Award Winners

Undergraduate Essay

Name: **Tina Madani Kia, Bachelor of Integrated Sciences Student, Faculty of Science, University of British Columbia**

Title: **Alternate level of care patients: The heart of Ontario's emergency department overcrowding crisis**

Abstract:
Although the Canada Health Act outlines accessibility as one of its core principles, the appropriate care that alternate level of care (ALC) patients in Ontario require is not available or accessible to them, resulting in prolonged stays in hospitals and overcrowding in Emergency Departments (ED), further reducing emergency health care accessibility for other Ontarians. This paper explores the relationship between ALC patients and ED overcrowding and analyzes institutions that are responsible for current exacerbation of this bilateral accessibility issue. An integrated, alternative care system for ALC patients as a possible solution is proposed through case studies, and the barriers to its implementation, such as Canada's fee -for-service system are identified. Furthermore, the need for policy reform concerning the Long Term Care Act that restricts the ability of long term home-care services to provide care for ALC patients and its implications will be discussed. As the severity of this problem is only increasing, it is essential that the Ontario government address institutional barriers that are preventing ALC and emergency patients from accessing the care they deserve.

Master's Essay

Name: **Nishani Baskararajah, Master of Science Candidate, Health Services Research (Health Policy), Institute of Health Policy, Management and Evaluation, University of Toronto**

Title: **The Federal Legislation: Canada Health Act, and Its Application Towards National Pharmacare**

Abstract:
Canada is the only country in the Global North that delivers Medicare services which excludes pharmacare services - the second largest healthcare expense in Canada. Many patients receive multiple medications for the treatment of a disease, as multimorbidity is increasing among the Canadian population. The cost of medications is a key contributor to high non- adherence rates in the country. Universal access to safe, affordable, and appropriately prescribed medications can ensure that most of the population's pharmaceutical needs are met. Current concerns on reasonable access to prescription medications are analogous to past concerns on equal access to medically necessary services, prior to Medicare. However, despite a similar historical movement and Pharmacare recommendations, the evolving definition for what constitutes the Pharmacare expansion has not been momentous over the past. There are many lessons that can be learned and applied from Medicare which can be used towards implementing a Pharmacare legislation. However, implementing an Act similar to Medicare will require more effort than merely paralleling the Canada Health Act to pharmaceutical medications. From the viewpoint of policy planners, the implementation of a universal drug coverage may be a pragmatic step forward while Pharmacare reforms are being planned. This essay will allow readers to understand where we currently stand on our movement towards universal drug coverage. Additionally, how a federal legislation similar to the Canada Health Act will greatly benefit Canadians, and the economy.

PhD Essay

Name: **Crystal Milligan, PhD Student, Health Services Research & Collaborative Specialization in Indigenous Health Institute of Health Policy, Management and Evaluation, Dalla Lana School of Public Health, University of Toronto**

Title: **Listening and Learning - A Case for Indigenous Conceptualizations of the Learning Health System**

Abstract:
Excluded from the *Canada Health Act,* Status Indians are not having their healthcare needs met by the systems and structures in place to govern their health. By situating Indigenous peoples' health in the inequitable structural framework that has led to differential accessibility and levels of healthcare for Indigenous communities, this essay calls into question the accessibility and universality of Canadian healthcare and argues that healthcare must be organized with guidance from Indigenous knowledges and ways of knowing to meaningfully meet Indigenous peoples' health needs. A model that could learn from Indigenous ways of knowing, the learning health system (LHS) has potential to facilitate and sustain not only the delivery of health services that incorporate Indigenous knowledges and ways of knowing, but also ongoing processes of generative learning and reinvention. Built on respectful, trusting relationships between knowledge holders within and beyond porous organizational boundaries, the LHS could be developed as a new relationship-centered model that learns from the diverse views of its clients, enhancing the accessibility as well as universality of healthcare in Canada. This essay integrates Indigenous with Western discourses to deepen our understanding of the concepts of learning, health and systems, and how the LHS may add value beyond the sum of these parts. Indigenous conceptualizations are needed to deepen and broaden our understanding of the LHS and ultimately address the wholistic health needs of Indigenous communities.