Award Winners

Undergraduate category

Name: **Jillian Ottmann, College of Nursing, University of Saskatchewan**
Essay Title: **Prenatal Care Accessibility: The Power of the Nurse-Patient Relationship to Reduce Alcohol-Exposed Pregnancies**

Abstract:
The Canada Health Act was established to protect, promote, and restore the physical and mental well-being of residents of Canada and to facilitate reasonable access to health services without financial or other barriers. The Canada Health Act lists accessibility as a principle but does not clearly define what constitutes reasonable access of health care services, suggesting that improvements to Canadian health care accessibility can be made in unlimited ways. This paper poses the question of whether health care is considered accessible if patients do not feel comfortable and safe accessing it, with a focus on pregnant women who consume alcohol. Literature consistently shows that pregnant women with substance use disorders feel unwelcome in prenatal clinics and medical settings, and that this reduces this group's access of health care services. This paper will discuss the power of the nurse-patient relationship to increase the attendance rate of prenatal education of pregnant women who consume alcohol using the technique of motivational interviewing, thereby suggesting that the accessibility of prenatal care can be improved through the creation of nurse-patient relationships.

Master's category

Name: **Majd Radhaa, Western University**
Essay Title: **Accessibility of Obstetric Care for Indigenous People in Rural and Remote Canada**

Abstract:
When Indigenous pregnant women in rural and remote regions of Canada reach the 36-38 week gestational age they must evacuate to give birth in urban medical centres. A Health Canada policy requires this evacuation regardless of medical need, highlighting the colonial history of Canada's healthcare policies. Research has repeatedly demonstrated the harm endured by Indigenous women and newborns associated with the obstetric evacuation policy. The policy benefits have been questioned, especially when juxtaposed with the social, cultural and financial costs. The contemporary implementation of obstetric evacuation violates the Canada Health Act principle of accessibility. Additionally, the intersection of the Canada Health Act and the Indian Act present unique and compounded challenges for healthcare delivery in Indigenous rural and remote communities. This paper seeks to explore current gaps in the literature that may have stalled meaningful legislative and policy change. Presenting a health economics perspective, this essay explores opportunities for economic analysis of obstetric evacuation. The possibility of implementing cost-effective alternatives may lead to accelerated policy updates, reducing the harms caused by obstetric evacuation. Indigenous midwifery has been showcased as a viable alternative, with demonstrated evidence of positive maternal and infant health outcomes while ensuring accessibility and culturally informed care. Partnerships with Indigenous scholars and Indigenous communities, and guiding research by OCAP principles (Ownership, Control, Access, Possession) is vital to the success of future research endeavours. Further research can empower Indigenous people alongside decision-makers to enact changes that prioritize the health of Indigenous women and their communities.

Doctoral category

Name: Evgenia Gatov, University of Toronto
Essay Title: Virtual Mental Health Care in Canada: Can it Close the Treatment Gap?

Abstract:
With significant unmet needs for mental health (MH) care in Canada, including issues around long wait times, limited available services, and substantial geographic variation, there is growing interest in e-mental health (e-

MH) interventions to fill the access gap. The paper will argue that while the policy window appears to be open, e-MH may not be sufficient to address this gap, owing to the same health system barriers that create unmet needs in the first place. First, the way in which MH services are financed, organized, and delivered will be explored in relation to the universality principle of the Canada Health Act to frame the context for unmet needs. The evolution of Canadian policy to address the MH treatment gap will be described. Next, the promise of e-MH interventions, such as internet-delivered Cognitive Behavioural Therapy, for alleviating access issues will be discussed, highlighting increased recent attention on the policy agenda, with the COVID-19 pandemic as the catalyst opening a policy window for virtual care. Next, this paper will consider the pathways through which e-MH services become successfully integrated in a publicly funded healthcare system through comparisons with other countries, and end with key considerations relating to the scale, spread, and sustainability of these innovations in the Canadian context.