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Health & Health Services



IN THE
NORTHWEST TERRITORIES



HEALTH AND HEALTH SERVICES IN THE NORTHWEST TERRITORIES

SUMMARY

This report examines the current health status of Northwest Territories residents and also examines how the Department of Health, the Regional Hospitals and Health Boards and the Government of the Northwest Territories (GNWT) have identified and dealt with important health problems.

The purpose of the report is to provide a foundation from which "healthy public policy" (public policy which promotes health) can be promoted, developed and assessed. It will also guide the planning, management and delivery of a balanced mixture of community and institutional health services which emphasize community involvement.

The health system is discussed in a way which may help to:

- a) describe the degree of political commitment to health,
- b) show the effect of socio-economic factors on health,
- c) find better methods of providing health care, and
- d) learn about the health of NWT residents.

The NWT Department of Health accepts the World Health Organization's definition of health:

Health is the extent to which an individual or group is able, on the

one hand to realize aspirations and satisfy needs; and on the other hand, to change or cope with the environment. Health is therefore 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. (WHO 1984)

Ill-health is a term used for any condition which does not fit the definition of health. It is determined by many factors. Some of these, like certain conditions which are caused by genetic or environmental causes which act before birth, cannot be controlled. There is, however, a great deal which can be done about many of the conditions which contribute to illness and disease and to unnecessary or early deaths. These conditions - unemployment, poor housing, inadequate sanitation, poor nutrition, and alcohol and drug abuse - can be improved through the adoption of public policies which promote the broad definition of health. The Department of Health has a responsibility to identify needed policies and to encourage all departments of the Government of the Northwest Territories to develop and implement them wherever possible.

HEALTH POLICY

The GNWT is politically committed to assisting residents to achieve their best possible health. Over 18 per cent of the GNWT total budget is given for health activities. The fair sharing of this amount is made difficult by the need to provide services to a small population scattered over a large area. Giving responsibility for managing services to regional boards, however, allows for considerable community involvement, and room to expand that involvement.

SOCIAL AND ECONOMIC CONDITIONS

Most of the major advances in world health have been achieved through better housing, better nutrition and sanitation, widespread immunization and improved care for children, infants and pregnant women. Much still remains to be done.

Employment, income and educational levels are directly related to ethnic origin, age and sex. Unemployment rates for Natives are at least twice that of non-Natives. Limited reading and writing skills and difficulty with counting are more common among Native people over 15, and contribute to unemployment, low income and poor health.

Poor housing and overcrowding are a cause of sickness. Many new houses have been built, but cannot keep up with the expanding population, so overcrowding is still a problem.

Many Native people are having difficulty maintaining their health because their generally healthy diet of traditional foods is being replaced by store-bought foods. Breast feeding is the traditional way, and still the best way to feed infants.

Store foods which are good for health cost too much for many people. To provide healthy store foods for those who need them, it may be necessary to help lower the cost. It would also be good for health to help keep out some "foods" which are not healthy, such as sugared drinks, which are a cause of tooth damage and loss (a big problem for babies).

There are many problems between men and women and in families that are harmful, but which are difficult to do anything about. Information from other departments shows family breakdown, spousal and child abuse and overcrowding of halfway houses and shelters are common. Alcohol use brings problems to everyone, not just those who abuse it. The health service deals with the injuries from accidents and violence which so often follow alcohol abuse. Too many problems, too many injuries and too many deaths are caused by alcohol. Many of the services needed to help the people with these problems have not been set up or are not available in all communities. Everyone really must help - relatives, community services, Regional Boards and central departments.

Most NWT residents (52%) smoke. This is much higher than in the rest of Canada. And lung cancer is increasing as a result, at a faster rate for women than for men.

Recent surveys have shown contamination of the environment and the food chain in the north. Action is needed at the national and international levels to control the entry of chemicals into the environment and the food chain. The department, and outside experts still encourage the use of traditional foods, because these foods are much better, and much more available, than many store foods.

Since 1960 there has been much improvement in water supplies, and in the safe disposal of sewage and garbage. But in many communities there is much more to do. Poor sanitation is still a cause of disease in the NWT, and it shouldn't be.

HEALTH CARE INDICATORS

The GNWT operates the Hospital Insurance and Medical Care Plans according to the Territorial Hospital Insurance Services (THIS) and Medical Care laws. The Hospital Insurance Plan is run by the Department of Health, directed by the THIS Board. The Medical Care Plan (Medicare) is run directly by the Department of Health.

The Territorial Hospital Insurance Services (THIS) Board was formed in 1959 and reports to the Legislative Assembly through the Minister of Health.

Responsibility for health facilities and services was transferred from Health and Welfare Canada (HWC) to the GNWT in 1988. Financial resources to administer the health care system accompanied the transfer. HWC kept responsibility for special services to status Indians and Inuit peoples (dental care, vision care, drugs, and appliances) and contracts with the GNWT to look after these services.

Over the six year period 1984/85 to 1989/90, THIS costs have increased, especially for the six NWT hospitals and in payments to physicians for insured services. New forms of treatment are being used, and new equipment is needed; both are very expensive. Health services are provided in Health Centres, at clinics, in homes, in hospitals and other in-patient facilities. The health system tries to give responsibility for delivery of services - for prevention, treatment, rehabilitation, or care - to people in the community, or as close to the community as possible.

In most communities in the NWT, care is provided by nurses and other professionals in the health centre. Physicians, based in larger communities, make regularly scheduled trips to the communities to see people who need more care than can be provided by the health centre nurse.

Care can frequently be provide better at home than elsewhere;

most people want to stay at home as long as possible. The need for care can be assessed, and help provided through homecare and other services. Rehabilitation services also help persons to function at their best possible level.

Most NWT hospitals have low occupancy rates. More than 30% of hospital inpatient days (not including days for newborn babies), and about 20% of outpatient visits occur outside the NWT.

Large numbers of people are sent from their home community for treatment, either to a regional centre or outside the NWT. The cost of this travel is very high - more than the total paid to all doctors (both in the NWT and outside). As more services are set up in the NWT, especially at the new Stanton Yellowknife Hospital, there will be less need to send people further south for care.

The health system in the NWT will probably have to recruit nurses from the south for many years to come, because not enough NWT high school graduates are eligible for, or are not choosing nursing or other health jobs.

The picture for support level staff is more promising. Community Health Representatives (CHRs) are being trained in the NWT - the goal being to employ a CHR in every community health centre. Continuing education training is being developed for Clerk/Interpreters. There is also possibility of training

new types of health care workers, such as Community Health Aides (an Alaska program).

HEALTH INDICATORS

"Unacceptable causes of death and disease" have been chosen as indicators of the health of NWT residents. The causes are termed "unacceptable" because they lead to deaths and diseases which are preventable.

Deaths among Dene and Inuit infants is still more than twice the Canadian rate, and the gap between Native and non-Native death rates in early life is increasing.

During the period 1984 -1989 over 30 per cent of all deaths were the result of injury and violence. A special concern is suicide. The NWT suicide rate was more than twice the Canadian rate during the 1980s. In the 15-24 age group, the NWT rates were more than five times the Canadian rate. Death from heart disease, the commonest cause of death in Canada, is still uncommon among the Native population, partly because of the use of traditional foods.

Information on disease comes from three main sources:

- a. conditions reportable by law;
- b. health care use (physician visits, health centre visits, or hospital admissions); and,
- c. from special surveys.

In the NWT, conditions reportable by law include

cancer, and diseases which can be passed from one person to another. On average, fifty to sixty new cases of cancer occur each year in the NWT. The rates for total cancers are a little higher than those for Canada; the rates for lung cancer, in both men and women, and cervical cancer in women are much higher.

Sexually transmitted diseases remain the most common of the reportable diseases. The amount of gonorrhoea raises concern about AIDS, which is also sexually transmitted. To September 31, 1990, ten NWT residents had been reported to be HIV infected. Because AIDS is a relatively "new" disease, and can take up to 10 years after infection to develop, it is very likely that more cases will be found in the NWT over the next ten years.

Tuberculosis remains a problem in the NWT and will continue to be a problem as long as inadequate housing and overcrowding are common.

A number of other communicable diseases are preventable to varying extent by immunization. Although most of these, (e.g. diphtheria, tetanus, polio, measles), are now uncommon in the territories, it is important that all children continue to be immunized against these diseases.

Meningitis caused by *Haemophilus influenzae* type B (Hib) occurs at higher rates in the NWT than in any other part of Canada. Efforts are under way to develop a vaccine

which is effective for young infants. Most cases in the NWT occur among Inuit infants.

Dental disease in NWT children is a major health concern. The poor condition of the teeth of children, especially Native children, is shown by the number of diseased, missing or filled teeth for each age group. Recent surveys of children indicate that dental caries and missing teeth rates are the highest in Canada.

CONCLUSION

The Health Department has a special responsibility to measure the health of the population, identify problems and develop ways and means to promote health, prevent disease, treat illness, restore function or provide care. This will require planning - centrally, regionally, and in each community. The public will participate through Health Boards at the territorial and regional levels and through health committees in each community.

This report suggests that current efforts of the Department of Health, and the GNWT must find better ways to identify problems and to control major health problems.

The Department cannot do much by itself, but with the support of health and hospital boards, and the involvement of other government departments, many serious problems can be corrected or prevented. Healthy public policies will need to be developed for

housing, work conditions,
nutrition, sanitation,
contaminants in the
traditional food chain,
alcohol use and abuse, tobacco
use, protection from disease,
and on the effective use of
treatment services.

This is the first of a series
of reports on how well we are
doing.

Yellowknife
October 17, 1990.