

Preliminary Findings on the use of Private Health Insurance in Grenada

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Outline

- Introduction
- Background
- Research Methodology
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- Limitations
- Conclusion
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Introduction

- Purpose: To explore the relationship people have towards Private Health Insurance in Grenada.
 - What is the average out of pocket costs of health care services in Grenada?
 - What are the barriers to accessing private health insurance in Grenada?
 - What are some of the knowledge, attitudes and perception (KAP) of purchasing health insurance in Grenada?
 - How does private health insurance policies affect clients use of private insurance?



THE BAHAMAS

CUBA

HAITI

DOMINICAN REP.

JAMAICA

Puerto Rico (U.S.A.)

Caribbean Sea

DOMINICA

**ST LUCIA
ST VINCENT AND THE GRENADINES**

GRENADA

TRINIDAD AND TOBAGO



Grenada



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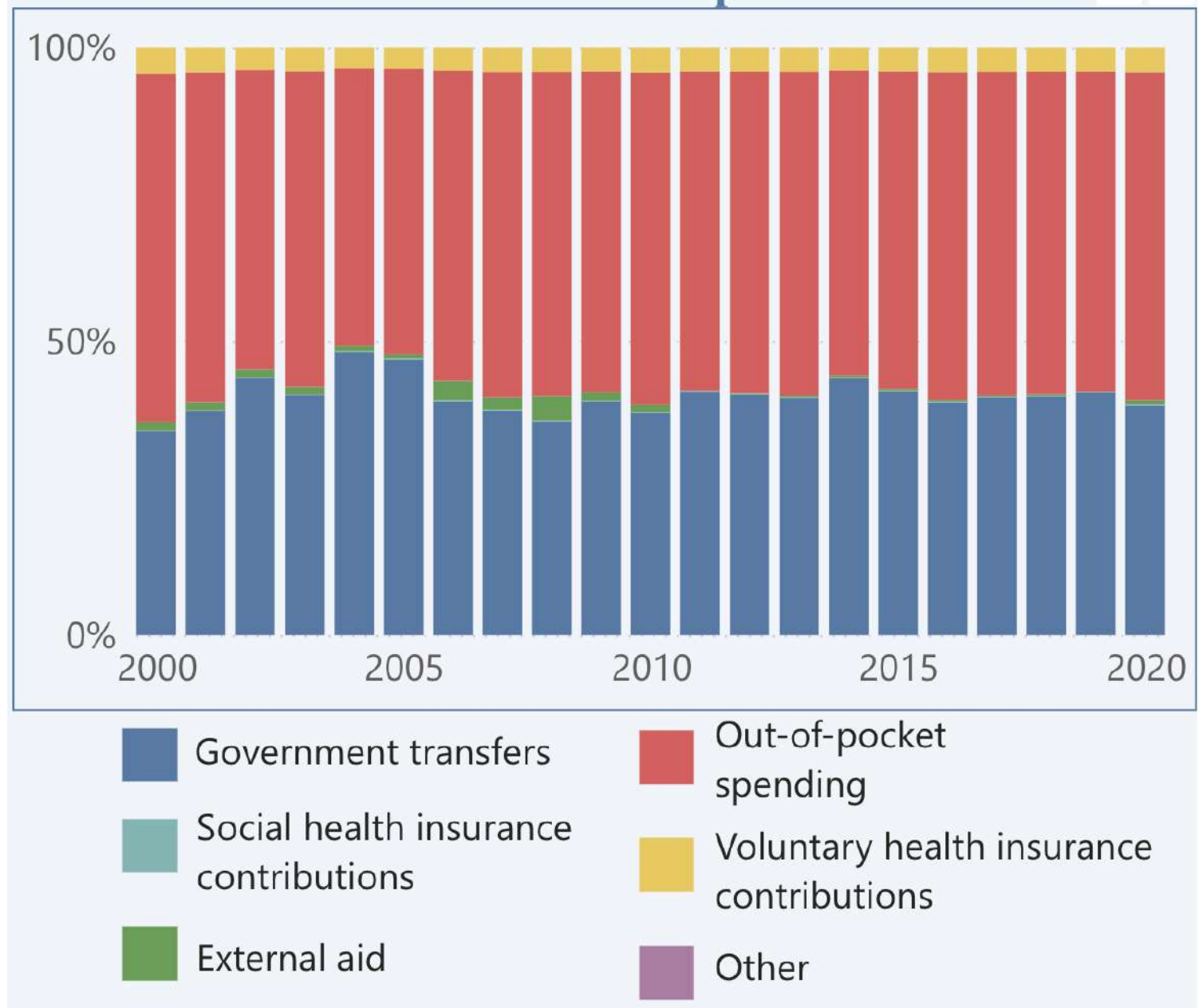
Background: Demographics

- Population **125,438** (2021)
- Gross Domestic Product (GDP) US\$1.26 billion (**US\$10,016.20 per capita**)
- Unemployment rate **16.6%** (2021)
- Gross National Income per capita **US\$15,870** (2022)

Background: Status Quo

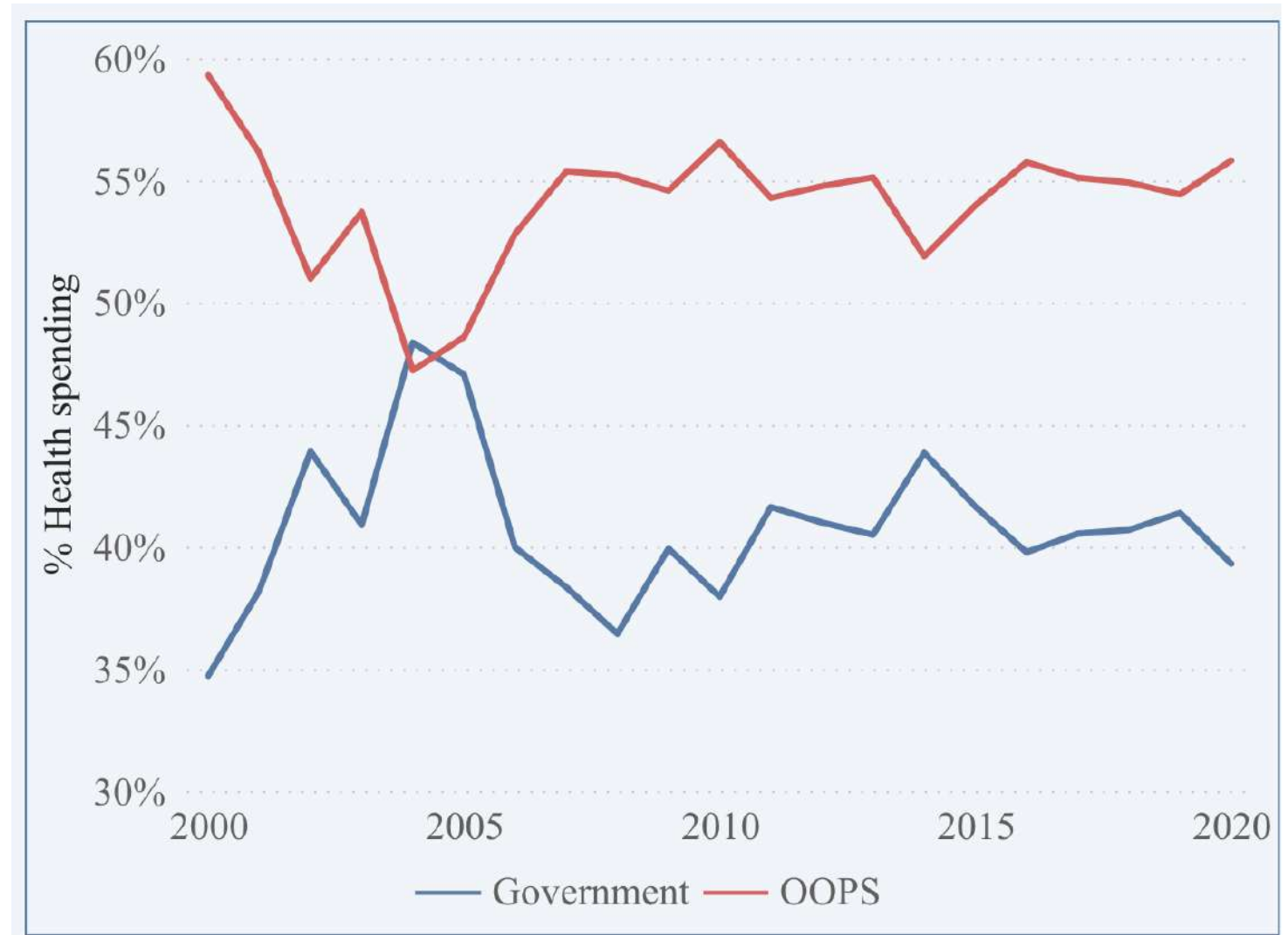
- 5 Private Health Insurance Companies
 - Employers may offer access to international private health insurance
- National Insurance Scheme covers some aspects of Health Financing through programs such as Maternity Benefit and Sickness Benefit
- Fundraisers and Government assistance are key components of financing major health issues

Background: Sources of Health Expenditure



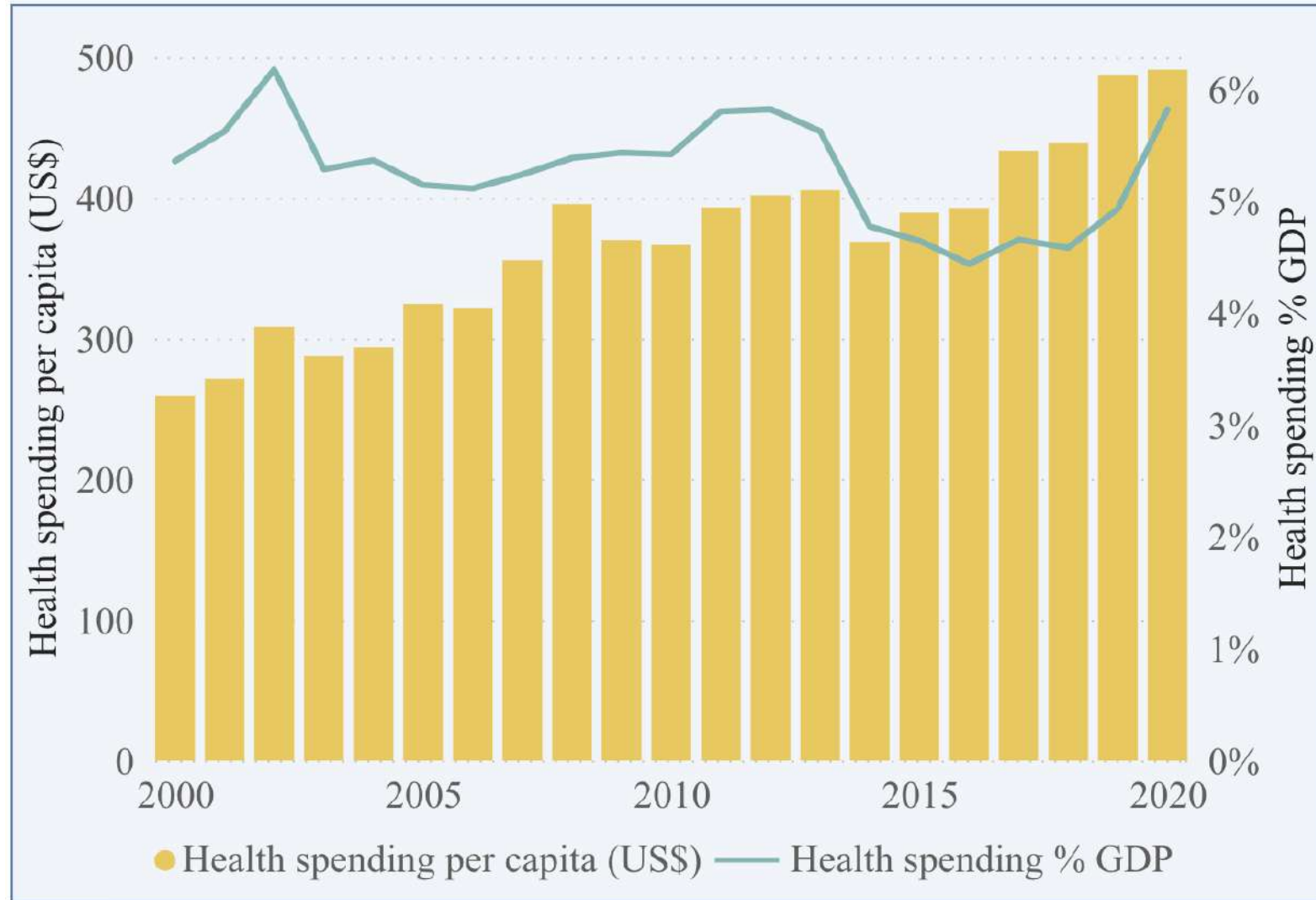
Source: WHO Global Health Expenditure Database

Background: Health Spending



Source: WHO Global Health Expenditure Database

Background: Health Spending



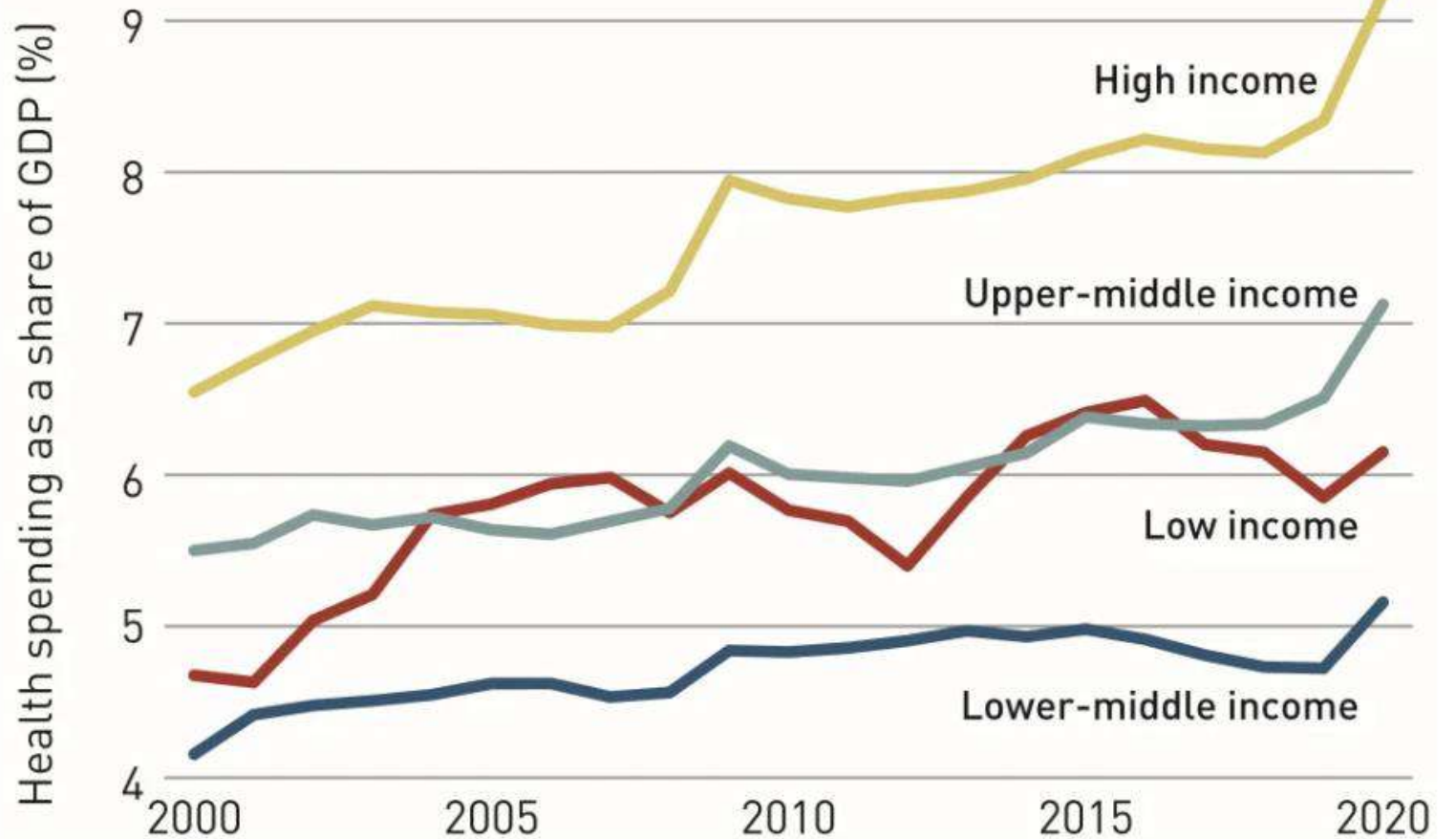
Source: WHO Global Health Expenditure Database

Background: Health Spending



Source: WHO Global Health Expenditure Database

Background: Health Spending



Source: WHO Global Health Expenditure Database

Research Methodology

- IRB was sought and approved for mixed method study
- A 40-question quantitative survey via telephone was/is being conducted and a qualitative 19-semi-structured interview questions was completed
- Telephone Interview done with households in each parish
- Proportionate sampling was used to select samples (~490 samples needed)

Research Methodology

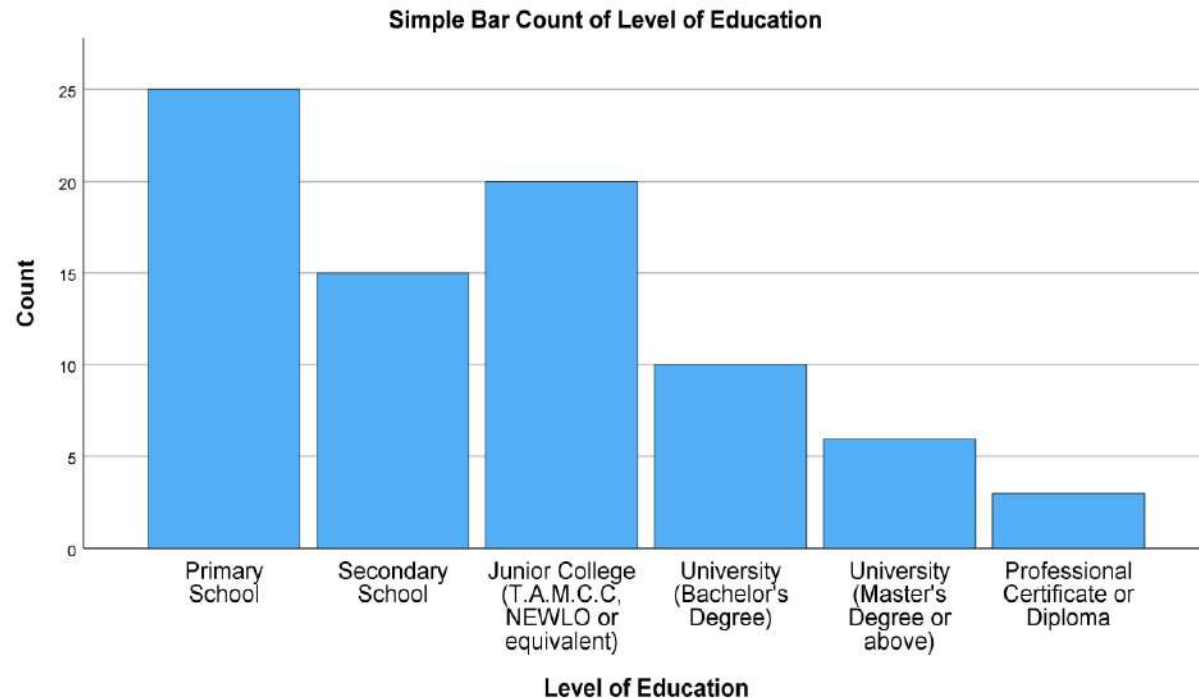
- Telephone numbers were scraped using a web scraper and numbers randomly selected for call
- De-identified data is collected and stored on a password secured computers at DPHPM at SGU.
- Preliminary Quantitative Data was analyzed in Excel and SPSS and Dedoose was used for the Qualitative dataset.
- Descriptive analysis such as frequencies were used to explain the data and bivariate correlations were used to determine some of the barriers



Quantitative Study Findings

- Preliminary sample size $n = 79$
- Males = 20, Females = 59
- Majority of the respondents were over 70 years – 34%
- 28 persons were employed

Quantitative Results: Education

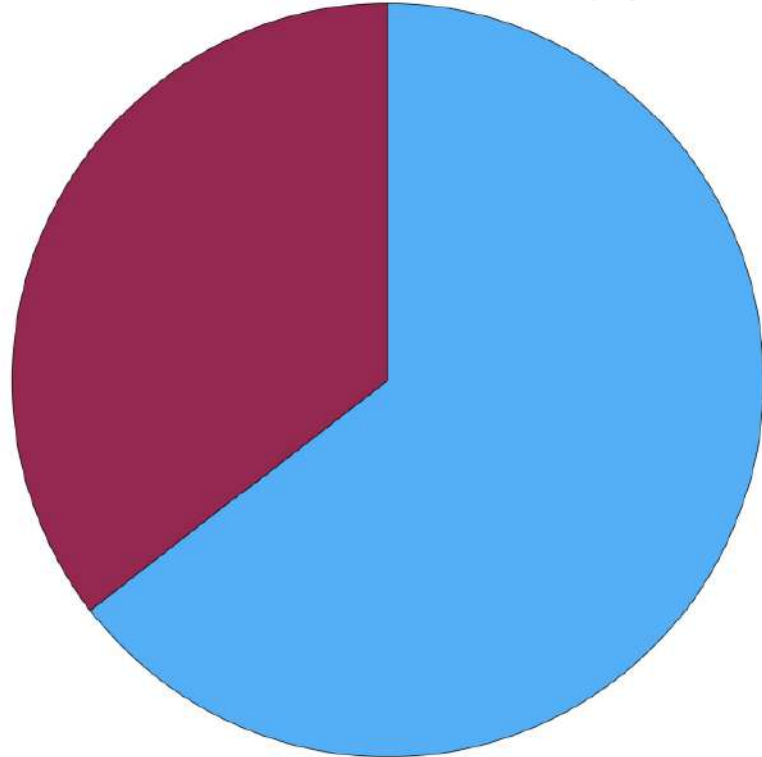


		Level of Education	Private Health Insurance Status
Level of Education	Pearson Correlation	1	.310**
	Sig. (2-tailed)		.005
	N	79	79
Private Health Insurance Status	Pearson Correlation	.310**	1
	Sig. (2-tailed)	.005	
	N	79	79

** . Correlation is significant at the 0.01 level (2-tailed).

Quantitative Results: Employment

Pie Chart Count of Employment Status



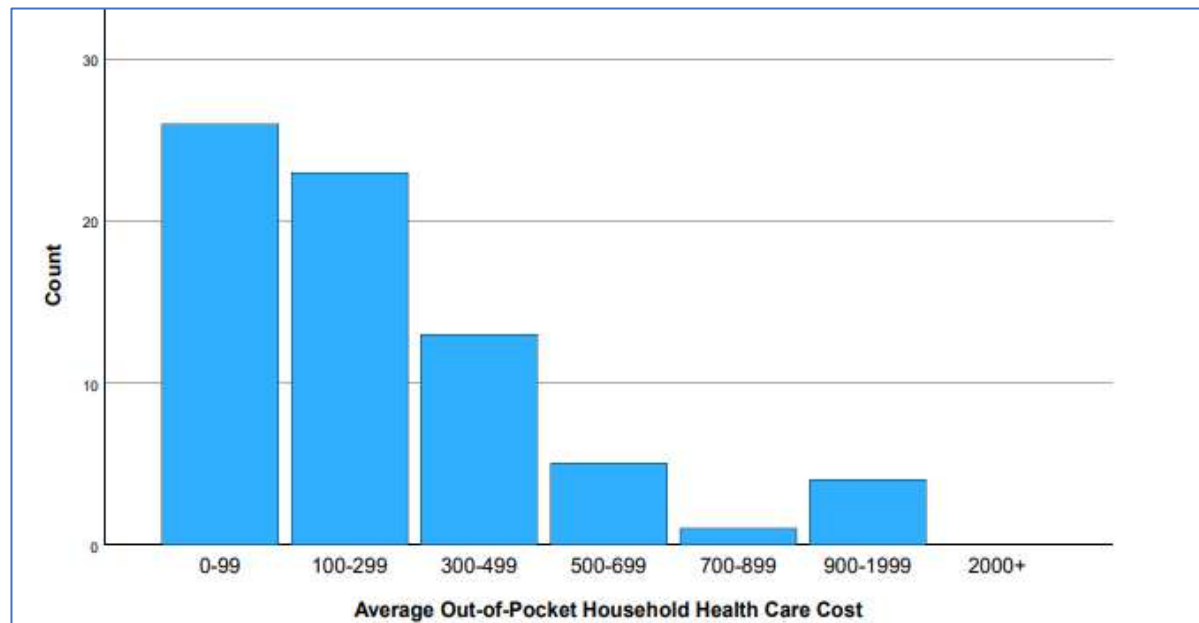
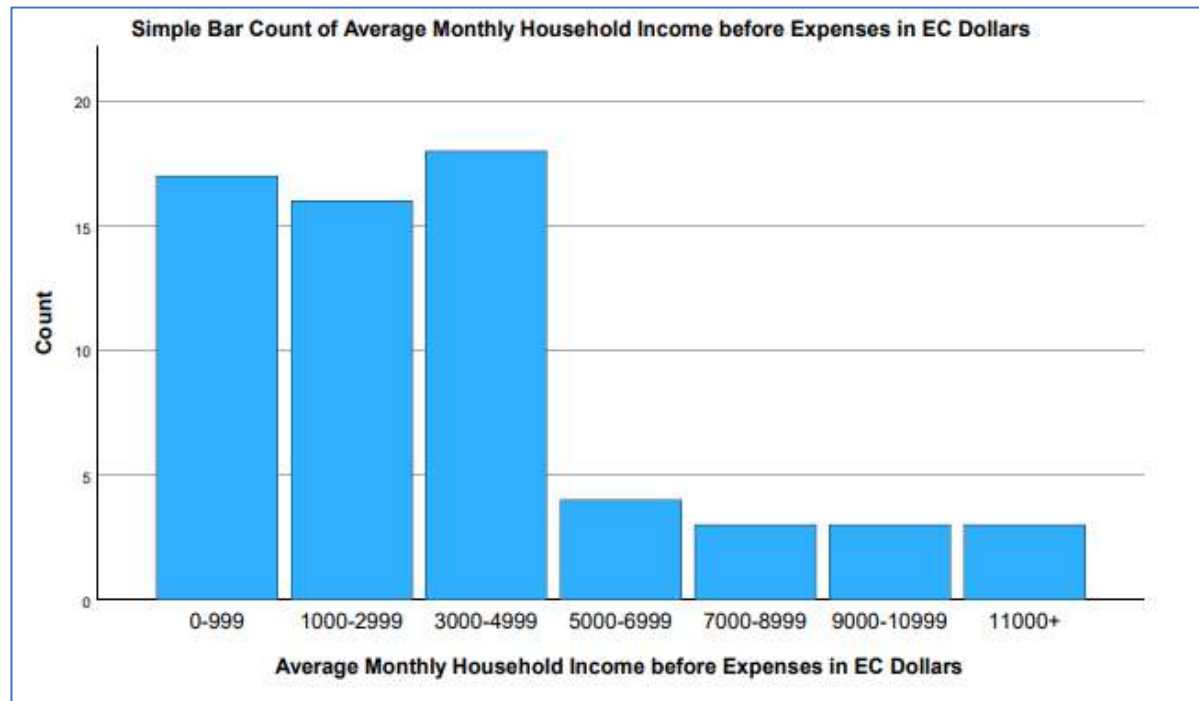
Employment Status

- No
- Yes

		Employment Status	Private Health Insurance Status
Employment Status	Pearson Correlation	1	.247*
	Sig. (2-tailed)		.028
	N	79	79
Private Health Insurance Status	Pearson Correlation	.247*	1
	Sig. (2-tailed)	.028	
	N	79	79

*. Correlation is significant at the 0.05 level (2-tailed).

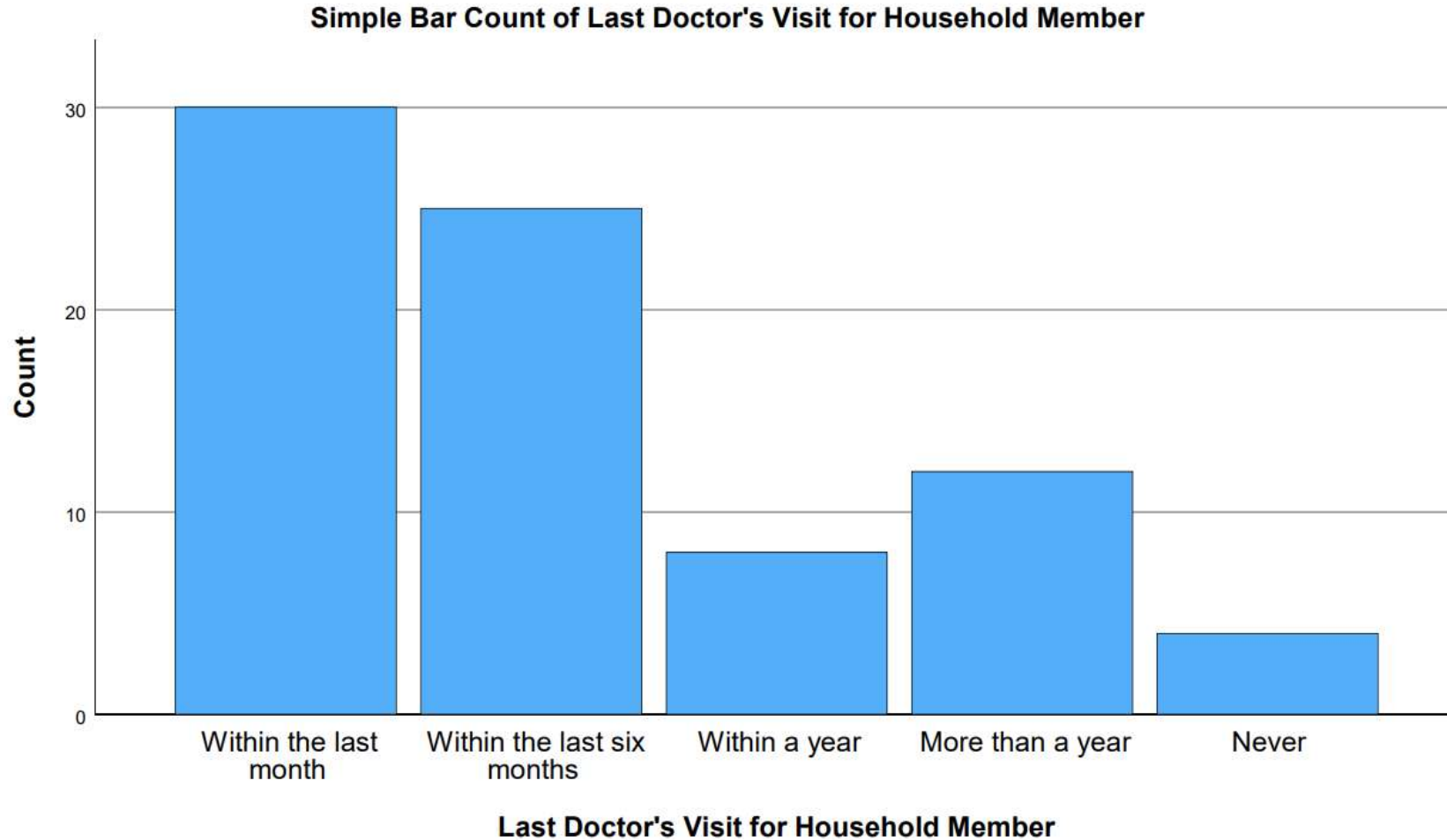
Quantitative Results: Income and OOP Costs (XCD)



Weighted Average **Out of Pocket**
Cost is **\$287.00 XCD**

Weighted Averaged **Income** is
\$3491.00 XCD

Quantitative Results: Health Utilization



Quantitative Results: Health Utilization

Average Out-of-Pocket Household Health Care Cost * Known Medical Conditions Crosstabulation

Count

		Known Medical Conditions		Total
		No	Yes	
Average Out-of-Pocket Household Health Care Cost	0-99	6	20	26
	100-299	4	19	23
	300-499	2	11	13
	500-699	2	3	5
	700-899	0	1	1
	900-1999	1	3	4
Total		15	57	72

Known Medical Conditions * Private Health Insurance Status Crosstabulation

Count

		Private Health Insurance Status		Total
		No	Yes	
Known Medical Conditions	No	10	8	18
	Yes	42	19	61
Total		52	27	79

Quantitative Results: Financial Assistance

**Last Doctor's Visit for Household Member * Private Health Insurance Status
Crosstabulation**

Count

		Private Health Insurance Status		Total
		No	Yes	
Last Doctor's Visit for Household Member	Within the last month	22	8	30
	Within the last six months	15	10	25
	Within a year	4	4	8
	More than a year	7	5	12
	Never	4	0	4
Total		52	27	79

Quantitative Results: Medical Conditions

Top 3 Known Medical Conditions:

- High Blood Pressure
- Diabetes
- High Cholesterol

Quantitative Results: Financial Assistance

Average Financial Assistance Recieved within 30 days in the last 6 mths *
Private Health Insurance Status Crosstabulation

Count		Private Health Insurance Status		Total
		No	Yes	
Average Financial Assistance Recieved within 30 days in the last 6 mths	Less than 500	6	0	6
	500-999	2	0	2
	1000-1499	1	0	1
	1500+	0	2	2
Total		9	2	11

Quantitative Results: Income and Private Health Insurance

Private Health Insurance Status * Average Monthly Household Income before Expenses in EC Dollars Crosstabulation

Count

		Average Monthly Household Income before Expenses in EC Dollars							Total
		0-999	1000-2999	3000-4999	5000-6999	7000-8999	9000-10999	11000+	
Private Health Insurance Status	No	15	12	5	3	2	2	2	41
	Yes	2	4	13	1	1	1	1	23
Total		17	16	18	4	3	3	3	64



Qualitative Study Findings

- Sample size 3 (out of 5) Health Insurance Providers
 - They all offered health insurance with medical, dental & vision coverage.
 - 2 offered individual and group and 1 only group health insurance
- Question Domains
 - Insurance coverage
 - Barriers to accessing health insurance
 - Administrative process
 - Public outreach and education
- Some analysis grouped as Health Insurance Facilitators, Inhibitors, Provider-Client Challenges

Qualitative Study Findings

➤ Health Insurance Facilitators

- Satisfaction of health insurance services
- Positive effects of Covid-19 pandemic – an uptick of beneficiaries.
- Ease of access to health insurance

➤ Health insurance Inhibitors

- Cost of health insurance
- Negative effects of Covid-19 – lapsed policies
- Knowledge and understanding of the health insurance process
- Employment status and income level
- Medical plan restrictions based on lifestyle, gender, medical report

Qualitative Study Findings

- Health Insurance Provider - Client Challenges
 - Access to healthcare services
 - Quality of health care services
 - Availability of medical specialties/specialists, equipment, testing capacities.
 - Variation of pricing of medical treatment/tests across health care providers
- Health insurance providers unaware of their role in achieving Universal Health Coverage.
- Health insurance providers unaware of government's intentions/plans

Key Observations

- A low percentage of persons purchasing health insurance.
- Mostly employed persons have health insurance
- Mostly persons higher education purchase health insurance
- Average out of pocket costs \$287. With a weighted average income of \$3491 that is around 8% of their monthly income.
- Most of the sample population who frequently visit the doctor do not have health insurance.
- Persons may be restricted from accessing health insurance as a result of their age, lifestyles, income and medical history.

Limitations

- Telephone interviews were done using landlines
- Preliminary dataset – result samples were aged population
- Some inaccuracies and biases in recall and memory from participants



Achieving Universal Health Coverage

The World Health Organization suggests that Universal Health Coverage can be achieved by a combination of methods that can be used in ensuring quality, safe, equitable, accessible health care that is not financially burdensome.

Policy Recommendations

- Health Financing Initiatives (Private or Public) should encourage preventive medicine
- Employers should be encouraged to purchase group health insurance plans for their employees
- Health Insurance Companies need to be regulated:
 - Cap on Out of Pocket Costs
 - No discrimination based on pre-existing conditions or age
 - Immediate application of health insurance at point of payment
 - Applicable for pharmaceutical purchases
 - No limits on medical diagnosis

Policy Recommendations

- Interoperable Electronic Medical Records in the public and private sector will be crucial for managing patient care
 - Improve ongoing surveillance
- Implement National Health Insurance to cover the rest of the population
- Establish a National Health Fund, separate from the consolidated budget
 - Emergency fund for highly specialized cases
- Establish partnership with regional and international institutions for medical treatment

Policy Recommendations

- Long-term: CARICOM Health Card (similar to the EU)
- Leverage Technology
 - Telemedicine
 - Data Analysis
- Strengthening Of Human Resource Capacity
 - Health Workforce Assessment
 - Evaluate wages in healthcare
 - Increase practitioners in the public system
 - Establish guidelines with physicians in both public and private sector

Policy Recommendations

- Establish a Board for Health
 - Strengthen medical practitioners and other related boards
 - Engage NGOs and establish roles and expectations in Health
- Strengthening Resource Capacity
 - Tools and equipment available
 - Using technology to improve efficiency
 - Regulate lab and other allied health businesses
- Health Systems Research and Quality
 - CARICOM or regional body should implement a body focused on evaluating health systems and quality of care

Thank You!