

REPORT ON HEALTH CONDITIONS
IN THE YUKON TERRITORY - 1974

Health and Welfare Canada
Medical Services Branch
Yukon Region



HEALTH AND WELFARE CANADA

MEDICAL SERVICES BRANCH

YUKON REGION

REPORT
ON
HEALTH CONDITIONS
IN THE
YUKON TERRITORY
1974

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Introduction

The Medical Services Branch, Health and Welfare Canada, supplements provincial health care services in the various provinces of Canada, and arranges special public health services for registered Indians and Eskimos. By mutual understanding and agreement with the Government of the Yukon Territory, the Medical Services Branch Yukon Region, in addition to its responsibilities as a federal agency carries out the duties of a Territorial Public Health Department.

To meet the needs of Yukon Residents the Department operates several hospitals and numerous other health facilities. The Territorial Government cost shares in the capital and operating expenses of various health facilities based on population ratios.

For administrative purposes, the Medical Services Branch of Health and Welfare Canada has divided Canada into Health regions. These regions are:

Atlantic	Alberta
Quebec	Pacific
Ontario	Northwest Territories
Manitoba	Yukon
Saskatchewan	Overseas

The office of Yukon Region is located in Whitehorse Yukon. Each Region is administered by a Regional Director. In April 1974 the Yukon became a separate Region within Medical Services.

The Regional Director is responsible for the administration of all Medical Services programs in Yukon. These programs include environmental health, public health nursing, health education, mental health, dental health, public service health programs, infectious disease control, chronic disease control and a wide range of other Medical Services programs. All of these programs are conducted through close cooperation and consultation with the Yukon Territorial Government and Medical Services Branch Headquarters in Ottawa.

The Regional Director is supported by a team of health professionals who advise him on the health status of the population in Yukon and various public health programs.

Since the Branch is providing public health services to all Yukon residents, the Regional Programs Medical Officer is appointed by the Commissioner of the Yukon to the position of Chief Medical Officer of Health. As Chief Medical Officer, the Programs Medical Officer advises the Territorial Government via the Regional Director on matters pertaining to specifically federal programs and territorial health ordinances. The Yukon Public Health Ordinance relates to quarantine procedures,

infectious disease control, environmental health, restaurant inspections, occupational health, epidemiological services, waste disposal, venereal disease control, mental health, water supply and systems and a wide variety of other health areas.

The Programs Medical Officer also serves as Medical Officer of Health for the City of Whitehorse. The office of Regional Director advises municipal officials on existing Territorial Public Health Ordinances and advises city council on proposed municipal by-laws pertaining to public health and the general health status of Whitehorse residents.

The Programs Medical Officer also serves as the Regional Director's representative on the Yukon Inland Water Board.

Activity Highlights - Yukon Region 1974

Separate Yukon Region of Medical Services Established

On April 1st 1974, the Honourable Marc La Londe, Minister of Health and Welfare announced that a separate Yukon Region of Northern Medical Services would be established. In the past, Northern Region Medical Services was based in Edmonton and supervised both the Yukon and Northwest Territories. The minister's decision was based on the recommendation of a Medical Services Branch task force under the chairmanship of the Director General, Program Management. This organizational change ensures that Yukon Region will now have a more direct relationship with Medical Services Headquarters and greater input regarding health programs in Yukon.

Release of Minister's of Health's White Paper on Health of Canadians

In early 1974, Marc LaLonde, Minister of Health and Welfare released a working paper entitled "A New Perspective on the Health of Canadians". In his paper he advanced the proposition that further reductions in the mortality experience of Canadians will be brought about not by increasing hospital services but by increasing the role of preventative medicine, particularly in the area of environmental health and the social behavioural problems such as 'self imposed health risks'. The paper is especially relevant to the Yukon because imposed health risks and environmental risks are responsible for a major proportion of 'deaths in Yukon each year'.

Establishment of Nursing Station in Ross River

This facility provides increased services to the residents of Ross River. The establishment of the new facility is indicative of the fact that Medical Services is continually re-assessing health needs in light of changes occurring as a result of the economic and social development of Yukon.

Appointment of a Regional Dental Officer

In 1974 a Regional Dental Officer assumed responsibility for the development of the Yukon Dental Health program. The Regional Dental Officer advises the Regional Director of developments in the dental health field, works with the dental therapists to implement regional dental health programs and promotes the concept of preventative dental health.

Nutrition Canada Survey

The first report of the Nutrition Canada Survey was released in late 1973. The preliminary findings indicated that iron deficiency affects a large proportion of the population, that a shortage of calcium and vitamin D exists in the diets of many Canadian, and that the problem of excess weight plagues very large proportions of adults in Canada. An evidence of Vitamin C deficiency was found in the Eskimo and to a lesser extent in the Indian population.

Venereal Disease Program

In 1974 an extensive venereal disease educational program was carried out by the Infectious Control Officer of NWT Region. All communities in the Yukon were visited and programs held in the schools. In addition, articles were published in the local news media and health personnel participated on local radio and TV programs.

Yukon Regional Conference

In October 1974 Medical Services staff in Yukon held their first 'regional conference'. The theme of the conference was 'Process and Change' and dealt with administrative problems within region. Those who attended the conference felt that it was an important vehicle of communication regarding Branch policies and procedures.

Health Promotion and Protection Programs

Dental Health

The Yukon dental health program begins with pre-school clinics which are available for young children several times a year. When a child begins grade one he is given a consent form which is valid through grade six. Parental response to the program has been excellent as 98% of the forms are returned showing the parents' consent to have their children treated under the school dental program.

Dental therapists regularly visit each community in the Yukon to carry out the dental health program. Medical Services subsidizes the travel of private dentists who provide support services to our dental therapists and provide treatment services to older children and adults.

The private dentist in Faro is providing service to children in that community during the 1974/75 school term due to our present workload and shortage of therapist positions.

In addition to cost sharing the dental health services, the Yukon Government through its Department of Education provides operatory space for the therapists and sponsors students who wish to study dental therapy at Fort Smith, N.W.T.

Table I indicates a summary of Dental Health Services in Yukon Region 1972-74.

TABLE 1

Dental Health Activities
Yukon Region 1972-1974

	<u>1972</u>	<u>1973</u>	<u>1974</u>
Number of Patient Visits	4,840	5,530	6,341
Number of Dental Prophylaxis	3,105	3,000	2,941
Single Surface Amalgam Restorations	2,302	4,564	4,961
Multiple Surface Amalgam Restorations	1,537	3,018	3,231
Primary Teeth Extracted	619	870	1,008
Permanent Teeth Extracted	39	36	91
Topical Fluoride Applications	2,696	2,973	2,896
Silicates	-	-	383

Source: Dental Health Officer Reports, Medical Services Branch, Yukon Region, 1972-1974.

During the year Dental Health workers placed increased emphasis on the concept of preventative education. Community meetings, brush-in programs, and use of the mass media have focused public attention on the role of nutrition in dental health, as well as on the proper techniques of dental care.

Venereal Disease Program

During 1974 a decided increase in syphilis and gonorrhoea was reported in Canada. A number of factors have contributed to the incidence of venereal disease in recent years.

1. Demographic Change

A shift in the age structure of the Canadian population has resulted in a larger proportion of traditionally high risk groups (ages 15-19 and 20-24). Over 54% of all reported gonorrhoea infections in Canada occurred within these age groups.

2. Mobility of the Population

Travel, the relatively fluid nature of the labour force, and the general mobility of the Canadian population have contributed to venereal disease rates by increasing the opportunity structure for promiscuous sexual contact. This factor is especially important in Yukon because many single ' high risk' males are attracted to jobs in the primary industry sector of the Yukon economy. In addition, over 200,000 people travel through the Yukon during the summer months. Reported cases of venereal disease generally peak during the summer months in Yukon.

3. Changes in Social Values

A more permissive attitude towards pre-marital and extra-marital sex, the use of oral birth control pills and intra-uterine contraceptive devices may have contributed to higher venereal disease rates.

4. Rapid Social Change

In periods of rapid social change, traditional beliefs and values do not exercise as strong a social control on individuals.

5. Lack of Information

Research in many countries has shown that there is a marked lack of knowledge about venereal disease, especially on the part of young people. Many epidemiologists contend that accurate information, available within the school system and imparted before young people enter adolescence, can significantly reduce rates.

Table 2 indicates the rates of syphilis in Canada, N.W.T. and Yukon 1955-1974.

Although the incidence of syphilis was dramatically reduced by the introduction of penicillin during the war years, it again showed an upward trend in the early 1960's.

TABLE 2

Syphilis Rates Per 100,000 Population
Yukon, Northwest Territories and Canada

1955-1974

<u>YEAR</u>	<u>YUKON</u>	<u>N.W.T</u>	<u>CANADA</u>
1955	54.5	--	15.3
1956	32.8	--	13.0
1957	41.7	--	13.4
1958	7.7	--	11.9
1959	15.4	219.0	12.3
1960	57.1	59.1	12.1
1961	42.9	21.7	12.7
1962	40.0	16.0	13.1
1963	13.3	--	14.7
1964	40.0	--	14.4
1965	71.4	11.1	13.0
1966	14.3	37.9	9.8
1967	20.0	82.8	11.7
1968	20.0	16.1	10.8
1969	33.3	18.8	11.4
1970	37.5	18.2	11.7
1971	17.6	36.1	11.5
1972	5.3	38.9	14.0
1973	40.0	13.3	17.0
1974	10.0	11.0	17.0

Source: Venereal Disease in Canada, 1973 Health and Welfare Canada, 1974
Notifiable Diseases, Weekly Summaries Public Health Section
Statistics Canada, 1974.

In comparison to gonorrhoea, syphilis is a relatively minor problem in Yukon. In 1974 only two cases of syphilis were reported. Both cases were latent and non-infectious. The low number of syphilis cases viewed against the high incidence of venereal disease in general is probably attributable to an active programme of case finding and treatment aimed at gonorrhoea. The drugs used and the dosage employed for gonorrhoea treatment are calculated to be effective against all incubating syphilis cases as well. In spite of the present low rates of syphilis public health

workers have been encouraged to exercise constant vigilance to prevent any rapid spread of syphilis within communities.

In any discussion of statistical trends it should be noted that the smaller the population base the greater the fluctuation in rates. A small increment in absolute figures may have a substantial effect on the increase of rates.

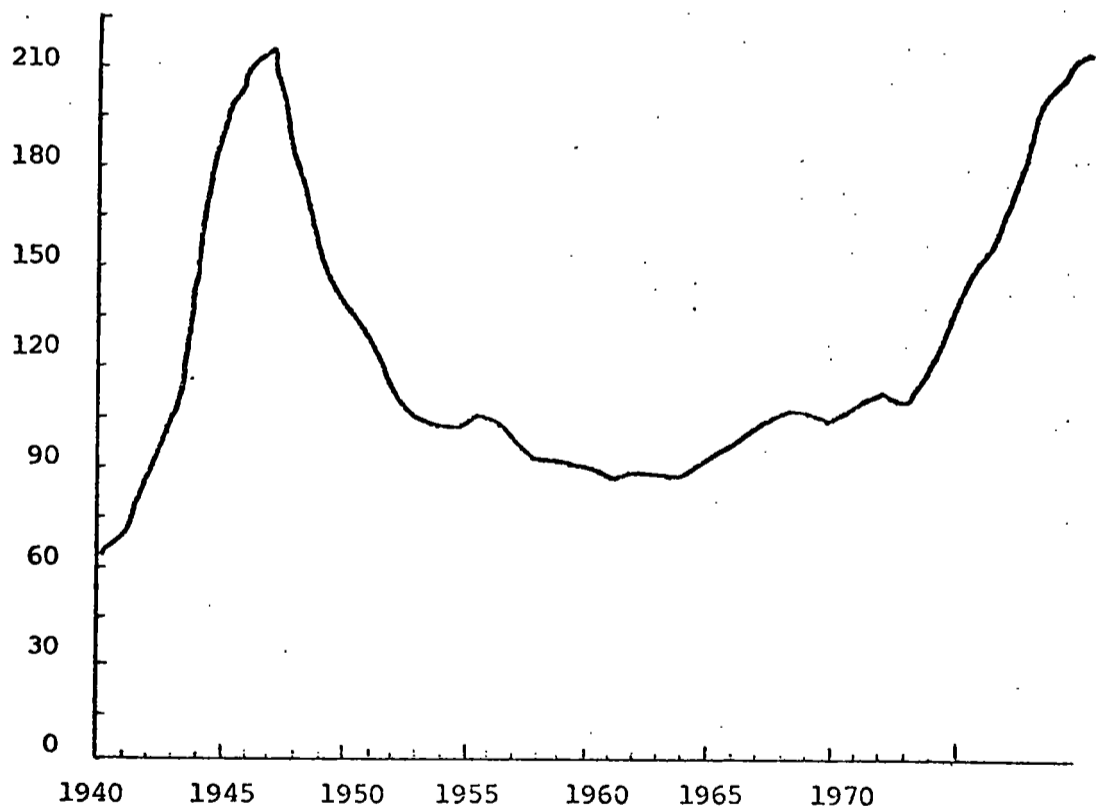
For example, in 1973 Yukon registered eight cases of syphilis, a rate of 40 per 100,000. In 1974 the registration of two cases yielded a rate of 10 per 100,000.

Trends in Gonorrhoea

Table 3, Gonorrhoea Cases, Canada 1940-1974, exhibits a pattern similar to syphilis. After the introduction of penicillin in the 1940's the rates declined rapidly, levelled off in the fifties and began a steady climb in the sixties.

TABLE 3

GONORRHEA CASES, CANADA
Rates per 100,000 Population
1940-1974



Source: Venereal Disease in Canada 1973, Health & Welfare Canada, Ottawa, 1974.

As a general rule reported venereal disease rates under-represent the true magnitude of the problem. In most cases, private medical practitioners relay all data on venereal disease to the Chief Medical Health Officer, however, some physicians treat cases and make no effort at contact investigation. Consequently, these cases do not appear in official venereal disease statistics.

Table 4 outlines Gonorrhoea Rates per 100,000 population for Yukon, N.W.T and Canada 1955-1974. The 1974 figures represent estimated rates computed on the basis of notifiable disease Weekly Summaries. The actual rates when the data are adjusted will probably be slightly higher. The rates outline in the table indicate the dramatic increase in rates for Canada in general and the Territories in particular.

TABLE 4

GONORRHEA RATES PER 100,000 POPULATIONYUKON, N.W.T., AND CANADA 1954-1974

<u>YEAR</u>	<u>YUKON</u>	<u>N.W.T.</u>	<u>CANADA</u>
1954	-	-	101.4
1955	636.4	-	91.2
1956	335.1	-	90.6
1957	1,133.3	-	86.4
1958	1,469.2	525.0	88.1
1959	1,338.5	214.3	84.8
1960	850.0	336.4	87.6
1961	1,385.7	600.0	90.2
1962	1,486.7	712.0	95.2
1963	880.0	715.4	102.5
1964	580.0	1,492.0	106.9
1965	1,192.9	2,448.1	104.1
1966	2,235.7	2,324.1	107.3
1967	2,746.7	2,893.1	110.8
1968	2,506.7	2,038.7	108.6
1969	1,933.3	1,665.6	129.0
1970	1,431.2	2,839.4	147.6
1971	1,970.6	5,011.1	158.7
1972	1,444.4	4,794.4	189.9
1973	2,031.0	6,622.0	207.0
1974	1,495.0	5,237.00	212.0

Source: Venereal Disease in Canada, 1973, Health Protection Branch, Health and Welfare Canada, Ottawa, 1974.

*1974 rates were calculated on the basis of 1973 Canadian Population Estimates and Notifiable Disease Summaries, Health Division Statistics Canada, 1974 .

A close inspection of venereal disease rates in the Yukon reveals that nature of changes during the past five years. Table 5, Changes of Incidence of Gonorrhoea, Yukon 1970 to 1974 indicates an overall trend towards higher rates. In 1970 the combined total of confirmed and unconfirmed cases of gonorrhoea was 293. In 1971 it was 335, a percentage increase of 18 percent. In 1972 the number jumped to 393 a 17.3 percent increase. In 1973 the number reached 556, an annual increase of 41 percent. In 1974 there was a combined total of 464 confirmed/unconfirmed cases of gonorrhoea although this figure represents a 16 percent reduction compared to 1973, it is still much too high.

TABLE 6

Incidence of SyphilisYukon 1972-1974

<u>Cases</u>	<u>1972</u>	<u>1973</u>	<u>1974</u>
Primary	1	-	-
Secondary	1	2	-
Latent	-	6	2
TOTAL	2	8	2

Source: Venereal Disease Monthly Reports: Health and Welfare Canada, 1972-1974

TABLE 7

Reported Gonorrhoea By Sex and Selected Age GroupsCases and Age-Specific Rates Per 100,000 PopulationCanada 1973

	CASES		RATES	
	<u>MALE</u>	<u>FEMALE</u>	<u>MALE</u>	<u>FEMALE</u>
Under 1				
1 - 4	5	9	2.8	5.3
5 - 9	1	19	0.1	2.7
10 - 14	5	29	0.5	2.8
15 - 19	53	219	4.4	19.1
20 - 24	4,113	4,952	361.7	453.0
25 - 29	10,272	5,241	1,051.4	539.2
30 - 39	6,665	2,118	749.7	239.6
40 - 59	4,864	1,148	357.9	84.3
60 +	154	26	12.7	1.8
Age Not Stated	1,253	642		

Source: Venereal Disease in Canada 1973, Health Protection Branch,
Health & Welfare Canada, 1974 pg. 13

TABLE 8

Total Confirmed and Unconfirmed Cases of GonorrhoeaReport by CommunityYukon Territory, 1973-1974

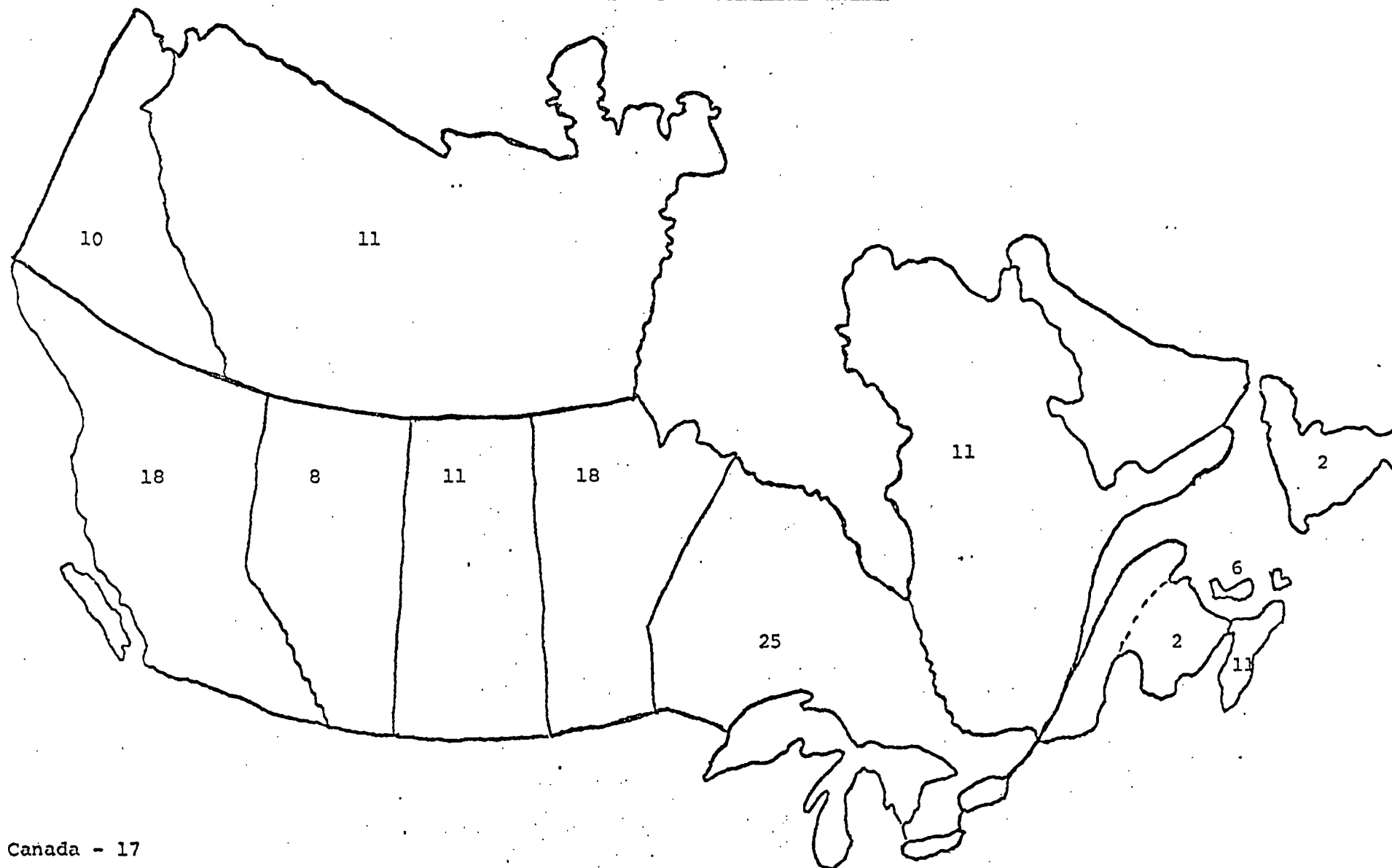
	<u>1973</u>	<u>1974</u>
Old Crow	8	7
Dawson, Clinton Creek	25	21
Mayo	19	12
Faro, Ross River	49	36
Haines Junction	6	13
Teslin, Carcross	2	5
Whitehorse	347	304
Carmacks	9	27
Watson Lake	91	37
Destruction Bay	-	2
TOTAL	<u>556</u>	<u>464</u>

Source: N.W.T. Region, Medical Services, Venereal Disease Control Reports, 1974

TABLE 9

REPORTED SYPHILIS IN CANADA - 1974

RATES PER 100,000 POPULATION



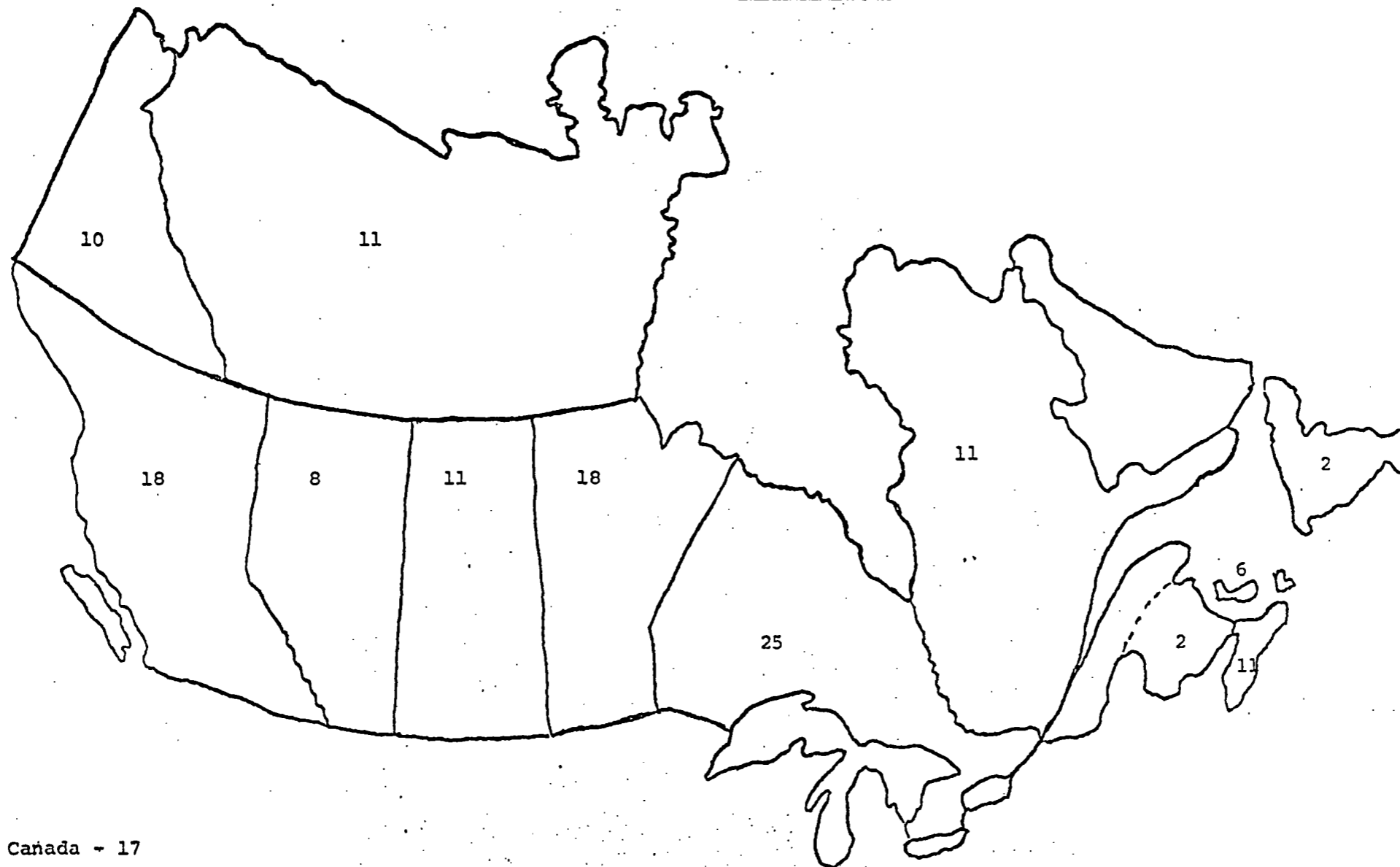
Canada - 17

Rates are based on 1973 Mid-Year Population Estimate, Canada & Provinces
- Notifiable Disease Summary Data, 1974 - Health Division, Statistics Canada

TABLE 9

REPORTED SYPHILIS IN CANADA - 1974

RATES PER 100,000 POPULATION



Canada - 17

Rates are based on 1973 Mid-Year Population Estimate, Canada & Provinces
- Notifiable Disease Summary Data, 1974 - Health Division, Statistics Canada

Reversal of Venereal Disease Trends

Venereal Disease control is a major public health program in Yukon. Ironically, the relatively high rates in Yukon compared to the provinces may be indicative of the high quality of cases reporting and contact tracing by public health workers in the Yukon.

Contact tracing is an important component of venereal disease control programs. Approximately sixty five percent of reported contacts were located and treated. About twelve percent of outside contacts were located and treated. The percentages relating to contact reports, location and treatment reflect the difficulty of tracing individuals on the basis of often vague information and the highly transient nature of the population.

About twice as many women as men are named as contacts. This fact is related to the nature of the disease. Generally, males experience definite symptoms of the disease and seek medical attention. In females the early signs of disease are often hidden.

In recent years, an increasing number of male gonorrhoea cases have been asymptomatic. This fact would indicate that the potential for a rapid increase in gonorrhoea cases exists. The consensus of most public health workers is that no drug or constant surveillance by itself can eliminate venereal diseases. Most officials admit that a marked reduction of rates can occur only if public health efforts are supported by other community institutions, and the general public. The role of education is an important factor in increasing public awareness and mobilizing community support of public health efforts.

In 1974, Yukon Region's Venereal Disease Program placed increased emphasis on public health education and extensive use of the local news media. In addition, educational programs were conducted in the outlying communities and Whitehorse with the cooperation of the Department of Education. These programs were well received by students, teachers, and parents.

In the long run, it would be desirable to have venereal disease education taught within the school system as a regular facet of the health/guidance curriculum. To facilitate and support this end, Medical Services, Yukon Region has purchased appropriate audio/visual aids. These have been placed in the Yukon Regional Film Library for distribution to various community groups and schools.

Environmental Health

Environmental Health has been termed the sum of all social, biological, physical and chemical factors that make up man's surroundings. Deterioration and modification of the quality of that environment has emphasized the need for assessing the health implications of changes and for developing and stimulating the use of methods to control or eliminate harmful factors.

Within Medical Services Branch, the environmental health officers assist the native population of Canada in all aspects of environmental control, carry out the provisions of the Canada Quarantine Act in preventing the entrance into Canada of infectious diseases, and supervise environmental conditions on common carriers. In addition, environmental health officers perform an important function in the Public Service Health Program. This includes conducting environmental health hazards investigations as may be requested by various departments of the federal government. These may include sound level monitoring, lighting and ventilation surveys, investigation of toxic fumes or gases, ensuring the safe handling and use of pesticides and other dangerous substances; advising concerned departments regarding working conditions and practices that may have a detrimental effect on the health of workers, assessing general sanitary conditions in federal offices and buildings; inspecting food handling practices and instructing food handlers in proper food handling techniques and procedures.

The Environmental Health Officers in Yukon Region conduct their programs under the provisions of the combined jurisdictions of the federal, territorial and municipal health ordinances.

Under the provisions of the Yukon Territory Public Health Ordinance, Environmental Health Officers receive appointments as Health Officers for the Yukon Territory and City of Whitehorse.

Environmental Health Programs are many and varied, with the bulk of the inspection work carried out under the provisions of the Eating and Drinking Places Regulations of the Yukon Territory. There are approximately 80 food service establishments operating in Yukon. These businesses accounted for 220 inspections.

Other establishments inspected included barber shops and beauty parlours, hotels office buildings, water treatment systems, sewage treatment facilities solid waste disposal sites, swimming pools, schools, summer camps and playgrounds.

Although the Environmental Health Officers may make recommendations to the Regional Director the legal sanctions be applied against violators of the Public Health Ordinance, this procedure is used judiciously. The philosophy of

public health encourages the education of the public about the need for public health standards. In many cases, people see that it is in their own economic interest to maintain high standards of public health.

In 1974, 41 applications for private sewage disposal system installations were processed. This entailed 100 on site inspections. Regular visits were made to all communities in Yukon and inspections carried out. Locations along the highways of Yukon recieved similar attention.

In 1974, 862 water samples were tested. A substantial increase in the chemical analysis program was initiated as laboratory services have improved greatly. In general, drinking water quality throughout Yukon is good. Technical advice was given to the Yukon Territorial Water Board vis the Programs Medical Officer, who in his capacity as Chief Medical Officer of Health for the Yukon Territory, serves as a member of the Water Board.

One significant gap in Environmental Public Health Services in Yukon is the absence of food quality inspections at the manufacturer level. Representations were made to the Health Protection Branch regarding the need for inspection services.

The scope of Environmental Health Officer responsibilities was extended during the year as legislation regulating the construction of private sewage disposal systems was passed by the Territorial Government and the City of Whitehorse in the spring of 1974. New legislation concerning public campground facilities and Eating/Drinking Place washroom facilities was also passed. In addition, the City of Whitehorse passed a by-law pertaining to Mobile Home Parks.

These new programs along with existing programs will undoubtedly increase the workload of the Environmental Health Officers.

REGION: YUKON

ENVIRONMENTAL HEALTH PROGRAM 1974

TABLE 11

(Other than Quarantine)

Unit	Location	No. of Inspections Carried Out	No. of Visits To Communities	No. of Building Plans Reviewed	No. of Water Samples Submitted	No. of Indian Reserves Visited	No. of Visits to Indian Reserves	Potable Water Certificates Issued
Yukon Regional Office	Yukon Territory	1. Eating & Drinking Places 220 2. Hotels Motels 40 3. Municipal Sanitary Services 22 4. Private Sewage Disposal Systems 100 5. Swimming Pool 15 6. Other Establishments 160 Total 557	61	60	1. Bacteriological 862 2. Chemical 40	N/A	N/A	N/A

(Note- App. H)

Tuberculosis Yukon 1974

Tuberculosis is not the major public health problem it once was in Yukon, although active preventative measures and constant vigilance is necessary to ensure that it does not again become one. In 1972, X-Ray clinics were conducted in every settlement of the Yukon. 5,695 people were screened and no active tuberculosis cases were identified. It was recommended that mass X-Ray surveys be discontinued for a two year trial period in Yukon. Emphasis was placed on tuberculin testing, B.C.G. vaccinations and active follow up of previously diagnosed cases.

During 1974 six new cases of tuberculosis was discovered. There was only one reactivated case. The continuation of the home drug program as a preventative measure continues to play an important role in the eradication of tuberculosis. There are presently 113 patients on tuberculosis drug treatment. The following tables and appendix identify the incidence of tuberculosis in Yukon during 1974.

TABLE 12

Tuberculosis Control Report - Yukon 1974

<u>Community</u>	<u>New Cases</u>	<u>Re-Active</u>
Old Crow	-	1
Dawson City	-	-
Mayo/Pelly	-	-
Haines Junction	1	-
Whitehorse	4	-
Watson Lake	1	-
Faro/Ross River	-	-
Carmacks	-	-
Teslin / Carcross	-	-
Destruction Bay	-	-
Total Yukon Region	6	1

Source: Chronic Disease Control Reports, Medical Services Branch, N.W.T. Region, 1974.

TABLE 13

Outpatients on Antituberculosis Drug Therapy

<u>Yukon Region</u>	<u>Yukon 1974</u>	
	<u>Active Clinical</u>	<u>Sub-Clinical</u>
Carcross	-	-
Carmacks	1	7
Dawson	1	4
Haines Junction	1	4
Faro	-	1
Mayo	-	9
Old Crow	-	3
Pelly Crossing	2	2
Teslin	-	5
Watson Lake	2	8
Whitehorse	4	59
TOTAL	<u>11</u>	<u>102</u>

As of December 1974.

Source: Chronic Disease Control Reports, Medical Services, N.W.T. Region, 1974

TABLE 14

TUBERCULOSIS STATISTICSINDIAN/ESKIMO POPULATION 1974

POPULATION FOR WHICH MEDICAL SERVICES HAS RESPONSIBILITY (RESERVE AND CROWN LANDS, ETC.)			3,085
TOTAL REGISTERED INDIAN AND ESKIMO POPULATION (RESERVE AND NON RESERVE)			3,085
(A)	<u>NEW AND REACTIVATIONS</u>	<u>NO. NEW CASES</u>	<u>NO. REACTIVATED CASES</u>
	AGE GROUP		<u>TOTAL</u>
	0-9	-	-
	10-19	-	-
	20-29	-	-
	30-39	1	1
	40-49	2	2
	50-59	-	-
	60-69	1	1
	70 and over	-	-
(B)	<u>SUMMARY OF X-RAYS BY MEDICAL SERVICES</u>		
	Population (Indian or Eskimo) served by M.S.		3,085
	Number X-Rayed		26
	% of Population		
	Number of Abnormal Findings		-
	Number of New Active Cases Found (B1)		-
(C)	<u>SUMMARY OF X-RAY SURVEYS BY PROVINCIAL HEALTH</u>		
	Population (Indian or Eskimo)		
	Number X-Rayed		
	% of Population		
	Number of New Active Cases Found (C1)		
	Number of Reactivations (C2)		
			MEDICAL SERVICES PROVIDES PUBLIC HEALTH SERVICES TO YUKON
(D)	<u>NUMBER OF ACTIVE CASES FOUND - BY OTHER SOURCE</u>		
	Number of Active Cases Found (D1)		4
	Number of Reactivations (D2)		-
(E)	<u>TOTAL RATE PER 100,000 FOR INDIAN/ESKIMO POPULATION</u>		
	$\frac{(B1 + B2 + C1 + C2 + D1 + D2)}{\text{Total Indian/Eskimo Population}}$	x 100,000 - Total rate	131/100,000
(F)	<u>B.C.G. VACCINATIONS</u>		
	No. Persons tested (Not no. of tests)		742
	Negative		554
	Positive		188
	No. Test-Negative Persons Vaccinated for First Time		-
	No. Infants Vaccinated without Test		-
	No. Revaccinations on Test-Negative Persons		-

1974 Mid Year Population of Registered Indians/Eskimos, Yukon 3,085
This figure was provided by Indian and Eskimo Affairs Branch, Whitehorse, Yukon.

(Note - App. A)

Notifiable Diseases

In 1974 there was a significant increase in Rubella and Streptococcal infections. There were no significant changes in other disease categories. In the light of the increase in Rubella during the year use of the news media was made to draw to the attention of the public the need to ensure that their immunization status was up to date. Statistics elsewhere in North America suggest that the public has been lulled into a false sense of security because of the absence of major epidemics. Many parents have let their own immunization status lapse and have failed to ensure that their children are protected. The following tables indicate the Notifiable Disease and Other Disease experience in Yukon During 1974.

TABLE 15

<u>MAJOR NOTIFIABLE DISEASES</u>				
<u>YUKON 1971 - 1974</u>				
<u>DISEASE CLASSIFICATION</u>	<u>1971</u>	<u>1972</u>	<u>1973</u>	<u>1974</u>
Bacillary Dysentary	5	-	-	-
Diphtheria	2	-	-	-
Salmonella	-	-	-	5
Infectious Hepatitis	19	17	15	14
Serum Hepatitis	-	-	-	3
Measles (Morbilli Rubeola)	28	2	3	10
Rubella	13	3	6	18
Streptococcal Throat and Scarlet Fever	-	-	30	71
Malaria	-	-	-	2

Source: Notifiable Disease Report: Medical Services Branch ,N.W.T. Region, 1971-1974

TABLE 16

OTHER DISEASES REPORTEDYUKON 1974

Meningitis (Bacterial or Unspecified)	2
Influenza	396
Chickenpox	142
Gastro-Enteritis	7
Mumps	62
Sore Throat (unspecified)	10
Food Poisoning (unspecified)	4
Infectious mononucleosis	1

Source: Notifiable Disease Reports: Medical Services Branch, N.W.T. Region, 1974

Public Service Health

In Yukon there are relatively small numbers of government employees in any one spot and therefore ,services that would be provided in other regions as part of a separate Public Service Health Program are provided in the Yukon within the existing framework of health delivery services.

Employees of the Federal Government, are required to have a pre-employment physical check-up, and a comparable examination of their accompanying dependents. This medical examination is carried out at the cost of the Public Service Commission for Federal Employees. Its aim is two fold:

1. To benefit the employee by detection of unsuspected disease and to enable counselling.
2. To benefit the employer, by prior detection of employees who would be medically or psychologically unsuited to service in remote areas, and possibly to recommend against their working in specific locations.

In addition, special medical examinations to meet specific requirements i.e (transfer of pension rights) are provided. Provides a breakdown by category regarding the integration of the Public Service Health Program within existing health services in Yukon.

Public Service Health 1974

Public Service Health Activity includes twelve main areas.

1. Health Counselling for Employees

At present the Yukon does not have special public service health personnel. Consequently, public service staff are encouraged to utilize health services within their community, i.e. (medical services Public Health Nurses and their private practitioners).

2. Surveillance of Occupational and Environmental Factors

Medical Services, Yukon Region carries out inspections of occupational and environmental factors on a request basis. Such activities include the monitoring of sound levels, measurement of lighting levels and sampling of toxic fume levels.

3. Prevention of Accidents and Occupational Disease

This category is not mutually exclusive from category (2) above. In addition to the activities outlined in (2) above the staff of the Yukon Region is encouraged to participate in Arctic Survival Training. Arctic Survival kits have been procured for each nursing station that has a high frequency of medical evacuations. Regional staff are encouraged to participate in winter driving courses. A special automobile kit has been prepared for Regional staff when they travel. A Regional Safety Officer has been appointed and a Safety Committee is Operative.

Most Federal Departments have their own safety officers; Medical Services staff co-operate with other departments to promote accident prevention.

4. Job Selection for the Handicapped

This aspect of Public Service Health is handled through the offices of Canada Manpower and the Vocational Rehabilitation Supervisor, Department of Education, Government of the Yukon Territory.

5. Pre-Employment, Periodic and Special Examinations

Yukon Region has no Public Service Health nurses because of the relatively small number of federal civil servants in Yukon. Pre-Employment, periodical and special examinations are completed by private physicians.

6. Reassessment of Employees for Health Reasons

Reassessment of Employees for health reasons is carried out by private practitioners as the need arises.

7. Emergency Treatment

Emergency Treatment is available to Public Service Staff through various Departmental first aid officers, nursing station staff and private practitioners. The Yukon has an excellent ambulance service.

8. First Aid

Most federal officers have designated first aid officers and first aid kits. First Aid Courses are regularly conducted by various groups in Yukon. Medical Services staff have served as resource people for such courses.

9. Health Education

Health Education activities are normally carried out by all Regional staff in context of their role. Yukon Region has a Health Educator on staff who regularly writes articles on health education for publication in the news media. Safety and occupational health articles are regularly placed in the Newsletters of the various Federal Departments.

10. Statistics

Statistical data is routinely forwarded to Ottawa.

11. Special Programs- eg. Alcoholism

The Alcoholism and Drug Services programs of the Territorial Government includes an Employee Alcoholism program which encourages the participation of Federal Government employees. This program benefitted from the visit of the Senior Consultant for Public Service Health in the fall of this year.

12. Research

At this stage Yukon Region does not have ready access to computer software or hardware. We therefore, have not attempted to carry systematic analysis of data pertaining to this Region.

(Note - App I (1))

Treatment Services

In Yukon, treatment services have traditionally been provided by private practitioners or physicians employed by the mines.

In outlying communities, where there is no resident physician, Yukon Region has arrangements with the Whitehorse doctors to visit on a regular basis. Minor treatment services in the intervals are provided by the nurse responsible for the community. More serious cases are evacuated to larger centres.

Because of air schedule and weather problems, Old Crow receives medical services from Inuvik Zone.

Consultant visits by specialists continue to add to the number and quality of Medical Services available. In addition to their treatment responsibilities visiting specialists provide valuable inservice education to doctors and nurses. Table 17 and Table 18 indicate Medical Specialist Services and Doctor/Dentist visits by community.

TABLE 17

Medical Specialists ServicesYukon 1974

Medical Specialists	Number of Visits	Number of Days	Patients Per Clinic (Average)	Surgery Average Per Clinic
Pediatrician	3	15	45	-
Orthopedic	2	6	80	5
Internal Medicine	4	12	30	-
Ear, Nose and Throat	3	15	80	15
Ophthalmologist	4	30	170	25

Source: Medical Service Branch, Yukon Region, 1974

DOCTOR AND DENTIST VISITS (M.S. AND CONTRACT)

1974

LOCATION	DOCTOR'S VISITS		DAYS IN FIELD		DENTIST'S VISITS		DAYS IN FIELD		OPTH. OR OPT. VISITS		DAYS IN FIELD	
	1973	1974	1973	1974	1973	1974	1973	1974	1973	1974	1973	1974
WHITEHORSE					Private Practitioners							
CARMACKS	11	12	11	12	-	-	-	-	-	-	-	-
TESLIN	12	12	12	12	-	-	1	1				
HAINES JUNCTION	12	12	12	12	-	-	-	-				
BEAVER CREEK	11	11	12	12	-	-	-	-				
ROSS RIVER	12	12	12	12	5	* 1	16	3				
FARO	-	-	-	-								
MAYO/ELSA	-	-	-	-	5	3	20	18				
1. DAWSON	-	-	-	-	3	3	15	11				
WATSON LAKE	-	-	-	-	3	5	15	24				
CLINTON CREEK	-	-	-	-	4	3	12	13				
OLD CROW										1		2

* Dentist Service to the community of Faro is provided through an arrangement with a private dentist.

1. Faro, Mayo, Dawson, Watson Lake, Clinton Creek have physician coverage through private practitioners located in those communities.

(Note App. F)

Maternal and Child Health

Yukon maternal and child health Services include supervision of the mother from the beginning of pregnancy into the post-partum period, and of the child from the time of birth through the neonatal stage, infancy, early childhood and the school age period. These services are provided through various health facilities in Yukon. The Yukon Dental Health Program also forms an integral part of the maternal and child health programs.

A large number of pre-natal classes were held in the Yukon during 1974. Whitehorse Health Centre, for example, held 71 pre-natal classes. Total attendance was 786, with an average of 11 persons per class. Whitehorse Health Centre also extended an invitation to prospective fathers, and male participation in the pre-natal programs has been increasing steadily. In all of the smaller communities of the Yukon pre-natal education was provided either through formal classes or during routine home visits.

Public Health Nurses, also provide a number of family planning services. The majority of the family planning services relate to counselling. The entire program of family planning is done in close cooperation with family physicians and various private organizations.

Home visits were regularly made to families with newborn infants, and pre-school children. Since the child development process in the early years has important implications for the child's social, mental and physical health, child health clinics and regular home visits ensure that problems may be detected and treated in the early stages. Table 19 outlines some of the Regional Nursing Activities.

School Health

All primary students are given a physical examination by a well trained public health nurse before they start school. In some cases, students with detected health problems are referred to family doctors for further treatment. This procedure relieves the physicians of a rather heavy and unproductive load, while at the same time, reducing the financial cost of the service. Students with problems are followed up to prevent relapses or recurring problems. The school health program also has provisions for routine examinations at Grade Six and Grade Ten. In addition, eye screening, (Snellen) is scheduled to be done every two years on all children and every year on those students wearing glasses.

In an earlier section of the report it was noted that an intensive venereal disease program has been conducted by the Infectious Disease Control Officer of Northwest Territories. The school program was reinforced by newspaper articles,

radio call in programs and television interviews. Generally Medical Services staff prefer to act in resource roles rather than by direct involvement in the school teaching programs. Nurses are available for consultation by the student or by the teaching staff on matters of health or behaviour at any time.

During the year, continuing efforts were made to develop and maintain liaison with the Department of Education. Public Health Nurses have shown films and led discussion groups on a wide range of health topics at the invitation of the schools.

Mental Health Services - Yukon Region

In Yukon the focus of mental health services is on primary prevention. The Region now has the nucleus of a mental health team consisting of a Psychiatrist and a clinical psychologist within Medical Services and an educational psychologist, an alcoholism treatment counsellor, and a Special Education Consultant employed by the Yukon Territorial Government.

The emphasis on primary prevention is related to the fact that direct clinical service on a one-to-one basis is an inefficient approach to the type of problems that are being presented. In most cases involving both children and adults the behavioural basis of referrals can be traced back to socio-economic inter-cultural and social problems. In view of this fact it was deemed advisable to shift emphasis from secondary prevention (direct treatment of the individual) to primary prevention. This does not mean that direct treatment is neglected as both the psychiatrist and psychologist maintain case loads. The following tables indicate psychiatric services in Yukon during 1974.

TABLE 20

Mental Health Services, Yukon 1974

Patients Seen By Psychiatrist By Age & Sex

	<u>Male</u>	<u>Female</u>
Adults	82	113
Children	26	19
TOTAL	108	121

Source: Psychiatrist Reports: Medical Services Branch, Yukon Region, 1974.

REGION: YUKON

TABLE: 19

NURSING ACTIVITIES

1974

FIELD UNIT	ADMISSIONS NURSING STATIONS	PATIENT DAYS (N.S.)	HOME VISITS	OFFICE AND CLINIC VISITS (Patients)	SCHOOL VISITS	PRE-NATAL INSTRUCTION Home Visits	POST- NATAL INSTRUCTION Home Visits	HEALTH EDUCATION MEETING	
								NUMBER	ATTENDANCE
OLD CROW	-	-	472	877	*	22	5	27	477
FARO	162	392	324	2,857	*	36	214	17	266
WHITEHORSE	-	-	2,514	45	*	40	398	84	1541
HAINES JUNCTION	-	-	487	677	*	35	8	11	112
CARMACKS	-	-	1,085	622	*	3	10	7	112
DESTRUCTION BAY	-	-	760	601	*	12	35	4	60
TESLIN	-	-	485	889	*	18	18	17	249
WATSON LAKE	247	665	1,212	5,487	*	41	50	6	126
MAYO	203	968	624	144	*	23	27	33	200
ROSS RIVER	-	-	538	813	*	21	10	11	277
DAWSON CITY	103	258	332	1,242	*	11	28	11	76
	715	2,283	8,833	14,254	*	262	803	228	3,495

* Unable to Derive this figure from format of existing public health nursing reports.

(Note App. E)

TABLE 21

Sources of Referral - PsychiatristYukon Region, 1974

Physicians	208
Court	9
Department of Corrections	10
Department of Social Welfare	1
Lawyers	2
Self Referred	3
* Psychologist	-
Public Health	3
Dentist	1
Police	3

* Psychologist was on education leave in 1974.

Source: Psychiatrist Reports, Medical Services Branch, Yukon Region, 1974

TABLE 22

Mental Health Services - Yukon 1974By Diagnostic Category and Sex of Patient

	<u>Male</u>	<u>Female</u>
Alcoholism	11	8
Schizophrenia	9	10
Manic/Depressive	9	23
Organic Psychoses	5	2
Toxic Psychoses	-	-
(Other than alcohol)	-	-
Addictions	-	-
(Other than alcohol)	-	-
Neuroses	25	64
Personality Disorder	11	5
Mental Defect	2	1
Behaviour Disturbance in Children	33	16
Nothing Abnormal Detected	2	1
Other (Therapeutic Abortions)	-	-

Source: Psychiatrist Reports, Medical Services Branch, Yukon Region, 1974

A Mental Health Advisory Committee was set up early in 1974. This committee meets once a month under the chairmanship of the psychiatrist to discuss matters pertaining to the mental health of Yukon Residents, to promote inter-departmental dialogue: to examine and discuss existing or proposed programs and to advise the Yukon Territorial Government. In addition, the psychiatrist serves as a member of the Appeals Board for the Department of Welfare, as Director of the Yukon Family Services Agency, and as a member of the Yukon Social Services Steering Committee.

Mental Health Services - Psychologist

The focus of the Regional Psychologist's Mental Health activities assigns priority to human resources and community development, in Yukon. This new approach envisions parallel programs of public education in principles of mental health and social science and an actual role in community development. When such developments contribute positively, they could serve as models for extending this kind of service to all communities. To date, the principal contacts through which the psychologist has operated have been the public health nurses and occasionally community organizations.

Activities in Whitehorse have been on the same model, emphasizing public education. They have included talks to teachers, nurses, pre-natal classes and other interested organizations. In addition, articles on child behaviour have been published in the local news media.

To date, very little research in the social sciences has been conducted in the Yukon with the result that there is no reliable data base for making decisions on social and mental health programs. Presently, the Regional Psychologist is collecting empirical data on socialization and acculturation in the context of routine clinical services and community development activities. The topic of socialization and acculturation is of special interest since it is evident from the referrals from outlying communities that there is particular concern for children who are apparently undergoing stress attributable to these factors. Hopefully, knowledge gained from this research will enable us to improve on mental health services to outlying communities.

Health Education

Health education is a responsibility of all health personnel and any staff member may be expected to attend public informational or inter-departmental meetings relevant to his own speciality. In 1973 Medical Services, Yukon Region employed a specialist in the field of Health Education.

Each nursing station in the Yukon is equipped with 16 mm projector, slide projectors, audio-tape recorders, and video-tape units. The in-service education of nurses is facilitated by the distribution of video-tapes on medical topics and by audio-tapes on selected areas of clinical and public health. The expertise of the Health Educator is relied upon to identify, maintain stocks of and make available teaching materials and equipment pertaining to the health field, including films, filmstrips, books, pamphlets and posters.

The Regional Health Educator worked closely with the Field Nursing Officer to co-ordinate and organize the first Yukon Regional Nurses' conference. The theme of the conference related to administrative procedures in various nursing areas. The health educator also co-ordinated the development of a 'Regional administrative procedures manual' to assist field staff.

In 1974 the health educator assisted in the training of community health representatives. Presently, Yukon has community health representatives in Whitehorse, Watson Lake and Ross River. The community health representatives work closely with the public health nurses in their areas and have proven themselves to be valued members of our public health team.

During the year the Regional Health Educator co-ordinated the visit of an infectious disease control officer to all communities in the Territory. Seminars and lectures were conducted on venereal disease, a major public health problem in the Yukon. These lectures were supported by articles in the newspapers and TV/radio programs. In addition, regular articles on public health education were published by a local newspaper.

A significant number of statistical, narrative, and Regional reports were compiled and written by the health Educator in 1974.

In the coming year, it is hoped that health education programs can be expanded via the mass media. Plans have been made to produce some colour video-tapes on selected public health problems. These tapes will be orientated to high risk groups. In addition, efforts will be made to increase public awareness of health services in terms of program activities and possible career as a path for Northern students.

TABLE 23

ESTIMATED POPULATION FOR YUKON BY AGE AND SEXJUNE 1, 1973

<u>Age Category</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
Under 1	300	300	600
1 - 4	900	800	1700
5 - 9	1,200	1,100	2300
10 - 14	1,200	1,100	2300
15 - 19	800	800	1600
20 - 24	700	800	1500
25 - 29	1,100	1,000	2100
30 - 39	1,700	1,300	3000
40 - 59	2,100	1,500	3600
60 +	600	400	1000
TOTAL	10,600	9,100	19,700

Source: Census Division, Statistics Canada

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VITAL STATISTICS 1974

TABLE 24

		Indian (N-3,085)		Other (N-16,915)		Total Yukon Territory 20,000	
<u>POPULATION</u>		No	Rate	No	Rate	No	Rate
Population served	a)	3,085		16,915		20,000	
Total Registered Indian/Eskimo Population *	b)	3,085					
<u>BIRTHS</u>							
Total Live Births**	c)	65	21.0	424	25.1	489	24.5
Births in N/S	d)	4	6	37	8	41	8
Births in Hospital	e)	61	94	384	92	457	92
Low Birth Weight Infants	f)	6	9.2	13	3.0	19	3.8
<u>DEATHS</u>							
Maternal	g)	-	-	-	-	-	-
Stillbirths	h)	2	30.7	5	11.8	7	14.3
Perinatal	i)	2	29.8	10	23.3	12	24.1
Neonatal	j)	-	-	5	11.7	5	10.2
Post Neonatal	k)	3	46.1	4	9.3	7	14.3
Infant	l)	3	46.1	9	21.2	12	24.5
Other Deaths	m)	27		70		97	
Total Deaths **	n)	30	9.7	79	4.6	109	5.4
NATURAL INCREASE	I	35	11	345	20	380	19

- a) Population for which M.S. is responsible
b) Registered Indian/Eskimo Population
c) Rate per 1,000 population
d) Rate per 100 births (incl. stillbirths)
e) Rate per 100 births (incl. stillbirths)
f) 5.5 lbs. or under . Rate per 100 live births (2500 grams and under)
g) Rate per 10,000 live births.
h) 20 weeks or more gestation. Rate per 1,000 live births.
i) Stillbirths + deaths 0- 7 days. Rate per 1,000 births
j) 0-28 days. Rate per 1,000 live births.
k) 29-365 days. Rate per 1,000 live births.
l) Under 1 year (j+k). Rate per 1,000 live births.
m) All other deaths, ecluding g and l
n) Crude death rate. Rate per 1,000 population.

I Rate per 1,000 population

$$\frac{c - n}{\text{Total Population (Indian, Eskimo, Other)}} \times 1,000$$

Total Population, 20,000
Indian Population 3,085
Other 16,915

** Live birth rates (c) and crude death rates (n) are based on total population.

Vital Statistics

In 1974 the Yukon population was 20,000. Registered Indians numbered 3,085 and the Non-Status population 16,915. During the year there were 489 live births, 65 of these were Indian Status women and 424 to Non Indian women. This represents a birth rate of 21.0 for the Indian Status group and 25.1 for the Non-Indian. The combined birth rate was 24.5 per 1,000.

There was a total of 109 deaths in 1974 for a crude death rate of 5.4 per 1,000. This figure represents one of the lowest Provincial /Territorial death rates in Canada. Crude death rates do not take into consideration differences in age distribution within populations. Therefore, Yukon's relatively low rate may be a function of the age structure of its population. Indian deaths numbered 30 and Non Indian 109. The Indian crude death rate was 9.7 and the non-Indian was 4.6

In 1974 infant mortality was 24.5 per 1,000. The Indian infant mortality was 46.1 compared to a rate of 21.2 for the Non-Indian group. Over the past two decades infant mortality has exhibited a steady decline. Efforts are being made by our public health staff to identify high risk infants in order to carry out preventative measures. This program should reduce infant mortality rates even further.

Table 25 indicates the Infant Mortality Rates for Yukon, N.W.T. and Canada 1956 to 1974.

TABLE 25

INFANT MORTALITY STATISTICS, YUKON, N.W.T, AND CANADA

1956 to 1973

Infant Mortality

Rate per 1,000 Live Births

<u>YEAR</u>	<u>YUKON</u>	<u>N.W.T.</u>	<u>CANADA</u>
1956	47.8	149.0	31.9
1957	54.7	143.3	30.9
1958	42.3	151.3	30.2
1959	26.1	129.3	28.4
1960	48.3	144.4	27.3
1961	41.2	111.0	27.2
1962	49.4	119.9	27.6
1963	32.1	104.2	26.3
1964	38.9	69.5	24.7
1965	49.1	63.8	23.6
1966	54.2	77.7	23.1
1967	23.4	62.0	22.0
1968	29.7	64.7	20.8
1969	39.0	55.9	19.3
1970	35.5	68.1	18.8
1971	25.7	49.0	17.5
1972	26.6	48.4	17.1
1973	16.7	37.4	15.5
1974	24.5	-	-

Data pertaining to Infant Mortality for the N.W.T. and Canada 1974 was unavailable at the time this report was written.

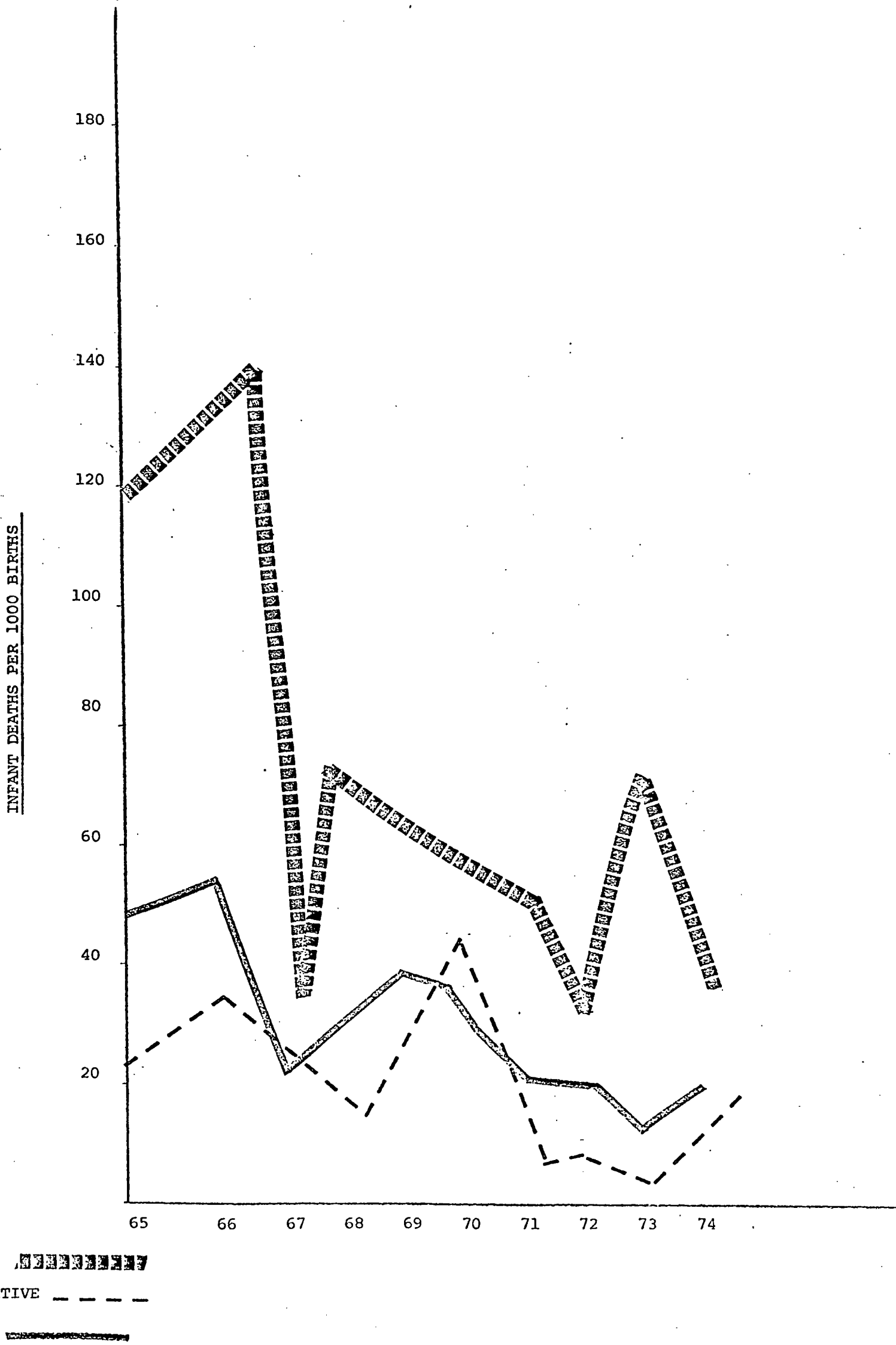
Table 26 displays in graph form the trend in Infant Mortality in Yukon from 1965 - 1974.

INFANT MORTALITY RATE

TABLE 26

NATIVE NON-NATIVE AND TOTAL

YUKON 1965- 1974



During the past twenty years birth rates and death rates have steadily decreased. This trend has slowed down the rate of natural increase. In 1974 Yukon's rate of natural increase was 19 per 1,000. Table 24 outlines the relationship between the birth rates, death rates and natural increase. Table 26 provides a graphic representation of the trends.

TABLE 27

Birth Rates, Death Rates, Yukon 1954-1974

Based on Total Population
(Rate per 1,000)

	<u>Birth Rate</u>	<u>Death Rate</u>	<u>Rate of Natural Increase</u>
1954	42.5	8.5	34.0
1955	47.6	6.5	41.1
1956	40.1	7.1	33.0
1957	41.2	7.8	33.4
1958	36.4	7.1	29.3
1959	41.3	6.8	34.5
1960	38.4	6.9	31.5
1961	38.1	6.4	31.7
1962	36.5	5.0	31.5
1963	33.3	5.4	27.9
1964	34.3	5.8	28.5
1965	30.6	7.1	23.5
1966	25.7	5.7	20.0
1967	25.7	4.9	20.8
1968	24.7	5.6	19.1
1969	28.9	5.9	23.0
1970	26.5	6.4	20.1
1971	27.5	5.7	21.8
1972	23.9	5.5	18.3
1973	21.3	5.6	15.7
1974	24.5	5.4	19.0

Source: Vital Statistics, CAT# 84.201, 84.202

1973, 1974 figures from Registrar of Vital Statistics, Yukon Territorial Government.

1974 figures may change slightly due to late registration of birth and death and subsequent adjustment of data.

TABLE 28

RELATIVE RATE OF NATURAL INCREASE

YUKON 1954-1974
(PER 1,000 POPULATION)

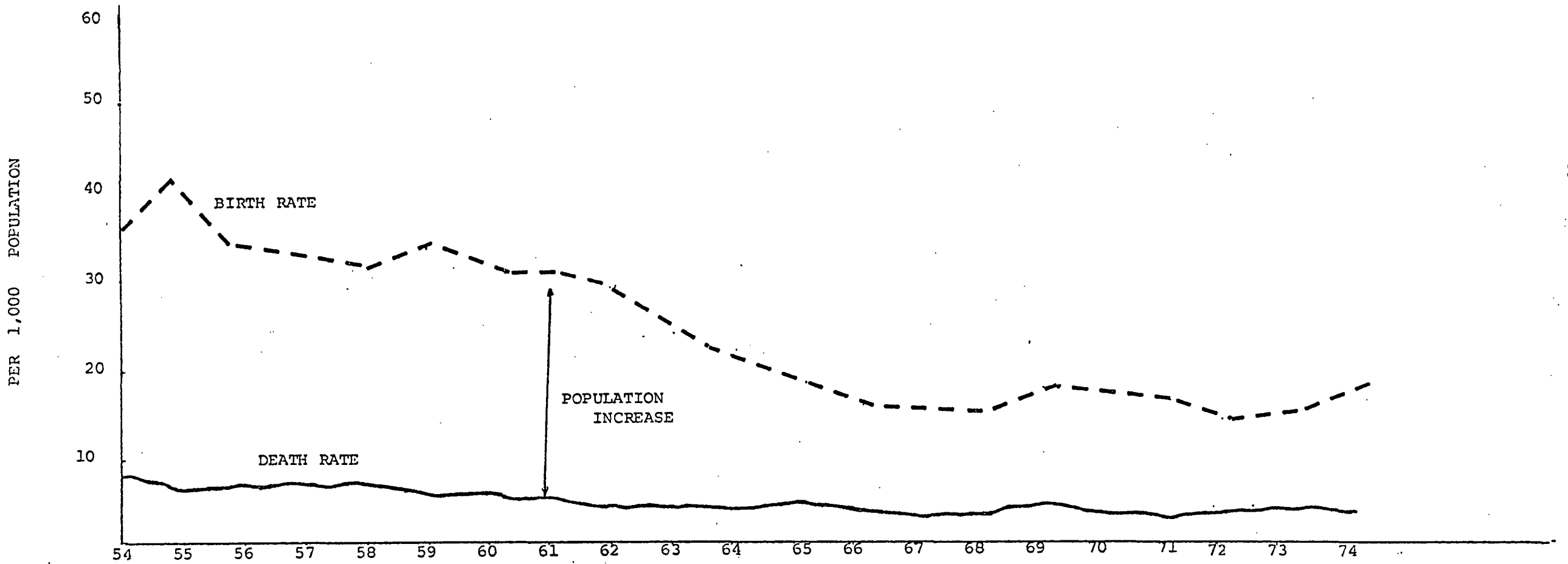


TABLE 29

DEATHSMAIN CLASSIFICATIONS ONLY INTERNATIONAL CLASSIFICATIONINDIAN POPULATION 1974

Part I

	MALE	FEMALE	TOTAL	%
I Infective and Parasitic Diseases				
II Neoplasms	1	3	4	13
III Endocrine, Metabolic and Nutritional Diseases				
IV Diseases of Blood and Blood Forming Organs				
V Mental Disorders				
VI Diseases of Nervous System and Sense Organs				
VII Diseases of Circulatory System	5	2	7	23
VIII Diseases of Respiratory System	6	2	8	27
IX Diseases of Digestive System	-	2	2	7
X Diseases of Genito-Urinary System	-	-	-	
XI Complications of Pregnancy Childbirth and Puerperium	-	-	-	
XII Diseases of Skin and Subcutaneous Tissue	-	-	-	
XIII Diseases of musculoskeletal System and Connective Tissue	-	-	-	
XIV Congenital Anomalies	-	-	-	
XV Certain causes of Perinatal Morbidity and Mortality	-	-	-	
XVI Symptoms and Ill-Defined Conditions	-	-	-	
XVII Accidents, Poisonings and Violence	6	3	9	30
TOTALS	18	12	30	100

Part II (Breakdown of XVII)

ACCIDENT MORTALITY

	MALE	FEMALE	TOTAL	
Motor Vehicle	2	1	3	
Drowning	1	1	2	
Exposure	1	1	2	
Burns				
Falls	1		1	
Firearms	1		1	
Overdoses				
Other				
(Same Totals as XVII	TOTALS	6	3	9

TABLE 30

DEATHSMAIN CLASSIFICATIONS ONLY INTERNATIONAL CLASSIFICATIONNON-INDIAN POPULATION 1974

Part I

	MALE	FEMALE	TOTAL	%
I Infective and Parasitic Diseases				
II Neoplasms	7	5	12	15
III Endocrine, Metabolic and Nutritional Diseases	1	-	1	1
IV Diseases of Blood and Blood Forming Organs				
V Mental Disorders				
VI Diseases of Nervous System and Sense Organs				
VII Diseases of Circulatory System	22	6	28	36
VIII Diseases of Respiratory System	4	1	5	6
IX Diseases of Digestive System	5	1	6	8
X Diseases of Genito-Urinary System	-	-	-	-
XI Complications of Pregnancy Childbirth and Puerperium	-	-	-	-
XII Diseases of Skin and Subcutaneous Tissue	-	-	-	-
XIII Diseases of musculoskeletal System and Connective Tissue	-	-	-	-
XIV Congenital Anomalies	-	-	-	-
XV Certain causes of Perinatal Morbidity and Mortality	3	2	5	6
XVI Symptoms and Ill-Defined Conditions	-	-	-	-
XVII Accidents, Poisonings and Violence	18	5	23	28
TOTALS	60	20	80	100

Part II (Breakdown of XVII)

ACCIDENT MORTALITY

	MALE	FEMALE	TOTAL
Motor Vehicle	4	2	6
Drowning	2	-	2
Exposure	-	-	-
Burns (Fire Accidents)	2	2	4
Fire Arms	5	-	5
Falls	-	-	-
Overdose (Drugs)	1	-	1
Other	1	1	2
Aircraft	3	-	3
(Same Totals as XVII TOTALS	18	5	23

REGION: YUKON

TABLE 31

DEATHSMAIN CLASSIFICATIONS ONLY INTERNATIONAL CLASSIFICATIONYUKON, TOTAL POPULATION 1974

Part I

	MALE	FEMALE	TOTAL	%
I Infective and Parasitic Diseases				
II Neoplasms	8	8	16	15
III Endocrine, Metabolic and Nutritional Diseases	1	-	1	1
IV Diseases of Blood and Blood Forming Organs	-	-	-	-
V Mental Disorders	-	-	-	-
VI Diseases of Nervous System and Sense Organs	-	-	-	-
VII Diseases of Circulatory System	27	8	35	32
VIII Diseases of Respiratory System	10	3	13	12
IX Diseases of Digestive System	5	3	8	7
X Diseases of Genito-Urinary System	-	-	-	-
XI Complications of Pregnancy Childbirth and Puerperium	-	-	-	-
XII Diseases of Skin and Subcutaneous Tissue	-	-	-	-
XIII Diseases of musculoskeletal System and Connective Tissue	-	-	-	-
XIV Congenital Anomalies	-	-	-	-
XV Certain causes of Perinatal Morbidity and Mortality	3	2	5	5
XVI Symptoms and Ill-Defined Conditions	-	-	-	-
XVII Accidents, Poisonings and Violence	23	8	31	28
TOTALS	77	32	109	100

Part II (Breakdown of XVII)

ACCIDENT MORTALITY

	MALE	FEMALE	TOTAL
Motor Vehicle	6	3	9
Drowning	3	1	4
Exposure	1	1	2
Burns (Fire Accidents)	2	2	4
Fire Arms Suicide	3	-	3
Homicide	3	-	3
Overdose (drugs)	1	-	1
Other	1	1	2
Aircraft	3	-	3
TOTALS	23	8	31

TABLE 32

INFANT MORTALITY

(Indian)

A. 0 to 28 days			
CAUSE	MALE	FEMALE	TOTAL
NIL DEATHS			

B. 28 to 365 days			
CAUSE	MALE	FEMALE	TOTAL
Respiratory Disorder		1	1
Crib Death		1	1
Pneumonitis			
Aspiration (Primary Cause)	1		1
	1	2	3

Source: Registrar of Vital Statistics, Government of Yukon Territory, 1974

Note: App. C (2)

TABLE 33

INFANT MORTALITY 1974

(Non-Native Population)

0 - 28 days			
CAUSE	MALE	FEMALE	TOTAL
Respiratory Distress Syndrome (Prematurity)	2	-	2
Respiratory Arrest (Sepsis)	1	-	1
Pre-Maturity	1	1	2
	4	1	5

28 - 365 days			
CAUSE	MALE	FEMALE	TOTAL
Crib death	1	-	1
Asphyxiation, Suffocation	-	1	1
Intussusception	1	-	1
	2	1	3

Source: Registrar of Vital Statistics, Government of Yukon Territory, 1974

TABLE 34

INFANT MORTALITY

Part III

TOTAL POPULATION

A. 0 to 28 days			
CAUSE	MALE	FEMALE	TOTAL
Respiratory Distress Syndrome (Prematurity)	2	-	2
Respiratory Arrest (Sepsis)	1	-	1
Pre-Maturity	1	1	2
TOTAL	4	1	5

B. 28 to 365 Days			
CAUSE	MALE	FEMALE	TOTAL
Crib Death	1	1	2
Asphyxiation, Suffocation	-	1	1
Intussusception	1	1	1
Respiratory Disorder	-	1	1
Aspiration	1	-	1
TOTAL	3	3	6

In 1974, diseases of the circulatory system accounted for a major proportion of all Yukon deaths. This category was closely followed by Accidents, Poisonings and Violence, Malignant Neoplasms, and Diseases of the Respiratory Systems as major causes of death Appendix I, Section I, II, and III provide a breakdown of deaths for Indian, Non-Indian and Total Yukon.

Accidents, Injuries and Violence account for 28% of all deaths in Yukon. This year there was little difference between Native and Non Native groups with aspect to death by violence. Thirty percent of Indian deaths were attributed to injuries, accidents and violence and twenty eight percent of Non-Indian deaths. Motor vehicle accidents accounted for the largest proportion of accidental deaths in both the Indian and Non-Indian groups. Deaths through the use of firearms accounted for the next largest number of violent deaths. In 1974 there was a total suicides and three homicides involving the use of firearms.

Alcohol Abuse plays an important role in deaths attributable to injuries, accidents, and violence. It is estimated that 40 to 50 percent of all deaths in this category are a direct or indirect result of immoderate consumption of alcohol.

Observations on Existing Mortality Rates

The success of health services in dealing with the communicable infectious diseases in Yukon has resulted in a drastic decrease in the importance of many of these diseases as major threats to the public health. In place of such once deadly diseases as smallpox, typhoid, diphtheria and tuberculosis, we now find the modern killers of heart disease and cancer. In addition, we have an increase in importance of the behavioural and addictive disorders such as mental illness, alcoholism and chronic illnesses. Behavioural disorders are often highly correlated with deaths due to injuries, accidents, and violence.

There is a radical difference between the communicable diseases and the behavioural disorders which has great significance for public health programs. In place of specific infectious agents which often could be isolated as single causes and treated with specific remedies, we now have a complex interaction of multiple causes involving social and psychological factors as well as biological ones. Furthermore, both the prevention and treatment of chronic diseases and behavioural disorders can much less frequently be accomplished with a single preventive or therapeutic agent. Much more often, long term and drastic changes in the individuals life style are required.

The social environment has become almost as important as the physical and biological environment because an individual's own behaviour may make him recipient

host and causative agent. To a large extent, the significant number of deaths in Yukon from injuries, accidents and violence are associated with life styles, cultural values and attitudes.

In order to reduce those deaths that are a result of specific life styles individuals will have to be motivated to change their living patterns. This motivation will hopefully be related to public health education efforts by Yukon Region health workers whether they be public health nurses, health educators, physicians or community health representatives.

Immunization Status

Well baby clinics and immunization clinics continue to be one of the main aspects of the child and school health program. Immunization in the Yukon is very comprehensive and is probably more complete than in other parts of Canada.

It is very difficult to obtain accurate percentage figures for immunization status. Appendix D indicates statistics relating to the immunization status of the Indian population during 1974. The highly transient nature of the non Indian population make it difficult to obtain comparable figures for this population.

Nursing Staff

Yukon Region attempts to ensure that nursing staff are given the opportunity to increase their own professional development as well as participate in nursing professional programs and projects.

In 1974 four Yukon nurses completed the four month Clinical Training of Nurses course at the University of Alberta. Two nurses are presently enrolled in the Canadian Nurses Association, 8 month correspondence course on "Nursing Unit Administration". One nurse completed an advanced course in midwifery at the University of Alberta.

Two nurses from Yukon served as members of an Inter-departmental Committee on the nurses' Group for a period of two weeks. One nurse attended an Ottawa conference on Tuberculosis Today and another served in a Medical Services presentation at the Alberta Association of Registered Nurses Conference.

Nursing input with respect to the Training of Community Health Representatives was substantial, at both the planning stage and the actual teaching of course content.

REGION: YUKON

TABLE 36

IMMUNIZATION STATUS
INDIAN/ESKIMO POPULATION 1974

FIELD UNIT	POP.				(0-365 DAYS)						1-5						6 - 17 YEARS						ADULT													
	UNDER 1 YR	AGE 1 - 5	AGE 6 - 17	AGE 28+	BCG	QUAD	SABIN	LIRUGEN	OTHER		BCG	QUAD	SABIN	LIRUGEN	RUBELLA	SMALLPOX	OTHER			BCG	D.T.	LIRUGEN	RUBELLA	SABIN	SMALLPOX	OTHER		BCG	TETANUS	SABIN	SMALLPOX	OTHER				
									DPT/DCT	MMR							Mumps	DT	POLIO							Dipt-eria	A					B				
OLD CROW	4	16	35	79	4	3	3				16	15	15	15	9						35	35	35	35	35							68	68		68	
DAWSON CITY	2	9	27	64	2	2	2	2	2	2	8	8	8	5	5	3	-	1			8	6	5	5	24	3	1	26	24	27	-	-	-	-	-	
MAYO	3	39	83	237	3			2		2	36	37	28	35	36	24	-				69	81	78	80	79	80	-	-	-	-	-	-	-	-	-	
CARMACKS	3	24	44	122	3	1	2				21	22	20	17	17	12	8	15			35	43	43	41	43	43				32	18	9	17	2		
FARO (NIL NATIVES)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
ROSS RIVER	5	32	50	104	4	4	4	2	-	-	22		22	22	20			23			32	41		40	40				30	-	-	-	44			
WHITEHORSE	3	35	154	369	3	2					26	34	29	25	23		7				130	132	125	20	132		132									
HAINES JUNCTION	2	9	7	80	1	2	2	2	-	-	9	8	8	8	8	8		8			7	7	7	7		7										
DESTRUCTION BAY	-	2	13	50	-	-	-	-	-	-	2	2	2	2	2	2		2			11	12		12	12	11	-	-		3	1	-	1			
WATSON LAKE	18	106	185	258			4					343	194	69	64	44																				
TESLIN	8	21	64	139	4	4	3	-	3		24	18	24	20	21	13		21			40	45		33	46	36	-	-	-	-	-	-	-	-		

(Note App. D)

Yukon Hospital Facilities

Whitehorse General Hospital was opened on April 1, 1959 with 120 beds. Due to changes over the years in the physical setup, the hospital presently has 111 beds consisting of 107 active-treatment beds and 4 nursing home care beds. The hospital complex comprises acute treatment, inpatient accommodation, outpatient diagnostic facilities, and visiting specialist clinics. The complex of buildings also includes two staff residence, steam plant, laundry and a six bay automobile garage.

At the end of 1974 the Canadian Council on Hospital Accreditation granted Whitehorse General Hospital accreditation for a further two year period. One of the recommendations made by the Council was the desirability of a working hospital advisory board.

In 1974 new medical staff bylaws and regulations were developed. In addition, procedures for granting of privileges was systemized.

A second operating room was opened to meet the demand of increased medical staff. Presently, Whitehorse General has 19 staff consisting of fifteen general practitioners and four specialists.

The first stage of the hospital complex in Watson Lake has been completed. Materials are being assembled on site to begin further work on the structure.

The second phase should be completed in the spring of 1976.

Appendix J outlines hospital statistics for Yukon 1974.

REGION: YUKON

TABLE: 37

HOSPITAL STATISTICS 1974

Name of Hospital: Faro Nursing Station

Location: Faro, Yukon Territory

Bed Capacity	Rated Bed Capacity	Beds Set Up
Beds	5	5
Cribs		
Bassinettes	<u>2</u>	<u>2</u>
TOTALS	7	7

Admissions and Length of Stay	Admissions	Total Patient Days	Average Length of Stay	Percent Bed Occupancy
Adults	119	278	2.3	15%
Children (under 14)				
Newborn	<u>43</u>	<u>114</u>	<u>2.5</u>	<u>15%</u>
TOTALS	<u>162</u>	<u>392</u>	<u>2.4</u>	<u>15</u>

OPERATING ROOM PROCEDURES

Major Surgery (general anaesthetic) -

Minor Surgery (Local anaesthetic) -

OUTPATIENTS VISITS 3,485RADIOLOGY

Number of Examinations 828

LABORATORY

Number of Units N/A

PHYSIOTHERAPY ATTENDANCESLAUNDRY

Pounds done in hospital N/A

DIETARY

Total meal days 1,526

PHARMACY

Prescriptions filled. 1,164

(Note - App. J.)

REGION: YUKON

TABLE: 38

HOSPITAL STATISTICS 1974

Name of Hospital: FATHER JUDGE MEMORIAL HOSPITAL

Location: DAWSON CITY, YUKON TERRITORY

Bed Capacity	Rated Bed Capacity	Beds Set Up
Beds	5	5
Cribs		
Bassinettes	2	2
TOTALS	7	7

Admissions and Length of Stay	Admissions	Total Patient Days	Average Length of Stay	Percent Bed Occupancy
Adults	87	194	2.2	10.6
Children (under 14)				
Newborn	16	64	4.0	8.7
TOTALS	103	258	2.50	10.1

OPERATING ROOM PROCEDURES

Major Surgery (general anaesthetic) -

Minor Surgery (Local anaesthetic) -

OUTPATIENTS VISITS 2,983RADIOLOGY

Number of Examinations 305

LABORATORY

Number of Units N/A

PHYSIOTHERAPY ATTENDANCESLAUNDRY

Pounds done in hospital N/A

DIETARY

Total meal days 965

PHARMACY

Prescriptions filled. 842

(Note - App. J.)

REGION: YUKON

TABLE: 39

HOSPITAL STATISTICS 1974

Name of Hospital: MAYO GENERAL HOSPITAL

Location: MAYO, YUKON TERRITORY

Bed Capacity	Rated Bed Capacity	Beds Set Up
Beds	16	16
Cribs		
Bassinettes	6	6
TOTALS	22	22

Admissions and Length of Stay	Admissions	Total Patient Days	Average Length of Stay	Percent Bed Occupancy
Adults	182	863	4.82	14.8%
Children (under 14)				
Newborn	21	105	5.52	4.8%
TOTALS	203	968	4.7	12.1

OPERATING ROOM PROCEDURES

Major Surgery (general anaesthetic) -

Minor Surgery (Local anaesthetic) -

OUTPATIENTS VISITS 1,562RADIOLOGY

Number of Examinations 257

LABORATORY

Number of Units N/A

PHYSIOTHERAPY ATTENDANCESLAUNDRY

Pounds done in hospital 10,865

DIETARY

Total meal days 1,761

PHARMACY

Prescriptions filled. N/A

(Note - App. J.)

REGION: YUKON

TABLE : 40

HOSPITAL STATISTICS 1974

Name of Hospital: WATSON LAKE COTTAGE HOSPITAL

Location: WATSON LAKE, YUKON TERRITORY

Bed Capacity	Rated Bed Capacity	Beds Set Up
Beds	4	4
Cribs		
Bassinettes	<u>3</u>	<u>3</u>
TOTALS	<u>7</u>	<u>7</u>

Admissions and Length of Stay	Admissions	Total Patient Days	Average Length of Stay	Percent Bed Occupancy
Adults	223	558	2.5	38%
Children (under 14)				
Newborn	<u>24</u>	<u>107</u>	<u>4.6</u>	<u>9.7%</u>
TOTALS	<u>247</u>	<u>665</u>	<u>2.7</u>	<u>26</u>

OPERATING ROOM PROCEDURES

Major Surgery (general anaesthetic) -

Minor Surgery (Local anaesthetic) -

OUTPATIENTS VISITS

5,850

RADIOLOGY

Number of Examinations

834

LABORATORY

Number of Units

N/A

PHYSIOTHERAPY ATTENDANCES

N/A

LAUNDRY

Pounds done in hospital

N/A

DIETARY

Total meal days

1,427

PHARMACY

Prescriptions filled.

1,156

(Note - App. J.)

REGION: YUKON

TABLE: 41

HOSPITAL STATISTICS 1974

Name of Hospital: WHITEHORSE GENERAL HOSPITAL

Location: WHITEHORSE, YUKON TERRITORY

Bed Capacity	Rated Bed Capacity	Beds Set Up
Beds	120	111
Cribs		
Bassinettes	30	16
TOTALS	150	127

Admissions and Length of Stay	Admissions	Total Patient Days	Average Length of Stay	Percent Bed Occupancy
Adults	3,664	24,079	6.7	59.4
Children (under 14)				
Newborn	385	2,297	5.8	39.3
TOTALS	4,049	26,376	6.5	56.9

OPERATING ROOM PROCEDURES

Major Surgery (general anaesthetic)

Minor Surgery (Local anaesthetic) 1,655

OUTPATIENTS VISITS 8,437RADIOLOGY

Number of Examinations 11,968

LABORATORY

Number of Units 974,473

PHYSIOTHERAPY ATTENDANCES 8,965LAUNDRY

Pounds done in hospital 477,472

DIETARY

Total meal days 28,716

PHARMACY

Prescriptions filled. N/A

(Note - App. J.)

Conclusion

The delivery of health services is a complex system of many inter-related factors. Significant components of the delivery of health services include a knowledge of the population to be served, the needs within that population, the availability and accessibility of the needed services and the conjoining of the population and medical community as represented by the utilization of health services.

During the past year Medical Services has responded to specific needs in the health delivery in order that health facilities and services parallel the changes that are occurring as a result of social and economic changes in the Territory. The new health facility in Ross River, the work on the new hospital complex in Watson Lake, and the transition of the Yukon Zone to Regional status within the Medical Services Branch are representative of positive developments in the delivery of health services.

It is hoped that the preceding report has communicated some insight into the health status of Yukon Residents and the wide range of health services available in the Yukon.

