

「でしくらっている」。 Minister of Health
Ministaat Aanniaqtailinirmut
Ministre de la Santé

May 29, 2025

Hon. George Hickes, MLA Chair – Committee of the Whole Legislative Assembly of Nunavut 926 Sivumugiaq Street Iqaluit, NU X0A 3H0

Dear Mr. Hickes,

I wish to clarify and provide additional information to some of my responses during the Department of Health's (Health) appearance in Committee of the Whole (COW) in February and March 2025. I would also like to respond to questions asked during the Winter Sitting where I had committed to following up with Members of the Legislative Assembly. Please find below additional information about the work of Health.

Home Care for Elders/Non-Elders

During the appearance, Members asked Health whether there was information available regarding how many long-term care clients are Elders, versus how many clients are non-Elders with special needs or needs that require home care.

One of Health's business plan priorities for fiscal year 2024/25 was to undertake a comprehensive review of the home care program, which was completed in March 2025. During the review, it was brought to Health's attention that there were inaccuracies in data collection that led to inaccurate client counts. During Health's appearance before COW, I had noted that there were more than 2,300 clients receiving home care services. As of May 2025, there were 256 homecare clients in the territory; 37 clients are younger than 55 years of age (14.5%) and 219 who are 55 years of age or older (85.5%). Health is exploring options to improve the accuracy of data collection on an ongoing basis.

Emergency Ground Transportation Services/Ambulances

During the appearance, Members asked for more information on the process to establish emergency ground transportation services in communities.

The operation of ambulances and ground transportation is a hamlet decision, as hamlets or private businesses are ultimately responsible for the implementation of emergency ground transportation services in communities. Over half of Nunavut communities currently offer emergency ground transportation services.

While Health does not provide guidance on staffing, training, insurance, etc. Health staff can provide support to hamlets or organizations interested in establishing this service at the community level. For example, Health staff can provide information on Non-Insured Health Benefits (NIHB) funding and reimbursements, as payment for emergency ground transportation services is funded through NIHB or connect hamlet leadership with other hamlets who have successfully implemented the service. Interested hamlets would submit a proposal for emergency ground transportation directly to NIHB for review and approval.

When a hamlet is ready to design and implement the service, local Health staff (i.e. Supervisor Health Programs (SHP) or Director of Health Programs) will meet with the hamlet to ensure the service integrates into the existing health centre operations. For example, in some communities, the public will contact the health centre and the nurse on call will contact the hamlet's ground transportation. In other communities, the public will contact the emergency ground transportation service or ambulance directly, who in turn contacts the nurse on call.

Cancer Treatment & Cost

During the appearance, Members asked Health for an indication of what kinds of cancer treatments are currently available in Nunavut, which types of cancers are being treated in territory, and what is the cost estimate associated with providing chemotherapy and radiation therapy.

In-territory cancer treatments are available at the Qikiqtani General Hospital (QGH) in Igaluit, which include Trastuzumab (Herceptin), used for breast cancer, and Pembrolizumab, used for metastatic melanoma and non-small cell lung cancer. In addition, other biologics, such as Remicade, are used for cancer treatment, as well as several other conditions.

Determining a cost estimate for chemotherapy depends upon several factors, including the number of patients and the treatment each patient requires. For example, costs of drugs are per administration, and the treatment cycles may be 21 or 28 days apart; or a patient may have a set number of treatments over a designated period (e.g., 70 treatments over 2 years). The treatment regime may be predefined or may be for an indeterminate period, unless the patient has side effects, or the medication proves to be ineffective. As a result of these factors, the costs associated with chemotherapy varies greatly. In fiscal year 2024/25, 42 oncology specific treatments were provided at QGH at a total cost of \$331,460.

Radiation is not currently available in-territory. To offer radiation, a significant expansion to the QGH would be required, as well as expensive radiation equipment, with costs in

926 Sivumugiaq, 2nd Floor,

Igaluit, Nunavut X0A 3H0

the millions. In addition, there would be costs associated with human resources, such as a radiation oncologist and technicians.

Members expressed interest in the cost estimate in a business case that Health had previously submitted to expand cancer care at QGH. The scope of the business case included additional human resources [8 person years (PYs)]; funding for ongoing operations, maintenance, and education; as well as one-time funding for infrastructure (e.g., hazardous sterile compounding area in the pharmacy; retrofitting non-clinical space to clinical treatment space; and specialized equipment). The total request was for \$4,305,000.

Challenges with Reaching the Nurse on Call in Kugaaruk and Taloyoak

During the appearance, Members expressed their concern with Elders unable to reach the Nurse on Call in the communities of Kugaaruk and Taloyoak. I would like to assure Members that we take these concerns seriously and appreciate them being raised.

Supervisors of Health Programs (SHPs) make every effort to return calls the same day or within 24 hours. Front desk staff are also available to assist by taking messages or transferring calls directly to the SHP when needed.

It is important to note that, particularly after hours, callers may reach an automated system. The recorded message is available in both Inuktitut and English and, when followed fully, connects callers to the Nurse on Call. However, during times of high call volume calls may go to voicemail. The Nurse on Call responds as quickly as possible.

To help ensure that concerns are addressed properly, and improvements can be made, community members are welcome to speak directly with SHPs about any challenges they may have. Individuals are also encouraged to contact the Office of Patient Relations, which handles complaints and feedback related to patient care.

To follow-up with health centre staff or the SHP, or to contact the Office of Patient Relations, please use the following contact details:

<u>Taloyoak Health Centre:</u> 867-561-5111 (available 24/7)

Kugaaruk Health Centre: 867-769-6441 (available 24/7)

Office of Patient Relations: 1-855-438-3003 patientrelations@gov.nu.ca

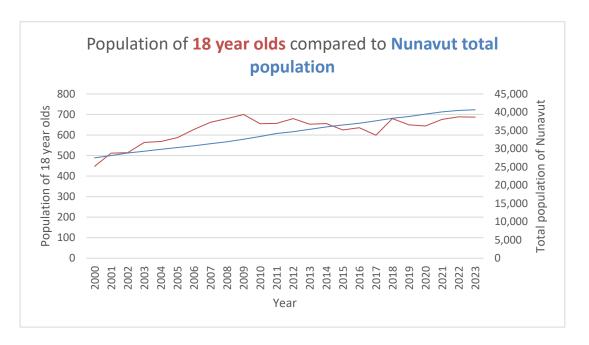
Health is committed to working closely with the communities to ensure that all clients, especially Elders, receive the care and support they need.

18-Year-Olds in Nunavut

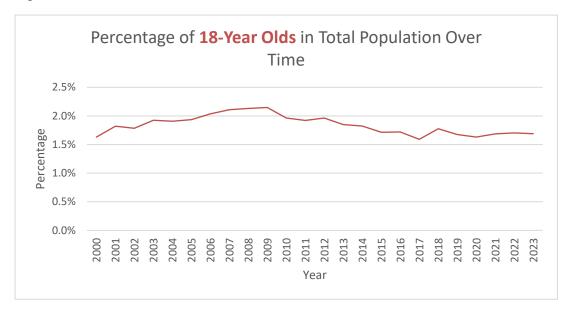
During the appearance, Members asked Health the number of 18-year-olds in-territory, and whether this number fluctuates from year-to-year. According to the Nunavut Bureau of Statistics, from the years 2000 to 2023, the population of 18-year-olds in the territory is as follows:

Year	Population
	18-Year-Olds
2000	448
2001	512
2002	514
2003	564
2004	569
2005	587
2006	627
2007	662
2008	680
2009	700
2010	655
2011	657
2012	680
2013	653
2014	656
2015	625
2016	636
2017	599
2018	680
2019	650
2020	644
2021	676
2022	689
2023	687

The following chart compares the population growth of 18-year-olds to the total population of Nunavut:



While the 18-year-old population appears more variable, it within expected fluctuation levels when accounting for sample size differences. The smaller population size of the 18-year-olds makes its fluctuations appear more pronounced. There would be similar fluctuations across any age group. These average out over the much larger population when all ages are combined.



The fluctuations in the 18-year-old age group may be due to birth cohort effects, migration, or other demographic factors.

Scarlet Security and Risk Group Contract

During the appearance, Members expressed interest in the security services at health centres and asked whether there were any other security companies that had bid for the tender. Five companies bid on *RFP 2023-64 Security Services for 16 Nunavut Health Centres*. The successful bid was Scarlet Security and Risk Group (SSRG).

Security Guards in Communities

During the appearance, Members asked how many security staff working in community health centres are non-Nunavummiut.

In March 2025, the contractor, SSRG, had 49 full-time and 97 part-time Enhanced Guards assigned to Nunavut communities (146 total). Although SSRG works to recruit retiring and former Royal Canadian Mounted Police and provincial and municipal law enforcement officers who are Inuit, there are very few individuals who meet this criterion.

The number of non-Nunavummiut staff is broken down as follows:

Community Health Centres Contract

- 36 SSRG-employed Community Guards
 - All reside in Nunavut and 33 are Nunavut Inuit.
- 140 Enhanced Guards
 - None reside in Nunavut and all are non-Inuit

Public Health and QGH Building Security Contract

- 3 SSRG-employed Community Guards
 - o All reside in Iqaluit and are non-Inuit.
- 6 Enhanced Guards
 - None reside in Iqaluit and all are non-Inuit

Conservation Officers as Enhanced Guards

During the appearance, Members asked whether a retired or long-time Conservation Officer would qualify for the security contractor, Scarlet Security and Risk Group's (SSRG) Enhanced Guard, 15-years' experience with law enforcement criterion.

The 15 years of service minimum is with an accredited Canadian law enforcement agency. The term "accredited" refers to a public service agency, as opposed to a private sector firm, and the example of a Conservation Officer with the Government of Nunavut's (GN) Department of Environment may qualify. As per SSRG, this qualification would entail determining what enforcement activities the agency does to see if it qualifies as "enforcement." Additionally, any applicant, whether from a policing, correctional services, sheriff's department or, in this case, a Conservation Officer background, are not screened in or out until SSRG reviews each applicant individually to determine their experience with their respective enforcement agency. For example, if an applicant had 15 years of experience working for the Canadian Border Services Agency — an accredited law

enforcement agency – but the individual's work experience was as an administrative clerk, they would not meet the law enforcement experience requirements and be screened out.

Previous law enforcement experience forms part of SSRG's contractual obligation to the Department of Health. After ensuring an applicant meets the 15-years of service in law enforcement, SSRG also ensures that an applicant has extensive experience dealing with people. Dealing with people in an enforcement capacity provides the necessary experience in two-way communication: anticipating people's reactions, reading body language, and often being able to prevent situations from escalating before they do, and de-escalating a situation that was not anticipated.

Mental Health and Non-Insured Health Benefits (NIHB)

During the appearance, Members asked Health what processes are in place to assist non-GN mental health professionals to be able to provide their services and be compensated via the NIHB program.

Health supports access to NIHB-funded mental health services that enable non-GN mental health professionals to provide care and receive compensation. Historically, it was difficult for Nunavummiut to access NIHB-funded counselling because NIHB required clinicians to be licensed and registered and Nunavut does not currently have a licensing body for social workers or clinicians. To address this, in 2019, the GN's Mental Health and Addictions (MHA) Division collaborated with NIHB to improve access to these services.

As a result, the GN created the Healing by Talking program, funded by NIHB. This program follows the same criteria required for clinicians, with a few modifications, to increase cultural sensitivity and training. Clinicians deliver NIHB-funded mental health services and are hired based on service gaps identified through community requests and data analysis, ensuring the program meets real mental health needs across Nunavut.

Clinicians under this program are compensated through NIHB, even though they are not GN employees. The program currently includes 15 clinicians, has over 500 active clients, and has provided services to almost 1500 clients, including specialized services in partnership with the Umingmak Child Advocacy Centre for children who have experienced trauma.

Additionally, any clinician can apply directly to Indigenous Services Canada (ISC) to become part of its Residential School Counsellor Program, which provides ISC-funded compensation independently of the GN.

Beyond government initiatives, several community-based organizations like Ilisaqsivik, Pulaarvik Kablu Friendship Centre, and the Department of Healthy Living in Cambridge Bay also offer mental health services. These organizations often receive funding from both ISC and the GN, and their clinicians are employed directly by the organizations, not the GN.

Evaluation of Inuusivut Anninaqtuq Action Plan 2017-2022

In October 2024, Health tabled the *Inuusivut Annirnaqtuq Action Plan 2024-2029*. During the appearance, Members asked Health if an evaluation of the previous 2017-2022 suicide prevention action plan has been conducted and, if so, if the evaluation would be tabled.

The *Inuusivut Anninaqtuq Action Plan 2017-2022 Final Report* was tabled on May 29, 2023, in the Legislative Assembly. This report focuses on the collective work, achievements and progress made by the collective partners between January 2020 and March 2022, which compliments a midterm progress report that was released in 2021 that focused on the first two years of the Action Plan. It can be found on the Legislative Assembly of Nunavut website, file number: 144-6(2).

Dental Review Officer

During the appearance, Members asked Health why there has been a delay in appointing a Dental Review Officer, following the amendment of the *Dental Profession Act* in Spring 2024.

Following the amendment of the *Dental Profession Act* during the 2024 Spring Sitting of the Legislative Assembly, Health staff from several program areas worked to develop a Public Service Announcement, which was released in January 2025. The delay was due to staff turnover and misunderstanding as to which division was to finalize its content, prior to being sent to the Health Communications Division. A Review Officer has since been appointed.

Oral Health

During the appearance, Members asked Health a series of questions regarding the department's oral health programs. Specifically, a line of questioning was raised about preventative efforts taken by Health to increase oral health promotion in-territory, as well as why challenges persist, and whether Health has evaluated why prevention programming is not working.

Oral health coordinators in the communities lead preventative efforts. An evaluation of this program was conducted in 2023. Following the evaluation, there was a departmental realignment and as such some of the recommendations are no longer applicable and are outdated. The main recommendations from this evaluation are to:

- Strengthen Engagement
- Support Improvements for Program Management
- Improve Reporting and Monitoring

926 Sivumugiaq, 2nd Floor,

Igaluit, Nunavut X0A 3H0

- Increase Local Capacity; and
- Enhance Partnerships

Although data collection was limited in the past, Health has implemented a comprehensive data collection system, as well as increased the capacity of Community Oral Health Coordinators (COHCs) at the community level. Oral health promotional resources were distributed to COHCs for use in community outreach initiatives. Health is working to develop lesson plans for dissemination to the COHCs to support community outreach and education.

In 2024/25, the Oral Health Program completed 23 screening trips to the communities. Although some data has not yet been analyzed, data from providers' trip reports indicates a total of 2,273 children were screened from Arviat, Baker Lake, Coral Harbour, Rankin Inlet, Gjoa Haven, Taloyoak, Cambridge Bay, Kugluktuk, Iqaluit, Igloolik, Sanirajak, Kinngait, Clyde River, Kimmirut, Pangnirtung, and Sanikiluaq. Six daycares in Iqaluit received dental screening.

Approximately 900 children received oral health instruction and education by the dental team.

In addition to the questions on prevention and programming, Members expressed interest about nutrition education campaigns, and if these campaigns contain any information on different foods and their impact on oral health.

When delivering oral health information to clients, Health's Dental Services division focuses on dental-specific information. One of the areas of focus is bottle-feeding young children before bed, which can cause many oral health issues in young children, as well as soft drinks and high sugar foods. There are plans for the Dental Services team to partner with the department's Health Promotion Division team regarding oral health promotion.

Another comment was made during the appearance for Health to consider parents who have taken their children for oral surgery to be proponents of oral health. This suggestion will be considered by the department.

Tobacco Enforcement and Mass Media Campaign

Igaluit, Nunavut X0A 3H0

During the appearance, Members asked Health how many Enforcement Officers (EOs) have been appointed to date, as well as the kind of training these employees are offered in their role.

Staffing and training programs for Enforcement Officers (EOs) comprise some of the action items with the Tobacco and Smoking Act (TSA) implementation plan, which is currently still in its roll-out phase. To date, the position of an Enforcement Officer (EO) does not yet exist, and work must take place to develop this, as well as clarify where these positions are best placed (e.g., within Health or another department). In the interim, the Tobacco and Cannabis Program Analyst is leading the foundational work for TSA enforcement. This initial phase focuses on studying the TSA to clarify progressive enforcement protocols, developing standard operating procedures for the EOs, and the design of other necessary procedures and resources for effective enforcement.

Although there are presently no EOs, Environmental Health Officers (EHOs) are considered 'enforcement officers' under the TSA. EHOs are currently conducting inspections of registered tobacco retailers. There are currently four EHOs in the territory and two vacant positions. In addition to EHOs, individuals who are in the following positions are also considered 'enforcement officers' under the TSA; the Chief Public Health Officer, the Deputy Chief Public Health Officer, and any medical health officers. This brings the current total number of enforcement officers under the TSA to eight.

The work of Health's Tobacco Reduction Program is intended to reduce the negative health outcomes caused by tobacco use in Nunavut. While specific information on the cost of tobacco-related illnesses – be it monetary and/or in loss of life – is difficult to quantify, it is known that lung cancer is the leading cause of cancer deaths among Nunavummiut, with a rate four times higher than the national average. Smoking tobacco, especially starting at a young age, and exposure to second-hand smoke are factors that increase an individual's chance of getting lung cancer, with smoking causing more than 85% of the lung cancer cases in Canada. Health is committed to de-normalizing smoking in Nunavut, encouraging and assisting Nunavummiut in their quitting journey, protecting Nunavummiut from second-hand smoke, and preventing Nunavummiut from starting to use tobacco and smoking products.

Members referenced the *Minister of Health's 2023/24 Tobacco and Smoking Act Annual Report*, stating that within the report it is noted that Health awarded a contract for the design and implementation of a mass media campaign to educate Nunavummiut on the Act. Members asked about the value of the contract and how the department is evaluating its effectiveness. An RFP (Tobacco and Smoking Act Mass Media Campaign Nunavut – RFP 2023-33) was advertised in August 2023 and the contract was awarded to Atiigo Media Inc., with a total value of \$507,538.

The campaign is designed to inform Nunavummiut about the new laws under the *Tobacco and Smoking Act*, with a focus on smoke-free public housing, Government of Nunavut staff housing, and motor vehicles. The deliverables include the development of a culturally relevant and language appropriate mass media strategy; creation of radio, video, print, and social media materials in Inuktitut, Inuinnaqtun, English, and French; production and distribution of posters, flyers, information cards, magnets, signage, and digital assets for communities across the territory; and delivery of evaluation and performance metrics to assess campaign reach and engagement. This mass media campaign has not yet launched although it is anticipated this will occur in Spring 2025. Once the campaign is launched, it will be evaluated using:

- Pre-and-post survey tools to gauge changes in awareness, attitudes, or behaviors;
- Digital engagement analytics, including website traffic and social media metrics; and
- Community feedback collected through local health centres and outreach activity programs and stakeholders.

I hope this helps to clarify questions and concerns raised by Members.

Matna,

Hon. John Main Minister of Health

Minister responsible for Suicide Prevention

cc: Members of the Committee of the Whole

Stephen Innuksuk, Legislative Assembly of Nunavut

Megan Hunt, Deputy Minister of Health