

ANNUAL REPORT

2011 – 2012



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NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
RÉGIE RÉGIONALE DE LA SANTÉ ET DES SERVICES SOCIAUX NUNAVIK

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Annual Report 2011-2012

April 1, 2011, to March 31, 2012

Our raison d'être:

The well-being of the entire Nunavik population

Our mission:

Plan, organize, apply and evaluate programs
to serve our population

Our objective:

Improve our population's state of health

Our values:

Autonomy, respect, participation, appreciation of our human
resources and collaboration with our partners

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Nunavik: A Vast Occupied Territory

The Region and Its People



Nunavik, the Inuit region of Québec, is a vast territory that covers more than 500 000 square kilometres. Its geographic zones range from taiga to tundra and its landscapes vary from mountains to boreal forest to innumerable lakes and rivers to open sea.

There are different interpretations of the word *Nunavik*. For some, Nunavik means “the place where we have landed.” In Tamusi Qumak’s dictionary of Inuktitut, Nunavik means “a vast land occupied by animals.”

Today, Nunavik is home to approximately 12 000 inhabitants, 90% of whom are Inuit, living in 14 communities dotting the coasts and rivers: Kuujjuaraapik, Umiujaq, Inukjuak, Puvirnituk, Akulivik, Ivujivik, Salluit, Kangiqsujaq, Quaqaq, Kangirsuk, Aupaluk, Tasiujaq, Kuujjuaq and Kangiqsualujjuaq.

Each community has its own municipal infrastructure and modern essential services that are adapted to the North. For example, houses and other buildings have running water, which is delivered daily by truck from local reservoirs.

There are no roads to Nunavik; travel and shipping to and from the region are by airplane and freight ship.

With the exception of Kuujjuaq, these small communities are dispersed along the 2 500 kilometres of shoreline that border Nunavik, some on the east coast of Hudson Bay, others on the coasts of the Hudson Strait and Ungava Bay. Kuujjuaq is located a little farther inland, upstream on the Koksoak River, directly at the tree line, straddling taiga and tundra. With its population of 2 000 inhabitants, it is the largest community of the region, which also makes it the administrative centre of Nunavik.

In spite of the distance that separates them from one another, the warm-hearted Inuit, who were once nomads, like to visit each other. However, since the Nunavik communities are not linked together by roads, the inhabitants must travel by aircraft, boat or snowmobile, depending on the season, to go from one village to the next. No matter how cold it can get, this makes for warm encounters.

As the majority of the Nunavik population is Inuit, Inuktitut is the language most used in the region. On the other hand, due to the federal government's predominant presence in the region's previous administration, the use of English is also widespread, especially in the workplace, and this more than French, although the latter is making considerable progress.

If you would like to know more about the region, visit the site: www.nunavik.ca.

Inuit Health Indicators

The health indicators for Inuit of Nunavik are substantially worse than for the rest of Québec: life expectancy is 16 years lower, infant mortality and hospitalization rates are four times higher and there are high rates of infectious diseases. The causes of the high mortality rate include malignant tumours, cardiovascular diseases, respiratory diseases, tobacco-related complications and alcohol-related accidents. Nunavik's suicide rate is also more than seven times higher than that of the rest of Québec: rates among youth between 15 and 19 years of age are 46 times higher and those among young adults between 20 and 24 years of age are 23 times higher.



As the cost of living is much higher in Nunavik due to transportation-related costs, an estimated 43% of Nunavik households live below the poverty line, compared to 17% for Québec.

Nunavik also suffers from a shortage of housing, with more than 500 families or individuals registered on a waiting list. Although the average number of persons per household is 4.72, it is not rare to see 10 to 12 persons living under the same roof. Moreover, although some dwellings have up to five or six rooms, a large number of them have fewer, which contributes to a higher number of persons per room in Nunavik (0.93) than in all of Québec (0.5).

The Nunavik Health and Social Services Network

The Nunavik health and social services network comprises the Nunavik Regional Board of Health and Social Services, the Inuulitsivik Health Centre (Hudson Bay) and the Ungava Tulattavik Health Centre (Ungava Bay). The basis for the development of health and social services in the Nunavik region was established by the *James Bay and Northern Québec Agreement* of 1975 (*JBNQA*) and its complementary agreements. The organization of health and social services remains under the auspices of the provincial system, but it is adapted to the region's characteristics.

Because of its population size and sociocultural characteristics, Nunavik is a privileged place where the curative and the preventive mix, a place where activities in promotion, prevention and protection are carried out very harmoniously and smoothly, as much in the health sector as in social services.

Nunavik Regional Board of Health and Social Services

For the *ministère de la Santé et des Services sociaux* (MSSS), Nunavik is administrative health region 17. The Nunavik Regional Board of Health and Social Services (NRBHSS) manages a budget of close to 157 million dollars, destined for health and social services for the populations of the 14 communities.

The NRBHSS employs about 65 Inuit and non-Inuit workers and includes the Department of Executive Management, the Department of Public Health, the Department of Planning and Programming, the Department of Administrative Services, the Department of Inuit Values and Practices and, recently, the Department of Out-of-Region Services and the Regional Department of Human-Resources Development.



A board of directors of 20 members oversees the NRBHSS and consists of:

- 14 representatives, 1 for each community in Nunavik;
- the executive director of each health centre (Tulattavik and Inuulitsivik, two members);
- a member appointed by the board of directors of each health centre, selected from among the elected representatives of the villages (two members);

- a member appointed by the board of directors of the Kativik Regional Government (KRG);
- the Executive Director of the NRBHSS.

Besides the functions directly connected with administration, the board of directors is responsible for identifying the priorities with regard to the population's needs in health and social services, priorities that are presented at the public information meeting held annually by the NRBHSS.

The law requires that the boards of directors of the regional board and the institutions consist of a majority of Inuit members.

Health Centres



Service provision is organized locally and by subregion—Hudson Bay and Ungava Bay—and is centred at two multi-role institutions, the Inuulitsivik Health Centre in Puvirnituk and the Ungava Tulattavik Health Centre in Kuujuaq. These institutions assume the missions of general- and specialized-care hospital centres (15 beds per centre) as well as long-term care facilities.

The Tulattavik Health Centre works in partnership with the Municipality of Kuujuaq and the Kativik Municipal Housing Bureau to maintain a 10-bed nursing home. There is also a day centre for the elderly in Kuujuaq.

Other services provided include child and youth protection, with two departments of Youth Protection, one for each of the Ungava Bay and Hudson Bay coasts. Facilities include one regional 14-place rehabilitation centre in Salluit, two subregional 8-place group homes in Puvirnituk and Kuujuaq and a CLSC (point of service) in each of the 14 communities.

The CLSC point of service in each community comprises a team of professionals from varying sectors and disciplines offering a range of health and social services to the population. The composition of the team varies from one community to another, based on the size of the community and the functions of the team.

Second-line health services in Nunavik are limited. Recourse to resources outside Nunavik is the norm for practically all specialized medical examinations and treatment. Some are offered by the two health centres, notably by visiting specialists, such as gynecologists, psychiatrists, orthopedic surgeons, etc. If adequate specialized or ultra-specialized services cannot be provided, the client is referred to service providers in the South under the McGill *RUIS* agreement or other agreements.



Patient services in Montréal serve as liaison and support in these cases of transfer, ensuring reception, transportation, lodging and interpretation services, as well as liaison with the northern institutions.

A five-bed, regional, intensive crisis centre, located in Puvirnituk, offers second-line mental-health services.

Message from the Chairperson and the Acting Executive Director

Before beginning, we would first like to present our rationale, our mission, our objectives and our values, which may be stated as follows:

Our rationale:

The Nunavik population's well-being

Our mission:

Plan, organize, apply and evaluate programs to serve our population

Our objective:

Improve our population's state of health

Our values:

Autonomy, respect, participation, appreciation of our human resources and collaboration with our partners

These are the guidelines that direct our daily actions and which take concrete form through the following priorities, established at our last AGM, held in October 2011, for the one-year period from April 1, 2011, to March 31, 2012:

1. Raise the population's awareness of the problems of alcoholism and substance abuse;
2. Seek the financial resources required to ensure that our population has access to the healing activities that will help in dealing with the repercussions of historical trauma.

Further, respect for Inuit values and practices is a key element in developing and providing health and social services Nunavik.

We are pleased with the new installations at the Puvirnituk airport. Every day, several patients of the Inuulitsivik Health Centre arrive at the airport from the other villages of the coast on their way to the health centre to receive care. Others arrive at the airport to take a flight to Montréal for specialized and overspecialized care not available at Inuulitsivik.

In that sense, the Nunavik Regional Board of Health and Social Services supports the Inuulitsivik Health Centre in its application to the Canadian Air Transport Security Authority, the *ministère des Transports* and other related authorities to equip the Puvirnituq airport with a security station and a secure area. This will help patients with reduced mobility in that they will not be obliged to leave the aircraft at the Kuujuaapik airport or the La Grande airport for security scanning. Thus, patients who are suffering or living with a critical situation will be required to move around less, and the waiting times at these airports will also be reduced.

Another of our concerns is the runway in Umiujaq. We have asked Makivik for support in considering the feasibility of building a new runway in Umiujaq which would be better oriented relative to the predominant winds. Such a project would reduce the number of cancelled medical-evacuation flights to Umiujaq due to the impossibility of landing because of adverse wind conditions. A runway with a different orientation would solve the problem.

For many months, the NRBHSS has diligently worked on the *MNQ* relocation project. On February 16, 2012, the NRBHSS received a letter of authorization from the *MSSS* concerning the following:

- a total of 143 beds will be available at the resource;
- office space and other facilities will be included;
- the project will be for a long-term lease;
- all installations of the *MNQ* will be under the same roof in Montréal (West Island);
- we can proceed with the hiring of professionals (architectural and engineering firms) to complete the plan of requirements (POR) for the calculation of the total floor space required;
- we will be collaborating with the *MSSS*' expertise and standards department;
- April 5 is the target date for submitting the summary POR and functional and technical plan (FTP) to the *MSSS*.

Once all the parties approve the total required floor space, the *MSSS* will authorize the NRBHSS to proceed with a public call for tenders for an existing building or a new construction.

Offering training to our Inuit staff in the Nunavik health and social services network is a priority to us. Thanks to an initiative of the NRBHSS, and with financial support from the *MSSS*, Inuit managers of the Nunavik health and social services network have the opportunity to obtain a management diploma from McGill University.

The training program continues and has seen success. At this time, the participants are still working at obtaining their diploma and hope to complete the program in the near future. This program destined for Inuit managers enables them to undergo continued training and grants them recognition within the health network. These managers will acquire the skills and knowledge that will make them more efficient in their respective fields. Further, their participation ensures that increasing numbers of Inuit candidates will take over administration of health services in Nunavik.

With the goal of supporting the Inuit personnel in youth protection, the NRBHSS and Marie-Victorin College have designed a training program in psychosocial intervention. The training, accredited by the *ministère de l'Éducation, du Loisir et du Sport*, is provided in the Nunavik communities. Personnel members have been consulted to identify their training needs. The content of this training contributes to improving their work and helps them better understand the reality and dynamics of the families with whom they intervene. The training provides them with a place for discussion and sharing of knowledge and helps them deal with stress.

This past year, 25 Inuit from the 14 communities attended more than 15 training sessions organized on the territory.

The same training program is also offered to rehabilitation workers and will eventually be offered to CLSC workers as well.

During the past year, the NRBHSS continued its efforts at supporting and supervising the activities related to the residential-schools portfolio. This issue is particularly important to us. We would like to emphasize our support for those who attended these institutions as well as their families and communities. The healing process continues. For our part, we continue to offer support with the help of the Department of Inuit Values and Practices.

Youth protection, out-of-region services and several other issues remain at the core of our preoccupations.

At the board session of December 2011, the NRBHSS adopted a resolution concerning the creation and implementation of a regional family and youth centre in Nunavik. There is a growing number of cases under youth protection and in delinquency among young persons aged 12 to 18 years, as well as a need for residential resources, foster families, group homes and rehabilitation centres. Our Strategic Regional Plan for 2009-2010 to 2015-2016 includes a series of measures to support the Departments of Youth Protection and Rehabilitation. There is also pressure resulting from the revision of the *Youth Protection Act* and the obligation of adapting our clinical practices and service organization to the clientele in order to conform to legislative measures. The best solution is an integrated management, under one board of directors, of all youth services on a regional basis. This will favour harmonized practices and the development of

resources for youths with addiction problems, intellectual impairment and other problems that hinder their social integration. Our staff is working very hard toward this goal.

In closing, I would like to point out the extraordinary work performed by our human resources in health and social services. Each of their actions is a major contribution toward improving our state of health. It is important to appreciate their work, which is sometimes carried out in difficult circumstances. That is why we need to make sure we offer them incentives to remain in the region, if we wish to continue offering health and social services that are increasingly better adapted and of better quality. We cannot abandon the effort now, and we need to work together toward our objectives. In that respect, I would also like to thank our partners and the members of the health and social services network for their exceptional collaboration.

Josepi Padlayat
Chairperson

Gilles Boulet
Acting Executive Director

Boards of Directors of the Nunavik Health and Social Services Network

The *Act respecting health services and social services and amending various legislative provisions* (1991, Chapter S-4.2) clearly outlines the responsibilities, rights and powers of board members. The act also provides for more precise mechanisms to make board members accountable and ensures transparency in the fulfilment of their duties.

The responsibilities of managers and board members are different. The responsibilities of board members are, among other things:

- establishing the priorities and orientations of the institution;
- ensuring that:
 - the services offered are pertinent, of high quality and effective;
 - the rights of users are respected and their complaints dealt with promptly;
 - human, material and financial resources are used economically and efficiently;
 - the persons who work in the institutions participate fully, are motivated and are offered the opportunity for professional development.

Board of Directors of the Regional Board

The board of directors of the regional board is composed of the following persons:



- one representative appointed by each northern village included in the territory referred to in section 530.1 (14 members);
- the executive director of each institution and another person appointed by the members of the board of directors of each institution, chosen from among the persons referred to in paragraph 1 of section 530.13 (4 members);
- a regional councillor appointed by the board of directors of the Kativik Regional Government (1 member);
- the executive director of the regional board (1 member).

During the session of February 17, 2012, a new executive committee was appointed by the members:

Josepi Padlayat	Chairperson, representative of the Inuulitsivik Health Centre;
Weetaluktuk, Eva	Vice-Chairperson, representative of Inukjuak;
Watt, Larry	Secretary, Acting Executive Director of the NRBHSS;
Pomerleau, Madge	member of the executive committee, Executive Director of the Ungava Tulattavik Health Centre;
Uitangak, Elisapi	member of the executive committee, representative of Puvirnituq.

Composition of the Board of Directors on March 31, 2012

Executive Committee

Padlayat, Josepi	Chairperson, representative of the Inuulitsivik Health Centre
Pomerleau, Madge	Member of the executive committee, Executive Director of the UTHC
Uitangak, Elisapi	Member of the executive committee, representative of Puvirmituq
Weetaluktuk, Eva	Vice-Chairperson, representative of Inukjuak
Vacant	Secretary, Acting Executive Director

Directors

- Angutinguak, Daisy Aupaluk Representative
- Annanack, Kitty KRG Representative
- Arngak, Alasie Kangiqsujuaq Representative
- Baron, Christina Kangiqsualujjuaq Representative
- Beaudoin, Jane Inuulitsivik Executive Director
- Kulula, Louisa Quaqtaq Representative
- Kumarluk, Willie Umiujaq Representative
- Mangiuk, Qumaq L. Ivujivik Representative
- Munick Kauki, Annie Tasiujaq Representative
- Niviaxie, Lizzie Kuujjuaraapik Representative
- Pauyungie, Illashuk Salluit Representative
- Qaqutuk, Johnny Akulivik Representative
- Snowball, Bobby Sr. Kuujjuaq Representative
- Tukkiapik Carrier, Lucy Kangirsuk Representative
- Uitangak, Elisapee Puvirmituq Representative

No policies were adopted or modified during the fiscal year.

Executive Management

Emergency Prehospital Services and Emergency Measures

Emergency Prehospital Services

Interventions



The first responders of Nunavik provided their services on more than 1 260 occasions during the fiscal year. Spread out over a full year, that is the equivalent of an average of three interventions per day in Nunavik. In order to ensure that the first responders' skills are up-to-date, we have established an objective: starting in January 2012, all persons serving as first responders in the Nunavik municipalities must possess a card provided by the NRBHSS and which attests to their capacity to intervene. The qualification cards are awarded or renewed after

various training sessions offered to the first responders; they are required to undergo an examination that validates their capacities to intervene appropriately, in the interest of the patients.

Defibrillators, EpiPens® and the Regional Director of Emergency Prehospital Services

This year, the NRBHSS retained the services of a medical advisor, who was already working in the Estrie region, to support the Nunavik prehospital network. In particular, Dr. Pierre Guérette's support enabled a project for the acquisition of defibrillators and EpiPens® in four communities of our region. Installed in the first responders' vehicles, the defibrillators and EpiPens® will permit much quicker intervention in cases of cardiac arrest or severe allergic reactions. Rapid intervention is critical to the survival of individuals in such acute situations.

For the moment, the above equipment is deployed in Kuujjuaraapik, Inukjuak, Salluit and Kangiqsualujuaq. Other communities could acquire the same equipment in the very near future. However, that will require specific training for the users. Additional training to maintain skills will also be necessary for the responders, given that situations requiring use of the equipment occur relatively infrequently. After each use of the



equipment, Dr. Guérette will review the case to ensure the quality of the first responders' actions.

Training

According to the training program designed for the first responders of Nunavik, three different types of training are provided for these workers:

1. Complete training for new first responders or for those who have not undertaken training for maintaining their skills within the past two years (five full days of training);
2. Training to maintain skills (12 hours of training);
3. Specific training on use of defibrillators and EpiPens® (12 hours of training).

This year, 10 weeks of training were offered in the villages according to the most pressing needs:

	<u>Complete training</u>	<u>Training to maintain skills</u>	<u>Specific training</u>
Entire Hudson coast	April		
Salluit		May	October
Kangiqsujaq		May	October and March
Quaqtaq		May and October	
Akulivik	June		
Tasiujaq	September		
Puvirnitug	November, February		
Inukjuak			December
Kuujjuaraapik			December
Umiujaq	January	December	
Kangiqsualujuaq		March	

New Developments

This year, we intensified our efforts in order to proceed with implantation of first-response services in Puvirnitug. Work was carried out in collaboration with the Inuulitsivik Health Centre to ensure harmonious setup of the new services. To date, the collaborative effort necessary to the implantation has required the input of many individuals from the NRBHSS, the health centre and the Municipality of Puvirnitug.

The NRBHSS also reserved funds for the purchase of the equipment necessary to the new services, notably an ambulance expected for the summer 2012. According to an agreement concluded between the NRBHSS and the Municipality of Puvirnitug, an envelope was also

earmarked to cover the municipality's expenses relative to the emergency vehicle and the salaries of the first responders for on-duty services 24/7 and their interventions.

Funds have also been set aside by the NRBHSS for replacing certain equipment and vehicles that have become obsolete in some of the Nunavik villages.

Civil Security

This year, the most notable event in civil security was the issue of the Challenger. Pursuant to a problem with lowering of the landing gear on the government aircraft on April 8, 2011, the services of this medical-evacuation aircraft had to be suspended in Puvirnituq and Kuujjuaraapik.

Apparently, the gravel kit installed on the aircraft, which enables it to land on a gravel runway, caused a problem with the landing gear and had to be removed. As Kuujjuaq then became the only Nunavik community where the Challenger could land, the evacuation services had to be modified by redirecting patients from Puvirnituq to Kuujjuaq and redirecting patients from Kuujjuaraapik to LG-2. Fortunately, after a review involving aeronautical engineering, a new gravel kit was designed and installed. Evacuation services resumed in the above villages in July 2011, roughly three months later.

Department of Planning and Programming

Message from the Acting Director

The Director of Planning and Programming assumed his duties in May 2011. The principal actions involved high-priority issues such as youths, addictions and mental health.

The working committees and the advisory committees under the clinical project, managed by Inuit, remain active and their recommendations will very shortly be presented to the executive committees of the regional board, the health centres and the partners concerned for adoption and improvements.

“The clinical project offers the Inuit an opportunity to appropriate power over orientations in the health system and ensure that services reflect their values, desires, needs and culture while respecting the legislative framework” (from the 2010-2011 annual report, p. 26).

We would like to thank all the participants in these committees; a strong presence as well as support and funding are required of all the partners for the benefit of the territory’s children, adults and elderly persons according to the problems taking priority.

For the moment, the team at the regional board is incomplete. Officers, advisors and a new director are needed for current and future portfolios. We hope to fill the vacant positions as quickly as possible and that the new team members are integrated in accordance with Inuit values and culture as well as with the overall expectations.

Gilles Boulet

Clinical Project

The clinical project is a revision of health and social services required by the Government of Québec. In Nunavik, this process was launched in the fall 2009 by the region's two health centres and the NRBHSS. First, both health centres decided to revise the services under the service programs for youth in difficulty, mental health and addictions.

Priorities among the services to improve or develop

Within the three service programs identified as priorities, several services were deemed as requiring improvement or as nonexistent in the region. With the goal of deciding which services should be improved or developed as priorities in the region, a steering committee for the health and well-being partners in Nunavik was created. That committee brought together more than 30 organizations from the community and institutional sectors in June 2010 in Kuujuaq.

The steering committee enabled refocussing the clinical project according to a major demand from the Inuit representatives. The partners asked that the Inuit be significantly involved in each step of the formulation of recommendations relative to services. Creation of working and advisory committees started in the fall 2011.

Work Progress of Clinical Project Committees

Addictions Training

In December 2011, the Addictions Subcommittee was created to work with the Centre Dollard-Cormier on addictions training for CLSC front-line workers in Nunavik and to report to the Addictions Training Committee regularly for recommendations and advice.

The next steps are as follows:

- prepare addictions training guidelines for the trainers in both English and Inuktitut;
- plan and implement the Centre Dollard-Cormier's training for CLSC front-line workers in Nunavik;
- meet with the Addictions Advisory Committee for recommendations and feedback on the work done in the last six months;
- discuss what services are needed in Nunavik regarding addictions.

Nuisuurq Committee (FASD)

The Kativik School Board has identified 400 students requiring urgent assessment for learning and behaviour difficulties that may be linked to FASD. The communities of Kangiqsualujjuaq and Kuujjuaraapik conducted a study on students in 2011 which found that 68% and 81% of their students respectively had learning or behaviour disorders.

The Nuisuurq Working Committee conducted an interview with front-line workers (teachers, youth-protection workers, social workers, midwives, physicians, day-care workers and politicians) and mothers. The results have yet to be analyzed.

The Nuisuurq Working Committee invited Dr. Kent Saylor, FASD specialist with McGill's Northern Program, to present an overview on FASD and the diagnostic and screening process for children who may have been affected by alcohol exposure during pregnancy.

The next step for the committee will be a meeting with the advisory committee for a progress report and to seek further advice on FASD-related actions in Nunavik.

Youths: Neglect and Parental Support

Significant progress has been made in establishing programs for parental support in Nunavik to combat neglect, pursuant to the recommendations of the Qiturngavut Committee, whose members wrote up the final recommendations report in January 2012.

The committee members believe that in order to respond to problems related to child neglect in Nunavik in a lasting and effective manner, the institutions and organizations must cooperate on five principal levels:

- support working relations and the sharing of resources among regional organizations;
- develop and maintain adequate Inuit human resources;
- adopt, reinforce and support a regional program on parental skills;
- create a community network of parental-support services jointly with other sectors for families with specific needs;
- ensure availability of ongoing and accessible support for parents in each Nunavik community.

The report is still pending presentation to the youth advisory committee (May 2012).

Mental Health and Suicide Prevention

- Ongoing work within the mental-health advisory committee:

- The advisory committee met three times during the year and enabled setup of the working committee on suicide prevention as well as monitoring of progress in the committees' work. The committee decided to adopt the principles established in the Alianait Plan, developed by ITK. The committee also participated in a joint meeting with the addictions advisory committee with the goal of discussing shared preoccupations.
- Ongoing work within the working committee for the improvement of residential resources in mental health:
 - The working committee met five times during the year. The members spoke with various workers in mental health as well as with residents of the resources and their families in order to gain a better understanding of the needs and the potential improvements. The committee is presently composing the recommendations report for submission to the mental-health advisory committee.
- Creation of a working committee on suicide prevention:
 - The working committee's goal is to propose a regional suicide-prevention strategy. The members met three times during the year and will continue their meetings until the recommendations report is submitted to the advisory committee.

Front-Line Programs for Children, Youths and Families

Speech-Therapy Project

In 2009, the NRBHSS and the Kativik School Board collaborated over a three-year period to develop a range of services in speech therapy for the clientele aged 0 to 12 years with language problems on the Nunavik territory. For that purpose, one teacher in each community receives training from McGill University over five sessions to ensure:

- screening in the early-childhood centres (ECCs) for children with emerging hearing or speech disorders;
- awareness among the ECC workers of the primary symptoms that indicate hearing or speech disorders;
- early intervention and treatment of hearing and speech difficulties.

The teachers should begin the services according to the established schedule.

Youth Protection

- The region is still facing a major problem of personnel turnover. We have noted that the personnel's average length of stay is 18 months, in spite of the incentives offered such as the retention premium of 12%, the mentoring program and so forth.
- There are many difficulties in hiring in the North and South in spite of the local presence of a professional in hiring and training and an agreement with the youth centres. As Nunavik competes with the other regions (due to the manpower shortage), it encounters difficulties in attracting professionals, especially those with experience.
- The terms of reference for a research project on retaining human resources were established with the Regional Department of Human Resources.
- The service agreement with Marie-Victorin College was renewed. It includes orientation for new employees as well as training and mentoring for the personnel of youth protection and rehabilitation. In the second phase, we plan on integrating the front-line personnel.
- We continued our support for deployment of the system for the youth-integration project; it will be operational at the UTHC's Department of Youth Protection on April 1, 2012. The system at the IHC is in the implantation phase.
- Concerning *Draft Bill 21*, which intends to restrict the tasks of evaluating beneficiaries and planning intervention to members of professional corporations, i.e., university graduates subject to their corporations' codes of ethics and quality standards (psychologists, social workers, etc.), representations were made in order to present the region's point of view. Application of the bill in the North would automatically exclude the Inuit and the human-relations officers, the latter being graduates of the humanities and therefore not members of a professional corporation; the result would be to exclude more than half of the personnel in youth protection.
- The number of reported cases rises by approximately 15% annually.
- In collaboration with the *Commission des droits de la personne et des droits de la jeunesse* [Human and youth rights commission] and the *MSSS*, we finalized the agreement on English education for Inuit youths placed in the South.

Rehabilitation

- A regional rehabilitation committee was created and brings together the executive directors of the health centres and the regional board. The committee's mandate is to provide recommendations for regional authorities concerning the development and management of rehabilitation services for youths aged 6 to 18 years.
- A regional director of rehabilitation was hired; the position had been vacant for one and one-half years.

- Access services were patriated to the North.
- The transition plan to close the boys' unit of the Ulluriaq Project, Boscoville 2000, and to transfer the clientele to Sapummivik was set in motion:
 - ✓ personnel meeting;
 - ✓ assessment of training needs;
 - ✓ opening of positions for educators;
 - ✓ reorganization of the management personnel's tasks;
 - ✓ training program and supervision measures offered by Boscoville 2000.
- Specialized foster families for children aged 6 to 12 years were recruited in Kuujjuaq and Kuujjuaraapik.
- Preparatory work for the construction of the rehabilitation centre in Inukjuak was carried out:
 - ✓ meeting with Inukjuak's elected officials;
 - ✓ production of the document on needs in order to obtain *MSSS* authorization to proceed with the FTP;
 - ✓ consultation with the project leader and a team of rehabilitation experts;
 - ✓ work on the concept of places in temporary detention in the region.

Creation of the Youth and Family Centre

- A steering committee for the centre was set up.
- The IHC, the UTHC and the regional board have committed to the project for creation of the youth centre.
- A meeting was held with the *ACJQ* to obtain its approval for the youth-centre project.
- A meeting was requested with the *MSSS* to obtain approval of the *Direction des affaires autochtones, ethnoculturelles et régions nordiques* and the social services division of the *Direction des jeunes et des familles* for the youth-centre project.
- An organizational audit was conducted on the provision of youth-protection services, application of the *Youth Criminal Justice Act*, rehabilitation services in Nunavik and a proposal for an organizational model for the youth centre. The report on Nunavik youth-protection services was submitted to the directors of Youth Protection and will be presented to the steering committee for the youth centre; the descriptive analysis produced by Boscoville was presented to the regional rehabilitation committee.
- Revisions were made to the plan of action for youth protection and rehabilitation: budgets, preliminary work on lists of positions at the health centres, assessment of needs for housing and work space for the personnel, per village.

Adult and Community Service Programs

This team's mandate is to support the Department of Planning and Programming. It consists of an advisor and five officers responsible for developing and deploying a service supply adapted to the reality and needs of our region's clientele:

- mental health, suicide prevention, men's health and well-being;
- family violence and sexual assault;
- physical rehabilitation and persons lacking autonomy;
- community organizations, support for resource development.

Mental Health, Suicide Prevention, Men's Health and Well-Being

Mental Health

- Training activities continued for the workers of residential resources in mental health. A two-day training session was offered by the Douglas Hospital at each installation. A total of 36 persons participated: 14 at the crisis centre, 11 at the reintegration centre and 11 in the supervised apartments. The goal of the training was to present the basic concepts of mental health and provide the personnel members with the basic tools to ensure better support for them in their work.
- Support was provided for the training on evaluating dangerousness, offered at the Tulattavik Health Centre.

Suicide Prevention

- Support was provided for the participation of youths and professionals in the event "Dialogue for Life," a one-week conference organized annually by the First Nations and Inuit Suicide Prevention Association of Québec and Labrador. Workshops are organized by the Inuit and First Nations or professionals working among these populations and present the aboriginal point of view as well as aboriginal strategies for suicide prevention. Workshops on healing, training and youth-specific programming are also held within the conference. A total of 18 persons from various organizations (Inuulitsivik and Tulattavik Health Centres, Ungava community residence and Saputiit) participated.
- Follow-up was ensured for training activities in suicide prevention; three ASIST workshops were offered by Inuit trainers in the villages.
- Follow-up was also carried out for post-intervention activities in the villages; six workshops on grieving after a suicide or traumatic event were held.

Family Violence, Sexual Assault and Women's Health

Public-awareness projects aimed at combatting family violence and sexual assault in the region were implanted through successful partnerships between the various regional actors. The development of services for victims of violence and sexual assault was also at the heart of the activities carried out.

Good Touch / Bad Touch Project

- Good Touch / Bad Touch is a prevention program designed for preschool and primary-school children; it teaches them the skills necessary to recognizing and preventing sexual abuse as well as how to react in situations of abuse. The program contributes to the creation of safe school environments and encourages discussion between adults and children.

A regional committee composed of representatives of various organizations, notably the Kativik Regional Police Force (KRPF), the Kativik School Board (KSB) and the Ungava Tulattavik Health Centre (UTHC), was created to design a pilot project to adapt this program to Nunavik.

In the spring 2011, meetings were held with 21 student groups from the Pitakallak and Jaanimmarik Schools of Kuujjuaq. Evaluation of the implantation led to a decision to target kindergarten children and first graders for continued deployment of the program in 2011-2012.





During the year, several teaching, awareness and information tools were adapted or created and translated: teacher's guides, history books, colouring books, posters, pullovers and so forth. Further, information booklets on child sexual abuse were designed for distribution in all the post-office boxes of the communities visited.

In March 2012, the regional committee visited Quaqtaq for nearly two weeks to apply the new formula for the project. During the first week, the team met with community members, local workers, school staff and parents to raise their awareness of sexual abuse and the importance of collective responsibility relative to the problem. During the second week, the team held workshops with the children to teach them the program content. An evaluation was carried out to adjust the program content and prepare a schedule in view of implantation in other schools or other grades in 2012-2013.

Regional Campaigns for Nunavik Day for the Elimination of Violence (November 25, 2011) and International Women's Day (March 8, 2012)

- These campaigns consisted of designing awareness materials, such as messages for radio broadcast and posters, as well as mobilizing and supporting the communities in organizing local initiatives.

Development of Medical and Psychosocial Services for Victims of Sexual Assault

- Several meetings were held in the spring 2011 to restructure the project after its transfer from the IHC's Department of Nursing to the Department of Social Services and after the departure of the professionals assigned to the project at both the IHC and the UTHC. Subsequently, only a few activities were carried out, as the professionals of the health centres were not replaced.

Reinforcement of the Women's Shelters' Capacities

- The directors of the Tungasuvvik and Initsiaq women's shelters were supported in the preparation and posting of their vacant positions. Meetings and training sessions were organized for the directors and the personnel of the shelters to privilege their networking and improve the services for victims of violence: one-week training on management organized in April 2011 for Initsiaq, participation of a representative of Ajapirvik in the consultation on the new governmental plan of action on violence, participation of the directors in meetings of the network of aboriginal shelters in September 2011 and

February 2012, two-day training in March 2012 at Ajapirvik on intervention among victims of sexual assault, etc.

AFF Persons Lacking Autonomy, Elders and Rehabilitation

Home and Community Care

- A total of 2 805 clients received services under the home and community-care program.
- The program offered services to all ages: children, youth, adults and elders.
- A total of 17 682 hours of services was provided:
 - assisted living: 4 114;
 - nursing: 3 078;
 - personal care: 6 395.
- Over 90% of the services were for maintenance and long-term-supportive care.
- On February 18, 2012, a social worker for home and community care based in Inukjuak attended training on intervening in cases of elder abuse in Montréal.

Elders

- On April 18, 2011, the third training session for managers of elders' homes started in Kuujjuaq and was followed by trainers' work sessions in the communities of Puvirnituaq and Kangiqsujaq.



- From May 2 to 6, 2012, the “Kuujjuaq Women Elders: On the Land” pilot project was carried out at Qingauyaq. Approximately 10 elders benefitted from healing through sharing and cultural activities and contributed to discussions on prevention and intervention in cases of elder abuse. The project was possible due to the collaboration of Pauktuutit Inuit Women of Canada, the NRBHSS, the KRG, the community of Kuujjuaq and two counsellors from Nunavut.

- On June 15, 2011, the third regional campaign marked World Elder Abuse Awareness Day.



honking horns at 3:00 p.m. Our elders were celebrated thank to the collaboration of the communities and their leaders, the Nunavik Elders' Committee, the KRG and the NRBHSS.

- Moreover, the month of June was designated as elders' month. Many communities organized activities for elders, in which community members took part in regional photo and postcard contests and united by wearing purple ribbons and
- On October 1, 2011, International Elders' Day, the regional poster campaign was yet again embraced by the Nunavik communities.
- In October 2011, the project "Development of Nunavik Elder's Homes" was launched with the hiring of a consultant who is collaborating with various regional organizations and communities on the Hudson coast to ensure funding and begin building elders' homes in Inukjuak and Salluit.
- In November 2011, collaboration was established with the *ministère de la Famille et des Aînés* and the *MSSS* in order to start implementation of the *Québec Action Plan to Counter Elder Abuse*. The Department of Planning and Programming is collaborating in this portfolio.
- On January 18, 2012, a pilot project with Rebecca Veevee was carried out in Kuujjuaq. The community members and elders had a chance to enjoy an event promoting healthy lifestyles and prevention of diabetes.
- In March 2012, a pilot project, "Meals-on-wheels for Kuujjuaq elders," was implemented at the supervised apartments. The residents benefitted from training on life skills and elders and others had nutritious meals delivered to their homes.

Rehabilitation

- The team of expert consultants was selected and the framework established in order to proceed with obtaining an updated portrait of Nunavik persons with disabilities.

Community Organizations

The Nunavik Regional Board of Health and Social Services continues to fund community organizations that play a very important role in providing support and front-line services to the communities of Nunavik. These include:

- three women’s shelters (Kuujjuaq, Salluit, Inukjuak);
- two elders’ homes (Kuujjuaq, Kangiqsujaq);
- two community supervised apartments: one on the Ungava coast and one on the Hudson coast;
- the Inuit Women’s Association of Nunavik;
- the Isuarsivik Treatment Centre in Kuujjuaq;
- the Qajaq resource network for men in Nunavik;
- the Tasiutigit Association for Inuit Families in Montréal.

The most recent project was “Youth Activities,” in which several organizations worked together to offer youth a positive experience after school hours and on weekends:

- the Kativik Regional Government through its Recreation Department and Employment and Training Department;
- Makivik’s Ungaluk program;
- Kuujjuaq mayor Paul Parsons;
- the Kuujjuaq Municipal Council and its Recreation Department;
- *Kuujjuamiiut*;
- the Nunavik Youth House Association;
- the Nunavik Regional Board of Health and Social Services and its Planning and Programming and Administrative Services Departments;
- Dawson College’s Community Recreation and Leadership Training Program for providing its expertise and allowing two of its graduating students to come to Kuujjuaq for three months to assist and work with interested Inuit young persons at developing organized, structured and supervised activities for youth.

The Community Recreation and Leadership Training program has expressed a strong commitment in continuing to provide support for the “Youth Activities” project in Kuujjuaq and starting similar initiatives in other Nunavik communities when the community leaders express the need and desire to create such a resource in their community.

The youth of Kuujjuaq greatly benefitted from this project: children had the opportunity to go to the Nunavik Youth House (The Dome) or the Kuujjuaq Forum any time after school hours or on

weekends. The facilitators and assistant coordinators enjoyed their responsibilities in providing a safe and fun skills-building environment for children and youth.

Unfortunately, the Sinittavik project (safe house for youths) has ended for a number of reasons. Saputiit, the organization heading the project, held elections for its president and much of the day-to-day functions were ignored, follow-up training for Sinittavik's new employees was not provided and the activity and financial reports were not submitted on time, forcing the funding organizations to withhold further support until the required documents were received.

Now that Saputiit has a new president and has resolved certain affairs, there is hope that the Sinittavik project will resume and provide a safe place for youths when they have nowhere else to stay.

Medical Affairs and Physical Health

Our team consists of an advisor, a new position for officer (currently vacant) since February 2012, the Director of Medical and University Affairs, Dr. Nathalie Boulanger, and secretaries from Planning and Programming.

The team's mandate is to plan and coordinate physical-health services, notably front-line, general, specialized and overspecialized services, as well as services relative to cancer and so forth.

Regional Department of General Practice (RDGP)

Throughout the year, it is important for the regional board to attend meetings of the Regional Department of General Practice (RDGP). The department's goal is to provide recommendations on various projects involving front-line services, the regional medical manpower plan for general practitioners and the regional medical-services organization plan. The meetings enable the regional board to follow, comprehend and get involved in the various issues as well as to work closely with the department.

Physicians

To ensure continuity in the care provided by the physicians for the population, the regional board works on several fronts. In terms of recruitment, a large part of the efforts is concentrated on medical students and residents. Whether in career fairs or in funding internships, the regional board is proactive and committed to representing Nunavik in Québec. A new initiative this year is investment with a marketing firm to assist in recruitment in Québec with particular attention to the North.

For the purpose of retaining medical personnel, the regional board manages funds to provide northern premiums for installation, maintenance and retention for physicians. Part of those funds is also used to encourage ongoing training for physicians.

The region counts on the presence of 20 physicians: 10 full time and 10 part time. This year saw the following activities:

- integration of five new physicians for the region as defined by the *MSSS*;
- nine summer internships for medical students;
- residencies, externships and specialists' visits:
 - ✓ presence on the territory of residents in specialties;
 - ✓ three-day visit for anaesthesia;
 - ✓ 22 months of internships in family medicine;
 - ✓ 14-day visit for emergency medicine;
 - ✓ four three-day visits for child psychiatry;
 - ✓ six-day visit for psychiatry;
 - ✓ five three-day visits for ENT;
 - ✓ three three-day visits for ophthalmology;
 - ✓ three-day visit for orthopedics;
- activity for ongoing medical training involving 12 physicians;
- six meetings with the RDGP executive committee;
- meetings with the Regional Department of Medical and University Affairs each time Dr. Boulanger visited Kuujuaq;
- regular meetings (four times per year) with the *MSSS*' committee for coordination and consultation for medical and university affairs.

Optilab (Laboratories)

The *ministère de la Santé et des Services sociaux* began a process to optimize the services offered by the biomedical laboratories of Québec. The regional board was tasked with heading this portfolio for the Nunavik region. In April 2012, the first meeting was organized with the various parties involved in order to assess the current needs and potential solutions. We are in the initial stages of this project, and for the upcoming year, there will surely be progress and new developments to respond efficiently to the population's needs.

Telehealth

The McGill integrated university health network (*RUIS*) is responsible for deploying telehealth projects in our region. In 2011-2012, the equipment necessary to remote consultations in each of the villages was shipped by boat and delivered as scheduled: cameras, stethoscopes, otoscopes and computers mounted on wheeled stands (Station 150), for use in treatment rooms.



For telehealth consultations, the health centres and CLSCs must apply with the McGill telehealth coordination centre (CTEC), and a minimum of two conferences per month is required for each piece of equipment deployed on the territory. Since December 2011, we have attained and exceeded the expected results.

Fixed cameras for consultations in telepsychiatry were also installed in the villages that applied.

Training for all users—physicians, nurses, social workers, physiotherapists, rehabilitation technicians, secretaries and technicians—is available on the McGill *RUIS*' telehealth network. These new technologies will be adapted progressively and we expect to make full use of them for the greatest possible number of direct consultations in the North with specialists in the South. Pamphlets on remote consultation and telehealth will be translated shortly and distributed to all Nunavik families to help them understand the changes.

Needs in Telehealth

- Various needs ranging from front- to third-line services (adult and pediatric)
- General consultation
- Specialized consultation
- Case discussions
- Follow-up after hospitalization and after visits to the communities
- Ongoing training

Service Supply

- Flexible network approach for the service corridors for various remote consultations (front- to third-line services)
- Support for visits to the region
- Scientific conferences
- Support for professional practice
- Coordination within and between the integrated university health networks
- Supraregional mission (e.g., eating disorders (CvSSS.ca))

Optimization of Transcribed Ultrasound Examinations

Ultrasounds are carried out according to the patients' needs and medical prescriptions. The technicians perform the examinations but cannot provide a diagnosis. That task is assigned to the radiologist, and for our region, that specialist interprets the results in the South after transmission and reception of the data.

A process is under way to optimize the techniques for these examinations and improve their transmission and interpretation time or the period before a diagnosis is rendered. That information could result in quicker decisions for the benefit of the patients treated.

Deployment of the Québec Prenatal Screening Program for Down's Syndrome

The goal of the Québec prenatal screening program for Down's syndrome is to make the screening accessible to pregnant women and couples of Québec on a voluntary basis. This disease affects children's intellectual development and can also cause other health problems. However, those affected are able to develop profound emotional relationships and lead lives satisfying to both themselves and their loved ones.

The screening is performed through a blood test from the mother during pregnancy. When a user decides to participate in the Québec prenatal screening program for Down's syndrome, she receives the details from the physician monitoring her pregnancy or from another health professional.

In the upcoming year, the Government of Québec will prepare deployment of another program to screen for hearing problems among newborns.

Continuity in Psychiatric Services

Hospitalization services for patients with psychiatric disorders are now under the responsibility of the McGill *RUIS* instead of the Notre-Dame Hospital, which held that responsibility for many years.

That change resulted in new procedures to retain the services with the hospital centres in the South. The *ministère de la Santé et des Services* allocated two new psychiatrist positions with obligatory network responsibilities for the Nunavik region. The resources will practise in the Montréal region with the obligation to provide services for Nunavik patients within the health network.

To establish those services, we are presently drafting a memorandum of understanding between the parties concerned (McGill *RUIS*, Douglas Institute, NRBHSS).

A symposium on mental health is being planned with the partners of the McGill *RUIS* for April 13, 2012, in relation to the program for ongoing training and jointly with Dr. Tewfik Said.

Department of Public Health

Message from the Director

The following highlights marked the year 2011-2012:

- relatively infrequent in the region over the past few years, tuberculosis reappeared in force. One community experienced a small outbreak whereas another suffered a major one that was not yet fully under control by the end of March 2012. That outbreak necessitated redoubled efforts from the personnel of the Department of Public Health, the Ungava Tulattavik Health Centre and the community's CLSC. Additional resources (human, financial and physical) were provided;
- the results of the cohort study conducted by Dr. Gina Muckle among Nunavik children then aged 11 and 12 years, as well as the resulting public-health recommendations, were made public. Several communication activities targeting the Nunavik population as a priority were carried out;
- we began approaching the communities targeted for integrative projects related to child development. For the two projects in question (overall child development in day-cares and ISPEC-type approach), the communities approached manifested great interest in implanting such projects and being involved in supporting the workers;
- representatives of our department participated in psychosocial projects aimed at preventing violence, sexual abuse and so forth. The initial feedback we received has been very favourable and has encouraged us to increase our involvement in efforts relative to these problems, with a concern for promoting projects recognized as effective and which involve the fewest possible negative effects;
- the outbreak of gonorrhoeal infections persists. In spite of numerous efforts, both regional and local, in 2011 we received a large number of reported cases of this sexually transmitted infection.

Serge Déry, M.D.

Human Resources

In 2011-2012, we succeeded in filling the position for regional advisor for the prevention and control of infectious diseases.

On March 31, 2012, the position for environmental-health officer was still vacant. The Public Health Agency of Canada informed us that after the last federal budget, the position allocated to us was no longer available. We therefore need to find another funding source for the position, which has a certain strategic importance, notably with the launch of the *Plan Nord*.

Protection of Public Health

This component was the object of much action.

Infectious Diseases

Non-STBI, Reportable (*MADO*) Diseases

- During 2011, the DPH received and processed 70 reports of *MADO* diseases other than STBIs (sexually transmitted and bloodborne infections) (by comparison, 44 episodes were reported the previous year). The number of reported cases of active tuberculosis nearly tripled (44 compared to 16). In the first quarter of 2012 alone, we received 25 reports of tuberculosis cases.

Note that the outbreak of measles that affected several regions of Québec spared Nunavik entirely. Needless to say, the excellent immunization coverage rates achieved in the region contributed to protecting our population.

Concerning rabies, seven foxes and four dogs in Nunavik were declared infected with the disease. A new Québec intervention guide aimed at preventing human cases of rabies was distributed to the professionals involved.

Sexually Transmitted and Bloodborne Infections (STBIs)

- During the 12-month period from January 1 to December 31, 2011, 204 cases of gonorrhea were reported in Nunavik, which represents an increase of five cases compared to the previous year and the highest annual total of gonorrhea cases ever reported in Nunavik. Thus our region has one of the highest incidence rates in Québec. As in previous years, the proportion of cases that occurred in the Hudson communities (55%) exceeded that of the Ungava (45%). More than half of the cases (63%) occurred among individuals aged less than 30 years.

- For the region, the number of genital *Chlamydia trachomatis* infections rose slightly in 2011 compared to 2010 (247 cases in 2011, 229 cases in 2010). As with gonorrhoea, the region's incidence rates are clearly higher than those for Québec, with the highest rates found among young persons.
- Finally, data from the Québec monitoring program for HIV infection indicate that between January 2002 and July 2009 (a period of seven years), 10 cases of HIV seropositivity were reported among Inuit living in Québec. During the past five years, three new cases of chronic carriers of hepatitis B and three new cases of hepatitis C were reported.

Occupational Health

Preventive Withdrawal of Pregnant or Breast-Feeding Workers

- During 2011, our medical advisors processed 130 applications for preventive withdrawal of pregnant or breast-feeding workers, which constitutes an increase of 24% compared to the previous year. The vast majority of requests for consultation from workers originated from the education (day-care educators, teachers), health (nurses) and commercial (cashiers) sectors.

Health Programs Specific to the Mining Sector

- Application of health programs specific to firms in the mining sector continued during 2011. Recall that this activity sector is undergoing major developments that should intensify in the coming years, notably due to implantation of the *Plan Nord*. A physician and a nurse of the Department of Public Health carried out prevention activities in this important sector in Nunavik which counts more than 1 000 workers in five mining enterprises. The following were among the principal actions carried out during the year:
 - identification of workplace hazards;
 - provision of information for mining workers and employees on the health effects of various types of stressors, such as lead, silica dust, noise, welding fumes, etc., as well as on the preventive measures to be set up by the enterprises to protect worker health;
 - medical surveillance of workers exposed to lead, silica dust, biohazards and food allergies;
 - presentation of reports on visits and meetings with members of the enterprises' occupational health and safety committees;
 - follow-up to measures aimed at ensuring the presence of adequate first-aid services at the mining sites.

Occupational-Health Program in the Nunavik Municipalities

- Actions aimed at preventing occupational-health problems continued to target the municipal sector. The nurse based in Kuujuaq carried out preventive activities among the 14 Nunavik municipalities. Thus, in 2011, the establishments in the 14 municipalities (municipal garages, fire stations, arenas, carpentry workshops, sewage-dumping sites and potable water-distribution points) were visited by the occupational-health team of the Department of Public Health. All the police stations were also visited. The municipal employees, the employers and the police officers were informed of the hazards present in their workplace (noise, welding fumes, biohazards, ergonomic hazards and so forth) and the measures set up to prevent those hazards. Reports on the visits were sent to the mayor and managers of each municipality visited as well as to the police stations. All the reports are available in the three languages (Inuktitut, English and French).

Of particular note is a meeting between the occupational-health team and representatives of the Kativik Regional Government which enabled establishing collaborative mechanisms between the two organizations aimed at supporting the municipalities in applying the recommendations relative to prevention in the workplace.

- The regional team also responded to several requests from the sector during the year. Those requests particularly concerned the quality of indoor air in Nunavik establishments.

Prevention and Health Promotion

Prevention means action before the onset of a health problem. Health promotion is a major component of the activities carried out in public health. Defined as a process that grants populations with the means to ensure greater control over their own health and improve it, health promotion is based on five principal strategies that underlie our interventions: design of sound public policies, creation of favourable environments, reinforcement of community action, acquisition of individual skills and reorientation of health services (source: *Ottawa Charter*). Health promotion supports and encourages public authorities of all sectors and all levels to adopt health, fiscal and social policies that privilege health, equity and the creation of healthy environments (e.g., legislative, financial and fiscal measures, organizational changes).

As in previous years, the RDPH carried out many activities in both prevention and health promotion.

Immunization

Measles Vaccination

The year 2011 was marked by the mass vaccination against the measles virus carried out in the schools. In Nunavik, given that the immunization coverage rate in schools was already at 95% or better, only certain groups were checked for immunization status and were offered vaccination if necessary. These were seventh graders, fourth graders, students of secondary I-II-III and students and employees born outside Nunavik (as the data were not known). Kindergarten children will also have their immunization status checked during the return to school in 2012. This vaccination campaign required the collaboration of the Department of Public Health and the Executive Management Department of the NRBHSS, the administration of both health centres and all the points of service, and the administration of the Kativik School Board and the schools. Major efforts were made in all the phases of the campaign: operational preparations, communications, logistical organization, maintenance of the cold chain, reception and redistribution of vaccines, training for vaccination personnel, monitoring of vaccine side effects and so forth.

The immunization coverage rate, calculated according to the population denominators we normally use, was 99.4% for seventh graders and students of secondary I-II-III. For the students and employees born outside Nunavik, participation rates were much lower. The immunization coverage rate (with supporting evidence) was only 14.5%. The data on fourth graders will arrive later, as the nurses have until the end of the school year to complete their vaccination.

Vaccination against Rotavirus

A vaccine against rotavirus, a virus that causes gastroenteritis, was introduced in the regular schedule for infants aged two to seven months in November 2011. It is administered in two doses during follow-up visits for infants at two and four months. According to clinical studies, its effectiveness in the first season lies between 74% and 87% for preventing rotavirus-caused gastroenteritis, between 96% and 98% for preventing acute rotavirus-caused gastroenteritis and at 96% for preventing hospitalizations for rotavirus-caused gastroenteritis.

Training

A number of training activities were offered to the region's nursing and pharmacy personnel covering various topics: introduction of the rotavirus vaccine in the regular schedule, school vaccination, seasonal influenza and measles. The regional advisor attended an international conference on breaks in the cold chain in February 2012.

Campaign on Seasonal Influenza

Given that everyone in Nunavik is at risk of contracting or spreading influenza, vaccination has now been offered to the entire population free of charge for five years.

Vaccination in Schools

Numerous vaccines were offered in the schools during the year: hepatitis A and B and human papillomavirus (HPV) in fourth grade, dTap (diphtheria-tetanus-acellular pertussis), human papillomavirus (HPV) and checking of immunization status in seventh grade, booster dTap (diphtheria-tetanus-acellular pertussis), human papillomavirus (HPV) and checking of immunization status in secondary I-II-III. Contrary to certain regions that had to postpone school vaccinations due to the vaccination campaign against measles, Nunavik was able to maintain those activities in their entirety.

Management of Immunizing Agents

Since July 2011, immunizing agents have been managed by our advisor for the prevention and control of infectious diseases. Further, she belongs to the provincial group of respondents for management of immunizing agents. For 2011-2012, we experienced 11 breaks in the cold chain requiring destruction of vaccines, 6 of which occurred during shipping and 5 during storage. We remain quite satisfied with our collaboration with our two institutions and our regional depot.

We participated in a working group on the shake test for determining whether, after a break in the cold chain, an adsorbed vaccine with aluminum adjuvant may be kept or not. This is a technique validated by the World Health Organization (WHO), recommended by the *Conseil interprofessionnel du Québec (CIQ)* and ratified by the group for the Québec immunization protocol (*PIQ*) pursuant to our recommendations.

For 2011-2012, we plan to start using the information system for protection against infectious diseases (SI-PMI). This computerized system is now in use in most regions of the province. It will enable us to manage vaccines more efficiently and thus offer a better service to the community. Further, our advisor for the prevention and control of infectious diseases along with a technical assistant from the pharmacy of each institution will attend a three-day training session on the topic in June 2012.

Prevention of Nosocomial Infections

Our regional advisor for the prevention and control of infectious diseases has held that position since July 2011. The regional committee for the prevention of nosocomial infections resumed its activities in February 2012. The regional advisor's mandate is to produce a 2012-2017 regional plan of action for the prevention of nosocomial infections. The nurses of the two health institutions must work on the working plans at the local level.

Training

The regional advisor attended a colloquium on the prevention of infections organized by the Community and Hospital Infection Control Association (CHICA) in October 2011. The Department of Public Health funded the participation of the regional advisor and the nurses responsible for the prevention of infections of the two institutions in the 2011 annual public-health days [*Journées annuelles de santé publique*].

Prevention of Infections in Day-Cares

The activities of the regional committee for the prevention of infections in day-cares were not developed further. However, we were able to respond to the institutions' pressing demands. The regional committee's activities should resume during 2012-2013.

Anti-Smoking Efforts

“Quit to Win” Challenge

This year's challenge was the ninth annual contest organized for adolescent and adult smokers. Held over a six-week period, the challenge saw a total of 201 participants (79 adolescents and 122 adults). Among those, 22 individuals succeeded in quitting smoking for the full duration of the challenge. The contest continues to attract much interest in the region.

Born Smoke-Free

This program (with a new title and a new logo) provides new, educational materials. It promotes a smoke-free environment for newborns and their families. It completes the smoking component of the program Growing Healthy Together BABIES. A key learning element gleaned from the program's evaluation is that the message must be introduced very early in the prenatal period and then reinforced in the postnatal period.

Training and Follow-up for Local Workers in Smoking Prevention and Cessation

Workshops intended for teachers were held in Kuujjuaq and Inukjuak during the summer. The summary content of a range of health-promotion resources was presented to the school principals and guidance counsellors. Another training program was also offered to the community wellness workers, guidance counsellors and principals, specifically targeting smoking prevention and control. Subsequently, those individuals were followed up to assess their needs and support them in organizing smoking-awareness activities in their communities.

Support for the Application of Legislative Measures Relative to the *Tobacco Act*

Various actions were carried out in order to reinforce respect for regulations concerning the smoking ban in public places and within a nine-metre periphery of public institutions (schools, day-cares, health centres, regional organizations, etc.): transmission of a copy of the *Tobacco Act* to managers and workers, installation of ashtrays safe for children, circulation of electronic reminders, posting of “no-smoking” signs.

Campaign to Reduce Exposure to Second-Hand Smoke in Homes

This year, many communities participated in the Blue Light campaign across Nunavik in the hope of reducing the rates of exposure to second-hand smoke in homes. Thanks to the participation of local workers (notably the CLWWs), hundreds of participating households installed a blue light bulb on their porch to display their commitment to live in a smoke-free home.

Breast-Cancer Screening

Screening mammograms were offered to Nunavik women in November and December 2011 and in April 2012 on the Hudson coast and in January 2012 on the Ungava. A total of 736 women participated.

Screening for Diabetic Retinopathy

Known diabetic patients are referred for a screening examination for retinopathy, which enables application of treatments in view of preventing or delaying the degradation of sight. During 2011-2012, 185 diabetic persons were examined. The diabetes-prevention nurse of the Inuulitsivik Health Centre visited the Hudson communities with the optometrist and took the opportunity to inform the patients about the risks of diabetes-related complications.

Sexually Transmitted and Bloodborne Infections (STBIs)

Sex-Education Program

The sex-education program is supported by the Kativik School Board in all its schools. The revision and translation into the three languages is now complete. Printing of materials is scheduled for the summer 2012. The Department of Public Health offered the services of a nurse instructor for the program’s implantation. Training for guidance counsellors and wellness workers is planned for the fall 2012.

Update on Clinical Prevention of STBIs

A review of laboratory procedures and treatment guidelines, training, resources, and individual and community approaches is under way, in collaboration with the *Institut national de santé*

publique du Québec [Québec public-health institute] and the two health centres. Moreover, the interveners' guide for access to sterile injection materials is now complete. The consultation of professionals of the health and social services network is under way.

Other Activities in Prevention and Promotion

These activities include funding, throughout the year, for communication activities intended for the communities and aimed at raising their awareness relative to the problem of STBIs in the region (e.g., Healthy Relationships Week, World AIDS Day, festivals), regional distribution of free condoms at various sites (CLSCs, stores, airports, schools), development and distribution of culturally appropriate promotional materials and so forth.

Diabetes

Primary Prevention and Health Promotion in the Communities

For the fourth year, the “Drop the Pop” challenge was held in 15 of the 17 Nunavik schools. Several nutrition projects were carried out and seven schools joined the “Healthy-Drinks Zone” movement, a project initiated by Ulluriaq School of Kangiqsualujjuaq in 2010-2011. Projects involving physical activity consisted primarily of the purchase of sports equipment for the gymnasiums. Further, many other projects, including the creation of yoga cards for the day-cares, were carried out in the context of acquiring healthy lifestyles. In October 2011, the addition of an amendment permitted five projects related to food security.

A workshop for the transfer of knowledge, the “Inuk-to-Inuk” activity, addressed to secondary students, was held in Inukjuak, Puvirnituq, Kangiqsualujjuaq and Kuujjuaq. Community meals, conferences on FM radio and meetings with diabetic persons were also held successfully.

We observed World Diabetes Day through broadcasts over the 14 radio stations of Nunavik, distribution of bracelets and posters at the CLSCs, and distribution of information leaflets on diabetes in all the post-office boxes.

Training and Skills Reinforcement

Once again, this year we gave the two nurses assigned to the diabetes-prevention program at the health centres the opportunity to attend the conference of the Canadian Diabetes Association in Toronto. The conference is a means for maintaining skills up-to-date. Further, the nursing personnel of the seven Hudson CLSCs received training on diabetes from the team of Diabète Québec, training that turned out to be a great success. A total of 47 persons participated. Finally, two nurses, one in Kangiqsujuaq and the other in Puvirnituq, received refresher training on foot care.

Teaching on Diabetes

In December 2011, the 14 CLSCs received a complete toolkit for teaching about diabetes. Training on their use was given by Diabète Québec on the Hudson coast and will be continued in 2012-2013 by the program coordinator in five Ungava communities.

The municipality of Kuujjuaq hosted the annual meeting of the Inuit Diabetes Network. For the occasion, Rebecca Veevee performed before an audience of more than 200 persons who gathered for a community meal consisting in large part of traditional foods. The event was very successful. The program is shared and followed up regularly with the health centres.

Nutrition and Food Security

Transition from the Food Mail Program to the Nutrition North Canada Program: Subsidies from Indian and Northern Affairs

In May 2010, the Government of Canada announced the replacement of the Food Mail Program, which had been in effect for more than 40 years, with the Nutrition North Canada Program, effective April 1, 2011. The Food Mail Program subsidized the air transport of perishable foods, non-perishables and certain essential, non-food items. The Nutrition North Program subsidizes the retail sale of only perishable foods. Non-perishables and non-food items will need to be shipped by boat each year in much larger quantities to the communities of the Canadian North.

The Department of Public Health and other regional organizations including the KRG undertook procedures to ask government authorities to delay the program's effective date in order to proceed with an in-depth examination of the new program's true impacts. In March 2011, the Government of Canada announced transitional changes to the Nutrition North Canada Program that began on April 1, 2011. In effect, the list of admissible products was extended to include, once again, the majority of non-perishables and essential, non-food items. Note that the extended list announced in March 2011 will only apply for 18 months and that the new rate under the Nutrition North Canada Program will take effect on October 1, 2012. The Department of Public Health continues its efforts to ensure the program benefits *Nunavimmiut* by facilitating healthy, economical nutrition.

In 2011, the Public Health officer for nutrition, Marie-Josée Gauthier, was appointed member of the external advisory committee for the Nutrition North Canada Program; she resumed that function in 2011-2012. The committee's objective is to give a voice to northern regions and residents, improve the new program's transparency and provide information and advice to guide management of the program.

Nutrition North Canada Program: Health Canada Component and Initiatives in Nutrition Education

After obtaining partial funding in 2010-2011, the Health Canada component of initiatives in nutrition education of the Nutrition North Canada Program returned with full funding for 2011-2012. That component of the program aims for individual and community awareness of the advantages of healthy nutrition, improvement of skills relative to choosing and preparing healthy foods, and reinforcement of partnerships between retailers and communities to facilitate the choice of healthy foods. Finally, it emphasizes traditional foods by facilitating the sharing of traditional knowledge and skills relative to the gathering, preparation and consumption of such foods.

Projects responding to the criteria of the new program were carried out throughout the year:

- project to revise and launch the new *Nunavik Food Guide*;
- support for the nutrition program in day-cares including support for the project to create a family cookbook based on the menu of the nutrition program in day-cares and for training for cooks in May 2011;
- support for the Lory Project: educational DVDs promoting healthy lifestyles combined with awareness workshops addressed to children aged zero to seven years;
- activities promoting healthy nutrition and improvement of food choices in the stores of the two pilot communities;
- educational activities in nutrition for various client groups (school-aged children, adults, elderly persons);
- purchase of cooking equipment for the 17 schools of Nunavik, Ilaqitsuta Family House in Puvirnituq, Sungirtuivik Family House in Inukjuak and the community kitchen of Umiujaq;
- promotional campaign during Nutrition Month and on Traditional Foods Day (March 2012);
- support for two interns who carried out educational activities in nutrition in four communities during the winter 2012;
- support for activities promoting healthy nutrition at the two health centres (including the family houses) and support for the startup of a community kitchen in Umiujaq;
- support for various local initiatives promoting healthy nutrition (cooking activities, community meals, etc.).

Revision and Launch of the New 2012 *Nunavik Food Guide*

The launch of the new *Nunavik Food Guide* highlighted the end of Nutrition Month 2012. The previous version of the guide was created in 2005. As Health Canada issued new recommendations in nutrition and launched a new food guide in 2007, it became imperative to revise our regional tool. Nunavik has its own unique food traditions. That is why the Department of Public Health deemed it



necessary to have a food guide specific to the region.

In the fall 2010, the public and the interveners who will use the guide were consulted in three communities; this enabled the Department of Public Health to produce a document of good quality taking into account the opinion and reality of *Nunavimmiut*. Major work involving graphic design has been carried out since 2011 and led to the launch in March 2012.

Several tools promoting the guide were developed jointly with the NRBHSS communications officer. In March 2012, each household received a copy of the guide and a magnet in its post-office box. A communiqué was published on the NRBHSS Web site and an information capsule was published on *Nunatsiaq News*' Web site. Advertisements were also launched on paper and electronically in *Nunatsiaq News*. During the spring 2012, copies of the guide and promotional tools will be sent to the regional organizations (CLSCs, schools, ECCs, grocery stores, etc.). Other communication activities related to the *Nunavik Food Guide* are planned for 2012-2013 (radio, local newspapers, etc.). The Department of Public Health is also designing an educational guide that we hope to launch in the winter 2013.

Nutrition Program in Nunavik Early-Childhood Centres (ECCs)

The goal of the nutrition program in the ECCs is to improve the children's health through healthy nutrition. The project is being organized thanks to collaboration between the KRG, GENUP of Laval University, the KSB and the NRBHSS.

This program has been under way in the ECCs since 2004. Children attending the ECCs eat complete meals and nutritional snacks including both traditional and store-bought foods. The cooks and educators receive annual training provided by cooking and nutrition instructors of the KSB. Educational activities in nutrition are also offered to the youths. From 2006 to 2011, a research component was added to the program, the objective being to attain a better understanding of the relationship between environmental contaminants and the nutritional intake and nutritional status of the children attending the ECCs.

The Department of Public Health lent its support to the program in various ways:

- special project for interns in four communities: In the winter 2012, two interns supervised by GENUP and the Nunavik Department of Public Health carried out a project aimed at identifying parents' needs for information relative to the nutrition program and healthy nutrition;
- planning committee for the program: The Department of Public Health has representation on the planning committee for the nutrition program in the ECCs;
- presentation for the cooks on the Nutrition North Canada Program during their annual training in Inukjuak to facilitate grocery orders in the day-cares;

- family cookbook: the Department of Public Health was consulted during design of the family cookbook based on the menu at the ECCs. Moreover, the department contributed financially to development of the book in 2011-2012.

Education Activities in Nutrition and Cooking for School-Aged Children and Preschoolers

Workshops on nutrition and on initiation to cooking, inspired by the *Nunavik Food Guide*, are offered in the schools and day-cares of the region. These activities were created and are led by nutrition interns of Laval University. The NRBHSS nutritionist, a nutritionist from GENUP of Laval University and the coordinator of the NRBHSS diabetes program are working jointly on this project.

The project includes cooking and educational activities aimed at promoting healthy eating habits including traditional foods and healthy, store-bought foods. It began in the spring 2008 and lasted for three years. To date, all 14 villages have been visited. During 2011-2012, several activities under the program “On the Path to Health” were tested and adapted in four Nunavik schools in order to complete the bank of validated activities in Nunavik. The project’s next step is to bring together all the activities developed and tested in the region since 2008 and to promote their integration locally.

Lory Project: Promoting Healthy Lifestyles for Young Children

In 2011-2012, the Department of Public Health was involved in and funded Phase 1 of the Lory Project. The Lory Project includes educational DVDs promoting healthy lifestyles combined with awareness workshops addressed to children aged zero to seven years. The activities under the Lory Project had already been successfully tested in three Nunavik communities over the past few years. The project is the fruit of collaboration between the KRG, the Department of Public Health and the Lory Foundation. During the first phase, seven existing DVDs were translated into English and Inuktitut. Videos and materials destined for the day-care educators were also adapted.

Nutrition Month (March 2012) and Traditional Foods Day (March 25, 2012)

Once again, this year the Department of Public Health solicited several local partners to organize, in their respective communities, an activity to highlight Nutrition Month (March) and Traditional Foods Day (March 25). In view of raising awareness among *Nunavimmiut* of the vital role of foods (traditional and healthy, store-bought foods) in maintaining their physical, emotional, intellectual and spiritual health and of the importance of casting a critical eye on what they eat, funding of \$750 to \$1 000 (depending on the number of inhabitants) was offered to each community; awareness tools were also sent to the communities (easy recipes, a newsletter for Nutrition Month, posters and the other usual items). In total, seven communities organized

local activities (educational workshop on nutrition, cooking activities, community meals, show and quiz over local radio, etc.).

Health-Promotion Workshops

- Family House, Puvirnituk

In February 2012, a nutrition intern offered nutrition workshops to Ilagitsuta Family House in Puvirnituk. The workshops with various groups (women, new mothers, elderly persons and so forth), developed jointly with the employees of the family house, were a success, with excellent participation rates.

- Community Kitchen of Umiujaq (Igavik Club)

In March 2012, a nutrition intern developed and offered nutrition workshops to the community kitchen of Umiujaq. She also offered her support for the project's startup.

- Workshops to Promote Healthy Nutrition in the Grocery Stores

In the fall 2011, the Department of Public Health hired a nutritionist consultant to work at developing activities promoting healthy nutrition in the grocery stores. Two pilot communities were selected after consultation with the regional partners including the FCNQ: Kangiqsujuaq and Puvirnituk. In each community, activities were carried out in the stores in collaboration with a local worker. Two nutrition interns were also involved in these activities during the winter 2012.

- Cooking Classes Offered by Rebecca Veevee

For the second year, Sungirtuivik Family House in Inukjuak had the opportunity to receive television star Rebecca Veevee; this year, the event was held in January 2012 for a week of cooking workshops in the community, an activity funded by the Department of Public Health. Mrs. Veevee is a very positive model for the members of the community. She covers topics such as basic cooking techniques, culinary exploration, health and economical cooking, all in Inuktitut with a healthy dose of humour. Traditional foods are showcased in the dishes she prepares. This year, the community of Kuujuaq also hosted Mrs. Veevee. She led an activity on healthy eating at Pitakallak School, attended by all the children and the school staff in the gymnasium. She also gave presentations in some classes at Jaanimmarik School and held a cooking activity using traditional foods with a group of youths. Those activities were a success in terms of participation and appreciation. Other communities have already manifested their interest in organizing similar activities, and our department is committed to supporting them in organizing such workshops.

Healthy Schools Approach

Healthy Schools is a global, concerted approach for promoting health, well-being and academic success. As such, several projects and initiatives were carried out during the school year and will continue in 2012-2013.

Sexual Health

The activities proposed for the 2011-2012 school year related to sexual health essentially dealt with the promotion of healthy relationships and awareness of World AIDS Day. With the goal of promoting healthy relationships, various teaching tools were designed by the Healthy Schools advisor as well as the nurse responsible for the sexual-health program. This year, the activity proposed to the schools consisted of a collective project involving a giant heart-shaped puzzle to raise student awareness of the importance of developing and maintaining healthy relationships with family members, teachers, friends and community members in general.

Further, several documents were distributed to help the teachers who led discussions on healthy relationships.

The latest version of the sex-education program will be revised at the end of May to apply the latest corrections and proofread the translations. The training for guidance counsellors will be planned this summer and is expected to be given in September to the interveners on the Ungava coast and in October on the Hudson.

Physical Activity

Promotion and Local Adaptation of *Ma cour : un monde de plaisir* [The schoolyard: a world of pleasure]

Recess breaks are times when children have a chance to be active. Engaging in regular physical activity is beneficial to more than just physical health. Frequent and uninterrupted physical and sports activities have positive effects on physical conditioning, the acquisition of healthy lifestyles, psychological well-being and mental health, cognitive skills and academic success, as well as the development of social skills.

In continuity with the actions carried out last year, sustained visits to the community of Kangiqsujuaq were made in the winter 2012. Meetings were jointly chaired by the Healthy Schools advisor and the kinesiologist. A recreation specialist working with Kino-Québec, Carole Carufel, helped with launching activities and the school board's education consultant for

physical education, Catherine Boivin, participated in the presentation of a range of games designed to be part of the organization and realization of recreational activities. The NRBHSS also contributed generously to the purchase of materials to support the reorganization process for recreation. This school's response was very significant: the administration and the teachers responded to the proposals with interest, and modifications were quickly made. Even before the second meeting, very positive comments were received on the proposals and their application, which were jointly suggested by the teachers and the regional team.

Support is a key element in successful actions. That is why other meetings are planned at this school over the next academic year. Further, other schools have indicated their interest. The year 2012-2013 looks quite promising for this portfolio.

Active Schools Contest, 2011

Kino-Québec presented the seventh edition of the Active Schools Contest. Three components have been proposed:

- planning, organization or leading of physical and sports activities indoors at the school or in the schoolyard;
- safety or ethics in physical and sports activities;
- healthy eating.

Two bursaries were distributed among the schools. This year, the bursary granted to Asimauttaq School in Kuujjuaraapik enabled the school to acquire materials for indoor recreation under the project "*On s'active avec respect*" [Getting active while respecting others]. The second bursary was granted to Arsaniq School in Kangiqsujuaq for the project "*Initiation à la nourriture saine au primaire et au secondaire*" [Initiation to healthy foods in primary and secondary school], which enabled each class to prepare activities related to nutrition and to prepare healthy snacks throughout the school year.

Good Touch/Bad Touch Project

Based on an initiative by prevention services of the Kativik Regional Police Force, the NRBHSS proposed a pilot project on the prevention of child sexual abuse. We began in 2012 with a visit to two communities of Nunavik.

Accompanied by Lizzie Aloupa and Sammy Snowball (KRPf representatives) as well as local and regional workers from social services, youth protection and health services, we visited Isummasaqlik School in Quaqtaq for two weeks in February 2012.

The project aimed at raising the awareness of and educating kindergarten children and first graders so they can identify appropriate and inappropriate acts as well as those of a sexual nature and so they can protect themselves against abuse and neglect. The project teaches an appropriate and adequate vocabulary so children are able to describe facts.

Our goal was also to mobilize local interveners in order to coordinate the resources and actions in view of possible disclosure. Thus we were able to present and explain the Good Touch/Bad Touch (GTBT) project and determine the role and responsibility of each intervener in cases of neglect or abuse.

Subsequently, the GTBT team and the local workers met with the teachers and school staff to clarify each person's role and explain the procedure and steps in reporting a case.

Shows were held over local radio to explain to the public the procedure of the GTBT team. Various meetings were also held for parents, community members and youths.

The second part of the GTBT project for the 2011-2012 school year will be carried out at Pitakallak School in Kuujuaq. We have already met with the school staff and various local community groups. Presentations will be made for the youths on May 28, 29 and 30.

We expect to continue visits under the GTBT project during the 2012-2013 school year. Ulluriaq School in Kangiqsualujuaq is the next school scheduled to present the workshops to its pupils.

Implantation of the Overall Policy in the Schools

Since last year, the KSB has wished to proceed with efforts to ensure healthy eating and active lifestyles at its schools. The Government of Québec's overall policy for healthy eating and active lifestyles was launched in 2007. The KSB and the NRBHSS assume their share of responsibility for application of the policy. A list of healthy choices for breakfasts, snacks, and canteen and fundraiser offerings was distributed in the schools and, on request, follow-up was made with various administrations.

Road Safety

A prevention committee on road safety for offroad vehicles in Nunavik was created jointly with the KRG, the KRPF and the NRBHSS. The KSB was invited to join the committee to help promote and develop educational activities destined for schoolchildren of Nunavik.

We sent a *PowerPoint* presentation to the schools and invited the teachers and a local representative of the KRPF to make the presentation for the pupils. A drawing contest was launched under the initiative. The winner was a pupil of Isummasaqvik School in Quaqtuaq. Her drawing will be used to illustrate one of the promotional items for distribution in the 14 Nunavik communities.

The topics of promotion and prevention will be:

- driving while under the influence of alcohol or drugs;
- speeding;
- number of passengers;
- driver age;
- helmet use.

The promotional tour will be made in 2013 and the youths will be able to put their learning to use in the pedalled Go-Kart event. Those in the specific-learning group at Ikusik School in Salluit accepted a contract proposed by the committee involving production of signs for the Go-Kart course.

Food Security

We worked at designing educational activities on nutrition by adapting the kit « *En route vers la santé !* » [Getting healthy] and by creating learning activities for youths which will let them put their nutrition learning into practice. Besides proposing educational, leisure and tasting activities, we also propose simple recipes that allow the youths to prepare their own healthy snacks. Those activities will be circulated at the beginning of the 2012-2013 school year and will be accompanied by the tools necessary to preparation of various recipes, such as electric mixers, wooden skewers, knives and cutting boards.

Breakfast Club

Since February, discussions have resumed between the Québec Breakfast Club and the KSB to find a solution to the problem of shipping costs for foodstuffs to Nunavik.

During the two meetings, the club's coordinator for aboriginal programs, Sébastien Desaulniers, as well as Marc Beaulé, development officer with the organization *Québec en forme*, stated that they had undertaken procedures with certain members of Makivik Corporation in order to alleviate the costs of shipping merchandise. Due to the non-renewal of the federal government's subsidies for the *CPDQ* and the high costs of air transport, Nuvviti School and Kiluutaq School were unable to start up the breakfast service for the 2011-2012 school year as planned.

At the last meeting, mention was made that the Québec Breakfast Club had been repatriated under the banner of the Canada Breakfast Club and that that would result in improved funding

for the services offered to the Nunavik population. We are still hoping to find a more economical solution for food distribution and are pursuing our efforts with Makivik.

The Breakfast Club hopes to start up programs in Ivujivik and Umiujaq for the 2012-2013 school year and open other points of service in the schools that applied for support with the organization. Ulluriaq School in Kangiqsualujjuaq is presently on the waiting list.

Cirqiniq

In collaboration with Sonia Sauvé, coordinator for social action and citizen services of Cirque du Soleil (Cirque du Monde), Véronique Dion-Roy, Catherine Boivin and Karin Kettler, recreation advisor for arts and culture with the KRG's recreation department, we discussed the Cirqiniq situation and its organization in the various Nunavik communities. Cirque du Soleil sent a DVD on the circus' basic arts techniques and the accompanying workbook for social workers to the physical-education and health teachers. We also discussed the schools' material needs for holding Cirqiniq activities safely. We are presently seeking a means to fund the purchase of pads for the following schools:

- Kangiqsualujjuaq: welcome mat;
- Kuujjuaraapik: accordion pad with Velcro™ tabs;
- Ivujivik: accordion pad with Velcro™ tabs;
- Kangirsuk: accordion pad with Velcro™ tabs (at least six) and a reception mat.

National Child Day

Annie Nulukie, regional advisor for day-care services with the KRG, is working on the setup of a committee that will work at designing and organizing activities under National Child Day. Various regional partners, including the NRBHSS and the KSB, were approached to coordinate the activities that will be organized in the communities to highlight the event.

Project for the Overall Development of Young Children and ECCs

The collaboration between the Department of Public Health and the KRG's Childcare Department continued during the year. We met with two pilot ECCs (Kangiqsujuaq and Inukjuak). Moreover, the two communities' approach began with an inventory of available resources (asset mapping). Subsequently, we met with representatives of both communities, who demonstrated their great interest in participating in an exercise to define a project for overall child development appropriate to their respective specificities. An Inuit community worker will

be hired during the next year to support the two communities in their efforts at establishing elements conducive to overall child development.

ISPEC Project

We met with both health centres to discuss the pertinence of implanting an ISPEC-type approach (integrated services in perinatality and early childhood) in one pilot community on each coast. The Inuulitsivik Health Centre manifested its interest in collaborating on a needs assessment in one Hudson community, namely Inukjuak. The next year, a better definition of the needs will be made with representatives of the community and its CLSC in order to establish a financial application to fund the project through the strategic regional plan.

As for the Ungava Tulattavik Health Centre, the representatives we met prefer to continue the procedure they have already undertaken and thus declined our offer of support in the implantation process.

Financial, Physical and Organizational Support for Community Activities

Several communities received support for organizing activities to celebrate one or more of the themed events appearing in the public-health calendar: World Elder Abuse Awareness Day, World Elders Day, Drug Awareness Week, Nunavik Day for the Elimination of Violence, Road Safety Month, National Smoke-Free Week, Suicide-Prevention Week, Nunavik Healthy Relationships Week and International Women's Day. Depending on the event and resource availability, interested partners received support at the financial, physical (activity list, Web sites, posters, pamphlets, radio capsules, educational DVDs, promotional items) or organizational level, which resulted in numerous community initiatives: walks, public speeches, video presentations, discussions, awareness workshops, community meals, radio shows, exhibitions, quizzes, information booths and interactive games.

As a repeat of last year, Kino-Québec provided the region with 40 pairs of snowshoes. This year, two schools received the equipment: Kiluutaq School in Umiujaq and Arsaniq School in Kangiqsujuaq.

Moreover, the day-cares had the opportunity to renew their physical-activity equipment. Eleven of them responded to the call. Conventional materials were acquired, but the NRBHSS is also proud to have encouraged local employment in Inukjuak by having miniature wooden snowmobiles made for the children.

May: Sports and Physical-Activity Month

This year, bursaries to support initiatives for activities promoting healthy, active lifestyles were made available to the communities, all organizations included. Several organizations—CLSCs, municipalities and so forth—applied.

The NRBHSS was greatly pleased to support the initiative of the Inukjuak family house for its three-week walk-a-thon. Further, physical-conditioning sessions offered during the same period were crowned with success. The Aupaluk CLSC set up a walking club in which a large proportion of the population participated. Finally, a contribution was made to the Kuujjuaq Sport Club, which organized activities—foot races, cycling and crossfit—three times a week, activities that continued well beyond the month of May.

Health-Education Booths

In view of improving knowledge and developing aptitudes conducive to individual health, workers in certain communities were supported in organizing booths promoting healthy lifestyles in the context of community events: ATII Taking Action (Kuujjuaq), Arpik Jam (Kuujjuaq), and smoking-prevention and –cessation days (various communities). This support took concrete form through sharing of expertise, mailing of educational materials to the communities and, in some cases, collaboration of health-promotion officers in manning booths.

Regional Contests and Challenges Promoting Healthy Lifestyles

Various contests and challenges addressed to the public or certain target groups were organized to promote healthy lifestyles while encouraging thought and individual empowerment. Depending on the contest and the needs, participants received support tools and were referred to the appropriate resources, whereas some among them were awarded special prizes in recognition of their determination and talent: “Quit to Win” Challenge (smoking cessation), postcard contest and photo contest (recognition of elders), banner contest and poster contest (road safety), puzzle contest (healthy relationships).

Design and Distribution of Educational Materials to Professionals of the Health Network

To equip the professionals of the health network for promoting health, educational materials dealing with various themes (primarily smoking, substance abuse and sexual assault) were provided for them on request: posters, pamphlets, videos, electronic presentations, interactive games and so forth.

A tool designed for day-care educators was created jointly with the KRG’s Childcare Department. The objective was to propose materials encouraging physical activity among children aged two to five years at the day-cares (Timiga – My body). Based on various existing kits, 35 cards representing northern life as well as animals and the environment were designed. To supplement the cards, a story incorporating all the positions was composed. We are very proud of this tool, which is quite representative of elements specific to our region and which, moreover, is presented in Inuktitut.

This project could not have succeeded without the extraordinary collaboration of the four children who performed in front of the camera. We would like to thank the parents as well as the Iqitauvik ECC in Kuujjuaq for their open-mindedness toward the project. An unofficial launch was made with the administration of all the ECCs in March, and their response was more than positive. Distribution should be carried out in May 2012 in each ECC.

A second phase is currently being prepared and will target the zero-to-two-year age group. The format and presentation have not yet been decided. Phase 2 will be a project to watch for in 2012-2013.

Participation in Working Committees

In view of strengthening cooperation in matters of health and well-being, developing a shared vision of health promotion and making ambitious projects possible, the health-promotion officers coordinated or participated in various working committees during the past year: Nunavik prevention committee for offroad vehicles, regional committee for the elimination of violence in Nunavik, working committee for suicide prevention, regional committee for the prevention of sexual abuse.

Psychosocial Component

Communication Campaigns on Various Psychosocial Issues

Various communication campaigns were held during the past year to raise public awareness on psychosocial issues: recognition of elders, recognition of women, elimination of violence, promotion of healthy relationships, prevention of sexual abuse, suicide prevention, smoking prevention, prevention of drunk driving. Depending on the campaign, messages were broadcast locally, regionally or provincially over various media: mass mailing (pamphlets, letters), displays, newspapers, Internet (social networks, e-mail, Web sites), posters and electronic screens, telephone, promotional items (magnets, stickers), radio (interviews, debates), information evenings.

Workshops on Preventing Child Sexual Abuse

During the past year, a process for planning, implanting and evaluating the Good Touch/Bad Touch program was initiated in two communities (Kuujjuaq and Quaqtuaq) as a pilot project. This program consisted of preventing child sexual abuse through a series of three 30- to 45-minute workshops offered in preschool and primary classrooms. At the end of the workshops, the children received educational items (fleece top, stuffed animal, storybook, colouring book, poster) in view of reinforcing what they learned by encouraging their families to continue the learning at home. To date, one workshop has been held among the pupils of Pitakallak School

(kindergarten to third grade) and three among the pupils of Isummasaqvik School (kindergarten and first grade). Deployment of the program in the other communities is planned throughout the coming year.

Prevention of Foetal Alcohol Syndrome

The activities carried out to prevent foetal alcohol syndrome disorder (FASD) may be categorized according to a number of objectives:

- plan the work according to the PRECEDE model;
- understand the cultural and social context of FASD, its background in Nunavik, the workers' perceptions and the communities' expectations;
- understand the health, social and community services relative to prevention of FASD in Nunavik (supply, organization, facilitating elements and obstacles);
- draw up a status report on FASD, its effects, its evolution and the causal and associated factors in Nunavik;
- take an inventory of the best practices relative to prevention of FASD which can be applied in Nunavik as well as their conditions for implantation;
- understand the issues of adapting best practices to Inuit culture;
- understand the particularities of alcohol consumption in Nunavik, especially among women, in order to identify the behaviour to modify through preventive action.

The following are among the activities carried out or begun:

- assessment of needs relative to FASD as perceived by the Inuit and non-Inuit front-line workers interviewed (through a questionnaire) by the members of the FASD working committee at the beginning of 2012;
- attendance of meetings of the NRBHSS' FASD working committee (every six weeks) and involvement in the related efforts (discussions, research, literature, correspondence and presentations);
- review of documents and semi-directed interviews of key individuals: a) front-line service providers (health/social/education/CLWWs) and b) NRBHSS professionals;
- analysis of data from epidemiological investigations and results of research on the prevalence of FASD in western countries and aboriginal and Inuit communities; contacts with researchers as needed (e.g., Gina Muckle) and review of scientific literature on the effects of alcohol on the foetus;
- review and analysis of scientific literature based on revealing data, guides to practice, and aboriginal and Inuit reference documents on the prevention of FASD, diagnosis and effective, early intervention among affected children.

Networking and Resource Promotion

In view of ensuring better cooperation among departments and greater collaboration between the workers serving the same clientele, meetings for discussion of the roles and mandates of all involved were organized with local and regional partners (municipalities, health, KRG, KSB, KRPF and so forth): meeting with Quaqtaq interveners (nurses, social workers, youth-protection workers, police officers, school staff) on intervening in cases of sexual abuse, meetings with school principals and staff on public-health activities, programs and services. Moreover, to promote psychosocial services in the region, the resource map was updated and distributed among interveners and the public.

Connaissance – Surveillance – Information

***MADO* Monitoring and Vigilance**

Various activities were carried out, some on an ongoing basis (e.g., passive monitoring). The principal activities are:

- ongoing data capture (as cases are forwarded to the DPH) of reported cases of reportable diseases, both STBIs and non-STBIs;
- production of summary tables presenting the distribution of *MADO* quarterly or annually;
- production of tables or graphs presenting the evolution over time of certain *MADO* (genital chlamydia, gonorrheal infection, tuberculosis);
- creation of specific products for activities in prevention, promotion and education relative to STBIs (in collaboration with the STBI nurse of the DPH and the community-health nurses of the Inuulitsivik and Tulattavik Health Centres);
- updates to the data on reported cases of gonorrheal infection for decision makers (physician responsible for the infectious-diseases portfolio, Director of Public Health, assembly of directors);
- extraction and analysis of MedEcho and mortality data banks;
- validation and gathering of pertinent information to update the regional diabetes data bank;
- analysis of infocentre data and production of various data: number and distribution of causes of hospitalization or mortality, etc.;
- preparation of population data and data on immunization coverage, monitoring of flu-like symptoms (FLSs).

Moreover, various monitoring products were prepared to support planning at the regional level (strategic planning, clinical project, information-resources master plan, etc.) and at the local level. These involve, among other things, population data or data from administrative data banks such as MedEcho, mortality, births, *MADO*, etc.

Regional Plan for Monitoring State of Health

In collaboration with the *INSPQ*, the DPH worked at preparing the first module of the regional health profile which deals with sociodemographic indicators. This module integrates various indicators enabling comparison between Nunavik sociodemographic characteristics and those of the rest of Québec as well as Canada's other Inuit regions. The final version was supposed to be available in the fall 2011. Although production of this module has been delayed, the process of printing the documents has begun and electronic versions will be posted online.

This is the first of a series of five modules on the following topics: sociodemographic conditions, behaviour and lifestyle, health of mothers and newborns, living environments and overall state of health. Calculations for the indicators of the first two modules are complete, whereas those of the module on the health of mothers and newborns are at an advanced stage. Indicators on lifestyles were produced and made available to promotion and prevention workers.

Other Activities

- Activities to support training on public-health issues for officers of the Nunavik Department of Public Health
- Support for students involved in various research projects in Nunavik
- Extraction and compilation of data for various local and regional partners in response to ad hoc requests

Research and Evaluation

As in previous years, the DPH actively participated in several research projects, notably in the areas of nutrition, contaminants and infectious diseases.

The following are among the projects worthy of mention:

- research project on child and adolescent development in Nunavik: during the past year, the DPH worked closely with the research team to draw appropriate conclusions and develop appropriate messages for regional decision makers and the Nunavik population. Communication activities were held in the fall 2011. One of the main recommendations resulting from the research was for pregnant women or those of childbearing age to limit, indeed, discontinue, their consumption of beluga meat due to its high mercury content and the associated risk of harmful effects to children, notably affecting their intellectual development and behaviour. Other factors were also identified as having an effect on child development, some positive, some negative. Activities involving transfer of knowledge and promotion of positive factors are still under way;
- research project on food insecurity from the Nunavik Inuit perspective: the Department of Public Health collaborated in the study on perceptions of food security from the Nunavik

Inuit perspective, conducted by a master's student in community health from Laval University. Financial support was provided for that project. Moreover, the DPH's nutrition officer is member of the project's steering committee;

- project to monitor environmental contaminants among pregnant women of Nunavik: the DPH collaborates with the research centre of the *CHUQ* in this monitoring program. Our department provides financial support for the project to ensure that certain analyses important to the monitoring of the state of health of pregnant women and their unborn children are included in this contaminants-monitoring program;
- project to study the impact of infections due to the respiratory syncytial virus on the respiratory health of young children of Nunavik: analysis of the regional data enabled formulation of recommendations on use of a preventive agent (Synagis) better adapted to the region's epidemiological reality;
- research on the range of services available in the region relative to HIV: under the supervision of Dr. Paul Brassard and in collaboration with both health centres, the range of services within the region was established, which will permit us to develop, in 2012-2013, a guide to screening for, treatment of and follow-up to HIV infections;
- finalization of research on the development of culturally adapted tools to prevent sexually transmitted and bloodborne infections in Nunavik: thanks to the collaboration of Nunavik youths, a new sexual-health logo was designed and distributed through various means. Further, the first of a series of five culturally appropriate posters was launched.

Perspectives for 2012-2013

From the point of view of planning the department's activities, 2012-2013 will see the final revision of the regional plan of action in public health. We will take the opportunity to consult various regional and local actors concerned with the plan of action to define with them the expected collaborations. Our principal partners in this initiative are obviously the two health centres. We therefore plan on holding a number of meetings with them to finalize our plan of action and support them in developing their local plans of action in public health.

We have also cast the foundations for our future efforts, centred on actions facilitating community development. For that purpose, we are looking forward to developing the public-health network both locally and subregionally in order to be more in tune with the reality facing the population. We participate in the development of the network of wellness committees within the communities. We also anticipate developing the network of community-health workers in the communities. Those two bodies must cooperate closely with the health and social services network and enable the communities to make their needs known and become more involved in the definition of solutions.

Nutrition is, without argument, a regional priority. With the publication of the results of the research on the effects of contaminants on children's health, we will take the opportunity to establish the foundations for future collaboration with our main regional partners in order to create a regional food policy adapted to the reality of Nunavik. Many aspects must be taken into account: safety of traditional foods, sufficient supply in the communities, rise in the number of diabetes cases, cost of living in Nunavik and so forth.

The project on overall child development involving the ECCs and the ISPEC project will be the object of intensified activities and greater involvement of the Department of Public Health. Those two projects will require community mobilization to create lasting conditions favourable to optimal child development.

The DPH will, of course, continue fulfilling its various mandates as stipulated under the *Public Health Act*. However, certain initiatives for which the foundations were laid during 2011-2012 will strongly influence the department's actions for the coming years. Here we cite continued planning for the Healthy Schools project and the project for multi-factor intervention in day-cares. These projects enable us to act on a multitude of factors by taking advantage of the synergistic effect of interventions.

Department of Inuit Values & Practices

Message from the Director

In fiscal 2011-2012, the department was able to work on a number of issues thanks to the efforts of a great team. We hired four new employees who will be working on the Resolution Health-Support Program under the Indian and Residential Schools (IRS) portfolio. At the end of the fiscal year, the IRS coordinator and the health-support workers visited all 14 communities to inform the former students of Nunavik about the Independent Assessment Process (IAP), which has a deadline of September 19, 2012. The IAP is the only way a former student may pursue a claim of sexual or other physical abuse unless he or she opted out of the Settlement Agreement. The mandate of the Indian Residential Schools Adjudication Secretariat is to implement and administer the IAP under the direction of the chief adjudicator in an independent, objective and impartial manner.

I would like to thank the IRS Adjudication Secretariat, Makivik Corporation and Health Canada for their support for the NRBHSS in informing and helping former students in the IAP.

I look forward to continuing our work throughout the new fiscal year. In closing, I would like to thank the NRBHSS board of directors for its support for the mandate and goals of the Department of Inuit Values and Practices.

Jennifer Watkins

Midwifery

There are four birthing centres offering services in Nunavik. Three of these are on the Hudson coast, located in Inukjuak, Puvirnituk and Salluit; the fourth is on the Ungava coast, located in Kuujuaq.

In fiscal 2011-2012, there were 80 births registered on the Ungava coast and 125 on the Hudson coast.

The midwifery working group is planning to meet face to face in the coming months.

A number of midwives have completed their midwifery program and will be sworn in by the *Ordre des sages-femmes du Québec* [Québec order of midwives]. Brenda Epoo is working with Jenny Stoner and Vicky Van Wagner on the equivalency project. They have sent a copy to both maternities on the Hudson and Ungava coasts for feedback before drafting the final version, which will be distributed and implemented in the maternities in the near future.

Indian and Residential Schools (IRS) Resolution Health-Support Program

In fiscal 2011-2012, the Department of Inuit Values and Practices hired three emotional health-support workers and a coordinator under the Indian and Residential Schools (IRS) portfolio. As our department is responsible for that portfolio, our personnel attended a truth and reconciliation (TRC) event in October with former students of Nunavik in Nova Scotia and recently completed visits to the communities to inform former students of the Independent Assessment Process (IAP), which has a deadline of September 19, 2012.

The Department of Inuit Values and Practices continues to work with Health Canada to support the Emotional Health-Support Program for former students in the 14 communities. The mandate of these support workers is to offer emotional support to former students of residential schools and their families, especially those who will undergo the IAP in the coming months.

Traditional Adoption

The working group on traditional adoption in Quebec, created by the Ministry of Justice and the Ministry of Health and Social Services to recommend solutions to the current non-inclusion of traditional adoption practices in provincial laws, will soon render public its report. Over the course of the last few weeks, we first received indications that the draft bill on adoption would not be presented at this spring session; however, the Minister of Justice then decided to have it deposited before the end of the session. The bill amends the statutory adoption process, but it

also integrates provisions for recognizing the traditional adoption practices that modify the civil status of the parties to the adoption (lineage is modified from the biological to the adoptive parents). Therefore, the amendments would fully apply to traditional Inuit adoption. The Inuit have long waited for resolution of this issue and we are proud to share the news.

Brighter Futures

Brighter Futures is a federal program providing funding for the 14 Nunavik communities for various types of projects. All funds are distributed on a per capita basis. This past year, all but two communities undertook a total of 68 projects.

The following table shows the funds available to each community at the beginning of fiscal 2011-12 and how much was actually spent.

Community	Funds Available	Funds Spent
AKULIVIK	\$48 272	\$74 877.16
AUPALUK	\$29 308	\$23 000.00
INUKJUAQ	\$104 302	\$124 190.25
IVUJIVIK	\$38 790	\$75 660.02
KANGIQSUALUJUAQ	\$66 374	\$100 474.00
KANGIQSUJUAQ	\$50 858	\$69 390.00
KANGIRSUK	\$48 272	\$23 100.00
KUUJUAQ	\$118 956	\$236 604.03
KUUJUARAAPIK	\$55 168	\$0.00
PUVIRNITUQ	\$106 026	\$69 075.00
QUAQTAQ	\$37 066	\$9 600.00
SALLUIT	\$88 786	\$97 411.37
TASIUJAQ	\$31 894	\$0.00
UMIUJAQ	\$37 928	\$30 892.00
REGIONAL PROJECTS	\$35 000	\$0.00
TOTAL	\$895 271	\$930 271.00

As the table shows, some communities actually spent more than was originally allocated to them. This is because after January 15 of each year, all remaining funds from each community are transferred to a regional budget and is made available to any community that applies. This is to ensure that all Brighter Futures funding is spent each year.

In order for the projects to be approved they must fall under at least one of the following categories:

- mental health;
- healthy babies;
- injury prevention;
- child development;
- parenting skills.

All project proposals must include a municipal resolution stating that the project has community support. In addition to this, it is very important keep a strong cultural component in the projects that we approve, although there is a wide variety of projects carried out in Nunavik. Our goal is to provide ample opportunities for our youth to explore different activities at the community level through Brighter Futures which they otherwise may not have. We also strive to assist families throughout the region in creating a healthy living environment.

The following are some examples of the projects carried out during fiscal 2011-2012:

- Proud Reunions summer camp;
- baby book project;
- embroidery classes;
- beading classes;
- sewing classes;
- cultural cooking class;
- programs for healthy snacks and healthy breakfasts;
- community-based and regional sports events;
- cultural excursions;
- dog-team excursions;
- and many others.

Once again, this year all Brighter Futures funding was used and many excellent projects were created for our youth.

Wellness Committee

The wellness committees are organized groups of community members whose purpose is to identify the health and wellness needs of each community and to help find ways of solving problems that may arise in the communities. As such, each committee:

- serves as the link between health and wellness services and the community;
- identifies the health and wellness needs and problems of its community;
- consults the public and the organizations to find methods to respond to the needs and solve problems;
- participates in projects to improve community health and wellness;
- provides the population with information concerning public health and wellness in general;
- helps link the community with local or outside organizations that may help to tackle problems within the community.

This past year, there were wellness committees in the following communities: Aupaluk, Kuujjuaq, Salluit, Kangiqsujaq, Inukjuak, Quaqaq, Akulivik, Kuujjuaraapik, Umiujaq and Kangiqsualujjuaq. The communities that have not formed a wellness committee are aware of the composition and mandate of such committees and efforts are being made to help them establish one.

This committee, whenever possible, should consist of at least seven members interested and concerned about the well-being of their community and who are respected and accepted by their community. It is also important for members to have solid leadership skills.

These committees can be made up in various ways. An election can be held within the community, members can be appointed by various organizations or concerned citizens can ask to be member of the committee.

Once a committee is created, funding of \$25 000 is transferred to it once a year through the municipality. Together, they determine how the funds will be used by the committee.

Financial reports concerning the use of funding and activity reports are due on March 31 of each year. It is understood that any deficit incurred by the wellness committee will be assumed by the municipality.

Below are some examples of projects carried out by the committees:

- I Care We Care project;
- Kuujjuaq wellness centre;
- Aboriginal Day;
- centres for food and clothing donations.

It is our hope in this fiscal year that the remaining four communities that have not yet formed a wellness committee will do so.

Department of Administrative Services

Message from the Director

The year started with the draft of the first annual action plan of the 2009-2016 Strategic Regional Plan. This action plan will serve as a model for subsequent years until the end of the agreement. With this approach, all the needs in terms of human and financial resources and fixed assets such as equipment and construction are documented. Shortly after its presentation, the *MSSS* granted the regional board authorization for a recurrent additional budget of \$6.9 million annualized to \$9.2 million to support the development of health and social services for *Nunavimmiut*.

Our achievements during 2011-2012 include:

- setup of a construction committee for capital projects to ensure proper follow-up to the process and management of each project. The committee provides recommendations for the board of directors according to each step of the process;
- construction of 70 housing units to support the hiring of new positions under the action plan;
- completion of the functional and technical plan (FTP) for a new office for the Department of Youth Protection (DYP) including the hiring of professionals to design a concept;
- assessment of the need, in collaboration with the health centres, for a new rehabilitation centre for girls aged 12 to 18 years in Inukjuak, to be completed in 2013;
- visits to different installations in southern Quebec, namely Louvicourt, Trois-Pistoles, Longueuil and Shawinigan. The purpose of these visits was to observe the new trends and optimize the planning of the construction project;
- visits to the communities to assess the state of the buildings and the functionality of all CLSCs;
- major upgrade to the telecommunications network in collaboration with the KRG, the *CSPQ*, Sogique and the *MSSS*;
- collaboration between the Regional Project Management Bureau and the health centres.

Through the year, important efforts were made to respect the financial framework of the Strategic Regional Plan and the agreement signed with the *MSSS* in February 2011. With solid teamwork, the Department of Administrative Services successfully completed its fiscal year with a balanced budget as stipulated in the financial framework and can now look forward to a new year of achievement.

Silas Watt

Financial resources

THE REGIONAL BUDGET (MSSS)

The *MSSS* authorized expenditures of \$140 million for the region for 2011-2012 excluding fixed-assets funds. For fiscal 2011-2012, the *MSSS* increased the regional budget by \$9.2 million for the annual action plan within the strategic regional planning. This year, both health centers ended the year with a balanced budget.

The regional budget was distributed as follows:

2011-2012 ALLOCATIONS	\$ million
INSTITUTIONS	
Inuulitsivik Health Centre	58.8
Ungava Tulattavik Health Centre	42.0
NRBHSS EARMARKED FUNDS	
Insured/non-insured health benefits	20.1
Other	6.2
COMMUNITY ORGANIZATIONS	
Youth centres	1.7
Other	2.6
Reserved: special projects not yet carried out	8.6
TOTAL TRANSFERS	140

The NRBHSS' operating budget

The Department of Administrative Services provides financial expertise to the other departments: Executive Management, Inuit Values and Practices, Planning and Programming, Public Health, Regional Department of Human-Resources Development and Out-of-Region Services. During the year, the Finance Department managed the following funds:

Operating and Earmarked Funds

The MSSS allocated a budget of \$7.2 million for the NRBHSS' operations. The NRBHSS also received \$1.4 million from other sources, mainly contribution agreements. In addition to its operating budget, the NRBHSS also received and managed \$27.7 million in earmarked funds for specific activities. These earmarked funds were financed through two different sources: the MSSS (direct) and the regional envelope.

Fixed-Assets Fund

The NRBHSS also transferred \$10.5 million for various fixed-assets projects such as the replacement of equipment, maintenance and renovations to its building, and medical equipment.

Federal and ITK Earmarked Funds

The NRBHSS received an amount of \$7.4 million from the federal government and Inuit Tapiriit Kanatami. Unlike the provincial earmarked funds, the contribution agreements with these organizations are on a yearly basis. At the end of the year, they recover any balance not spent during the year.

Health Canada	\$
Aboriginal Diabetes Initiative	676 399
Brighter Futures	1 203 893
Home and Community Care	2 110 110
Fetal Alcohol Spectrum Disorder	351 762
Mental Health Crisis Management	870 719
Prenatal Nutrition Program	296 196
Suicide-Prevention Strategy	86 000
Aboriginal Health Human-Resources Initiative	204 280
Indian Residential Schools	467 692
Nutrition North Canada	496 858
Federal Tobacco-Control Strategy	131 725
Indian and Northern Affairs	
Family Violence	169 200
Northern Contaminants Program	194 418
ITK	
Regional Engagement Coordinator (terminated for 2012-13)	173 000
Total Subsidies	7 432 252

Fixed assets and equipment

Housing Project

The NRBHSS was involved in many local and regional projects for 2011-2012. One of the major projects this year was the construction of 70 staff housing units. With the growing demand for health and social services, the need for more housing also rises. A decision was made to build 17 quadruplexes and one semi-detached unit. In the communities of Inukjuak, Puvirnituk and Kuujuaq, the construction started in late 2011; in Aupaluk, Salluit and Kuujuaapik, it will start in July 2012.

Health Centres: Installations Projects

In order to improve regional infrastructures, large-scale projects were developed.

The Ungava Tulattavik Health Centre has a new patient transit close by that results in easier access for its patients. Its projects for the summer 2012 include enlargement of its ambulance garage, a new morgue and additional office space. The final estimated cost for the work is under \$4 500 000. A new CLSC is being designed for Aupaluk.

As for the Inuulitsivik Health Centre, the process has started for the construction of a new office building for the Department for Youth Protection in Puvirnituk at a cost of around \$12 000 000. Further, the functional and technical plan (FTP) is well under way for a rehabilitation centre in Inukjuak.

To assure the continuity and follow-up of these capital projects, a construction committee was created.

Triennial Conservation and Functional Plan

The NRBHSS has finalized the budget for the new three-year conservation and functional plan for the region which will cover the period from 2012 to 2015. Closer collaboration with both Nunavik health centres enabled us to provide them with more information and the budgets necessary to accomplish most of the projects.

For the NRBHSS and the two health centres, many upgrades to the existing buildings are in the plans for 2012. The three organizations are very involved in the current Strategic Regional Plan, working on the new developments in the region.

Human resources

The list of positions at the Nunavik Regional Board of Health and Social Services saw few changes in 2011-2012 apart from the addition of three temporary, full-time positions in the Department of Inuit Values and Practices and a position for human-resources advisor in the Department of Administrative Services (added in August 2011 instead of outsourcing).

Once again this year, the bulk of the efforts in human-resources management were devoted to supporting the various departments of the regional board in acquiring competent personnel. Below is a summary of the results:

Executive Management

- Position of acting executive director to replace Jeannie May, who took maternity leave: first assumed by Larry Watt and then by Gilles Boulet
- Position of executive secretary following the transfer of Suzanne Bettez to Planning and Programming at the end of March 2012: vacant

Department of Administrative Services

- Position of financial-management officer after the promotion of Dany Gagnon as head of financial resources: filled by Souleye Ndiaye in May 2011
- Position of financial-management officer following the retirement of Stella Miner: filled by Denis Beauregard in January 2011
- Positions of maintenance worker: filled by Emma Saunders and Monica Gordon Watt in January 2012
- Position of administrative technician/executive secretary: filled by Francine Lambert, who changed departments in January 2012 to assume the vacated position

Department of Out-of-Region Services

- Position of officer responsible for the INIB portfolio after the departure of Janie Paquet: filled by Lyse Perron in December 2011

Department of Inuit Values and Practices

- Four new temporary, full-time positions under the residential-schools portfolio: filled by Mary Mesher (coordinator, October 2011), Eva Lapage (community worker, October 2011), Martha Greig (community worker, October 2011), Louisa Brown (community worker, February 2012)

Department of Planning and Programming

- Position of director of Planning and Programming after the departure of Claude Bouffard, who was serving as Acting Director: filled by Jean-Claude Leclerc in May 2011
- Position of advisor for programs for children, youths and families: filled by Diane Belec in June 2012 and, after her departure, by George Delatolla, who was promoted in February 2012
- Position of advisor for adult programs and specific services after the departure of Jean-François Richard on leave without pay: filled by Andrée-Anne Provençal, who was promoted in February 2012 and who will assume the functions shortly
- Position of advisor for medical affairs to replace Geneviève Morin, who took maternity leave: filled by Martine Boudreau (rehired) in August 2011
- Position of officer for the suicide-prevention portfolio to replace Andrée-Anne Provençal, who took maternity leave: filled by Véronique Paradis in July 2011
- Position of officer for programs for children, youths and families: filled by Karine Lussier in July 2011
- Position of officer for programs for children, youths and families, after the departure of Janet Sarmiento: vacant
- Position of officer for community organizations, after the promotion of George Delatolla: vacant as of March 31, 2012
- Position of officer for clinical projects after the departure of Philippe Alexandre Bourguin on parental leave: not posted
- Position of administrative technician/executive secretary after the transfer of Francine Lambert to the same position in the Department of Administrative Services: filled by Suzanne Bettez at the end of March 2011
- Position of officer for medical affairs: filled by Annie-Claude Houle in February 2011
- Position of officer for addictions programs after the departure of Jennifer Lapage: filled by Roda Grey in October 2011

Department of Public Health

- Position of officer for nutrition programs to replace Marie-Josée Gauthier, who took maternity leave: temporarily filled by Amélie Bouchard Dufour in May 2011
- Position of administrative technician/executive secretary to replace Vincent Gilbert, who took deferred leave: filled by Sally Lambert for a six-month period in May 2011
- Position of advisor for infectious diseases after the resignation of Lise Lapierre: filled by Annie Payette in July 2011

Regional Department of Human-Resources Development

- Position of officer for training programs to replace Chesley Mesher: filled by Donna Davies in October 2011

The above changes affected 38% of our personnel positions.

Also involving the issue of personnel hiring, and particularly recruitment efforts, we worked jointly with the Regional Department of Human-Resources Development, our communications officer and our officer for medical affairs at adapting to new technologies and ensuring greater visibility for the NRBHSS in matters of personnel recruitment in Kuujjuaq, Nunavik and the South. The project should be in full swing during 2012-2013.

Besides those activities, a good amount of time was spent on management of employment benefits. In effect, a growing number of instances of leave were managed: leave without pay, maternity, paternity and parental leave, and deferred leave.

It is also important to point out a rising number of cases of sick leave. For that purpose, we are working on a range of services under the employee-assistance program.

In terms of support for management of professional relations, most of our efforts were devoted to the team at the Ulluriaq Adolescent Centre, because, on one hand, the boys' unit was closed in March 2012. That closing led to personnel movement and layoffs. On the other hand, the unionization of all the personnel was also a major part of our priorities.

In the last annual report, we hoped that all the policies related to human-resources management would be adopted in 2010-2011. That objective remains a priority for the present year. Two other objectives are particularly important to us: the development of programs to support our personnel and the full revision of each job description.

Information systems

Telecommunication Network

We achieved a major goal during the year: the deployment of the Nunavik Telecommunications Network (NtN). The health sector's telecommunications network is managed by the Kativik Regional Government. With the collaboration of the KRG's telecommunications sector, the *CSPQ*, Sogique and the *MSSS*, we finally have a telecommunications network that will enable the deployment of clinical information systems throughout the region.

The NtN will have many positive impacts in the day-to-day activities; it will enable the clinical staff to securely access client information by the use of technology and will improve the effectiveness of clinicians' decisions in a minimal amount of time regardless of the community in which the client resides. The next phase of the NtN project will be the implementation of network-optimization equipment at each of the 29 health-sector sites, which will enhance the

transmission of data and ensure the confidentiality of the information being transmitted over the NtN.

Youth-Protection Information System

Another major project being deployed is the Youth-Protection Information System. The Inuulitsivik and Ungava Tulattavik Health Centres' Departments of Youth Protection have begun the initial preparation. The Youth-Protection Information System integrates three information systems on the clientele (youths and their parents). This information system will provide interveners and managers with immediate and accurate information on the youth clientele, thus allowing for better assessment of the clientele and greater effectiveness in the services.

Information-Resources Master Plan

The Nunavik Information-Resources Master Plan is being revised to reflect the changing regional and local realities. The revised plan will now be known as the "Nunavik eHealth Plan." The new plan will include the activities related to telehealth development as well as the Information-Resources Security Framework. The security of personal information continues to be a priority of the NRBHSS and the entire Nunavik health network. Our overall goal is to maximize Inuit ownership of programs and funding allocations in order to improve quality, access and control, improve the health of Inuit, and ensure all programs and services are culturally appropriate, well coordinated and holistic.

Telehealth

In collaboration with the McGill *RUIS*' VHSSC (virtual health and social services centre), telehealth equipment has been deployed in each of the 14 CLSCs of the region. The telehealth equipment will enable the clinical and administrative staff to have access 24 hours a day to the region's health centres as well as specialized services in the South.

You are welcome to consult the NRBHSS web site for current information at www.rrssl7.gouv.qc.ca.

Regional Department of Human-Resources Development

Message from the Director

This past year, we dealt with many issues related to training and hiring (DYP pilot project) as well as others related to working conditions (attraction-retention). We also filled two positions on the team after the departure of personnel officers Louise Samoisette and Chesley Mesher. They were replaced by Donna Davies and Erika-Anne Brisson, who have successfully assumed their new duties.

Jean-Pierre Charbonneau

Training

- Training program in social work: The training program destined for the Inuit personnel of the Departments of Youth Protection, offered in the North by a professor of Marie-Victorin College, continued this year. More than 12 sessions, held in Kuujjuaq, Inukjuak, Puvirnituq and Kuujjuaraapik, were attended by more than 25 participants. The cost of the training totalled close to \$300 000 (air transportation, daily allowance for participants, hotel, professor's salary and so forth). During the year, Claude Lévesque, professor, was replaced by Vanessa Legault. The transition went very smoothly. At the end of the training, in two years, the persons having completed the program will obtain a collegial attestation diploma in social work (recognition of assets and experience), which will qualify them for a new job title and a higher salary.
- Training program for *MNQ* interpreters: Two five-day sessions were offered (June 2011 and October 2011). The goal was to enable the interpreters to acquire a better understanding of medical terms, which facilitates their work and results in improved communications between the physicians and nurses and Inuit patients who speak only Inuktitut. More than eight persons participated in the training. Moreover, one woman from the Hudson coast also took the training and, for the current year (2011-2012), will be the multiplying agent by providing the same training in the North at the two health centres. This project was made possible thanks to a subsidy from McGill University.
- Again through a subsidy from McGill, an employee of the regional board underwent a four-week English immersion program in Nova Scotia.
- An adapted and customized training program on all the software in the *Office* suite was offered to all of the regional board's personnel; the training covered all levels, from beginner to expert.
- In the coming year (2012-2013), a new program will be offered to the Inuit personnel working in rehabilitation (youths in difficulty and their families). After an assessment of the needs, the training will help Inuit educators in establishing supportive relations, communicating with the clientele and within a work team, examining problems of bio-psychosocial adaptation, leading client groups, carrying out interventions involving adaptation and rehabilitation among youths with adjustment difficulties, performing rehabilitation activities among persons with psychiatric and substance-abuse disorders, and carrying out interventions among persons in crisis situations. After four years, the Inuit educators will be able to obtain collegial attestation in specialized education.

Hiring and Orientation

- Under the DYP pilot project, more than 13 professionals (DYP), 4 Inuit community workers, 3 professionals (CLSC), 4 educators and 1 management officer (rehabilitation), and 1 Planning and Programming officer (regional board) were hired.

- More than eight training and orientation sessions were organized for more than 39 interveners coming to work in the North and for 16 interveners and foster families from Ontario who provide services for Inuit youths placed in Ontario.
- To facilitate recruitment, we participated in several university career fairs (Gatineau, Ottawa, Montréal, McGill, Laval Trois-Rivières, Moncton, Rimouski, Sherbrooke) as well as in a convention (health and social services) for youth centres, psychoeducators and social workers at the Montréal Convention Centre.
- In relation to hiring, several visits were made to nearly all the Nunavik communities (more than 17 visits). More than 20 persons were hired for the two Departments of Youth Protection and the Department of Rehabilitation.
- To complement our recruitment activities, we visited four communities and met with secondary students for the purpose of promoting careers in the health sector.

Working Conditions

- In the summer 2011, our department was called on to join the employers' negotiating subcommittee, in relation to the Letter of Agreement no. 37 of the CSN collective agreement. That letter stipulates presentation of recommendations to the *MSSS* to facilitate the attraction and retention of personnel in the health sector (Regions 17 and 18). The letter outlines the scope of the recommendations for personnel under category 3 (office personnel) and category 4 (health and social services personnel), both technical and professional. Joint recommendations were sent to the *MSSS* on April 14, 2012, and will be applied in the near future. Aside from the introduction of a retention premium, which varies depending on sector (3, 4 and 5), they also include measures such as training programs for social aides, neighbourhood workers and administrative agents, classes 1 and 2. The goal of those programs will be to enable the persons with the above job titles to acquire new knowledge and thus become admissible for a new job title as technician in social assistance or administrative technician. The program will enable the persons concerned to undertake training in the North, offered by Marie-Victorin College. Further, the program provides for the supervision of the personnel concerned by a tutor, that is, someone who already holds the job title of technician or professional. Those tutors will also receive brief training (tutoring) and could be entitled to a 5% premium. Finally, the recommendations also include a budget that enables the local parties (employer and union) to establish measures for professional supervision and orientation programs for the personnel coming to work in the North for the first time.
- In relation to the previous issue, our department produced a comparative document on working conditions in Nunavik (KRG-KSB-Makivik-health sector-NVs). The study revealed that it is difficult for our sector to compete with other sectors in terms of hiring and retaining local personnel. This year, we will work with the *MSSS* to present recommendations to re-examine the issue of regional disparities.

- In the past year, our department was tasked by Executive Management to produce a complete file for presentation to the *MSSS*, in view of revising salary classes for senior management personnel and senior administrators of the regional board and in accordance with the established rules. The file was presented to the *MSSS*, which, in June 2011, confirmed an increase in nearly all the salary classes. The same effort was carried out by both health centres of our region, and the *MSSS* saw to establishing equity between the various positions for senior management and senior administrators in the region.

Other Activities

- Our department was mandated by Executive Management to proceed with the design of an organization plan in accordance with section 183 of the *Act respecting health services and social services*, which stipulates: “Every institution must prepare an administrative, professional and scientific organization plan. The plan shall describe the administrative structure of the institution, its divisions, services and departments as well as the clinical programs of the institution. The organization plan must be reviewed at least once every three years.” The draft organization plan was submitted to the members of the steering committee in the winter 2011 and will be the object of discussions and modifications; once the revision is complete, it will be presented to the board of directors for approval.
- Based on the manpower lists of our three organizations, our department produced a list of regional positions. That enabled us to determine, in August 2011, that our network has 708 full-time positions, 132 regular, part-time positions and 90 vacant positions, for a total of 773.82 full-time equivalent. The figures break down further as 312 persons from Nunavik and 438 from outside the territory, 5 positions for senior administrators, 22 for senior management, 64 for intermediate management, 134 under category 1 (nurses), 219 under category 2 (support personnel), 13 under category 3 (office personnel), 246 under category 4 (health and social services), 4 for pharmacists and 15 for midwives. Given the turnover rate in the North and the development of services, these statistics could easily fluctuate. Thus, in 2012-2013, we will acquire informatics tools through our payroll systems, which should facilitate updates and the production of various types of data related to manpower planning.

Department of Out-of-Region Services

Message from the Director

Since its creation in 2009, the Department of Out-of-Region Services continues to oversee and manage the Insured/Non-Insured Health Benefits (INIHB) program in collaboration with the region's two health centres.

Besides managing the department, I am also involved in various regional and special committees.

A committee closely tied to the NRBHSS' mandate and mission is the Regional Committee on the Management of Patient Services (RCMPS). This committee is an advisory body mandated to support the health centres in their work at establishing the broad regional orientations concerning programs and service organization. This committee's mandate also includes providing recommendations concerning the organization of the *Module du Nord Québécois* (Northern Québec Module, or *MNQ*) and improving the services provided for patients in Montreal.

Another committee, which I also chair, is the Nunavik Youth House Association Advisory Committee. Its mandate is to set regional priorities in relation to youth-centre programming and training of staff members. An important ongoing task of this committee is the development of the renovation and replacement plan of all youth centres. In collaboration with the NRBHSS, a technical needs-analysis report was the subject of discussion on this committee. A pilot project to replace youth centres has been elaborated and will target two or three communities in the beginning.

Homelessness among Inuit in Montreal is an ever-increasing concern for many. A multi-partner committee was created in 2010 and my participation in this was active. The partners in this committee range from representatives of the City of Montreal, the Association of Montreal Inuit, Projet Autochtones du Québec (night shelter in Montreal) and many others.

Another committee I was involved in is the Inuit Tuttarvingat Governing Committee, a committee within the National Aboriginal Health Organization.

One of the more important and critical files under my responsibility is the relocation of the *MNQ*. In this fiscal year, much work was done negotiating with the *MSSS* to obtain authorization to submit a project so that a permanent solution can be found for the *MNQ* offices and lodging facilities. Work is under way to issue a public call for tender so that efforts can continue in 2013.

Larry Watt

Insured/Non-Insured Health Benefits (INIHB)

The INIHB program offers a limited number of goods and services that are not already provided for beneficiaries of the *JBNQA* by other agencies or through other Québec programs.

The INIHB covers the following health benefits further detailed in the Reference Framework Agreement (2011):

- prescription medications;
- over-the-counter medications and patent drugs;
- medical supplies;
- transportation for health reasons, patient escorts, interpreters, lodging;
- eye care, including spectacles and contact lenses when required for medical reasons;
- dental care;
- hearing aids;
- mental-health services (short term);
- reimbursement of prescription fees.

Department Activities

- In the fall 2011, the INIHB officer attended the biannual ITK Inuit-Specific Technical Working Group meeting in Labrador.
- Janie Paquet, INIHB officer, decided to leave Nunavik after almost six years of service at the NRBHSS.
- In December 2011, Lyse Perron started her training to become the new officer for the program. She previously worked at the Ungava Tulattavik Health Centre for one year (Department of Professional Services).
- In February 2012, Mrs. Paquet and Mrs. Perron went to the biannual ITK meeting in Ottawa. This meeting was an opportunity for the four Canadian northern regions to meet and share. A number of meetings with Health Canada were also on the agenda.
- A project to develop a user guide within the ITK working group went well and there will be a section applicable to each of the four Inuit regions in Canada.
- The Regional User Transportation Policy will be presented to the board of directors for adoption in the near future. We acknowledge the professional contribution of Martine Boudreau (medical affairs) towards the revision of this policy.

Department Objectives for 2012-2013

- Find a way to publish the user guide for Nunavik. This tool should be presented and distributed to each of the communities of Nunavik. A visit to each village would be the best way to meet the beneficiaries and the health professionals and improve communications.
- Put the user guide on the NRBHSS Internet site for reference.
- Create a user-friendly reimbursement form for the beneficiaries.
- Meet as much as possible with health-sector collaborators and improve communications with a view to improving the services provided under the INIHB program to beneficiaries.
- Find ways to improve the services for the beneficiaries and the health-care providers.
- Modify the INIHB program to improve out-of-region services with respect to the following: providing respirators, providing access to maxillofacial surgery, recruiting foster homes for children which provide specialized treatment and care when outside of hospital while in the South and including in the program patients staying for extended periods in the South for medical reasons.

**NUNAVIK REGIONAL BOARD OF
HEALTH AND SOCIAL SERVICES
SUMMARY FINANCIAL REPORT
MARCH 31, 2012**

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
SUMMARY FINANCIAL REPORT
MARCH 31, 2012**

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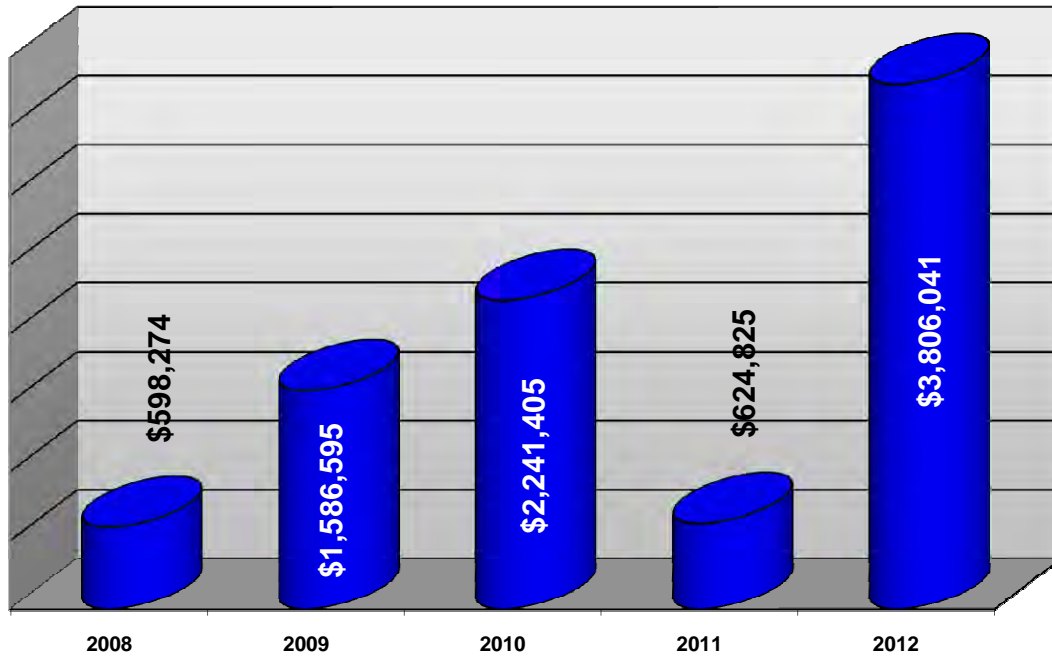
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**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
SYNOPSIS REVIEW
MARCH 31, 2012**

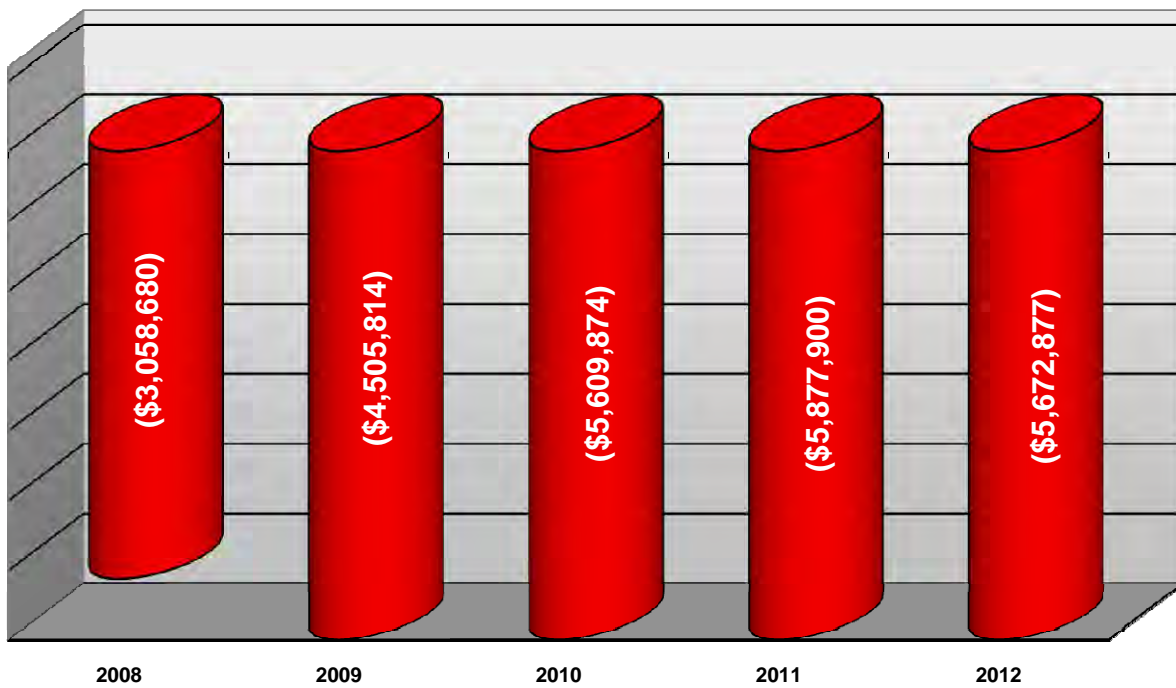
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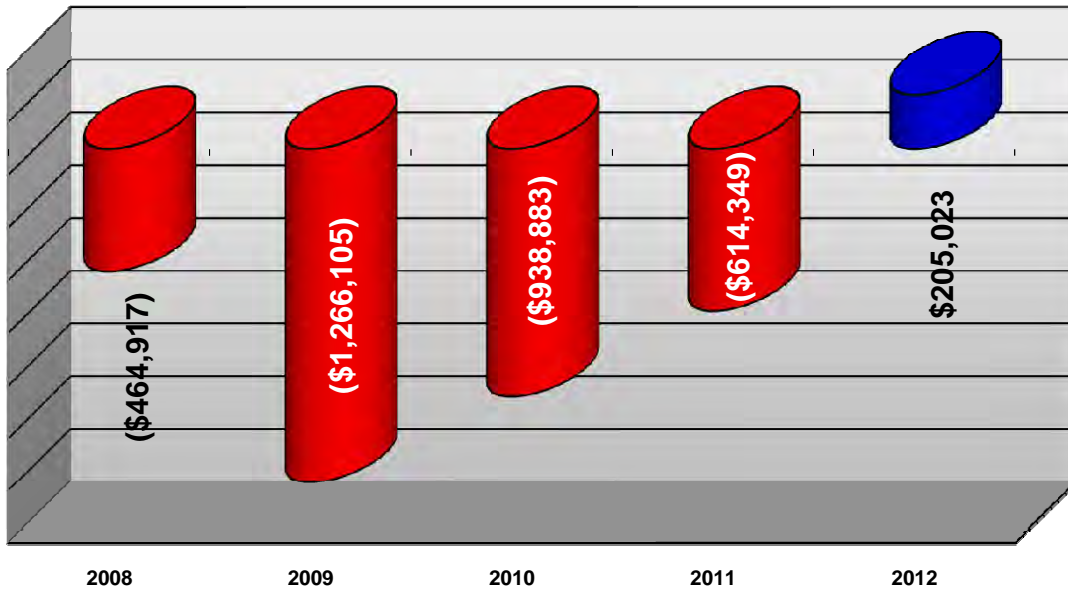
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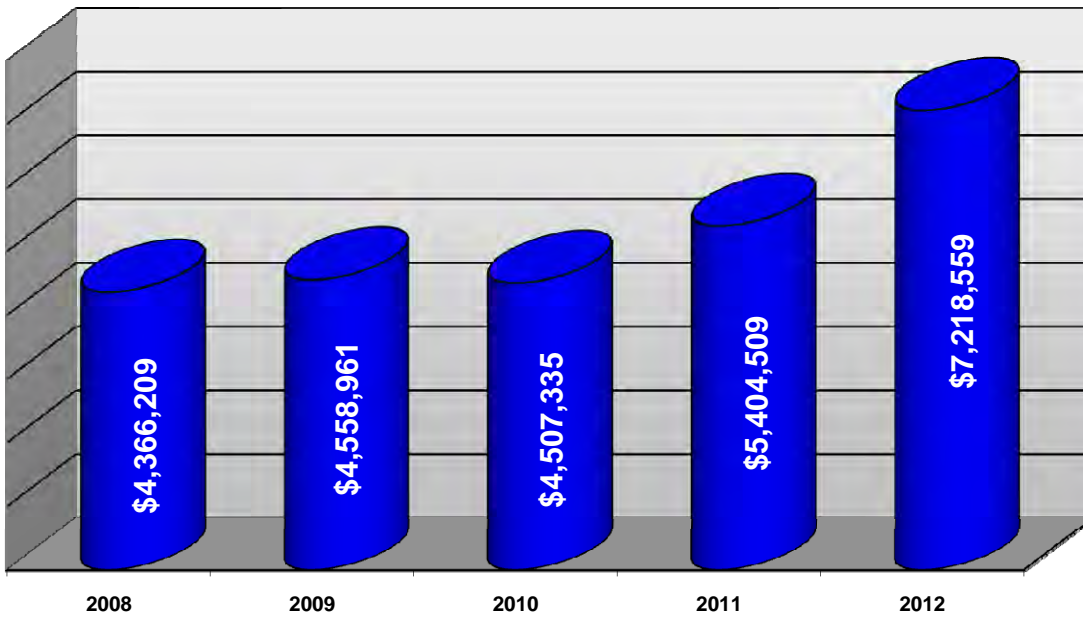
OPERATING FUND - FUND BALANCE



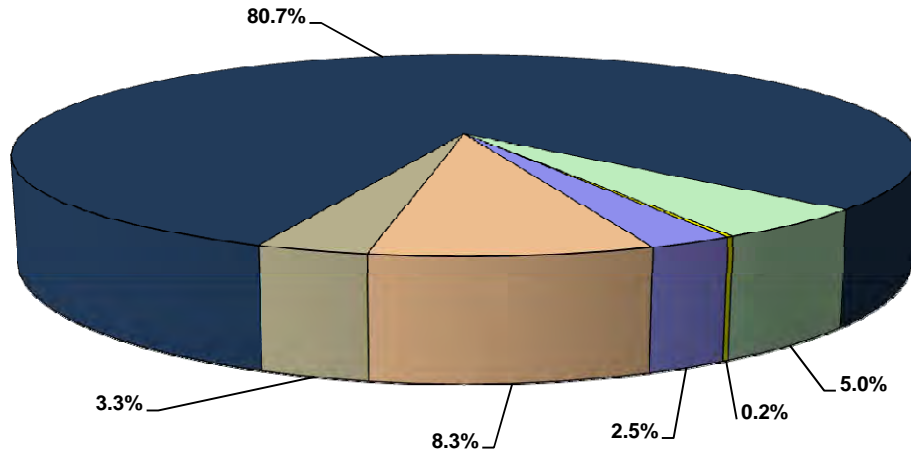
**OPERATING FUND - EXCESS (DEFICIENCY)
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**OPERATING FUND - EVOLUTION OF THE HEALTH
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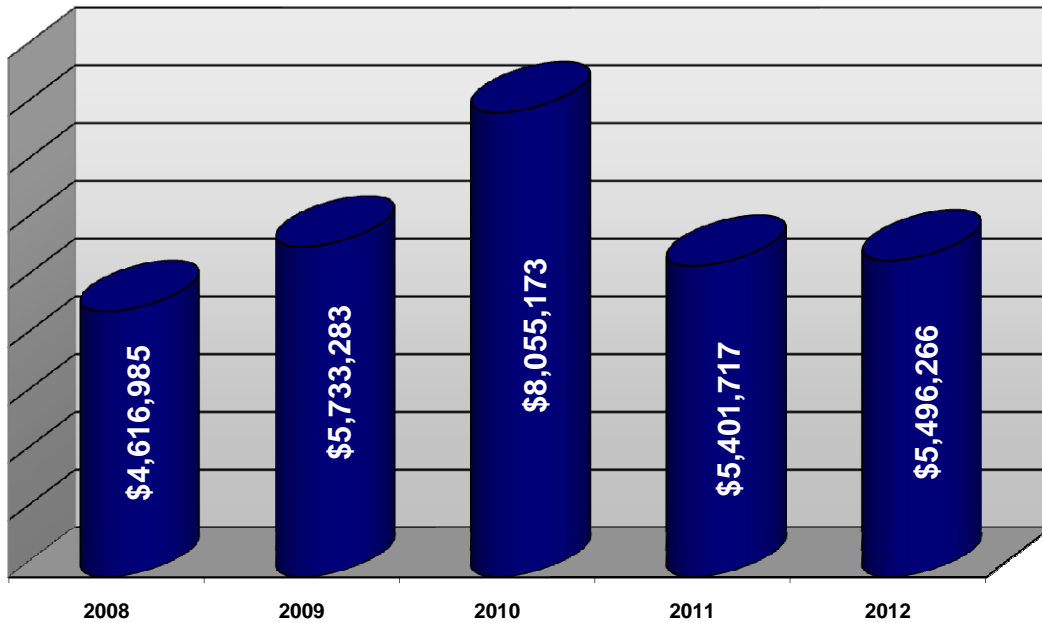


OPERATING FUND - SOURCES OF REVENUE FOR THE YEAR

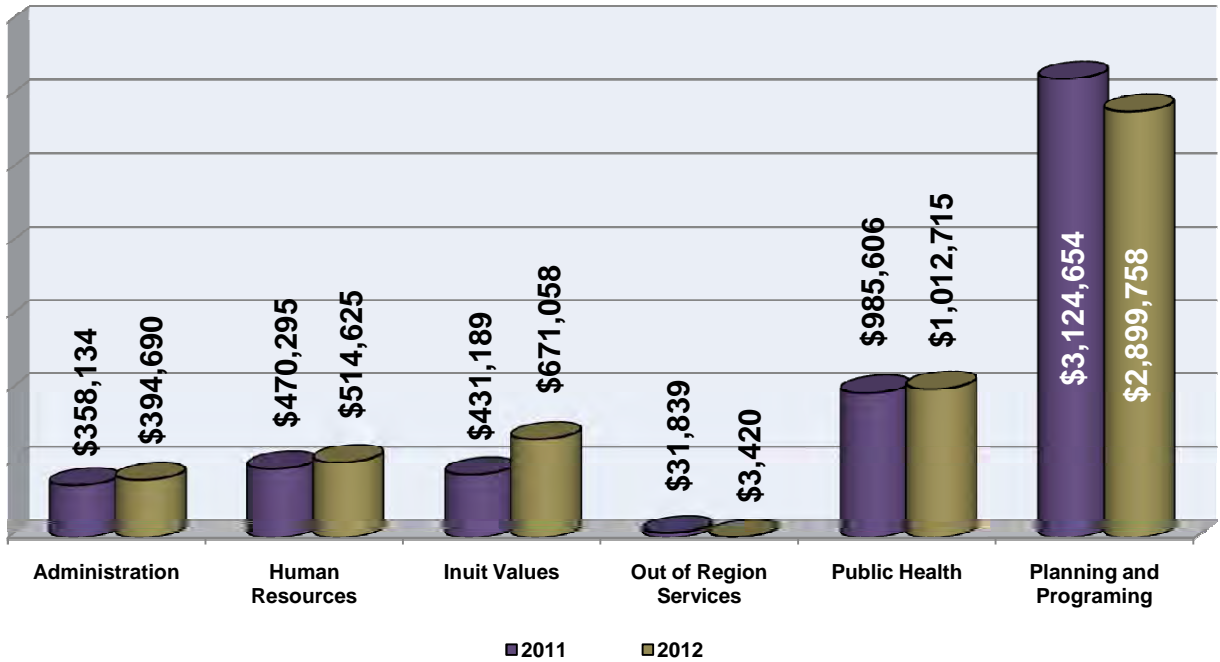


- Municipal Affairs (3.3%) ■ Health and Social Services (80.7%) ■ Housing Rental (5.0%)
- Interest Income (0.2%) ■ Administration Fees (2.5%) ■ Other Revenue (8.3%)

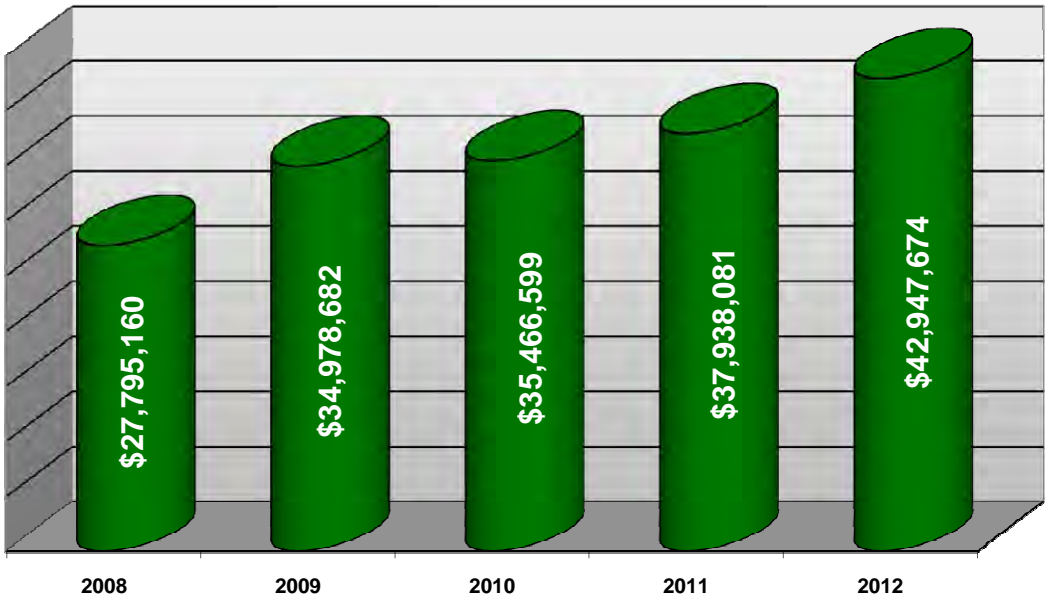
ASSIGNED FUND - FUND BALANCE



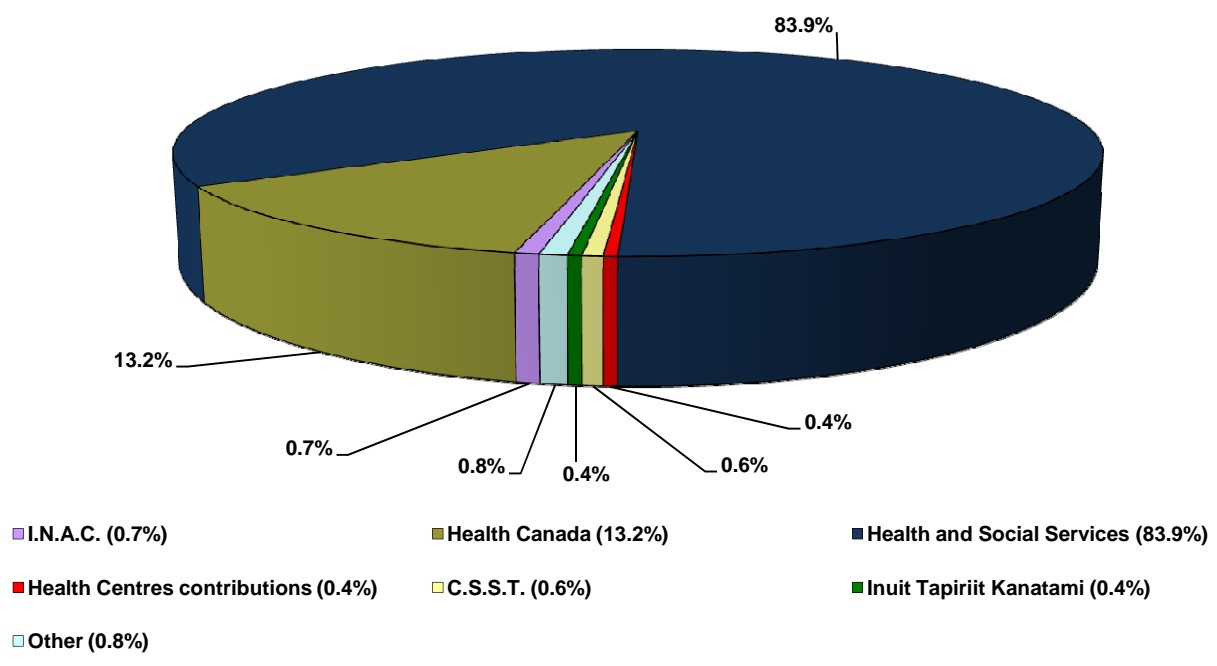
ASSIGNED FUND - FUND BALANCE BY DEPARTMENT



ASSIGNED FUND - EVOLUTION OF THE HEALTH AND SOCIAL SERVICES' GRANTS



ASSIGNED FUND - SOURCES OF REVENUE FOR THE YEAR



**NUNAVIK REGIONAL BOARD
OF HEALTH AND SOCIAL SERVICES
SUMMARY FINANCIAL STATEMENTS
MARCH 31, 2012**

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
SUMMARY FINANCIAL STATEMENTS
MARCH 31, 2012**

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**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
COMBINED BALANCE SHEET
MARCH 31, 2012**

	2012	2011
	\$	\$
FINANCIAL ASSETS		
CASH	3,806,041	624,825
ACCOUNTS RECEIVABLE	81,902,287	126,599,342
	85,708,328	127,224,167
LIABILITIES		
BANK LOANS	5,727,212	8,151,572
TEMPORARY FINANCING	33,267,204	48,556,290
ACCOUNTS PAYABLE AND ACCRUED CHARGES	23,624,758	61,610,727
DEFERRED REVENUE	488,193	-
BONDS PAYABLE	35,175,902	19,633,009
	98,283,269	137,951,598
NET FINANCIAL ASSETS (NET DEBT)	(12,574,941)	(10,727,431)
NON-FINANCIAL ASSETS		
CAPITAL ASSETS	12,398,330	10,251,248
	12,398,330	10,251,248
FUND BALANCE		
FUND BALANCE	(176,611)	(476,183)

APPROVED ON BEHALF OF THE BOARD:

_____, Member

_____, Member

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
 COMBINED STATEMENT OF VARIATION OF
 NET FINANCIAL ASSETS (NET DEBT)
 YEAR ENDED MARCH 31, 2012**

	2012	2011
	\$	\$
SURPLUS (DEFICIT) FOR THE YEAR	299,572	(3,000,881)
Restatement - Accounting Change April 1, 2008	-	(6,964,457)
Restatement - Accumulated Payroll Banks (note 11)	-	(420,000)
Capital Assets Variation		
Acquisition of Capital Assets	(2,695,886)	(3,812,558)
Amortization of Capital Assets - Restated (note 12)	548,804	525,767
	(2,147,082)	(3,286,791)
VARIATION OF THE NET FINANCIAL ASSETS (NET DEBT)	(1,847,510)	(13,672,129)
BEGINNING BALANCE - NET FINANCIAL ASSETS (NET DEBT)	(10,727,431)	2,944,698
ENDING BALANCE - NET FINANCIAL ASSETS (NET DEBT)	(12,574,941)	(10,727,431)

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
 COMBINED STATEMENT OF CHANGES IN FUND BALANCE
 YEAR ENDED MARCH 31, 2012**

	2012	2011
	\$	\$
FUND BALANCE - BEGINNING OF YEAR	(476,183)	16,241,100
Restatement - Accounting Change April 1, 2008	-	(6,964,457)
Restatement - Accumulated Payroll Banks (note 11)	-	(420,000)
Restatement - Accumulated Amortization of Capital Assets (note 12)	-	(6,331,945)
FUND BALANCE - BEGINNING OF YEAR, as Restated	(476,183)	2,524,698
Excess (Deficiency) of Revenue over Expenses	299,572	(3,000,881)
FUND BALANCE - END OF YEAR	(176,611)	(476,183)

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
COMBINED STATEMENT OF REVENUE AND EXPENSES
YEAR ENDED MARCH 31, 2012**

	2012	2011
	\$	\$
REVENUE		
Grants and Contributions	60,052,226	51,459,694
Housing Rental	446,946	561,335
Municipal Affairs	299,597	281,208
Administration Fees	226,773	301,467
Interest Income	18,382	7,612
Other Revenue	722,266	5,525
	61,766,190	52,616,841
DEFERRED REVENUE - BEGINNING OF YEAR	-	233,323
DEFERRED REVENUE - END OF YEAR (note 4)	(488,193)	-
	(488,193)	233,323
	61,277,997	52,850,164

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
COMBINED STATEMENT OF REVENUE AND EXPENSES (CONT'D)
YEAR ENDED MARCH 31, 2012**

	2012	2011
	\$	\$
EXPENSES		
Salaries and Fringe Benefits	9,231,563	7,977,923
Administration Fees	226,773	289,505
Advertising and Publicity	386,848	195,122
Amortization	548,804	525,767
Bad Debts (Recovery)	(27,167)	83,182
Equipment Rental	118,481	51,609
Freight Charges	106,915	50,326
Heating and Electricity	375,382	291,361
Honorarium	288,497	161,400
Housing Rental	330,013	703,680
Insurance	25,316	22,724
Interest and Bank Charges	1,156,426	1,426,852
Landleases	35,952	33,974
Local Activities	19,535	442,591
Maintenance and Repairs	60,397	55,635
Municipal Services	299,597	281,208
Office Expenses	937,169	536,349
Professional Fees	415,990	171,446
Publication and Membership	9,729	-
Purchased Services	2,512,409	3,568,801
Telecommunication	224,928	178,921
Training and Education	109,953	23,671
Transfers to Organizations	1,868,509	1,643,020
Transfers to Inuulitsivik Health Centre	26,706,388	24,256,419
Transfers to Tulattavik Health Centre	12,323,578	10,537,308
Travel and Accommodation	2,456,083	2,187,301
Vehicle Expenses	52,582	33,111
Other	177,775	121,839
	60,978,425	55,851,045
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES	299,572	(3,000,881)

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
OPERATING FUND - BALANCE SHEET
MARCH 31, 2012**

	2012	2011
	\$	\$
FINANCIAL ASSETS		
CASH	3,680,316	532,210
ACCOUNTS RECEIVABLE (note 2 a))	2,386,999	3,286,867
	6,067,315	3,819,077
LIABILITIES		
ACCOUNTS PAYABLE AND ACCRUED CHARGES	4,004,282	3,806,558
DUE TO LONG-TERM ASSETS FUND (note 7)	209,742	131,425
DUE TO ASSIGNED FUND (note 7)	7,037,975	5,758,994
DEFERRED REVENUE (note 4)	488,193	-
	11,740,192	9,696,977
NET FINANCIAL ASSETS (NET DEBT)	(5,672,877)	(5,877,900)
FUND BALANCE		
FUND BALANCE	(5,672,877)	(5,877,900)

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
OPERATING FUND - STATEMENT OF CHANGES IN FUND BALANCE
YEAR ENDED MARCH 31, 2012**

	2012 \$	2011 \$
FUND BALANCE - BEGINNING OF YEAR	(5,877,900)	(5,109,874)
Restatement - Accrued Payroll Banks (note 11)	-	(153,677)
FUND BALANCE - BEGINNING OF YEAR, as Restated	(5,877,900)	(5,263,551)
Excess (Deficiency) of Revenue over Expenses - Regular Operations	205,023	(614,349)
FUND BALANCE - END OF YEAR	(5,672,877)	(5,877,900)

As at March 31, 2012, the balance is composed of:

Regular Operations	(5,699,742)	(5,904,765)
Special Projects		
- Planning and Programming - Nurse Retention (#792)	26,865	26,865
	(5,672,877)	(5,877,900)

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
OPERATING FUND
STATEMENT OF REVENUE AND EXPENSES
YEAR ENDED MARCH 31, 2012**

	2012	2011
	\$	\$
REVENUE		
Health and Social Services	7,218,559	5,404,509
Dossier Santé Québec	-	20,798
Housing Rental	446,946	561,335
Municipal Affairs	299,597	281,208
Inuit Tapiriit Kanatami	15,000	-
Kativik Regional Government - Employment & Training	9,428	-
Administration Fees	226,773	301,467
Interest Income	18,382	7,612
Other	722,266	5,525
	8,956,951	6,582,454
DEFERRED REVENUE - BEGINNING OF YEAR	-	233,323
DEFERRED REVENUE - END OF YEAR (note 4)	(450,000)	-
	(450,000)	233,323
	8,506,951	6,815,777
EXPENSES		
General Administration	6,274,822	5,837,151
Community Health Advisors	1,279,628	922,322
Building Operating Costs	747,478	670,653
	8,301,928	7,430,126
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES	205,023	(614,349)

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
LONG-TERM ASSETS FUND - BALANCE SHEET
MARCH 31, 2012**

	2012	2011
	\$	\$
FINANCIAL ASSETS		
CASH	125,725	92,615
DUE FROM OPERATING FUND (note 7)	209,742	131,425
ACCOUNTS RECEIVABLE (note 2 c)	61,436,521	65,898,915
	61,771,988	66,122,955
LIABILITIES		
BANK LOANS (note 5)	5,727,212	8,151,572
ACCOUNTS PAYABLE AND ACCRUED CHARGES	-	33,332
TEMPORARY FINANCING	33,267,204	48,556,290
BONDS PAYABLE	35,175,902	19,633,009
	74,170,318	76,374,203
NET FINANCIAL ASSETS (NET DEBT)	(12,398,330)	(10,251,248)
NON-FINANCIAL ASSETS		
CAPITAL ASSETS (note 3)	12,398,330	10,251,248
	12,398,330	10,251,248
FUND BALANCE		
FUND BALANCE	-	-

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
LONG-TERM ASSETS FUND
STATEMENT OF CHANGES IN FUND BALANCE
YEAR ENDED MARCH 31, 2012**

	2012	2011
	\$	\$
FUND BALANCE - BEGINNING OF YEAR	-	13,296,402
Restatement - Accounting Change April 1, 2008	-	(6,964,457)
Restatement - Accumulated Amortization of Capital Assets (note 12)	-	(6,331,945)
FUND BALANCE - BEGINNING OF YEAR, as Restated	-	-
Excess (Deficiency) of Revenue over Expenses	-	-
FUND BALANCE - END OF YEAR	-	-

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
LONG-TERM ASSETS FUND
STATEMENT OF REVENUE AND EXPENSES
YEAR ENDED MARCH 31, 2012**

	2012	2011
	\$	\$
REVENUE		
Health and Social Services - Interest Reimbursement	1,043,308	1,311,370
Health and Social Services - Capital Reimbursement	548,804	138,500
Contribution from Operating fund	-	387,267
	1,592,112	1,837,137
EXPENSES		
Interest Charges	1,043,308	1,311,370
Amortization	548,804	525,767
	1,592,112	1,837,137
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES	-	-

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
ASSIGNED FUND - BALANCE SHEET
MARCH 31, 2012**

	2012	2011
	\$	\$
FINANCIAL ASSETS		
DUE FROM OPERATING FUND (note 7)	7,037,975	5,758,994
ACCOUNTS RECEIVABLE (note 2 b)	18,078,767	57,413,560
	25,116,742	63,172,554
LIABILITIES		
ACCOUNTS PAYABLE AND ACCRUED CHARGES	19,620,476	57,770,837
	19,620,476	57,770,837
NET FINANCIAL ASSETS (NET DEBT)	5,496,266	5,401,717
FUND BALANCE		
FUND BALANCE	5,496,266	5,401,717

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
ASSIGNED FUND - STATEMENT OF CHANGES IN FUND BALANCE
YEAR ENDED MARCH 31, 2012**

	Project Number	Fund Balance Beginning of Year \$	Restatement (note 11) \$	Revenue \$	Expenses \$	Fund Balance End of Year \$
ADMINISTRATION						
Provincial funds						
Housing Construction	701	(77,186)	-	-	-	(77,186)
PACS Teleradiology	702	(49,052)	-	-	-	(49,052)
MEO Technology Orientation	759	29,291	-	-	-	29,291
Emergency Measures	998	83,114	(7,935)	994,796	933,732	136,243
Banwidth Enhancement Project	8860	359,935	-	-	115,818	244,117
Other funds						
Pandemic Influenza	8001	(34,151)	-	-	-	(34,151)
Technocentre	8840	-	-	211,006	211,006	-
Regional Administrative Services	8891-92	153,634	(99,516)	332,804	241,494	145,428
		465,585	(107,451)	1,538,606	1,502,050	394,690
HUMAN RESOURCES						
Provincial funds						
Training to Inuit on Medical Terminology	8022	107,289	-	-	-	107,289
Federal funds						
Aboriginal Health Human Resources Initiative	811	371,924	-	204,280	138,148	438,056
Other funds						
Staff Training Youth Protection	818	(8,918)	-	263,263	285,065	(30,720)
		470,295	-	467,543	423,213	514,625
INUIT VALUES						
Provincial funds						
Managerial Staff Development	610	(416)	-	36,186	30,967	4,803
Midwifery Program	901	12,198	-	-	4,689	7,509
Regional Midwifery	8016	84,000	-	-	4,274	79,726
Federal funds						
Brighter Futures	699	70,189	-	1,203,893	1,204,881	69,201
Indian Residential Schools	819	159,471	-	467,692	216,572	410,591
Other funds						
Aboriginal Healing Foundation	800	(14,509)	-	10,000	-	(4,509)
ITK - Regional Engagement Coordinator	804	82,683	-	173,000	189,519	66,164
Certificate in Health and Social Services Management	814	(500)	-	-	-	(500)
McGill Social Workers' Project	815	38,073	-	-	-	38,073
		431,189	-	1,890,771	1,650,902	671,058
OUT OF REGION SERVICES						
Provincial funds						
Insured/Non-Insured Health Benefits Program	938	-	-	36,267,416	36,267,416	-
Insured/Non-Insured Health Benefits Management	939	50,931	(19,092)	275,000	303,419	3,420
		50,931	(19,092)	36,542,416	36,570,835	3,420

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
ASSIGNED FUND - STATEMENT OF CHANGES IN FUND BALANCE (CONT'D)
YEAR ENDED MARCH 31, 2012

	Project Number	Fund Balance		Revenue	Expenses	Fund Balance End of Year
		Beginning of Year	Restatement (note 11)			
		\$	\$	\$	\$	\$
PUBLIC HEALTH						
Provincial funds						
Smoking Action Plan	913	(3,070)	-	-	-	(3,070)
Food Safety Project	915	12,064	-	-	3,075	8,989
Breast Cancer Screening Program - Regional	916	(1,178)	-	-	-	(1,178)
Quebec Smoking Cessation Program	926	17,726	-	31,664	18,925	30,465
Kinesiology	931	210,965	-	-	7,064	203,901
Integrated Perinatal and Early Children	933	-	-	111,540	-	111,540
AIDS and STD - Information and Prevention	956	31,833	-	84,500	56,760	59,573
Hepatitis C	959	9,335	-	1,800	-	11,135
Nosocomial Infections	960	1,880	-	-	-	1,880
STBI Research Project	968	18,569	-	-	9,345	9,224
Breast-Feeding Campaign	8004	410	-	-	-	410
Air Quality for Nunavik Residents	8017	13,410	-	-	-	13,410
PSSP Management Fees	8019	14,000	-	-	-	14,000
Federal funds						
Health Consultation	600	(50,000)	-	-	-	(50,000)
NNHC Functioning	614	12,389	-	114,464	114,008	12,845
Tobacco Federal Program	631	(33,066)	-	-	-	(33,066)
NNHC Communication	632	10,068	-	(9,886)	-	182
FASD	634	191,713	-	351,762	227,522	315,953
Diabetes	693	94,130	-	673,253	673,081	94,302
Perinatal Nutritional Program	696	22	-	296,196	292,923	3,295
AHTF Healthy Living in School and Substance Abuse	809	97,335	-	(92,925)	-	4,410
Nutrition North Canada	820	14,654	-	496,858	496,201	15,311
Communication Plan	821	-	-	78,953	72,329	6,624
Training in Smoking Prevention	822	-	-	131,725	131,725	-
Other funds						
Occupational Health and Safety	611	148,481	-	313,828	439,668	22,641
Kino Quebec	612	86,937	-	53,692	19,951	120,678
Injuries Prevention Research	655	4,915	-	-	-	4,915
Vaccines B - Sec. 5	660	74,401	-	25,520	73,036	26,885
Arctic Net Project	668	26,109	-	-	-	26,109
Inuit Health Survey	690	(73,561)	-	-	-	(73,561)
Dental Health for Primary School	803	11,305	-	-	-	11,305
Literacy Learning - "How I Quit Smoking"	805	43,010	-	-	-	43,010
NAHO Health Analyst	807	514	-	-	(84)	598
Born Smoke Free and Blue Light Campaigns	816	306	-	-	306	-
		985,606	-	2,662,944	2,635,835	1,012,715
PLANNING AND PROGRAMMING						
Provincial funds						
Managers' Training	640	430	-	-	-	430
Training Medical - Legal Kit	790	21,074	-	30,120	4,914	46,280
Women's Health Program	791	166,319	-	-	2,389	163,930
Installation Premiums and Training	920-921-923	543,876	-	921,603	738,220	727,259
External Residency in Family Medicine	922	(445,881)	-	-	3,961	(449,842)
Regional Committees against Violence	932	65,000	-	-	19,814	45,186
Cancer	962	40,250	-	-	-	40,250

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
ASSIGNED FUND - STATEMENT OF CHANGES IN FUND BALANCE (CONT'D)
YEAR ENDED MARCH 31, 2012

	Project Number	Fund Balance			Fund Balance	
		Beginning of Year	Restatement (note 11)	Revenue	Expenses	End of Year
		\$	\$	\$	\$	\$
PLANNING AND PROGRAMMING (CONT'D)						
Provincial funds (cont'd)						
Young Parents	972	(10,025)	-	10,025	-	-
Training - Nurse, Social Workers	977	42,936	-	-	-	42,936
Mental Health - Training on Crisis Management	8005	694	-	-	-	694
Suicide Prevention - Training	8006	303,203	-	-	111,876	191,327
Violence against Women - Training	8007	223,395	-	-	9,430	213,965
Community Organization - Training	8008	230,568	-	-	9,175	221,393
Mental Health - Support on Clinical Projects	8009	274,704	-	-	198,106	76,598
Suicide Prevention - Regional Strategy	8010	512,294	-	-	583	511,711
Breast Cancer - Diagnostic and Patient Support	8011	3,809	-	-	-	3,809
Services to Elders	8012	67,159	-	-	-	67,159
Training - Network Employees	8013	57,558	-	-	27,066	30,492
Sexual Harassment Intervention Team	8015	56,143	-	-	1,384	54,759
Dependencies	8020	133,341	(1,834)	171,512	168,355	134,664
Training on Attention & Hyperactivities	8021	60,721	-	-	-	60,721
Elder Abuse Prevention	8023	27,555	-	-	10,234	17,321
Youth Program - Regional Coordinator	9008	(86,043)	-	86,043	-	-
Training on Crisis Management	9052	37,386	-	-	-	37,386
Mental Health	9053	120,330	-	-	7,490	112,840
Speech Pathology - Training Daycare	9075	126,132	-	-	127,840	(1,708)
Psycho-Social Committee	9077	21,092	-	-	17,683	3,409
Speech Pathology - Program Development	9078	951	-	-	-	951
CLSC - Regional Development Strategy	9079	13,400	-	-	-	13,400
Development Problems - Regional Committee	9080	37,754	-	-	18,301	19,453
Intellectual Deficiency - Evaluation Chart	9081	13,704	-	-	-	13,704
Federal funds						
Home and Community Care	618	21,967	-	2,110,110	2,088,877	43,200
Disabled Adults Care	694	13,583	-	-	-	13,583
Family Violence	695	(5,446)	-	156,328	117,266	33,616
Community Mental Health	697	301,062	-	870,719	870,719	301,062
Suicide Prevention Strategy	698	49,496	-	86,000	84,918	50,578
AHTF Adaptation Plan - Clinical Projects	802	14,164	-	(13,857)	-	307
AHTF Integration Plan - Mental Health	806	83,725	-	-	-	83,725
Other funds						
Best Practices for Elders' Residences	812	4,220	-	-	-	4,220
Liaison Agent Training Program	813	52,263	-	-	-	52,263
Ulluriaq Adolescent Centre	817	-	(137,946)	3,648,316	3,648,288	(137,918)
Suicide Prevention	963	30,951	-	-	-	30,951
Youth Protection Reorganization	9007	(19,375)	-	19,375	-	-
National Training Program	9076	57,995	-	-	34,301	23,694
		3,264,434	(139,780)	8,096,294	8,321,190	2,899,758
		5,668,040	(266,323)	51,198,574	51,104,025	5,496,266

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
NOTES TO SUMMARY FINANCIAL STATEMENTS
MARCH 31, 2012

1. REPORTING ENTITY

Nunavik Regional Board of Health and Social Services is an organization created in pursuance of the James Bay Agreement. As of May 1st, 1995, the rights and obligations of the Kativik CRSSS has become the rights and obligations of the Nunavik Regional Board of Health and Social Services.

2. ACCOUNTS RECEIVABLE

	2012 \$	2011 \$
a) Operating Fund		
Health and Social Services	117,350	1,507,245
Health and Social Services - Payroll Banks (note 11)	513,973	513,973
Employee Advances	3,689	6,957
GST/QST Rebates	983,084	517,889
Inuulitsivik Health Centre	236,328	302,253
Tulattavik Health Centre	183,495	312,095
Other	435,040	239,582
	2,472,959	3,399,994
Provision for Bad Debts	(85,960)	(113,127)
	2,386,999	3,286,867
b) Assigned Fund		
Indian and Northern Affairs Canada	36,362	143,522
Health Canada	334,003	749,305
Health and Social Services - INIHB (note 8)	17,357,302	54,651,981
Health and Social Services - Various	255,000	1,714,527
Other	96,100	154,225
	18,078,767	57,413,560
c) Long-Term Assets Fund		
Health and Social Services - Accounting Change April 1, 2008	56,275,403	61,043,284
Advance to Establishment	5,161,118	4,855,631
	61,436,521	65,898,915

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
NOTES TO SUMMARY FINANCIAL STATEMENTS
MARCH 31, 2012

3. CAPITAL ASSETS

The capital assets are composed of the following:

	2012		2011
	Cost	Accumulated Amortization	Net Book Value
	\$	\$	\$ Restated (note 12)
Buildings	16,488,410	4,198,686	12,289,724
Computers	2,752,434	2,722,059	30,375
Furniture and Equipment	332,770	321,077	11,693
Specialized Equipment	93,937	58,669	35,268
Vehicles	137,295	106,025	31,270
	19,804,846	7,406,516	12,398,330
			10,251,248

4. DEFERRED REVENUE

The deferred revenue is composed of the following:

	2012	2011
	\$	\$
Health and Social Services - Health SRP	250,000	-
Health and Social Services - Action Plan	200,000	-
Quebec Workman Compensation Board - C.S.S.T.	38,193	-
	488,193	-

5. BANK LOANS - LONG-TERM ASSETS FUND

The bank loans are used to cover capital expenses, awaiting the reception of the funds from Financement-Québec. They are composed of ten (10) revolving authorized credit margins with the Canadian Imperial Bank of Commerce, bearing interest at prime rate and maturing at different dates.

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
NOTES TO SUMMARY FINANCIAL STATEMENTS
MARCH 31, 2012

6. PREVIOUS YEARS' ANALYSES

The MSSS final analyses of the 2003-2004, 2004-2005, 2005-2006, 2006-2007, 2007-2008, 2008-2009, 2009-2010 and 2010-2011 financial reports were not available at the time of issuance of the present financial statements. Any adjustments resulting from these analyses will be reflected in the 2012-2013 financial statements.

7. INTERFUND ACCOUNTS

The Regional Board operates one bank account for the Operating Fund and the Assigned Fund; certain transactions can also include the Long-term Assets Fund. At year-end, interfunds transactions are accounted for and presented as "Due to" and "Due from" one fund to the other.

8. INSURED AND NON-INSURED HEALTH BENEFITS

The Nunavik Regional Board of Health and Social Services (NRBHSS) signed a specific agreement with MSSS in relation to the Insured and Non-Insured Health Benefits (INIHB) on February 15, 2011.

Based on this agreement, the NRBHSS has the direct responsibility for the management of the INIHB and its related funds. For this purpose the NRBHSS was to elaborate, approve and implement specific policies and procedures for the administration of the program.

However, such policies and procedures did not exist during the 2009-2010 financial year. Only an update of the patients' transportation policy was approved during the 2005-2006 financial year. This policy does not cover all the specific criteria of the INIHB and it is followed and applied only in part. Furthermore, a portion of the funds received by the NRBHSS for the INIHB was reimbursed to the establishments upon presentation of invoices, without any conditions or guidelines.

Due to the absence of the policies and procedures, the specific audit mandate related to INIHB could not be conducted on the majority of the activities and funds related to INIHB.

Only the portion of the program related to eyeglasses, dental prosthesis as well as medications, medical supplies and equipment outside the region was subject to a special audit. This portion represents about 3% of the total cost of the INIHB. Following is the outcome of this audit:

- The related policies and procedures of Health Canada are followed and applied. A derived draft policy of the NRBHSS was available but no proof of its approval by the Board;
- All expenses could be traced to patients' names on the beneficiaries list;
- Since 2004-2005 is the first year of application of the INIHB, no historical data was available. It was however clear that eyeglasses and dental prosthesis were claimed only once by the same patient;
- The disbursements related to medications outside the region were not always in line with the list of approved medications of Health Canada. The list of medications of the RAMQ was also used at times;
- It was not evident that generic medications were favoured at all times.

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
NOTES TO SUMMARY FINANCIAL STATEMENTS
MARCH 31, 2012

8. INSURED AND NON-INSURED HEALTH BENEFITS (CONT'D)

In addition, as at the date of issuance of the present financial statements, the MSSS did not confirm the balance of the funds payable to the NRBHSS in relation to the INIHB. This balance is recorded as part of the accounts receivable as follows:

	\$
2011-2012	17,357,302
	<hr/> 17,357,302 <hr/>

9. PURCHASING PROCEDURES

The Regional Board does not have approved purchasing policies and procedures and certain purchases were conducted without proper calls for tender.

10. NEW HOUSING UNITS

In 2008-2009, the Regional Board constructed fifty-four (54) new housing units. Six (6) of these units are for the Regional Board's staff members; twenty-five (25) are for the Tulattavik Health Centre; and twenty-three (23) are for the Inuulitsivik Health Centre.

Also in 2009-2010, the Regional Board constructed fifty (50) new staff housing units. Four (4) of these units are for the Board's staff members; twenty-three (23) are for the Tulattavik Health Centre; and twenty-three (23) units are for the Inuulitsivik Health Centre.

As at March 31, 2012, the total accumulated cost of construction amounted to \$21,487,000 for the 2008-2009 units and \$18,093,000 for the 2009-2010 units. These construction projects were managed and temporarily financed by Financement-Québec.

In the financial year 2012-2013, after closing the construction projects, the capital cost and the long-term debt related to the construction of the housing units will be recorded in the financial statements of the respective establishments.

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
NOTES TO SUMMARY FINANCIAL STATEMENTS
MARCH 31, 2012

11. RESTATEMENT - ACCRUED PAYROLL BANKS

In order to comply with the accounting rules enforced April 1, 2008, management recorded the provision related to the payroll banks and related amount receivable from M.S.S.S. as of March 31, 2008. This transaction has had the following effect:


Variance in Net Financial Assets (Net Debt) - March 31, 2011	\$
Operating Fund:	
Increase - Amount Receivable from M.S.S.S.	513,973
Increase - Provision Payable	(667,650)
	(153,677)
Assigned Fund: Increase - Provision Payable	(266,323)
	(420,000)

Variance in Fund Balance - March 31, 2011	\$
Operating Fund:	(153,677)
Assigned Fund:	
Administration - Emergency Measures (#998)	(7,935)
Administration - Regional Administrative Services (#8891-92)	(99,516)
Out of Region Services - Insured/Non-Insured Health Benefits Management (#939)	(19,092)
Planning and Programming - Dependencies (#8020)	(1,834)
Planning and Programming - Ulluriaq Adolescent Centre (#817)	(137,946)
	(266,323)
	(420,000)

12. RESTATEMENT - ACCUMULATED AMORTIZATION OF CAPITAL ASSETS

In order to comply with the accounting rules enforced April 1, 2008, management recorded the depreciation related to the capital assets. As of March 31, 2011, this transaction has had the following effect:

	\$
Capital Assets - April 1, 2010	(6,331,945)
Fund Balance - Long-Term Assets Fund - April 1, 2010	(6,331,945)
Amortization - Year Ended March 31, 2011	525,767



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