Indigenous Health Care & Truth and Reconciliation

* Indigenous Services Canada
  + Works with and supports indigenous people to independently deliver services
* Self-Governing First Nations, Inuit and Metis governments
  + Recognized in the constitution
  + The provinces don’t tell the communities how to opporate
* 1979 Indian Health Policy
* 1988 Health Transfer Policy
* Truth and Reconciliation
  + Recommendations
    - Mandate: “reveal to canadians the complex truth about the history and the ongoing legacy of church-run residential schools…” and, “guide and inspire
  + **Values**
    - Acknowledge current state of Aboriginal health is a result of previous Canadian governement policies
    - Establish measureable goals to identify and close gaps in health outcomes
    - Recognize, respect and address the distinct health needs of metis, inuit and off reserve
    - Provide sustainable funding for existing and new aboriginal healing centres
    - Recognize the values of aboriginal health practices and use them in treatment
    - Increase Aboriginal professionals, retain them in aboriginal communities, provid cultural competency training for all health-care professionals
    - Require medical and nursing students to take a course in Aboriginal health issues
  + Actions required
    - Reframing
    - Acknowledging
    - Recognizing
    - Ensuring
  + It’s only been recently that indigenous health information has been shared—health records have been owned and kept by them
  + Actions
    - Renew emphasis on primary care services
    - Implement Jordan’s principle
  + Advocate for more traditional indigenous health methods and community strength
  + All medical and nursing schools in Canada must take a class in indigenous health and history
  + We now have in canada a First Nations Health Authority
  + The First Nations principles of OCAP
    - Data privacy for Indigenous populations

## Final Exam Review Questions (directly from the chapters)

* Week 4: Dollars and Sense of Health Funding
  + Federal health transfer payment, the amounts are distributed through 4 main formula models. Briefly explain the 4 types of federal health transfer payments. Pg. 86 of textbook
    - Canada Health Transfer
      * Transfer of funds form federal gov to the provinces
      * GDP cannot fall below 3% and must be used for healthcare
    - Canada Social Transfer
      * Provides funding through tax breaks for social learning programs
    - Territorial Formula For Financing
      * Extra money because healthcare costs more in remote areas
    - Equalization Payments
      * Payments made to provinces & territories with less GDP
      * Constitution act of 1982
  + Hospital funding models. Briefly name and describe the 8 mechanisms of each. Pg 92
    - Block or global funding
      * You receive funding based on previous year’s expenditures
        + Spend $600k, get $600k
    - Health based funding (allocated model)
      * Receive funding based on expected expenditures for your demographic
    - Line by line
      * Itemizing the cost of each specific service and equipment
    - Quality based procedures
      * Focusing on the number of patients and their treatments or procedures
    - Patient based model
      * Monetary incentives are provided to the hospital for reaching targeted goals
    - Service based (case mix)
      * Identifying the types of cases treated & volume
    - Activity based
      * Numbers and types of services that a facility provides for each patient
    - Population based (capitulated model)
      * Hospital receives grants based on specific demographics
  + T/F: All medically necessary services are publicly funded. Therefore, they are not provided by private businesses
    - False
      * Publicly funded hospitals do have private business supporting them
* Week 5: pg 114
  + Please define the following types of healthcare providers and give examples of services where applicable
    - Conventional core (mainstream medicine)
      * The traditional western medicine practices
      * Treats pre-diagnosed health problems
      * Significantly proven therapies, medication, and surgery
    - Allied health professionals
      * The majority of healthcare professionals other than a doctor or a nurse who provide supportive healthcare, direct patient care, technical, therapeutic, dietitians, etc..
    - Complementary & alternative medicine (CAM)
      * Comlementary practices are in addition to supports, or complements the conventional medicine
      * Alternative medicines provides and alternative approach that excludes the conventional model
      * Both complementary and alternative practitioners include
        + Naturopaths
        + Massage therapists
        + Indigenous healers
  + Describe the 8 ares where healthcare is delivered, list the healthcare settings and describe, pg 138
    - Home care in the community
      * Clinic supported healthcare in the home
    - Urgent care walk in clinics
      * No family doctor, non emergency care
    - Ambulatory care
      * Offers services and discharges patients with no overnight stay
    - Outpatient clinics
      * Vary to meet the needs of a particular area
      * Once you’ve received surgery then left
    - Mental health clinics
      * Respond to mental disorders, short term, peer support
    - Harm reduction / supervised consumption sites
      * The practices of these centers are to reduce harm caused by substance misuse
    - Methadone clinics
      * Provide opioid replacement therapies
    - Nurse practitioner-lead clinics
      * Care for the individual who does not have access to a primary care provider
  + Longterm care: Isabell Mackenzie, seniors advocate: please list the key issues that she’s listed
    - Inconsistant home support
    - Decreased access to a family doctor
    - Incerased expectations for seniors to pay for private care while on the waitlist for subsidesed care
    - High cost for non-insured services
    - Lack of adult day-programs
    - Pensions do not keep up with the cost of healthcare
    - Many live below minimum wage
    - Decreased support for family care givers
    - Closure of senior centres
    - Housing: increased home repair costs and lack of affordability
    - Lack of legislation and accreditation for independent longterm care
* Week 6: the social dimensions of health
  + Define population health and it’s goals: identify health ourcomes goals
  + Define the public health and its goals
    - Science and art of preventing disease, prolonging life
    - Prevention of premature death, pain and suffering
  + How are social gradients of health derived? Describe the term and how it’s used
    - They are a measurement that combines a person level of education, occupation, income status, and geography to measure health inequities
    - 3 leves: low, medium, high
    - As this improves, health improves
    - Goel to determine gaps in health populations and what actions need to be put into place
  + List the updated social determinants of health report Raphael (16 points)
    - Indigenous ancestry
    - Dissability
    - Early life experiences
    - Education
    - Employment
    - Food security
    - Gender
    - Employment
    - Unemployment security
    - Social inclusian
    - Race
    - Immigrant status
    - Geography
    - Healthcare services
  + Distinguich between social determinants of health and social dimensions of health
    - Determinant: condition born, grow, work, and age
    - Dimensions: the interplay between the determinants
      * Low education, low employment, access to food, etc
      * Discrepancies of healthcare services across geography
  + T/F: The primary factosr that shape the healthcare of canadians are not medical just conditoins but the the experience they have
    - true
  + T/F: Income, social status, social connection, are the most important SDoH according to the Public health agency of canada
    - True
  + Describe what is meant by the Resuto effect
    - Learned from studying the italian community in pennsylvania
    - Supports the notion that social connection is the most important
    - Lower rates of coronary heart disease
    - Later, social disruption from layoffs caused it to go up
  + What is meant by causes of the causes
    - Social dimensions of health go far beyond to identify the root causes of illness
    - Social, economic, circumstances that give rise to poor health
  + The following reports were instrumental to pop health- why?
    - 1974 lolando report
      * Health is more than biology
    - Elma elta conference
      * Health for all
    - Epp report
      * Health promotion
    - 1996 Public health program innitiative
      * Reviewd SDoH
      * Explored access, efficiency, and effectiveness of healthcare
    - National forum of health
      * Blueprint for current health innitiatives
      * Individual public input was iportant
    - Health productive canada
      * Determinant of health approach
      * Federal level recommendation for funding to address discrepencies
    - Ottawa charter for health promotion
      * Build healthy public policies, supportive communities
  + Public health canada freamwork, 8 elements: which 2 reflect population health most imoprtantly?
    - Focus on targeted populations
    - Focus on how determinants interact in order to develop further interventions
  + Define epidemiology and it’s main role
    - The study of disease is distrubuted in populaionts and the facts that influence
    - Provides information to changes in health problems that occur over time in a community
    - Causes of death in a specific coountry vs another over time
  + The levels of disease prevention: describe them briefly and main approaches with an example
    - Primary prevention
      * Action that s taken to prevent the development of a disease in a a person who is well
      * Ex: immunizations
    - Secondary prevention
      * Identification of a person with a disease but with symptoms not yet established
        + Screening with cancer
    - Third
      * Disease has risen has symptoms and signs
        + Reduce the impact
        + Ex: palliative care
    - Population preventative approach
      * Dietary advice to prevent heart disease
    - High risk approach
      * Targeting a highrsik group with a preventative measure
        + Ex: screening for cholesterol from high risk families
  + Population health model: what are the 3 key steps?
    - What
      * Examines the determinants
    - How
      * Creating and implementing prioritizing strategies
    - Who
      * Engaging multiple stakeholders
* Week 7:
  + Individual health (will og over next Thursday)
  + How the definition of health from WHO has changed
  + Mental health
  + Healthcare models