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INTRODUCTION

This section introduces the Government of Nunavut’s Master Inuit Employment Plan to 2023 and detailed departmental Inuit Employment Plans to 2023.

Master Inuit Employment Plan to 2023

A Master Inuit Employment Plan (Master IEP) to 2023 was drafted in 2017-2018 to establish long-term strategic directions in Inuit employment for the Government of Nunavut (GN) as a whole organization and in specific occupational groups in the public service. The Master Inuit Employment Plan built on the foundations established in the GN’s first Inuit Employment Plan, which was developed in 2000 and updated in implementation plans from 2003 to 2013.

The GN has been implementing actions identified in the Master Inuit Employment Plan since it was drafted in 2017-2018, along with ongoing actions that were identified in earlier Inuit Employment Plans.

The Master Inuit Employment Plan to 2023 was updated in early 2019-2020 before final approval and public release. This GN-wide IEP is available to GN employees and Nunavummiut on the Department of Human Resources website.

Departmental Inuit Employment Plans to 2023

Government of Nunavut departments and territorial corporations drafted detailed Inuit Employment Plans to 2023 during 2017-2018. These Inuit Employment Plans (IEPs) have a starting point of 2013 and an end date of 2023 to align with the 10-year period of the current Nunavut implementation contract.

Departmental IEPs to 2023 include goals and targets for the short-term (by March 2020), medium-term (by March 2023) and long-term (beyond 2023, within 10 years) and an action plan to achieve short- and medium-term goals. Implementation of the action plans that are described in draft Inuit Employment Plans to 2023 has been ongoing since 2017-2018.

Annual Inuit employment goals, targets and priorities continue to be included in departmental and agency Business Plans. Annual IEPs include one-year Inuit employment goals and targets along with priority actions for the three-year period of the Business Plan. The annual IEPs are “rolling” plans that are updated each year during the Business Planning and Main Estimates cycles. Business Plans and annual IEPs are available to GN employees and Nunavummiut on the Department of Finance’s website.

Departmental IEPs to 2023 were updated in early 2019-2020 before final approval and public release. These long-term IEPs are publicly available on the Department of Human Resources website.

Inuit employment statistics reflect the results of efforts made by departments and agencies to increase Inuit employment. These statistics are published quarterly in Towards a Representative Public Service (TRPS) reports. Additional information about Inuit employment is included in the GN’s Public Service Annual Report. These reports are publicly available on the Department of Human Resources website.

CHAPTER 1: ARTICLE 23 AND INUIT EMPLOYMENT PLANS IN THE GN

This chapter summarizes the Government of Nunavut's obligations under Article 23 of the Nunavut Agreement and how IEPs respond to these and other requirements.

The Nunavut Agreement (1993)

Article 23

Part 2 describes the objective of Article 23; Parts 4 and 5 contain the detailed requirements for Inuit Employment Plans (IEPs) and training plans. These three Parts are reproduced below:

PART 2: OBJECTIVE

23.2.1 The objective of this Article is to increase Inuit participation in government employment in the Nunavut Settlement Area to a representative level. It is recognized that the achievement of this objective will require initiatives by Inuit and by Government.

23.2.2 In pursuit of this objective, Government and the DIO shall cooperate in the development and implementation of employment and training as set out in the Agreement.

PART 4: INUIT EMPLOYMENT PLANS

23.4.1 Within three years of the date of ratification of the Agreement, each government organization shall prepare an Inuit employment plan to increase and maintain the employment of Inuit at a representative level.

23.4.2 An Inuit employment plan shall include the following:

(a) an analysis to determine the level of representation of Inuit in the government organization and to identify areas of under-representation by occupational grouping and level and regular full-time and regular part-time employment status;

(b) phased approach, with reasonable short and medium term goals, in the form of numerical targets and timetables for employment of qualified Inuit in all levels and occupational groupings where under-representation has been identified; such goals to take into account the number of Inuit who are qualified or who would likely become qualified, projected operational requirements, and projected attrition rates;

(c) an analysis of personnel systems, policies, practices and procedures in the organization to identify those which potentially impede the recruitment, promotion, or other employment opportunities of Inuit;

(d) measures consistent with the merit principle designed to increase the recruitment and promotion of Inuit, such as;

(i) measures designed to remove systemic discrimination including but not limited to:

- removal of artificially inflated education requirements,
- removal of experience requirements not based on essential consideration of proficiency and skill,
- use of a variety of testing procedures to avoid cultural biases,

(ii) intensive recruitment programs, including the distribution of competition posters throughout the Nunavut Settlement Area, with posters in Inuktitut as well as Canada's official languages as required,

(iii) inclusion in appropriate search criteria and job descriptions of requirements for an understanding of the social and cultural milieu of the Nunavut Settlement Area, including but not limited to

- knowledge of Inuit culture, society and economy,
- community awareness,
- fluency in Inuktitut,
- knowledge of environmental characteristics of the Nunavut Settlement Area,
- northern experience,

(iv) Inuit involvement in selection panels and boards or, where such involvement is impractical, advice to such panels and boards,

(v) provision of counselling services with particular attention to solving problems associated with accessibility to such services,

(vi) provision of in-service education assignment and upgrading programs adequate to meet employment goals,

(vii) promotion of apprenticeship, internship and other relevant on-the-job training programs,

(viii) special training opportunities,

(ix) use of measures which are found to be successful in achieving similar objectives in other initiatives undertaken by Government, and

(x) cross-cultural training;

(e) identification of a senior official to monitor the plan; and

(f) a monitoring and reporting mechanism on implementation of the plan.

23.4.3 All employment plans shall be posted in accessible locations for employee review.

23.4.4 Notwithstanding the overall objectives of this Article, it is understood that some organizations may employ so few persons in the Nunavut Settlement Area that strict application of the above measures may not be practicable.

PART 5: PRE-EMPLOYMENT TRAINING

23.5.1 The plans outlined in Part 4 will require special initiatives to provide some Inuit with skills to qualify for government employment. Government and the DIO shall develop and implement pre-employment training plans.

23.5.2 To the extent possible, the plans referred to in Section 23.5.1 shall be designed to meet the special needs of Inuit by various means, including:

- (a) instruction in Inuktitut;
- (b) training within the Nunavut Settlement Area;
- (c) distribution of training sites among communities, it being understood that circumstances may require that training take place in central locations within the Nunavut Settlement Area or in other locations outside the Area; and
- (d) the taking into account of Inuit culture and lifestyle.

The Settlement Agreement (2015)

The May 2015 Settlement Agreement signed by the Government of Canada (GoC), the Government of Nunavut (GN), and Nunavut Tunngavik Incorporated (NTI) also contains obligations concerning IEPs, which are reproduced below. Together with Article 23 of the Nunavut Agreement, these obligations inform the approach to, and contents of, Inuit Employment Plans in the GN.

INUIT EMPLOYMENT PLANS AND PRE-EMPLOYMENT TRAINING PLANS

25. In developing and implementing Inuit employment plans and pre-employment training plans under Part 3, Part 4, and Part 5 of Article 23, the GoC and GN recognize that whole-of-government coordination within each of the GoC and GN is critical to the successful implementation of Inuit employment plans and pre-employment training plans. Accordingly each of them will:

- (a) establish a central Inuit employment and training coordination office within its Government;
- (b) establish a coordinated approach to departmental Inuit employment plans and pre-employment training plans, including master plans, within its Government;
- (c) ensure that its departments and agencies prepare and adopt detailed action plans, which include timelines and objectives, to give effect to Inuit employment plans and pre-employment training plans;
- (d) ensure that Inuit employment plans and pre-employment training plans reflect on an ongoing basis the data and analyses obtained from the work described in Schedules D and E to produce the NILFA; and,
- (e) ensure that its departments and agencies have regard to the following:
 - (i) Inuit employment plans and pre-employment training plans need to be very precise and specific in laying out the steps that will be taken to achieve goals;
 - (ii) successful development and implementation of Inuit employment plans requires:

(A) expanding Inuit access to employment through removal of existing barriers and new and creative recruitment, retention and promotion policies, practices and procedures;

(B) development and implementation of training priorities, including the expansion of certain key programs and the establishment of new training programs; and,

(C) cooperation with NTI in respect of the development and implementation of Inuit employment plans and pre-employment training plans.

A Master Inuit Employment Plan for the GN

The Master IEP is a government-wide master plan that provides strategic direction for GN-wide programs and initiatives to increase and enhance Inuit employment. It informs departmental IEPs and provides support and guidance for their coordinated implementation.

The Master IEP covers the current contract period, from 2013 to 2023. The Assistant Deputy Minister, Strategic Human Resource Management of the Department of Human Resources develops and maintains the Master IEP.

Detailed departmental IEPs take their direction from the Master IEP in order to address specific departmental issues and opportunities in Inuit employment. As appropriate, each department will revise its IEP to include measures, support or guidance provided by the Master IEP.

The Master IEP and departmental IEPs are public documents that are updated periodically. Updates may involve minor adjustments or major shifts in direction depending on environmental and operational factors in the GN.

Accountability for Inuit Employment Plans

Accountability for developing and implementing Inuit Employment Plans is shared by GN central agencies, departments and territorial corporations:

Central Accountabilities

The Department of Human Resources (HR) is the central Inuit employment and training coordination office within the GN. As a central agency, HR is accountable for:

- Developing and implementing GN-wide human resource management policies and practices, and ensuring that any related barriers to Inuit employment are addressed;
- Developing and implementing the GN-wide Master Inuit Employment Plan;
- Designing and sponsoring GN-wide programs to increase and enhance Inuit employment;
- Advising departments on Inuit employment planning; and
- Monitoring progress towards Inuit employment goals.

The Assistant Deputy Minister, Strategic Human Resource Management of the Department of Human Resources provides oversight for and monitoring of the Master Inuit Employment Plan.

As a central agency, the Department of Finance is accountable for preparing and publishing the quarterly Towards a Representative Public Service report on Inuit employment statistics.

Departmental Accountabilities

Departments and territorial corporations are accountable for developing and implementing their IEPs, including effective use of programs provided by central agencies.

The Department of Health's (Health) representatives to ensure the ongoing implementation and updating of the IEP are: Associate Deputy Minister, Quality of Life; Director, Human Resources, and the Manager, Inuit Employment and Employee Development.

CHAPTER 2: DESCRIPTION OF THE DEPARTMENT

This chapter describes the department's history, mandate, operations, and the number of positions in each employment category.

Brief History of the Department

Following the creation of Nunavut in April 1999, the Government of Nunavut Department of Health and Social Services (HSS) assumed responsibility of health care delivery.

This was the result of the Nunavut Implementation Committee (NIC) recommendation that the provision of health care programs should be through a Nunavut Department of Health and Social Services. Following referencing from *Footprints 2* (1996), the NIC advocated that broad issues of health policy could be adequately charted through the activities of a department of the Government of Nunavut, responsible for health, headed by a Minister answering to the Legislative Assembly.

The Department was closely modelled after the Government of Northwest Territories (GNWT) department structure, as legislation governing the administration of health services in Nunavut was carried over from the GNWT (as Nunavut statutes) pursuant to the *Nunavut Act*. However, as per the recommendation by the NIC in *Footprints 2*, regional health boards were dissolved and the management and operation of health centres, including hiring of health professionals, became the responsibility of HSS. In more recent years, the Department of Health (Health) has begun the process of updating its legislation that was inherited from the GNWT, such as the *Public Health Act*. In addition, Health opted for decentralization to regional offices to support front-line workers and community based delivery of a wide range of health programs and services.

On April 1, 2013, the Department of Health and Social Services was split into two departments: the Department of Family Services and the Department of Health. At this time, Health maintained responsibility for the provision of health services, including continuing care centres, home and community care, and acute care. The Department of Family Services maintained responsibility for the residential long-term care needs of children and adults, including the funding of three Elders' Homes and a facility for children with significant disabilities.

Health works closely with the Federal Government, NTI and Nunavut communities to ensure that services reflect the needs of Nunavummiut. This promotes the incorporation of the social determinants of health in decision-making and program development. These relationships also support capacity building at the community level as demonstrated by the recent renewal of the Nunavut Wellness Agreement (NWA). This Agreement, signed by Health Canada, NTI and Health, provides funding for territory-wide and community driven wellness activities.

On October 25, 2015, Premier Taptuna declared suicide a crisis in Nunavut and named a Minister responsible for Suicide Prevention and Chair of the Quality of Life Cabinet Committee. Following this announcement, Health created a Quality of Life Secretariat to coordinate the GN's implementation of the Nunavut Suicide Prevention Strategy.

On April 1, 2017, Health assumed responsibility from the Department of Family Services for the funding and oversight of three Elders' Homes. This transfer consolidated long term residential care for seniors under one department. This transfer of responsibility allows Health to provide a more consistent continuum of care with increased service integration to aging Nunavummiut.

The Department of Health is divided into four core functions:

- Directorate;
- Quality of Life;
- Public Health; and
- Health Care Service Delivery.

Directorate

The Directorate Branch provides overall management support and advice to the Minister under the direction of the Deputy Minister. The Directorate is also responsible for strategic planning, providing leadership in the development of legislation and policy, communications, budget coordination and financial services, and capital planning, human resource planning, and systems support. Leadership and coordination in the areas of professional practice standards, regional service delivery, and overall departmental quality assurance are also key functions of this Branch.

The Directorate is composed of the following units:

Deputy Minister (Office of) provides support and advice to the Minister and the Government of Nunavut and ensures consistent implementation of ministerial direction and government policy. The Deputy Minister provides overall direction and leadership to the department.

Assistant Deputy Minister, Programs and Standards provides overall management and leadership in developing territorial programs, policies, standards and guidelines, and local community capacity building. Within this division, Professional Practice promotes, establishes and maintains professional standards and best practices to protect the public and comply with legislation. This division manages the credentialing, registration and licensing of 12 legislated health professions. It also administrates the process of investigations of formal complaints received against licensed health professionals. Professional Practice provides support to frontline workers and management regarding risk, liability and professional practices of health professionals in Nunavut.

Assistant Deputy Minister Operations provides overall management and leadership for Iqaluit and regional operations in the delivery of programs, initiatives, services and support for local capacity building.

Corporate Services is a multi-disciplinary division providing advice in the areas of finance, administration, capital planning, medical travel and health information technology. This division provides health insurance services to the public and takes a leadership role in maintaining vital statistics, including Non-insured Health Benefits (NIHB) on behalf of Health Canada.

Human Resources provide support for recruitment and retention, Inuit employment planning and general human resource administration.

Policy and Planning provides leadership and advisory services in the review, development, and implementation of departmental policies and legislation; leads strategic planning and business planning processes for the department; provides policy and strategic advice and support to the Deputy Minister and Minister's office; and coordinates the department's working relationships with federal, provincial, and territorial (FPT) counterparts.

Quality of Life

The Quality of Life Secretariat provides strategic planning, leadership and coordination for the Government of Nunavut's suicide prevention initiatives, plans and strategies, and associated partnerships. The Secretariat reports to the Minister responsible for Suicide Prevention and the Cabinet Committee on Quality of Life. The Secretariat is responsible for development of legislation and policy, communications, community development, and research and evaluation pertaining to suicide prevention across Nunavut. The Secretariat also partners with other departments, organizations and governments to achieve the goal of reducing the incidence of suicide in the territory.

Public Health

The Public Health Branch provides direction and leadership throughout Nunavut regarding the core functions of public health, which include population health assessment, health surveillance, health promotion, disease and injury prevention, health protection and management of public health emergencies. Public Health uses strategies and approaches that combine education and skill building, social policy, inter-sectoral partnership and collaboration, regulation, and community development. The Public Health Branch consists of the following units:

The Office of the Chief Medical Officer of Health (CMOH) provides leadership and expertise to population health and health protection programs. The CMOH also establishes and maintains public health standards and best practices as well as advocates for the preservation and improvement of the health of Nunavummiut.

Health Protection works to protect public health and safety, and prevent and control the spread of communicable diseases by providing immunizations, health education and counseling, investigating outbreaks, and follow-up on reportable diseases. Environmental Health Officers (EHOs) inspect and monitor activities and premises that may affect the public's health; EHOs advise, inspect and educate operators of public places like restaurants, daycares, swimming pools, rental properties, and personal service establishments, about safe practices that protect the public. Additionally, EHOs protect Nunavummiut from potential rabies exposure, zoonotic disease, and other health risks linked to unsafe drinking water, unsafe housing, and other unsafe conditions in the environment. The emphasis of this unit is to work with the public in ensuring their health and safety.

Population Health supports individuals, groups, and communities to obtain knowledge, skills, and control over decision-making, advocacy, and community mobilization of resources to achieve population health and wellness. The program provides for direct involvement and partnership of stakeholders in matters pertaining to the delivery of public health programs including: tobacco reduction, food security, school health, maternal and child health, chronic disease and injury prevention, mental wellness, and active living. This program also administers a variety of federally funded health enhancement programs and initiatives.

Population Health Information is responsible for maintaining, producing and disseminating health information to the Territory. This information includes: health care utilization, physician visits (in and out of territory), hospitalizations (in and out of territory), chronic disease statistics, homecare utilization, and cancer data. Population Health Information processes over half a million paper-based records per year and provides a variety of health statistics.

Health Care Service Delivery

The Health Care Service Delivery Branch includes clinical services provided at community and regional health centres, and the Qikiqtani General Hospital. The Branch also provides mental health, long-term care and home and community support services. The Branch strives to provide culturally relevant services through a holistic, patient-centered approach.

It also includes territorial health insurance programs that cover hospital services within Nunavut and other jurisdictions, as well as supplementary health benefits and vital statistics. The Branch coordinates referrals to access health care services within Nunavut and other jurisdictions. This Branch also funds physician and specialist services, including rehabilitation services that are accessed both in and out of territory as required.

The Health Services Delivery Branch consists of the following divisions and programs:

Mental Health and Addictions has a mandate to provide a client-centered, comprehensive continuum of care which include assessment, counselling, treatment and referral services to those individuals and families experiencing emotional distress and/or psychiatric disorders. This includes providing support and assistance to communities and groups to better understand and deal effectively with primary, acute, and/or emergency mental health issues, suicide ideations and attempts, self-harming behaviors, high stress, self-esteem and wellness issues, including addictions that limit personal functioning and well-being.

Home Care and Community Care (HCC) offers health related services to Nunavummiut needing care due to illness, poor health or disability. The objective is to preserve and maximize an individual's ability to remain independent in the community through case management, nursing, and personal care. This area supports and strengthens family and community involvement in the delivery of care. Services are provided in the client's preferred language whenever possible. Most, if not all home making and personal care service are provided in Inuktitut. The HCC program helps those at risk in communities, and works to improve overall health through prevention. This program is partially supported by federal funding.

Long-term Care services provide 24-hour, 7-day nursing and personal care to elders and other adults who require nursing care and support.

Medical Transportation provides transportation services for eligible clients and escorts from their home community to services within Nunavut and out-of-territory.

Hospital and Physician Services are those offered in the Qikiqtani General Hospital. This is a 35 bed acute care hospital providing inpatient services, operating rooms, a 24-hour emergency department, 24-hour diagnostic imaging, and laboratory. The facility provides day surgery and emergency surgeries, regular family practice clinics, a rapid access clinic, and a variety of specialist clinics serving Iqaluit and the Qikiqtaaluk region. Support services also include housekeeping, dietary, respiratory therapy, maintenance, and biomedical engineering.

Community Health Centres provides access to a range of health care and public health care services. Programs cover a range of services including health promotion, illness prevention, primary care and emergency treatment services for the population in communities across Nunavut.

Health Insurance/Vital Statistics records and issues certificates for births, marriages, and deaths that occur in Nunavut. Health Insurance/Vital Statistics registers change of name orders, adoptions, addition of parent's details to birth records, and additions or changes of given names. The unit is also responsible for the management and administration of the Nunavut Health Care Plan (NHCP) and Extended Health Benefits (EHB). The program administers NIHB on behalf of Health Canada, including vision, oral health and boarding homes.

Out-of-Territory Hospitals is responsible for the payment of out-of-territory hospital services. When clients with a Nunavut Health Care Card are seen in other provinces, the province reciprocally bills Health for these services.

Reciprocal Physician Billings covers the following services for Nunavummiut: inpatient services, outpatient services, specialist services, general practitioner services, rehabilitation services (including physiotherapy, occupational therapy, speech therapy and audiology). The program covers the aforementioned services regardless of whether the service is provided to a Nunavut resident within the territory or outside of the territory. Program expenses include the amounts spent to have health professionals from other jurisdictions visit Nunavut to provide services locally.

Oral Health provides clinical dental services, including specialist, for all Inuit in all communities across the territory. This is funded in partnership with NIHB, Territorial Health Investment Fund (THIF), and Health's operations' budget. Oral health promotion and treatment for children aged 0-9 years old is provided through the Nunavut Children's Dental Program. In addition, dental therapy services are offered for children in clinics and schools. For those children up to 12 years of age who have serious dental disease, in-hospital dental services are available.

Mandate

The Department of Health's legislation and associated regulations guide the provision of health services in Nunavut, including the licensing of health professions, billing, insured services and reporting.

The Nunavut Health Care Plan, which includes physician and hospital services, is administered by Health on a non-profit basis. The *Medical Care Act* (NWT, 1988 and as duplicated for Nunavut by section 29 of the *Nunavut Act*, 1999) governs the entitlement to, and payment of, benefits for insured medical services. The *Hospital Insurance and Health and Social Services Administration Act* (NWT, 1988 and as duplicated for Nunavut by section 29 of the *Nunavut Act*, 1999) enables the establishment of hospital and other health services.

The *Canada Health Act* outlines the criteria by which jurisdictions abide in the provision of insured health services, but does not prescribe how a jurisdiction must organize its health system. The criteria includes: portability, universality, comprehensiveness, accessibility and public administration. Health

contributes to the annual report to promote transparency of the health system and to meet the obligations outlined in the Act.

As per legislation, including the *Public Health Act*, the *Medical Care Act* and the *Tobacco Control Act*, Health has specific reporting and tabling obligations. This includes reporting on communicable diseases, health insurance and tobacco control activities. Health produces two statutory reports annually: the *Medical Care Act* and the *Tobacco Control Act*.

Over time, priorities have been identified through various Government of Nunavut mandate documents, strategies and Health's annual business plan. Under the current mandate, Sivumut Abluqta, Health is working to support healthy and resilient communities by ensuring Nunavummiut have access to clinical expertise and facilities, and investing in community based solutions.

Leadership and guidance in the Nunavut health system is critical to the provision of quality health care and the overall health status of Nunavummiut. Through collaborative innovation and integration of Inuit Societal values, Health strives to provide excellent health care services that empower Nunavummiut to live healthy lives.

Operations and Locations

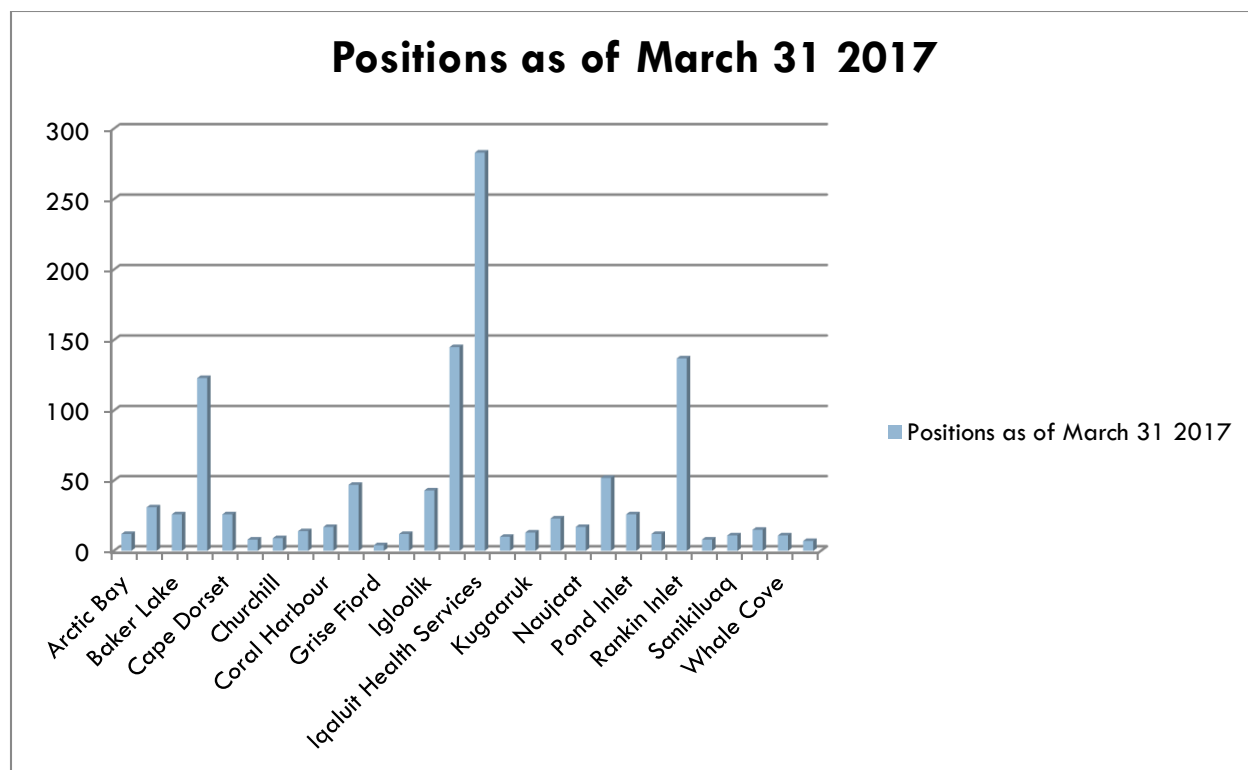
The delivery of health services in Nunavut is based on a primary health care model. Nunavut's primary health care providers are family physicians, nurse practitioners, midwives, community health nurses, and other allied health professionals.

The Department of Health is responsible for delivering health care services to Nunavummiut, including the operation of community health centres, regional health centres, and a hospital. There are three regional offices that manage the delivery of health services at a regional level. Iqaluit operations are administered separately.

In total, there are 32 health facilities across Nunavut, including: Qikiqtani General Hospital; two regional health facilities (Rankin Inlet and Cambridge Bay); 22 community health centres; one public health facility (Iqaluit); three centres for continuing care and three Elders' homes. The Department is responsible for authorizing, licensing, inspecting, and supervising all health facilities in the territory. The Department also has administrative offices located in Cambridge Bay, Rankin Inlet, Pangnirtung and Iqaluit.

In addition to operating at least one facility in every community, the Department operates a boarding home in Churchill, and has medical travel and case management staff in Winnipeg, Manitoba. The Department works closely with facilities across Canada, primarily in the major referral centres: Yellowknife, Edmonton, Churchill, Winnipeg and Ottawa.

Additional health facilities in Nunavut operate under the management of independent service providers with oversight from the Department of Health. This oversight was implemented by the Government of Nunavut in April 2017.



Breakdown of Positions by Community as of March 31, 2017

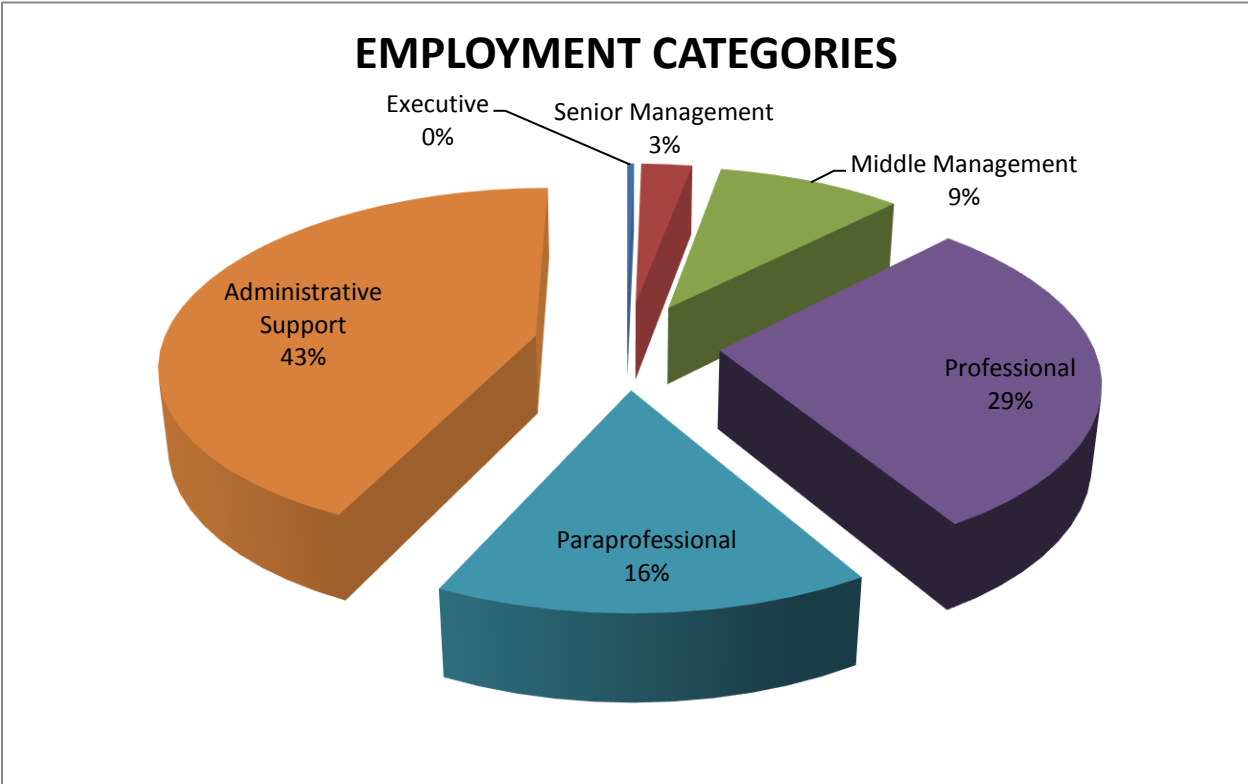
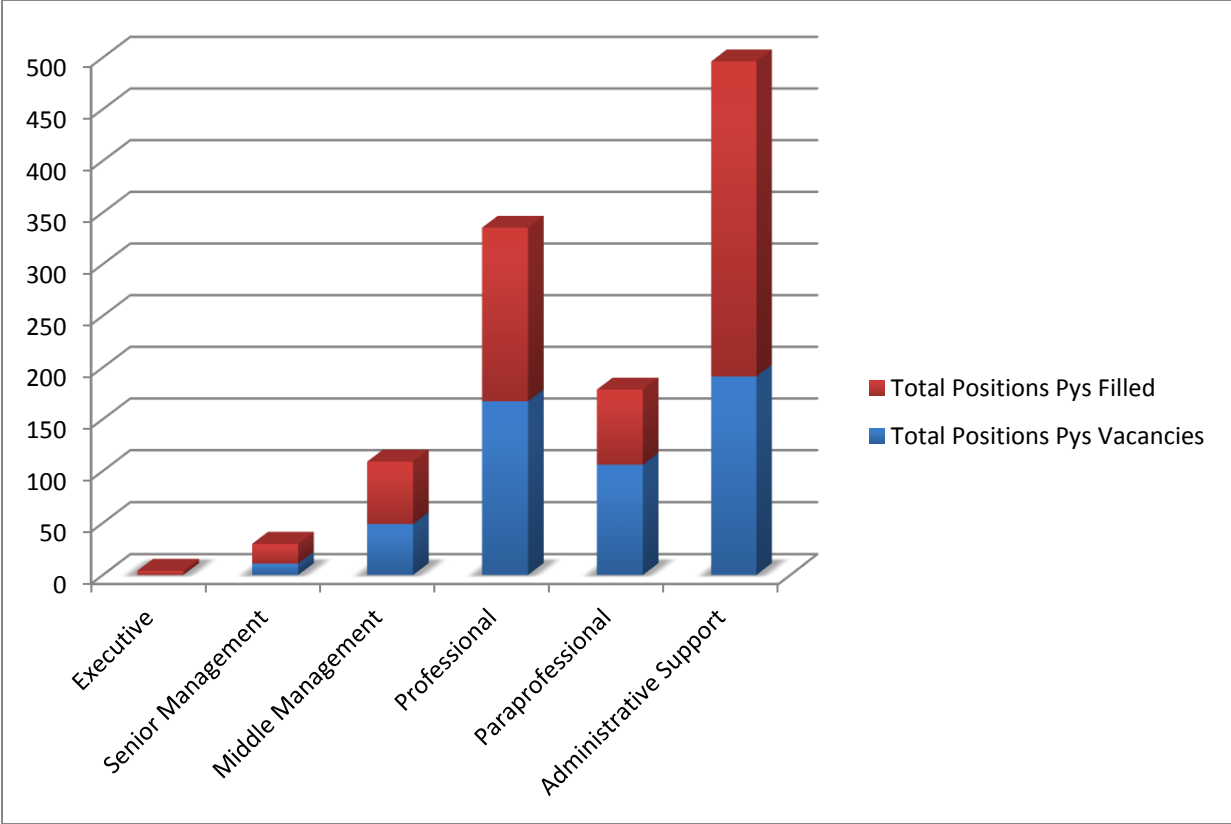
Community	Facility Type (s)	Positions
<i>Qikiqtani Region</i>		
Arctic Bay	Health Centre	11.80
Cape Dorset	Health Centre	24.00
Clyde River	Health Centre	13.00
Grise Fiord	Health Centre	5.30
Hall Beach	Health Centre	10.50
Igloolik	Health Centre, Continuing Care Facility	42.50
Kimmirut	Health Centre	9.50
Pangnirtung	Health Centre, Regional Office	52.00
Pond Inlet	Health Centre	24.00
Qikiqtarjuaq	Health Centre	11.53
Resolute Bay	Health Centre	7.00
Sanikiluaq	Health Centre	13.50
<i>Iqaluit</i>		
Iqaluit	Iqaluit Health Services (QGH, Akaussisarvik, Public Health, Rehab)	286.23
Iqaluit	Health Headquarters	145.00

Community	Facility Type (s)	Positions
<i>Kitikmeot Region</i>		
Cambridge Bay	Regional Health Facility, Mental Health Facility, Continuing Care Facility, Regional Office	130.10
Gjoa Haven	Health Centre, Continuing Care Facility	45.00
Kugaaruk	Health Centre	11.50
Kugluktuk	Health Centre, Professional Practice Office	24.00
Taloyoak	Health Centre	14.00
<i>Kivalliq Region</i>		
Arviat	Health Centre	31.00
Baker Lake	Health Centre	27.00
Chesterfield Inlet	Health Centre	9.31
Churchill	Boarding Home	8.50
Coral Harbour	Health Centre	18.50
Naujaat	Health Centre	16.50
Rankin Inlet	Regional Health Facility, Regional Office	138.00
Whale Cove	Health Centre	12.00
Winnipeg	Boarding Home	7.00

Employment Categories in the Department

As of March 31, 2018

EMPLOYMENT CATEGORIES	TOTAL POSITIONS (FTEs)			
	Number of Positions	Vacancies	Filled	% Capacity
Executive	4.00	1.00	3.00	75%
Senior Management	30.00	10.00	20.00	67%
Middle Management	115.00	51.00	64.00	56%
Professional	349.00	169.00	180.00	52%
Paraprofessional	193.17	111.50	81.67	42%
Administrative Support	487.64	155.43	332.21	68%
TOTAL	1,178.81	497.93	680.87	58%



CHAPTER 3: INUIT EMPLOYMENT IN THE DEPARTMENT

This chapter summarizes Inuit employment levels within the department from 2013 to date.

Capacity in the Department

The history of the Department of Health, including its successes and failures, is in many ways associated with employment capacity.

From a statistical perspective, capacity can be understood as the number of filled positions, relative to the total number of positions. Represented as a percentage, capacity describes the number of positions in an employment category, which are filled and working to support an organization's mandate.

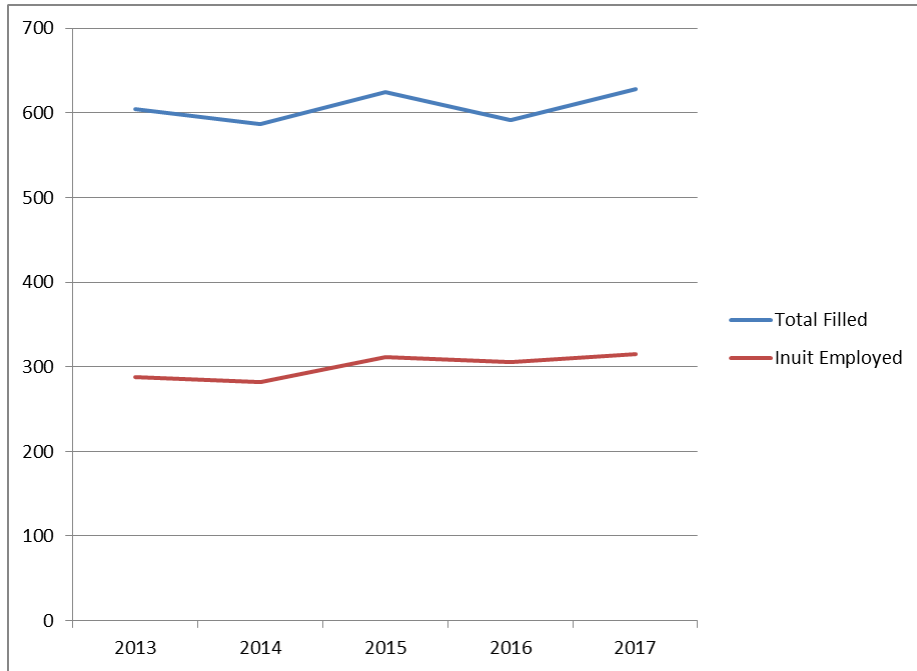
While an important measure, capacity as a percentage fails to provide a comprehensive understanding of an organization's actual ability to support its mandate. Items impacting capacity include: service pressures, size of available qualified candidate pools, employment type preferences, ability to be agile in response to health outbreaks (surge capacity and redeployment) as well available support mechanisms for employee development.

Some examples of Health's capacity challenges:

- Positions which require specific licensing and educational requirements, such as nursing, that have no equivalencies;
- Increasing populations with corresponding increased demand for established and new health services, which create additional pressure on capacity on a 24 hour a day basis;
- Preference by some individuals in health care positions, such as nursing, to work as a casual with breaks between contracts. This results in employment reporting numbers appearing lower than they actually are since vacancy rates usually are based on indeterminate positions;
- Positions filled by individuals who require additional support mechanisms such as formal coaching, mentoring and training programs to be successful in their current positions, which creates capacity issues for supervisors, managers and coworkers;
- High rate of position turnover and the corresponding capacity pressures on individuals to cover the workload of the vacant position as well as allocate time to recruitment;
- Number of positions relative to scope of the Department's mandate and geographical dispersion of locations;
- Operational coordination across decentralized offices and the need for additional support and resources both financial and supervisory;
- Leadership competency/experience requirements in order for individuals to be successful requires dedicated training and time away from work, creating additional capacity pressures; and infrastructure and technology limitations.

Inuit Employment in Employment Categories

Over the last five years, Inuit employment has stayed relatively unchanged. In 2015-16 and 2016-17, 200 PYs were added to Health’s complement and are currently in the queue for staffing. Many positions were nursing related positions and support positions. As a result, there was a slight increase in Inuit employment, but it did not keep pace with growth.



In 2016-17, 96 positions (Administrative Support, Paraprofessional and Management) were targeted for Inuit employment. By the end of the fiscal year, 89 Inuit were hired through a combination of competition and direct appointment.

In 2017-2018, 173 positions were targeted for Inuit employment through competition (regular and restricted) as well as direct appointment. Over the next five years, an annual assessment will be completed by April 30th of the new fiscal year to identify targeted positions to be filled in the upcoming year.

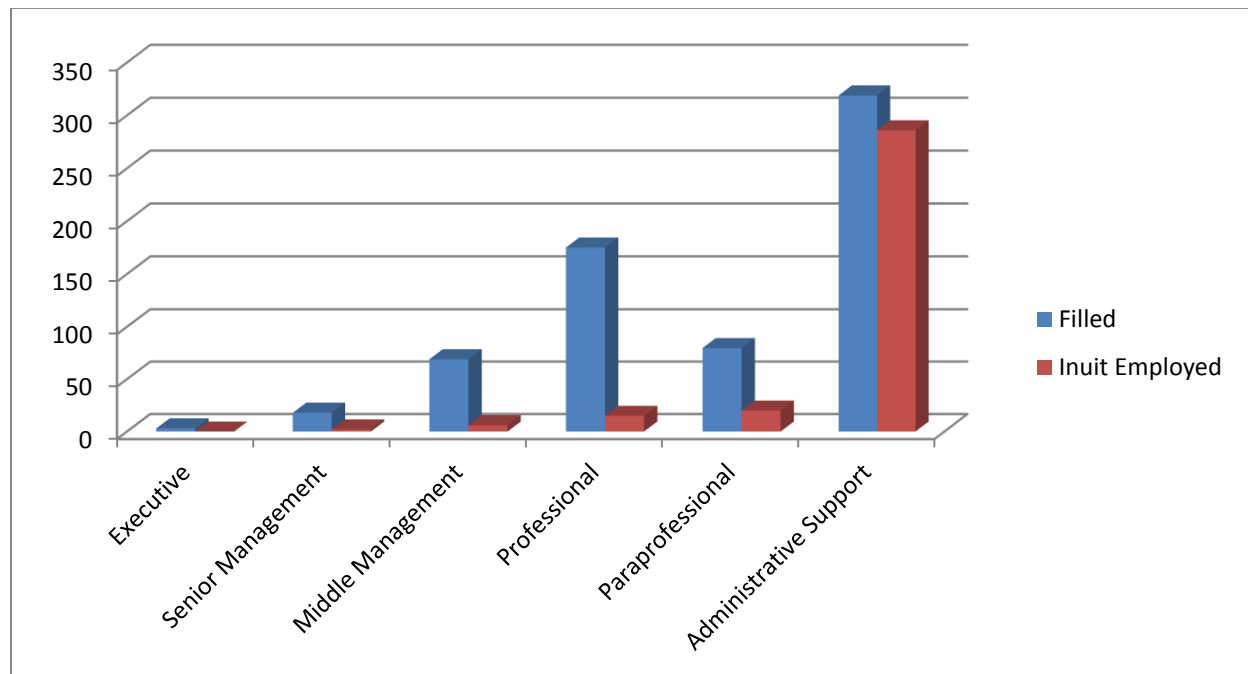
Targeted positions for 2017-18

Category Type	Number of Positions Targeted for Inuit Employment
Administrative Support	125
Paraprofessional	30
Professional	15
Middle Management	3
Total	173

The goal of the Model of Care project is to analyse current and future health care models and determine how population growth will impact the types of services required by communities. Part of this review will be dedicated to analyzing the potential for additional paraprofessional roles to support the current model. This may result in additional positions created in the communities that would support Inuit employment. The project is expected to initiate a pilot phase in 2017-18 followed by full implementation in the following years. It is still undetermined, at this point, how the Model of Care project and its corresponding re-organization will impact Inuit employment numbers.

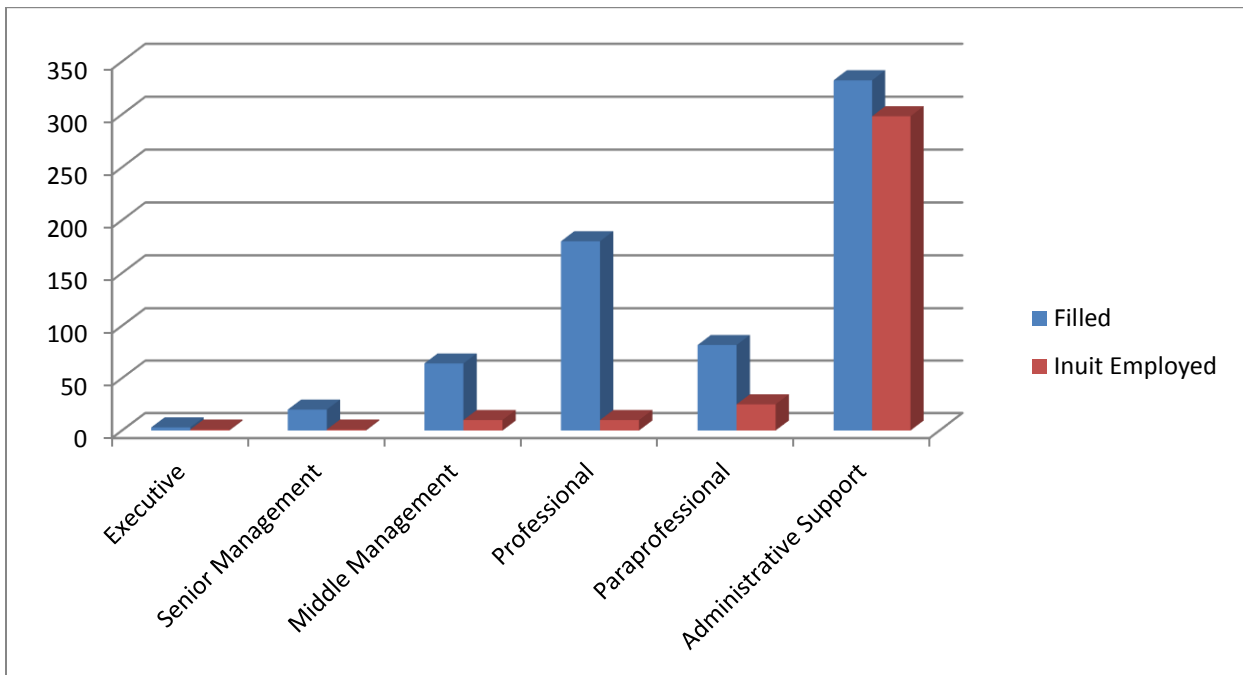
As of March 31, 2019

EMPLOYMENT CATEGORIES	TOTAL POSITIONS (FTEs)			INUIT EMPLOYMENT	
	Number of Positions	Filled	% Capacity	Inuit Employed	% Inuit
Executive	4.00	3.00	75%	0.00	0%
Senior Management	31.00	18.00	58%	2.00	11%
Middle Management	112.00	69.00	62%	6.00	9%
Professional	362.00	175.00	48%	15.00	9%
Paraprofessional	214.17	79.67	37%	20.00	25%
Administrative Support	480.84	318.84	66%	285.84	90%
TOTAL	1,204.01	663.51	55%	328.84	50%



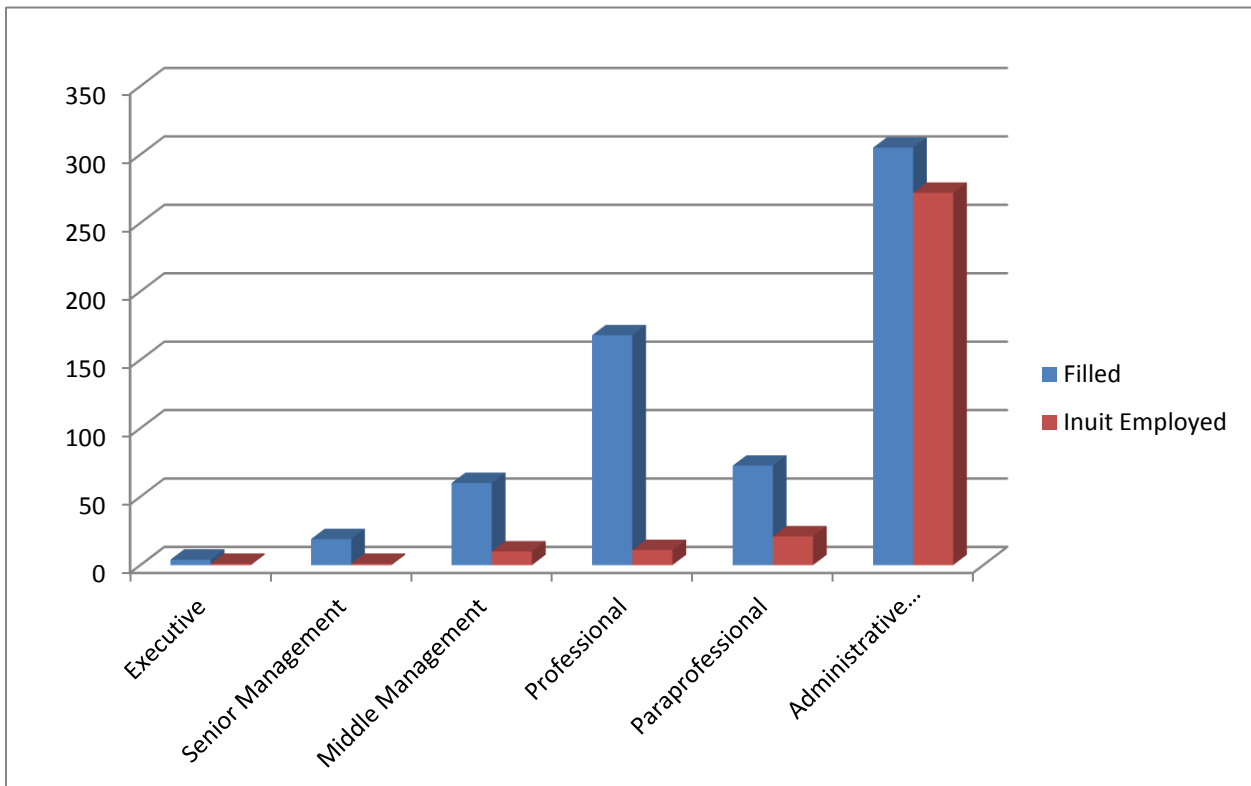
As of March 31, 2018

EMPLOYMENT CATEGORIES	TOTAL POSITIONS (FTEs)			INUIT EMPLOYMENT	
	Number of Positions	Filled	% Capacity	Inuit Employed	% Inuit
Executive	4.00	3.00	75%	1.00	33%
Senior Management	30.00	20.00	67%	1.00	5%
Middle Management	115.00	64.00	56%	10.00	16%
Professional	349.00	180.00	52%	10.00	6%
Paraprofessional	193.17	81.67	42%	25.00	31%
Administrative Support	487.64	332.21	68%	298.21	90%
TOTAL	1,178.81	680.87	55%	345.21	51%



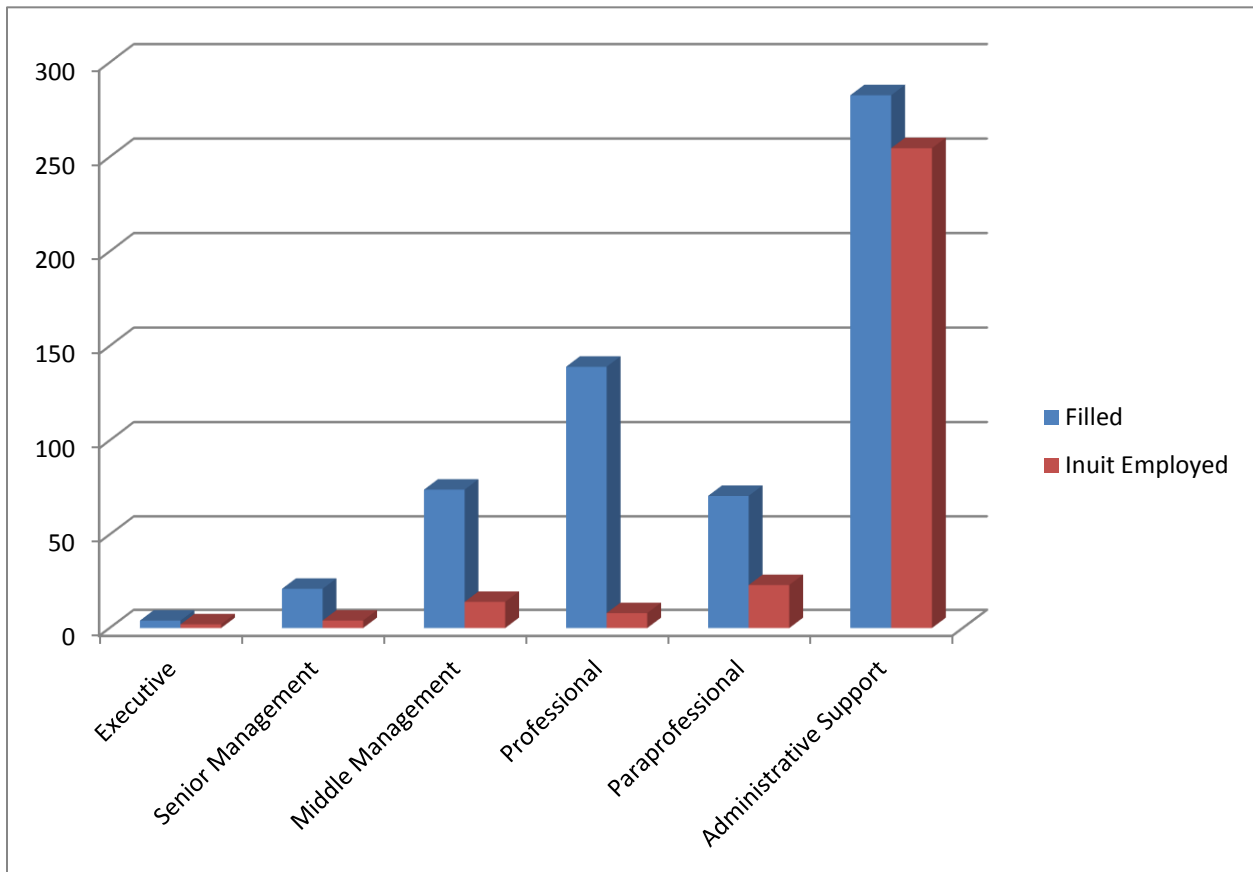
As of March 31, 2017

EMPLOYMENT CATEGORIES	TOTAL POSITIONS (FTEs)			INUIT EMPLOYMENT	
	Number of Positions	Filled	% Capacity	Inuit Employed	% Inuit
Executive	4.00	4.00	100%	1.00	25%
Senior Management	30.00	19.00	63%	1.00	5%
Middle Management	109.00	60.00	55%	10.00	17%
Professional	335.30	168.00	50%	11.00	7%
Paraprofessional	178.67	72.67	41%	21.00	29%
Administrative Support	496.31	305.04	61%	272.04	89%
TOTAL	1,153.27	628.71	55%	316.04	50%



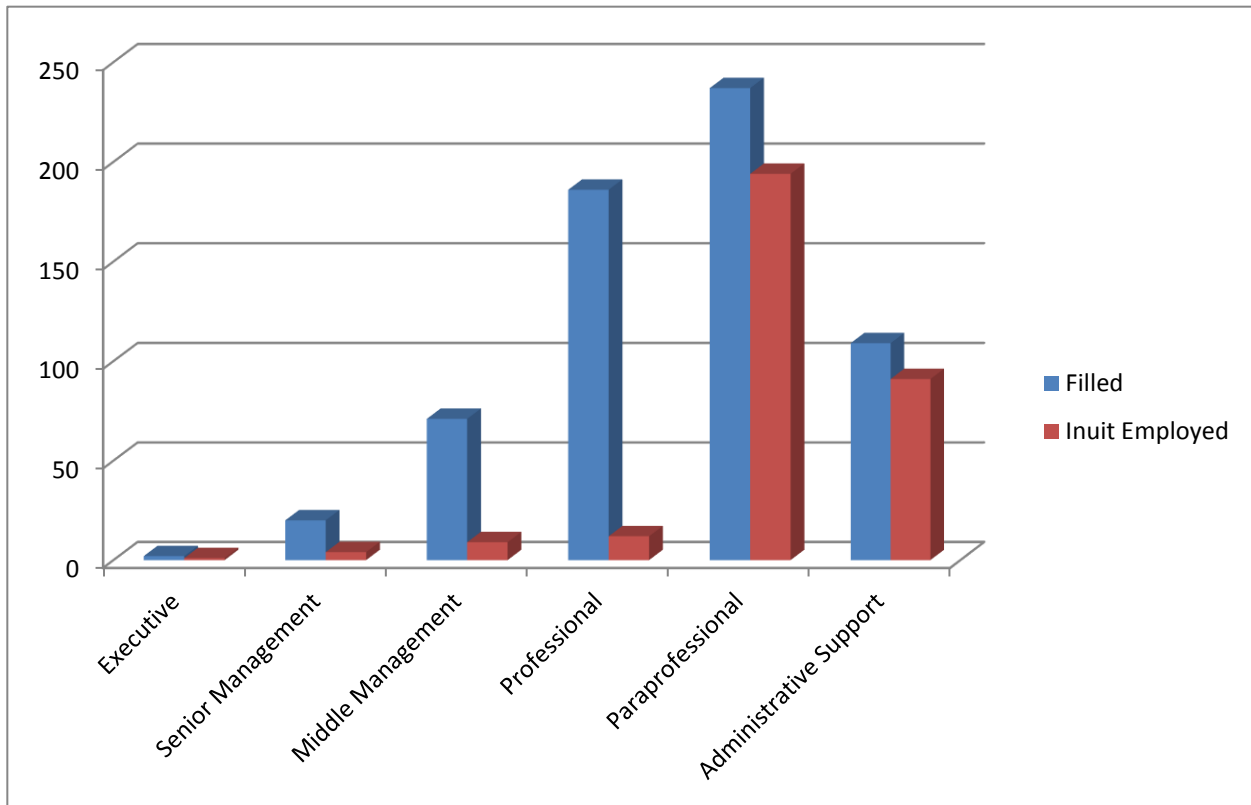
As of March 31, 2016

EMPLOYMENT CATEGORIES	TOTAL POSITIONS (FTEs)			INUIT EMPLOYMENT	
	Number of Positions	Filled	% Capacity	Inuit Employed	% Inuit
Executive	4.00	4.00	100%	2.00	50%
Senior Management	28.00	21.00	75%	4.00	19%
Middle Management	119.00	74.00	62%	14.00	19%
Professional	312.00	139.00	45%	8.00	6%
Paraprofessional	168.17	70.67	42%	23.00	33%
Administrative Support	461.31	282.67	61%	254.67	90%
TOTAL	1,092.48	591.34	54%	305.67	52%



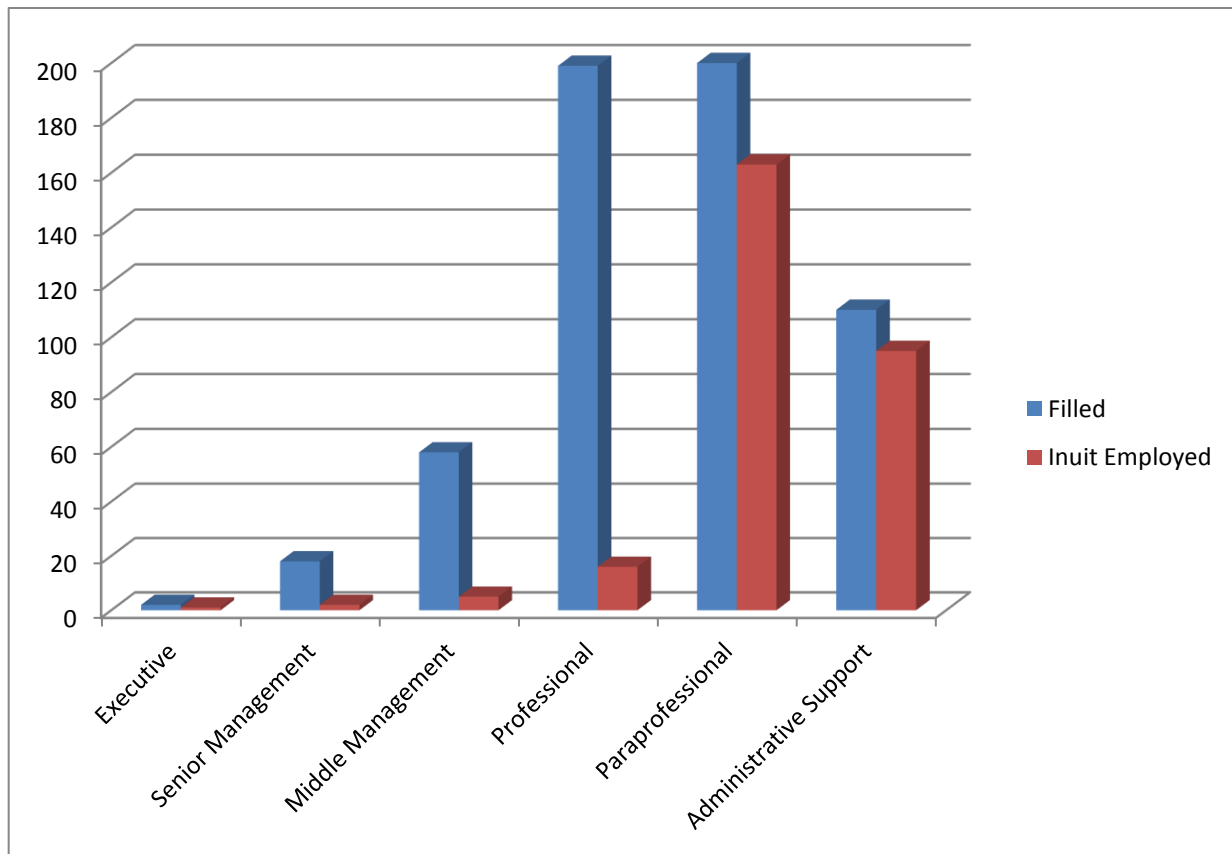
As of March 31, 2015

EMPLOYMENT CATEGORIES	TOTAL POSITIONS (FTEs)			INUIT EMPLOYMENT	
	Number of Positions	Filled	% Capacity	Inuit Employed	% Inuit
Executive	3.00	2.00	67%	1.00	50%
Senior Management	31.00	20.00	65%	4.00	20%
Middle Management	104.00	71.00	68%	9.00	13%
Professional	350.00	186.00	53%	12.00	6%
Paraprofessional	368.00	237.00	64%	194.00	82%
Administrative Support	180.00	109.00	61%	91.00	83%
TOTAL	1,036.00	625.00	60%	311.00	50%



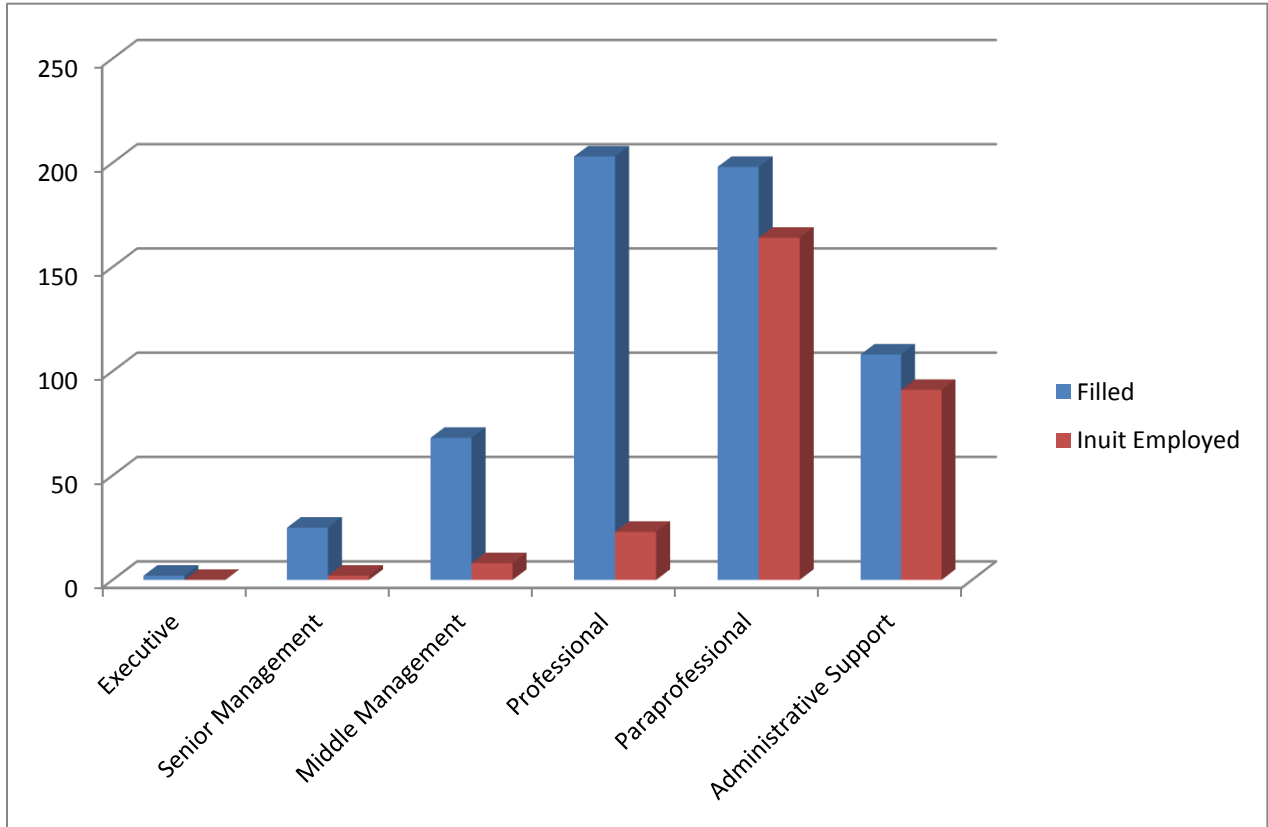
As of March 31, 2014

EMPLOYMENT CATEGORIES	TOTAL POSITIONS (FTEs)			INUIT EMPLOYMENT	
	Number of Positions	Filled	% Capacity	Inuit Employed	% Inuit
Executive	3.00	2.00	67%	1.00	50%
Senior Management	31.00	18.00	58%	2.00	11%
Middle Management	87.00	58.00	67%	5.00	9%
Professional	328.00	199.00	61%	16.00	8%
Paraprofessional	308.00	200.00	65%	163.00	82%
Administrative Support	161.00	110.00	68%	95.00	86%
TOTAL	918.00	587.00	64%	282.00	48%



As of March 31, 2013

EMPLOYMENT CATEGORIES	TOTAL POSITIONS (FTEs)			INUIT EMPLOYMENT	
	Number of Positions	Filled	% Capacity	Inuit Employed	% Inuit
Executive	3.00	2.00	67%	0.00	0%
Senior Management	33.00	25.00	76%	2.00	8%
Middle Management	94.00	68.00	72%	8.00	12%
Professional	353.00	203.00	58%	23.00	11%
Paraprofessional	309.00	198.00	64%	164.00	83%
Administrative Support	156.00	108.00	69%	91.00	84%
TOTAL	948.00	604.00	64%	288.00	48%

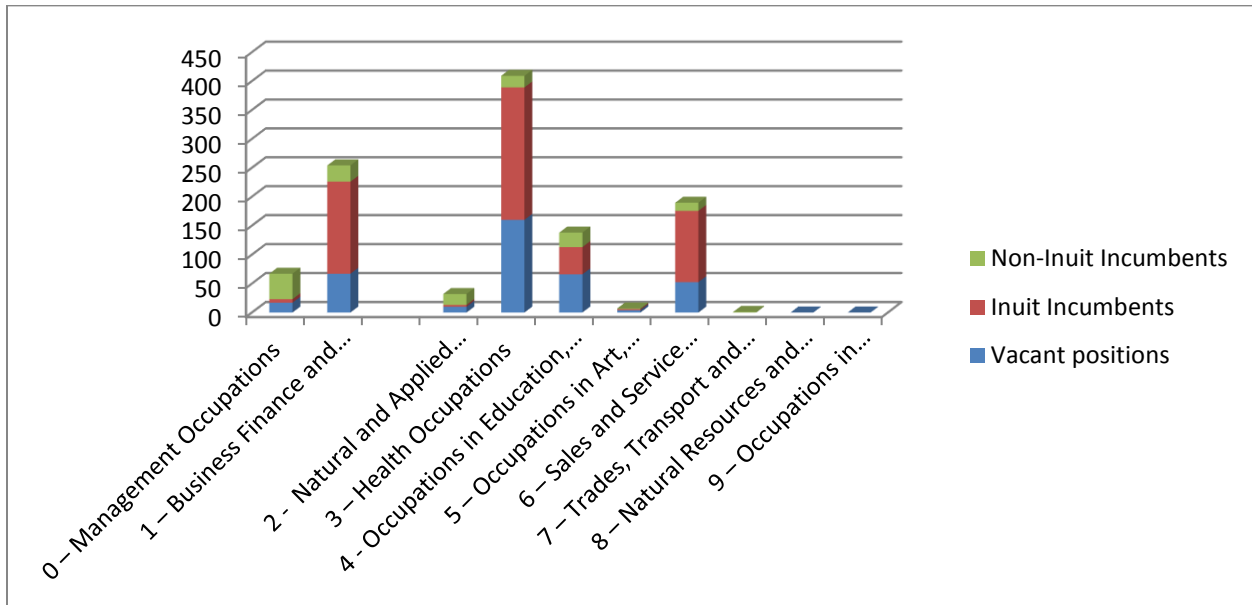


Inuit Employment by Occupational Group

The National Occupational Classification (NOC) system identifies 10 broad occupational categories based on the type of work. Classification of positions in the NOC system depends on experience, education or employment preparation for a specific job type. Under the NOC system, Health's breakdown of occupational categories is as follows:

NOC Occupational Category	Position Type Examples	Health Positions (as of March 31, 2017)	Inuit Incumbents	Non-Inuit Incumbents
0 – Management Occupations	Executive Positions, Senior Managers	66	4	27
1 – Business Finance and Administration Occupations	Finance positions, HR positions, Admin support	155	77	21
2 - Natural and Applied Science Occupations	IT positions	56	0	35
3 – Health Occupations	Nurses, HCCW, CHR, DI, Population and Public Health Positions	487	80	159
4 - Occupations in Education, Law and Social, Community and Government Services	Communications/Policy positions, Quality of Life positions, Health Care Reps, Dental Coordinators, Mental Health	132	16	39
5 – Occupations in Art, Culture, Recreation and Sport	Communications/Interpretation	27	3	12
6 – Sales and Service Occupations	Housekeeper, Housekeeping Assistant, Caretaker, Clerk Interpreter, Medical Interpreter, Cook, Attendant, Dietary Aide	229	136	19
7 – Trades, Transport and Equipment Operators	Hospital Maintainer	1	0	1
8 – Natural Resources and Agriculture Occupations	N/A	0	0	0
9 – Occupations in Manufacturing and Utilities	N/A	0	0	0

Inuit Employment by Occupational Group as of March 31, 2017



Inuit Language Requirements

For at least 593 positions in Health, the ability to speak Inuktitut, Inuinnaqtun, or French in addition to English is preferred. Of these 593 positions, 275 or 46.37% of these positions are filled indeterminately and 272 employees are receiving bilingual bonus. Some positions, such as the Medical Interpreter do not receive additional bonuses, as the ability to speak more than one official language of the territory is already taken into consideration when evaluating the position and establishing the compensation rate for the position.

Additional positions that are not frontline, but have an incumbent who is bilingual in Inuktitut/ Inuinnaqtun are also being reviewed to ensure that, where it is beneficial to Health and supports the Department of Culture and Heritage’s language preservation goals, they are being credited for this ability.

Current Bilingual Statistics for Department of Health as of March 31, 2017

Employment Type	Employees Receiving BBI
Indeterminate	271
Casual	89
Relief	300
Total	660

Inuit Representation

Of the 628.71 positions that are filled, approximately 50%, or 316.04 positions, are filled by Inuit, as of March 2017. The majority of the positions filled by Inuit are in the Administrative Support employment category with an 89% representation rate. A large number of positions in the department require a nursing/medical degree which significantly impacts Inuit representation in the Paraprofessional and Professional categories. Although there are a small number of Inuit nursing graduates joining the workforce each year, a significant impact will not be seen in the employment statistics during this contract period. Due to educational and licensing requirements, there are no equivalencies that can be used for these positions. When nursing related positions are removed from the analysis, the representation of Inuit in Health is approximately 50%.

The greatest opportunities for increased Inuit representation are in the Senior Management, Middle Management and Paraprofessional categories. Strategies for the five year plan and beyond will focus on increasing Inuit employment in these 3 categories through the development of succession planning and workforce training plans.

CHAPTER 4: ISSUES AND OPPORTUNITIES IN INUIT EMPLOYMENT

This chapter summarizes key risks, issues and opportunities that the department faces with regard to Inuit employment.

Historical Issues and Opportunities

As it relates to Nursing and some Public Health positions, there will be barriers present in Health due to high educational requisites which lower Inuit employment rates. In these cases, licensing and programming obligations have mandatory educational requirements of a Bachelors' of Science, Masters, or Diploma in identified areas of health that cannot be attained through experiential equivalencies alone. Some of these positions include, but are not limited to: Nurse, Mental Health Counselor/Consultant, Audiology, Ultrasound/Mammography, Laboratory Technologist, Epidemiologist, Occupational Therapist, Midwife, Physiotherapist, Psychologist, Pharmacist, Dentist and Dental Specialist.

As an example, the Dental division in Health has experienced the following issues:

- Historically there have been few Inuit who have been trained as professional dental service providers in Nunavut. A lack of licensed dental professionals, such as dentists (general practitioners and specialists), dental therapists, dental hygienists, dental technicians (denturists, dental lab technician, etc.) and dental assistants in Nunavut has led to an under-representation in the workforce in the oral health division in the above positions.
- There has been a lack of training facilities for oral health sciences in Nunavut. The 2007 Pan-territorial report on Oral Health postulated the non-feasibility of establishing such training facilities in Nunavut due to the low population numbers.
- The 2011 closure of the Health Canada's National School of Dental Therapy (NSDT) in Prince Albert, Saskatchewan, may have resulted in a loss of opportunity for Inuit to train as dental therapists. This training program was a two year post-secondary diploma program to train dental providers to deliver basic clinical dental care services, preventive dental care services, health promotion programs and strategies with a focus on indigenous communities.
- Funding allotments were inadequate to hire and train a significant number of Inuit to work in dental health programs in Nunavut.

In this case, the Dental team identified the following opportunities to address these issues:

- Hiring of clerk interpreters by dental contractors: local staff hired by dental contractors to assist with translations, booking appointments, etc.
- COHI (Children's Oral Health Initiative) Aides: COHI was a Health Canada funded program implemented exclusively in dental therapist communities (Rankin Inlet, Arviat, and Arctic Bay). COHI aides were hired locally from the communities and were trained in promoting oral health,

delivering key oral health messages, and providing basic preventive services such as fluoride varnish applications on children 0-7 years. Although the COHI program ended in Nunavut on March 31, 2017, the former COHI aides are now absorbed into the GN’s Children’s Oral Health Project as COHCs (Community Oral Health Coordinators).

To support these professional positions and promote Inuit employment, Health has invested in a number of education programs to prepare individuals to work in the health field and encourage interested in continuing education for professional roles. Some programs that Health has funded and/or provided curriculum guidance for:

Program	Graduates
Mental Health Worker (2007-2009)	12
Home and Continuing Care (2008-2009)	24
Community Therapy Assistant (2009)	6
Community Health Representative (2011-2014)	10
Maternity Care Worker Certificate (2011)	10
Midwifery Diploma (2012-2014)	4
Medical Terminology (2013-2016)	143
Nursing (on-going)	17

Current Issues and Opportunities

Issues

Over the past five years, Health has implemented several initiatives to identify challenges and transition them into opportunities for the department in order to employ a more representative work force. These changes to Health’s workforce positively impact the department’s clients as much as its employees. When clients feel that the individuals providing healthcare understand their history, culture and treatment needs, they are more likely to access care and have positive outcomes.

Health faces unique challenges that compound the established barriers outlined in “Recommendations to Increase Inuit Employment in the GN” (recruitment, retention, education, succession planning, child care, and housing) created by EIA with the involvement of the interdepartmental Inuit Employment Steering Committee in October 2016. These include the challenges identified in Historical Issues as well as the following:

Capacity

Many positions have a dual role requirement that creates capacity issues. This reduces the amount of time that leaders have to mentor (formally and informally) staff within their divisions, engage in development planning discussions and adequately monitor and assess performance. In addition, Inuit

employment has become a planning activity that has not had sufficient focus or deliverables created that are measured against an annual review process.

Human Resources

A number of human resources activities related to Inuit employment are currently gaining momentum with the implementation of new review protocols in pre-recruitment activities. Previously, job descriptions were not reviewed and in many cases, contained inflated job requirements for education and experience. While these position requirements may have been necessary to ensure proper evaluation of the role, there were no established equivalencies declared in order to screen in other eligible Inuit candidates. This work is now being completed through collaboration with supervisors prior to submitting staffing documents.

Funding Mechanisms for Health

A significant portion of frontline health care positions are created through the use of Vote 4 funding as a result of the contribution from the Federal Government via the Northern Wellness Agreement (NWA). Vote 4/5 and other third-party funding represents activities carried out by the Government of Nunavut and funded by the Government of Canada or other entities. Previous agreements have been for five years. These positions are created and posted as term employment which is not always an appealing employment option. In consideration of staffing process requirements and availability of panel members, the term length for these positions can sometimes be as low as 12-18 months and result in lapsed funding that needs to be returned to the Federal Government. Some of these positions, such as school based oral health staff, which are encumbered primarily by Inuit employees, are retained for only eight months of the year. This results in breaks in service, job insecurity, loss of benefits and pay increments. As a result, these positions are less attractive employment options.

Opportunities

There are many opportunities for Health to improve Inuit representation now and into the future. With a stable senior leadership that is committed to Inuit employment initiatives, there is renewed focus on leveraging opportunities to increase representation in the short, medium and long term. Primary areas of underrepresentation are: Operations, Finance, Policy, Information Technology, Population Health and Public Health. Some of these divisions are able to increase representation within a shorter time frame and others, such as Operations (nursing) require long term sustained activity. Some Health divisions, such as Quality of Life, Dental, Medical Travel and Human Resources are at, or near, a representative workforce due to the ability to create equivalencies and greater flexibility for on the job training.

A number of initiatives that will provide opportunities for increased Inuit employment are in progress:

Model of Care and QGH expansion: Health is reviewing the model of care for health services in the territory. One of the items under consideration is the expanded use of paraprofessionals to provide frontline care in the communities. This has the potential to increase the number of Inuit health care workers in the communities through employment training and educational upgrade programs. Also under consideration is the potential for additional administrative support professionals.

Nunavut Arctic College (NAC) partnerships: Health is reviewing existing programs such as the nursing program, to maximize potential for success for Inuit students in these high demand employment categories. Health programs such as the Nursing Resident Program are used to facilitate the transition from graduation to employment for new nurses in order to provide them with the necessary experience to qualify for indeterminate employment. There may also be potential for programs related to emerging

occupations such as continuing care and dental services (dental therapists, dental assistants, dental technicians or dental hygienists). This may include new or expanded financial support for students in these subject areas.

Partnerships with southern academic health science centres: Health is actively working with other health organizations to increase bandwidth for mentoring, training, professional development and education to enhance capacity within the department. Where there are limited options for training in-territory for specific health related positions, Health has created its own programming in partnership with educational institutions that allow Inuit employees to upgrade their education. This will allow them to be more successful in their current role and prepare them for future advancement. Some of these programs include the Basic Radiology Training Program and the Educational Upgrade Program in Population Health (see “*Customized Health Training Education Programs - Population Health Division Success Story*” below).

Health specific orientation: Health is investing in health specific orientation that will more effectively prepare employees for work in the health care field. This additional preparation is hoped to increase retention at all levels of the organization and to assist in stabilizing the vacancy rate.

Clinical support / supervision: The Chief Nursing Officer is developing a clinical mentorship program for nursing that will assist in the support and development of nurses. This program, combined with the nursing mentorship program, will assist Inuit nurses in developing and maintaining strong clinical skills that will ensure engagement and long term success.

Leadership training: In addition to the leadership training that is provided to the GN, Health is working on the development of leadership capabilities through health specific training and development. The goals are to: improve the working environment, engage and retain employees, and prepare employees for advancement. This will assist in transitioning Inuit employee into more senior leadership roles in the Department.

Attracting Inuit youth into the healthcare field: Each year, NAC graduates approximately four Inuit nurses; in the territory, there are approximately 300 nursing positions. With Health’s desire to employ more Inuit nurses, a long term strategy must include engaging with students early in their education to promote Health as an employer of choice, as well as encouraging students to pursue math and science to prepare them for careers in health care. This strategy will include additional school visits and job fairs in the communities. Each year, Health employs a number of summer students across the territory. In 2016-17 Health hired 27 students in 10 communities. In 2017-2018, Health hired approximately 20 students in six communities. In upcoming years, Health will encourage additional communities to hire students in health centres as an opportunity to provide direct experience in the healthcare field and as a means to promote future employment in Health.

Human resources: A number of initiatives are underway in Health to increase opportunity for Inuit employment. Each year, Health reviews the vacancy list and sets targets for positions that should be filled by Inuit; it is then determined how to best fill those positions, either by internship, direct appointment, or restricted competition. These positions are monitored during the staffing process to ensure that maximum opportunity is provided to fill those positions with Inuit. This includes reviewing the job description prior to submitting it for review by Job Evaluation to ensure that there are no inflated occupational requirements, as well as completing restricted competition approval forms and ensuring fair representation on panels. Direct appointments are considered for Inuit employees who are casual and have been in a funded position for over 12 months with an acceptable performance

review. In 2016-2017 four employees were direct appointed, in 2017-2018 three employees were direct appointed, and the department is requesting direct appointments for additional employees in 2018-2019 additional direct appointments may be forthcoming with the new 10 year Northern Wellness Agreement.

Stable funding mechanisms: In 2017, a 10 year agreement was reached with the Federal Government to provide a long term funding stream for Vote 4 funded positions. This new longer term will allow Health to provide more stability for these funded positions such as Home and Community Care workers, which are encumbered primarily by Inuit Employees.

Succession planning: From a succession planning perspective, Health is a relatively young workforce with an average age at the executive/senior management of 49 years.

There are opportunities for job shadowing and internships in each category. These succession planning activities can be accomplished through participation in formal programs facilitated by the Department of Human Resources, informal job shadowing, mentorships and acting assignments. There is currently one intern in Health, with another internship pending.

Employment Category	Number of Employees over 55 with the potential for retirement in the next 10 years (non-nursing based positions)
Executive and Senior Management	9
Middle Management	6
Professional	5
Paraprofessional	17
Administrative Support	61

Opportunity in Action - Customized Health Training Education Programs

The Department of Health’s Public Health and Population Health Division has faced challenges with Inuit employment. Numerous vacancies across the division (both regionally and in Iqaluit), combined with the fact that the division primarily depends on Vote 4 funding; results in a high percentage of casual staff. In the past, this has left little room for employment initiatives that require long-term planning and initiative to develop, implement and evaluate. In addition, most careers in Public and Population Health require furthering education outside an individual’s home community or more likely outside of the territory, which is often a barrier to educational attainment.

With opportunities and challenges presented in the Nunavut health system, there is an even greater impetus to recruit Inuit population health workers to gain, maintain and adapt core skills that are required to respond to the dynamic health needs of the territory.

Given the department’s high percentage of Inuit staff at the Administration and Para-professional levels, examining opportunities to support staff that is familiar with the department is a key opportunity for the division and the department.

The Educational Upgrade Program (EUP)

The Population Health Division has developed an Educational Upgrade Program (EUP) to support Inuit in health positions across the territory. The EUP was developed to support Article 23 of the Nunavut Agreement which mandates the government to identify impediments to Inuit participation in employment, and develop initiatives to increase and sustain Inuit participation at a representative level, including opportunities for career advancement. The EUP is designed to allow participants to remain in their home communities rather than being separated from families, culture and language, which remain significant barriers for many Inuit considering post-secondary studies.

The Population Health Division has amended the academic entry requirements for certain positions, from Bachelor's degree in Health Sciences (or related disciplines) to High School Diploma, plus a willingness of prospective candidates to enrol in the EUP.

The EUP is fully funded for participants and the delivery model allows employees to be provided with eight hours per week of their work time to devote to their academic work. The key objectives are to:

1. Raise a critical mass of Inuit public health and population health workers in Nunavut, and;
2. Provide opportunities for career advancement to any level within the Government of Nunavut public service.

EUP Development and Implementation**A. Selection of online program**

Consultations with Nunavut Arctic College revealed that the college does not offer (or have immediate plans to offer) an online Diploma Program in Health Promotion. An environmental scan was conducted to identify distance/online accredited programs in Health Sciences across Canada. The Lethbridge College, Alberta, and Native Education and Training College (NETC), Ontario were selected from a shortlist of six colleges and universities for the following reasons:

- online program delivery format;
- practicum opportunities in Nunavut is an added advantage;
- course contents are well aligned with the job expectations of the staff; and
- possibility of credit transfers to complete a Bachelor's degree in Health Sciences at Thompson Rivers University, BC.

The students voted overwhelmingly for the NETC because of the relevance of course curriculum and the application of their prior learning and work experience to the admission process.

B. Preparatory course for EUP participants

Academic tutors/educators were recruited to prepare and deliver a nine-week preparatory course, in collaboration with the Population Health Division. The preparatory course was designed for employees that were registered to start the Community Health Promotion (CHP) Diploma Program at NETC in January 2017. The aim of this course is to prepare students for online post-secondary level education and introduce concepts from Health Promotion and English courses in the CHP Program. Participants are required to successfully complete the preparatory course before beginning their studies.

In order to enhance learning and development of participants, the following specific steps were undertaken to develop comprehensive preparatory course content:

1. Needs Assessment;
2. Review of Relevant Documents;
3. Key Information Discussions;
4. Development and delivery of a nine week preparatory course and materials; and
5. Assessment of participants' readiness to begin the EUP via one week face-to-face class meeting.

Following completion of the preparatory course, each student was evaluated for readiness for the CHP online diploma program. This assessment was completed in partnership with the EUP project leads and was based on criteria such as weekly attendance, academic performance and successful completion of the preparatory course. Based on this assessment, 11 students were selected and advised to register for the CHP online program at NETC, Ontario. This academic program started in January 2017 and will end in April 2019. Employees enrolled in this program will be provided eight hours per week of their work time to devote to their academic work.

Student Academic Support

The preparatory course was offered from October to December 2016. Furthermore, the tutors continue to adapt, simplify, and re-teach the NETC College lectures, using Nunavut-relevant contexts; supplementary lectures are delivered using a variety of platforms, including telephone, teleconference, telehealth, and any other practicable video conferencing software such as GoToMeeting, etc. This comprehensive academic support and tutorship are provided to students three times a week.

In January 2017, 15 students were enrolled in the Diploma Program in CHP at NETC, Ontario. In April 2017, the students completed an in-person first semester final examination preparatory course in Iqaluit to enable them to pass their exam successfully. The second semester of the Diploma in CHP program is scheduled to begin in mid-September 2017.

Future directions

This initiative is a direct investment in strengthening Health's community workforce and demonstrates a positive response to concerted calls for investment and support by our stakeholders. By building capacity in this integrated and sustainable way, Nunavummiut will be enabled to take action and strengthen prevention and health promotion efforts at the community level. A final evaluation of the project will be conducted to document the process, lessons learned and provide recommendations for moving forward.

Artificial Barriers to Inuit Employment

Health holds the position that all real or perceived barriers to Inuit employment should be examined and, wherever possible, Health will make concerted efforts towards removing or at least mitigating these barriers. As well, it is recognized that there are wider social and economic barriers to Inuit employment; the artificial barriers examined include those that are transactional, environmental and cultural.

All of the barriers included in EIA's document "Recommendations to Increase Inuit Employment in the GN" apply to all areas of Health:

- Recruitment;
- Retention;
- Education;
- Succession Planning;

- Childcare; and
- Housing.

In addition, Health also faces the following specific challenges:

Barrier	Description	Barrier	Description
1	Availability of office space and access to equipment to allow for additional positions to be trained on-the job in a job shadow, or internships.	7	On-going regional capacity challenges in management and supervision.
2	Lack of standardization in job descriptions across the division and regions.	8	Lack of on-going relevant health specific training for all functions.
3	Lack of standardized health specific orientation and on-boarding across the division and regions.	9	Lack of awareness of employment opportunities amongst high school graduates and the general public.
4	Needlessly high screening criteria for positions.	10	Candidates looking for employment in the health care field may be constricted by current perceptions.
5	Insufficient laddering within the department to move Inuit employees up into supervisory positions.	11	Current job requirements do not allow for opportunities to have employee's act in senior roles.
6	Inadequate efforts to target potential pool of labour (e.g., Public Health positions, CHRs, CCWs, etc.).	12	Limited capacity and resources to focus on areas such as advancement of employees to higher positions.

Potential Future Issues and Opportunities

As demands for health care services continue to grow, Health will continue to experience the aforementioned issues. As Health moves forward, the opportunities for Inuit employment will continue to improve.

Population growth: As the population increases, the demand for more health care providers will also increase, generating additional opportunity for Inuit employment.

Needs of growing senior population: The increasing needs of the senior population will drive growth in health care employment as new types of support and care positions are created to meet their needs.

Expectations for healthcare delivery in-territory: Health's long term goal is to provide more advanced level care within the territory and to decrease the reliance on out-of-territory travel; this will create greater opportunities for health care positions at all levels.

eHealth service delivery (opportunities): The increased delivery of specialty services using Telehealth will result in additional capacity for technology based positions.

Online and other modes of virtual education delivery (opportunity): Increasing bandwidth and educational institutions offering on-line programming, will allow Inuit to stay in their communities to prepare for jobs in Health, or to upgrade skills. This will be more affordable and more considerate of family responsibilities.

Growing number of youth pursuing post-secondary education: Nunavut is experiencing an increasing number of students who pursue post-secondary education. This influx of highly educated workers will be beneficial to Health and provide greater opportunity for youth to relocate to their home community after completing their educational studies.

Increased offering of formal and informal mentorship and internship programs: Recently, Health has created more robust conversations with leaders about mentorship and internship opportunities within their divisions. Population and Public Health divisions have created their own in-house mentorship opportunities as well as the inclusion of an internship in the Department of Human Resources Sivuliqtiksat Internship program. As program successes are shared, more divisions will seek to integrate these types of opportunities into their succession planning activities.

Future targeted training programs: Other opportunities within the Public Health and Population Health Divisions lie with improving access and offering training to key paraprofessional roles within the division. Public Health Assistants, Data Entry Clerks, and Clerk Interpreters have been identified as positions to focus future training. The division is also looking into offering an inspection course and further professional development for its Environmental Health Officers across the territory.

CHAPTER 5: INUIT EMPLOYMENT GOALS

This chapter summarizes the department's short-, medium- and long-term goals in Inuit employment.

About Inuit Employment Goals and Targets

Definitions

An **Inuit employment goal** is the total number of Inuit employees (in FTEs) projected to be employed at a point in time. Goals are accompanied by an estimated Inuit representation rate (% Inuit employees) that the department or territorial corporation expects to achieve at the point in time. *The goal is the number of Inuit employees, not the Inuit representation rate.*

An **Inuit employment target** is the number of Inuit employees (in FTEs) in an employment category projected to be employed at a point in time. Targets are accompanied by an estimated Inuit representation rate (% Inuit employees) that the department or territorial corporation expects to achieve at the point in time. *The target is the number of Inuit employees, not the representation rate.*

The estimated **Inuit representation rate** is the per cent (%) of Inuit employees associated with a goal or target. Inuit representation rates can only be estimated, as the calculation depends on highly variable factors such as the total number of positions (in FTEs) and the number of filled positions, or capacity, at a point in time. Inuit representation is affected by rate of growth in the number of GN positions, and/or by higher or lower capacity. *The estimated Inuit representation rate should not be considered as a goal or target for these reasons.*

Factors that Influence Goals and Targets in IEPs

Departments and territorial corporations set their Inuit employment goals and targets by considering labour supply and demand factors in Nunavut as a whole and in the communities where their offices are located. Factors may include:

- The availability, interest and level of preparedness of Inuit for government employment, as documented in Nunavut Inuit Labour Force Analysis (NILFA) products and related summaries prepared by the GN;
- Trends in the number of Inuit who are likely to be qualified now for available positions or high-demand occupations;
- Trends in the number of Inuit who are likely to become qualified over time for available positions or high-demand occupations;
- Competition for skilled Inuit throughout the GN and with other employers in the territory;
- Recent trends in staffing and recruitment in the GN;
- Operational requirements and approved positions (PYs) and budgets; and
- Vacancies and projected turnover rates in the department or corporation.

Annual, Short-term, Medium-term and Long-term Goals

Departmental IEPs to 2023 include Inuit employment goals and targets for the:

- Short-term (by March 2020),
- Medium-term (by March 2023), and
- Long-term (beyond 2023, within 10 years of 2017).

In setting short-term, medium-term and long-term goals and targets, departments cannot exceed the approved number of positions (PYs) in each employment category as of the date of the IEP.

Annual goals, targets and priorities continue to be included in departmental and agency Business Plans. These annual IEPs include one-year Inuit employment goals and targets along with priority actions for the three-year period of the Business Plan. The annual IEPs are “rolling” plans that are updated each year during the Business Planning and Main Estimates cycles.

Annual IEPs are expected to align with longer-range departmental IEPs to 2023 and the GN’s strategic directions for Inuit employment.

Annual goals and targets may vary from those in departmental IEPs to 2023, as they are based on more current factors such as:

- Approved changes in the number of positions (PYs) and/or operating budget;
- Approved changes in organizational structure;
- Approved operational priorities;
- Existing vacancies; and
- New vacancies expected in the immediate future.

Introduction to Departmental Goals and Targets

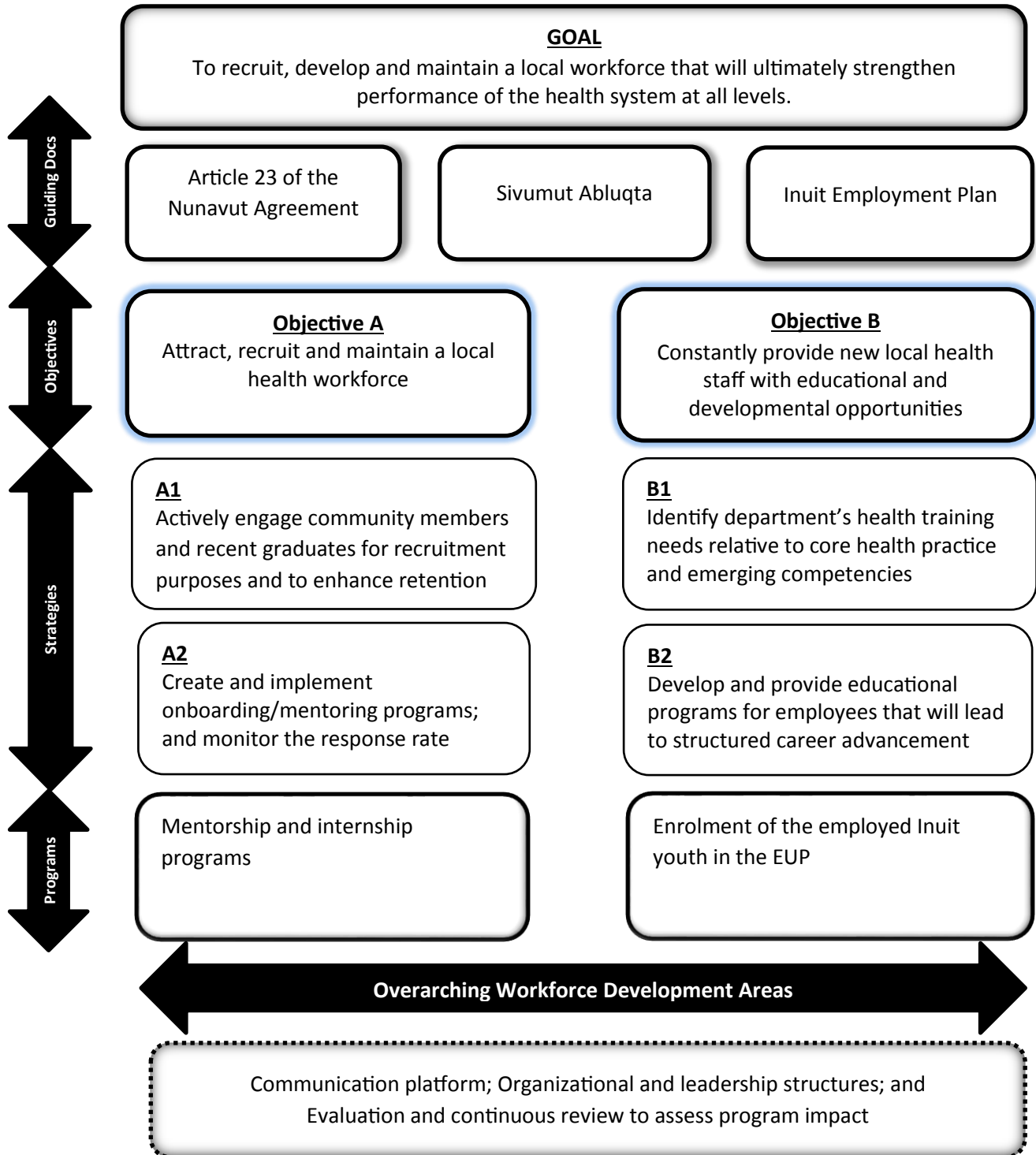
With concentrated effort towards filling vacancies and targeting positions for Inuit employment, it is expected that Health could achieve 65% Inuit representation (compared with the current level of 50%) by the end of the contract period. This would represent approximately 180 new Inuit employees, where current staffing occupancy levels are maintained.

Over the long term, where success is achieved with promotion of attaining education and certifications for licensed and regulated positions, Inuit representation could rise as high as 70%. Success in these higher numbers is contingent upon participation of Inuit in achieving post-secondary education in the health sciences, particularly in the nursing field. Overall success in Inuit employment in Health will be achieved with sustained attention to:

- a) Promoting health careers to youth for long term employment;
- b) Ensuring equivalencies and experience for positions are realistic and achievable;
- c) Creating and implementing orientation and on-boarding programs specific to health that adequately prepare new employees for the health profession in Nunavut;
- d) Retaining existing staff by creating a respectful and engaging workplace;
- e) Creating customized training plans and programs to develop proficiency in current positions;
- f) Developing existing staff for promotions through customized programs for job shadowing, acting assignments and formal internships;
- g) Securing adequate office/practice space that is conducive to learning, development and retention; and

- h) Seeking and implementing feedback to improve health and ensure alignment with Inuit Societal Values.

Fig 1. Workplan for recreating, developing and maintain a local health workforce



Note: Figure adapted from CDC’s Workforce Summit Report -Modernizing the workforce for the public’s health: shifting the balance

With a significant number of positions in Health requiring professional licensing, gained through structured requirements of post-secondary education, professional examinations and work experience requirements, many of the goals for Inuit employment in the Department of Health will take longer to be realized than the life of this strategy. Presently, Health has the opportunity to create foundational programs and initiatives that will allow younger generations' better access to careers in the health care field in the future.

Each division in Health is responsible for assessing their Inuit employment representation and implementing initiatives to increase employment numbers. Below are the long term goals of each division.

Finance

Finance will be actively seeking education and assistance programs to encourage and support Inuit in achieving professional accounting designations. This long-term strategy will be achieved by partnering with the Department of Finance to align and standardize job requirements, create a support system and laddering opportunities to complete designations, and utilize internships and job shadowing to create an effective learning environment. The current Inuit employment rate within the division is 51% with a target to increase to 68% by the end of 2023, an increase of 17 percentage points.

Human Resources

Human Resources' long-term goal is to increase Inuit representation of the division to 89% through on the job mentoring and customized training plans, which is an increase of 16 percentage points. This will be accomplished through the use of internships and job shadowing to replace currently encumbered positions that are expected to be vacated within the next five years. The division will also ensure that artificial barriers are reduced wherever possible to facilitate Health's achievement of a representative workplace. This includes active on-going recruitment of Inuit in health careers, participation in interdepartmental working groups and advocating for implementation of GN wide initiatives that promote and support Inuit employment in perpetuity.

Operations

Current Inuit employment in Operations is 53%. With the high number of licensed professionals in this division, long-term goals to increase the number of Inuit will be achieved through encouragement of youth to participate in post-secondary education in Nursing, Ultrasound, Laboratory and Biomedical fields. Transitional strategies for current employees include such programming as: Basic Radiology Upgrade Program (BRT), Career laddering, Paraprofessional development plans, Medical Terminology training, ITA's/Internship, Nursing Mentorship Program, and Health Management training for development of Managers/Directors with coaching included to reinforce learning & development. In addition, with on-going activities such as filling existing vacancies, maintaining current occupancy levels, promoting health care careers and implementing an expanded model of care, Inuit representation in the long term could be as high as an additional 150 positions filled by Inuit for an increase to 65% by the life of the current contract period.

Policy

The current Inuit employment rate is 0% with a target to increase this rate to 50 percentage points by the end of the contract period. The Policy Division is in the preliminary stages of a re-organization in order to promote succession planning and training opportunities by creating a range of analyst positions. Currently there are only senior analyst positions within the division. These positions require significant previous experience to qualify and do not provide opportunities for someone to start and grow professionally within the division. By creating a range of positions from junior to senior it allows

for individuals to start as a junior analyst and have access to Government of Nunavut training and support. This re-organization, along with the Policy Development Program will be key factors in the success of the division achieving its Inuit employment goals.

Programs and Standards

This division includes the programming for Home Care, Continuing Care, Patient Relations, Maternal and Newborn Services, Dental Services, Nutrition, Communications and Professional Practice. Currently this division's Inuit employment rate is 30%. It is expected that this division will be at 60% or higher by 2023, in addition, a long-term goal for Inuit employment beyond March 2023 is to increase awareness of dental educational professions among high school graduates and the general public. This will be achieved by completing short and medium term activities that will provide information to students at the secondary and post-secondary levels about what they must do to achieve admission into various dental professional programs.

Public and Population Health

The majority of positions in this division require post-secondary education in the health services field. As a result, Inuit representation has been traditionally low and currently is at 21%. With the educational upgrade programming that has been initiated within this division, combined with internships and engagement programs, the long-term goal is to raise this rate to 40% within the life of this strategy and then increase over the longer term.

Quality of Life

This new directorate is in the process of being staffed and is filled mostly by casual staff as positions wait for competition. Inuit employment is at 50% with numbers expected to rise to 85% within the next two to three years.

Short-Term Goals and Targets

Short-term goals are within 3 years from 2017, by March 2020.

SHORT-TERM GOAL	EXPECTED OUTCOMES (FTEs)
<p>By March 2020, the department will increase Inuit representation to 56% by:</p> <ul style="list-style-type: none"> Identifying opportunities for restricted competitions Implementing ongoing monitoring of educational and on the job training programs such as: EUP, BRT and medical terminology Setting a mandatory requirement for cultural orientation 	<ul style="list-style-type: none"> Increase the number of Inuit employees in the Senior Management category to 3 Increase the number of Inuit employees in the Middle Management category to 14 Increase the number of Inuit employees in the Professional category to 23 Increase the number of Inuit employees in the Paraprofessional category to 37 Increase the number of Inuit employees in the Administrative Support category to 346

EMPLOYMENT CATEGORIES	CURRENT (FTEs) (April 1, 2019)				SHORT-TERM GOALS (FTEs) (By March 31, 2020)		
	TOTAL POSITIONS	POSITIONS FILLED	INUIT EMPLOYED	% IE	POSITIONS FILLED	INUIT EMPLOYED	% IE
Executive	5	3	0	0%	4	1	25%
Senior Management	31	18	2	11%	22	3	14%
Middle Management	112	69	6	9%	66	14	21%
Professional	362.00	172	15	9%	194	23	12%
Paraprofessional	214.17	79.67	20	25%	91	37	41%
Administrative Support	480.84	318.84	285.84	90%	377	346.10	92%
TOTAL	1,205.01	663.51	328.84	50%	754	424.1	56%

Staffing and Recruiting

- Complete model of care project (**Barriers 1, 2, 4, 5, 7, 10, and 12**).
- Complete creation of generic job descriptions for all “like” positions. Create equivalencies wherever possible for positions proceeding for staffing (**Barrier 2**).
- Identify opportunities for restricted competitions (**Barrier 6**).
- Transition all Vote 4 jobs to indeterminate employment with the implementation of the new Northern Wellness Agreement. Complete Direct Appointments for all Inuit holding these positions currently as term employees (**Barriers 6 and 10**).
- Review bi-annually, the Casuals list to identify Inuit who have worked more than 12 months in an available position and complete direct appointment requests (**Barriers 6 and 10**).

Education and Training

- Complete and implement a nursing mentorship program (**Barriers 3, 8 and 10**).
- Implement clinical orientation programs (**Barriers 3, 8 and 10**).
- Set a mandatory requirement for cultural orientation (**Barriers 3, 8, and 10**).
- Complete an on-going mandatory respect in the workplace training for all new Health employees (**Barrier 10**).
- Implement on-going monitoring of educational and on the job training programs such as: EUP, BRT and medical terminology (**Barriers 2 and 8**).
- Identify and negotiate opportunities to expand health-related training within Nunavut (**Barriers 6, 7, 8, 10, 11 and 12**).

Career Development and Succession Planning

- Complete model of care project (**Barriers 1, 2, 4, 5, 7, 10, and 12**).
- Complete re-organization of the Policy division, creating laddering potential for the development of Inuit to more senior policy positions (junior to senior analyst positions). Complete staffing actions and competition process for vacant positions. Encourage incumbents to enroll in EIA's Policy Development Program (**Barriers 2, 4, 5 and 11**).
- Identify candidates for EIA's leadership and Inuit employment programs (Career Broadening, Travel Fund, Amaaqaarniq Education Leave) and the Policy Development Program) (**Barriers 6, 10 and 11**).
- Identify opportunities for 5 new internships for potential retirements (**Barriers 6, 10 and 11**).
- Develop succession planning opportunities and include these as annual review discussion items for leaders (**Barriers 5, 6, 7, 10, 11 and 12**).
- Implement Performance Goals/Objectives for Inuit employment into the annual review process (**Barriers 7, 10, 11 and 12**).

Pre-employment Training

- Identify and negotiate opportunities to expand health-related training within Nunavut (**Barriers 6, 7, 8, 10, 11 and 12**)

Outreach and Communications

- Complete model of care project (**Barriers 1, 2, 4, 5, 7, 10, and 12**).
- Actively encourage the hiring of summer students with the target to increase participation by 10% each year (**Barriers 6, 9 and 10**).
- On-going participation on working groups to remove universal barriers to employment (**Barriers 6, 7, 9, 10, 11 and 12**).
- Engage with NAC and the Department of Education to discuss educational requirements for post-secondary courses for health positions and identify areas to assist in promoting these subjects for future careers in Health (**Barriers 6, 9, 10 and 12**).
- Develop and implement school visit schedule to promote health careers at the primary and high school level (**Barriers 6, 9, 10 and 12**).

Medium-Term Goals and Targets

Medium-term goals are within 6 years from 2017, by March 2023.

MEDIUM-TERM GOAL	EXPECTED OUTCOMES (FTEs)
<p>By March 2023, the department will increase Inuit representation to 61% by:</p> <ul style="list-style-type: none"> • Completing the model of care project • Completing and implementing a nursing mentorship program 	<ul style="list-style-type: none"> • Increase the number of Inuit employees in the Senior Management category to 4 • Increase the number of Inuit employees in the Middle Management category to 17 • Increase the number of Inuit employees in the Professional category to 37 • Increase the number of Inuit employees in the Paraprofessional category to 49 • Increase the number of Inuit employees in the Administrative Support category to 372

EMPLOYMENT CATEGORIES	CURRENT (FTEs) (April 1, 2019)				MEDIUM-TERM GOALS (FTEs) (By March 31, 2023)		
	TOTAL POSITIONS	POSITIONS FILLED	INUIT EMPLOYED	% IE	POSITIONS FILLED	INUIT EMPLOYED	% IE
Executive	5	3	0	0%	4	1	20%
Senior Management	31	18	2	11%	24	4	17%
Middle Management	112	69	6	9%	69	17	25%
Professional	362	175	15	9%	203	37	18%
Paraprofessional	214.17	79.67	20	25%	97	49	51%
Administrative Support	480.84	318.84	285.84	90%	389	372	96%
TOTAL	1,205.01	663.51	328.84	50%	787	480	61%

Staffing and Recruiting

- Continue to review job descriptions to standardize and create equivalencies wherever possible for positions proceeding for staffing (**Barrier 2**).
- Continue to identify opportunities for restricted competitions (**Barrier 6**).
- Review bi-annually, the Casuals list to identify Inuit who have worked more than 12 months in an available position and complete direct appointment requests (**Barriers 6 and 10**).

Education and Training

- Review and enhance mentorship program (**Barriers 3, 8 and 10**).
- Implement clinical orientation programs (**Barriers 3, 8 and 10**).

- Review mandatory requirement for cultural orientation and implement enhancements **(Barriers 3, 8, and 10)**.
- Complete an on-going mandatory respect in the workplace training for all new Health employees **(Barrier 10)**.
- Continued on-going monitoring of educational and on the job training programs such as: EUP, BRT and medical terminology **(Barriers 2 and 8)**.
- Identify and negotiate opportunities to expand health-related training within Nunavut **(Barriers 6, 7, 8, 10, 11 and 12)**.

Career Development and Succession Planning

- Continue to identify candidates for HR's leadership and Inuit employment programs (Career Broadening, Travel Fund, Amaaqtaarniq Education Leave) and the Policy Development Program) **(Barriers 6, 10 and 11)**.
- Identify opportunities for new internships for potential retirements **(Barriers 6, 10 and 11)**.
- Enhance succession planning opportunities and include these as annual review discussion items for leaders **(Barriers 5, 6, 7, 10, 11 and 12)**.
- Review and maintain Performance Goals/Objectives for Inuit employment into the annual review process **(Barriers 7, 10, 11 and 12)**.

Pre-employment Training

- Identify and negotiate opportunities to expand health-related training within Nunavut **(Barriers 6, 7, 8, 10, 11 and 12)**.

Outreach and Communications

- Actively encourage the hiring of summer students with the target to increase participation by 10% each year **(Barriers 6, 9 and 10)**.
- On-going participation on working groups to remove universal barriers to employment **(Barrier 6, 7, 9, 10, 11 and 12)**.
- Continue dialogue with NAC and the Department of Education to discuss educational requirements for post-secondary courses for health positions and identify areas to assist in promoting these subjects for future careers in Health **(Barriers 6, 9, 10 and 12)**.
- Maintain school visit schedule to promote health careers at the primary and high school level **(Barriers 6, 9, 10 and 12)**.

Long-Term Goals and Targets

Long-term goals are beyond March 2023, within 10 years from 2017.

LONG-TERM GOAL	EXPECTED OUTCOMES (FTEs)
<p>Within 10 years, the department will increase Inuit representation to 65% by:</p> <ul style="list-style-type: none"> Actively engaging community members and recent graduates for recruitment purposes and to enhance retention Developing and providing educational programs for employees that will lead to structured career advancement Mentorship and Internship Programs 	<ul style="list-style-type: none"> Increase the number of Inuit employees in the Senior Management category to 5 Increase the number of Inuit employees in the Middle Management category to 20 Increase the number of Inuit employees in the Professional category to 53 Increase the number of Inuit employees in the Paraprofessional category to 73 Increase the number of Inuit employees in the Administrative Support category to 420

EMPLOYMENT CATEGORIES	CURRENT (FTEs) (April 1, 2019)				LONG-TERM GOALS (FTEs) (within 10 years from 2017)		
	TOTAL POSITIONS	POSITIONS FILLED	INUIT EMPLOYED	% IE	POSITIONS FILLED	INUIT EMPLOYED	% IE
Executive	5	3	0	0%	4	1	20%
Senior Management	31	18	2	11%	25	5	20%
Middle Management	112	69	6	9%	71	20	28%
Professional	362	175	15	9%	230	53	23%
Paraprofessional	214.17	79.67	20	25%	122.21	73	60%
Administrative Support	480.84	318.84	285.84	90%	423.81	419.81	99%
TOTAL	1,205.01	663.51	328.84	50%	877.02	571.81	65%

Staffing and Recruiting

- Continue to review job descriptions to ensure fairness and create equivalencies wherever possible for positions proceeding for staffing (**Barrier 2**).
- Continue to identify opportunities for restricted competitions (**Barrier 6**).
- Review bi-annually, the Casuals list to identify Inuit who have worked more than 12 months in an available position and complete direct appointments (**Barriers 6 and 10**).
- Continue succession planning opportunities and include these as annual review discussion items for leaders (**Barriers 5, 6, 7, 10, 11 and 12**).
- Maintain performance goals/objectives requirements for Inuit employment in the Annual Review process (**Barriers 7, 10, 11 and 12**).

Education and Training

- Continue to require mandatory respect in the workplace training for all new Health employees (**Barrier 10**).
- Continue to improve the nursing mentorship program and promotion of nursing careers for Inuit students (**Barriers 3, 8 and 10**).
- Maintain the mandatory requirement for cultural and clinical orientation (**Barriers 3, 8, and 10**).
- Implement on-going monitoring of educational and on-the-job training programs such as: EUP, BRT and medical terminology (**Barriers 2 and 8**).
- Identify and negotiate opportunities to expand health-related training within Nunavut (**Barriers 6, 7, 8, 10, 11 and 12**).

Career Development and Succession Planning

- Identify candidates for HR's leadership programs (Career Broadening, Travel Fund, Amaaqtaarniq Education Leave) and the Policy Development Program) (**Barriers 6, 10 and 11**).
- Explore opportunities for on-going internships by identifying potential retirements (**Barriers 6, 10 and 11**).

Pre-employment Training

- Identify and negotiate opportunities to expand health-related training within Nunavut (**Barriers 6, 7, 8, 10, 11 and 12**).

Outreach and Communications

- Actively encourage the hiring of Inuit summer students with the target to increase participation by 10% each year (**Barriers 6, 9 and 10**).
- Maintain on-going participation on working groups to remove universal barriers to employment (**Barrier 6, 7, 9, 10, 11 and 12**).
- Engage with NAC and the Department of Education to discuss post-secondary requirements for health positions, and identify areas to assist in the promotion of these subjects for future careers in Health (**Barriers 6, 9, 10 and 12**).
- Continue promoting health careers through school visits at the primary and high school level (**Barriers 6, 9, 10 and 12**).

Goals to Remove Any Artificial Barriers

All activities to remove artificial barriers are currently in progress and are an on-going expectation for Health. For specific details on timelines, please see the Action Plan listed in Chapter 6.

- Through the capital planning process and negotiations with Community and Government Services, plan and secure additional office space. This will allow for adequate space for on the job training, job shadowing and internships (*Finance*) (**Barrier 1**).
- Standardize job descriptions, group like positions into generic descriptions, and establish requirements that are consistent across regions. Identify equivalencies wherever possible to ensure maximum Inuit candidate pool (*Human Resources and hiring division*) (**Barrier 2 and 4**).
- Standardize Health specific orientation and on-boarding across the regions and divisions. This will be accomplished through the creation and delivery of a standardized curriculum and monitoring through the procurement and implementation of a Human Resources Management

system. This is expected to be accomplished by end of the fiscal year 2018-2019 (*Operations; Human Resources to act as lead*) **(Barrier 3)**.

- Creation of laddering or career development opportunities within each division to ensure on going opportunities for career advancement. Work is on-going with expected completion by end of fiscal 2020 (*all divisions*) **(Barrier 5)**.
- Renew effort to target potential pool of labour for identified positions. This is currently underway with 300 positions across the territory in the staffing process, including direct appointment and restricted competition (*Human Resources and hiring supervisor; all divisions*) **(Barrier 6)**.
- Address management and leadership capacity issues. Recruitment of senior positions is beginning to stabilize and additional efforts will be completed in order to post and fill these positions as quickly as possible (*Human Resources and hiring supervisor, all divisions*) **(Barrier 7)**.
- There is a lack of on-going relevant health specific training for all functions. Work on this barrier is currently underway and being addressed through programs such as BRT, EUP, and Health leadership competencies, etc. A program curriculum is under development with training expected to start in 2017-2018 (*Operations, Public and Population Health*) **(Barrier 8)**.
- Promote awareness of health careers for youth and encourage them to take math and science courses required for post-secondary education in Health. School visits/job fair attendance is currently under way with a commitment to expand community school visits in upcoming years (*Human Resources; all divisions*) **(Barrier 9)**.
- Improve perception of healthcare system by Inuit through increase programming and community engagement that will result in pride building behaviours for students pursuing careers in Health (*Operations, Communications, Public and Population Health*) **(Barrier 10)**.
- Continue dialogue with Department of Finance in 2017-2018 and 2018-2019 on HR processes to streamline the hiring process and allow for developmental opportunities to be implemented more quickly and with flexibility for development (*Human Resources*) **(Barrier 11)**.
- Improve staffing levels to allow more time for coaching and mentoring by supervisors and senior staff. This work is on-going with an expectation of more stability in 2018-2019 (*Human Resources and hiring divisions*) **(Barrier 12)**.

CHAPTER 6: ACTION PLAN TO 2023

This chapter identifies the specific actions that the department will take to achieve its short- and medium-term goals. It includes the approach to monitoring and reporting on progress.

Types of Actions

In developing their Inuit Employment Action Plans to 2023, departments and corporations have identified six types of actions to increase and enhance Inuit employment:

Ensuring an Effective Public Service includes actions to:

- Understand the departmental workforce
- Design organizations and jobs to support Inuit employment
- Identify career ladders and career paths
- Improve the workplace environment

Staffing and Recruiting includes actions to:

- Improve staffing processes and practices
- Make use of available staffing tools
- Attract and retain qualified Inuit
- Develop job competition skills

Planning and Monitoring Training and Development includes actions to:

- Communicate education, training and development opportunities to employees
- Plan and monitor education, training and career development
- Plan for succession

Providing Education, Training and Development includes actions to:

- Provide performance management training
- Offer an on-boarding program
- Sponsor advanced education
- Sponsor in-service training within the department
- Make use of GN-wide programs for Inuit employees
- Provide other leadership and management training

Supporting Pre-employment Training includes actions to:

- Provide new and improved pre-employment training programs
- Make pre-employment scholarships available

Undertaking Public Outreach and Communications includes actions to:

- Establish partnerships to attract Inuit candidates
- Promote the GN or department as an employer of choice

Inuit Employment Action Plan to 2023

Legend:

A=Administrative/All areas, **F**=Corporate Services/Finance, **S**=Programs and Standards, **P**=Policy and Planning, **O**=Operations, **PP**=Population and Public Health, **PS**=Physician Services, **E**=Educational Outreach

Ensuring an Effective Public Service

GOAL	EXPECTED OUTCOMES	ACTIONS	ACCOUNTABILITY	TIMING
A1. Review positions and create generic job descriptions for positions not yet completed.	Standardization of job requirements, and a review to ensure qualifications are relevant and equivalences established where possible.	Compare newly created generic JDs with existing positions to identify gaps. Create target list and work with hiring supervisors to complete. Expectation to complete 12 per year until complete. 33 have been completed since June 2017.	Health HR with supervising division	In progress with expectation to be on-going
A2. On-going Health Representation on working groups such as the Inuit Employment Steering Committee.	Ensure that Health specific needs/ concerns are discussed and solutions identified that can be implemented by Health as part of regular planning process.	Maintain representation on committees and ensure representation on any new committees that are created.	Health HR	In progress with expectation to be on-going
F1. Secure additional work space in order to accommodate more employees.	Create a work environment that is conducive to Inuit employment programs such as internships and job shadowing as well as reduce overcrowding for existing staff.	Ensure capital planning process accounts for growth of client population, health services growth, and need for space for job shadowing positions necessary for development and future employment.	Corporate Services	In progress with expectation to be on-going
P1. Complete re-organization of the Policy division.	Create laddering of jobs to ensure the development and progression of Inuit through careers in Policy and Planning.	Review existing positions and identify opportunities for more junior and senior positions. Meet with Job Evaluation, update job descriptions and submit for review by HR Department and then staffing targeted for Inuit employment in developmental positions.	Director Policy, Director Human Resources	2017-2018

GOAL	EXPECTED OUTCOMES	ACTIONS	ACCOUNTABILITY	TIMING
PS1. Review organizational structure in Physician Services	Improve representation in Physician Services group.	Review organizational structure of division to identify areas where additional representation can be achieved. Create positions and/or submit appropriate paperwork to staff accordingly.	Director, Physician Services	2017-2018
PP1. Increase the number of Public Health/TB Assistants.	Assist in the provision of operations of community based public health programming and increase Inuit employment.	Complete business case to add additional PYs.	Territorial Director Population Health	2017-2018
A3. Implement performance goals/objectives for Inuit employment into the annual review process.	Ensure that Inuit employment is at the forefront of staffing planning and development discussions at all levels.	Request that Finance update the performance review template form. Set expectation for all leaders that this will occur. Add to process when software program is implemented.	Deputy Minister, all Division Heads	2018-2019 performance year and then on-going
F2. Create laddering positions to encourage development and promotion within the Public and Population Health Divisions.	Create system of progressive opportunities for Inuit employees to advance through the system.	Review organizational structure and participate in discussions with the HR Department to establish generic job descriptions and structures that are in alignment and meet departmental needs. Create opportunities for shadowing, acting assignments and provisions for support of the achievement of accounting designations required for mid-senior level positions.	Corporate Services	2018-2019
PP2. Create laddering positions to encourage development and promotion within the Public and Population Health Divisions.	Improve promotional opportunities for Inuit in public/population health careers.	Review of organizational structure of the division, creation of positions that bridge the gap between entry level and management positions. Complete necessary paperwork and staff using programs designed to support Inuit employment.	Territorial Director Population Health	2019-2020

GOAL	EXPECTED OUTCOMES	ACTIONS	ACCOUNTABILITY	TIMING
O1. Complete Model of Care Project.	Revise model of care for health care services to more accurately reflect the service needs of Nunavummiut and account for programming demand changes over time.	Finish evaluation of project. Implement pilot project in designated communities. Evaluate effectiveness and rollout to remaining communities via re-organization and reallocation of resources.	Deputy Minister, ADM-Operations, Executive Management Committee	2019-2020
A4. Transition all Vote 4 jobs covered under the new Northern Wellness agreement to indeterminate status.	Create stability in the workforce by transitioning from terms of short duration to indeterminate employment.	Complete JARs and employment status change packages.	Health HR and hiring division	2020-2021
S1. Review organizational structure in Programs and Standards.	Improve representation in Programs and Standards division.	Review organizational structure of division to identify areas where additional representation can be achieved. Create positions and/or submit appropriate paperwork to staff accordingly.	ADM-Programs and Standards	2020-2021

Staffing and Recruiting

GOAL	EXPECTED OUTCOMES	ACTIONS	ACCOUNTABILITY	TIMING
A5. Transition more casuals to indeterminate positions through Direct Appointment.	Increase Inuit employment and expedite hiring.	Bi-annual review of casual list to identify Inuit casual employees who have been in current casual position for more than 12 months with an available position and positive performance review for that role. Target of 12 per year based on current data would address all impacted employees each year.	Health HR and hiring supervisor	In progress with expectation to be on-going

GOAL	EXPECTED OUTCOMES	ACTIONS	ACCOUNTABILITY	TIMING
A6. Identify opportunities for restricted competitions.	Improve the hiring process for Inuit by identifying opportunities for restricted competitions upfront of the requirement to post until successful completion with an Inuit candidate hired.	Health HR to review all incoming JAR requests and determine where a restricted hiring form is required. Complete form and send to GN HR for ADM–HR approval.	Health HR and hiring division	In progress with expectation to be on-going
A7. Fill existing vacancies.	Create a stable and representative workforce.	Work to actively manage vacancies through the staffing process. Ensure that there is an escalation position (Health HR) for Human Resources and a hiring manager to resolve issues. Quarterly meetings between Health and HR to identify and remove barriers.	All hiring divisions	In progress with expectation to be on-going
A8. Streamline hiring process.	Provide a stable and agile hiring process to reduce impact on health care system during staffing shortages and outbreaks.	On-going quarterly meetings between Health and Human Resources to identify and remove barriers.	Deputy Minister, Health HR, with feedback from Executive Management Committee	In progress with expectation to be on-going
PP3. Improve recruitment strategies for Public and Population Health positions.	Improve promotional opportunities for Inuit in public/population health careers.	Review current methods to attract individuals to careers in the division to ensure that individuals are aware of opportunities, providing opportunities through communication and forums to increase awareness.	Territorial Director Population Health	2017-2018

Planning and Monitoring Training and Development

GOAL	EXPECTED OUTCOMES	ACTIONS	ACCOUNTABILITY	TIMING
A9. Identify candidates for HR Department's leadership programs.	Identify Inuit employees with high potential for development training in leadership.	Identify high potential employees, determine candidate priority based on limited availability for participation, complete applications and send to HR.	Health Executive Management Committee and Senior Managers	In progress with expectation to be on-going

GOAL	EXPECTED OUTCOMES	ACTIONS	ACCOUNTABILITY	TIMING
A10. Identify five new internships for potential retirements.	Provide development activities for Inuit into more senior or specialized roles in Health.	Review statistical reports identifying potential candidates. Promote internship programs for managers as part of developmental and succession planning discussions.	Health HR and Hiring Division	In progress with expectation to be on-going
PP4. Increase information mentorship program for Public and Population Health positions.	Provide short and medium term professional development opportunities for new and existing employees.	Utilize internal meetings and communications to provide information on programs designed to increase Inuit employment in the division and promote use of programs to prepare employees for promotional opportunities.	Territorial Director Population Health	2017-2018 and then on-going
A11. Create mandatory succession plans for all senior positions.	Identify, in advance, successors that can be trained in advance of a vacancy to prepare individual for development and maintain corporate knowledge.	Target succession planning for Executive and Senior roles in in Year 1, followed by Senior Managers and Supervisors in year 2.	All Division Heads	Year 1- 2018-2019 Year 2: 2019-2020

Providing Education, Training and Development

GOAL	EXPECTED OUTCOMES	ACTIONS	ACCOUNTABILITY	TIMING
A12. Complete mandatory respect in the workplace training for all communities.	Foster a respectful workplace that is welcoming and promotes an employer of choice reputation.	Deliver training to all communities, track all participants and ensure on-going participation for new employees. As of July 21, 2017 all communities completed an initial delivery of the training. On-going target of four Telehealth sessions per year.	Health HR	2017-2018 for initial sessions and then on-going
O2. Complete and implement Nursing Mentorship and Clinical Orientation programs.	Create programming to support nurses, particularly NAC graduates integrate into their new roles for retention and effective clinical competence.	Complete RFP for curriculum development, set standards for residency of graduates, fill nurse educator vacancies. Create and translate materials, roll out program.	Chief Nursing Officer	In progress with expectation to be on-going

GOAL	EXPECTED OUTCOMES	ACTIONS	ACCOUNTABILITY	TIMING
E1. Identify and negotiate new opportunities to expand health-related training in Nunavut.	Improve opportunities for Inuit to gain post-secondary education within the territory that prepares them for careers in health.	Meet twice per year to discuss observations, opportunities for health curriculum and discuss future growth potential of existing programs.	Deputy Minister, ADM-Operations, ADM-Programs and Standards, CMOH	In progress with expectation to be on-going
PP5. Monitor and augment EUP (Educational Upgrade Program) for Public and Population Health positions.	Maximize success for Inuit participants, resulting in optimal service delivery, enhancement of employee skill set and preparation for advancement to other public/population health careers.	On-going monitoring and enhancement of program. Evaluate success of the program through student and teacher feedback.	Territorial Director Population Health	2018-2019
O3. Implement BRT (Basic Radiology Training) program.	Increase competency of staff (mostly Inuit) currently involved in radiology services, creating ability for current staff to achieve professional designation.	RFP completed. Work underway for curriculum development and the scheduling and eventual phase in of training.	ADM-Operations	2018-2019
O4. Develop Health Leadership Competencies.	Increase competency of current and future leaders in health specific competencies, allowing for improved health services and better mentoring for staff development.	Complete RFP for curriculum development and training delivery. Identification of candidates for first round of training. Evaluation of program and adjustments as required. Full roll-out on an on-going basis thereafter.	ADM-Operations	2019-2020
A13. Set mandatory requirement for general orientation, including cultural orientation requirements.	Increase retention and stabilize workforce through preparation and education of new employees on Health and GN requirements and expectations for services provided by employee's position.	Develop Health specific orientation and resource requirements. Create detailed guides and checklists as well as classroom training. Align with efforts/delivery by HR Department to ensure minimal content overlap.	Health HR, Operations and Public and Population Health as significant contributors.	2019-2020

Supporting Pre-employment Training

GOAL	EXPECTED OUTCOMES	ACTIONS	ACCOUNTABILITY	TIMING
E1. Identify and negotiate new opportunities to expand health-related pre-employment training in Nunavut.	Improve opportunities for Inuit to gain post-secondary education within the territory that prepares them for careers in Health.	Meet twice per year to discuss observations, opportunities for health curriculum and discuss future growth potential of existing programs.	Deputy Minister, ADM-Operations, ADM-Programs and Standards, CMOH	In progress with expectation to be on-going

Undertaking Public Outreach and Communications

GOAL	EXPECTED OUTCOMES	ACTIONS	ACCOUNTABILITY	TIMING
E2. Promote Health careers through the hiring of summer students.	Engage youth in pursuing health careers by providing opportunities to experience the work environment and see targeted careers in action.	Identify communities and opportunities for summer students. Promote summer student hiring and set target of 10% increase over previous year.	Health HR and hiring divisions	In progress with expectation to be on-going
E3. Promote Health careers through school visits.	Raise awareness of Health as a stable employer of well compensated jobs that can be obtained in the student's home community/territory.	Liaise with Department of Education to secure approval for school visits. Create schedule of community visits that coincide with health centre visits for maximum efficiency. Conduct presentations and track progress.	Health HR and hiring divisions	In progress with expectation to be on-going
E4. Engage with NAC and Department of Education to discuss Health specific needs in preparing for Health roles.	Improve curriculum to improve relevancy and ensure optimal success for graduates.	Meet twice per year to discuss observations, opportunities for health curriculum and discuss future growth potential of existing programs.	Deputy Minister, ADM-Operations, ADM-Programs and Standards, CMOH	In progress with expectation to be on-going
E5 Improve upstream investments for youth.	Integration of resources that encourage youth to seek employment in Health.	Meet twice per year to discuss current programming and future potential synergies.	Deputy Minister, ADM-Operations, ADM-Programs and Standards, CMOH	In progress with expectation to be on-going

Monitoring and Reporting on Progress

Departments and territorial corporations report to the GN's central Inuit employment and training office twice each year on:

- Changes in Inuit employment by employment category; and
- Progress in implementing planned actions to increase Inuit employment.

These are internal documents for monitoring progress towards goals, targets and planned actions.

Each progress report covers the previous two quarters. The Q1 progress report covers Q3 and Q4 of the previous fiscal year (October 1 to March 31). The Q3 progress report covers Q1 and Q2 of the current fiscal year (April 1 to September 30).