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Exploring gaps in prescription drug insurance coverage among men and women in Canada using an intersectional lens

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Exploring gaps in prescription drug insurance coverage among men and women in Canada using an intersectional lens

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Overview of the study

Using an intersectional lens, this study examines men's and women's coverage for four types of drug insurance plans, based on data from the 2015, 2016 and 2019 Canadian Community Health Survey. This analysis indicates that unequal prescription drug insurance coverage exists among subgroups of men and women. Some of the important determinants of drug insurance coverage include marital status, immigrant status, racialized group,¹ sexual orientation, household income, number of chronic conditions and employment-related factors.

- The rate of employer-sponsored drug insurance coverage was highest among men and women who were married or living in common-law relationships. Unattached women had higher rates of government-sponsored and private drug insurance coverage but lower rates of association-sponsored and employer-sponsored coverage than unattached men.
- Both recent and established immigrant men and women had lower levels of employer-sponsored drug insurance coverage than Canadian-born men and women.
- All racialized groups had lower levels of employer-sponsored drug insurance coverage, except for South Asian men and women.
- Government-sponsored drug insurance coverage proportions were highest among senior men and women (roughly one in two).
- Women from the lowest household income quintile had higher rates of government-sponsored drug insurance coverage than men from the same household income quintile.
- Lower proportions of bisexual men and women had an employer-sponsored drug insurance plan, compared with heterosexual men and women.
- More women than men skipped filling prescription drugs because of cost.

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Introduction

Many Canadians require prescription drugs to manage their health. In 2021, more than two-thirds (67%) of Canadians reported taking or being prescribed a medication in the last 12 months.² Medication needs are higher for certain groups. For example, in 2021, the rate of medication use was higher for women (73%), compared with men (60%), and for older adults (86% for adults aged 65 years and older), compared with younger adults (47% for adults aged 18 to 24 years).³

Despite Canadians' need for prescription medications, Canada remains the only country that offers universal health care without universal coverage for prescription drugs.⁴ As a result, 7.5 million Canadians—or one in five—remain uninsured and pay out-of-pocket for prescription medications.⁵ Individuals may respond to out-of-pocket drug costs in a variety of ways, including borrowing money or trading off food, heat, rent or other health care expenses.⁶

Canada has one of the highest rates of cost-related medication non-adherence (i.e., not filling a prescription or skipping doses) among seniors, compared with other peer countries, including France, Norway, Sweden, Switzerland and the United Kingdom.⁷ Cost-related medication non-adherence has negative effects on the health and social outcomes of individuals, such as deterioration of health, increased health care utilization, financial stress and reduced quality of life.⁸ Certain groups of people are more susceptible than others of experiencing these

negative outcomes, such as those with disabilities or chronic health conditions, as well as those with low income.⁹

Currently, representative national, provincial and territorial estimates of coverage across the different types of drug insurance plans are lacking in Canada. Most of the published Canadian studies have focused on the overall level of drug insurance coverage among population subgroups.¹⁰

Providing an estimate of overall drug insurance coverage without disaggregating it by type of plan can conceal hidden inequalities related to adequacy of coverage and its association with utilization, out-of-pocket costs and adherence to prescription medications. Previous research has shown that individuals with private insurance were more likely to take and adhere to prescribed drugs and report better health status than those without insurance coverage or with government-sponsored coverage.¹¹ Looking at the types of drug insurance coverage for various groups can help identify who is covered by what type of plan, and the plan's association with health outcomes.

Using data from the Canadian Community Health Survey, this study aims to address these knowledge gaps by examining four types of drug insurance coverage (government-sponsored, employer-sponsored, association-sponsored and private drug insurance plans), disaggregated by various socioeconomic, demographic and geographical factors. The study further examines the extent of cost-related medication non-

adherence among men and women, disaggregated by type of drug insurance plan.

Definitions and analytical measures are detailed in the "[Data sources, methods and definitions](#)" section at the end.

Four in five men and women in Canada were covered by at least one type of drug insurance

In 2019, 80% of Canadians were covered by at least one type of drug insurance, and this rate was slightly higher for both men (Table 1) and women (Table 2), compared with 2015–2016. The increase in drug insurance coverage rates from 2015–2016 to 2019 was mainly driven by the expansion of government-sponsored plans in various provinces, such as Ontario, Alberta and Prince Edward Island. Nationally, in both periods, a higher proportion of women were covered under government-sponsored plans, compared with men. However, fewer women had association-sponsored plans than men.

In both periods, Quebec had the highest rate of drug insurance coverage, compared with the national average, for both men and women. This was mainly driven by a higher rate of coverage of government-sponsored plans. Men and women in provinces where lower levels of government-sponsored plans were reported tended to have higher levels of private insurance plans. In 2019, Saskatchewan had the highest rate of private insurance coverage reported among men and women, followed by New Brunswick and Alberta.

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Table 1
Percentage of men covered by a drug insurance plan, by type of plan and province, 2015-2016 and 2019

	Any drug insurance plan		Government-sponsored plan		Employer-sponsored plan		Association-sponsored plan		Private plan	
	2015-2016 (ref.)	2019	2015-2016 (ref.)	2019	2015-2016 (ref.)	2019	2015-2016 (ref.)	2019	2015-2016 (ref.)	2019
Canada and provinces	percentage									
Canada excluding territories	79.5	81.1*	19.1	20.6*	53.9	54.7	5.2	5.2	5.8	5.7
Newfoundland and Labrador	79.9	78.9	19.3	24.0	53.1	47.3	5.8 ^E	7.3 ^E	5.0	6.1 ^E
Prince Edward Island	78.0	70.8	16.3	15.1	52.8	50.3	4.1 ^E	3.5 ^E	7.7 ^E	5.8 ^E
Nova Scotia	83.3	81.2	20.7	22.2	54.2	52.5	4.8	5.2 ^E	7.4	6.5 ^E
New Brunswick	80.9	81.9	15.7	17.0	52.9	53.6	3.8 ^E	4.5 ^E	11.7	10.7
Quebec	87.5	88.8	30.3	31.2	50.2	51.5	6.8	5.8	4.5	4.2
Ontario	76.3	78.5	16.6	18.8*	54.6	55.4	5.3	5.4	4.6	4.1
Manitoba	72.4	74.3	9.0	9.1	53.9	56.4	3.5 ^E	5.1 ^E	9.6	7.6
Saskatchewan	78.5	75.8	13.9	13.0	54.5	51.2	5.3 ^E	6.6 ^E	11.1	15.6
Alberta	82.6	83.2	13.3	17.6*	61.1	60.1	3.6	4.0	9.8	9.5
British Columbia	72.7	76.4	15.6	14.2	52.3	55.0	4.1	4.5	4.8	6.2

^E use with caution

* significantly different from reference category ($p < 0.05$)

Source: Statistics Canada, Canadian Community Health Survey (CCHS), 2015, 2016 and 2019.

Table 2
Percentage of women covered by a drug insurance plan, by type of plan and province, 2015-2016 and 2019

	Any drug insurance plan		Government-sponsored plan		Employer-sponsored plan		Association-sponsored plan		Private plan	
	2015-2016 (ref.)	2019	2015-2016 (ref.)	2019	2015-2016 (ref.)	2019	2015-2016 (ref.)	2019	2015-2016 (ref.)	2019
Canada and provinces	percentage									
Canada excluding territories	80.3	81.8*	21.2 ⁼	22.2 ⁼	53.9	54.6	4.1 ⁼	4.3 ⁼	5.6	6.0
Newfoundland and Labrador	84.4	85.3	20.7	21.3	57.5	56.3	2.5 ^{=E}	4.4 ^E	6.3	5.9 ^E
Prince Edward Island	74.0	76.5	13.6	20.7*	52.0	51.1	4.1 ^E	3.0 ^E	7.1	6.6 ^E
Nova Scotia	85.5	84.5	21.9	24.4	56.6	53.0	5.4 ^E	6.3 ^E	5.0	7.2
New Brunswick	82.3	86.0	16.1	17.6	55.0	54.4	3.2 ^E	5.9 ^E	10.7	11.0
Quebec	87.9	88.8	33.9 ⁼	32.3	48.9	51.3	5.3 ⁼	4.4	4.5	4.1
Ontario	76.5	79.3*	18.3	20.6*	54.4	55.4	3.9 ⁼	4.0	4.2	5.0
Manitoba	76.6	75.2	9.9	9.3	56.9	59.0	5.5	4.6 ^E	8.6	7.1
Saskatchewan	79.8	83.5 ⁼	16.4	12.6	56.0	61.0 ⁼	5.0	5.4 ^E	10.4	13.0
Alberta	84.3	84.3	16.6 ⁼	21.0*	59.9	58.6	2.6	4.1	10.3	9.8
British Columbia	73.7	75.1	16.2	15.8	54.1	52.7	3.1	4.3	5.0	6.6

^E use with caution

* significantly different from reference category ($p < 0.05$)

⁼ significantly different from men in Table 1 ($p < 0.05$)

Source: Statistics Canada, Canadian Community Health Survey (CCHS), 2015, 2016 and 2019.

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Among men and women, seniors were most likely to have a government-sponsored plan, while working-age adults were most likely to have an employer-sponsored plan

Although proportions of overall drug insurance coverage did not vary by age group, different types of drug insurance plans were associated with different age groups (Table 3). Among men and women, seniors were most likely to have a government-sponsored plan (roughly 1 in 2), while working-age adults (25 to 64 years) were most likely to have an employer-sponsored plan (about 6 in 10). Compared with senior men, a higher proportion of senior women had government-sponsored plans, but a lower proportion had employer-sponsored and association-sponsored plans.

Among respondents who had access to drug insurance coverage, 94% had one type of drug insurance plan, 5.7% had two plans and 0.2% had three or four plans. This pattern did not vary by sex.

Men and women who were married or living in common-law relationships had a higher rate of employer-sponsored drug insurance coverage; widowed or divorced men and women had a higher rate of government-sponsored drug insurance coverage, compared with other groups

Men and women who were married or living in common-law relationships had the highest rate of overall drug insurance coverage (roughly 8 in 10) (Table 3). For both sexes, about one in two widowed men and women had a government-sponsored drug insurance plan, while for divorced and separated individuals, the numbers were roughly one in three and one in five. The rate for employer-sponsored drug insurance coverage was highest among men and women who were married or living in common-law relationships. Unattached women had a higher rate of government-sponsored insurance coverage (35%) than unattached men (26%).

Recent immigrant men and women had lower rates of government- and employer-sponsored drug insurance coverage than Canadian-born men and women

Over 80% of Canadian-born men and women had at least one drug insurance plan. However, for recent immigrant men and women, who landed within 10 years, slightly less than 70% had an insurance plan. For established immigrant men and women, the proportion was 75%.

Recent immigrants had lower rates of government- and employer-sponsored drug insurance coverage than Canadian-born individuals, while established immigrants had lower rates of employer- and association-sponsored drug insurance coverage. Canadian-born women had a higher rate of government-sponsored coverage, but a lower rate of association-sponsored coverage, than Canadian-born men.

Roughly 8 in 10 non-racialized people had at least one drug insurance plan. However, for South Asian,

Table 3
Percentage of men and women aged 12 and over covered by a drug insurance plan, by type of plan and select demographic and socioeconomic characteristics, Canada excluding the territories, 2015, 2016 and 2019

Characteristics	Any drug insurance plan		Government-sponsored plan		Employer-sponsored plan		Association-sponsored plan		Private plan	
	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women
	percentage									
Age group										
12 to 24 years	78.8	80.5	16.0*	16.3*	53.4*	55.6*	7.9*	8.1*	5.3	5.2
25 to 64 years (ref.)	80.4	81.3	11.9	12.7	62.2	63.5	4.9	3.6 [±]	4.7	4.7
65 years and over	80.1	79.5	50.8*	53.6 ^{±±}	26.5*	23.5 ^{±±}	3.9*	2.9 ^{±±}	10.2*	9.4*
Marital status										
Married or living common-law (ref.)	83.6	82.9	18.4	17.2 [±]	59.5	61.5 [±]	4.8	3.4 [±]	6.4	5.9
Single, never married	74.6*	78.4 ^{±±}	18.7	19.6*	48.1*	51.1 ^{±±}	6.5*	6.8*	4.6*	5.0*
Separated	75.3*	76.9*	20.3	23.0*	51.2*	50.3*	3.4 ^E	2.5 ^E	3.2*	3.1*
Divorced	73.2*	76.9*	31.1*	33.1*	37.1*	39.9*	3.4*	2.6*	6.2	5.5
Widowed	78.3*	77.8*	50.1*	52.8*	24.7*	21.9*	3.6	2.0 ^{±±}	7.5	8.3*

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Table 3

Percentage of men and women aged 12 and over covered by a drug insurance plan, by type of plan and select demographic and socioeconomic characteristics, Canada excluding the territories, 2015, 2016 and 2019

Characteristics	Any drug insurance plan		Government-sponsored plan		Employer-sponsored plan		Association-sponsored plan		Private plan	
	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women
	percentage									
Living arrangement										
Couple family (ref.)	83.8	83.3	26.7	25.2	51.8	53.8 [±]	4.7	3.7 [±]	8.3	7.8
Couple with children	82.7	83.2	11.9*	10.5* [±]	64.4*	67.5* [±]	5.4	4.6*	4.9*	4.5*
Lone parent family	74.2*	75.6*	22.4*	25.3	46.0*	45.4*	5.0	4.1	3.9*	3.9*
Unattached individuals	72.5*	77.4* [±]	25.6	34.5* [±]	39.7*	36.9* [±]	5.7	4.5 [±]	4.9*	6.5* [±]
Other	75.2*	77.1*	17.2*	22.3* [±]	51.3	50.1*	4.9	3.0	5.0*	5.1*
Immigrant status										
Canadian-born (ref.)	82.6	84.0 [±]	20.0	22.1 [±]	56.3	56.9	5.4	4.5 [±]	5.8	5.8
Recent immigrant	68.7*	68.1*	14.6*	16.6*	49.7*	46.1*	3.3* ^E	3.1*	4.2*	5.4
Established immigrant	75.0*	74.5*	20.9	21.9	49.2*	48.1*	4.0*	2.4* [±]	6.1	5.5
Racialized groups										
South Asian	70.2*	73.3*	12.6*	15.2*	51.7	52.6	3.8 ^E	3.8 ^E	5.1 ^E	5.2
Chinese	72.1*	65.0* [±]	15.6*	13.8*	43.9*	44.9*	9.8* ^E	5.4 ^E	5.3	4.3 ^E
Black	72.5*	73.3*	19.2	22.8	50.1*	47.1*	4.1 ^E	3.9 ^E	3.7* ^E	3.3* ^E
Other racialized groups	71.9*	72.4*	16.5*	15.8*	50.6*	50.8*	3.9*	3.7	4.9*	5.3
Non-racialized population ¹ (ref.)	82.5	83.6 [±]	20.7	23.1 [±]	55.6	55.5	5.3	4.2 [±]	6.0	6.0
Sexual orientation										
Heterosexual (ref.)	79.5	80.5	18.2	20.5 [±]	54.8	54.8	5.3	4.2 [±]	5.8	5.7
Lesbian or gay	78.3	83.0	20.5	20.0	52.3	58.5	4.4 ^E	3.3 ^E	5.5 ^E	5.5 ^E
Bisexual	77.0	76.1	28.3*	20.8	39.2*	46.5*	5.0 ^E	7.7* ^E	8.8 ^E	3.5* ^E
Household income quintile²										
Lowest	64.7*	67.4*	35.4*	38.5* [±]	22.5*	23.3*	4.8	3.9	4.0*	4.1*
2	73.7*	76.3* [±]	24.3*	25.1*	44.0*	45.5*	4.4	3.9	5.4*	6.4
3	82.2*	84.4* [±]	17.6*	17.9*	59.0*	62.5* [±]	5.3	3.9 [±]	5.6*	5.9
4	87.0	87.5*	13.6*	13.5*	67.3	69.5*	5.8	4.7	6.2	5.6
Highest (ref.)	88.1	89.8 [±]	11.6	11.3	69.5	73.1 [±]	5.6	4.4 [±]	7.1	6.8
Number of chronic conditions										
0 (ref.)	78.6	79.7	13.2	13.0	58.0	60.6 [±]	5.8	4.7 [±]	5.0	4.9
1 to 2	81.7*	81.8*	24.5*	26.9* [±]	52.1*	50.8*	4.6*	3.7* [±]	6.7*	6.6*
3 to 4	83.7*	83.3*	39.5*	42.1*	41.4*	37.4* [±]	4.2*	3.1*	7.2*	7.1*
5+	85.8*	80.6	45.9*	47.9*	35.8*	30.4*	F	2.9 ^E	6.9 ^E	5.5 ^E
Employment status										
Full-time workers last week (ref.)	82.3	85.4 [±]	8.3	7.6	68.2	73.8 [±]	4.7	3.5 [±]	4.6	3.8 [±]
Part-time workers last week	75.1*	76.4*	23.8*	17.2* [±]	42.5*	51.7* [±]	7.0*	6.2*	6.8*	6.4*
Not employed ³	77.6*	77.6*	37.4*	36.9*	34.0*	35.3*	5.6	4.2* [±]	7.5*	7.4*
Self-employed status (15 to 75 years)										
Employees (ref.)	86.3	86.4	8.7	9.1	73.0	73.7	5.2	4.0 [±]	3.2	3.4
Self-employed	60.6*	62.0*	15.6*	14.1*	32.2*	35.5*	4.3	4.4	11.9*	11.0*

^E use with caution

F indicates too unreliable to publish

* significantly different from reference category (p<0.05)

[±] significantly different from men (p<0.05)

1. Non-racialized population excludes Indigenous peoples.

2. Household income quintiles are based on adjusted before-tax household income.

3. Not employed individuals include unemployed individuals and individuals not in labour force.

Source: Statistics Canada, Canadian Community Health Survey (CCHS), 2015, 2016 and 2019.

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Chinese and Black people, and other racialized groups, roughly 7 in 10 people reported having at least one drug insurance plan (Table 3). Chinese women were least likely to report having at least one drug insurance plan (65%).

All racialized groups had a lower rate of government-sponsored drug insurance coverage than the non-racialized population, except for the Black population. This pattern existed for both men and women.

Conversely, South Asian men and women were the only racialized group with employer-sponsored drug insurance coverage similar to that of their non-racialized counterparts. Non-racialized women had a higher rate of government-sponsored coverage but a lower rate of association-sponsored coverage than non-racialized men.

Bisexual men and women had a lower rate of employer-sponsored coverage than heterosexual men and women

Overall, drug insurance coverage was similar among heterosexual, lesbian or gay, and bisexual men and women (Table 3). However, bisexual men had a higher rate of government-sponsored drug insurance coverage (28%) and a lower rate of employer-sponsored drug insurance coverage (39%), compared with heterosexual men (18% and 55%, respectively). Bisexual women had lower rates of employer-sponsored and private drug insurance coverage and a higher rate of association-

sponsored insurance coverage than heterosexual women. Heterosexual women had a higher rate of government-sponsored coverage, but a lower rate of association-sponsored coverage, than heterosexual men.

Women from the households in lowest-income quintile had a higher rate of government-sponsored drug insurance coverage than men from the lowest-income households

For both sexes, individuals from households in the lower household income quintiles generally had a lower rate of overall drug insurance coverage than those from the highest income quintile (Table 3). Women from the lowest-income households had a higher rate of government-sponsored drug insurance coverage (39%) than men from the lowest-income households (35%). Further, men from all household income quintiles had a lower rate of private drug insurance coverage than those from the highest-income quintile, except for men in the fourth income quintile.

A higher proportion of men and women with chronic conditions had government-sponsored plans than men and women without a chronic condition

A lower proportion of men and women with chronic conditions had an employer-sponsored drug insurance plan, compared with men and women without chronic health conditions, while the reverse was true for government-sponsored

drug insurance plans. Among men and women with five or more chronic conditions, close to 1 in 2 had a government-sponsored plan, while only 36% of men and 30% of women had an employer-sponsored plan.

Self-employed workers had a lower rate of drug insurance coverage than employees

Part-time workers and individuals who were not employed had higher rates of government-sponsored and private insurance coverage than full-time workers. Around 8% of men and women working full time had a government-sponsored plan, compared with 24% of men working part time, 17% of women working part time, and 37% of men and women who were not employed (Table 3).

Approximately 1 in 3 self-employed workers had coverage from employer-sponsored plans, in contrast to roughly 7 in 10 employees. These proportions were similar for men and women. As a result, both self-employed men and women relied more on government-sponsored plans than employees. The gap in private insurance coverage was large between employees and self-employed workers. For both men and women, roughly four times more self-employed workers purchased private insurance plans than employees. A higher proportion of women who were full- or part-time workers had employer-sponsored plans, compared with men who were full- or part-time workers.

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More women than men did not fill their prescription drugs because of cost

Generally, uninsured women were more likely than uninsured men to skip prescription drugs because of cost (15% versus 11%). However,

even with drug insurance plans, women tended to engage in cost-related medication non-adherence more than men. For instance, 7% of women with a government-sponsored plan skipped filling prescription drugs, compared with 5% of men (Table 4).

coverage. Many people who have access to a drug insurance plan may not be able to afford medications because of their incapacity to bear out-of-pocket costs in the form of co-payments and deductibles. As an example, this study highlighted that having a drug insurance plan does not fully protect individuals from rationing behaviours, especially insured women who were more likely than insured men to skip filling prescription drugs.

Table 4
Percentage of men and women who reported cost-related medication non-adherence, by type of drug insurance plan, 2015, 2016 and 2019

Drug insurance plan type	Men (ref.) percentage	Women
No drug insurance plan	11.0	15.4*
Have government-sponsored plan	5.0	7.2*
Have employer-sponsored plan	3.2	4.4*
Have association-sponsored plan	4.9 [†]	7.0
Have private plan	3.6	4.9

[†] use with caution

* significantly different from reference category ($p < 0.05$)

Note: Since one person can have more than 1 drug insurance plan, types of plans are not mutually exclusive categories.

Source: Statistics Canada, Canadian Community Health Survey (CCHS), 2015, 2016 and 2019.

Currently, several data gaps limit our understanding of drug insurance coverage and cost-related medication non-adherence. One of the major limitations is that data on drug insurance coverage and cost-related non-adherence are not routinely collected, making it difficult to evaluate whether Canadians have consistent access to drug insurance coverage. There are also substantial knowledge gaps regarding the long-term impact of a lack of drug insurance or under-insurance on the health outcomes of Canadians.¹³ This evidence will help justify the need for a more equitable pharmacare system in Canada and strengthen efforts to improve the affordability of medications for specific vulnerable groups.

Conclusion

Pharmaceutical access is an essential part of the health care system that helps Canadians achieve optimal health. Inadequate pharmaceutical access can reduce Canadians' quality of life by creating unmet health needs and increasing cost-related medication non-adherence.¹²

Overall, the study indicated symmetry in different types of drug insurance plans among men and women. However, it was evident that drug insurance coverage was further influenced by other important

demographic and socioeconomic factors, including immigrant status, racialized group, household income and employment status. Some subpopulations, such as individuals in the lowest-income households, older adults and those with more chronic conditions, relied more on government-sponsored plans to compensate for a lack of employer-sponsored plans.

Having a drug insurance plan is an important pathway to pharmaceutical access. However, having coverage does not imply having adequate

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Data sources, methods and definitions

The Canadian Community Health Survey (CCHS) is a cross-sectional survey that collects information related to health status, health care utilization and health determinants for the Canadian population.

Based on the 2015, 2016 and 2019 CCHS, this study estimated overall as well as different types of drug insurance coverage among Canadian men and women, nationally and provincially. More recent CCHS data did not have complete coverage of drug insurance content because it was available only for some provinces.

The sample for this study included the population aged 12 years and older living in the 10 provinces, excluding the territories. Also excluded from the CCHS sample were people living on First Nations reserves, the institutionalized population, youth in foster homes, full-time members of the Canadian Forces (living on or off military bases), and people living in the Quebec health regions of Région du Nunavik and Région des Terres-Criées-de-la-Baie-James. Additional information on sample characteristics is available upon request. The Indigenous population was excluded because the data do not provide information about the impacts of non-insured health benefits for First Nations people (Status Indians) and Inuit.

For an analysis of the types of drug insurance plans among men and women disaggregated by selected demographic and socioeconomic characteristics and the extent of cost-related medication non-adherence (tables 3 and 4), this article pooled data from the annual cycles of 2015, 2016 and 2019. The weights of the three one-year cycles were divided by three to represent the total average population over the three years.

Prior to 2019, the CCHS only collected information on sex of respondent (male or female), as recorded by the interviewer. In 2019 and subsequent cycles, respondent self-reported sex at birth and gender identity are both collected. However, to allow for detailed disaggregated analysis for various population subgroups, this analysis used self-reported sex for the 2015 and 2016 cycles and self-reported sex at birth for 2019.

Although sex and gender refer to two different concepts, the terminology related to gender is used throughout this article to make it easier for readers.

The CCHS sexual orientation variable contained three response category options with the following definitions: heterosexual

(sexual relations with people of the opposite sex); homosexual, that is lesbian or gay (sexual relations with people of your own sex); and bisexual (sexual relations with people of both sexes). In the 2019 CCHS, the definitional text is omitted from these categories, and an additional response category is included for respondents to specify a sexual orientation beyond these three. However, only the first three response categories were included from the 2019 data to allow for pooling of sexual orientation data.

In this study, data on “racialized groups” are measured with the “visible minority” variable. The “non-racialized group” is measured with the category “not a visible minority” of the variable, excluding Indigenous respondents. “Visible minority” refers to whether a person belongs to one of the visible minority groups defined by the *Employment Equity Act*. The act defines visible minorities as “persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour.” The visible minority population consists mainly of the following groups: South Asian, Chinese, Black, Filipino, Latin American, Arab, Southeast Asian, West Asian, Korean and Japanese.

The first part of the paper presents drug insurance coverage rates by type of insurance for men and women in 2015–2016 and 2019 separately, to allow comparison across two periods. It then provides estimates for prescription drug insurance coverage among subgroups of men and women by pooling the annual cycles of 2015, 2016 and 2019. Pooling three years of data together allowed for more disaggregated analysis for various subgroups of men and women. One limitation of this study is that it is based on self-reports, and some respondents may not accurately know details on their type of drug insurance plan.

All estimates were produced using survey weights to ensure population representativeness. The sampling variance was calculated by using 1,000 bootstrap weights. All non-response records were excluded from the analysis.

Survey questions on drug insurance coverage and cost-related medication non-adherence can be found here:

[Canadian Community Health Survey \(CCHS\) - 2015](#)

[Canadian Community Health Survey \(CCHS\) - 2019.](#)

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Notes

1. Because of small counts, not all data points of other racialized groups could be disaggregated. In this article, five groups were disaggregated—the non-racialized population, South Asian, Chinese, Black and other racialized groups. “Other racialized groups” include Filipino, Latin American, Arab, Southeast Asian, West Asian, Korean, Japanese, other single origins and multiple origins. In the 2015, 2016 and 2019 Canadian Community Health Survey, respondents were asked to self-identify their ethnic or cultural groups.
 2. Cortes and Smith (2022).
 3. Cortes and Smith (2022).
 4. Government of Canada (2019).
 5. Government of Canada (2019).
 6. Barua et al. (2018); Kolhatkar et al. (2018); Law et al. (2018).
 7. Morgan and Lee (2017).
 8. Gupta et al. (2019).
 9. Gupta et al. (2018).
 10. Cortes and Smith (2022); Millar (1999).
 11. Assayag et al. (2013); Ayodele et al. (2022); Bolatova and Law (2019); Chamoun et al. (2022); Després et al. (2016); Kratzer et al. (2015).
 12. Government of Canada (2021).
 13. Gupta et al. (2018).
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References

- Assayag, Jonathan et al. 2013. “[The Impact of the Type of Insurance Plan on Adherence and Persistence with Antidepressants: A Matched Cohort Study.](#)” *Canadian Journal of Psychiatry*. Vol. 58, no. 4, pp. 233–39.
- Ayodele, Busola, Elaine X. Guo, Arthur Sweetman and G. Emmanuel Guindon. 2022. “[Inequity in insurance coverage for prescription drugs in New Brunswick, Canada.](#)” *Canadian Journal of Public Health*. Vol. 113, no. 4, pp. 504-518.
- Barua, Bacchus, David Jacques and Nadeem Esmail. 2018. [Provincial Drug Coverage for Vulnerable Canadians](#). Fraser Institute.
- Bolatova, Talshyn and Michael R. Law. 2019. “[Income-related disparities in private prescription drug coverage in Canada.](#)” *Canadian Medical Association Open Access Journal*. Vol 7, no. 4, pp. E618-E623.
- Chamoun, M., A. Forget, I. Chabot, M. Schnitzer and L. Blais. 2022. “[Difference in drug cost between private and public drug plans in Quebec, Canada.](#)” *BMC Health Services Research*. Vol 22, no. 200.
- Cortes, Cassandra and Leah Smith. 2022. “[Pharmaceutical access and use during the pandemic.](#)” *Insights on Canadian Society*. Statistics Canada Catalogue no. 75-006-X.
- Després, François, Amélie Forget, Fatima-Zohra Kettani and Lucie Blais. 2016. “[Impact of patient reimbursement timing and patient out-of-pocket expenses on medication adherence in patients covered by private drug insurance plans.](#)” *Journal of Managed Care & Specialty Pharmacy*. Vol. 22, no. 5, pp. 539-547.
- Government of Canada. 2019. [Final Report of The Advisory Council on the Implementation of National Pharmacare: A Prescription for Canada: Achieving Pharmacare for All – Final Report of the Advisory Council on the Implementation of National Pharmacare](#). Health Canada.
- Government of Canada. 2021. “[Measuring What Matters: Toward a Quality of Life Strategy for Canada.](#)” Department of Finance Canada.
- Gupta, Shikha, Mary Ann McColl, Sara J. Guilcher and Karen Smith. 2019. “[Managing Medication Cost Burden: A Qualitative Study Exploring Experiences of People with Disabilities in Canada.](#)” *International Journal of Environmental Research and Public Health*. Vol. 16, no. 17, p. 3066.
- Gupta, Shikha, Mary Ann McColl, Sara J. Guilcher and Karen Smith. 2018. “[Cost-related non-adherence to prescription medications in Canada: a scoping review.](#)” *Patient Preference and Adherence*. Vol. 12, pp. 1699–1715.
- Kolhatkar, Ashra, Lucy Cheng, Steven G. Morgan et al. 2018. “[Patterns of borrowing to finance out-of-pocket prescription drug costs in Canada: a descriptive analysis.](#)” *CMAJ Open*. Vol. 6, no. 4, pp. E544-E550.
- Kratzer, Jillian, Lucy Cheng, Sara Allin, Michael R. Law. 2015. “[The impact of private insurance coverage on prescription drug use in Ontario, Canada.](#)” *Healthcare Policy*. Vol. 10, no. 4, pp. 62-74.
- Law, Michael R., Lucy Cheng, Ashra Kolhatkar et al. 2018. “[The consequences of patient charges for prescription drugs in Canada: a cross-sectional survey.](#)” *CMAJ Open*. Vol. 6, no. 1, pp. E63-E70.
- Millar, W. J. 1999. “[Disparities in prescription drug insurance coverage.](#)” *Health Reports*. Vol. 10, no. 4, pp. 11-31.
- Morgan, Steven G. and Augustine Lee. 2017. “[Cost-related non-adherence to prescribed medicines among older adults: a cross-sectional analysis of a survey in 11 developed countries.](#)” *BMJ Public Health*. Vol. 7, no. 1.
- Statistics Canada. 2021 (June 28). “[Prescription medication use among Canadian adults, 2016 to 2019.](#)” *The Daily*.