Yukon Health Promotion Research Program - Part 3

An Accounting of Health: What the groups say

A review of what the stakeholder groups say about the issues and concepts of health

March, 1993

The Yukon Government
Executive Council Office
Bureau of Statistics

This paper is one in a series of four reports on the Yukon Health Promotion Research Program. Report #1: **What the professionals say**, provides a review of the relevant literature of interest in the consideration of a health promotion survey. Report #2: **What the individuals say**, outlines the results of the qualitative research component of the research program. Report #3: **What the groups say**, provides documentation of the focus group methodology and results. Report #4: **What the numbers say**, presents the methodology and results of the 1993 Yukon Health Promotion Survey.

- Report #1: **What the professionals say** — Fall 1992

  A review of the considerations of the health promotion research program

- Report #2: **What the individuals say** — Winter 1992/93

  A review of what Yukoners say about the concept of health

- Report #3: **What the groups say** — Spring 1993

  A review of what the stakeholder groups say about the issues and concepts of health

- Report #4: **What the numbers say** — Fall 1993

  A review of the methodology and results of the 1993 Yukon Health Promotion Survey

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Director, Yukon Bureau of Statistics

Yukon Health Promotion Research Program

A. Introduction

What are the concepts, correlates, and priorities of health? How do Yukon residents perceive their health? What do Yukon residents do to promote their health? What are the life-style behaviours, attitudes, and beliefs of Yukon residents? What are the interrelationships and correlates between Yukon residents' attitudes, behaviour, and subjective measures of health? These are the questions of the health promotion research program.

The Health Promotion Research Program contributes to the translation of public policy into action. Without a theoretical or programmatic knowledge base the links between political direction, policy, and programming are tenuous at best. As an integrated and policy-focused program of inquiry, the Yukon Health Promotion Research Program contributes subjective knowledge of community and organizational health and health needs of the Yukon.

Health strategies and policies are built on knowledge--knowledge of the communities' concepts of health, their beliefs, attitudes, behaviours, and priorities. The combined components of the Yukon Health Promotion Research Program are oriented to obtaining this knowledge.

B. Mission

The overall mission of the Health Promotion Research Program is to contribute to the improvement of the social, mental, spiritual, and physical well-being of all Yukon residents. This broad objective translates into the following goals:

- To contribute a knowledge base related to the achievement of healthy life-styles by providing a Yukon understanding of the concepts of health and healthy life-styles.

- To foster behaviour to improve health within living and working conditions indirectly through the development of information for health professions.

- To increase public awareness and knowledge by providing usable knowledge and by assuming the responsibility for interpreting and disseminating this knowledge.

- To increase the effectiveness of practitioners by providing a variety of explanatory knowledge including qualitative and quantitative forms.

- To provide theoretical and program information to develop new programs and improve existing programs. Policy and programs are built on knowledge--it is the objective of social science research to reduce the uncertainty of the decision-making environment.

- To provide a focus to and coordination of strategies and policies for the Government of the Yukon. The research itself serves as an important catalyst between interdepartmental interests and attention to health.

- To involve stakeholders and to increase public participation. The research serves as a case study in formal [not presentational] public consultation. Both the qualitative and stakeholder components [focus group validation] are important experimental consultative tools.

- To increase Yukon residents' capacity to exert control over the factors that affect their health by developing Yukon definitions of health and by providing Yukon residents with Yukon information and knowledge to make their own decisions and to screen critically the messages received from all sources.

- To undertake and provide meaningful organizational and policy research consistent with the mandate of the Yukon Bureau of Statistics. This is a personal commitment by the YBS to take its role in the organization extremely seriously and to accept the responsibility not only to develop professional research but also to ensure the integration of this research into the policy and program functions of the organization.

- To shed light on life-styles and health behaviour, personal characteristics related to life-styles, perceived environmental conditions, and perceived health and to determine the prevalence, distribution, behaviours and status of the population.

Program Overview

The objective of this research is to develop a broad reporting of behaviours, attitudes, and understandings related to health. It is the intention of the research to build policy-focused research that will support the implementation of the Yukon Health Act. This Act is based on a socio-ecological perspective of health. As a consequence, the research program uses methodologies that are sensitive to Yukon residents, their unique understanding of health, and their priorities. This multi-method research program includes both qualitative and quantitative methodologies. The research also includes phases of policy integration and utility-focused evaluation. The substantive content of the research is the development of information necessary for health policy and program implementation. Several phases were undertaken.

The first three phases:

Phase I: Literature Review, Phase II: Qualitative Review and Phase III: Stakeholder Review represent pre-survey research (of concepts, meanings, language, and priorities) necessary to ensure the greatest utility and effectiveness of the fourth stage. These first steps are formalized consultation and community validation phases required to ensure a Yukon grounded knowledge base.

Fourth phase:

Phase IV: Yukon Health Promotion Survey (YHPS). This phase involves the design and administration of a general population survey in the Yukon.

Last phase:

Phase V: will be undertaken to provide the analysis and final integration of results into the needs of the organization.

The pre-survey phases represent a thoughtful research strategy to develop an understanding of Yukon residents' views of health. The stakeholder review in conjunction with the literature and qualitative review will assist in defining a collective consensus on the concepts of health. This research strategy represents an innovative approach to confirming or verifying the reading of the analytical categories of health promotion (health promotion literature) and the statements of the residents of the Yukon (qualitative research). Phases I, II, and III are unique research endeavors unto themselves and produce knowledge oriented to the immediate policy and evaluative demands of the newly enacted Yukon Health Act. These initial phases provide an understanding of Yukoners' concepts of health, what Yukon residents perceive as meaningful ways of measuring health (health indicators or how one knows when health is present in the community), and what are Yukon resident's priorities when viewing health.

The pre-survey research provides a sound base on which the Yukon Health Promotion Survey is constructed. The purpose of the pre-survey research is to ensure a meaningful health promotion survey: meaningful in terms of the participants expressed needs, the policy needs, and the demands of the North and national program implementation.

1 The Stakeholder Review—The Focus Groups

1.1 Objectives

The stakeholder review (focus groups) is built on the qualitative research component of the Yukon Health Promotion Research Program. Briefly, the purpose of the qualitative component was:

- to develop an understanding of the social construction of health within the Yukon. Specifically, to determine how Yukoners:
  - conceptualize health (their concepts or models of health),
  - talk about health (their language and associations with their health), and
  - recount their experiences of health (the experiential nature of health and the integration into a perspective or orientation of health).

The stakeholder review was designed to achieve an understanding of the issues faced by stakeholders ... as well as developing a greater depth of understanding of specific topics of health ...

From this initial stage, the focus group research provided an opportunity to access groups of stakeholders and Yukoners to gather further understandings of their health. The stakeholder review was designed to achieve an understanding of the issues faced by stakeholders (ISSUES groups) as well as developing a greater depth of understanding of specific topics of health (CONTENT groups). The following report summaries these two aspects under the two headings ISSUES and CONTENT.

The specific objective of the stakeholder review (focus groups) was to explore the purposes and understandings of health within these two separate formats:

1.2 Issues

Who cares, why do they care, and what do they care about? Research does not occur without a purpose. The purpose of the health promotion research program is to develop information for health promotion—specifically, changes to peoples' attitudes and belief systems and understanding of the means to permanently modify these behaviours in support of health and improved healthy behaviour.

To serve the purposes of health promotion, information must address the real problems of professionals and the lay public. We asked the participants of the issue focus groups to provide the linkage between health and perceived problems and between health and environmental relationships (social, economic, cultural, and physical) that are important to their professional and lay communities.

In addition, we asked the question "why" of the issues groups. Why would information about health assist certain health problems? Why are certain correlates

related to health? Why is health important? Implicit in this line of inquiry is the expectation of causality, inter-relatedness of health behaviour and expected health consequences. To understand why information is important is to provide a means for interpretation and a context in which to place the results of the Yukon Health Promotion Survey.

1.2.1 Issue Questions

The issue groups were made up of individuals from the major stakeholders of Yukon health. Typically these individuals were members of organizations or professions who were well informed about the topic area and were in the position to debate and elaborate on a topic from the perspective of their profession, agency, or organization. The following questions underlined the purpose of the discussion that occurred in the issues focus groups:

WHAT information should be collected in a health promotion survey?

WHAT are the important health issues faced by 'the specific group'?

WHAT concerns does 'the specific group' foresee within the next few years?

WHAT information is required by 'the specific group' for purposes of health promotion?

WHY should this information be collected?

WHY is this information needed?

WHAT purposes will it be put to once collected?

WHAT problems will it solve?

WHAT is required to make this information useful to 'the specific group'?

WHAT makes survey results credible and usable to 'the specific group'?

1.3 Content

What is this thing called health? The focus groups provided opportunities to develop depth of understanding in content areas identified in the qualitative review. The group discussions permitted the forum for an elaboration on how individuals experienced certain aspects of health. These groups dealt with such correlates of

health as nutrition, spirituality, or other related associations of health.

By exploring a content area in depth we were able to extend our understanding from the qualitative research while further developing the language useful in addressing topic areas in the subsequent survey questionnaire. This depth of knowledge was also important for informing the analysis and interpretation of the results of the Health Promotion Survey. Quantitative results take on greater meaning within the developed qualitative understanding of any given topic area.

Very simply the groups gave us the benefit of their experience and their advice. The discussions were open and focussed by the groups themselves, yet the following questions underlined the nature of the conversation.

1.3.1 Content Questions

The content groups were made up of individuals who had some experiential knowledge of the topic area. Typically these individuals were members of organizations or groups who had involvement in one specific aspect of health or health-related activity. To these individuals the following questions underlined the purpose of the discussion:

WHAT are the relationships between 'the topic' and your health?

WHAT is the meaning of 'the topic'?

WHAT has been the experience or the attitudes of the participants with health promotion and 'the topic'?

WHY is 'the topic' important to you?

WHY is 'the topic' a correlate of health?

WHY do people engage in 'the topic' and, if not, why not?

1.4 Summary

Fifteen focus groups were conducted over five weeks and involved over 160 Yukoners. Each group provided insights and direction to the research process. The products of this research component had two audiences. First, the discussions were directed at the Yukon Bureau of Statistics. As the target of the discussion, we were able to use the information for several purposes:

- to provide us with the health priorities as seen by groups of informed Yukoners. These priorities gave weight to the inclusion or elimina-

tion of subject areas covered by the general population survey.

- to provide us with greater knowledge of health topic areas. This permits greater understanding of lay constructions of health and health behaviour.

- to give us the expression and language of health as used by Yukoners. If we are to construct a survey instrument grounded in the Yukon, the language of the questionnaire must reflect local knowledge and language.

Second, the Department of Health and Social Services, the Government of the Yukon in general, and those with special interests in health will use the focus group summaries to access issues of health. For those who were not present at these sessions, the YBS undertook to summarize every major issue raised during each focus group. We felt the responsibility and commitment to ensure that the generous act of participating in our research session was acknowledged. This acknowledgement takes the form of ensuring that the participants' contributions were made accessible in summary form to all those persons who would benefit.

No integrated statement will be made on the focus groups. Our purposes were well served in the clarity and patterns that emerged from all of the groups individually. To attempt an overall summary would obscure the essence of diversity that is so much a part of the concept of health. We wanted an opportunity to confirm the language and concepts that we had heard in the qualitative research; clearly this objective was achieved. We wanted also an opportunity for organizations and health professionals to inform us of what was important to them; once again this objective was achieved. Participants were constructive, positive, and above all extremely optimistic that their contribution would make a difference to the research project—from their perspective they were successful. Our optimism as researchers is that the entire research program is having and will have a significant impact on health policy and programming—this will be the measure of our success.

2 ISSUE GROUPS

2.1 Health Professionals

Essential was a cohesive strategy development with a vision both shared by the many stakeholders and tied to sound research!

Several important issues were addressed in this group. Communication was the common theme throughout the discussion. How professionals can integrate, communicate and cooperate permeated most of the discussion. Behind this need for communication was the recognition of the accountability and responsibility of the health care system and its users to costs and effectiveness. Resources are rapidly becoming limited and new concepts and approaches on how to conduct the business of health must be considered. No longer can professionals afford to be isolated from each other and no longer can we as a society collectively afford an ineffective system.

Fragmentation and the loss of a legitimate role as a professional could be read into the search for a common mission. A need for a renewed mandate, a vision, a mission, or objective was referenced throughout the session.

From the perspective of research, it was important to note that the group felt a major frustration regarding the motivational issues behind health promotion behaviour — access to information and services and subsequent feedback. How does one reach the population both in promotion of ideas as well as the communication of feedback from the customer? A commitment to responsibility, accountability, and the customers was the final summary of the session.

These themes were reflected in the following issues:

2.1.1 Communication

- Communication was an issue both within and between groups of health professionals. This issue also extended to the need for communication with the general public. Although attempts in the past apparently have been forgotten by the 'organizational memory', former recommendations for newsletters, events, coordinators, and other vehicles of communication should be implemented.

- The present system has no mechanism for two-way communication with the consumers of health care. As the situation stands, the customers' needs and expressions of want are not heard. Feedback that is received cannot get past the front line workers.

- Some professionals feel as if they are working in isolation with no sense of anyone wanting to help them (no interdisciplinary sharing).

- Various groups are insular in the Yukon and this situation makes it difficult for linkages to develop between them. An observation was made that the situation in the Yukon is extreme compared to other jurisdictions in which the individual had experience.

- There appears to be a problem of motivation or the opportunity to pull the health care team together. Overall coordination is not working. An example presented suggested that distinct groups of professionals do not support each other (in fact many are reluctant to hear from others) at the expense of efficiency and effectiveness.

- Some related slow positive changes occurring. Using the examples of the Community Health Representatives, Worker's Compensation, and occupational health and safety programs, optimism was expressed for how changes are occurring, although there appeared to be much work still to do.

- Some form of social service council is needed that would bring professionals together for a common objective and use them as an effective pool of resources. Professionals need to work together with other professionals to solve problems rather than merely identify problems for others to deal with.

- Health programming and funding are not integrated. Although there is a series of separate funding opportunities, they tend to be isolated or not integrated towards a common goal.

- Integration is concerned not with the total amount of funds available, but with where the money is going (e.g., the existence of an AIDS coordinator before a case of AIDS exists in the Yukon, while the need for a fetal alcohol syndrome coordinator remains unfulfilled).

- Frustration was exhibited with just talking without any changes. If we are going to save money, we must look at other ways of doing business. In short, there are many forums for discussion but little action.

- The apparent over-reliance on expensive hospital solutions was given as an example for the need to integrate and rationalize service. Rather than provide cost-effective programs such as self-help or low-cost private services, customers are encouraged to use very expensive emergency services. There is little incentive for the customers or the established institutions to save money for the health care system.

2.1.2 Health Care Funding

- There is a 'rescue mentality' for the use of health care dollars. This issue relates to the rationing of health care resources. How does one allocate scarce resources when the acute care of one individual is at stake? The opportunity costs of one individual's care can serve many others helped through preventative health care. Very expensive solutions have no problem attracting money while simple, less dramatic and more cost effective measures do.

- We must get people out of the hospital and treat people in the communities, possibly with a blend of public and private sector approaches.

- A future budget crunch will occur and we will be faced with the question of how best to spend our tax dollars. Private sector options, elimination of the duplication of services, clarification of mandate,

issues of planning and integration of services will all have to be addressed. We will have to develop an individual responsibility for health and use the resources of the community, the family, and the patients.

- Yukoners have no concept of the cost of health care that is provided to them. There were two views on this issue. On one hand, some individuals want to pay for some services that they feel guilty using. It was suggested by participants that these people do not seek assistance early on because of concern for the abuse of services. On the other hand, there is still abuse of the system. One of the sources of this abuse is the fact that the government is first to say that health care is free and we should all be using it. Professionals see the same people day after day for the same problem and need some way of cutting down the abuse. There will always be abuse but it can be cut down with education. Many people do not realize where the money comes from nor the magnitude of the costs of many services.

2.1.3 System

- There exist many problems of access—communities, coverage areas, and specialists. Part of this problem is just peoples' expectations. We have waiting lists that are long but these waiting periods are not unlike those in other parts of Canada.

- Rural health care and cost efficiency will always be expensive and present problems for delivery -- that is the nature of living in the communities.

- The system is complacent and although there are good intentions, little is happening to improve the situation. We must address change through new approaches and means of improving the effectiveness of programs rather than focusing solely on artificial performance statistics.

- Health professionals appear not to be getting any meaningful cooperation from others in the health care system. People are keen to help initiate new programs and services but do not know how to get access to funding and as a result many just give up. Nobody was seen to be in control and nobody in government was picking up the challenge to undertake and coordinate change.

- The system developed dependency on the medical system especially in the area of abuse of prescription medication. It was seen that many physicians, rather than find the cause, prescribe a solution through

drugs. This view was countered by the expectation of the patient that the physician must find a solution to every problem faced by a patient. We need education for health care consumers as well as professionals on how to use prescription drugs.

- How do you get people to be responsible for their own health? How do we get people to eat right? How do you get people motivated? These were the common questions raised under this topic.

2.1.4 Yukon Solutions

- Yukon has an opportunity to solve many of its health care problems. The group agreed that we have all the pieces of the puzzle in the Yukon. What is required is the planning and integration of the many available resources and talent.

- There is no lack of expertise in the Yukon but there is a significant shortage of communication in order to use this expertise. We need to stop underselling our own people, stop relying on outside experts, and begin to train and fully use Yukoners.

- One view was to address the etiological questions of health problems. Rather than prescribing solutions for everything, we should address the social and economic reasons for many of these problems.

- We do not invest effectively in our professionals. By training and using local people, we would cut down on health care costs. An example used was the fact that we provide no training or support for diabetics and those affected must be trained outside. This expense could be reduced by developing local expertise. Money for training was hard to find as illustrated by stories of attempting to sponsor various educational programs.

2.1.5 Health Issues

- The same major health issues were raised as in most other issue groups: alcohol and drugs; residential school syndrome; sexual abuse; trauma and accidents; societal, environmental, and individual issues.

- Healthy public policy has to integrate our health problems with societal causes.

2.1.6 Symptoms and Causes

- Some in the group expressed a significant concern regarding the long term purpose and mission of the health care professional. We are just doing the band aid solutions! Clearly a sense of frustration and loss of mission indicated the need for a renewed objective or clear goal in the health care program of the Yukon.

- Suicide, pregnancy, alcohol, trauma, violence against women, and alcoholism overwhelm many professionals. Unfortunately, it was seen that many concerns are not heard by those with the power to change the system. Some expressed the concern that decisions are made for political reasons rather than clinical reasons. We must work together and pool all resources and as professionals we must integrate knowledge and expertise and eliminate redundancy through coordination of care.

2.1.7 Need for Vision and Mission

- Related to the last point, the health care system needs a renewed sense of self and purpose. A cohesive strategy development with a vision is essential. This vision must be shared by the many stakeholders and should tie a mission with sound research.

- The vision should be driven by prevention. An example was developed illustrating the expensive solutions of cholesterol testing versus smoking cessation programs. Some professionals felt as if they were spinning wheels because they were not provided with support for prevention programs.

- A sense of frustration was exhibited in how to reach the general public rather than just 'keeners' or how to develop programs that reach different cultures.

2.1.8 Additional Written Comments Provided

- Health issues are broad and difficult to integrate (into a questionnaire).

- Need for random printout of medical costs to patients so health care costs are known.

- Health care newsletter with input from all groups of health professionals.

2.2 Health and Justice

It may be time to rethink the definitions of health and justice!

The lesson learned within this session was the acknowledgement of the great overlap and common grounding that these two concepts share. Although both areas deal with services that appear dissimilar, they address the same causes. Many legal and health 'symptoms' have identical structural 'causes'. For the purposes of the health promotion research program, the discussions legitimize the interest in the social and economic environmental characteristics of the research. Clearly, economic and social characteristics, as parts of the 'environment', are determinants of both health and justice. The great concern with causes mirrors the socio-ecological definition of health while reinforcing interest of both the individual and the system perspective of health and ultimate responsibility.

The debate of definition begun in Working Paper #1 now finds a common expression in the discussion of those involved in health and justice. The definitional issue was challenged by suggesting that the present definition of what constitutes health (or justice) is inadequate. With the rapid shift of societal values, our current attempts to hold to an old definition will increasingly present problems when the very reality the definition attempts to reflect does not exist.

The Yukon Health Promotion Survey should recognize its challenge to acknowledge health causes within the economic and social domains in addition to focusing on the 'symptoms' reflected in the subjective reporting of health status and life style behaviour.

These themes were reflected in the following issues:

2.2.1 Causes Not Symptoms

- Need to switch from a symptom-based model to one that addresses the causes of both justice and health problems. It is the root of the problem that is important. Using the example of alcohol, alcoholism and the effects of alcohol were seen as symptoms of something that happened in youth or as a result of social and economic environmental influences. The consequence of this perspective was that any solution must go to the core of the problem and not serve merely as a band aid solution to surface symptoms.

- From the idea of core origins was the theme of the 'quick fix'. By ignoring the cause, the 'quick fix' was an all-too-convenient way to address problems. Few people are willing to invest the effort to find the cause and additionally to recognize that a healing process is part

of the solution. The mentality of the 'quick fix' is fundamentally flawed and the avoidance of dealing with the core of any health or justice issue may reflect society's unwillingness to understand or accept the reality of the situation—we are afraid or do not want to see what is really there. The implication for health promotion is to stop treating simply the obvious symptoms and consider the need for alternative treatments that may or may not directly address the immediate health issue but rather the economic, social, or environmental determinant.

- Not looking at the core is why we have people in and out of institutions all their lives. The community must take responsibility and people must recognize outcome-oriented policies and programs rather than process-oriented ones.

- The link between Justice and Health issues clearly is the cause of both health and justice problems. These underlying factors influence both health and justice issues. An example given was the poor or street people who exhibit frequent health problems and are constantly in trouble with the law.

- The group identified the relationship between the economic and social situation, the individual and his or her health status as being the most important. The basis of good health is a healthy community or healthy environment. We are expending our energies at the wrong end of the process. Invest in the healthy environment rather than focus on individual symptoms.

2.2.2 Overlapping Goals of Justice and Health

- There appears to be an overlapping set of goals between justice and health and the conflict that ensues is related to the conflict between individual and collective rights. The conflict happens where there are overlapping rights of the individual and society (such as the right for protection or informed consent).

- Rights of society and the individual operate at different levels and for different purposes. What the two have to do is to coordinate their efforts to ensure that conflicts are not counter-productive or at odds with the other areas' objectives. This concern underscores the need for coordination of services and clear understanding of cross-jurisdictional responsibilities. Mental health was a topic that illustrated the interrelationship between legal decisions and health implications. It is a matter in which the objective is to get mental health out of the courts and into the health care system. Other related issues

included appropriate service delivery and non-delivery of services at the wish of the individual involved.

2.2.3 Ownership

- An important theme throughout was the need for ownership. Society, communities, and families need to take ownership over problems. Specifically, there are no quick fixes by others that are lasting. Professionals must remember they are dealing with 'people'. People must take a long term perspective and take ownership over their own health. Families can keep people out of the system. Specifically, families have a role to play in the avoidance of disfunctional behaviour and in providing opportunities to heal.

- If society does not take ownership over the causes of health and justice problems then society conveniently does not have to get involved in the solutions of these problems. The community has to own the problem and make the changes. It is up to the community to say that we want changes.

2.2.4 Questioning

- An interesting observation is that all things related to health and justice are open to questioning. The issue is that traditional understandings are being questioned and challenged. This issue was summarized as 'no profession escapes accountability'. This statement suggests that the customers of both justice and health are demanding some form of accountability regarding the effectiveness of the present solutions and the consideration of alternatives—seemingly little could be worse than the present system.

2.2.5 Healthy Environments

- There was a recognition that we have focused our attention too long on the individual at the neglect of the environment. If one looked at the costs of this neglect in individual terms, it appears it would be better to invest in the environment where the causes exist.

- The environment was seen clearly as being essential to the success of individuals, and healthy communities were one way of describing the need for environmental or cause-related action.

- Over and over the common theme of abuse—physical, sexual, and economic, was named as the source of individual dysfunction.

- Solutions to the healthy communities issues were straight forward: find a way to provide healthy environments and permit unhealthy behaviours in this healthy environment to be healed (the example discussed was of inner city facilities provided to street people).

- Seek out the healthy communities and use them as examples for others. Plainly, to ensure support of these environments, the support must come from within the community. People need help from the community, especially once they re-enter society from either a health or justice institution.

2.2.6 The System

- According to some, the system has been set up to fail. This observation was turned into an exercise to determine what attributes were needed to create a new system that would succeed. These included:

  - treat more than the symptoms. A clear shift in the health care system is needed to address the long term causes.

  - teach coping as part of the system.

  - foster accountability and ownership on the part of the community or environment. Everybody is responsible for the problems of the justice and health system.

  - develop a community that feels a ownership to the individual and in which individuals own the community.

  - develop connections to people.

  - accept that any institution or system cannot solve all the problems and avoid over professionalization. Put another way, be honest about what the system can do to help people and let people help themselves.

  - consider the dependency that institutions generate among their clients. By proposing to solve peoples' problems, one is taking power from the individual.

- Health and Justice must have legislation that is simpler and more understandable. We are regulated to death and reform is needed to reduce the complications of legalities.

- Need to recognize informed consent (living wills, choices, quality of life, information, power) -- education.

- Keep in mind that both health and justice have massive inertia and that it will take much effort and perseverance to change the system. The inertia is tied to the purposes of the system and significant effort goes into serving the purposes of the system rather than the clients. Many activities are counter-productive as many of the services deal with the same client.

- The system runs Monday to Friday 9-5 while peoples' lives do not. There is a need to deal outside institutional time by using support groups or other measures of self or mutual help.

- Institutions sometimes forget that people are the basis of the service and that the individual should be part of the decision-making process. We should not forget that the person is the customer of the health or justice system.

- The system is also set up for the health care workers which does a lot to preserve life but little for the quality of that life.

2.2.7 Perspective: The Whole Individual

- The need to treat the whole being (mental, emotional, physical, spiritual) was echoed throughout. The health and justice systems have put emphasis on the physical not the emotional and mental aspect. This perspective has not provided adequate services to help people cope. Spirituality is particularly overlooked along with the emotional health of the home and family.

2.2.8 Education

- There was an expressed need for health promotion and for proactive education.

- In addition, there was also a need to focus on parenting skills as much of dysfunctional behaviour is related to the absence of coping skills.

The need to teach coping skills in the school system is important. Examples given were social drinking, dealing with relationships, abuse, and intimacy. These issues are not talked about, maybe because we do not accept the fact that they are problems. A special kind of coping skill needed is education regarding communications skills.

2.2.9 A Need for a New Definition

- An important observation that was presented was the need to look at the definitions of Justice and Health. With changes in family values (new concepts of family, values, and individual differences), the traditional boundaries of justice and health have changed.

- Society is evolving and maybe it is time to evolve a new definition, or new focus for health and justice. This new definition would be framed in a positive perspective that could change thinking, change focus, and take the negative aspects out of the definitions.

2.2.10 Optimism

- Yukon has a unique opportunity (population and location) to do something. The opportunity is one of leadership ... to break away and to assume a collective leadership for change.

- A sense of optimism existed that although the system was not working fully, there are signs of community involvement and change that were very encouraging.

2.2.11 Additional Written Comments Provided

- There was a questioning of traditional methods of health. They are expensive and quite often band aid solutions to greater problems. Other means of healing should be tried—they are simpler, less expensive, and potentially effective.

- Need for shelter for street people.

- Role of the courts in considering “health” issues in decision making.

- Devolution of health care from federal to Yukon.

- Native ownership shared with non-natives.

- Next meetings could be on "Action Plan"

2.3 Complementary Health Care

If the health of Yukoners is important, then cooperation is essential — within and between the sectors of health care.

The overall theme of the group was very constructive and thoughtful. The objective appeared not to focus on the apparent stress between 'complementary health care' and conventional medicine but to offer constructive comments for improving health. The group dealt with topics such as choice, education, wholeness, and most importantly, the concept of working together for the betterment of peoples' well-being. If Yukon is to overcome all its health related problems, it appeared to make sense for health care workers to work cooperatively rather than as separate solitudes.

There exists an active community of users of complementary health care services. These users, despite costs and lack of support from health insurance, deem the services they receive to be important enough to invest in. Putting health in the community and allowing people to make a choice is an important objective of this form of health care. The implication for the Yukon Health Survey is clear: provide a profile of the utilization of the complementary health care system. The frequency and distribution of use would inform a debate between the sectors of the health care system.

These themes were reflected in the following issues:

2.3.1 Freedom of Choice

- Despite the rhetoric of choice in health care, there is little real choice available for many people. Medical insurance coverage extends only to the 'accepted' services of medicine. For those who do not necessarily want or need medical treatment but require other wellness or health related services, choice is limited by their ability to pay. The system pays for sickness, not wellness.

- There is a real need to have choices, not having the system ignore an entire sector of the health care sector through exclusion and overt action—examples included forcing naturopaths to work out of Atlin where they are regulated by the provinces of British Columbia and Alberta and but not the Yukon.

- Practitioners should be able to practice without reprimand. This type of situation fosters freedom.

2.3.2 Education

- There was a clear acceptance that there is a general lack of education about the alternatives in health care for Yukoners. This lack of education lies within the health care community as well as within the public.

- More communication is required. There is a need for a resource person to act as a 'networker' to cross professional boundaries. This person should be an unbiased individual who would promote health / wellness. Specifically, this individual should be someone with prevention in mind rather than expensive prescriptive solutions.

- There exists a lack of information about self-responsibility. There is an emphasis on doctors rather than on the need for a team approach. To have a responsible user of health care, the user must be educated to know what kinds of questions to ask doctors, what kinds of alternatives exist, and what is important to their health.

- There was an expressed necessity to have people focus on what they can do about their own health rather than on what others must provide them. This is an issue of avoiding giving away one's own power by relying on someone to provide us with our health. The 'bottom line' in prevention is the avoidance of losing that which is within ourselves -- the capacity and responsibility to take control of our own health.

2.3.3 Honoring the Spiritual Component of Health

- Health care ignores the spirit that is the essence of what we are. People are connected to a Source, God, or whatever word one wants to use for this relationship. This alignment with a creator causes automatic respect for those around you. This orientation focuses on love rather than fear in contrast to our present system that is based on fear.

- Spirituality needs to be reintroduced into the health care system if people are to be truly healed. We need to introduce spirituality back into the whole. Current concepts of spirituality have moved outside the realm of religion and can be integrated into health and the health care system.

2.3.4 Self-empowerment and Esteem

- The power of health has been taken from the people. We suffer a loss of personal power, specifically, the adoption of the idea that we need someone else to heal oneself rather than taking responsibility for one's own health. People must learn that they can take back personal healing power and be a participant in their own healing and health once again.

- Empowerment is key to the control of one's health. We all need the power and knowledge to retain or restore balance. There is a lack of healthy self esteem—knowing who you are, that you have worth, and a capacity to believe strongly in yourself.

2.3.5 Concept of Complementary Health Care

- The term 'Complementary Health Care' was suggested as a good nomenclature to represent this group. It combined the positive and inclusive term 'complementary' with 'health care', another term that was appropriate in its avoidance of a direct link to medicine.

- Cooperation was an important consideration in accepting complementary health care. Presently there exists an "us" and "them" mentality. This short sightedness has to change. If the health of the patient is the ultimate goal, both medicine and complementary health care must work together. For the benefit of the patient, each has to offer its own comparative advantage. We need a complementary system, a marriage of systems that would address the common goal — both have a healthy function and both address the betterment of human health.

- Our health care system does not honour healing as part of health.

- There is a recognition that doctors don't want alternative practitioners to be recognized as this acknowledgment detracts from medical power. Put another way, there is an impression that they do not want to accept others as this acceptance may take away from their business.

- Even with the 'Complementary Health Care' system there is fear amongst this community because they don't know about each other. There is a need to bridge the gap between systems and within systems through education, awareness, and cooperation.

2.3.6 Whole Person—Spiritual, Emotional, Physical, Mental

- There is a recognition that society has lost its sense of the 'whole person' — the mind, body, and spirit. Society promotes the feeding of the body and mind but not the feeding of the spirit. This aspect of health is routinely forgotten and overlooked in the healing process. We draw an artificial line between physical health problems and mental health problems—we need to integrate all aspects of health.

2.3.7 Respect for Tradition

- There is too much disrespect for traditional knowledge among health professionals, traditional knowledge of whatever culture or race. One sees this situation when one walks into institutional hospitals in which there is a clear devaluing of former traditional knowledge. This knowledge refers to all races, all people — the knowledge we have grown up with. In short, the medical community is losing touch with past wisdom.

2.3.8 Shift of Focus from Disease to Wellness

- We need to operate from a wellness model rather than from a disease-based perspective. There are some positive indicators that there is a consciousness on the part of institutions to promote wellness. An example used was the YTG openness to a variety of wellness approaches as exhibited by a recent seminar series of "wellness in the work place".

2.3.9 Inadequacy of the Current System

- More openness and honesty is required with the system. Patients must be given open access to charts and records. Patients pay for services and own these records, why keep the information from them? Why the cloak and dagger orientation to our present health care system? Power and control seem to be the only explanation. Why are the patients not considered as part of the team?

- The present system is subtle in the way it dictates choices to people. The system pays for what it dictates ... you only get back your premiums if you conform to the choices permitted under the policies.

This system is disease oriented — you can only bill for disease not wellness.

- The system is based on a fear mentality. Fear stymies—we must find this lost power and strength within and return it to the patient.

- Consciousness expansion is occurring so fast that people don't have the ability to cope with it and as a result they resort to the use of drugs and chemicals (doctor prescribed or bought off the street). This situation is creating a trap of addiction. We need more non-drug based treatment choices, more natural treatments, and we must be allowed to choose.

- The orientation must be wellness not ill-health—we must move out of the disease syndrome and into one of wellness. In addition, there is a need to access the problem and educate the person before it ends in crisis — effectiveness occurs by treating things at an early stage. There are so many intrusions into health that you do not know when disease or imbalance is present. Our best strategy is to focus on prevention.

- People are already starting to access services outside the health care system. They pay twice — for the services they are accessing and for the ones they are avoiding. This scenario clearly indicates a lack of satisfaction if not discontent.

2.3.10 Health Care as a Market Place

- The health care system needs to be moved into the marketplace—we need freedom of choice—specifically, people have the intelligence to choose for themselves. This observation is based on the fact that competition would weed out those who are not any good.

- There should be consideration for a marketplace approach to heath care. The only power we wield is to shop somewhere else which creates a level playing surface and self-product or service analysis. Why should health be any different? The public has already shifted far beyond the system, but they are forced to play because they have no choices.

2.3.11 Health Problems

- Cancer, alcohol and drugs are areas where we are losing ground. The conventional health care system is dealing with acute, traumatic diseases but is unable to deal with chronic diseases.

- Another area of concern was allergies. People have many allergies introduced through stress and other factors. These allergies are related to the immune system. They are a product of burnout of the system by all the things put into our system.

2.3.12 Other

- Other areas mentioned as being important to health included: air, water, light, stress, fear, child care, and dental health.

2.3.13 Additional Written Comments Provided

- A List of Complementary Health Services

Acupuncture, acupressure	Attunement
Bach flower remedies	Child birth support
Chiropractors	Core belief engineering
Educational kinesiology	Emotional and mental therapists
Emotional counselling	Healing
Herbology	Homeopathy
Intuitive healing	Iridology
Light therapy	Massage therapy
Meditation	Midwifery
Native spirituality	Naturopathy
NLP (neuro linguistic programming)	Polarity therapy
Psychotherapy	Reflexology
Reiki	Rolfing
Sound therapy	Spiritual counselling
Touch for health (muscle testing)	Vibrational therapy
Yoga, tai chi, qi gong	

- Need for mix of healing modalities. The medical board and medical profession need to open up to the complementary health care givers.

- Otherwise, mainly gratitude for instilling optimism and hope.

2.4 Education and Health

The education group focused on the interrelationship between health and education. There was some discussion of specific issues and information requirements, but the major emphasis confirmed the inter-relatedness of educa-

tion: how education improved health and conversely how health affected the capacity of educational services. Considerable discussion during the session dealt with the transfer of responsibility of special-needs children to the education domain. Clearly the zero-sum game of resource competition between the two areas is an important issue to resolve. For the Health Promotion Survey (and future research), the implications of this session include: (1) the need to identify the health care needs within the school-aged population, (2) the need to address health policy issues regarding special-needs children (issue of locus of responsibility), and (3) the need to profile and detail health and health risk factors within the school population — specifically a health promotion survey for the population fifteen years and under.

... specifically, a health promotion survey for the population fifteen years and under.

The following issues reflect these themes:

2.4.1 Role of Health in Education

- Health and family life affect the education system and the quality of the education received by students. The need for meals for children was cited as an example of a health issue that affected education. In addition, basic social and family health issues have profound effects on the ability of a student to perform in school. An estimate of 30% of the student population was seen as potentially having social health problems. These social problems result in discipline, truancy, and ultimately to drop-out statistics.

- Fetal alcohol syndrome (FAS) is a visible health issue that has significant resource and classroom implications for the education system. This issue is an important health problem that is being left for the school system to address.

- There needs to be an acknowledgement of health issues outside the purely physical state. Although the relationship between physical fitness and health is important, it is not as significant as the educational implications of emotional and mental health. It is time to redefine health in terms of the whole family health.

- Health education is a community-based activity, not necessarily a total responsibility of either the educational or the health care systems. Power and responsibility must be given back to people; let people come up with their own solutions.

- The objective of health education or promotion is to provide people and communities with education to do 'things for themselves.' Traditional thinking has viewed health as physical, but we have expanded the orientation of health promotion to include psychological, social, and emotional health. These types of services to children are virtually nonexistent and require community solutions.

- Many promotion and health education concerns are school committee issues, not exclusive concerns of the Department of Education or Department of Health. Direction should come from parents and the community.

- For some, health promotion was not seen as a high priority for the teachers. Lip service is paid to the concept but the message is not seen as important by the student.

2.4.2 Role of Education in Health

- To one participant, the responsibility of the school system has expanded astronomically and the health services have not picked up these expenditures related to health. By reducing the coverage of health care activities in the school system, the education system has to make up the short-fall. Education funds are now being used to perform health care services.

- The education system provides the service of identifying troubled kids. Although not perfect, this service has improved over time. Even though the costs of teacher aids and special support is expensive, the availability of these types of services has improved greatly over the past fifteen years.

- Education should influence parenting skills during the early stages of development. Parenting is a problem that is manifested in schools right from the earliest of ages by way of life skills, communication and relationships. If the students do not have proper parenting, they will become drop outs.

- We need to go back to the family. We should invest our resources fixing the problem back at the source. The family is the basis of many health problems that happen in school. There is an incredible lack of family structure (i.e., traditional arrangements).

- The new families are a reality. No matter what the arrangements, students and parents need to learn new family skills appropriate to these new realities.

- We need to look at how health gets into the school curriculum. Yukon follows the B.C. curriculum and this curriculum was developed in B.C. through a consensus of educators and grass roots. By adopting this curriculum, we face the problem of fragmentation. Various interest groups each with a particular point of view all want the

schools to adopt their own solutions. In schools we have PACE (Police Assisting Community Education), family life, self-esteem, conflict resolution, contraception, and various other programs all demanded by pressure groups. From a curricular perspective, the accommodation of all these programs has become a major problem.

- Awareness rather than pure education is an appropriate way of influencing and integrating health issues into the school population.

2.4.3 Problems

- Parents want more services for children with learning disabilities and handicapped children in the system, in addition to wanting different approaches and more services. These demands are putting strain on the ability of the education system to perform the objectives of education.

- What gets attention in the area of health in the schools is more related to individual needs from special interest groups rather than broader and conceivably more cost-effective issues such as nutrition and fitness factors that are not being addressed in the elementary system—we need specialists earlier (none in elementary). By the time the students get to high school, their basic health practices have been formed.

- The more areas special education covers, the more people want. People who demand special attention take time and resources from the overall objectives of education. Some demands are justified to ensure equal access to education since, due to the absence of special programs, some individuals are denied education. All people have the right to education, but the essential question is: who is responsible for the costs and out of which funding source should these costs be incurred? Is it financially affordable to bring special needs into the fold?

- In Alberta a counter special interest group has formed in response to the diversion of education funds to special needs. PORK (parents of regular kids) is a backlash group who feels their kids are losing an education because of the drain on resources by special needs kids ... could this happen here?

- The major issues of health to one participant were AIDS and sexual assault. Contributors to these situations include prejudice, discrimination, denial, erotiphobia, sexism, heterosexism and homophobia.

Adult attitudes that get in the way of acceptance are adults who resist new learning as a result of stubbornness and inflexibility — we need to deal with these barriers. Other barriers include problems of righteousness and entrenched moral values. Sexual assault and abuse are underlying many problems in the education system.

- Some participants suggested that too much is being expected of the education system. The education system is getting a lot dumped on it. Non-traditional expansion of education services is expected without the increase in resources. Are we dealing with the cognitive and intellectual development of children? Teachers are dealing with a whole range of other issues and cannot get on with that task. If society wants the education system to provide special needs services, then they have to cut back on their expectations in other areas of traditional education or boost resources to schools.

2.4.4 Solutions

- One of the ways out of the problems between education and health is to engage the assistance of the community. Allow the community to arrive at solutions to some of these problems. Let go of power and control and let communities deal with it, or at least try it.

- Unfortunately, many parents are scared or reluctant to find out about or get involved in education programs. Schools can't fill positions on boards. Is this parental apathy or some other problem? Golden Horn school was offered as a community school that works well because the community was involved in the school.

- Some saw that people are not taking responsibility for their own problems and are just shoving them off to the schools—using them as expensive baby-sitting services. An example of this type of behaviour was cited using sports. Many parents use sports to drop the kids off and give responsibility to others, specifically, using others as baby sitting services. The general public is so used to pushing responsibility to everybody else that they do not take personal responsibility.

- Cooperation between the two departments is what is needed. Resource limitations inhibit cooperation. Cooperation needs resources.

- Something as simple as access to meals for impoverished students has dramatic results in improved attitudes, truancy, and vandalism. What are the intentions of the government regarding school lunch programs?

2.5 First Nation Peoples and Health

This focus group took on a different dynamic than others in this series. We were not presented with a list of problems or issues to solve, nor were we given a clear statement of research needs. What was provided was a set of respectful lessons and stories that we could use if we chose to listen. Clearly the benefit of this group was not in the identification of uniquely defined First Nations' health issues. What was learned was a lesson of interpretation. The health problems of First Nations are not unique in nature, but the context in which their health exists reflects and is a consequence of their cultural and social environment.

What was provided was a set of respectful lessons and stories that we could use if we chose to listen.

Of importance to the Yukon Health Promotion Survey is the observation that the health research needs of First Nations can be accommodated within the developing format of the research. On the other hand, for the results of the survey to be meaningful to the Department of Health and Social Services and to the First Nations, they must be given responsibility to analyze and interpret the results from their perspective. This observation suggests a separate analysis, interpreted and written by First Nations Peoples. This collaboration would greatly enhance the product of the Yukon Health Promotion Survey while at the same time it would transfer the ownership and power of this research component.

This theme was developed in the following issues:

2.5.1 First Nation Peoples Health Issues

- First Nation Peoples suffer the health consequences of stress, unemployment, inadequate housing, and unhealthy situations resulting from alcoholism and drugs (prescription and non-prescription).

- Beyond these, First Nation People also endure the ‘unresolved grief’ for the loss of their culture and their identity. Summarizing the words of one participant, ‘until we get back our culture we will be drifting. This culture is grounded in language, in the responsibilities of the family and children and must be pulled back into the lives of First Nation Peoples. Only then will people be healthy once again.’

- Many examples of the loss of culture were given (eg. residential school syndrome) but the problems themselves were difficult to clearly define, they were overlapping, complex, and deeply situated. In addition, the difficulty of seeing the problems was hampered by the relative state of health of those involved.

- Poor health is manifested in social breakdown. The division of values between men and women is a danger for the health of First Nation Peoples. Women have become more easily integrated into the white society as they have become educated and as a result are more likely to be qualified for positions of leadership. This situation cuts deeply

into community and family relationships and creates conflict. Native men's hearts seem to hurt from loss of contact with the land and culture and the death of a way of life. For many First Nation Peoples it is the culture and the relationship to the land that creates a sense of worth. This sense of worth has a profound effect on the health of the people.

- An example was given referencing Old Crow. The loss of land for men is a health issue and when the men in Old Crow go back to the land they feel better. An elder told them (the men) that they had got lost and that they must take control. They are doing that and have now indicated that there should be no more women chiefs.

- The source of many problems is the loss of traditional values. This loss is presented in many complex ways and any attempt to separate and treat individuals does not work. The problem is a social concern and it must be treated at that level. Attempts to solve issues of incest and family violence by isolating and treating people on an individual basis do not work. You can not fix people like machines. Holistic healing needs to include the family and extended family and healing must come from within the community, not from the government.

2.5.2 Examples of Consequences

- The common example of how cultural and social causes end in health problems is alcoholism. There is grief, hurt, and anger in communities from alcohol and drugs. In the much repeated word of one alcohol and drug worker we are 'killing our people', and it is a burden to see the communities in the state they are in.

- Sexual abuse was another example of a manifested social issue that was exhibited in the communities. Families have to endure not only the act but the loss of the people involved. Insensitivity of professionals and the inadequate access to treatment makes the problem into a family and community issue.

- Services should be provided that help the problem , not just isolate the individual. Members of the community do care and want to support those involved but they still need professional help.

2.5.3 First Nation Peoples' Solutions

- The key to succeeding is looking ahead rather than back.

- In the past, many of the First Nation Peoples' problems were solved by others. This help was presented in many ways but was not the solution required or wanted. What was wanted was to see something concrete happen. What was wanted was to address the causes, not scratch the surface. In addition, sensitivity was required not only at the level of communities of people but at the individual level: everyone is different and everyone deserves to be treated with respect.

- The warning about other people's solutions was given: if one stirs up a community's emotions, one must ensure that you follow through and solve the problem. A graphic statement was presented with regard to the endless cooperation of aboriginal peoples in government surveys and pilot projects—what is needed is action.

- First Nation Peoples have their own repertoire of health solutions. These health solutions should be promoted. Examples of these solutions included traditional foods such as berries and wild meat that keep people healthy. As well, there should be a recognition of a First Nation's own remedies and cures that are grounded in the culture and land of the Yukon.

- The essential message through the discussion was that the major health issues need to be controlled by First Nation Peoples.

- First Nation Peoples know what they want. White people and First Nation Peoples have common goals of health but First Nation Peoples want ownership of the process and policies. What is needed is not just control but a requirement to ensure availability of adequate resources to do it. First Nation Peoples have the capacity, motivation, and long term interest to succeed.

- The issue recognized was the problem of access to resources still controlled by government. We can't blame anyone any more. We all must take responsibility to work together, assist each other and share.

2.6 Religion and Health

Religion provides the value structure in which one makes decisions about one's health.

From the perspective of the Yukon Health Promotion Survey, religion serves as one important means of informing health decision making. Religion provides the values and the basis upon which individuals make health-related choices. Throughout the discussion, religion was interrelated with spirituality as a means of making sense of one's existence and providing a practical reference point to evaluate life choices. Religion provides a community of individuals and ideas that offer support, comfort, and consolation during ill-health.

Religious teachings are a very old version of health promotion in the fact that some religions prescribe life-style guidelines and ways of health-related behaviour. In addition, religion forms a community that plays a role in healthy social networks and mutual aid groups. In summary, the group clearly saw a link between their religion and their health in preventive, supportive, and healing relationships.

These themes were reflected in the following issues:

2.6.1 Role of Religion

- Religion affects life and health in three ways:
  - Religion provides support during suffering. Many people are able to deal with ill health through their faith. It provides comfort and lessens suffering.
  - Religion provides individuals with cure and healing. Faith and spirituality (some magical beliefs) in healing can offer remedies to certain health problems. For those who believe in healing through faith, the consequences can be extremely positive.
  - Religion provides a preventative aspect to health. In this case religion is a means of informing individuals regarding healthy behaviour and how to live their lives in a healthy manner.
- For some, religion plays a very big part in family, as the family is a center of their existence. Linked to health, the social dimensions of the family are essential for many aspects of health and healing. The family is the source of immediate health action. It provides the support to family members, and it provides individual meaning.
- Religion is philosophy and religion provides guidelines that shape the ways and means of life. As a philosophy it provides insights and means to interpret one's whole being. Religion sets out relationships and provides meaning to health and the consequences of health.

2.6.2 Religion as a Decision Making Process

- Religion is not separate from other parts of life. Religion influences individuals in everything they do and represents what you are. Ultimately, religion affects how you live and how you approach health.
- Religion can be seen as a base of knowledge and a source of decision-

making guidelines that help make sense of yourself and your behaviour. These guidelines influence how you live, and how you live affects your health. Religion provides the value structure in which one makes decisions about one's health.

2.6.3 Religious Teachings as Health Promotion

- One interpretation of the relationship between health and religion was the observation that Christianity says little about taking care of your physical health except warning against greed and gluttony. In Christianity, sickness is called sin and cure is the right relationship with God. Without that relationship we're not healthy.

- For some religions smoking and drinking are prohibited, while for others, early rising and following prescribed religious precepts are promoted as a means of achieving a healthy body. Practising any religion leads to self-control and leads to a life of a more balanced equilibrium for a healthy body. Religion promotes the need to look within and this self-cleaning results in being 'in tune' and ultimately results in good health.

- Religion is a way of life that includes adherence to certain health teachings. These dicta tend to be key practical teachings of moderation in all things, abstinence or fasting, and tend to be common to most religions.

2.6.4 Faith Gives Comfort and Strength

- Health is implicated with more than physical life. Faith contributes to all aspects of human existence and a consequence of this influence is physical health.

- Doctors with religious understandings can greatly assist people in dealing with loss. Explanations centering on religious understandings of events can be much more valuable than medical explanations. For those who need comfort or meaning, religious explanations are important. An example was given contrasting government-run hospitals with Christian institutions in how they deal with death and suffering in an institutional setting. In some cases lack of understanding by staff can create polarization. Theories of the transitory aspects of human existence are crucial in sickness understanding; these theories are both culture and context-specific.

- For some religious individuals, the first priority is the relationship with God: God is where you turn for strength in times of need. Looking upward provides more support than human beings ever could and it provides a strong base of support.

- A clear distinction was made by some participants regarding religion as practised by a person (the motions) as distinguished from the faith that a person holds (their inner being). Faith becomes one with a person and cannot be separated from any other aspect of that individual or their health; faith permeates the being; every action a person takes becomes a demonstration of their faith; faith has a profound influence on a person's health.

2.6.5 Health and Spiritual Health

- Lack of health shakes an individual's faith and creates a temporary questioning that generally reverses and turns into a source of strength. The medical system has a quasi-religious function. People draw strength from the 'religion of medicine'. This religion, like any other, provides hope, answers, and faith for the sufferer. Religion must be integrated into the health process in some way. Unfortunately, there is little recognition on the part of medical professionals of the value and role of faith in healing or dealing with the consequences of ill-health.

2.6.6 Acceptance Through Diversity

- A great deal of acceptance of other forms of knowledge and existence was exhibited by the group. Religion was not seen as the only way to deal with life. Medical science is a knowledge base that has its own inner beliefs based on empiricism while religions such as Buddhism have two ways of liberation—one through heart and one through mind. Most religions exhibit the use of a combination of the two types of knowledge bases.

- Superior physical and mental health was not seen as being the domain of religious individuals. It was acknowledged that non-religious people are likely to be healthy and have as good families. Faith is difficult for some people yet the contribution of religion in health is in how it provides faith, comfort, and a way of dealing with all forms of health.

2.6.7 Additional Written Comments Provided

- Need discussion of ways to integrate faith / religion into traditional health care.

- Spiritual considerations in health care system cannot be dictated, must be facilitated and nurtured by people with skill and commitment.

- We require pragmatic 'how to' considerations to incorporate spirituality and religion into health care. Need for a team approach, acute care, grieving, choice, needs and culture.

2.7 Women and Health

Two major areas of concern were expressed in this session: one dealt with the responsiveness of the health care system to individuals and the other dealt with the realities of being a woman in the Yukon.

The lack of care and sensitivity to the ultimate focus of the system, the individual, reflected a wide gap between the 'professional' and those they serve.

Issues raised were control over health care and over the decisions being made regarding one's own health. These issues indicated a frustration with the present situation. The lack of care and sensitivity to the ultimate focus of the system, the individual, reflected a wide gap between the 'professional' and those they serve. One has little control when dealing with doctors on a one-to-one basis just as one has little control over the entire set of health care services being offered. This was illustrated for the individual, communities, and the Yukon.

The topic of the position and expectations of women in Yukon society provided a source of discussion for the group. Some suggested that women's concerns were not taken seriously, yet women are implicated with household nutrition, budgeting, and poverty. For the Yukon Health Promotion Survey this group reinforced the socioeconomic link to health. They provided further emphasis towards information on the context of health rather than exclusively focussing on a separate topic in the absence of this context.

These themes were reflected in the following issues:

2.7.1 Control

- As a woman (and for all individual 'customers' of the health care system), there appears to be no control over what is happening to you. There is no feedback from doctors and one has to just wait until it is convenient for the 'professional'. This situation causes frustration and creates stress for the individuals concerned and for their families.

- What is required is to have more information or, more importantly, feedback that is understandable to the patient.

- Women require more control over childbirth options. At present only certain options are sanctioned and information and understanding regarding alternative options is limited.

- The ever present theme of personal choice emerged in this group. The choices that are available depend on class and money. To pay $50 for acupuncture or acupressure is not an option for many — the message was the need for control and choice without constraints of affordability. Examples cited included: (1) midwifery is too often not an option and (2) although the individual in this example was grateful to be able to afford to see a homeopathic doctor in Vancouver, this option was not available to many others who may have wished this choice.

- The need to look at alternatives and give people the choice and the control over what they need. People are frightened.

2.7.2 Health Services

- Quality of service was a source of many stories of frustration and concern. Although this issue represents a personal comment, it was presented constructively and illustrated similar feelings presented in other groups. One woman had to wait two weeks to find out what the surgeon had done. There was no explanation and no avenue for support or communication.

- Another story illustrated how a local nurse's inexperience almost resulted in a mother's death. The concern was for the relative quality of professionals attracted to community services.

- The nature of the Yukon and its communities presented the issue of availability of services. One had to wait too long for specialists and when they arrive you are forced to use them regardless of one's faith in their abilities. Similarly, the availability of medical doctors in rural communities was limited and people were 'stuck' with only one choice.

- Yukon problems required the attention of Yukon solutions. One individual questioned why public administration programs are being offered from an American University when the Yukon College should be training Yukon health professionals? Why are science and academic courses dropped while the College provides everything else — is it set up to develop more government employees?

- We should be educating ourselves. Upgrading is not available for RNs and one participant is leaving the Yukon to undertake further education at U.B.C. (one individual could not transfer her Yukon College credits to U.B.C.).

- Long waiting times and physical access to services were cited as issues. An example included physiotherapy services that have long waiting lists. People are in pain and some have had to wait for four months. Alcohol and drug services and rural access were discussed as problems.

- Waiting time for professional assistance is too long. Alcohol abuse patients have to wait too long for services.

- Physician mystique creates barriers between the doctor and their patients. Breaking down the communication gap requires tremendous effort on the part of the patient. It is very traumatic for a patient to have to put so much effort into finding out information about themselves while ill. Horrendous situations result from powerlessness with attempts to avoid being controlled.

- Some of the problems may stem from placing medical professionals on pedestals. We go to them when in trouble and do not know what to do when they do not have all of the answers. Many doctors want to stay up on the pedestal. They demand respect and like the position they have constructed.

- Dealing with sexual abuse by doctors or psychiatric professionals was expressed as a concern but not developed as an issue.

- Mental health, psychological well-being, and mental health services are inadequate in the Yukon—we have no choice, and we have no psychological prevention services. This situation is illustrated by our lack of a resident psychiatrist. Immediate assistance is crucial in avoiding problems later on.

2.7.3 Health Promotion

- There appears to be too little encouragement for proactive health. An example cited was the absence of showers or other facilities in the work place to encourage people to walk or cycle to work instead of driving.

- Even when services exist for health enhancement they are prohibitive to many. These services are either too expensive or the timing and placement of the services make them inaccessible to many; time for self is important but often difficult to manage. It takes money to join clubs and this simple reality represents a barrier to involvement in physical activities and access to physical exercise.

- Many barriers to maintaining healthy lives exist. An example included an individual who works hard to maintain health, but the demands of society and family create time constraints. Society places many demands on women and all these roles make it difficult to keep women healthy.

2.7.4 Nutrition and Budgeting

- Healthy food is for the wealthy in the Yukon. It is elitist health food. There is only so much the individual can do to afford and eat in a healthy manner.

- Good food is the most important factor for health. Lack of food creates too much stress for children to carry. Many children go to school hungry in Whitehorse while the rest of us talk about not having enough time to go skiing or other luxuries.

- Some indicated that good food is affordable if one has the skills to budget.

- The cost of poor budgeting skills can be seen in the costs of poor health. Many on welfare (and many underemployed) do have the ability to speak out and demand the skills to be healthy.

2.7.5 Women's Roles and Health

- Women's health problems are not taken seriously by society. Moreover, many of these problems are trivialized or ignored. Many of the health issues are grounded in the needs of others, including one's husband and children. Women have to give up much of what they need in order to meet the needs of family.

- An active woman is burned out doing volunteer things, meeting family demands, being a mother, wife— taking time for herself is hard.

- The plight of a single parent is even tougher. For single parents there are more time pressures resulting from home responsibilities with fewer opportunities for the work to be shared. Many go to work, go home, and have to do the work without a chance to have a break. Without money many tasks are made even more time-consuming and difficult.

2.7.6 Poverty

- Children in poverty suffer. From physical health to mental health, from nutritional status to future opportunities, this statement is self-explanatory.

- A majority of poor women and families in Whitehorse have no voice. The bureaucracy fails to help these women. Agencies fight over issues rather than providing services. This was summed up as: the poor do not have the voice to make themselves known — only money has a voice.

2.7.7 The Yukon Environment

- Light deprivation has a lot to do with mental problems in the winter — are these environmental issues and solutions not being considered? To some in the group this phenomenon was more evident when Yukoners return from a holiday in the South.

- The issue of light was pursued in several ways. There was agreement among long-term residents that it isn't a problem for them but for people new to the Yukon there is clearly an environmental adjustment necessary. There was a difficulty in meeting people. Everybody works and this social isolation contributes to stress. Maybe we need some place that is green and light, a gathering place that could provide people with the light during the winter.

- We are physically safe here in Whitehorse and that contributes to wellbeing. Comparatively, we seem healthier here than other urban centers.

- Loneliness and isolation are problems for women, especially those with small children. There is a lack of adult contact and conversation with not many others for support.

- Pressures in the work place, especially at managerial levels, were seen to force choices between family and work. This situation was said to be even harder on men and an illustration was that few upper management people looked healthy.

- The problems of stress ignore the plight of poor women and how they raise their children with little money for exercise, food and warm clothing. These women don't have the voice of 'class' that we (the women in this focus group) are privileged to. Also, welfare rates are too low and women live in fear of accusations from doctors and social workers.

- Most diseases result from stress. Many things cause stress—smoking, drinking.

2.8 Community Health Issues

The health of a community depends on cross-cultural sharing and caring which in turn requires community involvement at all levels.

An overall examination of community concerns saw the surfacing of cultural diversity and differences and a need for whole community involvement. The health of a community depends on cross-cultural sharing and caring which in turn requires community involvement at all levels. Specific community health problems tagged were alcohol and drugs and a concern over other social problems such as family breakdown. A need for leisure time and work time to be meaningful and secure was examined.

2.8.1 Problems

- Addictions and alcohol were the first thing to be mentioned within the group as a health problem in the communities.

- Family breakdowns have had far-reaching effects among communities, one being the lack of caregivers for the elders within the community and the subsequent lack of attention to their health.

- Within the smaller towns there exists a single employer situation where the fear of shutdown becomes a reality.

- There has not been an attempt to reconcile the cultural diversity and differences that exist in communities. There becomes an Indian versus a white interpretation within the community as they meet separately with government agencies. This causes a split within the communities, mistrust and suspicion amongst the citizens.

2.8.2 Solutions

- Alcohol and drugs are social problems. They (along with many other problems) require involvement of citizens at the grass roots - a community approach to a community ailment.

- Family and societal breakdown may be a result of attitude. People need a sense of worth, a sense of belonging. There is a need for adequate recreation and cultural activities and social and health oriented activities. People need to be motivated to do things in January and February. Another aspect broached was the need to heal whole families when problems arise, not just individual family members. This situation involves the immediate and extended family in the healing process.

- Full employment and meaningful work improve the workplace and overall health. This situation cannot alleviate some of the stress involved with the tenuous nature of jobs sensitive to economic impact or seasonality.

- A solution to cultural splits within the community is to realize that everyone regardless of culture, has his or her own interpretation. There is not a white or Indian interpretation, just a personal interpretation. Giving Indians accountability with responsibility may also mean much hurt and nastiness in the process.

- Better communication amongst family members and professionals as well as between both groups provides an improved healing process and informed, healthier communities.

- Health is a community concern and requires community involvement to work.

3 CONTENT GROUPS

3.1 Health Choices

The discussion of health choices focussed on a holistic approach to health and the modifications that some people make to this approach. The factors that affect health choices dominated the discussion. Such factors as time, money, accessibility, awareness, control, experience, and knowledge briefly state the topics of concern. The group also addressed the health choices that are needed in the Yukon. As one participant said “health is finite ... not length but quality ... want to die living”. Informed and responsible health choices make this possible for each

... "health is finite ... not length but quality ... want to die living".

individual. What is not wanted is an attitude that “once you try to change the world you find it’s easier to change your mind.”

3.1.1 Holistic Health

- This concept was an overriding theme of the qualitative research. The interesting part of this discussion was the addition of environmental health to the four quadrants of mental, physical, emotional, and spiritual health.

3.1.2 What Affects Choice?

- Time and money affect people’s ability to choose. Comparisons were drawn between the Third World and the 'have' nations and their comparative power and choice. We should consider our good fortune a privilege.

- One’s lifestyle affects health choices but this IS your choice.

- One’s physical state affects choices. For example a diabetic has limited choices but these choices improve with self-care. One has to accept the condition and use alternate choices. A pregnant woman has choices to make regarding her health and diet and is particularly responsible for the outcome of the baby. People need to listen to their body for physical signs rather than looking for the “quick-fix-pill.”

- People want to be responsible for their health and to have control. This situation requires awareness of information and access to it, otherwise it is hard to make wise choices. People want immediate access to quality choices.

- Knowledge helps people make informed choices. However, “all the information in the world doesn’t change behaviour” — it must have meaning to them — as one said “more applicable to Yukon concerns.” The importance of meaningfulness was also echoed in the statement “can rhyme off knowledge but can’t internalize it.”

3.1.3 Need for Choices

- In a general sense, people asked for facilitating programs where solutions come from the people. A need for more interconnectedness

where pamphlets can be replaced by community, people, and interaction.

- More specifically, more services are needed in the mental field and the alternative healing sector.

3.2 Mental and Emotional Health

Once again the holistic approach, less compartmentalization and boxing up health into components, was stressed.

Mental and emotional health proved to be a difficult aspect of health to define. Society's label of mental health hindered the discussion. "Mental is a scary word." Most agreed mental health was cognitive and emotional health was feelings. Once again the holistic approach, less compartmentalization and boxing up health into components, was stressed. There exists an interconnectedness — each affecting each other- between the mental and emotional, physical and spiritual with the addition of economic and environmental health. All are "linked". The discussion lead to what factors affect mental and emotional health? The list included stress, relationships, self, physical health, and the environment. A discussion of these factors naturally leads to approaching services available- their quality, lack of, and possible solutions.

3.2.1 Stress

- A person with a healthy mental and emotional state can cope, make decisions, access resources, and solve problems. Our lifestyle today with such a fast pace and more uncertainty is contributing to mental and emotional upset. One participant comparing indigenous societies to ours noted we have a less nurturing and caring attitude. A local example was given of removal of students from Old Crow and their traditional lifestyle and families to attend school in Whitehorse.

3.2.2 Relationships

- There is a need to nurture our mental and emotional self through friends and family. If there exists a lack of trust, people have no one to confide in. Feelings get buried.

- A great concern was expressed for today's family. The direction is a move away from the traditional family roles. There is fuzziness and confusion within family structures. We live separate lives — no meal times together and our socializing becomes the TV. Roles of men and women need to be defined and supported by society. In contrast to this opinion one person thought this clear definition of roles has gotten us into "emotional hot water" because it leads to clearly defined

expectations where men are the providers and women the nurturers and care-givers. This results in overloaded women and emotionally backward men. These statements were qualified by a need for recognition and equality.

3.2.3 Self

- People require a sense of belonging to be emotionally and mentally stable. This sense of belonging with all that is happening in the territory is proving to be a challenge for the native people.

- People must provide for self. They must also be allowed to be an individual — express it how they see fit without being labelled.

3.2.4 Physical

- There are physical manifestations of unhealthy mental and emotional states — disease. Heredity can play a part through the genetic pool or learned behaviour.

- "Life is very fragile and when you feel it slipping away it becomes precious."

3.2.5 Environment

- The environment seems to play a big role in mental and emotional health: seasonal affective disorder, economic conditions (housing, TB), noise pollution, air and water pollution.

- Closeness to nature seemed to be an important part of health. We have divorced ourselves from the natural environment and to feel whole again need to immerse ourselves in nature. However for some the big city fix was more important to emotional and mental health. What was agreed upon was that you must know yourself and what keeps you in balance. For some it may not be things but conditions.

- There was an additional comment of the need for humor in this world of ours! There is a "shortage of humor worldwide in spite of its healing effects on mental and emotional health."

3.2.6 Services

- The medical field took a brow-beating due to their orientation and waiting lists for service that is "laughable". "The medical fraternity discounts what we are talking about here ... deal, only with mechanics without taking into account the mental and emotional well-being of patients ... credit for trauma but abysmal for emotional."

- People turn to self-help books, friends, family, and lay public for help. The community often wants professionals but "in fact people heal people." What is needed is a "cross-pollination" between groups.

- Services are not needed nine to five — often after hours. Needs are immediate and not at a later date when appointments become available.

3.3 Nutrition

Health is viewed from a holistic standpoint in that everything must be in balance for one to feel well.

The overall themes emerging from the nutrition focus group very much reflected the themes emerging from the individual interviews conducted throughout the Yukon the previous summer. Health is viewed from a holistic standpoint in that everything must be in balance for one to feel well. In this focus group the word balance was expressed as total health being more than just nutrition. Everything affects health. Knowledge was described as an important component to proper eating habits. Time was spent discussing the effects of lifestyle and life stages on nutritional health and overall well being. What motivates people to eat the way they do or prohibits them from eating the way they should?

3.3.1 Balance

- Balance in reference to nutrition was defined as what one eats — the types and amounts of foods. What is important is eating the Canada Food Guide's main groups and getting it into our diet everyday without overdoing it on one or cutting out another. Vegetarians use complementary foodstuffs more than eating from the food groups. It is a way of using foods in a healing manner. However, no matter what style of eating is chosen, you have to know everything about your food or you can get pretty sick, i.e., balance is important.

- Meal structure was discussed. One thought was that one should follow your body signals of when to eat and drink. Others felt three meals a day was essential, especially breakfast. A point was brought up about the elderly who for various reasons eat once a day or sometimes every second day.

- Mental and physical well being is important to health and is affected by one's nutritional state. Food makes you feel good.

3.3.1 Life Stages

- The elderly have age-specific needs regarding their food intake. Consideration of physiological change is required. Many of these changes only a senior knows and understands. Appreciation and consultation is sought when confronted by health professionals about these changes. Motivation to eat decreases with loneliness. Cited was the case of a man having a friend again in a dog with the friendship sparking improved eating and exercise. Loneliness has been conquered by having potlucks or, as a group, taking turns cooking the evening meal, in which case the elderly person gets a good variety of meals, socialization and less waste.

- Singles as well feel a need for socialization regarding eating. When one lives alone, eating out becomes a socialization process. Another problem with singles as with elderly is quantity buying and preparation; it is not easy to buy and prepare for one. One lady equated being single to being on a diet — you buy large portions and freeze them in required serving sizes. She was also helping an elderly parent adjust to this type of buying and preparing of food.

- It was brought up that families need socialization during meal hour as well. It is a time to talk-- a happy time. Meals are to share.

- At different life stages people need to shop carefully to get the full benefit of value for their food dollar. In the North the use of wild game and fish help us to trim our food budget.

- Pregnancy and lactation were discussed as a very important time for developing good food habits because of the effects on a baby. As one participant said, it gives you a couple of years to learn good food habits within the pregnancy and lactation time frame.

- Teen habits were discussed. When teenagers are rapidly growing up they may fall into the pop, chips, and donut routine - they have extra money to buy these things which takes control away from the parent - that is, until the teenager starts putting on weight.

- As one participant summed up this area, "We are all sort of living with or by our nutrition, somehow changing as we go through life . . . making nutrition meaningful for different people at different times ... as our needs change, activities change".

3.3.1 Life Style

- The discussion revolved around our fast pace of life today and the prevalence of junk food in our diet. High levels of stress make it easier to eat out or "pop Magic Pantry in the microwave" than "actually stop and prepare food for one another and then share that food - that love that goes into that food is a really important part of our nutrition . . . we have gone to a point where we are not nurturing ourselves because of our pace of life and we can stop that - we're making choices and those choices are there for us every single day".

- Kids are sometimes home alone after school and they snack on candy bars, cans of pop, and french fries and watch TV. Then the parents come home tired, the kids are not hungry and no one is fed well.

- Family time at meals is a time for sharing—a time for talking about your day. "There's no family time left and I think we're the long term losers in that and that will affect the health of our children and everyone else ...".

- A lifestyle for children involving sports was criticized as the culprit for unstructured meal hours.

- As a single person you can fall into worse habits because you eat the things you like and there is no one else there to say that you are not taking very good care of yourself. It requires better organization and planning to cook for one. Even when a partner is away, meals get bad because there is no one there to share the meal with.

- Our fast pace of life leads to skipping meals. A friend remarked that she "must not like herself very much" because she had skipped her lunch. What good are you to anyone else if you are not taking good care of yourself?

- A lifestyle involving a special diet requires discipline and a change in a former lifestyle - it's tough.

- To choose a complementary lifestyle such as vegetarianism is a huge transition and requires seeking out food sources to suit this lifestyle option.

- A northern lifestyle is different from southern Canada. It's quite different from if we lived in Vancouver and "those food rules got to be applicable here." "When you look at the food chart it has to have meaning into what you see in your life . . . it has to be applicable to our seasonal and cultural factors."

3.3.1 Knowledge

- The need for knowledge — the right foods and the wrong foods — cries for better advertising. After all, health is happiness of which food is a part!

3.4 Personal Interpretations of Health

There is a need for balance, contentment, harmony, perspective, and satisfaction. Balance was defined as the four quadrants of physical, emotional (presence of depression) or psychological, spiritual, and intellectual health. A likeness was drawn to the medicine wheel. The definition of balance was broadened to encompass what affects this balance. As one participant said "maintaining a state of good health requires purposeful action, not just an accident." The key words reflecting this situation seem to be timing, attitude, control, environment, money, and life experiences.

... "maintaining a state of good health requires purposeful action, not just an accident."

3.4.1 Timing

- One's attitude to health shifts over time. Physical health is very important at a younger age but eventually the other quadrants are taken seriously. Older people become more aware of physical health because they know they are not "indestructible" and their body does not bounce back as fast. With a new interpretation on disease not just the physical is important. The quadrants of health rely on one another to maintain health.

3.4.2 Attitude

- Attitude affects the whole self. A positive attitude is conducive to health whereas a negative attitude is not. We see this in the very ill or elderly. Despite their dependencies and severity of the disease or aging process they appreciate life and accept "what is" — adopt a positive attitude.

- Humour, an effective exercise for good health, has healing properties. The news may be bad for you but laughing helps foster a better attitude.

  Fun and humour are important coping and release mechanisms allowing the "playful part of the child" in all of us to exist.

3.4.3 Control

- in life - by choosing people that support me and letting go of friendships and relationships that were not supporting me - negative energy can suck everything out of you.

- in life - by taking time out for a holiday by oneself.

- in life - by accepting the life cycle (adults and children) and the part death plays in it - not shutting off emotions - it's not evil or bad as such thoughts lead to mental stress. One must accept death as a part of health as well.

- in life - over the quick-fix mentality and the skinny blonde, youth orientation perpetuated in the media as healthy.

- in life - allowing room for some risk-taking since it helps you to grow mentally and socially.

- at work - by being happy, dealing with frustration.

- overall - part of good health is control.

3.4.4 The Yukon Environment

- Northern living affects health by lack of sunlight and extreme cold. However, this effect may decrease the longer you are here.

- Positive points were raised regarding a serene, peaceful environment and being in touch with nature -- it is so accessible in the Yukon.

- Isolation is good and bad. The pace of life is better, everything is so close and life is more relaxing; however, one indicated that "I miss certain things too, sometimes ... museums, culture, excitement."

- External uncontrollable issues — pollutants that affect our health. Despite your best efforts there are things you can and cannot change. "Soil contamination, ozone depletion and food additives are like playing a roulette wheel".

3.4.5 Economics

- Financial problems affect health as other problems increase rapidly from this problem.

- A lack of money for basic things such as food limits your intellectual capacity, affects your health, strains social relationships, and affects your spirit. For a child this situation can affect long-term health.

3.4.6 Life Experience

- One's perspective on health is influenced by the ability to step aside and analyze and move into new areas. One must look at time and place and ensure that actions maximize one's opportunity, potential, and happiness.

- Personal experience shows one all the components of one's well-being.

- Another important element in life is relationships — family, co-workers, neighbours, and friends— "they can help you get back on track." The meaningful part of these relationships is that "we draw a lot from others, but sometimes the reward is returning that." These relationships form the social component, the balance, to health.

- Life experience teaches us self-respect and respect for others, self-worth and fulfilment. These components all balance our being and our health.

3.5 Physical Activity

... a means to charge the battery ...

A group of physically active and aware individuals met to discuss how they felt about physical activity and their health. The benefits of physical activity were discussed in terms of what it does for them personally and people in general. The purely physical benefits as well as the emotional, mental and spiritual feelings towards or while doing activity were investigated. The requirements for physical activity included age, intensity, choice, role modelling, and direct or indirect connection to health and well-being.

3.5.1 Why Physical Activity?

- Physical activity is a means to charge the battery — provide energy, alertness. As such, it can act as a stress reliever.

- It puts one in touch with oneself. It allows emotional and mental healing — a time for soul searching, a time to think, MY time or time out. A walk in the woods puts one in harmony with nature even to the extent of a spiritual uplifting.

- For others it was time to spend with friends, family or spouse - to reconnect.

- Physical activity has the effect of improving one's self-image and self-esteem.

- Physical activity was seen as a major factor in health but not an exclusive factor. Others queried whether it did connect to health in that it did not guarantee health; however, it did help with a speedier recovery from illness.

- Physical health for some is essential, for others nonessential either because they do it anyway or it is not thought to be a priority for all individuals.

- Wealth can be associated with physical activity because for some people it (physical activity) is part of their livelihood.

3.5.2 Requirements

- Physical activity is a lifestyle. Comparisons were made between country and city living, desk jobs versus outdoor jobs.

- Different life stages affect physical activity. Although it is for all ages, the inactive elderly sometimes feels sorry for themselves whereas those seniors that are active are more alert and feel they make a contribution. The sedentary state of children today was addressed — the merits of growing up with an active physical lifestyle versus watching TV and playing nintendo.

- Physical activity should be a choice, although daily input is important. It should be done on your own terms. As one said "different strokes for different folks . . . what makes one person happy not necessary for others . . . need to follow own vibes". Discussion ensued around competitive versus non competitive sports — good or bad, and structured versus unstructured activity.

- Role models are important to encourage a healthy physically fit lifestyle. Schools could improve upon their role. Unfortunately, some

parents are upset when gym activities increase over the academic arena. They need help to plan and organize. Parents also directly influence their children. “Couch potatoes breed couch potatoes;” whereas, active lifestyles breed active lifestyles.

3.6 Social Health

"A healthier individual leads to a healthier society."

Social health is intertwined with physical, mental, emotional and spiritual health. “Without social relations you don’t have health.” “A healthier individual leads to a healthier society.” People’s needs for social health are for someone to understand, to be there, lend support, give trust, take time. There are many organized social groups within our society as well as informal groups to give us support. In the Yukon, social support and networking is important because of the distance from family and close friends.

3.6.1 Interaction with Others

- “The hardest part is asking for help.” “Society tells us we can handle it.” However, people don’t just have a body to treat, they need emotional support from someone who understands.

- “People fall apart at the same place ... if you’ve been there you know it.” To have someone there to “smooth the pathway” and “decrease the anguish” is helpful.

- We all need to reach out. We need “another pair of eyes to look at the situation, another mind to meet with, another heart to feel through this situation.”

- Isolation is okay but by talking to others you realize what you can do; it draws you out and has a rippling effect to family and friends creating a positive circle. Community groups such as Lions clubs or churches are extensions of social needs both for individuals and the community.

- Ill health will often cause you to desire social support.

- Connections with like people, upbeat and positive people, people of the same values, can help your overall health. These connections occur when there is trust and honesty.

- Time given by others to you — through providing a listening ear gives relief. Listening helps to empower people.

- A lengthy discussion revolved around sex roles. Men are perceived as more detached as they have learned not to show their emotions. Their outlet is through physical labour or focusing on their work. Women tend to be more emotional.

3.6.2 Problems

- Again emphasis was placed on a holistic approach to health — "the whole body treatment." Physical health gets attention by medical personnel and the rest is often forgotten. One lady recounted a story of her baby being medivaced out and she was left with a picture and told she could get on the next plane to be with the newborn — "experience and sharing may not be a cure but a help" — in this situation she needed emotional/social support.

- It was felt perhaps doctors feel referral to community support takes away from their job. Moreover, word of mouth and professional sharing are important to the healing process and doctors should be part of this network.

- One person said we need to share "person to person, friend to friend ... have to support and encourage getting out and meeting your neighbours .... we don't have money and people to set up organizations to accommodate everyone." We need to take responsibility and teach our children. At the same time, criticism was given for a lack of mental health and alcohol and drug services, especially the lack of services after 5 P.M.

3.7 Spirituality

Spirituality is described as the foundation of health — "it keeps the physical health going." It forms a part of our health sphere fitting in with the mental, emotional and physical descriptors for health. It is an influencing factor in the choices of what one does, whom one relates to, and how one interacts. In other words, this refers to how one "evaluates the world." "The essence of their being." Health is a gift (of love and joy, patience and understanding) from "God," the "Creator" — "a gift that can be passed on." The whole essence of the spiritual being is acceptance of self and others through understanding, communication, freedom, balance, and harmony.

Health is a gift ... from "God," the "Creator" ...

3.7.1 Acceptance

OF SELF

- You must become in touch with yourself, your inner being.

- It is important "to be in touch with who you are and that is the big aspect of spirituality, as it leads to recognition of your own needs." "You must look after yourself to look after others."

- It is through this acceptance of self that one can give love to others and be non-judgmental. One participant recounted a story of allowing someone to experience anger because this was where this person was, and the participant was able to recognize that this action was a cry for love, not an attack. Through this understanding one can assist others.

- Another very personal account was the lessons learned by having a disease. This situation became a source of learning and an opportunity to realize their own uniqueness and different way of perceiving things. The important realization is that it is the "learning more than the final answer," "aspirations not attainment", and the "exploration not answers" that is important.

- Through spirituality the self is given freedom and independence. This includes freedom from judgment, fear, and loneliness and freedom from passing judgment. "Acceptance [of self and others] is contagious."

OF OTHERS

- Spirituality provides a balance, a harmony with the world in which we live. This harmony is with the physical environment and the universe. The harmony is the absence of disease.

- Peace is derived from harmony with nature. Health is this wholeness, connectedness with nature.

- Spirituality provides a relationship with life and being a human being through a connectedness with the Creator, the universe, and / or God.

- It is the "being in touch" that influences your decisions, your actions and your health.

3.7.2 System Support

- The health care system as it presently exists does not support the role of spirituality.

- Society itself does not support it, but it is the beginning of life -- "every atom in our being is charged with the grandeur of creation".

- As one participant said "I find I'm learning a lot of things too late". Let's hope the support systems take heed from this shared bit of life experience.

4 METHODOLOGY

4.1 Introduction

What follows is a brief summary of the many decisions and procedures used during the focus group research. The YBS took time to invest in understanding the purpose of focus groups for this phase of the research. The resulting product is a culmination of what we read about and what ultimately worked. This product now forms our own Yukon version of focus group research. In preparation for this work we began with a training session on focus group research given by Dr. Michael Q. Patton. This session gave us the basics from which to ask the appropriate questions of this mode of research. A select group of interested researchers (which grew to virtually the entire staff) reviewed a wide range of texts, articles, and manuals on focus group research. From these readings, several in-services and discussion groups evolved. The result of these deliberations was a set of theoretical procedures and operational standards that formed the basis of the first pilot groups. We quickly learned what would and would not work in the Yukon. Many ideas we assumed would work did not, while some ideas we read would not, did.

Our first decision was to determine who would serve as facilitators. Confining the facilitation role to one or two individuals would have ensured a more experienced facilitator by the end of the series of sessions. Despite this alternative, we choose to permit all staff the opportunity to be trained and to undertake focus group experience. This decision gave a broader base for research and provided an important foundation for discussion and learning. The variety of personalities and styles adopted, although consistent in purpose and professionalism, proved to result in productive and successful sessions. To ensure some continuity over time and between sessions, two facilitators were appointed the task of being available for all sessions. One or the other of these facilitators was at each focus group to ensure consistent standards and image.

4.2 Selection process

The selection process for the focus groups took two different approaches. For the issue groups, the individuals were members of organizations, health professions, or groups that were related to some common health issue. As an example of this selection process, health professionals, policy analysts, or complementary health care givers were grouped separately to discuss topics related to their experience and training. Alternately, content groups consisted of individuals who had similar experiential knowledge of the subject matter of the focus group.

The screening of potential participants was based on two major factors: first the individuals had something to contribute and second they exhibited the ability and willingness to participate in the discussion. Contribution to the research was based on an identification through recommendations, attachment to specific agencies or organizations, or referral by knowledgeable individuals in a given topic area. Ability to discuss the topic was evaluated through self-identification with the topic, indication of experience with the topic area, and stated willingness to participate.

A maximum of 10 persons was scheduled to attend in addition to a twenty percent over-recruitment to cover those who did not attend. This number had to be reduced as most individuals did attend. Homogeneity of the participants and lack of previous contact with other participants was a condition that could not be met in the Yukon. Given the size of the professional community and the population, many of the participants knew or had knowledge of some of the other participants. This limitation had no visible negative effects on the process; in many cases, this situation complemented the social nature of Yukoners in very positive ways.

4.3 Process

Once a list of potential individuals was selected, letters were delivered to each individual in advance of the session. This letter stated the purpose of the session and provided details of time and place of the session. Prior to the session, participants were contacted and attendance confirmed.

Each participant was given a modest honorarium ($30) to offset costs of attendance. Transportation and child care costs were seen as barriers to attendance for some individuals. All sessions were run in the evening.

4.4 Operations

After great deliberation and experimentation, a room was chosen that was informal and furnished more like a living room than a formal gathering. No table separated the participants and the group formed a circle that incorporated

the facilitator and one assistant. One other individual was set outside the circle. This individual was the analyst who operated the tape recorder and took notes. This position gave the analyst a good opportunity to observe while being detached from the social requirements of being part of the circle. The analysts remained constant throughout the series of focus groups, other than for the Women's Issues session. For this session the male analyst was replaced with a female.

Participants were randomly seated with the use of a name tag placed on the chairs. This procedure attempted to avoid grouping, recognizing that some people knew each other. Coffee, tea, juices, and fruit were available to participants before, during, and after the session. Although no formal breaks were scheduled, individuals were free to help themselves at any point during the evening. All sessions began on time and after ten minutes into the focus group no one was allowed in. Once the group dynamics were established it was felt that a disruption would be detrimental to the group process.

4.5 Procedures

4.5.1 Introduction

A clear statement of why the focus groups were being conducted was provided. In addition, it was essential to establish why they as an individual had been chosen. Both issues dealt with providing a context in which the participant knew why he or she was participating, what specific expectations we had of him or her, and what outcomes of the session were anticipated. All participants appeared to want to succeed in meeting the expectations of the research. This success could not be achieved without a clear definition of the purpose and expectations of the group and the individuals within the group. The facilitator's role was to give confidence to the group and provide an environment of comfort, trust, and credibility in which success was possible.

4.5.2 Ground Rules

Very few rules were imposed. The only rule necessary was one of mutual respect. We asked that only one person talk at one time and that the conversation be directed at group members. The facilitator was not to be the focus of the conversation. Rather, he or she was there to provide direction through the group. Participants were there for their opinions and no consensus was requested nor required. Variety, depth, and understanding were the objectives of the research.

4.5.3 Questions

The sessions lasted about two hours and were initiated by one or two questions that were designed to spark discussion. The staff rehearsed each session the day before to ensure they understood the purpose and the expectations of the analysis for that particular focus group. This rehearsal refined the general questions and tested their knowledge and assumptions about any given topic area. The rehearsal also was an opportunity to refine skills and discuss styles and techniques that proved to be successful. Although deceptively simple, the focus groups represented a great deal of preparation and time on the part of the facilitator and the assistant. An extensive manual had been developed to provide a resource for the facilitators. This manual covered all aspects of operations, skills, and techniques required for the focus group process.

4.5.4 Analysis

The analysis and reporting was the responsibility of one individual. This individual participated as the analyst on many sessions, reviewed all tape recordings, and analyzed and wrote all of the focus group summaries. This document represents the documentation of the discussions and issues from these sessions. Every attempt has been made to ensure confidentiality, yet participants present were aware that each of them had the knowledge of the discussion and the identity of the other participants. The level of analysis was purposefully limited to the session level with the objective to document what was said rather than to obscure meaning through aggregation or generalization.

Appendix - **Forms**

A. CONTENT GROUPS SCREENING FORM

• TELEPHONE INTRODUCTION

Hello, my name is _____ and I'm calling from the Bureau of Statistics at YTG.

May I please speak to _____?

We are conducting group discussions {approximately 10 people per group} on various health related topics over the next couple of weeks here in Whitehorse. We are looking for people who feel that they could participate in a group discussion about _____ and its role in their health. We are not looking for health experts, just people who are willing to talk about their views on health related issues. Would you like to participate?

NO → OK, thank you very much for your time.

YES → This is a research project that has been undertaken by the Bureau of Statistics and your commitment to attend is vital to the overall success of our project. Your role in this research project is to help us understand the health related issues faced by Yukoner's on the topic of _____. The discussion will be at the Westmark Klondike {next to McDonald's} on _____ at 7:05 {no latecomers will be admitted nor can we allow any additional individuals to accompany you. e.g. spouse / child}. The discussion will be about an hour and a half and you will be given a $30 honorarium for your contribution to our research. Will you be able to join us?

	TOPICS	**DATES**
__	PHYSICAL EXERCISE	*Monday, Jan. 27th*
__	SPIRITUALITY	*Tuesday, Jan. 28th*
__	SOCIAL HEALTH	*Wednesday, Jan. 29th*
__	PERSONAL HEALTH	*Wednesday, Feb. 5th*
__	MENTAL & EMOTIONAL HEALTH	*Thursday, Feb. 6th*
__	HEALTH CHOICE & KNOWLEDGE	*Wednesday, Feb. 12th*
__	NUTRITION	*Monday, Feb. 17th*

NAME:
ADDRESS:
POSTAL CODE: PHONE:

I will be sending you a letter confirming this information. Should I use the address of _____? If you have any questions or if for some reason you need to cancel, could you please call me at **667-5950**.

Thank you very much for your cooperation.

B. ISSUE GROUPS SCREENING FORM

- **TELEPHONE INTRODUCTION**

Hello, my name is _____ and I'm calling from the Bureau of Statistics at YTG.

May I please speak to _____?

We are conducting group discussions {approximately 10 people per group} on various health related topics over the next couple of weeks here in Whitehorse. You have been identified as an individual who would represent _____ and we would like to invite you to participate in a group discussion about _____ and its role in your health. Would you like to participate?

NO → OK, thank you very much for your time.

YES → This is a research project that has been undertaken by the Bureau of Statistics and your commitment to attend is vital to the overall success of our project. Your role in this research project is to help us understand the health related issues faced by Yukoner's on the topic of _____. The discussion will be at the Westmark Klondike {next to McDonald's} on _____ at 7:05 {no latecomers will be admitted nor can we allow any additional individuals to accompany you. e.g. spouse / child}. The discussion will be about an hour and a half and you will be given a $30 honorarium for your contribution to our research. Will you be able to join us?

TOPICS	**DATES**
__EDUCATION	*Thursday, Jan. 30th*
__WOMEN'S HEALTH	*Monday, Feb. 3rd*
__RELIGION	*Tuesday, Feb. 4th*
__ALTERNATIVE MEDICINE	*Monday, Feb. 10th*
__HEALTH & JUSTICE	*Thursday, Feb. 13th*
__HEALTH PROFESSIONALS	*Wednesday, Feb. 19th*
__COMMUNITY CONCERNS	*Saturday, Feb. 22nd*

NAME:
ADDRESS:
POSTAL CODE: PHONE:

I will be sending you a letter confirming this information. Should I use the address of _____? If you have any questions or if for some reason you need to cancel, could you please call me at **667-5950**.

Thank you very much for your cooperation.

C. FOCUS GROUP INTRODUCTION FORM

Good evening and welcome to our session tonight. I want to start off by thanking everyone for taking the time to join our discussion on (TOPIC) and its role in Health. My name is _____ and I will be facilitating the discussion this evening. I am employed with the Bureau of Statistics, Yukon Gov't, here in Whitehorse. Assisting me is _____, also from the Bureau of Statistics. _____'s role this evening is the role of the observer, this involves frantically taking notes and working the tape recorder so that I may focus all my efforts solely on our discussion.

The purpose of this research is two-fold:

First: To help us as researchers gain a better understanding about Yukoners' perception of nutrition and its role in their health.

Second: To facilitate the questionnaire design of the Yukon Health Promotion Survey. This survey is a National Survey that will be conducted this fall.

You were purposefully selected because you have certain things in common that are of particular interest to us. All of you are Yukoner's (lived in the Yukon for the past 6 months) with children (under the age of 18). Also, all of you stated that *(TOPIC)* plays an important role in your health.

(TOPIC) means different things to different people so there are no right or wrong answers, but rather differing points of view. Please feel free to share your point of view even if it differs from what others in the group have said.

Before we begin, let me remind you of some ground rules. Please speak up with only one person talking at a time. We are tape-recording the sessions because we do not want to miss any of your comments. If several people are talking at the same time, the tape will be garbled and we will miss your comments. We will be on a first name basis tonight, however, you may be assured of complete confidentiality and anonymity. Keep in mind we are interested in negative and positive comments, and at times, negative comments are the most helpful.

Our session will last about an hour and a half, and we will not be taking a formal break. The rest rooms are down the hall and there is a fruit platter and refreshments over near the wall. Feel free to help yourself to either at this time. I would also ask you to please refrain from smoking until after the session.

Well, I think we are ready to begin. We have placed name cards on the table in front of you to help us remember each other's names. Let's find out some more about each other by going around the room one at a time. Tell us the extent that *(TOPIC)* plays in health?

D. Forms: FACILITATOR'S GUIDE

Focus Group Topic:

Facilitator:	Observer:	Analyst:
Date:	Time:	Location:

1.Thank everyone for attending the discussion.

2.Identify the three roles: Facilitator, assistant moderator and analyst.

3.State that the purpose of the research is two-fold:

Firstly: To help us as researchers, to gain a better understanding about Yukoners' attitudes, opinions, and beliefs about _____.

Secondly: To facilitate with the questionnaire design of the Yukon Health Promotion Survey. This survey is the research tool used by decision makers to develop and implement services, program, or other measures to improve the health of Yukoners.

Your Role: Help us understand how we should address this research and what real Yukon health problems should be featured in the data collection process.

4.Inform the participants why they were chosen to attend.

5.Clarify that the topic of discussion can mean different things to different people and there are no right or wrong answers, but rather differing points of view. Please feel free to share your point of view even if it differs from what others in the group have said.

6. Ground Rules

7. Length of the session & where the rest rooms are located

8. Let them know that they are free to help themselves to either the fruit platter or the refreshments before you get started

9. Tell them that the name cards placed on the table in front of them will help us remember their names... do the round table routine.

E. PRE-MEETING CHECK LIST

MEETING:

- ✔ Keep centered on our purpose.
- ✔ Ensure that the meeting provides an opportunity for the participant to share.
- ✔ Be prepared for the meeting - know what the purpose and goals of the research are.
- ✔ Communicate clearly what information is required, what is important, and let the group know when they are off track (time is valuable).
- ✔ Listen attentively and respond to the participant to let them know you are actively involved in the discussion.

- ✔ Exhibit interest in the topic and participants.
- ✔ Maintain neutrality toward the content of responses (do not make judgements on the responses ... verbally / non-verbally).
- ✔ Be fully observant while facilitating.
- ✔ Important: maintain control of the discussion.
- ✔ Review and reflect immediately on the outcome of the meeting (the content and the process).
- ✔ Enjoy the meeting and exhibit this enjoyment - be enthusiastic.

PROBES:

- ✔ Detail probes: "how", "what", "when", "where", and "who";
- ✔ Elaboration probes (*Please would you elaborate; could you explain what you mean; I would like to ask you to explain this to me again in detail* appear "slow" if necessary; *any other reason; what do you mean by that; could you tell me more; which would be closer to the way you feel);*
- ✔ Clarification probes (*You used the term [term], what do you mean by this word; I do not understand your meaning, could you clarify this point*);
- ✔ Repetition probes (*repeat the question if the response is not fully developed or as a variant repeat the respondent's reply*);

- ✔ Silence, the expectant pause (*use the time for note taking thus deflecting attention from the participant, it is not unusual to have silence in a conversation of 10 - 20 seconds*);
- ✔ Neutral Phrases (*use "I see," "Hmmm," "Yes?", "OK" and "go on" to encourage the respondent to continue*);
- ✔ Contrast: use the respondent's own terms as a means of contrasting apparently inconsistent statements (*earlier you said [term], you now speak of [term], what do you mean?*);
- ✔ Reflective Statements (f*eed back the last comment with expectant pause*);
- ✔ Non Verbal Clues (*facial gestures that suggest an anticipation of more information*).
- ✔ Typical Examples of Verbal Clues:

"Would you explain further?"
"Would you give me an example of what you mean?"
"Would you say more?"
"Is there anything else?"
"Please describe what you mean"
"I don't understand"

F. OBSERVER'S GUIDE

Focus Group Topic:

Facilitator:	Observer:	Analyst:
Date:	Time:	Location:

DUTIES:

It is essential that you remember that:

✔ Your role is to remain neutral throughout the interview. Specifically, avoid being involved in the discussion unless asked by the facilitator.

✔ You are to ensure that the whole attention of the participants is centered on the facilitator. Being value neutral is extremely important, such things as avoiding eye contact or non-essential movements that would attract the attention of the group participants is imperative to keep in mind.

✔ Sit around the table with the participants.

You are responsible for:

a) Audio equipment
   - both tape recorders
   - both microphones
   - 3 TDK-90 tapes {1 is a back-up}

b) Observer & Facilitator Packages

c) Miscellaneous
   - list of participants
   - name tags

d) Setting up of audio equipment prior to discussion

e) Make sure that refreshments are in the room no later than 6:45

f) Greeting of group participants at the Hotel's entrance

g) Removing of disruptive participants

h) Making sure that all participants fill out the survey before leaving the hotel