

Nunavik Regional Board of Health and Social Services

# ANNUAL REPORT



2018





## DECLARATION ON THE RELIABILITY OF THE DATA CONTAINED IN THE MANAGEMENT REPORT AND THE RELATED CONTROLS

### **Danielle McCann**

Minister of Health and Social Services

I am responsible for the results and information contained in the present annual management report. That responsibility concerns the accuracy, completeness and reliability of the data, information and explanations contained therein.

During the fiscal year, information systems and reliable control measures contributed to support the present declaration. Moreover, I have ensured that work was accomplished in order to guarantee the reliability of the results, especially with regard to the agreement on strategic planning.

To my knowledge, the information presented in the annual management report (2018-2019) of the Nunavik Regional Board of Health and Social Services as well as the related controls are accurate and this information corresponds to the situation as it was on March 31, 2019.



Minnie Grey  
Executive Director

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## THE NUNAVIK HEALTH AND SOCIAL SERVICES NETWORK

The Nunavik health and social services network comprises the Nunavik Regional Board of Health and Social Services (NRBHSS), the Inuulitsivik Health Centre (IHC, Hudson Bay) and the Ungava Tulattavik Health Centre (UTHC, 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 (JBNQA) of 1975 and its complementary agreements. The organization of health and social services remains under the authority of the provincial system, but it is adapted to the region's particularities.

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

The NRBHSS manages a budget of close to 206 million dollars, destined for health and social services for the populations of the 14 communities.

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

## MESSAGE FROM THE CHAIRPERSON AND THE EXECUTIVE DIRECTOR

In June 2018, the regional board's board of directors adopted the new 2018-2025 strategic regional plan, which identifies the strategic guidelines, the objectives and the results indicators that the NRBHSS defines for itself and for the Ungava Tulattavik and Inuulitsivik Health Centres. Those guidelines and objectives were established as collective responses to the challenges facing Nunavik:

**Objective no. 1:** Enhance our actions in prevention and in health promotion and protection.

**Objective no. 2:** Improve access to front-line services in each community.

**Objective no. 3:** Provide access to specialized services in Nunavik.

**Objective no. 4:** Develop and ensure the application of Inuit values and practices.

**Objective no. 5:** Develop human, physical, technological, information and financial resources.

The strategic regional plan will guide the development of health and social services in Nunavik over the next seven years. For that purpose, it must be based on an agreement on the provision and funding of health and social services in Nunavik between the Government of Québec and the regional board, identifying, besides the existing budgets, recurrent amounts for the development of services and infrastructures. An agreement-in-principle was concluded with the MSSS in March 2019, which should lead to a final agreement shortly.

To respond to these important challenges, the contribution of all will once again be essential. We aim to fulfil our regional mission by clearly engaging the health centres in the application of this strategic plan, notably through use of new governance aids that will enable us to monitor rigorously the targets we set for ourselves.

This year will also have been the opportunity for the NRBHSS' departments to invest major efforts toward improving and bolstering the service supply. The Department of Planning and Programming (DPP) notably played a major role in coordinating a regional response to the dramatic crisis of suicides roiling Nunavik. The regional suicide-prevention committee (RSPC), with the NRBHSS' support, recommended the design of a regional suicide-prevention strategy in order to draft and agree on a shared framework supporting actions, both existing and future.

On the topic of actions recommended by the RSPC and which are now recurrent, it is important to emphasize the fourth edition of the annual regional conference on suicide prevention, Puttautiit, organized in Kangiqsujaq in October 2018 with 87 participants, half of whom were from the host village. The fifth edition will be held in Salluit in the fall 2019. Thanks to the experiences of the Puttautiit conferences, the NRBHSS has designed a model for prevention and promotion activities which could also be deployed in the smaller communities of Nunavik, thus affording them more sustained attention for grieving and healing activities.



We should also point out that the DPP's team responsible for programs for children, youths and families continued the efforts toward cultural adaptation of the Youth Protection Act (YPA). The objective of those efforts is eventually to appropriate section 37.5 of the YPA, which will enable us to move away from ensuring youth protection through the legal system and instead rely on family and community engagement in the process. Since April 1, 2018, consultations among professionals and the public have been held on a large scale. Besides those consultations, a youth forum was held in Kuujuaq in February 2019. That three-day event enabled young Nunavimmiut to express their opinions on the services, ask questions, and participate in discussions and workshops aimed at adapting services to Inuit culture and Nunavik's reality.

During the past year, the improvement of emergency prehospital services continued. Thus, during the summer 2018, nine new ambulances went into service in the communities with the most obsolete ambulances. During the commissioning of the vehicles, specific training was provided for the coordinators and first responders. A service for psychosocial support in the form of an employee-assistance program was also deployed to support the first responders dealing with trauma after difficult interventions. Several first responders turned to that service on a voluntary basis and, during major crises, a resource person was dispatched on site to provide immediate support.

For its part, the Department of Inuit Values and Practices (DIVP) was extremely busy, especially its team of natural helpers under the support program for residential-school survivors. The team notably facilitated the Puttautiit conference held in Kangiqsujuaq and provided training for community members to develop their skills at grief counselling. To date, that training has been given in three communities. More broadly speaking, the team remains the keystone for culturally safe interventions in the Nunavik communities, regularly called on for support due to its unequalled expertise.

In the area of public health, the issue of tuberculosis (TB) remains a constant preoccupation, due to the incidence rate that remains high. In response, the NRBHSS designed a plan for the elimination of TB, specific to Nunavik, in the context of efforts initiated by Inuit Tapiriit Kanatami (ITK) jointly with the federal government, with consideration for the clinical interventions and social determinants taking priority in terms of eliminating the disease in Nunavik by 2030.

To support community engagement in the struggle against TB and to strengthen the governance structure of the regional plan, an advisory committee was created. It is composed of the mayors of the communities identified as priorities, representatives of the Ungava Tulattavik and Inuulitsivik Health Centres, the Kativik Regional Government, the Kativik Municipal Housing Bureau, the Qarjuit Youth Association and other community leaders. The committee's role is to advise the director of Public Health in the application of the plan for the elimination of TB.

This year, we also wish to recognize the efforts deployed by the Department of Public Health to improve food security. Food insecurity remains very prevalent in Nunavik and has a considerable

impact on the physical and mental health of those who live with it. Support was thus provided for community or regional projects targeting short-term access to healthy foods, particularly for children, pregnant women and low-income individuals or those in need. In broader terms, in order to develop sustainable solutions to this problem, the Department of Public Health coordinates a regional working group tasked with designing a food-security policy and a plan of action for Nunavik. After an initial working session on access to traditional foods, three sessions bringing together a total of more than 80 Nunavimmiut from various communities as well as actors from the food sector were organized. The working group will use the recommendations for actions resulting from those four sessions to draft the food-security policy and the plan of action, which should be complete during 2019-2020.

The year 2018-2019 was remarkable for the Department of Regional Human-Resources Development (DRHRD). Thanks to solid partnerships, new accredited programs were launched, such as the diploma on assistance in institutional and residential settings on the Ungava coast and a third accredited program leading to an attestation to collegial studies (AEC) in supervision of human resources. The department is also working on promoting careers in the health and social services network among the local population as well as the population in the South during career fairs. Important procedures were also undertaken concerning Bill 21, a portfolio in which our department plays a key role in designing a credited training program that will enable Inuit workers to perform reserved acts.

The Department of Administrative Services (DAS) continued supervision of numerous capital projects, including the construction of the Qanuinnngislarvik in Aupaluk. The work progressed according to schedule, and this project clearly marks a new era of infrastructure that will support a broader range of proximity services.

Finally, the past year saw the revision and restructuring of the Department of Out-of-Region Services. The team has grown, and we are now better able to manage the program for non-insured health benefits. The regional user-transportation policy was also revised to ensure it better reflects users' needs when they travel to Montréal for medical reasons. Adjustments are still under way but we shortly expect the health centres and the regional board to approve a policy facilitating access to specialized services in Montréal.

We would like to take this opportunity to acknowledge all the efforts and devotion of those working in the health and social services network as well as all of our local and regional partners for their continued support and cooperation.

Louisa Grey

Minnie Grey

## BOARD OF DIRECTORS

During the year, the NRBHSS board of directors appointed Dr. Marie Rochette Regional Director of Public Health, Maggie Putulik Director of Out-of-Region Services and Jobie Tukkiapik Director of Regional Human-Resources Development. The NRBHSS is proud to welcome them to the management team and wishes them success in their new functions. **Composition of the board of directors on march 31, 2019**

### Executive Committee

**Louisa Grey**

Chairperson, Aupaluk Representative

**Shirley White-Dupuis**

Vice-Chairperson, Kuujjuaq Representative

**Minnie Grey**

Secretary, NRBHSS Executive Director

**Syra Qinuajuak**

Executive Committee Member, Akulivik Representative

**Sheila Ningiuruvik**

Executive Committee Member, Quaqtac Representative

### Members

**Lucy Qalingo Aupalu**

Puvirnituc Representative

**David Annanack**

Kangiqsualujjuaq Representative

**Christina Kiatainak**

Kangiqsujuaq Representative

**Murray McDonald**

IHC Executive Director

**Larry Watt**

UTHC Executive Director

**Tommy Annanack**

Tasiujaq Representative

**Shirley White-Dupuis**

Kuujjuaq Representative

**Cora Fleming**

Kuujjuaraapik Representative

**Billy Cain**

KRG Representative

**Elizabeth Annahatak**

Kangirsuk Representative

**Claude Gadbois**

Board of UTHC Representative

**Allie Nalukturuk**

Inukjuak Representative

**Josepi Padlayat**

Board of IHC Representative

**Elisapi Yuliusie**

Salluit Representative

**Alice Tooktoo**

Umiujaq Representative

**Peter Iyaituk**

Ivujivik Representative

## **Boards of Directors of the Nunavik Health and Social Services Network**

The Nunavik population was called to exercise its right to vote on October 25, 2018, for the election of one representative per village to the boards of directors of the IHC and the UTHC. For their part, the workers of the health centres elected four persons from among their ranks at each institution.

Certain communities did not organize elections; consequently, the regional board's executive members appointed representatives for those communities during its teleconference meeting of January 18, 2019.

As for the regional board's own board of directors, each Nunavik community was asked to appoint a representative.

## **Board of Directors of the Regional Board**

The members of the board attended five regular sessions as well as the annual general meeting, adopting 54 resolutions. The Executive Committee held two meetings.

Below are the results of the latest nomination process for the NRBHSS:

- Peter Iyaituk was appointed representative of Ivujivik on December 4, 2018, replacing Qumak Iyaituk, who had been representative since December 2009.
- Elisapi Yuliusie was appointed representative of Salluit on December 4, 2018, replacing Ida Saviadjuk, who had been representative since December 15, 2015.
- Claude Gadbois was reappointed representative of the UTHC on December 4, 2018.
- Christina Kiatainak was appointed representative of Kangiqsujuaq on December 8, 2018.
- Louisa Grey was reappointed representative of Aupaluk on December 4, 2018.
- Elizabeth Annahatak was appointed representative of Kangirsuk on December 4, 2018, replacing Lucy Carrier, who had been representative since December 2009.
- Shirley White-Dupuis was reappointed representative of Kuujjuaq on December 4, 2018.
- David Annanack was appointed representative of Kangiqsualujjuaq on December 4, 2018, replacing Kitty Annanack, who had been representative since June, 2012.
- Lucy Qalingo Aupalu was appointed representative of Puvirnituq on December 4, 2018, replacing Elisapi Uitangak, who had been representative since December 2009.
- Alice Tooktoo was reappointed representative of Umiujaq on December 4, 2018.

- Tommy Annanak was appointed representative of Tasiujaq on December 4, 2018, replacing Mary Berthe, who had been representative since December 15, 2015.
- Cora Fleming was reappointed representative of Kuujjuaraapik on December 4, 2018.
- Sheila Ningiurivik was reappointed representative of Quaqtaq on December 4, 2018.
- Billy Cain was appointed regional councillor by the KRG on December 4, 2018, replacing Parsa Kitishimik, who had been representative since December 15, 2015.
- Josepi Padlayat was reappointed representative of the IHC on February 19, 2018.
- Syra Qinuajuak was appointed representative of Akulivik on December 4, 2018, replacing Josepi Qaqutuk, who had been representative since December 15, 2015.
- Ali Naluktuturuk was reappointed representative of Inukjuak on December 4, 2018.

**The following completed the board:**

- Larry Watt, Executive Director, UTHC;
- Murray McDonald, Executive Director, IHC;
- Minnie Grey, Executive Director, NRBHSS.



**DEPARTMENT  
OF EXECUTIVE  
MANAGEMENT**



## Communications Team

The regional board is responsible for informing *Nunavimmiut* of the existence of the services and resources available on the territory in matters of health and social services, as well as the procedures for access to those services and resources. It is also our task to inform *Nunavimmiut* of their rights as well as the initiatives, changes and successes in the Nunavik health and social services network. Finally, that mandate includes informing the population of its individuals' state of health, through the publishing of studies and research leading to a health profile as detailed as possible.

In order to inform the Nunavik population in the best way possible, the communications team provided its expertise and know-how for Executive Management as well as the regional board's other departments. To provide them with the best possible support in their initiatives, this year the NRBHSS increased its presence on social media. Our Facebook page has once again more than doubled its followers in one year, to 1,012 followers. The dynamics around that medium translate into an important factor for impact and show its potential for informing *Nunavimmiut*.

## Quality, Evaluation, Performance and Ethics

Executive Management assumes responsibility for the portfolios of quality, evaluation, performance and ethics. Under the supervision of the assistant to the executive director, a professional resource is responsible for supporting and advising the organization in matters of quality and risk management, cultural safety, performance and research. That support program is essential to the organization's sound governance from a transversal and strategic point of view.

To support the development and regional coordination of that approach, we created the regional committee on quality and safety of care and services (RCQSCS) with, as partners, the Inuulitsivik and Tulattavik Health Centres. The NRBHSS must in effect foster the implantation of a culture of safe provision of care

and services—including cultural safety—and a culture ensuring quality of information.

### Our objectives:

- regionally coordinate, integrate, measure and monitor the various dimensions related to quality and risk management;
- develop Inuit understanding of the strategies, measures and actions required to ensure cultural safety in the Nunavik health and social services network;
- regionally develop a culture of assessment ensuring quality of information;
- support the organization in matters of supervision and orientation of research;
- develop approaches for the evaluation of clinical pertinence and performance and use the results to improve organizational performance and efficiency.

Among the processes under way, thanks to the RCQSCS, we particularly point out the process of quality assurance, including development of a shared vision of quality unique to Nunavik, and a shared, regional governance structure for the integrated management of quality. Further, a regional procedure for the management of coroner's reports is in the approval stages, in order to ensure proper circulation among the parties concerned. Finally, the NRBHSS obtained funding to design a project for care and services in partnership with the users: the *Pinasuqatigiinniq* project. The goal is to cooperate in the establishment of and support for priorities and definition of the new service supply with *Nunavimmiut* under the Nunavik clinical plan.



## Nunavik Clinical Plan

In 2017, Executive Management undertook the procedures necessary to production of a regional clinical plan, an ambitious project with the goal of improving the Nunavik population's state of physical and psychosocial health, by demonstrating to the MSSS the need for major capital development in Nunavik, centred on a regional hospital. The hospitals in Kuujjuaq (UTHC) and Puvirnituk (IHC) were built in the mid-1980s and for several years now have been incapable of housing new equipment and developing access to specialized services on the Nunavik territory, with the Nunavik population having nearly tripled since that time.

Second- and third-line specialized services are therefore provided only in Montréal, which involves increasingly frequent travel year after year, and our ambition is to patriate to Nunavik several front-, second- and third-line services. Such an infrastructure could result in an important reduction in the cost of patient transportation, a reduction in waiting times for access to treatment, fewer inconveniences for patients and their families, better cultural adaptation of services and improved patient assiduity in terms of showing up for appointments.

This year, the Department of Public Health worked on a profile of the Nunavik population's health, jointly with the Institut national de santé publique du Québec (INSPQ), which included new data from the Qanuilirpitaa health survey. Concurrently, the project

team for the clinical plan worked on a profile of the global service supply with the contribution of interveners from the health centres as well as our partners, using, to an unprecedented degree, quantitative data gleaned from information systems and seeking insight on the users' perspective through surveys and interviews.

Together, the two parts of the project should enable precise identification of the needs in terms of health and social services in Nunavik as well as establishment of the foundations for a future service supply to respond to those needs.

## Health Canada

Fiscal 2018-2019 marked the end of our three-year contribution agreement with Indigenous Services Canada (ISC). The current contribution agreement includes funding of a little more than \$10 million under 26 programs/initiatives for prevention and health promotion. This year, we also worked very hard at concluding a new contribution agreement with the Government of Canada for 2019-2020. Those efforts bore fruit with the official announcement of a new 10-year contribution agreement, and this under a new funding method—global funding. The agreement's provisions will enable us to keep unspent funds at the end of the agreement and grant us greater flexibility in managing our priorities. Next year, we will apply the new multi-year planning (2019-2029) and ensure it is updated regularly so that it always reflects the health needs of Nunavimmiut.



## SAQIJUQ UPDATE

This year saw much activity as well as greater stability within the Puvirnituk team. There are five educators, one coordinator and two program officers working with female participants. Although women's participation in the project has lagged compared to men, the two program officers have sewn parkas and winter pants for Saqijjuq participants who may not have clothing warm enough for outdoor activities.

We still have an office located in the Co-op store in Puvirnituk. We also purchased a building across from the Co-op which is the Saqijjuq/ACCESS Open Minds workshop. The educators work with youth or other clients (appointed by the court) showing them how to build qamutiks, work with tools as well as make minor repairs to snowmobiles.

In April, Paulusi Beaulne and Aileen MacKinnon presented Saqijjuq at the RACYS meeting. During this trip we also met with Jean Dupuis from Correctional Service Canada to discuss on-the-land camps. At the end of the month, Paulusi, Aisa Surusilak, Novalinga Novalinga and Juani Beaulne made presentations for Correctional Service Canada as well as detainees to obtain feedback, which was unanimously positive.

Also in April, four representatives from Puvirnituk (Paulusi, Aisa, Novalinga, and Juani) attended the ACCESS OM conference in Montreal. They learned what other ACCESS sites are doing and also made a presentation, with a video, about what they do in Puvirnituk.

During the course of the year, presentations were made at the NRBHSS (board of directors and various committees), the KRG Council, the KRPF (at a meeting with the manager and sergeants), as well as many other committees. Paulusi and Aileen also made a presentation at the Viens Commission when it was in Kuujjuaq.

Saqijjuq now has four snowmobiles as well as a boat, which reduces costs given the high rental rates for vehicles. The program workers are thus able to take more clients out on the land to learn new skills.

There were four on-the-land camps held at the end of March as pilot projects for setting up a more permanent camp that could be used by recently released inmates, individuals on parole and those who have returned from treatment (or are getting ready to undergo treatment), as well as to reunite those who have returned with their family in a safe environment. During the first camp, three youth from Eskasoni (another ACCESS OM site) attended

the camp and were thrilled with their experience. They went back to Eskasoni and will share what they did on their trip with the community.

In March, the second training session was held with the mobile intervention team, attended by eight social workers as well as six KRPF officers. It was held in Puvirnituk as the first team will begin there. The hiring is complete for the KRPF and social services.

Two representatives from Saqijjuq took some of the addictions training held in Puvirnituk through the Nechi Institute. One stopped the process early and the other is short one week of completing the training. Aileen took an intensive French immersion course that lasted five weeks and is presently working towards a certificate in "First Responders Trauma Prevention and Recovery." There are 10 courses in the program, of which 5 have been successfully completed. The courses include, among others, "Mental Health Fundamentals," "Introduction to Addictions" and "Trauma and Suicide."

Early in 2019, Paulusi asked to become an educator rather than remain as the coordinator, for various personal reasons. His request was accepted and Juani is now the coordinator.

## Financing

Under the Saqijjuq umbrella there are many projects that require funding, including the treatment centre, two support centres (Puvirnituk and Kangirsuk) and training that includes cultural awareness, addictions and self-care; funding is also needed for the justice committee members, employees for the centres, etc. Funds are also necessary for individuals requiring treatment (treatment costs as well as travel costs for the South and North) and for the creation of a mobile treatment centre.

The Saqijjuq coordination team (which for the moment consists of a single coordinator) is funded solely by Ungaluk with the NRBHSS administering the funds. It is the NRBHSS that has taken on the leadership role of Saqijjuq, in regards to financing, assistance and overall support for the project. ACCESS OM contributes to the salaries of the educators as well as the Saqijjuq workshop.

The "On-the-Land" project, managed by the NRBHSS, has been very important to the Saqijjuq team in Puvirnituk. The team has been able to purchase snowmobiles and a boat. Also, the Puvirnituk NV donated materials that have been used to make the parkas and snow pants.

## **Recommendations for Next Steps and Further Activities for 2019-2020**

### **First objective**

Begin activities of the Nunavik wellness court in Puvirnitug.

### **Second objective**

Begin Saqijjuq's activities in Kangirsuk: hiring of staff, opening of an office.

### **Third objective**

Activate the mobile intervention team in Puvirnitug.

### **Fourth objective**

Form more collaborative working relationships with the relevant partners and organizations in Puvirnitug.

### **Fifth objective**

In conjunction with the KRPF and Makivik, launch alternative-justice measures in Puvirnitug.





**DEPARTMENT  
OF PLANNING AND  
PROGRAMMING**

## PSYCHOSOCIAL AFFAIRS AND SUPPORT FOR COMMUNITY ORGANIZATIONS

### Suicide Prevention

#### Service Organization

The **Regional Suicide-Prevention Committee** (RSPC) recommended designing a **regional suicide-prevention strategy**. The regional partners involved in suicide prevention were mobilized in August 2018 to draft and agree on a shared framework to underlie the actions under the continuum of prevention, intervention and after-care in Nunavik.

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#### Training

The training on **best practices in suicide intervention** destined for front-line workers has been given over 23 sessions since 2017 to a total of **170 interveners**. The training program is **offered on an ongoing basis** to front-line workers (Inuit and non -Inuit) in Puvirnituq, Kuujjuaq and Montréal.

#### Puttautiit Conference

The fourth edition of the Puttautiit annual regional conference on suicide prevention was organized in **Kangiqsujaq in October 2018 with 87 participants**, half of whom were from the host village. The **fifth edition** will be held in **Salluit in the fall 2019**.

The NRBHSS designed a model for prevention and promotion activities based on the experiences of the Puttautiit conferences, an opportunity for the smaller communities to receive more sustained attention for grieving and healing activities.

### Suicide-Prevention Tools

The NRBHSS collaborates on the development of the well-being curriculum of the Kativik Ilisarliniq School Board in order to integrate an additional component aimed at better preparing the students in personal and social situations.

The Facebook page Reach Out Nunavik was reactivated and has a new image along with a radio outlet and written media. The page serves as a platform for a vast social communications campaign aimed at preparing individuals and their loved ones for situations of distress and referring the public to the appropriate service.

### Mental-Health Services

A second meeting of the Regional CLWW Committee was held in March 2019, with discussions on bolstering and developing the CLWW program, funding and support for activities. Regular meetings will be held with the health institutions' program administration, to ensure better support for the program resources.

Jointly with the Department of Public Health and the Nunami program, a regional campaign for promoting mental well-being and preventing mental disorders was designed, aimed at public awareness but especially to connect with the existing resources, notably the opportunity for funding and carrying out On-the-Land projects.

The NRBHSS supported the region's health centres in updating and developing the protocol concerning Act P38.001 (Act respecting the protection of persons whose mental state represents a danger to themselves or to others) unique to the institutions as well as in applying a cooperation agreement for application of that statute.

An initial regional meeting was organized in July 2018 in Kuujjuaq, bringing together men from 11 of the 14 Nunavik communities. They had the opportunity to discuss the issues

and concerns unique to them and identified as priorities the need for counselling as well as assistance activities.

### Nunami

The Nunami program continued according to the pursued objectives—mental well-being and suicide prevention. Two

support workers were hired to promote and support projects in most of the communities as well as in social networks. To date, more than 20 projects have been supported for a total of \$400 000.

### Funding for community organizations, 2018-2019

	Type of CO	Community Organisations	Allocated 2017-2018 (\$)	Proposed Scenario 2018-2019 (\$)
1	Associations	Qajaq Network, Kuujjuaq	155 000	146 141
2		Unaaq Men's Association of Inukjuak	155 000	150 000
3		Saturviit Inuit Women's Association of Nunavik	155 000	150 000
4		Qarjuit Youth Council	155 000	150 000
5		Egimak Men's Association of Puvimituq	0	100 000
6	Treatment Centre	Isuarsivik Treatment Center, Kuujjuaq	1 100 00	1 500 000
7	Women Shelters	Tungasuwik Women's Shelter, Kuujjuaq	550 000	550 000
8		Initsiak Women's Shelter, Salluit	535 000	535 000
9		Ajapirvik Women's Shelter, Inukjuak	300 000	325 000
10	Elders Homes	Qilangnguanaaq Elder's Home, Kangiqsujuaq	350 000	350 000
11		Sailivik Elder's Home, Puvimituq	350 000	350 000
12		Tusaajiapik Day center, Kuujjuaq (New CO)	250 000	157 00
13		Sammiak Elders Committee, Salluit	20 000	20 000
14		Ayagutaq Elder's Home Committee, Inukjuak	20 000	20 000
15	Mental Health res.	Héber. communautaire Ungava, (HCU), Kuujjuaq	350 000	350 000
15.1		Project I Care We Care (under HCU)		93 721
16		Uvattinut Supervised Apartments, Puvimituq	300 000	300 000
17	Family House	Tasiurvik Center, Kuujjuaraapik	100 000	200 000
18		Qarmaapik Family House, Kangiqsualujjuaq	400 000	400 000
19		Iqiwik Maison de la Famille Salluit (New)	150 000	250 000
20	Other	NRBHSS (CO Contingencies)		100 000
		<b>Total</b>	<b>5 395 000</b>	<b>6 196 862</b>

### Addictions

The Nechi Institute held the first-year sessions of the training program destined for Inuit addictions counsellors for the purpose of training addictions counsellors who will eventually be hired by the Isuarsivik Treatment Centre for each of the communities.

The NRBHSS participated in the working committee on development of the family approach in order to formulate recommendations for Isuarsivik' steering committee.

Jointly with the Tulattavik Health Centre, the NRBHSS designed a training program based on Alcochoix+ and intended for individuals who wish to limit and control their alcohol consumption.

### Community Organizations

The project to support the community organizations, initiated in September 2017, continued. The objective is to offer ongoing support in terms of management and planning of activities and fiscal follow-up.

— **24** Finding for 2018-2019, totalling \$6 196 862, was approved and allocated to 19 community organizations in the region, as shown in the following table:

### Coordination

Coordination meetings between the NRBHSS, the Departments of Community Services of the health centres, the mental-health teams and the team's officers began, the goal being to increase coordination and communication. The meetings will be held at intervals of two months.

## YOUTH IN DIFFICULTY

Cultural adaptation of the Youth Protection Act and establishment of social practices better adapted to Inuit cultural dimensions

Since April 1, 2018, the Sukait working group has been reviewing youth-protection services in Nunavik. Four working sessions were held in May 2018, June 2018, November 2018 and March 2019. During the session of November 2018, we had the chance to welcome two representatives of the Atikamekw nation's council, Alice Cleary, Director of social protection, and Anne Fournier, attorney. The Atikamekw are currently the only aboriginal nation in Québec to have obtained autonomy in matters of youth protection. Mrs. Cleary and Mrs. Fournier presented their model, the Atikamekw authority's intervention system, in application in two of their three communities for more than 20 years. The members of the working committee worked directly from their

model of family conferences and elder's councils to formulate their recommendations in view of cultural adaptation of practices in youth protection in Nunavik.

The Sukait working group also insisted that the population and the current professionals be included in the process of service review and adaptation. Thus, from October 2018 to March 2019, consultations were held with professionals and the public. The objectives of the consultations were to gather their perceptions of current services, their comments and their ideas in order to improve the practices and make them more culturally safe. Various professionals were consulted, Inuit and non-Inuit, from various sectors such as youth protection, social services, maternity and family houses. Elders and families who rely on the services also participated in the interviews.

Besides those consultations, we established a youth forum that was held in Kuujjuaq in February 2019. During the three-day event, young Nunavimmiut had a chance to express their opinions on the services, ask questions, and participate in discussions and workshops aimed at adapting services to Inuit culture and Nunavik's context. Besides placing them at the centre of the present consultations, this forum was also an occasion to unite youths from all the communities and enable them to establish ties, get involved and contribute significantly to the reflection under way concerning the issue of cultural safety of social services and youth-protection services and the cultural competencies necessary to efficient intervention among Inuit youths and their families. All the data gathered during the consultations described above were analyzed and then presented in summary form to the RACYS as a report on the preliminary consultations in May 2019.

We will shortly launch the phase consisting of public consultations with the general population, expected to start in June 2019.

### Improving access to services for youth and families as part of the reorganization of youth services in Nunavik

- **The regional table responsible for services for Nunavik youth in difficulty** continued its activities, which included four meetings, during the fiscal year. The pooling of knowledge notably creates a singular opportunity to positively affect existing practices through a concerted effort.



The regional centralization of reports, combined with the scope of various factors, among them intervention plans and individualized service plans and their implementation, training needs, cultural safety issues (Bill 21), the implementation of crisis services for adolescents and their families (CAFE), problems recruiting foster families in Nunavik, difficulties associated with overcrowding and over-representation in rehabilitation centres for youth in difficulty, and the regionalization of management dashboards, constitute some of the issues addressed by the Nunavik youth services table.

**Intervention plans (IP) and individualized service plans (ISP)**

In the past year, the team developed a training program on intervention plans (IP) and individualized service plans (ISP) which is available to all psychosocial workers. But while the implementation of the IP/ISP was identified as a priority action for adolescents and pre-adolescents placed in a rehabilitation centre, the measure's legal and clinical elements have yet to be introduced.

**Regional rehabilitation services for youth in difficulty are able to meet the needs of the region's youth**

From 2016-2017 to 2017-2018, the number of youth staying in a rehabilitation resource for youth with major behavioural problems increased by 10%. With this in mind, but also to provide services to the young people placed in centres without appropriate

knowledge of Inuit culture, the creation of an additional 10-room unit was approved.

**Crisis-intervention programs for adolescents and their families**

To address the growing demand for placement resources for youth with major difficulties, it was agreed that a solution focussed on prevention would be developed and adapted so as to stop situations from deteriorating to the point where youth find themselves housed in institutional facilities. The Children, Youth and Family (CYF) program team attended the training sessions and made its expertise available to help the two health centres develop and implement this promising measure.

**CIRENE (integrated network centre for child neurodevelopmental conditions)**

We will be partnering with the Sainte-Justine University Hospital Centre's CIRENE project.

This initiative, which aims to ensure screening and early diagnosis for neurodevelopmental disorders for all of the children on the Nunavik territory, will notably allow parents and school representatives to participate in the development of an early intervention protocol comprising family-support measures.

Discussions are currently under way with the two health centres to prepare for a rapid roll-out of this measure.



## ADDING TO THE KNOWLEDGE AND EXPERTISE OF THE PROFESSIONALS WHO WORK WITH YOUTH AND THEIR FAMILIES

### Provincial committee on Bill 21

The CYF team, staunch believers in the critical importance of services being provided by Inuit for Inuit, is supporting the work of the provincial committee on *Bill 21*.

In collaboration with the Department of Regional Human-Resources Development, the CYF team is notably involved in the acknowledgment and development of culturally appropriate clinical competencies. This ground-breaking committee reports to the ministère du Conseil exécutif du Québec of the Secrétariat aux Affaires autochtones du Québec (Québec Aboriginal Affairs Secretariat).

### Training

Training is a key component of any efforts to increase the knowledge and expertise of professionals working in Nunavik. To further promote the training being offered, the CYF team has prepared a **listing of all available training programs** designed to improve existing practices and psychosocial services.

## INCREASING THE SERVICES OFFERED TO NUNAVIK CHILDREN AND THEIR FAMILIES BY INUIT FOR INUIT

### Nunavik family houses

Designed with the community in mind and respectful of the region's language and culture, Nunavik family houses, with their objective of enabling communities to enjoy a greater degree of autonomy, also seek to:

- foster, from the earliest possible moment, child development that incorporates physical, psychological, cognitive, linguistic, social and emotional elements and promote children's integration into the school system and ongoing studies, all with due consideration given to the key role played by parents;
- support parents, from the onset of pregnancy, by providing them with the tools most likely to contribute to this development, and support innovation and knowledge transfer and acquisition in these key areas.

The financial support earmarked for the Qarmaapik Family House and the Tasiurvik Family House continued and that for the Iqitsivik Family House increased. Meetings were also held with groups from Kuujuaq.

### Family council

Alongside the roll-out of intervention plans and individualized service plans, the family councils for children who require protective measures from the Departments of Youth Protection (DYPs) are another strategy adopted to avoid child placements.

This past year, we developed a special approach for child protection in the Nunavik region. This initiative calls for group discussions to determine what support and assistance can be made available for parents and children with major difficulties and how to further enable parents to bring together people who are important to their children (developing autonomy).

Greater community involvement in the youth-protection process and the sharing of relevant information critical to meeting the needs of children are the cornerstone of a service supply both tailored and relevant to children, youth and their families.

Training has already been provided with regard to this measure's implementation. Next year, we hope to have this process apply in all cases where a child could possibly be removed from his natural environment as a protective measure.

## IMPROVING THE SERVICES AVAILABLE TO THE REGION'S FOSTER FAMILIES

Despite the numerous meetings held with representatives of the ministère de la Santé et des Services sociaux du Québec (MSSS), there is still a disparity between the conditions of families in Nunavik and those elsewhere in Québec.

We are notably still waiting for the MSSS' approval regarding the creation of Anirraulartutut Kamajingit under section 37.6 of the Youth Protection Act. Furthermore, the MSSS has yet to acknowledge the need to adjust the compensation paid to foster families in Nunavik on the basis of the higher cost of living.

Notwithstanding the MSSS' position, the NRBHSS has doubled the amount of compensation paid to Nunavik foster families and has assigned two additional professionals to each of the two health centres in the region.

The comprehensive application of the Act respecting the representation of family-type resources and certain intermediate resources and the negotiation process for their group agreements does not apply to Nunavik, nor does it sufficiently consider the culture of children subject to protective measures by the DYP and to placement measures.

## CONCLUSION

Again, because we are convinced that services must be provided by Inuit for Inuit, the Children, Youth and Family program team members will continue working on the initiatives under way. We believe that our commitment to the ongoing improvement of the services offered to youth and their families, bolstered by the consensus building and rallying of all of the parties involved, will result in tangible improvements to the living conditions of Nunavik children and their families.

We remain highly focussed on achieving the objectives set by the strategic regional plan. Doing so will require taking concrete actions and visibly improving service quality. This reality explains our dedication to projects such as setting up the floating team to combat sexual abuse, introducing family councils, offering culturally relevant training and supporting the development of Anirraulaurtutut Kamajingit.

## MEDICAL AFFAIRS AND PHYSICAL HEALTH

### Priority access to specialized services (APSS)

A dispatch centre for service applications (CRDS) was designated for each territory of the province of Québec. It was agreed that it would be preferable for Nunavik to designate Ullivik to process applications and arrange appointments for specialized services.

The project for the Ullivik CRDS consists of specifying and formalizing Ullivik's role as CRDS for Nunavik. Its functioning and the responsibilities of the interveners involved in the process of managing applications for specialized services were defined according to the CRDS standard model.

### II-PI-ASD

In 2018-2019, work began at improving the service supply for the II-PI-ASD clientele. Thus, jointly with the Ouest-de-l'Île-de-Montréal IUHSSC, the NRBHSS began considerations toward drafting of an agreement that will enable broadening the range of services offered to users required to travel outside the territory to receive services, as well as opening of a residential resource

perfectly adapted to their situation, including a day centre to ensure access to those services for the outpatient clientele.

### Medical manpower

In 2018-2019, Nunavik welcomed seven new general practitioners, five at the Inuulitsivik Health Centre (IHC) and two at the Ungava Tulattavik Health Centre (UTHC). Moreover, during the same period, eight general practitioners (three at the IHC and five at the UTHC) left the region. Thus, as of March 31, 2019, 40 general practitioners occupied a position in the region (including physicians assuming functions exclusively in public health).

In 2019, the region will welcome **six** new general practitioners, **three** at the IHC and **five** at the UTHC.

Further, as of March 31, 2019, nine medical specialists occupied a position in the region, excluding those already offering services in Nunavik under agreements with partner centres:

- three in community health;
- one in child psychiatry;
- one in psychiatry;
- one in obstetrics-gynecology;
- one in ophthalmology;
- one in pediatrics;
- one in diagnostic radiology.

Moreover, two new service agreements were signed with the McGill University Health Centre for medical imaging and obstetrics-gynecology. Those agreements enabled us to recruit specialists for obligatory network positions (ONPs) and improve our service supply for those specialties.

In 2018-2019, the region welcomed 94 medical interns (students, externs, first- and second-year residents in family medicine, and first- to fifth-year residents in specialties). The UTHC welcomed 45 interns and the IHC 49.

### Regional therapeutic guide

Since 2017, work has been under way on a regional therapeutic guide including the related group prescriptions. The work is going well and deployment is expected for 2020.

### Medical imaging

In 2018-2019, the NRBHSS contributed to the setup of a customized training program, under which an autonomous technologist in abdominal, pelvic and surface ultrasound was trained at the IHC. Further, a group of autonomous technologists was created and now offers, region-wide and in ongoing fashion, ultrasound services for the following specialties: obstetrical, abdominal, pelvic and surface as well as vascular in real and non-real time. With the arrival of our radiologist, processes for quality control were established at both health centres. Moreover, work also started at installation of computer axial tomography (CAT) scanners at the two health centres of Nunavik.

### Pharmacy

Activities aimed at optimizing the regional pharmaceutical service supply continued throughout the year.

### Québec colorectal cancer-screening program (PQDCCR)/ Upgrade of digestive-endoscopy units and units for reprocessing medical instruments

To attain the objectives prerequisite to setup of the Québec colorectal cancer-screening program (PQDCCR), the NRBHSS supported the health centres in carrying out activities necessary to ensuring safe, optimal services.

### Rehabilitation

From May 22 to 26, 2018, the second edition of the workshop for hard-of-hearing persons in Nunavik was held. The workshop aims to foster socialization, develop use of sign language and provide information on certain services offered in the region to this clientele.

### Emergency prehospital services

The enhancement of emergency prehospital services, which began in 2017-18, continued during the past year. Thus:

- during the summer 2018, nine new ambulances went into service in the communities with the most obsolete ambulances. At the commissioning of the vehicles, specific training was offered to the coordinators and first responders;

- services for psychosocial support in the form of an employee-assistance program were deployed to help first responders who experience trauma after difficult interventions. Several first responders used those services on a voluntary basis, and during a major crisis, a resource person was dispatched to the region for immediate support;
- the training program for first responders continued this year. Nine full, five-day sessions were organized during the year in order to increase the number of first responders in the communities. All the communities were also visited at least once during the year by an instructor for the purposes of refresher training. In total, 19 one-day training sessions were held for the first responders for developing and ensuring their skills.

### Home support for elderly persons, persons with chronic diseases or cancer and persons under palliative or end-of-life care

The NRBHSS, jointly with the health centres, continued the work at improving service provision for persons requiring home care, those with chronic diseases (including cancer) and those at the end of life. Thus:

- a project was submitted and funding was received under the Canadian Partnership against Cancer (CPAC) for the purpose of public consultation and to develop communications and information tools for the Nunavik population;
- application of the 2015-2020 plan of action for cancerology as well as enhancement of the regional service supply for chronic diseases and palliative care continued;
- International Day of Older Persons was observed on October 1, 2018, with the theme "Celebrating Older Human Rights Champions."

### Sterilization

Sterilization processes were revised jointly with the local teams. The task consisted of documenting the processes identified as problematic, analyzing them and proposing solutions for rapid resolution.



**DEPARTMENT  
OF PUBLIC  
HEALTH**

The occupational-health team (one physician, one nurse, one occupational hygienist and one occupational therapist) works with Nunavik organizations. The team supports reduction at the source and prevention of diseases related to physical, chemical and biological contaminants as well as prevention of musculoskeletal disorders and psychosocial risks in the workplace. The team informs workers and employers of the risks present, jointly with the prevention teams when present.

## OCCUPATIONAL HEALTH

30

### **For a Safe Maternity Experience Program**

During 2018, roughly 172 applications for reassignment for pregnant or breast-feeding workers were processed. The applications principally came from day-care centres, schools, the health sector and businesses.

### **Mining Sector**

The occupational-health team works with the two Nunavik mining enterprises, 10 other organizations consisting of priority groups linked to the mining enterprises and several subcontractors. Thus, approximately 2 500 workers are involved in mining activities at two mining sites in Nunavik. During 2018, besides the usual activities, the health program specific to mines was the object of revision.

### **Public-Administration Sector**

The 14 municipalities were visited during the year for inspections of the town hall, garage, drinking-water plant, arena, fire station, pool, sewage-treatment plant, community hall and municipal freezer. Moreover, the carpentry shops, airport terminals and police stations were also visited. Sixty-eight workers received information on musculoskeletal disorders, more than 20 received information on post-traumatic stress and 22 underwent medical

surveillance. Further, 11 workers suffered exposure at levels exceeding the norms, which necessitated reports to the CNESST.

### **Applications for Services**

During the year, the team responded to 14 applications for services from various sectors, principally outside priority groups and thus not covered by a joint association.

## OCCUPATIONAL HEALTH

During 2018-2019, major efforts were devoted to treatment and follow-up with health professionals of Nunavik and processing of reports for reportable diseases (MADOs) of chemical origin. A total of 827 reports were received concerning blood levels of mercury, lead and cadmium exceeding reporting thresholds. The vast majority of those reports resulted from the Qanuilirpitaa? 2017 Health Survey.

Besides the reports on MADOs of chemical origin, the team also responded to 11 reports, most of which concerned the quality of drinking water. In those situations, the team worked with the Kativik Regional Government (KRG) and the ministère de l'Environnement et de la Lutte contre les changements climatiques (MELCC) to identify the health risk and formulate appropriate recommendations when required.

Awareness activities were carried out for the purpose of banning the use of lead-based ammunition, in close cooperation with the

Nunavik Hunting, Fishing and Trapping Association. Public-health recommendations and a pamphlet outlining safe consumption limits for the traditional foods most contaminated with mercury, destined for Nunavimmiut with blood levels of mercury exceeding reference values, were developed.

The environmental-health team contributed to the execution of various research projects on environmental health in Nunavik, with the participation notably of Laval University, the Institut national de santé publique du Québec (INSPQ), the Nunavik Research Centre, the Kativik Municipal Housing Bureau (KMHB) and the **National Council on Health Research (NCHR)**. Opinions were also provided in the context of the assessment and examination of the impacts of major projects in Nunavik on the environment

and on social aspects. An assessment of the acceptability, from the point of view of public health, of the Innavik hydroelectric project in Inukjuak was provided.

## INFECTIOUS DISEASES

In Nunavik, 904 cases of reportable diseases (MADOs) were reported in 2018 (see Table 1). Of that number, 821 (91%) consisted of sexually transmitted and bloodborne infections (STBBIs). Roughly two thirds (65%) of those STBBIs were cases of genital chlamydia, whereas gonococcal infection accounted for 31%.

**Table 1. Number of cases of reportable diseases (MADOs) reported in Nunavik, January 1 to December 31, 2018**

Reportable diseases (MADOs)	N
Sexually transmitted and bloodborne infections	
Genital chlamydia	536
Gonococcal infection	258
Hepatitis C	3
Hepatitis B	1
Contagious syphilis	23
Enteric diseases and foodborne or waterborne diseases	13
Infections with <i>Hæmophilus influenzae</i>	3
Invasive infections with <i>Streptococcus pneumoniae</i>	9
Infections with group A streptococci	10
Tuberculosis	47
Botulism	1

Sources: Laboratoire de santé publique du Québec (LSPQ), provincial MADO file. Report from the VIGIE tab, Infocentre de santé publique du Québec, indicator updated May 6, 2019. Compilation by the Nunavik DPH.

## Sexually Transmitted and Bloodborne Infections (STBBIs)

### Syphilis

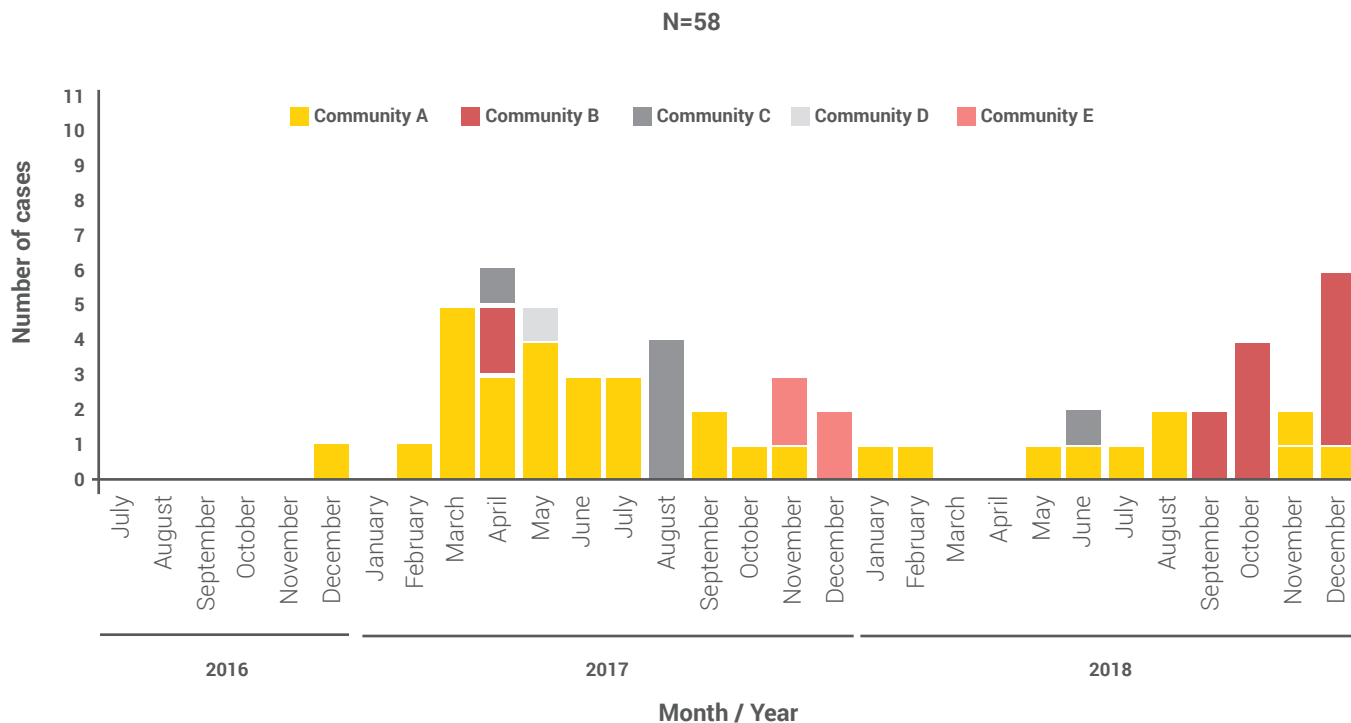
For 2018, 22 new cases occurred in the syphilis outbreak (see Figure 1). Since the start of the outbreak in December 2016, 57 infectious episodes among 56 individuals have been reported. Transmission is through heterosexual contact and affects youths and adults (16 to 53 years, average age 28 years). Fifty-eight percent of the affected individuals are women, all of childbearing age. Five women were pregnant at the time of diagnosis. No cases of congenital syphilis were reported in 2018.

Analysis performed in the fall 2018 shed light on the context of screening, the risk factors, the context of infection and the opportunities for intervention. In particular, we observed that the cases were identified through intervention among partners (52%), presence of symptoms (30%) and screening (18%, including screening during pregnancy, community screening or

follow-up for individuals with other STBBIs). Half of the men were symptomatic (52%), compared to only one third of the women (33.3%). The risk factors identified were: 1) more than two sexual partners during the year (100% of the men and 78% of the women); 2) sexual relations in an intoxicated state (80%); 3) incarceration during the previous 24 months or a partner who was incarcerated (close to half (43%) of the infected individuals). Interviews with key persons revealed that difficulties reaching patients remain a considerable challenge in the struggle against STBBIs, along with personnel turnover and low literacy levels among the population at risk. The respondents identified party houses as setting for frequent infection and indicated that alcohol and cannabis use is often observed as being problematic (source: G. Gravel and N. Colins, Profile of a syphilis outbreak in Nunavik, December 2018).

Figure 1. Number of cases of syphilis reported, by month and year, Nunavik communities, 2016-2018

### Number of reported cases of syphilis by month and year, Nunavik communities, 2016-2018





### **Gonorrhea and Chlamydia**

Overall in the region, the rates of gonococcal and chlamydia infection were, respectively, 187 and 390 per 10 000 persons in 2018, which corresponds to a incidence rate significantly higher than the provincial average.

Further, we observed an important drop in gonorrhoea and chlamydia in the communities where intensive actions against syphilis were implanted.

### **HIV / Hepatitis**

Incident cases of HIV and hepatitis in the region remain rare and acquired in urban settings.

### **Global Strategy against STBBIs**

The strategy against STBBIs remains the cascade of care (screening and early diagnosis, appropriate treatment, support, search for contacts). It is the same for the three STBBIs endemic on the territory. It aims to break down the barriers to care and facilitate the pathway of an individual with an STBBI. It is also a strategy that prepares the region for the occurrence of other STBBIs such as HIV. New initiatives to reach youths outside clinical settings will be deployed over the next year. Prevention efforts, through sex education in schools and at home, the Checkup Project and Piusivut podcasts will continue.

### **Tuberculosis**

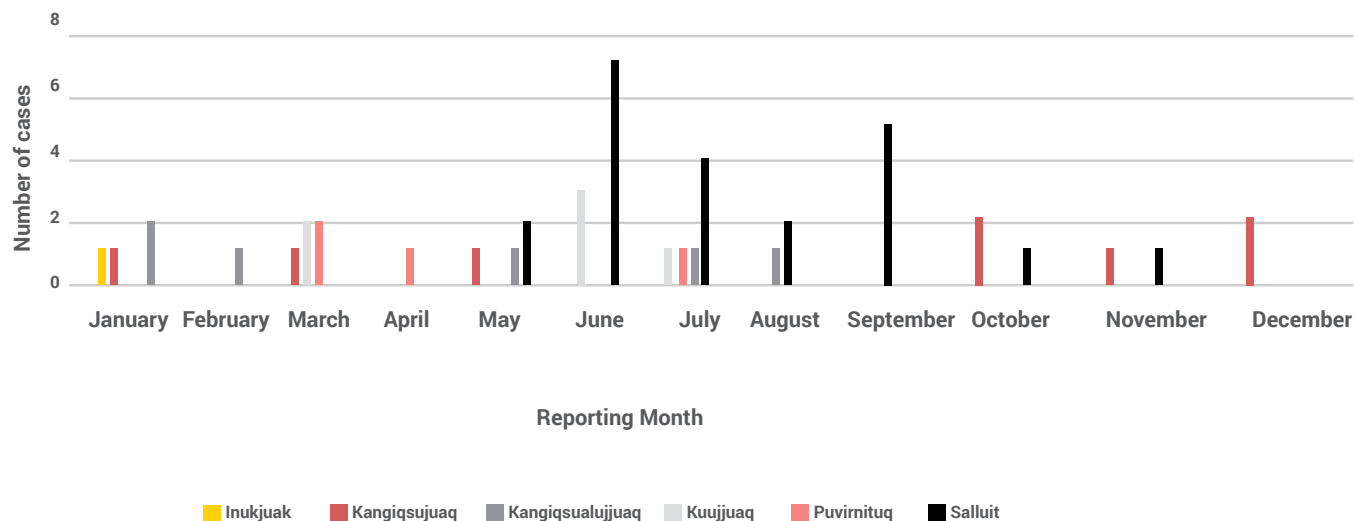
The incidence of tuberculosis (TB) remains high, with 47 new cases reported in 2018 (incidence of 342 per 100 000) and six Nunavik communities affected (see Figure 2). Since May 2018, one Hudson community has faced a third major tuberculosis outbreak, with 22 cases reported in 2018. Since October 2018, one Ungava community has also faced a fourth tuberculosis outbreak. In that community, five cases were reported between October and December, totalling eight cases for 2018.

In response to the high incidence rate of TB among the Inuit of Canada, Inuit Tapiriit Kanatami (ITK), the NRBHSS, other regional Inuit organizations as well as representatives of the federal government and the provincial and territorial governments concerned created a working group in order to design and apply a plan to eliminate the disease throughout Inuit Nunangat.

The NRBHSS designed a plan for the elimination of TB specific to Nunavik, taking into account the clinical interventions and social determinants that take priority in order to reduce the disease's incidence to less than one case per 100 000 persons by 2030, or less than one case per five years.

To support community engagement in the struggle against TB and reinforce the regional plan's governance structure, an advisory committee was created. That committee is composed of the mayors of the communities identified as priorities, representatives of the Ungava Tulattavik and Inuulitsivik Health Centres, the Kativik Regional Government, the Kativik Municipal Housing Bureau, the Qarjuit youth association and other community leaders. That committee's role is to advise the director of Public Health in the application of the plan for the elimination of TB.

**Figure 2. Number of reported tuberculosis cases, by month and village, Nunavik, 2018 (N = 47)**



**Foodborne Botulism**

One case of type E foodborne botulism was confirmed in 2018, the result of ingestion of beluga *maqtaq*. In spite of the administration of botulism antitoxin, the patient’s state necessitated transfer to Montréal for respiratory support until recovery. Leftovers in two villages were incinerated upon confirmation of the case, thus avoiding further contamination.

**Immunization**

The data on immunization coverage for children in grade 4 (vaccines against the hepatitis B virus and human papillomavirus) from the provincial vaccination registry reveal that the Nunavik region has the lowest rates of immunization coverage in the entire province. Steps were taken with the vaccinators to check whether those data accurately reflect the reality.

According to the information gathered, the rates of immunization coverage are higher than those indicated in the report based on the provincial registry. Solutions were applied to improve data capture in the registry. Further, a consultation process showed that social networks appear to have a negative impact on the decision of some parents whether or not to vaccinate their children. That aspect should be better documented over

the coming year, and new approaches to reverse the trend will be proposed.

**Prevention of Respiratory Infections with Palivizumab**

For a third season, palivizumab (Synagis) was offered to all babies in Nunavik under the age of three months. That product consists of an injection of an antibody and aims at reducing the complications linked to the respiratory syncytial virus (RSV). Given that the circulation period of RSV generally occurs later in Nunavik, the administration calendar for the 2019 season was set from January 1 to May 31.

Various training programs were offered to physicians and other health professionals and interveners. Moreover, the various aids destined for parents and professionals were updated. In order to document accurately the respiratory infections and the impact of this measure on babies in Nunavik, an evaluation project continued in its third year.

With the goal of reinforcing the struggle against respiratory infections, once again this year a campaign promoting hand washing was conducted. Stickers with brief messages in the three languages in use in Nunavik were distributed through the region’s various organizations.

## PREVENTION AND HEALTH PROMOTION

*"It takes a village to raise a child."*

### Proverb

The above adage gives full meaning to the role of health promotion, as the approach is a multifactor one, generally takes into account a range of health determinants such as food security, mental well-being, availability of health services, safety and security, education, livelihood, culture and language as well as quality of early-childhood development<sup>1</sup>, and relies on a multitude of partners to carry out the various programs and initiatives appropriately.

The World Health Organization's 2016 Shanghai declaration on promoting health in the 2030 Agenda for Sustainable Development states that promoting health takes into account the interdependence between sustainable health and well-being and the planet's health; it gives individuals greater control over their health by enabling them to participate and express themselves; it reduces health inequalities brought on by unequal distribution of funds, power and resources; it acts on the transversal determinants of health, whether political, economic, social, cultural or environmental, and results in related societal benefits through collaboration within sectors and across sectors, at different levels of governance and with a broad range of societal actors.

Prevention and health promotion can take various forms: support for the creation of favourable environments, reinforcement of community action, acquisition of individual skills, participation in the design of policies or integration into health services<sup>2</sup>. In the particular context of Nunavik, it is of capital importance to emphasize this type of initiative; working upstream of problems is, in the medium to long term, the way to solve them.

## Healthy Nutrition

Healthy nutrition is encouraged in many ways, such as support for community kitchens and activities encouraging the sharing of previous generations' knowledge about the preparation of traditional foods. An ongoing effort ensures that the communities' needs are heard and that support includes funding, assistance in planning and starting up initiatives, and creation of nutrition-education tools that reflect the regional reality.

Regional training on the promotion of healthy nutrition and community kitchens was held in Inukjuak in April 2018. It brought together 18 participants (facilitators of community kitchens, persons responsible for soup kitchens, CLWWs). The training objectives were to develop skills in organizing, managing and supporting community-kitchen and nutrition activities as well as to improve networking among the community workers who organize such activities les throughout Nunavik.

As for the community kitchens, various activities were supported in the communities of Kangiqsualujuaq, Kangirsuk, Salluit, Ivujivik, Puvirnituk, Inukjuak and Kuujjuaraapik. The NRBHSS also supported Youth Fusion, which organized activities in cooking and promotion of healthy nutrition in eight communities.

Jointly with Kativik Ilisarniliriniq, the Imatsiaq campaign was launched in three pilot schools in the fall 2018: Kiluutaq School in Umiujaq, Tukisiniarvik School in Akulivik and Jaanimmarik School in Kuujjuaq. The objective is to encourage youths aged 5 to 17 years to adopt water as principal drink. Water coolers, a reusable water bottle for each schoolchild, promotional materials including a challenge concerning water consumption, a story for primary pupils entitled Water from Nature Directly to Our Homes, cleaning checklists for water coolers and posters were sent to the above schools. The pilot projects were conclusive and the project was expanded in the winter 2019 to two other schools: Arsaniq School in Kangiqsujuaq and Pitakallak School in Kuujjuaq. It will gradually be deployed in other schools in Nunavik over the next few years.

<sup>1</sup> Regional plan of action for public health 2016-2020.

<sup>2</sup> Ottawa Charter, 1986.

## Food Security

Many Nunavimmiut have difficulty purchasing nutritious food or accessing traditional foods due to lack of resources or limited availability in the community. Food insecurity, which remains very high in Nunavik, has a considerable impact on the physical and mental health of those subject to it.

For those reasons, first, support is provided for short-term projects that make healthy foods available, particularly for children, pregnant women and those with low income or in need. In 2018-19, the following initiatives were supported:

- coupon program to improve access to healthy foods during pregnancy and the first year of a child's life;
- breakfast and snack program in schools of the school board;
- three community projects for food assistance for those in need, including elders: Sirivik project in Inukjuak, soup kitchen in Kuujjuaq and food-security project in Salluit. Two of the three projects include an educational component on ent volet éducatif sur cooking and nutrition;
- community initiative to distribute traditional foods to pregnant women in Akulivik.



Second, to develop sustainable solutions to the problem, the Department of Public Health coordinates a regional working group tasked with designing a food-security policy and a plan of action for Nunavik. That policy will primarily aim at better structuring actions and resources among the regional organizations in order to improve access to and availability and quality of food. After an initial working session on access to traditional foods, three other sessions bringing together close to 80 Nunavimmiut from different communities and actors from the food sector were organized on the following priority topics:

- community response to food insecurity and promotion of healthy nutrition (Inukjuak, April 2018);
- access to and availability and quality of healthy, store-bought foods (Kuujjuaq, September 2018);
- local food production and transformation (Kuujjuaraapik, December 2018).

The working group will use the recommendations for action resulting from those four sessions to draft the food-security policy and the plan of action, which should be ready during 2019-2020.

The Department of Public Health has also participated since January 2019 in the Inuit-Crown Food-Security Working Group, created jointly by Inuit Tapiriit Kanatami and the federal government. That group enables formulating recommendations for changes to federal policies and programs that could contribute to improving food security.

### **Controlling Cannabis Use**

The legalization of cannabis in 2018 raised numerous preoccupations in public health throughout the country, including in Nunavik. In response to those preoccupations, a meeting of regional organizations was held in Kuujuaq on October 17, 2018, in order to define common actions. During the meeting, youth health stood out as a major concern given the high levels of consumption. The importance of conveying messages to the public, created by and for Nunavimmiut, was also brought up. A cross-sector working group was created and met twice in 2018-2019. The working group's members are focussing efforts at establishing a community workshop intended for the municipalities and aimed at fostering exchange within the community as well as the establishment of harm-reduction approaches.

### **Efforts against Smoking**

The year 2018-2019 was marked by the hiring of two full-time officers and one part-time physician to support deployment of the new anti-smoking strategy in Nunavik. The strategy covers actions aimed at smoking cessation, smoking prevention, protection of non-smokers and monitoring of smoking within the population.

The 2018 (Stay) Quit to Win Challenge was a great success, with 393 registrations, 66% women and 33% men. The average age of the participants was 29 years and 43% of them were entering the challenge for the first time.

Work was also undertaken to improve access for all to smoking-cessation services. Two officers were trained and could in turn provide training for local cessation advisors. A joint initiative with McGill University (Anirniq research project) is under way to take an inventory of the current smoking-cessation services offered by health workers and to increase the interventions for support and cessation within the communities.

### **Integrated Services in Perinatal and Early Childhood – Ilagiilluta**

To take stock of the implantation of integrated services in perinatal and early childhood begun more than five years ago in the region, an evaluation process was launched. That evaluation, of a participative nature, will be carried out among the interveners and the representatives of the clientele served in the communities of Kuujuaq and Inukjuak. Moreover, regional guidelines were drafted. They will be the object of consultation in 2019-2020 among the partners to ensure they represent the shared vision that Nunavik would like for the Ilagiilluta program.

### **Foetal Alcohol Spectrum Disorder**

Regional training entitled "Trying differently rather than harder— Understanding and Application of a Neurobehavioural Approach to FASD and Other Brain-Based Conditions" was given in Kuujuaq and Inukjuak. Close to 45 persons working with young children attended. The objectives were notably to understand how better identification of disorders affecting a child's brain enables development of efficient, appropriate arrangements, to better recognize the different diagnoses in children and to understand the neurobehavioural approach. The NRBHSS also supported awareness activities relative to foetal alcohol spectrum disorder organized by the health centres in various communities.

### **Physically Active Lifestyles**

In 2018-2019, support was provided for an important number of projects carried out by various community organizations: purchase of psychomotricity materials for day-cares, the Volleyball Nunavik program, Nurrait (Jeunes Karibus) and activities of Transformative Life Skills (TLS) in the schools.

### **Good Touch/Bad Touch (GTBT) Program**

There were fewer activities under the GTBT program in 2018-2019 due to more limited availability of human resources dedicated to its deployment. Two communities were visited: Ivujivik and Puvirnituk. The latter benefitted from the team's presence twice, which enabled raising awareness among several partners of the community besides the training offered at the two schools.

## Opioids

In spite of the relatively calm situation compared to elsewhere in Québec and Canada concerning the opioid crisis, the NRBHSS launched efforts in order to be prepared to intervene appropriately should cases of opioid overdose occur on the territory. The following priorities were retained in a plan of action to be applied in 2019-2020: make naloxone available to police officers and first responders and ensure adequate stocks of naloxone in the CLSC of each community; set up a watch and monitoring system for overdoses; organize training on opioids and administration of naloxone.

## Healthy School Approach

As partner of the school board in carrying out activities according to the Healthy School approach, the regional board supported the approach in order to facilitate management of the various projects proposed by the schools in the absence of a dedicated resource from the school board. That partnership strengthened the relations between the two organizations and was well received.

Further, discussions were held on the development of a well-being curriculum, jointly with the school board. The latter intends not only to develop teaching activities on health-related issues for teachers but also to create school environments conducive to health.

## SURVEILLANCE OF STATE OF HEALTH

The 1 357 participants in the Qanuilirpitaa? survey conducted from August 17 to October 5, 2017, on board the Amundsen vessel received their individual clinical results during the summer 2018. Jointly with the Institut national de santé publique du Québec and the research teams, work continued on analysis of the data gathered and on preparation for circulation of the health profiles. The production of some 20 thematic reports is expected during 2019-2020.

A committee for management of the Qanuilirpitaa? data composed of representatives of the regional organizations that partnered with the survey was set up in the summer 2018. That committee is tasked with receiving and authorizing researchers' applications for access to data, commenting on the preliminary results produced by researchers and, finally, receiving final productions (scientific articles or presentations, theses, etc.) for approval before circulation.

Pursuant to the announcement of funding of \$82 M over 10 years by the federal government to support health surveys in Inuit Nunangat, the NRBHSS has participated since the spring 2018 in a working group that brings together the four Inuit regions. Headed by ITK, the group is tasked with designing a health survey that includes a component common to the four regions and regional components in accordance with needs. The first survey is scheduled for 2021 and a survey will be conducted every five years thereafter. The NRBHSS consulted its regional partners in January 2019 to identify the priority topics for this survey.



**DEPARTMENT OF  
INUIT VALUES  
AND PRACTICES**

Brighter Futures  
Program

The Residential Schools (IRS) Emotional  
and Cultural Support Program

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Missing and Murdered Indigenous  
Women and Girls

Mental Health Team

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Prevention of  
Elder Abuse

Midwifery

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Wellness Committees

**The Department of Inuit Values and Practices has six full-time positions that are filled and two vacant positions:**

- Director of the department;
- Three residential schools support workers with one vacant position;
- Brighter Futures program officer;
- Secretary for the department;
- Vacant position: Elder abuse-prevention officer.



### **Brighter Futures**

The Brighter Futures program provides funding to all 14 communities on a per capita basis. The fund is now subject to the flexible agreement, which started this year. This year 51 projects were funded under the program.

### **Residential Schools**

Under the residential schools program, there are three full-time support workers and one vacant position; six other individuals are hired under contract when extra help is needed with the support work in a given community.

The team facilitated the Puttautiit conference in Kangiqsujuaq and provided training to community members on basic grief-counselling skills. Three communities have been covered to date.

### **Missing and Murdered Indigenous Women and Girls**

This is a new program implemented with funding from the federal government. A new pilot project has been started for counselling services in Kuujjuaq at a schedule of two weeks within one month with a one-week interval. This project will start on the Hudson coast, in Puvirnituaq, at the end of April 2019.

### **Mental Wellness Team**

A training session was held for 15 participants who are already in the workforce to strengthen counselling skills for clients with mental-health issues.

### **Prevention of Elder Abuse**

The position for officer in charge of elder abuse-prevention is vacant; therefore the program has been suspended until the position is filled.

### **Midwifery**

The midwifery working group met only once this year due to lack of funds for the group's functioning. However, it will be reactivated within the new fiscal year with new funding available. As for the birthing centres, the priorities have been listed and sent to the MSSS for approval.

### **Wellness Committees**

Wellness committees consist of community members working under the supervision of the municipal councils; 13 communities have an active committee. Funding for the committees is provided by the NRBHSS.







**REGIONAL  
HUMAN-RESOURCES  
DEVELOPMENT**

The year 2018-2019 was a spectacular year for the Department of Regional Human-Resources Development (DRHRD). Through solid partnerships, new accredited programs were launched, such as the Institutional and Homecare Assistance diploma on the Ungava Coast and a third accredited program leading to an Attestation of Collegial Studies (AEC) in Supervision in Human Resources. The department also works hard at promoting career opportunities in the health and social services network among the local population as well as the general population in the South through multiple fairs. Big steps were also taken concerning *Bill 21*, in which our department plays a key role at designing a credited training program that would allow Inuit workers to perform reserved acts.

## TRAINING

### **Diploma of Vocational Studies (DVS) in Institutional and Homecare Assistance (credited training)**

This study program was developed in partnership with Kativik Ilisarniliriniq in collaboration with the Ungava Tulattavik Health Centre. The future graduates will obtain a Diploma of Vocational Studies in Institutional and Homecare Assistance that will allow them to work as accredited patient-care attendants everywhere in the province. The first edition of this 1.5-year work-study program started in Kuujjuaq in October 2018 at full-capacity with 15 students. The same program is planned to start on the Hudson coast in collaboration with the Inuulitsivik Health Centre at the beginning of 2020. The study program will become permanent given the high need for Inuit workers in the health-care sector in Nunavik.

### **Collège Marie-Victorin: Attestation of Collegial Studies (AEC)**

Communication in Helping Relationships, Communication in Administration and Supervision in Human Resources

Since September 2016, two credited programs entitled Communication in Helping Relationships and Communication in Administration have been given in partnership with Collège

Marie-Victorin. Groups of students are enrolled in Kuujjuaq, Salluit, Puvirnituk and Inukjuak. In the fall of 2018 a third AEC was developed and then launched in the winter 2019: Supervision in Human Resources. Students attended classes in Kuujjuaq and Salluit.

Fifty-five Inuit employees from youth protection, CLSC front-line services and rehabilitation services attended between 6 and 10 training sessions for a total of 653 hours of training in the four villages mentioned above.

Fourteen Inuit employees from the health and social services network attended the Communication in Administration training; training sessions totalling 420 hours of training were held, both in Puvirnituk and Kuujjuaq.

Lastly, the newest program, Supervision in Human Resources, was given three times this winter: 42 hours of training for five students between Kuujjuaq and Salluit.

A total of 15 students obtained their Attestation of Collegial Studies from Cégep Marie-Victorin. Two graduation ceremonies were held in May, one in Kuujjuaq and one in Salluit, to celebrate

the accomplishment of these students. A graduation ceremony is planned in the fall for Puvirnituk's students.

### **McGill: Certificate in Health & Social Services Management (credited training)**

Over the past year, four university-level courses were provided under McGill University's Health and Social Services Management certificate program (30-credit program). A total of 21 Inuit personnel members, management personnel and potential management personnel participated actively in this training.

The courses are given intensively over seven days in alternation between Kuujuaq and Puvirnituk. Many students are on their way to completing this program and two graduated during McGill's convocation in May 2019.



### **Preparation for the North for New Employees**

A three-day session of preparation for the North is offered to every new employee in the health and social services network of Nunavik and invitations have been extended to network partners and interns coming to Nunavik for their internship. The first day of training provides an introduction to Inuit culture, while the second day helps prepare new employees for intercultural communication and cultural adaptation. The third day is focussed on the health and social services network and preparation to

travel and live in a northern community. In total, 21 sessions were held in 2018-2019 and 186 individuals participated.

### **Inuktitut Class**

The department is working in collaboration with the *Institut national des langues et civilisations orientales (INALCO)* in Paris to offer beginner to advanced Inuktitut lessons by visio-conference to employees of the NRBHSS, the Inuulitsivik Health Centre and the Ungava Tulattavik Health Centre. Seven students enrolled in the 2018-2019 course.

### McGill: English-Language Training Program

The McGill School of Continuing Studies in partnership with the *ministère de la Santé et des Services sociaux (MSSS)* is offering an English-language training program to the French-speaking employees of the health and social services network who are working in an English-speaking environment. All students have to complete two categories of classes to complete a level: an online portion (24 hours) and an in-class portion (16 hours). During the fall session four employees enrolled and between January and April 2019, three employees participated in this training. The contract was renewed until 2023.

### Word and Excel Training

The department organized *Word* and *Excel* training sessions for the NRBHSS employees in September 2018 in collaboration with Versalys, a professional-development organization. A total of 6 employees participated in the *Word Beginner* session, 14 in the *Word intermediate*, 15 in the *Excel beginner* and 7 in the *Excel intermediate*. The feedback showed that the training was useful and the department received requests from different NRBHSS managers asking that the training be offered every year.

### Collaboration with the Distance Teaching and Learning Centre (DTLC)

The DTLC offers credited training through visio-conference for health professionals of the northern and remote regions of the province. For 2018-2019 the department continued the collaboration with the DTLC and worked on promoting the diffusion of information between the DTLC and both health centres in order to facilitate access to training for health professionals.

## PROMOTION AND RECRUITMENT

### Career Promotion

The NRBHSS was present at various career fairs and universities to promote specialized jobs in Nunavik. The region was represented under the Perspective Nunavik banner (bringing together the NRBHSS, the IHC and the UTHC) at 24 different events throughout the 2018-2019 year. The Perspective Nunavik booth attracted the interest of many participants and efforts have led to the hiring of some individuals.

### Participation in the Kativik Ilisarniliriniq Nunavimmiut Future Fair

The NRBHSS also participated in the Kativik Ilisarniliriniq Nunavimmiut Future Fair in collaboration with the Inuulitsivik and the Ungava Tulattavik Health Centres. **Six communities were visited**—Inukjuak, Puvirnituaq, Salluit, Kangiqsujaq, Kuujuaq and Kangiqsualujuaq—in order to promote the different careers available regionally for *Nunavimmiut* in the health and social services network. The NRBHSS carried out three types of activities during this event. First, a Perspective

Nunavik booth was set up in an evening fair in each community. Second, class presentations promoting the different careers available in health care and social services were given in schools to students from Grade 7 to Secondary 5 and adult education. Third, guided tours of the Puvirnituaq Hospital and Inukjuak and Salluit CLSCs were organized for the high-school students of these three communities. These tours allowed the students to hear health and social services professionals talk about their day-to-day work.

Participation in this event had positive outcomes: increased collaboration between the NRBHSS and the two health centres; networking between the NRBHSS and many other Nunavik organizations; promotion of the mission of the NRBHSS; promotion among young *Nunavimmiut* of a variety of careers available in the health and social services network of Nunavik; and transmission of information to young Nunavimmiut and their teachers about study programs for indigenous students.

## Internships

### Health Centres

The NRBHSS provided funding to both health centres for activities related to internships. In total, 22 interns were able to experience the North in the context of an internship related to their program of study. The candidates selected were from various colleges and universities with diverse fields of study, including nursing, psychoeducation, dentistry, specialized education, etc.

### Pijunnaqunga

Pijunnaqunga is a KRG internship program that aims to empower young Inuit from Nunavik in developing their skills through hands-on work experience. The program includes in-depth interviews and an intensive training session plus one paid internship in a Nunavik organization with solid mentoring support. Pijunnaqunga intends to offer internship opportunities in significant positions within Nunavik regional organizations to

encourage the development of the next generation of Nunavik leaders. The NRBHSS is currently working on the development of internships within the organization.

### Collaboration with the Eagle Spirit Science Futures Summer Camp

The department worked in collaboration with the McGill Eagle Spirit Science Futures Summer Camp to give six *Nunavimmiut* teenagers the chance to attend this one-week science summer camp for indigenous youth. The department contributed by providing financial support for the plane tickets of the campers and the chaperone. The camp is an opportunity to spark the interest of young *Nunavimmiut* in science from both the western and traditional indigenous perspectives as well as in careers in health care. The collaboration will be reinforced for the next year.

## APPLICATION OF THE ACT TO AMEND THE PROFESSIONAL CODE AND OTHER LEGISLATIVE PROVISIONS IN THE FIELD OF MENTAL HEALTH AND HUMAN RELATIONS (BILL 21) IN ABORIGINAL COMMUNITIES

To address the issues raised by *Bill 21* with the Government of Quebec and propose adapted solutions to support the application of *Bill 21* in First Nations and Inuit (FNI) communities, a committee was created in 2016 in which our department plays an active role.

In September 2018, a steering committee and a working group composed of directors and professionals of all the organizations met in Puvirnituk to prepare a detailed work plan for the next five years.

Subsequently, the working group began its task and mainly focussed on identifying the clinical and cultural competencies required to perform adapted and culturally safe psychosocial interventions.

Our department collaborates closely with the Department of Planning and Programming. This collaboration gave us the chance to validate the cultural competencies identified with the Sukait Committee, which is the working group on the project *Nunavimmi Ilagijt Papatauvinga* (cultural adaptation of youth-

protection services in Nunavik), and with the representatives of the youth forum that was held in Kuujuaq last February.

In the coming year, the working group will develop a credited training program and elaborate a mechanism to ensure recognition of the acquired knowledge and skills of aboriginal workers already employed in the field of mental health and human relations within FNI communities.

Those training programs will help counter the effects of the application of *Bill 21*, which reserves a number of acts in the field of mental health and human relations for the members of certain professional orders.

## **DEVELOPMENT OF TRAINING**

A joint project with the Department of Planning and Programming aims at regionalizing the training on the extended role of nurses—training required in order to practise nursing in Nunavik—and basing its coordination at the NRBHSS.

The department is also working closely with the MSSS on a plan for all nurses holding a college degree to undertake a 25-hour refresher training program made mandatory by the MSSS under *Bill 90*.

The department continued discussions, planning and coordination of the development of new projects aimed at responding to the needs of the population as well as the local workers who wish to expand their skills in a given field.





**DEPARTMENT OF  
OUT-OF-REGION  
SERVICES**

## RESTRUCTURING THE DEPARTMENT OF OUT-OF-REGION SERVICES

This fiscal year involved reviewing and restructuring of the Department of Out-of-Region Services. The department has grown from one officer to three officers. Two officers were hired in February and started their training in Kuujuaq on March 4, 2019, for a period of three months and will resume their training at Ullivik starting in May.

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The reviewing of this departments' structure and needs involved a visit to the NIHB (non-insured health benefits) department of the Cree Health Board in Chisasibi, Québec, to see how the latter is structured and organized in terms of the job and task descriptions. It is our goal to increase the number of employees

in this department to ensure efficiency in the delivery of the NIHB program.

The regional user transportation policy was revised to reflect the needs of users during their medical stay in Montréal and tabled and approved at the NRBHSS board of directors meeting last February; however, the two institutions' boards of directors tabled other recommendations pertaining to the escort policy which were addressed at the meeting of the members of the regional committee on out-of-region services. The revisions will once again be tabled at the NRBHSS board meeting in June.

## PROCESS OF REVISION OF THE NIHB PROGRAM

The following health benefits are available to beneficiaries of the JBNQA:

- prescription medication;
- over-the-counter and patented medication;
- medical supplies;
- transportation for medical reasons and escorts, interpreters and lodging;
- eye care, including spectacles and contact lenses when required for medical reasons;
- dental care;
- hearing aids;
- psychiatric services (short term).

With an agreement for guidelines of the NIHB program, we now have a governance structure that can be reformed and improved in an ongoing manner and maintained up-to-date in terms of health benefits and products. Ullivik

Ullivik's operating budget increases every fiscal year to keep pace with clientele growth. This fiscal year, our operating budget was 13 million dollars with nearly 10,000 clients coming to Montréal. For fiscal 2018-2019, we spent 2.4 million dollars just on hotel rooms.

Working with the NRBHSS Department of Planning and Programming and the MUHC, we are changing the way our nursing liaison services provide care to our clients. We have been going through a transition since last year from our liaison nurses servicing communities to specialties. The first phase of this project was the implementation of pediatric services with two liaison nurses, one social worker, two *ikajurti* and one administrative agent. The next phase will be the implementation of oncology and internal medicine in the early summer of 2019.

Ullivik continues to work closely with SPVM Station 5 and has been invited by other stations on the island of Montréal including

the Montréal Trudeau Airport to offer sensitivity sessions to police officers.

## OTHER ACTIVE PORTFOLIOS

The mandates of the regional committee on out-of-region services are as follows:

- define the objectives, policies and procedures for out-of-region services;
- formulate recommendations concerning organization of Ullivik;
- improve the services offered to the clients and others requiring health services, social services and out-of-region services;
- receive activity reports on out-of-region services and formulate recommendations;
- analyze the financial reports;
- formulate recommendations concerning budget availability at the start of the year as well as corrective measures required in case of deficit during the fiscal year;
- formulate recommendations for both health centres concerning application of the policy on user transportation for medical reasons;
- provide the necessary information for the NRBHSS board of directors to enable it to make the appropriate decisions concerning management of out-of-region services;
- support the patriation of services.



The director of Out-of-Region Services chairs this committee, which is composed of the NRBHSS executive director, the executive directors of the Inuullitsivik Health Centre and the Tulattavik Health Centre, the NRBHSS director of Administrative Services, the NRBHSS director of Planning and Programming, and the director of Ullivik.



**DEPARTMENT OF  
ADMINISTRATIVE  
SERVICES**

The Department of Administrative Services ensures a wide range of support services for the other departments of the Nunavik Regional Board of Health and Social Services (NRBHSS). Our primary resource-management services are budget and financial services, human-resources management, procurement services, fixed-assets management and information resources. The department also supports the annual development and follow-up of the strategic regional plan. In line with that plan, the department manages the development and follow-up of capital projects for short- and long-term investments for the entire health and social services network. Moreover, it ensures support for the region's two health centres on various portfolios such as budgets and other financial services as well as fixed-assets maintenance through various renovation and replacement projects. The administrative-services team works to establish, maintain and foster positive, productive and respectful working relationships with the goal of ensuring efficient and optimal use of resources.

## FINANCIAL RESOURCES

### Regional Budget

The regional credits from the ministère de la Santé et des Services sociaux (MSSS) for 2018-2019 total \$206.0 M, destined for the Nunavik health and social services network as shown in the table below. During the year, the Nunavik Regional Board of Health and Social Services (NRBHSS) allocated those credits to the various institutions and organizations.

The two health centres received funding in the amount of \$147.7 M for their activities. The NRBHSS transferred \$10.1 M to eligible community organizations. Through that envelope, it also received and managed funds earmarked for the program for non-insured health benefits.

Allocations	2017 / 2018	2018 / 2019
Institutions		
Inuulitsivik Health Centre	\$73.8 M	\$79.9 M
Ungava Tulattavik Health Centre	\$60.3 M	\$67.8 M
NRBHSS earmarked funds		
Non-insured health benefits	\$22.2 M	\$22.7 M
Other	\$17.3 M	\$17.3 M
Community organizations		
Youth centres	\$4.1 M	\$4.1 M
Other (see table of community organizations)	\$5.3 M	\$6.0 M
Reserve		
Reserve	\$2.5 M	\$2.7 M
<b>TOTAL TRANSFERS</b>	<b>\$185.5 M</b>	<b>\$200.5 M</b>



## OPERATING BUDGET AND FINANCIAL RESULTS OF THE HEALTH CENTRES

In accordance with its advisory role with the health centres, the NRBHSS invested major efforts during the year, including several meetings to ensure proper fiscal follow-up. The Inuulitsivik Health Centre (IHC) ended the year with an operating surplus of \$1 988 631, as shown in the table below. The Ungava Tulattavik Health Centre (UTHC) ended the year with an operating surplus

of \$583 000. The regional board continues its support for the UTHC toward fiscal balance, and this without negatively affecting the services offered to the population.

Public institutions	2017 / 2018		2018 / 2019	
	Net authorized budget	Surplus (deficit)	Net authorized budget	Estimated surplus (deficit)
<b>IHC</b>	\$73.8 M	\$2.3 M	\$79.9 M	\$2.0 M
<b>UTHC</b>	\$60.3 M	(\$1.0 M)	\$67.8 M	\$0.6 M
<b>TOTAL</b>	\$134.1 M	\$1.3 M	\$147.7 M	\$2.6 M



## FUNDING FOR COMMUNITY ORGANIZATIONS

The following table shows the amounts allocated to eligible community organizations.

Community organizations	2017 / 2018	2018 / 2019
Associations		
<b>Inuit men's associations</b>		
Qajaq network	\$155 000	\$146 141
Unaaq (Inukjuak)	\$155 000	\$150 000
Egimak men's association of Puvirnitug	-	\$100 000
<b>Inuit women's association</b>		
Saturviit (Nunavik)	\$155 000	\$150 000
<b>Inuit youth association</b>		
Youth council (Nunavik)	\$155 000	\$150 000
Residences for elderly persons		
Qilangnguanaaq (Kangiqsujuaq)	\$350 000	\$350 000
Sailivik (Puvirnitug)	\$350 000	\$350 000
Sammiak elders' committee (Salluit)	\$20 000	\$20 000
Tusaajiapik day centre (Kuujuuaq)	\$250 000	\$157 000
Committee of the Ayagutaq residence (Inukjuak)	\$20 000	\$20 000
Family houses		
Iqivik family house (Salluit)	\$150 000	\$225 000
Qarmaapik (Kangiqsualujuaq)	\$400 000	\$400 000
Tasiurvik Centre (Kuujuaraapik)	\$100 000	\$91 666
Residences for mental-health clients		
Uvattinut supervised apartments (Puvirnitug)	\$300 000	\$300 000
Community residence (Ungava)	\$350 000	\$350 000
"I Care We Care" project	-	\$93 721
Treatment centre		

Isuarsivik (Kuujuuaq)	\$1 100 000	\$1 500 000
Women's shelters		
Ajapirvik (Inukjuak)	\$300 000	\$325 000
Initsiak (Salluit)	\$535 000	\$535 000
Tungasuvvik (Kuujuuaq)	\$550 000	\$550 000
<b>TOTAL TRANSFERS</b>	<b>\$5 395 000</b>	<b>\$5 963,528</b>

## 2018-2019 OPERATING BUDGET

In accordance with the Act respecting health services and social services (Chapter S-4.2) and the MSSS' bulletins, the estimates for the 2018-2019 operating budget were produced in the amount of \$24.0 M and adopted by the NRBHSS board of directors. Thanks to adequate fiscal planning and processes, the NRBHSS ended the year with a surplus of \$6.2 M (due to an extraordinary sales-tax return). According to its responsibilities, the Department of Administrative Services provided financial expertise and support for all the departments as well as the audit committee.

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### Earmarked Funds

Aside from the operating budget, the regional board receives and manages funds earmarked for specific activities. These funds are provided by two sources: the ministère de la Santé et des Services sociaux and the regional envelope.

### Capital Funds

The 2018-2019 three-year conservation and functional plan was updated. Jointly with the health centres, the regional board provided support and funding to carry out most of the projects in Nunavik. It transferred a total of \$5.5 M for various capital projects. That amount was divided into four regional envelopes:

Organizations	Assets maintenance	Minor renovations	Medical equipment	Non-medical equipment	TOTAL
IHC	\$593 653	\$365 187	-	\$292 414	\$1 251 254
UTHC	\$617 399	\$220 370	\$395 775	\$790 694	\$2 024 238
NRBHSS	\$2 205 640	\$24 212	-	-	\$2 229 852
<b>TOTAL</b>	<b>\$3 416 692</b>	<b>\$609 769</b>	<b>\$395 775</b>	<b>\$1 083 108</b>	<b>\$5 505 344</b>

The regional board supported several projects in 2018-2019, including, among others, major renovations to a six-plex, in order to maintain, improve and conserve institutional and residential immovables. Other renovation projects included modernization of the reception area in the regional board's head office, upgrades to the furnishings in the employee housing units and minor, functional renovations, the whole with the goal of improving

employee conditions and services. Moreover, in order to facilitate and improve processing of requests sent to technical services, we now manage work orders through the Octopus software.

## FEDERAL FUNDS

The contribution agreements totalling \$10.3 M annually were signed with the federal government for a three-year period (2016 to 2019). Unlike the provincial earmarked funds, the federal

government recovers any unused portion at the end of the fiscal year.

Community organizations	2017 / 2018	2018 / 2019
Aboriginal Diabetes Initiative	\$720 682	\$680 682
Aboriginal Health Human Resources Initiative	\$101 950	\$101 962
Brighter Futures	\$1 224 165	\$1 260 890
Children's Oral Health Initiative	\$98 000	\$220 227
Federal Tobacco Control Strategy	\$220 566	\$220 566
Foetal Alcohol Spectrum Disorder	\$371 762	\$393 762
Home and community care	\$2 796 580	\$3 128 724
Residential-schools portfolio	\$675 030	\$675 030
Maternal- and infant-health care program	\$40 000	\$85 000
Mental health in the communities	\$5 000	\$33 284
Crisis management in mental health	\$923 746	\$951 458
Midwifery	\$25 000	-
Nutrition North Canada	\$490 000	\$490 000
Prenatal nutrition program	\$333 371	\$343 372
Qanuilirpita: study on Arctic pollution	\$219 350	\$119 140
Quality control	\$330 575	\$592 275
Sexually transmitted and bloodborne diseases	\$36 000	\$125 000
Suicide-prevention strategy	\$473 000	\$490 000
Tuberculosis	\$21 000	\$40 000
Missing and Murdered Indigenous Women and Girls	-	\$159 769
National Native Alcohol and Drug Abuse Program	-	\$31 960
Canadian drugs and substances strategy	-	\$140 000
Nunavik Nutrition and Health Committee	\$136 275	\$131 725
<b>TOTAL SUBSIDIES</b>	<b>\$9 242 052</b>	<b>\$10 283 101</b>

## OTHER ACTIVITIES

The regional board also provided support for and contributed to certain specific portfolios.

### Strategic Regional Plan

During 2018-2019, we held discussions with the MSSS in view of a new agreement on the strategic regional plan for obtaining a development budget and for capital projects. The strategic regional plan spans seven years and will end in 2025.

### Capital Master Plan

On February 15, 2011, the regional board concluded an agreement with the MSSS to fund capital projects.

Organizations	Assets maintenance
Health and social services	\$178 M
Personnel housing	\$102 M
TOTAL	\$280 M

According to the agreement, the regional board revised its capital master plan (CMP) to establish priorities in short- and long-term capital investments and in order to use it as management tool. The advisory committee for the capital master plan continues to update the plan as well as follow up capital projects in Nunavik.

Projects	Installations for health and social services	Personnel housing
<b>Projects begun before signature of the agreement:</b>		
equipment acquisition, fixed-assets maintenance, office space, group homes (2), 19 supervised living units, 6 housing units	\$18,3 M	\$20,4 M
70 personnel housing units (2011-2012)	-	\$33,9 M
Construction of a building for the DYP in Puvirnituq	\$12,8 M	-
Rehabilitation centre for girls (12-18 years) in Inukjuak	\$24,7 M	-
50 housing units	-	\$25,7 M
Aupaluk CLSC	\$43,2 M	-
42 housing units	-	\$22,0 M
Other	\$10,0 M	-
<b>TOTAL COMMITMENTS</b>	<b>\$109,0 M</b>	<b>\$102,0 M</b>
<b>AVAILABLE BALANCE</b>	<b>\$69,0 M</b>	<b>\$0 M</b>

Capital envelope on March 31, 2019

## CAPITAL PROJECTS

The year 2018 was a very busy one in the fixed-assets sector, a year of completion and closure of numerous projects for construction and renovation as well as progressive changes in the personnel and organization of the sector. Below are some projects we worked on in 2018-2019.

### **Aupaluk CLSC**

Work on the new CLSC began in the summer 2018 and continues. It is expected to be complete by the end of 2020.

### **Personnel Housing in 2018-2019**

Phase III of the construction of 42 units is complete and the units were delivered to the institutions in six communities.

## INFORMATION RESOURCES

During the past year, the regional board's informatics services participated in several projects with varying origins and scope: provincial, regional (Nunavik) and local (NRBHSS).

Thus, during 2018, informatics services completed two major projects. Under the supervision of the Direction générale des technologies de l'information (DGTI), we were able to complete migration of the IBM Notes messaging platform to Microsoft Outlook.

Again during the year, we deployed a pharmacy-information system (PIS) for the hospital pharmacy and another community system at both health centres, Inuulitsivik on the Hudson coast and Tulattavik on the Ungava.

The project-management system Wrike was also deployed, the goal being to aid the regional board's employees in better monitoring the various projects in each department.

We began work with the McGill University Health Centre (MUHC) toward setting up a system for ongoing training: the digital learning environment (DLE).



## HUMAN RESOURCES

The Nunavik Regional Board of Health and Social Services employs a total of 136 persons, 32 of whom are based outside the office in Kuujjuaq.

Departments	Permanent full time	Temporary full time, specific projects	Base in the South (included in the total of 136)
Administrative Services			
Employees	19	4	2
Management	6	-	1
Executive Management			
Employees	13	2	5
Management	2	-	-
Regional Human-Resources Development			
Employees	6	3	2
Management	1	-	-
Inuit Values and Practices			
Employees	5	-	-
Management	1	-	-
Out-of-Region Services			
Employees	3	-	2
Management	1	-	1
Planning and Programming			
Employees	19	6	8
Management	4	2	-
Public Health			
Employees	21	13	11
Management	5	0	-
<b>TOTAL</b>	<b>106</b>	<b>30</b>	<b>32</b>

Positions by department and status on March 31, 2019.

## **ACCOMPLISHMENTS IN 2018-2019**

With the expansion of our teams, it became essential to establish two committees on professional relations. The first is the committee of intermediate management officers, tasked with fostering better communications between the regional board's departments and discussing various management practices aimed at information circulation and equity among the personnel. The second is the committee on employee relations and communications, tasked with improving communications with the employees and employer, ensuring mutual understanding of the issues between the two parties and proposing potential solutions for the steering committee concerning the employees' concrete and common problems.







**SUMMARY  
FINANCIAL  
STATEMENTS**

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES**

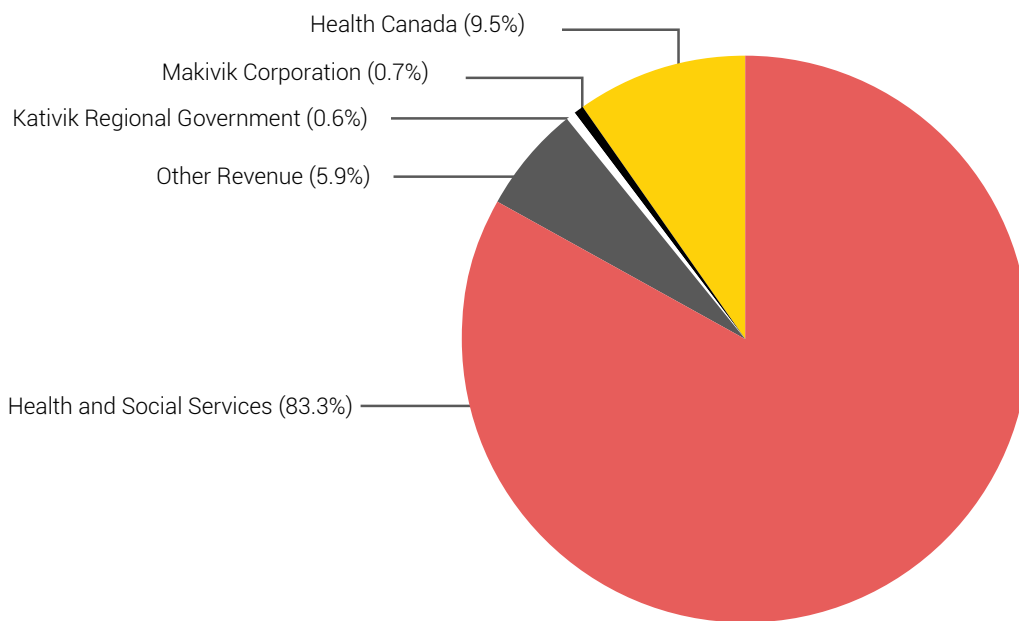
**SUMMARY FINANCIAL REPORT**

**MARCH 31, 2019**

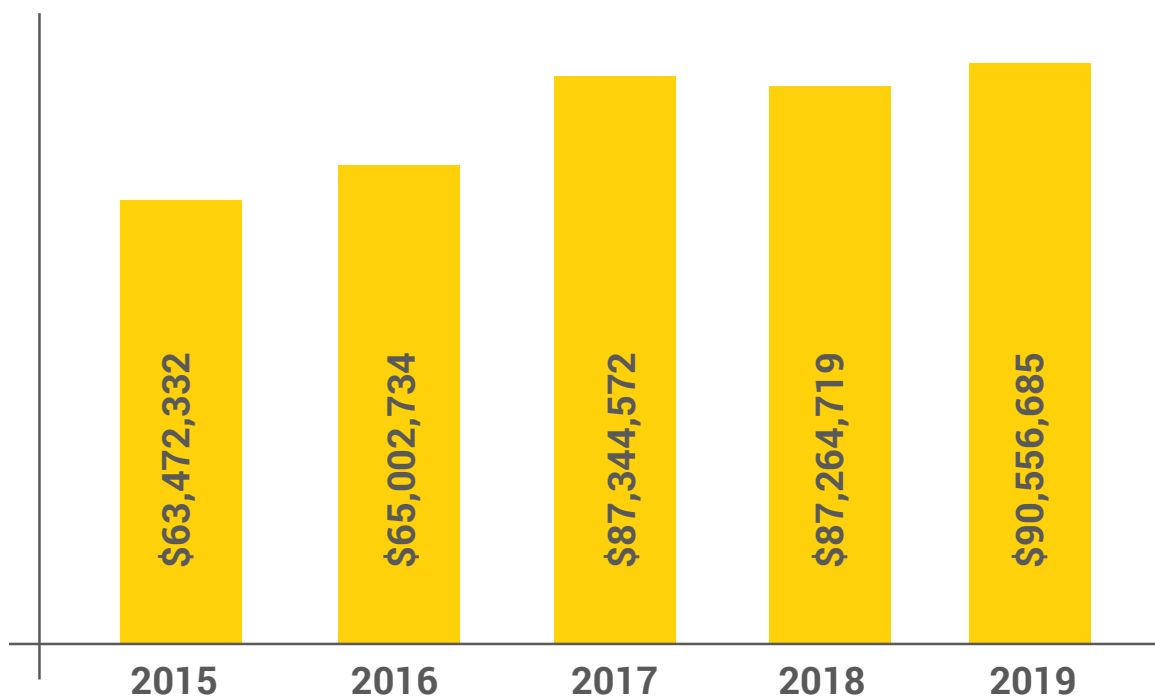
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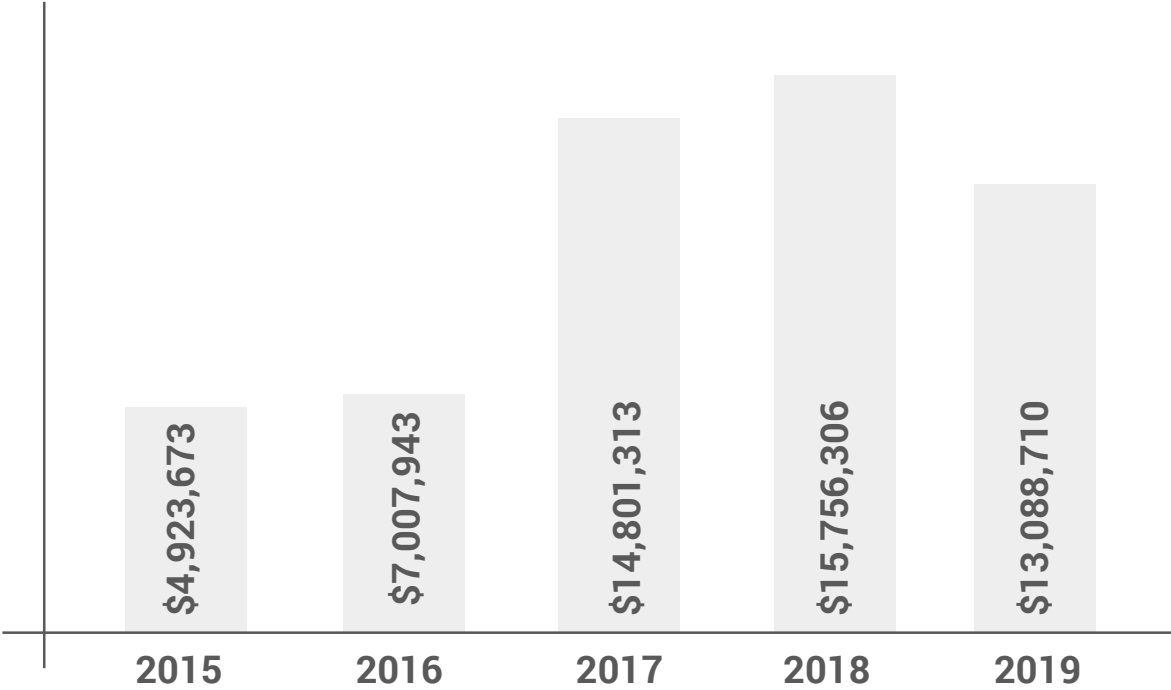
### OPERATING AND ASSIGNED FUND - SOURCES OF REVENUE FOR THE YEAR



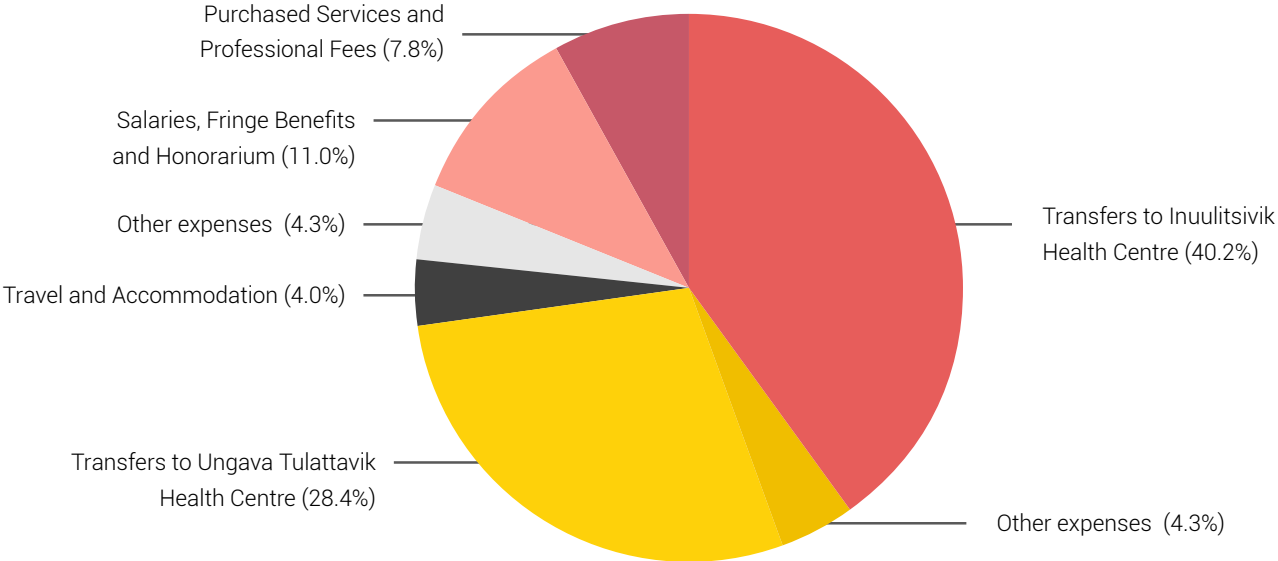
### OPERATING AND ASSIGNED FUND - EVOLUTION OF THE HEALTH AND SOCIAL SERVICES GRANTS



### OPERATING AND ASSIGNED FUND - COMBINED FUND BALANCE



### OPERATING AND ASSIGNED FUND - NATURE OF EXPENSES FOR THE YEAR



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June 11, 2019

Members of the Board of Directors of  
Nunavik Regional Board of Health and Social Services

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Enclosed are the combined balance sheet of the Nunavik Regional Board of Health and Social Services as at March 31, 2019 and the combined statements of variation of net financial assets (net debt), changes in fund balance and revenue and expenses for the year then ended as well as the notes to summary financial statements.

These summary financial statements are extracts from information contained in the audited financial report (AS-471) of the Nunavik Regional Board of Health and Social Services for the year ended March 31, 2019 on which we have issued an independent auditor's report with a qualified opinion dated June 11, 2019 (see detailed independent auditor's report in AS-471).

Raymond Chabot Grant Thornton LLP

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES  
COMBINED BALANCE SHEET  
MARCH 31, 2019**

	2019	2018
	\$	\$
<b>FINANCIAL ASSETS</b>		
CASH	15,020,349	13,337,834
ACCOUNTS RECEIVABLE	194,796,983	151,221,858
	<b>209,817,332</b>	<b>164,559,692</b>
<b>LIABILITIES</b>		
BANK LOANS	2,386,341	3,686,203
TEMPORARY FINANCING	120,890,679	101,966,206
ACCOUNTS PAYABLE AND ACCRUED CHARGES	194,982,517	145,045,682
BONDS PAYABLE	29,081,780	32,628,398
	<b>347,341,317</b>	<b>283,326,489</b>
<b>NET FINANCIAL ASSETS (NET DEBT)</b>	<b>(137,523,985)</b>	<b>(118,766,797)</b>
<b>NON-FINANCIAL ASSETS</b>		
CAPITAL ASSETS	20,511,052	17,699,759
CONSTRUCTION IN PROGRESS	130,041,638	116,823,344
PREPAID EXPENDITURES	60,005	-
	<b>150,612,695</b>	<b>134,523,103</b>
<b>FUND BALANCE</b>		
<b>FUND BALANCE</b>	<b>13,088,710</b>	<b>15,756,306</b>

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, 2019**

	2019	2018
	\$	\$
<b>SURPLUS (DEFICIT) FOR THE YEAR</b>	<b>(2,667,596)</b>	5,017,541
<b>Capital Assets and Construction in Progress Variation</b>		
Acquisition of Capital Assets	(3,769,395)	(2,217,486)
Decrease (Increase) of Construction in Progress	(13,218,294)	(18,050,520)
Amortization of Capital Assets	958,102	737,204
	<b>(16,029,587)</b>	(19,530,802)
Decrease (Increase) of Prepaid Expenditures	(60,005)	-
	<b>(60,005)</b>	-
<b>VARIATION OF THE NET FINANCIAL ASSETS (NET DEBT)</b>	<b>(18,757,188)</b>	(14,513,261)
<b>NET FINANCIAL ASSETS (NET DEBT) – BEGINNING OF YEAR</b>	<b>(118,766,797)</b>	(104,253,536)
<b>NET FINANCIAL ASSETS (NET DEBT) – END OF YEAR</b>	<b>(137,523,985)</b>	(118,766,797)

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES  
COMBINED STATEMENT OF CHANGES IN FUND BALANCE  
YEAR ENDED MARCH 31, 2019**

	<b>2019</b>	2018
	<b>\$</b>	\$
<b>FUND BALANCE – BEGINNING OF YEAR</b>	<b>15,756,306</b>	10,738,765
Excess (Deficiency) of Revenue over Expenses	<b>(2,667,596)</b>	5,017,541
<b>FUND BALANCE – END OF YEAR</b>	<b>13,088,710</b>	15,756,306

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES  
COMBINED STATEMENT OF REVENUE AND EXPENSES  
YEAR ENDED MARCH 31, 2019**

	2019	2018
	\$	\$
<b>REVENUE</b>		
Health and Social Services	93,344,281	86,919,567
Health Canada	10,283,101	9,048,281
Makivik Corporation	798,398	1,204,974
Kativik Regional Government – Sustainable Employment	673,038	1,431,658
CNESST	546,923	500,414
Municipal Affairs	376,042	443,193
Other Contributions	224,566	686,689
Housing Rental	134,978	135,261
Interest Income	177,058	71,337
Inuulitsivik Health Centre	129,503	98,328
Ungava Tulattavik Health Centre	129,503	98,328
Reimbursement of GST and QST	4,374,551	560,161
Other	320,915	510,226
	<b>111,512,857</b>	<b>101,708,417</b>
<b>DEFERRED REVENUE – BEGINNING OF YEAR</b>	-	4,062,546
<b>DEFERRED REVENUE – END OF YEAR</b>	-	-
	-	4,062,546
	<b>111,512,857</b>	<b>105,770,963</b>

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES  
COMBINED STATEMENT OF REVENUE AND EXPENSES (CONTINUED)  
YEAR ENDED MARCH 31, 2019**

	2019	2018
	\$	\$
<b>EXPENSES</b>		
Salaries and Fringe Benefits	11,868,944	10,614,544
Advertising and Publicity	299,239	314,049
Amortization	958,102	737,204
Annual General Meeting	112,365	128,429
Doubtful Accounts (Recovery)	55,731	(8,821)
Equipment Rental	92,745	88,804
Freight Charges	65,861	63,529
Heating and Electricity	397,805	365,077
Honorarium	350,653	324,547
Housing Rental	379,048	257,876
Installation Premium	309,958	348,471
Insurance	29,048	28,679
Interest and Bank Charges	1,903,221	1,760,511
Land Leases	201,496	156,246
Maintenance and Repairs	332,004	329,945
Medical Supplies	42,138	17,409
Meetings and Seminars	71,290	25,889
Municipal Services	376,042	443,193
Office Expenses	1,059,109	1,138,840
Professional Fees	3,037,397	1,724,349
Publication and Membership	100,670	69,627
Purchased Services	5,607,084	7,336,717
Telecommunications	212,794	197,601
Training and Education	201,987	199,326
Transfers to Organizations	4,795,706	5,505,644
Transfers to Inuulitsivik Health Centre	44,841,944	38,936,625
Transfers to Ungava Tulattavik Health Centre	31,621,174	25,553,101
Travel and Accommodation	4,446,553	3,746,985
Vehicle Expenses	50,298	52,306
Other	360,047	296,720
	<b>114,180,453</b>	<b>100,753,422</b>
<b>EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES</b>	<b>(2,667,596)</b>	<b>5,017,541</b>

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES  
OPERATING FUND AND ASSIGNED FUND – BALANCE SHEET  
MARCH 31, 2019**

	2019	2018
	\$	\$
<b>FINANCIAL ASSETS</b>		
CASH	14,857,795	13,218,449
ACCOUNTS RECEIVABLE (Note 2 a))	192,819,801	145,372,679
DUE FROM LONG-TERM ASSETS FUND	154,198	1,303,815
	<b>207,831,794</b>	<b>159,894,943</b>
<b>LIABILITIES</b>		
ACCOUNTS PAYABLE AND ACCRUED CHARGES	194,803,089	144,138,637
	<b>194,803,089</b>	<b>144,138,637</b>
<b>NET FINANCIAL ASSETS (NET DEBT)</b>	<b>13,028,705</b>	<b>15,756,306</b>
<b>NON-FINANCIAL ASSETS</b>		
PREPAID EXPENDITURES	60,005	-
	<b>60,005</b>	<b>-</b>
<b>FUND BALANCE</b>		
FUND BALANCE – OPERATING FUND	10,909,497	4,647,831
FUND BALANCE – INTERNALLY RESTRICTED FUND – ASSIGNED FUND	2,179,213	11,108,475
	<b>13,088,710</b>	<b>15,756,306</b>

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES  
OPERATING FUND – STATEMENT OF CHANGES IN FUND BALANCE  
YEAR ENDED MARCH 31, 2019**

	2019	2018
	\$	\$
<b>FUND BALANCE – BEGINNING OF YEAR</b>	<b>4,647,831</b>	1,603,949
Excess (Deficiency) of Revenue over Expenses	<b>6,911,512</b>	3,254,745
Transfers to Assigned Fund	<b>(649,846)</b>	(210,863)
<b>FUND BALANCE – END OF YEAR</b>	<b>10,909,497</b>	4,647,831

**INTERNALLY RESTRICTED FUND – ASSIGNED FUND – STATEMENT  
OF CHANGES IN FUND BALANCE (APPENDIX B)  
YEAR ENDED MARCH 31, 2019**

	2019	2018
	\$	\$
<b>FUND BALANCE – BEGINNING OF YEAR</b>	<b>11,108,475</b>	9,134,816
Excess (Deficiency) of Revenue over Expenses	<b>(9,579,108)</b>	1,762,796
Transfers from Operating Fund	<b>649,846</b>	210,863
<b>FUND BALANCE – END OF YEAR</b>	<b>2,179,213</b>	11,108,475

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES  
OPERATING FUND – STATEMENT OF REVENUE AND EXPENSES  
YEAR ENDED MARCH 31, 2019**

	<b>2019</b>	2018
	\$	\$
<b>REVENUE</b>		
Health and Social Services	<b>22,009,323</b>	22,266,660
Housing Rental	<b>444,578</b>	451,981
Kativik Regional Government – Sustainable Employment	<b>401,549</b>	515,271
Municipal Affairs	<b>376,042</b>	443,193
Administration Fees	<b>177,019</b>	183,559
Interest Income	<b>177,058</b>	71,337
Reimbursement of GST and QST	<b>4,374,551</b>	560,161
Other	<b>53,023</b>	77,700
	<b>28,013,143</b>	24,569,862
<b>EXPENSES (Appendix A)</b>		
General Administration	<b>17,041,672</b>	17,329,382
Community Health Advisors	<b>2,541,886</b>	2,545,758
Building Operating Costs	<b>1,518,073</b>	1,439,977
	<b>21,101,631</b>	21,315,117
<b>EXCESS OF REVENUE OVER EXPENSES</b>	<b>6,911,512</b>	3,254,745

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES  
LONG-TERM ASSETS FUND  
BALANCE SHEET  
MARCH 31, 2019**

	2019	2018
	\$	\$
<b>FINANCIAL ASSETS</b>		
CASH	162,554	119,385
ACCOUNTS RECEIVABLE (Note 2 b))	1,977,182	5,849,179
	<b>2,139,736</b>	<b>5,968,564</b>
<b>LIABILITIES</b>		
BANK LOANS (Note 4)	2,386,341	3,686,203
ACCOUNTS PAYABLE AND ACCRUED CHARGES	179,428	907,045
DUE TO OPERATING FUND AND ASSIGNED FUND	154,198	1,303,815
TEMPORARY FINANCING	120,890,679	101,966,206
BONDS PAYABLE	29,081,780	32,628,398
	<b>152,692,426</b>	<b>140,491,667</b>
<b>NET FINANCIAL ASSETS (NET DEBT)</b>	<b>(150,552,690)</b>	<b>(134,523,103)</b>
<b>NON-FINANCIAL ASSETS</b>		
CAPITAL ASSETS (Note 3)	20,511,052	17,699,759
CONSTRUCTION IN PROGRESS (Note 6)	130,041,638	116,823,344
	<b>150,552,690</b>	<b>134,523,103</b>
<b>FUND BALANCE</b>		
<b>FUND BALANCE</b>	<b>-</b>	<b>-</b>



**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES  
LONG-TERM ASSETS FUND  
STATEMENT OF CHANGES IN FUND BALANCE  
YEAR ENDED MARCH 31, 2019**

	<b>2019</b>	2018
	<b>\$</b>	<b>\$</b>
<b>FUND BALANCE – BEGINNING OF YEAR</b>	-	-
Excess (Deficiency) of Revenue over Expenses	-	-
<b>FUND BALANCE – END OF YEAR</b>	-	-

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES  
LONG-TERM ASSETS FUND  
STATEMENT OF REVENUE AND EXPENSES  
YEAR ENDED MARCH 31, 2019**

	2019	2018
	\$	\$
<b>REVENUE</b>		
Health and Social Services – Interest Reimbursement	1,829,494	1,680,978
Health and Social Services – Accounting Reform	(1,140,177)	(2,127,580)
Health and Social Services – Capital Reimbursement	2,098,279	2,864,784
	<b>2,787,596</b>	<b>2,418,182</b>
<b>EXPENSES</b>		
Interest Charges	1,829,494	1,680,978
Amortization	958,102	737,204
	<b>2,787,596</b>	<b>2,418,182</b>
<b>EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES</b>	<b>-</b>	<b>-</b>

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES**  
**NOTES TO SUMMARY FINANCIAL STATEMENTS**  
**MARCH 31, 2019**

**1. REPORTING ENTITY**

Nunavik Regional Board of Health and Social Services is an organization created in pursuance of the James Bay and Northern Quebec Agreement. As of May 1, 1995, the rights and obligations of the Kativik CRSSS became the rights and obligations of the Nunavik Regional Board of Health and Social Services (NRBHSS).

**2. ACCOUNTS RECEIVABLE**

	2019	2018
	\$	\$
<b>a) Operating Fund and Assigned Fund</b>		
Health and Social Services – INIHB (Note 5) (Unconfirmed)	175,031,881	132,705,805
Health and Social Services – Strategic Regional Plan (Unconfirmed)	12,022,346	9,472,395
Health and Social Services – Payroll Banks	513,973	513,973
Health and Social Services – Parental Leave and Insurance Leave	87,996	87,996
Health and Social Services – Various	388,284	256,033
GST/QST Rebates	1,500,021	738,984
Inuulitsivik Health Centre	406,220	105,525
Ungava Tulattavik Health Centre	341,313	100,387
Aboriginal Affairs and Northern Development Canada	151,167	155,717
Health Canada	1,059,735	-
Kativik Regional Government – Sustainable Employment	339,629	783,821
Makivik Corporation – Ungaluk	187,502	227,302
Other	944,159	323,435
	<b>192,974,226</b>	<b>145,471,373</b>
Provision for Doubtful Accounts	<b>(154,425)</b>	<b>(98,694)</b>
	<b>192,819,801</b>	<b>145,372,679</b>
<b>b) Long-term Assets Fund</b>		
Health and Social Services	111,621	2,432,566
GST/QST Rebates	946,928	353,440
Advances to Establishments	918,633	3,063,173
	<b>1,977,182</b>	<b>5,849,179</b>

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES**  
**NOTES TO SUMMARY FINANCIAL STATEMENTS**  
**MARCH 31, 2019**

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**3. CAPITAL ASSETS**

The capital assets are composed of the following:

	Cost	Accumulated Amortization	<b>2019 Net Book Value</b>	2018 Net Book Value
	\$	\$	\$	\$
Buildings	26,200,610	7,866,030	<b>18,334,580</b>	16,755,153
Computers	1,508,030	1,424,241	<b>83,789</b>	137,373
Furniture and Equipment	681,801	639,446	<b>42,355</b>	59,060
Specialized Equipment	843,582	165,707	<b>677,875</b>	748,173
Vehicles	1,576,900	204,447	<b>1,372,453</b>	-
	<b>30,810,923</b>	<b>10,299,871</b>	<b>20,511,052</b>	<b>17,699,759</b>

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**4. BANK LOANS – LONG-TERM ASSETS FUND**

The bank loans are used to cover capital expenses, awaiting the reception of the funds from the Fonds de financement. They are composed of seven (7) revolving authorized credit margins with the Canadian Imperial Bank of Commerce, bearing interest at prime rate and maturing at different dates.

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**5. INSURED AND NON-INSURED HEALTH BENEFITS**

As at the date of issuance of the present summary financial statements, the Health and Social Services 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	803,130
2013–2014	13,621,713
2014–2015	22,305,907
2015–2016	24,935,211
2016–2017	33,415,122
2017–2018	37,624,722
2018–2019	42,326,076
	<b>175,031,881</b>

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**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES**  
**NOTES TO SUMMARY FINANCIAL STATEMENTS**  
**MARCH 31, 2019**

**6. CONSTRUCTION IN PROGRESS**

		<b>2019</b>	2018
		<b>\$</b>	\$
Housing Units (54 Units: 25/54 for UTHC)	2008-2009	<b>9,811,935</b>	9,811,935
Housing Units (50 Units: 23 for UTHC, 23 for IHC and 4 for NRBHSS)	2009-2010	<b>20,190,368</b>	18,826,752
Housing Units (70 Units: 38 for UTHC, 28 for IHC and 4 for NRBHSS)	2011-2012	<b>20,164,895</b>	20,164,895
Direction of Youth Protection (Building) – Puvirnituq	2012-2013	<b>102,709</b>	1,432,237
Rehabilitation Centre (Building) – Inukjuak	2014-2015	<b>25,015,607</b>	24,519,904
Housing Units – Phase 3 (50 Units: 27/50, 23 for UTHC and 4 for NRBHSS)	2015-2016	<b>16,169,434</b>	24,975,630
CLSC (Building) – Aupaluk	2015-2016	<b>17,356,607</b>	2,760,879
Housing Units (42 Units: 20 for UTHC, 18 for IHC and 4 for NRBHSS)	2016-2017	<b>21,230,083</b>	14,331,112
		<b>130,041,638</b>	116,823,344

Upon closing of the construction projects, the capital cost and the long-term debt related to the construction projects will be recorded in the financial statements of the respective establishments.

**7. COMMITMENTS**

The NRBHSS has rental commitments amounting to \$19,538,871. The future minimum contractual obligations for the next five (5) years are as follows:

	\$
2019–2020	17,650,569
2020–2021	631,128
2021–2022	562,083
2022–2023	463,133
2023–2024	231,958
	<b>19,538,871</b>

**8. CONTRACTUAL RIGHTS**

The NRBHSS receives subsidies from the Health and Social Services to cover the construction costs of the capital assets and construction in progress. The amount to be received related to these construction costs is \$16,531,654 in 2019-2020.

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES  
NOTES TO SUMMARY FINANCIAL STATEMENTS  
MARCH 31, 2019**

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**9. COMPARATIVE FIGURES**

Certain comparative figures have been reclassified to conform with the presentation adopted in the current year.

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES**  
**APPENDIX A – DETAILED EXPENSES – OPERATING FUND**  
**YEAR ENDED MARCH 31, 2019**

	2019	2018
	\$	\$
<b>GENERAL ADMINISTRATION</b>		
Salaries and Fringe Benefits	6,696,315	6,662,766
Advertising and Publicity	51,220	67,109
Annual General Meeting	107,693	125,155
Doubtful Accounts (Recovery)	55,731	(8,821)
Equipment Rental	65,031	60,624
Freight Charges	24,288	40,238
Honorarium	238,700	257,542
Insurance	29,048	28,679
Interest and Bank Charges	73,727	79,533
Medical Supplies	34,575	14,100
Meetings and Seminars	34,762	15,543
Office Expenses	705,004	757,098
Professional Services	2,445,504	1,331,236
Publication and Membership	17,574	15,867
Purchased Services	2,215,050	1,709,517
Telecommunications	172,014	155,729
Training and Education	181,361	141,336
Transfers to Inuulitsivik Health Centre	503,384	404,725
Transfers to Ungava Tulattavik Health Centre	426,902	474,752
Transfers to Organizations	882,250	2,843,062
Travel and Accommodation	1,885,833	1,972,833
Vehicle Expenses	49,110	50,919
Other	146,596	129,840
	<b>17,041,672</b>	<b>17,329,382</b>
<b>COMMUNITY HEALTH ADVISORS</b>		
Salaries and Fringe Benefits	2,076,067	1,953,258
Advertising and Publicity	24,109	5,071
Equipment Rental	3,889	6,458
Freight Charges	3,592	2,902
Housing Rental	49,037	-
Medical Supplies	5,426	3,063
Meetings and Seminars	752	5,689
Office Expenses	17,142	28,346
Professional Services	10,701	3,850
Publication and Membership	9,924	4,912
Purchased Services	(21,151)	215,540
Telecommunications	2,516	7,410
Training and Education	4,845	5,629
Transfers to Inuulitsivik Health Centre	97,333	42,459
Transfers to Ungava Tulattavik Health Centre	12,062	19,241
Travel and Accommodation	242,177	241,487
Other	3,465	443
	<b>2,541,886</b>	<b>2,545,758</b>

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES**  
**APPENDIX A – DETAILED EXPENSES – OPERATING FUND (CONTINUED)**  
**YEAR ENDED MARCH 31, 2019**

	2019	2018
	\$	\$
<b>BUILDING OPERATING COSTS</b>		
Heating and Electricity	396,609	365,077
Housing Rental	268,448	226,236
Land Leases	147,132	134,550
Maintenance and Repairs	329,842	270,922
Municipal Services	376,042	443,192
	<b>1,518,073</b>	<b>1,439,977</b>



**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES**  
**APPENDIX B – ASSIGNED FUND – STATEMENT OF CHANGES IN FUND BALANCE**  
**YEAR ENDED MARCH 31, 2019**  
**(Unaudited)**

	Project Number	Fund Balance, Beginning of Year \$	Revenue \$	Expenses \$	Interfund Transfers \$	Fund Balance, End of Year \$
<b>ADMINISTRATION</b>						
<b>Provincial Funds</b>						
Bandwidth Enhancement Project	8860	73,212	-	-	-	73,212
<b>Other Funds</b>						
Technocentre	8840	-	99,151	123,939	24,788	-
Regional Technical Services	8891	337,622	-	-	-	337,622
Regional Information Services	8892	-	159,856	199,820	39,964	-
		410,834	259,007	323,759	64,752	410,834
<b>EXECUTIVE MANAGEMENT</b>						
<b>Provincial Funds</b>						
Translation	8062	190,000	-	-	-	190,000
<b>Other Funds</b>						
Access Canada (Purvirmituq Site)	828	125,683	78,509	219,523	-	(15,331)
Intervention Team – Saqjjuq	829	-	79,704	79,704	-	-
Attachment Troubles	8067	-	-	855,410	-	(855,410)
		315,683	158,213	1,154,637	-	(680,741)
<b>REGIONAL DEVELOPMENT OF HUMAN RESOURCES</b>						
<b>Provincial Funds</b>						
Managerial Staff Development	610	144,640	-	-	-	144,640
Training Provided to Inuits on Medical Terminology	8022	91,261	-	-	-	91,261
Youth Protection Workers	8026	-	-	15,956	-	(15,956)
Network Planning Program	8032	100,210	-	-	-	100,210
Interns Integration Program	8033	112,500	-	-	-	112,500
<b>Federal Funds</b>						
Aboriginal Health Human Resources Initiative	811	203,081	101,962	186,108	(118,935)	-
<b>Other Funds</b>						
Development Budget for Human Resources	8025	972,950	-	87,552	(275,613)	609,785
Administration and Communication	8038	155,774	132,104	296,712	134,166	125,332
McGill Health Project	8040	-	-	3,200	-	(3,200)
Healthcare and Homecare Assistance	8041	200,000	-	1,350	-	198,650
Marie-Victorin – Psychosocial Intervention	8068	-	120,485	245,817	-	(125,332)
		1,980,416	354,551	836,695	(260,382)	1,237,890
<b>INUIT VALUES</b>						
<b>Provincial Funds</b>						
Regional Midwifery	8016	-	-	2,140	-	(2,140)
Elder Abuse Prevention	8023	126,296	-	2,306	-	123,990
Services for Men	8029	36,660	-	29,135	-	7,525
Elder Abuse Prevention	8049	-	62,507	-	-	62,507
<b>Federal Funds</b>						
Brighter Futures	699	122,456	1,260,890	1,371,318	(12,028)	-
Midwives	708	25,000	-	27,084	2,084	-
Mental Wellness Teams	710	5,000	33,284	23,432	(14,852)	-
Missing and Murdered Indigenous Women and Girls	712	-	150,000	91,800	(58,200)	-
Support to Residential Schools	715	-	9,769	4,080	-	5,689
Indian Residential Schools	819	-	675,162	641,342	(33,820)	-
		315,412	2,191,612	2,192,637	(116,816)	197,571

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES**  
**APPENDIX B – ASSIGNED FUND – STATEMENT OF CHANGES IN FUND BALANCE (CONTINUED)**  
**YEAR ENDED MARCH 31, 2019**  
**(Unaudited)**

	Project Number	Fund Balance, Beginning of Year \$	Revenue \$	Expenses \$	Interfund Transfers \$	Fund Balance, End of Year \$
<b>OUT-OF-REGION SERVICES</b>						
<b>Provincial Funds</b>						
Insured/Non-insured Health Benefits Program	938	-	65,095,428	65,197,988	102,560	-
Insured/Non-insured Health Benefits Management	939	309,980	235,715	464,922	(102,560)	(21,787)
		309,980	65,331,143	65,662,910	-	(21,787)
<b>PUBLIC HEALTH</b>						
<b>Provincial Funds</b>						
Inuit Health Survey	690	3,062,466	571,704	1,134,238	-	2,499,932
Quebec Smoking Cessation Program	926	-	1,400	3,738	-	(2,338)
Kinesiology	931	59,716	-	876	-	58,840
Integrated Perinatal and Early Children	933	-	-	1,196	-	(1,196)
Community Mobilization	936	92,599	-	-	-	92,599
Tuberculosis Outbreak	937	120,486	-	162,501	-	(42,015)
Tuberculosis	941	300,000	-	-	-	300,000
Syphilis Outbreak	942	-	132,251	132,251	-	-
Psychotropic	944	-	67,800	-	-	67,800
Food Security	945	-	100,000	-	-	100,000
AIDS and STD – Information and Prevention	956	72,465	155,135	16,465	-	211,135
STBI Research Project	968	(25,624)	-	-	-	(25,624)
Good Touch Bad Touch	8030	331,479	280,305	209,885	-	401,899
Health Data Analysis	8060	105,964	118,616	-	-	224,580
Smoking Habits	8061	131,195	67,302	-	-	198,497
Palivizumab in Nunavik	8063	26,008	-	6,921	-	19,087
Strengthening Families	8066	37,261	(57,615)	-	-	(20,354)
<b>Federal Funds</b>						
NNHC Functioning	614	-	131,725	129,738	-	1,987
FASD	634	29,776	393,762	350,860	(72,678)	-
Diabetes	693	84,773	680,682	957,513	-	192,058
Perinatal Nutritional Program	696	(58,237)	343,372	440,394	155,259	-
Tuberculosis	706	21,613	40,000	63,687	2,074	-
Maternity and Child Health	707	40,000	85,000	29,214	(95,786)	-
Children's Oral Health Initiative	709	98,000	220,227	2,426	(315,801)	-
Sexually Transmitted and Blood B.I.	711	36,000	125,000	178,046	17,046	-
Tuberculosis Elimination Action Plan	713	-	-	54,201	-	(54,201)
National Inuit Health Survey	714	-	-	52,468	-	(52,468)
Psycho-social Dependence	716	-	171,960	69,243	(102,717)	-
Nutrition North Canada	820	154,531	490,000	596,258	(48,273)	-
Federal Strategy for Smoking Prevention in Nunavik	827	206,741	220,566	132,227	(295,080)	-
ITSS and Tuberculosis Prevention	935	134,513	-	14,913	-	119,600
<b>Other Funds</b>						
Occupational Health and Safety	611	(15,070)	546,923	529,533	-	2,320
Kino-Québec	612	119,754	-	35,000	-	84,754
Vaccines B – Sec. 5	660	(12,470)	-	-	-	(12,470)
Inuit Health Survey	691	344,010	-	-	-	344,010
		5,497,949	4,886,115	5,303,792	(563,898)	4,516,374

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES**  
**APPENDIX B – ASSIGNED FUND – STATEMENT OF CHANGES IN FUND BALANCE (CONTINUED)**  
**YEAR ENDED MARCH 31, 2019**  
**(Unaudited)**

	Project Number	Fund Balance, Beginning of Year \$	Revenue \$	Expenses \$	Interfund Transfers \$	Fund Balance, End of Year \$
<b>PLANNING AND PROGRAMMING</b>						
<b>Provincial Funds</b>						
Upgrade Units Endoscopy	682	(119,987)	-	113,008	-	(232,995)
Network Training	683	21,178	-	-	-	21,178
Medical Congress	684	4,695	-	46,408	(52,270)	(93,983)
Installation Premiums and Training – SBFR	685	(167,594)	129,458	271,102	-	(309,238)
Family Violence	695	81,692	-	-	-	81,692
Medical Training – Legal Kit	790	85,132	-	-	-	85,132
Installation Premiums and Training – Summer Jobs	920	(52,270)	-	-	52,270	-
Installation Premiums and Training – Promotion, Hiring and Retention	921	(89,844)	-	23,181	-	(113,025)
Installation Premiums and Training – Grants	923	884	-	309,958	-	(309,074)
Palliative Care	925	40,363	-	21,785	-	18,578
Pharmacy	928	(2,020)	-	138,553	-	(140,573)
Regional Committees against Violence	932	-	42,000	4,197	-	37,803
Installation Premiums and Training – Others	940	64,424	-	78,265	-	(13,841)
Sarros	943	-	800,246	221,469	-	578,777
Services to Elders – PFT	964	107,260	-	2,163	-	105,097
Psycho-social Intervention	965	50,000	-	5,708	-	44,292
Emergency Measures	998	(743,409)	1,198,720	1,602,757	-	(1,147,446)
Suicide Prevention – Training	8006	147,232	-	41	(147,191)	-
Violence against Women – Training	8007	110,576	-	20,120	-	90,456
Community Organization – Training	8008	63,754	-	11,596	-	52,158
Suicide Prevention – Regional Strategy	8010	141,193	-	2,465	(138,728)	-
Sexual Harassment Intervention Team	8015	(44,411)	44,696	44,696	-	(44,411)
Dependencies	8020	310,016	-	459,097	-	(149,081)
Training on Attention and Hyperactivity	8021	54,143	-	-	-	54,143
Services Support Program	8027	108,772	-	-	-	108,772
Therapeutic Guide Redaction	8028	(12,663)	-	11,765	-	(24,428)
Needs Assessment of the Nunavik Deaf Adults	8035	-	-	9,873	-	(9,873)
Cancer and Palliative Care – Interpreter Training	8042	24,527	(38,864)	1,596	-	(15,933)
Medical Anatomical Vocabulary Development	8043	15,684	-	2,341	-	13,343
Integration Revision of the SSS Grouping	8044	73,372	-	-	-	73,372
Physical Health Clinical Project	8045	112,000	-	69,135	-	42,865
Specialized Proximity Medical Services	8046	(59,309)	-	235,753	(22,291)	(317,353)
Community Organizations – Clinical Plan	8047	66,610	-	199,062	-	(132,452)
Day Centre	8048	82,203	-	4,214	22,291	100,280
Hearing Impaired Clientele	8050	30,236	54,444	88,924	-	(4,244)
CLSC-DYP-Rehabilitation – Collaboration Agreement	8051	95,000	-	1,757,543	100,000	(1,562,543)
Nunavik Integrated Youth and Family Centre	8052	52,583	-	514,158	-	(461,575)
Sexual Abuse – Multi-sector Agreement	8053	-	-	10,058	-	(10,058)
Marie-Vincent Training	8054	140,479	-	400	-	140,079
Family Resources	8055	21,941	-	-	-	21,941
My Family, My Community	8056	95,477	-	2,062	-	93,415
Attachment Disorder	8057	69,981	3,320	36,434	-	36,867
Alcochoice Training	8058	26,007	-	-	-	26,007
First Aid in Mental Health	8059	78,000	-	-	(236,831)	(158,831)
Advisory Committee – Law 21	9009	48,989	-	391,270	-	(342,281)
DYP Law 19 VS Inuit Values and Practices	9010	-	-	48,405	-	(48,405)
Expert Committee – Health Physics	9012	52,922	-	-	-	52,922
Training on Crisis Management	9052	130,903	-	620	(130,283)	-
Mental Health	9053	74,297	-	-	-	74,297
Intellectual Deficiency – Evaluation Chart	9081	200,751	-	82,968	-	117,783
Rehabilitation Service	9084	297	(297)	-	-	-

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES**  
**APPENDIX B – ASSIGNED FUND – STATEMENT OF CHANGES IN FUND BALANCE (CONTINUED)**  
**YEAR ENDED MARCH 31, 2019**  
**(Unaudited)**

Project Number	Fund Balance, Beginning of Year \$	Revenue \$	Expenses \$	Interfund Transfers \$	Fund Balance, End of Year \$
<b>PLANNING AND PROGRAMMING (CONTINUED)</b>					
<b>Federal Funds</b>					
Home and Community Care	277,000	3,128,724	3,424,674	18,950	-
Community Mental Health	(40,595)	951,458	953,730	42,867	-
Suicide Prevention Strategy	(36,944)	490,000	3,009,524	2,556,468	-
Nunavik Health Service Plan and Quality Management	705	116,466	592,275	286,459	(422,282)
<b>Other Funds</b>					
Best Practices for Elders' Residences	812	15,002	-	-	15,002
Cancer Program	825	9,753	72,869	57,268	25,354
Saqjuq Nunavik – Quebec Project	826	(34,207)	531,064	585,507	(88,650)
Suicide Prevention	963	116,780	-	8,158	(116,780)
Deaf Workshop 2015-2016	8037	21,091	-	-	21,091
Ilagiitut – Building our Future	8064	(6,326)	-	121,154	(127,480)
Family Homes Development – Kids' Future	8065	234,765	126,133	120,659	-
National Training Program	9076	13,350	-	1,282	-
	2,278,201	8,126,246	15,411,565	1,526,190	(3,480,928)
	11,108,475	81,306,887	90,885,995	649,846	2,179,213



