Taking the Pulse
A Health and Wellness Conversation

Discussion Paper
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Introduction

In 2018, the Department of Health and Social Services (HSS) initiated the Comprehensive Review of health and social programs and services to improve the quality of health and wellness of Yukoners, ensure patients, clients, families and providers have positive experiences and provide better value for money. As the Independent Expert Panel (IEP) appointed to lead this process, we are looking at what recommendations we can make regarding changes and improvements.

Working together, we have to figure out how we can better allocate our existing resources (people and money), improve services, make things more efficient and find creative solutions to meet our needs today and tomorrow.

As we start the second phase of public engagement, we are sharing with you some of the information we have learned over the past few months about our health and social system. We want to hear your stories about your experiences receiving health and social services and gather your ideas of how to improve our system.

This document is focused on the six themes and two foundational elements we established earlier this year: primary health care, coordination of care, supporting high needs users, aging in place, pharmaceutical benefits and social supports, and cultural safety and humility and data, analysis and performance measurement. These topics have been detailed in this document in order to guide conversations and illuminate the experiences that Yukoners have with their health care system.

We look forward to continuing the conversation over the next several months.
The Six Themes of the Comprehensive Review
1. Primary Healthcare

Vision

Yukoners can access the care they need from a team of health and social service providers, at a time and in a way that works for them. The focus is on caring for people and communities as a whole, rather than treating a specific illness.

Why primary health care is important

Primary health care is the first place people go for health and wellness services. For example, Yukoners may visit a family doctor, a nurse, or other health and social service professionals. Today, most of the focus is on care for urgent health problems. This is important, but it may not be all that Yukoners need. Also, not everyone has the best access to care. This is particularly true if they need after-hours care for a problem that is not an emergency.

The trend in modern primary health care includes a broader range of coordinated services, provided by diverse teams of professionals. These systems focus more on prevention, mental health, harm reduction practices, and addressing the many factors that influence health, such as income, housing, food security, education, culture, workplaces and environment.

How our system works now

Access

Primary health care services are delivered in a variety of settings across the territory (medical clinics, community health centres, hospitals, etc.). Territory-wide, after-hours access to non-emergency care is limited.

Care is typically provided by:

**PHYSICIANS:**
- Physicians are the most common primary health care providers.

**NURSES:**
- In the 11 community health centres across the territory, care is provided by primary health care nurses with an expanded scope of practice.

**NURSE PRACTITIONERS:**
- Nurse practitioners (NPs) are registered nurses with additional education which enables them to diagnose and treat illnesses, order and interpret tests and prescribe medication. There are currently five nurse practitioners working in the territory, including one in a rural community (Mayo).
Despite this range of providers, we hear that Yukoners cannot always access the health services they need, when they need them. We have a large number of general practice doctors for our population, (68 with an active practice) but the majority (73 per cent) work part-time. About 25 per cent of Yukoners report being unable to secure a regular family doctor, and there is no coordinated process to find a doctor. After-hours and weekend care is limited. There is one walk-in clinic in the territory.

Use of nurse practitioners as primary providers is limited, despite the evidence of the quality of care and efficiencies for the system. Restricted hospital privileges prevent full use of nurse practitioners and licensed practical nurses.

**Prevention**

- Our public health centres offer maternal and child health services, immunizations, chronic conditions support, outreach and communicable disease testing and support.
- Health promotion programs include healthy eating, tobacco prevention and cessation, sexual health education and support for healthy behaviours in school-aged children.
- The Children’s Dental Program provides free diagnostic, preventive and restorative services to children across the territory.
- Mental Wellness and Substance Use Services provides a variety of mental wellness, substance and addictions treatment, and harm reduction services.

While there are some great initiatives underway, Yukon does not have an overarching vision of prevention, and no comprehensive approach to illness prevention, community development or capacity building, and health promotion.

**Possible ways forward for Yukon**

Yukon’s current health system provides quality care, and has areas of great innovation and collaboration. We have an opportunity to transform this into a primary health care system that:

- provides more equitable access to care,
- is focused on prevention and wellness,
- is coordinated and well integrated,
- is sustainable and cost effective,
- combines knowledge and experience of a team of health and social services providers, and
- leads to better health and wellness for all Yukoners.
Here are some of the ideas that were suggested to the panel:

**Making access more equitable**

- Expand access to after-hours care, with a preference for care models where teams of health and social service professionals work together, where there are strong links with other health and social services, and where specific needs can be met (e.g. for bilingual health services).
- Work to ensure all Yukoners have access to a primary care provider by encouraging doctors to take on new patients but also increasing the use of nurse practitioners throughout the system.
- Build upon the success and learnings of the Kwanlin Dün First Nation Health Centre and create opportunities for Indigenous primary health care service delivery models.
- Develop expertise in LGBTQ2S+ health, including transgender health, which includes all components of health and increased mental health supports.

**Shifting the focus to prevention**

- Focus on a prevention and wellness approach that includes investments in prenatal care, early childhood development, health promotion and early screening and intervention for Yukoners.
- Support the development of community-based health programs. Design programs in partnership with those using the programs to make sure the needs of the community are met.

**Ensure the system is sustainable**

- 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 redundancies.

Yukon is not alone on this journey: many other jurisdictions across Canada are working to build more comprehensive, prevention-focused primary health care systems. There are many models to look at as examples, but most focus on the social determinants of health and integrating care around patients using team-based, interdisciplinary care models. By innovating in care delivery, we can develop a system that better supports the physical, mental, emotional and spiritual wellness of all Yukoners.
Questions for discussion

1. What is the best thing about your care from your doctor or your community health centre?

2. Are you able to get appointments when you need them, at a time that is convenient for you and your family?

3. Are there services the government could provide to support you and your family in making healthy lifestyle choices?

4. In what ways could we invest more in promoting wellness and preventing disease? What specific areas should we focus on? If we had a healthier population and could invest less in illness care, what would be priorities for increased investment instead?

5. What’s the most important thing that should be different about primary health care (services, prevention and access) in Yukon?
2. Coordination of Care

Vision

All Yukoners can access the medical services they need, regardless of where those services are provided. These services coordinate and share information critical to care as Yukoners transition between services and levels of care.

Why coordination of care is important

For Yukoners, coordination of care often combines two closely related issues: the coordination of social and medical care (collaborative care); and the coordination of appointments and travel to access care outside of home communities (medical travel).

Yukon’s many health and social programs service a remote and relatively small population. Given this context, Yukoners have a lot to be proud of. By many measures, Yukoners have access to the same medical services as any resident of a major metropolitan area. However, to truly realize our vision, we will need to focus on treating individuals according to their level of need, system sustainability, and support during transitions in care.

How our system works now

Using technology for remote access

Yukon continues to make significant investments in telemedicine and other systems and technologies that allow services to be provided from a distance. For example, Teleheath is a dedicated videoconferencing system that is accessed through community health centres, hospitals, and other locations like the Mental Wellness and Substance Use buildings. It is currently used to connect clients to some services inside and outside of Yukon. Other government departments use similar systems.

Yukon hospitals

The Yukon Hospital Corporation operates three acute care hospitals in Whitehorse, Dawson City and Watson Lake. Whitehorse General Hospital is Yukon’s primary acute care centre, providing a full range of care, including 24/7 emergency care, inpatient and ambulatory care, surgical services, cancer care, visiting specialist clinics, First Nations health programs, therapy and lab services, and advanced diagnostic imaging. Community hospitals in Dawson City and Watson Lake allow many Yukoners to receive care closer to home through access to 24/7 emergency care, inpatient and ambulatory care as well as many lab and diagnostic imaging services.
Community Nursing

Community Nursing provides community health, preventative healthcare, health promotion, and emergency treatment services 24/7 in 11 rural communities. Nurses working in the Primary Health Care Nurse role function in an expanded scope of practice supported by employer policy, guidelines and advanced training programs. The program mandate is to promote and protect health of the individual, family and community to improve mental and physical health and wellness.

In the communities the Health Centres are responsible for approving and coordinating both urgent and non urgent medical travel for local residents. Physicians travel to communities on a regular basis and work with the Health Centres to offer a clinic.

Medical travel and air ambulance

Due to Yukon’s small population and large geographical size it is not possible to provide all services in every Yukoner’s home community. The medical travel program assists Yukoners when they are required to travel outside of their home community to receive medically necessary services. Airfare is 100 per cent paid for and mileage is reimbursed when clients travel by road. Clients are provided a subsidy of $75 per day to assist with other travel costs. The medical travel program is not income tested – all eligible Yukoners receive the same coverage.

The air ambulance (medevac) program is key to the delivery of emergency medical services in the territory. It ensures that there is an aircraft and crew available at any time to transfer patients to the nearest hospital that can provide the treatment they need. Yukon Emergency Medical Services employs specially-trained paramedics and nurses to provide patient care in flight.

Income support

Income Support Services provides financial assistance to people who do not have enough money to live on. The program is to be used only as a last resort after all other possible sources of income have been explored. The program provides enrolled individuals with funds so that they can attend medical travel appointments.

Continuing care

There are five long term care homes in Yukon with a total of 322 private rooms. Four of the homes are located in Whitehorse, and one in Dawson City. The care provided is broad in scope – from personal care to extended care. The department of Health and Social Services provides a range of programs to support clients in long term care as well as those who live independently in their homes.

See the Aging in Place chapter for more information on continuing care.
First Nations Health Programs

Operated by the Yukon Hospital Corporation, First Nations Health Programs recognizes the impact of residential school and colonialism on health and well-being and strives to improve the accessibility and acceptability of the hospital services and environment. Self-identified First Nations, Inuit and Metis individuals are eligible for a wide range of services that are designed to help them navigate the system and honour traditional knowledge.

Possible ways forward for Yukon

Here are some of the ideas that were suggested to the panel:

Explore the creation of a client coordination unit

Improvements in planning for when people transition between health services can dramatically reduce length of stay and improve efficiency. This can reduce re-admission rates and produce cost savings. Within Yukon, steps can be taken to integrate planning for transitions in service into care plans as soon as someone enters the system. A dedicated “medical travel customer services” resource unit would support people with medical travel and transitions in service within Yukon and outside. This unit would review and plan health services from rural communities, to Whitehorse to out of territory and returning home. This could improve outcomes, access, client experience and efficiency.

Improvements to the medical travel program

There are options for providing these services more efficiently and equitably. Such options could improve patient care and experience. For example:

- Income-testing the medical travel program could provide more equitable financial support for all Yukoners when they are away from their communities.
- Explore more flexible ways to provide advanced payments to people travelling for medical care.
- Provide a travel service within Yukon to ensure people can get to and from appointments.
- Review the medevac service to ensure appropriate usage.

Expanded use of technology

There are a number of options to explore that could improve access to services and the sharing of client information. For example:

- Telehealth – Yukon has already invested in placing telemedicine capabilities in service sites across the territory. This program needs to modernize the telehealth program to best meet the needs of individual clients, such as connecting more with medical specialists both within and outside the territory.
• Yukon has technology that will allow people to take measurements and access medical services directly from their homes. Multiple programs will be able to deliver services using this technology, but work is required to realize the platform’s potential.

• Offer incentives for specialists to travel to communities so clients can be seen without having to travel.

**A residence for medical travel**

A number of other Canadian jurisdictions with medical travel programs operate residences that their beneficiaries can use when on medical travel. Yukon could purchase or rent housing in one or more of its gateway cities (Vancouver, Kelowna, Calgary, Edmonton), to create such a residence.

**Questions for discussion**

1. If a health practitioner was not available in your home community, would you be interested in meeting with your physician or specialist via technology either in the local health centre or via the internet from your home?

2. Some Yukoners can’t afford to travel for medical appointments while others are able to comfortably budget for it. How do we allow those with the most need to access medical care and travel without increasing the program’s budget? Should the government stop paying for medical travel for routine appointments and screenings not available in the community for those making a comfortable living?

3. If you have had a recent medical travel experience, what worked well? What would have made it better?

4. Could you have had care closer to home if you or your doctor or nurse had phoned, emailed or had a video consultation with a specialist who had access to your secure health records?

5. A collaborative care unit is a clinic where you can access doctors, nurses, dieticians, physiotherapists, mental health specialists, as well as other health care professionals all in the same building. This would result in one team in one location that would have a full picture of your health history all in the same space. Would you support a change to our existing health care structure to allow for a collaborative care approach?

6. What’s the single most important thing that could be different about coordination of care in Yukon?
3. Supporting High Needs Users

Vision

Yukoners with complex and high needs can access health professionals to provide safe, well-coordinated, cost-effective and high-quality care, and have access to the appropriate health and social services and supports needed to live safe, independent, and comfortable lives.

Why supporting high needs users is important

Some individuals have multiple health and social services needs and may face barriers to accessing needed services. In some cases, programs and services can be redesigned so that individuals receive improved access and outcomes that also improve overall system cost and sustainability.

For example, Yukoners with multiple conditions such as chronic diseases, life-limiting illnesses, mental health challenges, substance use disorder and frailty, and who may also be suffering from socio-economic stress, are not always receiving the appropriate care at the right time.

We have found that, in Yukon, some people with high needs may be using the health and social system with a much higher frequency even though their needs are not being fully met. This does not improve a person’s health and wellbeing and also increases costs to the health and social services system.

We do not have all of the information we need to understand who these high needs users are, what their needs are or the many ways they are accessing the system. This is a significant gap in our current system. As a result, we are currently unable to provide effective care to meet all of their needs in the most sustainable way.

High needs users fall into several different categories:

- High user – person who uses many services
- High cost user – person whose total cost of care is high relative to others
- User with unmet needs – person who uses care frequently in attempts to meet needs
- Non-user with unmet needs – person with needs who is not seeking care
How our system works now

Programs and services

Yukoners with high needs may or may not be accessing programs and services and their total cost of care may or may not be relatively high but often their needs remain unmet or underserved.

**EMERGENCY DEPARTMENTS**
There are three emergency departments in hospitals in Whitehorse, Dawson City and Watson Lake. The hospitals provide services 24/7 and in addition to emergency care, may provide primary care to those without a family physician or those who cannot access a physician within the timeframe they determine is required.

**EMERGENCY MEDICAL SERVICES**
This service provides 24 hour service to allow for safe and efficient transportation of people undergoing medical emergencies.

**WHITEHORSE EMERGENCY SHELTER**
This is a low-barrier shelter that operates based on harm reduction principles and approaches. The shelter was built with a 25-bed capacity. Overflow space is being used to meet the current demand of 50 to 60 people per night. The shelter offers drop-in programming, a meal program, and 20 onsite housing units.

**RESPITE AND REABLEMENT PROGRAM**
The respite and reablement program at the Thomson Centre provides support after a hospital stay or acute episode. The program provides targeted support to improve an individual’s functioning and helps them learn or re-learn the skills they need for daily life. It offers the opportunity to work with and support an individual out of hospital care before assessing their ability to return home with home care, increasing the likelihood that they will be able to return home with supports avoiding unnecessary and premature entry to long-term care.

**PALLIATIVE CARE PROGRAM**
This resource team helps individuals with life-limiting illnesses navigate the health care system by giving care providers (professionals, family, friends or volunteers) with support, best practice information, standardized assessment tools and clinical advice to manage pain and suffering at the end of life, while remaining in their location of choice as long as appropriate.
MENTAL WELLNESS AND SUBSTANCE USE
Mental Wellness and Substance Use Services provides a variety of mental wellness, substance and addictions treatment and harm reduction services. The Referred Care Clinic is a primary health care clinic which is designed to meet the needs of patients for whom the symptoms of their mental health and/or substance use prevent them from accessing services in a traditional family practice.

CHRONIC DISEASE PROGRAMS
These programs provide financial assistance for drugs, medical surgical supplies and other medically necessary items for eligible persons who have been diagnosed with a severe disability or one of the chronic diseases listed in the Chronic Disease and Disability Regulations. Self-management support is also offered to Yukoners, and their caregivers, living with diabetes, chronic conditions such as cardiovascular disease (CVD) and chronic obstructive pulmonary disease (COPD).

Possible ways forward for Yukon
In general, Yukoners with high needs may be accessing services at a higher rate and at greater cost than the rest of the population. However they may not always be accessing the right services from the right provider and their needs may remain unmet or underserved.

Here are some of the ideas that were suggested to the panel:

Relationship-based primary care
• Ensure every Yukoner has a primary care home with a doctor or nurse practitioner that employs a relationship-based approach to care.

Whole-person approach to care
• Use a person-centred approach to provide the right service at the right time by the right provider to meet the needs of high users.

Collaborative and person-centred care
• Ensure coordinated and integrated support services and planning are available to Yukoners with multiple needs.
• Expand mental wellness hubs to include other core providers and ensure a more coordinated and regionally-integrated approach
• Provide more consistent and accessible home and community care.
• Provide effective case-management and wrap-around care to meet the patient/client where they are and ensure their needs are being fully met.
• Work with the community to gather data to understand who the high users are, what their needs are and what programs and services they require.
Questions for discussion

1. What further measures would you suggest to support people who have needs that are not being met in the current system?

2. Should a program with increased hours of access be implemented to allow more access to appropriate services, especially for high frequency users?

3. What is the single most important area we can improve for Yukoners that have medical and social needs that are unmet?
4. Aging in Place

Vision

Yukoners can access the health and social services and supports needed to live safe, independent, and comfortable lives in their own home or community for as long as they wish to, or are able, regardless of age, income, or ability level.

Why Aging in Place is important

Current resources are not always being used effectively or efficiently. In some cases, Yukoners are not receiving the appropriate care at the right time. As a result, these gaps prevent some seniors from aging in place.

We have found that in Yukon, people are admitted to long-term care homes earlier than in most other jurisdictions. Long-term care homes provide a high level of costly care and, for many seniors, this level of care isn’t necessary. In some cases, the care needed can be provided in the community, at a much lower cost and in a more familiar location. In addition, the Aging in Place engagement heard that many seniors want to stay in their homes and communities, but a broader continuum of services and supports are needed. Most importantly, seniors, elders and those who are frail want to maintain their independence for as long as possible.

How our system works now

Programs and services

As Yukoners age, there are a variety of programs and services intended to support them.

**LONG-TERM CARE HOMES**

There are five long-term care homes in Yukon with a total of 322 private rooms. In the past, these homes have run at or near capacity. Since Whistle Bend Place opened in fall 2018, there are some vacancies and there is currently no waitlist for admission. Currently, individuals in long-term care pay $35 per day per resident. The cost to provide this care is approximately $550 per day.

**HOME CARE**

Home Care supports individuals to live independently in their homes. Services are available for people who have mobility or health constraints. Services offered include: nursing, therapies, speech language pathology, home support (personal care and basic home-making services), social support, and respite and palliative care. Home care can be limited by access to the right type of housing. There are no supportive housing options or assisted living facilities in the territory. Existing housing for seniors doesn’t always meet their needs or work well as their care needs increase.
RESPITE AND REABLEMENT PROGRAM
See Supporting High Needs Users section above.

PALLIATIVE CARE PROGRAM
See Supporting High Needs Users section above.

COMMUNITY DAY PROGRAM
This program provides day programming that helps individuals maintain their independence, and offers respite for caregivers. Clients have time to socialize, enjoy recreational activities and participate in therapeutic programming.

Possible ways forward for Yukon
In general, people living in one of Yukon’s long-term care homes are well supported and have access to the care they need. The engagement process for Aging in Place and first phase of Taking the Pulse highlighted some of the difficulties faced by seniors living in the community.

Here are some of the key recommendations from Yukon’s Aging in Place Public engagement and some ideas that were suggested to the panel:

Housing and home care
- Support and promote independent living by creating age-friendly building designs and implementing assisted and supportive living options.
- Explore intergenerational housing options, including home share programs, lifetime neighbourhoods or co-housing communities.
- Offer flexible home care options and continue to expand services and their availability.
- Support caregivers by offering a caregiver benefit, and more training and respite services.
- Offer incentives to support aging in place and increase fees for long term care beds. Currently, the fees charged ($35/day) may encourage people to seek out or stay in care when they may not need it, but find it less expensive than living at home.

Collaborative, people and family-centred care
- Ensure coordinated support services and planning are available to Yukoners as they age.
- Bring health care services closer to home.
- Support individuals and families in their end of life journey. Create opportunities for palliative care to be provided out of the hospital and closer to home.
Supportive communities

- Improve access to activity programs, especially physical activities like walking and exercise programs, social activities and peer groups. Offer more programming for younger seniors (under 75).
- Incorporate an age-friendly approach to communities by working with municipalities and businesses.
- Empower older people to continue to contribute to their communities and cultivate intergenerational contacts.
- Promote and recognize mental health and well-being.
- Support caregivers.

Across Canada, populations are aging and existing supports and services are being stretched. Many jurisdictions have been working on innovative new ways to support people who are frail, seniors, and elders and there are some very promising practices we can look to for ideas. Some common themes in these practices are creating inclusive environments, and promoting social connection to help reduce loneliness. Improving the support available for aging Yukoners will help ensure they have access to the service and supports needed to live safe, independent and comfortable lives.

Questions for discussion

1. Which of these independent housing options would you support;
   a. intergenerational housing (a shared-living program where seniors and students live together)
   b. assisted living (providing housing, hospitality and personal care services for adults who can live independently but support due to physical and functional health challenges)
   c. lifetime neighbourhood (neighbourhoods that are designed to be inclusive regardless of age or disability. The neighbourhoods provide resources like transportation, shopping and service access, social contact, involvement in local issues, and green space access)
   d. co-housing communities (a senior cohousing community only permits residents who are over a certain age, such as 55. This allows seniors to have a more favorable community for their needs)

2. Right now, long-term care fees are less than what it costs someone to live in the community and receive homecare. Should these costs be similar?

3. What’s the most important thing that could be different that would help Yukoners age in place?
5. Pharmaceutical Benefits

Vision
Yukoners have affordable access to prescription drugs, with minimal out-of-pocket expenses.

Why pharmaceutical benefits are important
Medicines are a critical part of health care. They help us to prevent and fight disease, breathe better, manage chronic illness, and ease pain. And yet Canada is the only country in the world with universal health care that does not provide universal coverage for prescription drugs. Instead, we rely on a patchwork of government-run drug insurance programs and private drug insurance plans that are different in each province and territory.¹

There are a number of public drug coverage programs in Yukon. Despite this, some people remain uninsured or under-insured. Even basic prescription costs can add up when you are paying out-of-pocket.

How our system works now
Yukon’s current publicly funded drug programs provide coverage to different groups and are delivered across multiple branches, departments and systems. This creates inefficiencies, gaps in coverage for some residents, more expensive drug costs and confusion for providers and patients about what is covered by each program.

Insured Health Services Drug Programs
Insured Health Services offers three different programs that cover the costs of generic prescription drugs. Each program covers a different group:

- **Pharmacare and Extended Health Benefits Program**: Yukon residents aged 65 and older, and their spouses, aged 60 and older.
- **Chronic Disease and Disability Benefits Program**: Yukon residents who have a qualifying chronic disease or a serious functional disability.
- **Children’s Drug and Optical Program**: children under 19 in low-income families.

Social Assistance
For low-income Yukoners that are not eligible for one of Insured Health Services’ programs, social assistance will provide coverage for prescription drugs. Generally, this coverage aligns with the programs offered by Insured Health, but there are some exceptions.

## Yukon Hospital Corporation Drug Program

When a patient is staying in the hospital, all prescription drug costs are covered. For patients in out-patient chemotherapy, the IV chemotherapy drugs are provided at no cost to the patient, but patients provide all other out-patient medications, either through additional drug plan coverage or privately.

Hospitals across the territory buy prescription drugs as a group. Because of the amount they purchase, they are able to buy drugs at a lower price. Government programs do not have access to this same pricing so drug costs can vary.

## Continuing Care Long-Term Care Facilities

Yukon’s long-term care facilities utilize multiple procurement processes with an application process for exceptions when needed.

## Possible ways forward for Yukon

Simplifying and streamlining Yukon’s system can help ensure:

- Yukoners have affordable access to prescription drugs.
- Patients and providers understand what is covered and how to access services.
- The system is efficient and cost-effective.

Here are some of the ideas that were suggested to the panel:

- Consider having the Yukon Hospital Corporation purchase and manage all drug supply for the territory’s long-term care homes. This would take advantage of the hospital’s access to lower costs.
- Find ways to align drug costs with other Canadian jurisdictions. Yukon pays a high price for prescription drugs, usually 30 to 48 per cent more than the base drug cost.
- Expand overall program coverage. Consider refocusing the existing drug coverage programs to ensure they are meeting Yukoners’ needs, or creating a universal pharmaceutical benefit program.

As Yukon’s population ages, and drug costs continue to rise, having a strong and cost-effective drug coverage system in place becomes even more important. The government needs to find and implement ways to minimize cost, and ensure Yukoners are able to access the medications they need.
Questions for discussion

1. Should the government consider a universal pharmaceutical program?

2. There are currently five different drug programs in the territory with different levels of coverage; should Yukon combine its different drug plans so that everyone has access to the same benefits?

3. Right now, dispensing fees for medications in the Yukon are much higher than in other parts of the country, even in sparsely populated areas. Should the government negotiate lower dispensing fees so that it can fund prescription drug coverage for more Yukoners?

4. If additional funds were needed to create a territory-wide pharmaceutical program, would you rather move money from other programs that might reduce the care one would receive or would you be willing to pay a flat-rate premium to access the medications you need?

5. What’s the single most important thing that could be done in regards to the delivery of pharmaceutical care in Yukon?
6. Social Supports

Vision
A health and social system that focuses on the social, financial, cultural, and environmental factors that impact our health.

Why social supports are important
There are many things that affect how healthy we are. Our childhoods, income, job security, education, connection with others and community, where we live and whether we have disabilities all play a role in our health. These are called the social determinants of health. The current health and social system is not resourced and structured to completely address these factors.

Investing in these areas can improve the health of Yukoners and save money. The Yukon Financial Advisory Panel acknowledged this in its final report: "...incremental investments in housing and other aspects of social spending have a much bigger impact on health outcomes than a marginal dollar spent on health care facilities and personnel."

This means that, in the longer term, investing in these social determinants of health has a more positive impact on our health than spending money on hospitals and health care workers.

How it works now

Early Learning and Childhood Development
Access to quality early learning and childhood development programs is important for Yukon children, youth and families.

CHILD CARE SERVICES
Child Care Services works to ensure that affordable, quality child care services are available in the territory. They provide subsidies to parents and caregivers so they can afford positive environments that help their children learn and grow.

Licensed child care services are offered by private businesses and individuals. Finding appropriate space and trained early childhood staff can be challenging. Child Care Services provides grants and works with providers to help them develop high-quality child care services that support and strengthen early learning.

Three rural communities in Yukon (Ross River, Faro, and Beaver Creek) do not have licensed child care facilities. This may prevent parents from re-entering the workforce or pursuing post-secondary education.
HEALTHY FAMILIES
Healthy Families is a free, culturally-appropriate, intensive, home-based program designed to support parents. The program staff work with parents to reduce stress, make parenting more fun, build on strengths and encourage childhood development. The program supports all types of families with children from 0 to 5 years. Currently the program is offered in Whitehorse, Pelly Crossing, Carmacks, Watson Lake, and Old Crow; it will soon be available in Dawson City.

Income
How much money we have has an affect on our health, ability to purchase nutritious food, obtain housing, and impacts our ability to connect with our communities and access programs and services.

INCOME SUPPORT SERVICES
Provides financial assistance to people who do not have enough income to meet their basic needs. Social assistance is generally intended for people who have explored all other possible sources of income. In recent years, requests have become more diverse. As a result, the department has been providing more discretionary and emergency support for health and other high-cost living expenses, like housing.

The current system can’t respond well to Yukon’s unique and changing circumstances. Programs and services do not appear to fit the range and diversity of persons with low income in the territory.

In Yukon, there are three different social assistance providers: the Government of Canada, First Nation governments, and the Government of Yukon. All three follow the Social Assistance Act and regulations, but policies and approaches are not consistent.

YUKON SUPPLEMENTARY ALLOWANCE
The Yukon Supplementary Allowance provides extra financial support for social assistance recipients with severe and prolonged disabilities.

PIONEER UTILITY GRANT AND YUKON SENIORS INCOME SUPPLEMENT
These programs provide income supplements or subsidies to seniors.

- Pioneer Utility Grant: provides seniors with a supplement to help with heating costs.
Housing

Inclusive access to safe and affordable housing is an important factor in our health and wellness. For low-income or vulnerable individuals, finding housing can be difficult.

HOUSING COMMUNITY OUTREACH SERVICES

This program works with homeless clients to find housing and improve their health outcomes. The clients of this program often need extra support to help them live stable and independent lives in the community.

The program does not have any dedicated housing stock and works to house clients in existing units, primarily in the private market. This can often be a challenge as there is a lack of housing in the territory, with affordable, appropriate, low-barrier options particularly difficult to find.

WHITEHORSE EMERGENCY SHELTER

This is a low-barrier shelter that operates based on harm reduction principles and approaches. The shelter was built with a 25-bed capacity. Overflow space is being used to meet the current demand of 50 to 60 people per night. The shelter offers drop-in programming, a meal program, and 20 onsite transitional housing units.

Individuals with Disabilities

DISABILITY SERVICES

Disability Services helps clients maintain meaningful independence, and supports and promotes social inclusion.

For those under 19, the Children’s Disability Services Program provides access to:

- Respite care.
- Family counselling.
- Sibling care and in-home child care services.
- Homemaking services.
- Discretionary funding.

Once 19 and older, the Adult Disability Program provides:

- Funding for rent, day programs and respite.
- Access to an occupational therapist.
- Referrals to community-based supports that help clients live independently in the community.
- Residential care options, if an individual can no longer live on their own or with family. The options available now are limited.
The Developmental Diagnostic Clinic offers Autism Spectrum Disorder assessments for children and youth, and Fetal Alcohol Spectrum Disorder assessments for adults.

The existing system can be difficult to understand and navigate, especially for individuals with disabilities. Different supports available for children and adults can make it more challenging to understand.

**Employment**

**EMPLOYMENT TRAINING SERVICES**
Clients with employment-related barriers and disabilities can get help to enter or re-enter the workforce. The program matches clients with employment or training opportunities that are in demand in Yukon’s labour market, and meet their career goals, skills and interests.

**NON-GOVERNMENTAL ORGANIZATIONS**
Non-governmental organizations (NGOs) in the territory play a critical role in ensuring that Yukoners have access to programming services and supports. NGOs deliver many high-quality, person-centred services and supports that the department does not provide. The main services provided by HSS-funded NGOs are:

- Housing supports and services for vulnerable populations,
- Supports for children and adults with cognitive disabilities,
- Services for seniors, and
- Advocacy and education.

**Possible ways forward for Yukon**

Here are some of the ideas that were suggested to the panel:

**Early Learning and Childhood Development**

- Streamline the system and delivery of early learning and child care programs and services and remove silos that are preventing collaboration.
- Allow for more innovative options for licensed child care in the territory.
- Make child care more accessible and affordable for families.

**Income**

- Update the existing system to better respond to the Yukon context and increased need for discretionary aid. Offer specific programs for rent subsidies, medical needs, utilities, and other common requests.
- Improve the consistency of practice among all service delivery agents.
• Ensure legislation doesn’t restrict First Nations-specific approaches to delivery.
• Explore a system that has a range of income support tools that meet Yukoners’ diverse needs.

**Housing**
• Develop and implement a supportive housing system that works to end and prevent chronic homelessness.
• Consider expanding Housing Community Outreach Services to work with high-risk youth experiencing homelessness.
• Develop an accessible rent supplement program and emergency fund, that is needs based rather than budget based.
• Develop a plan for housing seniors that are experiencing health and mental health challenges.

**Individuals with Disabilities**
• Review and expand eligibility for the programs under Disability Services so programming is consistent and able to adapt throughout a person’s life.
• Develop a self-managed care program to provide more flexible support. Self-managed care is a best practice that many jurisdictions in Canada offer. In these programs the client takes a more active role in their care.
• Partner with First Nation governments to expand culturally appropriate models and options.

**Employment**
• Work with First Nation governments and local employers on formal training initiatives.
• Build capacity to support individuals with employment barriers in the workplace.
• Offer workshops, education, training, and online tools to help individuals overcome barriers and develop the skills to secure long-term, meaningful jobs.
Questions for discussion

1. What further measures can we take to meet the housing and support needs of Yukoners, particularly our most vulnerable?

2. The needs of many low-income Yukoners are diverse, and have changed over the past several years. How can we better meet the needs of low-income Yukoners?

3. Persons with disabilities have a range of special needs that change and evolve over the lifespan. How can we improve the care of persons with disabilities in Yukon?

4. Many Yukoners have educational and employment related barriers. How can we better meet the educational and vocational needs of Yukoners with barriers to employment?

5. Many people need several types of health and social services, such as housing and income support. How well do these services work together today?

6. What's the most important thing that could be different about social supports (child care, income support and housing) in Yukon?
The Two Foundational Elements of the Comprehensive Review
Cultural safety and humility

A culturally safe system is one in which all Indigenous people are able to access health and social services that reflect and honour traditional knowledge, history, culture and values of the Indigenous people it is there to support, as well as support reconciliation.

Research shows that First Nations and Indigenous people continue to experience poorer health outcomes when compared to non-Indigenous. Indigenous peoples have more unmet primary care needs, limited traditional and culturally safe services, and a higher percentage of people with complex health needs. Many of these inequalities result from cultural and personal trauma due to colonial impact. The social and economic effects continue to this day and contribute to the health and wellness of Indigenous people.

In Yukon, and throughout Canada, reconciliation is a complex, ongoing process that requires significant commitment and hard work from all citizens, organizations and governments. There is much work to do to address the Truth and Reconciliation Commission’s Calls to Action and the National Inquiry into Missing and Murdered Indigenous Women Final Report’s Calls to Justice related to health and social care. Both reports offer clear direction for Yukon government to address colonialism’s effects, and achieve reconciliation. A broad, made-in-Yukon approach to reconciliation in the health and social services system is required.

As we continue with public engagement on the comprehensive review of the health and social services system, the Panel will explore opportunities in partnership with Yukon First Nation governments to integrate and honour Indigenous culture into the health and social system and enhance culturally appropriate services for Indigenous people delivered with humility. This could include a focus on areas such as equitable access, alternative governance models, and the client and community experience.
Data, analysis and performance measurement

The effective use of data is a core component for the delivery of health and social programs. To make decisions based on the best available evidence HSS requires appropriate, adequate, and reliable data. This will help to understand health needs, focus on areas for resource allocation, and assess the impact of programs and services.

While the department has many systems and tools in place that support the collection, analysis and management of data, barriers exist that limit the ability to use this information. These include:

- the use of disconnected datasets,
- inequity in access and privacy issues,
- poor data-sharing mechanisms,
- data accuracy and reliability issues,
- unclear data roles and responsibilities,
- limited or inflexible tools/technologies,
- limited technical staffing capacities, and
- an inconsistent culture of data demand and use across the department and government.

Based on feedback from individuals who use health and social data, the Panel has identified some opportunities. These include a strategic plan for data usage, standardized approaches to data quality and collection, linking data sources and developing the data skills of staff.

The use of data analysis is an important focus for the Panel and will be crucial to improving outcomes of care and system performance.