Task-based Activity Cover Sheet

Task Title: Read a chapter from a textbook to learn about a topic

Learner Name:
Date Started: **Date Completed:**   **Successful Completion:**   Yes___   No___
Goal Path: Employment___ Apprenticeship ✓ Secondary School ✓ Post Secondary ✓Independence___
Task Description: The Learner will read a chapter of a text book and answer questions about the layout and content.

Competency: A: Find and Use Information	**Task Group(s):** A1: Read continuous text

Level Indicators: A1.3: Read longer texts to connect, evaluate and integrate ideas and information
Performance Descriptors: see chart or click here
Links to skill building activities: see the last pages or click here
Materials Required: • Pen, paper, attached Chapter 2 from Mosby's Canadian Textbook for the Support Worker

ESKARGO:
Skills and Knowledge Required for Successful Task Performance
Reading Strategies – Decoding and Comprehension Enhancement
- Uses a variety of more complex strategies (word origins and derivations) to decode and determine the meaning of new vocabulary independently
- Uses knowledge of elements of more complex grammar, language structure, spelling, punctuation, and some stylistic devices to understand phrases and sentences
- Draws more deeply on personal experiences and on a wider variety of reading experiences to gather meaning from the text
- Skims to get an overview of the content; scans to find specific information
- Organizes and records key points in order
- Integrates several pieces of information from texts
- Manages unfamiliar elements (vocabulary, context, topic) to complete tasks

Forms and Conventions – Find Information/Research/Understand Types of Texts
- Uses a variety of conventions of formal texts (index, appendices, graphs, tables, footnotes and more
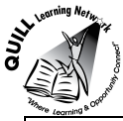
complex reference resources) to locate and interpret information for a variety of purpose (i.e., simple research)

- Obtains information from detailed reading
- Reads independently from a variety of materials but may require help choosing reading material for a specific purpose
- Reads a text of many paragraphs
- Reads text containing complex subject matter with personal and/or general relevance
- Uses organizational features, such as headings, to locate information
- Reads text that has levels of meaning and interpretation and a number of unfamiliar words

Comprehension – Read to Understand/Retell

- Identifies the main idea and purpose in writing
- Cites details that support the main idea
- Follows increasingly complex written instructions
- Follows the main events of descriptive, narrative, informational, and persuasive texts

Interpretation – Read and Apply Understanding

- Makes judgements based on evidence
- Analyzes, summarizes and makes inferences for a variety of texts
- Understands concepts and themes
- Understands directly stated and indirectly stated information and ideas
- Understands relationships between ideas
- Develops and clarifies own points of view by examining the ideas of others
- Begins to recognize bias and points of view in texts
- Identifies the purpose and relevance of texts
- Infers meaning which is not explicit in texts
- Compares or contrasts information between two or more texts
- Identifies sources, evaluates and integrates information

Attitudes:

Practitioner,

We encourage you to talk with the learner about attitudes required to complete this task set. The context of the task has to be considered when identifying attitudes. With your learner, please check one of the following:

□ Attitude is not important   □ Attitude is somewhat important   □ Attitude is very important

Task Title: Read a chapter from a textbook to learn about a topic

Learner Information and Tasks:

Students are required to read text books on various topics. Read the attached chapter from <u>Mosby's Canadian Textbook for the Support Worker</u>.

Task 1:   What is the purpose of Table 2-1?

Task 2:   What did Tommy Douglas do that was important to health care in Canada?

Task 3:   What text-book feature of this chapter helps identify the definition of the concept: "universality"?

Task 4:   What are the 5 main principles of Medicare:

Task 5:   What is the main purpose of this chapter?

Task 6:   List the subtopics that support the main purpose of this chapter.

Task 7:   What section of this chapter could be used to confirm that the student has understood the information presented?

Task 8:   Before 1961, what did people who could not afford to pay for health care in Ontario do?

CHAPTER 2

The Canadian Health Care System

OBJECTIVES

▶ Define the key terms listed in this chapter.

▶ Describe medicare and how it has evolved.

▶ Identify the federal, provincial, and territorial roles in the health care system.

▶ Summarize the five principles of medicare described in the *Canada Health Act.*

▶ Identify how the focus of the Canadian health care system is shifting to home care.

▶ Explain why health promotion and disease prevention are important functions of the Canadian health care system.

▶ Recognize the emerging importance of home care and the support worker's role in providing some of these services.

key terms

accessibility A principle of the *Canada Health Act* that states that people must have reasonable access to insured health care services.

benefits Types of assistance that are provided through available insurance premiums. An example of one benefit would be a medical physical examination without any additional cost to the consumer.

Canada Health Act (1984) Federal legislation that clarifies the types of health care services that are insured; it also outlines five principles (**comprehensiveness, universality, portability, accessibility,** and **public administration**) that must be met by provinces and territories to qualify for federal health money.

comprehensiveness A principle of the *Canada Health Act* that states that all necessary health services, including hospitalization and access to physicians and surgical dentists, must be insured.

disease prevention Strategies that prevent the occurrence of disease or injury.

health promotion A strategy for improving the population's health by providing the necessary information and tools so that individuals, groups, and communities can make informed decisions that promote health and wellness.

home care Health care and support services provided to people in their places of residence.

medicare Canada's national health care insurance system; publicly funds all the cost of medically necessary health services.

portability A principle of the *Canada Health Act* that states that residents continue to be entitled to coverage from their home province even when they live in a different province or territory or out of the country.

public administration A principle of the *Canada Health Act* that states that provincial health insurance must be administered by a public authority on a nonprofit basis.

Telehealth Medical telephone call centres where nurses give advice to callers on health issues.

universality A principle of the *Canada Health Act* that states that all residents are entitled to the same basic level of health care services across the country.

Few issues are as important to Canadians as health care. Most Canadians believe that quality health care should be available to all citizens, regardless of their ability to pay. Canada's national health insurance system, known as **medicare,** was developed to achieve this goal. Medicare uses provincial/territorial and federal taxes to pay for all medically necessary health services for all permanent residents. Faced with the ever-increasing costs of providing care, Canadians are re-examining their health care spending and priorities. Support workers have an increasingly important role within Canada's changing health care system.[1]

THE EVOLUTION OF CANADA'S HEALTH CARE SYSTEM

Canada's publicly funded health care system is best described as an interlocking set of 10 provincial and 3 territorial health insurance plans. Medicare provides access to universal, comprehensive coverage for medically necessary hospital and physician services. These services are administered and delivered by the provincial and territorial governments and are provided free of charge. The provincial and territorial governments fund health care services with assistance from the federal government.

Canadian Health Care in the Past. In the first part of the twentieth century, individuals in Canada were expected to pay the entire amount of their doctors' bills and hospital fees. Often, there were no "set fees," that is, for the same treatment, a physician could charge one patient a certain amount and another an entirely different fee, depending on what the physician thought the patient could afford to pay. As a result, people often paid different fees for similar services. Those who could not afford to pay had to find charity services through community

agencies such as the Victorian Order of Nurses, the Red Cross, and local churches (Figure 2–1), and some even went without health care.

The Great Depression across Canada in the 1930s had a dramatic effect on the health care system. Families struggled to feed, clothe, and house their members and could not possibly pay their medical bills. A serious illness or stay in a hospital caused financial disaster for many. The cost of care prevented many from seeking medical treatment. Many ill and disabled people depended on family members and neighbours to provide care. Box 2–1 presents one woman's memoir of the Depression years. As a child, she witnessed the hardships people endured because of the health care system of the time.

These hardships inspired Canadians to create a prepaid medical and hospitalization insurance plan. In 1947, under then-Premier Tommy Douglas, Saskatchewan was the first province to introduce a public insurance plan that covered the costs of hospital services (Box 2–2). By 1961, all 10 provinces and 2 territories agreed to provide coverage for inpatient hospital care. The federal government paid about half the cost of hospital and diagnostic services for each province/territory. The provincial and territorial governments paid for the other half. By 1972, all provinces and territories extended their insurance plans to also cover medical services provided outside hospitals. Again, the provincial/territorial and federal governments shared the health care expenses roughly equally. Modern medicare began that year, and all permanent residents now had free access to

Box 2–1	Health Care During the Depression

The Depression years were the years of my growing up on an apple farm near a small village in eastern Ontario. Living in the country meant you knew the joys, pains, and sorrows of your neighbours and community. In those years, many were in very difficult circumstances.... The cost of medical care was one of the most painful situations many people faced. Proud and needy people visited the one doctor available only in times of extremity. Recently, I heard that during these years, one-half of Canadians never in all their lives received any medical attention....

The doctor in our community was caring and very hardworking. Many patients paid him in chickens, eggs, potatoes, or apples. Some were unable to make any payment. It was a situation which was devastating for both patient and doctor. The patient had to beg for medical attention for himself and loved ones. The doctor must have been overstocked with food articles beyond the needs of his family, but without the ready cash for taxes, car upkeep, or clothing for his family.

Source: Heeney, Helen (Ed.). (1995). *Life before Medicare: Canadian experiences.* Toronto: The Stories Project, p. ix.

the same quality of hospital and medical care, regardless of their personal wealth.

THE MODERN HEALTH CARE SYSTEM

The federal government and the 10 provincial and 3 territorial governments share responsibilities within Canada's health care system. In order to receive their full share of federal funding for health care, the provincial and territorial health insurance plans must meet five criteria—**comprehensiveness, universality, portability, accessibility,** and **public administration** (see Box 2–3 on page 22)—that are provided in the federal government's *Canada Health Act.* Many other organizations and groups, including health professional associations and accreditation, education, research, and voluntary organizations, contribute to health care in Canada.

Figure 2–1 In the first part of the twentieth century, charitable services were provided by community agencies such as the Victorian Order of Nurses for Canada. **Source:** Victorian Order of Nurses (VON), Canada.

Box 2–2 Tommy Douglas, the "Greatest Canadian"

In the spring of 2004, the CBC invited Canadians to submit their nominations for the "Greatest Canadian" of all time. Canadians responded with thousands of worthy suggestions, including Terry Fox, a courageous young man who ran across Canada to champion cancer research; scientists; athletes; as well as Prime Ministers who have contributed to Canada's history. After 6 weeks of voting, on November 29, 2004, Tommy Douglas won. You might be wondering who Tommy Douglas was, and why Canadians are grateful for his contributions to this country.

Thomas Clement Douglas (1904–1986) was elected to office in June, 1944, and with his party, the Cooperative Commonwealth Federation (CCF), was given the difficult task of reorganizing Saskatchewan's post-war employment, social, and health public policies. Through "humanitarian idealism and courage," over the next 40 years, his party transformed that relatively poor, remote agricultural province into the country's leader in social and health care reforms. Douglas' reforms have become his legacy, as they now form the basis for Canada's social and health care policies, which continue to exist today.

A few of the many contributions he made to the Province of Saskatchewan—and to the whole country by example—include:

▶ As Health Minister (1944–1948), he took the first steps towards what we now call *medicare* by establishing the following:
  – free health care for pensioners
  – free cancer treatment to those in need
  – the first comprehensive health services region
  – new health care facilities
▶ Creating Canada's first universal and compulsory hospital insurance program for Saskatchewan. This was the beginning of what Canadians now know as "health insurance programs."
▶ Under his leadership, many of the rights that workers now take for granted—such as establishing a minimum wage, ensuring a maximum 44-hour work week, and paid 2-week vacation leave—were made into policy.
▶ He oversaw old age pension and mother's allowance increases and legislated that free medical and hospital benefits be given to welfare recipients.

These are just a few of the many contributions that Tommy Douglas made. There is no doubt that without him, Canada would be a very different country today. We can all be grateful for the role he played in making Canada the country that it is.

Source: Tommy Douglas Research Institute. (2007). *The greatest Canadian.* Retrieved January 25, 2008, from http://www.tommydouglas.ca/tommy/greatest_canadian.

The responsibility for Aboriginal (First Nations people and Inuit) health services is shared by the federal, provincial, and territorial governments and the Aboriginal organizations. The responsibility for public health is also shared. The federal Public Health Agency of Canada acts as a focal point for disease prevention and control and for emergency response to infectious diseases; however, public health services are generally delivered at the provincial/territorial and local levels.

The Federal Role

The federal government is responsible for:

☐ Administering the *Canada Health Act* and providing provincial funding.

☐ Providing direct delivery of health care services to specific groups, such as First Nations people living on reserves; Inuit; serving members of the Canadian Forces and the Royal Canadian Mounted Police (RCMP); eligible veterans; and inmates of federal penitentiaries.[2]

☐ Developing and carrying out government policy and programs that promote health and prevent disease. For example, the federal government approves drugs, assesses health risks posed by environmental hazards, and provides grant money to support public health programs, such as prenatal health education.

☐ Transferring tax money to the provinces and territories to share the cost of medically necessary health care services.

Box 2-3 The Principles of Medicare, as Listed in the *Canada Health Act* (1984)

1. **Public administration.** The insurance plan must be run by a public organization on a nonprofit basis. The public organization must be accountable to the citizens and the government of the province or territory.
2. **Comprehensiveness.** The insurance plan must pay for all medically necessary services. In a hospital, all necessary drugs, supplies, and diagnostic tests are covered. A range of necessary services provided outside a hospital are also covered.
3. **Universality.** Every permanent resident of a province or territory is entitled to receive the insured health care services provided by the plan on similar terms and conditions.
4. **Portability.** People can keep their health care coverage even if they are unemployed, change jobs, relocate between provinces and territories, or travel within Canada or abroad.
5. **Accessibility.** People can receive medically necessary services regardless of their income, age, health status, gender, or geographical location. Additional charges for insured services are not permitted.

- Ensuring that the provinces and territories provide the same quality and type of care. The act does not allow service providers (such as physicians) to bill clients for extra charges and user fees.

The Provincial/Territorial Role

Each province and territory is responsible for developing and administering its own health care insurance plan. The provincial or territorial government finances and plans its health care services, following the five basic principles outlined in the *Canada Health Act*. For example, the provincial or territorial governments decide where hospitals or long-term care facilities will be located and organized; how many physicians, nurses, and other service providers will be needed; and how much money to spend on health care services. The provincial and territorial health insurance plans (Table 2-1) pay for hospital and physician costs.

Table 2-1 List of Provincial and Territorial Health Insurance Programs

Province	Name of Plan
Alberta	Alberta Health Care Insurance Plan
British Columbia	Medical Services Plan
Manitoba	Manitoba Health
New Brunswick	Medicare
Newfoundland and Labrador	Newfoundland and Labrador Medical Care Plan
Northwest Territories	NWT Health Care Insurance Plan
Nova Scotia	Medical Service Insurance
Nunavut	Nunavut Health Care Plan
Ontario	Ontario Health Insurance Plan
Prince Edward Island	Medicare
Quebec	Assurance maladie (Medicare)
Saskatchewan	Saskatchewan Medical Care Insurance Plan
Yukon	Yukon Health Care Insurance Plan

Source: Health Canada. Provincial/territorial role in health. Retrieved January 24, 2008, from http://www.hc-sc.gc.ca/hcs-sss/delivery-prestation/ptrole/ptmin/index_e.html.

HEALTH CARE CHALLENGES AND TRENDS

Challenges. Many factors challenge the country's ability to provide universal, quality health care, and the Canadian health care system has come under stress in recent years. These factors are expected to continue in the future.[2]

The factors that have stressed Canada's health care system include:

- Many rural or remote areas facing severe shortages of physicians, nurses, and other health care workers
- Financial issues
- Aging of the "baby boomer" generation

- Long waiting lists that are common for surgeries, diagnostics, or medical procedures
- High cost of new technology

Of these factors, the greatest challenge facing the health care system is the steadily rising cost of care. Drugs and technology now exist that treat diseases and disabilities better than ever before. However, these advances come at a high price due to the cost of developing them.

Additional (Supplementary) Services. The provinces and territories provide coverage to certain people (e.g., seniors, children, and social assistance recipients) for health services that are not generally covered under the publicly funded health care system. These supplementary health benefits often include prescription drugs, dental care, vision care, medical equipment and appliances (prostheses, wheelchairs, etc.), independent living and the services of other health professionals, such as podiatrists and chiropractors. The level of coverage varies across the country.[2]

Private Insurance. Those who do not qualify for supplementary benefits under government plans pay for these services with individual, out-of-pocket payments or through private health insurance plans. Many Canadians, either through their employers or on their own, are covered by private health insurance, and the level of service provided varies according to the plan purchased. Each provincial and territorial plan of private insurance is unique. Exactly what is covered and by how much varies across the country; for example, coverage for ambulance services, drugs, and home care varies from province to province.

To help pay for services not covered by provincial or territorial insurance, people can buy extra health insurance policies. Private health insurance covers the costs that are not government funded, such as some of the costs of rehabilitation and extended care services. These costs are sometimes referred to as **benefits**. Some people have private insurance coverage that has a very comprehensive benefit plan; other people have very few benefits paid for by their private insurance company; and some people do not have any private insurance, so they receive no other funding other than what is provided by their province.

Trends. In order to reduce some of the pressures placed on our health care system, new ways of providing care have been introduced to Canadians, with the intent of providing quality care while avoiding needless spending. As a result, health care services and the way they are delivered have changed from a reliance on hospitals and doctors to the following:

- Alternative care in clinics
- Primary health care centres
- Community health centres
- Home care

As a result of changing the way health care is delivered, the number of acute care hospitals and acute care hospital beds decreased from 1995 to 2000. Medical advances have led to more procedures being done on an outpatient basis, and to a rise in the number of day surgeries. During this time, the number of nights Canadians spent in acute care hospitals fell by 10%. Postacute or hospital alternative services provided in the home and community have grown, and there have been many reforms evident, such as trends to spend less time in hospitals and more growth in day surgeries.[2]

Other reforms have focused on primary health care delivery, including setting up more community primary health care centres that provide services around-the-clock; creating primary health care teams; placing greater emphasis on promoting health, preventing illness and injury, and managing chronic diseases; increasing coordination and integration of comprehensive health services; and improving the work environments of primary health care providers.

Coordinated primary health care teams include family doctors, nurses, nurse practitioners, and other health professionals, and provide a broad range of primary health care services. These team members can vary according to the needs of the community they serve and the provincial and territorial priorities. This team approach, along with the introduction of medical telephone call centres (**Telehealth**) that provide advice and after-hours access to primary health care services, reduces the use of emergency units.

Most provinces and territories have tried to control costs and improve delivery by decentralizing decision making on health care delivery to the regional or local board level. Such regional author-

ities are managed by elected and appointed members who oversee hospitals, nursing homes, home care, and public health services in their area. As part of these reforms, provincial and territorial governments are now focused on two areas:

- Health promotion and disease prevention
- Home care

Health Promotion and Disease Prevention

Traditionally, the purpose of a health care system has been to diagnose, treat, and cure illnesses. A more recent approach to health care, however, involves developing ways to promote health and prevent disease. Preventing illness and injury, while keeping people healthy, is more effective and cheaper than treating them in hospitals. **Health promotion** refers to strategies that improve or maintain health and independence. **Disease prevention** refers to strategies that prevent the occurrence of disease or injury. Health promotion and disease prevention are now important functions of Canada's health care system.

Research has been done to determine the factors that most affect the health of the population. The following are key determinants that determine a person's health:[2]

- Income and social status
- Social support networks (see Chapter 4)
- Education and literacy
- Employment and working conditions
- Social environment
- Physical environment
- Personal health practices and coping skills
- Healthy child development
- Biological and genetic endowment

Government policy promotes health and prevents illness by improving these areas of people's lives. These policies occur in many sectors of government and industry. Examples of policies that promote health and prevent illness include:

- Immunization programs
- Prenatal and parenting classes
- Information campaigns to reduce drinking during pregnancy, unsafe sex, and tobacco use and to encourage healthy eating and physical activity

- Efforts to improve housing, decrease poverty, monitor safe drinking water, and protect the environment

Support workers contribute to health promotion and disease prevention. You provide nonmedical care and services that can help prevent major health problems. For example, Mr. Lukovic has been in bed rest for a long time. He is at risk for pressure ulcers, pneumonia, and blood clots. To prevent these complications, you, as his support worker, help him keep his skin clean and dry, change his position in bed frequently, and help him perform range-of-motion exercises. By doing these important things for Mr. Lukovic, you can help improve his quality of life now and prevent him from developing illness or disability in the future.

Home Care

The Canadian health care system has seen a shift in focus from hospital care to home care. Traditionally, people entered the health care system through hospitals. However, over the last two decades, the role and structure of hospitals have changed dramatically. Hospitals require a tremendous amount of money to operate. Over a third of all health care spending goes into operating the hospitals. Therefore, most provincial and territorial governments have reduced the number of hospitals to cut costs. In the last few years, hundreds of hospitals have closed, merged, or been converted to other types of care facilities.

Partly to save money and partly as a result of technological advances, clients are sent home sooner after hospital procedures. Each year, fewer clients stay in hospital overnight, and if they do stay overnight, they stay for shorter periods than they would have in the past.

To support patients who leave hospitals early, governments have gradually increased spending on home care. **Home care** is health care and support services provided to people in their places of residence, including private homes, licensed residential care facilities and homes (called retirement residences in some provinces), and assisted-living facilities (see Chapter 3). Home care is the most common of the community-based services.

Home care was first created to provide care for people who needed at-home assistance after hospital

discharge. Today, home care provides community care and support to a range of people. Clients include older adults; families with children; people who have mental, physical, or developmental disabilities; people with short-term and long-term medical conditions; and people in the recovery, rehabilitative, or final, life-ending stages of a disease. Home care services provide assistance to families who need help with a new baby. They enable people with disabilities to get up in the morning and get ready for school or work. They help people adjust to a disability or recover from an illness (Figure 2–2). They enable people who are dying to remain at home rather than being admitted to hospital.

One major focus of home care is to enable people to remain in their homes, as healthy and as independent for as long as possible. For some people, home care replaces hospital or other facility care. For others, home care enables them to maintain their health and independence, thus delaying or preventing admission to a facility.

Services and Funding. Support workers provide most support services for home care. In most provinces and territories, support services are provided by both public and private agencies and are either for-profit or not-for-profit. Every province and territory has a publicly funded home care program.

The funding for the specific type of care that each client will receive will depend on his or her

Figure 2–2 This woman receives assistance from home care services so she can continue to live by herself at home. **Source:** Tom Stewart/Corbis/Magma.

province's funding policies. Because the *Canada Health Act* does not say what services must be provided, each province and territory has defined and funded its own home care system. The services offered and how they are provided vary across the country (see Box 2–4).

All provinces and territories, however, offer the following:

- Client assessment—determining if the person is eligible for services
- Case coordination and management (see Chapter 5)
- Nursing services
- Support services for eligible clients

Eligibility and hours of services provided will also vary, depending on the province or territory. Some people may want home care services that are not funded by their province or for which they do not qualify. They can hire a private agency and pay for these services themselves or with insurance plans (see discussion on "Private Insurance" earlier in this chapter).

Home Care services are classified into the following:

Personal care services: These are nonmedical services offered through home care, often by support workers. They include:

- Assistance with activities of daily living (ADLs, e.g., bathing, feeding, mobility, and dressing)
- Providing comfort care to clients who are dying

Home support services: These services are often provided by support workers, and they provide clients who live at home with the following:

- Assistance with home management
- Assistance with ADLs (bathing, feeding, mobility, and dressing)
- Assistance with taking medications

Nursing and professional services: Therapies and treatments provided by health care professionals include:

- Nursing care
- Physiotherapy
- Occupational therapy
- Speech therapy

- ▣ Nutrition counselling
- ▣ Social work
- ▣ Respiratory therapy

Ancillary support: These services are often provided by support workers, and include:

- ▣ Shopping with a client
- ▣ Assisting a client with banking
- ▣ Teaching a client how to shop for groceries
- ▣ Volunteer services, such as Meals on Wheels (Figure 2–3) and friendly visiting, can be provided by anyone who meets the volunteer criteria.

Box 2–4	**How Home Care Is Governed and Delivered**

How home care is governed and delivered varies from province to province or territory. In all provinces and territories, the ministries or departments of health and social/community services are responsible for home care services. These departments monitor the services and decide on budgets, policies, and standards of care. In Nova Scotia and the Yukon, they also administer and deliver the services. In the rest of the country, other organizations administer and deliver home care. In British Columbia, public home support services provide direct care to clients. In Alberta, Saskatchewan, Manitoba, Prince Edward Island, Newfoundland, and the Northwest Territories, local or regional health authorities administer and deliver home care services. Ontario has Community Care Access Centres (CCACs), which are overseen by Local Health Integration Networks (LHINs). Quebec has Local Community Services Centres (CLSCs), and New Brunswick has the Extra-Mural Program (EMP) to administer and deliver their services.

Service delivery involves:

- ▶ Assessing clients' needs
- ▶ Determining clients' eligibility for professional and support services
- ▶ Co-ordinating and monitoring home care services. These services are provided by private or not-for-profit agencies. Eligible clients do not have to pay for these services.
- ▶ Providing information and referrals to other long-term care services. These include volunteer-based community services, such as Meals on Wheels. Some community services charge user fees to the client.
- ▶ Providing placement services to assisted-living facilities and extended care (also known in some provinces as long-term care) facilities (some provinces only)

Figure 2–3 Delivery of hot meals to clients in their homes.
Source: Tony Freeman/PhotoEdit.

supporting
▶ **MR. WOLOSHYN**

Ivan Woloshyn is a 65-year-old widower who was seriously injured in an explosion in his factory about 6 months ago, just a few weeks before he was to retire. In the months since his accident, he has been cared for at home by nurses, physiotherapists, and occupational therapists for the severe burns he received to his face and right arm. Since he was also blinded in the accident, he requires support workers to assist him with taking a bus to his various appointments, as well as with his banking and grocery shopping.

Mr. Woloshyn, who lives in Manitoba, has decided that he would like to move in with his married daughter, who lives in Ontario. He has been told that his private insurance, through his employer, would still cover his ongoing treatments and support after he moves. He is not sure, however, about what to do about his provincial insurance coverage. What can you tell him? How can he find out about switching coverage?

REVIEW

Answers to these questions are at the bottom of the page.

Circle the BEST answer.

1. **Canada's health care system is:**
   A. Strictly a federal responsibility
   B. Delivered by government employees
   C. Funded by private insurance companies
   D. Publicly funded through provincial/territorial and federal taxes

2. **The provincial and territorial governments are responsible for:**
   A. Paying the full amount of all medical procedures
   B. Planning, financing, and delivering their own health care insurance plans
   C. Delivering health care services to Aboriginal people and military personnel
   D. Delivering health care services to inmates of federal penitentiaries and to the Royal Canadian Mounted Police (RCMP)

3. **Which law ensures that every citizen has access to health care?**
   A. *The Medical Care Act*
   B. *The Canada Health Act*
   C. *The Long-Term Care Facilities Act*
   D. *The Hospital Insurance and Diagnostic Services Act*

4. **Canadians who travel to other parts of the country still maintain their provincial/territorial health care coverage. This is an example of which principle of medicare?**
   A. Portability
   B. Universality
   C. Comprehensiveness
   D. Public administration

5. **The most pressing cause of health care reform has been:**
   A. The Depression
   B. Lack of accessibility
   C. Lack of available technology
   D. Rising costs of providing technology, drugs, and services

6. **A recent trend in health care is to focus on:**
   A. Cutting back on home care services
   B. Opening more hospitals in rural areas
   C. Cutting back on public health policies
   D. Public policy that promotes health and prevents disease

7. **Immunization programs are an example of a:**
   A. Medicare system
   B. Disease prevention program
   C. Home care service
   D. Facility-based treatment

8. **One major focus of home care is to:**
   A. Diagnose and treat disease
   B. Enable clients to remain in their own homes
   C. Provide accommodation for people with disabilities
   D. Provide accommodation for acutely ill people who do not want to go to hospital

9. **Home care services provided by support workers might include:**
   A. Vacuuming and dusting
   B. Respiratory therapy
   C. Assisting the client with physiotherapy
   D. Assisting the client with banking

10. **Which statement about Canadian home care programs is correct?**
    A. All home care is free to Canadians.
    B. Provincial government funding is shifting to home care.
    C. Hospital care is a cheaper and better alternative for most people.
    D. All provinces and territories govern their programs in a similar manner

11. **In most provinces and territories, types of support services are governed by:**
    A. Regional health boards
    B. The federal government
    C. Private or not-for-profit agencies
    D. The provincial or territorial government

Answers: 1. D, 2. B, 3. B, 4. A, 5. D, 6. D, 7. B, 8. B, 9. A, 10. B, 11. D

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Task Title: Read a chapter from a textbook to learn about a topic

Answer Key

Task 1: What is the purpose of Table 2-1?

- Lists the names of the Health Insurance Programs for Canada's Provinces and Territories

Task 2: What did Tommy Douglas do that was important to health care in Canada?

- Tommy Douglas' creation of a compulsory hospital insurance program for Saskatchewan led to the creation of Canada's universal health care system.

Task 3: What text-book feature of this chapter helps identify the definition of the concept:

"universality"?

- Key terms listed on page 19

Task 4: What are the 5 main principles of Medicare:

- o Public administration
- o Comprehensiveness
- o Universality
- o Portability
- o Accessibility

Task5 : What is the main purpose of this chapter?

- The purpose of this chapter is to give the reader important background about Canada's health care system including an overview of the services available to Canadians.

Task 6: List the subtopics that support the main purpose of this chapter.

- o The Evolution of Canada's Health Care System

o   The Modern Health Care System

o   Health Care Challenges and Trends

Task 7: What section of this chapter could be used to confirm that the student has understood the
information presented?

- Review page 27

Task 8: Before 1961, what did people who could not afford to pay for health care in Ontario do?
- They had to find charity services through community agencies such as the Victorian Order of Nurses, Red Cross and local churches and some even went without healthcare

Task Title: Read a chapter from a textbook to learn about a topic

	Performance Descriptors	Needs Work	Completes task with support from practitioner	Completes task independently
A1.3	• integrates several pieces of information from texts			
	• manages unfamiliar elements (e.g. vocabulary, context, topic) to complete tasks			
	• identifies the purpose and relevance of texts			
	• skims to get the gist of longer texts			
	• infers meaning which is not explicit in texts			
	• uses organizational features, such as headings, to locate information			
	• follows the main events of descriptive, narrative, informational and persuasive texts			
	• obtains information from detailed reading			

This task: was successfully completed___ needs to be tried again___

Learner Comments

_____ _____
Instructor (print) **Learner Signature**

Skill Building Activities

Links to online resources:

Alberta Education - "Read to Live" - https://education.alberta.ca/apps/Readtolive/student.htm - click on "Workshops" to learn about the types kinds of texts we read, strategies we can apply to aid comprehension, and how to pick appropriate strategies by examining our end goals; click on "Tools" to download a variety of graphic organizers and charts

Athabasca University – "Get the Most from Your Textbook" - http://counselling.athabascau.ca/whats_in_it_for_me.php - learn how to read informational texts more effectively and efficiently by utilizing procedural strategies, including, surveying organizational features, asking pre-reading questions, then reading sections in a prescribed order

Birkbeck, University of London - "Reading Skills" - http://www.bbk.ac.uk/mybirkbeck/get-ahead-stay-ahead/academic_skills/reading - Click on "Interactive Tutorial"; complete tutorial to examine common difficulties learners experience when reading; learn the "S.M.A.R.T." approach for managing reading tasks; learn the "SQ3R" active reading technique

TV411 – "Reading: Understanding What You Read" - http://www.tv411.org/reading#understanding-what-you-read – Click on "Web Lessons" from the right side of screen; complete activities to learn various reading strategies: Scanning for Specifics, Using Context Clues, Reading Charts and Graphs, Summarizing, Strategies for Better Reading

Student Success Center OCtech – "Understanding Context Clues" - https://www.youtube.com/watch?v=Er0W0sj2_4Q – video teaches about the 5 types of context clues in texts, and examines examples of each

LearningHUB online courses available:

- **Reading & Writing, Independent Study**
  - Reading Level 2, Assignment 1
  - Reading Level 3 Assignment
  - Ready for College Reading, Assignments 3, 4, & 6
    *all lessons teach essential comprehension strategies for connecting, evaluating, and integrating information in longer texts (e.g. Finding the Main Idea, Cause and Effect, Using Prior Knowledge, Fact and Opinion, Making Inferences, Summarizing, Using Graphics, Using Context Clues, Asking and Answering Questions, etc.)

- **Essential Skills, Independent Study**
  - Document Use Level 2, Assignment 1 – lessons teach approaches for reading reference and technical material

- **Live Classes (SABA)**
  - o   Reading Comprehension
  - o   GED Social Studies, Part 1

*To access LearningHUB courses, learners must register for the LearningHUB e-Channel program by completing the registration form on their website and completing the course selection (page 2 of the registration form): https://www.learninghub.ca/get_registered.aspx

*To Access LearningHUB Course Catalogue:
http://www.learninghub.ca/Files/PDF-files/HUBcoursecatalogue,%20December%2023,%202014%20revision.pdf