

ANNUAL REPORT

2010 – 2011



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NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES

RÉGIE RÉGIONALE DE LA SANTÉ ET DES SERVICES SOCIAUX NUNAVIK

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Annual Report 2010-2011

April 1, 2010, to March 31, 2011

Our *raison d'être*:

The well-being of the entire Nunavik population

Our mission:

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

Our objective:

Improve our population's state of health

Our values:

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

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Nunavik: A Vast Occupied Territory

The Region and Its People

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

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



Today, Nunavik is home to approximately 11 000 inhabitants, 90% of whom are Inuit, living in 14 communities dotting the coasts and rivers: Kuujjuaraapik, Umiujaq, Inukjuak, Puvirnituk, Akulivik, Ivujivik, Salluit, Kangiqsujuaq, Quaqaq, Kangirsuk, Aupaluk, Tasiujaq, Kuujjuaq 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 Kuujjuaq, these small communities are dispersed along the 2 500 kilometres of shoreline that border Nunavik, some on the east coast of Hudson Bay, others on the coasts of the Hudson Strait and Ungava Bay. Kuujjuaq is located a little farther inland, upstream on the Koksoak River, directly at the tree line, straddling taiga and tundra. With its population of 2 000 inhabitants, it is the largest community of the region, which also makes it the administrative centre of Nunavik.

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

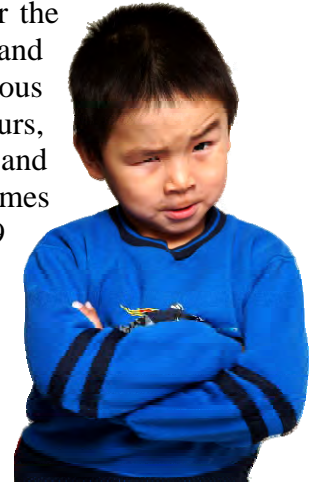
As the majority of the Nunavik population is Inuit, Inuktitut is the language most used in the region. On the other hand, due to the federal government's predominant presence in the region's previous administration, the use of English is also widespread, especially in the workplace, and this more than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

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

Inuit Health Indicators

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

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



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

Sources:

- *Health and social services in Nunavik*
- NRBHSS Executive Summary, 2007
- Nunavik Regional Plan against an Influenza Pandemic, Health Mission, draft document, NRBHSS, 2006
- *2009-2010 Annual Report*
- Avataq Cultural Institute Website

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 131 million dollars, destined for health and social services for the populations of the 14 communities.

The NRBHSS employs about 65 Inuit and non-Inuit workers and includes the Department of Executive Management, the Department of Public Health, the Department of Planning and Programming, the Department of Administrative Services and the Department of Inuit Values and Practices.

Moreover, the Department of Out-of-Region Services and the Regional Department of Human-Resources Development were created in 2009-2010.



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

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

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

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

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

Health Centres



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

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

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

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

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

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

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

Message from the Chairperson of the Board of Directors

Below is an overview of our accomplishments, issues and current portfolios in health and social services at the Nunavik Regional Board of Health and Social Services for fiscal 2010-2011.

FOLLOW-UP REPORT OF THE *COMMISSION DES DROITS DE LA PERSONNE ET DES DROITS DE LA JEUNESSE (CDPDJ)*



In September 2010, the Nunavik Regional Board of Health and Social Services (NRBHSS) optimistically received the follow-up report of the *CDPDJ*. Since the beginning of the inquiry in 2007, we have considered ourselves satisfied with the work of the Nunavik network's professional resources. We appreciate that their efforts to improve the situation in our region are being recognized in the 21 recommendations formulated in the report.

In response to the comments concluding the inquiry, we recognize that work remains to be done to address the social problems in Nunavik. The NRBHSS and the health institutions are continuing their efforts at consolidating and developing services for youths and families to ensure the wellness of all *Nunavimmiut*.

To name but a few, the housing shortage, food insecurity and an unstable job market are all factors contributing to the range of social problems. We are aware that the situation of Nunavik children remains and will remain fragile as long as those social and economic factors are not resolved.

To ensure success in the efforts of our health and social services network, the future, the health and the safety of Nunavik children must be ensured through community mobilization.

CLINICAL PROJECT

For two years, the NRBHSS and its partners have been working on a clinical project to upgrade our services with regard to troubled youth, addictions and mental health. We have elaborated an approach that focusses on community needs. Our services are developed by them, with them, for them.

Our advisory committees will come up with an appropriate proposal for the service supply. Once the various boards of directors concerned adopt the proposal, it will be incorporated into an implementation plan. This process will be made possible thanks to Health Canada, which has renewed its support through the Aboriginal Health Transition Fund.

PLAN NORD

Several meetings were held last year to discuss the *Plan Nord*. The NRBHSS remains vigilant in that regard, because we want to make sure this project is carried out without harm to our population. Many aspects of this large-scale project will have long-term impacts on our region, and we want those impacts to be positive.

RESIDENTIAL-SCHOOLS SURVIVORS

This issue will remain engraved in our memory for a very long time. Last March, the Truth and Reconciliation Commission of Canada held hearings in Inukjuak and Kuujjuaq. We wish to thank the commission for coming to Nunavik. We are pleased to have given our ambassadors from our 14 villages the opportunity to attend the hearings in Inukjuak and Kuujjuaq, thanks to the Brighter Futures program. We also extend our gratitude to Health Canada, Makivik Corporation and our Inuit Values and Practices Department for their involvement and support. Healing must continue for the well-being of the survivors, their families and our communities.

INUIT MANAGEMENT TRAINING

We are very proud to be involved, through our Inuit Values and Practices Department, in the Inuit Management Training program. This capacity-building initiative clearly demonstrates our organizations' intention to employ qualified Inuit personnel. We congratulate all the participants and salute their courage and determination.

NUNAVIK TOUR

Last March, the NRBHSS embarked on an information tour of Nunavik. The tour began with a stop in Puvirnituk. Visiting each village of Nunavik to discuss health and social services issues with the population and the network professionals is of prime importance. It is also a fine opportunity to check our facilities. The tour will continue into the coming months and in the course of the next year.

NUTRITION NORTH CANADA PROGRAM

On March 29, 2011, the Kativik Regional Government and the Nunavik Regional Board of Health and Social Services cautiously received the adjustments announced recently to the Nutrition North Canada program.

After making the headlines for several weeks, the federal government announced on March 9 that it would expand the list of items eligible for subsidy. The list now includes all food items and most non-food items that were eligible under the Food Mail Program prior to October 2010.

Although this announcement seemingly meets the concerns raised in the past few months by northern residents, it nevertheless ignores the resolution adopted by the KRG board of directors in December 2010. In the past few months the KRG and the NRBHSS have on many occasions asked the Minister of Indian and Northern Affairs, John Duncan, to maintain the Food Mail program until a thorough examination of the actual impacts of the new Nutrition North Canada program is completed.

There are no data available to help us understand or measure to what extent the new program will indeed affect *Nunavimmiut*, especially the region's most vulnerable residents, particularly pregnant women, children, youths, the elderly and single parents. One fact remains: the truncated list of items eligible for subsidy which came into force in October 2010 has already had disastrous effects in the North.

The federal government must initiate a thorough examination of the adverse consequences of Nutrition North Canada as soon as possible, and it must do so in a transparent and accountable manner, through direct consultations with the people living in the North. The expanded list of items eligible for subsidy announced on March 9 by Minister Duncan will be effective for only 18 months. The new and complex rate structure of Nutrition North Canada came into force on April 1, 2011.

In this regard, the KRG and the NRBHSS are pursuing only one objective: making sure that *Nunavimmiut* will continue to have access to healthy food and quality commodities at reasonable prices, that is, prices comparable to those paid by Canadians in other regions. The federal government must make sure that Nutrition North Canada does not destroy years of efforts to reduce the cost of living in our region, years of efforts to improve the health and other critical aspects of life of the people living in the North.

HEALTH AND SOCIAL SERVICES AGREEMENT: STRATEGIC PLAN

On February 15, 2011, an agreement on the provision and funding of health and social services in Nunavik was signed between the Government of Québec and the Nunavik region in Québec City. This agreement marks the outcome of a long and sometimes challenging process.

On March 6, 2009, Minister Bolduc, Minister Thériault and the NRBHSS signed a framework agreement that signalled the Quebec Government's commitment to work together toward that goal. On July 5, 2010, Premier Jean Charest and Ministers Thériault and Corbeil were in Kuujuaq to announce that the Quebec Government and the Nunavik Regional Board of Health and Social Services had concluded a seven-year agreement on the delivery and funding of health and social services in Nunavik.

The signature of this agreement was another crucial step confirming the commitment of the *ministère de la Santé et des Services sociaux* toward *Nunavimmiut*.

Our regional strategic plan on health and social services in Nunavik was under way well before this framework agreement. For several years, we at the Nunavik Regional Board of Health and Social Services had been working with our partners at the Inuulitsivik and Tulattavik Health Centres on the plan.

That was the first time since the signature in 1975 of the *James Bay and Northern Quebec Agreement* that Nunavik's health and social services needs have been the subject of a thorough assessment and plan.

First, we had to determine the health and social conditions of our population. Then we identified our priorities for action for the next seven years. We know our population and we know its needs. That is why our priorities are youth protection, social services and psychiatric services.

We also defined a community-centred approach. Our services will be delivered in an integrated manner, and our professionals and staff will work together as a team and not in a top-down structure.

Services require personnel and infrastructure. Therefore we listed our needs in that regard in our strategic plan.

Signature of the agreement provides new funds for developing services and installations over the next seven years. This is a major accomplishment we can all be proud of.

FINANCIAL UPDATE ON THE ACCUMULATED DEFICIT AND OPERATING BUDGET

Since its creation, the Nunavik Regional Board of Health and Social Services has had to ensure management in spite of much difficulty in order to respond to the population's needs. These difficulties have been the topic of much discussion with the MSSS, and the NRBHSS has always maintained that the region is underfunded when it comes to offering all the services required.

We are pleased to announce that the MSSS has arrived at the same conclusion and will inject new funds and make the necessary adjustments relative to fiscal 2009-2010 and 2010-2011.

Therefore, for fiscal 2009-2010, various amounts have been applied to the reimbursement of the accumulated deficit as a one-time payment to erase the entire deficit as of March 31, 2010, as follows:

TULLATAVIK	INUULITSIVIK	TOTAL
\$28 394 950	\$100 117 240	\$128 512 190

Adjustments were also made to the 2010-2011 operating budget (recurrent budget added to existing budgets):

TULLATAVIK	INUULITSIVIK	TOTAL
\$7 475 433	\$17 933 353	\$25 408 786

For fiscal 2011-2012, given the new funds granted by the *MSSS*, both health centres will start with balanced budgets.

However, the NRBHSS still has a deficit of \$5 209 874. We still have to negotiate with the *MSSS* concerning our annual deficit of \$600 000.

NORTHERN QUEBEC MODULE (*MNQ*)



On March 2, 2011, the Nunavik Regional Board of Health and Services announced the relocation on April 9 of the Northern Quebec Module (*MNQ*) from the Notre-Dame-de-Grâce district to the YMCA Residence due to lease termination in April 2011.

The building, located at 4039 Tupper Street, Westmount, has three floors with 150 beds, a cafeteria and laundry facilities. It provides close proximity to the services of the McGill University Health Centre (MUHC), which are

part of the services delivered by the McGill integrated university health network (*RUIS*).

This relocation enables the *MNQ* to deliver its services, previously accessed in various locations, in one building. Nevertheless, the *MNQ* is pleased to maintain the services of Chez Gigi and Michèle, a resource where pregnant women encountering complications during pregnancy can stay.

Patient security is our priority. The YMCA building provides high security measures with security guards assigned to every floor 24 hours a day, seven days a week. Each user is registered and access to the building is monitored.

We are continuing our search for a building in Montréal where the *MNQ* can relocate permanently. The YMCA Residence remains a short- and medium-term solution. Our objective is still to offer a permanent place to Inuit who must travel to Montréal for specialized health care unavailable in Nunavik.

NUNAVIK SCHOOL GAMES



The first Nunavik School Games were held from April 7 to 13, 2011, in Kuujjuaraapik. They were organized chiefly by the Kativik School Board, the Kativik Regional Government, the Nunavik Regional Board of Health and Social Services and other partners.

The 14 communities of Nunavik were proudly represented by their respective school teams. We were very pleased to welcome our neighbours from Nunavut and the Cree community of Whapmagoostui.

Held in a healthy, educational environment, the event brought together more than 200 youths aged 11 to 16 years and representing 16 schools. These young athletes demonstrated their skills in at least five sports disciplines such as cross-country running, volleyball, soccer, basketball and floor hockey.

The event also gave the Nunavik Regional Department of Public Health an opportunity to organize, on the sidelines of the Nunavik School Games, several awareness activities on the following themes: physical activity, nutrition, diabetes, smoking and infectious diseases.

The children were very motivated to work in teams, driven by the hope that their school would win the Nunavik School Games Cup for excelling in most competitions, the Health Challenge Cup for accumulating the most health points or the Sports Ethics Cup for demonstrating sportsmanship and team spirit.

We wish to congratulate the winners and all the participants. We would also like to congratulate the organizers and our partners, who have made this event a sheer success that, I hope, will be repeated next year.

NUNAVIK HEALTH AND SOCIAL SERVICES PRIORITIES IN 2010-2011

We would like to remind you that priorities were set at the last AGM, in October 2010, for the period from April 1, 2010, to March 31, 2011, as follows:

1. ensure services to prevent fetal alcohol spectrum disorder (FASD);
2. strengthen Inuit cultural identity through healing and develop cultural approaches to improve well-being;
3. establish supportive ties and offer services to reinforce the family environment.

Youth protection, the Northern Quebec Module and services outside the region are among the issues that remain at the centre of our concerns.

To conclude, I wish to acknowledge the remarkable work of our health and social services professionals and staff. Their every action contributes significantly to improving our state of health. It is important to recognize their work, which is often performed in a difficult context.

That is why we must continue to offer them incentives to remain in the region, if we want to continue to provide high-quality and appropriate health and social services. One important incentive is sufficient housing, as our labour force will continue to grow in the future.

We will not give up and must therefore work together toward our goals. In this regard, we would also like to thank our partners and the members of the health and social services network for their exceptional cooperation, support and contribution.

Alasie Arngak

Boards of Directors of the Nunavik Health and Social Services Network

The *Act respecting health services and social services and amending various legislative provisions* (R.S.Q., 1991, Chapter S-4.2) clearly outlines the responsibilities, rights and powers of board members. The statute also provides for more precise mechanisms to ensure board members are accountable and that their duties are carried out in an open manner.

The responsibilities of board members differ from those of the directors. Board members are required to:

- establish their organization's priorities and orientations;
- ensure the services offered are relevant, efficient and of good quality;
- ensure user rights are respected and their complaints processed within reasonable periods;
- ensure human, physical and financial resources are used economically and efficiently;
- ensure the workers of the institutions are committed and motivated and have opportunities for professional development.

Board of Directors of the Regional Board

Some changes occurred within the regional board's board of directors during the year.

- Johnny Qaqtuq Akulivik representative
- Kitty Annanack KRG representative

- The position of representative of Akulivik was assumed by Sarah Anautak, Jr. on February 23, 2010; she was replaced by Johnny Qaqtuq on April 20, 2010.
- Andy Moorhouse, representative of the KRG, was replaced by Kitty Annanack on April 20, 2010.

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

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

We would like to congratulate the newly elected members. We also wish to acknowledge the members who have left us and to thank them for their past efforts.

During the session of December 5, 2010, a new executive committee was appointed by the members:

Arngak, Alasie	Chairperson, representative of Kangiqsujuaq
Weetaluktuk, Eva	Vice-Chairperson, representative of Inukjuak
May Jeannie	Secretary, Executive Director of the NRBHSS
Pomerleau, Madge	Member of the executive committee, Executive Director of the UTHC
Snowball, Bobby Sr.	Member of the executive committee, representative of Kuujjuaq

Composition of the Board of Directors on March 31, 2011

Executive Committee

Arngak, Alasie	Chairperson, representative of Kangiqsujuaq
May, Jeannie	Secretary, Executive Director of the NRBHSS
Pomerleau, Madge	Member of the executive committee, Executive Director of the UTHC
Snowball, Bobby Sr.	Member of the executive committee, representative of Kuujjuaq
Weetaluktuk, Eva	Vice-Chairperson, representative of Inukjuak

Board Members

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

No policies were adopted or modified during the year.

Executive Management

Message from the Executive Director



Upon my return from maternity leave in January 2010, the Nunavik Regional Board of Health and Social Services was fully occupied with its priorities, including negotiations with the *ministère de la Santé et des Services sociaux* concerning our regional strategic plan. We are proud to announce completion of the plan, in August 2010, thanks to the ceaseless efforts of our team at the NRBHSS, the support of our board members and the collaboration of the *MSSS*. With the well-being of *Nunavimmiut* at the core of our mission, we enabled the health and social services network to maintain and improve the service supply destined for the population.

On February 2, 2010, we presented our status report to the Parliamentary Committee, which received it favourably.

During the year, we also worked closely with the Inuulitsivik and Ungava Tulattavik Health Centres as well as our board of directors on important portfolios, such as the relocation of the Northern Québec Module, a service that provides lodging and other support for patients travelling to Montréal for health care that is unavailable in the North. At present, we have a temporary solution, and we are continuing our search for a permanent one that responds to our needs.

Another priority this year was youth rehabilitation services. We attended a meeting that included the executive committees of the NRBHSS, the IHC and the UTHC, where we discussed ways to better orient these essential services.

We are also involved in the *Plan Nord* as well as in some very important discussions with *Nunavimmiut* and government representatives on this development project.

The issue of residential schools was among our priorities this year. This chapter of our history has had long-term negative effects on our collective lives. Today, the Inuit are confronted by challenges that return generation after generation; we must find solutions to ensure our healing. With the testimonies by former students of residential schools and their children, I hope we receive all the necessary support from all levels of government. This unresolved trauma represents a major obstacle to our well-being, and we must deal with the situation in order to plan our future.

Finally, I would like to thank my team and the directors for their unending efforts at supporting me in my responsibilities and for ensuring that the priorities identified by our board of directors receive all the necessary attention. I also wish to thank our regional partners for their ongoing support and cooperation toward a positive future for Nunavik. Last, I extend my gratitude to our board of directors and our Chairperson, Alasie Arngak, who once again demonstrated her commitment to the region and its population. This year was filled with success; let us hope for the same in the coming years. *Nakurmiik!*

Jeannie May

Nunavik Regional Government

The year 2010-2011 saw much work on the Nunavik Regional Government (NRG) portfolio. The final agreement on the creation of that body and the comments received throughout the process were discussed among the three parties to the negotiations: Makivik Corporation, the Government of Canada and the Government of Québec. The members of our board of directors received regular updates on the amalgamation of the three public agencies—the Kativik Regional Government, the Kativik School Board and the Nunavik Regional Board of Health and Social Services—as well as on the Nunavik Assembly (an elected body), its organization and powers, the transition period and the implantation plan.

The negotiators reached consensus on the wording of the final agreement; subsequently, accompanied by a support team, they visited all the villages in order to inform the population. Public meetings, during which the negotiators answered questions, were held in each community.

The final agreement explains the two-phase implantation of the Nunavik Regional Government. The first phase consists of the creation of the regional government through the amalgamation of the three public bodies mentioned above as well as the definition of its legal status, powers and responsibilities, structure—Nunavik Assembly, Executive Council—and administration. The initial phase also covers the elections of the Nunavik Assembly and the Executive Council, the financial framework, the assembly’s advisory councils and special advisory bodies, the bilateral committee concerning the Naskapi and, finally, the relations with the different levels of government, Makivik, the Cree Nation, the First Nations and the neighbouring Inuit regions of Canada. The first phase ends with the transition committee and the transition directorate.

The goal of the second phase of the final agreement “shall be the negotiation of a supplementary agreement or supplementary agreements which could provide, as the case may be, new powers to the NRG as could be defined in such supplementary agreement or supplementary agreements and which could be inspired by the recommendations found in the 2001 report of the Nunavik Commission entitled *Let Us Share: Mapping the Road toward a Government for Nunavik*.”

The *Nunavimmiut* were invited to express their opinion on the final agreement during a referendum held April 27, 2011. The majority of the voters voted no to the final agreement concerning the creation of the Nunavik Regional Government.

Emergency Prehospital Services and Emergency Measures

Emergency Prehospital Services

In 2010-2011, most of the 12 communities where the first-response service has been implanted were able to stabilize that service. Complete training for the first responders was given in the following villages and was offered in other communities:



Inukjuak:	May 2010
Salluit:	September 2010
Kangiqsualujuaq:	October 2010
Kangirsuk:	November 2010
Kangisujuaq:	February 2011

In March 2010, the first upgrade training to date was offered in Nunavik. The ultimate goal of upgrade training is to maintain the responders' basic skills and improve their abilities by teaching them new protocols. Thus, in the near future, they will be able to use patient-stabilization equipment that they are presently unable to use due to lack of adequate training.

The training program was therefore modified to enable the first responders to acquire more skills. This year, that new training was provided in Inukjuak, Umiujaq and Kuujjuaraapik, with the level adjusted according to the responders' respective levels in each village. In the future, it will be maintained to ensure all first responders have access to it, and it will be upgraded as the responders progress.

Nunavik first responders provided services on more than 810 occasions during the year. Over the course of an entire year, that represents an average of three interventions per day for the entire region.

This year, a register of first responders for the Nunavik territory was created. The register will enable us to monitor the first responders' progression in each village. It should prove very useful in the provision of adapted training in each village, according to the degree of acquired skills. An identification card was also produced for the responders who have completed the basic training or the annual recertification training. Starting in



January 2012, each first responder working on the territory will be required to possess the card, which will serve as proof of NRBHSS accreditation.

More and more women are joining the ranks of the first responders. It is interesting to note that currently, a little more than 22% of the region's responders are female.

It is important to recognize the admirable work performed by these teams. First responders are individuals devoted to their community. We also recognize the local coordinators, who, in their respective communities, are involved in the provision of prehospital services and assume responsibility for part of the training logistics, thus ensuring successful training sessions.

Finally, we also wish to point out the excellent collaboration of the Kativik Regional Government in this area. Pursuant to an agreement between the NRBHSS and the KRG, training was made much more accessible thanks to additional funding from the KRG's Employment and Training Department.

Emergency Measures, Health Mission

This year, training was organized to consolidate the NRBHSS emergency team, which is sometimes subject to high personnel turnover. The members' role within the team was clarified for improved comprehension and cohesion and to facilitate coordination in case of emergency.

Training in psychosocial matters was also provided for the front-line workers of the various communities on the Ungava coast. The role of psychosocial workers is to provide psychological support for victims and their families in the event of a disaster (defined under the *Civil Protection Act* as “an event caused by a natural phenomenon, a technological failure or an accident, whether or not resulting from human intervention, that causes serious harm to persons or substantial damage to property and requires unusual action on the part of the affected community, such as a flood, earthquake, ground movement, explosion, toxic emission or pandemic”) in the region. Such support is often essential in the short term but can also be provided over the longer term, depending on the situation.



To grasp fully the notion of disaster, we need to take into account the discrepancy between the level of need associated with the situation, on the one hand, and on the other, the ability of the authorities to respond to those needs.

Department of Planning and Programming

Message from the Acting Director

I arrived at the regional board during the second quarter to serve as consultant and supervise the professionals and the activities under way. Among our accomplishments in 2010-2011, I wish to highlight the excellent work of the Planning and Programming team, which devoted much effort to the clinical project launched in 2009 following the Government of Québec's reform to the *Act respecting health services and social services*.

The following are among the objectives pursued by the regional board in partnership with the two health centres:

- improvement and development of services for youths in difficulty and their families, psychiatric services and substance-abuse services destined for youths and their families, which are priorities recommended by the steering committee for partners of the Nunavik health and well-being network;
- strengthening of partnerships in order to provide an adequate and coordinated service supply for *Nunavimmiut* with the goal of facing the challenge of ensuring services in a context of complex social problems.

The involvement of leaders and associations in the process has revealed the necessity of developing a new way of designing services and programs in Nunavik to ensure that the Inuit are at the heart of the process.

The work performed by the committees has helped shed light on the effects of unresolved historical trauma, the issue of residential schools and the massacre of dogs, which are among the roots of today's social problems, as well as the intergenerational transfer of those problems.

Inuit empowerment relative to their society was diminished by “the establishment of governmental social services [that] erased traditional methods of supporting persons in difficulty without adapting to Inuit culture and realities.”¹

The clinical project offers the Inuit an opportunity to reappropriate power over orientations in the health system and ensure that services reflect their values, desires, needs and culture while respecting the legislative framework.

¹ “Inquiry on youth-protection services on the Ungava and Hudson coasts, NUNAVIK. Report, inquiry conclusions and recommendations.” *Commission des droits de la personne et des droits de la jeunesse*, Québec, p.5.

The year 2010-2011 saw collaboration and action among all the key actors from the various Inuit associations and community organizations, cross-sector partners, health centres and the NRBHSS. Such sustained mobilization and investment required a serious commitment from all the organizations and individuals involved in this important process. We wish to thank them for their valuable commitment and the trust they place in the process of the clinical project.

Much work remains before recommendations are set forth. The process of change demands sustained and ongoing commitment from the regional board and the health centres over the coming year.

Together, we can make the most of the opportunity to do things differently to improve the well-being of *Nunavimmiut*.

Claude Bouffard

Clinical Project

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

Priorities among the Services to Improve or Develop

Within the three service programs identified as priorities, several services were deemed as requiring improvement or as non-existent in the region. With the goal of deciding which services should be improved or developed as priorities in the region, a steering committee for the health and well-being partners in Nunavik was created. That committee brought together more than 30 organizations from the community and institutional sectors between June 2 and 4, 2010, in Kuujuaq. Below are the priorities jointly identified during the meeting:

Youths and families

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

Mental health

- development of a regional suicide-prevention strategy;
- development of a regional prevention and promotion program in mental health;
- reinforcement of residential resources for persons with chronic psychiatric problems.

Addictions

- development of a regional strategy for preventing foetal alcohol syndrome (FAS) and services for diagnosis, intervention and support for individuals and families already living with FAS;
- development of a community network of Inuit addictions advisors;
- development of a complete program on substance abuse for the clientele aged 6 to 12 years.

Further, the steering committee enabled refocussing the clinical-project process on a major demand from the Inuit representatives. The partners asked that the Inuit be significantly involved in each step of the formulation of recommendations relative to services. Response to that

demand was reflected in the composition and functioning of the committees tasked with formulating recommendations and which will be set up starting in the fall 2011.

Setup of Committees and Work Progress

In the fall 2011, for each service program under revision, an advisory committee that included representatives from all the organizations wishing to participate in the formulation of recommendations was created. Those committees, for the majority consisting of Inuit representatives, review the recommendations made by smaller working committees. The advisory committees must ensure that the recommendations are based on Inuit values, needs, desires and culture, are feasible and realistic, and also that they are supported by the organizations concerned. Each of the advisory committees and working committees created has elected an Inuit chairperson who will ensure that the recommendations are set forth and successfully promoted.

Besides the three advisory committees, the following working committees were set up during the year:

- Qiturngavut;
- committee for community involvement in the youth-protection process;
- committee for residential resources for persons with chronic psychiatric disorders.

Other working committees are being created.

Children, Families and Youths

The principal task of the team for programs for children, families and youths is to ensure implantation of the *MSSS' Offre de service – Jeunes en difficultés 2007-2012* [Service supply for youths in difficulty, 2007-2012], i.e., develop services to support youths in difficulty aged 0 to 18 years and their families and ensure that those service programs are in harmony with the youths' specific social realities and Inuit cultural values.

The team consists of an advisor and two Planning and Programming officers. The period covered by the present report was marked by the end of the *CDPDJ* investigation (September 2010) as well as the deployment of new psychosocial rehabilitation resources for youths.

Children, Families and Youths: Front-Line Services

Programs for Neglect and Parental Support

Significant progress was made in establishing parental-support programs in Nunavik to counter neglect.

The work of the Qiturngavut Committee advanced sufficiently for official presentation to the youth advisory committee in the spring 2011. Qiturngavut Committee members believe that problems linked to neglect must be dealt with jointly by the institutions and organizations, given that:

- front-line services need to be reinforced;
- CLSC services must be explained to and promoted among the population;
- substantial efforts must continue for the hiring and retention of Inuit personnel in the health and social services network;
- the five parental-support programs identified by the committee are considered as being among the best Inuit parental practices and valid for implantation;
- the various organizations are revising their functioning to facilitate exchange of expertise and partnership;
- the development and evaluation of the community network, particularly the family-oriented organizations, are considered as priorities and are actively supported by the health and social services institutions.

These recommendations in view of implanting a program for neglect were presented to the youth advisory committee and were received positively.

Children, Families and Youths: Second-Line Service Programs

Youth Protection

Highlights

- The year 2010-2011 focussed on the consolidation of the youth-protection teams and the promotion of increased involvement of Inuit workers in those teams and in the management teams.
 - The training and mentoring program for Inuit workers organized jointly with Marie-Victorin College is under way.
 - The two directors of Youth Protection are enrolled in a two-year training program for Inuit managers.
- The clinical work in preparation for implantation of the computer system for the youth action plan is advancing well, and a regional implantation plan is under discussion.

Development of New Rehabilitation Resources for Youths

Highlights

- Construction of two new specialized resources for children aged 6 to 11 years, one in Kuujuaq and the other in Kuujuaapik.
- Implantation and follow-up of the Ulluriaq Project, Boscoville 2000, in Montréal. The two rehabilitation units with intense, dynamic supervision have been in operation since May 2010. It is a project headed by the NRBHSS jointly with Boscoville 2000 and can admit up to 16 adolescents (aged 12 to 18 years): eight girls and eight boys. The combination of the Circle of Courage approach and the psychoeducative approach along with the inclusion of Inuit cultural activities and respect for Inuit specificity appear to give good results.
- The work toward patriation of the two units (eight boys and eight girls) to Nunavik suffered some delays. At the end of fiscal 2010-2011, construction of a rehabilitation centre for girls was not yet approved. The fact that the position for regional director of youth rehabilitation has been vacant since June 2010 delayed upgrades to the team and the installations of the Sapummivik Rehabilitation Centre for boys aged 12 to 18 years (Salluit).
- Consolidation of the Nunavik Regional Access Service, which enables centralizing entries, exits and transfers for residential and rehabilitation services for Nunavik youths referred to those services by the DYPs or the CLSCs. The access service has been functional since March 2010.

Partnership Work toward Reorientation and Development of Programs, Clinical Projects

Highlights

- Consolidation of the regional DYP-Rehabilitation-CLSC committee, especially the DYP-Rehabilitation subcommittee. Created in 2008 as a result of the *CDPDJ* intervention, the committee brings together the principal regional actors of the network who work with youths in difficulty and meets six times per year.
- Constitution of the youth advisory committee in October 2010. It is made up of representatives of 14 organizations; most of its members (10) and its chairperson are Inuit. Its mandate is to provide recommendations to improve the service supply to:
 - a) counter neglect and develop parental skills;
 - b) develop ways to involve the community in the youth-protection process;
 - c) develop alternative-justice initiatives for young offenders eligible for extrajudicial measures (*YCJA*).

Points a) and b) are covered by two working committees.

Youth Addictions

- Organization of the regional addictions committee in May 2010, bringing together the principal local actors concerned with the problem of addictions among young *Nunavimmiut*.
- The positions for pivot workers in youth addictions were posted in the fall 2010. At the Inuulitsivik Health Centre, the worker has been in place since November 2010. At Tulattavik, the position remains vacant.

Children, Families and Youths: Perspectives for 2011-2012

- Complete the team.
- Continue the partnership work (youth advisory committee and its three working committees) toward reorientation and development of programs that respect Inuit values and respond to the specific needs of young *Nunavimmiut* and their families.

Front Line

- Support application of the Qiturngavut Committee's recommendations.
- Support the CLSCs in developing or consolidating the teams for children, families and youths.
- Based on the conclusions of the Maurice report, design a plan to set up services for children and youths with intellectual impairments.
- Begin the work in view of establishing close collaboration between the Nunavik health and social services network and the Kativik School Board.

Second Line

- Support the work toward the creation of a youth centre in Nunavik.
- Contribute to the formulation of the working committee's recommendations for community participation in the process of youth protection and to the establishment of the committee for alternative-justice initiatives for young offenders.
- Support the deployment of services and resources destined for the families of youths in difficulty placed under youth protection.
- Develop processes for the accreditation of foster families as well as services for training, clinical support and respite for foster families.

- Supervise and support preparatory work for the opening of services for the clientele aged 6 to 11 years, notably the selection and training of two Inuit couples who will serve as foster families.
- Support the work toward patriation of the boys' unit under the Ulluriaq Project (Montréal) to the Sapummivik Rehabilitation Centre (Salluit) and prepare the conditions for patriating the girls' unit.
- Support the first phase of the regional implantation of the system for the youth action plan, including training, adjustment and testing.
- Set up the regional committee for follow-up to application of the cross-sector agreement and support the training on application procedures destined for the workers of partner organizations.

ADULT AND COMMUNITY SERVICE PROGRAMS

This team's task is to support the Department of Planning and Programming. It consists of an advisor and five officers who see to the development and deployment of a service supply adapted to the reality and needs of our region's clientele:

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

The team offers its support and expertise at the regional level to ensure progress in certain important strategic portfolios. For example:

- opening of the multifunction residential centre in Kangiqsualujjuaq (M-19) in December 2010 in with our regional and provincial partners;
- creation of two regional advisory committees and progress in clinical projects for mental health and addictions, two regional priorities.

What follows is a summary of the progress in our respective portfolios in 2010-2011.

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

Mental Health

- Creation of an advisory committee for mental health and a working committee for improving residential psychiatric resources. The committees consist of regional partners and pursue the objective of formulating recommendations for improving psychiatric and suicide-prevention services in Nunavik by paying particular attention to the programs' cultural validity.
 - The committee placed priority on suicide prevention, promotion and prevention in mental health and improvement of residential resources for persons with severe, chronic psychiatric disorders.
- Support for the completion of projects funded under Health Canada's Aboriginal Health Transition Fund. Evaluation of project processes and formulation of recommendations for improving psychiatric services and designing improvement projects.
 - The project led to recommendations aimed at placing priority on the development of a front-line team dedicated to mental health and the adoption of a community approach for prevention, promotion and intervention in the area of mental health.

- Support for deployment of the program for community liaison wellness workers. Support for training destined for coordinators and agents, for creation of a plan of action for the program and for the setup of activities.
 - Development of a community model for promotion and prevention in mental health adapted to the needs identified by the community wellness committees.
- Cooperation in the setup of training activities for local workers of the three residential psychiatric resources: crisis centre, reintegration centre and supervised apartments.

Suicide Prevention

- Follow-up to training activities in prevention and aftercare in the villages.
- Support for ASIST trainers and organization of six workshops on suicide prevention.
- Support for the development of a regional strategy for suicide prevention.

Men's Health and Well-Being

- Analysis of the services to set up in accordance with the governmental plan of action relative to men's health and well-being.



Research Project in Mental Health Funded by the Aboriginal Health Transition Fund

- This project was created as a response to the needs identified in the region relative to mental health, particularly for young persons.
- An action-research project during which two teams, one for each health centre, visited the region's 14 communities was set up. During those visits, professionals and representatives of local organizations were interviewed and public assemblies were held. These meetings enabled the gathering of information concerning the Inuit vision of mental health and its determinants as well as the need to adapt services.
- This project led to the formulation of several recommendations for improving psychiatric services in Nunavik. The recommendations primarily concern the adoption of a community approach for promotion, prevention and intervention in mental health and the improvement of the provision of psychiatric services in the CLSCs and health centres. These elements will directly influence developments in matters of psychiatric services in the region:

- support for the development and maintenance of the program for community liaison wellness workers;
- development of front-line teams dedicated to mental health;
- ongoing training for community workers on, among other things, crisis management and application of the *Act respecting the protection of persons whose mental state presents a danger to themselves or to others*;
- continuation of the clinical project in mental health and use of the research data for developing new services.

Family Violence, Sexual Assault and the Status of Women

The department carried out public-awareness projects aimed at reducing family violence and sexual assault in the region. It also supported the development of services for victims of violence and sexual assault through promising partnerships between various regional bodies.

- **Pilot project for nature outings for women victims of violence.** Thanks to the support of Pauktuutit Inuit Women of Canada, a pilot project was set up to enable Kuujjuaq women victims of violence to participate in five-day, outdoor healing workshops in June 2010. Those workshops aimed at developing leadership and well-being through culturally adapted activities (group discussions, fishing, sewing workshops, storytelling, etc.).
- **Development of medical and psychosocial services for victims of sexual assault.** Support was provided for the health centres to pursue the work at designing a psychosocial-intervention guide and a medicosocial-intervention protocol adapted to the North. Training destined for the medical and psychosocial personnel of Nunavik was given in several communities.
- **Regional campaign for Nunavik Day for the Elimination of Violence (November 25, 2010).** This awareness campaign consisted of mobilizing and supporting the communities in organizing their local initiatives. Moreover, a calendar featuring drawings by young *Nunavimmiut*, a wallet-sized reference card and a keychain listing Nunavik resources were distributed to all post office boxes in the region.

- **Colloquium of the network of Native women's shelters of Québec.** This event was held over five days in September 2010 in Kuujjuaq. The objective was to consolidate the approach to family violence in the network of women's shelters, to which the Nunavik shelters belong.
- **Regional meeting on family violence and sexual assault.** In September 2010, a meeting with several organizations (health centres, women's shelters, police, Youth Protection, women's associations, etc.) was held with the goal of strengthening regional partnerships and discussing the prevention activities and actions set up in Nunavik.
- **Strengthening capacities of women's shelters.** Meetings and training sessions were organized for the directors and personnel of the women's shelters to facilitate their networking and improve services for victims of violence.



Persons Lacking Autonomy, Elders and Rehabilitation

Home and Community Care

- Home- and community-care services were offered to 573 clients.
- The majority of clients were between 26 and 90 years old.
- The total number of hours of services delivered was 18 203:
 - assisted living: 6 358 hours;
 - nursing: 2 347 hours;
 - case management: 2 418 hours.
- Ninety percent of services consisted of maintenance and long-term supportive care.
- Two members of Inuulitsivik's home- and community-care team received training on statistics in December 2010 in Montréal.
- A member of the Ungava Tulattavik Health Centre's home- and community-care team presented a Nunavik success story during a regional HCC meeting attended by First Nations partners in January 2011. Topics included: HCC service delivery on the Ungava coast, application of the Multiclientele Assessment Tool, resources for elders and regional awareness-raising campaigns.

Elders

- Collaboration with partners to expand the range of services for elders (utilizing part of the Sailivik Nursing Home in Puvirnituk for four long-term beds, opening of M-19

multifunction facility in Kangiqsualujjuaq, further development of the network of nursing homes in the region).

- Collaboration with the health network, the Kativik Regional Government and other partners on use of the Usijiit vehicle, creation of a resource directory for Nunavik elders, organizing regional awareness-raising campaigns related to elders' issues.
- Collaboration with the AQDR and the health network on adapting the tool and offering training on the SOS-Abuse Kit (prevention, screening and intervention in elder-abuse cases).
- Launch of the second regional campaign to raise awareness on elder abuse. Ten Nunavik communities collaborated with local partners and organized activities for the elders, their families and community members on June 15, 2010.

Rehabilitation

- Collaboration with the health network to select a team of experts to produce an updated version of the 2003 study *Assessment of Needs of Physically and Intellectually Disabled Children and Adults in Nunavik*.
- Collaboration with the Kativik Regional Government's day-care department and the health network's rehabilitation teams on improved integration of children with special needs in day-care centres.

Community Organizations

This year, we provided funding for 12 community organizations of the region. The fund for community organizations is meant to support the network's existing resources and develop community action in the region. It assists the organizations and provides adequate support as follows:

- ensure follow-up to the funding for organizations through the MSSS support program for community organizations (SPCO) and the maintenance of the budget committee within the regional board;
- design a reference and management framework; organize policies and procedures that respect our organizations' regional particularities;
- facilitate networking among existing organizations whose objective is to share knowledge and provide mutual assistance in the network;
- ensure support for existing organizations and see to the future development of community organizations on the Nunavik territory in accordance with regional needs;
- ensure the presence of local respondents at each health centre in order to facilitate local action in the villages leading to the opening of new community organizations in the region;
- collaborate in organizing training sessions to support the organizations' boards of directors in their functions.

COMMUNITY ORGANIZATIONS: 2010-2011 BUDGET

ORGANIZATION	ACTIVITIES	VILLAGE	BUDGET
Tungasuvik	Women's shelter	Kuujjuaq	\$602 092
Initsiaq	Women's shelter	Salluit	\$502 092
Tungavik	Women's shelter	Kuujjuaraapik	\$100 000
Ajapirvik	Women's shelter	Inukjuak	\$200 000
Tusaajiapik Residence	Nursing home	Kuujjuaq	\$252 000
Sailivik Nursing Home	Nursing home	Puvirmituq	\$150 000
Qilanguanaaq	Nursing home	Kangiqsujuaq	\$150 000
Isuarsivik	Treatment centre	Kuujjuaq	\$600 000
Ungava Community Residence	Supervised apartments	Kuujjuaq	\$300 000
Uvattinut Community Residence	Supervised apartments	Puvirmituq	\$100 000
Saturviit Inuit Women's Association of Nunavik	Women's association	Inukjuak	\$50 000
Qajaq Network	Men's association	Kuujjuaq	\$126 000
		TOTAL	\$3 132 184

Medical Affairs and Physical Health

This team consists of an advisor, an officer for medical affairs and physical health and a medical advisor (*DRAMU*).

In accordance with ministerial and regional priorities, the team's mandate is to plan the coordination of and access to programs and services in physical health, notably in front-line activities such as emergencies, general, specialized and ultraspecialized care (*RUIS*), and the fight against cancer.

Areas of action

1. Medical affairs:
 - o regional medical-manpower plan and organization of specialized medical services;
2. Physical health:
 - o front-line medical services;

- the integrated university health network (*RUIS*) and its various committees;
- clinical support for the development of specialized equipment;
- the fight against cancer;
- 3. Various committees:
 - support for the Regional Department of General Practice (RDGP), the committee for the coordination of medical and university affairs (*CCCAMU*), the provincial interregional committee, the McGill *RUIS* committee and regional committees (RCMPS, North-South liaison committee, Project Bureau, etc.);
- 4. Telehealth
 - regional coordinator of the Virtual Health and Social Services Centre (*CvSSS*).

The team also supports the two health centres and collaborates in hiring and retention efforts for medical manpower.

Accomplishments in 2010-2011

Medical Affairs

- The region saw the arrival of 9 new physicians during the year: 7 for the Ungava coast, 4 of whom are full time, and 2 part time for the Hudson, which meant that we ended the year with a total of 22 physicians on the territory;
- The region hired 2 physicians on clinical fellowships for the fall 2011;
- The region hired 1 foreign physician sponsored by Tulattavik;
- The region accepted medical students for summer internships to allow them to discover Nunavik. This hiring strategy has an influence on their eventual place of practice.
- To end the year, a new executive committee was elected for the Regional Department of General Practice to breathe new life into the team. The committee will contribute to the optimal management of the various regional portfolios.

Physical Health

The medical-affairs team contributed to:

- the organization of front-line medical services and partnership with physicians;
- the accessibility and continuity of front-, second- and third-line medical services;
- the development and recognition of activities involving teaching and technology evaluation for the institutions.

Various Committees

- Participation in various committees enabled us to monitor the evolution of regional and ministerial portfolios and defend the region's interests.

Telehealth

The *ministère de la Santé et des Services sociaux* participates in the Canadian Infohealth Highway and obtained funding from that agency for telehealth projects. The *MSSS* has assigned the integrated university health network (*RUIS*) the mandate of deploying telehealth projects in the region. Through the medical-affairs team, the *CvSSS* coordinator participates in:

- the organization and coordination of project meetings within the region;
- the committee of regional project coordinators as well as meetings in order to represent the region's interests in the various aspects covered by the project (notably clinical, technological and involving management of change);
- supervision of progress in the work carried out in the region and rapid identification of shortcomings to be reported to the *CvSSS* project leader so that corrective measures can be proposed.

Department of Public Health



Message from the Director

Below are some highlights from 2010-2011:

- definition of regional priorities for action in public health, in the context of finalizing the NRBHSS regional strategic plan of action. Those priorities are: action among young children, notably through the Nunavik network of early-childhood centres (ECCs or day-cares); the Healthy Schools approach; community development; a regional nutrition policy;
- a more integrative approach for the promotion of healthy and active lifestyles, combining the actions of our workers and partners in various sectors;
- committed application of the Healthy Schools approach in the region;
- persistent outbreak of gonorrhoeal infections. In spite of our numerous efforts, both regional and local, in 2010 we received the highest number of reported cases of this sexually transmitted and bloodborne infection (STBI), which confirms its epidemic status in the region.

Dr. Serge Déry

Human Resources

In 2010-2011, we succeeded in filling the position of health-promotion officer.

On March 31, 2011, two positions remained vacant:

- regional advisor, prevention and control of infectious diseases: in spite of several postings, we were unable to hire someone with the qualifications required for this position;
- environmental-health officer: the posting made with the Public Health Agency of Canada (PHAC) did not yield the expected results. However, a second posting with the PHAC in the spring 2011 should enable us to fill this position by the fall 2011.

Protection of Public Health

There was much activity in this sector.

Infectious Diseases

Reportable, non-STBI Diseases (*MADO*)

- For the first full year (2009), the Department of Public Health (DPH) received and processed reports of 44 *MADO* cases other than STBIs (in comparison, 49 cases were reported the previous year). Twelve cases of active tuberculosis were reported during all of 2010 (21 cases in 2009). The work at training and supporting the personnel involved with the affected communities continued.

Sexually Transmitted and Bloodborne Infections (STBIs)

- During the 12-month period from January 1 to December 31, 2010, 199 cases of gonorrhoea were reported in Nunavik, which constitutes an increase of 21 cases compared to the previous year. This is the highest annual total of gonorrhoea cases ever reported in Nunavik. It also confirms the epidemic situation facing the region, with a number of cases eight times higher than those reported during the years from 1996 to 2005 which preceded the start of the epidemic. This disease particularly affects young persons aged 15 to 29 years. As in previous years, the proportion of cases in the Hudson communities (62%) greatly exceeds that of the Ungava communities (38%).
- Regionally, the number of genital *Chlamydia trachomatis* infections dropped slightly in 2010 compared to 2009 (229 cases in 2010, 249 cases in 2009). However, as with

gonorrhoea, the region is characterized by incidence rates that are clearly higher than those for Québec as a whole.

- Finally, the data from the Québec program for monitoring HIV infection indicate that between January 2002 and July 2009 (a period of seven years), 10 HIV-positive cases were reported for the Inuit living in Québec. Over the past five years, three new cases of chronic carriers of hepatitis B and three new cases of hepatitis C were reported.

Occupational Health

Preventive Withdrawal of Pregnant or Breast-Feeding Workers

- In 2010, our medical advisors processed 105 applications for preventive withdrawal of pregnant or breast-feeding workers. For the most part, applications for consultation came from the sectors of education (day-care educators, teachers), health (nurses) and commerce (cashiers).

Health Programs Specific to the Mining Sector

- Application of the health program specific to the mining sector continued during 2010. One physician and one nurse of the DPH carry out prevention activities in this important sector of Nunavik which includes more than 650 workers. The principal actions carried out during the year include:
 - awareness of the risks present in the workplace;
 - information for mining workers and employers concerning the health effects of various stressors such as lead, silica, noise, welding fumes and so forth as well as the preventive means to be set up by the employer to protect the workers' health;
 - medical monitoring of workers exposed to lead, asbestos, silica and biohazards, as well as food allergies;
 - realization of a project to evaluate psychosocial risks in the sector in collaboration with the *Institut national de santé publique du Québec* (Québec public-health institute or *INSPQ*);
 - follow-up to measures aimed at ensuring the presence of adequate first-aid services in mining enterprises.

Occupational-Health Program in the Nunavik Municipalities

- The municipal sector continues to be the object of actions aimed at preventing health problems in the workplace. Thus, in 2010, establishments in nine Nunavik municipalities (municipal garages, fire stations, arenas, carpentry workshops, sewage-dumping sites and potable water-distribution sites, police departments, etc.) were visited by the DPH's occupational-health team. The municipal employees and employers and the police

officers were informed of the risks present at their workplaces (noise, welding fumes, biohazards, etc.) and the preventive means to set up to prevent those risks. Assessment reports were sent to the mayors and managers of each municipality visited and to the police departments.

- The regional team also responded to three requests during the year, particularly concerning the quality of indoor air in Nunavik establishments.

Prevention

Immunizations

Training

Due to the absence of the regional nurse for the prevention and control of infections for nearly the entire year, the training activities were limited. However, they should continue over the course of the coming year with the arrival of a new resource.

Seasonal Influenza Campaign

- Given that everyone in Nunavik is considered at risk of contracting or transmitting influenza, vaccination has been offered free of charge to the entire population for the past four years.

Vaccination in Schools

- Several vaccines were offered in the schools during the year: hepatitis A and B, human papillomavirus (HPV), chickenpox and DTaP; immunization status was also checked in Secondary 3.

Management of Immunizing Agents

- Due to the absence of our regional resource, we concluded an agreement with the *Direction de santé publique de la Capitale-Nationale*, which assigned two part-time nurses to respond to queries from our region concerning breaks in the cold chain.
- During 2010-2011, we began working with a new regional depository, and to date, the experience has turned out very satisfactory.

Prevention of Nosocomial Infections

With the absence of our regional resource for the prevention of nosocomial infections, further development of activities in the sector was not possible during the year 2010-2011. At best, we were able to respond to the most urgent requests from the two institutions. A return to normal is expected for 2011-2012. Thus the activities of the regional committee for the prevention of nosocomial infections should resume.

Prevention of Infections in Day-Cares

A project aimed at promoting handwashing in Nunavik day-cares was carried out. It involved adapting material produced by the Canadian Institute of Child Health and translating it to ensure availability in the three languages used in Nunavik (Inuktitut, English and French). All the material (posters and book) will be distributed during the coming year.

Antismoking Campaign

During National Non-Smoking Week, an annual campaign held in January, some schools and CLSCs organized prevention activities in the schools and set up information booths on various smoking-related issues. We also funded a project carried out by one community.

Breast-Cancer Screening

Due to circumstances beyond our control (process of digitizing portable units, personnel training, etc.), no screening for breast cancer using mammography was carried out in 2010-2011. Activities under the screening program are expected to resume in 2011-2012.

Screening for Diabetic Retinopathy

Diabetic patients are referred for retinopathy screening, which permits application of treatment in view of preventing or delaying the degradation of sight. During 2010-2011, all the Nunavik communities were visited with the exception of Aupaluk, Quaqaq, Ivujivik and Akulivik, which have very low numbers of known diabetics. Further, Tasiujaq could not be visited due to poor weather.

In total, 219 diabetic persons were examined out of a regional total of 296 diabetics (for a participation rate of 74%).

Sexually Transmitted and Bloodborne Infections (STBIs)

With the persistence of the gonorrhea outbreak in the region, the DPH funded the Inuulitsivik Health Centre's hiring of a full-time nurse for a period of approximately six months. That nurse was exclusively assigned to the follow-up of gonorrhea cases and the search for contacts.

The following are among the numerous prevention activities carried out to limit the spread of the disease:

- distribution of free condoms in several public places (schools, stores, CLSCs, etc.);
- training and conferences for the region's workers (notably ongoing training provided by the *INSPQ* for nurses);
- revision of laboratory tests, treatment guidelines, training resources, individual and community approaches (in collaboration with the *INSPQ* and both health centres);
- special days or weeks (AIDS, healthy relations, regional postcard campaign on healthy sexual relations, booth for the promotion of sexual health, etc.);
- information for young persons on HIV (an HIV-positive Inuk visited three schools in 2010-2011);
- workshop in Puvirnituk based on approaches using the arts to develop leadership among youths);
- etc.

The sex-education program was completed in six schools during the 2010-2011 school year, whereas the other schools used specific sections of the program. The Kativik School Board plans to include the program in all the schools starting in the next school year. Our department offers its support through a teaching nurse. The program was revised and will be made available in the three languages for the 2011-2012 school year.

Dental Health

As in previous years, priority was placed on children. The dental hygienists visited the communities to set up activities recognized as effective against tooth decay. The topical application of fluoride was carried out among children attending day-care and instructions on oral hygiene were provided for their parents. Children in primary school benefitted from the daily distribution of fluoride tablets, biannual application of fluoride and instructions on hygiene. Finally, pits and fissures sealant was applied on permanent teeth when they appeared.

Unfortunately, application of these measures is not uniform throughout the territory due to a lack of resources. The absence of a dental hygienist in the fall 2010 was felt on the Hudson coast. The number of positions for dental hygienists should increase substantially over the next year, which should permit reaching the majority of the target population.

Diabetes

A logo illustrating healthy lifestyles was designed and will be used henceforth on promotional materials as well as for certain activities related to nutrition and physical activity. This should reinforce the message we wish to convey in the communities.

A spiral-bound set of tables was adapted from the Nunatsiavut document in order to facilitate the transmission of general information on diabetes, using a snowmobile as analogy. It will be distributed in each of the region's CLSCs.

"Inuk-to-Inuk," a workshop for the transfer of knowledge organized for secondary students, was held in Ivujivik, Akulivik and Kangirsuk in the fall 2010 and in Quaqtaq in January 2011. We enjoyed the cooperation of the community liaison wellness workers of Akulivik and Quaqtaq.

Community meals, conferences over FM radio and meetings with diabetic persons were other productive activities.

For the third year, the "Drop the Pop" challenge was held in 14 schools on the territory. Unfortunately, we received too few evaluation reports to assess precisely the number of youths who succeeded out of the 3 166 who registered. Once again this year, several activities involving healthy snacks were held; what was new this year was that an amount was granted for projects concerning physical activity. Thus, it was possible to purchase additional sports equipment for the schools.

The greatest accomplishment was the Ulluriaq School's establishment of a pop-free zone on its premises through the installation of a water cooler in each classroom, encouraging the youths to adopt a healthier lifestyle.

Health Promotion

Health promotion is a major component of activities carried out in public health. Defined as a process that gives populations the means to ensure greater control over their own health and improve it, health promotion is based on five strategic principles around which our actions revolve: establishment of sound public policies, creation of favourable environments, reinforcement of community action, acquisition of individual skills and reorientation of health services (source: *Ottawa Charter for Health Promotion*). As in previous years, the DPH carried out several health-promotion activities.

Establishment of Sound Public Policies (Object: Policies)

Health promotion supports and encourages political authorities of all sectors and all levels in the adoption of health, financial and social policies that privilege health, equity and the creation of healthy environments (e.g., legislative and fiscal measures, organizational change, etc.).

Nutrition North Canada

In May 2010, the Government of Canada announced the replacement of the Food Mail Program that had been in effect for over 40 years with the program Nutrition North Canada, effective April 1, 2011. The Food Mail Program subsidized the air transport of perishable and non-perishable foods and certain essential, non-food items. Nutrition North Canada subsidizes the retail sale of only perishable foods.

Non-perishable foods and non-food items must be shipped every year and in much greater quantities by maritime means to all communities in the Canadian North.

The DPH appeared before the Standing Committee on Aboriginal Affairs and Northern Development at the House of Commons to speak about the impacts on *Nunavimmiut* of this rapid transition between programs. The NRBHSS also adopted a resolution requesting that the Food Mail Program be maintained until an in-depth examination of the true impacts of the new program Nutrition North Canada can be carried out. The KRG made a similar request with governmental authorities.

In March 2011, the Government of Canada announced transitional changes to Nutrition North Canada. In effect, the list of admissible products was lengthened, reintegrating the majority of non-perishable foods and essential, non-food items. Note that the extended list announced in March 2011 will only be valid for 18 months and that the new rates under Nutrition North Canada came into effect on April 1, 2011.

The DPH nutritionist was appointed member of the external advisory board of Nutrition North Canada. That board's objectives are to give a voice to northern regions and residents, improve the new program's transparency and provide information and advice to guide the program's management.

The new program includes subsidization of foods as described above. It also includes a component under Health Canada for educational initiatives in nutrition. That component aims at individual and community awareness of the advantages of healthy eating, improvement of skills concerning the choice and preparation of healthy foods, and reinforcement of partnerships between retailers and the communities in order to facilitate the choice of healthy foods. Finally, it emphasizes traditional foods by privileging the sharing of traditional knowledge and skills concerning the gathering, preparation and consumption of such foods.

Partial funding was to be granted to the regions to cover the period from the fall 2010 to the end of March 2011. However, the agreement between the federal and provincial authorities was signed and the funding announced to the NRBHSS only at the end of February 2011. Projects responding to the criteria of the new program were then carried out in March 2011:

- participation in the project to replace community freezers with the KRG's Inuit Hunting, Fishing and Trapping Support Program;
- purchase of kitchen equipment for the region's day-cares;
- project to revise the *Nunavik Food Guide*;
- support for a project to produce a family cookbook based on the menu in day-cares;
- education project in nutrition for school-aged children.

Implantation of the Policy Framework for Healthy Eating and Active Living in Schools

The KSB wished to encourage healthy eating and active living in its schools. The Government of Québec's policy framework for healthy eating and active living was established in 2007. The KSB and the NRBHSS share responsibility for applying the policy. A list of healthy choices for breakfasts, snacks, canteens and fundraising activities was distributed to the schools. Follow-up was ensured for those schools that made the request.

Creation of Favourable Environments (Object: Environments)

Health promotion encourages and supports the creation of living, working and recreational conditions that are safe, stimulating, gratifying and desirable and which privilege the population's health.

School Environment

Promotion of "*Ma cour : un monde de plaisir*" [The Schoolyard: A World of Fun]

- Recreation periods should be seen as an alternative method of learning, whether through experimentation with leadership, socialization, sharing or mutual help or simply through play in a safe environment. In effect, everyone wins when the community mobilizes to set up, organize and lead activities in the schoolyard. That space should represent a unique environment for investing in efforts that privilege children's success in school.
- Kino-Québec developed a toolkit for the purpose of improving the organization of recreation activities. The school staff in Kangiqsualujjuaq, Kuujjuaq, Kangirsuk, Umiujaq and Kuujjuaraapik received training during which the toolkit was presented and the staff and administration were encouraged to reflect on the matter. Kits were also distributed to schools in Tasiujaq, Salluit and Ivujivik but without the training. Training sessions will be held during the coming year.
- During the follow-up, we were informed that the activities in experimentation were under way and that response to the training was positive. However, going into action is more difficult in spite of the enthusiasm at the outset. Over the past two years,

many formulas were attempted: setup of a committee for that purpose, ongoing involvement of school administration (directives for the personnel, funding, etc.) and so forth. In spite of the efforts, the presence of multiple factors complicates matters and often, the situation returns to the starting point.

- Much work remains in this area for the coming years. Healthy and active recreation requires effective mobilization of resources (human and physical) in the field. Future efforts should be better-coordinated in order to mobilize local actors around this objective.

Healthy Schools Competition 2010

For the sixth consecutive year, Kino-Québec presented the Healthy Schools competition. Three components were proposed:

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

Only Arsaniq School of Kangiqsujaq applied to participate. That school's chosen activity provided the youths with healthy snacks throughout the school year. Presentation of the competition to the schools will be revised to improve participation.

Québec Breakfast Club

Today, many schools in Nunavik offer breakfast to the students to respond to this fundamental need when necessary (food security, healthy nutrition). Various models have been used until now, and they correspond to the region's reality (hot and cold meals, service in class and in the kitchen, snacks, etc.). This year, four schools participated in the Québec Breakfast Club, one of them for the first time.

Once a coordinator was hired for the aboriginal programs under the Québec Breakfast Club, access to these services was greatly improved. After a meeting in person with that coordinator, it was agreed that the club would be able to create new breakfast services in three schools of the region for the 2011-2012 school year.

This first step was followed by a meeting in Kuujuaq with the bodies concerned (KSB, DPH, coordinator of aboriginal programs under the Québec Breakfast Club) to find answers to certain fundamental questions:

- What role does the club play in the current deployment of the services in the Nunavik communities?

- What is the perception of the communities, education committees, commissioners, parents and teachers relative to the breakfast service?
- How can we encourage responsibility and participation of parents concerning the creation of three new clubs in 2011-2012?

To respond to those questions, various regional actions were undertaken:

- summary presentation at the NRBHSS annual general meeting;
- consultation with KSB commissioners;
- survey conducted among seven communities of the region (existing or future club or alternative service).

A teleconference with the coordinator of aboriginal programs followed for the purpose of transmitting the information gathered through the above procedures so the Québec Breakfast Club can take said information into account for next year.

In light of these joint efforts, the three communities that will benefit from the breakfast club's services next year are Umiujaq, Ivujivik and Tasiujaq. The three schools in those villages met the club's requirements, including a resolution from the education committee. The Québec Breakfast Club has proposed the inclusion of a resolution by the municipal council in order to facilitate the participation of community members in providing the service for the schoolchildren.

Support for existing and future clubs will be ensured by joint efforts among the schools, the communities, the Québec Breakfast Club, the NRBHSS and the KSB.

Day-Cares

Nutrition Program in Nunavik Day-Cares

The goal of the nutrition program in the day-cares is to improve children's health through healthy eating. This project is a collaborative effort between the KRG, Laval University's *GENUP* [Study group on public nutrition], the KSB and the NRBHSS.

The program has been under way at the day-cares since 2004. The children attending the day-cares eat complete meals and nutritional snacks including traditional and store-bought foods. The cooks and educators receive training provided annually by the KSB's instructors in cooking and nutrition. Educational activities in nutrition are also offered to the youths. From 2006 to 2011, a research component has been a part of the program. Its objective is a better comprehension of the link between environmental contaminants, nutritional values and the nutritional status of children attending day-care.

The DPH supports this program in various ways:

- special project with an intern in Kuujjuaraapik: In the spring 2010, an intern supervised by *GENUP* and the DPH carried out a study on what was left behind after meals in the Kuujjuaraapik day-care;
- planning committee of the program: The DPH has a representative on the planning committee for the day-care nutrition program; moreover, a meeting was held during the training session for day-care cooks in Inukjuak in the spring 2010;
- in collaboration with the KRG, presentation for students in preschool education in Puvirnituk on nutrition and the existing day-care program;
- training for KSB workers: In the winter 2011, in Kuujjuaq, a training session of one and one-half days on carrying out educational and cooking activities with preschool children was offered to the KSB's regional education consultants for the day-care nutrition program;
- family cookbook: The DPH was consulted during the creation of the family cookbook based on the menu in the day-cares. Moreover, the DPH worked with *GENUP* and the KRG at testing the recipes with families for the purpose of creating a cookbook that will be useful and interesting to *Nunavimmiut*.

Community Environment

Equipment Facilitating Physical Activity and Sports

In terms of equipment, quality and appropriate quantities are elements that facilitate the organization of activity periods. This year, the regional board is pleased to have enabled the school in Aupaluk to acquire 36 pairs of snowshoes, partially contributed to the list of purchases by the municipality of Kuujjuaq to complete its gym equipment, supported the Kuujjuaq weight room in acquiring various items and enabled the family house in Inukjuak to acquire basic materials for yoga and physical-conditioning classes.

Family Environment

Blue Light Campaign

The Blue Light Campaign (BLC) is an initiative of ITK which aims to reduce the phenomenon of second-hand smoke in Inuit households. The BLC was launched for the first time in Nunavik in 2005 as a pilot project in three communities. Since then, it has been expanded to three other Inuit regions. In 2010-2011, seven communities participated in the campaign in Nunavik. Participating homes announce their decision to become and remain smoke-free homes. They then receive a blue light that they install at their entrance and which indicates their commitment

to the initiative. Participating homes fill out a questionnaire at the start of the campaign. ITK will analyze the results and provide the regions with a campaign report.

Reinforcement of Community Action (Object: Communities)

Health promotion encourages and supports effective and concrete community participation in the definition of priorities, in decision making and in the development and application of planning strategies in view of improving health.

Physical and Financial Support for Local Activities

To obtain the cooperation of local workers and mobilize communities around public-health issues, funding was offered to our partners interested in organizing activities. Further, to support the partners in planning and evaluating activities in the health-promotion calendar, tools were designed (list of suggested activities, posters, information sheets, local radio messages, application forms for financial assistance, financial and activity reports) and individual telephone consultations were offered as needed.

National Sports and Physical Activity Day 2010

For the first year, an activity was organized in Kuujuaq to promote physical activity in a context of non-competitiveness and fun. This special day was the launching point for Sports and Physical Activity Month (May). An invitation was extended to the community over FM radio; some 50 persons got involved in a 15-minute routine and then shared a healthy snack afterward. To cap the activity, a communiqué was sent to all the organizations in the region and the topic was discussed on CBC North. The experience turned out to be very successful.

International Children's Day 2010

To celebrate International Children's Day on November 20, 2010, the NRBHSS joined several local and regional partners to organize a celebration at the Kattitavik Centre in Kuujuaq. Close to 200 children came for the activities (dance, music, makeup booths, movie), which were meant to highlight the importance of children for the community; a meal was also served. The Public Health team contributed to designing the menu and purchasing the food to ensure the menu met the criteria of healthy eating (fruit, vegetables, dairy products, traditional foods, etc.). Moreover, the team organized a workshop for preparing fruit salad with some 20 youths and partners.

Elimination of Violence in Nunavik

Nunavik Day for Eliminating Violence (November 25) launched a regional campaign organized by the NRBHSS in collaboration with certain local and regional partners. To raise awareness among *Nunavimmiut* concerning the various forms of violence and its consequences on children,

and to provide them with the coordinates of support services available for victims and aggressors, an envelope containing the following items was placed in each post-office box:

- a calendar with drawings and citations produced by community members for a regional contest held in 2009 (calendar produced by the NRBHSS and its collaborators);
- a wallet-sized card with the coordinates of regional resources (created by the NRBHSS and its collaborators);
- a keychain (with built-in light and whistle) depicting the location of the four women's shelters of Nunavik.

Further, a message was broadcast over regional radio (TNI or CBC North) as well as on the display screen at the Kuujuaq airport.

In total, 12 communities organized local activities (walks, speeches, screenings of the DVD and discussions, awareness workshops in the schools, community meals, radio shows, etc.).

Nunavik Healthy Relationships Week 2011

In the context of Nunavik Healthy Relationships Week, observed from February 13 to 19, 2011, the Public Health team worked with certain regional partners to seek the commitment of *Nunavimmiut* in developing positive relationships within a harmonious society. For that purpose, funding up to \$1 000 was offered to each community and awareness tools were produced for wide distribution (DVD and others previously mentioned). A contest was also organized jointly with the KSB, inviting students to participate in the group creation of a banner on healthy relationships. In total, eight communities organized local activities (speeches, screenings of the DVD and discussions, awareness workshops in classrooms, information booths, interactive games, cake contests, community meals, radio shows, etc.) and six banners were submitted for the contest.

Nutrition Month 2011

For the first time, this year the Public Health team solicited several local partners to organize, in their respective communities, an activity highlighting Nutrition Month (March), World Water Day (March 22) and Traditional Foods Day (March 25). With the goal of raising awareness among *Nunavimmiut* on the vital role of food (traditional foods, healthy store-bought foods) in maintaining physical, emotional, intellectual and spiritual strength and on the importance of casting a critical eye on what they eat, funding from \$750 to \$1 000 (depending on the number of inhabitants) was offered to each community and awareness tools were sent (list of trustworthy Web sites, cookbooks and others previously mentioned). In total, nine communities organized local activities (awareness and promotion workshop on water in classrooms, interactive games for children and their parents, cooking workshops, community meals, radio shows, etc.).

International Women's Day 2011

Although March 8, 2011, was the 100th anniversary of International Women's Day, this special day was officially observed for the first time in Nunavik under the theme "Nunavik women take action to make a difference!" For the occasion, the NRBHSS and the KRG pooled their resources to mobilize the Nunavik population around the importance and contribution of Inuit women in their communities. Funding from \$200 to \$350 (depending on the number of inhabitants) was offered to each community along with the items previously mentioned. Several communities responded by organizing activities (meals among women, beauty salons, radio shows, etc.), with three applying for funding.

Physical-Conditioning Classes

The NRBHSS supported physical-conditioning classes that began in Kangiqsujuaq during the winter. The classes were initiated by the community nurse in response to a demand from community members. The format was to integrate health capsules followed by a session of physical conditioning. The classes were led and supervised by a local resource with training in kinesiology and who was in transit in the community for a few months.

Revision of the Nunavik Food Guide

The current version of the *Nunavik Food Guide* was produced in 2005. In 2007, Health Canada issued new recommendations relative to nutrition and launched a new food guide. Nunavik has its own food traditions, which is why the DPH deemed it necessary to have a food guide specific to the region. In the fall 2010, consultations were made in three communities for the purpose of revising the food guide. The DPH wished to consult the public and the workers who used the guide. A nutrition intern gathered the opinions and suggestions of 53 respondents and ended up with close to 195 comments. After her collaboration with Laval University's *GENUP* and the public consultation, the DPH can now produce a document of quality that takes into account the opinions and the reality of *Nunavimmiut*. A major effort in graphic design is under way. The new guide will be launched in 2011.

Acquisition of Individual Skills (Object: Individuals)

Health promotion encourages and supports individual and social development through information, health education and development of essential skills.

Regional Communication Campaigns

Several communication campaigns were launched during the past year to raise public awareness of various issues in public health.

AIDS Prevention

In the context of World AIDS Day on December 1, a regional campaign was launched by the DPH. To raise awareness among *Nunavimmiut* concerning the risks and symptoms of HIV/AIDS and the importance of adopting safe and healthy sexual practices, communication tools were designed and sent to each community (posters and information capsules over local radio). A message was also broadcast over regional FM (TNI or CBC North) and displayed on the screen at the Kuujjuaq airport.

Suicide Prevention

In relation to Suicide Prevention Week (January 30 to February 5, 2011), the NRBHSS launched a regional campaign with the theme “How do you celebrate life?” With the goal of having *Nunavimmiut* identify the moments or activities that give them a sense of well-being, as well as to provide them with the coordinates of the available support services, communication tools were created and sent to each community (posters and leaflets on support services).

Regional Challenges and Contests to Promote Healthy Lifestyles

The DPH organized various contests for the general population or for specific target groups to promote healthy lifestyles (while encouraging reflection and individual empowerment). Depending on the contest and the needs, participants received support tools and were referred to the appropriate resources; some were awarded prizes in recognition of their determination, knowledge and talent:

Quit to Win Challenge

In its eighth year in Nunavik, the Quit to Win Challenge this year sought the participation only of smokers, both youths and adults. Participation was excellent, with a total of 224 individuals (133 youths and 91 adults) who decided to try to quit smoking. Of that total, 18 persons (9 adults and 9 youths) succeeded in remaining non-smokers throughout the challenge, a period of six weeks. During the challenge, some schools and CLSCs organized activities for the prevention of smoking and the promotion of healthy lifestyles.

There was much activity in terms of communication, both within Nunavik and with various organizations outside the region (schools, CLSCs, health workers, community wellness workers, mayors, Makivik, First Air, Air Inuit, Bell, Federation of Cooperatives of New-Québec, Newviq’vi).

Health Challenge

The DPH worked on a health challenge aimed at raising awareness among some 200 young persons aged 12 to 17 years, in the context of the Nunavik School Games held in Kuujjuaraapik

in April 2011. Themed quizzes and an information booth were designed to promote safe, healthy lifestyles related to the following: nutrition, physical activity, smoking, alcohol, substance abuse, sexuality and diabetes.

Health Education

Throughout the year, several Public Health officers were called on to lead workshops and conferences dealing with health education and to coordinate certain education programs.

Qanaq Conference

Sapputtit invited members of the DPH to chair conferences during the Qanaq health forum for youths in June 2010 in Inukjuak. Various presentations were made on topics such as physical activity, nutrition, smoking and fetal alcohol syndrome (FAS). The feedback on these activities was very positive.

Volleyball Camp for the Québec Games

A volleyball team was created to represent Nunavik at the Québec Games; a training and selection camp was held in June in Kangiqsujaq. Two members of the DPH were invited by the KRG's Recreation Department to join the camp and make brief presentations on various topics. Between training sessions in the gymnasium, workshops were held with the players to inform them about the links between healthy nutrition, training and performance, the importance of proper hydration, the relationship between sufficient sleep, motor learning and recovery, visualization techniques and building team spirit. The workshops were successful, and changes in attitude and behaviour were noted during subsequent sports-related encounters.

Teamathlon 2010

In April 2010, the DPH was involved in the KSB's Teamathlon for the first time. A nutrition intern from Public Health worked with *GENUP* at improving the weekly menu, distributing healthy snacks and circulating information on nutrition and sports.

LORY Project: Promotion of Healthy Lifestyles for Young Children

An exploratory meeting with the KRG was held to discuss the Lory Project. The Lory Foundation's mission is to help young children resolve or prevent the specific problems they might face. The promotion of healthy lifestyles, academic success and environmental protection is at the core of the foundation's concerns; the foundation offers recreational and social learning activities especially adapted to those purposes to parents, workers and all responsible adults.

The Lory project includes educational DVDs promoting healthy lifestyles as well as awareness workshops. An instructor in education from St-Félicien College has used those tools for a

number of years. The participating communities are enthusiastic about the project and the children enjoy the workshops. Possible collaboration between the KRG, the DPH and the Lory Foundation is under serious consideration.

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

Workshops on nutrition and initiation to cooking, inspired by the *Nunavik Food Guide*, are offered in the region's schools and day-cares. These activities were designed and led by nutrition interns from Laval University. The NRBHSS nutritionist, a nutritionist from Laval University's *GENUP* and the coordinator of the NRBHSS diabetes program are working jointly on this project, which involves cooking and educational activities aimed at promoting healthy eating habits that include traditional foods and healthy store-bought foods.

The project, which began in the spring 2008, has been in operation for three years. To date, all 14 villages have been visited. During 2010-2011, Kuujjuaraapik welcomed a nutrition intern supervised by the DPH and *GENUP* to carry out these activities.

The project's next step will be the compilation of all the activities developed over the past three years and their integration into local actions.

Cooking Classes by Rebecca Veevee

The Sungirtuivik Family House in Inukjuak invited television personality Rebecca Veevee in December 2010 to lead a week-long series of cooking workshops. Mrs. Veevee touched on the topics of basic cooking techniques, culinary exploration, health and economical cooking. The entire activity was held in Inuktitut and with much humour. Traditional foods were showcased and were the focus of the prepared dishes. The classes were a success in terms of both participation and appreciation, and the DPH will support Sungirtuivik and any other resources in organizing such workshops.

Reorientation of Health Services (Object: Health Centres and Professionals)

Health promotion encourages and supports the creation of a care system that best serves social, political, economic and environmental interests, that is, a system that offers not only clinical and curative services but also services centred on all of an individual's needs while respecting cultural needs.

Design and Distribution of Educational Materials for Professionals

During the year, the department responded to various requests for educational materials from professionals in the network to help them in their health-promotion efforts.

Promotion of Physical Activity

New collaborative relations were established to promote physical activity. The diabetes nurse on the Hudson coast, the nurse of the Puvirnituk family house and the team of the Inukjuak family house made requests relative to precise needs in their respective areas. Advice, design of tools or orders for materials to optimize participation in individual or group physical activity were shared. Thus, it was possible to compile reliable information on the topic.

Promotion of Sexual Health

In existence for a number of years, this program suffered a serious setback in 2009-2010, particularly due to hesitation on the part of our main partner, the Kativik School Board, in proceeding further with the project. Nevertheless, with a revision of the program nearly complete and its translation into Inuktitut in 2010-2011, we expect the project to continue during the next year, conditional to the KSB's involvement.

Workers' Guide to Exchange of Sterile Injection Supplies

We continued our collaboration with the two institutions in order to better monitor needle exchanges. The workers' guide remains the object of consultations with the workers at both health centres. The final version should be available in 2011-2012.

Further, we are also currently working on an inventory of available services relative to HIV infection. Under the direction of Dr. Paul Brassard (consultant) and carried out in collaboration with both health centres, the inventory should enable us to identify services that are lacking or difficult to access, the goal being to propose optimal organization of HIV-related services in our region.

Information and Materials on Nutritional Therapy

The region's hospital centres do not have clinical nutrition services. Diabetes, celiac disease, hyperlipidemia and growth retardation are all health conditions that require nutritional therapy. During the year, outpatient-clinic consultations were held with patients principally suffering from chronic diseases. When requested by professionals of the hospital centres, information and materials on nutritional therapy are sent by the Public Health nutritionist.

Training for Professionals

Training on STBIs for Nurses of the Health Centres

Training on STBIs continued in collaboration with the *INSPQ*. The DPH also funded the participation of some Nunavik nurses in the 2009 *Journées annuelles de santé publique* [Annual Public Health days].

Training on Diabetes

This year, we again offered the possibility for Inuit nurses with diabetes training to attend conferences such as that of the Canadian Diabetes Association in Edmonton, the 17th congress on Inuit studies in Val d'Or, where Mina Akparook made a presentation on the evolution of diabetes in Nunavik, and, finally, that of Diabète Québec in Québec City.

Moreover, the nurses of the seven CLSCs on the Ungava coast received training on diabetes from the Diabète Québec team. The training was a frank success. A total of 24 persons attended the session, including a nutritionist and a kinesiologist.

Training on Nutrition and Physical Activity for the Diabetes Nurse of the Inuulitsivik Health Centre

The department offered two training sessions on nutrition and physical activity to the diabetes nurse of the Inuulitsivik Health Centre.

Healthy Schools Approach

Healthy Schools is a global, concerted approach for the promotion of health, well-being and academic success among schoolchildren. As such, several projects and initiatives were carried out during the school year and will continue in 2011-2012. Some were mentioned above (breakfast club, active recreation, Healthy Relationships Week, etc.). Nevertheless, we would like to mention other accomplishments under this approach, which is truly meant to be an integrative one.

Healthy Schools Approach in the Region's Schools: Concrete Actions

During the 2010-2011 school year, many things changed and requests from the schools multiplied. Support for the schools was provided in many forms and, very often, concerned very different needs from one school to the next.

The regional service supply under Healthy Schools was subdivided into several projects with topics deemed as priorities according to the current context in the Nunavik schools. The priorities this year were selected according to various criteria:

- priorities of the KSB commissioners and the NRBHSS board of directors;
- priorities of the schools and needs of the children;
- existing local and regional activities that can be improved;
- potential for success of the project or actions undertaken.

The main projects supported or developed were:

The First Nunavik School Games: For Health and Academic Success

For the first time in Nunavik, all the region's schools had the chance to be represented by their school team on the occasion of the first Nunavik School Games, held in Kuujjuaraapik/Whapmagoostui from April 7 to 13, 2011.

The objective was to bring them together around a common project, that of having the students proudly represent their school at the largest school-sports event ever held in Nunavik. By mid-October, we had already received all the confirmations for the schools' participation. The schools were required to cover registration fees of \$2 000 and create a team of students aged 11 to 16 years (11-12 years: cadets; 13-14 years: juniors; 15-16 years: seniors). This method of paid registration facilitated the involvement of our partners (municipalities and other local and regional bodies).

The schools had the opportunity to create an original logo for their school team for these games. The students were very proud to wear the logos they created; this aspect of the games was meant to strengthen their sense of belonging to their team and school. Research has demonstrated that a sense of belonging is beneficial to children's physical health and well-being. This year, six schools had the chance to develop a logo for their school team, as they had not participated in the 2010 Teamathlon. Thus, all the schools of the region assembled a sports team.

There were 224 participants in these first games. That represents an increase in participation of 55% compared to the 2010 Teamathlon (145 participants) and 167% compared to the first cross-country competition (Tundra Trot) held in 2006.

Further, the games were a golden opportunity to integrate awareness activities relative to health topics of capital importance among young persons: physical activity, nutrition, diabetes, smoking and infectious diseases. Under the coordination of a multidisciplinary team (Healthy Lifestyles), these activities saw excellent participation among both the students and the teachers. We can only hope that this focus on health will lead to the adoption of safe behaviour.

The Amaruq of Ikusik School (Salluit) was awarded the Nunavik School Games Cup as the team winning the most competitions. That school also won the Health Challenge Cup after accumulating the highest number of health points. Finally, the Sports Ethics Cup went to the Snowy Owls of Ajagutak School (Tasiujaq) for the team spirit they demonstrated throughout the games.

In closing, these games would never have been so successful without the presence and participation of numerous partners.



In that sense, the support staff, teachers and administration of Asimauttaq School in Kuujjuaraapik were the backbone of the games. The Kativik Regional Government also greatly contributed through the presence of its regional recreation advisors. Part of their involvement was the provision of training on refereeing for young adults of the region. That training led to the development of regional skills in this area and especially to fair refereeing during competitions.

We hope future editions of the games will be as successful as this year's turned out to be.

2010-2011 Edition



Jaanimmarik School (Kuujjuaq), Ikusik (Salluit), Nuvviti School (Ivujivik), Tukisiniarvik School (Akulivik), Iguarsivik School (Puvirnituk), Innalik School (Inukjuak), Kiluutaq School (Umiujaq), Asimauttaq School (Kuujjuaraapik), Nuiyak School (Sanikiluaq), Badabin Eeyou School (Whapmagoostui), Ulluriaq School (Kangiqsualujjuaq), Ajagutak School (Tasiujaq), Tarsakallak School (Aupaluk), Sautjuik School (Kangirsuk), Isummasaqvik School (Quaqtaq), Arsaniq School (Kangiqsujaq)

Support for the Region's Schools

During the school year, several measures were taken to improve student health and well-being. When the need was evident, our multidisciplinary team was able to respond with appropriate support as soon as possible. Nevertheless, certain challenges remain in terms of coordinating

local and regional actions, given that the schools' administrations are often overloaded. A potential solution is the creation of a Healthy Schools committee to take charge of establishing and maintaining communications with the regional bodies (KSB, NRBHSS, KRG) when it comes to promoting health and academic success. To facilitate that solution, this local initiative should receive funding that will be managed by the schools according to the committee's recommendations.

No-Contact Hockey: Regional School Championship

The Amaruq of Ikusik School in Salluit participated in the regional school championship for no-contact hockey. Since the Kativik School Board's recent affiliation (September 2009) with the *Association régionale du Sport étudiant du Lac-Saint-Louis* [Lac-Saint-Louis regional student-sports association], this is the second time that a school of the region has officially participated in an event of the province-wide student-sports network. The experience permitted 15 students aged 11 to 13 years from Ikusik School in Salluit to take part in the tournament held in Montréal from March 24 to 28 of this year.

For the past eight years, the hockey program of Ikusik School has applied a unique formula that allows its students to train in their favourite sports during school hours. The DPH greatly contributed to this school project by enabling the purchase of hockey equipment for primary-school children, covering travel expenses and so forth.

“NunActive”: A Project for Action in Partnership

“NunActive” means Nunavik communities in action to encourage healthy lifestyles among young persons. It is meant as a bottom-up approach to facilitate mobilization, empowerment and efficiency relative to actions in health promotion. With that complex challenge, several problems unique to the prevailing situation in Nunavik must be taken into account:

- standardized programs poorly adapted to the context;
- regional and local actions carried out without cross-sector cooperation;
- few qualified human resources.

Several meetings were held to establish this partnership between the principal bodies concerned (KSB, NRBHSS, KRG). Unfortunately, this spring, the efforts fell flat and the initiative stalled. Another meeting should be organized shortly to analyze the situation and hopefully find a solution.

Given the complexity of the situation, efficiency in health promotion, especially concerning healthy lifestyles, should improve with increased investment in cross-sector coordination aimed at planning actions through a partnership among the various actors concerned (KRG, KSB, NRBHSS). The various strategies applied by such a partnership will lead to establishment of a

context favourable to the development of the Nunavik communities' abilities to promote healthy lifestyles and environments.

Connaissance – Surveillance – Information

MADO Monitoring and Vigilance

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

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

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

Regional Plan for Monitoring State of Health

In collaboration with the *INSPQ*, the DPH worked at preparing the first module of the regional health profile which deals with sociodemographic indicators. This module integrates various indicators enabling comparison between Nunavik sociodemographic characteristics and those of the rest of Québec as well as Canada's other Inuit regions. The final version should be available in the fall 2011.

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

Nasautit Project

The work with the partners of the three other Inuit regions on health data concerning the Inuit of Canada (Nasautit project) led to the creation of a Web site that should be officially launched soon. Jointly with the other regions, we participated in the selection of multiple indicators and validated the production process for tables and graphs that will be posted online. Our partners, the workers and the regional authorities were informed of the existence of this important source of information on the health of Canada's entire Inuit population.

Other Activities

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

Research and Evaluation

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

The following are among the projects worthy of mention:

- research project on child and adolescent development in Nunavik: during the past year, the DPH worked closely with the research team to draw appropriate conclusions and develop appropriate messages for regional decision makers and the Nunavik population. Communication activities will be held in the fall 2011;
- research project on food insecurity in Nunavik: this project is a collaboration with various partners. More in-depth analysis of the various available data should enable us to draw certain conclusions;
- research project concerning tools that could prove effective at promoting safe sexual practices among young adults of Nunavik: this project is in its final phase and the tools should be available during the coming year;
- study on parental perception of the nutrition program in Nunavik day-cares: conducted by a master's student of Laval University, this project was financially supported by the DPH. Further, the DPH participated in the validation and interpretation of the results with the student and participant subgroups in the two communities concerned.

Perspectives for 2011-2012

From the point of view of planning the department's activities, 2011-2012 will see the revision of the regional plan of action in public health. We will take the opportunity to classify the department's various actions into four categories:

- overall development of young children;
- integrated approach in the school environment;
- community development;
- regional food policy.

Without question, the DPH will continue assuming its various mandates as prescribed by the *Public Health Act*. However, certain initiatives whose bases were cast during 2010-2011 will greatly influence the department's actions over the coming years. Here we can cite the progress in the work at planning the Healthy Schools project and the multifactor intervention project in child-care settings. These projects will enable action on a multitude of factors thanks to the synergistic effects of the efforts.

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

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

Inuit Values & Practices

Message from the Director



In the fiscal year 2010-2011, I was hired as the new director of the Inuit Values and Practices department in January 2011. I am very happy to be a part of the team. In the beginning of the year, the truth and reconciliation commission (TRC) went on a northern tour starting in the community of Inukjuaq then off to Kuujuaq. During the visits to both communities, I being the person in charge of the Indian Residential School (IRS) file went to Inukjuaq and Kuujuaq to listen to some testimonies of former students. Approximately 30 former students attended both events with other members of the community. Emotional support worker and psychologist were at both events for emotional support for former student and everyone else attended the events in the communities.

The department of Inuit Values and Practices continues to work with Health Canada to establish resolution health support workers (RHSWs) in Nunavik. The mandate of these support workers will be to offer emotional support to former students of residential schools and their families especially for those student who will undergo the independent assessment process (IAP) in the coming months.

Since I started working for the NRBHSS, I have been busy with the Indian and Residential School file (IRS) and I look forward to working with representatives from different organizations. On another note, I am working on the Customary Adoption file with Makivik Corporation and other representatives from the Provincial Government. The working group met a few times within the year and is currently drafting a report to be submitted to two (2) ministers for it to be included at the Quebec civil code provisions on Aboriginal customary adoption.

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

Jennifer Watkins

Brighter Futures

Brighter Futures is a federal program which provides funding for all communities within Nunavik and is distributed to each community on a per capita basis. 61 projects were approved and completed this past year.

The following is a table showing how much money was available to each community at the beginning of the 2010-11 fiscal year and how much was actually spent.

Community	Funds Available	Funds Spent
AKULIVIK	48,272 \$	44,194 \$
AUPALUK	29,308 \$	51,983 \$
INUKJUAQ	104,302 \$	150,771 \$
IVUJIVIK	38,790 \$	20,060 \$
KANGIRSUALUJJUAQ	66,374 \$	75,407 \$
KANGIRSUJJUAQ	50,858 \$	34,394.32 \$
KANGIRSUK	48,272 \$	55,466.30 \$
KUUJJUAQ	118,956 \$	261,613.01 \$
KUUJJUARAAPIK	55,168 \$	32,218 \$
PUVIRNITUQ	106,026 \$	0.00 \$
QUAQTAQ	37,066 \$	12,000 \$
SALLUIT	88,786 \$	25,339 \$
TASIUJUAQ	31,894 \$	9,105 \$
UMIUJUAQ	37,928 \$	15,078 \$
REGIONAL PROJECTS	35,000 \$	70,000 \$
TOTAL		857,628.63 \$

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

- mental health,
- healthy babies,
- injury prevention,
- child development
- parenting skills

All project proposals must include a municipal resolution stating that the project has community support. In certain instances an education committee resolution is also accepted. In addition to this, we try to keep a strong cultural component in the projects that we approve, although there are a wide variety of projects that take place in Nunavik. Our goal is to provide ample opportunities for our youth to explore different activities at the community level through Brighter Futures that they otherwise may not have. We also strive to assist families in creating a healthy living environment within all Nunavik communities.

If communities have not used all of their allocated funds by January 15 of each year, the money is put into a regional pot which can be accessed by other communities or can be used for larger regional activities.

The following are some examples of the projects that took place during the 2010-2011 fiscal year:

- Proud Reunions Summer Camp,
- Beading classes,
- Sewing classes,
- Cultural cooking class,
- Babysitting workshops,
- Community based and regional sports events,
- Cultural excursions,
- Dog team excursions, as well as many others.

We are very pleased with the initiatives that Nunavummiut have taken to improve the welfare of our youth.

Indian and Residential school (IRS) Resolution Health Support Program

The Government of Canada, through the IRS Resolution Health Support Program (RHSP), agrees to provide mental health emotional support services to all former IRS students and their families involved in the Settlement Agreement (SA) activities;

- independent Assessment Process (IAP)
- common Experience Payment (CEP)
- truth and Reconciliation Commission (TRC) events
- commemoration Events

The IRS RHSP offers former students and their families a range of health support services before, during and after all phases of the IRS Settlement Agreement. All support workers have special training and past experience providing support services.

The IRS Resolution Health Support Program (RHSP) works to ensure those former students and their families;

- have access to emotional health and cultural support services;
- can safely address emotional health and wellness issues related to the disclosure of childhood abuse;

Under the department of Inuit Values and Practices department (IVP) the contribution agreement for the IRS has been moving slower than expected but is currently in progress. The emotional support workers job posting have been posted since November 2010 but still to date are not filled. In the beginning of the year 2011, Health Canada arrived to Kuujuaq to support the NRBHSS to fulfill its mandate under the IRS contribution agreement for the section of the resolution health support program (RHSP). Five (5) emotional support workers for the upcoming event by the Truth and Reconciliation Commission were given one week training by health Canada in Kuujuaq.

March 2011

The Truth and Reconciliation Commission (TRC)

A core mandate of the Truth and Reconciliation Commission of Canada (TRC) is to educate all Canadians about the complete history of the so-called “Indian residential schools” and to inspire reconciliation for individuals, families, communities, religious entities, government, and the people of Canada.

On the 14th of March 2011, the Truth and Reconciliation Commission (TRC) started their Regional Tour in Nunavik, Quebec. During their tour, former students from Nunavik arrived to both communities of Inukjuak and Kuujjuaq. Approximately fifteen (15) former students from the Hudson coast went to Inukjuak and fifteen (15) from the Ungava coast went to Kuujjuaq during the TRC hearing events. During the hearings, former students and people from the communities at large attended the ceremonies. The majority of statements occurred in a public venue, with many observers being impacted by the statements. Health supports were impacted throughout each day as they listen to community members, friends, and family members provide statements. The level of sharing and emotion was different and unpredictable in each community but overall, the visits to both Inukjuak and Kuujjuaq were a great success.

Inuit Values and Practice department continues to work with Health Canada to implement the RHSW in Nunavik. Once the RHSW are in place, the mandate of these support workers would be to offer emotional support to former students of residential schools and their families especially for those former students that are undergoing the Independent Assessment Process (IAP).

Wellness Committees

The wellness committees are groups of individuals from each community whose mandate is to discover the overall wellness needs and problems their community is facing and help find solution to there problems. The committees are formed in one of the following three ways; an election may be held within the community, members may be appointed by various organizations within the community or concerned members of the community can volunteer to become a member.

Once these committees are created, installments of \$25,000.00 per year are transferred to each community. It is important to mention that in the past, installments of \$12,500.00 were transferred twice yearly. As of April first, one installment will be sent to each community that has a wellness committee in place. All activity reports are due by March 31 of each year.

The following communities have a wellness committee up and running; Akulivik, Aupaluk, Ivujivik, Kangirsualujjuaq, Kuujjuaq, Kuujjuraapik, Puvirnituaq, Salluit and Umiujaq. For the communities of Inukjuak, Kangiqsujuaq, Quaqtuaq, Tasiujaq and Kangirsuk who do not have a wellness committee, the coordinator is planning to have meetings with these communities to try and get a wellness committee in place.

Midwifery

We still have the four birthing centers offering services in Nunavik. Three of these are on Hudson coast, located in Inukjuaq, Puvirnituaq, and Salluit. There is one on the Ungava coast located in Kuujuaq.

In the fiscal year 2010-2011, there were 34 births registered on the Ungava coast and 147 on the Hudson coast.

In the summer of 2011, the Ungava Tulattavik Health center started construction of their new transit which will include a new maternity ward and office space for their employees. They have also recruited a new full-time midwife to their staff.

Brenda Epoo expressed an interest to work with Vicki Van Wagner on improving the Equivalency Project for Inuit students training to be midwives. They have had meetings to discuss making improvements to the existing program and are drafting a new document that will be implemented hopefully in the next fiscal year.

Traditional/Customary Adoption

The working group on Customary Adoption in Quebec has been created by the ministers of Justice and Health and Social Services to recommend solutions to the current non-inclusion of the customary adoption practices at the provincial laws and regime.

The working group on traditional adoption is currently drafting a report with recommendations to be submitted to the two (2) ministers included at the Quebec civil Code provisions on Aboriginal customary adoption which should be finalized by June-July 2011.

The need for the Inuit traditional/customary adoption is to have it fully recognized with the provincial laws. Once the report is finalized by the working group, the Inuit Advisory Committee on Traditional/Customary adoption will have to meet for the elaboration of a regime adoption for and by the Inuit of Nunavik.

Administrative Services

Message from the Director



The year 2010-2011 saw the continued development of the Nunavik health network through the efforts of a motivated team working at implementing the Strategic Regional Plan. Action plans for 2010-2011 and 2011-2012 were elaborated concerning services to be offered in all the communities.

To attain our objectives, it was important first to establish the requirements for staff housing for both health centres and the regional board. After much discussion and a search for the best solution in terms of personnel hiring to develop the services to be implemented, the organizations reached consensus on the choice of housing, and preliminary actions were taken to start the housing projects scheduled for 2011-2012.

The Regional Project Management Bureau has been more solidly involved in decision making in collaboration with both health centres. This committee was formed two years ago with members representing each department of both health centres. It held regular meetings throughout 2010-2011 to approve and support various projects.

The main projects elaborated and carried out by the Regional Project Management Bureau are staffing for the biomedical projects (which now have one senior advisor and two technicians), development of information resources (with an investment of \$3 million), upgrade to the telecommunication infrastructure (enabling telehealth services in all the communities) and the three-year conservation and functional plan for fixed assets covering the years 2011 to 2014. We also developed management systems including software for the *MNQ*. Most importantly, closer follow-up of financial resources was ensured through activities and programs of the health and social services network and enabled both health centres to end 2010-2011 with balanced budgets.

With all tools and systems in place and all vacant positions filled, a very optimistic future lies ahead; implementation of the Strategic Regional Plan will ensure health and social services for the entire Inuit population.

Silas Watt

Financial Resources

THE REGIONAL BUDGET (MSSS)

The MSSS authorized expenditures of \$130.5 million for the region for 2010-2011 excluding fixed-assets funds. For fiscal 2010-2011, the MSSS increased the regional budget by \$25.4 million. This adjustment is based on the health centres' 2009-2010 operating deficits as negotiated in the Strategic Regional Plan. This year, both health centres ended the year with a balanced budget. The MSSS also reimbursed all accumulated operating deficits of the health centres for a total of \$128.5 million. The regional budget was distributed as follows:

2010-2011 ALLOCATIONS	\$ million
INSTITUTIONS	
Inuulitsivik Health Centre	55.7
Ungava Tulattavik Health Centre	40.6
NRBHSS EARMARKED FUNDS	
Insured/non-insured health benefits	20.4
Other	3.6
COMMUNITY ORGANIZATIONS	
Youth centres	1.8
Other	3.4
Reserved: special projects not realized yet	5.0
TOTAL TRANSFERS	130.5

The NRBHSS' Operating Budget

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

Operating and Earmarked Funds

The *MSSS* allocated a budget of \$5.1 million for the NRBHSS' operations. The NRBHSS also received \$900 000 from other sources, mainly contribution agreements. In addition to this operating budget, the NRBHSS also received and managed \$25 million in earmarked funds for specific activities. Those funds came from two different sources: one directly from the *MSSS* and the other from the regional envelope.

Fixed-Assets Fund

The NRBHSS also transferred \$7.1 million for various fixed-assets projects such as replacement of equipment, maintenance and renovations to its building, and purchase of medical equipment.

Federal and ITK Earmarked Funds

Amounts totalling \$8.9 million were received from the federal government and Inuit Tapiriit Kanatami. Unlike the provincial earmarked funds, the contribution agreements with these organizations are on a yearly basis. At the end of the year, they recover any balance not spent during the year.

Health Canada & ITK	\$
Aboriginal Diabetes Initiative	589 582
Brighter Futures	1 153 893
Home and Community Care	2 110 110
Fetal Alcohol Spectrum Disorder	351 762
Mental Health Crisis Management	870 719
Prenatal Nutrition Program	296 196
Suicide Prevention Strategy	88 000
AHTF Integration Plan in Mental Health	825 135
AHTF Healthy Living in School and Substance Abuse	654 207
AHTF Adaptation Plan Clinical Project	663 964
Aboriginal Health Human Resources Initiative	177 086
Indian Residential School	282 656
Nutrition North Canada	245 250
Indian and Northern Affairs	
Adult Disability	25 744
Family Violence	169 200
Northern Contaminants Program	124 028
ITK	
Born Smoke-Free & Blue Light Campaigns	56 401
Regional Engagement Coordinator	175 000
Total Subsidies	\$8 858 933

Fixed Assets and Equipment

The NRBHSS was involved in many local and regional projects in 2011. One of the major projects was the planning of the construction of 70 staff housing units. With increased demand for health and social services and the corresponding increase in personnel, the need for more housing becomes a major priority.

To respond to the needs in terms of regional infrastructure, the NRBHSS supported the two health centres in their projects. Thus, the Inuulitsivik Health Centre acquired a new patient transit next to its installations and received a budget of \$2 000 000 for office spaces for its Department of Youth Protection.

The Ungava Tulattavik Health Centre in turn will have a new patient complex before the end of 2011. Other important projects for Tulattavik were the enlargement of the ambulance garage, a new archives area, a new morgue and additional office space. The estimated cost for these projects is below \$3 000 000.

The NRBHSS is currently working out a new three-year (2011-2014) conservation and functional plan for the region. We are working closely with both health centres and ensuring they have the information and budgets necessary to carrying out their projects.

The NRBHSS presently has a number of ongoing projects. Major renovations on five of its older buildings will continue and should be complete by the fall of 2011.

Human Resources

In 2010-2011, the NRBHSS job registry saw few changes. Its manpower plan consists of:

- 1 full-time, permanent position for a senior administrator;
- 8 full-time, permanent positions for senior officers;
- 1 part-time position for an intermediate officer;
- 45 full-time, permanent employee positions;
- 1 part-time, permanent employee position;
- 3 full-time, temporary employee positions.

Compared to last year, there are three more full-time, permanent positions: two for secretaries and one for translator (English-Inuktitut), all in the Executive Management Department.

Once again this year, the main activity in human resources was personnel hiring, mainly for the Ulluriaq Adolescent Centre in Montréal; some 60 employees, including educators, nurses and administrative personnel, were hired. Given their specific fields of activity, their working hours and the fact that the centre is in the South, we had to adapt certain aspects of our procedures such as payroll services and human-resources services.

Further, there was a certain amount of personnel change in Kuujuaq, as follows:

- the financial officer was promoted to head of finance;
- a number of employees left the regional board and were replaced: accounts-payable clerk, executive secretary of Administrative Services, secretary of Executive Management, janitor, advisor (children, youths and families), advisor (medical affairs),

advisor (adult and community services), Planning and Programming officer for community services, Director of Planning and Programming, Planning and Programming officer for services for children, youths and families, health-promotion officer;

- two members went on leave: Director of Inuit Values and Practices, receptionist.

Considering all of these factors as well as other, external ones, various policies and procedures were updated but not completed over the course of the year; they remain among our main priorities for the coming year.

In 2011-2012, we hope to revise the personnel-evaluation procedure in cooperation with the Regional Department of Human-Resources Development and the human-resources team of both health centres.

Information Systems

The region's information systems progressed during the year; the telecommunication infrastructure-upgrade project has been the main focus of our efforts within the Nunavik health sector. The NRBHSS has been working with the *MSSS*, the *CSPQ* and the KRG on this project. It has been discussed much during the past years, and the region finally completed the telecommunications infrastructure upgrade with KRG-Tamaani on March 31, 2011. This will have many positive impacts in day-to-day activities: it will enable the clinical staff to securely access client information through the use of technology and will improve the effectiveness of clinicians' decisions regardless of the client's home community.

The Regional Project Management Bureau, which includes representatives from both health centres and the NRBHSS, has greatly contributed to the decision-making process and the flow of information regarding the deployment of the new KRG-Tamaani telecommunication infrastructure and other important regional and local information-systems developments.

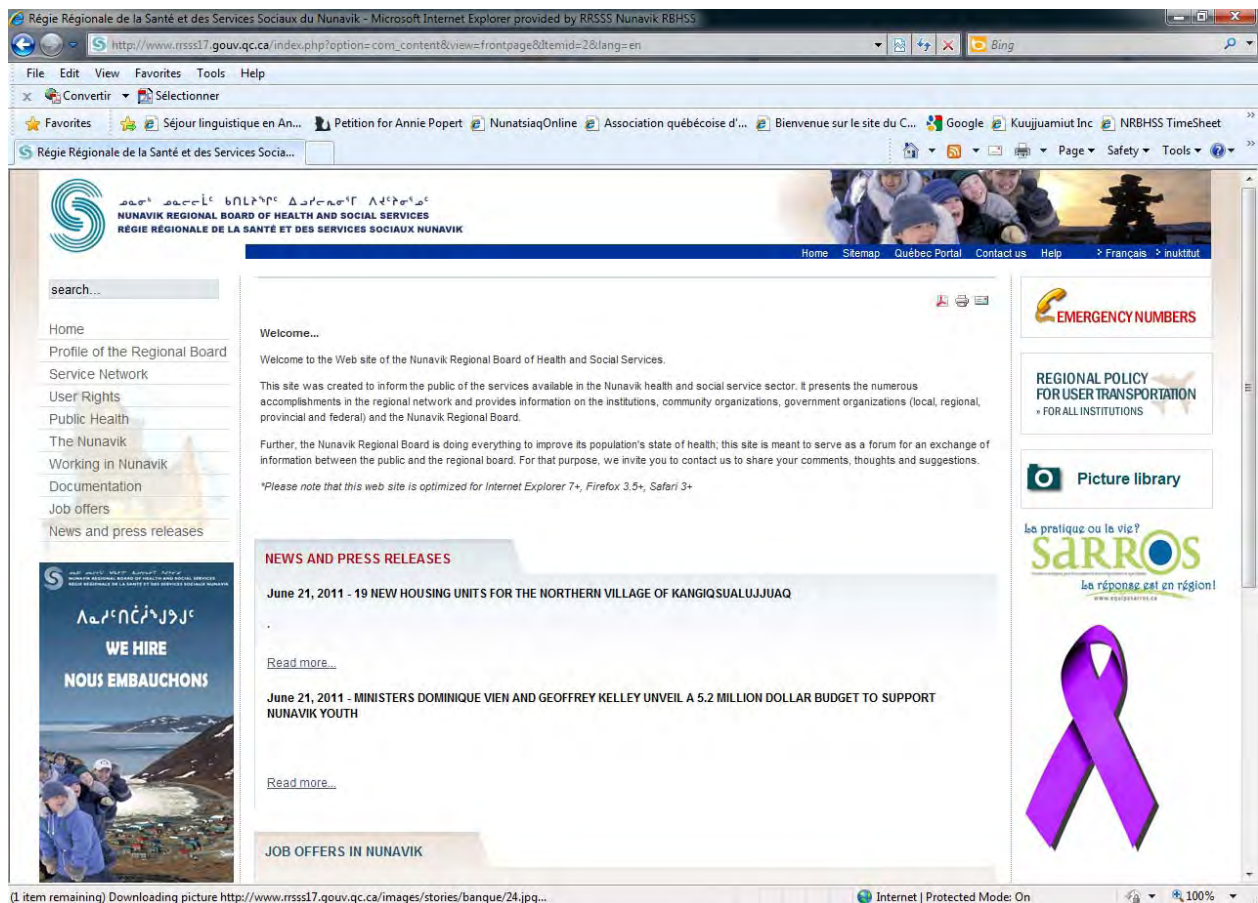
The Nunavik Information-Resources Master Plan is being revised to reflect the changing regional and local realities. The revised plan will now be known as the "Nunavik eHealth Plan." The new plan will include the activities related to telehealth development and also the information-resources security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

In partnership with the McGill *RUIS CvSSS* (*Centre virtuel des services de santé et services sociaux* [Virtual health and social services centre]), the Ungava Tulattavik and the Inuulitsivik Health Centres concluded an agreement to acquire telehealth equipment for each CLSC in the

region. This newly acquired equipment will be implemented during the summer 2011 and will provide the clinical staff with 24-hour access to the region's health centres as well as specialized services in the South.

The *Module du Nord Québécois (MNQ, or Northern Québec Module)*, located in Montréal, has deployed the latest version of the *MNQgo* management system. This client-management system will enable the *MNQ* staff to provide a more uniform service to the clientele and facilitate follow-up. The system can also produce accurate statistical data.

Consult the NRBHSS Web site for current information at www.rrsss17.gouv.qc.ca.



Regional Department of Human-Resources Development

Message from the Director



This year was my first full year with our new department. Slowly but surely, our activities took form in the portfolios relative to training, support for the two health centres in filling their vacant positions in the youth-protection sector (local and imported personnel) and visits to the schools throughout the territory to promote careers in the field of health.

I personally wish to extend my sincere gratitude to my team for their excellent work and solid commitment; without their efforts, our actions would have been in vain.

We are ready to begin year 2 and continue the portfolios under way, organize new training sessions and, jointly with the *MSSS*, improve the working conditions for all persons working in the health sector.

Jean-Pierre Charbonneau

After the creation of our new department in November 2009, we underwent the full cycle of our first fiscal year, from April 1, 2010, to March 31, 2011.

We would like to highlight an addition to our team in June 2010: Chesley Mesher replaced Mbsowo Andrews as personnel officer. His primary responsibilities are to manage all training programs funded by Health Canada.

Principal Activities 2010-2011

- Pilot Project in Youth Protection

This project took up much time in this first year. Two of its components, described below, involved much effort in our department:

- Hiring in the Youth-Protection Sector

Our task was to facilitate and support the hiring of human-relations officers, local personnel and management personnel for the two youth-protection teams of Nunavik.

Thus, after several months of work, the operation's success became evident. Close to 95% of the positions that were vacant at the beginning of the year have been filled. We concluded several agreements with youth centres in the South (service loans and leave without pay) in order to have competent candidates prepared to invest within our region. More than 11 youth centres actively participated in support of our hiring process and thus enabled us to fill positions for management personnel and professionals.

Other solutions (advertisements in newspapers, in the weekly information newsletter of the *Association des centres jeunesse*, on the Web sites of the Montréal Health and Social Services Agency and those of universities in Québec, Ontario and New Brunswick; visits to career fairs, universities and professional associations) enabled us to hire more efficiently because they facilitated personal contact and thus helped find individuals ready to work in the North.

Locally, we made 12 visits to various communities to meet directly with the public so we could target potential candidates. These efforts have borne fruit.

Hiring Data

Job Title	Hudson	Ungava
Social aide and community worker	3	8
Manager	0	3
Human-relations officer	7	15
Director of Rehabilitation		1

- Training Initiatives

The first initiative was to design an orientation program for persons coming to work in the North. During the first day of the three-day program, an overview of Inuit culture is given by an Inuk. The other two days deal with service organization, application of the *Youth Protection Act* in northern regions, the stages of intercultural integration and preparations for arrival in the North. Several new employees in youth protection have undertaken the program, which we will shortly propose and adapt for other sectors and other job titles.

For the second initiative, with the goal of supporting Inuit personnel in youth protection, the NRBHSS and Marie-Victorin College jointly designed a training program in psychosocial work with the financial support of the community health and social services network, a federal agency. That training has been accredited by the **ministère de l'Éducation, du Loisir et du Sport** and is given in the Nunavik communities. The personnel members were consulted to identify their training needs. The content of this training contributes to improving their work and helps them better understand the reality and dynamics of the families with which they work. The training also gives them an opportunity to discuss and share their experiences, which helps them deal with stress.

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

- Other Activities

During the year, Chesley Mesher and Louise Samoisette (personnel officers) visited all the schools on the territory. They gave presentations to secondary students on careers in the health sector. During the presentations, they described the possible careers, the working conditions and the studies required for such work. We are planning on repeating this experience in the future.

Our team also presented various training projects to the Kativik Regional Government for the purpose of obtaining subsidies. To date, the following projects have been accepted and others remain to be confirmed:

- year 2 of the training in youth protection (\$179 192 in subsidies);
- continuation of the training for Inuit management personnel through a program by McGill University (\$112 286 in subsidies);
- pairing with an administrative technician in Executive Management (\$9 918 in subsidies).

Mr. Mesher participated in numerous colloquiums and meetings with organizations such as Health Canada, *Inuit Tapiriit Kanatami* (ITK) and the *National Inuit Committee on Health (NICoH)*, whose mission is to promote health and social services among the First Nations and Inuit.

C) Personnel Retention and Recruitment

In accordance with the agreements-in-principle concluded between the Government of Québec and the central labour unions, the NRBHSS was assigned the task of preparing a file for improving working conditions in the North for both local personnel and manpower from the South. Discussions have begun, and we hope that by the end of 2011, new working conditions more conducive to personnel retention will be established.

As for recruitment, we are in the early stages of a process to explore, jointly with both health centres, possibilities to modernize or simply improve the efficiency of our recruitment methods (social networks, specialized Web sites and so forth).

Department of Out-of-Region Services

Message from the Director

THE ORIGINS OF THE DEPARTMENT



The insured/non-insured health benefits (INIHB) are additional services provided to registered beneficiaries under the *James Bay and Northern Quebec Agreement (JBNQA)*.

JBNQA beneficiaries who reside outside Nunavik, no matter when this residency commenced, are not eligible under the INIHB program, with the exception of post-secondary students and trainees (sponsored by the Kativik School Board) returning to their communities, prisoners and patients outside the territory to receive medical care.

The reference standards used to define the modalities of access to INIHB are those specified by the *ministère de la Santé et des Services sociaux (MSSS)* or those issued by Health Canada as part of its program for non-insured health benefits (NIHB). Nunavik beneficiaries are entitled to NIHB that are as comprehensive and accessible as those made available to other aboriginal residents of Quebec, the difference for Nunavik being that the province assumes the costs.

The INIHB program adds to the services offered to all of Quebec's population under the various health-care plans and drug-benefit program administered by the Government of Quebec. These additional services refer to a limited number of goods and services not previously provided to beneficiaries of the *JBNQA* by other agencies or under other programs in Quebec.

On April 1, 2004, a specific fund was created in the budget of the NRBHSS in order to manage the eligible expenditures. The base budget for the financing of INIHB is constituted by deducting certain amounts that were included in the budget base of the two institutions concerned—the Ungava Tulattavik Health Centre and the Inuulitsivik Health Centre—supplemented by contributions from the *MSSS*.

2010-2011 EVENTS

Since its inception, the INIHB program was the responsibility of the NRBHSS and managed under the Department of Administrative Services. In recent years, the program expenses increased exponentially due in part to the rise in chronic diseases and the lack of specialists in the North. The creation of a full-fledged department was therefore justified to support the daily management of the program and allow assessment of the needs of beneficiaries in collaboration

with the health centres. This is the first full fiscal year in which the Department of Out-of-Region Services has assumed all aspects of running the INIHB program. Since early in the fiscal year, a new and in-house-trained NIHB officer has been in place. After being managed from Puvirnituq and then Montreal, the INIHB office returned to the NRBHSS' Kuujuaq premises in July 2010.

The computer firm that designed the software *BENEFIS*, which we have been using since 2003, has developed a new version that is up-to-date and includes new major technological features. The advantages of this new version are the extended life of our application by at least seven years, a more complete and better validation of program policies and, finally, ease of use. At this moment, the new version is up and running. The last option we will implement will be with our partners (*MNQ*, health centres and CLSCs). This procedure will allow the liaison nurses to check the eligibility of a patient by using a Web-based application.

Our department has put much emphasis on working with landholding corporations in performing a regular update of the beneficiaries list. We have also initiated a working relationship with Makivik Corporation's registrar of beneficiaries to ensure the NIHB program is well understood and that technical modalities are relevant and current between the two organizations.

We are very pleased to report that in February 2011, a new NIHB agreement and framework agreement between the NRBHSS and the *MSSS* were signed into effect.

FUTURE

This year, a subcommittee of the Regional Committee on the Management of Patient Services (RCMPS) worked diligently to update the regional policy for user transportation, the management agreement for the NIHB program and the reference framework for the implementation of that agreement. Next year, we expect agreements to be concluded between the NRBHSS and the health centres to ensure daily management of the program is efficient and harmonized with the health centres' policies.

I will continue to chair the RCMPS meetings as I have throughout the past fiscal year. One of the main topics of discussion in this committee in the past year was the temporary relocation of the entire *MNQ* facilities to the YMCA in Montreal.

As for commitments in other committees, I also chair the Nunavik Youth House Association Advisory Committee, which contributed to improving youth centres by approving a technical survey of all the youth centres in Nunavik. This committee will continue to be a priority for me in the next fiscal year.

Larry Watt

**NUNAVIK REGIONAL BOARD
OF HEALTH AND SOCIAL SERVICES
SUMMARY FINANCIAL REPORT
MARCH 31, 2011**

**NUNAVIK REGIONAL BOARD
OF HEALTH AND SOCIAL SERVICES
SUMMARY FINANCIAL REPORT
MARCH 31, 2011**

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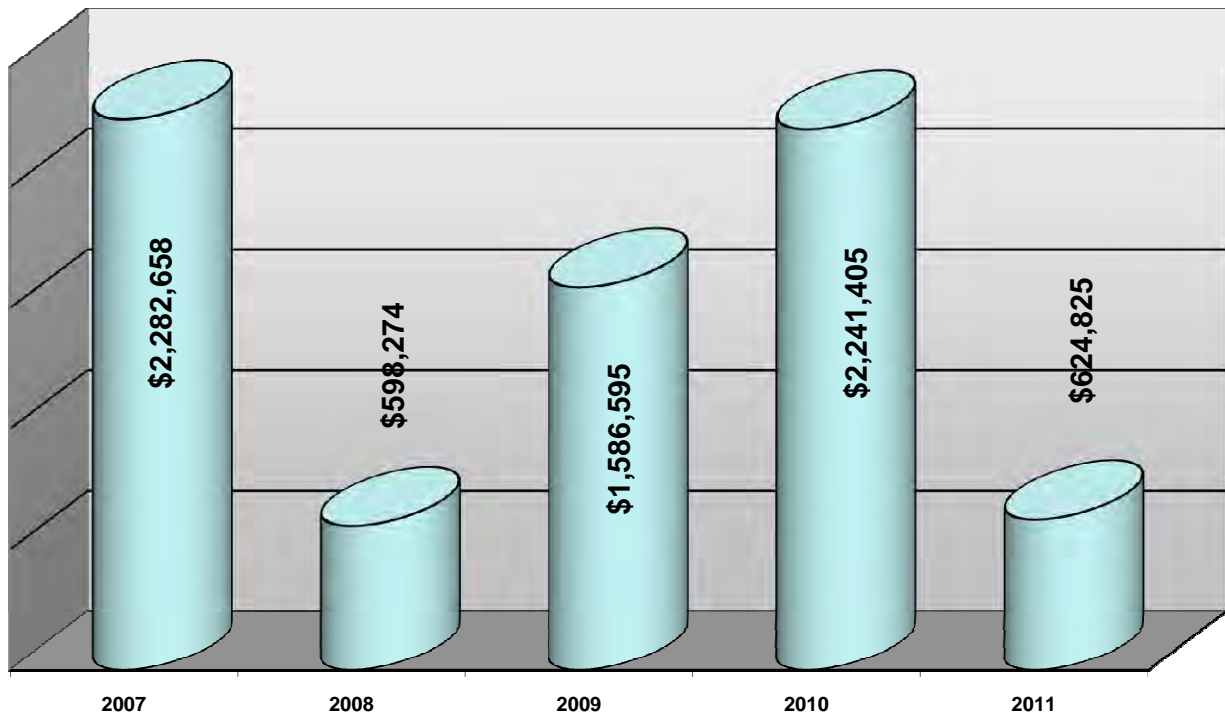
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**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
SYNOPSIS REVIEW
MARCH 31, 2011**

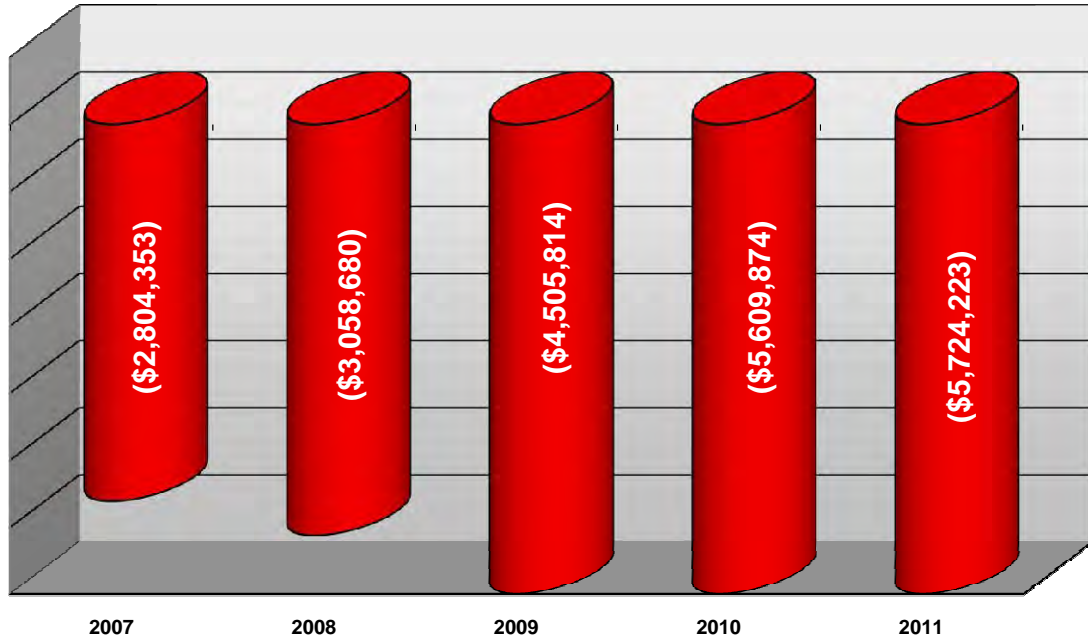
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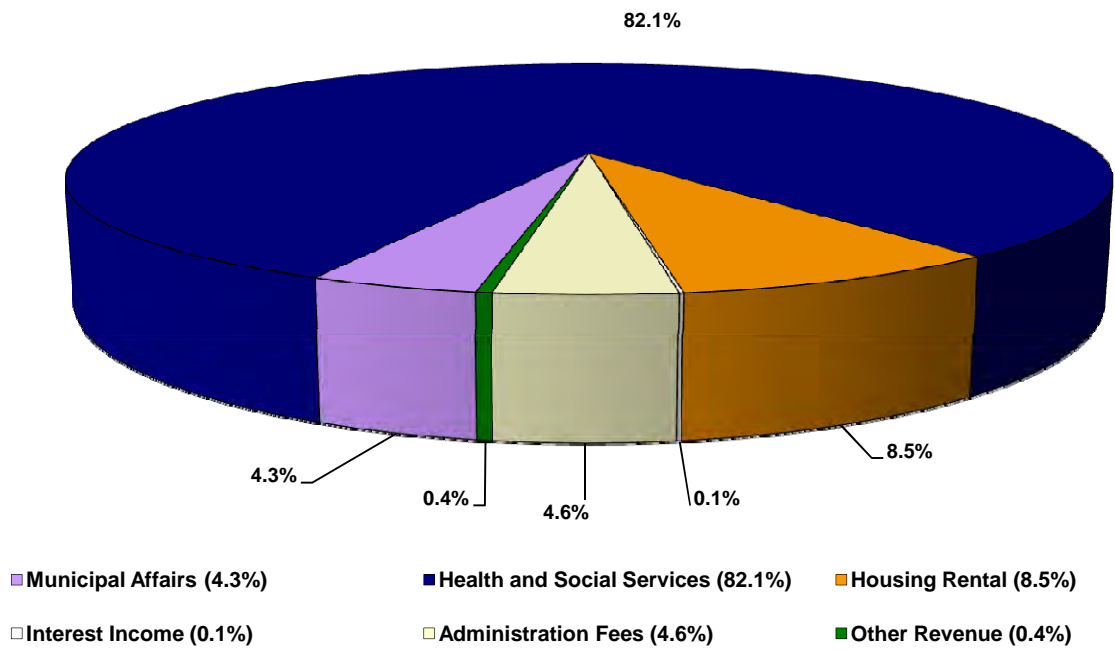
COMBINED CASH POSITION



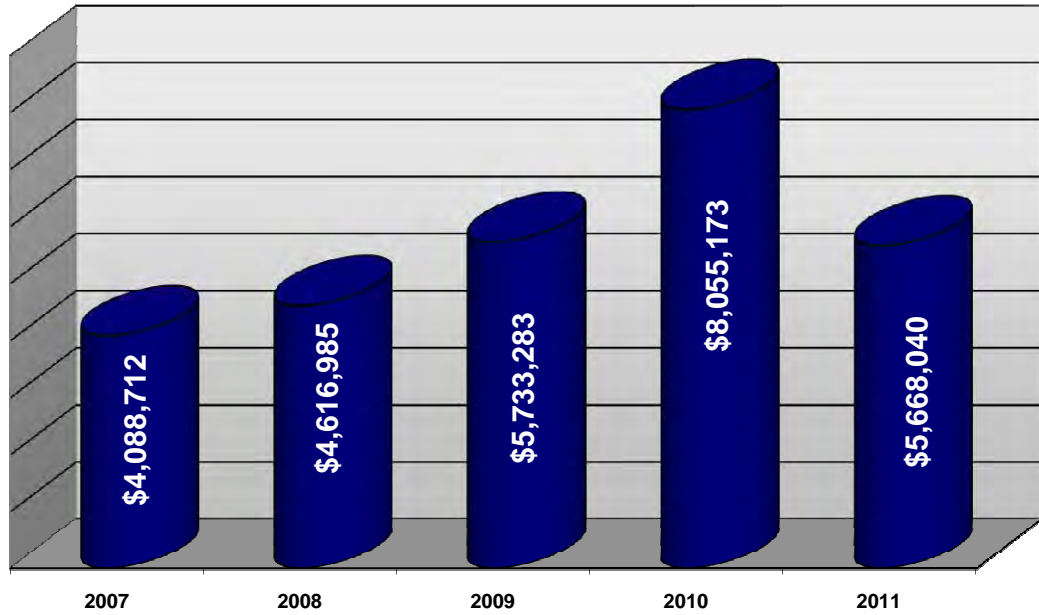
OPERATING FUND - FUND BALANCE



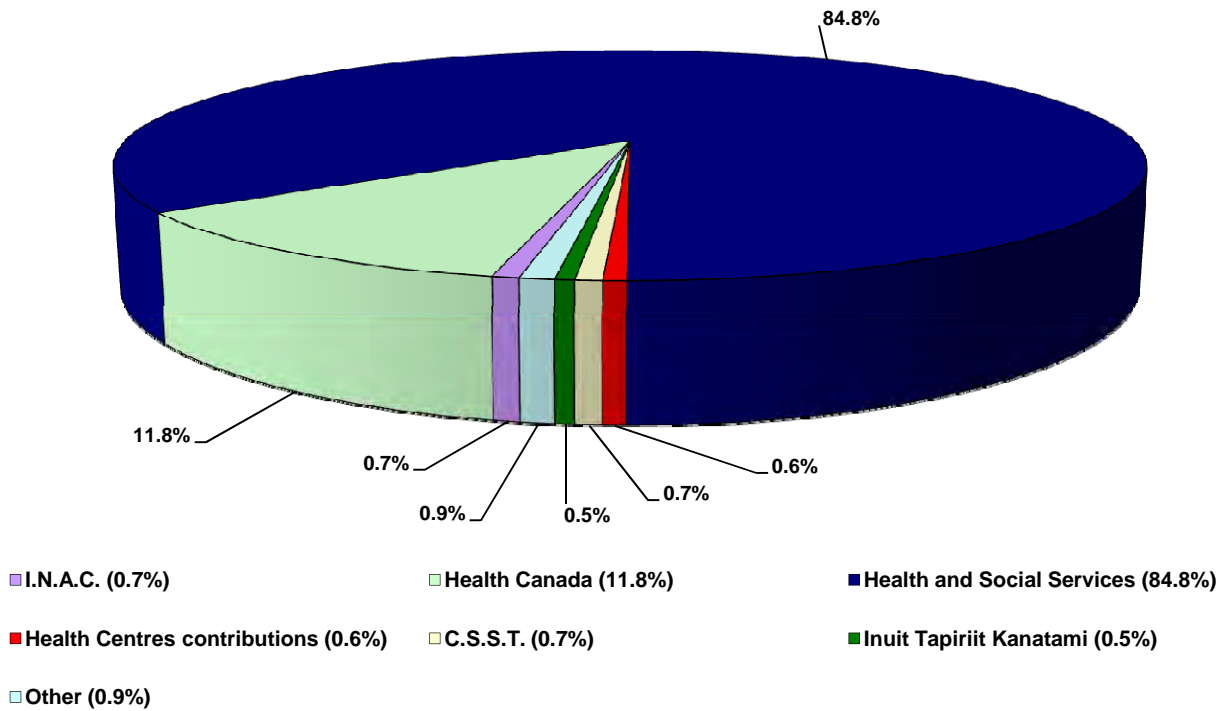
OPERATING FUND - SOURCES OF REVENUE FOR THE YEAR



ASSIGNED FUND - FUND BALANCE



ASSIGNED FUND - SOURCES OF REVENUE FOR THE YEAR



**NUNAVIK REGIONAL BOARD
OF HEALTH AND SOCIAL SERVICES
SUMMARY FINANCIAL STATEMENTS
MARCH 31, 2011**

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
SUMMARY FINANCIAL STATEMENTS
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**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
OPERATING FUND - BALANCE SHEET
MARCH 31, 2011**

	2011	2010
	\$	\$
ASSETS		
CASH	532,210	2,214,895
ACCOUNTS RECEIVABLE (note 2 a))	2,772,894	1,304,300
	3,305,104	3,519,195
LIABILITIES		
ACCOUNTS PAYABLE AND ACCRUED CHARGES	3,138,908	1,098,327
DUE TO LONG-TERM ASSETS FUND (note 8)	131,425	132,368
DUE TO ASSIGNED FUND (note 8)	5,758,994	7,665,051
DEFERRED REVENUE (note 4)	-	233,323
	9,029,327	9,129,069
FUND BALANCE		
FUND BALANCE	(5,724,223)	(5,609,874)
	(5,724,223)	(5,609,874)
	3,305,104	3,519,195

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
OPERATING FUND - STATEMENT OF CHANGES IN FUND BALANCE
YEAR ENDED MARCH 31, 2011**

	2011 \$	2010 \$
FUND BALANCE - BEGINNING OF YEAR	(5,609,874)	(4,505,814)
Previous Years' Adjustment		
- General Adjustment - Payment to Health and Social Services	500,000	-
- Cancellation of Amount Payable to Inuulitsivik Health Centre	-	231,737
- Transfer of a Deficit from the Assigned Fund (Strategic Planning)	-	(361,634)
Excess (Deficiency) of Revenue over Expenses - Regular Operations	(614,349)	(938,883)
Excess (Deficiency) of Revenue over Expenses - Special Projects	-	(35,280)
FUND BALANCE - END OF YEAR	(5,724,223)	(5,609,874)

As at March 31, 2011, the balance is composed of:

Regular Operations	(5,751,088)	(5,636,739)
Special Projects		
- Planning and Programming - Nurse Retention (#792)	26,865	26,865
	(5,724,223)	(5,609,874)

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
OPERATING FUND
STATEMENT OF REVENUE AND EXPENSES
YEAR ENDED MARCH 31, 2011**

	2011	2010
	\$	\$
REVENUE		
Health and Social Services	5,404,509	4,507,335
Dossier Santé Québec	20,798	96,530
Housing Rental	561,335	578,239
Municipal Affairs	281,208	267,572
Administration Fees	301,467	189,461
Interest Income	7,612	7,357
Other Revenue	5,525	156,887
	6,582,454	5,803,381
DEFERRED REVENUE - BEGINNING OF YEAR	233,323	125,000
DEFERRED REVENUE - END OF YEAR (note 4)	-	(233,323)
	233,323	(108,323)
	6,815,777	5,695,058
EXPENSES		
General Administration	5,837,151	5,001,410
Community Health Advisors	922,322	1,047,024
Building Operating Costs	670,653	585,507
	7,430,126	6,633,941
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES	(614,349)	(938,883)

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
LONG-TERM ASSETS FUND - BALANCE SHEET
MARCH 31, 2011**

	2011	2010
	\$	\$
ASSETS		
CURRENT ASSETS		
CASH	92,615	26,510
DUE FROM OPERATING FUND (note 8)	131,425	132,368
ACCOUNTS RECEIVABLE (note 2 c)	76,150,163	68,679,344
	76,374,203	68,838,222
CAPITAL ASSETS (note 3)	17,108,960	13,296,402
	93,483,163	82,134,624
LIABILITIES		
CURRENT LIABILITIES		
BANK LOANS (note 5)	8,151,572	5,476,121
ACCOUNTS PAYABLE AND ACCRUED CHARGES	33,332	33,332
TEMPORARY FINANCING	48,556,290	43,045,341
CURRENT PORTION OF BONDS PAYABLE	1,542,534	2,151,654
	58,283,728	50,706,448
BONDS PAYABLE	18,090,475	18,131,774
	76,374,203	68,838,222
FUND BALANCE		
FUND BALANCE	17,108,960	13,296,402
	17,108,960	13,296,402
	93,483,163	82,134,624

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
LONG-TERM ASSETS FUND
STATEMENT OF CHANGES IN FUND BALANCE
YEAR ENDED MARCH 31, 2011**

	2011	2010
	\$	\$
FUND BALANCE - BEGINNING OF YEAR	13,296,402	12,953,537
Capital Assets Purchased through the Operating Fund	387,267	40,571
Capital Assets Purchased through the Assigned Fund	-	110,692
Capital Assets Purchased through the Long-Term Asset Fund	3,425,291	191,602
FUND BALANCE - END OF YEAR	17,108,960	13,296,402

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
LONG-TERM ASSETS FUND
STATEMENT OF REVENUE AND EXPENSES
YEAR ENDED MARCH 31, 2011

	2011	2010
	\$	\$
REVENUE		
Health and Social Services	848,124	334,970
Financement-Québec	11,101,296	8,217,212
	11,949,420	8,552,182
EXPENSES		
Interest Charges	1,311,370	1,119,945
Computer and Office Equipment	-	2,635
Housing Furniture	-	13,890
Housing Units	1,080,394	125,124
Office Building	2,320,323	86,837
Specialized Equipment	23,631	4,290
Vehicles	943	-
Inuulitsivik Health Centre - Equipment	1,215,923	800,165
Inuulitsivik Health Centre - Furniture	-	92,356
Inuulitsivik Health Centre - Maintenance of Assets	2,893,097	3,028,329
Tulattavik Health Centre - CHSLD	-	99,503
Tulattavik Health Centre - Equipment	716,721	696,268
Tulattavik Health Centre - Furniture	-	144,786
Tulattavik Health Centre - Maintenance of Assets	2,387,018	2,338,054
	11,949,420	8,552,182
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES	-	-

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
 ASSIGNED FUND - BALANCE SHEET
 MARCH 31, 2011**

	2011	2010
	\$	\$
ASSETS		
DUE FROM OPERATING FUND (note 8)	5,758,994	7,665,051
ACCOUNTS RECEIVABLE (note 2 b)	57,413,560	46,034,031
	63,172,554	53,699,082
LIABILITIES		
ACCOUNTS PAYABLE AND ACCRUED CHARGES	57,504,514	45,643,909
	57,504,514	45,643,909
FUND BALANCE		
FUND BALANCE	5,668,040	8,055,173
	5,668,040	8,055,173
	63,172,554	53,699,082

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
ASSIGNED FUND - STATEMENT OF CHANGES IN FUND BALANCE
YEAR ENDED MARCH 31, 2011

	Project Number	Fund Balance Beginning of Year \$	Revenue \$	Expenses \$	Previous Years' Adjustment \$	Fund Balance End of Year \$
ADMINISTRATION						
Provincial funds						
Housing Construction	701	(77,186)	-	-	-	(77,186)
PACS Teleradiology	702	(49,052)	-	-	-	(49,052)
MEO Technology Orientation	759	29,291	-	-	-	29,291
Emergency Measures	998	116,907	819,404	853,197	-	83,114
Banwidth Enhancement Project	8860	-	500,000	140,065	-	359,935
Other funds						
Pandemic Influenza	8001	(34,151)	-	-	-	(34,151)
Technocentre	8840	-	275,328	275,328	-	-
Regional Administrative Services	8891-92	-	318,684	165,050	-	153,634
		(14,191)	1,913,416	1,433,640	-	465,585
HUMAN RESOURCES						
Provincial funds						
Training to Inuit on Medical Terminology	8022	-	107,289	-	-	107,289
Federal funds						
Aboriginal Health Human Resources Initiative	811	382,372	177,086	187,534	-	371,924
Other funds						
Staff Training Youth Protection	818	315,759	68,532	393,209	-	(8,918)
		698,131	352,907	580,743	-	470,295
INUIT VALUES						
Provincial funds						
Managerial Staff Development	610	4,975	-	5,391	-	(416)
Midwifery Program	901	23,506	-	11,308	-	12,198
Regional Midwifery	8016	84,000	-	-	-	84,000
Federal funds						
Brighter Futures	699	26,748	1,127,145	1,084,795	1,091	70,189
Indian Residential Schools	819	-	282,656	123,185	-	159,471
Other funds						
Aboriginal Healing Foundation	800	-	18,077	32,586	-	(14,509)
ITK - Regional Engagement Coordinator	804	106,710	175,000	199,027	-	82,683
Residential School File	808	32,554	(32,554)	-	-	-
Certificate in Health and Social Services Management	814	(500)	-	-	-	(500)
McGill Social Workers' Project	815	38,073	-	-	-	38,073
		316,066	1,570,324	1,456,292	1,091	431,189
OUT OF REGION SERVICES						
Provincial funds						
Insured/Non-Insured Health Benefits Program	938	-	30,860,891	30,860,891	-	-
Insured/Non-Insured Health Benefits Management	939	84,533	321,796	355,398	-	50,931
		84,533	31,182,687	31,216,289	-	50,931

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
ASSIGNED FUND - STATEMENT OF CHANGES IN FUND BALANCE (CONT'D)
YEAR ENDED MARCH 31, 2011

	Project Number	Fund Balance Beginning of Year \$	Revenue \$	Expenses \$	Previous Years' Adjustment \$	Fund Balance End of year \$
PUBLIC HEALTH						
Provincial funds						
Smoking Action Plan	913	(3,070)	-	-	-	(3,070)
Food Safety Project	915	12,064	-	-	-	12,064
Breast Cancer Screening Program - Regional	916	(1,178)	-	-	-	(1,178)
Quebec Smoking Cessation Program	926	-	58,322	40,596	-	17,726
Kinesiology	931	298,081	-	87,116	-	210,965
AIDS and STD - Information and Prevention	956	(51,847)	161,370	77,690	-	31,833
Hepatitis C	959	7,535	1,800	-	-	9,335
Nosocomial Infections	960	1,880	-	-	-	1,880
STBI Research Project	968	(22,921)	46,285	4,795	-	18,569
Breast-Feeding Campaign	8004	410	-	-	-	410
Air Quality for Nunavik Residents	8017	13,410	-	-	-	13,410
PSSP Management Fees	8019	-	14,000	-	-	14,000
Federal funds						
Health Consultation	600	(12,500)	-	-	(37,500)	(50,000)
NNHC Functioning	614	12,354	108,963	108,928	-	12,389
Tobacco Federal Program	631	(33,066)	-	-	-	(33,066)
NNHC Communication	632	9,886	15,065	14,883	-	10,068
FASD	634	231,060	270,702	310,049	-	191,713
Diabetes	693	32,434	557,148	520,352	24,900	94,130
Perinatal Nutritional Program	696	132,729	163,467	296,174	-	22
AHTF Healthy Living in School and Substance Abuse	809	275,409	-	178,074	-	97,335
Nutrition North Canada	820	-	245,250	230,596	-	14,654
Other funds						
Occupational Health and Safety	611	224,415	318,622	394,556	-	148,481
Kino Quebec	612	40,745	52,192	6,000	-	86,937
Injuries Prevention Research	655	4,915	-	-	-	4,915
Vaccines B - Sec. 5	660	148,231	-	73,830	-	74,401
Arctic Net Project	668	26,109	-	-	-	26,109
Inuit Health Survey	690	(73,561)	-	-	-	(73,561)
Dental Health for Primary School	803	11,305	-	-	-	11,305
Literacy Learning - "How I Quit Smoking"	805	43,010	-	-	-	43,010
NAHO Health Analyst	807	84,521	75	84,082	-	514
Born Smoke Free and Blue Light Campaigns	816	557	55,844	56,095	-	306
		1,412,917	2,069,105	2,483,816	(12,600)	985,606

PLANNING AND PROGRAMMING

Provincial funds

Managers' Training	640	12,233	-	11,803	-	430
Training Medical - Legal Kit	790	408,284	45,729	432,939	-	21,074
Women's Health Program	791	242,495	-	76,176	-	166,319
Installation Premiums and Training	920-921-923	426,680	800,260	683,064	-	543,876
External Residency in Family Medicine	922	(427,078)	-	18,803	-	(445,881)
Regional Committees against Violence	932	-	65,000	-	-	65,000
Cancer	962	40,250	-	-	-	40,250
Intellectual and Physical Deficiency	967	17,702	-	17,702	-	-
Intellectual Deficiency - Family Support	971	47,626	-	47,626	-	-

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
ASSIGNED FUND - STATEMENT OF CHANGES IN FUND BALANCE (CONT'D)
YEAR ENDED MARCH 31, 2011

	Project Number	Fund Balance			Previous Years' Adjustment	Fund Balance End of year
		Beginning of Year	Revenue	Expenses		
		\$	\$	\$	\$	\$
PLANNING AND PROGRAMMING (CONT'D)						
Provincial funds (cont'd)						
Young Parents	972	25,096	-	35,121	-	(10,025)
Training - Nurse, Social Workers	977	48,780	-	5,844	-	42,936
Mental Health - Training on Crisis Management	8005	54,086	-	53,392	-	694
Suicide Prevention - Training	8006	153,032	159,213	9,042	-	303,203
Violence against Women - Training	8007	185,332	102,913	64,850	-	223,395
Community Organization - Training	8008	230,568	-	-	-	230,568
Mental Health - Support on Clinical Projects	8009	274,704	-	-	-	274,704
Suicide Prevention - Regional Strategy	8010	512,294	-	-	-	512,294
Breast Cancer - Diagnostic and Patient Support	8011	8,799	-	4,990	-	3,809
Services to Elders	8012	92,159	-	25,000	-	67,159
Training - Network Employees	8013	57,558	-	-	-	57,558
Training Workers - Young Offenders	8014	1,895	-	1,895	-	-
Sexual Harassment Intervention Team	8015	56,143	-	-	-	56,143
Dependencies	8020	-	160,000	26,659	-	133,341
Training on Attention & Hyperactivities	8021	-	60,721	-	-	60,721
Elder Abuse Prevention	8023	-	27,555	-	-	27,555
Youth Program - Regional Coordinator	9008	-	133,386	219,429	-	(86,043)
Training on Crisis Management	9052	41,192	-	3,806	-	37,386
Mental Health	9053	120,330	-	-	-	120,330
Speech Pathology - Training Daycare	9075	205,116	-	78,984	-	126,132
Psycho-Social Committee	9077	68,482	-	47,390	-	21,092
Speech Pathology - Program Development	9078	13,217	-	12,266	-	951
CLSC - Regional Development Strategy	9079	13,400	-	-	-	13,400
Development Problems - Regional Committee	9080	17,185	20,569	-	-	37,754
Intellectual Deficiency - Evaluation Chart	9081	13,704	-	-	-	13,704
Federal funds						
Home and Community Care	618	92,022	2,018,088	2,099,051	10,908	21,967
Disabled Adults Care	694	12,872	25,744	25,033	-	13,583
Family Violence	695	(11,311)	169,200	163,335	-	(5,446)
Community Mental Health	697	479,505	391,214	569,657	-	301,062
Suicide Prevention Strategy	698	61,549	26,451	38,504	-	49,496
AHTF Adaptation Plan - Clinical Projects	802	651,619	12,344	649,799	-	14,164
AHTF Integration Plan - Mental Health	806	825,135	-	741,410	-	83,725
Other funds						
Best Practices for Elders' Residences	812	4,220	-	-	-	4,220
Liaison Agent Training Program	813	52,263	-	-	-	52,263
Ulluriaq Adolescent Centre	817	332,876	3,240,096	3,572,972	-	-
Organization of Services - Nursing	927	(60,000)	60,000	-	-	-
Suicide Prevention	963	69,439	-	38,488	-	30,951
Youth Protection Reorganization	9007	-	132,124	151,499	-	(19,375)
National Training Program	9076	86,264	19,463	47,732	-	57,995
		5,557,717	7,670,070	9,974,261	10,908	3,264,434
		8,055,173	44,758,509	47,145,041	(601)	5,668,040

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
NOTES TO SUMMARY FINANCIAL STATEMENTS
MARCH 31, 2011

1. REPORTING ENTITY

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

2. ACCOUNTS RECEIVABLE

	2011	2010
	\$	\$
a) Operating Fund		
Health and Social Services	1,507,245	235,805
Employee Advances	6,957	4,237
GST/QST Rebates	517,889	885,959
Inuulitsivik Health Centre	302,253	71,753
Tulattavik Health Centre	312,095	72,721
Other	239,582	63,769
	2,886,021	1,334,244
Provision for Bad Debts	(113,127)	(29,944)
	2,772,894	1,304,300
b) Assigned Fund		
Indian and Northern Affairs Canada	143,522	76,238
Health Canada	749,305	1,016,590
Health and Social Services - INIHB (note 9)	54,651,981	43,012,715
Health and Social Services - Various	1,714,527	-
Inuulitsivik Health Centre	-	135,647
Tulattavik Health Centre	-	270,297
Other	154,225	1,522,544
	57,413,560	46,034,031
c) Long-Term Assets Fund		
GST/QST Rebates	-	27,984
Health and Social Services - Bonds	19,633,009	20,283,429
Financement-Québec	56,517,154	48,367,931
	76,150,163	68,679,344

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
NOTES TO SUMMARY FINANCIAL STATEMENTS
MARCH 31, 2011

3. CAPITAL ASSETS

The capital assets are composed of the following:

	2011	2010
	\$	\$
Computer and Office Equipment	2,742,983	2,742,983
Housing Furniture	332,770	332,770
Housing Units	7,552,909	6,123,515
Office Building	6,249,066	3,928,743
Specialized Equipment	93,937	70,306
Vehicles	137,295	98,085
	17,108,960	13,296,402

4. DEFERRED REVENUE

The deferred revenue is composed of the following:

	2011	2010
	\$	\$
Unclaimed GST/QST payments	-	117,073
Regional Envelop	-	116,250
	-	233,323

5. BANK LOANS - LONG-TERM ASSETS FUND

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

6. BANK LOAN - CONSTRUCTION

A bank loan was contracted for the construction of the duplexes in Kuujjuaq, the said loan was issued by the Canadian Imperial Bank of Commerce on March 1, 2002 at an interest rate of 5.910% and maturing on March 1, 2027. Payments of principal and interest are considered as an expense of the Operating Fund. The balance of the loan at year-end is \$1,763,732.

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
NOTES TO SUMMARY FINANCIAL STATEMENTS
MARCH 31, 2011

7. PREVIOUS YEARS' ANALYSIS

The MSSS final analyses of the 2003-2004, 2004-2005, 2005-2006, 2006-2007, 2007-2008, 2008-2009 and 2009-2010 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 2011-2012 financial statements.

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, interfunds transactions are accounted for and presented as "Due to" and "Due from" one fund to the other.

9. INSURED AND NON-INSURED HEALTH BENEFITS

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

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

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

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

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

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

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
NOTES TO SUMMARY FINANCIAL STATEMENTS
MARCH 31, 2011

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

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

	\$
2005-2006	5,089,613
2006-2007	6,174,464
2007-2008	6,446,326
2008-2009	12,231,625
2009-2010	13,070,687
2010-2011	11,639,266
	<hr/>
	54,651,981

10. PURCHASING PROCEDURES

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

11. NEW HOUSING UNITS

During the financial year 2007-2008, the Regional Board undertook a project to construct twenty-six (26) new staff housing units, for the Regional Board's (six (6) units) as well as those of the Tulattavik and Inuulitsivik Health Centres (ten (10) units each).

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

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

As at March 31, 2011, the total accumulated cost of construction amounted to \$11,239,244 for the 2009-2010 units, \$21,009,886 for the 2008-2009 units and \$10,024,156 for the 2007-2008 units. These construction projects were managed and temporarily financed by Financement-Québec.

In the financial year 2011-2012, after closing the construction projects, the capital cost and the long-term debt related to the construction of the housing units will be recorded in the financial statements of the respective establishments.

