

Annual Report 2013-2014

April 1, 2013 to March 31, 2014



- Development of capital facilities, housing and equipment at a pace that respects the development of services;
- Development of technical-support systems, including information-technology, communications and management systems.

These are the guidelines that direct our daily actions and which take concrete form through the following priorities, established at our last AGM, held in October 2013, for the one-year period from April 1, 2013, to March 31, 2014:

Ensure follow-up to the second set of recommendations formulated by the advisory committees relative to the clinical projects:

- Youth;
- Mental health;
- Addictions.

Further, respect for Inuit values and practices is a key element in developing and providing health and social services in Nunavik.

Offering training to our Inuit staff in the Nunavik health and social services network remains a priority to us. We have pursued our efforts in maintaining our training programs already in place and in implementing new ones.

Our network's difficulties in remaining competitive with the other regional organizations when it comes to the working conditions offered to personnel hired locally in Nunavik are the subject of a plan of action. The implementation of a working group in collaboration with the *MSSS* to find solutions and identify measures will allow us to reach our goal of supporting the Inuit personnel and ensuring that the population has access to services in its own language.

Youth protection, rehabilitation services and several other issues remain at the core of our preoccupations. Our Strategic Regional Plan for 2009-2010 to 2015-2016 includes a series of measures to support these services. To ensure follow-up to the recommendations formulated by the advisory committees relative to the clinical projects, we will identify a new series of measures in the upcoming 2014-2015 Regional Action Plan to support, improve and consolidate services related to youth, mental health and addictions issues.

Our Department of Public Health has made many efforts to counter the resurgence of tuberculosis and the high rate of sexually transmitted and bloodborne infections in the last year in Nunavik. A series of measures will be included in our 2014-2015 Regional Action Plan to support the institutions of the region in prevention efforts.

The NRBHSS has been proud to participate in the Parnasimautik consultation process to address Nunavik's needs and priorities if the region is to host industrial development. In the next year, the NRBHSS will collaborate with its partners in the drafting of a final report along with recommendations identified during this process.



In addition, our organization has acquired necessary tools by adopting a code of ethics and professional conduct for members of the board of directors at the end of 2013 as well as a revised internal governance by-law while implementing the Audit Committee. The other standing committees will be set up during the next year.

Again this year, we worked on several files; some proved to be challenges, others promising. We invite you to continue reading this report to discover them.

In closing, we would like to point out the extraordinary work performed by our human resources in health and social services and express our heartfelt thanks to all of them who respond daily to the needs of the population. We would also like to thank all of the region's organizations and partners for their support and collaboration.

Elisapi Uitangak
Chairperson

Minnie Grey
Executive Director

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Nunavik: A Vast Occupied Territory

The Region and Its People

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

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

Today, Nunavik is home to approximately 12 000 inhabitants, 90% of whom are Inuit, living in 14 communities dotting the coasts and rivers: Kuujjuaraapik, Umiujaq, Inukjuak, Puvirnituk, Akulivik, Ivujivik, Salluit, Kangiqsujuaq, Quaqtac, Kangirsuk, Aupaluk, Tasiujaq, Kuujuaq and Kangiqsualujuaq.

Each community has its own municipal infrastructure and modern essential services that are adapted to the North. For example, houses and other buildings have running water, which is delivered daily by truck from local reservoirs.

There are no roads to Nunavik; travel and shipping to and from the region are by airplane and freight ship.

With the exception of Kuujuaq, these small communities are dispersed along the 2 500 kilometres of shoreline that border Nunavik, some on the east coast of Hudson Bay, others on the coasts of the Hudson Strait and Ungava Bay. Kuujuaq is located a little farther inland, upstream on the Koksoak River, directly at the tree line, straddling taiga and tundra. With its population of 2 000 inhabitants, it is the largest community of the region, which also makes it the administrative centre of Nunavik.

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

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



Inuit Health Indicators

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

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

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

The Nunavik Health and Social Services Network

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

Because of its population size and sociocultural characteristics, Nunavik is a privileged place where the curative and the preventive mix, a place where activities in promotion, prevention and protection are carried out very harmoniously and smoothly, as much in the health sector as in social services.

Nunavik Regional Board of Health and Social Services

For the *ministère de la Santé et des Services sociaux (MSSS)*, Nunavik is administrative health region 17. The Nunavik Regional Board of Health and Social Services (NRBHSS) manages a

budget of close to 189 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 NRBHSS.

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

Health Centres

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

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

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

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



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

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

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

Board of Directors

Composition of the Board of Directors, March 31, 2014

- | | |
|--------------------------|---|
| • Elisapi Uitangak | Chairperson, Puvirnituk Representative |
| • Lucy Carrier Tukkiapik | Vice-Chairperson, Kangirsuk Representative |
| • Minnie Grey | Secretary, NRBHSS Executive Director |
| • Qumaq L. Mangiuk | Executive Committee Member, Ivujivik Representative |
| • Claude Gadbois | Executive Committee Member, UTHC BOD Representative |

DIRECTORS

- | | |
|------------------------|--|
| • Lucassie Alayco, Sr. | Akulivik Representative |
| • Mary Angutinguak | Aupaluk Representative |
| • Kitty Annanack | Kangiqsualujjuaq Representative |
| • Alasie Arngak | Kangiqsujuaq Representative |
| • Jane Beaudoin | Inuulitsivik Health Centre Executive Director |
| • Parsa Kitishimik | KRG Representative |
| • Willie Kumarluk | Umiujaq Representative |
| • Moses Munick | Tasiujaq Representative |
| • Tunu Napartuk | Kuujjuaq Representative |
| • Lizzie Niviaxie | Kuujjuaraapik Representative |
| • Charlie Okpik | Quaqtaq Representative |
| • Illashuk Pauyungie | Salluit Representative |
| • Madge Pomerleau | Ungava Tulattavik Health Centre Executive Director |
| • Jusipi Qaqutuq | Inuulitsivik BOD Representative |
| • Eva Weetaluktuk | Inukjuak Representative |

The following policies and by-laws were adopted in fiscal 2013-2014.

On June 12, 2013:

By-Law 14 Regulation concerning the internal governance of the Nunavik Regional Board of Health and Social Services

During the same session and in accordance with this by-law, the board of directors created three other standing committees:

- a) the Governance and Ethics Committee;
- b) the Audit Committee and;
- c) the Watchdog and Service Quality Committee.

On December 10, 2013:

By-Law 15 Modification to the by-law concerning the internal governance of the Nunavik Regional Board of Health and Social Services

Board of Directors of the Regional Board

The members of the board attended four regular sessions as well as the annual general meeting, adopting 79 resolutions. The Executive Committee held eight meetings. In September 2013, the board members also attended a training session concerning the by-law on the internal governance of the regional board as well as on the code of ethics and professional conduct for members of the regional board's board of directors.

Complaints Procedure to Improve Service Quality

The regional board is actively working at establishing the structure enabling the management and promotion of the complaints system in the region. In collaboration with both institutions, we must identify a resource to assist and support *Nunavimmiut*, as needed, who wish to file complaint with an institution of the region, the regional board or the ombudsman, as well as those whose complaint has been forwarded to the institution's council of physicians, dentists and pharmacists in accordance with the provisions of section 58.

The regional board did not process any complaints during the year.

For users on the Ungava coast, the position of service-quality and complaints commissioner at the Ungava Tulattavik Health Centre was still vacant on March 31, 2014. However, the hiring process is under way and the position should be filled by the beginning of fiscal 2014-2015.

For users on the Hudson coast, complaints may be sent to Josi Nappartuk of the Inuulitsivik Health Centre. We invite the population to consult the Web site of the institutions for more information.

Department of Planning and Programming

Ilusiliriniqmi Pigutjiutini Qimirruniq (Clinical Project)

2013-2014 HIGHLIGHTS

Funding and Implantation of the First Recommendations Adopted

In the summer 2013 under the Strategic Regional Planning for 2009-2010 to 2015-2016, the NRBHSS succeeded in obtaining funding for several key measures proposed in 2012 by the advisory committees. Some of the measures below are currently being implanted:

Suicide Prevention:

- Creation of a position for coordinator on each coast to structure and support suicide-prevention actions
- Significant increase in the number of Nunavik interveners and residents trained under the Applied Suicide Intervention Skills Training (ASIST) program
- Organization of an annual regional conference on suicide prevention

Foetal Alcohol Syndrome (FAS):

- Creation of a position for coordinator on each coast to support the development of initiatives to prevent FAS and support services for families

Reinforcement of mental-health services and resources:

- Setup of a team specialized in mental health on each coast
- Training programs for the workers of residential resources and other mental-health workers

Prevention of Parental Neglect:

- Deployment of a regional program to reinforce parental skills
- Regional deployment of integrated services for perinatal and early childhood (ISPEC)

A Second Series of Recommendations Adopted

During the year, the working committees and advisory committees worked on formulating several recommendations concerning:

- finalization of the regional suicide-prevention strategy;
- diagnostic and support services for individuals with FAS;
- prevention and reduction of the impact of addictions on children aged 6 to 12 years.

These recommendations were unanimously adopted by the NRBHSS board of directors in December 2013.



Toward a Third Series of Recommendations

At the end of this fiscal year, the advisory committees are finalizing recommendations concerning two major priorities identified in 2010 on the steering committee of the partners of the Nunavik health and social services network:

- deployment of a network of addictions advisors in each Nunavik community;
- inclusion of measures to involve the community in the process of youth protection.

Ensure the Proposed Measures Have the Desired Impact

An important challenge for the advisory committees, the NRBHSS and its partners is to ensure that the adopted and funded measures truly contribute to improving the population's well-being. For that purpose, during the upcoming year, all the actors involved in the *Ilusiliriniqmi Pigutjiutini Qimirruniq* process should develop a strategy for examining the implementation of the measures, assessing their impact and making the necessary adjustments toward attaining the targets.

Medical Affairs And Physical Health

In 2013, the region welcomed five new physicians (four at the Inuulitisivik Health Centre (IHC) and one at the Ungava Tulattavik Health Centre (UTHC)). These physicians occupy positions in the region and carry out 55% or more of their activities in the form of billed days within the region. One physician from the UTHC left the region. Thus, on March 31, 2014, there were 28 general practitioners working on the territory. For 2014 (January 1 to December 31, 2014), five new positions were granted to Nunavik. Among those, four will be filled by physicians who will assume their functions over the coming months (three at the IHC and one in the NRBHSS Department of Public Health). One position remains to be filled. Under the non-negotiated incentives funded by the regional physician fund, Nunavik admitted 10 interns in family medicine (6 at the IHC, 3 at the UTHC and 2 at the NRBHSS). Moreover, through the decentralized medical-training program, 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.

Telehealth

Further, the use of telehealth in Nunavik progressed. At the McGill *RUIS*, the Nunavik region and that of Nord-du-Québec are among the most-frequent users.

Volume of Use (per 10 000 inhabitants) of Videoconferencing at the McGill *RUIS* for All Types of Activities (Training, Clinical, Administrative) by Nunavik

2011-2012	2012-2013	2013-2014 (after 9 periods)
303	1 028	1 002

The sectors where telehealth is most used are cardiology, obstetrics/gynecology, adult psychiatry, neurology and radiology.

Service Supply

In July 2013, the NRBHSS, the Montréal Agency and the Douglas Mental-Health Institute signed a service agreement for adult psychiatry. The agreement's objective is to establish a stable network for mental health based on collaboration, partnership and the expertise of various interveners and stakeholders. After signature of the agreement, two obligatory network positions in adult psychiatry were granted to the region. To date, one of the positions has been filled.

Cancerology

The regional board and the Cree Board of Health and Social Services of James Bay pooled their efforts and submitted to the Canadian Partnership against Cancer (CPAP) a project entitled "Care and services of good quality and culturally adapted to Inuit and Cree patients with cancer." The project was retained by the CPAP and will receive financial support for the next three years.

Collaboration

With the goal of fostering collaboration and improving communications between the regional board and its partners, the personnel of medical affairs and physical health worked at setting up the committee on physical health and medical affairs, which includes various subcommittees and working groups (regional pharmacy committee, regional telehealth committee, regional medical-imaging committee and so forth).

Adult And Community Programs

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

- Pursuit of the work of the mental-health advisory committee
- Pursuit of the work of the following working committees: 1) suicide prevention; 2) prevention of psychiatric problems and promotion of well-being
- Work at establishing: 1) suicide-prevention liaison workers (SPLWs); 2) permanent suicide-prevention steering committee
- Finalization of the agreement on psychiatric services for adults between the Douglas Institute, the Montréal Agency and the NRBHSS

- Setup of the committee for follow-up to the agreement on psychiatric services for adults with the participation of both health centres and the Douglas Institute
- Start of discussions with the Montréal Children's Hospital and both health centres to conclude an agreement on child-psychiatry services
- Pursuit of work on developing residential psychiatric resources (Uvattinut project in Puvirnituk)
- Discussions with the health centres for the deployment of mental-health teams

Persons Lacking Autonomy, Elders and Rehabilitation

- Collaboration with network and regional partners on preparing a response document regarding Québec's project on autonomy insurance
- Collaboration with the UTHC and the IHC to hold the first regional meeting on the psychosocial aspect of home care
- Fourth regional campaign for International Elders' Day with a record number of 10 communities celebrating their elders
- Continued collaboration on issues affecting Nunavik elders with the KRG and the regional coordinator to counter elder abuse in the Department of Inuit Values and Practices
- First regional meeting on support for caregivers on September 26, 2013 to work on an agreement to collaborate on improving services for Nunavik caregivers
- Collaboration with network partners to improve regional rehabilitation services for persons with disabilities (Phase 1 is in the development stage)

Family Violence and Sexual Abuse

- Project on the prevention of child sexual abuse: Participation in deployment of the Good Touch/Bad Touch project (Kangiqsujuaq and Kuujjuaq)
- Designated centres: English translation of the *Medicosocial Intervention Guide for Victims of Sexual Assault* and distribution in each Nunavik community
- Intervention protocols: Follow-up with the health centres for the implementation of the intervention protocol relative to sexual assault
- Cross-sector cooperation: Relaunch of the Regional Steering Committee on Violence and Sexual Abuse
- Training: "Sortir de l'ombre, marcher vers la lumière : guide d'intervention en matière d'agression sexuelle" [Out of darkness and into the light: intervention guide relative to sexual assault] for workers of the women's shelters; "Making our Shelters Strong," Ajapirvik Women's Shelter in Inukjuak; training for interveners and participation in the "Dialogue for Life" conference in Montréal
- Awareness days: Activities organized in the communities for National Day of Remembrance and Action on Violence against Women and International Women's Day

Addictions

- Continuation of work under the Addictions Advisory Committee
- Working committees on 1) fetal alcohol spectrum disorder (FASD); 2) life-skills training program for children aged 6 to 12 years; 3) family strengthening; 4) addictions training for interveners
- Translation and adaptation to the Nunavik context of the Centre Dollard-Cormier addictions training program
- Continuation of the addictions training program
- Work with the two health centres on the recruitment of two addictions counsellors

Community Organizations

- Training for the boards of directors of the Hudson community organizations, two organizations in Kuujjuaq and one new organization in Kangiqsualujjuaq (family house, funded in 2014-2015)
- Support for the regular operations of community organizations (operating budgets, activity reports, regular management activities)

Community Organizations Funding for 2013-2014

	Community Organization	Location	Mandate	Total allocated
1	Qajaq Network	Kuujjuaq	Regional	\$200 000
2	Saturviit Women's Association	Inukjuak	Regional	\$142 000
3	Isuarsivik Treatment Centre	Kuujjuaq	Regional	\$600 000
4	Tungasuvvik Women's Shelter	Kuujjuaq	Subregional	\$742 000
5	Initsiak Women's Shelter	Salluit	Subregional	\$502 092
6	Ajapirvik Women's Shelter	Inukjuak	Subregional	\$242 000
7	Qilanguanaaq Elders' Home	Kangiqsujuaq	Subregional	\$242 000
8	Sailivik Elders' Home	Puvirnituk	Subregional	\$150 000
9	Tusaajiapik Elders' Home	Kuujjuaq	Subregional	\$275 038
10	Ungava Community Residence	Kuujjuaq	Regional	\$399 000
11	Uvattinut Supervised Apartments	Puvirnituk	Regional	\$125 000
12	Unaaq Men's Group	Inukjuak	Regional	\$200 000
			Total	\$3 819 130

Children / Youth / Families (CYF)

The CYF team assumes functions necessary to coordinating the setup of health and social services and allocating regional resources to the institutions and community organizations. The team's primary mandate is to ensure implementation of the service program under the *MSSS*' 2007-2012 service supply for youths in difficulty. It works closely with the institutions and community organizations to ensure that the organization of services for persons aged 0 to 18

years and their families responds to the needs, social realities, culture and values of the target clientele.

Front-Line Services for Youth in Difficulty

Cooperation Agreements

This process follows the reference framework for cooperation agreements in order to ensure a continuum of services and service trajectories enabling the population to receive the services to which it is entitled, at the right time and from the best provider in accordance with existing conditions. That permits, among other things, establishing areas for collaboration under the programs “Crisis intervention and intensive, local follow-up” and “Withdrawal from the family and placement.” The goal is to improve service accessibility and quality under the service program for youth in difficulty.

Organization of Services for the Clientele Aged Zero to Five Years (CLSC) and ISPEC, Collaboration with Public Health

Our team works jointly with the NRBHSS Department of Public Health at implementing the program for integrated services for perinatal and early childhood (ISPEC). Thus, we privilege linking this service with the program for neglect. The collaboration facilitates CLSC support in the implementation of a complete service supply for children aged zero to five years and their families.

Speech Therapy

Discussions are under way with the Kativik School Board (KSB) to conclude a service agreement to enable the zero-to-five-year clientele to receive speech-therapy services (screening, evaluation, referral and intervention) on a regional basis. The discussions continue to that effect.

Organization of Services (CLSC), Parental Skills

Significant progress has been made in establishing parental-support programs in Nunavik to prevent neglect. Support for the UTHC’s CLSC component in the setup of a parental-skills program enabled implantation of the .Baby Book program. In Kuujjuaq, the UTHC’s parental-skills program is offered by the CLSC under the ISPEC program. However, in the villages, that program is offered by the wellness workers. The program must be offered regularly to permit new families to benefit from those services. We noted that additional efforts should be deployed to ensure setup of the same programs at the IHC. The NRBHSS CYF team must provide more intensive support for the IHC in the organization and implementation of a service supply for children aged zero to five years and thus the setup of parental-skills activities.

Program on Neglect

This portfolio is managed jointly with the CLSCs. Much thought went into the type of program to set up to ensure compatibility with *Nunavimmiut* values, culture and reality. Discussions led to identification of the program for personal, family and community assistance as the most promising to respond to these aspects of the territory’s population.

Second-Line Services for Youth in Difficulty

DYP / Family-Type Resources (FTRs)

Establishing recognition criteria and maintaining a register of family-type resources (FTRs) are legal obligations of the health and social services agencies. A document on recognition criteria for FTRs was produced and meetings with the DYPs are under way to establish criteria compatible with Inuit culture and reality. A policy on recognition criteria and a register of FTRs at the NRBHSS will be available shortly.

Youth Advisory Committee

The youth advisory committee was relaunched to complete the efforts of the committee on community involvement in the process of youth protection in relation to the recommendations.

In April 2013, the committee on community involvement in the process of youth protection was reactivated after being inactive for more than one year. This subcommittee of the *Isuliriniqmi Pigutjiutini Qimmiruniq* (clinical project) is responsible for formulating recommendations for creating mechanisms to involve the community in the process of youth protection in Nunavik. The goals of these recommendations are to encourage trust and understanding between youth-protection workers and families, improve support for families to ensure child security and development, minimize recourse to withdrawal of children from their family, prevent repeated reports to Youth Protection concerning the same family and improve the recruitment and support of Inuit foster families. Preliminary recommendations were presented to the youth advisory committee in February 2014. The process will now continue at the level of the advisory committee in order to establish final recommendations in the fall 2014. Furthermore, we are participating in various committees of the *MSSS* and working jointly with regional partners. In the Life Plan for Aboriginal Youth Committee of the *MSSS*, we are revising the current framework used across Québec and adapting the practices so they best meet the needs of aboriginal populations. Twice per year, meetings are held with respondents for the youth portfolio and the *MSSS* in which progress is shared on the implementation of programs in our respective regions and where we receive important information and directives from the *MSSS*. The *MSSS* committee on remote regions addresses the challenges in isolated regions and offers guidance and best practices on how to overcome the difficulties faced.

Regional Youth Committee

The regional committee on youth services was consolidated to ensure better coordination of youth-protection and rehabilitation services. The committee was temporarily suspended when the position of director of Regional Rehabilitation Services was vacant for a number of months. A new director was hired and the committee will resume its functions over the coming weeks. We therefore need to continue the work begun by the regional youth committee in view of setting up various programs under the service supply for youths in difficulty by observing the guidelines established under the NRBHSS' clinical project.

Residential Rehabilitation Services for Young Offenders

In the context of the revision of the service supply for young offenders, a secure unit with capacity for 12 clients was set up (February 2014) in the Montréal region. That resource offers intensive, residential support adapted to *Nunavimmiut* culture and values.

Audit of the Service Program for Youth in Difficulty

An evaluation of the expenses charged under the programs for youth in difficulty by the Nunavik institutions (Youth Protection and Regional Rehabilitation Services) was performed. To that effect, a report was submitted and is presently under review by the regional advisory committee on youth services. The process permitted obtaining and identifying the amounts invested as well as determining the necessary foundations for appropriate budgeting for the service program for youth in difficulty.

Regional Rehabilitation Services

With the Regional Rehabilitation Services, the CYF team contributed to establishing clinical programming, leisure activities and improved supervision for intervention within the residential resources. Procedures were undertaken with the *MSSS* to clarify the status of the resource for children aged 6 to 12 years in order to enable setup of appropriate tools relative to the type of supervision provided for that clientele.

Department of Public Health

Health Promotion

Health promotion is *the process of enabling people to increase control over and improve their health (Ottawa Charter)*. It is a major component of public-health actions centred on five principal strategies that respectively target: 1) individuals, 2) communities, 3) environments, 4) health centres and 5) policies. Out of concern for carrying out effective actions adapted to the population, the Department of Public Health (DPH) relies on a review of literature (updated regularly) with revealing data on the main issues in public health.

A team dedicated to the region covers the issues of nutrition, physical activity, smoking, primary and secondary prevention of diabetes and psychosocial health, which includes the portfolios of violence, addictions and suicide. Further, the Healthy Schools advisor, who works for both the DPH and the Kativik School Board (KSB), is an important ally in projects carried out in the schools.

All interventions performed by the DPH under the promotion of healthy lifestyles during the present year are part of the regional plan of action. The year 2013-2014 enabled consolidation of promotional actions and campaigns undertaken over the past few years. Among those are Nutrition Month, a day marking the promotion of traditional foods and the “Drop the Pop” challenge. The “Quit to Win” challenge, which promotes smoking cessation, is in its 11th year. Two schools participated in the training program *Ma cour, un monde de plaisir!* [My schoolyard: a world of pleasure], which encourages active recess breaks and provides an additional tool in the prevention of bullying. Moreover, it is important to mention that the “Good Touch/Bad Touch” program continues and that two more schools were reached this year under that program, which has enabled close to 400 youths to benefit from workshops on the prevention of sexual abuse.

The promotional visits for the program “Come, let us enjoy life together!” announced last year began successfully. The two young ladies identified as role models, Andrea Brazeau and Julia St-Aubin, travelled to the communities to promote the benefits of adopting healthy lifestyles that include healthy eating, physical activity, living without tobacco and alcohol, healthy stress management and adequate sleep.

In the same vein, a planning process started in order to coordinate development of a regional food policy jointly with the regional partners over the coming year. The objectives of several activities and programs are to promote healthy eating, set up measures to improve food environments and support the development of community nutrition initiatives. Among others, the program to promote healthy eating as applied in the grocery stores includes various intervention components such as nutrition-information booths, training for local workers,

development of tools and improvement of food environments. That program continues its expansion and is now in application in 13 communities. Further, ongoing support for development of community kitchens was offered, given the marked interest of several communities in developing such initiatives. Regional training on nutrition and cooking for the community workers and local health workers was also provided on both coasts. That training targeted the improvement or consolidation of knowledge on nutrition besides encouraging the sharing of experiences among the participants.

The DPH participated in financial support for a considerable number of local and regional activities that definitely had a positive impact on the communities' vitality. Some examples include yoga workshops for athletes during the regional finals for the Arctic Games, purchase of cooking equipment for the schools and community kitchens, support for a volleyball program, development of tools for promoting healthy eating in accordance with the *Nunavik Food Guide* and renewal of recreation equipment in the municipalities and schools; this is but a summary listing.

Once again, the partnership between the DPH and the KSB was a fruitful one this year. The presence of an advisor serving as liaison between the two organizations is very helpful and facilitates the integration of various health programs as well as the coherence of messages between the health and education sectors. The ultimate objective of creating schools that represent an environment where healthy lifestyles are an everyday practice is on the right track.

In health services, annual screening for diabetic retinopathy among diabetic persons was held at both institutions. As was the case last year, training was offered to front-line professionals; some 50 persons thus improved their knowledge.

Finally, the DPH's role as expert advisor again proved useful through participation in regional working committees on prevention of sexual abuse, prevention of bullying, suicide prevention and promotion of mental health. The region can also count on the Nunavik Nutrition and Health Committee, whose mission is to examine various topics related to nutrition and its impact on the population's health. Questions on traditional foods and research on environmental contaminants are at the core of that committee's activities. The ethical aspect of research in Nunavik and the positive spinoffs for the communities are other primary concerns for the committee.

Monitoring of Infectious Diseases

During 2013, activities involving monitoring of infectious diseases were largely characterized by the gathering and analysis of data on reportable diseases (*MADO*), i.e., sexually transmitted and bloodborne infections (STBIs), tuberculosis, trichinellosis, cryptosporidiosis and invasive *Haemophilus influenzae* infection.

Under the *Public Health Act*, attending physicians and laboratory directors are required to report to the Director of Public Health on reportable infectious diseases (*MADO*). The data received are compiled and analyzed.

Prevention and Protection

For 2013, this monitoring enabled the detection of three outbreaks and contributed to the related protective interventions. The Ungava Tulattavik and Inuulitsivik Health Centres and the DPH mobilized to control tuberculosis, which remains an issue in some communities, as well as outbreaks of trichinellosis and cryptosporidiosis.

Tuberculosis

During 2013, cases of tuberculosis were reported in four Nunavik villages: Salluit (23), Umiujaq (4), Kuujuaq (2) and Kangiqsualujuaq (1). Investigations were launched as soon as new cases were reported. Application of a regional plan of action on tuberculosis is under way.

Trichinellosis

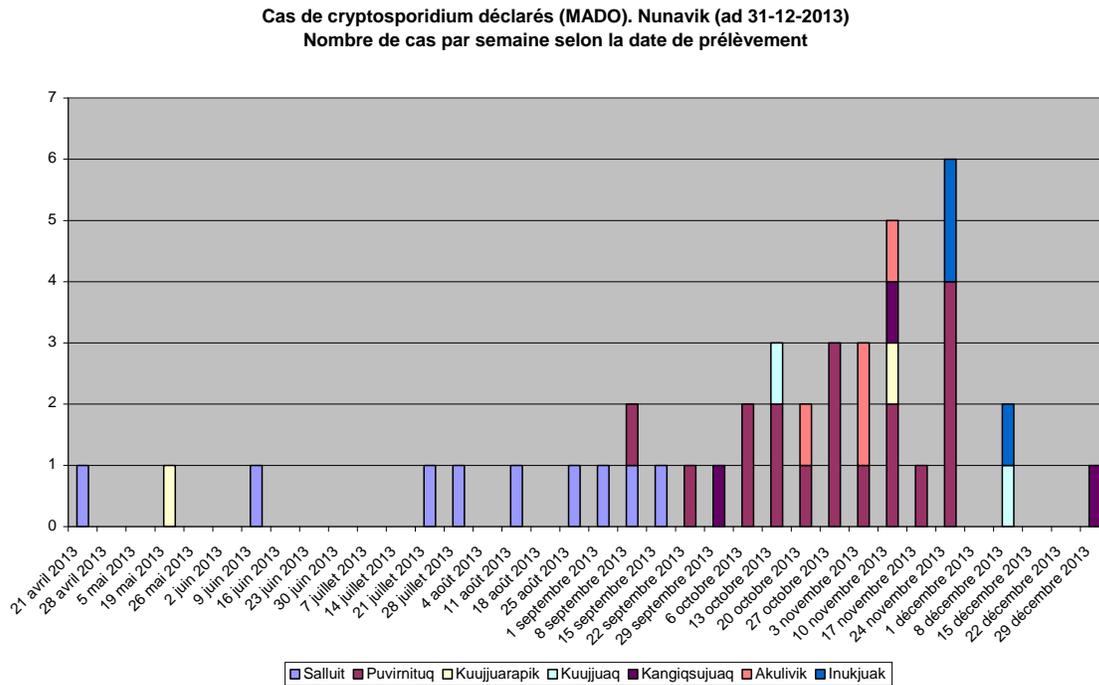
In October 2013, the village of Inukjuak was hit by an outbreak of trichinellosis. That outbreak is the second largest documented in Nunavik. Eighteen cases were identified: 14 confirmed in the laboratory and 4 probable. The cases consisted of 15 women and 3 men whose age varied from 21 to 62 years. Two were hospitalized; there were no deaths.

The investigation of food items did not result in a formal identification of the source of contamination. The investigation's conclusions were that polar-bear meat was mixed up with another type of meat, possibly caribou, before being used in the preparation of an insufficiently cooked meal that was distributed in the community. Meetings were held with representatives of hunters and regional authorities of the Hunter Support Program in order to establish a process for identifying bear meat likely to be found in household and community refrigerators and freezers.

Cryptosporidiosis

From April 26, 2013, to December 31, 2013, 40 cases of infection with *Cryptosporidium sp* were reported to the DPH. Those cases were primarily concentrated in five Hudson communities (87%): Puvirnituq (17), Salluit (9), Akulivik (4), Inukjuak (3) and Kuujjuaraapik (2). The other affected communities were Kangiqsujuaq (3) and Kuujuaq (2).

Reported cases of cryptosporidiosis (MADO), Nunavik, 31-12-2013
 Number of cases per week according to date of specimen



The age of the cases varied from four months to 65 years. The age groups most affected were children under 5 years (8%) and those from 5 to 14 years (20%). Among the cases, 63% were male (one case provided two specimens) and 38% female.

The DPH investigated all the cases and analyzed the case records in the village most affected for the purpose of obtaining a maximum of information on the disease and the nature of the care required. The collaboration of the *Institut national de santé publique du Québec (INSPQ)* [Québec public-health institute] was sought for the identification of the subspecies of *Cryptosporidium* in question in order to determine the initial source of infection.

Radio messages were created and sent to the CLSCs for use by local interveners, and the day-cares received, through the Kativik Regional Government (KRH), information on the preventive measures to set up.

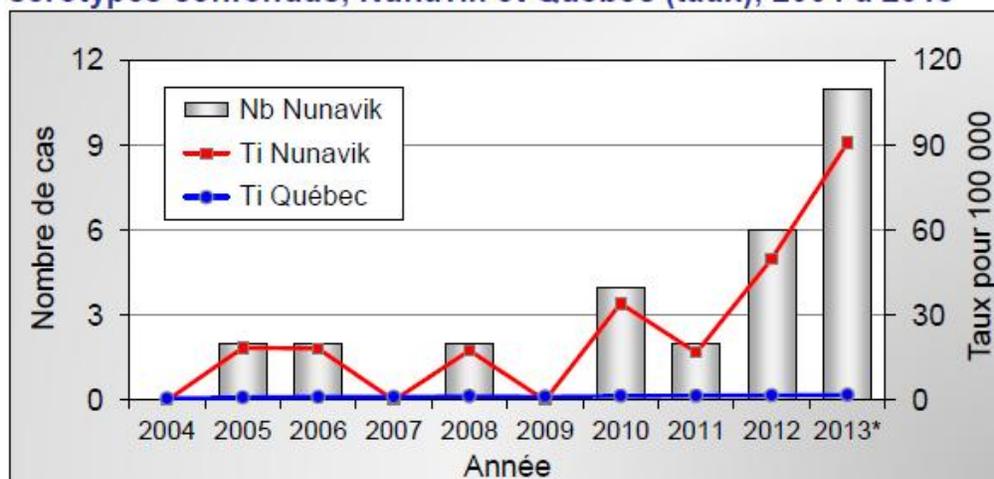
The KRG and the *ministère de l'Environnement* were informed of the situation in order to heighten vigilance and the application of treatment and follow-up measures relative to the quality of potable water.

Haemophilus influenzae

Since 2010, a rise in the incidence of *Haemophilus influenzae* infections has been observed in Nunavik, primarily in the Hudson communities. In 2013, 11 cases were reported in Nunavik, representing 62% of all cases observed in Québec.

Number of cases and gross incidence rate of *Haemophilus influenzae*, all serotypes included, Nunavik and Québec (rate), 2004-2013

Nombre de cas et taux brut d'incidence d'*H. influenzae*, tous sérotypes confondus, Nunavik et Québec (taux), 2004 à 2013*



* Données en date du 17 décembre 2013.

Source : BSV (MSSS), liste des cas produite à l'Infocentre (INSPQ) à partir du fichier provincial MADO (extraction du 17 décembre 2013).

* Data from Dec. 17, 2013

Source: BSV (MSSS), list of cases produced by the INSPQ based on provincial MADO file (extracted Dec. 17, 2013)]

Haemophilus influenzae causes invasive diseases such as bacteremia, meningitis, septic arthritis and pneumonia. These infections primarily affect infants under one year old. In 2013, two deaths were reported (babies aged 6 months and 10 months).

Faced with the rise in cases, the DPH sought the advice of the INSPQ relative to development of a protocol for documentation and intervention, notably to indicate whether or not recourse to antibiotics is required for close contacts, which for the moment is not recommended in Québec.

STBIs

During the one-year period from January 1 to December 31, 2013, the number of reported cases of gonorrhea in Nunavik rose slightly to 285. A more significant rise in the number of cases of chlamydia infection (509) was noted this year, compared to the 382 observed in 2012. Women and young persons aged 15 to 29 years remain the groups most at risk.

Below are some highlights in this portfolio:

- Dr. Véronique Morin joined the DPH (sexual-health portfolio) on a half-time basis;
- each of the health centres received funds for the position of health-protection nurse (specifically for STBIs and tuberculosis);
- a communications strategy on sexual health and a social-marketing campaign targeting youths aged 12 to 24 years are in the development stage;
- the revised Nunavik sexual-education program is now available in Inuktitut;
- Hilda Snowball, mayor of Kangiqsualujuaq, represented Nunavik as model for Pauktuutit's project for a hepatitis C poster, in which the NRBHSS is a partner.

Immunization

Once again, this year the seasonal vaccination campaign against influenza sought the population's participation. The immunization-coverage rate will be available once the campaign ends in May.

The regular vaccination schedule in Nunavik was modified with the addition of vaccination against hepatitis B at the ages of 2, 4 and 18 months.

The school-vaccination schedule was also modified with the addition of one dose of the meningococcus vaccine in seventh grade and the removal of one dose of the human papillomavirus (HPV) vaccine among seventh-grade girls.

The BCG vaccine, used to prevent tuberculosis among very young children, is still being administered to newborns in Kangiqsualujuaq.

The computerized management program for immunizing agents, *SI-PMI*, is now used regularly at both pharmacies, which are now regional depots, and should be deployed in all the communities.

Occupational Health

Preventive Withdrawal of Pregnant or Breast-Feeding Workers

In 2013, our medical advisor processed 139 applications for the preventive withdrawal of pregnant or breast-feeding workers from 78 organizations. Applications for consultation for workers originated mostly from the sectors of education (day-care educators, teachers) and health (nurses) as well as the commercial sector (cashiers). On a number of occasions, the DPH made recourse to the English-translation procedure for recommendations under the For a Safe Maternity Experience (FSME) program for the attending physicians who requested the service.

Occupational-Health Programs in the Mining Sector

Implementation of occupational-health programs in the mining sector continued during the year. A physician and a nurse from the DPH carried out preventive activities in this important sector that includes over 1 300 workers from two mines as well as their subcontractors. The following are among the main activities carried out by the nurse and the physician in 2013: information for mine workers and their employers on the health effects of various aggressors such as noise, welding fumes, etc., the preventive measures to set up by the employer to protect health, medical monitoring of workers exposed to lead, silica dust, biohazards and food allergies, presentation of reports on visits and meetings of the members of industrial health and safety committees, and follow-up to measures aimed at ensuring the presence of adequate first-aid services in mining enterprises.

In 2013, the DPH's occupational-health team designed a health program for the workers of a major mining enterprise and presented it to that firm's administration. The program was accepted by the firm's representatives. Moreover, the health program under way in another mining enterprise continued.

Occupational-Health Program in the Municipal and Police Sectors

The municipal sector continues to be the object of actions aimed at preventing workplace health problems. The nurse based in Kuujuaq carries out preventive activities with the 14 Nunavik municipalities with the support of a physician and an occupational-health technician. Thus, in 2013, most of the municipal installations of Nunavik (municipal garages, fire stations, arenas, carpentry workshops, sewage-dumping sites and sites for distribution of potable water) were visited by the DPH occupational-health team. In addition, the police stations and a carpentry workshop of the KMHB were visited. The municipal employees, employers and police officers were informed of the risks present in their workplaces (noise, welding fumes, biohazards, ergonomic risks, etc.) and the preventive measures to set up to prevent such risks. Reports on the visits were sent to the mayor and managers of each municipality visited as well as the police stations. All the reports are translated into English (and Inuktitut upon request).

Local Requests

Finally, the occupational-health team also responded to local and *CSST* requests received during the year. These requests particularly concerned the quality of indoor air in certain Nunavik installations as well as the risks in a municipal garage.

Department of Inuit Values and Practices

Midwifery

There are four birthing centres offering services in Nunavik. Three of these are on the Hudson coast, located in Inukjuak, Puvirnituk and Salluit. There is one on the Ungava coast, located in Kuujuaq.

On the Hudson coast, there are nine Inuit and four non-Inuit midwives as well as eight students. On the Ungava coast, there are four non-Inuit midwives and one student.

In fiscal 2013-2014, there were 90 births registered on the Ungava coast and 206 on the Hudson coast.

With the help of the Planning and Programming Department, we are currently in the process of hiring a consultant for the implementation of a birthing centre in Nunavik.

The Ungava Tulattavik Health Centre has started the midwifery program on the Ungava coast. Originally, two students started the program but only one remains.

Indian and Residential Schools (IRS) Resolution Health-Support Program

The Department of Inuit Values and Practices (DIVP) is in charge of the IRS file; our personnel attended a truth and reconciliation (TRC) event in April 2013 in Montréal, Québec. Normally, between the preparations for the TRC events, the emotional-health support team visits the communities to organize healing sessions for former students and their families affected by the legacy of residential schools. However, because of the delayed contribution agreement, this process has been very slow. In August, the emotional-health support team went to Inukjuak to offer on-the-land healing sessions to former students and their families. The team also has a set schedule to visit seven other communities to offer healing workshops. The DIVP continues to work with Health Canada to support the Emotional Health-Support Program for former students in the 14 communities. The mandate of these support workers is to offer emotional support to former students of residential schools and their families, especially those students who will undergo the independent assessment process (IAP) in the coming months. The team also visits communities that need CLSC support for crisis or trauma upon request.

Traditional Adoption

The working group on traditional adoption in Quebec, created by the Ministries of Justice and Health and Social Services to recommend solutions to the current non-inclusion of traditional adoption practices in provincial laws, rendered its report public on April 16, 2012. An *Act to amend the Civil Code and other legislative provisions as regards adoption and parental authority*, which included provisions on aboriginal traditional adoption, was tabled June 13, 2012, at the Québec National Assembly. Unfortunately, with the provincial elections in the fall 2012, the bill died before presentation or ratification. A new bill now has to be resubmitted to the Québec National Assembly for sanction anticipated in the fall 2013. Representatives of the NRBHSS and Makivik Corporation are following this closely and will give an update to both organizations on any changes or updates in this file.

Brighter Futures

Brighter Futures is a federally funded program that allows all 14 Nunavik communities to request funding for various types of projects within their communities. All funds are distributed on a per capita basis.

The following table shows how much money was available to each community at the beginning of fiscal 2013-2014.

Community	Funds Available
AKULIVIK	\$50,135
AUPALUK	\$30,439
INUKJUAQ	\$108,328
IVUJIVIK	\$40,287
KANGIQSUALUJJUAQ	\$68,936
KANGIQSUJUAQ	\$52,821
KANGIRSUK	\$50,135
KUUIJUAQ	\$123,548
KUUIJUARAAPIK	\$57,297
PUVIRNITUQ	\$110,119
QUAQTAQ	\$38,496
SALLUIT	\$92,213
TASIUJAQ	\$33,125
UMIUJAQ	\$39,392
REGIONAL PROJECTS	\$35,000
TOTAL	\$930,271

On January 15 of each year, all remaining money under the program is put into a regional fund and made available to any community that applies. This is to ensure that all Brighter Futures funding is spent each year.

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

- mental health;
- healthy babies;
- injury prevention;
- child development;
- parenting skills.

All project proposals must include a municipal resolution stating that the project has community support. In addition to this, it is very important to keep a strong cultural component in the projects that we approve, although there is a wide variety of projects that take place in Nunavik. Our goal is to provide ample opportunities for our youth to explore different activities at the community level through Brighter Futures which they otherwise may not have. We also strive to assist families in creating a healthy living environment throughout the region.

Wellness Committee

The Wellness Committee is an organized group of community members whose purpose is to discover the health and wellness needs of each community and to help find ways of solving problems that may arise in the communities. For that purpose, it:

- serves as link between the health and wellness services and the community;
- identifies what the population of each community feels are the health and wellness needs and problems within that community;
- works jointly with other bodies to find methods of filling these needs and solving these problems;
- participates in carrying out these projects to improve the health and wellness practices within the community;
- provides the population with information concerning public health and wellness in general;
- helps link the community with local or outside organizations that can help tackle problems within the community.

All communities that have not formed a wellness committee have access to information on the composition and mandate of such a committee, which is available through the municipality or the Brighter Futures officer in the NRBHSS Department of Inuit Values and Practices.

Prevention of Elder Abuse

The region applies the 2010-2015 governmental plan of action against elder abuse announced by the Minister responsible for Seniors in 2010. That plan is meant as a complement to other governmental measures. The regional coordinator works within the DIVP to make sure Nunavik elders benefit from culturally appropriate and safe measures. His mandate also includes empowerment of elders and their caregivers and promotion of individuals and cultural resilience.

Since August 2013, he produced three preliminary research documents (environmental profile of Nunavik, regional inventory of Nunavik resources and regional diagnosis). These documents have been used as a foundation to work on the 2014-2017 Nunavik Action Plan to Counter Elder Abuse. Since the beginning of 2014, elders have been consulted about their priorities, needs and expectations to amend the action plan accordingly. So far, meetings have been held with elders in Kangiqsualujjuaq (February 12-13) and Puvirnituaq (March 25-26).

Department of Administrative Services

Financial Resources

Regional Budget

The 2013-2014 regional credits received from the *MSSS* totalled \$146.5 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 organizations. For their operations, both health centres received funding in the amount of \$108 million. The NRBHSS paid and transferred \$7.2 million to eligible community organizations. From this envelope, the NRBHSS also received and managed earmarked funds, mostly the non-insured health benefits program.

ALLOCATIONS	2012 - 2013	2013 - 2014
INSTITUTIONS		
Inuulitsivik Health Centre	60M	62M
Ungava Tulattavik Health Centre	43.6M	46M
NRBHSS EARMARKED FUNDS		
Insured/non-insured health benefits	20.5M	21M
Other	7.6M	7.8M
COMMUNITY YOUTH HOUSES		
Youth centres	2.4M	3.7M
Other (table: community organizations)	3.3M	3.5M
Reserved: special projects not realized yet	5.9M	2.5M
Total transfers	143.3M	146.5M

Operating Budget and Financial Results of the Health Centres

The NRBHSS, which is responsible for supervising the health centres, carried out major efforts throughout the year, including numerous meetings, to ensure proper financial follow-up.

The Ungava Tulattavik Health Centre should end with an operating deficit of approximately \$5.4 million. Its accumulated deficit amounts to approximately \$7.9 million. Support in various forms was provided to this health centre to develop a multi-year recovery plan that will serve to correct the situation and return to a balanced budget without negatively affecting the services provided to the population.

This year, the Inuulitsivik Health Centre should end the year with a slight surplus of \$300,000 as shown in the table below. This surplus will be used to eliminate its accumulated deficit of \$241,000.

Public institutions	2012 - 2013		2013 - 2014	
	Net Budget Authorized	Surplus (deficit)	Net Budget Authorized	Estimated Surplus (deficit)
Inuulitsivik Health Centre	60M	200,000	62M	300,000
Tulattavik Health Centre	43.6M	-2.4M	46M	-5.4M
Total	103.6M	-2.2M	108M	-5.1M

Funding of Community Organizations

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

Community Organization	2012 - 2013	2013 - 2014
Elders' Home		
Quilanjguanaaq	169,986	242,000
Sailivik	176,484	262,500
Tussajapik	238,984	275,038
Inuit Women's Association of Nunavik		
Saturviit	38,984	142,000
Men's Association		
Qajaq Network	188,000	200,000
Men's Association of Inukjuak		
Unaaq		100,000
Supervised Apartments		
Community lodging, Ungava	338,984	399,000
Supported Living Environment		
Community lodging, Uvattinut	88,984	125,000
Treatment Centre		
Isuarsivik	588,984	600,001
Women' Shelter		
Agapirvik	188,984	242,000
Initsiak	729,099	322,092
Tungasuvvik	628,000	742,000
Total	3,375,473	3,551,631

2013-2014 Operating Budget

In accordance with the *Act respecting health services and social services* (Chapter S-4.2) and the *MSSS* bulletins, the 2013-2014 operating budget estimates were produced and adopted by the board of directors of the NRBHSS. As a result of proper budget planning, the NRBHSS ended its fiscal year with a minor surplus.

In April 2013, the NRBHSS received the confirmation and payment of the \$5.5M for the accumulated deficit as agreed with the *MSSS* the previous year.

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

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 NRBHSS also transferred \$7.6 million for various fixed-assets projects such as the replacement of medical equipment, building maintenance, functional renovations and housing.

The 2013-2016 conservation and functional plan and the budget were finalized. In close collaboration with the health centres, more support and funds were provided by the NRBHSS to accomplish most of the projects in Nunavik.

Federal Funds

The contribution agreements of \$7.1 million were signed with the federal government for 2013-2014 (see table below). Unlike the provincial earmarked funds, at the end of the year, the federal government recovers any unused balance. After analysis of the previous results, the NRBHSS will need to reimburse a surplus of \$3.1 million over a period of four years from 2008-2009 to 2012-2013.

Health Canada	2012 - 2013	2013 - 2014
Aboriginal Diabetes Initiative	678,190	635,632
Aboriginal Health Human Resources Initiative	115,000	120,943
Brighter Futures	1,153,893	1,153,893
Fetal Alcohol Spectrum Disorder	351,762	351,762
Home and Community Care	2,173,412	2,238,615
Indian Residential Schools	675,530	675,530
Mental-Health Crisis Management	870,719	870,719
Nutrition North Canada	502,872	490,000
Prenatal Nutrition Program	296,197	296,197
Suicide Prevention Strategy	99,950	101,775
Indian and Northern Affairs		
Family Violence	45,000	63,000
Nunavik Nutrition and Health Committee	97,618	112,161
Total Subsidies	7,060,143	7,110,227

Various Activities

On more specific files, the NRBHSS provided support and contributed in various areas as shown below:

- **Community Youth House**

During the year, the NRBHSS assisted the Nunavik Youth House Association (NYHA) with the purchase of a building in Quaqtuq. Special support was also provided to transfer the program management, including the budget, from the nine communities to the NYHA with the objective of improving the operations of these facilities.

- **Youth in Difficulty: Audit Mandate**

An audit was performed and completed to identify financial and human resources in place for all the youth services provided in the region such as youth protection and rehabilitation. The report concluded with recommendations to improve the budget management of the health centres. The Regional Advisory Committee for Youth Services adopted the recommendations that will serve to dedicate the budget by program for 2014-2015.

- **Strategic Regional Plan**

The Department of Administrative Services supported the design of the 2013-2014 Action Plan that was approved by the *MSSS* in July 2013, under which a recurrent budget of \$6.7 million was authorized for the development of services in Nunavik. In accordance with the requirements of the agreement, a rendering of accounts was completed and presented to the *MSSS* in July 2013 and January 2014.

- **Creation of Office Space**

In order to accommodate new employees in positions created in the Strategic Regional Plan, 15 additional offices spaces were created by:

- leasing and renovating a building;
- converting the warehouse into a fully functional facility;
- optimizing the existing office spaces in the main building.

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	\$200M
Personnel housing	<u>\$ 80M</u>
Total:	\$280M

In compliance with this agreement, the NRBHSS designed its own Capital Master Plan with the health centres to plan short-, medium- and long-term capital investments and to serve as a management tool.

A Capital Master Plan Advisory Committee was put in place in order to design the Capital Master Plan and the follow-up to the capital projects for Nunavik. The objective of this committee is to ensure the involvement of all stakeholders. After different meetings with the health centres, the Capital Master Plan was presented to and adopted by the board of directors and submitted to the *MSSS* in February 2014.

As of March 31, 2014, the various envelopes are as follows:

No.	Project	Facilities for Health and Social Services	Staff Housing
		\$200 M	\$80 M
1	Projects begun before the signature of the agreement: equipment procurement, assets maintenance, office space, group homes (2), 19 assisted living units (Kangiqualujuaq), 46 housing units (2009)	18.3	20.4
2	70 staff-housing units (2011-2012)		33.9
3	Construction of a DYP building in Puvirnitug	12.8	
4	Rehabilitation centre for girls (12-18 years) in Inukjuak	24.7	
Total committed:		55.8	54.3
Available balance:		144.2	25.7

Capital Projects

Staff Housing 2011-2012

The construction project of 70 staff-housing units that were built and delivered to the health centres and the NRBHSS in January 2012 is now in its final phase. The official legal transfer of these buildings is being prepared and will be the object of a resolution in the near future by the board of directors.

The well-constructed buildings were delivered successfully on time and on budget.

Staff Housing 2014-2015

The NRBHSS established that 92 staff-housing units were needed according to the positions to be filled in the Strategic Regional Plan for 2012-2013, 2013-2014 and 2014-2015. The project was presented to the *MSSS* for authorization in March 2014 following its adoption by the board of directors in February 2014.

Building for the Department of Youth Protection

The construction of the Department of Youth Protection's building was completed and the provisional acceptance was signed in December 2013. The project is in its final phase for

delivery in the summer 2014. At this time, all efforts are being made to finalize all necessary elements for the building's functionality for occupation by the Inuulitsivik Health Centre.

Rehabilitation Centre for Girls (12 to 18 Years) in Inukjuak

During 2013-2014, many steps were completed to start this project. In close collaboration with the professionals and the *MSSS*, the functional and technical plan as well as the concept and the preliminary plans were completed. In February 2014, the *MSSS* authorized the execution of the project.

The construction contract was awarded to the lowest conforming bidder following a call for tenders at the end of the fiscal year to start the construction as planned in the summer 2014.

Aupaluk CLSC

This project was presented to and adopted by the board of directors in June 2013. Authorization to design the functional and technical plan was received from the *MSSS* in October 2013. After the call for tenders, the contracts were awarded to the professional firms in February 2014. The Department of Planning and Programming is currently working with the institution on designing the clinical plan to be submitted for approval in the near future to the *MSSS* in order to continue the functional and technical plan.

Construction Committee

The Construction Committee was very active and held various meetings during the year with the stakeholders, professionals and *MSSS* representatives. The committee ensured proper management and governance. New project managers were assigned to ensure supervision of each project.

Human Resources

The regional board's manpower saw major growth this year with the creation of several positions, 50% of which are still posted or are in the selection stage.

The positions created and filled are as follows:

- two communications officers;
- one administrative technician for accounting;
- one technician specialized in informatics;
- one administrative technician for secretarial tasks;
- one training officer for the clinical projects;
- one environmental-health officer;
- one nurse for infectious diseases (temporary for one year).

The positions created and yet to be filled are as follows:

- one coordinator for the Strategic Regional Plan;
- two officers for the CCR/QHR;
- two officers under the ISPEC program;
- one biomedical engineer.

Further, we filled 12 other positions left vacant due to employee departures or on a temporary basis for replacements for maternity leave or deferred leave.

In January 2014, the Ulluriaq Adolescent Centre opened a secure-custody unit for boys. We deployed all the necessary efforts to ensure that the employees of the new unit receive the salary and benefits commensurate with their experience.

The manpower situation is as follows:

	2012 - 2013	2013 - 2014
NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES		
Full-time management positions	17	17
Part-time management positions	1	1
Full-time employees	49	63
Part-time employees	8	4
Total, NRBHSS	75	85
ULLURIAQ ADOLESCENT CENTRE		
Full-time management positions	1	3
Part-time management positions	1	0
Full- and part-time employees	41	72
Total, Ulluriaq Adolescent Centre	43	75

The Department of Administrative Services contributed to the setup of the Web site “Perspective Nunavik” jointly with the Department of Regional Human-Resources Development, the advisor for medical affairs, the communications officers and the health centres.

This year, the Inuit personnel represented 25% of our total personnel, with senior-management representation at over 60%. Although those figures indicate a slight drop compared to last year, the NRBHSS is nevertheless the Nunavik public organization with the highest proportion of Inuit personnel in senior positions. We continue to pursue the objective of attracting Inuit personnel to our positions and we are counting strongly on this new visibility.

The process of acquiring personnel—recruitment, selection and hiring—accounted for the majority of the time in the Department of Human Resources. That was followed by activities in remuneration and benefits management, including the setup of an employee-assistance program.

Consequently, the process of revising job descriptions and the processes of evaluating and setting up an orientation strategy and an employee guide were delayed.

Although those activities have not been completed, we made considerable progress and hope to finish by March 2015; we are also placing emphasis on developing a health and well-being strategy within our organization.

Department of Regional of Human-Resources Development

Training

Training in Social Work (Youth Protection and CLSC) and Specialized Education

A new, two-year training program in social work has been offered since September 2013 to Inuit workers in front-line social services (CLSC). The social-work program of Marie-Victorin College, which began in 2011, is offered to Inuit interveners of youth protection; in 2012, a new program for Inuit rehabilitation educators in Kuujjuaq, Puvirnituk and Salluit was launched.

To support the Inuit personnel working in rehabilitation and enable them to apply the psychoeducative model proposed in the training offered by Marie-Victorin College, Boscoville 2000 was tasked with offering clinical support to Inuit rehabilitation educators in Salluit. The project is in the experimentation phase and should permit development of clinical-supervision practices adapted to the region and which will be taught to the Inuit educators of the residences in Puvirnituk and Kuujjuaq.

A total of 29 Inuit interveners participated in the CLSC training program. At present, there are approximately 100 Inuit employees in the three training programs. Note that these ongoing-training programs cover some content from the *DEC*-level training programs on social work and specialized education.

For some of the programs, the lack of manpower meant delays in mentoring activities aimed at on-the-job learning. This situation should be rectified next year.

To ensure the training programs respond to the needs of the health centres, the regional board and the Inuit personnel, action research began in March 2014 among Inuit participants and management personnel. The research will enable assessing the pertinence and efficiency of such training as well as making improvements that should result in better participation among Inuit workers in the network.

Training in Administration and Communication

Since September 2013, 27 Inuit administrative agents from both health centres have taken training in administration and communication. The objective is to offer participants the possibility of developing their skills; the program covers topics such as work methods, organization, communication in the workplace, the theory of change, the client-based approach, problem solving and so forth. The training sessions are organized on both coasts (Hudson and Ungava) for all Inuit workers and are adapted to the realities of their daily work. Once again, Marie-Victorin College is involved in the adaptation and application of this two-year program.

This project was developed jointly with the *MSSS (CPNSSS measure)*, the regional board and the health and social services institutions.

Training upon Hiring (Orientation)

The training program upon hiring (orientation) for new employees in social services hired from the South continued in the past year. Among other issues, it covers Inuit culture, language and traditions; it has been offered for one year by Eva Papigatuq, consultant.

Roughly 60 employees received training this year under this program, including the new personnel hired after the opening of the secure custody unit for boys Centre in Montréal. The Douglas Hospital also received Eva Papigatuq for lunch conferences to raise awareness of Inuit culture among that resource's personnel.

In January 2014, the Ulluriaq Adolescent Centre opened a secure-custody unit for boys.

For 2014-2015, the Regional Department of Human-Resources Development (RDHRD) will work with the two institutions to extend this program to all personnel hired from the South. Further, the department would also like to develop a training program upon hiring (orientation) for new Inuit workers. Such training could include components on the history of the health and social services network, the organization of services and the definition of the service programs offered by the network to the Nunavik population.

Finally, in the context of the clinical projects, intercultural training will be developed for Inuit and non-Inuit personnel of the health and social services network to ensure integration of all employees and foster improved partnership between the various workers.

Under the Aboriginal Health Human Resources Initiative (AHHRI), Donna Davies, officer responsible for training, composed a song that inspires Nunavik youths to complete their secondary education and pursue college-level studies. During visits to the schools, she sings the song with the youths in their classrooms to motivate them. Again with the goal of encouraging youth, she has partnered with a young person of the region who will record the song in the studio and has incorporated lyrics in Inuktitut in order to attract more youth.

Training for Youth-Protection Interveners

After formulation of the recommendations in the research report on retention of youth-protection personnel, submitted in the spring 2013, Boscoville 2000 was tasked with the preparation of a support and training project for new human-relations officers occupying a new position in Nunavik. The project has been ratified by both Departments of Youth Protection.

The research, initiated by the regional board in 2012, highlighted the importance of organizing training and especially finding the means to support interveners—who often end up alone and

with little clinical supervision in the communities—in their practice. In March 2014, a project to support the socio-professional integration of new human-relations officers working in youth protection in Nunavik was approved by the regional board and both Departments of Youth Protection. The program will begin in August 2014.

Promotion And Recruitment

Campaign: Perspective Nunavik

The project to develop a promotion campaign on employment possibilities in the Nunavik health and social services network, which began in 2012, took concrete form through a mass media campaign that began on March 24, 2014. With the collaboration of both health centres, the promotion campaign, Perspective Nunavik, was launched through broadcast on public networks including CBC, APTN, Radio-Canada and so forth. Moreover, all jobs in the health and social services network open to local personnel as well as personnel from the South will henceforth be posted on the Perspective Nunavik Web site as well as on social media such as Facebook and Twitter.

The Perspective Nunavik site includes a component specifically for the Nunavik population to ensure better promotion of jobs open to the Inuit population and thus encourage youth to select a health and social services career in Nunavik.

Aboriginal Health Human Resources Initiative (AHHRI)

Under the federal Aboriginal Health Human Resources Initiative, the officer responsible for training visited five schools in Aupaluk, Tasiujaq, Umiujaq, Kuujjuaq and Kangiqsualujjuaq to promote career possibilities in health and social services in Nunavik. Some 140 secondary students attended.

Further, and again with the objective of raising awareness among youths relative to career possibilities in Nunavik, three interested Inuit youths were invited to attend a conference (mini medical school) at the University of Ottawa.

Given the importance of this career-promotion campaign for youth, this position of officer was renewed in the RDHRD for 2014 in spite of the fact that the federal program terminated its financial support.

For the coming year, the objective will be more promotion in the schools as well as greater presence in the communities and use of media such as community radio, the Internet, Facebook,

etc. Visits and internships will also be organized to further familiarize youths with the health network.

Clinical Projects

An officer responsible for training was hired in October 2013 to contribute to application of the clinical projects. That resource supported the Planning and Programming officers in their efforts to apply the clinical projects under the three programs taking priority.

A deployment plan for the training program “Applied Suicide Intervention Skills Training” (ASIST) was designed; posting of the two positions for dedicated instructors, who will fall under the regional board’s authority, is under way.

In the context of the addictions advisory committee’s work, the training officer submitted the following documents: a profile of the position of Inuit addictions advisor, scenarios for deployment of these workers in the Nunavik communities and terms of reference for the search for and selection of a training program for them. That training program should lead to certification for these workers. These documents were favourably received by the addictions advisory committee during the meeting of March 18 and 19 in Puvirnituk. Over the coming year, support will continue for the recommendations that will be formulated for the continuance of the addictions committee’s work.

Department of Out-Of-Region Services

Insured/Non-Insured Health Benefits Program

The region's insured/non-insured health benefits program (INIHB) is managed by the Department of Out-Of-Region Services (ORS).

The following health benefits are identified in the 2011 agreement signed between the NRBHSS and the *MSSS*:

- Prescription medications;
- Over-the-counter medications and patent drugs;
- Medical supplies;
- Transportation for health reasons, escorts, interpreters, lodging;
- Eye care, including spectacles and contact lenses when required for medical reasons;
- Dental care;
- Hearing aids;
- Mental-health services (short term);
- Reimbursement of prescription fees.

Although the new *Regional Transportation Policy in Nunavik* has been in effect since the previous fiscal year, the general INIHB policy was not renewed in this fiscal reporting year. The main reasons for this delay were unofficial indications from the *MSSS* that the INIHB program and the related policies may be subject to a full review by the *MSSS*.

The NRBHSS is directly responsible for managing this program; thus, the department concerned will ensure that the policies are complete for proper financial follow-up with Administrative Services and the auditors at the end of each fiscal year.

A user guide was produced in cooperation with Inuit Tapiriit Kanatami (ITK); it will be distributed among the network's professionals and will be accessible to the public within the communities.

***MNQ (Module du Nord Québécois)* [Northern Québec Module] Relocation Project**

In the last reporting period, we expected that the project would receive formal approval from the *MSSS* by early summer. The authorization was postponed and we finally received the letter of authorization in August 2013.

Since then, major steps have been made:

- The architects, engineers and other professionals drafted a layout plan for the authorized surface area of 5,250 m² in terms of the service areas and the 143 beds;
- After authorization by the *MSSS*, we launched a public call for tenders to lease an existing or new building;
- To ensure respect for the rules in the call for tenders, an attorney was hired to review all pertinent documents;
- Numerous meetings were held among the project's management and technical teams;
- The *MNQ*'s management worked closely with the architects on the technical aspects of the specifications to ensure client comfort;
- The public call for tenders was launched on February 16, 2014, and nearly 20 companies requested further information on the project (the bids will be received in June).

The *MNQ* relocation project has been one of the department's main files for several years and, this year, we can finally confirm that construction will begin by January 2015 with a target completion date of February 2016.

The new *MNQ* location will offer 87 single and double beds, four bachelor units, 12 rooms for persons lacking autonomy, a country-food eating area, a main living room with television and Internet services, and a chapel.

Homelessness Working Group

The Director of Out-of-Region Services has been member of this working group for a few years and attends regular meetings during the year.

This working group focusses on aboriginal homelessness in urban Montréal. The group is composed of members ranging from the City of Montréal to the Native Friendship Centre of Montréal. An action plan is drafted every year, several studies have been reviewed and more collaboration is expected with the Québec Government following the *MSSS*' announcement of a new policy with an-Inuit specific section.

Regional Committee on the Management of Patient Services (RCMPS)

The RCMPS is composed of management personnel of the NRBHSS, the Inuulitsivik Health Centre, the Tulattavik Health Centre and the *MNQ*.

Setting regional orientations concerning programs and service organization is the main function of this committee; however, in the upcoming fiscal year, this mandate will be reviewed in order to determine whether other broader, out-of-region issues can be added.

To date, the majority of the discussions on this committee have been on the operations of the *MNQ* and the relocation project.



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, 2014 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, 2014. We expressed a qualified opinion on those financial statements in our report dated June 18, 2014 (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.

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, 2014 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, 2014.

The misstatement of the audited financial statements is described in our qualified opinion in our report dated June 18, 2014. Our qualified opinion is based on the fact that as described in Note 8, the balance receivable of \$48,594,797 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 is also based on the fact that a balance receivable of \$2,194,195 from the MSSS, for the activities related to the Strategic Regional Plan, 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 matters, 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, 2014 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.

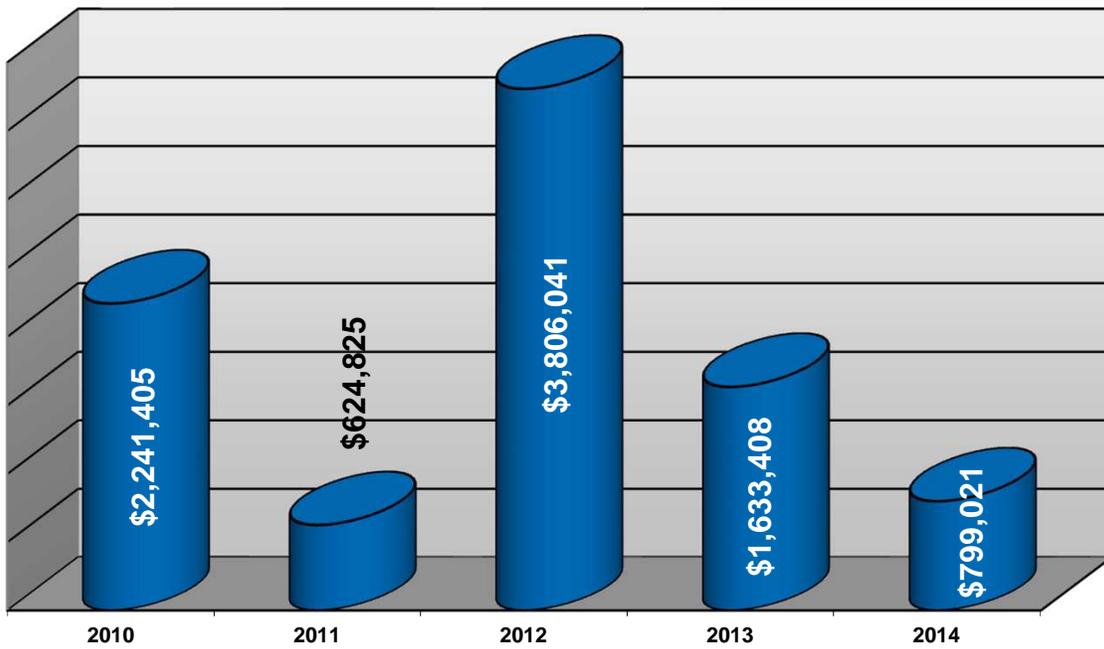
Raymond Chabot Grant Thornton LLP

Montréal
June 18, 2014

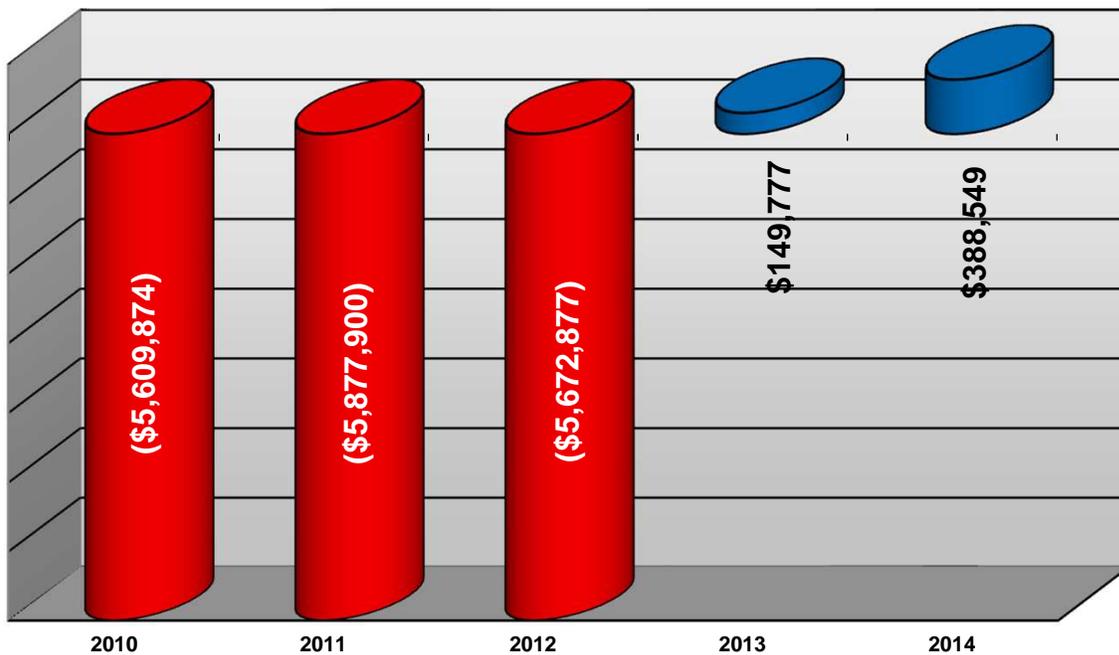
¹ CPA auditor, CA public accountancy permit no. A121667

**NUNAVIK REGIONAL BOARD OF
HEALTH AND SOCIAL SERVICES
SUMMARY FINANCIAL REPORT
MARCH 31, 2014**

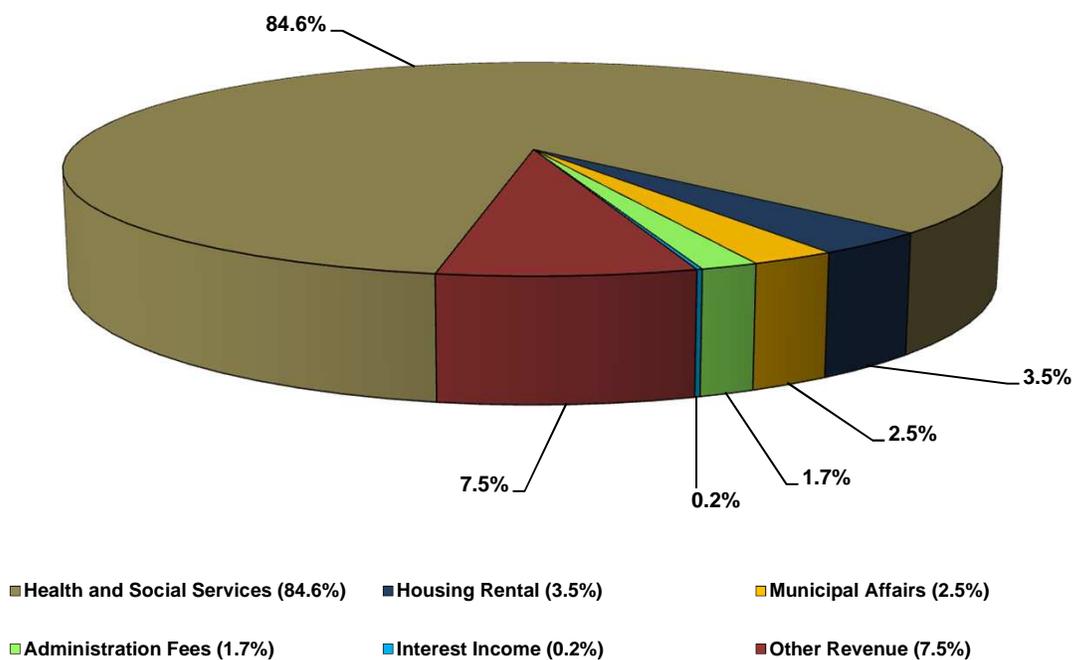
COMBINED CASH POSITION



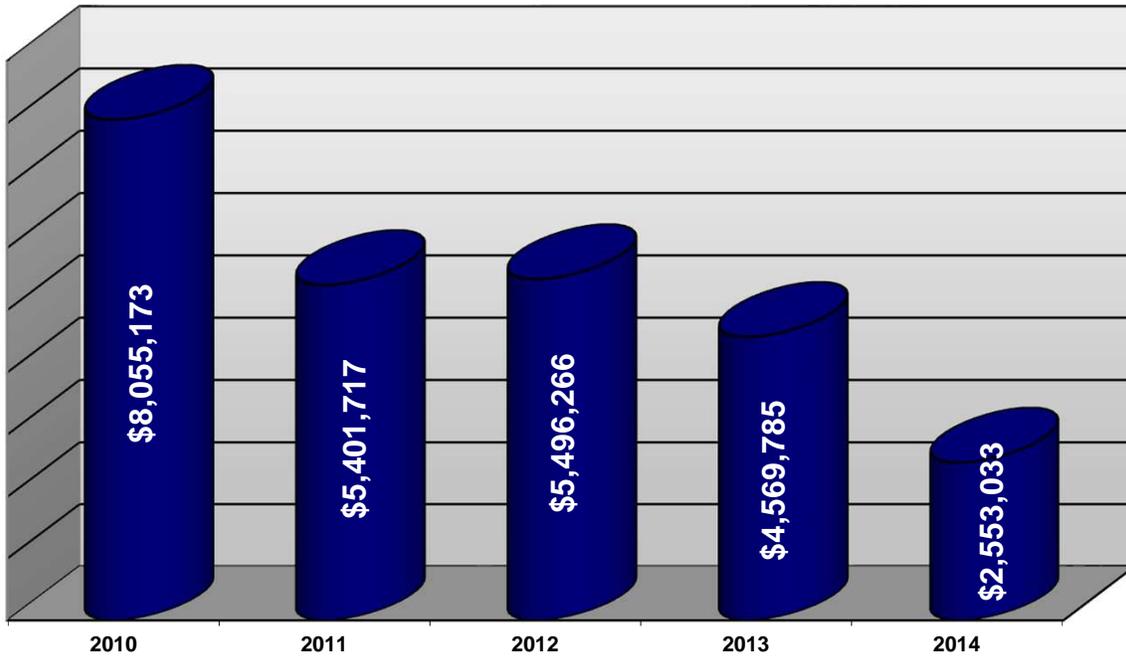
OPERATING FUND - FUND BALANCE



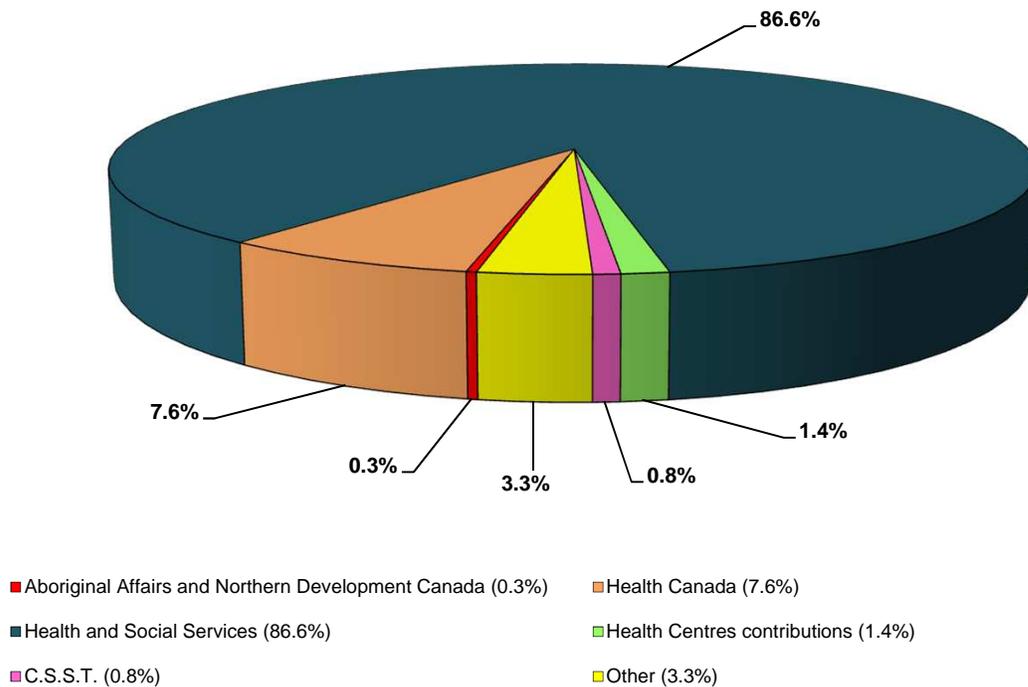
OPERATING FUND - SOURCES OF REVENUE FOR THE YEAR



ASSIGNED FUND - FUND BALANCE



ASSIGNED FUND - SOURCES OF REVENUE FOR THE YEAR



**NUNAVIK REGIONAL BOARD OF
HEALTH AND SOCIAL SERVICES
SUMMARY FINANCIAL REPORT
MARCH 31, 2014**

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
SUMMARY FINANCIAL STATEMENTS
MARCH 31, 2014**

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**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
COMBINED BALANCE SHEET
MARCH 31, 2014**

	2014	2013
	\$	\$
FINANCIAL ASSETS		
CASH	799,021	1,633,408
ACCOUNTS RECEIVABLE	78,189,647	62,169,425
	78,988,668	63,802,833
LIABILITIES		
BANK LOANS	3,355,664	6,923,290
TEMPORARY FINANCING	64,166,551	55,826,208
ACCOUNTS PAYABLE AND ACCRUED CHARGES	65,041,682	41,918,446
DEFERRED REVENUE	402,205	450,000
BONDS PAYABLE	37,752,782	38,429,365
	170,718,884	143,547,309
NET FINANCIAL ASSETS (NET DEBT)	(91,730,216)	(79,744,476)
NON-FINANCIAL ASSETS		
CAPITAL ASSETS	13,841,684	12,972,732
CONSTRUCTION IN PROGRESS	80,830,114	71,491,306
	94,671,798	84,464,038
FUND BALANCE		
FUND BALANCE	2,941,582	4,719,562

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, 2014**

	2014	2013
	\$	\$
SURPLUS (DEFICIT) FOR THE YEAR	(1,777,980)	4,896,173
Capital Assets Variation		
Acquisition of Capital Assets	(1,613,267)	(1,136,829)
Decrease (Increase) of Construction in Progress	(9,338,808)	(27,061,421)
Amortization of Capital Assets	744,315	562,427
	(10,207,760)	(27,635,823)
VARIATION OF THE NET FINANCIAL ASSETS (NET DEBT)	(11,985,740)	(22,739,650)
BEGINNING BALANCE - NET FINANCIAL ASSETS (NET DEBT)	(79,744,476)	(57,004,826)
ENDING BALANCE - NET FINANCIAL ASSETS (NET DEBT)	(91,730,216)	(79,744,476)

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
 COMBINED STATEMENT OF CHANGES IN FUND BALANCE
 YEAR ENDED MARCH 31, 2014**

	2014	2013
	\$	\$
FUND BALANCE - BEGINNING OF YEAR	4,719,562	(176,611)
Excess (Deficiency) of Revenue over Expenses	(1,777,980)	4,896,173
FUND BALANCE - END OF YEAR	2,941,582	4,719,562

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
COMBINED STATEMENT OF REVENUE AND EXPENSES
YEAR ENDED MARCH 31, 2014**

	2014	2013
	\$	\$
REVENUE		
Grants and Contributions	70,110,293	70,588,714
Reimbursement of Grants	(2,845,957)	-
Housing Rental	471,725	494,850
Administration Fees	225,116	229,820
Interest Income	22,001	24,514
Inuulitsivik Health Centre	201,976	159,824
Tulattavik Health Centre	577,236	159,824
Other	1,444,047	657,590
	70,206,437	72,315,136
DEFERRED REVENUE - BEGINNING OF YEAR	450,000	488,193
DEFERRED REVENUE - END OF YEAR	(402,205)	(450,000)
	47,795	38,193
	70,254,232	72,353,329

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
COMBINED STATEMENT OF REVENUE AND EXPENSES (CONT'D)
YEAR ENDED MARCH 31, 2014**

	2014	2013
	\$	\$
EXPENSES		
Salaries and Fringe Benefits	10,273,033	8,749,554
Administration Fees	224,177	229,821
Advertising and Publicity	178,005	304,384
Amortization	744,315	562,427
Annual General Meeting	107,353	122,753
Contribution to Northern Villages	184,408	-
Doubtful Accounts	-	10,848
Equipment Rental	63,533	95,831
Freight Charges	64,243	75,425
Heating and Electricity	395,143	339,446
Honorarium	374,327	321,226
Housing Rental	484,523	513,436
Insurance	24,335	28,714
Installation Premium	788,141	656,081
Interest and Bank Charges	1,748,635	2,656,427
Landleases	42,368	39,164
Local Activities	-	10,671
Maintenance and Repairs	152,516	57,394
Medical Supplies	18,111	12,114
Meetings and Seminars	6,378	6,563
MNQ Relocation	8,107	-
Municipal Services	338,386	309,247
Office Expenses	646,666	429,349
Professional Fees	1,019,806	841,698
Publication and Membership	19,007	37,462
Purchased Services	3,147,971	2,278,898
Regional Projects	-	35,000
Telecommunication	240,543	143,258
Training and Education	190,382	112,877
Transfers to Organizations	2,625,115	2,108,881
Transfers to Inuulitsivik Health Centre	28,796,730	27,204,701
Transfers to Tulattavik Health Centre	15,875,089	16,432,865
Travel and Accommodation	2,955,550	2,531,361
Vehicle Expenses	42,959	48,252
Other	252,357	151,028
	72,032,212	67,457,156
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES	(1,777,980)	4,896,173

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
OPERATING FUND - BALANCE SHEET
MARCH 31, 2014**

	2014	2013
	\$	\$
FINANCIAL ASSETS		
CASH	686,376	1,532,286
ACCOUNTS RECEIVABLE (note 2 a))	7,364,298	9,739,642
DUE FROM LONG-TERM ASSETS FUND (note 7)	128,082	125,458
	8,178,756	11,397,386
LIABILITIES		
ACCOUNTS PAYABLE AND ACCRUED CHARGES	6,663,271	5,007,810
DUE TO ASSIGNED FUND (note 7)	724,731	5,789,799
DEFERRED REVENUE (note 4)	402,205	450,000
	7,790,207	11,247,609
NET FINANCIAL ASSETS (NET DEBT)	388,549	149,777
FUND BALANCE		
FUND BALANCE	388,549	149,777

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
 OPERATING FUND - STATEMENT OF CHANGES IN FUND BALANCE
 YEAR ENDED MARCH 31, 2014**

	2014	2013
	\$	\$
FUND BALANCE - BEGINNING OF YEAR	149,777	(5,672,877)
<u>Excess (Deficiency) of Revenue over Expenses - Regular Operations</u>	<u>238,772</u>	<u>5,822,654</u>
FUND BALANCE - END OF YEAR	388,549	149,777

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
OPERATING FUND
STATEMENT OF REVENUE AND EXPENSES
YEAR ENDED MARCH 31, 2014**

	2014	2013
	\$	\$
REVENUE		
Health and Social Services	11,328,759	7,843,436
Health and Social Services - Previous year deficit	-	5,518,511
Housing Rental	471,725	494,850
Municipal Affairs	338,386	309,247
Administration Fees	225,116	229,820
Interest Income	22,001	24,514
Other	1,003,528	649,023
	13,389,515	15,069,401
DEFERRED REVENUE - BEGINNING OF YEAR	450,000	450,000
DEFERRED REVENUE - END OF YEAR (note 4)	(402,205)	(450,000)
	47,795	-
	13,437,310	15,069,401
EXPENSES (Appendix A)		
General Administration	10,382,508	7,170,313
Community Health Advisors	1,941,422	1,339,155
Building Operating Costs	874,608	737,279
	13,198,538	9,246,747
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES	238,772	5,822,654

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
LONG-TERM ASSETS FUND - BALANCE SHEET
MARCH 31, 2014**

	2014	2013
	\$	\$
FINANCIAL ASSETS		
CASH	112,645	101,122
ACCOUNTS RECEIVABLE (note 2 c))	11,660,203	20,259,888
	11,772,848	20,361,010
LIABILITIES		
BANK LOANS (note 5)	3,355,664	6,923,290
ACCOUNTS PAYABLE AND ACCRUED CHARGES	1,041,328	3,520,488
DUE TO ASSIGNED FUND (note 7)	239	239
DUE TO OPERATING FUND (note 7)	128,082	125,458
TEMPORARY FINANCING	64,166,551	55,826,208
BONDS PAYABLE	37,752,782	38,429,365
	106,444,646	104,825,048
NET FINANCIAL ASSETS (NET DEBT)	(94,671,798)	(84,464,038)
NON-FINANCIAL ASSETS		
CAPITAL ASSETS (note 3)	13,841,684	12,972,732
CONSTRUCTION IN PROGRESS (note 10)	80,830,114	71,491,306
	94,671,798	84,464,038
FUND BALANCE		
FUND BALANCE	-	-

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
LONG-TERM ASSETS FUND
STATEMENT OF CHANGES IN FUND BALANCE
YEAR ENDED MARCH 31, 2014**

	2014	2013
	\$	\$
FUND BALANCE - BEGINNING OF YEAR	-	-
Excess (Deficiency) of Revenue over Expenses	-	-
FUND BALANCE - END OF YEAR	-	-

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
LONG-TERM ASSETS FUND
STATEMENT OF REVENUE AND EXPENSES
YEAR ENDED MARCH 31, 2014**

	2014	2013
	\$	\$
REVENUE		
Health and Social Services - Interest Reimbursement	1,648,894	2,551,182
Health and Social Services - Accounting Reform	(1,558,283)	(1,692,585)
Health and Social Services - Capital Reimbursement	2,487,006	2,255,012
	2,577,617	3,113,609
EXPENSES		
Interest Charges	1,648,894	2,551,182
Contribution to Northern Villages	184,408	-
Amortization	744,315	562,427
	2,577,617	3,113,609
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES	-	-

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
ASSIGNED FUND - BALANCE SHEET
MARCH 31, 2014**

	2014	2013
	\$	\$
FINANCIAL ASSETS		
CURRENT ASSETS		
DUE FROM LONG-TERM ASSETS FUND (note 7)	239	239
DUE FROM OPERATING FUND (note 7)	724,731	5,789,799
ACCOUNTS RECEIVABLE (note 2 b))	59,165,146	32,169,895
	59,890,116	37,959,933
LIABILITIES		
CURRENT LIABILITIES		
ACCOUNTS PAYABLE AND ACCRUED CHARGES	57,337,083	33,390,148
	57,337,083	33,390,148
NET FINANCIAL ASSETS (NET DEBT)	2,553,033	4,569,785
FUND BALANCE		
FUND BALANCE	2,553,033	4,569,785

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
ASSIGNED FUND - STATEMENT OF CHANGES IN FUND BALANCE
YEAR ENDED MARCH 31, 2014

	Project Number	Fund Balance Beginning of Year \$	Revenue \$	Expenses \$	Fund Balance End of Year \$
ADMINISTRATION					
Provincial funds					
Housing Construction	701	(77,186)	-	-	(77,186)
PACS Teleradiology	702	(49,052)	-	-	(49,052)
MEO Technology Orientation	759	29,291	-	-	29,291
Emergency Measures	998	157,135	1,043,611	998,133	202,613
Bandwidth Enhancement Project	8860	244,117	-	79,933	164,184
Other funds					
Pandemic Influenza	8001	(34,151)	-	-	(34,151)
Technocentre	8840	-	209,835	209,835	-
Regional Administrative Services	8891-92	407,183	138,835	546,018	-
		677,337	1,392,281	1,833,919	235,699
HUMAN RESOURCES					
Provincial funds					
Training provided to Inuit on Medical Terminology	8022	38,817	71,500	2,517	107,800
Youth Protection Intervention	8026	-	-	30,123	(30,123)
Network Planning Program	8032	-	150,000	-	150,000
Interns Integration Program	8033	-	112,500	-	112,500
Federal funds					
Aboriginal Health Human Resources Initiative	811	421,353	(478,805)	128,348	(185,800)
Other funds					
Staff Training Youth Protection	818	29,477	952,697	982,174	-
Cancer Program	825	-	70,000	100,000	(30,000)
Administrative Agent Training for Inuits	8025	-	103,631	43,190	60,441
		489,647	981,523	1,286,352	184,818
INUIT VALUES					
Provincial funds					
Managerial Staff Development	610	(1,050)	112,770	11,544	100,176
Midwifery Program	901	5,104	-	110	4,994
Regional Midwifery	8016	77,974	-	2,148	75,826
Federal funds					
Brighter Futures	699	12,964	1,025,891	1,140,057	(101,202)
Indian Residential Schools	819	515,449	59,076	574,525	-
Other funds					
Aboriginal Healing Foundation	800	(4,509)	-	-	(4,509)
ITK - Regional Engagement Coordinator	804	(77,732)	-	-	(77,732)
Certificate in Health and Social Services Management	814	-	-	-	-
McGill Social Workers' Project	815	38,073	-	-	38,073
		566,273	1,197,737	1,728,384	35,626
OUT-OF-REGION SERVICES					
Provincial funds					
Insured/Non-insured Health Benefits Program	938	-	40,702,321	40,702,321	-
Insured/Non-insured Health Benefits Management	939	(110,309)	340,655	446,354	(216,008)
		(110,309)	41,042,976	41,148,675	(216,008)

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
ASSIGNED FUND - STATEMENT OF CHANGES IN FUND BALANCE (CONT'D)
YEAR ENDED MARCH 31, 2014

	Page Number	Fund Balance Beginning of Year \$	Revenue \$	Expenses \$	Fund Balance End of Year \$
PUBLIC HEALTH					
Provincial funds					
Inuit Health Survey	690	(73,561)	500,000	-	426,439
Smoking Action Plan	913	(3,070)	-	-	(3,070)
Food Safety Project	915	8,989	-	-	8,989
Breast Cancer Screening Program - Regional	916	(1,178)	-	-	(1,178)
Quebec Smoking Cessation Program	926	28,080	3,344	5,981	25,443
Kinesiology	931	163,063	20,000	68,874	114,189
Integrated Perinatal and Early Children	933	11,252	-	-	11,252
Oral Hygiene Survey	934	162,560	-	-	162,560
ITSS and Tuberculosis Prevention	935	94,786	8,835	5,660	97,961
Community Organizations Coordinator	936	95,740	-	1,451	94,289
AIDS and STD - Information and Prevention	956	(125,700)	37,341	37,984	(126,343)
Hepatitis C	959	11,135	-	-	11,135
Nosocomial Infections	960	1,880	-	-	1,880
STBI Research Project	968	9,224	-	-	9,224
Breast-feeding Campaign	8004	-	-	-	-
Air Quality for Nunavik Residents	8017	13,410	-	-	13,410
PSSP Management Fees	8019	14,000	-	-	14,000
Environmental Health	8024	-	125,000	-	125,000
Good Touch Bad Touch	8030	-	304,495	96,897	207,598
Promotion of Healthy and Safe Sexual Practices	8031	-	144,000	-	144,000
Federal funds					
Health Consultation	600	(50,000)	-	-	(50,000)
NNHC Functioning	614	5,113	112,161	101,531	15,743
Tobacco Federal Program	631	(33,066)	-	-	(33,066)
NNHC Communication	632	-	-	-	-
FASD	634	404,254	(301,347)	347,616	(244,709)
Diabetes	693	73,943	743,898	634,162	183,679
Perinatal Nutritional Program	696	63,956	263,139	296,056	31,039
AHTF Healthy Living in School and Substance Abuse	809	4,410	-	-	4,410
Nutrition North Canada	820	(3,744)	475,346	490,001	(18,399)
Communication Plan	821	6,052	-	-	6,052
Other funds					
Occupational Health and Safety	611	4,837	447,253	473,078	(20,988)
Kino Quebec	612	152,008	51,192	14,986	188,214
Injuries Prevention Research	655	4,915	-	-	4,915
Vaccines B - Sec. 5	660	(40,532)	-	89,059	(129,591)
Arctic Net Project	668	26,109	-	16,652	9,457
Dental Health for Primary School	803	11,305	-	2,776	8,529
Literacy Learning - "How I Quit Smoking"	805	43,010	-	-	43,010
NAHO Health Analyst	807	-	-	-	-
		1,083,180	2,934,657	2,682,764	1,335,073

PLANNING AND PROGRAMMING

Provincial funds

Managers' Training	640	-	-	-	-
Network Training	683	-	170,000	-	170,000
Training Medical - Legal Kit	790	46,280	-	-	46,280
Women's Health Program	791	78,638	-	25,225	53,413
Ulluriaq Annex	823	-	-	73,181	(73,181)
Unit for Boys	824	-	-	510,690	(510,690)
Installation Premiums and Training	920-921-923	674,534	925,879	917,156	683,257

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
ASSIGNED FUND - STATEMENT OF CHANGES IN FUND BALANCE (CONT'D)
YEAR ENDED MARCH 31, 2014

	Page Number	Fund Balance Beginning of Year \$	Revenue \$	Expenses \$	Fund Balance End of Year \$
PLANNING AND PROGRAMMING (Continued)					
Provincial funds (Continued)					
External Residency in Family Medicine	922	(584,893)	-	1,121	(586,014)
Regional Committees against Violence	932	45,186	19,814	2,386	62,614
Cancer	962	39,537	-	3,918	35,619
Services to Elders - PFT	964	-	130,000	3,789	126,211
Psycho-social Intervention	965	-	50,000	-	50,000
Training - Nurse and Social Workers	977	4,535	-	5,122	(587)
Mental Health - Training on Crisis Management	8005	-	-	-	-
Suicide Prevention - Training	8006	153,388	-	3,318	150,070
Violence against Women - Training	8007	211,613	-	17,285	194,328
Community Organization - Training	8008	191,090	20,607	62,702	148,995
Mental Health - Support on Clinical Projects	8009	(6,160)	-	65,918	(72,078)
Suicide Prevention - Regional Strategy	8010	465,136	-	151,125	314,011
Breast Cancer - Diagnosis and Patient Support	8011	3,809	-	1,474	2,335
Services to Elders	8012	52,647	-	62,702	(10,055)
Training - Network Employees	8013	(15,416)	-	32,108	(47,524)
Sexual Harassment Intervention Team	8015	52,545	-	5,193	47,352
Dependencies	8020	(35,237)	48,177	257,561	(244,621)
Training on Attention & Hyperactivities	8021	59,150	-	-	59,150
Elder Abuse Prevention	8023	(28,308)	115,858	91,112	(3,562)
Services Support Program	8027	-	110,000	-	110,000
Therapeutic Guide Redaction	8028	-	60,000	-	60,000
Services for Men	8029	-	50,000	-	50,000
Advisory Committee - Law 21	9009	-	120,000	-	120,000
DYP Law 19 VS Inuit Values and Practices	9010	-	120,000	-	120,000
	9052	3,574	150,000	22,671	130,903
Mental Health	9053	91,474	-	-	91,474
Speech Pathology - Training Daycare	9075	-	-	-	-
Psycho-social Committee	9077	3,409	-	-	3,409
Speech Pathology - Program Development	9078	-	-	-	-
CLSC - Regional Development Strategy	9079	13,400	-	10,208	3,192
Development Problems - Regional Committee	9080	18,099	-	7,535	10,564
Intellectual Deficiency - Evaluation Chart	9081	13,306	196,296	673	208,929
Support for the Hearing Impaired	9083	-	35,000	-	35,000
Rehabilitation Service	9084	-	90,000	-	90,000
Federal funds					
Home and Community Care	618	104,028	1,837,464	2,132,814	(191,322)
Disabled Adults Care	694	13,583	-	5,427	8,156
Family Violence	695	9,125	63,000	-	72,125
Community Mental Health	697	267,739	646,257	1,096,675	(182,679)
Suicide Prevention Strategy	698	39,278	15,180	64,512	(10,054)
AHTF Adaptation Plan - Clinical Projects	802	-	-	-	-
AHTF Integration Plan - Mental Health	806	83,725	(83,725)	-	-
Other funds					
Best Practices for Elders' Residences	812	4,220	-	-	4,220
Liaison Agent Training Program	813	52,263	-	10,084	42,179
Ulluriaq Adolescent Centre	817	(310,970)	2,734,052	2,983,104	(560,022)
Suicide Prevention	963	25,675	160,000	42,902	142,773
National Training Program	9076	23,655	-	-	23,655
		1,863,657	7,783,859	8,669,691	977,825
		4,569,785	55,333,033	57,349,785	2,553,033

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
NOTES TO SUMMARY FINANCIAL STATEMENTS
MARCH 31, 2014

1. REPORTING ENTITY

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

2. ACCOUNTS RECEIVABLE

	2014	2013
	\$	\$
a) Operating Fund		
Health and Social Services - Previous year deficit	-	5,518,511
Health and Social Services - Strategic Regional Plan	4,370,096	1,522,341
Health and Social Services - Payroll Banks	513,973	513,973
Health and Social Services - Parental Leave and Insurance Leave	87,996	87,996
Health and Social Services - Various	87,230	87,229
GST/QST Rebates	445,743	321,584
Inuulitsivik Health Centre	418,501	302,275
Tulattavik Health Centre	498,693	399,113
Kativik Regional Government	-	297,652
Secrétariat général du secteur de la santé et des services sociaux	266,393	242,019
Employee Advances	1,372	1,257
Other	771,109	542,500
	7,461,106	9,836,450
Provision for Doubtful Accounts	(96,808)	(96,808)
	7,364,298	9,739,642
b) Assigned Fund		
Health and Social Services - INIHB (Note 8)	48,594,797	29,107,047
Health and Social Services - Ulluriaq Adolescence Centre	-	2,300,000
Health and Social Services - Strategic Regional Plan	-	380,000
Health and Social Services - Various	2,668,625	-
GST/QST Rebates	50,604	47,664
Inuulitsivik Health Centre	112,387	-
Tulattavik Health Centre	487,647	-
Aboriginal Affairs and Northern Development Canada	120,242	19,442
Health Canada	6,935,065	315,742
Other	195,779	-
	59,165,146	32,169,895
c) Long-term Assets Fund		
Health and Social Services - Accounting Reform	9,579,556	10,862,072
GST/QST Rebates	182,509	1,089,327
Advance to Establishments	1,898,138	8,252,631
Other	-	55,858
	11,660,203	20,259,888

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
NOTES TO SUMMARY FINANCIAL STATEMENTS
MARCH 31, 2014

3. CAPITAL ASSETS

The capital assets are composed of the following:

			2014	2013
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
	\$	\$	\$	\$
Buildings	17,761,102	5,117,663	12,643,439	12,328,614
Computers	3,557,421	2,888,970	668,451	7,503
Furniture and Equipment	917,586	488,121	429,465	514,350
Specialized Equipment	181,538	92,973	88,565	101,385
Vehicles	137,295	125,531	11,764	20,880
	22,554,942	8,713,258	13,841,684	12,972,732

4. DEFERRED REVENUE

The deferred revenue is composed of the following:

	2014	2013
	\$	\$
Health and Social Services - Strategic Regional Plan	402,205	250,000
Health and Social Services - Action Plan	-	200,000
	402,205	450,000

5. BANK LOANS - LONG-TERM ASSETS FUND

The bank loans are used to cover capital expenses, awaiting the reception of the funds from Financement-Québec. They are composed of eight (8) revolving authorized credit margins with the Canadian Imperial Bank of Commerce, bearing interest at prime rate and maturing at different dates.

6. PREVIOUS YEARS' ANALYSES

The MSSS's final analysis of the 2003-2004, 2004-2005, 2005-2006, 2006-2007, 2007-2008, 2008-2009, 2009-2010, 2010-2011, 2011-2012 and 2012-2013 financial reports were not available at the time of issuance of the present financial statements. Any adjustments resulting from these analyses will be reflected in the 2014-2015 financial statements.

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
NOTES TO SUMMARY FINANCIAL STATEMENTS
MARCH 31, 2014

7. INTERFUND ACCOUNTS

The Regional Board operates one bank account for the Operating Fund and the Assigned Fund; certain transactions can also include the Long-term Assets Fund. At year-end, interfund transactions are accounted for and presented as “Due to” and “Due from” one fund to the other.

8. 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	9,009,161
2012-2013	20,097,886
2013-2014	19,487,750
	48,594,797

9. PURCHASING PROCEDURES

The NRBHSS does not have approved purchasing policies and procedures. However, an unwritten approval process is in force and is followed.

10. CONSTRUCTION IN PROGRESS

		2014	2013
		\$	\$
Housing Units (54 units : 25 for UTHC, 23 for IHC and 6 for NRBHSS)	2008 - 2009	21,159,695	21,140,417
Housing Units (50 units : 23 for UTHC, 23 for IHC and 4 for NRBHSS)	2009 - 2010	18,328,445	18,219,433
Housing Units (70 units : 38 for UTHC, 28 for IHC and 4 for NRBHSS)	2011 - 2012	31,528,147	29,012,557
Direction of Youth Protection (Building) - Puvirnitug	2012 - 2013	9,813,827	3,118,899
		80,830,114	71,491,306

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.

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
NOTES TO SUMMARY FINANCIAL STATEMENTS
MARCH 31, 2014**

11. COMMITMENTS

The NRBHSS has commitments amounting to \$1,043,813. The future minimum contractual obligations for the next five (5) years are as follows:

	Rental \$	Services \$	Total \$
2014-2015	144,661	579,636	724,297
2015-2016	29,056	200,000	229,056
2016-2017	13,045	66,667	79,712
2017-2018	5,374	-	5,374
2018-2019	5,374	-	5,374
	<u>197,510</u>	<u>846,303</u>	<u>1,043,813</u>

12. CONTINGENCY

As at March 31, 2014, the NRBHSS is subject to a claim from a supplier, for an amount of \$6,401,683 jointly with a second party. As of the date of issuance of the present financial statements, the outcome of this claim is uncertain. Any settlement resulting from the resolution of this contingency will be reflected in the financial statements of the financial year in which it will occur.

