

Who Benefits?

Gaps in Medication Coverage for Ontario Workers

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Introduction

Since the 1970s there has been a historic shift towards part-time work.ⁱ As of 2018, close to one in five Ontario workers have part-time hours; 1.3 million workers are part-time and 5.9 million workers are full-time workers.ⁱⁱ Part-time jobs tend to have less comprehensive health benefits than full-time positions.ⁱⁱⁱ Less coverage could lead to significant barriers in accessing essential health care, such as prescription medication, and dental and vision care. Taking up this important issue, we compare access to medication coverage for full-time and part time workers and investigate which groups of workers are least likely to have coverage in Ontario.

Methods

This report uses data from Statistics Canada's Canadian Community Health Survey (CCHS). The CCHS is an annual, cross-sectional survey that provides a snapshot of the health of the Canadian population. Each year 65,000 people across Canada are surveyed.^{iv}

The CCHS includes information on prescription medication, dental care, vision (eyeglasses), and long-term care coverage. With this report, we focus on prescription drug coverage, as a critical form of health care necessary for many people's continued good health and quality of life.

This analysis is based on combined data from the 2015 and 2016 CCHS, and includes employed Ontario residents, aged 15-75 years old. We use this data to examine:

- a) how full-time and part-time workers compare in terms of their rates of prescription drug coverage, and
- b) how the coverage gap between part and full-time workers varies for different populations.

In this report, we present descriptive data on prescription medication coverage and full-time/part-time working status. While there is no legal definition of part-time hours in Ontario, Statistics Canada defines part-time hours as under 30 hours per week (see Table 1).^v We compare coverage rates by a number of socio-demographic variables including sex, cultural/racial group, length of time in Canada, and age group, because these variables, though not exhaustive, have been associated with employment barriers.^{vi,vii}

These variables are defined in Table 1. Through the CCHS, respondents were asked *"Do you have insurance that covers all or part of the cost of your prescription medications?"* Respondents are told to include coverage from any private, government or employer-paid plans. From this we obtained information on drug insurance coverage. If a respondent indicates they have medication coverage, they are then asked *"Is it...a) a government-sponsored plan, b) an employer-sponsored benefit plan, c) a plan sponsored through an association [...], d) other?"*

Note that if a person is covered, this does not tell us about the extent or quality of the coverage (e.g. whether they have deductibles or co-payments), but simply that the person has access to coverage for part or all of the cost of prescription medications. It also does not differentiate between people who are receiving coverage from an employer and people who are covered as a dependent through a spouse or parent's employer-sponsored plan. However, a focus on overall medication coverage still provides us with information on the starkest divide: between those who have at least some coverage, and those who have none at all.

Table 1: Variables used in this analysis

Total usual hours worked per week	
Full-time	Respondent reported usually worked 30 hours or more per week.
Part-time	Respondent reported usually working less than 30 hours per week.
Prescription medication coverage	
Without coverage	Respondent reported that they do not have private, government or employer-paid health insurance coverage that covers the cost of part or all of their prescription medication.
With coverage	Respondent reported that they do have access to private, government or employer-paid health insurance coverage that cover the cost of part or all of their prescription medication.
Background variables	
Immigrant status	Non-immigrant refers to a person who is a Canadian citizen by birth. Immigrant refers to a person who is a landed immigrant or permanent resident and includes Canadian citizens who have received citizenship through naturalization (this category does not include persons with temporary immigration status such as work, visitor or study visas, or refugee claimants).
Length of time in Canada	This refers to the number of years since an immigrant first received permanent resident or immigrant status.
Visible minority	Visible minority is defined by Statistics Canada as “persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour.” This mainly includes persons who have identified as South Asian, Chinese, Black, Filipino, Latin American, Arab, Southeast Asian, West Asian, Korean, and Japanese. We use this terminology throughout the report because it is the term in the CCHS. However, we recognize that this language fails to adequately capture the processes of racialization, whereby groups are designated as different and may experience discriminatory and inequitable treatment as a result.
Age	In this report, we use the following age groups: 15-24 years old, 25-34 years old, 35-44 years old, 45-54 years old, 55-64 years old, and 65-74 years old.
Sex	This variable refers to whether a respondent is male or female. The 2015 and 2016 CCHS only provide the sex of respondents (male or female, exclusively) and do not include information about gender identity.

Results

1.5 million workers do not have medication coverage in Ontario

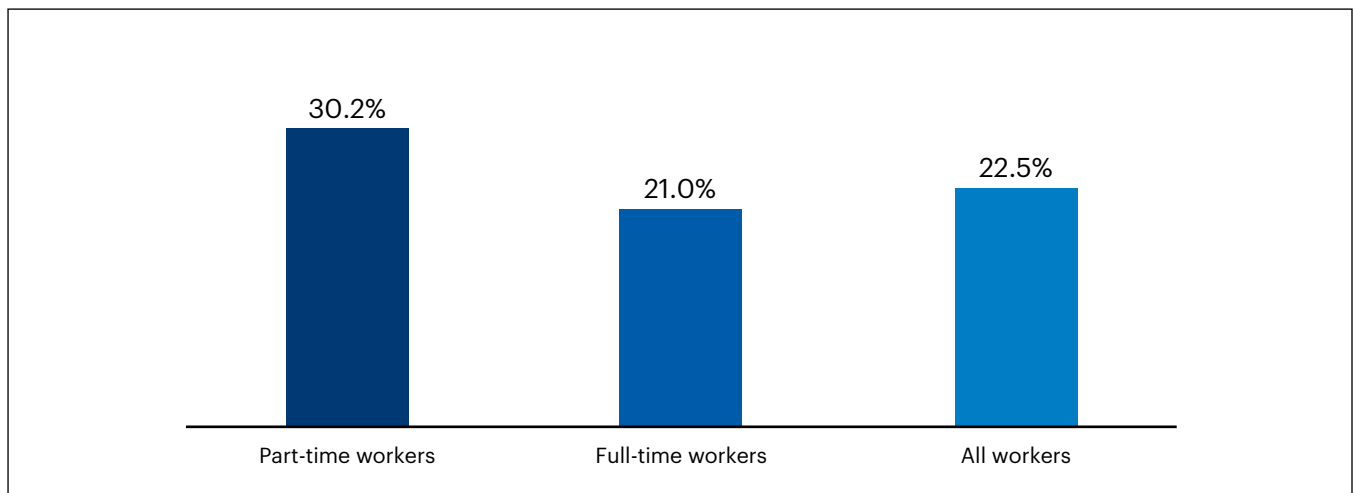
Overall, 1.5 million workers – part and full-time – in Ontario report that they do not have prescription medication coverage. This means more than one in five working Ontarians are left without medication coverage.

Part-time workers are less likely to have drug coverage

Additionally, we see a considerable difference in coverage rates between part and full-time workers. Workers who have full-time hours are more likely to have medication coverage than those who work part-time. Almost one-third of part-time workers (30.2 per cent) reported that they do not have medication coverage, compared to one-fifth of full-time workers (21.0 per cent).

Further analysis suggests that this gap is driven by differences in employer-provided benefits. Only 44.4 per cent of part-time workers with coverage reported they had coverage through an employer-sponsored plan compared to 69.1 per cent of full-time workers with employer-sponsored coverage.

Chart 1: Workers without prescription drug coverage, by hours of work (per cent)



Source: CCHS 2015-2016, age 15-74, Ontario

Table 2: Workers' prescription medication coverage, by hours of work

	Part-time Per cent (Number)	Full-time Per cent (Number)	All workers Per cent (Number)
Workers without coverage	30.2% (342 700)	21.0% (1 177 200)	22.5% (1 519 800)
Workers with coverage	67.6% (767 400)	78.1% (4 386 600)	76.4% (5 154 000)
Number of workers, total	100% (1 134 800)	100% (5 614 600)	100% (6 749 500)

Note: totals may not add up due to missing data and rounding

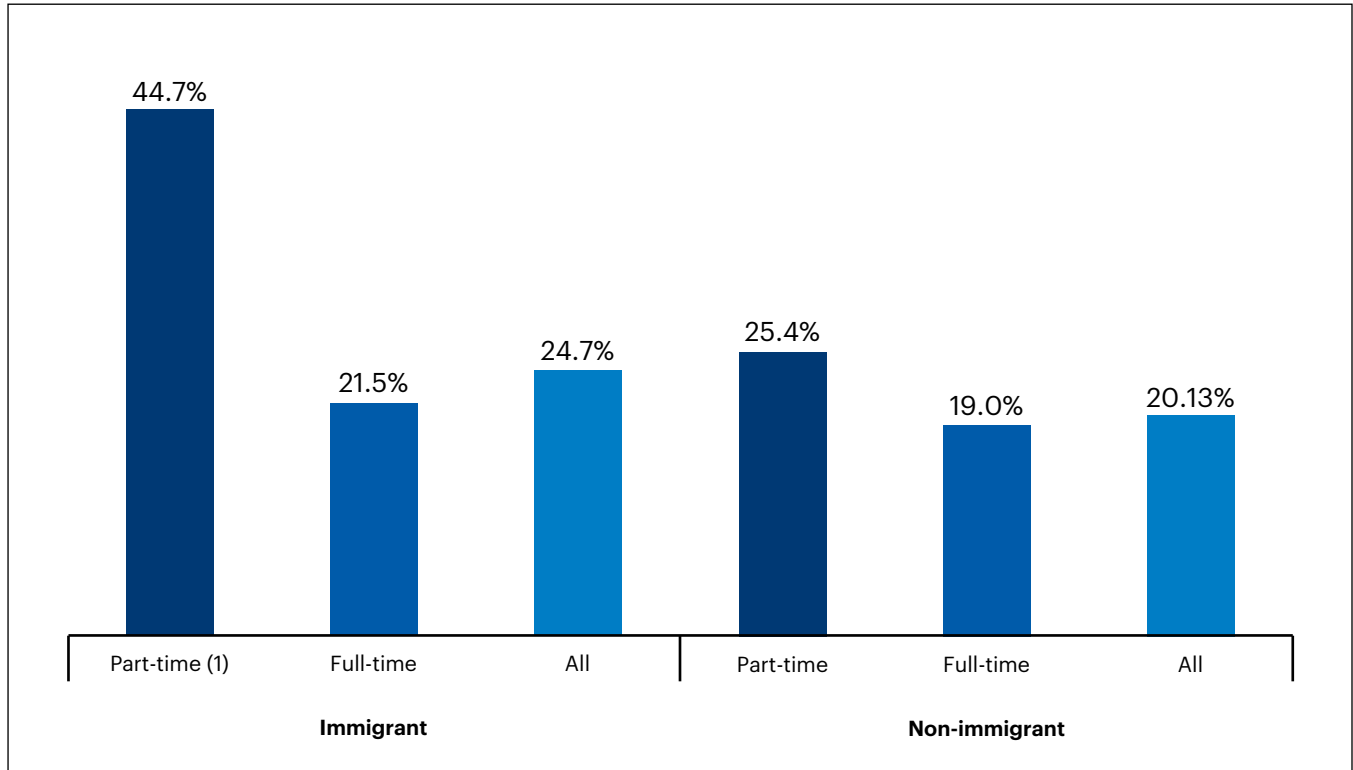
Source: CCHS 2015-2016, age 15-74, Ontario

Largest benefit gap for immigrant workers

We see even higher rates of workers without coverage among populations that experience other barriers and discrimination in the labour market.

The most striking differences in coverage are seen by immigration status, particularly for part-time workers. Close to half of immigrant part-time workers do not have coverage (44.7 per cent) compared to a quarter of non-immigrant part-time workers (25.4 per cent), as shown in Chart 2.

Chart 2: Workers without prescription drug coverage, by hours and immigration status (per cent)



¹ Use with caution (coefficient of variation from 15-35%)
Note: totals may not add up due to missing data and rounding
Source: CCHS 2015-2016, age 15-74, Ontario

Additionally, drug coverage appears to be associated with length of time in Canada for both part and full-time workers. The majority (61.5 per cent) of part-time workers who have been in Canada for less than 5 years do not have prescription medication coverage. While coverage rates appear to improve with length of time in Canada, a considerable gap remains between immigrant and non-immigrant populations as shown in Table 3.

Table 3: Workers without prescription medication coverage, by immigration status and length of time in Canada

	Immigrants in the country for...			All landed immigrants Per cent without coverage (Number)	Non-immigrants Per cent without coverage (Number)
	...less than 5 years Per cent without coverage (Number)	...5-10 years Per cent without coverage (Number)	...more than 10 years Per cent without coverage (Number)		
Part-time	61.5% ¹ (17 700) ¹	47.8% ¹ (17 700) ¹	38.8% ¹ (39 500) ¹	44.7% ¹ (74 900) ¹	25.4% (207 800)
Full-time	35.6% ¹ (55 200) ¹	26.5% (68 000)	15.8% (96 900)	21.5% (220 100)	19.0% (695 100)
All workers	39.7% (72 900)	29.2% (85 700)	19.0% (136 400)	24.7% (295 000)	20.1% (903 000)

¹ Use with caution (coefficient of variation from 15-35%)

Note: totals may not add up due to missing data and rounding

Source: CCHS 2015-2016, age 15-74, Ontario

Benefit gap is larger for racialized workers than white workers

Overall, visible minority workers are more likely to not have coverage (29.8 per cent) than white workers (19.5 per cent). These differences are more pronounced between white part-time workers and visible minority part-time workers. Four in ten visible minority part-time workers do not have medication coverage (41.0 per cent), while only a quarter of white part-time workers go without coverage (25.7 per cent) (see Table 4).

These are substantial gaps; however, only looking at visible minority workers as a whole can mask differences between racialized populations. While small sample sizes prevent us from reporting the disaggregated results by racial groups, we found that coverage is consistently lower across all disaggregated racial groups that are not white compared to white workers.

Table 4: Workers without prescription drug coverage, by cultural/racial background

	Visible minority Per cent without coverage (Number)	White Per cent without coverage (Number)
Part-time	41.0% (140 500)	25.7% (190 000)
Full-time	27.5% (440 300)	18.3% (698 700)
All workers	29.8% (580 700)	19.5% (888 600)

Note: totals may not add up due to missing data and rounding

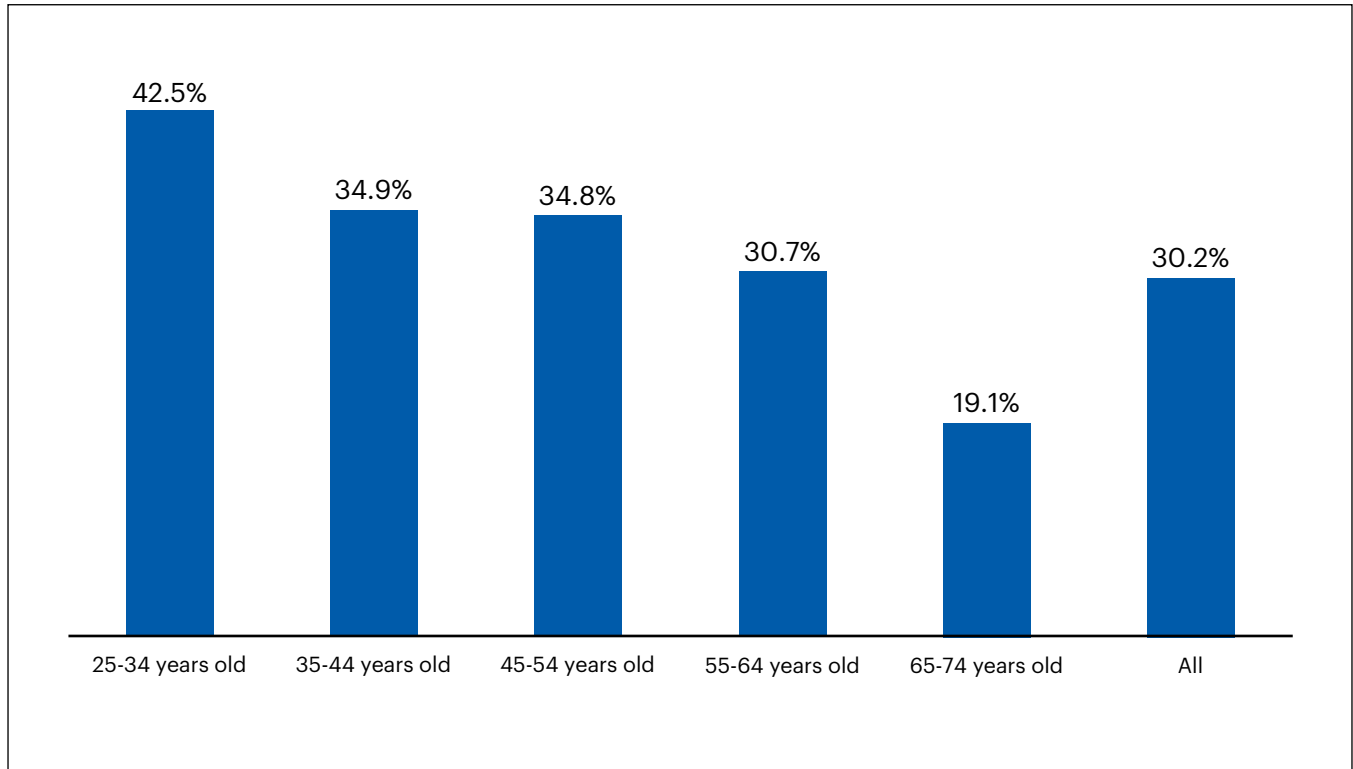
Source: CCHS 2015-2016, age 15-74, Ontario

4 in 10 part-time workers, aged 25-34, do not have coverage

Rates of coverage amongst workers vary considerably by age group. Workers aged 25-34 have the lowest rates of coverage, with four in ten part-time workers (42.5 per cent) reporting they do not have any medication coverage.

Workers over the age of 65 have the highest rates of coverage. However, this still leaves one in every five part-time workers over age 65 (19.1 per cent) without coverage (22,200 people total).

Chart 3: Part-time workers without prescription drug coverage, by age group (per cent)



Source: CCHS 2015-2016, age 15-74, Ontario

We found that 28.5 per cent of all workers aged 15-24 do not have coverage (as seen in Table 5). These 2015-2016 rates are likely considerably higher than current rates because the Ontario government has since introduced OHIP+ which provided drug coverage to all Ontarians under 25 who do not have private insurance.¹

Overall, these findings show that coverage improves with age.

¹ OHIP+ was originally introduced on January 1, 2018 to provide public drug coverage to all OHIP-eligible Ontarians under 25. Effective April 1, 2019, OHIP+ only covers children and youth who do not have private insurance [Ontario Drug Benefit Act, Reg. 201/96, s. 2(1)].

Table 5: Workers without prescription drug coverage, by age group

	15-24 years old Per cent (Number)	25-34 years old Per cent (Number)	35-44 years old Per cent (Number)	45-54 years old Per cent (Number)	55-64 years old Per cent (Number)	65-74 years old
Part-time	24.1% (94 100) ^{1, 2}	42.5% (81 100) ¹	34.9% (42 000) ¹	34.8% (51 500) ¹	30.7% (51 900)	19.1% ¹ (22 200) ¹
Full-time	32.0% (159 600) ¹	26.4% (345 100)	18.0% (215 900)	17.2% (257 900)	18.1% (172 200)	16.9% (26 600) ¹
All workers	28.5% (253 700)	28.4% (426 200)	19.5% (257 900)	18.8% (309 300)	20.0% (224 000)	17.9% (48 900)

¹ Use with caution (coefficient of variation from 15-35%)

² Note that OHIP + was introduced January 1, 2018 which provides drug coverage for all Ontarians 24 years and under (who are eligible for OHIP). We expect that as a result the rates of coverage for workers aged 15-24 have changed dramatically.

Note: totals may not add up due to missing data and rounding

Source: CCHS 2015-2016, age 15-74, Ontario

A gender benefit gap?

There is no notable difference in rates of part-time female workers without coverage (30.7 per cent) compared to part-time male workers (29.3 per cent). However, because women are much more likely to work part-time, the number of part-time female workers without coverage (218,500 workers) is much higher than the number of part-time male workers without coverage (124,200 workers). Ultimately, while rates of coverage are similar for male and female part-time workers, almost twice the number of part-time female workers do not have coverage compared to men.

Table 6: Workers without prescription drug coverage, by sex

	Women Per cent without coverage (Number)	Men Per cent without coverage (Number)
Part-time	30.7% (218 500)	29.3% (124 200)
Full-time	19.4% (481 700)	22.2% (695 500)
All workers	21.9% (700 200)	23.0% (819 600)

Note: totals may not add up due to missing data and rounding

Source: CCHS 2015-2016, age 15-74, Ontario

Discussion

Between the 1970s and 1990s, the share of part-time workers increased substantially.^{viii} Although part-time hours can be valuable for both employers and employees, part-time workers are often treated differently – paid lower wages, given unpredictable schedules and hours, and not given health benefits. These difference in treatment can lead to dramatic differences in workers’ quality of life. Despite having publicly funded health care coverage, we continue to rely on employer-provided benefit plans to provide essential access to prescription medication, dental care, eyeglasses, and mental health coverage. It is therefore imperative that we understand and take into account what this substantial shift in the labour market means for Ontario workers’ access to benefits.^{ix}

Our findings reveal that medication coverage is much lower for part-time workers compared to full-time workers in Ontario. These findings are supported by previous Wellesley research that found Canadian part-time workers have much less access to employer-provided medical benefits (which includes drug coverage) compared to full-time workers.^x Furthermore, disaggregated rates of coverage for different populations of part and full-time workers demonstrate that these disparities in access to medication coverage are greater for part-time workers who are immigrants (particularly newcomers), visible minority workers, and younger workers (age 25-34). While there is no substantial difference in coverage rates between female and male workers, because women are more likely to work part-time, twice the number of part-time female workers do not have coverage compared to men.

These gaps in coverage are worrisome, since prescription drugs play an essential role in preventing and treating disease and in helping us stay healthy.^{xi} Despite this, in Ontario and across Canada, access to prescription drugs depends on where you work and your hours of work. Considering that we found one in five working Ontarians (22.5 per cent) do not have medication coverage, likely many of these persons are also having trouble getting the medication that they need.

Without this coverage, workers are forced to either pay out of pocket, or go without necessary medications. Other recent research found that nearly one in ten Ontarians do not fill their prescriptions because they cannot afford it.^{xii,xiii} Canadians without drug coverage are over four times more likely to have not filled or renewed a prescription in the past year compared to people with coverage. In other words, a lack of coverage often translates into a lack of medicine and therefore appropriate treatment.^{xiv}

These gaps in prescription drug coverage are particularly concerning because part-time workers are more likely to be paid low wages,^{xv} which can make it even more challenging to afford out-of-pocket medication costs and more likely that individuals will not fill or renew their prescriptions.^{xvi} These differences in pay and benefits for part-time workers can, in part, be explained by deeply ingrained negative social attitudes that have devalued part-time work, which is disproportionately done by women, younger workers and seniors.^{xvii,xviii}

Given that growth in part-time work has stayed steady since the 1990s and part-time workers are often women, youth, older workers, differential treatment cannot be ignored.^{xix} Our reliance on both employer-provided benefits and the existing patchwork of government programs no longer serves our changing labour market, which highlights the value of universal prescription drug coverage. Furthermore, because the people in part-time work are likely to be people already facing discrimination or other forms of disadvantage, we would expect these negative effects to compound one another, making good health even more challenging.

Limitations

While the results of this study were informative, there are still several limitations to our work that could be addressed in future research. In many cases, the certainty of some of our estimates was limited by a high coefficient of variation, arising from small cell sizes. This not only prevents us from confidently asserting precise estimates for some of our estimates, but also makes multivariate work more difficult. In future studies, it would be ideal to begin to tease apart associations between coverage and ethnicity, immigration status, visible minority status, and socio-economic status.

Conclusion

Access to prescription medication often depends on where and how you work, rather than your need. Using the data from the Canadian Community Health Survey, we examined the size of the benefit gap between part-time and full-time workers and explored how disparities are greater for some workers in Ontario. We found that those who work part-time are less likely to have access to prescription medication and that this disproportionately impacts newcomers, younger workers and racialized individuals. To achieve good health, all Ontarians need access to prescription medications without financial barriers and regardless of hours of work. This report highlights how our current patchwork approach to drug coverage is leaving workers behind.

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