

NWT residents are accident prone, live shorter lives

Life expectancy in the Northwest Territories is 5 years less than the national average for women and 4 years less for men, according to the NWT's first health status report since 1990. The differences are largely attributable to lower life expectancy among aboriginal people, who account for more than half of the territory's population, the authors suggest.

The NWT Health Status Report 1999 indicates that life expectancy for aboriginal males is just 70 years, while aboriginal women, on average, live 75 years. Non-aboriginal males in the NWT live an average of 72 years, non-aboriginal females 77 years.

Several factors account for the poor rankings. Northern residents have, among other things, a higher incidence of alcohol use, smoking and certain infectious diseases such as TB and chlamydia.

The report, which was written by territorial health officials, also concludes that the outdoor-oriented lifestyles of many Northerners may be a mixed blessing. While 31% reported



Northerners' outdoor lifestyle may be mixed blessing

being active enough to reap cardiovascular benefits (compared with just 19% nationally), the mortality rate due to injury was more than twice the national average, even when adjusted for the NWT's relatively younger population.

"Arguably, the North is a risky place to maintain an active lifestyle," the authors wrote. "By its very nature, life on the land (and water) is full of natural

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Halifax hospital gives itself a passing grade

The Queen Elizabeth II Health Sciences Centre in Halifax has made the grade. The hospital, the largest tertiary care centre in Atlantic Canada, has issued a report card rating itself on 7 major health care criteria. The card, which will be made available to all Nova Scotians, is believed to be the first of its kind in the country.

"We clearly are doing a report card to be open and accountable to the public that we serve," Bob Smith, the QE II's president and CEO, said in an interview. "Certainly we are contributing to an area of emerging interest in Canada."

That interest stems from the need to be accountable and the desire to im-

prove. Smith hopes that public accountability will encourage public debate. He hopes that, in turn, will lead to an even healthier system.

Such reporting also forces hospitals to take a critical look at what they're doing well and at areas where they need to improve. "Doing a report card has to be a value-driven issue," says Smith. "It's been gutsy for us to face up to our strengths and our weaknesses."

Even though the QE II has rated itself — a brash move, Smith admits — the assessment is based on "informed opinion," including patient and employee surveys, treatment outcomes, budgets and waiting times. "My peers across the country are all interested in

how they can take their data and use [them] better," Smith notes.

The QE II, which intends to issue similar report cards at least once a year, gave itself the highest marks for patient outcomes, patient satisfaction and efficiency (8 out of 10). The next best set of marks went for research and education and finance (7). The lowest grades — 6 — were given for waiting times and employee satisfaction.

"The ability for us to [reach] 9 out of 10 and 10 out of 10 is not [going to happen] in the next 6 months," says Smith. "We will see a comfort zone a couple of years out if we stay the course. I'm comfortable we'll keep moving the bar higher." — *Donalee Moulton*, Halifax