	RATE	#	RATE	#	RATE
Baffin	328	32.9	352	34.1	317	30.3	318	29.7	282	26.2
Town of Fort Smith	53	21.5	52	21.1	49	19.6	35	13.9	57	22.9
Town of Hay River	62	19.7	76	25.0	65	21.6	76	24.8	73	23.8
Inuvik	250	29.7	220	28.4	238	30.8	238	30.7	216	27.6
Keewatin	203	40.7	197	38.9	207	39.5	200	37.0	235	42.8
Kitikmeot	146	38.9	140	35.8	165	41.3	144	34.9	149	35.3
Mackenzie*	429	22.0	456	23.7	443	23.0	420	21.3	483	24.2
Region Unknown	---	---	---	---	---	---	---	---	---	---
<b>TOTAL</b>	<b>1,471</b>	<b>28.2</b>	<b>1,493</b>	<b>28.8</b>	<b>1,484</b>	<b>28.4</b>	<b>1,431</b>	<b>26.8</b>	<b>1,495</b>	<b>27.8</b>

Rate per 1,000 population.

\* Mackenzie Region includes Yellowknife.

*Note:* Small differences may occur in the figures in different tables because of late reporting from some regions.

**APPENDIX 4:****DENTAL HEALTH SURVEY RESULTS, 1990/91**

<b>DECIDUOUS AND PERMANENT TEETH* (6-Year-Old Dene/Inuit)</b>	<b>Decayed</b>	<b>Missing</b>	<b>Filled</b>	<b>Decayed/Missing/Filled</b>
BAFFIN	5.00	2.86	0.88	8.75
INUVIK	4.14	1.67	3.32	9.14
KEEWATIN	3.16	2.19	3.13	8.49
KITIKMEOT	3.36	5.00	1.52	9.88
MACKENZIE	5.00	1.30	1.00	7.30
NORTHWEST TERRITORIES	4.33	2.60	1.82	8.77
<b>PERMANENT TEETH* (12-Year-Old Dene/Inuit)</b>				
BAFFIN	1.8	0.66	3.2	5.7
INUVIK	2.1	0.20	3.7	6.0
KEEWATIN	1.1	0.29	3.1	4.5
KITIKMEOT	1.7	0.53	3.8	6.1
MACKENZIE	2.6	0.49	1.9	5.0
NORTHWEST TERRITORIES	1.7	0.49	3.2	5.4
<b>1988/1989 SURVEY RESULTS**</b>	<b>Decayed</b>	<b>Missing</b>	<b>Filled</b>	<b>Decayed/Missing/Filled</b>
	2.1	0.93	3.85	6.89

\* Average number of decayed, missing or filled teeth per child.

\*\* Results for 12-year-old Dene/Inuit children only. No equivalent data for 6-year-olds.

**APPENDIX 5A:**

**NOTIFIABLE DISEASES BY REGION, 1989**

<b>NOTIFIABLE DISEASES</b>	<b>Baffin</b>	<b>Inuvik</b>	<b>Keewatin</b>	<b>Kitikmeot</b>	<b>Mackenzie*</b>	<b>Fort Smith</b>	<b>Hay River</b>	<b>TOTAL</b>
Botulism		4						4
Brucellosis	1							1
Campylobacteriosis	1				1	1	1	4
Chickenpox	142	31	28	138	31	46	3	419
Chlamydia	5	274	195	122	277	25	15	913
Food Poisoning								0
Giardiasis	7	2	13		1	8	2	33
Gonorrhoea	176	47	82	39	113	2	2	461
Haemophilus Influenzae (invasive)	4	1	8	5	3			21
Hepatitis A	1				2			3
Hepatitis B					3			3
Measles	5		1		2		1	9
Meningitis/Encephalitis-Viral								0
Meningitis-Other	4	2	2		3			11
Meningococcal Infection	4	1	1		2			8
Mumps		2			3			5
Pertussis			12		21			33
Rabies Exposure								0
Rubella								0
Salmonellosis	1	6	4	1	14		6	32
Scarlet Fever					1			1
Shigella					2			2
Syphilis							1	1
Trichinosis			7					7
Tuberculosis		1	25		23	1		56
Tularemia			1					1
<b>All</b>	<b>357</b>	<b>371</b>	<b>379</b>	<b>305</b>	<b>502</b>	<b>83</b>	<b>31</b>	<b>2,026</b>

\*Mackenzie includes Yellowknife.

**APPENDIX 5B:****NOTIFIABLE DISEASES BY REGION, 1990**

<b>NOTIFIABLE DISEASES</b>	<b>Baffin</b>	<b>Inuvik</b>	<b>Keewatin</b>	<b>Kitikmeot</b>	<b>Mackenzie*</b>	<b>Fort Smith</b>	<b>Hay River</b>	<b>TOTAL</b>
Botulism	1							1
Brucellosis	6		2	3	1			12
Campylobacteriosis					6		1	7
Chickenpox	22	102	74	59	32	45	26	360
Chlamydia	380	202	162	153	286	20	30	1,233
Food Poisoning					3			3
Giardiasis	20	3	12		3	3	1	42
Gonorrhoea	214	43	69	17	106	2	3	454
Haemophilus Influenzae (invasive)	3	2	5		1			11
Hepatitis A					1			1
Hepatitis B	1				2			3
Measles			1					1
Meningitis/Encephalitis-Viral			1		3			4
Meningitis-Other	1	1						2
Meningococcal Infection	6		1					7
Mumps		1	2	2	3			8
Pertussis		1	5	1		12	9	28
Rabies Exposure			1				1	2
Rubella			1					1
Salmonellosis	6	2	7	4	6		3	28
Scarlet Fever								0
Shigella								0
Syphilis							1	1
Trichinosis			7					7
Tuberculosis		1	2		19			22
Tularemia								0
<b>All</b>	<b>660</b>	<b>358</b>	<b>352</b>	<b>239</b>	<b>472</b>	<b>82</b>	<b>75</b>	<b>2,238</b>

\*Mackenzie includes Yellowknife.

**APPENDIX 6:**

**NWT DEATHS FROM CANCER  
BY SITE, ETHNICITY AND SEX, 1990**

SITE	INDIAN		INUIT		OTHER		TOTAL	
	M	F	M	F	M	F	M	F
Lung	2	---	7	4	3	1	12	5
Pancreas	1	---	1	---	---	---	2	0
Stomach	---	---	1	2	---	---	1	2
Esophagus	---	---	1	---	---	---	1	0
Trachea	1	---	---	---	---	---	1	0
Parotid Gland	---	---	1	---	---	---	1	0
Pharynx	---	---	1	---	---	---	1	0
Intestines	---	---	2	---	---	1	2	1
Ovary	---	1	---	---	---	---	0	1
Uterus	---	---	---	---	---	1	0	1
Abdomen	---	---	---	---	---	1	0	1
Leukemia, Acute	---	1	---	---	---	---	0	1
Lymphoma, Other	---	---	---	---	1	---	1	0
Unspecified Site	1	---	1	1	1	---	3	1
<b>TOTAL</b>	<b>5</b>	<b>2</b>	<b>15</b>	<b>7</b>	<b>5</b>	<b>4</b>	<b>25</b>	<b>13</b>

LEGEND:

- Indian = Status Indian
- Inuit = Inuit
- Other = Non-Native and Metis

Statistics do not include non-NWT residents.

## APPENDIX 7:

**NWT DEATHS FROM CANCER  
BY SITE, REGION AND SEX, 1990**

SITE	BAFFIN		FORT SMITH		HAY RIVER		INUVIK		KEEWATIN	
	M	F	M	F	M	F	M	F	M	F
Lung	5	---	1	---	---	---	1	1	1	3
Pancreas	---	---	---	---	---	---	---	---	---	---
Stomach	---	---	---	---	---	---	---	---	---	1
Esophagus	---	---	---	---	---	---	---	---	1	---
Trachea	---	---	---	---	---	---	---	---	---	---
Parotid Gland	---	---	---	---	---	---	---	---	1	---
Pharynx	---	---	---	---	---	---	---	---	1	---
Intestines	---	---	---	---	---	---	1	---	1	---
Ovary	---	---	---	---	---	---	---	---	---	---
Uterus	---	---	---	---	---	---	---	---	---	---
Abdomen	---	---	---	---	---	---	---	1	---	---
Leukemia, Acute	---	---	---	---	---	---	---	---	---	---
Lymphoma, Other	---	---	---	---	---	---	---	---	---	---
Unspecified Site	---	---	---	---	1	---	1	---	---	1
<b>TOTAL</b>	<b>5</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>2</b>	<b>5</b>	<b>5</b>

SITE	KITIKMEOT		MACKENZIE		NORTHWEST TERRITORIES			TOTAL
	M	F	M	F	M	F	F	
Lung	---	---	4	1	12	5	---	17
Pancreas	1	---	1	---	2	0	---	2
Stomach	1	1	---	---	1	2	---	3
Esophagus	---	---	---	---	1	0	---	1
Trachea	---	---	1	---	1	0	---	1
Parotid Gland	---	---	---	---	1	0	---	1
Pharynx	---	---	---	---	1	0	---	1
Intestines	---	---	---	1	2	1	---	3
Ovary	---	---	---	1	0	1	---	1
Uterus	---	---	---	1	0	1	---	1
Abdomen	---	---	---	---	0	1	---	1
Leukemia, Acute	---	---	---	1	0	1	---	1
Lymphoma, Other	---	---	1	---	1	0	---	1
Unspecified Site	---	---	1	---	3	1	---	4
<b>TOTAL</b>	<b>2</b>	<b>1</b>	<b>8</b>	<b>5</b>	<b>25</b>	<b>13</b>	<b>---</b>	<b>38</b>

Statistics do not include non-NWT residents.

**APPENDIX 8:**

**NWT DEATHS FROM CANCER  
BY AGE, ETHNICITY AND SEX, 1990**

AGE	INDIAN		INUIT		OTHER		TOTAL	
	M	F	M	F	M	F	M	F
<15	---	---	---	---	---	---	0	0
15—24	---	---	---	---	---	---	0	0
25—34	---	1	1	---	---	---	1	1
35—44	---	---	---	---	1	---	1	0
45—54	---	---	3	1	---	---	3	1
55—64	2	1	6	3	1	1	9	5
65+	3	---	5	3	3	3	11	6
<b>TOTAL</b>	5	2	15	7	5	4	25	13

LEGEND:

Indian = Status Indian

Inuit = Inuit

Other = Non-Native and Metis

Statistics do not include non-NWT residents.

**APPENDIX 9:****NWT CAUSES OF DEATH BY ICD9 CLASSIFICATION,\*  
AGE GROUP AND GENDER, 1990**

DISEASES	UNDER 15	15 - 64	65 AND OVER	MALE	FEMALE	TOTAL
Infections	1	1	1	2	1	3
Neoplasms (Cancers)	0	21	17	25	13	38
Diseases of the Blood	0	0	1	0	1	1
Mental Illness	0	2	4	4	2	6
Nervous System Diseases	1	1	4	2	4	6
Diseases of Circulation	1	24	19	27	17	44
Diseases of the Lungs	2	5	17	15	9	24
Diseases of Digestion	0	3	4	4	3	7
Diseases of Urinary and Genital Sys.	0	1	1	2	0	2
Diseases of Skin	0	1	0	1	0	1
Diseases of Muscles and Skeleton	0	1	0	0	1	1
Congenital Anomalies	5	0	0	2	3	5
Perinatal Conditions	4	0	0	3	1	4
Unclear Conditions	5	5	3	7	6	13
Injuries	9	47	6	51	11	62

\*The ICD is an international system of classifying diseases.

**APPENDIX 10A:****NWT CAUSES OF DEATH BY ICD9 CLASSIFICATION, 1989**

ICD9 CLASSIFICATION	Baffin	Inuvik	Keewatin	Kitikmeot	Mackenzie*	Fort Smith	Hay River	TOTAL
Infections	2	2			1			5
Neoplasms (Cancers)	12	7	8	6	4	4	6	47
Diseases of the Blood					1			1
Mental Disorders					2		2	4
Diseases of the Nervous System	1	1	1		1			4
Diseases of the Circulatory System	8	8	6	2	9	3	3	39
Diseases of the Respiratory System	5	4	4	1	7	1	2	24
Diseases of the Digestive System		3			3	2		8
Diseases of the Genitourinary System			1		2			3
Diseases of the Skin		1						1
Diseases of the Musculoskeletal Sys.								
Congenital Anomalies		1		1	4			6
Perinatal Conditions	4		1	1			1	7
Unclear Conditions	4	2		2	1		1	10
Injury	20	15	4	6	19	4	9	77
Total	56	44	25	19	55	14	24	237

\*Mackenzie includes Yellowknife.



**APPENDIX 10B:**

**NWT CAUSES OF DEATH BY ICD9 CLASSIFICATION, 1990**

<b>ICD9 CLASSIFICATION</b>	<b>Baffin</b>	<b>Inuvik</b>	<b>Keewatin</b>	<b>Kitikmeot</b>	<b>Mackenzie*</b>	<b>Fort Smith</b>	<b>Hay River</b>	<b>TOTAL</b>
Infections	1	1	1					3
Neoplasms (Cancers)	5	5	10	3	13	1	1	38
Diseases of the Blood					1			1
Mental Disorders	1				1	3	1	6
Diseases of the Nervous System	1			1	1	3		6
Diseases of the Circulatory System	6	9	4	7	7	4	7	44
Diseases of the Respiratory System	6	3	6	2	5	1	1	24
Diseases of the Digestive System	1	2		2	1		1	7
Diseases of the Genitourinary System					2			2
Diseases of the Skin						1		1
Diseases of the Musculoskeletal Sys.							1	1
Congenital Anomalies	3			1		1		5
Perinatal Conditions	1		2		1			4
Unclear Conditions		1	3	3	4	2		13
Injury	18	5	5	7	19	2	6	62
<b>Total</b>	<b>43</b>	<b>26</b>	<b>31</b>	<b>26</b>	<b>55</b>	<b>18</b>	<b>18</b>	<b>217</b>

\*Mackenzie includes Yellowknife.

**APPENDIX 11:****FINAL NON-INSURED SERVICES BY REGION, 1988/89**

<b>CATEGORY</b>	<b>HQ (1)</b>	<b>FORT SMITH (2)</b>	<b>INUVIK</b>	<b>KITIKMEOT</b>	<b>KEEWATIN</b>	<b>BAFFIN</b>	<b>TOTAL</b>
<b>Ground Transportation, Meals and Accom.</b>	1,418,289	427,259	380,280	89,126	1,255,529	1,211,357	4,781,840
<b>Alcohol and Drug Treatment</b>	403,189	---	---	---	---	---	403,189
<b>Glasses and Appliances</b>	220,618	210,528	132,335	101,727	260,314	353,015	1,278,537
<b>Drugs, Medical Supplies and Equipment</b>	37,613	20,931	7,941	6,353	86,434	218,020	377,292
<b>Pharmacare (3)</b>	0	281,681	176,425	59,941	4,457	234,189	756,693
<b>Dental</b>	50,257	66,805	87,126	57,369	757,922	1,162,680	2,182,159
<b>Blue Cross Payments</b>	131,756	737,670	612,634	316,705	0	0	1,798,764
<b>Transportation Co-Payments (4)</b>	0	165,178	196,514	94,052	154,020	229,330	839,094
<b>TOTAL</b>	<b>2,261,722</b>	<b>1,910,052</b>	<b>1,593,255</b>	<b>725,273</b>	<b>2,518,676</b>	<b>3,408,591</b>	<b>12,417,568</b>

(1) Amounts reported under headquarters are for payments that are not linked to the region of the resident receiving services.

(2) Fort Smith includes all Stanton Yellowknife Hospital, Mackenzie Regional Health Service, Fort Smith Health Centre and H.H. Williams Memorial Hospital expenditures.

(3) As per manual journal vouchers processed in 1988/89.

(4) Represents the deductible amount payable by Status Indian and Inuit patients receiving Medical Travel Benefits.

**APPENDIX 12:**

**FINAL NON-INSURED SERVICES BY REGION, 1989/90**

<b>CATEGORY</b>	<b>HQ (1)</b>	<b>FORT SMITH (2)</b>	<b>INUVIK</b>	<b>KITIKMEOT</b>	<b>KEEWATIN</b>	<b>BAFFIN</b>	<b>TOTAL</b>
<b>Ground Transportation, Meals and Accom.</b>	1,060,076	645,440	501,461	357,416	1,512,021	1,376,841	5,453,254
<b>Alcohol and Drug Treatment</b>	532,946	---	---	---	---	---	532,946
<b>Glasses and Appliances</b>	216,320	208,848	111,847	83,064	205,092	248,892	1,074,064
<b>Drugs, Medical Supplies and Equipment</b>	54,610	1,364	573	115	72,135	68,631	197,429
<b>Pharmacare (3)</b>	0	467,769	291,116	68,237	9,491	277,549	1,114,162
<b>Dental</b>	339,512	69,279	114,333	81,599	450,595	447,176	1,502,493
<b>Blue Cross Payments</b>	178,647	716,827	731,313	393,700	0	41,617	2,062,104
<b>Transportation Co-Payments (4)</b>	0	301,091	281,228	120,960	230,276	362,919	1,296,474
<b>Meetings</b>	346	---	---	---	---	---	346
<b>TOTAL</b>	<b>2,382,457</b>	<b>2,410,618</b>	<b>2,031,870</b>	<b>1,105,091</b>	<b>2,479,610</b>	<b>2,823,625</b>	<b>13,233,272</b>

(1) Amounts reported under headquarters are for payments that are not linked to the region of the resident receiving services.

(2) Fort Smith includes all Stanton Yellowknife Hospital, Mackenzie Regional Health Service, Fort Smith Health Centre and H.H. Williams Memorial Hospital expenditures.

(3) As per health insurance system extract.

(4) Represents the deductible amount payable by Status Indian and Inuit patients receiving Medical Travel Benefits.

**APPENDIX 13:****FINAL NON-INSURED SERVICES BY REGION, 1990/91**

<b>CATEGORY</b>	<b>HQ (1)</b>	<b>FORT SMITH (2)</b>	<b>INUVIK</b>	<b>KITIKMEOT</b>	<b>KEEWATIN</b>	<b>BAFFIN</b>	<b>TOTAL</b>
<b>Ground Transportation, Meals and Accom.</b>	1,258,873	930,147	281,912	705,854	1,926,498	1,257,609	6,360,893
<b>Alcohol and Drug Treatment</b>	675,232	---	---	---	---	---	675,232
<b>Glasses and Appliances</b>	202,410	99,148	113,822	62,610	65,402	217,598	760,990
<b>Drugs, Medical Supplies and Equipment</b>	57,805	43,072	43,650	21,588	113,124	202,833	482,072
<b>Pharmacare (3)</b>	0	625,215	445,980	83,878	9,714	368,375	1,533,162
<b>Dental</b>	4,012	46,551	122,807	91,590	928,169	435,690	1,628,819
<b>Blue Cross Payments</b>	289,708	1,103,548	1,054,244	390,040	0	211,445	3,048,986
<b>Transportation Co-Payments (4)</b>	0	211,647	240,391	142,919	217,380	303,009	1,115,346
<b>Meetings</b>	3,281	0	0	0	0	789	4,070
<b>TOTAL</b>	<b>2,491,321</b>	<b>3,059,329</b>	<b>2,302,806</b>	<b>1,498,479</b>	<b>3,260,287</b>	<b>2,997,348</b>	<b>15,609,570</b>

(1) Amounts reported under headquarters are for payments that are not linked to the region of the resident receiving services.

(2) Fort Smith includes all Stanton Yellowknife Hospital, Mackenzie Regional Health Service, Fort Smith Health Centre and H.H. Williams Memorial Hospital expenditures.

(3) As per health insurance system extract.

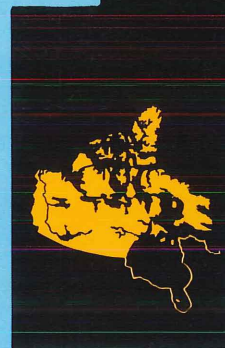
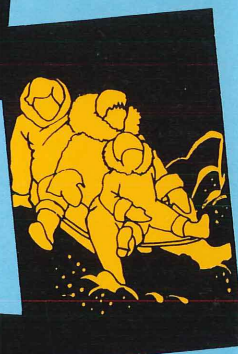
(4) Represents the deductible amount payable by Status Indian and Inuit patients receiving Medical Travel Benefits.



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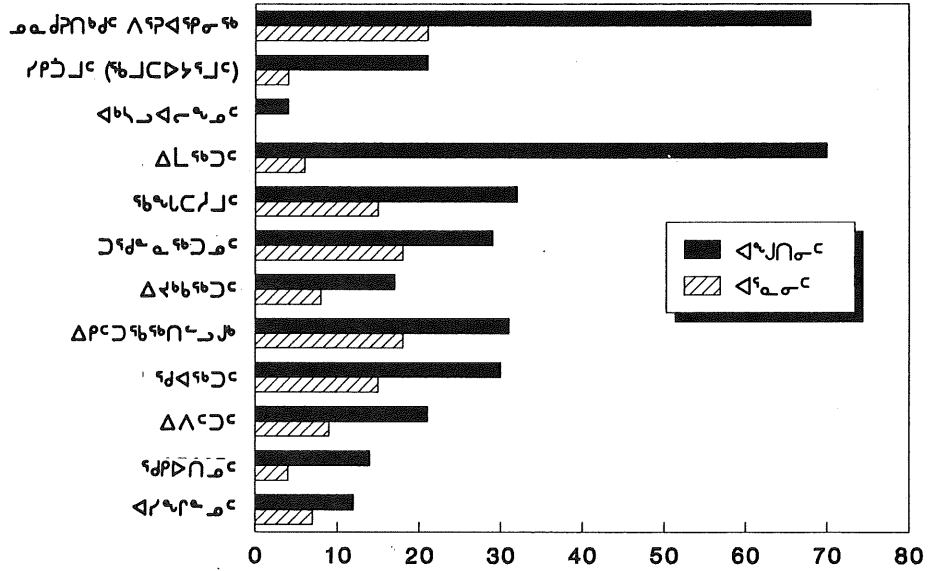








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ግብርና ጋንዳ ስራ ስጦታ:

1990-ግ 217-ሚሊዮን ዶላር ግብርና ጋንዳ ስራ ስጦታ 62-ሚሊዮን ዶላር የግብርና ጋንዳ ስራ ስጦታ --- 28.6-አካዳሚያዊ.

1981-ግ 1990-ግ ግብርና ጋንዳ ስራ ስጦታ 1,522-ሚሊዮን ዶላር ግብርና ጋንዳ ስራ ስጦታ 729 ሚሊዮን ዶላር የግብርና ጋንዳ ስራ ስጦታ ግብርና ጋንዳ ስራ ስጦታ (47.9-አካዳሚያዊ). ግብርና ጋንዳ ስራ ስጦታ, 1/3 ግብርና ጋንዳ ስራ ስጦታ ለግብርና ጋንዳ ስራ ስጦታ ለግብርና ጋንዳ ስራ ስጦታ.





ወደ ሥራ ለመመለስ  
 ለሥራ ለመመለስ የሚያስፈልገው

1988-1989

ጠቅላላ ገቢዎች	ጋር ማለት (1)	> ለ ሥራ (2)
ወደ ሥራ ለመመለስ የሚያስፈልገው	\$ 1,418,289	\$ 427,259
ለ ሥራ ለመመለስ የሚያስፈልገው ለሥራ ለመመለስ ለሥራ ለመመለስ	\$ 403,189	
ለ ሥራ ለመመለስ የሚያስፈልገው ለሥራ ለመመለስ ለሥራ ለመመለስ	\$ 220,618	\$ 210,528
ለ ሥራ ለመመለስ የሚያስፈልገው ለሥራ ለመመለስ ለሥራ ለመመለስ	\$ 37,613	\$ 20,931
ለ ሥራ ለመመለስ የሚያስፈልገው ለሥራ ለመመለስ ለሥራ ለመመለስ	\$ 0.00	\$ 281,681
ለ ሥራ ለመመለስ የሚያስፈልገው ለሥራ ለመመለስ ለሥራ ለመመለስ	\$ 50,257	\$ 66,805
ለ ሥራ ለመመለስ የሚያስፈልገው ለሥራ ለመመለስ ለሥራ ለመመለስ	\$ 131,756	\$ 737,670
ለ ሥራ ለመመለስ የሚያስፈልገው ለሥራ ለመመለስ ለሥራ ለመመለስ	\$ 0.00	\$ 165,178
ጠቅላላ	\$ 2,261,722	\$ 1,910,052

ጠቅላላ ገቢዎች	ጋር ማለት	የሥራ ለመመለስ
ወደ ሥራ ለመመለስ የሚያስፈልገው	\$ 380,280	\$ 89,126
ለ ሥራ ለመመለስ የሚያስፈልገው ለሥራ ለመመለስ ለሥራ ለመመለስ		
ለ ሥራ ለመመለስ የሚያስፈልገው ለሥራ ለመመለስ ለሥራ ለመመለስ	\$ 132,335	\$ 101,727
ለ ሥራ ለመመለስ የሚያስፈልገው ለሥራ ለመመለስ ለሥራ ለመመለስ	\$ 7,941	\$ 6,353
ለ ሥራ ለመመለስ የሚያስፈልገው ለሥራ ለመመለስ ለሥራ ለመመለስ	\$ 176,425	\$ 59,941
ለ ሥራ ለመመለስ የሚያስፈልገው ለሥራ ለመመለስ ለሥራ ለመመለስ	\$ 87,126	\$ 57,369
ለ ሥራ ለመመለስ የሚያስፈልገው ለሥራ ለመመለስ ለሥራ ለመመለስ	\$ 612,634	\$ 316,705
ለ ሥራ ለመመለስ የሚያስፈልገው ለሥራ ለመመለስ ለሥራ ለመመለስ	\$ 196,514	\$ 94,052
ጠቅላላ	\$ 1,593,255	\$ 725,273

ጠቅላላ ገቢዎች	የሥራ ለመመለስ	የሥራ ለመመለስ	ጠቅላላ
ወደ ሥራ ለመመለስ የሚያስፈልገው	\$ 1,225,529	\$ 1,211,357	\$ 4,781,840
ለ ሥራ ለመመለስ የሚያስፈልገው ለሥራ ለመመለስ ለሥራ ለመመለስ			\$ 403,189
ለ ሥራ ለመመለስ የሚያስፈልገው ለሥራ ለመመለስ ለሥራ ለመመለስ	\$ 260,314	\$ 353,015	\$ 1,278,537
ለ ሥራ ለመመለስ የሚያስፈልገው ለሥራ ለመመለስ ለሥራ ለመመለስ	\$ 86,434	\$ 218,020	\$ 377,292
ለ ሥራ ለመመለስ የሚያስፈልገው ለሥራ ለመመለስ ለሥራ ለመመለስ	\$ 4,457	\$ 234,189	\$ 756,693
ለ ሥራ ለመመለስ የሚያስፈልገው ለሥራ ለመመለስ ለሥራ ለመመለስ	\$ 757,922	\$ 1,162,680	\$ 2,182,159
ለ ሥራ ለመመለስ የሚያስፈልገው ለሥራ ለመመለስ ለሥራ ለመመለስ	\$ 0	\$ 0	\$ 1,798,764
ለ ሥራ ለመመለስ የሚያስፈልገው ለሥራ ለመመለስ ለሥራ ለመመለስ	\$ 154,020	\$ 229,330	\$ 839,094
ጠቅላላ	\$ 2,518,676	\$ 3,408,591	\$ 12,417,568

1989-1990

ጠቅላላ ገቢዎች	ጋር ማለት (1)	> ለ ሥራ (2)
ወደ ሥራ ለመመለስ የሚያስፈልገው	\$ 1,060,076	\$ 645,440
ለ ሥራ ለመመለስ የሚያስፈልገው ለሥራ ለመመለስ ለሥራ ለመመለስ	\$ 532,946	
ለ ሥራ ለመመለስ የሚያስፈልገው ለሥራ ለመመለስ ለሥራ ለመመለስ	\$ 216,320	\$ 208,848
ለ ሥራ ለመመለስ የሚያስፈልገው ለሥራ ለመመለስ ለሥራ ለመመለስ	\$ 54,610	\$ 1,364
ለ ሥራ ለመመለስ የሚያስፈልገው ለሥራ ለመመለስ ለሥራ ለመመለስ	\$ 0	\$ 467,769
ለ ሥራ ለመመለስ የሚያስፈልገው ለሥራ ለመመለስ ለሥራ ለመመለስ	\$ 339,512	\$ 69,279
ለ ሥራ ለመመለስ የሚያስፈልገው ለሥራ ለመመለስ ለሥራ ለመመለስ	\$ 178,647	\$ 716,827
ለ ሥራ ለመመለስ የሚያስፈልገው ለሥራ ለመመለስ ለሥራ ለመመለስ	\$ 0	\$ 301,091
ጠቅላላ	\$ 346	
ጠቅላላ	\$ 2,382,457	\$ 2,410,618











ጠቅላይ ልማት ሚኒስቴር  
 የግብርና ሚኒስቴር

ጠቅላይ ልማት ሚኒስቴር የግብርና ሚኒስቴር የግብርና ሚኒስቴር  
 ግብርና ሚኒስቴር የግብርና ሚኒስቴር የግብርና ሚኒስቴር  
 1988-1990

THIS: የግብርና ሚኒስቴር የግብርና ሚኒስቴር የግብርና ሚኒስቴር  
 የግብርና ሚኒስቴር የግብርና ሚኒስቴር የግብርና ሚኒስቴር  
 የግብርና ሚኒስቴር የግብርና ሚኒስቴር የግብርና ሚኒስቴር  
 የግብርና ሚኒስቴር የግብርና ሚኒስቴር የግብርና ሚኒስቴር

የግብርና ሚኒስቴር		1988 የግብርና ሚኒስቴር	1988 የግብርና ሚኒስቴር
ግብርና ሚኒስቴር የግብርና ሚኒስቴር	የግብርና ሚኒስቴር የግብርና ሚኒስቴር	11,841	\$ 5,845,427.35
	የግብርና ሚኒስቴር የግብርና ሚኒስቴር	5,735	\$ 336,281.88
ግብርና ሚኒስቴር የግብርና ሚኒስቴር	የግብርና ሚኒስቴር የግብርና ሚኒስቴር	5,167	\$ 2,635,130.35
	የግብርና ሚኒስቴር የግብርና ሚኒስቴር	1,498	\$ 89,192.67
የግብርና ሚኒስቴር የግብርና ሚኒስቴር	የግብርና ሚኒስቴር የግብርና ሚኒስቴር	6,724	\$ 3,300,805.75
	የግብርና ሚኒስቴር የግብርና ሚኒስቴር	2,158	\$ 98,413.95
የግብርና ሚኒስቴር የግብርና ሚኒስቴር	የግብርና ሚኒስቴር የግብርና ሚኒስቴር	7,103	\$ 3,731,514.10
	የግብርና ሚኒስቴር የግብርና ሚኒስቴር	10,506	\$ 345,130.09
የግብርና ሚኒስቴር የግብርና ሚኒስቴር	የግብርና ሚኒስቴር የግብርና ሚኒስቴር	1,591	\$ 743,457.85
	የግብርና ሚኒስቴር የግብርና ሚኒስቴር	431	\$ 29,419.50
የግብርና ሚኒስቴር የግብርና ሚኒስቴር	የግብርና ሚኒስቴር የግብርና ሚኒስቴር	0	\$ 0.00
	የግብርና ሚኒስቴር የግብርና ሚኒስቴር	504	\$ 20,928.00
ግብርና ሚኒስቴር የግብርና ሚኒስቴር	የግብርና ሚኒስቴር የግብርና ሚኒስቴር	32,426	\$ 16,256,335.40
	የግብርና ሚኒስቴር የግብርና ሚኒስቴር	20,832	\$ 919,366.09

የግብርና ሚኒስቴር		1989 የግብርና ሚኒስቴር	1989 የግብርና ሚኒስቴር
ግብርና ሚኒስቴር የግብርና ሚኒስቴር	የግብርና ሚኒስቴር የግብርና ሚኒስቴር	11,881	\$ 6,809,297.85
	የግብርና ሚኒስቴር የግብርና ሚኒስቴር	6,204	\$ 376,742.32
ግብርና ሚኒስቴር የግብርና ሚኒስቴር	የግብርና ሚኒስቴር የግብርና ሚኒስቴር	4,330	\$ 2,623,810.00
	የግብርና ሚኒስቴር የግብርና ሚኒስቴር	1,463	\$ 92,302.63
የግብርና ሚኒስቴር የግብርና ሚኒስቴር	የግብርና ሚኒስቴር የግብርና ሚኒስቴር	5,063	\$ 2,510,397.55
	የግብርና ሚኒስቴር የግብርና ሚኒስቴር	1,888	\$ 103,255.20
የግብርና ሚኒስቴር የግብርና ሚኒስቴር	የግብርና ሚኒስቴር የግብርና ሚኒስቴር	6,108	\$ 3,656,891.45
	የግብርና ሚኒስቴር የግብርና ሚኒስቴር	9,699	\$ 337,764.35
የግብርና ሚኒስቴር የግብርና ሚኒስቴር	የግብርና ሚኒስቴር የግብርና ሚኒስቴር	1,684	\$ 963,723.60
	የግብርና ሚኒስቴር የግብርና ሚኒስቴር	449	\$ 25,492.00
የግብርና ሚኒስቴር የግብርና ሚኒስቴር	የግብርና ሚኒስቴር የግብርና ሚኒስቴር	52	\$ 19,312.00
	የግብርና ሚኒስቴር የግብርና ሚኒስቴር	852	\$ 32,352.00
ግብርና ሚኒስቴር የግብርና ሚኒስቴር	የግብርና ሚኒስቴር የግብርና ሚኒስቴር	29,118	\$ 16,583,432.45
	የግብርና ሚኒስቴር የግብርና ሚኒስቴር	20,555	\$ 967,908.50



















ΔcΓΔ<sup>b</sup>b<sup>e</sup>σPΠ<sup>b</sup>Δ<sup>c</sup>





Δርብጫጫ-ጽጋባላገጽ 1:

ጠቅላይ ልማት ሚኒስቴር ልማት ጉዳይ ሚኒስቴር ልማት ጉዳይ ሚኒስቴር ልማት ጉዳይ ሚኒስቴር, 1990-፲

	ሌሎች	ዘላቂ	ጋራ	አጠቃላይ	የሥራ	የገንዘብ	የገንዘብ	ጠቅላይ
ልማት ጉዳይ (ቤተሰብ)	19,964	3,072	2,487	7,812	5,969	10,276	4,221	53,801
ልማት ጉዳይ (ቤተሰብ)	486	74	57	219	236	***285	149	**1,506
ጠቅላይ 2,500 ጋራ ልማት ሚኒስቴር	16	1	1	11	19	19	8	75
ጋራ ልማት ጉዳይ	3	1	0	3	1	3	0	11
ጋራ ልማት (ቤተሰብ)	55	18	18	26	31	43	26	217
ጠቅላይ ልማት ጉዳይ ሚኒስቴር ልማት ጉዳይ ሚኒስቴር	1	0	1	0	6	4	5	17

ልማት ጉዳይ ሚኒስቴር ልማት ጉዳይ ሚኒስቴር ልማት ጉዳይ ሚኒስቴር ልማት ጉዳይ ሚኒስቴር

\* ሌሎች ሌሎች ልማት ጉዳይ

\*\* ልማት ጉዳይ ሚኒስቴር ልማት ጉዳይ ሚኒስቴር ልማት ጉዳይ ሚኒስቴር

ጠቅላይ ልማት ሚኒስቴር ልማት ጉዳይ ሚኒስቴር ልማት ጉዳይ ሚኒስቴር

\*\*\* ልማት ጉዳይ ሚኒስቴር ልማት ጉዳይ ሚኒስቴር 32-፲ ልማት ጉዳይ

Δርብጫጫ-ጽጋባላገጽ 2:

ጠቅላይ ልማት ሚኒስቴር ልማት ጉዳይ ሚኒስቴር ልማት ጉዳይ ሚኒስቴር ልማት ጉዳይ ሚኒስቴር, 1990-፲

	ልማት ጉዳይ	ልማት ጉዳይ	ልማት ጉዳይ	ልማት ጉዳይ
ልማት ጉዳይ	9,323	20,836	23,642	53,801
ልማት ጉዳይ (ቤተሰብ)	257	731	518	1,506
ጠቅላይ 2,500 ጋራ ልማት ሚኒስቴር	9	50	16	75
ጋራ ልማት ጉዳይ	2	6	3	11
ጋራ ልማት (ቤተሰብ)	44	109	64	217
ጠቅላይ ልማት ጉዳይ ሚኒስቴር ልማት ጉዳይ ሚኒስቴር	1	14	2	17

\* ልማት ጉዳይ ሚኒስቴር ልማት ጉዳይ ሚኒስቴር ልማት ጉዳይ ሚኒስቴር







ልረብሎ ማህበረሰብ 5B:

ፊት-ገንዘብ ስራ ለገንዘብ ማህበረሰብ ፊት-ገንዘብ ስራ ለገንዘብ ስራ, 1990

ገንዘብ ስራ ስም	የገንዘብ ስራ	ጠቅላይ	ሰው	የገንዘብ ስራ	ሌሎች	ገንዘብ ስራ	ዘመን	ጠቅላይ
የገንዘብ ስራ ስም (ጠቅላይ)	1							1
ገንዘብ ስራ	6		2	3	1			12
ገንዘብ ስራ ስም					6		1	7
ገንዘብ ስራ	22	102	74	59	32	45	26	360
የገንዘብ ስራ ስም	380	202	162	153	286	20	30	1,233
የገንዘብ ስራ ስም					3			3
ገንዘብ ስራ ስም	20	3	12		3	3	1	42
የገንዘብ ስራ ስም	214	43	69	17	108	2	3	454
ገንዘብ ስራ ስም	3	2	5		1			11
ገንዘብ ስራ ስም A					1			1
ገንዘብ ስራ ስም B	1				2			3
ገንዘብ ስራ			1					1
ገንዘብ ስራ ስም			1		3			4
ገንዘብ ስራ ስም	1	1						2
ገንዘብ ስራ ስም	6		1					7
ገንዘብ ስራ ስም		1	2	2	3			8
ገንዘብ ስራ ስም		1	5	1		12	9	28
ገንዘብ ስራ ስም		1					1	2
ገንዘብ ስራ			1					1
ገንዘብ ስራ ስም	6	2	7	4	6		3	28
ገንዘብ ስራ ስም								0
ገንዘብ ስራ ስም								0
ገንዘብ ስራ ስም							1	1
ገንዘብ ስራ ስም			7					7
ገንዘብ ስራ ስም		1	2		19			22
ገንዘብ ስራ ስም								0
ጠቅላይ	660	358	352	239	472	82	75	2,238

\* ከገንዘብ ስራ ስም









ልረብጫ ማጠቃለያ 9:

ወደ ልረብጫ ጋዜጣችን ለጋራ ልረብጫ ማጠቃለያ ለማድረግ ለሚገቡ ልረብጫ ማጠቃለያዎች (ለሌሎች ልረብጫ ማጠቃለያዎች)

ልረብጫ ማጠቃለያ	15-ጥቅምት	15-ጥቅምት	ጋራ	ልረብጫ	ልረብጫ	ጠቅላይ
ልረብጫ	1	1	1	2	1	3
ጋራ (ልረብጫ ማጠቃለያ)	0	21	17	25	13	38
ጋራ ልረብጫ ማጠቃለያ	0	0	1	0	1	1
ልረብጫ	0	2	4	4	2	6
ልረብጫ ማጠቃለያ ልረብጫ ማጠቃለያ	1	1	4	2	4	6
ልረብጫ ማጠቃለያ ልረብጫ ማጠቃለያ	1	24	19	27	17	44
ልረብጫ ማጠቃለያ ልረብጫ ማጠቃለያ	2	5	17	15	9	24
ልረብጫ ማጠቃለያ ልረብጫ ማጠቃለያ	0	3	4	4	3	7
ልረብጫ ማጠቃለያ ልረብጫ ማጠቃለያ	0	1	1	2	0	2
ልረብጫ ማጠቃለያ ልረብጫ ማጠቃለያ	0	1	0	1	0	1
ልረብጫ ማጠቃለያ ልረብጫ ማጠቃለያ	0	1	0	0	1	1
ልረብጫ ማጠቃለያ ልረብጫ ማጠቃለያ	5	0	0	2	3	5
ልረብጫ ማጠቃለያ ልረብጫ ማጠቃለያ	4	0	0	3	1	4
ልረብጫ ማጠቃለያ ልረብጫ ማጠቃለያ (ልረብጫ ማጠቃለያ)	5	5	3	7	6	13
ልረብጫ ማጠቃለያ	9	47	6	51	11	62

\* ICD-10 ለሌሎች ልረብጫ ማጠቃለያዎች ለሚገቡ ልረብጫ ማጠቃለያዎች ለማድረግ ለሚገቡ ልረብጫ ማጠቃለያዎች.

ልረብገጫ ማረጋገጫ 10A:

ወደ ስርዓተ ጥበቃ ጋዜጣችን ለገባችን ልረብገጫ/ሥርዓተ ጥበቃ ስርዓት, 1989

ICD9-ወደ ልረብገጫ/ሥርዓተ ጥበቃ	የሥርዓተ ጥበቃ	ጠቅላላ	የሥርዓተ ጥበቃ	የሥርዓተ ጥበቃ	ሌሎች	ጋራ ስርዓት	ዘላቂ	ጠቅላላ
ግራም	2	2			1			5
ግራም (የሥርዓተ ጥበቃ)	12	7	8	6	4	4	6	47
ግራም ልረብገጫ					1			1
ግራም ልረብገጫ					2		2	4
ግራም ልረብገጫ	1	1	1		1			4
ግራም ልረብገጫ	8	8	6	2	9	3	3	39
ግራም ልረብገጫ	5	4	4	1	7	1	2	24
ግራም ልረብገጫ		3			3	2		8
ግራም ልረብገጫ			1		2			3
ግራም ልረብገጫ		1						1
ግራም ልረብገጫ								
ግራም ልረብገጫ		1		1	4			6
ግራም ልረብገጫ	4		1	1			1	7
ግራም ልረብገጫ	4	2		2	1		1	10
ግራም ልረብገጫ	20	15	4	6	19	4	9	77
ግራም ልረብገጫ	58	44	25	19	55	14	24	237

\* ከወደ ልረብገጫ ልረብገጫ







