

Understanding Yukoners' Attitudes Towards Vaccines

Final Report



Council of Yukon
First Nations



One Yukon Coalition, Council of Yukon First Nations,
and Yukon University

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Acknowledgments

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Shāw níthän • Gunałchîsh • Másin cho • Thank you

Project at a Glance



This report shares the findings from the Understanding Yukoners' Attitudes Towards Vaccines (ATV) Project. The ATV Project explored how Yukoners made decisions about COVID-19 and influenza vaccines. The project was co-led by Champagne and Aishihik, Kwanlin Dün, and Selkirk First Nations, the Council of Yukon First Nations, One Yukon Coalition, and Yukon University. The goal was to understand where people obtained vaccine information, who they trusted for information, and how history, relationships, and community shaped vaccine decisions.

The project followed the principles of data sovereignty, which means each First Nation owns the data from their Nation, controls how it is used, and decides how findings are shared. This ensured the project respected each Nation's authority and supported self-determination. The project was led by a Steering Committee that included representatives from all partner organizations and Nations, as well as health professionals and researchers.

In total, this project included nearly 1500 responses: 78 participants took part in one-on-one and group community conversations; 575 participants took part in a Yukon-wide survey; and 839 participants took part in a national survey. The findings bring together community-level, territorial, and national perspectives on how people made decisions about COVID-19 and flu vaccines, while also documenting broader reflections on pandemic responses. Together, the findings show that vaccine decision-making was shaped by individual experiences, access to services, trusted relationships, health communication, and broader historical, social, and cultural contexts. By documenting these perspectives across multiple levels, the project supports Yukon First Nations' voices in health planning, contributes to pandemic preparedness in the Yukon, and identifies lessons that extend beyond the emergency context into the design of culturally safe and responsive health systems.

Mabel's Story

This fictional story draws together themes from the project findings. It is intended to show how relationships shape trust, what culturally responsive Yukon First Nations-led health care can look like, and why pandemic preparedness must happen before an emergency begins.

The kettle began whistling before Mabel noticed it. Her phone had been lighting up all morning. Her daughter sent a government announcement about the vaccine-rollout plan. Her brother sent a video from a man Mabel had never heard of. On the radio, an official promised more information soon.

"Soon," Mabel said as she turned it off. "They've been saying 'soon' for a year."

Her sister Rose called before the tea had finished steeping.

"I am getting mine," Rose said. "You know how your lungs get."

Neither spoke for a moment. Mabel had once spent months in an [Indian Hospital](#)¹ in Edmonton. She rarely spoke about it but remembered the pieces: the smell of the hallway, the sound of shoes outside the room, and adults speaking about her as though she wasn't there. Mabel learned that not everything described as care felt caring, especially when it meant taking away every choice a person had.

"Talk to Lena," Rose said.

Lena worked at the Nation's health centre. Mabel had known her since the days when, as a child, Lena would fall asleep under the tables at community meetings. Over the years, Lena arranged rides to appointments, helped Elders with medical travel, brought groceries after Mabel's surgery, and sat quietly in Mabel's kitchen after her husband died. She knew about Mabel's asthma and understood Mabel needed time before making decisions.

¹for more information on Federal Indian Hospitals visit: <https://ihsettlement.ca/>

Lena called the next afternoon. She didn't begin with the vaccine. She asked whether Mabel's prescriptions had arrived and whether the driveway had been cleared. Then she asked what Mabel had been hearing.

"Too much," Mabel said. "I do not want someone reading me a government speech."

"Neither do I," Lena said. "What do you want to know?"

Mabel asked about side effects, changing guidance, and what would happen if she became sick after the shoot. Then she asked the question she had been carrying since the vaccine was announced.

"If I say no, will you still help me?"

"Yes," Lena said.

The answer came quickly enough that Mabel believed her.

They met the next day at the health centre, sitting several feet apart with their masks on. Mabel brought a list of questions. Lena answered what she could. When she didn't know, she wrote the question down. "I will find out," she said.

"And if you find out you were wrong?"

"Then I will tell you I was wrong."

"What if I wait?"

"Then you wait."

"What if I say no?"

"Then we keep taking care of you."

Over the next several days, the decision moved through Mabel's relationships. Rose worried about Mabel's lungs. Family members shared stories about people who became sick. At the store, Mabel heard two people arguing near the freezer aisle, one accusing the other of putting the community at risk and the other saying nobody had the right to tell him what to do.



That evening, Mabel thought about who had listened to her and who seemed more interested in her decision than in her. She thought about Lena saying, *We keep taking care of you.*

The Nation's updates included more than appointment times. They explained how to request groceries, where to get masks and testing supplies, and who could help with transportation or medication during isolation. When territorial guidance changed, the health team discussed what it meant for Elders, families, people living alone, and those without reliable internet. Then staff called the people they knew might otherwise be missed.

When Lena offered Mabel a place at the clinic, Mabel asked whether she could still change her mind.

"Yes."

"Will you be there?"

"I will."

"Is there food?"

"There is always food."

The clinic was held in a wall tent beside the health centre. Smoke rose from the stovepipe, spruce boughs covered the floor, and the sides were opened slightly for ventilation. Chairs were spaced around the wood stove and everyone wore masks. Soup, bannock, and sandwiches were packed for people to take home.

An Elder teased a health worker about trying to drink coffee through a mask. A man nervous about needles stood near the doorway talking with Lena. Nobody pulled him farther inside.

Mabel sat near the stove with her coat still fastened. Lena brought over a chair and sat several feet away. "You do not have to decide because you came through the door," she said.

Mabel looked around the tent. They asked what she needed, answered her questions, and gave her time. She knew who would answer the phone if something went wrong.

"I will do it," she said. "After tea."



Lena wrote the after-hours number across the top of Mabel's information sheet.

"I know where it is," Mabel said.

"I know you know."

"Then why are you writing it?"

"So you do not have to look for it."

When Mabel developed a headache that evening, she called the number. Lena answered.

The months that followed were harder than the vaccination itself. There were funerals without gatherings, postponed ceremonies, cancelled programs, and visits made through windows. The Nation delivered food and medication, but some needs couldn't be left on a doorstep. People needed someone to notice when they stopped answering the phone. Elders needed connection. Children needed time together and on the land.

Years later, Mabel sat in the community hall during a meeting about emergency preparedness. There was no outbreak. Elders, youth, health staff, leaders, community members, and territorial representatives sat together while people spoke about food, transportation, traditional medicines, mental wellness, local information, and who would make decisions when territorial guidance did not fit the community.

When it was Mabel's turn, she looked toward Lena. "It was not the spruce boughs that made me trust you," she said. "Though they helped. It was that I knew who was there. I knew who would answer. I could ask a question without someone deciding what kind of person I was. I knew you would still help me if I said no. When I said yes, I knew you would be there afterward."

For a moment, the room was quiet. Then Lena nodded. "That is what we need to remember," she said.

Outside, pieces of ice moved slowly down the river. Inside, people were preparing for an emergency that had not yet come.

The kettle began to whistle in the kitchen at the back of the hall.

This time, Mabel heard it.



Key Findings and Recommendations

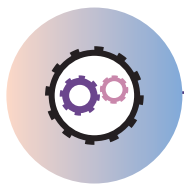
Mabel's story illustrates what the ATV Project found: relationships were the foundation of trust and Yukon First Nations leadership strengthened that trust by connecting health information and services with familiar people, practical support, and cultural safety. At the same time, systemic gaps undermined trust, limited community-led care, and contributed to social, cultural, and mental health harms. The summary below draws these findings together and presents recommendations for strengthening health care delivery and preparing for future public health emergencies.

01 | Relationships were the foundation of trust.

In Mabel's story, trust grew because of the relationship between Mabel and Lena. Lena listened to Mabel's concerns, respected her right to decide, and remained available before and after the vaccination. The clinic also brought health care, food, social connection, and practical support together in a familiar community setting.

These experiences reflect the ATV Project's broader findings. Accessible, proactive, and low-barrier services supported vaccine uptake. This was clearly demonstrated by Kwanlin Dün First Nation's Natsékhi Kù Health Centre.

The Health Centre was a highly utilized and trusted community hub for health and wellness, and strong relationships with the Health Centre were associated with trust in health care information. Its fall immunization clinic served as a vaccination site and gathering space that supported social connection, particularly for Elders. Across Champagne and Aishihik First Nation and Selkirk First Nation, designated coordinators and champions strengthened trust by connecting clear communication with practical support and helping community members navigate health services.



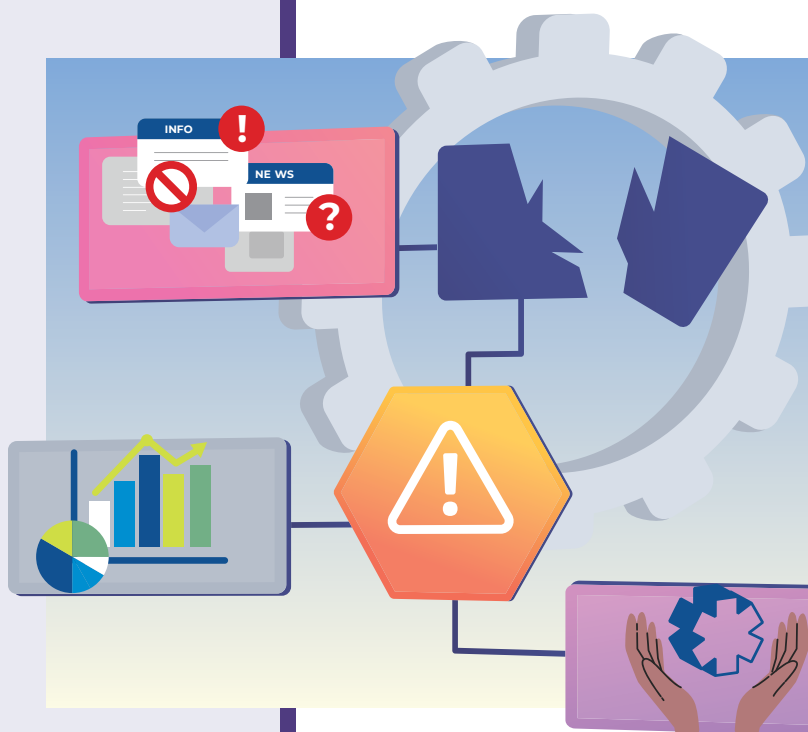
RECOMMENDATIONS

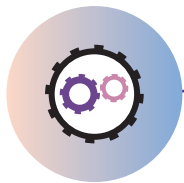
- Keep doing what worked well: culturally safe, community-based vaccine delivery that supports informed choice and allows community members to access care, ask questions, and receive social, physical, cultural, and financial supports in one place.
- Sustain and strengthen the Natsékhi Kù Health Centre as a central hub for care, information, and community-based supports.
- Review equity of outreach to ensure remote citizens, Elders, and vulnerable populations receive equal access to public health supports.
- Ensure consistency in service delivery during public health responses so community members know where to go and whom to trust.



02 | Systemic Gaps Undermined Trust and Community Well-being

In Mabel's story, changing guidance and competing information created uncertainty. The ATV Project found that misinformation flourished when accessible, community-specific health information was unavailable, while political polarization made respectful health communication difficult. Mabel's experience in an Indian Hospital also shaped how she understood health care, choice, and trust. Likewise, the findings from this study showed that systemic racism shaped community members' experiences with health care. The loss of community programming, opportunities to gather, and ceremony had significant social, cultural, and mental health impacts. At the system level, disconnects between health data access agreements and their implementation across governments created challenges for efficient immunization record keeping and continuity of care for Yukon First Nations-delivered health services. Trust was also weakened when vaccination requirements affected employment, travel, or access to services and were experienced as coercive or as limiting meaningful choice.





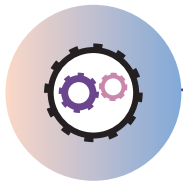
RECOMMENDATIONS

- Improve Panorama database access, functionality, and intergovernmental coordination to support timely information sharing and continuity of care for Yukon First Nations-delivered health care services.
- Develop and implement a Yukon First Nations-governed process for timely access to appropriately disaggregated health data, with privacy safeguards that protect individuals and small communities while supporting accurate, community-informed interpretation of health risks and outcomes.
- Plan explicitly for social and mental well-being during public health emergencies, including safe ways to maintain family connection, community activities, and land-based time.
- Use trauma-informed risk mitigation strategies that recognize the social, cultural, emotional, and historical impacts of isolation, restricted gathering, and disruptions to community life.
- Embed cultural safety and anti-racism training into all health roles, including communicators and decision-makers.



03 | Carrying the Lessons Forward

Mabel's story ends with the community gathering and Elders, youth, health staff, leaders, community members, and territorial representatives discussing how decisions will be made and how physical, social, cultural, and mental well-being will be protected during the next emergency. This reflects a central lesson from the ATV Project: Pandemic preparedness must be culturally grounded in Yukon First Nations traditional governance and values. During the COVID-19 pandemic, named and trusted people, supported by a clear communication hub, reduced confusion and helped community members access reliable information. These findings demonstrate the importance of establishing strong relationships, clear roles, and trusted communication processes before an emergency begins.



RECOMMENDATIONS

- Establish a standing governance and communication table between Yukon First Nations and the Government of Yukon that includes First Nations governments, community leaders, health care providers, and public health representatives; which meets regularly outside of emergencies; and clarifies roles, decision-making authority, communication processes, and accountability.
- Make relationship-building a health care priority by dedicating time, resources, and accountability to maintaining connections between individuals, communities, First Nations governments, and the public health system.
- Identify trusted local communicators and a clear communication hub or pathway appropriate to each community before future emergencies, supported by protocols for timely, coordinated, and community-specific information.
- Create safe, moderated spaces for respectful public conversations where community members can ask questions, share concerns, and receive accurate information. These spaces should support listening to different perspectives and ensuring misinformation is respectfully addressed and corrected in the moment.