Community Health Nursing A Canadian Perspective (Canadian) 4th edition Stamler Test Bank

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

Multiple Choice Questions

1. Where was Canada's first universal health insurance program implemented?
    a. Manitoba in 1957
    b. Canada in 1967
    c. Prince Edward Island in 1867
    d. Saskatchewan in 1947

Correct Answer: d (page 18)

2. What was the purpose of the Canada Health Act (1984)?
    a. Provide the provinces with more legal authority
    b. Ban extra billing and user fees
    c. Establish a national drug plan
    d. Increase access to care based on ability to pay

Correct Answer: b (page 18)

3. What Act has as its cornerstones publicly administered, comprehensive, universal, portable, and accessible?
    a. Hospital Insurances and Diagnostic Services Act
    b. Constitution Act
    c. Canada Health Act
    d. American Medicare Act

Correct Answer: c (page 18)

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4. What is one of the primary objectives of Canadian health care policy according to the Canada Health Act (1984)?
    a. Facilitate reasonable access to hospital care
    b. Protect the health care system from privatization
    c. Restore stable health care funding to the provinces
    d. Protect, promote, and restore the physical and mental well-being of the residents of Canada

Correct Answer: d (page 19)

5. How has the Canada Health Act (1984) been successful in ensuring all Canadians have access to the health care they need?
    a. Creating specific mechanisms to ensure accountability and transparency
    b. Establishing criteria and conditions for insured health care services that must be met before federal transfer of funds are made
    c. Penalizing provinces that do not comply with the public health aspects of the act
    d. Determining the extent to which each province and territory has satisfied the conditions and criteria of the Act

Correct Answer: b (page 18)

6. Which model dominated public and political thinking about health during the time that the Canadian Medicare System was created in 1957?
    a. Healthy lifestyle model
    b. Socio-environmental model
    c. Biomedical model
    d. Health promotion model

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7. Which document was considered revolutionary by the global community and led to a reconceptualization of health promotion?
    a. The Lalonde Report
    b. The Declaration of Alma Ata
    c. The Ottawa Charter
    d. The Social Determinants of Health

Correct Answer: a (page 20)

8. Who said, “The practice of healthcare has evolved. And despite efforts to keep pace, medicare has not.”
    a. Monique Begin, former Minister of Health
    b. Ralph Klein, former Premier of Alberta
    c. Justin Trudeau, Prime Minister of Canada
    d. Ray Romanow, Commissioner on the Future of Health Care

Correct Answer: d (page 19)

9. How does Canada rank in the world with respect to healthcare?
    a. Canada has the lowest infant mortality rate in the world
    b. Canada’s universal coverage is more costly and less effective than the privatized U.S. health care system
    c. Canada’s life expectancy at birth ranks among the highest in the world
    d. Canada spends less than one-half as much per capita on healthcare than Japan

Correct Answer: c (page 19)

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10. What are the four determinants of health identified in the Lalonde Report (1974)?
    a. Socio-environmental, biomedical, disease prevention, and health promotion
    b. Gender, culture, working conditions, and education
    c. Biological, emotional, spiritual, and psychological
    d. Environment, lifestyle, human biology, and healthcare system

Correct Answer: d (page 20)

11. What provided the basis for the Ottawa Charter?
    a. Epp Report
    b. Alma Ata Declaration
    c. Canada Health Act
    d. British North America Act

Correct Answer: a (page 20)

12. What is involved in a system that focuses on primary care?
    a. People accessing health care services at the first point of contact
    b. Health education, proper nutrition, and disease prevention
    c. Health protection, health promotion, and disease prevention
    d. Accessible, affordable, and acceptable health care

Correct Answer: a (page 22)

13. In which province do Family Health Teams deliver primary health care?
    a. Quebec
    b. Nova Scotia
    c. Ontario
    d. British Columbia

Correct Answer: c (page 22)

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14. Who funds public health in Canada?
    a. Provinces and municipalities
    b. Municipalities
    c. Federal government
    d. Provincial and federal government

Correct Answer: a (page 23)

15. Which of the following is a challenge of public health in Canada?
    a. There is decreased complexity and increased funding
    b. While funding is decreasing, it is still adequate
    c. Public health infrastructure was constructed
    d. There is disparity in human resources among provinces

Correct Answer: d (page 23)

16. Which services have been steadily growing in Canada over the past 35 years?
    a. Public health
    b. Acute care
    c. Home care
    d. Long term care

Correct Answer: c (page 24)

17. Mr. Jones lives in Ontario and requires home care nursing and support services. Who would deliver these services?
    a. Social services branch of the department of health
    b. Local public health units
    c. Agency contracted by the Local Health Integration Network
    d. Local health authority

Correct Answer: c (page 25)

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18. Role clarity has been identified as an issue for community health nurses. What is a component of role clarity?
    a. Understanding the role of other health care professionals
    b. Sharing a common language to describe the role
    c. Leadership development
    d. Access to specialized expertise

Correct Answer: b (page 25)

19. What would help community health nurses to be valued more by other health care professionals?
    a. To be able to describe their role with confidence
    b. Quality supervision and management
    c. Access to ongoing education and training
    d. Stronger leadership in the area

Correct Answer: a (page 25)

20. Which of the following is identified as attributes of nurse leaders that contribute to effectiveness:
    a. Avoiding risk taking
    b. Organizational ability
    c. Social awareness
    d. Comfort with routines

Correct Answer: c (page 28)

21. Within a context of community health nursing practice, which organizational supports positively influence practice?
    a. A work environment that disestablishes leadership
    b. A work environment that devalues unique contribution of staff
    c. A work environment that has unstable funding
    d. A work environment that has access to resources

Correct Answer: d (page 29)

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22. Transformational leadership practices include which of the following?
    a. Building relationships and trust
    b. Creating disempowering work environments
    c. Creating a culture that supports knowledge stasis
    d. Avoiding taking any risks

Correct Answer: a (page 28)

23. Professionals working in health service organizations with strong leadership demonstrate which of the following?
    a. Lower levels of organizational effectiveness
    b. Decreased organizational commitment
    c. Increased ability to lead a stagnant workforce
    d. Greater sense of affiliation with organizational goals

Correct Answer: d (page 28)

24. Which of the following personal resources are necessary for developing and sustaining leadership?
    a. Personal identity
    b. Leadership expertise
    c. Community attributes
    d. Family supports

Correct Answer: b (page 28)

25. What is one way to strengthen collaborative leadership at the national level?
    a. Promoting community health solutions across sectors
    b. Creating an empowering work environment
    c. Cultivating personal supports
    d. Willingness to be risk averse

Correct Answer: a (page 29)

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Short Answer Questions

26. Contrast the terms primary care and primary health care and give an example of each related to community health nursing practice

Correct Answer:

Primary Care: a person's first point of contact with the health care system. Primary care services are dominated by medicine and have focused mainly on acute care and treatment of disease. The largest group of primary care providers in Canada is physicians. Other primary care providers are nurse practitioners, dentists, chiropractors, pharmacists, dieticians, midwives, optometrists and to some extent PHNs. Most Canadians access primary care though a family or general practitioner who is reimbursed on a fee-for-service basis. Only a few Canadians receive primary care services through a CHC, walk-in clinics, or emergency rooms.
Example related to CHN practice: A family who a PHN visits in the postpartum period may also see the primary care provider, most likely a GP, around the same time, increasing the need for interprofessional communication.
Primary Health Care: a philosophy or approach to care that involves the principles set forth at Alma Ata in 1978: health care that is accessible, affordable, and acceptable; uses appropriate technology; promotes health; and recognizes intersectoral and interdisciplinary approaches.
Examples related to CHN practice: a multidisciplinary community health council with several CHNs as members collaborates with a community to develop a network of safe bike and walking trails through residential and industrial neighbourhoods (page 22).

27. Summarize two federal initiatives in the development of health promotion and give one rationale for each that illustrates their importance on an international level.

Correct Answer:

- Lalonde Report (1974): acknowledged the limitations of the funded medical/treatment system. Presented a vision for health promotion. Identified four determinants of health, with an emphasis on lifestyle and the environment. Led to a global reconceptualization of health promotion.

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- Epp Report (1986): expanded the definition of health promotion, incorporated some of the tenets of primary health care, and emphasized social/environmental/political dimensions of health. Formed the basis for the Ottawa Charter of Health Promotion.
- Ottawa Charter of Health Promotion (1986): International document identifying the prerequisites for health, strategies for promoting health, and outcomes of the strategies. Acknowledges that caring for one's self and others is conducive to health. Identifies caring, holism, and ecology as essential concepts in health promotion.
- Population Health Template and Population Health Promotion Model (2001 and 1996): resources developed to put population health and health promotion into action. Used nationally and internationally in program planning, community development, and resource allocation (page 20)

28. Describe the importance of three historical milestones in the development of the Canadian health care system

Correct Answer:

1867-1867—Constitution Act (BNA Act) assigned responsibility for hospitals to provinces. Did not explicitly assign responsibility for health policy to either federal or provincial government.
1919—national health insurance on the Liberal Party platform
1947—Saskatchewan gets Medicare under Tommy Douglas
1957—national Hospital Insurance and Diagnostic Services Act (HIDS) provides financial incentives to the provinces to build hospitals through 50/50 grants if provinces meet five key principles
1962—Saskatchewan gets universal, publicly funded medical insurance
1966—federal Medicare including physicians' services; if provinces meet same principles as HIDS, feds pay 50% of costs
1971—all provinces participate
1977—Established Programs Financing Act changes federal share of health costs to a per capita block grant
1996—Canada Health and Social Transfer (CHST) payments include federal transfer payments for health, postsecondary education, and welfare (page 18-19)

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29. Discuss three Canadian values that are reflected in the current Medicare system.

Correct Answer:

- Social justice: All members of society, including the most vulnerable, are entitled to free health care in Canada.
- Equity: All Canadians are viewed equally and without discrimination in terms of universal health care coverage.
- Community: All members of society contribute through taxation to provide everyone in the community with access to health care regardless of ability to pay (page 18).

30. Name three of the five principles of the Canada Health Act (1984) and give an example for each.

Correct Answer:

- Publicly administered: Health care funds are administered by a local elected regional health authority under the direction of the provincial health department.
- Portable: A person from Saskatchewan can receive insured health care in Ontario.
- Accessible: Families across Alberta have access to pediatric health care in their own communities or in communities within their health region without additional user fees.
- Universal: All residents of British Columbia are covered by B.C. health care.
- Comprehensive: In-hospital health care, such as medically necessary surgery, is covered in the province of Newfoundland (page 18).

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