2023

Yukon Health Status Report

Yukon

Contents

Foreword

This Health Status Report presents an overview of information that can help us to understand the landscape of health in the Yukon. It is the product of many efforts by our dedicated team, and we hope that Yukoners find it interesting and useful. We hope that this report can be used to inform needed investments to keep us healthy, to improve our collective health, and to ensure that our systems work together for better health outcomes.

Only part of this report is about health care, and that is because health care services account for an important but small part of what makes us healthy. The roots of our health begin much earlier, in the ways we treat each other and how we are connected, in the ways in which we pass health and wellbeing on through generations, and in how resources for health are distributed in our society. These roots are embedded in our life course, from how and where we are born to how and where we die. They become the ways in which we behave, how we cope with stress, what we eat (and why), and how we live. And those then become the indicators that we look at to see how "healthy" we are – how many of us have poor mental health, or cardiovascular disease, or cancer.

You will also see information on education status and justice outcomes in the Yukon. This data helps to show how intertwined health is with other areas that we often think of as being separate or apart. Over time, as we have more conversations linking our health outcomes to causes that surround us or happen well before health care or health behaviours, we can start to build an interconnected picture of the Yukon's health. The next several years will see changes in how our health system delivers care with an aim of delivering care that is more connected. I hope we also use this as a chance to think about how health itself is connected, and how we can strengthen those connections across departments, communities, and cultures. Then we can continue building a healthier Yukon together.

Sudit Ranade, MD MPH MBA FCFP FRCPC
Chief Medical Officer of Health, Yukon

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Ayodeji Awobamise, Senior Communications Advisor

Stephanie Della Smirra, Territorial Epidemiologist

Gregor Gabb, Health Data Scientist

Laura Hillier, Director of Population, Public Health, Evidence and Evaluation

Sabrina Kinsella, Project Manager

Emma Quinn, Territorial Epidemiologist

Samantha Salter, A/Supervisor, Territorial Epidemiologist Team

Julia Sohn, Territorial Epidemiologist

The data shared in this report would not be available without the hard work and dedication of frontline health care providers, and we are grateful for their contributions and support for the health of Yukon residents.

We respectfully acknowledge that the land on which this report was developed is in the Traditional Territories of the Kwanlin Dün First Nation and the Ta'an Kwäch'än Council. The content of this report includes information from all of the Yukon, including 14 distinct First Nations, and we acknowledge their diverse cultures and histories.

Executive summary

Demographics

In 2023, the median age in the territory was 38.5 years, compared to the Canadian median of 40.6 years of age. Most Yukon residents reside in Whitehorse. Across Yukon communities, the age distribution varied, with Carmacks having the highest proportion of 0–19-year-olds, and Tagish having the highest proportion of 65+ year olds. If the Yukon population continues to grow at the same rate as in the past 10 years, experts project that it will reach 67,200 by the year 2045.

Culture and identity

According to the 2021 Census, the Yukon had the third highest proportion of Indigenous people in Canada, after Nunavut and the Northwest Territories. However, the percentage of people who identified as part of a racialized group was nearly half that of Canada's overall rate. The Yukon also ranked third in English/French bilingualism and had a higher proportion of people with knowledge of Indigenous languages than the rest of Canada. Additionally, almost 80% of respondents of the Yukon Wellbeing Survey reported that their leisure time provides opportunities to be on the land and in nature.

Social determinants of health

The territories generally have a higher proportion of people in the top after-tax income bracket and a higher median income, but the cost of living is also highest there. Prices of food and non-food items vary across the Yukon, with isolated areas seeing higher costs. Education levels appear to be similar to Canada, with higher proportions of residents having post-secondary education. The high cost of living may contribute to barriers to participating in behaviours known to prevent poor health outcomes.

Justice

Overall, the rate of criminal violations in the territory has consistently been higher than the national average over the past 10 years, though there was a slight decline in 2019-2020. A direct health consequence of violence is bodily injury and harm, and the proportion of Yukon injury emergency department visits and hospitalizations related to assault is higher than in several provinces across Canada.

Health system

Since 2015-2016, the number of Canadians with access to a regular health care provider has increased, but the Yukon experienced a decline in access from 2019-2020 to 2022. Fewer patients in the territories rated their last health consultation as excellent or very good quality compared to those in the provinces. The number of air medevacs has remained steady over the past 6 years. Air medevacs are necessary in order to access some specialized emergency care.

Since 2020, there has been an increase in job vacancies in health care, social work, personal support and mental health occupations, along with an increase in the percentage of overtime hours worked by hospital service areas. Hospitalization rates for ambulatory care sensitive conditions have been consistently higher in the Yukon than the national average. Also, health expenses per person have been higher and continue to increase. A higher percentage of newly admitted long-term care residents who could have received care at home, compared to the rest of Canada, suggests that there may be challenges with at-home care availability or providers struggling to meet demand. Increasing access to appropriate care closer to home is essential for improving health care system efficiency. Additionally, a higher percentage of Yukoners who visited the emergency department for a mental health or substance use problem returned 4 or more times compared to the rest of Canada.

Social support and connections

The sense of community connection is quite strong and remained high in the Yukon over the years.

Behavioural and biometric factors

Yukoners generally maintain high levels of physical activity, but fruit and vegetable consumption appears to be decreasing. In 2022, about 30% of Yukoners were in the highest risk body mass index (BMI) category.

Chronic disease and cancer

Recent data shows that around 6% of Yukoners have diabetes and 21% have hypertension, both of which have been increasing over the past 12 years. However, new cancer diagnoses, including site specific cancers such as breast, colorectal, and lung, have been declining since 2018.

Maternal and infant health

The Yukon has experienced a declining birth rate in recent years, mirroring the trend across Canada, and its infant mortality rate is comparable to the national average. According to the most recently available data, almost all Yukon mothers initiated breastfeeding, and a higher percentage reported exclusively breastfeeding for at least six months compared to the Canadian average.

Injuries

Injury hospitalization rates in the Yukon have consistently been higher than the national average, though they have shown a decreasing trend from 2015 to 2020. Falls are the leading cause of injury-related emergency department visits and hospitalizations, followed by “struck by or against”, and the “other” category that includes injuries involving watercraft, aircraft, agricultural machinery, unintentional firearm discharge, and exposure to natural forces. Substance use is a significant factor in many injury-related hospital visits, and the patterns of causes and age groups involved change when considering only injuries related to substance use.

Mental health and substance use

A similar proportion of Yukoners reported their mental health as very good or excellent compared to the rest of Canada, although an increasing number of Canadians overall reported fair or poor mental health in 2022. Most years, self-reported heavy drinking,

cannabis consumption and smoking in the Yukon were higher than the national average.

Self-reported diagnoses for mood disorders for the Yukon and Canada appear similar, aside from a notable increase in the Yukon in 2022. There has also been a growing trend in the use of health services for mood and anxiety disorders. The Yukon has a higher rate of hospital admissions for self-harm and hospitalizations due to mental health and substance use disorders compared to the rest of Canada. Hospitalization rates due to alcohol have been consistently higher in the Yukon, reaching up to four times the national rate recent years. Mental health and substance use demands put pressure on our health care system.

Communicable and infectious diseases

Aside from COVID-19, the most commonly reported lab-confirmed communicable disease cases were sexually transmitted and blood-borne infections (STBBIs).

Immunizations

Vaccines are an important public health tool for preventing some infectious diseases, with childhood vaccines considered one of the greatest public health achievements. Overall, Yukon children have reasonable coverage for essential vaccines.

Purpose

The *Yukon Health Status Report*, as required under the *Health Act*, provides a comprehensive overview of health conditions and outcomes for Yukoners every three years. Last year's update report focused on immunizations and communicable diseases, while this year's comprehensive report features sections based on wellbeing and quality of life frameworks in Canada. The 2023 Health Status Report also provides updates on a wide range of health topics, with comparisons to Canada or other jurisdictions where possible.

This report includes key groups of social determinants of health and wellbeing, such as demographics, culture and identity, justice, the health system, social supports and connections, and protective factors for health and wellbeing. There are updates on notable health topics such as chronic diseases and cancer, maternal and infant health, injuries, mental health and substance use, communicable diseases, and immunizations. Collectively, we attempt to paint a picture of the overall health and wellbeing of Yukon residents as a population.

The findings of this report can be used to inform readers of the state of health and wellbeing of the territory and its residents. It continues to be a resource to support discussions, planning, programs, and policies as we work towards improving our collective quality of life and the systems that support us all.

Demographics

Age and sex distribution of the population

As of December 2023, an estimated 45,980 people lived in the Yukon[1]. Eighty percent (80%) of the population lived in Whitehorse and the surrounding areas, nearly 2,400 individuals lived in Dawson City, just over 1,500 in Watson Lake, and over 1,000 in Haines Junction and Champagne. The remaining 4,324 residents were spread across smaller communities and rural areas in the territory.

Population pyramids for both the Yukon and Canada (Figure 1) illustrate the age and sex distribution, which helps visualize the composition of the population. Understanding these distributions is important as they influence the types of supports and services that are needed.

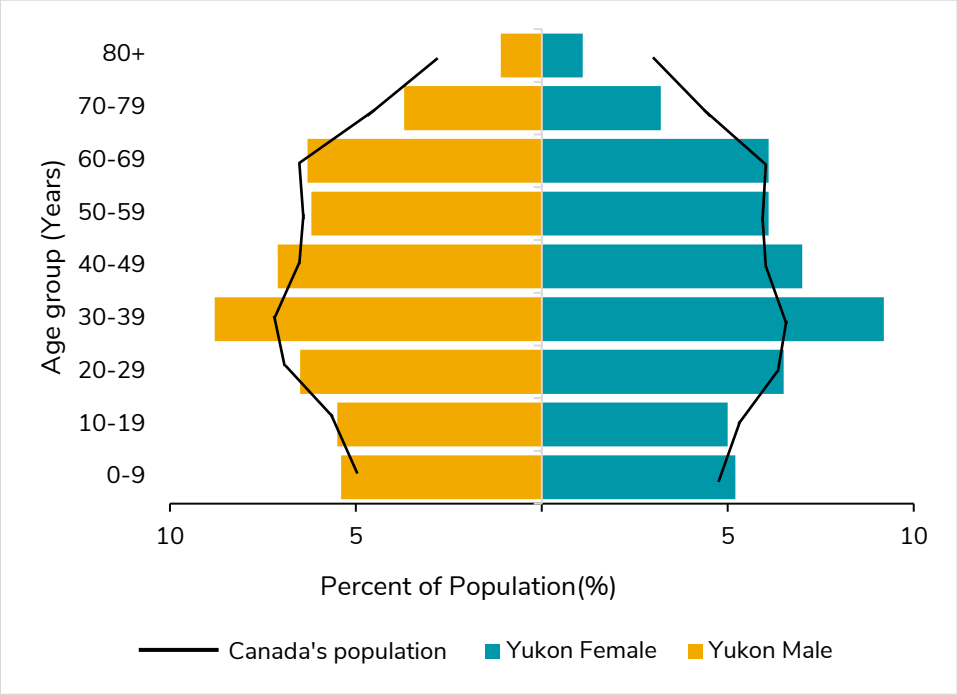

Figure 1: Population distribution by age group and sex, Yukon and Canada, 2023

Source: Yukon Bureau of Statistics, 2023[1]; Statistics Canada, 2023[2]

In 2023, the median age in the Yukon was 38.5 years, compared to 40.6 years across Canada[2]. In the Yukon, 39.0% of individuals are between the ages of 20 to 44 years, compared to 34.9% across Canada. Residents aged 65 and older in the Yukon account for 15.0% of the population, compared to 18.9% across Canada. As shown in Table 1, the age composition by community in the Yukon varies. Carmacks/Braeburn has the highest proportion of residents aged 0-19 (24.0%), while Tagish had the lowest (9.1%). Tagish also had the highest percentage of residents aged 65 and older (37.6%), while Pelly Crossing had the lowest (11.2%).

Table 1. Total population by age group, Canada, Yukon, and Communities (December 2023)

	Population	Ages 0-19 (%)	Ages 20-44 (%)	Ages 45-64 (%)	65 and over (%)
Canada	40,097,761	21.0	34.9	25.2	18.9
Yukon	45,980	20.9	39.0	25.1	15.0
Whitehorse and area	36681	21.4	40.4	24.1	14.0
Outside Whitehorse					
Beaver Creek	110	13.6	41.8	31.8	12.7
Carcross	494	19.2	32.0	28.7	20.0
Tagish	386	9.1	19.2	34.2	37.6
Carmacks/Braeburn	616	24.0	29.9	28.4	17.7
Dawson City	2,380	17.0	40.2	26.9	15.8
Destruction Bay	60	8.3	28.3	41.7	21.7
Burwash Landing	121	19.8	33.9	30.6	15.7
Faro	455	19.1	29.0	25.9	25.9
Haines Junction/Champagne	1,084	20.9	29.5	29.4	20.1
Mayo/Keno/Stewart Crossing	495	14.3	34.9	27.9	22.8
Old Crow	251	23.5	38.6	21.5	16.3
Pelly Crossing	383	23.0	36.3	29.5	11.2
Ross River	391	20.2	32.5	35.0	12.3
Teslin/Johnson's Crossing/Swift River	562	18.1	28.8	31.0	22.1
Watson Lake	1,511	20.7	32.3	29.0	18.0

Source: Yukon Bureau of Statistics, 2023[1], Statistics Canada, 2023[2]

The Yukon's population has steadily grown over the last decade, increasing by nearly 25% from 2013 to 2023[1]. If this growth rate continues, projections estimate that the population will reach 67,200 by 2045[3]. As a relative proportion of Yukon's total population, the population aged 65 and older is projected to grow faster than younger age groups, increasing from 15.0% in 2023 to 21.2% by 2045.

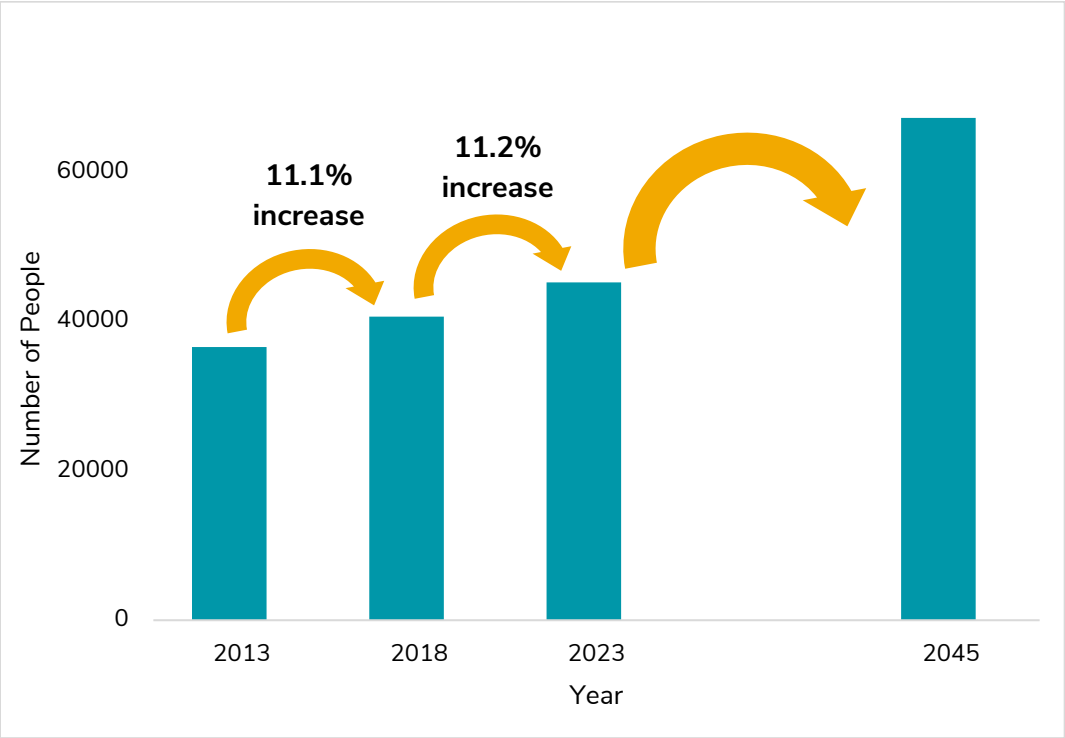

Figure 2: Yukon's population growth, 2013, 2018, 2023, and 2045

Source: Yukon Bureau of Statistics, 2024[3]

Culture and identity

Culture and identity are key determinants of health. They influence social networks, peer relationships, health care seeking, health behaviours, and the relationships and resources that determine health. This section highlights some available data on culture and identity in the Yukon.

Indigenous population

According to the 2021 Census, 22.3% of people living in the Yukon self-identified as Indigenous, compared to 5.0% in all of Canada. The Yukon has the third highest proportion of Indigenous people in Canada, following Nunavut (85.7%) and the Northwest Territories (49.6%)[4]. The average age of Yukon's Indigenous population was almost six years younger than Yukon's non-Indigenous population (35.2 years vs. 40.9 years).

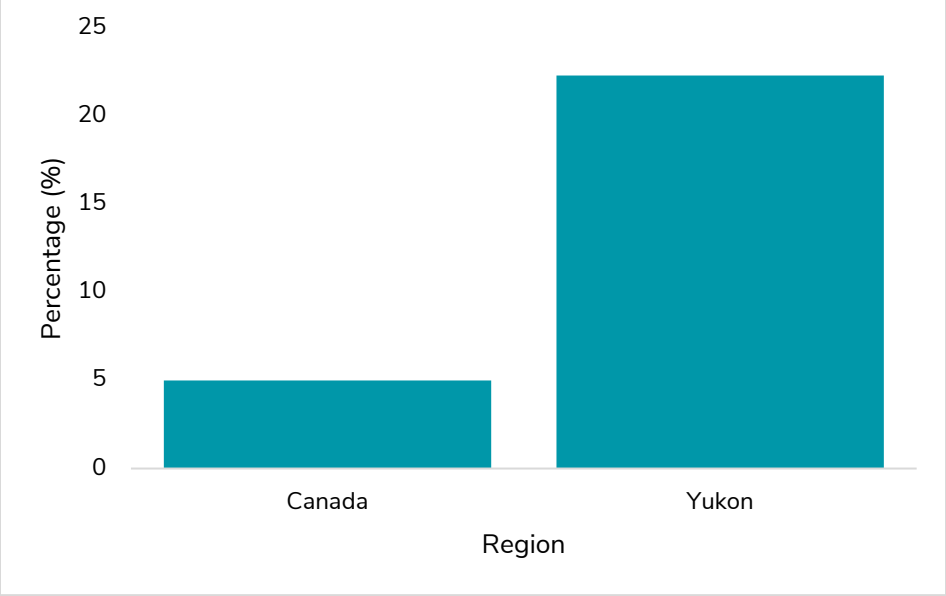

Figure 3: Percentage of population that is Indigenous, 2021

Source: Census of Population, 2021, Statistics Canada[5]
Notes: Indigenous includes individuals who self-identified as First Nations, Metis and/or Inuk (Inuit) and/or those who report being Registered as Treaty Indians (that is, registered under the *Indian Act* of Canada), as well as those who report having membership in a First Nation or Indian Band. The estimates associated with this variable are based on incomplete data.

It is important to note that Indigenous populations in the Yukon and across Canada are likely under-represented in national surveys, including the census, for several reasons, including distrust in government rooted in a long history of colonialism, discrimination, and marginalization.

Racialized populations

According to the 2021 Census, 12.8% of Yukon's population self-identified as part of a racialized group, marking a 33.6% increase from 2016. In comparison, 26.5% of Canada's population self-identified as part of a racialized group in 2021, up from 22.3% in 2016. In the Yukon, the largest racialized groups in 2021 were Filipino (38.4%), South Asian (20.4%), and Chinese (12.6%).

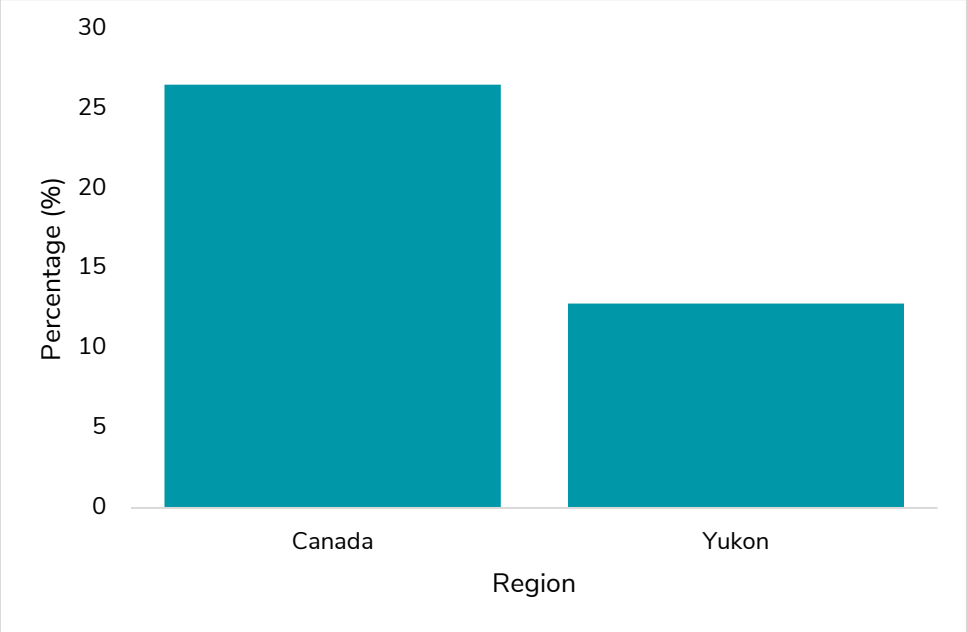

Figure 4: Percentage of population that belongs to a racialized group, 2021

Source: Census of Population, 2021, Statistics Canada[5]
Notes: The 2021 Census has shifted from the term "visible minority" to "racialized population" or "racialized group", aiming to reflect the increased use of the terms in the public. The questions in the 2021 Census used the term "visible minority", which refers to those defined in the *Employment Equity Act* as "persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour", including those such as South Asian, Chinese, Black, and others.

Knowledge of languages

The 2021 Census data showed that English was the most commonly spoken language at home in the Yukon. Of the population, 99.4% reported knowledge of English, 2.1% reported knowledge of Indigenous languages, 14.5% reported knowledge of French and 16.7% spoke other languages. The Yukon ranked third in English/French bilingualism in Canada, following Quebec and New Brunswick[5].

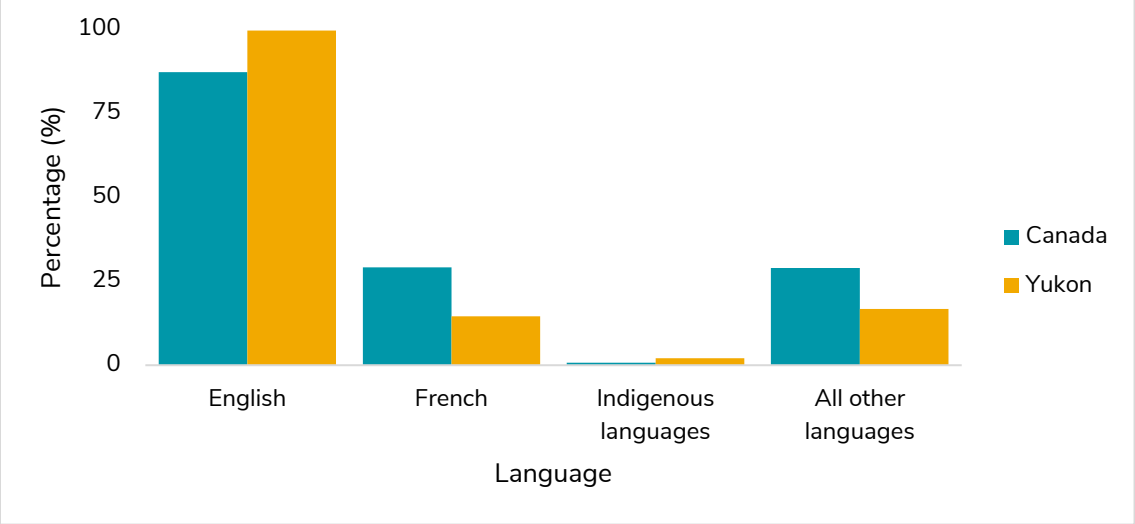

Figure 5. Percentage of the population who have knowledge of English, French, Indigenous, and all other languages, 2021

Source: Census of Population, 2021, Statistics Canada[5]
Notes: Categories are not exclusive; knowledge of more than one language can be reported

Arts, participation in cultural activities and recreation

Participation in arts, culture and recreation can be highly beneficial to health and wellbeing. These activities can be good for physical and mental health, and provide opportunities for socializing, relaxing and learning.

According to the 2020 Yukon Wellbeing Survey[6], 31% of respondents reported that their leisure time involved traditional and/or cultural activities (95% confidence interval [CI]: 29.4% to 32.6%). Additionally, 40.9% (95% CI: 39.2% to 42.6%) were satisfied with access to arts and cultural opportunities in their community, and 79.4% of respondents agreed that their leisure time provided opportunities to be on the land and in nature (95% CI: 78.0% to 80.8%).

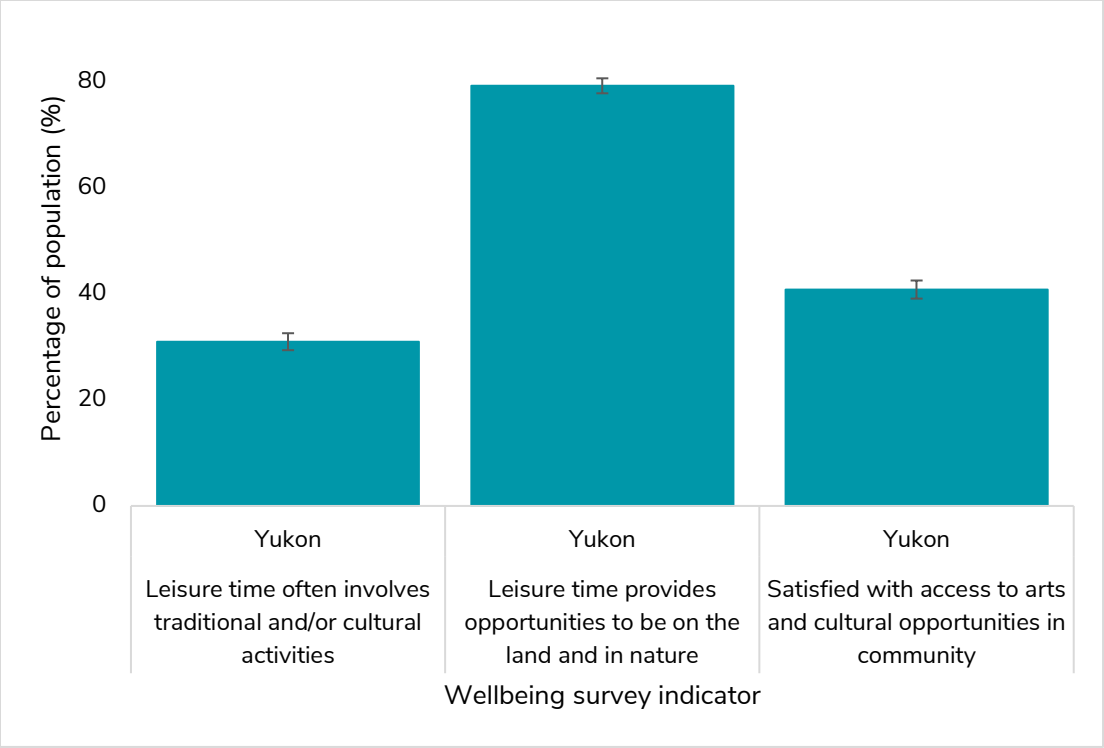

Figure 6: Select arts, culture and recreation indicators, Yukon Wellbeing Survey, 2020

Source: Yukon Wellbeing Survey, 2020[6]

Social determinants of health

Access to adequate income, affordable housing, nutritious food, education and healthy environments strongly influence our health and wellbeing. Positive health and wellbeing are unequally distributed, and low income and education are correlated with poorer health and shorter life expectancies. By addressing these underlying factors and improving living, working, and recreational conditions for everyone, we can reduce these disparities and improve the overall health and wellbeing of the population.

Income and cost of living

Income is a key determinant of health, influencing factors like living conditions, food choices, access to resources, and stress levels. The 2021 Census summarized after-tax household income for private households as reported by the Canada Revenue Agency. After-tax income was selected to reflect a household's actual spending power after taxes and benefits. Income distribution varies between the Yukon and Canada (see Figure 7). In the Yukon, 42.5% of households were in the highest income bracket compared to 31.9% nationwide. The median after-tax income for Yukon households was $101,400, the third highest in Canada after the Northwest Territories ($117,400) and Nunavut ($121,700). This compares to the Canadian median of $87,700.

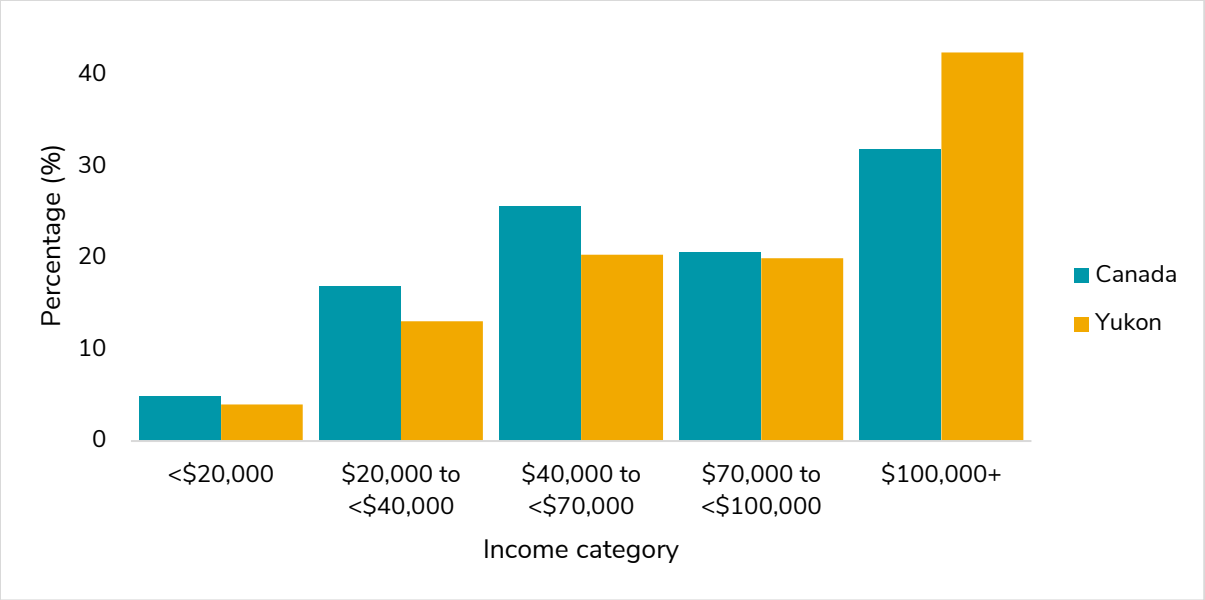

Figure 7: Distribution of private household income, after-tax, Yukon and Canada, 2020

Source: Census of Population, 2021, Statistics Canada[5]

When looking at affordability, it is also important to understand the cost of living in relation to income. The Northern Market Basket Measure[7] (NMBM) calculated by Statistics Canada for regions in Canada estimates the cost of a basic standard of living in various Canadian regions, including food, clothing, shelter, transportation and other essentials for a family of four (two adults and two children). Families with disposable income below this threshold are considered to be in poverty. In 2022, the poverty rate in the Yukon was 12.9%, representing about 5,200 people[8].

In 2023, the NMBM threshold was $63,430 for the Yukon's rural north region, $60,681 for the rural south region and $62,220 for Whitehorse. When comparing estimates from 2023 to 2022, the total threshold increased by 7.6% in the rural north ($4,232), 7.6% in the rural south ($4,050) and 7.4% in Whitehorse ($4,085). As shown in Figure 8, the NMBM has been steadily rising across all the Yukon regions since 2018.

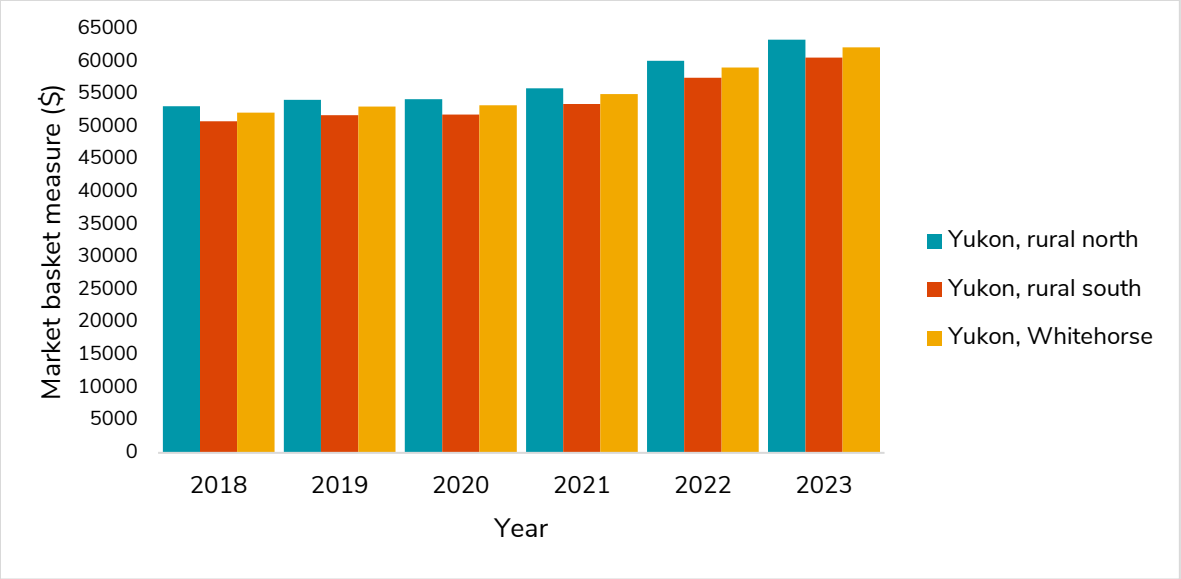

Figure 8: Northern Market Basket Measure, Yukon regions, 2018-2023

Source: Market Basket Measure (MBM) thresholds, 2024, Statistics Canada[9]

When comparing to other regions in Canada, in 2023 (Figure 9), the market basket measures for the Yukon regions were lower than all regions in Northwest Territories and Nunavut, but higher than rural and less populated areas of British Columbia. While only select regions are displayed in Figure 9, the territories had higher market basket measures than all other regions in Canada in 2023[9].

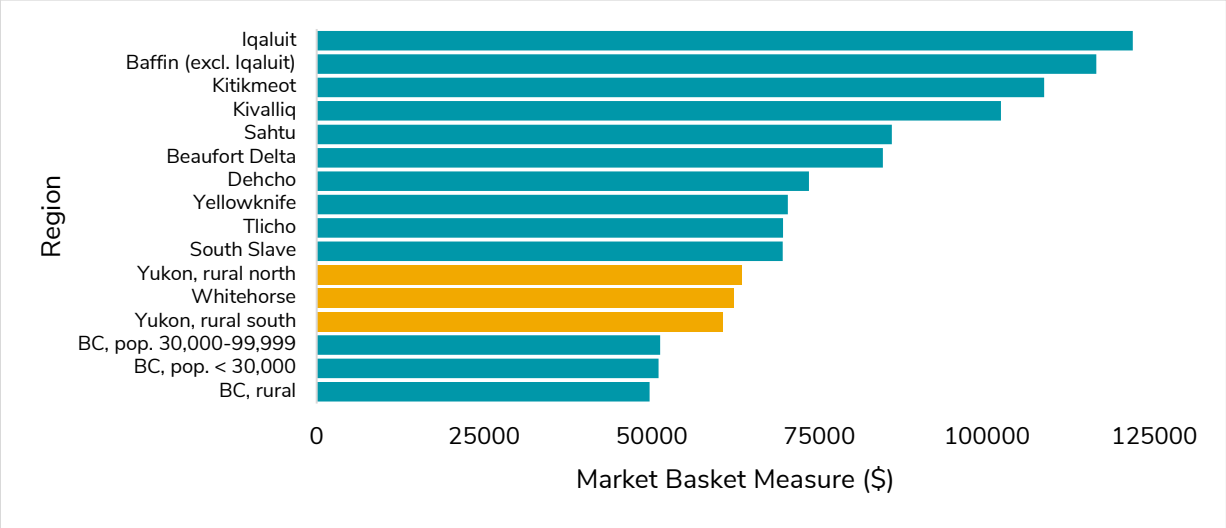

Figure 9: Northern Market Basket Measure, select regions in Canada, 2023

Source: Market Basket Measure (MBM) thresholds, 2024, Statistics Canada[9]

The Community Spatial Price Index (CSPI)[10] produced by the Yukon Bureau of Statistics compares the prices of regularly purchased items in Whitehorse (represented by the dotted line on the graphs) to prices in other Yukon communities at a given point in time. Although data is not available for all communities, those with available data are shown in the figures below. The CSPI indicates that prices for nearly all food-related items are highest in Old Crow compared to other communities. For non-food related items, such as health and personal care products and household operations, prices are also higher in Old Crow than in other rural Yukon communities. While CSPI data for home heating fuel, gas and diesel were not available for Old Crow, these items were more comparable in price across the remaining communities for which data is available.

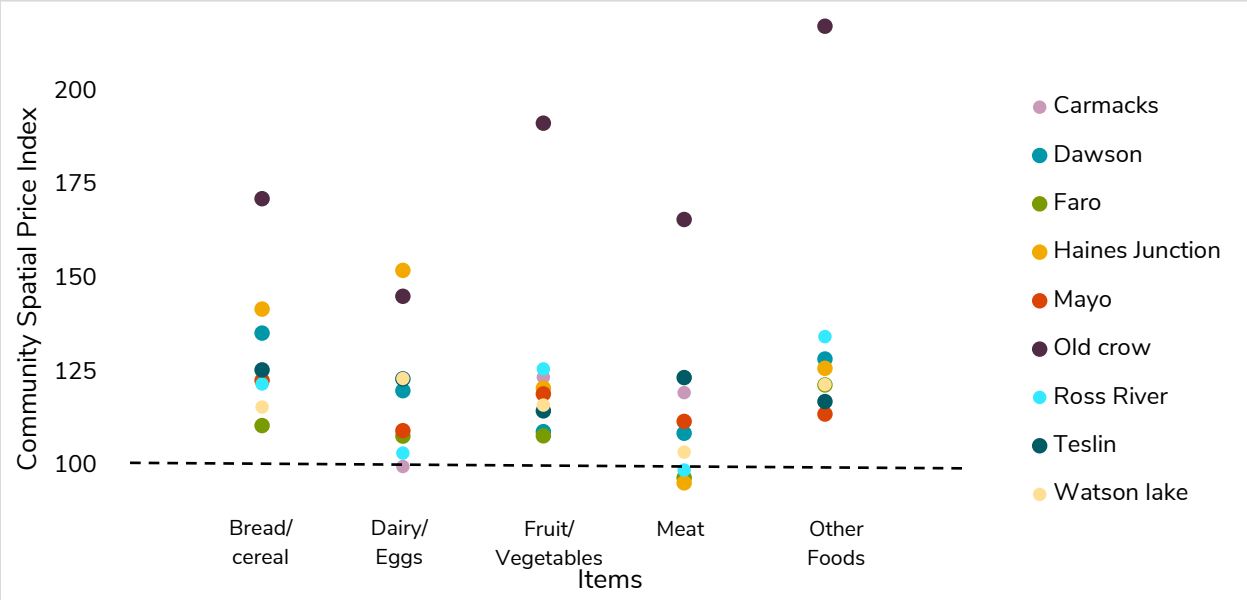

Figure 10. Community Spatial Price Index (CSPI) for food-related items, January 2024

Source: Community Spatial Price Index, Yukon Bureau of Statistics, 2023[10]
Notes: Dotted line is reference community of Whitehorse

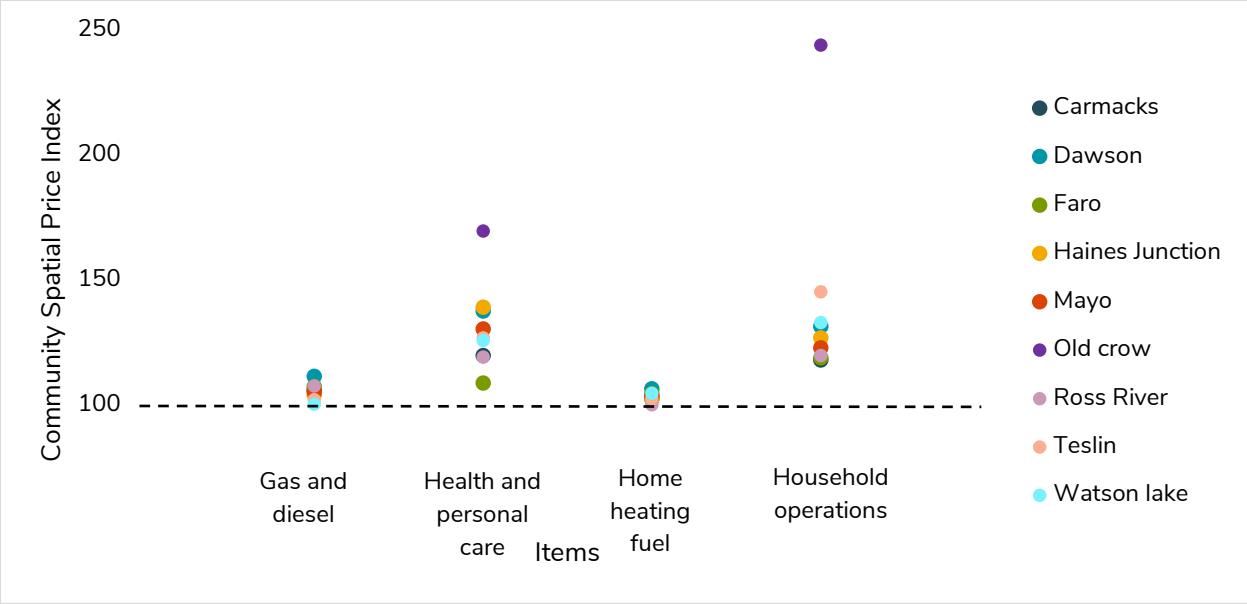

Figure 11. Community Spatial Price Index (CSPI) for non-food related items, January 2024

Source: Community Spatial Price Index, Yukon Bureau of Statistics, 2023[10]
Notes: Dotted line is reference community of Whitehorse
CSPI for gas and diesel and home heating fuel were not available for Old Crow

Food security

Income and food security are closely related, as an individual's or household's income and food prices affect their ability to access adequate and appropriate food[11]. The Northern Market Basket Measure and Community Spatial Price Index for food-related items (shown above in Figures 8 to 11) highlight how the cost-of-living impacts the relationship between income and food security. Food security is defined as "when all people, at all times, have physical and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life"[12], and is one indicator of a population's wellbeing. For this measure, the level of food security is derived from a series of survey questions asking people about the need to go without food, feeling hungry, not eating enough food and other related questions.

Figure 12 shows the percentage of adults that reported to be food secure in the 2017-18, 2019-20, and 2022 cycles of the Canadian Community Health Survey (CCHS). In the 2017-18 cycle, a slightly lower percentage of adults in the Yukon (87.4%, 95% CI:

85.0 - 89.7%) were food secure compared to the rest of Canada (90.4%, 95% CI: 90.1 - 90.8%). In the 2019-20 cycle, food security in the Yukon was reported to have increased from 2017-18, and was more similar to the rest of Canada, however in the 2022 cycle food security again was reported to decrease for both Yukon (85.1%, 95% CI: 80.3-89.9%) and Canada (87.2%, 95% CI: 86.7-87.7%).

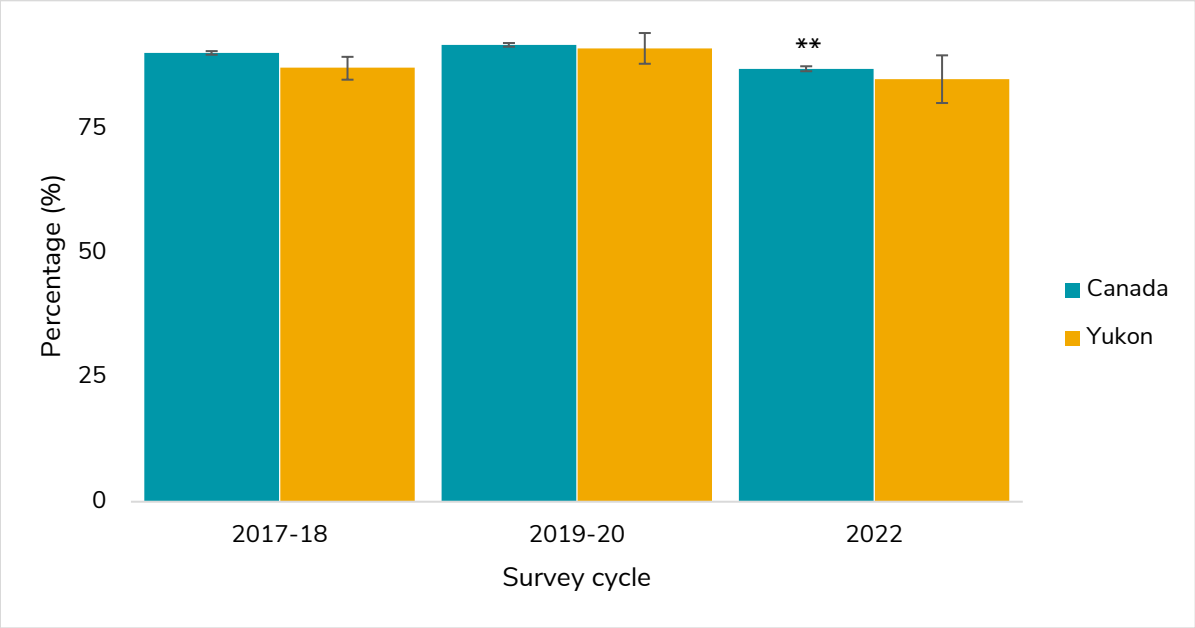

Figure 12: Percentage of adults that are food secure, Yukon and Canada, 2017-18, 2019-20, and 2022

Source: Canadian Community Health Survey, 2017-18[13], 2019-20[14], 2022[15], Statistics Canada
**2022 estimates for Canada exclude the territories

Education

While we recognize that attainment of formal education degrees and diplomas reflects western systems of education, this data may help improve understanding of how communities are progressing through formal education outcomes. According to the 2021 Census, 67.6% of Yukon residents have some form of post-secondary education. This includes 34.7% with a postsecondary certificate, diploma or degree, and 32.9% with a bachelor's degree or higher. As shown in Figure 13, the population distribution of educational attainment in the Yukon is similar to the rest of Canada.

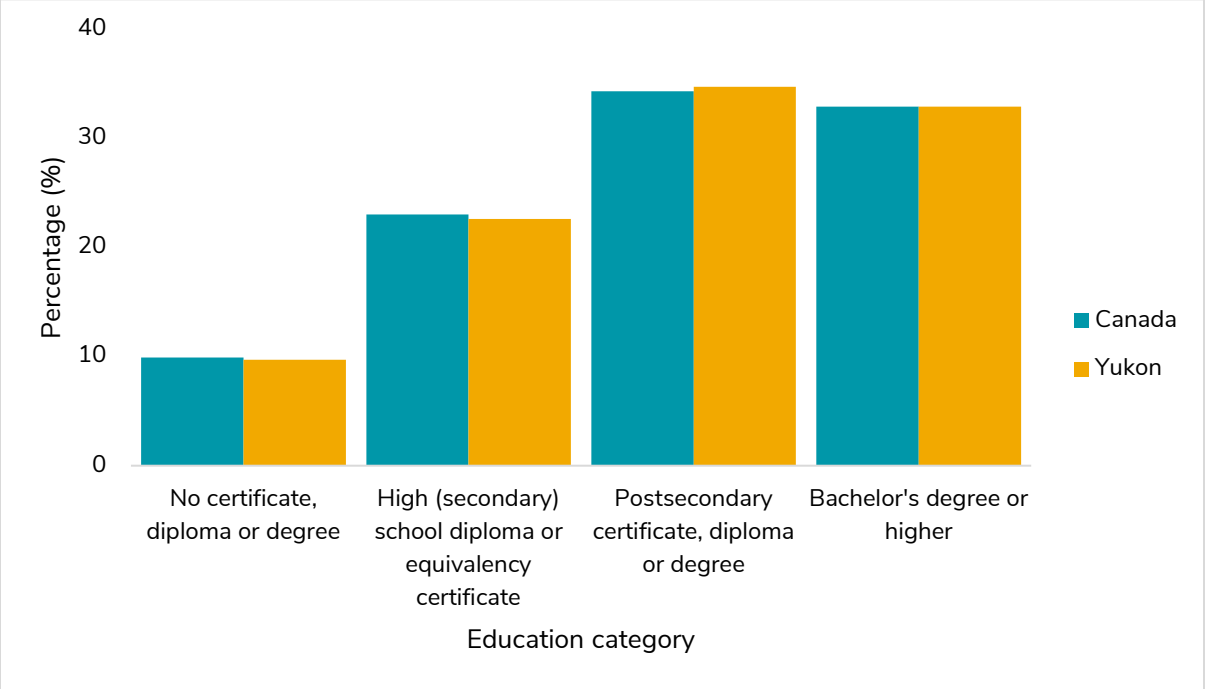

Figure 13: Category of educational attainment for the population aged 25 to 64 years, Yukon and Canada, 2021

Source: Census of Population, 2021, Statistics Canada[5]

Justice

Criminal violation rates

As part of Statistics Canada's Quality of Life Framework[16], the domain of "Good Governance" includes several indicators related to crime and justice. We have included a police-reported crime indicator based on data from Royal Canadian Mounted Police [RCMP] detachments, adjusted for population size over time. Total violations include violent criminal code violations, property crime, other criminal code violations, and criminal code traffic violations. The rate of total violations reported to Yukon RCMP detachments trended downwards from 2014 to 2018, followed by an increase in 2019. Rates have been slowly decreasing since then, reaching 24,603 violations per 100,000 people in 2023. In comparison, Canada's rate was considerably lower during this ten-year period, at 6,302 violations per 100,000 people in 2023. In 2022, the largest contributor to total violations in the Yukon was property crimes (4,475), followed by 'other' violations (mainly including disturb the peace and administration of justice violations) at 2,688, violent violations at 2,264, traffic violations at 662 and Federal Statute violations at 277[17].

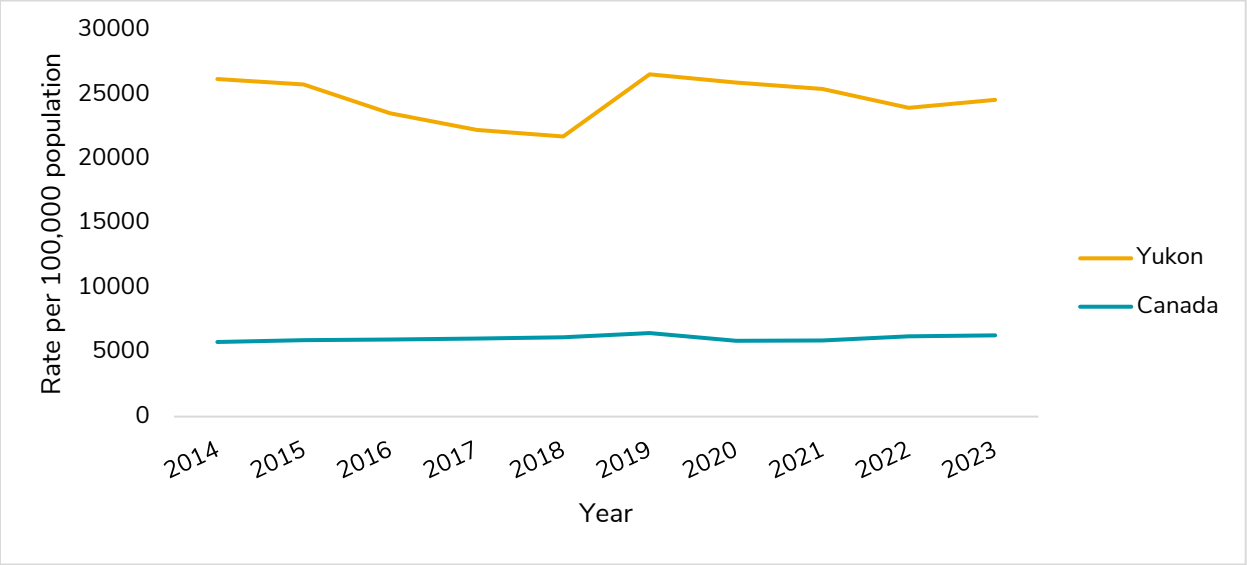

Figure 14. Total violation rates per 100,000 people in the Yukon and Canada, 2014 to 2023

Source: Incident-Based Crime Statistics, Statistics Canada, 2023[18]

Violence related injuries

One direct health consequence of violence is bodily injury and harm. Between the fiscal years 2016/2017 and 2021/2022, the proportion of injury-related emergency department visits in the Yukon specifically due to assault and intentional injury, including poisonings, was higher than in several provinces and comparable to the percentage in Saskatchewan (Figure 15). Additionally, Figure 16 shows that the proportion of all injury hospitalizations for assault and injury purposely inflicted, including poisonings, in the Yukon was higher than Canada's.

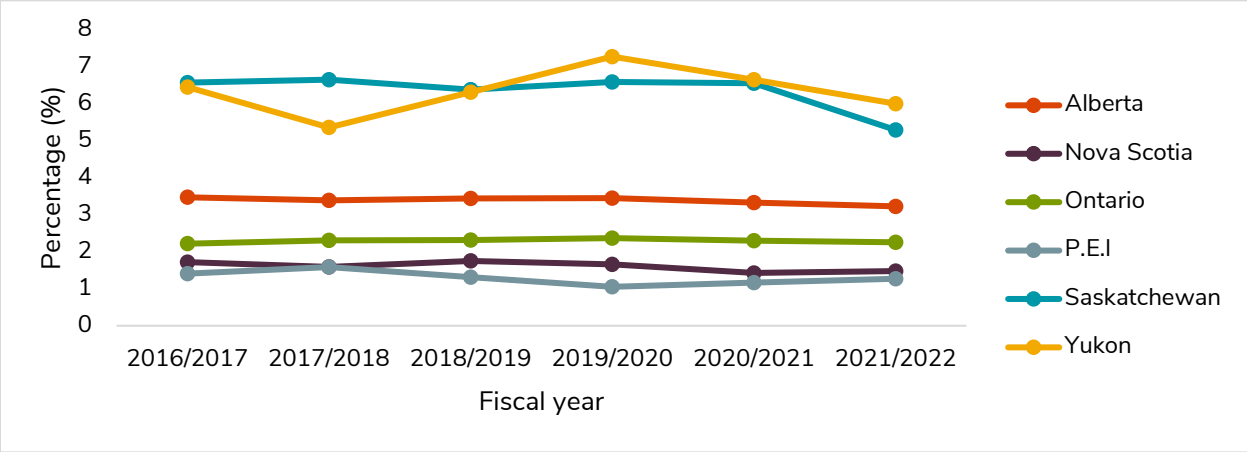

Figure 15. Percentage of all injury emergency department visits for assault and injury purposely inflected, 2016/2017 to 2021/2022

Source: Canadian Institutes for Health Information[19]
Notes: Includes poisonings. Percentage calculated out of all injury emergency department visits.

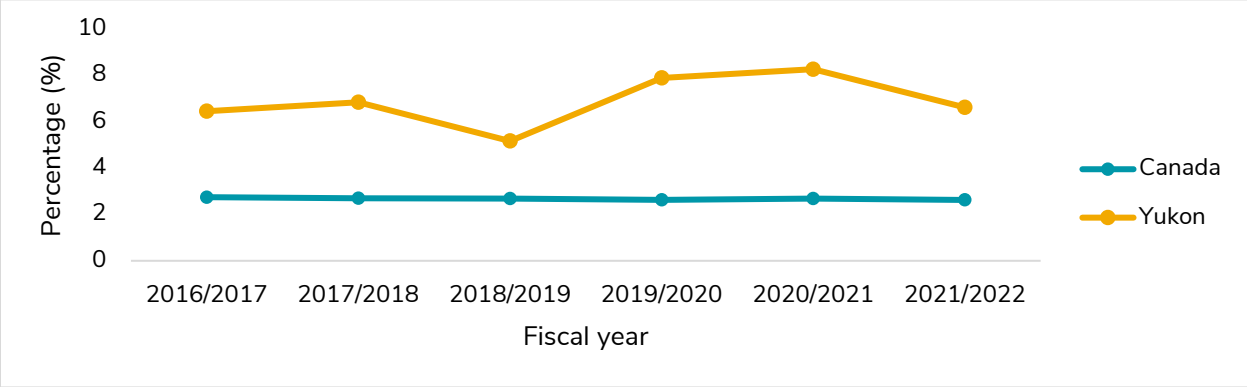

Figure 16. Percentage of all injury hospitalizations for assault and injury purposely inflicted in Yukon and Canada, 2016/2017 to 2021/2022

Source: Canadian Institutes for Health Information[19]
Notes: Includes poisonings. Percentage calculated out of all injury hospitalizations.

Health system

The quadruple aim is a framework with four overarching goals for high-functioning health systems: excellent client experience of care, healthy populations, excellent health care provider experience, and value for money[20]. In recent years, a fifth aim, health equity, has been added creating the quintuple aim[21]. As part of the federal-provincial-territorial Shared Health Priorities[22], several indicators related to these aims have been selected to help monitor and improve health systems across Canada and are presented here, along with additional indicators related to service access.

Access to services

One indicator of access to services for clients is self-reported access to a regular health care provider. As shown in Figure 17, in three of the four survey cycles of the Canadian Community Health Survey (CCHS), a smaller percentage of Yukoners aged 12 and over reported having a health care provider they regularly see or talk to when they need normal care or advice for their health compared to the national average. Between the 2015-16 and 2019-20 cycles, the percentage of Yukoners reporting access to a regular health care provider increased from 75.1% (95% CI: 71.9-78.0%) to 83.0% (95% CI: 78.4-86.8%). However, in 2022, there was a decline in Yukon residents reporting having a regular health care provider.

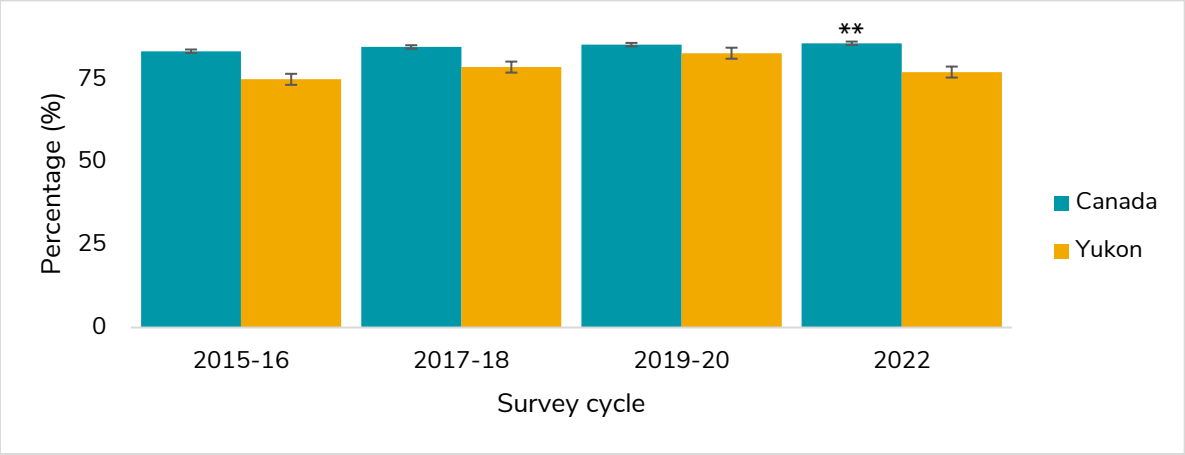

Figure 17: Percentage of population aged 12 and older who reported having a health care provider, Canada and the Yukon, 2015-16 to 2022

Source: Canadian Community Health Survey, 2015-16[23], 2017-18[13], 2019-20[14], and 2022[15] Statistics Canada
**2022 estimates for Canada exclude the territories

On December 18, 2023, the Whitehorse Walk-in Clinic opened to support Yukoners who do not have a permanent primary care provider. Figure 18 shows the total number of monthly visits between December 2023, when the clinic initially opened, and August 2024. However, comparisons of visits before May 2024 are challenging due to changes in clinic hours. The clinic extended its hours in May 2024, increasing the number of available visits. As shown in Figure 17, fewer Yukoners report having a primary care provider compared to the national rate, and the walk-in clinic aims to increase primary care access for those without a provider.

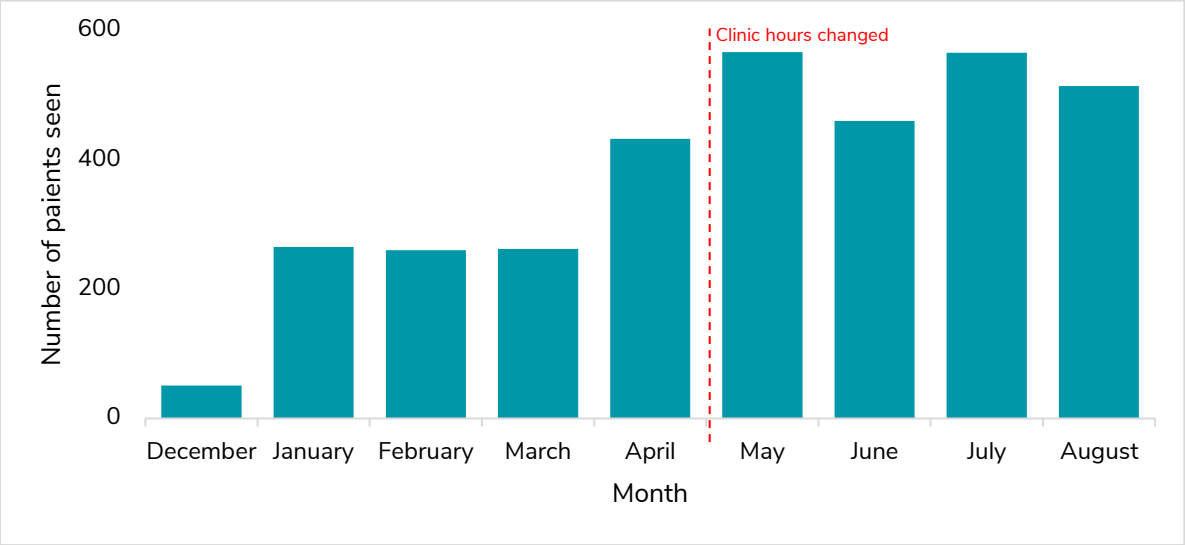

Figure 18: Total Whitehorse Walk-in Clinic visits by month, December 2023 - August 2024

Source: Internal program data, 2024[24]
Note: The Whitehorse Walk-In Clinic opened December 18, 2024, and only saw patients for four days before the end of the year. The red dotted line on the figure marks when the clinic hours increased in May 2024.

Dental disease can cause pain, infection and negatively impact social and emotional wellbeing, as well as the ability to work and learn. Access to dental services is crucial for maintaining oral health. The Yukon Children's Dental Program (YCDP)[25], first established in 1962 by Health Canada, is a dental public health program providing diagnostic, preventive, and restorative dental services to eligible school-aged children. Figure 19 shows participation in the YCDP at all participating Yukon schools for the school years of 2019/2020, 2020/2021, and 2021/2022. Despite disruptions from the COVID-19 pandemic, participation remained strong, with over 2800 students (70.5% of eligible students) taking part in the program during the 2021/2022 school year.

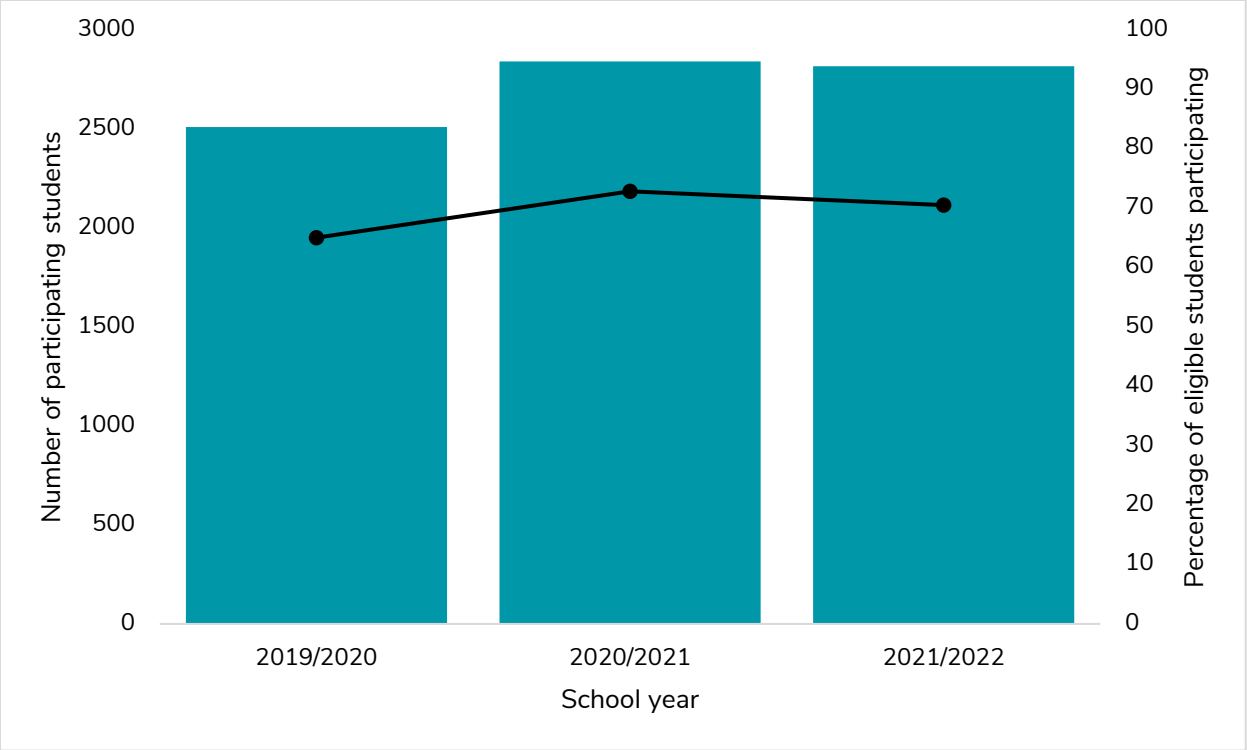

Figure 19: Percentage and count of eligible school-aged children participating in the Yukon Children's Dental Program, 2019/2020 to 2021/2022

Source: Internal program data, 2023[26]

Providers

Factors that influence the experiences and job satisfaction of health care providers include overtime hours and job vacancies. Statistics Canada noted that, "demand for health care professionals reached record levels during the COVID-19 pandemic"[27]. This meant that demand exceeded supply, resulting in staff shortages, increased workloads, and increased stress on existing staff. The Yukon was no exception. Data collected from the Yukon Health Human Resources survey and focus groups, delivered by the Department of Health and Social Services in November 2023 echoed these concerns, with workload and staffing issues being common reasons health care providers were considering leaving their jobs. Concerns included but were not limited to an increasing number of clients for the same number of staff, high staff turnover, and the negative impacts to mental health and quality of care that result from increasing workloads.

According to the monthly Statistics Canada Job Vacancy and Wage Survey[28], the quarterly average number of vacancies among health and social care providers in the Yukon for fiscal year 2022/2023 jumped to 145, a 70.6% increase from the previous year's average of 85 vacancies (Figure 20 and 21). The main cause of recent elevated job vacancy is unknown and warrants further investigation.

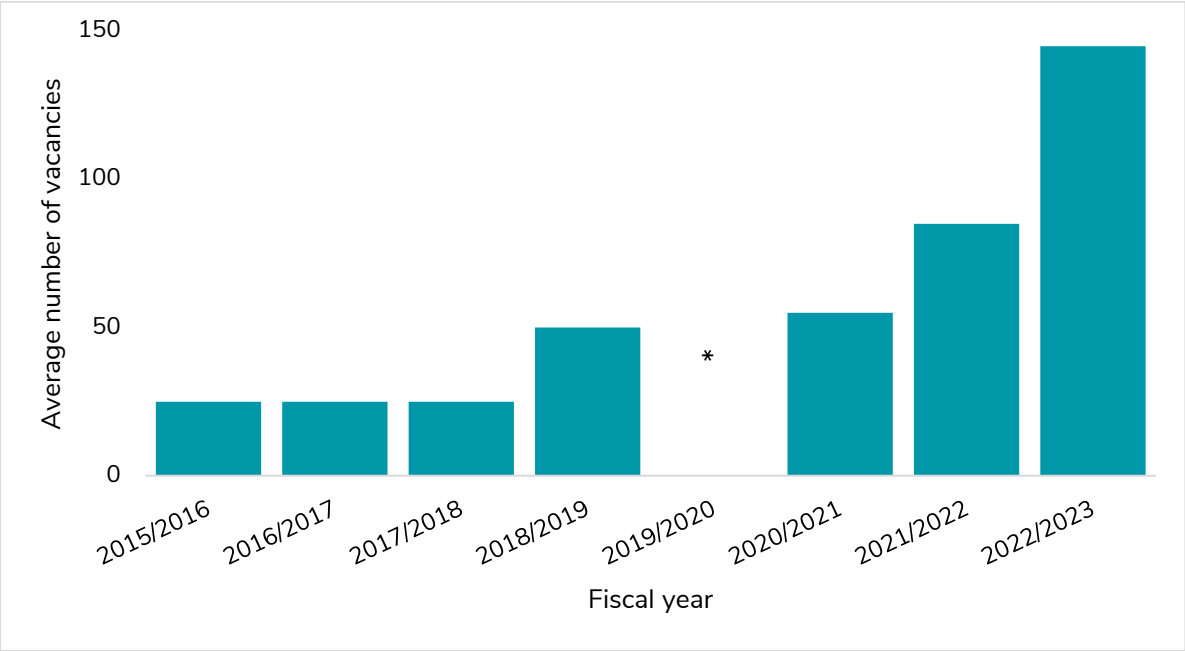

Figure 20. Average number of quarterly vacancies among health care, social work, personal support and mental health occupations, Yukon, 2015/2016 to 2022/2023

Source: Health Workforce in Canada Quick Stats, 2022, Canadian Institute for Health Information[28]
Note: See data notes for further information on this indicator.
*Data from 2019 is suppressed by CIHI to meet confidentiality requirements

When examining overtime hours as a percentage of worked hours at hospitals in the Yukon, nursing inpatient services have consistently had the highest percentage of overtime hours worked among all hospital service areas from fiscal years 2018/2019 to 2022/2023. However, as indicated in Figure 21, all service areas saw a notable increase in overtime hours worked after the start of the pandemic. In 2022/2023, nursing inpatient services had the highest proportion, with 9.4% of hours worked being overtime hours, followed by ambulatory care services (8.7%), administrative and support services (8.1%), and diagnostic and therapeutic services (7.7%).

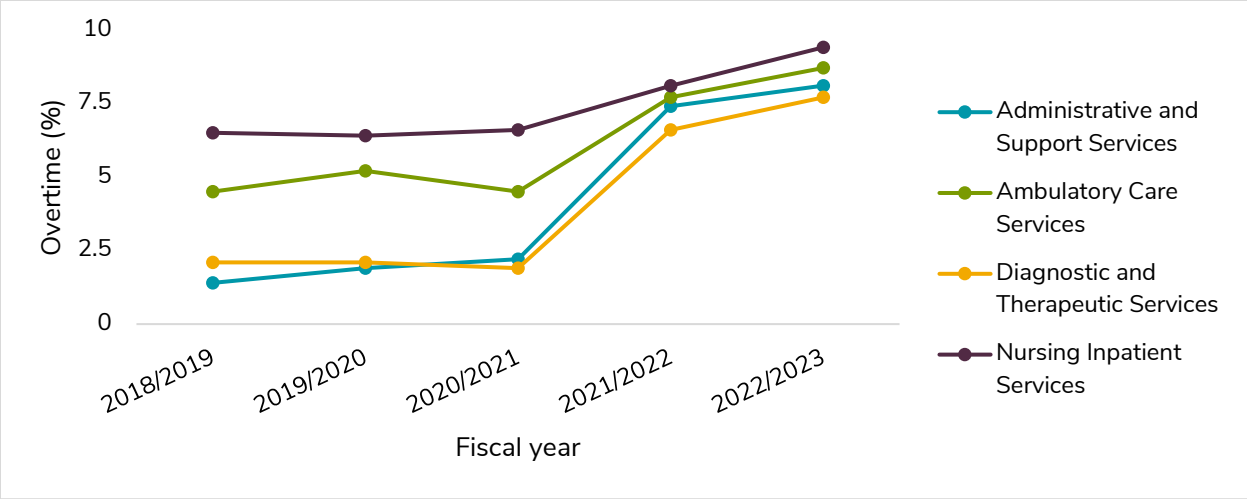

Figure 21. Overtime hours as a percentage of hours worked, by hospital service area, Yukon, 2018/2019 to 2022/2023

Source: Health Workforce in Canada Quick Stats, 2022, Canadian Institute for Health Information[27]
Notes: See data notes for further information on this indicator

Clients

Out-of-territory air medevacs are necessary when a patient requires emergency medical care that is not available in the Yukon. This is an important indicator given that territories rely more on air medevacs for emergency care, than the provinces. Most air medevac transfers from the Yukon are to British Columbia. Investigating the reasons for these transfers could provide insight into the gaps in medical care within the territory. Air medevac counts and rates have remained consistent before, during and after the pandemic.

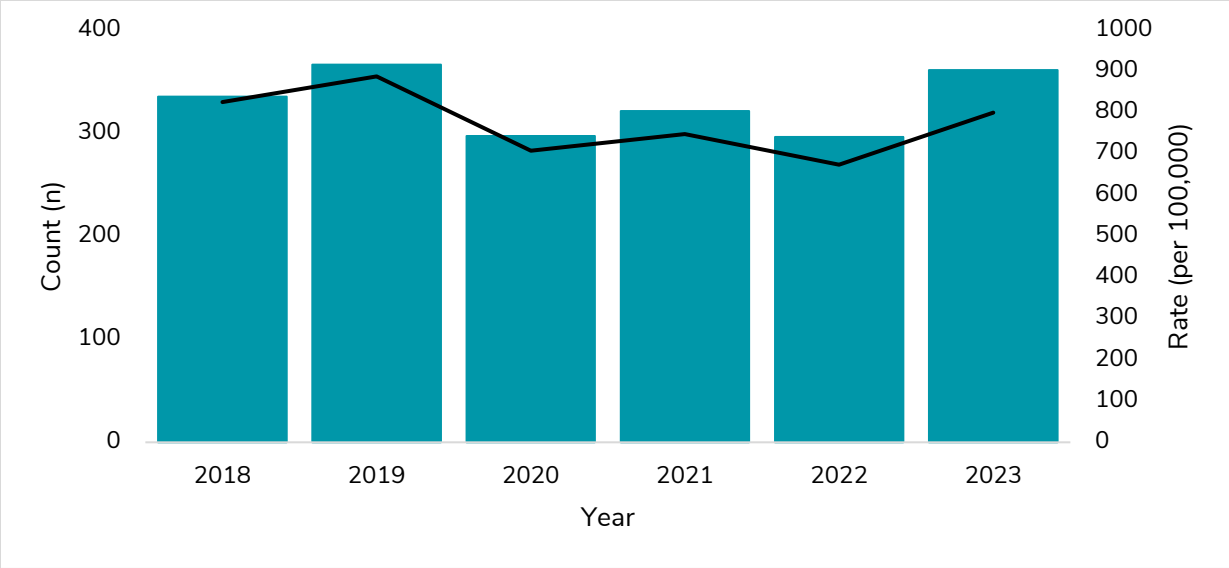

Figure 22: Annual rate of out-of-territory air medevacs per 100,000

Source: Internal program data, 2024[29]

Understanding patient satisfaction is also important to understand the client experience. In the 2019-20 cycle of the Canadian Community Health Survey (CCHS), five jurisdictions including the Yukon participated in questions related to the patient experience with health care services. As shown in Figure 23, survey participants were asked if they'd had a consultation with a health care professional in the past 12 months, and if so, how they would rate the overall quality of the consultation. Fewer respondents from the territories rated their last consultation as excellent or very good quality compared to Alberta and Nova Scotia, with 65.8% of Yukon respondents (95% CI: 59.6 – 72.0%) rating their last consultation as excellent or very good.

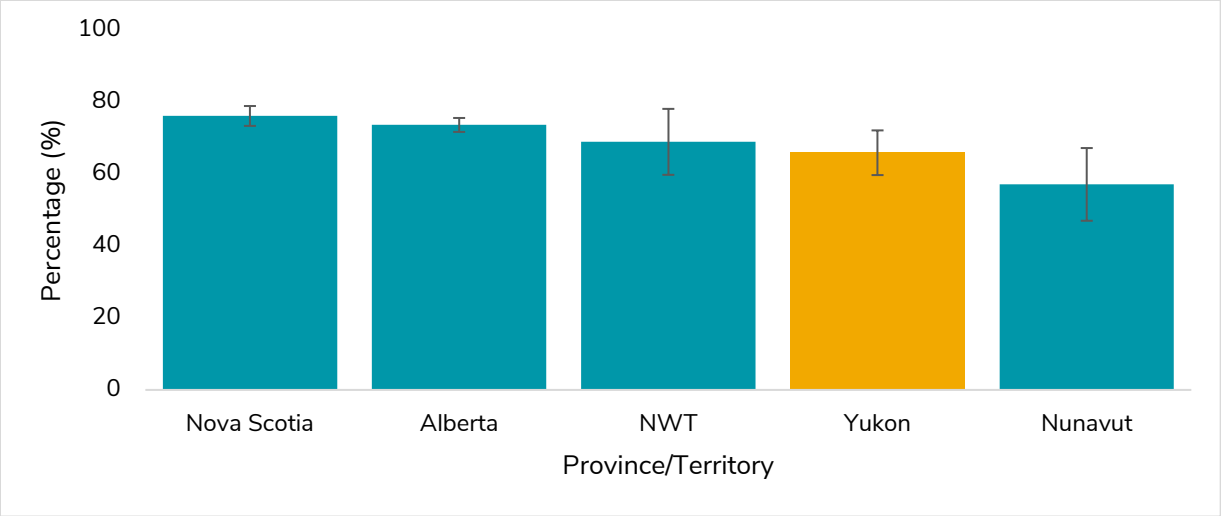

Figure 23: Percentage of people who rated the overall quality of their last consultation with a health professional as excellent or very good, by jurisdiction, 2019-20

Source: Canadian Community Health Survey, 2019-20, Statistics Canada[14]
Notes: Only those who reported a consultation with a health professional in the past twelve months are included. Excludes care provided during an overnight stay at a hospital, dental care visits, accident or emergency care, or care received in one's home.

Outcomes

Urgent hospital readmissions can be challenging for patients and expensive for the health care system. Figure 24 shows the percentage of patients readmitted within 30 days of their hospital discharge. While some readmissions are unavoidable, many can be prevented through follow-up and coordination of care after discharge. Data from 2018/2019 to 2020/2021 shows that the Yukon had a similar level of readmissions compared to Canada. However, in 2021/2022 and 2022/2023, readmission rates in the Yukon increased. This may have been influenced by the COVID-19 pandemic.

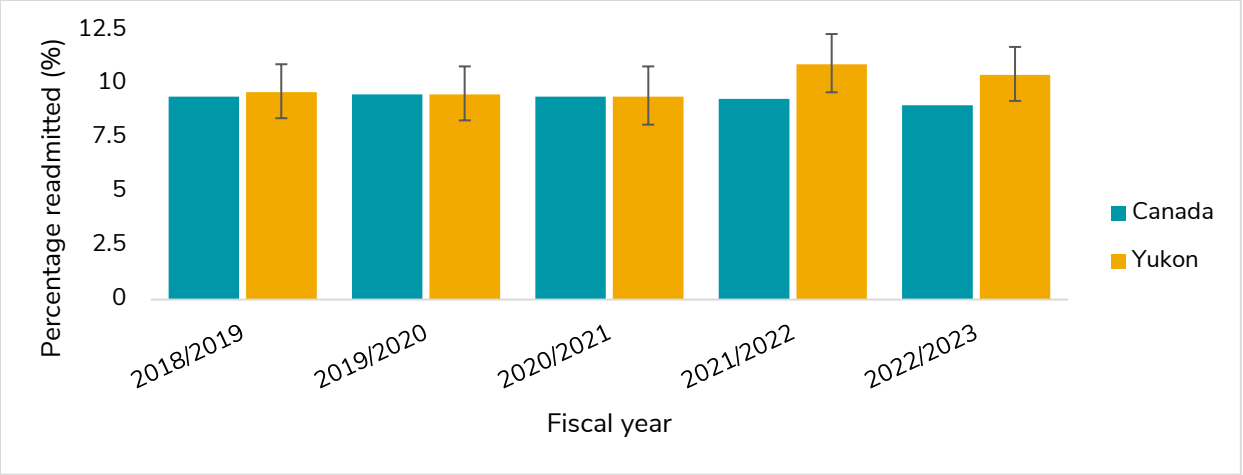

Figure 24: Percentage of all patients readmitted to hospital, the Yukon and Canada, 2018/2019 - 2022/2023

Source: Canadian Institute for Health Information, 2023[30]

Efficiency

Figure 25 shows the acute care hospitalization rate for ambulatory care sensitive conditions, in other words, hospital admissions that could have been prevented if appropriate care for those conditions was provided in the community. From 2013/2014 to 2022/2023, the Yukon's rates were consistently higher than the national average, although a decrease was observed in 2020/2021. The high rates seen in the Yukon may indicate challenges in accessing appropriate primary and preventative care.

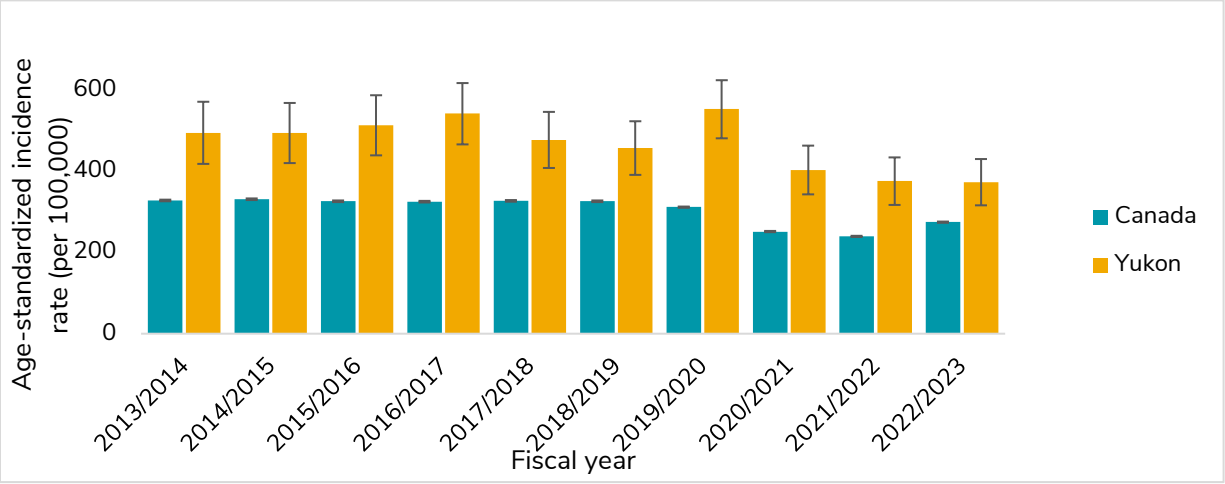

Figure 25: Ambulatory care sensitive conditions, age-standardized incidence rate per 100,000, the Yukon and Canada, 2013/2014 - 2022/2023

Source: Canadian Institute for Health Information, 2023[30]

Health is one of the largest expenses for provincial and territorial governments. Figure 26 shows the average per-person health expenditure by the government, adjusted for differences in the age and sex of the population. The higher spending per person in the Yukon means that the territory spends more per person on health care than the national average. Many factors can explain differences in spending, such as salaries for health care providers, geographic distribution of the population, geographic distribution of care, as well as the number and variety of services offered. Health care delivery costs tend to be higher in remote areas because residents often must travel long distances, including by air, to access services.

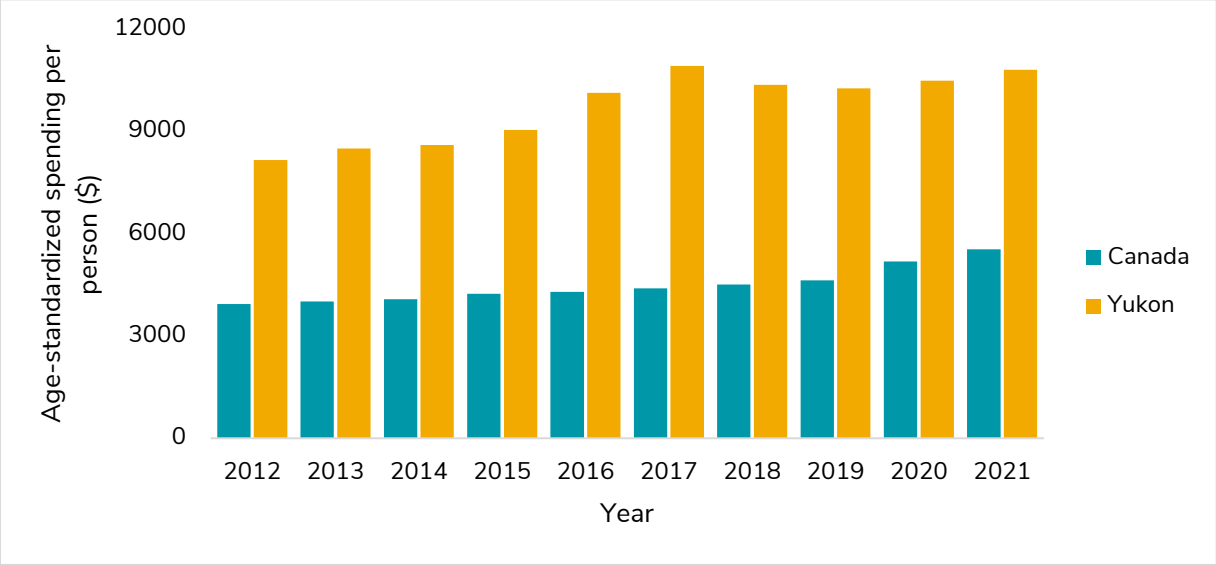

Figure 26: Age and sex-adjusted public spending per person, dollars ($), the Yukon and Canada, 2012 – 2021

Source: Canadian Institute for Health Information, 2023[31]

Figure 27 shows the percentage of newly admitted long-term care residents who have a clinical profile similar to those who received care at home. This indicator helps provinces and territories understand the proportion of newly admitted long-term care residents who potentially could have been cared for at home if formal supports were in place. The elevated percentage in the Yukon, compared to the national average, suggests that the Yukon faces greater challenges in providing sufficient at-home care supports or may be unable to meet the demand for these supports.

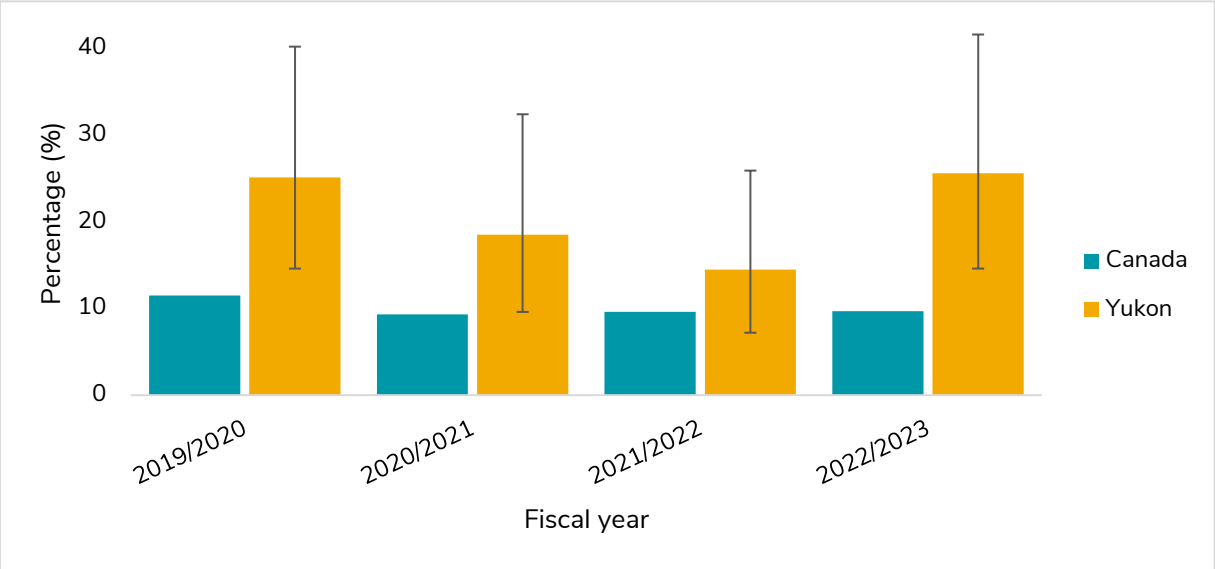

Figure 27: Percentage of new long-term care residents who potentially could have been cared for at home, the Yukon and Canada, 2019/2020 - 2022/2023

Source: Canadian Institute for Health Information, 2023[31]

Figure 28 shows the percentage of individuals who had four or more emergency room (ER) visits for help with mental health and substance use in a year, among those who had at least one such visit in a year. Lower rates may indicate better access to community-based care for help with mental health and substance use. Several other factors, such as the prevalence of mental health conditions and the impact of stigma (real or perceived), can also influence the use of the ER for mental health and substance use. Results have remained fairly consistent for the Yukon over the years. While the rates are higher in the Yukon compared to the rest of Canada, comparisons should be made with caution as ER visit data is incomplete in other Canadian jurisdictions.

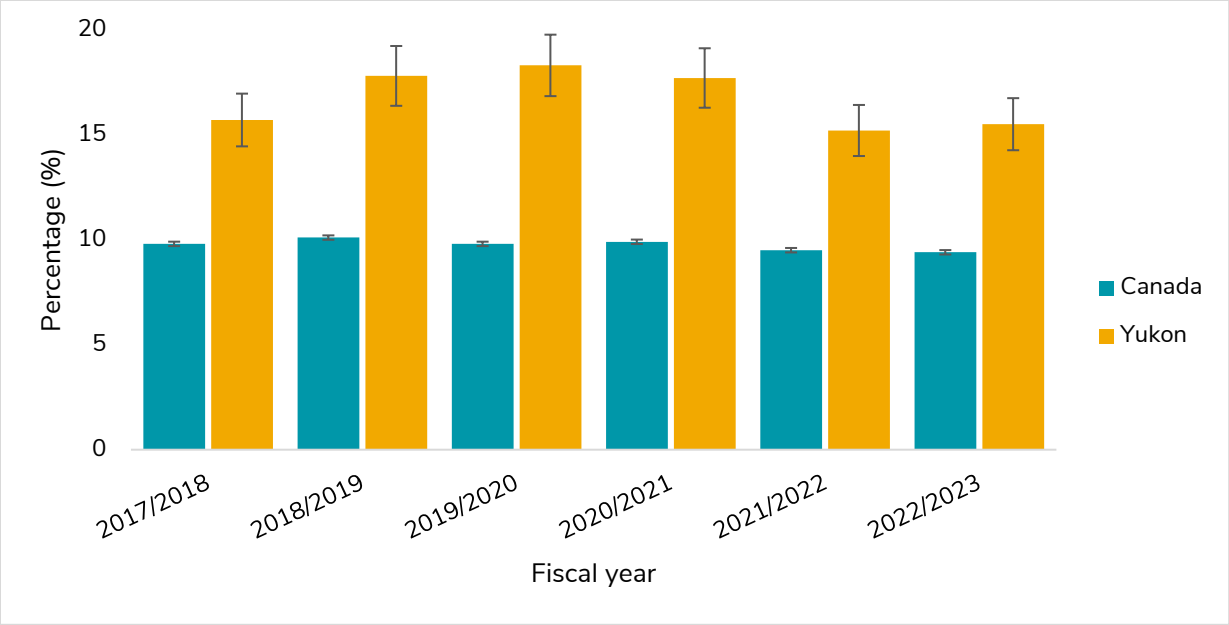

Figure 28: Percentage of individuals with frequent emergency room visits for help with mental health and substance use, Yukon and Canada, 2017/2018 - 2022/2023

Source: Canadian Institute for Health Information, 2023[31]
Notes: The denominator of this indicator is the number of individuals who had at least one emergency room (ER) visit for a mental health and substance use problem in a given year. The numerator is the number of those individuals who had 4 or more ER visits for a mental health and substance use problem in that year.

Social support and connections

Social support and connection to community are associated with better health, as this can reflect having someone to turn to in times of hardship and a commitment to shared resources and systems. Research shows a strong correlation between one's sense of community-belonging and self-reported physical and mental health[32].

The sense of community connection is quite strong in the Yukon. According to the 2022 Canadian Community Health Survey (CCHS), 76.3% of Yukoners reported feeling a very strong or somewhat strong sense of belonging to their local community. In contrast, only 64.5% of Canadians overall reported a very strong or somewhat strong sense of belonging in 2022. Sense of community belonging has remained high in the territory over the years, though the 2022 rate represents a slight decrease, which was also observed with the 2022 Canadian rate.

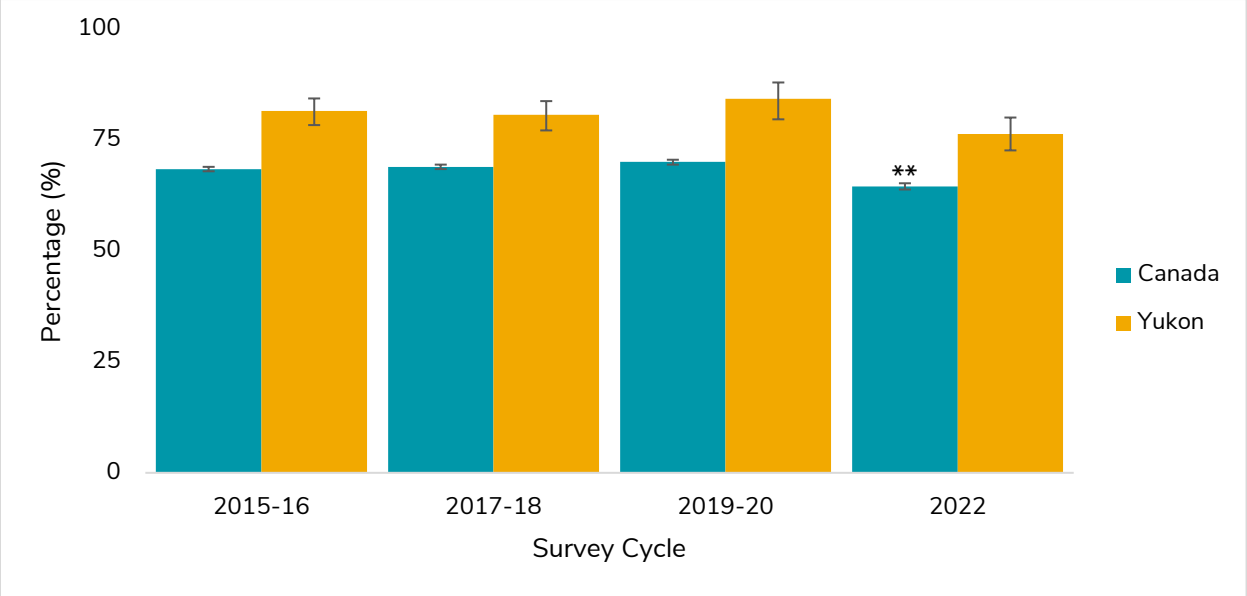

Figure 29: Percentage of people aged 12 and over who reported their sense of belonging to their local community as being very strong or somewhat strong, Yukon and Canada, 2015/16 to 2022

Source: Canadian Community Health Survey, 2015-16[23], 2017-18[123] 2019-20[134] and 2022[15], Statistics Canada
**2022 estimates for Canada exclude the territories

Having strong social connections may also encourage individuals to give back to their communities by volunteering. According to the 2020 Yukon Wellbeing Survey, over one in four respondents (28.5%, 95% CI: 27.0% to 30.1%) from across the Yukon reported that they volunteered for an organization in their community. It is important to consider the impact of the COVID-19 pandemic on volunteering rates, as the Yukon Wellbeing Survey was launched in the summer of 2020. The cancellation of gatherings and events may have reduced the opportunities to volunteer, even if individuals were willing to lend support. Previous large-scale events, such as the 2008 recession, have been shown to reduce participation in volunteering for organizations, with the impacts lasting years[32]. Monitoring this indicator moving forward could be important to understand the pandemic's effects on social cohesion and support in the Yukon.

Behavioural and biometric factors

Protective factors like regular physical activity and healthy eating contribute to overall health and wellbeing. These health behaviours are closely linked to the factors reviewed in the previous sections of this report, such as income, education, and access to supportive social and physical environments. Implementing policies and programs that promote healthy choices and behaviours can benefit not only individuals and their families but also communities and society as a whole.

Physical activity

Physical activity has many benefits including reducing the risk of chronic diseases, lowering all-cause mortality, and preventing falls in adults and older adults. It can also improve cognitive outcomes in children and youth and improves mental health[33]. Yukoners are generally very physically active, with 68.2% (95% CI: 64.0-72.2%) of adults in the 2015-16 Canadian Community Health Survey (CCHS) cycle and 71.7% (95% CI: 68.2-74.9%) in the 2017-18 cycle reporting at least 150 minutes of physical activity per week. This was notably higher than the national average for both survey cycles, as shown in Figure 30. Physical activity levels among Yukoners were also comparable to those in the Northwest Territories and Nunavut (Figure 31).

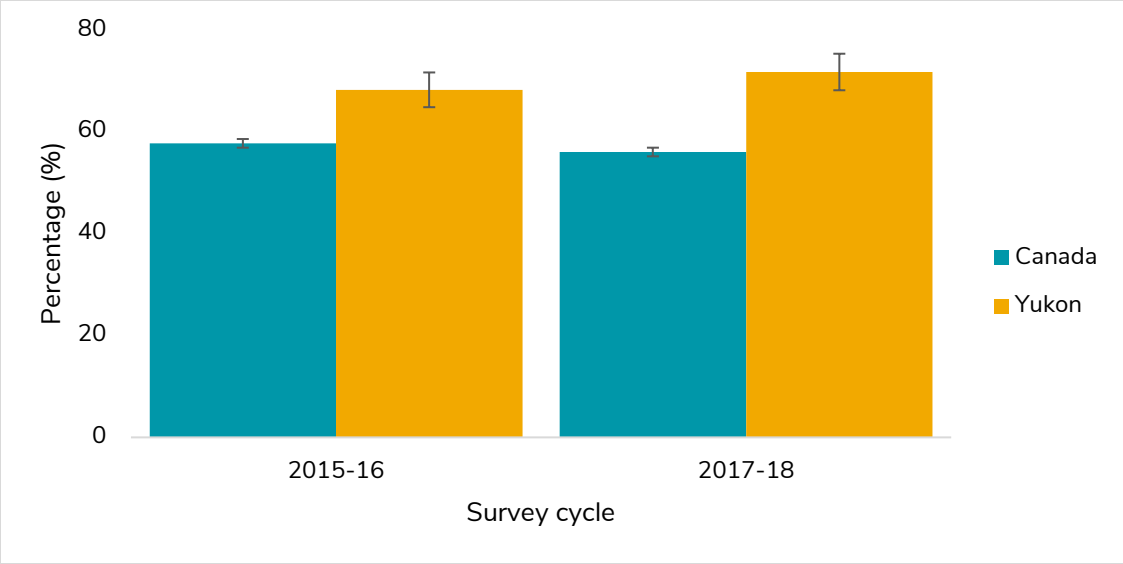

Figure 30: Percentage of people aged 18 and over who reported participating in at least 150 minutes of moderate to vigorous intensity aerobic physical activity per week, Canada and Yukon, 2015-16 to 2017-18

Source: Canadian Community Health Survey, 2015-16[23] and 2017-18[13], Statistics Canada

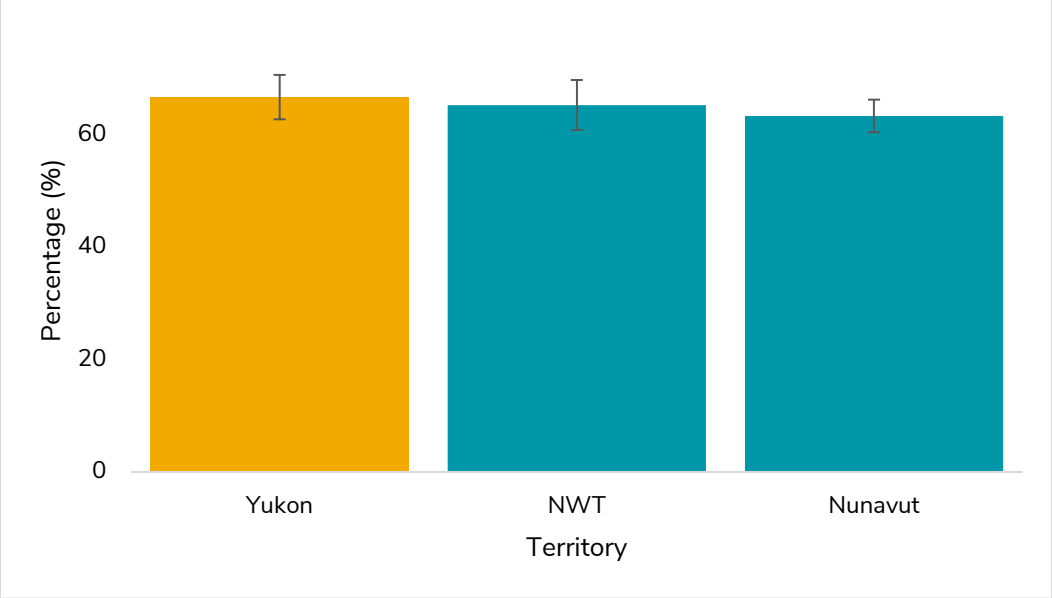

Figure 31: Percentage of people aged 18 and over who reported participating in at least 150 minutes of moderate to vigorous intensity aerobic physical activity per week, Territories, 2022

Source: Canadian Community Health Survey, 2022, Statistics Canada[15]

Fruit and vegetable consumption

The consumption of fruits and vegetables is associated with a lower risk of mortality and some chronic diseases[34]. In previous cycles of the Canadian Community Health Survey (CCHS), questions were asked related to the usual number of times per day a person ate fruits and/or vegetables. In the 2015-16 cycles, where the questions were asked of all Canadian survey respondents (Figure 32), 30.8% (95% CI: 30.3-31.2%) of Canadians were estimated to consume fruits and vegetables at least five times per day. Yukoners reported a similar frequency of consumption, with 28.5% (95% CI: 25.1-32.2%) reporting eating fruits and vegetables at least five times per day.

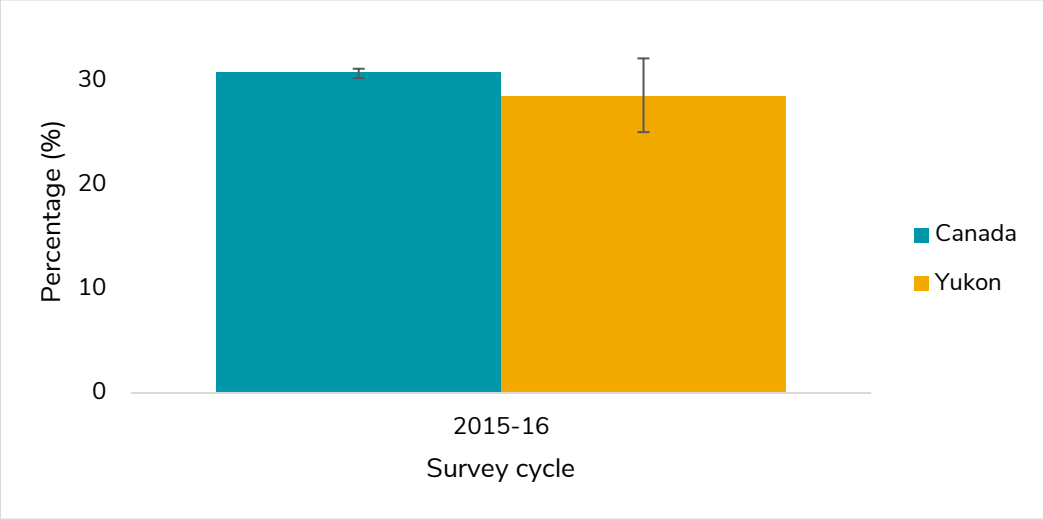

Figure 32: Percentage of people aged 12 and over who reported eating fruits and vegetables 5 times or more per day, Canada and Yukon, 2015-16

Source: Canadian Community Health Survey, 2015-16, Statistics Canada[23]

In 2017-18 and 2022, the fruit and vegetable consumption survey questions were asked only in the territories (Figure 33). Yukoners reported a similar level of fruit and vegetable consumption as the previous survey (27.2%, 95% CI: 23.8-30.8%), and was comparable to the Northwest Territories (25.3%, 95% CI: 21.4-29.5%). In 2022, fruit and vegetable consumption across the territories appeared to decline, with the Yukon reporting 19.5% (95% CI: 15.6-23.5%), the Northwest Territories reporting 21.9% (95% CI: 14.5-29.2%), and Nunavut reporting 15.4% (95% CI: 11.0-19.7%). These estimates have wide confidence intervals and should be interpreted with caution.

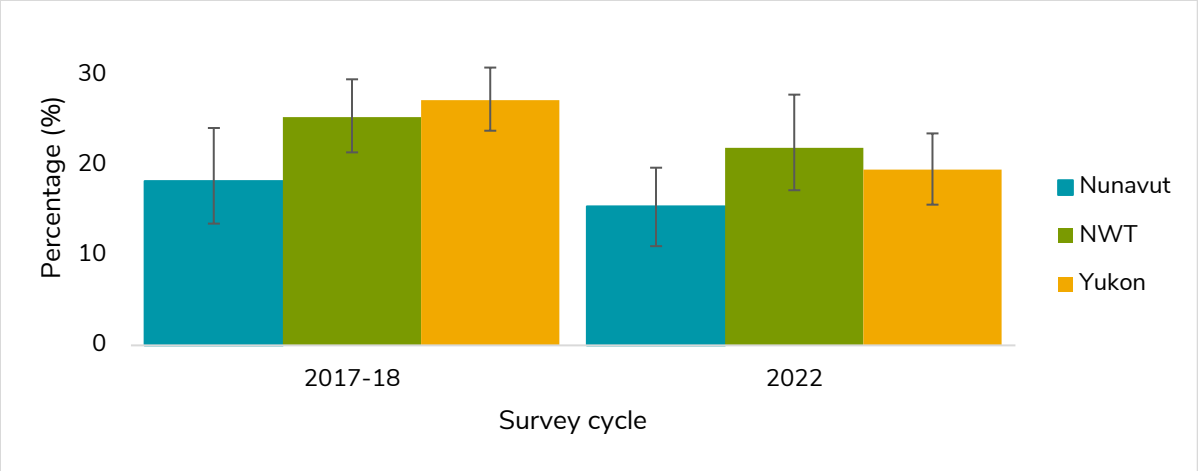

Figure 33: Percentage of people aged 12 and over who reported eating fruits and vegetables 5 times or more per day, by jurisdiction, 2017-18 and 2022

Source: Canadian Community Health Survey, 2017-18[13] and 2022[15] Statistics Canada

Body mass index (BMI)

Body mass index (BMI) is a ratio involving height and weight that has been linked to the risks of developing several chronic conditions[35]. Figures 34 and 35 show the percentages of people 18 years and older in the Yukon and Canada in the last two cycles of the Canadian Community Health Survey (CCHS) who have a self-reported BMI with the least health risk (BMI between 18.5 and 24.9), and in the highest health risk categories (BMI greater than or equal to 30.0). A BMI in a high-risk category has been linked to an increased risk of developing chronic conditions such as type 2 diabetes, heart disease, and some types of cancer.

In the 2015-16 and 2017-18 cycles, the Yukon reported higher rates of people in the highest risk BMI categories compared to the national average (Figure 34). In 2019-20 and 2022, these rates in the Yukon became more comparable to the national average. In 2015-16, a lower percentage of Yukon adults were in the lowest risk category (26.6%, 95% CI: 23.1 – 30.0%) compared to the national average (31.7%, 95% CI: 31.2 – 32.1%), however the Yukon's rate was more similar to Canada's in 2017-18 through 2022 (Figure 35).

At the population level, the BMI classification system can be used to compare health risks within and between populations, and to establish population trends. BMI should

be interpreted with caution at the individual level, as it is not accurate for all individuals (for example, young children, adults over 65 years of age, and very muscular adults).

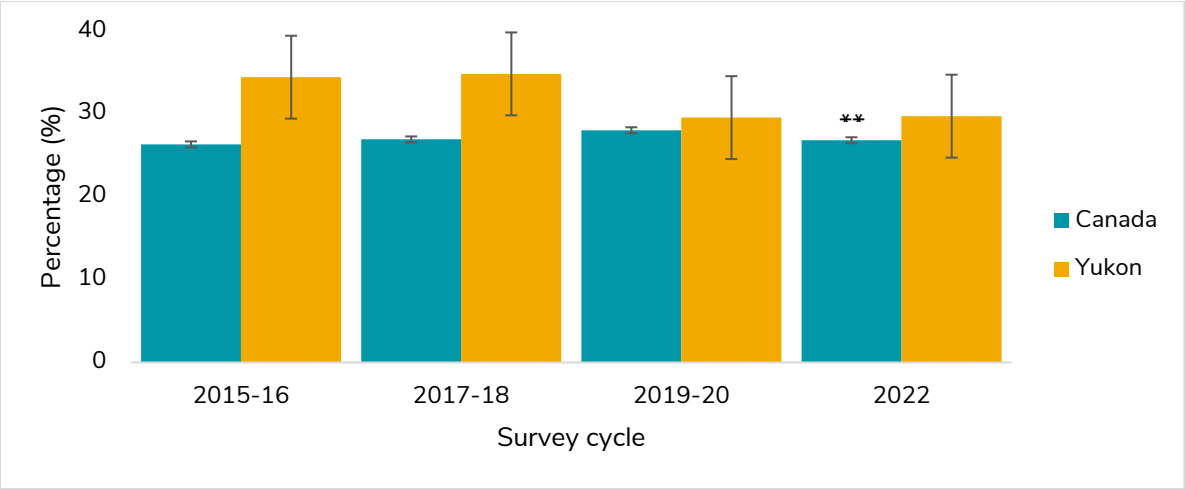

Figure 34: Percentage of people with highest risk body mass index (BMI), adjusted BMI – international standard, Canada and Yukon, 2015-16 to 2022

Source: Canadian Community Health Survey, 2015-16[23], 2017-18[13], 2019-20[14], and 2022[15] Statistics Canada
Notes: Corrected for self-reported underestimation of weight and overestimation of height. Categories adopted from a classification system recommended by Health Canada and the World Health Organization, which has been widely used internationally.
**2022 estimates for Canada are excluding the territories

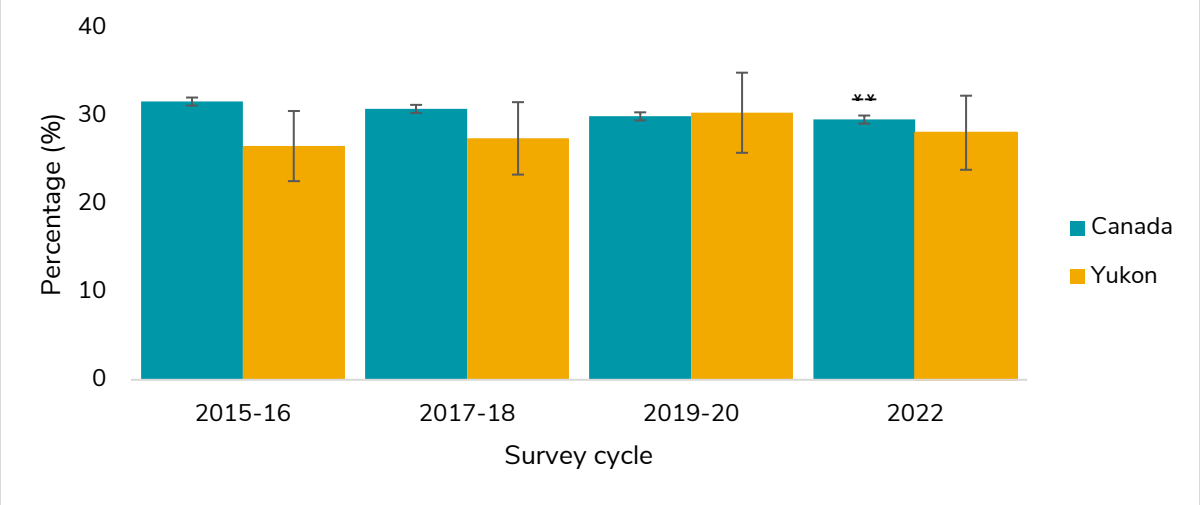

Figure 35: Percentage of people with lowest risk body mass index (BMI), adjusted BMI – international standard, Canada and Yukon, 2015-16 to 2022

Source: Canadian Community Health Survey, 2015-16[23], 2017-18[13], 2019-20[14], and 2022[15] Statistics Canada
Notes: Corrected for self-reported underestimation of weight and overestimation of height. Categories adopted from a classification system recommended by Health Canada and the World Health Organization, which has been widely used internationally.
**2022 estimates for Canada are excluding the territories

Chronic disease and cancer

Chronic diseases and cancer are the leading causes of disability and death in Canada[36]. Nationally, the prevalence of chronic disease has been on the rise due to Canada's aging population and improved medical management of many chronic diseases. This increasing prevalence has generally been accompanied by either a decreasing or stable trend over time in incidence (i.e. new diagnoses of chronic disease) in Canada. A recent report on the health of Canadians[37] noted that in 2021, over 14.6 million Canadians (45.1%) reported having one or more of these chronic conditions or risk factors: arthritis, hypertension, diabetes, cancer (ever diagnosed), heart disease (ever diagnosed), stroke, mood disorders and anxiety.

Diabetes

Diabetes is a chronic condition that occurs when the body is unable to produce enough insulin, or to properly use the insulin that is present[38]. In fiscal year 2021/2022, approximately 7% of Yukon's population had diabetes, compared to nearly 8% across Canada. Figure 36 shows the age-standardized prevalence percentage for diabetes (type 1 and type 2, excluding gestational) cases each fiscal year 2010/2011 through 2021/2022. Overall, the prevalence of population living with diabetes in the Yukon has been lower than Canada.

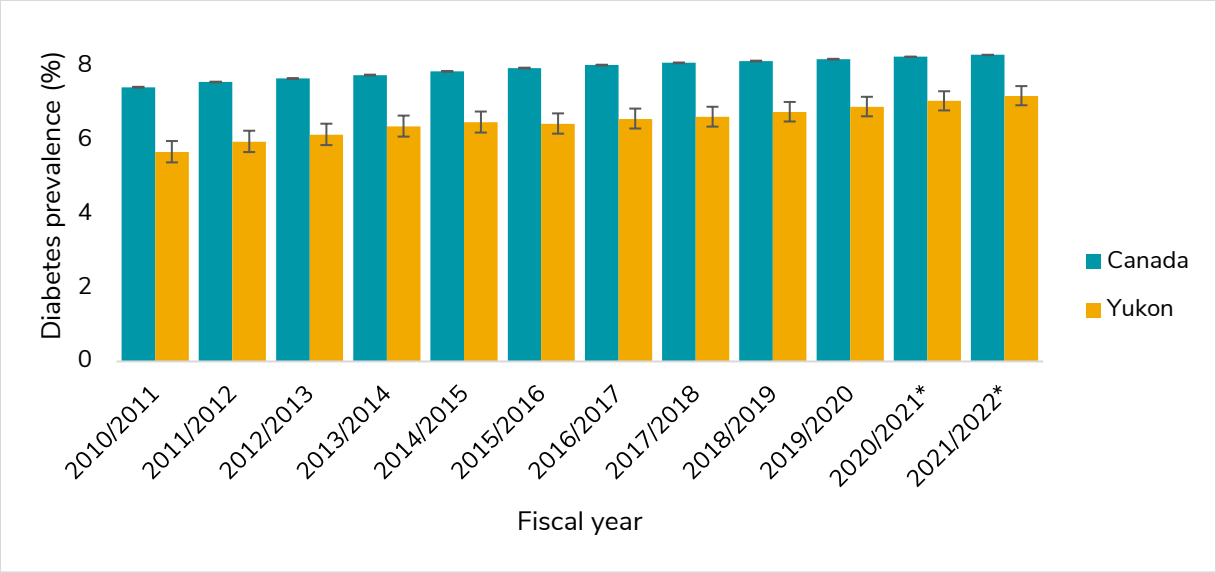

Figure 36: Yearly diabetes diagnosis age-standardized prevalence (%), Yukon and Canada, 2010-2021

Source: Canadian Chronic Disease Surveillance System, 2024, Government of Canada[39]
Notes: Many CCDSS measures, such as chronic disease incidence, were influenced by the COVID-19 pandemic. Changes in such measures may be driven by multiple factors, including (but not limited to) differences in healthcare seeking behaviour, the availability and use of health care services, as well as true changes in health status. As such, CCDSS measures should be used cautiously when making inferences about population health during the COVID-19 pandemic.

While prevalence estimates how many people are living with a condition, incidence estimates how many new people were diagnosed with a condition in the specified period. Figure 37 presents the age-standardized incidence rates per 100,000 people for newly diagnosed diabetes cases each fiscal year 2010/2011 through 2021/2022. While incidence rates seemed to decline in the Yukon, after 2015/2016 they began to increase again.

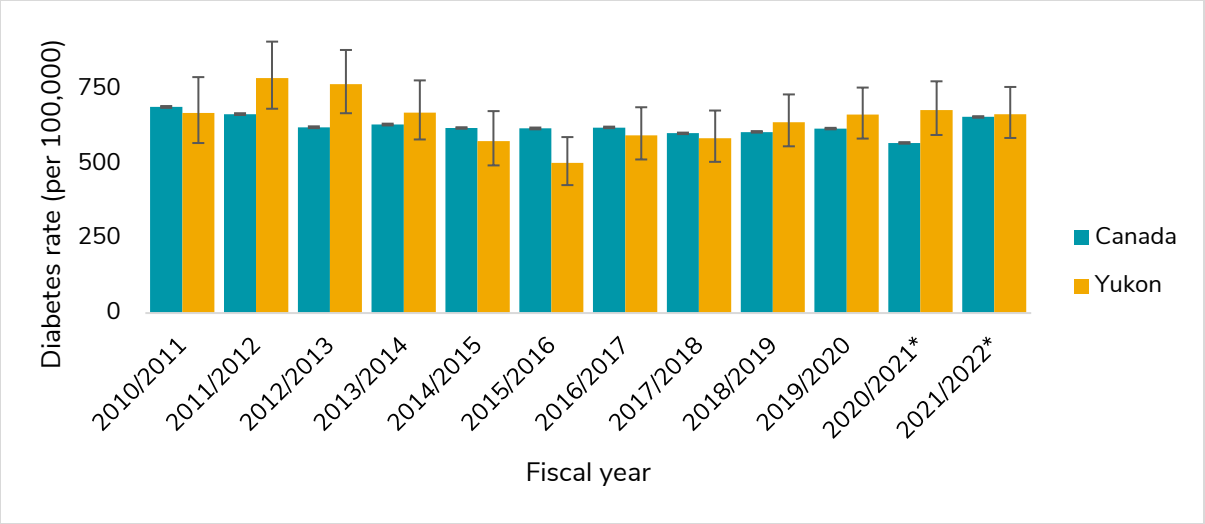

Figure 37: Yearly diabetes diagnosis age-standardized incidence rates per 100,000, Yukon and Canada, 2010-2021

Source: Canadian Chronic Disease Surveillance System, 2024, Government of Canada[39]
Notes: Many CCDSS measures, such as chronic disease incidence, were influenced by the COVID-19 pandemic. Changes in such measures may be driven by multiple factors, including (but not limited to) differences in healthcare seeking behaviour, the availability and use of health care services, as well as true changes in health status. As such, CCDSS measures should be used cautiously when making inferences about population health during the COVID-19 pandemic.

Hypertension

Hypertension is a term used to describe high blood pressure. When uncontrolled or untreated, hypertension over a long time can lead to heart attacks, stroke, heart failure, dementia, renal failure and blindness[40].

Figure 38 shows the age-standardized prevalence for hypertension cases (excluding gestational hypertension) from fiscal years 2010/2011 to 2021/2022. In 2021/2022, approximately 21% of residents in the Yukon were living with hypertension, compared to approximately 24% nationwide. While prevalence in the Yukon has increased slightly during this period, the prevalence for Canada has shown a slight decline.

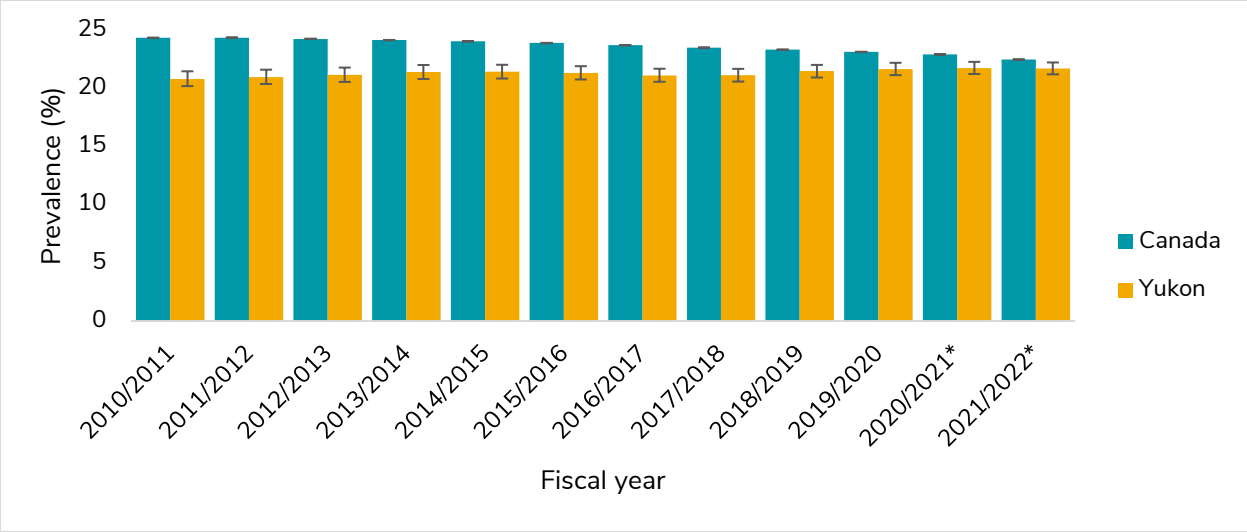

Figure 38: Yearly hypertension diagnosis age-standardized prevalence (%), Yukon and Canada, 2010-2021

Source: Canadian Chronic Disease Surveillance System, 2024, Government of Canada[39]

Notes: Many CCDSS measures, such as chronic disease incidence, were influenced by the COVID-19 pandemic. Changes in such measures may be driven by multiple factors, including (but not limited to) differences in healthcare seeking behaviour, the availability and use of health care services, as well as true changes in health status. As such, CCDSS measures should be used cautiously when making inferences about population health during the COVID-19 pandemic.

Figure 39 shows the age-standardized incidence rates per 100,000 people for hypertension from each fiscal year 2010/2011 to 2021/2022. There is a noticeable increase in the incidence rate in the Yukon during 2018/2019. The exact cause of this rise is unknown, but it could be related to changes in Canada's hypertension age guidelines in 2018 or an increase in diagnoses and awareness among health care providers.

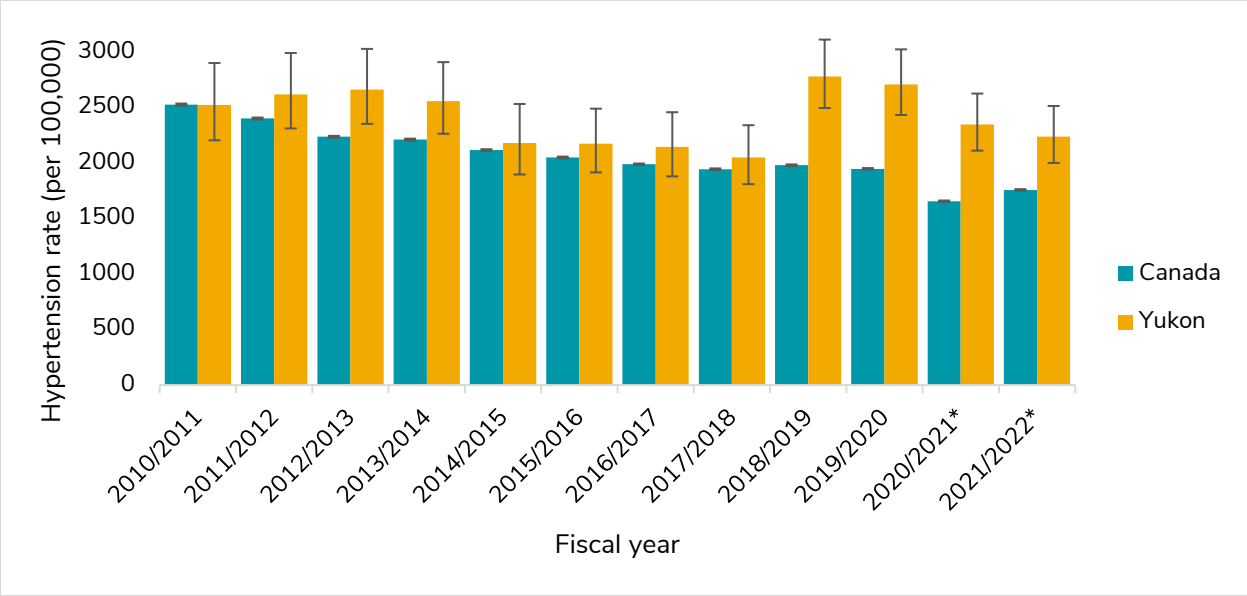

Figure 39: Yearly hypertension diagnosis age-standardized incidence rates per 100,000, Yukon and Canada, 2010-2021

Source: Canadian Chronic Disease Surveillance System, 2024, Government of Canada[39]

Notes: Many CCDSS measures, such as chronic disease incidence, were influenced by the COVID-19 pandemic. Changes in such measures may be driven by multiple factors, including (but not limited to) differences in health care seeking behaviour, the availability and use of healthcare services, as well as true changes in health status. As such, CCDSS measures should be used cautiously when making inferences about population health during the COVID-19 pandemic.

Cancer

The leading cause of death in Canada is cancer, and according to the *Cancer Mortality Trends, 1999-2013*[41] report, cancer has previously been identified as the leading cause of death in the Yukon. Generally, cancer means unregulated cellular growth in one or many organs or organ systems of the body. There are many different types of cancer, and any part of the body can be affected by a variety of cancers. This is important because although cancers are a leading cause of illness and death, the causes of cancer depend on the type and kind of cancer involved.

Between 2012 and 2021, the Yukon saw an average of 158 new cancer cases per year[42]. However, due to Yukon's small population, cancer incidence rates can fluctuate significantly from year to year. Figure 40 shows the age-standardized incidence rate for all cancers. Overall, the trend for new cancer cases in the Yukon appeared to be lower than the national average, except in 2015. However, due to the large amount of variation in the Yukon's rates, these differences should be interpreted with caution.

Most of the new cancer cases in the Yukon from 2012 to 2021 were associated with one of the top four primary cancer sites – colon or rectum, breast, lung or bronchus and prostate. Figures 41 to 44 present the annual age-standardized incidence rates for each of these cancers, comparing the Yukon and Canada from 2012 to 2021. It is important to note that there are four years of Canada-wide cancer incidence data missing due to missing jurisdictional submissions, and the data for 2020 and 2021 should be interpreted with caution due to potential effects of the COVID-19 pandemic.

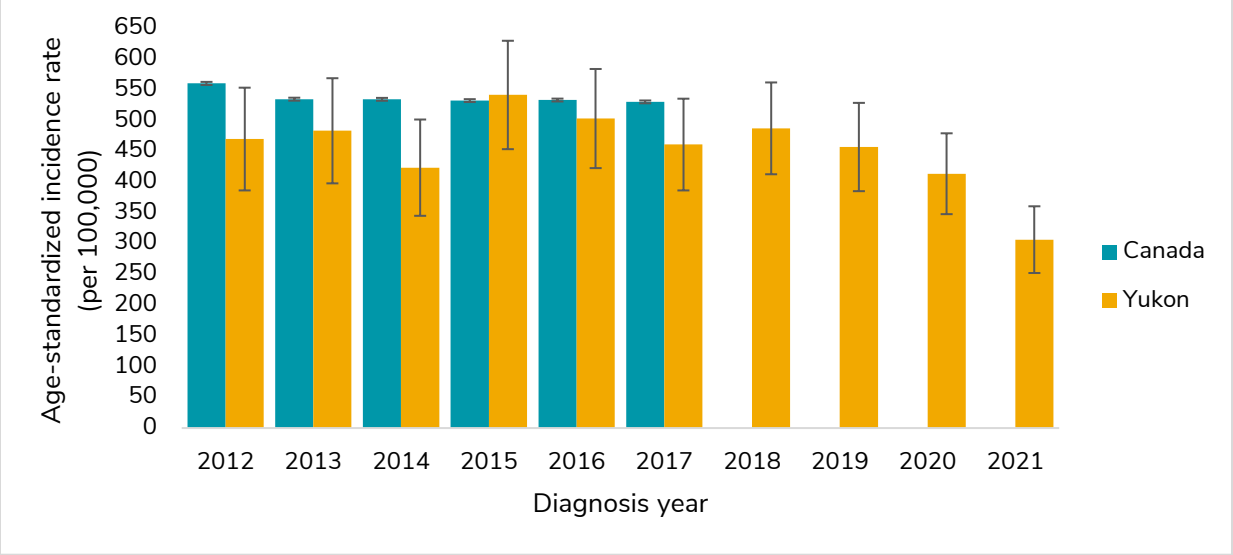

Figure 40: All-cancer age-standardized incidence rates per 100,000, Yukon and Canada, Statistics Canada and 2011 Canadian Population standard, 2012-2021

Source: Canadian Centre for Cancer Information, 2022, Government of Canada[42]
Notes: Includes ICD-O-3 C00.0-C80.9. Currently, Canadian cancer data for 2018 through 2021 is not available due to missing province/territory data.

The increase in colorectal cancer cases diagnosed in 2018 (Figure 42) coincides with the launch of the ColonCheck program in Yukon in early 2017[43]. This program may have increased awareness and uptake of screening tests, resulting in more diagnoses. However, the incidence rate has been declining since 2018. Breast and lung cancer incidence rates in the Yukon also appear to be on the decline, while prostate cancer incidence has varied.

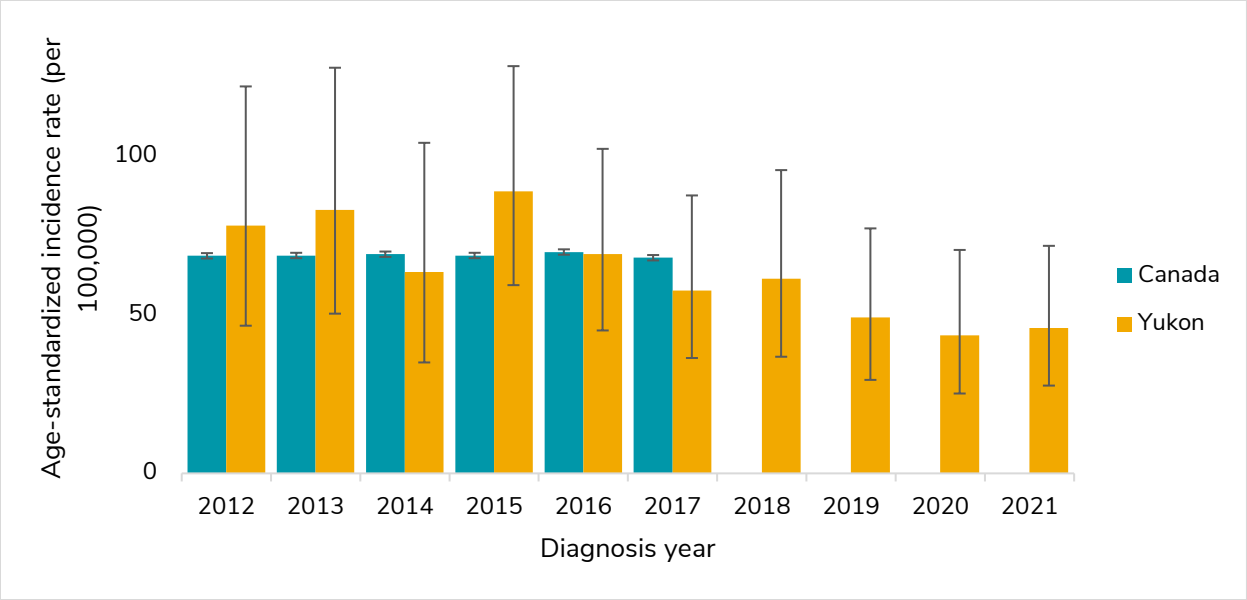

Figure 41: Breast cancer age-standardized incidence rates per 100,000, Yukon and Canada, Statistics Canada and 2011 Canadian Population standard, 2012-2021

Source: Canadian Centre for Cancer Information, 2022, Government of Canada[42]
Notes: Includes ICD-O-3 C50.0-C50.9. Currently, Canadian cancer data for 2018 through 2021 is not available due to missing province/territory data.

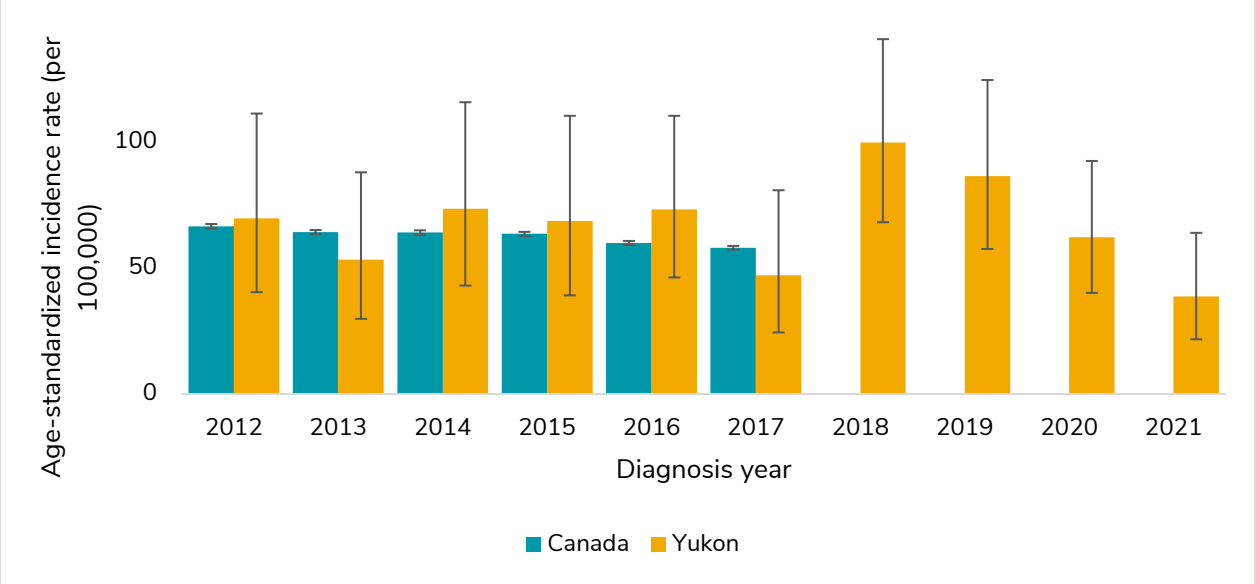

Figure 42: Colorectal cancer age-standardized incidence rates per 100,000, Yukon and Canada, Statistics Canada and 2011 Canadian Population standard, 2012-2021

Source: Canadian Centre for Cancer Information, 2022, Government of Canada[42]
Notes: Includes ICD-O-3 C18.0-C18.9, C19.9, C20.9, C26.0. Currently, Canadian cancer data for 2018 through 2021 is not available due to missing province/territory data.

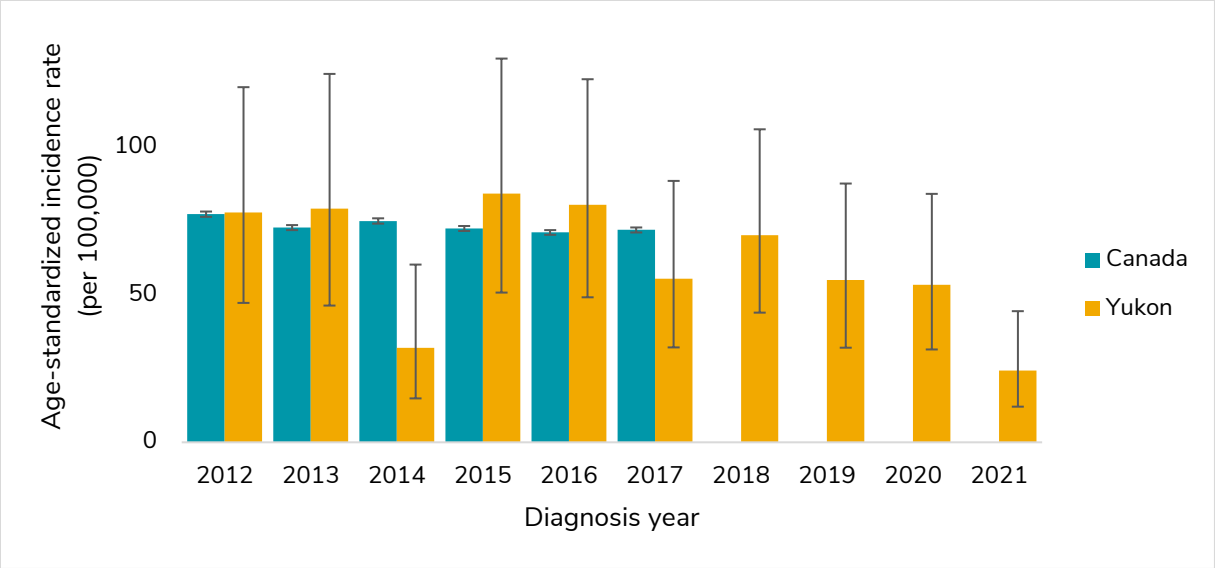

Figure 43: Lung cancer age-standardized incidence rates per 100,000, Yukon and Canada, Statistics Canada and 2011 Canadian Population standard, 2012-2021

Source: Canadian Centre for Cancer Information, 2022, Government of Canada[42]
Notes: Includes ICD-O-3 C34.0-C34.9. Currently, Canadian cancer data for 2018 through 2021 is not available due to missing province/territory data.

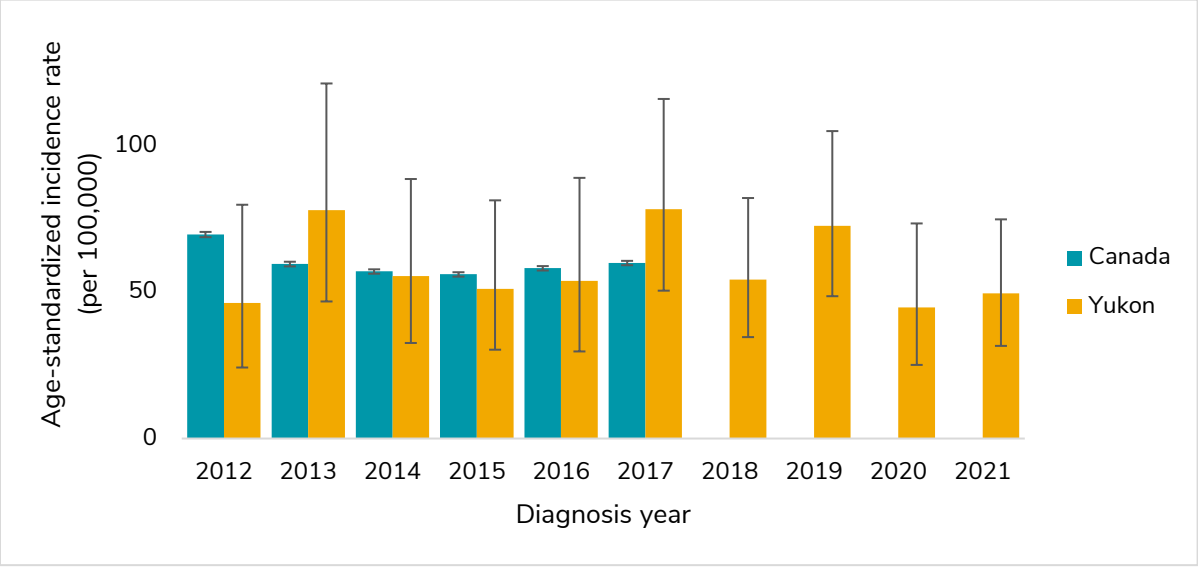

Figure 44: Prostate cancer age-standardized incidence rates per 100,000, Yukon and Canada, Statistics Canada and 2011 Canadian Population standard, 2012-2021

Source: Canadian Centre for Cancer Information, 2022, Government of Canada[42]
Notes: Includes ICD-O-3 C61.9, excluding histology types 9050-9055, 9140, 9590-9993. Currently, Canadian cancer data for 2018 through 2021 is not available due to missing province/territory data.

Maternal and infant health

The crude birth rate measures the number of live births per year relative to the population size. The crude birth rate can be influenced by the age and sex structure of a population, economic prosperity, education levels, and access to birth control, as well as social structure and beliefs[44,45]. Similar to the rest of Canada, the Yukon's crude birth rate has been trending downwards, going from 10.2 births per 1,000 population in 2014 to 8.3 per 1,000 in 2023 (Figure 45).

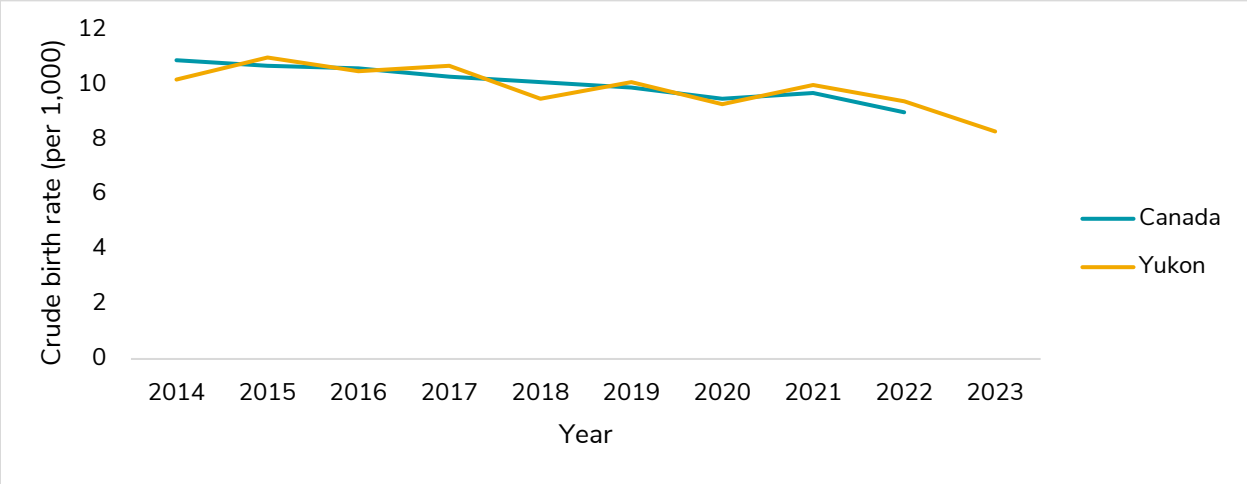

Figure 45: Crude birth rate per 1,000 population, Canada and Yukon, 2014 to 2023

Source: Yukon Vital Statistics, 2024[46], Statistics Canada[47]
Note: Yukon birth data represent events occurring within Yukon, to Yukon residents only. The geographic distribution of live births in this table is based on the mother's usual place of residence. 2023 data is unavailable for Canada.

Infant mortality is a critical indicator of the overall health of a population. In the Yukon, the infant mortality rate was calculated using both Vital Statistics and hospitalization data given our reliance on out of territory medical evacuations. For the years of available data from 2005 to 2022, the cumulative infant mortality rate was 4.0 infant deaths per 1,000 live births in the Yukon. The comparable rate for Canada was 4.8 infant deaths per 1,000 live births.

Breastmilk is an important source of balanced nutrition for infants, and provides important support for an infant's immune system while it is growing[45]. Breastfeeding

can also reduce the risk of certain diseases for mothers, and supports maternal-infant bonding[45].

"Initiated breastfeeding" refers to mothers who breastfed or tried to breastfeed their last child, or gave breastmilk to their last child even if only for a short time. In the most recently available Canadian Community Health Survey (CCHS), data indicated that almost all Yukon mothers initiated breastfeeding, and initiation of breastfeeding was higher among Yukon mothers when compared to Canada in the 2017-18 cycle of the survey (Figure 46).

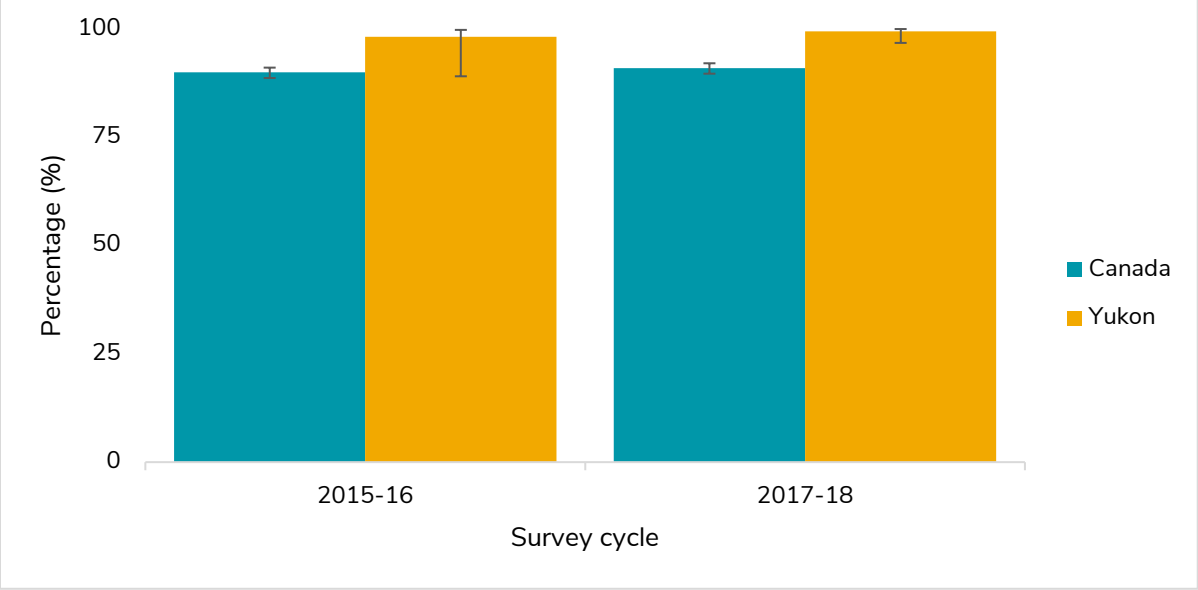

Figure 46: Percentage of mothers who reported breast milk feeding initiation, Canada and Yukon, 2015-16 to 2017-18

Source: Canadian Community Health Survey, 2015-16[23] and 2017-18[13], Statistics Canada

According to Canadian infant feeding guidelines, exclusive breastfeeding during the first 6 months is accepted as the nutrition standard for infants, which aligns with global public health recommendations[49,50]. This can be an indicator of environments that promote breastfeeding, or that mothers have the supports they need to continue breastfeeding beyond initiation. According to the Canadian Community Health Survey (CCHS), Yukon mothers reported exclusive breastfeeding for at least 6 months at a higher rate than the national average, with 58.2% (95% CI: 34.6-78.5%) in 2015-16 and 67.9% (95% CI: 50.4-81.5%) in 2017-18 (Figure 47).

While the Yukon's high rate of breastfeeding is something to celebrate, it is also important to acknowledge that various methods of infant feeding result in healthy outcomes.

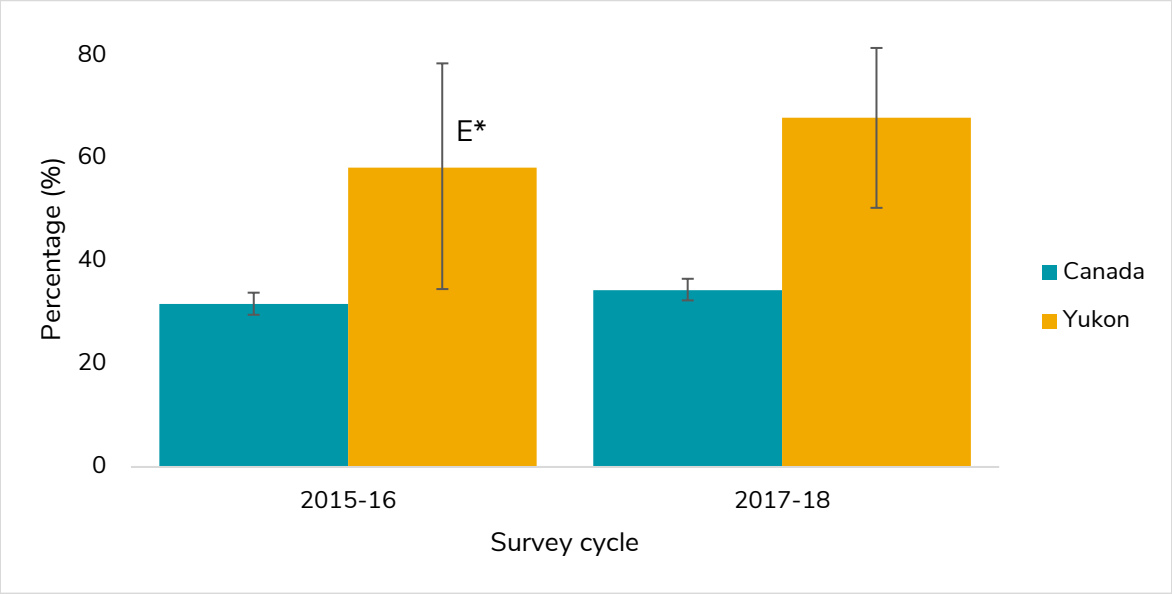

Figure 47: Percentage of mothers who reported exclusive breastfeeding for at least 6 months, Canada and the Yukon, 2015-16 to 2017-18

Source: Canadian Community Health Survey, 2015-16[23] and 2017-18[13], Statistics Canada
Notes: Data points marked with a letter and asterisk are flagged or suppressed due to data quality issues. Readers should interpret these estimates with caution. See appendix for further information.

Injuries

An injury refers to physical damage to the body, and can be a result of excessive force, heat, cold, electricity, chemicals, toxins, or radiation. Many injuries are preventable, and common causes of injuries include falls, motor vehicle collisions, poisoning, assaults, and sports and recreation[51]. Over the past ten years of available data, the Yukon's hospitalization rates for injuries have consistently been higher than the national average, although these rates decreased between fiscal years 2015/2016 and 2020/2021 (Figure 48).

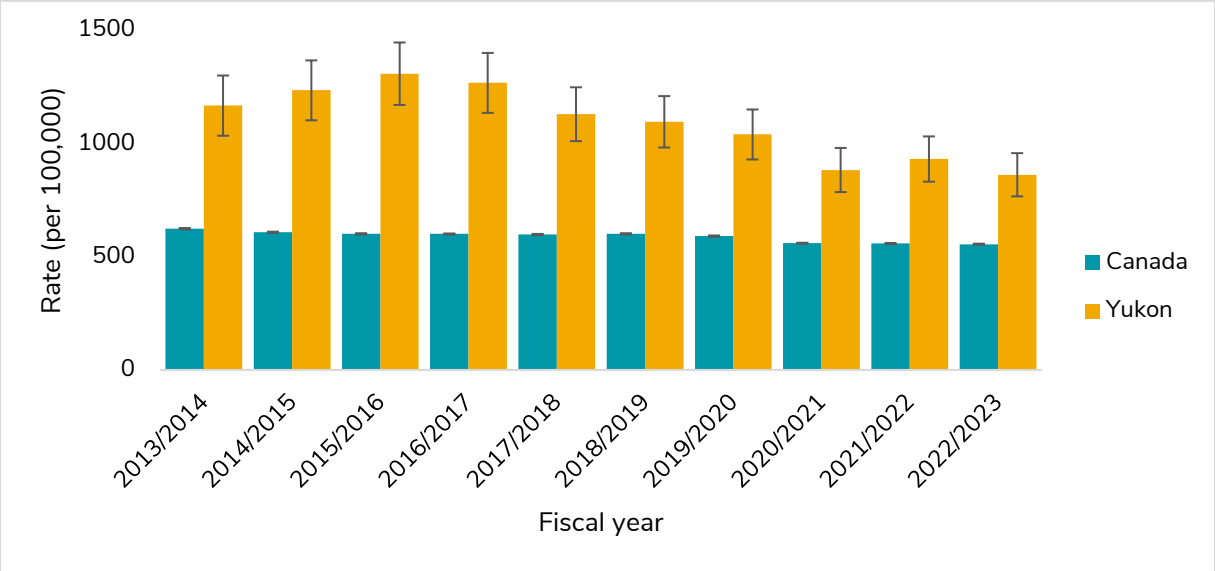

Figure 48: Age-standardized injury hospitalization rates, Canada and Yukon, 2013-22

Source: Canadian Institute for Health Information, 2023[52]

Figures 49 and 50 show emergency department (ED) visit rates for injuries in the Yukon, categorised by the main cause of injury and age group over the past five years. ED visits may or may not result in an admission to hospital. Falls are the most common cause of injury ED visits for all age groups, with the rates for falls being highest in the 0-19 age group and 60+ age group. The 20-39 age group has the highest ED visit rates for assault, cut/pierce (e.g. contact with sharp objects, contact with powered hand tools, etc.), motor vehicle collisions, overexertion, unintentional poisoning, bitten by a dog or other mammal, foreign body entering into the eye or other natural orifice, and

other causes of unintentional injury (e.g. accident on board watercraft, air and space transport accidents, contact with agricultural machinery, unintentional firearm discharge, exposure to forces of nature).

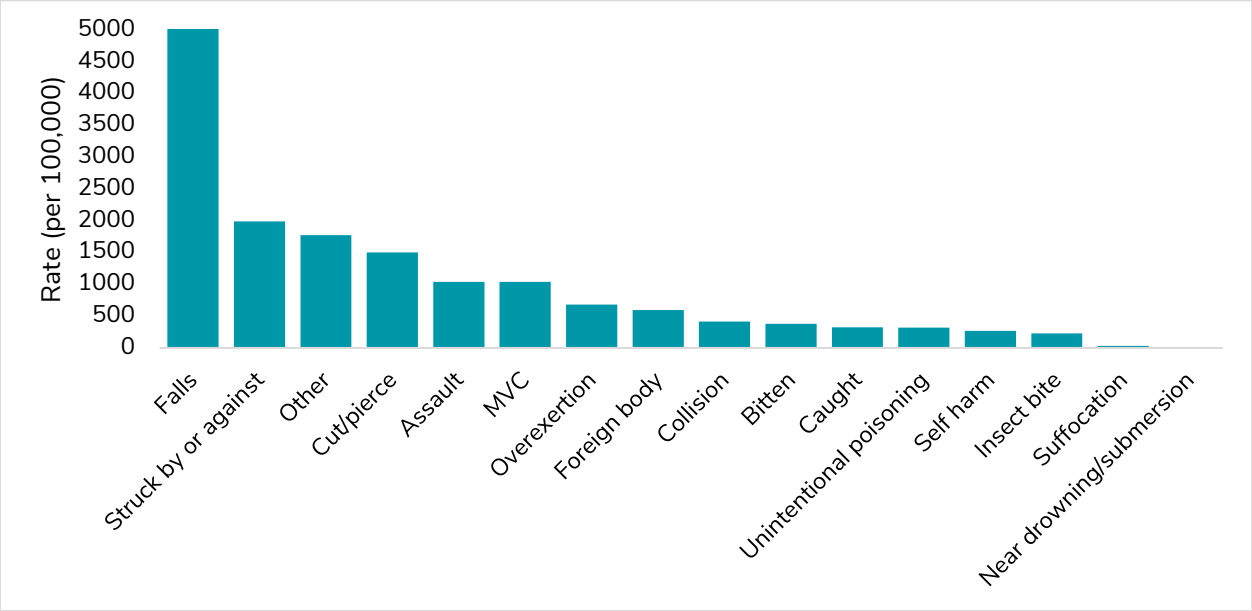

Figure 49: Injury emergency department rates, Yukon, 2018-23

Source: National Ambulatory Care Reporting System (NACRS), 2023[53]
Notes: mvc = motor vehicle collision, bitten = bitten by dog or other mammal, collision = other land transport collisions, foreign body = foreign body entering into or though eye or natural orifice

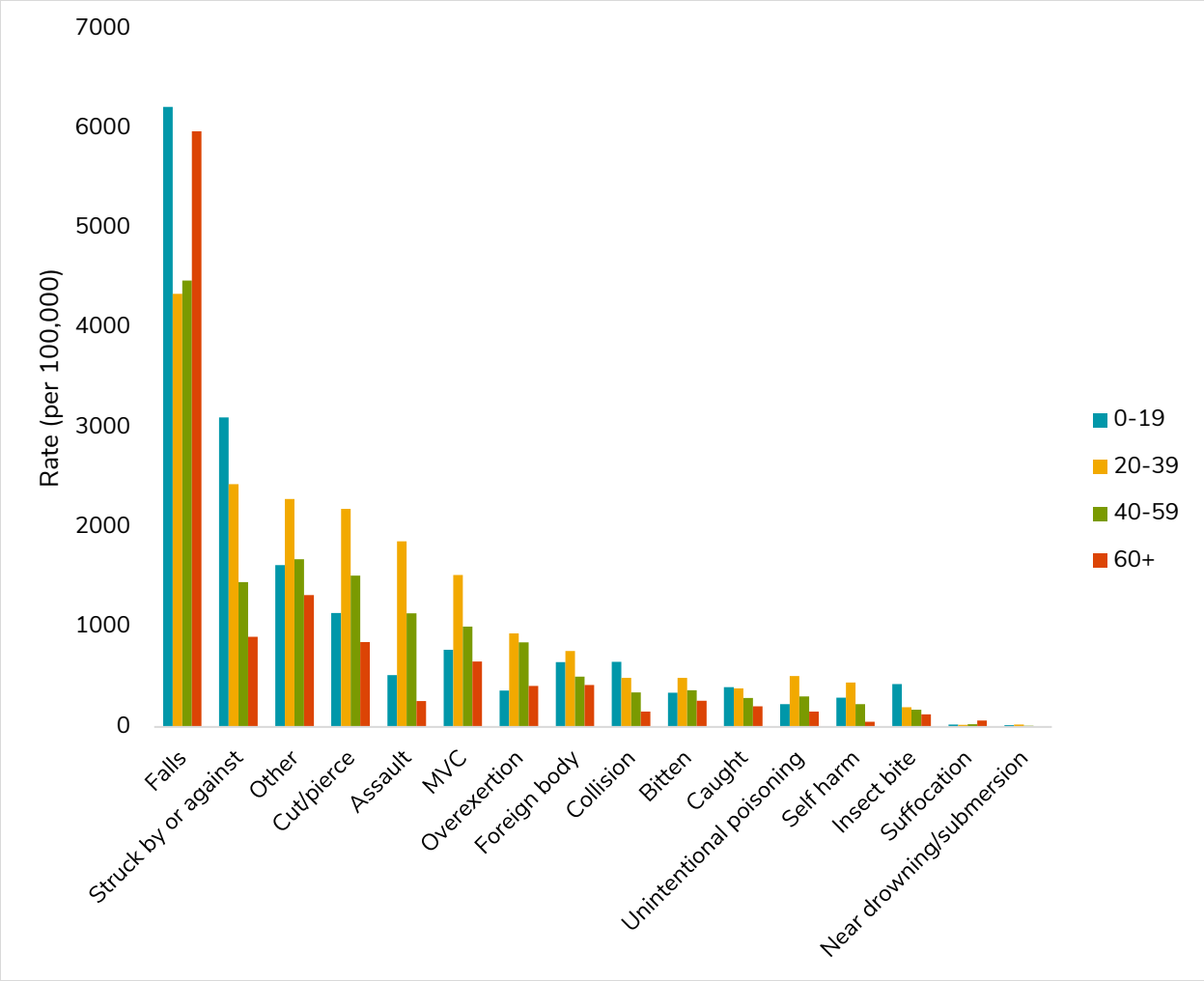

Figure 50: Injury emergency department rates by age group, Yukon, 2018-23

Source: National Ambulatory Care Reporting System (NACRS), 2023[53]
Notes: mvc = motor vehicle collision, bitten = bitten by dog or other mammal, collision = other land transport collisions, foreign body = foreign body entering into or though eye or natural orifice

When examining injury-related emergency department (ED) visits that also had substance use (e.g., drug poisoning, alcohol, or disorder due to substances), these rates show similar patterns (Figures 51 and 52). The 20-39 age group has the highest rates for assault, cut/pierce, motor vehicle collisions, overexertion, self-harm, unintentional poisoning, and other causes of unintentional injury (Figure 52). Some differences that appear when considering only those ED visits with substance use involved include the 20-39 age group now having the highest rates related to other land transport collisions (e.g. collisions between cyclists and pedestrians), struck by or against (e.g. struck by thrown or falling objects, hit or struck by another person), and suffocation. When

considering ED visits involving substance use, the rate of visits related to falls shifts from being the highest among the youngest and oldest age groups, to being the highest among 40–59-year-olds. Additionally, the rate of motor vehicle collision injury visits becomes much more similar between the 20-39 and 40-59 age groups when only considering those visits involving substance use.

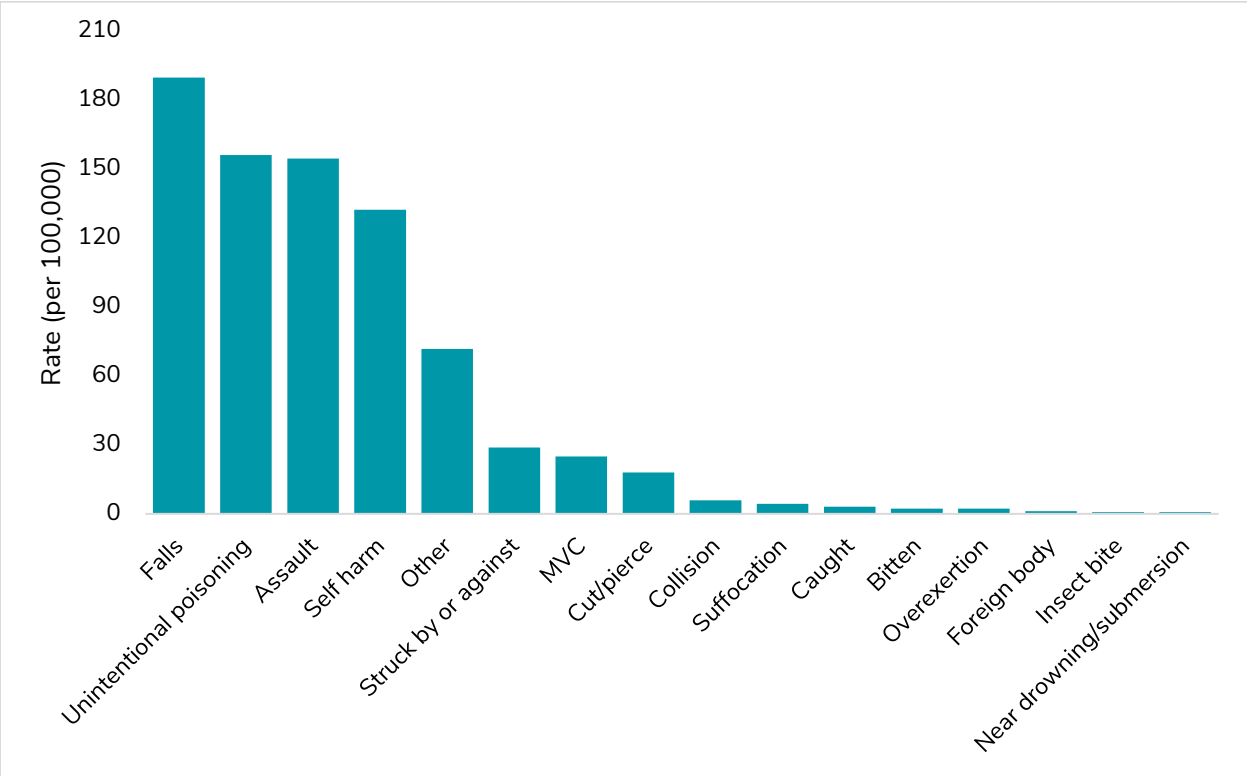

Figure 51: Injury emergency department rates involving substances, Yukon, 2018-23

Source: National Ambulatory Care Reporting System (NACRS), 2023[53]
Notes: mvc = motor vehicle collision, bitten = bitten by dog or other mammal, collision = other land transport collisions, foreign body = foreign body entering into or though eye or natural orifice

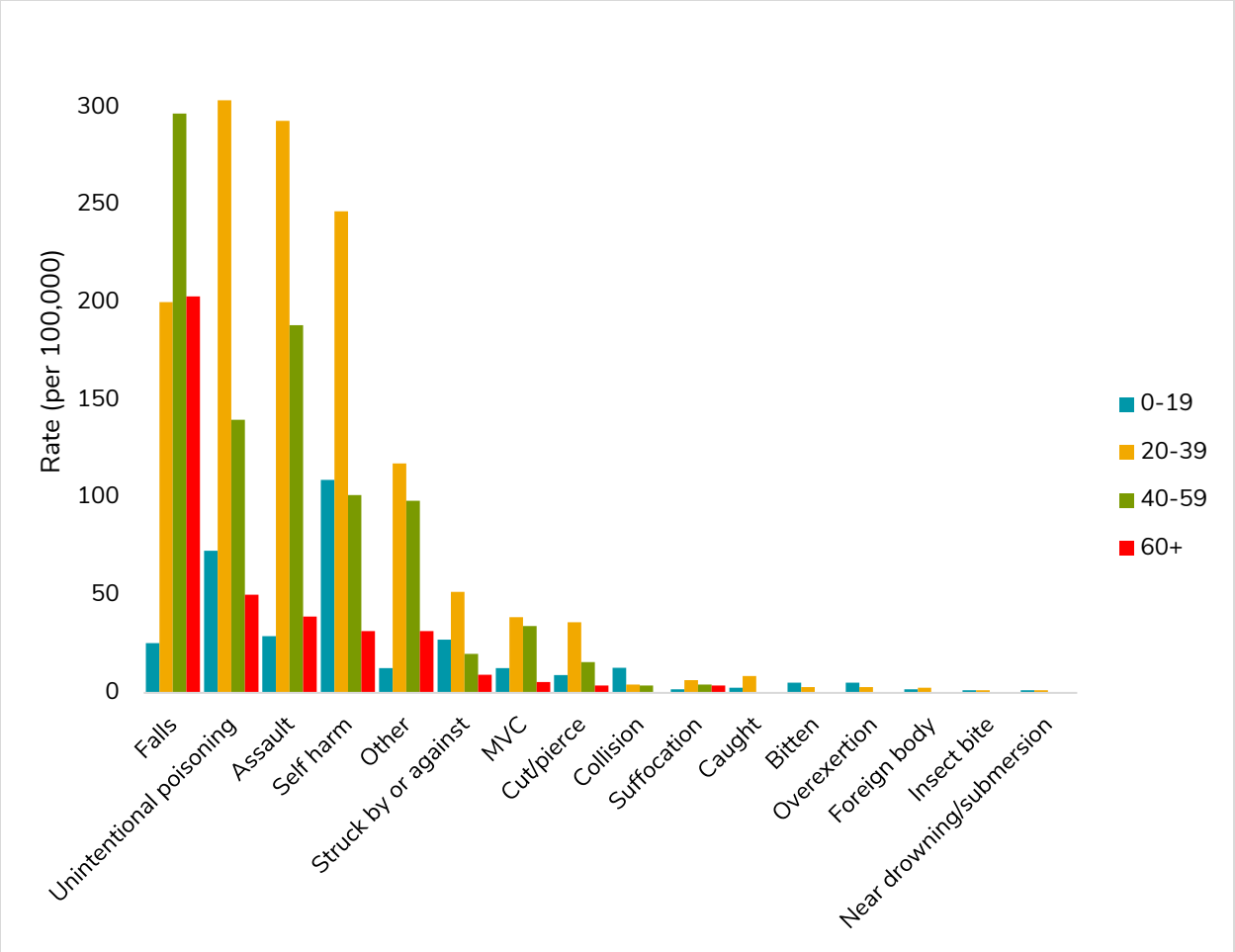

Figure 52: Injury emergency department rates by age group involving substances, Yukon, 2018-23

Source: National Ambulatory Care Reporting System (NACRS), 2023[53]
Notes: mvc = motor vehicle collision, bitten = bitten by dog or other mammal, collision = other land transport collisions, foreign body = foreign body entering into or though eye or natural orifice

Mental health and substance use

Mental health challenges and substance use can co-occur or occur on their own, and each exists along a continuum[54]. Individuals may move back and forth along the continuum for mental health and/or substance use throughout their lives, and people may have challenges with mental health and/or substance use without necessarily having a diagnosis of a disorder. While substance use and mental health disorders can be closely linked, the connection is not necessarily unidirectional. Common risk factors, such as stress and trauma, can contribute to both mental health and substance use disorders. Mental disorders can contribute to substance use, and substance use can contribute to the development of mental disorders[55].

It is important to note that there are many factors that can promote positive mental health and reduce the risk of harmful substance use, such as being physically active, and having healthy and supportive relationships[56,57]. Social and environmental factors are also very important for the prevention of mental health and substance use issues – socioeconomic status, nutrition, perinatal factors, and adverse childhood experiences are some examples of factors associated with mental health and substance use[58,59].

Self-reported mental health and substance use

In the 2015-16 and 2019-20 cycles of the Canadian Community Health Survey (CCHS), Yukoners reported their mental health as very good or excellent at a similar rate to the national average (Figure 53). However, in the 2017-18 cycle, a lower proportion of Yukoners (62.9%, 95% CI: 58.2-67.3%) rated their mental health as very good or excellent, compared to the national average (69.4%, 95% CI: 68.9-69.9%). Additionally, in 2022, both the Yukon and Canada saw a decline, with only 46.5% (95% CI: 41.9-51.1%) of Yukoners and 55.0% (95% CI: 54.3-55.7%) of Canadians reporting very good or excellent mental health.

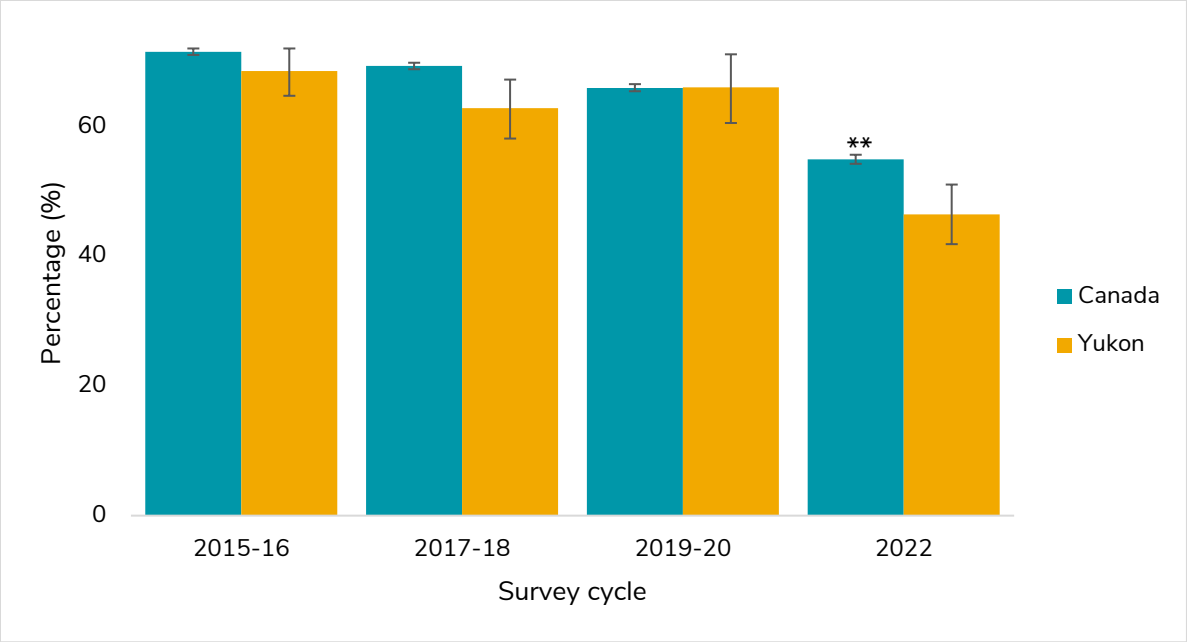

Figure 53: Percentage of people aged 12 and over who reported their perceived mental health as very good or excellent, Canada and Yukon, 2015-16 to 2022

Source: Canadian Community Health Survey, 2015-16[23], 2017-18[13], 2019-20[14], and 2022[15] Statistics Canada
**2022 estimates for Canada exclude the territories

The proportion of Yukoners who reported their mental health as fair or poor ranged between 8% and 10% from 2015-16 to 2019-20 survey cycles (Figure 54). However, in 2022 this percentage increased to about 15%. Although there is no consistent trend or pattern in the Yukon data, and differences from the national average are difficult to determine due to variability, there is a noticeable increasing trend of fair or poor mental health among Canadians. It is likely that a similar trend is occurring in the Yukon as well.

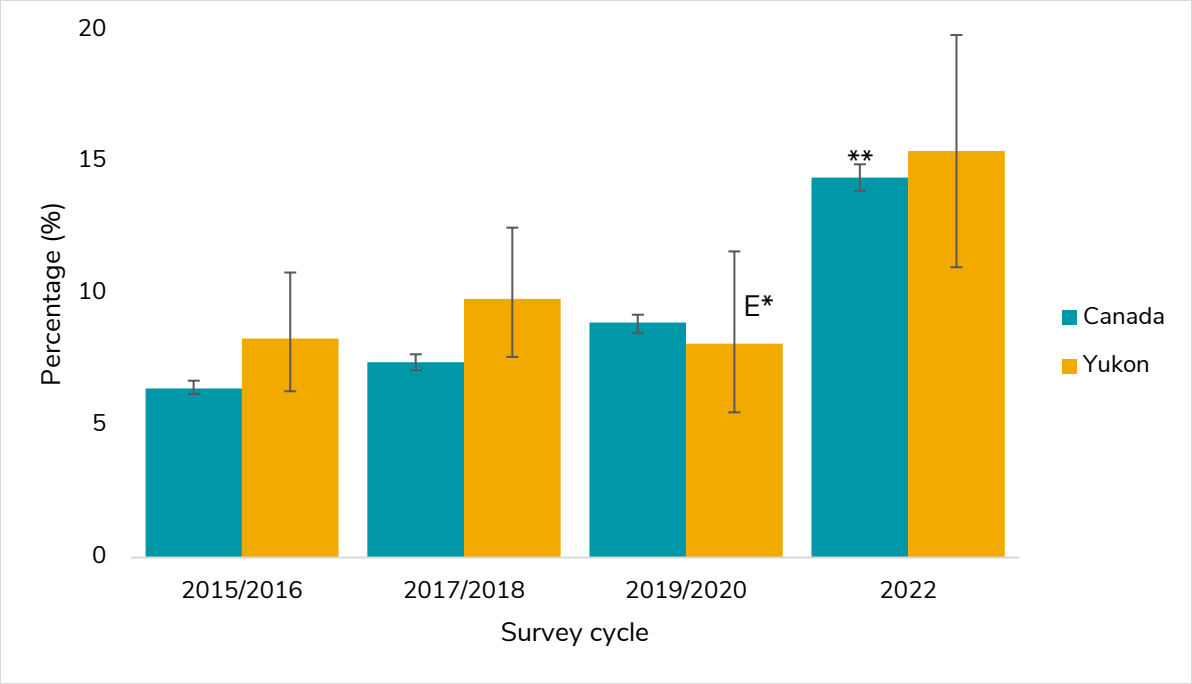

Figure 54: Percentage of people aged 12 and over who reported their perceived mental health as fair or poor, Canada and the Yukon, 2015-16 to 2022

Source: Canadian Community Health Survey, 2015-16[23], 2017-18[13], 2019-20[14], and 2022[15] Statistics Canada
Notes: Data points marked with a letter and asterisk are flagged or suppressed due to data quality issues. Readers should interpret these estimates with caution. See appendix for further information.
**2022 estimates for Canada exclude the territories

Suicide is the second-leading cause of death among youth and young adults in Canada[60], making it an important cause of premature and preventable death. Thinking about or formulating plans for suicide is closely associated with both suicidal attempts and deaths[61]. While it is likely that self-reported contemplation of suicide is under-reported due to the stigma associated with mental health challenges[61], this indicator can be helpful to understand the mental health of the population in the Yukon.

In 2015-16, the self-reported rate of having ever contemplated suicide was 16.3% (95 CI: 12.7 – 19.9%), while the rate for the rest of Canada was 11.3% (95% CI: 11.0 – 11.6%). In 2019-20, Yukon's rate (9.7%, 95% CI: 6.9 – 12.6%) was more similar to Canada's (11.4%, 95% CI: 11.1 – 11.8%) than in the previously available survey (Figure 55).

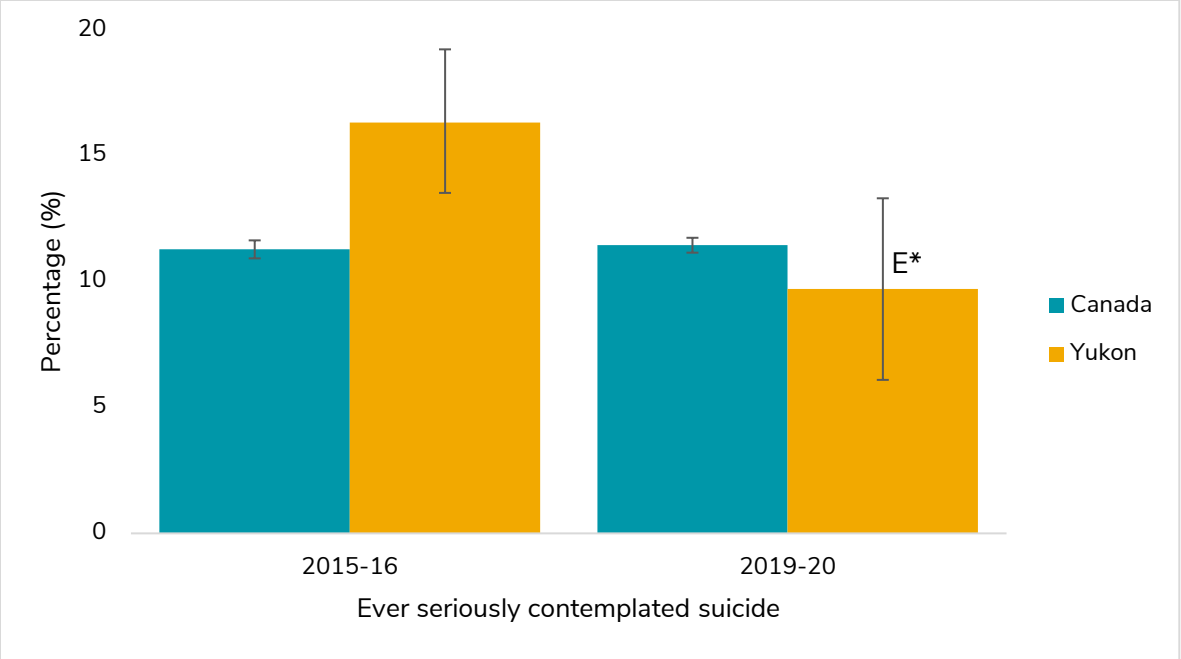

Figure 55: Percentage of people aged 15 and over who reported ever seriously contemplating suicide, Canada and the Yukon, 2015-16 and 2019-20

Source: Canadian Community Health Survey, 2015-16[23] and 2019-20[14], Statistics Canada
Notes Data points marked with a letter and asterisk are flagged or suppressed due to data quality issues. Readers should interpret these estimates with caution. See appendix for further information.

Heavy drinking refers to males who reported having 5 or more drinks, or women who reported having 4 or more drinks, on one occasion, at least once a month in the past year. Canada's Low-Risk Alcohol Drinking Guidelines suggests limiting alcohol to no more than 2 standard drinks per week for women or 3 standard drinks per week for men, which are below the heavy drinking criteria[62]. Yukoners have consistently reported more heavy drinking behaviour compared to the national average in the Canadian Community Health Survey (CCHS) (Figure 56), though in the 2019-20 cycle this difference was not significantly different. In 2022, a notable increase in self-reported heavy drinking was observed both in the Yukon (28.5%, 95% CI: 23.9-33.0%) and in Canada (19.7%, 95% CI: 19.2-20.2%). It is important to consider that self-reported estimates of heavy drinking may be under-estimated for several reasons, including recall bias and self-report bias. Respondents might struggle to accurately recall the number of drinks consumed in the past year. Additionally, questions about heavy drinking may be perceived as more sensitive, leading respondents to alter their responses in a more positive light.

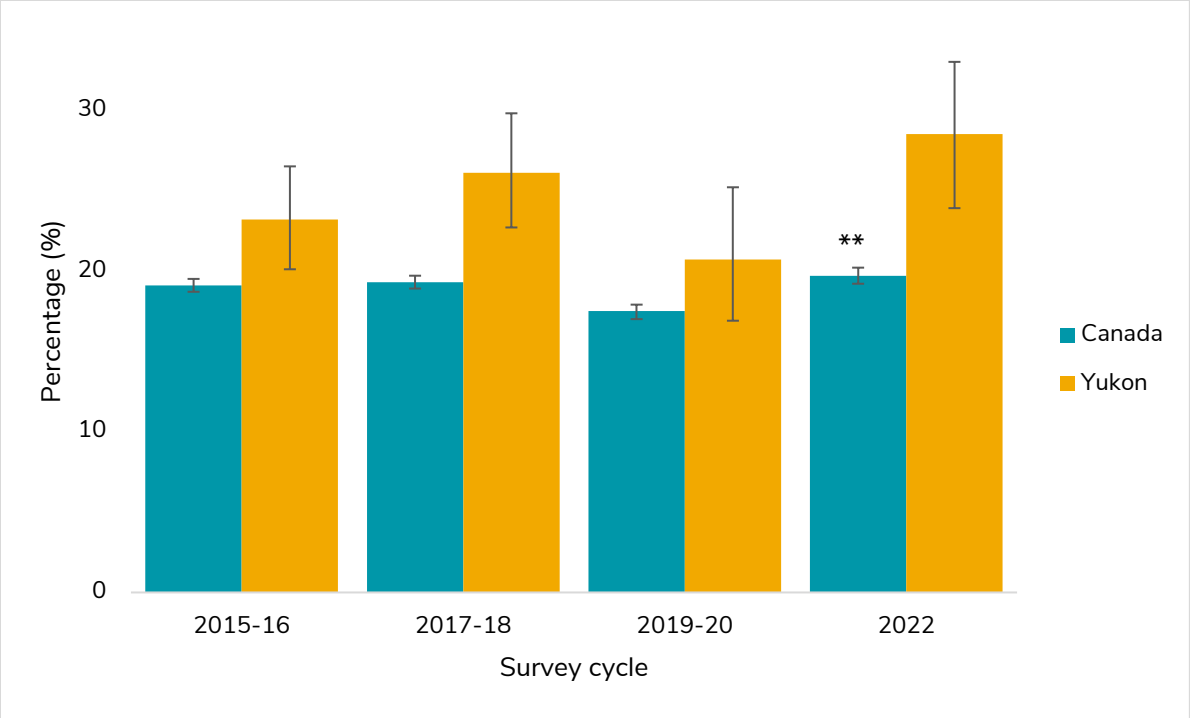

Figure 56: Percentage of population aged 12 and over who reported being a heavy drinker, Canada and Yukon, 2015-16 to 2022

Source: Canadian Community Health Survey, 2015-16[23], 2017-18[13], 2019-204[3], and 2022[15] Statistics Canada
**2022 estimates for Canada exclude the territories

Smoking rates have been consistently decreasing across Canada in recent years. In the 2015-16 and 2017-18 cycles of the Canadian Community Health Survey (CCHS), the percent of current smokers in Yukon was significantly higher than in all of Canada, but the rates in 2019-20 were not significantly different (Figure 57). The most recent estimate of current smokers in the Yukon from 2022 was 19.5% (95% CI: 15.3-23.6%), which appears to be an increase from the previous survey cycle (16.0%, 95% CI: 12.3-20.6%), though there is wide variation in these estimates.

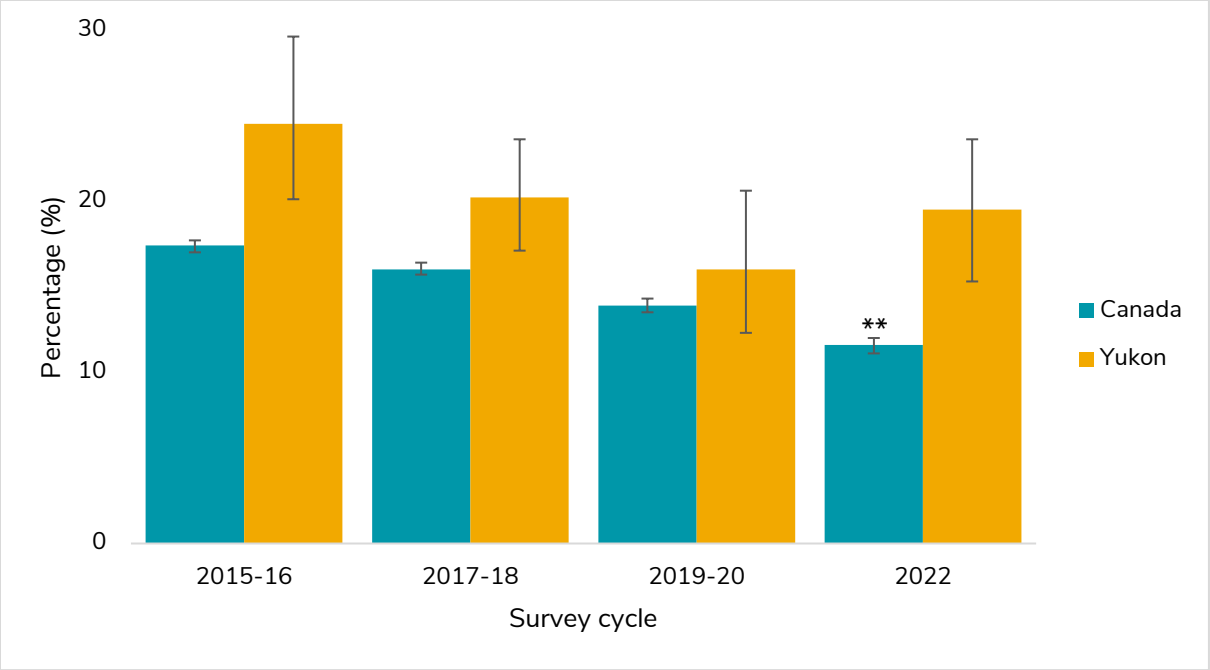

Figure 57: Percentage of population aged 12 and over who reported being a current smoker (daily or occasional), Canada and Yukon, 2015-16 to 2022

Source: Canadian Community Health Survey, 2015-16[23], 2017-18[13], 2019-20[14], and 2022[15] Statistics Canada
**2022 estimates for Canada exclude the territories

Figures 58 and 59 shows self-reported rates of cannabis consumption in the past year. In the 2017-18 cycle of the Canadian Community Health Survey (CCHS), participants from select jurisdictions were asked if they had ever used marijuana or hashish, and if so, was this use in the past 12 months. In the Yukon, 38.7% (95% CI: 33.6-44%) reported using marijuana or hashish in the past year.

Following the legalization of cannabis in Canada, CCHS survey respondents in all jurisdictions in Canada have been asked if they have ever used cannabis, and if so, was this use in the past 12 months. The Yukon reported a notably higher consumption rate (32.3%, 95% CI: 27.3-37.4%) than the rest of Canada (20.5%, 95% CI: 20.0-21.0%) in 2019-20, followed by an increase in 2022 in both the Yukon (38.1%, 95% CI: 33.0-43.2%) and Canada (22.4%, 95% CI: 21.9-22.9%) (Figure 59).

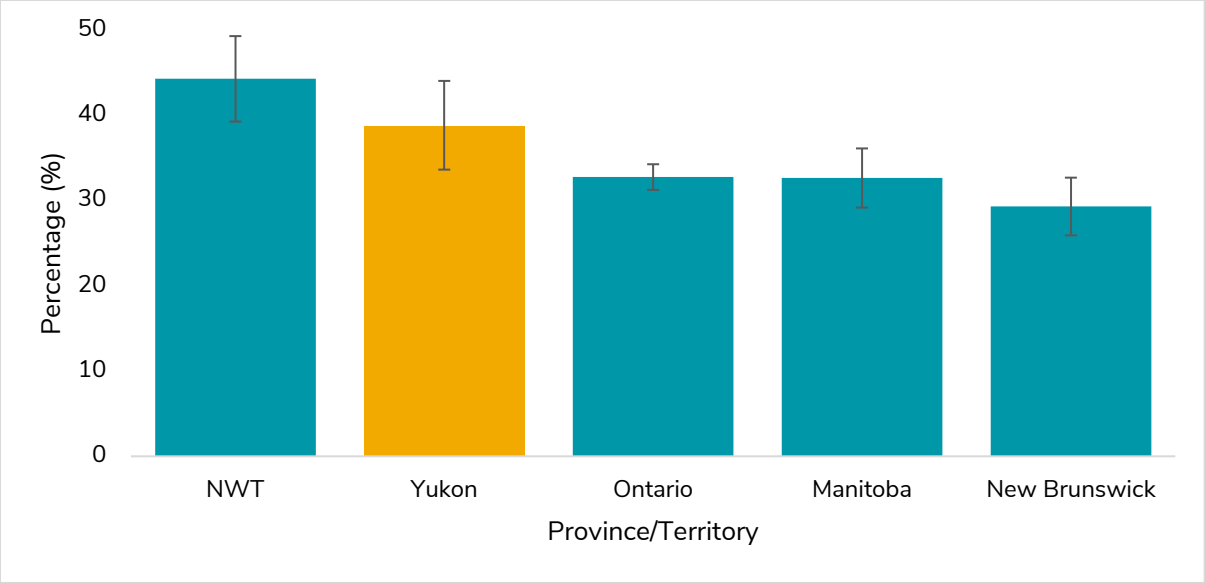

Figure 58: Percentage of people who reported using marijuana / hashish in the past 12 months, by jurisdiction, 2017-18

Source: Canadian Community Health Survey, 2017-18, Statistics Canada[13]

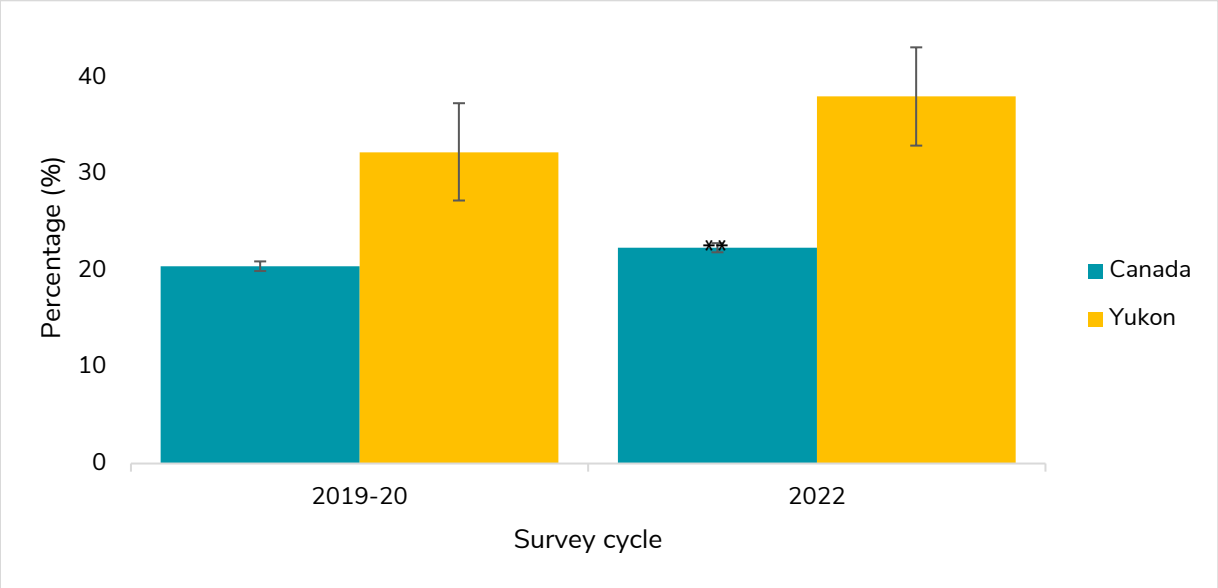

Figure 59: Percentage of people who reported using cannabis in the past 12 months, Canada and Yukon, 2022

Source: Canadian Community Health Survey, 2019-20[14] and 2022[15], Statistics Canada
**2022 estimates for Canada exclude the territories

Diagnosis of mood disorders

Mental illnesses are typically characterized by altered thoughts, mood, and behaviours, and are often associated with distress and reduced functioning[63]. Therefore, they have the potential to impact any or all aspects of an individual's life, including work, relationships and education[64,65]. Mood and anxiety disorders are two of the most common mental illnesses in Canada[13-15,23]. Self-reported prevalence of these disorders can help us understand the burden of mental illness in a population.

The self-reported rate of diagnosis of mood disorders from a health professional has been similar in the Yukon and Canada over recent years, until an increase in 2022 (Figure 60). For the Yukon, 9.6% (95% CI: 7.0-13.0%) of the population was estimated to have a mood disorder in 2015-16. In 2019-20, the estimated rate was lower at 8.1% (95% CI: 5.7-11.4%), but due to high levels of variability these rates should be interpreted with caution. In 2022, the estimated rate increased to 17.4% (95% CI: 14.1-20.7%), and an increased rate was also observed across Canada.

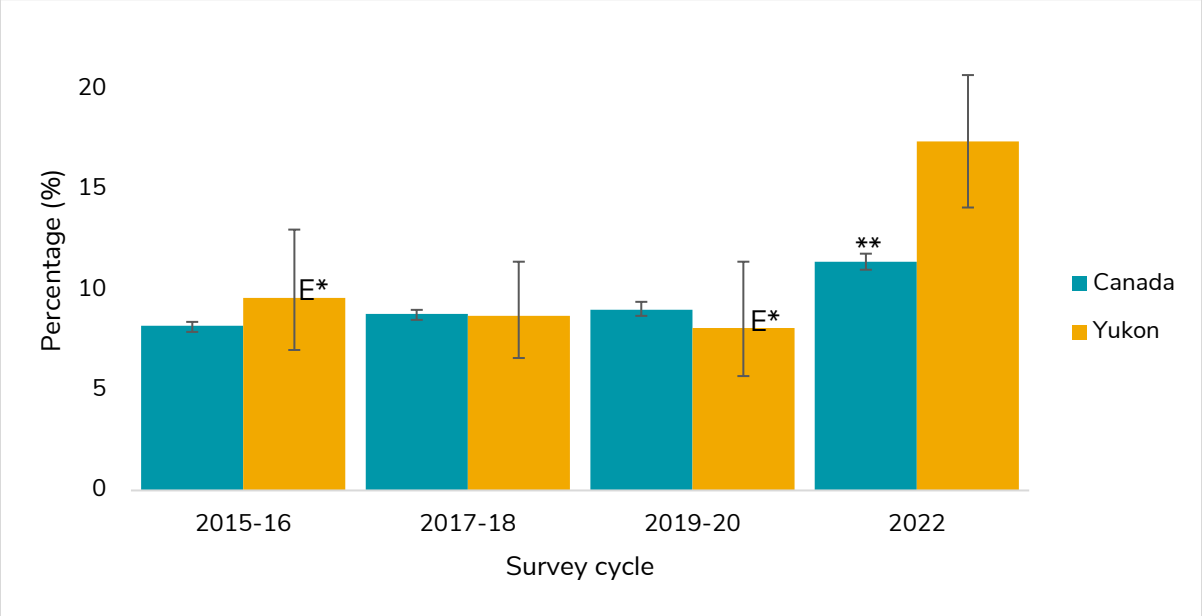

Figure 60: Percentage of population aged 12 and over who reported that they have a mood disorder, such as depression, bipolar disorder, mania or dysthymia, Canada and Yukon, 2015-16 to 2022

Source: Canadian Community Health Survey, 2015-16[23], 2017-18[13], 2019-20[14], and 2022[15] Statistics Canada
Notes: Data points marked with a letter and asterisk are flagged or suppressed due to data quality issues. Readers should interpret these estimates with caution. See appendix for further information.
**2022 estimates for Canada exclude the territories

Use of health services for mental health and substance use

Mood and anxiety disorders are major public health issues, with about 10% of Canadians accessing health care services for these disorders. Health care interventions include professional care along with active self-management strategies[65]. Treatment and supports are provided through various settings, such as a family physician or psychiatrist offices, outpatient programs or clinics, hospitals and community programs, as well as out of pocket treatment options available through private practitioners.

Figure 61 shows the percentage of people who used health services (hospitalizations and physician visits) for mood and anxiety disorders, after being adjusted for age. While the Yukon's rates showed a declining trend from fiscal year 2012/2013 to 2014/2015, they have since risen and surpassed the national rates.

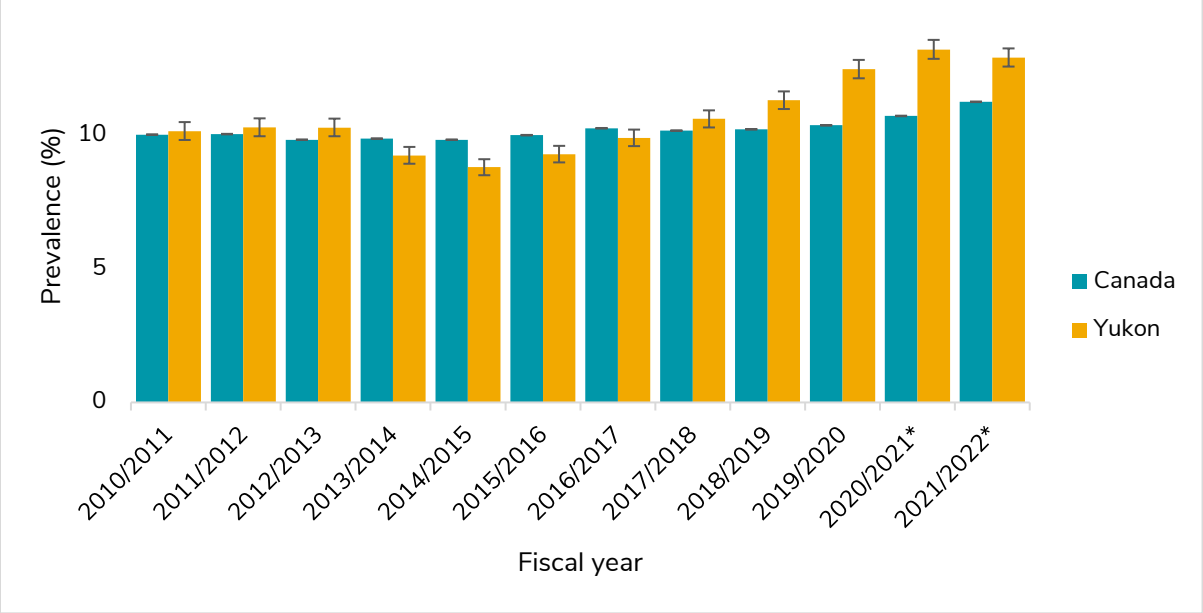

Figure 61: Use of health services for mood and anxiety disorders (annual), age-standardized prevalence (%), age 1 year and older, Yukon and Canada, 2010/2011 to 2020/2021

Source: Canadian Chronic Disease Surveillance System, 2024, Government of Canada[39]

Figure 62 compares hospital admission rates for self-harm between Canada and the Yukon. From 2016/2017 to 2022/2023, the Yukon consistently had higher rates than the national average. Factors that can influence the rate of hospital stays include the availability of community-based care, timely access to care, stigma and cultural perceptions, and variation in the care practices between provinces and territories[30].

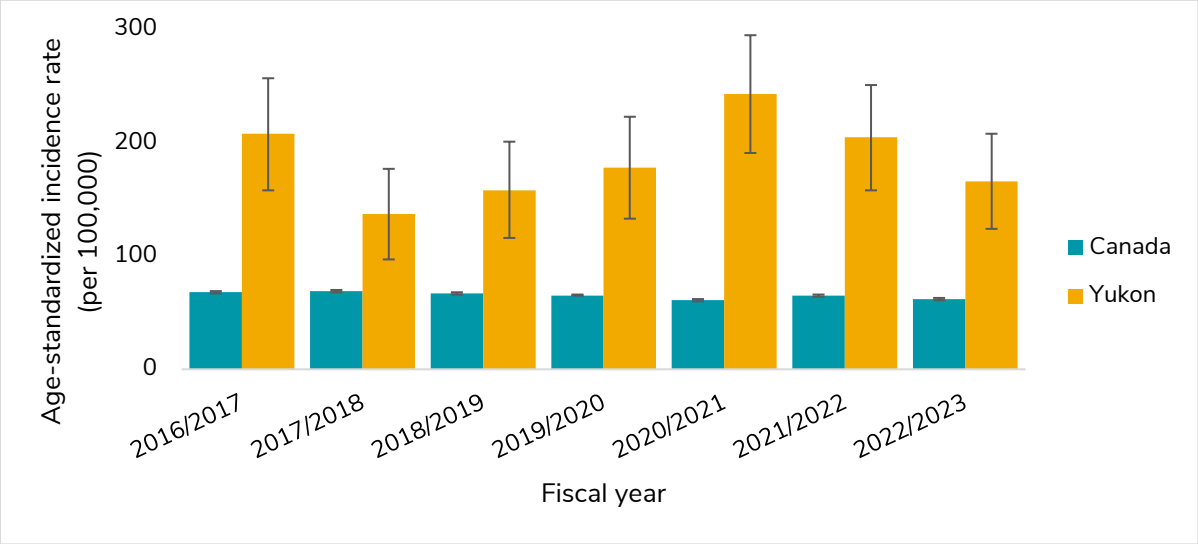

Figure 62: Self-harm hospitalizations (age-standardized rate per 100,000), 2016/2017 to 2022/2023

Source: Canadian Institute for Health Information, 2024[30]
Note: Intent is not always known at the time of data capture. Data may be influenced by the COVID-19 pandemic, and the mental health impact of the pandemic is not fully explored yet.

Emergency department visits and hospitalizations for mental health and substance use reasons have decreased in the Yukon in 2022 and 2023 compared to the previous three years (Figures 63 and 64). However, hospitalizations for mental health and substance use reasons have consistently remained higher in the Yukon than the rest of Canada, even after adjusting for age differences in the population. Mental health and substance use reasons include substance use and related disorders (e.g., alcohol, opioids, cannabis), schizophrenia and other psychotic disorders, mood disorders, anxiety disorders, personality disorders, other mental health disorders (e.g., trauma and stressor-related disorders), and neurocognitive disorders (e.g., dementia).

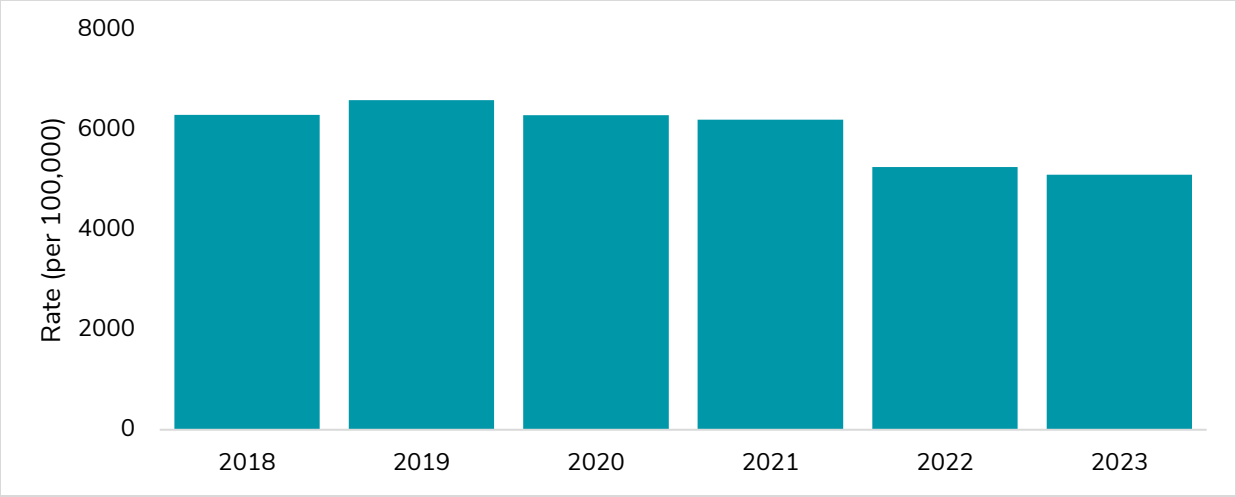

Figure 63: Crude rate of emergency department visits for mental health and substance use, Yukon 2018-2023

Source: National Ambulatory Care Reporting System (NACRS), 2023[53]

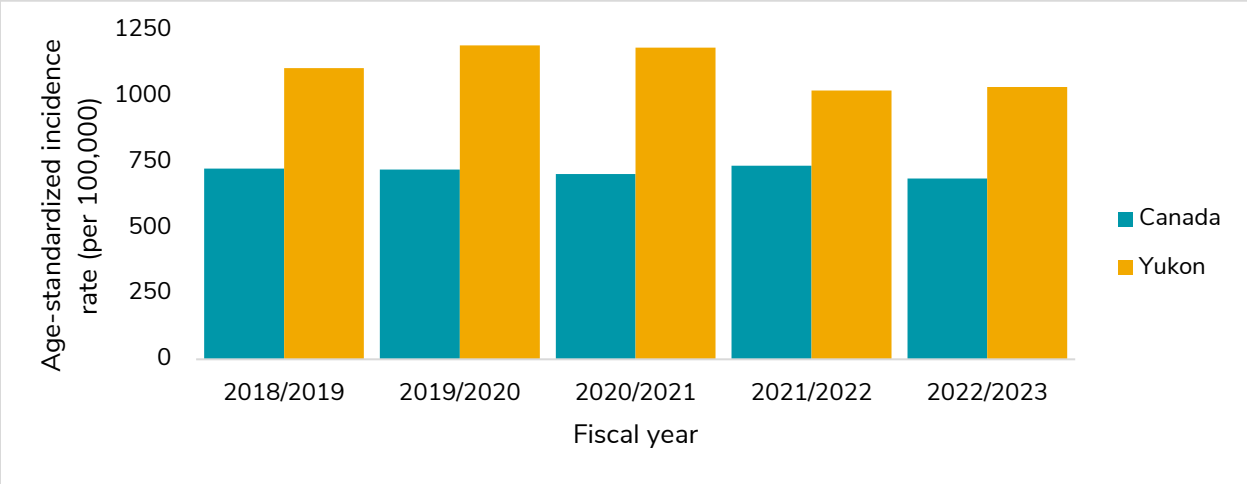

Figure 64: Age-standardized rate of discharges for mental health and substance use disorder hospitalizations, Yukon and Canada, 2018/2019 to 2022/2023

Source: Canadian Institute for Health Information, 2023[66]

When looking at hospitalizations in more detail, in the Yukon, substance use and related disorders are the greatest contributors to mental health and substance use hospitalizations across all years of data (Figure 65). The proportion of mental health and substance use hospitalizations for mood disorders has been decreasing over time, while the proportion for schizophrenia and neurocognitive disorders has been increasing over time (with similar patterns observed for Canada).

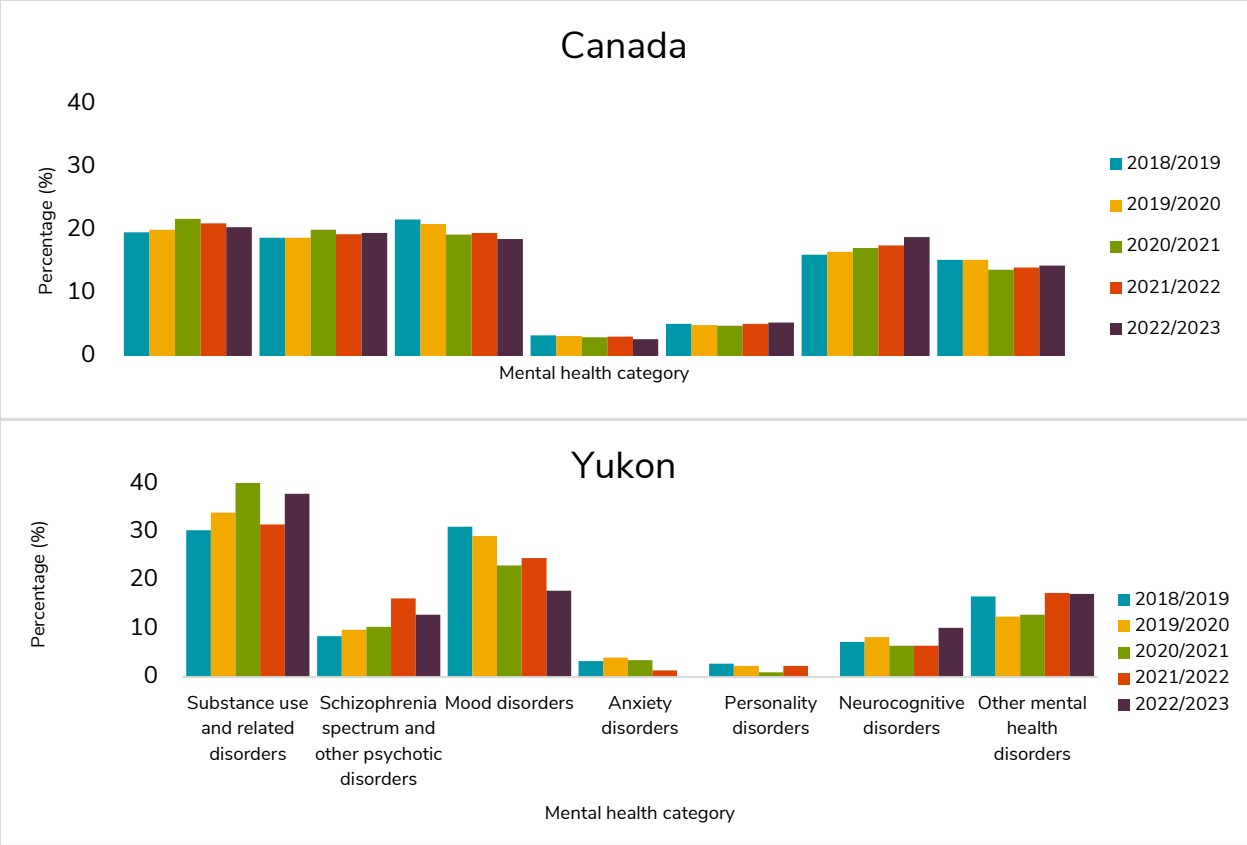

Figure 65: Percentage of discharges for all mental health and substance use disorder hospitalizations by mental health category, Yukon and Canada, 2018/2019 to 2022/2023

Source: Canadian Institute for Health Information, 2023[66]

Figure 66 shows the proportion of people with at least one mental health and substance hospitalization in a one-year period, who had at least 3 hospital stays in that year. Frequent hospitalizations may reflect challenges in getting appropriate care and support in the community[30]. Over the past five fiscal years of available data, Yukon's rates have not been significantly different from Canada. In 2022/2023, 13.9% of people with at least one mental health and substance use hospitalization in the Yukon had at least 3 hospital stays.

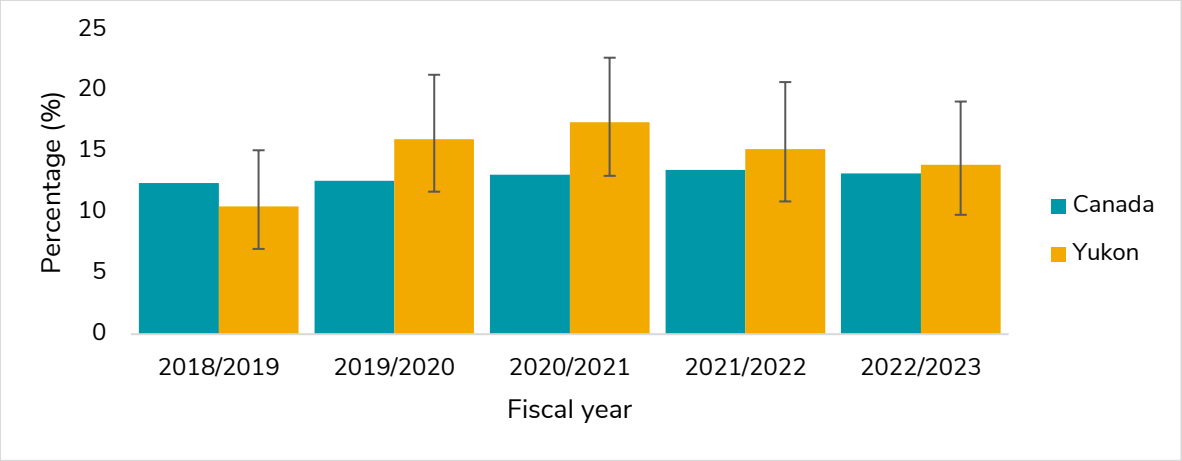

Figure 66: Repeat hospital stays for mental health and substance use, Yukon and Canada, 2018/2019 to 2022/2023

Source: Canadian Institute for Health Information, 2023[31]

Both short-term and long-term alcohol use can have serious harmful effects on individuals and can result in avoidable visits to the health care system[67]. Figure 67 shows the hospitalizations that were 100% attributable to alcohol for individuals 10 years of age and older. Hospitalization rates due to alcohol have consistently been higher in the Yukon, with rates exceeding four times those of Canada in 2019/2020 and 2020/2021. Hospitalization rates have since decreased in the territory, although they remain over 3.5 times higher than the rest of Canada.

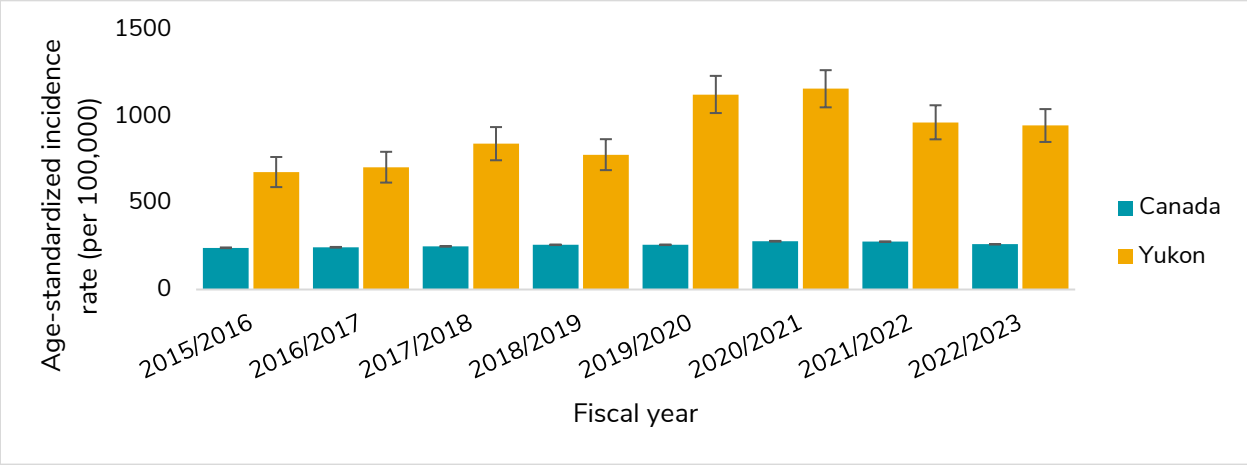

Figure 67: Hospitalizations entirely caused by alcohol, age-standardized incidence rate per 100,000, the Yukon and Canada, 2015/2016 - 2022/2023

Source: Canadian Institute for Health Information, 2024[30]
Notes: The 2020 and 2021 data may be influenced by the COVID-19 pandemic

Communicable and infectious diseases

Communicable diseases are infections that can spread between people and include a variety of bacteria, viruses, fungi and other organisms. Other types of infectious diseases are acquired from exposures to the environment, including animals. When an infectious disease reaches a threshold of public health significance, and has adequate diagnostic criteria, it is designated as reportable to public health in the Yukon. These reportable diseases are monitored to prevent and mitigate their transmission within the population. This report categorizes these diseases into the following groups:

Enteric, food and waterborne diseases: Intestinal illnesses caused by micro-organisms (viruses, bacteria and parasites) that are primarily contracted from contaminated food or water, from animals or their environments and cause symptoms related to the gastrointestinal system. The enteric diseases that were analyzed in this report include giardia, campylobacter, salmonella, verotoxigenic *E. coli*, yersinia, shigella, cryptosporidium, and hepatitis A.

Sexually transmitted and blood-borne infections: Infections that are transmitted primarily from person to person through close intimate contact, or through blood-to-blood contact. The sexually transmitted and blood-borne infections that were analyzed in this report include chlamydia, syphilis, gonorrhea, hepatitis C, hepatitis B, and HIV.

Respiratory illnesses: Diseases that are caused by organisms such as viruses or bacteria that affect the respiratory system. The respiratory illnesses that were analyzed in this report include COVID-19, influenza, respiratory syncytial virus (RSV), tuberculosis, pertussis, measles, and mumps.

Invasive bacterial diseases: Diseases where bacteria colonize tissues in the body that are normally sterile, such as blood, soft tissues, and parts of the brain. The invasive bacterial diseases that were analyzed in this report include invasive group A streptococcus (iGAS), invasive pneumococcal disease (IPD), and invasive meningococcal disease (IMD).

Excluding COVID-19, the most commonly reported laboratory-confirmed communicable diseases among Yukon residents from 2014 to 2023 were sexually transmitted and blood-borne infections (STBBIs), with a 10-year average incidence rate of 808.2 cases per 100,000 population (Figure 68).

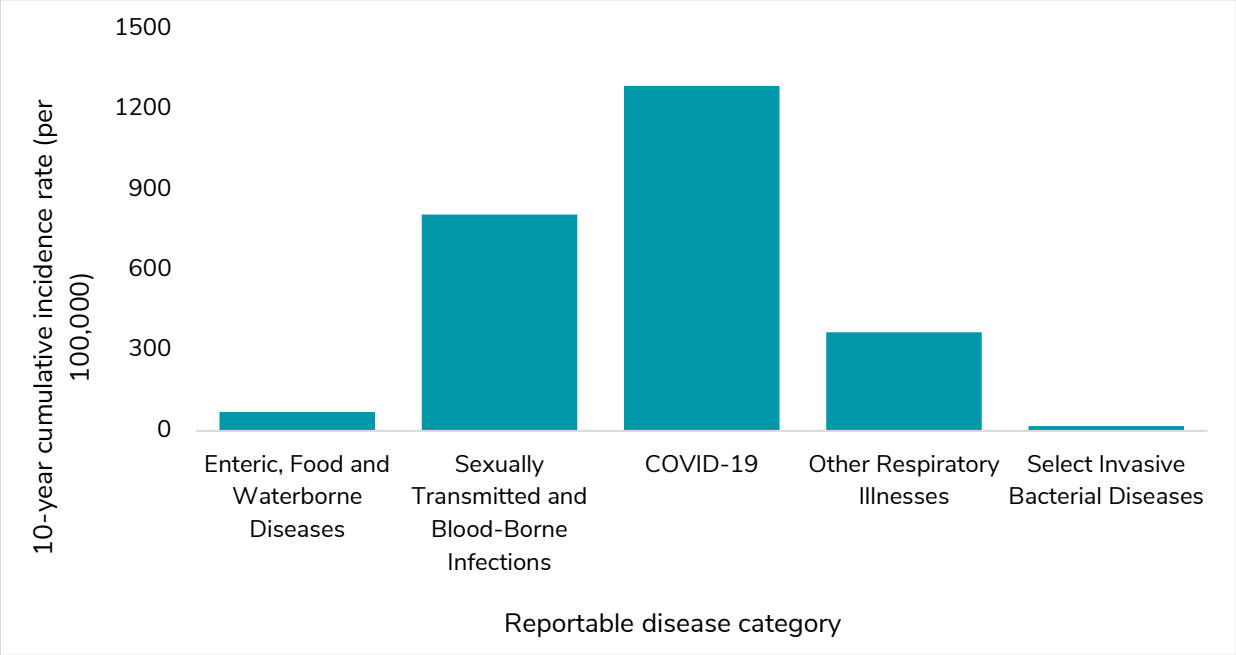

Figure 68: 10-year cumulative incidence rates of reportable disease cases, by disease type, Yukon, 2014-2023

Source: Internal program data, 2024[68]
Notes: COVID-19 displayed separately from other respiratory illnesses to show impact of pandemic.

When analyzing rolling five-year average incidence rates of communicable diseases, a slight downward trend can be observed for reported STBBIs and enteric, food and waterborne diseases, while there has been a slight increase in other respiratory illnesses in recent years. COVID-19 continues to be the most commonly reported communicable disease.

While STBBIs are generally trending downwards, it is important to note that the Yukon saw a recent spike in cases of syphilis, with 68 cases reported in 2022 and 78 cases reported in 2023 (infectious and non-infectious combined). This reflects a 467% and 550% increase from cases reported in 2021, respectively. Similar to the recent surge in syphilis infections, preliminary data from the first six months of 2024 suggest that

gonorrhea rates are now also rising in the Yukon. As of June 30, 2024, there were 67 confirmed gonorrhea cases reported across the territory, compared to 20 cases in all of 2023. Rates of reported STBBIs were likely impacted by the pandemic, where a reduced demand for, and access to, testing and screening services occurred[69].

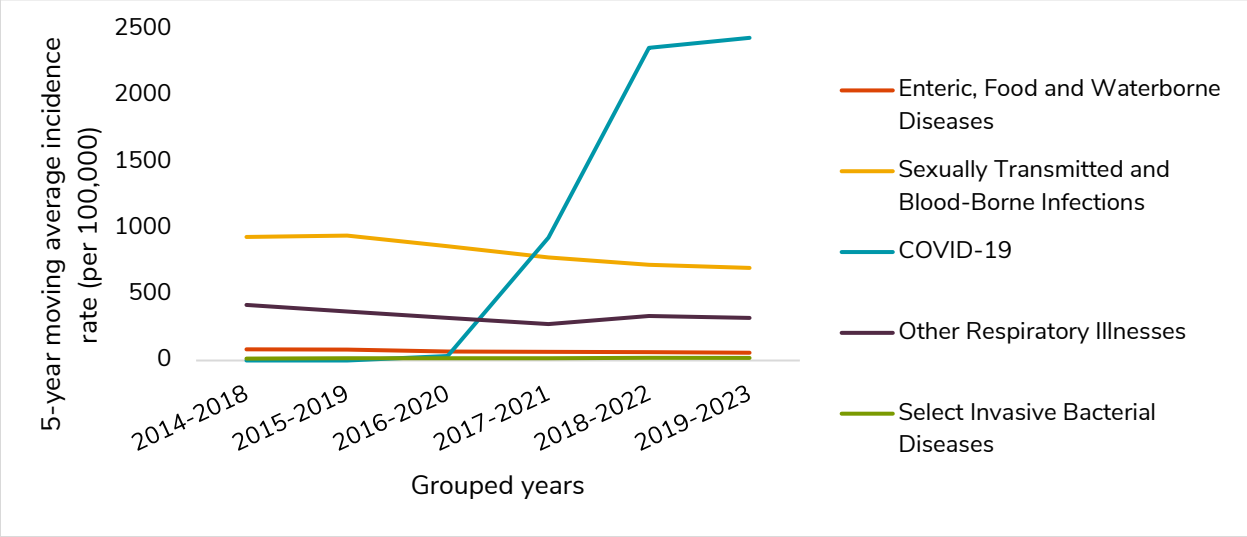

Figure 69: 5-year average incidence rates per 100,000 population, by disease type, Yukon, 2014-2018 to 2019-2023

Source: Internal program data, 2024[68]

Immunizations

Vaccines are a key public health tool for preventing some infectious diseases and are important at all ages[70]. Childhood vaccinations are considered one of the greatest public health achievements and have reduced the individual and population level harms from infectious diseases such as smallpox, polio and measles. These and other newer vaccines remain important ways of keeping people healthy throughout their lives, and coverage estimates are important for determining the average level of protection against vaccine-preventable or vaccine-mitigatable disease in the population.

This report focuses on publicly funded immunizations among Yukon children between the ages of zero and seven. The aspirational goal of the Yukon Immunization Program is to achieve 95% vaccination coverage for routine childhood immunizations, as adopted from Canada's National Immunization Strategy.

The data in Figure 70 refers to the following vaccines in Table 2:

Table 2. Vaccines and associated labels used for the specified childhood vaccines by milestone age group

Vaccine	Label
Diphtheria, Tetanus, and Pertussis Vaccine	DTaP or Tdap
Hepatitis B	HepB
Haemophilus Influenzae Type B	Hib
Inactivated Polio Virus	IPV
Meningococcal conjugate type C	MenCC
Measles, Mumps and Rubella	MMR
Pneumococcal Conjugate	Pneumo
Varicella (Chicken Pox)	Varicella

Overall, Yukon children have generally good coverage for core vaccines. For the 2 to 6 year age group, the highest coverage is for inactivated polio virus vaccine (87%), while

for the 7 to 11 year age group, the highest coverage is for the meningococcal conjugate type C vaccine at 86%.

The immunization data represents estimated coverage at a specific point in time and does not necessarily capture in-migration and out-migration of the Yukon population. For more details on data limitations, refer to Appendix A: Data Notes (Panorama). Appendix C provides more detailed information on the recommended doses for each vaccine. It is important to note that while these definitions are used for the purposes of population coverage estimates, a health care provider should be consulted for further questions about recommended vaccines for specific individuals.

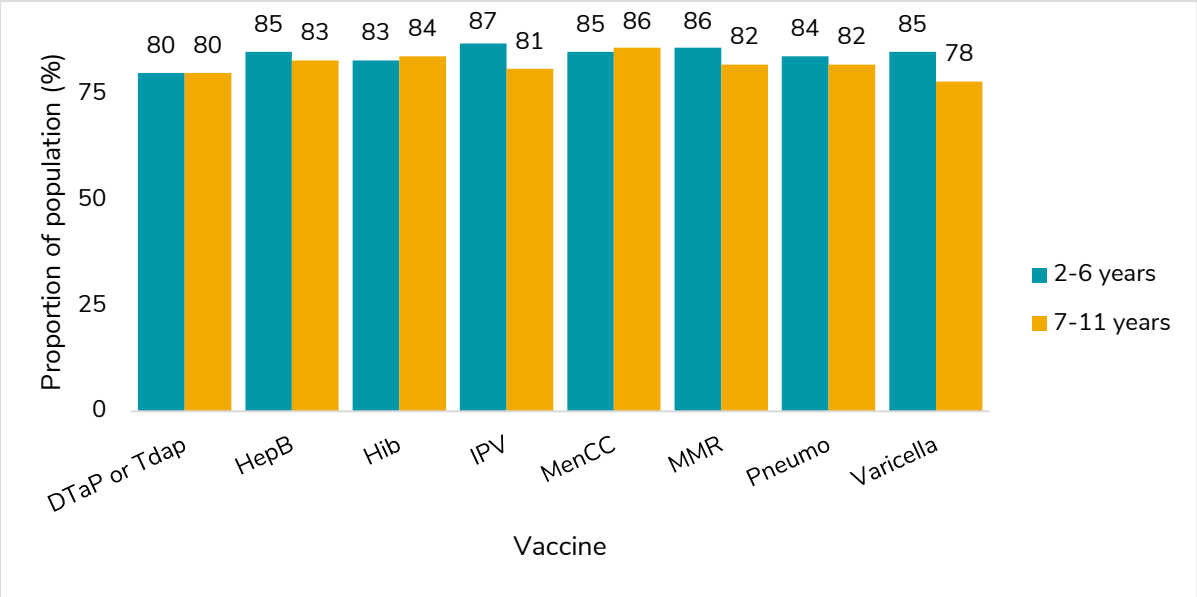

Figure 70: Estimated proportion of Yukoners that have recommended doses of specified childhood vaccines by milestone age group, as of December 31, 2023

Source: Internal program data, 2024[68]

Conclusion

This report aimed to provide an overview of health indicators across the Yukon, covering preventative and risky health behaviours, health care access and use, chronic conditions and other important health outcomes faced by Yukoners. Bringing together various sources of information helps paint a comprehensive picture of the health of Yukon residents. While many areas of health were doing well, the evidence presented in this report identified areas in need of attention. Gaining an understanding of patterns and trends in health can assist in continuing or shifting care and interventions as needed. Critical data gaps still exist, such as for the health of First Nations, Inuit, and Métis peoples. Like Canada, the Yukon population is growing and aging, with a declining birth rate, indicating the demand on the health care system is growing and changing.

Preventative aspects such as strong engagement in physical activities, and a high percentage of mother's breast feeding their babies, were present among Yukoners. Within the territory, residents reported a strong sense of belonging, involvement in cultural or traditional activities, access to arts and culture, and participating in land and nature activities. Childhood immunization rates, while below the aspirational goal of 95% coverage, remain strong in the Yukon. Despite relatively high average incomes, the higher cost of living in the territory can impact outcomes like food security and access to healthy foods. Furthermore, consumption of alcohol, cannabis and tobacco is higher in the Yukon, which are a cause for concern due to their association with poor health outcomes.

There are many Canadians without a primary care provider, and Yukoners aren’t exempt from this issue. However, the Whitehorse Walk-in Clinic is increasing access to primary care for individuals without a provider. Investigation into the reasons for out-of-territory air medevacs may provide insight on care areas to prioritize in the future to address health care needs of Yukoners. Health care spending per person in the territory remains higher and is influenced by geography and care available.

The report shines a light on areas where the health of the territory is strong and highlights poor health outcomes, which suggest associated care or intervention gaps that need to be addressed. While self-reported mental health is similar to national

levels, Yukon has higher hospitalization rates for mental health and substance use, as well as higher service utilization for mood and anxiety disorders. Alcohol hospitalizations remain higher, and substance use was associated with increased fall injuries among 40- to 59-year-olds, as well as assault, self-harm, and unintentional poisonings among 20- to 39-year-olds. Overall, injury rates in the territory were higher than across Canada, some of which are violence related and may be tied to high criminal violation, alcohol, and substance use rates.

Comparing chronic disease rates to Canada, diabetes incidence appeared similar, but Yukon had a higher hypertension incidence rate. Prevalence for diabetes and hypertension in the Yukon appears to be lower than the national average, though both show an increasing trend. Fortunately, overall all-cancer incidence has been declining, including declining rates of breast and lung cancer. An initial increase in colorectal cancer diagnoses was observed in 2018 with the introduction of the ColonCheck screening program, reinforcing that screening can help with early detections, which can lead to more effective treatment. The most common communicable and infectious diseases over the last ten years were COVID-19, beginning in 2020, sexually transmitted and blood-borne infections, and other respiratory illnesses.

The extent of lasting impacts of the COVID-19 pandemic remain unknown, but delayed, postponed, or missed medical appointments, surgeries, or check-ups, may continue to influence the overall health and wellbeing of the Yukon population, in addition to the mental health impacts that have been felt by so many.

While Yukoners engage in several preventative health behaviours, the high cost of living and engagement in risky behaviours likely contribute to increased poor health outcomes. These areas highlight the need for targeted attention to promote a healthier future population. Investing in services, policies, systems and infrastructure is essential to support the Yukon's growing population.

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Limitations

Due to the small Yukon population size, drawing comparisons between the Yukon and Canada can be challenging. The high year-to-year variability can lead to unstable rates, making interpretation difficult. To limit this instability for some indicators, years were aggregated (combined) over the available data period (e.g. 10 years: 2012-2021). The aggregated data may not be truly reflective of annual rates. Rolling rates assist in addressing this issue, but again may not be truly reflective of annual rates. Where possible, 95% confidence intervals have been presented, which assist in visualizing the variability and range of error in the data. Further statistical tests would assist in assessing significance between different data points.

Some data sources produce data at a lag, meaning the available data may not be as recent.

Appendix A: data notes

Income

For the 2021 Census, income was obtained solely through administrative data sources, including Canada Revenue Agency's tax and benefit records. Income that came from one-time receipts (e.g., lump-sum withdrawals from registered retirement savings plans (RRSPs) and other savings plans; insurance settlements; pension benefits; capital gains or losses; inheritances; and lottery winnings) were excluded.

Body Mass Index (BMI)

The BMI data contained in this report is calculated using self-reported weight and height in the Canadian Community Health Survey (CCHS) and adjusted to account for under-reporting one's weight and over-reporting one's height. According to Statistics Canada, a systematic review of the literature concluded that the use of self-reported data among adults underestimates weight and overestimates height, resulting in lower estimates of obesity than those obtained from measured data. Obesity estimates based on the CCHS are subject to these biases. Using data from the 2005 CCHS subsample, where both measured and self-reported values were collected, correction equations have been developed. These correction equations have been successfully applied to both 2005 and 2008 self-reported CCHS data to produce more accurate estimates of obesity. Differences between corrected estimates of obesity from the CCHS and measured estimates from the Canadian Health Measures Survey will be monitored over time by Statistics Canada to determine if the bias in self-reported values is changing and if new correction equations need to be developed[71].

Food security

The food security levels contained in this report are calculated by Statistics Canada, based on a set of 10 adult-referenced questions, and describe the food security situation of the adult members of the household in the previous 12 months. This variable is adopted from the Health Canada model of food security status. In 2020, Health Canada updated its recommended derivation of food insecurity measures to include the level 'marginal food insecurity'. Historically, this category was considered

part of the population defined as 'food secure'. To compare estimates from the 2019-20 cycle of the Canadian Community Health Survey to the 2017-18 cycle, the totals of the “marginally insecure” category in 2019-20 were added to the “food secure” category.

Canadian Community Health Survey (CCHS)

Data for the Canadian Community Health Survey (CCHS) are collected yearly from a sample of approximately 65,000 respondents. Statistics Canada presents estimates from two-year combined data and features breakdown by all provinces and territories. These estimates are less current than annual estimates, but have higher precision given the larger sample (less variability). All health characteristic estimates are calculated excluding non-response categories ("refusal", "don't know", and "not stated") in the denominator.

Canadian Community Health Survey data quality flags

Percentages are calculated from unrounded estimates, then rounded to one decimal point using normal rounding rules. Estimates and coefficients of variation (CVs) are calculated using bootstrap weights provided by Statistics Canada. The CV provides a relative measure of the sampling error as a proportion of the estimate. According to Statistics Canada guidelines, estimates have been flagged as outlined in the table below:

CV (in %)	Guidelines
CV ≤ 15.0	Estimates can be considered for general unrestricted release. No special notation is provided.
15.0 < CV ≤ 35.0	Estimates can be considered for general unrestricted release but should be interpreted with caution due to the high sampling variability associated with the estimates. Such estimates are identified by the letter E.
CV > 35.0	Estimates are suppressed due to data quality concerns from high sampling variability. Such estimates are identified by the letter F.

Vacancy metrics

The vacancy metrics produced by the Canadian Institute for Health Information (CIHI) are sourced from the Job Vacancy and Wage Survey, a monthly survey of employers conducted by Statistics Canada. Job vacancy refers to a job that meets all of the following conditions: it is vacant on the reference date (first day of the month) or will become vacant during the month; there are tasks to be carried out during the month for the job in question; and the employer is actively seeking a worker outside the organization to fill the job. The job could be full time, part time, permanent, temporary, casual or seasonal. Jobs reserved for subcontractors, external consultants or other workers who are not considered employees are excluded.

The average number of vacancies are calculated by fiscal year, using the last 3 quarters of 1 calendar year and the first quarter of the next calendar year. Data uses the National Occupation Classification (NOC) 2016, version 1.3 codes system, which includes the following codes:

- Professional occupations in nursing (NOC 301)
    - Nursing co-ordinators and supervisors (NOC 3011)
    - Registered nurses (RNs) and registered psychiatric nurses (RPNs) (NOC 3012)
- Allied primary health practitioners (NOC 3124)
- Licensed practical nurses (NOC 3233)
- Pharmacists (NOC 3131)
- Physiotherapists (NOC 3142)
- Occupational therapists (NOC 3143)
- Personal support workers
    - Nurse aides, orderlies and patient service associates (NOC 3413)
    - Home support workers, housekeepers and related occupations (NOC 4412)
- Mental health workers
    - Psychologists (NOC 4151)
    - Social workers (NOC 4152)
    - Family, marriage and other related counsellors (NOC 4153)
    - Social and community service workers (NOC 4212)

- Health care, social work, personal support and mental health
    - Health occupations (NOC 3***)
    - Home support workers, housekeepers and related occupations (NOC 4412)
    - Psychologists (NOC 4151)
    - Social workers (NOC 4152)
    - Family, marriage and other related counsellors (NOC 4153)
    - Social and community service workers (NOC 4212)

Overtime hours

Overtime hours as a percentage of worked hours is produced by the Canadian Institute for Health Information from the Canadian Management Information System (MIS) Database, which houses financial and statistical data from approximately 600 public hospitals and 2,000 non-hospital health service organizations and regional health authorities across Canada. The data is current as of February 14, 2024, and may change as a result of data resubmissions at later dates. The indicator “overtime hours as a percentage of worked hours” is calculated using the following formula:

(Worked Hours — Overtime ÷ (Worked Hours — Overtime + Worked Hours — Regular)) × 100%

The numerator includes all worked overtime hours. The denominator includes worked hours – regular and worked hours – overtime (it excludes purchased hours).

Worked hours — Overtime is defined as consecutive worked hours that have been worked at the employer's request, run consecutively from the end of the scheduled shift or which exceed a specified limit. The limit may be specified in relation to a certain period (e.g., day, week) and may be specified by legislation, collective agreement or health service organization policy.

Worked hours — Regular is defined as hours worked as the result of regular scheduling of personnel. Includes regularly scheduled work hours that are not in excess of regular shifts as specified in legislation, collective agreement or health service organization policy. Excluded are all benefit hours and those worked hours that arise as a result of overtime.

Purchased hours is defined as hours spent carrying out the mandate of a functional centre by personnel hired from a purchased third-party provider for which the external agency/organization will receive remuneration for services provided.

The service areas described in the overtime hours worked indicator are as follows:

Administrative and support services: The functional centre framework section pertaining to the provision of all administrative and support services required by the health service organization, including provision and management of all physical assets and services necessary to support its staffing, operation and maintenance.

Nursing inpatient services: The functional centre framework section pertaining to the services provided to inpatients and their significant others to meet their physical and psychosocial needs. Includes ambulatory care clients receiving services in inpatient units if separate ambulatory care functional centres have not been established for these services.

Ambulatory care services: The functional centre framework section pertaining to specialized diagnostic, consultative, treatment and teaching services provided primarily for registered clients and their significant others. Access to these services is generally with a referral from a primary care practitioner or a specialist. These services are generally provided in a hospital setting. Includes community-based dialysis, oncology, surgical and urgent care services.

Diagnostic and therapeutic services: The functional centre pertaining to diagnostic and therapeutic services. Diagnostic services include professional and technical services, which assist in the clinical investigation of the service recipients, either to detect the presence of disease, disability or injury or to assess the severity of known disease, disability or injury. Therapeutic services include professional and technical services provided to service recipients, which assist in the alleviation or cure of the causes, symptoms and/or sequelae of disease, disability or injury. Examples include urinalysis lab, medical imaging, pharmacy, speech–language pathology and clinical psychology services. Excludes professional and technical services provided by personnel who are accountable and charged to Nursing Inpatient Services in the functional centre framework.

Canadian Institute for Health Information (CIHI)

The Canadian Institute for Health Information (CIHI) compiles information to provide comparable data to assist in healthcare improvement, health system performance, and population health at the jurisdictional and national level. The Yukon, as well as other provinces and territories, submits data from the Discharge Abstract Database (DAD) which includes administrative, demographic, and clinical data on hospital discharges, and the National Ambulatory Care Reporting System (NACRS) which contains hospital- and community-based ambulatory care data. Linking these databases validates healthcare indicators and performance measures, in addition to formal analysis such as survival and outcome analyses. The CIHI database provides analysis and summaries for uses to compare jurisdictions to Canadian rates, counts, and prevalence.

Canadian Chronic Disease Surveillance System (CCDSS)

The Canadian Chronic Disease Surveillance System (CCDSS) is a Public Health Agency of Canada lead collaborative network of provincial and territorial surveillance systems. The system collects data on residents who are eligible for provincial/territorial health insurance and can generate estimates or trends over time for more than 20 chronic diseases/conditions, as well as several additional health outcomes. The health insurance registry records are linked to physician billing claims, hospital discharge abstracts, and prescription drug records.

Canadian Centre for Cancer Information

A combined resource of cancer-related official statistics, including epidemiology measures collected by province and territory registries in Canada, in addition to non-government sources. The Canadian Centre for Cancer Infection was developed by Statistics Canada and has partnered with the Public Health Agency of Canada, Canadian Cancer Society, and the Canadian Partnership Against Cancer, based on data from the Canadian Cancer Registry (CCR) and the Canadian Vital Statistics, Death database (CVSD).

Injury International Classification of Disease Codes

International Classification of Disease (ICD-10) codes used to classify emergency department injury visits by cause were categorized based on the Association of Public

Health Epidemiologists of Ontario (APHEO) codes for injury core indicators[72]. These are outlined in the table below.

Injury	ICD-10 Codes
Near-drowning/submersion	W65-W74, V90, V92
Falls	W00-W19
Motor Vehicle Collisions (Traffic and Non-Traffic)	V02-V04, V09.0, V09.2, V12-V14, V19.0-19.2, V19.4-V19.6, V20-79, V80.3-80.5, V80.9, V81.0-81.1, V82.0-82.1, V82.8, V83-V86, V87 (.0-.8), V88 (.0-.8), V89.0, V89.2
Other Land Transport Collisions	Any code from V01-V89 not included in the motor vehicle collisions category above.
Unintentional Poisoning	X40-X49
Suffocation	W75-W84
Fires/Burns	X00-X19
Overexertion	X50
Cut/pierce	W25-W29, W45-W46
Struck by or against	W20-W22, W50-W52
Caught or crushed between objects	W23
Bitten by dog or other mammal	W54, W55
Foreign body – eye or orifice	W44
Nonvenomous insect bites	W57
Self-harm	X60-X84, Y87.0
Assault	X85-Y09, Y87.1
Other unintentional injuries* (e.g. accident on board watercraft, air and space transport accidents, contact with agricultural machinery, unintentional firearm discharge, exposure to forces of nature)	V91, V93-V99, W24, W30-W43, W47-W49, W53, W56, W58-W64, W85-W99, X20-X39, X51-X59, Y85-Y86

Notes: *ICD-10 external cause of injury codes that are of undetermined intent, legal intervention and operations of war, and complications of medical and surgical care are not included in these leading cause categories. These codes are not included in the definitions of unintentional or intentional injury according to the International External Cause of Injury Matrix.

Injury emergency department visits involving substances were ascertained by counting any visit that contained any of the above injury codes and contained at least one of the ICD-10 codes for substances in the table below.

Substance Category	Mental and behavioural disorders	Poisoning	Medical condition and external cause
Alcohol	F10	T51	E24.4, G31.2, G62.1, G72.1, I42.6, K29.2, K70, K85.2, K86.0, O35.4, O99.3*, Q86.0, R78.0, X45, X65, Y15
Opioids	F11	T40.0, T40.1, T40.2, T40.3, T40.4, T40.6	O99.3*
Cannabis	F12	T40.7	O99.3*
Other CNS depressants	F13	T42.3, T42.4, T42.6, T42.7	O99.3*
Cocaine	F14	T40.5	O99.3*
Unknown and multiple substances	F19	T43.8, T43.9	O99.3*, X41, X42, X61, X62, Y11, Y12**
Other substances	F16, F18, F55	T40.8, T40.9	O99.3*

Source: Canadian Institutes for Health Information, 2016-2022[73]
Notes: * Include only if F10–16 or F18–19 as diagnosis type is in the same abstract. ** Include X41, X61 and Y11 if neither T42 nor T43 are in the same abstract; include X42, X62 and Y12 if T40 is not in the same abstract.

Panorama

Immunization and communicable disease data for this report was retrieved from Yukon's immunization and reportable disease registry, Panorama. A limitation of the immunization data is that the coverage estimates are for a specific point in time, and do not necessarily reflect in-migration and out-migration of the population. If a new Yukon migrant has yet to present for service with their immunization records, their information will not be captured in Panorama. This is of important for school-aged children, as documented proof of immunization is not required to enter schools in Yukon, and so records for these ages may be incomplete if immunizations were completed out of territory. Similar, some people immunized in Yukon may no longer live in Yukon or may be deceased but may be captured in Panorama data.

Appendix B: Terms and definitions

Age-standardized incidence rate

The number of cases per 100,000 people, standardized to the age structure of the population to account for changes in the age-distribution over time.

Cancer

Cancer is a generic term for a group of diseases characterized by the uncontrollable growth of cells in the human body, which can invade and destroy almost any healthy parts of the body. Cancer incidence data were defined according to the International Statistical Classification of Diseases for Oncology, Third Edition (ICD-O-3).

Chronic disease

Broadly defined as disease that lasts one year or more, requires on going medical attention or to some degree interrupts daily life, or both.

Communicable disease

An infectious disease that is transmitted in various ways, such as contact, ingestion, and vectors.

Confidence intervals (CI)

Confidence intervals help quantify uncertainty associated with estimates. They are often expressed as 95% lower and upper confidence intervals (95% CI), showing that we are 95% confident that the true value lies within the lower and upper confidence intervals. As values or cases are further grouped by age or sex, the numbers in each sub-group can drop, resulting in increasingly imprecise rates and are accompanied by wider confidence intervals. These are shown in figures with error bars with a lower and upper value line above and below the value shown in the bar or line.

Crude incidence rate

The number of newly diagnosed cases occurring in a specified population during a given period, shown per 100,000 persons.

Current daily or occasional smoker

Population aged 12 and older who reported being a current smoker either daily or occasionally.

Diabetes

Diabetes mellitus includes type 1 and type 2 diabetes combined. Type 1 diabetes is an autoimmune disease where the body is not able to produce insulin. Type 2 diabetes is a metabolic disorder where the body does not produce enough insulin or is not able to utilize the insulin produced efficiently. In this report, patients were included if patient records contain one or more hospital records or physician claims within a 24-month period, excluding gestational diabetes.

Enteric, food and waterborne diseases

Intestinal illnesses caused by micro-organisms (viruses, bacteria and parasites) that are primarily contracted from contaminated food or water, from animals or their environments, or from contact with an infected person. The enteric diseases that were analyzed in this report include giardia, campylobacter, salmonella, verotoxigenic *E. coli*, yersinia, shigella, cryptosporidium, and hepatitis A.

Health equity

The public health concept that describes the quality of fair access to heath resources.

Health inequalities

Unjust and avoidable differences in health across the population, and between specific groups.

Health inequity

Refers to health inequalities that are unjust or unfair. For example, remote and northern communities may experience poorer access to fresh fruits and vegetables than other regions in Canada.

Hypertension

Also referred to as high blood pressure, hypertension is classified by two sets of blood pressure thresholds: systolic blood pressure (SBP) >= 140 mm Hg or diastolic blood pressure (DBP) >= 90 mm Hg[3], and SBP >= 130 mm Hg or DBP >=80 mm Hg[4]. Included in the CCDSS if a patient record included one or more hospital record or physician claims, excluding gestational hypertension.

Immunization

A process where a person becomes resistant to a disease, typically through a vaccination.

Incidence

The number of new cases in a given population over a specified period. This is useful for determining the type and amount of healthcare resources needed for control and prevention activities.

Indigenous

This group includes individuals who self-identified as First Nations, Metis and/or Inuk (Inuit) and/or those who report being Registered as Treaty Indians (that is, registered under the Indian Act of Canada, as well as those who report having membership in a First Nation or Indian Band. The estimates associated with this variable are based on incomplete data due to under-reporting.

Invasive bacterial diseases

Diseases where bacteria colonize tissues in the body that are normally sterile, such as the bloodstream, soft tissue, and meninges. The invasive bacterial diseases that were analyzed in this report include invasive group A streptococcus (iGAS), invasive pneumococcal disease (IPD), and invasive meningococcal disease (IMD).

Medevacs

Medical evacuation is often shorted to “medevac” and refers to the timely and efficient movement of care provided by medical personnel. Air medevacs are done by airplane or helicopter, depending on the condition of the patient and access to resources. They are required when a medical condition cannot be adequately treated in the current location and aims to move the patient to a different location with a higher level of care.

Mood and anxiety disorders

Mood disorders are characterized by the elevation or lowering of mood. Anxiety disorders are characterized by persistent or excessive feelings of anxiety, nervousness, or fear. Mood and anxiety disorders interfere with everyday life for a prolonged period. For the purposes of this report, these disorders were defined as one or more hospital records or physician claims within a 12-month period.

Prevalence

Measures the number of cases (new and existing) at a specific time. Prevalence can provide a snapshot into burden of disease.

Respiratory illnesses

Diseases that are caused by organisms such as viruses or bacteria that affect the respiratory system. The respiratory illnesses that were analyzed in this report include COVID-19, influenza, respiratory syncytial virus (RSV), tuberculosis (active), pertussis, measles, and mumps.

Risk factor

An aspect of someone's behaviour or lifestyle, a characteristic that a person was born with, or an event that they have been exposed to, that may have been associated with acquiring their episode of disease.

Sexually Transmitted and Blood-Borne Infections (STBBI)

Infections that are transmitted primarily from person to person through close intimate contact, or through blood-to-blood contact. The sexually transmitted and blood-borne infections that were analyzed in this report include chlamydia (genital and extra-genital), syphilis (infectious, non-infectious, and unspecified), gonorrhea (genital and extra-genital), hepatitis C (chronic, active, and unspecified), hepatitis B (chronic, active, and unspecified), and HIV.

Social determinants of health

Are the personal, social, and economic conditions in which people are born, grown, live, work, and age. A combination of factors such as income, education, work, housing, and discrimination interact and work together to shape people's opportunities to be healthy. The unequal distribution of these determinants of health makes some people more vulnerable to disease and injury, and are shaped by the distribution of money, power, and resources.

Visible minority

Refers to those defined in the *Employment Equity* Act that defines visible minorities as "persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour.", including those such as South Asian, Chinese, Black, and others. The 2021

Census has shifted from the term “visible minority” to “racialized population” or “racialized group”, aiming to reflect the increased use of the terms in the public.

Appendix C: childhood immunization schedule in the Yukon

Definition of milestone age group 2-6: By age 2 (grouped 2-6 for community analysis) all childhood vaccines should have AT LEAST the following number of vaccines specified in Least Number of Doses Required variable

Definition of milestone age group 7-11: By age 7 (grouped 7-11 for community analysis) all childhood vaccines should have AT LEAST the following number of vaccines specified in the Least Number of Doses Required variable

Age group	Antigen	Least number of doses required
2-6	DTaP or Tdap	Dose 4
2-6	HepB	Dose 3
2-6	Hib	Dose 2 if Dose 1 before 15 months of age with last dose on or after first birthday. Dose 1 if on or after 15 months of age
2-6	IPV	Dose 3
2-6	MMR	Dose 1
2-6	MenCC	Dose 2 or Dose 1 on or after first birthday
2-6	Pneumo	Dose 3 if Dose 1 before first birthday; Dose 2 if Dose 1 after first birthday
2-6	Varicella	Dose 1
7-11	DTaP or Tdap	Dose 4 or 5 after the fourth birthday
7-11	HepB	Dose 3
7-11	Hib	Dose 2 if Dose 1 before 15 months of age with last dose on or after first birthday. Dose 1 if on or after 15 months of age
7-11	IPV	Dose 3 or 4 after the fourth birthday or Dose 5
7-11	MMR	Dose 2
7-11	MenCC	Dose 2 or Dose 1 on or after first birthday
7-11	Pneumo	Dose 3 if Dose 1 before first birthday; Dose 2 if Dose 1 after first birthday
7-11	Varicella	Dose 2

Yukon