Community Health Nursing A Canadian Perspective (Canadian) 4th edition Stamler Solutions Manual

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Chapter 2: Financing, Policy, and Politics of Healthcare Delivery

Suggestions for Guest Speakers

1. Ask a nurse leader (representative at the federal, provincial, or local level) to discuss the role of nurse leadership via Skype or a teleconference.

2. Invite a nurse administrator to visit, Skype, or teleconference with the students.

3. If there has been a major policy change in your area related to community health ask a nurse who was involved in the change to visit to share his/her experience. Several new laws, policies, and modifications to existing laws are coming into effect in 2016. Here are a few for consideration:

    a. Income tax cuts for the middle class
    b. Winter tire tax break in Ontario
    c. Post-traumatic stress disorder recognized as a work-related illness in Manitoba
    d. Tougher distracted driving penalties in Alberta
    e. Health care premiums rising in British Columbia
    f. Flavoured tobacco products banned in New Brunswick

4. Ask a nurse who is involved in politics to speak to the class about why he/she decided to enter this area.

Classroom Activities

1. Review the PowerPoint slides with the students.

2. Clarify any questions about the information from the text.

Practice Application

1. Ask the students to consider the pros and cons of both fee-for-service financing for healthcare workers and salaried services. Allow them to think about this for two minutes as they read the following definitions:
    a. Fee-for-service - healthcare providers receive payment for each act provided to each client.
    b. Salaried - healthcare providers receive payment and benefits for each day or month that they provide care.

    Next, ask them to complete the following table and write down their thoughts.

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	Pros	Cons
Fee-For-Service	• Providers are rewarded for higher volume of work •	• Providers do not receive benefits •
Salaried Care	•	•

2. Bring in one or two copies of policies that are related to community nursing care in your area (such as a Public Health Unit's vaccination policy or a home nursing policy on maintaining personal safety). Ask the students to consider how the policies were formed. Who wrote the policy and what information went into creating it? Does the policy appear to be specific enough? Too specific? Ask the students to create a policy for themselves (perhaps around assignments).

Several examples of policies set out by the Canadian Nurses Association can be found at the following website: https://cna-aiic.ca/on-the-issues/better-value/health-human-resources/policy-briefs

3. Ask the students to think about their personal leadership style. Examples of popular leadership styles include: autocratic, democratic, servant leadership, and transformational leadership. Divide the class into groups of four. Ask each group to demonstrate through a short skit an example of one of the leadership styles in action. Use an example of a decision that community nurses may need to make. One example might be a group of public health nurses deciding how best to encourage clients and families to stay for 15 minutes following their injection at a flu clinic. Ask the students to choose a "leader" who will demonstrate one of the following four styles:

    a. Autocratic leadership: Autocratic leadership allows leaders to have complete power over their team. Team members are not afforded the opportunity to suggest changes. Autocratic leadership may result in disgruntled and disloyal staff.

    b. Democratic leadership or participative leadership: As the name suggests, democratic leaders invite other team members to contribute to the process of decision-making. However, the final decision rests with the leader. By including the opinions of others, the leader can capitalize on the input of his/her team members. Members feel more invested in the outcome and as a result are motivated to work hard. The process of gathering the opinions of others may be time consuming but often results in a better thought out plan of action.

    c. Servant leadership: Servant leadership may involve a system where the true leader is not formally recognized with a title or position. By meeting the needs of the

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team at any level within an organization, he/she is described as a servant leader. Servant leadership shares a lot in common with democratic leadership, as the decision making process involves all team members in both styles.

d. Transformational leadership: Figure 1, Chapter 2 identifies contextual and personal factors that impact a nurse's approach to transformational leadership. Leaders with this leadership style motivate their teams by developing a shared vision of the future.

Next, ask the students to consider which style fits best with their personal philosophy of community nursing care. Ask them to write a brief paragraph to describe their thoughts. If they can't choose one, or a hybrid of two, have them consider why it is difficult for them. Provide time for them to discuss their thoughts with a neighbour.

Ideas for Distance Students

1. Ask students to review the PowerPoint slides.

2. Clarify any questions about the information from the text.

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Salaried Care	•	•

4. Ask the students to locate 1 or 2 copies of policies that are related to community nursing care in their area (such as a Public Health Unit's vaccination policy or a home nursing policy on maintaining personal safety). Ask the students to consider how the policies

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Several examples of policies set out by the Canadian Nurses Association can be found at the following website: https://cna-aiic.ca/on-the-issues/better-value/health-human-resources/policy-briefs

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Ideas for Self-Study

1. Review the PowerPoint slides.

Practice Application

1. Consider the pros and cons of both fee-for-service financing for healthcare workers and salaried services. Examine the following definitions:
    a. Fee-for-service - healthcare providers receive payment for each act provided to each client.
    b. Salaried - healthcare providers receive payment and benefits for each day or month that they provide care.

    Complete the following table and write down your thoughts.

	Pros	Cons
Fee-For-Service	• Providers are rewarded for higher volume of work •	• Providers do not receive benefits •
Salaried Care	•	•

2. Locate one or two copies of policies that are related to community nursing care in your area (such as a Public Health Unit's vaccination policy or a home nursing policy on maintaining personal safety). Consider how the policies were formed. Who wrote the policy and what information went into creating it? Does the policy appear to be specific enough? Too specific?

Several examples of policies set out by the Canadian Nurses Association can be found at the following website: https://cna-aiic.ca/on-the-issues/better-value/health-human-resources/policy-briefs

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d. Transformational leadership: Figure 1, Chapter 2 identifies contextual and personal factors that impact a nurse's approach to transformational leadership. Leaders with this leadership style motivate their teams by developing a shared vision of the future.

Consider which style fits best your personal philosophy of community nursing care. Write a brief paragraph to describe your thoughts. If you can't choose one, or a hybrid of two, consider why it is difficult for you.

Seminar Discussion Questions

1. Ask the students to consider their community placement and the population that they are working with. How is the organization funded? Where are the organization's policies kept? Who creates them? How are they implemented? How do organizational politics impact the day-to-day running of the placement area? Where is the first point of contact for the clients at your placement (physician, nurse, pharmacist, chiropractor, etc.)? How are these healthcare providers compensated? How are nurses involved in the care of people during health challenges?

Case Study Questions

1. What factors would contribute to the provincial decision to establish CNO positions in each public health unit?

   The need for a structure that supported the organization to be responsible for nursing quality assurance and nursing practice leadership as the CNO models, articulates and leads the way towards a vision of excellence in public health nursing practice.

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2. Within the first 3 years of initiating these positions what key goals and activities will establish the effectiveness of this nursing leadership role?

   The health outcomes of the community at individual, group and population levels will be enhanced through contributions to organizational strategic planning and decision making, facilitating recruitment and retention of qualified, competent public health nursing staff and enabling quality public health nursing practice.

3. As a new initiative, working within a Province with over 2,800 nurses (over 50% of all public health front line staff) how might the CNO role impact the practice of nursing and improve the health of the Province? How will they know if the goals of this initiative are successful?

   The initiative will enhance clarity of the nursing role in Community Health, ability to work to scope, ability to articulate the contribution of nursing to the health of the population.

Canadian Research Box 2.1 Questions

1. What evidence would you look to ascertain if a Population Health Approach was being used?

Words in the official organization documents including vision and mission. Use of indicators and measures that are consistent with the Population health approach for measuring outcomes and impact of services and programs.

2. Are any of the 6 core themes identified in this study evident in your practice setting? Describe them and consider what supports them from an organizational and CHN perspective.

   a. Focusing on health and wellness and prevention rather than illness – vision, mission, and core strategic objectives. Leadership with this focus.

   b. Taking a population rather than an individual orientation – access to data and ability to interpret it and use it

   c. Understanding needs and solutions through community outreach – skills in community engagement and mobilization, time to do this type of work

   d. Addressing equity, health disparities and health in vulnerable groups – using information and evidence to identify those who are vulnerable and time to engage with them

   e. Addressing the social and multiple determinants of health – knowledge and skill in working with vulnerable populations, support and resources to engage with vulnerable populations

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f. Embracing intersectoral action and partnerships – skills and support to work intersectorally, structural mechanisms in place to support this type of practice

3. What strategies could leaders at all levels in an organization use to support a *Population Health Approach*?

Regular examination of personal and organizational values could be used to support a Population Health Approach. Other strategies include knowledge sharing and networking opportunities with other leaders to identify and address the unique challenges they face in operationalizing a population health approach.

Canadian Research Box 2.2 Questions

1. Ask for the Public Health program or organizational standards in your organization. How is health equity described?

Answers will vary.

2. Do the standards provide guidance in terms of how equity is addressed in areas such as access to services, intersectoral collaboration and the social determinants of health?

Answers will vary.

3. How do standards enhance accountability of organizations to their funders? Are they an effective strategy to increase accountability in the diverse world of today?

Standards provide a measure to set expectations and improve accountability. They provide a platform to facilitate collaboration and cooperation. Because they have been inconsistently developed and used, their effectiveness is difficult to measure.

Study Questions

1. Identify the origins of Medicare in Canada and summarize the laws that created the present Canadian healthcare system. What is considered to be phase 2 of the implementation of Medicare?

North America's first universal health insurance program was initially implemented in 1947 at a provincial level in Saskatchewan. It was not until 1957 that similar legislation, the Hospital Insurance and Diagnostic Services Act (HIDS), was passed by the federal government. The HIDS provided financial incentives for the provinces to establish hospital insurance plans.

1962, Saskatchewan led the country again with legislation providing universal, publicly funded medical insurance. In 1966, the federal government followed suit with the passage of the National Medical Care Insurance Act (Medicare). This Act was implemented in 1968, and by 1971 all provinces were fully participating.

As a result of the strain on the federal budgets caused by the blanket 50/50 cost-sharing between the federal and provincial/territorial governments, in 1977 the federal government

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passed the Established Programs Financing Act (EPF), which changed the federal share of health costs to per capita block grants assigned to provinces and tied to economic performance.

As our understanding of what factors determine healthy individuals and communities grew, it became clear a number of other services were critical to ensuring the health of Canadians. Phase 2 of the implementation of Medicare was intended to address protective, preventive, and promotion services. In addition, home care and a universal drug plan were identified as important components to be addressed. These healthcare components, which would add balance to the treatment-focused delivery system, were left unprotected by federal legislation. This remains the case today.

2. Discuss the events that led up to and necessitated passage of the Canada Health Act.

When Monique Begin was appointed Federal Minister of Health and Welfare, she became aware that extra-billing and user fees by institutions and physicians were rising dramatically in Canada. This growing practice undermined key criteria by which provinces were to receive federal funding for health services. The cornerstones or pillars upon which funding was issued included accessibility and universality of coverage related to physician and institutional care. These criteria could not be met as long as extra-billing practices were allowed. She therefore developed Bill C-3, also known as the Canada Health Act, which reasserted the five criteria required to receive federal funding. It was passed in 1984.

3. What role did organized nursing play in the passage of the Canada Health Act?

The Canadian Nurses Association intensely lobbied for the Bill's passage into law. In addition, they were successful in amending it. As it was introduced into Parliament in 1983, Bill C-3 identified only physicians as providers of insurable services. The CNA amendment changed the language to include other healthcare workers as potential providers of insurable services, opening the door for the public to have direct access to nursing care through insured services.

4. Discuss the federal and provincial responsibilities for health according to the Canadian Constitution Act.

Although the 1867 Constitution Act did not explicitly assign responsibility for health policy to either the federal or provincial governments, historically both levels of government have been involved in ensuring the availability of health services for Canadians, and in funding those services. Responsibility for hospitals is assigned by the Act exclusively to provinces and, as a result, healthcare in Canada has sometimes been erroneously interpreted to fall under provincial jurisdiction. The federal government assumes responsibility for delivery of a few direct health services, e.g., to Aboriginal populations, veterans, and military personnel. Provincial governments are responsible for the delivery of the remainder of healthcare services, including public health.

Funding for healthcare is another matter, however. The federal government's involvement in funding healthcare relates both to its mandate to equalize services among provinces and to its responsibilities to ensure provinces are in compliance with the Canada Health Act. The

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federal government has carried this out in two main ways. First, it has transferred money from wealthier provinces to poorer provinces and territories. Second, it has stipulated specific conditions that must be met in order for funds to be transferred.

5. Contrast the funding mechanisms for public health and home health nursing services with the rest of the system.

Public health in Canada is funded by a combination of provincial and/or municipal tax dollars, although federal grants may be available for specific initiatives. Without a national public health program, however, provinces are free to make changes in funding mechanisms that can further destabilize the system and deepen disparities among and within provinces.

In all 13 provinces/territories, the ministries or departments of health and/or social/community services maintain control over home care budgets and funding levels. However, contrary to other forms of healthcare provided in Canada, home care has retained a significant private-sector component. So while all provincial governments finance home care services to some extent, often user fees or co-payments are required. As funding mechanisms and intensity vary from province to province, this has resulted in a patchwork of programs and services not consistent with the underpinning five principles of a national health program.

6. Describe how the Canada Health Act was or was not successful in achieving the intended goals. Are there issues with it?

With respect to stopping the practices of extra-billing and charging user fees, the CHA fulfilled its purpose. However, the issue of provincial/territorial non-compliance with the five criteria of the Act remains to be adequately addressed.

The intent of the Act was to relate federal cash contributions not only to insured health services but also to extended healthcare services. In that respect the CHA has not been effective. Furthermore, the Act endorsed health promotion but limited its focus to medically necessary hospital and physicians' services. Health promotion services, largely provided by provincial public health, were left unprotected by federal legislation. The resulting variability of health promotion and disease prevention services within and among jurisdictions violates the Act's principle of portability.
Canadians enjoy relatively good health when compared with other countries. Canada also spends less per capita and less of its gross domestic product on health than some other countries, including the United States. However, there is room for improvement, particularly with respect to outcomes such as infant mortality rates, which are still higher than in a number of other developed countries.

Individual Critical Thinking Exercises

1. List your core values for healthcare in Canada. How do your values compare with the values reflected in the five key funding criteria described in the *Canada Health Act* (1984)?

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Five key funding criteria: comprehensiveness, universality, portability, accessibility, publicly administered

2. How would your life be different if healthcare in this country were provided based on ability to pay, rather than need?

   - People with many resources (a lot of money) would be "first in line."
   - People with few resources would have to choose between paying for healthcare or other items in their budget.
   - People who could not pay would delay seeking treatment for health problems, potentially leading to failure in early case finding, and patients who are sicker when they finally seek treatment.
   - The first question asked in a healthcare facility might be: "Do you have insurance?"
   - Healthcare professionals would have to choose which system to seek employment from, potentially creating friction between the groups.

3. This chapter has shown that health policy decisions leave a legacy for generations. Describe briefly one policy revision you would make in the areas of primary care/primary healthcare, public health, and home care.

   - Increase home care and social services for the elderly because of recognition that people live healthier lives in their own setting surrounded by familiar environments.
   - Discuss wait lists and explore effective models for managing them (see Rachlis' Prescription for Excellence as a resource).
   - Discuss the potential for nurse practitioners to increase access to primary care services.
   - The role of public health nurses has changed dramatically in many parts of the country over the last 20 years. Discuss whether those changes have been beneficial or a barrier to the health of individuals, families, and communities.

4. What examples can you describe of nurses' work to bring about healthcare systems change?

   - based on community health assessment work with the community to address health equity issues
   - support community groups and organizations to raise issues to be addressed through healthcare system change
   - bring information forward to team and management regarding issues impacting client and families' ability to access healthcare
   - develop position statements on required system change

5. What opportunities have you encountered to promote the second phase of Medicare development?

   - Examine political action activities and how healthy public policies are developed.

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- Join professional and student professional organizations.
- Participate in calls to action from professional organizations.
- Participate in letter-writing campaigns to municipal, provincial, and national politicians, and for-profit and not-for profit organizations.
- Write letters to the editors of newspapers and magazines.
- Support/campaign for politicians who share the values and ideals of the Canadian healthcare system.
- Talk with classmates and laypersons about importance of the Canadian healthcare system.

6. Leadership development is an ongoing process. What ideas do you have to develop your leadership skills and knowledge?

- Volunteer to chair a committee at your workplace
- Think of leadership roles you have played outside of nursing and the skills you developed, test them out in a clinical or team situation
- Buddy with a colleague to take on a leadership role and commit to providing each other with support and feedback
- Select and approach a mentor to assist you with leadership development
- Take part in conferences and courses that support leadership development
- Read about leaders in and out of nursing, both historical and modern day leaders
- Take the opportunity to discuss leadership issues with friends, family, and colleagues
- Commit to several leadership development goals each year that are realistic and reachable

Group Critical Thinking Exercises

1. What are the values on which the healthcare system is founded? How do your own values fit with the societal values that are reflected in the five funding criteria described in the *Canada Health Act* (1984)?

- Have students identify their own values – is social justice important to them and what does it mean in terms of healthcare?
- What principles, if any, would students add to the current five: comprehensiveness, universality, portability, accessibility, publicly administered
- Would they remove any?
- Which, if any, societal values that led to passage of the *Canada Health Act* have changed since 1984?

2. What are some of the solutions that you and your group can generate to address the real issues in Canada's healthcare system? What role can community health nurses play?

- Leadership in advocacy for change
- Advocacy for the vulnerable populations
- Sharing stories of the people and communities we work with
- Supporting communities to speak out on their own behalf

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3. In an ideal world, create a healthcare system designed to provide the best care, to the most people, in the most cost-effective manner. Describe the mechanisms for financing, allocation, and delivery. Compare and contrast this system with the current Canadian system.

    - Will it follow the guiding principles of the CHA? If not, what other principles will be followed?
    - How is funding determined – population-based, "squeaky wheel," or percentage of GNP?
    - Who determines what services are available to what population?
    - Who makes allocation decisions?
    - Will delivery be public, private for-profit, or private not-for-profit?
    - Will new healthcare provider categories be necessary and/or useful?
    - How will we determine cost-effectiveness?
    - How will the new system be evaluated?
    - What will be the mechanisms of accountability?

Further Resources

Articles

Daw, J. R., Morgan, S. G., Thomson, P. A., & Law, M. R. (2013). Here today, gone tomorrow: The issue attention cycle and national print media coverage of prescription drug financing in Canada. *Health policy*, *110*(1), 67-75.

Law, M. R., Daw, J. R., Cheng, L., & Morgan, S. G. (2013). Growth in private payments for health care by Canadian households. *Health policy*, *110*(2), 141-146.

Pylypchuk, Y., & Sarpong, E. M. (2013). Comparison of health care utilization: United States versus Canada. *Health services research*, *48*(2pt1), 560-581.

Stabile, M., & Thomson, S. (2013). *The changing role of government in financing health care: An international perspective* (No. w19439). National Bureau of Economic Research.

Tang, K. L., Ghali, W. A., & Manns, B. J. (2014). Addressing cost-related barriers to prescription drug use in Canada. *CMAJ: Canadian Medical Association Journal*, *186*(4), 276.

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Nadeau, R., Bélanger, É., Pétry, F., Soroka, S. N., & Maioni, A. (2014). *Health Care Policy and Opinion in the United States and Canada* (Vol. 17). Routledge.

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Chapter Two

Financing, Policy, and the Politics of Health

- The Canadian Constitution requires provinces to provide comparable levels of public service for comparable taxation
- The federal government encourages equalization by contributing money and giving conditions under which that money is received
- Provincial government of Saskatchewan establishes publicly funded healthcare in 1947 and federal government follows suit in 1957
- Canada Health Act passes in 1984 reinforces five central points across provincial healthcare systems: 1) publicly administered 2) comprehensive 3) universal 4) portable 5) accessible

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Financing, Policy, and the Politics of Health

- **Federal:** The Public Health Agency of Canada (PHAC) was established in 2004 to strengthen public health in the country as a response to the SARS crisis
- The PHAC concentrates the resources necessary to advance public health nationally and internationally
- **Provinces and territories** also have plans and committees to deal with disease prevention and health promotion
- While there are differences in organization and delivery, each province and territory provides Primary Health Care, Public Health and Home Care Services

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Chapter Two

Financing, Policy, and the Politics of Health

- **Primary health care** is defined as accessible, acceptable, affordable healthcare and encompasses the determinants of health and their influence on health and well-being (WHO, 1978)
- **Primary Care** refers to services accessed at the first point of contact with the health system
- Primary care providers include physicians, nurses, dentists, pharmacists, dieticians, midwives, optometrists
- Most Canadians access primary care through a GP who is reimbursed on a fee-for-service basis

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Financing, Policy, and the Politics of Health

- **Public health** augments medicare by ensuring that health promotion, illness and injury prevention, and health protection services are among the essential health services that are “universally accessible to individuals and families” (WHO, 1978)

- Public health infrastructure has been eroded in recent decades as a result of increased complexity and decreased funding

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- **Home care** is defined as “a wide range of health services delivered at home and throughout the community to recovering, disabled, chronically, or terminally ill persons in need of medical, nursing, social, or therapeutic treatment and/or assistance with the essential activities of daily living” (Health Canada, 2010)

- A vital part of Canadian health care, every jurisdiction offers publicly funded home care to its constituents (CNA, 2013)

- Home care use has grown steadily in recent decades and government spending in 2010 was close to $4 billion

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- A central strategy for all CHNs is developing leadership and community influence
- The Registered Nurses Association of Ontario created “Best Practice Guideline: Developing and Sustaining Nursing Leadership” to discuss the positive impact of leadership in the workplace and community
- Nurse leaders must create and articulate a clear purpose and vision with a broad perspective incorporating multiple aspects of communities, the political environment, and the larger health and social systems
- Attributes that support community and public health nursing practice include: management practice; organizational culture; and government policy

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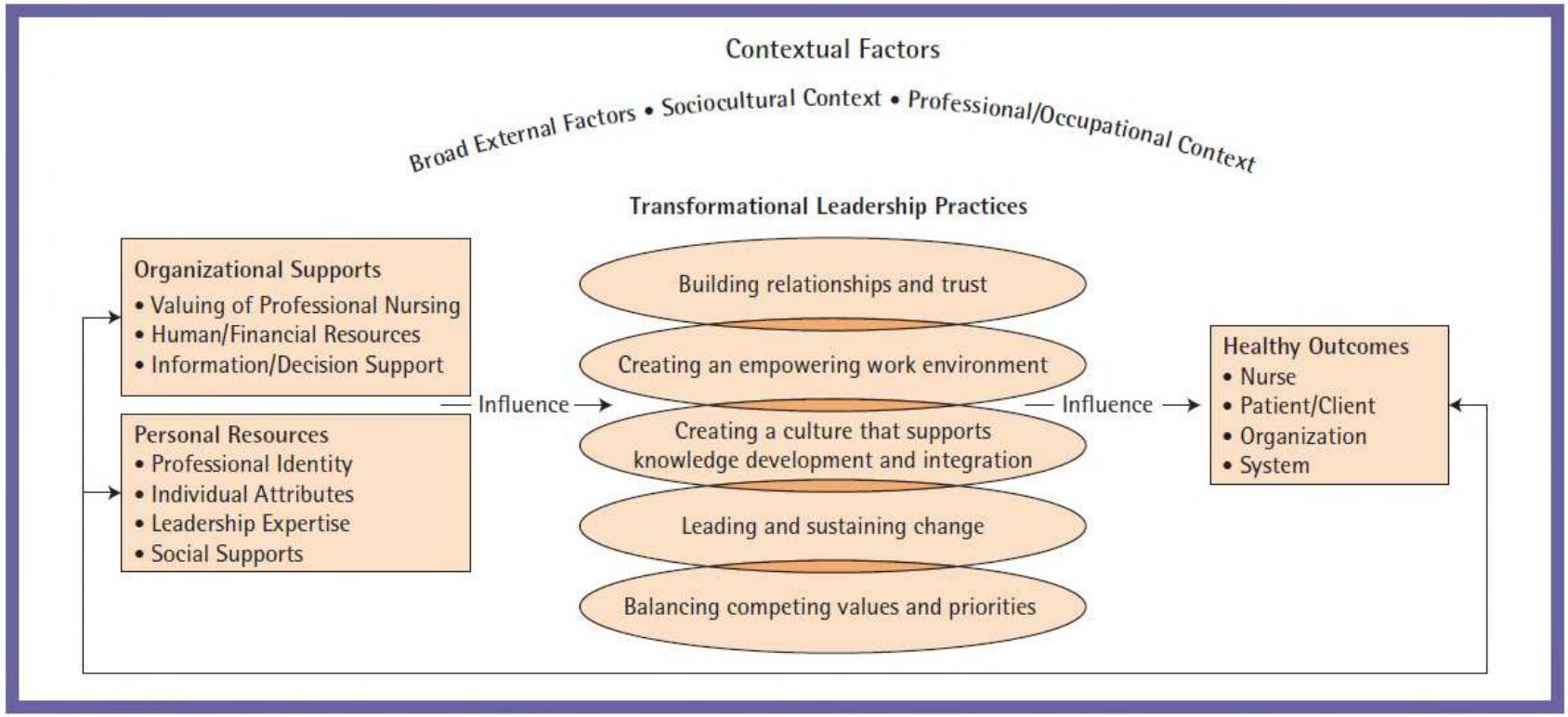


FIGURE 2.1 Conceptual Model for Developing and Sustaining Leadership

Source: Registered Nurses' Association of Ontario. *Best practice guideline: Developing and sustaining nursing leadership* (2nd ed., p. 16). Toronto, ON: Author. Used by permission of Registered Nurses' Association of Ontario.

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