

Taking the Pulse

A Health and Wellness Conversation

Phase One: What We Heard



Background

The Yukon Financial Advisory Panel's Final Report (2017) recommended that the Government of Yukon conduct a comprehensive review of Yukon's health-care system that would explore factors driving costs and assess the quality of Yukoners' experiences and health outcomes.

In early 2018 the Department of Health and Social Services initiated a Comprehensive Review of its operations. Although the Financial Advisory Panel recommended the review focus on the health-care sector, the Yukon government expanded the scope to include all health and social programs and services, given their interconnectedness.

In November 2018 the Government of Yukon appointed a five-member Independent Expert Panel (IEP) to lead the review. Panel members include Yukoners and health system experts from outside the territory.

The comprehensive review consists of two phases of public engagement. In both phases, Yukoners are asked to share stories about their experiences with Yukon's health and social services system, and to provide ideas about how to improve these systems.

Phase one took place from June through August, 2019. It consisted of primarily of meetings with health care professionals, non-governmental organizations and community groups, though some feedback was received from the general public.

Phase two is scheduled for fall 2019. It will consist of engagement with citizens in Yukon's rural communities and with First Nation governments.

The panel's final report is due by March 31, 2020.

Note that the content of this document represents the personal views and opinions of participants in phase one of the engagement, and has not been modified to correct inaccuracies. To protect the privacy of participants and encourage honesty, names were not collected and any identifying information has been removed.



Executive Summary

The goal of the Comprehensive Review is:

- To enhance the long-term well-being and quality of life of all Yukoners.
- To identify ways that people who are accessing health and social programs and services, and those who provide those services, can have improved experiences.
- To provide better value for money.

Five values guide this review:

1. Access
2. Quality
3. Sustainability
4. Coordination of Care
5. Reconciliation

During phase one we held more than 40 meetings and heard from more than 200 people, most of whom were professionals in the health or social services sectors.

Participants were asked to share their experiences, to tell us what is working and what is not working, and to share ideas that could lead to change, innovation and improvement to our health and social services system.

The honest, impactful and striking stories we heard provide a rich picture of what Yukoners experience when interacting with this system. Many were positive, and spoke to the quality of programs and services and the dedication of health and social services professionals. Other feedback exposed challenges and issues within the system that need to be addressed.

What We Heard

Some clear themes emerged from these important conversations. Overall, Yukoners expect their health and social system to:

- Be person-centred, focused on meeting the needs of individuals.
- Take holistic approaches to wellness based on the social determinants of health.
- Be based on trust, respect and compassion between providers and their clients.

What Is Working Well

People working in the health and social service system across Yukon are dedicated and passionate about providing high-quality services to improve outcomes.

“There are good people in our system, with a willingness to go the extra mile, they want to help.”

If Yukoners need treatment or surgery, most people have access to the services they need. Many Yukoners receive quality care and are satisfied with the health and social service system. Front-line workers often go above and beyond to find solutions to support the needs of Yukoners.

Blended compensation models for physicians are working effectively when they are in place. This means that doctors may be on contract, getting paid a flat fee for the delivery of some services while being compensated with a fee-for-service model for other services.

What Is Not Working Well

The health and social system does not always use a person-centred approach to care. Sometimes we focus more on rules and policies than on meeting the needs of Yukoners. The system does not always take a whole-person approach to wellness that focuses on the social determinants of health (Appendix B), but focuses on the traditional medical model.

Although the government provides some prevention strategies, there is a lack of a system-wide commitment to early prevention, particularly supporting the mental health of Yukoners.

Although many Yukoners are satisfied with the level of services they receive, inequity is evident throughout the system. Not all Yukoners have access to the same level of care, which impacts their overall health and well-being. Many Yukoners still experience discrimination, particularly Indigenous and transgender patients. Some people do not seek care or medications because they cannot afford the associated costs, reducing wellness and increasing long-term costs to the system.

Based on participant feedback, the health and social service system is difficult to navigate. It can be challenging for people to know what programs and services are available and how to access them. For example, several Yukon government programs use means tests to determine who is eligible for assistance. But these tests use different criteria, resulting in situations where Yukoners are eligible for some supports, but not others. This results in uncertainty and inequity. In some areas, there is a lack of collaboration between service providers. This is a result of the rigid processes and systems that our health care providers work within.

Engagement participants shared stories about inefficiencies in Yukon's health and social service system. One example is the Health Information Privacy and Management Act, which is not well understood by all care providers. This can mean that we are not always sharing health information when needed, thus reducing the quality of care.

Another area of inefficiencies is that many programs do not provide options for after-hours care on evenings or weekends. If care is required outside standard business hours, Emergency Departments are the only option for Yukoners who need help.

Inefficiencies create further inefficiencies, as the health and social services system does not have a consistent approach for collecting data or using it to make evidence-based decisions to improve health outcomes. Nor does the system optimize telehealth effectively to reduce unnecessary travel or provide care closer to home.

“There is a holistic health network, but not all people have access.”

“Let’s remember that at the end of the day, this is about people. Governments serve people. This is about hearing and honouring our lived experience. How do you practice deep listening?”

“The panel needs to be bold, the opportunity is now, listen to all of our voices.”

“We need to see action, not restarting the same conversations over and over again.”

Advice to the Panel

Many participants encouraged the Independent Expert Panel to be bold in their ideas and recommendations. People shared an openness to opportunity and the willingness to work together to improve health outcomes for all Yukoners. Care providers are passionate, care deeply about the people they serve, and are eager to work together to make things better. They want the Department of Health and Social Services to build on this passion to make things better.

Despite a willingness to improve services, there were also frustrations. There is a perception that government reports and studies, such as this one, do not result in a real follow-through with concrete actions. Participants do not want to merely talk about innovations and ideas, they are looking for real progress to improve the health and social service system.

We consistently heard that collaboration is key to success, and the health and social service system is encouraged to build on collaborative-care and multi-disciplinary team-based models going forward.



Phase One: What We Heard

The structure of this document is based on the five values that guide this review:

1. **Access**
2. **Quality**
3. **Sustainability**
4. **Coordination of Care**
5. **Reconciliation**

The first section of this report summarizes the input we received about what is working well. The second section summarizes feedback about what is not working well. Lastly, we present a summary of what Yukoners want.



■ What is working well?

1. Access

In general, Whitehorse-based participants appreciate good access to quality health care and the competent professionals who deliver these services.

Short wait times, quick responses and ongoing follow-up are viewed as real strengths, particularly in the pediatric field.

Overall, wait times were viewed as comparable or better than those in the rest of Canada.

Vulnerable Yukoners appreciate their access to the outreach van that is operated by Blood Ties Four Directions, a Whitehorse-based NGO.

There was also recognition of progress within the system, as new or improved services are becoming more readily available. These services include chemotherapy, cataract surgery, pediatric care, psychiatry services and re-ablement services.

We also heard that residents in rural communities were beginning to benefit from access to the newly established Mental Wellness hubs in Haines Junction, Dawson, Watson Lake and Carmacks.

Many Yukoners have access to wellness programs, as well as arts and recreation programs and social activities, at local community centres. Participants identified these centres as safe, comfortable spaces that help reduce health and wellness issues associated with isolation.

2. Quality

Many participants recognized the contributions of caring, collaborative and connected professionals working on the front lines of our health and social services sector. The public see these professionals as the backbone of our system.

Participants showed appreciation for the services we have in place and confirmed that for the most part, Yukon has a good reputation for the care it provides.

Overall, participants tell us that the health and social services system provides good value for money. Participants acknowledge that there are high costs associated with providing services in the territory.

Participants gave credit to competent and effective physicians, community nurses, and specialist services in the territory.

Yukon's pediatricians were applauded for providing collaborative, person-centred care to our youngest and most vulnerable citizens.

Acute care delivery is seen as a strength, and acute care staff excel at responding in moments of crisis. Overall, participants report that if you get sick in Yukon, you will usually receive very good care from competent professionals.

“Access to medical services on the whole is available and works well, waits are very reasonable compared to the rest of Canada.”



An open-door doctors' practice in Dawson is creating a new level of internal collaboration and better quality of care for patients. The Dawson Interagency Group focuses on monthly team-based complex care rounds, which are generating better wraparound services in the community. Reducing silos and increasing collaboration is improving care outcomes and efficiencies. Feedback suggests that teams are working well together and providing a multitude of options for their patients.

3. Sustainability

Yukon is seen as a desirable place to live and work, which is a benefit to labour-force recruitment and retention.

Many Yukoner's are relatively affluent, and are investing more in personal health care and healthy lifestyle choices. This reduces demands on our health and social services system.

4. Coordination of care

Participants told us that coordination of care has improved in communities where salaried or hybrid payment structures are in place for physicians. For example, in Dawson physicians are paid using a hybrid model. They are on salary from 9 a.m. to 5 p.m., and receive a fee for services provided after 5 p.m. This helps improve access to health professionals by reducing the "gatekeeper effect" that can result from a fee-for-service model. Doctors in salaried positions can use their time more effectively.

Within Yukon's health and social service system there are a number of providers that are collaborating well. These include the Dawson Interagency Group, Whitehorse Complex Needs Committee, pediatrics, front-line NGOs, disability services for adults and children, and organizations serving the territory's youth population.

We heard that some Yukon NGOs are using a Collective Impact Model to improve their collaboration and evaluate if their combined work is having the desired effects on the community.

We heard positive feedback on the Safe at Home initiative, which encourages and assists providers across the health and social services spectrum to work in partnership.

5. Reconciliation

There is a perception that the Yukon government is working towards reconciliation with First Nations communities, and is willing to accept the recommendations and calls to action by the Truth and Reconciliation Commission.

“Include the front-line workers in decision-making, they see what is happening and come up with the solutions on the HOW.”

■ What is not working well?

1. Access

AWARENESS OF SERVICES

Participants raised concerns about a lack of awareness about what services are available, and a lack of knowledge about how to access them. Some discussed having to navigate through many doors to find the services they need.

RULES-BASED SYSTEM

Many people see the system as rules-based rather than needs-based – that is, there are specific criteria that must be met to receive support from some programs. If the criteria are not met, people are left without any options for support.

EQUITY OF ACCESS

We heard that while many Yukoners enjoy access to a health and social system that delivers effective services, there are other Yukoners who have contrasting experiences.

One of the gaps that was specifically mentioned was lack of access to affordable prescription medications. Yukoners without extended benefits have limited access to allied health professionals such as mental health counselors, physiotherapists, massage therapists and occupational therapists.

Some programs and services have means- or income-testing that determine whether a person will receive access. The tests for these programs are often inconsistent, resulting in inequities.

GAPS IN RURAL CARE

We heard that there are significant differences in the types and quality of care available in Yukon's rural communities. Many see our system as being "Whitehorse-centric."

Participants told us that some Yukoners do not leave their community to receive care because they cannot afford to do so.

Those who can afford to travel often have to wait for an appointment. Health issues can worsen during this wait time.

Health-care providers hired from outside the territory experience challenges finding accommodation in communities. This can lead to vacancies and high turnover rates.

Participants suggested that some aspects of the health and social services system are not community or culturally appropriate.

HOUSING

Housing is a social determinant of health that is foundational for many other health outcomes. We heard that inadequate housing and lack of affordable housing options are concerns throughout the territory.

Those in need of housing are sometimes placed in hotels, which is not cost effective and does not lead to long-term healthy outcomes.

AVAILABILITY

Participants commented on the limited options for services outside of the standard, Monday to Friday, 9 a.m. to 5 p.m. hours of operation.

VULNERABILITY AND LACK OF TRUST

We heard that our systems do not provide adequate support to vulnerable Yukoners (those experiencing issue with mental health, alcohol and drug use, housing, food security, etc.).

We heard that youth with disabilities such as FASD are being diagnosed too late, that some services are only available until a person is 19, and that there is a lack of case coordination.

Due to prior trauma, some Yukoners do not trust the government and therefore do not access government-provided services, which may increase the burden on NGOs to provide those services.

AFTER-CARE FOR SUBSTANCE USE

A significant gap identified by many participants is in after-care following treatment for substance use. While clients can access residential and out-patient treatment options in Whitehorse, they do not always have access to after-care support in their home communities.

LANGUAGE SERVICES

Some participants indicated that it is challenging to receive health and social services in English when that is not their first language. Illness and stress impact a person's ability to communicate, especially when English is a second language. This can lead to misunderstandings and ineffective care.

Although, there is a commitment to improving French services in the territory, the Department of Health and Social Services does not provide bilingual health services throughout the territory.

Francophone participants also told us about issues with their medical files. When Francophones move to Yukon, in some cases medical files are not consistently translated. In these cases, medical history is missed, which leads to higher possibility of misdiagnosis.

LGBTQ2S+ DISCRIMINATION

Members of the LGBTQ2S+ community shared their experiences with discrimination within the health and social system. Members of the community suggested there is a lack of understanding or interest by some care providers to work with issues of gender and sexuality, and that policies regarding gender issues are out-of-date and need to be modernized.

MENTAL WELLNESS SERVICES

Participants told us that the health and social services system is struggling to support Yukoners' mental health and provide sustainable psychiatric services to Yukoners. This is compounded by operating hours at the mental health hubs of 9 a.m. to 5 p.m., and limiting service to just 12 counselling sessions. There is a perception that Yukoners are "falling through the cracks" and not receiving the counselling they need.

YUKONERS IN CORRECTIONS

There is a perception that lack of communication between government departments leaves clients, particularly those leaving the system, without the care and supports they need.

PEOPLE WITH COMPLEX NEEDS

Feedback suggests there is too much focus on acute care, while large gaps in services remain for people with complex needs. There are gaps in services connected to: sexual health, chronic disease care, Type 1 Diabetes, endocrinology, musculoskeletal, cardiovascular and neurological conditions, and pain management.

2. Quality

PAYMENT MODEL

The current fee-for-service model for physicians is perceived as more transactional method of care that is counterproductive to holistic care. Interaction time with general practitioners is sometimes limited to 15 minutes and one issue at a time. This situation is perceived to negatively impact patients' experiences and quality of care.

The fee-for-service model is also criticized for incentivizing care for easy patients, leaving complex care patients at a disadvantage.

Within the current payment structure, there is an increased dependency on locums. Locum physicians come at a high cost to government and inhibit continuity of care and trust in the healthcare system. We heard that Yukoners are tired of retelling their stories and health conditions to new locums.

CASELOADS

We heard from care providers that case loads are too large and many staff are overworked. This stress leads to burnout, and negatively affects the quality of care. Participants also report that quality of care is impacted by lack of leadership.



“Housing is a factor in labour-force recruitment and retention. We need a continuum of housing options.”

RISK AVERSION

Participants told us that there is a “culture of risk aversion” within the Department of Health and Social Services, resulting in people being kept in hospital when there are viable options that would allow them to go home. This results in a dependency on hospital beds, increasing costs to the department.

3. Sustainability

HOUSING AND HR DELAYS

Housing availability is limited throughout the territory, which makes it difficult to meet the needs and expectations of prospective staff members. Participants also feel that the human resource hiring process is too lengthy and slow to respond. This delay in the recruitment process leads to a loss of talent, as the system is not quick or flexible enough to be competitive.

INEFFICIENCIES

We heard that there are gaps in services, particularly in rural communities, due to the prevalence of quarter full-time equivalent (1/4 FTE) positions across government. The dependence on locums means greater costs and less continuity in care.

Medical travel for short, or potentially unnecessary, appointments is also seen as an area of inefficiency. An example given was Yukoners from the communities traveling to Whitehorse for 5-minute visits with specialists that could have been done through telehealth.

TECHNOLOGY

Participants told us that telehealth is not being optimized to its full potential within the health and social services system. There is a lack of strategy, and the benefits of technology are not communicated. There is a lack of telehealth training for providers. We also heard that telehealth technology is not user-friendly.

INNOVATION

There is a belief that Yukon government rigidity can stifle the willingness of providers to try something new within the health and social services system. Participants state there is a fear of failure within the system, and that when new ideas are presented, they are dismissed without further dialogue or exploration.

4. Coordination of care

Participants state that care is often task-oriented, uncoordinated, and based on what standardized service is offered instead of how people can be best served.

Participants from NGOs told us that the Government of Yukon does not always understand the nuances of their clientele and of the services they provide. NGOs are not given the flexibility they need to reach certain clients. Government’s rules for NGOs are too rigid, which inhibits their ability to operate effectively.

We also heard that there has been “an erosion of trust” between the Yukon government and its community partners (i.e. NGOs, municipalities and businesses) within the health and social service system. Community partners do not feel respected or appreciated for their contributions.

According to participants, the Yukon government does not appear to appreciate the unique and important roles that municipalities play towards community health and wellness (e.g. recreation, public transportation, trails, community development, social cohesion, and “place-making”).

We heard that “system rigidity” (i.e. rules, culture, hierarchy, unions) stands in the way of better coordination of care. In the current system, providers do not feel empowered to solve problems using common sense or lived experience.

Front-line staff tell us they are often not involved in planning and decision-making. They also tell us that long-term planning is a weakness, and that there is no vision for transformation in the system. This gets in the way of coordination and encourages redundancy.

Participants suggest there is a lack of understanding and inconsistent interpretations of HIPMA, which is a barrier to communication and coordination for service providers. Privacy concerns can be a barrier, preventing the sharing of information between NGOs and the Yukon government.

In general, we heard that there is a lack of coordination between government and other service providers for children transitioning into school, teens diagnosed with disabilities, and individuals cycling in and out of the correctional system.

5. Reconciliation

We heard that discrimination, prejudice and racism is still an ongoing part of life in Yukon that impacts the interaction of First Nation citizens with the health and social services system. First Nation people continue to experience racist attitudes and behaviours, victim-blaming, and systemic marginalization.

First Nations children are also over-represented in foster care yet underrepresented in pediatric care.

■ What do Yukoners want?

1. Access

GAPS IN RURAL CARE

If medical travel is absolutely necessary, participants feel it would help to have improved care coordination and supportive liaisons to help patients navigate the system and reduce stress when travelling south to unfamiliar cities.

Many participants support a greater focus on telehealth options in the communities with health care professionals in Whitehorse or Vancouver in order to reduce the need for travel.

Participants from communities outside of Whitehorse tell us that people want to be able to access services closer to home. They want to have more health and wellness options available to them, including allied health professionals such as therapists and visiting specialists.

We heard that more nurse practitioners in communities would enhance efficiencies and result in better, more timely care.

Some participants suggest that decision-making about community-based health and social programs and services be shifted away from the urban centres (Whitehorse and Ottawa) into the hands of local community members.

HOUSING

Participants suggest that many people without stable or adequate housing require additional support and lower barriers to accessing the health and social services system.

Yukoners would like to see housing programs that are better-coordinated with other health and social programs and services.

Tiny houses were offered as one suggestion to enhance affordable housing in the territory.

Transitional housing facilities and shelters should offer programming that helps people develop life skills so they are better able to live independently.

Transitional and assisted living options should be more available in the communities, not just in Whitehorse.

AVAILABILITY

Yukoners would like to see more flexible options for receiving services outside regular business hours, so they do not have to take time off work to see their health care provider or go to the emergency department in order to receive after-hours care.

We also heard that Yukoners would like to see more pediatric care and childcare options in the communities. Without childcare options, employment opportunities for parents are limited.

“There is a gap in home care: we are missing parts of the spectrum, which means we are not optimizing resources. For example, when people don't have assisted living options they go to hospital and wait. We need better Aging in Place strategies.”

VULNERABILITY AND LACK OF TRUST

Participants encourage the panel to look outside Yukon for community health models and examples of culturally appropriate care that help build trusting relationships and further support people experiencing vulnerability.

Receiving services from a provider that respects and understands one's language and culture is described as essential to health outcomes.

YUKONERS IN CORRECTIONS

Participants suggest increasing collaboration and integration of services between the departments of Justice, Education, and Health and Social Services to better-assist Yukoners in the correctional system. We also heard suggestions that the correctional system should connect with housing and adult disability services to set up supports for people after they are released from a correctional facility.

WHITEHORSE EMERGENCY SHELTER

Health-care providers told us that having a nurse practitioner on site at the Whitehorse Emergency Shelter would reduce the need to transport clients to the hospital.

2. Quality

Participants recommend that our systems consider the whole journey of the patient, to shift from a medical model to person-centered care. Considering the social, economic and environmental origins of health problems (upstream thinking) will result in smarter decisions.

A paradigm shift in rationale around payment of physicians was requested, moving from a fee-for-service payment plan to a salaried or hybrid model. Participants suggest this shift would encourage more interdisciplinary collaboration and care that focuses on the whole person, improving patients' overall experiences. Some participants suggested that salaried positions in rural or remote locations would assist with the recruitment and retention of physicians.

Participants also recommend a paradigm shift around safety and risk. By embracing mild or moderate risk through informed decision-making, quality of life can be improved for some patients by staying at home.

We heard that Yukoners need to be able to access mental health services when they need it, not only during regular business hours. Services need to be expanded beyond the standard 9-to-5 hours and the limit of 12 sessions of counselling.

Participants recommend that the Department of Health and Social Services spends more time, energy, and resources on addressing mental health issues throughout the lifespan, particularly for youth at risk of suicide and for geri-psychiatric patients.

Participants suggest more education is required to inform Yukoners of the value and costs of the services and programs that they can access. In addition to transparency, some suggested enhancing cost sharing to increase awareness of the costs/values of services.

We heard that additional French language services throughout the health and social service system would improve quality of care for Yukon Francophones.

3. Sustainability

We heard that Yukoners are looking for innovative solutions to ensure a sustainable system.

People we spoke to want to see more strategic planning, particularly around Yukon's aging population and changing demographics. We need to make appropriate plans to meet the health and social service needs of older adults.

Additional programs will be needed to support people to remain at home. Home care, home modifications, assistive technology, assistive devices and home supports need to be a part of this planning. Home care needs to include more than the minimum service, it needs to reflect people's social, emotional, physical and psychological needs.

Participants also recommend more investment in assisted living options and programs to support older Yukoners with chronic conditions.

To increase access to health and social services throughout the territory, Yukon government should optimize its existing telehealth technology. Educating professionals and community members to use the equipment effectively would be beneficial.

To be more sustainable, the system needs to look at the attitudes and fears that are holding it back from innovation and creative solutions. A culture that embraces new ideas should be encouraged.

Participants encouraged a focus on recruitment and retention: continuity in staff in the communities leads to better care outcomes and saves money.

Another suggestion we heard is to address single-use buildings, particularly in our rural communities. Using buildings for multiple purposes within a community can be more efficient.

4. Coordination of care

Yukoners we spoke to expressed a need for a different service approach for patients with complex needs. Instead of "this is what we have to offer," they encourage services to lead with "how can we help you today?" and base support around needs.

People also expressed a need for clarification of roles between the Yukon government and NGOs, and clarity about what is each responsible for and how funding is provided. Participants want to know what are the standards that each service provider are held to and how are decisions made around which entity is the best service provider.

In addition to role clarification, NGOs and other partners are requesting more respect and appreciation from the Government of Yukon for the knowledge and experience they have and the unique and nuanced services that they provide.

"In a system that is stressed, how do you introduce change? The salaried model is expensive but helps embed providers into the health-system collaboration."

Acknowledging the unique contributions and successes of NGOs would also improve coordination of care. NGOs' strengths are providing services to the most vulnerable; their services can be flexible and innovative, and they add value to services. They want to be seen as equals at the negotiating table, and want more collaboration, improved communication, and salary equity with those with equivalent roles in the Yukon government.

NGO participants also requested increased government support to help them tackle Yukon's opioid crisis.

We also heard that the health and social services system needs to modernise. Participants asked why people still need to fax paperwork in the digital age. People want to see increased use of electronic medical records, cloud-based information systems, telehealth systems and modernized telecommunications.

Participants pointed out a need for more proactive and coordinated approaches to teens with disabilities. We heard requests for more wrap-around services, such as employment training services and support in the workplace, for teens and young adults with disabilities. Participants suggest that engaging with youth to better-coordinate services for teens with disabilities would improve their health and social outcomes.

Allied health professionals (i.e. physiotherapists, chiropractors) are asking for spaces to be made available in the communities that would support their visits and improve continuity of care. Instead of a system that focuses primarily on physicians, participants are asking for multi-disciplinary team approaches to be embraced.

Participants also expressed a need for a coordinated effort to combat the normalization of alcohol and drug use, particularly among youth. They want to see coordinated, collaborative, community-wide initiatives to help Yukoners with alcohol or substance use issues.

Some participants want to see a shift in drug and alcohol treatment approached, from one of zero-tolerance one that is based on harm reduction. An example provided was to establish "wet houses" – shelters for the homeless that provide alcohol to homeless people who suffer from chronic alcoholism.

5. Reconciliation

Participants emphasized that reconciliation efforts should be a priority, one that is at the heart of all health and social services initiatives. Participants suggest that, instead of asking citizens about cost drivers and efficiencies, the Yukon government should be asking how it can truly support reconciliation efforts.

For First Nations people, personal health and wellness cannot be separated from the health and wellness of their lands and cultures. Ongoing support for the protection of land and cultures is a meaningful and health-promoting way to support reconciliation.

“There is greater need for collaboration between YG and Yukon First Nations. Ask First Nations, what do you need? How can we help? Make every door the right door to access support.”

Access to land, traditional food and opportunities to engage in aspects of cultural life within a variety of settings (i.e. hospitals, schools, care and treatment facilities) would improve health and social outcomes.

Anti-racism training for health and social services providers needs to be expanded and accessible, and it needs to be made a priority.

The Yukon government needs to recognize and address the ongoing trauma that resulted from residential schools and the ongoing discrimination and inequities that First Nations people face within the health and social service system.

