

# ANNUAL REPORT

NUNAVIK REGIONAL  
BOARD OF HEALTH  
AND SOCIAL SERVICES

2016.2017



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



# ANNUAL REPORT

2016.2017

Nunavik Regional Board of Health and Social Services  
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# **DECLARATION ON THE RELIABILITY OF THE DATA CONTAINED IN THE MANAGEMENT REPORT AND THE RELATED CONTROLS**

**Mr. Gaétan Barrette**  
Minister of Health and Social Services

I am responsible for the results and information contained in the present annual management report. That responsibility concerns the accuracy, completeness and reliability of the data, information and explanations contained therein.

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

To my knowledge, the information presented in the annual management report (2016-2017) of the Nunavik Regional Board of Health and Social Services as well as the related controls are reliable and this information corresponds to the situation as it was on March 31<sup>st</sup>, 2017.

Minnie Grey  
Executive Director



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# NUNAVIMMIUT : THE PEOPLE WE SERVE

## DEMOCRAPHICS

The Nunavik comprises the northern third of the province of Quebec, covering a land area of more than 500 000 km<sup>2</sup> north of the 55<sup>th</sup> parallel. The approximately 13 000 inhabitants of the region, of whom most are Inuit, live in fourteen Northern Villages only connected through air routes.

The population of Nunavik did more than quadruple during the last 50 years, and continues to grow twice as fast as in the rest of the province. This means that for few decades now, our children and youth have been counting roughly half of the total population.

On the other hand, elders in Nunavik traditionally only make up a small proportion of the population. Yet this situation is changing and the population of Nunavik is starting to age. The number of Elders could triple within the next 20 years. This is an unprecedented situation and a challenge for our network more often used to crafting youth-centred programs.

## THE NUNAVIK HEALTH AND SOCIAL SERVICES NETWORK

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

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

in promotion, prevention and protection are carried out very harmoniously and smoothly, as much in the health sector as in social services.

## NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES

The Nunavik Regional Board of Health and Social Services (NRBHSS) manages a budget of close to 172 million dollars, destined for health and social services for the populations of the 14 communities.

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

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

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

# MESSAGE FROM THE CHAIRPERSON AND THE EXECUTIVE DIRECTOR

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

- **Our rationale :** The Nunavik population's well-being.
- » **Our mission :** Plan, organize, apply and evaluate programs to serve our population.
- ▲ **Our objective :** Improve our population's state of health.
- ◆ **Our values :** Autonomy, respect, participation, appreciation of our human resources and collaboration with our partners

**We present our vision :** A healthy population in healthy communities where integrated health and social front-line services are offered to the population by Inuit in accordance with traditional values.

Fiscal 2016-2017 is the first of a 2-year extension of our Strategic Regional Plan. We have thus already initiated the drafting of a new strategic plan that will include important regional needs and priorities. We continued to strengthen our work with the two health centres in the areas of financial management and implementation of measures identified in our strategic plan to improve services for Nunavimmiut.

Our different departments have worked very hard in many portfolios. The Department of Planning and Programming has been actively implementing recommendations tabled under the Ilusiliriniqmi Pigutjiutini Qimirruniq clinical project, for children, youth and family services, for mental health, and for addictions.

Among other Child, Youth and Family regional programs developed this year, we are very pleased to see a pilot project agreement bonding ourselves, the UTHC and the Qarmaapik Family House of Kangiqsualujuaq to allow a stronger involvement of the community in the DYP and CLSC's processes. The objective is to better support youth in difficulties and to mitigate the impacts of such processes.

Many development initiatives are underway at the Isuarsivik treatment center, a community organization supported by the NRBHSS under the PSOC, as improvement of treatment services locally and regionally offered to Nunavimmiut is a strong priority. This goes hand by hand with the development of Mental Health services and of a suicide prevention strategy.

The Clinical Project is now encompassing physical health, and the offer of services and their organizations are now under scrutiny in order to better respond to the population needs. The first recommendations have been approved by the BOD in December 2016. Let salute also our 9 new PRO (*postes en réseau obligatoire*) obtained under the PEM (*Plans d'effectif médicaux*) obtained by our region.

Our Department of Public Health (DPH) has been very busy in dealing with major infections and in supporting both health centers. The "Checkup Project", a social marketing initiative, was launched in February 2017 in response to the high STBI rates. Positive messaging and inspirational comments from regional youth and role models aim to change youth's perception of screening services. In link with this initiative, work is being done with the health centers, to address barriers to sexual health assessment and testing and assure that "quick checkups" are available throughout Nunavik.

The spread of tuberculosis was still a major issue in 2016 in Nunavik, with an outbreak in the community of Kangiqsualujuaq that lead to a thorough investigation and systematic screening. In Kangiqsualujuaq, a mobilization



project was carried on from April 2016 to March 2017. Under the theme "Protecting our children, our family and our community", screening and treatment were offered on a voluntary basis to the population. More than 92 % of the eligible population were reached.

In order to optimize prevention and health promotion, it is essential to get involved in all walks of life, which is why a variety of workshops have been presented in the youth centers as well as in the school. Activities have taken place under the direction of municipalities or health establishments, family houses and community organizations.

These are just a few of many ongoing files in our efforts to improve the wellbeing of all Nunavimmiut. The Department of Inuit Values and Practices (DIVP), now under the leadership of a new director, works in close partnership with the communities and our local network, to support families dealing with traumatic events. The natural helpers from the DIVP visit the communities at the latter's request to provide assistance, give workshops and training in the community to empower local natural helpers.

The Department of Administrative Services (DAS) has been very active in assisting the Ungava Tulattavik Health Centre in its efforts to return to fiscal balance. Now that this has been achieved, and with close support from our DAS, they will continue to manage the Health Centre according to high standards.

The Department of Regional Human Resources Development (DRHRD) ensures ongoing training leading to Collegial Attestation Study (AEC) for Inuit Youth Protection and CLSC workers in collaboration with Marie-Victorin College. Our McGill Inuit Management Training Program is very popular and five new students enrolled this year.

The MNQ relocation project leading up to the opening of Ullivik in Dorval has been a major file for our Department of Out-of-Region Services (DORS). The staff and patients were able to move in by December 2016. Ullivik has 143 beds including 4 bachelors (larger bedrooms) for long-term patients, a cafeteria, family room, a chapel and other amenities that have centralized all patient/escort services in one place. Preparations are underway to have the official opening of the facility in early summer of 2017.

## SAQIJUQ UPDATE

### PUVIRNITUQ : UPDATE ON PILOT COMMUNITY

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Meetings are still being held regularly with various organizations within the community. They include the municipality, social services, youth protection, the justice committee and others. Support and encouragement is strong yet still is slow in actual implementation.

For the first time, in October, a Coordination Table meeting was held in the community of Puvirnituq. This allowed members of the committee to see the community, the infrastructure within the community, and a tour of some of the organizations was achieved.

Saqijuq has joined forces with ACCESS Open Minds. ACCESS Open Minds aims to improve the outcomes of Canadians aged 11 to 25 experiencing mental health problems. Its mandate is to provide faster, more engaging access to appropriate services to a greater number of young people with a mental illness. There are 12 ACCESS OM sites across Canada and Puvirnituq is one of the chosen sites. There had not been a lot of advancement in the project, but by combining resources we expect to see major achievements in 2017.

Saqijuq is also working closely with Isuarsivik. The collaboration between the two organizations shows the efforts being made for organizations to become stronger uniting rather than working in solo.

Infrastructure, as well as funding to maintain space, is still an issue. The goal is to share a space with ACCESS OM, thus having more resources available for those in need : youth, adults, family and the whole community !

## WORKING GROUPS

The three working groups are divided as follows :

- ▶ Working Group 1 : Persons in Difficulty;
- ▶ Working Group 2 : Support Group (Victims and General Public – People at Risk and People in Difficulty Pilot Communities);
- ▶ Working Group 3 : Persons at Risk – Health.

Each group has worked on their specific objectives, and often need to collaborate with each other to be successful. As of April 6<sup>th</sup>, all items have at least started (of 29 activities, 11 are at least 25 % started, 15 are at 50 % or more completed, and 3 have been completed).

## BOARD OF GOVERNANCE

The Board of Governance, whose members include a representative of the ministère de la Santé et des Services sociaux (MSSS), the executive director of the NRBHSS, the KRG, Makivik, a representative of the ministère de la Sécurité publique (MSP) and a representative of the ministère de la Justice (MJ), met in May 2016 and February 2017.

The issue regarding the financing of Saqijuq was discussed at both of the meetings. Documents showing the spending, as well as possible savings, were presented at these meetings. At the meeting in February 2017, it was asked to produce a different type of document to better represent their request.

## FINANCING

Under the Saqijuq umbrella there are many projects that require funding, including the treatment center, two support centers (Puvirnituq and Kangirsuk), training which includes cultural awareness, addictions, and for self-care, justice committee members, employees for the centers, etc. Funding also needs to be considered for people who receive treatment (their treatment as well as travel costs for the South and North), as well as looking at creating a mobile treatment center. The Saqijuq coordination team, although there is only a coordinator, is funded solely by Ungaluk with the NRBHSS administering the funds. It is the NRBHSS that has taken on the leadership role of Saqijuq, in regards to financing; assistance; and overall support of the project.

Saqijuq has made two applications for additional funding :

- ▶ Law Foundation of Ontario : We were successful in our application and received \$60 000. This is to cover the evaluation costs in regards to the judicial evaluation aspect. Mylene Jaccoud is representing Saqijuq and is working to have Makivik and Justice contribute to the process so it will be complete.
- ▶ Public Safety Canada, Quebec and Nunavut Regions, Government of Canada : The funding requested will be for the setup of the support group in Puvirnituq for five years, as well as three years for the support group in Kangirsuk. (\$2,760,448.90)



## RECOMMENDATIONS FOR NEXT STEPS AND FURTHER ACTIVITIES

The analysis of the implementation of Saqijuq and the resource mapping carried out by the collaborative research team starting September 2015 for the community of Puvirnituq led to four main statements.

- ▶ Youth are a priority within the Saqijuq project, and with the assistance of ACCESS OM, improvement in your mental health services must be considered. This will include trips on the land, traditional activities, and having the youth speak to us about what they feel they need.
- ▶ Saqijuq is based on a strong partnership between the different resources and organizations of the community. This partnership has to be consolidated in Puvirnituq, and preliminary work must begin in Kangirsuk in 2017.
- ▶ Financial support is still a priority for Saqijuq and the other projects related to Saqijuq, and it is required to ensure implementation of specific actions.
- ▶ Communication within Saqijuq and externally must be improved. It is vital for all members to work together, be transparent and open, and provide as much information to the population as possible. The more people who are aware, the more people will begin to believe.

## FROM THESE FOUR STATEMENTS, WE SUGGEST THE FIVE FOLLOWING ACTIONS OVER THE COMING MONTHS.

- ▶ Consult the population, especially young people, on needs and aspirations of the young generation;
- ▶ Begin meeting with the organizations in Kangirsuk;
- ▶ Begin the directory for Kangirsuk community resources;
- ▶ Obtain financial support to ensure the sustainability of Saqijuq and related projects;
- ▶ Improve communications methods within Saqijuq and externally to the population.

Elisapi Uitangak

Minnie Grey

# BOARD OF DIRECTORS

During this last year, the board of directors of the Nunavik Regional Board of Health and Social Services (NRBHSS) appointed Elena Labranche as Director of Inuit Values and Practices, Dr. Françoise Bouchard as Director of Public Health and finally, Fabien Pernet as the new Assistant to the Executive Director. The NRBHSS is proud to welcome them to the management team and wishes them success in their new functions.

## COMPOSITION OF THE BOARD OF DIRECTORS – MARCH 31<sup>ST</sup>, 2017

### EXECUTIVE COMMITTEE

6

#### **Elisapi Uitangak**

Chairperson, Puvirnituq Representative

#### **Lucy Carrier-Tukkiapik**

Vice-Chairperson, Kangirsuk Representative

#### **Minnie Grey**

Secretary, NRBHSS Executive Director

#### **Qumaq Mangiuk**

Executive Committee Member, Ivujivik Representative

#### **Shirley White-Dupuis**

Executive Committee Member, Kuujjuaq Representative

### DIRECTORS

#### **Grey, Louisa**

Aupaluk Representative

#### **Annanack, Kitty**

Kangiqsualujuaq Representative

#### **Arngak, Alasie**

Kangiqsualujuaq Representative

#### **Beaudoin, Jane**

Inuulitsivik Health Centre (IHC) Executive Director

#### **Berthe, Mary**

Tasiujaq Representative

#### **Fleming, Cora**

Kuujjuaraapik Representative

#### **Gadbois, Claude**

Ungava Tulattavik Health Centre Representative

#### **Kitishimik, Parsa**

Kativik Regional Government (KRG) Representative

#### **Ningiurivik, Sheila**

Quaqtaq Representative

#### **Nowrakudluk, Sarah**

Inukjuak Representative

#### **Padlayat, Josepi**

Inuulitsivik Health Centre Representative

#### **Pomerleau, Madge**

Ungava Tulattavik Health Centre (UTHC) Interim Executive Director

#### **Qaqutuk, Jusipi**

Akulivik Representative

#### **Saviadjuk, Ida**

Salluit Representative

#### **Tooktoo, Alice**

Umiujaq Representative

#### **Nuna Akpahatak**

Aupaluk Representative replaced by Louise Grey who took an oath of office on February 21<sup>st</sup>, 2017.

#### **Alex Niviaxie**

Umiujaq Representative was replaced by Alice Tooktoo who took an oath of office on October 18<sup>th</sup>, 2016

**Madge Pomerleau** having been appointed Interim Executive Director at the Ungava Tulattavik Health Centre (UTHC) took an oath of office on October 18<sup>th</sup>, 2016.

The members of the board attended eight regular sessions as well as the annual general meeting, adopting 60 resolutions. The Executive Committee held five meetings.

# **DEPARTMENT OF EXECUTIVE MANAGEMENT**



## PREHOSPITAL SERVICES

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

On March 31<sup>st</sup>, 2017, Nunavik had 164 certified, active first responders.

As training is a key element in the prehospital-service system, it is important for it to be accessible to as many persons as possible, which ensures the quality of the interventions performed by the first responders as well as efficient on-duty services 24 hours per day, 365 days per year. Eleven complete, five-day training sessions were organized in different communities for new first responders. Thirty-nine persons successfully completed their training. As maintaining skills is also fundamental to ensuring quality, 18 one-day refresher programs were held in the Nunavik communities.

This year there was a good participation to two-days training program for the nurses in Kuujjuaq who also work in the area of prehospital services. This training was designed last year and has proven to be successful, giving nurses the skills and confidence to perform prehospital interventions. Fifteen nurses participated in this training this year.

At the end of the year, an automated external defibrillator (AED) was implemented in the community of Quaqtaq to be used by the first responders. Training was provided to insure its optimal use. We believe this new equipment could help save life in case of cardiac related problematics.

## EMERGENCY PREPAREDNESS

This past year, certain communities experienced incidents requiring our organization's intervention and follow-up. The events – telecommunication problem, sewage service breakdown – required coordination efforts between the various municipal partners, the Kativik Regional Government (KRG) and the various provincial ministries concerned by the issues in order to ensure our population's safety. These interventions once again have emphasis the need to maintains close ties with all the partners, both local and regional, which greatly facilitates cohesive intervention in emergency situations. The need to foster civil security concerns in all level of the organization has shown to be also crucial for the smooth operation when these incidents are dealt with.

# **DEPARTMENT OF PLANNING AND PROGRAMMING**



# CHILDREN, YOUTHS AND FAMILIES

## DYP / FAMILY-TYPE RESOURCES

The recognition criteria and maintenance of a register of family-type resources (FTRs) constitute a legal obligation, a responsibility assumed by the Nunavik Regional Board of Health and Social Services (NRBHSS). An Inuit officer has been tasked with applying the criteria in the region and managing the register. Application of the 2015-2018 plan of action is under way and a regional committee will be set up to ensure certain actions recommended therein are carried out smoothly and are culturally suitable.

## GUIDE TO COOPERATION IN SERVICES OFFERED TO YOUTHS IN DIFFICULTY

The guide to cooperation was signed last winter by the various partners concerned with the service program for youths in difficulty. The program aims to establish conditions to encourage cooperation between front and second-line services in Nunavik relative to the youth clientele. The agreement also enables clear definition of the role of each partner concerned and determination of collaborative processes.

## REGIONAL PROTOCOL ON THE CROSS-SECTOR AGREEMENT RELATIVE TO VICTIMS OF SEXUAL ABUSE, PHYSICAL MALTREATMENT OR ABSENCE OF CARE COMPROMISING THEIR PHYSICAL HEALTH

The regional committee on the cross-sector agreement placed priority on training for partners on application of the agreement as well as on training for youth protection interveners on the non-suggestive interview. These training programs will be made available and will be offered during the next fiscal year.

## COUNCIL OF SIGNIFICANT PERSONS IN CASE OF POTENTIAL PLACEMENT OF A CHILD IN A FOSTER FAMILY

The NRBHSS cooperated with the Outaouais region toward development of the process of a council of significant persons in case of potential placement of a child in a Nunavik foster family. In effect, that process was established in the Maniwaki area (Algonquin) some five years ago, and the project was successful. It is of note that in the Maniwaki area in the past two years, no children of the Algonquin nation have been placed outside their community.

## PILOT PROJECT FOR AN AGREEMENT WITH QARMAAPIK FAMILY HOUSE OF KANGIQSUALUJJUAQ, YOUTH SERVICES OF THE UTHC AND THE NRBHSS

The NRBHSS, jointly with Qarmaapik Family House and the UTHC, developed an agreement enabling greater community involvement in DYP and CLSC actions in order to reduce the overall incidence of impacts and issues among youths in difficulty.

## MEDICAL AFFAIRS AND PHYSICAL HEALTH

### MEDICAL MANPOWER

In 2016 (from December 1<sup>st</sup>, 2015, to November 30<sup>th</sup>, 2016), the Nunavik region welcomed eight new general practitioners, three at the Inuulitsivik Health Centre (IHC), four at the Ungava Tulattavik Health Centre (UTHC) and one in the Department of Public Health. These physicians all occupy a position in the region.

Three general practitioners (two at the IHC and one at the UTHC) left the region in 2016-2017.

For the year 2017 (from December 1<sup>st</sup>, 2016, to November 30<sup>th</sup>, 2017), the region will welcome four new general practitioners, two at the IHC and two at



the UTHC. One of them began practising at the UTHC in February 2017 and set up full time in Kangiqsualujjuaq.

Thus, as of March 31<sup>st</sup>, 2017, 39 general practitioners held a position in the region (with the exception of those assuming exclusive functions in public health).

In 2016 (from December 1<sup>st</sup>, 2015, to November 30<sup>th</sup>, 2016), the Nunavik region also welcomed two new medical specialists – one in community health and one in child psychiatry – who joined those already on site (one physician in community health and two psychiatrists).

Further, in the process of establishing the medical manpower plans (MMPs) for specialties, the Nunavik region obtained nine new obligatory network positions (ONPs), eight of which remain to be filled, for the following specialties :

- ▶ pediatrics (two ONPs);
- ▶ child psychiatry (two ONPs);
- ▶ internal medicine (two ONPs);
- ▶ orthopedic surgery (one ONP);
- ▶ ophthalmology (one ONP);
- ▶ diagnostic radiology (one ONP).

Under the SARROS program, the region welcomed seven family-medicine interns (four at the IHC, two at the UTHC and one in the Department of Public Health). Further, through the decentralized program for medical training (PFMD), several externs, first and second-year residents in family medicine, and first to fifth-year residents in specialties performed an internship at one of the region's health centres.

For the second year, the region participated in the Quebec training program for First Nations and Inuit physicians, an initiative of the Quebec faculties of medicine, and thus welcomed four internship candidates (two at the IHC and two at the UTHC).

## **PHARMACY**

The application of measures retained under the 2014-2017 regional plan of action for pharmacies established by the regional board jointly with the region's health centres continued and was completed over the past year. Below are some examples of the actions undertaken :

- ▶ installation of automated equipment, UTHC;

- ▶ installation of safe, mobile pharmacy equipment for medication storage and distribution, IHC and UTHC.

## **CANCEROLOGY AND PALLIATIVE CARE**

The regional board continued application of its cancerology program and plan of action, which define the objectives pursued between now and 2020. The 2016-2017 year marked the last year of the project for care and services of good quality and culturally adapted for Inuit and Cree cancer patients, a joint project between the Cree Board of Health and Social Services of James Bay and the Nunavik health centres, thanks to funding from the Canadian Partnership against Cancer (CPAC).

The regional board also supported the health centres in efforts at improving the regional service supply in palliative care.

## **CLINICAL PROJECT ILUSILIRINIQMI PIGUTJIUTINI QIMIRRUNIQ (IPQ) FOR PHYSICAL HEALTH**

In 2014, the Department of Planning and Programming undertook a project to review, jointly with its partners, the service supply and organization for physical health in Nunavik. That developmental project aims for a better response to the population's needs. Once the process was adopted by the regional board's board of directors, the work and the setup of working committees began. Thus, the working committee on specialized services and the one on dental medicine were set up. In the fall 2016, the latter formulated its first series of recommendations relative to dental medicine. They were adopted by the regional board's board of directors in December 2016.

## **PRIORITY ACCESS TO SPECIALIZED SERVICES (APSS)**

To deal with the various problems with access to specialized care and services throughout the province, the MSSS launched a major effort with the following objectives :

- ▶ simplify the referral trajectory;
- ▶ improve waiting times;
- ▶ optimize technical support.

To deploy the APSS, the Nunavik region first had to appropriate the proposed strategies and processes. The region thus set up a regional committee and hired project leader.

Thanks to the work of all involved, a status report was produced, recommendations were proposed, standardized forms developed for the first nine specialties (cardiology, gastroenterology, nephrology, neurology, pediatrics, ENT, ophthalmology, orthopedics and urology) were put into use on the territory and the methods of functioning were reviewed and harmonized with those of the Montreal dispatch centre for service applications (CRDS), which opened its doors in October 2016. Over the next year, work in this portfolio should continue and enable us to validate the improvements made and deploy a single appointment-management system for Nunavik.

## **QUEBEC COLORECTAL-CANCER SCREENING PROGRAM (PQDCCR)**

To meet the criteria of the Quebec colorectal-cancer screening program (PQDCCR), the health institutions of Nunavik are upgrading their digestive endoscope units. These upgrades entail the following advantages :

- ▶ optimization of colonoscopy capacity and thus improved accessibility of the examination, thanks to greater efficiency;
- ▶ implantation of norms for clinical and organizational practices in colonoscopy and in reprocessing of medical devices, which contributes to the quality and pertinence of the acts performed.

The Nunavik region thus began the work toward the upgrades by creating a regional committee. A status report was produced (level of compliance of 60 % with norms deemed as priorities) and local plans of action were designed. Application of those plans of action has already begun and will continue throughout the coming year.

## **MENTAL HEALTH, SUICIDE PREVENTION, MEN'S HEALTH AND WELL-BEING**

To improve our services in the area of mental health and suicide prevention, we hired two officers, one to work on mental health and another to develop our strategy on suicide prevention. To support those officers, a suicide-prevention project manager was also recruited.

## **SUICIDE PREVENTION**

As recommended under the clinical project Ilusiliriniqmi Pigutjiutini Qimirruniq, we are working at developing the best practices in suicide prevention in all the Nunavik communities. This involves the development of training workshops on best practices in suicide intervention for front-line workers. Three pilot sessions were held with the objective of ensuring that the training reflects the realities of Nunavik. With the help of an adaptation committee, we are currently in the last phase of finalizing all the content, destined for a team of trainers who will be asked to begin the implementation of the training next fall.

## **SUICIDE-PREVENTION TOOLS**

The Regional Suicide Prevention Committee expressed its will to develop suicide-prevention tools in order to provide readily accessible support services across Nunavik. A project manager was hired in January 2017 and has started to work on designing the project. Even though we are still at an early stage, meetings have been organized to confirm the needs with the stakeholders and to benchmark the different options regarding the feasibility of developing suicide-prevention, web-based communication tools and a helpline. The project will continue next year.

## **PERSONS LACKING AUTONOMY, ELDERS AND REHABILITATION**

Once again, this year we supported World Elders Days and World Elder Abuse Awareness Day. Regular meetings with the home-care coordinators were held with the objective of sharing approaches and discussing service improvement, more specifically through training offered to workers, such as training on moving clients safely, Alzheimer's and dementia. Funding for home-care services continued for both health centres, based on the Health Canada agreement. Finally, a regional workshop for Nunavik's deaf adults was held in Inukjuak from May 10<sup>th</sup> to 16<sup>th</sup>, 2016.

## **ADDICTIONS**

After two years of interruption, the Nunavik Addictions Advisory Committee met on November 16<sup>th</sup> and 17<sup>th</sup>, 2016, in Kuujjuaq. The objective was to follow up the recommendations made by the committee in 2013-2014, more



specifically regarding the recruitment and training of addictions community counsellors which will begin in 2017, and also to discuss the improvement of treatment services offered to Nunavimmiut, in line with the development initiatives under way at the Isuarsivik Treatment Centre. This year two, new addictions officers were recruited, which will considerably improve our response to the many challenges in the addictions file.

## COMMUNITY ORGANIZATIONS

The support program for community organizations continued in September 2017 and the following community organizations were visited :

- ▶ Qilangnguanaaq Assisted Living Centre (Kangiqsujuaq, two visits);
- ▶ Sailivik Elders' Home (Puvirnituq, two visits);
- ▶ Initsiaq Women's Shelter (Salluit, one visit);
- ▶ Qarmaapik Family House (Kangiqsualujuaq, one visit).

The objective of the project is to offer support for management, budgetary planning and follow-up. Funding for the community organizations was approved as presented in the following table.

### COMMUNITY ORGANIZATIONS FUNDING FOR 2016-2017

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MISSION	COMMUNITY ORGANIZATIONS	LOCATION	MANDATE	TOTAL ALLOCATED
<b>ASSOCIATIONS</b>	1 Saturviit Women's Association	Inukjuak	Regional	\$135 000,00
	2 Qajaq Network	Kuujjuaq	Regional	\$152 712,00
	3 Unaaq Men's Group	Inukjuak	Regional	\$152 712,00
	4 Qarjuit Youth Council	Kuujjuaq	Regional	\$100 000,00
<b>TREATMENT CENTRES</b>	5 Isuarsivik Treatment Centre	Kuujjuaq	Regional	\$600 000,00
<b>WOMEN'S SHELTERS</b>	6 Tungasuvvik Women's Shelter	Kuujjuaq	Subregional	\$615 000,00
	7 Initsiaq Women's Shelter	Salluit	Subregional	\$536 728,00
	8 Ajapirvik Women's Shelter	Inukjuak	Subregional	\$300 000,00
<b>ELDERS' HOMES</b>	9 Qilangnguanaaq Elders' Home	Kangiqsujuaq	Subregional	\$300 000,00
	Sailivik Elders' Home	Puvirnituq	Subregional	\$300 000,00
	Tusaajiapik Day Centre	Kuujjuaq	Subregional	\$120 000,00
	Sammiak Elders' Committee	Salluit	Subregional	\$20 000,00
	Ayagutak Elders' Home (new)	Inukjuak	Subregional	\$300 000,00

MISSION	COMMUNITY ORGANIZATIONS	LOCATION	MANDATE	TOTAL ALLOCATED
<b>MENTAL HEALTH</b>	Ungava Community Residence	Kuujjuaq	Regional	\$300 000,00
	Uvattinut Supervised Apartments	Puvirnituq	Regional	\$300 000,00
<b>FAMILY HOUSES</b>	Tasiurvik Centre	Kuujjuaraapik	Subregional	\$100 000,00
	Qarmaapik Family House	Kangiqlualujuaq	Subregional	\$300 000,00
				<b>TOTAL : \$4 632 152,00</b>

## **DESIGNATED CENTRES FOR VICTIMS OF SEXUAL ASSAULT**

To respond to the immediate needs of victims following a sexual assault, the UTHC and IHC have been identified as designated centres offering a client-centred, comprehensive and coordinated response in all 14 communities. This medico-social intervention consists of psychosocial accompaniment and support and possible collection of forensic evidence to facilitate legal proceedings; it also ensures medical needs are met immediately and in the months following the assault. A protocol to formalize and clarify the medico-social intervention in the context of Nunavik has been created. Nurses, social workers and youth-protection workers who may have to respond to a victim of sexual assault are being trained on how to deliver consistent, high-quality services to victims. Almost all workers at the UTHC have been trained. Training is upcoming for IHC workers. Training will continue to be given on a regular basis to ensure all workers in the field have received it. The coordinator of each designated centre also conducts prevention workshops and offers clinical support.

## **MISSING AND MURDERED INUIT WOMEN AND GIRLS**

The NRBHSS is a main partner in preparing Nunavik to participate in the federal inquiry into missing and murdered Inuit women and girls (MMIWG). This partnership was launched by the Saturviit Inuit Women's Association. The NRBHSS organized a pre-inquiry consultation in Kuujjuaq through a partnership with Inuit Tapiriit Kanatami and Tungasuvvingat Inuit where stakeholders from across Nunavik met to provide recommendations for a meaningful inclusion of Nunavimmiut in the federal inquiry. The regional board will also attend a meeting of affected family members to hear concerns and recommendations as well as to provide information. It will identify means of providing psychosocial support for families before, during and after the inquiry.

# DEPARTMENT OF PUBLIC HEALTH



# PUBLIC HEALTH : SURVEILLANCE

Surveillance activities are carried out concurrently with those involving monitoring from the perspective of health protection. Under this component, periodic analysis of certain monitoring data (e.g., STBIs, tuberculosis) provide information for the partners and the various interveners in their awareness and community-mobilization activities.

Jointly with the Institut national de santé publique du Québec (INSPQ), the Department of Public Health produced two health profiles in the context of surveillance activities : one on the health of young children and their families and the second on the health of youths, adults and elderly persons. Those profiles aim to support decision making and inform the population on its state of health and the related determining factors.

Various databases (mortality, hospitalization, births, etc.) were analyzed, thus ensuring availability of up-to-date information on the various aspects of Nunavimmiut health at the regional and subregional levels, and this by sex and age group. Other surveillance results were obtained in response to specific needs of decision makers in the regional board's various departments, i.e., its interveners.

## OCCUPATIONAL HEALTH FOR A SAFE MATERNITY EXPERIENCE

During 2016, roughly 150 applications for reassignment were processed. The applications principally come from early-childhood centres, schools, the health sector and businesses. Our medical advisor's recommendations are translated into English at the request of the attending physician or the pregnant woman.

## MINING SECTOR

The occupational health team (one physician, one nurse, one hygienist and one occupational therapist) work with the two mines in Nunavik and eight other establishments in priority groups related to the mining sector. Moreover, several contractors without an establishment number in

Nunavik are omnipresent on the two sites. Thus, we have roughly 2 000 workers at two mining sites. During 2016, 10 visits were made by the nurse and 6 by the physician responsible for the health program specific to the mines, besides teleconferences. The team works at supporting the reduction, at the source, of physical contaminants (e.g., noise), chemical contaminants (e.g., fumes, dust, lead) and biological contaminants (e.g., tetanus, mildew), as well as the reduction of musculoskeletal disorders and psychosocial risks in the workplace. The team informs the workers and the employer of risks, with the participation of on-site prevention teams. In 2016, we conducted research on identifying the characteristics of bioaerosols in the sewage building.

## PUBLIC-ADMINISTRATION SECTOR

Visits were made to the 14 municipalities during the year. These cover the municipal installations (municipal office, garage, potable-water plant, arena, fire station, swimming pool, sewage site, community hall and municipal freezer); we also visit the carpentry workshops and police stations. We provide information and training for the workers on biohazards, welding fumes, respiratory protection, musculoskeletal disorders, noise, inspection of first-aid kits and personal protection. We receive support from a medical advisor, a hygienist, an occupational therapist and a research technician in occupational health.

## REQUESTS FOR SERVICES

During the year, we also responded to certain requests from the CNEST and the Department of Public Health as well as requests involving occupational health and safety.



## ENVIRONMENTAL HEALTH

### ISSUES DEALT WITH BY THE ENVIRONMENTAL-HEALTH TEAM

During the year, major efforts were carried out in the issue of lead with the goal of producing a status report on the problem of exposure to lead in Nunavik. An initial internship project was co-directed in the summer 2016. That project particularly enabled documenting hunting practices and the preparation of meat from game harvested with ammunition containing lead projectiles as well as the availability of lead-based ammunition (shot and bullets) in Nunavik stores. The results notably reveal that some hunters are still using lead-shot ammunition and that such ammunition is still available in most of the Nunavik communities. As for lead bullets, their use is widespread and the availability of lead-free alternatives is extremely limited. This internship project also led to the observation that the hunters interviewed have limited knowledge about the composition of the ammunition they purchase and about the effects of lead on their health. These results were presented at the annual general meeting of the Nunavik Hunting, Fishing and Trapping Association in November 2016. After that meeting, a resolution was adopted to support the NRBHSS in its actions aimed at a full ban on the use of lead ammunition by the region's hunters.

The environmental health team is also involved in discussions on support for researchers in carrying out various research projects relevant to Nunavimmiut. The team notably collaborated in the research project Nutaratsalit Qanuingisiarningit Niqituinnanut – Pregnancy wellness with country foods, "Grossesses en santé avec les aliments locaux" – headed by a team of researchers from the CHU de Québec, Université Laval and Trent University (Ontario). That project aims to recruit pregnant women of Nunavik, assess their exposure to contaminants present in traditional foods and their nutritional status, and evaluate their knowledge on those issues.

The environmental health team was involved in the portfolio consisting of mining exploration and operations in Nunavik. It reviewed the environmental and social acceptability of Raglan Mine's Sivumut project, Phases II and III, from the point of view of public health, in accordance with the procedure for evaluating and reviewing environmental and social impacts as stipulated in Chapter II of the Environment Quality Act (EQA) and applicable to the James Bay and Northern Quebec territory.

During the present year, efforts also focussed on completing a procedure for managing declaration of reportable diseases of a chemical origin (chemical MADOs) as well as following up cases reported to the Nunavik Department of Public Health. In 2015, 61 reports were received, most of which involved cases that exceeded the threshold for mercury exposure. The environmental health team also responded to several reports particularly concerning mildew and potable water as well as to requests for information of varying nature.

In the spring 2016, the campaign for raising the municipalities' awareness of the importance of protecting swimmers' health and guaranteeing the quality of the water in swimming pools was repeated. Further, the environmental health team collaborated with the Kativik Regional Government on the monitoring of the quality of potable water in the Nunavik communities. It notably ensured that actions necessary to protecting public health were undertaken whenever circumstances required.

## INFECTIOUS DISEASES

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In 2016, 984 cases of reportable diseases (MADOs) were registered. Among sexually transmitted and bloodborne infections (STBIs), genital chlamydia and gonococcal infection had the highest rates, accounting for 92 % of all MADOs reported in Nunavik.

Airborne diseases came in second in terms of rate, followed by bowel diseases and food or waterborne diseases. Active tuberculosis represented roughly 90 % of reported cases in the airborne-diseases group.

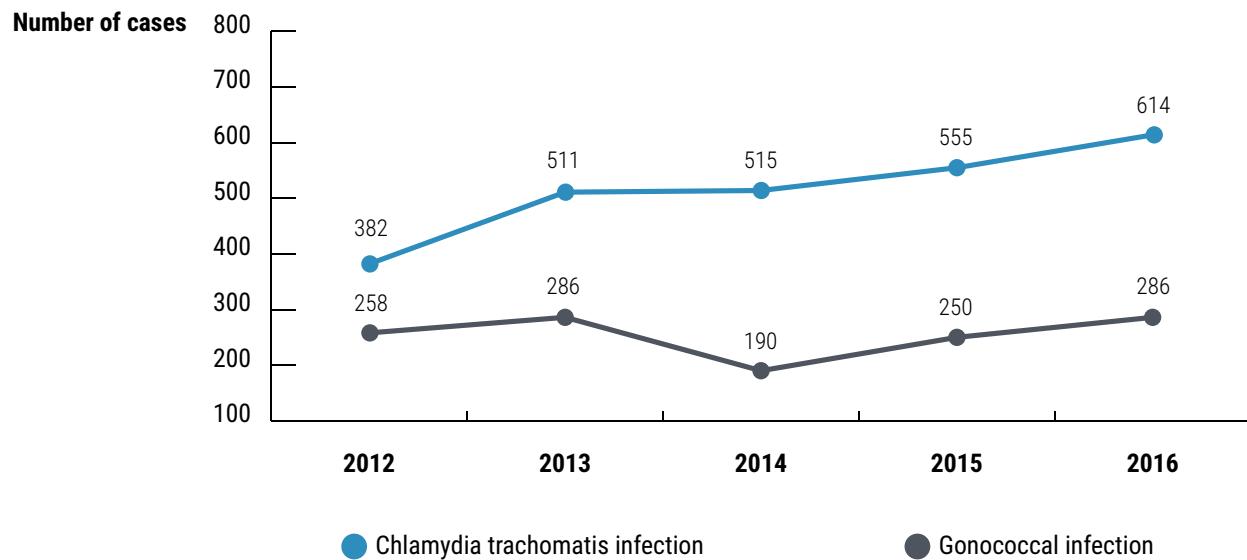
Table 1. Reported cases by MADO group, sexes combined, all ages, Nunavik 2016.

MADO GROUP	NUMBER	%
Sexually transmitted and bloodborne infections	901	91,6 %
Airborne diseases	46	4,7 %
Bowel diseases and food- or waterborne diseases	28	2,8 %
Vaccine-avoidable diseases	9	0,9 %
<b>TOTAL : 984</b>		<b>100 %</b>

## STBIS

The number of cases of "Chlamydia trachomatis" and gonococcal infections increased in 2016.

Graph 1. Reported cases of "Chlamydia trachomatis" and gonococcal infections, Nunavik 2012 to 2016.



## "CHECKUP PROJECT" COMMUNICATION CAMPAIGN

This year saw much activity in the "Checkup Project" communication campaign. This social-marketing initiative aims to change youth's perception of screening services. In the fall, the singer songwriters Twin Flames and a film crew travelled to meet youth in four communities and, with the help of community stakeholders, created videos to be shared through Facebook. This campaign of videos, positive messaging and inspirational comments from regional youth and role models was launched in February 2017. In line with this initiative, work is being done with the health centres to address barriers to sexual-health assessment and testing and assure that quick checkups are available throughout Nunavik.

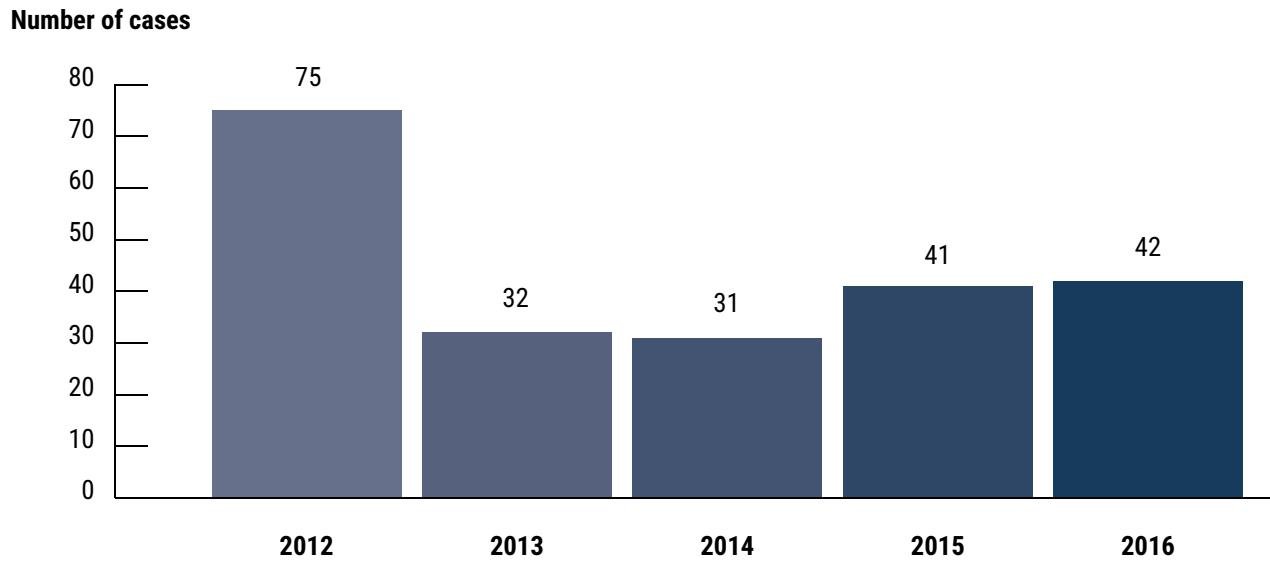
Work is also conducted in partnership with Health Canada, to better understand why the region suffers from ongoing disparities in STI rates, when compared to other regions. Analyzing data obtained from the health centres is a step forward to build a strategy adapted to Nunavimmiuts' needs. Also, in collaboration with the INSPQ, a surveillance project is under way to monitor gonorrhea strains in the region and the ability to respond to antibiotic-resistant strains.



## TUBERCULOSIS

The spread of tuberculosis was still a major issue in 2016 in Nunavik with 42 cases identified, for an incidence of 316/100 000 person-years.

Graph 2. Reported cases of active tuberculosis, Nunavik 2012 to 2016.



Source : MADO register, MSSS.

## KANGIQSUJUJAQ OUTBREAK

Kangiqsujuaq experienced an outbreak of tuberculosis with a total of 20 reported cases on August 31<sup>st</sup>, 2016. The investigation led to identification of 452 contacts. Of those 452 individuals, 159 were diagnosed with a latent-tuberculosis infection and 139 received preventive medication (prophylaxis). To facilitate observation of treatment, the medication normally used (INH) for a duration of nine months was replaced with Rifampicin for a duration of four months.

Targeted screening among individuals aged 15 to 29 years (95 individuals) led to the offer of medication to 13 individuals at risk of developing tuberculosis. In January 2017, additional measures enabled tracking 21 individuals who had been exposed to tuberculosis in the past but had never been adequately treated. After physical and radiological examination, they were offered prophylaxis treatment.

## MOBILIZATION PROJECT IN KANGIQSUALUJJUAQ

Aimed at reducing tuberculosis in the Nunavik communities, a mobilization project was implemented in Kangiqsualujjuaq from April 2016 to March 2017. Several activities were organized, both at the community level and at the clinical level. Under the theme “Let’s talk about TB,” workshops were organized in October in every class at the school. A booklet was given to children to bring home. Messages on symptoms of TB and on treatment were broadcast regularly over radio during the fall and winter.

Under the theme “Protecting our children, our family and our community,” screening and treatment were offered on a voluntary basis to the population. For that purpose, the NRBHSS identified three population segments based on clinical assessment and offered one of the following : a skin test, a clinical examination, or a clinical examination and a chest X-ray. A total of 800 individuals were targeted. More than 92 % were reached through the intervention.

TYPE OF INTERVENTION	NUMBER OF INDIVIDUALS ELIGIBLE	NUMBER AND % OF INDIVIDUALS REACHED
Skin test	313	300 (96 %)
Clinical examination	157	127 (81 %)
Clinical examination and CXR	317	298 (94 %)
No intervention, because already under treatment	13	—
<b>TOTAL :</b>	<b>800</b>	<b>725/787 (92 %)</b>

\* 38 new sleeping TB cases and 8 new active TB cases under treatment and follow-up.

A second community will be identified for a similar project in 2017.

## TOOLKIT PROJECT AND TRAINING ON TUBERCULOSIS

Work at the production of a toolkit intended for health workers (guides, protocols, follow-up aids, etc.) began jointly with the Public Health Agency of Canada. Basic training on tuberculosis, a joint project with Health Canada, was prepared and offered to the health centres' nurses. An accreditation process is under way with the Université de Montréal in order to obtain training modules.

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## SYSTEM FOR MANAGING OUTBREAKS

The efforts at establishing a digital system for managing tuberculosis outbreaks and monitoring cases and contacts in Nunavik continued in 2016. Work was carried out with the support of the INSPQ to develop an application that will be implemented during the spring 2017.

## OTHER MADOS

In 2016, 48 non-TB and non-STBI MADOs were reported to the Department of Public Health. This number has been stable for years. No cases of botulism were reported. The monitoring of invasive bacterial diseases revealed that a total of 11 cases were reported : Streptococcus pneumonia (five), Streptococcus group A (four), Haemophilus influenzae (two) and meningococcal infection (one).

## TRICHINELLOSIS

Fifteen cases of trichinellosis were reported, an unusual occurrence. Three were isolated cases. However, an outbreak occurred in the early weeks of the year in one of the Hudson Bay communities, affecting 12 individuals of which 3 were confirmed in laboratory. Unfortunately, the investigation did not enable identification of the food source of this outbreak.

A trichinellosis-prevention program has been in operation in the region for 20 years. It consists of analysis of walrus tongues prior to distribution of the meat in the communities, allowing withdrawal of infected walrus meat from the consumer supply. On average, 3 to 5 % of harvested walruses are found positive for *Trichinella* parasites yearly.



## IMMUNIZATION

### BCG VACCINE

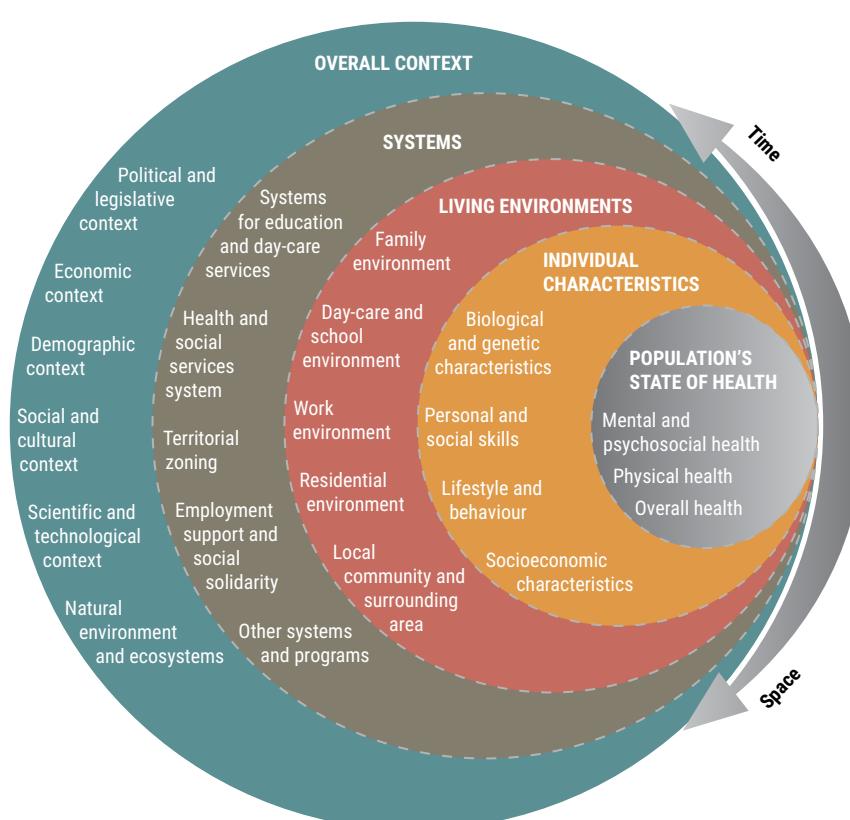
At the request of the Nunavik DPH, the group of experts from the Comité d'immunisation du Québec (CIQ) [Quebec immunization committee] recommended administration of the BCG vaccine for all the communities where the annual tuberculosis-infection rate is higher than 1 %. The target groups were newborns and children under the age of two years. Five villages respond to the criteria : Inukjuak, Kangiqsualujjuaq, Salluit, Umiujaq and Kangiqsujjuaq.

## PREVENTION AND HEALTH PROMOTION

“The goal of health promotion is to grant individuals and populations greater control over their health and more means for improving it. [...] Thus, health promotion is not the sole responsibility of the health sector : it does not stop at recommending the adoption of lifestyles conducive to good health; its ultimate goal is complete well-being for the individual.”<sup>1</sup>

Promotion consists of working on the determining factors of health. The following figure<sup>2</sup> illustrates the scope of possible interventions. The diversity of activities, programs and collaborations is infinite. The regional plan of action in public health (publication expected in 2017) proposes a guideline for empowerment of individuals and communities in appropriating initiatives toward maintaining and improving Nunavimmiut health.

Figure 1. Conceptual Framework of Health and Its Determining Factors



<sup>1</sup> Ottawa Charter, 1986.

<sup>2</sup> Ministère de la Santé et des Services sociaux du Québec, 2012.

During 2016-2017, numerous activities and programs covered those determining factors. We are very proud to mention that nearly 200 initiatives, both one-time and weekly, involving various aspects of prevention and health promotion were submitted by the communities and funded by Public Health, on top of joint participation in activities proposed by the NRBHSS' other departments and other organizations.

It is interesting to point out that these initiatives have multiple effects among the population and on health risks. Interventions in public health in terms of support, training and funding target not only individual skills but also the creation of healthy and safe environments.

Among the initiatives proposed and launched by the communities, we can point out a variety of activities such as father-child outings on the territory, the cross-country-ski excursion by Jeunes Karibus, the existing community kitchens that continued their programming and the new ones that began their activities, to name but a few.

Once again, this year considerable support was lent to projects aimed at providing families with access to healthy foods and traditional foods. Whether through the coupon program for access to healthy foods and distribution of fish among pregnant women, through the breakfast program in schools or through temporary emergency funds destined for families in need, the prevention and health-promotion team operated proactively.

In the area of food security, a regional working group was created in 2015 to identify short and long-term solutions to improve food security. The group is coordinated by the NRBHSS. Organizations and associations such as the KRG, Makivik, the KSB, the RNUK and the FCNQ are represented therein. In the past year, the group met three times. Its accomplishments in 2016-2017 include:

- ▶ formulation of regional recommendations on the federal Nutrition North Canada program;
- ▶ suggestions for future study of the data under the cost-of-living survey in Nunavik;

- ▶ planning of working and mobilization sessions for 2017-2018 on the four following priorities in developing a regional policy for food security : access to traditional foods, access to and availability of healthy store-bought foods, promotion of healthy eating and food-aid initiatives, local food production;
- ▶ partnership with Youth Fusion to have a youth representative participate in the group's discussions.

The Good Touch/Bad Touch program also saw much activity in 2016-2017 and now has a dedicated, full-time resource who was much sought after during the year; applications from the communities have grown in number over the past few years. This program's success lies in the quality of the team members from the various communities and organizations. A new element this year was a visit to inmates at the St-Jérôme prison. The inmates greatly appreciated the presentations.

In the area of smoking prevention, consultation in view of a social-marketing campaign was conducted in certain communities in the region in order to better focus future actions to be included on the agenda for the coming years. We are very enthusiastic with the plan, which will be submitted during 2017-2018.

To optimize prevention and health promotion, it is essential to be involved in all sectors, which is why diverse workshops were organized in the youth houses and schools and activities were held under the municipalities' or health institutions' control, going through the family houses and community organizations.

The emphasis placed on suicide prevention and the promotion of mental health over the past year also guided the activities in which we were involved. We consider that the multitude of initiatives spearheaded by the prevention and health-promotion team, based on ITK's suicide-prevention strategy, included at least one component that had an effect both the risk factors of suicide and the protective factors.

# DEPARTMENT OF INUIT VALUES AND PRACTICES



# FILES

The Department of Inuit Values and Practices (DIVP) counts six positions. This year, one of the support workers retired. The DIVP relies on the availability of four individuals who serve as temporary support workers whenever the demand exceeds capacity in the communities. Two positions for natural support workers are presently vacant.

## BRIGHTER FUTURES PROGRAM

The Brighter Futures program provides funding to all 14 communities on a per capita basis, which is now available on a three-year basis instead of yearly as in the past; this enables the communities to plan their activities over longer periods. This year 46 projects were approved and completed and 4 are ongoing.

## THE RESIDENTIAL SCHOOL (IRS) RESOLUTION HEALTH SUPPORT PROGRAM

Funding for the Indian Residential School Resolution Health Support Program has been extended for another year under the Federal Government Agreement. The support workers continue to travel to the communities to provide counselling and give workshops such as the Puttautit conference. They have also given training on trauma and grief on the Hudson coast for those interested in becoming natural helpers.

## PREVENTION OF ELDER ABUSE

In prevention of elder abuse, we hired a new employee in October 2016 to assume responsibility for the portfolio. She has been undergoing training with the First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC) and will start applying the Quebec Action Plan, partnering with the Kativik Regional Government for the regional action plan and working with Tulattavik's new employee for the Elders' day centre.

## MIDWIFERY

In the midwifery portfolio, the DIVP is still working on the framework for the setup of birthing centres and the training of new midwives along with the Regional Midwifery Working Group.

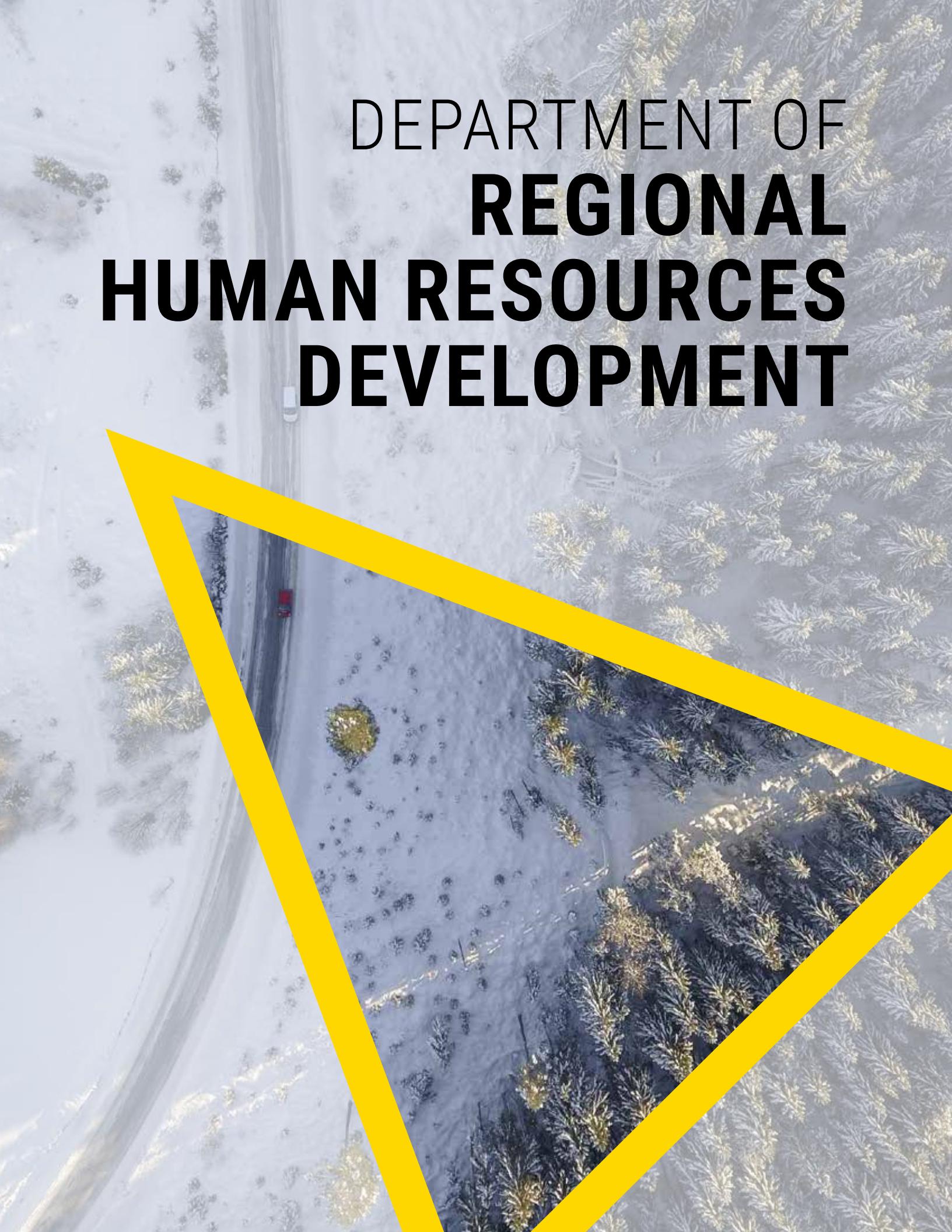
The plan for the Kuujuaq Birthing Centre has been developed after many revisions due to the fact the centre has to be connected to the health centre. The working committee has to present the functional and technical plan to the MSSS for the funding of the new centre. If all goes well, the centre should open in 2019.

## WELLNESS COMMITTEES

Wellness committees consist of community members working jointly with the municipal councils for the purpose of identifying community needs in terms of wellness and health. They also serve as liaison between the population and health services. The regional board provides funding for these committees' functioning. Of the 14 communities, 12 have such a committee.

## TRADITIONAL ADOPTION

Under traditional adoption, in November 2016 the regional board and Makivik Corporation presented Bill 113 to the MSSS in order to have traditional adoption officially recognized under Canadian law.



DEPARTMENT OF  
**REGIONAL  
HUMAN RESOURCES  
DEVELOPMENT**

A large yellow V-shaped graphic is overlaid on the bottom left of the image, pointing upwards towards the center.

The year 2016-2017 was a remarkable year for the number of training programs deployed in the health and social services network in Nunavik. All training from 2015-2016 is ongoing and the Department of Regional Human Resources Development (DRHRD) also has many projects under way which were started in 2016-2017, such as the addition of an extra day of training on intercultural communication for new employees coming to work in Nunavik. In partnership with the Kativik School Board, the department is also developing an accredited training program for health-care assistants. Finally, two accredited programs leading to an AEC [attestation to collegial studies] are now deployed in partnership with Marie-Victorin College.

## TRAINING

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### ASSISTANCE IN HEALTH-CARE FACILITIES (CREDITED TRAINING)

A project developed in collaboration with the Kativik School Board, the Assistance in Health-Care Facilities training program will give northern attendants at the Inuulitsivik Health Centre and the Ungava Tulattavik Health Centre the opportunity to obtain a diploma of vocational studies (DVS) through on-the-job training while increasing their knowledge and skills. A committee has been created with each health centre to monitor the training, ensure collaboration and support the students throughout the project. The 750-hour training program is planned to begin in January 2018.

### MARIE-VICTORIN COLLEGE ATTESTATION TO COLLEGIAL STUDIES (CREDITED TRAINING, AEC)

AEC, Communication in Supportive Relations  
AEC, Communication in Administration

In order to improve the recruitment and retention of qualified Inuit staff in the health and social services network, the NRBHSS has been working closely with Marie-Victorin College to develop and offer two credited programs titled Communication in Supportive

Relations and Communication in Administration. Since September 2016, these two-year programs have been implemented to meet the needs of both health centres for trained employees who can intervene properly and with more initiative in their work.

Youth Protection, CLSC front-line and rehabilitation services received a total of 32 training sessions in supportive relations. They were held in Kuujjuaq, Puvirnituq and Salluit between September 2016 and March 2017. Finally, Marie-Victorin College delivered 18 training sessions in communication and administration in Kuujjuaq and Puvirnituq and offered many videoconferences to the students enrolled in the administration program.

### MENTORING WITH BOSCOVILLE

As a centre for innovation and development of social-adaptation, rehabilitation and youth-mobilization practices, Boscoville develops various programs and tools to provide training and coaching to youth-services workers based on the most effective intervention approaches. In 2016-2017, Boscoville worked with the Puvirnituq group-home team for a total of 88 days spread out over ten trips. The development officer helped the team to develop skills in positive behavioural interventions. This system is based on the psychoeducational structural model in rehabilitation services for Inuit clients under the Youth Protection Act (YPA) and the Youth Criminal Justice Act (YCJA).

### MCGILL CERTIFICATE IN HEALTH AND SOCIAL SERVICES MANAGEMENT (CREDITED TRAINING)

Over the past year, four university-level courses were provided under McGill University's health and social services management certificate program (30 credit program). A total of 18 Inuit personnel members (management personnel and potential management personnel) participated actively in this training. The courses are given intensively over seven days in alternation between Kuujjuaq and Puvirnituq. Five new students enrolled



in the program this year (two from Kuujjuaq, two from Salluit, one from Inukjuak). Many students are on their way to completing this program.

## MCGILL ENGLISH-LANGUAGE TRAINING PROGRAM

The McGill School of Continuing Studies in partnership with the MSSS is offering an English-language training program to the French-speaking employees of the health and social services network who are working in an Anglophone environment.

This course is specifically designed for three sectors in the network : health care, social services and administration. A classifying test will determine in which of the eight levels the participant will begin : beginner (1, 2, 3), intermediate (1, 2, 3) or advanced (1, 2). All students have to complete two different types of classes to complete their level successfully : an online portion (24 hours) and an in-class portion (16 hours).

In September 2016, the NRBHSS had a first pilot group of five employees who participated in the fall session of the training. All participants were very satisfied with the program and were very enthusiastic about their progress; most of them enrolled for the winter session. We are aiming to offer the program to both health centres in 2017-2018.

## PREPARATION FOR THE NORTH FOR NEW EMPLOYEES

With the addition of a new day of training on intercultural communication since May 2016, a three-day session of preparation for the North is now offered to every new employee in the health and social services network of Nunavik. The first day of training provides an introduction to Inuit culture while the second day helps prepare new employees for intercultural communication and cultural adaptation. The third day focusses on the health and social services network and preparation to travel and live in a northern community. In total, 18 sessions were held this year and 138 new employees participated.

## TRAINING ON INTERCULTURAL COMMUNICATION IN NUNAVIK

The new training on intercultural communication was also given to employees of the health and social ser-

vices network who are already in Nunavik. The trainer gave four training sessions and we are planning to have more of them. The managers had the opportunity to learn the content intended for the new employees. In total, 38 employees in Nunavik receive this training, which raises awareness in terms of adaptation, cultural competency and security.

## CLINICAL PROJECTS

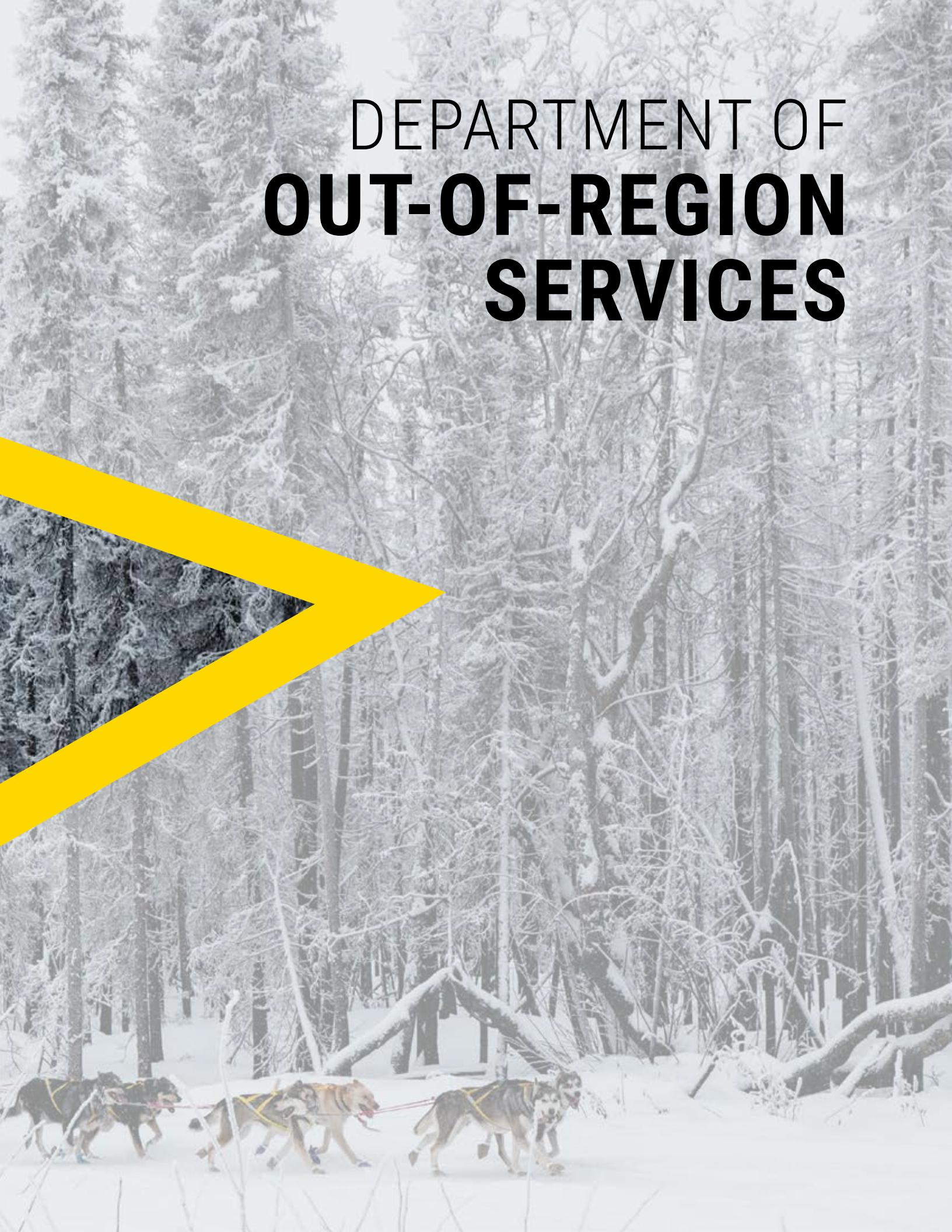
The department continued to work closely with the Department of Planning and Programming on several projects, such as the training on best practices in suicide intervention which will provide interveners with the tools necessary to apply best practices in their interventions with suicidal individuals. The efforts of a revision committee and pilot training sessions in Inukjuak and Kuujjuaq, as well as a pilot training session planned for Puvirnituq in early April, help to guide the design of the training and ensure that it will be respectful of Inuit culture and values. The goal is to begin offering the training in the region in the fall 2017 and train interveners in all communities. The Puttautit Conference, Nunavik's annual suicide-prevention and healing conference, is another project on which these two departments collaborate. The second edition was held in Kuujjuaq in October with over 70 participants from across the region in attendance. All workshops of the six-day conference were given by Nunavimmiut and delivered in Inuktitut. The Puttautit Conference aims to raise public awareness around suicide while providing an opportunity to receive support and training.

## PROMOTION AND RECRUITMENT

### CAREER PROMOTION

The NRBHSS was present at various career fairs and universities to promote specialized jobs in Nunavik. The region was represented at eight different university career fairs and career conferences and the Perspective Nunavik booth and promotional items have been very popular. These opportunities are a good way to promote careers in Nunavik's health and social services network. Four videos were shot in Puvirnituq in July 2016 to promote careers available in the network.





A black and white photograph of a dense forest covered in snow. A large, solid yellow chevron shape is overlaid on the left side of the image, pointing diagonally upwards and to the right.

# DEPARTMENT OF **OUT-OF-REGION SERVICES**

# MNQ RELOCATION PROJECT, ULLIVIK

The MNQ relocation project, which would lead to renaming of the resource as Ullivik, started in 2006. Between 2006 and 2012, there were many lengthy discussions between the MSSS, the NRBHSS and the MNQ. There were some hurdles along the way, ranging from the borough of Villeray representatives' decision not to host the patient facility to the working group not being able to find a suitable lot or an existing building on the island of Montreal.

This fiscal year saw the attainment of the project's objective of finding a suitable area—Dorval on the West Island of Montreal—as well as beginning and completing construction of a new building. The staff and patients were able to move in by December 2016. A period of four years and nine months elapsed between approval of the first functional and technical plans and opening of the resource.

Ullivik has 143 beds, including four bachelor units (with larger bedrooms) for long-term patients, a cafeteria, a family room, a chapel and other amenities that have centralized all patient/escort services in one place. We take this opportunity to thank the members of the Regional Committee on Out-of-Region Services (RCORS) for guiding this relocation project and the MNQ Relocation Project Working Group for making sure all aspects of the project were covered and are satisfactory to the users.

Preparations are under way for the facility's official opening in the early summer of 2017.

## NIHB (Non-Insured Health Benefits) PROGRAM REVISION PROCESS

The following health benefits are provided to beneficiaries of the JBNQA :

- ▶ prescription medications;
- ▶ over-the-counter medications and patent drugs;
- ▶ medical supplies;
- ▶ transportation for health reasons and patient escorts, interpreters and lodging;
- ▶ eye care including spectacles and contact lenses when required for medical reasons;
- ▶ dental care;
- ▶ hearing aids;
- ▶ mental-health services (short term).

This program has not been revised in many years. The MSSS produced a draft guide concerning access to and application of the NIHB program in 2013, after which it became necessary to hold meetings among all stakeholders involved in the NIHB program, particularly concerning the rising costs of funding the program. Thus, the Inuit, Cree and Naskapi communities held several meetings leading to the creation of a governance committee representing all groups in 2015.



During this fiscal year, the revision process carried out by the three groups enabled discussion and comparison of the respective application guides. The goal is to have the revised program tabled for approval by the board of directors late in 2017, after further meetings of the governance committee and negotiation with the MSSS.

## OTHER ACTIVE FILES

A subcommittee on homelessness among indigenous peoples on the island of Montreal continues to provide culturally specific input to the programs and services available to homeless or at-risk individuals.

The National Inuit Committee on Health (NICOH) is a subcommittee created by the board of directors of Inuit Tapirit Kanatami (ITK). The NRBHSS continues to be represented at this committee, which comprises representatives from all Inuit regions in Canada. The primary role of this committee is to study and recommend specific policy orientations contemplated by the ITK board.

The Regional Committee on Out-of-Region Services (RCORS) is mandated to :

- ▶ Define the objectives, policies and procedures of out-of-region services;
- ▶ Provide recommendations concerning the organization of the MNQ;
- ▶ Improve the services provided for clients and others receiving health and social services and out-of-region services;
- ▶ Receive activity reports on out-of-region services and provide recommendations;
- ▶ Examine the financial reports;
- ▶ Provide recommendations relative to availability of budgets at the beginning of the year as well as corrective measures to take in case of deficit during the fiscal year;
- ▶ Provide recommendations for the two health centres concerning the application of the policy for user transportation for health reasons;
- ▶ Provide the Nunavik Regional Board of Health and Social Services board of directors with the necessary information so that it is able to make appropriate decisions concerning the administration of out-of-region services;
- ▶ Support patriation of services.

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The director of Out-of-Region Services (ORS) chairs this committee whose members consist of the following :

- ▶ Executive director of the NRBHSS;
- ▶ Executive directors of the Inuulitsivik Health Centre and the Tulattavik Health Centre;
- ▶ Director of Administrative Services of the NRBHSS;
- ▶ Director of Planning and Programming of the NRBHSS;
- ▶ Director of Ullivik.



The background image shows a vast, open landscape with rolling green hills and distant mountains under a clear blue sky.

# **DEPARTMENT OF ADMINISTRATIVE SERVICES**

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

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

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

The team of Administrative Services works to establish, maintain and foster positive, productive and respectful working relationships to ensure efficient and effective use of resources.

# FINANCIAL RESOURCES

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## REGIONAL BUDGET

The 2016-2017 regional credits received from the MSSS totalled \$170,5 million to fund the Nunavik health and social services network as shown in the table below. During the year, the regional credits were allocated by the NRBHSS to various entities. For their operations, both health centres received funding in the amount of \$131 million. The NRBHSS transferred \$9 million to eligible community organizations. Through this envelope, the NRBHSS also received and managed earmarked funds, namely for the non-insured health benefits program.

ALLOCATIONS	2015-2016	2016-2017
INSTITUTIONS		
Inuulitsivik Health Centre	73 M\$	72,5 M\$
Ungava Tulattavik Health Centre	57 M\$	58,5 M\$
NRBHSS EARMARKED FUNDS		
Non-insured health benefits	22 M\$	22 M\$
Other	8 M\$	8,5 M\$
COMMUNITY ORGANIZATIONS		
Youth centres	4 M\$	4,5 M\$
Other (community-organizations table)	4,1 M\$	4,5 M\$



ALLOCATIONS	2015-2016	2016-2017
Reserved	2,5 M\$	\$0
<b>TOTAL TRANSFERS : 171 M\$</b>		<b>170,5 M\$</b>

## OPERATING BUDGET AND FINANCIAL RESULTS OF THE HEALTH CENTRES

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

The Ungava Tulattavik Health Centre has an operating surplus of \$405 000 for the current year. The accumulated 2016 deficit of \$6.6 million was reimbursed by the NRBHSS, thus improving the UTJC's situation. Support continues to be provided to this health centre in order to pursue the objectives of the multi-year recovery plan without negatively affecting the services provided to the population.

This year, the Inuulitsivik Health Centre ended the year with an operating surplus of \$1.4 million as shown in the table below.

PUBLIC INSTITUTIONS	NET BUDGET AUTHORIZED 2015-2016	SURPLUS (DEFICIT) 2015-2016
Inuulitsivik Health Centre	73 M\$	1,6 M\$
Tulattavik Health Centre	57 M\$	0,4 M\$
<b>TOTAL :</b>	<b>130 M\$</b>	<b>2 M\$</b>

PUBLIC INSTITUTIONS	NET BUDGET AUTHORIZED 2016-2017	ESTIMATED SURPLUS (DEFICIT) 2016-2017
Inuulitsivik Health Centre	72,5 M\$	1,4 M\$
Tulattavik Health Centre	58,5 M\$	0,4 M\$
<b>TOTAL :</b>	<b>131 M\$</b>	<b>1,8 M\$</b>

## FUNDING OF COMMUNITY ORGANIZATIONS

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

COMMUNITY ORGANIZATIONS	2015-2016	2016-2017
ELDERS' HOME		
Qilanngunaaq	\$280 000	\$300 000
Sailivik	\$280 000	\$300 000
Sammiaq	\$0	\$10 000
INUIT WOMEN'S ASSOCIATION OF NUNAVIK		
Saturviit	\$151 200	\$135 000
MEN'S ASSOCIATION		
Oajaq Network	\$200 000	\$152 712
MEN'S ASSOCIATION OF INUKJUAQ		
Unaaq	\$200 000	\$152 712
SUPERVISED APARTMENTS		
Community Lodging - Ungava	\$300 000	\$300 000
SUPPORTED LIVING ENVIRONMENT		
Community Lodging – Uvattinut	\$290 000	\$300 000
TREATMENT CENTRE		
Isuarsivik	\$600 000	\$600 000
WOMEN'S SHELTER		
Agapirvik	\$256 133	\$300 000
Initsiak	\$531 414	\$536 728
Tungasuvvik	\$665 000	\$615 000



COMMUNITY ORGANIZATIONS	2015-2016	2016-2017
FAMILY HOUSE		
Ayagutaq	\$20 000	\$20 000
Qarmaapik	\$250 000	\$300 000
Tusajiapik	\$0	\$0
Tasiurvik	\$0	\$50 000
<b>TOTAL :</b>	<b>\$3 727 469</b>	<b>\$4 072 152</b>

## 2016-2017 OPERATING BUDGET

In accordance with the Act respecting health services and social services (Chapter S-4.2) and the MSSS bulletins, the 2016-2017 operating-budget estimates were produced in the amount of \$19 million and adopted by the board of directors of the NRBHSS. As a result of proper budget planning and processes, the NRBHSS ended its fiscal year with a surplus of \$1.6 million.

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

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## EARMARKED FUNDS

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

## FIXED-ASSETS FUNDS

The 2016-2017 conservation and functional three-year plan was finalized. In close collaboration with the health centres, more support and funds were provided by the NRBHSS to carry out most of the projects in Nunavik. The NRBHSS transferred \$5.7 million in total for various fixed-assets projects. This amount was divided into four regional envelopes as shown in the table below :

ORGANIZATION	BUILDING MAINTENANCE	FUNCTIONAL RENOVATIONS	MEDICAL EQUIPMENT	NON-MEDICAL EQUIPMENT	TOTAL
UTHC	\$1 061 039	\$1 734 444	\$36 602	\$215 843	<b>\$3 047 928</b>
IHC	\$451 949	\$589 592	–	–	<b>\$1 041 541</b>
NRBHSS	\$1 473 192	\$109 681	–	\$85 365	<b>\$1 668 238</b>
<b>TOTAL :</b>	<b>\$2 986 180</b>	<b>\$2 433 717</b>	<b>\$36 602</b>	<b>\$301 208</b>	<b>\$5 757 707</b>

The NRBHSS supported many projects in 2016-2017 in order to successfully maintain, improve and conserve our institutional and residential assets.

## FEDERAL FUNDS

The contribution agreements totalling \$8 million were signed with the federal government for a period of three years, 2016-2017 to 2018-2019. Unlike the provincial earmarked funds, at the end of the agreement, the federal government recovers any unused funds.

<b>HEALTH CANADA</b>	<b>2015-2016</b>	<b>2016-2017</b>
Aboriginal Diabetes Initiative	\$540 683	\$680 682
Aboriginal Health Human Resources Initiative	\$0	\$101 950
Brighter Futures	\$1 115 893	\$1 188 510
Fetal Alcohol Spectrum Disorder	\$351 762	\$351 762
Home and Community Care	\$2 374 946	\$2 446 194
Indian Residential Schools Portfolio	\$675 530	\$675 030
Mental-Health Crisis Management	\$870 719	\$896 841
Nutrition North Canada	\$484 006	\$490 000
Prenatal Nutrition Program	\$314 234	\$323 661
Suicide-Prevention Strategy	\$169 273	\$470 000
Federal Tobacco Control	\$220 566	\$40 000
Tuberculosis	—	\$25 000
Quality Management	—	\$284 779
<b>INDIAN AND NORTHERN AFFAIRS</b>	<b>2015-2016</b>	<b>2016-2017</b>
Nunavik Nutrition and Health Committee	\$58 914	\$81 424
<b>TOTAL SUBSIDIES :</b>	<b>\$7 214 526</b>	<b>\$8 015 833</b>

## VARIOUS ACTIVITIES

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

## STRATEGIC REGIONAL PLAN

The Department of Administrative Services supported the design of the 2016-2017 Action Plan that was approved by the MSSS, authorizing the \$8.9 million recurrent and non-recurrent budget for the development of services in Nunavik. In compliance with the requirements of the agreement, a rendering of accounts was completed and presented to the MSSS.



# CAPITAL MASTER PLAN

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

Health and social services                    278 M\$

Staff housing                                    102 M\$

**TOTAL :                    280 M\$**

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

As of March 31, 2017, the status of the capital envelope is as follows :

NO.	PROJECTS	FACILITIES FOR HEALTH AND SOCIAL SERVICES (200 M\$)	STAFF HOUSING (80 M\$)
1	Projects begun before the signature of the agreement: equipment procurement, assets maintenance, office space, group home (2), 19 assisted-living units and 6 housing units	18,3	20,4
2	70 staff housing units (2011-2012)	—	33,9
3	Construction of a DYP building in PUV	12,8	—
4	Rehabilitation centre for girls (12-18 years) in Inukjuak	24,7	—
5	50 housing units	—	25,7
6	Aupaluk CLSC	19	—
7	42 housing units	—	22
<b>TOTAL COMMITTED :</b>		<b>74,8</b>	<b>102</b>
<b>AVAILABLE BALANCE :</b>		—	—

# CAPITAL PROJECTS

## AUPALUK CLSC

Production of the functional and technical plan (FTP) and of the clinical plan is complete. We are now completing the preliminary on-site tests.

## STAFF-HOUSING 2016-2017

The construction of the 50 units is now complete and they have been delivered to the institutions.

The MSSS approved the remaining 42 out of 92 housing units. All plans are completed and the work is scheduled to start in the summer 2017.

## CONSTRUCTION COMMITTEE

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

# HUMAN RESOURCES

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Employees by department and by status on March 31<sup>st</sup>, 2017.

DEPARTMENTS	PERMANENT FULL TIME	TEMPORARY FULL TIME, SPECIFIC PROJECT	TEMPORARY PART TIME
EXECUTIVE MANAGEMENT			
Employees	10	4	—
Management	2	—	—
ADMINISTRATIVE SERVICES			
Employees	13	1	3
Management	5	—	—
OUT-OF-REGION SERVICES			
Employees	1	—	—
Management	1	—	—



DIRECTIONS	PERMANENT FULL TIME	TEMPORARY FULL TIME, SPECIFIC PROJECT	TEMPORARY PART TIME
<b>PLANNING &amp; PROGRAMMING</b>			
Employees	12	3	—
Management	3	2	—
<b>INUIT VALUES AND PRACTICES</b>			
Employees	—	6	—
Management	1	—	—
<b>HUMAN-RESOURCES DEVELOPMENT</b>			
Employees	5	—	—
Management	1	—	—
<b>PUBLIC HEALTH</b>			
Employees	16	7	4
Management	2	—	—
<b>TOTAL :</b>	<b>72</b>	<b>23</b>	<b>7</b>



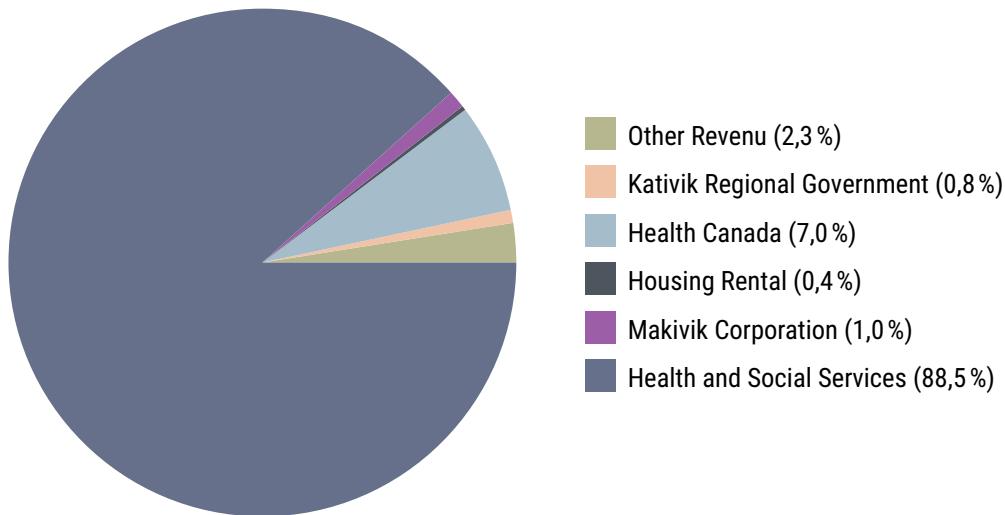
# **SUMMARY FINANCIAL REPORT**

## **MARCH 31<sup>ST</sup>, 2017**



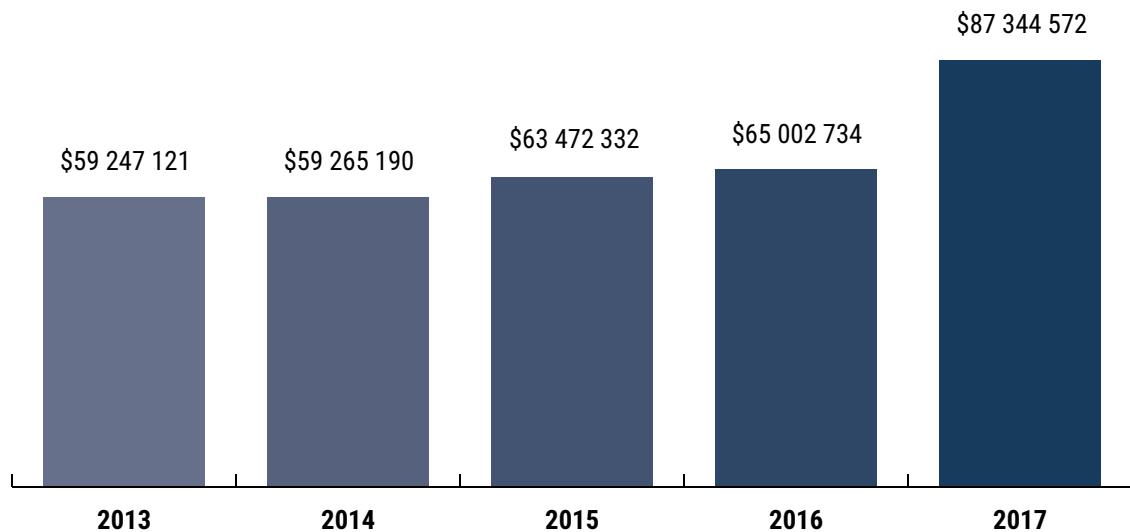
# OPERATING AND ASSIGNED FUND

## SOURCES OF REVENUE FOR THE YEAR



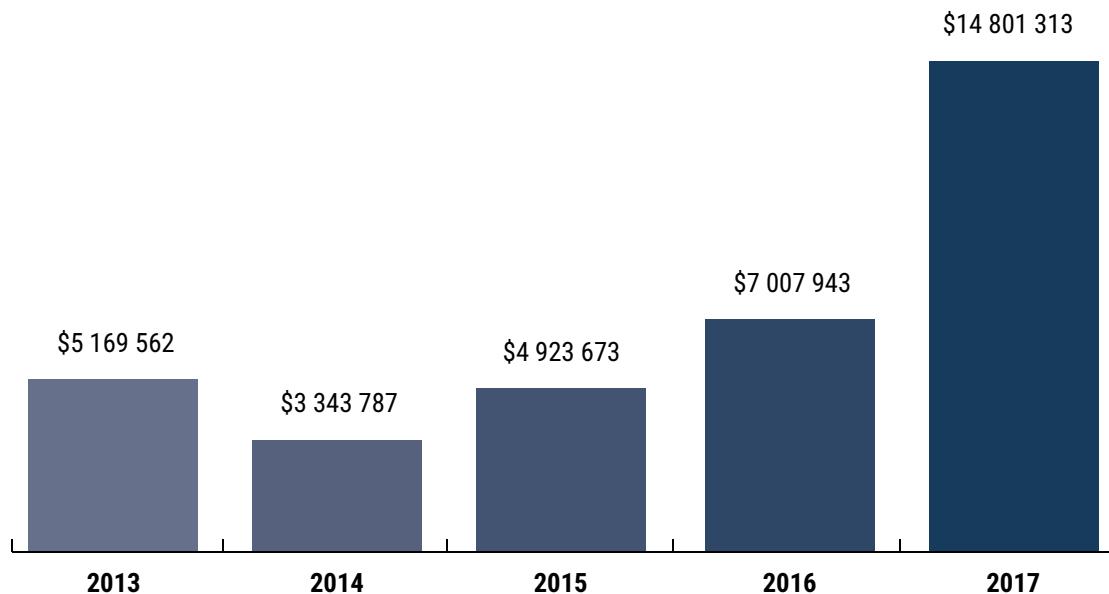
44

## EVOLUTION OF THE HEALTH AND SOCIAL SERVICES GRANTS

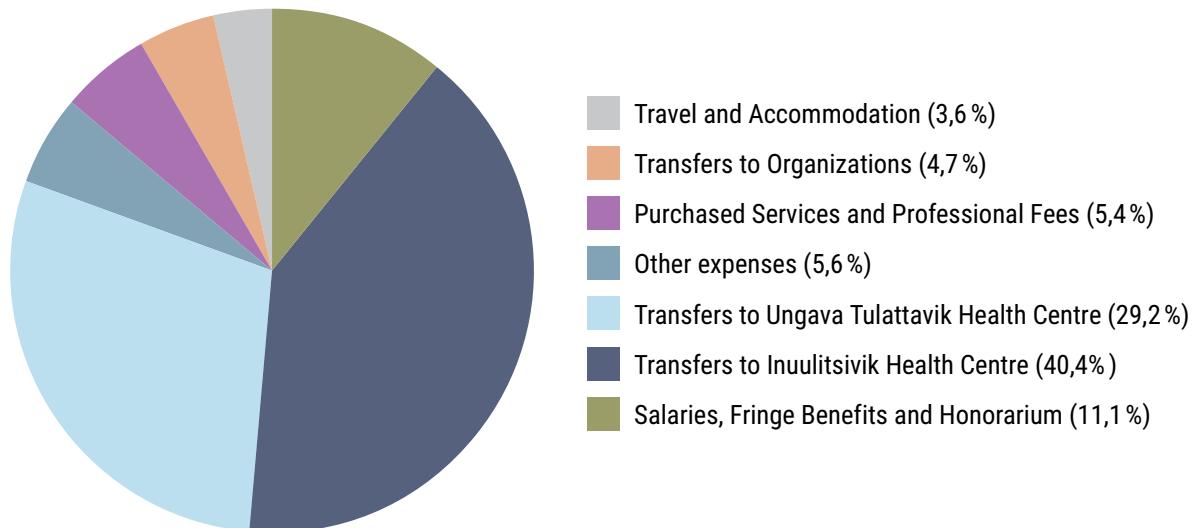




## COMBINED FUND BALANCE AND DEFERRED REVENUES



## NATURE OF EXPENSES FOR THE YEAR



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# Raymond Chabot Grant Thornton

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## Independent Auditor's Report on Summary Financial Statements

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

The accompanying summary financial statements, which comprise the combined balance sheet as at March 31, 2017 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 and the notes to summary financial statements, are derived from the audited financial statements of Nunavik Regional Board of Health and Social Services for the year ended March 31, 2017. We expressed a qualified opinion on those financial statements in our report dated June 14, 2017 (see below).

The summary financial statements do not contain all the disclosures required by Canadian public sector accounting standards. Reading the summary financial statements, therefore, is not a substitute for reading the audited financial statements of Nunavik Regional Board of Health and Social Services.

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### Management's responsibility for the summary financial statements

Management is responsible for the preparation of a summary of the audited financial statements on the basis described in Appendix 1 of Circular related to the annual report (03.01.61.26) published by the Ministère de la Santé et des Services sociaux du Québec (MSSS).

### Auditor's responsibility

Our responsibility is to express an opinion on the summary financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, "Engagements to Report on Summary Financial Statements".

### Opinion

In our opinion, the summary financial statements derived from the audited financial statements of Nunavik Regional Board of Health and Social Services for the year ended March 31, 2017 are a fair summary of those financial statements, on the basis described in Appendix 1 of Circular related to the annual report (03.01.61.26) published by the MSSS. However, the summary financial statements are misstated to the equivalent extent as the audited financial statements of Nunavik Regional Board of Health and Social Services for the year ended March 31, 2017.

The misstatement of the audited financial statements is described in our qualified opinion in our report dated June 14, 2017. Our qualified opinion is based on the fact that as described in Note 9, the balance receivable of \$95,081,083 from the MSSS, for the Insured/Non-insured Health Benefits Program, was not confirmed as at the date of issuance of the audited financial statements.

Our qualified opinion states that, except for the effects of the described matter, those audited financial statements present fairly, in all material respects, the financial position of Nunavik Regional Board of Health and Social Services as at March 31, 2017 and the results of its activities, the changes in its net financial assets (net debt) and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Montréal  
June 14, 2017



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

We have audited the compliance of expenses under the Insured/Non-insured Health Benefits (INIHB) Program for Inuit beneficiaries of the Nunavik Regional Board of Health and Social Services (NRBHSS) for the year ended March 31, 2017 (hereafter the "NRBHSS – INIHB expenses") with the list of admissible expenses of the agreement between the NRBHSS and the MSSS dated February 15, 2011 (hereafter the "criteria"). Compliance of the NRBHSS – INIHB expenses with the criteria is NRBHSS management's responsibility. Our responsibility is to express an opinion on the compliance of the NRBHSS – INIHB expenses with the criteria based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance about whether the NRBHSS – INIHB expenses complied with the criteria. An audit includes examining, on a test basis, evidence supporting compliance of the NRBHSS – INIHB expenses with the criteria and, where applicable, assessing the accounting principles used and significant estimates made by management.

- Based on this agreement, the NRBHSS is directly responsible for management of the INIHB program and its related funds. For this purpose, the NRBHSS was to elaborate, approve and implement specific policies and procedures for administration of the program. Only a transportation policy was in force as of March 31, 2017. In addition, a portion of the funds received by the NRBHSS for the INIHB was reimbursed to the establishments upon presentation of invoices, without any conditions or guidelines;
  - A significant portion of the charges related to medication are recorded via inventory adjustments. As a result, it was not possible to identify the beneficiary. The related reports are not produced and reconciled on regular periodic basis;
  - In some cases, certain statistical data were collected, however, the establishments did not pursue periodic and annual compilation of the quantitative data;
  - No beneficiary identification for medical supplies and equipment was present on many invoices nor were the patients' names. Upon further investigation of the invoices, the charges seemed to be related to general supplies, equipment and tools for the hospital and, therefore, could not be traced to a specific individual or any authorization. Hence, it could not be confirmed that the supplies and equipment were used for a specific patient that was a beneficiary;

- Expenses related to the operations of the MNQ (\$12,708,264), the transit home in Puvirnituq (\$739,292) and the transit home in Kuujjuaq (\$3,096,703) include rent, salaries, supplies, capital and other expenses that could not be verified against the admissibility criteria outlined in the agreement.

In our opinion, except for the matters listed above, the NRBHSS – INIHB expenses for the year ended March 31, 2017 are, in all material respects, in compliance with the list of admissible expenses in the agreement between the NRBHSS and the MSSS dated February 15, 2011.

Montréal  
June 14, 2017

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<sup>1</sup> CPA auditor, CA public accountancy permit no. A121667



**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES**  
**COMBINED BALANCE SHEET**  
**MARCH 31, 2017**

	2017 \$	2016 \$
<b>FINANCIAL ASSETS</b>		
CASH	<b>18,007,598</b>	5,682,948
ACCOUNTS RECEIVABLE	<b>113,090,495</b>	117,566,780
	<b>131,098,093</b>	123,249,728
<b>LIABILITIES</b>		
BANK LOANS	5,210,982	5,800,555
TEMPORARY FINANCING	67,835,559	108,357,175
ACCOUNTS PAYABLE AND ACCRUED CHARGES	<b>108,825,387</b>	106,155,061
DEFERRED REVENUE	4,062,546	8,681,475
BONDS PAYABLE	<b>49,417,155</b>	22,534,141
	<b>235,351,629</b>	251,528,407
<b>NET FINANCIAL ASSETS (NET DEBT)</b>	<b>(104,253,536)</b>	(128,278,679)
<b>NON-FINANCIAL ASSETS</b>		
CAPITAL ASSETS	16,219,477	12,977,279
CONSTRUCTION IN PROGRESS	98,772,824	113,627,868
	<b>114,992,301</b>	126,605,147
<b>FUND BALANCE</b>		
<b>FUND BALANCE</b>	<b>10,738,765</b>	(1,673,532)

APPROVED ON BEHALF OF THE BOARD:

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

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

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES**  
**COMBINED STATEMENT OF VARIATION OF**  
**NET FINANCIAL ASSETS (NET DEBT)**  
**YEAR ENDED MARCH 31, 2017**

	<b>2017</b>	<b>2016</b>
	\$	\$
<b>SURPLUS (DEFICIT) FOR THE YEAR</b>	<b>10,738,765</b>	1,163,905
Reimbursement (Recuperation) of Accumulated Surplus/Deficit by MSSS	1,673,532	-
<b>Capital Assets Variation</b>		
Acquisition of Capital Assets	(4,040,313)	(216,686)
Decrease (Increase) of Construction in Progress	14,855,044	(26,036,522)
Amortization of Capital Assets	798,115	906,986
	11,612,846	(25,346,222)
<b>VARIATION OF THE NET FINANCIAL ASSETS (NET DEBT)</b>	<b>24,025,143</b>	(24,182,317)
<b>NET FINANCIAL ASSETS (NET DEBT) – BEGINNING OF YEAR</b>	<b>(128,278,679)</b>	(104,096,362)
<b>NET FINANCIAL ASSETS (NET DEBT) – END OF YEAR</b>	<b>(104,253,536)</b>	(128,278,679)



**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES**  
**COMBINED STATEMENT OF CHANGES IN FUND BALANCE**  
**YEAR ENDED MARCH 31, 2017**

	<b>2017</b>	<b>2016</b>
	\$	\$
<b>FUND BALANCE – BEGINNING OF YEAR</b>	<b>(1,673,532)</b>	(2,837,437)
Reimbursement (Recuperation) of Accumulated Surplus/Deficit by MSSS	1,673,532	-
Excess (Deficiency) of Revenue over Expenses	10,738,765	1,163,905
<b>FUND BALANCE – END OF YEAR</b>	<b>10,738,765</b>	(1,673,532)

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES**  
**COMBINED STATEMENT OF REVENUE AND EXPENSES**  
**YEAR ENDED MARCH 31, 2017**

	2017 \$	2016 \$
<b>REVENUE</b>		
Health and Social Services	<b>83,706,300</b>	67,521,629
Health Canada	7,974,409	7,274,799
Reimbursement of Grants – Health Canada	(1,185,694)	(627,112)
Makivik Corporation	954,592	211,899
Kativik Regional Government	802,341	588,534
Other Contributions	646,429	580,421
Housing Rental	433,302	457,934
Administration Fees	140,651	207,655
Interest Income	10,666	16,757
Inuulitsivik Health Centre	86,295	300,324
Ungava Tulattavik Health Centre	86,295	1,086,485
Other	942,676	1,422,678
	<b>94,598,262</b>	79,042,003
<b>DEFERRED REVENUE – BEGINNING OF YEAR</b>	<b>8,681,475</b>	7,761,110
<b>DEFERRED REVENUE – END OF YEAR</b>	<b>(4,062,546)</b>	(8,681,475)
	<b>4,618,929</b>	(920,365)
	<b>99,217,191</b>	78,121,638



**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES  
COMBINED STATEMENT OF REVENUE AND EXPENSES (CONT'D)  
YEAR ENDED MARCH 31, 2017**

	2017	2016
	\$	\$
<b>EXPENSES</b>		
Salaries and Fringe Benefits	9,279,366	9,523,049
Administration Fees	179,553	207,855
Advertising and Publicity	207,284	269,311
Amortization	798,115	906,986
Annual General Meeting	110,744	127,483
Doubtful Accounts (recovery)	107,984	(12,034)
Equipment Rental	56,925	54,526
Issuance Fees	177,036	-
Freight Charges	54,869	44,484
Heating and Electricity	394,070	397,776
Honorarium	302,403	326,725
Housing Rental	516,522	555,914
Insurance	9,849	25,213
Installation Premium	435,529	535,187
Interest and Bank Charges	1,347,449	1,666,537
Land Leases	103,695	106,628
Maintenance and Repairs	319,647	136,693
Medical Supplies	38,390	19,327
Meetings and Seminars	15,273	33,334
Municipal Services	385,795	323,439
Office Expenses	1,047,695	1,047,993
Professional Fees	1,906,243	1,142,191
Publication and Membership	22,844	36,999
Purchased Services	2,752,729	2,198,204
Telecommunication	195,704	201,393
Training and Education	260,518	36,052
Transfers to Organizations	4,059,846	3,020,396
Transfers to Inuulitsivik Health Centre	34,798,972	29,581,277
Transfers to Ungava Tulattavik Health Centre	25,189,050	21,072,396
Travel and Accommodation	3,135,050	3,088,807
Vehicle Expenses	31,217	42,632
Other Expenses	238,058	240,960
	88,478,424	76,957,733
<b>EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES</b>	<b>10,738,767</b>	<b>1,163,905</b>

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES  
OPERATING FUND AND ASSIGNED FUND – BALANCE SHEET  
MARCH 31, 2017**

	2017 \$	2016 \$
<b>FINANCIAL ASSETS</b>		
CASH	<b>17,796,683</b>	5,553,873
ACCOUNTS RECEIVABLE (Note 2 a))	<b>104,782,255</b>	106,611,674
<u>DUE FROM LONG-TERM ASSETS FUND</u>	<b>128,700</b>	127,740
	<b>122,707,638</b>	112,293,287
<b>LIABILITIES</b>		
ACCOUNTS PAYABLE AND ACCRUED CHARGES	<b>107,906,327</b>	105,285,344
<u>DEFERRED REVENUE (Note 4)</u>	<b>4,062,546</b>	8,681,475
	<b>111,968,873</b>	113,966,819
<u>NET FINANCIAL ASSETS (NET DEBT)</u>	<b>10,738,765</b>	(1,673,532)
<b>FUND BALANCE</b>		
FUND BALANCE – OPERATING FUND	<b>1,603,949</b>	703,566
<u>FUND BALANCE – ASSIGNED FUND</u>	<b>9,134,816</b>	(2,377,098)
	<b>10,738,765</b>	(1,673,532)



**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES  
OPERATING FUND – STATEMENT OF CHANGES IN FUND BALANCE  
YEAR ENDED MARCH 31, 2017**

	2017 \$	2016 \$
<b>FUND BALANCE – BEGINNING OF YEAR</b>	<b>703,566</b>	584,348
Reimbursement (Recuperation) of Accumulated Surplus/Deficit by MSSS	(703,566)	-
Excess (Deficiency) of Revenue over Expenses	4,369,597	177,069
Transfers to Assigned Fund	(2,765,648)	(57,851)
<b>FUND BALANCE – END OF YEAR</b>	<b>1,603,949</b>	703,566

**ASSIGNED FUND – STATEMENT OF CHANGES IN FUND BALANCE  
YEAR ENDED MARCH 31, 2017**

	2017 \$	2016 \$
<b>FUND BALANCE – BEGINNING OF YEAR (APPENDIX B)</b>	<b>(2,377,098)</b>	(3,421,785)
Reimbursement (Recuperation) of Accumulated Surplus/Deficit by MSSS	2,377,098	-
Excess (Deficiency) of Revenue over Expenses	6,369,168	986,836
Transfers from Operating Fund	2,765,648	57,851
<b>FUND BALANCE – END OF YEAR</b>	<b>9,134,816</b>	(2,377,098)

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES  
OPERATING FUND  
STATEMENT OF REVENUE AND EXPENSES  
YEAR ENDED MARCH 31, 2017**

	<b>2017</b>	<b>2016</b>
	\$	\$
<b>REVENUE</b>		
Health and Social Services	<b>20,900,739</b>	11,978,884
Housing Rental	433,302	457,934
Municipal Affairs	385,795	323,439
Administration Fees	140,651	207,655
Interest Income	10,666	16,757
Other	265,055	767,419
	<b>22,136,208</b>	13,752,088
<b>DEFERRED REVENUE – BEGINNING OF YEAR</b>	<b>207,640</b>	171,040
<b>DEFERRED REVENUE – END OF YEAR (Note 4)</b>	<b>-</b>	(207,640)
	<b>207,640</b>	(36,600)
	<b>22,343,848</b>	13,715,488
<b>EXPENSES (Appendix A)</b>		
General Administration	14,498,594	10,341,041
Community Health Advisors	2,156,469	2,120,895
Building Operating Costs	1,319,188	1,076,483
	<b>17,974,251</b>	13,538,419
<b>EXCESS OF REVENUE OVER EXPENSES</b>	<b>4,369,597</b>	177,069



**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES**  
**LONG-TERM ASSETS FUND – BALANCE SHEET**  
**MARCH 31, 2017**

	2017	2016
	\$	\$
<b>FINANCIAL ASSETS</b>		
CASH	<b>210,915</b>	129,075
ACCOUNTS RECEIVABLE (Note 2 b))	<b>8,308,240</b>	10,955,106
	<b>8,519,155</b>	11,084,181
<b>LIABILITIES</b>		
BANK LOANS (Note 5)	5,210,982	5,800,555
ACCOUNTS PAYABLE AND ACCRUED CHARGES	919,060	869,717
DUE TO OPERATING FUND AND ASSIGNED FUND	128,700	127,740
TEMPORARY FINANCING	67,835,559	108,357,175
BONDS PAYABLE	49,417,155	22,534,141
	<b>123,511,456</b>	137,689,328
<b>NET FINANCIAL ASSETS (NET DEBT)</b>	<b>(114,992,301)</b>	(126,605,147)
<b>NON-FINANCIAL ASSETS</b>		
CAPITAL ASSETS (Note 3)	16,219,477	12,977,279
CONSTRUCTION IN PROGRESS (Note 8)	98,772,824	113,627,868
	<b>114,992,301</b>	126,605,147
<b>FUND BALANCE</b>		
<b>FUND BALANCE</b>	<b>-</b>	-

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES  
LONG-TERM ASSETS FUND  
STATEMENT OF CHANGES IN FUND BALANCE  
YEAR ENDED MARCH 31, 2017**

	<b>2017</b>	<b>2016</b>
	\$	\$
<b>FUND BALANCE – BEGINNING OF YEAR</b>	-	-
Excess (Deficiency) of Revenue over Expenses	-	-
<b>FUND BALANCE – END OF YEAR</b>	-	-



**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES  
LONG-TERM ASSETS FUND  
STATEMENT OF REVENUE AND EXPENSES  
YEAR ENDED MARCH 31, 2017**

	<b>2017</b> \$	<b>2016</b> \$
<b>REVENUE</b>		
Health and Social Services – Interest Reimbursement	1,262,647	1,575,309
Health and Social Services – Accounting Reform	(155,131)	(1,817,412)
Health and Social Services – Capital Reimbursement	1,130,282	2,724,398
	<b>2,237,798</b>	<b>2,482,295</b>
<b>EXPENSES</b>		
Interest Charges	1,262,647	1,575,309
Issuance Fees	177,036	-
Amortization	798,115	906,986
	<b>2,237,798</b>	<b>2,482,295</b>
<b>EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES</b>	<b>-</b>	<b>-</b>

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES**  
**NOTES TO SUMMARY FINANCIAL STATEMENTS**  
**MARCH 31, 2017**

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**1. REPORTING ENTITY**

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

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**2. ACCOUNTS RECEIVABLE**

	2017 \$	2016 \$
<b>a) Operating Fund and Assigned Fund</b>		
Health and Social Services – INIHB (Note 7)	<b>95,081,083</b>	95,835,915
Health and Social Services – Strategic Regional Plan (Operating Fund)	<b>3,199,882</b>	3,591,688
Health and Social Services – Strategic Regional Plan (Assigned Fund)	-	3,600,000
Health and Social Services – Payroll Banks	<b>513,973</b>	513,973
Health and Social Services – Parental Leave and Insurance Leave	<b>87,996</b>	87,996
Health and Social Services – Various	<b>3,017,164</b>	193,587
GST/QST Rebates	<b>364,603</b>	442,613
Inuulitsivik Health Centre	<b>90,224</b>	555,330
Ungava Tulattavik Health Centre	<b>1,899,943</b>	1,392,550
Aboriginal Affairs and Northern Development Canada	<b>28,406</b>	28,406
Health Canada	<b>40,000</b>	10,553
Kativik Regional Government	<b>47,695</b>	-
Makivik Corporation – Ungaluk	<b>136,508</b>	-
Other	<b>382,436</b>	477,274
	<b>104,889,913</b>	106,729,885
Provision for Doubtful Accounts	<b>(107,658)</b>	(118,211)
	<b>104,782,255</b>	106,611,674



**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES**  
**NOTES TO SUMMARY FINANCIAL STATEMENTS**  
**MARCH 31, 2017**

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

	2017 \$	2016 \$
<b>b) Long-term Assets Fund</b>		
Health and Social Services – Accounting Reform	<b>5,346,106</b>	5,147,225
GST/QST Rebates	91,361	206,998
Advance to Establishments	<b>2,870,773</b>	5,600,883
	<b>8,308,240</b>	10,955,106

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**3. CAPITAL ASSETS**

The capital assets are composed of the following:

	Cost \$	Accumulated Amortization \$	Net Book Value \$	2016 Net Book Value \$
Buildings	22,598,887	6,620,061	<b>15,978,826</b>	12,560,596
Computers	1,349,355	1,328,553	<b>20,802</b>	150,366
Furniture and Equipment	622,961	540,030	<b>82,931</b>	201,580
Specialized Equipment	200,887	63,969	<b>136,918</b>	64,737
Vehicles	51,952	51,952	-	-
	<b>24,824,042</b>	8,604,565	<b>16,219,477</b>	12,977,279

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**4. DEFERRED REVENUE**

The deferred revenue is composed of the following:

	2017 \$
Health and Social Services – Strategic Regional Plan	-
Health and Social Services	2,763,334
Education, Sports and Leisure	169,754
Public Health Agency of Canada	245,642
Makivik Corporation	394,837
Kativik Regional Government	436,093
Others	<b>52,886</b>
	<b>4,062,546</b>

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**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES**  
**NOTES TO SUMMARY FINANCIAL STATEMENTS**  
**MARCH 31, 2017**

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**5. BANK LOANS – LONG-TERM ASSETS FUND**

The bank loans are used to cover capital expenses, awaiting the reception of the funds from the Fonds de financement. They are composed of nine (9) revolving authorized credit margins with the Canadian Imperial Bank of Commerce, bearing interest at prime rate and maturing at different dates.

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**6. PREVIOUS YEARS' ANALYSES**

The MSSS's final analyses of the financial reports up to 2015–2016 were completed except for the INIHB and SRP programs. Any adjustments resulting from these analyses will be reflected in the 2017–2018 financial statements.

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**7. INSURED AND NON-INSURED HEALTH BENEFITS**

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

	\$
2011–2012	803,130
2013–2014	13,621,713
2014–2015	22,305,907
2015–2016	24,935,211
2016–2017	33,415,122
	<hr/> 95,081,083

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**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES**  
**NOTES TO SUMMARY FINANCIAL STATEMENTS**  
**MARCH 31, 2017**

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**8. CONSTRUCTION IN PROGRESS**

		2017	2016
		\$	\$
Housing Units (54 units: 25/54 for UTHC)	2008–2009	<b>9,811,935</b>	21,193,637
Housing Units (50 units: 23 for UTHC, 23 for IHC and 4 for NRBHSS)	2009–2010	<b>18,577,812</b>	18,541,011
Housing Units (70 units: 38 for UTHC, 28 for IHC and 4 for NRBHSS)	2011–2012	<b>19,834,363</b>	19,312,338
Direction of Youth Protection (Building) – Puvirnituq	2012–2013	<b>1,281,714</b>	11,158,572
Rehabilitation Center (Building) – Inukjuak	2014–2015	<b>23,755,009</b>	22,494,460
Housing Units - Phase 3 (50 units: 23 for UTHC, 23 for IHC and 4 for NRBHSS)	2015–2016	<b>24,609,721</b>	20,729,509
CLSC (Building) – Aupaluk	2015–2016	<b>794,868</b>	198,341
Housing Units (42 units: 20 for UTHC, 18 for IHC and 4 for NRBHSS)	2016–2017	<b>107,402</b>	-
		<b>98,772,824</b>	113,627,868

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These construction projects are temporarily financed by the Fonds de financement.

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

**9. COMMITMENTS**

The NRBHSS has rental commitments amounting to \$2,107,382. The future minimum contractual obligations for the next five (5) years are as follows:

	\$
2017–2018	1,256,622
2018–2019	409,673
2019–2020	159,232
2020–2021	134,735
2021–2022	147,120
	<b>2,107,382</b>

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES  
NOTES TO SUMMARY FINANCIAL STATEMENTS  
MARCH 31, 2017**

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**10. CONTINGENCIES**

As at March 31, 2017, the NRBHSS is subject to a claim from a supplier for a construction project, for an amount of \$6,401,683, jointly with la Société québécoise des infrastructures. The NRBHSS is also subject to a claim from a supplier for another construction project, for an amount of \$1,392,545. As of the date of issuance of the present financial statements, the outcome of these claims is uncertain. Any settlement resulting from the resolution of these contingencies will be reflected in the financial statements of the financial year in which it will occur. No provision was recorded in the present financial statements.



**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES**  
**APPENDIX A – DETAILED EXPENSES – OPERATING FUND**  
**YEAR ENDED MARCH 31, 2017**

	2017 \$	2016 \$
<b>GENERAL ADMINISTRATION</b>		
Salaries and Fringe Benefits	<b>5,615,237</b>	4,441,159
Administration Fees	39,670	—
Advertising and Publicity	79,902	116,601
Annual General Meeting	110,744	127,322
Doubtful Accounts (Recovery)	107,984	(13,476)
Equipment Rental	39,376	33,094
Freight Charges	23,208	21,530
Honorarium	242,565	316,715
Insurance	9,849	25,213
Interest and Bank Charges	84,777	91,228
Meetings and Seminars	4,414	17,867
Office Expenses	710,511	612,757
Professional Fees	1,371,295	910,410
Publication and Membership	8,570	13,558
Purchased Services	1,532,560	1,231,221
Telecommunication	130,649	131,119
Training and Education	216,731	17,848
Transfers to Inuulitsivik Health Centre	573,658	105,388
Transfers to Ungava Tulattavik Health Centre	380,095	131,336
Transfers to Organizations	1,404,346	321,087
Travel and Accommodation	1,621,755	1,511,217
Vehicle Expenses	31,217	42,038
Other Expenses	159,481	135,809
	<b>14,498,594</b>	10,341,041
<b>COMMUNITY HEALTH ADVISORS</b>		
Salaries and Fringe Benefits	1,727,352	1,742,469
Advertising and Publicity	20,355	9,199
Equipment Rental	7,635	2,860
Freight Charges	9,655	2,894
Housing Rental	—	23,112
Medical Supplies	11,386	—
Meetings and Seminars	—	739
Office Expenses	38,286	31,578
Professional Fees	3,349	—
Publication and Membership	429	1,195
Purchased Services	10,954	79,706
Telecommunication	32,069	26,748
Training and Education	5,691	4,344
Transfers to Organizations	—	11,241
Transfers to Inuulitsivik Health Centre	19,134	5,753
Transfers to Ungava Tulattavik Health Centre	74,548	—
Travel and Accommodation	181,603	168,790
Other Expenses	14,023	10,267
	<b>2,156,469</b>	2,120,895

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES**  
**APPENDIX A – DETAILED EXPENSES – OPERATING FUND**  
**YEAR ENDED MARCH 31, 2017**

	<b>2017</b>	<b>2016</b>
	\$	\$
<b>BUILDING OPERATING COSTS</b>		
Heating and Electricity	<b>394,070</b>	397,776
Housing Rental	<b>115,981</b>	125,663
Land Leases	<b>103,695</b>	106,628
Maintenance and Repairs	<b>319,647</b>	122,977
Municipal Services	<b>385,795</b>	323,439
	<b>1,319,188</b>	1,076,483

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES**  
**APPENDIX B – ASSIGNED FUND – STATEMENT OF CHANGES IN FUND BALANCE**  
**YEAR ENDED MARCH 31, 2017**  
(Uaudited)

	Project Number	Fund Balance, Beginning of Year	Reimbursement of Accumulated Deficit by MSSS	Deferred Revenue, Beginning of Year	Revenue	Deferred Revenue, End of Year (Note 4)	Expenses	Interfund Transfers	Fund Balance, End of Year
<b>ADMINISTRATION</b>									
<b>Provincial Funds</b>				29,291	-	-	-	-	29,291
MEO Technology Orientation	759	(101,719)	101,719	-	1,137,231	-	-	-	(399,676)
Emergency Measures	998	-	-	73,212	-	-	-	-	73,212
Bandwidth Enhancement Project	8860	-	-	-	-	-	-	-	-
<b>Other Funds</b>				146,876	313,550	181,964	278,462	-	-
Saqiq Nunavik – Quebec Project	826	-	-	-	57,916	-	72,395	14,479	-
Technocentre	8840	-	-	337,624	114,675	-	143,344	28,669	337,624
Regional Administrative Services	8891-92	-	-	-	-	-	-	-	-
	(101,719)	101,719	587,003	1,623,372	181,964	2,031,108	43,148	40,451	
<b>REGIONAL DEVELOPMENT OF HUMAN RESOURCES</b>									
<b>Provincial Funds</b>									
Training Provided to Inuits on Medical Terminology	8022	-	-	91,261	-	-	-	-	91,261
Youth Protection Intervention	8026	(37,082)	37,082	-	-	-	-	-	-
Network Planning Program	8032	-	-	110,145	-	-	-	-	-
Interns Integration Program	8033	-	-	112,500	-	-	-	-	100,210
<b>Federal Funds</b>									
Aboriginal Health Human Resources Initiative	811	(216,848)	216,848	-	-	-	-	-	112,500
<b>Other Funds</b>									
Cancer Program	825	-	-	102,471	27,000	172,422	-	-	(42,951)
Development Budget for Human Resources	8025	-	-	724,805	122,831	17,653	492,500	-	1,322,483
Administration and Communication	8038	-	-	-	280,481	280,481	-	-	-
Boscoville 2000	8039	-	-	-	216,394	216,394	-	-	-
McGill Health Project	8040	-	-	-	11,225	11,225	-	-	-
Healthcare and Homecare Assistance	8041	-	-	-	-	-	200,000	200,000	-
	(253,930)	253,930	1,141,182	657,931	-	708,110	692,500	1,783,503	
<b>INUIT VALUES</b>									
<b>Provincial Funds</b>									
Managerial Staff Development	610	-	-	144,640	-	-	-	-	144,640
Regional Midwifery	8016	(2,847)	2,847	-	-	-	8,849	-	(8,849)
<b>Federal Funds</b>									
Brighter Futures	699	-	-	-	1,188,510	-	1,188,903	-	(393)
Indian Residential Schools	819	-	-	-	540,004	-	540,004	-	-
<b>Other Funds</b>					38,073	-	-	-	38,073
McGill Social Workers Project	815	-	-	(2,847)	182,713	1,728,514	-	1,737,756	173,471

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES**  
**APPENDIX B – ASSIGNED FUND – STATEMENT OF CHANGES IN FUND BALANCE (CONT'D)**  
**YEAR ENDED MARCH 31, 2017**  
**(Unaudited)**

	Project Number	Fund Balance, Beginning of Year \$	Reimbursement of Accumulated Deficit by MSSS \$	Deferred Revenue, Beginning of Year \$	Revenue \$	Deferred Revenue, End of Year (Note 4) \$	Expenses \$	Interfund Transfers \$	Fund Balance, End of Year \$
<b>OUT-OF-REGION SERVICES</b>									
<b>Provincial Funds</b>									
Insured/Non-insured Health Benefits Program	938	-	-	-	54,585,763	-	54,585,763	-	-
Insured/Non-insured Health Benefits Management	939	(338,545)	338,545	-	770,598	-	616,132	-	154,466
		(338,545)	338,545	-	55,356,361	-	55,201,895	-	154,466
<b>PUBLIC HEALTH</b>									
<b>Provincial Funds</b>									
Inuit Health Survey	690	-	-	2,762,052	100,000	400,000	3,444	2,287,560	4,746,168
Federal Strategy for Smoking Prevention in Nunavik	827	(9,453)	9,453	-	21,579	-	21,579	-	-
Food Safety Project	915	-	-	10,815	29,828	37,412	-	10,747	-
Quebec Smoking Cessation Program	926	-	-	8,217	162,560	-	-	13,756	68
Kinesiology	931	-	-	162,560	94,289	-	-	-	53,484
Integrated Perinatal and Early Children Oral Hygiene Survey	933	-	-	7,158	450,000	300,000	-	-	8,217
Community Organizations Coordinator	934	-	-	-	152,052	152,052	-	(162,560)	-
Tuberculosis Outbreak	936	-	-	-	-	-	274,302	(86,975)	92,450
AIDS and STD – Information and Prevention	941	(149,238)	149,238	-	-	-	-	-	95,881
Hepatitis C	956	-	-	6,089	-	-	75,559	-	(75,559)
STB1 Research Project	959	-	-	130,000	-	-	-	194,688	6,089
Air Quality for Nunavik Residents	968	-	-	13,410	-	-	-	-	(64,688)
PSSP Management Fees	8017	-	-	14,000	-	-	-	-	13,410
Environmental Health	8019	-	-	125,000	-	-	-	-	14,000
Good Touch Bad Touch	8024	-	-	3,177	659,042	-	-	(125,000)	-
Health Data Analysis	8030	-	-	-	104,863	104,863	-	-	27,375
Smoking Habits	8060	-	-	-	65,097	65,097	-	-	-
<b>Federal Funds</b>									
NNHC Functioning	614	-	-	11,551	81,424	2,647	90,328	-	-
EASD	634	-	-	-	304,939	-	304,939	-	-
Diabetes	693	-	-	183,679	606,475	-	606,475	-	183,679
Perinatal Nutritional Program	696	-	-	1,364	318,039	-	288,564	-	31,039
AHTF Healthy Living in School and Substance Abuse	809	-	-	4,410	-	-	-	-	4,410
Nutrition North Canada Communication Plan	820	-	-	-	314,877	-	-	-	-
ITSS and Tuberculosis Prevention	821	-	-	6,052	-	-	5,902	-	150
	935	-	-	95,093	86,975	-	245,642	-	86,975

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES**  
**APPENDIX B – ASSIGNED FUND – STATEMENT OF CHANGES IN FUND BALANCE (CONT'D)**  
**YEAR ENDED MARCH 31, 2017**  
**(Unaudited)**

	Project Number	Fund Balance, Beginning of Year	Reimbursement of Accumulated Deficit by MSSS	Deferred Revenue, Beginning of Year	Revenue	Deferred Revenue, End of Year (Note 4)	Expenses	Interfund Transfers	Fund Balance, End of Year \$
<b>PUBLIC HEALTH (CONT'D)</b>									
<b>Other Funds</b>									
Occupational Health and Safety	611	-	-	24,899	500,592	169,754	503,385	-	22,106
Kino-Québec	612	-	-	202,050	9,689	-	41,985	-	-
Injuries Prevention Research	655	-	-	2,539	-	-	48,453	-	2,539
Vaccines B – Sec. 5	660	(246,541)	246,541	-	-	-	-	-	(48,453)
Arctic Net Project	668	-	-	9,457	-	-	-	-	9,457
Dental Health for Primary School	803	-	-	8,529	-	-	-	-	8,529
Literacy Learning – "How I Quit Smoking"	805	-	-	43,010	-	-	-	-	43,010
	(405,232)	405,232	3,959,228	4,113,055	1,652,928	3,245,994	2,000,000	5,173,361	
<b>PLANNING AND PROGRAMMING</b>									
<b>Provincial Funds</b>									
Upgrade Units Endoscopy	682	(5,623)	5,623	-	-	-	923	-	(923)
Network Training	683	-	-	25,182	-	-	4,004	-	21,178
Medical Congress	684	-	-	25,000	5,200	-	32,541	-	(2,341)
Training Doctors for Northern Territory	685	-	-	134,517	-	-	118,060	-	(118,060)
Medical Training – Legal Kit	790	-	-	99,690	-	-	2,492	-	97,198
Women's Health Program	791	-	-	21,399	-	-	-	-	21,399
Missing and Murdered Women	795	(1,717)	1,717	-	-	-	3,085	-	(3,085)
Ulluriaq Annex	823	(241,269)	241,269	-	-	-	-	-	-
Unit for Boys	824	(393,796)	393,796	-	-	-	-	-	-
920-921-	923	-	-	-	573,763	-	-	-	-
925	-	-	-	73,000	-	-	30,000	-	27,736
928	-	-	-	100,000	-	-	10,473	-	43,000
932	-	-	-	60,741	-	-	-	-	89,527
940	-	-	-	47,087	-	-	-	-	60,741
962	-	-	-	21,674	25,685	-	-	-	47,087
964	-	-	-	106,776	95,483	-	-	-	(11,069)
965	-	-	-	50,000	-	-	-	-	117,259
8006	-	-	-	148,706	-	-	-	-	50,000
8007	-	-	-	152,240	-	-	-	-	147,233
Community Organization – Training	8010	-	-	91,056	-	-	-	-	111,085
Suicide Prevention – Regional Strategy	8011	-	-	198,210	-	-	-	-	66,099
Breast Cancer – Diagnosis and Patient Support	8015	(13,440)	13,440	1,533	-	-	-	-	143,302
Sexual Harassment Intervention Team	8020	(297,974)	297,974	-	341,119	-	-	-	1,293
Dependencies	8021	-	54,143	-	-	-	-	-	(70,045)
Training on Attention and Hyperactivity	8023	(112,326)	112,326	-	-	-	-	-	10,365
Elder Abuse Prevention	8027	-	-	105,272	9,500	-	-	-	54,143
Services Support Program	8028	-	-	14,464	12,464	-	-	-	(59,713)
Therapeutic Guide Redaction	8029	-	-	45,770	-	-	-	-	108,772
Services for Men									36,868

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES**  
**APPENDIX B – ASSIGNED FUND – STATEMENT OF CHANGES IN FUND BALANCE (CONT'D)**  
**YEAR ENDED MARCH 31, 2017**  
**(Unaudited)**

PLANNING AND PROGRAMMING (CONT'D)						
Project Number	Fund Balance, Beginning of Year \$	Reimbursement of Accumulated Deficit by MSSS \$	Beginning of Year \$	Revenue \$	End of Year (Note 4) \$	Deferred Revenue, Expenses \$
<b>Provincial Funds (Cont'd)</b>						
Cancer and Palliative Care – Internal Training	8042			40,000	40,000	
Medical / Anatomical Vocabulary Development	8043		20,000	19,250	750	
Integration Revision of the SSS grouping	8044		120,000	120,000	-	
Physical Health Clinical Project	8045		112,000	112,000	-	
Specialized Proximity Medical Services	8046		141,875	5,878	135,997	
Community Organizations – Clinical Plan Day Centre	8047		120,000	120,000	-	
Elder Abuse Prevention	8048		115,000	115,000	-	
Hearing Impaired Clientele	8049		150,000	150,000	-	
CLSC-DYP-Rehabilitation – Collaboration Agreement	8050		36,600	36,600	-	
Nunavik Integrated Youth and Family Centre	8051		95,000	95,000	-	
Sexual Abuse – Multi-Sector Agreement	8052		130,000	130,000	-	
Marie-Vincent Training Family Resources	8053		68,000	68,000	-	
My Family, My Community	8054		145,000	140,479	4,521	
Attachment Disorder	8055		83,000	56,115	26,885	
Alchochoice Training	8056		97,000	97,000	-	
First Aid in Mental Health Translation	8057		97,000	97,000	-	
Youth Protection Organization	8058		128,000	128,000	-	
Advisory Committee – Law 21	8059		78,000	78,000	-	
DYP Law 19 VS Inuit Values and Practices	8062		190,000	190,000	-	
Expert Committee – Health Physics Training on Crisis Management	9007		-	-	8,008	(8,008)
Mental Health	9009		72,883	31,035	30,000	73,873
CLSC – Regional Development Strategy	9010		120,000	-	-	120,000
Development Problems – Regional Committee	9012		72,836	-	-	52,922
Intellectual Deficiency – Evaluation Chart	9052		130,903	-	-	130,903
Support for the Hearing Impaired Rehabilitation Service	9081		74,297	-	-	74,297
	9083		2,428	-	-	2,428
	9084		10,564	-	-	10,564
			208,535	-	-	208,535
			2,339	-	-	2,339
			15,234	-	-	15,234
			14,937	-	-	14,937

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES**  
**APPENDIX B – ASSIGNED FUND – STATEMENT OF CHANGES IN FUND BALANCE (CONT'D)**  
**YEAR ENDED MARCH 31, 2017**  
**(Unaudited)**

		Project Number	Fund Balance, Beginning of Year \$	Reimbursement of Accumulated Deficit by MSSS \$	Deferred Revenue, Beginning of Year \$	Revenue \$	Deferred Revenue, End of Year (Note 4) \$	Expenses \$	Interfund Transfers \$	Fund Balance, End of Year \$
<b>PLANNING AND PROGRAMMING (CONT'D)</b>										
<b>Federal Funds</b>										
Home and Community Care	618	-	-	-	7,939	-	2,311,399	-	-	-
Disabled Adult Care	694	-	-	-	-	-	18,992	-	-	(11,053)
Family Violence	695	(8,158)	8,158	-	-	-	81,177	-	-	(81,177)
Community Mental Health	697	(3,343)	3,343	-	-	-	914,254	-	-	(17,048)
Suicide Prevention Strategy	698	(7,604)	7,604	-	-	-	287,554	-	-	-
Nunavik Health Service Plan and Quality Management	705	-	-	-	-	-	22,206	-	-	-
<b>Other Funds</b>										
Best Practices for Elders' Residences	812	-	-	15,002	-	-	15,002	-	-	-
Liaison Agent Training Program	813	-	42,022	-	-	-	-	-	-	42,022
Ulliriaq Adolescent Centre	817	(161,788)	161,788	-	-	-	-	-	-	-
Access Canada	828	-	-	134,673	145,392	50,239	95,153	-	-	123,801
Suicide Prevention	963	-	-	93,939	-	-	10,872	-	-	88,216
Caregiver	8034	-	-	49,552	-	21,091	5,723	-	-	-
Deaf Workshop 2015–2016	8037	(27,787)	27,787	23,655	-	-	28,461	-	-	-
National Training Program	9076	-	-	-	-	-	5,102	-	-	18,553
		(1,274,825)	1,274,825	2,603,709	6,745,023	2,227,654	5,341,514	30,000	-	1,809,564
		(2,377,098)	2,377,098	8,473,835	70,224,256	4,062,546	68,266,377	2,765,648	-	9,134,816







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