Putting People First

The final report of the comprehensive review of Yukon's health and social programs and services

Preface

April 30, 2020

In November 2018, we were appointed by the Premier and the Minister of Health and Social Services to do a comprehensive review of health and social programs and services. At the time, we had little idea of the breadth and depth of the task we had taken on. As we engaged with the public, we really began to realize the enormity of the job.

As a result, we had to ask for a three month extension. We needed the extra time to complete the report that we felt the government, and all Yukoners, deserved. Due to the impact of the coronavirus (COVID-19), we had to ask for an additional month to finalize the report.

Throughout this report, we have tried to provide recommendations that will improve patient-client responsiveness, experience, and outcomes, as well as health provider experiences and ensure fiscal sustainability for future generations of Yukoners. As we explain in our report, this Quadruple Aim assumes that providing higher quality care and managing costs go together. Poor quality care will actually cost us more over the long term.

We decided that it was far better to get to the root of what is causing gaps in care and provide recommendations that would fix these problems. This means that many of our recommendations require some front-end investment. In the long run, we believe these changes will improve care and reduce the growth curve of system costs.

While we found that some parts of the system are working well in Yukon, other parts are not. More importantly, there is a lack of coordination across the system. This makes it hard to deliver services in a person-centred, holistic, preventative, safe and respectful way. To fix this, we believe that major, system-level changes need to be made. We have explained these changes this report.. Some of these changes can be made fairly quickly, while others will need to be implemented in stages, but it is important to consider the recommendations as an integrated whole.

A note on the final report after COVID-19

COVID-19 did not exist when we first met as a panel. It had not become a pandemic when we met to finalize our report. And yet, as we reflect in light of the changing situation, we stand by what we wrote.

Never has it been clearer that how we live, learn, work, shop and play affects our health. That the actions that we each take affect each other. That most public policies have health implications. That vulnerable Yukoners will be even more vulnerable in a pandemic, unless we band together to support them. And that there is tremendous compassion and dedication among those who provide health and social services across Yukon.

Crises magnify both heroes and gaps in care. Our goal as a panel is robust, resilient health and social services across Yukon. Yukon's health and social system must respond dynamically to individual and community needs every day, as well as to changing circumstances.

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We think we have provided an achievable vision and a basic road map of how to get there. We believe this is the only way that Yukoners and their health and social needs can be put at the centre of a system that, for too long, has focused on what works for the government and providers. Beyond fixing some of the immediate and obvious problems, these changes could make Yukon a leader in health and social service reform in Canada and perhaps the world.

We want to thank the Premier and the Minister of Health and Social Services for having the confidence to give us the opportunity to do this work on behalf of the people of Yukon. We thank them and the Deputy Minister of Health and Social Services for encouraging us to go our own way in this report and to be bold, if required, in our recommendations.

For many months, we worked closely with an extremely talented and committed secretariat. We want to thank them from the bottom of our hearts. The secretariat was led by the fantastic Kendra Black who went far beyond the call of duty in responding to our incessant and occasionally unreasonable demands. She was truly selfless and we will miss working with her and the wonderful team she assembled.

Finally, we want to thank the residents of Yukon who took us into their trust and confidence throughout this process. We dedicate this report to all of you.

Bruce McLennan - Chair

George Green

Gregory Marchildon

Diane Strand

Jennifer Zelmer

A note on the final report after COVID-19 continued...

It would be tempting to focus only on emergency response at this time. But think about how much easier it would be right now if:

- Every Yukoner was linked with a regular care team and could access high quality services – virtually or physically – when needed.
- You could access care closer to your home and community, reducing the need for medical travel, making it easier to access services for other health problems during a pandemic, and enabling access to screening, vaccination, mental health, substance use, and other health promotion and public health services where you live.
- You, your regular care team, and any specialized services were connected with each other, with services integrated to avoid gaps in care.
- There was a made-in-your-community health plan to strengthen community ties and address its unique health and social needs.
- Services were culturally safe, so no one felt they needed to avoid care.
- All care providers were empowered to use their skills and experience, practicing to their full professional scope.
- Nobody had to worry about how they would self-isolate if they became sick but didn't have a suitable place to live.
- If you were self-employed and had to stop work because you were ill or were laid off because of the pandemic, social supports such as guaranteed income, childcare, and coverage for medications kicked in automatically.
- We had clear communication channels, better data, and stronger evaluation and quality improvement tools to manage the system every day and in emergencies.

These are just a few examples of how we believe our recommendations would make health and social services better during a pandemic and at other times.

As we finalize the report, the pandemic is ongoing. There will be successes and failures in the territory's response. Times of crisis often result in rapid innovation, and Yukon needs to sustain and scale the best innovations that emerge. Yukon should also be honest and open about what did not go well when reflecting on the response. Despite the best efforts, there will be failures and many areas where Yukon can say 'it would have been even better if ...' Strengthening the ability to do better, to be a system that learns and adapts, is at the heart of many of the panel's recommendations.

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Executive Summary

A comprehensive review

In 2018, the Yukon government appointed us as a five-member, Independent Expert Panel to conduct a review of health and social services in the territory. Our mandate was to identify ways to make these services more effective, provide better value for money, and improve the experience for Yukon health and social service providers, clients, patients and families.

The case for change

We heard about Yukoners' insights and experiences with health and social services through meetings with communities, services providers, First Nations governments and health directors, and non-governmental organizations (NGOs), as well as through online surveys and written comments. We also examined the way the Yukon government currently delivers health care and social services, and how this compares with high-performing health care systems in other jurisdictions.

After reviewing this information and hearing the stories, concerns and recommendations of Yukoners, we concluded that the health and social services system in the territory has a number of strengths, but does not currently take the most effective approach to supporting the health and wellbeing of Yukoners, or make the best use of limited resources.

We learned these challenges can be explained in large part by the fragmented nature of the current system. For example:

- Health care spending is mostly focused on treating illness and health emergencies, with too little being put toward preventing illness and improving the health of Yukoners.
- Yukoners do not always feel that services are tailored to their unique needs and circumstances, or that they are culturally safe.
- Staff in different parts of the system (e.g., hospital, home care, primary care providers, social services, and housing) often are not able to work together to make sure Yukoners using these services get the support they need.
- Although health and social services encompass many different programs, organizations and services, there is no single, clear vision that unites the efforts of all those working in the system in a common purpose.
- Decisions by providers and system managers often do not take into consideration the cost to the system as a whole, or the whole-person effect on Yukoners who are receiving multiple services across the system.
- There is too little coordination and understanding of the needs of communities and the roles of various players in the system, including non-governmental organizations and First Nations service providers.

- The Department of Health and Social Services does not have the necessary data, tools and procedures to effectively evaluate, improve and plan for a system that is coordinated and continuously improving in terms of its efficiency and outcomes for Yukoners.

What we heard

We want to acknowledge that there are strengths in Yukon's system. These include:

- compassionate and dedicated care providers;
- strong First Nations' roles in service delivery;
- Yukon's dedicated group of non-governmental organizations;
- health centres in all communities;
- the expanded scope of many nursing staff;
- Yukoners' levels of physical activity and fitness are higher than the national average;
- Yukon emergency departments have wait times below the national average; and
- overall, the system takes care of sick people quite well.

At the same time, many aspects of the current system are not working for Yukoners. For example, seniors generally spend extra time in the hospital waiting for community supports to be ready. Medical travel involves a range of problems – from affordability, to causing stress due to poor coordination and insufficient support, to being potentially unnecessary if there were better availability of closer-to-home and/or virtual services.

Transitions from hospital to community often lack the necessary coordination with community providers to ensure people get the support they need at home. In extreme cases, we even heard of Yukoners being discharged from the hospital in the middle of the night without proper transportation, clothing or support.

Many Yukoners do not have a regular care provider. Many others still have trouble getting appointments that are timely and long enough to address their needs.

Many First Nations people told us about experiencing racism in the system and feeling that policies and services do not adequately include their culture or traditional healing practices. We heard that there are many opportunities for the Yukon government to collaborate with First Nations to close the gaps in health outcomes and contributors to wellness, and build on First Nations strengths, including land-based healing.

We also heard that Yukoners cannot access the level of preventative health and wellness, including mental wellness, that they want and need.

While social assistance payments in Yukon are among the highest in the country, we learned that clients often struggle to find ways to improve their wellbeing and independence.

We also heard about insufficient services for adults with disabilities and their families. Finally, we heard about gaps in social supports for lower-income Yukoners not on social assistance who do not have access to pharmaceutical, dental and other extended health benefits.

Moving forward

Strengthening the primary health care system

There is good evidence that a strong primary health care system provides better outcomes for the health of the population, chronic disease management, equity and client satisfaction, while also lowering overall costs.

A strong primary health care system takes a whole-of-society approach to health and wellbeing, and focuses on the holistic needs and preferences of individuals, families and communities. It is the first point of contact for health and wellness services, coordinating each person's services in a way that ensures continuity and ease of movement across the system.

A key example of this approach is the Nuka system implemented by the Southcentral Foundation in Alaska. It has achieved outstanding success – decreasing costs while improving health outcomes and increasing the satisfaction levels of both clients and providers. We examined the Nuka model closely, and believe many of its components are extremely well suited to Yukon and offer a solution to the current fragmentation and challenges we heard about so loudly and clearly from Yukoners.

Creating a new vision for wellness in Yukon

In our report we provide 76 recommendations for implementing a new approach to improving Yukoners' health and providing integrated, whole-person care across a health and social system that puts people first. This requires some big changes, including:

- creating a new organization to manage and deliver the redesigned, integrated approach;
- modernizing financial arrangements, including shifting to compensation models for health providers that better support holistic, integrated care;
- working across organizations and sectors to coordinate in the interest of Yukoners;
- increasing collaboration with First Nations on health outcomes, cultural safety and traditional healing; and

- harnessing the power of data, evaluation and citizen input to continuously evaluate and improve services, progress, and outcomes.

We have also identified a number of areas where greater cost-effectiveness can be realized within the system. For example, we have made a number of recommendations related to pharmaceutical benefits and markups that will bring about improved efficiency and significant savings. In other areas, we have recommended updates to modernize existing fees and regulations, like the long-term care residents' fee, the medical travel subsidy, and income support for Yukoners with disabilities.

The Government of Yukon currently spends more than $8,000 per person on health each year, much higher than the national average. We believe that the new approach will, over time, realize efficiencies and return on investment that will allow the government to shift some of its health and social investment into "upstream" investments like housing, early child development, food security, substance use prevention, and community wellness. These changes will improve the health of Yukoners and support the future sustainability of the system.

In our full report, we outline what we heard, the need for change and our key recommendations in the following areas:

- the health care experience;
- community wellness and healing;
- First Nations cultural safety, health outcomes and land-based healing;
- supports for lower-income Yukoners;
- building a new health care system;
- improving the health of the population; and
- ensuring the financial sustainability of the health and social system for Yukoners for years to come.

We recognize these are fundamental changes that will take time to implement. We have identified a combination of changes that can be actioned quickly and will put us on the path towards a stronger future, as well as longer-term directions. Our recommendations are related to each other and to our overall goals. They should be taken together, not considered individually in isolation from the whole.

While the majority of our report was written before the COVID-19 pandemic, which began to affect Canadians just as we were completing our report, we believe that our recommendations continue to be valid in this changing context. A stronger, more integrated health and social system that puts people first would be resilient and responsive to changing circumstances and needs, including the challenges that we are currently facing.

Recommendations

Chapter 1 – Transforming the health and social system

We propose a new approach to the delivery of health and social services, one that is focused on making the best possible use of the resources we have to improve health outcomes for Yukoners along with better client and provider experiences. What we are proposing is intentional, whole-system redesign. It requires leadership, vision, passion, successful change management and commitment to success.

1.1 Reorient Yukon's health care system from a traditional and fragmented medical model to a focus on population health accompanied by integrated, person-centred care across the health and social system.

1.2 Create Wellness Yukon, a new, arms-length government agency that delivers basic health and social services in the territory and contracts with NGOs or other providers to deliver specialty services on their behalf. This includes managing the hospitals currently under the Yukon Hospital Corporation and primary care, long-term care and treatment facilities under the Department of Health and Social Services.

1.3 Work with the Yukon Medical Association through the next contract negotiation cycle to develop alternative payment models to transition away from primarily fee-for-service payment for medical services.

1.4 Partner with First Nations governments, municipal governments, non-governmental organizations and members of the public in the long-term planning of health and social services that meet community needs and are culturally safe.

1.5 Implement a population health approach that considers the social determinants of health to reduce inequities and improve the health of the entire population.

1.6 Implement an evidence-based approach to system planning and decision-making.

1.7 Use clearly identified savings from some current programs and invest additional resources to move from a focus on acute medical care to a primary-care based population health model with upstream investments in prevention to improve outcomes and ensure the long-term sustainability of the health and social services system.

Chapter 2 – Putting people first

We recommend that the Government of Yukon reorient the health care system from the current fragmented medical model to a model that focuses on integrated, person-centred care across the health and social services system.

2.1 Create a holistic, expanded primary care system built on relationships between providers and their clients. In this system, Yukoners are empowered to take control of their care and actively share responsibility for their and their families' health and wellness.

2.2 Connect every Yukoner to a primary care provider (physician or nurse practitioner) who provides care as part of an integrated health care team.

2.3 Increase the use of virtual care and develop options for Yukoners to connect with care from their homes and in their communities.

2.4 Double the current medical travel subsidy from $75 per day to $150 per day, beginning on the first day of travel if an overnight stay is needed, and index to inflation going forward.

2.5 Conduct more research on the costs and benefits to provide an additional subsidy for low-income Yukoners who may not receive care due to travel-related cost barriers.

2.6 Create residences in Whitehorse and Vancouver to reduce the need for hotel accommodations for medical travellers, provide a base for more coordinated out-of-territory care and discharge back to care in Yukon, and support those who may need help navigating care away from home.

2.7 Establish a single unit responsible for case management, implementing decisions on medevac or commercial flights, decisions on escorts, liaising with home and out-of-territory clinicians, medical facilities, hotels and people's families.

2.8 Eliminate the restriction of medical travel destinations ("gateway" cities) in the current medical travel regulations under the *Travel for Medical Treatment Act*.

2.9 Working in partnership with First Nations and municipal governments, provide safe and alternative driving services between rural communities and Whitehorse.

2.10 Develop a client charter that empowers clients to be proactive partners in their own health and wellness care.

2.11 Ensure primary care physicians are integrated into the implementation of 1Health, the territory's electronic medical record, by working in partnership with the Yukon Medical Association to support full implementation in physician clinics.

2.12 Help Yukoners access their personal health information by making it available via a secure client portal connected to the 1Health system.

2.13 Trial models that provide rapid access to a primary care provider for family-practice sensitive conditions, reducing the use of the Whitehorse General Hospital emergency department for this purpose.

2.14 Expand the department's vaccine program to incorporate new vaccinations recommended by public health available at no cost to clients.

Chapter 3 – Fostering community wellness

We recommend refocusing the health and social system on delivering care as close to home as possible, with a focus on keeping people well, preventing illness, and promoting health and wellness in our communities. We also recommend ways to involve Yukoners meaningfully in developing and delivering solutions.

3.1 Involve communities in assessing their local health and social needs and planning local health and social programs and services that meet their needs and are culturally safe.

3.2 Increase the availability of community-based providers by better retaining established providers, and developing new pathways that encourage rural and First Nations Yukoners to enter into health and social services careers.

3.3 Increase services offered in the communities through mobile screening and service provision.

3.4 Involve client-owners and families in planning transitions from hospital to community by implementing a patient-oriented care transitions bundle modelled on the Bridge-to-Home Program as promoted by the Canadian Foundation for Healthcare Improvement.

3.5 Adopt a universal approach to mental health and substance use prevention for children and youth in Yukon that builds on the success of the Planet Youth model.

3.6 Working with First Nations partners and rural communities, define trauma-informed practice for Yukon. Co-design a framework for the health and social services system to prevent trauma and mitigate trauma reoccurrence for everyone, especially high-risk groups receiving services (e.g. children and youth). Pilot the framework within 2-3 departments across the health and social system starting with services areas involving children and youth.

3.7 Improve health outcomes and reduce the social harms by introducing a suite of evidence-informed policy and legislative changes to encourage a culture of moderate alcohol consumption in the territory and create an environment that supports individual decision-making. It is important to do this with both a reconciliation and trauma-informed lens, in partnership with First Nations governments. This includes:

- reducing the hours of operation of establishments selling alcohol to better balance convenience and consumption;
- establishing a minimum pricing policy;
- restricting advertising and promotion; and
- requiring evidence-based server training.

3.8 Work towards fully-funded, universal early childhood education for all Yukon children over the age of one and provide families with options to improve children's learning outcomes:

a. Coordinate early learning services at all levels to ensure the child is put at the centre by moving early learning to the Department of Education.

b. Open current preventative and supportive early learning programs, moving towards universal access for all Yukon families.

c. Increase accessible training opportunities for day home and daycare providers to support continued integration of preventative and early learning supports.

d. Provide access to early learning and/or childcare services opportunities for more families by increasing the current subsidy system in Yukon.

3.9 Expand palliative and end-of-life care programs and supports by providing direct funding to individuals and families.

3.10 Expand support for Yukoners with dementia and their families to allow client-owners to remain in their own homes as long as possible.

a. Expand the Whistle Bend Place day program for Yukoners with dementia to a daily capacity of 16 clients and provide support for transportation.

b. Provide dementia training for formal and informal caregivers to support Yukoners to remain at home longer.

Chapter 4 – Advancing reconciliation

We recommend that the Government of Yukon work closely with First Nations governments to reduce health inequalities for First Nations people in Yukon and improve their ability to access the care and support they need to be healthy. We also recommend that the Government of Yukon create a culturally safe health and social system.

4.1 Partner with Yukon First Nations to develop and implement a comprehensive and coordinated approach to cultural safety and humility that prevents racism and includes:

- Customized training developed in collaboration with Yukon First Nations.
- Mandatory cultural safety and humility training and a continuous education process for all health and social services providers, managers, and leaders that receive funding from the government as a condition of their agreement.
- A formal Declaration of Commitment that includes a vision of what cultural safety and humility means, acknowledges the need for cultural safety, and commits to collaborating with First Nations people to achieve it.
- An Office of First Nations Health within the Department of Health and Social Services that supports cultural safety and humility across the system and is focused on advancing reconciliation within the department and the health and social system.

- Development of a culturally safe complaints processes.
- Integration of cultural safety and humility into organizational leadership, culture and policies.

4.2 Enhance programs and services at long-term care homes to better support First Nations residents and their families. This includes culturally focused activities, increasing staff knowledge and sensitivity, offering traditional meals, and ensuring residents' spiritual needs are met.

4.3 Collaborate with Yukon First Nations governments to develop understanding of Indigenous determinants of health in Yukon and their role in health disparities, and implement effective interventions to address them, in order to eliminate the disparities in health outcomes experienced by First Nations Yukoners.

4.4 Work with Yukon First Nations, using ownership, control, access and possession (OCAP) principles, to understand health inequities within the territory and develop responses to reduce these inequities.

4.5 Work with Yukon First Nations governments and the Government of Canada to fund a rural, on-the-land mental health and substance treatment centre that incorporates:

- Clinical and traditional/cultural approaches (including land-based healing).
- Strong linkages with community-based cultural healing resources (pre- and post-treatment).
- Development and governance in partnership with Yukon First Nations people.
- Accessibility of services to all Yukoners.

4.6 Partner with the Government of Canada to create a fund to support land-based healing in communities across the territory that includes program planning, infrastructure and training. The fund should be flexible and able to accommodate the diverse needs of unique Yukon First Nations, and take into account other funding and negotiations, such as further implementation of self-government agreements.

Chapter 5 – Closing the gaps for lower-income Yukoners

We recommend that the government reorganize disability services and income support to provide a better fit with Yukoners' needs and make better use of limited financial resources.

5.1 Bring together all social assistance delivery agents to create a common vision for social assistance, leading to the design and delivery of more equitable, effective, easy-to-navigate and person-centred income support programming. This is a necessary precursor for recommendation 5.5.

5.2 Develop a referral policy and procedure to employment and training services for all individuals on social assistance to determine work readiness and/or vocational planning. Ensure that the current employment and training services are meeting the needs of clients. Retooling these services should also lead to improved outcomes in social assistance duration, workforce attachment, and reducing the overall impacts of poverty.

5.3 Develop a referral policy and procedure for community health services for individuals with medical barriers to work if they are not currently receiving medical treatment.

5.4 Create a framework and provide support for data management and analysis for social supports programs. This work should be completed with associated reporting timelines attached, to ensure relevant data is reviewed and reported upon regularly.

5.5 Conduct a program evaluation of social supports, to determine if current practices and policies are achieving program objectives and are cost-effective, and what the most influential factors in entering, staying on, and leaving social assistance are in Yukon.

5.6 Provide funding to NGOs to formally implement free tax clinics for low-income Yukoners to maximize benefits tied to income tax filing. There should also be a coordinated effort to: recruit and train volunteers; offer this service physically and/or virtually in all communities; and advertise these clinics widely so social workers and other health care workers can make referrals.

5.7 Design and implement a guaranteed annual income pilot, in collaboration with the Yukon Anti-Poverty Coalition, and potential funding partners such as the federal government, health and social research programs and others.

5.8 Create an income-tested, payer-of-last-resort public plan for extended benefits.

5.9 Working with First Nations governments and the Government of Canada, determine how to coordinate the delivery of non-insured health benefits to all Yukoners to ensure consistency in benefits and efficient delivery.

5.10 Create a separate, stand-alone disability benefit for those with permanent disabilities. Leave the Yukon Social Assistance top-up in place for individuals with short-term disabilities, who generally have higher expenses than the average social assistance recipient.

5.11 Increase the disability top-up amount to $325, to reflect inflation since 2005, and index disability income to inflation going forward.

5.12 Combine Adult Disability Services and Child Disability Services into one needs-based program and develop a new eligibility and assessment framework for services based on the needs of adults and children with disabilities.

5.13 Expand the mandate of adult programming to cover a broader range of disabilities and create new services, as appropriate, to meet the needs of this expanded adult service population.

5.14 Provide self- or family-managed care funding to enable adult Yukoners with disabilities to live at home for longer.

5.15 Align Government of Yukon housing initiatives under one provider, including management of NGO services for Yukoners requiring housing supports.

5.16 Implement a By-Name List to improve coordination among service providers and reduce homelessness in the territory.

5.17 Work with partners to increase investment in infrastructure and programming for community food hubs in all Yukon communities.

Chapter 6 – Creating a high-performing health and social system

We recommend the development of a new approach to the delivery of health and social services in the territory, an intentional whole-system redesign.

6.1 With Wellness Yukon acting in a leadership role and engaging client-owners and care providers, create one vision and core principles for the health and social services system to ensure that everyone working within the system clearly understands the vision, their role and key responsibilities.

6.2 Create a rigorous annual planning cycle with robust processes to translate the strategy into action, driving purposeful decision-making and accountability. Incorporate system-level data into strategic plan processes to ensure evidence is driving system planning. Use evidence and community engagement to plan services that are delivered in the community or as close to the community-level as possible.

6.3 Develop an engagement and experience team to involve Yukoners in designing, implementing, evaluating and improving programs and services.

6.4 Create integrated polyclinics and a community health care network to provide extended primary health care services and link client-owners with additional services as required. The establishment of a bilingual primary health care team(s) in a Whitehorse polyclinic is a recommended step in implementing this model.

6.5 As an interim measure while developing Wellness Yukon, hire additional nurse practitioners where needed to increase access to primary health care providers in the communities and in specialized clinics.

6.6 Encourage all providers in the system to work to their full scope of practice and remove barriers, such as lack of hospital privileges for nurse practitioners, to achieve this. This may include regulatory barriers or organizational culture barriers. Expand the scope of practice for specific professionals where it makes sense to support the work of integrated teams.

6.7 Develop new training tools and approaches to ensure that all those involved in handling personal health information, and those who assess the handling of information, understand the full purpose of the *Health Information Privacy and Management Act*, including its role in facilitating the effective provision of health care.

Chapter 7 – Creating a system that keeps us well

We recommend that the Government of Yukon enable a system-level transition to a population health approach with the ability to assess and understand the health of Yukoners, consider what makes us well and make evidence-based decisions.

7.1 Implement a Health in All Policies approach for the Government of Yukon and work with the federal government and Yukon First Nations governments to identify and mitigate potential health impacts of proposed programs and policies.

7.2 Invest in a comprehensive mix of interventions to address health that will have long-lasting impacts.

7.3 Work with partners across the health and social system to develop a broad range of health and social indicators, and track and publish them at regular and timely intervals, as a way to track progress on initiatives and ensure transparency and accountability.

7.4 Provide leadership and coordination for the development of a formal and comprehensive quality improvement approach for the health and social services system. Adopt a formal and acknowledged approach to quality improvement that incorporates the Canadian Foundation for Healthcare Improvement's Six Levers for Organizational Improvement. These levers include:

- engaging front-line managers and providers in creating an improvement culture;
- focusing on population needs;
- creating supportive policies and incentives;
- building organizational capacity;
- engaging patients and citizens; and
- promoting evidence-informed decision-making.

7.5 Create an evidence and evaluation unit with a clear population health mandate to support the health and social system, including program area staff and care providers, with data gathering, analysis, surveillance and evaluation. This unit will provide leadership in how to apply a population health approach at a systems-level and will be a key player in the shift of the health and social system towards the new vision.

7.6 Partner with another Canadian jurisdiction to create a data warehouse, bringing together data from different programs to support the implementation of a population health approach in a privacy-sensitive way.

Chapter 8 – Ensuring financial sustainability

We recommend that the Government of Yukon create Wellness Yukon, and with it a new vision and model of care, to see financial benefits alongside improvements in health and wellness. However, creating this new system will take time and resources. To help support this investment in Yukon's future, we recommend making some changes today.

The following recommendations address areas that no longer provide value-for-money to Yukoners. These changes can be carried out relatively quickly. They will also produce cost savings that can be reinvested in longer-term measures that help Yukon avoid future costs.

8.1 End rural zone medical travel subsidies for Yukoners residing in zones 1 and 2 outside of Whitehorse.

8.2 Conduct a program evaluation of the medical travel program, specifically focused on:

- how Yukon procures medevac services;
- comparing the cost of commercial flights with professional escorts to medevacs;
- when Yukon uses medevacs and whether there are opportunities to reduce frequency;
- how Yukon Emergency Medical Services integrates with health and social services, including medical travel and medevac;
- providing services in-territory vs. sending people out, including how increased use of virtual care (see recommendation 2.3) may impact medical travel patterns; and
- current restrictions and how they impact Yukoners.

8.3 Increase the daily rate for residential long-term care from $35 to $50 over three years and index to inflation.

8.4 Work in partnership with the federal government to support a model for a Canada-wide universal pharmacare program.

8.5 Reduce pharmacy markups and fees to a level close to the national average.

8.6 Harmonize and simplify Government of Yukon pharmaceutical programs and outsource the administration of these programs. Combine the four different public pharmaceutical benefits programs into one program. The new program should have one consistent formulary. We recommend using an existing formulary from another Canadian jurisdiction to simplify ongoing management. This should reduce the time to add new medications to the formulary and ensure faster adjudication.

8.7 Move responsibility for pharmaceutical purchasing for all bedded facilities to Wellness Yukon.

8.8 Transition Yukon public drug program coverage of biologic drugs from biologic "originators" to "biosimilars" where clinically appropriate.

8.9 Develop a robust prescription monitoring system for Yukon modelled on the Nova Scotia Prescription Monitoring Program, partnering with other jurisdictions where possible to increase capacity.

Chapter 1 – Transforming the health and social system

Introduction

In 2018, the Government of Yukon began the comprehensive review of health and social programs and services. In their final report in 2017, the Financial Advisory Panel recommended a review of health care. The Yukon government expanded the scope to include social services given their close connection with health.

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

As panel members, we all brought different areas of expertise to the process.

- Bruce McLennan, Chair, retired, and former Deputy Minister of three Government of Yukon departments (Finance, Health and Social Services, and Education).
- George Green, Coordinator/Instructor for the Targeted Initiative for Older Workers program at Yukon College and NGO board member and volunteer.
- Greg Marchildon, Professor and Research Chair in Health Policy and System Design, University of Toronto.
- Diane Strand, former Chief and Senior Director of Citizen Services for Champagne and Aishihik First Nations.
- Jennifer Zelmer, President and CEO, Canadian Foundation for Healthcare Improvement.

As the members of the Independent Expert Panel (IEP), we have written the recommendations in this report to provide the Yukon government with ways to:

- improve the health and wellness of Yukoners;
- ensure patients, clients, families and providers have positive experiences; and
- provide better value for money.

Like Yukon, many health and social systems worldwide are struggling with the relationship between costs and the quality and responsiveness of care. It is often believed that higher quality care must cost more, and when costs cannot keep growing, quality of care suffers.

In working through this review, as a panel, we have looked to provide recommendations that allow Yukon to achieve the Quadruple Aim. Developed to address system design and improvement in health care, it applies to Yukon's entire health and social system.

In the Quadruple Aim, systems work to simultaneously:

- improve patient experience;
- improve health outcomes;
- better manage costs and system effectiveness; and

- provide better experiences for care providers.

The Quadruple Aim challenges the idea that quality care must cost more. In the long run, bad health and social care costs us all more than providing high quality care in the first place. When designed and implemented well, systems based on the Quadruple Aim find that quality and cost-effectiveness go hand in hand.

Figure 6.1 – Quadruple Aim

The review process

Before we could make any recommendations, we needed to understand the current system.

To do that, we needed to understand the experiences of the people who interact with it. Knowing this, we planned a two-phase public engagement process for the summer and fall of 2019.

In the summer of 2019, we launched the first phase of public engagement. We heard primarily from health care professionals, non-governmental organizations and community groups, though we received some feedback from the public.

In the fall of 2019, we launched the second phase of public engagement. We posted an online survey and held 34 public and government-to-government meetings. Twenty-seven were in communities outside of Whitehorse. On our travels, we visited every community in the territory and conducted deep engagement.

We made special efforts to ensure we heard rural voices. These Yukoners interact with the system in much different ways than those living in Whitehorse. During this phase, we also met with First Nations governments across the territory to hear their perspectives, concerns and suggestions.

In addition to the public engagement, we talked to staff working in the health and social services system. We wanted to understand their challenges and hear their suggestions for change.

Throughout the review period, we received information from health and social professionals, community organizations, First Nations governments, members of the public, and the Yukon government. With this information, we were able to construct a picture of the current health and social system.

Phase one

40
meetings
where we heard from over
200
voices

Phase two

34
meetings
of which
27
were held outside Whitehorse and
724
survey responses were received

The case for change

Yukon's health and social services system is a study in contradictions. It has real strengths nestled with significant weaknesses. These weaknesses negatively affect the health outcomes of citizens (see Yukon's health and social system profile, p. 21).

Yukon spends more per person on health and social services than almost any other jurisdiction in Canada. Forecasted total health spending per Yukoner in 2019, including both public and private spending, is over $11,700. More than $8,000 of this is spent by government. Total health spending per person is more than 1.65 times the national average (1). Yet life expectancy (2) and perceived health status are worse in Yukon than in other parts of Canada (3). When compared to the rest of the country, Yukon has fewer deaths from treatable causes but more deaths from preventable causes (2).

For seniors and Elders, the story is even more dramatic. The population is aging and costs are only expected to go up, given the current spending pattern. In 2017, Yukon government spent twice as much per person for Yukoners 80 and over than the provincial/territorial government average (1). We also know seniors go into institutional care earlier than the rest of Canada (4).

Despite the small communities and deep connection many Yukoners have to their home, most of the people we heard from feel that the system is not providing holistic, whole-person care that is flexible and responsive to their needs.

Yukon designed its health care system to provide acute, medical care. Much of the time, it does that well. It takes care of sick people, but does not do enough to keep people well. Yukoners typically stay in hospital for 13 days waiting for home care services or supports (5). Yukon has one of the shortest emergency department wait times to see a physician in Canada, at 1.7 hours compared to the national average of 3.9 hours (2).

Although there are more family doctors working in Yukon per person than most jurisdictions (6), 21% of Yukoners do not have a primary care physician (3). Nationally, this is the case for 15% of Canadians (3). Only 50% of respondents to our public engagement survey said that they could always or often get an appointment with their regular care provider at a convenient time.

Yukon's social services tell a very similar story. Services are very specific and focus on taking care of the most vulnerable citizens. The benefits are among the richest in the country. The government's social assistance rates provide close to the same income as the current minimum wage. They also provide other discretionary benefits and support. And yet, the high cost of living in the territory and the lack of affordable housing leaves many social assistance clients, especially single people living on their own, unable to make ends meet and struggling to make it through the month.

Yukon has one of the most supportive systems for moving off social assistance into employment. Yukoners moving off social assistance keep a part of their employment income and still receive benefits. They have ongoing access to extended health benefits for up to

Yukon's health and social system profile

Key highlights

- **39.4% rural area population**
  2016 (1)
- **12.4% senior population**
  2017 (1)
- **3.2% unemployment rate in Yukon compared to 6.3% nationally**
  March 2020 (2)
- **11.6% birth rate per 1,000 in Yukon compared to 10.6% nationally**
  2016 (3)
- **71.1% of Yukoners 18 years and over are highly physically active—national average is 56%**
  2017–18 (1)

Access

- **78.8% of Yukoners have access to a regular healthcare provider, compared to 84.9% of Canadians**
  2017–18 (1)

Health status

- **79-year life expectancy at birth in Yukon, compared to 82 in the rest of Canada**
  2014–16 (1)
- **5.7 per 1,000 mortality rate in Yukon, compared to 7.4 nationally**
  2016 (4)

Costs

- **Government of Yukon forecast spending of $326.8 million on health in 2019—over $8,000 for every Yukoner** (5)
- **Cost of a standard hospital stay in Yukon is $7,632—compared to $6,137 nationally** (1)

Population estimates

Total	Indigenous	Immigrant	Average age
41,408 (2019)	23.3% (2016)	12.6% (2016)	39.1 years (2016)

Indicators of selected health determinants, Yukon and Canada

Indicator	Yukon	Canada
Alcohol use, heavy drinking (aged 18+, 2017–18)	26.1%	19.3%
Smoking, daily or occasionally (aged 18+, 2017–18)	20.2%	16.0%
Colorectal cancer screening, past 5 years (age 50–74, 2012)	35.6%	45.4%
Contact with a dental professional, past year (age 18 and up, 2013)	59.4%	64.6%
Living in household with food insecurity (age 18 and up, 2011–12)	9.8%	7.2%
Children vulnerable in areas of early development (2012–13)	37.1%	27.5%
Obesity (age 18 and up)	34.4%	26.3%

Source: Statistics Canada. Health characteristics, two-year period estimates Table 13-10-0113-01. [Internet]. Ottawa: Statistics Canada; [date unknown] [updated 2020 March 10; cited 2020 Feb 15]. Available from: https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310009601

Public Health Agency of Canada. Pan-Canadian Health Inequalities Data Tool, 2017 Edition. [Internet]. Ottawa: PHAC; [date unknown] [updated 2019 Nov 21, cited 2020 Mar 15]. Available from: https://health-infobase.canada.ca/health-inequalities/data-tool/index

1) Canadian Institute for Health Information. Your Health System. [Internet]. Ottawa: CIHI; [date unknown] [cited 2020 Feb 15]. Available from: https://yourhealthsystem.cihi.ca/hsp/?lang=en
2) Statistics Canada. Table 14-10-0292-02. Labour force characteristics by territory, three-month moving average, seasonally adjusted. [Internet]. Ottawa: Statistics Canada; [date unknown] [updated 2020 Apr 14, cited 2020 Mar 15]. Available from: https://doi.org/10.25318/1410029201-eng
3) Statistics Canada. Table 13-10-0418-01. Crude birth rate, age-specific fertility rates and total fertility rate (live births). [Internet]. Ottawa: Statistics Canada; [date unknown] [updated 2020 Apr 14, cited 2020 Mar 15]. Available from: https://doi.org/10.25318/1310041801-eng
4) Statistics Canada. Table 13-10-0710-01. Deaths and mortality rates, by age group. [Internet]. Ottawa: Statistics Canada; [date unknown] [updated 2020 Apr 14, cited 2020 Mar 15]. Available from: https://doi.org/10.25318/1310071001-eng
5) Canadian Institute for Health Information. National Health Expenditure Trends, 1975 to 2019. [Internet]. Ottawa: CIHI; 2019 Oct 31 [cited 2020 Feb 15]. Available from: https://www.cihi.ca/en/national-health-expenditure-trends-1975-to-2019

three years after transitioning off social assistance. Despite this, clients often stay on social assistance for a long time.

Yukon has the most active and physically fit population in the country, but also has some of the highest rates of smoking and heavy drinking. Yukoners say they feel very connected to their communities. Yet only 63% of Yukoners reported their mental health as very good or excellent (3). This dropped 14 percentage points in the past ten years, and is lower than the national average of 69% (3). For women 18 to 34 years old, the statistics are even more startling. In 2015-16, 74% reported their mental health as very good or excellent. Two years later, this dropped to just 53% (3).

Within the Yukon government, the management of health and social services are combined in one department. This department also delivers many services. Despite the relatively small size of the territory and the small number of providers, the system is fragmented and works in silos. Through our discussions with department staff, we heard that communication between different divisions is limited. Even those working in the same small communities do not always work together.

Non-governmental organizations, First Nations governments, and providers raised some concerns about the department. They say the department does not collaborate or share information. They feel that some areas of the department display a sense that they know best and are more qualified than other providers.

The current focus of the Yukon health and social system is on expensive treatment or services directed at individuals who are struggling with a particular health or wellness issue. It treats illness and disease, rather than investing in things that keep people healthy.

Yukon spends too much on hospitals, long-term care facilities, shelters, fee-for-service payments to physicians and pharmaceuticals. It does not spend enough on prevention and keeping people healthy in the first place. We will talk more about the finances in Chapter 8, but overall, our conclusion is that the current path is not financially sustainable in the long term.

Not only is the current system financially unsustainable, we heard loudly and often from Yukoners across the territory, including care providers, delivery organizations, First Nations, municipal governments and members of the public, that the current system is not meeting their expectations and needs to change.

Many Yukoners are frustrated with the lack of person-centred care, and with the silos that exist in the department and with other organizations delivering services.

Many Yukoners expressed concerns with some decisions made by the Yukon Hospital Corporation. There is a sense among clients and some providers that the hospital believes their job ends when patients are discharged and that they have no responsibility for patients' ongoing health and wellbeing once they leave the facility.

We heard many stories of Yukoners discharged from the emergency department in the middle of the night with nowhere to go and without identification, money or even appropriate clothing for the conditions. We also heard about a lack of discharge planning,

meaning that Yukoners are discharged without care plans in place or held in hospital for days longer than needed because planning was not done. Many Indigenous Yukoners shared stories of the systemic racism they experienced within the territory's hospitals, doctor's offices and some community health centres, as well in facilities outside the territory.

We were surprised to hear stories that suggest some parts of the system, including the hospital, are making decisions that are in the best interests of their bottom line but not necessarily in the best interests of their patients or even the financial sustainability of the system. We recognize that this is because of the silos that exist within the system and the desire to stay within individual budgets. However, this is a good example of the disconnection and the waste that is occurring because of the lack of system-wide accountability.

We heard from a number of other providers that there is a strong sense that the Yukon Hospital Corporation is operating in isolation as a stand-alone entity, rather than as a contributing member of the health care system. While the quality of care delivered within the four walls of the institution may be good in many cases, there are higher expectations for the role of hospitals in communities that are not being met. We want to be clear that this review did not evaluate the clinical quality of individual health services as that was outside the scope of our system-level review. We believe that the hospital needs to be fully integrated into the health and social system with stronger central oversight and direction. We encourage the government to take steps to ensure this happens.

Overall, our general finding is that despite the small number of players working in the system, they do not do a good job of talking to each other, sharing important and relevant information and putting the needs of clients at the forefront.

As a panel, we were tasked with what might seem impossible – find ways to contain costs and keep the health and social system sustainable, while improving health outcomes and the quality of care that people receive.

We quickly came to agree that the amount of money currently being spent in the health and social system is not the largest problem. Overall, our sense is that between all levels of government, Yukon is not lacking for money. The problem is that money is not spent in the right places. Despite the money spent, Yukon is not seeing the health outcomes it wants, clients are looking for a different approach to care, and the system cannot afford to keep going the way it has.

The challenges and opportunities of Yukon's health and social system can be summarized into these five areas:

Passionate care providers, committed to change

There are many committed, caring and compassionate care providers in the territory. They do their best to provide high-quality services to Yukoners. They are often constrained by the system, rules and old ways of doing things. Across the health and social system, including at the system management level, we saw a commitment to innovation and change.

Lack of person-centred care

Clients do not see the health and social services system as providing holistic, whole-person care. They want care that focuses on achieving physical, mental, emotional and spiritual wellness. Many Yukoners feel that systemic racism and unconscious bias is present in the system.

Low investment in prevention

Yukon's current health system emphasizes acute and specialty care. The focus is on addressing urgent issues and, to some extent, managing chronic illnesses rather than preventing them. Most resources are focused on fixing a problem once it has happened. There is no overarching strategy to prevent illness and promote health.

Lack of a common vision

Overall, there are no clear links between the health and social systems. The programs often work in isolation. The system lacks one clear, compelling vision. As a result, programs and services are often reactive, rather than providing a proactive approach that supports health and wellness for all Yukoners.

A siloed and fragmented system

We found that Yukon's current health and social system is not one cohesive system. The individual parts are operating in such isolation that it is best described as a variety of systems. These systems are not working together and, as a result, not producing the best outcomes for Yukoners.

What we heard

We heard a lot about the impacts the current system is having on Yukoners' lives. We have summarized some of the high-level feedback below and provide more details in the following chapters.

For a more comprehensive overview of what we heard in our public engagements, see details in each of the following chapters as well as the reports on What We Heard Phase 1 and What We Heard Phase 2 (available from engageyukon.ca).

- Family doctors provide continuity of care and trusted health care services that are deeply valued by Yukoners.
- Yukoners want their relationships with doctors and nurses to be more compassionate and person-centred. They want to feel heard and want the health system to focus less on the number of patients served and more on the quality of care delivered.
- Rural communities without a hospital want better access to health care resources and more doctors and nurses in their communities.
- There was broad acknowledgement among participants that preventative care should be more of a priority, with some noting that more investment in education and awareness for chronic health challenges like diabetes could be a more effective and efficient long-term investment.
- The health and wellbeing of children and youth is especially important to Yukoners.
- Rural Yukoners want more social and recreational activities that help them connect with their community, participate in healthy physical activity, and avoid loneliness and unhealthy lifestyle choices.
- Many First Nations citizens shared stories of racism and stereotyping when accessing primary and acute care services. They felt that this negatively impacts the quality of care that they receive, and deters First Nations people from seeking primary care services.
- Substance use and addiction is a major problem that is having a serious impact on families and communities.
- First Nations participants want primary care facilities that are less 'institutional' and more culturally safe and welcoming. They also want service providers that understand the history, traditions, and historical trauma of the First Nations they work with in order to provide more compassionate and culturally relevant care.
- Older residents want to stay in their communities and their friends and neighbours want to keep them there for as long as possible. Rural Yukoners recognize and appreciate the contribution of older residents to community vitality.
- While some participants expressed the belief that all Yukoners should have the same access to health care services, others said that that services needed to better support those most in need.
- Across the phases of engagement and different groups we heard from, residents spoke of the fragmentation and poor coordination of the current system. Yukoners are spending a lot of time and energy trying to get what they need, and often the system is not meeting their expectations.

Moving forward

We propose a new approach to the delivery of health and social services, one that is focused on making the best possible use of the money we have to improve health outcomes for Yukoners along with better client and provider experiences. What we are proposing is intentional, whole-system redesign. It requires leadership, vision, passion, successful change management and commitment to success.

This new approach is based on creating a model of primary health care in the territory that focuses on what keeps us healthy (see Population Health, p. 36) with services delivered by integrated teams (different types of providers working closely together to deliver better care). It delivers holistic, whole-person care that considers physical, mental, emotional and spiritual wellness.

Primary health care is a whole-of-society approach to health and wellbeing centred on the needs and preferences of individuals, families and communities. It refers to the first place people go for health and wellness services. Primary health care coordinates people's health care to ensure care is continuous and people are able to get what they need from the system (7).

Furthermore, primary health care emphasizes prevention and harm reduction practices, recognizing that improving people's health is largely affected by factors in their daily lives such as income, housing, food security, education, culture, workplaces and environment (see What makes us healthy?, p. 30).

We know that systems with a strong primary health care focus achieve:

- higher client satisfaction;
- more appropriate use of health services;
- greater equity;
- better continuity of care;
- lower costs;
- better population health outcomes; and
- better chronic disease support and management (8).

There are models that Yukoners can look to in order to reach their health and wellness goals. There are systems that have achieved the Quadruple Aim – improved quality of care, health outcomes, management of system costs, and better experiences for providers.

We examined three systems that achieved these outcomes:

- the Southcentral Foundation located in Anchorage, Alaska;
- Jönköping County Council located in Sweden; and
- Intermountain Healthcare located in Salt Lake City, Utah (9).

These systems developed and sustained system-wide efforts to improve care and limit costs. As a result, they have seen tangible improvements in the health and wellness of the populations they serve and achieved efficiencies and resulting cost savings. For example, since starting a whole-system change in 1998, Southcentral Foundation has seen:

- a 40% drop in emergency room visits;
- a 36% drop in hospital stays;
- 97% customer satisfaction;
- 95% employee satisfaction and significantly reduced turnover;
- health outcome scores in the 75th-90th percentile across the United States; and
- enough financial savings to fund their made-in-Alaska community care aide training programs.

However, these systems were not able to achieve the Quadruple Aim with patchwork, incremental changes. To build a health and social system that is sustainable and effective, we cannot make minor adjustments to the status quo. We must re-examine the fundamental building blocks and re-align them to achieve the Quadruple Aim.

The key components of successful systems include:

- person-centred governance;
- strong leadership that aligns activities throughout the system;
- quality, measurement, and system improvement at the core;
- person-centred use of technology;
- comprehensive capacity building of the workforce to support the vision; and
- robust and coordinated care delivery focused on primary care.

Tinkering with the current system will not achieve financial sustainability. Broad, system-wide change is necessary to fundamentally shift what Yukon is spending its health and social services dollars on and achieve positive health outcomes.

Yukon is in a unique position with its connection between health and social services. The concept of holistic wellness, which includes social, mental, and emotional health, is already well known to Yukoners.

Yukon has an amazing opportunity to have a high-performing health system. The care providers working in our system, the population size, culture, and infrastructure provide a strong foundation for success. Still, it requires collaboration, shared goals, and the support of system partners – particularly Yukoners themselves.

We are proposing a significant shift in the way Yukon's health and social system works – a new model for the delivery of health and social services across the territory. This requires changes to:

- how Yukoners receive care;
- where the government spends its money;
- who provides services and how they work together;
- how providers are compensated;
- who manages the system; and
- how providers involve clients in making decisions about their care.

Through our research, we identified the following elements as key components of a population health system partnered with integrated care (10). We reviewed the experiences of other jurisdictions, both in Canada and around the world, and found that successful jurisdictions have adopted all of these elements. Other, less successful jurisdictions have adopted only some of the elements. The system will not be successful without adopting of all of these critical elements.

This table shows the current state of each element, and what it will look like in Yukon's new model.

Figure 1.2

Elements of a high-performing health and social system

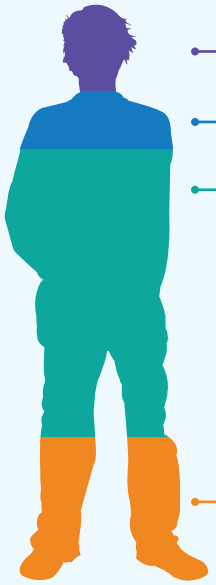
Attribute	Description	Current state	Future state
People, capability and a person-centred culture	A focus on supporting the needs and choices of the individual.	Yukoners have very little say in treatment options. Many feel that health care is "done" to them. Fragmented training and onboarding for health and social providers.	People are partners in their own health care. Consistent and comprehensive onboarding and training for employees. Hiring for skills and cultural fit.
Comprehensive care delivery	Person-centred values are applied in every interaction with patients, care partners and families.	Services are organized around illnesses and disease.	All Yukoners have a primary care provider. Integrated services delivered by strong primary health care teams. More focus on health promotion and prevention.
A clear purpose, strategy and strong leadership	Leadership drives the organization to achieve exceptional person-centred care.	Separate organizations with no common vision.	One organization with a common vision and governance. Person-centred care is at the core.
Person-centred governance systems	The system involves consumers at all levels of the organization.	Public engagement but little reporting on how it is used. Lack of accountability and public reporting on performance.	Ongoing public engagement for continuous improvement. Publicly report on health system results.
Person-centred technology and built environments	Technology is used to enable person-centred care, not as a replacement for people, culture and capability.	Paper medical files. Separate program-level data systems. No centralized data, analysis, or IT support.	Effective use of virtual care including visits with providers, booking visits, access to own health information and prescription renewal. Electronic medical record. Centralized data warehouse, data analysis and interpretation, and IT support.
Measurement for improvement	An organization-wide culture of continuous improvement, focused on measuring and strengthening patient outcomes and experiences.	Patient outcomes and experiences are not measured. No opportunities for patients to provide feedback into the care received.	Regular patient satisfaction surveys, multiple opportunities for client-owners to provide input into care and programming.

What makes us healthy?

Where you work, how much you earn, your education level, your connection to your community, and the neighbourhood you live in all affect your health. These factors are called the social determinants of health.

Access to health services is important, but is not all that affects our health. Clinical care only impacts 25% of our health. The remaining 75% is impacted by socioeconomic factors, health behaviours (such as tobacco and alcohol use, diet, and exercise), our physical environment (such as air, water, and places for recreation) and biology and genetics (the conditions that we inherit from our parents) (1).

- *Why is Jason in the hospital?*
  Because he has a bad infection in his leg.
- *But why does he have an infection?*
  Because he has a cut on his leg and it got infected.
- *But why does he have a cut on his leg?*
  Because he was playing in the junk yard next to his apartment building and there was some sharp, jagged steel there that he fell on.
- *But why was he playing in a junk yard?*
  Because his neighbourhood is kind of run down. A lot of kids play there and there is no one to supervise them.
- *But why does he live in that neighbourhood?*
  Because his parents can't afford a safer place to live.
- *But why can't his parents afford a safer place to live?*
  Because his dad is unemployed and his mom is sick.
- *But why is his dad unemployed?*
  Because he doesn't have much education and he can't find a job.
- *But why ...?* (2)



As the above story shows, there is a lot more going on with Jason than the cut on his leg. Health starts with where we live, work, grow, and play. Right now, the health and social system focuses a lot on treatments and emergencies. We bandage the cut, give Jason some antibiotics, and send him on his way. What would happen if we were able to prevent Jason's injury before he needed treatment?

If there is a system-wide focus on the social determinants of health, we can prevent some illnesses and keep people healthier. For example, in Jason's case, if his parents had been able to enroll him in a free or subsidized childcare program, he would have had a safe and supervised place to play after school.

We have incorporated this perspective into the recommendations throughout the report. We believe Yukon can have a greater impact on health and wellness by addressing all factors that impact our health. The health and social system has a key role to play.

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1) The Standing Committee on Social Affairs, Science and Technology, Senate Subcommittee on Population Health. A healthy, productive Canada: a determinant of health approach. [Internet]. Ottawa: Senate Subcommittee on Population Health; 2009 June [cited 2020 Mar 10]. Available from: https://sencanada.ca/content/sen/Committee/402/popu/rep/rephealthjun09-e.pdf

2) Federal Provincial and Territorial Advisory Committee on Population Health. Toward a healthy future: second report on the health of Canadians. [Internet]. Ottawa, ON: Minister of Public Works and Government Services Canada; 1999 [cited 2020 Mar 18]. Available from: http://www.phac-aspc.gc.ca/ph-sp/report-rapport/toward/pdf/toward_a_healthy_english.PDF

Recommendations

The following overall recommendations are anchors for the rest of this report.

1.1 Reorient Yukon's health care system from a traditional and fragmented medical model to a focus on population health accompanied by integrated, person-centred care across the health and social system.

In 2019, almost 94% of doctors in the territories said that better integration of primary care with hospitals, mental health and community-based social services was a top or medium priority (11).

While many places are delivering care using a person-centred approach, our recommended approach is primarily based on a model that we found close to home – Southcentral Foundation's Nuka system of care in Alaska.

Nuka provides care to approximately 65,000 Alaskan Indigenous people. 55,000 live in Anchorage and the other 10,000 in 55 communities around Alaska. Launched in its current configuration in 1998, Southcentral Foundation has seen impressive improvements in health outcomes for its customer-owners.

We also reviewed other successful models from around the world and a few in the rest of Canada. There is a lot we can learn from successes in other jurisdictions. Although there are differences in our health care systems, many face the same challenges as Yukon.

We have combined elements of these systems with a focus on Nuka's holistic, whole-person care into a unique model of care that meets the needs of Yukoners. See Chapter 6 for more details.

1.2 Create Wellness Yukon, a new, arms-length government agency that delivers basic health and social services in the territory and contracts with NGOs or other providers to deliver specialty services on their behalf. This includes managing the hospitals currently under the Yukon Hospital Corporation and primary care, long-term care and treatment facilities under the Department of Health and Social Services.

We determined that creating one single entity responsible for coordinating all health and social services is the best approach. This approach will:

- break down silos;
- improve coordination; and
- foster a person-centred culture with a population health approach.

We also believe that one service delivery entity, with a single budget, will have the focus and motivation to root out duplication and waste, ensure better continuity of care and improve effectiveness and efficiency within the system.

We have used the name Wellness Yukon / Bien-être Yukon / Shäw Kwä'ą (pronounced show kwa en a – Southern Tutchone for healthy, well) as our name for this new health entity.

Although we considered other models, we do not believe they will create the fundamental system change needed to achieve the long-term objectives of the Quadruple Aim. This recommendation is one of the foundational elements that is critical to the long-term success of the health and social system.

Yukon is one of only two jurisdictions in Canada where the department delivers direct health care and social services. Many of the services currently provided by the department will transition to Wellness Yukon. In addition to the services identified in the recommendation, Wellness Yukon will also manage:

- local nursing services through community health centres;
- mental health and substance use services, including residential detoxification, treatment facilities and individual counselling;
- long-term care;
- home care;
- services to children and adults with disabilities;
- social work support services (not income support);
- chronic disease management;
- disease prevention and health promotion;
- environmental health;
- emergency medical services; and
- medical evacuation services and medical travel.

The department will transition to providing strategic, system-wide stewardship and regulation. This is the role of health ministries in most other Canadian jurisdictions. The department will remain responsible for ensuring services are safe and effective. This move will reduce the conflict of having the department acting simultaneously as a funder, evaluator, and service provider.

The Yukon Hospital Corporation will transition from a stand-alone organization to being part of and managed by Wellness Yukon. It will maintain its role managing the acute care portion of the system. It will work with other areas to plan and manage across the entire health and social system. This will improve coordination and patient care across the system and increase financial accountability. See Chapter 2 and, in particular, Chapter 6 for more details.

1.3 Work with the Yukon Medical Association through the next contract negotiation cycle to develop alternative payment models to transition away from primarily fee-for-service payment for medical services.

In Yukon, most physicians are paid using the fee-for-service model (12). In most other Canadian jurisdictions, governments and physicians have been working on new approaches to compensation that support system transformation.

The fee-for-service model is expensive and incentivizes illness and quantity-based care. Transitioning to a new payment model will also make it easier for physicians to provide integrated care and work more collaboratively with other health professionals.

Implementation of alternative compensation is well underway across the territory. The government is already compensating many physicians on a contract basis, and is seeing positive results. We encourage the government to work in partnership with the Yukon Medical Association to continue to explore alternative payment models and proceed with this transition. See Chapter 6 for more information.

1.4 Partner with First Nations governments, municipal governments, non-governmental organizations and members of the public in the long-term planning of health and social services that meet community needs and are culturally safe.

Throughout the review, we heard from other governments, non-governmental organizations, and members of the public that our system is fragmented and needs better coordination and integration.

Under the new model, we propose a new approach to strategic planning led by Wellness Yukon that involves all health and social services providers, including NGOs, private sector providers and other government partners, including First Nations governments, in the annual planning process for the health and social services system. By following one vision and setting clear goals together, coordination will increase and clients will be better served.

This integrated planning will continue in communities right across territory. Residents will have the opportunity to participate in planning the services for their community, using local data that identifies the needs in that area. See Chapters 3 and 4 for more information.

1.5 Implement a population health approach that considers the social determinants of health to reduce inequities and improve the health of the entire population.

By moving to a population health approach, we can reduce health inequities and improve the health of the entire population. Combining this approach with person-centred, integrated care will create a health and social services system that integrates health promotion, prevention, diagnosis, treatment and aftercare. See Chapters 5 and 7 for more information.

1.6 Implement an evidence-based approach to system planning and decision-making.

Although there are pockets within the health and social system that have access to good data and use it to drive decision-making, there are gaps in the information that is available, both for financial tracking and for measuring health outcomes.

Under the new model, Yukon will rely much more on data and indicators to drive decision-making, determine the cost drivers to the system and prioritize the most efficient, cost-effective and equitable course of action. One of the first priorities is to create a performance management framework for the health and social system. This will identify the measures Yukon should be tracking and sharing with partners. See Chapter 7 for more information.

1.7 Use clearly identified savings from some current programs and invest additional resources to move from a focus on acute medical care to a primary-care based population health model with upstream investments in prevention to improve outcomes and ensure the long-term sustainability of the health and social services system.

As mentioned above, the current health and social system is not sustainable. Costs grow annually, the population is aging and demand for services continues to rise.

Our goal is to improve health outcomes for Yukoners and patient and provider experiences while reducing the rate of spending growth and getting better value for money. Small adjustments to the model will not result in the changes we are looking for.

System-wide change includes reducing duplication, improving effectiveness of service delivery, changing the physician compensation model and investing in keeping people well rather than expensive facilities to treat illness and injury. By implementing such changes Yukon will achieve financial sustainability of its health and social services system. See Chapter 8 for more information.

We have outlined at a strategic level what this model could look like when implemented in Yukon. This proposed model is explained in detail throughout the rest of the report:

- **Chapter 2: Putting people first** – talks about how the new model will impact individual Yukoners. What will your care look like under the new model? How will you get access to a primary care provider? How are you involved in decisions about your care?
- **Chapter 3: Fostering community wellness** – discusses the implementation of the new model and new approach to delivering care in communities. How will communities be involved in planning health and social services for their communities? How does the government provide more services, closer to home?
- **Chapter 4: Advancing reconciliation** – talks about reconciliation across the health and social services system. How do all providers address systemic racism in the system? How does the government provide culturally appropriate and traditional care that addresses health inequities?
- **Chapter 5: Closing the gaps for lower-income Yukoners** – discusses how to close the gaps between Yukoners who are thriving and those that are struggling to meet their basic needs. How does the government better support Yukoners living in poverty? How do they address inequities and ensure all Yukoners have access to the care and supports they need?
- **Chapter 6: Creating a high-performing health and social system** – provides an overview of the new model and how it works. Where do the current players fit in the new system? How do we make sure it is working as one system rather than the current silos?
- **Chapter 7: Creating a system that keeps us well** – proposes a new population health approach for the territory. What is population health and why are we proposing this shift? What does this mean for Yukon? How does it change the services that are provided? How does the new model use data?
- **Chapter 8: Ensuring financial sustainability** – provides the financial picture. What is the government currently spending? Why is the current spending unsustainable? Where can the government save money? How can we use our money more effectively?

Population health

Population health is an approach to health that is similar to our understanding of "wellness." It recognizes that health is more than not being sick. We are healthy when we are physically, mentally, socially, and emotionally well (1). Population health takes this understanding and applies it to a health and social system.

Population health is also about understanding the health of everyone who lives in Yukon. Medicine usually focuses on individual health – fixing the direct cause of why you are sick or injured. A population health approach is a way to work on health issues beyond applying "quick fixes" to individual health.

Different population groups can have very different health outcomes. For example, children and seniors, high income and low-income groups, males and females. Population health can help reduce the inequalities between different populations.

An example might be the best way to illustrate population health in action.

In 2016, Yukon had the second highest rates of motor vehicle injuries and fatalities per person in the country (2). A strong health system that can respond to these threats is important. But what can the government do to prevent death and disability from motor vehicle collisions?

In population health systems, the process would look something like this:

- **Use data to answer questions like:**
    - How many emergency room visits result from motor vehicle collisions?
    - How severe are the injuries?
    - What is causing collisions? Alcohol? Unsafe road conditions? Aggressive driving behaviours?
- **Measure which groups are most at risk:**
    - Age;
    - Genders;
    - Geographic residence (urban/rural); and
    - Socioeconomic groups (income, education, etc.).
- **Find out more about motor vehicle injuries in Yukon and look at:**
    - Evidence on what has worked to address this issue in other places;
    - Evidence on what is effective and what is not; and
    - Evidence from community engagement on community needs and concerns.
- **With this evidence, invest in both prevention and effective treatment:**
    - Invest in road infrastructure that promotes health and safety;
    - Invest in enforcement of traffic laws; and
    - Invest in high quality trauma care and access to emergency response.

- **Use multiple strategies to change people's behaviours:**
    - Advocate for safer motor vehicle technology;
    - Increase fines for road traffic violations;
    - Update driver education and licensing programs; and
    - Develop programs and education for the general population, and that target the highest risk groups (for example, social marketing campaigns for youth and drivers with a history of drinking and driving).
- **Work together, across departments, governments and sectors.**
- **Engage with communities:**
    - Talk to the public to learn about their concerns and needs related to road safety and injuries; and
    - Invite communities to participate in designing safe and healthy infrastructure, road safety programs, and improvements to trauma care and emergency responses.
- **Demonstrate accountability:**
    - Evaluate programs and initiatives related to road safety;
    - Assess the health impacts of road and driving-related projects; and
    - Publicly report on indicators related to road safety and associated programs.

To be successful, population health has to be applied at all levels of the health and social services system. We discuss this new approach throughout the report.

In Chapter 2, we talk about how this approach might change the conversation with your integrated care support group.

In Chapter 3, we demonstrate how a population health approach might impact conversations in communities about what is happening around health and wellbeing for community residents and what programs and services are most needed to meet local needs.

In Chapters 6 and 7, we discuss how population health is used to manage at a systems-level to impact planning, accountability, collaboration, and gathering and using data to make good decisions.

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Chapter 2 –
Putting people first

This chapter talks about how the new model impacts individual Yukoners. It explains what your care looks like in the new model, how you access primary care providers and how you are involved in decisions about your care.

The case for change

Yukon's acute care medical model does not provide **holistic, whole-person care**. It focuses on diagnosing, treating, and managing illness. These parts of the system are working well for some Yukoners. When you are sick and need immediate care, your experience depends a lot on where you live, whether you have a regular primary care provider, and how you access treatment. Some Yukoners told us they feel they get good care and are satisfied with their treatment (1).

But many participants in the public engagement sessions described a lack of person-centred care. They often feel providers see them as a medical condition to treat, rather than as a whole person. In addition, Yukoners believe that the government operates a rules-based system. They feel the system is rigid and focuses on providing services only to people whose condition fits in a defined box. Yukoners are looking for a needs-based system. They want a system that is flexible and allows providers to make common sense decisions that support good health and wellness rather than use narrow rules to refuse treatment.

We heard that people feel their primary care providers are often rushed and may limit appointments to discussing a single issue. For many, there are limited options to get same-day appointments with their primary care provider when needed, or for after hours or weekend care. In our public engagement survey, only 5% of Yukoners said they were able to get an appointment on the same day (1). This forces Yukoners to use the emergency room for issues like ear infections or sore throats when they cannot get in to see their primary care provider. This is not the best use of resources, or the best experience for clients.

At Whitehorse General Hospital in 2017–18, 27.2% of visits to the emergency department were for Family Practice Sensitive Conditions (2). These are conditions where it is very unlikely (less than 1%) that the client will need to be hospitalized (2). We can deal with these conditions in a primary care setting like a doctor's office or community health centre. Emergency department visits for these conditions can reflect an unmet need for urgent appointments with primary care providers.

Care providers have limited time to spend with clients. This means they may not always have time for a proactive approach focused on keeping people healthy and well (1, 3).

Yukoners that do have a care provider sometimes feel that they do not have a strong relationship with them (1). Some Yukoners do not have a primary care provider at all. In Yukon, we have a high number of family physicians per person compared to the Canadian average (4). Despite this, there are still many Yukoners without a family physician. Approximately 21% of Yukoners do not have a physician. Nationally, the average is 15% (5).

This means Yukoners have to find temporary care providers when they need care and have to tell their stories repeatedly. Providers do not always have all their health information – making it even more difficult to provide whole-person care (1). In rural communities, physicians are not always available. In their absence, the nurses working in community health centres are often the primary care provider. Generally, many Yukoners are satisfied with the care they receive through their local health centre. However, there are challenges with recruitment and retention when staffing these positions (1).

Yukoners have access to a broad range of specialists in the territory. The number of services available locally are growing. For example, in the last few years, the territory hired three pediatricians and two orthopedic surgeons. This brought more specialized services and care closer to home for Yukoners. However, since the government does not have publicly available information on wait times or the number of clients on waiting lists for all specialists, this limits their ability to manage wait times across the territory.

We know that sometimes Yukoners must access services outside of their home community or territory. It is not always possible to offer the service in all places. Sometimes it is a cost-prohibitive or specific treatment that only a small number of people need. Other times, the treatment is complex and needs specialized support services.

Yukoners struggle to afford medical travel. Almost a third of all Yukoners surveyed about medical travel said that out-of-pocket expenses were their greatest challenges (1). For some, these costs have become a real barrier to accessing the care they need.

When Yukoners need to travel for care, the government provides a $75 per day medical travel subsidy starting after the first day. The current medical travel subsidy has been in place since 2006. It is not indexed to inflation, which means it loses buying power over time and no longer covers the real costs Yukoners experience. This means some people simply cannot afford to travel to receive the care they need. Costs for hotels and meals in Whitehorse or other communities outside of Yukon are much higher than the current subsidy. Sometimes this means that Yukoners have to choose between getting medical care and paying for other essential household expenses like food or shelter. If they do not get the treatment, their health condition can get worse. This affects their quality of life and ultimately costs the system more.

Cost is not always the only challenge when travelling for medical treatment. Some Yukoners may have difficulty making travel arrangements or finding their way around an unfamiliar city. This can increase the stress that many are already experiencing because of their health issue.

Despite the close relationship between mental and physical health, mental health support is not well integrated into primary care. Some physicians provide support for mental health and substance use issues. But system-wide, in-depth mental health and substance use services are not integrated. In 2019, only 21% of physicians across the territories said they felt well prepared to manage care for people with substance-use related issues (6).

There are some examples in the territory where mental health is integrated into primary care. These cases are very specialized and not available for the general population. The government currently operates the Referred Care Clinic. It provides primary health care to

Figure 2.1

Out-of-pocket expenses paid (after travel subsidy)

	Approximate cost to Yukoner
Birth of a baby Yukoners living outside Whitehorse	$2,200
Cancer Six week radiation treatment in Calgary	$5,700
Lung transplant 12 weeks post-operation in Vancouver with long-term hotel stay and food at $200/day (very low estimate)	$10,500

clients living with serious mental health and/or substance use issues who do not have a family physician.

The majority of Yukoners have to access a variety of services and see more providers in different locations to achieve wellness. To make matters worse, the providers are unlikely to talk to each other about their shared client. We also heard that many Yukoners cannot access mental health services in their communities when they need support. Public engagement participants said this is still an unmet need across the territory (1).

Virtual health is an underutilized resource in Yukon. In 2006, the government invested in telehealth, installing stations in every community. But there have been challenges with uptake, access and outdated equipment.

Virtual health can bring care closer to home and reduce the burden and cost of medical travel. This is especially true in Yukon, where many have to travel long distances for appointments or care. Across Canada, and in some of the high-performing health systems we looked at, virtual health is being used in many different ways. Examples include:

- appointments with primary care physicians;
- in-home monitoring and management of chronic diseases;
- palliative care;
- pre-surgery checkups; and
- appointments with specialists.

These are ways that Yukon could better use virtual health to support system transformation (see Virtual care in Yukon, p. 43).

For some, cultural safety is a barrier to seeking and receiving proper care (1). Some have had past experiences in the health care system where they felt a care provider challenged or denied their cultural, spiritual, social or emotional identity. As a result, they may no longer feel safe when they need care. This may mean they do not access the care they need or wait until they are much sicker.

The approach to care in Yukon's current system makes it difficult for providers to develop meaningful relationships with clients. In this system, it is hard to focus on keeping people healthy and well. Systems that reinforce acute care and a fragmented view of health end up with citizens who are not as healthy as they could be.

Yukoners want more holistic, personal care that takes into account their unique experiences and circumstances. They want more consistent and compassionate relationships with their providers. They asked for more support for prevention and mental health (1). Yukoners also want a safe and responsive way to raise concerns when the system does not meet their expectations.

Fewer than
9%
of respondents to the public engagement survey have used telehealth in the past year.

31%
of respondents rated the service as excellent or very good.

36%
of respondents said they would prefer to use telehealth or a similar system rather than travel. (1)

Virtual care in Yukon: Opportunities for connection

Virtual care links a person with their care team remotely, for instance through videoconferencing, telephone, text messaging, email, or other technologies. Global leaders have shown that, when used well, virtual care can improve access to, and quality of, care. Virtual care is also particularly helpful during outbreaks and can contribute to broader climate change strategies.

Virtual care is not new to Yukon – in fact, a telehealth system was established in 2006. It consists of desktop units that sit in each of the 14 community health centres, as well as different sites in Whitehorse (2). While there has been recognition of the value that the telehealth system has brought to Yukon, there remain challenges in uptake and access. In an evaluation of telehealth in Yukon, it was reported that telehealth units were often inaccessible due to their location, and that the technology is outdated (2).

We also heard from the public and clinicians that there are more opportunities to use virtual care to reduce unnecessary travel or provide care closer to home. Yukoners see telehealth as one way to get the support they need, while preventing the need to take several days off work for an appointment in Whitehorse, or even Vancouver. This doesn't mean that telehealth would replace appointments that require face-to-face care but that virtual visits can enhance quality of, and access to care, for those who want to use it.

"My perception is [the person] improved self-management … and their willingness to share information. Thereby I felt I had a better relationship with the clients."

– Provider participant in Virtual Visits pilot

"I was able to get verbal help over the phone on what I needed to do, so therefore I avoided a long time waiting in our hospital. This program has helped me immensely."

– Client participant in Home Health Monitoring pilot

Two virtual care services were piloted in Yukon in recent years – Virtual Visits and Home Health Monitoring (3,4). Both brought care into peoples' homes. Using tablets and other devices, they could hold video visits with their care team, develop self-management plans and improve their ability to monitor their blood pressure and lung oxygen levels. These pilots found that technology was not only effective for better connecting people to the care they needed, but also better connecting providers that are spread throughout the territory, so they can support each other.

As a panel, we are suggesting that virtual care become a normal way of providing Yukoners' care, rather than a pilot project or technology available only to a few people. In doing so, we believe that it is important to build on lessons learned, from Yukon and global leaders, about how to ensure effective and equitable virtual care delivery with the goal of supporting timely care closer to home and community, both by connecting individuals with their care teams and by connecting members of care teams with each other. It is time for Yukon to move forward with this important progression in health and social care.

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One person's experience with virtual health

We heard one Yukoner's story about telehealth during the public engagement that was hard to believe.

This Yukoner lives in a community more than half a day's drive from Whitehorse. Let us call her Margaret. After receiving serious surgery three months earlier, Margaret needed a follow-up appointment with her specialist. Margaret received a letter in the mail with the appointment date. She arranged to take time off work, find someone to take care of her pets and look after her home as it was the middle of winter.

She left her home community in the dark, travelled on a remote winter road, arrived in Whitehorse and checked into her hotel. This cost her several hundred dollars that was not paid for by the medical travel program, because it was the first day of travel.

Margaret spent more than $500, and received only $75 towards accommodation and meals from the medical travel program.

The next afternoon, Margaret arrived for her appointment with the specialist. She was shown into the telehealth room at the Whitehorse General Hospital. There she connected with her specialist, who was sitting in their office in Vancouver, through the telehealth service. She had a 15 minute follow-up appointment with the specialist and then returned to her hotel for a second night. She returned to her community the next day.

In total, Margaret spent more than $500, and received only $75 towards accommodation and meals from the medical travel program. She took three days off work, travelled on dangerous winter roads, much of it in the dark, and inconvenienced two neighbours who looked after her house and pets. This was for a 15-minute virtual appointment that could easily have been done in her home community, which has a telehealth connection.

Rather than three days off work, she could have done the appointment on a lunch hour, five minutes from her office at zero additional cost to her or the system. Unfortunately, hers was not an isolated case. We heard many similar stories in our travels.

What we heard

- Yukoners value their family doctors and nurse practitioners. They provide continuity of care and trusted health care services.
- When family doctors are not accessible or available, Yukoners may use other channels, like emergency care. These channels are less convenient for patients and less sustainable for the health care system.
- Yukoners want their relationships with doctors and nurses to be more compassionate and person-centred. They want to feel heard. They want the health care system to focus less on the number of people served and more on the quality of care delivered.
- Francophone Yukoners want better access to French-speaking providers. They want to ensure that French-speaking patients get the support they need, particularly in emergency situations.
- Participants in communities with hospitals said that they were generally satisfied with primary care services. They were glad to have these services available in their communities.
- The hard work of nurses who provide support and care for rural communities is recognized and appreciated. Participants from Mayo, the only community with a resident nurse practitioner, expressed general satisfaction and gratitude for their primary service provider.
- Some participants noted that wait times at Whitehorse General Hospital are relatively reasonable, particularly in comparison with hospitals outside the territory. Others, however, noted that the number of non-urgent patients in the emergency department increase the wait times.
- Some participants were interested in using telehealth to reduce medical travel. They noted the high cost of trips to Whitehorse or outside the territory for appointments with specialists that may only last a few minutes.
- Many participants from rural communities said that they do not have access to a nurse or physician when they feel they need one. They want more primary care services available in their home communities.
- Lack of housing and difficulty integrating into community life are key barriers to the recruitment and retention of rural primary care providers. Rural residents are concerned about the impact this has on continuity of care and the overall sustainability of health care services in their community.
- Yukoners overwhelmingly feel that the way the Government of Yukon coordinates medical travel and supports patients logistically and financially throughout this process needs to be improved.

- Rural Yukoners see travelling to Whitehorse to give birth as a logistical and financial burden for pregnant women and families.
- Travelling to Whitehorse for medical care causes some people to bear significant costs related to accommodation, time off work, and childcare. When possible, Yukoners want more of their health needs provided in their own communities.
- Transportation between rural communities and Whitehorse is a significant issue for both medical and non-medical travel. The lack of transportation options other than personal vehicles has a negative impact on health. Transportation is particularly challenging for people with chronic health conditions and aging residents.
- Some participants felt that lack of access to a family doctor has negatively affected their access to health care and, in some cases, their health.
- Improving access to primary care, both in terms of availability and front-line capacity, was identified by survey respondents as an important area of investment for the promotion of wellness and the prevention of diseases or illness.
- Rural Yukoners are concerned that high turnover among service providers is making it difficult to sustain quality health care services. Several participants specifically noted that community nurses are overworked and "burning out".
- Many participants shared stories about racist stereotyping and discrimination that they or their friends and family had experienced or witnessed when accessing primary and acute care services, including at hospitals inside and outside of the territory.

Moving forward

As discussed in Chapter 1, we recommend that the Government of Yukon reorient the health care system from the current fragmented medical model to a model that focuses on integrated, person-centred care across the health and social services system.

2.1 Create a holistic, expanded primary care system built on relationships between providers and their clients. In this system, Yukoners are empowered to take control of their care and actively share responsibility for their and their families' health and wellness.

This system incorporates a broad range of health and social services, including mental health, and delivers care through an integrated care support group that puts the person at the centre.

Relationship building, personal autonomy and choice, and shared responsibility are key elements of this model. Yukoners will be actively involved in their care and will share decision-making with their team of providers. Providers will have time to build caring and compassionate relationships with their clients. This means they will be better able to understand and support a person's unique needs.

Yukoners accessing care will be called "client-owners". This captures their status of being served by the system, as well as being residents of Yukon, taxpayers, and the ultimate owners of the system. More information on the roles and responsibilities for client-owners can be found in Chapter 6.

Three elements will be critical to the delivery of care to client-owners within the new system:

1. Holistic, whole-person care provided by integrated, interdisciplinary teams.
2. Access to primary health care services, as close to home as possible.
3. Clients in control of their own care.

Holistic, whole-person care is provided by integrated, interdisciplinary teams

2.2 Connect every Yukoner to a primary care provider (physician or nurse practitioner) who provides care as part of an integrated health care team.

In this new model, relationship-based primary care will be the foundation of Yukon's health and social services system. Every Yukoner will be connected to a team of primary health care professionals, as close to home as possible. This team will include:

- a primary care provider, either a physician or nurse practitioner (depending on where they live);

- a nurse, who also acts as a case manager to ensure care is coordinated and effective.
- medical assistants who come from the communities they serve; and
- appropriate administrative supports.

Using this approach, Yukoners will enjoy continuity of care. This means the provider they see will know them. As a result, Yukoners will not have to tell their story over and over again.

All team members will work together in a new and collaborative way that allows them to practice to the full scope of their skills and training. They will provide compassionate and person-centred care. These small primary health care teams will develop meaningful relationships with their client-owners in a way that is not possible in the current system. Client-owners will be better supported because providers truly understand their lives, their medical history and what is happening within their families. For more detail, see Chapter 6.

With this approach, client-owners will receive as much care as possible from their primary health care team. To make this happen, the teams will have access, either onsite or through virtual technology, to a broader, integrated team of specialists that may include:

- pharmacists;
- dietitians;
- midwives;
- additional mental health resources;
- audiologists;
- occupational therapists;
- social workers; and
- and other types of providers.

A Yukoner's primary health care team will coordinate access to other providers within the system. They will put the client-owner at the centre and in control of their care. Yukoners will no longer have to find their way from provider to provider in search of the services they need, or remain unaware of services that are available.

The shift from a single primary care provider to a small and closely connected interdisciplinary team will also shift the focus from treatment of a disease to looking at the broader social needs of Yukoners. Strong relationships between people, their communities, and their care teams will improve the ability to offer support for all of those things that make us healthy.

The journey through a visit with the primary health care team

Joe has not been feeling well for a few days now and is starting to get worried. He emails Mary, the medical health assistant at his clinic to ask for an appointment. He knows Mary well because she has been working on his health team for a while now. He talks to her often and she is always available by phone or email, depending on which Joe prefers.

Forty-five minutes later, Steve, the nurse at the clinic, calls back. Steve asks some questions about how Joe is feeling, and if Joe has taken a blood sugar reading recently. While Steve waits on the phone, Joe takes a blood sugar reading and realizes that his is far too high.

Joe feels very comfortable with Steve. Three years ago, when Joe was first diagnosed with diabetes, Steve helped Joe develop his care plan and he calls Joe every few months to check in. He always remembers to ask about Joe's kids and his grandkids, which Joe really appreciates. Sometimes he gets lonely without his family in town, and having a friendly voice on the phone who knows Joe's family is really nice. Steve asks Joe if he still wants to come in for an appointment later that day. Joe says yes, and he gets scheduled in.

At the clinic, Joe meets with Steve, the nurse, and Kathy, the dietitian. They ask if Joe has been able to keep up with the meal plan they developed together during his last visit. He admits, well, only sort of. They come up with a new plan for Joe to try out, and tell Joe to send an email with a quick update next week. Joe is reassured that he is doing ok, and he is really pleased to have a new plan to follow.

Then Steve the nurse asks Joe if he has been more stressed than usual lately as Joe does not seem himself. Joe says yes. He fell behind on filing his income taxes: he tried, but it's complicated and gets overwhelming. Now he is worried as he barely has enough money to pay rent next month, and if he cannot file his taxes he will not get some of the tax benefits he usually gets.

Steve asks Joe if he can share this information about his income taxes with Mike, one of the social workers in the clinic. Joe gives his permission and Steve asks him to hold on one minute. Soon he is back with Mike.

Mike says he just heard about Joe's tax worries. As it happens, there are some free tax clinics happening in town. Lots of the clinic's clients are in the same boat as Joe, so Mike has organized a tax clinic across the street next Thursday. Does Joe want to sign up?

Joe says yes, and before he heads home he already has a place booked in the tax clinic. Mike, the social worker, promises to text a quick reminder the day before. Joe can leave his appointment a little less worried.

The case manager on their primary health care team will be responsible for scheduling access to the broader team. They will do this in a way that recognizes the needs of the individual, including when they have to travel away from their home community. Most often, this access will mean the primary health care team consults with specialists by phone to get advice on managing the care of the client-owner. This allows the primary health care team to stay directly involved in providing care to a client-owner. Sometimes it will involve a telehealth appointment with a specialist. Least often, it will involve travel for an in-person appointment with the specialist. However, the case manager will not prevent client-owners from seeing the specialist if that is the path they choose.

Whether Yukoners choose to connect by phone, virtually or in person, they can expect to speak with their care team that same day as long as they request an appointment by 4 p.m. The team will manage its schedule to prioritize same-day access, and someone on the team will always be available to help.

These partners in care will live in the communities where they serve. They will have strong relationships with the people they will be providing health and social services to. Yukoners will know who they are receiving services from. Their partners in care will know their medical history and other important information that affects care.

Care will be provided with a whole-person, needs-based, and holistic approach in a way that ensures cultural safety for all Yukoners, regardless of background, religion, gender or sexual orientation. As the cultural diversity of Yukon continues to expand, the government will need to consider how to best serve the diverse populations that call the territory home.

Of particular note is the provision of services to the Francophone community. During the public engagement, the Francophone community expressed the importance of having access to bilingual health and social services (1).

Members of the Francophone community may struggle to answer questions about their medical condition when accessing health and social services because of the language barrier. This is especially true when in the middle of a crisis. These barriers can delay or complicate treatment.

We support the desire of the Francophone community to access services in their first language. We understand that plans are underway to develop a bilingual health centre in Whitehorse. We are confident that this is a positive first step towards achieving cultural safety and providing bilingual care to this large group of Yukoners.

Through the new care team model, there will be opportunities to improve access to services that meet the cultural needs of all Yukoners. We encourage the government to pursue the long-term goal of culturally relevant service provision to Yukon's diverse population.

Access to the primary health care services you need, as close to home as possible. Supportive, coordinated medical travel when you need it.

Yukoners told us they want more care in their communities. In this model, core care teams will provide more of the care Yukoners want and need.

Care teams will be connected to a range of other professionals (dieticians, pharmacists, respiratory therapists, midwives, etc.). This broad, integrated team will provide support, guidance and information. This means that more of the whole-person services Yukoners need will be provided by care providers they have strong, trusting relationships with. The care team will work to bring services to Yukoners, rather than sending them out to find the services they need.

Better use of existing virtual health technology can reduce medical travel and bring more support into the community. Care will be accessible in multiple ways. Not just with face-to-face appointments but also using updated technology, including secure text messaging, email, and video conferencing. While the client-owner can be directed to anyone on the primary health care team, depending on their needs, they will always remain in control of their care. They will always have the option to see their primary care provider (physician or nurse practitioner) face-to-face if they choose.

Each time a Yukoner does speak to a new provider, they will not have to repeat their story. Someone from the primary health care team will have already spoken with the new provider and explained the reason for referral. The new provider will also have access to the relevant parts of the client's care history through a shared electronic medical record, which the client-owner will also be able to access through a secure client portal.

The primary health care team will be responsible for coordinating all aspects of care, including discharge and transition planning.

2.3 Increase the use of virtual care and develop options for Yukoners to connect with care from their homes and in their communities.

By increasing the availability of virtual care options, and by working with primary care providers and specialists in Whitehorse and outside the territory to expand virtual care, the government will reduce unnecessary medical travel. This not only saves money but also reduces the burden on the client-owner.

Health and Social Services and the Yukon Hospital Corporation will need to work together to increase the use of virtual health options over the short-term while Wellness Yukon is under development. The program will need the resources to work with specialist's clinics, physician offices and Yukoners to increase awareness, improve coordination, and provide more options to use virtual health. Over time, this coordination role will transition to Wellness Yukon.

Yukon piloted two virtual care services in recent years – Virtual Visits and Home Health Monitoring (7, 8). Both of these virtual care services used tablets to bring care into people's homes. They could hold video visits and work on their self-management by

monitoring blood pressure and oxygen levels. These pilots found that technology was effective for better connecting people to the care they needed. The technology also connected providers spread throughout the territory, helping them to support each other.

There are many lessons Yukon can learn from these and other virtual care pilots to avoid past mistakes. When implemented effectively, virtual care can improve timeliness and quality of care. It is time for Yukon to move forward with this important progression in health and social care.

Providing more relevant, sustainable, and community-specific services will reduce the need for client-owners to travel for treatment. When Yukoners do have to travel, their care team will make it a supportive and coordinated experience.

2.4 Double the current medical travel subsidy from $75 per day to $150 per day, beginning on the first day of travel if an overnight stay is needed, and index to inflation going forward.

Doubling the subsidy will come closer to meeting the true costs of travel. This will reduce the financial burden on Yukoners and better support medical travel to receive care.

2.5 Conduct more research on the costs and benefits to provide an additional subsidy for low-income Yukoners who may not receive care due to travel-related cost barriers.

Based on the anecdotal evidence we heard during the public engagement, doubling the subsidy may not be enough to support all Yukoners. There may be people who are not able to afford travel to receive necessary medical care.

Depending on the results of the additional research on medical travel, the government may wish to provide an additional income-tested subsidy for low-income Yukoners to cover additional costs of required medical travel.

2.6 Create residences in Whitehorse and Vancouver to reduce the need for hotel accommodations for medical travellers, provide a base for more coordinated out-of-territory care and discharge back to care in Yukon, and support those who may need help navigating care away from home.

These residences will provide accommodation options for:

- low-income Yukoners;
- people who require an extended stay outside of their home community for medical reasons (such as pregnant women); and
- Elders and others who may not feel comfortable travelling outside of their home communities.

These residences will be a home away from home. They will have cooking facilities to allow residents to make meals and to provide support to others who are staying at the residence.

We recognize that the government will not be able to afford to establish residences in all places Yukoners travel to for health care. We selected Whitehorse and Vancouver because Yukoners travel to these cities frequently and accommodations are expensive.

The staff in these residences will help with transportation to and from the airport and medical appointments. They may be able to attend appointments with residents if needed.

2.7 Establish a single unit responsible for case management, implementing decisions on medevac or commercial flights, decisions on escorts, liaising with home and out-of-territory clinicians, medical facilities, hotels and people's families.

This will immediately improve medical travel experiences while longer-term initiatives are developed and implemented. This is intended as an interim measure while Wellness Yukon and new health care teams are being established. Once the new teams are in place, they will assume responsibility for coordinating medical travel.

2.8 Eliminate the restriction of medical travel destinations ("gateway" cities) in the current medical travel regulations under the *Travel for Medical Treatment Act*.

Currently, Yukon restricts out-of-territory medical travel to Vancouver, Calgary, or Edmonton. These are expensive cities, and many Yukoners do not have any friends or family in these cities to provide support.

By removing this restriction, the government will be in a position to give Yukoners better options to travel to other locations with lower accommodation costs, or where they have family members or other supports available. In some cases, this will also allow providers to refer people to cities with lower wait times to access services.

2.9 Working in partnership with First Nations and municipal governments, provide safe and alternative driving services between rural communities and Whitehorse.

We heard lots of feedback on the lack of transportation options for rural residents of Yukon, particularly for older adults and those living with chronic conditions. Additionally, in a 2019 report from Yukon's Office of the Chief Medical Officer of Health, providing safe public transportation services was a key recommendation to help (9):

- reduce the risk of motor vehicle collisions and injuries due to impaired driving;
- reduce emissions from single-occupied vehicles; and
- provide transportation options for those who cannot drive.

Clients in control of their own care

Care will be coordinated across the team and guided by clients' goals and choices. Diversity and equity are respected and supported. Clients will know the team that is providing their care. The care team knows its clients and cares about them. Teams will answer clients' questions and concerns during visits. Clients' values and goals will drive care plans.

Clients will not be passive receivers of care. They will be empowered to maintain or improve their own health and wellbeing. After visits, clients will rate the quality of care they receive and provide feedback on their experience. Care teams will be held accountable for the satisfaction of their clients and will receive regular reports on clients' experiences.

2.10 Develop a client charter that empowers clients to be proactive partners in their own health and wellness care.

This charter will provide a clear vision for client-owners, health and social care providers and management about the importance of engaging client-owners in their care.

Well-designed charters that are linked to an effective way to hear and resolve concerns can spur overall system improvements as jurisdictions move toward patient-centred care (10). Other characteristics of successful charters include:

- the clear articulation of patients' rights;
- the nature of the rights;
- the relationship with other legal and disciplinary channels; and
- the scope of the mandate to address systemic problems in health care.

When tied together with broad reforms, some charters were linked to dramatic improvements in wait times. Although charters can result in more complaints, when they have a dedicated complaints process there is a reduction in the number of formal disciplinary proceedings (10).

2.11 Ensure primary care physicians are integrated into the implementation of 1Health, the territory's electronic medical record, by working in partnership with the Yukon Medical Association to support full implementation in physician clinics.

2.12 Help Yukoners access their personal health information by making it available via a secure client portal connected to the 1Health system.

Complete and accurate health information is foundational to a person-centred approach to care. The Government of Yukon and the Yukon Hospital Corporation are working on an update and expansion to the current electronic system used in Yukon hospitals. The end result will be the full implementation of an electronic medical record beginning later in 2020 and extending into 2021. This project is called 1Health.

Most physicians in Yukon use a common system to manage their patients' health information but their systems work independently from the rest of the health and social system. Going forward, eventually all care providers within Wellness Yukon will use the same system. This will give them access to client-owner health and social information. Physicians will contribute to the permanent record.

Yukoners will also have access to their medical records through a secure, online client portal.

Expanding the scope of 1Health to include primary care will result in a more comprehensive health record. Yukon may become the only jurisdiction in Canada to implement a health information system that connects care delivered in public, private and First Nations-led care settings through one integrated platform.

Getting started

The shift from the medical model to an integrated, person-centred system will support putting people first. By moving towards a system that addresses broader health and social purposes, the government will re-orient the role of the health and social system to the wellness of Yukoners. When the work is guided by a clear vision, mission and principles, the client will always be at the centre. Health will no longer be seen as a series of diagnostic tests and treatments, but as a broader movement towards wellness.

There are several changes the government can make that will help improve how Yukoners experience their health and social care while this transformation takes place.

2.13 Trial models that provide rapid access to a primary care provider for family-practice sensitive conditions, reducing the use of the Whitehorse General Hospital emergency department for this purpose.

This will reduce the use of the emergency department for conditions that could better be served by a primary care practitioner. It will reduce overall system costs while Wellness Yukon and the care teams are being established and will be unnecessary in the long-term as system transformation progresses. A possible pilot might consider the co-location of a referral clinic at the Whitehorse General Hospital where the emergency department physician triages patients with non-acute practice sensitive conditions, to a primary care provider for rapid access. The primary care provider might be a nurse practitioner or another physician.

2.14 Expand the department's vaccine program to incorporate new vaccinations recommended by public health available at no cost to clients.

Providing vaccines can reduce system costs, avoid new costs and have public health benefits such as reducing time off work or away from school. Vaccines can also prevent or reduce serious medical conditions that require expensive treatments.

Figures

- *Figure 2.1 – Out-of-pocket expenses.* Source: Government of Yukon. Travel for Medical Treatment Program estimates based on average of standard mid-to-off-season hotel rates in 2018 and 2019.

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Chapter 3 –
Fostering community wellness

In Chapter 2, we talked about what a person-centred, holistic approach to health looks like for individuals. This chapter takes a closer look at communities. We will talk about how the health and wellness of people who live side-by-side can affect each other, and how community wellness can be influenced by the services and programs available locally.

The case for change

Strong communities can help keep us healthy

The community we live in has a huge influence on our health. The health of community members influences the wellness of others and contributes to the wellness of the community as a whole.

Our individual health and wellness is affected by a lot of things at many different levels, including (1):

- the individual level;
- our relationships (families and friends);
- community (whether based on place, identity, or interests);
- society-wide; and
- globally.

Yukoners have a strong sense of community belonging. This is one of the benefits of living in Yukon. In the 2017-18 Canadian Community Health Survey (CCHS), 80.6% of Yukoners reported a somewhat or very strong sense of community belonging. This is higher than the national average of 68.9% (2). This is an important strength, particularly for youth. Feeling a sense of belonging and safety within a community can play a protective role and prevent youth from developing risk-taking behaviours (3).

Yukoners take great pride in the way they look out for and support each other. Small, everyday examples of this are everywhere, with neighbours helping each other shovel their driveways or stack firewood. This community-minded behaviour is not always found in large urban centres. Yukoners take care of each other. This strength needs to be harnessed and built on to improve the overall health and wellness of Yukon's communities.

However, the resources available to support and promote health and wellbeing vary among Yukon's communities. Some communities have recreation centres that host sports and community-focused activities. These activities are often organized by governments (of different levels) or community groups. They are often led by volunteers. Frequently, the same people help organize many different community activities. This can lead some people to burnout.

Other communities have fewer community activities. This can lead to a sense of isolation and lack of connectedness, particularly in the winter. Community-by-community, participation rates for activities vary, especially among youth.

Each community in Yukon has, or recently had, a natural community hub. Having a strong community hub is important. Creating new hubs or building on existing ones will help further the new model for health and social services in the territory.

In the Nuka model in Alaska, the community health centres became community hubs. But for some First Nations people in Yukon, the community health centre is a reminder of institutional settings. It will be up to the community members and Wellness Yukon to address how best to build on the existing community health centres or, if necessary, create new hubs for each community. They will need to determine the most appropriate location and ensure everyone from the community feels it is a safe space. This means using intentional co-design when redesigning current spaces and designing future spaces.

Community assessment and planning

We love to celebrate the uniqueness of each Yukon community. Each has its own characteristics, capacities, strengths and challenges. Unfortunately, outside of each community, these strengths and challenges are not well understood. While some community needs and situational assessments do occur on specific issues, Yukon does not have a formal process to work with communities to assess their resources more generally. This limits the collective understanding of each community's capacity and needs.

If there is to be continuous improvement and better health outcomes for Yukoners, there has to be a change. Right now, assessments and planning processes either focus too much on individuals or on targeted, territory-wide campaigns. Instead, more time and effort needs to be spent on community-level initiatives (4). These can then feed into a larger, territory-wide profile of health and wellness that will help Wellness Yukon know what resources are needed where.

Promoting health and wellbeing

Like most provinces and territories, Yukon's approach to health usually focuses on an individual's sickness or disease. In the past, the government has combined this with health promotion and prevention campaigns as a way to influence group and individual behaviours.

This approach works well for the immediate illness or specific health issue. But it does not look at the health needs of the entire population or at key community health needs. The health and social system focuses its efforts on Yukoners with immediate health concerns or those who may be the target audience of an awareness campaign. This focus tends to have the highest cost and lowest impact (5). It does not take into account the larger stories of people or their communities. It also requires lots of individual effort for little reward.

One of the goals of community wellness is to improve the environment we live in. In turn, this makes it easier for people to make healthier decisions, and creates networks of social supports that can influence our behaviour in a positive way (6).

A key to achieving this is to increase the focus on early learning supports. What children learn from birth to age eight, and how they learn it, directly contributes to their overarching health and emotional development into adulthood. That is why creating the best possible environment for children to develop in, including positive parenting tools and supports, is essential (Investing in our youngest Yukoners, p. 61).

Providing additional supports for formal early childhood education for all Yukon children from age 1 to school-age can create additional jobs in communities and support parents to work or upgrade their skills. In turn, this can reduce the use of income-tested programs and the inequalities that result from poverty. Economic studies calculate the cost-to-benefit ratio from spending on early education at between $2 and $7 returned for every $1 spent, depending on the population studied (7).

Currently, 30% of Yukon children attend daycare or day homes. There are only modest requirements to promote the learning environment of these spaces. In the 2017 Canadian Early Childhood Education Report, which was an assessment of provincial and territorial frameworks for early childhood education in Canada, Yukon had the second lowest ranking across the country. Three key areas were identified as particularly weak:

- The lack of integrated governance, with responsibilities for early learning shared between two government departments: Health and Social Services and Education;
- Inadequate funding: both government funding of early learning program overall and the wages paid to early learning providers; and
- The learning environment, including both the curriculum used in early learning programs and the alignment with school-based programs (8).

When we do not prioritize supportive learning environments, children are more likely to have poor physical and mental health outcomes (9, 10). Children transitioning from daycare or day homes to formal education are not always well prepared for the school system. This is particularly true for children with developmental disabilities. This contributes to the state of community wellness people experience individually and collectively.

The Child Care Subsidy program provides financial help to eligible families whose children attend licensed child care centres or family day homes. The amount of the subsidy is based on an income test that is adjusted for:

- family size (how many parents, how many children);
- combined net income of the family; and
- location of the family home.

Investing in our youngest Yukoners – early learning and child development

During the public engagement we heard that Yukoners want the health and social system to take holistic approaches to wellness based on the social determinants of health (1). Yukoners agree that the current system lacks strategies for early prevention, and that inequity is present throughout the system.

One key social determinant of health is early childhood education. It comes with numerous benefits, especially for families that are living in poverty and are socially excluded (2).

Like most Organisation for Economic Co-operation and Development (OECD) countries, Canada has made it a priority to understand the developmental health of children moving from early development to school-age programming. This has included the use of the Early Development Instrument, a questionnaire completed by kindergarten teachers, to measure children's ability to meet age-appropriate developmental expectations since the 1990s.

Five unique areas are assessed: physical health and wellbeing, social competence, emotional maturity, language and cognitive development, and communication skills and general knowledge (3). Each area measures developmental outcomes and milestones achieved during the first five years of life within the context of early experiences (2). This indicator is an important determinant of health and wellbeing in later life.

Canada lags behind other OECD countries. Only 53% of children ages zero to five enrolled in early childhood education, compared to an average of 70% across all OECD countries (2). To put this in perspective, Canada ranks 33 out of 35 in the OECD (2). In 2019, 59% of Yukon children aged zero to five were enrolled in early childhood education (4).

The last reported application of the Early Development Indicator for Yukon occurred in 2013. From that we know:

- Approximately 37.1% of children in Yukon were reported to be vulnerable in at least one domain of early development in 2012-13. This was higher than the Canadian average (27.5%) and all participating provinces (5).
- In 2011-12, vulnerability rates were highest for Yukon children in the Physical Health and Wellbeing domain (61.8%), followed by Emotional Maturity (51.2%), Communication Skills and General Knowledge (37.4%), Social Competence (23.6%) and Language and Cognitive Development (12.2%).
- Overall, Yukon is performing worse than the Canadian average in childhood physical health and wellbeing and emotional maturity. Yukon performed better in communication skills, social competence, and language and cognitive development (6). These vulnerabilities can be a predictor of problems in later school years and can lead to lifelong problems, including poverty and mental health issues (2).

According to the 2019 Survey on Early Learning and Child Care Arrangements:

- An average of 11.7% of Yukon parents reported having a hard time finding affordable child care (7). This was a decrease from 28% in 2010, which may be in part due to the federal government's increased investment in early childhood education and associated transfer payments since February 7, 2018 (8).
- 14.1% of Yukon parents reported that it was difficult to find care in their community, and 8.8% reported it was difficult to find care that fit their work or study schedule (7).
- 73.3% of Yukon children in a child care arrangement were in a daycare centre, preschool or childcare centre compared to 51.9% of Canadian children (9).

Yukon children and youth aged 5-24 have a higher rate of hospitalization for mental health and addictions (almost 600 per 100,000 in 2017-18) than Canada (approximately 500 per 100,000 in 2017-18) (10). This is an area that could be improved, and early childhood education may help buffer vulnerabilities that could lead to mental health issues later in life (2).

What can we do to improve outcomes?

- Make it easier for families to enroll their children in early childhood education for a minimum of 20 hours per week for children ages 2 years or older (2).
- Support early childhood educators in continuing education opportunities and formal accreditation. Quality is important: skilled early childhood educators are critical (2).
- Formalize the infrastructure of early childhood education to help improve pay. This will lead to better quality candidates applying for positions and help give professional credibility to the early childhood workforce as their role is pivotal in shaping future generations (2) (see recommendation 3.8.a).

Investments in early learning and child care provide solid foundations for families and children to grow and develop now and through the rest of their lives. Research shows that this benefits parents, and particularly women, with more opportunities to participate in education and training, join the workforce, and earn higher incomes (6). The return on investment is substantial, with a $6 return on every $1 spent on early childhood education (2).

Impacts of under investment in early learning and child care may result in higher demands on government funded services, including intervention by Family and Children's Services, increased demands on the health care system and increased involvement with the judicial system across the lifespan (2). Without proper investment, the children of today will not be given their best chance to be healthy and productive citizens of tomorrow.

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For example, to be eligible for the full subsidy, a family with two adults and two children would need to earn less than:

- $2721/month if living in Whitehorse;
- $3602/month if living in Old Crow; and
- $2682/month if living in any other Yukon community.

These income thresholds result in a subsidy program that is primarily for the very lowest income families. This means many families with moderately low incomes do not qualify. This can result in financial struggles to meet the needs of their family. We learned that for some families, this means not being able to afford licensed early learning centres, even if that is the care they want for their child.

Primary health care in communities

Another part of community wellness and healing is providing services that are person-centred, culturally safe and close to home. Currently, all Yukon communities outside of Whitehorse have access to a community health centre.

Health centres are staffed by registered nurses who work with an expanded scope of practice and are employed by the Government of Yukon. The approach was originally developed in the 1940's by Health Canada to serve rural and remote communities across the North. It remains central to health care delivery in Yukon, the Northwest Territories, Nunavut, Labrador, as well as the northern regions of the Western and Central Canadian provinces.

In the community health centres, these expanded scope registered nurses provide daily clinics for medical treatment, community health programs and 24-hour emergency services. They have a wide scope of practice and a lot of responsibility compared to other jurisdictions in Canada. Nurses in Yukon communities manage many different services, from health education and promotion, to immunizations, through to acute and geriatric care. They are also able to give out some types of medication and make referrals to other services. On top of all that, they have to make critical triage decisions for emergency care. Managing so many tasks leaves little time in their day to focus on promotion, prevention and chronic disease management.

Even with these responsibilities and challenges, expanded scope nurses that are in the communities depend on care provided by physicians. Dawson City, Watson Lake, and Haines Junction have physicians living and working in their communities. Other communities are served by visiting physicians, which creates access challenges for Yukoners who need more complex care.

Some communities are fortunate to have community health nurses. For these registered nurses, their primary role is to provide health prevention programming, including promotion, vaccinations, chronic disease follow-up and maternity care. Right now, these community health nurses are found only in Haines Junction, Dawson City, Mayo and

Watson Lake. For communities without these services this is a considerable gap. Today it is filled by the registered nurse with expanded scope of practice on top of their other normal duties.

The Yukon government has started hiring nurse practitioners, an experienced registered nurse with a master's level education. Nurse practitioners bridge the gap between a physician and the registered nurse at the community health centre. They have all the skills of a registered nurse, and can also independently provide health care, diagnose illnesses, order and interpret tests, prescribe some medication and admit people to a hospital (11). Across Canada and internationally, nurse practitioners have proven to be highly effective health care practitioners with both the populations they serve and the professionals they work with.

There are currently 5 practicing nurse practitioners in the territory. Only one of these is practicing outside of Whitehorse, in Mayo, on a one-year trial. We were disappointed to learn that nurse practitioners are not able to practice to full scope in Yukon due to a lack of hospital privileges. It is our understanding that hospital bylaws require a physician to supervise nurse practitioners and this is something that needs to be addressed.

In the future, primary health care will not be the sole responsibility of the nurses at the community health centres (see chapter 6). Instead, this will be a responsibility shared between individuals and their communities, the local primary health care team, and integrated care support groups in larger centres that will also allow for more consistent access to the same physician by community members. Sharing responsibility increases collaboration and teamwork among providers and helps reduce provider burnout.

It was interesting to learn that though there is a national nursing shortage, Yukon does have a recruitment advantage. The Government of Yukon has developed a unique to Yukon program that offers an extensive and intensive orientation program that attracts nurses. Staff also shared that recruitment also occurs through word of mouth. This tells us that the nurses practising in Yukon communities are generally content with Yukon's application of an expanded scope of practice.

We heard from Yukoners that hiring decisions do not always account for "fit". Nurses are not always prepared to live in rural communities or work with First Nations clients who may be coping with trauma, mental health challenges, or addictions. Some policies (for example, around staff housing and vehicle use) seem to actively discourage providers from getting to know communities. At the same time, there are too few supportive resources (e.g. quality workspaces, relief/backup) aimed at creating positive experiences for providers while they are living in communities.

Yukon First Nations also pointed to the lack of Indigenous health care professionals. The Truth and Reconciliation Commission has called upon governments to "increase the number of Aboriginal professionals working in the health-care field" and "ensure the retention of Aboriginal health-care providers in Aboriginal communities" (12).

Mental health and substance use

In Yukon, evidence shows that there is a significant substance use issue. Substance use disorder (or substance abuse) results in physical harm, but also many social harms, including lost productivity, interpersonal violence, sexual assault, injuries, intimate partner violence, child abuse and sexual abuse.

In particular, many Yukoners do not have a healthy attitude towards alcohol, in part driven by the way in which alcohol consumption and its distribution and sale in communities is managed. Yukoners drink much more (12.8 L per person annually) than most other Canadians, and have higher rates of heavy drinking (23%) compared to the national average (19%) (13). From an overall burden of disease perspective, alcohol is the second leading risk factor for death, disease and disability behind tobacco (14). However, from a cost and harms perspective alcohol is by far the leading substance in Yukon compared to tobacco, cannabis, cocaine, opioids and other substances.

The impacts of alcohol occur across a person's lifespan. Substance abuse results in higher rates of death due to accidental injury, violence, suicide, poisoning, cirrhosis of the liver, cancer and possibly hemorrhagic stroke (15).

During the public engagement, Yukoners asked us to look at the impacts of substance abuse on families and the community as a whole. They told us about the effects substances, especially alcohol, had on them, their families, and their communities. It is important to note that substance abuse is rarely the only issue and is often a symptom of a larger issue such as trauma (see Providing better care to Yukoners living with trauma, p. 66).

There are changes we can make to encourage a culture of moderation. There are things we can do to make individual decision-making easier. One approach is changing the relevant legislation and regulations. These changes are effective and usually have an immediate impact.

Recent changes to the laws governing access to liquor had a negative impact on alcohol use in the territory. Twenty-six regulatory changes came into effect on August 18, 2016. Changes were based on feedback received from the Yukon Liquor Board and licensees (businesses that sell alcohol). One of these changes allows licensees to stay open from 9 a.m. to 2 a.m. (17 continuous hours). Previous regulation stated licensees could only be open for 14 continuous hours at any time between 9 a.m. and 2 a.m.

International evidence indicates that longer hours of sale significantly increases the amount of alcohol consumed and the rates of alcohol-related harms. Changes to late night retail hours are particularly associated with levels of heavy drinking (16).

Overall, hospitalizations entirely caused by alcohol in Yukon increased by 19% from 2016-17 to 2017-18 (versus 4% increase from 2015-16 to 2016-17) after Yukon increased the hours of operation for licensees.

- Hospitalizations among women increased by 21% from 2016-17 to 2017-18.
- Hospitalizations among men increased by 18.5% from 2016-17 to 2017-18.

Providing better care to Yukoners living with trauma

Living through a distressing event can have long-term emotional consequences. We call this emotional effect trauma (1). Unfortunately, trauma is far too common: 76% of Canadian adults have had some exposure to trauma in their lives, while over 9% meet the criteria for post-traumatic stress disorder (2).

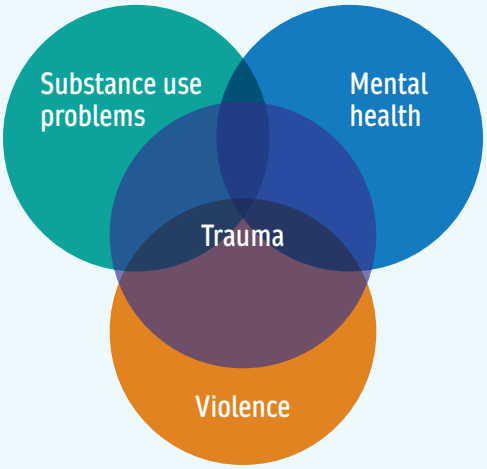
Abuse, neglect, unexpected loss, and serious accidents are common causes of trauma. Half of all Canadian women and 33% of Canadian men have at least one experience with sexual or physical violence (1). But, it is hard to define what makes an event traumatic. Different people process things in different ways.

Trauma is a central part of substance use, mental health problems and violence.

We know that we need to support Yukoners who are living with trauma. This support is especially important when people are accessing health and social services. Although parts of the system may help ease the impact of trauma, other parts can add new traumatic experiences. This negatively affects health outcomes and development, especially for children and youth.

For our system to succeed, we need to understand that individuals come with their own story when accessing care. This includes traumatic experiences. Yukon is becoming more diverse every day. With this diversity comes new experiences and perspectives on trauma.

It is also important to be mindful of the specific trauma experienced by First Nations people in Yukon. This includes the historical trauma of residential schools, the Sixties Scoop, missing and murdered Indigenous women and other aspects of intergenerational trauma.



(4)

We also need to pay special attention to children and youth. Our experiences and environments when we are young influence our health, development, learning and behaviour throughout life. Poor experiences or environments increase the risk of chronic disease in adulthood. High levels of stress can change the way young people's bodies and minds develop and function. When they do not have caring and responsible adults to turn to, this can affect their health and health behaviors, including substance use (3).

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1) https://www.camh.ca/en/health-info/mental-illness-and-addiction-index/trauma

2) BC Provincial Mental Health and Substance Use Planning Council. (2013). Trauma-Informed Practice Guide. Retrieved from http://bccewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf

3) Government of Yukon On the path together. (2014). Wellness Plan for Yukon's Children and Families. Retrieved from http://www.yukonwellness.ca/pdf/wellnessplan.pdf

4) Poole, N. [Microsoft Powerpoint presentation]. Trauma informed practice. Presentation for the Northern and Remote Collaboration Roundtable. Winnipeg May 25, 2015.

Heavy drinking rates increased in Yukon from 2015-16 to 2017-18, particularly among women 18-34 (38% increase) and women 35-49 years of age (49% increase).

Extended hours of sale attract a younger drinking crowd and result in higher blood alcohol content levels for males. The literature indicates that acute harms were most likely to increase with the extension of hours of sales (see The mental health of Yukon's youth, p. 68) (16).

Yukoners have access to government-funded mental health practitioners and social workers. These services are provided directly by the government through the Mental Wellness and Substance Use hub model or through non-governmental organizations (NGOs). They are not always well coordinated with the community health centre, First Nations and NGOs.

We heard from Yukoners, particularly First Nations, that mental health needs are not being met in their home communities and that services are not available when needed. Many Yukoners shared that some communities lack safe and supportive spaces, leaving people returning from substance use treatment to unhealthy social and living environments (17). We also heard about a lack of after-care treatment in the communities. Despite their best efforts, it is hard for people to sustain change if the environment around them is unhealthy.

As part of this conversation, we also heard the Mental Wellness and Substance Use model is experiencing challenges (17).

- Staffing is an issue; some hubs are overstaffed while others are understaffed.
- Some communities lost services when they transitioned to the hub model.
- There are wait times in some northern hubs and communities that are challenging for community members looking for services.
- Services are limited and there appears to be challenges with accessing, or continuing with, supportive services after intensive treatment.
- There is a lack of community wellness assessments and planning with First Nations.
- Some communities feel that the services provided in the hubs and communities do not meet their needs.

Since the introduction of the hub model, there have been challenges recruiting for these positions and retaining staff once they start working. During the public engagement, we heard from community members that many of these care providers come from outside the community and there is frequent turnover. We also heard that this can cause distress due to the lack of consistency of care providers.

The mental health of Yukon's youth

Our children and youth need a supportive environment to grow and develop. In Yukon, there are signs that they may not have all the support they need.

Preliminary results from the 2018 Yukon Health Behaviours of School-Aged Children Survey (HBSC) provide some insight into the experiences of Yukon's youth:

- Rural youth were less likely to report that people in their community could be trusted than youth in Whitehorse.
- In Grades 9-10, both girls and boys in rural areas are less likely to report a happy home life than youth in urban areas. Home life is happier for younger rural kids than it is for older rural kids.
- Rural girls are twice as likely to report that they had sexual intercourse before age 13 than urban girls or boys in general (1).

Alcohol use is also a concern for Yukon's youth. In Yukon, alcohol hospitalization rates for youth aged 10-14 are more than three times higher than in the rest of Canada (2). But Yukon has some strengths that can be built on to improve youth's lives. For example, rural students participate in more cultural activities than urban students.

Addressing grade nine and ten rural girls' mental health

The 2018 HBSC survey also highlighted serious concerns for rural girls in Yukon. These girls are reporting worse health outcomes than rural boys or their peers in Whitehorse. In 2018, 83% of rural girls had experienced feeling so sad or hopeless that they stopped doing their usual activities (1). This is a clinical indicator of depression. In 2010, only 30% of rural girls had felt that way (3).

Yukon needs to dig deeper and find out why these girls are experiencing such different health outcomes. Yukon should collaborate with skilled researchers to study the mental health of youth in the territory. This would help develop an understanding of why rural girls are struggling. Once Yukon understands the causes, work can be done to address them and help improve the lives of Yukon's youth.

> "Yukoners want to see better supports (e.g. counselling and education), outreach, and community engagement for mental health, particularly for youth and seniors."

Yukon needs to shift the focus from treatment to lifetime mental wellness promotion. We recommend starting this shift with targeting youth. Over two thirds of mental illnesses start before you turn 25 (4). Many of these are long-lasting and have a large impact on the individual and our society.

We know that Yukon needs formal services and supports, but we also recognize the importance of informal supports. We also know that mental health care needs vary across the population of youth. Most people need less intensive support than those with mental disorders.

Yukon may wish to partner with a recognized institution such as Queen's University (the principal researcher from the HBSC survey) to conduct a qualitative study on youth mental health in Yukon. Based on the results, Yukon could design interventions specific for rural girls in grades 9–10. As an example, learning circles based on specific topics or activities, as identified by youth, may be worthwhile to help support our young Yukoners, especially in rural Yukon.

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1) Queen's University. (2019). Health Behavior of School-aged Children Survey Results, 2018. Internal communication with Government of Yukon.

2) CIHI (2019). Internal communication with Government of Yukon.

3) Freeman, J., King, M., Abu Eid, S., & Hussain A. (2011). Health and health-related behaviours among young people: Yukon report. Government of Yukon, Whitehorse YT. Retrieved from http://www.hss.gov.yk.ca/pdf/healthbehaviourreport2011.pdf

4) Mulvale, G., Kutcher, S., Winkup, J. (2014). A Child and Youth Mental Health and Addictions Framework for the Yukon. McMaster University, Hamilton.

Supporting Elders and seniors

Finally, Yukon seniors told us they want more supports to allow them to age in place in their own communities (17). Yukon's seniors may be dealing with:

- difficulty finding services to meet their needs or to keep them active and involved in the community;
- housing options that do not always fit their specific needs;
- a lack of transportation alternatives; and
- limited ways to find meaningful connection to their communities.

Government has already started to engage with Yukoners about these issues. While they are felt across Yukon, it is clear what is most needed are supports at the community level. Each community will have to come up its own solutions on what will help its seniors to stay living at home and in the community for as long as possible.

What we heard

- Many community health and social care providers offer valuable support and have a strong sense of community. However, high turnover among service providers negatively impacts the depth of understanding and connection to community that Yukoners want. High turnover especially impacts providers' ability to assist with mental health and addictions challenges.
- Many Yukoners identified providers in their rural communities as being overworked and experiencing burnout as a key contributor to high staff turnover, as well as the lack of compassionate and relationship-based care.
- Mental health and wellness continue to be areas where Yukoners, particularly First Nation citizens, have unmet needs. Rural Yukoners identified distinct challenges for residents who return from addictions treatment and do not have access to post-treatment support in their home communities. There was also a noted gap in safe spaces for children and youth to go to when they feel unsafe or unwelcome elsewhere.
- Yukoners want to see better supports (e.g. counselling and education), outreach, and community engagement for mental health, particularly for youth and seniors.
- Yukoners support improving access to health promotion opportunities in their communities, such as nutrition, exercise, and recreational programs. These types of opportunities were noted as key for maintaining and improving health and wellbeing, and for deterring substance use and addiction.

- There was general acknowledgement among rural participants that community demographics are changing. There is a growing number of older residents who need additional support – and a shrinking number of people to provide this support.
- One participant made the statement that "people are drinking themselves to death".
- Participants in some rural communities expressed concern that the growing number of elderly people will not have the resources, support and infrastructure they need to comfortably remain in the community.

Moving forward

Improving community assessment and planning

Like many health systems, Yukon tends to invest in treatments for health and social problems that have already become problems, instead of trying to prevent them from happening in the first place. While the need for these treatments will likely never go away, we heard from Yukoners that they want a range of solutions that include prevention and health promotion (17). Yukoners want to be meaningfully involved in developing and delivering solutions.

3.1 Involve communities in assessing their local health and social needs and planning local health and social programs and services that meet their needs and are culturally safe.

The Government of Yukon and Wellness Yukon will meaningfully partner with First Nations governments, municipal governments, local stakeholders, local staff, and community members in the long-term planning and delivery of health and social services. This will ensure community needs are met in an appropriate and safe way.

Community assessment and planning will draw on community-specific feedback and community-level data, using a population health approach, from across the territory (see recommendation 6.2). Community engagement will start by setting up processes to make sure ongoing feedback from clients is received and then be mixed with information from other sources (e.g. who is using what services and how often, electronic medical records, etc.). Together this will help ensure services and programs are based on the unique and changing needs of each community.

One example of how community information and input will be used to inform programming can be seen in the Nuka model of care in Alaska. Like in the Nuka model, Wellness Yukon will use learning circles to provide opportunities for people to connect and build relationships through a variety of wellness activities (18). These learning circles will focus on a number of different areas, based on communities' interests and needs. They may range from very broad cultural and physical activities to specific groups for chronic conditions, mental health, addictions, parenting, maternal and child health, and many other topics.

In addition to this high-level, strategic recommendation, we also have a series of recommendations that are designed to strengthen health and social services in local communities.

Expanding primary health care in communities

3.2 Increase the availability of community-based providers by better retaining established providers, and developing new pathways that encourage rural and First Nations Yukoners to enter into health and social services careers.

One of the most important features of Wellness Yukon are the strong relationships between client-owners and their care providers. By increasing how long health care professionals remain in communities and supporting people from the communities to pursue careers in health and social services, the new model will strengthen relationships within the system.

Training people from rural communities to provide care and support within their communities will not only improve the availability of providers, but also support strong relationships between caregivers and client-owners. It will increase rural employment opportunities and the associated spin-off benefits.

This approach will support members of Yukon communities to pursue careers in health and social service program delivery (in partnership with First Nations, Yukon University and the Government of Canada). It will also develop new community-oriented roles such as Indigenous counsellors, and behavioural and community health care aides.

Wellness Yukon will increase the supports for providers living in communities by providing housing, and supporting engagement with communities. It will provide employees with opportunities to build community and cultural knowledge. These changes will support employee retention by encouraging employees to make a stronger connection with the communities they serve.

By working with communities when making resource and staffing decisions, the government will support improved relationships between staff and people living in the communities.

3.3 Increase services offered in the communities through mobile screening and service provision.

There is not enough access to screening services outside of Whitehorse. This can negatively affect access to prevention services. Better access to screening services can make it easier to detect diseases before they progress, and then to provide treatment. Mobile screening is particularly beneficial when specialized equipment is needed that makes it difficult to offer services in communities. This supports our overall approach to care that any health or social service that can be provided locally should be.

We recommend that the government introduce mobile screening services through a mobile mammography screening unit, contracted from another jurisdiction to save

time and money. Cancer is the leading cause of death in Yukon, and breast cancer is the second most common cause of cancer death among females in Yukon (19).

Female breast cancer is the most commonly diagnosed cancer in Yukon, accounting for 35% of all female cancers. Yukon's female breast cancer incidence rates (the rate of new cases diagnosed) are significantly higher than the rest of Canada, and a greater proportion of female breast cancers are detected at a late stage (23% vs. 17%) in Yukon compared to the Canadian average (19). Early stage breast cancer has been identified as a top priority area for improvements in cancer care by Yukon's Chief Medical Officer of Health (19). Mobile cancer screening has also been identified as a key priority by Yukon First Nations for several years (20, 21).

This mobile screening service can be used to help understand the uptake, logistics and challenges of offering mobile services. This will help when services are created or expanded. It is important that mobile services are offered with a clear understanding of varying community needs.

The government should introduce additional services as community needs are better defined. This could include audiology, physiotherapy, assessment for Fetal Alcohol Spectrum Disorder and Autism Spectrum Disorder, dental care, and speech language pathology.

3.4 Involve client-owners and families in planning transitions from hospital to community by implementing a patient-oriented care transitions bundle modelled on the Bridge-to-Home Program as promoted by the Canadian Foundation for Healthcare Improvement.

Transitions from hospital back into the community can be particularly challenging and pose potential risk for patients. Common problems that arise at discharge include patients not understanding medical terms, not being fluent in English or French, or having difficulty remembering verbal instructions. As well, traditional discharge summaries are filled with clinical information designed for provider-to-provider communication, which does not give people and their caregivers the information they need to manage care at home.

The patient-oriented care transitions bundle includes:

- a patient-oriented discharge summary, which includes clear information on medications, activity and diet restrictions, follow-up appointments, expected symptoms (including worrisome symptoms that need further attention) and contact information for providers if the patient has more questions;
- education for people and their caregivers;
- the involvement of caregivers as part of the circle of care; and
- post-discharge follow-up.

Improving supports for mental health and substance abuse

One in five Canadians will personally experience a mental health problem or illness in any given year – this translates to over 8,200 Yukoners (22).

Up to two-thirds of adults and three quarters of children and youth do not access services and supports to address their mental health concerns (23). Research has shown that individuals with substance use disorders are less likely than those with other mental disorders to seek care. People with substance use disorders were also found to rely more heavily on informal supports as opposed to professional services.

A recent study investigated patterns and predictors for people seeking help for mental health care in Canada. It showed a lower use of services by men, older Canadians, people with lower education, members of ethnocultural minorities and those that have immigrated (24).

We expect that many of the changes to the health and social system described in chapters 2 and 6 will improve treatment for mental health and addictions issues by ensuring that all Yukoners have a primary care provider and there is a much greater focus on prevention. In addition, we are also recommending several other initiatives that support improved health outcomes for mental health and addictions.

3.5 Adopt a universal approach to mental health and substance use prevention for children and youth in Yukon that builds on the success of the Planet Youth model.

We know that mental health and substance use are related, and we have heard from Yukoners that residents, particularly youth, lack some of the supports they need in their communities. A population health approach goes beyond education and communication to improve resiliency among Yukon youth. It focuses on positive youth development to improve health outcomes.

Part of this approach is community-driven and based on the diverse needs, strengths and capacity of each Yukon community. Each will develop and deliver programs most fitting for the needs of their own youth. They will use regularly collected community-level data with support and financial assistance from the Government of Yukon.

There are existing evidence-informed approaches to mental health and substance use prevention. These included the Icelandic model for prevention, known as Planet Youth, as well as the 40 Developmental Assets Framework. Yukon can apply these approaches in a way that fits the territory's context. While Iceland is very different from Yukon, there are core pieces of the Planet Youth model that are applicable to youth across the globe. This includes a number of areas where Yukon has unique strengths, including culture and a sense of community belonging, that can be used when developing prevention initiatives. The appeal of Planet Youth is that each community develops an approach to reducing substance use among youth that meets the unique needs of that community.

Another protective factor is social inclusion and feeling a sense of community belonging. A big piece of this is being linked to services in the community and Whitehorse. Many individuals are isolated due to factors outside of their control including age, disability, and income level. Being able to provide affordable public transportation options, especially in rural Yukon, will be an important factor linking to the determinants of health.

3.6 Working with First Nations partners and rural communities, define trauma-informed practice for Yukon. Co-design a framework for the health and social services system to prevent trauma and mitigate trauma reoccurrence for everyone, especially high-risk groups receiving services (e.g. children and youth). Pilot the framework within 2-3 departments across the health and social system starting with services areas involving children and youth.

When we provide care with an understanding of trauma and its impacts on people, we are providing trauma-informed care. Trauma-informed practice means recognizing past and current experiences of violence and trauma and incorporating this into all parts of service delivery (9). When a system is trauma-informed, we can avoid re-traumatizing individuals and support safety, choice, and control to promote healing. Yukon does not have a clear definition of what trauma-informed practice means for the territory, nor a way to apply practice standards across the system.

3.7 Improve health outcomes and reduce the social harms by introducing a suite of evidence-informed policy and legislative changes to encourage a culture of moderate alcohol consumption in the territory and create an environment that supports individual decision-making. It is important to do this with both a reconciliation and trauma-informed lens, in partnership with First Nations governments. This includes:

- reducing the hours of operation of establishments selling alcohol to better balance convenience and consumption;
- establishing a minimum pricing policy;
- restricting advertising and promotion; and
- requiring evidence-based server training.

Trauma can often be a root cause for issues of mental health, substance use, and violence. The desire was expressed throughout our public engagement for Yukon to look more broadly at the impacts of substance use on families and whole communities. Conversely, in order to promote mental wellness at a family and community level there are interventions that can be implemented to help change the context, make individual decision-making easier and address the larger social determinants of health.

There is substantial evidence to show that reducing hours of sales is effective at reducing alcohol consumption and reducing alcohol-related harms, such as drinking and driving, violent crime, and illicit drug use (25).

There is also robust evidence indicating that higher alcohol prices reduce consumption and alcohol-related harms (25). Increases in price have been seen to have larger long-term than short-term effects and include decreases in drinking and driving, alcohol-involved crime, liver cirrhosis and other alcohol-related mortality, risky sexual behaviour and its consequences, and poor school performance among youth (25). Yukon does not set a minimum price for alcohol for either on- or off-premises sales (16).

Alcohol advertising shapes young people's perceptions of alcohol and the social norms around drinking (25). Alcohol marketing is associated with an earlier start to drinking, heavier drinking and more severe alcohol-related problems (25). Complete advertising bans are effective in reducing alcohol-related morbidity and mortality as well as cost-effective and cost-saving. Partial advertising bans are much less effective (25).

Small changes are noted from implementing server training. However, larger effects are seen when servers are made responsible for any harm caused to their customers from overserving (25).

It takes a village: children, families, and their communities

The communities we live in can have a large influence on our overall health. According to the 40 Developmental Assets framework, children benefit from having three to five caring adults in their life other than their parents. These adults help them reach their full potential. Often, these adults are members of the child's community (26). Improving these "protective factors" for children and their families can have lifelong positive effects.

The early years of life are a critical point in our development. Many of the difficulties that adults face, like mental health problems, obesity, heart disease, criminality, and literacy and numeracy skills begin in early childhood. The people and environments that shape our children through early childhood are so important. This makes early childhood education a critical part of early childhood development (27).

Children need support. Communities and governments can help provide children with the best possible learning environments so they are set up for future success, including the opportunity for positive health outcomes. These policies also give parents the opportunity to participate in or re-enter the workforce, allowing them to earn an income to support their families (27).

3.8 Work towards fully-funded, universal early childhood education for all Yukon children over the age of one and provide families with options to improve children's learning outcomes.

Investments in early childhood education and care set the foundation for all learning and growth (28). Studies show that early childhood education can reverse the negative effects of poverty, neglect, abuse and developmental disorders (8). Further, the positive impact is long-lasting and improves children's ability to learn later on in life (29). Quality early childhood education enhances the lives of all children and creates

positive social outcomes. Providing access to early learning opportunities across all of Yukon will be a key component to improving community wellness for everyone.

Over 20 years ago, Quebec began subsidizing universal childcare, and it provides a good example of what happens when parents are supported in this way (30). Quebec's program greatly increased the workforce participation rates of parents, particularly mothers of children, regardless of their education levels (31). Coupled with strong early learning competencies, this will be a significant step towards improving community wellness.

We acknowledge that implementing universal early childhood education takes planning, resources and time. We suggest that Yukon adopt a phased approach to achieve this ultimate goal by starting with the four steps listed below.

a. Coordinate early learning services at all levels to ensure the child is put at the centre by moving early learning to the Department of Education.

In 2017, eight out of 13 Canadian jurisdictions had combined the responsibility for early learning and child development under one governance body. This change resulted in more meaningful policy and oversight for child care and related early years' services.

For Yukon, this would mean moving early childhood education from the Department of Health and Social Services to the Department of Education. As has been experienced in other jurisdictions, the previously adverse bottlenecks from fragmented governance have been reduced through more integrated management in a single department. Most notable will be improved coordination and better linkage between early childhood education programs and kindergarten. Yukon will then be aligned with the recommendation of the Organization for Economic Cooperation and Development (OECD) to give one government department the lead and hold it accountable. This should not be a difficult task for the Yukon government given the recent development of an advisory committee to develop Yukon's Early Learning Curriculum Framework (32).

Most jurisdictions in Canada with combined education and early learning services have developed policy frameworks guided by early development and a holistic view of childhood. This has created a better alignment of learning outcomes for ages one through five, as well as a reduction of program transitions across children's early years and into kindergarten and school (33).

b. Open current preventative and supportive early learning programs, moving towards universal access for all Yukon families.

We know programs that provide supports for infants and children, including home visits, can improve family relationships, improve the health outcomes of mothers and infants, and help children be ready for school (34). Home visits allow health and social services to be provided to families that may not otherwise seek these types of services out. They also support a more

personalized experience with care providers, which can lead to better targeting services toward the needs of individual families (35).

In Yukon, most preventative and supportive early learning programs currently target low-income and/or single families. We see value in expanding eligibility to all families to access preventative programs like Healthy Families, Family Supports, and Supported Child Care. This approach will provide children and their families the opportunity to receive in-home supports, group programing and additional resources to give every Yukon child the best start possible.

c. Increase accessible training opportunities for day home and daycare providers to support continued integration of preventative and early learning supports.

We know that the first few years of a child's development is a key determinant of lifelong health. During this time, educators can have a profound impact on a child's success in development.

Current regulations only require 20% of the staff working in daycares with children to have two or more years of training in early childhood development. The rest of the staff is required to have a mixture of a one-year early childhood development training certificate or a minimum of a 60-hour introductory early childhood development course (36). There is no requirement for professional development.

Yukon is beginning to make changes to ensure that early learning professionals are highly trained and educated. The territory chose to invest federal funding into training for interested providers. This is a good first step, but more needs to be done.

Building from this, mandatory training and education for everyone involved in early learning childcare programs will result in more personal capacity and higher quality teaching. These training initiatives will support Yukon children to be better prepared when entering the education system. Children will have the tools they need early on to help them reach developmental milestones (8).

d. Provide access to early learning and/or childcare services opportunities for more families by increasing the current subsidy system in Yukon.

The cost of child care can be a significant financial burden, particularly among low to middle income families. The last review of the Child Care Subsidy was in 2014. Increasing the current child care subsidy rate, and increasing the income levels that qualify for the subsidy, will mean more families of different income levels will qualify for financial support to cover all or some of their childcare costs. This will increase the number of children participating in formal early learning initiatives and leave more money in the pockets of low-income Yukoners to better support their families.

Acknowledging the Family and Children's Services Act Review

In October, 2019, the Minister of Health and Social Services tabled the report of the *Child and Family Services Act* Review Advisory Committee in the Legislative Assembly.

The report, Embracing the Children of Yesterday, Today and Tomorrow, contained a large number of required actions and was prepared by a six-member independent advisory committee after 18 months of public engagement throughout the territory. The Yukon government has not yet responded to the report.

Given the extensive nature of the public engagement and the comprehensive report, we have not made any recommendations in this area. Nor did we try to review or incorporate their observations into our report. We do acknowledge that the Yukon government thanked the Advisory Committee for their work and will consider it as the Department of Health and Social Services works on updating the *2010 Child and Family Services Act*.

In reviewing and updating the Act it would be prudent if consideration is given to how Child and Family Service programs and services can be organized in a manner that embrace the core principles and vision that will be developed for the new Wellness Yukon model.

Acknowledging the Aging in Place Action Plan

The government continues to move forward with their work on the Aging in Place Action Plan. Given the level of community engagement that already occurred and the work on solutions already underway, we have not made many recommendations about aging in place in this report. The recommendations we make in this report are focused on supporting Yukoners to remain in their own homes as long as possible.

When the Aging in Place action plan is unveiled later this year, we expect to see a focus on increasing the availability of home care services across the territory to allow seniors and Elders to remain in their own homes as long as possible. Institutional care, provided in hospitals and long-term care facilities, is the most expensive type of care. Yukon cannot sustain its current rates of use as its population continues to age (see chapter 8).

As part of this work, we encourage the Yukon government, First Nations governments, NGOs and local communities to talk about the types of services that seniors and Elders need to remain living in their own homes. Throughout this report, we talk about the need to move away from rules-based services to needs-based services. As part of our public engagement process, seniors and Elders talked about sometimes needing non-medical support to remain in their own homes, such as help shovelling their driveways, assistance with firewood, transportation, social connection, grocery shopping and meal preparation.

We recognize that First Nations governments are providing some of these services in their communities. We encourage all governments to work together to ensure services that support independence are available to all seniors and Elders who need them. Currently, they are not widely available to all Yukoners, and this is impacting seniors and Elders as they think about aging.

We also encourage NGOs to participate in these conversations. There are many NGOs providing a broad range of services in Yukon. However, there are very few operating territory-wide. We see this as an opportunity to increase services across the territory.

3.9 Expand palliative and end-of-life care programs and supports by providing direct funding to individuals and families.

Yukoners cannot always choose where to experience the end of their life. They do not have access to services that will help them do so in the place they choose, such as in their home. Home care has limited availability in rural communities compared to Whitehorse. If people cannot access the level of care needed they may have to transition to Whitehorse for end-of-life care.

A palliative care in-home funding program will provide a small amount of money to Yukoners living in rural areas with progressive, life-limiting illness. It will be available when home care services are no longer able to support end-of-life clients who want to remain at home longer.

3.10 Expand support for Yukoners with dementia and their families to allow client-owners to remain in their own homes as long as possible.

- **a.** Expand the Whistle Bend Place day program for Yukoners with dementia to a daily capacity of 16 clients and provide support for transportation.
- **b.** Provide dementia training for formal and informal caregivers to support Yukoners to remain at home longer.

During the recent public engagement, services and supports for aging Yukoners (such as day programs), were clearly identified as a need in the community. Without someone to look after their loved one with dementia, caregivers can start to feel isolated and burnt out.

Expanding the already successful day program at Whistle Bend Place will help lighten the load for families caring for a loved one with dementia. It will also help them keep loved ones at home for as long as possible. As transportation is an ongoing concern for seniors and caregivers, offering transportation options for the Whistle Bend Place day program will make it easier for families to participate.

Finally, appropriate and accurate education and information about dementia has significant positive effects on the burden of care, depression, and subjective well-being. Along with psychosocial programs and support, they may contribute to quality of life and improve mental health outcomes for caregivers.

Training modules give caregivers the knowledge and skills to provide support to their loved ones and help to avoid burnout. The training will cover essential information about dementia, how to redirect their loved ones, how caregivers can take better care of themselves, and direction to some available supports and financial services.

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Chapter 4 –
Advancing reconciliation

This chapter talks about ways providers can address systemic racism in the system, as well as the ways culturally appropriate and traditional care can address health inequities and ensure all Yukoners have access to care.

The case for change

During the public engagement process for the comprehensive review, we:

- met with 14 First Nations governments in their communities;
- held three collaborative workshops with First Nations health directors; and
- heard from First Nations Yukoners at public meetings, through our online survey and in written submissions.

We heard about the long-term, negative impacts residential schools and colonial care approaches have had on the physical, emotional, mental and spiritual health of First Nations Yukoners. We also listened to individual's experiences with racism and stereotyping within the current system.

For some First Nations Yukoners, these experiences prevent them from getting care and support when they need it. As a result, their health is negatively affected. For others, although they seek care, they leave the system feeling disrespected and unheard. We also heard that traditional knowledge and healing is not understood or included. This makes these problems worse.

Yukon is not alone in these experiences. Across Canada, Indigenous people experience shortfalls in their health outcomes. Indigenous Canadians have higher rates of infant death, tuberculosis, child and youth injuries and death, obesity and diabetes, youth suicide, and exposure to environmental contaminants (1). The result is a lower than average life expectancy for Indigenous people.

Several First Nations governments identified the need to understand the differences in health outcomes between First Nations and non-First Nations Yukoners. One way of doing this is by taking a population health approach and addressing the social determinants of health in a way that recognizes how they affect Indigenous people differently. Publicly available evidence shows strengths and gaps to build on, as outlined in Figure 4.1.

Life expectancy for Indigenous people is
73–74 years
for men and
78–80 years
for women

The national Canadian average is
82 years (3)

Figure 4.1

Yukon indicators by Indigenous identity

Indicator	First Nations	Non-Indigenous identity
Population (%)	6,687 (19%)	26,915 (77%)
Median total income	$32,359	$49,879
Unemployment rate	10.3%*	2.7%
Has a regular family doctor	65%	76.9%
Sense of belonging to local community, somewhat strong or very strong	76.5%	74.4%
Perceived health, very good or excellent	39.5%	61.9%
Perceived mental health, very good or excellent	52.8%	69.7%
Never had alcoholic drinks in the past 12 months	39.2%	18.5%
Five or more drinks on one occasion, at least once a month in the past year	28.7%	26.3%
Current smoker, daily or occasional	45.5%	22.8%
One or more chronic conditions	57.6%	54.3%

* Indigenous status

The results for perceived physical and mental health are especially concerning. First Nations residents were a lot less likely to say their health was "very good" or "excellent" than other Yukon residents. Yukon needs to explore these areas to understand what is affecting First Nations people's health.

In terms of strengths, significantly more First Nations people than non-First Nations people abstain from alcohol. This is something to be aware of when planning substance use programs. First Nations people may prefer an approach based on abstinence, rather than harm reduction. In addition, a sense of community belonging is slightly higher for Yukon First Nations people. These are strengths Yukon can build on.

Yukon First Nations citizens also have a lower median total income and a higher unemployment rate. Having a higher income improves your access to health care and the resources needed for health, like housing and nutrition (2).

The Truth and Reconciliation Commission of Canada calls to action include three important ways to address these health inequities:

- measure and evaluate our health care systems and programs;
- embed cultural safety and humility within the health care system; and
- ensure representation of Indigenous people in all levels of the health care system (3).

Many First Nations Yukoners are asking for changes to the way Yukon provides health and social services. They want cultural safety and humility to be integrated into care. They feel that decision-makers need to spend more time talking and listening to community members. This would help them make decisions that better address the needs of local communities.

In particular, First Nations residents raised concerns about residential treatment for addictions. In every community, we heard concerns about the need for better access to land-based healing. There needs to be options for mental health and substance use issues that respect local traditions and blend clinical and traditional treatments. Although some First Nations governments are providing land-based healing services in their communities, they do not have the infrastructure they need to offer services year-round.

Yukon has made some positive steps towards reconciliation across the health and social system. However, more needs to be done at the system-level to have the broadest impact. First Nations governments and citizens need to be more involved in the planning stages of new programs and services.

The Yukon Medical Association recently passed a motion to make First Nations 101 training mandatory for all physicians in the territory. Currently this training is mandatory for department staff working in:

- community nursing;
- employment and training services;
- withdrawal management services;
- child and youth support programs; and
- family support programs.

In some areas of the system there has been significant effort made to prioritize hiring staff with First Nations ancestry. As part of the Umbrella Final Agreement (Section 22.4.1), Yukon government has been working for a number of years to increase the number of Yukon First Nations people working in the public service.

A good example of these efforts can be seen at the Whitehorse Emergency Shelter. Half of the management team and about 30% of the front-line staff have First Nations ancestry. Increasing First Nations representation improves cultural safety. It also provides economic opportunities for First Nations people. Income and employment are important social determinants of health.

Equitable access is another important issue for First Nations peoples in Yukon. Some programs are working with First Nations governments and citizens to make their programs more accessible. These programs are creating space and support for cultural practices, including:

- healing rooms;
- smudging;
- traditional medicines;
- traditional foods; and
- culture camps.

The Yukon government and Yukon First Nations governments work together on joint initiatives and have platforms for collaboration on health and social issues. They need to develop a stronger process for tracking indicators and measuring progress in reducing health disparities and improving the social determinants of health for First Nations peoples in Yukon.

As mentioned earlier, many First Nations people told us about their experiences with systemic racism and discrimination when accessing health care, including:

- feeling stereotyped, unwelcome or ignored;
- not being taken seriously; and
- receiving less care or lower quality care.

Some providers, especially those from outside of the territory, do not have the training and knowledge they need to understand First Nations' cultures, healing, and the effects of historical trauma. While some providers in Yukon are offered trauma-informed care training for their practice, as mentioned in Chapter 2, there is not a common definition or set of practices across the system.

What we heard

- Many First Nations citizens shared stories of racism and stereotyping when accessing primary care and acute care services. They feel that this negatively affects the quality of care they receive and deters First Nations people from seeking needed health services.
- First Nations participants want primary and acute care facilities that are less "institutional" and more culturally safe and welcoming. They also want service providers that better understand the history, traditions, and historical trauma of the First Nations they work with, enabling more compassionate and culturally relevant care.
- Many First Nations citizens want health care services that are more culturally relevant and aligned with traditional values and healing practices.

- Some rural primary care providers are not always ready for life in a remote community or trained to work with First Nations patients who may be coping with trauma, mental health challenges, and/or addictions.
- Mental health and wellness continues to be an area where First Nations citizens have ongoing unmet needs.
- Treating substance use issues must occur through a more holistic approach to health and wellbeing that acknowledges and addresses the root cause of these issues for many First Nations citizens: colonial and historical trauma.
- There is a need for on-the-land treatment and healing options.
- Many of the First Nations Elders who are required to relocate to larger communities as they age were also forced to relocate for residential school when they were young. Recognizing that this legacy of trauma may impact their capacity to thrive in continuing care, Elders who can no longer stay in their home communities need better support to help them stay connected with their community and culture.
- First Nations citizens want more opportunities that allow children and youth to connect with their cultural identity and to learn their traditional languages, stories, and songs. They also want children and youth to have better access to mental health supports (e.g. counsellors, better training for teachers).

Moving forward

Reconciliation is a complex, ongoing process. It requires significant commitment and hard work from all citizens, organizations and governments.

Reducing health inequalities for First Nations people in Yukon and addressing the Indigenous social determinants of health will improve their ability to access the care and support they need to be healthy. To do this, the Yukon government needs to work closely with First Nations governments to:

- make health care and social services culturally safe for First Nations Yukoners;
- continue to advance progress on reconciliation in the health and social services system; and
- increase access to First Nations cultural and land-based healing.

Input from First Nations people emphasized the need for a more holistic, welcoming, and community-oriented approach to health care services. Chapters 2 and 6 explain the new Wellness Yukon model. This new approach to health and wellbeing will be holistic and person-centred. This type of care lends itself well to reconciliation as it will reframe the care dynamic and focus on the patient's autonomy (4).

Integrating cultural safety and humility into the health and social services system

The recommendations in this section will focus on First Nations cultural safety and should be read in the context of the recommendations in Chapter 2.

4.1 Partner with Yukon First Nations to develop and implement a comprehensive and coordinated approach to cultural safety and humility that prevents racism and includes:

- Customized training developed in collaboration with Yukon First Nations.
- Mandatory cultural safety and humility training and a continuous education process for all health and social services providers, managers, and leaders that receive funding from the government as a condition of their agreement.
- A formal Declaration of Commitment that includes a vision of what cultural safety and humility means, acknowledges the need for cultural safety, and commits to collaborating with First Nations people to achieve it.
- An Office of First Nations Health within the Department of Health and Social Services that supports cultural safety and humility across the system and is focused on advancing reconciliation within the department and the health and social system.
- Development of culturally safe complaints processes.
- Integration of cultural safety and humility into organizational leadership, culture and policies.

Cultural safety and humility are approaches to care that will improve health outcomes and reduce inequities for First Nations peoples. Cultural humility is a continuous process of self-reflection used to understand the personal and systemic biases that affect our interactions with others.

A culturally safe environment is one free of racism and discrimination. In these environments, people feel physically, spiritually, socially and emotionally safe. Their identity is acknowledged and respected.

This recommendation will increase awareness among health and social providers. It will increase understanding of the biases in our system. It will also highlight the importance of integrating cultural safety and humility at all levels.

4.2 Enhance programs and services at long-term care homes to better support First Nations residents and their families. This includes culturally focused activities, increasing staff knowledge and sensitivity, offering traditional meals, and ensuring residents' spiritual needs are met.

This approach will help make long-term care homes more culturally safe environments. Throughout our consultations, the importance of First Nations culture was raised as a central component to health and healing. Under the new model, this will be acknowledged by health care providers. It will be recognized as a source of strength and resilience for First Nations people in Yukon.

One example of a model that may resonate with Yukon First Nations is the First Nations Mental Wellness Continuum Framework. It was developed by First Nations communities and leadership in Canada.

While this approach was developed for mental wellness, many of these components will also apply to overall health and wellness. Key themes of the continuum are:

- **Culture as foundation:** culture is at the centre of mental wellness and is an important social determinant of health.
- **A quality care system and competent service delivery:** Mental wellness is dependent on access to a full spectrum of culturally competent supports and services. Supportive key elements of a quality care system need to be addressed, such as governance, performance measurement and workforce development.
- **Enhanced flexible funding:** flexibility and permanency of current funding, as well as additional funding, are critical factors to mental wellness.
- **Community development, ownership, and capacity building:** ensures relevant, effective programs and services that meet community needs.
- **Collaboration with partners:** to ensure the availability of a coordinated, comprehensive continuum of mental wellness services that cross the health, justice, employment, and social service sectors.

Understanding and addressing the Indigenous determinants of health

4.3 Collaborate with Yukon First Nations governments to develop understanding of Indigenous determinants of health in Yukon and their role in health disparities, and implement effective interventions to address them, in order to eliminate the disparities in health outcomes experienced by First Nations Yukoners.

The social determinants of health do not fully reflect the factors that affect the health of Indigenous people because of the impact of unique factors outside the typical models of health and illness. These include colonialism, meaningful access to culture and land, and access to justice.

Related to reconciliation, a key social determinant of health for First Nations Yukoners is individual and community self-determination. When looking at collectively addressing the health and wellness of First Nations Yukoners, it is important to acknowledge First Nations' ways of knowing and doing and to incorporate First Nations input into their care. This will be a key component of the new model through ongoing community consultation and involvement in program design.

Indigenous scholars and communities in Canada are working to better understand and articulate the Indigenous determinants of health, and to determine ways to use this knowledge to improve health outcomes for Indigenous people.

During our engagement period, First Nations governments and citizens clearly pointed to the need to address the impact of broader determinants of health as well as Indigenous determinants of health for Yukon First Nations people. Advancing this priority is important for reconciliation. By working with Yukon First Nations governments to better understand the additional factors that affect the health of First Nations Yukoners, all governments will be better able to reduce inequities and improve health outcomes.

4.4 Work with Yukon First Nations, using ownership, control, access and possession (OCAP) principles, to understand health inequities within the territory and develop responses to reduce these inequities.

The goal will be to collaborate with Yukon First Nations in the development and monitoring of health outcomes and indicators related to Indigenous social determinants of health. Without data specific to Yukon First Nations it will be impossible to prioritize and address these gaps that we know exist among the Indigenous population nationally.

Any data that has First Nations indicators will align with the OCAP principles of ownership, control, access and possession to ensure that Yukon First Nations are in control of how their data is being accessed, stored, used and shared (5).

Increasing access to First Nations cultural and land-based healing

4.5 Work with Yukon First Nations governments and the Government of Canada to fund a rural, on-the-land mental health and substance treatment centre that incorporates:

- Clinical and traditional/cultural approaches (including land-based healing).
- Strong linkages with community-based cultural healing resources (pre- and post-treatment).
- Development and governance in partnership with Yukon First Nations people.
- Accessibility of services to all Yukoners.

Yukon First Nations governments said that securing resources for cultural and land-based healing was a top priority for wellness and health care improvement. First Nations' input also emphasized the need for more mental health services, including options that combine clinical and cultural approaches, draw on the strengths and leadership of Yukon First Nations, and link with community-based cultural healing resources.

By implementing this recommendation, the Government of Yukon will recognize the value of cultural and land-based healing practices. The development of a new on-the-land treatment centre will complement the services that are currently available at the Sarah Steele facility and provide an additional option that supports a broader continuum of care.

4.6 Partner with the Government of Canada to create a fund to support land-based healing in communities across the territory that includes program planning, infrastructure and training. The fund should be flexible and able to accommodate the diverse needs of unique Yukon First Nations, and take into account other funding and negotiations, such as further implementation of self-government agreements.

Unrealistic expectations have been placed on First Nations governments to establish, manage, and run on-the-land programs without the adequate funding, resources or capacity needed to provide these programs in a sustainable way.

This recommendation will provide more sustainable funding to First Nations to develop and run land-based programs in their communities and ensure the programs are sustainable year-round. These programs will also support after-care in communities. This was identified as a gap during the public engagement.

Coupled with initiatives through Wellness Yukon, community-based on-the-land healing initiatives will support healthier communities to improve health outcomes for Yukoners. The person-centred care discussed in Chapter 2 and the learning circles discussed in Chapter 3 will provide individuals transitioning out of treatment facilities with better access to ongoing support through their primary health care team and healthier environments.

Figures

- *Figure 4.1 – Yukon indicators by Indigenous identity.*
  Source: Statistics Canada. Health indicators, by Aboriginal identity, four-year period estimates Table 13-10-0457-01. [Internet] Ottawa: Statistics Canada; [date unknown] [updated 2020 Mar 20, cited 2020 March 20]. Available from: https://doi.org/10.25318/1310045701-eng
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Chapter 5 – Closing the gaps for lower-income Yukoners

This chapter talks about ways to ensure the health and social system is providing Yukoners, especially those with low incomes or disabilities, with the social safety they need to achieve wellness.

The case for change

Taken as a whole, income is one of the most important, if not the most important, determinant of our health (1, 2). This is partly because income heavily influences other determinants. Our income affects our access to housing, extended health benefits, and even food. Income and related determinants will be the focus of this chapter. Yukoners told us that some people are doing very well in these areas, but others are falling behind.

The Canadian health care system accounts for only 25% of a person's health outcomes, on average. Socioeconomic environments play a much larger role than medical care in determining and influencing our health (3).

We found that Yukon's health and social services system does a good job providing services after an illness or social emergency develops. This approach is similar to the rest of Canada. We were impressed by the dedication and compassion of the people working, in government or non-governmental organizations (NGOs), to provide social supports. The respect they have for their clients shows in the passion demonstrated in fulfilling their jobs.

While there is not clear evidence of the system's ability to support prevention, resilience and empowerment. There is limited evidence to show whether programs meant for Yukon's most vulnerable are working well or not.

Social assistance

All provinces and territories provide unique needs-based, last-resort social assistance programs. These programs provide direct financial assistance to cover basic living costs. They are available when people have exhausted all other financial resources (4).

In Yukon, benefits are indexed each year to increases in the cost of living. They provide about 80% of gross minimum wage, which is closer to minimum wage than other jurisdictions in Canada (5). As outlined in figure 5.1, this covers basic needs for food, clothing, and housing.

After six months on social assistance, extra support is available for things like transportation, childcare, laundry, and telephone expenses. If a client needs more support, it is available through discretionary or emergency aid.

Figure 5.1

2019 income for Whitehorse-based individuals in receipt of social assistance for 6+ months

	Whitehorse, single person, 6+ months on social assistance	Single person with a disability*	Single parent, one child under 6	Couple, one child under 6 and one over 14
Basic social assistance	$17,460	$20,460	$26,354	$37,064
Additional social assistance benefits	$1,463	$1,463	$1,022	$2,038
Federal child benefits			$6,765	$12,164
Territorial child benefits			$820	$1,640
GST credit	$451	$451	$747	$902
Total 2019 income	**$19,374**	**$22,374**	**$35,708**	**$53,808**

* Whitehorse specific. Does not include: special diet, discretionary aid, emergency aid.

Compared to rates across all other provinces and territories, the basic financial supports in Yukon are some of the strongest in Canada. This is particularly true for families with children (6).

Figure 5.2

Total welfare incomes in each province in 2018

	Single person considered employable	Single person with a disability*	Single parent, one child	Couple, two children
Alberta	$8,106	$10,301*	$19,927	$29,238
British Columbia	$9,042	$14,802	$20,782	$27,006
Manitoba	$9,756	$12,403	$21,764	$29,918
New Brunswick	$7,126	$9,839	$19,978	$26,505
Newfoundland and Labrador	$11,383	$11,583	$23,436	$29,296
Nova Scotia	$7,437	$10,268	$18,240	$27,756
Ontario	$9,646	$14,954	$21,463	$30,998
Prince Edward Island	$10,445	$11,208	$20,977	$32,757
Quebec	$9,320	$13,651	$21,867	$30,453
Saskatchewan	$8,883	$11,422*	$21,087	$29,955
Northwest Territories**	$22,163	$27,553	$34,447	$45,567
Nunavut***	$7,782	$10,782	$18,098	$29,561

* Alberta and Saskatchewan have specific programs for persons with a severe disability that is likely to be permanent. In 2018, the maximum income of a person with a disability in Alberta's Assured Income for the Severely Handicapped program was $19,786; for someone in the Saskatchewan Assured Income for Disability program it was $15,789.

** Similar to Yukon, social assistance rates in the Northwest Territories are generally higher than in the provinces to reflect the higher cost of living.

*** Social assistance in Nunavut is lower than the other two territories due to the high proportion of households on social assistance living in subsidized housing. Living costs are reduced through housing subsidies.

In Yukon there are three different providers of social assistance:

- the Government of Yukon;
- self-governing First Nations; and
- the Government of Canada.

All three are guided by Yukon's *Social Assistance Act*. Each provider offers the same basic rates and follows the same legislation. But we heard there are significant differences in how they use discretionary aid. As a result, clients can have very different experiences and receive different levels of support. None of the providers have frameworks for performance measurement, quality improvement, or evaluation.

Yukon has lots of health and health services-related data. Unfortunately, this is not the case for social services. In this area, data collection, management, quality, analysis and reporting are weak. Many jurisdictions across Canada face similar challenges. There are national agencies, like the Canadian Institute for Health Information, that collect health data. These organizations for collecting data and information simply do not exist on the social services side.

Canada does not have a good understanding of social assistance programs and caseloads (3). This holds true in Yukon. Across the different social assistance providers, there is no common agreement on:

- what social assistance support should be for;
- what it is intended to achieve;
- the number of cases; or
- why people need social assistance.

Policy decisions that impact financial sustainability are made at the operational level. They may not always consider high-level impacts on cost drivers. These decisions may not be prioritized against other investment options across the department.

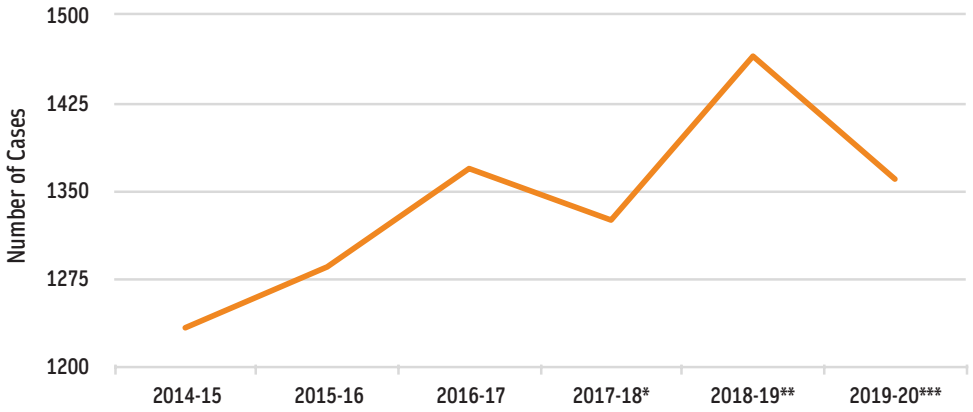
Only a small number of Yukoners need social assistance supports. This makes it easier for Yukon to try new and innovative programs. Yukon can lead Canada in understanding what types of programs and services help people rise out of poverty.

Government of Yukon social assistance caseloads

We heard that the Yukon government and First Nations governments are seeing an increase in the number of social assistance cases. For the Yukon government, the caseload has increased over the past 5 years at roughly the same rate as Yukon's population. A case is a household. One case could represent a single person, a couple, or a single person or couple with children. Most data is presented by case rather than by individual.

Figure 5.3

Annual Government of Yukon social assistance caseloads from 2014-2019



* April 2017 to January 2018
** February 2018 to March 2019
*** April to December 2019

Figure 5.4

Government of Yukon case count for Income Support Unit: 2014-2019

	2014-15	2015-16	2016-17	2017-18	2018-19˜	2019⁺
Caseload* (unique cases)	1233	1285	1369	1325	1465	1360
Unique individuals on social assistance	N/A	N/A	N/A	N/A	2061ˆ	1982
Population of Yukon**	36,667	37,343	37,585	38,455	40,483	41,352
% of population as cases	3%	3%	4%	3%	4%	3%
% of Yukoners accessing social assistance	N/A	N/A	N/A	N/A	5%	5%

* Eligible
** Mid-year population
˜ February 2018 to March 2019
⁺ April to December 2019
ˆ Estimated based on number of households and unit size in each household

Preliminary data analysis shows that most Yukon government social assistance cases start with job loss or unemployment. Even when disabilities are accounted for, some people remain on social assistance for years. However, data collection is incomplete. The Government of Yukon needs to do more work to understand social assistance usage. For example, the government does not have the data needed to understand:

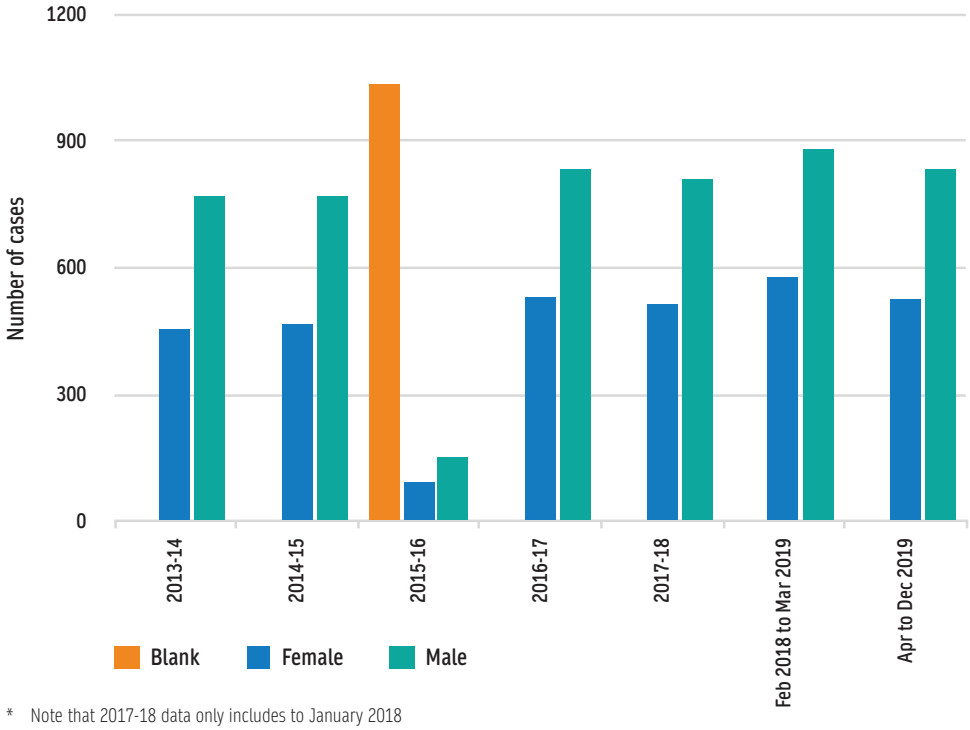
- long-term trends for why people go on social assistance;
- how long people stay on social assistance; or
- what supports people get once they are on social assistance.

Without access to evidence, it is difficult to understand whether programs are meeting the needs of Yukoners.

National data shows that most social assistance cases are single people, especially males (7). This is the case in Yukon as well. Over the past 5 years, single men have continued to be over-represented, making up 61-63% of cases.

Figure 5.5

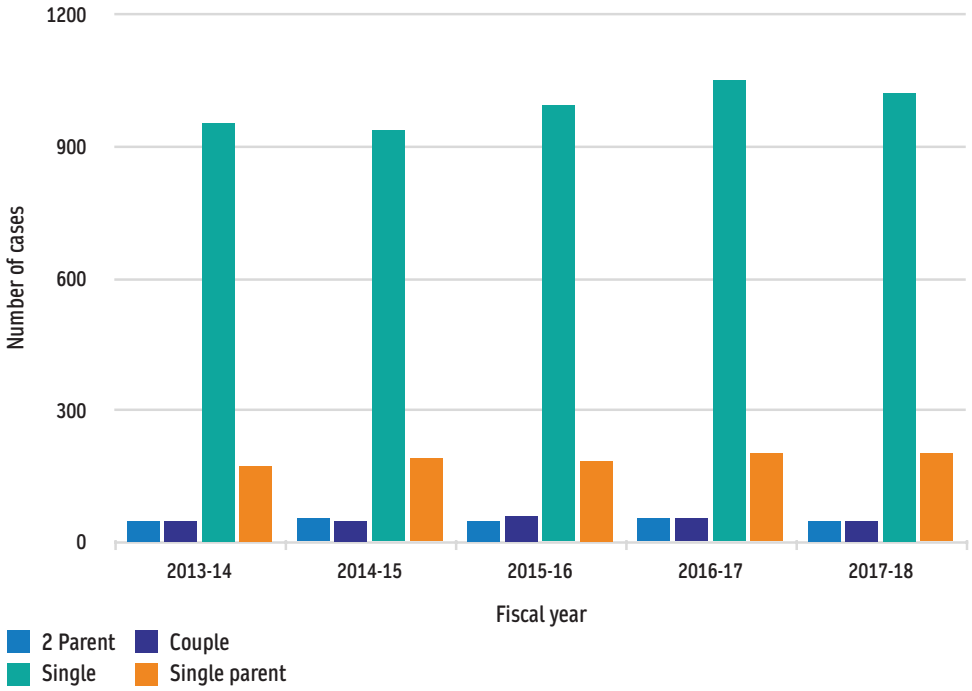
Gender of Government of Yukon social assistance cases over time



* Note that 2017-18 data only includes to January 2018

Figure 5.6

Marital status and family structure of Government of Yukon social assistance cases over time



* Note that 2017-18 data only includes to January 2018

We heard during the public engagement, particularly from First Nations participants, that many men are suffering from a lack of purpose. They may be unable or unwilling to access the support they need. We also heard there is a need to provide employment opportunities and activities that foster a sense of purpose and dignity. These provide a way for people to remain hopeful about the future, and ultimately healthy and well. This concern extended to social assistance and benefits. Many Yukoners feel these programs are not effectively supporting people to access employment opportunities or needed mental health supports.

We know a person's sense of positive identity is tied to a sense of purpose. Many people get this from their job, volunteer activities, and other community-based work (8, 9). When a person reaches out for urgent support it is important to recognize that, while the circumstances are likely difficult or challenging, people are resilient. It is crucial to empower them to work through the situation and return to a place of health and wellbeing.

The government must ensure the social system operates alongside the health system. It needs to provide the client-centred supports people need in emergencies, and health supports for resilience and prevention. To achieve this goal, the first step is to better understand what is currently happening for clients within the health and social system. Improved use of data is critical for progress in this area.

Employment supports

When social assistance clients get back into the workforce, transitional benefits are available. Clients can keep 50% of their earned income before deductions. They can still access benefits such as pharmaceutical coverage (10). Without this transitional support, people face a rapid drop-off of supports. This can put them at risk of entering into poverty.

The combination of loss of extended health benefits, increase in taxable income, and decrease of social assistance payments results in very little net increase in disposable income (and potentially a major decrease if extended health coverage payments are high). This is referred to as the "welfare wall". It strongly discourages people from leaving social assistance for employment (11, 12).

We heard from Yukoners, including not-for-profit organizations that support low-income Yukoners, that "clawbacks" of benefits should not prevent people from re-entering the workforce. We also heard that the health and social system should provide more comprehensive and proactive assistance in helping people find employment.

We know that timely referrals to supportive services are important for Yukoners receiving social assistance. Referrals can:

- engage people with their communities and help them achieve their goals;
- decrease the time spent on social assistance;
- increase workforce attachment and earned incomes;
- reduce the impacts of poverty; and
- empower and enhance individual resiliency (12, 13).

Some of Yukon's existing policies appear to do the opposite. For example, clients with children under six years of age are not required to look for work, something known to decrease workforce attachment.

To make quick referrals, Yukon needs clear expectations for front-line workers and formalized procedures. Front-line workers must understand their client's needs to be able to identify appropriate services. They should then make referrals and ensure clients attend appointments (14).

All case managers employed through the Government of Yukon are social workers. Many other service providers have comparable training. This is a unique feature of Yukon's system. Despite this, it is unclear how providers are working together to refer clients to beneficial services.

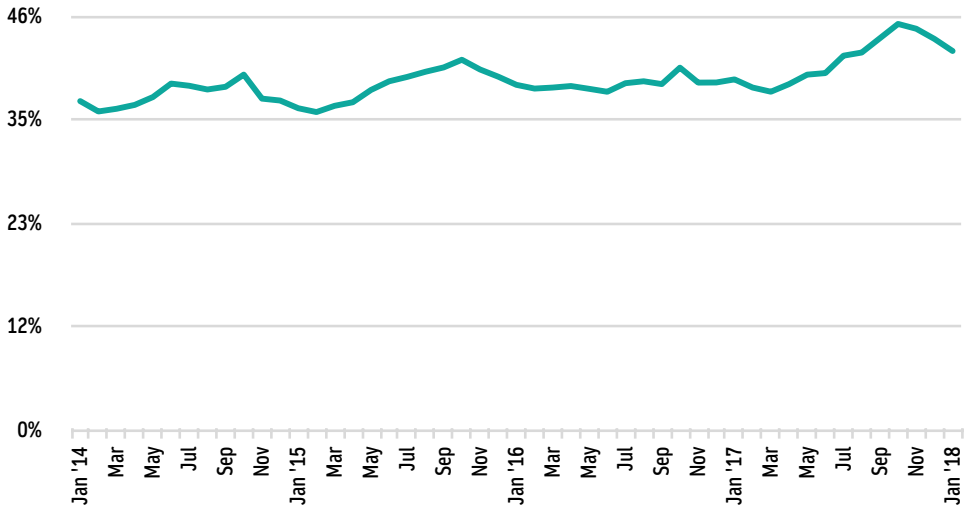
Yukoners with disabilities

The Yukon Supplementary Allowance is Yukon's form of disability benefit. This allowance is an extra $250 per month on top of a recipient's social assistance. It may also include other additional discretionary amounts (10). Unlike social assistance amounts, the Yukon Supplementary Allowance has not been indexed to inflation. It has not seen an increase since at least 2005.

However, the Yukon Supplementary Allowance differs from disability programs in other jurisdictions in Canada. In most places, you need to have a permanent disability to receive disability income. In Yukon, to qualify for the supplementary allowance you must be considered unable to fully work for 12 or more months. Jurisdictions across Canada have seen an upward trend in disability caseloads between 2002 and 2013 (4). This upward trend is also present in Yukon in recent years.

Figure 5.7

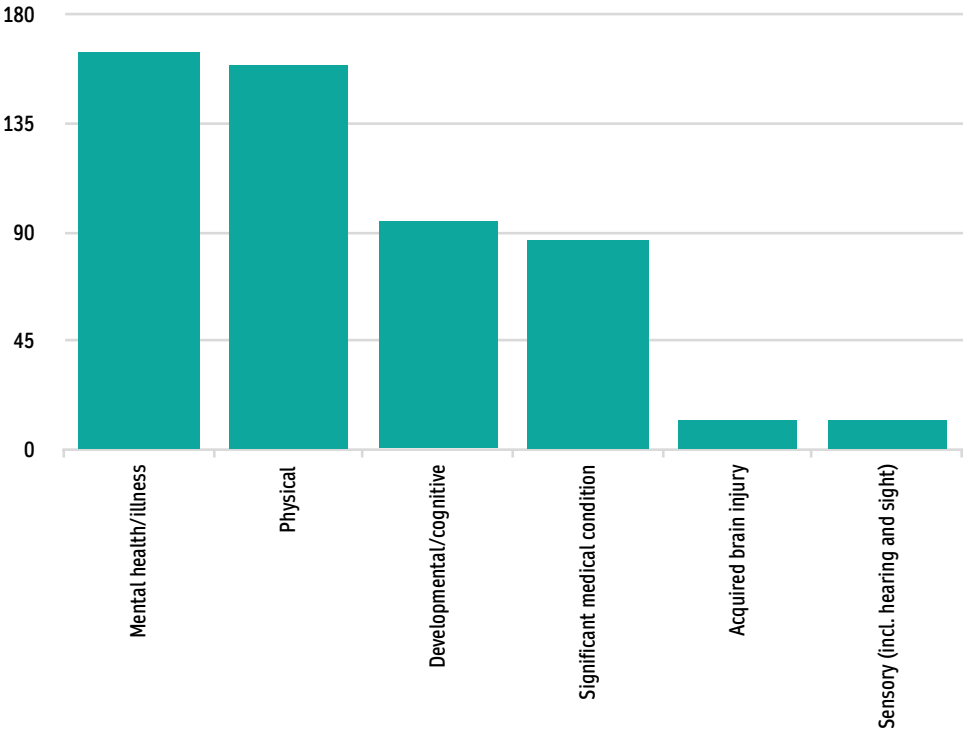
Percent of monthly Government of Yukon social assistance caseload receiving Yukon Supplementary Allowance, January 2014 to January 2018



Approximately 42% of Yukon's social assistance caseload is identified as having a disability and is therefore receiving the Yukon Supplementary Allowance. Comparable data over time is limited, but recent data shows that mental health issues are the most common reason for receiving the allowance. These are closely followed by physical health issues.

Figure 5.8

Number of cases by Yukon Supplementary Allowance disability type
April to December 2019



Yukoners living with disabilities can also access supports through the Government of Yukon's Disability Services program and a range of NGOs and other providers, including:

- the Child Development Centre;
- Teegetha'Oh Zheh;
- the Challenge Disability Resource Group;
- Inclusion Yukon;
- Fetal Alcohol Spectrum Society Yukon; and
- Autism Yukon.

The Government of Yukon's disability services are currently separated into different programs for adults and children. See below for a description of the benefits for each group of Yukoners.

Figure 5.9
Government of Yukon Disability Services

Children Disability Services	Adult Disability Services
1. **Supports for the family** Case coordination, funding for the following: respite, family counselling, sibling care, homemaking services, in-home childcare, discretionary funds.	1. **Supports for the family** Basic social assistance for payment of rent and assistance with food, not-for-profit day programming, funding for respite care.
2. **Supports for the individual** Funding for inclusion support, an inclusion worker for summer camps, applied behaviour analysis worker, training.	2. **Supports for the individual** Direct provision of social assistance and the Yukon Supplementary Allowance for adults with a prolonged disability, referral to employment and training services, referral to housing supports (e.g. from Fetal Alcohol Syndrome Society Yukon). Referral for a community support worker who can provide up to 10 hours per week of assistance with Instrumental Activities of Daily Living (IADL's).
3. **Specialized services** Provided as clinically indicated and may include: occupational therapy, physiotherapy, speech and language pathology, behaviour consultants and one session of camp offered through the Learning Disabilities Association of Yukon, specialized services.	3. **Specialized services** Arrangement for residential placement, arrangement for assessments (such as for Fetal Alcohol Spectrum Disorder). Referral for counselling services.

The mandates, eligibility criteria and services provided in these two programs are not the same. This approach can create difficult and unnecessary transitions in coverage when a Yukoner turns 19 and transitions from children's to adult services.

This transition can cause Yukoners and their families to lose many of the supports and services they rely on, regardless of assessed need or the availability of alternatives. We also heard that more wrap-around services, such as employment training and support in the workplace, are needed for teens and young adults with disabilities. Overall, restrictive eligibility means many Yukoners cannot access existing services they would benefit from.

Housing

Housing is an important social determinant of health and has a large impact on health outcomes (3). It can impact our health in physical ways – exposure to radon or mould or protecting us from the elements. It can also impact our health in mental and emotional ways – providing a safe and welcoming space to live in with our families.

During the public consultations, we often heard about issues related to housing. People told us there is not enough adequate and affordable housing. A lack of housing options also makes it hard to recruit and retain health care providers. Indirectly, this impacts the health and wellness of Yukoners.

The proportion of Yukoners in subsidized housing is almost twice the national average. Across Canada, 13% of households live in subsidized housing. In Yukon, that number sits at 25% (15). This translates to 714 housing units targeted at low-income Yukoners. This suggests the cost of housing is simply too high for too many low-income Yukoners.

We heard positive feedback on the Safe at Home (16) plan. Participants in our public engagement said that it encourages providers across the health and social services spectrum to work together. This complements Yukon's 10-year Housing Action Plan (17). The Housing Action Plan spans the full housing continuum, from housing with services to ownership. Between these two specific Yukon initiatives, we expect that the territory has potential to benefit from federal resources, like funds provided through Reaching Home: Canada's Homelessness Strategy (18).

However, we were concerned to learn that in 2016 approximately 29% of Yukoners were spending 30% or more of their income on shelter costs, ranging from rent to mortgage payments (15). While there are a number of programs to bridge what an individual or family can afford and the actual cost of housing, there are problems with the availability of housing and the number of people who benefit. We were also concerned by the large number of providers who deliver rent supplements.[1]

The cost of housing in the territory is having an impact on the amount the government spends on social assistance payments. Housing-related expenses dominate payments made to social assistance clients in all areas – as core payments, emergency payments, and transitional payments. Shelter-related social assistance payments are increasing faster than the caseload and overall expenditures.

We also heard that hotels are used in Whitehorse to offset housing needs for low-income Yukoners. This is not cost-effective and does not lead to healthy outcomes over the long-term.

Yukon's implementation of the Whitehorse Housing First project is an example of an initiative that helps address the lack of appropriate housing for some Yukoners. This is the beginning of a continuum of low barrier housing that is starting to more appropriately

[1] Yukon University, Kwanlin Dün First Nation, Ta'an Kwäch'än Council, Housing and Community Outreach Services Unit, Victim Services, Yukon Anti-Poverty Coalition, Blood Ties Four Directions Centre, Fetal Alcohol Syndrome Society Yukon, Victoria Faulkner Women's Centre, Skookum Jim Friendship Centre.

address the needs of Yukoners with higher care and support needs. We are also aware there are emergency shelters in the territory. These are an important, but transitional, component of the housing continuum.

Still, access to affordable housing for low-income and vulnerable Yukoners is a real issue. As of January 2020 there were 274 applicants waitlisted for social housing and rent supplements. The waitlist is a dynamic measurement of housing need, and varies considerably from month-to-month.

During the public engagement and through our research, we found there are a number of different housing providers in the territory providing overlapping or duplicated services. For example, the Department of Health and Social Services recently established Housing and Community Outreach Services to support health and housing outcomes for vulnerable clients experiencing homelessness. There may be similar services provided through the Yukon Housing Corporation and not-for-profit organizations. It remains unclear to us whether the department's involvement is appropriate, given the number of providers already working in this field. Again, there is a lack of data to support decision-making around service provision and to determine whether outcomes are improving.

Finally, we saw areas where not-for-profit expertise could be strengthened to improve services. This seems to be influenced by the lack of focused effort and agreement on the full continuum of need. Understandably, Yukon has had limited experience providing housing with services, although this has begun to change.

It is clear the number of different providers, especially within Yukon government, is creating differences in eligibility criteria, case management approaches, policy, administrative duplication, and different benefit amounts for Yukoners. This patchwork approach to housing means that Yukon does not have a common understanding of what supports and shelter benefits are needed, or where future housing investments should be focused to decrease the number of Yukoners in need.

We also heard that some community partners and NGOs do not feel respected or appreciated for their contributions. They feel that Yukon government does not always understand the nuances of their clientele or the services they provide.

Ideally, housing occurs across a continuum and does not focus on a single population. The system should provide options and support for people with a range of incomes, and health, social, and housing needs.

Extended benefits

Some low-income Yukoners said they found it difficult to access extended health benefits beyond what is offered under standard Canadian public health care. One of the gaps specifically mentioned during our public engagement was lack of access to affordable prescription medications. Yukoners without private health insurance benefits through their employers also have more limited access to allied health professionals like counsellors, physiotherapists, massage therapists or occupational therapists.

Access to health care services is an important determinant of health. When services are not publicly funded, access is often driven by income or access to employment benefit plans or coverage connected to enrollment in social assistance. There are public safety nets such as the territorial government's drug plans, but they have eligibility criteria that leave many unable to access these programs.

We heard that the tests for these targeted territorial programs are often inconsistent, resulting in inequities. For example, social assistance clients receive benefits for medical needs, like medications or dental care. Low-income Yukoners who are not social assistance clients, and do not have some other type of coverage (like a group plan through their work), have no extended benefits at all. They may have to choose whether to spend their limited money on medical expenses or on everyday needs, like food.

Extended benefits are provided to status First Nations through the federal government's Non-Insured Health Benefits program. This provides benefits such as coverage for pharmaceuticals, dental care, medical supplies and medical travel.

Food insecurity

Food insecurity is a key determinant of health. Being food insecure increases the risk of developing chronic conditions like depression or diabetes. It is a strong predictor of high health system use and health care costs (19-21). There was widespread concern from rural public engagement participants that nutritious food was expensive and not always available in their communities.

We know there are higher rates of food insecurity in Yukon, and across the territories, compared to the rest of Canada (22, 23). While we know that food insecurity is closely related to income insecurity and the associated inequities (24), it is also more common in households that rent rather than own their own homes (25).

Food insecurity is a complex issue that is also impacted by food systems, including harvest, production, waste, processing, storage, regulation and trade (26). While there is significant work occurring in the territory related to improving food security, not all communities have access to the same food system assets (27).

What we heard

- There is interest in more comprehensive and proactive social assistance that helps recipients find employment, rather than simple financial support.
- There was an interest from participants in some form of guaranteed annual income as a way to simplify social service supports and provide a baseline living wage.
- Social assistance "clawbacks" on income earned above a certain threshold discourage people from pursuing employment opportunities that further self-sufficiency and reduce dependency, in part because of the health and dental coverage that comes with being a social assistance recipient.
- Some participants discussed the cycle of seasonal employment, which can lead to a cycle of seasonal poverty.
- Some participants said that being hopeful about the future is connected to people's health and wellbeing, and it is important to provide employment opportunities and activities that foster a sense of purpose and dignity.
- Gaps in disability assistance coverage exist – which is especially challenging for single people – that encourage recipients to seek "under the table" income.
- Some participants expressed concern that social and disability assistance programs do not effectively encourage and enable recipients to access employment opportunities and stop receiving social assistance.
- Lack of available and high-quality housing, and the high costs of housing, were broadly identified as challenges that negatively impact residents' health and wellbeing and have a broader impact on community social supports.
- Yukoners would like to see housing programs that are better coordinated with other health and social programs and services.
- Participants expressed a need for clarification of roles between the Yukon government and NGOs, and clarity about what each is responsible for and how funding is provided.
- According to the Yukon Bureau of Statistics, approximately 38% of Yukoners do not have access to extended health care benefits such as prescription medications, vision care, dental or allied health professionals, which negatively affects their overall health.
- Participants identified the cost of prescription drugs as an issue, and many expressed general support for more universal drug coverage that will minimize patient costs. Specific feedback included not being able to receive prescribed treatment because the participant cannot afford it.

- Financial coverage for First Nations citizens through the federal government's Non-Insured Health Benefits (NIHB) program imposes a significant administrative burden on First Nations governments and citizens, and payment delivery is not responsive to the health care needs of citizens. There is a desire from Yukon First Nations for the Yukon government to work with First Nations governments and relevant federal government agencies to make these funds more readily accessible to citizens.
- There was widespread concern from rural Yukoners that nutritious food is expensive and not always available in their communities. They also believe this lack of access to healthy foods is leading to increased rates of diabetes and heart disease.

Moving forward

We recommend that the government reorganize disability services and social assistance to better fit with Yukoners' needs and make better use of limited financial resources. We recommend changes in five key areas:

- income assistance;
- disability services for adults;
- resources for families supporting Yukoners with disabilities at home;
- housing; and
- food security.

Restructuring social assistance policies and programs to improve outcomes

Despite the substantial financial resources used on income assistance and other social support programs, there is currently no clear vision or goals shared by all providers. Programs are not supported by strong performance measurement, evaluation and quality improvement processes.

These gaps make it difficult to assess the impact of policies and practices on outcomes for clients. They also make it hard to tell if the program is helping clients transition to greater economic independence and improved quality of life. Current policies are not guided by high quality evidence about client needs and outcomes.

Like a high-performing health system, a high-performing social system should:

- be person-centred;
- offer integrated services;
- pay attention to impacts on the population as a whole, as well as on vulnerable communities;
- set out clear deliverables and objectives;

- measure performance; and
- build quality, sustainability, and effectiveness into the system (28).

5.1 Bring together all social assistance delivery agents to create a common vision for social assistance, leading to the design and delivery of more equitable, effective, easy-to-navigate and person-centred income support programming. This is a necessary precursor for recommendation 5.5.

As mentioned earlier, there are three types of social assistance providers in Yukon: the Government of Yukon, First Nations governments, and the Government of Canada. Each operates with some level of independence. All three have to equally provide certain prescribed benefits outlined in the Yukon government's regulations. The provider then decides how to use discretionary aid, what services are available, and the approach of the program.

A shared vision, mission and goals will ground policy and program changes. The Yukon government should develop this framework with the other providers and key stakeholders. This will foster easy-to-navigate and person-centred program delivery.

Yukoners should receive appropriate supports and services, regardless of who provides the service.

It is important to repeat that Yukon is uniquely poised to be a leader in Canada in the delivery of social assistance. Yukon is a small jurisdiction with comparatively low caseload numbers.

Reactivating the Income Support Reciprocal Agreement Working Group may be the appropriate forum for this work.

5.2 Develop a referral policy and procedure to employment and training services for all individuals on social assistance to determine work readiness and/or vocational planning. Ensure that the current employment and training services are meeting the needs of clients. Retooling these services should also lead to improved outcomes in social assistance duration, workforce attachment, and reducing the overall impacts of poverty.

Being financially disadvantaged for a long time makes it difficult to stabilize your life and return to work. People may need support to improve their situation. The department's Employment and Training Services Unit provides employment and training supports to people with persistent barriers to employment.

It appears that referral rates to Employment and Training Services are low for non-disability social assistance clients. Yukon government will need to determine if this is a result of poor policies and procedures for referring clients, current services not meeting the needs of income support clients, or both.

5.3 Develop a referral policy and procedure for community health services for individuals with medical barriers to work if they are not currently receiving medical treatment.

It is not clear how service providers are working together to help social assistance clients with their medical needs. Lots of things take people out of the workforce, including medical or personal reasons, or maternity/paternity leave. Re-integrating into the workforce after time away can be challenging. Setting goals, developing a supportive case plan and providing supports early is critical to a successful return to work for social assistance clients.

5.4 Create a framework and provide support for data management and analysis for social supports programs. This work should be completed with associated reporting timelines attached, to ensure relevant data is reviewed and reported upon regularly.

In 2018-19, the Yukon government spent almost $20 million on social assistance. Spending on social services more broadly is also increasing. To address this, Yukon needs a framework that identifies and tracks critical performance measures for quality improvement. Yukon also needs to develop indicators to assist with more thorough evaluation.

Adequate data is needed to take action on the social determinants of health (29). Yukon must improve its data quality through consistent data entry and improved structure of data outputs. Yukon needs regular reporting that contextualizes program level data within the larger system (e.g. population level employment, income, and housing data). This will provide a more complete picture of what the social services system is addressing and where it can improve.

5.5 Conduct a program evaluation of social supports, to determine if current practices and policies are achieving program objectives and are cost-effective, and what the most influential factors in entering, staying on, and leaving social assistance are in Yukon.

While preliminary data and policy analysis has begun to provide a clearer picture of cost drivers, processes, and outcomes of social services, much more information is needed. During our public engagement, some organizations expressed concern about the creation of a "welfare culture". This is when there are few incentives to leave social assistance due to the extensive discretionary aid provided. We also know that rapid or significant "clawbacks" act as a deterrent to re-entering the workforce (11).

Due to challenges with data collection at different program levels, little is known about:

- the drivers of social assistance uptake in Yukon;
- why people leave social assistance;
- what services or supports best help people leave social assistance in Yukon; and
- how different programs are working together.

Yukon's social assistance legislation is very broad. This leaves implementation decisions at the discretion of staff. These decisions can vary over time as staff change.

It is common for health and social systems to have a culture that prioritizes front-line interaction with clients. The problem with this is data collection can then be seen as secondary or not so important, or even as "getting in the way". As a result, best practices are framed by anecdotal evidence and conventional wisdom, instead of evidence taken from detailed program evaluation (30).

A detailed review of policies, client experiences, and other available evidence will help government understand how social services can best meet future demand and empower clients.

5.6 Provide funding to NGOs to formally implement free tax clinics for low-income Yukoners to maximize benefits tied to income tax filing. There should also be a coordinated effort to: recruit and train volunteers; offer this service physically and/or virtually in all communities; and advertise these clinics widely so social workers and other health care workers can make referrals.

New child tax benefits are one of the factors contributing to the decrease in the number of lone parents who need social assistance (7). The current social assistance caseload in Yukon reports most of their income from employment wages and the child tax benefit.

Single people may not be accessing tax benefits as sources of income the same way families are. It is possible that singles without children are not aware they are still eligible for tax benefits when they are not working.

An example of this comes from a network of community health centres in Toronto. They turned a $50,000 grant from the United Way into almost $6 million in tax refunds for their low-income clients, money their clients were already eligible for and entitled to (31).

To get these tax benefits, clients need to file their tax returns. This can be a barrier for some people. Partnering with the Canadian Revenue Agency and Service Canada to more broadly implement the Community Volunteer Income Tax Program (31) is a good first step. New Brunswick took a similar approach with their Get Your Piece of the Money Pie program (32).

Free tax clinics in Yukon will help clients on social assistance and other low-income Yukoners to take advantage of tax benefits that may be available to them. Formal coordination will ensure social assistance case workers are aware of clinics and refer clients when appropriate.

5.7 Design and implement a guaranteed annual income pilot, in collaboration with the Yukon Anti-Poverty Coalition, and potential funding partners such as the federal government, health and social research programs and others.

A guaranteed annual income program is an alternative approach to dealing with poverty. It maintains incentives for people to work, develop and contribute to society. In the 1970s, Manitoba ran a four-year guaranteed annual income experiment for families. It showed positive results, including 8.5% fewer hospitalizations for mental illness, accidents and injuries (21).

A type of guaranteed annual income already exists in Canada in the form of Old Age Security and the Guaranteed Income Supplement for seniors. For those eligible to receive them, Old Age Security and the Guaranteed Income Supplement have been shown to reduce food insecurity, improve self-reported physical and mental health, and improve functional health (32, 33).

In recent years, Canada has increased its efforts to better support people living in poverty. Yukon also has a strong income security system, particularly for families. However, we could not determine if those relying on social assistance would be better off through the current program or whether a guaranteed annual income is more appropriate. Working with stakeholders, the Government of Yukon will examine the components of a guaranteed annual income, who will receive the greatest benefit, and how it will be different from Yukon's current programs.

The pilot should be long enough to assess impacts on a range of outcomes including education, employment, income, health status, health care use and economic activity. While the Southern Ontario Basic Income pilot was cut short, there are still many lessons from the design and implementation of this pilot (34).

In March 2020, McMaster University completed a survey and report about client experiences and impacts on their health and wellbeing as a result of the pilot. Respondents noted an improvement in their physical and mental health as well as reductions in use of health services, including physician visits and trips to the emergency department. More than 80% of respondents noted an improvement in their mental health. Given the number of Yukon Supplementary Allowance disability clients with mental health issues, these numbers are encouraging. The report makes a compelling argument to consider the possible benefits of a basic income approach to both health incomes and client experience (35).

Coupled with the potential for reduced administrative burden on clients and the government, and resulting cost offsets through the basic income approach, a guaranteed income pilot is a worthwhile investment.

Provide dental and other extended health benefits to uninsured Yukoners

5.8 Create an income-tested, payer-of-last-resort public plan for extended benefits.

Many Yukoners have some access to extended health benefits through their employer. These benefits cover services like prescription drugs, dental care, vision care, physiotherapy, optometry, and necessary medical equipment. Some people do not have these benefits, which can make it difficult to afford these services.

Going without these health services can cause significant strain. It can lead to poor health outcomes, including pain, poor nutrition, increased risk for certain chronic diseases, and poorer quality of life (35).

A lack of extended benefits is often associated with unemployment, temporary employment and low wage employment situations. This means that people who do not have these benefits through their employer are also the least able to afford paying out-of-pocket for these services. In 2017, an estimated 11% of Yukoners were in a low-income situation, while an estimated 5% of Yukoners were receiving social assistance. Social assistance clients are eligible for extended medical and dental benefits. Low-income Yukoners not receiving social assistance and without a benefits plan through their employer are left with no support.

Evidence shows that low-income Canadians without access to regular dental health services use more health services, including visits to physicians' offices and the emergency department, to deal with dental conditions that would be better treated in regular oral health care settings such as dentists' offices (36).

The Final Report of the Advisory Council on the Implementation of National Pharmacare concluded that lack of access to affordable prescription medicines escalates demand on the health care system that could otherwise be avoided. By increasing access to prescription medication, the government will improve health outcomes, decrease health system use and save the health care system significant money (37).

By developing comprehensive extended health benefits, the Government of Yukon will begin to close the gaps experienced by low-income Yukoners who do not have access to extended benefits. The new program will be income-tested and use a payer-of-last resort model. This means that the plan will not apply to Yukoners who already have insurance. As discussed in Chapter 8, the administration of these benefits will be outsourced to an external service provider to optimize efficiency (see recommendation 8.6).

Improving coordination of non-insured health benefits

5.9 Working with First Nations governments and the Government of Canada, determine how to coordinate the delivery of non-insured health benefits to all Yukoners to ensure consistency in benefits and efficient delivery.

Currently, the Government of Canada delivers Non-Insured Health Benefits, commonly referred to as NIHB, for status First Nations citizens. The Government of Yukon

delivers similar types of benefits, such as coverage for pharmaceutical benefits and medical travel, for all other Yukon citizens.

These two programs are not aligned or not well coordinated. Each government decides which benefits it provides. This means family members living in the same residence could have different benefits and varying means of access. This creates confusion and frustration.

We heard stories from many Yukoners about the need to improve coordination of benefits and to take a person-centred approach. We need to focus on delivering the health and social services that Yukoners require and figure out who is going to pay later. In this way, Yukoners will not be left without critical services when they need help.

By coordinating the delivery of benefits, governments will ensure Yukoners have consistent access to necessary programs and services that support their overarching health and social services needs. This includes benefits programs such as medical travel and pharmaceutical coverage.

Improve disabilities supports for individuals and families

5.10 Create a separate, stand-alone disability benefit for those with permanent disabilities. Leave the Yukon Social Assistance top-up in place for individuals with short-term disabilities, who generally have higher expenses than the average social assistance recipient.

We heard about the inequities and challenges people with disabilities face. People with disabilities often face lifelong barriers, such as negative stereotyping, discrimination, and social and economic isolation.

Depending on the nature of their disability, individuals may move in and out of the labour market at different points or may be unable to work at all. For many people, social assistance is their "first resort" for income. This is particularly true when their financial needs are not met by other government programs, private plans or workplace injury plans.

Providing a stand-alone disability benefit for those with permanent disabilities will end the need to periodically requalify for social assistance. Requalification is required under current legislation. This approach will also reduce stigma and administrative work, as well as simplify the process for Yukoners.

Recipients will continue to have access to a case coordinator and an individualized support plan. These resources will connect them to other services and benefits they may need, like employment supports and financial assistance for expensive, medically-necessary supplies and equipment.

5.11 Increase the disability top-up amount to $325, to reflect inflation since 2005, and index disability income to inflation going forward.

The current top-up amount has been in place for at least the past 15 years without a cost of living adjustment. If the cost of living was applied to the 2005 rate of $250, the adjusted rate in 2019 would be $317.

In 2015, the Canadian average for disability top-up was approximately $300. Applying a cost of living increase, the adjusted amount for 2019 rates would be $323.

Setting the rate at $325 and applying an annual cost of living increase will ensure that the rate remains consistent with future cost of living adjustments. It will also fix the lack increases since 2005 and put Yukon in line with the Canadian average.

5.12 Combine Adult Disability Services and Child Disability Services into one needs-based program and develop a new eligibility and assessment framework for services based on the needs of adults and children with disabilities.

Adult Disability Services has much narrower eligibility than Children's Disability Services. This has created gaps in service.

As one example, Yukoners who acquire traumatic brain injuries before the age of 19 are eligible for Adult Disability Services. Those who acquire one after the age of 19 are not. Restrictive eligibility means there are services Yukoners would benefit from but cannot access.

Combining the two programs will also remove the age limit for Children's Disability Services. This will allow case managers to transition services at the appropriate time for Yukoners and their families. Children will still need much more resources as they develop. But this change will allow services to taper off when individuals are assessed as ready, rather than simply when they turn 19.

Needs-based eligibility requirements will place a greater emphasis on assessments in determining eligibility. As such, it is critical that the assessment tools used are considered accurate and fair by Yukoners and staff.

5.13 Expand the mandate of adult programming to cover a broader range of disabilities and create new services, as appropriate, to meet the needs of this expanded adult service population.

It is anticipated that, under a single disability services program with needs-based criteria, more adults will be eligible for services. Eligibility for adult programming is currently restricted to intellectual and developmental disabilities.

Needs-based eligibility will expand access to Yukoners with physical, neurological, and sensory disabilities. For example, in the future, programming could include specialized life skills or employment training delivered by the program or through partnering organizations. Ideally, new services will be co-designed with existing and potential clients.

5.14 Provide self- or family-managed care funding to enable adult Yukoners with disabilities to live at home for longer.

Many adult Yukoners with disabilities live with family members or independently in their own homes with, or without, support. Circumstances can change over time. At some point, individuals, or their families, may need more support to ensure they can keep living at home.

When those supports are unavailable or unaffordable people look to government for alternatives. Disability Services currently funds or operates a continuum of housing options for adult Yukoners with disabilities. These options are primarily focused on individuals with cognitive and intellectual disabilities. These housing options are often much more expensive and much less person-centred than supporting Yukoners at home.

Providing a self- or family-managed care program will provide individuals with a disability, or their families, with funding meant to prevent or delay the need for an alternative housing option.

This program will pay for eligible expenses such as:

- personal care;
- homemaking services;
- support for community living; and
- quality of life measures (e.g. activities and therapies).

Similar self-managed or family-managed care programs are fairly common in other Canadian jurisdictions (38).

Better coordinate housing programs and services, including not-for-profit housing related contracts

5.15 Align Government of Yukon housing initiatives under one provider, including management of NGO services for Yukoners requiring housing supports.

In recent years, capacity and resources to support people to achieve and sustain housing stability has increased. However, demands for a continuum of housing and difficulties coordinating services highlight the need for service providers to integrate services.

Addressing the housing needs of Yukoners requires multiple approaches and overarching leadership through one provider. In partnership with stakeholders and partners, this provider will lead the identification, coordination and implementation of housing needs for all Yukoners with a focus on low-income and vulnerable Yukoners. Where partnerships are more appropriate (e.g. with public health), this provider will be positioned to offer the necessary clarity and continuity in the administration of priorities, such as efforts to reduce radon.

It is anticipated that this alignment will result in more appropriate:

- coordination of data;
- funding priorities (including housing-related not-for-profit agreements);
- quality assurance; and
- prioritization of actions to support Yukoners most in need.

This includes improving implementation efforts of Yukon's housing related strategies and opportunities to directly address poverty reduction initiatives.

An example of a coordinated housing approach, which could be led by a single agency with contributions from all partners and stakeholders, is the Wheelhouse Model of Housing developed by the City of Kelowna (39). This model does not look at housing as a linear journey. Instead it reflects the reality found in Kelowna where, over their lifetimes, people move between different types of housing in a varied, non-linear way.

5.16 Implement a By-Name List to improve coordination among service providers and reduce homelessness in the territory.

A By-Name List is a real-time list of all people experiencing homelessness. It includes a robust set of data that support coordinated access and prioritization at a household level, and a system understanding of homeless inflow and outflow. This real-time actionable data supports triage to services, system performance evaluation and advocacy (for the policies and resources necessary to end homelessness).

A By-Name List by all housing providers will allow Yukon to more effectively address housing needs for the most vulnerable.

Work to reduce food insecurity in Yukon

5.17 Work with partners to increase investment in infrastructure and programming for community food hubs in all Yukon communities.

A lot of work related to food insecurity is underway in the territory between partners and stakeholders. However, there is still much to be done. The Government of Yukon has already produced a Local Food Strategy (40) and there is an opportunity for the health and social system to contribute to the collective actions of Yukoners to address this serious health issue.

While food banks offer a valuable service to communities, many municipalities are moving towards empowering and non-stigmatizing models of increasing access to healthy foods. Food hubs not only focus on providing food to those who live with food insecurity, but also on food literacy, food preparation and storage, social connections, advocacy, and promoting the production and consumption of local food (41).

Food hubs promote common values such as the right to adequate access to healthy and culturally appropriate food, building community through food, and strengthening the

local food system through their work. Common characteristics of food hubs will include a kitchen, storage, growing, programming, partnerships, community food sharing, and governance. Food hubs can be shaped to the differing food system assets in communities across Yukon (27).

Food hubs were recommended as an alternative to the food bank model during a Yukon food security roundtable in 2016, which brought together stakeholders from across the food system (26). Food hubs in other jurisdictions have been successful at facilitating collaboration and coordination between existing food organizations, as well as building community through physical and organizational spaces (42). When staffed, they may also offer employment opportunities in communities where few options exist.

Examples of work undertaken by, and at, food hubs include:

- family dinner nights;
- neighbourhood seniors' dinners;
- cooking and processing workshops;
- fundraising;
- supporting farmers' markets and community gardens; and
- reducing waste throughout the food system.

Food hubs also offer an opportunity to build on existing food security initiatives, further strengthening food security in Yukon.

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Chapter 6 – Creating a high-performing health and social system

Chapter 2 describes how we want Yukoners to experience care in the future. This chapter describes why the system must change to bring Yukoners the integrated and accessible care they are asking for, why we are proposing an entirely new governance structure for Yukon's health and social system, what that will look like, and how to change Yukon's primary health care system so it becomes more integrated, coordinated, and efficient.

The case for change

The current health and social services system is better described as a collection of separate organizations. They are all focused on delivering good care to their clients, but they work in silos, independent from each other.

Throughout the engagement process, we heard stories of well-respected health and social professionals working in a complex and challenging system. Despite this, there are some areas of collaboration between service providers. Many organizations work hard to connect with their partners to improve health outcomes and experiences for their clients. However, because of the way Yukon's health and social service system is set up, these connections often happen informally, if they occur at all.

Many organizations in the system have their own vision, values, mission and goals. These are unique and usually focused on their own part of the system. They are not always clear on what their relationship is with other service providers, or who they are accountable to. They may not know how to measure whether they are being successful, or if their clients are finding needed services in other parts of the system. Some may feel the system prevents them from providing the type of care their clients want and need.

Without a unifying vision, shared forums for discussion, or real incentives to work together, it becomes extremely difficult to address systemic issues and come up with common-sense solutions. Without formal ties between providers, those working in the system must struggle to develop meaningful, collaborative relationships with each other. Even then, it is almost impossible to follow and support clients as they access the system in different places.

The result is what we described in Chapter 2: Yukoners frustrated at having to tell their story again and again and again; Yukoners who end up in hospital over and over when what they need is more support in the community; different providers arguing while people fall through the cracks.

In the end, it is largely the design of the current system that is preventing providers from integrating and collaborating, and keeping Yukon's care providers from achieving what they set out to every day: keep Yukoners well and leading fulfilling lives.

Below we describe what we see as the major issues of governance, organization and management within Yukon's health and social system, and then move on to our recommendations. We set out to highlight why system-level changes are key to giving

Yukon's providers the opportunity to deliver the type of person-centred, holistic care we outlined in Chapter 2.

The system today

Unlike most other jurisdictions in Canada, the Department of Health and Social Services directly delivers many health and social services that it funds and regulates in the territory. The department provides a wide variety of services, including:

- local nursing services through community health centres;
- mental health and substance use services, including residential detoxification, treatment facilities and individual counselling;
- long-term care;
- home care;
- services to children and adults with disabilities;
- social work support services (not income support);
- chronic disease management;
- disease prevention and health promotion;
- environmental health; and
- medical evacuation services and scheduled medical travel.

The department also administers Insured Health Services, Family and Children's Services, and Income Support Services. In addition to providing services, the department also plays the more traditional role filled by other provincial and territorial governments: providing system direction, oversight, performance management and a broad vision through the territory's *Health Act*. While the department plays this role in theory, in practice, the oversight function covers only some areas of the system, meaning it has a limited ability to influence some of the system players.

The government also holds contracts with dozens of non-governmental organizations (NGOs). These NGOs deliver a broad range of programs and services. Some providers from the NGO community raised concerns with us about government duplicating services. Duplication can create confusion for clients, different entry paths and different standards of care, depending on how clients are accessing the system.

Three hospitals in the territory provide hospital care services. The Yukon Hospital Corporation (YHC) manages all hospitals and operates at arm's length from the government. The corporation reports to a board of directors appointed by the Minister of Health and Social Services and provides an annual report to the Minister.

Some Yukoners see hospital care as a strength of the system. If you get sick, you will usually receive very good care from competent professionals. However, other Yukoners raised serious concerns about the lack of collaboration between hospitals and other care providers, and Yukon Hospital Corporation's practices for discharging patients.

The government also negotiates physician contracts with the Yukon Medical Association. Most physicians in the territory are paid for each service they provide. This compensation model is known as fee-for-service. Many other jurisdictions across Canada and around the world are moving to different ways of paying physicians (1). Alternative payment models, such as salary or contract, make it easier to provide more collaborative, integrated care, particularly in primary health care settings (2).

During our public engagements, we heard stories from Yukoners, including care providers from different disciplines, and clients. Many raised frustrations with the fee-for-service model. One care provider in the territory described fee-for-service as the enemy of collaborative care. They said it encourages short, illness-focused appointments, rather than a holistic, whole-person approach to care.

As discussed in Chapter 3, Yukon communities without a hospital or a resident doctor receive their primary health care from expanded scope registered nurses who work for the Department of Health and Social Services. They run daily clinics, support community health programs, and provide care in emergency situations. That Yukon already has facilities and nursing staff work with an expanded scope in eleven communities is a strength of its primary health care system. On the other hand, the community nursing staff are too often working in isolation from other parts of that system, and would benefit from greater interprofessional and technical support as well as sharing of more information on best practices and opportunities for improvement.

The fact remains that providers in different parts of the system belong to different organizations. These organizations have different goals and financial objectives. Providers are accountable to different leadership and are managed differently. This separation means that the parts of the system are not always working together. As a result, people's long-term health and wellness can suffer.

We heard concerns from people across the territory about coordination between service providers. A lack of coordination means that clients are often falling through the cracks. Sometimes clients stay in hospital longer than needed or are discharged without access to services they need to recover (3). We heard about the government's community health centres and mental wellness services located across the street from one another but operating completely independently. This is inefficient and creates poor experiences for Yukoners.

Some participants in the public engagement, including representatives from NGOs and health care professionals, believe that the government is in a conflict of interest. In its role overseeing the system, the government makes decisions on funding and policies that apply to both its own employees and to non-governmental parties. Government is also responsible for holding providers accountable for performance, but many question whether it holds its own

employees and agencies to the same standards. Whether or not the government is in a substantive conflict of interest, it nonetheless remains true that it is extremely difficult, perhaps impossible, for the government to hold itself at least as accountable for the services it delivers relative to the services delivered by NGOs and other non-governmental providers. This is one of the reasons we recommend all front-line services be administered and delivered by Wellness Yukon, at arm's-length from government.

In some parts of the system, data collection is impressive. The Government of Yukon and the Yukon Hospital Corporation are active in providing hospital data to the Canadian Institute for Health Information (CIHI). Some Yukon data is publicly available through CIHI's Your Health System (4), which shows comparisons with Canadian averages. Yukon's health and social system is data rich, with a number of electronic health information systems in place that support the collection of related data.

However, Yukon does not have a comprehensive performance management framework and other areas of the system do not use, collect, monitor and report on data in the same way. There is no overall strategy on targets, measuring progress, and health and social outcomes. Data on population health and social determinants of health are not used consistently across the system. See Chapter 7 for a broader discussion on the use of data and performance measurement.

What we heard

- Within Yukon's health and social service system there are a number of providers that are collaborating well. These include the Dawson Interagency Group, Dawson City Community Hospital, Whitehorse Complex Needs Committee, the social pediatric model, various front-line NGOs, existing services for adults and children with disabilities, and organizations serving the territory's youth population.
- We heard that there is some support from physicians to move away from the fee-for-service model towards an alternative payment method to better support collaborative, person-centred care.
- 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.
- Participants suggested that some aspects of the health and social services system, particularly the hospitals, are not community or culturally appropriate.
- Feedback suggests there is too much focus on hospital care, while large gaps in services remain for people with complex needs.
- 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.

- 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.
- There are misunderstandings preventing good care that need to be addressed. One example is the *Health Information Privacy and Management Act*, which is not well understood by all care providers. This can mean that providers are not always sharing information when needed, reducing the quality of care.
- The current fee-for-service model for physicians is perceived as a more transactional method of care that is counterproductive to holistic care. Interaction time with general practitioners is sometimes limited to 15 minutes or less and to one issue at a time. This situation is perceived to negatively impact Yukoners' patient experience and quality 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 use fee-for-service for care 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.
- We heard the system does not use telehealth effectively to reduce unnecessary travel or provide care closer to home.
- There is a desire to see more people who live in communities be hired to work in their communities, particularly First Nations citizens. Employment is seen as an important pathway towards wellness.
- 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.

Moving forward

As discussed in Chapter 1, we recommend the development of a new approach to the delivery of health and social services in the territory, an intentional whole-system redesign.

What we describe below is our vision for what this new approach will look like once it becomes a functioning system operating in every Yukon community. Many of the pieces were essential to the success of Southcentral Foundation's Nuka model of care, which inspired our recommendations (5). They must be implemented as a package or the whole plan will be at risk of failure.

That said, there are some items we discuss in more detail that are meant to help the reader imagine how the system may look one day. We do not mean to say everything must be done exactly as we have described. Instead, many details will require considerable dialogue with communities and stakeholders before they can be finalized. We have tried to point out below where our descriptions are meant only as an illustration.

In Chapter 1, recommendation 1.2 was to create a new public organization responsible for the delivery of health and social services in Yukon, including hospitals and long-term care facilities. We call this new organization Wellness Yukon / Bien-être Yukon / Shäw Kwä'ą. However, we encourage the Government of Yukon to work with the Yukon public to develop a name and identity that is meaningful to all.

Wellness Yukon will bring the delivery of health and social services under one roof, increasing accountability, improving health outcomes for clients, creating better value for money and improving the experiences of clients and providers. In essence, it will help Yukon achieve the Quadruple Aim.

Such an organization will have the following responsibilities:

- Integrating primary health care and social services into a team-based approach that puts client-owners and their first contact for care at the centre of the system;
- Managing institutional care, including hospitals and long-term care facilities in the continuum of care;
- Coordinating out-of-community care and services, whether in-territory or out-of-territory, including managing medical travel and coordination for specialist and hospital care;
- Managing one funding stream, bringing together all aspects of care across the health and social system;
- Implementing a population health approach across the health and social services system;
- Involving local community members in planning for the health and social services each community needs to ensure wellness for all citizens;

- Continually measuring, monitoring and evaluating performances in terms of health and social outcomes, client-owner responsiveness and satisfaction, cost effectiveness, quality of care and coordination, including timeliness; and
- Developing partnerships with First Nations governments and NGOs to coordinate delivery of services in communities.

These extensive responsibilities are essential for Wellness Yukon to successfully implement holistic, whole-person care in a way that has not been done in Canada before.

Some of these responsibilities go beyond what health authorities have been assigned in the rest of Canada. Wellness Yukon will differ from health authorities in the rest of Canada in two key respects:

- The full integration of primary health care with other forms of care, supported by a change in how physicians are compensated; and
- Registration of the entire Yukon population with a primary health care team, with teams expected to establish enduring relationships with the client-owners they serve and held accountable for their collective health.

By bringing all of these elements together under one management structure with one budget, the territory has the opportunity to create a truly integrated health and social services system that is responsible for coordinating and delivering health and social services under one vision. Wellness Yukon will have the capacity and breadth to maximize system resources, reduces silos, eliminate current gaps, avoid current overlaps and duplication, and create system efficiencies. Establishing Wellness Yukon will create stronger accountability for achieving the Quadruple Aim.

We looked at many other options for achieving the changes to care and client experience described in Chapter 2. Some would have involved smaller changes to structure and governance of Yukon's health and social system. We also know there is a risk too much attention and energy will be directed towards creating a new organization instead of achieving the real goal of changing how Yukoners experience care.

While acknowledging these risks, we have concluded that such structural changes are needed in order to make real progress on improving care. As an arm's-length organization, Wellness Yukon will end the government's conflict of both delivering and overseeing services. It will also give Yukoners more of a direct say in how the health and social system is designed (recommendation 6.1). Most importantly, it will bring together the management and delivery of all health and some social services in the territory. These services will be delivered directly by Wellness Yukon and its contracts with NGOs and other potential providers. It will also work with First Nations governments to better support their work in delivering services in their communities.

The department's role in the health and social system will be to provide strategic leadership and leave service delivery to Wellness Yukon. Ending its role in service delivery will allow the department to focus instead on maintaining standards and accountability and ensuring value for money in funding public-sector health and social services.

While creating this new organization is a necessary step, it is not all that needs to be done to make the changes envisioned in this report. To achieve the aims we have set out for it, this new organization must also:

- make Yukoners client-owners and create strong relationship-based care, as discussed in Chapter 2;
- transform the delivery of primary health care and fully integrate all health and social services;
- bring Yukoners and communities into the governance process;
- make major changes in how different professions and parts of the system relate to each other (recommendations 6.4 and 6.5); and
- change the vision and create a culture that does everything to help Yukoners as early as possible and puts their needs at the centre of decision-making.

Putting this vision into practice also requires a major shift in culture and attitude. It is going to take transformative, visionary leadership at all levels of Wellness Yukon. Yukon will need the expertise of individuals who have been involved in large-scale organizational changes to make it happen.

Recruiting the future leadership team will be critical to Wellness Yukon's success. Yukon will need to recruit people with experience in high-level leadership positions within the health and social fields to build the right executive team.

We want to emphasize that the creation of Wellness Yukon is about transforming the health system away from its current institutional focus, with its high investment in hospital and long-term care facilities, towards person-centred, holistic and relationship-based care, delivered as close to home as possible. As a result, the new leadership needs to have extensive experience in managing a system centred more fulsomely on primary health care.

The new leadership team will set out a path for change. It will make a plan to support all of the providers currently working hard to provide great care in Yukon through this transformation. It will work hard to help everyone working in our system understand the reasons for change and to promote buy-in to the new vision.

Create one vision that drives the whole health and social services system

6.1 With Wellness Yukon acting in a leadership role and engaging client-owners and care providers, create one vision and core principles for the health and social services system to ensure that everyone working within the system clearly understands the vision, their role and key responsibilities.

At the heart of Wellness Yukon will be one compelling vision for everyone working within the system, focused on delivering high-quality services to its client-owners managing the entire delivery system.

With one set of guiding principles for everyone, Wellness Yukon will set a clear course, with client-owners in control of their care, and regular and ongoing opportunities for feedback and measuring satisfaction.

Wellness Yukon will contract out some key service delivery areas to interested NGOs and First Nations governments. Some of these organizations and governments are already important players in delivering services to thousands of clients across health and social services and bring an expertise and knowledge that is critical to the success of the system.

Wellness Yukon uses a new term for Yukoners: client-owners. This is to recognize that, anytime they interact with Wellness Yukon, Yukoners are, all at the same time:

- being served as clients;
- have ownership over their own care choices and their own wellbeing; and
- are the collective owners of Wellness Yukon, and share responsibility for its success.

Implement strategic planning at the system level and engage communities in planning at the local level.

6.2 Create a rigorous annual planning cycle with robust processes to translate the strategy into action, driving purposeful decision-making and accountability. Incorporate system-level data into strategic plan processes to ensure evidence is driving system planning. Use evidence and community engagement to plan services that are delivered in the community or as close to the community-level as possible.

Also see recommendation 3.1 on community-based planning.

Wellness Yukon needs a rigorous process to do strategic planning at the system level and create one strategic plan for the entire organization. Planning will be done annually, using data and engagement as its backbone. The planning process will bring all elements of the system together, using their collective input to make decisions that are in the best interests of client-owners and the system as a whole, rather than individual providers.

All of the feedback, performance and quality measures, and population-level data will be evaluated (see Chapter 7). Yukoners, as clients and as owners, and their communities will set out priorities through annual gatherings, planning surveys and community meetings. Employees and external providers will have similar forums for providing input.

Boards and committees with representatives from all of these groups will actively shape the planning process, working to create a comprehensive plan that provides clear direction on where Wellness Yukon is heading. Each community in Yukon will have a

local community advisory board to give input to Wellness Yukon on the types of services it might want to see provided in their community, as described in Chapter 3. Finally, Wellness Yukon will communicate back what it heard, and what changes are being made as a result.

Lastly, a key component of the planning process will be the connection of the budget planning process so that investment decisions, like strategic direction, are determined at the system level, rather than the individual provider level as happens now.

This "joined-up" approach will reduce the silos and disconnects that are a part of the current system by bringing together all providers, focused on achieving system goals (5).

Include system users in the development and improvement of services

6.3 Develop an engagement and experience team to involve Yukoners in designing, implementing, evaluating and improving programs and services.

An important part of this new system will be designing and offering relevant services and working with Yukoners to improve them. An engagement and experience team will work with the people using services in the planning, design, improvement and evaluation of programs and services. The engagement and experience team will initially be located within the Department of Health and Social Services. It will move to Wellness Yukon when the new organization is created. The engagement leads will support work across the department and with partner agencies, including the new evidence and evaluation unit imagined for the Department of Health and Social Services (see Chapter 7).

Provide integrated primary health care.

6.4 Create integrated polyclinics and a community health care network to provide extended primary health care services and link client-owners with additional services as required. The establishment of a bilingual primary health care team(s) in a Whitehorse polyclinic is a recommended step in implementing this model.

6.5 As an interim measure while developing Wellness Yukon, hire additional nurse practitioners where needed to increase access to primary health care providers in the communities and in specialized clinics.

6.6 Encourage all providers in the system to work to their full scope of practice and remove barriers, such as lack of hospital privileges for nurse practitioners, to achieve this. This may include regulatory barriers or organizational culture barriers. Expand the scope of practice for specific professionals where it makes sense to support the work of integrated teams.

Wellness Yukon will combine many of Yukon's primary health care services and deliver them through polyclinics in Whitehorse (fig. 6.1) and a community health care network ("community network") (fig. 6.2) in the rest of Yukon. A polyclinic will provide both general services and more specialized services under one roof and will have more specialized infrastructure including diagnostic equipment.

The polyclinics in Whitehorse and the community network will be structured and operate very similarly. The only major difference is services in the Whitehorse polyclinics will be located in the same building, while services in the community network will be spread out among the communities outside of Whitehorse but remain closely linked to the polyclinics using virtual connections.

As both the polyclinics in Whitehorse and the community network will be organized in a similar fashion, we start by describing how the clinics and care teams will be organized in Whitehorse, then follow with how the model might work in the communities in the rest of Yukon.

Whitehorse

In Whitehorse, Wellness Yukon will operate five new polyclinics, responsible for delivering primary health care. A polyclinic is a clinic or health care facility that provides both general and specialist examinations and treatments for a wide variety of diseases and injuries to outpatients, outside a hospital.

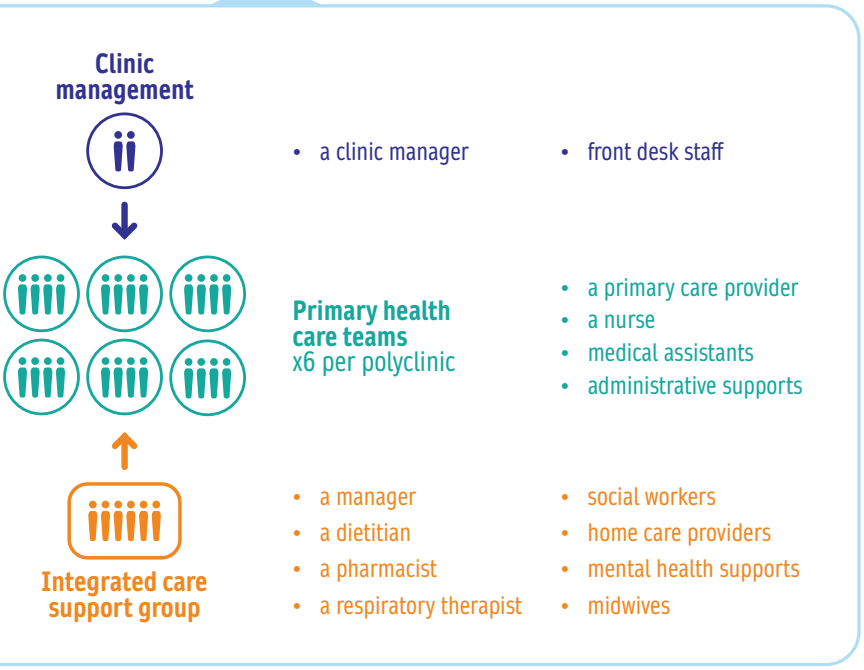
As described below, each of these polyclinics will include six primary health care teams. Each team will serve a defined (rostered) population. These primary health care teams will include a doctor or nurse practitioner, as well as a compliment of support staff including a nurse case manager, a medical assistant and appropriate administrative supports.

This means that over time, doctors' offices will transition from being small, private businesses to being part of Wellness Yukon. They will be compensated through an alternative payment method, which may include salary, instead of being paid for every visit or service they provide (see recommendation 6.5). The new clinics will provide access to different services and different types of care professionals. They will be larger than the doctor's offices most Yukoners are used to today.

As described in Chapter 2, the primary health care teams will often be the first people Yukoners see when they go for a check-up or are looking for medical advice, much like when they visit a family doctor today. The team will also be responsible for making sure Yukoners connect with other health and social services as needed.

Figure 6.1

Polyclinic



One polyclinic covers
7,800–8,400
Yukoners

One primary health care team covers
1,200–1,400
Yukoners

5
polyclinics located in Whitehorse

The primary health care provider may be either a physician or nurse practitioner. The nurse will provide clinical care and will also act as a case manager, ensuring care is coordinated and effective. The medical assistants will help to support the physician/nurse practitioner as well as the nurses in their clinical activities. The administrative staff will be responsible for both office administration and helping enter information into the electronic medical record.

In the future, it may also make sense to have mental health resources attached to each primary health care team. For now we have placed these professionals in the integrated care support groups, but this may change as Wellness Yukon responds to the needs of the community.

Each profession will be expected to work to the top of their professional scope. All team members will have their desks together. By sitting together, they can consult with each other on cases and coordinate as a team. This means doctors more often engage directly with team members, instead of other doctors.

Yukoners who are used to seeing a doctor every time they go to a clinic will notice many visits now involve conversations with other care professionals instead. One of the main benefits of this is teams will aim to keep up to 60–70% of available clinic time unscheduled. This will allow for more walk-ins and same day service, meaning Yukoners will no longer have to wait to see their primary health care provider (5).

Each of the polyclinics in Whitehorse will bring together six of these primary health care teams (fig. 6.1) as well as an integrated care support group. Clinic operations will be overseen by a clinic manager. In addition to running the facility and supervising the front desk staff, the clinic manager will be responsible for general coordination between all six primary health care teams and the integrated care support group.

Each integrated care support group will include:

- a manager;
- a dietitian;
- a pharmacist;
- mental health supports;
- social workers;
- home care providers;
- respiratory therapists;
- midwives (once the profession is regulated and fully developed); and
- other health care professions as appropriate.

This group will be available to support each of the six primary health care teams in their clinic. The integrated care support group may provide advice to the care professionals on any of the six care teams, and at other times may work directly with the Yukoners who come to the clinic. Sometimes the members of the integrated care support group will be looking at data on how the clinic operates or the health of all of the Yukoners attached to the clinic, and may try to find ways for the teams and the clinic to provide better services.

In addition to the integrated care support group, the primary health care teams may access specialist services such as cardiology, audiology, obstetric-gynecology, orthopedics, pediatrics, ophthalmology, ear/nose/throat, neurology, psychiatry, and nephrology. These specialists will be located in specialist clinics outside the polyclinics. The overall goal is to reduce the number of specialist referrals, with the primary health care team working closely with specialists to receive support and advice through consultations. This will allow the primary health care team to remain closely connected to delivery of care to the client-owners they serve.

At the beginning we expect that Whitehorse will need five polyclinics, although a sixth may be added in the future as the population grows.

While this is how we envision the polyclinics and the primary health care teams will be organized, Wellness Yukon will have to settle on many of the details after consulting with community members and providers.

Community health care network

Yukon's smaller communities will also see changes in how they access care and will benefit from more integrated care. To begin with, community health and social service providers will merge into a single, coordinated unit. Facilities will change so teams in the community can share the same space, as this is key to the successful integration of care. Over time, the teams and facilities will adapt to the changing types of services offered and providers working in each community.

All of the primary health care services delivered in Yukon's communities outside of Whitehorse will be organized and connected as a single community health care network (fig. 6.2). This network will function quite similarly to the Whitehorse polyclinics, apart from not being located in the same place.

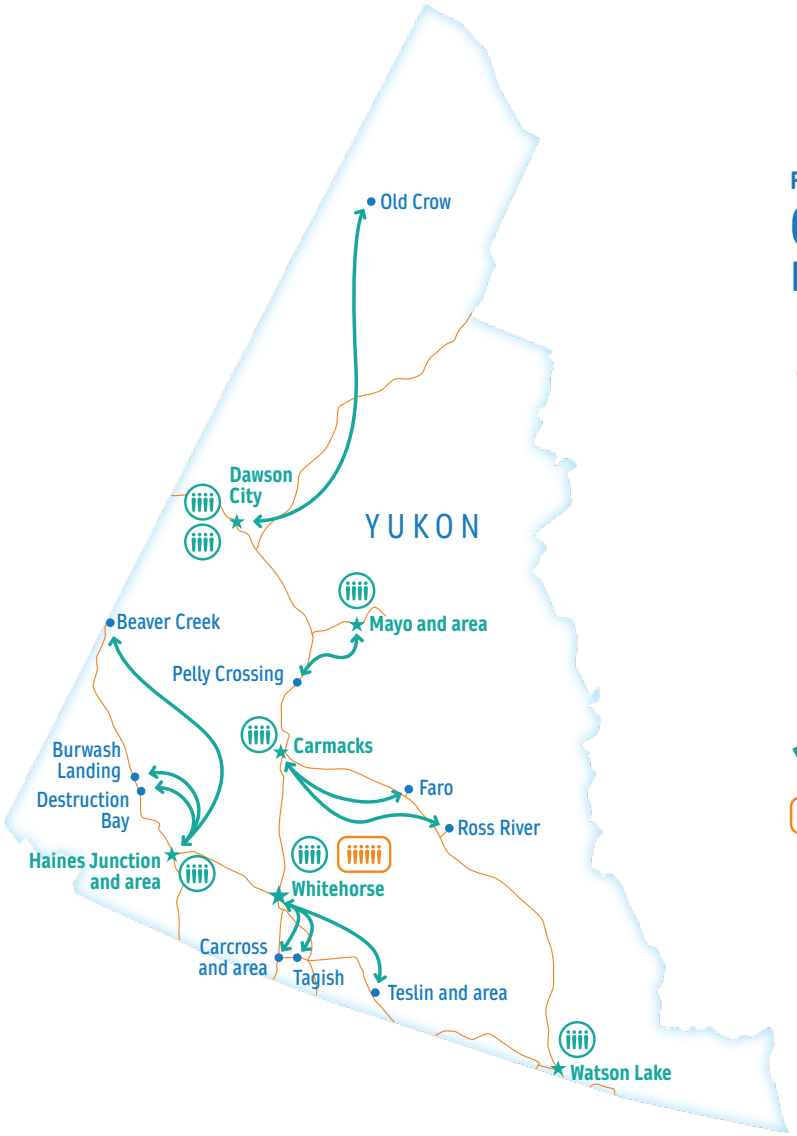


Figure 6.2

Community health care network

Primary health care team

Community health care hub
- Home to primary health care teams
- Combined with mental wellness hubs

Community health care centres
- Very similar to community nursing stations
- Led by expanded scope nurses
- New additional staff hired from local community

Telehealth, virtual care and in-person visits

Integrated care support group

Final location of teams and services will be decided in consultation with communities and stakeholders.

Seven primary health care teams, staffed with the same core professionals as the teams in Whitehorse, will be located across the territory. Existing health and social services staff in these communities will form the foundation of these new teams.

It is likely that the primary health care teams outside of Whitehorse will include additional mental health supports integrated into their teams. Of course, decisions like this will need to be made in discussion with each community.

The buildings the seven primary health care teams operate from will be called community health care hubs. They will support the providers working in the community health centres in the smallest communities. Initially, each team will be responsible for between 720 (for the team covering Mayo and Pelly Crossing) and 1,150 Yukoners (for the team covering Carmacks, Faro and Ross River.

As in the Whitehorse polyclinics, all of these primary care teams will be supported by an integrated care support group based in Whitehorse. This team will be made up of the same mix of professionals described above for the Whitehorse integrated care support groups.

Communities that are not a community health care hub will instead have community care providers operating from community health care centres. These centres will look quite similar to the community health centres they currently have, with a few additions.

Like in Whitehorse, Yukoners in smaller communities may experience a new mix of staff when they seek care in the community. These Yukoners are already familiar with the expanded scope nurses operating in the community health centres. A few Yukon communities are now home to nurse practitioners as well, something that may become more common under Wellness Yukon.

In addition, Wellness Yukon will create and integrate two new positions: community health aides and behavioural health aides. These para-professionals will be trained to provide and support a range of primary health care and social services. The goal is to hire and train Yukoners to work in their own local communities. In this way, Wellness Yukon will both expand the services available in a community with individuals who know and understand the community and create meaningful, well-paid career opportunities. We expect this will make it easier to hire people in smaller communities, ensure they are a better fit with the communities they serve and reduce turn-over.

Figure 6.2 shows one way we imagine these teams may be located across Yukon. However, Wellness Yukon will need to consult extensively with the communities involved and staff affected to come up with a structure that makes sense. What is important is that every Yukoner outside of Whitehorse will be attached to a primary health care provider, which they can access from their home community whether in person or using virtual technology.

Just as in Whitehorse, the goal is to have Yukoners see the same providers over time, so that in-person and virtual visits are made with the same practitioner. This approach will support relationship-based care.

As described above, all of the community care providers will be closely connected to a primary health care team based in a nearby community or in Whitehorse (fig. XX). This team will support the communities with in-person visits and virtual services across a range of health and social services. These could include:

- visits with a primary health care provider;
- connecting with a counsellor;
- talking to a pharmacist;
- conversations with a substance-use specialist;
- x-rays and other diagnostics; and
- midwifery services.

As an example, if someone in Beaver Creek needs a new prescription, they will go to their local community health care centre. There they will speak with the expanded scope nurse, who will connect them using telehealth with their physician or nurse practitioner in Haines Junction. After that conversation, the prescription will be dispensed through a pharmaceutical vending machine in Beaver Creek, checked by a community health aide and given to the client-owner right then and there.

For another example, imagine someone in Pelly Crossing is interested in accessing counselling services through virtual health. They will meet their counsellor in-person for the first time when the counsellor travels to Pelly Crossing for their regular visit. After that, they may arrange to meet over video chat, which the client-owner can call into from their own home, and may also schedule in-person visits as required.

Lastly, it is easy to picture a behavioural care aide in Old Crow, after conferring with the nurse in her community, calling a social worker in Dawson City for advice. The point is virtual connections will reduce the need for Yukoners to travel for care as much as they do now and help bring professional support to the many care workers living and working in Yukon's smaller communities.

Taken all together, we believe these changes will help make Yukoners healthier (5). Over time, we also believe this will help providers feel more supported and, in combination with more local hiring, improve retention rates and keep practitioners living in communities for longer (5).

Again, while we have outlined our vision for a community health care network to support Yukon communities outside of Whitehorse, the exact location and make-up of the primary health care teams will need to be settled in future conversation with the communities. What we have proposed is meant to illustrate the concept of the how the

community network will function. However, what should not be changed is the integrated structure, the emphasis on virtual connections, and that all Yukoners will be attached to a specific primary health care team and primary health care provider.

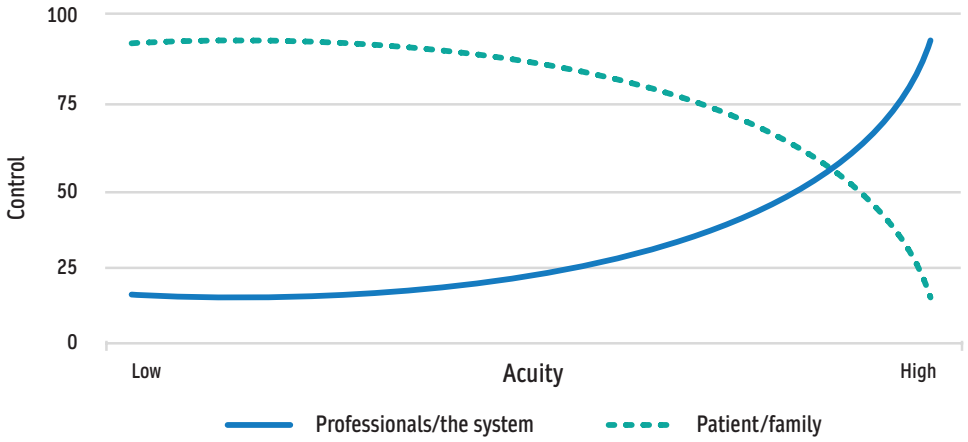
Whether in Whitehorse or any other Yukon community, care decisions will be made jointly between client-owners and the professionals on their care team. In this way, different types of professional knowledge and expertise will be available to Yukoners accessing care, helping inform their own decisions about their care. It also recognizes that most of the time it is people, not their care providers, who have the most influence over their health and wellbeing (fig. 6.3) (5).

Finally, Yukon will need to create system indicators, and focus on data collection and analysis. Using this data in evaluation and decision-making will improve performance and reduce costs.

Input gathered from everyone involved in Wellness Yukon will be collected early, often, and in many different forms, including:

- client-satisfaction surveys;
- employee and stakeholder engagement surveys;
- "listening posts", focus groups, and standing committees to allow specific segments of the population to provide input and advice;
- placing people with lived experience at the heart of meaningful decision making (recommendation 7.6);
- monitoring of social media;
- a client-feedback reporting system, a complaints-management process; and
- community-specific forums.

Figure 6.3
Who really controls outcomes?



As information will be gathered continuously, it can be processed and used on a daily basis by Wellness Yukon front-line staff and management. Processes will say clearly when and how information should be used in making decisions, whether it is for helping a client-owner or designing new services. As much information as possible will be made widely available to staff and client-owners.

This and other quality and performance data will be on hand for providers in the form of dashboards and reports. To ensure staff are motivated to perform, Wellness Yukon will have an effective performance management system. This will be supported by the data and performance measures that will be decided upon based on input from employees and client-owners.

Information used by the primary health care teams and integrated care support groups will be updated daily. Population-level analysis will be shared with providers as it becomes available, along with guidance on how the information can be used while caring for client-owners (see Chapter 7). All together, providers throughout Wellness Yukon will be supported in their practice by data and evidence on a daily basis.

Practitioners will be able to explain why they are recommending a certain treatment by pointing to evidence on how well it has worked for other Yukoners. Lastly, care teams will know much better what client-owners want and expect from them, and can be proud when a report comes back showing their client-owners believe they are providing excellent care.

Work with the Yukon Medical Association to develop alternative payment models.

In Chapter 1, recommendation 1.3 was for the Government of Yukon to work with the Yukon Medical Association during the next contract negotiation cycle to develop alternative payment models. The goal is to transition the health system away from primarily fee-for-service to a salaried or contract compensation model.

Under Wellness Yukon, primary health care will be the nerve centre of holistic, person-centred care. Closely connected to this will be a transition away from the current fee-for-service model, under which most physicians in the territory are paid, and toward an alternative compensation model using either mixed-remuneration contracts or salaries. Under this model, the primary health care provider will be responsible for a panel of approximately 1200-1400 client-owners.

All primary health care providers outside of Whitehorse will be reimbursed using an alternative payment method, including the physicians in Dawson City who have a hybrid compensation model, with a contract for regular appointments with clients during the day and fee-for-service for their emergency after-hours on-call work.

Some specialists in the territory will be on contract, including pediatricians, psychiatrists, obstetrician-gynecologists and the visiting infectious disease specialist. It may also be appropriate for some specialists to remain on fee-for-service. We leave this

to the discretion of the Government of Yukon and Wellness Yukon, working in partnership with the Yukon Medical Association.

Improve system-wide understanding of the *Health Information Privacy and Management Act*

6.7 Develop new training tools and approaches to ensure that all those involved in handling personal health information, and those who assess the handling of information, understand the full purpose of the *Health Information Privacy and Management Act*, including its role in facilitating the effective provision of health care.

Throughout the review period, we heard from many providers and clients who were frustrated by the application of the *Health Information and Privacy Management Act* (HIPMA) across the health and social system.

Many clients were surprised when they arrived at medical appointments to find that their medical professional did not have information from appointments with other providers or access to test results. This occurred within and outside of the territory.

Providers shared similar frustrations of not being able to get access to medical information for their clients. There is a sense that prior training about HIPMA focused almost exclusively on the protection of personal information to such a degree that the current application of the legislation across the system now inhibits the provision of good care. Providers are concerned about sharing information for any reason, for fear of reprisal.

Wellness Yukon will have the benefit of the 1Health electronic medical record that is already being implemented across Yukon's health and social services. However, this will not be available immediately, and even once in place privacy and information sharing issues will persist.

Developing new training tools and approaches will create a shared understanding across the system of the purpose of HIPMA and the importance of sharing health information to ensure appropriate care. The ultimate goal will be for personal information to be protected while providers and client-owners are able to appropriately access health and social information, ensuring a high quality of care.

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Chapter 7 – Creating a system that keeps us well

In this chapter, we are going to talk about population health at the system level and how it links with person-centred care. We will explain population health and why we are proposing this approach, what it will mean for Yukon, and how it will change the services provided.

The case for change

Throughout this report, we talked about the need for an approach that:

- works to improve the health of all Yukoners;
- focuses on a broad definition of health; and
- incorporates prevention, social determinants of health, and health promotion initiatives.

As we have discussed, the current model is based on acute medical care. In this model, you go to the doctor or hospital when you are sick and need to be "treated". This model uses western scientific knowledge to make both clinical and policy decisions. It leaves little room for other ways of knowing, like Indigenous worldviews, that are rooted in different cultures and histories. In contrast, a model based on a population health approach uses promotion and prevention to keep the population well.

Population health is an approach used to reduce inequities and improve the health of the entire population. Using this approach can help identify the unique needs of different sections of the population, and develop tailored interventions. A population health approach also incorporates different types of evidence, which should be expanded to include experiential knowledge. Traditional knowledge, when used in an intentional, respectful, and culturally sensitive way, and in partnership with First Nations, can also be a powerful source of evidence and help us understand health from a more holistic perspective.

Figure 7.1 outlines the key elements of a population health approach (1). It shows the differences between Yukon's current system and the future state – if Yukon takes a population health approach.

Figure 7.1

Elements of a population health approach applied to the Yukon context

Population health element	Current state	Future state
Focus on the health of all Yukoners	The focus is on the health of Yukoners that are not well. Health status of the entire population is not routinely measured or understood.	The focus is on the health of all Yukoners. Health status and inequities are measured regularly and used to inform services and programming.
Understand the broad factors that impact our health, and how these factors impact different populations in different ways	Indicators of the social determinants of health are not developed or routinely measured.	Social determinants of health are measured and linked to health issues. This helps everyone understand the whole picture of what impacts the health of Yukoners.
Make evidence-informed decisions	This is happening in some areas of the health and social system but is not usually informed by multiple data sources, including the health status of the population.	Multiple data sources will be drawn on to make planning decisions including literature, evaluation and indicators on health status and social determinants of health.
Set system priorities based on evidence and focus on prevention	No clear overarching priorities for the health and social system or long-term strategic direction. Each organization has their own vision, whether explicitly stated or not. Yukon does not have system-wide prevention efforts.	Long-term, strategic planning for the health and social system is independent from the political cycle. This will be informed by multiple sources of data described above.
Plan comprehensive health programs and policies	Currently, interventions are often only targeted at one level and include one component of the system, often focusing on the individual.	Multi-pronged approaches to programming and policy planning that address social determinants of health and improve health over the lifespan.
Work with partners	There is some collaboration within the health and social system, but there are silos. Collaboration needs to include other areas that impact health, e.g. education, justice.	Share leadership and accountability among all partners, including the government, Wellness Yukon, NGOs, First Nations governments and health care providers.
Engage with communities to develop wellness plans	Public engagement is happening on various topics but is not formally feeding into an overarching purpose or used to create community wellness plans.	Community assessment will feed into the annual planning process and determine the priorities for the health and social system at the local level (see Chapter 3).
Be accountable	Health status reports are issued every 3 years by the Chief Medical Officer of Health, with a different theme each time. Indicators of social determinants of health are not necessarily included. The Canadian Institute for Health Information (CIHI) has some health system metrics but these do not include the whole health and social system.	Health status and social determinants of health will be reported publicly along with performance metrics of Wellness Yukon.

If Yukon combines this approach with person-centred, integrated care, it will have a system focused on prevention and the social determinants of health, delivered through collaboration and partnership. Direct outreach with client-owners will help develop a deep understanding of community needs and solutions (2).

Some areas of the health and social system are using some of the components of a population health approach. But it is rare to find an area applying all of the elements to the work they are doing, and there is not a strong understanding of population health across the whole system. This piecemeal application is why the approach often fails (3).

Throughout the review, we often saw duplication of services for some groups – meaning that some groups are over serviced, while others do not have the same opportunities for wellbeing. We found that providers in the health and social services sector generally understood that a broad range of factors affect health, but were not enabled on a systems-level to address them. Yukon is held back by:

- a lack of understanding of what a population health approach involves;
- clarity on roles and responsibilities;
- a fragmented governance structure; and
- a lack of interconnected data and analytic capability.

The Government of Yukon has direct control and responsibility over the governance of the health and social service system. The current system is fragmented. It is made up of different organizations, with different funding and different mandates. This makes it hard to provide coordinated, whole-person care. See Chapter 2 and 6 for further information and recommendations that address this fragmentation.

Many of the factors that have a big impact on our health might not immediately seem health-related. The government can address the social determinants of health better when it combines population health and integrated care.

The government measures a variety of health determinants in the territory. But they are not actively monitored or used to allocate resources or programming. We can compare the territory's results with other jurisdictions to get a sense of how Yukon's population is doing. As we discussed in Yukon's health and social system profile (p. 21) in Chapter 1, after adjusting for age, Yukon rates are worse than the national average for a number of measures, including alcohol use, smoking, colorectal cancer screening and food insecurity (4).

There are also areas where Yukoners are doing well. For example, Yukoners report higher physical activity levels and a stronger sense of community belonging than the Canadian average. Yukoners also report fewer experiences with workplace stress than the rest of Canada (5).

Although these indicators provide a good starting point, we need to break them down by the social determinants of health to understand them. A good example of this is physical activity levels, where Yukon scores much higher than the Canadian average. When we break down the indicator by education level, we find that physical activity rates for Yukoners with less

than a high school education are 45% lower than university graduates (4). As another example, smoking rates in Yukon are 1.62 times higher in rural areas (4). When we use a social determinant of health lens to view indicators, we are able to find these inequalities and design programs and services to target them.

Data on population health and social determinants of health are not being used in a timely and systematic way. Yukon produces a Health Status Report once every three years. The government recently committed to reporting on population-level wellbeing indicators through the Canadian Index of Wellbeing. However, there is still a need for prompt and actionable health and social information at different levels of the system. We also heard that the data currently collected is not always relevant or meaningful to all Yukoners, leaving an information gap.

Yukon is not using health system financial information to determine system cost drivers and prioritize efficient, cost-effective and equitable policies, programs, and interventions. This information is critical to determine the needs, gaps and strategic priorities of the health system. Yukon is not feeding this information into the political or program planning cycle or getting it on the political agenda.

One of the greatest assets of Yukon's health and social system is the passionate care providers that have the expertise to help other sectors consider health and social impacts in their work. However, delivering health care and social services, and addressing immediate care needs does not leave them with a lot of time to promote population health. Yukon needs a systems-level population health approach and an appropriate organizational structure to harness this resource.

As mentioned in Chapters 1 and 6, there is currently no overarching strategy or vision for prevention and health promotion in Yukon. Because Yukon is not using a population health approach at the system level, existing prevention programs are not always as successful as they could be as they do not capture multiple levels of prevention. Where prevention programs are successful, the government rarely has the appropriate data collection and analysis systems in place to communicate this and identify areas for continuous improvement.

Many of the prevention initiatives currently underway are focused on changing individuals' health behaviours through mass media campaigns, counselling and education. These methods have been shown to have the smallest impact on health and the lowest return on investment. Population health approaches work to identify the root cause of an issue, then address it as close to the root as possible, while considering interventions at multiple levels (individual, family, community, territorial, etc.).

A good example of planning interventions at multiple levels is the use of the health impact pyramid (6). To demonstrate how the health impact pyramid is useful in a population health approach, consider one of Yukon's largest population health risk factors: the overconsumption of alcohol. Alcohol is a contributing risk factor for many chronic health conditions, as well as acute conditions like injuries and poisoning (7). Alcohol also causes harm through interactions with the justice system and lost productivity.

There is substantial evidence on cost-effective measures that can be used to reduce harms related to alcohol by acting at all levels of prevention. However, Yukon has not taken an integrated and comprehensive approach to this issue. So what would this look like in an integrated care system using a population health approach?

Using the health impact pyramid (fig. 7.2), we can see how improvements would be achieved in this system. The health impact pyramid suggests that addressing the socioeconomic factors at the bottom of the pyramid provides the greatest potential to improve population health, while tackling individual behaviour change at the top of the pyramid is the most readily available but least effective.

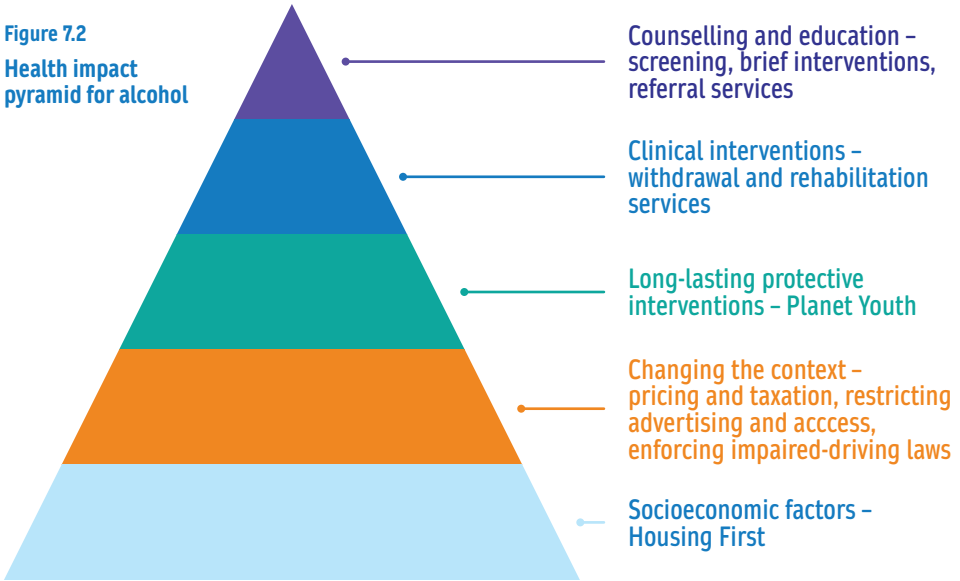
For example, using a population health approach, the government would measure and analyze the social and environmental determinants of alcohol use and abuse to inform its work.

An intervention in this realm that could reduce alcohol-related harms is Housing First (8). Applying health in all policies, health and social staff can advise other sectors on how to prevent harms related to alcohol. For example, pricing and taxation, restricting access to retailed alcohol, enforcing bans on alcohol advertising, and enforcing impaired-driving laws are all policy levers that have been shown to provide a return on investment, some within five years of implementation (9).

Long-lasting protective interventions that build resilience, social and emotional skills among families and communities, such as Planet Youth (discussed in Chapter 3), have been shown to significantly reduce substance use, particularly alcohol, among youth (8).

Improvements in primary care, as proposed in this report, would increase access to withdrawal and rehabilitation services, as well as screening, brief intervention, and referral services for people already facing difficulties with alcohol. All of this is anticipated to prevent illness, improve mental health, and ultimately reduce costs for the system.

Figure 7.2
Health impact pyramid for alcohol



Another important aspect of a population health system is continuous evaluation and improvement of programs and services.

Yukon's current health and social system does not have a formal or comprehensive approach to evaluation and quality improvement. In the absence of a formalized approach and supports, some areas with capacity and expertise on quality improvement have been moving forward with quality improvement initiatives. Other areas have little or no capacity or understanding. It is unclear which programs and services have built in evaluation to determine their effectiveness and opportunities for improvement. This means the system is not as efficient or effective as it could be, and processes are not necessarily focused on the needs of clients.

Currently, Yukon does not have the centralized data systems or human resources in place to support a population health approach. While the government does have a lot of data, it has several independent data systems with no central warehouse for all health and social services data across the system. See figure 7.3 for an example.

Other program areas use a series of custom-built solutions that rely on individual staff to maintain and use. Most of these systems were not developed to meet population health level data needs or provide data to track indicators. As a result, the government often relies on hospital data through the Canadian Institute for Health Information (CIHI), as this is the most reliable and easily accessible data source. However, CIHI data only provides part of the picture of the health system and has no available data on the social system.

There is minimal internal Information Technology (IT) support for these systems, and many program areas do not have the capacity to extract or manage their own data. There are also a number of data quality issues, meaning the available data is often unreliable. Without proper data, evidence-based decision-making and effective priority setting are challenging at best.

Figure 7.3
Department of Health and Social Services electronic data systems

Population health element	Electronic data system
Mental Wellness and Substance Use Services	TREAT
Community Nursing	DASH
Continuing Care	Goldcare
Social Supports	Genie
Yukon Hospital Corporation	Meditech

What we heard

- People want to see innovative solutions and strategic planning to keep the health and social system sustainable and develop appropriate plans to respond to changes in the population.
- Some participants suggested that program data could be used more effectively to support planning, assess progress, and enable continuous improvement.
- People working within the health and social system find it challenging to access and explore organizational data, and agree that data literacy needs to be improved.
- Many Yukoners want to see more emphasis on prevention.
- Participants spoke about the importance of wellness factors outside the health and social system, including housing, food security, and healthy activities for children and youth.
- Many rural communities do not have safe and healthy spaces that people can escape to when they need it. This is a significant barrier to health and wellness for people.
- First Nations citizens want more opportunities that allow children and youth to connect with their cultural identity and learn their traditional languages, stories and songs.
- Many First Nations citizens want health care services that feel more culturally relevant and aligned with traditional values and healing practices.
- Participants noted that many aging residents do not have accessible living spaces that are appropriate to their needs and mobility levels.
- Some people said that being hopeful about the future is connected to people's health and wellbeing, and it is important to provide employment opportunities and activities that foster a sense of purpose and dignity.

Moving forward

We have recommended significant changes to Yukon's health and social system in the previous chapters of this report. In many ways, moving from a fragmented system with multiple agencies and providers to Wellness Yukon, providing holistic, person-centred care, makes it much easier to implement a population health approach.

It also makes it more important. The success of this new model is based on the ability to assess and understand the health of Yukoners, to consider what makes us well, and to make evidence-based decisions.

In this chapter, we focus on the recommendations that will help enable the system-level transition to a population health approach combined with integrated person-centred care. We recommend that the department implement these recommendations in the immediate and short-term timeframe and then make decisions about which of these initiatives should move to Wellness Yukon or remain with the department in the future.

In Chapter 1, one of our recommendations was to implement a population health approach, one that considers the social determinants of health, to reduce inequities and improve the health of the entire population. Below are more specific recommendations to support this.

Focus on the health of all Yukoners

7.1 Implement a Health in All Policies approach for the Government of Yukon and work with the federal government and Yukon First Nations governments to identify and mitigate potential health impacts of proposed programs and policies.

As we stated throughout this report, the majority of what affects our health is not controlled by the health and social system. Yukoners also told us things like culture, employment opportunities, mining and exploration activities, and safe and accessible housing influence their health in significant ways. Health and social professionals have the expertise to guide other sectors to consider the health and social impacts of their work.

A health in all policies approach will take into account the health implications of decisions, look for ways to collaborate and coordinate, and avoid harmful health impacts. To work, the government will need to integrate health considerations and social fairness into its decision-making process.

We recognize that the Government of Yukon cannot control the decision-making processes of other governments. However, through collaboration and engagement, the government may demonstrate a partnership approach in working with other governments and NGOs in considering the health impacts of its own decisions.

To implement a health in all policies approach, the government will need:

- good governance;
- strong and sound partnerships based on co-design, co-delivery and co-benefits;
- dedicated capacity and resources; and
- the use of evidence and evaluation (10).

An example of health in all policies in action can be found right here in Canada. Québec launched a Government Policy of Prevention in Health, structured around 28 ministerial commitments and five areas of research identified jointly with ministerial partners (11).

The government of Québec has legislated that all government sectors ensure their laws and regulations do not cause any negative impact on the population's health. The Ministry of Health and Social Services supports and assists other sectors through a co-benefit approach. The work is approved by a steering committee and carried out by inter-sectoral working groups.

Other jurisdictions have taken different approaches. For example, Finland's Ministry of Social Affairs and Health leads health in all policies activities. Although participation by other ministries is voluntary, it is encouraged by the incentive of mutual benefits flowing to the participating government departments and public agencies (11).

Transportation is an issue that would benefit from a health in all policies approach in Yukon. We heard significant feedback on the lack of transportation options for rural residents of Yukon, particularly for older adults and those living with chronic conditions. Additionally, in a 2019 report from the Office of the Chief Medical Officer of Health, providing safe public transportation services was a key recommendation to help reduce the risk of motor vehicle collision injuries due to impaired driving, reduce emissions from single-occupied vehicles, and provide transportation options for those who cannot drive (for example, those with medical impairments) (10).

Lack of transportation options makes health inequities worse (12). The lack of viable transportation options in rural areas makes it difficult for many adults and youth, especially those with low incomes, to (13):

- take advantage of employment and educational opportunities;
- attend health and social service appointments; or
- participate in certain social and recreational activities.

Not everyone can drive. Age, disability, choice, or affordability can all keep people from owning and operating a car. Ensuring everyone has a safe, convenient and accessible way to get to where they need to go is a matter of equality. Everyone deserves to be able to access health care services, employment, and education (14).

As an initial focus of health in all policies, we suggest the Government of Yukon and Wellness Yukon work with First Nations governments, municipal governments, and other departments and organizations involved in the transportation sector to leverage existing resources and economic development funding opportunities to introduce some form of cost-effective public transportation across Yukon. The goal is to connect communities and better link them to each other and the goods and services offered in Whitehorse.

7.2 Invest in a comprehensive mix of interventions to address health that will have long-lasting impacts.

In Yukon, the government does not always use a mix of interventions at multiple levels and in multiple settings to address health issues. The majority of the effort is spent on counselling, education and clinical interventions aimed at Yukoners who seek out support. Often, the government does not consider the needs of hard to reach populations or those that are currently healthy and well.

To see the greatest impact, Yukon will use a framework such as the health impact pyramid, which shows the impact of different approaches, and:

- select a mix of interventions to improve population health;
- focus on interventions at base of the health impact pyramid; and
- map out current interventions to see how they can be improved.

An important part of this work is collaboration across the health and social system and across sectors. To do this work effectively, all system partners will need to be coordinated and working towards the same goal.

Efforts focused at the bottom of the pyramid require a strong community-based participatory approach as outlined in Chapter 3.

Improve Yukon's ability to make evidence-informed decisions

7.3 Work with partners across the health and social system to develop a broad range of health and social indicators, and track and publish them at regular and timely intervals, as a way to track progress on initiatives and ensure transparency and accountability.

These indicators will measure health status and inequities. Regular public reporting will ensure transparency and accountability. These indicators will also be used to track progress on initiatives to address health issues.

Data on population health and social determinants of health should be analyzed by appropriately skilled professionals (e.g. epidemiologists and health economists). When this understanding of data is combined with Yukon's context, characteristics and trends it will guide priority setting at the highest level of government. This data should form the foundation of the health system and be regularly used to inform all components, including primary care delivery and prevention.

7.4 Provide leadership and coordination for the development of a formal and comprehensive quality improvement approach for the health and social system. Adopt a formal and acknowledged approach to quality improvement that incorporates the Canadian Foundation for Healthcare Improvement's Six Levers for Organizational Improvement. These levers include:

- engaging front-line managers and providers in creating an improvement culture;
- focusing on population needs;
- creating supportive policies and incentives;
- building organizational capacity;
- better engaging patients and citizens; and
- promoting evidence-informed decision-making.

The health and social system needs to continue to make progress on the overall objectives of the comprehensive review to improve health outcomes, get better value for money, and improve the experiences of clients and providers. To do this, the system must, on an ongoing basis, demonstrate a commitment to continuous quality improvement.

Extensive research has been done on the importance of quality improvement in health care. Best practices have emerged that combine a focus on population health, use of data, engagement of clients and fostering a capable and committed workforce (15).

7.5 Create an evidence and evaluation unit with a clear population health mandate to support the health and social system, including program area staff and care providers, with data gathering, analysis, surveillance and evaluation. This unit will provide leadership in how to apply a population health approach at a systems-level and will be a key player in the shift of the health and social system towards the new vision.

To achieve a population health approach, the government will need more capacity to routinely collect, analyze and interpret data at all levels of the health and social system. Population health assessments and surveillance will help track health outcomes and risk factors for Yukoners and identify trends in the data where the government needs to take action to correct its course. This will help set priorities at a high level.

Yukon will then need to use these evidence-informed priorities in the planning and delivery of services and programs, where quality improvement and evaluation data collection and reporting processes are further built in. This program-level data will feed in to make services more efficient and effective, eventually feeding back to population-level trends where the government will work to see improvements. This ongoing cycle of data collection, planning and improvement is critical to both a population health approach and an integrated patient-centred care system (2).

It is also important to recognize that quantitative data is only one form of evidence. The government will need to use additional qualitative evidence, especially the experience of Yukoners, to understand the health of Yukoners. Creating a centralized health and social evidence and evaluation unit will allow primary health care teams to focus on their clients' needs while being supported by those with the appropriate expertise in the use of data and evidence to inform and improve their work. This unit will also provide leadership in promoting a culture of data and evidence throughout the health and social system, and assist with accessing and using the evidence base, and best practices for population health interventions.

Create capacity to store and link data from different programs

7.6 Partner with another Canadian jurisdiction to create a data warehouse, bringing together data from different programs to support the implementation of a population health approach in a privacy-sensitive way.

While Yukon is data rich, one weaknesses of the current system is the data available from different programs is isolated. Different programs track different data. There is no easy or straightforward way to link the data and protect privacy and security.

A population health approach will require a better understanding of how different programs and events affect health and social services related outcomes, and understanding the patient journey through the system and across the lifespan. The government will need to be able to answer questions that cut across different program and service areas, such as whether Yukoners use the emergency department less once they find housing or whether investments in early education pay off down the road, and to what extent, through reduced costs in health care, social services, and justice.

Right now, these questions are difficult, if not impossible, to answer. Different parts of the answers sit in different databases. As Yukon moves towards a broader approach to health, it needs a better understanding of the effects of its efforts.

A data warehouse that stores and links data from different programs will address this. This is not a simple or inexpensive feat. Yukon should explore options to work with another jurisdiction to manage this task. This may be the most cost-effective way to create and manage this resource. The majority of other provinces and territories in Canada have already done this work.

In order to develop an integrated and population-health-oriented system Yukon needs a system-wide redesign of how services are selected and delivered, and how the future Yukon health and social system will operate (2). This is a major transformation, and these building blocks are just the beginning. Other systems that have undergone similar transformations have shown us that the rewards can be significant.

Figure 7.4
Applying a population health approach at a systems level

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Chapter 8 –
Ensuring financial sustainability

This chapter provides a financial picture of what the government is currently spending on the health and social system, why the spending is unsustainable, where the government can save money and where that money might be better spent.

The case for change

The Government of Yukon spends the largest portion of its budget on providing health and social services. In 2019, total public and private health spending in Yukon was more than $11,700 per person, 1.65 times higher than the national average (1).[1] These facts alone are not a problem: health care and social services are vitally important, expensive, and widely accessed. The problem is when costs increase in an unsustainable way, leaving government to find new ways to pay for them.

In 2017, the Yukon Financial Advisory Panel raised concerns about Yukon's health care spending. They were particularly concerned about the effect of Yukon's aging population on future costs. They forecast that by 2030, health spending in the territory would rise by around $90 million as a result of aging (2).

We see all of this as an opportunity. Since Yukon's health spending is set to grow so much, this is a perfect time to invest in a reoriented system that reduces costs while also improving quality and experience. The alternative is continuing to spend more and more money just to maintain the status quo.

There are some common ways for governments to deal with rising health and social spending. These include raising taxes to increase revenue, reducing the quality of, or access to, targeted health services, or increasing out-of-pocket spending by citizens (3).

During this review, we looked at some of these options: creating new premiums on health care, adding new copayments or increasing existing ones, or reducing service levels. These things may have a positive impact on making the system cost less, at least in the short term.

However, in our perspective these options are not fair or practical. They provide a narrow view of how a health and social system can and should work. We did not find any evidence to suggest health outcomes would improve over time or that patients and providers would enjoy better experiences (4). Some would actually undermine progress on the Quadruple Aim. As a result, with a few notable exceptions, which we will recommend below, we are not proposing to increase the fees that Yukoners are paying.

Instead, after engaging with Yukoners and researching high-performing systems around the world, we concluded it is possible for government to provide Yukoners with better care than they receive today, in a way that costs less. The Southcentral Foundation has done exactly that, and that is part of why we have recommended implementing the Nuka model of care in Yukon (5).

[1] 2019 forecast.

It comes down to transforming the system from one that treats acute illness to one that focuses on keeping people healthy and well in all dimensions of their lives. This will not only better serve Yukoners and their care providers, but will save the system money.

Across Canada today, health costs are being driven by drugs, medical technology and human resources. Many of these resources are going to treat mostly preventable or manageable conditions, like diabetes, high blood pressure and heart disease (6). With our current system, this means costs go up and, while people might not get sicker, they do not get any healthier.

Governments sometimes find themselves taking money from other areas when health and social system costs increase. However, reducing the budget for education, the environment, or public infrastructure can actually reduce wellness as well as the availability and quality of health services in the long term. We end up spending more on treatments and costly interventions than on prevention and the social determinants of health (6). This then leads to more illness and even more spending on treatment, creating a self-defeating cycle.

Ultimately, we believe the approach to system change we have recommended in this report will eventually bend Yukon's cost curve, while at the same time create a system that improves health outcomes and increases value for money.

In the following section, we outline some specific areas where evidence shows future costs can be avoided with the types of changes and investments we have recommended throughout this report.

Some of the recommendations found in this chapter's Moving Forward section will generate cost savings if implemented this year. However, Yukon must find ways to avoid unnecessary future costs to create a financially sustainable health and social system over the long term.

We begin by looking at hospital usage in Yukon and how spending on hospitals may change with the implementation of Wellness Yukon. Following that are short descriptions of how investing in prevention, population health and social services may help Yukon to avoid some spending in the future. In the final section, we recommend changes that will deliver more immediate cost savings.

Financial impact of Yukon's new model of care

Systems with a strong focus on primary health care have lower rates of mortality, better health outcomes, greater health equity, and lower costs (7, 8, 9). The more accessible primary health care providers are, the less we spend on specialty care, hospitalizations, and emergency department visits.

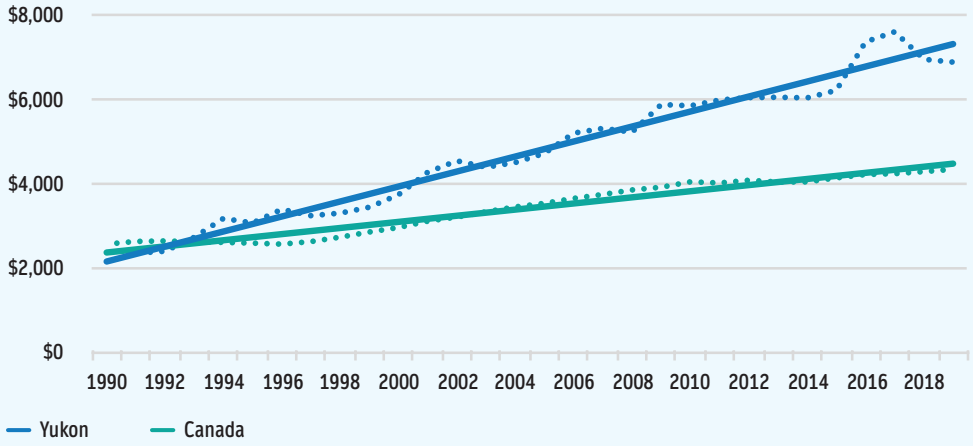
Access to primary health care depends on how the system is organized and if it is set up to provide high quality care that meets the needs of both individuals and populations (9). We only achieve cost savings when all of the building blocks of a high-performing system are in place, as we have previously described.

Snapshot of health and social spending

Across Canada, health spending has been going up for decades (fig. 8.1). In Yukon it has been increasing even faster, despite Yukon's population being younger, on average, than the rest of the country.

We expect health care to cost more in Yukon because of its small population and remote location. That said, we want to see Yukon work towards lowering its rate of growth and getting closer to the national average. Figure 8.2 shows where Yukon's health care spending went in 2019. The bulk of health spending went towards hospitals and "other institutions", which are mostly long-term care facilities. These two categories also stand out because Yukon spends much more in these two areas than the Canadian average (fig. 8.3).

Figure 8.1
Per capita health expenditures



* All sources of funds. 1997 constant dollars. 2018 and 2019 forecast. CIHI NHEX Table B.1.5.

Where does this money come from? Most of Yukon's health spending, an estimated 65% in 2019, comes from the Government of Yukon (fig. 8.4). The rest comes from private sources (health insurance or out-of-pocket spending) or directly from the federal government. The last small part comes from other sources such as social security and municipal governments.

Given how much spending comes from the Government of Yukon, how does that impact the government's budget? The Government of Yukon spends more on the Department of Health and Social Services than on any other area of government: over $461 million in 2020-21. Health and Social Services' share of the government's overall budget has been steadily growing, from 27.8% in 2014-15 to 30.1% in 2018-19 (fig. 8.7). As health and social services takes up more room in the budget, it means there is less left over to spend in other areas.

What is all that money being spent on? Figure 8.6 shows 35% (almost $139 million), goes to health services (doctors, pharmaceuticals, medical travel, community nursing, etc.), followed by the Yukon Hospital Corporation at 18%. Another 15% goes to continuing care (long-term care, home care, etc.), 14% to social supports (social assistance, disability services, etc.), and 12% to family and children's services. Rounding out the budget are corporate services (administration) and community and program support.

Figure 8.2

2019 Yukon health expenditures, by use of funds

* All sources of funds. Forecast. CIHI NHEX Table D.1.11.1

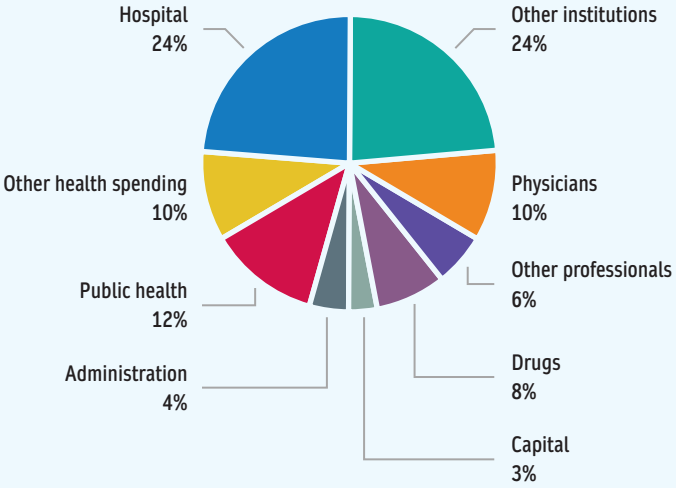


Figure 8.3

2019 per capita expenditures on hospitals and other institutions

* Forecast. 2019 current dollars.
CIHI NHEX table D.1.11.3 and C.1.3

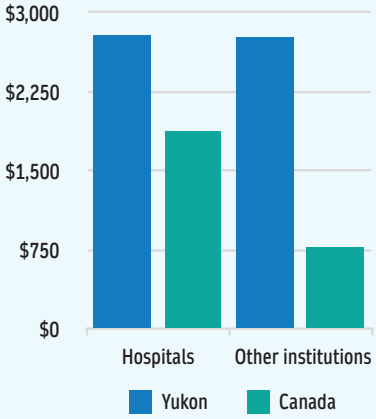


Figure 8.4

2019 Yukon per capita health expenditures, by source of funds

* Forecast. CIHI NHEX series B

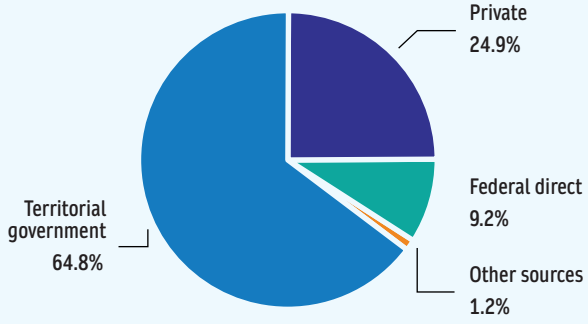


Figure 8.5

Yukon Department of Health and Social Services expenditures

* Government of Yukon Schedule 4 of public accounts – non-consolidated

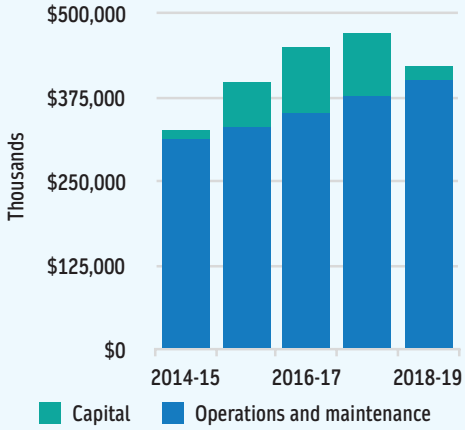


Figure 8.6

2018-19 Department of Health and Social Services operations and maintenance expenditures, by program area

* Government of Yukon non-consolidated financial statements

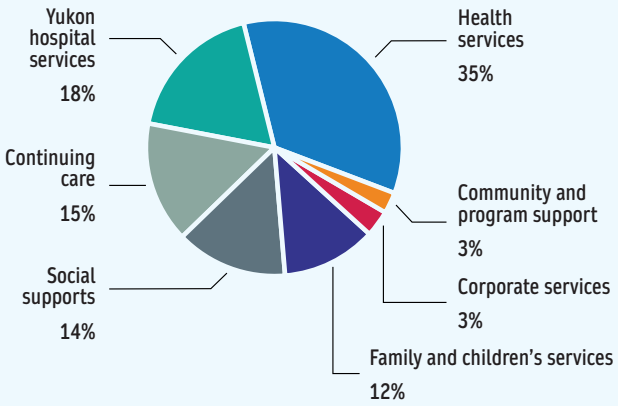
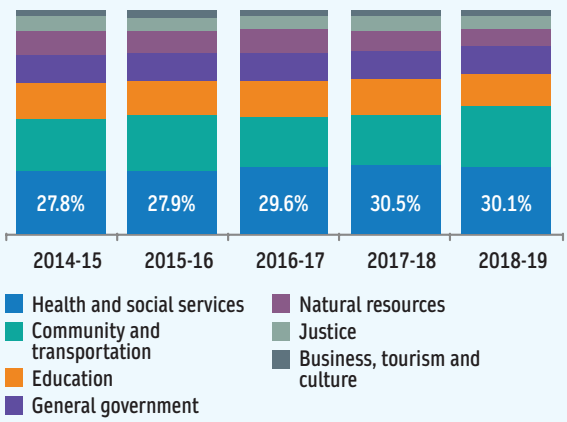


Figure 8.7

Government of Yukon expenditures, by program area

* Consolidated financial statements



As outlined in Chapter 2, the Southcentral Foundation's Nuka model of care transformed their delivery of primary health care to their customer-owners. Two keys to success were ensuring primary health care is convenient and widely available in the community and providing for those with complex needs with care tailored to their individual circumstances (5).

Over time, one major effect of these changes has been large reductions in how often and for how long Southcentral Foundation's customer-owners end up in hospital.
The result: lowering what the Foundation spends on hospital care each year (5).[2]

Much of the money Yukon spends each year on health care is in expensive, institutional settings – hospitals and long-term care facilities. In 2017, Yukon spent $2560 per person on hospitals, 60% more than the national average (10). For every person over 65 years of age, Yukon spent more than double the national average, at $10,200.[3] If the current rate of hospital use continues, by 2030 Yukon will spend $3,200 per person on hospitals.[4]

Hospitals serve an important purpose in Yukon's health care system: they save lives and help people get better. It is also true that hospitals and other facilities are the most expensive way to deliver care. Like anywhere else, Yukon could avoid some of the care provided in its hospitals with earlier interventions. Reducing these avoidable hospital visits will save Yukoners a trip to the hospital and save the health system money.

The Southcentral Foundation, using the Nuka model, has been very successful at preventing three specific groups of hospital users from ending up at the hospital in the first place (11). These are:

- people with conditions that should be effectively managed in the community without hospitalization (12);
- people who end up in hospital more often and for longer than most others, commonly called "high users"[5]; and
- people who visited the emergency department with minor medical conditions, such as colds, sore throats and dressing changes, that should be effectively managed in a family doctor's office.

Southcentral Foundation's success in reducing hospital use in these areas came from providing high-quality and convenient primary health care in the community. As just one example, people with diabetes who receive the care and support they need in the community can improve their blood sugar control. This results in fewer hospital admissions for related issues like chronic kidney disease and lower limb amputations (9). It may sound simple, but for someone to make that first change and then make it last takes a lot of work and requires the right systems and relationships to be in place around them (13).

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[2] Per person.
[3] Per capita hospital spending includes capital spending.
[4] In 2017 dollars. Includes capital spending. Based on Statistics Canada CAN SIM Table 17-10-0057-01.
[5] There are a few different methodologies for defining high users. Our chosen definition identifies people who have been admitted to hospital three times or more in a year with a combined length of stay of 30 days or more.

We will now go through Yukon's current situation for each of these three groups of hospital users. This is followed by a quick look at what it might mean for Yukon if the territory was to see reductions in hospital use similar to what Southcentral Foundation has experienced.

Avoidable hospital stays

The Canadian Institute for Health Information (CIHI) tracks the number of patients hospitalized for health conditions that may be prevented or managed by appropriate primary health care (14). Yukon's rate is comparable to other northern jurisdictions and has declined since 2010 (15), meaning Yukon has made some progress in this area. But Yukon's rate remains significantly higher than the rest of Canada. We know there is still room for improvement.

In 2018-19, chronic obstructive pulmonary disease, diabetes and heart failure accounted for almost three quarters of Yukon hospital stays for preventable health conditions, costing almost $1 million in hospital spending (Figure 8.8) (16). If these Yukoners could have gotten the right care earlier, some may have avoided a trip to the hospital, and Yukon could have avoided some of those costs.

Figure 8.8

2018–19 estimated hospital spending on conditions potentially preventable or manageable through appropriate primary health care

Condition	# of cases	% of total chronic cases	Total # of hospital days	Average cost per stay*	Estimated total cost
Chronic Obstructive Pulmonary Disease (COPD)	68	37%	320	$7,646	$519,961
Heart Failure	31	17%	394	$8,503	$263,604
Diabetes	33	18%	155	$5,686	$187,623
All others	53	29%	136	-	$201,548
Total	**185**	**100%**	**1005**	**-**	**$1,172,736**

* 2016-17 estimated average cost, adjusted for inflation to 2018-19

An aging population

The number of older Canadians is set to grow rapidly over the next two decades (fig. 8.9).

In Yukon, this change will happen even faster. Yukon is, on average, much younger than the rest of the country (fig. 8.9). However, between 2020 and 2030, the proportion of Yukon's population over the age of 65 will not only grow, but will get much closer to the Canadian average.

Why does this matter? As seen in figure 8.10, health care spending per person increases substantially for the 65+ age group. This is normal and expected: we begin to require more care as we get older.

However, this is also an area where Yukon can improve. While Yukon spends more than the Canadian average across all age groups, it spends a lot more on the 65+ age group than the national average.

How is this money being spent? Figure 8.11 shows that spending on the 65+ age group increases rapidly for both hospitals and "other institutions", which are mostly long-term care facilities. These are two areas to focus on as Yukon looks to bend the cost curve as its population continues to age.

Figure 8.9

Percentage of population 65+

* CANSIM Tables 17-10-0005-01 and 17-10-0057-01 (scenario M3)

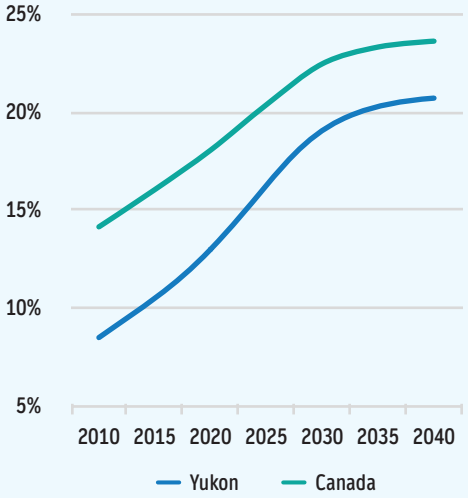


Figure 8.10

2017 per capita provincial/territorial health expenditures by age group

* 2017 current dollars. CIHI NHEX tables E.1.16.2 and E.1.20.2

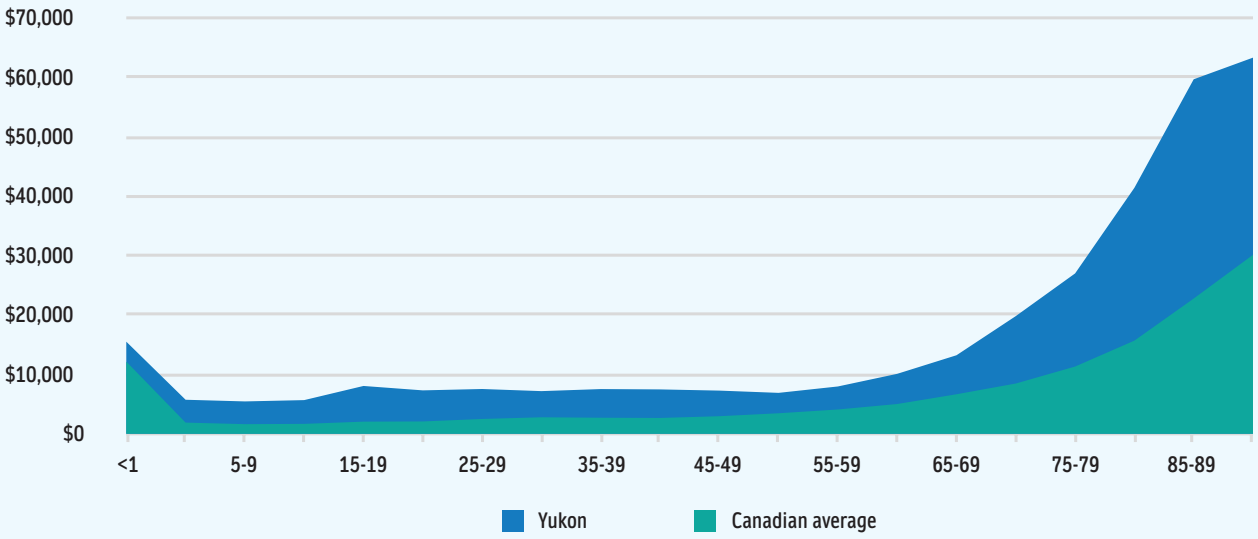
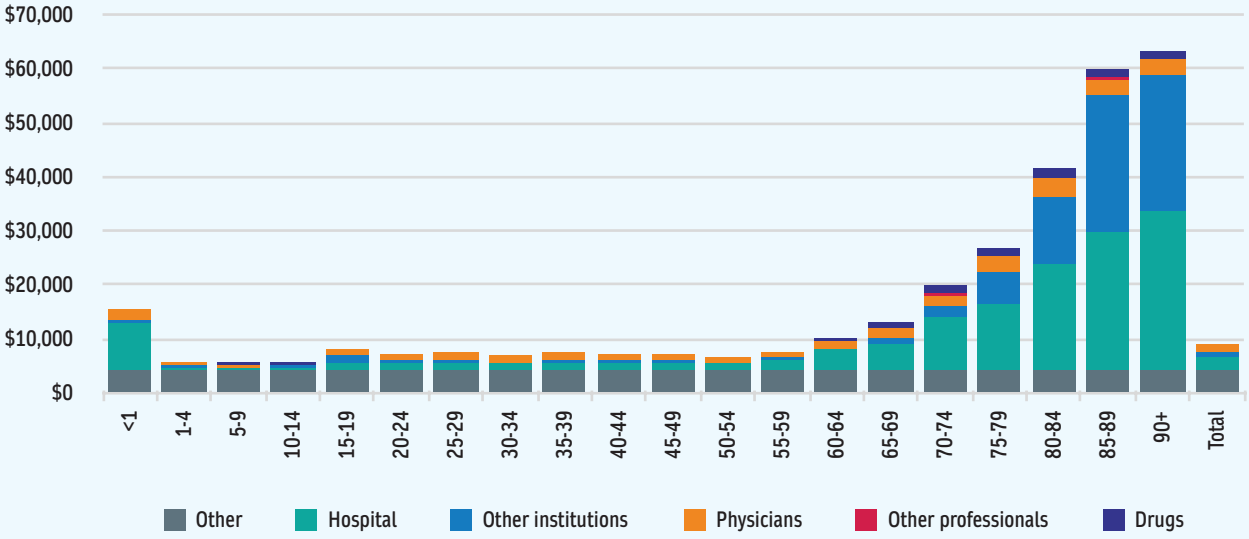


Figure 8.11

2017 Yukon per capita health expenditures by age and use of funds

* Source of funds territorial government. 2017 current dollars. CIHI NHEX tables E.2.22.2, E.3.22.2, E.4.22.2, E.5.22.2 and E.6.22.2



High users

High users are another group that will likely use the hospital less if Yukon invests in better community supports. High users of hospital beds are defined as patients who had three or more acute hospitalizations in a 1-year period and a cumulative length of stay greater than 30 days. In 2018-19, high users made up about 5% of Yukon's inpatient cases. They cost $8.5 million, or 23% of all care costs (17). The three most common groups of high users in hospital were:

- people needing palliative care;
- people recovering from an illness or injury; and
- people waiting for care outside of the hospital to become available (e.g. home care, long-term care).

We know some of these people would be better off if treated in the community (18). As well, 42% of high users are over the age of 75. It is likely that some of the growth in hospital costs expected in the 65+ population will be related to a growth in high users.

Emergency department

Across Canada, emergency departments (EDs) consumed 4.5% of all hospital spending in 2017-18 (19). In Yukon, that number was 10.6%, or $8.1 million in total (10). We can see the same pattern in per capita spending on EDs, which in 2017-18 was $80 in Canada and $210 in Yukon, roughly 2.6 times higher than the Canadian average (10).[6]

Compared to the Canadian average, frequent users of the ED (four or more visits per year) make up a much higher percentage of ED visits in Yukon (Figure 8.12).[7] Age plays an important factor here. For example, in 2017-18 just 25% of Yukoners over 85 were frequent ED users, but they made 59% of all ED visits for their age bracket (20).

27.2% of all ED visits in 2017-18 were for conditions that could have been treated in a doctor's office (20). More than half of ED visits were classified as less-urgent or non-urgent (Figure 8.13).[8]

This suggests frequent users of the ED are unable to have their needs met elsewhere in the system, leading them to seek care in the ED (21). It also means if Yukon can find a way to meet those needs in the community there may be room to reduce ED visits and avoid some spending (21). The estimated total cost for management of minor medical condition visits to Whitehorse General Hospital's Emergency Department in 2016-17 was $2.9 million. Not all of those costs are avoidable. What is important is at least some are.

[6] Canadian spending excludes Quebec and Nunavut.
[7] Defined by the Canadian Institute for Health Information as an individual who visits the ED four times or more in a fiscal year.
[8] Canadian Triage and Acuity Scale levels 4 and 5.

Figure 8.12

% of frequent emergency department users by age group and facility location, 2017–18

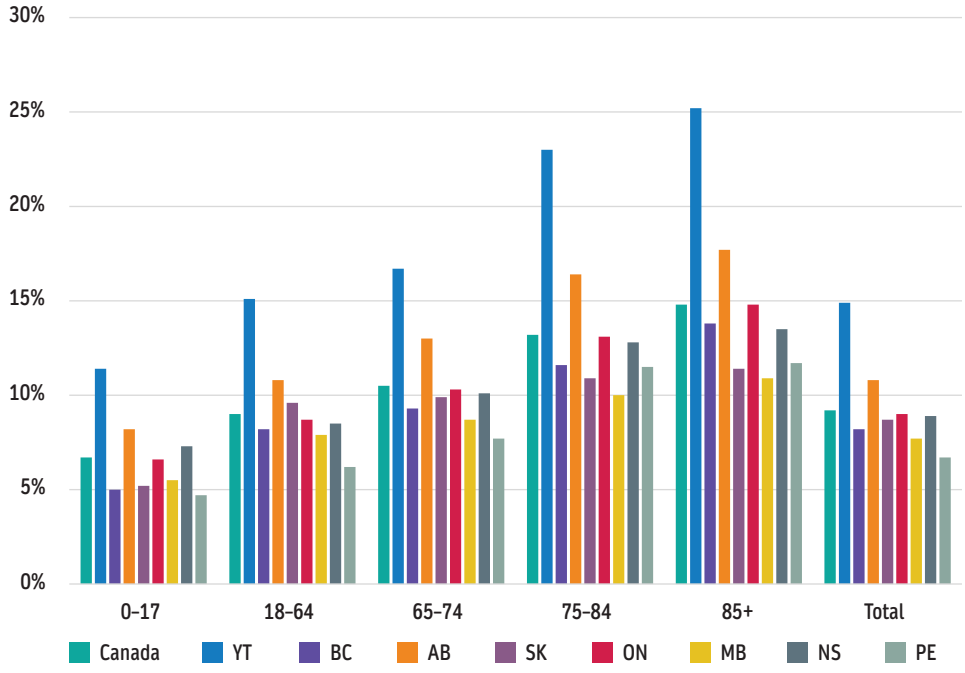
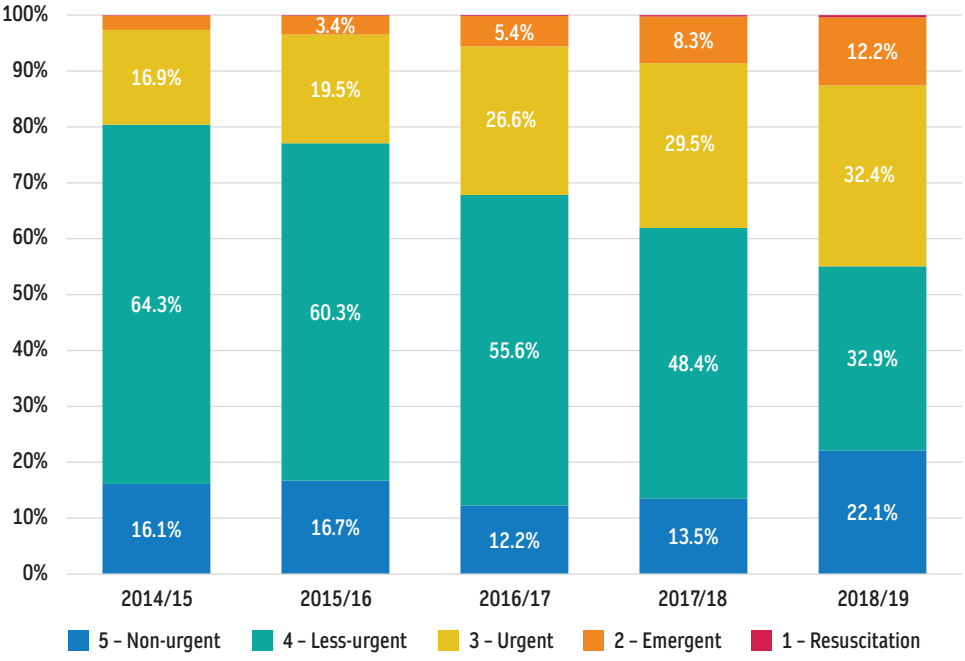


Figure 8.13

% of unscheduled emergency department visits by triage level in Yukon



Adapting a Nuka model of care in Yukon to hospital use

This section illustrates the long-term potential for Yukon to avoid hospital costs with the implementation of the Nuka model of care through Wellness Yukon. These are not exact figures, but instead represent very roughly the amount of hospital spending that might be avoided if the new model is fully implemented.

Between 2000 and 2017, the number of hospital stays by Southcentral Foundation customer-owners dropped by 36% (5). Such a reduction in hospital visits in Yukon could translate to a drop in hospital spending of up to $7 million per year.[9]

Introducing the Nuka model also allowed the Southcentral Foundation to reduce visits to the ED by 40% between those same years (5). If Yukon were to experience a similar drop in ED visits across the territory it could avoid spending of up to $3.5 million a year.[10] Combined, if Yukon achieved reductions in ED visits and hospital stays similar to Southcentral Foundation's it could avoid up to almost $11 million a year in hospital costs. This would be a decrease of over 10%, or $267 for every Yukoner.[11]

With hospital use expected to grow over the coming years as the population grows and ages, the potential savings grow as well. By 2035, a 10% reduction in spending would translate to $361 per person, or savings of almost $19 million in total.[12]

Yukon will be able to use these funds to offset increased costs in other areas associated with the implementation of the Nuka model of care, especially in the area of primary health care. That said, these estimates show the potential the Nuka model of care holds. Southcentral Foundation not only managed to provide better quality care, that better care helped pay for itself by reducing the system's reliance on expensive interventions like hospital and specialist care.

Investing in prevention

We also see opportunities for Yukon to lower health and social care spending by preventing illness. Prevention reduces the use of health services, and is good for the economy. Studies show that improving health increases a person's potential to earn income, improves life expectancy and can lead to measurable increases in gross domestic product (9).

There are three levels of prevention that the recommendations in this report support:

- Primary prevention – promoting population health and wellbeing, and preventing disease and harm before it occurs;
- Secondary prevention – detecting illness and identifying risk factors before they become harmful to health and wellbeing; and

[9] Using Yukon hospitalization rates from FY 2018-19. Based on average length of stay and average cost of a hospital stay at all three of Yukon's hospitals. Assumes reduction in stays are evenly distributed across all hospitals. Includes only variable costs (staff compensation and supplies), excludes all fixed and capital costs.

[10] Using rates from FY 2018-19. Assumes reduction in ED visits are evenly distributed across all hospitals. Includes only variable costs (staff compensation and supplies), excludes all fixed and capital costs.

[11] Based on FY 2018-19. Population estimate from September 2018 was 40,606.

[12] In 2017 dollars.

- Tertiary prevention – treating illness and poor wellbeing with more cost-effective and appropriate interventions.

There are clear examples of how improving primary health care and focusing on prevention can reduce the use of more expensive acute and specialty care. Spending more at the primary health care and health promotion level can increase the number of Yukoners who are vaccinated, receive cancer screening tests, properly manage their blood pressure or diabetes, and much more.

The result would be not only better health outcomes but also real cost savings. For example, reaching a 74% influenza vaccination rate among seniors in Canada could result in a net savings of $47.5 million. These savings are a result of reduced visits to the doctor and the emergency department, and hospitalizations (5). In 2018-19, Yukon's influenza vaccination rate for seniors aged 65+ was about 51%. So there is still room for improvement and savings.

Providing the human papillomavirus (HPV) vaccine for all genders, and an organized breast cancer screening program for women aged 50 to 69 can also result in cost savings due to prevented cancer cases (22, 23). Providing the varicella zoster vaccine for seniors can result in cost savings due to prevented cases of shingles (24, 25).

Beyond vaccines, better blood pressure control can improve life expectancy and reduce the chance of developing blood pressure-related conditions like kidney disease or strokes. These have a significant impact on peoples' lives and health system costs (9).

In short, investing in long term prevention makes financial sense as one way for Yukon to break away from the cycle of spending on acute treatments.

Investing in population health

As previously discussed, we expect the move to a holistic, person-centred primary health care model, integrated with a population health approach at the system level, to have the most significant impacts on reducing the rate of growth of spending in the health and social service system.

According to the World Health Organization, for every dollar invested in prevention, the government can expect to save up to $6 in health systems costs down the road (14). This is consistent with what Southcentral Foundation has been able to achieve on the ground over the last decade or so as we discussed above.

If Yukon can redirect spending towards keeping people well and at home in their own communities, and reducing expensive institutional care provided in hospitals and long-term care facilities, the territory will be able to achieve the Quadruple Aim: improving health outcomes and getting better value for money.

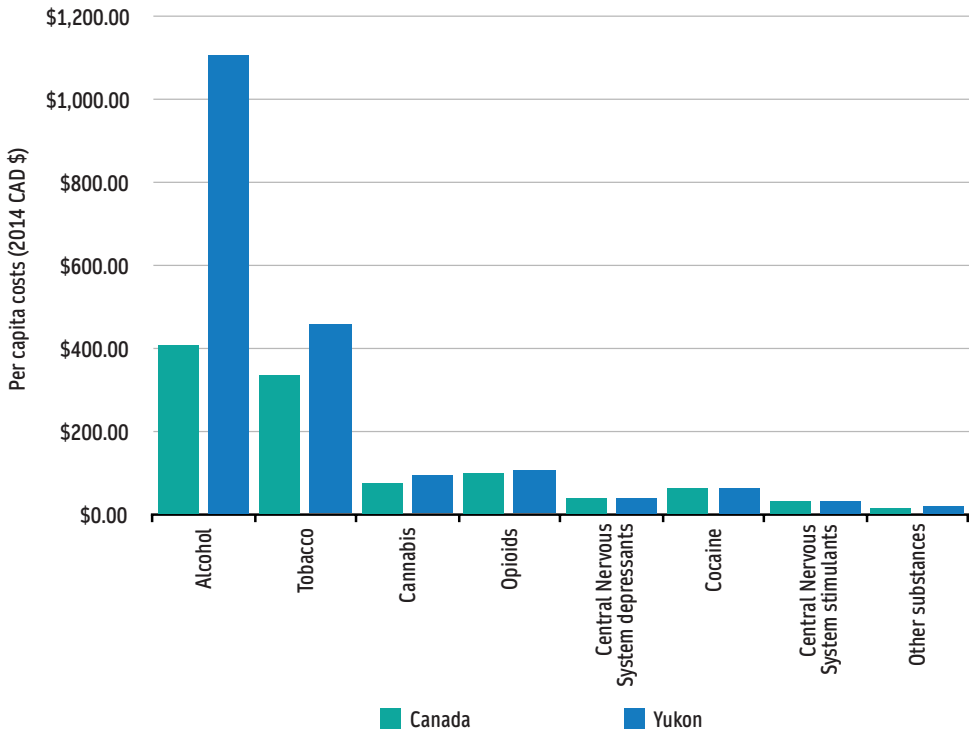
Combining an integrated, multi-disciplinary primary health care system with a population health approach can result in considerable cost savings. Alcohol is a prime example of where Yukon can improve primary health care services and prevention, improve health outcomes using a population health approach, and realize cost savings.

A recent Canadian Substance Use Costs and Harms report found that in 2014 Yukon spent $41 million on alcohol-related harms (26). Per person, that was the third highest amount in Canada. This figure includes the costs of health care, criminal justice and lost productivity (27). It is estimated that in 2014 the harms of alcohol were more than $1,100 per person, far more costly to Yukon than any other substance (27) (fig. 8.14 and 8.15). By comparison, the second most costly substance was tobacco, at $456 per person.

In 2017-18, alcohol was responsible for more hospitalizations from problematic use than any other substance use in Yukon, at a rate of 843 per 100,000 (28). This was significantly higher than the national rate at 249 per 100,000 (28).[13] There is a particularly concerning pattern of these hospitalizations among youth aged 10-14, where alcohol hospitalization rates were more than three times higher than youth in the rest of Canada. Overall, hospitalizations related entirely to alcohol are on the rise in Yukon.

Figure 8.14

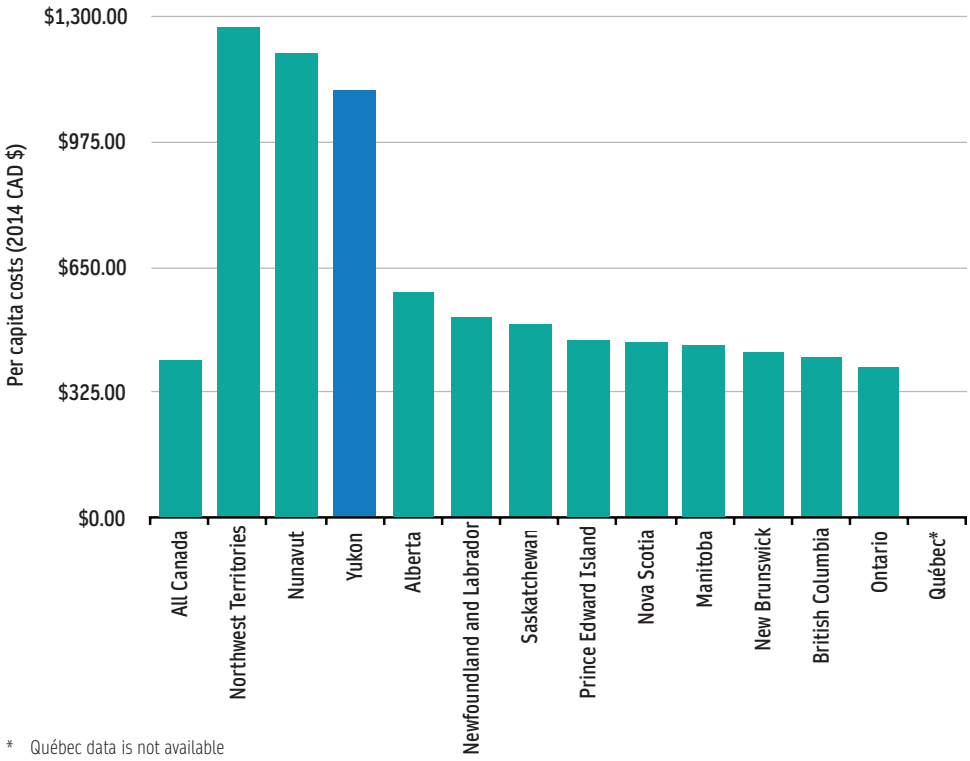
Substance use-attributable overall per capita costs, 2014



[13] Only hospitalizations completely caused by alcohol. Age-standardized, per 100,000 people over 10 years of age.

A population health approach will allow Yukon to better identify, define and prioritize issues like problematic alcohol use. It will then be better able to identify and implement the most cost-effective and evidence-based measures to address each issue. This will lead, over the long term, to Yukon avoiding more spending on acute care and treatment services. Meanwhile, future investments can be more focused on areas that more directly impact the social determinants of health.

Figure 8.15
Alcohol use-attributable overall per capita costs, 2014



* Québec data is not available

Investing in social services

In addition to changes in primary health care, taking a population health approach to prioritization and planning, and shifting resources from acute treatments to preventions and investments in social services will also help Yukon achieve the Quadruple Aim.

Over 20% of health care spending may be a result of income disparities (29). People with the lowest incomes are more likely to have chronic conditions like diabetes, heart disease, and mood and anxiety disorders, and are more likely to have pain that limits their activities (30).

Better access to health care is associated with reduced health disparities. However, lower socioeconomic status groups are less likely to be attached to health care providers familiar with their needs (29). Yukon will narrow this gap by attaching all Yukoners to a primary health care provider through Wellness Yukon. As a result, we expect Yukon to realize some cost savings as it ensures all Yukoners, including lower-income Yukoners, have equal access to primary health care.

We also see the investment in social determinants of health, such as income support, housing support and education as long-term investments that will pay dividends in improved health and wellness. Spending on social services, such as income support, employment and training supports, support for people with disabilities, and investments in early childhood education, as one way to improve the social determinants of health, has been found to improve health across populations. This is in contrast to medical spending, which does not have the same association (31).

One recent study found that, in Canada, a 1% increase in spending on social services decreased avoidable deaths (-0.034%) and slightly increased life expectancy. Meanwhile, a 1% increase in health spending actually increased avoidable deaths (+0.064%) and did not change life expectancy (31). In short, spending on social services was more effective than health spending at creating positive outcomes for these two important indicators of health and wellbeing.

Other studies on increasing social spending also show improved health outcomes and cost savings for the health system. Permanent supportive housing services, which typically offer both housing and medical and social support services, have been found to result in cost savings overall. Primarily, savings are from decreases in emergency department visits and hospitalizations (32, 33).

Our recommendations in Chapters 3 and 5 represent an investment in social services and the social determinants. These offer Yukon better value for money and will help Yukon avoid more spending on acute care in the future.

Other financial issues

In addition to the system-wide changes recommended in previous chapters, we found some specific parts of Yukon's health and social system that we see as costing too much for the value they currently provide. Below, we recommend changes to these areas. These recommendations will allow the Government of Yukon to save money today that it can invest in programs to help it avoid more costs in the future.

For example, Yukon's pharmaceutical benefits programs are not well organized and are paying high prices for drugs – far above the national average. As drug cost pressures continue to rise and the population ages, managing this part of the health system is an increasingly critical component of system sustainability.

Another example is the amount of money spent subsidizing Yukon's long-term care rates. Spending so much on subsidizing rates means there is less money available to pay for programs that will support older Yukoners to stay at home, in their communities for as long as possible.

In addition to the recommendations we make below, we believe that Yukon government has more work to do to identify ways to reduce costs and maximize value for money in the system. As Yukon improves its capacity for data collection and use, implements a population health approach, and establishes a formal quality improvement process, it will be able to find more efficiencies and make smarter choices as it invests in the future.

What we heard

Yukoners are concerned about ensuring the system remains sustainable and accessible for years to come. Some of the suggestions they made to increase sustainability include:

- Ensure health professionals such as nurse practitioners, licensed practical nurses, midwives, pharmacists and paramedics are able to work to the full scope of practice, and have hospital privileges to build efficiencies into the system.
- Increase team-based, collaborative models of care to increase efficiencies and reduce duplication.
- Long-term care resident fees should reflect the basic cost of living for Yukon seniors who live at home.
- Make medical travel more efficient and equitable, and review the medevac service to ensure it is used appropriately.
- Increase support for aging Yukoners to stay at home in their communities, while increasing the highly subsidized long-term care fee to a more reasonable level.
- Make the Yukon's pharmaceutical benefits more efficient and cost-effective, while at the same time making these benefits more accessible to those who need them.
- Bring drug costs in Yukon in line with other jurisdictions.
- Invest in improving the social determinants of health – including housing, healthy behaviours and childhood experiences – in order to improve health outcomes.

Moving forward

With the creation of Wellness Yukon and implementation of the Nuka model of care we expect Yukon to see financial benefits alongside improvements in the health and wellness of Yukoners. However, creating this new system will take time and resources. To help support this investment in Yukon's future, we recommend making some changes today.

The following recommendations address areas that no longer provide value-for-money to Yukoners. These changes can be carried out relatively quickly. They will also produce cost savings that can be reinvested in longer-term measures that help Yukon avoid future costs, as discussed above.

Reduce costs and increase efficiencies in medical travel

In Chapter 2, we discussed medical travel and ways Yukon can improve its coordination, effectiveness and experiences for patients. There are also some clear opportunities for Yukon to use resources more effectively within this program.

8.1 End rural zone medical travel subsidies for Yukoners residing in zones 1 and 2 outside of Whitehorse.

These zones are within a relatively short driving distance of Whitehorse. The current subsidy system means that residents of these zones automatically receive a daily subsidy of $10 (zone 1) or $25 (zone 2) for attending specialists' appointments, laboratory tests and medical imaging in Whitehorse. These subsidies take significant time and resources to administer. Removing these subsidies will save the government approximately $165,000 each year.

Many of the Yukoners living in these areas work in town or travel in to Whitehorse on a regular basis. The department has even received complaints from some recipients who felt the subsidy was a waste of money, something we also heard during the consultations. We do not expect that ending these subsidies will affect the residents' ability to access medical services, and will allow Yukon to use the funds more effectively elsewhere.

8.2 Conduct a program evaluation of the medical travel program, specifically focused on:

- how Yukon procures medevac services;
- comparing the cost of commercial flights with professional escorts to medevacs;
- when Yukon uses medevacs and whether there are opportunities to reduce frequency;
- how Yukon Emergency Medical Services integrates with health and social services, including medical travel and medevac;

- providing services in-territory vs. sending people out, including how increased use of virtual care (see recommendation 2.3) may impact medical travel patterns; and
- current restrictions and how they impact Yukoners.

Throughout the review, we heard that Yukon may be using medevacs when it is not always medically necessary. There may be opportunities to reduce the cost of medical travel, specifically medevacs, without negative impacts on health outcomes or user experience. We also heard that the government does not always have the equipment or staff for medevacs despite the medical necessity for patients to seek care outside of the territory. In 2018-19, the government spent more than $14 million per year on medevacs and other forms of medical travel.

The evaluation will help ensure the program meets the needs of patients and their families and is using funds effectively.

Shift resources from subsidizing long-term care toward aging in place

8.3 Increase the daily rate for residential long-term care from $35 to $50 over three years and index to inflation.

While making this change, Yukon should take care to ensure there is no undue hardship on residents. We recommend that Yukon phase in the increase over three years, with a $5 increase per year. Once the rate reaches $50 it should be set to rise or fall with inflation.

Long-term care rates are more heavily subsidized in Yukon than anywhere else in Canada. On average, each long-term care bed costs $539 per day, with residents paying just $35 of that cost. As long as the daily rate remains at $35, the cost of living stays the same for residents in long-term care, while increasing for seniors who live in the community. Older Yukoners have made it clear that they want to stay in their homes as long as possible, but that the services they need to make this possible are not always available.

Our recommended final rate of $50 per day is still well below the current Canadian average of $76 a day. We expect this change to provide an additional $380,000 per year in savings. These savings should be redirected into programs like home care and initiatives identified in the Aging in Place Action Plan. These initiatives will help support older Yukoners to be able to stay in their homes and communities for as long as possible.

Improve the management and efficiency of pharmaceutical benefits programs

When Yukoners are in the hospital or a long-term care facility, any drugs they need are provided free of charge. In addition, Yukon has several pharmaceutical benefit programs with differing eligibility criteria. Groups that can access these benefit programs include seniors, children, social assistance recipients and those with designated chronic diseases.

Having different programs with different policies has led to unnecessary system costs, inconsistencies, and confusion for providers and patients about who is eligible and what is covered.

The cost of providing these programs is directly affected by the price of drugs in the territory. Other jurisdictions have strict limits on the amount drugs can be marked up above the manufacturer's list price. Overall, Yukon pays the highest price for drugs in Canada. The rest of Canada limits drug markups to 8% on average, while Yukon's pharmaceutical markups range from 30 to 48%.

As the population ages, and more specialized and expensive drugs become available, providing pharmaceutical benefits will become more expensive. Without changes, these programs will be unsustainable in Yukon.

By introducing fair limits on pharmaceutical price markups and improving the organization and administration of pharmaceutical benefits programs, the Yukon government will realize substantial savings. Savings may then be used to fill gaps in coverage for Yukoners without drug insurance or other extended benefits (see Chapter 5).

8.4 Work in partnership with the federal government to support a model for a Canada-wide universal pharmacare program.

In recent years, universal pharmacare has been high on the agendas of Canada's federal, provincial and territorial governments. In 2019, the Advisory Council on the Implementation of National Pharmacare recommended these governments work together to create a public, first-payer, universal pharmaceutical benefits program (34). In Yukon, this would mean replacing the existing patchwork of coverage with a single, accessible, publicly-funded program.

The goal of universal pharmacare is to make drugs affordable and accessible for everyone while also reducing the prices paid for those drugs and increasing value for money. This is a vision we believe in. Affordable, accessible drugs will mean no one has to choose between buying medication and paying rent. It means no one will have to worry about losing benefits if they change jobs or want to get off social assistance. It means the government can negotiate better deals and buy drugs for lower prices.

We also believe Yukon has an opportunity to be proactive by taking a national leadership role on pharmacare. In partnership with the federal government, Yukon may be able to implement a version of universal pharmacare with federal support as a trial for the rest of the country. Yukon will also need to continue working with its federal, provincial and territorial partners, pushing for a workable framework to implement universal pharmacare nation-wide. If Yukon can help accomplish that, Canada will be able to fully unlock the many significant benefits of a national, universal pharmacare program.

8.5 Reduce pharmacy markups and fees to a level close to the national average.

Implementing a new framework for pharmacy markups and fees will result in substantial savings and make these benefits more sustainable. Savings are estimated at approximately $1.6 million annually.

8.6 Harmonize and simplify Government of Yukon pharmaceutical programs and outsource the administration of these programs. Combine the four different public pharmaceutical benefits programs into one program. The new program should have one consistent formulary. We recommend using an existing formulary from another Canadian jurisdiction to simplify ongoing management. This should reduce the time to add new medications to the formulary and ensure faster adjudication.

The administration of the pharmaceutical program – which will also include extended benefits coverage for low-income Yukoners as discussed in Chapter 5 – will be outsourced to a third-party provider. This will reduce administration costs and increase program efficiency and effectiveness. Yukoners enrolled in the programs will benefit from an easy-to-access online portal where they can track and manage their benefits. This is expected to save government around $350,000 a year.

8.7 Move responsibility for pharmaceutical purchasing for all bedded facilities to Wellness Yukon.

Having Wellness Yukon purchase pharmaceuticals for all long-term care facilities will allow Government of Yukon to take advantage of a preferred pricing network and existing pharmacy. Savings are estimated at $200,000 annually.

8.8 Transition Yukon public drug program coverage of biologic drugs from biologic "originators" to "biosimilars" where clinically appropriate.

Biologics (drugs made from living organisms or their cells) are expensive. In Canada they make up just 1.4% of claims but account for about 25% of public drug program spending.

Very similar, but less expensive products called "biosimilars" are usually available once the patent on a biologic drug expires. As an example, the biosimilar versions of three biologics covered by Yukon benefits programs in 2018 were 50%, 41%, and 25% less expensive, meaning that government spending could have been reduced substantially if the biosimilar had been prescribed instead.

The panel recommends that Yukon pharmaceutical benefits policies require the use of biosimilars when available, provided there is no medical reason not to do so. As more and more biologics and biosimilars come on the market, we anticipate this policy will yield substantial savings. Although savings will vary from product to product, savings from switching coverage of just those three biologics mentioned above to their biosimilar counterparts is estimated to be approximately $200,000 annually.

8.9 Develop a robust prescription monitoring system for Yukon modelled on the Nova Scotia Prescription Monitoring Program, partnering with other jurisdictions where possible to increase capacity.

Prescription monitoring will allow Yukon to analyze the prescription patterns of Yukon prescribers, identify problem areas, and then use the information to educate and improve prescription habits. It will also be used to support research, public health and education, and law enforcement.

Yukon has already invested in a territory-wide Drug Information System that tracks every prescription filled in a Yukon pharmacy. However, there is still more to do. Government should follow through on its previous commitment to implement e-prescribing. This will allow Yukon to track all prescriptions written in the territory and improve monitoring effectiveness. It should also set up governance systems and operational procedures to make sure information is shared faster and acted on more effectively. Finally, it should look to partner with larger jurisdictions to benefit from the knowledge, expertise and resources that already exist elsewhere.

Figures

- *Figure 8.1 – Per capita health expenditures.* Source: Canadian Institute for Health Information. National Health Expenditure Trends, 1975 to 2019. Table B.1.5. [Internet]. Ottawa: CIHI; 2019 Oct 31 [updated 2019 Oct 31; cited 2020 Mar 16]. Available from: https://www.cihi.ca/en/national-health-expenditure-trends-1975-to-2019
- *Figure 8.2 – 2019 Yukon health expenditures, by use of funds.* Source: Canadian Institute for Health Information. National Health Expenditure Trends, 1975 to 2019. Table D.1.11.1. [Internet]. Ottawa: CIHI; 2019 Oct 31 [updated 2019 Oct 31; cited 2020 Mar 16]. Available from: https://www.cihi.ca/en/national-health-expenditure-trends-1975-to-2019
- *Figure 8.3 – 2019 per capita expenditures on hospitals and other institutions.* Source: Canadian Institute for Health Information. National Health Expenditure Trends, 1975 to 2019. Tables D.1.11.3 and C.1.3. [Internet]. Ottawa: CIHI; 2019 Oct 31 [updated 2019 Oct 31; cited 2020 Mar 16]. Available from: https://www.cihi.ca/en/national-health-expenditure-trends-1975-to-2019
- *Figure 8.4 – 2019 Yukon per capita health expenditures, by source of funds.* Source: Canadian Institute for Health Information. National Health Expenditure Trends, 1975 to 2019. Series B. [Internet]. Ottawa: CIHI; 2019 Oct 31 [updated 2019 Oct 31; cited 2020 Mar 16]. Available from: https://www.cihi.ca/en/national-health-expenditure-trends-1975-to-2019
- *Figure 8.5 – Yukon Department of Health and Social Services expenditures.* Source: Government of Yukon. Budget. [cited 2020 Mar 16]. Available from: https://yukon.ca/en/budget
- *Figure 8.6 – 2018-19 Department of Health and Social Services operations and maintenance expenditures by program area.* Source: Government of Yukon. Budget. [cited 2020 Mar 16]. Available from: https://yukon.ca/en/budget
- *Figure 8.7 – Government of Yukon expenditures, by program area.* Source: Government of Yukon. Budget. [cited 2020 Mar 16]. Available from: https://yukon.ca/en/budget
- *Figure 8.8 – 2018-19 estimated hospital spending on conditions that may be prevented or managed by appropriate primary health care.* Source: Canadian Institute for Health Information. Observations of Health and Use of Health Services in Yukon. Presentation to the Government of Yukon Department of Health and Social Services. Ottawa: CIHI; 2020 Feb 14. 93p.
- *Figure 8.9 – Percentage of population 65+.* Source: Canadian Institute for Health Information. National Health Expenditure Trends, 1975 to 2019. Tables E.2.22.2, E.3.22.2, E.4.22.2, and E.6.22.2. [Internet]. Ottawa: CIHI; 2019 Oct 31 [updated 2019 Oct 31; cited 2020 Mar 16]. Available from: https://www.cihi.ca/en/national-health-expenditure-trends-1975-to-2019
- *Figure 8.10 – 2017 per capita provincial/territorial health expenditures by age group.* Source: Canadian Centre on Substance Use and Addiction. Canadian Substance Use Costs and Harms data tool [Internet]. Victoria, BC: CSUCH; [date unknown] [cited 2020 Mar 16]. Available from: https://csuch.ca/explore-the-data/
- *Figure 8.11 – 2017 Yukon per capita health expenditures by age and use of funds.* Source: Canadian Institute for Health Information. National Health Expenditure Trends, 1975 to 2019. Tables E.1.16.2 and E.1.20.2. [Internet]. Ottawa: CIHI; 2019 Oct 31 [updated 2019 Oct 31; cited 2020 Mar 16]. Available from: https://www.cihi.ca/en/national-health-expenditure-trends-1975-to-2019
- *Figure 8.12 – Percentage of frequent emergency department users by age group and facility location, 2017-18.* Source: Canadian Institute for Health Information. Observations of Health and Use of Health Services in Yukon. Presentation to the Government of Yukon Department of Health and Social Services. Ottawa: CIHI; 2020 Feb 14. 93p.
- *Figure 8.13 – Percentage of unscheduled emergency department visits by triage level in Yukon.* Source: Canadian Institute for Health Information. Observations of Health and Use of Health Services in Yukon. Presentation to the Government of Yukon Department of Health and Social Services. Ottawa: CIHI; 2020 Feb 14. 93p.
- *Figure 8.14 – Substance use-attributable overall per capita costs, 2014.* Source: Canadian Centre on Substance Use and Addiction. Canadian Substance Use Costs and Harms data tool [Internet]. Victoria, BC: CSUCH; [date unknown] [cited 2020 Mar 16]. Available from: https://csuch.ca/explore-the-data/
- *Figure 8.15 – Alcohol use-attributable overall per capita costs, 2014.* Source: Canadian Centre on Substance Use and Addiction. Canadian Substance Use Costs and Harms data tool [Internet]. Victoria, BC: CSUCH; [date unknown] [cited 2020 Mar 16]. Available from: https://csuch.ca/explore-the-data/

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Conclusion

Throughout this report, we shared the stories we heard during our time working on the comprehensive review. In dozens of meetings, through emails and surveys and submissions, Yukoners told us of their experiences with the health and social system: stories of gratitude and tales of frustrations; the successes of treatments gone right and the failures of medical travel gone very wrong; their dreams for the future and their fears of what that future might look like without change. Their greatest disappointment? An overwhelming sense of feeling lost and having no voice, and that the health and social system was not about them but rather about the system. Yet what impressed us most was the collective vision of possibility, change, growth and innovation.

We fundamentally believe that an important shift is taking place for Yukoners. They no longer see health as simply something that is done to them or that is just about an illness or disease that requires fixing by a health professional. They recognize that health is more than not being sick. We are healthy when we are physically, mentally, socially, and emotionally well. Yukoners expect the health and social system to help them achieve this all-encompassing approach to wellness.

Throughout the public engagement process, Yukoners repeatedly challenged the current system, calling for bold, transformational change and a rethinking of the territory's approach to health and wellness. For many that we heard from, small, incremental changes are not nearly enough to meet their expectations for what can be. Their aspirations for the health and social system can be summed up in a few words:

- Person-centred;
- Holistic;
- Focused on prevention;
- Relationship-based; and
- Safe and respectful.

We heard a strong appeal to incorporate this broader vision of health into our report, one that includes all of the things that make us healthy, the way we live, work, grow and play. Not only does national and international evidence support this approach, embracing this philosophy is key to a successful transformation, moving away from the medical model to one of comprehensive health and wellness. Simply, Yukoners are ready for change.

Yukoners recognize there are pockets of strength in the system, perhaps most importantly the caregivers who work right across that system: from doctors to the nurses in our communities; from staff and volunteers in NGOs to the employees working in hospitals and long-term care facilities; from social workers, mental health workers and those protecting our youngest and most vulnerable, to those supporting Yukoners with disabilities; and many, many more – caring, compassionate and committed, all.

However, there are also silos and fragmentation within and between Yukon's health and social programs and services that are preventing some Yukoners from meeting their health and wellness goals.

We provide a rational, achievable, evidence-based road map that offers how to get from where Yukon is today to what we see as the future of health and social care for Yukoners. The changes we propose boldly place Yukoners at the centre of health and social services. Wellness Yukon will bring the whole system together. Providers and services will be integrated and held accountable so that whole-person care is the expected norm.

What we did not fully appreciate is that Yukoners already provided this same visionary direction more than twenty-five years ago as the preamble of Yukon's *Health Act*. It says that Yukoners believe:

> that health means the physical, emotional, social, mental, and spiritual wellbeing of residents of the Yukon in harmony with their physical, social, economic, and cultural environments;
>
> that people can achieve and improve their wellbeing through prevention of illness and injury, promotion of health, and collective action against the social, environmental, and occupational causes of illness and injury;
>
> that improvements in health and social services require the cooperative partnership of governments, professionals, voluntary organizations, Aboriginal groups, communities, and individuals;
>
> that equitable access to quality health and social services is critical to protecting, promoting, and restoring health;
>
> that the policies and systems for providing health and social programs and services must be sensitive and responsive to the cultural diversity in the community;
>
> that there should wherever practicable be an integration of health services and social services; and
>
> that traditional Aboriginal healing practices should be respected.

There is a new opportunity for Yukon to harness and build on this foundation. Perhaps the one new concept that has emerged in the last quarter century is a focus on providing person-centred care, on building the system around the people it serves. We suggest adding this to the preamble to reflect this important priority.

Yukon has an advantage compared to some of Canada's larger jurisdictions to the south. A small population, the passion and commitment of health and social professionals, and investments the government is already making in the system all position the territory to actively incorporate the social determinants of health into Yukon's vision and collaboratively link health and social programs and services across the system into a new approach.

Yukon can be a national leader and create a health and social system that is the envy of our country. We know this requires commitment by Yukoners to challenge the way the current system is organized, by health and social providers to look at their role a little differently, by government to be bold in working with partners to create a new approach to the delivery of health and social services.

It might seem daunting, but we believe Yukoners collectively are up to the challenge. Yukon has its vision in the *Health Act*. It has a road map in this report. Change will depend on people's willingness to embrace the opportunity before them. If success is to be realized, it will require transparent goals anchored to strong, shared leadership and a community of health practitioners prepared to bravely change course from the way this work has traditionally been done. The right people will need to be brought together to critically engage on the implementation of this system transformation.

We know that a road map alone does not guarantee success. Yet we are confident that the vision for the future of health and wellness that Yukoners shared so eloquently with us is within reach, and can be accomplished together.

Glossary

1Health – an integrated health information system and electronic medical record being installed across Yukon's hospitals, health facilities and services. See also "electronic medical record".

A

Acute care – active, short-term treatment for a severe injury or episode of illness.

Aftercare – follow-up care after treatment (e.g. physiotherapy after surgery, or ongoing counselling and support after treatment for problematic substance use).

Allied health professionals – health care professionals other than dentists, doctors, nurses or pharmacists. They provide a range of diagnostic, technical, therapeutic, and support services in connection with health care. Some common examples are audiologists, dietitians, physiotherapists and speech language pathologists.

Anecdotal evidence – evidence collected in a casual or informal way that relies heavily or entirely on personal testimony.

B

By-Name List – real-time list of all people experiencing homelessness in a community.

C

Canadian Index of Wellbeing – composite index, composed of eight interconnected domains, that measures stability and change in the wellbeing of Canadians over time.

CIHI – Canadian Institute for Health Information, a government-controlled not-for-profit Crown corporation that provides essential information on Canada's health systems and the health of Canadians.

Chronic disease – a disease that is persistent or otherwise long-lasting in its effects. A disease is often called chronic when it lasts for more than three months.

Client-owner – a term recognizing that an individual interacting with the health and social system is simultaneously: being served as a client; has ownership over their own care choices and wellbeing; and, as a citizen, is a collective owner of the system and shares responsibility for its success.

Clinic – see "Polyclinic".

Colonialism – policy of a country seeking to extend or retain its authority over other people or territories, generally with the aim of economic dominance. In the process of colonisation, colonisers may impose their religion, economics, and other cultural practices on Indigenous peoples.

Continuity of care – for patients, the experience of care is connected and well-organized throughout their care journey, from care provider to care provider, no matter what facility or environment they may be accessing care. For practitioners, it means following and advocating for patients across their care journey and making sure key information is flowing from one provider to another.

Copayment – amount paid by a patient for a service otherwise paid for by insurance.

Cultural humility – process of self-reflection to understand personal and systemic conditioned biases, and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a life-long learner when it comes to understanding another's experience.

Cultural safety – an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in a healthcare system. It results in an environment free of racism and discrimination, where people feel safe when receiving care.

D

Data management – process that includes gathering, validating, storing, protecting, and processing required data to ensure the accessibility, reliability, and timeliness of the data for its users.

E

Early childhood education – programs for young children based on clear curriculum and teaching, delivered by qualified staff, and designed to support children's development and learning. Settings

may include child care centres, nursery schools, preschools, playgroups, family resource centres and kindergarten. Attendance is regular and children may participate on their own or with a parent or caregiver.

Electronic medical record – real-time, patient-centred records that make information available instantly and securely to authorized health care practitioners.

Emergency department – medical treatment facility specializing in emergency medicine: the acute care of patients who present without a prior appointment. Yukon has emergency departments in Dawson City, Watson Lake and Whitehorse.

Empowerment – the process of becoming stronger and more confident, especially in controlling one's life and claiming one's rights.

Evidence-based decision-making – conscientious, clear and careful use of the best evidence available to make decisions to improve public health.

F

Family-practice sensitive conditions – conditions for which visits to an emergency department are largely unnecessary. They have a less than 1% chance of resulting in an admission to a hospital and can be appropriately managed at a family doctor's office.

Fee-for-service – payment model where providers bill for each service they provide.

Food security – a measure of the availability of food and individuals' ability to access it. Affordability is only one factor.

Forty (40) Developmental Assets Framework – traits, values and experiences that all young people need to be healthy, successful and reach their full potential.

G

Guaranteed annual income – a system of social welfare that guarantees all citizens or families have a liveable income, provided they meet certain conditions.

H

Health in All Policies – a strategy to include health considerations in policy making across different sectors that influence health, such as transportation, agriculture, land use, housing, public safety, and education.

High-user – frequent user of the health system.

HIPMA – *Health Information and Privacy Management Act*.

Housing First – moving people experiencing homelessness – particularly people experiencing chronic homelessness – from the street or emergency shelters into stable and long-term housing, with supports. There is no requirement that person be sober, in treatment for substance use, employed, etc before they are housed. A Housing First facility opened in Whitehorse in February 2020.

I

Icelandic model – see "Planet Youth".

Income-tested – benefits or a program designed for individuals below a certain income threshold.

Indicator – a measure designed to provide information about the state of a health or social issue across a population.

Indigenous determinants of health – elements of health that are unique to Indigenous Peoples. Examples include colonialism, racism and self-determination. See also "Social Determinants of Health".

Interdisciplinary team – a group of healthcare providers from different fields who work together to provide the best care or best outcome for a patient or group of patients.

Intergenerational trauma – the psychological or emotional effects that can be experienced by people who live with trauma survivors. Coping and adaptation patterns developed in response to trauma can be passed from one generation to the next.

Intervention – a planned communication, program or policy that is implemented to address a health or social issue.

L

Land-based healing – programs where the land is honoured, respected and involved in the healing process.

Land-based treatment – combination of traditional land-based healing and First Nations ways of knowing and doing with western clinical approaches to substance use treatment.

Learning circle – a forum for sharing knowledge about health and wellbeing.

Long-term care facilities – provide 24-hour professional supervision and care in a protective, supportive environment for people who have complex care needs and can no longer be cared for in their own homes.

Low-income – an individual or family is considered to have a low income if they devote a larger share of their income to the necessities of food, shelter and clothing than the average family. The threshold is determined by the federal government's low income cut-offs (LICOs).

M

Medevac – short for medical evacuation, it is using an aircraft to take a sick or injured person to a better-equipped facility (e.g. a hospital).

Medical travel program – a Government of Yukon program that subsidizes travel costs when a Yukoner must travel to receive medical treatment. This refers to medical emergencies and non-emergency services.

Medical travel subsidy – subsidy to assist Yukoners with costs like accommodation, meals and taxis while travelling to receive medical treatment. The rate is $75 per day starting on day two of medical treatment, with a maximum of 90 days.

N

Needs-based – financial or other assistance with eligibility criteria based on need. As opposed to universal eligibility or eligibility determined by defined rules.

NGO – non-governmental organization.

Nuka model of care (or Nuka system of care) – a relationship-based, customer-owned approach to transforming health care, improving outcomes and reducing costs. Developed by Alaska's Southcentral Foundation.

O

Ownership, control, access and possession (OCAP) – A set of standards that establish how First Nations data should be collected, protected, used, or shared. They are the *de facto* standard for how to conduct research with First Nations. OCAP asserts that First Nations have control over data collection processes in their communities, and that they own and control how this information can be used.

P

Palliative care – an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness. Focuses on preventing and relieving suffering through early identification, assessment and treatment of pain and other problems (physical, psychosocial and spiritual).

Patient Charter – official government document that lists patients' rights and responsibilities when seeking care or interacting with a health and social system. Operates parallel to professional codes of practice followed by practitioners.

Person-centred care – where patients actively participate in their own medical treatment in close cooperation with health professionals.

Physician compensation model – determines what services physicians are paid for, how much they are paid, and how payments are made. The compensation model influences physician behaviour, health outcomes, and health system spending.

Planet Youth – an evidence-based approach to reducing youth substance use, and family and adolescent welfare. Developed by the Icelandic Centre for Social Research and Analysis, they collected data, developed local and regional actions, and iteratively refined their approach through further evidence and engagement.

Premium – amount paid for an insurance policy.

Prescription monitoring system – tracks all prescriptions written in a jurisdiction, identifying problematic prescribing patterns so remedies may be developed. Also allows prescribers to review and adjust their prescribing habits. The overall goal is to improve health outcomes while reducing spending on unnecessary or harmful prescriptions.

Program evaluation – the systematic collection of information about the activities, characteristics, and outcomes of programs to make judgments about the program, improve program effectiveness, and/or inform decisions about future program development.

Primary care provider – a person's main contact for health care. Could be a community health nurse, nurse practitioner or physician.

Primary health care – primary health care refers to an approach to health and a spectrum of services beyond the traditional health care system. It includes all services that play a part in health, such as income, housing, education and environment. Within primary health care, primary care is the element that focuses on health care services, including health promotion, illness and injury prevention, and the diagnosis and treatment of illness and injury.

Polyclinic – a clinic that provides many different medical services, including general and specialist examinations and treatments, for a wide variety of diseases and injuries. A polyclinic serves outpatients and is managed independently of a hospital.

Population health – an approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups. In order to reach these objectives, it looks at and acts upon the broad range of factors and conditions that have a strong influence on our health.

Population health assessment – measurement, monitoring, analysis, and interpretation of population health data, knowledge and intelligence about the health status of populations and subpopulations, including the social determinants of health and health inequities.

Protective factor – a characteristic at the biological, psychological, family, or community (including peers and culture) level that is associated with a lower likelihood of problem outcomes or that reduces the negative impact of a risk factor on problem outcomes.

Q

Quadruple Aim – an approach to health-system that seeks to simultaneously: improve patient experience; improve health outcomes; better manage costs and system effectiveness; and provide better experiences for care providers.

R

Resilience – the capacity to recover quickly from difficulties.

S

Self-determination – determination by the people of a territorial unit of their own future political status.

Silo – lack of information sharing among employees of different divisions in the same organization.

Social assistance – a program that provides financial assistance to people who do not have enough money to live on. This program is a last resort after all other possible sources of income have been explored.

Social determinants of health – economic and social conditions that influence individual and group differences in health status. See also "Indigenous determinants of health".

Southcentral Foundation – an Alaska Native-owned, non-profit health care organization serving nearly 65,000 Alaska Native and American Indian people. See also "Nuka model of care"

Specialty care – advanced, medically-necessary care and treatment of specific health conditions or health conditions. Provided by a specialist physician, preferably in coordination with a primary care professional or other health care professional.

Surveillance – continuous, systematic collection, analysis and interpretation of health-related data needed for the planning, implementation, and evaluation of public health practice.

Systemic racism – the way racism operates over all of society and within institutions, not just in one-on-one interactions.

T

Targeted (program) – program focused on a defined subset of a population. Eligibility is based on specific criteria.

Trauma-informed practice – care or treatment that recognizes the links between trauma and substance use, mental illness, stigma, health care access barriers and other challenges. Makes sure people feel safe and are not re-traumatized by their care.

U

Universal (program) – a program available to anyone in a population, as opposed to one targeting a specific subset of a population based on certain criteria.

V

Virtual care – combines clinical care and professional collaboration through digital technologies. Enables patients to call, text or video chat with healthcare practitioners using their computers or mobile devices.

Vulnerable person – someone who belongs to a group within a society that is either oppressed or more susceptible to harm. For example, a person that is without a home is more vulnerable to poor health outcomes.

W

Wellness – a state of complete physical, mental, and social wellbeing, and not merely the absence of disease or infirmity.

Whole-person care – a multidimensional, integrated approach to care that stresses the importance of the therapeutic relationship. Whole-person care acknowledges doctors' humanity, recognizes patients' individual personhood, views health as more than absence of disease, and employs a range of treatment types.

Y

Yukon Financial Advisory Panel – This independent panel was created in 2017 to provide expert advice on how to deliver on government priorities, meet the needs of Yukoners and return the territory to a healthy financial position.

Yukon Health Status Report – every three years the Office of the Chief Medical Officer of Health releases a report on the health status of Yukoners.

Yukon Hospital Corporation (YHC) – an arm's-length government corporation operating Yukon's acute care hospitals in Dawson City, Watson Lake and Whitehorse.

Yukon Medical Association – a voluntary association of Yukon's medical doctors. The role of the association is to advocate for its members, promote the highest level of professionalism in medical practice, and promote accessible quality health care for Yukoners.