TD 618-19(2) TABLED ON MARCH 30, 2022

Government of | Gouvernement des
Northwest Territories
Territoires du Nord-Ouest

2020-2021 Annual Report

Best *Health* | Best *Care* | Better *Future*

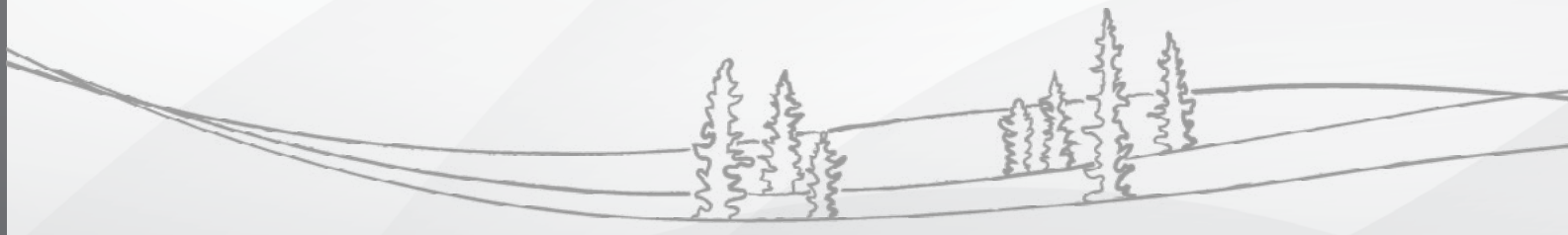
NWT HEALTH AND SOCIAL SERVICES SYSTEM

2020-2021 Rapport annuel

Une santé *optimale* | Des soins *optimaux* | Un avenir *prometteur*

SYSTÈME DES SERVICES DE SANTÉ ET DES SERVICES SOCIAUX DES TNO

March | Mars 2022



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English

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French

Kīspin ki nitawihtīn ē nīhīyawihk ōma ācimōwin, tipwāsinān.
Cree

Tłı̨chǫ yatı k'ę̀è. Dı wegodı newǫ dè, gots'o gonede.
Tłı̨chǫ

ʔerıhtł'ís Dëne Sųłıné yatı t'a huts'elkër xa beyáyatı theɔ ą ɔat'e, nuwe ts'ën yółtı.
Chipewyan

Edı gondı dehgáh got'ı̨e zhatıé k'ę́é edatł'éh enahddhę nıde naxets'é edahłí.
South Slavey

K'áhshó got'ı̨ne xədə k'é hederı ɔedı̨htl'é yerınıwę nídé dúle.
North Slavey

Jii gwandak izhii ginjìk vat'atr'ijąhch'uu zhit yinohthan jì', diits'àt ginohkhìi.
Gwich'in

Uvanittuaq ilitchurisukupku Inuvialuktun, ququaqluta.
Inuvialuktun

ᑖᒃᓂᐊ ᑎᑎᖅᑲᐃᑦ ᐱᔾᒪᔨᕕᒋᑦ ᐃᓄᒃᑎᑐᓪᓗᖅᓯᒪᓕᕆᔨᑎᑎᒃ, ᐅᕙᑦᑎᓐᓄᓕᑦ ᐅᖅᑳᓪᔾᓴᓗᖅᑐᑎᑦ.
Inuktitut

Hapkua titiqqat pijumagupkit Inuinnaqtun, uvaptinnut hivajarlutit.
Inuinnaqtun

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Executive Summary

The Northwest Territories (NWT) Department of Health and Social Services (the Department) 2020-2021 Annual Report fulfills the Department's obligation to report to the Legislative Assembly on the preceding year's operations and financial position of the Department, operations of the Medical Care Plan, and significant strategies and initiatives under departmental action plans. This Annual Report is also used to review and analyze the progress of the NWT Health and Social Services (HSS) system on strategic areas of priority, financial activities, and performance measures for the 2020-2021 fiscal year.

OUR STRATEGIES

In 2020 through engagement with Territorial Leadership Council and Regional Wellness Councils, the Department updated the strategic planning approach to align with the Quadruple Aim Framework. The framework's four aims provide a balanced approach, consistent with high performing heath systems:

- Health of the Population and Equity of Outcomes
- Better Access to Better Services
- Stable and Representative Workforce
- Quality, Efficiency and Sustainability

The four aims serve as goals for the HSS system, which is comprised of the Department, and the three HSS Authorities: the Northwest Territories Health and Social Services Authority (NTHSSA), the Hay River Health and Social Services Authority (HRHSSA), and the Tłı̨chǫ Community Services Agency (TCSA). Under each system goal, a number of strategic priorities were advanced in 2020-2021. This report focuses on key initiatives advanced by the Department. This report also summarizes the HSS system response to the COVID-19 pandemic by the Office of the Chief Public Health Officer (OCPHO) and the COVID-19 Coordinating Secretariat (the Secretariat), as well as other program areas that had to pivot or adapt operations to ensure continued availability of services through the pandemic.

HEALTH OF THE POPULATION AND EQUITY OF OUTCOMES

This goal focuses on the HSS system's efforts on promotion, disease prevention and targeted access to programs and services for high-risk populations. In 2020-2021, public health activity at the Department was dominated by the COVID-19 response, but the Department also advanced Meat Safety Regulations to help increase food security through locally produced food while supporting safe food production, and completed a health vulnerability assessment to evaluate the impact of climate change on the health and well-being of NWT residents.

In 2020-2021, the Department, with the HSS Authorities, continued to implement

demonstration projects as part of the Primary Healthcare Reform initiative, aimed at enhancing culturally safe, relationship-based care. In addition, the Department advanced work to reduce systemic racism through developing cultural safety and anti-racism training for HSS system staff and enhancing support for program and policy development.

In the areas of health promotion and chronic disease prevention, the Department carried out stakeholder engagement to inform NWT vaping and tobacco regulations and implemented an oral health promotion campaign and training.

The Department advanced several areas in 2020-2021 aimed at improving the availability and quality of services for vulnerable populations, including:

- Continued implementation of the *GNWT Disability Action Plan*, including conducting a review of Supported Living services;
- Development and implementation of new guidelines for the healthcare services for Transgender, Non-Binary and Gender Nonconforming people;
- Continued contributions to advancing national-level knowledge and developing strategic priorities related to fetal alcohol spectrum disorder;
- Stakeholder engagement to inform the development of a Wellness and Recovery Centre that will provide shelter, medical consulting and traditional healing services; and
- Supporting the NTHSSA in securing a location for the Temporary Day Shelter.

BETTER ACCESS TO BETTER SERVICES

This goal focuses on improving access, reducing wait times, strengthening cultural safety and creating a more robust system of supports.

In 2020-2021, the Department worked toward fulfilling the GNWT Mandate commitments to *increase the number and variety of culturally respectful, community-based mental health and addictions programs and enabling seniors to age in place with dignity.*

Key activities in mental wellness and addictions recovery included the continued implementation of the Child and Youth Care Counsellor (CYCC) initiative, the establishment of a Mental Wellness and Addictions Recovery Advisory Group, cultural safety training for Community Counselling Program staff, the development of Peer Support Program fund, the establishment of an Interdepartmental Committee on Problematic Substance Use, and initial steps towards the development of a Territorial Alcohol Strategy.

In 2020-2021, the Department developed a response and detailed work plan to address the Home and Community Care (HCC) review that was conducted in 2019. In addition, the Paid Family/Community Caregiver pilot project was implemented in five communities. The project aims to increase care options and community supports for seniors and persons with disabilities to support aging in place. Work was also done to review Long-Term Care (LTC) bed projections. This led to updated projections and an updated capital investment strategy, as well as subsequent stakeholder engagement.

Under the HSS system priority to improve services and supports for children and their families, the Department met with Indigenous Governments to initiate dialogue about the implementation of the federal government's *Act*

respecting First Nations, Inuit and Métis children, youth and families.

In addition, nine Child and Family Services practice standards were introduced or revised to reflect new practices and to incorporate the principles of the Act, twenty new staff positions were created, the scope of family preservation services was expanded, and the family preservation program was implemented, with the introduction of one family preservation worker position in each region.

In the area of early childhood development, the Department carried out a system mapping exercise to identify gaps and leverage areas and actions within the early childhood development system. This involved engaging with over one hundred thirty staff from across the early childhood development system to understand the places in the system that can be strengthened to better meet the needs of families and communities. A system map was created and a portfolio of actions was launched for implementation starting in 2021 to 2024.

QUALITY, EFFICIENCY AND SUSTAINABILITY

This goal is focused on improving the quality and operational efficiency of core health and social services, as well as ensuring that data, research, and technology are used to remain responsive to patient and provider needs.

In December 2020, the NWT HSS system Sustainability Plan was finalized. This plan is a multi-year, multi-pronged approach to addressing the financial challenges facing the HSS system. The Department and the HSS Authorities began work with the Department of Finance to carry out this plan.

Capital investments that are in progress or planned are summarized in this report, as are 2020-2021 financial highlights. In addition, as part of reporting progress on the goals, the Department continues to report on over forty performance measures that speak to the HSS system's performance.

STABLE AND REPRESENTATIVE WORKFORCE

This goal is focused on identifying needs and areas of demand across the HSS system so that appropriate workforce supply is available when required. This system goal is primarily undertaken by the HSS Authorities. In 2020-2021, the Department supported the introduction of the following positions and workforce initiatives:

- Twenty new positions in Child and Family Services
- Three regional coordinator positions for the Healthy Family Program
- Seventeen new Child and Youth Care Counsellor positions
- Securing funding for Aurora College to increase the number of seats for the face-to-face personal support worker program
- Planning for the delivery of a new 2-year face-to-face Licensed Practical Nurse program by Aurora College

The Department also developed a mandatory Cultural Safety and Anti-Racism Training for HSS system staff and introduced cultural safety and anti-racism program support positions, including a Senior Advisor, Indigenous Knowledge and Wellness, and two Cultural Safety Content Specialists.

Sommaire

Le rapport annuel 2020-2021 du ministère de la Santé et des Services sociaux des Territoires du Nord-Ouest (ci-après le « Ministère ») remplit l'obligation du Ministère de rendre compte à l'Assemblée législative de ses activités, de sa situation financière, des activités du régime d'assurance maladie ainsi que des stratégies et initiatives majeures établies par les plans d'action ministériels au cours de l'exercice précédent. Ce rapport annuel est également utilisé pour examiner et analyser les progrès du système de santé et des services sociaux pendant l'exercice 2020-2021 sur le plan de ses grandes orientations stratégiques, de ses activités financières et de ses mesures de rendement.

NOS STRATÉGIES

En collaboration avec le Conseil de leadership et les Conseils régionaux du mieux-être, le Ministère a, en 2020, mis à jour son approche de planification stratégique afin de l'harmoniser avec le cadre à quatre objectifs. Ce cadre propose une approche équilibrée semblable à celle d'autres systèmes de santé très performants, basée sur quatre objectifs :

- Santé de la population et équité des bienfaits
- Accès amélioré à des services améliorés
- Personnel stable et représentatif
- Qualité, efficacité et viabilité

Ces quatre objectifs sont ceux du système de soins de santé et de services sociaux des Territoires du Nord-Ouest qui est composé du Ministère et des trois administrations de santé suivantes : l'Administration des services de santé et des services sociaux des TNO (ASTNO), l'Administration des services de santé et des services sociaux de Hay River (ASSSSHR) et l'Agence de services communautaires Tłı̨chǫ (ASCT). Pour chacun des objectifs, un certain nombre de priorités stratégiques ont été formulées en 2020-2021. Ce rapport porte essentiellement sur les initiatives clés du Ministère, mais aborde également les façons dont le Ministère, le Bureau de l'administrateur en chef de la santé publique (BACSP) et le Secrétariat de coordination pour la COVID-19 ont répondu à l'épidémie de la COVID-19 et les façons dont les autres sphères d'activité du programme ont dû s'adapter ou se réorienter pour garantir la disponibilité des services tout au long de la pandémie.

SANTÉ DE LA POPULATION ET ÉQUITÉ DES BIENFAITS

Cet objectif couvre les efforts déployés par le système de santé et des services sociaux pour promouvoir la santé, prévenir les maladies et faciliter l'accès des populations à haut risque à ses programmes et à ses services. En 2020-2021, les activités de santé publique du Ministère ont été dominées par les mesures en réponse à la COVID-19, cependant il a également travaillé à

l'élaboration du Règlement sur la salubrité des viandes dans le but d'accroître la sécurité alimentaire grâce à des aliments produits localement tout en soutenant des pratiques de production sûres. Il a aussi mené une évaluation de la vulnérabilité de la santé des Ténois afin de déterminer l'influence du changement climatique sur celle-ci et sur leur bien-être.

En 2020-2021, le Ministère a également continué à mettre en place des projets de démonstration en lien avec l'initiative de réforme des soins primaires qui vise à améliorer l'accès à des soins ancrés dans le respect de la culture et dans un rapport de confiance. Il a également poursuivi les travaux visant à réduire le racisme systémique par l'entremise d'une formation développant le respect des cultures et luttant contre le racisme destinée à son personnel, et de l'amélioration du soutien offert lors de l'élaboration de politiques et de programmes.

En ce qui concerne la promotion de la santé et la prévention de maladies chroniques, le Ministère a mobilisé les intervenants du secteur afin d'alimenter les décisions prises à l'égard de lois sur les produits du tabac et du vapotage et a mis en place une formation et une campagne de promotion sur la santé buccodentaire.

Le Ministère a, en 2020-2021, progressé dans plusieurs domaines ayant pour objectif d'améliorer la disponibilité et la qualité de ses services pour les populations les plus vulnérables, y compris :

- La poursuite de la mise en œuvre du *Plan d'action du GTNO sur l'incapacité* y compris la réalisation d'un examen des services d'aide à la vie autonome;
- La conception et la mise en œuvre de nouvelles lignes directrices en ce qui concerne les services de santé pour les personnes transgenres, non binaires et au genre non conforme;
- La poursuite de ses contributions visant à améliorer, au niveau national, les connaissances sur l'ensemble des troubles causés par l'alcoolisation fœtale et à établir les priorités stratégiques pour y faire face;
- La mobilisation des intervenants afin de mettre en place un centre permanent de mieux-être et de rétablissement qui offrira un abri et l'accès à des soins médicaux et traditionnels;
- L'assistance fournie à l'ASTNO afin de trouver un local pour le Refuge de jour temporaire.

ACCÈS AMÉLIORÉ À DES SERVICES AMÉLIORÉS

Cet objectif consiste à améliorer l'accès au système de soins, à y réduire les temps d'attente, à y renforcer le respect des cultures et à développer un système plus fort.

En 2020-2021, le Ministère a travaillé à la réalisation des engagements connexes au mandat du GTNO visant à augmenter le nombre et la variété des programmes communautaires de santé mentale et de traitement des dépendances qui sont respectueux des cultures et à permettre aux personnes âgées de vieillir dans la dignité dans leur collectivité.

Les activités phares en matière de mieux-être psychologique et de traitement des dépendances ont inclus la poursuite de la mise en œuvre du programme de conseillers en soins à l'enfance

et à la jeunesse, la création du Groupe consultatif sur le mieux-être psychologique et le traitement des dépendances, la mise en place d'une formation sur le respect de la culture pour le personnel du Programme de counseling communautaire, l'établissement du Fonds pour le soutien par les pairs, la création d'un comité interministériel sur la consommation problématique de substances toxiques et les premières démarches pour l'élaboration d'une stratégie territoriale de gestion de l'alcool.

Le Ministère a, en 2020-2021, préparé une réponse et un plan d'action détaillé basés sur l'examen de 2019 sur les Soins communautaires et les soins à domicile. Le Programme pilote de rémunération des aidants naturels et communautaires a aussi été mis en place dans cinq collectivités. Le projet vise à offrir davantage d'options de soins et de ressources communautaires aux aînés et aux personnes handicapées et leur permettre ainsi de vieillir chez eux. On a en outre procédé à l'analyse des projections de lits des soins de longue durée, ce qui a entraîné de nouvelles projections et une mise à jour de la stratégie d'investissements en immobilisations ainsi que de nouvelles concertations avec les parties prenantes.

Afin de respecter sa priorité d'amélioration des services et des aides aux enfants et à leur famille, le Ministère s'est entretenu avec les gouvernements autochtones pour entamer des discussions sur la mise en place de la *Loi concernant les enfants, les jeunes et les familles des Premières Nations, des Inuits et des Métis* du gouvernement fédéral.

En outre, neuf normes de pratique liées à cette Loi ont été introduites ou révisées pour refléter les nouvelles pratiques et y intégrer ses principes, vingt nouveaux postes ont été ouverts, la portée des services de protection de la famille a été étendue et le Programme de protection de la famille a été instauré avec, dans chaque région, la création d'un poste d'intervenant en protection de la famille.

Dans le domaine du développement de la petite enfance, le Ministère a réalisé une analyse du réseau de développement de la petite enfance afin de définir ses lacunes et les actions à entreprendre pour l'améliorer. Ceci a réuni plus de 130 membres du personnel de l'ensemble du réseau pour comprendre où étaient les points à renforcer afin de répondre aux besoins des familles et des collectivités. Une carte du réseau a été dessinée et un plan d'action élaboré pour la période allant de 2021 à 2024.

QUALITÉ, EFFICACITÉ ET VIABILITÉ

Cet objectif consiste à améliorer la qualité et l'efficacité des services de santé et de services sociaux de base ainsi qu'à garantir que les données, les recherches et les technologies soient utilisées pour continuer de répondre aux besoins des patients et des professionnels de la santé.

En décembre 2020, le Plan de viabilité du système de santé et services sociaux des TNO a été finalisé. Il prévoit une approche à plusieurs volets, sur plusieurs années, visant à remédier aux difficultés financières auxquelles le système de santé et de services sociaux est confronté. Le ministère de la Santé et des Services sociaux et ses administrations ont commencé à travailler à l'élaboration de ce plan en collaboration avec le ministère des Finances.

Les investissements en capitaux en cours ou prévus sont résumés dans le présent rapport, tout comme les faits saillants financiers de l'exercice 2020-2021. En outre, et dans le cadre du rapport sur le progrès des objectifs, le ministère de la Santé et des Services sociaux continue de rendre compte de plus de 40 mesures du rendement qui attestent de la performance du système de santé et des services sociaux.

PERSONNEL STABLE ET REPRÉSENTATIF

Cet objectif consiste à définir les besoins et les demandes des résidents afin de s'assurer que le personnel nécessaire soit disponible au bon moment. La réalisation de cet objectif est principalement prise en charge par les administrations des services de santé. Au cours de l'année 2020-2021, le Ministère a soutenu la création des postes et initiatives ci-dessous :

- Vingt nouveaux postes dans les services à l'enfance et à la famille;
- Trois postes de coordonnateurs régionaux pour le Programme Famille en santé;
- Dix-sept nouveaux postes de conseillers en soins à l'enfance et à la jeunesse;
- L'obtention d'un financement pour que le Collège Aurora puisse augmenter le nombre de places en « présentiel » pour le programme des préposés aux services de soutien à la personne;
- La planification d'un nouveau programme en personne de deux ans, offert par le Collège Aurora, le Programme d'infirmiers auxiliaires autorisés.

Le Ministère a aussi mis en place une formation destinée à son personnel, visant à développer le respect des cultures et à lutter contre le racisme, et a créé de nouveaux postes de soutien au respect de la culture et à la lutte contre le racisme, y compris celui de conseiller principal en savoir et bien-être autochtones et deux postes de spécialistes de contenus respectueux de la culture.

Introduction

The purpose of this Annual Report is to provide an overview of the performance of the Government of the Northwest Territories (GNWT) Department of Health and Social Services (the Department). This Annual Report does not intend to comprehensively outline the operations of each Health and Social Services Authorities. Details on the operations of the Northwest Territories Health and Social Services Authority (NTHSSA), Tłı̨chǫ Community Services Agency (TCSA) and the Hay River Health and Social Services Authority (HRHSSA), collectively referred to as the HSS Authorities, can be found in their individual Annual Reports.

This Annual Report fulfills the Department's obligation to report to the Legislative Assembly on the preceding year's operations and financial position, operations of the Medical Care Plan, and significant strategies and initiatives under departmental action plans. This Annual Report is also used to review and analyze the progress of the Health and Social Services (HSS) system on strategic areas of priority, financial activities, and performance measures for the 2020-2021 fiscal year.

The Northwest Territories (NWT), like other Canadian jurisdictions, is taking a proactive approach to improving accountability for the delivery of publicly funded health and social services. The NWT HSS budget makes up 29.3 percent of the overall Government of the NWT's budget.[1] Decision makers and the public want to know if HSS funding is being spent effectively, how the system is performing relative to its peers, and if it is progressing on key organizational aims.

Public reporting on the performance of the NWT HSS system is a key part of fulfilling the GNWT's commitment to improving accountability and transparency in an environment of growing expenditures and limited resources.

STRUCTURE OF OUR SYSTEM

The three HSS Authorities and the Department are one integrated territorial health and social services system, functioning under a one-system-approach and under a single governance structure. The NTHSSA is responsible for delivering health and social services in five regions: Beaufort Delta, Dehcho, Sahtu, Fort Smith and Yellowknife. It is also responsible for the operation of the Stanton Territorial Hospital. The HRHSSA remains outside of the NTHSSA, as does the TCSA as per the terms of the Tłı̨chǫ Land Claims and Self-Government Agreement.

[1] Government of the Northwest Territories, Main Estimates 2022-2023 p. ix.

WHAT WE DO

The role of the Department is to support the Minister of Health and Social Services in carrying out the GNWT's mandate by: setting the strategic direction for the system through the development of legislation, policy and standards; establishing approved programs and services; establishing and monitoring of system budgets and expenditures; and evaluating and reporting on system outcomes and performance. The Department remains responsible for ensuring that all statutory functions and requirements are fulfilled, ensuring professionals are appropriately licensed, and managing access to health insurance and vital statistics services.

The HSS Authorities are agencies of the GNWT governed by the Northwest Territories Leadership Council. Regional Wellness Councils provide advice to the Leadership Council and valuable input on the needs and priorities of the residents in their regions. The Northwest Territories Leadership Council is responsible to the Minister of Health and Social Services for governing, managing and providing the following health and social services in accordance with the plan set out by the Minister:

- Diagnostic and curative services;
- Mental health and addictions services;
- Promotion and prevention services;
- Long term care, supported living, palliative care and home and community care;
- Child and family services;
- In-patient services;
- Critical care services;
- Diagnostic and therapeutic services;
- Rehabilitation services; and,
- Specialist services.

More specialized diagnostic and treatment services are accessed outside of the NWT through contractual arrangements with Alberta Health Services.

In addition, the Department is responsible for providing access to facility based addictions treatment services outside of the NWT, and holds contracts with facilities, located in Alberta and British Columbia, to provide specialized treatment to residents of the NWT.

Non-governmental organizations (NGOs), and community and Indigenous Governments, also play a role in the delivery of health and community wellness activities and services. The Department and the HSS Authorities contract NGOs to provide services on behalf of the HSS system (e.g. long-term care services), and make funding available that community organizations access to deliver their programs:

- Prevention, assessment, early intervention, and counselling and treatment services related to mental health and addictions;
- Early childhood development;
- Family violence shelters and awareness;
- Long term care;
- Dementia care;
- Tobacco cessation;
- On-the-land programs
- In-home and in-facility respite services for caregivers of seniors or children and adults with special needs; and
- Health promotion activities.

VISION

Best Health, Best Care, for a Better Future

OUR MISSION

Through partnerships, our mission is to provide equitable access to quality care and services and encourage our people to make healthy choices

to keep individuals, families and communities healthy and strong.

OUR VALUES

Caring: We treat everyone with compassion, respect, fairness and dignity, and we value diversity.

Accountable: System outcomes are measured, assessed and publicly reported on.

Relationships: We work in collaboration with all of our residents, including Indigenous Governments, individuals, families and communities.

Excellence: We pursue continuous quality improvement through innovation, integration and evidence based practice.

OUR STRATEGIES

In 2020, through engagement with Territorial Leadership Council and Regional Wellness Councils, the Department updated the strategic planning approach to align with the Quadruple Aim Framework. The Strategic Planning Framework's four aims provide a balanced approach, consistent with high performing heath systems:

- Health of the Population and Equity of Outcomes
- Better Access to Better Services
- Quality, Efficiency and Sustainability
- Stable and Representative Workforce

The four aims have been adopted as system goals and strategic priorities have been set under the goals. The four goals and associated activities form the basis and reporting structure of this report. This report will also address HSS contributions to the Mandate of the 19th Legislative Assembly, as well as reporting progress made on action plans.

Goal - Improve the health of the population and equity of outcomes

This goal focuses on the HSS system's efforts on promotion, disease prevention and targeted access to programs and services for high-risk populations. This includes actions aimed at achieving the Mandate Priorities of supporting the development of the food industry through a meat inspection regulatory framework and supporting our government's climate change initiatives.

Goal - Better Access to Better Services

The HSS system has a focus on improving access, reducing wait times, strengthening cultural safety and creating a more robust system of supports. To improve the experience of our patients, programs and services must consider issues of equity, address them where possible, and avoid contributing to barriers to access for marginalized populations. This is directly aligned with the 19th Assembly's Mandate Commitment to: *Improve Early Childhood Development Indicators; Enable Seniors to Age in Place with Dignity; and Increase the number and variety of culturally-respectful, community-based mental health and addictions programs including aftercare*.

Goal - Quality, Efficiency and Sustainability

Cost pressures and the increasing demand for programs and services, require efforts to manage the growth in expenditures and maximize the return on all of our investments. The HSS system may need to consider changes to the suite of services currently considered "core" and set fiscal parameters for health system planning as well as focus on improving the quality and operational efficiency of core health and social services, ensuring that data, research, and technology are used to remain responsive to patient and provider needs.

Figure 1: Quadruple aim strategic planning framework and HSS strategic priorities

Goal - Stable and Representative Workforce
Human resources planning facilitates the identification of needs and areas of demand so that appropriate workforce supply is available when it's required. Stronger, evidence-based planning ensures job design and skill mix keeps pace with changing delivery models and modes of work. By focusing on workforce planning and recruitment and retention practices, and improving overall management practices and organizational culture, the HSS system aims to reduce costs (direct and indirect) associated with high rates of turnover and heavy reliance on locums.

As part of reporting progress on the goals, the Department continues to report on over forty performance measures that speak to the HSS system's performance. See *Performance Measures*.

Reporting Progress on our Strategic Priorities

The HSS system's plans for the 2020-2021 year were significantly impacted by the onset of the COVID-19 pandemic in early 2020. Days before the beginning of the fiscal year, GNWT employees were asked to work from home and a significant portion of the workforce was redeployed to support COVID-19 response. As a result, some program areas had new challenges to face, such as adapting existing services to meet new public health guidelines.

This Annual Report communicates actions that were taken across the department as part of the response to COVID-19. In addition to reporting on the activity of the Office of the Chief Public Health Officer and other direct COVID-19 response activities (see *Priority: Improve Capacity and Coordination to Support Core Public Health Functions*), this report includes a series of Adapting to COVID-19 segments, to capture the work that was done in response to the pandemic across other program areas.

Health of the Population and Equity of Outcomes

PRIORITY: IMPROVE CAPACITY AND COORDINATION TO SUPPORT CORE PUBLIC HEALTH FUNCTIONS

COVID-19 response

The World Health Organization's declaration of COVID-19 as a pandemic on March 11, 2020, and the subsequent declaration of a territorial Public Health Emergency on March 18, 2020 provided the legislative mechanism and powers to the Chief Public Health Officer (CPHO) to swiftly respond to the COVID-19 pandemic. Priorities pivoted to support the prevention of COVID-19 infection, health system preparedness, and the development of a temporary COVID-19 Coordinating Secretariat (the Secretariat).

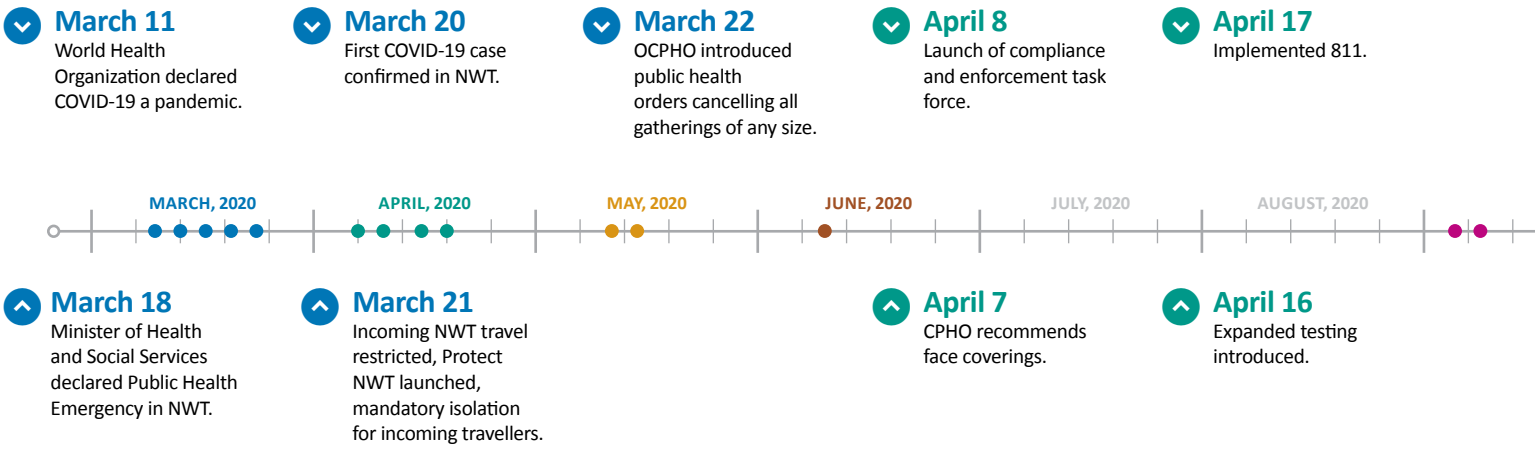
To support these efforts, the Department received funding from the Government of Canada's Safe Restart Agreement ($34 million), Health Canada ($90,000 to support wastewater surveillance), Public Health Agency of Canada ($275,000 to support wastewater surveillance and $100,000 to support immunization rollout), and Canada Health Infoway ($589,000 to support virtual care).

On March 11, 2020, the Emergency Operations Centre (EOC) was activated to respond to the threat of COVID-19. The EOC was tasked with assessing risk, identifying mitigation measures, and coordinating the HSS system response and recovery. The EOC included representatives from the Department, the HSS Authorities, the Department of Finance, and the NWT Emergency Measures Operation led by the Department of Municipal and Community Affairs (MACA).

The COVID-19 Coordinating Secretariat

The Secretariat was established on September 3, 2020 to coordinate and manage the GNWT's implementation of the Chief Public Health Officer's (CPHO) public health orders. The Secretariat is responsible for the following initiatives:

COVID-19 TIMELINE: MARCH 2020 TO MARCH 2021

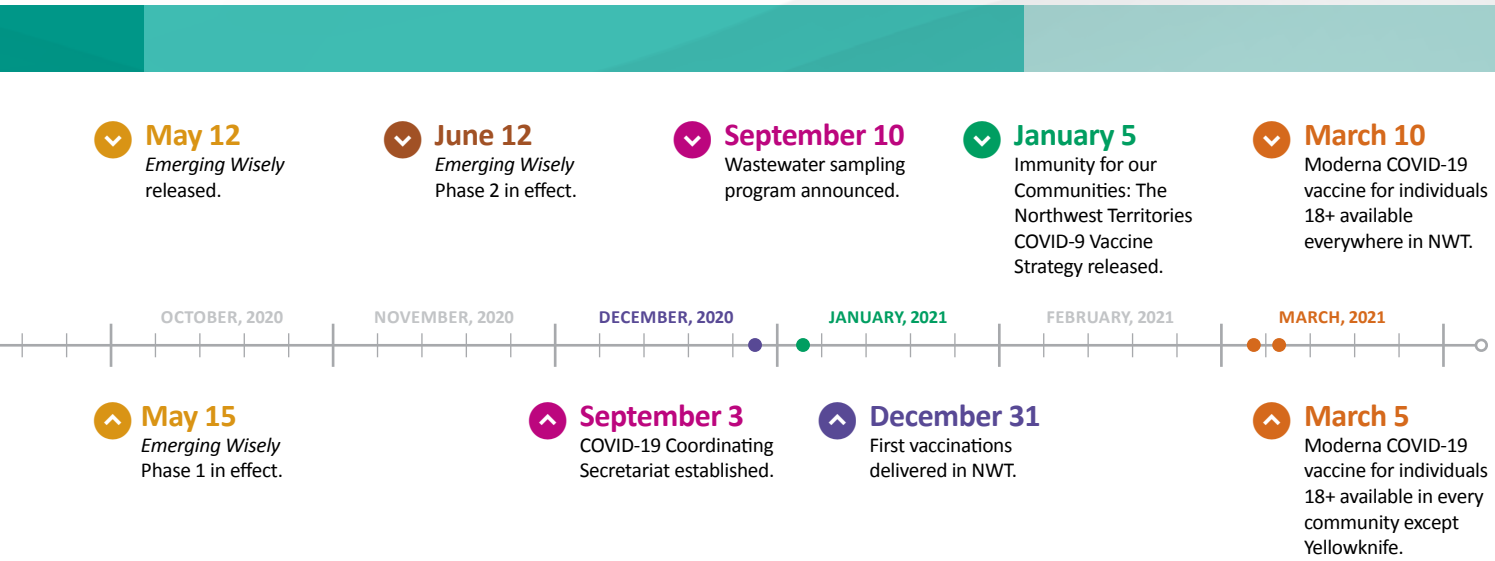


- Policy, planning and other corporate service functions, including logistics, data analysis and reporting;
- Communications support for the Office of the Chief Public Health Officer, as well as for the GNWT's overall pandemic response in collaboration with Corporate and Cabinet Communications, the Department, NTHSSA, MACA, and other departments as required;
- Compliance and Enforcement Operations, which includes Airport and Highway Border Compliance, Compliance and Enforcement, and Isolation Centres; and
- Protect NWT/811 call centre, which provides access for the public to critical services in our response to COVID-19, including processing of self-isolation plans, exemption requests, and providing general information on the public health orders.

Between December 9, 2020 and February 1, 2021, the Secretariat facilitated meetings with NWT communities to provide briefings, assist in preparing community emergency readiness plans and identifying additional supports. The Secretariat continues to brief Indigenous leaders and the NWT Association of Communities regularly.

The Secretariat developed a variety of information campaigns in 2020-2021 related to orders and recommendations of the Chief Public Health Officer; the goal being to create greater understanding of the various pandemic response measures and the rationale for the Public Health Orders. The most recent information is shared publicly on the COVID-19 website and via social media. Examples of some of the Secretariat's communications efforts are:

- Ongoing expansion of the Frequently Asked Questions (FAQs) to reflect changes to Public Health Orders and address common pandemic-related questions received from the public.
- Development and ongoing updates to the online Community Toolkit. These materials are shared with communities and other sectors for use in their own channels to support the GNWT as allies in getting information out to their residents and members.
- A series of advertisements were developed for use in newspaper, radio and social media highlighting healthy



habits, such as washing your hands, social distancing, importance of masking, keeping crowds small, and staying home when sick. These have been used throughout the pandemic.

- Secretariat Communications staff prepared specific radio advertising and posters to inform, engage and encourage residents to strictly adhere to public health measures to contain the virus. Communications efforts included a partnership with CKLB Radio for the nine-day territory-wide *Dear Fort Liard* support campaign, which encouraged residents to send notes of encouragement to the community via radio and social media during an outbreak there in January 2021.
- The *Stay Local* campaign was a partnership with the Yellowknife and NWT Chamber of Commerce. It rolled out prior to spring break in 2021 to help limit spread of COVID-19 due to importation from the south. The campaign encouraged residents to remain within the NWT during the break and take advantage of what the territory has to offer.
- *The Most Important Thing I'm Wearing* campaign was launched in November 2020. The campaign encouraged residents to wear non-medical masks as a way to take responsibility for protecting each other in situations where it is difficult to follow the physical distancing requirements of two metres. The campaign involved social media advertising showing NWT residents wearing non-medical face masks with explanation about why it is the most important thing they are wearing. Posts were made on Facebook and Twitter.

When the Secretariat winds down its operations at the end of the Public Health Emergency, the Secretariat will produce a final report on activities and lessons learned.

Public Health Measures

To prevent the spread of COVID-19 in the territory, the NWT Chief Public Health Officer (CPHO) introduced the first set of public health orders to restrict travel and limit gatherings within the territory in March 2020. The public health orders were adapted over the course of 2020-2021 to respond to the evolving COVID-19 situation and to refine and clarify the requirements and restrictions in the orders.

The Department led the development of the Government of the Northwest Territories report, *Emerging Wisely: Continued Public Health Response to COVID-19 in the Northwest Territories* published on May 12, 2020. The report provides strategic direction through a public health risk assessment-based framework for easing COVID-19 restrictions. As of March 31, 2021, the NWT remained in Phase 2 of the Emerging Wisely Plan, but with exemptions and other adjustments made over the course of the year as more information about COVID-19 risk became available.

Through contact tracing and testing, the Department and three HSS Authorities worked to support early identification and isolation of individuals with COVID-19 or those exposed to COVID-19. The Department also developed public education resources to increase knowledge

about actions residents can take to reduce the risk of COVID-19 for themselves, their families, and their communities.

The Office of the Chief Public Health Officer (OCPHO) implemented low-threshold testing criteria in April 2020 to encourage residents to undergo COVID-19 testing, ultimately to limit transmission of the virus. Testing and analysis within the territory were expanded over the fiscal year and were critical to responding quickly to positive cases and implementing the necessary care and safety precautions to individuals and communities. For example, rapid point of care testing capacity was introduced in each of the NWT's 22 health centres and seven health stations. These tests deliver results in as little as 15 minutes. Confirmatory testing was completed using the Polymerase Chain Reaction (PCR) testing methodology at the Stanton and Inuvik hospital lab sites, which significantly improved turnaround times to an average of 24 to 48 hours. By March 31 2021, COVID-19 testing in NWT identified 69 total confirmed cases. During that time over 16,000 COVID-19 tests were performed.

The Department also collaborated with the mining, petroleum resources and mineral exploration industries to ensure processes were safe and met standards of quality. The goal was to identify mine workers with COVID-19 quickly to enable contact tracing and isolation of those who test positive, and to reduce the risk of further transmission.

Wastewater testing was introduced in eight NWT communities during 2020-2021 to help detect the presence of COVID-19. Six communities (Yellowknife, Ndilǫ, Fort Simpson, Fort Smith, Hay River, and Inuvik) began testing in Fall 2020, Norman Wells and Fort Liard were added in early 2021. The program is a collaborative effort of the Department with community governments, GNWT Environment and Natural Resources, GNWT Municipal and Community Affairs, and the Public Health Agency of Canada's National Microbiology Laboratory.

COVID-19 vaccination rollout in NWT started on December 31, 2020 to priority residents. Rollout began three days after the territory received its first shipment of the Moderna vaccine and a week after Health Canada approved the use of the Moderna vaccine in Canada. The goal of the vaccination campaign was to vaccinate 75% of the eligible population 18 years of age and older by April 2021. By March 10, 2021, vaccines were in all 33 NWT communities for individuals 18 years of age and older. By March 31 2021, 40% of the 18+ population was fully vaccinated and 23% partially vaccinated.

A variety of COVID-19 vaccine-related public awareness activities took place in 2020-2021, including:

- A social marketing campaign to promote vaccine uptake that began in March 2021. Efforts were concentrated in communities with low vaccine uptake and in the larger centres that represent a more significant percentage of the population needed to reach community protection. The campaign included social media and radio, the development of promotional videos and posters, door knocking and in-person booths at popular locations. Posters and radio advertisements were translated into all 11 NWT Official Languages.

- Information sharing through weekly briefings with Indigenous and community governments, MLAs, media, community radio stations and other organizations. For example, the CPHO and the NTHSSA Territorial Medical Director participated in Indigenous language call-in shows on CBC radio to answer questions about the vaccine.
- Translation of COVID-19 vaccine communication materials (print, oral or in-person communications) enabled information to reach all Northern audiences in all 11 NWT official languages. For example, vaccine information sheets, immunization cards and a vaccine explainer video were available in all 11 NWT Official Languages.

Throughout the pandemic, routine reporting occurred for COVID cases and outbreaks, testing activities (both clinical and wastewater) and vaccinations. Reporting was done using a number of methods, including public reporting on the COVID-19 dashboard, media briefings, and presentations to NWT leadership.

With respect to continuing care services, the Department and the Authorities implemented various preventative policies and practices in Long Term Care (LTC) facilities to ensure LTC residents were protected from COVID-19. This included implementing infection prevention practices on March 12, 2020 before the first confirmed case of COVID-19 in NWT and incorporating national guidelines into LTC policies and practices to ensure LTC facilities were adhering to directions of the OCPHO.

In 2020-2021, the NWT was able to avoid community spread of the COVID-19 virus – i.e. spread of COVID-19 among or from individuals who have not travelled, or been close to someone who travelled, outside of the NWT. This was particularly important because for most of the year there was no COVID-19 vaccine available; widespread infection was prevented at a time when the population was most vulnerable to adverse health outcomes from the virus.

Other public health initiatives

The development of Meat Safety Regulations supports the Mandate commitment of the 19th Legislative Assembly to *increase food security through locally produced, harvested, and affordable food* while supporting safe food production by NWT food producers. In 2020-2021, the Department completed jurisdictional scans and research required to develop documents for stakeholder engagement; developed the Communication Planning Brief for Meat Safety Regulations; and initiated preparations for extended work plan activities.

The Department also supported the Mandate commitment to *ensure climate change impacts are specifically considered when making government decisions* by completing a health vulnerability assessment to evaluate the impact of climate change on the health and well-being of NWT residents. Data was analyzed to identify current and potential future climate change impacts for each eco-region within the NWT. Current and future health impacts on the population were identified, including the identification of communities and groups who may be disproportionately impacted. The report provided a baseline for the current availability of essential services and next steps to support mitigation of adverse impacts.

PRIORITY: ENHANCE PRIMARY HEALTH CARE IN THE COMMUNITIES THROUGH THE DELIVERY OF CULTURALLY SAFE AND RELATIONSHIP-BASED HEALTH AND SOCIAL SERVICES

In 2020-2021, HSS continued to implement demonstration projects as part of the Primary Healthcare Reform initiative aimed at enhancing culturally safe, relationship-based care.

The Integrated Care Team (ICT) model was implemented with two care teams in Yellowknife in March/April 2020 and in Fort Smith in February 2021. The Department partnered with Hotìì ts'eeda, the NWT Canadian Institutes for Health Research SPOR Support Unit, and the Institute of Health Economics of Alberta to initiate an evaluation of the ICT demonstration projects, including impacts on client and staff satisfaction, costs and health resource utilization, and the relationships between providers and clients to ensure high quality care and a culturally safe environment for Indigenous clients.

A new project was initiated in the Sahtu region, testing a new approach to community physician support and beginning the planning process for an Integrated Care Team in the community of Fort Good Hope. Initial scoping for potential demonstration projects in the Beaufort Delta and Hay River regions also began in 2020-2021.

In addition, HSS continued to work towards reducing systemic racism by developing cultural safety and anti-racism training for HSS staff and by introducing a Cultural Safety and Anti-Racism unit, to increase system capacity in this area. The cultural safety and anti-racism training model, which was piloted between 2018 and 2020, was finalized in 2021. Roll out of training to all staff is planned for 2021-2022.

PRIORITY: IMPROVE HEALTH PROMOTION, CHRONIC DISEASE PREVENTION AND SELF-CARE IN COMMUNITIES

Vaping and Tobacco Legislation

An important strategy for chronic disease prevention is the regulation of tobacco, drugs and alcohol. Public and stakeholder engagement seeking feedback on the development of regulations under the new *Tobacco and Vapour Products Control Act* that would limit the sale of some or all flavours of vapour products in the NWT was open from September 23, 2020 and December 18, 2020. The Department received more than 50 written submission and more than 450 survey responses. Feedback from NWT schools and students during the 2019-2020 school year was also collected. Results of the engagement were summarized in a *What We Heard Report*, which was under review at the end of 2020-2021.

ADAPTING TO COVID-19

Primary Care Outreach

The COVID-19 pandemic highlighted the need for outreach approaches to prevent COVID-19 transmission and to promote vaccinations among vulnerable populations. In response, enhanced outreach care approaches were tested with vulnerable populations in Yellowknife. This involved the creation of temporary teams of outreach nurses that visited shelters to provide services to shelter users. Lessons from the implementation of these approaches have been documented and will inform future outreach initiatives.

ADAPTING TO COVID-19

Oral Health Promotion

In response to travel restrictions and the risk of COVID-19 transmission, the Department launched the Oral Health Literacy Project: a partnership initiative with the NWT Literacy Council to create and deliver facilitator training to community members to enable them to host local Oral Health Events in their home communities, building on local workforce capacity. Seven communities participated in this training in March 2021.

Oral Health Services

Oral health is a key element of overall health for our residents of the NWT, yet many communities in the NWT do not have a resident dentist, and the Canadian Institute for Health Information reports that the NWT has the second highest rate of day surgeries to treat early childhood cavities in Canada. Through the *Northwest Territories Oral Health Action Plan*, the Department is working to decrease the high rates of cavities and other oral health concerns in the territory, especially in children and youth.

In 2020-2021, HSS continued to advance Oral Health Action Plan initiatives, such as providing oral health hygiene supplies, which includes toothbrushes, tooth paste and dental floss to NWT residents through regional health centers. This initiative was in response to community engagement revealing that access to affordable oral health supplies is a barrier to families achieving good oral health. To increase public knowledge, attitudes, and beliefs about oral health and change key oral health behaviour, HSS has partnered with Kellett Communications to develop an NWT-specific, multi-media Oral Health Social Marketing Campaign, titled Speak the Tooth.

Other activities included the development of an Oral Health website with NWT-specific oral health information and advice, with fun and informative resources, including activities, videos and a digital version of a preschool book, *Our Ever Awesome NWT Brushing Song!* written by NWT author Richard van Camp and illustrated by NWT artist Neiva Mateus. The book was translated into all NWT official languages.

The 2020-2021 fiscal year was the final year of the NWT Oral Health Action Plan; however, due to the COVID-19 pandemic response and corresponding delays with the NWT Oral Health Action Plan, the federal government extended the funding for Oral Health initiatives to 2022-2023. Through the remainder of the initiative funding, the Department intends to continue to focus on innovative oral health promotion; supporting the integration of oral health into primary health care; improving systemic supports; and providing sustainable, culturally safe services.

PRIORITY: IMPROVE AVAILABILITY AND QUALITY OF SERVICES FOR VULNERABLE POPULATIONS

Disability Action Plan

In 2020-2021, HSS continued to implement commitments set out in the *GNWT Disability Action Plan*, which is focused on improving communication and collaboration, increasing access to disability related programs and services, and addressing the social determinants of health and disability.

A steering committee was formed in 2020 to guide a review of Supported Living services within and outside the NWT to establish a person and family-centered Supported Living Model for the NWT. One aim of the review is to explore the potential of adopting an updated supported living definition in the Northwest Territories, expanding from a 24- hour facility-based care definition to one that takes into consideration the need for a continuum of supports that will facilitate inclusion, participation and community living. A request for proposals to carry out the review was advertised in early 2021 and the contract was awarded in May 2021.

In June 2020, a second edition of the GNWT Programs and Services for Persons with Disabilities Inventory was completed and made available to the public via the HSS website.

Health Care Guidelines for Transgender, Non-Binary and Gender Nonconforming People

The number of patients in the NWT who identify as being transgender, Non-Binary and Gender Nonconforming is very small. However, there is evidence that this population of patients may be vulnerable for a variety of clinical, social and other reasons, and their unmet needs can be great.

As part of its commitment to building a health system with cultural safety and relationship-based care, the GNWT, led by the Department released *Health Care for Transgender, Non-Binary, and Gender Nonconforming People: Guidelines for the NWT*. This document has been developed for use by health care providers; it establishes a clear referral process for transgender, non-binary, and gender nonconforming health care services for NWT residents.

These Guidelines, effective December 21, 2020, were developed with the support of experts within the Department, a Workforce Diversity Officer from the Department of Finance Human Resources, experienced primary care practitioners, patient advocates, and the Rainbow Coalition of Yellowknife.

Enhancing Fetal Alcohol Spectrum Disorder Services

The Department continues to work on improving knowledge and advancing strategic priorities related to FASD. Through participation in the Canada Northwest FASD Partnership, HSS worked in collaboration with other provinces and territories to plan a series of webinars delivered by the Canadian FASD Research Network. The webinars were focused on enhancing shared understandings of FASD and promoting integration of evidence across multiple settings on topics such as supporting children and youth with FASD, mental health, culturally safe approaches to FASD assessment and diagnosis and reducing stigma.

Collaboration with Non-Government Organizations

The Department continues to collaborate with NGOs and Indigenous Governments to ensure services are available to support persons with disabilities and seniors. In 2020-2201, the following NGOs and Indigenous Governments received funding from the Department to deliver key services:

- NWT Disabilities Council – delivery of information, referral and support services, and parking placard program for persons with disabilities; persons with disabilities awareness activities, delivery of respite services for children with disabilities outside of Yellowknife;
- Hay River Committee for Persons with Disabilities – support for operations to ensure Hay River residents with disabilities had access to information, referral and support services;
- NWT Seniors Society – funding for Seniors Advisory Council, Seniors Information line, seniors awareness month activities, and supporting the activities of the NWT Network to Prevent Abuse of Older Adults through Community Outreach Programs;
- Vision Loss Rehabilitation Canada – funding to support services for children and adults with visual impairments, including assessment and training on orientation and mobility and independent living skills, and assistive technology; and
- Inuvialuit Regional Corporation (IRC) – funding to support delivery of early intervention occupational therapy and speech and language pathology services and supports for children ages zero to five years in IRC early childhood programs.

Wellness and Recovery Centre

In 2019, the federal government approved funding to support a Wellness and Recovery Centre in Yellowknife that will provide shelter, medical consulting and traditional healing services. Funding started April 1, 2020 and HSS initiated planning with other GNWT partners. In 2020-2021, a working group was established and a community engagement plan was developed. Stakeholder engagement took place with Yellowknife shelter users, shelter staff and management, neighbours, NGOs and NTHSSA. In addition, the Wellness and Recovery Centre was discussed during the virtual information session on the temporary shelter. All stakeholders were invited to the session, which was open to the public. Design for the program began in 2020-2021.

Anti-Poverty Initiatives

HSS works with other GNWT departments to ensure residents have access to supports they need so that they can live in dignity, are free from poverty, and are active members in their communities. Through initiatives like the Anti-Poverty Round Table, the Anti-Poverty Fund, and *Working Together II: An Action Plan to Reduce Poverty in the NWT* (Anti-Poverty Action Plan), the GNWT is taking steps to address poverty in key areas like income support, food security and poverty reduction targets with the support and input of its partners and the public.

The Department is responsible for administration of the

Anti-Poverty Fund, which provided one million dollars in contributions to community-based organizations to support local poverty reduction projects in. In 2020-2021, twenty-eight projects led by community and Indigenous organizations from all NWT regions received funding from the Anti-Poverty Fund. Projects supported in 2020-2021 related to housing and homelessness; food security; Traditional Knowledge and on the land programming; employment and skills; mental wellness and addictions; family violence; and early childhood development and childcare initiatives. The groups that these projects focused on included Elders, children and youth, women, disabilities, LGBTQ2S+, and more.

The Anti-Poverty Roundtable is an annual convening of partners working to advance the Anti-Poverty Action Plan and is an essential part of this collective effort. The virtual Anti-Poverty Roundtable was held on January 26-27, 2021 and focused on food security to align with the GNWT's Mandate commitment to *increase food security through locally produced, harvested, and affordable food*.

The objective of this event was to foster engagement and participation among our partners by discussing how, both we as a government and our partners, are approaching food security and to develop a way forward.

Delegates to the Roundtable include Indigenous Governments, community governments, the GNWT, the federal government, non-government organizations, grocers and local growers. Over 80 delegates from across the NWT attended the Roundtable. The Roundtable included sessions on GNWT food security programming, visioning, harvesting, local food production and agriculture, Indigenous food sovereignty and methods to promote collaboration on this key issue.

ADAPTING TO COVID-19

Support for People Experiencing Homelessness

Day and overnight shelter options were not large enough to meet the new COVID-19 public health guidelines for physical distancing. The facilities were also not appropriate for medically advised isolation.

With the assistance of the NWT Housing Corporation, the Department secured the federally owned Aspen apartment building as a place for medically advised isolation for individuals experiencing homelessness. The Department entered into a contract with Yellowknife Women's Society to use the Spruce Bough (former Arnica Inn) as housing for the most medically vulnerable members of the local homeless population.

The Department also supported NTHSSA with securing a temporary day shelter. Between March and July 2020, the NTHSSA operated a temporary day shelter in the Salvation Army building to support the COVID-19 response.

In November 2020, the Department secured the use of the building, previously known as the Mine Safety building, as a temporary day shelter location through a partnership with the City of Yellowknife and MACA. The Minister of MACA utilized powers under the Emergency Management Act to allow for the use of the building given the emergency situation for the local Yellowknife homeless population. Following quick renovations and preparation, the day shelter opened three days later. An estimated 50-70 people accessed the shelter each day for food, warmth, washrooms and a safe space to rest and socialize.

The Department also responded to concerns raised about the need for a day shelter in Hay River, working with the HRHSSA and the Soaring Eagle Friendship Centre to establish a day shelter in the community. This shelter opened in November 2020.

Better Access to Better Services

PRIORITY: CONTINUOUS QUALITY IMPROVEMENT

Continuous quality improvement (CQI) refers to HSS efforts to improve the quality of our services in response to regular program and service monitoring. CQI initiatives were primarily led by NTHSSA and supported by the Department. Areas of focus in 2020-2021 were cancer screening, chronic disease management and rapid testing.

PRIORITY: IMPROVE THE EXPERIENCE OF OUR PATIENTS

Understanding patient experience is important for assessing quality of care, highlighting where the HSS system is doing well and areas for improvement.

The HSS system conducts regular questionnaires to measure self-reported satisfaction with HSS services, including the Patient Experience Questionnaire and the Community Counselling Program Client Satisfaction Questionnaire. There were no questionnaires scheduled for 2020-2021; however, the Department investigated ways to improve patient-reported experience measurement through changes to the questionnaire design, administration, data analysis, and reporting.

A key indicator of patient experience is wait times. In 2020-2021, HSS worked on improving data collection, data quality and standardization to expand our capacity to reliably report and monitor wait times for select HSS services. The Department, in collaboration with the HSS Authorities, made progress on the capacity to report wait times for rehabilitation services, the Community Counselling Program, and Home Care Services.

As discussed under the first system goal, Health of the Population and Equity of Outcomes, Primary Healthcare Reform is a patient-centred approach and is expected to yield significant improvements in how patients experience primary care services and the integration of services across the service continuum. See *Priority: Enhance primary health care in the communities through the delivery of culturally safe and relationship-based health and social services* for 2020-2021 updates.

PRIORITY: PROVIDE ACCESS TO THE RIGHT COMBINATION OF MENTAL HEALTH AND ADDICTIONS SERVICES, TREATMENTS AND SUPPORTS, WHEN AND WHERE PEOPLE NEED THEM

The HSS priority to ensure that mental wellness and addictions recovery services are available and accessible to NWT residents aligns with the Mandate commitment of the 19th Legislative Assembly to Increase the number and variety of culturally respectful, community-based mental health and addictions programs, including aftercare.

Maintaining positive mental health and recovering from addictions is different for every individual. This is why it is important that the HSS system have a variety of options across the continuum for individuals to choose from. The *Mind and Spirit: Mental Wellness and Addictions Recovery Action Plan* and the *Child and Youth Mental Wellness Action Plan* outline the actions across the continuum of services that the Department is taking to address gaps and enhance services using

person- and family-centred and culturally safe approaches. A majority of the activity in 2020-2021 was focused on commitments made in the Action Plans. Key activities are discussed below, including the continued implementation of the Child and Youth Care Counsellor (CYCC) initiative, the establishment of a Mental Wellness and Addictions Recovery Advisory Group, cultural safety training for Community Counselling Program staff, the establishment of an Interdepartmental Committee on Problematic Substance Use, and initial steps towards the development of a Territorial Alcohol Strategy, including a jurisdictional scan and the establishment of working groups to support the strategy.

A critical component of the larger mental health and addictions recovery service continuum is the Community Counselling Program (CCP), which provides free mental wellness and addictions counselling to all NWT residents, and is also a key referral source for more specialized services, including facility based addictions treatment. Counselling is an important support for residents as it can be accessed at all points in the wellness journey. Other services in the NWT include land-based healing delivered by Indigenous Governments, the NWT Helpline for individualized 24/7 support including referral to local resources, specialized services like psychiatric assessment and treatment, and peer support programs like Alcoholics Anonymous (AA).

The 2020-2021 fiscal year was the final year of the Mind and Spirit: Mental Wellness and Addictions Recovery Action Plan. The HSS system continues advance mental wellness and addictions recovery services, guided by the *Child and Youth Mental Wellness Action Plan* and the GNWT Mandate commitment, and under the four key directions of the *Mind and Spirit Strategic Framework*: a focus on prevention and early intervention, a recovery-oriented system, personal experience and outcomes, and a whole of government approach.

Child and Youth Care Counsellors

The Child and Youth Care Counsellor (CYCC) Initiative is an important expansion to the CCP program that provides communities across the NWT with specialized counselling services intended to meet the unique needs of children and youth. The program is a collaboration with the Department of Education, Culture and Employment with counsellors embedded in communities and schools across the territory. The 2020-2021 fiscal year marked the third year, phase 3, of implementation, during which the number of CYCC positions increased from 22 to 39.

On the Land Healing Fund

The Department administers the *On the Land Healing Fund*, a fund that is available to Indigenous Governments and Indigenous organizations in the NWT to support land-based healing initiatives. The aim of the fund is support community-based and operated on-the-land programs that have clear community-stated goals and outcomes for mental wellness and addictions recovery. In 2020-2021, HSS supported nine programs with a total of $1.8 million in funding.

In February 2021, the Department began a process evaluation for the *On the Land Healing Fund*. The goal of the evaluation was to improve administration of the fund and determine if the existing funding structure and administrative processes are meeting the needs of applicants.

NWT Alcohol Strategy

In 2020-21, the Territorial Committee on Problematic Substance Use, a committee co-chaired by HSS and Justice with partners from other GNWT departments, began work on the NWT Alcohol Strategy. A Senior Advisor on Problematic Substance Use role was created to oversee this work. A jurisdictional review of provincial and regional alcohol strategies was completed and four working groups were established:

- Outreach and Engagement, to oversee engagement activities;
- Addiction Medicine and Treatment, to assess current practices and address gaps in the identification, treatment, and continued support of individuals with problematic alcohol use;
- GNWT Interagency, to assess the feasibility of implementing policy recommendations that emerge from the engagement process; and
- Evaluation and Surveillance, to create an evaluation framework for the alcohol strategy and improve data collection on alcohol use and related harms.

Engagement work for the Alcohol Strategy began in early 2021, with the launch of the Addictions Recovery Survey. Other engagement activities include partnerships with the Liquor Act Review, engagement with RCMP, community leaders and Indigenous Government leaders, and engagement sessions with NWT Association of Communities, the Mental Wellness and Addictions Recovery Advisory Group and the Indigenous Advisory Body.

Addictions Recovery Survey

In February 2021, the Department launched an Addictions Recovery Survey to examine the effectiveness of addictions recovery services in meeting the needs of residents. The survey is targeted at NWT residents who identify as having lived/living experience in addictions recovery and explores people's experiences with a variety of addictions recovery supports and services available across the NWT. As noted above, the survey is a key engagement activity that will inform the NWT Alcohol Strategy. Survey results will also inform other program areas as well as further engagement activities, such as targeted focus groups. The survey closed on March 31, 2021 at which time 439 surveys had been completed.

Toward the end of 2020-2021, the agreement with the YWS was renewed to allow for continuity of service and ongoing data collection while longer term approaches are explored.

Medical Detox

In 2020-2021, the Department did work to identify a medical detox model for the NWT. The need for detoxification in a medical setting is a medical decision. Not everyone struggling with addiction needs detoxification in a hospital setting. For some people, detoxification in a community setting is more helpful, as well as more cost effective. It is anticipated that an NWT medical detox model will have both community and facility based components to respond to the needs in different communities and the needs of the individual.

The work done by the department included research and jurisdictional scans into potential models. Best practice research was completed for

both the community-based components and inpatient models. These results were provided to the NTHSSA and will be used to inform an NWT model for detox.

Peer Support Programs

The 2020-2021, HSS budget included $280,000 dedicated to a new funding program to support community-based or Indigenous organizations to provide their own peer support programs, groups, or activities specific to addictions recovery and harm reduction approaches. Peer support programs offer emotional, social, and informational support to individuals who share common experiences. Funding is intended for training and/or operational expenses, such as space rental and materials, with the goal of reducing any financial or knowledge-based barriers to the delivery of community-based peer support and to assist communities to build capacity for the delivery of community-based aftercare supports. In 2020-2021 efforts were concentrated on developing a Grants and Contribution Schedule for the funding and an application and approval process for communities to access the funding to be launched in 2021-2022.

PRIORITY: REDUCE GAPS AND BARRIERS TO PROMOTE AGING IN PLACE FOR SENIORS

Aging in Place

To meet the needs of the increasing number of seniors in the NWT, and to support seniors to remain in their home communities, the GNWT has committed, under the 19th Legislative Assembly Mandate, to enable seniors to age in place with dignity. Additionally, the Department continued implementation of the *Continuing Care Services Action Plan*, and began planning for the *NWT Seniors Strategy*.

ADAPTING TO COVID-19

Mental Wellness and Addictions Recovery Response

HSS recognized that the COVID-19 pandemic amplified mental health issues for many in the NWT and at the same time introduced barriers to accessing services. In response, HSS implemented and adapted certain services, and promoted the ongoing availability of services through the pandemic to encourage NWT residents to access mental health and/or addictions recovery services when they need them.

During 2020-2021, the Department provided controlled access to alcohol through various centres in the NWT as part of the COVID-19 response for individuals experiencing homelessness. This was an interim response to help people stay isolated when necessary and to reduce the chance of withdrawal. Centres included Yellowknife Women's Society (YWS)/ Spruce Bough, the Inuvik Warming Shelter, the NWT Disabilities Council Sobering/Day Shelter, and Aspen Apartments. Toward the end of 2020-2021, the agreement with the YWS was renewed to allow for continuity of service and ongoing data collection while longer term approaches for a potential Managed Alcohol Program are explored.

In addition, the Department supported the HSS Authorities to adapt the Community Counselling Program by enhancing virtual and telephone service delivery. Face-to-face services resumed by the end of 2020-2021.

Other foundational work that HSS has completed is described below and includes: the *Home and Community Care Review* and the resulting work plan; implementation of the *Paid Family Caregiver Pilot Project*; and the revised Long Term Care (LTC) bed projections and resulting update to the *LTC Infrastructure Acquisition Plan*.

Home and Community Care Review

HSS completed a review of Home and Community Care (HCC) in 2019 to determine what actions the Department needs to take to ensure NWT residents have access to HCC services to support aging in place. In 2020, HSS developed a response and detailed work plan based upon the review's 22 recommendations. The Department began addressing the recommendations in 2021-2022 using federal funding sources for services improvement, with plans to continue addressing remaining recommendations in future years. The recommendations and follow-up actions in the work plan fall mostly into three domains: reviewing and refining the HCC program scope; resource allocation that addresses existing gaps and future needs; and the development or adoption of HCC program standards and standardized training and program monitoring. The review also recommended increasing use of Telehealth services; improving communication between the HCC program and other services, both within HSS and with other GNWT departments; and implementation of a paid family caregiver pilot.

Paid Family Caregiver Pilot

The *Paid Family/Community Caregiver* (PFCG) pilot project was implemented in 2020-2021. The project identified areas for partnerships to increase care options and community supports for seniors and persons with disabilities to support aging in place. The pilot project gives clients and caregivers an option for accessing supports according to their assessed care needs, while reducing pressure on the Home Care system. It also supports family caregivers when the care needs of their loved ones exceed their capacity. The program offers non-specialized services, such as laundry, meal preparation, home maintenance, grocery shopping, and transportation.

The pilot project was implemented in the following communities in collaboration with the noted organizations:

- Yellowknife - Inclusion NWT
- Dettah and N'dilo - Yellowknives Dene First Nation (YKDFN)
- Behchokǫ̀ - Tłı̨chǫ Łeàgı̨ą Ts'ı̨lı̨ Kǫ,(TLTK or Behchokǫ̀ Friendship Centre)
- Tuktoyaktuk - Tuktoyaktuk Community Corporation
- Hay River – Métis Government Council

By February 2021, a total of 34 participants had been approved and 23 had started receiving services. The pilot project is undergoing evaluation in 2021-2022.

Long Term Care

Facility-based Long Term Care (LTC) options are a necessary part of the continuum of services for seniors to support aging in place. In July 2020, HSS worked with the NWT Bureau of Statistics to finalize the revised LTC bed projections using a method that is considered best practice and that leveraged 10 years of NWT LTC data. An updated capital investment strategy for LTC was developed in line with the updated projections. In January 2021, the Department began engaging with broad range of stakeholders in communities that would be most impacted by the changes to the updated capital plan.

PRIORITY: IMPROVE SERVICES AND SUPPORTS FOR CHILDREN AND THEIR FAMILIES

Child and Family Services

Note: Much of the information below is a reiteration of the Director of Child and Family Services Annual Report 2020-2021, which was tabled in the Legislative Assembly in November 2021. For a more detailed account of HSS activities in the area of Child and Family Services (CFS), please see the full report.

The 2020-2021 year was a significant time for change in the area of child and family services in the NWT and in Canada. The 2020-2021 fiscal year marked the second year of implementation of the *NWT CFS Quality Improvement Plan* in response to issues identified through internal audits, the 2018 Auditor General of Canada's report, and recommendations from Indigenous Governments, CFS staff, the Foster Family Coalition of the NWT, and key stakeholders.

The CFS Quality Improvement Plan consists of 70 action items focused on improving different areas of the CFS system. As of March 31, 2021, 39 (55.7%) items were complete, while 30 (42.8%) were on schedule, and one (1) (1.4%) action item was temporarily suspended. HSS is publicly reporting on these actions on our website:

ADAPTING TO COVID-19

COVID-19 Prevention in Long Term Care

In response to the COVID-19 pandemic, the Department worked closely with the HSS Authorities to establish the necessary practices in LTC facilities to prevent the introduction of the virus to the facilities. Prevention practices in LTC facilities were implemented early on in the pandemic, before the NWT saw its first COVID-19 case. Prevention practices included limiting visitors while increasing support for staying connected virtually, limiting participation in recreational activities, monitoring residents for symptoms, and infection prevention and control practices such as use of personal protective equipment, hand washing and physical distancing. HSS continued to admit new residents in LTC during the pandemic; new residents were required to isolate for 14 days to reduce risk of transmitting COVID-19. Staff and residents of LTC facilities were the first to receive COVID-19 vaccinations.

Child and Family Services Quality Improvement Tracker.

On January 1, 2020, the federal government's Act respecting First Nations, Inuit and Métis children, youth and families came into force. The Act has set the foundation for how CFS systems across Canada deliver services and supports to Indigenous children, youth, and families. The Act sets out a series of principles which relate to the best interests of the child, cultural continuity, and substantive equality and establishes new standards for service provision that apply when providing CFS services to Indigenous children, youth, and families. In response, in 2020-2021, HSS representatives offered briefings to all Indigenous Governments in the NWT on the GNWT's implementation of the Federal Act to open ongoing dialogue on the delivery of CFS in communities and regions across the NWT. Briefings continued into 2021-2022. In 2020-2021, nine CFS practice standards were introduced or revised to reflect new practices and further incorporate the principles of the federal Act.

In 2020-2021, there was an increase in the number of extended family members providing care to children and youth in their home community. This indicates that when there was a requirement for an out-of-home placement, the child or youth was placed with someone known and trusted, in a familiar environment. This demonstrates CFS's progress in strengthening the delivery of prevention and preservation services to support family unity, wellbeing and cultural continuity.

Between April 1, 2020 and March 31, 2021, CFS implemented the new principals and standards for service provision under the new federal Act. Further, HSS continued to strengthen relationships with Indigenous Governments, and has shifted priorities within the CFS system to support the expansion of family preservation services. This work supports advancement of reconciliation efforts, demonstrates the importance of engagement with Indigenous Governments in the delivery of child and family services, and targets the overrepresentation of Indigenous children and youth in care. As of December 2020, CFS expanded the scope of prevention services offered to include expectant parent(s) who requested support during the prenatal period. In addition, in June 2020, the family preservation program was implemented with the introduction of one family preservation worker position in each region.

To support improvement initiatives, in June 2020, as part of a three-year funding plan, the CFS system received an investment of $3.7 million dollars. The funding is intended to support new training initiatives, a youth-in-care network, community engagement initiatives and 20 new staff positions, as well as reform initiatives, both within HSS, and to further support collaboration with Indigenous Governments in the implementation of the federal Act.

ADAPTING TO COVID-19

Child and Family Services COVID-19 Response

The territory-wide State of Public Health Emergency declared by the Minister of Health and Social Services on March 18, 2020 had a significant impact on the way CFS services were delivered and demanded rapid response to ensure the safety of children, youth, and families. In response to these events, a detailed plan, Emerging Wisely CFS, was developed and implemented in December 2020. Emerging Wisely CFS outlined the approach to CFS delivery in each of the five distinct phases of recovery set out in the GNWT's Emerging Wisely.

It was the focus of CFS to ensure children and youth who required an out-of-home placement experienced minimal disruption during that time. During the Containment Phase of the GNWT's Emerging Wisely plan, CFS maintained ongoing contact with children, youth, and families through virtual services, with particular attention paid to their safety and wellbeing. In many instances, CFS purchased cell phones and prepaid the service for youth and families to ensure safety and to maintain communication. Additionally, CFS worked with key partners, such as the Foster Family Coalition of the NWT, RCMP, and health professionals to support the safety of children and youth. The approach to such services was adapted to suit the needs and profiles of communities and regions.

Recognizing there was increased financial stress during the COVID-19 pandemic, CFS introduced Brief Service Agreements for families to receive short-term or one-time financial assistance for necessities, such as for diapers, food, and fuel. Families were also supported through various community programs to access supports to go out on the land.

Support services were extended for youth who would ordinarily age out of receiving CFS during the Declared State of Public Health Emergency. HSS also increased its collaborative work with the Foster Family Coalition of the NWT, recognizing the need for increased support for youth transitioning out of care. The focus was to enhance awareness of the specific resources needed to navigate this important life milestone during the pandemic.

Finally, comprehensive virtual training was developed to ensure new staff could fulfill their duties as Community Social Services Workers and that the CFS system could continue to fill vacancies.

Early Childhood Development

The HSS system, in partnership with the Department of Education, Culture and Employment, is tasked with advancing the Mandate commitment of the 19th Legislative Assembly to improve early childhood development indicators for all children.

The early childhood development system is inherently complex - the issues are interconnected and involve many stakeholders. Through stakeholder engagement, families and community members have made clear that the HSS system must consider the whole child within their environment and that addressing child development requires the HSS system to work together across multiple sectors.

The Department and HSS Authorities play a key role in the early childhood development system by designing, enhancing, and delivering programs and services that address elements of health, nutrition, security, safety, and responsive caregiving, including:

- Prenatal and postnatal education and care
- Well Child Program
- Baby-Friendly Initiative
- Northern Women's Health program
- Healthy Family program and Collective Kitchen
- Oral health services, including the NWT Early Childhood Daily Tooth Brushing program, fluoride varnish project and social marketing campaigns
- Early intervention and rehabilitation services, including Occupational Therapy, Physiotherapy, Speech Therapy and Audiology
- Child and Family services, including Family Preservation and the Wrap-Around Model of Care

To support the health and wellbeing of children and their families, the Department aims to implement a child-focused and family centered approach to improving early childhood outcomes, including addressing gaps in maternal care. In 2020-21, the Department completed a system mapping exercise intended for complex issues, to identify gaps, leverage areas, and identify actions for the early childhood development system. This exercise took place between February and April 2021, during which the Department engaged with over one hundred thirty staff from across the early childhood development system to understand the places in the system that can be strengthened to better meet the needs of families and communities. A system map and a portfolio of actions were developed for implementation in 2021 to 2024.

A new early childhood development team comprised of four positions was established in the Community, Culture and Innovation division at the Department to guide the transformation of the early childhood development system.

Integrated Service Delivery Model

Early Childhood Development is a strategic priority that requires a holistic and whole-of-government approach to achieve transformation and provide integrated service delivery that is culturally-safe and trauma-informed.

Integrated-service delivery is a child-focused and family-centered approach to improving early childhood outcomes by strengthening collaboration among departments, service providers, and communities. It is an effective model for meeting the needs of children and their families. The development of an integrated service delivery approach to early childhood programs and services has been included in the Mandate of the 19th Legislative Assembly, and in the NWT Right from the Start Framework (2013-2023).

The Department continues to collaborate with the Department of Education, Culture and Employment and with other GNWT departments to develop an Integrated Service Delivery model by participating in the design of a model as part of GNWT wide working group.

Reproductive, Perinatal, Infant and Child Health

Understanding maternal and newborn Indigenous birthing practices is essential to promote culturally safe care for the birthing person and their families. The Department is committed to supporting community efforts to revitalize and embed Indigenous knowledge and practice in the area of prenatal and postnatal education, infant feeding, and parenting. In 2020-2021, the Department funded the Northern Birthwork Collective – a Project of MakeWay Charitable Society – to develop an Indigenous Doula Training Program and to provide greater supports to expectant families.

Baby-Friendly Initiative

The Baby-Friendly Initiative is a globally recognized program established by the World Health Organization and UNICEF. In the NWT, the Baby-Friendly Initiative is recognized as an important quality improvement initiative that can support the delivery of high-quality, family-centered maternity and newborn care practices and improve maternal-child health outcomes.

This work is accompanied by a renewed approach to infant feeding health promotion that is inclusive of all families (regardless of their infant feeding choice), connected to early childhood development and primary prevention, and where Indigenous knowledge practices are respected and embedded as evidence in program design, policy, and resource development.

Efforts to implement and maintain best practices aligned with the Baby-Friendly Initiative are co-led by the Department and the NTHSSA and within the forum of the Baby-Friendly Initiative Quality Improvement Collaborative Committee. The Committee includes administrators, providers that work directly with families, and community partners with the aim of achieving Baby-Friendly designation in all four birthing facilities in the NWT, building on the success of the Inuvik Regional Hospital's achievement of obtaining the Baby-Friendly designation in 2018, a first in the Arctic.

Healthy Family Program Renewal Project

The Healthy Family Program renewal represents a system-wide shift towards prioritizing early childhood development, culturally based prevention, and family and community driven programming. It is a five-year project that involves

the multifaceted evaluation, review, and re-envisioning of the program and has been informed by extensive engagement with families, parents, staff and community.

The Healthy Family Program renewal seeks to implement a proactive, outreach-oriented and strength-based program focused on parent support, education and community engagement to ensure children thrive. It has transitioned from a risk-based, deficit model to a universal and inclusive program open to pregnant people and parents-to-be, caregivers and families with young children up to school age - free of charge. The program strives to achieve this by offering targeted and universal activities for families, as well as facilitating community collaboration and building capacity of programming staff and caregivers through training and resource development.

The Department is working with Hotìì ts'eeda (the NWT CIHR-funded Strategy for Patient Oriented Research SUPPORT Unit) to create a robust, peer-reviewed, made-in-the north curriculum under the guidance of health experts, elders, caregivers, and a curriculum expert. In 2020-2021, Hotìì ts'eeda completed a curriculum prototype that will be refined through the implementation process by a toolkit development working group and peer review panels.

Implementation was supported by activities at both the Department and the NTHSSA, including hiring regional coordinators and an implementation lead. The 2020-2021 budget was increased to establish three regional coordinator positions.

Quality Efficiency and Sustainability

PRIORITY: IMPROVE QUALITY, OPERATIONAL EFFICIENCY AND REDUCE GROWTH IN COSTS

Managing Costs and the Operating Deficit

The HSS Authorities have significant and growing deficits. All jurisdictions in Canada continue to face financial challenges in delivering services. However, issues are greater in the Territories compared to the rest of Canada due in large part to the high cost of delivering services, lack of economies of scale, and reliance on accessing specialized services in other jurisdictions.

In December 2020, the NWT HSS system Sustainability Plan (The Plan) was finalized. This plan is a multi-year, multi-pronged approach to addressing the financial challenges facing the HSS system. The Plan is intended to assist and guide HSS system management and staff and other stakeholders through the various sustainability activities occurring across the NWT HSS system. The Department and the HSS Authorities are working together with the Department of Finance to carry out this plan.

The NWT HSS system Sustainability Plan has three major work streams:

1. Internal Controls and Cost Containment
2. Operational Review and Quality Improvement
3. Funding and Service Levels

The financial impact of work under the Plan was not expected to be realized in 2020-2021, while planning, staffing, and foundational tools and process improvement initiatives were initiated to support tracking, analysis and reporting on progress. The Department expects to be able to report on financial impact of initiatives moving forward.

PRIORITY: INVEST IN SUSTAINABLE TECHNOLOGY TO KEEP PACE WITH CHANGING PATIENT/PROVIDER NEEDS

Information systems and health technology are used across the HSS system for case management, provision and administration of services, and for informational purposes. These technologies streamline services, opening up opportunities for integrated services, improved administration and client outcomes, and support access to services.

In 2020-2021, planning began to identify the functional and technical requirements of a new core records system (EMR). Moving to a new health information system presents an opportunity to review future information system needs and to take advantage of advancements in technology to better support changes, such as primary health care reform. Planning for replacement of this core health information system is part of a

PRIORITY: IMPROVE CAPACITY FOR EVIDENCE-INFORMED PRACTICE AND POLICY THROUGH DATA AND RESEARCH

ADAPTING TO COVID-19

COVID-19 Pandemic Monitoring and Reporting

Throughout the COVID-19 pandemic, the Office of the Chief Public Health Officer has relied on timely and accurate data about COVID-19 cases, testing, and immunizations to inform public health measures, such as travel and gathering restrictions. The Department also developed a public facing dashboard to ensure that the public is kept aware of COVID-19 cases and potential exposures, as well as our progress and performance in the areas of testing and vaccinations.

The preventative impact of high quality data in the COVID-19 context was apparent. For example, in fall 2020, the COVID-19 wastewater surveillance program was implemented as an early detection system by testing for the presence of the virus in the community. It is a cost-effective means to determine the presence of COVID-19 in NWT communities, and flag trends of COVID-19 infection through changes in the wastewater signal. The program has helped to inform public health actions to reduce spread of the virus. The NWT received national recognition for the implementation of this program as an integral part of the territory's COVID-19 public health response.

COVID-19 Social Indicators

Public health measures, such as physical distancing, isolation practices, school closures and limited access to face-to-face contact are considered important measures to protect the health of NWT residents, but HSS recognized that there were likely to be incidental consequences and that certain groups might be disproportionately impacted.

HSS worked with other GNWT departments by establishing a working group to identify and interpret a variety of social indicators to examine social impacts of COVID-19 and public health measures. The key social indicators identified include child maltreatment, mental health and addictions, alcohol harm, and family violence. The indicators are reported in a Social Indicators-COVID-19 Pandemic report, updated quarterly and published online.

Child and Family Services experienced a decrease in the number of reports of suspected child maltreatment during the first phase of COVID response – later phases had similar reporting patterns as in the previous year. It was also found that for non-urgent visits related to mental health during the pandemic, residents chose to access mental wellness supports through the health care system and anonymous help lines more frequently than through community counselling. Additionally, alcohol-related medical visits were higher in April, May, June, July and September 2020 than in the same months in 2019. Admissions to family violence shelters were lower in 2020 than in previous years; however, there were more requests for Emergency Protection Orders than previous years.

Interpretation of this data should be carefully considered; for example, a decrease in family violence shelter admissions may indicate that women are unsure whether shelters are open, or that pandemic related measures may make it more difficult for women to leave their homes to reach out for help or get to safety.

broader goal to create a more complete patient record and to improve information sharing for providers, partners, and clients.

PRIORITY: STRATEGICALLY INVEST TO EFFICIENTLY MANAGE ASSETS FOR THE DELIVERY OF PROGRAMS AND SERVICES

The Department continues to strategically invest in new infrastructure that will improve the delivery of programs and services and to better position the territory to efficiently manage assets. To support the GNWT Mandate capital investments are focused on seniors, health technology, vulnerable populations, small communities, and leased assets.

The HSS Infrastructure Acquisition Plan was updated as a result of the revised LTC bed projections undertaken in summer 2020. The Department has extensively engaged with stakeholders to review the updated projections. This plan includes a reduction of the overall number of new LTC beds to be developed and in the introduction of a revised LTC capital investment plan that sees smaller facilities developed in more communities.

A table containing the areas where significant projects were undertaken in 2020-2021, and one with future projects, are below.

INFRASTRUCTURE ACQUISITION PLAN APPROVED PROJECTS

COMMUNITY	PROJECT TYPE	STATUS
Tulita	Health and Social Services Centre - Replacement	Construction delayed due to impact of COVID-19
Inuvik	Long Term Care Facility	Stakeholder engagement and facility design
Hay River	Long Term Care Facility	Stakeholder engagement and facility design
Fort Simpson	Long Term Care Facility	Planning
Yellowknife	Wellness and Recover Center	Facility Planning and Programming - Design initiated in 2021/22
Yellowknife	Stanton Legacy Building – LTC, Primary Care Clinic, Rehab	Construction
Yellowknife	Kitchen and Laundry Development - AVENS	HSS Contribution Confirmed– Construction in progress but slowed by COVID-19

FUTURE PROJECTS

COMMUNITY	PROJECT TYPE	STATUS
Fort Simpson	Health and Social Services Center – Replacement	Planning to Start 2022/23
Fort Smith	Long Term Care	Planning to Start 2022/23
Łutselk'e	Health and Social Services Center – Replacement	Site Identification
Jean Marie River	Health and Social Services Center – Replacement	Site Identification

Consistent with the strategic infrastructure investment approach, the former Stanton Territorial Hospital is being renovated to provide a number of health care services as a part of the Stanton campus of care (Stanton Legacy project). Multiple programs will be housed in this building, including outpatient rehabilitation services, a primary care clinic and facility management. Levels two and three will contain an Extended Care Unit (ECU) (18 beds), Long Term Care (72 beds), and kitchen services to serve ECU and LTC units.

Phase II of the Stanton Legacy project was completed fall 2020, when electrical, mechanical and architectural upgrades were finalized. Phase III of the Stanton Legacy project, tenant improvement construction, involves construction of the interior walls, LTC rooms, kitchen, clinical areas, and more. A tender for the tenant improvement construction contract was awarded in January 2021.

Stable and Representative Workforce

The three priority areas in the system goal of Stable and Representative Workforce are:

- Improve labour force planning to better meet the system's needs and reduce vacancies and reliance on locums;
- Remove barriers to hiring local people; and
- Improve workforce engagement and develop strategies and initiatives aimed at improving hiring practices and retention.

A majority of HSS system initiatives aimed at addressing these priorities, and the Mandate commitment of the 19th Legislative Assembly to *increase the number of resident health care professionals by at least 20 percent,* are being led by the NTHSSA.

The Department supports workforce development and sustainability at the service delivery level through the review of workload standards and by funding new roles and training. In 2020-2021, the Department supported the introduction of the following positions and workforce initiatives:

- Twenty positions to the CFS system in June 2020. Thirteen of these positions were front-line and seven were at the Department and NTHSSA leadership levels. With these new positions there is one family preservation position in every region of the NWT. For more information about CFS see the priority, *Improve Services and Supports for Children and their Families*.
- Three regional coordinator positions for the Healthy Family Program. For more information about the Healthy Family Program, see Healthy Family Program Renewal Project, under the priority, *Improve Services and Supports for Children and their Families*.
- Seventeen CYCC positions, as part of the phased roll-out of the CYCC program. For more information about the CYCC program, see Child and Youth Care Counsellors, under the priority, *Provide Access to the Right Combination of Mental Health and Addictions Services, Treatments and Supports, When and Where People Need Them*.
- Funding Aurora College to increase the number of seats for face-to-face Personal Support Worker program in Yellowknife from 18 to 27 and offer blended distance delivery to 6 participants in communities (Fort Smith, Hay River, Hay River K'atl'odeeche First Nation, Norman Wells, Fort Simpson and Fort Resolution).
- Planning for the delivery of a new 2-Year face-to-face Licensed Practical Nurse program by Aurora College in Yellowknife.

Cultural Safety and Anti-Racism Training and Program Support

There is significant activity at the Department across program areas to increase cultural safety efforts at the HSS staff and service

provider level as well as at the system administration level. Some of these initiatives are discussed in other sections of the report and others are system-wide initiatives. Activities include the development of mandatory cultural safety and anti-racism training for all HSS system staff, the establishment of new corporate service roles to support cultural safety, the development of standards for the provision of services (e.g. new and updated Child and Family Service standards that align with the federal Act respecting First Nations, Inuit and Métis children, youth and families), and the development of new positions in the Community, Culture and Innovation division at the Department to support system level change, including a Senior Advisor, Indigenous Knowledge and Wellness, and two Cultural Safety Content Specialists.

Cultural safety and anti-racism training and program support stem from the *Caring for Our People: Cultural Safety Action Plan 2018-2020*, which sets out objectives directed at policy and service delivery levels:

- Creating an organizational culture of cultural safety;
- Strengthening staff capacity for cultural safety;
- Honouring traditional knowledge and healing approaches in care; and
- Improving client and community experience.

Between December 2018 and July 2020, cultural safety training modules were piloted for HSS system staff. The pilots covered topics on Indigenous medicine teachings; Indigenous experiences of residential schools and inter-generational impacts; settler colonialism and privilege; and understanding racism at interpersonal and systemic levels. The pilot and associated evaluation was completed in July 2020 and will inform the Cultural Safety and Anti-Racism Training Framework.

The Cultural Safety Action Plan represented the Department's initial steps to guide and strategically embed cultural safety across the HSS system. The department has implemented a dedicated unit to continue to focus on the four key areas of the action plan through annual work plans based on academic research, and ongoing engagement with clients, community members, policymakers, and front-line staff, including the Leadership Council and Indigenous Advisory Body.

ADAPTING TO COVID-19

Staffing the COVID-19 Response

The COVID-19 pandemic response required a significant number of staff to support various functions at the Department, the HSS Authorities, and the Secretariat. The Department worked with the HSS Authorities, the Secretariat and GNWT Human Resources to develop new positions and secure staff to fill these roles via new hires and redeployment of staff from areas within HSS and other GNWT departments. There was a wide range of new positions needed, including leadership, management, coordinator, and officer roles for a range of functions that supported the planning and implementation of Public Health orders and guidelines.

Legislative Projects in Support of a Modern Health and Social Services System

The Department moved forward on a number of legislative initiatives in 2020-2021, including bringing new pieces of legislation and regulations into force.

LEGISLATION

CHILD AND FAMILY SERVICES ACT

Assessment of the *Child and Family Services Act* was undertaken in 2020-2021 to ensure it aligns with the federal government's *Act respecting First Nations, Inuit and Métis children, youth and families*. This work is ongoing and is dependent on how the federal government and Indigenous governing bodies implement the *Act*.

NURSING PROFESSION ACT

A working group with membership from the Department and the Registered Nurses Association of the Northwest Territories and Nunavut proposed amendments to the *Nursing Profession Act*, to create one regulatory framework for all nursing professionals in the NWT. Proposed amendments were summarized in a Discussion Paper released on August 17, 2020. A total of eighteen respondents provided comments and feedback on the proposed amendments. A summary report will be released in 2021-2022.

PHARMACY ACT

The Department put forward proposed amendments to the *Pharmacy Act* to allow for electronic prescribing to continue after the public health emergency in order to reduce otherwise unnecessary visits to a pharmacy; and to support broader distribution of naloxone outside of the HSS system to residents who may be at risk of opioid overdose.

REGULATIONS

CHILD AND FAMILY SERVICES ACT REGULATIONS

Child and Family Services Act Regulations

Amendments to the Child and Family Services Regulations came into force in February 2021 to allow for more timely and efficient updates to the list of "applicable Aboriginal organizations" and better support notice to Indigenous Governments and organizations.

HEALTH AND SOCIAL SERVICES PROFESSIONS ACT REGULATIONS

Work on profession specific regulations under the *Health and Social Services Professions Act* continued throughout 2020-2021 for:

- Psychologists; and
- Naturopathic Doctors.

Other professions currently unregulated in the NWT may also be regulated, upon application, under the *Act* in the future.

PUBLIC HEALTH ACT REGULATIONS

Public Pool Regulations

Work on the Public Pool Regulations under the *Public Health Act* continues. The amendments to the Public Pool Regulations will reflect changes in water treatment technology, lifeguard certification, and the inclusion of standards to better address changes in pool operations.

Meat Safety Regulations

The Department has continued work on Meat Safety Regulations under the *Public Health Act* to regulate meat production and sales including farm gate sales, farmers markets, food establishment sales, and sales through retail outlets. The goal is to ensure that public health is protected in the production and sale of local foods.

TOBACCO AND VAPOUR PRODUCTS CONTROL ACT

Tobacco and Vapour Products Control Regulations

Public engagement on the development of regulations to limit availability of flavoured vapour products under the *Tobacco and Vapour Products Control Act* was undertaken from September 23, 2020 to December 18, 2020. Over fifty written submissions were received, as well as more than 450 survey responses. Feedback from NWT schools and students during the 2019-2020 school year was also collected. The results of the engagement will be used to inform the development of regulations to limit the sale of flavoured vapour products in the NWT.

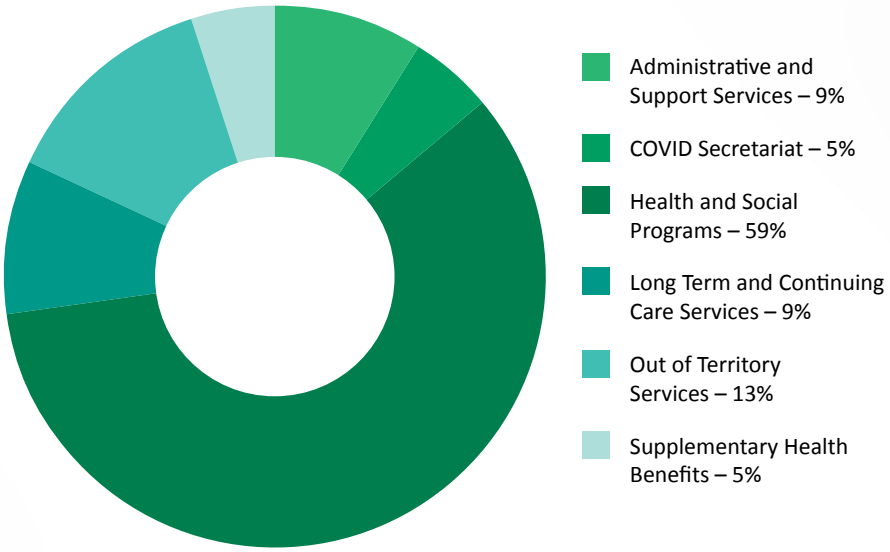
Financial Highlights

In 2020-2021, the Department spent $595.3 million; $352.0 million went directly to the HSS Authorities as core funding to administer and deliver programs and services. The Department's total expenditures increased $49.3 million over the prior year.

The increase was due mainly to investments in CFS and CYCCs. Other investments included increased funding for operations at Stanton Territorial Hospital, resources for territorial, regional and community wellness initiative activities administered under the Northern Wellness Agreement, resources to implement the renewal and expansion of the Healthy Family Program, and resources to expand training programs for Personal Support Workers and Licensed Practical Nurses.

In addition, the Department invested $25.9 million in capital infrastructure projects and received $28.6 million from third parties for shared priorities.

2020-2021 DEPARTMENT OF HEALTH AND SOCIAL SERVICES PROPORTION OF ACTUAL EXPENDITURES BY ACTIVITY



2020-2021 HEALTH AND SOCIAL SERVICES ACTUAL EXPENDITURES BY ACTIVITY (IN THOUSANDS)

	2020-21	2019-20
ACTIVITY	ACTUALS	ACTUALS
Administrative and Support Services	55,114	52,345
COVID Secretariat	26,296	-
Health and Social Programs	352,400	326,050
Long Term and Continuing Care Services	54,703	74,561
Out of Territory Services	75,006	58,894
Supplementary Health Benefits	31,736	34,063
	$ 595,255	$ 545,913

2020-2021 HEALTH AND SOCIAL SERVICES ACTUAL EXPENDITURES BY AUTHORITY (IN THOUSANDS)

AUTHORITY	REVENUE	EXPENSES	OPERATING SURPLUS (DEFICIT)	ACCUMULATED SURPLUS (DEFICIT)
Northwest Territories Health and Social Services Authority	427,131	460,061	(32,930)	(159,921)
Hay River Health and Social Services Authority	36,072	37,833	(1,761)	9,454
Tłı̨chǫ Community Services Agency	20,829	21,428	(599)	(5,539)
TOTAL	$ 484,032	$ 519,322	$ (35,290)	$ (156,006)

PROPORTION OF TOTAL AUTHORITY BUDGET THAT COMES FROM THE DEPARTMENT

AUTHORITY	REVENUE FROM THE DEPARTMENT (IN THOUSANDS)
Northwest Territories Health and Social Services Authority	339,044
Hay River Health and Social Services Authority	33,347
Tłı̨chǫ Community Services Agency	20,073
TOTAL	$ 393,464
PROPORTION	81%

Authority expenditures were $519.3 million and total revenue was $484.0 million, resulting in combined operating deficit of $35.3 million. At March 31, 2021, the accumulated deficit for the HSS Authorities totalled $156.0 million. In 2020-2021, the Authorities received approximately 81% of their revenue from the Department. A majority of that went toward compensation and benefits for staff.

The primary system financial pressures in 2020-21 were compensation and benefits, the COVID-19 pandemic, out-of-territory (OOT) residential care for adults, and OOT hospital services. Total COVID-19 expenses across the HSS system were $38.5 million, offset by $34.99 million in Federal Funding. OOT residential care for adults refers to supportive living arrangements for adults in a residential and/or group home setting for extended periods of time in specialized facilities outside the NWT. Total expenses for the Adult program were $29.97 million. OOT hospital services refer to insured hospital services provided to NWT residents outside the NWT, generally because services are not available in the NWT. Total expenses for OOT hospital services were $36.3 million.

Performance Measures

The performance measures reported on in is this section are informed by the NWT Health and Social Services Performance Measurement Framework and are aligned with HSS system vision of Best Health, Best Care, for a Better Future, and Quadruple Aim Strategic Planning Framework (see graphic below).

STATISTICAL SUMMARY

The following summary of performance indicators provides a snapshot of the current status of NWT HSS system performance and overall population health and wellness, including long-term trends and short-term changes. The full report on Public Performance Indicators follows this summary.

The long-term trend is based on seven or more years of data, whereas the short-term change is the difference between the most recent year of data available and the previous year. Where possible, a trend or change is determined to have occurred through statistical significance testing. This testing allows one to rule out changes that may have occurred by chance.

Coloured arrows are used to mark the direction of the change or trend and to indicate whether the direction was positive (green) or negative (red). In some cases, it is not possible to determine whether a change is positive or negative (i.e., the nature of the change is uncertain).

ARROW COLOUR (TREND)	
Positive	Negative

PAGE NUMBER	HEALTH OF THE POPULATION AND EQUITY OF OUTCOMES	MOST RECENT TIME PERIOD	PREVIOUS TIME PERIOD	SHORT TERM CHANGE	LONG TERM TREND
p.55	Population Rating their Overall Health as Very Good or Excellent	54.0%	54.3%	No	n/a
p.55	Population Rating their Mental Health as Very Good or Excellent	62.2%	66.4%	No	n/a
p.55	Population Rating their Daily Life Stress as Extreme or Quite a Bit	18.4%	17.9%	No	n/a
p.55	Population with a Somewhat or Very Strong Sense of Community Belonging	80.4%	79.4%	No	n/a
p.56	Population that are Current Smokers	35.0%	34.0%	No	n/a
p.56	Population that are Heavy Drinkers	29.0%	31.8%	No	n/a
p.56	Population that are Obese	39.8%	39.8%	No	n/a
p.56	Population that are Moderately Active or Active	58.8%	61.3%	No	n/a
p.57	Potentially Avoidable Mortality due to Preventable Causes (Deaths per 10,000)	18.4	17.4	No	↓
p.58	Mental Health Hospitalization Rate (Discharges per 1,000)	18.4	15.1	↑	↑
p.59	Hospitalizations Caused by Substance Use (Discharges per 1,000)	25.5	20.2	↑	↑
p.60	Opioid Related Hospitalizations (Discharges per 10,000)	9.7	4.9	↑	↑
p.61	Self-Harm Hospitalizations (Discharges per 10,000)	22.0	27.1	No	↑
p.62	Sexually Transmitted Infections (Cases per 1,000)	23.8	30.2	↓	↑
p.63	Early Development Instrument - Proportion of Children Vulnerable in One or More Domains	37.9%	42.1%	↓	n/a

PAGE NUMBER	BETTER ACCESS TO BETTER SERVICES	MOST RECENT TIME PERIOD	PREVIOUS TIME PERIOD	SHORT TERM CHANGE	LONG TERM TREND
p.64	Potentially Avoidable Mortality due to Treatable Causes (Deaths per 10,000)	8.3	9.6	No	↓
p.65	Screening for Colorectal Cancer (% of Target Population)	20.5%	19.5%	No	↓
p.65	Screening for Breast Cancer (% of Target Population)	38.3%	45.2%	↓	↓
p.65	Screening for Cervical Cancer (% of Target Population)	44.6%	42.6%	↑	↓
p.66	Childhood Immunization (% Fully Immunized by Second Birthday)	62.7%	63.4%	No	n/a
p.67	Seniors receiving the Flu Shot	58%	52%	↑	↑
p.68	Population Hospitalized for a Lower Limb Amputations (Per 1,000 Persons with Diabetes)	2.5	2.8	No	Stable
p.69	Long Term Care Placement Wait Times (Days)	51	91	No	Stable
p.70	Patient/Client Satisfaction – Excellent or Good	81%	90%	↓	n/a
p.71	Hospital Deaths within 30 Days of Major Surgery	0.5%	1.2%	No	Stable
p.72	Inpatients Injured by Falling in NWT Hospitals (per 10,000 Discharges)	7.9	5.9	No	Stable
p.73	Hospital Harm – Proportion of Stays with Harm Incident	2.3%	2.2%	No	Stable
p.74	In-Hospital Sepsis (Cases per 1,000 Hospital Stays of 2 Days or More)	4.4	6.2	No	Stable
p.75	Repeat Mental Health Hospitalizations (% with 3 or More in a Year)	19.7%	15.5%	No	↑
p.76	Community Counselling Utilization (Monthly Average # of Clients)	1,075	959	↑	n/a
p.77	Proportion Residential Addiction Treatment Sessions Completed	65.2%	70.8%	No	Stable
p.78	Family Violence Shelter Utilization – Women & Children (Monthly Average)	20.5	40.8	↓	Stable
p.78	Family Violence Shelter Re-Admission Rates	69.1%	69.4%	No	↑
p.79	Proportion of Children/Youth Receiving Services through Child and Family Services in their Home Community	92.3%	93.0%	No	n/a
p.80	Rate of Children/Youth Receiving Services under a Permanent Custody Order (# per 1,000)	8.3	10.8	No	↓

PAGE NUMBER	QUALITY, EFFICIENCY AND SUSTAINABILITY	MOST RECENT TIME PERIOD	PREVIOUS TIME PERIOD	SHORT TERM CHANGE	LONG TERM TREND
p.81	Hospitalization Rate for Ambulatory Care Sensitive Conditions (per 1,000)	6.2	6.7	No	↓
p.82	Median Length of an Alternative Level of Care Stay (Days)	25	41	No	Stable
p.83	Proportion of Mental Health Hospitalizations due to Alcohol or Drugs	62.1%	52.8%	↑	↓
p.84	Emergency Department Visits that are Non-Urgent	7.2%	8.3%	↓	Stable
p.85	Administrative Staffing - NWT Health and Social Services System	26.7%	26.6%	No	Stable
p.86	Corporate Expense Ratio (Hospitals)	5.5%	6.8%	↓	↓
p.87	No Show Rates - Family/Nurse Practitioners	7.3%	10.1%	↓	↓
p.87	No Show Rates - Specialists	12.5%	14.2%	↓	↑

PAGE NUMBER	STABLE AND REPRESENTATIVE WORKFORCE	MOST RECENT TIME PERIOD	PREVIOUS TIME PERIOD	SHORT TERM CHANGE	LONG TERM TREND
p.88	Vacancy Rates - Family Practitioners	40.8%	38.3%	No	Stable
p.88	Vacancy Rates - Special Practitioners	33.8%	17.4%	No	Stable
p.89	Vacancy Rates - Nurses	13.3%	8.4%	↑	n/a
p.89	Vacancy Rates - Social Workers	13.0%	6.4%	↑	n/a
p.90	Workplace Safety Claims (# per 100 employees - NWT Health and Social Services System)	12.4	12.0	No	↓

STATISTICAL SUMMARY NOTES

The "most recent time period" refers to the indicator results for the latest year, or point in time, of data available. "Previous time period" refers to the year, or point in time, one year before the most recent time period (e.g., if the most recent period is 2020-21 then the previous time period is usually 2019-20). Short term change is the difference between the two. The long-term trend is the direction the numbers are heading over a time period of several years (seven or more). For some measures, there are not enough years of comparable data to determine the direction of the trend.

A green arrow means the short or long-term change is positive. A red arrow is a negative change. "Stable" means that the long-term trend is neither up nor down (i.e., flat). "n/a" means that there is not sufficient information available (e.g., not enough years of data to establish a trend or there are substantial inconsistencies in what is being measured over time).

The directions of the short-term change and the long-term trend have been determined by statistical significance testing where possible. When results are based on a small population and/or a few events (e.g., cases of hospital deaths following surgery), as is often the case in the NWT,

numerical differences between two numbers may have occurred by chance. When a numerical difference is said to be statistically significant (e.g., arrows in the summary above) it means that any apparent difference between two numbers, or the direction of the trend, was unlikely to have occurred by chance. In contrast, it is important to note that with large numbers (e.g., no shows), even a very small percentage change between two numbers (e.g., a three percent change from one year to the next year) can be statistically significant.

DATA SOURCES AND LIMITATIONS

The data for this report primarily came from the NWT HSS system, as well as the Canadian Institute for Health Information, Statistics Canada, the NWT Department of Education, Culture and Employment, the NWT Department of Human Resources, the Workers Safety and Compensation Commission and the NWT Bureau of Statistics. Depending on the source of data, there can be delays of up to a year or more for when the data are available for use.

Unless otherwise stated, all rates are population based (e.g., number of discharges per 10,000 population or 1,000 cases per population etc.).

The numbers and rates in this report are subject to future revisions and are not necessarily comparable to numbers in other tabulations and reports. The numbers and rates in this report rely on information systems and population estimates that are continually updated and often revised. Any changes that do occur are usually small.

The quality of data available varies across the HSS system and is dependent on the mechanism available to collect data. Some information systems are paper based, and others are electronic. Some have long histories and others are relatively new. Some collect a lot of detail and others do not.

Health of the Population and Equity of Outcomes

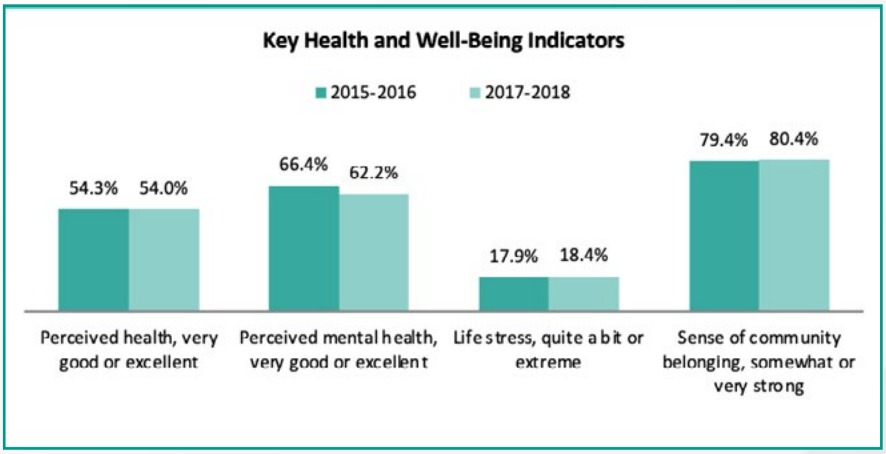
HEALTH STATUS AND WELL-BEING

What is being measured?

Four measures of health status and well-being where the proportion of the population surveyed (age 12 & over) rated/ reported: their overall health as very good or excellent; their mental health as very good or excellent; perceived that most days in their life were quite a bit or extremely stressful and having a strong or somewhat strong sense of community belonging.

Why is this of interest?

Self-reported health relates to how healthy a person feels and is an important predictor of future health care use and mortality rates. Perceived mental health gives a general sense of the population afflicted from some sort of mental or emotional disorder or issue. Stress can negatively affect one's physical and mental well-being as well as influence negative behaviours such as substance abuse and poor dietary choices. There is a strong link between sense of community belonging and physical and mental health.



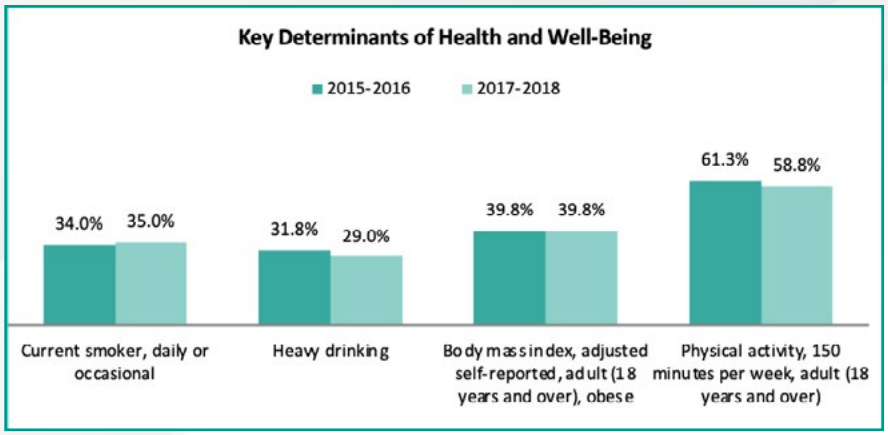
How are we doing?

Between 2015-2016 and 2017-2018 survey results, there have not been any significant changes on all four measures in the NWT. Compared to Canada 2017-2018 results were mixed with NWT residents being less likely to rate their overall health as very good or excellent (54% versus 60.8%) or rate their mental health as being very good or excellent (62.2% versus 69.4%). NWT residents, compared to the national average, were no more likely to report that most days in their life were quite a bit or extremely stressful (18.4% versus 21.4%) and NWT residents were more likely to report having a somewhat or a very strong sense of community of belonging (80.4% versus 68.9%).[2]

Source

Statistics Canada, Canadian Community Health Survey (National File).

[2] In 2015, Statistics Canada changed the content and the design of the Canadian Community Health Survey. Because of these changes, historical trending (comparisons to pre-2015 results) has not been included in this report.



DETERMINANTS OF HEALTH AND WELL-BEING

What is being measured?

Four measures of behaviours that have a strong influence on health and well-being: the proportion of the population who are current daily or occasional smokers (age 12 and over); the proportion who are heavy drinkers (age 12 and over); the proportion that are obese (age 18 and over); and the proportion who are physically active (age 18 and over).

Why is this of interest?

Smoking is a largely preventable factor in several chronic diseases, including lung and other cancers, chronic lung problems, Type II diabetes, and cardiovascular diseases (heart attacks and strokes). Not only can smoking increase the risk of acquiring Type II diabetes, it also can increase the risk of severe complications of diabetes (such as lower limb amputations). Heavy drinking is a factor in family violence and injuries. Heavy alcohol consumption, over many years, can contribute to or cause a number of health conditions, including cardiovascular diseases (heart attacks and strokes), liver failure and some cancers. Regular heavy drinking can also lead to dependency and is often a co-factor in other mental health issues. Obesity is a largely preventable factor in a number of chronic diseases, including Type II diabetes, cardiovascular diseases (heart attacks and strokes), and some cancers. Regular physical activity can be a role in preventing chronic disease, maintaining a healthy weight and help with one's overall sense of well-being.

How are we doing?

Between 2015-2016 and 2017-2018 survey results, there have not been any significant changes on all four measures in the NWT. The NWT population continues to have higher rates of smoking (35% versus 16%), heavy drinking (29% versus 19.3%), and obesity (39.8% versus 26.9%) than the national averages. When it comes to physical activity, there is not a statistically significant difference between the NWT and Canada (58.8% versus 56%).[3]

Source

Statistics Canada, Canadian Community Health Survey (National File).

[3] In 2015, Statistics Canada changed the content and the design of the Canadian Community Health Survey. Because of these changes, historical trending (comparisons to pre-2015 results) has not been included in this report.

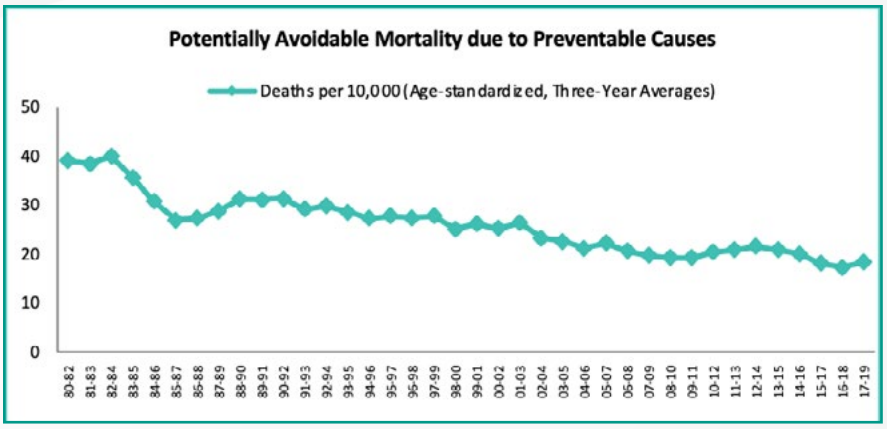
AVOIDABLE DEATH DUE TO PREVENTABLE CONDITIONS

What is being measured?

The age-standardized rate of deaths due to preventable conditions (deaths per 10,000 population, under the age of 75 years).

Why is this of interest?

This indicator focuses on premature deaths due to conditions that are considered preventable. These deaths could potentially be avoided through improvements in lifestyle (e.g., smoking cessation and healthy weights) or health promotion efforts (e.g., injury prevention).



How are we doing?

The rate of avoidable mortality due to preventable conditions has decreased over the last thirty years – from an average of 33 deaths per 10,000 in the 1980s to 20 deaths per 10,000 in the last ten years.

The rate of avoidable death is higher in the NWT than in Canada – at 17.4 versus 12.5 per 10,000 (2016-2018).

Source

NWT Department of Health and Social Services, Statistics Canada, and NWT Bureau of Statistics.

[4] Only hospitalizations of NWT residents where the primary reason for the hospitalization was a mental health issue are included in the measure.

MENTAL HEALTH HOSPITALIZATIONS

What is being measured?

The annual age-standardized rate of mental health hospitalizations, overall and by diagnostic category, for NWT residents.[4]

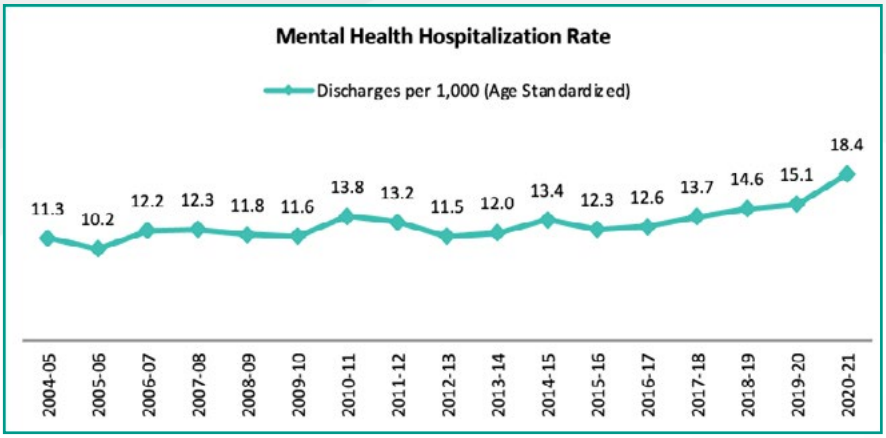
Why is this of interest?

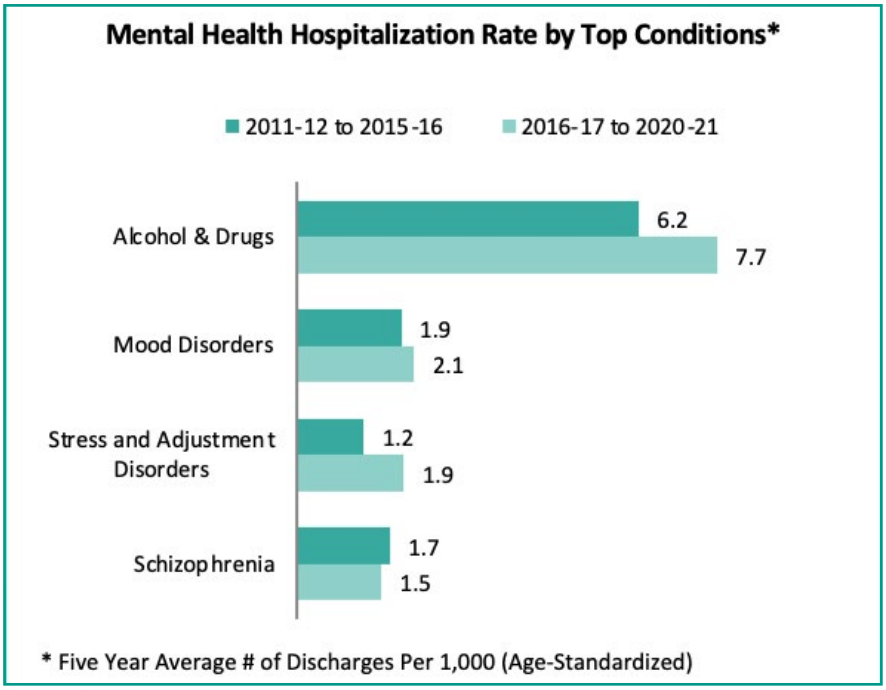
Mental health hospitalizations, while unavoidable at times, are often preventable through the treatment of issues in other venues (e.g., counselling and outpatient psychiatric services, and addiction treatment programs).

How are we doing?

Over the last 17 years, the rate of mental health hospitalizations has been trending upwards. There has been a steady increase in the five years prior to the pandemic and a large jump in 2020-21 – driven primarily by an increase in hospitalizations due to alcohol and drug use.

In the last five years, alcohol and drug issues (dependency/use) represented just over half of all mental health hospitalizations. Together with the three next largest categories (mood disorders, schizophrenia/ psychotic disorders, and stress and adjustment disorders), they accounted for almost 9 out of 10 mental health hospitalizations.





The NWT's overall mental health hospitalization rate is over twice the Western Canadian average (2016-17 to 2020-21).[5] Compared to Western Canada, the NWT has much higher hospitalization rates of alcohol and drugs (four times) and stress and adjustment disorder (three times).

Sources

NWT Department of Health and Social Services, Canadian Institute for Health Information, NWT Bureau of Statistics and Statistics Canada.

[5] Western Canadian rate includes British Columbia, Alberta, Saskatchewan, Manitoba, the Yukon, the Northwest Territories and Nunavut.

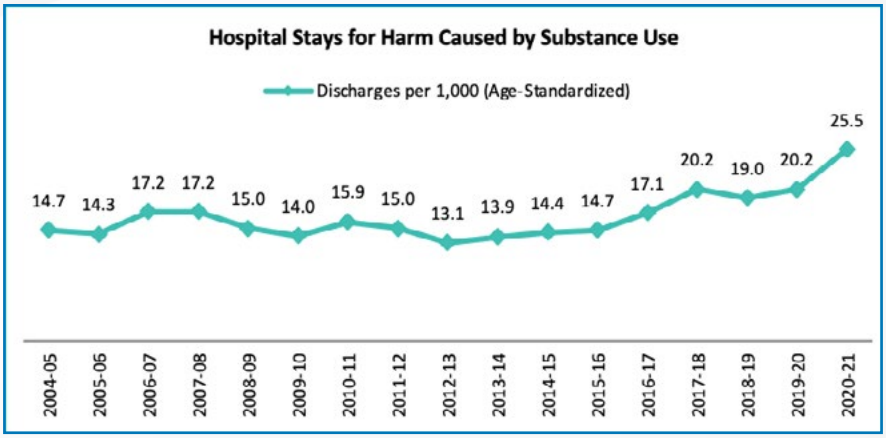
HOSPITAL STAYS FOR HARM CAUSED BY SUBSTANCE USE

What is being measured?

The age-standardized rate of hospitalizations for harm caused by substance use (discharges per 1,000, age 10 years and over). Conditions included can range from alcohol and drug abuse and dependency to alcoholic cirrhosis of the liver and alcoholic gastritis. Substances include alcohol, opioids, cannabis, other central nervous system depressants (e.g., benzodiazepines), cocaine, other central nervous system stimulants (e.g., methamphetamine), and other substances (e.g., hallucinogens).

Why is it of interest?

The harmful use of alcohol and drugs is a cause or a contributing factor in several health conditions and is a leading factor in preventable death. The harmful use of alcohol and drugs puts an unnecessary strain on the health, social services, and justice systems.



How are we doing?

The rate of hospitalizations for harm caused by substance use has increased between 2004-05 and 2020-21 from 14.7 to 25.5 discharges per 1,000. In 2019-20, the NWT rate was almost four times the national average (20.2 versus 5.1 per 1,000). More than eight out of ten of these hospitalizations involved alcohol in the NWT compared to around half nationally.

The large jump in the NWT rate between 2019-20 and 2020-21 was possibly in part due to the impacts of the pandemic as other jurisdictions also experienced increases during this time.[6]

Sources

NWT Department of Health and Social Services, Canadian Institute for Health Information, NWT Bureau of Statistics and Statistics Canada.

[6] Canadian Institute for Health Information, Unintended consequences of COVID-19.

OPIOID HOSPITALIZATIONS

What is being measured?

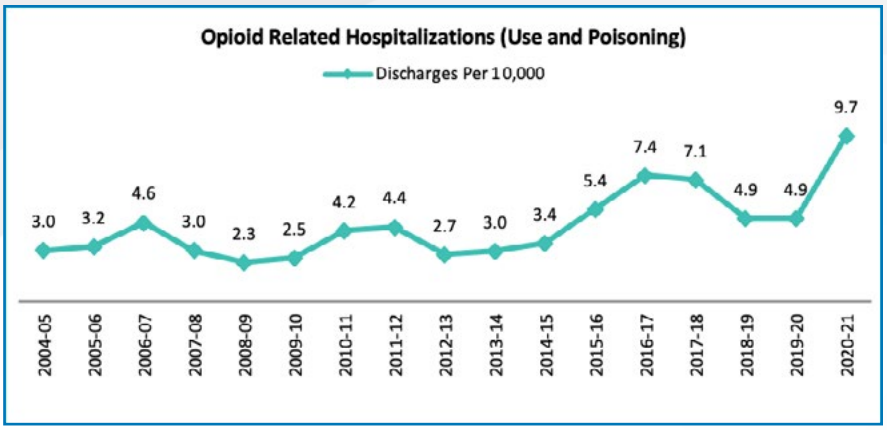
The rate of hospitalizations for opioid use and poisoning (discharges per 10,000).[7]

Why is this of interest?

Across the country, opioid addiction is a public health crisis. Fentanyl overdoses have resulted in a record level of deaths due to opioids.

How are we doing?

The rate of opioid abuse and poisoning hospitalizations has increased since the mid-2000s, with the largest increase occurring between 2019-20 and 2020-21. The annual number of opioid hospitalizations is relatively small, averaging under 20 over the last 17 years, but can vary considerably from one year to the next. The large increase in 2020-21 was possibly in part driven by the impacts of the pandemic as other jurisdictions experienced large increases as well.[8]



While the rate of hospitalizations increased dramatically in the last year, the 2020-21 NWT age-standardized rate was not significantly different than the average for Western Canada (9.5 versus 8.1 per 10,000).[9]

Sources

NWT Department of Health and Social Services, Canadian Institute for Health Information and NWT Bureau of Statistics.

[7] Rate includes hospitalizations for opioid use, opioid poisoning, and newborn withdrawal symptoms from maternal use of drugs of addiction.
[8] Canadian Institute for Health Information, Unintended consequences of COVID-19.
[9] NWT rate was age-standardized to compare to Western Canada (British Columbia, Alberta, Saskatchewan, Manitoba, the Yukon, the Northwest Territories and Nunavut).

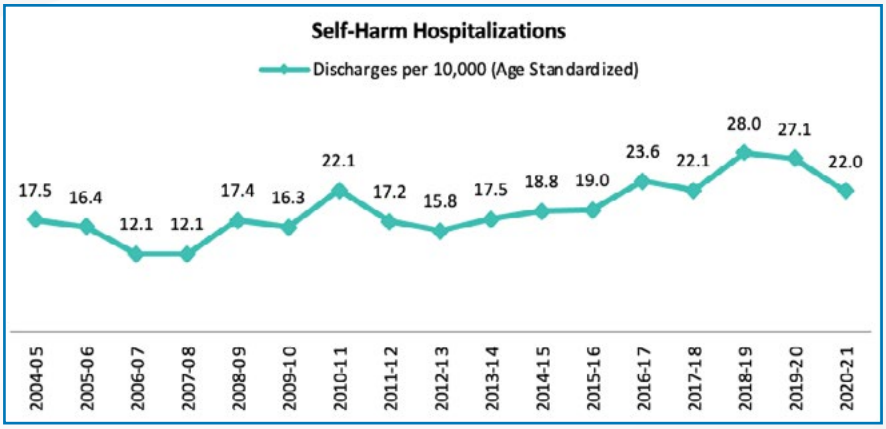
SELF-HARM HOSPITALIZATIONS

What is being measured?

The age-standardized rate of hospitalizations for self-harm (self-injury) per year (discharges per 10,000 population age 10 years and over).[10]

Why is it of interest?

Self-injury can be the result of self-harming behaviours and/or suicidal behaviours. "Self-injury can be prevented, in many cases, by early recognition, intervention and treatment of mental illnesses. While some risk factors for self-injury are beyond the control of the health system, high rates of self-injury hospitalization…" may be attributed to a lack of appropriate programs and supports aimed at preventing self-injury hospitalizations. [11]



How are we doing?

The rate of the self-harm hospitalizations has increased from an average of 15 per 10,000 per year in the latter half of the 2000s to an average almost 25 per 10,000 in the last five years. The NWT rate is four times higher than the national rate at 27.1 versus 6.5 per 10,000 (2019-20).

Sources

NWT Department of Health and Social Services, Canadian Institute for Health Information, NWT Bureau of Statistics and Statistics Canada.

[10] Any diagnosis (primary or secondary) for a self-injury is included.
[11] Canadian Institute for Health Information, http://indicatorlibrary.cihi.ca/pages/viewpage.action?pageId=1114197.

SEXUALLY TRANSMITTED INFECTIONS

What is being measured?

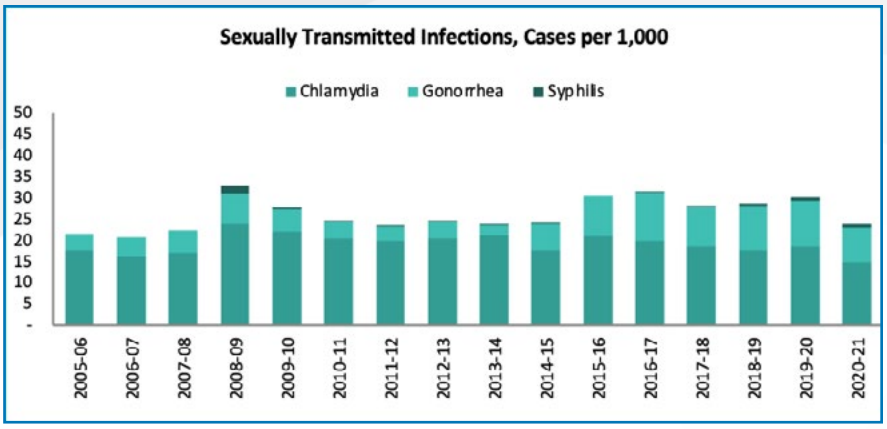
The incidence of Sexually Transmitted Infections (STIs): the number of STIs per 1,000 population per year. STIs include chlamydia, gonorrhea, and syphilis.

Why is this of interest?

STIs are spread through practicing unsafe sex, and can cause infertility, ectopic pregnancies, premature births, and damage to unborn children. The rate of STIs can provide a proxy of the degree to which unsafe sex is being practiced.

How are we doing?

Over the last 16 years, the rate of STIs peaked both in 2008-09 (33 cases per 1,000), primarily due to an increase in the rate of chlamydia, and in 2016-17 (31 cases per 1,000), primarily due to an increase in the rate of gonorrhea. While the rate dropped in the last year, the NWT STI rate remains high at just under 24 cases per 1,000 (2020-21) compared to the national average of 5 cases per 1,000 (2019). The NWT is currently experiencing an outbreak of syphilis – the worst seen since the last outbreak in 2008-09.



Sources

NWT Department of Health and Social Services, Public Health Agency of Canada, and NWT Bureau of Statistics.

CHILD DEVELOPMENT

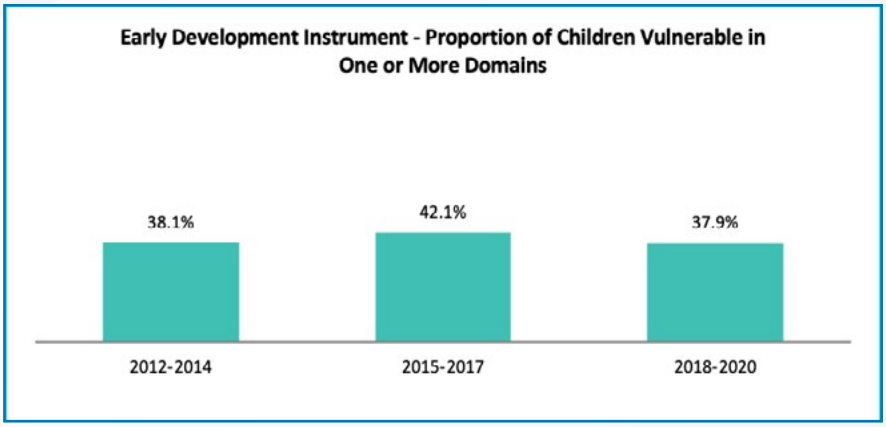
What is being measured?

The proportion of kindergarten students who are vulnerable in one or more areas (domains) of their development as measured by the Early Development Instrument (EDI).

The EDI is a kindergarten teacher-completed checklist that measures five areas of a child's development: physical health and well-being, social competence, emotional maturity, language and cognitive development, and communication skills and general knowledge.

Why is this of interest?

This indicator is an important measure for several reasons. It is a determinant of how well a child will do in school, as well as their health and well-being in later life. It may also be used as a high-level measure of the collective success of interventions into improving the early development of children.



How are we doing?

The proportion of NWT kindergarten students who are vulnerable in one or more developmental areas was 37.9% in 2018-2020 school years - higher than the national average of 27.6% (most recent years available by jurisdiction).

Sources

NWT Department of Education, Culture and Employment, Offord Centre for Child Studies, McMaster University, and Canadian Institute for Health Information.

Better Access to Better Services

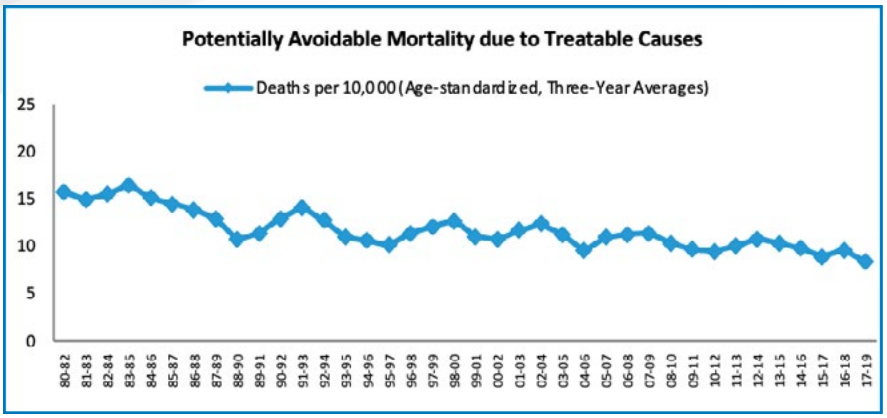
AVOIDABLE MORTALITY DUE TO TREATABLE CAUSES

What is being measured?

The age-standardized three-year average rate of potentially avoidable deaths due to treatable conditions (deaths per 10,000 population, under the age of 75 years).

Why is it of interest?

"Mortality from treatable causes focuses on premature deaths that could potentially be avoided through secondary and tertiary prevention efforts, such as screening for and effective treatment of an existing disease."[12]



How are we doing?

The rate of avoidable death due to treatable causes has significantly decreased over the last three decades – dropping from an average of around 14 deaths per 10,000 in the 1980s, to an average of around 10 deaths per 10,000 in the last ten years.

The NWT rate of avoidable deaths due to treatable conditions is higher than the national average – 9.6 versus 6.5 per 10,000 (2016-2018).

Sources

NWT Department of Health and Social Services, Statistics Canada, and NWT Bureau of Statistics.

[12] Canadian Institute for Health Information, http://indicatorlibrary.cihi.ca/pages/viewpage.action?pageId=1114185

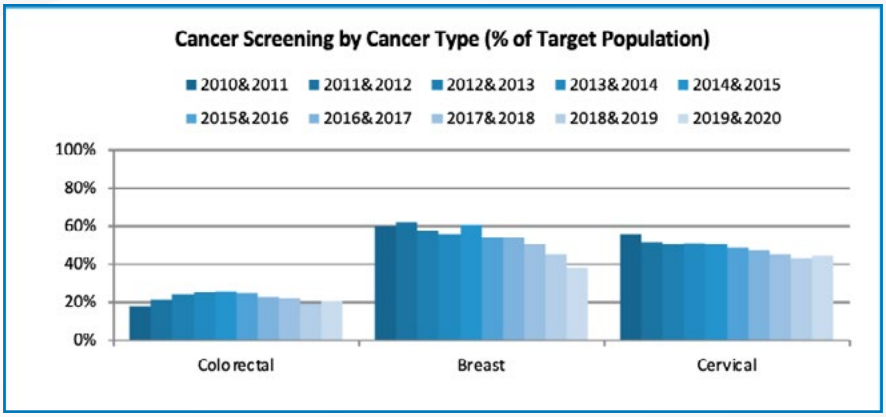
CANCER SCREENING

What is being measured?

The proportion of the target population who have been screened for colorectal cancer (age 50 to 74), breast cancer (females, age 50 to 74) and cervical cancer (females age 21 to 69) within a two-year period. The population targeted for screening is based on the age group found to be effective in testing specific to each cancer type.

Why is it of interest?

In general, screening allows for early detection of cancer. Early detection of cancer (i.e., finding it in the early stages) provides the best chance for the patient at avoiding death and significant illness by way of early interventions. For example, colorectal cancer cure rates are almost 90% when detected early; when detected in later stages, the cure rate drops to 12%.[13] Colorectal cancer is the second leading cause of cancer death in the NWT. Breast cancer is the most common diagnosed cancer in NWT females. While cervical cancer is not a leading cause of cancer in the NWT, a large proportion of cervical cancers are caused by certain types of the human papillomavirus (HPV) – a disease that can be screened for and treated.



How are we doing?

Over the last decade, the proportion of the population who received a fecal immunochemical test (designed to detect blood in one's stool) has varied from a low of 18% to a high of 26%. Over the same years, the rate of women receiving a mammogram has dropped from an average of 59% in the first half of the decade to an average of 48% in the second half of the decade. The proportion of women receiving the Papanicolaou test (Pap test) has dropped from an average of 52% in the first half of the decade to an average of 46% in the second half of the decade.

The NWT does not meet the national minimum screening targets for colorectal cancer screening (60%), breast cancer (70%) and cervical cancer (80%).

Source

NWT Department of Health and Social Services.

[13] Ontario Ministry of Health and Long Term Care, Colon Cancer Check (2013). http://www.health.gov.on.ca/en/pro/programs/coloncancercheck/pharmacists_faq.aspx#1

CHILDHOOD IMMUNIZATION

What is being measured?

The proportion of the population born in a given year (e.g., 2012) having received full immunization coverage by their second birthday.

Why is this of interest?

Immunization has been shown to be one of the most cost-effective public health interventions available. Maintaining high vaccine coverage is necessary for preventing the spread of vaccine preventable diseases and outbreaks within a community. The recent outbreaks of measles in Canada, as well as the United States highlight the importance of achieving and maintaining high vaccination rates.

How are we doing?

For children born in 2012, the latest immunization coverage study in 2015 revealed an immunization coverage rate of 62.7% by the child's second birthday for six vaccines in total. In comparison, the last study of children born in 2011, found that the coverage rate was 63.4%.

As seen in the table, NWT coverage rates are much higher per vaccine. For four out of five vaccines, the NWT does not meet national goals. The one exception is the vaccination for varicella (chickenpox).

Vaccine by Diseases Protected Against and Coverage Rate (By 2nd Birthday)	NWT 2015*	National Goal	Meet National Goal
DaPT IPV-HIB Diphtheria, pertussis, tetanus, polio and haemophilus influenza type b	74%	95%	No**
Hep B Hepatitis B	81%	n/a	n/a
Meningococcal C conjugagte Meningitis, meningococcemia, septicemia	83%	97%	No
MMR Measles, mumps and rubella	85%	97%	No**
Pneumococcal conjugate Streptococcus pneumoniae	73%	90%	No
Varicella Varicella (Chickenpox)	88%	85%	Yes

* Children born in 2012. n/a Not applicable
** National goal only includes pertussis and rubella respectively.

Source

NWT Department of Health and Social Services.

INFLUENZA IMMUNIZATION FOR SENIORS

What is being measured?

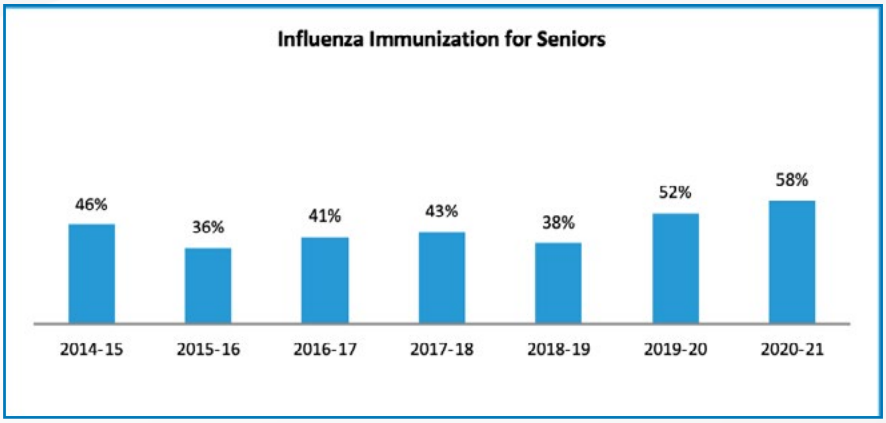
The proportion of the population age 65 and over who received the annual flu shot.

Why is it of interest?

As immune defences become weaker with age, the senior population is of greater risk for serious complications from the flu. The flu shot can be effective in preventing the flu.

How are we doing?

Between 2014-15 and 2020-21 the proportion of NWT seniors having had their annual flu shot increased from 46% to 58% and averaged 45% over the seven years. While direct national comparisons are not available, survey results found that on average 61% of Canadian seniors received the flu shot annually between 2015 and 2020.



Sources

NWT Department of Health and Social Services, and Statistics Canada, Canadian Community Health Survey (National File) – excluding the three Territories.

LOWER LIMB AMPUTATIONS

What is being measured?

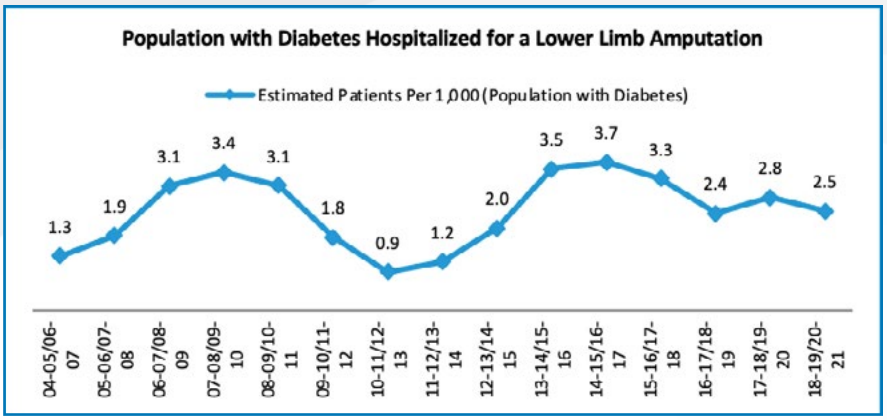
The three-year average rate of the population with diabetes hospitalized one or more times a year for a lower limb amputation (patients age 40 and over per 1,000).

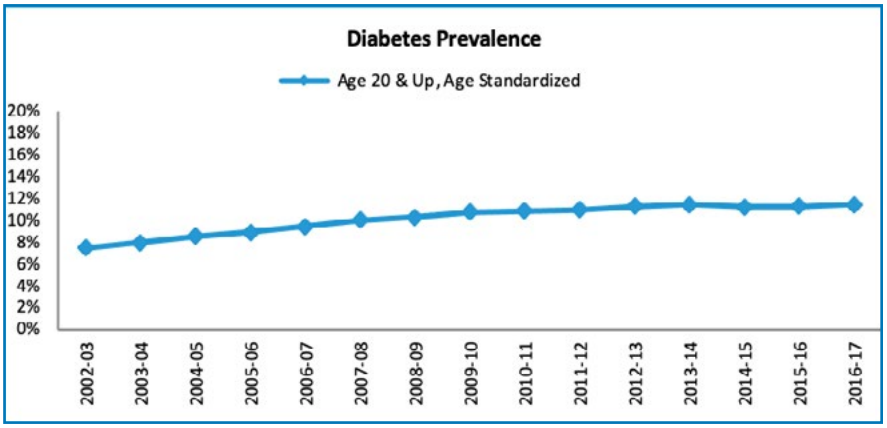
Why is it of interest?

Lower limb amputations (non-injury related) are often preventable in diabetes patients. People with diabetes are more prone to foot ulcers and infections. Ulcers and infections, if not successfully treated, can lead to an amputation.

How are we doing?

Since 2004-05 to 2006-07 the three-year average rate of the population with diabetes hospitalized for a lower limb amputation has ranged from 0.9 to 3.7 patients per 1,000. It is important to point out that the actual number of patients is small, ranging from 1 to 12 in any given single year. A direct comparison to a national average is not available but when examined by the rate of hospitalizations for lower limb amputations, there was not a significant difference between the NWT and Canada at 2.7 versus 2.2 per 1,000 (2018-19-2020-21).[14]





Other Information

The prevalence of diabetes, in general, continues to increase each year from just below 8% of the population (age 20+) in the early 2000s to over 11% in recent years.

Sources

NWT Department of Health and Social Services, Canadian Institute for Health Information, Public Health Agency of Canada, Statistics Canada, and NWT Bureau of Statistics.

[14] Canadian rate is an estimate and excludes Quebec. NWT rates are estimates post 2016-17.

LONG TERM CARE PLACEMENT WAIT TIMES

What is being measured?

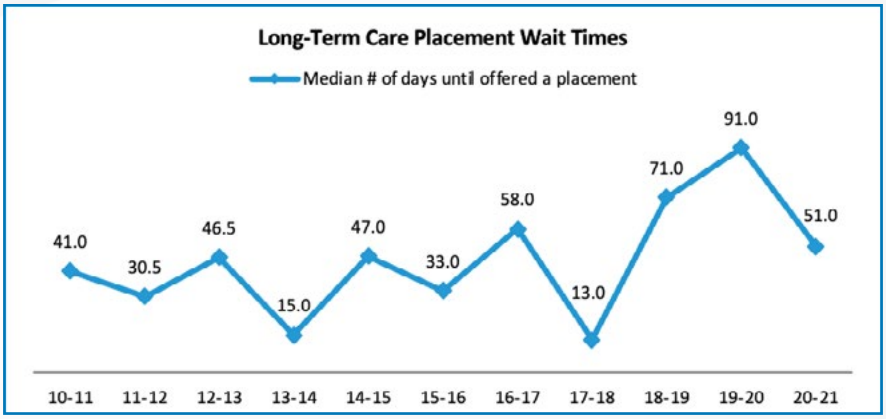
The median number of days a patient waits to receive an offer of a placement in a long-term care facility.[15] The median is the number of days in which 50% of the clients have been offered a placement.

Why is this of interest?

While providing timely access to long term care services is a priority for the NWT HSS system, it is also a goal to use system resources as efficiently as possible. People awaiting long term care are sometimes placed in expensive acute care beds.

How are we doing?

Long term care facilities have been running near full occupancy in recent years and demand for long term care services has been increasing. Between 2013-14 and 2020-21, the number of new clients - those still waiting from the prior year plus those applying in the current year – increased by 19% from 74 to 88.



Long Term Care Wait Times

	10-11	11-12	12-13	13-14	14-15	15-16	16-17	17-18	18-19	19-20	20-21	11 Years
Average (Days)	67	55	112	56	100	82	120	76	171	154	119	100
Median (Days)	41	31	47	15	47	33	58	13	71	91	51	40
Proportion of Clients by Number of Days before Placement Offer												
<8	13%	25%	18%	27%	8%	15%	18%	49%	13%	8%	32%	20%
8 to 14	14%	22%	3%	20%	15%	18%	11%	7%	4%	8%	9%	12%
15 to 21	8%	0%	12%	11%	8%	5%	5%	5%	11%	11%	0%	7%
22 to 28	6%	3%	6%	9%	5%	8%	0%	2%	7%	0%	0%	4%
29 to 92	25%	25%	24%	16%	28%	23%	29%	15%	18%	24%	26%	23%
93 to 182	30%	19%	15%	9%	10%	18%	15%	10%	9%	14%	3%	14%
183 & Up	3%	6%	24%	9%	26%	15%	22%	12%	38%	35%	29%	19%

Over the last 11 years, the median wait time to be offered a placement in a long-term care facility was 40 days and has ranged from 13 days to 91 days. Over the same years, 43% of clients have been offered a placement within four weeks, and two-thirds of clients have been offered a placement within three months.

Source

NWT Department of Health and Social Services.

[15] The wait time is the time between the date when it is determined that an individual requires placement in a LTC facility to the date they are offered a placement. When a client refuses a placement, they end up starting over in the wait list queue.

PATIENT/CLIENT EXPERIENCE

What is being measured?

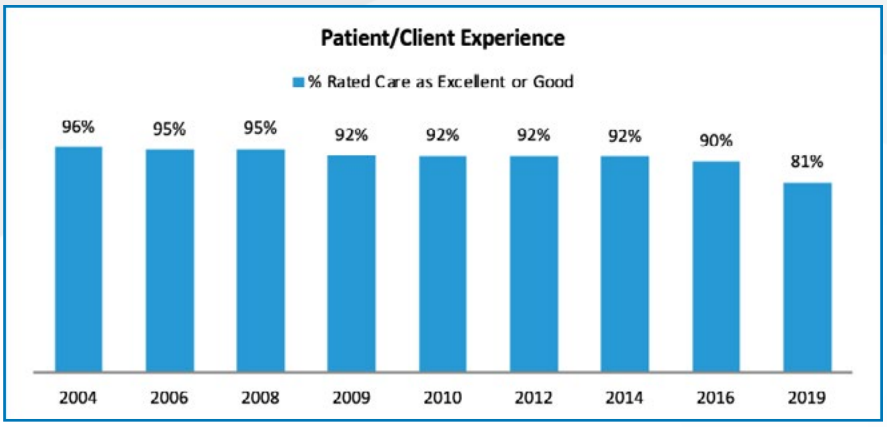
The percentage of NWT residents who rated the health care services they received as being excellent or good.

Why is this of interest?

Assessing the quality of the care that patients have received can provide a means for the NWT HSS system to improve the delivery of services.

How are we doing?

Patient experience questionnaires have been delivered across the NWT HSS system over the last few years. Results have shown that 81% to 96% of those filling out the questionnaires rated the quality of care they received as excellent or good. In 2019, 81% of patients rated the quality of the care they received as excellent or good.



Long term trends are difficult to measure currently, as the last nine questionnaires have varied in terms of which service areas were surveyed.

Source

NWT Department of Health and Social Services.

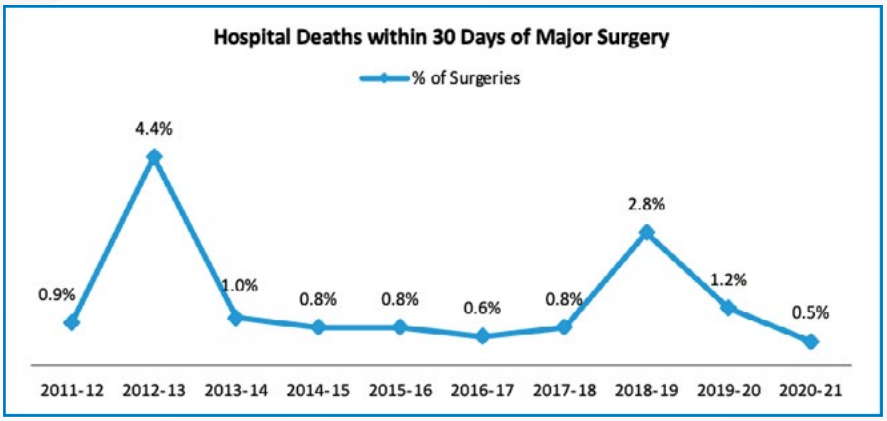
HOSPITAL DEATHS FOLLOWING MAJOR SURGERY

What is being measured?

The proportion of patients dying within 30 days of a major surgery at NWT hospitals.

Why is it of interest?

"Although not all deaths are preventable, reporting on and comparing mortality rates for major surgical procedures may increase awareness of surgical safety and act as a signal for hospitals to investigate their processes of care before, during or immediately after the surgical procedure for quality improvement opportunities."[16]



How are we doing?

Over the last five years, 1.2% of major surgeries in NWT hospitals resulted in a patient death (within 30 days) compared to the national average of 1.6%. In terms of the actual numbers per year, there have been between one and five deaths in NWT hospitals following major surgery in the last five years.

Source

Canadian Institute for Health Information.

[16] Canadian Institute for Health Information, http://indicatorlibrary.cihi.ca/pages/viewpage.action?pageId=5111812.

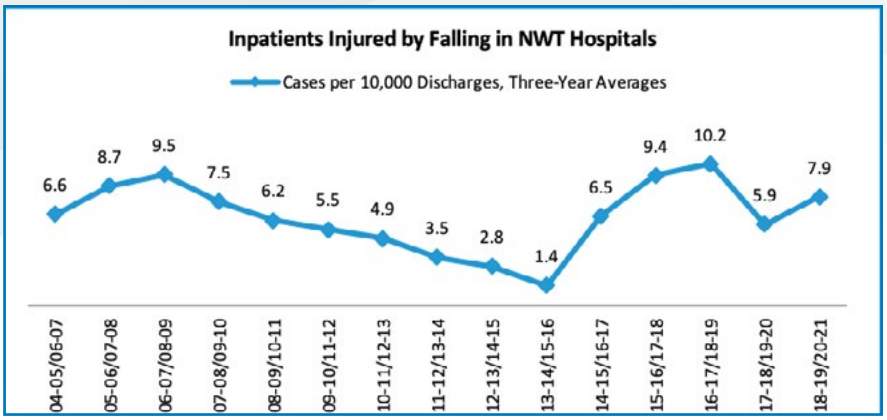
INPATIENT FALLS

What is being measured?

The number of inpatients per 10,000 discharges (hospital stays) who experienced an injury due to a fall while they were in an NWT hospital.

Why is this of interest?

Hospitals are expected to treat and care for patients with serious conditions. The effectiveness of the treatment and care received by patients should not be lessened by an injury sustained during a hospital stay. Falls are preventable, and as such, preventing them from happening is an important part of patient-centered quality care.



How are we doing?

After declining from the mid-2000s, the average annual number has risen in recent years. In terms of counting actual patients, the numbers vary widely from zero to nine cases per year.

Notes

The rate of inpatients experiencing falls only includes those patients where the fall resulted in an injury serious enough to be documented on their chart.

Sources

NWT Department of Health and Social Services and Canadian Institute for Health Information.

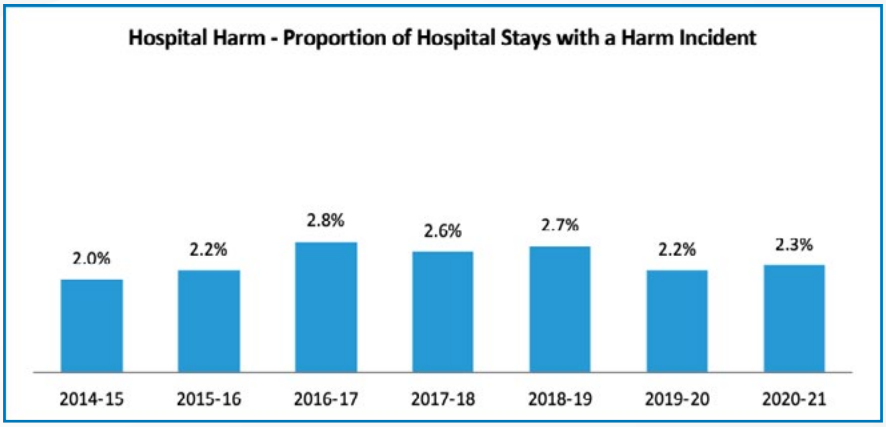
HOSPITAL HARM

What is being measured?

The proportion of stays at NWT hospitals where at least one incident of untended harm occurred to the patient. Incidents of harm include pressure ulcers, falls, sepsis and injury during surgical procedures.

Why is this of interest?

Hospitals are expected to treat and care for patients with serious conditions in a safe and effective manner. The effectiveness of the treatment and care received by patients should not be lessened by an injury or infection sustained during a hospital stay. "Tracking and reporting harmful events is a vital first step to investigating, monitoring and understanding patient safety improvement efforts."[17]



How are we doing?

In the last seven years, 2.4% of stays at NWT hospitals involved one or more incidents of harm to the patient. Direct comparisons between NWT and Canada as whole do not exist given southern facilities are different (e.g., treat more complex cases) relative to NWT facilities.

Source

Canadian Institute for Health Information.

[17] Canadian Institute for Health Information http://indicatorlibrary.cihi.ca/pages/viewpage.action?pageId=10453027

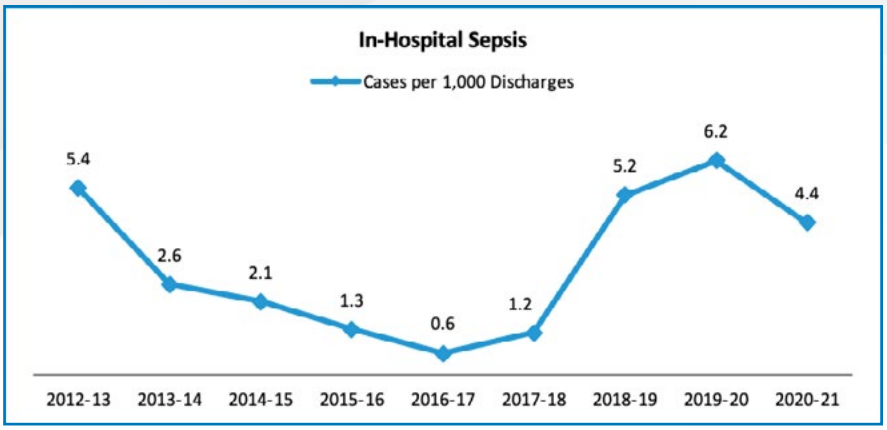
IN-HOSPITAL SEPSIS RATE

What is being measured?

The rate of sepsis occurring during a patient's stay in a hospital (cases per 1,000 hospital stays of two days or longer) in the NWT. Sepsis is a systemic inflammatory response that occurs as a complication of an infection.

Why is it of interest?

"Sepsis is a leading cause of mortality and is linked to increased hospital resource utilization and prolonged stays in intensive care units. Appropriate preventive and therapeutic measures during a hospital stay can reduce the rate of infections and/or progression of infection to sepsis. The indicator addresses the extent to which acute care hospitals are effective in preventing the development of sepsis."[18]



How are we doing?

In the last five years, NWT hospitals have averaged 3.5 cases of sepsis per 1,000 discharges (hospital stays) per year – not significantly different than the national average of 4.0 per 1,000. It is important to point out that the actual number of cases is small - varying from 1 to 11 cases annually over the same years.

Source

Canadian Institute for Health Information.

[18] Canadian Institute for Health Information, http://indicatorlibrary.cihi.ca/pages/viewpage.action?pageId=5111838

REPEAT HOSPITAL STAYS FOR MENTAL ILLNESS

What is being measured?

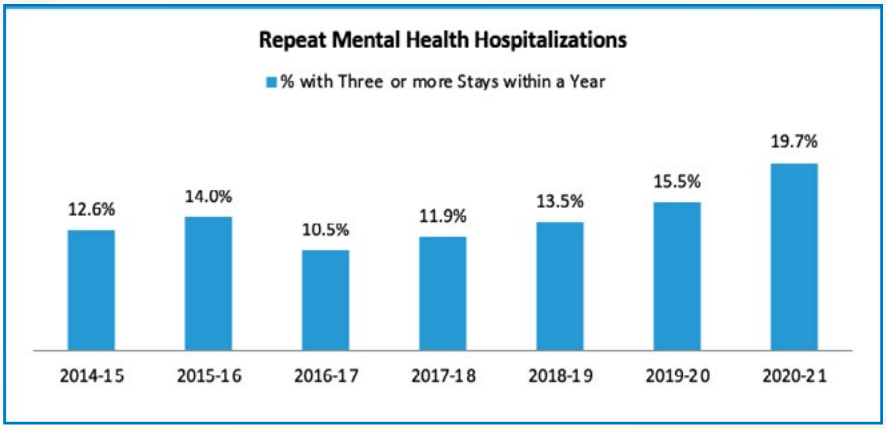
The proportion of patients who had three or more hospital stays for a mental illness among all those patients who had at least one hospital stay for a mental illness within a given year.

Why is it of interest?

This measure can point to a problem of frequent users and may indicate a problem with the appropriateness of care in both the hospital and in the community at large.

How are we doing?

For 2020-21, the proportion of NWT patients with repeat mental health hospitalizations was 19.7% compared to the national average of 13.3%. Except for 2020-21, the NWT's repeat mental health hospitalization rate has not been significantly different from the national average. Most of the recent increase involved hospitalizations for alcohol and/or drug use.



Source

Canadian Institute for Health Information and NWT Department of Health and Social Services.

COMMUNITY COUNSELLING UTILIZATION

What is being measured?

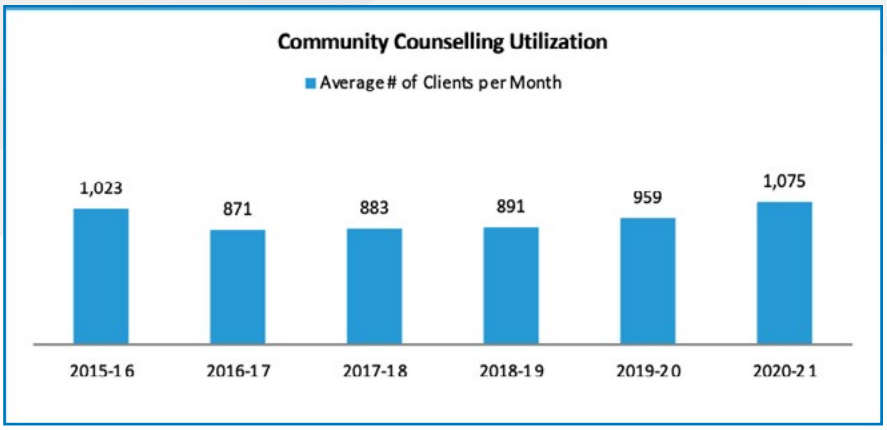
The average number of community counselling clients seen per month.

Why is this of interest?

The basic descriptive measure allows for tracking changes in the utilization of the Community Counselling Program (CCP) that provides us with an indication of the appropriateness of services being delivered.

How are we doing?

Over the course of six years, there have been an average 950 clients seen per month by the CCP. Mid 2020-21, 15 Child and Youth Community Counsellors were added, increasing the monthly average number of clients being seen between 2019-20 and 2020-21.



Other information

In 2020-21, the top five documented primary reasons (issues the client presented with) for counselling were addictions (21%), undiagnosed mental illness (9%), trauma (8%), stress management (8%) and family conflict (7%). The remaining reasons for presenting included such issues as diagnosed mental illness, relationship issues, anger management, and bereavement.

Every effort is made to get a client into see a CCP counsellor in as short of time as possible.

Residents in an immediate crisis, or at immediate risk, do not have to wait. For other clients, wait times vary from community to community. Some communities do not have a wait list while others the wait can be up to two or more months – depending on the type of counselling in question.

Source

NWT Department of Health and Social Services.

RESIDENTIAL ADDICTIONS TREATMENT

What is being measured?

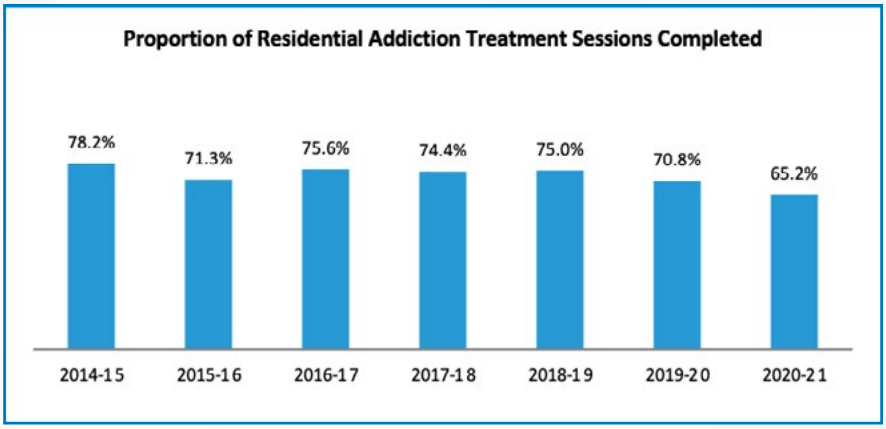
The proportion of residential addiction treatment sessions started that were completed in full.

Why is this of interest?

This is measure is an indication of how well the system is meeting client needs by ensuring those clients wanting treatment have access to appropriate programs.

How are we doing?

Over the last seven years, 73% of residential treatment sessions started were completed.



Other information

NWT residents have access to a variety residential treatment programs, including gender specific treatment, culturally based treatment (First Nations, Metis, and Inuit), and treatment for trauma as well as concurrent (co-occurring) disorders.

There is no waitlist for accessing treatment. Most clients are admitted within two to three weeks of being approved by the facility.

Source

NWT Department of Health and Social Services.

FAMILY VIOLENCE AND SAFETY

What is being measured?

The average monthly number of admissions to family violence shelters in the NWT, and the proportion of women and children having stayed at the shelter before.

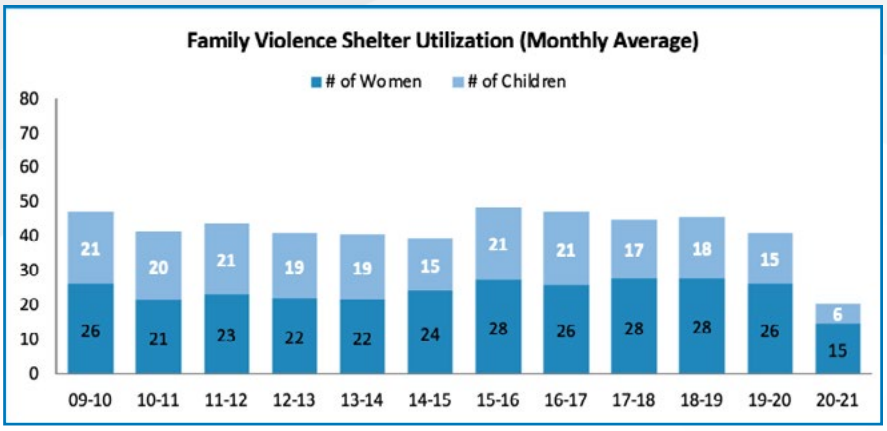
Why is this of interest?

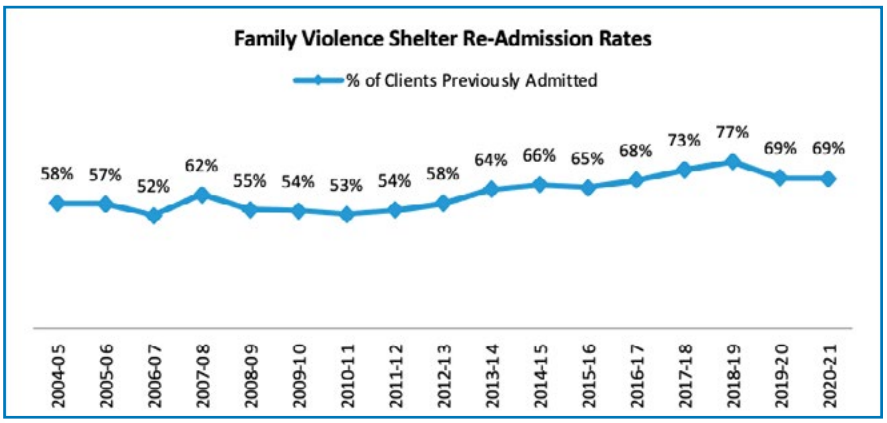
The average monthly shelter admission count allows for the ability to track changes in client uptake over time. Shelter re-admission rates track the re-victimization of women.

How are we doing?

Over most of the last 12 years, shelter usage has remained relatively consistent – averaging around 42 admissions (24 women and 18 children) per month.

During the pandemic, monthly admissions fell considerably in 2020-21 from historical averages.





Over the last 17 years, the proportion of re-admissions to shelters has been increasing - from 58% (2004-05) to 69% (2020-21).

Source

NWT Department of Health and Social Services.

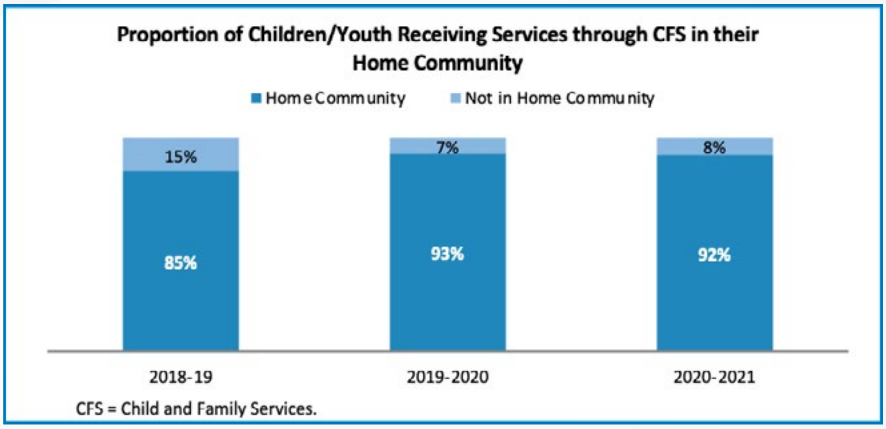
RECEIVING SERVICES IN HOME COMMUNITY

What is being measured?

The proportion of children/youth receiving services through Child and Family Services (CFS) in their own home community.

Why is this of interest?

Home, family, community, and cultural connection are all integral parts of a person's identity and efforts must be made to protect and promote their presence in a child/youth's life. When services are requested or required, CFS makes every effort to provide these in the child/youth's parental or family home. Community ties are directly related to the presence of and accessibility to extended family, friends, and cultural activities which form a child/youth's social world. These relationships are best maintained within the child/youth's home community and are significant to their wellbeing, particularly when services are being provided through CFS.



How are we doing?

In 2020-21, 92% of placements were in the home community of the child/youth. Comparative data prior to 2018-19 are not available because a new information system was implemented on October 10, 2017 which collects and reports on the delivery of Child and Family Services differently. Therefore, direct comparisons to years prior to 2018-19 are not possible.

Note

A child/youth may move multiple times and thus have more than one location within a fiscal year. More detail on the delivery of Child and Family Services in the NWT can be found in the Annual Reports of the Director of Child and Family Services.

Source

NWT Department of Health and Social Services.

PERMANENT CUSTODY

What is being measured?

The rate of children/youth who are in the permanent care and custody of the Director of Child and Family Services.

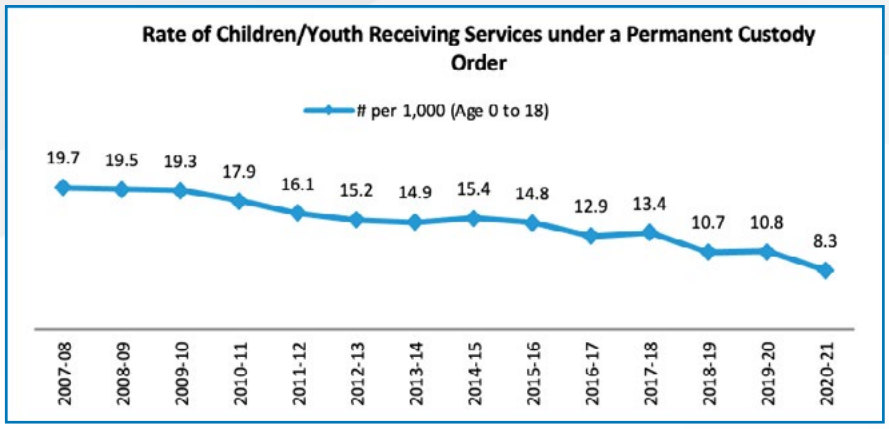
Why is this of interest?

When children/youth stay in the care of their family and extended support network, it allows them to remain rooted in their community and culture.

How are we doing?

The rate of children/youth in permanent custody has been decreasing since 2007-08.

This decrease is important because it speaks to the resiliency of families and communities and a shared dedication to maintaining nurturing and supportive environments in which a child can grow. The reduction in the number of children/youth in care represents the broader systemic change which CFS is currently undertaking through system reform initiatives and reflects changes in practice that promote family unity, and the engagement of community and family in the care and support of their children/youth. These initiatives also directly align with the Federal Act respecting First Nations, Inuit and Métis children, youth and families and the Truth and Reconciliation Commission's Calls for Action.



Note

More detail on the delivery of Child and Family Services in the NWT can be found in the Annual Reports of the Director of Child and Family Services.

Source

NWT Department of Health and Social Services and NWT Bureau of Statistics.

Quality, Efficiency and Sustainability

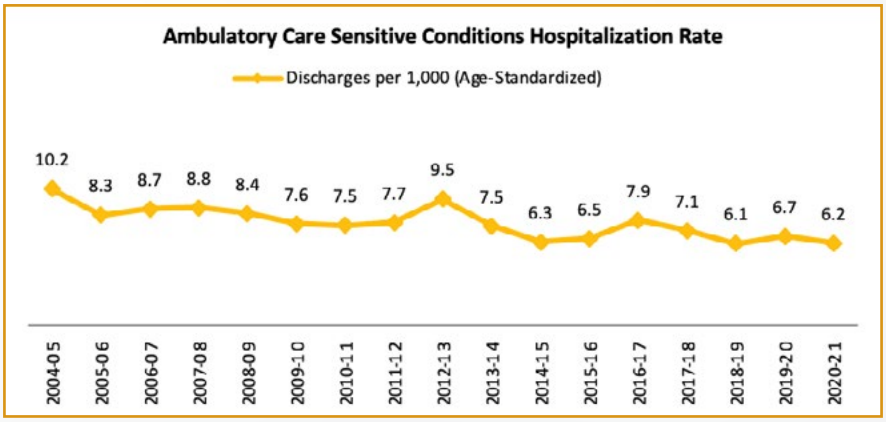
AMBULATORY CARE SENSITIVE CONDITIONS

What is being measured?

The hospitalization rate for ambulatory care sensitive conditions (ACSC). An ACSC hospitalization is where the main reason (most responsible diagnosis) for the hospitalization (under age 75 years) is one of the following conditions: asthma, chronic obstructive pulmonary disease (COPD), diabetes, epilepsy, angina, heart failure and pulmonary edema (HFPE), or hypertension.

Why is this of interest?

A hospitalization where the most responsible diagnosis is an ACSC represents "… a measure of access to appropriate primary health care. While not all admissions for these conditions are avoidable, it is assumed that appropriate ambulatory care could prevent the onset of this type of illness or condition, control an acute episodic illness or condition, or manage a chronic disease or condition. A disproportionately high rate is presumed to reflect problems in obtaining access to appropriate primary care."[19]



How are we doing?

The rate of hospitalizations for ambulatory care sensitive conditions has declined since the mid- 2000s – from 10.2 per 1,000 in 2004-05 to 6.2 per 1,000 in 2020-21. While the overall rate has declined, COPD has grown from a quarter of all ACSC hospitalizations in the mid-2000s to account for 35% in the last three-year period. Relative to Canada as a whole, the NWT has a higher rate at 6.2 per 1,000 versus 2.5 per 1,000 (2020-21).

Ambulatory Care Sensitive Conditions
Proportion of Hosptializations by Condition

Condition	2004-05 to 2006-07	Rank	2018-19 to 2020-21	Rank
COPD	25%	1	34%	1
Diabetes	12%	5	17%	2
Epilepsy	11%	6	16%	3
HFPE	12%	4	16%	4
Angina	15%	3	8%	5
Asthma	20%	2	7%	6
Hypertension	5%	7	3%	7

COPD = Chronic obstructive pulmonary disease.
HFPE = Heart failure and pulmonary edema.

Sources

Canadian Institute for Health Information, NWT Department of Health and Social Services, Statistics Canada, and the NWT Bureau of Statistics.

[19] Canadian Institute for Health Information, http://indicatorlibrary.cihi.ca/pages/viewpage.action?pageId=1114181

ALTERNATIVE LEVEL OF CARE

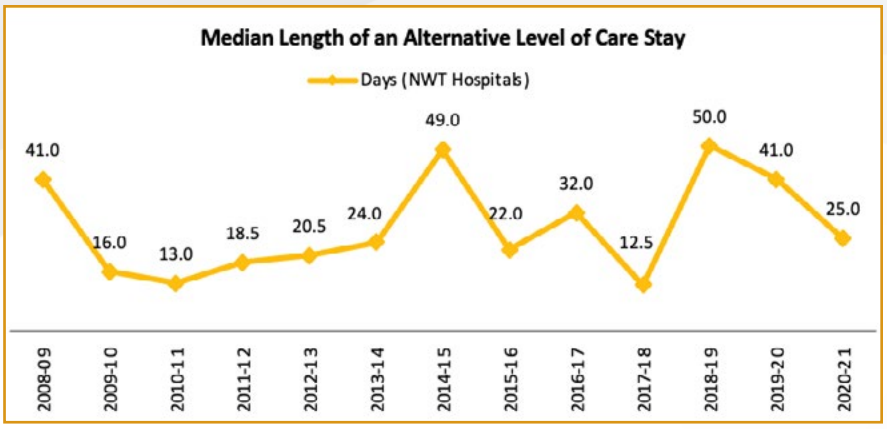
What is being measured?

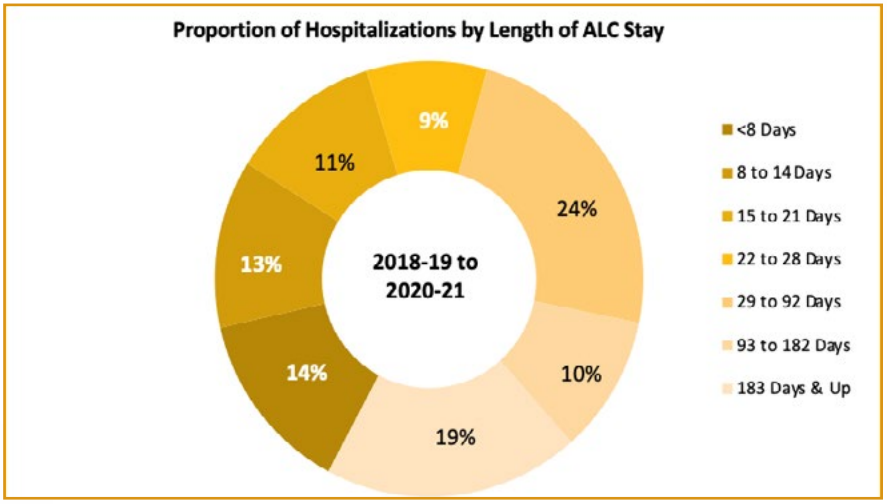
The median number of days for an alternative level of care stay at NWT hospitals for NWT residents.

Alternative level of care (ALC) refers to the status of a patient who no longer requires inpatient care but still occupies an acute care hospital bed. These patients cannot be released from the hospital because there is no alternative care available (e.g., home care, long-term care, etc.). The median number of days is the half-way point where 50% of the patients have stayed less than and 50% have stayed more than.

Why is this of interest?

Acute care is the most expensive cost area in the health care system. ALC patients result in inappropriately used acute care beds, reducing the availability of space for patients who require acute care. The sooner a patient requiring non-acute care can be discharged the better the patient needs are met and the greater the appropriateness of the use of health care resources.





How are we doing?

Between 2008-09 and 2020-21 the median length of stay has fluctuated between 12.5 and 50 days. In the last three years, 14% of ALC stays were seven days or less and a further 33% were between 8 and 28 days.

Sources

NWT Department of Health and Social Services and Canadian Institute for Health Information.

ALCOHOL AND DRUG HOSPITALIZATIONS

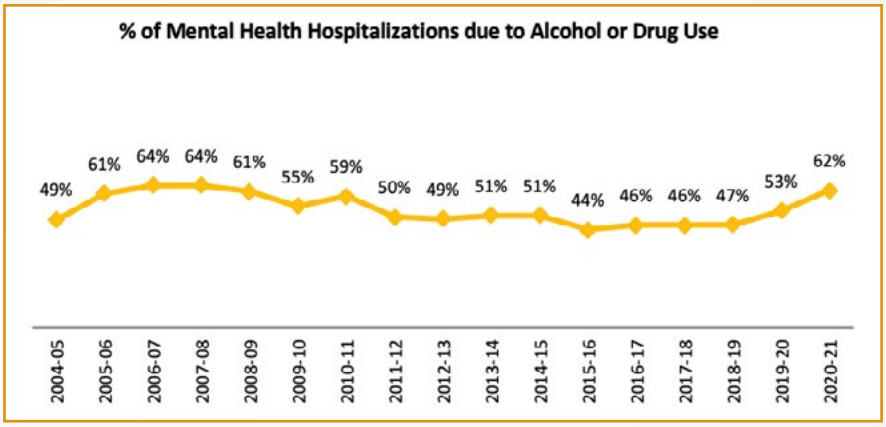
What is being measured?

The proportion of mental health hospitalizations for alcohol and/or drug (A&D) use.

Why is this of interest?

Acute care is the most expensive cost area in the health care system. While care is often necessary, treating addiction issues in a hospital setting may be viewed as an inappropriate use of hospital resources and may indicate that existing programs are not effective in supporting patients that have a history of substance abuse.

The rate of hospitalizations for alcohol and drugs is high in the NWT – at four times the Western Canadian average (2016-17 to 2020-21).



How are we doing?

While the proportion of mental health hospitalizations due to A&D issues has trended downward over the last seventeen years it has increased over the last couple of years. It is difficult to tell if this increase was solely an impact of the pandemic or part of a longer-term trend.

Notes

This indicator only tracks hospitalizations, at NWT hospitals by NWT residents, where the primary reason for hospitalization was an A&D issue. Patients with A&D issues could also have a secondary mental health issue(s) and/or a secondary physical issue(s) that have contributed to their hospitalization. This indicator does not track hospitalizations due to other types of damage resulting from long term alcohol and drug use (e.g., alcohol induced liver disease).

Sources

NWT Department of Health and Social Services and Canadian Institute for Health Information.

NON-URGENT EMERGENCY DEPARTMENT VISITS

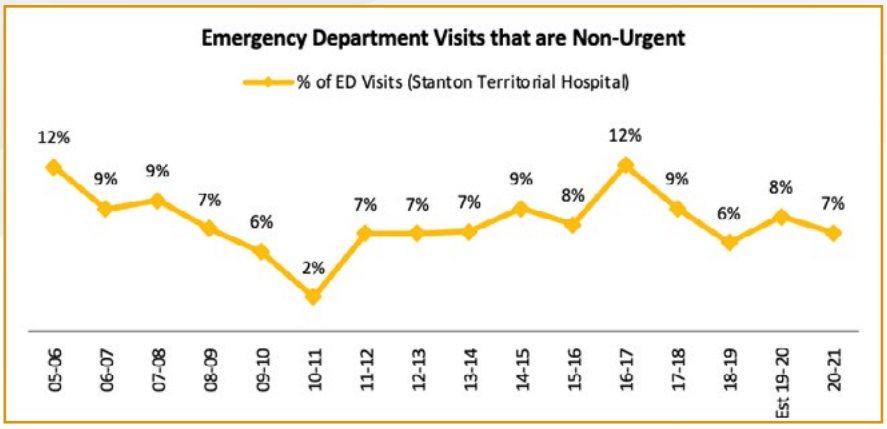
What is being measured?

The proportion of emergency department visits that are non-urgent - as defined by the Canadian Triage and Acuity Scale (CTAS).[20]

CTAS categorizes the seriousness of a patient's condition in terms of the level of urgency required for their care. Level 1 is the highest urgency and level 5 (non-urgent) the lowest.

Why is this of interest?

Patients who access emergency department services for health issues that could be seen at a primary care clinic (level 5 – non-urgent), that day or in the next day or two, are taking up staff time that could be made available to higher priority patients.



How are we doing?

After decreasing to a low of 2% in 2010-11, and then peaking at 12% in 2016-17, the proportion of emergency visits considered non-urgent has decreased to 7% in 2020-21.

Sources

Northwest Territories Health and Social Services Authority and NWT Department of Health and Social Services.

[20] Emergency department visits that did not have a CTAS scored were excluded.

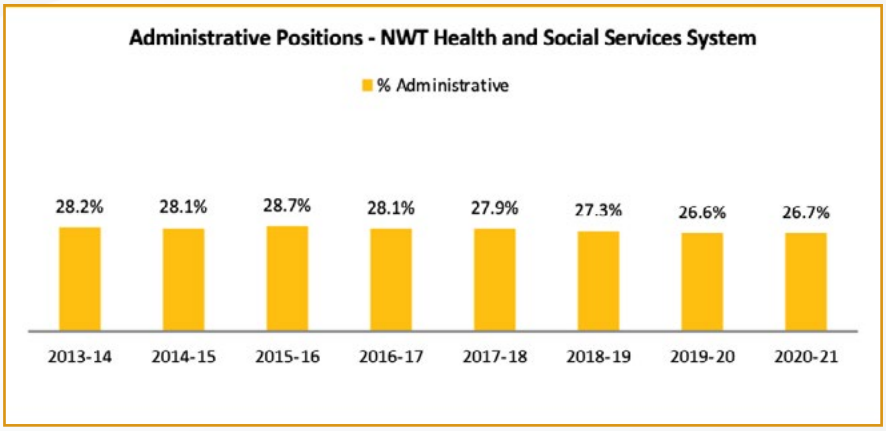
ADMINISTRATIVE STAFFING RATIOS

What is being measured?

The proportion of overall staff in the HSS system that are in administrative roles.

Why is it of interest?

A goal of the HSS system is to provide the best care as efficiently as possible in order for the system to be sustainable into the future. Increases in the proportion of administrative staff may reflect inefficiencies in the system that need to be investigated.



How are we doing?

The proportion of staff that administrative has averaged around 28% over the last eight years.

Source

NWT Department of Health and Social Services.

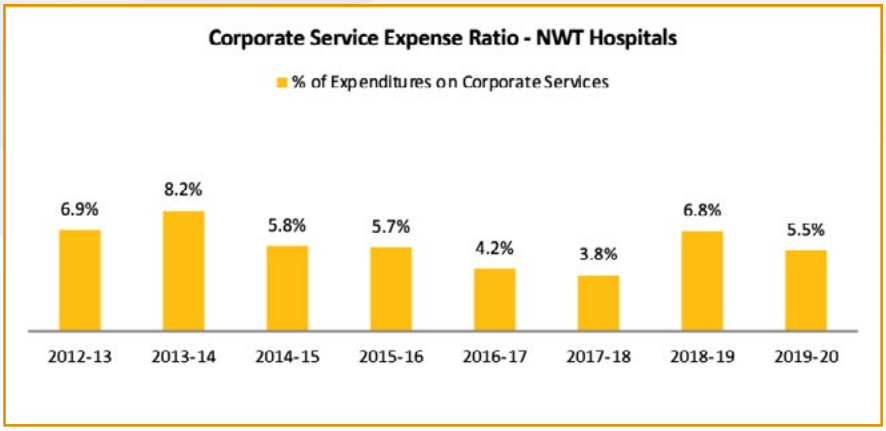
CORPORATE EXPENSE RATIO (HOSPITALS)

What is being measured?

The proportion of overall hospital expenditures spent on administrative purposes.

Why is it of interest?

A goal of the HSS system is to provide the best care as efficiently as possible in order to sustain the system into the future. Increases in the proportion of money spent on administration may reflect inefficiencies in the system that need to be investigated.



How are we doing?

The proportion of hospital expenditures dedicated to administration in the NWT was 5.5% in 2019-20 – higher than the national rate of 4.3%.

Source

Canadian Institute for Health Information.

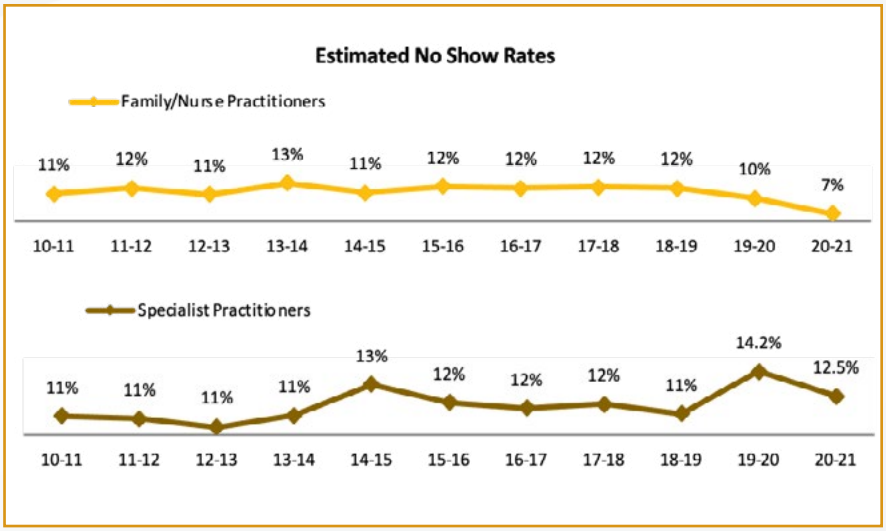
NO SHOWS

What is being measured?

The no show rate for family/ nurse practitioners and specialist practitioners: the proportion of scheduled appointments where the patient does not show up.

Why is this of interest?

No shows to appointments with these professionals can represent a significant waste in their time as well as needlessly delaying other appointments. These no shows can result in lost appointment slots that cannot be readily filled. To maintain the sustainability of the NWT HSS system, while maximizing timely access, waste in the system must be minimized.



How are we doing?

For most of the last eleven years, the no show rate to family and nurse practitioners ranged between 10 and 13%.[21] The rate has dropped in the last year down to 7%. It will take a few years to see if this was drop was due to the impact of the pandemic. For specialists, the no show rate ranged between approximately 11 and 14% between 2010-11 and 2020-21. [22]

Sources

NWT Health and Social Services Authorities and NWT Department of Health and Social Services.

[21] No show rates for family and nurse practitioner appointments came from data provided by the current HSS Authorities and their historical counterparts. Reporting has not been consistent over the years. Nurse and family practitioners cannot be separated in all cases, and thus have been lumped together for the purposes of this report.

[22] Specialist no show rates exclude Ophthalmologists.

Stable and Representative Workforce

PHYSICIAN VACANCIES

What is being measured?

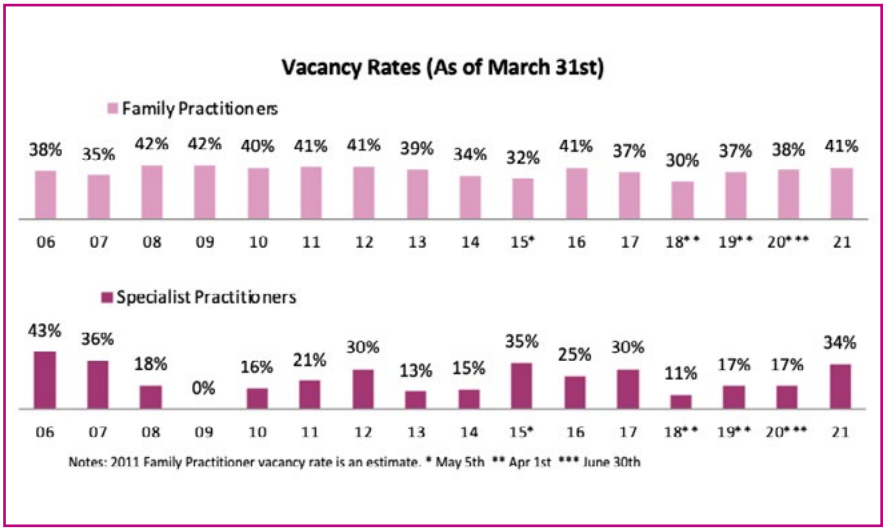
The vacancy rate for family practitioners and specialist practitioners.[23]

Why is this of interest?

Physicians are key components of the NWT health care system. Vacancies in these positions significantly impact the capacity of the health care system.

How are we doing?

Since 2006, vacancy rates have fluctuated between 30% and 42% for family practitioners and between 0% and 43% for specialists. Recent vacancy rates for family practitioners and specialist practitioners are 41% and 34% respectively.



Sources

NWT Health and Social Services Authorities and NWT Department of Health and Social Services.

[23] Vacancies for physicians include positions staffed by locum or temporary physicians.

NURSE AND SOCIAL SERVICE WORKER VACANCIES

What is being measured?

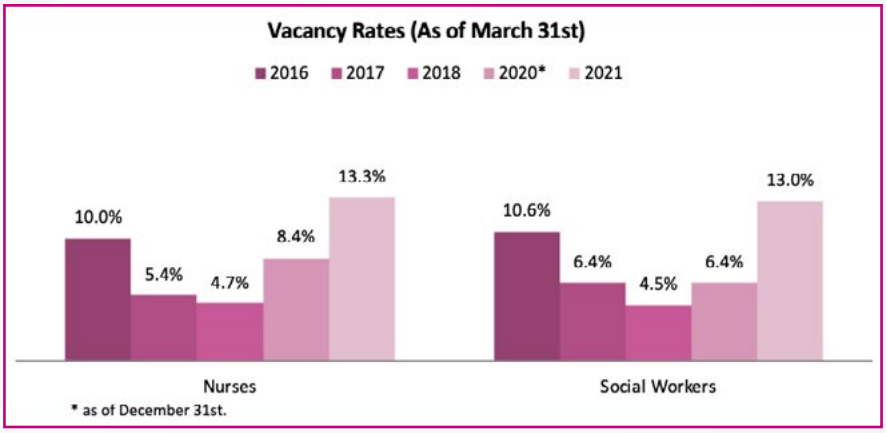
The vacancy rate for nurses and social service workers.

Why is this of interest?

Nurses and social workers are key components of the HSS system. Vacancies in these positions significantly impact the capacity of HSS system.

How are we doing?

As of March 31, 2021, the vacancy rates for nurses and social service workers were 13.3% and 13.0%, respectively. Due to a change in methodology, pre-2016 vacancy rates for nurses and social service workers are not comparable to recent rates.[24]



Sources

Department of Finance, NWT Health and Social Services Authorities, and Department of Health and Social Services.

[24] Vacancy rates for nurses and social service workers exclude positions vacant but not staffed due to operational reasons. Vacancy rates for nurses also exclude relief nurses. December 31, 2020 and March 31, 2016 rates are estimated.

STAFF SAFETY

What is being measured?

The number of workplace safety claims per 100 HSS employees.

Why is this of interest?

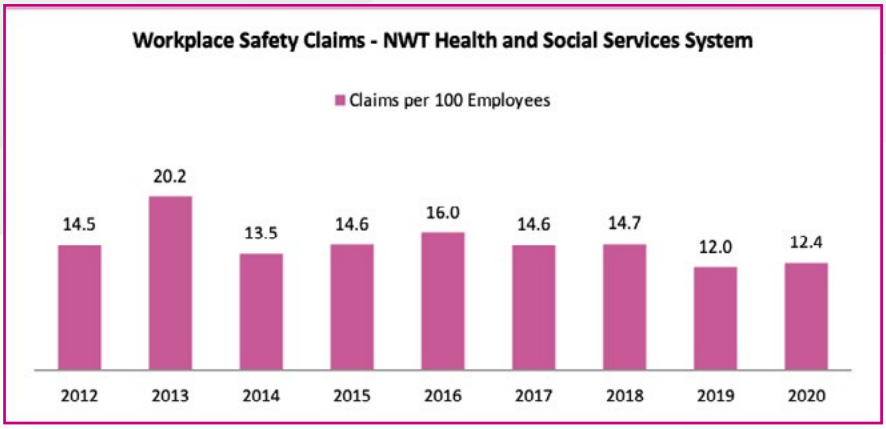
Ensuring staff safety is very important in any workplace but especially in health care and social services where front-line employees are relatively more vulnerable to injury in performing their daily tasks than most other GNWT employees.

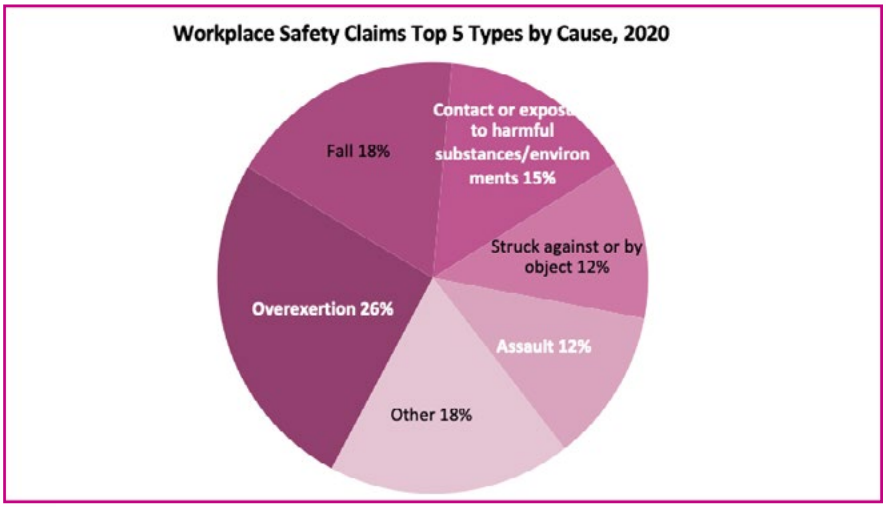
How are we doing?

The overall rate of safety claims has declined from 14.5 to 12.4 claims per 100 employees. On average, over the last nine years, the rate for the HSS system has been over twice that of the rate for the rest of the GNWT.

Other Information

In 2020, the top five causes for workplace safety claims were where the worker overexerted themselves (26%), where the worker fell (18%), contacted/ exposed to harmful substances such as infectious diseases and chemicals (15%), was struck by or struck against an object (12%), and where the worker was assaulted (12%). The remaining causes were primarily needle related (e.g., pricked or scratched), back and other injuries from bending and twisting, and where the employee was jammed or pinched in between objects.





Sources

NWT Department of Finance, Workers Safety and Compensation Commission of the NWT and Nunavut, and Hay River Health and Social Services Authority.

Appendices – Appendix 1

APPENDIX 1: REPORTING ON THE MEDICAL CARE PLAN

Under the *Medical Care Act* (MCA), the Minister of Health and Social Services is obligated to table a report on the operations of the Medical Care Plan. This appendix fulfills this reporting obligation. Although there is no similar legislative requirement to report on the Hospital Insurance Plan, information on this plan is included as it contains important medical services that residents may receive.

NWT HEALTH CARE PLAN

Residents registered with the NWT Health Care Plan (NWTHCP) are eligible for:

- insured hospital services under the Hospital Insurance Plan established under the *Hospital Insurance and Health and Social Services Administration Act* (HIHSSA); and
- insured physician services under the *Medical Care Plan* established under the MCA.

The Department administers both of these Acts in accordance with the program criteria required by the *Canada Health Act*. The plan is publicly administered, benefits are universal and comprehensive, and residents are able to move freely (are portable) to access services that are medically required. The GNWT Medical Travel Policy provides assistance to residents who require insured services that are not available in their home community.

Eligibility for the NWTHCP is assessed in accordance with guidelines that are consistent with interprovincial agreements on eligibility and portability. As of March 31, 2021 there were 41,211 individuals registered under the NWTHCP.

INSURED PHYSICIAN SERVICES

Services provided under the MCA are medically necessary services provided by a physician in an approved facility. Some examples include:

- diagnosis and treatment of illness and injury;
- surgery, including anaesthetic services;
- obstetrical care, including prenatal and postnatal care; and
- eye examinations, treatment and operations provided by an ophthalmologist.

Physicians must be licensed under the Medical Profession Act in order to practice in the NWT. On March 31, 2021, there were 685 physicians licensed to practice in the NWT, and 11 physicians with education permits practicing in the NWT.

The Minister appoints a Director of Medical Insurance to administer the MCA and its regulations. The Director prepares a tariff of insured services which itemizes benefits payable for services provided on a fee-for-service basis for the Minister's approval. The Director also has the authority to enter into agreements for the delivery of insured services that are not on a fee-for-service basis. Almost all physicians in the NWT provide their service by contract rather than by fee-for-service. The Director is required to prepare an annual report on the operations of the medical care plan for the Minister.

During the reporting period, almost $65.4 million was the amount for physician and clinic expenses for insured physician services provided to residents within the NWT.

INSURED HOSPITAL SERVICES

The HSS Authorities are responsible for delivering inpatient and outpatient services to residents in hospitals and health centres. Contribution agreements between the Department and the HSS Authorities fund the services they provide. Allocated amounts are determined through the GNWT budgetary process.

During the reporting period, insured hospital services were provided to inpatients and outpatients in four acute care facilities, eighteen health centres, and one primary care clinic throughout the NWT. The *Hospital Insurance and Health and Social Services Administration Act*'s definition of insured inpatient and outpatient services are consistent with those in the *Canada Health Act*.

The NWT provides the following:

a. Insured inpatient services, meaning:

- accommodation and meals at the standard or public ward level;
- necessary nursing services;
- laboratory, radiological and other diagnostic procedures together with the necessary interpretations;
- drugs, biological and related preparations when administered in the hospital;
- use of operating room, case room and anaesthetic facilities;
- routine surgical supplies;
- use of radiotherapy facilities;
- use of physiotherapy facilities;
- services rendered by persons who receive remuneration from the hospital; and
- services rendered by an approved detoxification centre.

b. Insured out-patient services, meaning:

- laboratory, radiological and other diagnostic procedures together with the necessary interpretations (not including simple procedures done in a doctor's office);
- necessary nursing services;
- drugs, biological and related preparations when administered in the hospital;
- use of operating room, case room and anaesthetic facilities;
- routine surgical supplies;
- use of radiotherapy facilities;
- use of physiotherapy facilities; and
- services rendered by persons who receive remuneration for those services from the hospital.

Reciprocal billing arrangements with Canadian jurisdictions are in place so that NWT residents with a valid NWTHCP do not have to pay out of pocket if they access medically required inpatient or outpatient services in these jurisdictions. During the reporting period, $36.3 million was paid to approved inpatient and outpatient facilities and physicians outside the NWT for the treatment of NWT residents.

Appendices – Appendix 2

APPENDIX 2: PUBLICATIONS

REPORTS AND STRATEGIC DOCUMENTS

- 2019 NWT Patient Experience Report
- Accreditation Report - Hay River Health and Social Services Authority
- Accreditation Report - Northwest Territories Health and Social Services Authority
- Accreditation Report - Tłı̨chǫ Community Services Agency
- Amendments to the Northwest Territories Nursing Profession Act Discussion Paper
- Annual Report of the Director of Child and Family Services, 2019-2020
- Banning the Sale of Flavoured Vapour Products in the Northwest Territories
- Department of Health and Social Services Response to Home and Community Care Review Recommendations
- Department of Health and Social Services Response to Long Term Care Bed Projections
- GNWT Programs and Services for Persons with Disabilities Inventory
- Insured Services Tariff
- NWT Health and Social Services System Annual Report 2019-2020
- Projected Demand for Long-Term Care Beds in the NWT
- Social Indicators COVID-19 Pandemic
- Social Indicators COVID-19 Pandemic (March 2021)

BROCHURES AND FACT SHEETS

- Designated Electronic Health Information Systems (HIA)
- Notice to Indigenous Governing Body prior to taking a Significant Measure
- Notice to Parent and Care Provider prior to taking a Significant Measure
- Oral Health Resources
- Organ and Tissue Donation for NWT Residents
- Tobacco Resources

FLYERS AND POSTER

- Diabetes Rates in the NWT
- If you're thinking of ringing in the New Year with a Bang...
- Mental Wellness & Addictions Recovery - Pathways to a Healthy Self
- Northern Nutritious Food Basket - Guide to shelf-stable and other foods for food assistance programs

MINISTERIAL DIRECTIVES AND POLICIES

- Ministerial Directive - Health Care for Transgender, Non-Binary, and Gender Nonconforming People: Guidelines for the Northwest Territories