



**Department of
Health and
Social Services**



**Business
Plan**

2003-2004

TABLE OF CONTENTS

INTRODUCTION

| | |
|----------------------------|---|
| Mission | 1 |
| Vision | 1 |
| Principles and Values..... | 2 |

ENVIRONMENTAL SCAN..... 3

| | |
|----------------------|---|
| Critical Issues..... | 6 |
|----------------------|---|

CORE BUSINESS

| | |
|-------------------------|----|
| Directorate..... | 7 |
| Population Health..... | 11 |
| Social Services..... | 13 |
| Health Protection..... | 15 |
| Care and Treatment..... | 17 |
| Health Insurance..... | 19 |

APPENDICES

| | |
|---|----|
| A – Organizational Structure and Budget | 21 |
| B – Report on Decentralization..... | 24 |
| C – Departmental Focus Paper..... | 26 |

INTRODUCTION

Historically, and to this day, the provision of health and social services has been primarily focused on providing treatment services. Providing life-enhancing tools such as promotion and illness prevention services are now recognized as the service of choice by governments, administrators and professionals. As such, the Department of Health and Social Services is committed to redoubling our efforts in all areas of health promotion to improve the quality of life for Nunavummiut. Our long and short-term goals will reflect our philosophy in the way we carry out our business. We will do this within the means of our legislative mandate and available fiscal resources.

The Department of Health and Social Service's mandate is to set and monitor standards for the provision of quality health and social services throughout the territory. Our mission is intended to support effectively the achievement of Inuuqatigiitiarniq (the healthy interconnection of mind, body, spirit and the environment) through the decisions of Nunavummiut to lead healthy and productive lives as individuals, families and communities.

The Government of Nunavut as a whole has the challenge of providing services to small communities that are distributed over our vast territory. Vastness alone is not our only challenge. We recognize the cultural erosion that the Inuit were forced to encounter. As a new government department we face the difficult task of finding innovative, effective solutions to many complex health and social problems, some with root causes dating back several generations. In addition, we recognize our responsibilities under the long-standing commitments of the Nunavut Lands Claims Agreement to meet the health and social service needs of Nunavummiut.

Our Mission

To promote, protect and enhance the health and well-being of all Nunavummiut, incorporating Inuit Qaujimagatuqangit at all levels of service delivery and design.

Our mission statement is a reflection of why we are here. We envision ourselves providing services reflective of the population we serve.

Our Vision

The well-being of all Nunavummiut will be enhanced by individuals leading productive lives in self-reliant and healthy communities throughout the territory.

Our Principles

We are committed to improving and maintaining the health and well-being of all Nunavummiut within the framework of the following guiding principles:

- *People-orientation* – all activities of the health and social services system will support an approach that places people first.
- *Culturally sensitive* – programs and services represent the values, knowledge, beliefs and cultural distinctiveness of the people of Nunavut.
- *Continuum of care* – activities of the health and social services system will support the full continuum of care through promotion, prevention, treatment, continuing care and rehabilitation services.
- *Seamlessness* – programs and services will fit together and be integrated with other government and non-government services.
- *Sustainability* – the health and social services system will operate in a way that is accountable, sustainable and is responsive to the needs of its people.
- *Responsibility* – individuals, families and communities have responsibility in achieving health, well-being and self-reliance.
- *Prevention-oriented* – activities of the health and social services system will support the maintenance of physical, social and mental health in addition to the treatment of illness and injury.

Our Values

- *Integrity* – in everything we do, we are honest and fair in our dealings with clients and employees.
- *Service* – we will continue to improve our services by becoming more effective, prompt, courteous and accessible.
- *Harmony* – we can only achieve our vision through unified leadership and working together with the communities and stakeholders we serve.
- *Respect* – for every individual. Our clients are served with respect, dignity, courtesy and understanding. Our employees are recognised in a professional manner.
- *Inuit Qaujimajatuqangit* – we will maintain positive innovations guided by Inuit knowledge, wisdom, values and beliefs.

ENVIRONMENTAL SCAN

Our ability to provide services is greatly impacted by several factors, most of which are intertwined with each other.

Vastness

We are consistently faced with the challenge of providing quality health and social services across a vast geographical territory the physical size of Nunavut. Having to provide services to twenty-six communities distributed over one-fifth the size of Canada means the Department must consider creative and cost-effective solutions to ensure accessibility and sustainability.

Cultural and linguistic challenges

We are a relatively new government trying to adapt an older style of western governance and service delivery that is cultural appropriate and sensitive to the needs of our majority Inuit population. We are tasked with constantly seeking new ways to provide services in an evolving society.

Language of services is of critical importance. The majority our clients are either unilingual Inuit or Inuit who prefer services in their first language. Most of our professional service providers are English speaking. These differences can often lead to misinformation and misunderstanding between practitioners and clients.

Demographic changes

Nunavut's high birth rate is expected to continue and this will continue to place pressure on our limited health and social services capacities. More than one-half of our population is under the age of 25 years. To ensure our children are born healthy and grow up in a healthy environment, effective early intervention and prevention programs become crucial. On-going and significant investment for the future of our children and youth is required. Similarly, with an ever-increasing aged population, we will have to plan for new services and programs that previously did not exist.

Health status indicators and social issues

As a result of rapid cultural change and a variety of external influences Nunavummiut face a variety of complex social issues. The majority of the population records low levels of income, education, and coping skills; when combined with a lack of cultural identity and changing social structures, self esteem and hope for the future can be diminished.

Social problems in Nunavut remain a major concern. Incidents of child abuse, family violence, and suicide are reminders of the many challenges we face. But ignoring social problems only leads to an increase in their impact on the health care system. By

directing resources to social services, our department is investing in a reduction of the need for more costly health services.

The Report on Comparable Health Status Indicators for Nunavut and Canada released on September 30, 2002, provides a bigger picture of Nunavut. Although our history is incomparable to the rest of Canada, our efforts can only be measured by comparing our indicators with the Canadian national averages.

Compared to national averages, in Nunavut:

- Suicide is eight times higher.
- Life expectancy for both men and women is significantly lower.
- The infant mortality rate is three times higher.
- About 35% more infants are born underweight in Nunavut.
- Smoking rates for youth is three times higher.
- Adults who smoke is double the national average.
- TB rates are 17 times higher.
- STD infections are up to 17 times higher.
- Nearly half of Nunavut residents lead inactive lifestyles.
- Nunavut has a high unemployment rate with the Inuit population experiencing the highest rates of unemployment within the territory.
- Nunavummiut are generally less satisfied with the quality of health care they receive than the rest of Canada.
- Residents are also dissatisfied with the level of hospital services they receive, as these services are difficult to access in the territory.

On the positive side, education levels are beginning to increase as evidenced by the number of high school graduates across the territory, increasing the opportunities for employment in Nunavut and expanding healthy lifestyle options. As well, roughly half as many women in Nunavut die of breast cancer when compared to the rest of Canada - this may be partially due the higher rates of breastfeeding and fertility rates in Nunavut, both of which have some protective effects against breast cancer.

Such complex circumstances require innovative and creative responses, which the Department aims to provide within an integrated and comprehensive continuum of programs and services.

Information Technology

Changes in technology can alter the type of services available as well as the manner in which those services are delivered. For example, a new treatment/screening test can require more (or more skilled) assistants. Adopting new technologies needs to be done in a thoughtful manner, recognizing the various effects upon staffing requirements and service delivery. Initiatives such as Telehealth provide an opportunity for enhancing the quality of care, an increase in the cost-effectiveness of service delivery, and an integration of services.

Infrastructure

Most of the Community Health Centres are over thirty years old and require significant renovations and/or replacement. Our Capital Planning process has targeted the most urgent facilities for replacement. There is a need to change the delivery of health care in Nunavut. An opportunity exists to repatriate health services within Nunavut – to bring better diagnostic testing and treatment closer to Inuit – through strategic investment in infrastructure and redirection of current spending.

Often Nunavut patients are transported from their home communities to cities outside of Nunavut to receive basic health care. Increasingly, the public in Nunavut is requesting these health services be made available in Nunavut. A move in this direction would significantly reduce the social and economic disruptions caused by the current need for medical travel. For Inuit patients, the stresses of traveling on airplanes, through airports, being in unfamiliar settings with a different language and culture and being away from family are even more significant, inevitably impacting the effectiveness of medical assessment and treatment.

The Government of Canada and the GN are spending millions of dollars each year transporting and boarding patients. An investment in Nunavut health infrastructure will significantly reduce the need to send patients outside of Nunavut for treatment. Savings to the GN in travel costs can be redirected to health services – shifting costs from travel to treatment – to assure a sustainable health care system for a growing Nunavut population. The Departments of Health and Social Services, Finance and Public Works and Services have been working in partnership to ensure a new hospital in Iqaluit and new regional facilities in Cambridge Bay and Rankin Inlet are completed within the prescribed budgets and schedules. The two regional facilities are planned to be operational by 2004-2005, with the new hospital in Iqaluit by 2006.

Health care reform

As per the objectives set forth in the Bathurst Mandate, Nunavut needs to continually review its health care system to ensure accessibility, effectiveness, responsiveness and sustainability. The Romanow Commission report and recommendations may have a significant impact on Nunavut's approach to health care.

Critical Issues

Our priorities for the 2003/2004 fiscal year have been identified in relation to the Department's mission, critical issues and the practical aspects of operating with limited financial resources. In addition to continuing to provide quality health and social services, our overall priorities in the coming year will pay specific attention to:

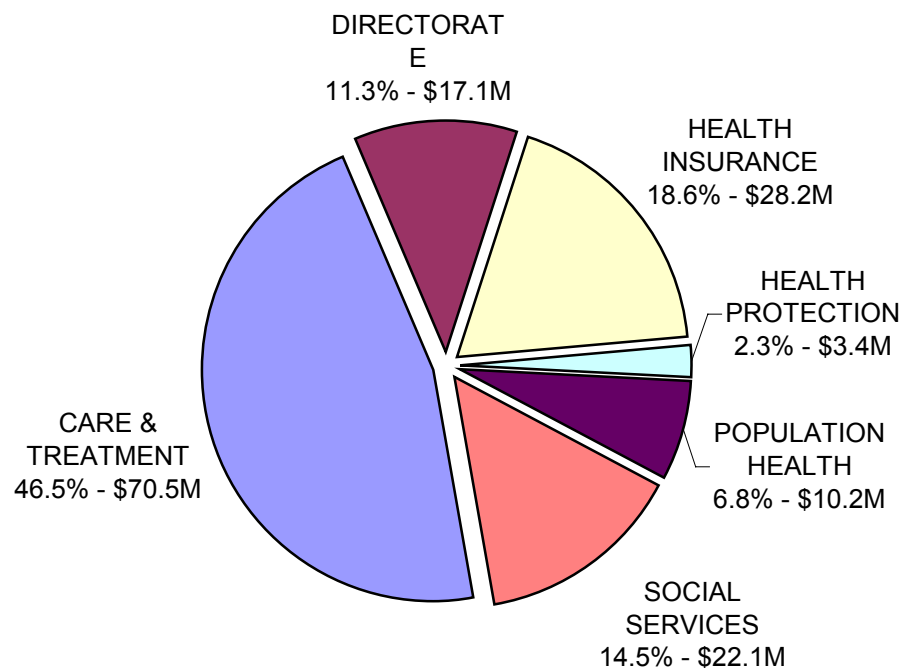
- Implementation of the departmental Inuit Employment Plan requires significant commitment not only within our department but government as a whole.
- Increasing our focus on health promotion and illness prevention services.
- Professional service providers, in both health and social services, need to be hired and retained in each community and the ability to provide adequate housing is an ongoing challenge.
- Continuing to increase the health status of Nunavummiut.
- Developing effective and meaningful partnerships with communities and other stakeholders.
- Assess staffing requirements and undertake service realignment in relation to the three new health facilities that will be constructed in the territory.
- Maximize federally funded programs and recoveries to the extent possible.
- Establish and monitor standards of practice across all programs.
- The recently released report on the Future of Health Care by the Romanow Commission may also significantly impact our ability to provide health and social services to Nunavummiut.

The ability to deliver the “right care at the right time, by the right provider in the right place” will be our focus. Our focus will need to be balanced with the continued responsibility to deliver primary and acute care services, in addition to developing prevention and promotion services within an environment of limited resources.

CORE BUSINESS

The programs of the Department of Health and Social Services are described, below, within six lines of business:

- Directorate
- Population Health
- Social Services
- Health Protection
- Care and Treatment
- Health Insurance



Directorate

Provides overall direction and leads the Department. Supports and provides advice to the Minister and the government as a whole. Ensures implementation of ministerial direction and government policy. Sets standards for the delivery of quality health and social services. Evaluates performance of the Department in delivering quality services. Coordinates delivery of services through Regional Offices.

Objectives

- To improve the quality and timeliness of financial information provided to all managers to assist in making prudent financial decisions that will ensure the sustainability of the health and social services system.
- Continue implementation of the Inuit Employment Plan.
- Develop more sophisticated recruitment materials.
- To serve as a guide for those who plan, carry out and evaluate policies, programs and services, particularly in public health and social development.
- To improve access and delivery of health and social care services.
- Complete implementation Year II of Telehealth Project.
- Establish and maintain clinical procedures, protocols and indicators.

| Programs | Main Estimates (\$000) | 2002-03 | 2003-04 |
|--|-------------------------------|----------------|----------------|
| Deputy Minister | | 1,053 | 900 |
| Provides overall direction and leadership to the Department. Supports and gives advice to the Minister and the government as a whole. Ensures the implementation of Ministerial direction and government policy. | | | |
| ADM Corporate Services | | 396 | 351 |
| Provides direction and manages a broad range of corporate services, carries out strategic initiatives, and provides strategic policy advice to the Department. | | | |
| ADM Operations | | 957 | 756 |
| Provides overall management and leadership for regional operations in service delivery; service standards and practices; and support to local communities in capacity building. | | | |
| Regional Corporate Operations | | 3,367 | 3,269 |
| Provides overall management of regional and community based health and social services across the territory by support to three regional offices. | | | |
| Finance | | 4,003 | 3,797 |
| Provides financial advice and support to senior management including functional advice to three regions through the following activities: budget development, financial analysis, accounting operations, contract services and capital planning. | | | |
| Vital Statistics Program | | 1,085 | 990 |
| Records births, marriages, deaths and stillbirths that occur in Nunavut. Processes amendments to the registering of change of name orders, adoptions, additions of father details to birth records and adding or changing of given names. Issues marriage, birth | | | |

and death certificates. Registers clergy. Prepares appointments for marriage license issuers and marriage commissioners.

Human Resources 2,821 705

Develops and implements strategic nurse recruitment and retention plans; provides proactive employee relations support to management and staff; develops and implements a department wide Inuit Employment Plan and provides human resources support in areas of recruitment, documentation for staffing actions, attendance and payroll.

Information Technology/Telehealth 1,789 1,866

Provides and develops health information systems, on-going technical and application support for the use of hardware and software applications, data analysis and systems planning for the Department. Plans, implements and coordinates Telehealth services to improve access and quality of health care and social services to Nunavummiut.

Policy and Planning 486 541

Provides leadership in development of program standards. Leads strategic planning and business planning processes for the Department. Ensure adequate support exists to provide advice and assistance to the regional offices and senior management.

Professional Practice 1,248 3,507

Promotes, establishes and maintains professional standards and best practices; clinical procedures; clinical indicators; credentialing, registration and licensing of health care providers; outcome and evaluation systems; community capacity building through empowerment practices; and support to regional management in planning services by a multi-disciplinary health and social services team.

Regional Health Facilities 326 126

Provides leadership, advice and coordination in the design and development of the new and renovated Hospital in Iqaluit and in Rankin Inlet and Cambridge Bay.

Kugluktuk Medical Affairs 558 253

Coordinates physician services throughout the territory.

Total, Directorate 18,089 17,061

Accomplishments (2001 & 2002)

- Decentralized Baffin Regional operations to Pangnirtung.
- Establishment of the Professional Practice Office in Kugluktuk, a decentralized community.

- Received \$3.7 million in matching funding from Health Canada to expand Telehealth services to 15 Nunavut communities.
- Provided a \$24,000 temporary labour market supplement for nurse recruitment and retention initiatives.
- Provided departmental bursaries to students in the Nunavut Nursing Program.
- Cabinet approval on the revised plain language Client Travel Policy.
- Legislative amendments made to various health professional acts to establish Nunavut's own Registrar of Health Professions, including the establishment of Nunavut's own Medical and Dental Registration Committees.
- Began the design for a new hospital in Iqaluit and regional health facilities in Rankin Inlet and Cambridge Bay.
- Completion of the Arviat Health Facility.
- Completed site and initial foundation work for the health facilities in Cambridge Bay and Rankin Inlet.
- Developed a new Grants and Contribution Policy.
- Continued to profile Nunavut's unique health and social service needs at all federal-provincial-territorial tables.
- Initiated territorial public education campaigns on anti-smoking.
- Initiated poster series on Inuit Values as part of strategy on suicide prevention and mental health.
- Increased funding support to Health and Social Services Committees of Council.

Priorities (2003-04)

- Explore certified midwifery training.
- Review all policies and procedures for the boarding homes.
- Review of pharmaceuticals and develop Formulary.
- Review of services of Kugluktuk Office.
- Implement recommendations resulting from Medical Travel Review.
- Primary Health Care - renewal and enhancements.
- Review of Hospital Services based on the recommendations of the recent accreditation report.
- Negotiations with Manitoba regarding physician registration and regulation of practices, including developing appropriate legislative framework and services agreement.
- Examine and consider options for umbrella legislation regarding all health professions.
- Implement recommendations from the Dental Review.
- Expand midwifery services in Kivalliq using the Rankin Birthing Centre as the support basis for regional services.
- Develop a training program for maternity care workers in order to expand midwifery services across the territory.

Population Health

The Department delivers several programs in cooperation with the federal government. Health Canada provides funding for the Department to manage and administer a number of programs for Inuit and registered Indians. Provides direction and leadership in public health support throughout Nunavut through a number of prevention and public education initiatives such as anti-smoking, mental health and suicide prevention.

Objectives

- To enhance public and target group awareness of what sustains or optimizes good health and what creates significant risk to human wellness.
- To ensure there are appropriate health education, promotion and information materials in all Nunavut communities, and that effective media products address the highest priority population health opportunities.
- To recruit and train CHRs, professional health promotion staff and to maximize learning by community activists and staff.
- To continue and enhance the partnership with Inuit organizations in and outside of Nunavut in health policy development and health program planning to avoid duplication of services and program planning/delivery.

| Programs | Main Estimates (\$000) | 2002-03 | 2003-04 |
|--|-------------------------------|----------------|----------------|
| Dental Services | | 1,916 | 1,923 |
| To deliver comprehensive, timely and appropriate oral health care services in response to the current and future oral health needs of Nunavut's residents, and to conduct preventive dental health education and promote dental hygiene. | | | |
| Health Promotion | | 1,763 | 1,205 |
| Services are designed to address collective health and well-being, to enhance individual, group and community knowledge, skills and control over decision-making affecting health and well-being and to mobilize community resources for wellness. The program provides a means for direct involvement and partnerships of individuals, groups and communities in matters pertaining to the delivery of health and social service programs. This program also administers a variety of federally funded health enhancement programs and initiatives. | | | |
| Health Surveillance | | 531 | 509 |
| Provides information for the determination and tracking of wellness/morbidity of individuals, families and communities in Nunavut. It also provides for timely response and program adjustments by tracking or predicting emerging health and social trends by gathering and analyzing data on health information, population health statistics and disease registries. | | | |

Nutrition 182 229

Services to improve child and maternal health are provided to meet the special needs of women during the prenatal and postnatal periods; evidence based nutrition programs, activities and standards are also developed.

Mental Health 6,515 6,382

The program goal is to enable communities and groups to understand and deal effectively with addictions, mental health or high-stress burdens with minimal assistance from outside resources and to reduce to incidence of suicide. The program also provides specialized training to enable communities to be ready to deal effectively with crises, such as suicides, to limit further repercussions.

Total, Population Health 10,907 10,248

Accomplishments (2001 & 2002)

- Developed agreement with Health Canada, Finance and the RCMP for education and enforcement of the federal Tobacco Act.
- Developed a comprehensive Nunavut Tobacco Reduction Strategy including a legislative proposal for restricting the sale, promotion and accessibility of tobacco products to minors.
- Partial implementation of the Addictions and Mental Health Strategy by establishing 10 new positions (4 psychiatric nurses and 6 Child & Youth Outreach Workers) in communities across Nunavut.
- Enhanced funding to existing family violence shelters by approximately 10%.
- Implemented suicide intervention protocol, in collaboration with the Nunavut Teachers' Union, and trained community teams comprising of both Education and Health and Social Services staff on Critical Incident Stress Management training held in four centres - Rankin Inlet, Cambridge Bay, Resolute Bay and Iqaluit - in February and March 2003.
- Certified Health Promotion programs at NAC: intake completed June 2002.
- Establishing linked CHR/hamlet staff training programs in wellness promotion.
- Developed annual Nunavut health promotion schedule.

Priorities (2003-04)

- Support City of Iqaluit in the development of a tobacco by-law and collaborate on training in the area of enforcement.
- Implement the provisions of the proposed tobacco control legislation once passed by the Legislative Assembly.
- Finalize implementation of the Addictions and Mental Health Strategy including interdepartmental sign-off on the suicide prevention protocol and a fully operational 24/7 residential facility in Iqaluit.

- Work with NAC on a certification program in health promotion.
- Develop healthy infants screening tools and protocols for information sharing and referrals.
- Support development of NGO/Hamlet capacity in delivery of Vote 4/5 projects.
- Interdepartmental coordination and participation; partnership building with stakeholders to address key health issues.
- Approve and implement an Oral Health Strategy.
- Develop a comprehensive health promotion strategy that integrates all health and social services.
- Increase community and stakeholder participation in wellness and other prevention programming.

Social Services

Provides a range of support services for children and vulnerable adults who may require protection, or other specialized services.

Objectives

- Ensure the safety and well-being of young Nunavummiut by providing timely and appropriate protective services.
- Reductions in the number of assaults and better risk assessment to intervene prior to escalation of dysfunctional behaviour are major goals.
- To ensure the healthy development of children whose parents cannot or choose not to raise them.
- To provide assessments to determine the capacity of individuals to understand their decisions/consequences of their actions.
- To inform the public about the rights of an individual to self-determination and the support through the Office of the Public Guardian if and when such support is required.
- To assist in the development of plans in each community to provide support for individuals who escalate under stress.
- To promote autonomy so individuals can regain control when appropriate.
- To provide support for vulnerable adults so they may stay within the community as long as possible.
- Research, awareness raising, counselling and referrals with an effective network of resources.
- To provide a connection between institutional and community services to ensure that prevention and promotion of healthy alternatives to crime can be facilitated.

| Programs | Main Estimates (\$000) | 2002-03 | 2003-04 |
|---|-------------------------------|----------------|----------------|
| Child and Family Services | | 4,433 | 4,833 |
| <p>Ensures the safety and well-being of children by providing protection services, including investigations, parent and family support, interventions and residential placement services. Residential placements (e.g. foster homes, group homes and institutions) may be made for reasons of illness, neglect, abuse, abandonment, behavioural/emotional difficulties, and pre-adoption placements. These services also include the recruitment and training of provisional, regular and specialized foster parents.</p> | | | |
| Adoption Services | | 1,111 | 1,305 |
| <p>The Department delivers adoption programs to ensure permanency planning for children in care, and their placement. In addition, the Department oversees the recognition and processing of custom adoptions.</p> | | | |
| Public Guardian | | 1,105 | 1,299 |
| <p>The Office of the Public Guardian manages the Guardianship Program for the territory. The Court of Nunavut orders the Public Guardian to make decisions on behalf of individuals who have no person willing to take on the role of being their guardian.</p> | | | |
| Adult Support Services | | 1,539 | 1,752 |
| <p>Providing a range of counselling, respite and support services for adults with a variety of needs including intellectual, physical or emotional challenges, addictions, violence, homelessness, criminality and poor parenting skills etc.</p> | | | |
| Family Violence Services | | 2,186 | 2,387 |
| <p>The program links to other preventative and restorative programs typically offered through the education or justice systems. Includes prevention services, interventions, individual and group counselling, support groups, referrals to other services, transportation to safe locations including families in and out of the community, safe homes, emergency shelters, and second-stage housing.</p> | | | |
| Young Offender Probation Services | | 50 | 50 |
| <p>Services are provided through a memorandum of understanding between H&SS and Justice. In communities where delivery of these services has not been transferred back to Justice, social workers prepare reports for the Court, supervise youth under probation and monitor community services performed by young offenders.</p> | | | |

Facility Based Services 9,899 10,480

The Department delivers adoption programs to ensure permanency planning for children in care, and their placement. In addition, the Department oversees the recognition and processing of custom adoptions.

Total, Social Services 20,323 22,106

Accomplishments (2001 & 2002)

- Child and Family Services Manual revised to include many missing components of child protection.
- New statutory training developed for new Child Protection Workers in Nunavut - two sessions have been presented.
- Several training sets have been provided in the area of Native Custom Adoption.
- Child Abuse Response Protocol drafted, through the work of an Interdepartmental committee, which consisted of representatives from the Departments of Health and Social Services, Justice, Education and the RCMP.
- Funding for existing shelters has been enhanced by approximately 10% and the Department has offered to facilitate inter-community discussions about the formation of an association of shelter operators.

Priorities (2003-04)

- Implement key supports for the Child Protection Program: supports to foster parents; two pilot projects on Looking After Children; update standards and program manuals for adoptions; on-going statutory training; etc.
- Collaborate with NAC on a cooperative placement component to the Social Work Diploma Program.
- Training in areas of adoption and foster care.
- Update manuals on adult services and residential care.
- Initiate planning for a major review of the Child and Family Services Act.
- Development of family violence screening protocols, including proper admission and discharge planning guidelines.
- Develop MOU with Education on services for high needs children.
- Obtain approval and implement Child Abuse Response Protocol.

Health Protection

Provides direction and leadership in public health support throughout Nunavut, including Public Health practice guidelines, communicable disease surveillance, prevention and containment, and environmental health services. Provides technical support, direction and leadership in the provision of statutory services for the most vulnerable members of Nunavut.

Objectives

- To reduce the impact and incidence of communicable disease in Nunavut.
- To reduce the impact of environmental contamination and through inspection and education reduce the risk of food and water-borne diseases/conditions.
- To establish and maintain clinical procedures, protocols and indicators; outcome and evaluation systems; community capacity building through empowerment practices, including appropriate information, training and support; and support to regional management in planning services in a multi-disciplinary context.

| Programs | Main Estimates (\$000) | 2002-03 | 2003-04 |
|-----------------|-------------------------------|----------------|----------------|
|-----------------|-------------------------------|----------------|----------------|

| | | | |
|--|--|-------|-----|
| Chief Medical Officer of Health | | 1,021 | 844 |
|--|--|-------|-----|

Under the direction of the Chief Medical Officer, several health protection programs are delivered that focus on environmental health, determination of health consequences of environmental contaminants, communicable disease prevention and awareness. The programs and services are dedicated to protecting the population of Nunavut from threats to health and well-being.

| | | | |
|--------------------------------------|--|-----|-----|
| Communicable Diseases Control | | 110 | 102 |
|--------------------------------------|--|-----|-----|

The program involves developing standards protocols and strategies concerning communicable disease. Apart from monitoring the outbreak of disease and evaluating disease prevention and control programs, this program also disseminates information, assists with the development of promotional materials and educates members of the health care community concerning communicable disease prevention and control.

| | | | |
|-----------------------------|--|-----|-----|
| Environmental Health | | 761 | 545 |
|-----------------------------|--|-----|-----|

The program is coordinated by an Environmental Health Consultant and delivered by four regional Environmental Health Officers, to ensure that investigations, identification, prevention and remedial actions occur in an appropriate and timely manner, in accordance with various legislation including the Public Health Act, regulations, policies and departmental procedures.

| | | | |
|----------------------|--|-------|-------|
| Public Health | | 1,254 | 1,435 |
|----------------------|--|-------|-------|

The Public Health program is aimed at the protection, promotion and restoration of the health of the people of Nunavut. Under the leadership of the Chief Medical Officer of Health, a multidisciplinary team of health professionals including staff in the Health Protection Unit, Health Promotion Staff, regional public health nurses and community health nurses deliver this program.

Territorial TB

589

498

The Territorial TB program involves the planning, coordination and operation of the established guidelines of the Territorial Health Protection Unit in identifying, controlling and preventing tuberculosis in the Territory. This involves the efforts of a health care team comprised of Community Health Nurses, Physicians, Territorial TB Coordinator, Territorial Health Protection Unit and diagnostic services.

Total, Health Protection

3,735

3,424

Accomplishments (2001 & 2002)

- Vaccine management system developed.
- Departmental emergency plan (including flu pandemic plan) completed.
- Major review of sexual and reproductive health issues and production of health promotion materials is 70 % complete.
- Creation of promotional literature to support communicable disease control.

Priorities (2003-04)

- Review and update Public Health Act and Regulations pertinent to general sanitation, water, sewer, and communicable disease control.
- Renegotiate the various elements of rabies control with relevant departments.
- Review and update the departmental emergency plan, vaccine management systems (procurement, distribution and administration) and a develop a new pandemic strategy in response to post-Sept 11th environment.
- Develop best practices and enhance supports to the front line.
- Define population and public health programs, goals, objectives and indicators.
- Finish production and distribution of the remaining health promotion materials related to sexual and reproductive health.

Care and Treatment

Treatment represents the most significant portion of the Department's expenditures. Included in these programs are urgent medical evacuations, necessary referrals, and emergency social/family interventions that may require transport out of a community, or out of Nunavut. Included are in-patient and outpatient services, public health, and chronic care and home care service delivery.

Objectives

- To respond to the needs of Nunavummiut who are eligible for travel.
- To deliver flexible, culturally sensitive programs and services in an integrated and coordinated fashion.
- To enable persons unable to fully manage their own lives, or those coming out of interventions and requiring transitional assistance, to maximize their

independence, their learning (e.g., life skills), and their odds of successful reintegration to their community and normal life.

- To establish availability of respite services in every Nunavut community.
- To provide safe, appropriate living environments and care to clients who have lost or never had the ability to care for themselves. Services provided include facility-based respite care, palliative care, psychiatric, group home and long-term care.
- To fully implement the Home and Community Care program across Nunavut.
- Find opportunities to provide other forms of independent living supports.
- To identify and work with NGOs and volunteer networks providing allied care in Nunavut communities.

| Programs | Main Estimates (\$000) | 2002-03 | 2003-04 |
|---|-------------------------------|----------------|----------------|
| Medical Transportation | | 28,530 | 24,500 |
| Provides transportation services for patients who require medical services not available within their own community or within Nunavut. Travel benefits may also cover other costs, like meals and accommodations at a boarding home. | | | |
| Hospital and Physician Services | | 20,268 | 22,083 |
| Access to medical treatment and assistance in cases of emergencies or in cases requiring immediate medical treatment and care. Included are in-patient and outpatient services. It also provides access to physician services, which are either provided in a hospital or on a rotational basis in communities through the community health centres. | | | |
| Community Health Centres | | 19,553 | 22,616 |
| Provide access to a range of primary health care services. Programs cover the entire health/illness continuum and client span. Services are integrated and coordinated with other specialty services to provide a multi-disciplinary approach to client care. Care and treatment programs focus on health and wellness and on maintenance and restoration. | | | |
| Supported and Transitional Living | | 552 | 552 |
| Supports maximum independence for persons unable to fully manage their own lives or those coming out of interventions and requiring transitional assistance. Residents live in shared, supervised, non-institutional living arrangements. Services are typically offered through contracted third parties. Activities include provision of residential living quarters, supervision, referrals for life skills supports and some direct services. | | | |
| Home Care and Continuing Care | | 850 | 777 |
| Enables Nunavummiut who require interim supports to avoid facility-based care or unacceptable health risks, or who might otherwise become dependent, to live at home and maximize control over their own lives. The <i>First Nations and Inuit Home and</i> | | | |

Community Care Program, which is a federally funded initiative (Vote 4), is a supplement to the GN's home care program, that provides a range of services to support Inuit and their families on the road to healing so that they can remain in their home and communities. Range of services could include home care, nursing care services, assistance with daily living, homemaking services, etc.

| | | |
|----------------------------------|---------------|---------------|
| Total, Care and Treatment | 69,753 | 70,528 |
|----------------------------------|---------------|---------------|

Accomplishments (2001 & 2002)

- Developed cost effective solutions for transportation of emergent and non-emergent patients by working with the airline.
- The Department has, in the preliminary planning stages, developed a 24/7 travel office to coordinate movement of emergent and non-emergent patients to and from communities and major centres.
- Nunavut wide community assessment done with respect to home and community care needs completed.
- Ensured access at the community level to physician services through the negotiation of service contracts with southern jurisdictions/hospitals for the provision of visiting general practitioners and physician specialists.

Priorities (2003-04)

- Improve the integration of services among Health staff and with Social Services and Mental Health Staff.
- Continue to pursue preventative and promotional activities as a means of improving overall population health (Renewal of Primary Health Care).
- To bring services closer to communities and decrease the frequency of medical travel outside of the Territory.
- Continue to explore mechanisms to streamline and improve medical travel.
- Continue the development of culturally appropriate materials and products for patients who must travel out-of-region for medical care.

Health Insurance

Responsible for the management and administration of territorial Health Insurance Programs, such as hospital services within Nunavut and other jurisdictions for Nunavut residents, including supplementary health benefits and non-insured health benefits.

Objectives

- To ensure that all residents have access to medically necessary health services
- To ensure that Inuit and registered Indians have access to non-insured health benefits (NIHB)

- To provide efficient administration and access of medically necessary services both in and out of territory to all Nunavummiut

| Programs | Main Estimates (\$000) | 2002-03 | 2003-04 |
|--|-------------------------------|----------------|----------------|
| Extended Health Benefits | | 300 | 300 |
| EHB program is a supplement to the Nunavut Health Care Plan to assist individuals with health related costs not otherwise covered. This program was originally developed by the GNWT with the intention of providing similar benefits to non-aboriginals as offered by the Federal Government's NIHB program to the Inuit and First Nations. | | | |
| Out-of-Territory Hospitals | | 15,000 | 15,000 |
| Responsible for the payment of out-of-territory hospital services. When Nunavut patients are seen in other provinces, the province then reciprocally bills the GN for these services. | | | |
| Reciprocal Physician Billings | | - | 2,000 |
| Management of payments for insured health services provided by another jurisdiction to residents of Nunavut and also for private fee for service physicians within Nunavut. | | | |
| Non-Insured Health Benefits | | 12,926 | 10,926 |
| Administration of non-insured health benefits, for eligible Nunavummiut. | | | |
| Total, Health Insurance | | 28,226 | 28,226 |

Accomplishments (2001 & 2002)

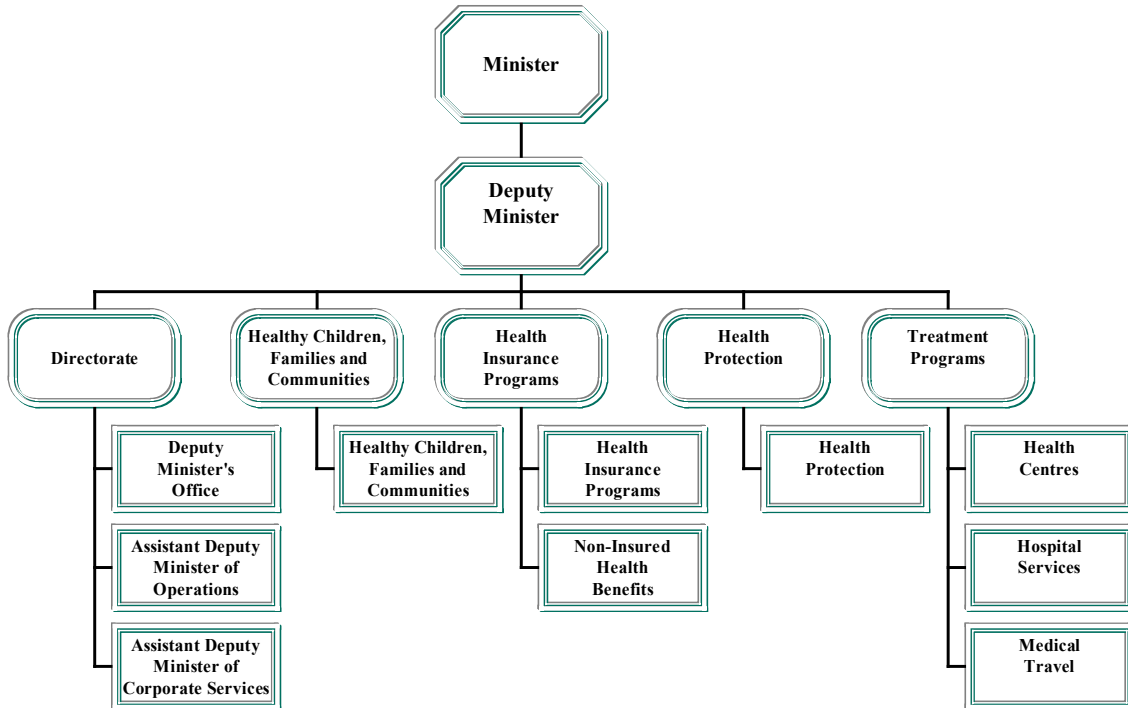
- A vendor chosen for the replacement of health claims and vital statistics system, work has begun on the development, with implementation slated for April 2003.
- The staff worked hard to prepare information binders that provide comprehensive information in regards to Vital Statistics, Health Care Registration, Medicare, Territorial Hospitals, Extended Health, Indigent Health as well as the Federal Governments' NIHB program. These binders are being distributed to all health centres and regional offices.

Priorities (2003-04)

- Work closely with the developers and the project team to create new health claims and vital statistics software applications. Coordinate health care card renewal as the existing health cards expire in March 2003.
- Maximize recoveries under federally funded programs such as NIHB to offset expenditures.

APPENDIX A – Organizational Structure and Budget

Part 1 – Organizational Structure



* The Chief Medical Officer reports directly to the DM on matters pertaining to the Public Health Act.

APPENDIX A

Part 2 – Departmental Roles

Directorate

Under the authority of the Minister, the Directorate provides leadership and direction to the Department and monitors health and social service program delivery to the public, including health and disease surveillance.

Healthy Children, Families and Communities

Activities include information and research, health promotion, social well-being and dental. Information and research collects, analyzes and reports on legally mandated or otherwise significant indicators within health and social services. Health promotion and social well-being include community health representatives, as well as social workers that work to enhance individual, family and community health, supporting the Government of Nunavut's Bathurst Mandate. Dental activities include everything from promotion to treatment and aftercare for seniors.

Health Insurance

Health Insurance Programs, such as hospital services within Nunavut and other jurisdictions for Nunavut residents, including supplementary health benefits and non-insured health benefits.

Health Protection

Programs and services dedicated to protecting the population from threats to health presented by communicable diseases, including sexually transmitted diseases (STDs), tuberculosis (TB), hepatitis B, trichinosis and environmental causes (contamination of air, terrestrial and aquatic environments).

Treatment Programs

Treatment Programs include services provided at health centres, the hospital and medical/client travel. This includes urgent medical evacuations, necessary referrals, and unavoidable social/family emergencies that require transport out of the community, or out of the territory. This Branch also includes the cost of physician services and social workers

APPENDIX A

Part 3 – Financial Summary

| Branch | 2002 – 2003 Main Estimates | | 2003 - 2004 Main Estimates | |
|---|-------------------------------|------------|-------------------------------|------------|
| | \$000 | PYs | \$000 | PYs |
| Directorate | | | | |
| Salary | 11,360 | 123 | 10,824 | 109 |
| Grants & Contributions | 966 | | 986 | |
| Other O&M | 7,013 | | 5,251 | |
| Subtotal | 19,339 | | 17,061 | |
| Healthy Children, Families and Communities | | | | |
| Salary | 11,123 | 138 | 12,004 | 134 |
| Grants & Contributions | 3,082 | | 3,945 | |
| Other O&M | 17,177 | | 17,734 | |
| Subtotal | 31,382 | | 33,683 | |
| Health Insurance Programs | | | | |
| Salary | 0 | 0 | 0 | 0 |
| Grants & Contributions | 0 | | 0 | |
| Other O&M | 28,226 | | 28,226 | |
| Subtotal | 28,226 | | 28,226 | |
| Health Protection | | | | |
| Salary | 2,557 | 28 | 2,148 | 26 |
| Grants & Contributions | 0 | | 0 | |
| Other O&M | 1,178 | | 1,276 | |
| Subtotal | 3,735 | | 3,424 | |
| Treatment Programs | | | | |
| Salary | 25,384 | 301 | 27,591 | 303 |
| Grants & Contributions | 0 | | 0 | |
| Other O&M | 42,967 | | 41,608 | |
| Subtotal | 68,351 | | 69,199 | |
| Total | 151,033 | 590 | 151,593 | 572 |

APPENDIX B – Report on Decentralization

The Department of Health and Social Services is one of the largest employers of all government departments with a total employee count of approximately 575. Further, the Department of Health and Social Services has staff in every community.

The Department also has decentralized operations; with one headquarter office, and 3 regional office operations and a presence in every community across Nunavut. The last decentralized office move within the Department will be completed by:

Headquarter Offices

- Iqaluit (Directorate, Policy, Corporate Services)
- Rankin Inlet (Vital Statistics Services)
- Pangnirtung (Baffin Regional Office)
- Kugluktuk (Operations and Practice)

Health and Social Services Operations

- Every community except Bathurst Inlet

Human Resource Disposition

The following chart indicates the human resource disposition of the Department of Health and Social Services by community. This includes all aspects of the Department, including community health nurses and community social service workers as at June 30, 2002.

| | Total Positions | | | Beneficiaries | |
|--------------------------------------|-----------------|------------|--------------|---------------|--------------|
| | Total Positions | Vacancies | % Capacity | Hired | % IEP |
| Decentralized Divisions | | | | | |
| Kugluktuk (Operations & Practice) | 14.0 | 4.0 | 71.4% | 4.0 | 40.0% |
| Pangnirtung (Baffin Regional Office) | 19.0 | 5.0 | 73.7% | 7.0 | 50.0% |
| TOTAL | 33.0 | 9.0 | 72.7% | 11.0 | 45.8% |

| | Total Positions | | | Beneficiaries | |
|--|-----------------|--------------|--------------|---------------|--------------|
| | Total Positions | Vacancies | % Capacity | Hired | % IEP |
| Employment Summary, by Category | | | | | |
| Executive | 3.0 | 1.0 | 66.7% | 1.0 | 50.0% |
| Senior Management | 8.0 | 2.0 | 75.0% | 1.0 | 16.7% |
| Middle Management | 78.0 | 19.0 | 75.6% | 6.0 | 10.2% |
| Professional | 168.5 | 39.5 | 76.6% | 12.0 | 9.3% |
| Paraprofessional | 136.0 | 41.5 | 69.5% | 46.0 | 48.7% |
| Administrative Support | 178.9 | 38.3 | 78.6% | 122.6 | 87.2% |
| Total Department | 572.4 | 141.3 | 75.3% | 188.6 | 43.7% |

| Employment Summary, by Community | | | | | |
|---|--------------|--------------|--------------|--------------|--------------|
| Arctic Bay | 12.0 | 4.0 | 66.7% | 5.0 | 62.5% |
| Arviat | 17.0 | 2.0 | 88.2% | 9.0 | 60.0% |
| Baker Lake | 17.0 | 2.0 | 88.2% | 8.0 | 53.3% |
| Cambridge Bay | 32.6 | 6.3 | 80.7% | 11.3 | 43.0% |
| Cape Dorset | 13.0 | 7.0 | 46.2% | 5.0 | 83.3% |
| Chesterfield Inlet | 6.0 | - | 100.0% | 3.0 | 50.0% |
| Churchill | 3.0 | - | 100.0% | 2.0 | 66.7% |
| Clyde River | 9.0 | 1.0 | 88.9% | 4.0 | 50.0% |
| Coral Harbour | 8.3 | 3.0 | 63.9% | 3.3 | 62.3% |
| Gjoa Haven | 14.0 | 4.5 | 67.9% | 5.5 | 57.9% |
| Grise Fiord | 3.0 | 1.0 | 66.7% | 2.0 | 100.0% |
| Hall Beach | 6.0 | 1.0 | 83.3% | 3.0 | 60.0% |
| Igloolik | 13.0 | 7.0 | 46.2% | 4.0 | 66.7% |
| Iqaluit | 207.5 | 46.5 | 77.6% | 45.0 | 28.0% |
| Kimmirut | 8.0 | 3.0 | 62.5% | 4.0 | 80.0% |
| Kugaaruk | 9.0 | 1.0 | 88.9% | 5.0 | 62.5% |
| Kugluktuk | 21.0 | 1.0 | 95.2% | 10.0 | 50.0% |
| Pangnirtung | 34.0 | 13.0 | 61.8% | 9.0 | 42.9% |
| Pond Inlet | 16.0 | 9.0 | 43.8% | 4.0 | 57.1% |
| Qikiqtarjuaq | 8.0 | 2.0 | 75.0% | 5.0 | 83.3% |
| Rankin Inlet | 69.0 | 16.0 | 76.8% | 22.0 | 41.5% |
| Repulse Bay | 7.5 | 1.5 | 80.0% | 3.0 | 50.0% |
| Resolute Bay | 5.0 | - | 100.0% | 3.0 | 60.0% |
| Sanikiluaq | 9.5 | 5.0 | 47.4% | 3.5 | 77.8% |
| Taloyoak | 11.0 | 1.0 | 90.9% | 5.5 | 55.0% |
| Whale Cove | 6.0 | 2.5 | 58.3% | 1.5 | 42.9% |
| Winnipeg | 7.0 | 1.0 | 85.7% | 3.0 | 50.0% |
| Total Community | 572.4 | 141.3 | 75.3% | 188.6 | 43.7% |

| Employment Summary, by Headquarters & Region | | | | | |
|---|--------------|--------------|--------------|--------------|--------------|
| Headquarters | 86.5 | 22.5 | 74.0% | 25.0 | 39.1% |
| Region | 485.9 | 118.8 | 75.6% | 163.6 | 44.6% |
| TOTAL | 572.4 | 141.3 | 75.3% | 188.6 | 43.7% |

APPENDIX C – Departmental Focus Paper

Introduction

The grounds for developing health centres in the three regions have been discussed for over forty years. The early outcome was the construction of the Baffin Regional Hospital in Iqaluit, in the early 1960s. Following the transfer of the Hospital to the GNWT in 1986, a Federal report recommended that the Hospital be replaced. In addition, the need to have “extended health facilities” in the Kitikmeot and Kivalliq (Kewatin) regions continued. In 1998, a “Framework Agreement” was signed by the GNWT and the three “Birthright Corporations” to jointly develop facilities in Rankin Inlet and Cambridge Bay – Health Centres – and in Iqaluit – a Hospital. Since then, work has proceeded in each project with the objective of improving the quality of local health care delivery.

Purpose

The regional health facilities development projects (RHF) are intended to support programs, such as Telehealth and primary care to improve Nunavummiut well-being locally. The anticipated outcomes are as follows:

Change in Referrals

Medical travel now costs Nunavut \$1,000 per capita. It is estimated that 10%-15% of these costs, or \$3 million to \$4.5 million per year could be avoided through the availability of a broader range of service and treatment options. These savings are cumulative and long term since changed patterns of practice and local care provision such as birthing centres, better specialist clinics and a broader range of services immediately avoids medical travel and its associated costs.

Additional Health Care Providers and Training Opportunities

The operation of the three facilities will incur an approximate \$8.5 million in increased salaries; much of this increase in local costs will be offset by the reduction in travel and “out-of-Territory” expenses. The effective design of the facilities is intended to provide environments suited to attract, train and retain health care providers in Nunavut.

Range of Services Provided

In Iqaluit, the new building calls for acute patient care attached to the existing building, renovation to the existing building will be used for support and clinical functions to serve each building. The outcomes anticipated are:

- It will provide 35 inpatient beds and will be connected to the existing hospital building to provide support and Doctors’ clinics for the complex. Specifically, the new facility will provide:
 - Inpatient Services with beds to accommodate 35 patients.

- Diagnostic and Treatment Services (Operating room and Specialty/Scope room; Laboratory; Diagnostic Imaging; Respiratory Therapy; Rehabilitative Therapy; Rehabilitative Services; Pharmacy; and Day Surgery).
- Ambulatory Care Services.
- Administrative and Support Services.
- Two new Health Centres in Rankin Inlet and Cambridge Bay to provide extended Clinical services (similar but smaller and not including Operating or Surgical functions) to patients in their respective regions.

Quality of Care

The other significant advantage is the improved access to care in a more equitable manner. Such outcomes are:

- Effective treatments to maintain a high level of service with a resultant reduction in the average length of stay, while enhancing quality care to achieve successful outcomes with minimal risks.
- Appropriate service levels to reduce patient trauma, and therefore aid in rehabilitation to reduce the levels of re-occurrence and readmissions.
- Increased availability of non-invasive tests and exams in areas such as mammography, TB and lung cancer detection.

Economic Impact

Each of the Development (Birthright) Corporations has committed to comply with GN contracting policies and economic development strategies in the development of these facilities. Hence, of the \$91.6 million investment, over the next three years \$14 to 23 million will flow back directly into the Nunavut economy. From architects to tradesmen to labourers, the firms have committed to provide job opportunities and training to local residents. This would translate into up to 150 job-years of additional employment opportunities in Nunavut.

In terms of completion of these facilities, the target for "substantial completion" of the Kivalliq and Kitikmeot Health Centres is late 2004. The design work for both projects began in 2001, where a 3-year timeframe for a major project is reasonable. Moreover, in this climate the construction window is limited and dependant on sealift schedules. The Iqaluit schedule, which began this year, would optimistically be for 3 years (2005 substantial completion). However, this is to be a full Hospital and significant renovation of, and transition from, the existing building is considered. We are still in discussions to firm up the schedule for the Hospital - the design team feels a 2006 substantial completion date for the new facility is more realistic.