

ANNUAL REPORT | RAPPORT ANNUEL

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2021-22

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

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Nunavik Regional Board of Health and Social Services

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ABOUT THE NRBHSS

THE NUNAVIK HEALTH AND SOCIAL SERVICES NETWORK

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

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

The NRBHSS manages a budget of close to 289 million dollars, destined for health and social services for the populations of the 14 communities.

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

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

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

MESSAGE FROM THE CHAIRPERSON AND THE EXECUTIVE DIRECTOR

In June 2018, the regional board's board of directors adopted the 2018-2025 strategic regional plan (SRP), which identifies the strategic guidelines, the objectives and the results indicators that the NRBHSS defines for itself and for the Ungava Tulattavik and Inuulitsivik Health Centres. Those guidelines and objectives were established as collective responses to the challenges facing Nunavik and guide the development of health and social services in Nunavik.

the present annual management report outlines our results relative to the management indicators identified in the 2018-2025 SRP. A section of this report thus presents the results obtained in 2020-2021 along with explanations aimed at providing a context for those results. We aim to fulfil our regional mission by clearly committing, jointly with the health centres, to the application of the strategic plan, with the help of appropriate governance tools, and to report from a regional perspective on the services provided for the Nunavik population.

We made it a point of honour to maintain, at the greatest extent possible, our prevention and promotion actions as well as access to routine care and services during a year profoundly marked by the COVID-19 pandemic, with two successive waves striking the region in the fall 2021 and the winter 2022, and which was characterized by highly sustained community transmission.

We would like to emphasize the tremendous efforts by our teams during the two waves as well as those of all actors in the Nunavik health and social services network. The response to the episodes of community transmission was also enhanced by exceptional collaboration between regional and municipal partners and effective mobilization by political leaders. We also wish to acknowledge the support of the *ministère de la Santé et des Services sociaux (MSSS)* during the two waves.

In spite of efforts of rarely equalled intensity invested to protect Nunavik, many developments deserve mention, demonstrating our teams' commitment and rigorous work to improve the health and well-being of *Nunavimmiut*. These highlights are presented in this report for each of our departments.

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

Shirley White-Dupuis

Minnie Grey

BOARD OF DIRECTORS AND COMMITTEES

The board of directors appointed Kitty Gordon to the position of Director of Out-of-Region Services on March 28, 2022. Kitty Gordon was previously assistant to the director of Public Health, and we congratulate her on this significant promotion within the NRBHSS.

COMPOSITION OF THE BOARD OF DIRECTORS ON MARCH 31, 2022

Executive Committee

Shirley White-Dupuis	Chairperson, Kuujuaq representative
Claude Gadbois	Vice-Chairperson, Representative of the UTHC Board of Directors
Minnie Grey	Secretary, NRBHSS Executive Director
Johnny Kasudluak	Member of the Executive Committee, Inukjuak representative
Parsa Kitishimik	Member of the Executive Committee, Kuujuarapik representative

Members

Vacant	Aupaluk Representative
Ellasie Annanack	Kangiqualujuaq Representative
Lyrith Villeneuve	Kangijsujuaq Representative
Claude Bérubé	IHC Interim Executive Director
Larry Watt	UTHC Executive Director
Willie Angnatuk	Tasiujaq Representative
Mary Thomassie	Kangirsuk Representative
Josepi Padlayat	Representative of the IHC Board of Directors
Vacant	Salluit Representative
Vacant	Umiujaq Representative
Peter Iyaituk	Ivujvik Representative
Uttuqi Carrier	Quaqtaq Representative
Joanasie Aliqu	Akulivik Representative
Vacant	Puvirnituaq Representative
Jusipi Kulula	Kativik Regional Government Representative

BOARD OF DIRECTORS OF THE REGIONAL BOARD

The Nunavik population was called to an election on October 7, 2021, to choose one representative per village on the boards of directors of the IHC and the UTHC. For their part, the employees of each health centre elected four persons from among their ranks. Some communities did not hold an election; consequently, the regional board's board of directors designated the representatives for those communities, in accordance with section 530.15 of the *Act respecting health services and social services*.

For the regional board's board of directors, each community of Nunavik was invited to appoint a representative.

The board members attended 4 regular sessions as well as the annual general meeting and adopted 67 resolutions.

The executive committee met 5 times and the audit committee 6 times.



EXECUTIVE MANAGEMENT

COMMUNICATIONS TEAM

The regional board is responsible for informing *Nunavimmiut* of the existence of the services and resources available on its territory in matters of health and social services, as well as the procedures for access to those services and resources. In order to inform the Nunavik population in the best way possible, the communications team provides its expertise and know-how for Executive Management as well as the regional board's other departments and the health centres.

To provide them with the best possible support in their initiatives, this year the NRBHSS increased its presence on social media. Today, with more than 6 000 followers, our Facebook page is an excellent source of reliable information, which has turned out to be a determining factor throughout the year in terms of regularly informing the public of the evolution of the COVID-19 pandemic in Nunavik.

The communications team multiplied its efforts in providing reliable information on the pandemic's evolution as well as on the publication of public-health directives and the status of the preparation of services in the region. It performed exceptionally well at the height of the waves that struck the region by increasing the channels of communication (radio, social networks, etc.) in order to reach the entire population, in Inuktitut, English and French.

QUALITY, EVALUATION, PERFORMANCE AND ETHICS

The QEPE team carried out large-scale projects in 2021-2022 while supporting management of the pandemic. Its contribution in this area was remarkable. Further, the team established some notable projects:

- circulation of subregional follow-up during P7 to enable the institutions to monitor their progress toward their objectives linked to the strategic planning;
- rendering of accounts relative to the development budgets integrated into follow-up to the strategic planning;
- development of regional instruments to monitor the quality of processes and data;
- start of the process to harmonize the strategic planning with the federal health plan to ensure coherence in follow-up and the performance framework through our various funding sources;
- development of PowerBI capacity to improve the communication of information relevant to management.

SAQIJUQ

Once again, this was a quieter year in terms of work with the clients, as various communities were in the pandemic red zone, which resulted in considerable limits to the efforts possible. In October, Lukasi Whiteley-Tukkiapik was hired as second coordinator of the program, bringing a new perspective as well as a lot of knowledge of working on the land.

The project was scheduled to start in Akulivik this year. A team leader was hired in the fall, office space was found, but no educators were hired due to the pandemic, so the leader did the best she could working alone. She worked a lot with the community to help the CLSCs reach people and ensured food delivery for clients of the Saqijjuq program.

In Kangirsuk, another community hit hard by COVID, the office was closed for certain periods, partly due to COVID restrictions as well as COVID infections within the team. The team has a small office and was looking for space for local activities. It is now looking after the workshop for the community to help ensure it is kept tidy.

Puvirnituq continues to excel and the number of court-appointed clients is very steady. The team participated in various camps throughout the year with social services. With the MIT, it also held a weekly barbecue in the community.

Nitsiq, the Nunavik wellness court, which provides treatment aimed at reducing the time a person may spend in jail as well as working on individualized plans to support the person through recovery, continues in Puvirnituq. Nitsiq has also started in Akulivik and clients have been referred to the Saqijjuq team. A committee was set up to modify the program from one for substance-abuse treatment under the Court of Québec (PTTCQ, programme de traitement de la toxicomanie de la Cour du Québec) to one for support for mental-health clientele in the legal system (PAJ-SM, programme d'accompagnement justice santé mentale). In brief, a PAJ-SM will make it possible for the Nitsiq program to not only provide services to defendants with substance-use issues but to extend these services to defendants with mental-health issues in general. A PAJ-SM entails other advantages, such as enabling us to further adapt our services to participants' needs.

INDIGENOUS SERVICES CANADA

Fiscal 2020-2021 marked the third year of our 10-year global agreement with Indigenous Services Canada (ISC). This new contribution agreement includes funding of slightly more than 20 million dollars under 27 programs/initiatives in prevention and health promotion. Certain provisions of the agreement enable us to retain the unspent funds at the end of the agreement and offer greater flexibility in management of priorities.

PLANNING AND PROGRAMMING DEPARTMENT

MEDICAL AFFAIRS AND PHYSICAL HEALTH

The members of the team responsible for medical affairs and physical health are now under the authority of two directors: the director of Planning and Programming and the new regional medical director.

PHYSICAL HEALTH

Emergency Prehospital Services and Civil Security

The first responders of the 14 Nunavik communities performed more than 4 000 prehospital interventions, and this in the context of the pandemic. The teams of all the communities received training to face this new public-health reality. Strong ties were maintained with local services, particularly during outbreaks, to ensure those services had all the tools, skills and leeway for manoeuvre necessary to fulfilling their mandate. The training program for skills maintenance and recruitment efforts were affected by the situation but, overall, an even keel was maintained.

Intellectual Impairment and Autism Spectrum Disorder (II-ASD)

Efforts continued with the ODIM IUHSSC throughout 2021-2022 toward establishment of a service corridor and translated into:

- opening of a new intermediate resource (Nunavik IR) exclusively destined for the II-ASD clientele of Nunavik in March 2022 in Pointe-Claire;
- draft and acceptance of the reference framework for the new Nunavik IR;
- development of a document for assistance with transition to support Nunavik interveners during transfer of users to a residential resource of the ODIM IUHSSC.

Under the *Agir tôt* program, the past year was marked by:

- the supply of community activities, overall stimulation and focussed stimulation in the communities according to need and available personnel;
- the collaboration of the IHC team in various initiatives aimed at developing culturally adapted intervention methods and assessment tools;
- the hiring of a regional communications officer to support the design of a communication strategy for the program;
- the start of procedures to obtain recurrent funding for development of local positions (Turartavik).

Medical Biology

Planning of the deployment of the provincial laboratory information system (*SIL-P*) began in 2021-2022. This new *SILP* is expected to be in use in each of the region's health centres by the summer 2023.

Pharmacy

The Nunavik health centres are dealing with major issues of personnel hiring and retention. The year 2021-2022 saw:

- renewal of the agreement with a community pharmacy in the South for the fifth and final year of the contract, for the purpose of distributing medication in the form of Dispills and vials in the various communities of Nunavik;
- draft of a contingency plan for telepharmacy;
- establishment of incentive measures to foster hiring and retention of pharmacists in the region.

MEDICAL AFFAIRS

Medical Manpower

In 2021-2022, Nunavik welcomed four new general practitioners, two at the Inuulitsivik Health Centre (IHC) and two at the Ungava Tulattavik Health Centre (UTHC). As of March 31, 2022, 50 general practitioners held a position in the region (including physicians working exclusively in public health).

As of March 31, 2022, 15 medical specialists held a position in the region, excluding those already providing services in Nunavik and who are based in partner centres: four in community health and one each in the specialties of child psychiatry, obstetrics/gynecology, ophthalmology, anesthesiology, ENT, pediatrics and diagnostic radiology. Two positions are planned for each of the specialties of internal medicine and psychiatry. One position is available in each of the specialties of orthopedic surgery, general surgery, internal medicine, pediatrics and child psychiatry.

Telehealth

The deployment and appropriation of collaborative platforms such as TEAMS enable simplifying access to specialists through teleconsultation; however, full potential cannot be attained due to the additional pressure on the satellite-based telecommunications network.

COVID-19

During this exceptional year, the team responsible for medical affairs and physical health was heavily solicited in the efforts against COVID-19, in:

- assuming the role of regional coordinator for the regional cell for civil security;
- heading the setup of a pilot project for regional medical evacuation;
- supporting and making changes to the program for managing entry to Nunavik, and this on several occasions throughout the year according to the epidemiological situation (e.g., pre-departure testing, vaccination in Montréal for the Nunavik clientele, quarantine and refinements to the informatics platform for managing travellers);
- planning of the setup of a non-traditional site for managing COVID-19 hospitalizations (Ajarpivik);
- coordinating the distribution of rapid antigen tests (RATs) throughout the territory;
- coordinating the services of the Info-COVID line;
- organizing weekly meetings for the laboratories (medical biology);
- contributing to the COVID-19 vaccination campaign;
- ensuring access to medication for vulnerable patients at risk of developing complications;
- providing social services at the CLSCs and technical assistance in the region's laboratories, as needed;
- providing support for the regional board's other departments.

PSYCHOSOCIAL AFFAIRS AND SUPPORT FOR COMMUNITY ORGANIZATIONS

Suicide Prevention

Service Organization

The regional suicide-prevention strategy was officially launched in June 2019, and since then, the regional partners have engaged in a shared plan of action covering the entire continuum of prevention, intervention and after-care. A working group composed of Inuit representing more than five organizations of Nunavik is examining long-term actions to carry out and which would bring together all interveners and focus energies on issues of concern to all, in particular support for those providing services, local skills development and reinforcement of the cultural aspects of intervention. Partners have identified actions that fall under the five priorities of the strategy:

1. healthy development of children and youth;
2. comprehensive mental-health support;
3. healing from grief and historical trauma;
4. mobilization of Inuit knowledge;
5. collaboration toward Inuit self-determination across Nunavik.

The first priority has been our focus for this year and the second action plan should be in application by the fall 2022.

Training

Training on use of best practices in suicide intervention, destined for front-line interveners, was offered to 36 workers. This mandatory and essential training in Nunavik is offered to front-line interveners, both Inuit and non-Inuit. The entire training program, schedule and tools have been revised in light of post-training comments from trainers as well as from trainees and their managers. The design of a three-day training-for-trainers program has begun, as well as the development of new tools to facilitate trainers' understanding and delivery of the program.

Puttautiit Conference

Puttautiit, the regional suicide-prevention conference held annually since 2015, was skilfully adapted in the context of the pandemic over the last two years. With the impossibility of bringing together *Nunavimmiut* of the 14 communities,

we designed a toolbox meant to support and mobilize the communities in organizing local events for their members.

Mental-Health Services

Service Trajectory

This year, efforts in the portfolio of mental health were focussed on establishment of a regional process for access and referral for the four residential, mental-health resources of Nunavik, to ensure the resources admit users with the corresponding profile and that users' trajectories are standardized, and this in their best interests.

Act P38.001 (Act respecting the protection of persons whose mental state presents a danger to themselves or to others)

Work on the protocol related to Act P38.001 (Act respecting the protection of persons whose mental state presents a danger to themselves or to others) continued, in support of the health centres. Provincial ongoing training was finalized and is now available for Nunavik interveners, a regional training schedule was produced, and an information pamphlet on user rights and recourse was finalized and will shortly be made available in various forms for the general public.

Nunami

The Nunami program progressed considerably this year in terms of its objectives of fostering mental well-being of the communities. Two Planning and Programming officers of Nunami support initiatives from the communities and organizations throughout the territory.

Besides promoting projects, helping applicants fill out forms and ensuring project reports, the two Nunami officers also supported many community organizations, targeting the community's needs, for example, projects that focus on healthy relationships and self-esteem. One other example of projects was in the field of science education: biology of belugas and seals with elders and researchers. Harvesting methods, food preparation and Inuit knowledge were integrated. Nunami also worked with Nurrayit, Jeunes Karibus on different cultural activities to include in their expeditions.

In 2021-2022, 24 projects were funded in 11 communities. Aside from the funded projects, in order to encourage families to go out on the land during the periods of restrictions in Nunavik, gas and food vouchers were provided for

beneficiaries of the 14 villages. During the restrictions on community gatherings, the Nunami team also developed its own projects; the idea was to continue to teach Inuit culture virtually through videos, such as how to trap and skin a fox.

The team is also developing future initiatives, such as the young hunters' program inspired by Aqqumavvik, a community organization in Arviat, Nunavut. This young hunters' program is a three-step program: the first step is in a classroom setting, learning with a hunter and elder before going on the land. The second step is creating the tools for hunting. The third step is going hunting and using what was learned.

By creating these programs, we will be able to promote them to the villages, mobilize the population and continue to revive Inuit culture.

Addictions

Nitsiq

The Québec Court's addiction treatment program, Nitsiq, is now offered in Akulivik in addition to Puvirnituq. The capacity of the program has been increased with the purchase of new beds in treatment centres and external services in the communities are still available in this program.

Addiction Training Program

The Nunavik addiction training program, Finding New Momentum in Addiction Intervention, has been developed. It is now a three-part program of two days each. Part 1, a new way to see things, has been offered on a regular basis since the fall 2021. Parts 2 and 3 are currently in final development and pilot groups will begin in the fall of 2022. A phase aimed at training local trainers is currently under development.

Addiction Assessment Tool

In collaboration with Isuarsivik and several other Indigenous organizations in the province, a specialized addiction assessment tool has been developed. This tool is currently in a pilot phase to be evaluated and modified.

Community Organizations

In 2021-2022, 19 community organizations or associations were funded under the support program for community organizations (SPCO) for a total of \$12 462 339. That includes the Nunavik Youth House Association (NYHA), which serves each of the 14 communities. Three new community organizations received support to launch their activities in 2021-2022, the

Qimutjuit Men's Association in Kuujjuaraapik, Tunniit Safe House in Kangirsuk and Pituat Family House in Puvirnituq. To offer more support and better cover the needs, our team to support community organizations was expanded from one to three officers in the last year. Five interns completing their master's degree in management also spent a few months in the region providing local support to family houses, youth houses and the elders' homes.

During the last fiscal year, we broadened the scope of our support and continued to collaborate with Raymond Chabot Grant Thornton (RCGT) by providing community organizations services on financial reporting; we also continued to develop partnerships in order to produce reports on the state of the buildings housing these community organizations. We also worked on guides and procedures for community organizations on topics such as harassment, working conditions, insurance and agreements with the health centres.

Open Space

Open Space's (OS) hope is to offer the youth of Nunavik a place designed to meet their specific needs, with a particular focus on the growing need for mental-health services in the region. In the next few years, the goal is to have an OS site on either coast where youth can feel comfortable in coming to get the help that they need. With their collaboration along with that of their families, it is our hope that OS can help redefine how we address mental-health issues among youth.

CHILDREN, YOUTHS AND FAMILIES

The team responsible for children, youths and families continued providing support for the Nunavimi Ilagiit Papautauvinga (NIP) team. We collaborated on various priorities identified by the communities, particularly work on the family councils. Furthermore, a pilot project, Tikinagan, was launched with the youth and family team and the NIP Team. Tikinagan is a training program with the goal of supporting workers intervening with First Nations and Inuit families, with priority on cultural safety.

Many issues with retention were highlighted by the directors of Youth Protection; a decision was therefore made to have systematic training on a bi-weekly or monthly basis for the new staff starting in April 2021. An officer for youth and family services is working in collaboration with the Department of Regional Human-Resources Development to develop training on topics such as the concept of protection, intervention plans, progress notes, etc. The modules take place on a monthly basis with a different team. The objective is to support and increase the skills of interveners and improve their knowledge regarding youth protection in the northern context. Our collaborators from the rehabilitation services, community services and Makivik can also participate in such training to improve the understanding of the role of the Departments of Youth Protection.

Moreover, the promotion of foster families on the Nunavik territory continued; the Web site is up and all the information is present: <https://nrhss.ca/fosterfamilies>. Many aspects were clarified with both Departments of Youth Protection (Inuulitsivik and Tulattavik) to ensure that a foster family from the Ungava or the Hudson Coast receives the same benefits—thus standardizing foster families throughout the region—with regular discussions with the youth and family team and both directors of Youth Protection. Finally, pamphlets and magnets with the necessary information in the three languages are in production to inform future applicants and simplify the process for foster families.

Collaborative efforts are under way with Makivik to support the paralegal workers assisting families subject to procedures with Youth Protection. The objective is to ensure the necessary support system for Nunavimmiut families and inform them of their rights. Meetings were held to introduce

this program to Youth Protection and Makivik's Justice Department. This collaboration will also help paralegal workers by providing them with clearer knowledge of the youth-protection process.

We continued providing support for the Nunavik women's shelters, particularly in terms of funding and special measures related to the pandemic.

In the area of prevention of sexual abuse, we are working on the deployment of the regional training on child sexual assault (three-year project), in order to have tools better adapted to the needs and realities of the region and better support front-line workers. We are updating the medico-social intervention protocols as well as the trajectory of sexual-assault services. Regarding sex-offender services, the treatment program was put on hold during the pandemic, and we are working on restarting the project. Finally, we offered the health centres online training opportunities related to sexual and domestic violence.

NUNAVIK REGIONAL HOSPITAL CENTRE: CLINICAL PLAN

In 2021, the clinical plan for the Nunavik regional hospital centre was adopted and transmitted to the MSSS, in order to have the needs recognized prior to the next step: functional and technical programming.

With the integration of the users' perspectives into the core of service programming, we replied to a series of questions from the MSSS and, at the time of writing, no more questions remain, so we expect a reply from the MSSS by the end of June 2022.

In the meantime, we are working on the presentation of the clinical plan to the population, professionals, partners and stakeholders.



DEPARTMENT OF NUNAVIMMI ILAGIIT PAPATAUINGA

In 2013, the NRBHSS initiated a review of the protection services provided youth in Nunavik and how this clientele could benefit from various cultural and regional adaptations. It created the Regional Advisory Committee on Youth Services (RACYS), a special committee to oversee such proposals for change.

In 2017, RACYS hired a professional, Mina Beaulne, to assist with this task in the role of integrated youth and family advisor. In the fall of 2017, the NRBHSS reached out to all local and regional organizations to obtain their support for the project. Through resolutions, it mobilized the northern villages, landholding corporations, Qarjuit, the KI, the KRG, Makivik and others, and created the Sukait Working Group.

- 2021 - Signed and received official papers required for Nunavimmi Ilagiit Papatauinga to be designated a non-profit organization
- 2022 - Created Nunavimmi Ilagiit Papatauinga as an NRBHSS department, to develop its governance and subsequently transition to a non-profit organisation

“Creating an Inuk system requires many strong Inuit leaders in all communities that feel competent in the field of youth and family services including youth protection. The leaders need to have the time, the support, and life context necessary to take on these tasks.”
(Sukait report 2017-2019)

- In December 2021, Mina Beaulne was named Director of Nunavimmi Ilagiit Papatauinga.
- In January 2022, Vanessa Legault was named Coordinator of Nunavimmi Ilagiit Papatauinga.
- In 2022, we plan to hire two assistant directors for NIP, 3 heads of programs, an assistant to the Director, 28 cultural program workers, an administration agent and an interpreter.

- We are actively collaborating with the training of Inuit workers and the recognition of cultural competencies (Bill 21).
- We are developing our own Inuit working conditions procedures for the future hiring process.

ABOUT SUKAIT

“Sukait is committed to working through the challenges to find optimal solutions based on the current capacities within the objective of developing a strong foundation for children, families and communities of Nunavik.”

Since its creation, the Sukait Working Group was mandated to analyze the current state of youth and family services in Nunavik, review the different models applied in other Native communities across Québec and propose recommendations to develop youth and family services and youth protection services culturally adapted to the specific needs of the Inuit.

More specifically, they help the NIP team define the foundations and the design orientations for youth protection and the continuum of services for Nunavimmiut. They do this by examining the services offered to youth and their families in Nunavik and recommending the best culturally adapted practices and approaches for ensuring parental and community involvement with child, youth and family services.

- In 2022, the Sukait Working Group will modify its composition to become an active Board of directors with the same role of providing the guidance and orientation needed to build the Nunavimmi Ilagiit Papatauinga.

CONTINUUM OF SERVICES

“Without strengthening the front-line and without transforming the interventions and work environments, turnover of Inuit and non-Inuit workers will remain high, and families will still lack trust in services. The desired transformations require increased and well-trained human resources that are all working under a common vision and approach led by Inuit” (Sukait report 2017-2019)

- We have two full-time NIP planning and programming agents responsible for bringing cultural programs such as the Ilagiit Council and the Wisdom Council to the child, youth and family system in Nunavik. They also carry out various project management tasks.
- To build and increase awareness of the continuum of services, we are committed to implementing a youth service request service under NIP to refer, support and facilitate access to local services for the families of Nunavik.
- The prevention and promotion component should include healthy parenting skills, a factor prioritized by communities during numerous consultations.
- We believe that focusing on community mobilization around children could bring about a decrease in the number of reports and instances of neglect while also help avoid children being placed outside of the region.

2022-2023 NUNAVIMMI ILAGIIT PAPATAUVINGA (NIP) INTEGRATED SERVICES VISION

The NIP service structure is in the process of being created to operationalize the needs and objectives contained in the Sukait Report, which revolve around the pressing need for an integrated and adapted continuum of services for youth and families in Nunavik. Under the guidance and leadership of Mina Beaulne and her colleague Vanessa Legault, the NIP proposed an HR plan and prepared financial projections.

Priorities for 2022-2023, built from the ground up and resting on a strong management team, are as follows:

- Consolidation of NIP management (two assistant directors)
- Hire three heads of programs for:
 - Family house
 - Anirraulartutut Kamajingit
 - Centralization of requests for youth services
Centralized youth services request
- Continuum of services\Increased awareness of services among the population
- Inclusion of Ilagiit Council in all child, youth and family services
- Development of a Wisdom council in Nunavik\Application of Bill 81.1 in Nunavik
- Collaboration with Makivik regarding a Gladue type report (Viens Commission recommendation)



DEPARTMENT OF PUBLIC HEALTH

HEALTH SURVEYS

Qanuilirpitaa? 2017: Circulation of Results

Drafting of the thematic reports is now complete. The results, dealing with some 20 topics, are available on the NRBHSS' Web site. Under the supervision of the Data Management Committee, numerous additional analyses are under way for further examination of certain topics.

Uvikkavut Qanuippat: Youth Health Survey

A pretest was performed among schoolchildren in one community and the questionnaire was finalized. Data gathering will be carried out in the secondary schools of the 14 communities in the fall 2022.

Qanuipitaa ? National Inuit Health Survey

The regional portion of the questionnaire was finalized. Data gathering has been postponed until the fall 2023 to avoid compromising the data-gathering process for the Uvikkavut Qanuippat Survey as well as the circulation of the results from the Qanuilirpitaa? 2017 survey.

OCCUPATIONAL HEALTH

The occupational-health team primarily worked on prevention of COVID-19. Jointly with the infectious-diseases team, visits were made to the workplaces most vulnerable to COVID-19. A Web page was created to ensure information is accessible at all times for all workers as well as employers. Several specific documents were produced in accordance with the activities in each sector (construction, police, municipalities, etc.) and are available at [Workplaces | Nunavik Regional Board of Health and Social Services \(nrhss.ca\)](https://www.nrbhss.ca/workplaces). The team is working jointly with the *Commission des normes, de l'équité, de la santé et de la sécurité du travail (CNESST* [Commission on workplace standards, equity, health and safety]) on several risks related to occupational health and safety in many areas that can affect workers' health.

In the mining sector, visits were made as usual besides those in the context of COVID-19. Mining companies referred to

the team for prevention-related aspects relative to COVID-19 and its variants. Interventions were carried out on reportable diseases (*MADO*) to avoid the development of long-term diseases among workers. Further, the activities planned under the health program specific to mines (*PSSE*), such as information sessions, biological monitoring and monitoring in the various portfolios under way (workplace psychosocial risks, musculoskeletal disorders), were carried out. Reports were drafted concerning certain contaminants, such as noise and dust, as well as cleanliness.

ENVIRONMENTAL HEALTH

As was the case last year, the environmental-health team contributed to COVID-19-related activities.

The team attended hearings of the *Bureau d'audiences publiques sur l'environnement (BAPE* [Bureau of public hearings on the environment]) on the state of sites and management of final waste. It raised public-health issues concerning northern landfills at public sessions held in Kuujuaq in the summer 2021. A paper was then submitted to the BAPE and the Kativik Environmental Advisory Committee (KEAC).

In 2021, 39 reports of cases of reportable diseases of chemical origin (chemical *MADO*s) were received, the vast majority consisting of significant exposure to foodborne mercury with blood levels exceeding the thresholds recognized in public health. Moreover, nine events were deemed as requiring intervention and monitoring. These reports particularly concerned the quality of indoor air related to exposure: mould, asbestos and carbon monoxide.

The team also attended several meetings aimed at ensuring that environmental-health issues are taken into account in the various research projects that involve *Nunavimmiut*. It continued the monitoring of the quality of drinking water in the Nunavik communities in accordance with its mandate, in collaboration with the Kativik Regional Government.

PREVENTION AND HEALTH PROMOTION

Perinatal and Early Childhood

The regional Ilagiilluta program is now equipped with a program and recommendations guide concerning service development, the primary objective being to develop the program in all the communities within the next five years. A roundtable on perinatal and early childhood was set up to improve the service supply for prevention and health promotion.

The Nunavik primer, a collaborative instrument developed by the Sainte-Justine University Hospital Centre and the NRBHSS, is used to ensure the monitoring of children by the health centres. An assessment of the instrument scheduled for 2021-2022 was postponed to 2022-2023.

Adolescent Mental Health

At the NRBHSS' request, a survey of promising programs and practices in the area of prevention for Inuit youths of Nunavik, as well as recommendations and tools for prevention, was conducted by a team of researchers. This survey will enable carrying out interventions jointly with the academic sector over the coming year.

Sexual Health and Prevention of Abuse

The team is developing the school curriculum on sexual health jointly with Kativik Ilisarniliriniq (KI). The plan of action in sexual health and prevention of abuse was updated. Collaborative efforts are under way with the teams responsible for family violence and infectious diseases, the sexual-health network of Nunavik and the working group on sexual health. A reassessment of the Good Touch Bad Touch (GTBT) program was also carried out and enabled restructuring the program in order to deploy services in ongoing fashion in the communities. Work at integrating the components of prevention into the school curriculum has started, the goal being to foster concerted, regional action in preventing sexual abuse.

Oral Health

A new Public Health dentist advisor was hired in May 2021. There had not been a dentist advisor in the region for the last decade. With the arrival of the Public Health dentist, an official program was developed. The objective is to provide preventive dental care to all *Nunavimmiut* by evaluating the current

situation, planning services that reflect the actual needs of the population and getting enough resources to deliver the services in all communities. This program includes preventive care during the perinatal period and early childhood, in schools, in elders' homes, and at the dental clinics and integrated into nutrition and tobacco counselling.

Food Security

Fifteen local food projects were supported throughout the year, through in-person development, resources and financial assistance. These include community kitchens, meal distribution, local food production and on-the-land harvesting activities.

Additionally, the team worked closely with communities throughout the uncertain periods of the pandemic to ensure food support remained accessible to *Nunavimmiut*. Funds and logistical support for COVID-19 food-security initiatives led by municipalities and non-profit organizations were provided, food-box programs were implemented and assistance in obtaining groceries was provided for those in isolation. A COVID-19 food-security alert system was implemented to monitor regional food needs and ensure open communication channels with each of the communities. When local food-support programs did not suffice, direct food assistance to households in urgent need was provided by the NRBHSS COVID-19 food-security taskforce.

Nutrition

The Imatsiaq water-consumption program is now running in 13 schools in Nunavik. The program aims to promote water as beverage of choice among schoolchildren aged 5 to 17 years. The collaboration between the NRBHSS and KI towards the development of a regional school food and beverage policy continued in 2021-2022.

The support offered to the ISPEC workers on nutrition was increased and included development of tools such as recipe cards and participation in the Ilagiilluta 2021 symposium to offer training on relevant early-childhood nutrition topics. The list of eligible foods for food coupons given to pregnant women was also modified following a request from the participants. New coupons and tools to promote healthy food for pregnant women were launched this winter. Activities on nutrition education and cooking organized locally by staff at the health centres, family houses and non-profit organizations were supported throughout the year.

Community Mobilization

All three core objectives saw progress:

1. Supporting and documenting mobilization efforts: A Facebook group, Good News Nunavik, was created as a space for community members to share projects and inspiration;
2. Developing and sharing mobilization materials: A Web site of resources and tools to help community members plan and execute community-based projects is being finalized in collaboration with various partners, and a mobilization workshop was organized for local community wellness workers from both coasts;
3. Sharing the community component results of the Q2017 Health Survey: Several presentations were made for internal teams to ensure uptake of results within the organization, and a full rollout of community presentations including community action-plan workshops to support communities in responding to the results is planned for the fall.

Prevention of Diabetes and Other Chronic Diseases

Due to COVID-19, the elaboration of a new strategy for prevention of diabetes and other chronic diseases and their related complications was postponed. However, ongoing support was offered to health professionals working in the field during the pandemic in the form of educational materials and training. Certain prevention activities were still carried out in communities, such as:

- radio segments (promoting healthy eating for people living with diabetes);
- diabetes Bingo over radio (to improve diabetes-related knowledge);
- workshops for pregnant women, new mothers and youth (e.g., cooking workshops);
- promotional activities in the Coops aimed at improving grocery-shopping skills;

Tobacco Cessation

Despite the pandemic and the ongoing interruptions of the regular activities during 2021-2022, the tobacco working group:

- Promoted a smoke-free environment on the premises of the schools in the 14 communities by raising awareness of the health risks associated with smoking;
- Elaborated a theme and a poster for a regional smoking awareness campaign. The purpose of the campaign is to denormalize the use of cigarettes in Nunavik and raise public awareness on the health risks of tobacco use;



- Elaborated a sponsored Facebook campaign as part of the regional smoking awareness campaign. Ten recorded testimonial videos of ex- and non-smokers are part of the Facebook campaign, which aims to be interactive and empowering for the population of Nunavik. We plan to start the Facebook campaign in the summer 2022;
- Collaborated with two smoking-cessation experts with great experience in Inuit and other Indigenous regions to build a smoking-cessation support structure in Nunavik. An educational and motivational tool entitled "How Smoking Harms Us" was developed and will be part of the smoking-cessation activities;
- Supported the collaboration between KI and the CQTS (Quebec council on tobacco and health) to develop prevention activities in the schools.

INFECTIOUS DISEASES

COVID-19

Since March 2020, access to the region has been limited to various extents. Measures were in place in order to avoid introducing the disease into the region: registering prior to travel, testing and quarantining. Within the region, large gatherings were limited and mask wearing and hand washing were mandated in public places. Those measures prevented community transmission for the first 18 months of the pandemic (see Figure 1).

In the last months of 2021, the effects of growing transmission in the South and the existence of more contagious variants resulted in community transmission in most communities in the region. In October 2021, Nunavik started seeing multiple communities with outbreaks and widespread transmission of the Delta variant of COVID-19 and, later in December 2021, of the Omicron variant of COVID-19. During the period from October to December, traveller-related restrictions were strengthened, community measures to prevent transmission were intensified, and public-health resources were multiplied to support individuals, organizations and communities.

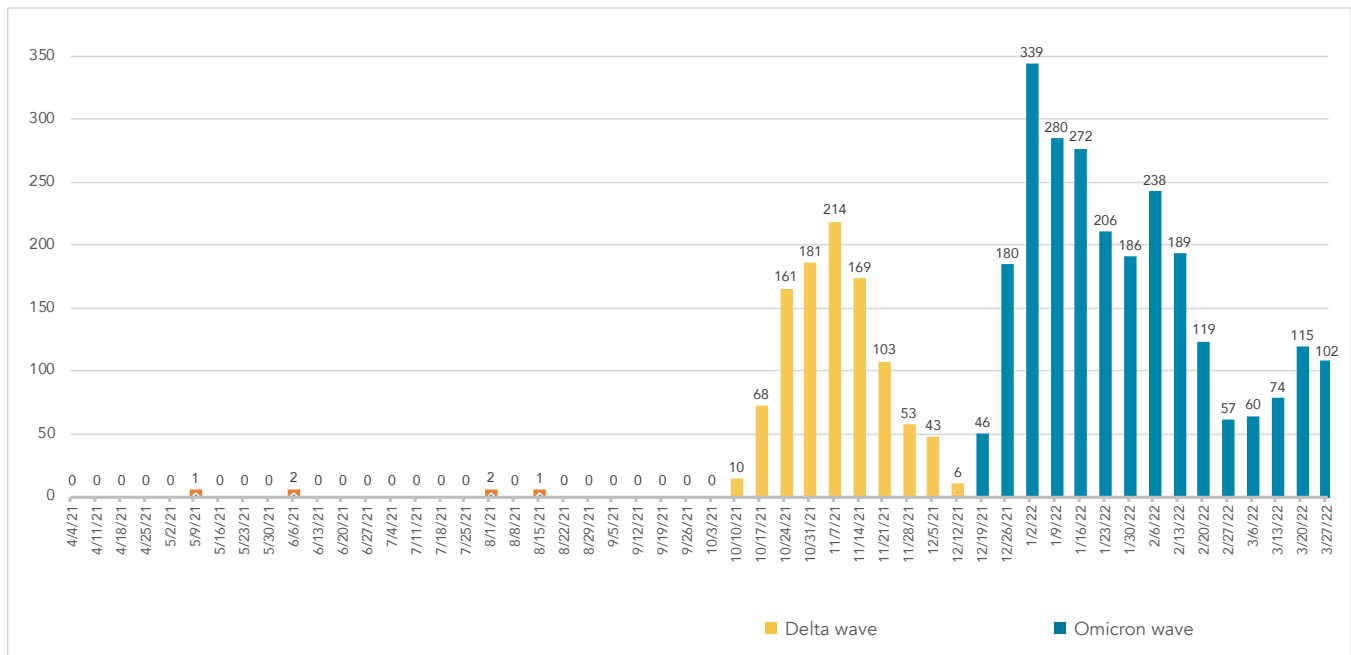


Figure 1: Weekly COVID-19 cases in Nunavik, April 1, 2021, to March 31, 2022

Vaccination against COVID-19 was deployed for adults early in 2021. For youths aged 12 to 17, vaccination started in the community in June 2021 and was offered in the schools in the fall, and for children aged 5 to 11, it was offered from November onwards. Vaccination for the Inuit population living outside of Nunavik and for travellers to Nunavik was also intermittently offered at the Douglas Hospital in Montreal. As of the end of January 2022, 10,654 *Nunavimmiut* had received at least one dose of vaccine and 8,952 *Nunavimmiut* were considered adequately protected (see Figure 2).

The management of COVID-19 has been accompanied by an important collaboration with other partners beyond Public Health and strong involvement of community leadership in decision making.

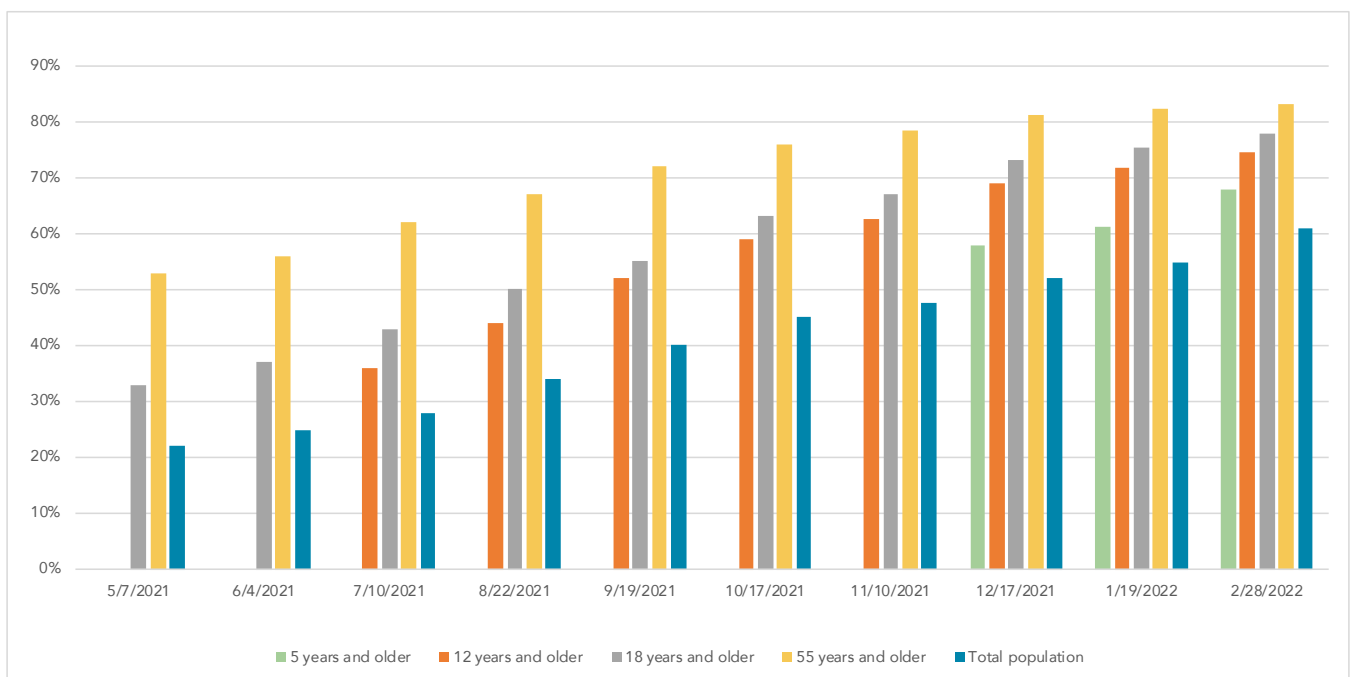


Figure 2. Two-dose vaccine coverage in Nunavik

Sexually Transmitted and Bloodborne Infections (STBBIs)

Whereas a drop in STBBI diagnoses was observed in 2020, likely due to fewer consultations in the context of the pandemic, a rise in the number of tests was observed in 2021 throughout the region compared to the previous year (see Figure 3).

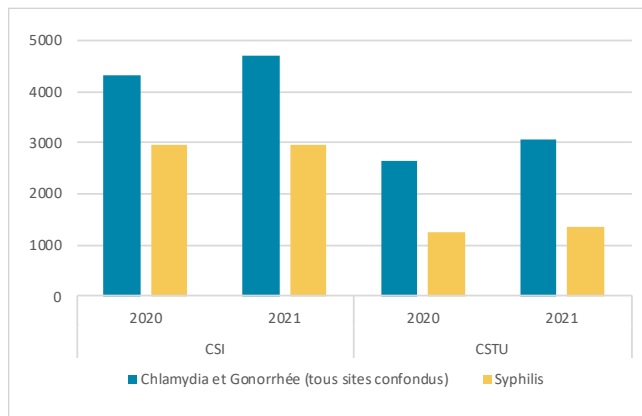


Figure 3. Number of tests for *Neisseria gonorrhoeae* infection, *Chlamydia trachomatis* infection and syphilis, 2020 and 2021, at both health centres of Nunavik

One hundred eighteen new cases were reported in the syphilis outbreak in the region in 2021 (see Figure 4). Between December 2016 and December 2021, i.e., since the start of the outbreak, 330 episodes were reported. Transmission remains through heterosexual contact and primarily affects young persons. Among the new infections, six women were pregnant at the time of diagnosis and 81% of them were of reproductive age. Two children were diagnosed with congenital syphilis, one confirmed and the other probable.

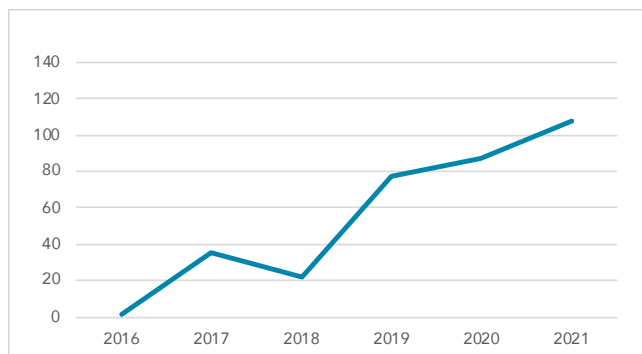


Figure 4. Number of reported cases of syphilis, Nunavik, December 2016 to December 2021

The rates of gonococcal infection remain stable, with 306 episodes reported in 2021 compared to 307 in 2020. However, the number of infections with genital chlamydia rose, with 555 episodes reported in 2021 (405 in 2020). The number of cases of *Chlamydia trachomatis*, on the other hand, was comparable to that of 2019 (N=524).

The qualitative research project, Improving Youth Access to Care, was set up to better identify the needs of youths in order to improve access to sexual-health services. The Checkup Project, a joint initiative with Pauktuutit, also continued its regular activities, and an on-the-land activity was carried out in the summer 2021 in Inukjuak.

However, many other projects on sexual health were postponed due to the COVID-19 pandemic. Population testing for tuberculosis/STBBIs in one Hudson community had to be terminated before the end of the planned intervention.

At the beginning of 2022, various projects resumed, among them the revision of the regional notification protocol through the *Messenger* application which enables reaching cases and their partners through the Internet and ensuring greater confidentiality. The work on the STBBI toolkit also resumed, with the goal of regionalizing and updating all the STBBI-related tools available to clinicians practising in Nunavik.

Tuberculosis

As in 2020, the number of new cases of tuberculosis (TB) in 2021 was lower, with only 18 cases detected (incidence of 124 cases per 100 000 persons), compared to an average of 41 cases per year for the previous five years (incidence of 297 cases per 100 000 persons from 2016 to 2020) (Figure 5). It is possible that the COVID-19 pandemic resulted in reduced access to early diagnosis of TB. The public-health measures established in response to the pandemic also likely contributed to the drop in transmission rates of TB. Eight communities had cases of active TB, four on each coast. A total of 6 cases were diagnosed on the Hudson Coast and 12 on the Ungava Coast.

A community screening campaign for TB was organized in one Hudson community. A total of 559 persons were tested.

Two cases of active TB were identified and 19 latent tuberculosis infections (LTBI) were diagnosed. The screening ended

early because of the COVID-19 wave that affected the region in the fall. In 2021, for all of Nunavik, 28 new cases of LTBI were reported, 22 of which began preventive treatment.

Training on TB was offered to 48 clinicians using the *TEAMS* platform and 12 clinicians participated in the training offered online by the Distance Teaching and Learning Center (DTLC). Unfortunately, the TB Regional Committee could not hold meetings due to COVID-19.

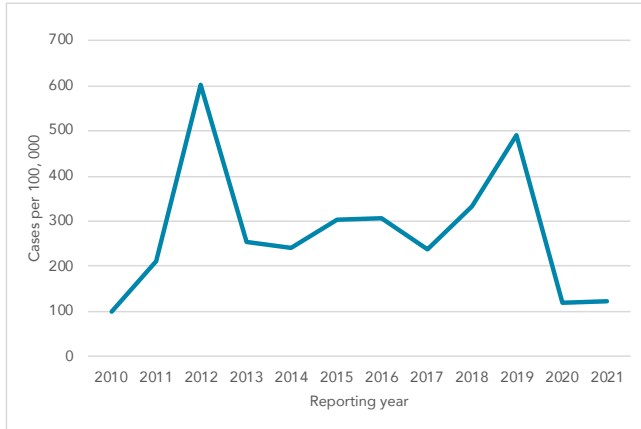


Figure 5. Incidence of TB in Nunavik, 2010-2021

Hepatitis A

Between mid-October 2021 and March 31, 2022, 37 cases of hepatitis A were reported to the Nunavik Department of Public Health, mainly in residents of one community (Figure 6). Thirty-five of the 37 individuals affected belong to two age groups considered unprotected against hepatitis A: children six months to 10 years of age (n=26) and adults born between 1970 and 1981 (n=9). Individuals from these two groups did not receive the hepatitis A vaccine or were not exposed to the disease when it was circulating decades ago. Half of the individuals affected required hospitalization in the region and among them, five also required transfer to a tertiary health-care facility in Montréal.

Interventions have been implemented (case and contact tracing, vaccination of close contacts, vaccination of at-risk groups), supported by regional and local communications. After epidemiological investigation, no source was identified and currently, the outbreak continues in a person-to-person mode of transmission. In accordance with the advice of the Québec Immunization Committee (*CIQ*) issued on December 21, 2021, vaccination is now offered to unprotected individuals in the 14 communities of Nunavik. Special efforts are made to reach the two targeted age groups considered unprotected.

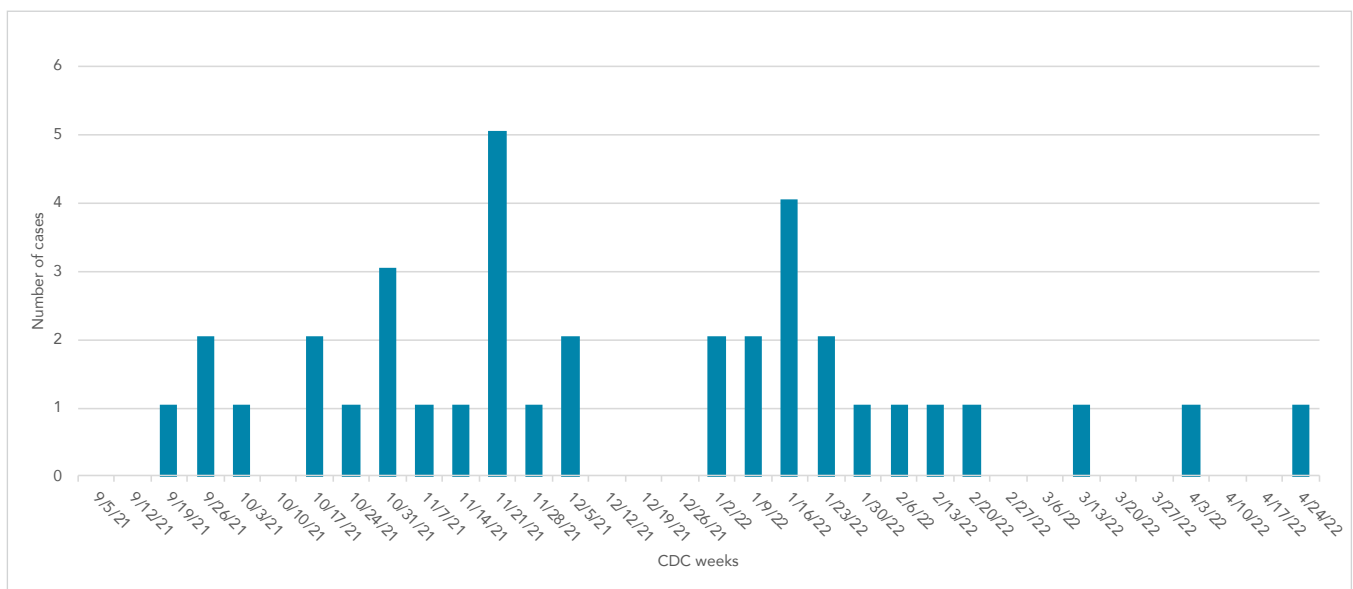


Figure 6. Number of cases of hepatitis A per week by date of onset of symptoms



DEPARTMENT OF INUIT VALUES AND PRACTICES

PROGRAMS UNDER IVP ARE:

- Brighter Futures
- Indian Residential Schools
- Missing and Murdered Indigenous Women and Girls
- Prevention of Elder Abuse
- Wellness committees

BRIGHTER FUTURES

The Brighter Futures Program is designed for youth between the ages of 0 and 18.

Funding is allocated to all 14 communities based on population size. While a total of 36 projects and activities were funded this year, many were either cancelled or postponed due to the pandemic.

INDIAN RESIDENTIAL SCHOOLS PROGRAM

There are now four full-time support workers, with six other individuals that work on a contractual basis as needed.

Due to the pandemic, all travel to and from communities was stopped this year. Counselling services were still held (by phone or virtually), as were on the land healing activities. Activities concerning topics such as mental health and suicide prevention (national awareness) were also maintained.

MISSING AND MURDERED INDIGENOUS WOMEN AND GIRLS

Families received support from natural helpers as a result of travel restrictions. In other words, families were being helped by people from their own communities.

Professional counselling services were available by telephone or via the Internet.

PREVENTION OF ELDER ABUSE

The regional policy against elder abuse was adopted by the two health centres and a training model was developed for all community elder coordinators.

WELLNESS COMMITTEES

The wellness committees are composed of community members working under the supervision of the municipal councils of each community, 12/14 have active committees. Funding is allocated to the municipalities by the NRBHSS.

OTHERS

Working with the MSSS and the First Nations Commission on policy development regarding cultural safety and racism in the healthcare system. A research study was conducted on the forced sterilization of women. Midwifery working group on birthing center development and the associated training needs.

DEPARTMENT OF REGIONAL HUMAN-RESOURCES DEVELOPMENT

TRAINING

Despite the pandemic situation, the Department of Regional Human-Resources Development rose to the challenge of keeping up with the deployment of trainings, to ensure continuous commitment toward employees of the Nunavik health and social services network, particularly Inuit employees, and their training needs. The following was made possible with the excellent collaboration maintained throughout the years with our partners of the secondary- and postsecondary-education sectors:

- official launch of the first cohort (eight students) in the diploma in college studies (DEC) in social work - credited training in partnership with Collège Marie-Victorin;
- finalizing the elaboration of the bachelor degree in social work - credited training in partnership with McGill university – launch Fall 2022;
- once a week online training coupled with individual follow up sessions for the attestations to collegial studies (AEC) in “communication in helping relationships” (31 students), “communication in administration” (17 students) and “supervision of human resources” (ten students) - credited training in partnership with Collège Marie-Victorin;
- continuation of the work regarding the elaboration of a training and a recognition of acquired competencies process related to Bill 21;
- exploratory work with CPNSSS for the creation of a new job title in the Health and Social services network for Inuit interveners;
- delivery of 119 hours of training for the certificate in management of health and social services to seven students with one graduating - credited training in partnership with McGill University;
- pre-North training, 24 online sessions to 312 participants for the preparation of new employees arriving in the North;
- orientation to Nunavik training days, seven sessions to 75 persons including a mix of network partners and employee working in the South;
- development of a procedure to centralize requests and determine which regional trainings are deemed necessary and to be deployed across the region as determined by the Regional Advisory Committee on Human Resources;
- continuous work to develop our regional online training offer (soon to be available) - specific trainings for the region will be centralized on the platform along with generic trainings already available on the platform;
- Inuktitut language courses (offered by the Institut national des langues et civilisations orientales (INALCO));
- English language course for the health network (offered by McGill); fall 2021- four students, winter 2021-2022: three students.

PROMOTION AND RECRUITMENT

- The Regional Advisory Committee on Human Resources met four times during the year;
- Recruitment activities were held online, participating in close to ten events, in partnership with health centres, reaching out to hundreds of potential candidates;
- Approval of a new bursary program aimed at post-secondary students studying in the field of health and social services. Launch: Fall 2022.

DEPARTMENT OF OUT-OF-REGION SERVICES

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

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

- prescription medications;
- over-the-counter and patented medications;
- medical supplies;
- transportation for medical reasons, as well as escorts, interpreters and lodging;
- eye care, including spectacles and contact lenses when required for medical reasons;
- dental care;
- hearing aids;
- mental health counselling services .

This year, the Department of Out-of-Region Services, with continued support from Executive Management, carried out several processes aimed at improving the existing follow-ups and controls for management of the NIHB program:

- Development of a new regional framework-policy for the NIHB program, including details on the eligibility of Inuit clients and providing a framework for all services covered by the program;
- Support for the work of the team responsible for quality, evaluation, performance and ethics (QEPE) of Executive Management in the processes of extraction, validation and interpretation of statistical data gathered for the purpose of rendering of accounts and program management.

ULLIVIK

The work on management processes was continued at Ullivik during fiscal year 2021-2022, in close collaboration with the Inuultsivik Health Centre, responsible for managing the Centre. Ullivik played an essential part throughout the year in ensuring that Inuit patients had safe access to specialized care in Montreal facilities, despite the pandemic.



ADMINISTRATIVE SERVICES

The Department of Administrative Services ensures a broad range of support services for the other departments of the Nunavik Regional Board of Health and Social Services (NRBHSS). Our principal resource-management services concern finances, human resources, supply, biomedical engineering, fixed assets and informatics.

The department also supports the development and annual monitoring of the strategic regional plan. In accordance with the plan, the department manages the development and monitoring of capital projects for short- and long-term investments for the region's entire health and social services network.

Further, it ensures support for both health centres of the Nunavik region for various portfolios such as budgets and other financial services as well as maintenance of fixed assets through various renovation and replacement projects.

The COVID-19 pandemic kept all sectors of the department busy working together in support of the region's efforts.

FINANCIAL RESOURCES

Regional Budget

The total regional credits from the *ministère de la Santé et des Services sociaux (MSSS)* for 2021-2022 was \$281.9 M, destined for the Nunavik health and social services network, as shown in the following table. During the year, the NRBHSS allocated these credits to the various institutions and organizations. The two health centres received funding for their activities in the amount of \$213.7 M. The NRBHSS transferred \$12.5 M to eligible community organizations. In that envelope, it also received and managed funds earmarked for the non-insured health benefits program.

Allocations	2020 / 2021	2021 / 2022
Inuulitsivik Health Centre	\$99.3 M	110.3 M\$
Ungava Tulattavik Health Centre	\$89.3 M	103.4 M\$
NRBHSS earmarked funds		
Non-insured health benefits	\$23.2 M	23.9 M\$
Other	\$17.3 M	28.5 M\$
Community organizations		
Youth centres	\$4.1 M	4.5 M\$
Other (see table of community organizations)	\$7.2 M	8.0 M\$
Reserve		
Reserve	\$3.0 M	3.3 M\$
TOTAL TRANSFERS	\$243.4 M	\$281.9 M

Health Centres' Operating Budgets and Financial Results

In the context of its advisory role with the health centres, the NRBHSS invested major efforts during the year, including several meetings to ensure adequate fiscal follow-up. The Inuulitsivik Health Centre (IHC) ended the year with a balanced operating budget as shown in the table below. The Ungava Tulattavik Health Centre (UTHC) ended the year with an operating deficit of \$484 257.

Public institutions	2020 / 2021		2021 / 2022	
	Net authorized budget	Surplus (deficit)	Net authorized budget	Surplus (deficit)
IHC	\$99.3 M	\$0.000 M	\$110.3 M	\$0.000 M
UTHC	\$89.3 M	\$(0.583) M	\$103.4 M	\$(0.484) M
TOTAL	\$188.6 M	\$(0.583) M	\$213.7 M	\$(0.484) M

FUNDING FOR COMMUNITY ORGANIZATIONS

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

Community organizations	2020 / 2021	2021 / 2022
Inuit men's associations		
Qimutjuit Men's Association of Kuujjuaraapik	-	\$100 000
Qajaq Network	\$155 000	\$156 551
Unaaq (Inukjuak)	\$155 000	\$156 550
Inuit women's association		
Saturviit (Nunavik)	\$155 000	\$156 551
Inuit youth association		
Youth Council (Nunavik)	\$250 000	\$252 500
Jeunes Karibus	-	\$75 751
Elders' homes		
Tusaajiapik Day Centre (Kuujjuaq)	\$94 625	-
Committee of the Ayagutaq Residence (Inukjuak)	\$380 000	\$385 000
Sammiak Elders' Committee (Salluit)	\$5 000	-
Qilanguanaaq (Kangiqsujuaq)	\$375 000	\$400 000
Sailivik (Puvirnituaq)	\$301 878	-
Family houses		
Iqivik Family House (Salluit)	\$320 000	-
Miamisivik Family House (Kangiqsujuaq)	\$150 000	\$325 000
Nunavik Youth House Association	\$4 076 523	\$4 509 370
Qarmaapik (Kangiqsualujuaq)	\$375 000	\$249 999
Tasiurvik Centre (Kuujjuaraapik)	-	\$18 939
Tunniitt (Kangirsuk)	-	\$100 000
Mental-health residences		
Uvattinut Supervised Apartments (Puvirnituaq)	\$300 000	\$303 000
Community Residence (Ungava)	\$406 165	\$430 227
"I Care We Care" Project	\$100 000	\$101 000
Treatment centre		
Isuarsivik (Kuujjuaq)	\$2 350 000	\$2 700 000
Women's shelters		
Ajapirvik (Inukjuak)	\$300 000	\$485 122
Initsiak (Salluit)	\$545 754	\$721 913
Tungasuvvik (Kuujjuaq)	\$400 000	\$634 866
Poverty reduction		
Sirivik Soup Kitchen	\$100 000	\$200 000
TOTAL TRANSFERS	\$11 294 945	\$12 462 339

2021-2022 OPERATING BUDGET

In accordance with the *Act respecting health services and social services* (Chapter S-4.2) and the MSSS' bulletins, estimates of the 2021-2022 operating budgets were produced—\$29 M—and adopted by the NRBHSS board of directors. Thanks to adequate fiscal planning and budgeting processes, the NRBHSS ended the year with a balanced budget, because, due to the COVID-19 pandemic, we returned our surplus to the MSSS. In accordance with its responsibilities, the Department of Administrative Services provided expertise and financial support for all the departments as well as the audit committee.

Earmarked Funds

Aside from the operating budget, the regional board receives and manages funds earmarked for specific activities. These funds primarily come from the federal and provincial governments.

Capital Funds

The 2021-2022 three-year functional and conservation plan was updated. Working closely with the health centres, the regional board provided support and funding to carry out most of the projects in Nunavik. It transferred a total of \$9 331 136 for various capital projects. That amount was divided into four regional envelopes:

Organization	Assets maintenance	Minor renovations	Medical equipment	Non-medical equipment	TOTAL
IHC	\$3 858 345	\$2 176 918	-	\$468 155	\$6 503 418
UTHC	\$1 922 470	\$499 149	\$146 178	\$259 921	\$2 827 718
NRBHSS	-	-	-	-	-
TOTAL	\$5 780 815	\$2 676 067	\$146 178	\$728 076	\$9 331 136

The year 2021-2022 was a second unusual year, and the service responsible for fixed assets, maintenance and equipment replacement had to adapt to meet the needs related to COVID-19, thus suspending projects linked to needs in construction, maintenance and renovation. Only a certain number of renovation projects could be carried out: replacement of water heaters (six units), plumbing work on drinking-water reservoirs (six units), urgent roof work on House 1091, and architectural and engineering review of fixed assets. Basic maintenance projects, however, were carried out.

In the context of the regional response to issues related to the COVID-19 pandemic, this service was required to assume an important role in logistics coordination as well as technical support, primarily in fixed assets.

Besides continuing with 2020-2021 projects (CLSC tents, vaccination logistics in the communities and screening clinic in Montréal), the service developed and set up several tools for managing the pandemic. The project for a temporary, 12-bed clinic (medical tent and prefabricated rooms), Ajapirvik, was set up in the gymnasium of the Kuujuaq Forum in order to relieve pressure on the hospital in case of overloaded capacity, but it was not used. The project for the COVID House, for its part, involved requisitioning of several houses from the Kativik Municipal Housing Bureau (KMHB) in various communities to ensure possibilities for isolation and quarantine of local patients in case isolation and quarantine were not possible in their homes. The project provided the Department of Public Health with a way of managing travellers and patients in order to limit the risks of transmission during essential travel.

In conclusion, for the service, 2021-2022 was another year primarily devoted to the response to COVID-19. Although many projects had to be postponed, the end of logistical needs related to the pandemic means we are now able to resume the renovation and maintenance projects for the regional board's fixed assets. Calls for tender are already under way to initiate new projects this summer, and we are confident that we can quickly make up for the delays caused by the events of the past two years.

Regional Partnership

To ensure success of these COVID-related projects, we were fortunate to receive assistance from the region's organizations, including, among others, the KMHB, which lent us houses in each of the communities at no cost, as well as the Kativik Ilisarniliriniq School Board, which graciously lent us several spaces and provided manpower.

Federal Funds

The contribution agreements totalling \$21.0 M annually were signed with the federal government for a 10-year period (2020 to 2029). Unlike in the previous year, the balance of these funds are transferrable from one year to the next until the agreement expires.

Indigenous Services Canada	2020 / 2021	2021 / 2022
Aboriginal Diabetes Initiative	\$879 840	\$699 789
Aboriginal Health Human Resources Initiative	\$63 946	\$75 506
Brighter Futures	\$1 286 108	\$1 403 015
Children's Oral Health Initiative	\$365 000	\$424 000
Federal Tobacco Control Strategy	\$497 485	\$428 400
Foetal Alcohol Spectrum Disorder	4440 762	\$468 762
Home and community care + Skills development + COVID-19 Support Care Initiative	\$3 545 934	\$5 215 462
Inuit Health Survey (study)	\$2 306 704	\$1 209 823
Maternal- and infant-health care program	\$177 000	\$231 000
Community mental health (CLWWs)	\$970 487	\$1 058 705
Missing and Murdered Indigenous Women and Girls	\$60 292	\$132 000
National Native Alcohol and Drug Abuse Program: opioids	\$51 932	\$109 170
Nunavik floating sexual-abuse intervention team	-	-
Nutrition North Canada	\$495 000	\$490 000
Canada Prenatal Nutrition Program	\$350 239	\$382 075
Climate change	\$119 000	\$119 000
Planning and management of the quality of health services in Nunavik	\$448 546	\$475 710
Residential-schools portfolio	\$701 388	\$701 378
Sexually transmitted and bloodborne diseases	\$188 000	\$229 000
Suicide-prevention strategy and mental health	\$1 361 755	\$1 810 480
Tuberculosis	\$1 534 840	\$1 547 840
Victims of family violence	\$17 423	\$17 314
Indian Day School	\$65 992	\$65 992

Indigenous Services Canada (continued)	2020 / 2021	2021 / 2022
Child First Initiative, Agir tôt, UTHC	\$300 000	\$271 650
Child First Initiative, RAC-II-ASD	\$1 520 807	–
Child First Initiative, AK	\$2 476 120	–
Child First Initiative, Turartaviks, IHC	–	\$332 370
Child First Initiative: service provision	\$117 525	–
Child First Initiative: service coordination	\$450 000	\$450 000
Child First Initiative: neuropsychological assessment	–	\$91 721
Child First Initiative: coordination service for child psychiatry	–	\$296 000
Child First Initiative: menstruation products	–	\$103 765
Child First Initiative: food security in schools	–	\$249 399
Midwifery	–	\$587 500
COVID-19 pandemic: food security	\$60 000	–
Cultural support for trauma	–	\$1 350 370
Prevention of unintentional injuries (regional project)	–	\$417 346
Legislation on Indigenous health	-	\$210 542
TOTAL SUBSIDIES	\$20 852 125	\$21 655 084

FIXED-ASSETS ACTIVITIES

The regional board worked on a number of capital projects. These projects are funded through the 2018-2025 fiscal agreements.

Capital Master Plan

On October 1, 2020, the regional board concluded an agreement with the MSSS for funding capital projects. That agreement assigns the regional board the responsibility of carrying out projects under the capital master plan (CMP), which identifies infrastructure investments.

In accordance with the agreement, the regional board revised its CMP in order to establish priorities among short- and long-term capital investments and use the plan as management tool.

During the year, our internal project-management team continued to grow in order to ensure sound management of our projects. The advisory committee for the capital master plan continued update of the plan and monitoring of capital projects in Nunavik.

List of Capital Projects for 2018-2025

Community	Type of installation	Preliminary estimate
Kuujuaq	Regional hospital	\$450,000,000
To be determined	Youth rehabilitation centre	\$100,000,000
To be determined	Transit for youth detention	\$4,000,000
Kangirsuk	Isolation room	\$1,200,000
Some communities	Radiology room and equipment	\$3,000,000
All communities	420 housing units	\$231,000,000
Inukjuak	New HSSC construction (CLSC) + birth centre	\$60,000,000
Kuujuaq	New construction of liaison offices	\$4,500,000
Kuujuaq	New construction of elders' home and alternative home	\$123,484,070
Akulivik, Inukjuak until new CLSC, Salluit and Kuujuaaraapik until new CLSC	Office space	
Kuujuaq	New construction of birth centre	\$10,000,000
Kangiqsualujuaq, Tasiujaq, Quaqtaq, Kangirsuk, Kangiqsujuaq	New construction of office space	\$25,000,000
Salluit	New construction of birth centre	\$10,026,607
Kuujuaq	New construction of youth house	\$10,000,000
Kangiqsujuaq, Quaqtaq, Tasiujaq	Isolation room, one addition to CLSC	\$15,000,000
Umiujaq	New construction of local, northern health and social services centre	\$43,376,117
Kangiqsujuaq	New construction of local, northern health and social services centre	\$65,000,000
Quaqtaq	New construction of local, northern health and social services centre	\$50,000,000
Puvirnitq	New construction of elders' home and alternative home	\$97,681,473.00
Community to be determined on Hudson Bay	New construction of substance-abuse therapy centre	\$10,000,000
Ivujivik	New construction of local, northern health and social services centre	\$43,376,117
Puvirnitq	Patient transit (self-funded project)	
Salluit	New construction of local, northern health and social services centre	\$62,107,613

Below are some projects we worked on in 2021-2022

Elders' Homes

The elders' home consists of two projects, 34 beds for Puvirnituk and 34 beds for Kuujuaq, to respond to the pressing needs for long-term beds for elderly persons as well as needs for new installations in Nunavik.

After much consultation with various ministries, the MSSS recognized that these resources are indeed urgent and necessary, as they do not exist in Nunavik.

Last year, we began designing and planning the two elders' homes for the communities of Kuujuaq and Puvirnituk jointly with the two institutions. Thanks to that collaboration, we were able to come up with a home-type design adapted to Nunavik and especially to Inuit culture. These two projects are essential if we wish to provide health-care services appropriate for:

- elders lacking autonomy;
- clients suffering from dementia;
- clients with serious and multiple health problems;
- clients with motor, visual and hearing impairments as well as moderate to severe limitations to mobility.

At present, many clients are on their community's waiting list and several are placed in long-term care installations in the South and in the hospitals in Puvirnituk and Kuujuaq.

Over a number of months, we worked on designs for a 34-bed installation in the two communities, to be divided into four wings. Each wing will have eight beds for clients, as well as a living room and a dining room. The installation will include two rooms specifically for palliative care. The common area will have a kitchen, clinical rooms, a day centre and spaces reserved for preparing traditional Inuit meals with ingredients procured from wild sources. The plans and specifications were submitted to the MSSS in December 2021 for authorization.

We are now proud not only at having responded to this pressing need in Nunavik but also at responding to the needs of the most vulnerable individuals of our communities. We have deployed constant efforts toward finding the best possible solutions to these urgent needs.

Aupaluk CLSC

Construction of the new CLSC began in the summer 2018 and the opening and inauguration are scheduled for the fall 2022. The new installation will respond to long-term needs over the next 30 years. Moreover, this \$45 million project is the first of its kind in Nunavik.

The new CLSC will enable not only the provision of adequate services and space for the community but also ensure availability of modern medical equipment.

Housing Units in Nunavik

On April 23, 2020, the Minister of Health and Social Services authorized the NRBHSS to build 66 housing units for the clinical personnel in various communities of Nunavik, with a project budget of \$63 M.

On April 15, 2021, the NRBHSS sent a letter to the Deputy Minister to explain the situation and request an increase in the project budget of \$63 M for a total of 66 housing units.

Pursuant to the MSSS' recommendations, we now envision this construction project as a two-phase one:

- Phase 5-A: 42 units (four six-plexes already built in Kuujuaq and three six-plexes to be built in Puvirnituk) at a cost evaluated at \$41.3 M;
- Phase 5-B: 24 units (four six-plexes) to be built in other communities at an estimated cost of \$21.9 M.

The funding will be through the 2018-2025 agreement on the provision and funding of health and social services in Nunavik.

INFORMATION TECHNOLOGIES SERVICES

With the health crisis that continued in 2021-2022, the efforts of the regional informatics team were primarily focussed on continuing to support the local informatics teams of the two health centres as well as all the projects carried out to combat COVID-19.

In spite of the heavy workload imposed by the transition to new collaborative tools, the organization of telework and the very brief periods allotted for ministerial projects, the information-technologies team contributed to the collective efforts of the Department of Public Health and the Department of Planning and Programming toward the creation of a tool to manage travellers' entry into Nunavik.

With the participation of the local teams of the two health centres, the regional board's informatics service was able to replace part of the regional communication infrastructure, which had become obsolete. Joint efforts with the *MSSS' Direction générale des technologies de l'information (DGTI)* and telecommunication providers, some corrective work enabled improvement to communications between Nunavik and the rest of Québec.

Thanks to the work of the audiovisual team, the regional board can now organize remote online events with simultaneous interpretation.

The technological shift brought on by the pandemic obliged us to innovate. In spite of our telecommunication challenges caused primarily by our limited bandwidth, the regional team will continue its activities at improving and optimizing informatics services for the region.

BIOMEDICAL-ENGINEERING SERVICE

The year 2021-2022 was the second year that NRBHSS has had a biomedical-engineering service. The fundamental principles underlying our service are collaboration, hard work and integrity, with the goal of ensuring equipment safety for the users and patients as well as efficiency for sustainable management of medical equipment.

We invested considerable efforts in terms of activities and projects related to COVID-19 and the vaccination campaign that started early in 2021. Further, concurrent work was performed to ensure continued evolution of the biomedical-engineering sector in Nunavik, along with the necessary support to deal with the urgent public-health situation.

New procedures were set up or proposed to regulate biomedical engineering in the region:

- Establishment of an acquisition procedure for new medical equipment which includes acquisitions in terms of both development and consolidation of clinical services, with the goal of providing a user-friendly and effective method for the health centres for applying for acquisition of new medical equipment.

New biomedical-engineering projects were carried out jointly with other sectors of the NRBHSS and the health centres:

- Provide and set up equipment for the vaccination campaign in the 14 communities in the midst of a serious shortage and with challenges in the supply chain;
- Coordinate and closely monitor, through meetings and weekly follow-up, the supply chain for personal protective equipment, medical supplies and furnishings for both health centres;
- Take down COVID-19 projects, including the tents used for the screening campaign and the Nunavik traveller's clinic, as well as the temporary, regional COVID-19 clinic (Ajapirvik project). We transferred part of the equipment and materials to the health centres and kept some in case of necessity of reopening the COVID-19 testing centres or other regional activities such as testing for tuberculosis;
- Deliver and install medical and non-medical equipment and supplies at the new Aupaluk CLSC and provide clinical training.
- Replace and acquire numerous pieces of medical equipment not counted in the three-year plans such as refractometers and medical refrigerators;

New biomedical-engineering projects (continued)

- Acquire equipment for a medical-evacuation aircraft used for transporting patients with severe, infectious, respiratory diseases which can accommodate up to three patients as well as transport a newborn with the necessary resuscitation equipment;
- Equip the laboratories and pharmacies with various medical equipment and materials relative to COVID-19 and prepare the resumption of activities under the testing campaign for tuberculosis;
- Fit the stretchers used for medical evacuation by air with a custom support shelf for medical equipment for safer and more efficient evacuations;
- Equip two birthing houses in Kangiqsualujjuaq and Kangiqsujuaq with the necessary medical equipment, to enable full-time physicians to work on site;
- Equip the health centres' laboratories with specialized boxes for shipping blood specimens and with scientific freezers in accordance with the MSSS' optimization recommendations for compliance with OPTILAB and Transport Canada standards and all standards applicable to medical laboratories;
- Work with the Department of Public Health at finding a solution for regular mammogram testing in Nunavik after the MSSS' announcement of the end of testing effective October 2022. A possible solution is installation of two new mammogram machines in Puvirnituq or Kuujjuaq. Data and feasibility studies are under way to ensure service continuity after October 2022;
- Survey clinical needs in medical imaging in Nunavik at the end of 2021. The study is still in the early stages and requires further data gathering. The study's goal is to standardize the medical-imaging projects across the Nunavik communities for an efficient and well-planned solution for all and to avoid unplanned purchases of imaging equipment;
- Acquire several other pieces of medical equipment according to the clinical needs identified during the year for the pharmacies, laboratories and nursing services.

Assets Maintenance: Medical Equipment

The three-year plans for replacement of medical equipment for the two health centres over the next three years were produced. Numerous previous replacement projects were approved and the health centres thus received the financial allocations. Corrections were made to existing projects jointly with financial services and biomedical-engineering services.

Regional Development Projects

Among the number of regional development plans under way involving the biomedical-engineering service are the new regional hospital planned in Kuujjuaq, the new CLSC in Aupaluk scheduled to open in 2022, the new pharmacy located in the South, the two elders' homes in Puvirnituq and Kuujjuaq, and the birth centres. We are working closely with other sectors and consultants as well as the MSSS in order to provide the necessary information and support, in terms of biomedical engineering, to help these projects advance.

Biomedical-Engineering Activities

Other regular activities include the inspection and certification of the integrity and efficiency of the medical-equipment systems in the possession of the NRBHSS and the health centres but used for regional public-health programs, including, for example, air-filtering machines. Further, the biomedical-engineering service is making necessary improvements and corrections toward easier management and periodic certification of the provincial stock of medical equipment on the *Actifs+Réseau* platform. In that context, we are working closely with the MSSS through the *Génie Biomédical Montérégie* group, which has been tasked by the ministry to provide feedback based on provincial data.

HUMAN RESOURCES

The regional board has a total workforce of 197 employees, 26 of which are assigned to COVID-19.

Accomplishments by the Department of Human Resources in 2021-2022

The Department of Human Resources was particularly busy with the third, fourth and fifth COVID-19 waves. Massive recruitment and rigorous follow-up for the application of several ministerial directives were required. Besides extraordinary activities necessitated by the pandemic, we continued with our regular activities.

A healthy workplace characterized by civility and free of all forms of harassment remained a priority for our organization. A policy on civility and the prevention of harassment in the workplace was drafted and put into application. The policy's goal is to define and communicate means to promote civility and respect in the workplace and prevent all forms of harassment. Training was also offered all our employees to inform them and raise their awareness of this issue.

Revision and adoption of policies and procedures were among the priorities of the Department of Human Resources over the past year. Moreover, a new policy on work schedules, overtime hours, statutory holidays and annual leave is scheduled for adoption in the summer 2022.

Given certain difficulties in attracting qualified candidates, a new referral program was created to attract more candidates and promote our employees' active participation in our organization's hiring process.

A new resource also joined the team in order to ensure stability in the medical-administrative management of salary-insurance files. Her task is to foster the prompt and successful return to work of employees who have had to be absent for medical reasons and thus reduce the number of files marked by a high absenteeism rate.

In navigating an environment in full growth, the Department of Human Resources has relied on several experts and is ready to face new challenges.

Breakdown of workforce in 2022 by staff category NRBHSS (1466-5293)

	Number of jobs as of March 31, 2022			Number of FTEs in 2021-2022		
	2022	2022 COVID	2022 Total	2022	2022 COVID	2022 Total
1 – Nursing and cardio-respiratory staff	28	30	58	25	20	45
2 – Para-Technical Staff, Auxiliary Services and Trades	-	-	-	-	-	-
3 – Office staff, technicians and administrative professionals	56	8	62	49	4	53
4 – Health and social services technicians and professionals	81	4	85	72	2	74
6 – Management personnel	26	-	26	25	-	25
Total	189	42	231	171	26	197

Number of jobs:

The number of jobs held in the network as of March 31 of the relevant year and having at least one hour, paid or unpaid, within three months of the end of the fiscal year. Individuals who, as of March 31, are employed at more than one facility are counted for each of those jobs.

Number of Full-Time Equivalents (FTEs):

Full-time equivalent estimates the number of people that would have been needed to perform the same workload, excluding paid overtime, if all had worked full time. It is the ratio of the number of paid hours, which includes vacation days, holidays and other paid time off, as well as overtime taken as compensated time off, to the number of hours in the position for a year, which takes into account the number of working days in the year.



REGIONAL STRATEGIC PLANNING RESULTS

2018-2025 REGIONAL STRATEGIC PLANNING FOLLOW-UP CONSOLIDATION

Since 2019-2020, the regional strategic planning management and follow-up process has undergone a significant update, with the goal of ensuring a strong integration between regional objectives, expected results and the optimization of resources in the field. Over the past two years, despite the COVID-19 pandemic and the intense mobilization of the health and social services network that followed, we have reaffirmed the importance of consolidating and strengthening our 2018-2025 regional strategic planning follow-up.

In 2021-2022, we began a transition to ensure the operational stabilization of the process. During this period, many elements were introduced to monitor the performance framework developed. Over the past year, a transfer towards an appropriation of monitoring processes and a better use of information was initiated. This appropriation has made it possible to put forward increasingly regional elements and to better consolidate the achievements of the last few years.

As was the case in 2020-2021, the events of 2021-2022 called for priorities and actions other than those identified in the regional strategic plan. We nonetheless continued to integrate and consolidate both provincial and federal strategic elements through our internal management tools (dashboards) and external tools (reporting).

Highlights:

- Dissemination of sub-regional monitoring at P7 to allow institutions to track the achievement of their strategic planning objectives;
- Accountability of development budgets integrated within strategic planning monitoring;
- Development of regional tools to better monitor the quality of processes and data;
- Implementation of the process for linking the Strategic Plan to the Federal Health Plan in order to ensure a coherent monitoring and performance framework across our various funders;
- Development of the PowerBI capacity to improve the communication of relevant information to management.

REGIONAL PERFORMANCE ASSESSMENT

The Regional Strategic Plan has three components: challenges, orientations and objectives:

IMPROVE POPULATION STATE OF HEALTH, REDUCE HEALTH AND SOCIAL INEQUITIES AND ENSURE ACCESS TO QUALITY HEALTH AND SOCIAL SERVICES								
CHALLENGE 1 ENHANCING OUR ACTIONS IN PREVENTION, HEALTH PROMOTION AND HEALTH PROTECTION								
ORIENTATION 1 Promote the implementation of current and future public health action plans in both health centres, NRBHSS and diverse community organizations					ORIENTATION 2 Involve communities, individuals, families, community organizations, governments and institutions			
OBJECTIVE 1 Ensure ongoing monitoring and surveillance of health status of the population and its determinants	OBJECTIVE 2 Promote the global development of children and youth and increase support to families	OBJECTIVE 3 Promote the adoption of Healthy Lifestyles, and the creation of Healthy and Safe Environments	OBJECTIVE 4 Ensure quality prevention and control of infectious diseases	OBJECTIVE 5 Ensure the Management of Health Risks and Threats, and Health Emergency Preparedness	OBJECTIVE 6 Mobilize Communities as partners in the enhancement of Health and Social Wellness of the population.	OBJECTIVE 7 Strengthen Community Wellness Committee in each municipality.	OBJECTIVE 8 Development of the Saqjuq Program	OBJECTIVE 9 Provide first-line services to pregnant women to ensure healthy pregnancy
CHALLENGE 2 IMPROVE ACCESS TO FIRST LINE SERVICES IN EACH COMMUNITY								
ORIENTATION 3 Provide availability of first-line services to all		ORIENTATION 4 Improve accessibility of services Hours and levels of service			ORIENTATION 5 Deliver integrated services at the community level			
OBJECTIVE 10 Develop and provide access to an adapted "CISSS" range of services, specific and tailored to the specific conditions of Nunavik	OBJECTIVE 11 Provide services for youth, families and individuals	OBJECTIVE 12 improve access to emergency services 24/7 at the clinic or on call in each community	OBJECTIVE 13 Offer extended hours of services	OBJECTIVE 14 Provide a continuum of care for patients at all steps of the delivery of care process.	OBJECTIVE 15 Implicating the liaison team - Corridors of services - IS and IPSSS			
CHALLENGE 3 PROVIDE ACCESS TO SPECIALIZED SERVICES IN NUNAVIK								
ORIENTATION 6 Repatriate clientele and specialized services					ORIENTATION 7 Optimize regional coordination of two sub-regional poles			
OBJECTIVE 16 Develop a new Regional Clinical Plan aiming to build a comprehensive vision for the development of services in Nunavik	OBJECTIVE 17 Identify and organize the appropriate corridors of services with McGill RUIS and formalize them by agreements in order to provide culturally adapted services to Inuit patients	OBJECTIVE 18 Regroup and develop all specialized youth protection and rehabilitation services under a new establishment	OBJECTIVE 19 Develop long-term care, addiction, and rehabilitation services	OBJECTIVE 20 Improve screening and follow up for cancer patients	OBJECTIVE 21 Develop service delivery agreement that determine priorities and levels of service with both health centres.	Objective 22 Determine the nature and quality of services at the regional and local levels including Public Health		

CHALLENGE 4
DEVELOP AND PROMOTE INUIT VALUES AND PRACTICES

ORIENTATION 8
Provide access to Traditional and Holistic approaches

OBJECTIVE 23 Identify and provide access to traditional psychosocial therapy approaches	OBJECTIVE 24 Promote access to country food in the development and implementation of the regional food policy	OBJECTIVE 25 Develop on-the-land traditional activities
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CHALLENGE 5
DEVELOP HUMAN, MATERIAL, TECHNOLOGICAL, INFORMATIONAL AND FINANCIAL RESOURCES

ORIENTATION 9 Develop human resources, training and working conditions			ORIENTATION 10 Develop material, technological and financial resources			
OBJECTIVE 26 Provide attractive working conditions for workers and professionals (incl. Housing) for Inuit and Non-Inuit	OBJECTIVE 27 Identify and improve Inuit qualified manpower (development of Inuit qualified positions)	OBJECTIVE 28 Improve cultural training for new employees	OBJECTIVE 29 Provide an operational development budget necessary to implement the SRP	OBJECTIVE 30 Provide a Capital envelope to carry out projects within the Capital Master Plan New Regional Health Center, 3 CLSC, 2 BC, adm. offices, and housing units	OBJECTIVE 31 Develop in-house capacity and expertise to manage capital projects (architect, PM, eng., biomed, ...)	OBJECTIVE 32 Provide maintenance budget for assets
ORIENTATION 11 Develop Information technology at the service of the patient (TH, EHR, equipment, biomedical...)			ORIENTATION 12 Develop and ensure access to quality and relevant information on health, social issues and services for the population and decision makers			
OBJECTIVE 33 Improve information technology to increase the use of tele-health	OBJECTIVE 34 Provide adequate medical and specialized equipment in Nunavik	OBJECTIVE 35 Implement and provide access to electronic health and social record for Nunavik	OBJECTIVE 36 Provide information and regular communication to the population and stakeholders on health issues and health services	OBJECTIVE 37 Assess and manage the quality, efficiency and effectiveness of health services	Objective 38 Ensure that health research done in Nunavik respond to the health needs of <i>Nunavimmiut</i> and is controlled by the <i>Nunavimmiut</i>	

In order to ensure the evaluation of the achievement of our regional objectives, indicators have been identified and integrated at the level of the challenges. These indicators will then be broken down to the policy level at a later date to ensure integration of the field. The work planned for 2021-2022, which would allow for a better appropriation of this framework and refine the approach, unfortunately did not take place.

The indicators selected are categorized according to four themes relevant to the reality of Nunavik: accessibility, effectiveness, efficiency and adaptability. Accessibility ensures that users can obtain the service. Effectiveness establishes

that users have the expected services. Efficiency ensures that the resources in place are matched with the service provided. Finally, adaptability allows us to address two issues that are crucial for Nunavik: variations in human resources and the need to adapt services to the Inuit culture.

As for the rest of the province, no target has been set this year. However, the progress, in comparison to 2020-2021, positive or negative, has been documented and is explained below.

Summary of the Performance Regarding Regional Challenges

The figure below shows the status of regional performance on the regional issues. The data used to produce this assessment is for the period of April 1st 2021 to March 31st 2022, as of May 18th 2022.

Drivers	Indicators	Tendency sought	Results 2020-2021	Trends*
CHALLENGE 1: ENHANCE OUR ACTIONS IN PREVENTION, HEALTH PROMOTION AND HEALTH PROTECTION				
Increase effectiveness of prevention-promotion activities in CLSCs	No. of educational and preventive interventions	Increase	4595	33%
Increase effectiveness of community organizations' activities	No. of activities	Increase	1070	73%
Increase effectiveness of prevention-promotion activities in public health	No. of activities	Increase	158	53%
CHALLENGE 2: IMPROVE ACCESS TO FRONT-LINE CARE IN EACH COMMUNITY				
Ensure access to care provided in the community	No. of interventions in CLSCs per service program (according to mapping profile)	Increase	102 609	10%
Ensure resource efficiency	Hours worked by interveners in CLSCs / intervention	Decrease	\$97.95	-3%
	Hours paid for interveners in CLSCs /intervention	Decrease	\$152.76	0%
CHALLENGE 3: IMPROVE ACCESS TO SPECIALIZED SERVICES IN NUNAVIK				
Ensure access to specialized care	No. of consultations in the South for MNP specialties	Increase	Data not available	
	No. of MNP specialist visits to the North	Increase	1619	0%
	% of MNP specialist visits	Increase	44%	-13%
	% of specialties with increased or maintained no. of days of presence in the North	Increase	71%	71%
	% of medevacs with destination in the North /total medevacs	Increase	66%	4%
	No. of teleconsultations	Increase	1791	-19%
	Ensure access to support services	% of lab capacity	Increase	In development
No. of lab procedures		Increase	338,464	31%
No. of weighted procedures		Increase	4,402,568	123%
% of tests performed externally		Decrease	12%	1%
Treatment times		Decrease	In development	n/a
Number of X-rays		Increase	11 426	22%
	Number of X-rays (Technical Units)	Increase	310 967	19%

Drivers	Indicators	Tendency sought	Results 2020-2021	Trends*
CHALLENGE 4: DEVELOP AND ENSURE ACCESS TO INUIT VALUES AND PRACTICES				
Ensure adaptability of culturally adapted resources	% of salaries of Inuit employees	Increase	21%	-2%
	No. of pre-departure training sessions	Increase	31	72%
	No. of individuals or individual training sessions offered to Inuit employees	Increase	76	52%
Ensure efficacy of activities	No. of «on-the-land» projects (Nunami) funded	Increase	27	35%
CHALLENGE 5: DEVELOP HUMAN, PHYSICAL, TECHNOLOGICAL, INFORMATION AND FINANCIAL RESOURCES				
Ensure adaptability of human resources	% of actual expenses	Increase	In development	n/a
	Average time (in days) to fill a position (HC, NRBHSS)	Decrease	Data not available	
	Turnover rate - NRBHSS	Decrease	19%	9%
Ensure efficacy of health-care systems	No. of accidents	Increase	766	-7%
	No. of incidents	Increase	703	7%
	No. of nosocomial infections	Decrease	Data not available	
	No. of outbreaks	Decrease	Data not available	
	No. of complaints	Decrease	154	
	No. of days of service interruption due to illness	Decrease	141 245	7%

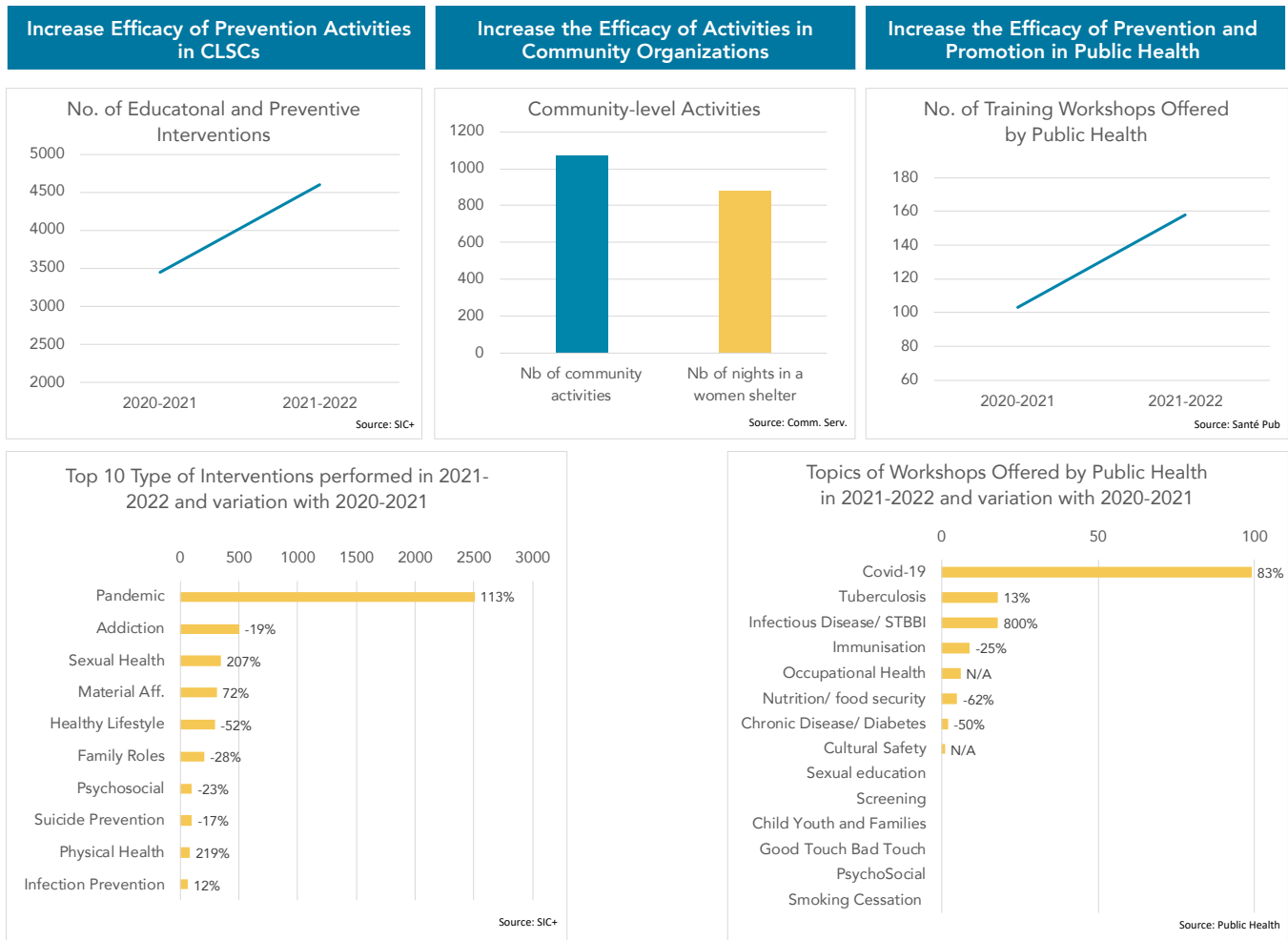
*For the percentages, the trend reflects the difference

Legend

In accordance with the desired tendency
In discorance with the desired tendency

Challenge #1 – Improve our actions in the areas of prevention, health promotion and protection

The first issue, ensuring that relevant prevention and health promotion actions reach the field, mainly concerns public health activities and proximity services for the population.

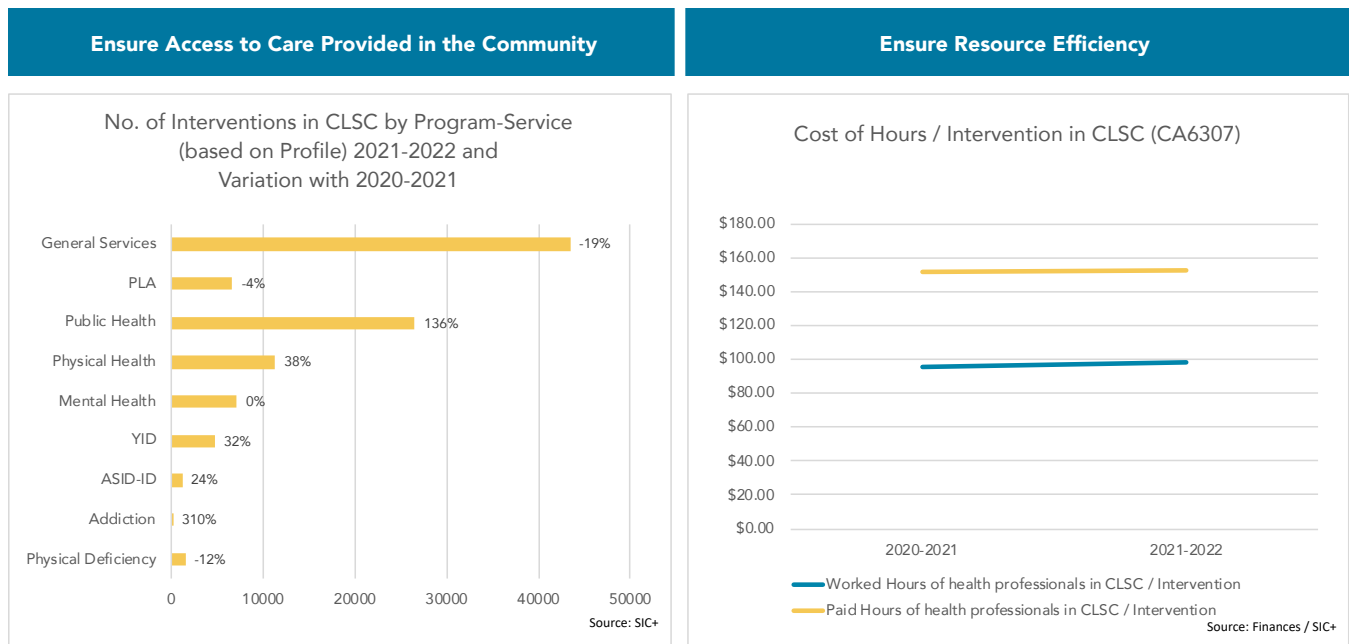


The number of public health activities related to the pandemic continued to grow, driven by the fact that the Nunavik population was hard hit by two successive waves, Delta and Omicron. There was a 33% increase in educational and preventive interventions compared to last year. For COVID more specifically, this percentage increase was 113%. Also noteworthy are the sexual health interventions, which exploded by 207% due to the progression of STBBIs and mass screening. A similar trend can also be seen with regard to the workshops offered by the public health department on COVID and STBBIs. On the other hand, activities promoting of healthy lifestyle habits and family roles experienced the most marked decrease, respectively dropping by 52% and 28%.

In terms of community activities, an increase of 73% was observed compared to last year. Overnight stays in shelters were stable, albeit with a slight decrease of 5% due to the shutdown of certain services during part of the period in question. Finally, the number of users of the Isuarsivik Addiction Treatment Centre was close to normal, with 33 users having participated in a recovery cycle (not shown).

Challenge #2 – Improve Access to Front-line Care in every Nunavik Community

To improve access to primary care in the communities, two elements must be considered: accessibility and the efficiency of the allocated resources.



With regard to accessibility, the number of interventions carried out in CLSCs for the various programs and services was considered. Although the number of interventions is a measure of productivity, it is used here as a measure of service capacity and by extension, access to the service(s) offered. In fact, assuming that demand is never fully met, an increase in productivity presumes an increase in accessibility.

While there was an overall increase of 10% in the number of recorded CLSC, it should be noted that there was a great disparity between the two health centres. In fact, one of the centres had major shortcomings in terms of data entry, which reduced the overall regional increase initially anticipated.

We also note a stability of efficiency in terms of the costs of hours worked and paid per intervention.

Challenge #3 – Improve Access to Specialized Services in Nunavik

To evaluate the achievement of our objectives concerning access to specialized services in Nunavik, the accessibility of care and support services was specifically examined. The overall evaluation of this issue is based on the indicator of specialized care delivered in the South. Indeed, if adequate specialized services were to become available in the North, a decrease in the specialized services delivered in the South should be observed.

Improve Access to Specialized Services in Nunavik

An issue with accessing the information did not allow to report this data

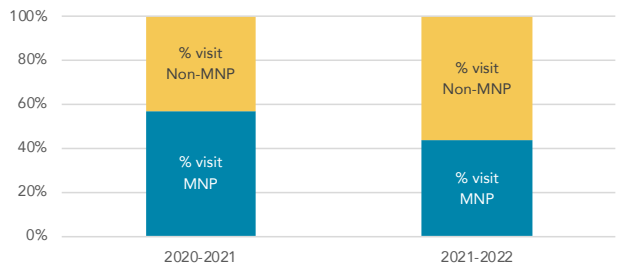
Ensure access to specialized care

No. of MNP Specialist visits to the North

Specialties	2020-2021	2021-2022	% progression
Gynecology	319	399	25%
Int. Med	110	198	80%
OTL	507	526	4%
Ortho adults	0	8	N/A
Pediatrics	71	197	177%
Pedo-psy	134	47	-65%
Psychiatry	479	244	-49%
Total	1620	1619	0%

Source: Spec. Serv / Liaison

% of Visits for MNP Specialties



Source: Spec. Serv. / Liaison

% of Specialties with Increasing or Stable Presence-Days in the North

2020-2021	2021-2022
0%	71%

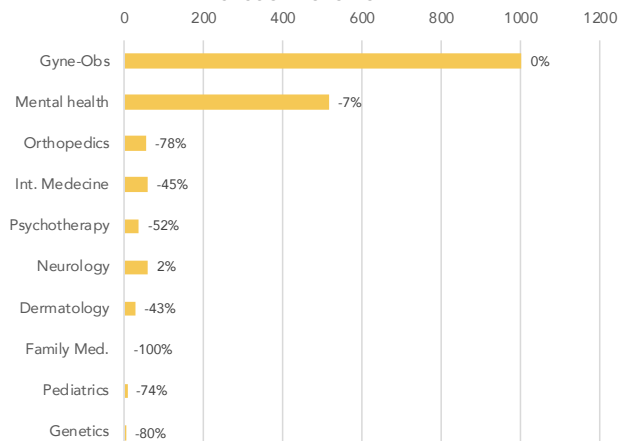
Source: Spec. Serv / Liaison

% of MedEvaq Destination North

2020-2021	2021-2022
62%	66%

Source: Health Centers

No. of Teleconsultations (Top 10) 2021-2022 with variation 2020-2021



Source: Atlas+IRIS (RUIS McGill)

Ensure access to support services

Laboratories

Department	2021-2022		Variation with 2020-2021	
	Procedures	Weighted Proc	Procedures	Weighted Proc
Biochemistry	143030	232606.2	17%	18%
Cytology	840	4989.5	-6%	-15%
Genetics	27	8785	69%	118%
Hemato-B.S.	10483	63041.2	18%	18%
Hemato-Coag.	7849	14172.1	31%	28%
Hematology	20756	52858.6	16%	18%
Microbiology	136170	3905277.8	56%	151%
Pathology	761	745.8	38%	34%
Samples	18548	120091.6	21%	25%
Total	338464	4402567.8	31%	123%
% of tests sent outside	12%		1%	

Source: Omnilab

Medical Imaging

	2021-2022		Variation with 2020-2021	
	Exams	TU	Examens	UT
Nb of X-Ray exams	11426	310967	22%	19%

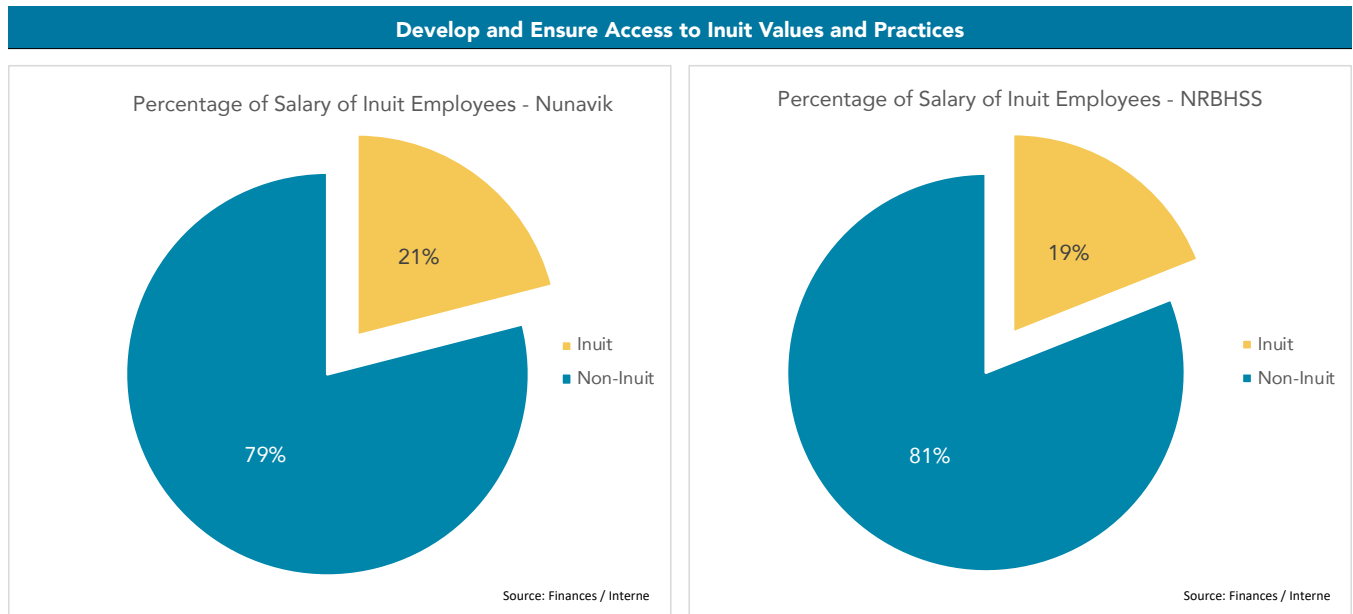
Source: Health Centers

Important statistics for 2021-2022:

- The number of clients seen by MNP specialists in the North was stable; however, as a proportion of all visits, there was a slight decrease of 13%. It is also worth noting that pedopsychiatry and psychiatry only represent activity for one of the two coasts.
- Compared to the previous year, during which all specialties were less present in the North, an increase was noted for 71% of the specialties in question. However, all specialties show a decreased presence in the North compared to 2019-20.
- North-North airborne evacuations were also 4% higher than the previous year, an increase attributed to a greater number of COVID-related transports.
- A 19% decrease in teleconsultations was observed.
- Unsurprisingly, laboratory volumes were up, and this due to the large number of COVID and STD tests (+31% for procedures, +123% for weighted procedures).

Challenge #4 – Develop and Ensure Access to Inuit Values and Practices

The region being in need of culturally appropriate services, this is an issue of concern that must be closely examined.



Ensure the Adaptability of Cultural Safety Resources		Ensure the Efficacy of Activities		
Indicators	2020-2021	2021-2022	Variation	
Nb of individuals or individual sessions who attended a training for inuit employees	50	76	52%	
Nb of individuals who attended «Pre-depart» training	155	387	150%	
Nb of «pré-départs» training sessions	18	31	72%	
Source: Regional HR				

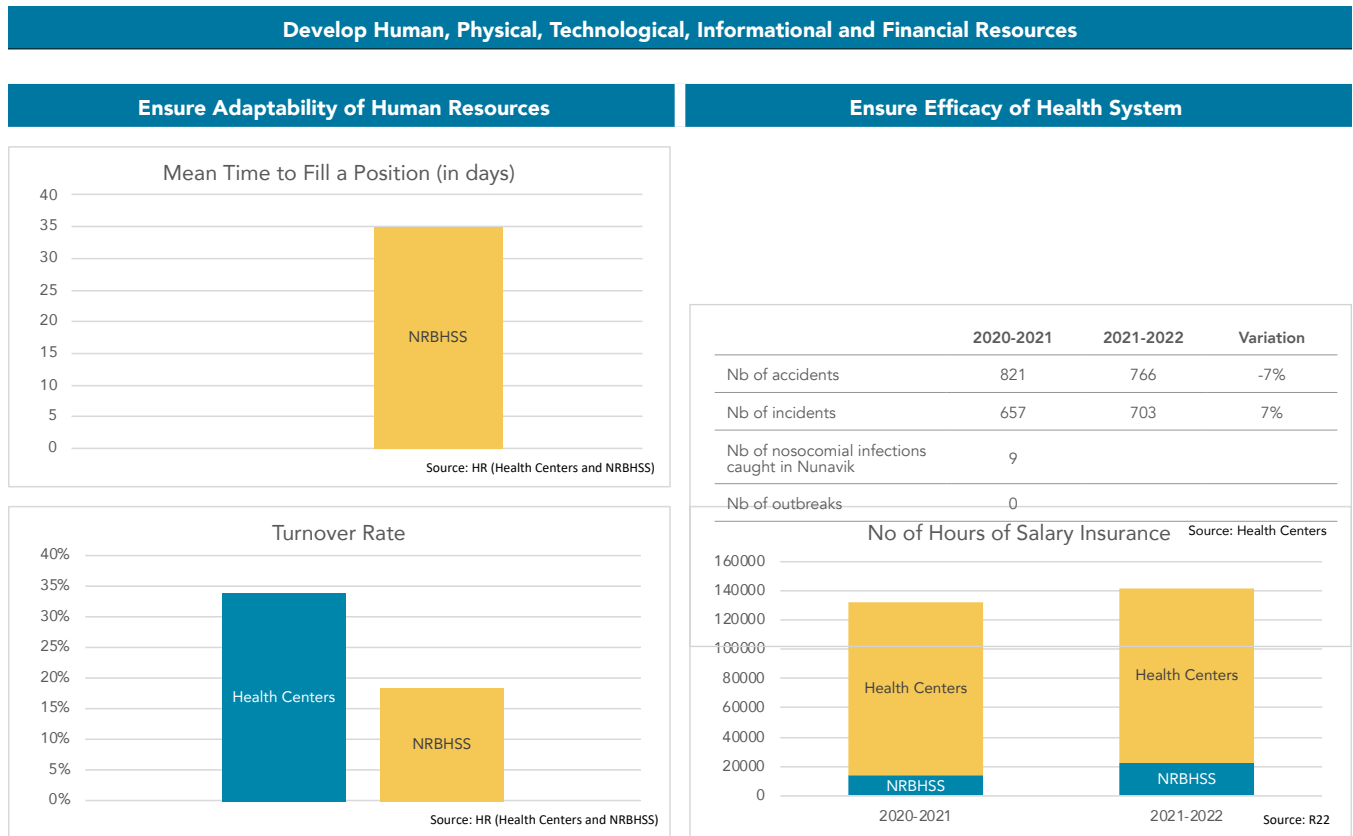
Indicators	2020-2021	2021-2022	Variation	
Nb of projets «on the land» funded (Nunami)	20	27	35%	
Nb of communities	9	10	11%	
Source: Comm. Serv.				

For one of our key indicators, the percentage of salaries of Inuit employees, the downward trend continues with statistics of 21% for the region and 19% for the NRBHSS, a decrease of 4% compared to last year. The priority of promoting Inuit employment was reiterated to the institutions this year during the preparation of the 2022-2023 action plan for development budgets.

Training and cultural activities remain a major tool for improving this indicator. These two important levers are in fact on the rise.

Challenge #5 – Develop Human, Physical, Technological, Informational and Financial Resources

The final issue is the development of resources to support the activities of the health and social services network. The major themes remain adaptability to highly volatile human resources and the efficiency of the overall healthcare system.



The time required to fill a position was estimated as a means of measuring adaptability. This time was approximately 35 days for the NRBHSS. The health centres, in a period of instability following the pandemic, preferred not to publish figures in this regard. The turnover rates are slightly higher for the health centres and the Regional Board, at 4% and 9% respectively.

An overall measure of the healthcare system could consist of the number of accidents and incidents in the health centres. Overall, the same number of cases were reported as the previous year. It is important to note, however, that there was a 7% increase in accidents and that the number of accidents is higher than the number of incidents for a second consecutive year. This element, combined with a stability in the total number of cases reported, could suggest that improved risk management hinges on the development of a stronger willingness to report cases.

Finally, the number of hours in salary insurance is seen to represent the overall health status of stakeholders and actors in the Nunavik health and social services network. In this regard, we note an increase of nearly 7% in the number of hours. Specifically for the NRBHSS, however, there was an increase of 61% compared to last year.

In closing, 2021-2022 was a year where consolidating the steps taken following the implementation of the conceptual performance framework was prioritized. As for other institutions in Quebec, the pandemic called for putting strategic plan objectives on the back burner as the province pivoted to meet the population’s needs during this health crisis. Objectives over the coming year will continue to be finalizing the development of indicators and ensuring effective feedback of the elements.



DISCLOSURE OF WRONGFUL ACTS

We hereby confirm that no wrongdoing has come to our attention for the given period of April 1, 2021 to March 31, 2022.

SUMMARY FINANCIAL STATEMENTS

MARCH 31, 2022

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June 14, 2022

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

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National Bank Tower
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Enclosed are the combined balance sheet of Nunavik Regional Board of Health and Social Services as at March 31, 2022, and the combined statements of variation of net financial assets (net debt), changes in fund balance and revenue and expenses for the year then ended, as well as the notes to summary financial statements.

These summary financial statements are extracts from information contained in the audited financial report (AS-471) of Nunavik Regional Board of Health and Social Services for the year ended March 31, 2022 on which we have issued an independent auditor's report with a qualified opinion dated June 14, 2022 (see detailed independent auditor's report in AS-471).

Raymond Chabot Grant Thornton LLP

Raymond Chabot Grant Thornton LLP

COMBINED BALANCE SHEET

MARCH 31, 2022

	2022	2021
	\$	\$
FINANCIAL ASSETS		
Cash	36,286,846	18,633,027
Accounts receivable	360,052,983	259,667,431
	396,339,829	278,300,458
LIABILITIES		
Bank loans	-	703,058
Credit margin	-	10,000,000
Temporary financing	70,603,673	43,323,657
Accounts payable and accrued liabilities	207,266,881	239,745,240
Deferred revenue	162,160,230	20,318,871
Bonds payable	72,242,121	75,722,236
	512,272,905	389,813,062
NET FINANCIAL ASSETS (NET DEBT)	(115,933,076)	(111,512,604)
NON-FINANCIAL ASSETS		
Capital assets	62,578,064	62,625,550
Constructions in progress	71,786,017	62,116,008
Prepaid expenses	184,845	169,441
	134,548,926	124,910,999
FUND BALANCE		
FUND BALANCE	18,615,850	13,398,395

APPROVED ON BEHALF OF THE BOARD:

_____, Board Member

_____, Board Member

COMBINED STATEMENT OF VARIATION OF NET FINANCIAL ASSETS (NET DEBT)

MARCH 31, 2022

	2022	2021
	\$	\$
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES	5,217,455	(6,366,057)
Capital assets and constructions in progress variation		
Acquisition of capital assets	(2,376,696)	(1,935,105)
Decrease (increase) of constructions in progress	(9,670,009)	(10,475,465)
Amortization of capital assets	2,424,182	2,307,599
	(9,622,523)	(10,102,971)
Decrease (increase) of prepaid expenses	(15,404)	(1,091)
VARIATION OF NET FINANCIAL ASSETS (NET DEBT)	(4,420,472)	(16,470,119)
NET FINANCIAL ASSETS (NET DEBT) – BEGINNING OF YEAR	(111,512,604)	(95,042,485)
NET FINANCIAL ASSETS (NET DEBT) – END OF YEAR	(115,933,076)	(111,512,604)

COMBINED STATEMENT OF CHANGES IN FUND BALANCE

MARCH 31, 2022

	2022 \$	2021 \$
FUND BALANCE – BEGINNING OF YEAR	13,398,395	19,764,452
Excess (deficiency) of revenue over expenses	5,217,455	(6,366,057)
FUND BALANCE – END OF YEAR	18,615,850	13,398,395

COMBINED STATEMENT OF REVENUE AND EXPENSES

MARCH 31, 2022

	2022	2021
	\$	\$
REVENUE		
MSSS	140,597,943	92,652,921
MSSS – COVID-19	14,056,716	19,190,215
Indigenous Services Canada	10,880,208	8,296,491
Makivik Corporation	1,716,124	1,399,938
Kativik Regional Government – sustainable employment	651,041	37,431
CNESST	551,325	497,360
Ministère des Affaires municipales et de l'Habitation	435,052	405,017
Other contributions	1,525,926	423,851
Housing rental	128,249	132,197
Interest income	424	4,017
Inuulitsivik Health Centre	-	170,766
Ungava Tulattavik Health Centre	-	170,766
Other	370,083	186,913
	170,913,091	123,567,883

	2022	2021
	\$	\$
EXPENSES		
Salaries and fringe benefits	22,846,532	18,908,863
Advertising and publicity	377,317	213,384
Amortization	2,424,182	2,307,599
Annual general meeting	46,887	15,430
Doubtful accounts	803,130	-
Equipment rental	223,485	182,317
Freight charges	381,052	1,858,029
Heating and electricity	406,847	464,416
Honoraria	164,243	135,836
Housing rental	1,256,417	716,698
Installation grants	352,668	442,527
Insurance	44,300	37,992
Interest and bank charges	2,064,083	1,984,846
Land leases	233,430	209,071
Maintenance and repairs	403,206	198,143
Medical supplies	515,300	345,637
Meetings and seminars	3,736	25,242
Municipal services	435,052	405,017
Office expenses	1,483,676	2,769,919
Professional fees	3,384,831	2,603,314
Publication and membership	37,161	56,023
Purchased services	7,287,049	8,881,446
Telecommunications	1,162,996	1,794,711
Training and education	187,738	211,867
Transfers to organizations	16,728,903	16,521,027
Transfers to Inuulitsivik Health Centre	48,633,942	32,492,687
Transfers to Ungava Tulattavik Health Centre	43,369,871	22,749,296
Travel and accommodation	9,980,088	12,994,529
Vehicle expenses	102,783	200,744
Other	354,731	207,330
	165,695,636	129,933,940
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES	5,217,455	(6,366,057)

OPERATING FUND AND ASSIGNED FUND – BALANCE SHEET

MARCH 31, 2022

	2022	2021
	\$	\$
FINANCIAL ASSETS		
Cash	35,178,058	17,701,238
Accounts receivable (Note 2 a))	216,295,884	260,220,804
Due from Long-term Assets Fund	178,775	1,526,035
	251,652,717	279,448,077
LIABILITIES		
Credit margin (Note 8)	-	10,000,000
Accounts payable and accrued liabilities	205,425,563	235,900,252
Deferred revenue (Note 7)	27,796,149	20,318,871
	233,221,712	266,219,123
NET FINANCIAL ASSETS (NET DEBT)	18,431,005	13,228,954
NON-FINANCIAL ASSETS		
Prepaid expenses	184,845	169,441
FUND BALANCE		
Fund balance – Operating Fund	-	-
Fund balance – Internally Restricted Fund – Assigned Fund	18,615,850	13,398,395
	18,615,850	13,398,395

OPERATING FUND – STATEMENT OF CHANGES IN FUND BALANCE

MARCH 31, 2022

	2022 \$	2021 \$
FUND BALANCE – BEGINNING OF YEAR	-	4,572,622
Excess of revenue over expenses	3,087,171	1,510,517
Appropriation of surplus to Assigned Fund	-	(4,572,622)
Transfers to Assigned Fund	(3,087,171)	(1,510,517)
FUND BALANCE – END OF YEAR	-	-

INTERNALLY RESTRICTED FUND – ASSIGNED FUND – STATEMENT OF CHANGES IN FUND BALANCE (APPENDIX B) YEAR ENDED MARCH 31, 2022

	2022 \$	2021 \$
FUND BALANCE – BEGINNING OF YEAR	13,398,395	15,191,830
Excess (deficiency) of revenue over rxpenses	2,130,284	(7,876,574)
Appropriation from Operating Fund	-	4,572,622
Transfers from Operating Fund	3,087,171	1,510,517
FUND BALANCE – END OF YEAR	18,615,850	13,398,395

OPERATING FUND – STATEMENT OF REVENUE AND EXPENSES

MARCH 31, 2022

	2022 \$	2021 \$
REVENUE		
MSSS	34,879,274	26,698,382
MSSS – COVID-19	14,056,716	19,190,215
Housing rental	496,973	380,297
Kativik Regional Government – sustainable employment	584,091	(19,483)
Ministère des Affaires municipales et de l'Habitation	435,052	405,017
Administration fees	526,110	380,751
Interest income	424	4,017
Other	415,487	186,914
	51,394,127	47,226,110
EXPENSES		
General administration (Appendix A)	25,951,115	18,202,649
Community health advisors (Appendix A)	2,601,952	2,374,722
Building operating costs (Appendix A)	1,732,306	1,454,995
COVID-19	18,021,583	23,683,227
	48,306,956	45,715,593
EXCESS OF REVENUE OVER EXPENSES	3,087,171	1,510,517

LONG-TERM ASSETS FUND – BALANCE SHEET

MARCH 31, 2022

	2022	2021
	\$	\$
FINANCIAL ASSETS		
Cash	1,108,788	931,789
Accounts receivable (Note 2 b))	143,757,099	120,677,740
	144,865,887	121,609,529
LIABILITIES		
Bank loans (Note 4)	-	703,058
Accounts payable and accrued liabilities	1,841,318	3,844,988
Due to Operating Fund and Assigned Fund	178,775	1,529,965
Temporary financing	70,603,673	43,323,657
Deferred revenue – MSSS	134,364,081	121,227,183
Bonds payable	72,242,121	75,722,236
	279,229,968	246,351,087
NET FINANCIAL ASSETS (NET DEBT)	(134,364,081)	(124,741,558)
NON-FINANCIAL ASSETS		
Capital assets (Note 3)	62,578,064	62,625,550
Constructions in progress (Note 6)	71,786,017	62,116,008
	134,364,081	124,741,558
FUND BALANCE		
FUND BALANCE	-	-

LONG-TERM ASSETS FUND –
STATEMENT OF CHANGES IN FUND BALANCE

MARCH 31, 2022

	2022	2021
	\$	\$
FUND BALANCE – BEGINNING OF YEAR	-	-
Excess of revenue over expenses	-	-
FUND BALANCE – END OF YEAR	-	-

LONG-TERM ASSETS FUND – STATEMENT OF REVENUE AND EXPENSES

MARCH 31, 2022

	2022	2021
	\$	\$
REVENUE		
MSSS – reimbursement of interest	1,943,065	1,898,287
MSSS – reimbursement of capital	4,464,975	4,084,082
MSSS	(2,040,793)	(1,776,483)
	4,367,247	4,205,886
EXPENSES		
Interest charges	1,943,065	1,898,287
Amortization	2,424,182	2,307,599
	4,367,247	4,205,886
EXCESS OF REVENUE OVER EXPENSES	-	-

NOTES TO SUMMARY FINANCIAL STATEMENTS

1. REPORTING ENTITY

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

2. ACCOUNTS RECEIVABLE

	2022	2021
	\$	\$
a) Operating Fund and Assigned Fund		
MSSS		
INIHB (partly unconfirmed) (Note 5)	81,695,243	201,345,637
Strategic regional plan (unconfirmed)	50,654,996	33,362,390
COVID-19	2,578,470	8,190,240
Payroll banks	513,973	513,973
Parental and insurance leaves	87,996	87,996
PSOC	4,482,843	-
Various other programs (unconfirmed)	65,177,878	5,473,190
Other	535,144	119,736
GST and QST	768,921	959,540
Inuulitsivik Health Centre	3,527,142	3,046,370
Ungava Tulattavik Health Centre	4,561,198	4,274,209
Ministère de la Sécurité publique	-	1,563,970
Indigenous and Northern Affairs Canada	19,442	19,442
Kativik Regional Government – sustainable employment	185,317	-
Other	1,661,746	1,418,536
	216,450,309	260,375,229
Provision for doubtful accounts	(154,425)	(154,425)
	216,295,884	260,220,804
b) Long-term Assets Fund		
MSSS		
GST and QST	143,277,705	119,510,133
Advances to establishments	138,483	464,549
Other	24,490	703,058
	316,421	-
	143,757,099	120,677,740

3. CAPITAL ASSETS

The capital assets are composed of the following:

			2022	2021
	Cost	Accumulated	Net carrying	Net carrying
	\$	amortization	amount	amount
	\$	\$	\$	\$
Buildings	71,989,350	12,717,596	59,271,754	59,855,367
Computer equipment	1,547,998	1,529,777	18,221	32,336
Furniture and equipment	1,017,367	778,747	238,620	162,396
Specialized equipment	3,176,547	584,561	2,591,986	1,812,978
Vehicles	1,576,900	1,119,417	457,483	762,473
	79,308,162	16,730,098	62,578,064	62,625,550

4. BANK LOANS – LONG-TERM ASSETS FUND

The bank loans are used to cover capital expenses, awaiting the reception of the funds from the Fonds de financement. As at March 31, 2022, there are no bank loans (one revolving authorized credit margin with the Canadian Imperial Bank of Commerce (CIBC), bearing interest at 0.71% as at March 31, 2021).

5. INSURED AND NON-INSURED HEALTH BENEFITS (INIHB)

As at the date of issuance of the present summary financial statements, the MSSS did not confirm the balance of the funds payable to the NRBHSS, amounting to \$34,317,889, in relation to the INIHB for the years 2014-2015 to 2016-2017. This balance is recorded as part of the accounts receivable as follows:

	2022	2021
	\$	\$
2014-2015 to 2016-2017 – unconfirmed	34,317,889	81,352,132
2017-2018	-	22,624,722
2018-2019	-	27,326,076
2019-2020	-	45,939,889
2020-2021	7,426,855	24,102,818
2021-2022	39,950,499	-
	81,695,243	201,345,637

NOTES TO SUMMARY FINANCIAL STATEMENTS (CONTINUED)

6. CONSTRUCTIONS IN PROGRESS

	2022	2021
	\$	\$
Housing units (2009-2010)	17,085,428	17,085,428
Housing units (2015-2016)	-	438,530
CLSC (building) – Aupaluk	39,881,503	38,743,448
Housing units (2019-2020)	10,769,586	5,671,200
Housing units (2020-2021)	-	3,455
Elders' house – Kuujjuaq	3,333,833	142,195
Elders' house – Puvirnituq	715,667	31,752
	71,786,017	62,116,008

Upon closing of the construction projects, the capital cost and the long-term debt related to the construction projects will be recorded in the financial statements of the respective establishments.

7. DEFERRED REVENUE

At year-end, the deferred revenue is detailed as follows:

	2022	2021
	\$	\$
Indigenous Services Canada	27,796,149	17,021,273
Makivik Corporation	-	3,297,598
	27,796,149	20,318,871

8. CREDIT MARGIN

During the year, the MSSS authorized the NRBHSS to use a credit margin up to a maximum authorized amount of \$10,000,000. The credit margin bears interest at the average Canadian banker's acceptance rate reduced by 0.1% (0.63%; 0.31% as at March 31, 2021).

As at March 31, 2022, the NRBHSS has not used this credit facility (\$10,000,000 of the credit margin used as at March 31, 2021).

9. COMMITMENTS

The NRBHSS has commitments amounting to \$15,449,918. The future minimum contractual obligations for the next years are as follows:

	\$
2022-2023	14,417,245
2023-2024	644,622
2024-2025	361,447
2025-2026	76,604
	<hr/>
	15,499,918

10. CONTRACTUAL RIGHTS

There is an ongoing agreement between Indigenous Services Canada and NRBHSS for the period 2019-2029. According to this agreement, the minimum amount to be received by NRBHSS from Indigenous Services Canada is \$51,342,815 and detailed as follows:

	\$
2022-2023	7,702,745
2023-2024	7,273,345
2024-2025	7,273,345
2025-2026	7,273,345
2026-2027	7,273,345
2027-2028	7,273,345
2028-2029	7,273,345
	<hr/>
	51,342,815

APPENDIX A – DETAILED EXPENSES – OPERATING FUND

MARCH 31, 2022

	2022 \$	2021 \$
GENERAL ADMINISTRATION		
Salaries and fringe benefits	11,940,330	8,712,859
Advertising and publicity	186,417	24,686
Annual general meeting	46,887	15,430
Doubtful accounts	803,130	-
Equipment rental	64,805	43,412
Freight charges	39,043	74,222
Honoraria	149,200	112,450
Insurance	44,300	37,992
Interest and bank charges	98,810	61,167
Medical supplies	49,651	33,973
Meetings and seminars	3,498	13,012
Office expenses	768,103	1,374,286
Professional services	2,706,255	1,372,814
Publication and membership	6,355	23,981
Purchased services	1,858,329	1,620,073
Telecommunications	234,758	217,446
Training and education	141,972	153,719
Transfers to Inuulitsivik Health Centre	510,360	584,637
Transfers to Ungava Tulattavik Health Centre	2,013,398	505,661
Transfers to organizations	3,145,506	2,683,590
Travel and accommodation	776,251	293,895
Vehicle expenses	61,264	81,376
Other	302,493	161,968
	25,951,115	18,202,649
COMMUNITY HEALTH ADVISORS		
Salaries and fringe benefits	2,426,079	2,092,370
Advertising and publicity	10,050	17,492
Equipment rental	3,157	6,994
Freight charges	2,865	1,736
Housing rental	38,700	38,942
Medical supplies	-	2,956
Meetings and seminars	900	523
Office expenses	26,400	33,852
Professional services	22,891	77,210
Publication and membership	2,418	430
Purchased services	8,437	3,625
Telecommunications	5,377	4,305
Training and education	3,178	2,097
Transfers to Inuulitsivik Health Centre	-	5,977
Transfers to Ungava Tulattavik Health Centre	-	-
Transfers to organizations	-	43,000
Travel and accommodation	50,781	43,144
Other	719	69
	2,601,952	2,374,722

	2022 \$	2021 \$
BUILDING OPERATING COSTS		
Heating and electricity	379,047	379,586
Housing rental	316,574	311,081
Land leases	233,430	209,071
Maintenance and repairs	368,203	150,240
Municipal services	435,052	405,017
	1,732,306	1,454,995

APPENDIX B – ASSIGNED FUND – STATEMENT OF CHANGES IN FUND BALANCE (UNAUDITED)

MARCH 31, 2022

		Fund balance, beginning of year \$	Appropriation of surplus \$	Revenue \$	Expenses \$	Interfund transfers \$	Fund balance, end of year \$
ADMINISTRATION							
Provincial Funds							
Bandwidth enhancement project	8860	73,212	-	-	-	-	73,212
CLSC Aupaluk	8082	2,836,480	-	-	967,487	-	1,868,993
IT – communication	8083	690,889	-	-	-	-	690,889
Non-capitalisable costs to capital assets projects	8084	400,000	-	-	70,864	-	329,136
PSOC paid by MSSS for NRBHSS	8087	-	-	11,118,765	11,118,765	-	-
Other Funds							
Technocentre	8840	-	-	-	64,772	64,772	-
Regional technical services	8891	337,622	-	-	-	-	337,622
Regional information services	8892	-	-	4,644	283,047	278,403	-
		4,338,203	-	11,123,409	12,504,935	343,175	3,299,852
EXECUTIVE MANAGEMENT							
Provincial Funds							
Translation	8062	163,824	-	-	18,839	-	144,985
Communication	8095	-	-	-	191,226	-	(191,226)
Federal Funds							
Supporting Inuit Children – service coordination	726	-	-	18,000	18,000	-	-
Child First Initiative service delivery	727	-	-	1,548	1,548	-	-
COVID-19	728	-	-	1,200	1,200	-	-
Supporting Inuit Children – school food security	731	-	-	4,988	4,988	-	-
Other Funds							
Saqjuq Nunavik – Quebec project	826	(343,778)	-	995,624	868,694	-	(216,848)
Accès Canada (Purvimituq site)	828	(99,554)	-	-	-	-	(99,554)
Intervention team – Saqjuq	829	(223,480)	-	332,899	519,722	-	(410,303)
Clinical plan	8067	(604,848)	-	-	907,714	-	(1,512,562)
		(1,107,836)	-	1,354,259	2,531,931	-	(2,285,508)
REGIONAL DEVELOPMENT OF HUMAN RESOURCES							
Provincial Funds							
Managerial staff development	610	144,640	-	-	-	(144,640)	-
Bursary project	613	-	-	-	-	219,945	219,945
Training provided to Inuits on medical terminology	8022	91,261	-	-	-	(91,261)	-
Youth protection workers	8026	(15,956)	-	-	-	15,956	-
Network planning program	8032	100,210	-	-	14,587	-	85,623
Interns' integration program	8033	112,500	-	-	-	-	112,500
Law 21 project	8072	184,387	-	225,878	4,300	-	405,965
Attraction and retention	8076	195,658	-	-	24,206	-	171,452
Federal Fund							
Aboriginal Health Human Resources Initiative	811	-	-	7,450	7,450	-	-
Other Funds							
Development budget for human resources	8025	(51,136)	-	-	-	51,136	-
Administration and communication	8038	136,650	-	-	(694)	(51,136)	86,208
McGill Health project	8040	-	-	2,800	2,800	-	-
Healthcare and homecare assistance	8041	262,070	-	-	-	-	262,070
		1,160,284	-	236,128	52,649	-	1,343,763
INUIT VALUES							
Provincial Funds							
Regional midwifery	8016	215,013	-	-	-	-	215,013
Elder abuse prevention	8023	281,015	-	100,886	130,921	-	250,980
Services for men	8029	33,427	-	-	30,000	-	3,427
Cultural safety in healthcare services	8096	-	-	37,350	-	-	37,350
Federal Funds							
Brighter Futures	699	-	-	647,941	492,941	(155,000)	-
Missing and murdered indigenous women and girls	712	-	-	20,524	20,524	-	-
Support to residential schools	715	(3,127)	-	-	10,500	-	(13,627)
Indian day school	729	-	-	32,743	32,743	-	-
Indian residential schools	819	-	-	339,392	339,392	-	-
Other							
Midwives	708	-	-	261,750	261,750	-	-
		526,328	-	1,440,586	1,318,771	(155,000)	493,143

		Fund balance, beginning of year \$	Appropriation of surplus \$	Revenue \$	Expenses \$	Interfund transfers \$	Fund balance, end of year \$
OUT-OF-REGION SERVICES							
Provincial Funds							
Insured and Non-insured Health Benefits Program	938	-	-	76,214,122	76,214,122	-	-
Insured and Non-insured Health Benefits Management	939	-	-	351,419	351,419	-	-
		-	-	76,565,541	76,565,541	-	-
PUBLIC HEALTH							
Provincial Funds							
Inuit health survey	690	1,384,832	-	-	117,324	-	1,267,508
Youth house renovation Salluit tuberculosis	718	(156,744)	-	-	-	-	(156,744)
Quebec smoking cessation program	926	(2,338)	-	-	-	-	(2,338)
Kinesiology	931	91,628	-	-	776	-	90,852
Integrated perinatal and early children	933	18,687	-	-	-	-	18,687
Community mobilization	936	304,599	-	-	-	-	304,599
Tuberculosis outbreak	937	(924,147)	-	-	181,730	1,105,877	-
Syphilis outbreak	942	(150,264)	-	(294,561)	11,563	161,827	(294,561)
Psychotropic	944	438,085	-	347,600	48,398	-	737,287
Food security	945	221,569	-	215,000	367,529	-	69,040
AIDS and STD – information and prevention	956	345,611	-	167,630	309,144	-	204,097
Hepatitis A – outbreak	959	-	-	3,214	59,921	56,707	-
Nosocomial infections	960	6,889	-	204,383	-	-	211,272
Occupational health and COVID-19	8024	(2,805)	-	-	-	-	(2,805)
Good Touch Bad Touch	8030	440,527	-	85,610	34,848	-	491,289
Health data analysis	8060	466,561	-	124,910	5,060	-	586,411
Smoking habits	8061	336,629	-	70,874	-	-	407,503
Palivizumab in Nunavik	8063	84,288	-	-	-	-	84,288
Strengthening families	8066	39,147	-	-	-	-	39,147
Prevention of chronic diseases (diabetes)	8077	80,104	-	-	-	-	80,104
Prevention of rabies (zoonoses)	8078	30,000	-	-	-	-	30,000
Mental health school environment	8089	204,093	-	303,172	4,830	-	502,435
Prevention-promotion DGSP	8092	(173,163)	-	306,354	11,725	-	121,466
Federal Funds							
NNHC functioning	614	50,002	-	109,733	99,669	-	60,066
FASD	634	-	-	193,651	193,651	-	-
Inuit health survey	692	-	-	189,299	189,299	-	-
Diabetes	693	-	-	586,703	438,858	(147,845)	-
Perinatal nutritional program	696	-	-	383,381	531,226	147,845	-
Maternity and child health	707	-	-	11,684	166,684	155,000	-
Children's oral health initiative	709	-	-	86,547	86,547	-	-
Sexually transmitted and blood B.I.	711	-	-	54,940	54,940	-	-
Tuberculosis elimination action plan	713	-	-	1,041,676	590,624	(450,925)	127
Psychosocial dependence	716	-	-	5,673	5,673	-	-
Screening tuberculosis Salluit	719	-	-	(8,118)	45	8,163	-
Screening tuberculosis Puvirnituaq	720	-	-	(2,956)	368,722	371,551	(127)
Screening tuberculosis Kangiqsujuaq	721	-	-	(69,282)	355	69,637	-
Kangiqsualujuaq tuberculosis screening	736	-	-	-	1,574	1,574	-
Prevention of unintentional injuries	737	-	-	8,347	8,347	-	-
Nutrition North Canada	820	-	-	399,123	399,123	-	-
Federal strategy for smoking prevention in Nunavik	827	-	-	247,792	247,792	-	-
STI and tuberculosis prevention	935	119,684	-	-	-	-	119,684
Other Funds							
Occupational health and safety	611	36,572	-	491,458	565,012	(4,164)	(41,146)
Kino-Québec	612	84,754	-	-	-	-	84,754
Vaccines B – sec. 5	660	31,376	-	-	50,197	-	(18,821)
Inuit health survey	691	232,534	-	-	42	-	232,492
Strengthening families (Ungaluk)	8075	64,506	-	-	-	-	64,506
		3,703,216	-	5,263,837	5,151,228	1,475,247	5,291,072

APPENDIX B – ASSIGNED FUND – STATEMENT OF CHANGES IN FUND BALANCE (UNAUDITED) (CONTINUED)

MARCH 31, 2022

		Fund balance, beginning of year \$	Appropriation of surplus \$	Revenue \$	Expenses \$	Interfund transfers \$	Fund balance, end of year \$
PLANNING AND PROGRAMMING							
Provincial Funds							
Upgrade units endoscopy	682	(46,151)	-	-	79,293	-	(125,444)
Network training	683	21,178	-	-	-	-	21,178
Medical congress	684	36,570	-	-	-	-	36,570
Installation grants and training	685	(87,654)	-	176,513	97,865	-	(9,006)
Family violence	695	(61,701)	-	-	33,422	-	(95,123)
Medical training – legal kit	790	81,112	-	125,000	23,730	(151,928)	30,454
Women's health program	791	(17,334)	-	-	134,594	151,928	-
Installation grants and training – promotion, hiring and retention	921	(58,586)	-	-	79,469	-	(138,055)
Installation grants and training – grants	923	(254,966)	-	1,082,955	349,168	-	478,821
Palliative care	925	18,578	-	-	-	-	18,578
Pharmacy	928	(18,547)	-	-	-	-	(18,547)
Regional committees against violence	932	33,504	-	66,666	2,150	-	98,020
Installation grants and training – other	940	(106,134)	-	-	1,422	-	(107,556)
Sarros	943	(140,953)	-	-	204,227	-	(345,180)
Services to elders – PFT	964	101,550	-	-	-	-	101,550
Psychosocial intervention	965	94,292	-	3,082,845	3,162,521	-	14,616
Violence victim housing	984	-	-	1,000,000	-	-	1,000,000
Emergency measures	998	31,147	-	1,226,082	1,813,673	606,431	49,987
Violence against women – training	8007	(876,770)	-	62,500	(844,917)	-	30,647
Community organization – training	8008	131,784	-	-	-	-	131,784
Mental health – clinical projects support	8009	97,195	-	570,625	-	-	667,820
Suicide prevention – regional strategy	8010	(16,068)	-	-	4,954	21,022	-
PAPA	8012	(914)	-	-	-	-	(914)
Sexual harassment intervention team	8015	39,175	-	-	5,530	-	33,645
Dependencies	8020	52,060	-	117,500	3,000	-	166,560
Training on attention and hyperactivity	8021	53,739	-	-	-	-	53,739
Services support program	8027	54,199	-	-	2,399	-	51,800
Therapeutic guide redaction	8028	239,994	-	-	-	-	239,994
Caregiver	8034	-	-	60,750	-	-	60,750
Needs assessment of the Nunavik deaf adults	8035	(9,873)	-	-	-	-	(9,873)
Specialized nurse practitioner	8036	-	-	150,000	-	-	150,000
Cancer and palliative care – interpreter training	8042	13,235	-	-	15,650	-	(2,415)
Medical anatomical vocabulary development	8043	117,660	-	-	-	-	117,660
Integration revision of the SSS grouping	8044	73,372	-	-	-	-	73,372
Physical health clinical project	8045	42,865	-	-	42	-	42,823
Specialized proximity medical services	8046	(1,050,961)	-	-	893,480	-	(1,944,441)
Day centre	8048	100,280	-	-	8,000	-	92,280
Hearing impaired clientele	8050	88,064	-	-	3,870	-	84,194
CLSC-DYP-Rehabilitation – collaboration agreement	8051	187,458	-	-	-	-	187,458
Nunavik Integrated Youth and Family Centre	8052	(49,017)	-	1,500	173,090	-	(220,607)
Sexual abuse – multi-sector agreement	8053	140,443	-	-	208,970	-	(68,527)
Marie-Vincent training	8054	127,238	-	-	-	-	127,238
Family resources	8055	172,768	-	100,000	109,525	-	163,243
My Family, My Community	8056	39,745	-	-	20,380	-	19,365
Attachment disorder	8057	32,941	-	-	-	-	32,941
Alcochoice training	8058	109,757	-	99,721	2,133	-	207,345
First aid in mental health	8059	(1,314)	-	1,340,617	13,478	-	1,325,825
Rehabilitation prosthesis and orthosis	8069	100,000	-	-	-	-	100,000
Inuits dependency training – Isuarsivik and Saquiq	8070	234,584	-	-	-	-	234,584
Improve access to mental health services	8074	459,664	-	-	-	-	459,664
Act Early	8085	(283,093)	-	1,581,882	1,298,789	-	-
Nunavik PLA development	8086	(90,251)	-	1,433,563	131,219	-	1,212,093
Open Air	8088	(44,742)	-	-	16,345	-	(61,087)
Nitsiq	8090	112,709	-	656,000	373,402	-	395,307
Various projects	8094	4,572,622	-	-	-	-	4,572,622
Home support	9085	573,270	-	(573,270)	-	-	-
Attachment training	9009	(188,235)	-	166,700	-	-	(21,535)
DYP Law 19 VS Inuit values and practices	9010	(48,405)	-	-	-	48,405	-
Expert committee – health physics	9012	52,922	-	-	-	-	52,922
Training on crisis management	9052	41,003	-	250,000	92,601	-	198,402
Mental health	9053	(94,455)	-	-	66,109	160,564	-
Intellectual deficiency – evaluation chart	9081	(80,096)	-	-	2,931	-	(83,027)

		Fundbalance, beginning of year \$	Appropriation of surplus \$	Revenue \$	Expenses \$	Interfund transfers \$	Fund balance, end of year \$
PLANNING AND PROGRAMMING (CONTINUED)							
Federal Funds							
Home and community care	618	-	-	3,959,812	3,959,812	-	-
Community mental health	697	-	-	210,767	210,767	-	-
Suicide prevention strategy	698	-	-	489,844	599,509	109,665	-
Nunavik health service plan and quality management	705	-	-	440,030	440,030	-	-
Family violence	717	-	-	346	346	-	-
Supporting Inuit Children – Turatavik (IHC)	722	-	-	251,125	251,125	-	-
Supporting Inuit Children – RAC-DI-TSA	723	-	-	153,019	153,019	-	-
Supporting Inuit Children – AK	724	-	-	751,038	751,038	-	-
Climate change (Qanuilirpita)	725	-	-	7,855	7,855	-	-
Supporting Inuit Children – child psychiatry coordination service	732	-	-	89,600	89,600	-	-
Supporting Inuit Children – neuropsychological assessments	733	-	-	64,328	64,328	-	-
Supporting Inuit Children – acting early program (UTHC)	734	-	-	5,433	5,433	-	-
Other Funds							
Best practices for elders' residences	812	15,002	-	-	-	-	15,002
Cancer program	825	(7,241)	-	266,108	210,340	-	48,527
Harvesters support program	830	-	-	56,764	56,764	-	-
Suicide prevention	963	(13,669)	-	294,845	18,145	-	263,031
Deaf workshop 2015-2016	8037	21,091	-	-	-	-	21,091
Ilagiitut – Building our future	8064	(256,338)	-	-	143,527	398,559	(1,306)
Family homes development – Kids' future	8065	208,926	-	-	55,559	79,103	232,470
Mental wellness COVID-19	8093	(52,227)	-	243,728	191,501	-	-
National training program	9076	10,199	-	-	-	-	10,199
		4,778,200	-	20,062,791	15,791,212	1,423,749	10,473,528
		13,398,395	-	116,046,551	113,916,267	3,087,171	18,615,850



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

