

MULTIPLE CHOICE

1. Health care delivery in Canada is provided through which of the following?
 - a. public initiatives only
 - b. mainly private initiatives
 - c. a combination of public and private initiatives
 - d. charitable initiatives

ANS: C

RAT: Health care in Canada is delivered via a combination of publicly and privately organized services aimed at ensuring equitable access and high quality care in a cost-effective manner. Essential medical and hospital care is provided and funded via a publicly funded health care system, while health services such as dental and vision care are provided outside of that system and paid for directly by the client through out-of-pocket payments or through private insurance coverage.

PTS: 1

REF: p. 2

BLM: Understanding

2. Which of the following best describes the current health status of the Canadian population?
 - a. The Canadian population is generally healthier than ever.
 - b. Canadians are not affected by new infectious disease strains.
 - c. Cardiovascular disease is no longer prevalent among Canadians.
 - d. Canadians experience few mental health problems.

ANS: A

RAT: Current data indicate that in general the Canadian population is healthier today than ever. In spite of this, Statistics Canada data indicate that many Canadians continue to be affected by heart disease, cancer, mental health problems, HIV/AIDS, asthma, obesity, and diabetes and that on-going threats to public health are posed by new infectious diseases such as severe acute respiratory syndrome (SARS), the West Nile virus, and infection from the *Clostridium difficile* bacteria.

PTS: 1

REF: p. 2

BLM: Remembering

3. Which one of the following population groups in Canada is recognized as most at risk for serious health disparities compared to the general population?
 - a. recent immigrants
 - b. First Nations adults
 - c. adult males
 - d. elderly women

ANS: B

RAT: According to the Health Council of Canada as well as other research evidence, First Nation adults are two to eight times more likely to have diabetes than the general population. They also have higher-than-average risk factors of smoking, alcohol use, obesity, and physical inactivity. The incidence of diabetes is also increasing in First Nations children and adolescents.

PTS: 1

REF: p. 2

BLM: Remembering

4. Which of the following statements best describes the overall goal of health care delivery in Canada?
- to provide Canadians with requested health service, without the need to pay
 - to provide Canadians with reasonable access to medically necessary insured services, without the need to pay directly
 - to provide all Canadians with free health care
 - to provide health services through increased access to employer-sponsored health insurance

ANS: B

RAT: The goal of the system of publicly funded health care in Canada is to ensure that every citizen has access to needed medical and other necessary insured health services without the need to pay out-of-pocket or to rely on private health insurance. In Canada access to medically necessary health care is based on need and not on ability to pay. The Canadian Constitution Act and various health care-related legislation and agreements that have evolved over the past 50 years lay out the responsibilities, authority, principles, and overall goals that guide health care in Canada.

PTS: 1

REF: p. 4

BLM: Understanding

5. Which statement describes the responsibilities of the provinces in relation to health care?
- Provinces are responsible for the administration and delivery of health services.
 - Provinces are responsible only for acute care within their jurisdiction.
 - Provinces have sole responsibility for financing their own health care services.
 - Provinces take direction from the federal government on the delivery of health services.

ANS: A

RAT: The Canadian constitution assigns to the provincial governments the responsibility for the administration and delivery of health services within their boundaries. The provincial governments decide how much money they will spend on health care, where these services will be delivered, how many doctors and other health professionals will be needed, and where hospitals will be located. The constitution assigns to the federal government responsibility for health care delivery in the Northwest Territories, Yukon, and Nunavut; for the health care of Aboriginal people living on reserve, for members of the armed forces, the Royal Canadian Mounted Police (RCMP), veterans, and inmates of federal institutions. The federal government has major taxation authority and is responsible for providing transfer payments to the provinces to partially fund provincial health services.

PTS: 1

REF: p. 4

BLM: Remembering

6. Which province was the first to implement universal hospital insurance?
- Ontario
 - Québec
 - Saskatchewan
 - Nova Scotia

ANS: C

RAT: Saskatchewan was the first province to introduce universal *hospital* insurance in 1947. This guaranteed access to health care in a hospital for every citizen of Saskatchewan with no direct cost to the client. Following the precedent set by Saskatchewan, the federal government passed legislation in 1957 that required the central government to share the cost of hospital services across the country, creating a national program. By 1967, all the provinces and two territories had public insurance plans in place that provide universal access to hospital services for all citizens. This would later be expanded to out-of-hospital health care as well.

PTS: 1

REF: p. 4

BLM: Remembering

7. In which year did all provinces and territories expand their public insurance plans to include both *physician and hospital* services?
- 1962
 - 1972
 - 1977
 - 1984

ANS: B

RAT: By 1972 all the provinces and territories had expanded their insurance plans to include both physician and hospital services. Saskatchewan was the first to implement public insurance for physician services no matter where they were provided. Again, the federal government followed the Saskatchewan model and passed legislation that made them responsible for sharing the cost of physician services with each province.

PTS: 1

REF: p. 4

BLM: Remembering

8. Which of the following federal acts was passed in 1977 and changed the funding arrangement between the federal government and the provinces from cost-sharing to block funding provided by the federal government?
- the Canada Health Act
 - the Medicare Act
 - the Established Programs Financing Act (EPF)
 - the Constitution Act

ANS: C

RAT: The early cost-sharing arrangements were replaced in 1977 with new legislation called the Established Programs Financing Act (EPF). EPF provided block funding to each provincial government. The block funding was made up of a combination of cash payments and tax points. This new funding arrangement was meant to give provincial and territorial governments more flexibility to invest their health care funding according to their specific needs and priorities. Federal monies for postsecondary education and were also included in the EPF transfer, allowing each province to determine the amounts they would designate for each of the major social program areas.

PTS: 1

REF: p. 4

BLM: Remembering

9. The Canada Health Act, passed in 1984, defines five principles for health care in Canada: universality, comprehensiveness, accessibility, portability, and public administration. Which of the following funding provisions is also specified in this Act?
- Clients may be charged for non-emergency care.
 - Doctors within the public insurance plan cannot extra bill for their services and no user fees can be charged for insured services.
 - Doctors may “extra bill” if they so choose.
 - Private clinics may charge user fees for some insured services.

ANS: B

RAT: The Canada Health Act contains two important provisions related to funding. The first provision prohibits extra billing for medical services by doctors who work under the terms of a provincial or territorial health insurance plan. The second provision prohibits any provider or agency from charging clients user fees for medically necessary, insured services. Passed in 1984, the Canada Health Act specifies in legislation the five principles on which health care in Canada is based.

PTS: 1

REF: p. 4

BLM: Remembering

10. Which two components resulted from the split in 2004 of the block-funding grant called the Canada Health and Social Transfer (CHST)?
- separate transfers for health and postsecondary education
 - medicare and an education transfer
 - the Canada Health Transfer and the Canada Social Transfer
 - a health funding transfer and a social assistance funding transfer

ANS: C

RAT: In 2004 the federal monies for health, postsecondary education, and social programs were divided into two transfers. One is a separate health transfer called the Canada Health Transfer. The other transfer, called the Canada Social Transfer, provides the federal portion of the funding for postsecondary education, social assistance, and social services. Previous federal legislation, in 1996, had combined the federal cash and tax transfers provided to the provinces and territories for health care, postsecondary education, and social services into one block funding mechanism called the Canada Health and Social Transfer (CHST). Seven years later, following a new agreement on health care renewal among the health ministers, funding for health care was significantly increased and the original grant divided into two transfers.

PTS: 1

REF: p. 5

BLM: Remembering

11. Health care is often viewed in four levels: health promotion, disease and injury prevention, diagnosis and treatment, and which of the following levels of care?
- palliative care
 - long-term care
 - rehabilitation
 - mental health care

ANS: C

RAT: The fourth level of health care is rehabilitation. Rehabilitation seeks to minimize the effects of illness or injury and restore the most optimum level of functioning possible. Each of the four levels of health care has distinct goals and interventions or strategies all aimed at maximizing the health and well-being of individuals, families, and communities. Health promotion seeks to broadly improve or maintain health status while the disease and injury prevention level seeks to prevent specific illnesses or to detect them early for better outcomes. The goal of the diagnosis and treatment level of care is to maintain or improve the health of individuals through primary, secondary, or tertiary care services.

PTS: 1

REF: p. 5

BLM: Understanding

12. Approximately how many registered nurses (RNs) are there in Canada?
- 500,000
 - 260,000
 - 100,000
 - 25,000

ANS: B

RAT: Based on 2009 data from the Canadian Institute for Health Information (CIHI) there are 266,253 registered nurses in Canada. This is 76.4 percent of the total nursing workforce of 348,499 made up of registered nurses, licensed practical nurses, and registered psychiatric nurses. The total number of all categories of regulated nurses in Canada increased by 8.5 percent from 2005 to 2009.

PTS: 1

REF: p. 5

BLM: Remembering

13. Which of the following dollar amounts is spent on health care per person in Canada, based on Statistics Canada data for 2010?
- a. \$6,500
 - b. \$5,614
 - c. \$1,200
 - d. \$850

ANS: B

RAT: Canada spends an average of \$5,614 per person, for a total of \$191.6 billion on health care nationally, based on data from 2010. According to Statistics Canada this represents 11.7 percent of Canada's gross domestic product.

PTS: 1

REF: p. 6

BLM: Remembering

14. Total health care spending estimates include both public and private payment sources. Approximately what percentage of total health spending in Canada for 2010 was paid for from tax dollars?
- a. 100 percent
 - b. 70 percent
 - c. 50 percent
 - d. 25 percent

ANS: B

RAT: In 2010 approximately 70 percent of the total \$191.6 billion cost of health care was paid for from taxes. The remaining 30 percent came from spending in the private sector which typically funds services such as dental care, chiropractic services, vision care, and medications. These private health services are those that we pay for directly to the care provider or through private insurance plans or employee benefit plans.

PTS: 1

REF: p. 6

BLM: Remembering

15. Based on commonly used international comparisons, where does Canada rank in terms of annual total spending on health care?
- a. first
 - b. second
 - c. sixth
 - d. tenth

ANS: C

RAT: Based on data for 2010 Canada is the sixth-highest spender among member nations of the Organization for Economic Co-operation and Development (OECD) countries that also have universal health care systems.

PTS: 1

REF: p. 6

BLM: Remembering

16. Which of these goals best describes the goal of population health?
- a. to improve the health of an entire population
 - b. to analyze the health status of a population
 - c. to improve immunization rates among a population
 - d. to improve child health in a particular population

ANS: A

RAT: Population health aims to reduce inequities in health status among different groups within a population. The main focus is on the broad determinants of health such as economic status, educational attainment, employment, healthy child development, and nutritional status. Population health is a broader approach that looks for patterns among individuals within the population to uncover factors and trends affecting the population as a whole.

PTS: 1

REF: p. 8

BLM: Understanding

17. Which of the following is the internationally respected report on the determinants of health (published in 1974) that established Canada as an early leader in population health?
- a. the Lalonde Report
 - b. the Kirby Report
 - c. the Epp Report
 - d. the Clair Report

ANS: A

RAT: The Lalonde Report was published in 1974 by the then Minister of Health Marc Lalonde. Many commissions and reports that have followed have continued to endorse the premise contained in the Lalonde document about the impact of the broad determinants of health on the health of individuals and communities. In 1986 the Epp Report provided a framework for health promotion, while in 2000 the Clair Report in Québec also endorsed this approach to health planning. The Kirby Report, a report from a Senate of Canada Standing Committee was released in 2002 and also supported a population health approach among other important recommendations. These and other reports of the past decades emphasize that populations become healthier not from vast investment in acute clinical care but when we invest in preventing illness and keeping people healthy.

PTS: 1

REF: p. 8

BLM: Understanding

18. In addition to health emergencies and chronic disease and injury prevention, which of the following is the third main area of responsibility of the Canadian public health system?
- a. disaster management
 - b. primary care
 - c. health promotion
 - d. infectious disease control

ANS: C

RAT: Public health experts identify health promotion as the third area of responsibility in a public health system. Health promotion refers to the overall promotion of good health for individuals and communities and to the influence on government policies that affect determinants of health, such as poverty, housing, and the environment. Responsibility for health emergencies refers to the prevention, discovery or identification, and response to outbreaks of infectious disease such as SARS and influenza.

PTS: 1

REF: p. 12

BLM: Understanding

19. Which type of a health care delivery system best describes regionalization of health care in Canada?
- a. consolidated
 - b. integrated
 - c. accountable
 - d. primary care

ANS: B

RAT: Integrated delivery systems are networks of health care organizations that provide a coordinated continuum of services to a defined population. The continuum includes prevention, health promotion, and acute restorative, maintenance, and rehabilitative care. Integrated systems are responsible for clinical outcomes, management of fiscal resources, and the health status of the population they serve. Regionalization in Canada has been implemented based on the integrated service model.

PTS: 1

REF: p. 14

BLM: Understanding

20. Which of these national bodies is responsible for the accreditation of health service organizations in Canada?
- a. Canadian Nurse Accreditation Association
 - b. Accreditation Canada
 - c. 3 M Accreditation Awards Committee
 - d. Canadian College of Health Services Executives

ANS: B

RAT: Accreditation Canada is the national association that confers accreditation for health care organizations across Canada along with assisting them to examine and improve the care they provide. Since 2009 Accreditation Canada has utilized an accreditation program called Qmentum. This program emphasizes health system performance, client safety, risk prevention planning, performance measurement, and governance.

PTS: 1

REF: p. 21

BLM: Remembering