

Medication costs driving seniors to food banks

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Early on a fall morning, dozens of older patrons — many using canes, walkers or wheelchairs — lined up outside a food bank in Scarborough, Ontario. Among them was a 77-year-old woman who, with her 78-year-old husband, was privately sponsored to come to Canada from Sri Lanka seven years ago.

“We won’t be eligible for any government support programs until we’ve been here for ten years,” she said, requesting her name not be used for fear of offending her sponsors. “We use the food bank because almost all our money goes for housing and medications.”

The medications are for ailments including diabetes, high blood pressure, prostate inflammation and macular degeneration, at a monthly out-of-pocket cost to the impoverished couple of at least \$75.

“Those are the drugs we can’t avoid buying, but there are other prescriptions as well, which we don’t fill because we don’t have the money,” she said.

The woman is among the growing number of seniors going hungry in large part because of health care costs. Over the past decade, the share of food bank users over age 65 increased from 3% to 7% in Toronto, according to [a survey by Daily Bread](#), a network of 200 food programs in the city. Last year alone, there was a 27% jump in seniors accessing food banks. The most common reason cited by seniors for using food banks, after the cost of housing, was the burden of medical expenses such as prescription drugs.

“We always took it for granted that seniors were quite well looked after,” said Richard Matern, Daily Bread’s research manager. “The finding that drug costs are pushing seniors to use food banks was



The high cost of drugs has led to more seniors in lines outside food banks.

new for us. But it’s not all that surprising, given the cost of drugs.”

The older a Canadian household is, the more it pays in out-of-pocket drug expenses, according to a report from the Office of the Parliamentary Budget Officer. On average, Canadians over 65 pay \$646 out of pocket for drugs each year, estimates the report. This figure varies widely across Canada, however, because provinces and territories set different income thresholds and fees for drug plan coverage.

“Regarding the Ontario survey of food bank users, it is probably worse in other provinces,” said Steve Morgan, a health policy researcher at the University of British

Columbia. “Ontario seniors probably pay among the lowest amounts out of pocket, because they receive the most comprehensive public drug coverage.”

The situation for older immigrants who are privately sponsored, like the couple in Scarborough, is particularly dire, according to John Stapleton, a retired social policymaker who sits on Daily Bread’s board of directors. “Many sponsors don’t anticipate that medications can be so expensive,” said Stapleton. “And many privately sponsored immigrants will do anything they can to lighten their sponsor’s load, which is why we see so many of them of using food banks.”

Indeed, data from Statistics Canada show that 30% of immigrant seniors, and over 50% of recent immigrant seniors, suffer from chronic low income — in sharp contrast to the 2% rate observed among Canadian-born seniors.

Another possible reason for the upswing in seniors' food bank usage is that many seniors are not receiving the federal Guaranteed Income Supplement

even though they qualify for it. According to the Daily Bread report, many seniors assume they are already receiving the supplement, don't know about it, or don't think they qualify. The full supplement is available to immigrants only after 10 years of residency.

The delisting of coverage for hearing and vision care from the Ontario Health Insurance Plan (OHIP) has also added to

the financial strain on many already-impooverished seniors in Ontario. In a recent report, the Ontario Health Coalition noted that cataract surgery clinics routinely charge seniors on fixed incomes \$100 per eye or more for extra tests, and out-of-pocket costs for eye surgery can exceed \$2000.

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