



© Regional Board of Health and Social Services Nunavik

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

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

### Mr. 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.

Throughout the fiscal year, information systems and reliable control measures were maintained in order to support the present declaration. Moreover, I have ensured that work was accomplished in order to provide reasonable assurance relative to the reliability of the results, specifically with regard to the agreement on strategic planning.

To my knowledge, the information presented in the annual management report (2015-2016) of the Nunavik Regional Board of Health and Social Services as well as the related controls are reliable and this information corresponds to the situation as it was on March 31, 2016.



Minnie Grey  
Executive Director



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# NUNAVIK: A VAST OCCUPIED TERRITORY

## THE REGION AND ITS PEOPLE

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

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

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

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

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

With the exception of Kuujuaq, these small communities are dispersed along the 2 500 kilometres of shoreline that border Nunavik, some on the east coast of Hudson Bay, others on the coasts of the Hudson Strait and Ungava Bay. Kuujuaq is located a little farther inland, upstream on the Koksoak River, directly at the tree line, straddling taiga and tundra. With its population of 2 300 inhabitants, it is the largest community of the region, which also makes it the administrative centre of Nunavik.

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

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

## THE NUNAVIK HEALTH AND SOCIAL SERVICES NETWORK

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

Because of its population size and sociocultural characteristics, Nunavik is a privileged place where the

curative and the preventive mix, a place where activities in promotion, prevention and protection are carried out very harmoniously and smoothly, as much in the health sector as in social services.

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

For the *ministère de la Santé et des Services sociaux (MSSS)*, Nunavik is administrative health region 17. The Nunavik Regional Board of Health and Social Services (NRBHSS) manages a budget of close to 167 million dollars, destined for health and social services for the populations of the 14 communities.

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

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

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

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

# MESSAGE FROM THE CHAIRPERSON AND THE EXECUTIVE DIRECTOR

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

 <b>OUR RATIONALE</b> <hr/> The Nunavik population's well-being	 <b>OUR MISSION</b> <hr/> Plan, organize, apply and evaluate programs to serve our population
 <b>OUR OBJECTIVE</b> <hr/> Improve our population's state of health	 <b>OUR VALUES</b> <hr/> Autonomy, respect, participation, appreciation of our human resources and collaboration with our partners

We present:

 <b>OUR VISION</b> <hr/> A healthy population in healthy communities where integrated health and social front-line services are offered to the population by Inuit in accordance with traditional values
--

The year 2015 proved to be busy, productive and challenging.

Our board of directors' appointment process was held in November and many of our long-time board members stepped down to be replaced by new members.

We want to thank the previous board members for their dedication and commitment during their years of service: Tunu Napartuk of Kuujjuaq, Moses Munick of Tasiujaq, the late Mary Angotinguak of Aupaluk, Charlie Okpik of Quaqtaq, Eva Weetaluktuk of Inukjuak, Willie Kumarluk of Umiujaq and Lydia Esperon of Kuujjuaraapik.

Our standing committees were completed, from which our board elected and appointed from among themselves the members of the Audit Committee, the Governance and Ethics Committee, and the Watchdog



and Service-Quality Committee.

By-law #13 on the Code of Ethics was also adopted.

We continued to strengthen our work with the two health centres in the areas of financial management and implementation of measures identified in our strategic plan to improve services for *Nunavimmiut*.

As you will see in this report, our different departments have worked very hard in many files. In the Department of Planning and Programming (DPP), adequate medical manpower was planned, pharmacies were upgraded, the cancerology program and plan of action were implemented with funding from the Canadian Partnership against Cancer, and the recommendations under the Inuusilirinirmi Pigutjuitinik Qimirruiq (clinical project for physical health) were adopted by the board.

In mental health, we continue to strive to offer the best services with limited resources in collaboration with the Douglas Hospital. This important preoccupation remains our top priority as we are still dealing with the very sad reality of high suicide rates. We held our very first annual suicide and healing conference in October in Puvirnituk. This conference is inspired by the “Dialogue for Life” annual event but with Inuit-specific content to help *Nunavimmiut* through more prevention, to help families and communities in dealing with loss from suicide. Many ASIST training sessions were held in the last year in various communities and schools. We encourage those who wish to arrange this training in their community to contact our office.

Programs for elders and persons lacking autonomy continue to be refined. Addictions-counsellor training was given in all the communities. Support for community organizations is also very important as new initiatives such as family houses and others are created.

We are very proud to announce that we have been working very hard to ensure regionalization of services, one of the more important being those of the Department of Youth Protection (DYP). Work has been proceeding to abolish the two Departments of Youth Protection—Hudson and Ungava—and creating one department for all of Nunavik, with the position of director to be occupied by an Inuk. We need to ensure that our services are better understood by our clients, and there is much need to inform about the *Youth Protection Act* and adapt it culturally to our region and way of life.

We have many challenges that are all equally important, but our Department of Public Health (DPH) has been very busy in dealing with major infections in our region. With the high STBI rates, the Public Health team has been very active in heightening vigilance at the two health centres in terms of monitoring cases as well as ensuring that the public receives all the necessary information to observe preventive measures and promote better sexual health.

Tuberculosis continues to preoccupy the DPH as well as the two health centres. That department’s section presents the many interventions it has performed in the communities with TB outbreaks. This situation is urgent and we have called upon Québec health authorities for their assistance in ensuring that we give the best possible services in response to this health issue.

The Good Touch/Bad Touch Program continues and is well received in the communities as it is an important tool for educating children and parents on the issue of sexual abuse.

A food-security steering committee was created to draft and adopt a regional food-security policy.

These are just a few of many ongoing files in our efforts to improve the wellbeing of all *Nunavimmiut*. Other departments such as the Department of Inuit Values and Practices (DIVP) are working hard to support communities dealing with unforeseen crises. For example, our natural helpers visit the communities at the latter’s request to provide assistance. The director of that department left in November for new challenges, and we wish her every success.

The Department of Administrative Services (DAS) has been very active in assisting the Ungava Tulattavik Health Centre in its efforts to return to fiscal balance. Although this has not been an easy task, we can say that we see light at the end of the tunnel.

The Department of Regional Human-Resources Development (DRHRD) now has a new director. This department ensures ongoing training for Inuit youth-protection and CLSC workers in collaboration with Marie-Victorin College. Psychosocial training in rehabilitation services continues. Our McGill Inuit Management Training Program is very popular and we are proud to acknowledge that another student has completed the program. A new employee in career promotion was hired and has visited five communities promoting careers in the health sector to students in Nunavik.

The Department of Out-of-Region Services (DORS) has been busy with the eventual relocation of the *MNO* to a new building being built in Dorval. The construction of the building began in December 2015; it should be complete by November 2016 and ready for occupation by December 2016.

As fiscal 2015-2016 is the last year of our Regional Strategic Plan, we requested a two-year extension that should allow us to provide a proper rendering of accounts relative to the measures we applied in our yearly action plans. We are simultaneously planning our negotiations, along with the two health centres, for a new strategic plan that will include important regional needs and priorities.

In conclusion, we would like to acknowledge the fine work of all human resources in health and social services. Their dedication in responding to all the needs of Nunavimmiut makes an important difference. We also thank all the regional organizations and partners for their support and collaboration.



Elisapi Uitangak  
Chairperson



Minnie Grey  
Executive Director

# BOARD OF DIRECTORS

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

During this last year, the board of directors of the Nunavik Regional Board of Health and Social Services (NRBHSS) appointed Jean-Etienne Bégin as the new Director of Regional Human-Resources Development, Mary Mesher as Acting Director of Inuit Values and Practices, Dr. Françoise Bouchard as Acting Director of Public Health and finally, Helen Dion as the new assistant to the executive director. The NRBHSS is proud to welcome them to the management team and wishes them success in their new functions.

The members of the NRBHSS board of directors wish to thank Gilles Boulet, assistant to the executive director, and Daniel Michaud, Director of Regional Human-Resources Development, who both retired in the fall 2015.

## Composition of the board of directors, March 31, 2016

### EXECUTIVE COMMITTEE

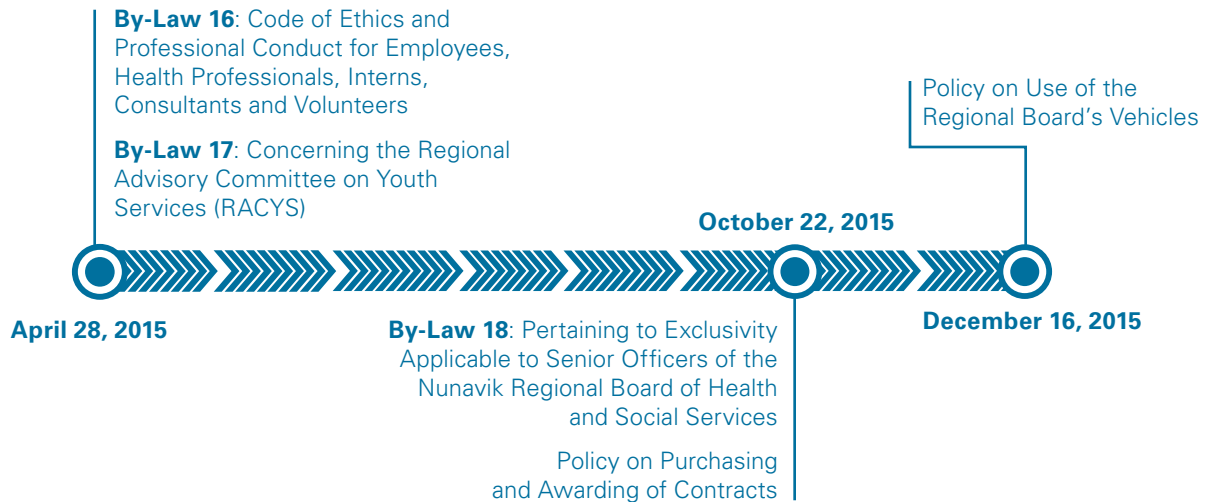
Elisapi Uitangak	Chairperson, Puvirnituaq Representative
Claude Gadbois	Vice-Chairperson, Ungava Tulattavik Health Centre (UTHC) BOD Representative
Minnie Grey	Secretary, NRBHSS Executive Director
Qumaq Manguik	Executive Committee Member, Ivujivik Representative
Shirley White-Dupuis	Executive Committee Member, Kuujuaq Representative

### DIRECTORS

Akpahatak, Nuna	Aupaluk Representative
Annanack, Kitty	Kangiqualujuaq Representative
Arngak, Alasie	Kangiqualujuaq Representative
Beaudoin, Jane	Inuulitsivik Health Centre (IHC) Executive Director
Berthe, George	UTHC Executive Director
Berthe, Mary	Tasiujaq Representative
Fleming, Cora	Kuujuaaraapik Representative
Kitishimik, Parsa	Kativik Regional Government (KRG) Representative
Ningiurivik, Sheila	Quaqtaq Representative
Niviaxie, Alex	Umiujaq Representative
Nowrakallak, Sarah	Inukjuak Representative
Padlayat, Josepi	Inuulitsivik Health Centre Representative
Oaqutuk, Jusipi	Akulivik Representative

Saviadjuk, Ida                      Salluit Representative  
 Tukkiapik Carrier, Lucy      Kangirsuk Representative

The following by-laws and policies were adopted in fiscal 2015-2016.



## Boards of directors of the Nunavik Health and Social Services network

The Nunavik population was called to exercise its right to vote on October 13, 2015, for the election of one representative per village to the boards of directors of the IHC and the UTHC. For their part, the workers of the health centres elected four persons from among their ranks at each institution.

Certain communities did not organize elections; consequently, the regional board's board of directors appointed representatives for those communities during its sessions of December 15, 2015, and January 27, 2016.

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

## Board of directors of the Regional Board

The members of the board attended five regular sessions as well as the annual general meeting, adopting 95 resolutions. The Executive Committee held seven meetings.

- ◇ Below are the results of the latest election:
- ◇ Qumaq L. Mangiuk was reappointed representative of Ivujivik on December 15, 2015.
- ◇ Ida Saviadjuk was appointed representative of Salluit on December 15, 2015, replacing Josepi Padlayat who had been representative since February 17, 2015.
- ◇ Claude Gadbois was reappointed representative of the UTHC on December 15, 2015.
- ◇ Alasie Arngak was reappointed representative of Kangiqsujuaq on April 19, 2016.

- ◇ Nuna Akpahatak was appointed on December 15, 2015, replacing Mary Angutinguak who had been representative since December 4, 2012.
- ◇ Lucy Carrier Tukkiapik was reappointed representative of Kangirsuk on December 15, 2015.
- ◇ Shirley White-Dupuis was appointed on December 15, 2015, replacing Tunu Napartuk who had been representative since December 4, 2012.
- ◇ Kitty Annanack was reappointed representative of Kangiqsualujjuaq on December 15, 2015.
- ◇ Elisapee Uitangak was reappointed representative of Puvirnitug on December 15, 2015.
- ◇ Alex Niviaxie was appointed representative of Umiujaq on February 23, 2016, replacing Willie Kumarluk who had been representative since February 20, 2007.
- ◇ Mary Berthe was appointed representative of Tasiujaq on December 15, 2015, replacing Moses Munick who had been representative since December 4, 2012.
- ◇ Cora Fleming was appointed representative of Kuujjuaraapik on December 15, 2015, replacing Lizzie Niviaxie who had been representative since January 30, 2003.
- ◇ Sheila Ningiurivik was appointed representative of Quaqtak on December 15, 2015, replacing Charlie Okpik who had been representative since December 4, 2012.
- ◇ Parsa Kitishimik was reappointed regional councillor by the KRG on December 15, 2015.
- ◇ Josepi Padlayat was appointed representative of the IHC on February 23, 2016, replacing Jusipi Qaqtuk who had been representative since December 4, 2012.
- ◇ Jusipi Qaqtuk was appointed representative of Akulivik on December 15, 2015, replacing Lucassie Alayco, Sr. who had been representative since December 4, 2012.
- ◇ Sarah Nowrakallak was appointed representative of Inukjuak on December 15, 2015, replacing Eva Weetaluktuk who had been representative since January 24, 2006.

The following completed the board:

- ◇ George Berthe, Executive Director, UTHC;
- ◇ Jane Beaudoin, Executive Director, IHC;
- ◇ Minnie Grey, Executive Director, NRBHSS. ■

# EXECUTIVE MANAGEMENT

## Prehospital services

The regional board would like to highlight the communities' contribution to the provision of prehospital services in Nunavik. They ensure the management and maintenance of the workforce, whereas our role is to support them through training programs and funding. The regional board invests much effort in the organization and coordination of training in order to ensure services of good quality for the population.

On March 31, 2016, Nunavik had 142 certified, active first responders.

As training is a key element in the prehospital-service system, it is important for it to be accessible to as many persons as possible, which ensures the quality of the interventions performed by the first responders as well as efficient on-duty services 24 hours per day, 365 days per year. Six complete, five-day training sessions were organized in different communities for new first responders. Thirty-two persons successfully completed their training. As maintaining skills is also fundamental to ensuring quality, 24 one-day refresher programs were held in all the Nunavik communities.

New this year is a two-day training program for the nurses in Kuujuaq who also work in the area of prehospital services. This training was designed with the participation of our regional medical director of emergency prehospital services and one of our instructors. We wish to thank them for their contribution in this field.

The training program, of which we are quite proud, is unique in Québec. It enables raising the current skill level of nurses working in prehospital services and is particularly appreciated by the participants. New sessions are scheduled for the coming year.

## Emergency preparedness

Over the past year, certain communities experienced incidents requiring our organization's intervention and follow-up. The events—hydrocarbon fuel spills, shortage of drinking water, telecommunications failures—required greater coordination efforts between the various municipal partners, the Kativik Regional Government (KRG) and the various provincial ministries concerned by the issues in order to ensure our population's safety. Their support and cooperation were greatly appreciated.

The regional board also participated in an air-crash simulation in the fall 2015 in Kuujuaq. The exercise enabled making necessary adjustments to our intervention plan as well as that of our partners. Moreover, the exercise was an opportunity to gain a better understanding of the role of the various local partners in order to ensure efficient intervention.

The regional board maintains close ties with all the partners, both local and regional, which greatly facilitates cohesive intervention in emergency situations. ■

# SAQIJUQ UPDATE

## Puvirnitug: First Pilot Community

Numerous meetings have been held in Puvirnitug since September 2015. These meetings were held with the municipality, organizations, justice committee, as well as individuals. Each meeting has been productive with strong support for Saqijjuq.

On February 29, a community consultation about Saqijjuq was held and attended by 35 members of the community. Many questions were asked about Saqijjuq and support was given for the project. It is important to note that much information was provided in the session and there was much interaction with the participants.

One of the next steps for Saqijjuq will be to set up a support centre in the community. The actual setup will depend on the community's needs and wants. It is important to remember that Saqijjuq will not change what is already working or what already exists but will work to consolidate assets and ensure people work collaboratively instead of in silos (which is presently the case).

A volunteer support group is now being set up. Presently there are five community members who wish to participate by providing suggestions, comments, etc. on what needs to be done. This is an important step as it shows that people do care and want to make a difference. One suggestion that has already been made and is under consideration is to have a *Parnasimautik*-type meeting in Puvirnitug.

Also, Saqijjuq has been asked to assist with the development of a homeless shelter that should open in October (tentative date). This request was made by Maina Beaulne, coordinator of prevention and program promotion.

The Pigiatsiaq program, which is funded through Ungaluk, will also work in collaboration with Saqijjuq, as the two share common goals.

The collaboration team has made recommendations based on the mapping and evaluation carried out in Puvirnitug. These recommendations show that there is still much work to be done in Puvirnitug.

## Working Groups

There are presently three working groups that have become more active over the last few months, holding meetings and updating information provided to the Saqijjuq coordination committee.

Each working group has various actions, objectives and activities that are described in the Saqijjuq action plan. As of April 29, the majority of items have started (of 29 activities, 6 are still being planned, 15 have started, 5 are at least 50% completed and 3 have been completed).

It was decided that an ad hoc committee would be formed to find solutions to specific problems. Members will meet as needed, by telephone or in person. One example of issues for discussion is a detainee's need to attend a funeral: who will be responsible for organizing travel and paying for transportation and other expenses. Members will include representatives of Saqijjuq, Makivik and the NRBHSS.

## 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, the KRG, Makivik, a representative of the *ministère de la Sécurité publique (MSP)* and a representative of the *ministère de la Justice (MJ)*, met twice in 2016. The first time was in Inukjuak, where a presentation was made on Saqijjuq, the working groups and the budget.

At this meeting, the question was raised as to what the ministries are willing to do to assist with the financing of Saqijjuq. The MSSS representative asked about a document that could show potential savings to the MSSS as well as other organizations. This document was presented to the Board of Governance on May 3.

## Financing

There are many projects to be funded under Saqijjuq, including: a new treatment centre; setup of support centres in Puvirnituq and Kangirsuk; numerous types of training (including cultural awareness and addictions) for counsellors, members of centres, Saqijjuq and justice committees; improvements to services such as increased number of interveners, revision of treatment services in the South and setup of alternative types of treatment such as a mobile treatment centre.

The Saqijjuq coordination team is funded solely by Ungaluk, but administration of the funds is covered by the NRBHSS. At some point in the near future, an organization needs to assume ownership of Saqijjuq. The Regional Partnership Committee has practical responsibility, but as it is not a recognized entity, the NRBHSS has official responsibility. Projects that fall under Saqijjuq could be partially funded by Ungaluk, but responsibility for Saqijjuq needs to be settled. Ungaluk will not continue to fund the coordination team indefinitely.

Saqijjuq has made two applications for additional funding:

- ◇ Law Foundation of Ontario: We are now in the second stage of our application. We should have an update in June. This will be to cover the costs of evaluation and so forth and is more specific to the judicial aspect (\$70,000).
- ◇ Public Safety Canada, Québec and Nunavut Regions, Government of Canada: The funding requested will be for the setup of the support group in Puvirnituq. This will be for three years. We should learn whether the application is accepted and recommended for development early in June (\$274,393).



## Recommendations for Next Steps and Further Activities for Collaborative Research

April 2015

Mylène Jaccoud, Médiation sans frontière

The analysis of the implementation of Saqijjuq and the resource mapping carried out by the collaborative research team starting September 2015 for the community of Puvirnituuq led to five main statements:

1. The implementation of the Saqijjuq action plan requires **strong leadership and involvement** in each pilot community. This leadership is not yet really noticeable;
2. Saqijjuq is based on a **strong partnership** between the different resources and organizations of the community. This partnership has to be consolidated in Puvirnituuq;
3. Consensus emerges from the workers involved in Puvirnituuq community services on **priority to be put on young people**. Some people notice that preferred solutions to help and heal persons, whatever their age, are often based on traditional activities, which do not reach most of the young generation anymore. These people ask for solutions more adapted to the reality of the youth. Yet, there is a lack of understanding on needs and aspirations of young people;
4. **Financial support** for Saqijjuq is required to ensure implementation of specific actions;
5. **Housing** remains a huge problem with many consequences: on community social problems, on the capacity of organizations to stabilize and reinforce their staff; this problem has an impact on development of resources but also on access to resources for the population of Puvirnituuq. Even if Saqijjuq cannot resolve this lack of housing, it should be noted that it has an impact on the attempts of Saqijjuq to improve the situation in the first pilot community.

From these five statements, we suggest the six following actions over the coming months:

### First statement

1. Work on building community leadership and encouraging community involvement in different activities linked to Saqijjuq, prior to the implementation a support centre.

### Second statement

2. Complete mapping in the two pilot communities.
3. Create a directory of Puvirnituuq community resources and make it accessible for organizations and the population.

### Third statement

4. Consult the population, especially young people, on needs and aspirations of the young generation.

### Fourth statement

5. Obtain financial support to ensure the sustainability of the project.

### Fifth statement

6. Make representations to organizations concerned in order to support and encourage housing in Puvirnituuq.

Actions	Suggested activities	Objectives and potential spinoffs
<b>Build community leadership</b>	<p>a) Organize and facilitate a gathering all the organizations and services in Puvirnitug;</p> <p>b) define actions according to activity results of point a (e.g., start the support centre);</p> <p>c) organize workshops for Inuit on community organization and leadership (according to results of point a).</p>	<ul style="list-style-type: none"> <li>◇ Appropriate, understand and adapt Saqjuq to the reality of Puvirnitug;</li> <li>◇ share information on the functioning of all services and organizations;</li> <li>◇ identify needs of the community (and validate relevancy of a support centre);</li> <li>◇ reinforce partnership and draw up an intervention chart for the service network;</li> <li>◇ implement a local coordination table;</li> <li>◇ consolidate community services;</li> <li>◇ reinforce Inuit empowerment;</li> <li>◇ consolidate community services.</li> </ul>
<b>Complete mapping of pilot communities</b>	<p>a) Complete mapping of Puvirnitug (focus on justice, security sector and health/youth protection) with identification of service trajectories;</p> <p>b) start mapping of Kangirsuk.</p>	<ul style="list-style-type: none"> <li>◇ Obtain a complete profile of the resources and service trajectories;</li> <li>◇ identify gaps to fill.</li> </ul>
<b>Create and update a directory of Puvirnitug community resources</b>	<p>a) Identify administrators of the directory (form and content);</p> <p>b) produce the directory in collaboration with key local actors;</p> <p>c) distribute the directory;</p> <p>d) maintain updates.</p>	<ul style="list-style-type: none"> <li>◇ Increase knowledge of and access to the resource network of Puvirnitug;</li> <li>◇ use the directory as a reference tool for the clientele.</li> </ul>
<b>Consult young people</b>	<p>a) Synthesize information from other consultations;</p> <p>b) update this information through a forum for young people (consult local people to identify the best way to reach and involve the younger generation in this consultation).</p>	<ul style="list-style-type: none"> <li>◇ Identify the needs and aspirations of young people;</li> <li>◇ communicate results of this consultation to key actors of the community;</li> <li>◇ elaborate actions according to this consultation.</li> </ul>

Actions	Suggested activities	Objectives and potential spinoffs
<b>Obtain financial support</b>	<ul style="list-style-type: none"> <li>a) Identify actions and positions that require financial support;</li> <li>b) list potential donors;</li> <li>c) complete the communication plan for financial donors (and adapt the plan according to the sources of financial support);</li> <li>d) submit full application to the Law Foundation of Ontario.</li> </ul>	<ul style="list-style-type: none"> <li>◇ Ensure the sustainability of the project for 2017.</li> </ul>
<b>Make representations on housing</b>	<ul style="list-style-type: none"> <li>a) Communicate results of the mapping to key actors;</li> <li>b) recommend additional housing in Puvirnituk.</li> </ul>	<ul style="list-style-type: none"> <li>◇ Improve Saqijjuq actions.</li> </ul>

## DEPARTMENT OF PLANNING AND PROGRAMMING

### Medical Affairs and Physical Health

#### Hiring

In 2015, the Nunavik region welcomed five new physicians: three at the Inuulitsivik Health Centre (IHC) and two at the Ungava Tulattavik Health Centre (UTHC). These physicians occupy a position in the region and perform 55% or more of their activities on the territory.

One physician of the IHC left the region in 2015.

For 2016 (from December 1, 2015, to November 30, 2016), the region will take on five new physicians: three at the IHC and two at the UTHC. One of them began practising at the IHC on March 20, 2016.

Thus, as of March 31, 2016, 35 general practitioners held a position in the region (with the exception of those who assume functions exclusively in public health).

During the year, the two health centres hired a part-time acting director of Professional Services.

In relation to non-negotiated incentives funded by the *Fonds de médecins en région (FMR)*, the region took in five family-medicine interns (three at the IHC and two at the UTHC). Moreover, through the program for decentralized medical training, several externs, first- and second-year family-medicine residents, and first- to fifth-year residents in specialties performed internships at the region's health centres.

For the second year, the region participated in the training program for First Nations and Inuit physicians of Québec, an initiative of the Québec faculties of medicine, and thus took in four interns (two at the IHC, one at the UTHC and one at the NRBHSS).

#### Pharmacy

The setup of measures retained under the regional plan of action for pharmacies designed by the regional board jointly with the region's health centres continued over the past year. Below are some examples of the actions undertaken:

- ◇ upgrade to the pharmacy-information system for the outpatient clientele of the UTHC and acquisition of such a system at the IHC;
- ◇ service supply for outpatients of the Puvirnituk CLSC;
- ◇ application of an agreement with a private pharmacy for the preparation of medication (dispensers or phials) for the UTHC.

This project should end in 2016-2017.

#### Cancerology and Palliative Care

The regional board adopted its cancerology program and plan of action, which outlines the objectives pursued until 2020. Implementation of the project for care and services of good quality and culturally adapted for Inuit and Cree cancer patients continued, jointly with the Cree Board of Health and Social Services of James Bay and the Nunavik health centres. This project is financially supported by the

Canadian Partnership against Cancer (CPAC) until the end of fiscal 2016-2017.

The regional board also supported the health centres in responding to the requirements under the *Act respecting end-of-life care*. Work continues toward increasing the regional service supply relative to palliative care.

### **Clinical Project Ilusiliriniqmi Pigutjiutini Qimirruniq (IPQ) for Physical Health**

In 2014, the Department of Planning and Programming undertook a project to review, with its partners, the service supply and organization in relation to physical health throughout the territory. That mobilizing project aims at a better response to the population's needs. Resolution 2015-28 concerning the process for the IPQ for physical health was ratified in April 2015. Since then, the efforts and the setup of continuum committees for dental and specialized services have begun. Various partners were contacted and invited to participate in the steps of the process described in the reference framework for the IPQ for physical health. Recall that those committees' objective is to establish a common vision of the required services, a realistic service supply and organization methods adapted to the various clientele and to formulate recommendations for the board of directors. Deployment of other continuum committees will continue in 2016-2017.

## **Adult and Community Programs**

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

#### Puttautiit, First Regional Conference on Suicide Prevention

As one of the recommendations under the process for the Ilusiliriniqmi Pigutjiutini Qimirruniq, the regional board participated in the organization of the first regional conference on suicide prevention and on healing in Nunavik, which was held in Puvirnituaq from October 5 to 10.

Inspired by the "Dialogue for Life" conference in Montréal, Puttautiit aims to raise the population's awareness on suicide and provide front-line workers and community members an opportunity to receive support and training.

The event brought together *Nunavimmiut* from the four corners of Nunavik. A total of more than 150 persons (participants, speakers, translators, members of support teams, organizers and so forth) assembled in Puvirnituaq for this first annual edition.

The five-day conference enabled the participants to attend the Applied Suicide Intervention Skills Training (ASIST) as well as workshops on the history of colonization and on healing and grieving. The last day, open to all, was devoted to a networking activity in order to share information on the programs and services available in Nunavik. The day ended with an experimental workshop aimed at understanding the extreme changes faced by *Nunavimmiut* and exploring how bridges could be built to create a stronger community for the benefit of all its members.

During the week, several leisure and cultural activities were offered to the participants and community members by the Puttautiit conference's local committee and the municipality of Puvirnituaq. A *qarmaq* was built by community members for the conference, which served as gathering place for sharing experiences and advice.

The Puttautiit conference will be an annual event in Nunavik, held in a different community each year.

## Persons Lacking Autonomy, Elders and Rehabilitation

### Elders

- ◇ Held first meeting of Regional Steering Committee on support for caregivers of Nunavik on January 20-21, 2015
- ◇ Formed Nunavik Respite Working Committee consisting of network partners and caregivers and collaboratively established a framework for respite program for Nunavik caregivers
- ◇ Took part in a local “Elder-friendly municipalities” (MADA) cross-sector meeting on September 8 and a regional MADA meeting on September 9-10, 2015
- ◇ Launched sixth regional campaign for International Elders’ Day (October 1) thanks to funds from Nunavik Elders’ Association
- ◇ Held second meeting of Regional Steering Committee on support for caregivers for Nunavik elders on March 3, 2016
- ◇ Collaborated with KRG on the first Nunavik policy on elders
- ◇ Collaborated with KRG, Avataq and Makivik on evaluating projects for elders (MADA)

### Persons Lacking Autonomy (PLA) and Rehabilitation

- ◇ Held a regional meeting with PLA coordinators in June 2015 in Puvirnituq
- ◇ Collaborated with network partners on updating service supply (PLA, elders and rehabilitation)
- ◇ Worked with the network partners on completing the first phase of the project for an intensive physical-rehabilitation unit; telerehabilitation equipment was ordered for both health centres
- ◇ Supported both health centres in offering training for PLA staff (PDSB (principles of moving clients safely) and OEMC (multi-clientele assessment tool))
- ◇ Continued collaboration with both health centres and regional organizations (KRG, Makivik, KSB) on improving services for deaf adults in Nunavik

### Addictions

- ◇ Recruitment of a new officer responsible for the addictions program
- ◇ Delivery of the addictions training program (details of training so far in following table).

**Nunavik Addiction Training per year and origin of trainees**

	Total	2012-2013	2013-2014	2014-2015	2015-2016
Kangiqsualujuaq	16		1		15
Kuujuaq	52		26	2	24
Tasiujaq	8		1	7	
Aupaluk	0				
Kangirsuk	8			8	
Quaqtaq	2		2		
Kangiqsujuaq	19		1	3	15
<b>Total UNGAVA</b>	<b>105</b>	<b>0</b>	<b>31</b>	<b>20</b>	<b>54</b>
Salluit	20			16	4

	Total	2012-2013	2013-2014	2014-2015	2015-2016
Ivujivik	10			2	8
Akulivik	3		2		1
Puvirnituq	15	1	12		2
Inukjuak	33	9	2	14	8
Umiujaq	1				1
Kuujuarapik	2				2
<b>Total HUDSON</b>	<b>84</b>	<b>10</b>	<b>16</b>	<b>32</b>	<b>26</b>
<b>Total NUNAVIK</b>	<b>189</b>	<b>10</b>	<b>47</b>	<b>52</b>	<b>80</b>

### Community Organizations

- ◇ Opening of the Qarmaapik family house in Kangiqsualujjuaq
- ◇ Support for the Ayagutaq Elders' Home Committee for hiring a project leader to assume responsibility for construction start-up
- ◇ Support for regular operations of community

Community Organizations Funding for 2015-2016





## Children – Youths – Families (CYF)

The CYF team is responsible for overseeing activities related to the provision of services for children, youths and families in the region. The team's main task is to oversee the implantation of the *MSSS* service supply for youths in difficulty (2007-2015). The team works closely with regional partners of both health centres as well as community organizations in order to continue to develop an efficient and effective continuum of services for youths between the ages of 0 and 18 years and their families. The CYF team strives to support the development of services that are culturally relevant and which meet the needs of the region.

### Regional Protocol on the Cross-Sector Agreement

The cross-sector agreement aims to guarantee the best possible protection and provide the necessary assistance to children who are victims of sexual abuse, physical abuse or severe neglect posing a risk to their physical health. A regional committee has been re-launched in order to oversee the work of developing a cross-sector protocol specific to Nunavik, which involves the coordination of services between the director of Youth Protection, the Kativik Regional Police Force and the Crown prosecutor. A regional protocol has thus been developed by a working committee and presented to the regional committee for its approval. A process to circulate this protocol is currently being planned for the upcoming spring. The regional committee on the cross-sector agreement will continue to meet twice annually to oversee the application of the regional protocol and the coordination of this agreement across Nunavik.

### Regional Director of Youth Protection

In an effort to regionalize youth-protection services across Nunavik, a process of recruitment is under way in order to proceed with the hiring of a Nunavik director of Youth Protection who will be under the authority of the executive director of each health centre. Their mandate will be to oversee the provision of services to children, youths and families in accordance with the *Youth Protection Act*, the *Youth Criminal Justice Act* and laws regarding adoption. Among their many other responsibilities, the Nunavik director of Youth Protection will be responsible for advocating for children's rights, informing communities of developments related to youth services and seeking to empower communities to take actions towards improving conditions for child development and security. Interviews have been conducted and the director will be appointed in the near future. ■

## DEPARTMENT OF PUBLIC HEALTH

Activities in public health are divided among various programs:

- ◇ programs for **protection**: infectious diseases, environmental health and occupational health;
- ◇ programs for the **promotion** of the population's health;
- ◇ programs for the **prevention** of diseases, psychosocial problems and trauma;
- ◇ ongoing **surveillance** of the population's state of health and vigilance.

The present report was drafted based on the above divisions.

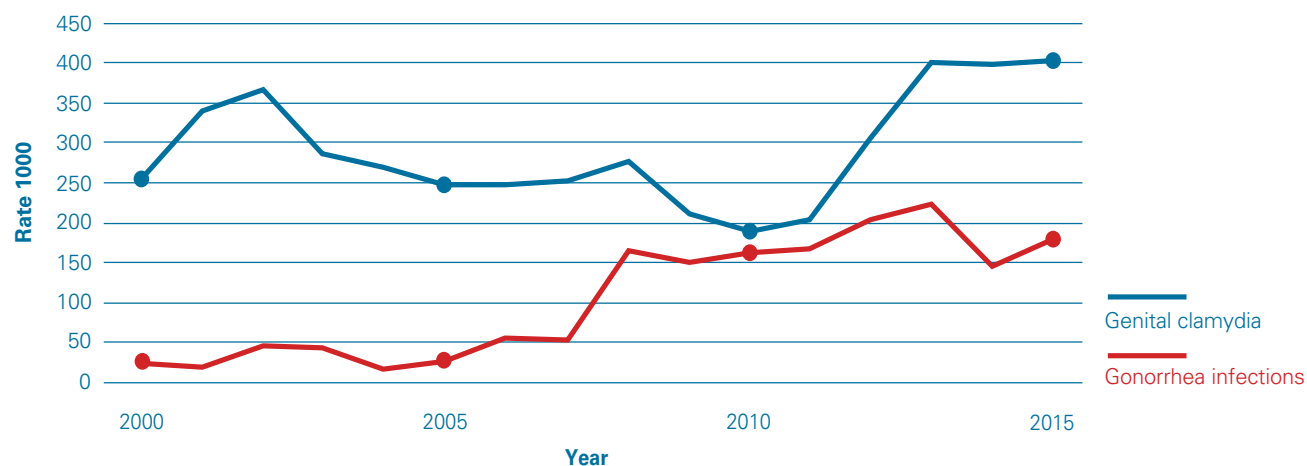
### Protection of Public Health: Infectious Diseases, Environmental Health and Occupational Health

#### Infectious Diseases

##### STBIs

The rate of infection with *Chlamydia trachomatis* remained stable in the region in 2015. On the other hand, the drop in the rate of gonococcal infection observed in 2014 did not continue, going from 147 to 180 per 10 000 inhabitants. However, that rate remains below that of 2013, which was 225 per 10 000.

**Table 1: Rate of incidence of genital chlamydia and gonococcal infections in Nunavik, 2000-2015**



Sources: Nunavik Department of Public Health, April 2016 / MSSS, *Estimations et projections démographiques* (1981-1995: April 2012 version, 1996-2036 / LSPQ, Provincial MADO files / Public-health infocentre at the *Institut national de santé publique du Québec*, report from April 7, 2016.

The update to the aides and guides to practice destined for clinicians is complete. They are used in all Nunavik clinics. New projects are under way to enhance the service supply for the population, particularly for rapid screening, screening outside the CLSCs and new services for reaching individuals with an STBI and their sexual partners more quickly.

Unfortunately, the sexual-health education program is not yet being offered in all the Nunavik schools.

For that purpose, we need to solicit the support of our partners, notably the Kativik School Board and the schools, more actively. The involvement of local leaders would be an advantage in ensuring progress in this important area.

The communication strategy is presently under development. Its objective is to reach out to youths in order to modify their attitudes toward screening. Screening in conjunction with treatment for infected individuals should lead to reductions in the rates of infection presently endemic in Nunavik. Phases 1 and 2 of the communication strategy are complete: the campaign should be launched at the end of 2016.

The objectives in sexual health for 2016 are as follows:

- ◇ enhance the service supply in screening;
- ◇ improve communications with individuals with an STBI;
- ◇ increase the number of schools offering the sexual-health program;
- ◇ apply the communication strategy.

### Tuberculosis

The spread of tuberculosis was a major issue in 2015 in Nunavik, with 43 cases identified for an incidence of 327.89/100 000 person-years compared to 31 cases in 2014 (236.05/100 000 person-years). In Québec in 2014, the incidence was 2.94/100 000 person-years.

#### **Tuberculosis in Salluit**

A vast screening operation began in the fall 2015 in Salluit, in response to a rise in cases of active tuberculosis, especially during the summer and fall. Roughly 350 individuals were thus tested in the context of the epidemiological survey launched after the discovery of a case of contagious tuberculosis. The operation targeted the rest of the population and ended in 2016. All those who had not yet been the object of the intervention were offered a TST or a pulmonary X-ray and medical evaluation depending on their history of tuberculosis infection.

As of December 31, 2015:

- ◇ 793 individuals were tested;
- ◇ 38 had had active tuberculosis before 2015;
- ◇ 481 had already been subjected to a TST;
- ◇ 211 (of the 481 subjected to a TST) had a test result equal to or greater than 5 mm, which indicated that they had already had a latent tuberculosis infection (LTI);
- ◇ 147 (69.7%) had already undergone preventive treatment, more than 80% of which had been completed;
- ◇ 575 underwent a new TST on the occasion of this screening operation;
- ◇ 62 of them had a test result equal to or greater than 5 mm;
- ◇ three cases of active tuberculosis were identified at this stage of the screening operation.

#### **System for Managing Outbreaks**

The efforts at establishing a digital system for managing tuberculosis outbreaks and monitoring cases and contacts in Nunavik continued in 2015. As none of the tools responded to the needs of the Nunavik Department of Public Health (DPH), work was carried out with the support of informatics resources of the *Institut national de santé publique du Québec (INSPQ)* to develop an application that should be

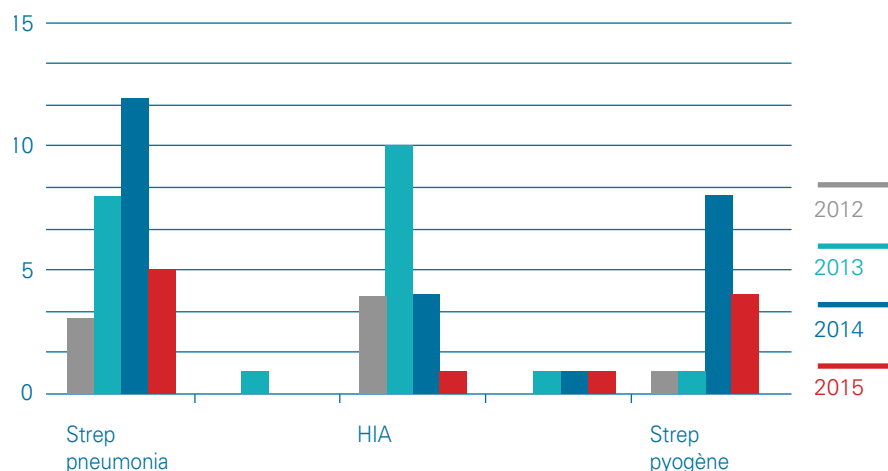
implemented during 2016.

### Other MADOs

In 2015, four confirmed cases of foodborne botulism (type E), including one death, were reported in Nunavik. Those cases occurred during two distinct episodes: one isolated case and an aggregate of three cases. Fermented seal and beluga products were confirmed by a laboratory as the sources of these cases of botulinum poisoning. The last death due to botulism in Nunavik was reported in 1987.

The monitoring of invasive bacterial diseases revealed that fewer cases were reported in 2015 (*Streptococcus pneumoniae* (five), *Haemophilus influenzae type A* (four), other type (one), *Pyogenic streptococcus* (four)).

**Table 2: Number of cases of invasive bacterial diseases in Nunavik, 2012 to 2015**



Source: Compilation of data from circumpolar reports, 2012 to 2015

### Immunization

Last December, the provincial vaccination registry was deployed in Nunavik. This registry contains the vaccination history of users in the entire province whose information has been digitally captured (e.g., *I-CLSC*). For Nunavik, these data are incomplete, as not all the vaccines have been entered into a digital record. Since the deployment, all vaccinators are required to enter the vaccines administered. The registry enables vaccinators to check, among other things, a user's vaccination history before administering a vaccine. It also permits establishing a profile of immunization coverage.

At the request of the Nunavik DPH, the group of experts from the *Comité d'immunisation du Québec (CIQ)* [Québec immunization committee] revised the protocol for the BCG vaccine as applicable in Nunavik. The *CIQ* recommends reintroduction of that vaccine for all the communities where the annual tuberculosis-infection rate is higher than 1%. The target groups are newborns and children under the age of two years. Four villages respond to the criteria: Inukjuak, Kangiqsualujjuaq, Salluit and Umiujaq. The vaccine has been offered in Kangiqsualujjuaq since October 2012 and in Salluit since August 2015 due to the outbreaks in those villages. Reintroduction of the vaccine for the other two communities is planned for 2016.

### **Environmental Health**

Again this year, the environmental-health team was involved in the issue of mine exploration and exploitation in Nunavik. It coordinated the multidisciplinary team tasked with formulating

recommendations relative to health and social services issues for the preparation of the order for the project of the rare-earth mine in Strange Lake, Nunavik. Those recommendations, submitted to the Kativik Environmental Quality Commission (KEQC) in July 2015, outline the NRBHSS' preoccupations notably regarding effects on the population's physical and psychosocial health, consequences on the practices of hunting, fishing and gathering, and impacts on the organization of health services. The work was preceded by a day of training in Kuujuaq with the goal of better preparing health professionals concerned with potential issues in health and social services or planning of health services related to the impacts of mining projects. A similar training program was provided in December 2015 for representatives of the Nunavik municipalities and landholding corporations in order to provide them with a glimpse of the mining issues related to the population's health, with consideration, notably, for the various types of mines, the phases of their life cycle and their location on the territory.

During the year, efforts also focussed on the development of a procedure for managing the reporting of reportable diseases of a chemical origin (chemical *MADOs*) as well as following up cases reported to the Nunavik DPH. In 2015, 76 reports were registered, most involving cases that exceeded the threshold for exposure to mercury.

The environmental-health team also intervened in response to several reports and requests for information of varying nature:

- ◇ hydrocarbon-fuel spills;
- ◇ mould;
- ◇ bed bugs;
- ◇ etc.

Moreover, in the aftermath of the incident at the Kangiqsualujjuaq arena in April 2015, a plan of action was designed in view of documenting arena problems in all the Nunavik communities as well as informing and raising awareness among the managers on the importance of monitoring the quality of indoor air at those establishments. Recall that more than 140 individuals were overcome by a toxic gas during the regional bantam hockey tournament at the Kangiqsualujjuaq arena, the probable cause being nitrogen dioxide emitted by a resurfacer (Zamboni).

In the spring 2015, a campaign was launched among the municipalities concerning the importance of protecting the health of bathers and guaranteeing the quality of swimming-pool water.

The environmental-health team worked jointly with the Kativik Regional Government on the monitoring of the quality of drinking water in the Nunavik communities. It notably ensured that the actions necessary to protecting public health were taken whenever the situation dictated.

## Occupational Health

- ◇ For a Safe Maternity Experience
  - Over the past three years, we processed an average of 151 applications for reassignment per year. In 2015, 165 applications originating from 74 different establishments were processed by our medical advisor. As in previous years, the applications mostly came from early-childhood centres, schools, the health sector and businesses. Our medical advisor's recommendations are translated into English at the request of the attending physician or the pregnant woman.
- ◇ Mining Sector
  - The occupational-health team works with the two Nunavik mining enterprises on an average of four times per year for the nurse and two times per year for the physician responsible

for the health program specific to mines, in addition to teleconferences. There are some 1 500 workers at the two mining sites, including subcontractors. The team works at reduction of contaminants (noise, fumes, silica dust, lead, biological contaminants, mould and so forth) at the source, as well as on ergonomic and physical issues. Moreover, it inspects installations and is available for consultation for the purpose of creating environments conducive to the workers' physical and psychological health, whether underground or on the surface, as well as installations for on-site lodging (sewage treatment, drinking water, food services, etc.). It also covers emergency first-response services and first aid with the establishments' health and safety committees and follows up response to recommendations during its visits.

#### ◇ Public-Administration Sector

- Our department has a nurse, permanently based in Kuujuaq, who visits the 14 municipalities during the year. Those visits cover the municipal installations (garages, drinking-water plants, arenas, fire stations, pools, sewage) as well as the carpentry workshops and police stations. The nurse is supported by a medical advisor and an industrial hygienist. The team ensures that worker health is not compromised and also provides information, training on biohazards, noise and fumes, and other services as needed. It also conducts investigations in cases of hazards to worker health.

#### ◇ Requests for Services

- During the year, we responded to requests for services from the CSST, the Department of Public Health and various workplaces concerning worker health and safety.

### Health Promotion and Prevention of Diseases, Psychosocial Problems and Trauma

Several intervention strategies are applied in prevention and health promotion covering various components, such as, for example, nutrition, food security, physically active lifestyles, prevention of smoking and prevention of diabetes. These strategies aim to reinforce community action, develop personal skills and create environments conducive to health. For that purpose, actions go through community support in the form of funding, initiative planning and start-up, training, creation of educational aides and so forth.

A large part of the team's resources supports projects led and conceived by and for the communities,<sup>1</sup> projects that continue over a period of years. Below are but a few examples:

- ◇ Blue Nose Marathon;
- ◇ volleyball in Salluit (grade 8);
- ◇ community kitchens;
- ◇ meetings with diabetic individuals;
- ◇ nutrition-education activities;
- ◇ projects involving food aid and autonomy;
- ◇ Jeunes Karibus.

The communities' and various players' involvement and succession in terms of maintaining activities are key elements.

## **Ilagiilluta Program<sup>2</sup>**

### Regional Coordination Committee for Ilagiilluta/Nuisuurq/Qiturngavut

The regional coordination committee for Ilagiilluta/Nuisuurq and Qiturngavut voted to name this program Ilagiilluta, to acknowledge the incredible work done by the Ilagitsuta team in Puvirnituk. Two meetings were

1. Community-based and community-led projects

2. Integrated Services in Perinatality and Early Childhood Program (ISPEC)/Services intégrés en périnatalité et petite enfance (SIPPE)

held, one in June and one in December. The redaction of an Ilagiilluta framework, the development of an Inuit-specific development tool and the deployment of the neglect program were discussed.

### FASD Prevention and Awareness Raising

In 2015-2016, the stakeholders worked at the deployment of the FASD prevention and awareness raising throughout Nunavik; activities are ongoing in Kuujuaq and Puvirnituk. The NRBHSS supported two training programs, one on each coast, to train front-line workers in FASD prevention in their communities. CLWWs, midwives and other front-line workers have been trained. They will receive further support for the deployment of prevention activities in their communities.

### Healthy Schools

Fifteen of the region's seventeen schools applied for funding under the Healthy Schools program, covering a wide variety of topics, including:

- ◇ nutrition,
- ◇ prevention of diabetes,
- ◇ healthy relationships,
- ◇ oral health,
- ◇ prevention of infections,
- ◇ physically active lifestyles,
- ◇ mental health,
- ◇ prevention of violence,
- ◇ prevention of alcohol and drug use,
- ◇ smoking reduction,
- ◇ stress management,
- ◇ sexual health,
- ◇ safety.

Nutrition, physically active lifestyles, mental health and stress management were the most popular topics.

Further, a new resource was hired for the portfolio of preventing bullying whose tasks include taking an inventory of the interventions performed in the schools relative to prevention of bullying and assessing the needs for such interventions. The resource's tasks are not limited to school environments but also cover the community.

### Baby-Book Program

A memorandum of understanding is being drafted among all the stakeholders, health centres, the KSB and the NRBHSS to start deploying the program throughout Nunavik.

Recruitment of a regional trainer is under way and two regional training programs are currently being planned.

### Communication Campaign to Reduce Child Exposure to Risky Behaviour Linked to Alcohol Abuse

As alcohol abuse in caregivers constitutes an important risk factor for child sexual abuse, neglect and domestic violence, a communication campaign will be launched. The campaign responds to the third objective of the Ilagiilluta program, which is to create safe environments for children. The call for tenders is currently under way.

## **GOOD TOUCH/BAD TOUCH PROGRAM (GTBT)**

- ◇ The GTBT was deployed in the following communities:
  - fully in Kangiqsualujuaq (February 2015);

- first part of the program (week 1 of 2) in Puvirnituq (April 2015);
- fully in Kuujjuaraapik (April to June 2015).
- ◇ In September, the training “Community is the medicine” was offered to the GTBT team.
- ◇ Moreover, recruitment for the position for GTBT coordinator is under way but the position remains vacant.
- ◇ Dominique Lavallée and Stéphanie Jodoin served as acting psychosocial officers in the DPH pending the hiring of a permanent officer.
- ◇ Moreover, the application for Ungaluk funding for the 2016 GTBT program was accepted.
- ◇ In January, the “Hidden Face” workshop was offered in Kuujjuaq (part 1 of GTBT); in March, the “Kids Have the Right to Be Safe” workshop was offered in Kuujjuaq.

## Nutrition

A total of 14 regular community projects related to nutrition and food security were supported in 10 communities.

One-off projects such as the distribution of healthy snacks during summer camps or sporting events and various activities were organized under various promotional campaigns such as:

- ◇ Nutrition Month;
- ◇ Country Food Day;
- ◇ Breast-feeding Week.

The DPH also participated in the deployment of regional programs, such as the in-store nutrition program, which aims at improving the food environment and helping consumers make healthy choices at the points of purchase, and which continued in the 14 communities. Jointly with the Inuulitsivik and Tulattavik Health Centres, the DPH also financially supports a program providing access to healthy foods for pregnant women. Likewise, in partnership with the KSB, the KRG and the Breakfast Club of Canada, the DPH funded breakfast clubs in eight of the region’s schools.

To combat food insecurity, which affects more than half the families in the region, the DPH coordinates a process that was launched in 2014 for the drafting and adoption of a regional food-security policy. A working group consisting of 14 representatives of the principal regional organizations and associations was set up to design that policy. Four meetings were held in the past year, enabling a better understanding of the existing programs and initiatives in the region to improve food security and identify the priorities to form the basis of the policy. The work begun will continue in the coming year.

The DPH also coordinates the Nunavik Nutrition and Health Committee (NNHC), whose mission is to advise and guide various research projects on nutrition and contaminants in the region.

## Diabetes

Jointly with the two health centres, health professionals visited the communities once or twice during the past year to meet with diabetic individuals in groups or individually. The objective of those meetings is to provide information on the roles of nutrition, physical activity and stress management in controlling diabetes. Other complementary activities raising awareness on diabetes are also organized.

Annual screening for diabetic retinopathy among diabetic individuals was also held at both health institutions.



## Smoking

Work on smoking prevention and on support for cessation, carried out jointly with the *INSPQ*, began in order to gain a better understanding of the attitudes, beliefs and behaviour relative to tobacco use. The joint efforts included identifying the best ways to reach targeted individuals.

The target groups are:

- ◇ young persons;
- ◇ pregnant women;
- ◇ parents of young children;
- ◇ adults.

Consultations will be held over the coming months with the above groups.

## Physical Activity

Overall health is at the heart of the prevention and promotion team's preoccupations, thus the support for several multidimensional projects.

Below are some project examples:

- ◇ Blue Nose Marathon for youths in Salluit;
- ◇ Déry health challenge for adults in Kuujuaq;
- ◇ activities for fathers and their children in Inukjuak;
- ◇ Jeunes Karibus in four communities.

All of these activities were held over a more or less long period and required a level of commitment from the participants. Further, a multitude of aspects came into play, through weekly training, learning about stress management, participating in activities, creating interpersonal ties, exceeding personal capacities, persevering and so forth.

## Ongoing Monitoring of the Population's Health and Vigilance

Monitoring is a function that supports activities in prevention, promotion and protection. It in turn is supported by vigilance. Monitoring and vigilance together support decision making through analysis of various data banks and production of presentation documents, summaries, demographic data, etc.

In 2015, 875 cases of reportable diseases (*MADOs*) were registered. Among sexually transmitted and bloodborne infections (STBIs), genital chlamydiosis and gonococcal infection had the highest rates, accounting for more than 90% of all *MADOs* reported in Nunavik.

Airborne diseases came in second in terms of rate. Active tuberculosis represented roughly 90% of reported cases in this group.

There were no reports of nosocomial infections for the region in 2015, most likely due to the fact that there is no system in place to monitor these cases.

**Table 3: Reported cases by *MADO* group, sexes combined, all ages, Nunavik, 2015-2016**

<i>MADO</i> group	Frequency (%)
Total sexually transmitted and bloodborne infections	<b>767 (89.7)</b>
Total airborne diseases	<b>48 (5.6)</b>
Total bowel diseases and food- or waterborne diseases	24 (2.8)
Total vaccine-avoidable diseases	11 (1.3)
Total diseases subject to heightened reporting ( <i>botulism</i> *)	4* (0.5)

Source: Public-health infocentre of the *Institut national de santé publique du Québec*, report from April 7, 2016.

Two health profiles were produced jointly with the *INSPQ*: a health profile of young children and their mothers (2014) and a health profile of youths, adults and elderly persons (2015). ■

## DEPARTMENT OF INUIT VALUES AND PRACTICES

The Department of Inuit Values and Practices is responsible for two contribution agreements with the Federal Government:

- ◇ The **Brighter Futures program**, which provides funding for all the communities on a per capita basis. Although there was a long delay in receiving the funding this year, 49 projects were approved and completed before March 31, 2016.
- ◇ The **Indian and Residential School (IRS) Resolution Health Support Program** continues to function with Health Canada to support the Emotional Health Support Program for former students of our region. The mandate of these support workers is to offer emotional support to former students of residential schools and their families, especially those who will undergo the independent assessment process (IAP) in the coming months. The communities of Kuujjuaq, Salluit, Inukjuak, Puvirnituaq, Akulivik, Aupaluk, Kangirsuk, Umiujaq and Ivujivik were visited to meet with clients who need emotional-health support. The emotional-health support team also assists the CLSCs and the schools to support individuals in need of counselling.

The department manages the following provincial programs:

- ◇ **Midwifery:** The Department of Inuit Values and Practices has been mandated by the executive director to work on the regional framework for the implementation of the birthing centre in our region and on the clinical plan for Kuujjuaq's birthing centre. The director of IVP and Fabien Pernet have been working with the midwifery coordinator on the Ungava coast, Marie-José Gagnon, on producing the documents to be submitted to the boards of directors of the Nunavik Regional Board of Health and Social Services and the two institutions—Tulattavik and Inuulitsivik—and subsequently to the MSSS.
  - The final draft of the "Kuujjuaq Birthing Center Clinical Plan" was finished in the beginning of February and approved by the UTHC board of directors. This clinical plan was then presented to the MSSS, and the working committee will likely have to defend our project before the MSSS in May.
  - The final draft of the "Regional Framework for Birthing Houses and Midwifery in Nunavik" was finalized in February and March and then presented during the NMWG face-to-face meeting in Inukjuak, March 30 and 31. The NMWG approved the regional framework.
- ◇ **Prevention of Elder Abuse:** The region applies the *2010-2015 Governmental Action Plan to Counter Elder Abuse*, a ministerial program promoting a regionally grounded approach to help abused and vulnerable elders. The regional coordinator to counter elder abuse is thus part of the Department of Inuit Values and Practices, ensuring that Nunavik elders benefit from culturally adapted measures. His mandate is also the empowerment of elders and their caregivers and the promotion of individual and cultural resilience.

During the first year of his mandate, the regional coordinator drafted a plan of action, based on local consultations with Nunavik elders. This year, many efforts have been made to strengthen regional collaboration with the major regional partners and stakeholders. Root causes of elder abuse across Nunavik can only be addressed through a concerted, cooperative approach, involving guidance from elders and shared resources with the partners.

- ◇ **Wellness Committees:** A wellness committee is an organized group of community members whose purpose is to identify health and wellness needs. Members should serve as liaison

between the population and the service providers. Twelve of the fourteen communities have such a committee.

- ◇ **Traditional Adoption:** The NRBHSS and Makivik Corporation are currently jointly coordinating a core group to assess the region's needs and intent regarding the development of a program for traditional adoption for and by *Nunavimmiut*. The core group intends to propose a framework on Nunavik Inuit adoption taking into account lessons learned from the past and integrating the underlying core values. To carry out its work properly, the core group will host meetings and working sessions and will consult communities and interested partners. After validation at a regional forum, final proposals will be presented to the boards of directors of the NRBHSS and Makivik Corporation. ■

## REGIONAL DEVELOPMENT OF HUMAN RESOURCES

The year 2015-2016 was a remarkable year for the number of training programs deployed in the health and social services network in Nunavik. All training programs from 2014-2015 continued and the Department of Regional Human-Resources Development (DRHRD) also has many projects under way for next year which started in 2015-2016, such as the Boscoville 2000 training for employees of the new rehabilitation centre in Inukjuak and the addition of an extra day of training on cultural adaptation for new employees coming to work in Nunavik. In partnership with the Kativik School Board, the department is also developing an accredited training program leading to an AEC (attestation to collegial studies) for health-care and home-care assistants. Most importantly, two accredited programs leading to AEC are being developed in partnership with Marie-Victorin College.

### Training

#### **Training in Social Work (Youth Protection and CLSC), Specialized Education and Administration**

Psychosocial training, provided by Marie-Victorin College, continued in 2015-2016. In the youth-protection and CLSC front-line services program, 30 training sessions were held in Kuujjuaq, Puvirnitug and Salluit between April 2015 and April 2016. In specialized education (rehabilitation), 24 training sessions were held in Kuujjuaq, Puvirnitug and Salluit. Finally, Marie-Victorin College continued delivering the training in communication and administration in 2015-2016 for a total of 23 sessions held in Kuujjuaq and Puvirnitug.

#### **Psychosocial Training in Rehabilitation Centres**

As a centre for innovation and development of social-adaptation, rehabilitation and youth-mobilization practices, Boscoville develops various programs and tools to provide training and coaching to youth-services workers based on the most effective intervention approaches. In 2015-2016, Boscoville worked with the Puvirnitug group-home team for a total of 78 days spread out over nine trips. The development agent helped the team to develop skills in positive behavioural interventions. This system is based on the psychoeducational structural model in rehabilitation services for Inuit clients under the *Youth Protection Act (YPA)* and the *Youth Criminal Justice Act (YCJA)*.

#### **Inuit Management Training Program**

Over the past year, three university-level courses were provided under McGill University's health and social services management certificate program (30-credit program). A total of 15 Inuit personnel members (management personnel and potential management personnel) participated in this training. The courses are given intensively over seven days in alternation between Kuujjuaq and Puvirnitug. Seven new students recently enrolled in the program this year. One more student completed the 30-credit program and attended her ceremony at McGill University in November 2015. Many other students are on their way to completing this program.

#### **Orientation and Integration Training**

Every new employee in the health and social services network takes part in orientation and integration

training. The first day of training provides an introduction to Inuit culture while the second day helps prepare new employees to live in Nunavik. In total, 17 sessions were held this year and 86 new employees participated. Work began in the early months of 2016 to add new content to this training. As of May 2016, there will be an additional day of training for cultural adaptation.

### **Clinical Projects**

Several projects related to the clinical projects continued in collaboration with the Department of Planning and Programming and various committees. An example is the Puttautiit Conference, a regional suicide-prevention and healing conference and the first of its kind in Nunavik, held in Puvirnituq in the fall. A well-being network exhibition was organized by the department, providing an opportunity for participants and community members to learn about the different programs and services in the region which contribute to the well-being of *Nunavimmiut*. Among other projects, in the coming year a regional adaptation committee will oversee the adaptation of a training program on attachment for interveners working with youths in difficulty and their families.

## **Promotion and Recruitment**

### **Career Promotion within Nunavik**

Department members visited five communities in 2015. Presentations about Nunavik's health and social services network were made to high-school students and CLSC visits were organized with students interested in that field of work. Collaboration is also being developed with the Kativik School Board for community visits under the Futures Fair project.

### **Career Promotion outside Nunavik**

The NRBHSS was present at various career fairs and universities to promote specialized jobs in Nunavik. The region was represented at 14 different university career fairs and career conferences and the Perspective Nunavik booth and promotional items have been very popular. These opportunities are a good way to promote careers in Nunavik's health and social services network. ■

## DEPARTMENT OF OUT-OF-REGION SERVICES

### ***MNQ* Relocation Project**

The year 2015 was a milestone for this project as we accepted the bid for the leasing of a new patient-lodging facility.

The plans and specifications have been discussed and definitive versions should be ready in the near future.

The construction of the building began in December 2015. As of March 23, 2016, work on the third floor was under way. The fourth and last floor should be completed in April. The new building will be rented by the Inuulitsivik Health Centre for a period of 15 years; it should be complete by November 2016 and ready for occupancy by December 2016. We are awaiting *MSSS* authorization before Inuulitsivik signs the lease.

The working group for the *MNQ* (*Module du Nord québécois*, or Northern Québec Module) relocation project meets every second Wednesday to follow up the requirements of the action plans. The plans and specifications are supervised by our architect firm EVOQ (formerly FGDMA).

A competition for a new name to replace *Module du Nord québécois* is under way. The new name should be selected by April, after which a new logo will be chosen.

For the new Dorval location, we asked the *MSSS* for a special budget of \$1,157,113.10 to cover the furniture, telephone system and moving expenses. Upon approval, we will proceed with a call for tenders.

The new location is 695 Orly Avenue in Dorval, H9P 1G1; it is close to Dorval airport and Côte-de-Liesse highway.

From October 2015 to February 2016, the average occupancy rate of the *MNQ* on Tupper Street in Westmount was 76.75% (as an example, in February 2016, the occupancy rate was 80%). The total for patients was 2,173 nights, for escorts, 1,433 nights at the YMCA.

Due to lack of space, patients are sometimes obliged to lodge elsewhere. For example, in February 2016:

- ◇ 935 nights were rented at hotels;
- ◇ patients stayed 1,427 nights with friends or relatives.

The *MNQ* staff provide services to all patients staying at the *MNQ*, at hotels as well as with friends or relatives.

### **Homelessness Committee**

#### **Increased Services for Inuit and Aboriginals in the City**

There has been a renewed effort by local law-enforcement and other urban agencies in the City of Montréal to reduce problems of homelessness.

As participant in one of the committees in the Montreal Urban Aboriginal Community Strategy Network, a department representative attended regular meetings throughout the year.

Open and respectful relations with the Montréal Police Force are an integral part of a successful action plan. The police force has acquired more specific training on dealing with First Nations members and Inuit. A tangible result is a memorandum of understanding (MOU) that allows for more community involvement and cultural-sensitivity training by the police force.

A major survey was conducted in the summer of 2015 whereby a count was made of all homeless people in the city.

### **Non-Insured Health Benefits (NIHB) Program**

The NIHB is being monitored more closely by the *MSSS* and consequently by the NRBHSS. The costs associated with this program are substantial at over \$43 million annually.

A committee was set up and tasked with monitoring the program in order to ensure better control of costs. Although several meetings were held on this matter, for the time being the program remains unchanged.

We believe in providing the population with adequate services to which it is entitled; at the same time, we must ensure optimal use of the financial resources granted.

The following are covered by the NIHB program:

- ◇ medications;
- ◇ dentistry;
- ◇ dental supplies;
- ◇ denture therapy, orthodontics;
- ◇ purchased services;
- ◇ optometry;
- ◇ eye examinations;
- ◇ spectacles;
- ◇ orthodontic devices and prostheses;
- ◇ hearing aids;
- ◇ rental of particular equipment;
- ◇ medical supplies;
- ◇ transportation for patients, when admissible, and escorts;
- ◇ repatriation of cadavers;
- ◇ lodging for patients and escorts in transit in villages;
- ◇ lodging for patients and escorts in Montréal.



## **RCORS (Regional Committee on Out-of-Region Services)**

### **Internal Committee's Name Change**

Previously known as the Regional Committee on Management of Patient Service (RCMPS), the committee is now the Regional Committee on Out-of-Region Services (RCORS).

The committee's membership remains unchanged for the most part, with the exception of the assistant to the executive director, who is no longer a regular member. The members are the executive directors of the Inuulitsivik and Tulattavik Health Centres, the director of Administrative Services, the director of Planning and Programming, the director of Out-of-Region Services, the director of the *MNQ* and the executive director of the NRBHSS.

The RCORS's mandates consist of supporting the institutions in their work at establishing hierarchy among and integrating care and services and establishing the broad, regional guidelines concerning programs and service organization, which enable all involved to better assume their responsibilities with their respective populations. ■

## DEPARTMENT OF ADMINISTRATIVE SERVICES

The Department of Administrative Services provides a wide variety of support services for all other departments of the health board.

Some of our primary resource management services include: budget and financial services, human resource management, procurement services and facilities management. The department also supports the annual development and follow-up of the strategic regional planning. In link with the strategic planning, the department manages the development and follow-up of capital projects for short to long term investments for the Nunavik health and social services network.

The department also ensures support for the two health centers in the region on different files, such as budgeting and other financial services; as well as the maintenance of major assets through different renovation and replacement projects.

The team of administrative services work to establish, maintain, and foster positive, productive and respectful working relationships to ensure efficient and effective use of resources.

### Financial Resources

#### Regional Budget

The 2015-2016 regional credits received from the MSSS totaled \$171 million to fund the Nunavik Health and Social Services network as shown in the table below. During the year, the regional credits were allocated by the NRBHSS to various institutions. For their operations, both health centres received funding in the amount of \$130 million. The NRBHSS paid and transferred \$7.6 million to eligible community organizations. From this envelope, the NRBHSS also received and managed assigned funds, namely Non Insured Health Benefits Program.

Allocations	2014-2015	2015-2016
<b>Establishments</b>		
Inuulitsivik Health Centre	70M	73M
Ungava Tulattavik Health Centre	58M	57M
<b>NRBHSS Assigned Funds</b>		
Non Insured Health Benefits	21M	21M
Others	7.9M	8M
<b>Community Youth Houses</b>		
Youth Centres	3.9M	4M
Others (Community Organization Table)	3.7M	4.1M
Reserved - special projects not realized yet	2.5M	2.5M
<b>Total Transfers</b>	<b>167M</b>	<b>171M</b>

## Operating Budget and Financial Results of the Health Centres

The NRBHSS, in fulfilling its supervisory role relative to the health centres, carried out major efforts throughout the year, including numerous meetings, to ensure proper financial follow-up.

The Ungava Tulattavik Health Centre ended with an operating surplus of approximately \$2,232,984 for the current year. Its accumulated deficit amounts to approximately \$6,633,880. The surplus will be used to reimburse part of the accumulated deficit. Support continues to be provided to this health centre in order to pursue the objectives of the multi-year recovery plan without negatively affecting the services provided to the population.

This year, the Inuulitsivik Health Centre ended the year with a surplus of \$ 1,569,204 as shown in the table below.

Public institutions	2014-2015		2015-2016	
	Net Budget Authorized	Surplus (deficit)	Net Budget Authorized	Estimated Surplus (deficit)
Inuulitsivik Health Centre	70M	498,024	75M	1,569,204
Tulattavik Health Centre	58M	138,645	61M	2,232,984
<b>Total</b>	<b>128M</b>	<b>636,669</b>	<b>136M</b>	<b>3,802,188</b>

## Funding of Community Organizations

The table below shows the amount allocated to eligible community organizations:

Community Organizations	2014-2015	2015-2016
<b>Elders' Home</b>		
Oilanguanaaq	250 000	280 000
Sailivik	219 999	280 000
Tusaajiapik	129 173	0
<b>Inuit Women's Association of Nunavik</b>		
Saturviit	150 000	151 200
<b>Men's Association</b>		
Qajaq Network	200 000	200 000
<b>Men's Association of Inukjuak</b>		
Unaaq	200 000	200 000
<b>Supervised Apartments</b>		
Community Lodging - Ungava	280 000	300 000
<b>Supported Living Environment</b>		
Community Lodging – Uvattinut	280 000	290 000
<b>Treatment Centre</b>		
Isuarsivik	572 000	600 000
<b>Women's Shelter</b>		
Ajapirvik	254 100	256 133
Initsiak	527 197	531 414

<b>Community Organizations</b>	<b>2014-2015</b>	<b>2015-2016</b>
Tungasuvvik	665 000	665 000
<b>Family House</b>		
Ayagutaq	0	20 000
Qarmaapik	0	250 000
<b>Youth Association</b>	0	100 000
<b>Total Transfers</b>	<b>3 727 469</b>	<b>4 123 747</b>

## 2015-2016 Operating Budget

In accordance with the *Act respecting health services and social services* (Chapter S-4.2) and the *MSSS* bulletins, the 2015-2016 operating-budget estimates were produced and adopted by the board of directors of the NRBHSS. As a result of proper budget planning and processes, the NRBHSS has ended its fiscal year with a minor surplus.

As one of its responsibilities, the Department of Administrative Services provided financial expertise and support to all departments including the Audit Committee.

## Earmarked Funds

In addition to this operating budget, the NRBHSS also received and managed earmarked funds for specific activities. These earmarked funds were financed through two difference sources, one directly from the MSSS and the other from the regional envelope.

## Fixed-Assets Funds

The 2015-2016 conservation and functional three-year plan was finalized. In close collaboration with the health centres, more support and funds were provided by the NRBHSS to accomplish most of the projects in Nunavik. The NRBHSS transferred \$5.8 million in total for various fixed-assets projects. This amount was divided into four regional envelopes as shown in the table below:

<b>Organization</b>	<b>Building Maintenance</b>	<b>Functional Renovations</b>	<b>Medical Equipment</b>	<b>Non-Medical Equipment</b>	<b>TOTAL</b>
UTHC	743 776	156 375	530 151	214 214	1 644 516
IHC	2 036 674	1 014 190	503 489	402 014	3 956 367
NRBHSS	148 873	47 876	0	2 923	199 672
<b>Total</b>	<b>2 929 323</b>	<b>1 218 441</b>	<b>1 033 640</b>	<b>619 151</b>	<b>5 800 555</b>

The NRBHSS supported many projects in 2015-2016 in order to successfully maintain, improve and conserve our institutional and residential park.

## Federal Funds

The contribution agreements for \$7.2 million were signed with the federal government for 2015-2016 (see table below). Unlike the provincial earmarked funds, at the end of the year, the federal government recovers any unused funds.

<b>Health Canada</b>	<b>2014-2015</b>	<b>2015-2016</b>
Aboriginal Diabetes Initiative	635 632	540 683
Aboriginal Health Human Resources Initiative	0	0
Brighter Futures	1 153 893	1 153 893
Fetal Alcohol Spectrum Disorder	351 762	351 762
Home and Community Care	2 305 773	2 374 946
Indian Residential Schools Portfolio	675 530	675 530
Mental-Health Crisis Management	870 719	870 719
Nutrition North Canada	490 000	490 000
Prenatal Nutrition Program	445 082	314 234
Suicide-Prevention Strategy	160 000	169 273
Federal Tobacco Control	0	220 566
<b>Indian and Northern Affairs</b>		
Family Violence	15 463	0
Nunavik Nutrition and Health Committee	89 643	58 914
<b>Total Subsidies</b>	<b>7 18 547</b>	<b>7 214 526</b>

## Various Activities

The NRBHSS supported and contributed to various specific areas as shown below:

### ◇ **Strategic Regional Plan**

The Department of Administrative Services supported the elaboration of the 2015-2016 Action Plan that was approved by the *MSSS* in a letter dated July 24 2015, authorizing the \$7.6 million recurrent budget for the development of services in Nunavik. In compliance with the requirements of the agreement, a rendering of accounts was completed and presented to the *MSSS*.

### ◇ **Ulluriaq Transition Plan (Rehabilitation Services for Youth in Difficulty)**

In September 2015, transfer of the Ulluriaq project to the Ungnavaq Tulattavik Health Centre was completed.

### ◇ **Community Youth House**

During the year, the NRBHSS assisted the Nunavik Youth House Association (NYHA) with the urgent need to renovate their youth houses. The objective is to improve the operation of the facilities to better suit Nunavik youth.

### ◇ **Information Services**

The information Technology department returned under the authority of the Administrative Services Department.

## Capital Master Plan

On February 15, 2011, the NRBHSS concluded an agreement with the *MSSS* which allocated funding for the following capital projects:

Health and social services	\$200M
Personnel housing	\$80M
<b>Total</b>	<b>\$280M</b>

In compliance with this agreement, the NRBHSS revised the CMP to establish priorities in short- and long-term capital investments and to serve as a management tool. The Capital Master Plan Advisory Committee continues to update the Capital Master Plan and follow up capital projects in Nunavik.

As of March 31, 2016, the capital envelope reads as follows:

#	Projects	Facilities for Health and Social Services \$200M	Staff Housing \$80M
1	Projects begun before the signature of the agreement: equipment procurement, asset maintenance, office space, group homes (2), 19 assisted living units (Kangiqsualujjuaq), 46 housing units (2009)	18.3	20.4
2	70 staff-housing units (2011-2012)		33.9
3	Construction of a DYP building in Puvirnituaq	12.8	
4	Rehabilitation centre for girls (12-18 years) in Inukjuak	24.7	
5	50 housing units		25.7
6	Aupaluk CLSC (Estimated)	19	
<b>Total committed</b>		<b>74.8</b>	<b>80</b>
<b>Available balance</b>		<b>125.2</b>	

## Capital Projects

### Rehabilitation Centre for Girls (Ages 12-18) in Inukjuak (Ulluriaq)

Three (3) new buildings include a living facility for its clientele, an administration section as well as a transit building for visiting families and a garage to store recreational equipment for traditional activities were completed in September 2015.

### Aupaluk CLSC

Production of the functional and technical plan (FTP) was completed on March 2016. The selection process for the project manager is underway.

### Staff-Housing 2015-2016

The MSSS approved 50 out of 92 housing units identified in the Strategic Regional Plan. To date, we have completed the following stages of the project:

- ◇ Construction and delivery of 18 units was completed at the end of March 2016. Remaining units will be delivered before September 2016.

### Construction Committee

During the year, the Construction Committee held meetings with stakeholders, professionals and the MSSS. The committee continues to provide proper management tools and direction for each project.

## Human Resources

The work carried out in 2015-2016 in the human resources department have mainly focused on:

- ◇ The transfer of the Ulluriaq work teams in the respect of clients, employees and working conditions prevailing. The transfer to the Ungava Tulattavik Health Centre took place in September 2015 in accordance with the action plan;
- ◇ The staffing (recruitment, selection, hiring) was done in consideration of a decrease in service offers as well as housing shortage and lack of workspace;
- ◇ The management of the various benefits related to working conditions.

<b>Job Registry by Direction and Status March 31st 2016</b>			
<b>Departements</b>	<b>Permanent full time</b>	<b>Temporary full time specific project</b>	<b>Temporary Part time</b>
<b>Executive management</b>			
employees	11	2	
management	2		
<b>Administrative services</b>			
employees	15	0.7	1
management	5		1
<b>Out of region service</b>			
employees	1	0.8	
management	1		
<b>Planning programming</b>			
employees	18	2	
management	4		
<b>Inuit values and practices</b>			
employees		7	
management	1		
<b>Regional human ressources development</b>			
employees	4	0,5	
management	1		
<b>Public health</b>			
employees	15	3	1
management	2		
<b>Total</b>	<b>80</b>	<b>16</b>	<b>3</b>



**NUNAVIK REGIONAL BOARD OF  
HEALTH AND SOCIAL SERVICES  
SUMMARY FINANCIAL REPORT  
MARCH 31, 2016**



**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES  
SUMMARY FINANCIAL REPORT  
MARCH 31, 2016**

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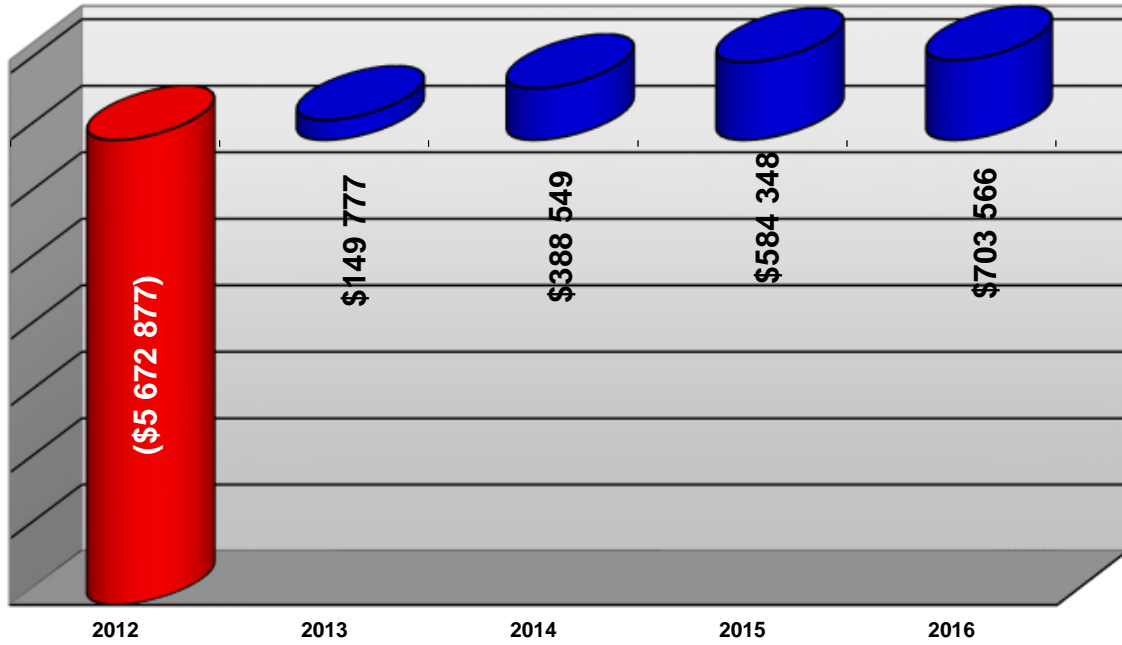
# SYNOPSIS REVIEW

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES  
SYNOPSIS REVIEW  
MARCH 31, 2016**

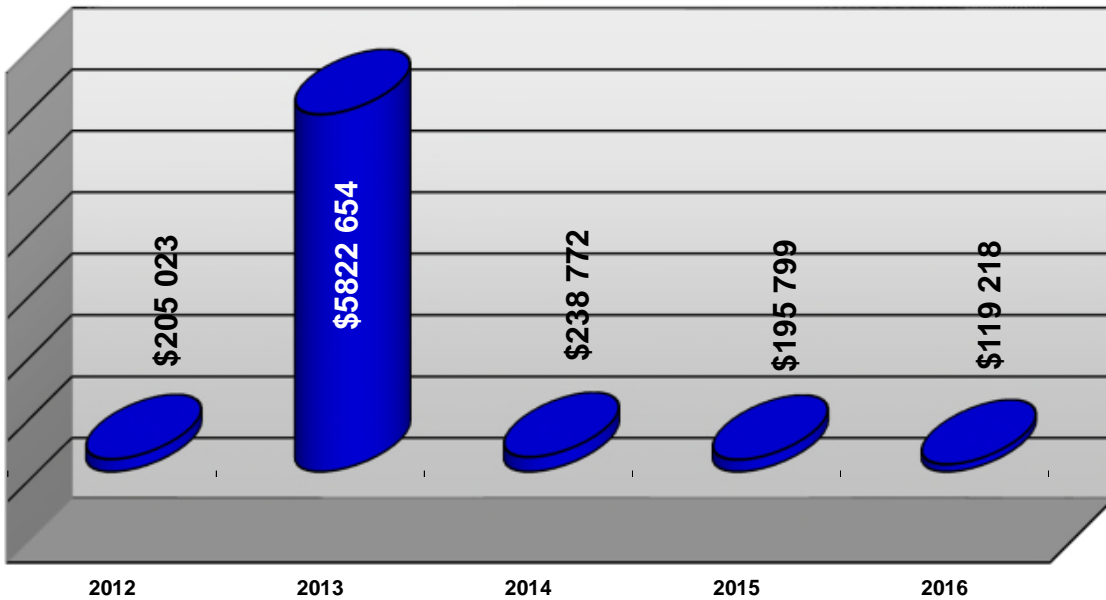
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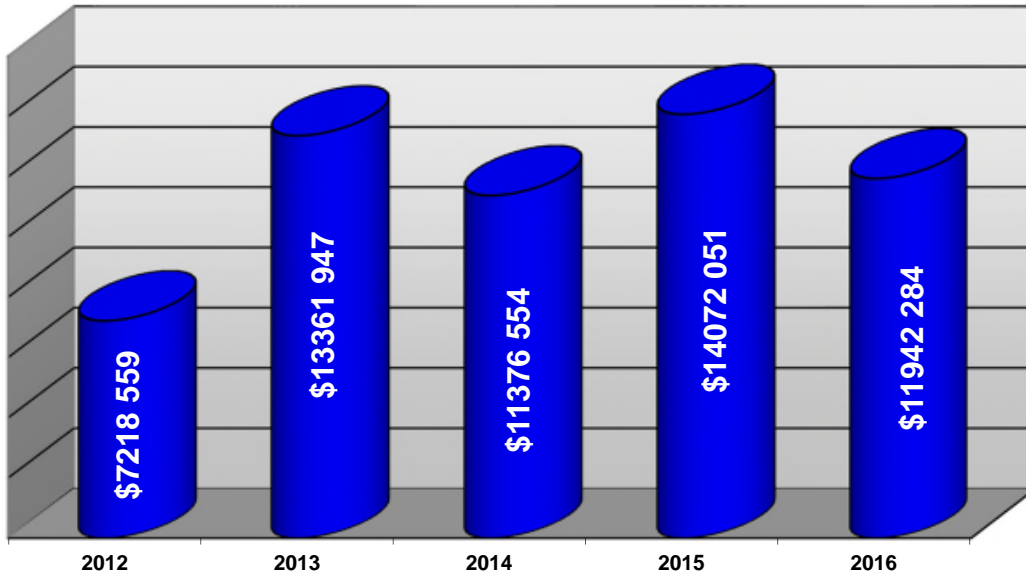
**OPERATING FUND - FUND BALANCE**



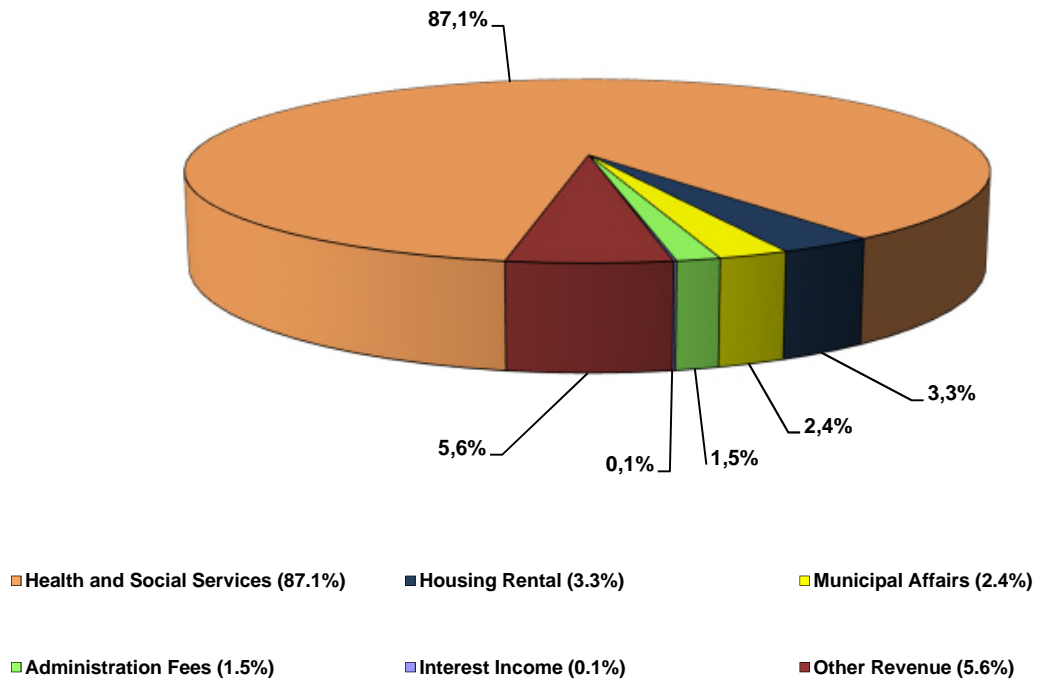
**OPERATING FUND - EXCESS OF REVENUES OVER EXPENSES INCLUDING TRANSFERS TO ASSIGNED FUNDS**



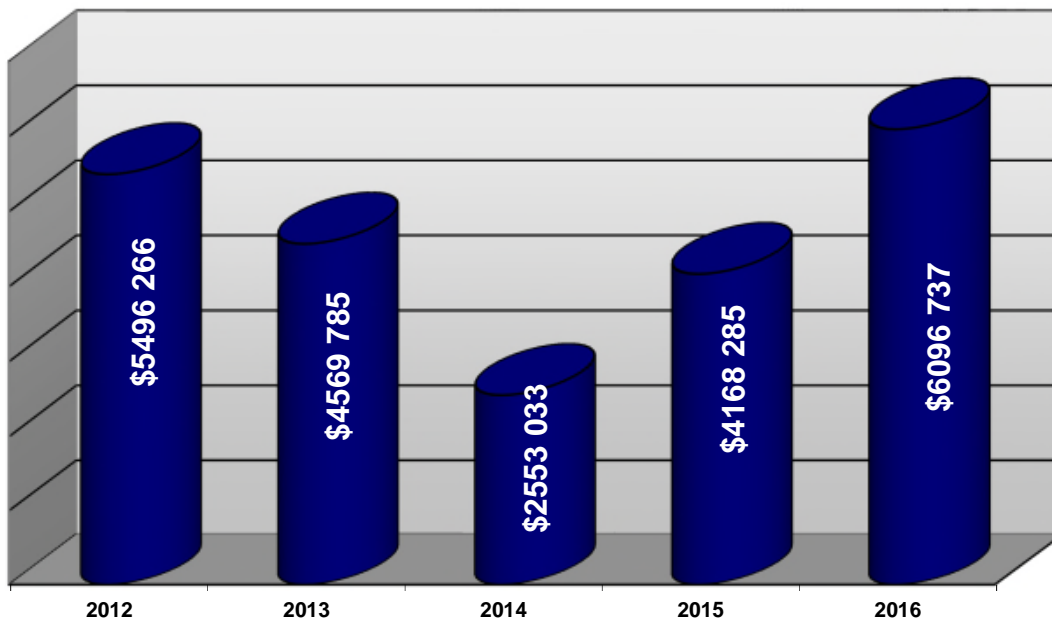
**OPERATING FUND - EVOLUTION OF THE HEALTH AND SOCIAL SERVICES GRANTS**



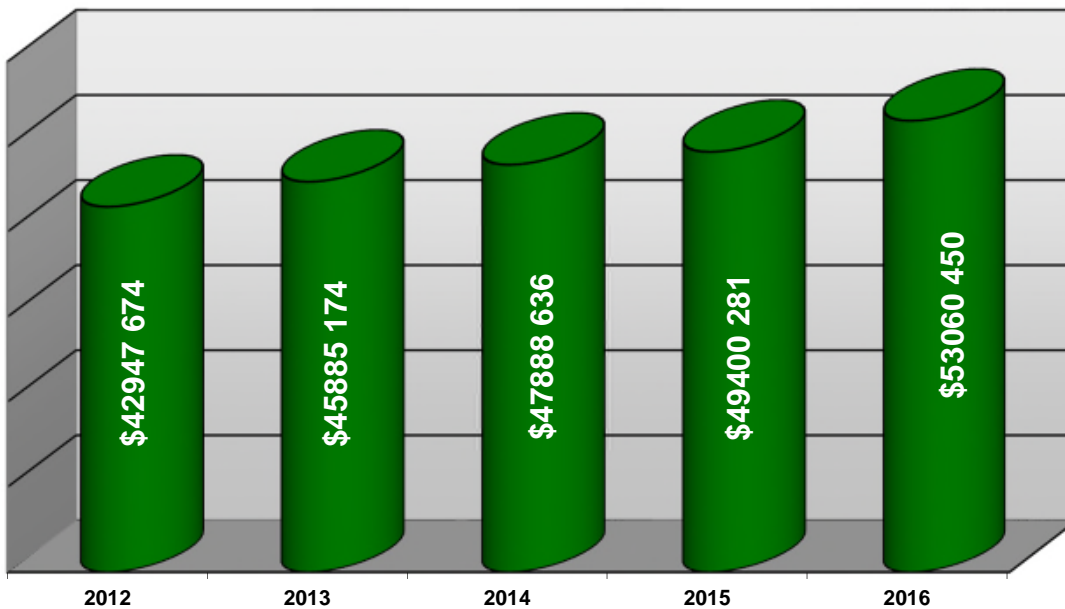
**OPERATING FUND - SOURCES OF REVENUE FOR THE YEAR**



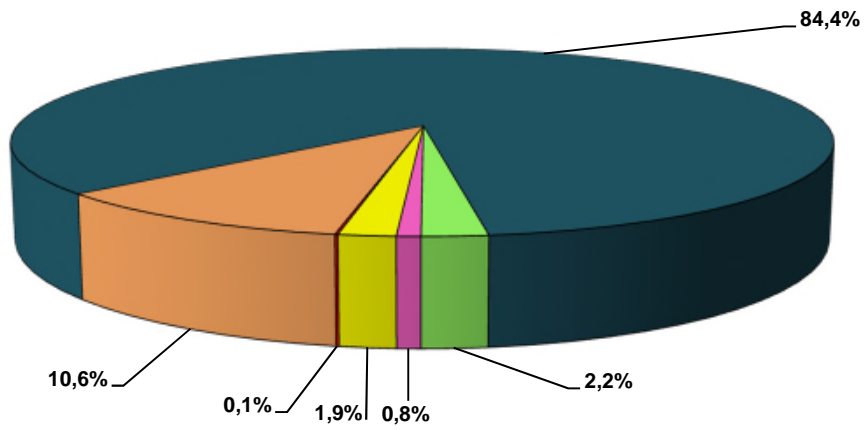
**ASSIGNED FUND - COMBINED FUND BALANCE AND DEFERRED REVENUES**



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



**ASSIGNED FUND - SOURCES OF REVENUE FOR THE YEAR**



- Development Canada (0.1%)
- Health Canada (10.6%)
- Health and Social Services (84.4%)
- Health Centres contributions (2.2%)
- C.S.S.T. (0.8%)
- Other (1.9%)

**NUNAVIK REGIONAL BOARD  
OF HEALTH AND SOCIAL SERVICES  
SUMMARY FINANCIAL STATEMENTS  
MARCH 31, 2016**



**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES  
SUMMARY FINANCIAL STATEMENTS  
MARCH 31, 2016**

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**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES  
COMBINED BALANCE SHEET  
MARCH 31, 2016**

	<b>2016</b>	<b>2015</b>
	<b>\$</b>	<b>\$</b>
<b>FINANCIAL ASSETS</b>		
CASH	<b>5 682 948</b>	6 547 897
ACCOUNTS RECEIVABLE	<b>117 566 780</b>	93 695 905
	<b>123 249 728</b>	100 243 802
<b>LIABILITIES</b>		
BANK LOANS	<b>5 800 555</b>	4 507 315
TEMPORARY FINANCING	<b>108 357 175</b>	72 017 114
ACCOUNTS PAYABLE AND ACCRUED CHARGES	<b>106 155 061</b>	84 887 812
DEFERRED REVENUE	<b>8 681 475</b>	7 761 110
BONDS PAYABLE	<b>22 534 141</b>	35 166 813
	<b>251 528 407</b>	204 340 164
<b>NET FINANCIAL ASSETS (NET DEBT)</b>	<b>(128 278 679)</b>	(104 096 362)
<b>NON-FINANCIAL ASSETS</b>		
CAPITAL ASSETS	<b>12 977 279</b>	13 667 579
CONSTRUCTION IN PROGRESS	<b>113 627 868</b>	87 591 346
	<b>126 605 147</b>	101 258 925
<b>FUND BALANCE</b>		
<b>FUND BALANCE</b>	<b>(1 673 532)</b>	(2 837 437)

**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, 2016**

	<b>2016</b>	2015
	<b>\$</b>	<b>\$</b>
<b>SURPLUS (DEFICIT) FOR THE YEAR</b>	<b>1 163 905</b>	574 510
<b>Capital Assets Variation</b>		
Acquisition of Capital Assets	<b>(216 686)</b>	(724 572)
Decrease (Increase) of Construction in Progress	<b>(26 036 522)</b>	(6 761 232)
Amortization of Capital Assets	<b>906 986</b>	898 677
	<b>(25 346 222)</b>	(6 587 127)
<b>VARIATION OF THE NET FINANCIAL ASSETS (NET DEBT)</b>	<b>(24 182 317)</b>	(6 012 617)
<b>NET FINANCIAL ASSETS (NET DEBT) – BEGINNING OF YEAR</b>	<b>(104 096 362)</b>	(98 083 745)
<b>NET FINANCIAL ASSETS (NET DEBT) – END OF YEAR</b>	<b>(128 278 679)</b>	(104 096 362)

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES  
 COMBINED STATEMENT OF CHANGES IN FUND BALANCE  
 YEAR ENDED MARCH 31, 2016**

	<b>2016</b>	2015
	<b>\$</b>	\$
<b>FUND BALANCE – BEGINNING OF YEAR</b>	<b>(2 837 437)</b>	(3 411 947)
Excess (Deficiency) of Revenue over Expenses	<b>1 163 905</b>	574 510
Interfund transfers	-	-
<b>FUND BALANCE – END OF YEAR</b>	<b>(1 673 532)</b>	(2 837 437)

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES  
COMBINED STATEMENT OF REVENUE AND EXPENSES  
YEAR ENDED MARCH 31, 2016**

	2016	2015
	\$	\$
<b>REVENUE</b>		
Grants and Contributions	76 177 282	74 939 801
Reimbursement of Grants	(627 112)	(516 373)
Housing Rental	457 934	458 222
Administration Fees	207 655	214 515
Interest Income	16 757	8 984
Inuulitsivik Health Centre	300 324	536 939
Tulattavik Health Centre	1 086 485	2 500 363
Other Revenues	1 422 678	1 716 575
	<b>79 042 003</b>	79 859 026
<b>DEFERRED REVENUE – BEGINNING OF YEAR</b>	<b>7 761 110</b>	6 755 734
<b>DEFERRED REVENUE – END OF YEAR</b>	<b>(8 681 475)</b>	(7 761 110)
	<b>(920 365)</b>	(1 005 376)
	<b>78 121 638</b>	78 853 650

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES  
COMBINED STATEMENT OF REVENUE AND EXPENSES (CONT'D)  
YEAR ENDED MARCH 31, 2016**

	2016	2015
	\$	\$
<b>EXPENSES</b>		
Salaries and Fringe Benefits	9 523 049	12 332 513
Administration Fees	207 855	214 404
Advertising and Publicity	269 311	142 817
Amortization	906 986	898 677
Annual General Meeting	127 483	107 615
Doubtful Accounts (Recovery)	(12 034)	34 195
Equipment Rental	54 526	76 379
Freight Charges	44 484	64 347
Heating and Electricity	397 776	431 819
Honorarium	326 725	282 845
Housing Rental	555 914	577 148
Insurance	25 213	24 708
Installation Premium	535 187	615 871
Interest and Bank Charges	1 666 537	2 204 575
Land Leases	106 628	81 239
Maintenance and Repairs	136 693	114 035
Medical Supplies	19 327	15 952
Meetings and Seminars	33 334	25 457
Municipal Services	323 439	328 233
Office Expenses	1 047 993	1 132 750
Professional Fees	1 142 191	1 322 452
Publication and Membership	36 999	57 761
Purchased Services	2 198 204	2 700 662
Telecommunication	201 393	286 353
Training and Education	36 052	302 312
Transfers to Organizations	3 020 396	2 722 056
Transfers to Inuulitsivik Health Centre	29 581 277	28 820 393
Transfers to Tulattavik Health Centre	21 072 396	18 469 803
Travel and Accommodation	3 088 807	3 624 346
Vehicle Expenses	42 632	46 414
Other Expenses	240 960	221 009
	<b>76 957 733</b>	<b>78 279 140</b>
<b>EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES</b>	<b>1 163 905</b>	<b>574 510</b>

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES  
OPERATING FUND – BALANCE SHEET  
MARCH 31, 2016**

	<b>2016</b>	2015
	\$	\$
<b>FINANCIAL ASSETS</b>		
CASH	<b>5 553 873</b>	6 279 658
ACCOUNTS RECEIVABLE (Note 3 a))	<b>5 924 014</b>	8 954 442
DUE FROM LONG-TERM ASSETS FUND (Note 8)	<b>127 501</b>	126 199
	<b>11 605 388</b>	15 360 299
<b>LIABILITIES</b>		
ACCOUNTS PAYABLE AND ACCRUED CHARGES	<b>4 789 839</b>	6 760 580
DUE TO ASSIGNED FUND (Note 8)	<b>5 904 343</b>	7 844 331
DEFERRED REVENUE (Note 5 a))	<b>207 640</b>	171 040
	<b>10 901 822</b>	14 775 951
<b>NET FINANCIAL ASSETS (NET DEBT)</b>	<b>703 566</b>	584 348
<b>FUND BALANCE</b>		
<b>FUND BALANCE</b>	<b>703 566</b>	584 348

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES  
OPERATING FUND – STATEMENT OF CHANGES IN FUND BALANCE  
YEAR ENDED MARCH 31, 2016**

	2016	2015
	\$	\$
<b>FUND BALANCE – BEGINNING OF YEAR</b>	<b>584 348</b>	388 549
Excess (Deficiency) of Revenue over Expenses – Regular Operations	<b>177 069</b>	1 512 263
Transfers to Assigned Fund	<b>(57 851)</b>	(1 316 464)
<b>FUND BALANCE – END OF YEAR</b>	<b>703 566</b>	584 348



**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES  
OPERATING FUND  
STATEMENT OF REVENUE AND EXPENSES  
YEAR ENDED MARCH 31, 2016**

	<b>2016</b>	2015
	<b>\$</b>	<b>\$</b>
<b>REVENUE</b>		
Health and Social Services	<b>11 978 884</b>	13 840 886
Housing Rental	<b>457 934</b>	458 222
Municipal Affairs	<b>323 439</b>	328 233
Administration Fees	<b>207 655</b>	214 515
Interest Income	<b>16 757</b>	8 984
Other Revenues	<b>767 419</b>	746 525
	<b>13 752 088</b>	15 597 365
<b>DEFERRED REVENUE – BEGINNING OF YEAR</b>	<b>171 040</b>	402 205
<b>DEFERRED REVENUE – END OF YEAR (Note 5 a))</b>	<b>(207 640)</b>	(171 040)
	<b>(36 600)</b>	231 165
	<b>13 715 488</b>	15 828 530
<b>EXPENSES</b>		
General Administration	<b>10 341 041</b>	11 353 681
Community Health Advisors	<b>2 120 895</b>	1 903 522
Building Operating Costs	<b>1 076 483</b>	1 059 064
	<b>13 538 419</b>	14 316 267
<b>EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES</b>	<b>177 069</b>	1 512 263

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES  
LONG-TERM ASSETS FUND – BALANCE SHEET  
MARCH 31, 2016**

	2016	2015
	\$	\$
<b>FINANCIAL ASSETS</b>		
CASH	129 075	268 239
ACCOUNTS RECEIVABLE (Note 3 c))	10 955 106	12 581 245
	<b>11 084 181</b>	12 849 484
<b>LIABILITIES</b>		
BANK LOANS (Note 6)	5 800 555	4 507 315
ACCOUNTS PAYABLE AND ACCRUED CHARGES	869 717	2 290 729
DUE TO ASSIGNED FUND (Note 8)	239	239
DUE TO OPERATING FUND (Note 8)	127 501	126 199
TEMPORARY FINANCING	108 357 175	72 017 114
BONDS PAYABLE	22 534 141	35 166 813
	<b>137 689 328</b>	114 108 409
<b>NET FINANCIAL ASSETS (NET DEBT)</b>	<b>(126 605 147)</b>	<b>(101 258 925)</b>
<b>NON-FINANCIAL ASSETS</b>		
CAPITAL ASSETS (Note 4)	12 977 279	13 667 579
CONSTRUCTION IN PROGRESS (Note 10)	113 627 868	87 591 346
	<b>126 605 147</b>	101 258 925
<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, 2016**

	<b>2016</b>	2015
	\$	\$
<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, 2016**

	<b>2016</b>	2015
	<b>\$</b>	\$
<b>REVENUE</b>		
Health and Social Services – Interest Reimbursement	<b>1 575 309</b>	2 106 136
Health and Social Services – Accounting Reform	<b>(1 817 412)</b>	(1 687 292)
Health and Social Services – Capital Reimbursement	<b>2 724 398</b>	2 585 969
	<b>2 482 295</b>	3 004 813
<b>EXPENSES</b>		
Interest Charges	<b>1 575 309</b>	2 106 136
Amortization	<b>906 986</b>	898 677
	<b>2 482 295</b>	3 004 813
<b>EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES</b>	<b>-</b>	-

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES  
ASSIGNED FUND – BALANCE SHEET  
MARCH 31, 2016**

	2016	2015
	\$	\$
<b>FINANCIAL ASSETS</b>		
DUE FROM LONG-TERM ASSETS FUND (Note 8)	239	239
DUE FROM OPERATING FUND (Note 8)	5 904 343	7 844 331
ACCOUNTS RECEIVABLE (Note 3 b))	100 687 660	72 160 218
	<b>106 592 242</b>	80 004 788
<b>LIABILITIES</b>		
ACCOUNTS PAYABLE AND ACCRUED CHARGES	100 495 505	75 836 503
DEFERRED REVENUE (Note 5 b))	8 473 835	7 590 070
	<b>108 969 340</b>	83 426 573
<b>NET FINANCIAL ASSETS (NET DEBT)</b>	<b>(2 377 098)</b>	(3 421 785)
<b>FUND BALANCE</b>		
<b>FUND BALANCE</b>	<b>(2 377 098)</b>	(3 421 785)

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES**  
**ASSIGNED FUND – STATEMENT OF CHANGES IN FUND BALANCE**  
**YEAR ENDED MARCH 31, 2016**

	Project Number	Fund Balance Beginning of Year \$	Deferred Revenue Beginning of Year \$	Revenue \$	Deferred Revenue End of Year (Note 5b)) \$	Expenses \$	Interfund Transfers \$	Fund Balance End of Year \$
<b>ADMINISTRATION</b>								
<b>Provincial funds</b>								
Housing Construction	701	-	-	-	-	-	-	-
PACS Teleradiology	702	-	-	-	-	-	-	-
MEO Technology Orientation	759	-	29 291	-	29 291	-	-	-
Emergency Measures	998	-	15 365	1 107 700	-	1 224 784	-	(101 719)
Bandwidth Enhancement Project	8860	-	73 212	-	73 212	-	-	-
<b>Other funds</b>								
Saqijuq Nunavik - Quebec Project	826	-	275 899	211 899	146 876	340 922	-	-
Pandemic Influenza	8001	-	-	-	-	-	-	-
Technocentre	8840	-	-	72 394	-	90 492	18 098	-
Regional Administrative Services	8891-92	-	101 946	329 028	337 624	133 103	39 753	-
		-	495 713	1 721 021	587 003	1 789 301	57 851	(101 719)
<b>REGIONAL DEVELOPMENT OF HUMAN RESOURCES</b>								
<b>Provincial funds</b>								
Training provided to Inuits on Medical Terminology	8022	-	91 261	-	91 261	-	-	-
Youth Protection Intervention	8026	(37 082)	-	-	-	-	-	(37 082)
Network Planning Program	8032	-	150 000	-	110 145	39 855	-	-
Interns Integration Program	8033	-	112 500	-	112 500	-	-	-
<b>Federal funds</b>								
Aboriginal Health Human Resources Initiative	811	(216 848)	-	-	-	-	-	(216 848)
<b>Other funds</b>								
Cancer Program	825	-	55 024	147 900	102 471	100 453	-	-
Administrative Agent Training for Inuits	8025	-	730 495	-	724 805	5 690	-	-
		(253 930)	1 139 280	147 900	1 141 182	145 998	-	(253 930)

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES**  
**ASSIGNED FUND – STATEMENT OF CHANGES IN FUND BALANCE (CONT'D)**  
**YEAR ENDED MARCH 31, 2016**

	Project Number	Fund Balance Beginning of Year \$	Deferred Revenue Beginning of Year \$	Revenue \$	Deferred Revenue End of Year (Note 5b)) \$	Expenses \$	Interfund Transfers \$	Fund Balance End of Year \$
<b>INUIT VALUES</b>								
<b>Provincial funds</b>								
Managerial Staff Development	610	-	120 518	25 480	144 640	1 358	-	-
Midwifery Program	901	-	2 428	-	-	2 428	-	-
Regional Midwifery	8016	-	75 826	-	-	78 673	-	(2 847)
<b>Federal funds</b>								
Brighter Futures	699	-	-	1 128 304	-	1 128 304	-	-
Indian Residential Schools	819	-	-	488 580	-	488 580	-	-
<b>Other funds</b>								
Aboriginal Healing Foundation	800	-	-	-	-	-	-	-
ITK – Regional Engagement Coordinator	804	-	-	-	-	-	-	-
McGill Social Workers' Project	815	-	38 073	-	38 073	-	-	-
		-	236 845	1 642 364	182 713	1 699 343	-	(2 847)
<b>OUT-OF-REGION SERVICES</b>								
<b>Provincial funds</b>								
Insured/Non-insured Health Benefits Program	938	-	-	46 213 651	-	46 213 651	-	-
Insured/Non-insured Health Benefits Management	939	(200 277)	-	348 251	-	486 519	-	(338 545)
		(200 277)	-	46 561 902	-	46 700 170	-	(338 545)
<b>PUBLIC HEALTH</b>								
<b>Provincial funds</b>								
Inuit Health Survey	690	-	876 342	1 900 000	2 762 052	14 290	-	-
Smoking Action Plan	913	-	-	-	-	-	-	-
Food Safety Project	915	-	8 989	-	-	18 442	-	(9 453)
Breast Cancer Screening Program – Regional	916	-	-	-	-	-	-	-

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES**  
**ASSIGNED FUND – STATEMENT OF CHANGES IN FUND BALANCE (CONT'D)**  
**YEAR ENDED MARCH 31, 2016**

	Project Number	Fund Balance Beginning of Year \$	Deferred Revenue Beginning of Year \$	Revenue \$	Deferred Revenue End of Year (Note 5b)) \$	Expenses \$	Interfund Transfers \$	Fund Balance End of Year \$
<b>PUBLIC HEALTH (CONT'D)</b>								
<b>Provincial funds (Cont'd)</b>								
Quebec Smoking Cessation Program	926	-	25 335	1 400	10 815	15 920	-	-
Kinesiology	931	-	111 292	-	29 828	81 464	-	-
Integrated Perinatal and Early Children	933	-	9 788	-	8 217	1 571	-	-
Oral Hygiene Survey	934	-	162 560	-	162 560	-	-	-
ITSS and Tuberculosis Prevention	935	-	97 843	-	95 093	2 750	-	-
Community Organizations Coordinator	936	-	94 289	-	94 289	-	-	-
AIDS and STD – Information and Prevention	956	(114 510)	-	-	-	34 728	-	(149 238)
Hepatitis C	959	-	6 159	-	6 089	70	-	-
Nosocomial Infections	960	-	-	-	-	-	-	-
STBI Research Project	968	-	179 343	-	130 000	49 343	-	-
Air Quality for Nunavik Residents	8017	-	13 410	-	13 410	-	-	-
PSSP Management Fees	8019	-	14 000	-	14 000	-	-	-
Environmental Health	8024	-	125 000	-	125 000	-	-	-
Good Touch Bad Touch	8030	-	65 023	205 000	3 177	266 846	-	-
Promotion of Healthy and Safe Sexual Practices	8031	-	-	-	-	-	-	-
<b>Federal funds</b>								
Health Consultation	600	-	-	-	-	-	-	-
NNHC Functioning	614	-	15 743	58 917	11 551	63 109	-	-
Tobacco Federal Program	631	-	-	-	-	-	-	-
FASD	634	-	-	286 116	-	286 116	-	-
Diabetes	693	-	183 679	588 188	183 679	588 188	-	-
Perinatal Nutritional Program	696	-	31 039	347 087	1 364	376 762	-	-
AHTF Healthy Living in School and Substance Abuse	809	-	4 410	-	4 410	-	-	-
Nutrition North Canada	820	-	-	469 823	-	469 823	-	-
Communication Plan	821	-	6 052	-	6 052	-	-	-
Federal Strategy for Smoking Prevention in Nunavik	827	-	-	654	-	654	-	-
Tuberculosis Outbreak	937	-	-	86 975	7 158	79 817	-	-



**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES**  
**ASSIGNED FUND – STATEMENT OF CHANGES IN FUND BALANCE (CONT'D)**  
**YEAR ENDED MARCH 31, 2016**

	Project Number	Fund Balance Beginning of Year \$	Deferred Revenue Beginning of Year \$	Revenue \$	Deferred Revenue End of Year (Note 5b)) \$	Expenses \$	Interfund Transfers \$	Fund Balance End of Year \$
<b>PUBLIC HEALTH (CONT'D)</b>								
<b>Other funds</b>								
Occupational Health and Safety	611	-	15 916	479 091	24 899	470 108	-	-
Kino Quebec	612	-	183 908	48 632	202 050	30 490	-	-
Injuries Prevention Research	655	-	4 915	-	2 539	2 376	-	-
Vaccines B – Sec. 5	660	(197 769)	-	7 000	-	55 772	-	(246 541)
Arctic Net Project	668	-	9 457	-	9 457	-	-	-
Dental Health for Primary School	803	-	8 529	-	8 529	-	-	-
Literacy Learning – "How I Quit Smoking"	805	-	43 010	-	43 010	-	-	-
		(312 279)	2 296 031	4 478 883	3 959 228	2 908 639	-	(405 232)
<b>PLANNING AND PROGRAMMING</b>								
<b>Provincial funds</b>								
Upgrade Units Endoscopy	682	-	-	-	-	5 623	-	(5 623)
Network Training	683	-	170 000	-	25 182	144 818	-	-
Medical Congress	684	-	-	-	25 000	-	25 000	-
Training Doctors for Northern Territory	685	-	-	212 631	134 517	78 114	-	-
Medical Training – Legal Kit	790	-	101 620	-	99 690	1 930	-	-
Women's Health Program	791	-	21 399	-	21 399	-	-	-
Missing and Murdered Women	795	-	-	-	-	1 717	-	(1 717)
Ulluriaq Annex	823	(211 250)	-	-	-	30 019	-	(241 269)
Unit for Boys	824	(419 728)	-	1 126 835	-	1 100 903	-	(393 796)
920-921-								
Installation Premiums and Training	923	-	675 288	629 598	-	600 967	(703 919)	-
External Residency in Family Medicine	922	(627 453)	-	-	-	-	627 453	-
PFM PNIQ - Stage for Inuits	924	-	-	3 426	-	3 426	-	-
Palliative Care	925	-	73 000	-	73 000	-	-	-
Pharmacy	928	(7 437)	-	107 437	100 000	-	-	-
Regional Committees against Violence	932	-	37 594	52 000	60 741	28 853	-	-
FMR - Other Expenses Related	940	-	-	-	47 087	4 379	51 466	-
Cancer	962	-	31 566	-	21 674	9 892	-	-

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES**  
**ASSIGNED FUND – STATEMENT OF CHANGES IN FUND BALANCE (CONT'D)**  
**YEAR ENDED MARCH 31, 2016**

	Project Number	Fund Balance Beginning of Year \$	Deferred Revenue Beginning of Year \$	Revenue \$	Deferred Revenue End of Year (Note 5b)) \$	Expenses \$	Interfund Transfers \$	Fund Balance End of Year \$
<b>PLANNING AND PROGRAMMING (CONT'D)</b>								
<b>Provincial funds (Cont'd)</b>								
Services to Elders – PFT	964	-	115 527	-	106 776	8 751	-	-
Psycho-social Intervention	965	-	50 000	-	50 000	-	-	-
Training – Nurse and Social Workers	977	-	-	-	-	-	-	-
Suicide Prevention – Training	8006	-	148 706	-	148 706	-	-	-
Violence against Women – Training	8007	-	180 338	-	152 240	28 098	-	-
Community Organization – Training	8008	-	116 639	24 497	91 056	50 080	-	-
Mental Health – Support on Clinical Projects	8009	-	-	-	-	-	-	-
Suicide Prevention – Regional Strategy	8010	-	270 405	-	198 210	72 195	-	-
Breast Cancer – Diagnosis and Patient Support	8011	-	2 335	-	1 533	802	-	-
Services to Elders	8012	-	-	-	-	-	-	-
Training – Network Employees	8013	-	-	-	-	-	-	-
Sexual Harassment Intervention Team	8015	-	31 285	-	-	44 725	-	(13 440)
Dependencies	8020	(305 820)	-	32 842	-	24 996	-	(297 974)
Training on Attention and Hyperactivity	8021	-	56 505	-	54 143	2 362	-	-
Elder Abuse Prevention	8023	(130 250)	-	108 409	-	90 485	-	(112 326)
Services Support Program	8027	-	108 244	-	105 272	2 972	-	-
Therapeutic Guide Redaction	8028	-	37 000	-	14 464	22 536	-	-
Services for Men	8029	-	45 770	-	45 770	-	-	-
Advisory Committee – Law 21	9009	-	85 898	-	72 883	13 015	-	-
DYP Law 19 VS Inuit Values and Practices	9010	-	120 000	-	120 000	-	-	-
Expert Committee - Health Physics	9012	-	76 052	-	72 836	3 216	-	-
Training on Crisis Management	9052	-	130 903	-	130 903	-	-	-
Mental Health	9053	-	74 297	-	74 297	-	-	-
Psycho-social Committee	9077	-	-	-	-	-	-	-
CLSC – Regional Development Strategy	9079	-	2 428	-	2 428	-	-	-
Development Problems – Regional Committee	9080	-	10 564	-	10 564	-	-	-
Intellectual Deficiency – Evaluation Chart	9081	-	208 535	-	208 535	-	-	-
Support for the Hearing Impaired	9083	-	35 000	-	2 339	32 661	-	-
Rehabilitation Service	9084	-	90 000	-	15 234	74 766	-	-

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES**  
**ASSIGNED FUND – STATEMENT OF CHANGES IN FUND BALANCE (CONT'D)**  
**YEAR ENDED MARCH 31, 2016**

	Project Number	Fund Balance Beginning of Year \$	Deferred Revenue Beginning of Year \$	Revenue \$	Deferred Revenue End of Year (Note 5b)) \$	Expenses \$	Interfund Transfers \$	Fund Balance End of Year \$
<b>PLANNING AND PROGRAMMING (CONT'D)</b>								
<b>Federal funds</b>								
Home and Community Care	618	-	-	2 304 463	-	2 304 463	-	-
Disabled Adult Care	694	-	7 939	-	7 939	-	-	-
Family Violence	695	-	87 542	-	-	95 700	-	(8 158)
Community Mental Health	697	-	-	870 719	-	874 062	-	(3 343)
Suicide Prevention Strategy	698	-	-	169 273	-	176 877	-	(7 604)
<b>Other funds</b>								
Community Network - Nunavik Youth	650	-	-	557 198	-	557 198	-	-
Best Practices for Elders' Residences	812	-	694	16 100	15 002	1 792	-	-
Liaison Agent Training Program	813	-	42 022	-	42 022	-	-	-
Ulluriaq Adolescent Centre	817	(953 361)	-	1 957 193	-	1 165 620	-	(161 788)
Suicide Prevention	963	-	135 324	-	134 673	651	-	-
Caregiver	8034	-	18 127	81 000	93 939	5 188	-	-
Needs Assessment of the Nunavik Deaf Adults	8035	-	-	-	-	-	-	-
Deaf Workshop	8037	-	-	1 929	-	29 716	-	(27 787)
National Training Program	9076	-	23 655	-	23 655	-	-	-
		(2 655 299)	3 422 201	8 255 550	2 603 709	7 693 568	-	(1 274 825)
		(3 421 785)	7 590 070	62 807 620	8 473 835	60 937 019	57 851	(2 377 098)

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES**  
**NOTES TO SUMMARY FINANCIAL STATEMENTS**  
**MARCH 31, 2016**

**1. REPORTING ENTITY**

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

**2. RESTATEMENT**

During the year, the NRBHSS retrospectively changed the method of accounting for the deferred revenues of the Assigned Funds. Previously, the NRBHSS recorded all unspent revenues as fund balance of the Assigned Funds, whereas it should have recognized these funds as a deferred revenue. As at April 1, 2014, this change led to an increase in deferred revenue of \$6,353,529 and an equivalent decrease in the fund balance of the Assigned Funds.

**3. ACCOUNTS RECEIVABLE**

	2016	2015
	\$	\$
<b>a) Operating Fund</b>		
Health and Social Services – Strategic Regional Plan	3 591 688	3 073 415
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	85 677	87 230
GST/QST Rebates	424 444	279 156
Inuulitsivik Health Centre	389 998	1 096 645
Tulattavik Health Centre	471 175	3 101 434
Secrétariat Général de la Santé et des Services Sociaux	-	296 582
Employee Advances	-	3 978
Other	477 274	541 364
	<b>6 042 225</b>	9 081 773
Provision for Doubtful Accounts	<b>(118 211)</b>	(127 331)
	<b>5 924 014</b>	8 954 442
<b>b) Assigned Fund</b>		
Health and Social Services – INIHB (Note 9)	95 835 915	70 900 704
Health and Social Services – Strategic Regional Plan	3 600 000	740 000
Health and Social Services – Various	107 910	107 910
GST/QST Rebates	18 169	23 673
Inuulitsivik Health Centre	165 332	-
Tulattavik Health Centre	921 375	-
Aboriginal Affairs and Northern Development Canada	28 406	28 406
Health Canada	10 553	215 779
Kativik Regional Government	-	23 646
Other	-	120 100
	<b>100 687 660</b>	72 160 218

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES  
NOTES TO SUMMARY FINANCIAL STATEMENTS  
MARCH 31, 2016**

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

	<b>2016</b>	2015
	\$	\$
<b>c) Long-term Assets Fund</b>		
Health and Social Services – Accounting Reform	<b>5 147 225</b>	8 133 169
GST/QST Rebates	<b>206 998</b>	290 622
Advance to Establishments	<b>5 600 883</b>	4 157 454
	<b>10 955 106</b>	12 581 245

**4. CAPITAL ASSETS**

The capital assets are composed of the following:

			<b>2016</b>	2015
	Cost	Accumulated Amortization	<b>Net Book Value</b>	Net Book Value
	\$	\$	\$	\$
Buildings	18 661 149	6 100 553	<b>12 560 596</b>	12 845 535
Computers	3 590 202	3 439 836	<b>150 366</b>	424 947
Furniture and Equipment	926 016	724 436	<b>201 580</b>	317 293
Specialized Equipment	181 538	116 801	<b>64 737</b>	75 882
Vehicles	137 295	137 295	-	3 922
	23 496 200	10 518 921	<b>12 977 279</b>	13 667 579

**5. DEFERRED REVENUE**

The deferred revenue is composed of the following:

	<b>2016</b>	2015
	\$	\$
<b>a) Operating Fund</b>		
Health and Social Services – Strategic Regional Plan	<b>207 640</b>	171 040
<b>b) Assigned Fund</b>		
Various Assigned Funds (Pages 17 to 22)	<b>8 473 835</b>	7 590 070
	<b>8 681 475</b>	7 761 110

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES**  
**NOTES TO SUMMARY FINANCIAL STATEMENTS**  
**MARCH 31, 2016**

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**6. 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 eight (8) 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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**7. PREVIOUS YEARS' ANALYSES**

The MSSS's final analyses of the 2003-2004, 2004-2005, 2005-2006, 2006-2007, 2007-2008, 2008-2009, 2009-2010, 2010-2011, 2011-2012, 2012-2013, 2013-2014 and 2014-2015 financial reports were not available at the time of issuance of the present financial statements. Any adjustments resulting from these analyses will be reflected in the 2016-2017 financial statements.

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**8. INTERFUND ACCOUNTS**

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

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**9. 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	9 009 161
2012-2013	20 097 886
2013-2014	19 487 750
2014-2015	22 305 907
2015-2016	24 935 211
	<hr/>
	95 835 915

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**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES  
NOTES TO SUMMARY FINANCIAL STATEMENTS  
MARCH 31, 2016**

**10. CONSTRUCTION IN PROGRESS**

		<b>2016</b>	2015
		\$	\$
Housing Units (54 units: 25 for UTHC, 23 for IHC and 6 for NRBHSS)	2008-2009	<b>21 193 637</b>	21 193 074
Housing Units (50 units: 23 for UTHC, 23 for IHC and 4 for NRBHSS)	2009-2010	<b>18 541 011</b>	18 521 416
Housing Units (70 units: 38 for UTHC, 28 for IHC and 4 for NRBHSS)	2011-2012	<b>19 312 338</b>	19 264 991
Direction of Youth Protection (Building) – Puvirmituq	2012-2013	<b>11 158 572</b>	10 934 985
Rehabilitation Center (Building) – Inukjuak	2014-2015	<b>22 494 460</b>	17 676 880
Housing Units - Phase 3 (50 units: 23 for UTHC, 23 for IHC and 4 for NRBHSS)	2015-2016	<b>20 729 509</b>	-
CLSC (Building) - Aupaluk	2015-2016	<b>198 341</b>	-
		<b>113 627 868</b>	87 591 346

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.

**11. COMMITMENTS**

The NRBHSS has rental commitments amounting to \$510,564. The future minimum contractual obligations for the next four (4) years are as follows:

	\$
2016-2017	206 654
2017-2018	153 142
2018-2019	114 928
2019-2020	35 840
	<b>510 564</b>

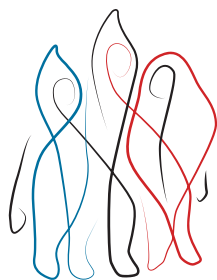
**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES**  
**NOTES TO SUMMARY FINANCIAL STATEMENTS**  
**MARCH 31, 2016**

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**12. CONTINGENCY**

As at March 31, 2016, the NRBHSS is subject to a claim from a supplier, for an amount of \$6,401,683 jointly with a second party. The NRBHSS is also subject to a claim from a supplier for a construction project, for an amount of \$637,179. 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 this contingency 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.





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