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January 19, 2024

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 at Committee of the Whole on October 31, November 1 and 2, 2023. Please find below additional information about the work of Health.

<u>Aqqusariaq: Substantial Completion Date, Cost of Wastewater and Water, and Educational Programming</u>

The substantial completion date of Aqqusariaq is December 2025. While the Government of Nunavut (GN) received rebates on the lot price, the cost of water and sewer utilities are the GN's to bear. These expenses are included in the construction estimates provided by the Department of Community and Government Services (CGS). Health has been consulting with the Department of Education (Education) as the daycare and children's programming are designed. Two members of the Development Team leading the design of the children's programming are Education staff: a Manager of Early Childhood Development and an Early Childhood Officer.

Site for the Qikiqtarjuaq Community Health Centre

The site for the new Qikiqtarjuaq Community Health Centre and a new 5-plex for housing are to occupy lots 339, 340, 341 and 342 in addition to some community land behind those lots.

New Mental Health Location in Kugaaruk

Health does not have a formal capital request for mental health and addictions space in Kugaaruk. Presently, outreach staff have an office in the Wellness Centre and Health is in the process of renewing the lease. The Mental Health and Addictions Nurse is at the community health centre.

Alternative Facility and Care Models

As part of the Katujjiluta mandate, Health is committed to furthering work around aging in place and long-term care. Health is aware of the keen interest in this area from Members, and for the desire to see more elder facilities made operational in more communities. Health is committed to looking at alternatives beyond conventional institutional models of long-term care that could potentially benefit Nunavummiut.

In looking at the various models of long-term care that could be used in Nunavut, Health will ensure models are assessed thoroughly and thoughtfully. This work is connected to the Seniors Action Plan currently being developed. It is important to note that a range of supports are needed for elderly Nunavummiut to age in place, such as home care services, mobility supports, and appropriate housing availability, including transitional housing.

Paramedic Usage

Between April and September 2023, 314 advanced care and 30 primary care paramedics worked across the territory. The full time equivalent for the 344 paramedics is 66 PYs. One community, Chesterfield Inlet, did not require paramedic services.

Since the original contract was signed, paramedics have been used to ensure continuity of services in all health centres. There are a variety of factors that impact closures, so it is difficult to determine when paramedics specifically are used to prevent closures. However, information from 2022 demonstrates that 1219 closure days were projected between June and October 1 across 16 communities. Actual closures were reduced to 46 days in three communities, with 1183 closure days in 13 communities averted.

Health continues to recruit relief nurses in communities and assigns paramedic services to ensure that, at minimum, emergency services will be available should the community need to move to emergency services or closure status. Communities with higher utilization trends overall, higher after-hours demands, and more frequent emergencies benefit from regular paramedic assignments. These assignments support patient access to urgent and emergent care, as well as respite for nurses considering the high after-hours demands.

Birthing Centres in Communities

There have been several initiatives over the years undertaken to support further access to midwifery services in communities, with the hope to return birth to the larger regional centres. This has been done through a previously developed NAC program that supported midwifery education and additional allocated space in health facilities. However, there are many unique challenges and factors that need to be considered prior to implementing the return of birth to communities. There are no current metrics on determining when to build a birthing centre, and every community would have unique

considerations that would need to be accounted for. The following is a list of considerations (not exhaustive) to ensure best possible care for Nunavummiut:

- Distance to tertiary care centre;
- Boarding home/hotel capacity in the community;
- Community Health Centre capacity (human resources and infrastructure);
- Ability to hire indeterminate staff to sustain program;
- Available housing to accommodate all staff;
- Ability to hire a full-time permanent ultrasound technician, family physicians, or registered midwives to support the program;
- Availability of full-time lab services, including access to blood products;
- Number of high-risk prenatal patients who may not be able to birth in community due to risk factors:
- Daily flight abilities and weather considerations;
- Needs assessment to determine community needs and wants;
- Financial limitations and other competing territory-wide health needs;
- Requirement for developing or revising birthing centre manuals, guidelines, policies, and procedures; and
- Ability of program development to support on-site training of Inuit nurses or midwives.

Suicide Prevention

In 2015, the GN created the Quality of Life Secretariat to coordinate the GN's implementation of the Nunavut Suicide Prevention Strategy (NSPS) and to provide overall management support and leadership in suicide prevention. All GN departments and community agencies have a role in suicide prevention. Suicide rates reflect the socioeconomic situation in Nunavut and the status of the social determinants of health. Housing, food security, and traditional knowledge and teachings are key factors in preventing suicide. As the approach to decrease suicide is based on social factors, a holistic approach is required to decrease the numbers. The NSPS action plan calls for all departments and agencies to acknowledge that prevention of suicide is everyone's responsibility and to identify their roles in this significant issue. NSPS partners are finalizing the draft of a new action plan for 2023-2028. It will be tabled in the Legislative Assembly when it is complete.

The Office of the Coroner collects information on suicide. Health gathers statistics and examines profiles of those who die by suicide. In Nunavut, male suicide rates are consistently higher than female suicide rates. The overall suicide rate in Nunavut is, on average, 10 times greater than the national rate in Canada. There are similar rates of increases and decreases in suicide rates between males and females, apart from 2019-2022. In this period male suicide rates decreased while female suicide rates increased. This pattern warrants further investigation. Potential contributing factors may include the differential impact of the COVID-19 pandemic on men and women in Nunavut. This observation aligns with findings from regions where the pandemic has been shown to disproportionally affect women.

Between 2018 and 2022, hanging has been the most prevalent method of suicide among individuals aged 15 and older. In contrast, firearms have been the most common method for suicide among children aged 0 to 14 years. Suicide by firearms was found to be more prevalent among men than women, while hanging was a more common method among women. Suicide due to drug overdose has been observed exclusively among women aged 40 to 59 years.

Due to the numbers, there are no clear, significant trends that could lead to forecasting. However, Health does more than collect numbers; by reviewing the profile of those who have died by suicide Health makes recommendations for programming and support. For example, the Atii, Angutiit! program is a men's group that focuses on younger males.

Average and Median Age at Suicide by Year (2018 – 2022)

	2018	2019	2020	2021	2022	2023
Average Years)	24	29	31	25	27	27
Median (Years)	23	27	29	23	25	24

Total Number of Suicides per Year (2012 – 2022)

Year	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Suicides	26	45	28	32	32	25	29	38	25	36	26

As we aim to provide open, transparent, and accurate information, 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
John Quirke, Clerk, Legislative Assembly of Nunavut
Megan Hunt, Deputy Minister of Health