

February 11, 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 at Committee of the Whole (COW) in October and November 2024. I would also like to respond to questions asked during the Fall Sitting where I had committed to following up with Members of the Legislative Assembly. Please find below additional information about the work of Health.

Dental CT Scans

During the COW appearance, members asked if Health is considering purchasing a mobile dental CT scanner to further reduce wait times for dental services. I had committed to furthering discussions regarding whether additional dental infrastructure equipment could help bolster in-territory capacity.

Dental CT scanners, which are also known as cone beam computed tomography machines, are a type of x-ray equipment that dentists can use to create 3-dimensional images of a patient's teeth, jaw, and other structures. It is important to note that dental CT scanners are diagnostic tools, not treatment tools, and Health is not encountering significant challenges in diagnosing the need for dental treatment in either children or adults in communities. Clients often attend dental appointments when problems are severe (i.e., pain and infection) which often requires treatment outside of the community, particularly for children. While dental CT scanners are useful in specialized cases, cases requiring specialized care almost always require treatment out-of-community; having a dental CT scanner in-community would not significantly reduce the requirement for travel for dental treatment.

Dental contractors who provide dental services in communities under Non Insured Health Benefits contracts require a number of pieces of capital equipment to do their work, such as dental chairs, dental lights, air compressors, x-ray units and processors, dental delivery units (i.e., air, water, and suction) and sterilizers; this equipment is provided by the Government of Nunavut (GN). Dental contractors are required to bring consumable supplies and dental handpieces (e.g., drills) they may require to provide the services listed in the contract.

Security in Health Centres

During the COW appearance, members asked for an indication of how many health centres across the territory have security infrastructure or security technology within their infrastructure.

The GN has a legal obligation to take all reasonable measures to ensure the health and safety of both employees and clients requiring medical attention in Health facilities. The frequency and severity of reported violent incidents in these facilities is increasing over time.

Health centres across the territory each have standard locks to prevent unauthorized access after hours. As well, medication that should only be used by health care professionals is kept locked up when not being accessed.

Community incident report data from the Meditech incident reporting module is closely monitored, and additional security contracts, or an increase in the level of security services are added, as required.

Security services are available at 22 community health facilities across Nunavut, including the Qikiqtani General Hospital (QGH), through a combination of service contracts, and casual and relief GN staffing. There is a training and mentorship component to the current security services contract, and it will be continued in any future contract related to security.

- In communities with Community Guards and Enhanced Guards, the Enhanced Guards provide formal training and on-the-job mentoring to the Community Guards. Enhanced Guards have previous law enforcement experience, and training is facilitated via learning modules.
- 28 locally hired contracted security staff have completed the program.

The three communities with no form of security services are Grise Fiord, Resolute Bay and Whale Cove. Health continues to monitor the security needs of these communities.

The five recent health centre builds in Naujaat, Taloyoak, Arctic Bay, Sanikiluaq, and Kinngait have security cameras as part of their construction. The equipment is installed, but the operation of the cameras is under consideration. Health is currently exploring options and best practices, including data collection, destruction, and use.

As well, four health centres have active security camera systems, and nine have panic alarm systems for staff. Two health centres also have an active intrusion alarm system. There is an ongoing process towards standardization across the territory regarding

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alarms and security systems in health centres. All health centres in Nunavut have an active fire alarm system.

Information on Suicides and Suicide Attempts at the Community Level

During the Fall Sitting, I had committed to clarifying if a community-by-community breakdown regarding suicide and suicide attempts could be provided.

In Nunavut, information on suicides and suicide attempts has been provided by request from MLAs, communities, and other partners at the regional level. The information is shared in keeping with national practices regarding data disclosure that supresses any number less than five. There are times when information is shared at the community level, but it is often given across an increment of time (typically five years) and has data suppression protocols applied. This is often done in relation to interagency work.

Generally, information is aggregated before being shared publicly. Previous release of information on suicide has included data such as mortality rates by ethnicity, sex, age, toxicology findings, engagement with mental health counselors or professionals, method of suicide, and previous suicide attempts. For example, in March 2024, MLA Brewster submitted written question 007-6(2) that asked for data on how many Inuit and non-Inuit Nunavut residents died by suicide within Nunavut, between October 17, 2010, and March 11, 2024, as well as additional disaggregated data for suicides committed by Inuit (e.g., data regarding sex, age cohort, method, and previous reported suicide attempts). A response to this written question was tabled in May 2024.

Work by Health is currently ongoing to better provide consistent information on suicide territory-wide through developing annual reporting. This work will show trends over broader periods of time and give an accurate picture to help inform and support communities, regions, and territorial agency's decisions. For example, when tracking the means of an attempt or a completed suicide, partners can help to work to reduce access to the means (e.g., trigger locks). The work involves other partners and, although regular meetings are occurring, there is not yet a timeline for publication.

Statistics alone may not be an accurate representation of what is occurring, and it is important not to draw conclusions without appropriate analysis and to understand why data is aggregated when it is shared.

Breast Cancer Screening

During the Fall Sitting, I was asked a series of questions regarding breast cancer screening and committed to provide information on breast cancer awareness programs, and what new plans, if any, are currently being considered for the screening, detection, and treatment of breast cancer among Nunavummiut.

Health is committed to improving and protecting the health of Nunavummiut, particularly in providing timely cancer screening and early detection services. This work requires the collaboration of a range of stakeholders, including health professionals and support teams. In June 2024, a new team was hired to work on cancer screening initiatives,

comprised of a cancer screening manager, a regional pathway cancer screening coordinator, and an administrative assistant. The team started working on the colorectal cancer screening program to provide a continuation after the pilot project launched in March 2023. The learning from this work will inform any future cancer screening programs.

Diagnostic and screening mammograms are available at the QGH. In 2023, 550 mammograms were completed at QGH, and 716 mammograms were completed in 2024. While Health continues to work toward filling the Mammography Technologist position, mammograms are performed by locum technologists. Currently, it is planned that a locum technologist will be on-site at QGH 2-3 weeks of every month until December 2025.

Nunavummiut can also access mammograms out-of-territory; clients in the Kivalliq can get mammograms in Winnipeg and clients in the Kitikmeot region can get mammograms in Yellowknife or Edmonton. Medical travel for diagnostic purposes is covered, and although medical travel for routine breast cancer screening is not, people who are travelling for other reasons (i.e., medical travel, duty travel, or personal reasons) can speak to their healthcare provider about arranging a screening mammogram during their trip.

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, Clerk, Legislative Assembly of Nunavut

Megan Hunt, Deputy Minister of Health