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Territoires du Nord-Ouest

NWT DEPARTMENT OF
HEALTH AND SOCIAL SERVICES

2025 - 2026
ANNUAL REPORT

RAPPORT ANNUEL
2025 - 2026

DU MINISTÈRE DE LA SANTÉ ET
DES SERVICES SOCIAUX DES TNO



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

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

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Dëne sųłıné

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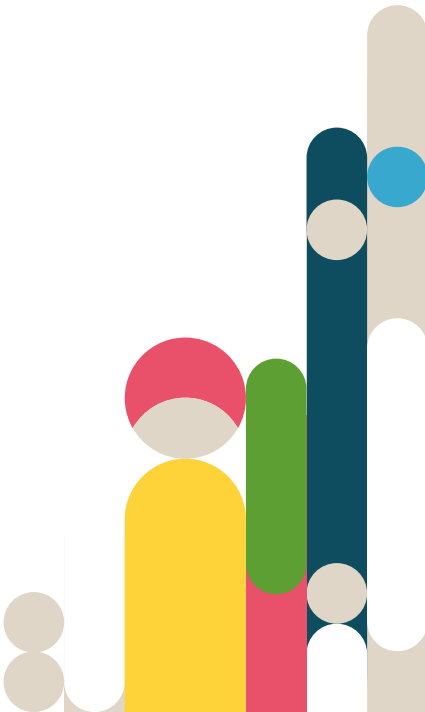
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Inuktitut

Hapkua titiqqat pijumagupkit Inuinnaqtun, uvaptinnut hivajarlutit.
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Tłı̨chǫ yatı k’ę̀è. Dı wegodı newǫ dè, gots’o gonede.
Tłı̨chǫ

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Message from the Minister

Honourable Denny Rodgers, Minister of Health and Social Services

I am pleased to present the Northwest Territories Health and Social Services System Annual Report for 2025-26. This report highlights the hard work underway in all areas of the health and social services system to improve health and wellness, strengthen access to care, support our workforce, and ensure that services remain sustainable for future generations. Our unwavering focus continues to be on achieving Best Health, Best Care, for a Better Future.

Delivering health and social services across the Northwest Territories requires navigating challenges unique to our northern reality. Our communities are spread across a vast landscape, and many residents rely on specialized services that are not available close to home. At the same time, growing demand, rising costs, and ongoing workforce shortages continue to place pressure on health systems across Canada. Despite these challenges, we remain committed to providing high-quality care and supports, strengthening our health and social services system, and improving health outcomes for NWT residents.

In 2025-26, the Department of Health and Social Services spent **$778.3 million** on programs and services. Of this amount, **$550.8 million,** or **74 per cent**, was provided directly to the Health and Social Services Authorities to deliver services to residents. The Department also invested **$41.3 million** in capital infrastructure projects to support health care facilities, equipment, and technology across the territory.

Department expenditures increased by **$33.5 million**, or **4.5 per cent,** over the last year. This growth was driven by increased costs for facility-based addictions treatment, out-of-territory hospital care, services provided to non-residents, and residential care for children and youth outside the territory. Additional investments were also needed to support medical travel, inflationary increases affecting contracts and supplies, and the delivery of front-line programs and services through the Health and Social Services Authorities.

Throughout the year, the Department continued to focus on prevention, health promotion and education, and improving access to care. Important milestones included the implementation of the Ottawa Model for Smoking Cessation at the Yellowknife Primary Care Centre and Stanton Territorial Hospital, continued work on primary health care reform, support for Cancer Sharing Circles to help shape the future of cancer services in the NWT, and ongoing implementation of the Extended Health Benefits Program.

We also advanced important work to strengthen mental wellness, cultural safety, and supports for children, youth, and families across the Northwest Territories. Key milestones included publishing the results of the 2024 Mental Wellness and Addictions Recovery Survey, administering the Northwest Territories Patient Experience Questionnaire across health care facilities, launching the Family, Community, and Connections Pilot Project for children and youth, completing an audit of the Managed Alcohol Program, and releasing the Indigenous Systems of Care video series. Together, these initiatives are helping to build a more responsive, culturally safe, and person-centred system that reflects the priorities, experiences, and needs of NWT residents.

Ensuring the long-term sustainability of our health and social services system remains a priority. In 2025-26, the Healthcare System Sustainability Unit continued its work to identify opportunities to improve efficiency while protecting access to essential services. The Department advanced medical travel modernization efforts, implemented measures to improve the sustainability of health benefit programs, and continued planning for a new Electronic Health Records system that will support better information sharing across the territory.

A strong workforce is essential to the delivery of quality care. The release of the **2025-2028 People Strategy**, in partnership with the NTHSSA, established an achievable roadmap for strengthening recruitment, retention, and workforce development across the health and social services system, helping to ensure we can attract, support, and retain the workforce needed to meet the needs of NWT residents.

I want to thank all health and social services staff, community partners, and volunteers for their dedication and service. Every day, they help ensure that residents receive the care and support they need. I am proud of the commitment and hard work demonstrated by health and social services professionals across the Northwest Territories. Because of their dedication, our health and social services system continues to grow stronger, delivering meaningful improvements in the health and well-being of residents, particularly those who are most vulnerable. Their work makes a real difference in the lives of individuals, families, and communities throughout the territory.

Mot de la ministre

L'honorable Denny Rodgers, ministre de la Santé et des Services sociaux

J'ai le plaisir de présenter le rapport annuel 2025-2026 sur le système de santé et des services sociaux des Territoires du Nord-Ouest (TNO). Ce rapport souligne le travail acharné en cours dans tous les secteurs du système de santé et des services sociaux pour améliorer la santé et le mieux-être, renforcer l'accès aux soins, appuyer notre personnel, et faire en sorte que les services demeurent durables pour les générations à venir. Nous avons encore et toujours pour objectif principal de garantir aux Ténois une santé optimale, des soins optimaux pour un avenir prometteur.

La prestation de services de santé et de services sociaux à l'échelle des Territoires du Nord-Ouest nécessite de composer avec les défis propres aux réalités du Nord. Nos collectivités sont réparties dans une grande zone géographique, et une grande partie de la population nécessite des services spécialisés qui ne sont pas offerts dans leur collectivité. Parallèlement, la demande croissante, les coûts qui ne cessent d'augmenter et les pénuries constantes de main-d'œuvre sont tout autant de facteurs qui continuent de mettre de la pression sur les systèmes de santé partout au Canada. Malgré tous ces défis, nous demeurons résolus à livrer des soins et des services de soutien de grande qualité, à renforcer notre système de santé et des services sociaux et à améliorer les résultats sur le plan de la santé de la population des TNO.

En 2025-2026, le ministère de la Santé et des Services sociaux a dépensé **778,3 millions $** en programmes et en services. De ce montant, **550,8 millions $** ou **74 pour cent** ont été directement transférés aux administrations des services de santé et des services sociaux afin d'offrir des services aux résidents. Le ministère a également investi **41,3 millions $** dans des projets d'infrastructure pour améliorer les établissements, les équipements et la technologie du milieu de la santé aux TNO.

Les dépenses ministérielles ont augmenté de **33,5 millions $** ou de **4,5 pour cent** au cours de la dernière année. Cette augmentation est due à la hausse des coûts des traitements des dépendances en centre, des soins hospitaliers extraterritoriaux, des services fournis à des non-résidents et des traitements en établissement pour les enfants et les jeunes à l'extérieur du territoire. Des investissements supplémentaires ont également été nécessaires pour financer les déplacements pour raisons médicales, faire face à l'inflation qui touche les contrats et les fournitures, et fournir les programmes et services de première ligne par l'intermédiaire des administrations des services de santé et des services sociaux.

Tout au long de l'année, le ministère a continué d'axer ses efforts sur la prévention, la promotion de la santé et de l'éducation, et l'amélioration de l'accès aux soins. Entre autres réalisations importantes, mentionnons la mise en œuvre du Modèle d'Ottawa pour l'abandon du tabac au Centre de soins primaires de Yellowknife et à l'Hôpital territorial Stanton, la poursuite des travaux de réforme des soins primaires, le soutien aux cercles de partage sur le cancer pour contribuer à définir l'avenir des services d'oncologie aux TNO, et la mise en œuvre continue du régime d'assurance-maladie complémentaire.

Nous avons également fait progresser des travaux importants pour renforcer le mieux-être psychologique, la sécurité culturelle et le soutien aux enfants, aux jeunes et aux familles des TNO. Mentionnons notamment la publication des résultats du Sondage 2024 sur le mieux-être psychologique et le traitement des dépendances, la gestion du Questionnaire sur l'expérience des patients des Territoires du Nord-Ouest dans les établissements de soins de santé, le lancement du projet pilote Familles, communauté et liens pour les enfants et les jeunes, la réalisation d'un audit du Programme de gestion de l'alcool et la diffusion de la série de vidéos mettant en valeur les systèmes de soins autochtones. Ensemble, ces initiatives contribuent à bâtir un système plus adapté, respectueux des cultures et axé sur la personne, qui reflète les priorités, les expériences et les besoins de la population des Territoires du Nord-Ouest.

Notre priorité reste d'assurer la viabilité à long terme de notre système de santé et des services sociaux. En 2025-2026, le Service de la viabilité du système de santé a poursuivi ses travaux visant à déterminer des occasions d'améliorer l'efficacité des services tout en protégeant l'accès aux services essentiels. Le ministère a poursuivi ses efforts de modernisation des déplacements pour raisons médicales, a mis des mesures en œuvre pour améliorer la viabilité des programmes d'assurance-maladie, et a continué de planifier le nouveau système de dossiers de santé électroniques qui permettra un meilleur partage des renseignements partout aux TNO.

Une main-d'œuvre solide est essentielle pour offrir des soins de qualité. La **Stratégie de gestion des personnes 2025-2028**, élaborée et diffusée en partenariat avec l'ASTNO, a permis d'établir une feuille de route réaliste visant à renforcer le recrutement, le maintien en poste et le perfectionnement professionnel de la main-d'œuvre du système de santé et des services sociaux pour nous assurer de pouvoir attirer, soutenir et retenir le personnel qu'il faut pour répondre aux besoins des résidents des TNO.

Je souhaite remercier tout le personnel de la santé et des services sociaux, nos partenaires communautaires et les bénévoles pour leur dévouement et leur service. Chaque jour, ils contribuent à faire en sorte que les résidents reçoivent les soins et le soutien dont ils ont besoin. Je suis fier de l'engagement et du travail acharné dont font preuve les professionnels de la santé et des services sociaux partout aux Territoires du Nord-Ouest. Grâce à leur dévouement, notre système de santé et des services sociaux ne cesse de se consolider, ce qui se traduit par des améliorations concrètes de la santé et du bien-être de la population, particulièrement pour les personnes les plus vulnérables. Leur travail a un effet réellement positif sur la vie des personnes, des familles et des collectivités partout aux TNO.

List of Key Acronyms

Acronym	Term
CCIS	Continuing Care Information System
CCP	Community Counselling Program
CFS	Child, Youth, and Family Services
CQI	Continuous Quality Improvement
CSAR	Cultural Safety and Anti-Racism
Department	Department of Health and Social Services
EA	Environmental Assessment
ECE	Education, Culture, and Employment
EHB	Extended Health Benefits
EHR	Electronic Health Record
FASD	Fetal Alcohol Spectrum Disorder
FBAT	Facility Based Addictions Treatment
FNIHCC	First Nations and Inuit Home and Community Care
HCC	Home and Community Care
HCSSU	Healthcare System Sustainability Unit
HRHSSA	Hay River Health and Social Services Authority
HSS	Health and Social Services
HSSPA	Health and Social Services Professions Act
IAB	Indigenous Advisory Body
ISC	Indigenous Services Canada
LTC	Long Term Care
MAID	Medical Assistance in Dying
MAP	Managed Alcohol Program
MI-SUMC	Medical Assistance in Dying where a mental illness is the sole underlying medical condition
MWAR	Mental Wellness and Addictions Recovery
NGO	Non-Governmental Organization
NTHSSA	Northwest Territories Health and Social Services Authority
NWT	Northwest Territories
OAG	Office of the Auditor General
OCPHO	Office of the Chief Public Health Officer
OMSC	Ottawa Model for Smoking Cessation
OPG	Office of the Public Guardian
PEQ	Patient Experience Questionnaire
PHCR	Primary Health Care Reform
POC	Point of Care
RSV	Respiratory Syncytial Virus

SLP	Speech Language Pathology
SPOR	Strategy for Patient-Oriented Research
STBBI	Sexually Transmitted and Blood Borne Infections
TCSA	Tłı̨chǫ Community Services Agency
YKHEMP	Yellowknife Health Effects Monitoring Program
YKPCC	Yellowknife Primary Care Centre

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Executive Summary

The Northwest Territories (NWT) Department of Health and Social Services (the Department) 2025-26 Annual Report reports on the Strategic Priorities set out in the Health and Social Services (HSS) Strategic Planning Framework.

OUR STRATEGIES

In 2025-26, the HSS system continued its progress on the goals identified under the HSS Strategic Planning Framework. This report focuses on the key initiatives advanced by the Department during that time:

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

These four items are goals for the HSS system, which consists 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).

HEALTH OF THE POPULATION AND EQUITY OF OUTCOMES

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

In 2025-26, the Department implemented several upstream prevention initiatives targeting chronic and communicable disease and injury. As part of this work, the Department partnered with NTHSSA to implement the Ottawa Model for Smoking Cessation (OMSC) in Yellowknife. The model has been active at Yellowknife Primary Care Centre (YKPCC) since January 2025, and at the end of March 2026, it was launched at Stanton Territorial Hospital.

Primary Health Care Reform (PHCR) is a key part of system transformation, recognized as essential to building a culturally safe, anti-racist HSS system. The Department published a methodology document titled *Equitable Access: Co-Designing an Integrated Primary and Community Care Framework* in Fall 2025, which outlines the Department's approach to developing a framework for the future of primary and community health care in the NWT.

In 2025-26, the Department, as a part of its review strategy, supported the coordination of Cancer Sharing Circles to ensure that the next steps towards improving the quality of cancer care delivery in the NWT and any priorities beyond 2026 are fully informed by residents. A vision for cancer care that built on the work of *Charting Our Course: Northwest Territories Cancer Strategy 2015-2025* was developed and scheduled for release in June 2026.

September 2025 marked year two of the updated Extended Health Benefits (EHB) program. The Department continues to monitor uptake and feedback on the 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 2025-26 included:

- The results from the *2024 Mental Wellness and Addictions Recovery Survey* were published. One main finding showed that most respondents who used the Community Counselling Program (CCP) and Facility-Based Addictions Treatment (FBAT) were satisfied with the service (84% and 80% respectively), and experienced improved wellbeing (70% and 90% respectively).
- The *Patient Experience Questionnaire* (PEQ) was administered between September and November 2025 in all inpatient and outpatient health care facilities. This administration of the PEQ focused on improved translation services and ensuring residents had options to provide feedback.
- *Cultural Safety and Anti-Racism (CSAR) Readiness Training* was piloted with a group of Medical Residents on July 16-17, 2025, with the goal of building capacity for engaging in challenging conversations about race and racism.
- In December 2025, the *Family, Community, and Connections Pilot Project* was launched, to find safe, stable, nurturing relationships for children and youth in permanent custody through family finding and community connections.
- In 2025-26, an audit of the *Managed Alcohol Program* (MAP) was conducted, to assess program delivery and compliance with program standards. The final report was completed in March 2026, and identified key areas for improvement, including program stability, staffing, and alignment with program standards.
- A video series celebrating *Indigenous Systems of Care* was launched in January 2026, featuring video stories from caregivers, Elders, and community members that highlighted cultural practices considered essential to the safety and wellbeing of children, youth, and families in the NWT.

QUALITY, EFFICIENCY AND SUSTAINABILITY

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

The Healthcare System Sustainability Unit (HCSSU) is fully funded through the Territorial Health Investment Fund. The HCSSU works within Executive and Indigenous Affairs to ensure a whole-of-government approach and reflects the Premier's commitment to system-wide sustainability. The HCSSU works with the Department and the HSS Authorities, as well as frontline staff, leadership teams, and partners to guide the process of determining 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 HCSSU completed operational and sustainability assessments in January and June 2026, to understand which programs are offered and how.

Capital investments currently in progress or planned are summarized in this report, as are 2025-26 financial highlights. As part of reporting progress on achieving its goals, the Department also continues to report on over 40 performance measures of the HSS system's performance.

Fiscal sustainability measures were implemented to the GNWT's Extended Health Benefits in 2025-26. These measures included adjustments to pharmacy compensation and reimbursement fees, entering into more product-listing agreements, and the establishment of the NWT Pharmacare formulary management committee to ensure continued access to benefits similar to other provinces and territories.

STABLE AND REPRESENTATIVE WORKFORCE

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

In 2025-26, NTHSSA, in partnership with the Department, worked on the development and release of its *2025-2028 People Strategy*. The strategy builds on previous workforce planning efforts and reflects what was heard from staff, residents, and partners across the NWT. The plan is being developed to guide actions system-wide to strengthen the health and social services workforce. The strategy was released on April 16, 2026.

Sommaire

Le rapport annuel 2025-2026 du ministère de la Santé et des Services sociaux des Territoires du Nord-Ouest (TNO) fait le point sur les priorités stratégiques énoncées dans le Cadre de planification stratégique du système de santé et des services sociaux.

NOS STRATÉGIES

En 2025-2026, le système de santé et des services sociaux a continué de progresser vers l'atteinte des objectifs établis dans son Cadre de planification stratégique. Ce rapport met l'accent sur les principales initiatives proposées par le ministère pendant cette période :

- 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 des 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).

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 2025-2026, le ministère a mis en œuvre en amont plusieurs mesures de prévention ciblant les maladies chroniques et transmissibles et les blessures. Dans le cadre de ce travail, le ministère s'est associé à l'ASTNO pour mettre en œuvre le Modèle d'Ottawa pour l'abandon du tabac à Yellowknife. Ce modèle est en application au Centre de soins primaires de Yellowknife depuis janvier 2025, et sera lancé à l'Hôpital territorial Stanton à la fin de mars 2026.

La réforme des soins primaires est un élément clé de la transformation du système, reconnue comme essentielle à la création d'un système de santé et des services sociaux adapté à la culture et exempt de racisme. À l'automne 2025, le ministère a publié un document de méthodologie intitulé « Accès équitable : conception conjointe d'un cadre de soins primaires et communautaires intégrés », qui résume l'approche ministérielle d'élaboration d'un cadre pour l'avenir des soins de santé primaires et communautaires aux TNO.

En 2025-2026, le ministère, dans le cadre de sa stratégie d'évaluation, a appuyé la coordination de cercles de partage sur le cancer pour s'assurer que les prochaines étapes d'amélioration de la prestation des soins oncologiques aux TNO ainsi que toute priorité au-delà de 2026 tiennent pleinement compte des perspectives des résidents. Une feuille de route des soins oncologiques s'inscrivant dans le prolongement du document « Tracer la voie : stratégie des

Territoires du Nord-Ouest pour lutter contre le cancer de 2015 à 2025 » a été élaborée et devait être publiée en juin 2026.

En septembre 2025, le nouveau régime d'assurance-maladie complémentaire (RAMC) a fêté ses deux ans d'existence. Le ministère continue de surveiller de près la mise en œuvre du RAMC 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 d'aides en matière de santé et de services sociaux pour les résidents des TNO.

Parmi les principales activités en 2025-2026, on compte :

- Les résultats du Sondage sur le mieux-être psychologique et le traitement des dépendances de 2024 ont été publiés. L'un des principaux constats est que la majorité des répondants ayant fait appel au programme de counseling communautaire et au traitement des dépendances en centre étaient satisfaits du service (84 % et 80 % respectivement), et ont vu leur bien-être amélioré (70 % et 90 % respectivement).
- Le Questionnaire sur l'expérience des patients des Territoires du Nord-Ouest a été distribué entre septembre et novembre 2025 dans tous les établissements de soins de santé pour patients hospitalisés et externes. Il portait principalement sur l'amélioration des services de traduction, et s'assurait que les résidents puissent transmettre leurs commentaires de différentes façons.
- Pilotée par un groupe de résidents en médecine les 16 et 17 juillet 2025, la Formation sur le respect de la culture et la lutte contre le racisme avait pour objectif de renforcer la capacité des participants à entretenir des conversations difficiles sur la race et le racisme.
- En décembre 2025, le projet pilote Famille, communauté et liens a été lancé. Ce projet vise à permettre aux enfants et aux jeunes placés de façon permanente de tisser des relations stables et enrichissantes par l'entremise des familles et des liens avec la communauté.
- En 2025-2026, un audit du Programme de gestion de l'alcool a été effectué pour évaluer la prestation du programme ainsi que sa conformité aux normes. Achevé en mars 2026, le rapport définitif a défini les points à améliorer, notamment la stabilité du programme, la dotation en personnel et la conformité aux normes du programme.
- Une série de vidéos mettant en valeur les systèmes de soins autochtones a été lancée en janvier 2026. Les vidéos donnaient la parole à des proches aidants, des aînés et des membres de la communauté qui mettaient en lumière les pratiques culturelles considérées comme étant essentielles à la sécurité et au bien-être des enfants, des jeunes et des familles des TNO.

QUALITÉ, EFFICACITÉ ET VIABILITÉ

Cet objectif vise à améliorer la qualité et l'efficacité des services de santé et des 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 Service de la viabilité du système de santé est entièrement financé

par le Fonds d'investissement-santé pour les territoires. Ce Service relève du ministère de l'Exécutif et des Affaires autochtones pour garantir une approche pangouvernementale, et traduit l'engagement du premier ministre envers la pérennité des services à l'échelle du système.

Le Service collabore avec le ministère ainsi qu'avec les 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 les services qui peuvent être offerts 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 a effectué des évaluations opérationnelles et de viabilité en janvier et en juin 2026 pour déterminer quels programmes sont offerts et selon quelles modalités. Une analyse des programmes actuels par rapport aux besoins de la population et à d'autres options de prestation a également été effectuée.

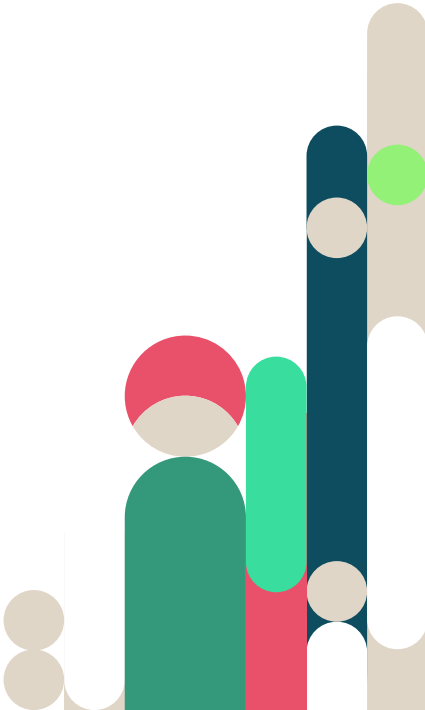
Les investissements en capitaux en cours ou prévus sont résumés dans le présent rapport, tout comme les faits saillants financiers de l'exercice 2025-2026. Dans le cadre du rapport sur l'avancement des objectifs, le ministère continue de rendre compte de plus de 40 mesures du rendement qui attestent de la performance du système de santé et des services sociaux.

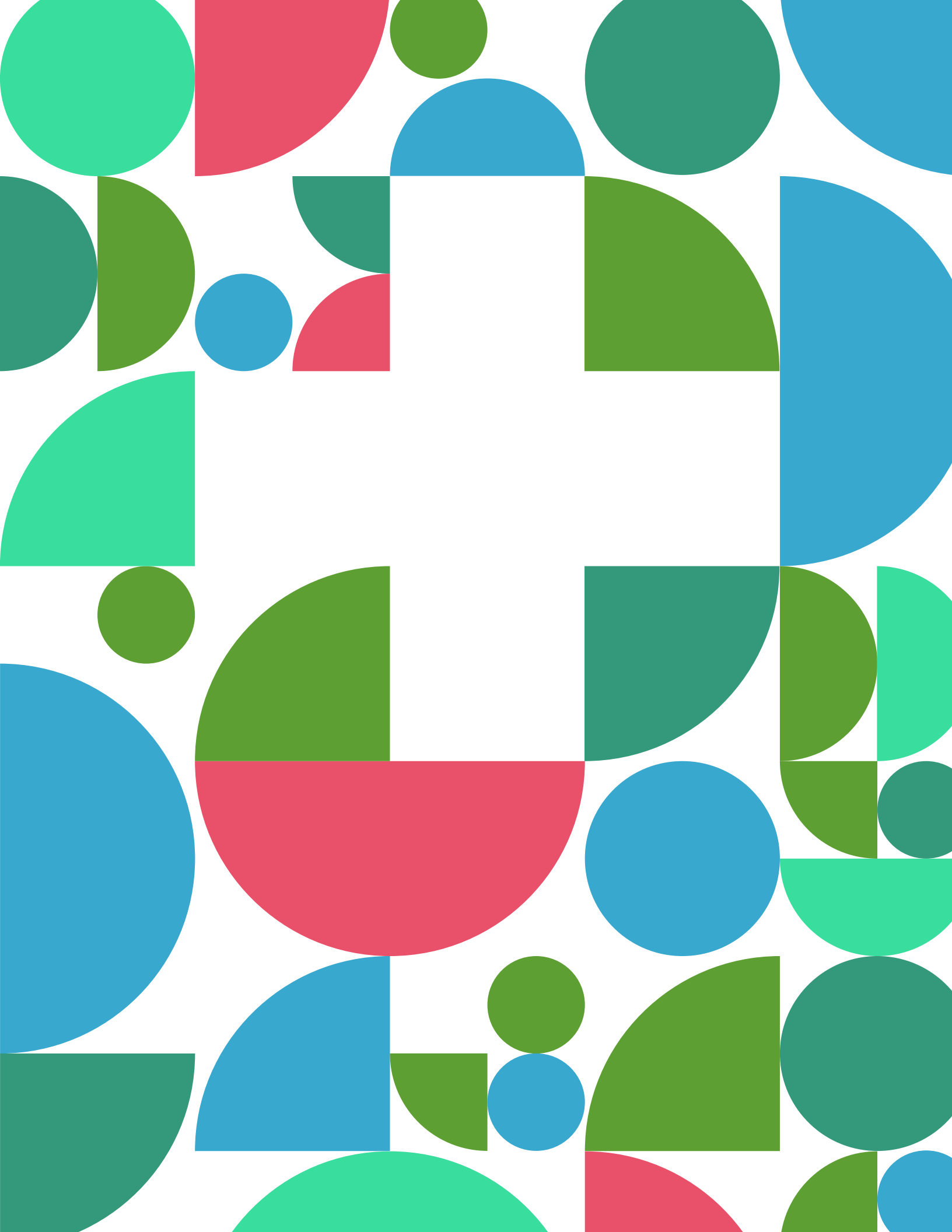
En 2025-2026, des mesures pour assurer la viabilité budgétaire ont été mises en œuvre dans le régime d'assurance-maladie complémentaire du GTNO, notamment la rémunération des pharmacies et le remboursement des honoraires professionnels, la conclusion d'ententes relatives aux listes de produits, et la mise en place du comité de gestion de la liste des médicaments assurés des TNO, afin d'assurer l'accès continu à des avantages semblables à ceux des provinces et d'autres territoires.

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 2025-2026, en partenariat avec le ministère, l'ASTNO a travaillé à l'élaboration et à la publication de sa Stratégie de gestion des personnes 2025-2028. Cette stratégie repose sur les efforts de planification des effectifs précédemment déployés, et tient aussi compte des commentaires recueillis auprès du personnel, des résidents et des partenaires aux TNO. Le plan ainsi mis sur pied vise à orienter les mesures à prendre dans l'ensemble du système, afin d'étoffer les effectifs du secteur de la santé et des services sociaux. La stratégie a été publiée le 16 avril 2026.





Introduction

The purpose of this annual report is to provide an overview of the performance of the Government of Northwest Territories (GNWT) Department of Health and Social Services (the Department). This annual report is not intended to provide a comprehensive overview of the operations of each Health and Social Services Authority (HSS Authority). Details on the operations of the HSS Authorities can be found in their individual annual reports. However, this report presents progress on strategic priorities 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, the 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 Operations & Management budget accounts for 29.6% of the overall GNWT 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 form an integrated territorial HSS system that operates under a one-system approach and 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) was established through the Tłı̨chǫ Intergovernmental Services Agreement and under the *Tłı̨chǫ Land Claims and Self Government Agreement* and the *Tłı̨chǫ Community Services Agency Act*. The TCSA delivers education and 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 the 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

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

and performance. The Department remains responsible for ensuring that all statutory functions and requirements are fulfilled, that professionals are appropriately licensed, and that residents have access to health insurance and vital statistics services.

The HSS Authorities are agencies of the GNWT. The TCSA is governed by a Board of Management. The NTHSSA and HRHSSA are currently both governed by Public Administrators. 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 and Board of Management are responsible to the Minister of Health and Social Services for independently governing, managing, and providing decisive leadership in regard to operations of health and social services in accordance with the plan set out by the Minister:

- Diagnostic and curative services;
- Mental wellness and addictions recovery 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, and holds contracts with six southern facilities, located in Alberta, British Columbia, and Ontario, to provide specialized addictions treatment for NWT residents.

Non-governmental organizations (NGOs), and community and Indigenous Governments also play a role in delivering health promotion, prevention, and community wellness activities and services. The Department and the HSS Authorities support NGOs in providing services on behalf of the HSS system, and make funding available to community organizations that deliver 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; and
- Prevention, promotion, assessment, early intervention, counselling, and treatment services related to mental wellness and addictions recovery.

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 for NWT residents, and to encourage the people of the Northwest Territories to make healthy choices that help individuals, families, and communities remain healthy and strong.

OUR VALUES

CARING: We treat everyone with compassion, respect, fairness, and dignity, and we value diversity.
ACCOUNTABILITY: System outcomes are measured, assessed, and reported publicly.
RELATIONSHIPS: We work collaboratively 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 2025-26, the Department continued to implement its 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 goals of 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 Department has adopted these four goals as system priorities. Each goal has its own strategic priorities and activities. Together, the four goals and their associated activities form the basis and reporting structure of this report.

This report also outlines HSS contributions to the mandate priorities of the 20th Legislative Assembly, and reports on progress made under related action plans.

GOAL: IMPROVE THE HEALTH OF THE POPULATION AND EQUITY OF OUTCOMES

This goal focuses on the HSS system's efforts to promote health, disease prevention, and improve access to programs and services for high-risk populations. This includes actions that support the mandate priorities of delivering equitable access to sustainable primary care in all NWT communities, and promoting health, preventative care, and disease prevention across all age groups.

GOAL: BETTER ACCESS TO BETTER SERVICES

This goal focuses on improving access, reducing wait times, strengthening cultural safety, and creating a more robust system of supports. To improve patient experience and health outcomes, programs and services must consider issues of equity, address them where possible, and avoid creating additional barriers for marginalized populations.

This goal directly supports the 20th Assembly's commitment to address the effects of trauma, including ensuring policies and programs are designed and renewed using a trauma-informed, anti-racist and cultural safety lens informed by residents.

GOAL: QUALITY, EFFICIENCY AND SUSTAINABILITY

Cost pressures and growing demand for programs and services require efforts to manage expenditure growth and maximize the value of system investments. The HSS system must consider changes to the suite of services currently defined as core and establish fiscal parameters for health system planning.
This goal focuses on improving the quality and efficiency of core health and social services, while ensuring that data, research, and technology are used to respond effectively to patient and provider needs.

GOAL: STABLE AND REPRESENTATIVE WORKFORCE

Human resources planning identifies workforce needs and areas of demand to ensure the right workforce is available when needed. Strong, evidence-based planning helps ensure job design and skill mix keep pace with evolving service delivery models and ways of working.

By strengthening workforce planning, recruitment, retention, management practices, and organizational culture, the HSS system can reduce the direct and indirect costs associated with high staff turnover and heavy reliance on locums.

As part of reporting on these goals, the Department continues to monitor over 40 performance measures that reflect the performance of the HSS system. 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

HEALTH PROMOTION

Health promotion is a core pillar of public health that focuses on preventing illness, disease, and injury. It addresses upstream factors, including the determinants of health, to help individuals and communities improve and maintain their health.

The Office of the Chief Public Health Officer (OCPHO) Health Promotion Unit works at the territorial level to design and deliver strategic, upstream prevention initiatives that address chronic and communicable disease and injury. The Department's Health Promotion Unit creates policies, programs, and resources that address a wide range of health issues (for example, tobacco cessation, healthy eating, and injury prevention).

In 2025-26 and into 2026-27, the key tenets and strategies of the Health Promotion Unit are as follows:

- **Build Healthy Public Policy:** Ensuring policymakers in all sectors consider health impacts in decision-making.
- **Create Supportive Environments:** Creating safe, stimulating, and healthy living and working conditions.
- **Strengthen Community Action:** Empowering communities to take ownership of their health planning and implementation.
- **Develop Personal Skills:** Supporting personal and social development through education, information, and life skills.
- **Reorient Health Services:** Shifting the focus from purely clinical treatment to holistic health promotion and prevention.
- **Access to Health Care:** Focusing on health promotion and preventative care, and disease prevention across all age groups.
- **Address the Effects of Trauma:** Encouraging community wellness and self-determination by supporting the development and delivery of community-based wellness programs to address mental wellness, prevention, early intervention, and holistic health; and
- **Public Safety:** Enhancing public education and awareness of drugs and alcohol and their connection to crime in the NWT.

To this end, OCPHO Health Promotion staff implemented several initiatives and achieved several notable outcomes during 2025-26.

- **Ottawa Model for Smoking Cessation (OMSC):** The Ottawa Model[2] is a gold-standard approach to smoking cessation that has shown higher long-term smoking cessation rates, reduced health-care use, and a lower risk of premature death in many regions of Canada. The Department received more than $2 million in one-time federal funding to work in collaboration with the NTHSSA to implement OMSC in the NWT by March 2028. The model has been active at Yellowknife Primary Care (YKPCC) since January 2025 and was launched at Stanton Territorial Hospital in March 2026. To date, more than 500 NWT residents have

2 - Ottawa Model for Smoking Cessation (OMSC) | University of Ottawa Heart Institute

been referred for support in managing nicotine use. During the third phase of this project in 2026-27, the model will be expanded to health centres and health-care facilities across the NWT.

- **Our Healthbox Initiative:** This initiative provides free, private, anonymous, and low-barrier access to essential supplies that support sexual health, oral health, prenatal care, and harm reduction through overdose prevention and responses to toxic drugs. Our Healthboxes are operational in Yellowknife (Yellowknife Public Library and Stanton Territorial Hospital), Hay River (Community Centre), Inuvik (Mike Zubko Airport and Midnight Sun Recreation Complex), and Behchokǫ̀ (Kǫ̀ Gocho Sportsplex). Another site is set to open in Fort Simpson in the fall of 2026, with additional sites under review. According to a spring 2026 report covering January to June 2026, more than 885 community members accessed Our Healthboxes across the NWT, and more than 1,500 health and wellness resources were dispensed. Usage data indicate strong engagement among young adults 16 to 35 years, while participant feedback highlighted privacy, convenience, and free access as key benefits. Since January 2026, voluntary surveys have been available to individuals accessing supplies through Our Healthboxes. Results from these ongoing surveys suggest that the initiative is helping reduce stigma associated with accessing both sexual health and harm reduction supplies.

- **Nutrition work:** The NWT Vitamin D Supplementation Recommendations were revised in 2025. Information about the revisions was provided to practitioners, and work continues with the development of public facing materials, scheduled for completion in 2025-26. Work was completed on a booklet to support healthy eating on a budget, *Eat Well for Less*. The Territorial Nutritionist continues to support community nutrition work by training community health workers and supporting Community Dietitians in every region. A research collaboration with the GNWT Department of Education, Culture and Employment (ECE) is planned for 2026-27 to examine School Food Nutrition Policy and Practice.

- **School Health Promotion Fund:** Launched in 2025 as a reimagined version of the longstanding Drop the Pop program, the School Health Promotion Fund supports healthy living initiatives in schools. As the "sister fund" to the Healthy Choices Fund, it supports projects that educate students on healthy living decisions that lower their risk of chronic and communicable diseases and injuries. In its inaugural year, the fund provided $200,000 in grants to 31 schools across every region of the territory.

- **Healthy Choices Fund:** The Healthy Choices Fund provides $418,000 annually to support healthy living initiatives led by Indigenous Governments, municipal governments, and non-profit organizations. Funded projects aim to educate NWT residents about healthy living choices that reduce their risk of chronic and communicable diseases and prevent injuries. The Healthy Choices Fund supported 21 unique projects in every region of the territory during 2025-26. Information on past and present Healthy Choices Fund recipients can be found on the Health and Social Services website.[3]

3 - https://www.hss.gov.nt.ca/en/services/applying-healthy-choices-fund/healthy-choices-fund

2025-26 HEALTHY LIVING INITIATIVES

Organization	Project Title	2025-2026 Funding
Community Government of Whatì	Nourishing Whatì: A Holistic Approach to Healthy Living	$20,000.00
Ecology North	Gathering, Gardening, and Nourishing	$18,343.50
FOXY	Trauma-Informed Sexual & Mental Health Workshops	$44,550.00
Hamlet of Paulatuk	Healthy Choices	$19,792.50
Hay River Youth Centre	Healthy Horizons Program	$19,950.00
Makeway Society Northern Birthwork Collective	Indigenous-led Cooking Circles and Workshops	$17,871.00
Makeway Society-Northern Youth Leadership	Northern Lights: Guiding Youth On The Land	$20,000.00
Nahanni Butte Dene Band	Healthy Choices Program	$6,825.00
Northwest Territories Equitable Sports Access	Land Based Learning Supports Risky Play	$20,000.00
NWT Recreation and Parks	Making Healthy Activity Choices in Advanced Age Through Elders In Motion	$20,000.00
NWT Seniors Society	Alzheimer's and Dementia Awareness: Healthy Heart, Healthy Brain	$17,850.00
Salt River First Nation	Healthy Choices- Healthy Families	$20,000.00
Soaring Eagle Friendship Centre	Northern Glow	$16,170.00
Tłı̨chǫ Government	Healthy Tłı̨chǫ Futures: A Community-Centric Approach to Wellness	$30,000.00
Tłı̨chǫ Leagia Ts'iili Ko (Tłı̨chǫ Friendship Centre)	Emerging Youth Engagement for Change	$37,000.00
Town of Inuvik	Inuvik Works Program- Healthy Snacks	$9,928.00
Tuktoyaktuk Community Corps	Youth Cooking	$20,000.00
Tree of Peace Friendship Centre	Jigging Dance Program	$20,000.00
Ulukhaktok Community Corps	Lifejacket Project	$19,950.00
YWCA	Healthy Horizons for NWT Youth	$19,770.00

NWT 811 HEALTH ADVICE LINE

The NWT 811 Health Advice Line provides free and confidential 24-hour health information, mental health and wellness support, and tobacco cessation advice for residents by telephone. The service connects residents with an NWT-registered nurse who assesses their situation and provides advice on non-urgent health issues via landline, cell phone, or, for individuals who are hearing-impaired, the Canada Video Relay Service.

The Department is committed to providing high-quality medical advice and requires that all nurses working on 811 complete *Living Well Together, Indigenous Cultural Awareness and Sensitivity Training,* as well as training related to the *NWT Privacy and Health Information Act*. 811 services are available 24 hours a day, seven days a week, to all NWT communities. Services are available in over 200 languages, including NWT Indigenous languages, English, and French.
In 2025-26, 811 received an average of 486 calls per month.

WASTEWATER MONITORING

Wastewater monitoring is an efficient, cost-effective, early-warning tool used to detect the presence of respiratory viruses within a population, supporting informed public-health decision-making. Wastewater monitoring has been used to detect respiratory viruses of public health importance, including COVID-19, respiratory syncytial virus (RSV) and Influenza A and B.

The program has expanded to include the detection of illicit substances in community wastewater through two pilot testing sites. Sampling in Yellowknife began in July 2024 in partnership with the City of Yellowknife, and sampling in Behchokǫ̀ began in August 2025 in partnership with the Tłı̨chǫ Government. Information for both sites is posted as part of Health Canada's national datasets every six months.[4]

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

PRIMARY HEALTH CARE REFORM

Primary health care is often the first point of contact for most residents with the health system. It aims to ensure that people receive the right care at the right time from the right provider. Primary Health Care Reform (PHCR) applies to a wide range of primary and community health care services, including first-contact care, community-based and preventative services, team-based care models, navigation and continuity supports, and connections to social and community services. PHCR is part of system transformation and is recognized as an essential part of building a culturally safe and anti-racist HSS system. The HSS system is taking steps to remove barriers to accessing care and rebuild trust in the health system.

Specifically, we are organizing staff into integrated care teams that provide culturally safe care at the right time and place, in response to patient and community needs. In addition, we are improving information management, leveraging technology, and optimizing roles to reduce administrative burdens on health providers and allow more time for direct care.
In November 2025, the Department published a

4 - Highlights: Canadian Drug and Substance Watch — Canada.ca

methodology document titled *Equitable Access: Co-Designing an Integrated Primary and Community Care Framework - Methodology*. This document outlines the Department's approach to developing a framework that will guide the future of primary and community health care in the NWT. It details the process, content, and actions necessary to build an evidence base for PHCR. The methodology seeks to centre Indigenous knowledge, worldviews, and priorities while valuing and emphasizing relationships and co-design.

Also in November 2025, the Department hosted a series of workshops with health and social services staff, including frontline employees, administrative staff, policy and program staff, and system leaders. These sessions were designed to gather insights that would inform strategies to improve the primary and community health care system. The information gathered will support the development of a framework for primary and community health care that reflects the needs, priorities, and experiences of employees working across the health and social services system.

The Department supported the NWT Council of Leaders Health and Social Services Working Group in hosting a summit in January 2026. The event was supported by Healthcare Excellence Canada, an independent, not-for-profit charity in Canada that is funded by Health Canada. Healthcare Excellence Canada's main mission is to improve the quality, safety, equity, and accessibility of health care across Canada. The summit provided an opportunity to share lessons learned and leading practices in primary and community health care for Indigenous peoples, and to inform ongoing efforts to transform the primary and community health care system.

REHABILITATION SERVICES

In December 2025, the Department completed an internal Speech-Language Pathology (SLP) Review that identified recommendations to improve the accessibility, appropriateness, and efficiency of SLP service delivery for NWT residents.

The Review informs decision-making about how to optimally utilize resources to support the SLP needs of NWT residents throughout their lifetime. To support the implementation of the Review recommendations and ongoing improvements, a Rehabilitation Services Quality Forum Committee of Directors and a Rehabilitation Services Working Group comprising staff from the Department and HSS Authorities was established in February 2026. A workplan was subsequently developed to guide implementation activities and timelines.

In the previous year (2024-25), the Department collaborated with ECE, the NTHSSA, and other education bodies to review the approach to delivering rehabilitation services to school-aged children.

In August 2025, the Ministers of HSS and ECE approved the approach of a standardized, integrated model of SLP and occupational therapy services for school-aged children that is led and managed by the education system. ECE is leading the development and implementation of the school-based approach with participation from the Department of Health and Social Services and support including the development of referral pathways between systems.

This work continues into 2026-27.

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

CANCER CARE

Charting Our Course: Northwest Territories Cancer Strategy 2015-2025, which guides cancer programming in the Northwest Territories, was extended to 2026 to allow time to determine next steps and priorities for cancer care in the NWT.

Throughout 2025-26, the Department, as part of the review of the strategy, supported Cancer Sharing Circles in Somba K'e (Yellowknife) in collaboration with the Yellowknives Dene First Nation, and in Fort Good Hope in collaboration with Goba Care to ensure that the next steps for improving the quality of cancer care in the NWT and priorities beyond 2026 are informed by residents.

A Cancer Care Vision that builds on the work of *Charting Our Course: Northwest Territories Cancer Strategy 2015-2025*, along with lessons learned through the evaluation of that strategy and community engagement, was developed and was released in June 2026.

The Cancer Care Vision sets out a shared direction for improving cancer care in the NWT.

In response to community concerns raised by Łutselk'e leadership in August 2024 regarding the high numbers of cancer-related deaths among Elders in the community, the Chief Public Health Officer responded by facilitating information sessions and radon testing.

A Cancer Awareness Event was held on May 6, 2025, to discuss broader cancer prevention and risk factors.

Approximately 85 people attended. Topics included cancer screening and navigation, smoking cessation, 811, nutrition, sleep hygiene, and mental health, and environmental health.

DIABETES PREVENTION AND SELF-CARE

Diabetes is one of the most common chronic diseases affecting people living in Canada.

Since 2004-05, the age-standardized prevalence of diabetes in the Northwest Territories has increased from 5.9% to 10.2% in 2024-25. This trend mirrors the Canadian age-standardized prevalence, which rose from 5.3% to 9.4% between 2004-05 and 2023-24.

In response to the growing prevalence of diabetes, work is occurring at the HSS Authorities. During 2025-26, the Authorities continued to advance initiatives focused on prevention, education, and disease management.

These efforts included routine monitoring and follow-up care for individuals living with diabetes, community-based education, on-the-land diabetes programming, and workforce development initiatives to strengthen diabetes expertise across the territory.

Together, these initiatives support improved diabetes management, help reduce the risk of complications, and promote better long-term health outcomes for NWT residents.

5 - https://health-infobase.canada.ca/substances/harms/decline-opioid-related-deaths/

ILLICIT DRUG CONTAMINATION

There was one opioid-related death and three stimulant-related deaths reported to the NWT Coroner's Office between April 1, 2025, and March 31, 2026.

In April 2025, a web resource, called "Drugs in the NWT" was launched.

This resource includes general information on illicit drugs, fact sheets, safer partying tips, naloxone distribution, and how to recognize an opioid overdose.

Naloxone kits are available in all NWT communities and can be obtained from pharmacies, health centres, health cabins, and Our Healthboxes.

Health care providers and community members reported an increased awareness and use of naloxone as well as a shift towards intentional use of drugs with added substances.

Increased naloxone use may have contributed to the reduction in fatal overdoses observed in 2025, consistent with trends reported elsewhere in Canada[5].

SEXUALLY TRANSMITTED AND BLOOD BORNE INFECTIONS (STBBI) IN THE NWT

In 2019, a syphilis outbreak was declared in the NWT, and in 2025 the NWT rate for syphilis (206.1 cases per 100,000) remained double the rate that was observed when the outbreak was declared (101.8 cases per 100,000).

In 2025, the syphilis incidence rate among Indigenous residents was 401.4 cases per 100,000 population, over ten times higher than the rate among non-Indigenous residents (32.1 cases per 100,000 population).

Work is underway to better understand and address health system barriers contributing to these inequities.

Over 300 free condom dispensers have been installed in public locations in every community across the NWT since 2023 and the Department continues to regularly maintain stock.

The project provides approximately 250,000 condoms per year at an average annual operating cost of $35,000.

This cost-effective project bridges an accessibility gap in smaller communities and is an integral part of the multi-pronged strategy to combat the territory's ongoing STBBI crisis.

Health Cafés

Qualitative research conducted in 2023 identified a lack of comfort and trust in the health care system as a driving factor behind hesitancy to get tested and treated for sexually transmitted infections.

In response to this finding, the Department collaborated with the health system and the NGO community to offer Health Café sessions since 2024.

The goal of these sessions is to provide a welcoming, low-barrier space where participants could connect with health-care providers, access health education, and build supportive relationships at the Yellowknife Women's Society Centre.

5 - https://health-infobase.canada.ca/substances/harms/decline-opioid-related-deaths/

During the reporting period, 15 Health Café sessions were held, with an average of ten participants attending each session. Evaluation findings indicate that the Health Café sessions are creating a safe and welcoming environment, with most participants reporting increased trust, confidence in engaging with health care providers, and knowledge of available sexual and reproductive health services.

The program also provides an important sober social space and has demonstrated potential for expansion to other community settings through continued partnerships and resource support.

The STI clinic in Yellowknife that began in 2024 to address access barriers in testing and treatment has been extended until March 31, 2027.

The clinic serves an average of 74 people per month.

LEAD TESTING IN DRINKING WATER IN NWT JK-12 SCHOOLS

The GNWT has implemented a territory-wide program to test for lead in the drinking water of all JK-12 schools using nationally recognized, science-based practices.

The protocols are based on Health Canada guidance but have been adapted to fit the context of the NWT, such as its remote locations, trucked water systems, and the older infrastructure of some schools.

Testing is being conducted using a prioritized approach determined by the age of students, the age of the school building, existing water quality data, and regional coordination.

The Department is participating in the working group and steering committee for this program, and ECE is the lead department.

An update on mitigations, including those still in progress, can be found on the ECE website[6] . Testing was completed before the start of the 2026-27 school year.

SOCIO-ECONOMIC IMPACT ASSESSMENT

The Department contributes to territorial environmental and socio-economic regulatory processes by assessing how major industrial and infrastructure projects may affect the health and well-being of individuals, families, and communities, as well as the functioning and capacity of the HSS system.

This work supports the Department's commitment to ensuring that development in the NWT proceeds in ways that protect community well-being and strengthen system responsiveness.

Our impact assessment activities focus on three core areas: Environmental Assessment (EA) processes for resource development projects; implementation of Socio-Economic Agreements; and the delivery of monitoring and mitigation programs designed to address potential social and health impacts associated with industrial projects.

This work is carried out in collaboration with impacted communities, Indigenous Governments, and other GNWT departments.

Through its participation in EA processes, the Department provides technical advice,

6 - https://www.ece.gov.nt.ca/en/services/student-support-and-wellness/lead-testing-jk-12-school-drinking-water-0

coordinates departmental input, and helps ensure that potential health and social impacts are identified and addressed.

The Department also contributes data, analysis, and expertise to interdepartmental and community initiatives that help maximize the benefits of industrial projects for NWT residents.

In 2025-26, the Department served as a technical advisor on several major EA reviews, including the Mackenzie Valley Highway, the Grays Bay Road and Port proposal, the Pine Point Mine redevelopment, and Imperial Oil's Norman Wells Closure and Reclamation. During the year, the Department continued to support the Tłı̨chǫ Highway monitoring program by providing data and analytical expertise as part of the Tłı̨chǫ All Season Road Socio-Economic Working Group.

This work involves close collaboration with the Tłı̨chǫ Government and community governments of Whatì and Behchokǫ̀ to track and understand the effects of the all-season road.

Through the *2025 Annual Environmental Assessment Measures report for the Tłı̨chǫ All Season Road,* the Department coordinated annual reporting on legally binding environmental assessment measures and monitored key health and social indicators, including substance use, crime, mental health and well-being, sexually transmitted infections and other measures of community wellness.[7] Recent mine closures and workforce reductions increased the need for clear information about the wide range of programs and services available through the HSS system. The Department worked with mining companies to raise awareness of these programs and services, focusing on resources that could support employees affected by retrenchment or job loss.

This outreach helped ensure that workers had access to information about mental health supports, social services, and other programs during periods of transition.

COMMUNITY WELLNESS INITIATIVES

Community Wellness Initiatives funding is designed to reduce health disparities and improve the health and wellness of Indigenous individuals, families, and communities in the NWT.

In 2025-26, $5.4 million in funding was distributed to 27 Indigenous Governments and seven territorial organizations that support Indigenous Peoples' health and wellness. The Community Wellness Initiatives aim to promote community-driven wellness solutions tailored to local Indigenous communities by using an innovative funding model, and by building capacity for the development, implementation, and reporting of Community Wellness Plans.

Community Wellness Plans focus on disease prevention, promoting healthy lifestyles, supporting strong families, and emphasizing mental health, wellness, and healing while planning for individual well-being across the lifespan.

They are grounded in an understanding of the NWT's history, culture, and existing community assets, ensuring sustainable and responsive supports for intergenerational healing.

The GNWT supports Indigenous communities, and community wellness coordinators working

7 - https://new.reviewboard.ca/sites/default/files/project_document/gnwt-2025-annual-tasr-ea-measures-report.pdf.

within Indigenous Governments to develop and deliver health and wellness programming.

This is achieved through funding administration, capacity building, knowledge translation strategies, and strategic partnerships to enhance health and wellness outcomes for Indigenous peoples in the NWT.

- **Territorial Wellness Gathering:** The Department hosted the Annual Territorial Wellness Gathering, bringing together Indigenous Government staff, Elders, health and wellness providers, and knowledge holders from across the Northwest Territories. The gathering provided an opportunity for participants to engage in experiential learning focused on both personal wellness plans and community wellness, recognizing that supporting community wellness programming begins with maintaining personal well-being.

  Guided by the Seven Circles to Wellness teachings, participants explored diverse approaches to wellness, strengthened relationships across regions, and shared knowledge and experiences that can support their Community Wellness Plans. Through facilitated discussions and hands-on learning opportunities, attendees increased their awareness of health and wellness resources, identified capacity-building and training needs, and explored ways to enhance collaboration and communication among staff and partners.

  Overall, the gathering strengthened capacity to promote community wellness by combining personal learning, cultural teachings, relationship-building, and enhanced community programming.

- **Indigenous Men's Funding:** The Indigenous Men's Health, Prevention and Wellness Fund was a one-time funding opportunity for Indigenous Government Organizations participating in the Community Wellness initiative in the Northwest Territories. During 2025-26, this funding opportunity supported nine Indigenous communities in creating meaningful, culturally grounded wellness programs for Indigenous men. Through activities that promote healthy living, mental wellness, cultural connection, and time on the land, the fund aims to empower Indigenous men to strengthen their health, reconnect with their culture, and build lasting well-being for themselves, their families, and their communities.

PRIORITY: IMPROVE AVAILABILITY AND QUALITY OF SERVICES FOR VULNERABLE POPULATIONS

EXTENDED HEALTH BENEFITS

The Extended Health Benefits (EHB) policy came into effect on September 3, 2024, expanding access to health benefits beyond those covered under the NWT Health Care Plan. The program continued its second year of implementation in 2025-26.

The Department monitors program access, utilization and expenditures through an established monitoring framework. The EHB policy continues to operate as the payor of last resort, meaning residents who have access to private or employer-sponsored health insurance must

use those benefits before accessing EHB coverage. As of April 2026, there were 4,734 individuals registered for EHB, of whom 3,777 (80%) were over the age of 60.

The following table presents selected indicators related to program reach, utilization, and cost. During 2025-26, total program membership increased from 4,798 to 4,851 individuals (1.1% increase). Among registrants under 60 years of age, membership increased from 987 to 1,011 registrants (2.4% increase).

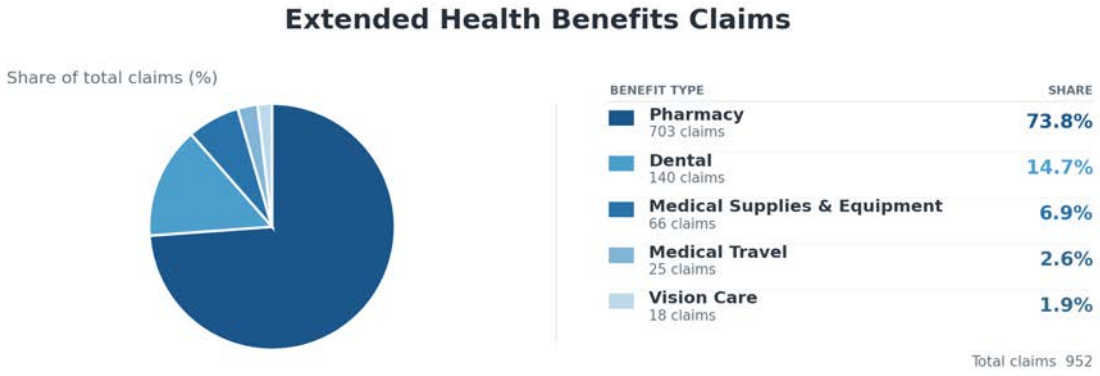
Extended Health Benefits Program Reach, Utilization and Cost

Indicator		Sep 2024-Aug 25	Sep 2025-Aug 26
Reach	Total Extended Health Benefits registrants	4,798	4,851
	Aged 60 years and older	3,811	3,840
	Under 60 years of age	987	1,011
	• Registrants in low-income threshold band	333	390
	• Registrants outside low-income threshold band	654	621
	• Registrants in bands eligible for reduced or waived cost-sharing	550	607
	• Registrants outside co-payment waived bands	437	404
Utilization	Total EHB claimants	669	756
	Claimants accessing pharmacy benefits	643	703
	Claimants accessing dental benefits	119	140
	Claimants accessing medical supplies & equipment benefits	41	66
	Claimants accessing medical travel benefits	15	25
	Claimants accessing vision benefits	12	18
Cost	Total EHB expenditures	$2.25M	$2.62M
	Pharmacy expenditures	$1.90M	$2.17M
	Medical Supplies & Equipment expenditures	$170,040	$215,803
	Dental expenditures	$140,974	$174,569
	Medical Travel expenditures	$40,770	$56,959
	Vision expenditures	$3,687	$6,026

Between 2024-25 and 2025-26, EHB program membership grew modestly, increasing by 53 individuals (1.1%). Growth was more pronounced among lower-income residents. Registrants in the lowest income band increased from 333 to 390 individuals (17.1%), raising their share of program membership from 33.7% to 38.6%. Registrants eligible for reduced or waived cost-sharing also increased from 550 to 607 individuals.

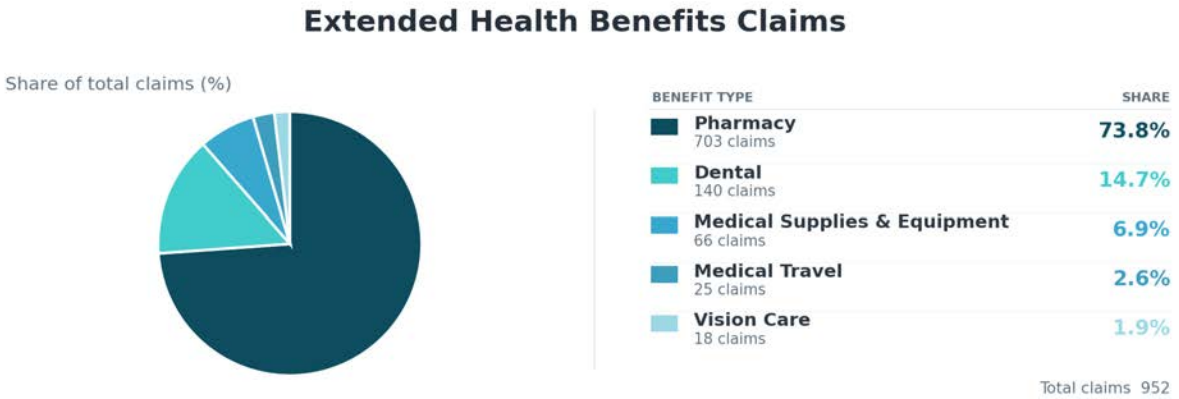
Program utilization increased more rapidly than overall membership. The number of individuals accessing EHB benefits rose from 669 to 756 (13.0%), suggesting increased awareness and use of available benefits.

Pharmacy benefits continued to be the most accessed benefit, with 703 claimants in 2025-26, followed by dental services (140 claimants), medical supplies and equipment (66 claimants), medical travel for uninsured services (25 claimants), and vision care (18 claimants). Dental, vision, and medical travel benefits were used primarily by registrants in the lowest income band, while pharmacy and medical supplies and equipment benefits were accessed across multiple income groups.



Total expenditures increased by 16.4% from $2.25 million to $2.62 million. Pharmacy benefits accounted for approximately 73% of the increase and remained the largest area of expenditure at $2.17 million.

Medical supplies and equipment expenditures totalled nearly $216 thousand, followed by dental expenditures of nearly $175 thousand. Medical travel and vision expenditures remained comparatively small at approximately $57 thousand and $6 thousand, respectively.



MEDICAL TRAVEL MODERNIZATION

During the 2025-26 fiscal year, the NWT Medical Travel Policy provided a GNWT-funded benefit that assisted residents who did not have medical travel coverage through an employer or other third-party insurance plan with the costs associated with accessing medically necessary health services.

The modernized medical travel program will give residents better support and make the steps for arranging medical travel clearer and easier to follow. The aim is to make the program more consistent, simpler to navigate, and truly centred on the client's needs.

The Medical Travel Modernization workplan is on schedule. Phase One included the integration of the Medical Travel Policy into the NWT Extended Health Benefits Policy, effective September 1, 2026. Phase One work in 2025-26 also included mapping the existing medical travel processes, enhancing communications for staff, practitioners, and the public, and developing a monitoring and evaluation plan.

Working directly with NTHSSA Medical Travel staff and considering the documented experiences of NWT patients, the Department is developing a future-state process that will reduce administrative workload for medical staff while also improving consistency in program administration for residents, through the development of an operational manual.

Additionally, during 2025-26, the medical travel documents were updated to provide clarity to residents on the benefits available to them. An enhanced communications campaign released resources and tools to the public and the health system that clarify how NWT residents access medical travel and included a step-by-step guide for residents who require medical travel.

Preparation for Phase Two of medical travel modernization began in March 2026. Phase Two is intended to examine the broader medical travel policy issues and help determine whether the current policy objectives, benefits, and administrative model continue to meet the needs of NWT residents.

DENTAL SERVICES TO NWT COMMUNITIES

The delivery of dental services to the communities by Indigenous Services Canada (ISC) was suspended in March 2020 during the COVID-19 pandemic. The Department continues to work with ISC on the resumption of services. The Department is establishing a contract with Yellowknife-based Adam Dental Clinic to provide dental services in several communities, including Fort McPherson, Fort Providence, Fort Resolution, Fort Simpson, Norman Wells, and Tuktoyaktuk. Visits started in July 2026 and are prioritized based on confirmation of functional dental equipment in the community.

A funding submission to the federal Oral Health Access Fund (OHAF) for the assessment, replacement, and support of dental equipment over a three-year period to bring all equipment up to standard has been approved by Health Canada. The agreement began on April 1, 2026, and will facilitate increasing the number of communities with safe and appropriate dental equipment to allow for increased dental services travel clinics across the NWT.

TRANSGENDER, NON-BINARY, AND GENDER NON-CONFORMING HEALTH CARE

The Department is preparing to review the NWT Guidelines for Health Care for Transgender, Non-Binary and Gender Non-Conforming People.

The guidelines provide health-care providers with a clear referral process for clients to access health care services, such as hormone therapy, and gender-affirming surgery for transgender, non-binary, and gender non-conforming people.

In November 2025, the Northern Mosaic Network released recommendations from its research project, in partnership with the University of Manitoba, titled, *What We Heard: Patient and Provider Perspectives on the 2020 Health Care for Transgender, Non-Binary, and Gender Nonconforming People: Guidelines for the Northwest Territories*.

The Department and the Northern Mosaic Network are working collaboratively to review the *What We Heard Report* findings and identify opportunities to strengthen services and improve access to care for transgender, non-binary, and gender non-conforming people in the NWT. The Department continues to monitor development in the national policy landscape regarding gender-affirming care and will continue to ensure that care is consistent, accessible and reliable for transgender, non-binary, and gender diverse residents.

MEDICAL ASSISTANCE IN DYING

The NWT Medical Assistance in Dying (MAID) program continues to respond to federal MAID changes and initiatives. The *Medical Assistance in Dying Guidelines for the Northwest Territories*, MAID forms, and information packages for health care providers were updated in June 2025 to incorporate the National Practice Standards and feedback from MAID providers.

The federal government had planned to expand MAID eligibility in March 2023 to include individuals whose sole underlying medical condition was a mental illness (MI-SUMC). Implementation was delayed due to concerns regarding health system readiness across Canada, including concerns raised from provinces and territories, including the NWT. The expansion to include MI-SUMC is currently scheduled to come into force in March 2027.

The Department is monitoring Alberta's *Bill 18: Safeguards for Last Resort Termination of Life Act*, which has passed second reading in the Alberta Legislature. At this time, no significant downstream or interjurisdictional impacts are anticipated; however, the Department remains prepared to assess any implications should the legislation be enacted.

OFFICE OF THE PUBLIC GUARDIAN

The *Guardianship and Trusteeship Act* permits a family member, friend, or the Public Guardian to be appointed as the legal guardian for a person 18 years of age or older, who does not have the capacity to make personal or health care decisions. The Department is focusing on ensuring timely access to guardianship services and streamlining and modernizing the processes of the Office of the Public Guardian (OPG).

The OPG is working on addressing the number of overdue reviews. At the end of March 2026, there were 23 overdue reviews for

guardianship orders: three public and 20 private. This has been a substantial reduction in overdue reviews since they were first reported in 2024. The OPG has also moved many outstanding and new referrals to court, and this work will continue as part of its regular workload. While responsibility for the renewal of private guardianship orders rests with the appointed guardian, the OPG works with the family to advance the review applications to court.

The Department is working with the HSS Authorities and the Office of the Public Trustee to refine administrative and service delivery processes to improve services for represented persons and those in their circle of care.

A Frequently Asked Question webpage has been developed to provide timely and easy access to information about guardianship. In 2025-26, a new joint guardianship/trusteeship referral package was implemented to improve the understanding of and efficiency in the intake process.

SERVICES FOR FETAL ALCOHOL SPECTRUM DISORDER

The Adult Fetal Alcohol Spectrum Disorder (FASD) in-territory diagnostic service, established in 2018, has been discontinued. The decision was primarily driven by an ongoing lack of comprehensive program funding, including funding to support essential physician involvement needed to obtain a diagnosis. The Adult FASD Coordinator position has been understaffed since February 2024, and in May 2025, as part of the GNWT Restoring Balance Initiative, the position was officially eliminated.

With the discontinuation, adults diagnosed with FASD can access supports through existing health and social services pathways, mainly through their primary care provider. The Youth FASD Diagnostic Clinic and Services continue to be available for children and youth aged seven to 17, including diagnostic clinic and follow-up services, FASD-informed strategies and supports, and education and awareness programming for families, support people, and the public.

SUPPORTED LIVING REVIEW

Supported Living helps adults with disabilities live as independently and safely as possible and participate fully in their communities. Services can be provided in a person's own home, or in supported living accommodations.

In 2023, the Department completed a review of Supported Living Services to identify gaps and guide the development of a person-centred, culturally safe, and inclusive model. In 2025, a director-level Continuing Care Quality Forum Committee was established, along with a Supported Living Working Group of managers and staff from across the HSS Authorities to guide the implementation of the review's recommendations. Notable work from 2025-26 included:

- An updated definition and scope for Supported Living were developed to provide greater clarity and align with the Review findings, and the information was published on the HSS website;
- An NWT Supported Living Performance Monitoring Framework was developed and implemented to provide a standardized approach to measuring service performance, supporting

evidence-informed decision-making and system improvement;
- A preliminary analysis of Supported Living services was completed to examine support needs and the costs of delivering services. This analysis was shared with the HCSSU in Executive and Indigenous Affairs to support a deeper analysis to guide recommendations for future investment and sustainability;
- Engagement and planning with in-territory Supported Living providers, HSS Authorities and NGO contacts were undertaken to support the launch of the NWT Committee for Application to Supported Living for May 2026;
- Work on NWT Supported Living standards has been initiated to provide consistent accountability and monitoring for Supported Living, with a target completion date of March 2027.

DISABILITY STRATEGIC FRAMEWORK

The *2017-2027 Disability Strategic Framework* identifies four strategic goals and provides guidance to advance programs and services for persons with disabilities across GNWT departments. With the Framework set to expire in 2027, the Department will work with other GNWT departments to determine a path forward. Current work underway in the Health and Social Services system includes:

- Administering the Disability Fund;
- Managing a contract for the provision of low vision rehabilitation services with Vision Loss Rehabilitation Alberta;
- Representing the GNWT on FPT Disability and Accessibility forums, committees, and working groups;
- Supporting the development of an Indigenous FASD Framework;
- Implementing the recommendations of the NWT Supported Living Review;
- Collaborating with ECE on school-based rehabilitation services for school-aged children with disabilities;
- Administering the annual Ministerial GNWT Accessibility and Inclusion Award and collaborating with the NWT Disability Council and the NWT Human Rights Commission to honour recipients at the Accessibility Impact Awards event.

BETTER ACCESS TO BETTER SERVICES

PRIORITY: CONTINUOUS QUALITY IMPROVEMENT

Continuous Quality Improvement (CQI) is the ongoing, systematic use of performance information, evidence, and feedback to strengthen the quality, effectiveness, and responsiveness of health and social services. CQI supports the continuous improvement of programs, services, and patient outcomes.

While many CQI initiatives are implemented by frontline service providers within the HSS Authorities, the Department provides system-level leadership through performance monitoring, policy development, strategic planning, and collaboration with health system partners. In 2025-26, efforts focused on better understanding and improving the patient journey, strengthening primary care services, and improving processes related to medical travel. Through these initiatives, the Department and the HSS Authorities worked together to identify opportunities for improvement, support evidence-informed decision-making, and advance all priorities that contribute to better access to better services for NWT residents.

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 regular surveys to measure self-reported experiences with HSS system services, including the Patient Experience Questionnaire (PEQ). The 2025 PEQ (for inpatients and outpatients) was distributed from September- November. The PEQ is intended to support continuous quality improvement, inform program and system planning, and meet Accreditation Canada requirements.

Findings in this report reflect the experiences of survey respondents across inpatient and outpatient settings and are intended to identify both areas of strength and areas where improvement is warranted. Administration of the survey in 2025 focused on increasing access to translation services and ensuring residents had multiple options to provide feedback. The PEQ is part of the HSS system's regular monitoring and reporting framework. Results from the 2025 PEQ will be reported publicly in 2026-27.

MENTAL WELLNESS AND ADDICTIONS RECOVERY SURVEY

The Mental Wellness and Addictions Recovery Survey is conducted every two years to analyze trends over time. The results of the 2024 survey were released publicly in May 2025. A total of 659 respondents completed the survey, an increase of roughly 50 per cent over the previous 2021 Addictions Recovery Survey, which received 439 responses. The 2024 report presented key findings, including patterns in awareness, access, satisfaction, and outcomes across Mental Wellness and Addictions Recovery services as assessed by program and demographic groups.

Key findings included:

- Most respondents who used the Community Counselling Program (CCP) and Facility-Based Addictions Treatment (FBAT) were satisfied with the service (84% and 80% respectively) and experienced improved well-being (70% and 90% respectively).
- Fewer respondents were aware of FBAT (35%) compared to the CCP (61%); even fewer people in small communities were aware of FBAT (25%).
- Almost half of respondents (46%) had difficulty accessing the CCP. A greater proportion of respondents who identified as 2SLGBTQIA+ (63%) and those who reported financial challenges (59%) reported experiencing access barriers.
- One in five respondents (20%) would have liked to access FBAT but experienced difficulty doing so. Higher proportions of respondents who were experiencing financial challenges (42%), who did not have a secondary school education (40%), or who were First Nations (37%) experienced access barriers.
    - The most commonly cited reasons for difficulty accessing FBAT were challenges with the application process (38%), not knowing how to access the program (38%) and not wanting to leave the Territory (35%).

The 2026 survey was administered from January to April 2026, and results will be reported publicly in 2026-27.

CULTURAL SAFETY AND ANTI-RACISM

Cultural safety is an outcome in which Indigenous peoples feel safe and respected and are free from racism and discrimination when accessing health care. Anti-racism is the ongoing action to identify, address, and prevent racism in all its forms.

The Department is committed to system-wide implementation of cultural safety and anti-racism initiatives, increasing Indigenous workforce representation, providing staff training in cultural safety and anti-racism, and valuing and including Indigenous knowledge. To support this work, the Department has partnered with Indigenous Governments and the HSS Authorities through the Indigenous Advisory Body (IAB), which provides guidance.

The Cultural Safety and Anti-Racism Division (CSAR) piloted its Readiness Training to a group of Medical Residents from July 16-17, 2025. The training aims to build participants' capacity to engage in challenging conversations about race and racism. The CSAR Division is working on having online training modules available for the summer of 2026, and they will be piloted with Stanton Territorial Hospital employees.

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

MENTAL WELLNESS AND ADDICTIONS RECOVERY (MWAR) COMMUNITY SUPPORT FUNDS

The Department administers the Mental Wellness and Addictions Recovery (MWAR) Fund and the Community Suicide Prevention Fund. These funding programs provide direct support to Indigenous

Governments, community governments, and NGOs to deliver community-based mental wellness, addictions recovery, and suicide prevention initiatives that reflect local priorities and needs.

In 2025-26, the MWAR Fund supported 11 agreements, including five multi-year agreements carried forward from previous years. A total of $2.57 million was distributed to support community-led initiatives that promote wellness and support healing and recovery.

In 2025-26, the Community Suicide Prevention Fund supported eight agreements, providing $489,206 for initiatives focused on community wellness, suicide prevention, and the development of local suicide prevention strategies.

NWT ALCOHOL STRATEGY

In 2025–26, responsibility for coordinating and tracking actions under the NWT Alcohol Strategy transitioned to the Interdepartmental Committee on Problematic Substance Use. The Committee was relaunched under revised Terms of Reference approved in November 2025 to support a broader whole-of-government approach to problematic substance use. Initial work focused on re-establishing the Committee and identifying priorities to inform a coordinated workplan.

MENTAL HEALTH SUPPORTS IN COMMUNITIES

The Department is committed to ensuring that people can access a variety of flexible mental health and substance use supports based on their unique and changing needs. These supports include:

- **Community Counselling Program:** The Community Counselling Program (CCP) provides free and confidential support to children, youth, adults, and families experiencing a wide range of personal, emotional, mental health, substance use, relationship, and life challenges. CCP is available across all regions, with services available in person, virtually, and via telephone. Fly-in services are available in communities without a local counsellor. In 2025-26, the median wait time for services was six days. This represents a slight increase from four days in 2024-25 but remains below the Canadian median wait time of 30 days.

- **Facility-Based Addictions Treatment:** The Department offers facility-based addictions treatment (FBAT) to NWT residents via contracts with six southern facilities. From April 1, 2025 – March 31, 2026, the average wait time for accessing FBAT was 36 days. The Department is working with Indigenous Governments to understand how it can better meet the needs of residents. These partnerships are crucial in ensuring that NWT residents have access to a wide range of service options to meet their needs. In 2025-26, there were 333 visits to inpatient addictions treatment for services, with 214 of those visits resulting in program completion. A total of 470 applications for addictions treatment services (inpatient, outpatient, and family programs) were also processed in 2025-26.

- **Transitional Housing for Addictions Recovery Program:** The Department continues to support the implementation of the Transitional Housing for Addictions Recovery Program as part of broader

efforts to strengthen addictions recovery supports and expand community-based aftercare options in the Northwest Territories. The Department has partnered with Housing NWT, the City of Yellowknife, and community partners to establish sites in Yellowknife (Salvation Army) and Inuvik (Inuvialuit Regional Corporation).

The Yellowknife site continued operations throughout 2025-26, providing transitional housing and recovery supports to individuals following treatment and other recovery-focused programming. During the year, the Department completed a formal evaluation of the Yellowknife pilot to assess program implementation and identify opportunities to strengthen service delivery.

Progress also continued toward implementation of the Inuvik site. A contribution agreement with the Inuvialuit Regional Corporation (IRC) was finalized in December 2025, and planning and implementation activities were undertaken to support the program's launch and ensure alignment with Transitional Housing for Addictions Recovery Program standards.

- **Family Violence Shelters:** The Department continued to support family violence shelters across the Northwest Territories through funding, infrastructure improvements, and enhancement initiatives. In 2025-26, work focused on supporting shelter renovations and repairs, advancing the development of a new shelter in Fort Smith, improving data collection and reporting tools, and increasing public awareness of family violence and available supports. These efforts support the ongoing development of safe, accessible, and responsive services for individuals and families experiencing violence.

- **Wellness and Recovery Centre:** The Department has worked with the NTHSSA and the Department of Infrastructure to find a suitable, long-term location in Yellowknife to provide services for people experiencing homelessness. The current projected construction completion date is late 2026, with occupancy targeted for early 2027. The Wellness and Recovery Centre has an effective daytime capacity of approximately 85 people, and an overnight capacity of 31 people.

  Planning and operations of the Wellness and Recovery Centre have transitioned to Housing NWT.

- **Managed Alcohol Program:** The Managed Alcohol Program (MAP) continues to be delivered at Spruce Bough in Yellowknife by the Yellowknife Women's Society, with support from the Health and Social Services system. MAP uses a harm reduction approach to reduce alcohol-related harms through the provision of managed doses of alcohol, increased social supports, cultural programming, medical supports, and access to primary health care.

In 2025–26, the Department conducted an audit of the MAP to assess program delivery and compliance with program standards. The final report was completed in March 2026 and identified key areas for improvement, including program stability, staffing, and

alignment with program standards. Work to address the findings and make improvements will take place in 2026-27.

MENTAL HEALTH AND WELLNESS SUPPORTS FOR CHILDREN, YOUTH, AND FAMILIES

The Health and Social Services system provides clinical mental health and counselling services to children, youth, and families through the CCP. Services are available across NWT and include access to same-day walk-in support, as well as connections to other health and social services based on individual and family needs.

Free and low-barrier distance-based support for children, youth, and their families is also available through Strongest Families Institute. There is no wait list, and appointment times are scheduled around what for the needs of each individual or family, whether during the day, evening, or night. Programs are customizable and are developed for those experiencing mild to moderate mental health and/or child behavioural concerns before they become more severe.

The Department works with ECE to support coordinated service delivery, with established referral pathways between school-based wellness supports and the CCP. A Memorandum of Understanding formalizes this partnership and supports ongoing collaboration under the current service delivery model. In 2025-26, the Department invested $14.347 million in the CCP, including $3.689 million associated with the implementation of the Child and Youth Counsellor initiative.

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

HOME AND COMMUNITY CARE

Home and Community Care (HCC) Services provide individuals with nursing care and support for personal care and daily living activities when they are no longer able to perform these activities independently. These services help people stay in their own homes rather than moving to a hospital or long-term care facility when they need nursing care or help with daily living activities because of age, disability, injury, or illness.

Priorities for 2025-26 included continuing to enhance service delivery hours, providing support for Personal Support Worker training and oversight, updating the HCC Performance Monitoring Plan, and releasing the new HCC Standards, effective April 1, 2026. The Department continued to work on the development of the Continuing Care Information System (CCIS) and the interRAI assessment tool to standardize data collection, client assessments, and documentation. In addition, CCIS will ensure consistent, reliable data to track quality of care across regions and strengthen accountability for outcomes. Planning is underway for implementation beginning in October 2026.

The Department signed a new agreement for the First Nations and Inuit Home and Community Care (FNIHCC) funding with Indigenous Services Canada for 2026-27 to 2030-31. FNIHCC funding is federal funding from Indigenous Services Canada (ISC) and supports enhancements in core Home and Community Care Services across the Northwest Territories for First Nations and

Inuit. Historically, ISC has provided this funding to the Department for distribution to the HSS Authorities.

In alignment with the Department's commitments to support aging in place, and in response to requests from Indigenous Governments and communities, a plan was approved to provide $2 million of this funding directly to Indigenous Governments and communities. Funding will support activities that promote aging in place, including wood cutting, household maintenance, social activities, and transportation to events, starting in 2026-27 under the new five-year FNIHCC agreement. This new approach will help address concerns raised by communities, particularly smaller communities, regarding gaps in services and programs for seniors and Elders.

LONG TERM CARE

Long-term Care (LTC) provides residential care in a home-like environment for people who can no longer live independently, and who require on-site nursing care, 24-hour supervision, and personal care.

The Department created a formalized reporting and management structure for outbreaks of infectious disease in LTC facilities. The framework enhances communication, streamlines reporting, and supports effective outbreak response and oversight within LTC facilities. The Department also drafted the *Long-Term Care Performance Monitoring Framework,* to establish a standardized approach to measuring performance, monitoring outcomes, and supporting continuous quality improvement. The LTC Performance Monitoring Framework is expected to be implemented in 2026-27.

The Department also worked with the NWT Bureau of Statistics on updated LTC bed projections. These are completed every five years to help ensure investments align with capital planning requirements that support aging in place. The 2025 projections were released in August 2026.

ADDRESSING ELDER ABUSE

The Department has various activities underway to address elder abuse, such as an enhanced safety section in the *2024 Seniors' Information Handbook*; an annual Elder Abuse Awareness campaign; and the development of online Recognize and Respond to Elder Abuse training for GNWT employees and non-government service providers. The training was made available to GNWT employees at the end of March 2026. The launch of the training for non-GNWT organizations took place in August 2026.

The annual Elder Abuse Awareness campaign took place in June 2025 in alignment with World Elder Abuse Awareness Day (June 15 of each year). The Department continued to maintain webpages and printed resources on elder abuse and available services and promote awareness through campaigns, and videos, including "What Will It Take?", developed as a part of the family violence prevention campaign.

GNWT SENIORS' STRATEGIC FRAMEWORK

The *GNWT Seniors' Strategic Framework* identifies 20 areas of focus to advance support for aging in place with dignity. All GNWT departments work together to prioritize and advance the four pillars and focus areas, which require ongoing human and financial

resources and a dedicated mechanism to support and guide these collaborative efforts.

The Department is taking steps to address the pillars that are relevant to health and social services programs. Notable activities in 2025-26 included:

- Continuing to enhance Home and Community Care (HCC), including expanded hours of service.
- Establishment of funding for Indigenous Governments Organizations for under the FNIHCC agreement to support aging in place.
- Ongoing funding to Northwest Territories Seniors' Society for elder abuse awareness, training and advocacy in small communities.
- Worked with Aurora College and ECE to enhance Licensed Practical Nurse seats and Personal Support Worker seats.
- Development of Elder Abuse training for GNWT employees and organizations serving seniors.
- Continuing development of the Continuing Care Information System (CCIS) and the interRAI assessment tool to standardize assessment and documentation across HCC services.

PRIORITY: IMPROVE SERVICES AND SUPPORTS FOR CHILDREN AND THEIR FAMILIES

CHILD, YOUTH, AND FAMILY SERVICES STRATEGIC DIRECTION AND ACTION PLAN

The *Child, Youth, and Family Services Strategic Direction* and five-year *Action Plan (2023-2028)* are at the midpoint of implementation. At this midpoint, the focus is on realigning priorities to reflect the lessons learned to date, partner feedback, fiscal realities, an evolving child and family services landscape, and the findings of the Office of the Auditor General (OAG) Report. A refocused action plan is being developed that reflects the OAG report, along with any recommendations that may emerge from the Standing Committee. As of May 2026, 12 (48%) of the activities have been completed or embedded into practice. Four activities (16%) are on track, eight (32%) are progressing and will be re-scoped based on lessons learned, and one is delayed.

A Working Group was established in May 2025 to redesign the *CFS Standards and Procedures Manual*, ensuring its alignment with territorial and federal legislation. In June 2025, a land-based workshop brought youth from across the territory together for storytelling and arts-based projects led by INVINCIBLE youth. This work was done in partnership with the Care Rooted Working Group and supported interdepartmental collaboration. In December 2025, NTHSSA launched a Family, Community, and Connections Pilot Project for children and youth in permanent custody. The project supports family finding and strengthening community connections as a way of fostering safe, stable, and nurturing relationships that support overall well-being and successful transitions to adulthood.

In August 2025, a training series was created to support CFS workers in applying anti-oppressive practices in their everyday work. The first four sessions were completed over 2025-26 and covered different topics. The final session will be completed in June 2026.

The CFS workforce within the Department exceeds the targets established under

Indigenous Employment Plans, with Indigenous employment reaching 23.5% at DHSS compared with the target of 20%

Further, 73.8% of NWT CFS staff had completed the Living Well Together training as of October 2025.

The Department launched a video series celebrating Indigenous Systems of care in January 2026. The videos shared stories from caregivers, Elders, and community members to highlight cultural practices that are essential to the safety and well-being of children, youth, and families in the NWT.

AN ACT RESPECTING FIRST NATIONS, INUIT AND METIS CHILDREN, YOUTH AND FAMILIES (FEDERAL ACT)

The Department is working to advance the mandate of the Federal Act and improve services and supports for Indigenous children, youth, and their families.

The Department is committed to transforming child and family services in the NWT. The NWT is actively participating in provincial and territorial discussions regarding the current Federal Act, with the goal of proposing amendments or clarifications during the legislative review process.

EARLY CHILDHOOD DEVELOPMENT

The Department is leading a comprehensive review of health and social services policies and programs to address disparities experienced by Indigenous children as a result of intergenerational trauma. This initiative aims to provide equitable access to inclusive support systems.

Early childhood development is an outcome, a strategic priority, and a key social determinant of health.

- **Healthy Family Program & Knowledge Holder's Panel:** The Department continued to support the Healthy Family Program, the NWT's only community-based early childhood home-visiting program. During 2025-26, work focused on developing tools, resources, and approaches to strengthen culturally safe, relationship-based services for children and families. This included exploring healing-centred models that can be delivered by staff across the territory to support family wellness, reduce administrative burden, and create opportunities for shared learning and connection. The Department also explored opportunities to expand the use of Healthy Family Program materials and approaches beyond the program itself, supporting a broader range of frontline providers and practitioners working with children, youth, and families. This work aims to increase access to consistent, prevention-focused interventions at key developmental stages and aligns with emerging integrated models of care under PHCR.

  In addition, the Department advanced the development of a Knowledge Holders Panel, with Terms of Reference. Letters are expected to be sent to Indigenous Government organizations in fall 2026. The scope of the Panel was expanded beyond the Healthy Family Program to provide guidance across a broader range of early childhood development initiatives and help ensure that Indigenous

cultures, languages, knowledge systems, and community priorities are reflected in policy, program, and service development.

- **Baby Bundle Program:** The Department continued to deliver the Baby Bundle Program in all 33 NWT communities through partnerships with De Beers Canada, Indigenous organizations, and health system partners. During 2025-26, the program underwent a comprehensive review of bundle contents and delivery processes to ensure materials remain relevant, culturally responsive, and reflective of family needs. The program continued to provide equitable access to essential infant supplies, health promotion resources, and connections to community supports for growing families.

- **Reproductive, Perinatal, Infant & Child Health Steering Committee:** The Department continued to convene and support the Reproductive, Perinatal, Infant & Child Health Steering Committee, bringing together system partners to improve coordination and oversight of initiatives affecting reproductive, perinatal, infant, and child health. Work was undertaken during 2025-26 to update the Committee's focus and strengthen its role in identifying systemic gaps, emerging priorities, and opportunities for integration across reproductive, perinatal, infant, and child health services. The Committee provided strategic guidance on key initiatives, including the Baby Bundle Program, Baby-Friendly Initiative activities, and Indigenous midwifery and perinatal health projects, helping strengthen alignment across the health and social services system. A framework describing the resources every parent and caregiver should access as well as strategies for implementation across all the program areas will start development in November 2026. Its initial focus will be on mental health and wellness.

QUALITY, EFFICIENCY AND SUSTAINABILITY

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

AI SCRIBE PILOT IN PRIMARY CARE SETTINGS

The AI Scribe Initiative is a Department initiative, funded by Canada Health Infoway, to explore the use of AI-assisted clinical documentation tools in primary care settings across the NWT. The purpose of this one-year pilot is to address the administrative burden healthcare providers face related to documentation.

The pilot's planning phase launched in 2025. Implementation of the Mika AI tool began in January 2026 and is currently in its monitoring phase, during which physicians, nurse practitioners, holistic wellness advisors, and community health nurses are actively using the tool while the project team observes adoption, collects feedback, implements improvements, and tracks outcomes. The pilot covers a subset of primary care clinics and community health centres across the three health and social services authorities: the HRHSSA, the NTHSSA, and the TCSA.

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

HSS RESEARCH PARTNERSHIPS

- **Yellowknife Health Effects Monitoring Program (YKHEMP):** YKHEMP is a longitudinal study (2017-2035) monitoring the health effects on residents in Yellowknife, Ndılǫ, and Dettah who have been exposed to arsenic and other metals of concern. The Department continued to participate as a member of the YKHEMP Advisory Committee during 2025-26. This project is led by the University of Ottawa.
- **Wilfrid Laurier University:** Wilfrid Laurier University and HSS have a long-standing relationship. While there are no active research projects currently underway, the Department attended and presented to the GNWT/Wilfrid Laurier University Annual General Meeting to match research priorities with available research teams. Conversations with Wilfrid Laurier University on possible research projects are anticipated to continue during 2026-27.
- **Hotıì ts'eeda NWT Strategy for Patient-Oriented Research (SPOR) Support Unit:** Hotıì ts'eeda is a health research support unit hosted by the Tłı̨chǫ Government and governed primarily by Indigenous Governments in the NWT. A member of its Governing Council, the Department is committed to supporting Hotıì ts'eeda in its aim to advance community-driven health research, capacity building, and research that reflects northern priorities and Indigenous knowledge systems.

In May 2025, the Department attended Ełèts'ehdèe, Hotıì ts'eeda's annual gathering, which brings together Elders and other Knowledge Holders, students, researchers, advocates and healthcare providers to share results and best practices in northern health research, and participate in experiential learning related to Indigenous knowledge and practices. During the gathering, Department staff facilitated a session on illicit drug use and provided naloxone training to participants.

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

NWT ELECTRONIC HEALTH RECORD

The NWT Electronic Health Record (EHR) initiative is a coordinated modernization of eHealth information flows and technology to support high-quality care delivery and improved health outcomes for residents of Northwest Territories. Implementing an EHR is a precursor to the pan-Canadian priority of interoperability, requiring collaboration of the federal, provincial, and territorial governments, Canada Health Infoway, Canadian Institute for Health Information, as well as other organizations involved in the delivery of care.

During 2025-26, the HSS system advanced several foundational activities to support future EHR implementation and broader health information system modernization. This included the development of a business capability model informed by engagement with more than 450 health system staff across the territory, the assessment of current system replacement requirements and gaps to

identify priority technology investments, and the development of a GNWT EHR Request for Proposals (RFP), which was released in May 2026. This work established key business, technical, and procurement requirements needed to advance a modern, interoperable health information system and positioned the initiative for the next phase of implementation, including:

- **Laboratory Information System Upgrade:** A hardware and software upgrade is underway and scheduled for completion in June 2026, to address end-of-service-life business schedule.
- **EHR (clinical information system):** Procurement and vendor selection are planned for 2026-27, with implementation planned for 2028-29.
- **EHR Technical Framework:** Procurement of foundational technologies to enable information sharing across health information systems is underway.
- **Interjurisdictional Information Sharing:** Requirements have been completed, design work is underway and implementation is planned for 2027-28.
- **Legacy Information planning:** a plan for the legacy electronic medical record system is being created and related activities have been underway since end of 2024.
- **Vital Statistics:** the current vital statistics system is end of life and needs to be replaced. Work on this project will begin in 2026-27.

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

Strategic investment in infrastructure that improves 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 undertaken in 2025-26 are identified below.

Infrastructure Acquisition Plan: Approved Projects

Community	Project Type	Status
Aklavik	Body Holding	The Body Holding Unit was delivered to site in April 2025 and is operational.
Fort Good Hope	Body Holding	The Body Holding Unit was delivered to site in March 2025 and is operational.
Fort Providence	Child and Family Services Program Lease	Tender awarded February 2026, with construction commencing March 2026 and substantial completion expected Fall 2026.

Fort Simpson	Health Centre + LTC Facility	In 2025-26 a Needs Assessment and Function Program Development as well as land discussion occurred. The Department and Infrastructure began evaluating potential off-island sites which continues into 2026-27. Functional Program, Needs Assessment, Operational Plan, and Block Planning are in progress through working group collaboration.
Fort Smith	LTC Facility	Project planning began in 2025-26 and is underway.
	Safe Room	Final Completion occurred in September 2026.
	Child and Family Services Program Lease	The project was substantially completed in January 2025 with minor deficiencies. The renovated lease space was fully occupied as of May 2025.
Hay River	LTC Facility (Beds Addition)	The original project was approved for 24 LTC beds. In fall 2025 the project was revised to a 34-bed facility to accommodate updated need projections. Design development is underway and the construction tender is expected to be awarded in summer 2027.
Hay River	Woodland Manor Improvements (Architectural & Electrical)	The MOU has been completed, and renovations are under implementation to support essential building upgrades and maintenance until the new facility is operational.
Inuvik	LTC Facility (Beds Addition)	Schematic design for LTC expansion is underway with proposed inclusion for full design and construction on future Infrastructure Acquisition Plan.
	HVAC Upgrades	Project completion is expected in fall 2026.
	Nurse Call System Replacement	Project was completed in summer 2026, and the contractor will address final deficiencies in 2026-27.

Jean Marie River	New Level A HSS Centre	Planning for a new level A HSS Centre began in 2026, producing a schematic design and Class C cost estimate. Invitation Community Indigenous Government letter will be sent by early October 2026 for a Design Workshop planned for mid-November 2026.
Kakisa	New Level A HSS Centre	Planning for a new level A HSS Centre underway.
Paulatuk	HSS Centre Critical Upgrades	Construction tender was awarded in 2025-26, and the contractor is awaiting materials to be barged to site August 2026.
Tsiigehtchic	New Level A HSS Centre	Planning for a new level A HSS Centre underway.
Tulita	Health and Social Services Centre	Construction progressed in 2025-26. Occupancy is anticipated for the end of 2026.
Ulukhaktok	Body Holding	The Body Holding Unit was delivered to site in April 2025 and is operational.
Various	Medical Equipment (Biomedical Equipment Ever-greening)	During 2025-26, completed projects include: upgrades to the community health centre x-ray systems in multiple communities, replacement of the Hay River mammography system, an operating table and osmometer in Yellowknife, and upgrades to the physiological monitoring systems in Inuvik, Hay River, and Yellowknife. Project work that is continuing into 2026-27 includes: implementation of Point of Care (POC) blood gas and POC immunoassay analyzers in multiple communities, procurement of Blood Culture Analyzers in Yellowknife and Inuvik, as well as the multi-year, large Diagnostic Imaging equipment evergreening.

Yellowknife	Stanton Legacy Building Renovations	Projected occupancy as of December 2025: 15 extended care beds, 16 LTC House beds and two respite beds. Minor building deficiencies are expected to be resolved by the end of 2026.
	Wellness and Recovery Centre	Project construction is underway and projected for completion in late 2026, with an occupancy date targeted for early 2027.
	CFS Lease Tenant Improvements	Tenant Improvements underway and construction completion anticipated for the end of the 2026-27 fiscal year.
	CFS – FF&E	FFE tender being prepared with tender posting anticipated in fall 2026.
	Children TTC Renovations and Remediation	Construction tender is underway and renovations anticipated to begin fall 2026.
	Eye Clinic Flooring Renovations	Tender for flooring being prepared with anticipated award in fall 2026.
	Primary Care Centre Lease Tenant Improvements	Minor tenant improvements underway and to be completed fall 2026.
	Primary Care Centre Lease Tenant Improvements	Minor tenant improvements underway and to be completed fall 2026.

STABLE AND REPRESENTATIVE WORKFORCE

The three priorities under the system goal of a stable and representative workforce are:

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

A majority of HSS system initiatives, in collaboration with the HSS Authorities, are designed to address these priorities.

PROFESSIONAL LICENSING

The Professional Licensing Office within the Department is responsible for the administration of all legislation and frameworks governing GNWT-regulated health and social services professionals, with the mandate of ensuring the protection of the public in the provision of health and social services. On March 31, 2026, the Professional Licensing Office was responsible for regulating 13 different professions.

On March 31, 2026, there were a total of 1,320 registered professionals licensed to practice in the NWT. This total does not include any registrations or licenses that expired prior to March 31, 2026. The NWT has a dynamic health workforce such that the Professional Licensing Office's registrant count has been growing in recent years by more than 100 new registrants annually, recognizing that only a proportion of registrants renew and maintain their licenses year over year.

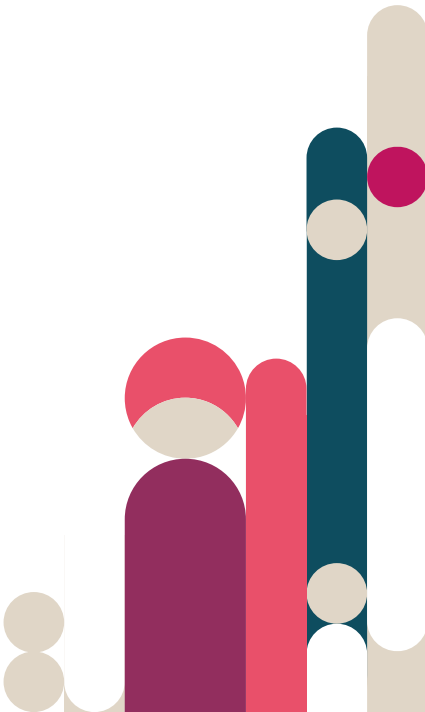
Registered Professionals Licensed to Practise in the NWT as of March 31, 2026

Physicians: 772
Pharmacists: 83
Dentists: 46
Psychologists: 118
Veterinarians: 42
Ophthalmic Medical Professionals: 11
Dental Hygienists: 38
Corporations: 12
Dental Therapists: 2
Midwives: 11
Denturists: 1
Optometrists: 0
Naturopathic Doctors: 4
Social Workers: 180

NWT PEOPLE STRATEGY

In 2025-26, the NTHSSA, in partnership with the Department, advanced development of the *2025-2028 People Strategy,* which was released in April 2026. Building on previous workforce planning efforts, the strategy reflects input from staff, NWT residents, and partners across the NWT, and establishes a system-wide approach to strengthening the health and social services workforce.

A three-year roadmap, the strategy focuses on addressing medium- and long-term workforce needs through improved attraction, recruitment, and retention, while encouraging innovation and new approaches to workforce challenges.



Legislative Projects in Support of Modern Health and Social Services System

The Department advanced several legislative initiatives in 2025-26.

CHILD AND FAMILY SERVICES ACT

A Legislative Proposal was approved in July 2025 to address recommendations in the Standing Committee on Social Development's March 2022 report on the *Child and Family Services Act* and to align with the Federal *Act respecting First Nations, Inuit and Métis children, youth and families*. Drafting of the bill is underway.

VITAL STATISTICS ACT

A bill was introduced in the Winter 2026 sitting of the Legislative Assembly to correct a legal error related to applications by mature minors to change the gender indicated on documents, add professionals who may certify a death, and allow for:

- more than two parents on certificates,
- certificates without a gender indicator, and
- gender change certificates for individuals not born in NWT.

CHANGE OF NAME ACT

Two amendments were included in the bill to amend the *Vital Statistics Act,* introduced in the Winter 2026 sitting, to align the two statutes.

HEALTH AND SOCIAL SERVICES PROFESSIONS ACT

A Legislative Proposal was approved in May 2025 to amend multiple statutes, including:

- The *Health and Social Services Professions Act* (HSSPA), to clarify the roles of the Registration Committee and the Registrar, require mandatory employer reporting of employee unprofessional conduct, and to modernize language;
- The *Medical Profession Act* and *Social Work Profession Act* to ensure compliance with the Canadian Free Trade Agreement; and
- Other Health and Social Services statutes to support moving professions under the HSSPA.

Drafting of the bill is underway.

PHARMACY PROFESSION REGULATIONS

Work progressed on drafting new regulations to move the regulation of the pharmacy profession under the HSSPA.

DENTAL HYGIENE PROFESSION REGULATIONS

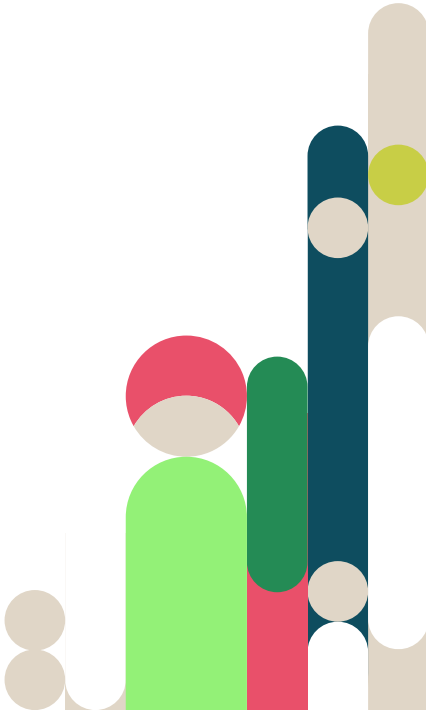
The new *Dental Hygiene Profession Regulations* came into force on December 1, 2025. Drafting instructions were subsequently approved to advance the second phase of work to expand the scope of practice of dental hygienists.

MIDWIFERY PROFESSION REGULATIONS

Engagement with the public and other interested parties on the proposed key elements took place between May and June 2025. A *What We Heard Report* was released in October 2025. Drafting instructions were subsequently approved in December 2025.

HEALTH INFORMATION ACT

The first ten-year review of the *Health Information Act* was completed, with the report being tabled in the Winter 2026 sitting of the Legislative Assembly.



Financial Highlights

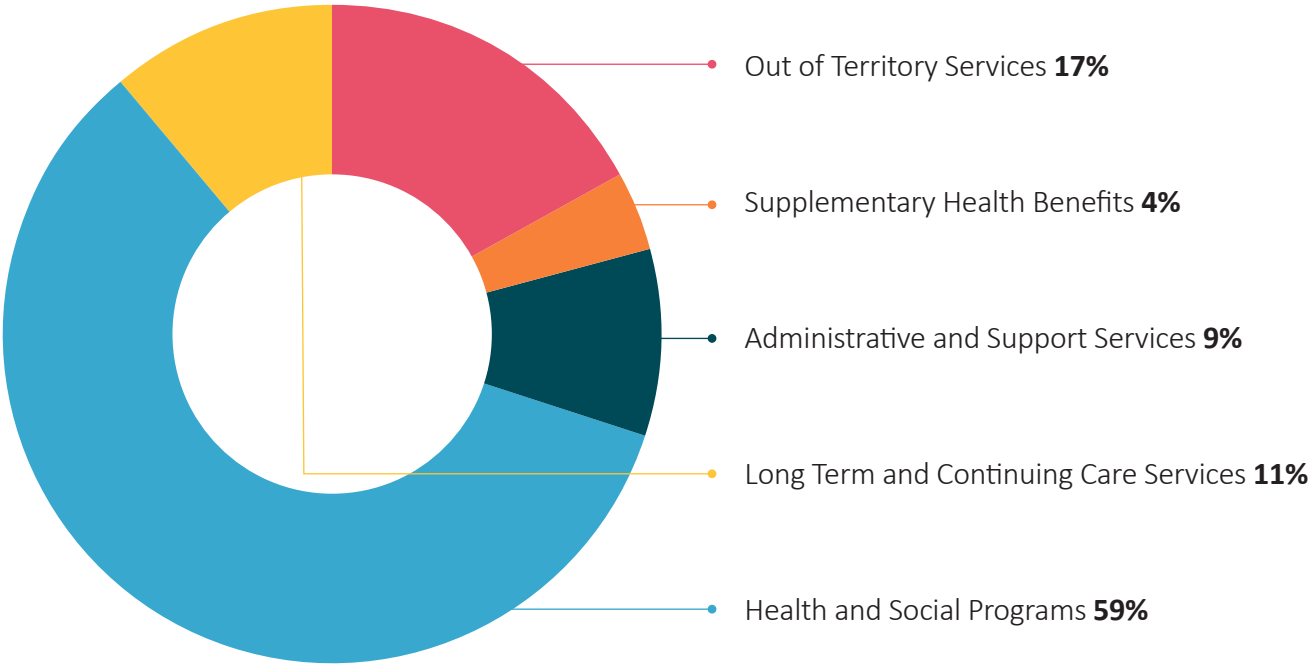
EXPENSES

In 2025-26, the Department spent $778.3 million, of which $550.8 million went directly to the HSS Authorities to administer and deliver programs and services. This represents 74% of the Department's total expenditures. The Department also invested $41.3 million in capital infrastructure projects in 2025-26.

2025-26 ACTUAL EXPENDITURES BY ACTIVITY (IN THOUSANDS)

	2025-26	2024-25
Activity	**Actuals**	**Actuals**
Administrative and Support Services	74,550	68,115
Health and Social Programs	465,214	440,671
Long Term and Continuing Care Services	79,268	78,003
Out of Territory Services	126,990	127,432
Supplementary Health Benefits	32,263	30,520
	778,285	**744,741**
Capital Expenditures	41,333	33,784
	819,618	**778,525**

2025-26 PROPORTION OF EXPENDITURES BY ACTIVITY



The Department's total expenditures increased by a net change of $33.5 million over the prior year, or 4.5%.

- At the Department, increases were largely because of costs related to 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 and youth.
- Increased funding was provided to the Authorities to support increased costs in the delivery of programs and services such as medical travel benefits, and to address inflation on contracts, supplies and drugs.

REVENUES

The Department received $203.9 million in 2025-26, of which $177.8 million was from third parties for shared priorities. Funding from federal partners supports the delivery of programs and services by the HSS system. The Department finalized two significant agreements.

- Northern Wellness Agreement, a new $42.2 million agreement over five years, ending March 31, 2030
- Non-Insured Health Benefits, a new $115.9 million agreement over two years, covering 2025-26 and 2026-27, was signed in March 2026.

FISCAL SUSTAINABILITY

In 2025-26, the Department 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: Unmet vacancy factors and overtime costs, and 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, and third-party funded agreements. These investments were necessary to maintain service levels and respond to emerging needs.

Other Expenses: Significant cost drivers included Out-of-Territory Services, where utilization of inpatient and outpatient hospital services, addictions treatment, and supported living for children and youth increased.

Amortization: New assets brought into service, including several new pieces of medical equipment and upgrades within several health facilities contributed to higher amortization costs, reflecting ongoing capital investments in infrastructure and technology.

To address these pressures, the Department has been engaged in several sustainability measures, including:

- **Medical Travel Modernization:** The Medical Travel Modernization is intended to provide residents with better support and make the process of arranging medical travel clearer and easier to follow. The initiative aims to make the program more consistent, simpler to navigate, and truly centered on the client's needs.
- **Operational Efficiency Initiatives:** As part of its mandate to define core health and social services for the NWT, including insured services, the HCSS Unit is undertaking a review of the health and social services system. The HCSS Unit has been exploring options to improve sustainability and efficiency across the system while protecting access to essential care.

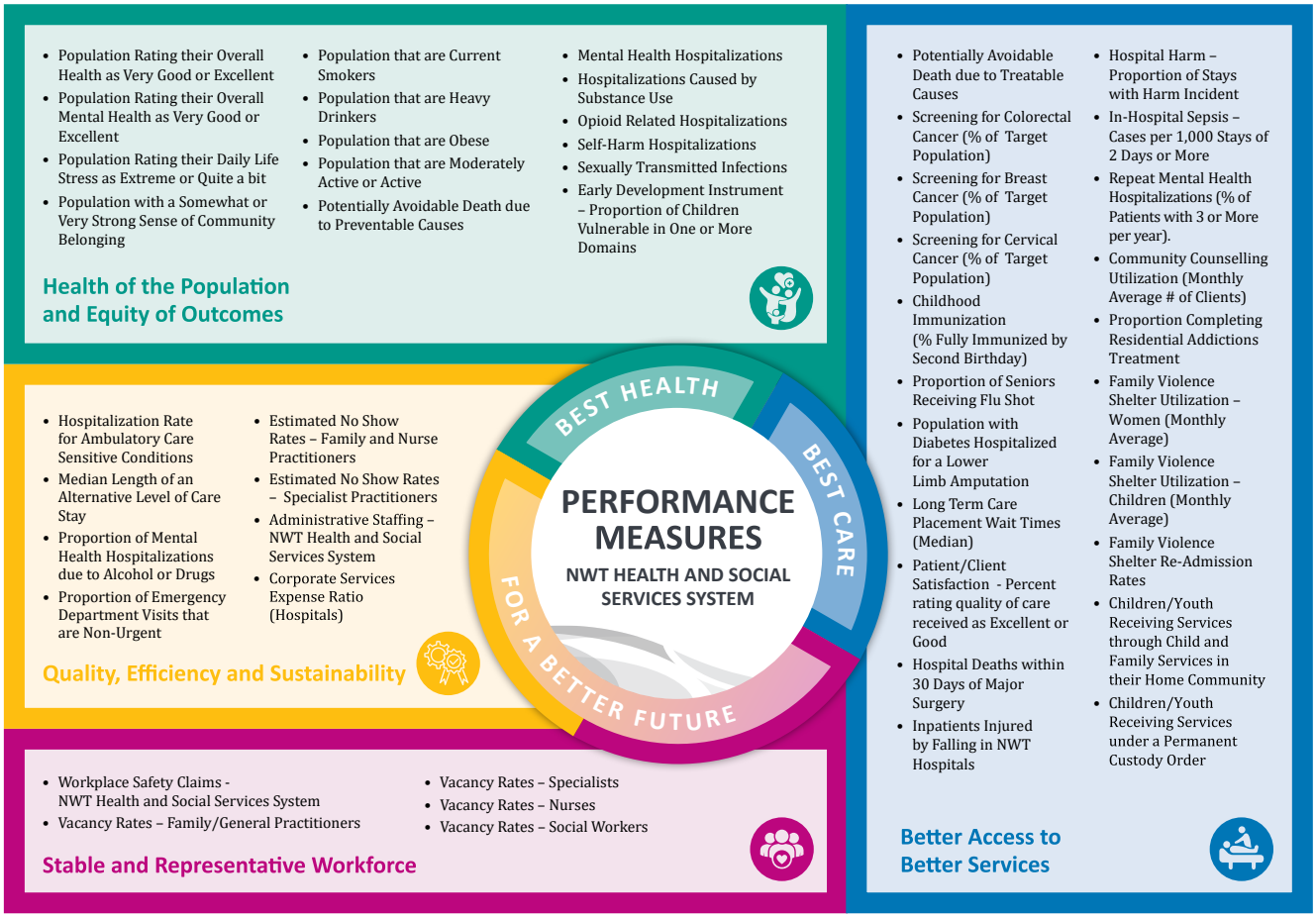
- **Strategic Investments in Infrastructure and Technology:** Investments included upgrades to medical equipment, and continued planning for the new Electronic Health Records system. These investments are expected to improve and sustain service delivery.

The Department remains committed to balancing quality care with sound financial stewardship. As part of this commitment, performance measures and cost drivers are closely monitored 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 MEASUREMENT APPROACH



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 of health.

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.

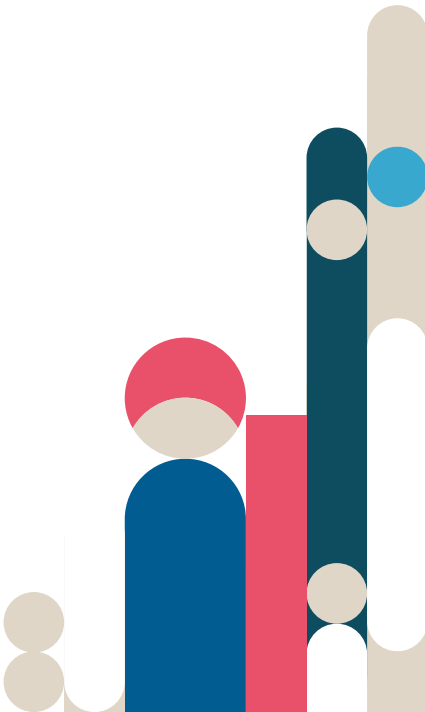
Under **Quality, Efficiency and Sustainability,** the indicators focus on measuring the efficiency of the system as it relates to the future sustainability of the overall HSS system. The objectives of this goal are to support innovation in service delivery; improve accountability and manage risk; and 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 of the current status of NWT HSS system performance, and overall population health and wellness, including long-term trends and short-term changes. The full report on Public Performance Indicators follows this summary.

The long-term trend is based on seven or more years of data, whereas the short-term change is the difference between the most recent year of data available and the previous year. Where possible, a trend or change is determined to have occurred through statistical significance testing. This testing helps identify changes that are unlikely to have occurred by chance. Colour-coded 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 N/A uncertain

BEST HEALTH

PAGE NUMBER	BEST HEALTH INDICATORS	MOST RECENT TIME PERIOD	PREVIOUS TIME PERIOD	SHORT-TERM CHANGE	LONG-TERM TREND
69	Population Rating their Overall Health as Very Good or Excellent	44.2%	47.9%	N/A	N/A
69	Population Rating their Mental Health as Very Good or Excellent	46.7%	44.4%	N/A	N/A
69	Population Rating their Daily Life Stress as Extreme or Quite a Bit	22.4%	21.1%	N/A	N/A
69	Population with a Somewhat or Very Strong Sense of Community Belonging	71.4%	76.2%	No	N/A
70	Population that are Current Smokers	26.3%	32.8%	N/A	N/A
70	Population that are Heavy Drinkers	40.2%	30.4%	N/A	N/A
70	Population that are Obese	35.2%	32.7%	No	N/A
70	Population that are Moderately Active or Active	56.8%	N/A	No	N/A
71	Potentially Avoidable Mortality due to Preventable Causes (Deaths per 10,000)	26	28.9	No	Stable
72	Mental Health Hospitalizations (Discharges per 1,000)	12.3	12.9	No	↑
73	Hospitalizations Caused by Substance Use (Discharges per 1,000)	15	16.1	No	Stable

PAGE NUMBER	BEST HEALTH INDICATORS	MOST RECENT TIME PERIOD	PREVIOUS TIME PERIOD	SHORT-TERM CHANGE	LONG-TERM TREND
74	Opioid Related Hospitalizations (Discharges per 10,000)	4.9	6.6	↓	Stable
75	Self-Harm Hospitalizations (Discharges per 10,000)	17.7	21.1	↓	↓
76	Sexually Transmitted Infections (Cases per 1,000)	29.4	30.9	No	↑
77	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
78	Potentially Avoidable Mortality due to Treatable Causes (Deaths per 10,000)	10.3	12.5	No	Stable
79	Screening for Colorectal Cancer (% of Target Population)	24%	26.2%	No	Stable
79	Screening for Breast Cancer (% of Target Population)	45%	55.8%	↓	↓
79	Screening for Cervical Cancer (% of Target Population)	48%	41.65%	No	Stable
80	Childhood Immunization (% Fully Immunized by Second Birthday)	72.5%	73.4%	No	N/A
81	Seniors receiving the Flu Shot	44%	43%	No	Stable
82	Diabetes Prevalence	10.2%	10.1%	No	↑
83	Long-Term Care Placement Wait Times (Days)	43	59	↓	Stable

BEST CARE (CONTINUED)

84	Patient/Client Experience – Excellent or Good	65%	59%	↓	N/A
85	Hospital Deaths within 30 Days of Major Surgery	2.9%	0.0%	No	Stable
86	Inpatients Injured by Falling in NWT Hospitals (per 10,000 Discharges)	11.7	15.3	No	↑
87	Hospital Harm – Proportion of Stays with Harm Incident	3.2%	3.2%	No	↑
88	In-Hospital Sepsis (Cases per 1,000 Hospital Stays of 2 Days or More)	Suppressed	3	No	Stable
89	Repeat Mental Health Hospitalizations (% with 3 or More in a Year)	13.6%	16.3%	No	Stable
90	Community Counselling Utilization (Monthly Average # of Clients)	619	891	↓	Stable
91	Proportion Residential Addiction Treatment Sessions Completed	71.6%	72%	No	Stable
92	Family Violence Shelter Utilization – Women & Children (Monthly Average)	38	30	No	↓
92	Family Violence Shelter Re-Admission Rates	65%	66%	No	↑
93	Proportion of Children/ Youth Receiving Services through Child and Family Services in their Home Community	91%	92%	No	N/A
94	Rate of Children/Youth Receiving Services under a Permanent Custody Order (# per 1,000)	9.3	9	No	↓

STATISTICAL SUMMARY NOTES

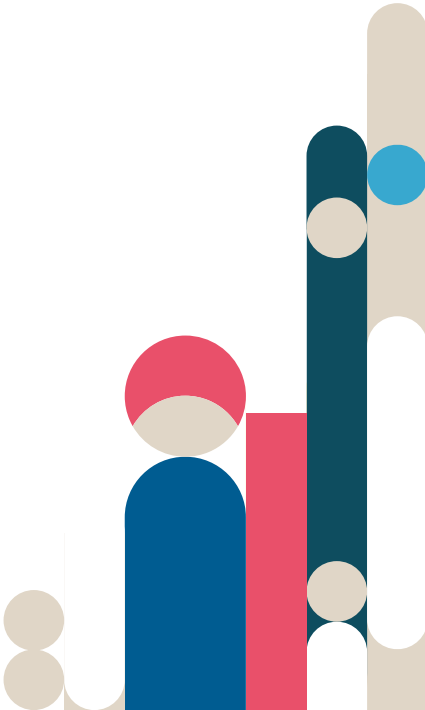
DATA SOURCES AND LIMITATIONS

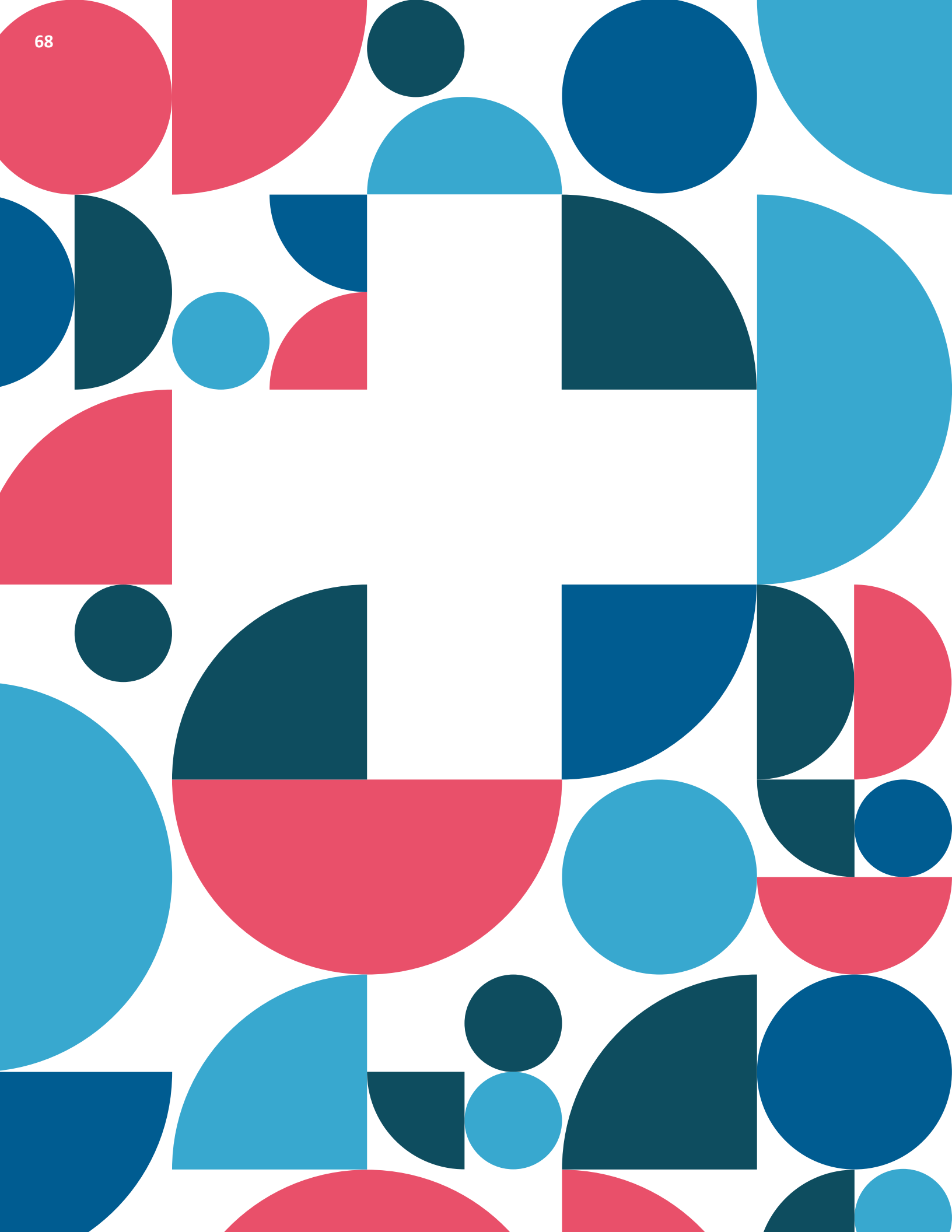
The data for this report originates primarily from the HSS system, as well as the Canadian Institute for Health Information, Statistics Canada, Education, Culture and Employment, Finance (Human Resources), the Workers Safety and Compensation Commission, and the NWT Bureau of Statistics. These different 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 the possible limitations.

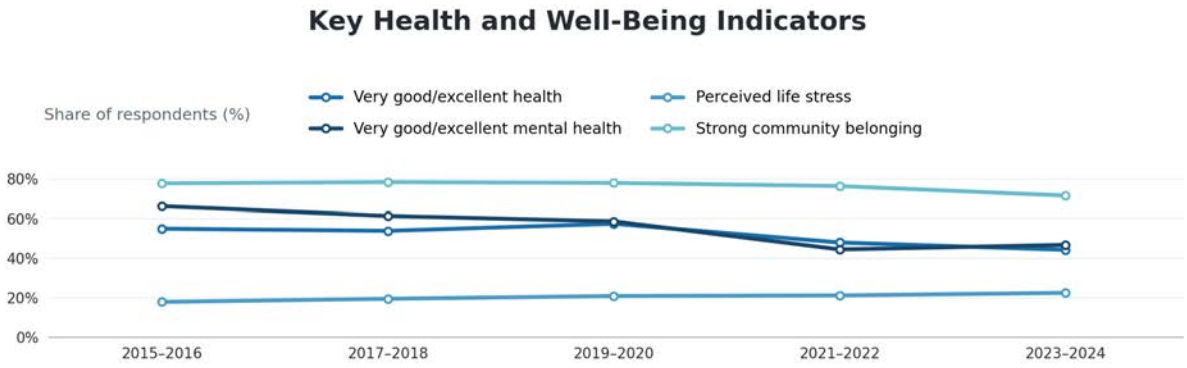
A hospitalization refers to care delivered in a hospital setting that requires admission, and is counted when the patient is admitted. A discharge is a count of the number of patients who are officially released from the hospital after having an episode of care.





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:

- the proportion of the population surveyed (aged 12 and over from 2015 to 2022 and aged 18 and over in 2023-2024) who rated their overall health as very good or excellent;
- the proportion who rated their mental health as very good or excellent;
- the proportion who reported that most days in their life were quite a bit or extremely stressful; and
- the proportion who reported a strong or somewhat strong sense of community belonging.

WHY IS THIS OF INTEREST?

Self-reported health serves as a subjective measure of overall well-being and is a significant predictor of future health-care 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, and can contribute to negative behaviors including 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?

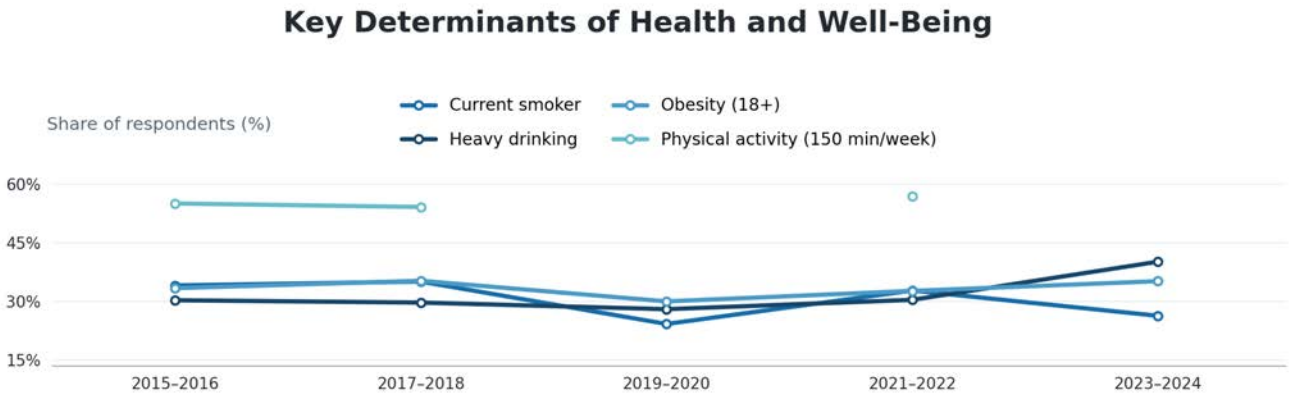
The most recent Canadian Community Health Survey results for NWT residents are from 2023-2024 and include ages 18 and older. Earlier results included residents aged 12 and older. Differences between the most recent and earlier survey results may reflect this change in age coverage, as well as changes in population health and well-being. As a result, direct comparisons to previous results should be interpreted with caution.

In 2023–2024, 44% of residents rated their overall health as very good or excellent, while 47% rated their mental health as very good or excellent. Approximately one in five residents reported that most days were quite a bit or extremely stressful (22%), and 71% reported a somewhat or very strong sense of belonging to their local community.

SOURCE

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

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 (aged 12 and over from 2015 to 2022 and aged 18 and over from 2023 to 2024);
- the proportion who are heavy drinkers (aged 12 and over from 2015 to 2022 and aged 18 and over from 2023 to 2024);
- the proportion who are obese (aged 18 and over); and
- the proportion who are physically active (aged 18 and over).

WHY IS THIS OF INTEREST?

Smoking is a highly preventable risk factor that contributes to several chronic diseases, including lung and other cancers, chronic respiratory disease, Type 2 diabetes, and cardiovascular diseases (heart attacks and strokes). Heavy drinking is a factor in family violence and injuries. Long-term heavy alcohol consumption can lead to or worsen several health conditions, including cardiovascular diseases, 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 2 diabetes, cardiovascular diseases, and some cancers. Regular physical activity plays a vital role in preventing chronic disease, promoting a healthy weight, and enhancing overall well-being.

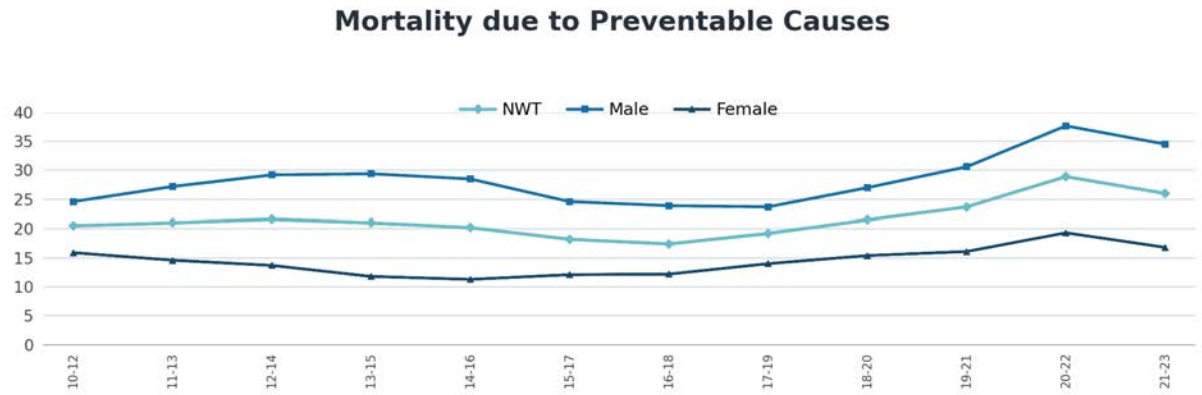
HOW ARE WE DOING?

In 2023-2024, 26.3% of residents reported smoking daily or occasionally, more than twice the Canadian proportion of 11.4% for the same time period. Heavy drinking was also much more commonly reported in the NWT, at 40.2% compared with 19.3% nationally. Just over one-third of NWT residents reported as being obese based on body mass index adjusted for self-reported height and weight. No physical activity measure was available for 2023-2024. Differences between the latest and earlier results may reflect a change in age coverage and should not be interpreted as changes over time. Historical comparisons prior to 2015 are not possible due to changes in survey methodology.

SOURCE

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

BEST HEALTH – AVOIDABLE DEATH DUE TO PREVENTABLE CONDITIONS



WHAT IS BEING MEASURED?

The age-standardized rate of deaths due to preventable conditions in the NWT, overall and by sex (deaths per 10,000 population, among people under 75 years of age).

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 through health promotion efforts (e.g., injury prevention).

HOW ARE WE DOING?

The age-standardized mortality rate due to preventable causes in the NWT has fluctuated over the past decade. After declining from 21.6 deaths per 10,000 population in 2014 to a low of 17.4 deaths per 10,000 population in 2016-2018, the rate increased to 28.9 deaths per 10,000 population in 2020-2022, before declining to 26.0 deaths per 10,000 population in 2021-2023.

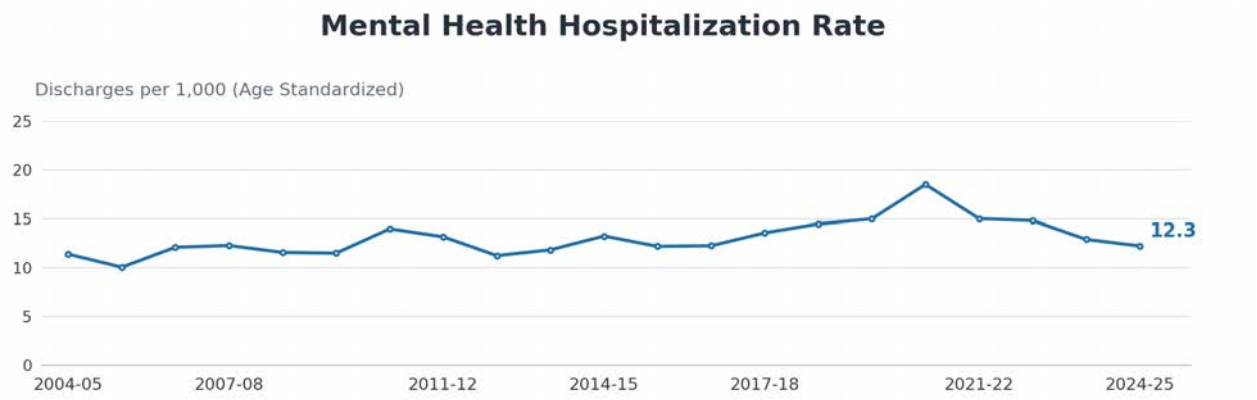
Males continue to experience substantially higher mortality from preventable causes than females. In 2021-2023, the age-standardized mortality rate was 34.5 deaths per 10,000 population among males, compared with 16.8 deaths per 10,000 population among females. This gap between the sexes in the NWT aligns with patterns seen across Canada[8] .

SOURCE

NWT Department of Health and Social Services, Statistics Canada, and NWT Bureau of Statistics. Canadian Institute for Health Information. Avoidable Deaths . Accessed August 6, 2026.

8 - 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.[9]

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).

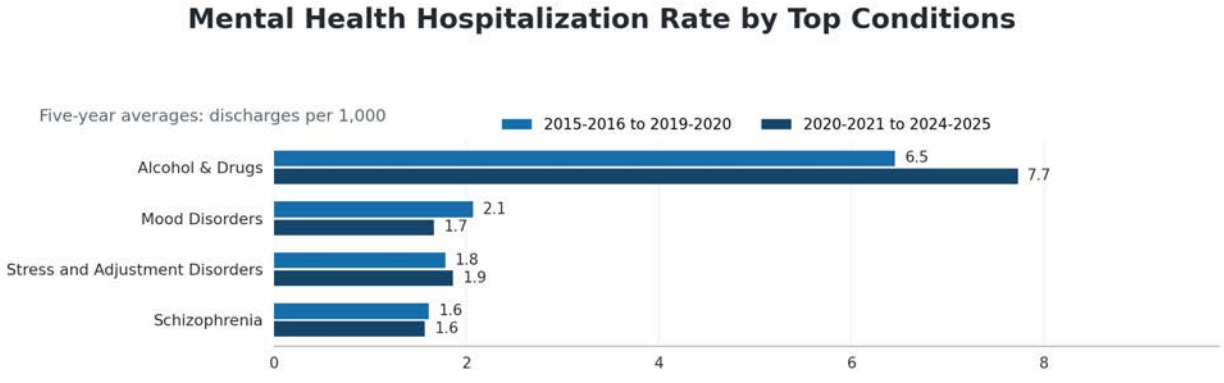
HOW ARE WE DOING?

Over the last 20 years, the rate of mental health hospitalizations has been trending upward. 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 (dependence/use) represented over 50% of all mental health hospitalizations. Together with the three next largest categories (mood disorders, schizophrenia and other psychotic disorders, and stress and adjustment disorders), they accounted for almost nine out of ten mental health hospitalizations.

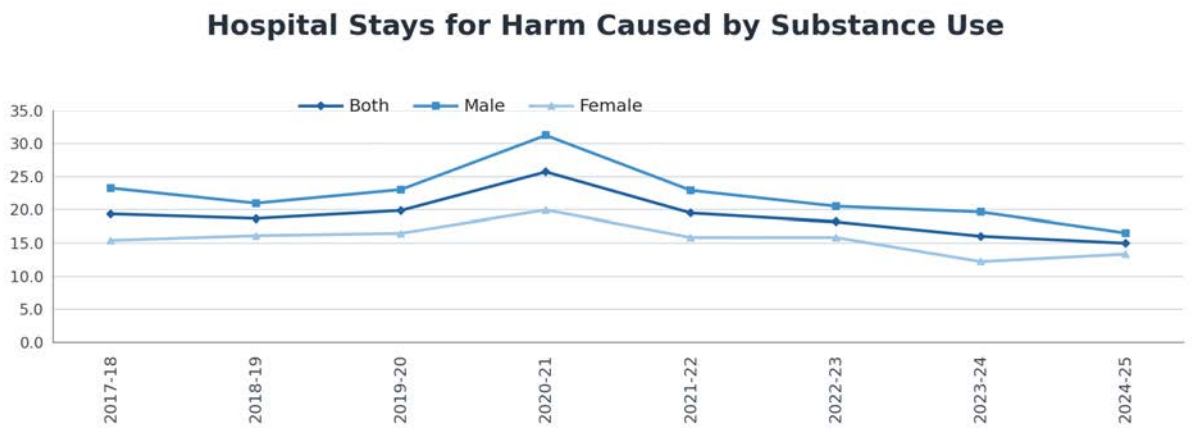
SOURCES

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



9 - Only hospitalizations of NWT residents for which the primary reason for hospitalization was a mental health issue are included in this indicator.

BEST HEALTH – HOSPITAL STAYS FOR HARM CAUSED BY SUBSTANCE USE

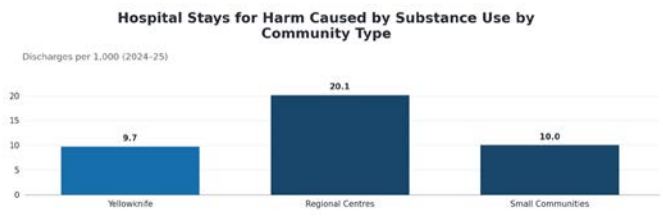


WHAT IS BEING MEASURED?

The age-standardized rate of hospitalizations for harm caused by substance use (discharges per 1,000, age 10 years and over). Conditions included 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 misuse of alcohol and drugs places undue pressure on health care, social services, and justice systems.



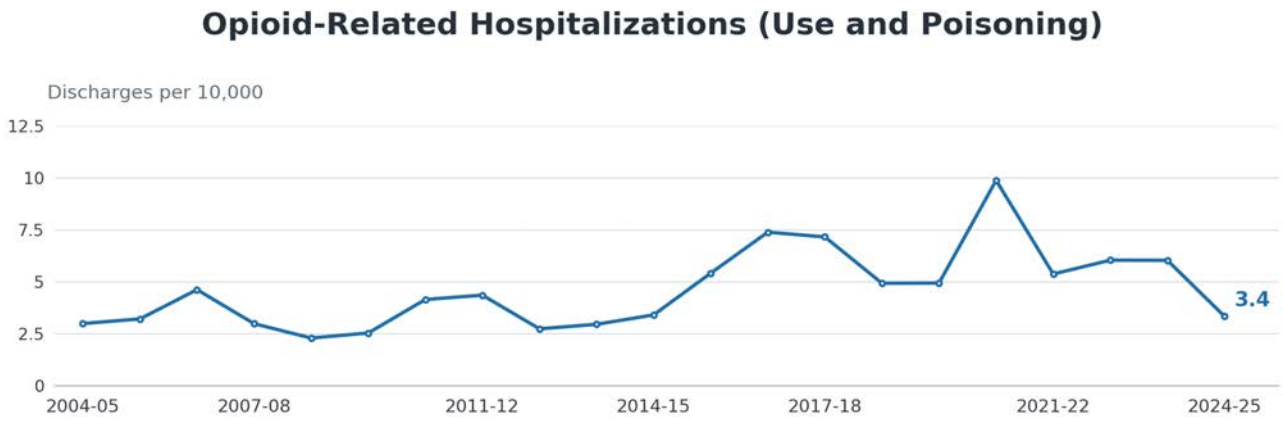
HOW ARE WE DOING?

Hospitalization rates for harm caused by substance use have fluctuated over the past eight years, peaking at 25.7 hospitalizations per 1,000 population in 2020-2021, before declining steadily to 15.0 per 1,000 in 2024-2025. This represents the lowest rate observed during the reporting period and suggests improvement since the pandemic-related peak. Throughout the period, males consistently experienced higher hospitalization rates than females. In 2024-2025, the age-standardized rate was 16.6 hospitalizations per 1,000 population for males compared with 13.4 per 1,000 for females. Although rates declined for both sexes following the 2020-2021 peak, the difference has persisted over time. In 2023-2024, the NWT rate was over three times the national average (15.0 versus 5.3 per 1,000). More than seven out of 10 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, and 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).[10] The measure is further broken down by Regional Centres (Fort Smith, Hay River, and 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 number of deaths due to opioids.

HOW ARE WE DOING?

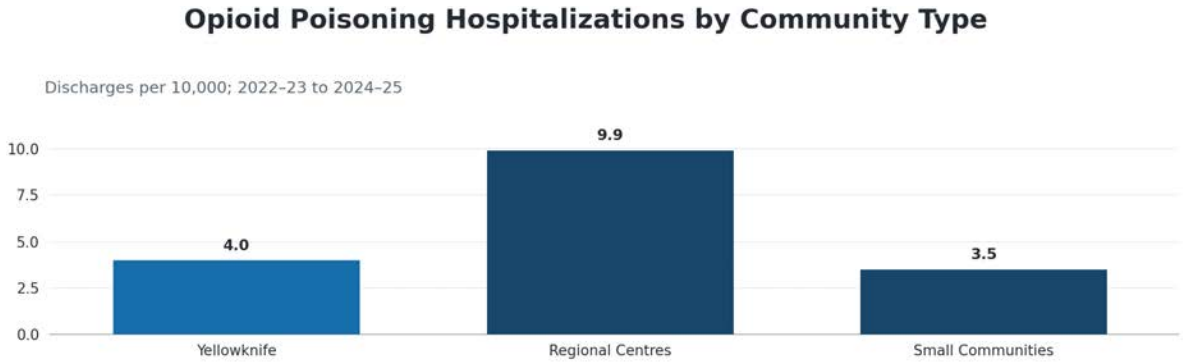
The annual number of opioid hospitalizations is relatively small, averaging 21 over the last 20 years, but can vary considerably from one year to the next. In the first year of the pandemic the rate more than doubled to 11.3 from 4.4 hospitalizations per 10,000.

Rates differed by sex over time. Males experienced a pronounced increase in opioid-related hospitalizations in 2020-2021, reaching 14.5 hospitalizations per 10,000 population, before declining to 4.6 per 10,000 in 2024-2025. Female rates were generally more stable and declined from 9.4 per 10,000 population in 2017-2018 to 4.9 per 10,000 in 2024-2025. By 2024-2025, hospitalization rates were similar for males and females.

The most recent year shows a marked decline in the volume of hospitalizations, with the rate at 4.9 per 10,000 discharges. Over the last three fiscal years Regional Centres have recorded the highest rates (9.9), more than double those of Yellowknife (4.0) and the smaller communities (3.5).

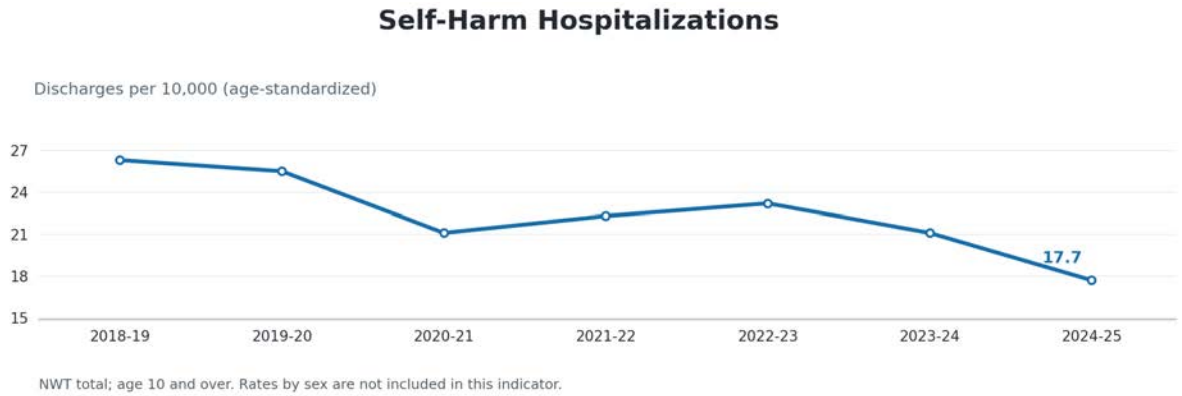
SOURCES

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



10 - Rate includes hospitalizations for opioid use, opioid poisoning, and newborn withdrawal symptoms from maternal use of drugs. Limited to ages 10 and up.

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 aged ten years and older).

WHY IS IT OF INTEREST?

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

HOW ARE WE DOING?

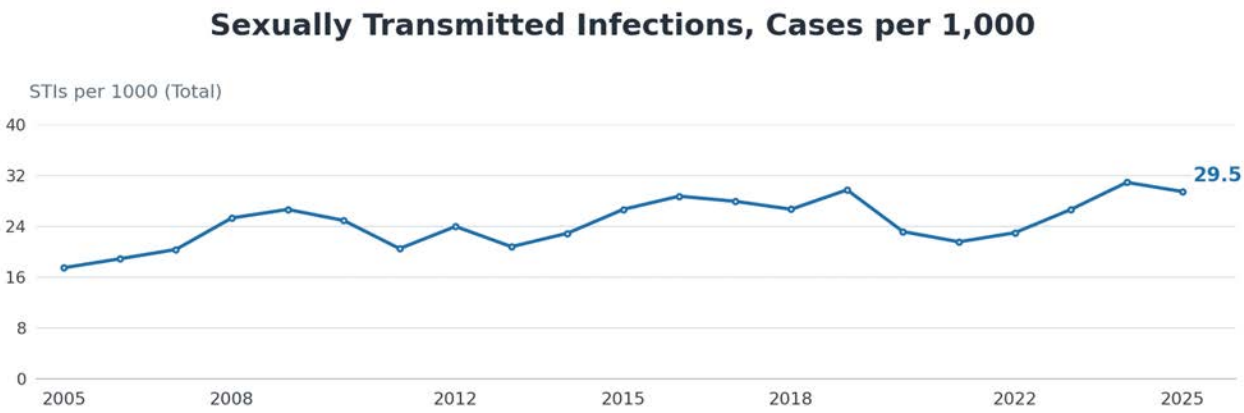
The rate of self-harm hospitalizations has increased from an average of 15 per 10,000 per year in the latter half of the 2000s to an average of 21.0 per 10,000 in the last five years. The current NWT rate of self-harm hospitalizations is over three times higher than the national rate at 17.7 versus 5.5 per 10,000 (2024-2025). Females have consistently experienced a substantially higher rate than males, with a peak rate of almost three times higher in 2019-2020 (37.9 versus 13.3).

SOURCES

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

11 - 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 high-risk 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.

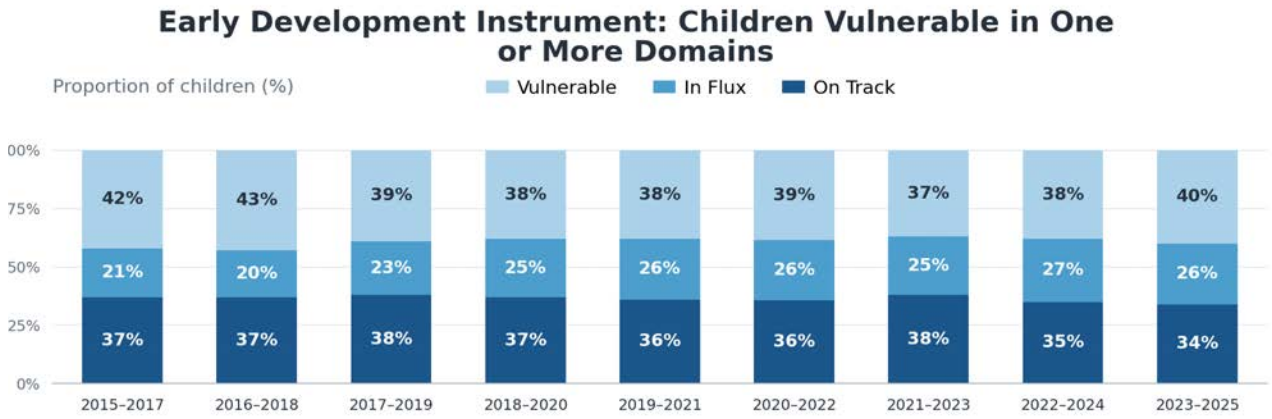
HOW ARE WE DOING?

Over the last 21 years, the rate of STIs has nearly doubled, with an upward trajectory despite some annual variation. The NWT STI rate of 29.4 cases per 1,000 (2025) is significantly higher than the national average of 4.6 cases per 1,000 (2023). The NWT is currently experiencing a syphilis outbreak, the most severe since the 2008-2009 outbreak. 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 and the 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 future health and well-being. It may also be used as a high-level measure of the collective success of initiatives aimed at improving children's early development.

HOW ARE WE DOING?

In 2023–2025, 40.0% of NWT kindergarten students were vulnerable in one or more areas of development. This was higher than the latest available national pooled estimate of 28.5%, based on data collected from 2020 to 2023. Because the reporting periods differ, the results should be compared with caution.

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, among people under 75 years of age).

WHY IS IT OF INTEREST?

"Mortality from treatable causes focuses on premature deaths that could potentially be avoided through secondary and tertiary prevention efforts, such as screening for and effective treatment of an existing disease."[12] 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 age-standardized mortality rate due to treatable causes has remained relatively stable over the past decade, generally ranging between 9 and 11 deaths per 10,000 population. The rate increased to 12.5 deaths per 10,000 population in 2020-2022 before declining to 10.3 deaths per 10,000 population in 2021-2023. Although rates remain lower than those observed in the 1980s, little overall change has been observed during the past decade.

Rates remained higher among males than females in 2021-2023, with age-standardized mortality rates of 11.3 and 9.1 deaths per 10,000 population. This difference between the sexes is consistent with patterns observed across Canada.

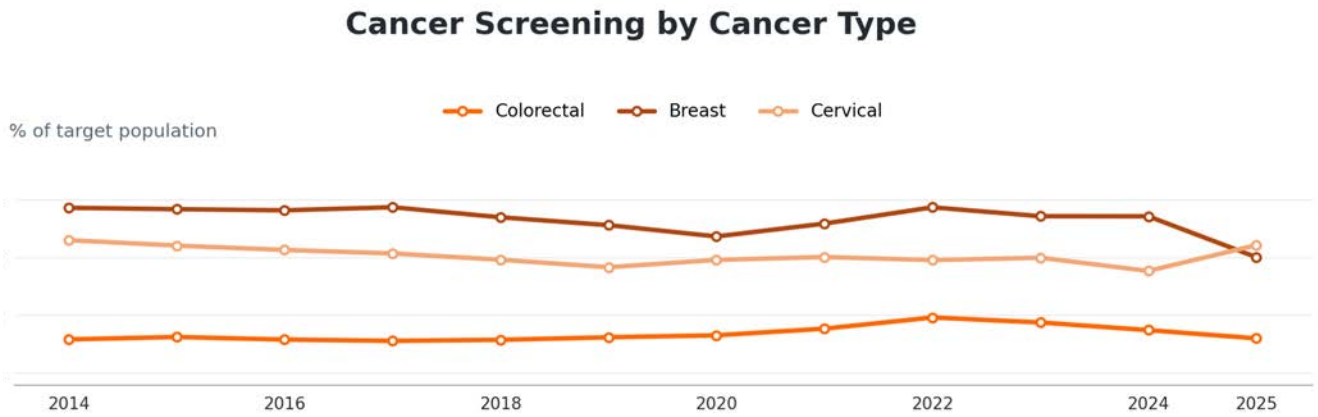
The NWT rate of mortality due to treatable causes remains higher than the national rate, which was 7.1 deaths per 10,000 population in 2021-2023.

SOURCES

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

12 - Canadian Institute for Health Information, https://www.cihi.ca/en/indicators/avoidable-deaths

BEST CARE – CANCER SCREENING



WHAT IS BEING MEASURED?

The proportion of the target population who have been screened for colorectal cancer (adults aged 50 to 74), breast cancer (women aged 50 to 74) and cervical cancer (women aged 21 to 69) within the past two 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 2025, the proportion of the population ages 50 to 74 receiving a FIT or FOBT has ranged from 23% to 29% with a latest figure of 24% (2025), the proportion of women ages 21 to 69 receiving a Pap test has dropped from 50% to 48% and the proportion of women ages 50 to 74 receiving a mammogram has shown a recent decrease to 45%. 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 2025	NWT	National Goal	Meet National Goal
DaPT IPV-HIB Diphtheria, pertussis, tetanus, polio and haemophilus influenza type b	69%	95%	No
Hep B Hepatitis B	74%	95%	No
Meningococcal C conjugate Meningitis, meningococcemia, septicemia	72%	95%	No
MMR Measles, mumps and rubella	76%	95%	No
Pneumococcal conjugate Streptococcus pneumoniae	69%	95%	No
Varicella Varicella (Chickenpox)	75%	95%	No

WHAT IS BEING MEASURED?

The proportion of the population born in a given year (e.g., 2023) that has 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.

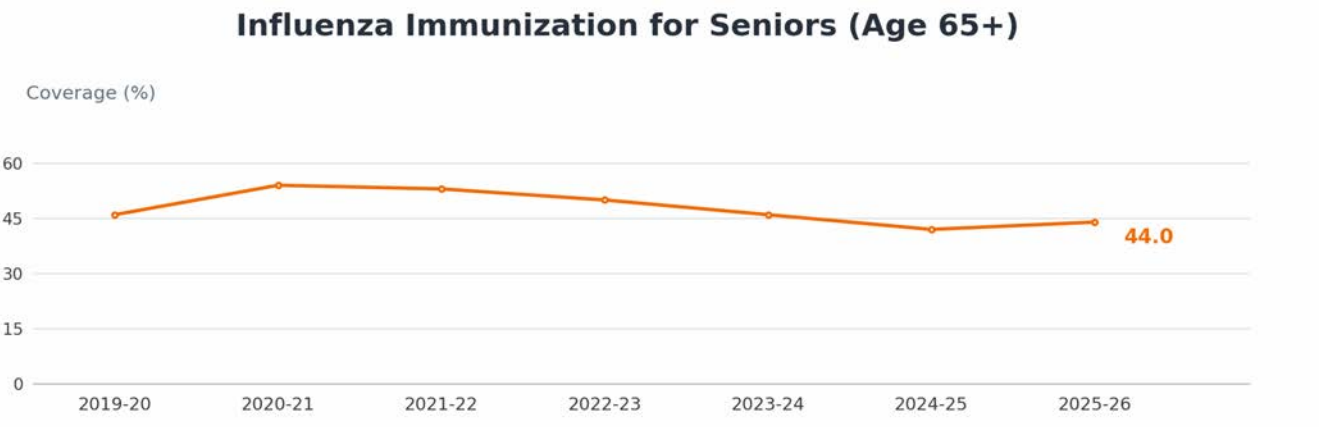
HOW ARE WE DOING?

For children born in 2023, the latest immunization coverage is estimated at 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 (aged 65 years and older) who have received at least one influenza vaccine during the respiratory season.

WHY IS IT OF INTEREST?

As immune defenses become weaker with age, seniors are at greater risk of contracting influenza (flu) and developing serious complications. The influenza vaccine (flu shot) is the best way to prevent influenza infection and reduce the risk of severe illness. This can significantly reduce associated health care costs and resource utilization, including hospitalizations, long-term care, and other medical interventions.

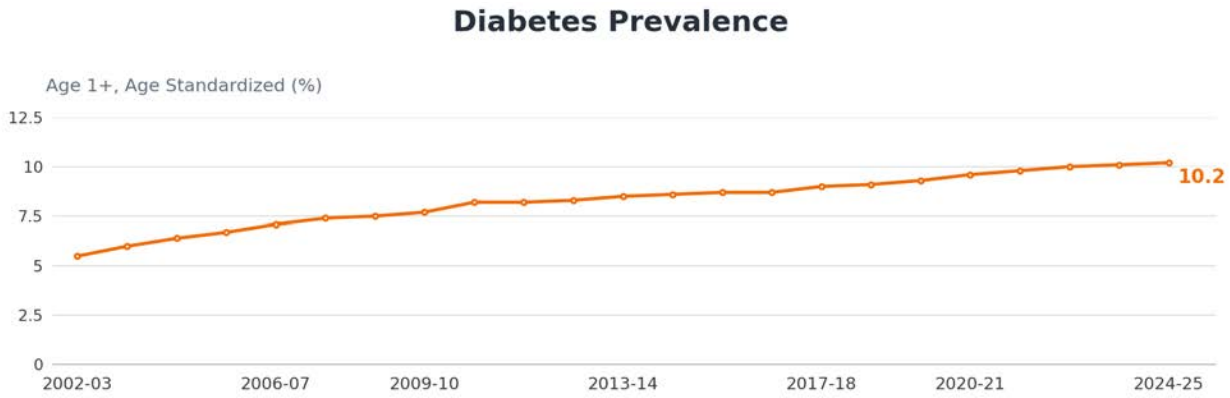
HOW ARE WE DOING?

Flu shot coverage rose during the pandemic but has steadily declined since, falling from over 53% to 44% (2025-2026). The NWT rate of 44% is substantially lower than the Canadian average of 64% for the latest available flu season coverage rate (2025-2026).

SOURCES

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

BEST CARE – DIABETES PREVALENCE



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 health care costs and resource utilization. Costs include direct medical expenses such as medications, ongoing monitoring, and treatment. As prevalence continues to rise, so too do the economic and health system burden. Monitoring the prevalence helps inform the appropriate targeting of prevention, treatment, and intervention strategies.

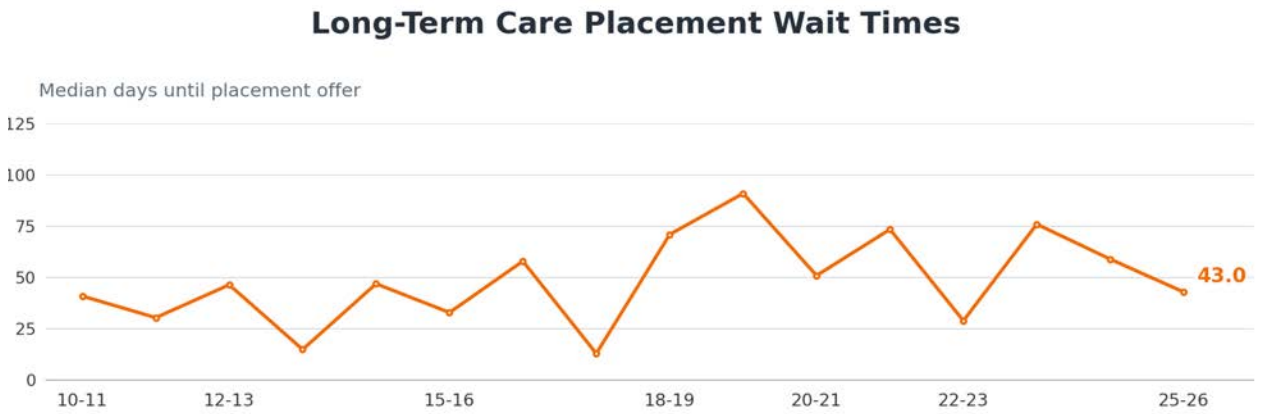
HOW ARE WE DOING?

Since the 2004-2005 fiscal year, the age-standardized prevalence of diabetes in the NWT population has increased from 5.9% to 10.2% (2024-2025). This increase mirrors the Canadian age-standardized rate, which rose from 5.3% to 9.4% (2023-2024). The NWT has the highest estimated prevalence of all three territories, with Yukon and Nunavut both reporting 7.8% (2023-2024).

SOURCES

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

BEST CARE – LONG-TERM CARE PLACEMENT WAIT TIMES



Long Term Care Wait Times													
	14-15	15-16	16-17	17-18	18-19	19-20	20-21	21-22	22-23	23-24	24-25	25-26	12 Years
Average (Days)	100	82	120	76	171	154	119	157	96	27	123	118	115
Median (Days)	47	33	58	13	71	91	51	74	29	20	59	43	43
Proportion of Clients by Number of Days before Placement Offer													
<8	8%	15%	18%	49%	13%	8%	32%	18%	23%	23%	20%	28%	21%
8 to 14	15%	18%	11%	7%	4%	8%	9%	9%	11%	11%	6%	7%	10%
15 to 21	8%	5%	5%	5%	11%	11%	0%	2%	9%	9%	7%	7%	7%
22 to 28	5%	8%	0%	2%	7%	0%	0%	2%	4%	4%	3%	4%	3%
29 to 92	28%	23%	29%	15%	18%	24%	26%	20%	26%	26%	31%	13%	24%
93 to 182	10%	18%	15%	10%	9%	14%	3%	18%	11%	11%	14%	20%	13%
183 & Up	26%	15%	22%	12%	38%	35%	29%	30%	15%	15%	19%	22%	22%

WHAT IS BEING MEASURED?

The median number of days patients wait to receive an offer of a placement in a long-term care facility[13] . The median is the number of days in which 50% of 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.

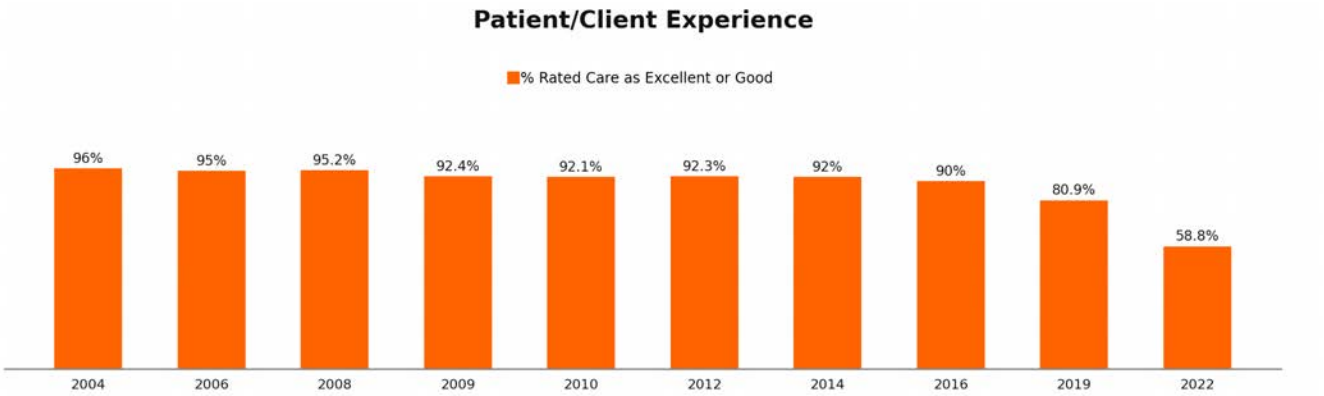
Over the last 12 years, the median wait time to be offered a placement in a long-term care facility was 45 days and has ranged from 13 days to 91 days. Over the same period, 41% of clients have been offered a placement within four weeks, and 65% of clients have been offered a placement within three months.

SOURCE

NWT Department of Health and Social Services.

13 - 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?

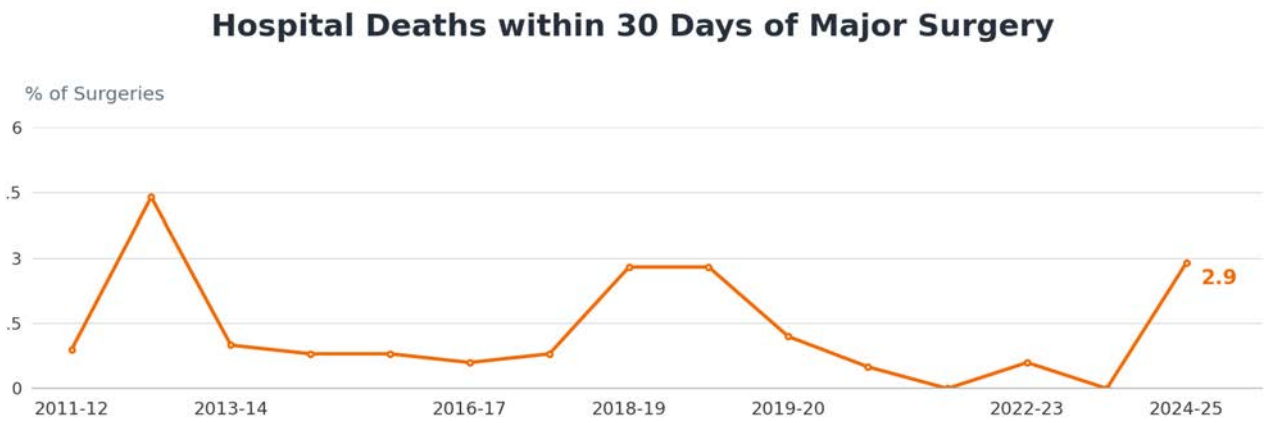
Over the last 18 years where data is available, results have shown that between 59% and 96% of those filling out patient satisfaction questionnaires rated the quality of care they received as excellent or good. In 2025, 65% of patients rated the quality of the care they received as excellent or good. 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."[14] Monitoring this indicator helps the HSS system assess and improve the safety of surgical care.

HOW ARE WE DOING?

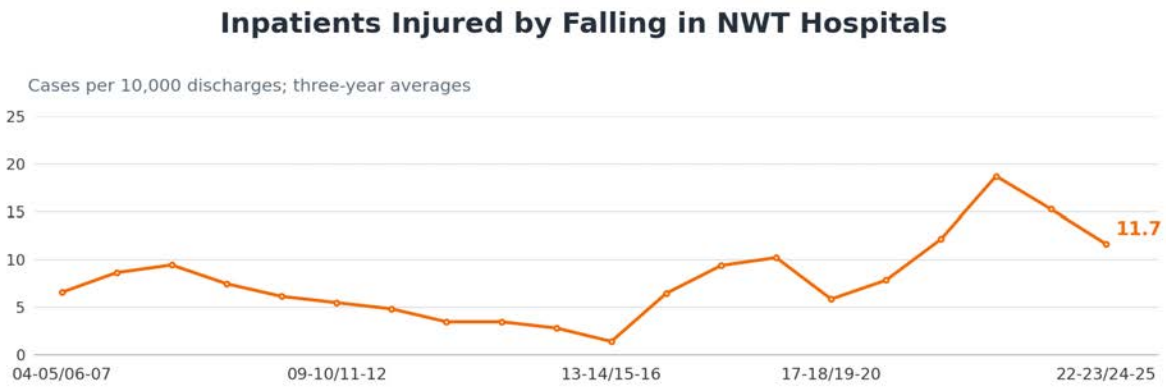
The latest figure of 2.9% is much higher than that of the previous five years. However, the very small number of occurrences limits the ability to draw any definitive conclusions. Over the last five years, 0.6% of major surgeries in NWT hospitals resulted in a patient death (within 30 days) compared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

SOURCE

Canadian Institute for Health Information.

14 - 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.[15]

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-centred quality care.

HOW ARE WE DOING?

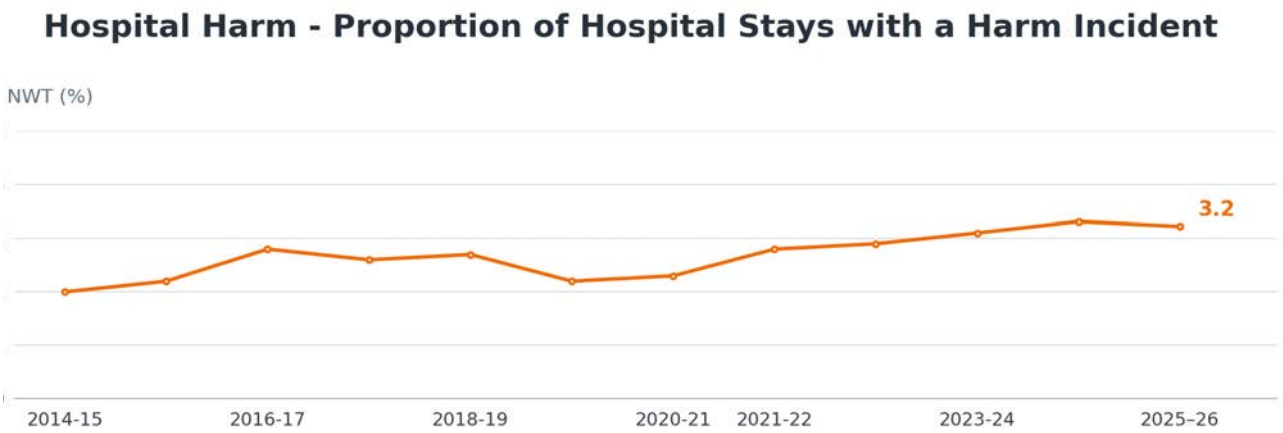
After declining from levels observed in the mid-2000s, the average annual number of injuries from falls among inpatients in the NWT has risen. Compared to the previous decade, the rate increased from an average of three falls per 10,000 discharges to five per 10,000. In terms of counting actual patients, 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.

15 - 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 during which at least one incident of unintended harm occurred to a 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."[16] 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?

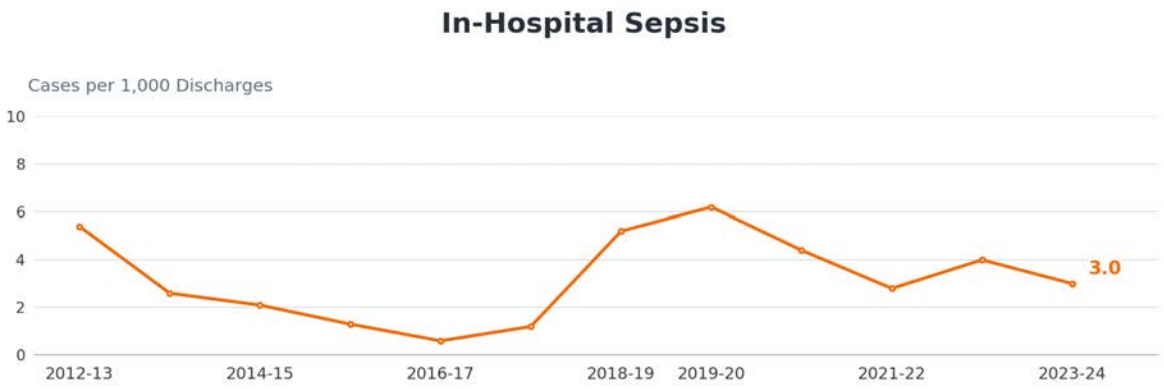
In the last ten years, 2.7% of stays at NWT hospitals involved one or more incidents of harm to patients. The proportion of cases has risen gradually from 2.8% in 2016-2017 to 3.2% in 2025-2026, representing a long-term upward trend. While this indicator can be influenced by both changes in patient complexity and improvements in the identification and reporting of harm incidents, the increase observed since 2019-2020 highlights the importance of continued patient safety, and the necessity of quality improvement efforts across the health care system.

SOURCE

Canadian Institute for Health Information.

16 - 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. Please note that data for 2024-2025 are unavailable because reporting practice standards were not met. Suppression is applied when small cell counts may affect data quality, interpretation, or patient confidentiality.

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."[17]

HOW ARE WE DOING?

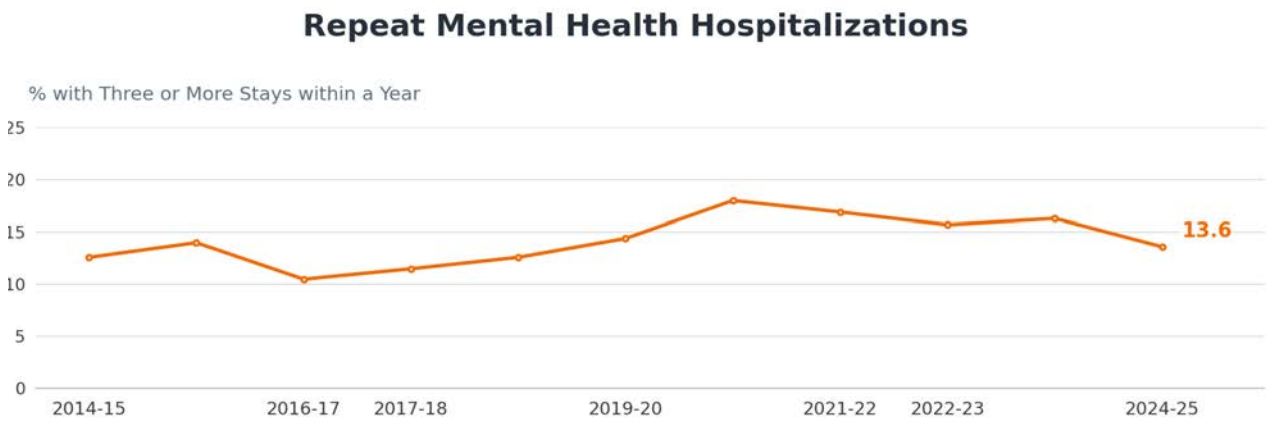
In the last five reported years, NWT hospitals have averaged 4.0 cases of sepsis per 1,000 discharges (hospital stays) per year – which is not significantly different than the national average of 4.3 per 1,000. It is important to point out that the actual number of cases is small, ranging from 1 to 11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

SOURCE

Canadian Institute for Health Information.

17 - 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.

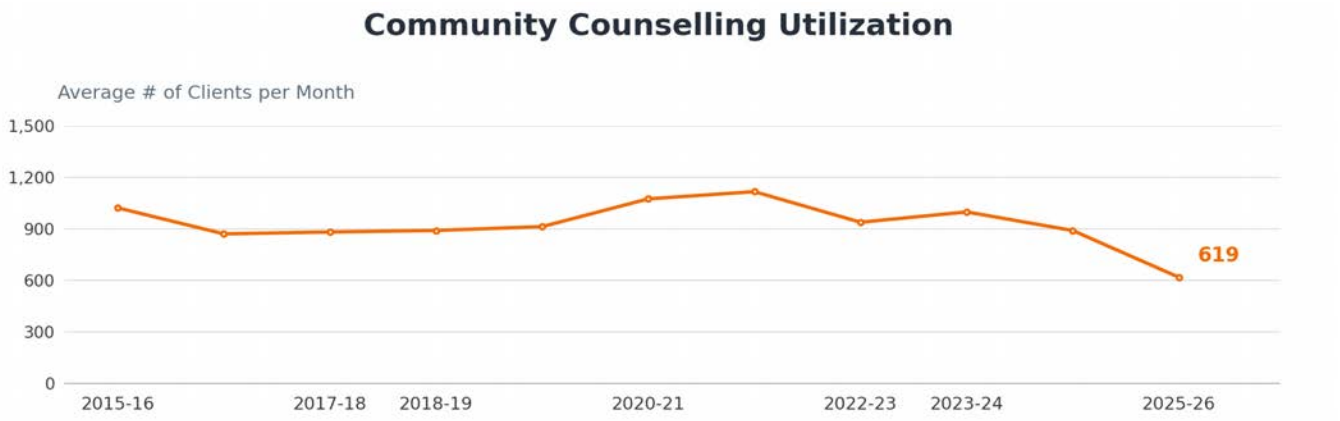
HOW ARE WE DOING?

For 2024-2025, the proportion of NWT patients with repeat mental health hospitalizations was 13.6% compared to the national average of 12.8%. Except for 2020-2021, 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 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 2025-26 fiscal year decreased by 31%, from 891 to 619. This decrease is likely due to both program and data quality factors. For example, the GNWT Child and Youth Counselling model was redesigned in 2023/24, with the CCP shifting to primarily delivering clinical care in community settings, while school-based mental health providers through the Department of Education, Culture and Employment (ECE) provide supports in schools. As part of the redesign, some funding was reallocated from the CCP to school-based ECE services, reducing CCP staffing and capacity, and CCP counsellors were no longer based in schools. The transition may have temporarily reduced awareness of how and where to access CCP services, as service users, families, and providers adjusted to the new model, potentially contributing to lower service use during this time.

In the absence of an electronic health records system, CCP data is managed manually increasing the potential for incomplete data and underreporting service use. To address data quality concerns a new reporting tool was implemented in December 2025.

OTHER INFORMATION

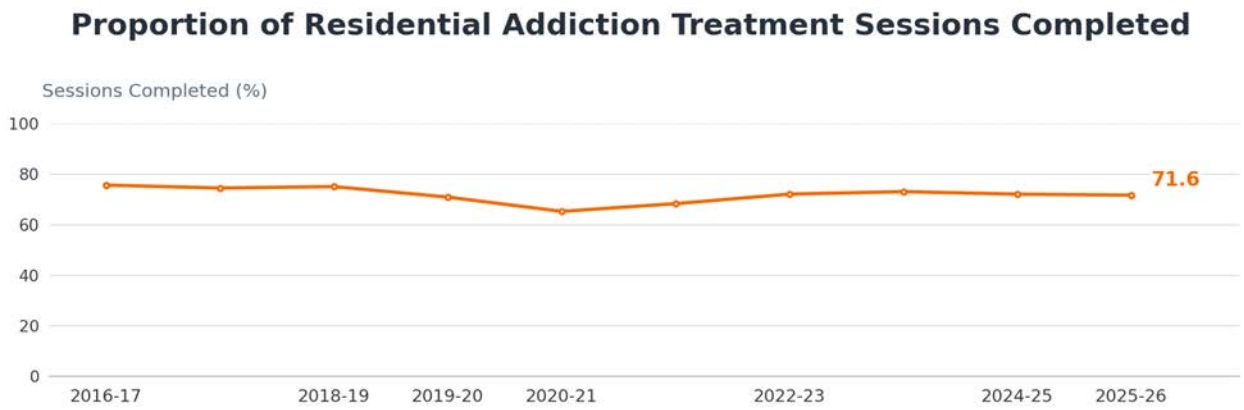
In 2024–25, the leading reasons for seeking counselling were addictions (24%), trauma (11%) and undiagnosed mental illness (9%). Other concerns, each below 6%, included stress management, relationships, bereavement, family conflict, diagnosed mental illness and behavioural issues.

CCP median wait times have remained at 4–5 days since 2020/21. The territory's Stepped Care 2.0 approach offers person-centred, low-barrier support through same-day and scheduled appointments, accommodating individual needs and preferences while ensuring timely, appropriate care beyond crisis situations.

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

HOW ARE WE DOING?

Over the last decade, an average of 71.8% of residential treatment sessions that were started have been completed.

OTHER INFORMATION

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

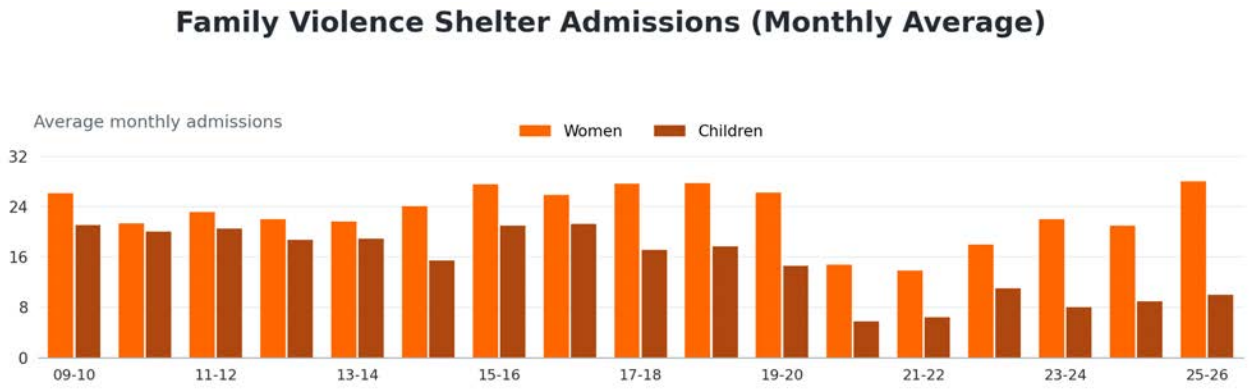
There is no waitlist for accessing treatment. Most clients are admitted within two to three weeks of being approved by the facility.

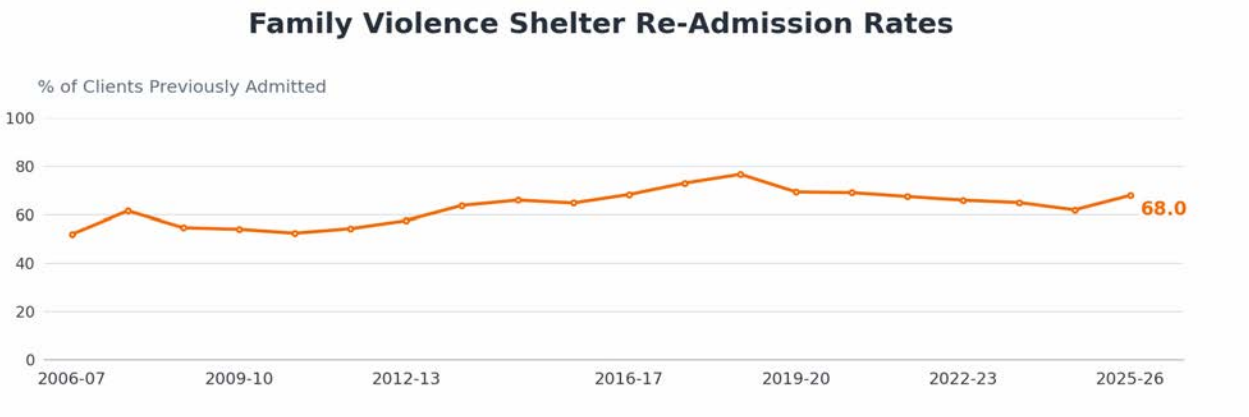
There is no waitlist for accessing treatment. Most clients are admitted within two to three weeks of being approved by the facility.

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 who have stayed at a shelter.

WHY IS THIS OF INTEREST?

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

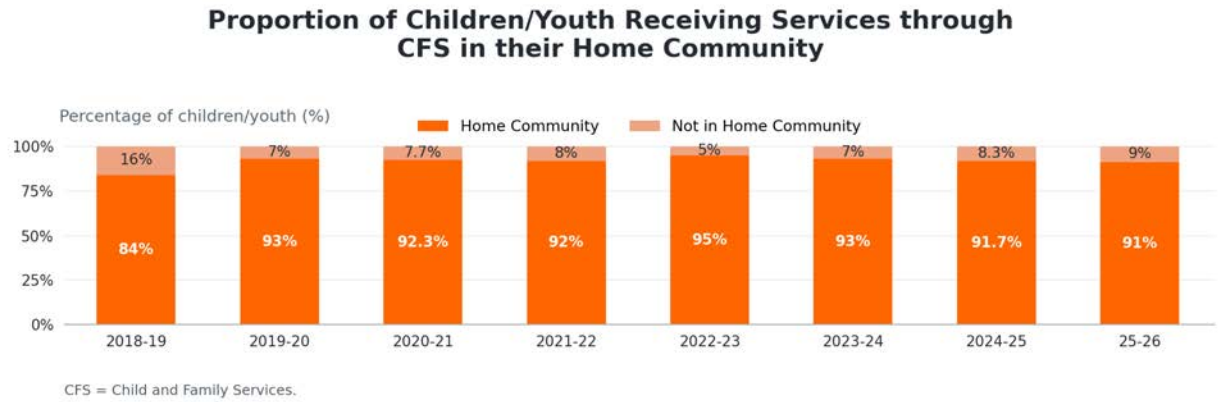
HOW ARE WE DOING?

Over most of the last 16 years, shelter usage has remained consistent, averaging around 38 admissions (23 women and 15 children) per month. During the COVID-19 pandemic (2020-2021), monthly admissions fell considerably from historical averages. Over the last 20 years, the proportion of readmissions to shelters has been increasing.

SOURCE

NWT Department of Health and Social Services.

BEST CARE – RECEIVING SERVICES IN HOME COMMUNITY



WHAT IS BEING MEASURED?

The proportion of children and 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 well-being. CFS recognizes that efforts must be made to protect and promote the social and cultural rights of children and youth. When services are requested or required, CFS makes every effort to provide these in the child or youth's home or home community. Community ties include extended family, friends, and cultural activities, which form a child or youth's social world. These relationships are best preserved within the child or youth's home community, particularly when services are being provided through CFS.

HOW ARE WE DOING?

In 2025-2026, 91% of placements were in the home community of the child or youth. Comparative data prior to 2018-2019 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 or 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

Rate of Children/Youth Receiving Services under a Permanent Custody Order



WHAT IS BEING MEASURED?

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

WHY IS THIS OF INTEREST?

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

HOW ARE WE DOING?

The rate of children and youth in permanent custody has decreased since 2007-2008. This decrease speaks to the resilience of families and communities and a shared dedication to maintaining nurturing and supportive environments in which a child or youth can grow. The reduction in the number of children or 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 or 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

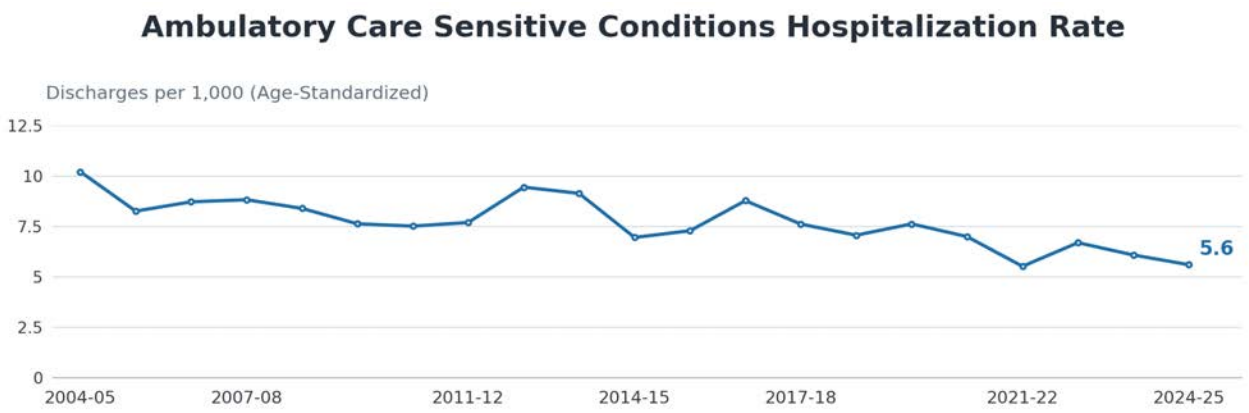
More details on the delivery of Child and Family Services in the NWT can be found in the Annual Reports of the Director of Child and Family Services.

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 (among people under 75 years of age) 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."[18]

HOW ARE WE DOING?

The rate of hospitalizations for ACSC has declined since the mid-2000s – from 10.2 per 1,000 in 2004-2005 to 5.6 per 1,000 in 2024-2025. While the overall rate has declined, diabetes has grown from 12% of all ACSC hospitalizations in the mid-2000s to account for 15% during the last three-year period. Asthma and angina have dropped from 20% and 15% of all ACSC hospitalizations in the mid-2000s to 9% and 7% in the last three years. Relative to Canada as a whole, the NWT has a higher ACSC rate at 5.6 per 1,000 versus 3.3 per 1,000 (2024-2025).

SOURCES

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

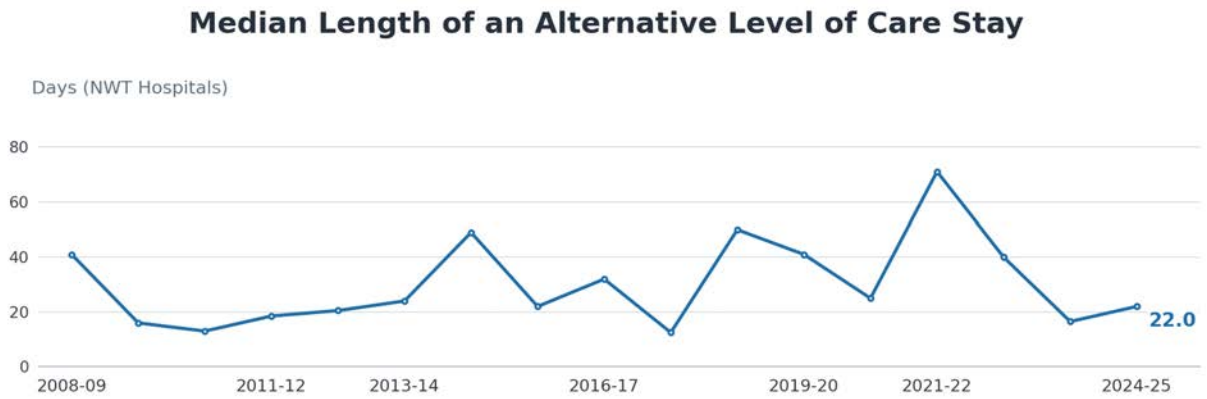
Ambulatory Care Sensitive Conditions
Proportion of Hospitalizations by Condition

	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.

18 - 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 (ALC) 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 midpoint at which 50% of the patients have stayed fewer days and 50% have stayed more days.

WHY IS THIS OF INTEREST?

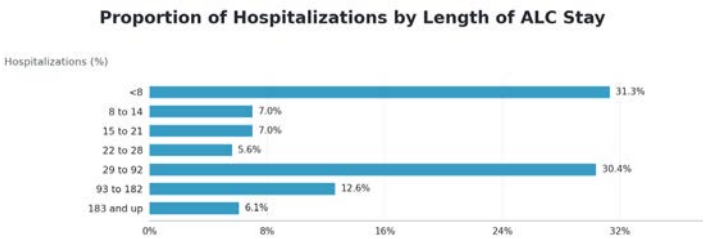
Acute care is the most expensive area of the health care system. ALC patients result in inappropriately used acute care beds, reducing the availability of space for patients who require acute care. The sooner a patient requiring non-acute care can be discharged the better the patient needs are met and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

HOW ARE WE DOING?

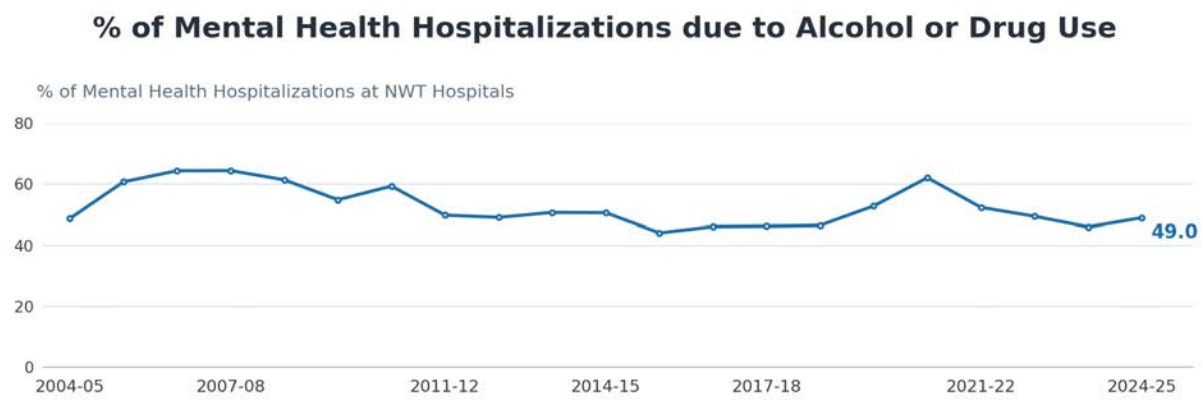
Between 2008-2009 and 2024-2025 the median length of stay has ranged between 12.5 and 71 days. In the last three years, 31% of ALC stays were seven days or less and a further 20% were between eight and 28 days. In 2023-2024 14.5% of NWT hospital stay days were designated as an alternative level of care compared to the national average of 16.7%.

SOURCES

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



BETTER FUTURE – ALCOHOL AND DRUG HOSPITALIZATIONS



WHAT IS BEING MEASURED?

The proportion of mental health hospitalizations for alcohol and/or drug use.[19]

WHY IS THIS OF INTEREST

Acute care is the most expensive area of 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?

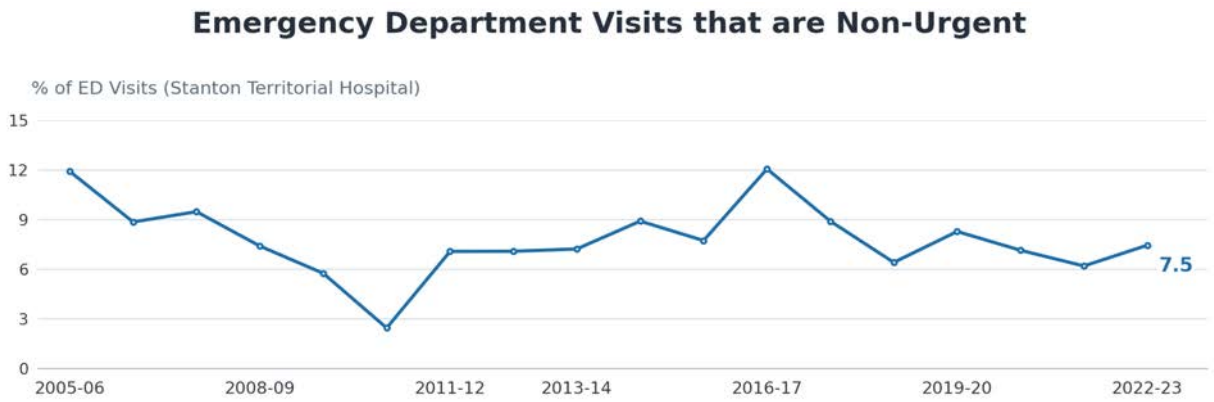
The proportion of mental health hospitalizations due to alcohol and drug issues in the NWT has trended downward over the last 20 years. The stark increase observed during the pandemic was short-lived, and the proportion has since returned to pre-pandemic norms. While alcohol and drugs continue to account 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.

19 - 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).

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 while Level 5 (non-urgent) the lowest.[20]

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.[21]

HOW ARE WE DOING?

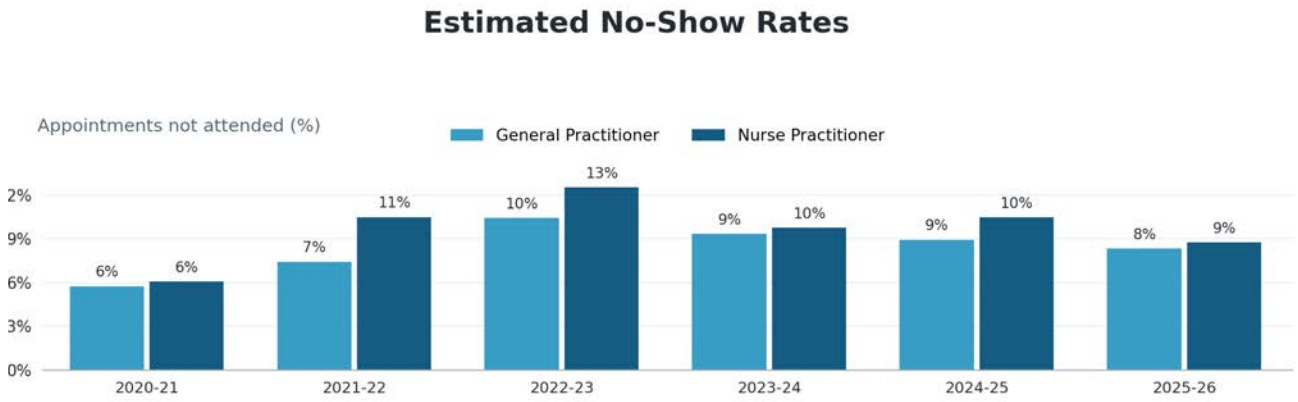
After decreasing to a low of 2% in 2010-2011, and then peaking at 12% in 2016-2017, the proportion of emergency visits considered non-urgent has decreased to 7% in 2022-2023. Due to operational capacity constraints, routine coding supporting this measure was discontinued following 2022–2023. Consequently, the indicator cannot currently be updated beyond that year.

SOURCES

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

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

BETTER FUTURE – NO SHOWS



WHAT IS BEING MEASURED?

The no show rate for general practitioners and nurse practitioners is the proportion of scheduled appointments where the patient does not attend.

WHY IS IT OF INTEREST?

No shows to appointments with these professionals can represent a significant waste in their time as well as needlessly delaying other appointments. These no shows can result in lost appointment slots that cannot be readily filled. Reducing missed appointments can help improve access to care and make better use of limited health care resources.

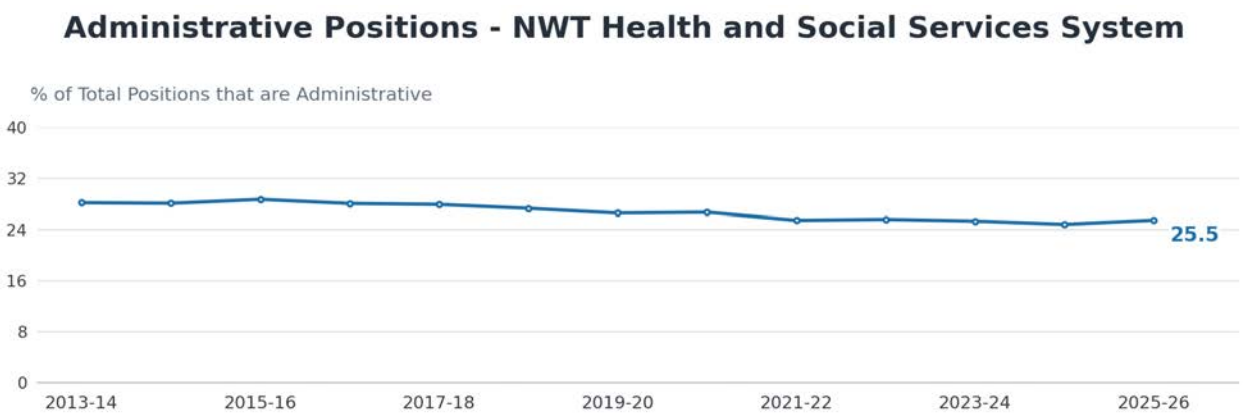
HOW ARE WE DOING?

No show rates for both general practitioner and nurse practitioner appointments increased between 2020-2021 and 2022-2023 before declining in subsequent years. In 2025-2026, the no show rate was 8% for general practitioner appointments and 9% for nurse practitioners, down from peak rates of 10% and 13%.

SOURCE

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

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 staff in administrative roles; a significant increase of this proportion may signal potential inefficiencies within the system.

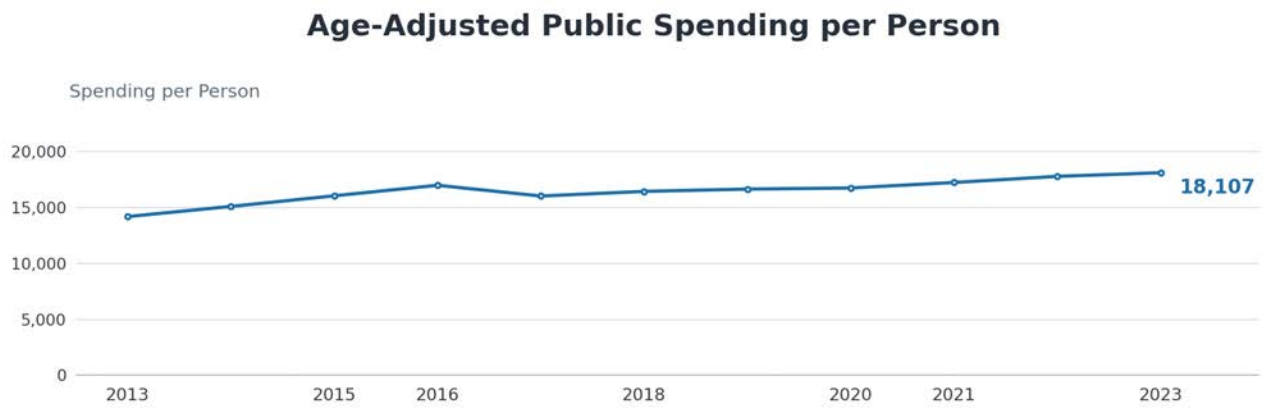
HOW ARE WE DOING?

The proportion of administrative staff has decreased slightly in the last ten years from just over 28% to 25.5%.

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 health care 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.

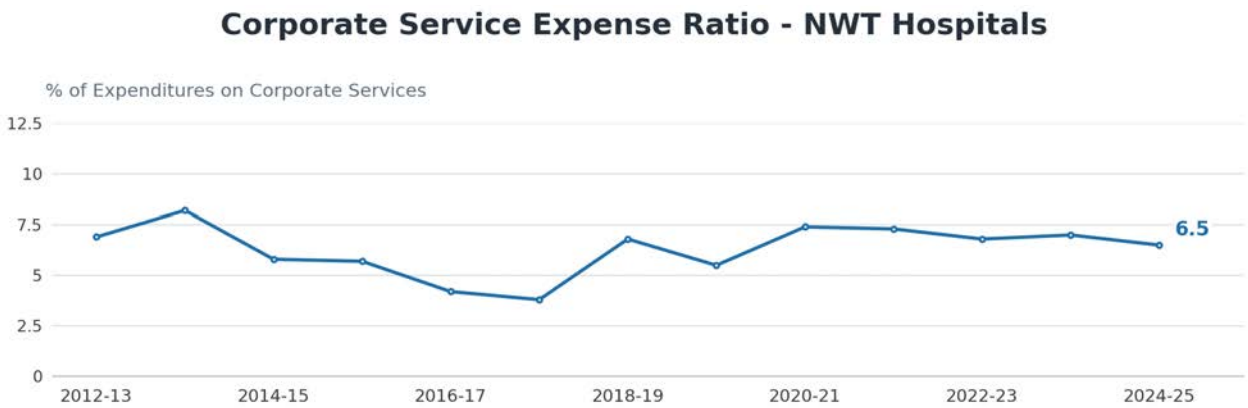
HOW ARE WE DOING?

The Northwest Territories average per person spending is significantly higher than the Canadian average for 2023: $5,868. Of the three territories, the NWT spends 38% less than Nunavut ($29,201) but 47.8% more than Yukon ($12,254). Over the past 11 years, the NWT has increased its spending by 28%. This growth rate is lower than the other two territories, with Yukon increasing by nearly 43.9% and Nunavut by 64.1%.

SOURCE

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

BETTER FUTURE – CORPORATE EXPENSE RATIO (HOSPITALS)



WHAT IS BEING MEASURED?

The proportion of overall hospital expenditures spent on administrative purposes. This measure includes expenditures related to finance, administrative, human resources and communications expenses, as a proportion of total hospital expenditures.

WHY IS IT OF INTEREST?

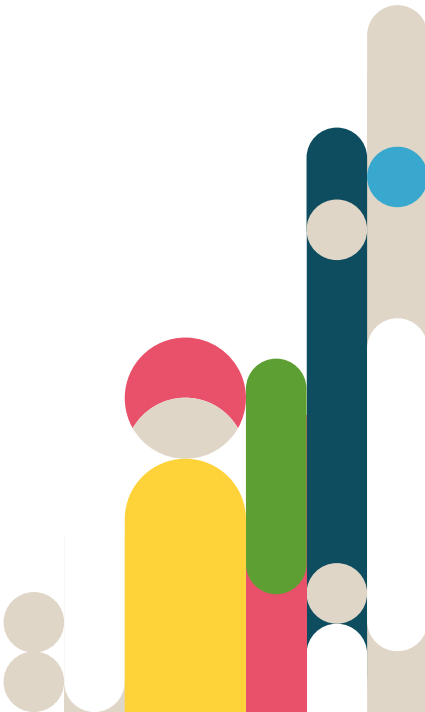
A goal of the HSS system is to provide the best care as efficiently as possible to support future system sustainability. Increases in the proportion of money spent on administration may reflect inefficiencies in the system and warrant investigations to improve cost-efficiency.

HOW ARE WE DOING?

The proportion of hospital expenditures dedicated to administration in the NWT was 6.5% in 2024-, higher than the national rate of 4.7%.

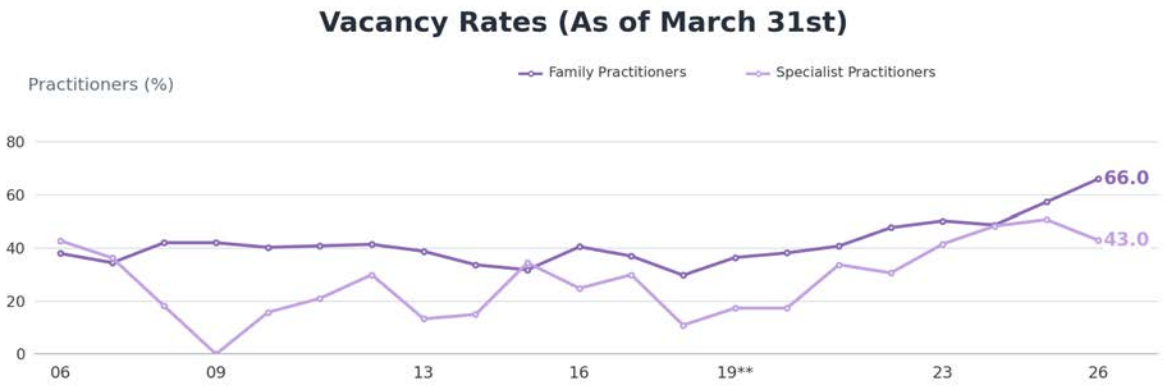
SOURCE

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.[22]

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?

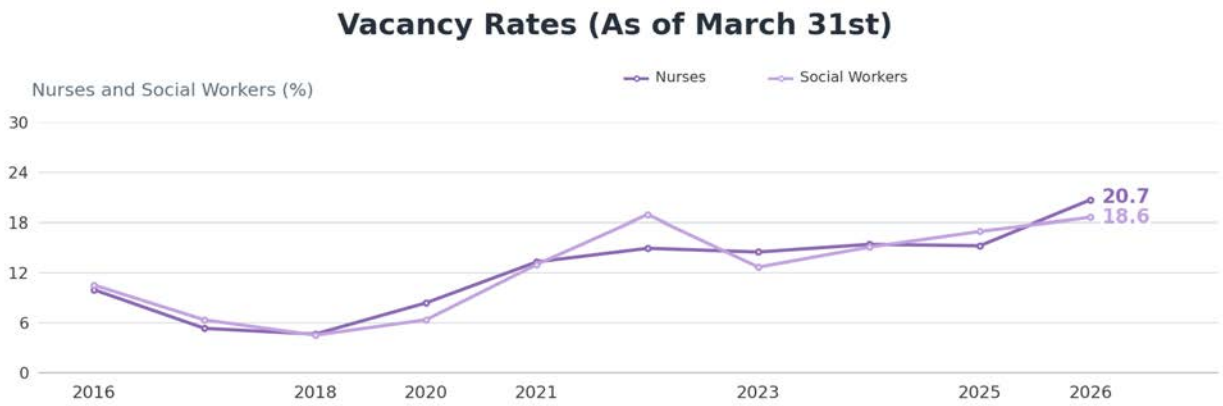
Since 2006, vacancy rates have fluctuated between 30% and 66% for family practitioners and between 0% and 51% for specialists. Recent vacancy rates for family practitioners (66% in 2025-2026) and specialist practitioners (51% in 2024-2025) are at the highest they have been in the last 21 years. Canada, including the NWT, is facing a continuing national shortage of healthcare professionals.

SOURCES

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

22 - 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 the HSS system.

HOW ARE WE DOING?

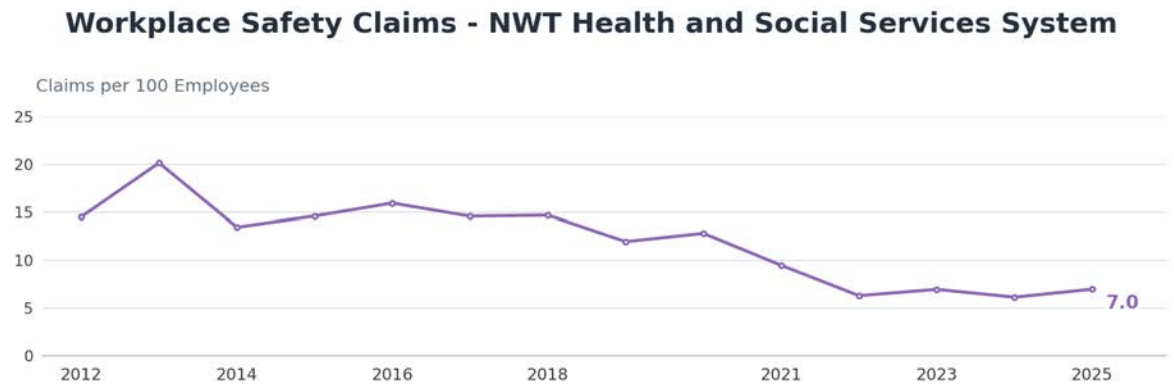
As of March 31, 2026, the vacancy rates for nurses and social workers were 20.7% and 18.6%, respectively. Vacancy rates for both professions have remained elevated in recent years, and are substantially higher than those observed earlier in the reporting period. Ongoing recruitment and retention challenges continue to place pressure on the health workforce. Due to a change in methodology, pre-2016 vacancy rates for nurses and social workers are not comparable to recent rates.[23]

SOURCES

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

23 - 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 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 risk 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 rate of workplace safety claims in the NWT Health and Social Services system has declined substantially over the past 14 years, falling from 20.2 claims per 100 employees in 2013 to 7.0 claims per employee in 2025. While annual fluctuations occur, claims rates have remained below ten claims per 100 employees since 2021. On average, workplace safety claim rates in the HSS have been over twice the rate of the rest of the GNWT.

SOURCES

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

Appendices

APPENDIX 1: 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

- 10-Year Report on the Northwest Territories Health Information Act
- Annual Report of the Director of Child and Family Services, 2024-2025
  - Highlights from the 2024-2025 Annual Report of the Director of Child and Family Services
- Equitable Access: Co-Designing an Integrated Primary and Community Health Care Framework
- Fort Resolution (Deninu Kųé First Nation) Community Wellness Plan
- Insured Services Tariff
- Mental Wellness and Addictions Recovery Survey- Report on Key Findings
- NWT Health and Social Services System Annual Report 2024-2025
- Report on NWT Medical Travel Services
- What We Heard Proposed Midwifery Profession Regulations Under Health and Social Services Professions Act

Brochures and Fact Sheets

- Eat Well for Less
- Health Information Act (HIA) Designated Contact Persons
- Information for Patients and Families (Medical Assistance in Dying)
- Inhalants Fact Sheet
- Medical Assistance in Dying- Interim Guidelines for the Northwest Territories
- Non-beverage Alcohol Fact Sheet
- Test your drinking water for lead- Advanced sampling methods
- Test your drinking water for lead- Multi-unit buildings
- Test your drinking water for lead- Public buildings and businesses
- Test your drinking water for lead- Single-family homes and home daycares

Flyers and Poster

- Always be Prepared
- Naloxone Saves Lives
- Need to travel for medical care?
- NWT Immunization Schedule- General Public
- Save a Life in Minutes

Have Your Say Engagement

- Mental Wellness and Addictions Recovery Satisfaction Survey
- Patient Experience Questionnaire (2025)
- Proposed Key Elements- Midwifery Profession Regulations
- Survey of Internationally Educated Nurses in the NWT

Ministerial Directives and Policies

- Ministerial Directive- Medical Assistance in Dying Guidelines for the NWT
- Ministerial Directive- Medical Travel Benefit Administration
- Ministerial Directive- Privacy Standards, Policies and Procedures
- Ministerial Directive- Responsibility for Health and Social Services Facilities

For more information, please visit:

www.hss.gov.nt.ca

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

