Northwest Territories Data Sources

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INTRODUCTION

This document describes health and education data sources for SGIGs in Northwest Territories. The data sources were identified based on their applicability to early childhood development (ECD) as part of the Early Childhood Development Case Study; however, they contain data on a broad range of health and education areas.

The main sources of data examined in the Early Childhood Development Case Study that are common across Canadian jurisdictions include:

- ***First Nations and Inuit surveys:*** Children are a focus in a number of Indigenous-led surveys, resulting in a broad range of indicators and available data across health and social domains. Initially, a combined First Nations and Inuit-controlled health survey was carried out across the provinces in 1997. Subsequently, the First Nations Regional Health Survey (RHS) was designed by the First Nations information Governance Centre (FNIGC), and to date has been implemented three times (Phases 1 through 3) at five-year intervals. The main themes are: language; culture; injury; health and health care access; immunization; dental care; breastfeeding; food and nutrition; physical activity; education; personal wellness; household and living environment; child care arrangements; and, residential schools.

  FNIGC has also designed and administered First Nations Regional Early Childhood, Education and Employment (FNREEES) and First Nations Labour and Economic Development (FNLED) surveys across the provinces, and have a selection of indicators and data which may be relevant to ECD. There is overlap with some of the survey questions between these surveys and (for example, the FNREES includes indicators on cultural programs, Aboriginal Head Start, health conditions, and alcohol consumption during pregnancy). To date, these surveys have each had one cycle of data collection.

  The Inuit in all four jurisdictions (Nunatsiavut, Nunavik, Nunavut and Inuvialuit) participated in an Inuit Health Survey in 2007. As well, Statistics Canada carried out an Aboriginal Children's Survey in 2006 which included Inuit. In 2021, another Inuit Health Survey will be launched, with an expectation that this will be repeated on a five-year basis, similar to the RHS.

- ***Hospitalization data:*** In Canada, hospitalization data is sent by provincial and territorial governments to the Canadian Institute for Health Information (CIHI), and is returned to each in a standard format in a database referred to as the Discharge Abstract Database (DAD). Therefore, similar hospital indicators are achievable across all jurisdictions, whether or not they are consistently reported.

- ***Physician fee-for-service (FFS) data:*** FFS is the dominant method of reimbursing physicians in Canada. Physician fee codes are largely similar in the provinces and territories, meaning that the same indicators are possible across jurisdictions. Note: these physician databases do not include physician services that are provided through non-FFS mechanisms (salaries, contracts), unless the jurisdiction has a process of accepting physician 'shadow billing'. Shadow billing is when a physician sends in fee codes for their services even though they are being reimbursed through other non-FFS mechanisms.

- ***Specialty provincial and territorial databases:*** There are some health sectors, such as perinatal care, where data is pulled into a common dataset from diverse areas including hospital and physician services. Other customized aggregations are the Health System Matrix (HSM) in BC, a population-based compilation of health service utilization data, and a relatively new database, the Population Grouper (PG), which is a database tool available from CIHI and provided to all provinces and territories. It summarizes all health conditions identified from inpatient, day surgery, emergency department, continuing care, home care and physician claim administrative data into individual patient clinical profiles, and is useful in providing a macro level view of population health trends.
- ***Non-Insured Health Benefits (NIHB):*** This federally funded and administered program covers pharmacy, dental, vision, mental health and transportation benefits which are provided to eligible First Nations and Inuit. In the Northwest Territories, portions of the program are administered via contribution agreements with the territorial government and portions of the program are administered by ISC.
- ***Canadian Chronic Disease Surveillance System:*** Incidence rates, prevalence rates and all-cause mortality are monitored nationally for approximately 30 chronic health conditions, clinical events and interventions.
- ***Education:*** The attendance of First Nation children in kindergarten and/or Aboriginal Head Start may be reported in the First Nations surveys mentioned above. Other education data sources found in the ministries of education or affiliated organizations in Manitoba include:
    - Foundational skill assessment: students in Grades 3 or 4: reading, writing, numeracy (evaluated as not meeting, meeting, exceeding).

OVERVIEW OF NORTHWEST TERRITORIES DATA SOURCES

As the Government of the NWT (GNWT) includes an Indigenous self-identification field in its health care card, data linkages or other ways to identify First Nations are not necessary with GNWT health databases such as DAD and physician services. If beneficiary lists are available for an individual SGIG, the First Nations records in the health databases can be mined for SGIG-specific data territory wide. Data requests may be made to individual departments.

Statistics Canada

Statistics Canada provides two sources of health data for NWT SGIGs. Both are survey based and include questions on Aboriginal identity, using Statistics Canada's questions on Aboriginality and sub populations: first, whether the person identifies as North American Indian, Metis and Inuit, with further questions on whether the person is a treaty Indian or Registered Indian as per the *Indian Act*, and if yes, if the person is a member of an Indian band/First Nation.

The surveys do not include young children, and are variable with respect to the age of youth which are sampled.

1. The Canadian Community Health Survey (CCHS), now conducted annually by Statistics Canada, is a cross-sectional survey of Canadians aged 12 and above with sample size large enough for

comparisons at the health region level. Even though it does not survey on reserve in the provinces, the territories are included, with sampling across 94% of the population of Yukon and 96% of the NWT in the 2020 version.[1] The territories historically, however, have not been included in the "special" CCHS surveys, such as those on mental health and nutrition.

The CCHS is composed of a *common* content and an *optional* content. Individual provinces and territories can choose to opt in or out of a variety of optional modules, over and above the core variables that are subscribed to by all jurisdictions. This is to enable provincial/territorial/regional health authorities to focus on issues that are of particular significance to them. Since 2007, a *rapid response* content has been added, which is offered to special-interest groups on a cost-recovery basis to obtain national estimates of specific health issues.

Selected measures of health status in the CCHS include self-rated health, health utility index, activity index, chronic conditions (e.g., diabetes, arthritis/rheumatism, back pain/problem, respiratory, cardiovascular, cancer), injuries and dental health, with optional content including mental health and suicidation.

With respect to health determinants, the CCHS covers socio-economic status (education, employment, income, housing), obesity, diet/nutrition (fruit and vegetables), behaviors (physical activity, smoking, alcohol use) and social supports.

The remoteness of communities in the territories has impacted survey coverage. Statistics Canada splits the data collection in sampled communities (apart from the Territorial capitals) into halves for each component of the two-year cycles.

TABLE 1: CCHS NWT RESPONDENTS

	First Nations	All Aboriginal	All Respondents
2015-2016	305	465	1008
2017-2018	276	431	980

Data received from Statistical Information Service, Statistics Canada, February 22, 2021

2. The Aboriginal Peoples Survey (APS) has had five survey cycles, the most recent being in 2017. Although the APS did survey both on and off reserve First Nations in its inaugural cycle, the participation of on-reserve respondents was poor (15% of reserves), and thereafter, the focus narrowed to the off-reserve populations. In the North, the 2012 APS excluded sampling within most First Nations communities, instead focusing on those living in cities, towns and unorganized settlements. The APS is restricted only to the census subdivisions (CSDs) listed below in the Northwest Territories.

[1] https://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=3226

TABLE 2: APS COVERAGE IN NWT BY CSD

CSD No.	Name of CSD
6101014	Paulatuk
6101017	Inuvik
6101025	Aklavik
6101036	Tuktoyaktuk
6101041	Sachs Harbour
6101063	Region 1, Unorganized
6101095	Ulukhaktok
6102007	Norman Wells
6102063	Region 2, Unorganized
6103097	Region 3, Unorganized
6104097	Region 4, Unorganized
6105003	Enterprise
6105016	Hay River
6105026	Reliance
6105097	Region 5, Unorganized
6106023	Yellowknife
6106097	Region 6, Unorganized

Since the 2006 APS survey, young children are no longer surveyed, and in the latest 2017 APS, the survey population started at 15 years of age.

The APS has evolved to include themes, and in the 2017 version, included transferable skills, practical training, use of information technology, Aboriginal language attainment, and participation in the Canadian economy, as well as the core indicators in the areas of labour, health and education. The themes of the 2017 APS are:

- Demographics
- Labour
- Education
- Skills
- Health
- Economic well-being

- Aboriginal-specific questions (e.g., residential school attendance, community involvement, Aboriginal languages).

GNWT community statistics

Aside from the health indicators which can be sourced from existing databases, three ECD indicators are available from annual community statistics published by the GNWT (rate of teen births, Aboriginal languages, and high school diploma graduation) and can be provided for Indigenous and non-Indigenous populations.

Two surveys are conducted on a variable basis. In each, SGIG specific data is available:

Community Survey

This is an annual survey with a broad range of topics covered: education and labour force, housing conditions, dwelling satisfaction, traditional activities, financial security, community wellbeing, and Indigenous languages.

Tobacco, Alcohol and Drug Survey

This survey is conducted intermittently and focuses on alcohol use (frequency and volume), cigarette smoking, marijuana, gambling and mental health. The most recent published survey cycle was 2018.

Education

Available education indicators include the EDI (date for the receipt of this data by the GNWT is undetermined) and graduation rates. Students in grades 6 and 9 are required to write Alberta Provincial Achievement Tests (AATs) in Language Arts and Mathematics. A similar test for grade 3 is no longer required.

SUMMARY OF NWT DATA SOURCES

Table 3 provides a summary of the holdings discussed above, their strengths and limitations, as well as data stewardship and data access considerations.

TABLE 3: OVERVIEW OF NWT DATABASES WITH FIRST NATIONS ECD HEALTH & EDUCATION DATA

Data set	Method & population	Strengths	Limitations	Data steward & data access considerations
Discharge abstract database, physician database, other health databases which record health care card number	• GWNT includes Indigenous self identification field in the health care card. • Beneficiary lists are available for two IGs, therefore allowing for IG specific analysis	• High reliability • Ability to compare against non-First Nation population (some limitations)	• Indigenous self identification is voluntary • Cell suppression will limit analysis, given small IG populations. • No in built non First Nations comparator for the two IGs (closest non-FNs are in more urban settings)	• GWNT is data steward • Territorial statistician can coordinate data requests from IGs
Population Grouper	• Summarizes 227 health conditions identified from inpatient, day surgery, emergency department, continuing care, home care and physician claims administrative data	• High reliability • Ability to compare against non-First Nation population	• Same limitations as above for other GNWT health databases	• GWNT is data steward • Territorial statistician can coordinate data requests from IGs
GNWT Community Survey (2019)	• Annual survey with a broad range of topics covered: education, labour force, housing, traditional activities, financial security, community wellbeing and Indigenous languages	• Annual • Some community-specific data reported • Indigenous/non-Indigenous comparison at territory-wide level	• Smaller community data aggregated in publication • No Indigenous-specific data reported by community geography	• GWNT is data steward • Territorial statistician can coordinate data requests from IGs

GWNT Tobacco, Alcohol and Drug Survey (2018)	• Tobacco, alcohol and drug consumption and frequency • Labour force, level of education, annual income	• Intermittent • Region-specific data reported by Indigenous and non-Indigenous	• No Indigenous-specific data reported by community geography	• GWNT is data steward • Territorial statistician can coordinate data requests from IGs
Canadian Community Health Survey	• Cross-sectional survey of Canadians 12+ yrs. Includes NWT First Nations • Self-rated health, health utility index, activity index, chronic conditions, injuries and dental health, with optional content, e.g. mental health and addictions. • Also socio-economic indicators, obesity, diet, lifestyle behaviours and social supports	• Longitudinal survey with an annual cycle • High reliability • Ability to identify NWT First Nations in aggregate • Direct comparison with non-Indigenous respondents	• Low sampling of NWT First Nations, approximately 300 per cycle • Excludes children to age 11 • Territories surveyed over two years for each cycle • Low number of Indigenous territorial survey respondents impacts accuracy/reliability of results, reproducibility, and ability to stratify Indigenous data by geography.	• Statistics Canada is the data steward • Data access via: Research Data Centres Program, post-secondary Data Liberation Initiative, custom data tabulations, GNWT extracts.
Aboriginal Peoples Survey	• National survey of social and economic conditions of First Nations living off reserve, Inuit and Métis 15+ years. • Themes (2017): demographics, labour, education, skills, health, economic wellbeing, residential school experience, Aboriginal languages	• Longitudinal • Indigenous-specific with breakout by First Nations, Inuit and Métis • Broad range of covered topics	• Low sampling of NWT First Nations • 2017 cycle covered seventeen of the 60+ census subdivisions in the NWT • Excludes children to age 14 • Low number of Indigenous territorial survey respondents impacts	• Statistics Canada is the data steward • Data access via: Research Data Centres Program, post-secondary Data Liberation Initiative, custom data tabulations.

			accuracy/reliability of results, reproducibility, and ability to stratify by geography.	
Health Benefits Program: dental care, pharmacy use, vision care and mental health	• Administrative data covering clients, claims and expenditures	• High reliability • Longitudinal data • Comprehensive, reliable • Timely analysis available • Can provide First Nations community specific analyses	• Excludes First Nations individuals who have third party extended health coverage	• First Nations and Inuit Health Branch is the data steward.
RHS (Regional Health Survey)	• First Nations survey with randomly selected participants • Sub-set of First Nations with status living in community • Wide range of health, social determinants, traditional/cultural, economic, education and employment indicators	• Strengths-based focus • Community-specific information available for participating Nations • Some (quasi) longitudinal information available • Higher regional reliability from most recent round of RHS	• Survey based, therefore not complete coverage of population • Excludes First Nations living outside of communities • Low data reliability at more local levels, particularly for FNREEES and FNLED • Issues with access due to small cell size for certain data points and/or geographies of interest	• Dene Nation is the data steward
FNREEES (First Nations Regional Early Childhood, Education, and Employment Survey)				

FNLED (First Nations Labour and Employment Development Survey)			• Limited opportunities to compare to non-First Nations population • Cell size suppression issues at local / community level • RHS only survey with longitudinal data: comparability issues (in different sampling approaches)	
Early Development Index (EDI)	• Five domains for kindergarten assessment: physical health and wellbeing, language and cognitive development, social competence, communication skills and general knowledge, and emotional maturity	• BC review of EDI showed no implementation bias of the EDI to either Indigenous or non-Indigenous results	• Indigenous and non-Indigenous analyses are not available at any level of geography. • Data interpretation is complex, low number of vulnerable children have potential for rate variability from year to year; data privacy/security is paramount and requires cell suppression of small numbers • Training of teachers is recommended to counteract against potential biases in the assessment of children	• GWNT is data steward • Territorial statistician can coordinate data requests from IGs • Data sharing protocol has not been developed

High School Completion	• Graduation rates (provincial graduation requirements/dogwood diploma)	• Longitudinal • High reliability • Indigenous and non-Indigenous data reported at NWT level	• IG specific data would require a data request	• GWNT is data steward • Territorial statistician can coordinate data requests from IGs
Post Secondary Education	• Indigenous Services Canada (ISC) First Nations profiles with special tabulations from the 2006 and 2016 census: Trades/ apprenticeship or other non-university certificate; University certificate below bachelor level; University certificate bachelor or higher	• First Nations specific • Readily available	• Values rounded to the nearest five • Only two years available • Completions only, not participation in post secondary programs • Subject to general census limitations on participation by First Nations	• Publicly available on ISC website