Award winners

Undergraduate Essay

Title: ***Socioeconomic Gradients in Supplementary Health Insurance Coverage: Repeated Cross-sectional Evidence from Commonwealth Fund's International Health Policy Survey***

Author: Elaine Xiaoyu Guo
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Abstract:
This study adds to the supplementary health insurance literature new evidence from Commonwealth Fund's repeated cross-sectional dataset. I first describe the extent to which Canadians have access to supplementary coverage. I then identify characteristics associated with having coverage. I use cross-tabulations and logit models to examine the level of coverage and the presence of socioeconomic gradients. The proportion covered under private insurance is stable at around two-thirds for Canadians age 25 to 64 and around 40% for Canadians age 65 and above. This proportion is lower for the fair or poor self-reported health group likely due to risk selection of private plans. Positive income and education gradients in coverage are evident in both age groups. Findings suggest that positive gradients in coverage persist and the current patchwork system does not suffice. This finding supports the national pharmacare advocacy and Ontario's Low-Income Health Benefit proposal aiming to extend coverage for Ontario's working poor.

Master's Essay

Title: ***Ontario's Three-Month Waiting Period: The Case for Reform***

Authors: Krupa Kotecha
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Priya Kotecha
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Abstract:

The Canadian government has articulated its commitment to providing citizens with universal health care under the *Canada Health Act.* In Ontario, the Ontario Health Insurance Plan ("OHIP") provides coverage for a wide range of health services, including preventative care, management of existing health conditions, and emergency treatment for serious injuries. Individuals ineligible for OHIP-funded health care include: (1) refugees and refugee claimants, (2) several groups of

temporary visa holders, and (3) immigrants with permanent resident status and returning Canadians who are in the three-month wait period. The central thesis of this paper contends that the three-month waiting period violates new permanent residents' ("NPRs") equality rights, as guaranteed under section 15 of the Canadian *Charter of Rights and Freedoms.* Rendering section 5(1) of *Regulation 552* inoperative on the basis that it is unconstitutional is consistent with Canada's commitment to protecting the health and wellbeing of its residents in a manner that is universal, unbiased, and fair.

PhD Essay

Title: ***Psychotherapy coverage in Canada: How policy legacies have left mental health out in the cold***

Author: **Anita Minh**
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Abstract:
From its inception Canada's system for universal publicly financed health insurance has largely excluded psychotherapy and other mental health services. Theories of historical institutionalization suggest that where significant policy changes occur, such as the establishment of a publicly financed health care system, the decisions that are made will impact subsequent policy development. I apply this framework to examine why reforming Canadian Medicare to include psychotherapy may have appeared, at least in the short time frames within which political actors operate, to be costlier than beneficial. This paper begins with an overview of the limitations to psychotherapy coverage within Canada's health care system. It follows with an examination of how the institutions and ideas that were privileged by Medicare and reinforced by the Canada Health Act (CHA), created barriers to the inclusion of psychotherapy in Canada's public health insurance system. I argue that these policies, bolstered by the interests of healthcare providers as well as other industry stakeholders, had a cumulative effect on the Canadian health landscape that exerts pressure on the public insurance system to remain unchanged. The current state of mental health care coverage reflects poorly on the principles of comprehensiveness and accessibility that ostensibly characterize Canada's health care system according to the CHA. However, I suggest that incremental reform may be possible given the seemingly increased appetite for public mental health funding among political elites today.
