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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

We are pleased to submit the annual report of the Nunavik Regional Board of Health and Social Services (NRBHSS), which presents the results of our actions, among others, under the 2018-2025 strategic regional plan (SRP).

We work tirelessly at fulfilling our regional mission by clearly committing to Nunavik's two health centres in carrying out the strategic plan and are dedicated to reporting on the services provided for the Nunavik population from a regional perspective.

During the year 2022-2023, the NRBHSS made various changes within its management team: in July 2022, we welcomed Jennifer Munick-Watkins as new Executive Director of our organization, along with new members of the administrative team. We look forward to relying on the experience of these new faces in order to breathe new life into the organization.

These changes enabled consolidating collaborative discussions with the organization's partners, primarily government bodies, as well as the Ungava Tulattavik Health Centre (UTHC) and the Inuulitsivik Health Centre (IHC).

We believe this spirit of cooperation is crucial to successful completion of key projects and initiatives fostering the Nunavik population's physical and mental health.

We wish to emphasize the enormous efforts invested by all the personnel of the Nunavik health network during a period marked by a manpower shortage. Over the coming years, we will work with the government bodies in order to adapt the working conditions of our personnel, particularly the Inuit personnel, to the northern realities we face daily.

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Shirley White-Dupuis

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Jennifer Munick-Watkins

# BOARD OF DIRECTORS AND COMMITTEES

## COMPOSITION OF THE BOARD OF DIRECTORS ON MARCH 31, 2023

### Executive Committee

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

### Members

Maggie Akpahatak	Aupaluk Representative
Ellasie Annanack	Kangiqsualujjuaq Representative
Sally Nuktie	Kangiqsujuaq Representative
Sarah Beaulne	IHC Executive Director
Larry Watt	UTHC Executive Director
Willie Angnatuk	Tasiujaq Representative
Mary Thomassie	Kangirsuk Representative
Josepi Padlayat	Representative of the IHC Board of Directors
Annie Alaku	Salluit Representative
Davidee Suppa	Umiujaq Representative
Peter Iyaituk	Ivujivik Representative
Uttuqi Carrier	Quaqtaq Representative
Joanasie Aliqu	Akulivik Representative
Paulusi Angiyou	Puvirnituaq Representative
Jusipi Kulula	Kativik Regional Government Representative

## BOARD OF DIRECTORS OF THE REGIONAL BOARD

The board members attended 6 regular sessions as well as the annual general meeting and adopted 85 resolutions.

The executive committee met 10 times and the audit committee 5 times.



# EXECUTIVE MANAGEMENT

The Department of Executive Management assumes the administration of all the regional board's activities. It provides the board of directors with pertinent information, proposes measures and actions to carry out, and executes the board of directors' decisions. It maintains close contacts with governmental partners, the Nunavik health establishments, local organizations and representatives of each community.

The department documents and represents the health and social services needs of the Nunavik population, in terms of both promotion of health and well-being and access to services. The regional board's senior officers assist the department in its role and acts under its authority.

## COMMUNICATION TEAM

The NRBHSS is responsible for informing Nunavimmiut about the health and social services resources available in their communities, and how to access them. The communications department contributes to achieving this objective by analysing the situation in order to identify communications needs, and developing and implementing strategies to meet them. Our communication agents lend their expertise and know-how in matters such as:

- Providing strategic communications advice to Executive Management and to the various departments
- Planning and implementing communication plans
- Managing complex communications projects involving multidisciplinary teams
- Copy-writing and producing a range of promotional / informational products
- Media Relations

For example, the Communications team contributed to the success of RRSSSN projects by promoting projects such as the advent of the 811-line, screening sessions for sexually transmitted diseases, including syphilis, and by promoting public events and symposiums supporting violence and drug use prevention.

In addition, the communications team receives, coordinates and responds to media requests, in conjunction with the relevant departments. This year, there was a great deal of interest in the organization and the health issues specific to the region. With tact and rigour, the communications team manoeuvred to address the various themes diligently and in such a way as to avoid possible stigmatization.

Particular attention was paid to ensuring that the communications team respected language requirements, especially trilingualism.

## QUALITY, EVALUATION, PERFORMANCE AND ETHIC

In December 2019, the Nunavik Regional Board of Health and Social Services (NRBHSS) placed all the roles relating to quality, evaluation, performance, cultural safety and ethics under one coordinating entity and thus created the team responsible for quality, evaluation, performance and ethics (QEPE). Since then, the team has supported the management personnel and the administration in their decision making in accordance with the requirements of the health and social services network, and this with an eye to adaptation to the Inuit cultural context of Nunavik. It supports contemplations toward development of the culture of ongoing improvement of quality centred on accessibility, quality and efficiency to ensure better health for the Nunavik population.

The QEPE team assumes an advisory role with the organization's management personnel, teams and committees relative to service quality (processes, standards, organizational practices, ethics, data). It also ensures application of all the recommendations formulated for the organization by various quality-assurance processes, such as the coroner, the ombudsperson, the complaints and service-quality commissioner, risk management, professional associations, the Viens Commission and so forth.

The team supports the NRBHSS and the institutions in carrying out and following up the strategic regional plan

(SRP) as well as in carrying out and following up the health plan subject to various contribution agreements.

The component of cultural safety allows us to ensure that interventions comply with the population's values. Its objective is to improve the feeling of belonging among the Inuit with regard for their health and social services network, trust in service providers and, ultimately, the state of health of *Nunavimmiut*.

The aspect of evaluation enables supporting performance in the methodical quantification of activities and processes. With data gathering, monitoring tables and the progress log, two fields of expertise—clinical-administrative information and financial information—complement one another.

This service supply enables establishing the basis for a regional mandate to improve performance while ensuring culturally safe services.

In spite of a year marked by a context of transformation due to several changes among the team members, notable progress was made in 2022-2023:

- Users' perspective: publication of the document and sharing of information
- Partnership with users: project launch and training for personnel
- Participation in the Nunavik clinical plan
- Participation in and advisory role for the 2022-2027 governmental plan of action for the social and cultural well-being of First Nations and Inuit
- Participation in and advisory role for the Direction des affaires autochtones (DAA) for the design and revision of training on awareness of Indigenous realities provided by the MSSS and mandatory for all employees of the health system
- Coroners' visit to Nunavik: contact with the communities, assessment of their needs, identification of issues in accordance with Inuit practices, improvement of processes

and communication, and position for a liaison officer to facilitate contacts

- Implantation of modules of the YIP: ADOQI and IMV Foster Home, to improve information capture and accessibility in the areas of adoption and monitoring of foster families
- Adherence to Power BI, a tool being set up in the health and social services network to enable gathering and circulating management indicators
- circulation of subregional data to monitor objectives linked to strategic planning;
- Integration of reports on development budgets into the monitoring of strategic planning
- Alignment of strategic planning of federal and provincial funding to ensure consistency in monitoring of various funding sources

# PLANNING AND PROGRAMMING DEPARTMENT

The mandates of the Department of Planning and Programming are primarily centred on services destined for the population. Thus, the department assumes the roles of development, organization, coordination and evaluation of health and social services on the territory, and this for all the clientele programs established by the MSSS, including medical affairs.

## SAQIJUQ

The situation this year was marked by a significant increase in on-the-land (OTL) activities, as the teams in Puvirnituaq, Akulivik and Kangirsuk are now complete and are thus able to provide full-time programming. For information purposes, in 2022-2023, slightly more than 300 users of Puvirnituaq participated in an OTL activity. Several training sessions were organized for the OTL teams, including Wilderness First Aid Training and Ice Water Rescue Training. The teams also participated in several search-and-rescue missions in various communities.

The Mobile Intervention Team (MIT) continued its operations in Puvirnituaq with some 920 interventions performed during the year, of which roughly 720 involved crisis situations resolved in the community. However, serious recruitment problems, among both psychosocial workers and police officers, limited the possibility of providing the service in Akulivik (which was forced to cease operations in July).

Nitsiq, the Nunavik wellness court that offers an addictions-treatment program involving reduced incarceration time for individuals struggling with addictions problems, was broadened to include individuals with mental-health difficulties and now goes by the name Nitsiq+. Thus, more Nunavummiut now have access to this vital program of alternative justice. During 2022-2023, 12 participants received services under the program.

In October 2022, a second project leader was hired to manage the OTL teams on the Ungava coast, whereas the other project leader continued working with the OTL teams on the Hudson coast. A regional coordinator was hired, which enabled establishing a new structure for the sound and efficient management of services and accelerated development of Saqijuaq's services.

## CLINICAL-PLAN TEAM

Since the deposition of the clinical plan for the Nunavik Regional Hospital Centre, various replies have been sent to the MSSS and various presentations made. The regional board, however, is still awaiting notification of relevance.

In the meantime, a reduced team for the clinical plan worked on a project to reorganize the layout of the CHSLD at the Inuulitsivik Health Centre (IHC) to transform it into a brief-intervention unit for mental health. The clinical plan thus designed was submitted in November 2022 to the IHC.

In December 2022, the clinical plan for the Inukjuaq CLSC was submitted to the IHC for validation and layout. Once complete, it will be adopted by the IHC's board of directors and returned to the regional board to be forwarded to the MSSS.

The clinical plan for Kangiqsujaq, on which work started in the fall 2022, was 90% complete on March 31, 2023. It should be complete and submitted to the IHC at the beginning of 2023-2024.

## MEDICAL AFFAIRS AND PHYSICAL HEALTH

### **Emergency Prehospital Services and Civil Security**

With the goal of fostering strong leadership in the communities, a new guide meant for local coordinators was created. The guide proposes standardized procedures and tools and responds to a need among the coordinators of the communities' first responders. It will help the coordinators fully comprehend their mandate; the tools developed, which are practical and easy to use, should facilitate their tasks. A three-day training session was developed for the coordinators. The latter, as well as at least one first responder from each of the communities of Puvirnituaq and Kangiqsujaq, successfully attended the training. The other communities that have a coordinator will receive the training in the coming year.

The basic training program for first responders was offered in eight communities (target group: new interveners). Further, 19 two-day refresher sessions were held in the 14 Nunavik communities.

The first responders' salary for on-duty hours was increased. Thus, the hourly rate for on-duty services went from \$2.70 to \$5.00, which represents a significant improvement in the first responders' working conditions.

On the territory at present, we can count on more than 100 first responders, who covered roughly 4 000 emergency calls in 2022-2023.

## Medical Manpower

In 2022-2023, Nunavik welcomed nine new family physicians: six at the Inuulitsivik Health Centre (IHC) and three at the Ungava Tulattavik Health Centre (UTHC). As of March 31, 2023, 54 family physicians occupied a position in the region (including physicians working exclusively in public health).

As of March 31, 2023, 14 medical specialists occupied a position in the region, excluding those already practising in Nunavik and who are based at partner centres. The table below shows the detailed distribution of specialty positions as well as vacant positions:

Specialty	Positions	Incumbents	Available positions
Anaesthesiology	2	2	0
General surgery	1	0	1
Orthopedic surgery	1	0	1
Internal medicine	3	1	2
Obstetrics/gynecology	1	1	0
Ophthalmology	1	1	0
ENT and head-and-neck surgery	1	1	0
Pediatrics	3	1	2
Psychiatry	2	2	0
Child and adolescent psychiatry	2	1	1
Diagnostic radiology	1	0	1
Public health, preventive medicine and occupational medicine	3	4	0
Number of medical specialists	21	14	8

## Intellectual Impairment and Autism Spectrum Disorder (II-ASD)

Throughout 2022-2023, work on the II-ASD service corridor continued with the IUHSSC-ODIM as follows:

- In September 2022, opening of a new intermediate resource (Nunavik IR) in Beaconsfield, meant exclusively for Nunavik children with II-ASD (six places);
- Ongoing improvement of access to care and services for Nunavimmiut of all ages with II or ASD.

The North-South corridor, which responds to the specific needs of Nunavik users with II-ASD, contributes to improving the well-being and social participation of placed users while respecting their cultural uniqueness.

For the Tasiurtigiit program (*Agir tôt*), the past year was marked by:

- Access to individual and family interventions by the program's multidisciplinary teams for children facing development-related challenges
- Access to community activities, global stimulation activities, and targeted stimulation activities in the communities according to the needs and the available personnel
- Consolidation of the teams for a total of eight turaartaviit positions filled within the program. The objective is for all the Nunavik communities to benefit from the contribution of one or more turaartaviit under the Tasiurtigiit program, depending on the size of each community's population

- Work at the creation of college-level training in specialized education destined for turaartaviit under the program. The program is expected to start in 2023
- Start of work on design of a reference framework
- Design of a communications plan and tools to promote the available services and publicize access processes for services

To respond to emerging needs related to II-ASD, a project was launched at the two health centres to obtain human resources for the deployment of a service supply specific to this clientele in the communities. Thus, positions were granted with the goal of proposing better support for the integration of adults with II-ASD into the various spheres of their lives: employment, home, school and so forth.

### **Persons Lacking Autonomy**

In June 2022, the first family-type resource for persons lacking autonomy in Nunavik opened in Kuujuaq: Isurrivik. Four residents are placed there permanently and two beds are reserved for temporary needs such as respite. Two persons are responsible for providing services required by these users 24 hours a day, seven days a week. This resource is meant to be a stimulating and welcoming environment where the residents can remain in the community.

Further, the first assembly of Nunavik elders' homes was organized and facilitated by the NRBHSS on February 1 and 2, 2023, in Inukjuaq. Guests had the opportunity to attend training on aging and cognitive deficits as well as participate in discussions on issues common to the organizations: funding, partnerships, employee training, residents' level of autonomy, maltreatment of elders and admission processes.

Representatives of the following organizations attended:

- Ayagutaq (Inukjuaq);
- Sailivik (Puvirnituaq);
- Tusaajiapik (Kuujuaq);
- Qilangnguanaaq (Kangijsujuaq);
- Elders'-home project (Salluit).

### **Informal Caregivers**

The regional board hired its first regional coordinator of informal caregivers. This resource held several consultations to prepare the development of the plan of action to ensure better support for informal caregivers of Nunavik.

From November 7 to 11, 2022, for the first time Nunavik observed the national week for recognition of informal caregivers, shedding light on their essential role. Without their contribution, many Nunavimmiut with permanent or temporary disabilities would be obliged to leave their homes or communities.

Under the call for projects launched by the NRBHSS to highlight this first edition, many activities were held:

- Distribution of more than 200 gift certificates from the COOP among informal caregivers
- A draw for prizes, including free rent offered by the KMHB
- Events in five communities: Inukjuaq, Puvirnituaq, Kuujjuaraapik, Kuujuaq and Kangiqsualujuaq
- Radio messages

### **Medical Biology**

The Nunavik regional plan of action Optilab was revised and the 2023-2025 version was adopted in March 2023 by all the committee members. Committee meetings were held regularly every two weeks throughout the year.

### **Testing**

#### **Severe combined immune deficiency**

To improve the safety of BCG vaccination for Nunavik newborns, the screening test at birth for severe combined immune deficiency (SCID) was deployed on January 1, 2023. This test was added to the tests under the Québec program for neonatal blood testing performed at a baby's birth by Nunavik midwives and analyzed at the University of Québec Hospital Centre (UQHC).

#### **Cervical-cancer testing**

During the past year, we actively participated in the start-up of the research project Illiap Paanganik Qaujisarniq, which aims to evaluate the feasibility and effectiveness of self-sampling for HPV (human papillomavirus) as primary testing strategy for cervical cancer among Inuit women of Nunavik. Since July 2022, women of Kuujuaq have had access to HPV testing as replacement for the PAP test. However, this testing strategy is not mandatory, and women are free to select their own testing method. This project is being carried out closely with the UTHC.

## Telephone Lines

### Info-COVID Nunavik

The Info-COVID line was set up in March 2020 to assist Nunavik with the pandemic. With the end of health measures and reduced restrictions, there is no longer a demand for the COVID line and we closed it in March 2023.

### Telephone consultation service available 24h/7

In February 2022, the ombudsperson submitted an intervention report concerning the IHC and the NRBHSS. The report includes the following recommendation: set up a regional telephone-consultation service available 24 hours per day, 365 days per year, to direct calls to nursing personnel in the CLSCs only when the situation requires. During 2022-2023, the regional board worked with the MSSS to deploy the 811 line in Nunavik. The 811 line has been accessible to the Nunavik population since April 1, 2023.

### Home-emergency line for the IHC

To make up for the major shortage of nursing personnel on the Hudson coast and foster retention of nursing personnel, we are currently working at developing a triage line for 9090 calls between 9:00 p.m. and 9:00 a.m. This line will enable reducing the number of calls to the nurse on call at night, and she will be contacted only when situation justifies.

## Telehealth

The improvement in telecommunications between the North and the South led to improvement of the quality and reliability of teleconsultations with specialists. The work continues and will enable improving the quality of services throughout the territory.

The stock of telehealth equipment is being replaced in all the villages. The new equipment will also improve the quality of teleconsultations besides increasing the accessibility of provincial clinical applications, which evolve constantly.

## Arsaniit Sivulirtiit

The results and recommendations from the public consultations on the needs and expectations of Nunavimmiut living with cancer and chronic diseases and in palliative or end-of-life care as well as the needs and expectations of their informal caregivers were presented to both institutions and the NRBHSS. The NRBHSS will create a plan of action to respond to the report's recommendations in 2023-2024.

## PSYCHOSOCIAL AFFAIRS AND SUPPORT FOR COMMUNITY ORGANIZATIONS

### Inuuguminaq: Nunavik Suicide-Prevention Strategy

From January 17 to 19, 2023, a three-day summit was held for organizations of Nunavik to enable them to participate in the creation of the second plan of action under the Inuuguminaq strategy. Much was accomplished thanks to the collaborative work of the regional suicide-prevention committee and the contribution of the 52 participants in the summit, who constitute the very framework of the second plan of action. That plan reflects what more than 50 Nunavimmiut, working day after day in the field of suicide prevention, collectively determined as necessary to saving lives in the region. Their perspectives are based on professional and personal experiences, knowledge of the territory and confidence that lives can be saved by concerted action.

#### Total Participants



x 52

#### Organizations



x 16

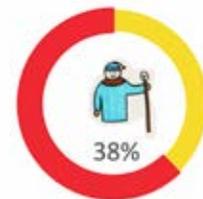
(Hudson, Ungava, Regional, National)

#### Inuit Representation



■ Inuit: 29 participants (64%)  
■ Non-Inuit: 16 participants (36%)

#### Male Representation



■ Male: 17 participants (38%)  
■ Female: 28 participants (62%)

## MENTAL-HEALTH SERVICES

In mental-health services, this year's efforts resulted in:

- Development of a 24/7 psychosocial help line for Nunavimmiut;
- Improvement of the network of residential resources in mental health
- Facilitated access to mental-health counsellors through a program for non-insured health benefits
- Recognition of the role of informal caregivers in Nunavik and strengthened cooperation with social services
- Provision of training on crisis intervention for front-line social interveners

All files are under way and processed jointly with the two health centres and other departments (e.g., Inuit Values and Practices and Out-of-Region Services).

### **Nunami: on-the-land program for prevention and mental well-being**

Maintaining its objective of fostering community well-being and access to on-the-land activities, the Nunami program saw the number of its funded activities rise dramatically compared to the previous year. A total of 43 projects were funded in 10 communities.

At present, three Planning and Programming officers support the initiatives and community organizations throughout the territory while developing concurrent projects on well-being and supporting on-the-land groups when necessary. The Nunami team also helped support the communities in crisis situations.

### **Addictions**

#### **Finding New Momentum in Addiction Intervention**

The Nunavik addictions-training program, "Finding New Momentum in Addiction Intervention," was consolidated and adjusted according to the participants' comments. It is a three-part program, each lasting two days. Part 1 has been offered regularly since the fall 2021. Parts 2 and 3 are in the final development stage, and pilot groups were launched respectively in November 2022 and January 2023. Content is being adjusted according to the experiences of the pilot groups, and the final content will be available in the fall 2023. The recruitment and training processes for local trainers are under way.

### **My Choices Nunavik**

The NRBHSS is working closely with a research team from the University of Québec at Trois-Rivières as well as several local partners at adapting an addictions-intervention program destined for First Nations and Inuit. An adaptation more specific to Nunavik is under development and should be ready in the spring 2023. The interveners who use the program and future local trainers received the training in February 2023. The program will be offered in various formats in Nunavik, including an intensive, one-week session on the territory, in close collaboration with the Nunami program.

### **Ungammuatq**

It is in June 2023 that the first community conference on substance use and addiction in Nunavik will take place. The RRSSSN has been working closely with several local partners (Isuarsivik, CSI, CSTU, and NIIA) for over 18 months to develop this landmark event on the topic in the Nunavik territory. The Ungammuatq conference is being developed with a harm reduction perspective, and its main objectives are to initiate conversations about substance use and to combat the stigmatization of individuals who use substances.

### **Community Organizations**

In 2022-2023, 22 community organizations (COs), including the Nunavik Youth House Association (NYHA), which serves each of the 14 communities, received funding under the Support Program for Community Organizations (SPCO) for a total of \$13 642 096. A new CO received support to launch its activities in 2022-2023: Inukrock, located in Inukjuaq. Never has so much support been provided for the region's COs, thanks to the team responsible for the SPCO, which now consists of three Planning and Programming officers and which completed its first full year of operations together. Moreover, five interns doing their master's degrees and two consultants were deployed to the communities to provide direct, extended support for the CO directors and boards of directors.

We also expanded our offer of support by developing or continuing partnerships with, among others, Raymond Chabot Grant Thornton (RCGT), the Kativik Municipal Housing Bureau (KMHB) and Kisaq Management to provide services related to the COs' funding and infrastructure.

## Funding for Community Organizations

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

Community Organization	2021 / 2022	2022 / 2023
Inuit men's associations		
Qimutjuit (Kuujuaraapik)	\$100 000	\$101 500
Réseau Qajaq Network	\$156 551	\$158 900
Unaaq (Inukjuaq)	\$156 550	\$119 200
Inuit women's associations		
Saturviit Inuit Women's Association of Nunavik	\$156 551	\$158 900
Inuit youth associations		
Nurrait Jeunes Karibus	\$75 751	\$185 000
Nunavik Youth House Association	\$4 509 370	\$4 299 336
Inukrock	-	\$20 000
Elders' homes		
Ayagutaq (Inukjuaq)	\$385 000	\$390 800
Qilanguanaaq (Kangijsujuaq)	\$400 000	\$304 500
Family houses		
Iqitsivik (Salluit)	-	\$330 000
Tasiurvik (Kuujuaraapik)	\$18 939	-
Family houses with a safe house		
Qarmaapik (Kangijsualujuaq)	\$249 999	\$456 800
Mianirsivik (Kangijsujuaq)	\$325 000	\$329 800
Pituaat (Puvirnituaq)	\$75 000	\$500 000
Mental-health residences		
Uvatinnut supervised apartments (Puvirnituaq)	\$303 000	\$307 600
HCU Ippigugursavik (Kuujuuaq)	\$430 227	\$450 000
"I Care We Care" project	\$101 000	\$150 000
Treatment centres		
Isuarsivik (Kuujuuaq)	\$2 700 000	\$2 740 500
Women's shelters		
Ajapirvik (Inukjuaq)	\$485 122	\$939 463
Initsiak (Salluit)	\$721 913	\$727 415
Tungasuvvik (Kuujuuaq)	\$634 866	\$722 382
Poverty reduction		
Sirivik	\$200 000	\$250 000
<b>TOTAL TRANSFERS</b>	<b>\$12 109 839</b>	<b>\$13 642 096</b>

## CHILDREN, YOUTHS AND FAMILIES

For a second consecutive year, the team responsible for the children, youths and families portfolio worked closely with the Department of Regional Human-Resources Development to enhance knowledge, harmonize practices and better equip the interveners working with youths and their families in order to improve the quality of the psychosocial services provided for the population. The training schedule, organized quarterly, is open to all the partners and covers various topics such as *Tikinagan* (training on basic knowledge of Indigenous populations, historical trauma, contemporary issues and cultural safety of interventions), the approach to community awareness, the concept of protection, intervention in crisis situations, record keeping and writing progressive notes, compassion fatigue, consent to care and others.

This year, the team also worked at creating on-the-land activities and traditional workshops for youths placed in foster families and persons important to them. These activities (hunting, fishing, dogsledding, weaving, preparing traditional meals, sewing and others) are offered jointly with several partners, including Nunavimmi Ilagiiit Papatauvunga, Nunami, Saqjuq and Pituat Family House.

The team responsible for the children, youths and families portfolio is presently working on delegating responsibility for the promotion, evaluation and accreditation of Nunavik foster families. This mandate, to be assumed by Nunavimmi Ilagiiit Papatauvunga, ensures recognition of and emphasis on the will toward the region's self-determination, which is also reflected by the recognition of Nunavimmi Ilagiiit Papatauvunga's capacities and mobilizing forces among the population.

### **Family Houses**

The pandemic had a serious negative effect on the level of support for the development of family houses. Two new Planning and Programming officers resumed efforts at creating ties and assessing the needs of various Nunavik family houses (community-led), some of which include a safe house. The NRBHSS provides local, clinical support for the employees of the family houses in order to reinforce their capacities and help them define their mission, services and activities, and this in accordance with each house's mandates.

### **Sexual and Family Violence**

Funding was granted to the regional board for the development of various services and programs for men's well-being, with the goal of supporting the work carried out with this clientele suffering from various problems, including those that count family violence among the consequences. These activities, organized jointly with the Nunavik men's associations, enable the rehabilitation of men with violent behaviour by helping them learn and adopt a healthy lifestyle through participation in traditional activities with men from other generations. Moreover, the first regional men's gathering is scheduled for the fall 2023 in Inukjuaq.



# DEPARTMENT OF NUNAVIMMI ILAGIIT PAPATAUINGA

Nunavimmi Ilagiit Papatauinga is a self-determination process that aims to offers culturally adapted care for all youths and families of Nunavik.

The name represents both the vision and the structure of youth and family services, according to which families of Nunavik are supported and protected. It will become an integrated centre for youth and family services led by Sukait, as steering committee. Since the beginning of this essential project, Sukait has provided principles and orientations that still apply today in the development of services for Nunavik children, youths and families.

We truly want Nunavimmi Ilagiit Papatauinga to be a respected, trusted, appreciated and culturally relevant Inuit

employer that supports the growth and development of services for Nunavik families, youths and children. There is an urgent need to rebuild the trust between the communities and the service providers. We need to remind ourselves that in order to do so it is important to respect the rhythm of the communities.

More precisely, in the year 2022-2023 the team worked on the operational structure of the organization, the governance model to be developed and the implementation of Ilagiit council as a strong cultural tool as well as the implication of Nunavimmi Ilagiit Papatauinga in the sensitive issue of fostering Nunavik children under the *Youth Protection Act*.



## OPERATION

- Arrangements made to secure the office space in Kangirsuk;
- Rental of a section of the Pituat family house in Puvirnituq for the project-management team;
- Budget structured and confirmation of our organization within the NRBHSS' SRP.

## HUMAN RESOURCES

- Hiring of an assistant director for the Department of Inuit Values and Practices;
- Temporary change to the management team due to absence of the director on maternity leave;
- Hiring of three new development officers.

## STRATEGIC DEVELOPMENT

- Hiring of a consultant to guide the department and provide an action plan toward the transfer of resources of the children, youths and families network to Nunavimmi Ilagiit Papatauvinga;
- Development of a milestone model for Nunavimmi Ilagiit Papatauvinga to become an independent organization;
- Meeting with Anicinape Organization's Mino Obigiwasin for inspiration and future collaboration on self-determination;
- Sukait working group created an advisory committee specifically for Nunavimmi Ilagiit Papatauvinga governance in partnership with Makivik.

## SUKAIT

- Development of Nunavimmi Ilagiit Papatauvinga's vision on the continuum of services and community mobilization;
- Discussion on legal and governance matters such as YPA amendments, Bill C-92, etc.;
- Validation of various projects by the NIP project-management team;
- Proposal of modification to evaluation/accreditation forms for Nunavik foster homes.

## TRAINING AND PRESENTATIONS

- Presentation on NIP and Ilagiit council tool to CYF workers and employees;
- Maanippugut (blanket exercise) offered throughout Nunavik;
- Management team obtained NRBHSS approval for the addictions training;
- Participation in the regional suicide-prevention summit organized by the NRBHSS.

## COMMUNITY MOBILIZATION

- Development of collaboration between services: Qiturngavut with the support of an Intern from Université de Montréal;
- Ongoing pilot project in Inukjuaq and Salluit.

## ILAGIIT COUNCIL

- Slow implementation for many reasons, for example: difficult reaching family members, only one completely trained facilitator in the region, no vehicle for transportation, lack of preparation by the YP workers, etc.;
- Difficulties mobilizing families and several last-minute cancellations;
- Identification of need for communication tools for the population;
- Partnerships with both DYPs progressing well: openness and collaboration are evident.

# DEPARTMENT OF PUBLIC HEALTH

In accordance with the Act respecting health services and social services (sections 373 and 90) and the Public Health Act (chapter S-2.2), the director of Public Health coordinates the services and the use of resources for the implementation of the regional plan in public health. The director is accountable for the region's public-health service-programs. Those services include services related to surveillance and monitoring of the population's health and its determinants.

## HEALTH PROMOTION AND PREVENTION TEAM

### **Sexual Health & Abuse Prevention**

The mandatory sexual education curriculum, to be delivered by Kativik Ilisarniliriniq, is currently being finalized so it can be piloted in schools next fall. The team also worked on adapting the "Speak-up Be safe" sexual abuse prevention program, now replacing the school component of the Good Touch Bad Touch program. The Child sexual abuse advisory committee was consulted to guide the team on the cultural safety and sustainability of the transition to this new program. Workshops on sexual diversity, sexual development of children and healthy and safe relationships were also offered to partners and parents across the region.

### **Tobacco Prevention and Cessation**

A 30-week awareness campaign entitled "Tobacco is Harming Nunavik" was launched to raise public awareness of the risks of tobacco on health. In addition to the booklet "How Smoking Harms Us", a second booklet "How to Quit Smoking" was developed to provide effective strategies for tobacco cessation and to support Nunavimmiut who want to quit smoking.

### **Prevention of Diabetes and Other Chronic Diseases**

Health centers resumed screening for diabetic retinopathy (disease of the eye related to diabetes) at clinics or at users' residences this year. Foot care services for people with diabetes and chronic diseases were also offered.

A breast cancer screening clinic was held in Kuujjuaq in May 2022 for women living in communities of the Ungava Coast. As a replacement to the mammography mobile unit (declared outdated last Fall), the NRBHSS made an agreement with a radiology clinic in Montreal to provide breast cancer screening to Nunavik women starting in April 2023.

### **Food security**

The public health team supported 30 local food projects across Nunavik, offering training, in person support, resources and funding. Support to school meal programs were prioritized this year, providing funds, advocacy, and resources to ensure students have food available throughout the school day. School lunch or snack programs are now available in all schools across the region, in addition to the long-standing breakfast program.

The development of the Nunavik Food Security Strategy was resumed last fall. The objective of this strategy is to create a collective vision with regional stakeholders to achieve food security and food sovereignty in the region.

### **Nutrition**

An important step was achieved in October 2022 when a school food and beverage policy was adopted by KI's board of commissioners. The Imatsiaq! Program, which aims to promote water as beverage of choice to children and youth was extended to four new schools, bringing the number of participating schools to 17. Imatsiaq! tools and materials were adapted and shared with the childcare centres. An evaluation of the program's implementation was made in the autumn of 2022.

Collaborative work was done with the Ilagiilluta program on the Ungava coast to update their food coupon program to promote healthy food for pregnant women. Traditional food is now also offered to pregnant women at Ullivik, as part of the Ilagiilluta program. The team began providing food safety and hygiene training to the kitchen staff of Kuujjuaq's and Kangiqsujuaq's elders' houses. The year was capped off with a regional campaign for Nutrition month and Country food day in March of 2023.

### **Youth Mental Wellness**

Prevention of substance use and Positive mental health are the main priorities of the youth mental wellness team. Some communities have been visited to foster local partnerships and evaluate their needs in terms of promoting youth wellness. The team also worked on the development of a Nunavik Specific Life skills program to be offered to youth in schools.

### **Community Mobilization and Support**

The Community Mobilization and Support team worked toward mobilizing communities as partners and leaders in the enhancement of the health and wellbeing of the population. This was done in collaboration with the Community Liaison Wellness Workers (CLWW) and their coordinators. Significant progress was made on developing the Katutjiqatigiittut toolbox (Toolbox for Community-Based Projects), which will serve as a web-based platform to find useful Nunavik-specific information and tools to support community-led initiatives.

The team is also responsible for organizing workshops to promote the use of the IQI model and community portraits as tools for community action-planning. The first workshop of this kind was held in Kangiqsualujuaq in Fall of 2022.

### **Early Childhood**

The Perinatal and Early Childhood team mainly worked on FASD prevention, breastfeeding promotion, as well as implementation of several programs such as “Pinngualaurta”, “Baby Book”, and “Birthing away from home in a good way”. The “Regional Perinatal Table” was launched, where partners can work together to better coordinate the services offered to families in the Health Prevention and Promotion field.

Initiatives were deployed to promote breastfeeding in Nunavik; a pilot training was provided by an Inuk nurse and lactation consultant from Nain, Nunatsiavut to participants of the Ungava Coast. The plan is to expand this training at a regional level in the next year.

### **Oral Health**

A new dental advisor was hired this year, filling a position that has been vacant for the past decade. A plan of action for oral health was thus finally drafted with the goal of improving access to preventive dental care and fostering the adoption of healthy oral habits in Nunavik. This plan covers preventive care provided in the schools, day-cares, dental clinics for adults and elders’ homes, integrated into counselling services on smoking cessation and nutrition.

Although the lack of dental hygienists in the region is an obstacle to deployment of the plan of action, more than 270 schoolchildren were seen by a dental hygienist this year, with priority on activities to detect tooth decay and apply fluoride varnish and sealant.

## PUBLIC-HEALTH MONITORING AND PLANNING

A team tasked with public-health monitoring and planning was created this year with the aim of placing all activities concerning health surveys, management of medical-administrative data and development of regional plans of action for public health under the same coordinating body. Besides recruiting the resources to assume these mandates, the team also created a position of Inuit advisor to support research activities in public health.

The steering committee and the data-management committee were merged and became the committee on Nunavik health surveys. Besides coordinating and managing the data from the Qanuilirpitaa? 2017 Survey and the Qanuippitaa? National Inuit Health Survey, its tasks now include support for the Uvikkavut Qanuipat Health Survey among Secondary Students of Nunavik.

The latest thematic reports from the Qanuilirpitaa? 2017 Survey were published (food security and hunting/fishing/gathering practices). Under the supervision of the committee on Nunavik health surveys, more than 20 supplementary analyses are under way for more in-depth examination of certain topics.

Data gathering for the Uvikkavut Qanuipat Uvikkavut Qanuipat Health Survey among Secondary Students of Nunavik was conducted in the secondary schools of the 14 communities in the fall 2022 jointly with the Institut de la statistique du Québec and Kativik Ilisarniliriniq. The survey highlights will be available in the fall 2023.

Preparations for the data-gathering phase for the Qanuippitaa? National Inuit Health Survey scheduled for the fall 2023 were at the core of the team's activities: the questionnaires were finalized and translated into Inuktitut.

The Nunavik nutrition and health committee, active since 1989, continued its activities at performing the sociocultural analysis of research projects submitted under the northern contaminants program. Advocacy work to protect the quality of traditional foods was carried out in the context of efforts under the Stockholm Convention.

Jointly with regional partners, the team continued work at establishing Atanniuvik, a governance body for research in Nunavik. The integrated plan for creating Atanniuvik was

ratified by the regional organizations and the project is now in the implantation phase.

The regional plan of action for public health is a planning document that enables outlining the regional priorities, the objectives and the activities to be organized for prevention and health promotion and protection. A summary statement on the last regional plan of action (2016-2020) was produced, and work at developing the next regional plan of action (2023-2025) has begun.

## INFECTIOUS-DISEASES TEAM

### Diseases Avoidable Through Vaccination

Work at evaluating the vaccination of children aged zero to two years was carried out jointly with the *Institut national de santé publique du Québec*, shedding light on suboptimal immunization coverage and vaccination delays in the region. Work was performed jointly with the health centres to improve the service supply for vaccination and better understand parental perception of vaccination. Further, tools were developed for promoting vaccination of children.

The program for BCG vaccination (tuberculosis vaccine), now offered at the age of one month, was extended to all the Nunavik communities on January 1, 2023. The test for severe combined immune deficiency (SCID) was deployed on the same date, to ensure a child does not have SCID before being vaccinated with BCG. Finally, vaccination against COVID-19 continued according to the *MSSS'* recommendations. It was expanded to the clientele aged six months to four years in the spring 2022.

### Monitoring and Control of Respiratory Viruses

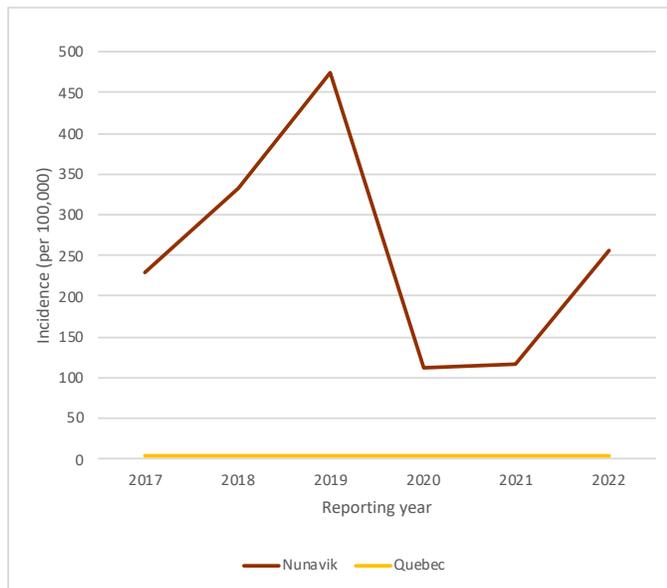
During 2022, the efforts to manage COVID-19 cases and contacts were cut back progressively. The health measures were relaxed and the regional program to manage entry was terminated. An approach based on protection against all respiratory viruses was established for individuals with symptoms of respiratory infection or a positive result for COVID-19. The intervention essentially aims to protect vulnerable individuals against respiratory infections and maintain the network's capacity to continue providing front-line services. A pilot project to monitor sewage for the presence and tendencies of respiratory viruses has been under way since November 2022, a joint effort with our partners the University of Ottawa and the municipality of Kuujuaq.

## Tuberculosis

The incidence of tuberculosis (TB) rose considerably in 2022; with 38 new cases reported, the incidence attained a record rate of 257 cases per 100 000 persons, a rate much higher than that observed elsewhere in Québec (see figure below). Individuals newly stricken by the disease reside primarily in four communities of the region.

A community-wide testing campaign for TB was launched in one Ungava community. A community-health centre was also inaugurated in that community to facilitate testing activities and support the provision of preventive services for the population. In total, 358 individuals were tested for TB in 2022 (or 51% of the eligible population), with confirmation of the diagnosis of 16 latent tuberculosis infections (LTBI) and fewer than five cases of active infection. These testing activities will be ongoing in 2023.

Testing of school-aged children was also performed in one of the Hudson communities. In total, 159 individuals were tested in that community from September to December 2022. No new cases of active TB were detected, but seven cases of LTBI were diagnosed during the campaign, which continues into 2023.



**Figure 1: Incidence of TB in Nunavik and Québec, 2017-2022**

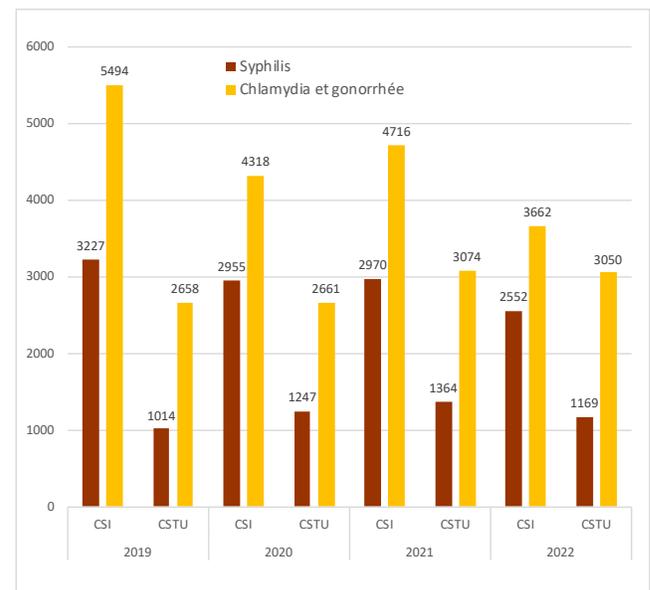
Training on TB was offered to several clinicians of the region through *Teams* and the centre for remote teaching and learning (*CEAD*). Short-term training on TB was also offered to local workers (public-health officers, interpreters, liaison officers) in the communities where testing was performed. Five public-health officers were hired in four communities.

## Avian Influenza

In the spring 2022, the Nunavik Department of Public Health (DPH) informed the population and clinicians of avian influenza A in Québec. Recommendations were circulated among hunters of the region concerning the safe handling of bird carcasses. To date, we have found no birds infected with avian influenza in Nunavik.

## Sexually Transmitted and Blood-Borne Infections (STBBIs)

A drop in testing for STBBIs was observed in 2022 compared to previous years, most likely due to the shortage of front-line personnel at the health centres (see Figure 2).



**Figure 2: Number of tests for infection with *Neisseria gonorrhoeae*, *Chlamydia trachomatis* and syphilis, Nunavik, 2019 to 2022 (health centres' laboratories 2022)<sup>1</sup>**

<sup>1</sup> Statistic shared by the laboratories of the IHC and UTHC (2019-2022).

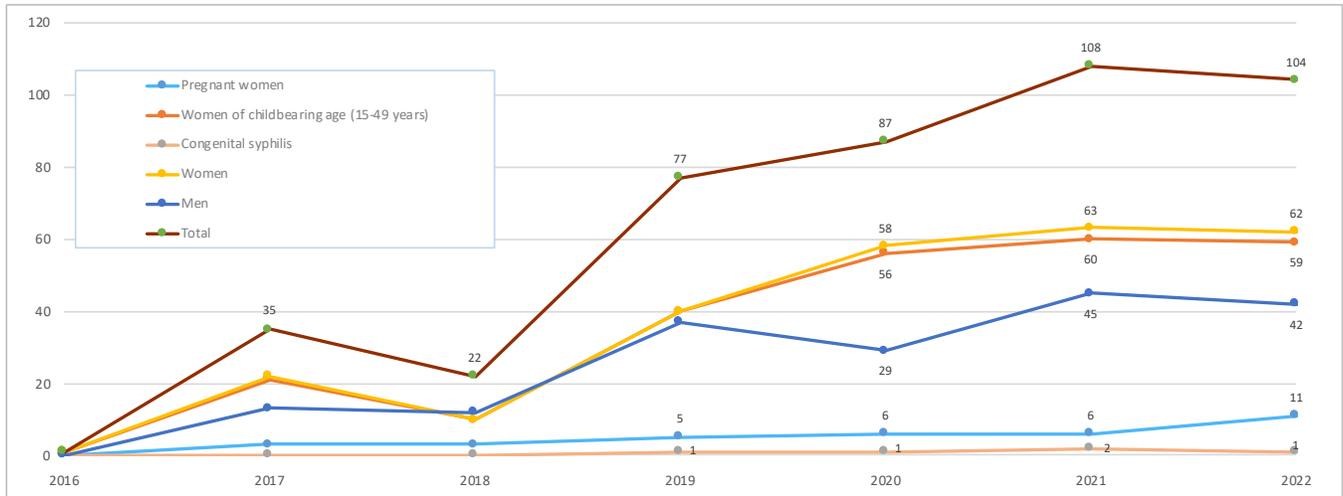


Figure 3: Number of cases of syphilis in Nunavik, January 2016 to December 2022 (NRBHSS 2022)<sup>2</sup>

The number of syphilis diagnoses (N=104) stabilized in 2022 compared to 2021 (N=108) (see Figure 3). Nevertheless, the number of villages that saw sustained transmission rose from two to four. Among the new infections, 11 women were pregnant at the time of diagnosis. Twelve newborns required specific medical care; despite this, the region observed, on average, one case of congenital syphilis per year since the surge in syphilis cases in the region in 2017.

A communications campaign promoting STBBI testing among young men was conducted during regional minor-hockey tournaments. Moreover, two villages adopted the regional notification protocol that allows reaching cases and their partners through the *Messenger* application.

### Monkeypox

An outbreak of monkeypox, or mpox, occurred in the southern regions of the province during the summer 2022, more specifically in the Montréal region. Vaccination against this infection was made available in the region, tools were developed for clinicians and a communications campaign targeting the public was conducted. No cases of mpox have been identified on the Nunavik territory to date.

### Prevention of Opioid Overdoses

Recent overdoses on the Nunavik territory have confirmed the need to deploy a strategy for access to naloxone and training on its use. A communications campaign was conducted to raise public awareness of the harm linked to the use of psychoactive substances, and naloxone for administration by inhalation was made available to first responders, workers of the health network and the public in certain villages. Overdose-alert activities by the health centres and the Nunavik police corps also intensified.

<sup>2</sup> NRBHSS. (2022). Nunavik syphilis database.

## OCCUPATIONAL-HEALTH TEAM

The occupational-health team developed tools for establishing workplace preventive measures, with the aim of informing workplaces of the risks and the preventive measures to apply for the purpose of promoting occupational health and safety and preventing industrial illnesses and injuries in the region.

Collaborative efforts with *CNESST* inspectors are under way to inform the latter of the northern reality and have them intensify their interventions in the region. Information activities were also carried out, at the *CNESST*'s request, particularly concerning welding fumes. Visits were made to mining sites. Priority was placed on information sessions for workers and follow-up to reportable diseases (*MADO*). Reports were also made to the *CNESST* concerning certain hazards.

Jointly with the Department of Public Health's infectious-diseases team, the health centres were supported in establishing measures for the control and prevention of infectious diseases (ventilation, use of masks, etc.). The occupational-health team also produced medical-environmental assessment reports in response to requests from health professionals responsible for pregnancy monitoring under the program For a Safe Maternity Experience.

## ENVIRONMENTAL-HEALTH TEAM

Jointly with the centre for remote teaching and training (*CEFD*) affiliated with the McGill University Health Centre (*MUHC*), the environmental-health team developed online training for professionals on mercury contamination in Nunavik. A second presentation is planned next year with updated recommendations on testing for and managing mercury contamination in the region.

The problem of access to water was a major topic in discussions during the year. Jointly with representatives of the *NRBHSS*' civil-security sector, the Department of Public Health worked closely with the Kativik Regional Government (*KRG*) to assess the elements that have an effect on access to water in certain communities. An assessment of the regional situation was carried out. A committee was created and, over the coming months, will propose adapted support for the municipalities and discuss potential solutions taking their local particularities into account. The team also participated in the annual training for the operators of water-treatment plants, discussing the health aspect.

The team contributed to the setup of a committee bringing together several institutions to deal with the spread of bed bugs on the territory. A guide to prevention and control as well as a regional plan of action were proposed. Finally, reports were processed relative to the problem of mould. Work is under way to develop informative materials destined for the public concerning this problem.



# DEPARTMENT OF INUIT VALUES AND PRACTICES

## THE DEPARTMENT OF INUIT VALUES AND PRACTICES ASSUMES THESE THREE ROLES:

- Promote and ensure the application of Inuit values and practices
- Advise the regional board's other departments
- Act as liaison with the institutions and the community

It enables the regional board to ensure constant vigilance concerning respect for and application of Inuit values and practices.

## PROGRAMS OF THE DIVP

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

## 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. In total, 33 projects were funded in 2022-23.

## INDIAN RESIDENTIAL SCHOOLS PROGRAM

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

All travel between the communities has resumed. Six communities were visited for workshops and grieving and healing sessions. Counselling services continued (by telephone or virtually), as did 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

- A program officer was hired this year.
- Campaign and awareness materials were developed.
- Professional counselling services were available by telephone or online for the families in need.

## 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 coordinators of services for elders.

This program has stalled due to the vacant position.

## WELLNESS COMMITTEES

The wellness committees are composed of community members working under the supervision of the municipal council of each community. Twelve of the fourteen communities have an active committee.

Funding is allocated to the municipalities by the NRBHSS.

## OTHER

We are currently working with the MSSS and the First Nations Commission on policy development regarding cultural safety and racism in the health-care system. A research study was conducted on the forced sterilization of women. Research projects linked to the health surveys conducted in the region are under way. A midwifery working group is developing a birthing centre and assessing the associated training needs.

We are working with the coroners on follow-up to investigations and findings with the families concerned.

# DEPARTMENT OF REGIONAL HUMAN-RESOURCES DEVELOPMENT

The Department of Regional Human-Resources Development is responsible for developing strategies and means for attracting and training personnel as well as preparing Inuit succession in the field of human resources. It also aims at enhancing working conditions for the workforce in the health and social services network and at establishing working conditions favourable to Inuit personnel.

## TRAINING

The Department of Regional Human-Resources Development was busy once more at developing, coordinating and delivering trainings to Nunavimmiut through many successful partnerships. Trainings being key to the regional development of local workforce it was exciting and inspiring to have many files move forward after two years of slower progress. The post-secondary sector was once more active along with a variety of targeted trainings, such as:

- The ACS-DEC-BAC in social work (Inulirijiit) is having a great success with 29 students registered at the Attestation of College Studies (ACS) level while seven students are registered at the Diploma of College Studies (DEC) level and one student will enter the Bachelor degree program at Fall 2023. The trainings are delivered by Collège Marie-Victorin for the ACS-DEC degrees and McGill University for the BAC ;
- Attestation of College Studies (ACS) courses took place through Nunavik with once a month in person session in different communities coupled with individual follow up sessions for the following ACS - "Communication in Helping Relationships" (29 students), Communication in Administration "(4 students) and "Supervision of Human Resources" (6 students) as well as the Diploma of College Studies (DCS) in social work (7 students) – all credited training delivered in partnership with Collège Marie-Victorin;
- Continuation of the work regarding the elaboration of a training and recognition of acquired competencies process related to Bill 21;
- Delivery of four courses on the territory for the certificate in Health and Social Services Management to 11 students including one graduating - credited training in partnership with McGill University;
- Pre-North training was given through 30 online sessions to 343 participants for the preparation of new employees in the network arriving in Nunavik;
- Pre-North training adapted for special needs required for the 811- deployment service in Nunavik was delivered; 2 online sessions to 32 Quebec province nurses and as many video reruns as required to train about 800 Quebec province nurses (training broadcast videos);
- Continuous work to develop a new edition of the Pre-North training for the ENA platform;
- With the collaboration of Kativik Ilisarniliriniq and Cégep Saint-Félicien, the department managed the development and follow-up of the preparatory year for the DCS in Nursing that was launched in October 2022. At the moment, two semesters went underway with four students enrolled;
- Inuktitut language courses offered by the Institut national des langues et civilisations orientales to the 39 network employees (INALCO);
- English language course for NRBHSS employees were offered through McGill University; there was three students during the Fall 2023 semester and five employees during the Winter 2023 semester;
- With the collaboration of the Planning & Programming Department, development and deployment of a regional training offer for the Youth Protection interveners and the Community Services interveners. Training sessions are scheduled on a rotation basis during the year.

## PROMOTION AND RECRUITMENT

- Participation to the Future's Fair, organized by Kativik Ilisarniliriniq allowed the NRBHSS to meet high school students (grade 1 to 5) from Kuujuaq, Salluit and Quaqtaq and promote career paths in the network;
- Southern recruitment activities were held online and in-person throughout the year. In collaboration with the two health centers, we participated in two virtual events and twelve face-to-face events allowing us to meet thousands of potential candidates for different positions;
- Brainstorming and development of a customized job fair for the health network to be held in the Fall of 2023 in Puvirnituq and Kuujuaq.
- A new bursary program was launched for students located South, attending a college or university level programs related to the field of health and social services. Out of the 28 applicants a total of ten bursaries were attributed, eight to full-time students, one to a part-time student and one graduation bursary.

## DEVELOPMENT

- Progressive development of a vast regional Inuit Succession plan which aims to support in their pathway inuit employees who want to consider high-level managers' positions. Pilote projects are being put in place.
- Continuous work to develop our regional online training offer (ENA platform) where specific trainings for the region will be centralized on along with generic trainings already available on the platform;

# DEPARTMENT OF OUT-OF-REGION SERVICES

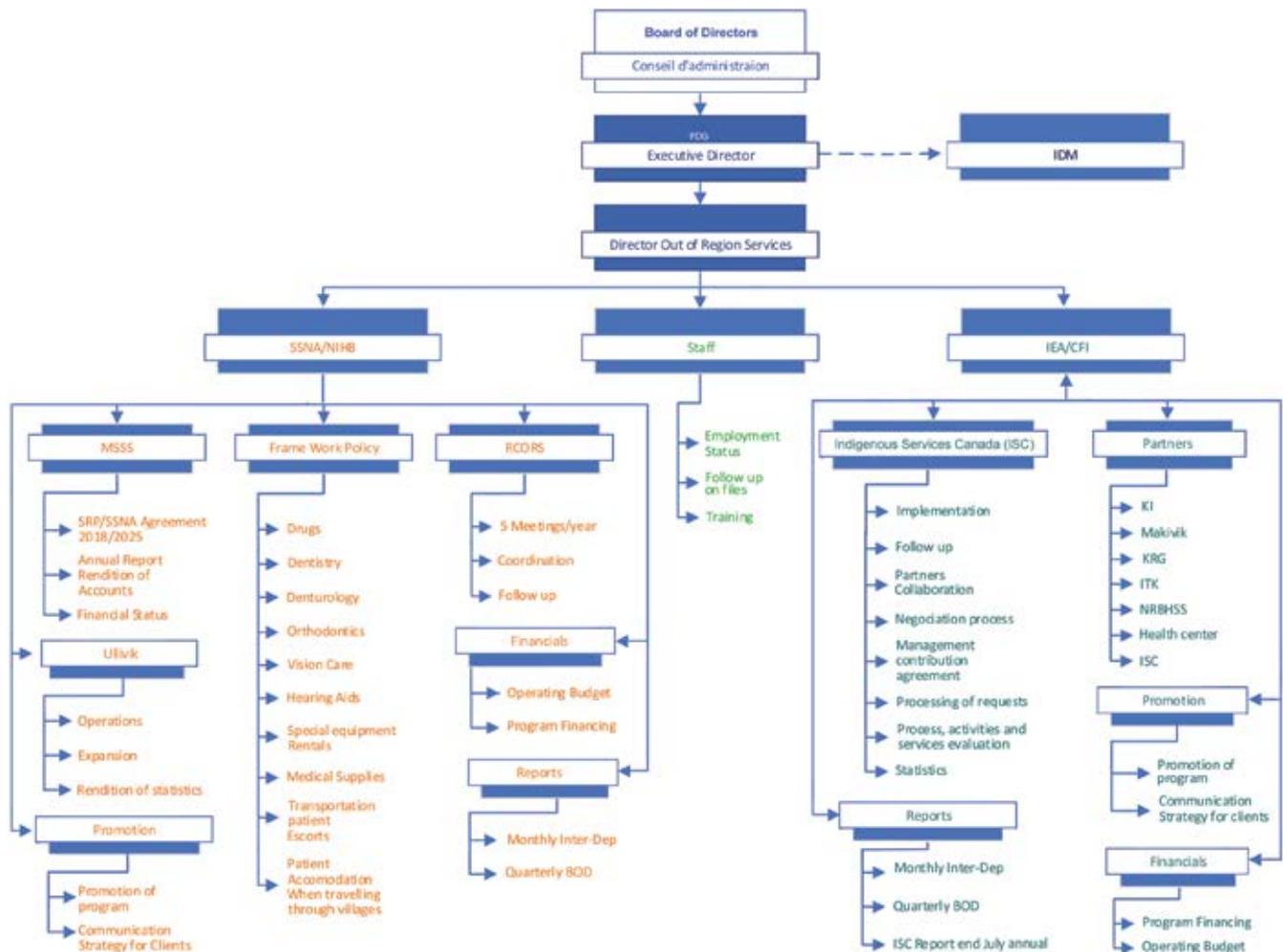
The Out of Region Services Department (ORS) assumes an important role in terms of access to services for the Nunavik population by ensuring management of the Nunavik non-insured health benefits (NIHB) program and by ensuring regional management of the Inuit Child First Initiative.

These 2 programs aim to mitigate health inequalities for beneficiaries of the James Bay and Northern Quebec Agreement (JBNQA) by fostering access to health care, services or products that are not readily available to eligible Nunavimmiut. The NIHB program is accessible to all eligible beneficiaries and the CFI to those under 18 years of age. There are many similarities and links between the two

programs and their joint management aims to place the issue of access to services at the core of the Department of Out of Region Services' mission.

In October 2022 a new department director was hired. The position had been vacant for quite some time and with a new leadership team at high level management, the hiring of a director was key to ensure proper management of the program. The new leadership team reflects new starts in all aspects including; new management practices, new relationships ties with the MSSS and ISC, new structure for reports and rendition of accounts.

Diagram on department structure:



## NON-INSURED HEALTH BENEFITS (NIHB)

The key mandate of the department is to administer the program for insured/non-insured health benefits (INIHB) which consists of all additional services provided to beneficiaries recognized and registered under the JBNQA.

2022-2023 was a year of a lot of changes within the NRBHSS. This is no different for the NIHB program, a new program coordinator was hired in August 2022. The person has a lot of past experience, which has quickly become an asset for the NIHB program.

With this new management came a revamping of the organizational structure of the department. The department is working towards improving the customer service with patients, the establishments, Ullivik, the finance department, the QEPE department, and the MSSS.

Some of the highlighted service improvements are; the hiring of a new finance agent to improve the financial structure and process, to work with the accountant for the audit, to and to improve the rendering of accounts. More efficient, improved financial process with the establishments.

### Policies

The NIHB has been working under the NIHB Framework policy for its services:

- Approved policies:
  - NIHB framework policy;
  - Medications policy;
  - Orthodontics policy;
  - Rental of specialized equipment policy;
  - Regional transportation policy;
- Policies being worked on:
  - Dentistry policy;
  - Denturology policy;
  - Eye care policy;
  - Hearing aid policy;
  - Mental health policy;
  - Refund of travel expenses policy;
- In addition, we are finalizing the review of the Transportation policy.

## The Regional Committee on Out of Region Services (RCORS)

The Regional Committee on Out of Region Services (RCORS) has been meeting on a regular basis to discuss and make recommendations for all files regarding the Out of Region Services. Key collaborators include; the DG of both health centers, the Executive director of the NRBHSS, the Director of Ullivik, the Director of the Planning and Programming department at the NRBHSS, and the Director of the Out of Region Services Department at the NRBHSS. Meetings on a regular basis ensures a continuous follow-up and decision making for important Nunavik files, such as policies, action plans, Ullivik operations, and more.

### Communications

We are working on a communication platform to improve the services between the users and the department. This includes a 1-800 number for clients to call if they need assistance, and the revamping of the website to better explain the services offered.

### MSSS

The communications and relationship with the MSSS have improved drastically. We have made it clear that transparency with the MSSS will be key to delivering a good service to the Nunavik population. An increase in costs for the program is to be expected as the team at the NRBHSS and at Ullivik are both growing to guarantee an increased quality in services.

## Access to medication and NIHB services by beneficiaries

Over the years, beneficiaries have always had access to medication and services covered under the NIHB program. However, it has not always been easy. The NIHB team has been working hard to improve the strategy to implement these services. We have been working with Makivvik Corporation to clarify the eligibility list in conjunction with the Nunavik Beneficiaries list.

We have signed an agreement to start the orthodontics services in Nunavik. The pilot project consists of having an orthodontist travel to Kuujuaq and Puvirnituq 6 times a year, to give orthodontics care services to eligible children under the age of 18 years old. These services started in early 2023 and were financed by the NIHB and the CFI.

## ULLIVIK

Through the RCORS, the NRBHSS has been working in collaboration with the Inuulitsivik Health Centre (IHC) and management at Ullivik to improve the services. The arrival of the new Executive Director of IHC, and the new Director of Ullivik has renewed the desire for change and improvement within the organisation. With our recommendations and approvals, the services have improved drastically through the hiring of new staff, the improvement of services, the increased food quality at the cafeteria, and the management platform for booking and travel. Although some issues will continue to arise, we continue to work in collaboration with the team to give the best possible quality of services to Nunavimmiut.

Some of the highlight decisions include:

- A directive to put an end to co-habitation. The sharing of rooms was not deemed appropriate. We are therefore progressively phasing it out as much as we can. The MSSS has been advised of this and the financial impact that this will have on the NIHB program.
- The hiring of essential staff has been approved to ensure better services. Ullivik has been operating for a long time now without having the essential staff, and we are supporting them through the increased budget for the hiring of this essential staff.

We are currently working with the MSSS and Makivvik Corporation to increase the capacity at Ullivik on a medium and long-term basis.

Finally, in the upcoming year we will focus most of our attention on increasing the quality of services to our population through the NIHB program. The proper rendition of accounts with the MSSS will ensure transparency, and in return trust to move forward with the program as we feel necessary to better structure the services. The drafting of the remaining policies will ensure a good structure in services. We will also continue to work closely with Ullivik, and the IHC to continuously improve the services.

## CHILD FIRST INITIATIVE (CFI)

The Child First Initiative (CFI) is a federal initiative established to improve the response to Inuit children's unique needs in terms of health, social services and education. The CFI is implemented by the NRBHSS and operated in collaboration with the various Nunavik organizations that manage services

for the region with a mission to come together in order to develop long-term approaches that will better meet the needs of Inuit children in a timely and culturally appropriate fashion. The Child First Initiative aims to provide funding that is necessary to enable access to services when they are not available within a reasonable time period or in case they do not exist.

Changes is also part of the highlights for the CFI program. In August 2022, a new coordinator was named for the program. This person has been a part of the NRBHSS team since several years now, and with her experience and background she was able to bring some structure and properly launch the program.

The Nunavik CFI program is recognized by ITK and its members as being well advanced. We take pride in leading the way for this initiative and we continuously support other regions in Canada. However, what highlights the CFI program the most in our region is the amount of applications and projects funded. Key to their success has been the implementation of a communications platform and the collaboration with our partners such as:

- Nunavik Regional Board of Health and Social Services (NRBHSS)
- Ungava Tulattavik Health Centre (UTHC) and the CLSCs.
- Inuulitsivik Health Centre (IHC) and the CLSCs
- Kativik Ilisarniliriniq (KI) and the schools
- Department of Youth Protection at UTHC
- Departement of youth protection at IHC
- Centre de la jeunesse et de la famille Batshaw
- Kativik Regional Government (KRG)
- Indigenous Services Canada (ISC) - Québec
- Cree Board of Health and Social Services of James Bay (CBHSSJB)
- Inuit Tapiriit Kanatami (ITK)
- Makivvik Corporation
- Isuarsivik
- Native Montréal
- Nunalituqait Ikajuqatigiit Inuit Association
- Tasiutigiiit
- Minnies Hope
- Commissions scolaires du Sud
- CIUSSS Capitale nationale
- Montreal Childrens Hospital
- Tungasuvvingat Inuit
- Nunavik Youth House Association

- Qavvivik
- The Native Women’s Shelter of Montreal

Over the past year, we have been working with Indigenous Services Canada (ISC) on improving the process of approving application for Inuit children living in Nunavik or out of the region. We have started working on setting up a structure to create an independent link with ISC to simplify the current process on the federal side.

**Additional files**

- Child care services
- Collaboration with certain YPD’s in the south for Inuit children including Bradshaw, YPD’s of Montreal, and YPD of Capital National.
- A collaborative mode for the program was created and shared with other regions to guide them through the process.

**Communication plan**

A communication plan has been the key to promoting the program and has had a very big impact on the success of the program. This communication plan includes the launch our toll free 1-833-405-1234 number that will be available for any CFI applicant, organisation or individual interested in the program, or past applicants to communicate with an agent for assistance.

**Statistics**

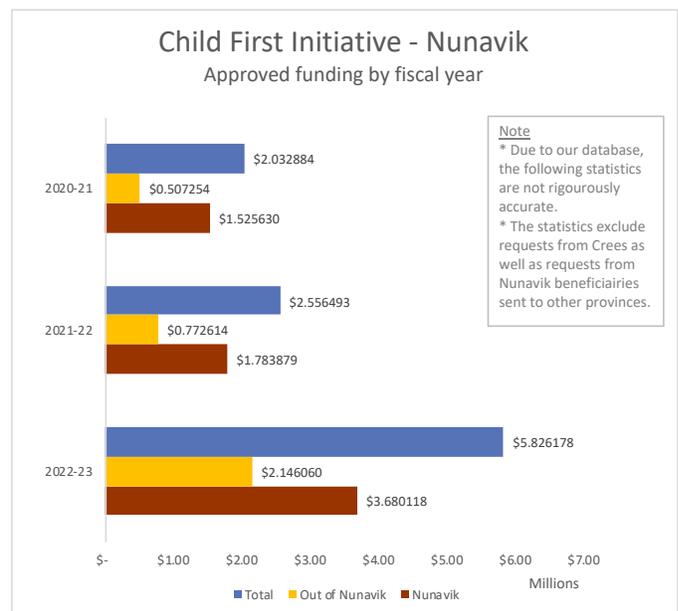
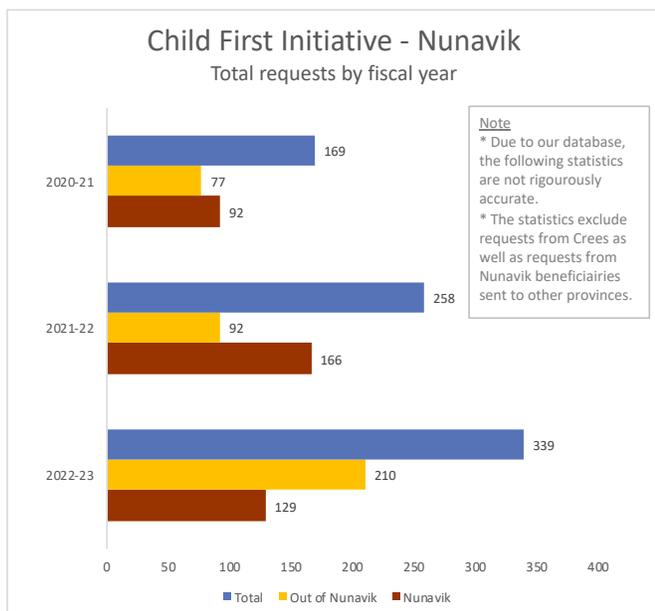
For the 2022-2023, we have received 339 requests for a total of \$5,826,178 ranging in different fields such as; Education and school related services, assessment in Neuropsychology, Speech therapy, and more.

We can see that there is a 31% increase in requests and a 128% increase in the funding amounts since the 2021-2022.

In the upcoming year we will continue to focus on structuring the CFI program so that more Inuit can access the program. The communication plan will be key to share the information with the Inuit population, and the improvement in the process of applying will facilitate and accelerate the process. Our team will certainly continue to grow, and so will our list of partners.

**Conclusion**

Finally, the conclusion for the 2022-2023 is that it was a year of many changes for the Out of Region Services Department. Changes for the betterment of Nunavimmiut and Inuit altogether. The hard work and dedication from the staff for both the NIHB and the CFI programs does not go unrecognized, and they are to be congratulated for their constant efforts, reliability and proactivity at their work. We look forward to continuing to work for our region and for the health of our population.



# ADMINISTRATIVE SERVICES

The Department of Administrative Services provides a broad range of support services for the other departments of the Nunavik Regional Board of Health and Social Services (NRBHSS). Our primary resource-management sectors are financial services, human resources, supply services, biomedical engineering, fixed assets and information resources.

The department also supports the development of and annual follow-up to the strategic regional plan. Under that

plan, the department manages the development of and follow-up to capital projects for the short- and long-term investments for the region's entire health and social services network.

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



## FINANCIAL RESOURCES

### Regional Budget

The total regional credits from the ministère de la Santé et des Services sociaux (MSSS) for fiscal 2022-2023 amount to \$375.3 M, destined for the Nunavik health and social services network as presented in the table below. 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 \$287.1 M. The NRBHSS transferred \$13.8 M to the eligible community organizations. In that envelope, it also received and managed earmarked funds for the non-insured health benefits (NIHB) program.

Allocations	2021 / 2022	2022 / 2023
Inuulitsivik Health Centre	110.3 M\$	147.5 M\$
Ungava Tulattavik Health Centre	103.4 M\$	137.4 M\$
NRBHSS earmarked funds		
Non-insured health benefits	23.9 M\$	24.6 M\$
Other	28.5 M\$	45.8 M\$
Community organizations		
Youth centres	4.5 M\$	4.3 M\$
Other (see table of community organizations)	8.0 M\$	9.5 M\$
Reserve		
Reserve	3.3 M\$	4.0 M\$
<b>TOTAL TRANSFERS</b>	<b>\$281.9 M</b>	<b>373.1 M\$</b>

### Health Centres' Operating Budgets and Financial Results

In accordance with its advisory role with the health centres, the NRBHSS invested major efforts during the year, including several meetings to ensure appropriate fiscal monitoring. The Inuulitsivik Health Centre (IHC) and the Ungava Tulattavik Health Centre (UTHC) ended the year with an operating balance of \$0, as shown in the table below.

Public institutions	2021 / 2022		2022 / 2023	
	Net authorized budget	Surplus (deficit)	Net authorized budget	Surplus (deficit)
IHC	\$110.3 M	\$0.000 M	\$147.5 M	0
UTHC	\$103.4 M	\$(0.484) M	\$137.4 M	0
<b>TOTAL</b>	<b>\$213.7 M</b>	<b>\$(0.484) M</b>	<b>\$284.9 M</b>	<b>0</b>

## FUNDING FOR COMMUNITY ORGANIZATIONS

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

Community organizations	2021 / 2022	2022 / 2023
<b>Inuit men's associations</b>		
Qimutjuit Men's Association of Kuujjuaraapik	\$100 000	116 500 \$
Qajaq Network	\$156 551	158 900 \$
Unaaq (Inukjuak)	\$156 550	134 200 \$
Inuit women's association	-	-
Saturviit (Nunavik)	\$156 551	158 900 \$
Inuit youth association	-	-
Youth Council (Nunavik)	\$252 500	-
Jeunes Karibus	\$75 751	185 000 \$
<b>Elders' homes</b>		
Tusaajiapik Day Centre (Kuujjuaq)	-	-
Committee of the Ayagutaq Residence (Inukjuak)	\$385 000	390 800 \$
Sammiak Elders' Committee (Salluit)	-	-
Qilangguanaaq (Kangiqsujuaq)	\$400 000	-
Sailivik (Puvirnituaq)	-	304 500 \$
<b>Family houses</b>		
Iqivik Family House (Salluit)	-	330 000 \$
Miamisivik Family House (Kangiqsujuaq)	\$325 000	329 900 \$
Nunavik Youth House Association	\$4 509 370	4 299 336 \$
Qarmaapik (Kangiqsualujjuaq)	\$249 999	456 800 \$
Tasiurvik Centre (Kuujjuaraapik)	\$18 939	-
Tunniitt (Kangirsuk)	\$100 000	125 000 \$
Pituaat Family House	-	500 000 \$
<b>Mental-health residences</b>		
Uvattinut Supervised Apartments (Puvirnituaq)	\$303 000	307 600 \$
Community Residence (Ungava)	\$430 227	470 000 \$
"I Care We Care" Project	\$101 000	150 000 \$
<b>Treatment centre</b>		
Isuarsivik (Kuujjuaq)	\$2 700 000	2 740 500 \$
<b>Women's shelters</b>		
Ajapirvik (Inukjuak)	\$485 122	939 464 \$
Initsiak (Salluit)	\$721 913	727 416 \$
Tungasuvvik (Kuujjuaq)	\$634 866	722 382 \$
<b>Poverty reduction</b>		
Sirivik Soup Kitchen	\$200 000	250 000 \$
<b>TOTAL TRANSFERS</b>	<b>\$12 462 339</b>	<b>13 797 198 \$</b>

## 2022-2023 OPERATING BUDGET

According to the Act respecting health services and social services (Chapter S-4.2) and the MSSS' bulletins, the 2022-2023 operating budgets were estimated at \$32.3 M and adopted by the NRBHSS board of directors. Thanks to appropriate planning and fiscal processes, the NRBHSS ended the year with an operating balance of \$0, due to the fact that with COVID-19, 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

Other than the operating budget, the regional board receives and manages funds earmarked for specific activities. The primary sources of these funds are the federal and provincial governments.

### Capital Funds

The 2022-2023 functional and conservation plan was updated. In close collaboration with the health centres, the regional board provided support and funding for carrying out most of the projects in Nunavik. It transferred a total of \$9 331 136 for various capital projects. This 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	-	-	-	-	-
<b>TOTAL</b>	<b>\$5 780 815</b>	<b>\$2 676 067</b>	<b>\$146 178</b>	<b>\$728 076</b>	<b>\$9 331 136</b>

The year 2022-2023 would be the last year in responding to COVID-19 in Nunavik. The sector responsible for fixed assets and equipment maintenance and replacement was nevertheless very active at the start of the year at setting up Ajapirvik—a temporary, 12-bed clinic (medical tent and prefabricated rooms)—in the gymnasium of the Kuujjuaq Forum to relieve the local hospitals in case of exceeded capacity. The sector also participated in a reduced program for COVID-19 houses in Kuujjuaq to help the UTHC with the transfer of COVID-19 patients, managing quarantine houses in Kuujjuaq in terms of overall organization and daily logistics.

The COVID-19 restrictions in effect at the start of the year greatly limited the sector's capacity to undertake annual renovation projects with external contractors. However, the sector succeeded in completing certain, more urgent projects: roof repairs to three units, drinking-water plumbing in several units and replacement of several water heaters. The sector also carried out major emergency work on three units after some serious water damage. The NRBHSS acquired two new houses (1920 and 546). Substantial work was carried out in these new houses in view of their use. The sector also provided support for several of the regional board's capital and construction projects (TB testing, NIP). Finally, in terms of personnel, the sector hired a new building technician and a new coordinator for fixed assets and equipment maintenance and replacement.

In conclusion, for the sector, the year 2022-2023 was another year in which the projects were greatly disrupted due to the response to COVID-19. Although several projects had to be postponed, the end of the logistical needs related to the pandemic will now allow us to resume the renovation and maintenance projects on the regional board's fixed assets. Calls for tender are already under way to initiate new projects starting this summer, and we are confident that we will quickly make up for the delays caused by the events of the past two years.

## Federal Funds

The contribution agreement signed with the federal government for a 10-year period, i.e., from 2019-2020 to 2028-2029, was originally for \$70 M. After various amendments since its signature, the amount is currently greater than \$139 M. in 2022-2023, an amount of \$22 061 929 was transferred. Unlike the initial agreement, the funds of the present agreement are transferrable from one year to the next until termination.

Indigenous Services Canada	2021 / 2022	2022 / 2023
Aboriginal Diabetes Initiative	699 789 \$	696 388 \$
Aboriginal Health Human Resources Initiative	63 545 \$	62 187 \$
Aboriginal Health Human Resources Initiative (training)	11 961 \$	11 705 \$
Brighter Futures	1 403 015 \$	1 405 365 \$
Children's Oral Health Initiative	424 000 \$	424 000 \$
Federal Tobacco Control Strategy	428 400 \$	428 400 \$
Foetal Alcohol Spectrum Disorder	468 762 \$	468 762 \$
Home and community care: palliative care	4 372 309 \$	4 377 145 \$
Home and community care: capacity development	37 746 \$	36 939 \$
Home and community care: initiative for support in response to COVID-19	805 407 \$	414 073 \$
Inuit Health Survey (study)	1 209 823 \$	1 169 823 \$
Maternal Child Health Program	231 000 \$	231 000 \$
Community mental health (CLWWs)	1 058 705 \$	1 060 477 \$
Missing and Murdered Indigenous Women and Girls	132 000 \$	132 000 \$
Canadian Drugs and Substances Strategy (opioids)	109 170 \$	159 430 \$
Nutrition North Canada	490 000 \$	490 000 \$
Canada Prenatal Nutrition Program	382 075 \$	382 715 \$
Climate change	119 000 \$	119 000 \$
Planning and management of the quality of health services in Nunavik	475 710 \$	326 546 \$
Indian residential schools	701 378 \$	701 378 \$
Sexually transmitted and blood-borne infections	229 000 \$	229 000 \$
Suicide-prevention strategy + initiatives	1 428 387 \$	2 602 736 \$
Mental-health team: creation and development	382 093 \$	303 039 \$
Tuberculosis	1 547 840 \$	1 489 957 \$
Victims of family violence	17 314 \$	16 944 \$
Day Schools	65 992 \$	57 958 \$
Child First Initiative, Agir tôt, UTHC	271 650	–
Child First Initiative, RAC-II-ASD	–	–
Child First Initiative, AK	–	–
Child First Initiative, Turartaviks, IHC	332 370 \$	–

Indigenous Services Canada (continued)	2021 / 2022	2022 / 2023
Child-first principle: Turartaviks, UTHC	–	363 364 \$
Child First Initiative: service provision	–	–
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 \$	357 469 \$
Child First Initiative: food security in schools	249 399 \$	–
Child-first principle: community workers	–	90 000 \$
Child-first principle: Van	–	80 096 \$
Midwifery	587 500 \$	–
COVID-19 pandemic: food security	–	–
Trauma-related cultural support	1 350 370 \$	1 132 993 \$
Response to regional needs	417 346 \$	272 289 \$
Legislation on Indigenous health	210 542 \$	1 000 \$
Patient navigators (antiracism fund)	–	325 000 \$
Midwifery (antiracism fund)	–	639 250 \$
Advocacy (antiracism fund)	–	228 500 \$
Cultural Safety Partnership Fund (antiracism fund)	–	325 000 \$
<b>TOTAL SUBSIDIES</b>	<b>21 655 084 \$</b>	<b>22 061 929 \$</b>

## FIXED-ASSETS ACTIVITIES

The regional board worked on capital projects, which are funded through the 2018-2025 agreement.

### Capital Master Plan

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

According to the agreement, the regional board revised its capital master plan to establish priorities in short- and long-term capital investments and to use it as management tool.

During the year, we continued expanding our internal project-management team to ensure sound management of our projects. The advisory committee for the capital master plan continued updating the plan and ensuring follow-up to 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
Kangiqualujuaq, 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
Kangiqualujuaq, 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
Kangiqualujuaq	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
Puvirnituk	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
Puvirnituk	Patient transit (self-funded project)	
Salluit	New construction of local, northern health and social services centre	\$62,107,613

### Below are some of the capital projects we worked on in 2022-2023.

#### Elders' Homes

The elders' homes consist of two projects, one of 34 beds for Puvirnituk and the other of 34 beds for Kuujuaq, to respond to the pressing need for beds in long-term care for elders and the need for new installations in Nunavik.

After numerous consultations with various ministries, the MSSS recognized that these resources are indeed urgently needed and necessary, as they are nonexistent in Nunavik.

Last year, we began designing and planning the two elders' homes to be built in the communities of Kuujuaq and Puvirnituk jointly with the two institutions. Thanks to the cooperation and participation of the Inuulitsivik Health Centre (IHC) and the Ungava Tulattavik Health Centre (UTHC), we were able to come up with a home-type design adapted to Nunavik and especially to Inuit culture.



These two projects are essential to the provision of health and social services appropriate to:

- elders lacking autonomy;
- users suffering from dementia;
- users with major and multiple health problems;
- users with motor, visual and hearing problems or moderate to severe mobility limitations.

At present, there are numerous clients on the waiting lists in their communities and several are in long-term care installations in the South and in the hospitals of Puvirnituk and Kuujuaq.

Over a few months, we designed a concept that consists of a 34-room installation in each of the two communities, to be divided into four wings. Each wing will have eight bedrooms for the users as well as a living room and a dining room. The installation will have two rooms specifically for palliative care. The common area will house a kitchen, rooms for clinics, a day centre and spaces reserved for the preparation of traditional Inuit meals, the ingredients for which will be sourced from wild flora and fauna. The plans and specifications were submitted to the MSSS in December 2021 for authorization to proceed. The MSSS asked that the spaces be optimized to reduce the costs that, according to the ministry, were too high. For Kuujuaq, the costs total \$128 M, and for Puvirnituk, \$105 M. Although the plans are similar, the difference in costs is due to the type of foundation, which differs between the two communities. Given the major increase in the cost of construction materials and transport, and with the restrictions related to COVID-19, the regional-disparity factor behind the reality that projects in the North cost 2.5 times more than those elsewhere in the province no longer reflects the current reality. The NRBHSS will provide the MSSS with a statement that explains the increase in that factor and thus the higher costs. The plans were revised and will be ready in May 2023. Procedures are under way to begin construction in 2024 depending on the date we receive authorization from the MSSS.

With that, we are proud of being able to respond not only to this pressing need in Nunavik but also to the needs of the most vulnerable persons in our communities. We have deployed constant efforts at finding the best possible solutions to meet these urgent needs.

### **Aupaluk CLSC**

The construction of the new CLSC began in the summer 2018 with inauguration planned for the spring 2023. The new installation will respond to long-term needs over the next 30 years. This \$45 M project is the first of its kind in Nunavik.

The new CLSC will enable providing not only adequate services and spaces for the community but also modern medical equipment.

### **Housing Units in Nunavik**

On April 23, 2020, the MSSS authorized the NRBHSS to build 66 housing units for the clinical personnel in various communities of Nunavik, with a project budget of \$63 M. Pursuant to the MSSS' recommendations, we divided this construction project into two phases.

The first phase—5A—of the project was carried out in Kuujuaq in 2021-2022 for a total of 24 housing units built and delivered.

The second phase—5B—for 42 units was approved on November 22, 2022, and is in the planning stages for construction in 2023-2024 in various communities. Of these 42 units, 18 are under construction in Puvirnituk.

A decree issued by the MSSS on February 22, 2023, authorized the NRBHSS to award private construction contracts to Makivik Corporation and the Federation of Cooperatives of New-Québec (the latter's division: FCNQ Construction, Inc.).

The decree supports Phase 6 of construction for a total of 108 units at a budget of \$105 M. The applications were sent to the MSSS on December 22, 2022, and the NRBHSS received approval on February 22, 2023. Planning has begun and construction will start in 2023-2024.

The funds will come from the 2018-2025 agreement on the provision and funding of health and social services in Nunavik.

## INFORMATION-TECHNOLOGIES DEPARTMENT

The health crisis continued into 2022-2023, but the regional information-technologies (IT) team was able to support the local IT teams at the two health centres. This permitted progress in certain IT initiatives and projects.

### **Fifteen Security Measures**

These measures are part of an initiative of the ministère de la Cybersécurité et du Numérique (MCN), which is tasked with enhancing our computer-security posture. Given that the health and social services networks (HSSNs) are opportunistic targets for cybercriminals, we are responsible for protecting the HSSNs by applying the standards and practices referred to in the 15 security measures.

### **Programme de consolidation des centres de traitement informatique (PCCTI)**

Also under the responsibility of the MCN, the PCCTI (Program to consolidate informatics-processing centres) is a feasibility study of basing our computer infrastructure on cloud computing. We have major issues with bandwidth and satellite latency, but that should not prevent us from carrying out feasibility studies on the possibility of modernizing our system through cloud computing.

### **Needs Assessment for Bandwidth and Strategy**

Bandwidth being our major issue in Nunavik, Internet technologies through low-altitude satellites represent an interesting opportunity. In close collaboration with the MSSS and the MCN, we are in the process of examining how this new Internet link can support our population and our personnel.

### **Info-Health Telephone Line (8-1-1)**

The Info-Health telephone service (811) is presently accessible, which was not the case last year. The public can now contact the Info-Health line and receive services in the three languages (Inuktitut, English and French).

### **Collaboration on Multiple Clinical Projects to Foster Communications with the Public**

We are working on several projects jointly with the MSSS to enhance clinical systems (laboratory, medical imaging, pharmacy etc.), with the goal of improving service efficiency and centralizing patient information.

### **Hiring for IT Services**

During the year, we hired a new IT coordinator. Moreover, with the numerous clinical and other projects, we are in the process of recruiting additional resources to fill positions requiring specific expertise.

In spite of the considerably increased workload caused by the transition to new collaborative tools, the use of remote work and the very short deadlines for ministerial projects, the IT team contributed to the collective efforts of the Department of Public Health and the Department of Planning and Programming toward creation of a tool to manage traveller entry to Nunavik.

The technological shift triggered by the pandemic obliged us to adapt. In spite of our telecommunications challenges primarily caused by our limited bandwidth, the regional team will continue its activities in order to improve and optimize IT services for the region.

## BIOMEDICAL-ENGINEERING DEPARTMENT

Since its creation in 2020, the NRBHSS biomedical-engineering department has deployed much effort to respond to the needs in managing assets development and maintenance and improving operating procedures. With the support and supervision of the assistant and the director of Administrative Services, the department was active at dealing with the region's public-health challenges while continuing to develop its operations and improving biomedical engineering for the future. A summary of some of the projects we worked on follows.

### **Ongoing Improvements**

New efforts contributed to biomedical-engineering developments in Nunavik:

- Adoption of a five-year plan for acquisition of medical equipment: a new procedure to plan for acquisitions of medical equipment in advance. This plan consists of assessing clinical needs and identifying the technical and administrative solutions to respond to them. We developed a template with several questions enabling us to plan resources in advance in order to carry out projects according to expectations while observing the laws and regulations in effect.

- Planning the implementation of a management tool for regional biomedical engineering: carried out jointly with the IT department, this project aims to create a biomedical-engineering section on the C2Atom platform. The goal will be to standardize communications relative to regional applications, including applications for projects of assets maintenance, clinical development and others such as training for technicians and analysis of projects on the Actifs+Réseau platform. At present, our resource responsible for biomedical engineering is working on the design for the platform's structure as well as options that will be available to the users working primarily in one of the following sectors: clinical, administrative, financial and technical.
- Application for a recurrent budget to fund projects for acquisition of medical equipment: the need to develop and acquire medical equipment is considerable in Nunavik, a region in full growth, but the challenges in the North are also considerable, which led us to apply for a recurrent budget to fund the growing need for medical equipment to avoid delays related to project authorization and funding. Several meetings with the MSSS departments concerned were planned for the purpose of allocating a portion of the regional development budget to the acquisition of medical equipment. The five-year plan adopted in 2022-2023 will be the means for communicating our needs in equipment acquisition over the next five years in order to determine the amount of the budget.

## Development

Several new projects for developing the clinical service supply were carried out jointly with other sectors of the NRBHSS and the health centres:

- Projects to develop the service supply related to the prevention and control of infectious diseases in Nunavik: these projects aim to equip the villages with the necessary resources to ensure ongoing and regular promotion and testing activities relative to infectious diseases, especially to deal with and prevent outbreaks of tuberculosis, syphilis and gonorrhoea. In 2022, our biomedical-engineering department began working closely with the Department of Public Health to plan the implementation of this service supply in the villages of Kangiqsujuaq, Kangiqsualujuaq, Akulivik, Salluit and Puvirnituq.
- Project for the new CLSC in Aupaluk: 2022-2023 was

marked by the resumption of activities to finish fitting out the new CLSC in Aupaluk as well as train the UTHC's clinical and technical teams on the use and maintenance of the equipment. The CLSC is expected to open to patients toward the end of the summer 2023.

- Design of a custom support shelf for medical equipment for safer and more efficient medical evacuations by air: the proposed solution is presently in the testing stage by the IHC's clinical and technical team toward its adoption.
- Completion of all preparatory steps for the implantation of rapid testing for syphilis in the communities of Puvirnituq, Akulivik, Inukjuaq and Kuujjuaraapik: implementation should be in May 2023.
- Participation in discussions on the implantation of CT scans in Nunavik.
- Other projects in view: the new regional hospital in Kuujuaq, the new pharmacy located in the South, two new elders' homes in Puvirnituq and Kuujuaq, and the birthing centres.

## • Assets Maintenance

- Authorization and funding for several projects to replace medical equipment in various communities: replacement of two central clinical consoles at the UTHC, 15 hospital beds, foetal Doppler, endoscope cleaner, surgical lights, operating microscope, Panorex for dentistry, exercise electrocardiogram, birthing bed, examination table and others, for a total cost of \$2 013 827.97.

## Current Activities

- Redistribution of equipment purchased during the pandemic to the institutions after assessment of clinical needs in the communities.
- Certification of HEPA-filter machines in the villages and preventive maintenance.
- Double certification of stock of medical equipment in the 14 Nunavik communities.
- Corrections to regional inventory according to the recommendations of Génie Biomédical Montréal: work is under way to make necessary corrections relative to laboratory equipment after patriation of equipment formerly installed at the MUHC.
- Authorization of funding for several projects for replacement of medical equipment.



We are working closely with other sectors and consultants as well as the MSSS to ensure sound management of the required support for various biomedical-engineering projects.

## HUMAN RESOURCES DEPARTMENT

The NRBHSS counts a total of 252 employees.

### Accomplishments in 2022-2023

During the past year, the human-resources department continued navigating an environment in full growth. One of its priorities was to maintain its regular activities while stabilizing a team that struggled with a high turnover rate. For that purpose, it concentrated on improving the recruitment process to attract and retain the best candidates. We applied new attraction strategies, such as the use of social media and attendance at career fairs, to grow our pool of candidates. Consequently, we observed an increase of roughly 30% in the number of qualified candidates. Notwithstanding, the retention of our qualified personnel is one of our greatest priorities, and we are satisfied to note the improvement in the turnover rate, which went from 14% in 2021-2022 to 11% in 2022-2023.

In spite of our successes, the department faced certain challenges during the year. An area requiring improvement is the integration process, to ensure new employees are efficient from their first day, and we are currently working to correct the situation.

The revision and adoption of new policies and procedures remain priorities for the human-resources department. We adopted and applied a new policy concerning work schedules, overtime hours, statutory holidays and annual leave. The department plans to present a new procedure shortly—this spring—on personnel evaluation as well as a policy on remote work.

The department continued managing growth and integrated two new resources into its team. We remain determined to improve, in ongoing fashion, our practices in terms of sound management of human resources, and we look forward to building on our successes in the years to come.

### Distribution of manpower in 2023, by personnel category, NRBHSS (1466-5293)

	Number of positions on March 31, 2022	Number of positions on March 31, 2023
1 – Nursing and cardiorespiratory personnel	58	44
2 – Office personnel, technicians and administrative professionals	62	76
3 –Health and social services technicians and professionals	82	92
4 – Management personnel	29	39
<b>Total</b>	<b>231</b>	<b>251</b>

Number of positions: Number of occupied positions in the network as of March 31 of the year in question and with at least one hour worked, whether remunerated or not, in the three months after the end of the fiscal year. Persons who, on March 31, occupied a position in more than one institution are counted in each of those positions.

# 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

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

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

## Status of Regional Performance in Terms of Regional Issues

The table below presents the status of regional performance in terms of regional issues. The data were extracted for the period from April 1, 2021, to March 31, 2022, on May 30, 2022.

Drivers	Indicators	Tendency sought	Results 2021-22	Results 2022-23	Trends*
<b>CHALLENGE 1: ENHANCE OUR ACTIONS IN PREVENTION, HEALTH PROMOTION AND HEALTH PROTECTION</b>					
Increase effectiveness of prevention-promotion activities in CLSCs	No. of educational and preventive interventions	Increase	4 595	2 483	-46%
Increase effectiveness of community organizations' activities	No. of activities	Increase	1 070	3 904	265%
Increase effectiveness of prevention-promotion activities in public health	No. of activities	Increase	158	n/a	n/a
<b>CHALLENGE 2: IMPROVE ACCESS TO FRONT-LINE CARE IN EACH COMMUNITY</b>					
Ensure access to care provided in the community	No. of interventions in CLSCs per service program (according to mapping profile)	Increase	102 609	81 040	-21%
Ensure resource efficiency	Hours worked by interveners in CLSCs / intervention	Decrease	\$97.95	n/a	n/a
	Hours paid for interveners in CLSCs /intervention	Decrease	\$152.76	n/a	n/a
<b>CHALLENGE 3: IMPROVE ACCESS TO SPECIALIZED SERVICES IN NUNAVIK</b>					
Ensure access to specialized care	No. of consultations in the South for MNP specialties	Increase	n/a	n/a	
	No. of MNP specialist visits to the North	Increase	1 619	1 949	20%
	% of MNP specialist visits	Increase	44%	46%	2%
	% of specialties with increased or maintained no. of days of presence in the North	Increase	71%	n/a	
	% of medevacs with destination in the North / total medevacs	Increase	66%	66%	0%
	No. of teleconsultations	Increase	1 791	n/a	
	Ensure access to support services	% of lab capacity	Increase	In development	
No. of lab procedures		Increase	338,464	279 927	-17%
No. of weighted procedures		Increase	4,402,568	2 069 323	-53%
% of tests performed externally		Decrease	12%	10%	-2%
Treatment times		Decrease	In development		
Number of X-rays		Increase	11 426	12 251	7.2%
Number of X-rays (Technical Units)		Increase	310 967	318 167	2.3%

Drivers	Indicators	Tendency sought	Results 2021-2022	Results 2022-23	Trends*
<b>CHALLENGE 4: DEVELOP AND ENSURE ACCESS TO INUIT VALUES AND PRACTICES</b>					
Ensure adaptability of culturally adapted resources	% of salaries of Inuit employees	Increase	21%	n/a	
	No. of pre-departure training sessions	Increase	31	32	3.2%
	No. of individuals or individual training sessions offered to Inuit employees	Increase	76	80	2.6%
Ensure efficacy of activities	No. of «on-the-land» projects (Nunami) funded	Increase	27	43	59.3%
<b>CHALLENGE 5: DEVELOP HUMAN, PHYSICAL, TECHNOLOGICAL, INFORMATION AND FINANCIAL RESOURCES</b>					
Ensure adaptability of human resources	% of actual expenses	Increase	In development		
	Average time (in days) to fill a position (HC, NRBHSS)	Decrease	Data not available		
	Turnover rate - NRBHSS	Decrease	10% Estim.	16%	6%
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	Data not available		
	No. of days of service interruption due to illness	Decrease	2755 Estim.	3223	17%

\*For the percentages, the trend reflects the difference

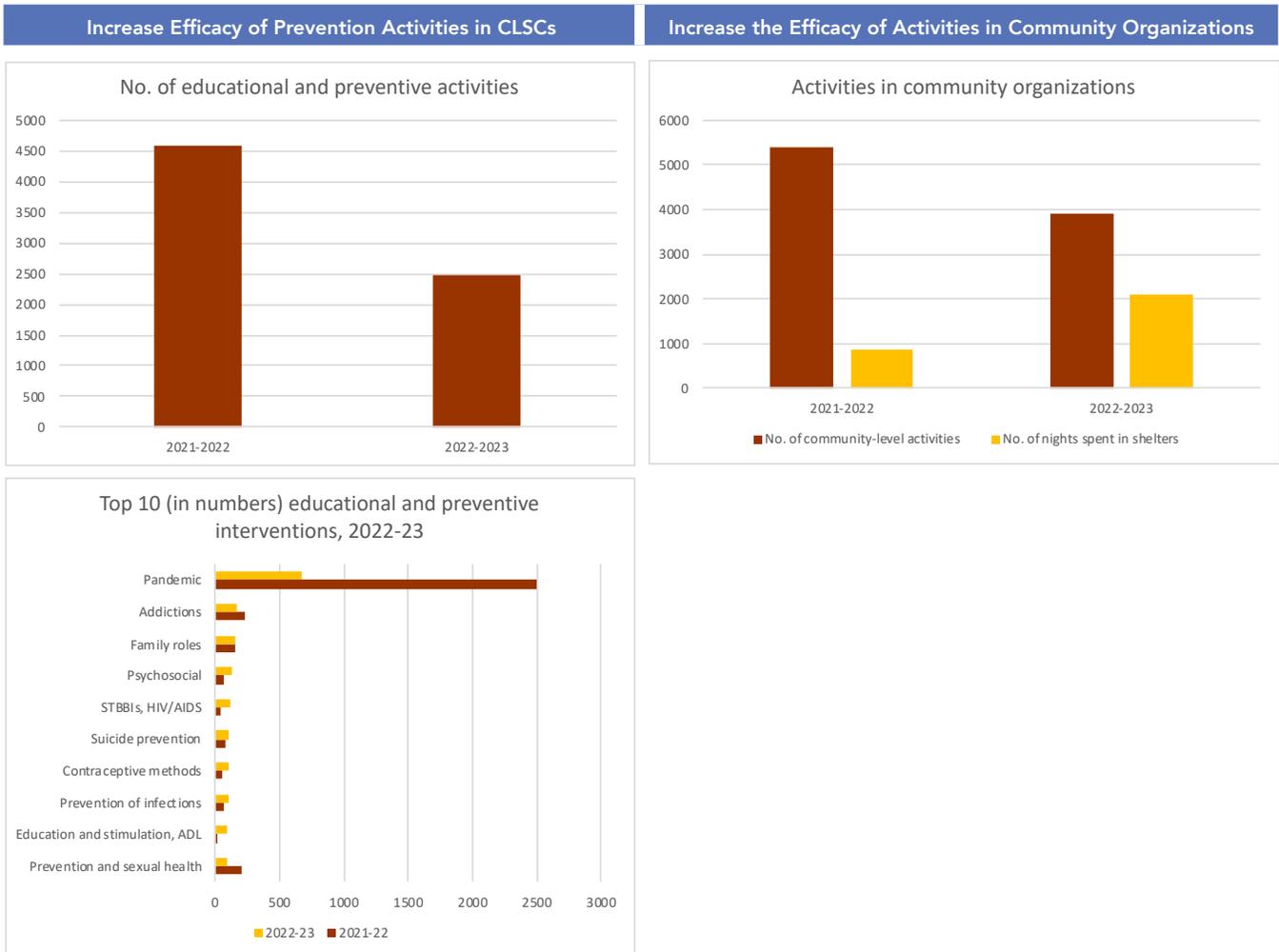
#### Legend

In accordance with the desired tendency

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

The first challenge is to ensure that relevant prevention and health promotion initiatives reach the field. This challenge mainly concerns public health activities and very local services to the population. The data used were extracted from the software tool *Sic+*.



During 2022-2023, a drop in results was observed in this area, due to two problems. First, issues with data capture for activities were raised by the administration of the IHC, particularly for the programs *Agir tôt*, and especially *ISPEC*, directly covered by this indicator, involving two factors:

- *Sic+* is in French only;
- choices for data capture are complicated for the English-speaking personnel, with distinctions between activity centre, activity subcentre, subprogram, reason, profile and act, and this for each professional activity in question.

Efforts will be necessary in 2023-2024 to come up with means for technological adaptation in order to improve the quality of data capture and support the personnel involved.

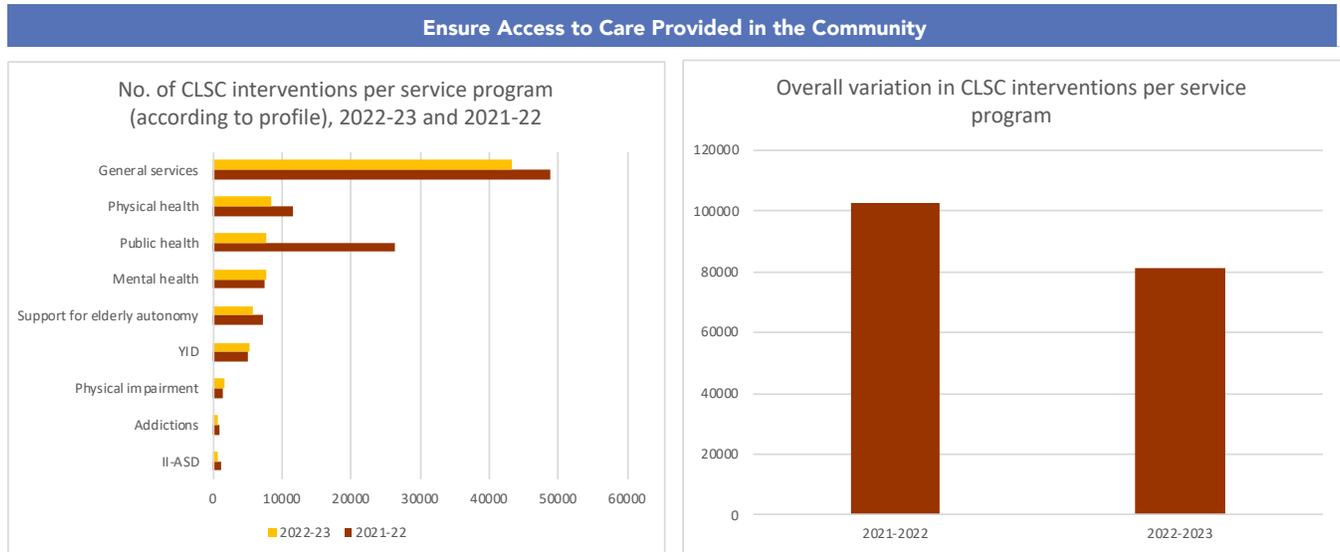
Second, after the pandemic, we noted a serious drop in the number of prevention activities related to the pandemic.

However, progress was made in other actions in protection and prevention not linked to the pandemic, compared to last year. Psychosocial interventions increased by 82%, contraceptive methods by 102%, and interventions targeting STBBIs and HIV/AIDS by 156%.

Community activities also grew, with an increase of more than 200% compared to last year. Nights spent in shelters also increased significantly, by 139%. On the other hand, the number of users at the Isuarsivik Treatment Centre (addictions) dropped somewhat, to 27.

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

To improve access to front-line care in the communities, two elements must be considered: accessibility and efficiency of available resources. We are working at obtaining data for the purpose of assessing resource efficiency.



As we mentioned for Issue 1, the data used comes from data input into the Sic+ IT tool, and one of the centers had major gaps in terms of data input, which reduces the overall figures for different interventions. In 2022-2023, for example, we had difficulty collecting data on resource efficiency. We are continuing to work on data collection so as to be able to assess resource efficiency in the near future.

According to the data available, monitoring of CLSC intervention activities shows a drop (-27%) in the number of interventions compared with last year. However, we note an increase in accessibility for certain programs and services. For example, physical disability and mental health interventions increased by 20% and 0.6% respectively.

### Challenge #3 – Improve Access to Specialized Services in Nunavik

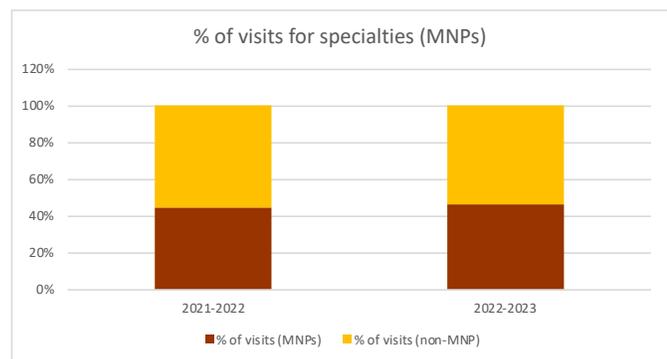
To evaluate the degree of attainment of our objectives concerning access to specialized services in Nunavik, we looked specifically at the accessibility of care and support services. Overall evaluation of this issue is based on the indicator of specialized care provided in the South. In fact, if adequate specialized services are developed in the North, a drop in recourse to specialized services in the South should be observed.

#### Improve Access to Specialized Services in Nunavik

##### Ensure access to specialized care

No. of visits for specialties (MNPs) in North			
Specialty	2021-22	2022-23	% Progression
Gynecology	399	736	84%
Internal medicine	198	263	33%
ENT	526	854	62%
Orthopedics, adult	8	17	113%
Pediatrics	197	27	-86%
Child psychiatry	47	90	91%
Psychiatry	244	346	42%
<b>Total</b>	<b>1619</b>	<b>2333</b>	<b>44%</b>

Source: Spec. Serv / Liaison



% specialties with increase or no change in days-presence in North		% medevacs, destination North	
2021-2022	2022-2023	2021-2022	2022-2023
71%	Not available	66%	66%

Source: serv. Spec

Source: Health centres

Access to specialist services in the region has improved both in terms of professional specialty care services and the accessibility of support services. The number of visits to professional specialties in the north increased by 44%, with a high proportion of visits by professional specialists in gynecology, accounting for 32% of all visits.

With regard to support services: Accessibility to medical imaging technology is on the rise, with successive increases

##### Ensure access to support services

Laboratory				
Department	2022-2023		Variation 2021-2022	
	Procedures	Weighted procedures	Procedures	Weighted procedures
Biochemistry	144937	245097	1%	5%
Cytology	1032	6549	23%	31%
Genetics	79	15343	193%	75%
Hematology -B.S.	9583	61382	-9%	-3%
Hematology-coagulation	7887	15215	0%	7%
Hematology	21730	58846	5%	11%
Microbiology	81458	1532586	-40%	-61%
Pathology	757	605	-1%	-19%
Specimen	12464	133701	-33%	11%
<b>Total general</b>	<b>279927</b>	<b>2069323</b>	<b>-17%</b>	<b>-53%</b>

Source: Omnilab

Medical imaging: number of X-rays			
	2021-2022	2022-2023	Variation
Examinations	11 426	12 251	7.2%
TU	310 967	318 167	2.3%

Source: Health centres

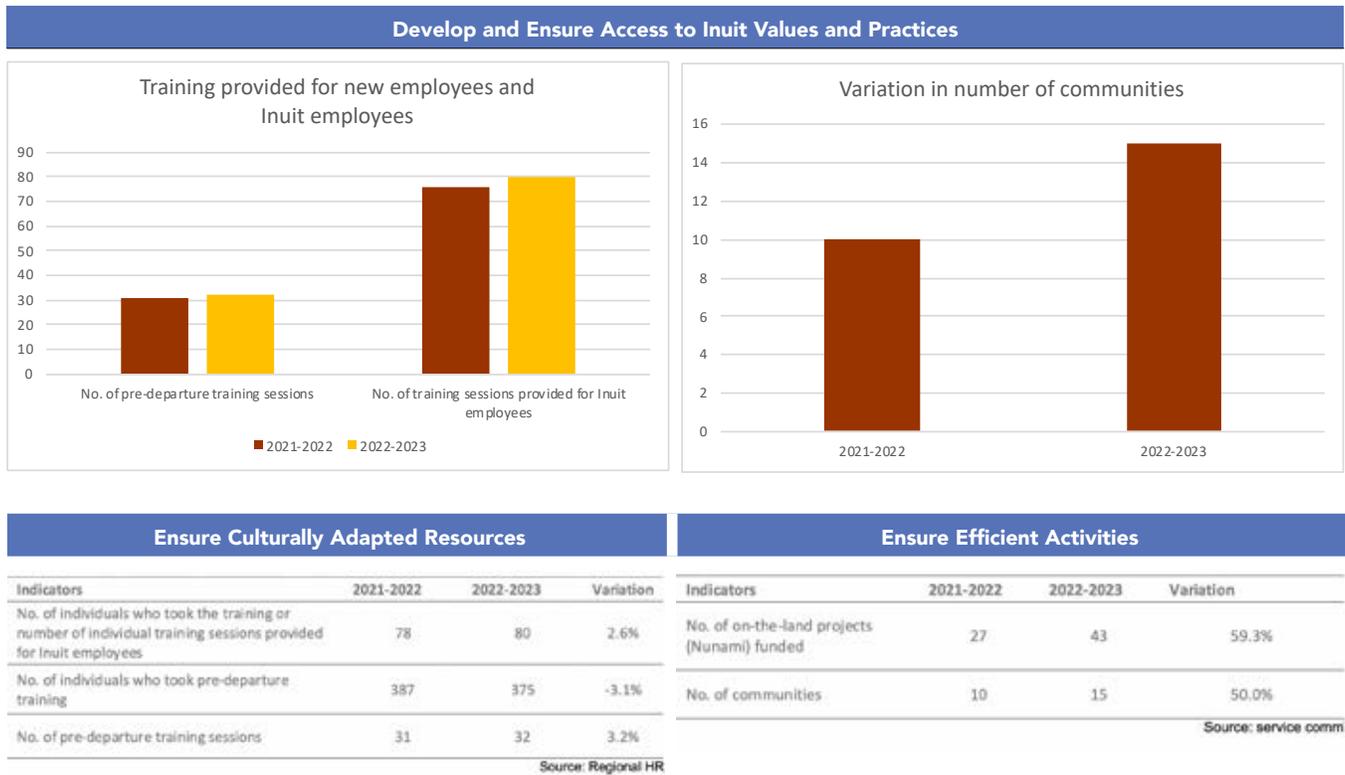
of 7.2% and 2.3% for the number of X-ray examinations and the Number of X-ray examinations (Technical Unit).

Outpatient medical tests are in line with the region's target, with a decrease of -2% on last year.

After the pandemic, it was expected that laboratory volumes would decline. Indeed, the number of laboratory procedures fell by a remarkable 53% year-on-year.

## Challenge #4 – Develop and Apply Inuit Values and Practices

With the need for culturally adapted services, it's essential to look at the means the region uses to achieve this. Indeed, culturally adapted resources and effective activities are the themes for observing this issue.



In 2022-2023, the number of pre-departure training sessions increased (3.2%), training sessions for Inuit employees rose (2.6%), and the region saw the evolution of “on the land” projects (59.3%). Among the training sessions offered to Inuit employees, we find a large proportion of “Communication

in Helping Relationships” training (54%), training aimed at obtaining a certificate in Health and Social Services Management (14%) and training in human resources supervision (13%).

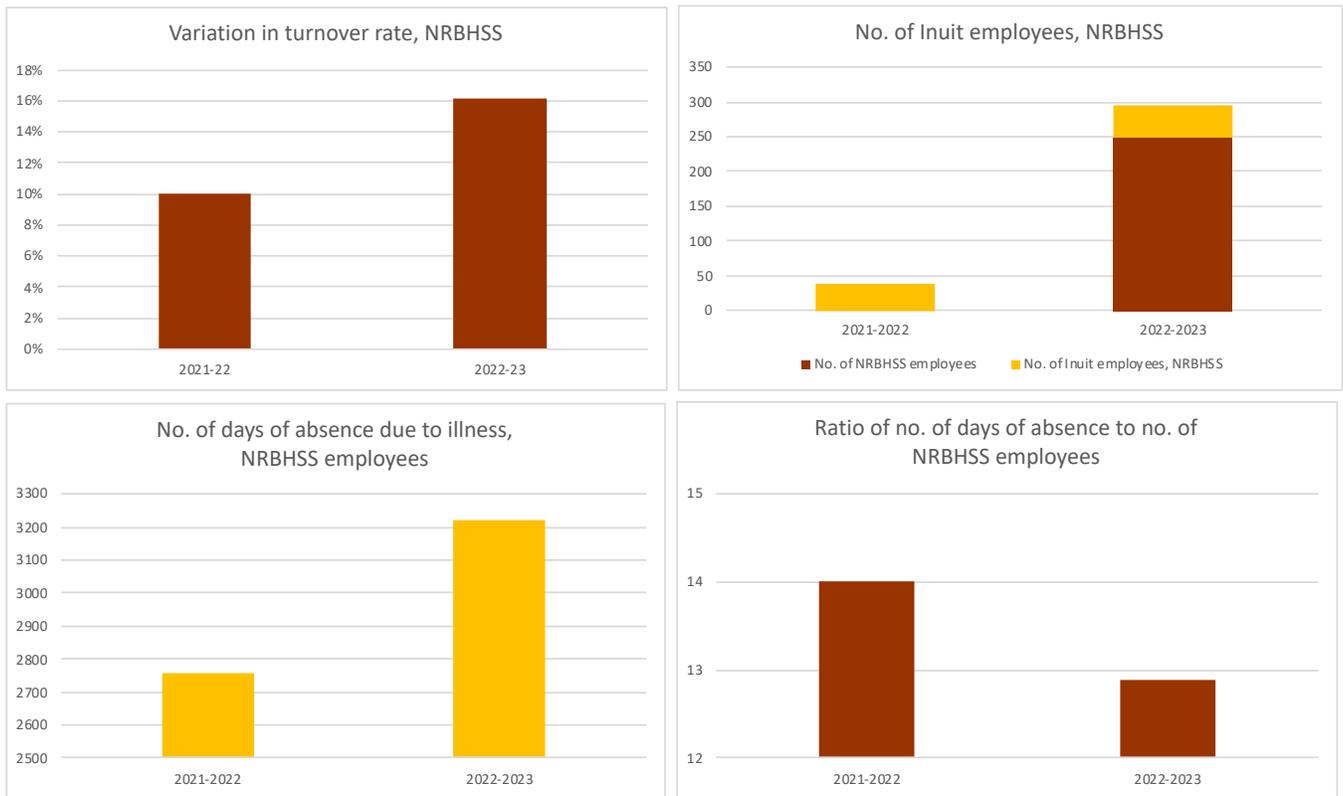
### Challenge #5 – Develop Human, Physical, Technological, Informational and Financial Resources

For the 2022-2023 financial year, we had difficulty obtaining data to properly assess the adaptability of human resources and the effectiveness of the management care system. We are working on the data collection strategy and methodology to ensure a proper assessment of both dimensions in the near future. According to the data we were able to collect

within the Board, the total number of employees on March 31, 2023 was 250. As a result, there is a good system in place for replacing employees, with 16% of the Board's employees having left their posts and subsequently been replaced by new employees. The number of days of sick leave decreased to 13 per employee, compared with 14 the previous year.

#### Develop Human, Physical, Technological, Informational and Financial Resources

#### Ensure Adaptability of Human Resources





# DISCLOSURE OF WRONGFUL ACTS

We hereby confirm that no wrongdoing has come to our attention for the given period of April 1, 2022 to March 31, 2023.

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June 13, 2023

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

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P.O. Box 639  
Kuuujuaq, Quebec J0M 1C0  
T 819-964-5353 F 819-964-4833  
ᓇᓂᓂᓂ ᓇᓂᓂᓂ ᓇᓂᓂᓂ ᓇᓂᓂᓂ  
Suite 2000  
National Bank Tower  
600 De La Gauchetière Street West  
Montréal, Quebec H3B 4L8  
T 514-878-2691 F 514-878-2127

Enclosed are the combined balance sheet of Nunavik Regional Board of Health and Social Services as at March 31, 2023, 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, 2023 on which we have issued an independent auditor's report with a qualified opinion dated June 13, 2023 (see detailed independent auditor's report in AS-471).

*Raymond Chabot Grant Thornton LLP*

Raymond Chabot Grant Thornton LLP

# COMBINED BALANCE SHEET

MARCH 31, 2023

	2023	2022
	\$	\$
<b>FINANCIAL ASSETS</b>		
Cash	30,517,862	36,286,846
Accounts receivable	390,500,514	360,052,983
	<b>421,018,376</b>	<b>396,339,829</b>
<b>LIABILITIES</b>		
Temporary financing	4,805,344	70,603,673
Accounts payable and accrued liabilities	313,492,004	207,266,881
Deferred revenue	167,707,413	162,160,230
Bonds payable	67,629,899	72,242,121
	<b>553,634,660</b>	<b>512,272,905</b>
<b>NET FINANCIAL ASSETS (NET DEBT)</b>	<b>(132,616,284)</b>	<b>(115,933,076)</b>
<b>NON-FINANCIAL ASSETS</b>		
Capital assets	61,461,790	62,578,064
Constructions in progress	86,670,842	71,786,017
Prepaid expenses	345,874	184,845
	<b>148,478,506</b>	<b>134,548,926</b>
<b>FUND BALANCE</b>		
<b>FUND BALANCE</b>	<b>15,862,222</b>	<b>18,615,850</b>

APPROVED ON BEHALF OF THE BOARD:

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

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

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

MARCH 31, 2023

	2023	2022
	\$	\$
<b>EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES</b>	<b>(2,753,628)</b>	5,217,455
<b>Capital assets and constructions in progress variation</b>		
Acquisition of capital assets	<b>(1,387,806)</b>	(2,376,696)
Decrease (increase) of constructions in progress	<b>(14,884,825)</b>	(9,670,009)
Amortization of capital assets	<b>2,504,080</b>	2,424,182
	<b>(13,768,551)</b>	(9,622,523)
Decrease (increase) of prepaid expenses	<b>(161,029)</b>	(15,404)
<b>VARIATION OF NET FINANCIAL ASSETS (NET DEBT)</b>	<b>(16,683,208)</b>	(4,420,472)
<b>NET FINANCIAL ASSETS (NET DEBT) – BEGINNING OF YEAR</b>	<b>(115,933,076)</b>	(111,512,604)
<b>NET FINANCIAL ASSETS (NET DEBT) – END OF YEAR</b>	<b>(132,616,284)</b>	(115,933,076)

# COMBINED STATEMENT OF CHANGES IN FUND BALANCE

MARCH 31, 2023

	<b>2023</b>	2022
	\$	\$
<b>FUND BALANCE – BEGINNING OF YEAR</b>	<b>18,615,850</b>	13,398,395
Excess (deficiency) of revenue over expenses	<b>(2,753,628)</b>	5,217,455
<b>FUND BALANCE – END OF YEAR</b>	<b>15,862,222</b>	18,615,850

## COMBINED STATEMENT OF REVENUE AND EXPENSES

MARCH 31, 2023

	2023	2022
	\$	\$
<b>REVENUE</b>		
MSSS	<b>154,561,041</b>	140,597,943
MSSS – COVID-19	<b>806,991</b>	14,056,716
Indigenous Services Canada	<b>16,760,059</b>	10,880,208
Makivik Corporation	<b>2,204,455</b>	1,716,124
Kativik Regional Government – Sustainable Employment	<b>907,776</b>	651,041
CNESST	<b>566,530</b>	551,325
Ministère des Affaires municipales et de l'Habitation	<b>494,982</b>	435,052
Other contributions	<b>1,904,750</b>	1,525,926
Fonds des ressources informationnelles du secteur de la santé et des services sociaux	<b>809,422</b>	-
Housing rental	<b>119,380</b>	128,249
Interest income	<b>957,227</b>	424
Inuulitsivik Health Centre	<b>419,484</b>	-
Ungava Tulattavik Health Centre	<b>419,484</b>	-
Other	<b>314,718</b>	370,083
	<b>181,246,299</b>	170,913,091

## COMBINED STATEMENT OF REVENUE AND EXPENSES (CONTINUED)

MARCH 31, 2023

	2023	2022
	\$	\$
<b>EXPENSES</b>		
Salaries and fringe benefits	21,974,540	22,846,532
Advertising and publicity	410,045	377,317
Amortization	2,504,080	2,424,182
Annual general meeting	156,570	46,887
Doubtful accounts	-	803,130
Equipment rental	267,735	223,485
Freight charges	227,865	381,052
Heating and electricity	731,026	406,847
Honoraria	303,748	164,243
Housing rental	489,018	1,256,417
Installation grants	344,625	352,668
Insurance	39,468	44,300
Interest and bank charges	2,034,085	2,064,083
Land leases	249,660	233,430
Maintenance and repairs	629,644	403,206
Medical supplies	84,894	515,300
Meetings and seminars	36,023	3,736
Municipal services	494,982	435,052
Office expenses	1,618,037	1,483,676
Professional fees	5,079,096	3,384,831
Publication and membership	55,726	37,161
Purchased services	6,451,826	7,287,049
Telecommunications	499,792	1,162,996
Training and education	219,979	187,738
Transfers to organizations	20,925,417	16,728,903
Transfers to Inuulitsivik Health Centre	61,850,358	48,633,942
Transfers to Ungava Tulattavik Health Centre	49,210,672	43,369,871
Travel and accommodation	6,586,830	9,980,088
Vehicle expenses	89,747	102,783
Other	434,439	354,731
	<b>183,999,927</b>	<b>165,695,636</b>
<b>EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES</b>	<b>(2,753,628)</b>	<b>5,217,455</b>

# OPERATING FUND AND ASSIGNED FUND – BALANCE SHEET

MARCH 31, 2023

	2023	2022
	\$	\$
<b>FINANCIAL ASSETS</b>		
Cash	29,583,768	35,178,058
Accounts receivable (Note 2 a))	315,769,135	216,295,884
Due from Long-term Assets Fund	2,169,294	178,775
	<b>347,522,197</b>	<b>251,652,717</b>
<b>LIABILITIES</b>		
Credit margin (Note 8)	-	-
Accounts payable and accrued liabilities	305,975,771	205,425,563
Deferred revenue (Note 7)	26,030,078	27,796,149
	<b>332,005,849</b>	<b>233,221,712</b>
<b>NET FINANCIAL ASSETS (NET DEBT)</b>	<b>15,516,348</b>	<b>18,431,005</b>
<b>NON-FINANCIAL ASSETS</b>		
Prepaid expenses	345,874	184,845
<b>FUND BALANCE</b>		
Fund balance – Operating Fund	-	-
Fund balance – Internally Restricted Fund – Assigned Fund	15,862,222	18,615,850
	<b>15,862,222</b>	<b>18,615,850</b>

## OPERATING FUND – STATEMENT OF CHANGES IN FUND BALANCE

MARCH 31, 2023

	2023	2022
	\$	\$
<b>FUND BALANCE – BEGINNING OF YEAR</b>	-	-
Excess of revenue over expenses	<b>2,688,318</b>	3,087,171
Transfers to Assigned Fund	<b>(2,688,318)</b>	(3,087,171)
<b>FUND BALANCE – END OF YEAR</b>	<b>-</b>	<b>-</b>

### INTERNALLY RESTRICTED FUND – ASSIGNED FUND – STATEMENT OF CHANGES IN FUND BALANCE (APPENDIX B) YEAR ENDED MARCH 31, 2023

	2023	2022
	\$	\$
<b>FUND BALANCE – BEGINNING OF YEAR</b>	<b>18,615,850</b>	13,398,395
Excess (deficiency) of revenue over expenses	<b>(5,441,946)</b>	2,130,284
Transfers from Operating Fund	<b>2,688,318</b>	3,087,171
<b>FUND BALANCE – END OF YEAR</b>	<b>15,862,222</b>	18,615,850

## OPERATING FUND – STATEMENT OF REVENUE AND EXPENSES

MARCH 31, 2023

	2023	2022
	\$	\$
<b>REVENUE</b>		
MSSS	37,100,265	34,879,274
MSSS – COVID-19	806,991	14,056,716
MSSS – post-pandemic	569,870	-
Housing rental	544,380	496,973
Kativik Regional Government – Sustainable Employment	841,275	584,091
Ministère des Affaires municipales et de l'Habitation	494,982	435,052
Administration fees	327,235	526,110
Interest income	957,227	424
Inuulitsivik Health Centre	419,484	-
Ungava Tulattavik Health Centre	419,484	-
Fonds des ressources informationnelles du secteur de la santé et des services sociaux	809,422	-
Other	142,227	415,487
	<b>43,432,842</b>	<b>51,394,127</b>
<b>EXPENSES</b>		
General administration (Appendix A)	33,065,758	25,951,115
Community health advisors (Appendix A)	3,424,451	2,601,952
Building operating costs (Appendix A)	2,263,404	1,732,306
COVID-19	1,421,041	18,021,583
Post-pandemic expenses	569,870	-
	<b>40,744,524</b>	<b>48,306,956</b>
<b>EXCESS OF REVENUE OVER EXPENSES</b>	<b>2,688,318</b>	<b>3,087,171</b>

# LONG-TERM ASSETS FUND – BALANCE SHEET

MARCH 31, 2023

	2023	2022
	\$	\$
<b>FINANCIAL ASSETS</b>		
Cash	934,094	1,108,788
Accounts receivable (Note 2 b))	74,731,379	143,757,099
	<b>75,665,473</b>	<b>144,865,887</b>
<b>LIABILITIES</b>		
Bank loans (Note 4)	-	-
Accounts payable and accrued liabilities	7,516,233	1,841,318
Due to Operating Fund and Assigned Fund	2,169,294	178,775
Temporary financing	4,805,344	70,603,673
Deferred revenue – MSSS	141,677,335	134,364,081
Bonds payable	67,629,899	72,242,121
	<b>223,798,105</b>	<b>279,229,968</b>
<b>NET FINANCIAL ASSETS (NET DEBT)</b>	<b>(148,132,632)</b>	<b>(134,364,081)</b>
<b>NON-FINANCIAL ASSETS</b>		
Capital assets (Note 3)	61,461,790	62,578,064
Constructions in progress (Note 6)	86,670,842	71,786,017
	<b>148,132,632</b>	<b>134,364,081</b>
<b>FUND BALANCE</b>		
<b>FUND BALANCE</b>	<b>-</b>	<b>-</b>

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

MARCH 31, 2023

	2023	2022
	\$	\$
<b>FUND BALANCE – BEGINNING OF YEAR</b>	-	-
Excess of revenue over expenses	-	-
<b>FUND BALANCE – END OF YEAR</b>	-	-

## LONG-TERM ASSETS FUND – STATEMENT OF REVENUE AND EXPENSES

MARCH 31, 2022

	2023	2022
	\$	\$
<b>REVENUE</b>		
MSSS – reimbursement of interest	2,025,963	1,943,065
MSSS – reimbursement of capital	4,499,777	4,464,975
MSSS	(1,995,697)	(2,040,793)
	<b>4,530,043</b>	4,367,247
<b>EXPENSES</b>		
Interest charges	2,025,963	1,943,065
Amortization	2,504,080	2,424,182
	<b>4,530,043</b>	4,367,247
<b>EXCESS OF REVENUE OVER EXPENSES</b>	-	-

## 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

	2023	2022
	\$	\$
<b>a) Operating Fund and Assigned Fund</b>		
MSSS		
INIHB (unconfirmed) (Note 5)	138,345,252	81,695,243
Strategic Regional Plan (unconfirmed)	75,677,304	50,654,996
COVID-19	3,882,380	2,578,470
Payroll banks	513,973	513,973
Parental and insurance leaves	87,996	87,996
PSOC (unconfirmed)	667,147	4,482,843
Various other programs (unconfirmed)	75,787,093	65,177,878
Other	362,209	535,144
GST and QST	1,808,755	768,921
Inuulitsivik Health Centre	7,351,004	3,527,142
Ungava Tulattavik Health Centre	7,848,266	4,561,198
Indigenous and Northern Affairs Canada	19,442	19,442
Kativik Regional Government – Sustainable Employment	563,970	185,317
Makivik Corporation	1,075,169	-
Other	1,933,600	1,661,746
	<b>315,923,560</b>	216,450,309
Provision for doubtful accounts	<b>(154,425)</b>	(154,425)
	<b>315,769,135</b>	216,295,884
<b>b) Long-term Assets Fund</b>		
MSSS		
GST and QST	72,844,447	143,277,705
Advances to establishments	1,084,309	138,483
Other	486,202	24,490
	<b>316,421</b>	316,421
	<b>74,731,379</b>	143,757,099

## NOTES TO SUMMARY FINANCIAL STATEMENTS (CONTINUED)

### 3. CAPITAL ASSETS

The capital assets are composed of the following:

			2023	2022
	Cost \$	Accumulated amortization \$	Net carrying amount \$	Net carrying amount \$
Buildings	73,377,156	14,567,871	58,809,285	59,271,754
Computer equipment	1,547,998	1,542,219	5,779	18,221
Furniture and equipment	1,017,367	851,750	165,617	238,620
Specialized equipment	3,176,547	847,931	2,328,616	2,591,986
Vehicles	1,576,900	1,424,407	152,493	457,483
	<b>80,695,968</b>	<b>19,234,178</b>	<b>61,461,790</b>	<b>62,578,064</b>

### 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, 2023, there are no bank loans (none as at March 31, 2022).

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

At year-end, the INIHB accounts receivable are detailed as follows:

	2023 \$	2022 \$
2014-2015 to 2016-2017	34,317,889	34,317,889
2017-2018	-	-
2018-2019	-	-
2019-2020	-	-
2020-2021	-	7,426,855
2021-2022	39,073,792	39,950,499
2021-2023	64,953,571	-
	<b>138,345,252</b>	<b>81,695,243</b>

## NOTES TO SUMMARY FINANCIAL STATEMENTS (CONTINUED)

### 6. CONSTRUCTIONS IN PROGRESS

	2023	2022
	\$	\$
Housing units (50 units)	17,085,428	17,085,428
Housing units (42 units)	4,790,563	-
CLSC (building) – Aupaluk	40,592,250	39,881,503
Housing units (62 units)	13,861,447	10,769,586
Housing units (108 units)	5,751,932	-
Elders' house – Kuujjuaq	3,611,230	3,333,833
Elders' house – Puvirnituq	977,992	715,667
	<b>86,670,842</b>	<b>71,786,017</b>

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:

	2023	2022
	\$	\$
Indigenous Services Canada	24,570,678	27,796,149
Fonds des ressources informationnelles du secteur de la santé et des services sociaux	1,447,400	
Other	12,000	-
	<b>26,030,078</b>	<b>27,796,149</b>

### 8. CREDIT MARGIN

During the year, the MSSS authorized the NRBHSS to use a credit margin up to a maximum authorized amount of \$1,649,410. The credit margin bears interest at the average Canadian banker's acceptance rate reduced by 0.1% (4.6%; 0.63% as at March 31, 2022).

As at March 31, 2023, the NRBHSS has not used this credit facility (no credit margin used as at March 31, 2022).

# NOTES TO SUMMARY FINANCIAL STATEMENTS (CONTINUED)

**9. COMMITMENTS**

The NRBHSS has commitments amounting to \$18,003,574. The future minimum contractual obligations for the next years are as follows:

	\$
2023-2024	16,734,014
2024-2025	505,887
2025-2026	623,471
2026-2027	109,452
2027-2028	30,750
	18,003,574

**10. CONTRACTUAL RIGHTS**

There is an ongoing agreement between Indigenous Services Canada and NRBHSS for the years 2019-2029. According to this agreement, the minimum amount to be received by NRBHSS from Indigenous Services Canada is \$56,903,300 and detailed as follows:

	\$
2023-2024	10,178,365
2024-2025	9,344,987
2025-2026	9,344,987
2026-2027	9,344,987
2027-2028	9,344,987
2028-2029	9,344,987
	56,903,300

## NOTES TO SUMMARY FINANCIAL STATEMENTS (CONTINUED)

### 11. UNCONFIRMED ACCOUNTS RECEIVABLES

As at the date of issuance of the present summary financial statements, the MSSS did not confirm accounts receivable, detailed as follows:

	2023	2022
	\$	\$
INIHB	<b>138,345,252</b>	34,317,889
Strategic Regional Plan – previous years	<b>45,817,860</b>	33,777,208
Strategic Regional Plan – current year	<b>27,731,355</b>	16,877,789
Strategic Regional Plan – capital assets	<b>2,128,089</b>	62,000
Foster families	<b>40,959,478</b>	37,519,291
Ulluriaq Girls	<b>11,040,317</b>	8,390,075
Tuberculosis	<b>6,270,255</b>	6,270,255
Regional envelope (various projects)	<b>4,888,114</b>	4,888,114
Youth Services – NRBHSS portion	<b>2,808,923</b>	2,230,589
Agir tôt	<b>370,561</b>	1,669,350
PSOC	<b>667,147</b>	-
Interest INIHB	<b>8,994,039</b>	-
Other	<b>455,406</b>	1,287,630
Daycare	-	1,636,254
MANUE project	-	1,224,319
	<b>290,476,796</b>	150,150,763

## APPENDIX A – DETAILED EXPENSES – OPERATING FUND

YEAR ENDED MARCH 31, 2023

	2023	2022
	\$	\$
<b>GENERAL ADMINISTRATION</b>		
Salaries and fringe benefits	12,385,195	11,940,330
Advertising and publicity	192,569	186,417
Annual general meeting	156,570	46,887
Doubtful accounts	-	803,130
Equipment rental	86,579	64,805
Freight charges	104,014	39,043
Honoraria	253,158	149,200
Insurance	39,468	44,300
Interest and bank charges	8,112	98,810
Medical supplies	60,966	49,651
Meetings and seminars	22,352	3,498
Office expenses	1,107,954	768,103
Professional services	4,200,494	2,706,255
Publication and membership	41,075	6,355
Purchased services	2,301,261	1,858,329
Telecommunications	293,814	234,758
Training and education	178,763	141,972
Transfers to Inuulitsivik Health Centre	1,160,188	510,360
Transfers to Ungava Tulattavik Health Centre	3,101,191	2,013,398
Transfers to organizations	4,270,831	3,145,506
Travel and accommodation	2,724,376	776,251
Vehicle expenses	71,740	61,264
Other	305,088	302,493
	<b>33,065,758</b>	<b>25,951,115</b>
<b>COMMUNITY HEALTH ADVISORS</b>		
Salaries and fringe benefits	2,471,895	2,426,079
Advertising and publicity	10,384	10,050
Equipment rental	3,359	3,157
Freight charges	3,520	2,865
Housing rental	39,300	38,700
Medical supplies	4,870	-
Meetings and seminars	833	900
Office expenses	19,828	26,400
Professional services	141,175	22,891
Publication and membership	716	2,418
Purchased services	33,697	8,437
Telecommunications	5,742	5,377
Training and education	10,050	3,178
Transfers to Inuulitsivik Health Centre	173,316	-
Travel and accommodation	501,167	50,781
Other	4,599	719
	<b>3,424,451</b>	<b>2,601,952</b>

## APPENDIX A – DETAILED EXPENSES – OPERATING FUND (CONTINUED)

YEAR ENDED MARCH 31, 2023

	2023	2022
	\$	\$
<b>BUILDING OPERATING COSTS</b>		
Heating and electricity	578,185	379,047
Housing rental	360,239	316,574
Land leases	249,660	233,430
Maintenance and repairs	580,338	368,203
Municipal services	494,982	435,052
	<b>2,263,404</b>	1,732,306

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

MARCH 31, 2023

		Fund balance, beginning of year \$	Appropriation of surplus \$	Revenue \$	Expenses \$	Interfund transfers \$	Fund balance, end of year \$
<b>ADMINISTRATION</b>							
Bandwidth enhancement project	8860	73,212	-	-	14,481	-	58,731
CLSC Aupaluk	8082	1,868,993	-	-	826,254	-	1,042,739
IT – communication	8083	690,889	-	-	-	-	690,889
Non-capitalisable costs to capital assets projects	8084	329,136	-	-	89,426	-	239,710
PSOC paid by MSSS for NRBHSS	8087	-	-	12,237,108	12,178,194	(58,914)	-
<b>Federal Funds</b>							
Supporting Inuit Children – service coordination	726	-	-	171,966	171,966	-	-
Anti-Racism Initiative – cultural safety	744	-	-	31,709	31,709	-	-
<b>Other Funds</b>							
Technocentre	8840	-	-	-	64,772	64,772	-
Regional technical services	8891	337,622	-	-	-	-	337,622
Regional information services	8892	-	-	-	420,412	420,412	-
		3,299,852	-	12,440,783	13,797,214	426,270	2,369,691
<b>EXECUTIVE MANAGEMENT</b>							
<b>Provincial Funds</b>							
Translation	8062	144,985	-	-	41,866	-	103,119
Communication	8095	(191,226)	-	-	266,563	-	(457,789)
<b>Federal Funds</b>							
Child First Initiative service delivery	727	-	-	(1,548)	(1,548)	-	-
Supporting Inuit Children – school food security	731	-	-	98,578	98,578	-	-
<b>Other Funds</b>							
Saqijuuq Nunavik – Quebec project	826	(216,848)	-	1,462,185	1,418,387	-	(173,050)
Accès Canada (Puvirnituq site)	828	(99,554)	99,554	-	-	-	-
Intervention team – Saqijuuq	829	(410,303)	-	742,270	331,967	-	-
Clinical plan	8067	(1,512,562)	-	-	971,690	-	(2,484,252)
		(2,285,508)	99,554	2,301,485	3,127,503	-	(3,011,972)
<b>REGIONAL DEVELOPMENT OF HUMAN RESOURCES</b>							
<b>Provincial Funds</b>							
Bursary project	613	219,944	-	-	87,500	-	132,444
Network planning program	8032	85,623	-	-	85,623	-	-
Interns' integration program	8033	112,500	-	-	-	-	112,500
Law 21 project	8072	405,965	-	434,641	-	-	840,606
Attraction and retention	8076	171,452	-	-	75,625	-	95,827
<b>Federal Fund</b>							
Aboriginal Health Human Resources Initiative – training	810	-	-	23,666	23,666	-	-
Aboriginal Health Human Resources Initiative	811	-	-	91,797	190,440	98,643	-
<b>Other Funds</b>							
Administration and communication	8038	86,208	-	-	-	-	86,208
McGill Health project	8040	-	-	3,200	3,200	-	-
Healthcare and home care assistance	8041	262,070	-	-	-	-	262,070
		1,343,762	-	553,304	466,054	98,643	1,529,655
<b>INUIT VALUES</b>							
<b>Provincial Funds</b>							
Regional midwifery	8016	215,013	-	-	587	-	214,426
Elder abuse prevention	8023	250,980	-	116,800	7,516	-	360,264
Services for men	8029	3,427	-	-	62,341	58,914	-
Cultural safety in healthcare services	8096	37,350	-	37,350	-	-	74,700
<b>Federal Funds</b>							
Brighter Futures	699	-	-	871,804	871,804	-	-
Missing and murdered indigenous women and girls	712	-	-	5,686	5,686	-	-
Support to residential schools	715	(13,627)	-	-	11,036	-	(24,663)
Indian day school	729	-	-	1,320	1,320	-	-
Anti-Racism Initiative – midwifery	749	-	-	30,000	30,000	-	-
Indian residential schools	819	-	-	365,969	365,969	-	-
<b>Other</b>							
Trauma-Informed Health and Cultural Support	704	-	-	106,427	106,427	-	-
Midwives	708	-	-	265,000	265,000	-	-
		493,143	-	1,800,356	1,727,686	58,914	624,727

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

MARCH 31, 2023

		Fund balance, beginning of year \$	Appropriation of surplus \$	Revenue \$	Expenses \$	Interfund transfers \$	Fund balance, end of year \$
<b>OUT-OF-REGION SERVICES</b>							
<b>Provincial Funds</b>							
Insured and Non-insured Health Benefits Program	938	-	-	88,650,520	88,650,520	-	-
Insured and Non-insured Health Benefits Management	939	-	-	866,110	866,110	-	-
<b>Federal Funds</b>							
Child First Initiative – adapted van - ISC-64957	741	-	-	73,361	73,361	-	-
Child First Initiative – hotel fees - ISC-106583	747	-	-	15,127	15,127	-	-
Child First Initiative – swat team - ISC-114186	750	-	-	8,891	8,891	-	-
Child First Initiative – MQ renting - ISC-132308	751	-	-	6,124	6,124	-	-
		-	-	89,620,133	89,620,133	-	-
<b>PUBLIC HEALTH</b>							
<b>Provincial Funds</b>							
Integrated perinatal and early childhood services OLO	601	-	-	193,834	-	-	193,834
Inuit health survey	690	1,267,508	-	-	174,847	-	1,092,661
Youth house renovation – Salluit tuberculosis	718	(156,744)	156,744	-	315,076	315,076	-
Health prevention – climate change coordination	748	-	-	150,000	16,324	-	133,676
Pregnancy notice	760	-	-	-	64,069	-	(64,069)
Prevention of addictions among young people attending secondary school (12-17 years old)	916	-	-	199,442	-	-	199,442
Quebec smoking cessation program	926	(2,338)	-	129,915	1,171	-	126,406
Kinesiology	931	90,852	-	-	1,005	-	89,847
Integrated perinatal and early children	933	18,687	-	-	-	-	18,687
Community mobilization	936	304,599	-	-	3,709	-	300,890
Tuberculosis outbreak	937	-	-	22,287	26,505	4,218	-
Syphilis outbreak	942	(294,561)	-	5,153	4,665	294,073	-
Psychotropic	944	737,287	-	-	-	-	737,287
Food security	945	69,040	-	20,000	145,327	-	(56,287)
AIDS and STD – information and prevention	956	204,097	-	171,635	282,851	-	92,881
Hepatitis A – outbreak	959	-	-	346	19,093	18,747	-
Nosocomial infections	960	211,272	-	211,024	-	-	422,296
Overdose response service	979	-	-	50,000	-	-	50,000
Occupational health and COVID-19	8024	(2,805)	-	-	2,280	5,085	-
Good Touch Bad Touch	8030	491,289	-	-	230,843	-	260,446
Health data analysis	8060	586,411	-	128,445	104,859	-	609,997
Smoking habits	8061	407,503	-	72,880	-	-	480,383
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	502,435	-	262,901	21,445	-	743,891
Prevention-promotion DGSP	8092	121,467	-	812,627	112,145	-	821,949
<b>Federal Funds</b>							
NNHC functioning	614	60,066	-	-	107,857	-	(47,791)
FASD	634	-	-	62,827	62,827	-	-
Inuit health survey	692	-	-	134,474	134,474	-	-
Diabetes	693	-	-	364,250	879,101	514,851	-
Perinatal nutritional program	696	-	-	173,191	173,191	-	-
Maternity and child health	707	-	-	504,240	504,240	-	-
Children's oral health initiative	709	-	-	397,387	247,387	(150,000)	-
Sexually transmitted and blood B.I.	711	-	-	237,807	97,807	(140,000)	-
Tuberculosis elimination action plan	713	127	-	1,245,039	816,652	(939,706)	(511,192)
Psychosocial dependence	716	-	-	(95,817)	54,183	150,000	-
Screening tuberculosis – Salluit	719	-	-	-	41,411	330,000	288,589
Screening tuberculosis – Puvimutuq	720	(127)	-	84,649	99,138	-	(14,616)
Screening tuberculosis – Kangiqsujuaq	721	-	-	-	-	-	-
Child First Initiative – menstrual products	735	-	-	-	-	-	-
Kangiqsualujuaq tuberculosis screening	736	-	-	36,180	186,888	359,206	208,498
Prevention of unintentional injuries	737	-	-	(89,470)	177,407	266,877	-
Screening tuberculosis – Akulivik	739	-	-	5,200	226,979	250,500	28,721
Canadian drugs and substances strategy (opioids)	743	-	-	114,091	114,091	-	-
Respiratory viruses – infection prevention and control	754	-	-	(1,027,842)	-	1,027,842	-
Nutrition North Canada	820	-	-	774,199	259,348	(514,851)	-
Federal strategy for smoking prevention in Nunavik	827	-	-	712,926	412,926	(300,000)	-
STI and tuberculosis prevention	935	119,684	-	-	1,594	-	118,090
<b>Other Funds</b>							
Occupational health and safety	611	(41,146)	-	553,376	660,109	18,542	(129,337)
Kino-Québec	612	84,754	-	-	-	-	84,754
Vaccines B – sec. 5	660	(18,821)	-	-	20,838	-	(39,659)
Inuit health survey	691	232,492	-	-	1,109	-	231,383
Strengthening families (Ungaluk)	8075	64,506	-	-	-	-	64,506
		5,291,073	156,744	6,617,196	6,805,771	1,510,460	6,769,702

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

MARCH 31, 2023

		Fund balance, beginning of year \$	Appropriation of surplus \$	Revenue \$	Expenses \$	Interfund transfers \$	Fund balance, end of year \$
<b>PLANNING AND PROGRAMMING</b>							
<b>Provincial Funds</b>							
Upgrade units endoscopy	682	(125,444)	-	-	32,851	-	(158,295)
Network training	683	21,178	-	-	-	-	21,178
Medical congress	684	36,570	-	-	8,090	-	28,480
Installation grants and training	685	(9,006)	-	-	-	-	(9,006)
Family violence	695	(95,123)	-	147,000	135,915	-	(84,038)
Medical training – legal kit	790	30,454	-	116,802	117,691	-	29,565
Women's health program	791	-	-	133,332	66,666	-	66,666
Intervention in neglect	907	-	-	270,050	166,700	-	103,350
Installation grants and training – promotion, hiring and retention	921	(138,055)	-	-	50,629	-	(188,684)
Installation grants and training – grants	923	478,821	-	178,000	344,625	-	312,196
Palliative care	925	18,578	-	-	-	(2,415)	16,163
Pharmacy	928	(18,547)	18,547	-	-	-	-
Regional committees against violence	932	98,020	-	(66,666)	-	-	31,354
Installation grants and training – other	940	(107,556)	-	-	112	-	(107,668)
Sarros	943	(345,180)	-	550,939	204,226	-	1,533
Services to elders – PFT	964	101,550	-	-	-	-	101,550
Psychosocial intervention	965	14,616	-	2,118,753	1,676,874	(269,484)	187,011
Child sexual abuse training	972	-	-	200,000	15,930	-	184,070
Violence victim housing	984	1,000,000	-	-	213,809	-	786,191
Emergency measures	998	49,987	-	1,250,966	2,843,649	1,592,683	49,987
Support for socio-professional integration for ID-ASD users	7101	-	-	311,080	93,500	-	217,580
Suicide prevention – training	8006	-	-	-	-	-	-
Violence against women – training	8007	30,647	-	447,929	614,172	-	(135,596)
Community organization – training	8008	131,784	-	-	-	-	131,784
Mental health – clinical projects support	8009	667,820	-	640,117	-	-	1,307,937
Suicide prevention – regional strategy	8010	-	-	-	68,015	68,015	-
PAPA	8012	(914)	914	-	-	-	-
Sexual harassment intervention team	8015	33,645	-	-	-	-	33,645
Dependencies	8020	166,560	-	160,000	-	-	326,560
Training on attention and hyperactivity	8021	53,739	-	-	-	-	53,739
Services support program	8027	51,800	-	-	-	-	51,800
Therapeutic guide redaction	8028	239,994	-	-	14,190	-	225,804
Caregiver	8034	60,750	-	44,750	51,765	-	53,735
Needs assessment of the Nunavik deaf adults	8035	(9,873)	9,873	-	-	-	-
Specialized nurse practitioner	8036	150,000	-	346,221	-	-	496,221
Cancer and palliative care – interpreter training	8042	(2,415)	-	-	-	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	42,823	-	-	20,696	-	22,127
Specialized proximity medical services	8046	(1,944,441)	-	-	99,834	-	(2,044,275)
Day centre	8048	92,280	-	-	(7,033)	-	99,313
Hearing impaired clientele	8050	84,194	-	-	-	-	84,194
CLSC-DYP-Rehabilitation – collaboration agreement	8051	187,458	-	-	-	-	187,458
Nunavik Integrated Youth and Family Centre	8052	(220,607)	-	-	33,437	33,434	(220,610)
Sexual abuse – multi-sector agreement	8053	(68,527)	-	-	100,551	-	(169,078)
Marie-Vincent training	8054	127,238	-	-	42,064	-	85,174
Family resources	8055	163,243	-	156,851	271,968	-	48,126
My Family, My Community	8056	19,365	-	-	30,648	11,283	-
Attachment disorder	8057	32,941	-	-	-	-	32,941
Alcochoice training	8058	207,345	-	-	2,051	-	205,294
First aid in mental health	8059	1,325,825	-	(44,742)	153,860	-	1,127,223
Rehabilitation prothesis 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	-	-	49,320	2,014,215	-	(1,964,895)
Nunavik PLA development	8086	1,212,093	-	980,686	720,750	(126,998)	1,345,031
Open Air	8088	(61,087)	-	44,742	-	-	(16,345)
Nitsiq	8090	395,307	-	559,000	580,145	-	374,162
Various projects	8094	4,572,622	(307,167)	-	2,224,319	-	2,041,136
Attachment training	9009	(21,535)	21,535	-	-	-	-
Expert committee – health physics	9012	52,922	-	-	-	-	52,922
Training on crisis management	9052	198,402	-	-	-	-	198,402
Mental health	9053	-	-	-	3,634	-	(3,634)
Intellectual deficiency – evaluation chart	9081	(83,027)	-	-	5,761	88,788	-

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

MARCH 31, 2023

	Fundbalance, beginning of year \$	Appropriation of surplus \$	Revenue \$	Expenses \$	Interfund transfers \$	Fund balance, end of year \$
<b>PLANNING AND PROGRAMMING (CONTINUED)</b>						
<b>Federal Funds</b>						
Home care professional development	617	-	74,685	685	(74,000)	-
Home and community care	618	-	4,774,488	4,630,769	(143,719)	-
Community mental health	697	-	833,329	833,329	-	-
Suicide prevention strategy	698	-	1,203,256	1,070,350	(132,906)	-
Mental wellness creation development	710	-	677,000	-	(677,000)	-
Nunavik health service plan and quality management	705	-	468,093	608,093	140,000	-
Family violence	717	-	30,301	30,301	-	-
Supporting Inuit Children – Turatavik (IHC)	722	-	(21,805)	(21,805)	-	-
Supporting Inuit Children – RAC-DI-TSA	723	-	234,798	146,010	(88,788)	-
Supporting Inuit Children – AK	724	-	2,657,136	2,657,136	-	-
Climate change (Qanuirlipitaa)	725	-	19,865	19,865	-	-
Supporting Inuit Children – child psychiatry coordination service	732	-	(42,467)	(42,467)	-	-
Supporting Inuit Children – neuropsychological assessments	733	-	25,500	25,500	-	-
Supporting Inuit Children – acting early program (UTHC)	734	-	60,294	60,294	-	-
Indigenous health legislation	738	-	102,874	4,231	(98,643)	-
<b>Other Funds</b>						
Best practices for elders' residences	812	15,002	-	-	-	15,002
Cancer program	825	48,527	232,980	345,231	54,765	(8,959)
Suicide prevention	963	263,031	354,809	15,884	-	601,956
Deaf workshop 2015-2016	8037	21,091	-	1,562	-	19,529
Ilagimut – Building our future	8064	(1,306)	-	151,800	153,106	-
Family homes development – kids' future	8065	232,470	-	63,495	63,495	232,470
National training program	9076	10,199	-	4,140	-	6,059
Tele-health	9181	-	422,126	312,522	-	109,604
	10,473,528	(256,298)	20,702,392	23,933,234	594,031	7,580,419
	18,615,850	-	134,035,649	139,477,595	2,688,318	15,862,222





