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RAPPORT  
ANNUEL

The background of the cover is a photograph of a rocky coastline at sunset. The sun is low on the horizon, creating a warm, orange glow over the dark, jagged rocks in the foreground and middle ground.

**ANNUAL  
REPORT**

2017 / 2018

NUNAVIK BOARD OF HEALTH  
AND SOCIAL SERVICES

# ANNUAL REPORT

2017 / 2018

NUNAVIK BOARD OF HEALTH  
AND SOCIAL SERVICES

Nunavik Regional Board of Health and Social Services

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# TABLE OF CONTENTS

Declaration on the Reliability of the Data	1
About the NRBHSS	2
Message From the Chairperson and the Executive Director	3
Board of Directors	7

## **EXECUTIVE MANAGEMENT 9**

Communications Team	9
Quality, Evaluation, Performance, Ethics	10
Nunavik Clinical Plan	10
Health Canada	11
SAQIJUQ Update	12

## **PLANNING AND PROGRAMMING 15**

Psychosocial Affairs and Support for Community Organizations	15
Youth in Difficulty	19
Medical Affairs and Physical Health	19

## **PUBLIC HEALTH 23**

Public Health in Nunavik	23
Occupational Health	28
Environmental Health	28
Prevention and Health Promotion	29

# TABLE OF CONTENTS

<b>INUIT VALUES AND PRACTICES</b>	<b>35</b>
Brighter Futures	35
Residential Schools	35
Elder Abuse-Prevention Program	35
Midwifery	35
Wellness Committees	35
<b>REGIONAL HUMAN- RESOURCES DEVELOPMENT</b>	<b>37</b>
Training	37
Clinical Projects	38
Promotion and Recruitment	39
<b>OUT-OF-REGION SERVICES</b>	<b>41</b>
MNQ, Ullivik Relocation Project	41
Process Of Revision Of The NIHB Program	42
Other Active Portfolios	43
<b>ADMINISTRATIVE SERVICES</b>	<b>45</b>
Financial Resources	45
Funding for Community Organizations	47
2017-2018 Operating Budget	48
Other Activities	50
Human Resources	52
<b>SUMMARY FINANCIAL REPORT</b>	<b>53</b>

## DECLARATION ON THE RELIABILITY OF THE DATA

### **Gaétan Barrette**

Minister of Health and Social Services

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

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

To my knowledge, the information presented in the annual management report (2017-2018) of the Nunavik Regional Board of Health and Social Services as well as the related controls are accurate and this information corresponds to the situation as it was on March 31, 2018.

Minnie Grey  
Executive Director



## ABOUT THE NRBHSS

### THE NUNAVIK HEALTH AND SOCIAL SERVICES NETWORK

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

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

### NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES

The NRBHSS manages a budget of close to 172 million dollars, destined for health and social services for the populations of the 14 communities.

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

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

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



## MESSAGE FROM THE CHAIRPERSON AND THE EXECUTIVE DIRECTOR

The year 2017-2018 is the second and final year of the extension of our 2009-2016 strategic regional plan. We have thus put the finishing touches to the development processes included in that initial strategic plan, by supporting the IHC and the UTHC in establishing their development priorities, and produced the statement on this initial experience of strategic planning. For us, that statement represented a valuable guide to better structuring the process of strategic planning for 2018-2025, notably by engaging, from the outset of the fiscal year and in ongoing fashion, our partners the health centres, as well as keeping the ministère de la Santé et des Services sociaux (MSSS) regularly informed.

The new strategic regional plan, now complete, presents the strategic guidelines, the objectives and the results indicators defined by the NRBHSS for itself and for the Ungava Tulattavik and Inuulitsivik Health Centres.

Those guidelines and objectives were established as collective responses to the challenges facing Nunavik:

1

Enhance our actions in prevention and in health promotion and protection.

2

Improve access to front-line services in each community.

3

Provide access to specialized services in Nunavik.

4

Develop and ensure the application of Inuit values and practices.

5

Develop human, physical, technological, information and financial resources.



To respond to these important challenges, the contribution of all will once again be essential. We aim to fulfil our regional mission by clearly engaging the health centres in the application of this strategic plan, notably through use of new governance practices that will enable us to monitor rigorously the targets we set for ourselves. In that respect, the creation of a team for quality, evaluation, performance and ethics within Executive Management will permit regional support for the establishment of a culture that values appreciation of the services offered.

This year will also have been the opportunity for the NRBHSS' departments to invest major efforts toward improving service provision and the population's state of health. The Department of Planning and Programming (DPP), thanks to its team responsible for programs for children, youths and families, undertook the procedures necessary to cultural adaptation of the Youth Protection Act (YPA). The objective of those procedures is ultimately to appropriate section 37.5 of the YPA, which will enable us to move away from judicialization of youth protection and gain further engagement of families and communities in the process.

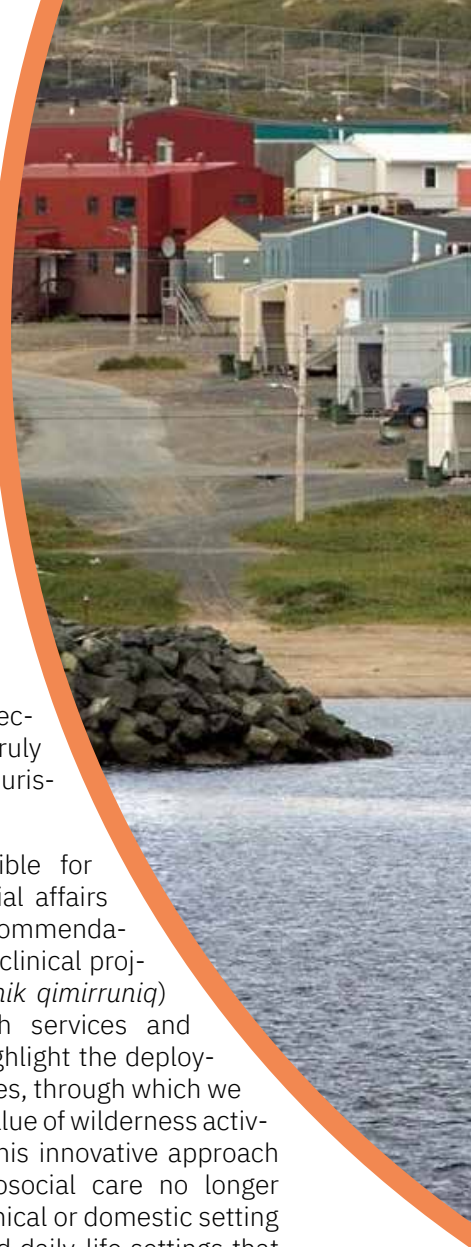
Mina Beaulne, a respected Inuk leader with vast experience in youth protection, was appointed in May 2017 to mobilize the populations of the various communities around the issues in these procedures. The project notably involves the gradual engagement of "family councils" in decisions concerning the referral of children whose cases are reported to the Department of Youth Protection, in order to ensure better harmony with Inuit social dynamics. Upstream of the process, the bolstering and development of front-line services and educational measures in support of families will enable limiting the

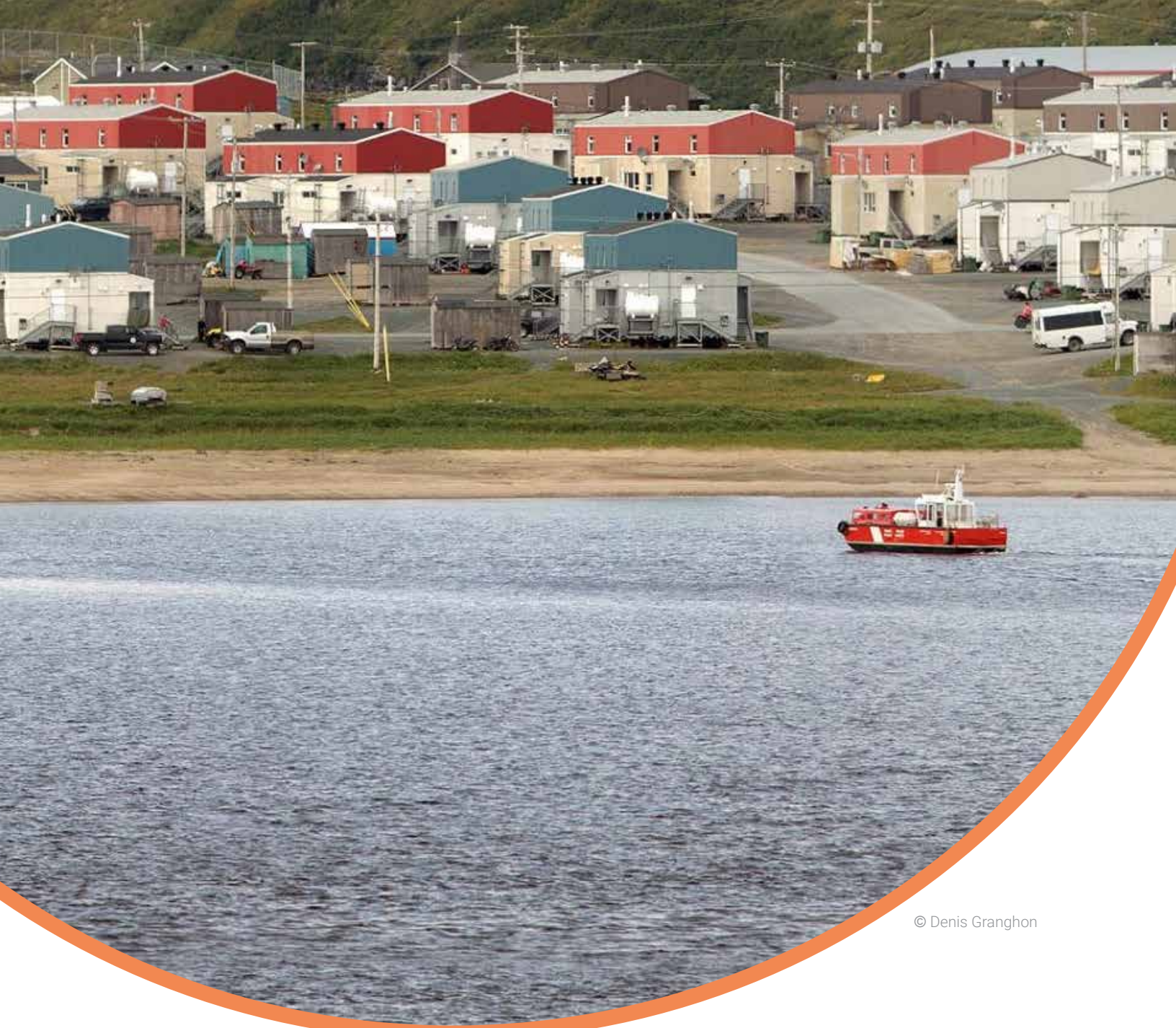
intervention of youth-protection services to cases that truly fall under their exceptional jurisdiction.

The DPP's team responsible for community and psychosocial affairs continues to apply the recommendations formulated under the clinical projects (*ilusilirinirmi pigutjuitinik qimirruniq*) in terms of mental-health services and addictions. This year we highlight the deployment of on-the-land activities, through which we recognize the therapeutic value of wilderness activities in the Inuit context. This innovative approach opens the door to psychosocial care no longer exclusively provided in a clinical or domestic setting but specifically in social and daily-life settings that were the norm before sedentation of Inuit society.

In the area of medical affairs and physical health, we are proud to point out a major process for improving the pharmaceutical services offered to Nunavimmiut, notably through a regional call for tender for a hospital pharmacy-information system as well as a call for tender for community pharmaceutical services. Those calls for tender, will enable us to standardize management of medication, cut costs and more accurately track consumption of medication in Nunavik.

Also of note, in the processes of implanting priority access to specialized services, is that Ullivik was designated *centre de répartition des demandes de services* (CRDS) [dispatch centre for service applications] for Nunavik in the summer 2017. Thus, henceforth, Ullivik manages applications for access to specialized services sent by general practitioners of Nunavik.





© Denis Granghon

We would like to congratulate the Department of Public Health (DPH), which published its 2016-2020 regional plan of action for public health this year. That plan of action will guide the DPH's actions over the coming years, according to five major axes, and will structure the upcoming completion of the subregional plans of action for public health. However, the major project carried out this year by the DPH was monitoring of the population's state of health through the Qanuilirpitaa? health survey.

From August 17 to October 5, 2017, a team of researchers, interviewers and laboratory technicians visited the 14 Nunavik communities in order to gather data on board the ship Amundsen. A total of 1 357 individuals aged over 16 years from the 14 Nunavik communities participated in the survey's three components: adults (31 years and older), youths (16 to 30 years) and, for the first time, communities. The latter, a completely new and innovative component, will enable establishing an individual profile of each community. Data analysis and circulation of initial results are expected during 2018.



The issue of infectious diseases remains a constant preoccupation, whether STBBIs or tuberculosis. We notably observed a resurgence in tuberculosis cases in a Hudson community that, until recently, had not been particularly affected. However, although efforts at STBBI screening have yielded results, syphilis cases have occurred in some Nunavik communities; five have been affected, and clinical intervention among partners of the cases has enabled reaching and treating more than 200 individuals exposed to syphilis, thus limiting its spread. Heightened vigilance and rigorous application of control measures by perinatal workers (midwives, nurses and physicians) have prevented congenital syphilis, with no cases reported among newborns since the start of the outbreak.

These examples represent but a few of the efforts under way to improve Nunavimmiut well-being, notably by the teams responsible for prevention and promotion, as well as occupational health and safety and environmental health. We are very pleased to see the continued development of the Ilagiilluta program (ISPEC) in the Nunavik communities as well as the Good Touch/Bad Touch program, whose efforts for the prevention of child sexual abuse are essential.

The Department of Inuit Values and Practices (DIVP), for its part, contributed greatly to the planning for the Qanuilirpita? health survey. The team's expertise and its advisory role in cultural matters once again proved valuable in an undertaking entrenched in the region's culture and traditions. The team continued its work in close partnership with the communities and our local network to support families going through traumatic events. Traditional helpers of the DIVP visit the communities on the latter's request to provide support for families affected by devastating tragedies and to organize community workshops and training aimed at empowering local traditional helpers.

The Department of Administrative Services (DAS) worked ceaselessly at completing the preparatory steps toward construction of the new northern centre for proximity health services in Aupaluk, which will take the place of the CLSC. We are very pleased to see several years of clinical and capital planning bear fruit in the form of construction work scheduled to begin in the summer 2018.

The year 2017-2018 was also a remarkable year for the number of training programs deployed in the health and social services network in Nunavik. All training programs from 2016-2017 are ongoing and the Department of Regional Human-Resources Development (DRHRD) also has many projects under way which started in 2017-2018, such as the development of a Web-based platform to deliver training. In partnership with Kativik Iisarniliriniq, the department is also developing an accredited health-care assistant training program that will start in the fall 2018. Finally, two accredited programs leading to an attestation to collegial studies (AEC) are now deployed in partnership with Marie-Victorin College. The first graduation events for students who successfully completed their AEC with Marie-Victorin were held in December in Kuujuaq and in April in Salluit.

Finally, with the assistance of our Department of Out-of-Region Services, we concluded an agreement on guidelines for the non-insured health benefits (NIHB) program with the MSSS and the Cree Board of Health and Social Services of James Bay (CBHSSJB). This agreement establishes a structure for reaching a common understanding of this program guaranteed by the James Bay and Northern Québec Agreement and ensuring its evolution in line with our evolving situation.

We wish to take this opportunity to acknowledge all the efforts and devotion of everyone working in the health and social services network, as well as all our local and regional partners for their ongoing support and cooperation.

**Lucy Tukkiapik-Carrier**  
Chairperson

**Minnie Grey**  
Executive Director

## BOARD OF DIRECTORS

During the year, the NRBHSS board of directors appointed Kitty Gordon to the position of assistant to the director of Public Health. The NRBHSS is proud to welcome her to the management team and wishes her success in her new functions.

### COMPOSITION OF THE BOARD OF DIRECTORS ON MARCH 31, 2018

#### EXECUTIVE COMMITTEE

**Lucy Tukkiapik-CARRIER**

Chairperson, Kangirsuk Representative

**Louisa Grey**

Vice-Chairperson, Aupaluk Representative

**Minnie Grey**

Secretary, NRBHSS Executive Director

**Qumaq Iyatiuk-Mangiuk**

Executive Committee Member,  
Ivujivik Representative

**Sheila Ningiuruvik**

Executive Committee Member,  
Quaqtaq Representative

#### MEMBERS

**Elisapi Uitangak**

Puvirnituq Representative

**Kitty Annanack**

Kangiqualujuaq Representative

**Alice Saggiak**

Kangiqualujuaq Representative

**Jane Beaudoin**

IHC Executive Director

**Larry Watt**

UTHC Executive Director

**Mary Berthe**

Tasiujaq Representative

**Shirley White-Dupuis**

Kuujuuaq Representative

**Cora Fleming**

Kuujuaraapik Representative

**Parsa Kitishimik**

KRG Representative

**Claude Gadbois**

Board of UTHC Representative

**Allie Nalukturuk**

Inukjuak Representative

**Josepi Padlayat**

Board of IHC Representative

**Ida Saviadjuk**

Salluit Representative

**Alice Tooktoo**

Umiujaq Representative

**Jusepi Qaqtuk**

Akulivik Representative

Madge Pomerleau, Acting Executive Director of the UTHC, was replaced by Larry Watt, who took the oath on December 4, 2017.

We acknowledge and thank Larry Watt for his 7 years as the Out-of-Region Services' Director at the Board and look forward to work with him in his new role at the UTHC.

The board members attended five regular sessions and two special sessions as well as the annual general meeting and adopted 60 resolutions. The executive committee met five times, the audit committee four times and the governance committee once. A watchdog committee was set up.



# EXECUTIVE MANAGEMENT

## COMMUNICATIONS TEAM

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

In order to reach and inform the Nunavik population in the best way possible, the communications team actively worked with the regional board's various departments, notably inciting them to consider communications activities as an essential dimension of their mandate. To support them appropriately in these procedures and establish the bases for open governance, this year the NRBHSS converted to digital communication. Our webmaster enabled the team to assume local control over the various Web sites of the Nunavik health and social services network, particularly those of the NRBHSS and Perspective Nunavik, our recruitment site.



## FACEBOOK FOLLOWERS

Our Web sites are experiencing growing traffic, with more than 6 200 users in fewer than six months for the NRBHSS' site ([nrbhss.com](http://nrbhss.com)) and more than 5 000 users in fewer than six months for Perspective Nunavik ([sante-services-sociaux.ca](http://sante-services-sociaux.ca)). The number of followers of our Facebook page has nearly tripled in one year, to a total of 493. This medium is a dynamic one and has much potential for its impact on informing Nunavimmiut.

## QUALITY, EVALUATION, PERFORMANCE, ETHICS

This year the Executive Management Department resumed its responsibility for the portfolios of quality, evaluation, performance and ethics. Under the supervision of the assistant to the executive director, this recent team's mission is to provide support and expert advice for the organization in matters of quality and risk management, cultural safety, performance and research. Such support is essential to the organization's sound governance both transversally and strategically.

To support the development and regional coordination of that approach, we are pleased to count among our team, since early 2018, a new officer tasked with developing the portfolios of quality, evaluation, performance and ethics, all through an approach that respects cultural safety. Among the priority areas of effort are the creation of a regional committee for quality and safety of care and services jointly with our partners the Inuulitsivik and Tulattavik Health Centres. The NRBHSS must in effect foster the implantation of a culture of safe provision of care and services—including cultural safety—and a culture ensuring quality of information.

Our objectives are to:

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

## NUNAVIK CLINICAL PLAN

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

Second- and third-line specialized services are therefore provided only in Montréal, which involves increasingly frequent travel year after year. For the patients, such travel constitutes a major inconvenience (finding someone to care for their children, loss of income, isolation, etc.).

For the users, the NRBHSS, the UTHC and the IHC alike, the solution to these problems lies in the opening of a regional hospital, with one or more points of service, and thus repatriating to Nunavik several front-, second- and third-line services. Such an infrastructure could result in an important reduction in the cost of patient transportation, reduced waiting times for access to treatment, fewer inconveniences for the patients and their families, better cultural adaptation of services and greater patient attentiveness for their appointments.



As this would be a project with a scope previously not encountered in Nunavik, the NRBHSS would like to define the need rigorously and jointly with all the stakeholders involved in this issue. For that purpose, the design of a regional clinical plan, the Nunavik Clinical Plan, represents a complete project with the following specific objectives:

- 1 Document the current situation of health and social services in Nunavik for the purpose of defining a service supply adapted to the situation in Nunavik;
- 2 Define a unified, regional perspective for the development of health and social services in Nunavik;
- 3 Draw up a detailed list of clinical bases of the needs for capital development in the Nunavik health and social services network.

## HEALTH CANADA

The year 2017-2018 marks the second year of the three-year agreement with the federal government. As part of the federal budget of 2017, new Inuit-specific funding was announced over the next five years. Priority areas identified by the government for this new funding include maternal and child health, mental wellness, public health and seniors. In 2017-2018, the NRBHSS received approximately \$9 million through the federal government's agreement with Indigenous Services Canada. In anticipation of the end of the current agreement in 2018-2019, a new plan is under development in order to obtain a higher level of flexibility, which would allow the NRBHSS to keep any unspent funds at the end of the agreement.



## SAQIJUQ UPDATE

### Puvirnituk: Update on Pilot Community

Although the year started a bit slow, Saqijjuq gained momentum as the year progressed. In the spring Saqijjuq teamed up with other local organizations to take youth out onto the land.

The all-organizations meeting was held in August/September and was a success. It was two days filled with information from local and regional organizations explaining who they are and what they do. The meeting was also broadcast on TNI radio.

During the year an office was secured inside the Co-op store. We are sharing this space with the local justice committee as office space is limited and we have very similar goals and work together.

In September, Minnie Grey made a presentation on Puvirnituk and its progress with Saqijjuq/ACCESS OM at the International Association for Youth Mental Health. Her presentation was appreciated by all who attended.

October brought Paulusi Beaulne to the Saqijjuq project. We had been looking for someone to head the project in Puvirnituk and Paulusi has taken the lead and brought stability as well as community knowledge to the project.

In November, the first training session for the mobile-intervention team was held. Six social workers and six KRPF officers attended. As it was a training program developed for us, there are some issues we still need to work on, but all who attended were very appreciative of the work and learning more about what the others do. We hope to have a team in Puvirnituk before summer.

Throughout the year, presentations were made to various local and regional organizations, including Inuulitsivik, Tulattavik, the NRBHSS board of directors and the KRG's Regional Council. Saqijjuq is also an active member of the Addictions Awareness Committee.

### Board of Governance

The Board of Governance, whose members include a representative of the Ministère de la Santé et des Services sociaux (MSSS), the executive director of the NRBHSS, and representatives of the KRG, Maki-vik, the Ministère de la Sécurité publique (MSP) and the Ministère de la Justice (MJ), met in February and October 2017.

At the meeting in October 2017, Paulusi was introduced to the members and spoke about some of the activities he was planning. As well, various Saqijjuq promotional items were distributed.

### Financing

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

The Saqijjuq coordination team, which consists of a single coordinator, is funded solely by Ungaluk with the NRBHSS administering the funds. It is the NRBHSS that has taken on the leadership role of Saqijjuq, in regards to financing, assistance and overall support for the project.

Saqijjuq has made two applications for additional funding:

- Public Safety Canada, Québec and Nunavut Regions, Government of Canada: The funding requested will be for the setup of the support group and mobile intervention team in Puvirnituk for five years (\$2,760,448.90) (received confirmation on March 31, 2018, that we have the funding);
- A request with the "On-the-Land Program" through the NRBHSS was submitted and approved. The money will be spent to cover costs of the mentors who will take people out on the land.

# OBJECTIVES

1

**First objective**

Have a full Saqjuq-ACCESS OM staff in Puvirnitug.

2

**Second objective**

Have a mobile treatment centre and/or on-the-land half-way house working (possibly as a pilot project).

3

**Third objective**

Have the treatment court working.

4

**Fourth objective**

Have the youth be more involved, locally, as well as with the ACCESS OM initiative.

5

**Fifth objective**

Begin meeting with the community of Kangirsuk as it is the second pilot community.



# PLANNING AND PROGRAMMING

## PSYCHOSOCIAL AFFAIRS AND SUPPORT FOR COMMUNITY ORGANIZATIONS

### Suicide Prevention

The development of training workshops on Best Practices in Suicide Intervention for front-line workers was completed this year. The training, adapted to the Nunavik context and culture, has been tested. A team of eight recognized trainers is now certified, tools have been developed and 10 training sessions (four pilots and six in final version) were delivered to a total of 94 interveners. The training program will be offered regularly, eight times a year, to front-line workers (Inuit and non-Inuit).

The Suicide Monitoring Tool was finalized and tested and will be made available to front-line workers who have received the Best Practices in Suicide Intervention training. The tool will facilitate the collection of information regarding suicide ideation, suicide attempts and suicides and is intended to help interveners complete their intervention plan and guide managers in improving services and support.

The annual regional suicide-prevention conference Puttautiit took place in Inukjuak in October 2017 for its third edition (85 participants, half from Inukjuak) and we are looking forward to the fourth edition in 2018. Suicide-Prevention Tools

The Regional Suicide Prevention Committee (RSPC) recommended the development of suicide-prevention and support tools to be made available across Nunavik. Different options for suicide-prevention web-based tools or helplines have been reviewed. Under the RSPC, a working committee will look at different options and will contribute to their development: Website specific to Inuit suicide prevention; interactive and information tool; reach-out and reference tool for students; development of a community of practice for front-line workers of Nunavik.

## Mental-Health Services

### Building Healthy Communities Program Community Liaison Wellness Worker (CLWW)

The first meeting of the CLWW Regional Committee took place in the beginning of 2018 with 17 participants to strengthen and develop the CLWW program.

### National Mental Health Week

In collaboration with the Public Health Department, a regional campaign promoting mental wellness and aimed at prevention of mental illnesses was developed.

### Action Plan

The Nunavik Regional Board of Health and Social Services (NRBHSS) and key stakeholders are working on reviewing the regional mental-health action plan with the objective of improving care and services.

### Service Agreements

The child-psychiatry services agreement with the Montréal Children's Hospital was signed last December. The Nunavik renewal process for the psychiatry-services agreement with the Douglas Mental Health Institute has begun.

### Psychiatric Services and the Legal System

The NRBHSS is working on improving collaboration with the legal system concerning mental health-services delivery to Nunavimmiut who are in detention.

### Subregional Mental-Health Teams

A first regional meeting took place in February 2018.

The team's priorities are to:

- ▶ complete the recruitment of team resources;
- ▶ pursue training on prevention of abuse (OMEGA or TCI);
- ▶ pursue and strengthen Best Practices in Suicide Intervention training.

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- ▶ pursue and strengthen Best Practices in Suicide Intervention training.





### **Mental Health First Aid-Inuit (MHFA-Inuit)**

The NRBHSS is working with external partners to organize an MHFA-Inuit training for trainers (T4T), aiming at certification for six regional trainers. By 2021, all the communities will have received one MHFA-Inuit course and all organizations are welcome to get involved.

### **On-the-Land Activities**

Following a recommendation of the RSPC and in line with the objectives of suicide prevention and mental well-being, three support workers were recruited, one in Puvirnituq (summer 2018) and two in Kuujjuaq (winter 2018). On-the-Land activities have been planned and delivered in Puvirnituq, Akulivik and Salluit.

### **Addictions**

- ▶ Inuit addictions counsellors-training program: First-year training sessions were delivered by the NECHI Institute to train addictions counsellors (six individuals) who will eventually be recruited by the Isuarsivik Treatment Centre.
- ▶ The NRBHSS participated in the Family Approach Development Working Committee (seven meetings) to develop recommendations for the Isuarsivik Steering Committee.
- ▶ Jointly with the Tulattavik Health Centre, the NRBHSS designed an Alcochoix+ training program for persons who wish to limit and control their alcohol consumption.

### **Community Organizations**

The Support to Community Organizations project, initiated in September 2017, continued. The objective of the project is to offer regular support in management and budgetary planning and follow-up. Training for community organizations' BOD members was offered to new community organizations: the Iqivik Family House in Salluit and the Tasiurvik Family House in Kuujjuaraapik.





This year's funding, totalling \$5,395,000.00, was approved and allocated to 18 community organizations in the region, as seen in the following table.

Mission	Location	Mandate	Total allocated
<b>Associations – Community Organizations</b>			
Qajaq Network	Kuujuaq	Regional	\$155,000
Unaaq Men's Association	Inukjuak	Regional	\$155,000
Saturviit Inuit Women's Association	Inukjuak	Regional	\$155,000
Qarjuut Youth Council	Kuujuaq	Regional	\$155,000
<b>Treatment Centre – Community Organization</b>			
Isuarsivik Treatment Centre	Kuujuaq	Regional	\$1,100,000
<b>Women Shelters – Community Organizations</b>			
Tungasuvvik Women's Shelter	Kuujuaq	Sub-regional	\$550,000
Initsiak Women's Shelter	Salluit	Sub-regional	\$535,000
Ajapirvik Women's Shelter	Inukjuak	Sub-regional	\$300,000
<b>Elders Homes – Community Organizations</b>			
Qilanguanaaq Elders' Home	Kangiqsujuaq	Sub-regional	\$350,000
Sailivik Elders' Home	Puvirnituk	Sub-regional	\$350,000
Tusaajjapik Day Centre	Kuujuaq	Sub-regional	\$250,000
Sammiak Elders' Committee	Salluit	Sub-regional	\$20,000
Ayagutak Elders' Home (new)	Inukjuak	Sub-regional	\$20,000
<b>Mental Health – Community Organizations</b>			
Ungava Community Residence	Kuujuaq	Regional	\$350,000
Uvattinut Supervised Apartments	Puvirnituk	Regional	\$300,000
<b>Family Houses – Community Organizations</b>			
Tasiurvik Centre	Kuujuaaraapik	Sub-regional	\$100,000
Qarmaapik Family House	Kangiqsualujuaq	Sub-regional	\$400,000
Iquivik Maison de la famille	Salluit	Sub-regional	\$150,000
<b>TOTAL</b>			<b>\$5,395,000</b>

*Community Organizations Funding for 2017-2018*

## YOUTH IN DIFFICULTY

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

Today, one of the major difficulties in application of the Youth Protection Act lies in the lack of appropriation thereof by the Inuit. It has become imperative to develop actions to enable the communities to engage further in the missions aimed at fostering the protection and optimal development of their youths. The appointment of a respected Inuit leader in May 2017 initiated a process of engagement among the communities and the population in favour of youths. Her task is to inform and mobilize the populations of the various communities around the issues relating to youths, and that project has turned out to be very promising.

The gradual involvement of “family councils” in decisions concerning the referral of children whose cases have been reported to Youth Protection is another promising area. Moreover, the strengthening and development of front-line services and educational support measures targeting natural families and foster families will contribute to the communities’ and population’s appropriation of youth-related issues.

Thus, it is in that very proactive and progressive context that we situate the profile of the current situation of services for youths and families in Nunavik. This statement constitutes a starting point for better developing services of good quality which will respond to the population’s true needs concerning youth development in Nunavik. We must keep in mind that the population segment aged 0 to 17 years in Nunavik constitutes 40% of the total population, which is significantly higher than that of the rest of Québec at 19%. Its distribution on each coast is also very different (Ungava 41%, Hudson 59%). Further, 52% of Nunavik families live in a context of overcrowded housing, the highest rate in Canada; that has a direct effect on the high level of situations of neglect and abuse.

## MEDICAL AFFAIRS AND PHYSICAL HEALTH

### Medical Manpower

In 2017, Nunavik took in five new general practitioners, three at the Inuulitsivik Health Centre (IHC) and two at the Ungava Tulattavik Health Centre (UTHC). During 2017-2018, two general practitioners of the IHC left the region. For 2018, the region will take in six new general practitioners, four at the IHC and two at the UTHC. Thus, as of March 31, 2018, 38 general practitioners occupied a position in the region, with the exception of those assuming functions exclusively in public health.

In 2017, five medical specialists occupied a position in the region:

- ▶ two in community health;
- ▶ two in psychiatry;
- ▶ one in child psychiatry.

Further, four agreements were signed with the McGill University Health Centre, agreements that enabled us to begin recruitment of specialists for obligatory network positions (ONPs):

- ▶ two in general internal medicine;
- ▶ two in pediatrics;
- ▶ one in child psychiatry;
- ▶ one in ophthalmology;
- ▶ one in orthopedics.

Other agreements are being developed: medical biology, diagnostic radiology, anaesthesia and obstetrics-gynecology.

Moreover, as is the case each year, the region accepted a number of medical students for internships (students who have not yet begun their externships) as well as several externs, first- and second-year residents in family medicine, and first- to fifth-year residents in specialties.



## Pharmacy

Improvements in the organization of pharmaceutical services offered in Nunavik continued during the past year.

### Regional Actions

- ▶ Regional call for tender for an in-hospital pharmacy-information system;
- ▶ Regional call for tender for community pharmaceutical services for the Nunavik clientele.

### Actions at the IHC

- ▶ Needs assessment in terms of development of pharmaceutical care and services at the Inukjuak CLSC;
- ▶ Implantation of a secure storage system for medication and reorganization of the system for preparing and administering medication by the interveners to prevent skipped medication among the residents of the Puvirnituq Crisis Centre.

### Actions at the UTHC

- ▶ Renegotiation of the service contract with the Dominique Voyer Pharmacy for access to a shared server and implantation of the server at Ullivik;
- ▶ Development of an internship program for students in pharmaceutical studies.

### **Support for Autonomy Among Elderly Persons (SAEP), Destined for Individuals With Chronic Diseases or Cancer or Those in Palliative and end-of-Life Care (PELC)**

Jointly with the health centres, the regional board proceeded with:

- ▶ design and deployment of the plan for service provision under Health Canada's Home and Community Care Program;
- ▶ continuation of the 2015-2020 plan of action in cancerology, as well as enhancement of the regional service supply for chronic diseases and palliative care;
- ▶ observation of International Day of Older Persons with the theme Stepping into the Future: Tapping the Talents, Contributions and Participation of Older Persons in Society.

### **Priority Access to Specialized Services (PASS)**

In order to deal with the various problems with access to specialized care and services throughout the province, the *Ministère de la Santé et des Services sociaux* (MSSS) launched a major initiative with the following objectives:

- ▶ simplify the referral process;
- ▶ improve waiting times;
- ▶ optimize technical support.

In the summer 2017, after a joint decision by the MSSS, the Montréal dispatch centre for service applications (CRDS) and the NRBHSS, Ullivik was designated CRDS for Nunavik. Over the coming year, work in this portfolio should continue and enable us to validate the improvements made and deploy a management system, unique to Nunavik, for appointments.

### **Québec Screening Program for Colorectal Cancer (PQDCCR) / Upgrade to Digestive-Endoscopy Units and Reprocessing Units for Medical Devices**

To attain the objectives required prior to setup of the Québec screening program for colorectal cancer (PQDCCR), the NRBHSS supported the health centres in the following activities:

- ▶ Improving the management norms for access relative to clinical indications, establishment of priorities and the algorithm for case management and monitoring;
- ▶ increasing use of the RSOSi non-invasive screening test for colorectal cancer instead of colonoscopy under sedation;
- ▶ audit of work processes and start of the drafting and formalization of policies, processes and procedures in the sector of reprocessing of medical devices;
- ▶ technical audit and drafting of short-, medium- and long-term recommendation reports for the fixed-assets component (architecture and electromechanical systems) of the entire sector related to procedures and sterilization;
- ▶ start of the design of plans and specifications for work principally aimed at minimizing risks of infection for the personnel and clientele as well as improving working conditions.

### **Medical Imaging**

A training program leading to certification as autonomous ultrasound technologist was launched.

### **Sterilization**

The NRBHSS supports a revision process for sterilization procedures with the health centres, which should be complete by the fall 2018.





# PUBLIC HEALTH

## PUBLIC HEALTH IN NUNAVIK

During 2017-2018, the Regional Board published the 2016-2020 Regional Plan of Action in Public Health. That plan will be followed over the coming months by the local plans of action in public health for each of the health centres. These plans will serve as road maps for our individual and collective efforts at prevention, health promotion and health protection for the purpose of improving Nunavimmiut health.

The following text presents the activities carried out in 2017-2018 by the public-health teams jointly with several partners in the fields of monitoring, prevention, protection, health promotion, occupational health and environmental health.

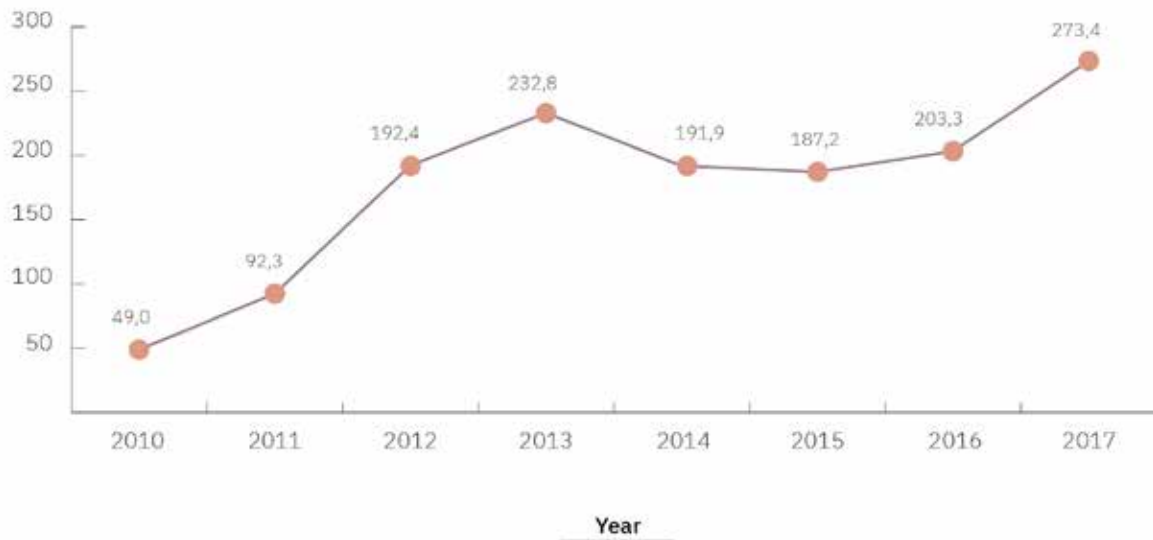
### **Monitoring of State of Health and Its Determining Factors**

In 2017, for close to two months, a team of researchers, interviewers and laboratory technicians visited the 14 Nunavik communities to gather data for the 2017 Qanuilirpitaa? health survey. As the last health survey was conducted in 2004, this one was well received by the population. Conducted from August 17 to October 5, 2017, on board the ship Amundsen, the survey involved 1 357 participants aged over 16 years from the 14 Nunavik communities. It included three components: adults aged 31 years and older, young persons aged 16 to 30 years (for the first time) and communities, the latter serving to gather data enabling a profile of the communities. Analysis of the data and circulation of the initial results are expected during 2018.

Aside from those survey data, the analysis of administrative databanks such as live-birth records, hospitalizations and deaths as well as the databank for reportable diseases (MADO) enabled production of information adapted to the specific needs of the interveners, decision makers and partners of the regional board.

## Infectious Diseases

A rise in screening rates for sexually transmitted and bloodborne infections (STBBIs) was observed in 2017 (Figure 1), particularly among men and individuals aged 15 to 34 years. The communications campaign Checkup Project as well as the occurrence of syphilis cases in the region are likely at the root of the heightened demand of screening. With the increase in the number of individuals screened, a rise in rates of chlamydia infection was noted. The infected individuals were treated, which contributed to reduced spread of the disease.

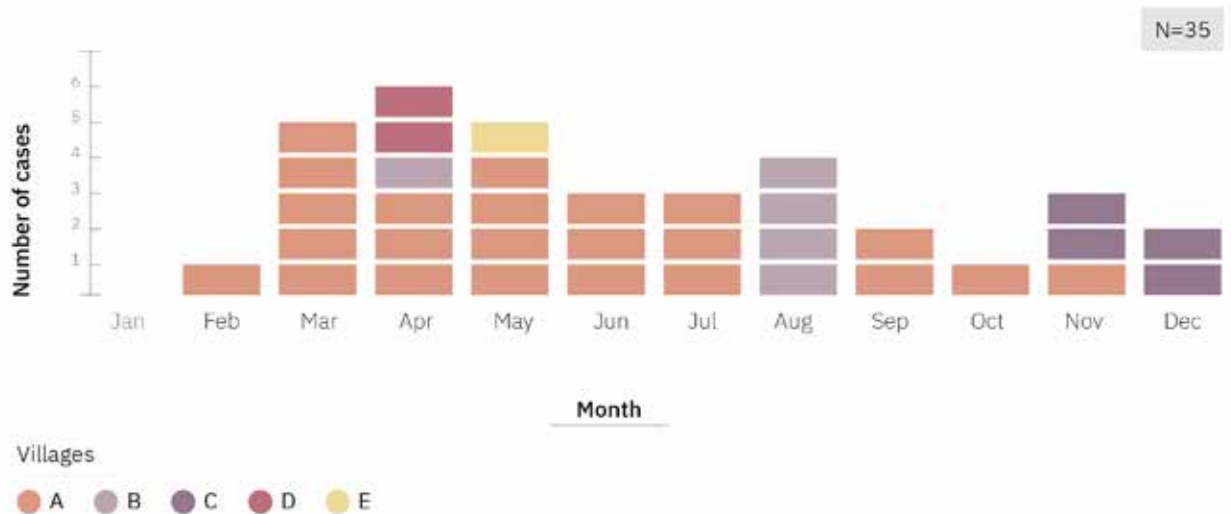


Source: Internship report, Amanda Giampesa, *Caractérisation de la population utilisant les services de dépistage des infections transmissibles sexuellement et par le sang au Nunavik en lien avec une campagne de marketing social [Characterization of the population using screening services for sexually transmitted and bloodborne infections in Nunavik in the context of a social-marketing campaign]*. December 2017.

Figure 1. Screening rates for sexually transmitted and bloodborne infections per 1,000 persons in Nunavik, 2010 to 2017.



In December 2016, cases of syphilis occurred in some Nunavik communities. In 2017, 35 episodes were reported among 34 individuals, of whom 65% were women and 35% men (Figure 2). The ages of those cases varied from 16 to 53 years, with an average of 28 years. Five communities were affected and there was active transmission in three of them. Clinical intervention among the partners enabled reaching and treating more than 200 individuals exposed to syphilis, thus limiting the spread. Heightened vigilance and rigorous application of control measures by perinatal workers (midwives, nurses and physicians) enabled prevention of congenital syphilis. No cases have been reported among newborns since the start of the outbreak.



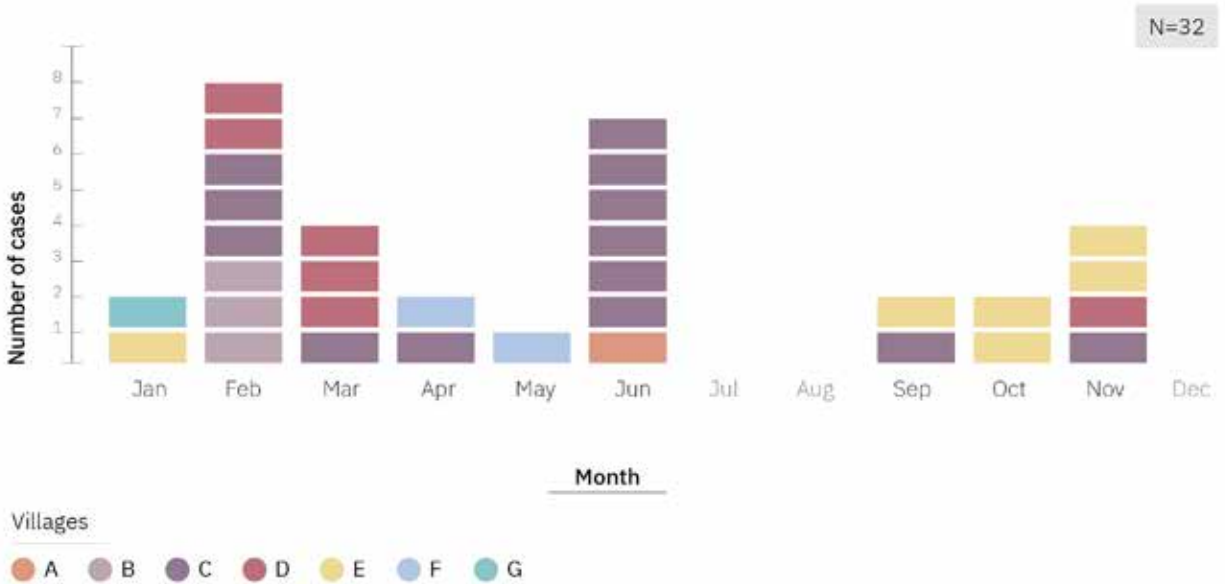
Source: Reportable diseases data bank - Registre des maladies à déclaration obligatoire (MADO), 2012-2017. Compilation Nunavik Public Health Department, March 23<sup>rd</sup>, 2018.

Figure 2. Number of reported cases of syphilis by month according to village, Nunavik, January to December 2017.

In 2017, a regional STBBI committee identified three strategic, priority axes for efforts against STBBIs: communication, sex education and access to care. The communications campaign Checkup Project, conducted through a Facebook page, has been well publicized and is appreciated by young persons. It will continue in 2018 along with Piusivut, a series of podcasts on various topics linked to determining factors of youth health.

## Tuberculosis

The incidence of tuberculosis remains high, with 32 new cases reported in 2017 and half of the Nunavik communities affected. Unfortunately, one death linked to tuberculosis occurred, an individual who was late in consulting, which illustrates the importance of identifying and removing barriers to seeking services.



Source: Reportable diseases data bank- Registre des maladies à déclaration obligatoire (MADO), 2012-2017. Compilation Nunavik Public Health department, March 23<sup>rd</sup> 2018.

Figure 3. Number of reported cases of tuberculosis by month according to village, Nunavik, January to December 2017.

Since January 2017, one Hudson community has experienced recrudescence of tuberculosis. Six cases were reported in that community in 2017 and three in January-February 2018. On March 31, 2018, besides those nine cases mentioned, 344 individuals were tested as contacts of an active case or a case being investigated. Ninety-six individuals—elementary pupils and teachers—were among the group screened. A total of 50 individuals were identified as carriers of latent tuberculosis and were offered treatment.

A communications campaign was launched jointly with local interveners to raise community awareness of tuberculosis throughout the region. The campaign included radio capsules as well as videos, information newsletters and texts on various platforms, including the Web and social media. The participation of mayors, elders, representatives of youths and health and social services interveners, and community leaders in a special workshop on tuberculosis contributed to identifying areas for improvement in the regional plan of action. It also enabled establishing the foundations for greater mobilization among Nunavimmiut in the fight against the disease.

## Foodborne Botulism

Two cases of foodborne botulism were confirmed in the summer 2017, one of which died. Both occurred in the same episode. The food specimens submitted for testing revealed the presence of either the botulinum toxin or the bacterium *Clostridium botulinum* in three beluga products: *misiraaq* (fermented blubber), *nikku* (dried meat) and *unaluaq* (sausage made with blubber and meat). Messages were sent to the community as well as the entire Nunavik population concerning the importance of preserving and processing products from marine mammals (beluga, walrus, seal) at cold temperatures and under the supervision of experienced persons.

## Immunization

Due to the high number of active tuberculosis cases in one Hudson community, vaccination with BCG was offered to children under two years of age. Vaccination will continue among newborns of that community over the coming years, which will mean a total of six Nunavik communities where this vaccine has been recommended.

Since December 2015, the provincial vaccination register has been implanted in Nunavik. Retroactive capture in that register of all vaccines administered to children living in Nunavik and aged 18 years and younger is under way. The data will enable better monitoring of a user's vaccination profile by vaccinators as well as establishing a more precise profile of immunization coverage.

## Palivizumab (Synagis)

In accordance with a recommendation from the Institut national d'excellence en santé et en services sociaux (INESSS), and this for a second season, Palivizumab (Synagis) was offered to all babies under the age of three months. Palivizumab consists of an injection of antibodies with the goal of reducing complications due to the respiratory syncytial virus (RSV). The administration schedule defined for the 2018 season was from January 1 to May 31, the period corresponding to circulation of RSV observed in past years in Nunavik.

An evaluation project is under way to better document respiratory infections as well as the impact that that new measure will have on very young children. Various training programs were offered to the health professionals and interveners concerned, and the tools destined for professionals and the clientele were upgraded. Concurrently, a campaign to promote handwashing was organized as a preventive measure against respiratory infections.

## OCCUPATIONAL HEALTH

### For a Safe Maternity Experience

During 2017, roughly 160 applications for reassignment were processed. The applications primarily came from early-childhood centres, schools, the health sector and businesses. English translation of our medical advisor's recommendations is carried out at the request of the attending physician or the pregnant woman.

### Mining Sector

The occupational-health team (one physician, one nurse, one occupational hygienist and one ergonomist) work with the two mining firms in Nunavik and eight other establishments in the priority groups of the mining sector. Moreover, several contractors without an establishment number in Nunavik are omnipresent on the two sites. Thus, there are roughly 2 000 workers distributed between the two mining sites. During 2017, a nurse and a physician responsible for the health program specific to mining establishments visited the various sites and attended teleconferences. The team contributes to the reduction, at the source, of physical, chemical and biological contaminants, as well as the reduction of musculoskeletal disorders and psychosocial risks in the workplace. The team informs workers and the employer of risks, with the participation of on-site prevention teams.

### Public-Administration Sector

The 14 municipalities were visited during the year. The visits include municipal installations: municipal office, garage, drinking-water plant, arena, fire station, municipal pool, sewage treatment, community hall and community freezer. Further, the team visits the carpentry workshops and police stations. We provide information and training for the workers on biohazards, welding fumes, respiratory protection, musculoskeletal disorders related to work at monitor screens, noise, wood dust, inspection of first-aid kits and individual protection. We are supported by a medical advisor, an occupational hygienist, an occupational-health technician, an ergonomist, an occupational health-research technician and an administrative officer.

### Applications for Services

During the year, we also responded to certain applications from the Commission des normes, de l'équité, de la santé et de la sécurité du travail (CNESST), the Department of Public Health and local entities concerning health problems and worker safety.

## ENVIRONMENTAL HEALTH

During the year, major efforts were invested in the issue of lead, with the goal of banning lead-based ammunition in Nunavik. Several organizations and individuals of the region support us in this issue and with us, co-signed a letter to the Canadian government. An awareness campaign on lead-based ammunition and its effects on health will be launched this fall.

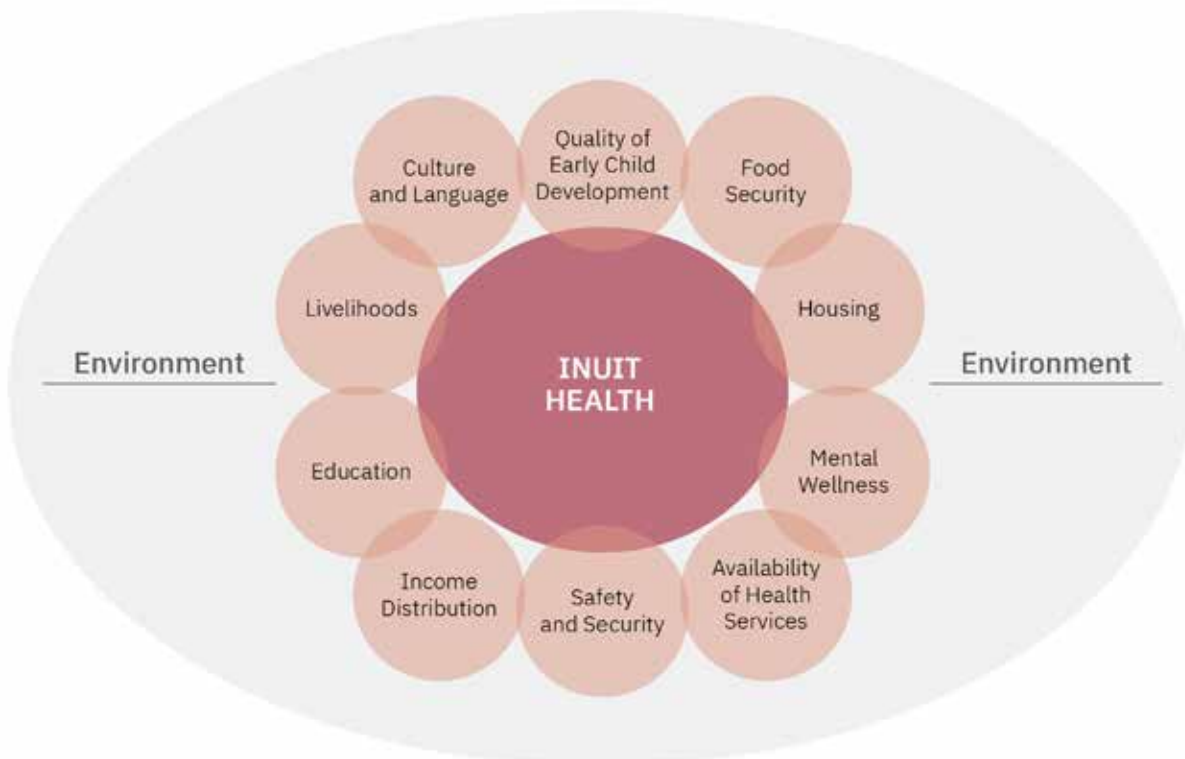
After the Qanuilirpittaa? 2017 health survey, we revised and updated the algorithms on lead and mercury in order to assist the medical personnel in providing care for individuals who may be affected by these contaminants (reportable diseases).

The environmental-health team also participated in discussions aimed at supporting researchers in carrying out various research projects affecting Nunavimmiut. It participated in activities in all the areas related to mining exploration and operations, as well as all major projects in Nunavik. The team works jointly with the Kativik Regional Government (KRG), the Ministère du Développement durable de l'Environnement et de la Lutte contre les changements climatiques (MDDELCC) and the municipalities on the quality of drinking water in Nunavik.

## PREVENTION AND HEALTH PROMOTION

“Public health mainly aims to reduce the incidence and prevalence of health problems, which is why it is so important to focus on health determinants.”

*Nunavik Regional Board of Health and Social Services. (2017). Regional Action Plan for Public Health 2016-2020. Web site: [http://nrbhss.gouv.qc.ca/sites/default/files/action\\_plan\\_regional\\_en.pdf](http://nrbhss.gouv.qc.ca/sites/default/files/action_plan_regional_en.pdf)*



*Figure 4. Social Determinants of Inuit Health, [2014]. Social Determinants of Inuit Health in Canada, page 8.*

The 2016-2020 regional plan of action for public health demonstrates and reinforces the importance of working together at all levels. The guidelines for prevention and health promotion are established in order to foster, develop and reinforce individual and community empowerment in the appropriation of initiatives for maintaining and improving Nunavimmiut health.





The objectives of the team for prevention and health promotion are support for community development, promotion of healthy nutrition, support for initiatives and programs in perinatal and early childhood, prevention of sexual abuse, food security, mental health, addictions, parental skills, smoking cessation, prevention of diabetes and chronic diseases, and promotion of physically active lifestyles.

### Healthy Nutrition

An important part of the resources enables supporting projects based in the communities and led by them, such as community kitchens, activities promoting healthy nutrition and activities encouraging the sharing of traditional knowledge on traditional foods. The support provided by the NRBHSS is adapted to the communities' needs and includes funding, support for planning and starting up initiatives, annual training on nutrition and community kitchens, and creation of educational aids in nutrition.

The design of a new aid meant to support local workers in organizing in-store nutrition and tasting booths was completed in 2017-2018. It is currently being printed and will be launched in September 2018. It includes five areas of turnkey activities to facilitate the organization of booths by community workers. This toolkit, which will take the form of a backpack, will provide all knowledge and resources needed to organize nutrition booths effectively.

Jointly with Kativik Ilisarniliriniq and two pilot schools, a campaign promoting water consumption in the schools is under development, with the aim of increasing water consumption among young persons aged 5 to 17 years. In 2018-2019, water coolers and related promotional materials will be offered to all Nunavik schools.

### Early Childhood – Ilagiilluta

The Ilagiilluta program, or ISPEC, is a family-support program of the prevention axis on the continuum of care. The interventions aim at optimizing overall development of young children by supporting parents in their parental role, contributing to the improvement of families' living conditions, and stimulating family and community empowerment rela-

tive to their state of health. Thus, a range of services is offered to pregnant women and families with children aged zero to five years. The interventions cover children, parents and their communities whether through individual and/or family follow-ups, group activities and community involvement.

The objective of the NRBHSS' 2016-2020 regional plan of action for public health is for the program to be in application in five communities by 2020. In 2017-2018, a new Ilagiilluta team of two employees was created in Salluit, joining the existing teams in Inukjuak, Kuujuaq and Kangiqsualujuaq, thus bringing the total number of permanent teams to four in the 14 communities. The NRBHSS Department of Public Health is proud to grant annual funding to these teams to enable them to carry out their activities, such as the purchase of baby beds, supplies for caring for newborns and safety supplies for family homes. Support was also offered for activities promoting healthy nutrition and traditional foods, the importance of parent-child relations and the inclusion of children as a project synonymous with parental success.

### Prevention of Diabetes

Jointly with the two health centres, the health professionals visited the communities once or twice during the past year to organize group or individual meetings with diabetic persons. The aim of those meetings is to teach about the role of nutrition, physical activity and stress management in controlling diabetes. Other complementary activities to inform the population about diabetes were also organized.

Annual screening for diabetic retinopathy among individuals with diabetes was performed at the Inulitsivik Health Centre (IHC) but not at the Ungava Tulattavik Health Centre (UTHC) this year.

### Food Security

Many Nunavimmiut have difficulty in purchasing nutritious foods or having access to traditional foods due to lack of resources. Moreover, there are still too many children and families who are obliged to skip meals or altogether not eat for an entire



day because of lack of resources. For those reasons, considerable support was provided for projects aimed at ensuring short-term access to healthy store-bought foods and traditional foods through the food-coupon program for healthy foods and the program for distributing Arctic char among pregnant women and those with a newborn. Assistance was also provided in the form of:

- ▶ the breakfast program in schools, run by the Kativik School Board (KI);
- ▶ the soup kitchen in Inukjuak, a food-security project in Salluit and emergency funds destined for families in need.

To develop long-term solutions to this problem, the Department of Public Health coordinates a regional working group tasked with designing a regional policy for food security and a plan of action by the end of 2018. That policy primarily aims at better coordinating actions and resources among regional organizations in order to improve food security. There are 11 organizations to be involved in four priority areas identified by the working group. They will serve as base structure for the design of the regional food policy:

- ▶ access to traditional foods;
- ▶ access to and availability of healthy store-bought foods;
- ▶ promotion of healthy eating and support for individuals living in a situation of serious food insecurity;
- ▶ local food production.

To engage a broader network of actors in the 14 communities relative to development of the policy, an initial working and mobilization session was organized in Kuujuaq in October 2017. Its primary objective was to identify and begin planning the actions that must be undertaken to improve access to traditional foods in the region. More than 80 Nunavimmiut attended. Three other sessions are planned for 2018-2019 on the other priority issues identified by the working group.

## Parental Skills – Babybook Program

Regional training was provided early in the year to teach various local actors on how to manage the program; the training received an extremely positive reception. A cooperation agreement was drafted to ensure the active participation of various organizations that could be involved in the program. The agreement should be worked out over the coming months.

## Good Touch/Bad Touch Program (GTBT)

Once again, this year saw much activity for the GTBT program team. More than 400 young persons, from kindergarten to secondary 5, were reached through school presentations. In addition, close to 200 interveners and members of six communities attended Hidden Face workshops, which deal with individual healing. Those workshops also prepared individuals for the measures to take when a youth reports having been victim of sexual abuse. The program's scope was extended, for a second year, to the federal detention centre and was well received.

## Psychosocial Portfolios

The year 2017-2018 was a key year for the Strengthening Families Program, specifically the program for preventing addictions among youths aged 6 to 12 years and their families. That program was part of the recommendations that resulted from the clinical project and was initially developed in the United States. It deals with two levels of prevention:

- ▶ substance abuse and addictions among children aged 6 to 12 years;
- ▶ reduction of the impact of parents' abusive consumption on children.

An initial training session held in Kangiqsualujuaq in the fall 2017 was a definite success. The objective is to make the program available in several communities over the coming years.

## A Look at Regional Campaigns for Prevention and Health Promotion

**16 days for action against violence:** For the first year, this campaign promoting a stance against violence was launched in Nunavik. Nunavimmiut were invited to show their support by wearing a pin made of seal skin. More than 2,000 pins were distributed in the region.

**Mental Health Week:** This is a week dedicated to awareness of doing what we need to do for our mental health, such as enjoying the outdoors, being physically active, engaging in traditional activities, caring for ourselves and those we love, etc. Several communities organized various activities to promote mental health.

**Foetal Alcohol Syndrome Disorder (FASD) Day:** Four communities held activities to highlight this day, on September 9, 2017.

In November, nine communities highlighted **Universal Children's Day**.

**Nutrition Month and Traditional Foods Day:** This year, 12 projects received support in nine communities.

**Breastfeeding Week:** Six communities organized activities related to promotion of breast-feeding.

## A Look at Community Activities in Prevention and Health Promotion

**Community kitchens:** Various activities received support this year in Kangiqsualujjuaq, Quaqtuaq, Kangiqsujuaq, Salluit, Ivujivik, Puvirnituaq, Inukjuak and Kuujuaaraapik. The NRBHSS also supported the organization Fusion Jeunesse, which organized activities in cooking and promotion of healthy eating in six communities in 2017-2018.

**Pinngualaurta! Let's Play:** This project was funded for the second consecutive year jointly with the Northern Village of Kuujuaq and was initiated by Jennifer McMannus, who works at Pitakallak School. Its aims are to support psychomotor, cognitive and language development in children through games, create an environment that enables families to get together and connect, and facilitate children's transition from home to school.

**Parents & Kids Playgroup:** This project at the Iqit-sivik Family House in Salluit was also supported by the NRBHSS in 2017-2018. Its aim is to offer a stimulating environment for healthy and safe respite for families in Salluit.

**Family Centre:** This project in Kangirsuk, initiated by nurse Sarah Frederic, is also very promising and similar to the two projects immediately above.

**Learning stories:** Support—including a contribution from the Kativik Regional Government (KRG)—was also provided for the project for the Tumiapiit and Iqitavik day-cares of Kuujuaq.

**Transformative Life Skills:** For the third year, the NRBHSS supported sessions that combine awareness through yoga movements with breathing exercises. The content is intended for young children through to school-aged children as well as professionals for the purposes of stress management.

**Nurrait:** This program, also known as Jeunes Kari-bus, was again funded this year. Perseverance and the integration of healthy eating habits and active lifestyles are values that the NRBHSS encourages.



# INUIT VALUES AND PRACTICES

The Department of Inuit Values and Practices has eight positions:

- ▶ Director of the department;
- ▶ Residential schools support worker — Team Leader
- ▶ Residential schools support workers (3);
- ▶ Brighter Futures program officer;
- ▶ Officer responsible for prevention of elder abuse;
- ▶ Executive secretary.

This year, the Department of Inuit Values and Practices (DIVP) was very busy helping with the planning of the Qanuilirpitaa? 2017 Health Survey that was conducted in August 2017, as well as organizing travel for the residential school support workers to the communities.

## BRIGHTER FUTURES

The Brighter Futures Program provides funding to all 14 communities on a per capita basis; the program is in its last year where funds can roll over to the next year. For the coming year, the funds will be subject to a flexible funding agreement like all federally funded programs. Most communities use the program to full capacity. This year Brighter Futures funded 47 projects.

## RESIDENTIAL SCHOOLS

The residential schools program funds were extended for another year. There are now three full-time support workers. There are also six individuals

available to serve as support workers as needed in a given community, whenever the demand exceeds the capacity of the team. The team visited communities as needed to provide counselling and facilitate workshops on trauma and grieving, as well as participate in conferences such as Putauttit and Qanak.

## ELDER ABUSE-PREVENTION PROGRAM

The Elder Abuse-Prevention Program was suspended for a period as the position for officer was vacant for six months. Since then the Québec Action Plan, including the Regional Action Plan, was deployed jointly with the Kativik Regional Government and has been synchronized more effectively with Social Services of the institutions.

## MIDWIFERY

In the midwifery portfolio, the regional committee met twice during the year to look at the framework for developing birthing centres and the training of new midwives. Inukjuak will get a new birthing centre when the new CLSC is built; as for the Kuujjuaq birthing centre, the plan had to be modified to include office space for youth services, which still needs to be approved by the MSSS for funding.

## WELLNESS COMMITTEES

Wellness committees consist of community members working under the municipal councils on the well-being and health of the community members. All 14 communities now have wellness committees.





# REGIONAL HUMAN-RESOURCES DEVELOPMENT

The year 2017-2018 was a remarkable year for the number of training programs deployed in the health and social services network across Nunavik. All training from 2016-2017 is ongoing and the Department of Regional Human-Resources Development (DRHRD) has many projects under way which started in 2017-2018, including the development of a web-based platform to deliver training. In partnership with Kativik Iisarniliriniq, the department is also developing a training program for accredited health-care assistants which will be given in the fall 2018. In partnership with Cégep Marie-Victorin, two accredited programs leading to an Attestation of Collegial Studies (AEC) are now available. The first graduation ceremonies were held last December in Kuujuaq and Puvirnituq and in April 2018 in Salluit.

## TRAINING

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

#### **Communication in Helping Relationships Communication in Administration**

In order to improve the recruitment and retention of qualified Inuit staff in the health and social services network, the NRBHSS has been working closely with Cégep Marie-Victorin to develop and offer two credited programs titled Communication in Helping Relationships and Communication in Administration. Since September 2016, these two-year programs have been implemented to meet the needs of both health centres for trained employees who can intervene appropriately and with more effectiveness.

Inuit employees from Youth Protection, CLSC front-line services and rehabilitation services received training in:

- ▶ Helping Relationships: the first-year group attended 27 sessions of 21 hours for a total of 567 hours of training;
- ▶ Individual training semester: 21 sessions of 14 hours were given for a total of 294 hours.

Cégep Marie-Victorin also delivered training in Communication and Administration. The first-year group attended 12 training sessions of 21 hours for a total of 252 hours and individual training semester consisted of 10 sessions of 21 hours for a total of 210 hours. These sessions were held in Kuujuaq, Puvirnituq, Inukjuak and Salluit and by videoconference between September 2017 and March 2018.

A total of 18 students obtained their Attestation of Collegial Studies from Cégep Marie-Victorin. Three graduation ceremonies were held to celebrate the accomplishment of these students. Since their graduation, three other students have completed the program.

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

Over the past year, four university-level courses were provided under McGill University's Health and Social Services Management certificate program (30-credit program). A total of 17 Inuit personnel members, management personnel and potential management personnel participated actively in this training. The courses are given intensively over

seven days in alternation between Kuujjuaq and Puvirnituq. Many students are on their way to completing this program.

### **McGill: English Language Training Program**

The McGill School of Continuing Studies in partnership with the Ministère de la Santé et des Services sociaux (MSSS) is offering an English Language training program to the French speaking employees of the health and social services network who are working in an Anglophone environment. This course is specifically designed for three sectors: health care, social services and administration. A classifying test will determine the level at the participants will start: Beginner (levels 1 to 3), Intermediate (levels 1 to 3) or Advanced (levels 1 and 2). All students have to complete two categories of classes to complete a level: an online portion (24 hours) and an in-class portion (16 hours). The spring session started in May 2017. Six employees enrolled and all of them completed their respective level. Of this group, four participants reached the Advanced 2 level during the year. In September 2017, the NRBHSS had a group of eight employees who participated in the fall session of the training. Between January and April 2018, three employees participated in this training. All participants were quite satisfied with the program and were very enthused with regard to their progress. Most of them enrolled for the winter session. The regional board aims to offer this program to both health centres in 2018-2019.

### **Assistance in Health-Care Facilities (credited training)**

This project was developed in partnership with Kativik Ilisarniliriniq. The Assistance in Health-Care Facilities training program will give northern attendants at the Inuulitsivik Health Centre and the Ungava Tulattavik Health Centre the opportunity to obtain a Diploma of Vocational Studies (DVS) through on-the-job training while increasing their knowledge and skills relevant to their work. Committees have been created at each health centre to monitor the training, ensure collaboration and support the students throughout the project. The 750-hour training program is planned to begin in September 2018.

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

With the addition of a new day of training in intercultural communication since May 2016, a three-day session of preparation for the North is now offered to every new employee in the health and social services network of Nunavik. The first day of training provides an introduction to Inuit culture, while the second day helps prepare new employees for intercultural communication and cultural adaptation. The third day is focussed on the health and social services network and preparation to travel and live in a northern community. In total, 20 sessions were held for 2017-2018 and 163 new employees participated.

## **CLINICAL PROJECTS**

The department continued to work closely with the Department of Planning and Programming on several projects, such as the training on best practices in suicide intervention. This will provide interveners with the tools necessary to apply best practices in their interventions with suicidal individuals. The efforts of a revision committee and pilot training in Inukjuak and Kuujjuaq, as well as a pilot training planned for Puvirnituq in early April, help to guide the design of the training and ensure that it is respectful of Inuit culture and values. The Puttautiit Conference, Nunavik's annual suicide-prevention and healing conference, is another project on which these two departments collaborate. The Puttautiit Conference aims to raise public awareness around suicide while providing an opportunity to receive support and training.

## PROMOTION AND RECRUITMENT

### Career Promotion

The NRBHSS was present at various career fairs and universities to promote specialized jobs in Nunavik. The region was represented at 10 different university career fairs and career conferences. The Perspective Nunavik booth and promotional items have been very popular at these events.

### Pijunnaqunga

Pijunnaqunga is an internship program that aims to empower young Inuit from Nunavik in developing their skills through hands-on work experience. The program includes in-depth interviews and intensive training session plus two paid internships in Nunavik organizations with solid mentoring support. Pijunnaqunga intends to offer internship opportunities in significant positions within Nunavik regional organizations to encourage the development of the next generation of Nunavik leaders.

The NRBHSSS has worked closely with Tulattavik to promote this project of Kativik Regional Government (KRG). The health centre now has one intern who works in the Information Technology Department and there are two internships planned that should start in the fall of 2018.



EVIE MARK

© Robert Fréchette



SUZIE YEO



VANESSA LEGAULT





# OUT-OF-REGION SERVICES

## MNQ, ULLIVIK RELOCATION PROJECT

This fiscal year saw the official inauguration of our residential resource Ullivik in June 2017. Located in Dorval, Ullivik has 143 beds, including four studio apartments (with larger bedrooms) for long-term patients, a cafeteria, a family room, a chapel and other facilities, centralizing the services for patients and their escorts in one location.

Once again, this year Ullivik was at the core of the work of the regional committee on out-of-region services. The committee worked on several projects, but here it is important to highlight the exceptional cooperation of the City of Montréal's police department (SPVM) with Ullivik, aimed at fostering a safe environment for Inuit clients seeking health services offered outside the region.

The committee also continued its work at revising the regional transportation policy, and more broadly the practices to privilege in order to ensure the best possible accompaniment and support for Nunavimmiut during travel. The proposed changes to the regional transportation policy were submitted to the users in February by our Executive Director, Minnie Grey, and by the Director of Ullivik, Maggie Putulik, during a full day of regional consultation over radio. The consultations revealed broad support for the proposed changes and opened the door to conclusion of the reform in the spring of 2018.





## PROCESS OF REVISION OF THE NIHB (NON-INSURED HEALTH BENEFITS) PROGRAM

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

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

This program has not been revised for several years. The MSSS produced a draft guide to access and application for the NIHB program in 2013; it then became necessary to hold meetings with all those concerned with the program, particularly concerning the rising costs of its funding. Thus, the Inuit, Cree and Naskapi communities held several meetings that led to creation of a governance committee representing all the groups in 2015.

During the last fiscal year, the revision process led by the three groups led to an agreement on the guidelines for the NIHB program. Those guidelines establish a governance structure for the program with a joint working group and a governance committee, with representatives of the MSSS, the NRBHSS and the CBHSSJB. Through that new governance structure, the program can be reformed and improved in an ongoing manner and maintained up-to-date in terms of health benefits and products.





## OTHER ACTIVE PORTFOLIOS

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

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

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



# ADMINISTRATIVE SERVICES

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

## FINANCIAL RESOURCES

### Regional Budget

The 2017-2018 regional credits from the Ministère de la Santé et des Services sociaux (MSSS) totalled \$185.5 M to fund the Nunavik health and social services network as shown in the table below. During the year, the NRBHSS allocated those credits to the various institutions and organizations. The two health centres received funding in the amount of \$140 M for their activities. The NRBHSS transferred \$5,395,000 M to eligible community organizations. Through that envelope, it also received and managed funds earmarked for the program for non-insured health benefits.

Allocations	2016 / 2017	2017 / 2018
Institutions		
Inuulitsivik Health Centre	\$72.5 M	\$73.8 M
Ungava Tulattavik Health Centre	\$58.5 M	\$60.3 M
NRBHSS Earmarked Funds		
Non-insured Health Benefits	\$22 M	\$22.2 M
Other	\$8.5 M	\$17.3 M

Allocations	2016 / 2017	2017 / 2018
Community Organizations		
Youth Centres	\$4.5 M	\$4.1 M
Other (Community-Organizations Table)	\$4.5 M	\$5.3 M
Reserved	\$0 M	\$2.5 M
<b>TOTAL TRANSFERS</b>	<b>\$170.5 M</b>	<b>\$185.5 M</b>

### Operating Budget and Financial Results of the Health Centres

In accordance with its advisory role with the health centres, the NRBHSS invested major efforts during the year, including several meetings to ensure proper fiscal follow-up. The Inuulitsivik Health Centre (IHC) ended the period with a surplus of \$2,309,771 in its operating budget, as shown in the following table. The Tulattavik Health Centre (UTHC) ended the period with a deficit of \$1,027,848. The support continues to be provided to this health centre in order to pursue a balanced budget without negatively affecting the services offered to the population.

Public Institutions	2016 / 2017		2017 / 2018	
	Net Budget Authorized	Surplus (deficit)	Net Budget Authorized	Estimated Surplus (deficit)
Inuulitsivik Health Centre	\$72.5 M	\$1.4 M	\$73.8 M	\$2.3 M
Tulattavik Health Centre	\$58.5 M	\$0.4 M	\$60.3 M	(\$1.0 M)
<b>TOTAL</b>	<b>\$131 M</b>	<b>\$1.8 M</b>	<b>\$134.1 M</b>	<b>\$1.3 M</b>



## FUNDING FOR COMMUNITY ORGANIZATIONS

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

Community Organizations	2016 / 2017	2017 / 2018
Association		
<b>Men's Association</b>	-	-
Qajaq Network (Kuujuuaq)	\$152,712	\$155,000
Unaaq (Inukjuak)	\$152,712	\$155,000
<b>Inuit Women's Association of Nunavik</b>	-	-
Saturviit (Nunavik)	\$135,000	\$155,000
<b>Youth's Association</b>	-	-
Qarjuit Youth Council (Nunavik)	-	\$155,000
Elders' Home		
Qilanguanaaq (Kangiqsujuaq)	\$300,000	\$350,000
Sailivik (Purvinituk)	\$300,000	\$350,000
Sammiak Elder's Committee (Salluit)	\$10,000	\$20,000
Tusaajjapik Day Centre (Kuujuuaq)	-	\$250,000
Family House		
Igivik Family House (Salluit)	-	\$150,000
Qarmaapik (Kangiqsualujuaq)	\$300,000	\$400,000
Tasiurvik Centre (Kuujuaraapik)	\$50,000	\$100,000
Uvattinut – Supervised apartments (Puvirnituk)	\$300,000	\$300,000
Mental Health Residence		
Ayagutaq Elder's Home Committee (Inukjuak)	\$20,000	\$20,000
Community Lodging (Ungava)	\$300,000	\$350,000
Treatment Centre		
Isuarsivik Treatment Centre (Kuujuuaq)	\$600,000	\$1,100,000
Women's Shelter		
Ajapirvik (Inukjuak)	\$300,000	\$300,000
Initsiak (Salluit)	\$536,728	\$535,000
Tungasuvvik (Kuujuuaq)	\$615,000	\$550,000
<b>TOTAL TRANSFERS</b>	<b>\$4,072,152</b>	<b>\$5,395,000</b>

## 2017-2018 OPERATING BUDGET

In accordance with the Act respecting health services and social services (Chapter S-4.2) and the MSSS' bulletins, the estimates for the 2017-2018 operating budgets were produced in the amount of \$18.8 M and adopted by the NRBHSS board of directors. Thanks to adequate fiscal planning and processes, the NRBHSS ended the fiscal year with a surplus of \$3.0 M. According to its responsibilities, the Department of Administrative Services provided financial expertise and support to all departments as well as the audit committee.

### Earmarked Funds

Aside from the operating budget, the regional board receives and manages funds earmarked for specific activities. These funds are financed through two sources: the MSSS and the regional envelope.

### Capital Funds

The 2017-2018 three-year conservation and functional plan was updated. Jointly with the health centres, the regional board provided support and funding to carry out most of the projects in Nunavik. It transferred a total of \$7.2 M for various capital projects. That amount was divided into four regional envelopes:

Organization	Building Maintenance	Functional Renovations	Medical Equipment	Non-Medical Equipment	TOTAL
Inuulitsivik Health Centre	\$1,625,159	\$1,169,500	\$9,100	\$1,081,514	\$3,885,273
Tulattavik Health Centre	\$1,328,056	\$1,115,097	\$32,900	\$194,994	\$2,671,047
NRBHSS	\$99,740	\$473,308	-	\$54,052	\$627,100
<b>TOTAL</b>	<b>\$3,052,955</b>	<b>\$2,757,905</b>	<b>\$42,000</b>	<b>\$1,330,560</b>	<b>\$7,183,420</b>

The regional board supported several projects in 2017-2018 in order to maintain, improve and conserve institutional and residential immovables. These projects included renovation work to the head office in Kuujuaq, funded through the resorption of the deficit, as well as Wing D of Building 5207 Airport Road. The latter was renovated in order to respond to the NRBHSS' needs. Other renovation projects included modernization of furnishings in employee housing units and minor, functional renovations, the whole with the goal of improving employee conditions and services.

## Federal Funds

The contribution agreements totalling \$9.2 M annually were signed with the federal government for a three-year period (2017-2020). Unlike the provincial earmarked funds, the federal government recovers any unused portions at the end of the fiscal year.

Health Canada	2016 / 2017	2017 / 2018
Aboriginal Diabetes Initiative	\$680,682	\$720,682
Aboriginal Health Human Resources Initiative	\$101,950	\$101,950
Brighter Futures	\$1,188,510	\$1,224,165
Children's Oral Health Initiative	-	\$98,000
Federal Tobacco Control	\$40,000	\$220,566
Fetal Alcohol Spectrum Disorder	\$351,762	\$371,762
Home and Community Care	\$2,446,194	\$2,796,580
Indian Residential Schools Portfolio	\$675,030	\$675,030
Maternity & Child Health	-	\$40,000
Mental Wellness Teams	-	\$5,000
Mental-Health Crisis Management	\$896,841	\$923,746
Midwives	-	\$25,000
Nutrition North Canada	\$490,000	\$490,000
Prenatal Nutrition Program	\$323,661	\$333,371
Qanuilirpitaa Study- Arctic pollution	-	\$219,350
Quality Management	\$284,779	\$330,575
Sexually Transmitted & Blood B.I.	-	\$36,000
Suicide-Prevention Strategy	\$470,000	\$473,000
Tuberculosis	\$25,000	\$21,000
Indian and Northern Affairs		
Nunavik Nutrition and Health Committee	\$81,424	\$136,275
<b>TOTAL SUBSIDIES</b>	<b>\$8,015,833</b>	<b>\$9,242,052</b>

## OTHER ACTIVITIES

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

### Regional Strategic Plan

The Department of Administrative Services supported the design of the 2017-2018 plan of action approved by the MSSS and authorizing the recurrent budget of \$6.4 M destined for development of services in Nunavik. In accordance with the agreement's provisions, a rendering of accounts was performed and submitted to the MSSS.

### Capital Master Plan

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

Health and social services	\$178 M
Personnel housing	\$102 M
<b>TOTAL</b>	<b>\$280 M</b>

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

As of March 31, 2018, the capital envelope breaks down as follows:

Projects	Facilities for Health and Social Services	Staff Housing
Projects begun before the signature of the agreement: equipment procurement, assets maintenance, office space, group home (2), 19 assisted-living units and 6 housing units	\$18.3 M	\$20.4 M
70 staff housing units (2011-2012)		\$33.9 M
Construction of a DYP building in PUV	\$12.8 M	
Rehabilitation centre for girls (12-18 years) in Inukjuak	\$24.7 M	
50 housing units		\$25.7 M
Aupaluk CLSC	\$43.2 M	
42 housing units		\$22 M
Added project : Others	\$10 M	
<b>TOTAL COMMITTED</b>	<b>\$109 M</b>	<b>\$102 M</b>
<b>AVAILABLE BALANCE</b>	<b>\$69 M</b>	

*Capital envelope on March 31, 2018*

## Capital Projects

### Aupaluk CLSC

The functional and technical plan (FTP) and the clinical plan are ready. The NRBHSS published the call for tender and is waiting for results. The construction will begin in the summer 2018.

### Personnel Housing for 2017-2018

Phase III of the construction of 50 units is complete and the units have been delivered to the institutions. Phase IV of the construction of 42 units started in the summer 2017. It is the project's final phase. Of the 42 units, 10 are complete and were delivered to the institutions in four communities. All the units will be ready by June 30, 2018.



## HUMAN RESOURCES

The regional board has a total of 147 employees, of whom 24 are based externally from the head office in Kuujuaq.

Departments	Permanent full time	Temporary full time Specific project	Working South
Administrative Services			
Employees	17	2	-
Management	5	1	1
Executive Management			
Employees	11	4	7
Management	3	-	-
Human Resources Development			
Employees	5	-	2
Management	1	-	-
Inuit Values and Practices			
Employees	1	6	-
Management	1	-	-
Out-Of-Region Services			
Employees	1	-	-
Management	1	-	-
Planning and Programming			
Employees	19	8	5
Management	4	-	1
Public Health			
Employees	16	13	8
Management	4	-	-
<b>TOTAL</b>	<b>89</b>	<b>34</b>	<b>24</b>

*Positions by department and status, March 31, 2018*

# SUMMARY FINANCIAL REPORT



# TABLE OF CONTENTS

<b>Synopsis Review</b>	<b>58</b>
<b>Combined Balance Sheet</b>	<b>61</b>
<b>Combined Statement Of Variation Of Net Financial Assets (Net Debt)</b>	<b>62</b>
<b>Combined Statement Of Changes In Fund Balance</b>	<b>63</b>
<b>Combined Statement Of Revenue And Expenses</b>	<b>64</b>
<b>Operating Fund And Assigned Fund – Balance Sheet</b>	<b>66</b>
<b>Operating Fund – Statement Of Changes In Fund Balance</b>	<b>67</b>
<b>Internally Restricted Fund – Assigned Fund – Statement Of Changes In Fund Balance</b>	<b>67</b>
<b>Operating Fund – Statement Of Revenue and Expenses</b>	<b>68</b>
<b>Long-Term Assets Fund</b>	
Balance Sheet	69
Statement Of Changes In Fund Balance	70
Statement Of Revenue And Expenses	71
<b>Notes To Summary Financial Statements</b>	<b>72</b>
<b>Appendix A – Detailed Expenses – Operating Fund</b>	<b>77</b>
<b>Appendix B – Assigned Fund – Statement Of Changes In Fund Balance (Unaudited)</b>	<b>79</b>

June 12, 2018

The Chairperson and Members of the Board  
The Nunavik Regional Board of Health and Social Services  
P.O. Box 900  
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Dear Chairperson and Members of the Board:

Our audit of the financial statements of the Nunavik Regional Board of Health and Social Services for the year ended March 31, 2018 included a review of the accounting procedures and the system of internal control applied by the Management and the personnel of your organization.

Based on our observations, we would like to bring the following points to your attention as part of our continuous effort to assist the Board in improving the financial management and in fine tuning the operations. Please note that most of the following points were part of our 2016-2017 recommendation letter.

### **Insured and Non-Insured Health Benefits**

The specific agreement related to the Insured and Non-Insured Health Benefits (INIHB) was signed with MSSS on February 15, 2011. Based on this agreement, the NRBHSS has the direct responsibility for the management of the INIHB program 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. Only a transportation policy was in force as of March 31, 2018. In addition, 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.

Furthermore, the balance of the accumulated funds receivable for INIHB which amounted to \$132,705,805 as at March 31, 2018, was not confirmed by the MSSS at year end.

We strongly recommend that all matters related to INIHB continue to be addressed and clarified and that all related policies and procedures (for all elements other than patients' transportation) be elaborated, and that all policies and procedures be forwarded to the establishments, for implementation, as soon as possible. The Board should continue its discussions with MSSS to obtain the confirmations and reimbursement of the outstanding receivable from MSSS.

### **Detailed Budget for the Assigned Projects**

During the financial year 2017-2018, the approved budget (RR-446) did not include the Assigned projects.

A detailed budget by project is necessary for an efficient planning and follow-up of the funds allocated to each project.

We recommend that a detailed budget by project be prepared by the Department responsible for the management of the project, reviewed by the Finance Department, approved by the Board of Directors and included in the internal financial reports.

During 2017-2018, certain important projects, such as Inuit Health Survey (Qanuilirpitaa), were followed throughout the year, but we recommend that all projects be reviewed by the directors of each department and discussed with the Director of Finance to ensure a better financial planning and maximise the use of the funds available for each department and project.

### **Transactions with the establishments**

At year end, the Regional Board imposed a deadline of April 28<sup>th</sup> for submission of the invoices, as per the recommendation letter of 2016-2017, which was respected by the establishments. However, a few invoices had not been processed at the start of the audit and were awaiting approval from departments.

We recommend, that the significant improvement noted in 2017-2018 be continued in 2018-2019 to make sure that all invoices are approved and processed on a regular basis, throughout the year and year-end.

Furthermore, there are still balances unconfirmed as of March 31, 2018 (IHC: \$9,768,191 and UTHC: \$11,846,749), this lead to a restriction on the auditor's report concerning the confirmation of accounts receivables in the financial statements of both establishments. These invoices are mostly related to the tuberculosis, interest on credit margin and SRP.

We recommend, that the Regional Board continue to follow-up with MSSS, to confirm and receive payments for these amounts.



**Act respecting contracting by public bodies**

The Regional Board has approved purchasing policies and procedures. However, it was noted that in one case the Act respecting contracting by public bodies was not respected.

We strongly recommend that detailed procedures be implemented at all times in order to comply with all rules concerning contract awarding and tendering for services and goods.

**Appropriation of surplus**

Following the application of the new rules applied as of April 1, 2015 by MSSS, the Assigned funds no longer exist. Any amount received from MSSS now must be recognized in the revenues of the year in which it was received, unless an authorization is obtained from MSSS.

As of March 31, 2018, the total accumulated surplus (\$11,108,475) of the assigned funds were classified as internally restricted funds.

During 2018-2019, the Regional Board must obtain authorization from MSSS in order to secure the funding for the future year.

To conclude, we would also like to thank the Management and the staff members for their help and assistance throughout the conduct of the audit mandate and we assure of our availability should you require our assistance in the implementation of any of the above-mentioned recommendations. We also like to thank the Board Members for granting us their confidence and trust and we look forward to the 2018-2019 audit mandate.

Yours respectfully,

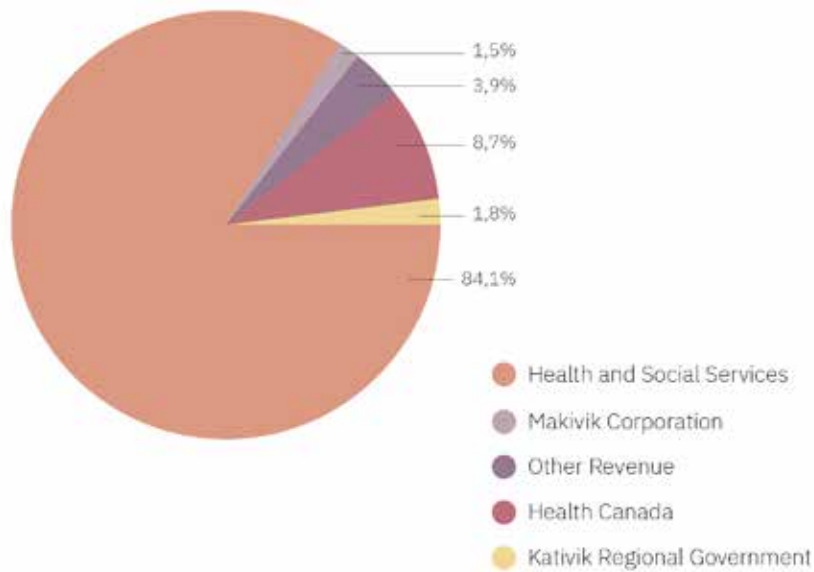
*Raymond Chabot Grant Thornton LLP*

Nathalie Ackad, CPA, CGA  
Manager

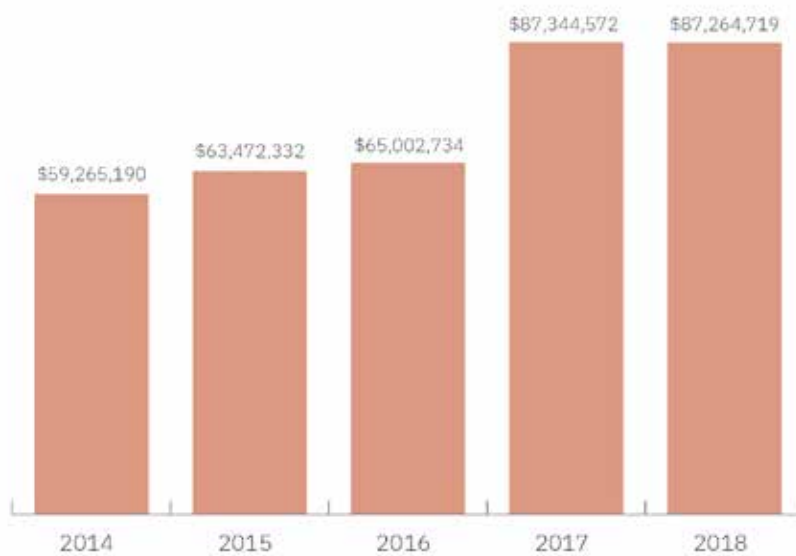
cc. Mrs. Minnie Grey, Executive Director  
Mr. Silas Watt, Director of Administrative Services

## SYNOPSIS REVIEW – MARCH 31<sup>ST</sup>, 2018

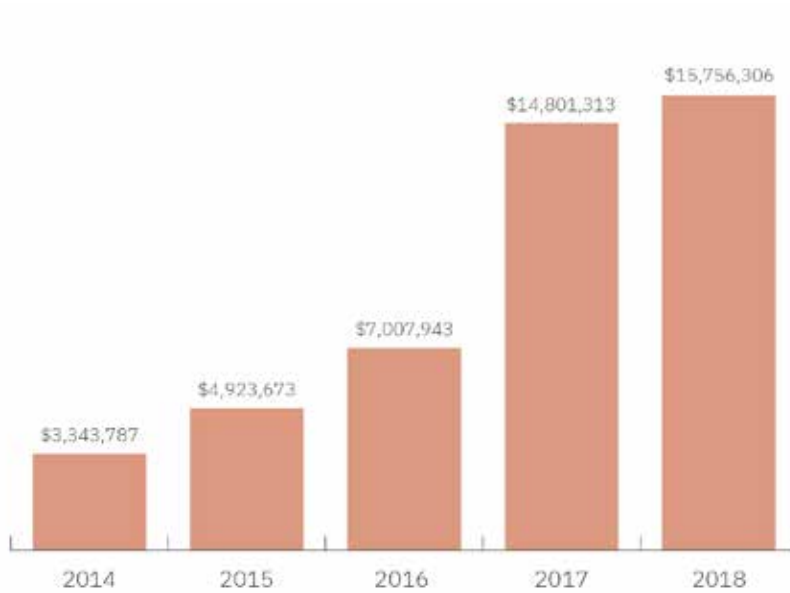
Operating and Assigned Fund – Sources of Revenue for the Year



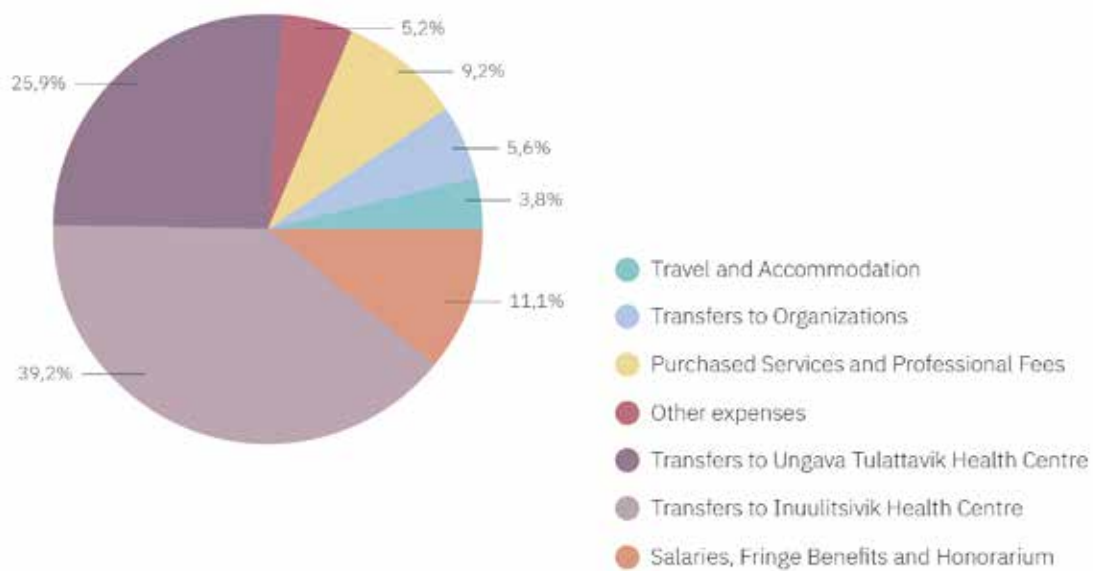
## Operating and Assigned Fund – Evolution of the Health and Social Services Grants



### Operating and Assigned Fund – Combined Fund Balance and Deferred Revenues



### Operating and Assigned Fund – Nature of Expenses for The Year





June 12, 2018

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

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Enclosed are the combined balance sheet of the Nunavik Regional Board of Health and Social Services as at March 31, 2018 and the combined statements of variation of net financial assets (net debt), changes in fund balance and revenue and expenses for the year then ended as well as the notes to summary financial statements.

These summary financial statements are extracts from information contained in the audited financial report (AS-471) of the Nunavik Regional Board of Health and Social Services for the year ended March 31, 2018 on which we have issued an independent auditor's report with a qualified opinion dated June 12, 2018 (see detailed independent auditor's report in AS-471).

*Raymond Chabot Grant Thornton LLP*

Raymond Chabot Grant Thornton LLP

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES  
COMBINED BALANCE SHEET  
MARCH 31, 2018**

	2018 \$	2017 \$
<b>FINANCIAL ASSETS</b>		
CASH	13,337,834	18,007,598
ACCOUNTS RECEIVABLE	151,221,858	113,090,495
	<b>164,559,692</b>	<b>131,098,093</b>
<b>LIABILITIES</b>		
BANK LOANS	3,686,203	5,210,982
TEMPORARY FINANCING	101,966,206	67,835,559
ACCOUNTS PAYABLE AND ACCRUED CHARGES	145,045,682	108,825,387
DEFERRED REVENUE	-	4,062,546
BONDS PAYABLE	32,628,398	49,417,155
	<b>283,326,489</b>	<b>235,351,629</b>
<b>NET FINANCIAL ASSETS (NET DEBT)</b>	<b>(118,766,797)</b>	<b>(104,253,536)</b>
<b>NON-FINANCIAL ASSETS</b>		
CAPITAL ASSETS	17,699,759	16,219,477
CONSTRUCTION IN PROGRESS	116,823,344	98,772,824
	<b>134,523,103</b>	<b>114,992,301</b>
<b>FUND BALANCE</b>		
<b>FUND BALANCE</b>	<b>15,756,306</b>	<b>10,738,765</b>

APPROVED ON BEHALF OF THE BOARD:

\_\_\_\_\_, Member

\_\_\_\_\_, Member



**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES  
COMBINED STATEMENT OF VARIATION OF  
NET FINANCIAL ASSETS (NET DEBT)  
YEAR ENDED MARCH 31, 2018**

	2018	2017
	\$	\$
<b>SURPLUS (DEFICIT) FOR THE YEAR</b>	<b>5,017,541</b>	10,738,765
Reimbursement (Recuperation) of Accumulated Surplus/Deficit by MSSS	-	1,673,532
<b>Capital Assets Variation</b>		
Acquisition of Capital Assets	<b>(2,217,486)</b>	(4,040,313)
Decrease (Increase) of Construction in Progress	<b>(18,050,520)</b>	14,855,044
Amortization of Capital Assets	<b>737,204</b>	798,115
	<b>(19,530,802)</b>	11,612,846
<b>VARIATION OF THE NET FINANCIAL ASSETS (NET DEBT)</b>	<b>(14,513,261)</b>	24,025,143
<b>NET FINANCIAL ASSETS (NET DEBT) – BEGINNING OF YEAR</b>	<b>(104,253,536)</b>	(128,278,679)
<b>NET FINANCIAL ASSETS (NET DEBT) – END OF YEAR</b>	<b>(118,766,797)</b>	(104,253,536)

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES  
COMBINED STATEMENT OF CHANGES IN FUND BALANCE  
YEAR ENDED MARCH 31, 2018**

	<b>2018</b>	2017
	<b>\$</b>	<b>\$</b>
<b>FUND BALANCE – BEGINNING OF YEAR</b>	<b>10,738,765</b>	(1,673,532)
Reimbursement (Recuperation) of Accumulated Surplus/Deficit by MSSS	-	1,673,532
Excess (Deficiency) of Revenue over Expenses	<b>5,017,541</b>	10,738,765
<b>FUND BALANCE – END OF YEAR</b>	<b>15,756,306</b>	10,738,765

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES  
COMBINED STATEMENT OF REVENUE AND EXPENSES  
YEAR ENDED MARCH 31, 2018**

	2018	2017
	\$	\$
<b>REVENUE</b>		
Health and Social Services	86,919,567	83,706,300
Health Canada	9,065,777	7,974,409
Reimbursement of Grants – Health Canada	(912,619)	(1,185,694)
Previous years Adjustment – Health Canada	895,123	-
Makivik Corporation	1,204,974	954,592
Kativik Regional Government	1,431,658	802,341
Other Contributions	686,689	646,429
Housing Rental	451,981	433,302
Administration Fees	183,559	140,651
Interest Income	71,337	10,666
Inuulitsivik Health Centre	98,328	86,295
Ungava Tulattavik Health Centre	98,328	86,295
Other	2,013,994	942,676
	<b>102,208,696</b>	<b>94,598,262</b>
<b>DEFERRED REVENUE – BEGINNING OF YEAR</b>	<b>4,062,546</b>	<b>8,681,475</b>
<b>DEFERRED REVENUE – END OF YEAR</b>	<b>-</b>	<b>(4,062,546)</b>
	<b>4,062,546</b>	<b>4,618,929</b>
	<b>106,271,242</b>	<b>99,217,191</b>

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES  
COMBINED STATEMENT OF REVENUE AND EXPENSES (CONT'D)  
YEAR ENDED MARCH 31, 2018**

	2018	2017
	\$	\$
<b>EXPENSES</b>		
Salaries and Fringe Benefits	10,614,544	9,279,366
Administration Fees	184,326	179,553
Advertising and Publicity	314,049	207,284
Amortization	737,204	798,115
Annual General Meeting	128,429	110,744
Doubtful Accounts (Recovery)	(8,821)	107,984
Equipment Rental	88,804	56,925
Issuance Fees	-	177,036
Freight Charges	63,529	54,869
Heating and Electricity	365,077	394,070
Honorarium	324,547	302,403
Housing Rental	574,596	516,522
Insurance	28,679	9,849
Installation Premium	348,471	435,529
Interest and Bank Charges	1,760,511	1,347,449
Land Leases	156,246	103,695
Maintenance and Repairs	329,945	319,647
Medical Supplies	17,409	38,390
Meetings and Seminars	25,889	15,273
Municipal Services	443,193	385,795
Office Expenses	1,138,840	1,047,695
Professional Fees	1,724,349	1,906,243
Publication and Membership	69,627	22,844
Purchased Services	7,336,717	2,752,729
Telecommunications	197,601	195,704
Training and Education	199,326	260,518
Transfers to Organizations	5,505,644	4,059,846
Transfers to Inuulitsivik Health Centre	38,936,625	34,798,972
Transfers to Ungava Tulattavik Health Centre	25,553,101	25,189,050
Travel and Accommodation	3,746,985	3,135,050
Vehicle Expenses	52,306	31,217
Other	295,953	238,060
	<b>101,253,701</b>	<b>88,478,426</b>
<b>EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES</b>	<b>5,017,541</b>	<b>10,738,765</b>

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES  
OPERATING FUND AND ASSIGNED FUND – BALANCE SHEET  
MARCH 31, 2018**

	2018	2017
	\$	\$
<b>FINANCIAL ASSETS</b>		
CASH	13,218,449	17,796,683
ACCOUNTS RECEIVABLE (Note 2 a))	145,372,679	104,782,255
DUE FROM LONG-TERM ASSETS FUND	1,303,815	128,700
	<b>159,894,943</b>	<b>122,707,638</b>
<b>LIABILITIES</b>		
ACCOUNTS PAYABLE AND ACCRUED CHARGES	144,138,637	107,906,327
DEFERRED REVENUE (Note 4)	-	4,062,546
	<b>144,138,637</b>	<b>111,968,873</b>
<b>NET FINANCIAL ASSETS (NET DEBT)</b>	<b>15,756,306</b>	<b>10,738,765</b>
FUND BALANCE – OPERATING FUND	4,647,831	1,603,949
FUND BALANCE – INTERNALLY RESTRICTED FUND – ASSIGNED FUND	11,108,475	9,134,816
	<b>15,756,306</b>	<b>10,738,765</b>



**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES  
OPERATING FUND – STATEMENT OF CHANGES IN FUND BALANCE  
YEAR ENDED MARCH 31, 2018**

	2018	2017
	\$	\$
<b>FUND BALANCE – BEGINNING OF YEAR</b>	<b>1,603,949</b>	703,566
Reimbursement (Recuperation) of Accumulated Surplus/Deficit by MSSS	-	(703,566)
Excess (Deficiency) of Revenue over Expenses	<b>3,254,745</b>	4,369,597
Transfers to Assigned Fund	<b>(210,863)</b>	(2,765,648)
<b>FUND BALANCE – END OF YEAR</b>	<b>4,647,831</b>	1,603,949

**INTERNALLY RESTRICTED FUND – ASSIGNED FUND – STATEMENT  
OF CHANGES IN FUND BALANCE  
YEAR ENDED MARCH 31, 2018**

	2018	2017
	\$	\$
<b>FUND BALANCE – BEGINNING OF YEAR (APPENDIX B)</b>	<b>9,134,816</b>	(2,377,098)
Reimbursement (Recuperation) of Accumulated Surplus/Deficit by MSSS	-	2,377,098
Excess (Deficiency) of Revenue over Expenses	<b>1,762,796</b>	6,369,168
Transfers from Operating Fund	<b>210,863</b>	2,765,648
<b>FUND BALANCE – END OF YEAR</b>	<b>11,108,475</b>	9,134,816

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES  
OPERATING FUND – STATEMENT OF REVENUE AND EXPENSES  
YEAR ENDED MARCH 31, 2018**

	2018	2017
	\$	\$
<b>REVENUE</b>		
Health and Social Services	22,266,660	20,900,739
Housing Rental	451,981	433,302
Kativik Regional Government – Sustainable Employment	515,271	-
Municipal Affairs	443,193	385,795
Administration Fees	183,559	140,651
Interest Income	71,337	10,666
Other	637,861	265,055
	<b>24,569,862</b>	<b>22,136,208</b>
<b>DEFERRED REVENUE – BEGINNING OF YEAR</b>	-	207,640
<b>DEFERRED REVENUE – END OF YEAR (Note 4)</b>	-	-
	-	207,640
	<b>24,569,862</b>	<b>22,343,848</b>
<b>EXPENSES (Appendix A)</b>		
General Administration	17,329,382	14,498,594
Community Health Advisors	2,545,758	2,156,469
Building Operating Costs	1,439,977	1,319,188
	<b>21,315,117</b>	<b>17,974,251</b>
<b>EXCESS OF REVENUE OVER EXPENSES</b>	<b>3,254,745</b>	<b>4,369,597</b>

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES  
LONG-TERM ASSETS FUND – BALANCE SHEET  
MARCH 31, 2018**

	2018	2017
	\$	\$
<b>FINANCIAL ASSETS</b>		
CASH	119,385	210,915
ACCOUNTS RECEIVABLE (Note 2 b))	5,849,179	8,308,240
	<b>5,968,564</b>	<b>8,519,155</b>
<b>LIABILITIES</b>		
BANK LOANS (Note 5)	3,686,203	5,210,982
ACCOUNTS PAYABLE AND ACCRUED CHARGES	907,045	919,060
DUE TO OPERATING FUND AND ASSIGNED FUND	1,303,815	128,700
TEMPORARY FINANCING	101,966,206	67,835,559
BONDS PAYABLE	32,628,398	49,417,155
	<b>140,491,667</b>	<b>123,511,456</b>
<b>NET FINANCIAL ASSETS (NET DEBT)</b>	<b>(134,523,103)</b>	<b>(114,992,301)</b>
<b>NON-FINANCIAL ASSETS</b>		
CAPITAL ASSETS (Note 3)	17,699,759	16,219,477
CONSTRUCTION IN PROGRESS (Note 8)	116,823,344	98,772,824
	<b>134,523,103</b>	<b>114,992,301</b>
<b>FUND BALANCE</b>		
<b>FUND BALANCE</b>	<b>-</b>	<b>-</b>

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES  
LONG-TERM ASSETS FUND  
STATEMENT OF CHANGES IN FUND BALANCE  
YEAR ENDED MARCH 31, 2018**

	2018	2017
	\$	\$
<b>FUND BALANCE – BEGINNING OF YEAR</b>	-	-
Excess (Deficiency) of Revenue over Expenses	-	-
<b>FUND BALANCE – END OF YEAR</b>	-	-

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES  
LONG-TERM ASSETS FUND  
STATEMENT OF REVENUE AND EXPENSES  
YEAR ENDED MARCH 31, 2018**

	2018	2017
	\$	\$
<b>REVENUE</b>		
Health and Social Services – Interest Reimbursement	1,680,978	1,262,647
Health and Social Services – Accounting Reform	(2,127,580)	(155,131)
Health and Social Services – Capital Reimbursement	2,864,784	1,130,282
	<b>2,418,182</b>	<b>2,237,798</b>
<b>EXPENSES</b>		
Interest Charges	1,680,978	1,262,647
Issuance Fees	-	177,036
Amortization	737,204	798,115
	<b>2,418,182</b>	<b>2,237,798</b>
<b>EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES</b>	<b>-</b>	<b>-</b>



**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES**  
**NOTES TO SUMMARY FINANCIAL STATEMENTS**  
**MARCH 31, 2018**

**1. REPORTING ENTITY**

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

**2. ACCOUNTS RECEIVABLE**

	2018	2017
	\$	\$
<b>a) Operating Fund and Assigned Fund</b>		
Health and Social Services – INIHB (Note 7)	132,705,805	95,081,083
Health and Social Services – Strategic Regional Plan (Unconfirmed)	9,472,395	3,199,882
Health and Social Services – Payroll Banks	513,973	513,973
Health and Social Services – Parental Leave and Insurance Leave	87,996	87,996
Health and Social Services – Various	256,033	3,017,164
GST/QST Rebates	738,984	364,603
Inuulitsivik Health Centre	105,525	90,224
Ungava Tulattavik Health Centre	100,387	1,899,943
Aboriginal Affairs and Northern Development Canada	155,717	28,406
Health Canada	-	40,000
Kativik Regional Government	783,821	47,695
Makivik Corporation – Ungaluk	227,302	136,508
Other	323,435	382,436
	<b>145,471,373</b>	<b>104,889,913</b>
Provision for Doubtful Accounts	<b>(98,694)</b>	<b>(107,658)</b>
	<b>145,372,679</b>	<b>104,782,255</b>

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES**  
**NOTES TO SUMMARY FINANCIAL STATEMENTS**  
**MARCH 31, 2018**

**2. ACCOUNTS RECEIVABLE (CONT'D)**

	<b>2018</b>	2017
	\$	\$
<b>b) Long-term Assets Fund</b>		
Health and Social Services – Accounting Reform	<b>2,432,566</b>	5,346,106
GST/QST Rebates	<b>353,440</b>	91,361
Advances to Establishments	<b>3,063,173</b>	2,870,773
	<b>5,849,179</b>	8,308,240

**3. CAPITAL ASSETS**

The capital assets are composed of the following:

			<b>2018</b>	2017
	Cost	Accumulated Amortization	<b>Net Book Value</b>	Net Book Value
	\$	\$	\$	\$
Buildings	23,960,970	7,205,817	<b>16,755,153</b>	15,978,826
Computers	1,503,279	1,365,906	<b>137,373</b>	20,802
Furniture and Equipment	681,745	622,685	<b>59,060</b>	82,931
Specialized Equipment	843,582	95,409	<b>748,173</b>	136,918
Vehicles	51,952	51,952	-	-
	27,041,528	9,341,769	<b>17,699,759</b>	16,219,477

**4. DEFERRED REVENUE**

The deferred revenue is composed of the following:

	<b>2018</b>	2017
	\$	\$
Health and Social Services	-	2,763,334
Education, Sports and Leisure	-	169,754
Public Health Agency of Canada	-	245,642
Makivik Corporation	-	394,837
Kativik Regional Government	-	436,093
Other	-	52,886
	-	4,062,546

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES  
NOTES TO SUMMARY FINANCIAL STATEMENTS  
MARCH 31, 2018**

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

The bank loans are used to cover capital expenses, awaiting the reception of the funds from the Fonds de financement. They are composed of five (5) revolving authorized credit margins with the Canadian Imperial Bank of Commerce, bearing interest at prime rate and maturing at different dates.

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**6. PREVIOUS YEARS' ANALYSES**

The MSSS's final analyses of the financial reports up to 2016-2017 were completed except for the INIHB and SRP programs. Any adjustments resulting from these analyses will be reflected in the 2018-2019 financial statements.

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

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	803,130
2013–2014	13,621,713
2014–2015	22,305,907
2015–2016	24,935,211
2016–2017	33,415,122
2017–2018	37,624,722
	132,705,805

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**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES**  
**NOTES TO SUMMARY FINANCIAL STATEMENTS**  
**MARCH 31, 2018**

**8. CONSTRUCTION IN PROGRESS**

		2018	2017
		\$	\$
Housing Units (54 units: 25/54 for UTHC)	2008-2009	<b>9,811,935</b>	9,811,935
Housing Units (50 units: 23 for UTHC, 23 for IHC and 4 for NRBHSS)	2009-2010	<b>18,826,752</b>	18,577,812
Housing Units (70 units: 38 for UTHC, 28 for IHC and 4 for NRBHSS)	2011-2012	<b>20,164,895</b>	19,834,363
Direction of Youth Protection (Building) – Puvirnituq	2012-2013	<b>1,432,237</b>	1,281,714
Rehabilitation Center (Building) – Inukjuak	2014-2015	<b>24,519,904</b>	23,755,009
Housing Units – Phase 3 (50 units: 23 for UTHC, 23 for IHC and 4 for NRBHSS)	2015-2016	<b>24,975,630</b>	24,609,721
CLSC (Building) – Aupaluk	2015-2016	<b>2,760,879</b>	794,868
Housing Units (42 units: 20 for UTHC, 18 for IHC and 4 for NRBHSS)	2016-2017	<b>14,331,112</b>	107,402
		<b>116,823,344</b>	98,772,824

These construction projects are temporarily financed by the Fonds de financement.

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.

**9. COMMITMENTS**

The NRBHSS has rental commitments amounting to \$2,768,020. The future minimum contractual obligations for the next five (5) years are as follows:

2018–2019	\$ 834,100
2019–2020	487,166
2020–2021	502,979
2021–2022	520,188
2022–2023	423,587
	<b>2,768,020</b>

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES  
NOTES TO SUMMARY FINANCIAL STATEMENTS  
MARCH 31, 2018**

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**10. CONTINGENCIES**

As at March 31, 2018, the NRBHSS is subject to a claim from a supplier for a construction project, for an amount of \$6,401,683, jointly with la Société québécoise des infrastructures. The NRBHSS is also subject to a claim from a supplier for another construction project, for an amount of \$1,392,545. As of the date of issuance of the present financial statements, the outcome of these claims is uncertain. Any settlement resulting from the resolution of these contingencies will be reflected in the financial statements of the financial year in which it will occur. No provision was recorded in the present financial statements.

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES**  
**APPENDIX A – DETAILED EXPENSES – OPERATING FUND**  
**YEAR ENDED MARCH 31, 2018**

	2018	2017
	\$	\$
<b>GENERAL ADMINISTRATION</b>		
Salaries and Fringe Benefits	6,662,766	5,615,237
Administration Fees	-	39,670
Advertising and Publicity	67,109	79,902
Annual General Meeting	125,155	110,744
Doubtful Accounts (Recovery)	(8,821)	107,984
Equipment Rental	60,624	39,376
Freight Charges	40,238	23,208
Honorarium	257,542	242,565
Insurance	28,679	9,849
Interest and Bank Charges	79,533	84,777
Medical Supplies	14,100	-
Meetings and Seminars	15,543	4,414
Office Expenses	757,098	710,511
Professional Fees	1,331,236	1,371,295
Publication and Membership	15,867	8,570
Purchased Services	1,709,517	1,532,560
Telecommunications	155,729	130,649
Training and Education	141,336	216,731
Transfers to Inuulitsivik Health Centre	404,725	573,658
Transfers to Ungava Tulattavik Health Centre	474,752	380,095
Transfers to Organizations	2,843,062	1,404,346
Travel and Accommodation	1,972,833	1,621,755
Vehicle Expenses	50,919	31,217
Other	129,840	159,481
	<b>17,329,382</b>	<b>14,498,594</b>
<b>COMMUNITY HEALTH ADVISORS</b>		
Salaries and Fringe Benefits	1,953,258	1,727,352
Advertising and Publicity	5,071	20,355
Equipment Rental	6,458	7,635
Freight Charges	2,902	9,655
Medical Supplies	3,063	11,386
Meetings and Seminars	5,689	-
Office Expenses	28,346	38,286
Professional Fees	3,850	3,349
Publication and Membership	4,912	429
Purchased Services	215,540	10,954
Telecommunications	7,410	32,069
Training and Education	5,629	5,691
Transfers to Inuulitsivik Health Centre	42,459	19,134
Transfers to Ungava Tulattavik Health Centre	19,241	74,548
Travel and Accommodation	241,487	181,603
Other	443	14,023
	<b>2,545,758</b>	<b>2,156,469</b>



**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES  
APPENDIX A – DETAILED EXPENSES – OPERATING FUND (CONT'D)  
YEAR ENDED MARCH 31, 2018**

	2018	2017
	\$	\$
<b>BUILDING OPERATING COSTS</b>		
Heating and Electricity	365,077	394,070
Housing Rental	226,236	115,981
Land Leases	134,550	103,695
Maintenance and Repairs	270,922	319,647
Municipal Services	443,192	385,795
	<b>1,439,977</b>	<b>1,319,188</b>

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES**  
**APPENDIX B – ASSIGNED FUND – STATEMENT OF CHANGES IN FUND BALANCE**  
**YEAR ENDED MARCH 31, 2018**  
**(Unaudited)**

	Project Number	Fund Balance, Beginning of Year \$	Deferred Revenue, Beginning of Year \$	Revenue \$	Expenses \$	Interfund Transfers \$	Fund Balance, End of Year \$
<b>ADMINISTRATION</b>							
<b>Provincial Funds</b>							
	759	29,291	-	-	-	(29,291)	-
	8860	73,212	-	-	-	-	73,212
	8062	-	190,000	-	-	-	190,000
<b>Other Funds</b>							
	8840	-	-	62,267	77,834	15,567	-
	8891-92	337,622	-	134,389	167,986	33,597	337,622
		440,125	190,000	196,656	245,820	19,873	600,834
<b>REGIONAL DEVELOPMENT OF HUMAN RESOURCES</b>							
<b>Provincial Funds</b>							
	610	144,640	-	-	-	-	144,640
	8022	91,261	-	-	-	-	91,261
	8032	100,210	-	-	-	-	100,210
	8033	112,500	-	-	-	-	112,500
<b>Federal Funds</b>							
	811	-	-	203,900	819	-	203,081
<b>Other Funds</b>							
	815	38,073	-	-	-	(38,073)	-
	8025	1,322,484	-	-	21,383	(328,151)	972,950
	8038	-	-	157,880	311,760	309,654	155,774
	8039	-	-	-	18,498	18,498	-
	8040	-	-	8,420	8,420	-	-
	8041	200,000	-	-	-	-	200,000
		2,009,168	-	370,200	360,880	(38,072)	1,980,416

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES**  
**APPENDIX B – ASSIGNED FUND – STATEMENT OF CHANGES IN FUND BALANCE (CONT'D)**  
**YEAR ENDED MARCH 31, 2018**  
**(Unaudited)**

	Project Number	Fund Balance, Beginning of Year \$	Deferred Revenue, Beginning of Year \$	Revenue \$	Expenses \$	Interfund Transfers \$	Fund Balance, End of Year \$
<b>INUIT VALUES</b>							
<b>Provincial Funds</b>							
	8016	(8,849)	-	-	-	8,849	-
	8023	(59,713)	-	-	23,704	209,713	126,296
	8029	36,868	-	-	206	-	36,662
	8049	-	150,000	-	-	(150,000)	-
<b>Federal Funds</b>							
	699	(393)	-	1,224,165	1,101,315	-	122,457
	708	-	-	25,000	-	-	25,000
	710	-	-	5,000	-	-	5,000
	819	-	-	175,228	175,228	-	-
		(32,087)	150,000	1,429,393	1,300,453	68,562	315,415
<b>OUT-OF-REGION SERVICES</b>							
<b>Provincial Funds</b>							
	938	-	-	59,361,190	59,361,190	-	-
	939	154,466	-	500,004	344,490	-	309,980
		154,466	-	59,861,194	59,705,680	-	309,980
<b>PUBLIC HEALTH</b>							
<b>Provincial Funds</b>							
	690	4,746,169	400,000	1,392,000	3,654,127	178,424	3,062,466
	926	68	-	54	-	(122)	-
	931	53,483	-	10,000	3,767	-	59,716
	933	8,217	-	-	-	(8,217)	-
	934	-	-	-	-	-	-
	936	92,449	-	-	-	150	92,599
	937	95,881	-	-	(24,605)	-	120,486
	941	-	300,000	-	-	-	300,000
	956	(75,559)	152,052	159,078	163,107	-	72,464

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES**  
**APPENDIX B – ASSIGNED FUND – STATEMENT OF CHANGES IN FUND BALANCE (CONT'D)**  
**YEAR ENDED MARCH 31, 2018**  
**(Unaudited)**

	Project Number	Fund Balance, Beginning of Year \$	Deferred Revenue, Beginning of Year \$	Revenue \$	Expenses \$	Interfund Transfers \$	Fund Balance, End of Year \$
<b>PUBLIC HEALTH (CONT'D)</b>							
<b>Provincial Funds (Cont'd)</b>							
Hepatitis C	959	6,089	-	-	-	(6,089)	-
STBI Research Project	968	(64,688)	-	-	12,053	51,117	(25,624)
Air Quality for Nunavik Residents	8017	13,410	-	-	-	(13,410)	-
PSSP Management Fees	8019	14,000	-	-	-	(14,000)	-
Environmental Health	8024	-	-	-	-	-	-
Good Touch Bad Touch	8030	27,375	212,873	495,829	404,598	-	331,479
Health Data Analysis	8060	-	104,863	106,279	315	(104,863)	105,964
Smoking Habits	8061	-	65,097	65,976	-	122	131,195
Strengthening Families	8066	-	-	76,640	39,379	-	37,261
<b>Federal Funds</b>							
NNHC Functioning	614	-	2,647	136,275	136,275	(2,647)	-
FASD	634	-	-	418,585	341,986	(46,823)	29,776
Inuit Health Survey	692	-	-	219,350	575,895	356,545	-
Diabetes	693	183,679	-	611,210	635,910	(74,207)	84,772
Perinatal Nutritional Program	696	31,039	-	307,954	399,825	2,595	(58,237)
Tuberculosis	706	-	-	46,000	24,387	-	21,613
Maternity and Child Health	707	-	-	40,000	-	-	40,000
Children's Oral Health Initiative	709	-	-	98,000	-	-	98,000
Sexually Transmitted and Blood B.I.	711	-	-	36,000	-	-	36,000
AHTF Healthy Living in School and Substance Abuse	809	4,410	-	-	-	(4,410)	-
Nutrition North Canada Communication Plan	820	-	-	665,123	338,116	(172,476)	154,531
Federal Strategy for Smoking Prevention in Nunavik	821	150	-	-	-	(150)	-
ITSS and Tuberculosis Prevention	827	-	-	198,987	13,825	21,579	206,741
	935	-	245,642	-	111,129	-	134,513

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES**  
**APPENDIX B – ASSIGNED FUND – STATEMENT OF CHANGES IN FUND BALANCE (CONT'D)**  
**YEAR ENDED MARCH 31, 2018**  
**(Unaudited)**

Project Number	Fund Balance, Beginning of Year \$	Deferred Revenue, Beginning of Year \$	Revenue \$	Expenses \$	Interfund Transfers \$	Fund Balance, End of Year \$
<b>PUBLIC HEALTH (CONT'D)</b>						
<b>Other Funds</b>						
Occupational Health and Safety	22,106	-	500,414	537,589	-	(15,069)
Kino-Québec	-	169,754	-	50,000	-	119,754
Injuries Prevention Research	2,539	-	-	-	(2,539)	-
Vaccines B – Sec. 5	(48,453)	-	-	12,470	48,453	(12,470)
Arctic Net Project	9,457	-	-	-	(9,457)	-
Inuit Health Survey	-	-	359,900	15,890	-	344,010
Dental Health for Primary School	8,529	-	-	-	(8,529)	-
Literacy Learning – "How I Quit Smoking"	43,010	-	-	-	(43,010)	-
Siphilis Outbreak	-	-	170,356	170,356	-	-
Palivizumab in Nunavik	-	-	55,000	28,992	-	26,008
	5,173,360	1,652,928	6,169,010	7,645,386	148,036	5,497,948
<b>PLANNING AND PROGRAMMING</b>						
<b>Provincial Funds</b>						
Upgrade Units Endoscopy	(923)	-	-	119,987	923	(119,987)
Network Training	21,178	-	-	-	-	21,178
Medical Congress	(2,341)	-	28,970	24,275	2,341	4,695
Family Violence	(81,177)	-	-	8,780	171,649	81,692
Medical Training – Legal Kit	97,197	-	-	12,066	-	85,131
Women's Health Program	21,400	-	-	-	(21,400)	-
Missing and Murdered Women	(3,085)	-	-	-	3,085	-
	(43,236)	-	394,201	595,365	-	(244,400)
Installation Premiums and Training	43,000	-	-	2,638	-	40,362
Palliative Care	89,527	-	-	91,547	-	(2,020)
Pharmacy	60,741	-	116,500	5,592	(171,649)	-
Regional Committees against Violence	(11,069)	-	-	-	11,069	-
Cancer	117,259	-	-	10,000	-	107,259
Services to Elders – PFT	-	-	-	-	-	-

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES**  
**APPENDIX B – ASSIGNED FUND – STATEMENT OF CHANGES IN FUND BALANCE (CONT'D)**  
**YEAR ENDED MARCH 31, 2018**  
**(Unaudited)**

Project Number	Fund Balance, Beginning of Year \$	Deferred Revenue, Beginning of Year \$	Revenue \$	Expenses \$	Interfund Transfers \$	Fund Balance, End of Year \$
<b>PLANNING AND PROGRAMMING (CONT'D)</b>						
<b>Provincial Funds (Cont'd)</b>						
965	50,000	-	-	-	-	50,000
998	(399,676)	-	1,260,752	1,692,621	88,136	(743,409)
8006	147,232	-	-	-	-	147,232
8007	111,084	-	-	508	-	110,576
8008	66,069	-	-	2,315	-	63,754
8010	143,303	-	-	2,110	-	141,193
8011	1,293	-	-	1,293	-	-
8013	-	-	-	5,203	5,203	-
8015	(70,045)	-	-	3,183	28,818	(44,410)
8020	10,365	330,536	-	30,886	-	310,015
8021	54,143	-	-	-	-	54,143
8027	108,772	-	-	-	-	108,772
8028	(10,919)	12,464	-	14,207	-	(12,662)
8042	-	40,000	-	15,473	-	24,527
8043	-	19,250	-	3,567	-	15,683
8044	-	120,000	-	46,628	-	73,372
8045	-	112,000	-	-	-	112,000
8046	-	5,878	-	65,187	-	(59,309)
8047	-	120,000	-	53,390	-	66,610
8048	-	115,000	-	32,797	-	82,203
8050	-	36,600	-	6,364	-	30,236
8051	-	95,000	-	-	-	95,000
8052	-	130,000	-	197,417	120,000	52,583
8053	-	68,000	-	39,182	(28,818)	-
8054	-	140,479	-	-	-	140,479
8055	-	56,115	-	34,174	-	21,941
8056	-	97,000	-	1,523	-	95,477
8057	-	97,000	-	27,019	-	69,981
8058	-	128,000	-	101,993	-	26,007
8059	-	78,000	-	-	-	78,000
8067	-	-	-	250,754	250,754	-



**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES**  
**APPENDIX B – ASSIGNED FUND – STATEMENT OF CHANGES IN FUND BALANCE (CONT'D)**  
**YEAR ENDED MARCH 31, 2018**  
**(Unaudited)**

Project Number	Fund Balance, Beginning of Year \$	Deferred Revenue, Beginning of Year \$	Revenue \$	Expenses \$	Interfund Transfers \$	Fund Balance, End of Year \$
<b>PLANNING AND PROGRAMMING (CONT'D)</b>						
<b>Provincial Funds (Cont'd)</b>						
9007	(8,008)	-	-	-	8,008	-
9009	73,873	-	-	24,884	-	48,989
9010	120,000	-	-	-	(120,000)	-
9012	52,922	-	-	-	-	52,922
9052	130,903	-	-	-	-	130,903
9053	74,297	-	-	-	-	74,297
9079	2,429	-	-	-	(2,429)	-
9080	10,564	-	-	-	(10,564)	-
9081	208,535	-	-	7,784	-	200,751
9083	2,339	-	-	-	(2,339)	-
9084	297	-	-	-	-	297
<b>Federal Funds</b>						
618	-	-	2,598,567	2,321,567	-	277,000
694	(11,054)	-	-	-	11,054	-
697	(17,048)	-	923,746	947,293	-	(40,595)
698	-	-	660,899	621,494	(76,349)	(36,944)
705	-	-	593,148	225,928	(250,754)	116,466
<b>Other Funds</b>						
812	-	15,002	-	-	-	15,002
813	42,022	-	-	-	(42,022)	-
825	(42,950)	-	143,375	133,622	42,951	9,754
826	-	181,964	144,029	360,200	-	(34,207)
828	-	50,239	105,629	30,185	-	125,683
963	123,802	-	-	7,022	-	116,780
8034	88,216	-	(88,216)	-	-	-
8037	-	21,091	-	-	-	21,091
8064	-	-	60,332	66,658	-	(6,326)
8065	-	-	252,267	17,502	-	234,765
9076	18,553	-	-	-	(5,203)	13,350
	1,389,784	2,069,618	7,194,199	8,262,183	12,464	2,403,882
	9,134,816	4,062,546	75,220,652	77,520,402	210,863	11,108,475



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