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

REGIONAL ACTION PLAN FOR PUBLIC HEALTH 2016 - 2020

Publication

Department of Public Health, Nunavik Regional Board of Health and Social Services

Editorial coordination

Françoise Bouchard, Director of Public Health, NRBHSS
Julie Picard, Nurse Advisor, Nunavik DPH

With the collaboration of the coordinators of the Nunavik DPH and their team members

Véronique Dion Roy, Coordinator, Promotion and Prevention Team
Marie Rochette, Coordinator, Infectious Diseases Team
Robert Ladouceur, Coordinator, Occupational Health Team and Environmental Health Team

Acknowledgments

We extend our sincere thanks to all the persons working within the Nunavik Regional Board of Health and Social Services for their collaboration in developing the 2016-2020 regional plan of action in public health.

And a special thanks to the photographers who kindly provided photos of people and landscapes in Nunavik to highlight the beauty of the region's inhabitants.

Anne Fortin
Julie Picard
Perspective Infirmière
WikiCommon - Ansgar Walk

Linguistic revision and translation

Boreal Expressions

Page layout and graphics

Alternance Multimédia

Communications

Caroline D'Astous, Communications Officer, NRBHSS

Suggested citation: *Nunavik Regional Public Health Action Plan 2016-2020*, Nunavik Regional Board of Health and Social Services, Québec, 2017, 44 pages.

In the interest of simplicity, the masculine form is used in the present document to designate both sexes.

This document is available in its integral version in electronic format (PDF) on the Web site of the Nunavik Regional Board of Health and Social Services at **http://nrbhss.gouv.qc.ca/en**.

Legal deposit
Bibliothèque et Archives nationales du Québec, 2017
Library and Archives Canada, 2017

ISBN: PDF: 978-2-922764-98-7

MESSAGES FROM DIRECTORS

Minnie Grey, Executive Director

I am very pleased to present the Nunavik Regional Public Health Action Plan 2016-2020. By taking action today, we build a healthier future for the population of Nunavik.

This plan responds to preoccupations Nunavimmiut raised through the Parnasimautik consultations. It focuses on the actions for maintaining and improving the health of our population, preventing the incidence of social and health problems and protect Nunavimmiut from threats to their health. The plan builds on the prevention initiatives that our organization has been fostering over the last years and provides a guide on which to build our current and future interventions. It brings us clarity and a sense of direction.

Implementing our plan is investing in the health of Nunavimmiut

Children and families have an important place in this plan. Improving the life of families, providing them with a healthy and safe environment to grow, maintaining and nourishing the Inuit culture and identity will strengthen the social and safety net for all of us.

In line with Parnasimautik, our plan recognizes the necessity for all of us at the regional and local level to work together as partners and collaborators. Through the targeted collaboration identified in this plan, we invest in the health of Nunavimmiut and also foster the resilience and wellbeing of Nunavik society.

Françoise Bouchard, Director of Public Health

Developing our regional public health action plan has been like constructing a map for a journey. You have a sense of where you need to go (Targets), routes you need to take (the Axis) and the things you need to accomplish to get there (Services and Actions). You realize also that you cannot get there alone. Other people need to join you to make it happen!

This plan provides us with the roadmap for our individual and collective efforts in health promotion, prevention and health protection, for improving the health of Nunavimmiut. Within this plan, we will coordinate our actions with the other departments of the Regional Board of Health and Social Services and work with the Health Centres as they develop their specific local public health action plans. In addition, we will continue to develop the necessary partnerships with all sectors of the Nunavik society: education, local government, economic development, justice, etc.

Effective public health plans and programs have a direct impact on health outcomes and wellbeing of people in their communities. My staff and I are committed to this plan. We are guided by what we learned through Parnasimautik and we will implement it consistent with our principles: adapt to Nunavik cultural, social and geographical realities, build local skills, empower individuals and communities, and a clear focus on priority health determinants.

Nunavik Inuit have always been a hard-working, perseverant, hugely adaptable, and problemsolving people.

Parnasimautik Consultation Report, November 2014

MISSION

OUR RATIONALE

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

OUR VISION

A healthy population in healthy communities where integrated health and social front-line services are offered to the population by Inuit in accordance with traditional values

TABLE OF CONTENT

ABREVIATIONS

BRC	Botulism Reference Centre
C	Communications Section, NRBHSS
CFIA	Canadian Food Inspection Agency
CIQ	Comité d'immunisation du Québec (immunization committee)
CNESST	Commission des normes, de l'équité, de la santé et de la sécurité du travail (occupational standards, equity, health and safety)
CRCHUQ	Centre hospitalier universitaire de Québec - Université Laval Research Centre
CSC-HM	Civil security coordinator, health mission
DIVP	Department of Inuit Values and Practices, NRHBSS
DMHUI	Douglas Mental Health University Institute
DPH	Department of Public Health, NRBHSS
DPP	Department of Planning and Programming, NRBHSS
DYP	Directorepartment of Youth Protection
FTCS	Federal Tobacco Control Strategy
HC	Health centre
HC-OOR	Health centre, out-of-region
HCan	Health Canada
INSPQ	Institut national de santé publique du Québec (public health institute)
ISQ	Institut de la statistique du Québec (statistics institute)
L	Lead
MADO	Reportable diseases
MAPAQ	Ministère de l'Agriculture, des Pêcheries et de l'Alimentation du Québec (agriculture, fisheries and food)
MDDELCC	Ministère du Développement durable, de l'Environnement et de la Lutte contre les changements climatiques (sustainable development, the environment and the fight against climate change)
NQM	Northern Québec Module
MSSS	Ministère de la Santé et des Services sociaux (health and social services)
NNHC	Nunavik Nutrition and Health Committee
NRBHSS	Nunavik Regional Board of Health and Social Services
NRC	Nunavik Research Centre
PHAC	Public Health Agency of Canada
PNSP	Programme national de santé publique, 2015-2025 (public health program)
PQDCS	Programme québécois de dépistage du cancer du sein (breast cancer screening)
S	Support
SSRS	Specialized and superspecialized residential services, residential resources,DMHUI
STBBI	Sexually transmitted and blood-borne infection
SSS	Health and Social Services
TB	Tuberculosis
TDPV	Tropical Diseases, Post-Voyage, McGill University Health Centre
UdeM	Faculté de médecine vétérinaire (veterinary medicine), Université de Montréal

INTRODUCTION

Although the continued improvement of the wellbeing (sic) of the general population depends in part on services and its funding, it is also critically related to the improvement of social determinants of health such as better housing conditions, improving education services quality and opportunities, cultural safety, enhanced food security, lowering cost of living, economic development and job creation.

Parnasimautik Consultation Report, November 2014

The Regional Action Plan for Public Health in Nunavik, 2016–2020 (RAP) presents the public health activities. Not only does the RAP follow up on the PNSP, it is in line with major Nunavik processes: the 2014 Parnasimautik Consultation Report*, the NRBHSS regional strategic plan and the development of clinical projects under **Illusiliriniqmi Pigutjiutinik Qimirruniq**†.

It is clear that the social, economic and cultural changes that have occurred in recent years in Nunavik have not succeeded in closing the large gap that exists between the health of Nunavimmiut and the health of residents elsewhere in Québec and Canada.

This gap is especially evident with respect to life expectancy, intentional and non-intentional trauma, the prevalence of several chronic and infectious diseases (ex. STBBIs and TB), psychological distress and addictions. The disparities are connected to an accumulation of unfavourable social determinants related to income, housing, access to healthy food, and access to health and educations services. [translation] (PNSP)

[T]hese health disparities are in large part a symptom of poor socioeconomic and living conditions in Inuit communities: high poverty rates, lack of access to higher education, limited employment opportunities, and inadequate housing situation. (Health Profile Nunavik: Focus on Youth, Adult and Elders' Populations, 2015)

The narrowing of this gap between Nunavik and the rest of Québec along with the promotion of health equity are priority objectives under the Regional Action Plan, which is why it is so important to intensify efforts to implement services for Nunavimmiut that meet their specific needs.

* The Parnasimautik Consultation Report covers all the fundamental issues faced by Nunavik Inuit. Nunavik Inuit will accept nothing less from governments than a comprehensive, integrated, sustainable and equitable approach for improving their lives and their communities. **http://parnasimautik.com/fr/**

† Illusiliriniqmi Pigutjiutini Qimirruniq comprises clinical projects that aim to implement prevention strategies and services in close cooperation with the communities, to strengthen the capacities of the communities, and to promote self-empowerment. **http://ipqnunavik.com/about-ipq/**

From an Inuit perspective, health and wellness depends (sic) on a strong sense of identity and belonging, an understanding of one's purpose and role in serving others and contributing to the common good (Tagalik, 2009-2010). In this view, health is holistic (has physical, psychological, intellectual, and spiritual dimensions), resulting from balanced interconnections between all aspects of life and the environment (Tagalik, 2009-2010; Inuit Tapiriit Kanatami, 2007). (Health Profile Nunavik: Focus on Youth, Adult and Elders' Populations, 2015)

Public health is consistent with this broad vision of health. It also takes into consideration social, historical and political factors that produce gaps between populations in terms of health.

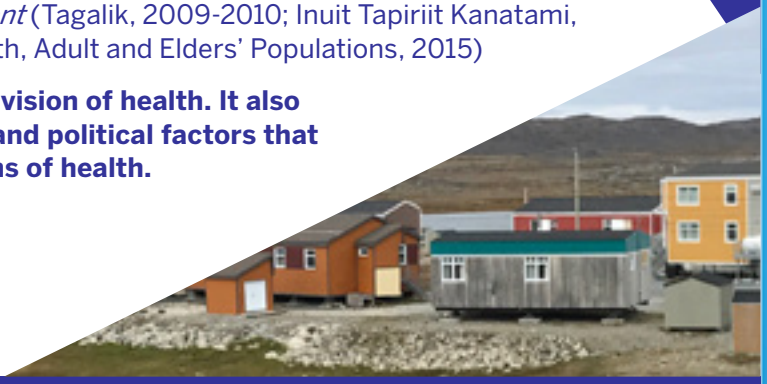
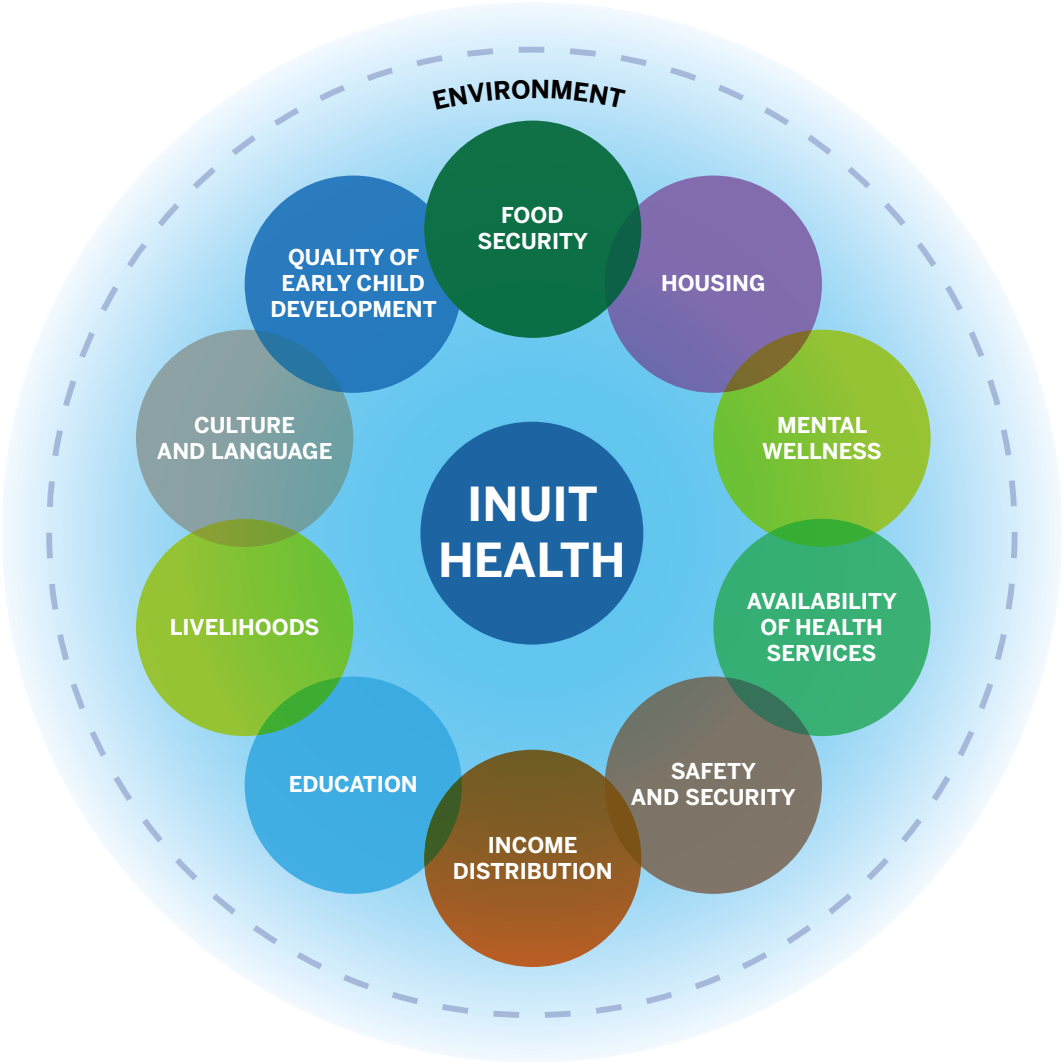


Figure 1: Social Determinants of Inuit Health

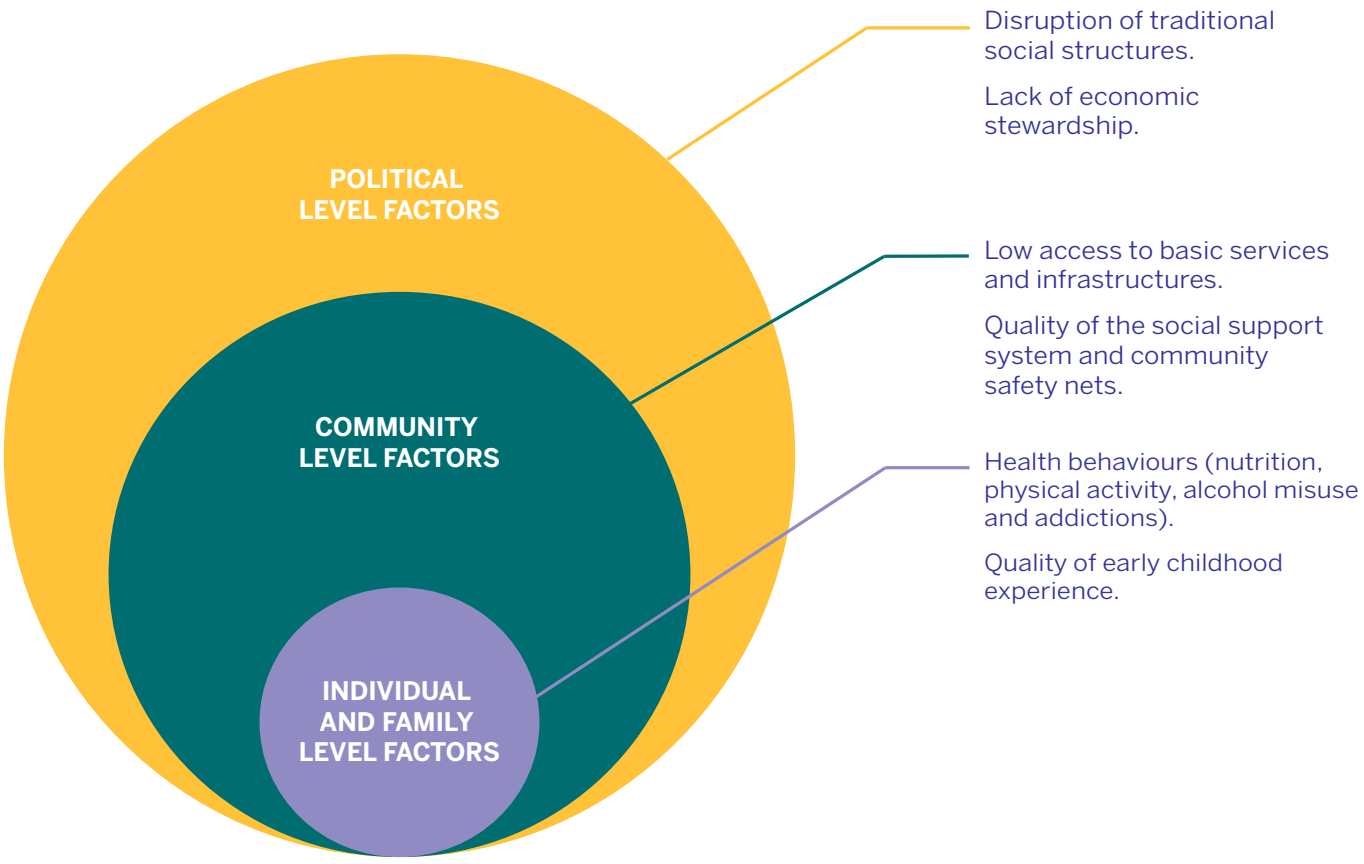


Source: Social Determinants of Inuit Health in Canada, p. 7

These determinants occur according to the different levels of social organization: overall society, communities, individuals and family units illustrating target public health interventions.

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

Figure 2: A Health Determinants Model Applied to Nunavik

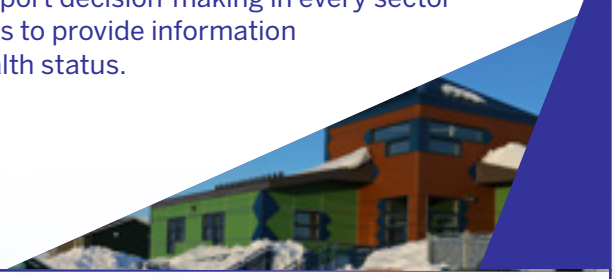


Source: Health Profile Nunavik: Focus on Youth, Adult and Elders' Populations, 2015, p. 9

The main public health services are described according to essential functions, specifically monitoring, promotion, prevention and protection (refer to table 1). In practice, these functions are performed synergistically. They are integrated into the development of planning and organizational service programs. These functions are present throughout the clinical projects **Illusiliriniqmi Pigutjiutinik Qimirruniq**.

Table 1: Essential Public Health Functions

FUNCTIONS	GOALS AND EXPLANATIONS
Ongoing **Surveillance** of the health status of the population and of health determinants	Produces data and analyses on the health status of the population and health determinants to support decision-making in every sector affecting health. Also serves to provide information to the population on its health status.
Promotion	Positive influences on health determinants so that individuals, groups and communities possess greater control over their own health through improved conditions and lifestyles. Characterized in particular by: ► the acquisition and reinforcement of personal skills and the development of health-conducive environments; ► support for local initiatives fostering development of the capacity for community action.
Prevention of disease, psychosocial problems and trauma	Early detection and early-action activities to reduce risk factors associated with disease, psychosocial problems and trauma, and their consequences.
Protection	Early detection and assessment of situations with health risks, attributable to biological, chemical or physical agents, in particular through ongoing monitoring. Includes risk control and participation in the design and implementation of emergency measures in cooperation with various partners.



Source: PNSP 2015-2025, p. 34

The RAP calls for the participation of the regional, local, community and public group partners at all stages, from the identification of needs to the delivery of services to the population, always in accordance with surveillance data.

It is intended for decision-makers and professionals of the NRBHSS and its main partners: the Inuulitsivik and Ungava Tulattavik health centres, community organizations, the Kativik Regional Government, the Kativik School Board, the Makivik Corporation and all the communities in the region.

RAP IS BASED ON THE FOLLOWING PRINCIPLES:

- program adaptation to cross-cultural realities;
- adaptation to the region's social and geographical contexts;
- local skills development;
- community and individual empowerment in health matters;
- action on determinants (refer to figure 1).

It is moreover intended to be useful, concrete as well as easy and quick to consult. It is presented in table format with the public health actions to be carried out for each of the five focus themes established under the PNSP. A brief description is provided for each focus.

TRANSVERSE AXIS:	Ongoing surveillance of the health status of the population and of health determinants
INTERVENTION AXIS 1:	Comprehensive development of children and youth
INTERVENTION AXIS 2:	Adoption of healthy lifestyles, and the creation of healthy and safe environments
INTERVENTION AXIS 3:	Prevention of infectious diseases
INTERVENTION AXIS 4:	Management of health risks and threats, and medical emergency preparedness

Local action plans (LAP) for each of the two health centres in the region are planned to contribute to the implementation of the Regional Action Plan for Public Health in Nunavik, 2016–2020.

Transverse Axis

Ongoing Monitoring of Health Status of the Population and its Determinants

Statistics and the personal experiences of Nunavimmiut show the extent of the social problems experienced by a significant portion of the population.

Parnasimautik Consultation Report, November 2014

At the time of the James Bay and Northern Quebec Agreement in 1975, Nunavik's population consisted of about 4,000 Inuit, the vast majority of whom pursued traditional harvesting activities and followed a way of life that had ensured Inuit survival for generations (Kativik Regional Government and Makivik Corporation, 2010). Some 40 years later, the population has almost tripled, and the region has been propelled into the 21st century. In this short span, residents have had to adapt to social, economic, and cultural changes to their way of life that took centuries to evolve in other societies. (Health Profile Nunavik: Focus on Youth, Adult and Elders' Populations, 2015)

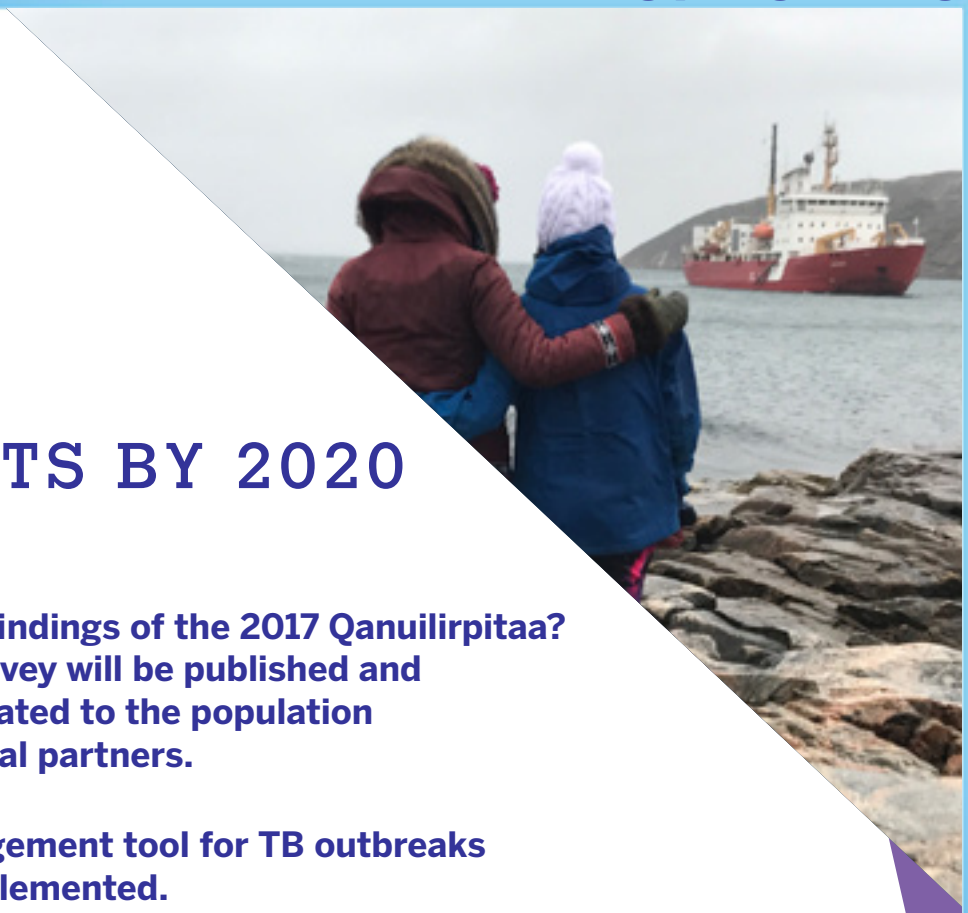
This rapid transition emphasizes the importance of monitoring and analyzing the overall health trends of Inuit and trends related to specific problems: sedentarisation, historical trauma and changes in nutrition, to name but a few. The transition creates new priorities for which it is important to have the tools to document them.

The findings of these analyses are the cornerstones for adapting public health programs and public information. They make it possible to:

- improve knowledge of the health status of the population and of health determinants;
- target needs;
- variations and priority actions;
- detect emerging problems;
- establish forecast scenarios;
- monitor specific problems such as the trends for health disparities in the population.

The results of the many research projects conducted in the region also contribute to improving knowledge and understanding through their contribution to the tools and data used for monitoring.

This surveillance function is not only exercised in order to better target health services but also to provide decision-makers in the different sectors of Inuit society with helpful information.



TARGETS BY 2020

- **The main findings of the 2017 Qanuilirpitaa? Health Survey will be published and communicated to the population and regional partners.**
- **The management tool for TB outbreaks will be implemented.**
- **Reports will be produced on the most prevalent MADOs in Nunavik.**
- **Analysis reports will be produced from suicide and attempted suicide monitoring data.**
- **A regional research committee will be created in collaboration with public health partners.**

Services	Actions
S-1 Selection and collection of information needed to monitor the health status of the population and health determinants, in particular regarding health-related social inequities, and the impact of demographics and climate change on health.	**S-a** Produce and enhance as needed tools for supporting the collection and analysis of monitoring data. For example: I. the regional TB outbreak management tool; (L-DPH / S-INSPQ) II. the regional suicide and attempted suicide monitoring system; (L-DPP / S-DPH, INSPQ, HCs) III. the regional physical or chemical MADO register. (L-DPH)
S-2 Pertinent and strategic analysis and interpretation of information.	**S-b** Select, collect and analyze information to monitor the health status of the population and health determinants, in particular regarding health-related social inequities, and the impact on health, demographics and climate change: I. at the request of the MSSS, contributions to the national surveillance plan on the health status of the population; (L-DPH, DPP) II. implementation of the 2017 Qanuilirpitaa? Health Survey; (L-DPH / S-DPP, INSPQ, HCs) III. assistance with the survey of youth in secondary school; (L-ISQ / S-DPH) IV. support for HCs for the collection of data on: (L-DPH / S-DPP, INSPQ) ► MADO – specifically TB and STIs; ► vaccination coverage; ► suicide and attempted suicide; V. collaboration on pan-Canadian, Québec and circumpolar monitoring projects pertinent to the region: (L-DPH, DPP) ► *monitoring of invasive bacterial diseases Neisseria meningitidis, Streptococcus pneumoniae, Streptococcus pyogenes et Haemophilus influenzae ;* ► TB monitoring. VI. implementation of a psychosocial study on suicide and attempted suicide in the region. (L-DPP / S-DMHUI)
S-3 Detection of emerging phenomena and, if applicable, involvement of stakeholders.	**S-c** Detect emerging phenomena and analyze available data. (L-DPH)

Services	Actions
S-4 Dissemination of surveillance products adapted (form and content) to the needs of users on topics determined according to priority social and health needs.	**S-d** Produce and disseminate the highlights of the 2017 Qanuilirpitaa? Health Survey. (L-DPH / S-DPP, INSPQ, HCs) **S-e** Produce specific profiles of regional issues and priorities. (L-DPH / S-INSPQ) **S-f** Produce monitoring reports including prospective analysis when pertinent, such as on: (L-DPH / S-INSPQ, PHAC) ► MADOs; (L-DPH) ► STBBIs; (L-DPH) ► TB, using the regional outbreak management tool; (L-DPH) ► suicide and attempted suicide using the monitoring system (L-DPH / S-DPP, INSPQ, HCs) **S-g** Disseminate products via the web platform. (L-C)
	
S-5 Support for decision-making by supporting stakeholders in the health and social services sector and in other sectors of activity on how to incorporate the information into service planning.	**S-h** Support partners in their decision-making based on analysis and interpretation of available data. (L-DPH)
	
S-6 Support for and participation in research projects to improve knowledge on the health of the population.	**S-i** Develop a regional committee to evaluate health research projects, including the ethical components. (L-DPH / S-DPP, DIVP, INSPQ) **S-j** Coordinate the NNHC. (L-DPH) **S-k** Support the development of Inuit youth researchers through participation in the 2017 Qanuilirpitaa? Health Survey. (S-DPH)

Axis 1

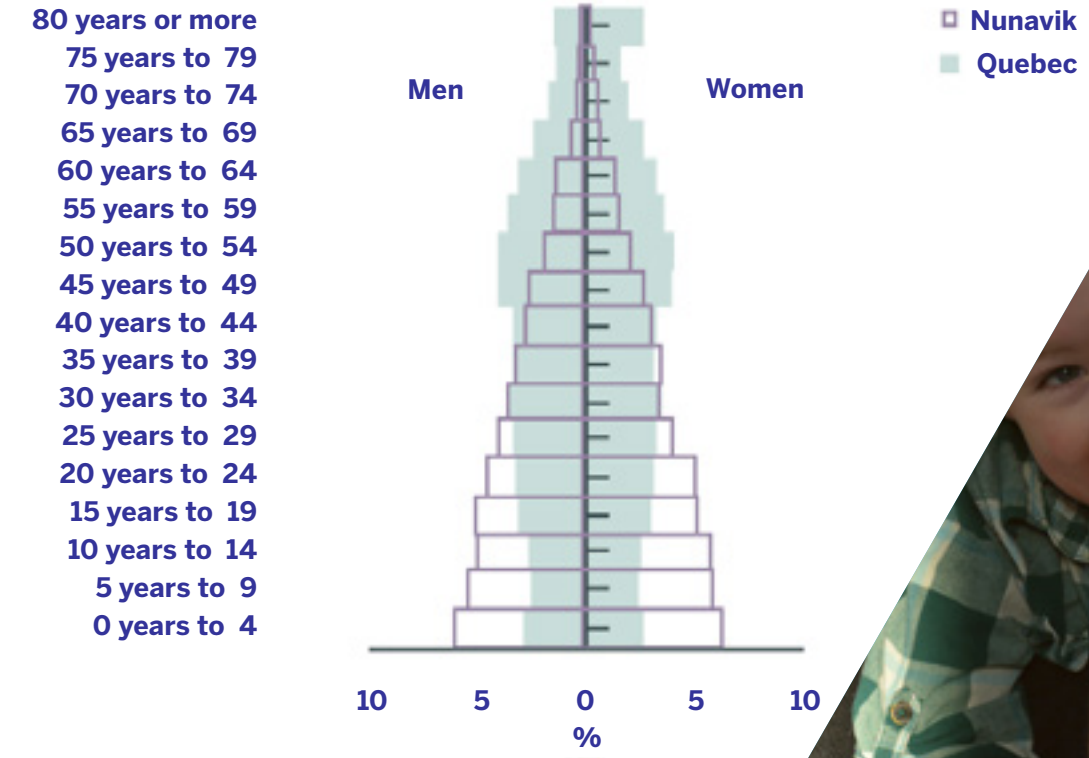
Overall Development of Children and Youth

"Nunavimmiut and Nunavik organizations all wish to be able to ensure every child is born healthy in Nunavik and lives a long, healthy, meaningful and fulfilling life."

Parnasimautik Consultation Report, November 2014

The population of Nunavik is experiencing rapid growth. It is young, 40% of residents are aged 15 or younger and 57% are aged under 25 (Figure 3). The pregnancy rate among teenagers aged 14 to 17 is four times higher than in the rest of Québec.

Figure 3: Population Distribution Based on Age and Sex, Nunavik and Québec, 2011



Source: Health Profile of Nunavik: Focus on Demographic and Social Conditions, 2011, p. 13

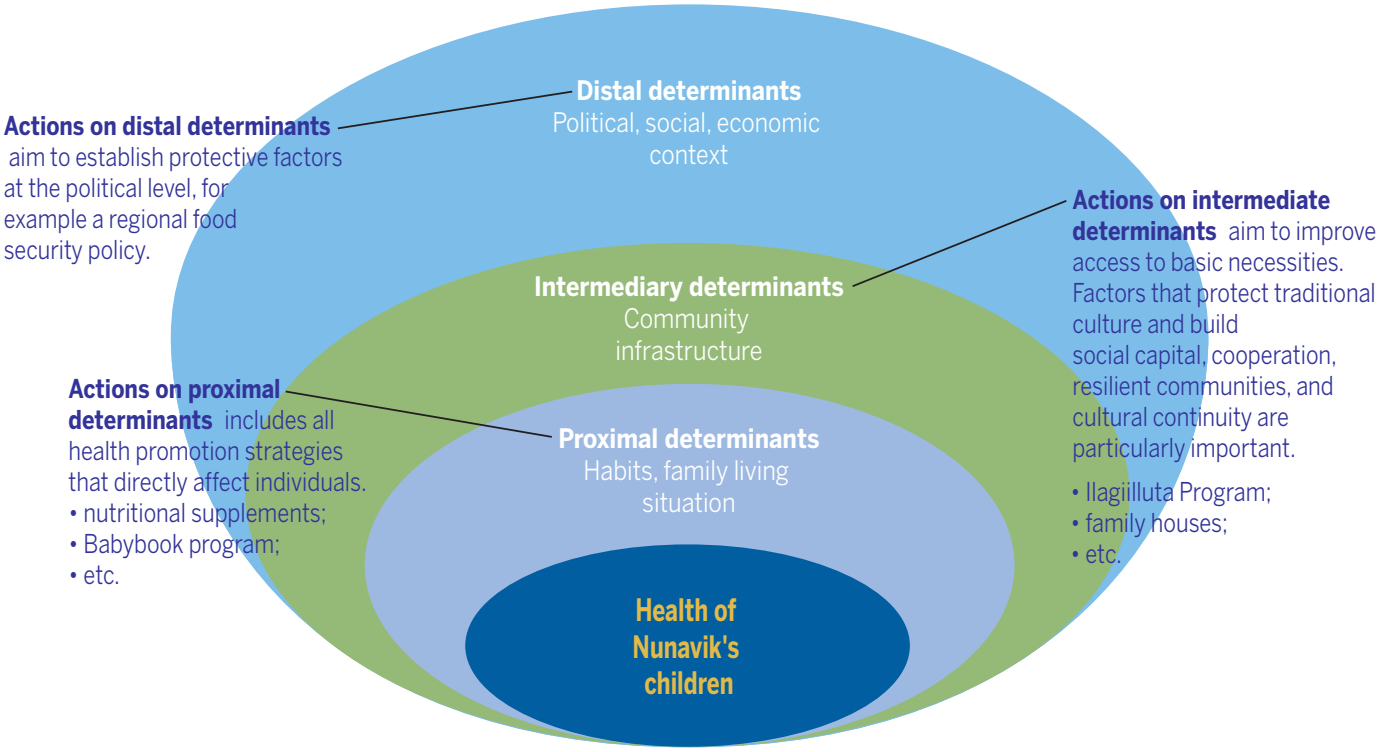
Although the health of Inuit children did improve in the last years, several health indicators still reveal substantial disparities when compared to the population of Québec as a whole. [...] The combination of adverse determinants — poverty, low education levels, and overcrowded housing — compound the vulnerability of young parents and their children. [...] The living conditions of Inuit women inevitably have repercussions on the health of young children right from the first moments of life. (Health Profile Nunavik: Young Children and Their Families, 2014)

The Regional Action Plan for Public Health in Nunavik, 2016–2020 recognizes that:

- Improving the health of small children and their families calls for a multi-faceted approach addressing all the social determinants of health, particularly those relating to living conditions (e.g., housing, income, and food security).
- To properly address these complex problems, the actions selected must be intersectoral and allow the target population to take an active role in identifying issues and solutions.
- (...) short-term actions must also continue in order to meet the glaring needs of individuals dealing with such serious issues such as alcohol and drug abuse and domestic violence. (Health Profile Nunavik: Young Children and Their Families, 2014)

Figure 4 illustrates the importance of placing children at the heart of health interventions.

Figure 4: Determinants of Health of Young Children Nunavik.



Source: Adaption from Health Profile Nunavik: Young Children and Their Families, 2014, p. 4

Alcohol consumption problems among mothers suggest that a number of youth are affected by foetal alcohol spectrum disorder, the consequence of alcohol abuse in Nunavik that has the greatest impact on young people. In addition to mental health and behavioural problems, addiction problems are being reported at a progressively earlier age.

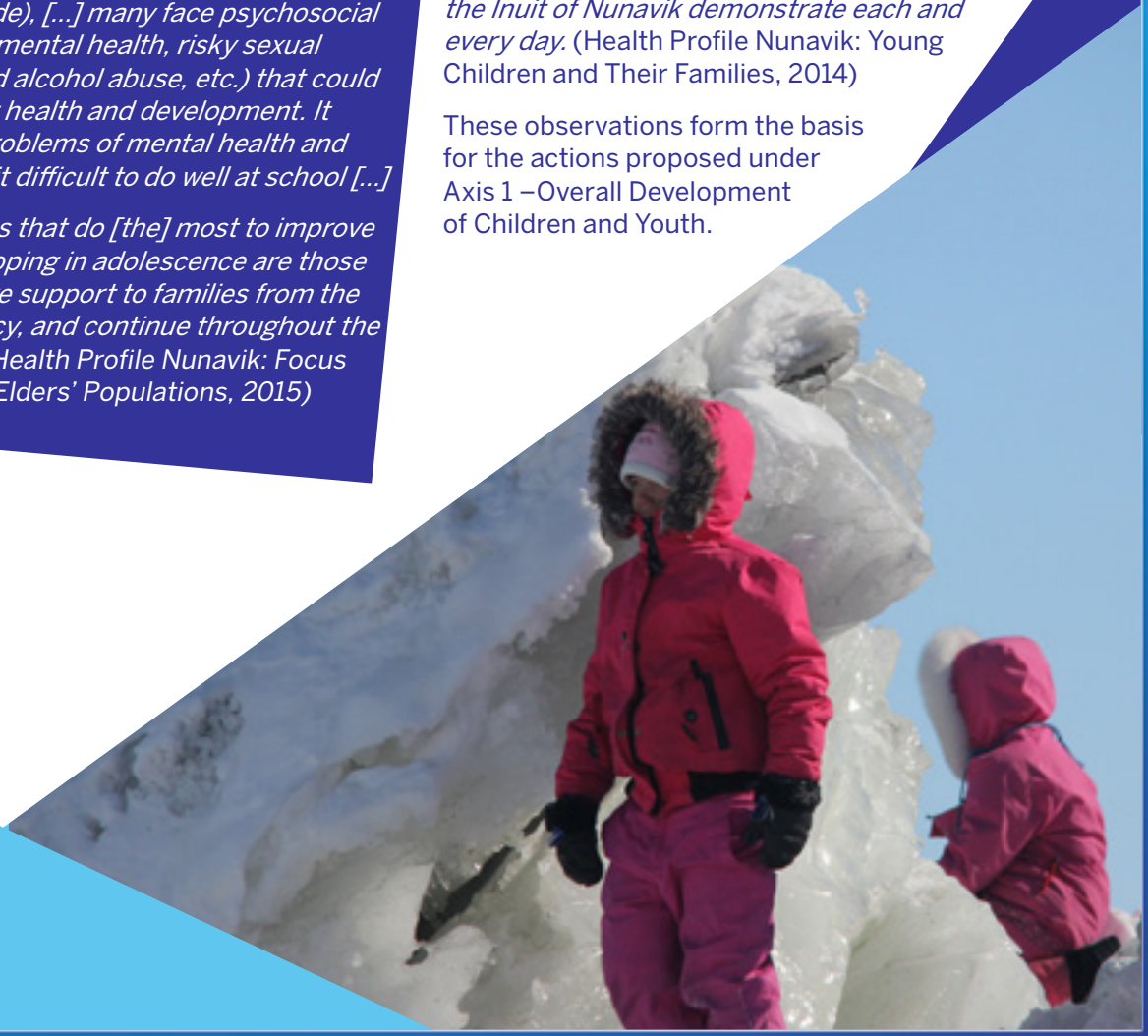
Although a good proportion of Nunavik youth present key resiliency factors (including self esteem (sic) and cultural pride), [...] many face psychosocial problems (issues of mental health, risky sexual behaviours, drug and alcohol abuse, etc.) that could seriously affect their health and development. It is easy to see that problems of mental health and addiction can make it difficult to do well at school [...]

Yet, [...] the programs that do [the] most to improve mental health and coping in adolescence are those that provide intensive support to families from the moment of pregnancy, and continue throughout the child's early years. (Health Profile Nunavik: Focus on Youth, Adult and Elders' Populations, 2015)

The RAP proposes that services addressing all these difficulties and providing support to families, new parents, youth and children, adapted to the realities of Nunavik Inuit, be available early in the life of every child.

These services must also adhere to cultural safety principles if they are to be effective in providing support for families, reflecting traditional Inuit values and approaches while always recognizing and trusting the strength and resilience that the Inuit of Nunavik demonstrate each and every day. (Health Profile Nunavik: Young Children and Their Families, 2014)

These observations form the basis for the actions proposed under Axis 1 –Overall Development of Children and Youth.



TARGETS BY 2020

- **The Ilagiilluta Program for integrated perinatal and early childhood services will be implemented in five of the 14 communities.**
- **All schools in Nunavik will be running initiatives and projects under the Healthy Schools program.**
- **Family houses will be established in five communities.**
- **The regional child sexual abuse prevention program Good Touch, Bad Touch will have been delivered at least once in every community.**

Services

1-1
Parenting skills support services, beginning from pregnancy, including:

- information for and awareness building among the population;
- training for parents.

1-2
Integrated perinatal and early childhood services for vulnerable families, including:

- providing support to families;
- support for creating health-conducive environments.

1-3
Prenatal and postnatal nutrition services for vulnerable families.

1-4
Support for the implementation of interventions promoting breastfeeding in health and social service institutions and in living environments (Baby-Friendly Initiative).

Actions

1-a
Promote health and well-being from pregnancy to early childhood:

I. support for the implementation of prevention activities under the Addictions clinical project, priority A Complete service provision in regards to foetal alcohol spectrum disorder, under **Illusiliriniqmi Pigutjiutinik Qimirruniq**; (L-DPP, DPH, HCs)

II. improve access to adequate nutrition during the prenatal and early childhood periods; (L-DPH / S-HCs)

III. support for breastfeeding; (L-DPH / S-HCs)

IV. support for cavity prevention activities among children aged under five. (S-HCs)

1-b
Support the implementation and delivery of the Ilagiilluta Program for integrated perinatal and early childhood services: (L-DPH / S-HCs, DPP, DIVP, DYP, INSPQ)

I. adaptation of the Québec program, production of the necessary tools, and promotion of a common vision among partners;

II. support for the creation of partnerships between different stakeholders;

III. production of a profile and analysis of pilot projects in Inukjuak and Kuujjuaq;

IV. evaluation of pilot projects in Inukjuak and Kuujjuaq;

V. support for HCs to implement and deliver the program, and ensure follow-up;

VI. support for ongoing skills development.

1-c
Evaluate the pertinence of implementing mercury and lead screening among pregnant women. (L-DPH / S-INSPQ, CRCHUQ, NNHC)

Services	Actions
1-8 Collaboration with childcare service partners to plan and implement health promotion and prevention interventions focused on comprehensive child development, in particular for vulnerable children, and involving: ► personal and social skills; ► healthy living practices and safe behaviours.	**1-d** Support childcare services: I. development of formal cooperation procedures; (L-DPP / S-DPH, HCs) II. planning and implementation of interventions focused on comprehensive child development, in areas such as: ► early stimulus activities; ► healthy living practices; ► healthy and safe behaviours; ► physical activity promotion; ► emotions management; ► personal and social skills; ► psychosocial well-being; ► trauma prevention; (S-HCs) III. support for the Childcare Nutrition Program in Nunavik childcare centres; (L-DPH / S-DIPV, HCs) IV. delivery of expert advice, knowledge transfer and coaching activities for the implementation of these programs. (L-DPH, HCs / S-DPP)
	
1-9 Collaboration with community partners to deliver initiatives focused on the creation of environments that are conducive to the development of young children (0 to 5 years old).	**1-e** Implement prevention activities under the Youth in Difficulty clinical project, priority A: Prevent parental neglect and develop a cross-sector network of parental support, under **Illusiliriniqmi Pigutjiutinik Qimirruniq**: (L-DPH, DPP, HCs) I. development of family houses; II. providing support for the development and implementation of a regional parental support program (i.e. Babybook). (L-DPH / S-HCs) **1-f** Design and implement the awareness campaign to reduce children's exposure to, and protect them from risk behaviours linked to alcohol and drug abuse by parents and close adult/ youth. By preventing domestic violence and sexual abuse and informing victims of available support services, children would be protected from these behaviours. (L-DPH/ S-DPP, HCs)

Services	Actions
1-7 School-based preventive dental services for children at risk of developing cavities: ► personalized preventive dental follow-up; ► sealant treatment.	**1-g** Support the delivery of school-based preventive dental services: (L-DPH / S-DPP) I. Insure the presence of a public health dental advisor.
1-10 Collaboration on the planning and implementation of clinical services like youth clinics for youth and their families, in particular regarding: ► healthy living practices and safe behaviours, in particular sexual health; ► mental and psychosocial health.	**1-h** Foster the development of social skills and promote mental health among youth and their families: I. cooperation and networking with partners; (L-DPP / S-HCs, DPH) II. provide expert-advice and tools, and organize knowledge transfer activities; (L-DPH / S-DPP) III. identification of conditions for improving adaptation of services. (L-DPP / S-DPH)

Services	Actions
1-11 Collaboration through a formal agreement with the education system to jointly plan and implement health promotion and prevention actions (Healthy Schools approach) including: ► an individual component focused on personal and social skills development among children and youth, and the adoption of healthy living practices and safe behaviours; ► a community component focused on the creation of environments conducive to the health and academic success of children and youth.	**1-i** Develop and implement school-based prevention and promotional programs: I. operationalization of the Healthy Schools agreement with the Kativik School Board: (L-DPH / S-HCs) ► participation in the development and implementation of a bullying prevention program; ► fostering access to healthy foods and limiting access to junk food; II. delivery of the regional child sexual abuse prevention program Good Touch, Bad Touch in all the communities. (L-DPH / S-DPP, DYP, HCs) **1-j** I. support for mental health promotion initiatives; II. support for sexual health and healthy romantic relationship promotion initiatives: (L-DPH / S-HCs) ► pregnancy testing accessible outside of HCs; III. development and implementation of a smoking prevention program in every school in the region. (L-DPH / S-FTCS, HCs) **1-k** Implement prevention activities under the Addictions clinical project, priority B: Support services and prevention of substance abuse for 6 to 12 year old children, under **Illusiliriniqmi Pigutjiutinik Qimirruniq**. (L-DPP /S-DPH, HCs)
	
1-12 Collaboration on the development and implementation of public policies fostering the overall development of children and youth regarding in particular: ► family living conditions; ► access to childcare services; ► school success.	**1-l** Continue efforts to improve the housing conditions and access to housing for families. (L-DPH)) **1-m** Support the development of environments that are conducive to the development of young children and to reducing health-related social inequities: (L-DPH) I. fostering and animation of, support for and participation in joint initiatives with community partners; (L-DPP, DIVP, HCs) II. dissemination among partners of pertinent information to foster a common understanding of regional issues. (S-DPP, DIVP, HCs)

Axis 2

Adoption of the Healthy Lifestyles, and the Creation of Healthy and Scales

Numerous health and social services network actors, along with members of the general population, acknowledge that a very large number of accidents, traumatic events, and acute, chronic and communicable diseases could be prevented. It is generally recommended that we develop a greater number of prevention measures, campaigns and actions. Sustained public education efforts must go hand in hand with incentive measures in support of changing behaviour in various areas.

Parnasimautik Consultation Report, November 2014

Behaviours that are harmful for health occur very frequently in Nunavik and include smoking, alcohol and drug abuse, sedentariness and eating habits. These behaviours have reached extremely high levels and seem to be growing with time. By adulthood, chronic diseases, such as cancer (especially lung cancer) and respiratory diseases, are present alongside psychosocial problems. Reduced access to traditional foods and increased sedentariness contribute to higher rates of obesity and, over the medium and long terms, more likely rates of diabetes, a disease which until recently had been uncommon among Inuit.

Despite the remarkable resilience of Inuit in recent decades, many factors threaten their mental health, including loss of culture, a housing shortage and certain socioeconomic conditions. Nunavik unfortunately stands out for its youth suicide rates, which are the highest in the world. In addition to having a significant negative impact on mental health, these unfavourable conditions have a considerable influence on high rates of physical and sexual abuse, a poor school success rate, addictions, alcohol dependency and disease transmission such as tuberculosis.

Another consequence of risk behaviours is the high trauma rate resulting from motor vehicle accidents. Efforts must be directed to reduce these risk behaviours, including speeding and impaired driving, and fostering the use of protection equipment, such as helmets and seat belts.

Safe environments for workers are a further public health concern. Interventions that go beyond the MSSS–CNESST agreement need to be delivered for workers in all sectors of activity from a population perspective.

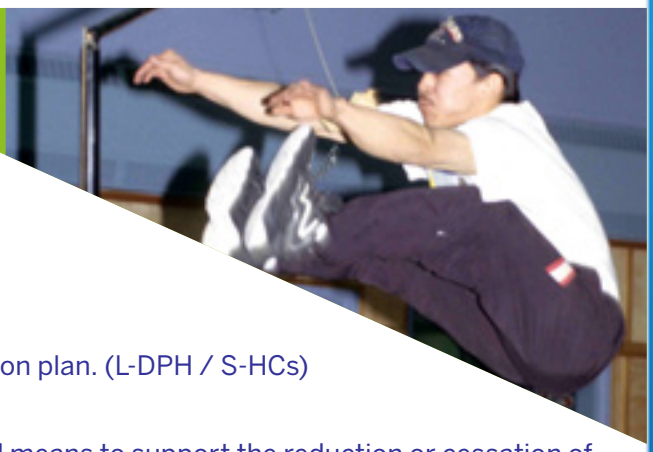
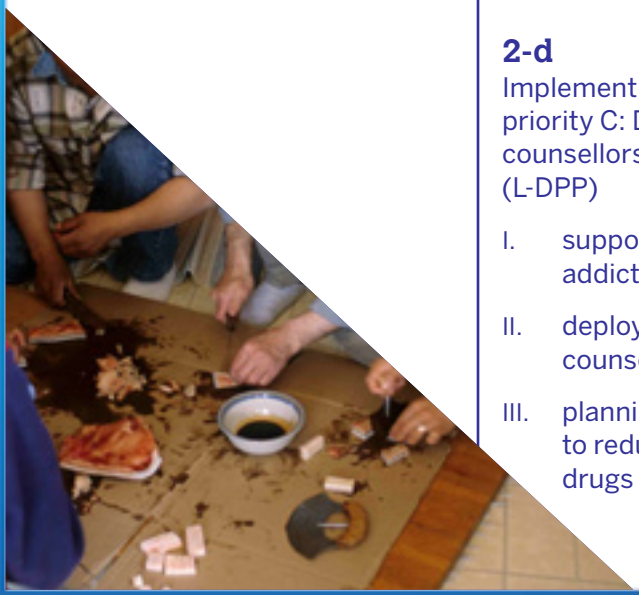
All these behaviours and consequences must be understood in their social, cultural and economic context. In terms of public health, it is just as important to relieve housing problems, unemployment and intergenerational trauma, as it is to improve health and social services. Indeed, poverty, unemployment, poor housing conditions and the high cost of living are all factors that constrain the adoption of healthy and safe behaviours in Nunavik. A good many of these diseases and health problems are also related to the disintegration of the traditional Inuit way of life.

The RAP therefore focuses on designing and implementing health prevention and promotional initiatives adapted to Inuit culture. The success of these initiatives however will depend on the development of a regional context that is conducive to these behaviours as well as the cooperation of all regional institutions. For example, a regional food security policy will require a intersectoral partnership of organizations such as the Makivik Corporation, the Kativik Regional Government and the Kativik School Board.

Public health policies will achieve success to the extent that they are in line with local norms based on continued Inuit identity and contribute to the empowerment of individuals and their communities.

TARGETS BY 2020

- **A regional food security policy will be developed and adopted.**
- **A community mobilization project will be implemented and documented in at least two communities.**
- **The Puttautiit Conference for suicide prevention will be held annually.**
- **The participation rate in mammography screening for breast cancer will be higher than 80%.**
- **A regional campaign will be designed and carried out to fight drug addiction and inform the population about available treatments.**
- **The objectives prescribed in occupational health planning will be reached each year.**

Services	Actions
2-1 Information for and awareness building among the population, in particular for the vulnerable, on: ► healthy living practices and safe behaviours; ► healthy weight management and body image; ► physical environment-related health risks; ► occupational health risks.	**2-a** Inform the population and build awareness about the health impacts of determinants associated with different lifestyles and environments, in addition to introducing associated prevention measures: I. design and implementation of a regional communication campaign to fight drug addiction and provide information on available treatments; (S-DPH, DIVP, C) II. design of a suicide prevention communication campaign; (L-DPP / S-DPH) III. promotion of traditional food and store-bought healthy foods; (L-DPH / S-HCs, NNHC) IV. promotion of foods that are high in iron and vitamin D, in particular among children; (L-DPH / S-HCs) V. production and dissemination of regional tools promoting healthy eating practices. (L-DPH / S-DPP, HCs, C, NNHC)
2-2 Smoking cessation services, especially for the vulnerable.	 **2-b** Review the smoking action plan. (L-DPH / S-HCs) **2-c** Make available tools and means to support the reduction or cessation of smoking. (L-DPH / S-HCs, HCan)
2-3 Support the implementation of interventions to build the capacity of individuals to make informed choices regarding the consumption of alcohol, drugs and other psychoactive substances.	**2-d** Implement prevention activities under the Addictions clinical project, priority C: Deploy a network of community-based certified Inuit addictions counsellors across Nunavik, under **Illusiliriniqmi Pigutjiutinik Qimirruniq**: (L-DPP) I. support for the regional advisory committee on addictions; (L-DPH, DIVP, HCs, DYP) II. deployment of certified Inuit addictions counsellors in every community; III. planning and implementation of rapid-intervention programs to reduce consequences related to the consumption of alcohol, drugs and other psychoactive substances. (S-HCs)
	

Services	Actions
2-6 Support for the implementation of suicide prevention interventions: ► network of sentinels in living and working environments; ► telephone line.	**2-e** Realize the public health activities contained in the regional strategy on suicide prevention: I. Implementation of public health activities under the Mental Health clinical project, priority A: Develop a regional suicide prevention strategy, under **Illusiliriniqmi Pigutjiutinik Qimirruniq**: ► creation and operation of the regional steering committee on suicide prevention; ► implementation of Applied Suicide Intervention Skills Training; (L-HCs / S-DIVP, DPP, DPH) ► support for local community-organized suicide prevention actions; (L-DPP / S-DPH) ► support for and development of activities promoting life and cultural pride; (L-DPH, DPP / S-DIVP, HCs) ► annual organization of the Puttautiit Conference for suicide prevention; (L-DPP, DPH, DIVP / S-HCs, SSRS) ► development of a recognition program of role models and to celebrate success; (L-DPP / S-DPH) ► creation of a regional telephone helpline and website free for everyone and offering services in Inuktitut; (L-DPP) II. implementation of workshops and training on: (L-DPP / S-DPH, HCs) ► addictions and treatments; ► mental health first aid; ► sexual abuse (Good Touch, Bad Touch, Marie-Vincent Foundation, Centre d'intervention en abus sexuels pour la famille); ► local community mobilization plans; III. support for the implementation of field resources for youth, such as student counsellors and streetworkers; (L-DPP) IV. implementation and support for services for the population, such as healing sessions. (L- DIVP, DPP / S-DPH, HCs)

Services	Actions
2-7 Development of national orientations on screening programs and opportunistic screening for adults and seniors: ► relevance analysis; ► reference frameworks; ► information and decision-making help tools; ► evaluation and accountability reporting.	**2-f** Contribute to the delivery of and follow-up on screening programs and opportunistic screening, making the necessary links to HCs and HCs-OOR. (L-DPP/ S-DPH) **2-g** Support for HCs to implement and consolidate screening programs and opportunistic screening of new-borns and unborn children**. (L-DPP / S-DPH, HCs, HCs-OOR) **2-h** Support for PQDCS activities. (L-DPH / S-DPP, HCs, HCs-OOR, INSPQ) **2-i** Support for the HCs to administer the cervical cancer screening program. (L-DPP / S-DPH, HCs, HCs-OOR) **2-j** Support for diabetes and related complications prevention activities in line with the federal diabetes strategy. (L-DPH / S-HCan)
	
2-10 Support for initiatives fostering the development and strengthening of community capacity to take action on living and environmental conditions.	**2-k** Foster health, social development and the reduction of health-related social inequities by: I. supporting local wellness committees; (L-DIVP / S-DPP, DPH) II. continuing lobbying activities by the DPH at the federal, provincial and regional levels regarding improved housing conditions; (L-DPH) III. development of a community mobilization project with two or three communities based on community health indicators collected through the 2017 Qanuilirpitaa? Health Survey. (L-DPH / S-INSPQ)
2-12 Collaboration on the planning and implementation of initiatives targeting: ► the design and development of infrastructure conducive to a physically active lifestyle and safe living environments, in particular in underserved or disadvantaged communities;	**2-l** Work with municipal administrations on initiatives to create healthy and safe environments, in line with the *Prendre soin de notre monde* process through: I. collaboration with schools and municipalities to improve access to indoor and outdoor recreational facilities; (L-DPH) II. awareness building among pool managers on the importance of quality bathing water in pools, in particular through the application of the *Regulation Respecting Water Quality in Swimming Pools and Other Artificial Pools*; (L-DPH)

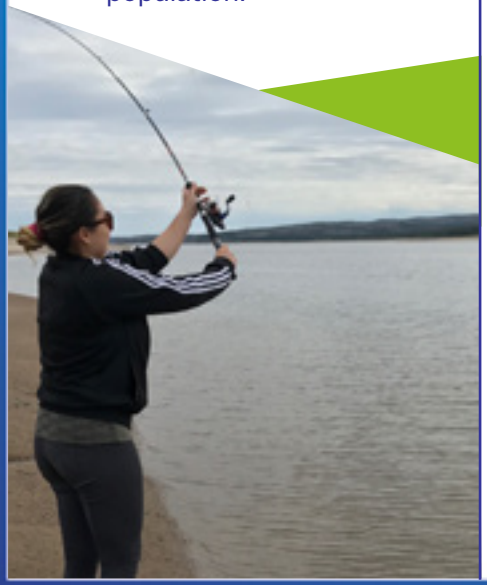
** For example: screening for Down syndrome and shaken baby syndrome and blood tests for new-borns.

Services

- physical and economical access to quality food in living environments, in particular in underserved or disadvantaged communities;
- smoking prevention among youth and young adults.

2-14
Collaboration on the development and implementation of public policies fostering health in particular associated with:

- healthy living practices and safe behaviours;
- the quality and safety of physical environments;
- living conditions;
- the ageing of a healthy population.



Actions

III. support for recreational facility development projects in the communities; (L-DPH)

IV. fostering and encouraging traditional activities. (L-DPH)

2-m
Evaluate indoor air quality in residences and public buildings and produce pertinent public health recommendations and notices: (L-DPH)

I. implement the INSPQ's Ventilation-Nunavik pilot project. (L-INSPQ / S-DPH)

2-n
Participate on the regional working group on trauma prevention: (L-DPH)

I. support for initiatives to improve safety on the water and when operating ATVs and snowmobiles. (L-DPH)

2-o
Develop and adopt a regional food security policy.
(L-DPH / S-DIVP, NNHC, HCs)

2-p
Develop and implement good nutrition practices through:

I. assistance with the planning and implementation of local and regional initiatives to foster physical and economical access to quality healthy foods; (L-DPH / S-HCs)

II. empowering communities to adopt healthy food practices; (L-DPH / S-DPP, HCs)

III. nutrition training for local workers;

IV. support for the start-up of local initiatives, such as community kitchens.

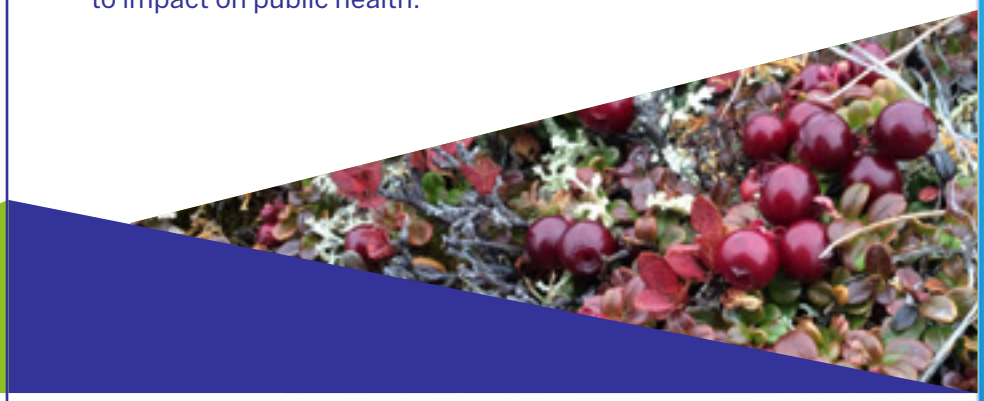
2-q
Encourage physically active lifestyles by: (L-DPH)

I. fostering traditional outdoor activities;

II. designing activities that use physical activity as a means to manage stress.

2-r
Implement prevention activities under the Mental Health clinical project, priority C: Develop a regional program for mental illness prevention and mental well-being promotion, under **Illusiliriniqmi Pigutjiutinik Qimirruniq**: (L-DPP / S-DPH)

I. Support for the regional steering committee on mental health which has a mandate to improve mental health services and follow up on the implementation of recommendations.

Services	Actions
2-13 Collaboration on the evaluation of health impacts as part of: ► the environmental assessment procedure for various development projects, including psychosocial aspects; ► the review of land use and development plans; ► other development projects at all levels of government.	**2-s** Participate in the environmental and social impact assessment and review procedures for major projects, in particular through: (L-DPH / S-DPP, DIVP, CSC-HM, MSSS, INSPQ) I. evaluation of project acceptability in terms of public health impacts (mental, psychological and social health); II. participation in public consultation hearings conducted by the Kativik Environmental Quality Commission for projects likely to impact on public health.
	
2-15 Identification, evaluation and documentation of the workplaces of pregnant or breastfeeding workers, and recommendations to attending physicians (For A Safe Maternity Experience Program). **2-16** Services related to the implementation of occupational health programs, according to priorities set by the CNESST (institution-specific health programs and sector-based health programs), in particular: ► identification and evaluation of workplace-related health risks; ► information for and awareness building among employers and workers on health risks and measures to prevent and control worker exposure.	**2-t** Evaluate risks for pregnant or breastfeeding workers and issue recommendations to attending physicians. (L-DPH) **2-u** Promote and support the development of health-conducive working environments and ensure early identification of health-related workplace infringements prioritized by the CNESST in occupational health planning. (L-DPH) **2-v** Respond to ad-hoc requests related to worker health protection. (L-DPH)
	

Services	Actions

2-17
Collaboration on the planning of risk prevention interventions in workplaces.

2-18
Information and awareness building to foster accountability among employers and workers regarding overall health.

2-19
Support for the development and implementation of prevention measures regarding specific problems in workplaces not covered by occupational health and safety regulations and certain groups of vulnerable workers.

2-20
Support for workplaces to implement health promotional activities, including:

- an individual component (personal lifestyles);
- an organizational component (work/life balance, working environments, management practices).

2-21
Collaboration with information campaigns on the prevention of workplace risks.

Axis 3

Prevention of the infectious Diseases

[...] overcrowding and promiscuity [...] will continue to play a role in [...] the transmission of diseases such as tuberculosis, which have for a long time been under control in the "Western" world.

Parnasimautik Consultation Report, November 2014

Infectious diseases are a major issue in Nunavik and they have considerable impact on health services. Child respiratory infections, STBBIs among teenagers and young adults, rabies and trichinosis are a few examples that highlight the need to maintain vaccination efforts as well as front-line services capable of responding to prevention and protection needs. A good many of these problems are covered under specific action plans, as is the case for TB and STBBIs, and intervention plans adapted to the cultural and regional contexts, as is the case for trichinosis and rabies.

Vigilance on the part of front-line services and the DPH's infectious diseases personnel must be constant in order to detect emerging or re-emerging diseases or phenomena which are having or could have an impact on the health of the population in any variety of sectors or living environments.

Infectious disease prevention must include a series of actions to inform, build awareness and provide support to the population, stakeholders and organizations. Among these actions, vaccination remains an effective tool against immunization-preventable diseases. Nunavik has the best vaccination coverage in Québec and the low number of reported cases annually for the region is a direct result. Notwithstanding, the regional vaccine calendar has been adapted with the addition of certain vaccinations to respond to the exposure risks faced by Inuit infants and children to certain infections. The recent establishment of a provincial vaccination registry will permit a more accurate profile of vaccination coverage in the region.

The re-emergence of TB is one reason why the regional vaccine calendar was modified. The number of cases of active TB has been increasing steadily since 2007, to the point where it is 300 times more prevalent than in the general population of Québec.

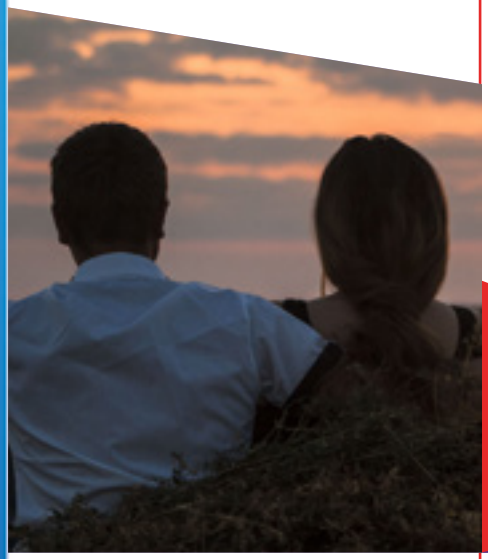
Not all communicable diseases can be controlled by vaccination. This is the case for most STBBIs. In Nunavik, MADO reports reveal that, for a few years now, roughly 85% of reported STBBIs are Chlamydia and gonorrhoea infections. This data emphasizes the importance of putting in place strategies to fight STBBIs targeting the most vulnerable, among others. Such strategies must moreover be anchored in the reality of Inuit youth.

It must not be forgotten that infectious diseases are a reflection of the living conditions of Inuit and prevalent risk behaviours. Public health actions targeting infectious disease prevention include initiatives on health-related social determinants such as malnutrition, poverty, smoking, alcohol and drug abuse, overcrowded housing, poor ventilation and difficulties accessing health and social services.

TARGETS BY 2020

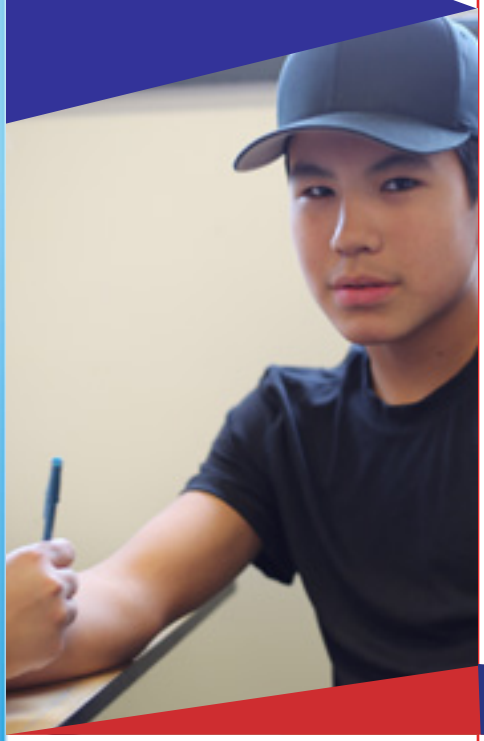
- **The vaccination coverage rate for human papillomavirus will exceed 90% among female secondary students.**
- **Vaccination coverage rates for each of the vaccines under the child vaccination program will exceed or be maintained at 90%.**
- **The screening rate for STBBIs among youth aged 15 to 29, in particular males, will be increased.**
- **The time allowed from the onset of TB symptoms to medical consultation will be shortened.**
- **The rate of individuals with newly acquired latent TB undergoing preventive treatment within the prescribed timeframe will be increased.**
- **The zoonosis prevention skills of partners, healthcare workers and the population will be improved.**

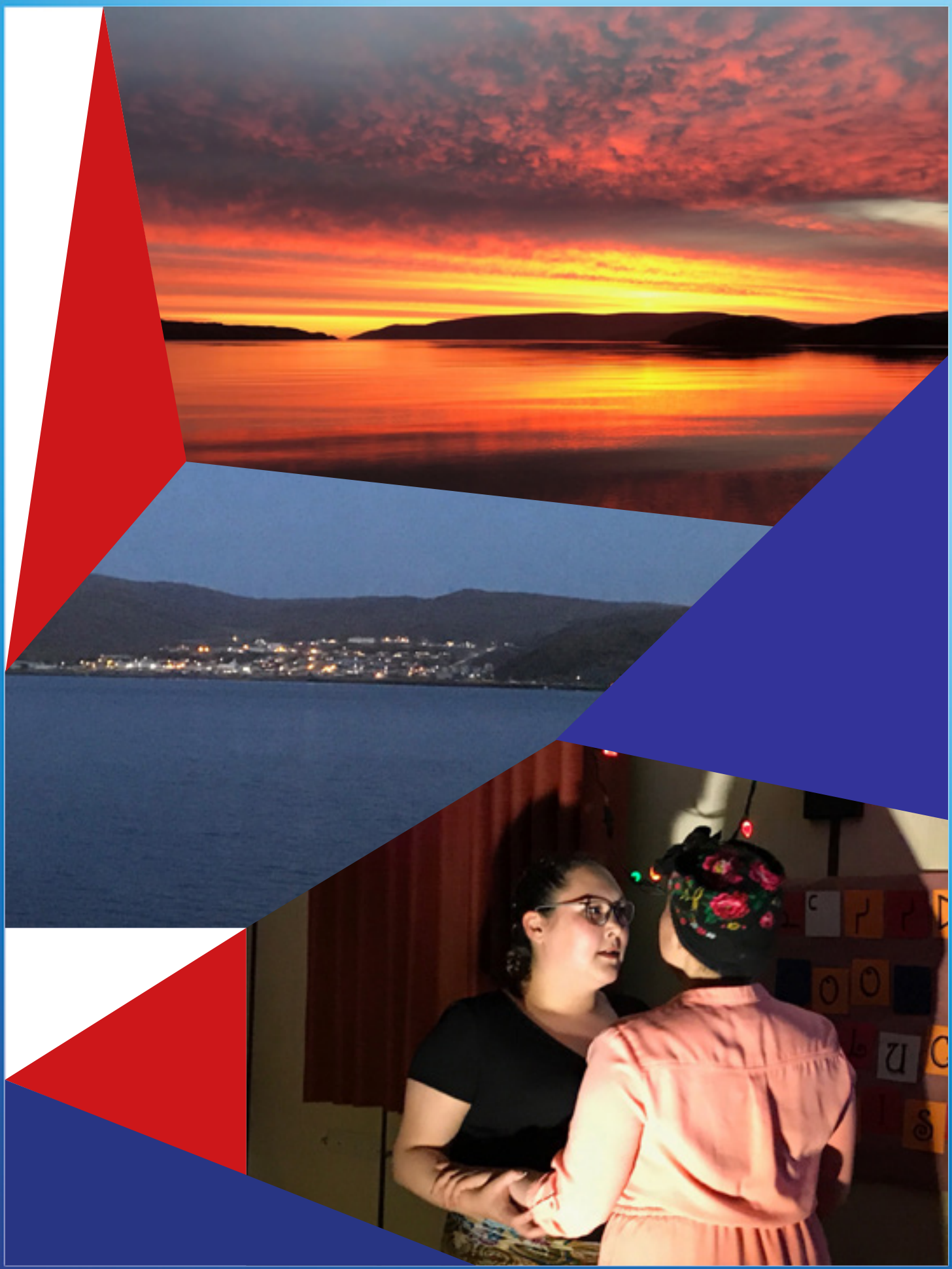
Services	Actions
3-1 Information for and awareness building among the population and partners on infection risks and related emerging phenomena, as well as prevention measures, in particular: ► preventable diseases through vaccination; ► STBBIs; ► diseases that are communicable by animals or vectors; ► enteric diseases linked to water and food consumption; ► respiratory infections; ► nosocomial infections; ► antibiotic resistance.	**3-a** Disseminate information on communicable disease prevention to the population, health and social service workers and other partners: (L-DPH / S-DPP, C, HCs) I. regular updates of the NRBHSS website; II. distribution of Info-MADO bulletins and other information tools.
3-2 Vaccination of the following groups: ► children aged 2 to 23 months; ► children aged 4 to 6 years; ► elementary grade 4 and secondary 3 students, in school; ► individuals suffering from chronic disease; ► adults, including at-risk workers; ► individuals aged 60 and older.	**3-b** Promote vaccination and compliance with the Nunavik vaccine calendar among the population and non-health and social services partners. (L-DPH / S-DPP, C, HCs) **3-c** Support vaccinators and decision-makers to apply the Québec Immunization Program. (L-DPH / S-DPP, C, HCs, CIQ) **3-d** Coordinate the management and distribution of vaccines. (L-DPH / S-MSSS, HCs) **3-e** Ensure vaccine quality according to established standards. (L-DPH / S-MSSS, HCs) **3-f** Encourage the reporting of unusual clinical symptoms and ensure appropriate follow-up. (L-DPH / S-HCs) **3-g** Evaluate the pertinence of adopting specific vaccination strategies for the region. (L-DPH / S-CIQ, DPP, HCs)
3-3 Vaccine quality and safety control through: ► supply management; ► monitoring for unusual clinical symptoms following vaccination and appropriate intervention, if applicable.	

Services	Actions
3-5 Integrated screening and prevention for STBBIs among target groups, including: ► information and counselling; ► vaccination; ► access to prevention materials; ► treatment; ► preventive interventions among infected individuals and their sexual partners.	**3-h** Support the HCs to consolidate contact counselling, screening and follow-up services. (L-DPH / S-DPP) **3-i** Develop and consolidate partnership agreements with community organizations and intersectoral partners. (L-DPH / S-DPP) **3-j** Implement communication activities to promote healthy and safe sexual practices among the population and specific high-risk groups, such as 15 to 29 year olds. (L-DPH / S-C) **3-k** Conduct a communication campaign to increase screening and treatment. (L-DPH / S-C) **3-l** Support STBBI prevention among Inuit both in and outside the region through: (L-DPH / S-DPP, Ullivik** (NQM), INSPQ, MSSS) I. production and adaptation of preventive material for target clienteles; II. promotion of the use of this material and making it accessible.
	
3-7 Collaboration on the implementation of prevention measures for communicable infectious diseases (nosocomial infections and influenza) in: ► health care and nursing homes environments; ► living environments.	**3-m** Cooperate with living environment partners (ex.: schools, childcare centres) to apply recommendations to prevent and control infectious diseases. (L-DPH / S-C, DPP, HCs) **3-n** Implement and support a regional nosocomial infections prevention committee. (L-DPH / S-HCs, DPP, C) **3-o** Support organizations dealing with situations that require expert advice on infection prevention and monitoring, ex: HCs, childcare centres and schools: (L-DPH / S-HCs) I. support for HCs to follow up and upgrade sterilization and medical-device reprocessing processes, in particular for endoscopy units. (L-DPP/ S-HCs, HCs-OOR)

** A place to stay or wait

Services	Actions
3.8 Regional action plan for TB prevention and control.	**3-p** Assess and update the regional action plan for TB prevention and control. (L-DPH / S-DPP, DIVP, INSPQ, PHAC, HCs) **3-q** Set up and coordinate: I. a committee to support the implementation of the regional action plan; II. a clinical subcommittee to update protocols and develop tools. (L-DPH / S-HCs, PHAC) **3-r** Contribute to the creation of a group of experts to study TB prevention and control strategies for Inuit in Québec. (L-DPH / S-MSSS, INSPQ) **3-s** Develop and implement a TB training program for health and social services workers and other organizations. (L-DPH / S-HCs, PHAC, HCan) **3-t** Organize TB-related community activities, adapted to local needs, including community mobilization, communication, empowerment, capacity development and community participation. (L-DPH / S-HCs, PHAC)
3.9 Zoonosis prevention interventions.	**3-u** Strengthen rabies prevention actions. (L-DPH / S-DPP, DIVP, HCs, MAPAQ, CFIA, UdeM) **3-v** Consolidate botulism prevention activities. (L-DPH / S-HCs, HCan, BRC) **3-w** Consolidate the regional trichinosis prevention program, in particular by: (L-DPH, NRC / S-HC, INSPQ, TDPV, MAPAQ, CFIA) I. a review of the sharing of responsibilities between partners; II. development of prevention tools for the population.





Axis 4

Management of Health Risks and Threats, and Health Emergency Preparedness

Through Parnasimautik Inuit are setting out their priorities that must be taken up [...], such as environmental and social impact assessment, impact benefit agreements, and wildlife management.

Parnasimautik Consultation Report, November 2014

Mining development, the distance between the communities, the lack of physical and human resources, the high turnover of health and social service workers and partners' workers, different infectious diseases, etc. are all factors impacting on the management of health risks for the population and medical emergencies.

The management of risks that represent a threat for the health of the population, both real and perceived fall under the responsibility of public health and are guided by the responsibilities and powers conferred on it.

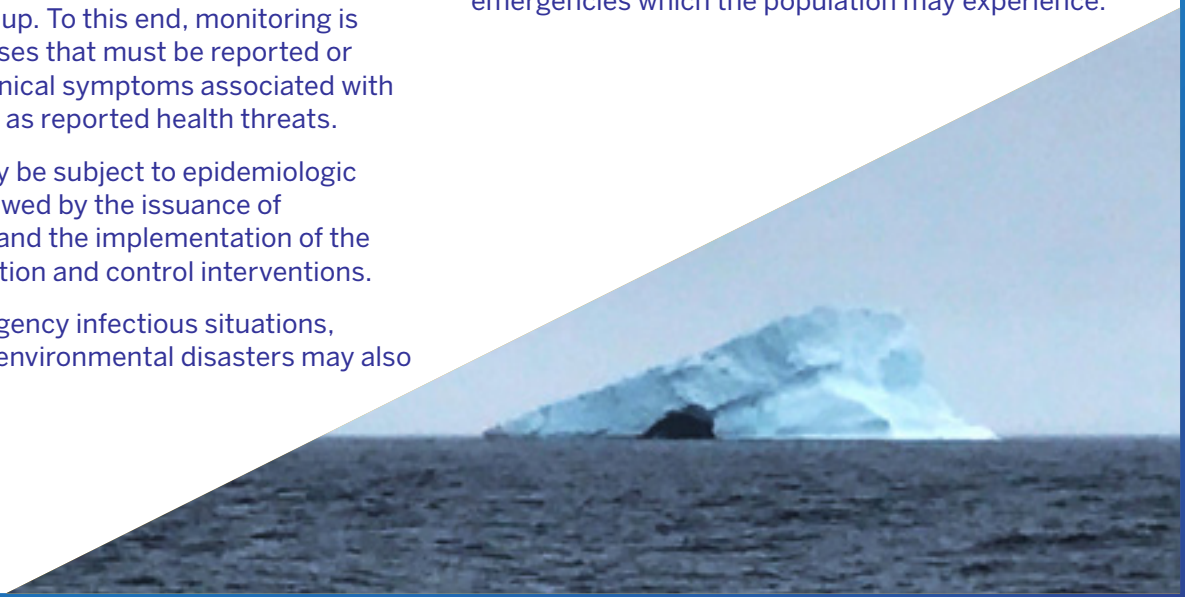
A series of services are deployed to assess risks and, when a threat is determined to exist, to implement adapted and effective solutions as well as to ensure follow-up. To this end, monitoring is conducted of diseases that must be reported or treated, unusual clinical symptoms associated with vaccination, as well as reported health threats.

Certain threats may be subject to epidemiologic investigations, followed by the issuance of recommendations and the implementation of the appropriate prevention and control interventions.

In addition to emergency infectious situations, health threats and environmental disasters may also endanger the population. The Health Profile Nunavik: Focus on Youth, Adult and Elders' Populations (2015) makes specific reference to one such concern:

> *Because the traditional Inuit diet relies heavily on fish, marine mammals, and game, Inuit are more exposed to these toxins than people living in southern regions. [...] environmental contamination and exposure to heavy metals have long been a major concern for public health authorities and residents of Nunavik.*

As well, public and civil security stakeholders regularly collaborate on risk management – prevention, preparation, intervention and recovery – for health emergencies which the population may experience.



TARGETS BY 2020

- **The implementation of regional and local protection interventions will be improved.**
- **The systematization of risk management and health emergency preparedness processes will be improved.**

Services

4-1
Information for and awareness building among the population and partners on health risk prevention and control measures, in a timely manner.

4-2
Evaluation of health risks related to biological, chemical and physical agents and implementation of related prevention and control measures.

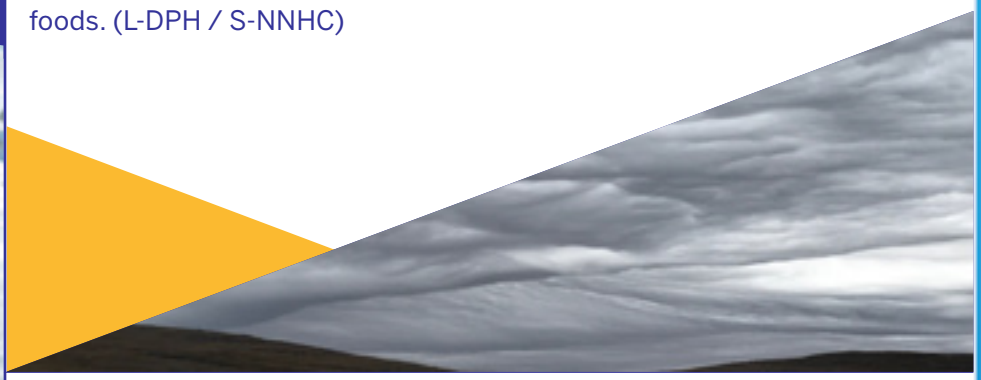
4-3
Monitoring and epidemiologic investigations regarding health risks related to biological, chemical and physical agents and related emerging phenomena, as well as recommendations regarding related control measures.

4-4
Protection services for individuals (affected persons and their contacts), healthcare environments and communities regarding diseases that must be reported or treated, reports and outbreaks.

Actions

4-a
Develop and implement a campaign to promote the use of lead-alternative ammunition for hunting. (L-DPH / S-HCs, NNHC)

4-b
Communicate to the population and healthcare workers the recommendations from research results on contaminants in traditional foods. (L-DPH / S-NNHC)



4-c
Conduct ongoing regional health monitoring. (L-DPH / S-HCs)

4-d
Monitor drinking water quality reports further to the Regulation respecting the Quality of Drinking Water and, when applicable, ensure the issuance of drinking water boil or avoidance notices and return to normal notices. (L-DPH)

4-e
Receive, record and validate MADO reports, unusual clinical symptoms and outbreaks, as well as conduct investigations when applicable. (L-DPH / S-HCs, DPP, MDDELCC, INSPQ)

4-f
Put in place necessary assessment and response elements for health threats, reports, as well as for sentinel cases and aggregate reporting. (L-DPH / S-DPP, CSC-HM)

4-g
Produce and use standardized tools for investigations. (L-DPH)

4-h
Adapt Québec protocols and produce regional intervention protocols, if applicable, for the most frequent reports and MADOs in Nunavik. (L-DPH / S-HCs)

4-i
Make the archiving system compliant with the law. (L-DPH)

4-j
Implement procedures and tools to ensure confidentiality in compliance with the law and best practices – email exchanges, the transmission of analysis results, access to directories with nominal data, etc. (L-DPH / S-HCs)

Services	Actions
4-6 Collaboration on the development, validation and revision of national reference values for various contaminants in the water, air, ground and food. **4-7** Collaboration on the implementation of alerting services and initiatives permitting the adaptation of vulnerable populations to extreme weather occurrences and episodes of poor outdoor air quality.	**4-k** Maintain the regional public health on-call system (24/7). (L-DPH) **4-l** Produce, update and ensure access to a tool kit for the public health on-call system. (L-DPH) **4-m** Promote among arena managers the implementation of the Guide de sécurité et de prévention dans les arénas and the Critères de monoxyde de carbone et de dioxyde d'azote et surveillance de la qualité de l'air dans les arénas. (L-DPH)
4-8 Prevention, preparedness, response and recovery services for emergency health situations and environmental disasters, including any psychosocial dimension. **4-9** Collaboration on prevention, preparedness, response and recovery activities, as part of the health mission of Civil Protection.	**4-n** Consolidate the response capacity of public health stakeholders in case of emergency, disaster or crisis by: (L-DPH / S-DPP, CSC-HM) I. keeping up to date the resources mobilization plan; II. participating in regional or provincial exercises (or simulations); III. evaluating the response capacity of the organization and implementation of necessary corrective actions. **4-o** During a disaster or major emergency situation requiring regional coordination, evaluate the health risks for the Organisation de sécurité civile (health mission). (L-DPH / S-CSC-HM) **4-p** During the recovery period, participate in follow-up activities of the population and in the report on the results of the operations of the Organisation de sécurité civile (health mission). (L-DPH / S-CSC-HM) **4-q** Participate on roundtables, working groups and committees of the Organisation de sécurité civile when relating to public health mandate. (L-CSC-HM / S-DPH, DPP)

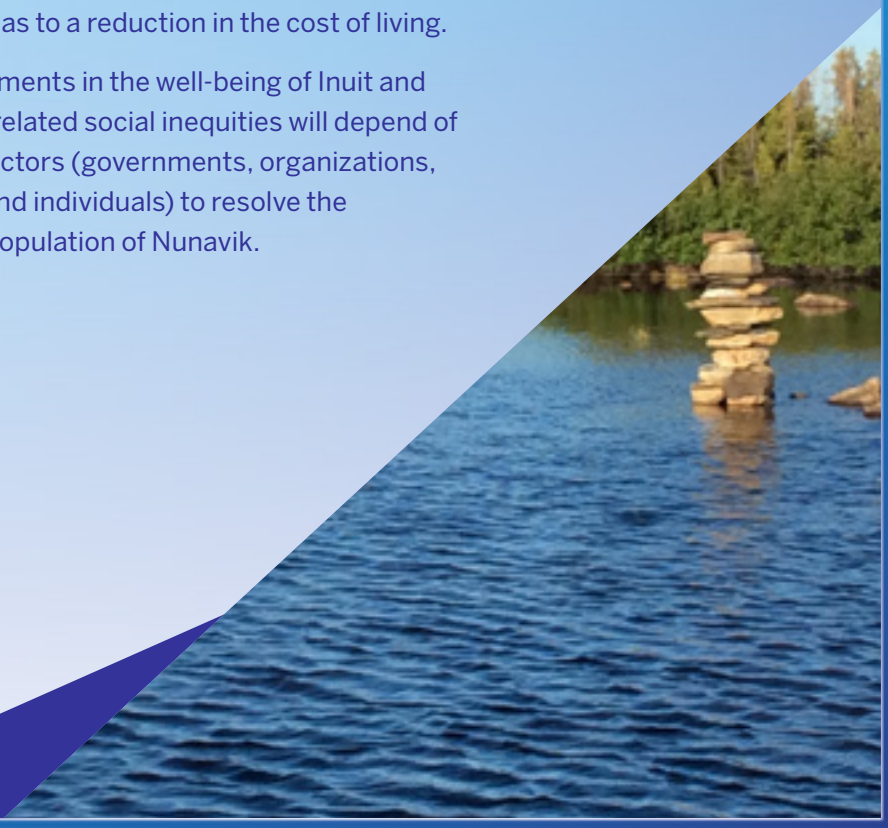
CONCLUSION

There are many challenges ahead but there is hope and a tremendous willingness on the part of Inuit. The time of suffering and hurting has lasted for too long. Now comes the time for healing and building together the foundations for a brighter future for the children of Nunavik.

Minnie Grey, Parnasimautik Consultation Report, November 2014

Although continued improvements to the well-being of the population depend in part on allocated services and funding, it is closely linked to improvements in health-related social determinants, such as housing conditions, educational opportunities and quality, cultural safety, food security, economic development and job creation, as well as to a reduction in the cost of living.

In this context, enhancements in the well-being of Inuit and the reduction of health-related social inequities will depend of the commitment on all actors (governments, organizations, communities, families and individuals) to resolve the problems faced by the population of Nunavik.



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