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

NWT DEPARTMENT OF
HEALTH AND SOCIAL SERVICES

# 2024 - 2025
# ANNUAL REPORT

# RAPPORT ANNUEL
# 2024 - 2025

MINISTÈRE DE LA SANTÉ ET
DES SERVICES SOCIAUX DES TNO

**LE PRÉSENT DOCUMENT CONTIENT LA TRADUCTION FRANÇAISE DU SOMMAIRE ET DU MESSAGE DE LA MINISTRE.**

K’áhshó got’ı̨ne xədə k’é hederı ɔedı̨htl’é yerınıwę ní dé dúle.
Dene kədé

ʔerıhtł’ís Dëne Sųłıné yatı t’a huts’elkër xa beyáyatı theɔą ɔat’e, nuwe ts’ën yółtı.
Dëne sųłıné

Edı gondı dehgáh got’ı̨e zhatıé k’ę́é edatł’éh enahddhę nıde naxets’é edahłí.
Dene zhatıé

Jii gwandak izhii ginjìk vat’atr’ijąhch’uu zhit yinohthan jì’, diits’àt ginohkhìi.
Dinjii zhu’ ginjik

Uvanittuaq ilitchurisukupku Inuvialuktun, ququaqluta.
Inuvialuktun

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Inuktitut

Hapkua titiqqat pijumagupkit Inuinnaqtun, uvaptinnut hivajarlutit.
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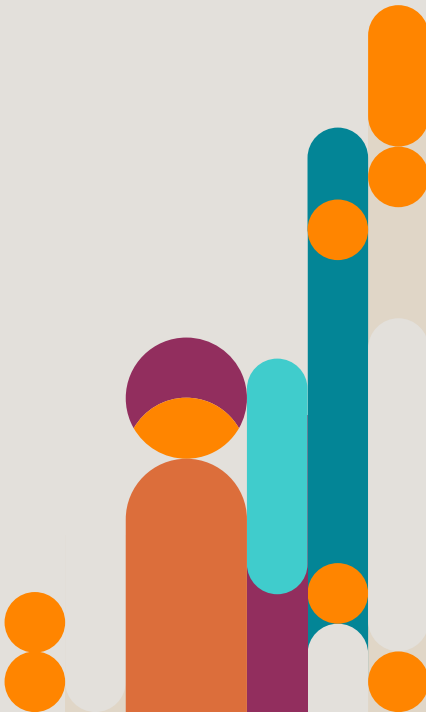
kīspin ki nitawihtīn ē nīhīyawihk ōma ācimōwin, tipwāsinān.
nēhiyawēwin

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

Langues autochtones
request_Indigenous_languages@gov.nt.ca



# Message from the Minister

## Honourable Lesa Semmler, Minister of Health and Social Services

I am pleased to share the 2024–25 Annual Report for the Northwest Territories Health and Social Services System. This marks the fifth year we've reported on our activities and the progress the Department has made toward the goals in our Strategic Planning Framework. Our mission continues to be "Best Health, Best Care, for a Better Future."

In Canada, the Northwest Territories continues to face some of the highest per-person healthcare costs, and spending across the health and social services (HSS) system keeps rising. This makes it even more important for us to provide services that are not only high quality but also cost-effective.

In 2024–25, the Department of Health and Social Services (the Department) spent $778.5 million combined on operations and capital. Of that total, $515 million was transferred to Health and Social Services Authorities to deliver services for residents, making up 69 percent of our spending and $33.8 million went toward building and upgrading facilities.

Compared to the previous year, total O&M expenses increased by $71.8 million, or 10.67 percent. This was largely because of costs related to increased compensation to staff resulting from new collective agreements, Facility-Based Addictions Treatment, care provided in hospitals outside the territory, services for non-residents accessing NWT hospitals and physicians and Residential Care Out of Territory for children. Increased funding was provided to the Authorities to support increased costs in the delivery of program and services such as physician services and supported living, and to address inflation on contracts, supplies, and drugs.

The Department's primary goal is to ensure the system's long-term sustainability, while consistently delivering health and social services that meet the increasingly diverse needs of NWT residents. To achieve this, the Department continued to invest in Anti-Poverty initiatives, health promotion, on-the-land programs, community-based mental wellness and substance use health/addictions aftercare programs, and ongoing primary health care reform. This work was combined with a renewed focus on retaining and recruiting healthcare workers, ensuring we remain a competitive employer during a period of national labor shortages and increased demand. In support of these efforts, Northwest Territories Health and Social Services Public Administrator was appointed in December 2024, and the department has supported the work of the Department of Executive and Indigenous Affairs Health Care System Sustainability Unit (HCSSU) to identify opportunities to improve efficiency and reduce cost pressures in the health and social services.

I would like to thank our staff across the entire health and social services system for their ongoing dedication to providing care to those who need it and ensuring that our healthcare system works for all NWT residents, ensuring that they can achieve Best Health, while receiving Best Care, for a Better Future.

# Mot de la ministre

## L'honorable Lesa Semmler, ministre de la Santé et des Services sociaux

Je suis heureuse de présenter le Rapport annuel 2024-2025 du système de santé et des services sociaux des Territoires du Nord-Ouest (TNO). Pour une cinquième année, nous rendons compte des activités et des progrès accomplis pour atteindre les objectifs fixés dans notre Cadre de planification stratégique. Notre mission demeure la même : « Une santé optimale, des soins optimaux, un avenir en santé. »

Les TNO figurent parmi les régions du pays où les coûts de santé par habitant sont les plus élevés, et les dépenses du système de santé et des services sociaux ne cessent d'augmenter. Cela renforce l'importance d'offrir des services qui sont non seulement de qualité, mais aussi rentables.

En 2024-2025, le ministère de la Santé et des Services sociaux (le Ministère) a consacré 778,5 millions de dollars à ses dépenses de fonctionnement et à ses dépenses en immobilisations. De ce montant, 515 millions de dollars ont été transférés aux administrations des services de santé et des services sociaux pour la prestation de services à la population, ce qui représente 69 % des dépenses, et 33,8 millions de dollars ont été consacrés à la construction d'installations et à la modernisation des installations existantes.

Par rapport à l'exercice précédent, les dépenses totales de fonctionnement et d'entretien ont augmenté de 71,8 millions de dollars, soit 10,67 %. Cette hausse s'explique principalement par des coûts supplémentaires liés à l'augmentation de la rémunération du personnel à la suite de nouvelles conventions collectives, aux services de traitement des dépendances en centre, aux soins fournis dans des hôpitaux à l'extérieur du territoire, aux services offerts aux non-résidents qui utilisent les hôpitaux et les services médicaux des TNO, ainsi qu'aux services de placement en établissement pour enfants à l'extérieur du territoire. Un financement accru a été accordé aux administrations des services de santé et des services sociaux afin de pallier la hausse des coûts liés à la prestation de programmes et de services, notamment les services médicaux et les services d'aide à la vie autonome, ainsi que pour tenir compte de l'inflation touchant les contrats, les fournitures et les médicaments.

L'un des principaux objectifs du Ministère est d'assurer la viabilité à long terme des services de santé et des services sociaux, tout en répondant aux divers besoins des Ténois. Pour y parvenir, le Ministère a continué d'investir dans des initiatives concernant la lutte contre la pauvreté, dans la promotion de la santé, dans des programmes sur les terres ancestrales et des programmes communautaires de mieux-être mental et de suivi après le traitement des dépendances, ainsi que dans la réforme continue des soins de santé primaires. En plus de ce travail, nous avons continué de nous concentrer sur la rétention et le recrutement du personnel de la santé, afin de demeurer un employeur concurrentiel dans un contexte de pénurie nationale de main-d'œuvre et de hausse de la demande. Pour soutenir ces efforts, un administrateur public des services de santé et des services sociaux des TNO a été nommé en décembre 2024. Le Ministère a également

soutenu les travaux du Service de la viabilité du système de santé du ministère de l'Exécutif et des Affaires autochtones afin de trouver des solutions pour rendre le système de santé et des services sociaux plus efficaces et d'atténuer les pressions financières qu'il subit.

Je tiens à remercier l'ensemble du personnel du système de santé et des services sociaux pour son engagement constant à offrir des soins à celles et ceux qui en ont besoin et à veiller au bon fonctionnement de notre système de santé pour l'ensemble des résidents des TNO. Grâce à leur dévouement, nous continuons de faire en sorte que la population puisse jouir d'une santé optimale et recevoir des soins optimaux pour profiter d'un avenir en santé.

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# Executive Summary

The Northwest Territories (NWT) Department of Health and Social Services 2024-25 Annual Report represents the first report on the strategic priorities set out in the 2024-28 Health and Social Services (HSS) Business Plan.

## OUR STRATEGIES

In 2024-25, the HSS system continued to progress on goals and priorities under the HSS Strategic Planning Framework:

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

These four aims serve as goals for the HSS system, which is comprised of the Department and the three Health and Social Services Authorities (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). This report focuses on key initiatives advanced by the Department in 2024-25.

## HEALTH OF THE POPULATION AND EQUITY OF OUTCOMES

This goal focuses on the HSS system's efforts related to health promotion, disease prevention, providing culturally respectful and community-based programs and services informed by unique population needs and priorities.

In 2024-25, the Department entered into an agreement with the City of Yellowknife to pilot monthly testing of Yellowknife's wastewater for illicit drugs. The Department's wastewater monitoring webpage was also relaunched to include a visual dashboard which shows easy-to-understand graphs and viral trends in various communities. These initiatives have been undertaken to identify different levels of drugs and viral activity, perform risk assessments and respond quickly to share information with residents regarding protective measurements to be undertaken when needed.

As part of Primary Health Care Reform, the Department, in partnership with the HSS Authorities, led several activities, including the move of primary care services into the new Łıwegǫ̀atì facility, and the previous ten primary care teams being consolidated into four integrated care teams. Workshops were carried out with Indigenous Elders to build team relationships, and a multi-disciplinary committee of different health workers was created, to work towards increasing equitable access to functional integrated care teams through continuous quality improvement activities and evaluation.

During 2024-25, the Department organized Cancer Sharing Circles in partnership with Indigenous governments and organizations to develop priorities for Cancer Care delivery in NWT beyond 2025 as part of its cancer prevention, screening and management strategies. A Cancer Screening Database was also developed to house cancer screening program data to support the expansion of cancer screening programs and the transition from opportunistic to an organized approach to screening.

Income thresholds and cost sharing arrangements for the new Extended Health Benefits program were established by the

Department in 2024-25 to ensure equitable access to healthcare benefits while striking a balance between offering assistance to those in need and responsibly managing public funds. Under this policy, no changes have been made to the benefits received by seniors aged 60 years and older. The Department is monitoring the uptake and feedback on the new EHB program to determine ongoing improvements to support residents in their applications.

## BETTER ACCESS TO BETTER SERVICES

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

Key activities in 2024-25 included:

- Completion of the Addictions Prevention and Recovery Services Work Plan (2022-2024).
- Opening of a new transitional housing program for addictions recovery in Yellowknife in March 2025 to expand addiction recovery supports and develop community-based aftercare options.
- Funding of the Managed Alcohol Program provided at the Spruce Bough care home in Yellowknife.
- Amendment of the *Aging with Dignity Bilateral Agreement* in collaboration with Health Canada to include a focus on recruitment and retention measures for Personal Support Workers (PSWs) in the Northwest Territories with additional funding allocated to Aurora College's Personal Support Worker and Practical Nurse programs.
- Running a territory-wide Elder Abuse awareness campaign consisting of digital ads, social media posts, and radio ads in multiple official languages and funding multiple "Addressing Elder Abuse" workshops.
- Signing of the *Inuvialuit Coordination Agreement and Fiscal Agreement* in September 2024 by the Government of the Northwest Territories, Inuvialuit Regional Corporation, Government of Canada and the Qitunrariit Inuuniarnikkun Maligaksat. As part of the federal *Act respecting First Nations, Inuit and Métis children, youth and familie*s, which will support the implementation of the *Inuvialuit Qitunrariit Inuuniarnikkun Maligaksat*, also referred to as the Inuvialuit Family Way of Living Law in NWT.

## QUALITY, EFFICIENCY AND SUSTAINABILITY

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

On July 15, 2024, the Healthcare System Sustainability (HCSS) Unit was established within the Department of Executive and Indigenous Affairs. The Unit is undertaking a review of core services, including insured services, and exploring options to improve sustainability and efficiency within the health and social services system, while protecting access to essential care. The Unit collaborates with the Department as well as the three HSS Authorities, and works with frontline staff, leadership teams, and partners to guide the process to determine what can be delivered in a financially sustainable and operationally efficient manner, while preserving the quality of health and social services for NWT residents.

The Cultural Safety and Anti-Racism division has been leading the development, continuous improvement, and delivery of cultural safety and anti-racism training throughout the HSS system. Two cultural safety and anti-racism training sessions were offered during 2024-25, including regional sessions in Hay River, Inuvik, and Norman Wells and specialized sessions for University of Alberta Medical Residents and GNWT Deputy Ministers and Assistant Deputy Ministers. Anti-Racism Framework Development Training from the Centre for Equity and Inclusion was attended by the Cultural Safety and Anti-Racism division in November 2024. Knowledge from this training will be implemented to the NWT context to transform organization culture, operations, and services.

Capital investments that are in progress or planned are summarized in this report, as are 2024-25 financial highlights. As part of reporting progress on goals, the Department also continues to report on over 40 performance measures that speak to the HSS system's performance.

Fiscal sustainability measures were implemented to the GNWT's Extended Health Benefits in 2024-25. These measures included adjustment to pharmacy compensation and reimbursement fees, as well as establishing income thresholds and cost sharing arrangements to ensure equitable access to benefits for residents similar to other provinces and territories.

## STABLE AND REPRESENTATIVE WORKFORCE

This goal is focused on identifying needs and areas of demand across the HSS system to ensure a stable and representative workforce is available.

In 2024-25, the Department and HSS Authorities continued to collaborate to progress human resource initiatives and released the 2021-2024 Human Resources Results Report and the 2024-2025 Bridging Plan. The Results Report showcased progress under the 2021-2024 Human Resources Plan. The Bridging Plan continued this progress and supported the development of the *2025-2028 People Strategy*. The foundational initiatives implemented over the past 3 years have strengthened the health and social services workforce and the Bridging Plan focussed on supporting employee retention, enhancing productivity and ensuring sustainable growth across the NWT health and social services system.

# Sommaire

Le Rapport annuel 2024-2025 du ministère de la Santé et des Services sociaux (MSSS) des TNO est le premier rapport sur les priorités stratégiques énoncées dans le Plan d'activités 2024-2028 du système de santé et des services sociaux.

## NOS STRATÉGIES

En 2024-2025, le système de santé et des services sociaux a continué de progresser vers l'atteinte des objectifs et des priorités établis dans son cadre de planification stratégique :

- Santé de la population et équité en santé
- Meilleur accès à des services améliorés
- Qualité, efficacité et viabilité
- Personnel stable et représentatif

Les quatre objectifs ci-dessus sont ceux du système de santé et de services sociaux, qui est composé du MSSS et des trois administrations des services de santé et des services sociaux 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). Ce rapport met l'accent sur les principales initiatives proposées par le ministère en 2024-2025.

## SANTÉ DE LA POPULATION ET ÉQUITÉ EN SANTÉ

Cet objectif couvre les efforts déployés par le système de santé et des services sociaux pour promouvoir la santé, prévenir les maladies et offrir des programmes et des services communautaires qui sont respectueux de la culture et qui tiennent compte des besoins et des priorités uniques de la population.

En 2024-2025, le Ministère a conclu une entente avec la Ville de Yellowknife pour mettre à l'essai un projet pilote d'analyse mensuelle des eaux usées de Yellowknife afin d'y détecter la présence de drogues illicites. La page Web de surveillance des eaux usées du Ministère a été modifiée pour y inclure un tableau de bord présentant des graphiques faciles à comprendre ainsi que les tendances virales observées dans différentes collectivités. Ces initiatives ont été mises en place pour détecter différents niveaux de présence de drogues et d'activité virale, effectuer des évaluations des risques et permettre une intervention rapide afin d'informer les résidents des mesures de protection à adopter au besoin.

Dans le cadre de la réforme des soins de santé primaires, le Ministère, en collaboration avec les administrations des services de santé et des services sociaux, a mené plusieurs initiatives, notamment le transfert des services de soins primaires vers le nouveau bâtiment Łıwegǫatì, ainsi que la réorganisation des dix anciennes équipes de soins primaires en quatre équipes de soins intégrés. Des ateliers ont été organisés avec des aînés autochtones afin de renforcer les relations au sein des équipes. Un comité pluridisciplinaire composé de différents professionnels de la santé a également été mis sur pied pour favoriser un accès équitable aux équipes de soins intégrés fonctionnelles grâce à des activités d'amélioration continue de la qualité et à des évaluations régulières.

En 2024-2025, le Ministère a organisé, en collaboration avec des gouvernements autochtones et des organisations autochtones, des cercles de partage sur

le cancer afin d'établir les priorités pour la prestation de soins liés au cancer aux TNO au-delà de 2025. Cette démarche s'inscrit dans les stratégies de prévention, de dépistage et de prise en charge du cancer. Une base de données sur le dépistage du cancer a également été mise en place afin de centraliser les données des programmes de dépistage. Cet outil facilitera l'élargissement des programmes de dépistage et la transition d'une approche de dépistage opportuniste vers une approche structurée.

Toujours en 2024-2025, le Ministère a établi les seuils de revenu et les modalités de partage des coûts pour le nouveau régime d'assurance-maladie complémentaire, afin d'assurer un accès équitable aux prestations de santé tout en maintenant un équilibre entre le soutien aux personnes dans le besoin et la gestion responsable des fonds publics. En vertu de cette politique, aucune modification n'a été apportée aux prestations offertes aux personnes âgées de 60 ans et plus. Le Ministère surveille de près la mise en œuvre du régime d'assurance-maladie complémentaire et les commentaires le concernant afin de déterminer les améliorations continues à y apporter pour soutenir les résidents dans leurs demandes.

## MEILLEUR ACCÈS À DES SERVICES AMÉLIORÉS

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

Principales activités en 2024-2025 :

- Achèvement du Plan de travail sur les services de prévention et de traitement des dépendances (2022-2024).
- Lancement, en mars 2025 à Yellowknife, d'un nouveau programme de logement de transition pour le rétablissement des dépendances, afin de renforcer le soutien offert aux personnes en rétablissement et de développer des options de suivi communautaire après le traitement.
- Financement du programme de gestion de l'alcool offert au centre de soins Spruce Bough à Yellowknife.
- Modification de *l'Accord bilatéral pour vieillir dans la dignité*, conclu entre le gouvernement des TNO (GTNO) et Santé Canada, afin d'y intégrer un volet axé sur le recrutement et la rétention des préposés aux services de soutien à la personne aux TNO. Un financement supplémentaire a été accordé aux programmes de formation de préposé aux services de soutien à la personne et d'infirmier auxiliaire offerts par le Collège Aurora.
- Mise en œuvre d'une campagne de sensibilisation à la maltraitance envers les personnes âgées à l'échelle du territoire, comprenant des publicités numériques, des publications sur les médias sociaux et des messages radiophoniques dans plusieurs langues officielles, et financement de plusieurs ateliers « Lutter contre la maltraitance envers les personnes âgées ».
- Signature, en septembre 2024, de l'accord de coordination et de financement inuvialuit par le GTNO, la Société régionale inuvialuite, le gouvernement du Canada et Qitunrariit Inuuniarnikkun Maligaksat, dans le cadre de la *Loi concernant les enfants, les jeunes et les familles des Premières Nations, des Inuits et des Métis* du Canada, laquelle appuie la mise en œuvre de *l'Inuvialuit Qitunrariit Inuuniarnikkun Maligaksat*, également appelée « loi sur le mode de vie des familles inuvialuites aux TNO ».

## QUALITÉ, EFFICACITÉ ET VIABILITÉ

Cet objectif vise à améliorer la qualité et l'efficacité des services de santé et de services sociaux 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.

Le 15 juillet 2024, le ministère de l'Exécutif et des Affaires autochtones a créé le Service de la viabilité du système de santé, lequel mène un examen des services de base, y compris des services assurés, et explore des options visant à améliorer la viabilité et l'efficacité du système de santé et des services sociaux, tout en préservant l'accès aux soins essentiels. Le Service collabore avec le Ministère ainsi qu'avec les trois administrations des services de santé et des services sociaux. Il travaille également avec le personnel de première ligne, les équipes de direction et les partenaires afin d'orienter le processus visant à déterminer ce qui peut être offert de manière financièrement viable et opérationnellement efficace, tout en préservant la qualité des services de santé et des services sociaux pour les résidents des TNO.

Le Service de respect de la culture et de lutte contre le racisme dirige l'élaboration et la prestation de formations en matière de sécurité culturelle et de lutte contre le racisme dans l'ensemble du système de santé et de services sociaux et soutient l'amélioration continue dans ce domaine. Deux séances de formation sur le respect de la culture et la lutte contre le racisme ont été offertes en 2024-2025, incluant des séances à Hay River, à Inuvik et à Norman Wells, ainsi que des formations ciblées destinées aux résidents en médecine de l'Université de l'Alberta, et aux sous-ministres et aux sous-ministres adjoints du GTNO. En novembre 2024, l'équipe du Service de respect de la culture et de lutte contre le racisme a participé à une formation sur l'élaboration d'un cadre de lutte contre le racisme, offerte par le Centre pour l'équité et l'inclusion. Les connaissances acquises dans le cadre de cette formation seront adaptées au contexte des TNO afin de transformer la culture organisationnelle, les opérations et les services.

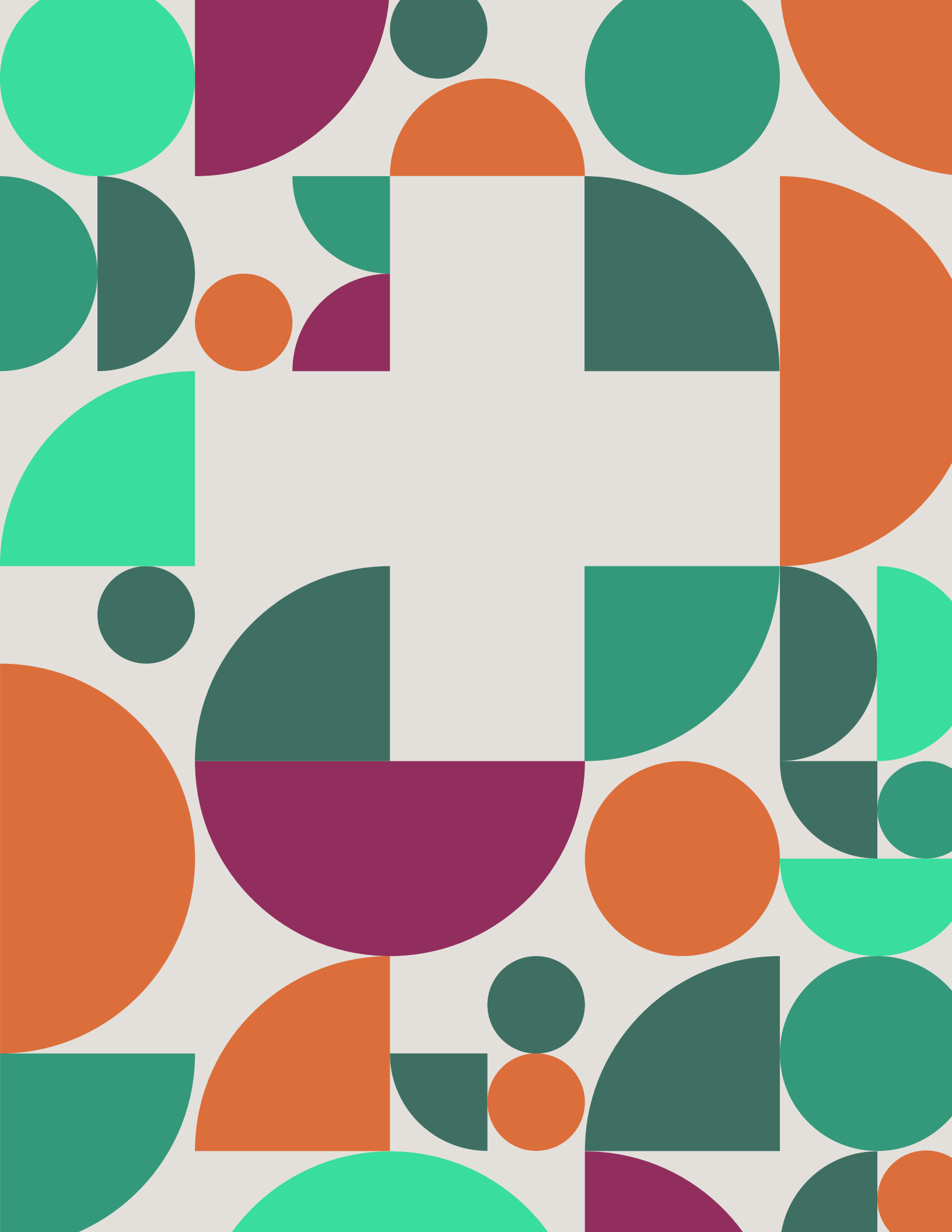
Les investissements en capitaux en cours ou prévus sont résumés dans le présent rapport, tout comme les faits saillants financiers de l'exercice 2024-2025. Dans le cadre du rapport sur l'avancement des objectifs, le Ministère continue de rendre compte de plus de 40 mesures du rendement qui attestent de la performance du système de santé et des services sociaux.

En 2024-2025, des mesures pour assurer la viabilité budgétaire ont été mises en œuvre dans le régime d'assurance-maladie complémentaire du GTNO. Parmi celles-ci, on compte l'ajustement des honoraires et des frais de remboursement des pharmacies, ainsi que l'établissement de seuils de revenu et de modalités de partage des coûts afin d'assurer un accès équitable aux prestations pour les résidents, conformément aux pratiques en vigueur ailleurs au Canada.

## PERSONNEL STABLE ET REPRÉSENTATIF

Cet objectif vise à définir les besoins et les demandes du système de santé et des services sociaux afin de garantir la stabilité et la représentativité du personnel.

En 2024-2025, le Ministère et les administrations des services de santé et des services sociaux ont poursuivi leur collaboration afin de faire progresser les initiatives en matière de ressources humaines. Ils ont publié le Rapport sur les résultats du Plan des ressources humaines 2021-2024 ainsi que le Plan de transition 2024-2025. Le Rapport sur les résultats présente les progrès réalisés dans le cadre du Plan des ressources humaines 2021-2024. Le Plan de transition a permis de poursuivre ces progrès et d'appuyer l'élaboration de la Stratégie de gestion des personnes 2025-2028. Les initiatives fondamentales mises en place au cours des trois dernières années ont renforcé la main-d'œuvre du système de santé et des services sociaux. Le Plan de transition a mis l'accent sur le maintien en poste du personnel, sur l'amélioration de la productivité et sur la croissance durable au sein du système de santé et des services sociaux des TNO.



# 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 Authority (HSS Authorities). Details on the operations of HSS Authorities can be found in their individual Annual Reports. However, this report presents progress on strategic areas of priority and performance measures for the Health and Social Services (HSS) System.

This Annual Report fulfills the Department's obligations 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 in accordance with the *Financial Administration Act*, the *Hospital Insurance and Health and Social Services Administration Act*, and the *Medical Care Act*.

The GNWT, like other Canadian jurisdictions, is taking a proactive approach to improving accountability for the delivery of publicly funded health and social services. The HSS system O&M budget makes up 28.9% of the overall GNWTs budget[1]. Decision makers and the public want to know if HSS funding is being spent effectively, and if it is progressing on key priorities.

Public reporting on the performance of the 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 HSS system, functioning under a one-system-approach and under a single governance structure. The Northwest Territories Health and Social Services Authority (NTHSSA) is responsible for delivering health and social services in five regions of the Northwest Territories (NWT): Beaufort Delta, Dehcho, Sahtú, Fort Smith and Yellowknife. The NTHSSA represents the five regions and Stanton Territorial Hospital under a one-system approach and single organizational structure through the NTHSSA. The Hay River Health and Social Services Authority (HRHSSA) delivers health and social services in the Hay River region. The Tłı̨chǫ Community Services Agency (TCSA) is established through the Tłı̨chǫ Intergovernmental Services Agreement, and as per the terms of the *Tłı̨chǫ Land Claims and Self Government Agreement and the Tłı̨chǫ Community Services Agency Act*, delivering education as well health and social services to clients in communities within the Tłı̨chǫ region of the NWT.

## 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 strategic direction for the system through the development of legislation, policy, and standards; establishing approved programs and services; establishing and monitoring system budgets and expenditures; and evaluating and reporting on system outcomes and performance. The Department remains

1. Based on 2024-2025 Main Estimates. Government of the Northwest Territories, Main Estimates 2023-2024 p. xi.

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 Health and Social Services authorities are agencies of the GNWT. The Tłı̨chǫ Community Services Agency is governed by a Board of Management. The Northwest Territories Health and Social Services Authority and Hay River Health and Social Services Authority are currently both governed by Public Administrators. The NTHSSA Public Administrator was appointed on December 16, 2024. The Regional Wellness Councils that previously participated on the territorial board of management that governed the affairs of the NTHSSA continue to provide valuable input in an advisory capacity based on the needs and priorities of the residents in their regions to the Public Administrator. The Public Administrators are responsible to the Minister of Health and Social Services for independently governing, managing, and providing decisive leadership regarding operations of the following health and social services in accordance with the plan set out by the Minister:

- Diagnostic and curative services;
- Mental wellness and substance use health services;
- Public Health 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 established relationships with other service providers.

In addition, the Department is responsible for providing access to facility-based addictions treatment services outside of the NWT, and holds contracts with six southern facilities, located in Alberta, British Columbia, and Ontario, 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 promotion, prevention, and community wellness activities and services. The Department and the HSS Authorities support NGOs to provide services on behalf of the HSS system, and make funding available that community organizations can access to deliver their programs, such as:

- Early childhood development;
- Family violence shelters and awareness;
- Health promotion activities;
- In-home and in-facility respite services for caregivers of seniors, children, or adults with special needs;
- Supportive services for seniors and persons with disabilities;
- Long Term Care;
- On-the-land programs;
- Prevention, promotion, assessment, early intervention, counselling, and treatment services related to mental wellness and substance use health;
- Elders abuse awareness; and
- Respite and supported living.

## 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 people of the Northwest Territories 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.
**ACCOUNTABLITY:** System outcomes are measured, assessed, and publicly reported on.
**RELATIONSHIPS:** We work in collaboration with all residents, including Indigenous Governments, individuals, families, and communities.
**EXCELLENCE:** We pursue continuous quality improvement through innovation, integration, and evidence-based practice.

## OUR STRATEGIES

In 2024-25, the Department continued to implement the strategic planning approach aligned with the Quadruple Aim Framework. The Quadruple Aim Framework is a balanced approach consistent with high performing health systems. The four aims, serving as goals for the HSS system, are:

- 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 20th 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 20th Assembly's Mandate Commitment of *Safe residents and communities,* supporting our government's continuing efforts to respond to and mitigate climate-driven events such as floods and fires.

### GOAL: BETTER ACCESS TO BETTER SERVICES

This goal focuses on improving access, strengthening cultural safety, and providing trauma-informed and recovery-oriented services and supports. To improve patient experience and health outcomes, programs and services must consider integrating approaches to wellness, social supports, health education and public awareness to address the root causes of poor health outcomes, and assist vulnerable populations, including seniors, Elders, persons with disabilities, and at-risk youth. This is directly aligned with commitments of the 20th Assembly's under the Mandate Priority of: *Access to health care and addressing the effects of trauma.*

### GOAL: QUALITY, EFFICIENCY AND SUSTAINABILITY

Rising costs, limited resources and increasing demand for programs and services require efforts to manage the growth in expenditures and maximize the return on all system

investments. The HSS system needs to consider changes to the suite of services currently considered “core” and set fiscal parameters for health system planning. This goal focuses 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.

### GOAL: STABLE AND REPRESENTATIVE WORKFORCE

Human resources planning identifies needs and areas of demand with the goal of ensuring that appropriate workforce supply is available when it is 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, recruitment, and retention practices, investing in skill development and improving overall management practices and organizational culture, we will reduce costs (direct and indirect) associated with high rates of turnover. This is directly aligned with the 20th Assembly’s Mandate Commitment to: *Access to health care and addressing the effects of trauma.*

As part of reporting progress on these goals, the Department continues to report on over 40 performance measures that speak to HSS system’s performance. See ***Performance Measures.***

# Reporting Progress on Our Strategic Priorities

## HEALTH OF THE POPULATION AND EQUITY OF OUTCOMES

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

### WASTEWATER MONITORING FOR RESPIRATORY DISEASES

Wastewater monitoring is an efficient, cost-effective, early-warning tool to detect the presence of respiratory viruses within a population aiding in informed public-health decision making. Wastewater Monitoring was implemented in the NWT to detect COVID-19, and has since expanded to detect other respiratory viruses of public health importance, including respiratory syncytial virus (RSV) and Influenza A and B. The Department relaunched the wastewater monitoring site on September 25, 2024, to include a visual dashboard which shows easy-to-understand graphs and viral trends in various communities. By using the dashboard, early warning signs of virus activity have been identified by the OCPHO, allowing public health officials to conduct risk assessments and respond quickly to share information with residents regarding protective measurements to be undertaken, such as getting vaccinated (as needed), washing hands frequently, and staying home when sick.

### RESPONSE TO ILLICIT DRUGS

In 2024, seven opioid-related deaths and five stimulant-related deaths have been reported by the NWT Coroner's Office. The Dene Nation declared a state of emergency over the drug crisis during the 54th Dene National Assembly (July 24-26, 2024). In response to the toxic drug crises, the Department continued to work collaboratively with communities to promote harm reduction and prevention of illicit-drug use. A new tool, the Randox MultiSTAT Analyzer, was introduced in October 2024, for use by Coroner Services and OCPHO. The Randox MultiSTAT Analyzer allows for rapid toxicology screening of substances (in under 30 minutes) involved in suspicious deaths, helping in faster decision-making around public notification of dangerous drugs circulating in communities and planning swift action to protect the public.

Naloxone kits have been made available free of charge in all communities in the NWT and can be obtained at pharmacies, health centers, and health cabins. Every NWT Indigenous Government office has been offered a small stock of naloxone spray to have on hand as part of their first aid kit, with over 2,000 doses distributed by the end of May 2024. Hay River has added additional naloxone distribution sites as part of community business response to the drug crisis. In addition to the Indigenous Governments and Hay River supply, naloxone has been provided to Yellowknife businesses (bars, NGOs, areas where people who might use drugs would frequent) and to participants at the NWT Association for Communities Meeting and Regional Wellness Council Meetings. A small amount of naloxone supplies is retained at the Department for surge response if a community has a large contamination event or series of overdoses and immediate action is necessary.

To spread awareness, the Department released four public health advisories about the potential contamination of illicit drugs in the NWT in 2024, in response to an internal warning system requiring first responders to report any detection of drugs of concern. The Department worked on territorial campaigns around the illicit drug contamination and opioid-related deaths including harm reduction information and real stories from people effected by drug use. Part of these campaigns included the Safer Partying Tips which were released early December 2024.

In July 2024, the Department entered an agreement with the City of Yellowknife to pilot monthly testing of Yellowknife's wastewater for illicit drugs. Wastewater samples are a snapshot in time for monitoring and surveillance purposes, meaning samples will not reflect all drugs in Yellowknife or the NWT but can provide some understanding of what might be circulating. Wastewater is a tool the CPHO uses when determining if a public health advisory is necessary, and it is a valuable resource that can provide some understanding of what drugs might be circulating.

## SEXUALLY TRANSMITTED INFECTIONS OUTBREAK RESPONSE

As part of outbreak response in the NWT, a temporary Sexually Transferred Infections (STI) clinic was established in Yellowknife on October 1, 2024, to address timely access to testing and treatment. This clinic is ongoing until March 31, 2027, and has helped in identifying if further interventions around access are necessary or if other supports are needed to encourage residents to get tested and treated for sexually transmitted and blood borne infections (STBBIs). The STI clinic has capacity for online bookings, walk-ins and same day appointments. It can be used by rotational workers from remote campsites or residents outside Yellowknife, provided they have valid NWT healthcare, for free. The STI Clinics medical record system is separate from the territorial electronic medical record the HSS Authorities use.

Point of Care Tests (POCT) continued to be rolled out in 2024-25 as a means of testing individuals in primary care clinics, outreach, and other locations where laboratory services may not be accessible. The Department has provided POCTs to industrial work sites such as mines and to other allied health care professionals, along with training in order to increase access and uptake of testing. As of January 31, 2025, 313 POCTs have been reported to the OCPHO since roll out.

Upon an in-depth review of NWT congenital syphilis cases, a gap was identified with individuals who are not accessing prenatal care. To address this gap the Department hosted 10 health cafes in Yellowknife in 2024-25 working closely with allied services providers to allow for further relationship building with this harder to reach population. There was a registered nurse available for each cafe to provide testing options and link clients to treatment if necessary and cafes allowed for discussion on a variety of topics. Cafes were outside of the health system in locations that underserved clients frequented. The goal of the cafes was to increase trusting relationships and link people to care.

## NWT 811 HEALTH ADVICE LINE

811 provides free and confidential 24-hour health information, mental health and wellness support, and tobacco cessation advice.

The service puts residents in contact with an NWT-registered nurse who will evaluate their situation and provide advice on non-urgent health issues via a landline, cell phone, or if hearing impaired, Canada Video Relay Service (VRS).

Between April 2024 and March 2025, health facilities/services closed 158 times in small communities due to staffing challenges, extreme weather or mandatory rest. The total calls to 811 for this period was approximately 7,400. The average call volume to 811 was 614 calls per month. This is an increase from the first year of implementation of the amalgamated 811 line, which was 338 calls per month. Since launch, 54% of calls have come in after hours or on weekends when clinics are typically closed. In total, over 17,000 calls have been received as of September 18, 2025. 811 has proven to provide trusted advice when resources are limited or unavailable. The service works in tandem with in-person care services and alleviates the strain on the NWT health and social services system by redirecting residents to the appropriate resources or providing medical advice for their individual needs.

The line is available 24/7 to all residents across the NWT. It is one of the few services that is available territory-wide providing equitable services and care for all residents. 811 nurses receive ongoing education on local resources across the NWT, including closures, initiatives, drop-in clinics and specialized care. The Department is committed to providing high-quality medical advice and has mandated that all of the nurses working on 811 have completed *Living Well Together, Indigenous Cultural Awareness and Sensitivity Training*, *NWT Privacy and Health Information Act* training as requirements in their contract. Services are available in over 200 languages, at a time and place that is convenient for residents across the NWT.

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

### OPENING OF ŁIWEGǪ̀ATI BUILDING

The Łıwegǫ̀atì building was opened to public on May 30, 2024, to provide quality health and social services for patients and clients. The Łıwegǫ̀atì building supports the new campus of care model through the co-location of services. It includes integrated teams for primary care, outpatient rehabilitation services, extended care, and long-term care. Operational readiness activities over a number of months ensured coordinated moves of Primary Care and Outpatient Rehabilitation services into the building's first floor. Based on the 2020 LTC projections, 17 LTC beds have been opened in the first phase. This includes 16 LTC beds and 1 respite bed. The 16 LTC beds (15 extended care beds and 1 palliative care bed) shifted to the new building in July 2024 and LTC began new admissions in January 2025.

### PRIMARY HEALTH CARE REFORM

Primary Health Care Reform (PHCR) is part of system transformation and is recognized as an essential part of building a culturally safe and anti-racist HSS system. PHCR is implemented through a portfolio of regional initiatives driven by community priorities and health and social services system data. The organizational culture change and transformation involved in PHCR is intended to improve patient experience, population health outcomes and

health and social services system performance. In 2024-25, the Department, in partnership with the HSS Authorities, led several activities, including:

- In May 2024, primary care services moved into the new Łıwegǫatì facility, and the previous ten teams were consolidated into four integrated care teams (ICTs). This was part of an operational decision to strengthen and fully resource the ICTs where staff can work together each within an optimal scope.
- In July 2024, a multi-disciplinary committee of physicians, nurse practitioners, licensed practical nurses, community health nurses, holistic wellness advisors, and program assistants each representing their respective disciplines was re-established as the Integrated Primary Care Yellowknife Regional Team. They are responsible for working collaboratively to design, plan, implement, and evaluate regional/local PHCR initiatives that enable a new way of working. The Regional Team worked toward increasing equitable access to functional ICTs through continuous quality improvement activities and evaluation.
- In September 2024, in response to staff feedback requesting team building sessions, the four ICTs engaged with an Indigenous scholar and local Elder in a week of workshops to build team relationships, strengthen cohesion and to determine a team name.
- In March 2025, an experience survey was developed and introduced at both Łıwegǫatì and the Same Day Access Primary Care Clinic in Yellowknife. The survey collects point of care data to better understand and inform actions necessary to improve the client experience.

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

### CANCER PREVENTION, SCREENING AND MANAGEMENT

The Department is working to improve early cancer detection by increasing screening participation rates and improving patient outcomes through standardized cancer care at key transition points. A territorial approach to cancer screening and management has been implemented regionally for colorectal, breast and cervical cancers. This approach is guided by the *Charting our Course: Northwest Territories Cancer Strategy.* The strategy has been extended for one year beyond its end date in 2025 to allow for the completion of Cancer Sharing Circles which will inform the next steps for renewed priorities and direction. Cancer Sharing Circles informed the creation of the first strategy and are being used again to ensure that the next steps in improving the quality of cancer care delivery in the NWT and priorities beyond 2025 are informed by residents.

In 2024, the Department established a Cancer Care Strategy Working Group to guide and direct the planning and execution of Cancer Sharing Circles in partnership with Indigenous Governments and organizations across the NWT. The first Sharing Circle was held in Yellowknife in January 2025 (in partnership with Yellowknives Dene First Nation).

In 2024-25, a Cancer Screening Database (CSD) was developed to house cancer screening program data (currently for colorectal and breast, with plans for cervical). This will support

the expansion of cancer screening programs and the transition from opportunistic to an organized approach to screening.

### YELLOWKNIFE PRIMARY CARE CENTRE OTTAWA MODEL FOR SMOKING CESSATION

The Ottawa Model for Smoking Cessation (OMSC) was implemented by the Department in early 2025 to address the needs of systematic smoking cessation support within healthcare settings. The aim is to ensure that all tobacco users receive appropriate treatment and follow-up as part of their routine care. The model has been shown to significantly increase how often healthcare providers advise and assist residents in their efforts to quit or reduce smoking, which has led to increased long-term smoking quit rates; lowered healthcare use; and a lowered risk of premature death in many regions of Canada. On January 20, 2025, Yellowknife Primary Care became the first health care facility in the Northwest Territories to implement the OMSC. Implementing this approach at Yellowknife Primary Care is just the first step the Department is taking to enhance supports for residents who are ready to live a smoke-free life, and work is underway to bring this gold-standard model to Stanton Territorial Hospital and eventually to health centres across the Northwest Territories.

### HEALTHY CHOICES FUND

The Healthy Choices Fund helps eligible non-governmental organizations, community and Indigenous Governments, and HSS Authorities maximize the impact of health promotion and prevention activities that support individuals, families, and communities in making positive lifestyle choices. Department funded initiatives in 2024-25 included a wide range of community health priorities, such as nutrition, physical activity, sexual health, the harms of tobacco and alcohol, and the prevention of unintentional injury. The Healthy Choices budget for 2024-25 was $418,000 and all funds were distributed.

### COMMUNITY WELLNESS INITIATIVES

Community Wellness Initiatives funding was established to reduce health disparities and improve the health and wellness of Indigenous individuals, families, and communities in the NWT. During 2023-25, the Department engaged all communities to review their Community Wellness Plans which included priority setting, planning, and designing that will integrate the social determinants of health while continuing to inform Indigenous health and community wellness priorities of the health and social services system. Renewal of the Northern Wellness Agreement was received in April 2025 as a five-year agreement to provide resources to support community wellness and health promotion capacity. Annual funding will be distributed to 31 Indigenous communities to build capacity for creating, implementing, and updating Community Wellness Plans.

## PRIORITY: IMPROVE AVAILABILITY AND QUALITY OF SERVICES FOR VULNERABLE POPULATIONS

### CHRONIC DISEASE MANAGEMENT (TŁĮCHǪ AND DEHCHO)

The Department has been working with the Tłı̨chǫ Government, the Tłı̨chǫ Community Services Agency, the Dehcho First Nations and the NTHSSA-Dehcho Region to develop an approach and plan for implementation of on-the-land camps for prevention and management of type II diabetes; with activities

that will be driven by community priorities and needs in 2025.

In partnership with Dehcho First Nations, two Indigenous-centered cooking workshops are being planned for community members in the Dehcho region. The workshops are expected to take place in Fall/Winter 2025.

## ANTI-POVERTY INITIATIVES

In 2024-25, the Department worked with other GNWT departments towards eliminating poverty and ensuring residents have access to the supports they need so that they can live with dignity. Through initiatives like the Anti-Poverty Roundtable, Anti-Poverty Fund, and the Territorial Anti-Poverty Action Plan, the GNWT has taken steps to address poverty in key areas like income support, food security, and homelessness. The Department provided support for food security through the Anti-Poverty Fund delivering sustainable, community-driven solutions that directly address the root causes and immediate effects of poverty. They provide stable, sustainable, and integrated solutions and supports, ensuring that people have access to the resources they need to improve their lives and the lives of those around them. The Department was responsible for the annual administration of the Anti-Poverty Fund to community-based organizations to support local poverty reduction projects. In 2024-25, the value of the fund was $1.75 million, and 49 projects led by community and Indigenous organizations from all NWT regions were awarded funding ranging from $15,000 to $130,000.

## EXTENDED HEALTH BENEFITS

The Extended Health Benefits Policy gives NWT residents additional health benefits beyond those covered under the NWT Health Care Plan. In 2024-25, the Department updated the Extended Health Benefits Policy and established income thresholds and cost sharing arrangements. Changes to the policy were made in an effort to ensure equitable access to healthcare benefits while striking a balance between offering assistance to those in need and responsibly managing public funds. Through assessing income, eligibility for benefits is determined by thresholds customized to reflect the unique cost of living in each region. The new Extended Health Benefits Policy came into effect on September 3, 2024. Eligible residents, whose income falls below the low-income threshold, are covered for a suite of benefits at no cost. Those with a higher income are eligible for prescription drug and medical supplies and equipment benefits and must contribute to covering a portion of the cost. The requirement to have a specified disease condition to access benefits has been eliminated. This change is ensuring residents can access a comprehensive suite of benefits without being restricted by the requirement to have a specific medical condition. The changes made to the Extended Health Benefits Policy have no impact on seniors aged 60 and older, as their current benefit levels remain unchanged. The Department is monitoring the uptake and feedback on the new EHB program and determining what improvements can be made to support residents in the application processes.

## OFFICE OF THE PUBLIC GAURDIAN

The *Guardianship and Trusteeship Act* enables a family member, friend, or the Public Guardian to be appointed as legal guardian for adults who do not have the capacity to make personal or healthcare decisions.

The Department is committed to improving guardianship services for adults with cognitive disabilities. In 2024-2025, additional time-limited resources were added to support the OPG to advance processing of new applications and reviews to court.

## MEDICAL ASSISTANCE IN DYING (MAID)

The NWT Medical Assistance in Dying (MAID) program continues to respond to federal MAID changes and initiatives, with work underway to incorporate *National Practice Standards into the Medical Assistance in Dying Guidelines for the Northwest Territories.*

Health Canada conducted Indigenous engagement on MAID across Canada in summer 2024. The Department presented on MAID to the Indigenous Advisory Body in June 2024. The Department also offered to provide information on MAID and any other support to NWT Indigenous governments and organizations to best suit the needs of each respective government or organization, should they wish to engage in discussions around MAID.

MAID in Canada was set to be expanded to those whose sole underlying medical condition is a mental illness (MI-SUMC) in March 2024. However, it was delayed again for three years until March 17, 2027. In May 2024, delegates from the Department and the NTHSSA attended the Canadian Association of MAID Assessors and Providers MAID 2024 Conference, in an effort to prepare for future changes to MAID and engage with representatives from other jurisdictions facing similar challenges related to the anticipated MI-SUMC expansion.

# BETTER ACCESS TO BETTER SERVICES

## PRIORITY: CONTINUOUS QUALITY IMPROVEMENT

Continuous Quality Improvement (CQI) refers to HSS system efforts to improve the quality of our services in response to regular program and service monitoring. The focus areas in 2024-25 were chronic disease prevention and management for diabetes, addiction prevention and recovery, cancer prevention and care, and emergency management.

## ADDICTIONS PREVENTION AND RECOVERY SERVICES

The Addictions Prevention and Recovery Services Work Plan (2022-2024) was released in February 2023 as a response to the issues identified through the 2022 Office of the Auditor General's (OAG) Report and Standing Committee on Government Operations. As of September 17, 2024, 100% of the action items in the Work Plan were completed. The completed action items include:

- Establishment of the Territorial Addictions Working Group to support collaboration among key stakeholders.
- Administration of the single Mental Wellness and Addictions Recovery Experience Questionnaire across the NWT.
- Development of Standard Operating Procedures and tools to support providers in the implementation of the aftercare planning approach.
- Design of a Cultural Safety and Anti-Racism Tool, that will function as a lens for Health and Social Services staff as they develop internal and external documents, programs and policies.
- Review of the Community Counselling Program Standards and the Facility-Based Addictions Treatment Program Manual with updated drafts documentation.
- Creation and implementation of an overarching logic model and monitoring for all core mental wellness and substance use health/addictions recovery programs to support informed decision making.

## EMERGENCY RESPONSE

In 2024-25, the Department and HSS Authorities established an HSS Emergency Management Working Group which oversaw an internal review of the 2023 emergency response operations, insights of which identified best practices, planning, operational gaps and lessons learned from the emergency operations. Further, the Working Group also led the revision of the Health and Social Services Emergency Management Plan in May 2024 and Authority Response Plans to make provisions for caring for clients and patients directly impacted by emergencies and ensure the continued delivery of essential health and social services across the NWT. The health and social services system is committed to doing its part to support a *'whole of government'* response to emergencies. The Working Group continues to provide oversight for HSS system preparedness for emergencies and recovery activities to ensure that we are ready and able to respond when needed.

## PRIORITY: IMPROVE THE EXPERIENCE OF PATIENTS

Understanding patient and client experience is important for assessing quality of care, highlighting where the HSS system is doing well, and identifying areas for improvement. The Department is committed to increasing residents' awareness of programs and

services, as well as their ability to navigate the HSS system, and to improve the overall patient and client experience in the NWT.

The HSS system conducts a biennial Mental Wellness and Addictions Recovery (MWAR) survey to measure awareness, accessibility and service user satisfaction with MWAR supports and services across the territory, including the Community Counselling Program (CCP), facility-based addictions treatment programs, virtual care options, and Helplines.

As recommended in the Office of the Auditor General of Canada's (OAG) report from 2022, *Addictions Prevention and Recovery Services in the NWT*, the MWAR Survey was developed by combining the previous CCP Satisfaction Survey and the Addiction Recovery Experiences Survey into one overarching survey. This combined survey was distributed NWT-wide from January to April 2024. The survey was available to all residents, including those who may benefit from these services in the future, to share valuable feedback about their experiences with mental wellness and substance use health services in NWT communities. The Department is using the survey results to better understand areas for improvement and how experiences differ by different demographic groups. Feedback received is contributing to improving the services residents, their loved ones, or their community already use or may need to use in the future. The survey is conducted every 2 years and will be offered again in 2025-26.

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

### MWAR COMMUNITY SUPPORT FUNDS

The Mental Wellness and Addiction Recovery Fund (MWAR) combines the former On the Land (OTL) Healing Fund, Addiction Recovery Peer Support Fund, and Addiction Recovery and Aftercare Fund to prioritize Indigenous Governments and reduce the burden of compiling and completing multiple applications and reports. The Fund supports the delivery of community-based mental wellness and addiction recovery programs that meet the unique needs of the respective communities.

There were a total of twenty-one (21) agreements in 2024-25 and over $3.05 million in funding committed to multiple communities.

The Community Suicide Prevention Fund remains separate from the MWAR Fund and supports the delivery of culturally safe programs focusing on the prevention of suicide by increasing community wellness, reducing stigma, and supporting the development and implementation of suicide prevention strategies. Ten agreements were signed in 2024-25, with the entire budget of $795,000 committed to multiple NWT communities.

### MENTAL WELLNESS SUPPORTS

The GNWT continued its partnership with the Mental Health Commission of Canada (MHCC) and Stepped Care Solutions to support the ongoing sustainability of a Stepped Care 2.0 (SC2.0) approach territory-wide in the NWT's CCP in 2024. Services have been expanded to greatly reduce wait-times and improve the accessibility of these services by introducing same day, drop-in and scheduled counselling appointments. Several e-Mental health initiatives also continue to be available,

providing additional options and flexibility to children, youth, adults, and families. These virtual options include aftercare programming, parenting coaching, support for anxiety, depression, and overall wellness.

Additionally, 811 recently expanded their services to include mental health and wellness supports that would have previously been provided via the NWT Help Line and the Quitline. This supports NWT residents with an easy to remember three-digit number for all of their health and wellness needs. It is available in several languages, 24 hours a day, 7 days a week.

The Department also funds and promotes a Facility-Based Addictions Treatment Program, which has recently seen a significant increase in applications from individuals seeking inpatient treatment for substance-related disorders.

## TRANSITIONAL HOUSING FOR ADDICTIONS RECOVERY (THARP)

On March 10, 2025, the Department, in partnership with Housing NWT, the Salvation Army and the City of Yellowknife, opened a new transitional housing program for recovery addictions in Yellowknife. The government secured $1.3 million in federal funding through the City's partnership with Canada's *Reaching Home* strategy to purchase and renovate the home.

This program is part of the Department's broader effort to strengthen addiction recovery supports and expand community-based aftercare. It offers a safe, sober living environment for individuals returning from addictions treatment, providing stability as they reintegrate into the community.

With immediate needs such as food and shelter addressed, residents can focus more intentionally on their recovery and on housing. Within this supportive environment, residents have the opportunity to reduce the risk and harms of relapses, build sober relationships and activities, pursue education or employment, and strengthen the skills and connections needed to explore housing options and access appropriate community supports.

A second site is anticipated in late 2025 in partnership with the Inuvialuit Regional Corporation. Together, these programs represent an important step forward in providing safe, stable housing and recovery-focused supports for individuals completing addictions treatment.

## ALCOHOL STRATEGY

To reduce alcohol-related harm and improve wellness for all NWT residents, since 2022-23, the NWT Committee on Problematic Substance Use has been tasked with implementing the actions of the NWT Alcohol Strategy. Work continued on the Strategy's actions during 2024-25, with key highlights being:

- **Public Awareness & Education**: Enhanced communications on mental wellness and substance use supports are ongoing, including territorial mail-outs, regional posters, and digital resources. Updated school curricula now embed substance use education from grades 1 to 12.
- **Policy & Regulation**: The *Liquor Act* was amended to give communities more flexibility around alcohol sales. A pricing review by the NTLCC

with new pricing structures is under development for Fall 2025.

- **Community Support & Prevention**: The MWAR Fund and the Community Suicide Prevention (CSP) Fund provide funding directly to communities to support local prevention and wellness programming. In 2024–25, there were a total of 21 MWAR agreements and 10 Community Support and Prevention agreements; both funds were fully allocated. The Healthy Families program continues to provide substance use resources and service navigation support.
- **Health Promotion**: Initiatives promoting alcohol-free events and alternatives, including mocktail campaigns and recipe books, have been rolled out. Community toolkits and drug information sheets are now publicly available.
- **Community Safety**: A Community Safety Officer (CSO) pilot in Fort Liard has responded to over 700 incidents and offers support services, wellness checks, and public safety presentations. Evaluation is planned for 2026.
- **Service Expansion**: Under a 2023 bilateral agreement, over 20 new positions have been / are being added to the health and social services system to improve access to substance use services. A medical detox program with beds at Stanton Territorial Hospital launched in Fall 2024.
- **Workforce Training**: A Territorial Nurse Educator was hired in Fall 2024 to lead substance use-focused training to health and social services system staff. System-wide education on referral processes and best practices is underway, with ongoing evaluation through 2026.

The Alcohol Strategy continues to evolve, with improvements guided by lessons learned from ongoing initiatives. An Evaluation and Monitoring Plan has been drafted and is currently under review by the cross-departmental Evaluation and Monitoring Working Group.

In 2024–25, the Department provided funding for the Managed Alcohol Program at the Spruce Bough supported housing site. Work on the remaining actions under the Strategy is ongoing, with a strong focus on sustainable, community-informed implementation.

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

### SENIORS' STRATEGIC FRAMEWORK

In collaboration with other GNWT departments, engagement with key shareholders, and through partnerships with communities and Indigenous Governments, the Department released the *GNWT Seniors' Strategic Framework* in September 2023. This framework identifies 20 focus areas to be advanced to support aging in place with dignity.

As part of this framework, the Department in collaboration with Health Canada have amended the Aging with Dignity Bilateral Agreement in February 2025, to include a focus on recruitment and retention measures for Personal Support Workers (PSWs) in the Northwest Territories. PSWs are professional care providers equipped with the training and expertise needed to work in critical programs like home and community care, long-term care, extended care, and supportive living. The funding through this amendment is supporting

the enhancement of education programs offered by Aurora College for PSWs and the hiring of PSW educators in the HSS Authorities to provide ongoing mentoring, training and support to PSWs in the territory.

Other areas of work completed in alignment with the Strategic Framework include the release of an updated version of the Seniors' Information Handbook in Summer 2024 with enhanced information on safety, continued funding to the NWT Seniors Society and engagement with Indigenous Governments and communities regarding in community supports to better support aging in place.

## EXTENDED CARE AND LONG-TERM CARE

Long Term Care (LTC) and Extended Care provide a home-like environment when Home and Community Care (HCC) services can no longer support individuals to remain safely in their home and community. The Department has taken significant steps to improve long-term and extended care capacity in the territory. The opening of *Łıwegǫatì* in Yellowknife was a major achievement in 2024-25. In January 2025, admissions to *Łıwegǫatì* helped in reducing wait times and improved access to LTC for seniors. The Department works with NWT Bureau of Statistics to complete LTC bed projections every 5 years; projections provide support in capital planning for future LTC builds. LTC projections are to be completed for Fall of 2025, and this will help determine when further LTC beds will be required.

New long-term care standards were also introduced in February 2025 to further improve quality and carry-out best practices that promote culturally safe, dignified, and respectful care.

## ADDRESSING ELDER ABUSE

Elder abuse is occurring on a daily basis across the territory. Elder abuse is commonly committed by family members and as such, overlaps with family violence. However, friends, caregivers, and service providers may also abuse an Elder. Addressing the numerous individual, relationship, community, and societal risk factors for elder abuse requires a holistic response. The Department has been working to increase awareness and educate the public, communities, and service providers about Elder abuse. In 2024-25, $16,000 was allocated for Department-led Elder Abuse Awareness and training development activities. These funds were used to translate the Elder Abuse materials into the NWT Indigenous languages and for relevant contracted design costs. Reflecting the *Seniors Strategic Framework's* pillar of Safety, a more robust Safety and Security section was incorporated into the 2024 Seniors' Information Handbook. The updated Elder Abuse Poster and Fact Sheet, explaining the five types of Elder Abuse, common warning signs, and where to seek help, were also included in the Handbook. The Handbook was released on July 29, 2024, widely distributed in the summer of 2024 and is available online.

In June 2024, the Department also ran a territorial-wide Elder Abuse awareness campaign consisting of digital ads, social media posts, and radio ads in multiple official languages. Further, $210,000 of the Seniors Annual budget was allocated to the NWT Seniors' Society in 2024-25 for seniors' initiatives, which included facilitating the NWT Network to Prevent the Abuse of Older Adults and a Train the Trainer Workshop for community members to lead "*Addressing Elder Abuse*" workshops.

## PRIORITY: IMPROVE SERVICES AND SUPPORTS FOR CHILDREN AND THEIR FAMILIES

### HEALTHY FAMILY PROGRAM

The Healthy Family Program renewal is a multi-year project informed by families and communities, that responds to the Truth and Reconciliation Commission's call to develop culturally appropriate early childhood education programs for Indigenous families. Within the renewed program, Healthy Family Program staff fill a unique position within the HSS system by providing culture-based prevention activities, family and community-driven programming, and collaboration between early childhood programs and organizations. During 2024-25, Healthy Family Program staff were engaged to inform the development of a staff competency framework. This draft framework is responsive to staff and community needs and rooted in equitable and culturally safe service delivery practices.

### CHILD AND FAMILY SERVICES

In October 2023, the Child, Youth and Family Services Strategic Direction and Action Plan (2023-2028) was released to fundamentally shift the Child and Family Services (CFS) system towards a culturally safe system. The Action Plan is intended to help address the overrepresentation of Indigenous children and youth in CFS.

Progress on key actions in 2024-25 include:

- In July 2024, the Department reached out again to all Indigenous Governments in the NWT with an offer to meet and discuss its implementation of the Federal Act. This offer remains active, should an Indigenous Government want more information on the GNWT's implementation of the Act.
- The Department held an in-person gathering in May 2024 to formally launch the "Care Rooted in Indigenous Practices" project, scope out the project with key partners and Elder advisors, and inform next steps.
- Between January and March 2025, 73 NWT engagement reports were analyzed into principles and values to underpin the redesign of foster care; 80 models of care were reviewed and scored against the principles and values, along with the feasibility of implementation in the NWT; and a synthesis report was completed outlining challenges and opportunities for model development and implementation, including recommendations on community engagement.
- In collaboration with the Cultural Safety and Anti-Racism division, videos are being created to showcase Indigenous systems of care. Filming concluded in March 2025, and final products are anticipated by September 2025. The aim is to communicate important Indigenous practices that contribute to keeping children and youth safe through storytelling.
- In October 2024, the first steps of the implementation plan for the HEART and SPIRIT[2] training was initiated. This involved a 3-day workshop where participants shared their insights and experiences, helping to generate the vision for the NWT and draft plans on how to move forward.

2 - *HEART: Helping Establish Able Resource-Homes Together. SPIRIT: the Strong Parent Indigenous Relationships Information*

- Throughout 2024-25, the Department participated on the Child Welfare League of Canada's pilot project to support equitable transitions to adulthood for youth in care.
- In February 2025, the Cultural Safety and Anti-Racism division launched the Indigenous Employee Connections Community to foster connections for HSS Indigenous employees to support, share experiences, learn and empower one another in a good way.

***Note:*** *For more details on CFS activities, please refer to the 2024-2025 Annual Report of the Director of Child and Family Services.*

### *INUVIALUIT COORDINATION AGREEMENT AND FISCAL AGREEMENT*

As part of the federal *Act respecting First Nations, Inuit and Métis children, youth and families* (Federal Act), the Inuvialuit Coordination Agreement and Fiscal Agreement was signed on September 30, 2024, by the GNWT, Inuvialuit Regional Corporation, Government of Canada and the *Qitunrariit Inuuniarnikkun Maligaksat.* This is the first coordination agreement implemented under the Federal Act in the territory, and the first for Inuit in Canada. This historic agreement identifies how the implementation of the Inuvialuit *Qitunrariit Inuuniarnikkun Maligaksat*, also referred to as the Inuvialuit Family Way of Living Law, will be supported in the NWT. Instead of the GNWT's community social services workers, the *Maligaksat* will administer child wellbeing and advocacy programs for Inuvialuit children, youth, and families across the territory, including voluntary child and family support services and agreements. The Department will also collaborate with *Maligaksat* in areas of protection services like investigations, cultural continuity, and housing continuity planning for the Inuvialuit and will still maintain responsibility for prevention, including voluntary support and protection services, for First Nations, Métis, other Inuit such as the Nunavummiut, and non-Indigenous children, youth, and families.

# QUALITY, EFFICIENCY AND SUSTAINABILITY

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

### CULTURAL SAFETY AND ANTI-RACISM

Ensuring quality care means ensuring culturally safe care. Cultural safety aims to address inequities experienced by Indigenous residents when accessing health and social services. To work towards achieving cultural safety, the Cultural Safety and Anti-Racism (CSAR) division within the Department aims to create a system-wide environment where Indigenous Peoples feel safe, respected, and free of racism and discrimination when accessing health and social services.

In June 2024, CSAR held a two-day training session in Behchokǫ̀; which revealed that the approach to delivering cultural safety and anti-racism training to HSS staff required significant change. CSAR presented to the Indigenous Advisory Body (IAB) and requested their support to pause training to receive facilitation training from an outside organization – the IAB supported CSAR fully. With the support of the IAB, the ADM and DM, and the Minister of Health, CSAR paused their training and started focusing on becoming trained facilitators.

On October 11, 2024, CSAR and the Community, Culture and Innovation (CCI) division began work on Anti-Racism Executive Training. This training involves leadership from the Department, as well as from the Department of Justice, Department of Finance, Executive and Indigenous Affairs, and the NTHSSA. Seven sessions were held between October 2024 and March 2025.

In November 2024, the CSAR division participated in Anti-Racism Framework Development Training from the Centre for Equity and Inclusion based out of Portland, Oregon. The training provided a template to identify the three forms of racism (cultural, personal, and institutional) and works to transform organization culture, operations, and services. The CSAR division will be adapting the Framework to the NWT context. This training took place in Yellowknife from November 20 – 22, 2024. CSAR and CCI have also received Anti-Racism Facilitation Intensive training from the Centre for Equity and Inclusion. This training specifically introduces new terms, understanding of the work in anti-racism and focuses on skills for facilitating discussions on race equity. The sessions were held in Yellowknife on December 4-5, 2024, and February 6-7, 2025.

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

The Department is committed to supporting health and social services-related research to inform evidence-based decision making. The Department maintains interest in partnerships with collaborators across the HSS system and external to the system, such as academic institutions, territorial and federal government departments, Indigenous Governments and organizations, communities, and the private sector to advance the research priorities of the HSS System. The NWT HSS system research priority areas are published in the *GNWT Health and Social Services Research Agenda*.

The current priorities include:

- Improving the health status of the population through prevention and education
- Improving access to primary care services
- Mental health and addictions
- Child and family services
- Addressing disparities in Indigenous[3] health

## HSS RESEARCH PARTNERSHIPS

### *Yellowknife Health Effects Monitoring Program (YKHEMP)*

YKHEMP is a longitudinal study (2017-2028) monitoring the health effects for residents in Yellowknife, Ndilǫ, and Dettah exposed to arsenic and other metals of concern. The Department continued to participate as a member of the YKHEMP Advisory Committee during 2024-25. This project is led by the University of Ottawa.

### *SPARK Research Advisory Committee*

The Department continued to participate in the SPARK Research Advisory Committee in 2024-25, in support of the ongoing research project titled Spark Inspiration: Policy Strategy for Retention and Support of Indigenous and Northern Youths' Pursuit of Health care Careers in the Northwest Territories, a research project being led by Aurora College.

### *Hotìì ts'eeda NWT Strategy for Patient-Oriented Research (SPOR) Support Unit*

Hotìì ts'eeda is a research support centre for community members, organizations, and researchers involved in NWT health and health research. Hotìì ts'eeda and the Department collaborate to connect researchers with communities and Indigenous organizations, to support recognition of NWT health research priorities, and develop a health system that is culturally competent and inclusive of Indigenous methodologies and ways of knowing. In May 2024, the Department also participated in the Hotìì ts'eeda Eɬèts'ehdèe Gathering which had the theme: *Land, Resilience and Relations*, which was selected with the guidance of Tłı̨chǫ Elders, due to the critical importance of Land in all aspects of northern and Indigenous health and wellness.

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

The NWT health information framework depends on multiple information systems to manage territorial health services for patients and clients. Moving to new health information systems presents an opportunity to review future information system needs, and advancements in technology to enhance changes such as Primary Health Care Reform. The pandemic highlighted longstanding issues and gaps in pan-Canadian health data management, and fragmented information technologies that require attention to enable timely public health response to communicable infection and care closer to a client's home community.

Planning for retirement and replacement of core health information systems is part of a broader goal to create a more complete patient record and to improve information sharing for providers, partners, and clients. The Electronic Health Record (EHR) initiative is a coordinated modernization of eHealth systems across the territory. The EHR project was continued during 2024-25, and the Department

3 - The Department recognizes that the GNWT Health and Social Services Research Agenda uses the term "Aboriginal", however, this term is no longer appropriate and has been replaced by "Indigenous" in this report.

progressed by completing requirements in preparation for a modernized clinical charting information system.

In summer 2024, an addition to the GNWT shared online platform for GNWT services enabled online applications for Vital Statistics documentation (marriage, death, and birth certificates). Implementation of changes to the Extended Health Benefits program was also supported with technology and completed in September 2024.

## PRIORITY: STRATEGIC INVESTMENTS TO EFFICIENTLY MANAGE OUR ASSETS FOR THE DELIVERY OF PROGRAMS AND SERVICES

Strategic investment in infrastructure that will improve the delivery of programs and services will better position the territory to efficiently manage its assets. To support the GNWT mandate, capital investments are focused on Elders, health technology, vulnerable populations, small communities, and leased assets.

Significant projects in progress in 2024-25 are noted below.

### INFRASTRUCTURE ACQUISITION PLAN APPROVED PROJECTS

| COMMUNITY | PROJECT TYPE | DESCRIPTION |
|---|---|---|
| **Hay River** | Long Term Care Facility-Construction of 24 Bed Long Term Care Facility | 2024 project has approval for 24 LTC beds.<br><br>Construction expected to start as early as Spring 2027, with duration estimated at 3–5 years. |
| **Territorial** | Medical Equipment Evergreening | A Low Temperature Sterilizer (installed and commissioned in May 2024), three Operating Microscopes (installed and commissioned in August 2024), one Osmometer (installed in March 2024, ongoing commissioning work into 25/26FY) and one Facial Nerve Monitor (installed and commissioned in February 2025) were replaced in Yellowknife.<br><br>A Mammography System (installed in March 2024, fully commissioned November 2024) and one Operating Microscope (installed August 2024 with ongoing deficiency work into 25/26 FY) were replaced in Inuvik.<br><br>An upgrade to the Physiological monitoring systems in Yellowknife, Inuvik, Hay River and Ft. Smith began in October 2024 with ongoing work continuing into the 25/26 FY.<br><br>An upgrade to the x-ray systems in 14 of 20 communities was completed (installed between May 2024 and March 2025), with ongoing work continuing into 25/26 FY for the final six (6) communities. |

| | | |
|---|---|---|
| **Tulita** | Health and Social Services Centre- Construction of Level B Health and Social Services Centre | The contractor has remobilized to the site, and work has resumed as of June 2024.<br><br>The project in construction and estimated to be completed by Fall/Winter 2026. |
| **Yellowknife** | Wellness and Recovery Centre - Construction of the Wellness and Recovery Centre | Clarke Builders was awarded the construction contract on July 3, 2024.<br><br>The Centre is in construction with project completion expected in Winter 2026 with an occupancy date targeted for late 2026. |
| **Fort Simpson** | Health and Social Services Centre - Construction of a HSS | Off-island analysis in progress; site visits: occurred from February-April 2025 and then continued in June and August 2025.<br><br>Functional Program, Needs Assessment, Operational Plan, and Block Planning are underway. |
| **Fort Simpson** | LTC Facility - Long Term Care Center Planning | Off-island analysis in progress; site visits: occurred from February-April 2025 and then continued in June and August 2025.<br><br>Functional Program, Needs Assessment, Operational Plan, and Block Planning are underway. |
| **Inuvik** | LTC Facility - Long Term Care Center Planning | Project in Planning Phase. RFP for Operational Planning to be issued Winter 2025.<br><br>RFP for Schematic Design and Class C Cost estimate expected to be posted on Spring 2026. |
| **Fort Smith** | LTC Facility - Long Term Care Center Planning | Project is in the Planning Phase, there is a feasibility study and schematic design/class C for level 3. |
| **Yellowknife** | Stanton Legacy BLDG Renovation | The facility has been turned over to NTHSSA and the Primary Care and Outpatient Rehab Services officially opened in May 2024 and Extended Care in July 2024. |
| **Fort Smith** | CFS Lease Space - Lease Tenant Improvements | Substantial Completion was achieved as of December 2024 and was fully occupied as of April 2025. |

| | | |
|---|---|---|
| **Hay River** | Woodland Manor - Architectural repairs | Contract for design work was awarded to a consultant in January 2024.<br>Tender for construction of required renovations expected to commence Spring 2026. |
| **Hay River** | Woodland Manor - Electrical | Contract for design work was awarded to a consultant in January 2024.<br>Tender for construction of required renovations expected to commence Spring 2026. |
| **Fort Smith** | HC-Safe Room | Construction started in April 2024, and the room was substantially completed in March 2025 |
| **Inuvik** | Nurse Call System - Acquisition of Nurse Call System for LTC Inuvik Facility | The contract was awarded to Northern Integration Ltd. in May 2025. Work is expected to be completed in Winter 2025. |

## THE PROFESSIONAL LICENSING OFFICE

The Professional Licensing Office (PLO) is responsible for the administration of all legislation and frameworks governing GNWT regulated health and social services professionals, with the mandate of ensuring protection of the public in the provision of health and social services. In 2024-25 the PLO was responsible for the regulation of 13 different professions.

On March 31st, 2025, there were a total of 1,274 registered professionals licensed to practice in the NWT.

| | | |
|---|---|---|
| Physicians: 736 | Physician Education Permits: 14 | Social Workers: 157 |
| Psychologists: 117 | Pharmacists: 77 | Dentists: 52 |
| Dental Hygienists: 39 | Veterinarians: 36 | Ophthalmic Medical Professionals: 12 |
| Midwives: 12 | Corporations: 11 | Dental Therapists: 2 |
| Naturopathic Doctors: 2 | Denturists: 1 | Optometrists: 0 |

# STABLE AND REPRESENTATIVE WORKFORCE

The three strategic priorities under the system goal of Stable and Representative Workforce are:

- Improve labor 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 in collaboration with the HSS authorities are being led to address these priorities. Amendment of the Aging with Dignity Bilateral Agreement to include a focus on recruitment and retention measures for Personal Support Workers in the Northwest Territories is one example of the work carried out in 2024-25.

## NWT HSS HUMAN RESOURCE PLAN

The *2021-2024 Northwest Territories Health and Social Services System Human Resources Plan* (HR Plan) was developed to address continuing challenges related to recruitment and retention of health care providers. The goals, objectives, and actions being carried out through the HR Plan aimed to address the medium- and long-term HR needs of the HSS System, addressing core challenges negatively impacting recruitment and retention in the coming years.

The Department and HSS Authorities continued to collaborate to progress initiatives outlined in the HR Plan during 2024-25 and released the 2021-2024 Human Resources Results Report and the *2024-2025 Bridging Plan.* Over the past three years, the HR Plan implemented foundational initiatives, including entry and exit surveys, the Health and Social Services Learning Management System, the Specialized Nursing Transition Program, and the Community Health Nurse Competency Development Program, all of which have helped strengthen the health and social services workforce.

The *2024-2025 Bridging Plan* built on these accomplishments and established a strong foundation for the upcoming *2025-2028 People Strategy,* which will focus on supporting employee retention, enhancing productivity, improving organizational agility, implementing effective marketing strategies, and ensuring sustainable growth across the NWT health and social services system.

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

The Department moved forward on several legislative initiatives in 2024-25.

### *CHILD AND FAMILY SERVICES ACT*

Work on proposed amendments to the Child and Family Services Act (CFSA) progressed with feedback gathered through public engagement resulting in a Legislative Proposal being completed and referred to Social Development Committee of Cabinet for further review.

### *VITAL STATISTICS ACT*

Work progressed to correct a legal error with respect to mature minors' applications to change gender indicated on documents, add professional that must certify a death, and allow for more than two parents on certificates, certificates without gender indicator, and gender change certificates when not born in NWT. A Legislative Proposal was approved by Cabinet January 2025.

### *CHANGE OF NAME ACT*

Two approved amendments were approved by Cabinet in January 2025 to align with amendments in the Legislative Proposal for *Vital Statistics Act*.

### *HEALTH AND SOCIAL SERVICES PROFESSIONS ACT*

Proposed amendments to clarify the role of the registration committee, clarify the role of the registrar, require mandatory employer reporting of employee unprofessional conduct and to modernize language, including the use of gender-neutral pronouns has progressed. Public engagement took place in July and August 2024 resulting in a *What We Heard Report* published December 2024. Subsequently, a Legislative Proposal was drafted.

### *PHARMACY PROFESSION REGULATIONS*

Public engagement on proposed key elements took place in July-August 2024 resulting in a *What We Heard Report* published in December 2024. Drafting instructions are underway.

### *DENTAL HYGIENE PROFESSION REGULATIONS*

Public and stakeholder engagement took place in September-October 2024 resulting in a *What We Heard Report* published in January 2025. Drafting instructions are underway.

### *REPORTABLE DISEASE CONTROL REGULATIONS*

Amendments came into force July 2024 to update resource documents and requirements for contract tracing in relation to control measures for reportable diseases.

# Financial Highlights

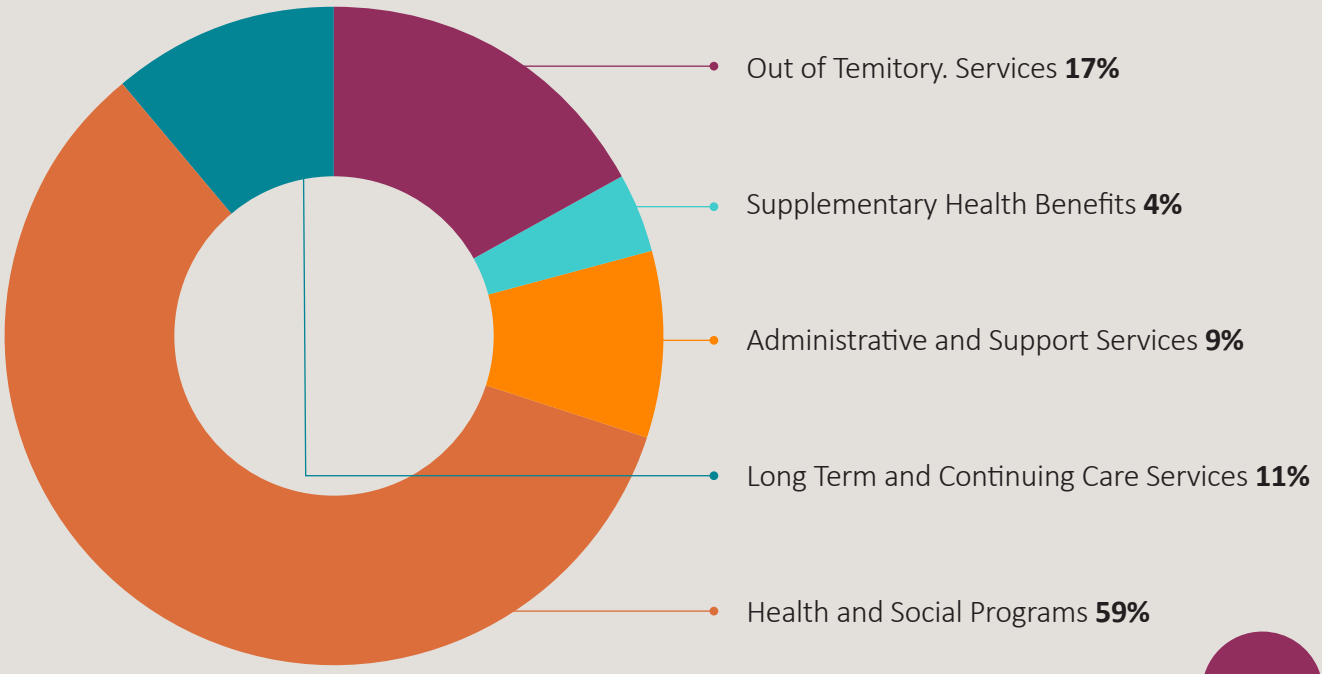
## EXPENSES

In 2024-25, the Department spent $744.7 million on operations, of which $515 million went directly to the HSS Authorities to administer and deliver programs and services. This represents 69% of the Department's total expenditures. The Department also invested $33.8 million in capital infrastructure projects in 2024-25.

### 2024-25 ACTUAL EXPENDITURES BY ACTIVITY (IN THOUSANDS)

| | 2024-25 | 2023-24 |
|---|---|---|
| **Activity** | **Actuals** | **Actuals** |
| Administrative and Support Services | 68,115 | 60,843 |
| COVID Secretariat | - | 14 |
| Health and Social Programs | 440,671 | 393,925 |
| Long Term and Continuing Care Services | 78,003 | 71,567 |
| Out of Territory Services | 127,432 | 99,817 |
| Supplementary Health Benefits | 30,520 | 46,756 |
| | **$ 744,741** | **$ 672,922** |
| Capital Expenditures | 33,784 | 14,589 |
| | $ 778,525 | $ 687,511 |

### 2024-25 PROPORTION OF O&M EXPENDITURES BY ACTIVITY



The Department's total expenditures increased by a net change of $71.8 million over the prior year, or 10.67%.

- At the Department, increases were largely because of costs related to increased compensation to staff resulting from new collective agreements, Facility-Based Addictions Treatment, care provided in hospitals outside the territory, services for non-residents accessing NWT hospitals and physicians; and residential care out of territory for children.
- Increased funding was provided to the Authorities to support increased costs in the delivery of program and services such as physician services and supported living, and to address inflation on contracts, supplies and drugs.

## REVENUES

The Department received $125.6 million in 2024-25 from third parties for shared priorities. Funding from federal partners supports the delivery of programs and services by the HSS system. The Department finalized 4 significant agreements.

- Territorial Health Investment Fund (THIF) Agreement is for $10 million annually over five years, ending March 31, 2028.
- Shared Health Priorities – Working Together to Improve Health Care for Canadians Agreement, the initial 3-year action plan and agreement have been finalized for $24.18 million over the first three years with $8.06 million available each year through March 31, 2026. The funding is for:
  - Family Health Services
  - Health Workers and Backlogs
  - Mental Health and Substance Use
  - Modernizing Health Systems
- Aging With Dignity Agreement, the initial 5-year action plan and agreement have been finalized for $12.2 million over the first five years with $2.58 million available each year in 2023-24 through 2026-27, and $1.88 million in 2027-28. In addition, Personal Support Worker (PSW) funding was added in January 2025, totaling $5.3 million over five years. This funding begins at $1,030,000 in 2024–25, increasing by $10,000 each year to reach $1,070,000 in 2028–29. Funding under this agreement now supports:
  - Home and Community Care Services
  - Improvements for Long Term Care Standards
  - Personal Support Workers initiatives
- Non-Insured Health Benefits, a new $94.6 million agreement over 2 years covering 2023-24 and 2024-25 was signed in March 2024. Discussions with Canada continued over 2024-25 toward a new agreement to be effective April 2025. As of September 2025, a new agreement has not yet been negotiated, but GNWT continues to administer the NIHB on behalf of the federal government.

## FISCAL SUSTAINABILITY

In 2024–25, the Department of Health and Social Services continued to face significant fiscal pressures driven by rising demand, increased service complexity, and inflationary costs across the health and social services system.

### KEY COST DRIVERS INCLUDED:

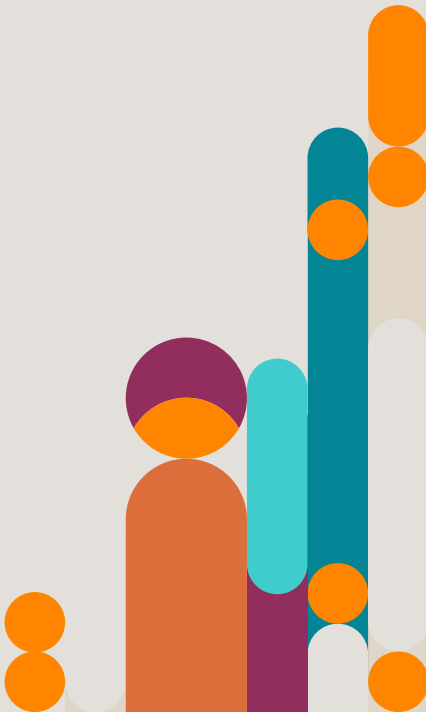
- **Compensation and Benefits**: Collective agreement retroactive pay, unmet vacancy factors, and overtime costs. The Department also experienced increased costs associated with double-filled positions and increased Workers' Safety and Compensation Commission fees.

- **Grants, Contributions and Transfers**: Funding to Health and Social Services Authorities to address service delivery cost pressures, third-party funded agreements, and physician recruitment and retention payouts. These investments were necessary to maintain service levels and respond to emerging needs.
- **Other Expenses**: Significant costs drivers included Out-of-Territory Services, where utilization of inpatient and outpatient hospital services, addictions treatment, and supported living services for children increased sharply.
- **Amortization**: New assets brought into service, including the Child and Family Services Information System and Diagnostic Imaging System, contributed to higher amortization costs, reflecting ongoing capital investments in infrastructure and technology.

To address these pressures, the Department implemented several fiscal sustainability measures, including:

- **Adjustments to** Extended Health Benefits (EHB) policy introduced income thresholds and cost-sharing arrangements to ensure equitable access while responsibly managing public funds.
- **Operational Efficiency Initiatives**, in its mandate to define core health and social services for the NWT, including insured services, the Healthcare System Sustainability (HCSS) Unit is undertaking a review of the health and social services system that will explore options to improve sustainability and efficiency across the system while protecting access to essential care.
- **Strategic Investments in Infrastructure and Technology**, including the opening of the Łıwegǫ̀atì facility, upgrades to medical equipment, and planning for a new electronic medical records are expected to improve and sustain service delivery.

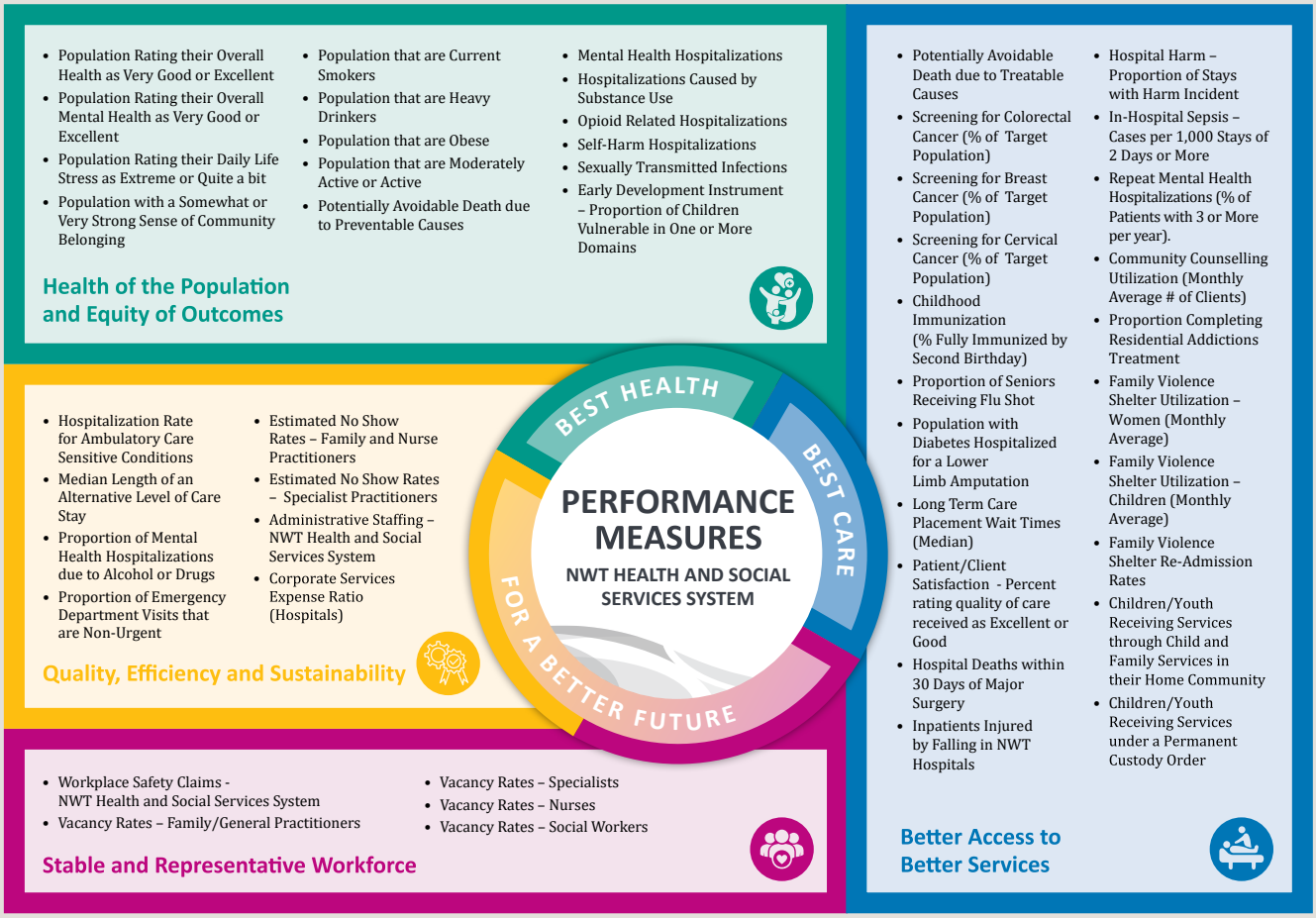
The Department remains committed to balancing quality care with financial stewardship. As part of this commitment, performance measures and cost drivers are monitored closely to inform future planning and ensure the long-term sustainability of the health and social services system.



# Performance Measures

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

## **PERFORMANCE MEASURES** NWT HEALTH AND SOCIAL SERVICES SYSTEM



The indicators under **Health of the Population and Equity of Outcomes** are focused on the overall health and wellness of the population. The objectives of this goal are to support the health and wellness of the population, promote healthy choices and personal responsibility through awareness and education, protect health and prevent disease, provide targeted access to services for high-risk populations, and reduce disparities in health status and impacts of social determinants.

Under **Better Access to Better Services**, indicators examine the access, quality and responsiveness of care, and services provided to children, individuals, families, and communities. The objectives of this goal are: to: ensure that care and services are responsive to children, individuals, families, and communities; provide equitable access to safe, quality, care and services that are appropriate for residents' needs; reduce gaps and barriers to current programs and services; enhance the patient/client experience; and ensure programs and services are culturally safe and respond to community wellness needs.

Under **Quality, Efficiency and Sustainability**, the indicators focus on measuring the efficiency of the system as it relates to the future sustainability of the overall HSS system. The objectives of this goal are to support innovation in service delivery; improve accountability and manage risk; and ensure appropriate and effective use of resources.

Under **Stable and Representative Workforce,** the indicators reflect efforts to recruit and retain staff in essential positions and to ensure a safe working environment. The objectives of this goal are to build a sustainable health and social services workforce and enhance the skills, abilities and engagement of the HSS workforce.

## STATISTICAL SUMMARY

The following summary of performance indicators provides a snapshot in time of the 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 • uncertain

## BEST HEALTH

| PAGE NUMBER | BEST HEALTH INDICATORS | MOST RECENT TIME PERIOD | PREVIOUS TIME PERIOD | SHORT-TERM CHANGE | LONG-TERM TREND |
|---|---|---|---|---|---|
| 53 | Population Rating their Overall Health as Very Good or Excellent | 47.9% | 57.4% | ↓ | n/a |
| 53 | Population Rating their Mental Health as Very Good or Excellent | 44.4% | 58.6% | ↓ | n/a |
| 53 | Population Rating their Daily Life Stress as Extreme or Quite a Bit | 21.1% | 20.8% | No | n/a |
| 53 | Population with a Somewhat or Very Strong Sense of Community Belonging | 76.2% | 77.8% | No | n/a |
| 54 | Population that are Current Smokers | 32.8% | 24.2% | ↑ | n/a |
| 54 | Population that are Heavy Drinkers | 30.4% | 28% | No | n/a |
| 54 | Population that are Obese | 32.7% | 30% | No | n/a |
| 54 | Population that are Moderately Active or Active | 56.8% | N/A | No | n/a |
| 55 | Potentially Avoidable Mortality due to Preventable Causes (Deaths per 10,000) | 23.7 | 21.5 | No | ↓ |
| 56 | Mental Health Hospitalizations (Discharges per 1,000) | 12.3 | 12.9 | No | ↑ |
| 57 | Hospitalizations Caused by Substance Use (Discharges per 1,000) | 15.2 | 16.0 | No | ↑ |
| 58 | Opioid Related Hospitalizations (Discharges per 10,000) | 3.4 | 6.0 | ↓ | ↑ |

| PAGE NUMBER | BEST HEALTH INDICATORS | MOST RECENT TIME PERIOD | PREVIOUS TIME PERIOD | SHORT-TERM CHANGE | LONG-TERM TREND |
|---|---|---|---|---|---|
| 59 | Self-Harm Hospitalizations (Discharges per 10,000) | 22.4 | 23.9 | No | Stable |
| 60 | Sexually Transmitted Infections (Cases per 1,000) | 31.1 | 27.7 | ↑ | ↑ |
| 61 | Early Development Instrument - Proportion of Children Vulnerable in One or More Domains | 38% | 36% | No | n/a |

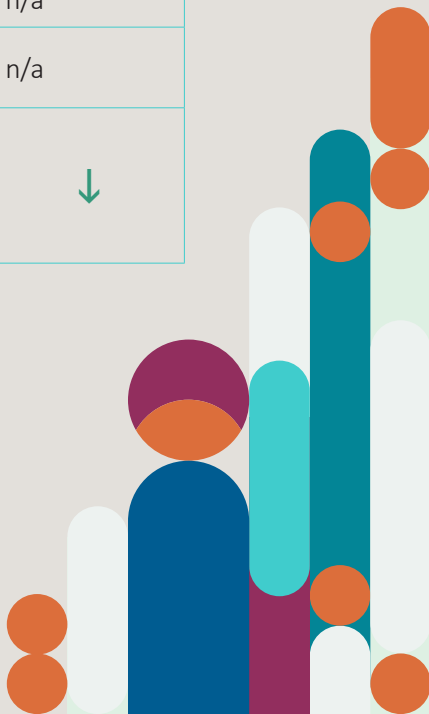
## BEST CARE

| PAGE NUMBER | BEST CARE INDICATORS | MOST RECENT TIME PERIOD | PREVIOUS TIME PERIOD | SHORT-TERM CHANGE | LONG-TERM TREND |
|---|---|---|---|---|---|
| 62 | Potentially Avoidable Mortality due to Treatable Causes (Deaths per 10,000) | 9.3 | 9.7 | No | ↓ |
| 63 | Screening for Colorectal Cancer (% of Target Population) | 26.2% | 28.2% | No | Stable |
| 63 | Screening for Breast Cancer (% of Target Population) | 55.8% | 55.8% | No | ↓ |
| 63 | Screening for Cervical Cancer (% of Target Population^) | 41.6% | 45.0% | No | ↓ |
| 64 | Childhood Immunization (% Fully Immunized by Second Birthday) | 73.4% | 72.5% | No | n/a |
| 65 | Seniors receiving the Flu Shot | 43% | 46% | No | ↓ |
| 66 | Diabetes Prevalence | 9.2% | 9.2% | No | ↑ |
| 67 | Long - Term Care Placement Wait Times (Days) | 59 | 76 | ↓ | ↑ |

| PAGE NUMBER | BEST CARE INDICATORS | MOST RECENT TIME PERIOD | PREVIOUS TIME PERIOD | SHORT-TERM CHANGE | LONG-TERM TREND |
|---|---|---|---|---|---|
| 68 | Patient/Client Experience - Excellent or Good | 59% | 81% | ↓ | n/a |
| 69 | Hospital Deaths within 30 Days of Major Surgery | 2.9% | 0.0% | No | ↓ |
| 70 | Inpatients Injured by Falling in NWT Hospitals (per 10,000 Discharges) | 11.7 | 15.3 | No | ↑ |
| 71 | Hospital Harm - Proportion of Stays with Harm Incident | 3.1% | 2.9% | No | Stable |
| 72 | In-Hospital Sepsis (Cases per 1,000 Hospital Stays of 2 Days or More) | 3.0 | 4.0 | No | Stable |
| 73 | Repeat Mental Health Hospitalizations (% with 3 or More in a Year) | 16.3% | 15.7% | No | ↑ |
| 74 | Community Counselling Utilization (Monthly Average # of Clients) | 891 | 999 | No | Stable |
| 75 | Proportion Residential Addiction Treatment Sessions Completed | 72% | 73% | No | Stable |
| 76 | Family Violence Shelter Utilization - Women & Children (Monthly Average) | 30 | 30 | No | ↓ |
| 76 | Family Violence Shelter Re - Admission Rates | 65% | 66% | No | ↑ |
| 77 | Proportion of Children/ Youth Receiving Services through Child and Family Services in their Home Community | 92% | 93% | No | n/a |
| 78 | Rate of Children/Youth Receiving Services under a Permanent Custody Order (# per 1,000) | 9.0 | 9.7 | No | ↓ |

## BETTER FUTURE

| PAGE NUMBER | BETTER FUTURE INDICATORS | MOST RECENT TIME PERIOD | PREVIOUS TIME PERIOD | SHORT-TERM CHANGE | LONG-TERM TREND |
|---|---|---|---|---|---|
| 79 | Hospitalizations for Ambulatory Care Sensitive Conditions (Discharges per 1,000) | 5.5 | 5.8 | No | ↓ |
| 80 | Median Length of an Alternative Level of Care Stay (Days) | 16.5 | 40.0 | ↓ | ↑ |
| 81 | Proportion of Mental Health Hospitalizations due to Alcohol or Drugs | 46% | 49% | No | Stable |
| 82 | Emergency Department Visits that are non - Urgent | 7% | 6% | No | Stable |
| 83 | Administrative Staffing - NWT Health and Social Services System | 24.9% | 25.4% | No | ↓ |
| 84 | Age-Adjusted Public Spending Per Person | $17,779 | $17,232 | No | ↑ |
| 85 | Corporate Expense Ratio (Hospitals) | 6.8% | 7.3% | No | n/a |
| 86 | Vacancy Rates - Family Practitioners | 57% | 49% | ↑ | n/a |
| 86 | Vacancy Rates - Special Practitioners | 51% | 48% | No | n/a |
| 87 | Vacancy Rates - Nurses | 15.3% | 15.4% | No | n/a |
| 87 | Vacancy Rates - Social Workers | 15.1% | 15.1% | No | n/a |
| 88 | Workplace Safety Claims (# per 100 employees- NWT Health and Social Services System) | 6.2 | 7.0 | No | ↓ |



## STATISTICAL SUMMARY NOTES

The "most recent time period" refers to the indicator results for the latest year, or point in time, of data availability. "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 2045-25 then the previous time period is usually 2023-24). Short term change is the difference between the two. The long-term trend is the direction the numbers are heading over a period of time of several years (seven or more). Certain measures lack sufficient years of comparable data to ascertain the direction of any potential 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 working with NWT statistics, results may be based on a small population and/or a small number of events (e.g., cases of hospital deaths following surgery) – in these cases, statistical significance testing can tell us if differences between two numbers occurred by chance or whether there has been a significant change in the statistics. 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., appointment 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 originates from the HSS system, as well as the Canadian Institute for Health Information, Statistics Canada, the Department of Education, Culture and Employment, the Department of Finance (Human Resources), the Workers Safety and Compensation Commission and the NWT Bureau of Statistics. These different data sources require different timelines for collection, preparation, and data access – in some cases, there can be delays of up to a year or more before the data is available for use.

All rates in this section are calculated based on the NWT population (e.g., number of discharges per 10,000 population or 1,000 cases per population etc.) unless indicated otherwise. The numbers and rates in this report are subject to future revisions and are not necessarily comparable to numbers in other calculations 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.

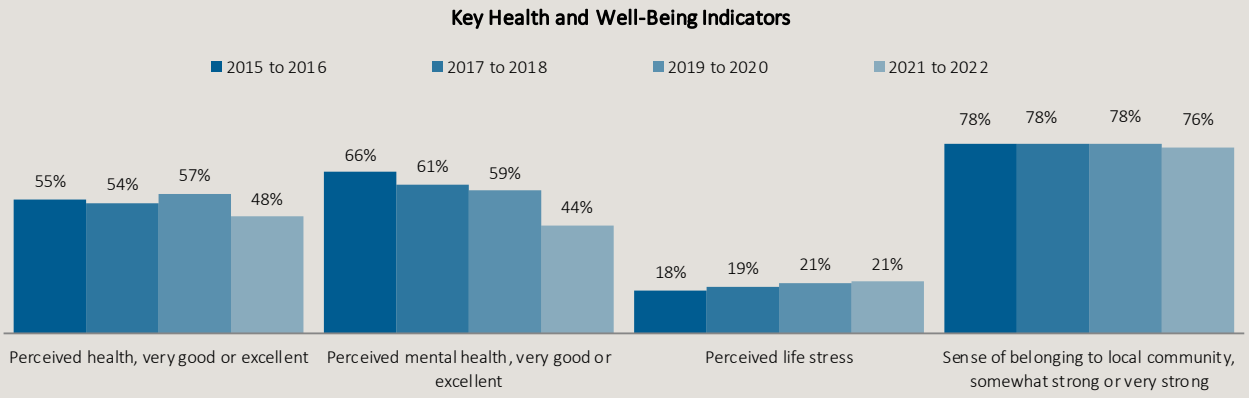
The quality of data available varies across the HSS system and is contingent upon the data collection mechanisms in place. Some information systems are paper-based, and others are electronic, some have long histories and others are relatively new, some collect a

lot of detail and others do not. The statistics in this section have been presented with careful consideration of these limitations.

A hospitalization refers to a hospital stay in which a patient was officially admitted as an inpatient. A discharge is a count of the number of patients who are officially released from the hospital after having an episode of care and represents the end of an inpatient hospital episode stay.

# Health Of the Population and Equity of Outcomes

## BEST HEALTH – 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 serves as a subjective measure of one's well-being and is a significant predictor of future healthcare utilization and mortality rates. Perceived mental health gives a general sense of the prevalence of mental and emotional challenges within a population. The adverse impact of stress on physical and mental well-being is well-established, contributing to negative behaviors like substance abuse and unhealthy dietary choices. There is a strong link between sense of community belonging and physical and mental health.

### HOW ARE WE DOING?

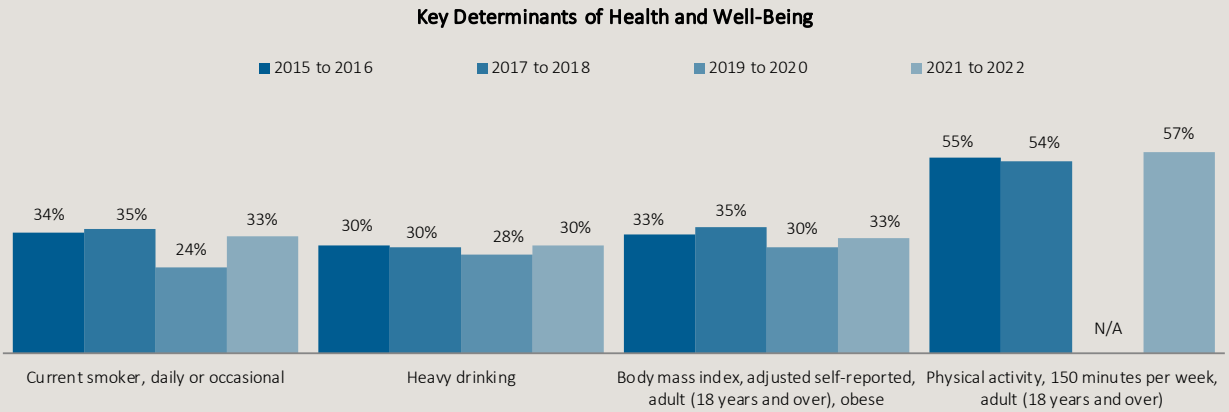
Between 2019-2020 and 2021-2022 survey results, there were some notable changes. Perceived health and perceived mental health both showed a significant decline. Compared to Canada 2021-2022, results were mixed. There was a significant difference between NWT and Canadian residents rating their overall health as very good or excellent (47.9% versus 57.5% for Canada). NWT residents were less likely to rate their mental health as being very good or excellent than the Canadian average (44.4% versus 56.9%). 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 (21.1% versus 21.1%) and NWT residents were slightly more likely than the national average to report having a somewhat or a very strong sense of community of belonging (76.2% versus 67.0%)[4].

### SOURCE

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

4 - 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.

## BEST HEALTH – 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 highly preventable risk factor contributing to several chronic diseases, including lung and other cancers, chronic lung problems, Type II diabetes, and cardiovascular diseases (heart attacks and strokes). Heavy drinking is a factor in family violence and injuries. Prolonged heavy alcohol consumption can lead to or exacerbate several health conditions, including cardiovascular diseases (heart attacks and strokes), liver failure, and certain cancers. Regular heavy drinking can result in dependency and frequently acts as a contributing factor in other mental health issues. Obesity is a potentially preventable factor in several chronic diseases, including Type II diabetes, cardiovascular diseases (heart attacks and strokes), and some cancers. Engaging in regular physical activity plays a vital role in preventing chronic disease, promoting a healthy weight, and enhancing overall well-being.

### HOW ARE WE DOING?

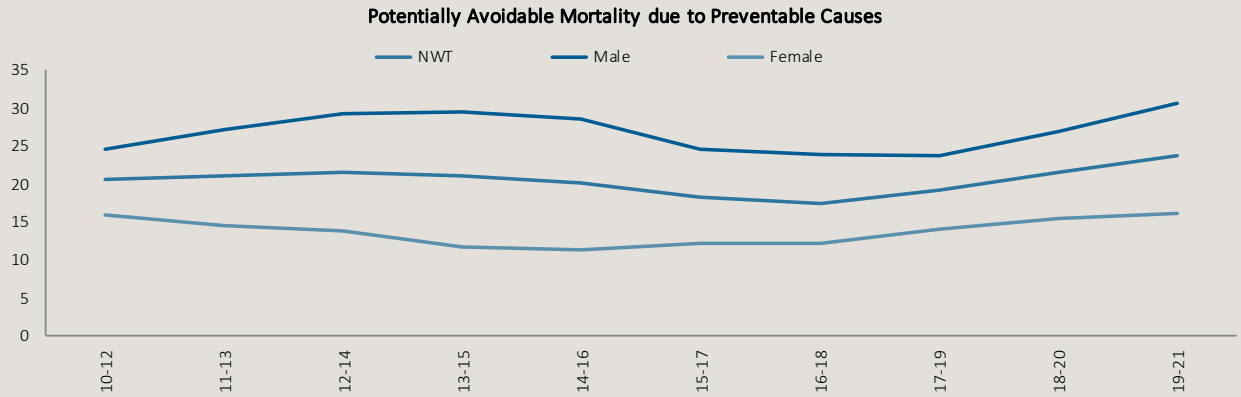
Between 2019-2020 and 2021-2022, the proportion of NWT residents smoking (daily or occasionally) increased from 24.2% to 33%%. Rates of heavy drinking and obesity also increased during this time going from 27.7% to 30.4%. and 30% to 33%. Physical activity was not surveyed in the NWT, and most of Canada, in 2019-2020 due to pandemic-related challenges. The NWT continues to have higher rates of smoking relative to the national average (33% versus 11.7%). The NWT also continues to have higher rates of heavy drinking (30.4% versus 17.7%) and obesity (33% versus 29.7%) compared to national averages. When it comes to physical activity, the NWT reported a slightly higher proportion of the population engaging in physical activity (57% versus 53.9%) for 2021-2022[5].

### SOURCE

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

5 - 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.

## BEST HEALTH – AVOIDABLE DEATH DUE TO PREVENTABLE CONDITIONS




### WHAT IS BEING MEASURED?

The age-standardized rate of deaths due to preventable conditions for the NWT and by Sex (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 body weight management) 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 30 years – from an average of 33 deaths per 10,000 in the 1980s to 20 deaths per 10,000 in the last 10 years. The rate of avoidable death in the NWT has been historically higher than the national average with the latest available national figure being 13.3 per 10,000 (2019-2021). Males have a disproportionate share of deaths due to preventable causes, with rates over time consistently much higher than females.

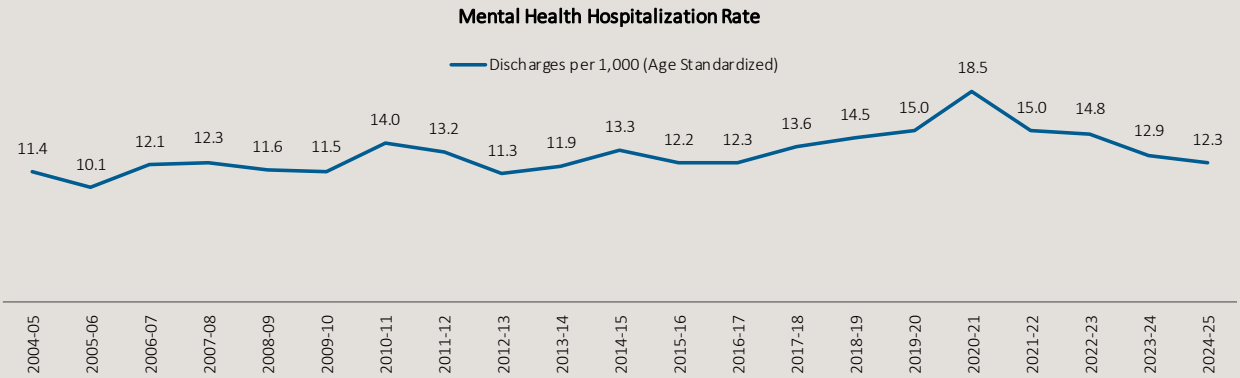
This gap between the sexes in the NWT aligns with patterns seen across Canada[6].

### SOURCE

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

6 - https://www.statcan.gc.ca/o1/en/plus/6413-statistical-checkup-canadian-mens-health

## BEST HEALTH – MENTAL HEALTH HOSPITALIZATIONS




### WHAT IS BEING MEASURED?

The annual age-standardized rate of mental health hospitalizations, overall and by diagnostic category, for NWT residents[7].

### WHY IS THIS OF INTEREST?

Mental health hospitalizations, while sometimes unavoidable, can often be prevented through appropriate treatment and care (e.g., counselling and outpatient psychiatric services, and addiction treatment programs).

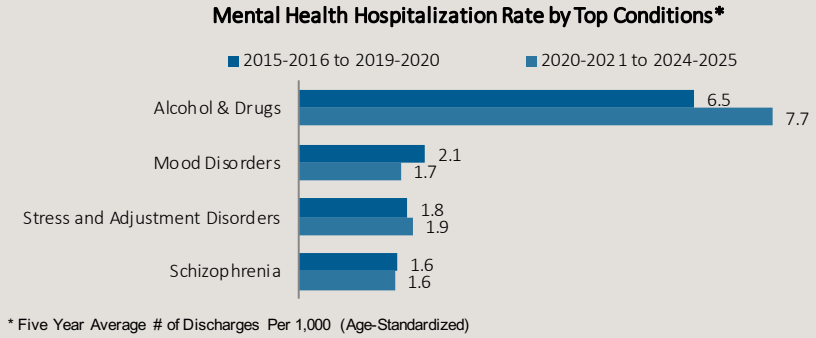
### HOW ARE WE DOING?

Over the last 20 years, the rate of mental health hospitalizations has been trending upwards. After a notable increase in 2020-21, rates returned to pre-pandemic levels in 2021-22 and have continued to decrease- driven primarily by fewer hospitalizations due to alcohol and drug use.

In the last five years, alcohol and drug issues (dependency/use) represented over 50% 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 nine out of ten mental health hospitalizations.

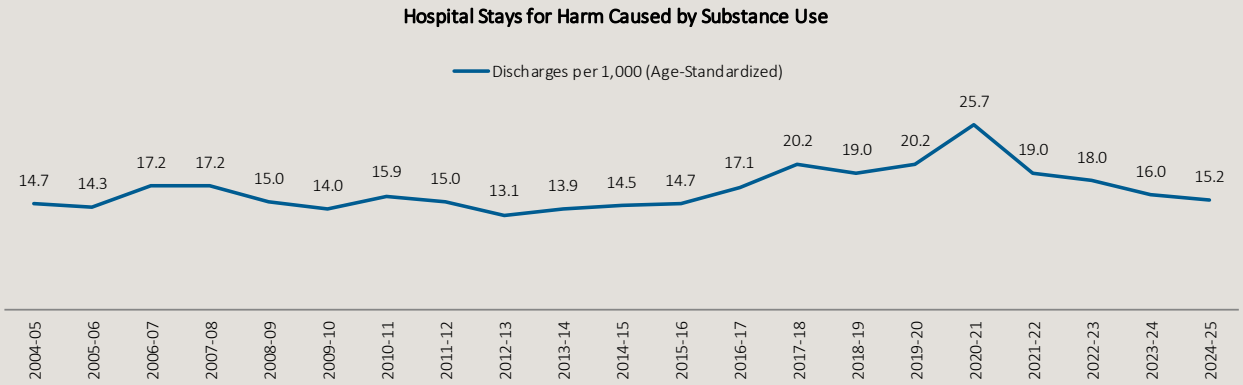
### SOURCES

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




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

## BEST HEALTH – 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, cocaine, other central nervous system stimulants (e.g., methamphetamine, benzodiazepines), and other substances (e.g., hallucinogens).

### WHY IS IT OF INTEREST?

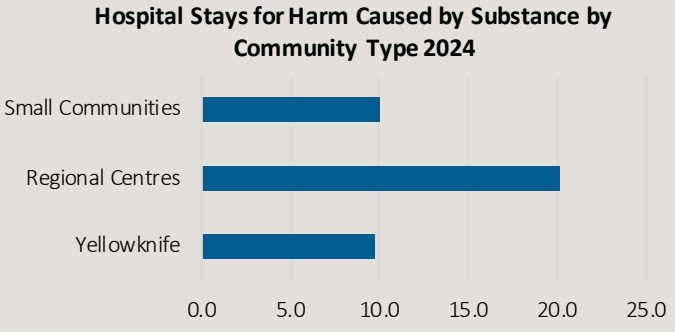
The harmful use of alcohol and drugs is a cause or a contributing factor in several health conditions and is a leading factor in preventable death. The detrimental misuse use of alcohol and drugs places undue pressure on healthcare, social services, and justice systems.

### HOW ARE WE DOING?

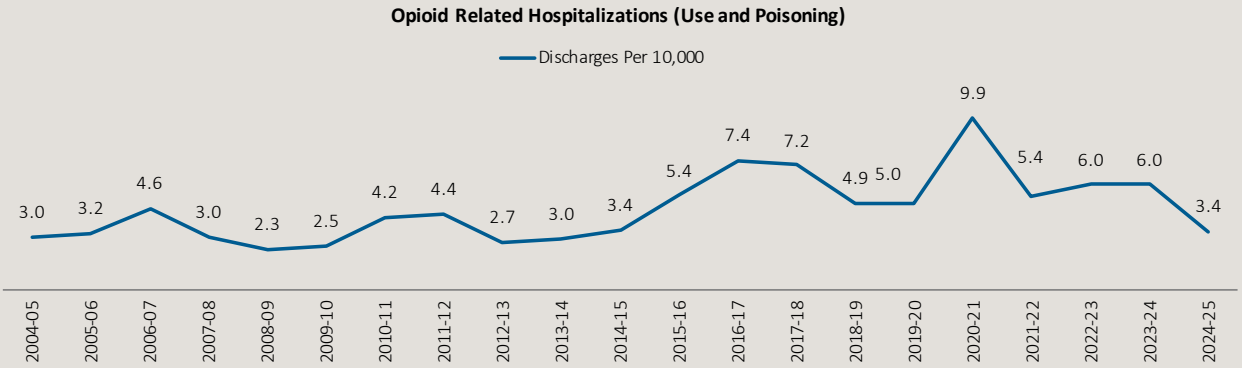
Over the last 20 years, the rate of hospitalization due to harm caused by substance use has been trending upwards. After increasing dramatically in the first year of the pandemic to 25.7 hospitalizations per 1,000, the rate dropped down to 19.0 per 1,000 in 2021-22 and 18.0 in 2022-23. This return to historical norms continued in 2024-25 with 15.2 hospitalizations per 1,000. In 2023-24, the NWT rate was over three times the national average (15.9 versus 5.3 per 1,000). More than seven out of ten of these hospitalizations involved alcohol in the NWT, compared to around half nationally. Hospitalization rates for harm caused by substance use are highest in the regional centres (Fort Smith, Hay River, Inuvik).

### SOURCES

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



## BEST HEALTH – OPIOID HOSPITALIZATIONS




### WHAT IS BEING MEASURED?

The rate of hospitalizations for opioid use and poisoning (discharges per 10,000)[8].
The measure is further broken down by Regional Centres (Fort Smith, Hay River Inuvik), Yellowknife and Smaller Communities.

### 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.

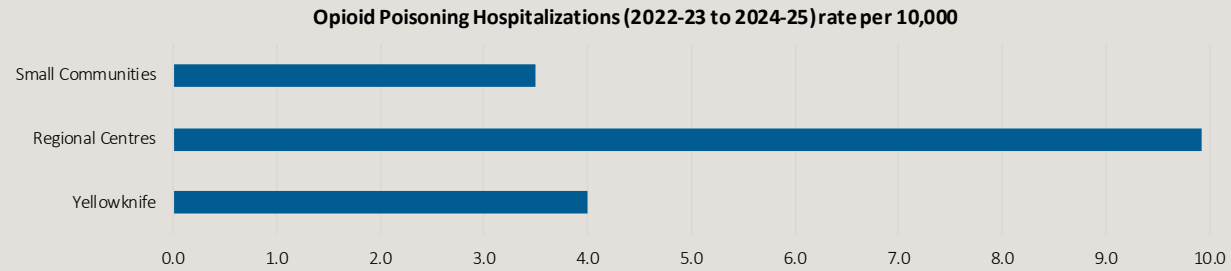
### HOW ARE WE DOING?

The rate of opioid abuse and poisoning hospitalizations has increased since the mid 2000s, with the largest increase occurring since 2015-16. The annual number of opioid hospitalizations is relatively small, averaging 20 over the last 20 years, but can vary considerably from one year to the next. In the first year of the pandemic the rate doubled to 9.9 from 4.9 hospitalizations per 10,000, but by 2021-22, the rate had fallen back to around pre-pandemic levels. The most recent year shows a marked decline in the volume of hospitalizations, with the rate being 3.4 per 10,000 discharges. Over the last three fiscal years Regional Centres have recorded the highest rates (9.9) at more than double those of Yellowknife (4.0) or the smaller communities (3.5).

Over the last three-years, the NWT age-standardized rate was slightly lower than the average for Western Canada (7 versus 8.7 per 10,000)[9].

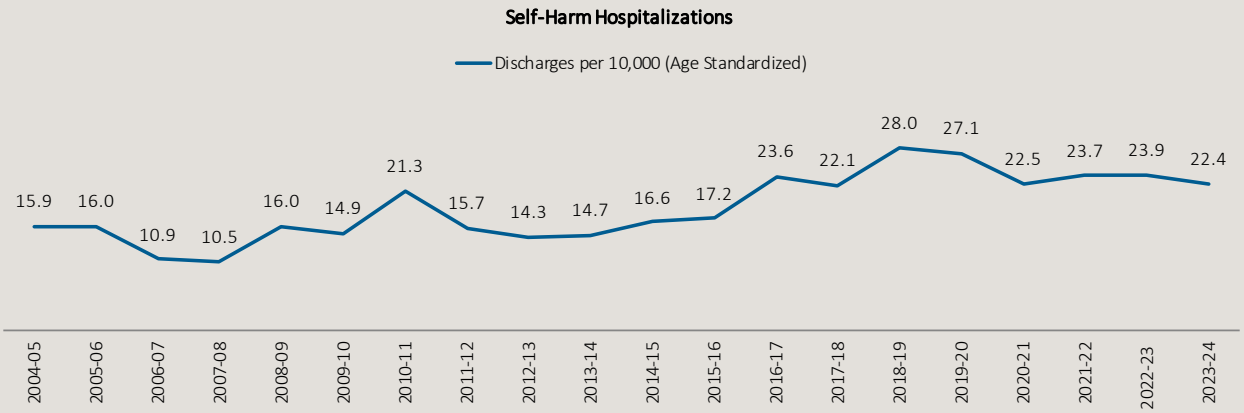
### SOURCES

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




8 - Rate includes hospitalizations for opioid use, opioid poisoning, and newborn withdrawal symptoms from maternal use of drugs.
9- NWT rate was age-standardized to compare to Western Canada (British Columbia, Alberta, Saskatchewan, Manitoba, the Yukon, the Northwest Territories and Nunavut).

## BEST HEALTH – SELF-HARM HOSPITALIZATIONS




### WHAT IS BEING MEASURED?

The age-standardized rate of hospitalizations for self-harm (self-injury) per year for the NWT as a whole and by sex (discharges per 10,000 population age 10 years and over).

### 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[10].

### HOW ARE WE DOING?

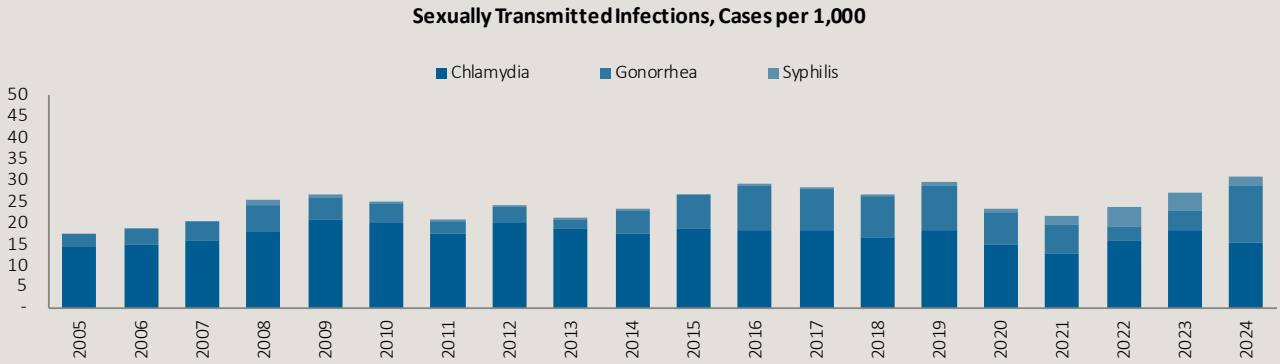
The rate of the self-harm hospitalizations has increased from an average of 15 per 10,000 per year in the latter half of the 2000s to an average of 23.9 per 10,000 in the last five years. The current NWT rate of self-harm hospitalizations is over three times higher than the national rate at 22.4 versus 6.0 per 10,000 (2023-24). Females exhibit a substantially higher rate than males, with a peak of almost three times higher in 2019-20.

### SOURCES

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

10 - Canadian Institute for Health Information, https://www.cihi.ca/en/indicators/self-harm-hospitalizations.

## BEST HEALTH - 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 risky sexual activity, and can cause infertility, ectopic pregnancies, premature births, and damage to developing fetuses. The rate of STIs can give an indication of safe sex practices in the NWT population.

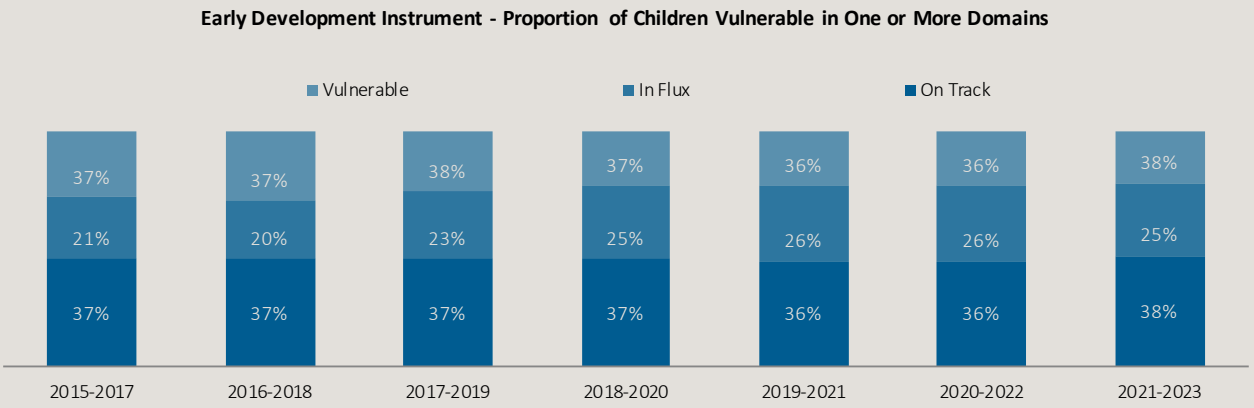
### HOW ARE WE DOING?

Over the last 20 years, the rate of STIs has nearly doubled since 2005, with an upward trajectory despite some annual variation. The rate was at its highest in the latest year, with the number of gonorrhea cases more than doubling. The NWT STI rate of 31 cases per 1,000 (2024) is significantly higher than the national average of 4.8 cases per 1,000 (2023). The NWT is currently experiencing an outbreak of syphilis – the worst seen since the last outbreak in 2008-09. Results from 2020, 2021, and 2022 should be interpreted with caution, due to changes in the availability of health care, health seeking behaviour, public health follow-up, and case management during the COVID-19 pandemic.

### SOURCES

NWT Department of Health and Social Services, Canadian National Disease Surveillance System.

## BEST HEALTH – 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 checklist, completed by kindergarten teachers, 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 initiatives aimed at improving the early development of children.

### HOW ARE WE DOING?

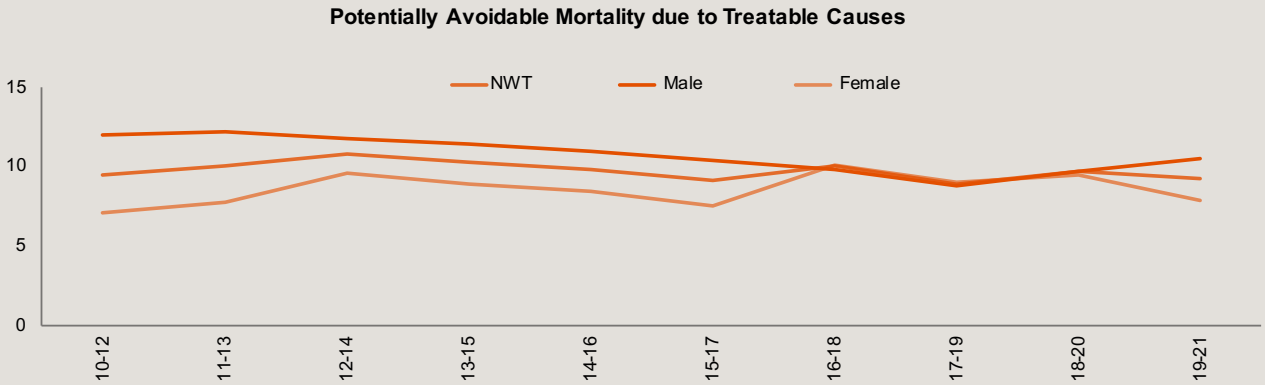
The proportion of NWT kindergarten students who are vulnerable in one or more developmental areas was 38.0% in 2021-2023 school years and is higher than the national average of 27.6%. This discrepancy has stayed constant for the last eight years.

### SOURCES

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

# Better Access to Better Services

## BEST CARE – AVOIDABLE MORTALITY DUE TO TREATABLE CAUSES




## WHAT IS BEING MEASURED?

The age-standardized three-year average rate of potentially avoidable deaths due to treatable causes for the NWT as a whole and by Sex (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."[11] Monitoring the rates of potentially avoidable deaths can give an overall indication of how well the system is managing preventable loss of life.

## 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. Since 2000 the rate has been relatively steady, dropping slightly from 11.0 (1999-2001) to 9.3 (2019-2021). Male rates are consistently higher than females, with the gap being narrowed in 2016-2018 but returning to being almost one-third higher in 2019-2021 (10.5 vs 7.9). This disparity between the sexes is consistent with trends observed across Canada[12].

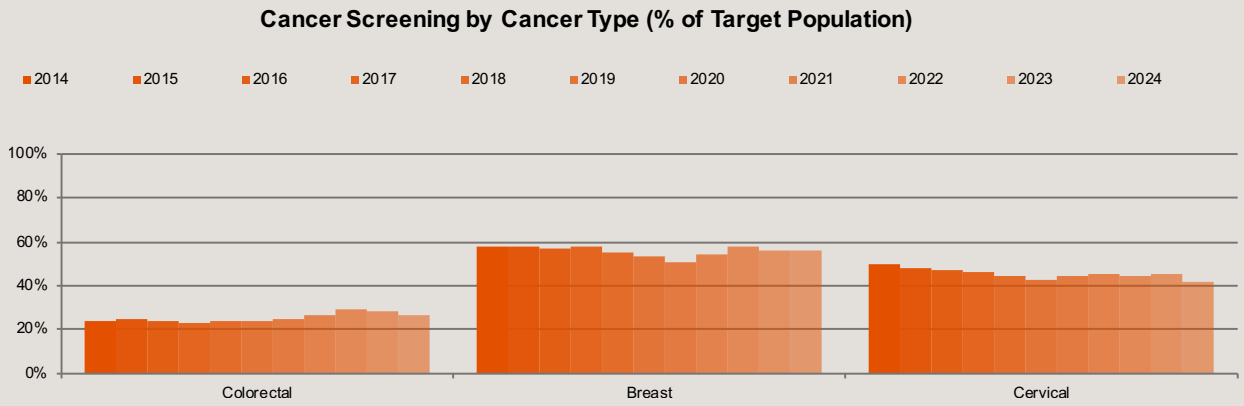
The NWT rate of avoidable deaths due to treatable conditions has been historically higher than the national average with the latest available national figure being 6.6 per 10,000 (2019-2021).

## SOURCES

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

11- Canadian Institute for Health Information, https://www.cihi.ca/en/indicators/avoidable-deaths
12- https://www.statcan.gc.ca/o1/en/plus/6413-statistical-checkup-canadian-mens-health

## BEST CARE – CANCER SCREENING




### WHAT IS BEING MEASURED?

The proportion of the target population who have been screened for colorectal cancer (ages 50 to 74), breast cancer (women, ages 50 to 74) and cervical cancer (women, ages 21 to 69) within the past 2 years. Each type of screening targets a different age group, based on research evidence of the most effective screening practice for each type of cancer. In the NWT, there are three routine screening programs in place: mammography for breast cancer, Papanicolaou (Pap) tests for cervical cancer, and Fecal Immunochemical Tests (FIT) or Fecal Occult Blood Tests (FOBT) for colorectal cancer screening.

### 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 of avoiding death and significant illness by way of early interventions. 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 prevented, screened for, and treated.

### HOW ARE WE DOING?

From 2014 to 2024, the proportion of the population ages 50 to 74 receiving a FIT or FOBT has increased from 23% to 26%, the proportion of women ages 21-69 receiving a Pap test has dropped from 50% to 42% and the proportion of women ages 50-74 receiving a mammogram has stayed relatively consistent from 58% in 2014 and 56% in 2024. Some of the variability in screening over time can be attributed to changes in the availability of health services and health seeking behavior during the COVID-19 pandemic. 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.

## BEST CARE – CHILDHOOD IMMUNIZATION

| Vaccine by Diseases Protected Against and Coverage Rate (By 2nd Birthday) Calendar Year 2024 | NWT | National Goal | Meet National Goal |
|---|---|---|---|
| DaPT IPV-HIB<br>Diphtheria, pertussis, tetanus, polio and haemophilus influenza type b | 70% | 95% | No |
| Hep B<br>Hepatitis B | 76% | 95% | No |
| Meningococcal C conjugate<br>Meningitis, meningococcemia, septicemia | 75% | 95% | No |
| MMR<br>Measles, mumps and rubella | 75% | 95% | No |
| Pneumococcal conjugate<br>Streptococcus pneumoniae | 70% | 95% | No |
| Varicella<br>Varicella (Chickenpox) | 74% | 95% | No |

### WHAT IS BEING MEASURED?

The proportion of the population born in a given year (e.g., 2024) 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.

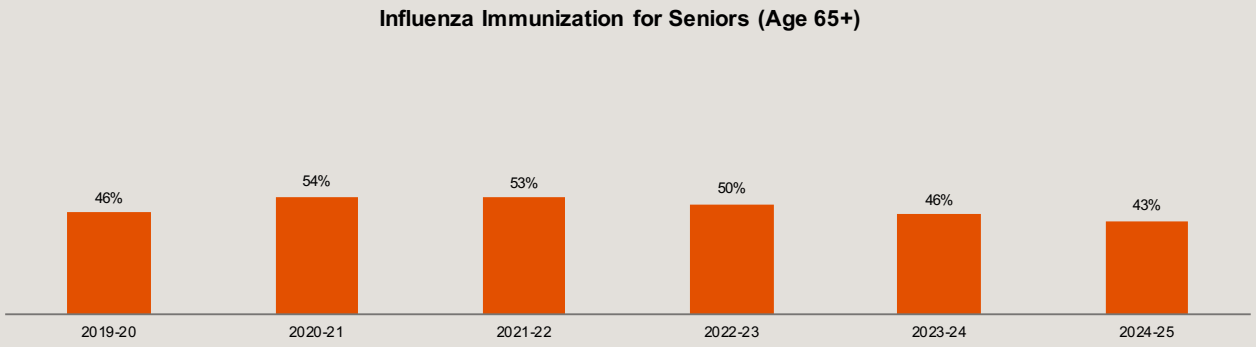
### HOW ARE WE DOING?

For children born in 2022, the latest immunization coverage is estimated at a rate of 73% by the child's second birthday for six vaccines in total. In comparison, the last study of children born in 2015, found that the coverage rate was 63%. As seen in the table, NWT coverage rates are lower than the national goals for all vaccines.

### SOURCE

NWT Department of Health and Social Services.

## BEST CARE – INFLUENZA IMMUNIZATION FOR SENIORS




### WHAT IS BEING MEASURED?

The proportion of the senior population (ages 65 and older) who have received at least one influenza vaccine during the respiratory season.

### WHY IS IT OF INTEREST?

As immune defences become weaker with age, the senior population is at greater risk of contracting influenza (the flu) and developing serious complications. The influenza vaccine (flu shot) is the best way to prevent the spread of flu and the progression to severe disease. This can significantly reduce associated healthcare costs and resource utilization including hospitalizations, long-term care, and other medical interventions.

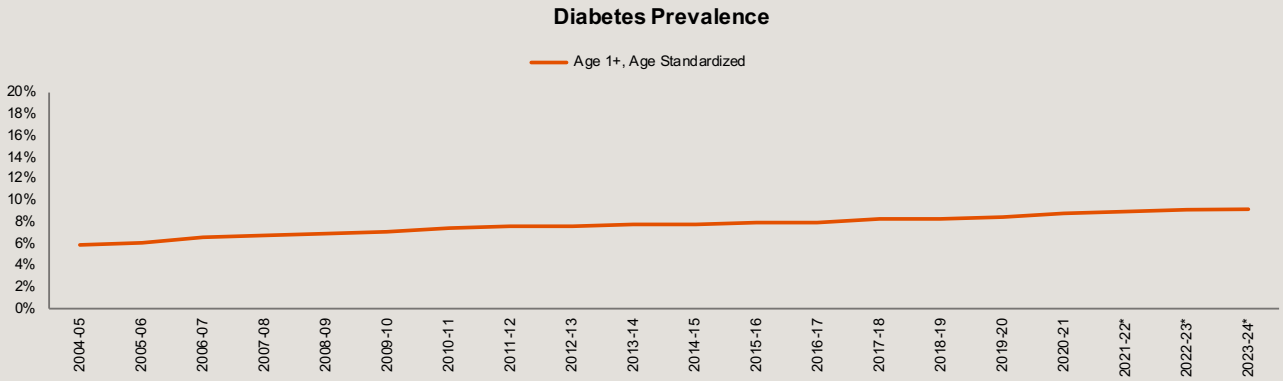
### HOW ARE WE DOING?

Flu shot coverage rose during the pandemic but has steadily declined since, falling from over 53% to 43% (2024-25). The NWT rate of 43% is much lower than the Canadian average of 73% for the latest available flu season coverage rate (2023-24).

### SOURCES

NWT Department of Health and Social Services, Canadian Seasonal Influenza Vaccination Coverage Survey.

## BEST CARE – DIABETES PREVALENCE[13]




* Data for these periods should be interpreted with caution, as a slight underestimation is suspected.

## WHAT IS BEING MEASURED?

The proportion of the total population with diagnosed diabetes age-standardized to the 2011 Canadian population to adjust for differences in population age structure. Type 1 and Type 2 Diabetes are combined, excluding gestational diabetes, undiagnosed diabetes, and prediabetes.

## WHY IS IT OF INTEREST?

Diabetes is one of the most common chronic diseases affecting people living in Canada. Diabetes-related complications can be very serious and even life-threatening, including but not limited to chronic kidney disease, eye disease (retinopathy) that can lead to blindness, heart attack, stroke, nerve damage, and sexual dysfunction. These chronic issues contribute to increased healthcare costs and resource utilization. Costs include direct medical expenses such as medications, ongoing monitoring, and treatment. As prevalence continues to rise, so too does the economic and health system burden. Monitoring the prevalence informs the appropriate targeting of prevention, treatment, and intervention strategies.

## HOW ARE WE DOING?

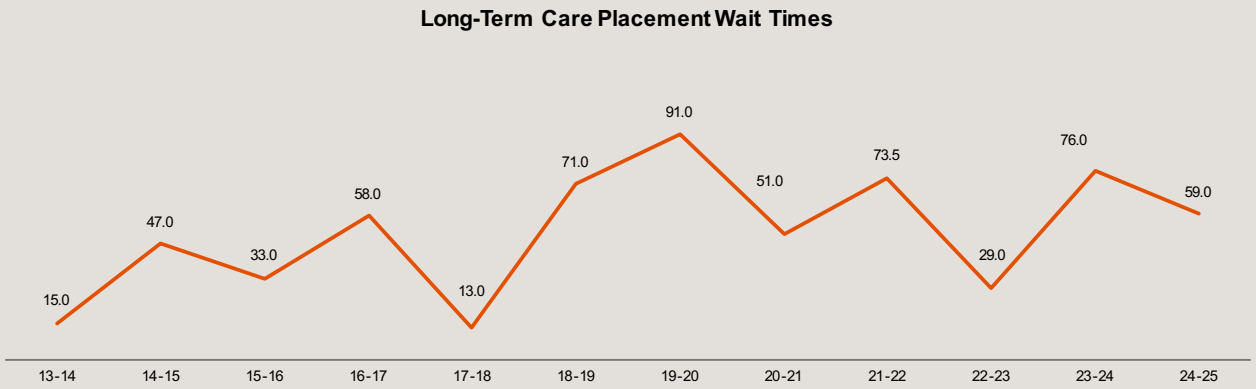
Since the 2004-05 fiscal year, the age standardized prevalence of diabetes in the NWT population increased from 5.9% to 9.2% (2023-24). This increase mirrors the Canadian age-standardized rate, which rose from 5.3% to 8.4% (2022-23). The NWT has the highest estimated prevalence of all three territories (2022-23) with Yukon at 7.2% and Nunavut with 7%.

## SOURCES

NWT Department of Health and Social Services, Canadian Chronic Disease Surveillance System.

13 -

## BEST CARE – LONG-TERM CARE PLACEMENT WAIT TIMES




| Long Term Care Wait Times | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 13-14 | 14-15 | 15-16 | 16-17 | 17-18 | 18-19 | 19-20 | 20-21 | 21-22 | 22-23 | 23-24 | 24-25 | 12 Years |
| Average (Days) | 56 | 100 | 82 | 120 | 76 | 171 | 154 | 119 | 157 | 96 | 124 | 123 | 115 |
| Median (Days) | 15 | 47 | 33 | 58 | 13 | 71 | 91 | 51 | 74 | 29 | 76 | 59 | 43 |
| **Proportion of Clients by Number of Days before Placement Offer** | | | | | | | | | | | | | |
| <8 | 27% | 8% | 15% | 18% | 49% | 13% | 8% | 32% | 18% | 23% | 15% | 20% | 20% |
| 8 to 14 | 20% | 15% | 18% | 11% | 7% | 4% | 8% | 9% | 9% | 11% | 2% | 6% | 10% |
| 15 to 21 | 11% | 8% | 5% | 5% | 5% | 11% | 11% | 0% | 2% | 9% | 10% | 7% | 7% |
| 22 to 28 | 9% | 5% | 8% | 0% | 2% | 7% | 0% | 0% | 2% | 4% | 5% | 3% | 4% |
| 29 to 92 | 16% | 28% | 23% | 29% | 15% | 18% | 24% | 26% | 20% | 26% | 24% | 31% | 24% |
| 93 to 182 | 9% | 10% | 18% | 15% | 10% | 9% | 14% | 3% | 18% | 11% | 20% | 14% | 13% |
| 183 & Up | 9% | 26% | 15% | 22% | 12% | 38% | 35% | 29% | 30% | 15% | 24% | 19% | 22% |

### 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[14]. The median is the number of days in which 50% of the clients have been offered a placement.

### WHY IS THIS OF INTEREST?

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.

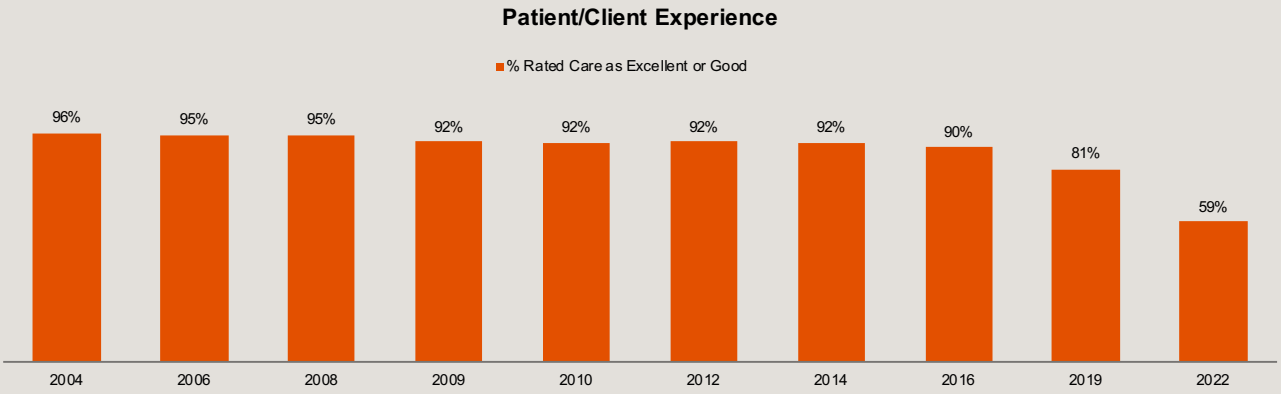
Over the last 12 years, the median wait time to be offered a placement in a long-term care facility was 43 days and has ranged from 13 days to 91 days. Over the same period, 41% of clients have been offered a placement within four weeks, and two-thirds of clients have been offered a placement within three months.

### SOURCE

NWT Department of Health and Social Services.

14 - 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.

## BEST CARE – 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 help the NWT HSS system improve the delivery of services.

### HOW ARE WE DOING?

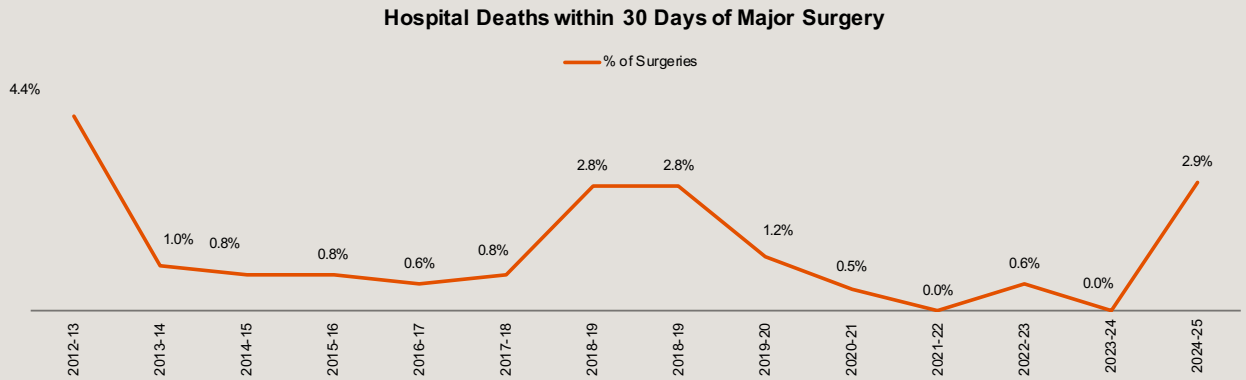
Over the last 18 years where data is available, results have shown that between 59% and 96% of those filling out patient satisfaction questionnaires rated the quality of care they received as excellent or good. In 2022, 59% of patients rated the quality of the care they received as excellent or good. Factors that may have contributed to the decline include the impacts of the COVID-19 pandemic that limited in-person services, as well as causing reductions and cancelations of procedures or services such as surgeries. Additionally, required visitor restrictions, and significant demands on staff leading to burnout, retention issues, and national shortages resulted in ongoing service impacts within the system.

Long term trends are difficult to measure, as questionnaires have varied prior to 2012 in terms of which service areas were surveyed and are not necessarily directly comparable.

### SOURCE

NWT Department of Health and Social Services.

## BEST CARE – HOSPITAL DEATHS FOLLOWING MAJOR SURGERY




### WHAT IS BEING MEASURED?

The proportion of in-hospital deaths within 30 days of major surgery per 100 major surgical cases 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."[15] Monitoring this indicator helps the HSS system assess and increase the safety of surgical intervention and care.

### HOW ARE WE DOING?

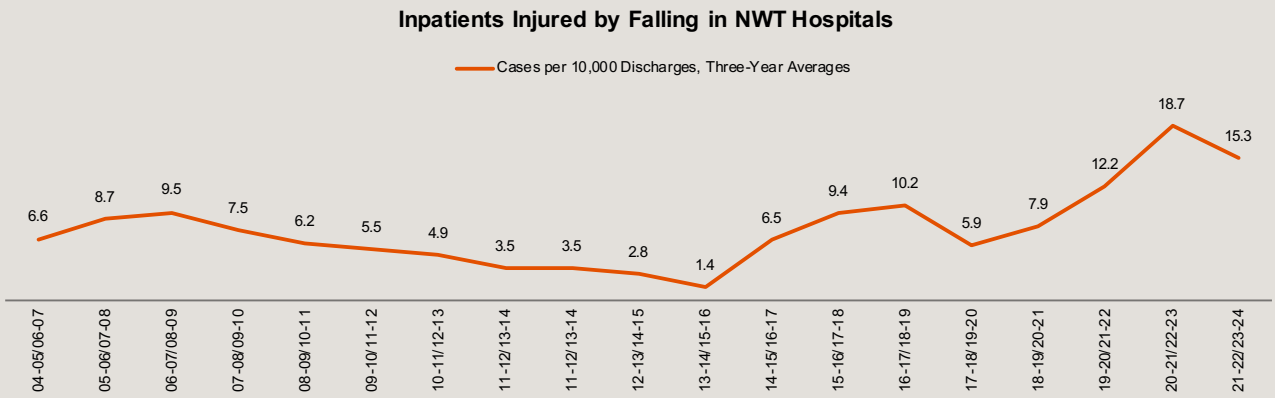
The latest figure of 2.9% is much higher than the previous five years. However, the very small number of occurrences limits the ability to draw any definitive conclusions. Over the last five years, 0.6% of major surgeries in NWT hospitals resulted in a patient death (within 30 days) compared to the national average of 1.8%. During that period the actual annual number of deaths varied between zero and five in the NWT.

### SOURCE

Canadian Institute for Health Information.

15 - Canadian Institute for Health Information, https://www.cihi.ca/en/indicators/hospital-deaths-following-major-surgery

## BEST CARE – 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.[16]

### 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?

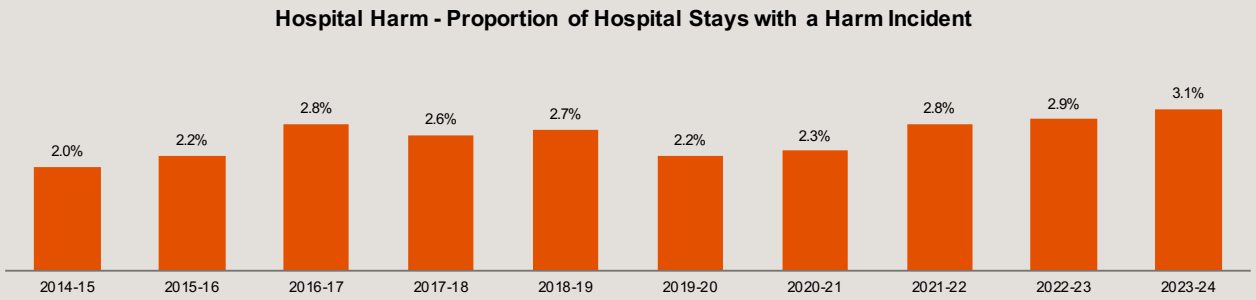
After declining from the mid-2000s, the average annual number of injuries from falls among inpatients in the NWT has risen. Compared to the previous decade, the rate increased from an average of 3 falls per 10,000 discharges to 5 per 10,000. In terms of counting actual patients, the numbers vary widely from zero to ten cases per year.

### SOURCES

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

16- 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.

## BEST CARE – HOSPITAL HARM




### WHAT IS BEING MEASURED?

The proportion of stays at NWT hospitals where at least one incident of unintended 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] While not all instances of harm captured by this indicator can be prevented, adoption of evidence-informed practices can help to reduce the rate of harm.

### HOW ARE WE DOING?

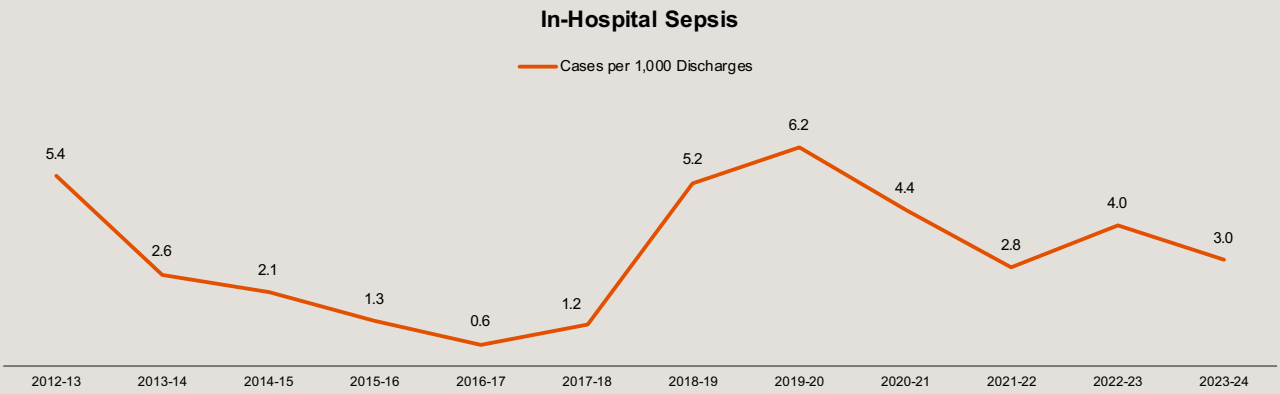
In the last ten years, 2.5% of stays at NWT hospitals involved one or more incidents of harm to the patient. The proportion of cases has risen gradually from 2.0% in 2014-15 to 3.1% in 2023-24, representing a long-term upwards trend. Direct comparisons between NWT and national statistics are not possible, as different data and analysis are used in southern facilities since they have capacity to treat more complex cases than NWT facilities.

### SOURCE

Canadian Institute for Health Information.

17 - Canadian Institute for Health Information https://www.cihi.ca/en/indicators/hospital-harm

## BEST CARE – 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?

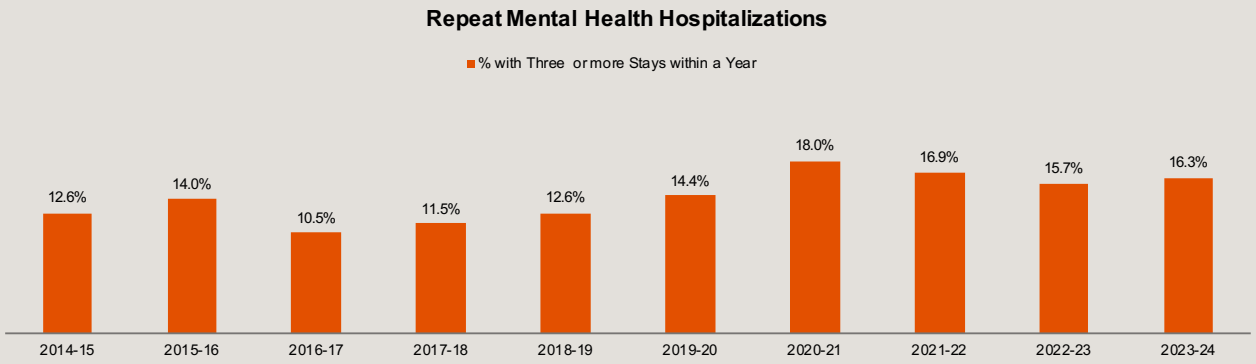
In the last five years, NWT hospitals have averaged 4.0 cases of sepsis per 1,000 discharges (hospital stays) per year – not significantly different than the national average of 4.3 per 1,000. It is important to point out that the actual number of cases is small- between 1 and 11 cases annually.

### SOURCE

Canadian Institute for Health Information.

18- Canadian Institute for Health Information, https://www.cihi.ca/en/indicators/in-hospital-sepsis

## BEST CARE – REPEAT HOSPITAL STAYS FOR MENTAL ILLNESS




### WHAT IS BEING MEASURED?

In a given year, the risk-adjusted 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.

### WHY IS IT OF INTEREST?

This measure identifies the most frequent users of these services and may indicate a problem with the appropriateness of care in both the hospital and in the community at large. High rates of repeat hospital stays could imply inadequate efforts in prevention, outpatient care, or community-based follow-up, highlighting a need for stronger supports outside of hospital settings.

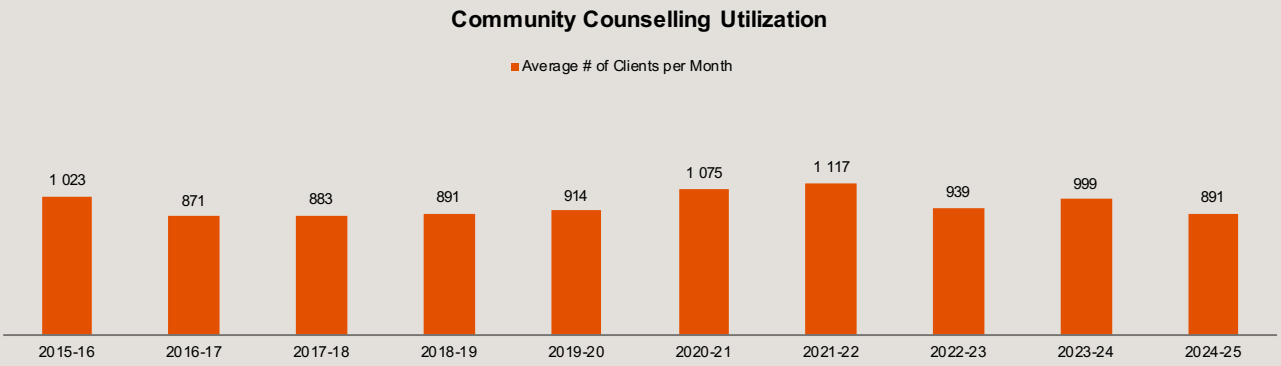
### HOW ARE WE DOING?

For 2023-24, the proportion of NWT patients with repeat mental health hospitalizations was 16.3% compared to the national average of 12.7%. Except for 2020-21, the NWT's repeat mental health hospitalization rate has not been significantly different from the national average. Hospitalization data generated during the COVID-19 pandemic and should be interpreted with caution.

### SOURCE

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

## BEST CARE – 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?

The average number of service users seen per month in the 2024-25 fiscal year decreased by 11%, from 999 to 891, following the redesign of Child and Youth Counselling services. Under the new model, service delivery is now shared between the Community Counselling Program and school-based mental health providers through the Department of Education, Culture and Employment. This decrease may, in part, reflect an adjustment period as service users and providers adapt to the new service delivery structure and a reduction in CCP staffing as some funding was reallocated to school-based services.

### OTHER INFORMATION

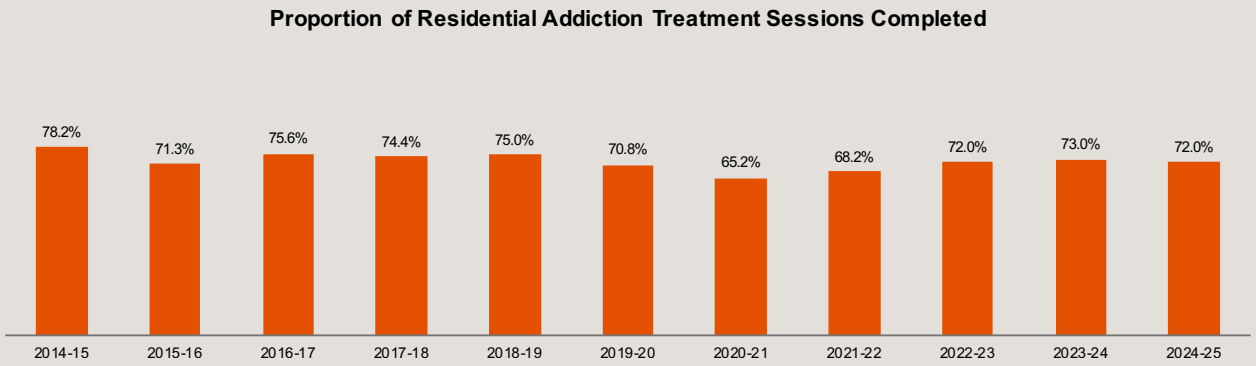
In 2024-25, the top three primary reasons service users provided for seeking counselling were: addictions (24%), trauma (11%), and undiagnosed mental illness (9%). Other common concerns (all below 6%) include stress management, relationship issues, bereavement, family conflict, diagnosed mental illness, and behavioural issues.

The median wait time for community counselling has remained stable between 4 or 5 days since 2020/21. The territory uses a Stepped Care 2.0 approach which includes same day access to counselling as well as scheduled sessions. Residents in an immediate crisis or at immediate risk do not have to wait.

### SOURCE

NWT Department of Health and Social Services.

## BEST CARE – FACILITY-BASED ADDICTIONS TREATMENT




### WHAT IS BEING MEASURED?

The proportion of facility-based 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 eleven years, on average, 72% of residential treatment sessions started were completed.

### OTHER INFORMATION

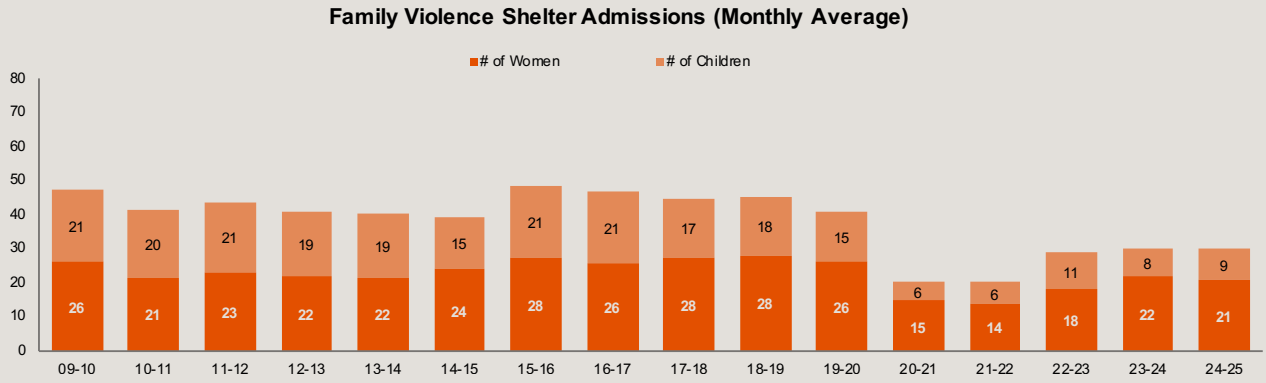
NWT residents have access to a variety of residential treatment programs, including gender specific treatment, culturally based treatment (First Nations, Metis, and Inuit), and treatment for trauma as well as concurrent (co-occurring) disorders.

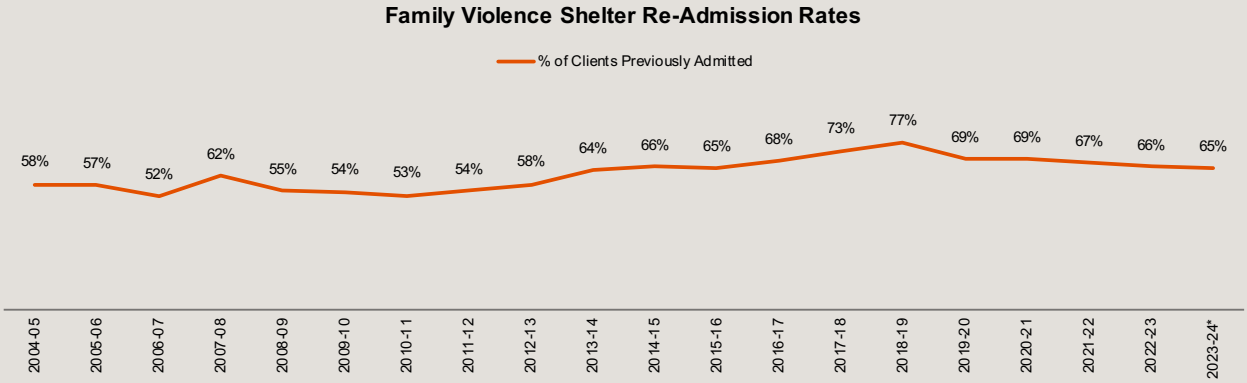
There is no waitlist for accessing treatment. Most clients are admitted within two to three weeks of being approved by the facility.

### SOURCE

NWT Department of Health and Social Services.

## BEST CARE – 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.

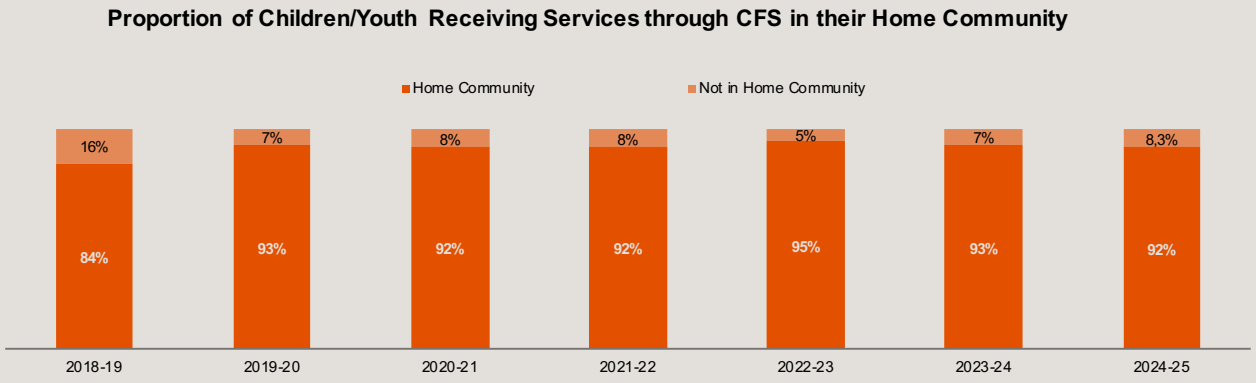
### HOW ARE WE DOING?

Over most of the last 16 years, shelter usage has remained relatively consistent – averaging around 39 admissions (23 women and 15 children) per month. During the COVID-19 pandemic (2020-21), monthly admissions fell considerably from historical averages. Over the last 22 years, the proportion of re-admissions to shelters has been increasing over time.

### SOURCE

NWT Department of Health and Social Services.

## BEST CARE – RECEIVING SERVICES IN HOME COMMUNITY




CFS = Child and Family Services.

### 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 connections are all important parts of a person's identity and wellbeing. CFS recognizes that efforts must be made to protect and promote the social and cultural rights of a child/youth's life. When services are requested or required, CFS makes every effort to provide these in the child/youth's home or home community. Community ties include extended family, friends, and cultural activities, which form a child/youth's social world. These relationships are best preserved within the child/youth's home community, particularly when services are being provided through CFS.

### HOW ARE WE DOING?

In 2024-25, 92% of placements were in the home community of the child/youth. Comparative data prior to 2018-19 is not available due to a new information system being implemented in 2017, which collects and reports on the delivery of Child and Family Services differently.

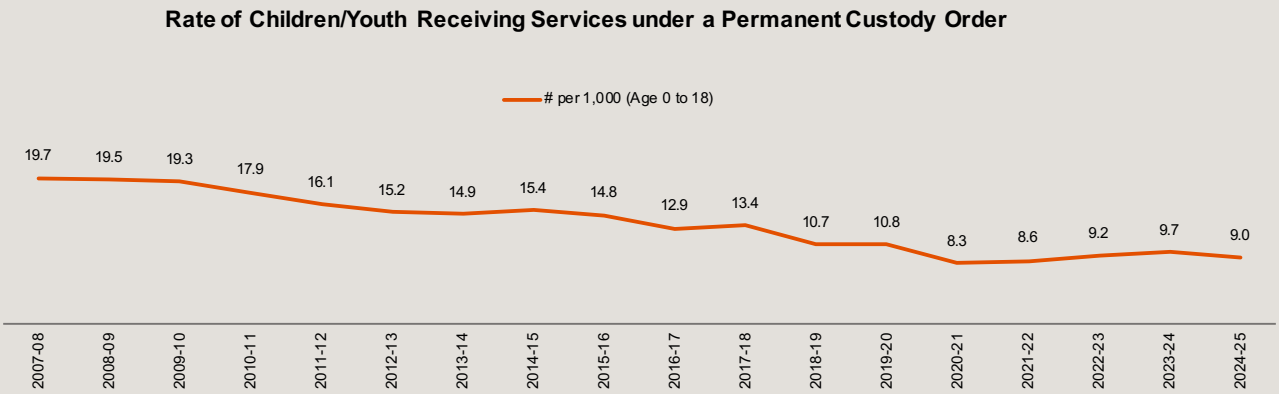
### NOTE

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

### SOURCE

NWT Department of Health and Social Services.

## BEST CARE – PERMANENT CUSTODY




### WHAT IS BEING MEASURED?

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

### WHY IS THIS OF INTEREST?

When children/youth are placed with extended family members, they can better maintain cultural and familial connections.

### HOW ARE WE DOING?

The rate of children/youth in permanent custody has been decreasing since 2007-08. This decrease speaks to the resilience 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/youths in permanent care may be representative of the broader system changes currently being undertaken by CFS. It can also suggest the changes in practice which promote family unity and the collaboration of community members, Indigenous Governments, and families in the care and support of 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

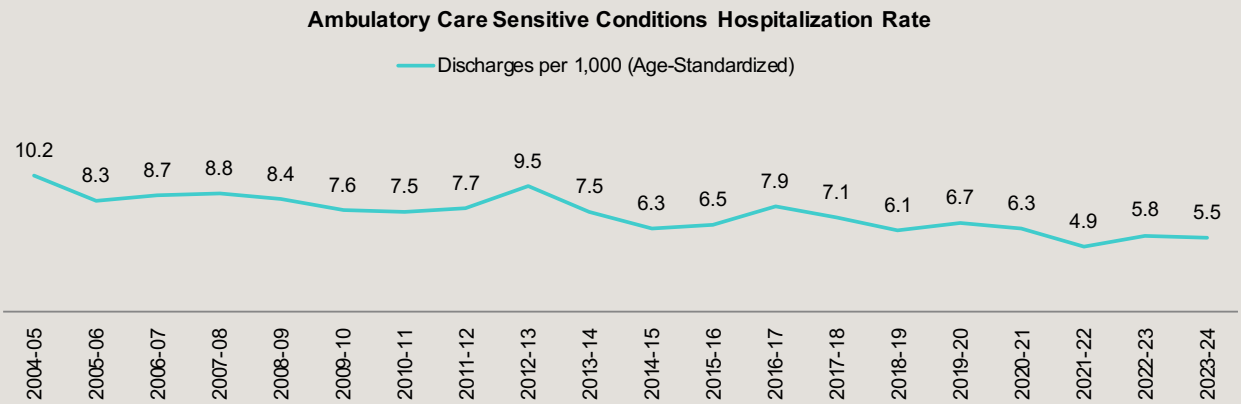
More details on the delivery of Child and Family Services in the NWT can be found in the Annual Reports of the Director of Child and Family Services.

### SOURCE

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

# Quality, Efficiency and Sustainability

## BETTER FUTURE – AMBULATORY CARE SENSITIVE CONDITIONS




### WHAT IS BEING MEASURED?

The hospitalization rate for ambulatory care sensitive conditions (ACSC). An ACSC hospitalization is when the main reason 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 due to 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 ACSC has declined since the mid- 2000s – from 10.2 per 1,000 in 2004-05 to 5.5 per 1,000 in 2023-24. While the overall rate has declined, diabetes has grown from 12% of all ACSC hospitalizations in the mid-2000s to account for 18% in the last three-year period. Asthma and angina have dropped from 20% and 15% of all ACSC hospitalizations in the mid-2000s to 10% and 7% in the last three years. Relative to Canada as a whole, the NWT has a higher ACSC rate at 5.5 per 1,000 versus 2.8 per 1,000 (2023-24).

### SOURCES

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

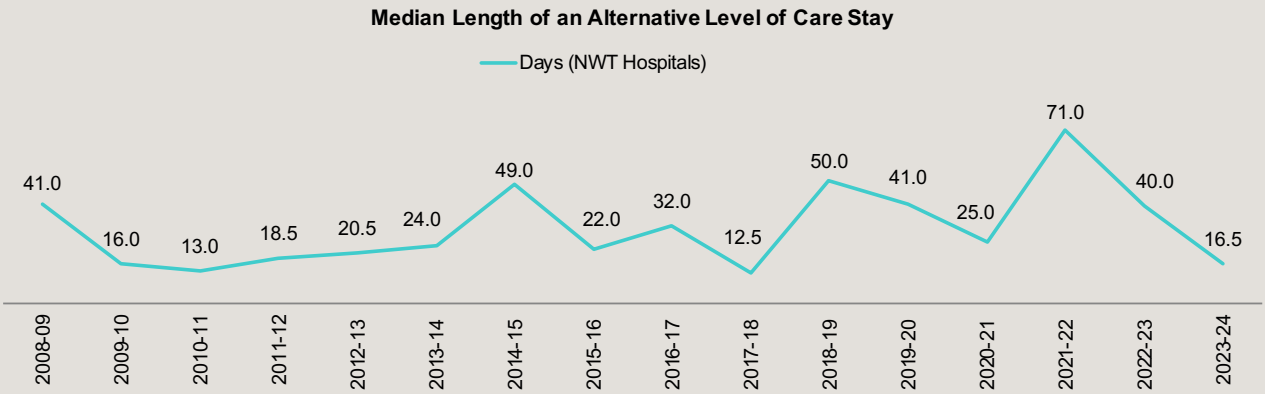
**Ambulatory Care Sensitiv Condtions**
**Proportion of Hosptializations by Condition**

| | 2004-05 to 2006-07 | | | 2021-22 to 2023-24 | |
|---|---|---|---|---|---|
| Condition | | Rank | | Rank | |
| COPD | 25% | 1 | | 30% | 1 |
| Diabetes | 12% | 5 | | 18% | 2 |
| HFPE | 11% | 6 | | 17% | 3 |
| Epilepsy | 12% | 4 | | 15% | 4 |
| Asthma | 20% | 2 | | 10% | 5 |
| Angina | 15% | 3 | | 7% | 6 |
| Hypertension | 5% | 7 | | 2% | 7 |

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

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

## BETTER FUTURE – 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.

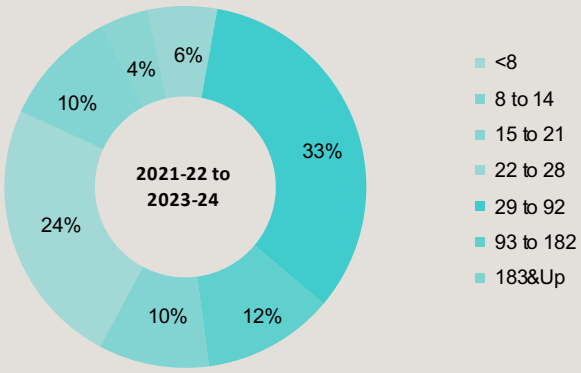
### HOW ARE WE DOING?

Between 2008-09 and 2023-24 the median length of stay has ranged between 12.5 and 71 days. In the last three years, 24% of ALC stays were seven days or less and a further 20% were between 8 and 28 days. In 2023-24 14.5% of NWT hospital stay days were designated as an alternative level of care compared to the national average of 16.7%.

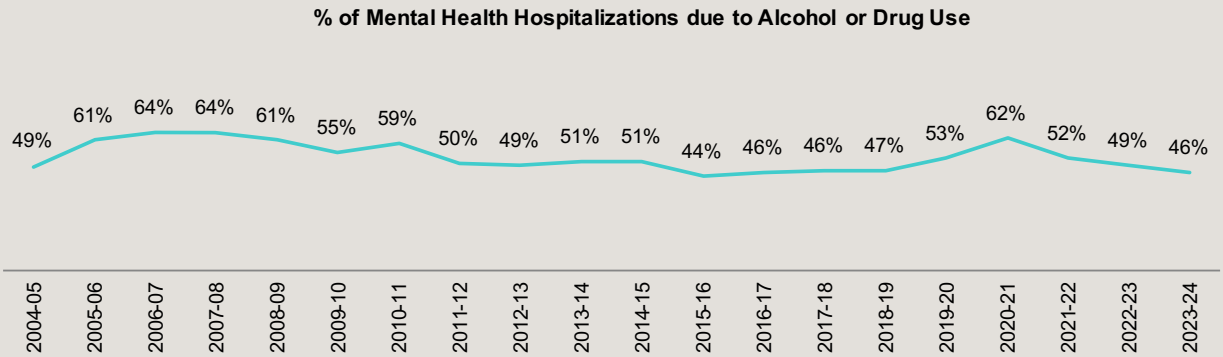
### SOURCES

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

**Proportion of Hospitalizations by Length of ALC Stay**



## BETTER FUTURE – ALCOHOL AND DRUG HOSPITALIZATIONS




### WHAT IS BEING MEASURED?

The proportion of mental health hospitalizations for alcohol and/or drug use.[20]

### 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 not be the most effective or efficient use of hospital resources and can indicate that existing programs are not effective in supporting patients that have a history of substance abuse.

### HOW ARE WE DOING?

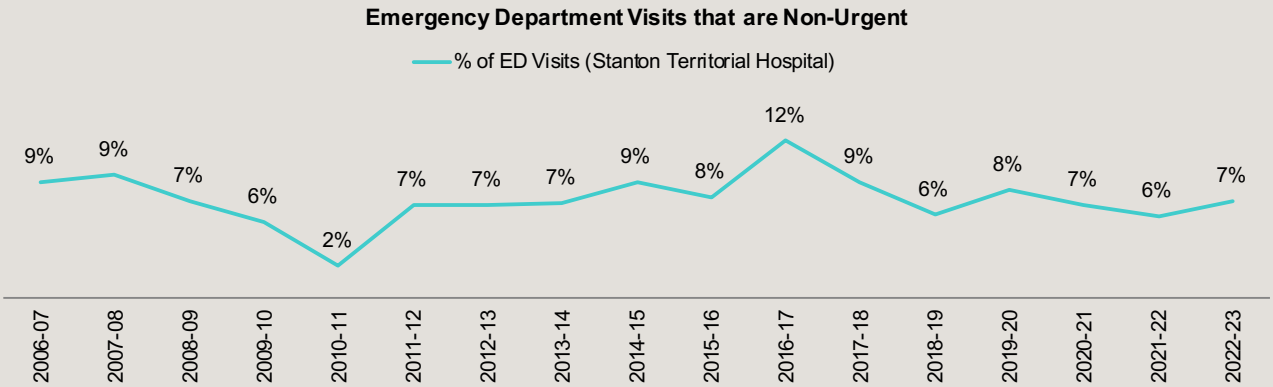
The proportion of mental health hospitalizations due to alcohol and drug issues in the NWT has trended downward over the last 20 years. The stark increase during the pandemic was short-lived and the proportion has returned to pre-pandemic norms. While alcohol and drugs continue to account for a substantial share of mental health hospitalizations, the long-term trajectory shows a downward shift compared to the mid-2000s peak.

### SOURCES

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

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

## BETTER FUTURE – 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).[21]

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 inadvertently occupying staff time that could otherwise be allocated to patients with more pressing and critical needs. Non-urgent Emergency Department visits are also a reflection of challenges in accessing primary care. When patients are unable to access services in a timely fashion, they will often use the Emergency Department as a service of last resort. Having to seek primary care in the Emergency Department has implications for the health system. It is not an ideal place for patients to receive primary healthcare, and using it for primary care may lead to system inefficiencies.[22]

### HOW ARE WE DOING?

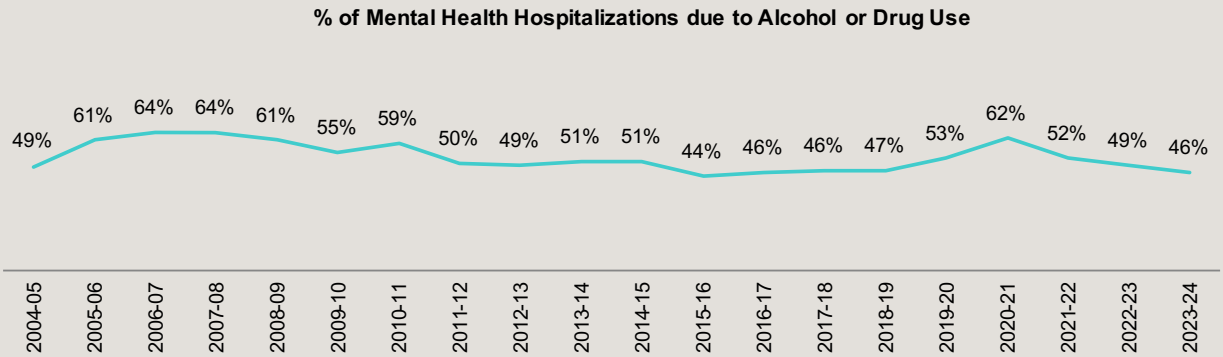
After decreasing to a low of 2% in 2010-11, and then peaking at 12% in 2016-17, the proportion of emergency visits considered non-urgent has decreased to 7% in 2022-23.

### SOURCES

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

21- Emergency department visits that did not have a CTAS score were excluded.
22- Atkinson P, et al. Saving emergency medicine: Is less more? External link Canadian Journal of Emergency Medicine. 2022.

## BETTER FUTURE – 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 primary objective of the HSS system is to deliver care while ensuring efficiency and ensuring long-term sustainability. A key indicator of system effectiveness is the proportion of administrative staff; a significant increase in this aspect can signal potential inefficiencies within the system.

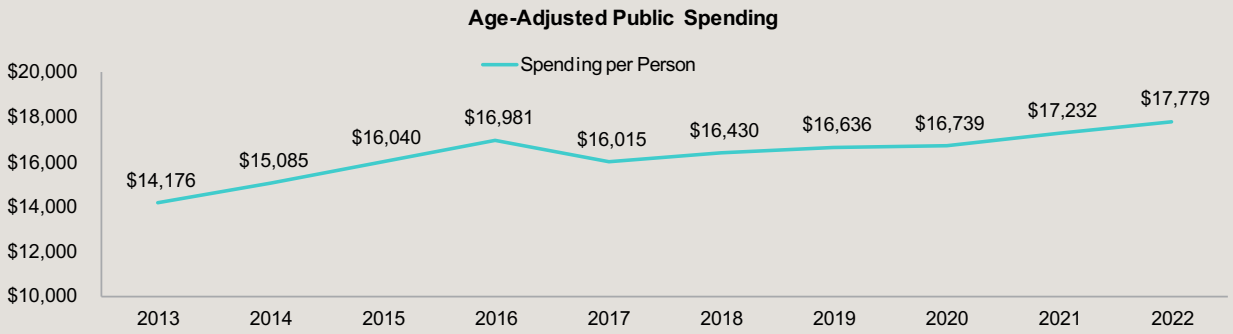
### HOW ARE WE DOING?

The proportion of administrative staff has decreased slightly in the last twelve years from just over 28% to 24.9%.

### SOURCE

NWT Department of Health and Social Services.

## BETTER FUTURE – AGE-ADJUSTED PUBLIC SPENDING PER PERSON




### WHAT IS BEING MEASURED?

This measures how much the territorial government spent on healthcare per person after standardizing for age and sex. It includes any type of expenditure that is used to improve or prevent the deterioration of health status. This includes health spending from the territorial government, federal health transfers and health transfers to municipalities.

### WHY IS IT OF INTEREST?

This indicator provides a means of measuring differences that can result from healthcare utilization and the changes in costs by standardizing expenditures to a common population distribution. Age-adjusted public spending per person highlights the underlying efficiency and allocation of healthcare resources, independent of the age structure of the population. This indicator highlights underlying spending trends and sustainability challenges that could otherwise be obscured by population aging.

### HOW ARE WE DOING?

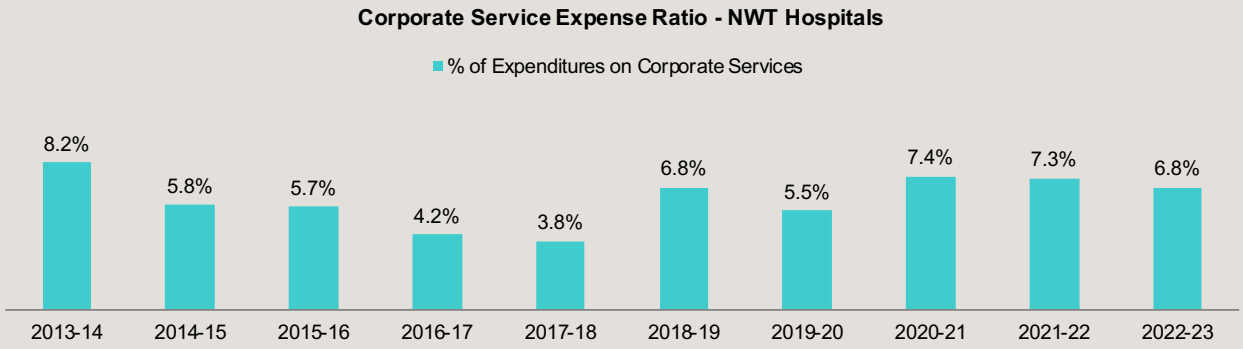
The Northwest Territories average per person spending is significantly higher than the Canadian average for 2022 ($5,615). Of the three Territories the NWT spends 29% less than Nunavut ($24,892) but 68% more than Yukon ($11,044). Over the past decade the NWT has increased it's spending by 25%, this growth rate is less than the other two territories, with Yukon increasing by nearly 30% and Nunavut 40%.

### SOURCE

NWT Department of Health and Social Services and Canadian Institute for Health Information (National Health Expenditures Database), Statistics Canada.

21- Emergency department visits that did not have a CTAS score were excluded.
22- Atkinson P, et al. Saving emergency medicine: Is less more? External link Canadian Journal of Emergency Medicine. 2022.

## BETTER FUTURE – CORPORATE EXPENSE RATIO (HOSPITALS)




### WHAT IS BEING MEASURED?

The proportion of overall hospital expenditures spent on administrative purposes. This number is influenced by finance, administrative, human resources and communications expenses, in proportion to total expenses.

### WHY IS IT OF INTEREST?

A goal of the HSS system is to provide the best care as efficiently as possible to promote future system sustainability. Increases in the proportion of money spent on administration may reflect inefficiencies in the system and warrant investigations to improve cost-efficiency.

### HOW ARE WE DOING?

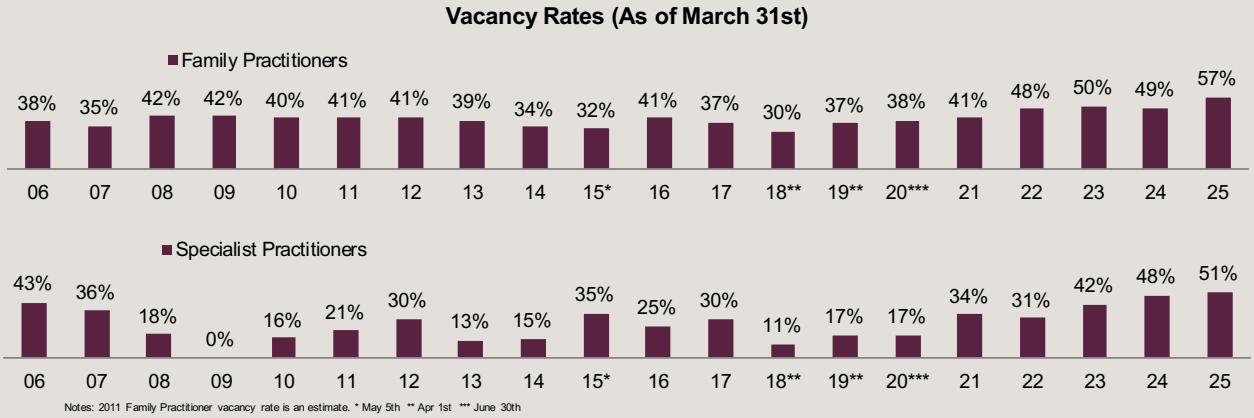
The proportion of hospital expenditures dedicated to administration in the NWT was 6.8%% in 2022-23 – higher than the national rate of 4.3%.

### SOURCE

Canadian Institute for Health Information.

# Stable And Representative Workforce

## BETTER FUTURE – 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?

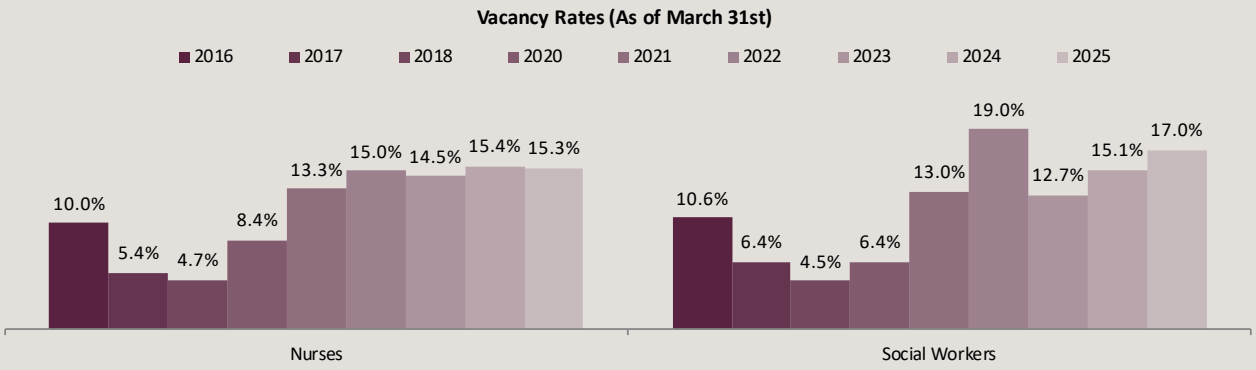
Since 2006, vacancy rates have fluctuated between 30% and 57% for family practitioners and between 0% and 51% for specialists. Recent vacancy rates for family practitioners and specialist practitioners are at the highest they have been in the last 20 years. Canada, and the NWT, are facing a national shortage of healthcare professionals.

### 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.

## BETTER FUTURE – NURSE AND SOCIAL WORKER VACANCIES




### WHAT IS BEING MEASURED?

The vacancy rate for nurses and social workers.

### WHY IS THIS OF INTEREST?

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

### HOW ARE WE DOING?

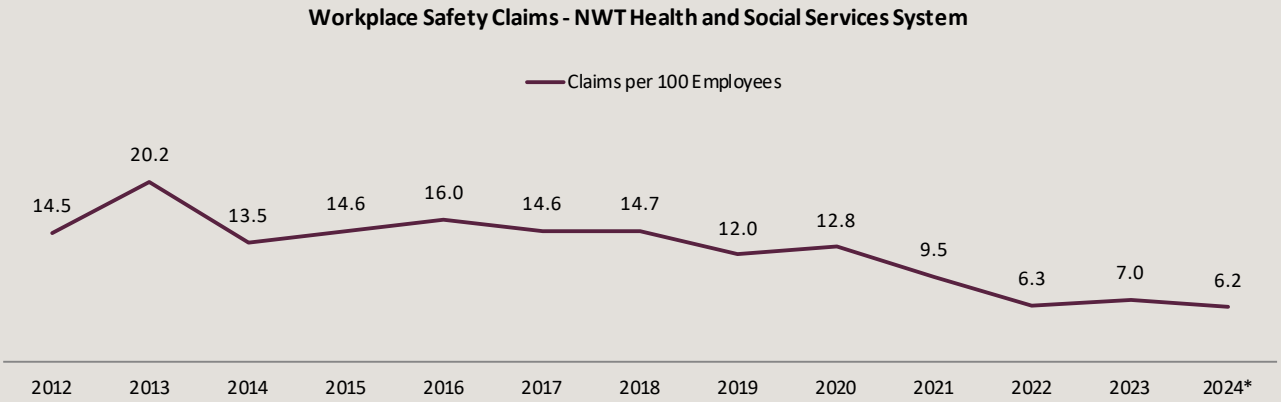
As of March 31, 2025, the vacancy rates for nurses and social workers were 15.1% and 15.3%, respectively. Due to a change in methodology, pre-2016 vacancy rates for nurses and social workers are not comparable to recent rates.[24]

### 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.

## BETTER FUTURE – STAFF SAFETY




### WHAT IS BEING MEASURED?

The number of workplace safety claims per 100 health and social services 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 presented with unique occupational challenges and are exposed at a higher frequency to the potential of injury than most other GNWT employees. Repeated secondary exposure to patients' trauma can potentially negatively impact a service provider's well-being.

### HOW ARE WE DOING?

The overall rate of safety claims has declined from 20.2 to 6.2 claims per 100 employees. On average, over the last 12 years, the rate for the HSS system has been over twice that of the rate for the rest of the GNWT.

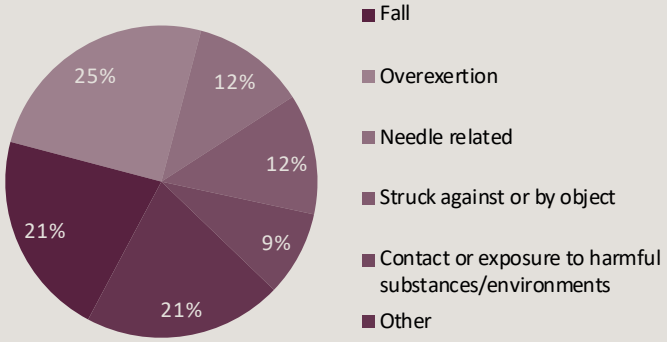
### OTHER INFORMATION

In 2024, the top five causes for workplace safety claims were, where the worker fell (21%), where the worker was in contact with or exposed to harmful substances such as infectious diseases and chemicals (9%), overexertion (25%), was struck by or struck against an object (13%), and where the worker was pricked or scratched by a needle (12%). The remaining causes were primarily assaults, slipping or tripping without falling, repetitive motion injuries, and injuries from bending and twisting.

### SOURCES

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

**Workplace Safety Claims Top 5 Types by Cause, 2024**



# Appendices

## 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 includes important medical services for residents.

## 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 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 can move freely (are portable) to access services that are medically required. The GNWT Medical Travel Policy aids 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, 2025, there were 42,933 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 to practice in the NWT. On March 31, 2025, there were 678 physicians licensed to practice in the NWT, and 16 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, over $82 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, 24 health centres/health cabins, 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:

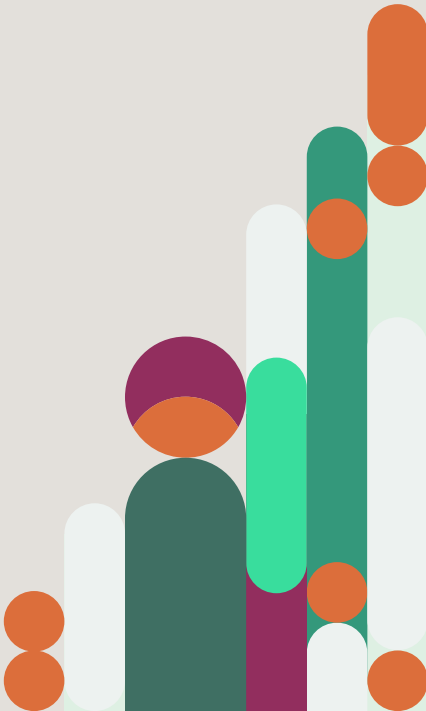
**a) Insured inpatient services, meaning:**

- 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, $63.9 million was paid to approved inpatient and outpatient facilities and physicians outside the NWT for the treatment of NWT residents.



# Appendices

## APPENDIX 2: PUBLICATIONS

**Reports and Strategic Documents**

- Accreditation Report- Hay River Health and Social Services Authority
- Accreditation Report- Northwest Territories Health and Social Services Authority
- Accreditation Report- Tłı̨chǫ Community Services Agency
- Annual Report of the Director of Child and Family Services, 2023-2024
- Highlights from the 2023-2024 Annual Report of the Director of Child and Family Services
- Bridge Between Plans: Bridging Between the 2021-2024 Human Resources Plan and the 2025-2028 People Strategy
- NWT Health and Social Services System Annual Report 2023-2024
- NWT HSS System Human Resources Plan 2021-2024 Results Report
- Seniors' Information Handbook
- Serving Traditional Foods in NWT Health and Social Services Facilities
- What We Heard- Proposed Amendments to the Health and Social Services Professions Act
- What We Heard- Proposed Dental Hygienist Profession Regulations Under the Health and Social Services Professions Act
- What We Heard- Proposed Pharmacy Profession Regulations Under the Health and Social Services Professions Act

**Brochures and Fact Sheets**

- Alcohol Fact Sheet
- Benzodiazepines Fact Sheet
- Cannabis Fact Sheet
- Cocaine and Crack Fact Sheet
- Extended Health Benefits- Information for NWT Residents to Access Benefits
- Fentanyl Fact Sheet
- Heroin Fact Sheet
- LSD Fact Sheet
- MDMA/Ecstasy/Molly Fact Sheet
- Measles, Mumps, and Rubella (MMR)
- Measles, Mumps, Rubella, and Varicella (MMRV)
- Methamphetamine Fact Sheet
- Psilocybin Magic Mushrooms Fact Sheet
- Respiratory Syncytial Virus Immunization (Nirsevimab)
- Understanding the difference between "Best Before Dates" & "Expiry Dates"
- Your Nicotine Addiction Treatment Plan

**Flyers and Poster**

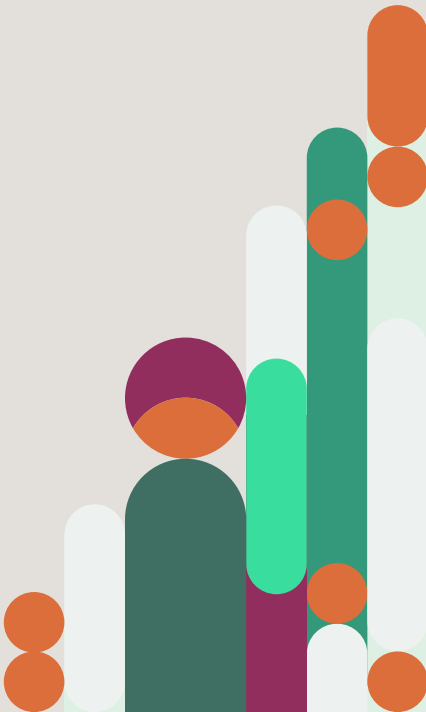
- Changes to Extended Health Benefits Policy
- NWT Immunization Schedule- General Public
- RSV Pamphlet
- RSV Poster
- The Real Cost of Pop

**Have Your Say Engagement**

- Proposed Amendments to Dental Hygienist Profession Regulations
- Proposed Amendments to Health and Social Services Professions Act
- Proposed Pharmacy Profession Regulations

**Ministerial Directives and Policies**

- Salaried Physician Standard Contract



For more information, please visit:

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or email at **hsscommunications@gov.nt.ca**