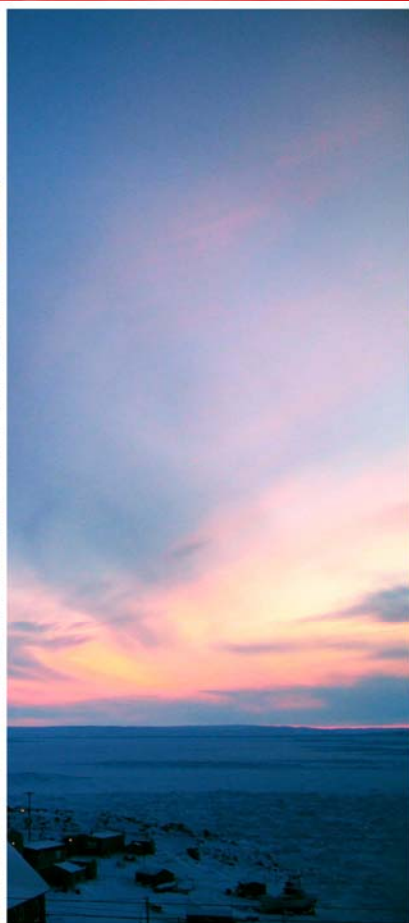


ANNUAL REPORT

2012 – 2013



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

Annual Report 2012-2013

April 1, 2012, to March 31, 2013

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Nunavik: A Vast Occupied Territory

The Region and Its People

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

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

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

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

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

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

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

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

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

Inuit Health Indicators

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

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

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

The Nunavik Health and Social Services Network

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

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

Nunavik Regional Board of Health and Social Services

For the *ministère de la Santé et des Services sociaux (MSSS)*, Nunavik is administrative health region 17. The Nunavik Regional Board of Health and Social Services (NRBHSS) manages a budget of close to 179 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 connected with administration, the board of directors is responsible for identifying the priorities with regard to the population's needs in health and social services, priorities that are presented at the public information meeting held annually by the NRBHSS.

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

Health Centres

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

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

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

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

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

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

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

Message from the Chairperson and the Executive Director

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

Our rationale:

The Nunavik population's well-being

Our mission:

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

Our objective:

Improve our population's state of health

Our values:

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

These are the guidelines that direct our daily actions and which take concrete form through the following priorities, established at our last AGM, held in October 2012, for the one-year period from April 1, 2012, to March 31, 2013:

Ensure follow-up to the recommendations
formulated by the advisory committees relative to the clinical projects:

- Youths;
- Mental health;
- Addictions.

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

In recent years, the NRBHSS has diligently worked on the *MNQ* relocation project. We experienced many delays in the past few months in completing this relocation project but hope to reach a happy conclusion in the coming year.

Offering training to our Inuit staff in the Nunavik health and social services network remains a priority to us. We have pursued our efforts in maintaining our training programs already in place and in implementing new ones. Our goal is to support the Inuit personnel and to ensure that the population has access to services in its own language.

In the last year, the NRBHSS briefly brought to the *MSSS*' attention the health and social services network's difficulties in remaining competitive with the other regional organizations when it comes to the working conditions offered to personnel hired locally in Nunavik.

Our commitment and devotion to our population entail respect and recognition of Inuit manpower. To consolidate our investments in the various training programs in existence, the NRBHSS would like to set up a working group in the coming months, in collaboration with the *Direction des affaires autochtones*, to examine the current regional disparities in order to enhance the programs, the objective being to attract and retain that manpower in our network. After that task, we will be able to undertake the necessary discussions with the authorities concerned for approval and setup of the measures retained.

Youth protection, rehabilitation services and several other issues remain at the core of our preoccupations. Our Strategic Regional Plan for 2009-2010 to 2015-2016 includes a series of measures to support these services. To ensure follow-up to the recommendations formulated by the advisory committees relative to the clinical projects, we will identify a new series of measures in the upcoming 2013-2014 Regional Action Plan to support, improve and consolidate services related to youth, mental health and addictions issues.

The NRBHSS is proud to participate in the Parnasimautik consultation process to address Nunavik's needs and priorities if the region is to host industrial development. Parnasimautik was begun in 2010 with the production of *Plan Nunavik* by representatives from most regional organizations. We all recognize that the region has experienced tremendous social, economic and cultural changes that had and still have a major impact on the well-being of the population. The consultation process that began in February 2013 should be completed by the end of 2013.

In closing, we would like to point out the extraordinary work performed by our human resources in health and social services and express our heartfelt thanks to all of them who respond daily to the needs of the population. We would also like to thank all of the region's organizations and partners for their support and collaboration.

Elisapi Uitangak
Chairperson

Minnie Grey
Executive Director

Board of Directors

We would like to congratulate the new members elected during the past year, and we look forward to close collaboration toward attaining our common objective of improving the state of health of *Nunavimmiut*.

The board of directors of the Nunavik Regional Board of Health and Social Services (NRBHSS) appointed Minnie Grey as Executive Director of the NRBHSS. At the 88th session of the NRBHSS board of directors from December 4 to 6, 2012, the members unanimously adopted the selection committee's recommendation. The NRBHSS is proud to welcome Minnie Grey as the new Executive Director.

The members of the NRBHSS board of directors wish to thank Gilles Boulet, assistant to the Executive Director, who ensured the interim until Mrs. Grey assumed her duties on January 7, 2013. The members would also like to wish Mrs. Grey success in her new functions.

Composition of the Board of Directors, March 31, 2013

- Elisapi Uitangak Chairperson, Puvirnituq Representative
- Lucy Carrier Tukkiapik Vice-Chairperson, Kangirsuk Representative
- Minnie Grey Secretary, NRBHSS Executive Director
- Eva Weetaluktuk Executive Committee Member, Inukjuak Representative
- Claude Gadbois Executive Committee Member, UTHC BOD Representative

DIRECTORS

- Lucassie Alayco, Sr. Akulivik Representative
- Mary Angutinguak Aupaluk Representative
- Kitty Annanack Kangiqsualujjuaq Representative
- Alasie Arngak Kangiqsujuaq Representative
- Jane Beaudoin Inuulitsivik Health Centre Executive Director
- Parsa Kitishimik KRG Representative
- Willie Kumarluk Umiujaq Representative
- Qumaq L. Mangiuk Ivujivik Representative
- Moses Munick Tasiujaq Representative

- Tunu Napartuk Kuujjuaq Representative
- Lizzie Niviaxie Kuujjuaraapik Representative
- Charlie Okpik Quaqtac Representative
- Illashuk Pauyungie Salluit Representative
- Madge Pomerleau Ungava Tulattavik Health Centre Executive Director
- Jusipi Qaqtuq Inuulitsivik BOD Representative

The following policies and by-laws were adopted in fiscal 2012-2013.

On August 30, 2012:

By-Law 12 Regulation respecting the procedure for electing the members of the boards of directors of the institutions on the territory of the Nunavik Regional Board of Health and Social Services

On February 28, 2013:

By-Law 13 Code of Ethics and Professional Conduct for Members of the NRBHSS Board of Directors

Directive Internal Management Directive for Preparing and Presenting Documents for the Board of Directors and Executive Management of the Nunavik Regional Board of Health and Social Services, February 28

Policy Regional User Transportation Policy in the Nunavik Region

The board of directors is currently working on the revision of its by-laws to be approved during the coming year.

These by-laws and policies are available on our web site.

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, 2012, for the election of one representative per village to the boards of directors of the Inuulitsivik and Ungava Tulattavik Health Centres. 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 board of directors appointed representatives for those communities during its sessions of December 4, 2012, and December 11, 2012, in order to fill the vacant positions.

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 nine regular sessions as well as the annual general meeting, adopting 56 resolutions. The Executive Committee held 12 meetings.

There were certain changes in the NRBHSS board of directors during the year.

- From April 2012 to January 2013, Gilles Boulet replaced Jeannie May, NRBHSS Executive Director and secretary of the board of directors.
- On January 7, 2013, Minnie Grey assumed her duties as the new NRBHSS Executive Director.

Below are the results of the latest election:

- Qumaq L. Mangiuk was reappointed representative of Ivujivik on December 4, 2012.
- Illashuk Pauyungie was reappointed representative of Salluit on December 4, 2012.
- Claude Gadbois was appointed representative of the Tulattavik Health Centre on February 26, 2013, replacing Lydia Nayome who had been representative since October 5, 2011.
- Alasie Arngak was reappointed representative of Kangiqsujaq on December 4, 2012.
- Mary Angutinguak was appointed representative of Aupaluk on December 4, 2012, replacing Daisy Angutinguak who had been representative since December 7, 2009.
- Lucy Carrier Tukkiapik was reappointed representative of Kangirsuk on December 4, 2012.
- Tunu Napartuk was appointed representative of Kuujjuaq on December 4, 2012, replacing Bobby Snowball Sr. who had been representative since December 11, 2007.
- Kitty Annanack was appointed representative of Kangiqsualujjuaq on December 5, 2012, replacing Christina Baron who had been representative since January 24, 2006.
- Elisapee Uitangak was reappointed representative of Puvirnituq on December 4, 2012.
- Willie Kumarluk was reappointed representative of Umiujaq on December 4, 2012.
- Moses Munick was appointed representative of Tasiujaq on December 4, 2012, replacing Annie Kauki Munick who had been representative since February 20, 2007.
- Lizzie Niviaxie was reappointed representative of Kuujjuaraapik on December 4, 2012.

- Charlie Okpik was appointed representative of Quaqtaq on December 5, 2012, replacing Louisa Kulula who had been representative since December 7, 2009.
- Parsa Kitishimik was appointed regional councillor by the Kativik Regional Government on December 4, 2012, replacing Kitty Annanack who had held that position since April 20, 2010.
- Jusipi Qaqutuq was appointed representative of the Inuulitsivik Health Centre on February 26, 2013, replacing Josepi Padlayat who had been representative since June 23, 2009.
- Lucassie Alayco Sr. was appointed representative of Akulivik on December 4, 2012, replacing Johnny Qaqutuk who had been representative since April 20, 2010.
- Eva Weetaluktuk was reappointed representative of Inukjuak on December 4, 2012.

The following completed the board:

- Madge Pomerleau, Executive Director, Ungava Tulattavik Health Centre;
- Jane Beaudoin, Executive Director, Inuulitsivik Health Centre;
- Gilles Boulet, Acting Executive Director, NRBHSS, until January 7, 2013, when Minnie Grey assumed her duties as Executive Director.

We regret the loss of one active member of our board, Christina Baron, representative of Kangiqsualujuaq since 2006, who passed away in December 2012.

Complaints Procedure to Improve Service Quality

The regional board is actively working at establishing the structure enabling the management and promotion of the complaints system in the region. In collaboration with both institutions, we must identify a resource to assist and support *Nunavimmiut*, as needed, who wish to file complaint with an institution of the region, the regional board or the ombudsman, as well as those whose complaint has been forwarded to the institution's council of physicians, dentists and pharmacists in accordance with the provisions of section 58.

For the users on the Ungava coast, the position of service-quality and complaints commissioner is currently vacant at the Ungava Tulattavik Health Centre. For users on the Hudson coast, complaints may be sent to Josi Nappartuk of the Inuulitsivik Health Centre. We invite the population to consult the institutions' web sites for more information.

Executive Management

Emergency Prehospital Services and Emergency Measures

Emergency Prehospital Services

In August 2012, the first-response team of the northern village of Puvirnituk officially went into service. A full training session and two complementary training sessions were organized specifically for the first responders of this village, the goal being to ensure proper implementation and run-in of the service through development of the interveners' skills. Out of concern for a smooth transition, the nurses of the Inuulitsivik Health Centre supported the first responders' actions for a number of months after implementation of the service. The first-response team of the municipality of Puvirnituk is now autonomous.

The training program provided in all the communities continued this year with a total of 5 complete sessions and 17 complementary ones for a total of 10 weeks of training spread out over the year.

Emergency Preparedness

Interrupted Telephone Service on the Hudson Coast

Instances of interrupted telephone service and recurrent congestion resulted in major challenges, particularly in certain points of service on the Hudson coast. Efficient and reliable telephone-communications systems are of capital importance to ensure the public's safety in case of emergency. Efforts have been deployed to draw up an accurate profile of the situation.

Representations were made with the Regional Emergency-Preparedness Agency (REPA Nunavik) and a telephony committee was set up to find levers and solutions, as this issue affects more than just the health network. The telephony committee maintained close contact with the service supplier to ensure rapid intervention when technical problems arise. The committee also made high-level representations with the supplier to deal with problems of congested telephone lines. Guidelines were proposed for the REPA to make that agency aware of the situation. Although the occurrence of telephony problems dropped noticeably on the territory after a visit to all the villages by the supplier's technical team, other upgrades need to be carried out to improve the reliability of the existing telephone lines. Collaborative ties with the telephone-service supplier will be maintained to ensure follow-up to the efforts.

Department of Planning and Programming

Message from the Director

I was proud to join the Planning and Programming team in September 2012. My arrival coincided with the completion of efforts leading to the first recommendations under the clinical projects. This innovative process imposed a change in methods on the planning and organization of services. The orientation, deployment, validation and evaluation of health-care services in Nunavik must now undergo consultation among the client groups, opinion groups and partners of the health network. Thus, it is in that perspective that I intend to carry out the tasks assigned to the Department of Planning and Programming.

Yoan Girard

Ulluriaq

After negotiations with the *MSSS*, we were obliged to adjust the budget for the Ulluriaq Adolescent Centre, going from a total of \$3.2 million to \$2.1 million annualized without affecting the quality and quantity of the services offered directly to this clientele. In collaboration with the Department of Administrative Services and the *MSSS*, we began the process of planning the construction of a new building in Inukjuak. We therefore designed a plan for relocating this resource early in 2015. With the delays caused by a new construction, we were required to renew our service agreement with Boscoville 2000 to maintain the availability of the buildings until the move to Inukjuak. Under that agreement, we have included that partner's expertise in training for our future employees in Inukjuak, training that should begin as early as the summer 2014.

RACRS

We reactivated the regional advisory committee on rehabilitation services for youths in difficulty (RACRS), which enabled us to recommend and validate the priorities identified in the mission of this regional service operating under the authority of the Ungava Tulattavik Health Centre.

Human Resources

For a little more than a year, the team responsible for the service program for children, youths and families was incomplete, in spite of the importance of the issues in this portfolio. I therefore launched a process to hire an advisor and an officer. Those positions were filled at the end of 2012.

I would like to take the opportunity to thank all members of the department for their involvement in and commitment to the ongoing improvement of health services in Nunavik.

Ilusiliriniqmi Pigutjiutini Qimirruniq (Clinical Project)

A Meaningful Name for the Clinical-Project Process

During 2012-2013, the advisory committees agreed on a meaningful term in Inuktitut for the clinical-project process: *Ilusiliriniqmi pigutjiutini qimirruniq*. The term designates a procedure of revision of health care and social services in view of improving them.

Formulation and Approval of Recommendations

The winter, spring and summer of 2012 were devoted primarily to the formulation of recommendations by the working committees. In the fall 2012, the advisory committees revised and approved the recommendations submitted to them by the four working committees:

Adoption of the First Series of Recommendations by the NRBHSS BOD

On December 4, the three chairpersons of the advisory committees submitted the recommendations approved by their respective committees to the NRBHSS board of directors for adoption. After revision of those recommendations, the board members unanimously approved all the measures. The adoption of the measures proposed by the advisory committees marks a crucial step successfully completed under the clinical project.

Funding for Recommendations and Planning the Deployment of Measures

Since January 2013, the NRBHSS has been planning the funding and implementation of the measures under the clinical project. Those efforts involve negotiating with the health centres and other partners of the health and social services network how the development funds, made available to the region under an agreement with the Government of Québec concerning the strategic regional planning for 2009-2010 to 2015-2016, will be allocated for regional priorities.

Another Busy Year Ahead

The year 2013-2014 promises to be a busy one for the persons and organizations involved in the clinical project. The NRBHSS and the partners concerned will see to implementing certain measures adopted this year. To make sure those measures are deployed according to the spirit in which they were designed, the advisory committees will be involved in the process of monitoring the implementation of the recommendations. Further, the working committees and the advisory committees will continue their work at formulating recommendations relative to the

priorities identified in 2010 by the steering committee of the Nunavik health and social services network.

Finally, the initial activities under the campaign for information and public consultation will begin in April 2013. That campaign aims at informing the Nunavik population on the changes made to the network's functioning as well as inciting greater involvement among the region's various actors in the process.

Medical Affairs and Physical Health

In accordance with ministerial and regional priorities, the team's mission is to plan, coordinate and ensure access to service programs in physical health, notably in front-line activities such as emergencies and general, specialized and ultraspecialized care (*RUIS*). Several events marked the year 2012-2013 in medical affairs and physical health.

First, the region welcomed four new physicians: two for the Ungava coast and two for the Hudson. We thus ended the year with a total of 25 physicians practising on the territory. Besides those resources, telehealth enabled us to meet varied needs from the front line to the third line (adult and pediatric). The services include general and specialized consultation, case discussion, post-hospitalization follow-up, follow-up after community visits and ongoing training.

Early in 2013, a development plan for the North was submitted to the *MSSS*. That plan reflects our region's needs and particularities.

Finally, a range of studies over the past few years revealed to the general public and the actors working in the health sector that Nunavik faces an alarming rise in psychiatric disorders. We thus deemed it pertinent to create an opportunity for meeting and discussion by organizing a colloquium on mental health for the interveners involved; a decision was made to hold that event in Nunavik in order to reach the population directly. The title of "New Landmarks in Mental Health" seeks another perspective on the situation, by highlighting discussions on solutions through the creation of an opportunity for meeting where everyone can speak out and be heard. Moreover, the colloquium was an opportunity to bring together all the permanent physicians working in Nunavik. During the weekend of the event, the training activity on mental health initiated by the Regional Department of General Practice (RDGP) reached more than 100 health professionals, including some 20 permanent physicians of Nunavik, 60 network interveners, 12 speakers and more than 20 participants who attended through videoconference and Webcast. The various conferences are also offered by the centre for distance training and teaching of McGill's northern health program.

To cap the activity, an election was held for a new executive committee of the RDGP, thus breathing new life to the team. The committee will contribute to optimal management of the various regional portfolios and appointed Dr. François Prévost head of the RDGP for a new term of two years.

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

Clinical Projects

- Continuation of work within the advisory committee on mental health
- Continuation and completion of the work within the working committee for the improvement of resources in mental health
- Continuation of the work of the working committee on suicide prevention

Mental Health

- The training activities for the workers of the residential resources in mental health continued. Two training sessions of two days each were offered by the Douglas Hospital at each resource: the crisis centre in Puvirnituq, the reintegration centre in Inukjuak and the supervised apartments in Kuujjuaq. The goal of this ongoing training is to present the basic concepts of mental health and offer the personnel members basic functional tools in order to support them in their work. Further, a psychoeducator was hired by the resource in Kuujjuaq.

Suicide Prevention

- Support was provided for the participation of youths and professionals in the “Dialogue for Life” event, a conference organized annually by the First Nations and Inuit Suicide Prevention Association of Québec and Labrador.
- An ASIST training session was offered in Kuujjuaraapik at the request of the first responders, grieving workshops were held on three occasions and the team of Inuit trainers met twice to become familiar with material in Nunavut Inuktitut and refresh their knowledge.

Persons Lacking Autonomy, Elders and Rehabilitation

Home and Community Care

Persons of all ages lacking autonomy benefitted from 20,178 hours of home- and community-care services. This continues the rising trend in recourse to services observed every year.

Elders

Development of New Elders' Homes in Nunavik

This year concluded the first phase of the project. The consultant hired by the NRBHSS worked closely with committees and elders of four communities to establish the type of home and the

location that would meet their needs. The plans were designed with an architect and the required construction funds were identified. The consultant collaborated with the *SHQ*, the KMHB, the KRG and Makivik to secure construction funds.

The second phase of the project is the planning stage.

Regional Campaign: World Elder Abuse Awareness Day

This year marked the fourth year of awareness-raising activities. A record number of 12 communities joined the campaign. Radio shows, feasts and games were organized for the elders and other members of their communities.

Regional Campaign to Celebrate International Elders' Day

For the third year, the communities participated in this campaign, and in increasing numbers: five communities took part in celebrations this year.

Projects for Day-Center Activities for Elders

The development of day-centre programs for elders in various communities began. The following villages expressed interest in organizing day centres for their elders: Kangiqsujaq, Kangiqsualujjaq, Umiujaq and Kangirsuk. Four project proposals were submitted along with applications for funding.

Family Violence and Sexual Assault

The development of services for victims of violence and sexual assault was at the core of the work and took concrete form through the organization of training for interveners of the regional health and social services network as well as the partners with intervention responsibilities. Several training activities were carried out in relation to deployment of the project for the prevention of sexual assault *Good Touch / Bad Touch*.

This project includes activities for front-line interveners, school personnel and other local actors, as well as community members and children from preschool to primary school. It was initiated in 2011 in Nunavik in close collaboration with the Department of Public Health and thanks to partnerships with the UTHC, the KSB and the KRPF as well as the financial participation of the KRG. During 2012-2013, the project was applied twice in Kuujuaq, in May 2012 and in February 2013, and once in Quaqtaq in November 2012.

The contribution of the Department of Planning and Programming lay particularly in organizing the following activities:

- **Hiring and training of Inuit facilitator-advisors:** In the fall 2012, seven Inuit facilitator-advisors were hired to participate in the development, planning, deployment and evaluation of the *Good Touch / Bad Touch* project. A five-day training session was provided for them in collaboration with Pauktuutit Inuit Women of Canada. The objective was to create an awareness workshop on the problem of sexual assault based on the *Hidden Face* tools and to train the participants so that they in turn could provide the training.
- **Orientation meetings and training activities for front-line interveners, school personnel and other local actors:** Particular attention was paid to strengthening local capacities to respond adequately to reported cases and to offer emotional support services appropriate to the victims and their families. Those activities were preceded by the development or adaptation of tools destined to reinforce capacities of detection and intervention. During 2012-2013, the following activities were carried out:
 - training provided in Kuujjuaq by the *Centre d'expertise Marie-Vincent* on psychosocial intervention among victims under the age of 12 years (12 participants);
 - seven orientation meetings (more than 100 participants) enabling clarification of the roles of and the services offered by the interveners as well as reinforcement of mechanisms for collaboration and referral;
 - three one-day awareness workshops on the problem of sexual assault (roughly 35 participants), aimed at strengthening capacities to screen and intervene;
 - three awareness workshops on the problem of sexual assault combined with a healing workshop, each lasting two days (more than 40 participants), aimed at strengthening capacities to screen and intervene and at encouraging victims to begin or continue their path to healing;
 - two training activities specific to women's shelters, each lasting three days, on intervention among victims of sexual assault: for the Initsiak Women's Shelter in Salluit, May 2012, and the Tunngasuvvik Women's Shelter in Kuujjuaq, September 2012.

Community Organizations

The NRBHSS actively supports the development of community organizations, which exist to respond to the needs they have identified among the most vulnerable members of the community.

This year, the NRBHSS distributed the entire budget under the program to 11 organizations as follows:

Community organization	Location	Mandate	2012-2013 subsidy
Tungasuvvik Women's Shelter	Kuujjuaq	Subregional	\$628 000.00
Initsiak Women's Shelter	Salluit	Subregional	\$491 076.00
Agapirvik Women's Shelter	Inukjuak	Subregional	\$188 984.00
Qilangguanaaq Elders' Home	Kangijsujuaq	Subregional	\$169 986.00
Tussajiapik Elders' Home	Kuujjuaq	Subregional	\$238 984.00
Sailivik Elders' Home	Puvirnituk	Subregional	\$138 984.00
Isuarsivik Treatment Centre	Kuujjuaq	Regional	\$588 984.00
Ungava community residence	Kuujjuaq	Regional	\$338 984.00
Uvattinut community residence	Puvirnituk	Regional	\$88 984.00
Saturviit Women's Association	Inukjuak	Regional	\$38 984.00
Qajaq Network	Kuujjuaq	Regional	\$188 000.00
TOTAL			\$3 099 950.00

In addition to providing funding, the NRBHSS supports the organizations in their daily functioning and has offered training to improve their services. With the support of the KRG and the CESO (Canadian Executive Service Organization), this year the regional board offered training to 11 community organizations of Nunavik.

Addictions

In 2012-2013, the regional addictions committee guided the development of addictions services, supported by working committees that focussed on training and FASD prevention and services. Recommendations were provided for the advisory committee and were then adopted by the NRBHSS board of directors.

The main focus is to place priority on the development of expertise and skills in addictions prevention and intervention and develop community-based resources. Furthermore, the provincial training program for front-line addictions workers was adapted to the reality of Nunavik in collaboration with NI and Institut Universitaire Dollard-Cormier (IUDC).

Addictions training in English is now available to the front-line workers. However, the Inuktitut translation is presently in the revision stage.

Addictions training delivered in Nunavik:

- first session, Inukjuak, January 28 to February 3, 2013: six participants trained
- second session, Inukjuak, February 27 to 28, 2013: five participants trained
- third session, Kuujjuaq, March 11 to 12, 2013: four participants trained (no Inuktitut training)
- fourth session, Kuujjuaq, March 18 to 19, 2013: five participants trained (no Inuktitut training)

Nineteen participants completed their training and two repeated the program. Addictions training will not be delivered in Inuktitut until revision of the Inuktitut version is complete. A language committee was created to ensure the terminology of the Inuktitut version is uniform and to create an addictions lexicon.

Children-Youth-Families (CYF)

The CYF team works closely with the institutions and community organizations to ensure that the organization of services for youth aged 0 to 18 years and their families responds to the needs, social realities, culture and values of the target clientele.

Under the clinical-project process, priorities were established among the services to be improved or developed. In the youth and family portfolios, the regional priorities identified were the following:

- reinforcement of a regional program on parental support and development of a network of community resources to support families;
- development of mechanisms to involve the community in the process of youth protection;
- development of a program for alternative-justice measures for young offenders.

Regional Table on Youth Services

In January 2013, the regional table on youth services was reactivated and two meetings have been held since. The table enables the two DYPs and the regional rehabilitation services to establish their areas of collaboration and thus clarify the grey areas in order to ensure proper functioning of their respective services. The CLSC children-youth-families services will eventually be invited to participate at this table. For the moment, much work at structuring and supervision is required between the DYPs and the regional rehabilitation services. We need to keep in mind that the table's goal is to establish a continuum of services and in that way establish clear and accessible service corridors, thus the importance of integrating the CLSCs of both coasts.

Community Involvement in the Process of Youth Protection

When the second-line officer joined the team in February 2013, the committee on community involvement in the process of youth protection was also reactivated. Two meetings have been held to date with all the individuals who were members of this committee in 2011. The mandate and objectives were discussed and a plan of action was designed for the coming year. The second-line officer is responsible for this portfolio and provides close support for the Chairperson. We are involving the *MSSS* in this issue, notably relative to the specific program for youth protection for aboriginals, in accordance with section 37.5 of the *YPA*.

2013-2014

The CYF team has designed a working plan for the coming year (2013-2014); that plan is directly related to the clinical project as well as the regional priorities.

The recommendations of the Qiturngavut Committee were submitted to the persons responsible for CYF services at both CLSCs, and discussions were held to assess the needs and the favourable conditions to set up for implementation of a program on neglect. Further discussions will be necessary on the conditions to privilege for the setup of such a program at both CLSCs according to the specific needs of the targeted resources.

Department of Public Health

Message from the Director

The personnel of the Department of Public Health were active in several portfolios in 2012-2013: surveillance, prevention, health protection and health promotion. Some of the year's highlights:

- Publication of the first module of the *Nunavik Health Profile*, Demographic and Socioeconomic Conditions, which clearly illustrates our mandate of providing regional decision makers—as much in the health and social services sector as in other sectors—with the information necessary to decision making relative to improving the state of health of our region's population;
- A major outbreak of tuberculosis in a community on the Ungava coast which widely mobilized our resources and those of our partners in health services and which led us to a serious examination of our actions in this area;
- Start of the implementation of the program to manage immunizing agents, aimed at a more efficient management of our vaccines and indicative of an orientation to acquire computerized tools to improve our actions relative to protection;
- Deployment of the Healthy Schools approach through multiple interventions in the schools, aimed at creating an environment conducive to the acquisition of healthy lifestyles, such as the Drop the Pop Challenge, Swiss stability balls, *Ma cour : un monde de plaisir !* [My schoolyard: a world of pleasure], the Breakfast Club program;
- Various training workshops on important health topics such as nutrition and sexual health.

Partnership and collaboration are important concepts for us. We count not only on the collaboration of health and social services but also on the support and leadership of other sectors in our society, such as education, community organizations, regional and municipal leaders, economic sector, among others, which have an influence on the decisions concerning factors that are important to our population's health.

Dr. Françoise Bouchard

Health Promotion

Health promotion *is the process of enabling people to increase control over, and to improve, their health* (Ottawa Charter). It is a major component of public-health actions centred on five principal strategies that respectively target: 1) individuals, 2) communities, 3) environments, 4) health centres and 5) policies. Out of concern for carrying out effective actions adapted to the population's needs and particularities, the Department of Public Health (DPH) relies on a review of literature (updated regularly) with revealing data on the main issues in public health.

Thanks to the expertise of its officers in matters of nutrition, physical activity, smoking, diabetes and sexuality, the DPH ensures the planning, realization and follow-up of a multitude of actions aimed at promoting healthy lifestyles. For two years now, the DPH has also devoted part of its efforts to the promotion of psychosocial health and well-being through a permanent resource tasked with collaborating with various actors in the sector on the reduction of violence, addictions and suicide in Nunavik.

Moreover, in accordance with the Healthy Schools approach, coordinated by an officer of the department in close cooperation with the KSB, the DPH supports a range of school-based projects at the local and regional levels. The objective of the Healthy Schools approach is to assist with the acquisition of competencies and the development of behaviours that foster academic success, health and well-being through the creation of supportive school environments and the adoption of healthy school policies. For 2012-2013, the main priorities identified by the commissioners were to improve the eating habits of school-age children by concentrating on demand for and availability of traditional foods and to reduce bullying among students, namely by supervising the recess periods.

The following section briefly lists the principal activities in health promotion headed by the DPH relative to the five strategies mentioned above.

1) **Acquiring individual aptitudes**, i.e., *individual and social development through information, health education and honing of skills essential to a healthy life.*

- ***Inuk to Inuk*** (eighth edition)

This year, four communities (Kangiqsujuaq, Tasiujaq, Umiujaq and Salluit) were targeted by *Inuk to Inuk*, a three-component project aiming at preventing diabetes in the population and at counselling diabetic persons. Firstly, a conference in Inuktitut was held for secondary students on the importance of adopting a healthy lifestyle to maintain optimal health. Secondly, a radio show was broadcast to inform the population about protective and risk factors for diabetes. Thirdly, consultations were held with diagnosed diabetic persons at the CLSC to discuss their health state and habits.

- ***Come, let us enjoy life together!***
Considering the increasing difficulty in starting and completing the various steps of Inuk to Inuk with the same partners due to the high staff turnover, the DPH decided to replace it with *Come, let us enjoy life together!*, a project more adapted to students which focusses on healthy habits. The organization and planning of the promotional tour of the schools will begin next fall, and for 2013-2014, Andréa Brazeau and Julia St-Aubin from Kangiqsualujuaq will be the spokespersons.
- ***Drop the Pop Challenge (sixth edition)***
In the context of the challenge, 10 schools submitted projects promoting healthy eating and regular physical activity. The distribution of promotional items remains very popular, specifically the sweaters worn by persons of all ages, from kindergarten children to grandmothers.
- ***(Stay) 'Quit to Win' Challenge (tenth edition)***
This six-week yearly challenge organized for smokers aged eight and up was held again this year throughout Nunavik. A total of 204 participants (123 adults and 81 youth) started a smoking-cessation process and 16 of them succeeded. Again this year, various organizations generously sponsored the challenge and numerous local partners (community liaison wellness workers, school principals, nurses, etc.) collaborated in its promotion within the schools and communities.
- ***Nutrition-education activities***
The DPH supported various projects promoting healthy eating and developing knowledge and skills on how to select and prepare healthy store-bought and traditional food. Targeting different client segments (youth, adults and elders), nutrition-education and cooking activities were organized in many communities. Information booths were also set up in public places (mainly in schools and food stores) to promote healthy nutrition as a protective factor against various chronic diseases. These activities allowed participants to discover and taste various fruits and vegetables and to learn how to prepare healthy snacks. As well, two regional training sessions (one for each coast) on healthy nutrition and cooking were held in Kangiqsujuaq and Inukjuak in March 2013.
- ***Yoga workshops in school***
Yoga workshops were presented at Ulluriaq School in Kangiqsualujuaq as part of a pilot project. The workshops focussed on stress and depression management. Lesson material and a DVD were developed for the two exercise sequences presented. These activities were made possible by the participation of the Northern Lights Yoga group.
- ***Road-safety promotion tour***
The DPH collaborated with regional organizations such as the KRG and the KSB on organizing and launching a regional tour to promote road safety among the Nunavik population, with various activities adapted to the targeted groups. Among those, awareness

activities presented in schools during the winter and spring 2013 were well received, especially the activities using a pedal go-kart to prevent risky driving behaviour.

- ***School program to prevent sexual abuse (Good Touch / Bad Touch)***

During the past year, the *Good Touch / Bad Touch* program was applied with children from kindergarten to primary school at Pitakallak and Jaanimmarik School (Kuujjuaq) and Isummasaqvik School (Quaqtaq). A total of roughly 335 children participated in three workshops (lasting from 30 to 45 minutes each) held in Inuktitut by seven experienced instructors. In view of supporting learning within the family environment, educational tools (sweater, stuffed animal, storybook, colouring book, poster) were given to each participant at the end of the workshops.

- ***Information sessions on child sexual abuse***

Eight information sessions and three community gatherings were organized in Quaqtaq and Kuujjuaq for parents and interveners in view of improving knowledge on protective factors against child sexual abuse. Held in Inuktitut and headed by community leaders, those activities recalled and highlighted the role of all in the creation of healthy and safe communities.

- ***Communication campaigns on various issues in public health***

To raise public awareness on certain major health issues in the region, several communications tools were used or distributed. Depending on the problem, the messages were announced locally, regionally or provincially through various media (mass mailing, displays, posters, radio, newspapers, Internet, telephone, promotional items, etc.).

2) **Strengthening community action**, i.e., concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health.

- ***Inuusitta Makitjuumigiaqarnigna conference***

A regional three-day conference on crime prevention through social regulation and empowerment was organized in collaboration with the KRG and Makivik Corporation. After a series of workshops on diverse issues and challenges (health, education, employability, justice, social services, etc.), the participants met per community in order to develop a local plan of action. A total of about 100 *Nunavimmiut* took part in the event, notably decision makers of the principal organizations of the region and certain delegates of each of the 14 communities. At the end of the conference, a regional charter was drawn up.

- ***Support for themed events in public health***

Several Nunavik communities received the DPH's support in organizing local activities aimed at highlighting one of the themed events in the health-promotion calendar. Depending on the event and the availability of resources, interested partners received support of an organizational, financial or material nature, which enabled a variety of activities such as walks, public speeches, themed discussions, radio shows, etc.

- ***Support for local initiatives in community mobilization***

Thanks to the generous contribution of Health Canada (notably in the context of the ADI (Aboriginal Diabetes Initiative) and NNC-NEIP (Nutrition North Canada – Nutrition Education Initiatives Program)) and in collaboration with its principal institutional and community partners, the DPH was able to support the application of initiatives aimed at mobilizing the population around local issues and supporting their collective appropriation. For example, the members of several communities participated in physical-activity sessions, community meals, collective kitchens and so forth.

3) **Creating supportive environments**, i.e., *creation of living, working and recreational conditions that are safe, stimulating, satisfying and enjoyable and which are a source of health for people.*

- ***Swiss stability balls in classes***

The development of evaluation and promotional tools for using Swiss stability balls in classes were carried out in 2012-2013 in partnership with the health and physical-education academic counsellor at the KSB. Some teachers are now giving students with behavioural or attention problems the option of spending some or all of their class time sitting on a stability ball. During the 2013-2014 academic year, there will be emphasis on incorporating daily physical activity in class, with help from the academic counselling team.

- ***Ma cour : un monde de plaisir ! [My schoolyard: a world of pleasure]***

Considering that bullying can be reduced by better supervision of the school recess periods, an adapted version of the *Ma cour : un monde de plaisir !* kit was presented in a few schools this year according to the needs. Follow-up activities will be held during the 2013-2014 school year. School-based activities aiming to prevent bullying among schoolchildren are integrated into the Positive Behavior Intervention Support program in connection with the Compassionate Schools approach promoted by the KSB.

- ***Healthy nutrition environments in stores, schools and child-care centres***

In order to promote healthy eating and support food security among the different population groups in their respective life environments, the DPH realized various interventions in collaboration with private and public institutions. These interventions include improvement of the nutrition environment in stores based on the availability and display of healthy food products in seven communities (expansion planned in 2013-2014), support for the nutrition program in child-care centres, support for the Québec Breakfast Club program in four schools and purchase of cooking equipment for some schools and child-care centres.

4) **Reorienting health services**, i.e., *creation of a health-care system that best serves the social, political, economic and environmental interests relevant to health, offering not only clinical and curative services but also services centred on all of the individual's needs while respecting cultural needs.*

- ***Diabetes screening and case management***

As in previous years, the IHC and the UTHC were required to plan, carry out and follow up screening for diabetic retinopathy in Nunavik. In total, 218 of 322 diagnosed diabetic persons were examined. In six communities on the Hudson coast, the nurse assigned to the diabetes program accompanied the optometrist and took advantage of the opportunity to meet and inform the clientele about the possible complications linked to diabetes. In addition, a nutritionist consultant visited diabetic persons to answer their questions, a much appreciated service that should be continued in 2013-2014 on the Hudson coast.

- ***Training for front-line workers and other stakeholders***

In order to reinforce the local capacity to promote health among the population, the DPH collaborated with trained facilitators from different organizations on developing specific training programs and workshops, mainly on sexual health and child sexual abuse. In total, approximately 100 professional and nonprofessional workers from various sectors (health centres, schools, community organizations, etc.) reinforced their education and intervention skills.

- ***Regional working committees and cross-sector orientation meetings***

In order to reinforce concerted efforts in health and well-being, develop a shared vision of health promotion and enable large-scale projects, the DPH coordinated the regional working committee on the prevention of sexual abuse and participated in the working committee on suicide prevention. Further, in view of better promotion of the existing resources in the region, improved cooperation between services and greater collaboration between the interveners serving the same clientele, several discussions and orientation meetings on the respective roles and mandates were organized with local and regional partners (municipalities, health centres, KRG, KSB, KRPF, etc.).

- ***Distribution of educational material among health professionals***

To equip the network professionals in their health-promotion tasks, educational material dealing with various health issues was sent to them on request: posters, pamphlets, videos, electronic presentations, interactive games, etc.

5) **Building healthy public policy**, i.e., *support from policy makers in all sectors and all levels in the adoption of health, financial and social policies that foster health, equity and the creation of healthy environments* (e.g., legislative, financial and fiscal measures, organizational change).

- ***Raising awareness of the public and decision makers relative to psychosocial issues***

Through various means (e.g., working committees, workshops, conferences), the DPH contributed to raising the awareness of the public and decision makers relative to certain psychosocial issues in Nunavik (violence, sexual abuse, substance abuse, suicide) by

informing them of risk factors and protective factors in view of having healthy public policies adopted locally and regionally.

- ***Raising awareness of school principals and personnel relative to the Healthy Schools approach***

During the KSB's one-week regional training, the Healthy Schools approach and various public-health programs were presented to the school principals and staff members through different activities (information booths, displays, short presentations, interactive sessions, etc.). This initiative seemed successful as, during the year 2012-2013, more than 80% of the schools organized at least one project to help students improve their self-esteem, social skills and healthy habits. These projects received financial support from the DPH and various other regional sources. Furthermore, many excellent local initiatives have been made possible because of local partners who identified the needs in their environment and mobilized the competencies of different stakeholders. It should also be underlined that efforts were made to promote culture in the projects, which helped students develop their cultural identity.

- ***Coordination of the Nunavik Nutrition and Health Committee (NNHC)***

The NNHC is composed of representatives from various organizations (NRBHSS, KRG, UTHC, IHC, ITK, *INSPQ*, Nunavik Research Centre and Trent University) who work in nutrition, environment and health. The committee acts as the authorized review and advisory body for health and nutrition issues in the region. Funded by the AANDC under the Northern Contaminants Program, the NNHC is coordinated by a nutritionist from the NRBHSS and meets three times a year.

- ***School food policies***

The current food policy in effect in the schools stipulates that at least 75% of the food served in schools must be healthy and that junk food may not account for more than 25% of food offerings at the time of the latest funding rounds. To assist with the implementation of the policy, funding has been granted to more than 60% of the schools for healthy snacks. The revision of the brochure on food policy and healthy alternatives is now complete; the brochure will be distributed in September 2013. In addition, 11 schools are now certified pop-free zones with the adoption of an internal policy encouraging the consumption of healthy drinks instead of sugary ones and with the commitment to make water coolers or other drinking-water systems available to the children.

Monitoring the population's state of health

During 2012, activities involving monitoring of the population's state of health were particularly marked by the compilation and analysis of data on reportable diseases (*MADO*): sexually transmitted and bloodborne infections (STBIs) and tuberculosis.

In the process of drawing up health profiles (children's health and health profile of Nunavik's adult population), the extraction and analysis of historical data (past 20 years) permitted, among other things, documenting the incidence of certain diseases avoidable through vaccination as well as STBIs. In 2012, the first component of the *Nunavik Health Profile, Demographic and Socioeconomic Conditions*, was published.

Moreover, monitoring activities permitted taking stock of the regional situation relative to certain health indicators from the perspective of the project *le Nord pour tous* [The North for all], initially entitled *Plan Nord*. Further, they contributed to the preparation of documents for regional meetings such as the conference on social regulation. Compilation of data on certain health indicators (suicides, hospitalization, demography, births and so forth) in response to needs formulated by certain interveners of the Department of Public Health, the Department of Planning and Programming or other actors of the health network and decision makers is one of the components of the monitoring activities carried out throughout the year. The progressive update of the diabetes database enabled a more precise profile of incident cases diagnosed in the region, principally on the Ungava coast.

In short, the monitoring data compiled and analyzed according to requests from decision makers, interveners and the communities served to guide actions, i.e., specific interventions or decisions appropriate from a perspective of prevention, health promotion and community empowerment.

Activities under the Québec breast cancer-screening program (PQDCS)

The *PQDCS* mammography clinic was held in April 2012 for the women of Salluit, Ivujivik, Akulivik and Puvirnituq.

Occupational Health

Preventive Withdrawal of Pregnant or Breast-Feeding Workers

During the year 2012, 141 applications for preventive withdrawal of pregnant or breast-feeding workers from 91 institutions were processed. Applications for consultation for workers originated mostly from the sectors of education (day-care educators, teachers) and health (nurses) as well as the commercial sector (cashiers).

Occupational-Health Programs in the Mining Sector

Implementation of occupational-health programs in the mining sector continued during 2012. A physician and a nurse from the Department of Public Health carried out preventive activities in this important sector that includes over 1 300 workers from more than five mines.

The mining sector experienced significant growth this year with the installation near Salluit of a new mining company, Nunavik Nickel. The occupational-health team is continuing the preparation of a health program in collaboration with representatives of this company.

Occupational-Health Programs in the Municipal and Police Sectors

The municipal sector in Nunavik continues to be the object of actions aimed at preventing workplace health problems. In 2012, most of the municipal installations (municipal garages, fire stations, arenas, carpentry workshops, sewage-dumping sites and sites for distribution of potable water) were visited by the occupational-health team of the Department of Public Health. In addition, nine police stations, one station of the *Sûreté du Québec* and 12 KMHB carpentry workshops were visited.

Finally, the occupational-health team also responded to many local requests involving the quality of indoor air in Nunavik establishments, prevention of tuberculosis among workers, control of the chemical contamination of drinking water and oil fumes.

Prevention and Protection

Two portfolios were of particular concern to the DPH: tuberculosis and STBIs.

Tuberculosis

During 2012, the DPH, UTHC and IHC were mobilized for the control of active tuberculosis in certain communities. In total, 75 cases of tuberculosis were reported in Nunavik for 2012, 66 of which occurred in Kangiqsualujjuaq, 8 in Salluit and 1 in Kangiqsujuaq. In comparison, the data for 2010 and 2011 were, respectively, 12 and 27.

Uniquely in Kangiqsualujjuaq, specific actions were carried out: systematic screening of the population aged 15 years and older through pulmonary X-rays and BCG vaccination for newborns and children under the age of two years.

The TB outbreaks follow the tendency observed over the past few years of a rise in cases of active tuberculosis in both Nunavut and Nunavik.

STBIs

In the 12-month period from January 1 to December 31, 2012, the number of declared cases of gonorrhoea and genital chlamydiosis infections reached 259 and 382 respectively, representing increases of 27.0% and 52.2% compared to 2011. Both infections are prevalent in all communities, and women and youths aged 15 to 29 years are the groups most at risk.

A training session on sex education was held with more than 70 interveners from the health, education and social-services sectors of the region.

In response to these two major public-health problems, the public-health team began developing regional plans of action specific to these issues, which have an important impact on the lives of Nunavik residents.

The following are some of the other activities of the infectious-diseases team:

- seasonal vaccination campaign against influenza, which reached more than 4 700 individuals;
- start of implementation of the management program for immunizing agents with the pharmacies of both health centres;
- response to an outbreak of CA-MRSA (community-acquired Methicillin-resistant *Staphylococcus aureus*) in one community.

Department of Inuit Values and Practices

Message from the Director

In fiscal 2012-2013, I was very fortunate to have a great team within our department. We have been working on several different files such as the Indian and Residential Schools file (IRS) Resolution Health-Support Program, Brighter Futures, Building Healthy Communities and, more recently, the position of coordinator for the prevention of elder abuse and the midwifery file. In January, the Department of Inuit Values and Practices (DIVP) held a meeting with the executive directors of the NRBHSS and the two health centres along with the midwives of Inukjuak, Puvirnituk, Salluit and Kuujjuaq, and the head physicians concerning potential implementation of birthing houses in Nunavik. I would like to take this time to thank my departmental team and the management of the NRBHSS for their ongoing support. I would also like to acknowledge the IRS Adjudication Secretariat, Makivik Corporation and Health Canada for their support for the NRBHSS in the IRS issue.

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

Jennifer Watkins

Midwifery

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

In fiscal 2012-2013, there were 78 births registered on the Ungava coast and 102 on the Hudson coast.

With the help of the Planning and Programming Department, we made a *PowerPoint* presentation for the MSSS on the midwifery program and the services offered in Nunavik to make the ministry aware of our interest in implementing birthing houses in Nunavik. As Chair of the midwifery working group of Nunavik, I will be presenting our current efforts to the working group via conference call in the coming weeks.

In August of 2013, the Ungava Tulattavik Health Centre will start the midwifery program on the Ungava coast. Two students will be selected in fiscal 2013-2014.

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

The Department of Inuit Values and Practices is in charge of the IRS file; our personnel attended a truth and reconciliation (TRC) event in June 2012 in Saskatoon, Saskatchewan, and we are preparing for the upcoming TRC event in Montreal, Quebec, in April 2013. Between the preparations for the TRC events, the emotional-health support team has been visiting communities to give healing sessions to former students and their families affected by the legacy of residential schools. The DIVP continues to work with Health Canada to support the Emotional Health-Support Program for former students in the 14 communities. The mandate of these support workers is to offer emotional support to former students of residential schools and their families, especially those students who will undergo the independent assessment process (IAP) in the coming months.

Traditional Adoption

The working group on traditional adoption in Quebec, created by the ministers of Justice and Health and Social Services to recommend solutions to the current non-inclusion of traditional adoption practices in provincial laws, rendered its report public on April 16, 2012. An Act to amend the *Civil Code* and other legislative provisions as regards to adoption and parental authority, which included provisions on aboriginal traditional adoption, was tabled June 13, 2012, at the Quebec National Assembly. Unfortunately, with the provincial elections in the fall 2012, the bill died before presentation or ratification. A new bill now has to be resubmitted to the Quebec National Assembly, for sanction anticipated in the fall 2013. Representatives of the NRBHSS and Makivik Corporation are following this closely and will give an update to both organizations on any changes or updates in this file.

Brighter Futures

Brighter Futures is a federally funded program that allows all 14 Nunavik communities to request funding for various types of projects within their communities. All funds are distributed on a per capita basis. This past year all but two communities took the initiative to involve youth in 58 projects.

The following table shows how much money was available to each community at the beginning of fiscal 2012-2013 and how much was actually spent.

Community	Funds Available	Funds Spent
AKULIVIK	\$50,135.00	\$47,760.70
AUPALUK	\$30,439.00	\$15,000.00
INUKJUAQ	\$108,328.00	\$109,450.00
IVUJIVIK	\$40,287.00	\$42,160.00
KANGIQSUALUJJUAQ	\$68,936.00	\$47,000.00
KANGIQSUJUAQ	\$52,821.00	\$89,430.50
KANGIRSUK	\$50,135.00	\$28,350.00
KUUJJUAQ	\$123,548.00	\$198,631.82
KUUJJUARAAPIK	\$57,297.00	\$35,382.31
PUVIRNITUQ	\$110,119.00	\$91,580.00
QUAQTAQ	\$38,496.00	\$29,965.73
SALLUIT	\$92,213.00	\$173,612.76
TASIUJUAQ	\$33,125.00	\$0.00
UMIUJUAQ	\$39,392.00	\$5,000.00
REGIONAL PROJECTS	\$35,000.00	\$52,737.00
TOTAL	\$930,271.00	\$966,060.82

The table shows that some communities actually spent more than was originally allocated to them. This is because after January 15 of each year, all remaining money from each community is put into a regional fund and made available to any community that applies. This is to ensure that all Brighter Futures funding is spent each year.

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

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

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

Wellness Committee

The Wellness Committee is an organized group of community members whose purpose is to discover the health and wellness needs of each community and to help find ways of solving problems that may arise in the communities. For that purpose, it:

- serves as link between the health and wellness services and the community;
- identifies what the population of each community feels are the health and wellness needs and problems within that community;
- works jointly with other bodies to find methods of filling these needs and solving these problems;
- participates in carrying out these projects to improve the health and wellness practices within the community;
- provides the population with information concerning public health and wellness in general;
- helps link the community with local or outside organizations that can help tackle problems within the community.

All communities that have not formed a wellness committee have access to information on the composition and mandate of such a committee, which is available through the municipality or the Brighter Futures officer in the NRBHSS Department of Inuit Values and Practices.

Prevention of Elder Abuse

The region applies a ministerial program to combat elder abuse through the development of concerted solutions adapted to the region. The 2010-2015 governmental plan of action against elder abuse was announced by the Minister responsible for seniors in 2010. That plan is meant as a complement to other governmental measures. The regional coordinator works jointly with the Department of Planning and Programming.

Department of Administrative Services

Message from the Director

The Nunavik Regional Board of Health and Social Services is very proud to announce that fiscal 2012-2013 ended with resolution of the accumulated deficit of \$5.5 million. An agreement was concluded between the regional board and the *MSSS*, which accepted the proposal presented by the former.

The second annual action plan of the 2009-2016 Strategic Regional Plan was authorized by the *MSSS*. This action plan will bring an additional recurrent budget of \$2 million annualized to \$6.8 million to support the development of health and social services for *Nunavimmiut*, plus a non-recurrent budget of \$2.7 million for specialized facilities and a special budget for the tuberculosis file.

Many projects were managed by the construction committee for the development of facilities in Nunavik. Among them, in collaboration with the *MSSS* and the institutions, were housing units, the rehabilitation centre for girls aged 12 to 18 years (a project of the Department of Youth Protection, or DYP) and the first draft of the Capital Master Plan. This Capital Master Plan is essential for the region in terms of authorization of any other capital project for development in Nunavik. This committee has been very active, the members having held over 20 meetings without counting the working sessions on specific projects and meetings with the *MSSS*.

Our achievements during 2012-2013:

- The delivery of 70 housing units to support the hiring of new resources under the 2011-2012 action plan;
- Further to the completion of the functional and technical plan (FTP) for a new office building for the DYP, the contractors were hired in the summer 2012 to start the construction early in the fall 2012;
- The continuation of the needs assessment, in collaboration with the health centres, for a new rehabilitation centre for girls aged 12 to 18 years in Inukjuak with the elaboration of a preliminary plan;
- The presentation of the first draft of the Capital Master Plan to both the BOD Committee and the representative of the *MSSS*;
- The application of a new procedure required by the *MSSS* under the management plan for informatics resources;
- The continuation of a major upgrade to the telecommunications network in collaboration with the KRG, the *CSPQ (Centre de services partagés du Québec)*, Sogique and the *MSSS*;

- The Regional Project Management Bureau held six regional meetings during the year with members of the health centres, both separately and in joint meetings of two to three days, to pursue collaborative efforts;
- Major improvements to the layout of the regional board's office building and warehouse requiring the collaboration of the staff from all departments;
- The Department of Administrative Services (DAS) also welcomed new team members: Claudette Fontaine, accounts-payable clerk, arrived in July 2012; Jimmy Gagné, head of finance, arrived in August 2012; Sherry McLean, administrative technician and executive secretary, arrived in January 2013.

The Director of Administrative Services is proud of and grateful to all his department members for their solid teamwork and is looking forward to a new year of achievement.

Financial Resources

REGIONAL BUDGET (MSSS)

The MSSS authorized expenditures of \$143 million for the region for 2012-2013 excluding fixed-assets funds. For fiscal 2012-2013, the MSSS increased the regional budget by \$6.8 million for the annual action plan within the strategic regional planning. This year, the Inuulitsivik Health Centre ended the year with a slight surplus of \$200 000 and the Ungava Tulattavik Health Centre with a deficit of \$2.6 million. A recovery plan is being prepared to correct the situation.

The regional budget was distributed as follows:

2012-2013 ALLOCATIONS	\$ million
INSTITUTIONS	
Inuulitsivik Health Centre	60.0
Ungava Tulattavik Health Centre	43.6
NRBHSS EARMARKED FUNDS	
Insured/non-insured health benefits	20.5
Other	7.6
COMMUNITY ORGANIZATIONS	
Youth centres	2.4
Other	3.2

Reserved: special projects not realized yet	5.9
TOTAL TRANSFERS	143.2

The NRBHSS Operating Budget

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

Operating and Earmarked Funds

The MSSS allocated a budget of \$7.5 million for the NRBHSS' operations. The NRBHSS also received \$1.6 million from other sources, mainly from contribution agreements. In addition to this operating budget, the NRBHSS also received and managed \$20.5 million in earmarked funds for specific activities. These earmarked funds were financed through two different sources, one directly from the MSSS and the other from the regional envelope.

As mentioned in the Director's message, an agreement has been reached with the MSSS to finance the accumulated deficit.

Fixed-Assets Fund

The NRBHSS also transferred \$35 million for various fixed-assets projects such as the replacement of equipment, maintenance and renovations to its building, medical equipment and housing.

Federal and ITK Earmarked Funds

An amount of \$7 million was received from the federal government and Inuit Tapiriit Kanatami (ITK). Unlike the provincial earmarked funds, the contribution agreements with these organizations are on a yearly basis. At the end of the year, they recover any balance not spent during the year.

Health Canada	\$
Aboriginal Diabetes Initiative	678 190
Brighter Futures	1 153 893
Home and Community Care	2 173 412
Fetal Alcohol Spectrum Disorder	351 762

Mental Health Crisis Management	870 719
Prenatal Nutrition Program	296 197
Suicide-Prevention Strategy	99 950
Aboriginal Health Human Resources Initiative	115 000
Indian Residential Schools	675 530
Nutrition North Canada	502 872
Indian and Northern Affairs	
Family Violence	45 000
Total Subsidies	\$6 962 525

Fixed Assets and Equipment

Housing Project

The NRBHSS managed many local and regional projects for 2012-2013. One of the major projects for the year was the construction of 70 staff-housing units—quadruplexes and semi-detached units—in various communities.

#	Location	# Housing Units
1	Puvirnituq	20
2	Kuujuaraapik	4
3	Salluit	4
4	Kuujuuaq	28
5	Kuujuuaq, NRBHSS	4
6	Inukjuak, for group home staff, girls 12 to 18 years of age	8
7	Aupaluk (semi-detached)	2
	Total	70

Health Centres: Facilities Projects

In order to respond to regional infrastructure needs, larger-scale projects were developed:

- The Ungava Tulattavik Health Centre saw the enlargement of its garage for ambulances which also provided a new archive area, a new morgue and some needed office spaces.
- The final cost for this project was \$4,500,000; it was completed within budget.

- The design of a new CLSC is being prepared for Aupaluk and the project should enter the FTP stage soon.
- For the Inuulitsivik Health Centre, construction of a new office building for the Department of Youth Protection in Puvirnituk at a cost of \$12,766,000 was suspended for the winter months but will resume in the summer 2013.
- The project for the rehabilitation centre for girls 12 to 18 years of age in Inukjuak will enter the stage of conception of plans in the fall 2013.

To ensure the pursuit and follow-up of these capital projects, the construction committee overlooks all the steps individually in order to comply with ministerial guidelines.

Triennial Conservation and Functional Plan

- The NRBHSS has recently finalized the budget for the new three-year conservation and functional plan for Nunavik, which will cover the period 2013-2016.
- With the cooperation of both health centres in the Nunavik region, we were able to work more efficiently and provide them with more information and the budgets necessary to accomplish most of the projects.
- For the NRBHSS and the two health centres, many upgrades to existing buildings are in the plans in 2013.
- The three organizations are very involved in the current Strategic Regional Plan, working on the new developments in the region.

Human Resources

NRBHSS	Current year	Previous year
Management personnel, full-time	17	17
Management personnel, part-time	1	1
Employees, full-time	49	49
Employees, part-time	8	2
Total, regional board	75	69
ULLURIAQ ADOLESCENT CENTRE		
Management personnel, full-time	1	2
Management personnel, part-time	16	20
Employees, full-time	13	0
Employees, part-time	13	20
Total, Ulluriaq Adolescent Centre	43	42

The manpower profile saw very little change in 2012-2013, apart from an increase in temporary, part-time personnel, a result of the hiring of some maintenance personnel and the temporary replacement of a Planning and Programming officer who is on deferred leave.

We continued our efforts at hiring Inuit employees, and this year, the percentage of Inuit personnel at the regional board went from 28% to 31%.

The priorities defined for 2012-2013 were partly attained with the update of 30% of the job descriptions and the setup of an employee-assistance program. These activities of clarifying roles and tasks as well as the creation of a workplace health and well-being committee will complete the priorities in this area in 2013-2014.

Further, a series of policies and procedures in human-resources management remains to be adopted and will be included in the future employee guide, which we will be working on between now and the end of March 2014.

Information Systems

Telecommunications

The Nunavik Telecommunications Network (NtN) upgrade (Phase I and Phase II) has been completed throughout the region. The health sector's telecommunications network is managed by the KRG. The implementation of network-optimization equipment (Phase IIa) at each of the 32 sites of the health sector is 98% completed. Said implementation will enhance data transmission and ensure the confidentiality of the information transmitted over the NtN. The start of the next phase (III) of the NtN upgrade is planned for the coming year; this involves a redundancy solution to ensure a more robust telecommunications infrastructure. Phase III will be carried out in collaboration with Sogique, the *CSPQ* and the *MSSS*.

Youth Action Plan, DYP

The Youth Protection Information System has been deployed at the Ungava Tulattavik Health Centre; and the Inuulitsivik Health Centre is preparing to complete its deployment shortly. This tool integrates three information systems on the clientele of the Departments of Youth Protection (youth and their parents); the information system manages the clients, the services they receive, the intervention processes in which they are involved, the accommodations resources used and the legal aspects. This information system will give interveners and managers immediate and accurate information on the youth clientele and thus enable better assessment of that clientele. The next step is the implementation of the *SIRTF* module (*Système d'information sur les ressources intermédiaires et de type familiale*) [Information system on intermediate and family-type resources].

Information-Resources Management Plan (IRMP)

In September 2012, the *MSSS* implemented a new framework on the management of the information-resources system and activities (ref. *Bulletin 2012-021*). The region must formally submit all projects and activities related to information systems; regional and local triennial plans as well as annual plans must be developed and submitted to the *MSSS* for approval. Six main measures or activities were addressed in the Regional Information-Resources Management Plan: the electronic health record (EHR), telecommunications, youth-protection information system, telehealth, Nunavik eHealth 2013-2016 master plan, and administration and technology optimization. These measures and activities are financed within the regional strategic plan. Several training sessions have been held with the health centres and the *MSSS* on this new method of project management relative to information resources.

eHealth Plan

The Nunavik Information-Resources Master Plan is still being completed to reflect the changing regional and local realities. The revised plan will now be known as the “Nunavik eHealth Plan 2013-2016.” The new plan will include information resources and activities, activities related to telehealth development and the information-resources security framework. The security of personal information is and continues to be a priority of the NRBHSS and the entire Nunavik health network, as is the optimization of the health sector’s technological and telephony infrastructures.

Regional Project Management Bureau, Information Resources

The Regional Project Management Bureau regularly holds meetings to discuss all the aspects of information resources and activities. These meetings are very useful in aligning the region on the different projects and activities and ensuring that the region’s information systems and activities are standardized and optimized.

You are welcome to consult the NRBHSS Web site for current information at www.rrsss17.gouv.qc.ca.

Department of Regional Human-Resources Development

Message from the Acting Director

As Acting Director, I am pleased to join the management team and continue working on issues that have always been important to me, such as attracting, training and retaining personnel. For me, those issues represent the greatest challenges. It is by working closely with our partners and among our departments that we will attain our objective, which is to offer services to our population by Inuit interveners, by providing them better working conditions and training programs. I believe teamwork and joint efforts within our network will also help us succeed in increasing the numbers of Inuit personnel in the services through training and improved working conditions. The problem of retaining personnel from outside the territory is also a challenge that we must face together.

Daniel Michaud

Principal Activities in 2012-2013

Training in Psychosocial Intervention

The project for training Inuit interveners of youth protection offered by Collège Marie-Victorin is in its third year. Twenty-five interveners from both Departments of Youth Protection participate in the program.

Moreover, as planned in 2011-2012, 49 educators and security guards of the territory's rehabilitation services began the training program on specialized education given by Collège Marie-Victorin.

The training that started in September 2012 is provided for the personnel of the Puvirnituk and Kuujuaq group homes and the Sapummivik Centre in Salluit.

Pursuant to an agreement with the two health centres, the personnel actively participating in the training and who successfully complete the work required by the college will be entitled to a salary raise in order to encourage participation and improve personnel retention.

This project is possible though major financial support from the Kativik Regional Government.

Interpreter Training

Training for interpreters in health and social services has already been offered in the past. The objective was to offer basic training in simultaneous interpretation to ensure all personnel used the same methods.

A second training component was offered in 2012 by Jacques Raymond and Annie Weetaluktuk, this time with the goal of developing standardized medical terminology. The request for training came from the health centres, which noted that the interpreters use different terms to designate the same concept depending on their age and place of residence (Hudson or Ungava). Thus, to remedy the situation, Jacques Raymond provided training in Puvirnituk and Salluit in the winter 2013 and Annie Weetaluktuk provided training in Inukjuak. A total of 39 interpreters participated. A training session is planned for the fall 2013 in Kuujuaq.

The objective in the short and medium term is to train all the interpreters of the 14 Nunavik communities working in the field of health and social services.

Inuit Management Training

In collaboration with McGill University, the training program “Inuit Management Training” has been offered for some 10 years now. At present, roughly 20 participants are registered in that program, which is reserved exclusively for Inuit.

In 2012, two participants, Aani Tulugak and Charlie Gordon, graduated from the Inuit Management Training and had the honour of being awarded their certificates in Montréal during a ceremony organized by McGill.

In 2013, the training continued (two sessions), and we hope to see some participants graduate by 2014. The NRBHSS continues to support this program and hopes to announce the graduation of other participants.

Aboriginal Health Human Resources Initiative (AHHRI)

In the context of the Aboriginal Health Human Resources Initiative, Donna Davies, training officer, composed a song to inspire Nunavik schoolchildren to complete their secondary studies and pursue postsecondary studies. When visiting the schools, she sings the song with the children in the classrooms to motivate them. Again with the goal of encouraging youth, she entered into a partnership with a youth of the region who will record the song in studio and include lyrics in Inuktitut to reach out to more young persons.

Hiring

Jointly with the Department of Planning and Programming as well as Executive Management (communications section), the project to support hiring for the three organizations of the network through a promotion campaign with a specialized firm (Imedia) is progressing well. Phase 2 will be complete in the fall 2013. A Web site created specifically for North/South hiring, video clips produced to promote Nunavik and brochures presenting Nunavik and the nature of the work in our network produced for both the region's population and the South are tools that will be available shortly.

Phase 3, which is in development, could lead to a mass promotion campaign on public networks such as the CBC, TNI, APTN and Radio Canada.

Priorities for 2013-2014

Aside from current portfolios, the Department of Regional Human-Resources Development will work closely with the two institutions to optimize the training provided by Collège Marie-Victorin for the personnel of youth protection, rehabilitation and front-line psychosocial services. As training is essential to appropriation of service provision by the Inuit, we will place particular emphasis on this issue by ensuring support for deployment of the clinical project according to the established objectives.

Other important issues will be covered over the coming year, including promotion of careers in health and social services at the Nunavik schools and the cégeps that admit Inuit students in Montréal. In collaboration with the health centres, our department will work at creating a job title for interpreters for recognition in the collective agreements. Finally, with the application of *Draft Bill 21*, which requires all interveners performing reserved acts to be member of a professional association, the regional board intends to work jointly with the order of social workers to find a solution so that the Inuit of Nunavik can work in their communities with full legal protection.

Department of Out-Of-Region Services

Message from the Director

It is with great pleasure that I present to you my annual report for fiscal 2012-2013.

My department's main function is to oversee and manage the regional funds under the Insured/Non-Insured Health Benefits (INIHB) Program.

One of the major changes in relation to the last two fiscal years was my involvement in the Nunavik Youth Houses Association (NYHA) Advisory Committee. This committee was created to determine the needs of youth centres in terms of programming and staff training. The membership included organizations such as the Kativik Regional Government, Makivik Corporation, the Sapuutit Youth Association and others. I had been the Chair of this committee since 2010; however, key decision makers closely related to this file determined that it should be disbanded. We felt that the mandate of the committee no longer responded to today's realities and priorities.

The Regional Committee on Management of Patient Services (RCMPS) had another busy year determining broad regional orientations concerning programs and service organization. This committee holds a meeting every few months and one of the central focusses is on the orientation of the *Module du Nord Québécois* (Northern Québec Module, or *MNQ*). It is with pleasure that I chair this committee and I hope for the continued collaboration of the Ungava Tulattavik Health Centre (UTHC), the Inuulitsivik Health Centre (IHC) and the *MNQ*.

I would like to take this opportunity to thank the NRBHSS board members and my fellow department directors for their continued support.

Larry Watt

MNQ Relocation Project

The present *MNQ* relocation project in Montreal has been under way since 2006. In 2009, the *MSSS* approved \$12.5 million to renovate the former Chinese hospital building that was to house the *MNQ* facilities with 143 beds for patients from Nunavik. Unfortunately, this option was ruled out due to the borough of Villeray representatives' decision not to have the *MNQ* in their borough.

After lengthy discussions between the *MSSS*, the NRBHSS and the *MNQ*, on February 16, 2012, *MSSS* Acting Executive Director of Investments Sylvain Périgny replied to our letter dated August 2011 addressed to Assistant Deputy Minister Michel Fontaine. In the letter of February 16, 2012, we were authorized to submit our summary FTP (functional and technical plan) by early fiscal 2012-2013.

Under the present ministerial regulations, we are authorized to work on a public call for tenders to lease an existing building or construct a new one. We have plans to present our summary FTP in the month of May 2013. In that summary FTP we will request a surface area of 5,982 square metres.

On January 23, 2013, we received a letter signed by Michel Fontaine with the notice of pertinence attached. The notice of pertinence indicates the services and the number of beds approved as well as some adjustments to the surface area. The *MSSS* recommended 5,695 square metres.

We had further discussions for additional surface area, mainly for the four larger bedrooms or bachelors for long-term patients.

Late in the fiscal year, the *MSSS* had all the information in hand to authorize the NRBHSS to proceed with the public call for tenders to lease an existing building or construct a new one. If we receive the *MSSS* authorization letter in late June 2013, we should be able to launch the call for tenders in August or September 2013. After reviewing the bids, completing the plans and specifications will be the next step, followed by renovations with a view to occupying the premises in early 2015.

The Regional Committee on the Management of Patient Services, comprised of representatives of the NRBHSS, *MNQ* management, the Inuulitsivik Health Centre and the Ungava Tulattavik Health Centre, continues to guide the *MNQ* relocation project.

Insured/Non-Insured Health Benefits (INIHB)

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

Regional Transportation Policy in the Nunavik Region

A major revision was made to one of the components of the INIHB program: the *Regional Transportation Policy in the Nunavik Region*.

After many discussions at the RCMPS, the policy was formally approved by the board of directors of the regional board at its February 2013 meeting.

Department Objectives 2013-2014

- Publicize the new *Regional User Transportation Policy in Nunavik* among the personnel of both institutions and the region's CLSCs.
- Obtain *MSSS* approval to go ahead with the public call for tenders for a new or renovated facility to accommodate the *MNQ* facilities in a centralized location in Montreal.
- Adopt a new policy that will set the parameters of the INIHB program and develop procedures that will enable proper financial follow-up with the Department of Administrative Services and the auditors.
- Conduct an information campaign on the rules and eligibility requirements under the INIHB program.
- Discuss a wider array of subjects at the RCMPS.

**NUNAVIK REGIONAL BOARD OF
HEALTH AND SOCIAL SERVICES
SUMMARY FINANCIAL REPORT
MARCH 31, 2013**

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
SUMMARY FINANCIAL REPORT
MARCH 31, 2013**

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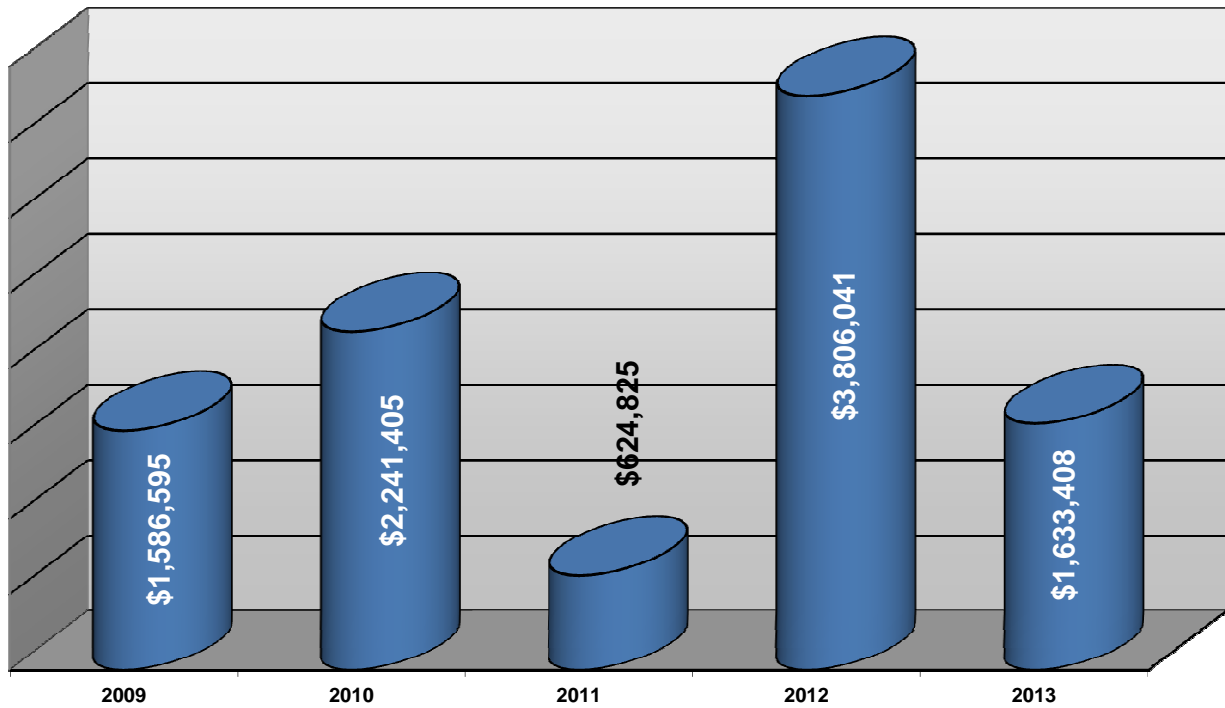
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**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
SYNOPSIS REVIEW
MARCH 31, 2013**

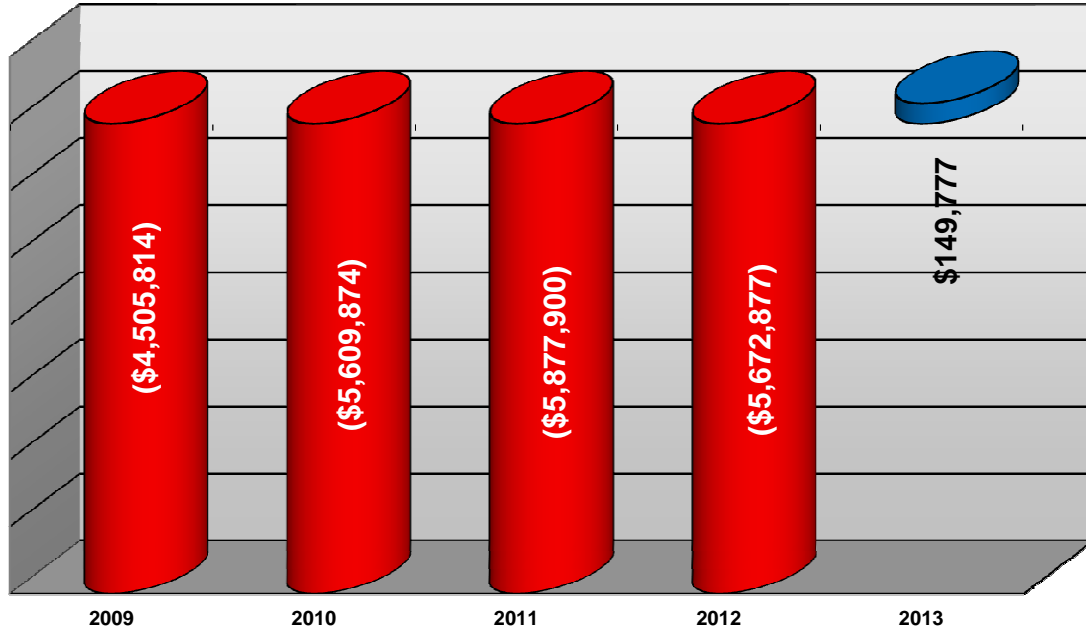
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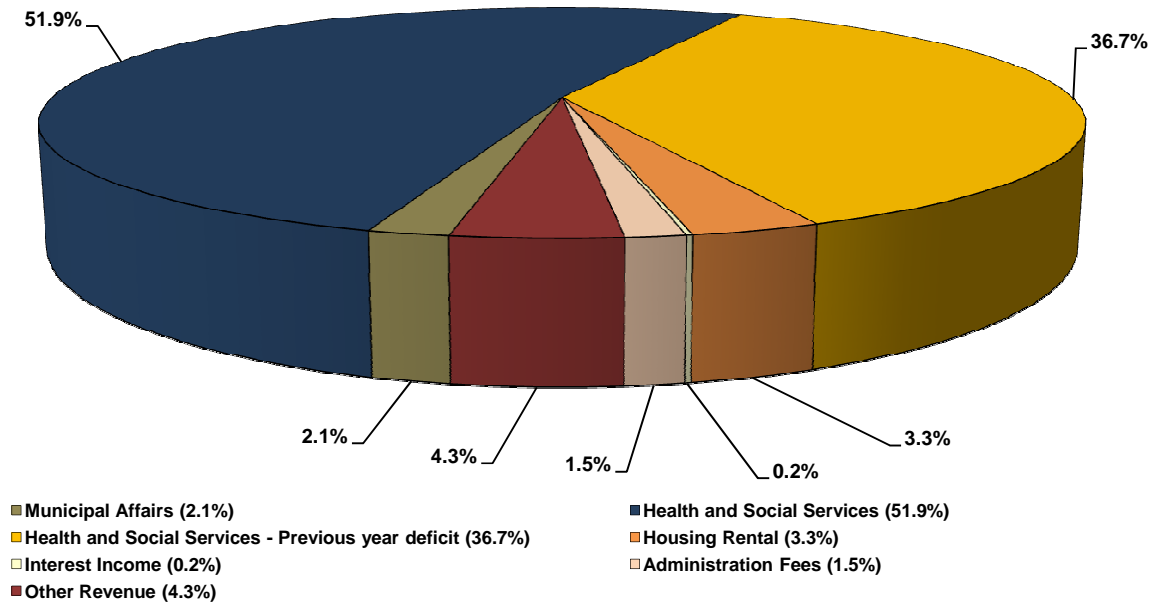
COMBINED CASH POSITION



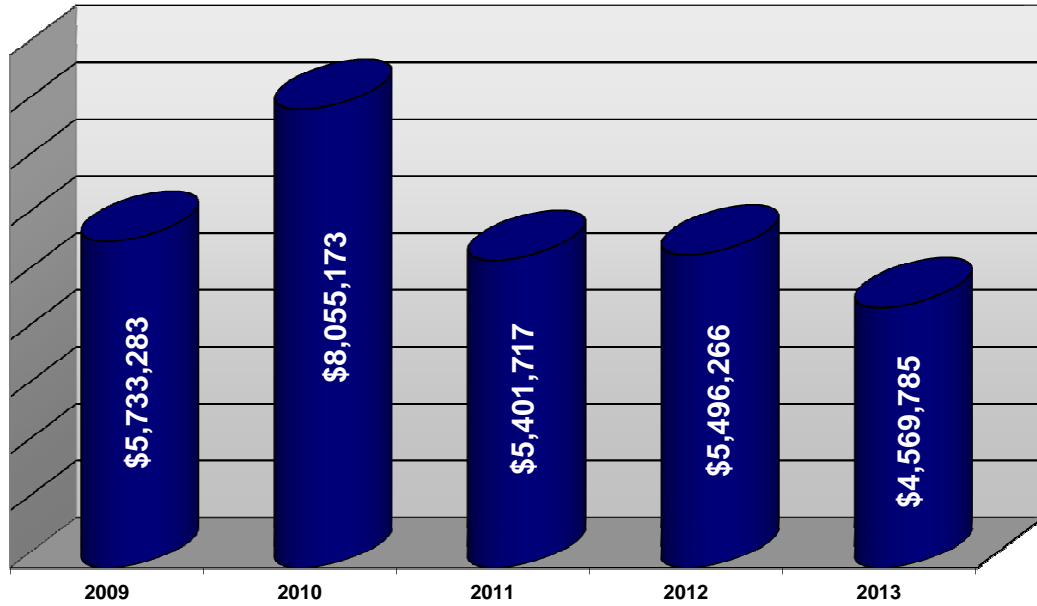
OPERATING FUND - FUND BALANCE



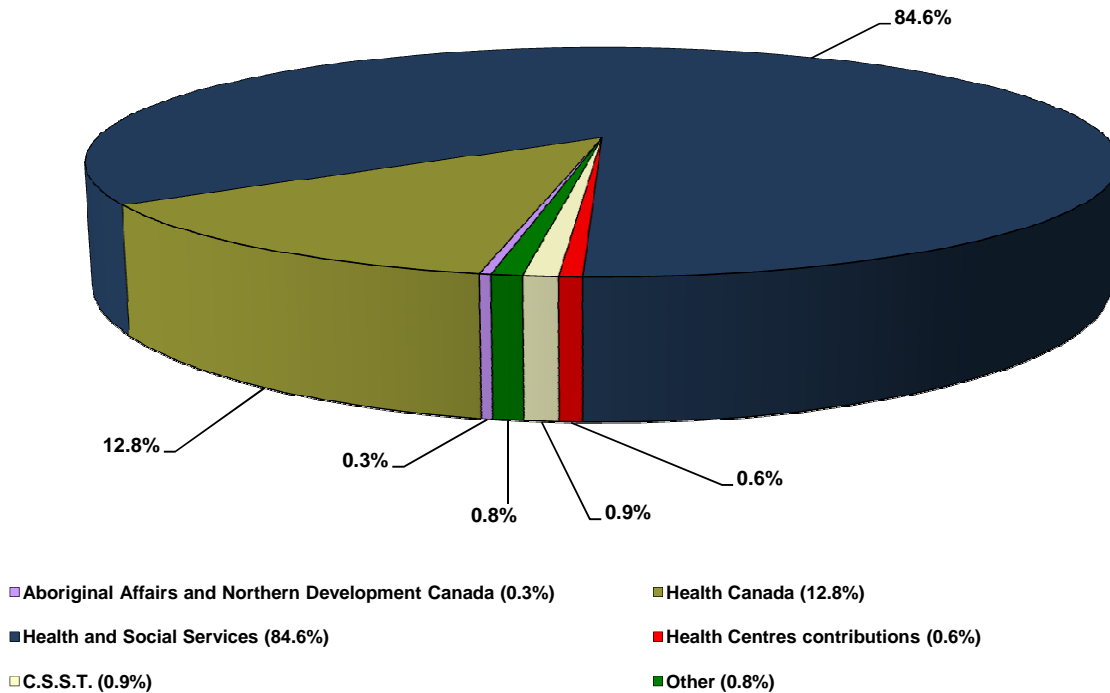
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ASSIGNED FUND - SOURCES OF REVENUE FOR THE YEAR



**NUNAVIK REGIONAL BOARD OF
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**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
SUMMARY FINANCIAL STATEMENTS
MARCH 31, 2013**

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**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
COMBINED BALANCE SHEET
MARCH 31, 2013**

	2013 \$	2012 \$
FINANCIAL ASSETS		
CASH	1,633,408	3,806,041
ACCOUNTS RECEIVABLE	62,169,425	37,549,856
	63,802,833	41,355,897
LIABILITIES		
BANK LOANS	6,923,290	5,727,212
TEMPORARY FINANCING	55,826,208	33,260,404
ACCOUNTS PAYABLE AND ACCRUED CHARGES	41,918,446	23,709,012
DEFERRED REVENUE	450,000	488,193
BONDS PAYABLE	38,429,365	35,175,902
	143,547,309	98,360,723
NET FINANCIAL ASSETS (NET DEBT)	(79,744,476)	(57,004,826)
NON-FINANCIAL ASSETS		
CAPITAL ASSETS	12,972,732	12,398,330
CONSTRUCTION IN PROGRESS	71,491,306	44,429,885
	84,464,038	56,828,215
FUND BALANCE		
FUND BALANCE	4,719,562	(176,611)

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, 2013**

	2013	2012
	\$	\$
SURPLUS (DEFICIT) FOR THE YEAR	4,896,173	299,572
Capital Assets Variation		
Acquisition of Capital Assets	(1,136,829)	(2,695,886)
Decrease (Increase) of Construction in Progress	(27,061,421)	21,105,854
Amortization of Capital Assets	562,427	548,804
	(27,635,823)	18,958,772
VARIATION OF THE NET FINANCIAL ASSETS (NET DEBT)	(22,739,650)	19,258,344
BEGINNING BALANCE - NET FINANCIAL ASSETS (NET DEBT)	(57,004,826)	(76,263,170)
ENDING BALANCE - NET FINANCIAL ASSETS (NET DEBT)	(79,744,476)	(57,004,826)

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
 COMBINED STATEMENT OF CHANGES IN FUND BALANCE
 YEAR ENDED MARCH 31, 2013**

	2013	2012
	\$	\$
FUND BALANCE - BEGINNING OF YEAR	(176,611)	(476,183)
Excess (Deficiency) of Revenue over Expenses	4,896,173	299,572
FUND BALANCE - END OF YEAR	4,719,562	(176,611)

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
COMBINED STATEMENT OF REVENUE AND EXPENSES
YEAR ENDED MARCH 31, 2013**

	2013	2012
	\$	\$
REVENUE		
Grants and Contributions	70,588,714	60,096,307
Housing Rental	494,850	446,946
Administration Fees	229,820	226,773
Interest Income	24,514	18,382
Inuulitsivik Health Centre	159,824	112,935
Tulattavik Health Centre	159,824	117,436
Other	657,590	747,411
	72,315,136	61,766,190
DEFERRED REVENUE - BEGINNING OF YEAR	488,193	-
DEFERRED REVENUE - END OF YEAR	(450,000)	(488,193)
	38,193	(488,193)
	72,353,329	61,277,997

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
COMBINED STATEMENT OF REVENUE AND EXPENSES (CONT'D)
YEAR ENDED MARCH 31, 2013**

	2013	2012
	\$	\$
EXPENSES		
Salaries and Fringe Benefits	8,749,554	8,605,887
Administration Fees	229,821	226,773
Advertising and Publicity	304,384	327,711
Amortization	562,427	548,804
Annual General Meeting	122,753	94,783
Doubtful Accounts (Recovered)	10,848	(27,167)
Equipment Rental	95,831	102,109
Freight Charges	75,425	106,915
Heating and Electricity	339,446	375,382
Honorarium	321,226	288,497
Housing Rental	513,436	571,714
Insurance	28,714	25,316
Installation Premium	656,081	659,344
Interest and Bank Charges	2,656,427	1,156,426
Landleases	39,164	35,952
Local Activities	10,671	19,535
Maintenance and Repairs	57,394	60,397
Medical Supplies	12,114	1,262
Meetings and Seminars	6,563	19,763
Municipal Services	309,247	299,597
Office Expenses	429,349	579,134
Professional Fees	841,698	415,990
Publication and Membership	37,462	50,020
Purchased Services	2,278,898	2,691,003
Regional Projects	35,000	-
Telecommunication	143,258	228,679
Training and Education	112,877	109,953
Transfers to Organizations	2,108,881	1,868,509
Transfers to Inuulitsivik Health Centre	27,204,701	26,706,389
Transfers to Tulattavik Health Centre	16,432,865	12,323,578
Travel and Accommodation	2,531,361	2,275,371
Vehicle Expenses	48,252	52,582
Other	151,028	178,217
	67,457,156	60,978,425
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES	4,896,173	299,572

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
OPERATING FUND - BALANCE SHEET
MARCH 31, 2013**

	2013	2012
	\$	\$
FINANCIAL ASSETS		
CASH	1,532,286	3,680,316
ACCOUNTS RECEIVABLE (note 2 a))	9,739,642	2,464,453
DUE FROM LONG-TERM ASSETS FUND (note 7)	125,458	-
	11,397,386	6,144,769
LIABILITIES		
ACCOUNTS PAYABLE AND ACCRUED CHARGES	5,007,810	4,081,736
DUE TO ASSIGNED FUND (note 7)	5,789,799	7,037,975
DUE TO LONG-TERM ASSETS FUND (note 7)	-	209,742
DEFERRED REVENUE (note 4)	450,000	488,193
	11,247,609	11,817,646
NET FINANCIAL ASSETS (NET DEBT)	149,777	(5,672,877)
FUND BALANCE		
FUND BALANCE	149,777	(5,672,877)

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
 OPERATING FUND - STATEMENT OF CHANGES IN FUND BALANCE
 YEAR ENDED MARCH 31, 2013**

	2013	2012
	\$	\$
FUND BALANCE - BEGINNING OF YEAR	(5,672,877)	(5,877,900)
Excess (Deficiency) of Revenue over Expenses - Regular Operations	5,822,654	205,023
FUND BALANCE - END OF YEAR	149,777	(5,672,877)

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
OPERATING FUND
STATEMENT OF REVENUE AND EXPENSES
YEAR ENDED MARCH 31, 2013**

	2013	2012
	\$	\$
REVENUE		
Health and Social Services	7,843,436	7,218,559
Health and Social Services - Previous year deficit	5,518,511	-
Housing Rental	494,850	446,946
Municipal Affairs	309,247	299,597
Inuit Tapiriit Kanatami	-	15,000
Kativik Regional Government - Sustainable Employment	3,253	9,428
Administration Fees	229,820	226,773
Interest Income	24,514	18,382
Other	645,770	722,266
	15,069,401	8,956,951
DEFERRED REVENUE - BEGINNING OF YEAR	450,000	-
DEFERRED REVENUE - END OF YEAR (note 4)	(450,000)	(450,000)
	-	(450,000)
	15,069,401	8,506,951
EXPENSES (Appendix A)		
General Administration	7,170,313	6,274,821
Community Health Advisors	1,339,155	1,279,629
Building Operating Costs	737,279	747,478
	9,246,747	8,301,928
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES	5,822,654	205,023

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
LONG-TERM ASSETS FUND - BALANCE SHEET
MARCH 31, 2013**

	2013	2012
	\$	\$
FINANCIAL ASSETS		
CASH	101,122	125,725
DUE FROM OPERATING FUND (note 7)	-	209,742
ACCOUNTS RECEIVABLE (note 2 c)	20,259,888	17,006,636
	20,361,010	17,342,103
LIABILITIES		
BANK LOANS (note 5)	6,923,290	5,727,212
ACCOUNTS PAYABLE AND ACCRUED CHARGES	3,520,488	6,800
DUE TO ASSIGNED FUND (note 7)	239	-
DUE TO OPERATING FUND (note 7)	125,458	-
TEMPORARY FINANCING	55,826,208	33,260,404
BONDS PAYABLE	38,429,365	35,175,902
	104,825,048	74,170,318
NET FINANCIAL ASSETS (NET DEBT)	(84,464,038)	(56,828,215)
NON-FINANCIAL ASSETS		
CAPITAL ASSETS (note 3)	12,972,732	12,398,330
CONSTRUCTION IN PROGRESS (note 10)	71,491,306	44,429,885
	84,464,038	56,828,215
FUND BALANCE		
FUND BALANCE	-	-

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
LONG-TERM ASSETS FUND
STATEMENT OF CHANGES IN FUND BALANCE
YEAR ENDED MARCH 31, 2013**

	2013	2012
	\$	\$
FUND BALANCE - BEGINNING OF YEAR	-	-
Excess (Deficiency) of Revenue over Expenses	-	-
FUND BALANCE - END OF YEAR	-	-

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
LONG-TERM ASSETS FUND
STATEMENT OF REVENUE AND EXPENSES
YEAR ENDED MARCH 31, 2013**

	2013	2012
	\$	\$
REVENUE		
Health and Social Services - Interest Reimbursement	2,551,182	1,043,308
Health and Social Services - Accounting Reform	(1,692,585)	(4,767,881)
Health and Social Services - Capital Reimbursement	2,255,012	5,316,685
	3,113,609	1,592,112
EXPENSES		
Interest Charges	2,551,182	1,043,308
Amortization	562,427	548,804
	3,113,609	1,592,112
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES	-	-

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
ASSIGNED FUND - BALANCE SHEET
MARCH 31, 2013**

	2013	2012
	\$	\$
FINANCIAL ASSETS		
CURRENT ASSETS		
DUE FROM LONG-TERM ASSETS FUND (note 7)	239	-
DUE FROM OPERATING FUND (note 7)	5,789,799	7,037,975
ACCOUNTS RECEIVABLE (note 2 b))	32,169,895	18,078,767
	37,959,933	25,116,742
LIABILITIES		
CURRENT LIABILITIES		
ACCOUNTS PAYABLE AND ACCRUED CHARGES	33,390,148	19,620,476
	33,390,148	19,620,476
NET FINANCIAL ASSETS (NET DEBT)	4,569,785	5,496,266
FUND BALANCE		
FUND BALANCE	4,569,785	5,496,266

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
ASSIGNED FUND - STATEMENT OF CHANGES IN FUND BALANCE
YEAR ENDED MARCH 31, 2013**

	Project Number	Fund Balance Beginning of Year \$	Revenue \$	Expenses \$	Fund Balance End of Year \$
ADMINISTRATION					
Provincial funds					
Housing Construction	701	(77,186)	-	-	(77,186)
PACS Teleradiology	702	(49,052)	-	-	(49,052)
MEO Technology Orientation	759	29,291	-	-	29,291
Emergency Measures	998	136,243	1,012,727	991,835	157,135
Bandwidth Enhancement Project	8860	244,117	-	-	244,117
Other funds					
Pandemic Influenza	8001	(34,151)	-	-	(34,151)
Technocentre	8840	-	217,045	217,045	-
Regional Administrative Services	8891-92	145,428	436,110	174,355	407,183
		394,690	1,665,882	1,383,235	677,337
HUMAN RESOURCES					
Provincial funds					
Training provided to Inuit on Medical Terminology	8022	107,289	-	68,472	38,817
Federal funds					
Aboriginal Health Human Resources Initiative	811	438,056	115,000	131,703	421,353
Other funds					
Staff Training Youth Protection	818	(30,720)	656,838	596,641	29,477
		514,625	771,838	796,816	489,647
INUIT VALUES					
Provincial funds					
Managerial Staff Development	610	4,803	-	5,853	(1,050)
Midwifery Program	901	7,509	3,039	5,444	5,104
Regional Midwifery	8016	79,726	-	1,752	77,974
Federal funds					
Brighter Futures	699	69,201	1,170,953	1,227,190	12,964
Indian Residential Schools	819	410,591	675,530	570,672	515,449
Other funds					
Aboriginal Healing Foundation	800	(4,509)	-	-	(4,509)
ITK - Regional Engagement Coordinator Certificate in Health and Social Services Management	804	66,164	-	143,896	(77,732)
McGill Social Workers' Project	814	(500)	500	-	-
	815	38,073	-	-	38,073
		671,058	1,850,022	1,954,807	566,273
OUT OF REGION SERVICES					
Provincial funds					
Insured/Non-Insured Health Benefits Program	938	-	40,252,013	40,252,013	-
Insured/Non-Insured Health Benefits Management	939	3,420	335,354	449,083	(110,309)
		3,420	40,587,367	40,701,096	(110,309)

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
ASSIGNED FUND - STATEMENT OF CHANGES IN FUND BALANCE (CONT'D)
YEAR ENDED MARCH 31, 2013

	Project Number	Fund Balance Beginning of Year \$	Revenue \$	Expenses \$	Fund Balance End of Year \$
PUBLIC HEALTH					
Provincial funds					
Smoking Action Plan	913	(3,070)	-	-	(3,070)
Food Safety Project	915	8,989	-	-	8,989
Breast Cancer Screening Program - Regional	916	(1,178)	-	-	(1,178)
Quebec Smoking Cessation Program	926	30,465	-	2,385	28,080
Kinesiology	931	203,901	-	40,838	163,063
Integrated Perinatal and Early Children	933	111,540	-	100,288	11,252
Oral Hygiene Survey	934	-	162,560	-	162,560
ITSS and Tuberculosis Prevention	935	-	150,000	55,214	94,786
Community Organizations Coordinator	936	-	100,000	4,260	95,740
AIDS and STD - Information and Prevention	956	59,573	-	185,273	(125,700)
Hepatitis C	959	11,135	-	-	11,135
Nosocomial Infections	960	1,880	-	-	1,880
STBI Research Project	968	9,224	-	-	9,224
Breast-Feeding Campaign	8004	410	-	410	-
Air Quality for Nunavik Residents	8017	13,410	-	-	13,410
PSSP Management Fees	8019	14,000	-	-	14,000
Federal funds					
Health Consultation	600	(50,000)	-	-	(50,000)
NNHC Functioning	614	12,845	97,618	105,350	5,113
Tobacco Federal Program	631	(33,066)	-	-	(33,066)
NNHC Communication	632	182	-	182	-
FASD	634	315,953	351,762	263,461	404,254
Diabetes	693	94,302	681,305	701,664	73,943
Perinatal Nutritional Program	696	3,295	296,196	235,535	63,956
AHTF Healthy Living in School and Substance Abuse	809	4,410	-	-	4,410
Nutrition North Canada	820	15,311	502,872	521,927	(3,744)
Communication Plan	821	6,624	-	572	6,052
Training in Smoking Prevention	822	-	-	-	-
Other funds					
Occupational Health and Safety	611	22,641	473,524	491,328	4,837
Kino Quebec	612	120,678	51,192	19,862	152,008
Injuries Prevention Research	655	4,915	-	-	4,915
Vaccines B - Sec. 5	660	26,885	-	67,417	(40,532)
Arctic Net Project	668	26,109	-	-	26,109
Inuit Health Survey	690	(73,561)	-	-	(73,561)
Dental Health for Primary School	803	11,305	-	-	11,305
Literacy Learning - "How I Quit Smoking"	805	43,010	-	-	43,010
NAHO Health Analyst	807	598	-	598	-
Born Smoke Free and Blue Light Campaigns	816	-	-	-	-
		1,012,715	2,867,029	2,796,564	1,083,180

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
ASSIGNED FUND - STATEMENT OF CHANGES IN FUND BALANCE (CONT'D)
YEAR ENDED MARCH 31, 2013

	Project Number	Fund Balance Beginning of Year \$	Revenue \$	Expenses \$	Fund Balance End of Year \$
PLANNING AND PROGRAMMING					
Provincial funds					
Managers' Training	640	430	-	430	-
Training Medical - Legal Kit	790	46,280	-	-	46,280
Women's Health Program	791	163,930	47,755	133,047	78,638
Installation Premiums and Training	920-921-923	727,259	890,379	943,104	674,534
External Residency in Family Medicine	922	(449,842)	-	135,051	(584,893)
Regional Committees against Violence	932	45,186	-	-	45,186
Cancer	962	40,250	-	713	39,537
Young Parents	972	-	-	-	-
Training - Nurse and Social Workers	977	42,936	-	38,401	4,535
Mental Health - Training on Crisis Management	8005	694	-	694	-
Suicide Prevention - Training	8006	191,327	-	37,939	153,388
Violence against Women - Training	8007	213,965	-	2,352	211,613
Community Organization - Training	8008	221,393	-	30,303	191,090
Mental Health - Support on Clinical Projects	8009	76,598	-	82,758	(6,160)
Suicide Prevention - Regional Strategy	8010	511,711	-	46,575	465,136
Breast Cancer - Diagnosis and Patient Support	8011	3,809	-	-	3,809
Services to Elders	8012	67,159	-	14,512	52,647
Training - Network Employees	8013	30,492	-	45,908	(15,416)
Sexual Harassment Intervention Team	8015	54,759	-	2,214	52,545
Dependencies	8020	134,664	27,491	197,392	(35,237)
Training on Attention & Hyperactivities	8021	60,721	-	1,571	59,150
Elder Abuse Prevention	8023	17,321	-	45,629	(28,308)
Youth Program - Regional Coordinator	9008	-	-	-	-
Training on Crisis Management	9052	37,386	-	33,812	3,574
Mental Health	9053	112,840	-	21,366	91,474
Speech Pathology - Training Daycare	9075	(1,708)	1,708	-	-
Psycho-Social Committee	9077	3,409	-	-	3,409
Speech Pathology - Program Development	9078	951	-	951	-
CLSC - Regional Development Strategy	9079	13,400	-	-	13,400
Development Problems - Regional Committee	9080	19,453	-	1,354	18,099
Intellectual Deficiency - Evaluation Chart	9081	13,704	-	398	13,306
Federal funds					
Home and Community Care	618	43,200	2,173,413	2,112,585	104,028
Disabled Adults Care	694	13,583	-	-	13,583
Family Violence	695	33,616	45,000	69,491	9,125
Community Mental Health	697	301,062	870,719	904,042	267,739
Suicide Prevention Strategy	698	50,578	99,950	111,250	39,278
AHTF Adaptation Plan - Clinical Projects	802	307	-	307	-
AHTF Integration Plan - Mental Health	806	83,725	-	-	83,725
Other funds					
Best Practices for Elders' Residences	812	4,220	-	-	4,220
Liaison Agent Training Program	813	52,263	-	-	52,263
Ulluriaq Adolescent Centre	817	(137,918)	2,300,512	2,473,564	(310,970)
Suicide Prevention	963	30,951	-	5,276	25,675
Youth Protection Reorganization	9007	-	-	-	-
National Training Program	9076	23,694	-	39	23,655
		2,899,758	6,456,927	7,493,028	1,863,657
		5,496,266	54,199,065	55,125,546	4,569,785

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
NOTES TO SUMMARY FINANCIAL STATEMENTS
MARCH 31, 2013

1. REPORTING ENTITY

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

2. ACCOUNTS RECEIVABLE

	2013	2012
	\$	\$
a) Operating Fund		
Health and Social Services - Previous year deficit	5,518,511	-
Health and Social Services - Strategic Regional Plan	1,522,341	-
Health and Social Services - Payroll Banks	513,973	513,973
Health and Social Services - Parental Leave and Insurance Leave	87,996	77,454
Health and Social Services - Various	87,229	117,350
GST/QST Rebates	321,584	983,084
Inuulitsivik Health Centre	302,275	236,328
Tulattavik Health Centre	399,113	183,495
Kativik Regional Government	297,652	-
Secrétariat Général du Secteur de la Santé et des Services Sociaux	242,019	-
Employee Advances	1,257	3,689
Other	542,500	435,040
	9,836,450	2,550,413
Provision for Doubtful Accounts	(96,808)	(85,960)
	9,739,642	2,464,453
b) Assigned Fund		
Health and Social Services - INIHB (note 8)	29,107,047	17,357,302
Health and Social Services - Ulluriaq Adolescence Centre	2,300,000	135,000
Health and Social Services - Strategic Regional Plan	380,000	-
Health and Social Services - Staff Training Youth Protection	-	120,000
GST/QST Rebates	47,664	-
Aboriginal Affairs and Northern Development Canada	19,442	36,362
Health Canada	315,742	334,003
Other	-	96,100
	32,169,895	18,078,767
c) Long-Term Assets Fund		
Health and Social Services - Accounting Reform	10,862,072	11,845,518
GST/QST Rebates	1,089,327	-
Advance to Establishments	8,252,631	5,161,118
Other	55,858	-
	20,259,888	17,006,636

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
NOTES TO SUMMARY FINANCIAL STATEMENTS
MARCH 31, 2013

3. CAPITAL ASSETS

The capital assets are composed of the following:

			2013	2012
	Cost \$	Accumulated Amortization \$	Net Book Value \$	Net Book Value \$
Buildings	16,978,834	4,650,220	12,328,614	12,289,724
Computers	2,759,548	2,752,045	7,503	30,375
Furniture and Equipment	884,460	370,110	514,350	11,693
Specialized Equipment	181,538	80,153	101,385	35,268
Vehicles	137,295	116,415	20,880	31,270
	20,941,675	7,968,943	12,972,732	12,398,330

4. DEFERRED REVENUE

The deferred revenue is composed of the following:

	2013	2012
	\$	\$
Health and Social Services - Strategic Regional Plan	250,000	250,000
Health and Social Services - Action Plan	200,000	200,000
Quebec Workman Compensation Board - C.S.S.T.	-	38,193
	450,000	488,193

5. BANK LOANS - LONG-TERM ASSETS FUND

The bank loans are used to cover capital expenses, awaiting the reception of the funds from Financement-Québec. They are composed of eight (8) revolving authorized credit margins with the Canadian Imperial Bank of Commerce, bearing interest at prime rate and maturing at different dates.

6. PREVIOUS YEARS' ANALYSES

The MSSS's final analysis of the 2003-2004, 2004-2005, 2005-2006, 2006-2007, 2007-2008, 2008-2009, 2009-2010, 2010-2011 and 2011-2012 financial reports were not available at the time of issuance of the present financial statements. Any adjustments resulting from these analyses will be reflected in the 2013-2014 financial statements.

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
NOTES TO SUMMARY FINANCIAL STATEMENTS
MARCH 31, 2013

7. INTERFUND ACCOUNTS

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

8. INSURED AND NON-INSURED HEALTH BENEFITS

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

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

Such policies and procedures did not exist during the first 11 months of the 2012-2013 financial year. A new policy on patients transportation was approved on February 28, 2013. This policy will be implemented during the 2013-14 financial year, as per information obtained by management. This policy does not cover all the specific criteria of the INIHB but a considerable amount relates to patients transportation.

Nonetheless, a portion of the funds received by the NRBHSS for the INIHB was reimbursed to the establishments upon presentation of invoices, without any conditions or guidelines.

Due to the absence of the required and implemented policies and procedures as of March 31, 2013, the specific audit mandate related to INIHB could not be conducted on the majority of the activities and funds related to INIHB.

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

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

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
NOTES TO SUMMARY FINANCIAL STATEMENTS
MARCH 31, 2013

8. INSURED AND NON-INSURED HEALTH BENEFITS (CONTINUED)

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

	\$
2011-2012	9,009,161
2012-2013	20,097,886
	29,107,047

9. PURCHASING PROCEDURES

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

10. CONSTRUCTION IN PROGRESS

		2013	2012
		\$	\$
Housing Units (54 units : 25 for UTHC, 23 for IHC and 6 for NRBHSS)	2008 - 2009	21,140,417	21,140,417
Housing Units (50 units : 23 for UTHC, 23 for IHC and 4 for NRBHSS)	2009 - 2010	18,219,433	18,089,110
Housing Units (70 units : 38 for UTHC, 28 for IHC and 4 for NRBHSS)	2011 - 2012	29,012,557	5,200,358
Direction of Youth Protection (Building) - Puvirmituq	2012 - 2013	3,118,899	-
		71,491,306	44,429,885

These construction projects are temporarily financed by Financement-Québec.

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.

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
NOTES TO SUMMARY FINANCIAL STATEMENTS
MARCH 31, 2013

11. COMMITMENTS

The Nunavik Regional Board of Health and Social Services has commitments amounted to \$169,000 for a training agreement. The future minimum contractual obligations for the next year is as follow:

	Rental \$	Services \$	Total \$
2013-2014	-	169,000	169,000
	-	169,000	169,000

12. COMPARATIVE FIGURES

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



C.P. / P.O. BOX 900 KUUIJUAQ (QUÉBEC) J0M 1C0
ᐅᖅᑲᑦᑲᑦᑲᑦ / Tel: 819 964-2222
ᑲᑲᑲᑲᑲᑲ / Fax: 819 964-2888
www.rrsss17.gouv.qc.ca