

Perceptions of Private Health Insurance Among Households in a Small Island Developing State (SIDS): The Case of Grenada

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Introduction

According to the 2011 USAID Report, "Grenada Health System and Private Sector Assessment" approximately nine percent (9%) of Grenada's population is enrolled in private health insurance.¹ Recent data from the World Health Organization's Global Health Expenditure indicates that out-of-pocket (OOP) spending has been the largest source of national health expenditure for the last decade. Additionally, voluntary pre-payments to health insurance companies were low at approximately four percent (4%) during the same time period.² These statistics prompted further research on health financing in Grenada, to gain insights on the low uptake of private health insurance despite the high out-of-pocket costs for health in Grenada.

Objectives: The purpose of the study is to explore the knowledge, attitudes and perceptions (KAP) of Private Health Insurance (PHI) among residents in Grenada. This information is crucial to inform policy on the implementation of National Health Insurance (NHI) which is an objective of the Government of Grenada. This presentation covers perceptions as part of the broader KAP study.



About Grenada

Grenada is a Small Island Developing State (SIDS) in the Caribbean. Grenada is a former territory of the British West Indies and a current Commonwealth Nation and Caribbean Community (CARICOM) member state. The health system in Grenada is influenced by its pre-independent British Colonial Health system. The current system adopts the Beveridge model where the Government of Grenada covers the cost for health through taxation and services are typically free at point of service. According to a survey conducted in 2007, approximately 45% of respondents' first source of care was a private facility.³ The statistics suggests there is a heavy reliance on the private health sector which aligns with the high OOP payments for health in Grenada.

In 2021, Grenada spent 5.76% of its GDP on health which is comparable to other Eastern Caribbean States but below the global average of 10.35%.⁴ With the ongoing and rising burden on Non-Communicable Diseases (NCDs) in Grenada and the global rise in cost of healthcare Grenada is currently considering alternative approaches to health financing such as National Health Insurance.

Methods

The study conducted a quantitative survey among households (n = 510) in Grenada to understand the perceptions of private health insurance. A representative sample count from each parish was informed by the 2021 National Census Survey Household Data. Interviewees were randomly selected within each parish using the National Yellow Pages phone number database. All interviewees provided consent to participate in the study. Responses were recorded using Qualtrics and the results were analyzed in RStudio.

Household Private Health Insurance		Yes	No
Age Group			
18-29		39	31
30-39		13	24
40-49		20	18
50-59		28	44
60-69		41	93
70+		18	124
Gender			
Female		118	249
Male		41	85
Parish			
Carriacou & Petite Martinique		9	22
St. Andrew		36	76
St. David		19	43
St. George		58	122
St. John		12	24
St. Mark		9	10
St. Patrick		16	37
Household Income (\$1.00 USD - \$2.70 XCD)			
Low income (<\$2999 XCD)		24	150
Middle income (\$3000 XCD - \$6999 XCD)		56	51
High income (>\$7000 XCD)		32	10
Unknown		47	123
Highest Education Level			
Basic Education (Primary or Secondary)		48	245
Higher Education (Junior college or Bachelor's degree)		86	76
Advanced Education (Master's degree or higher)		23	15

Table 1. Demographic Table

Results

- Respondents tend to agree that health insurance is important regardless of household health insurance status. Despite this perception, health insurance enrollment among households was approximately thirty-one percent (31%) with most households paying out-of-pocket (OOP) for health (**Figures 1 and 4**).
- Employment was the largest factor (74%) for households purchasing private health insurance. This was followed by referrals at 12% (**Figure 2**). While legislation does not require employers to offer health insurance, the findings suggest that individuals who opt to get health insurance will likely do so through an employment group plan.

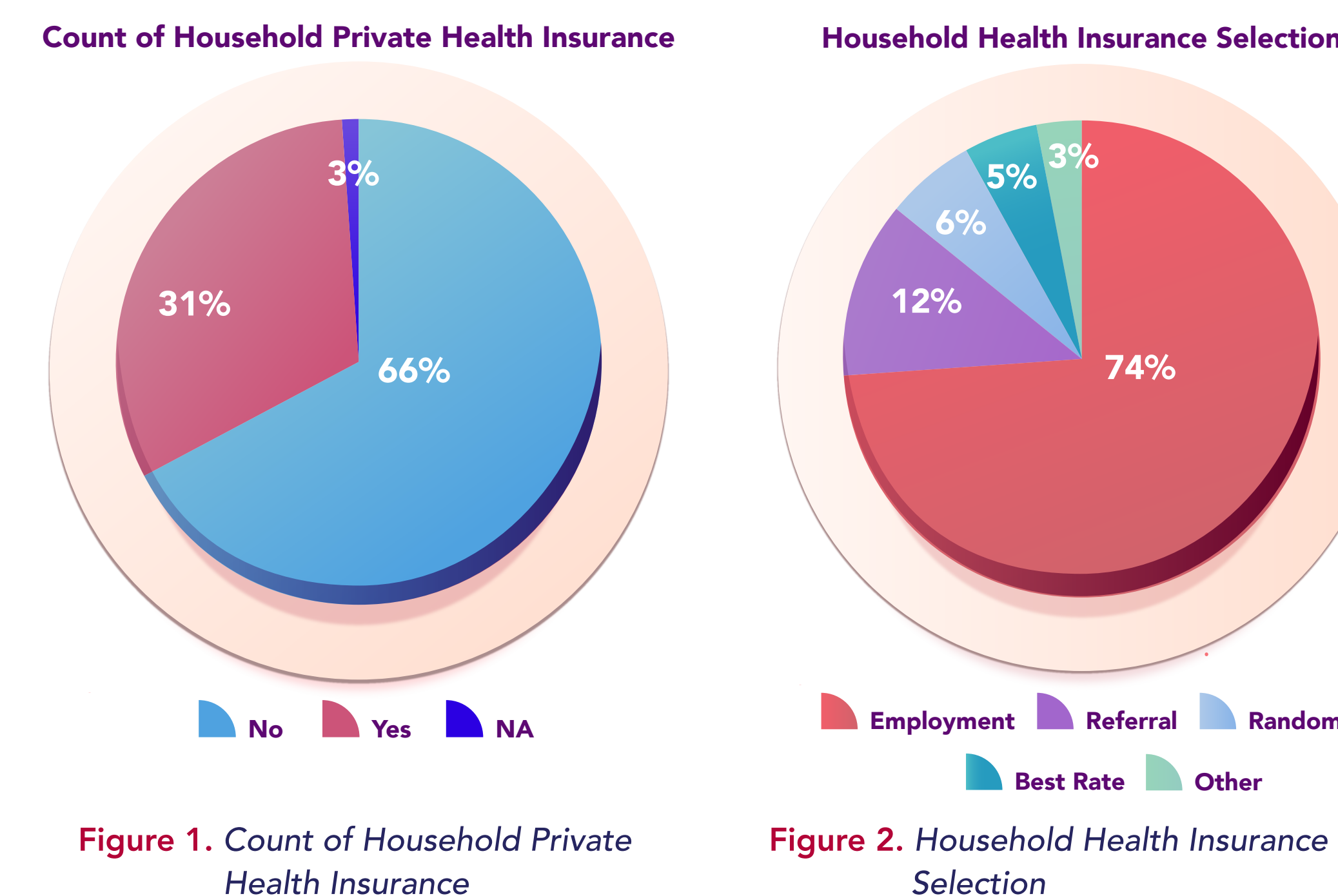


Figure 1. Count of Household Private Health Insurance

Figure 2. Household Health Insurance Selection

- The survey also investigated the perceptions of private health insurance among households who are currently enrolled in a plan. Respondents were asked about their challenges with Private Health Insurance which was used to create a word cloud. The leading challenges were all financial, including the time it takes to get reimbursed, being approved for reimbursement and paying out-of-pocket for services (**Figure 3**).



Figure 3. Challenges with Private Health Insurance Word Cloud

- Most households without private health insurance indicated that they cannot afford it. Eighty (80%) percent of respondents who selected 'other' provided additional information explaining their reason. Forty-six (46%) percent of other respondents indicated that being above the age limit was a contributing factor for their household not having private health insurance. Other respondents indicated that having a pre-existing condition such as living with an NCD was a factor as the respondents believe it can increase the cost, or they may be denied coverage (**Figure 5**).

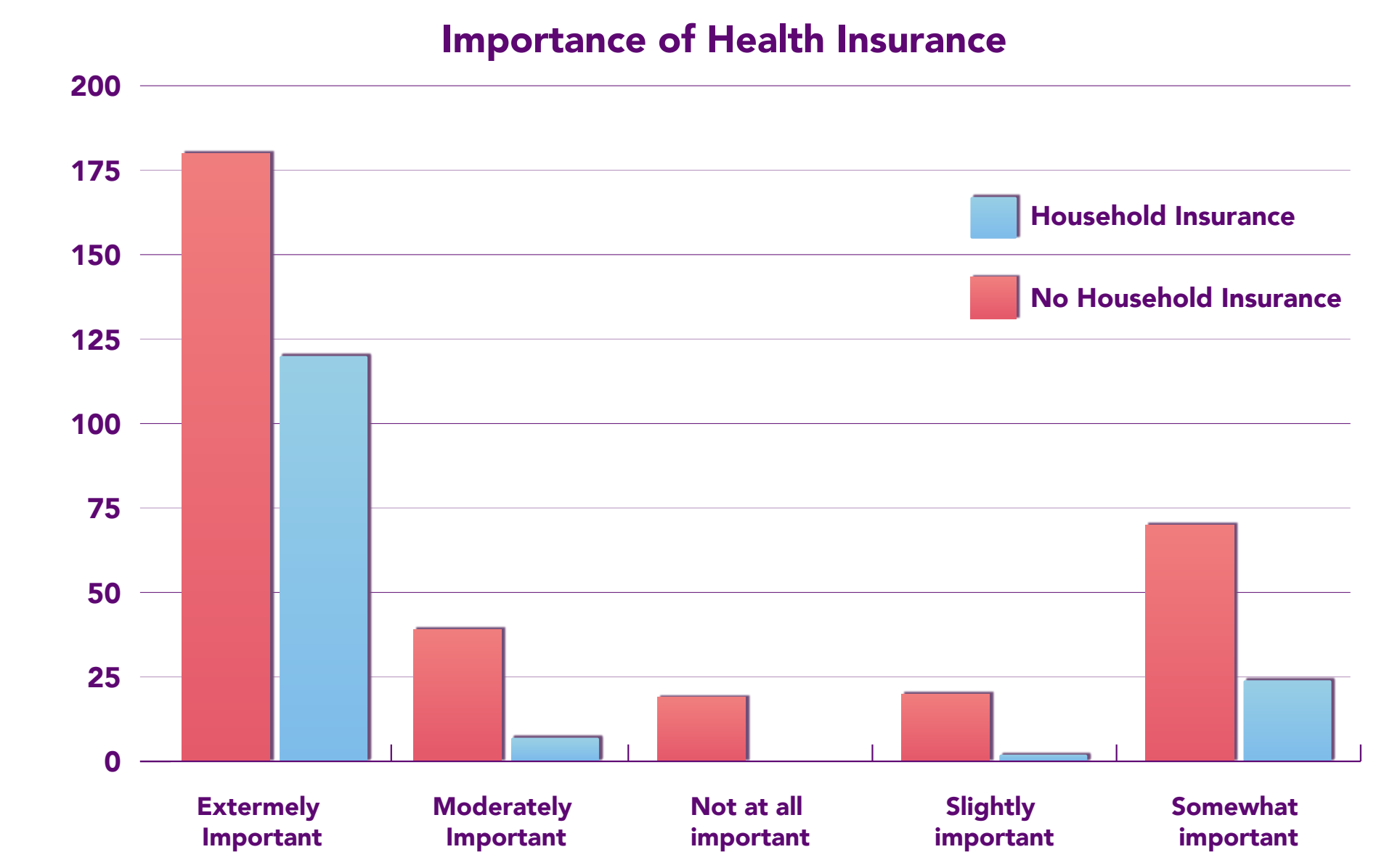


Figure 4. Importance of Health Insurance

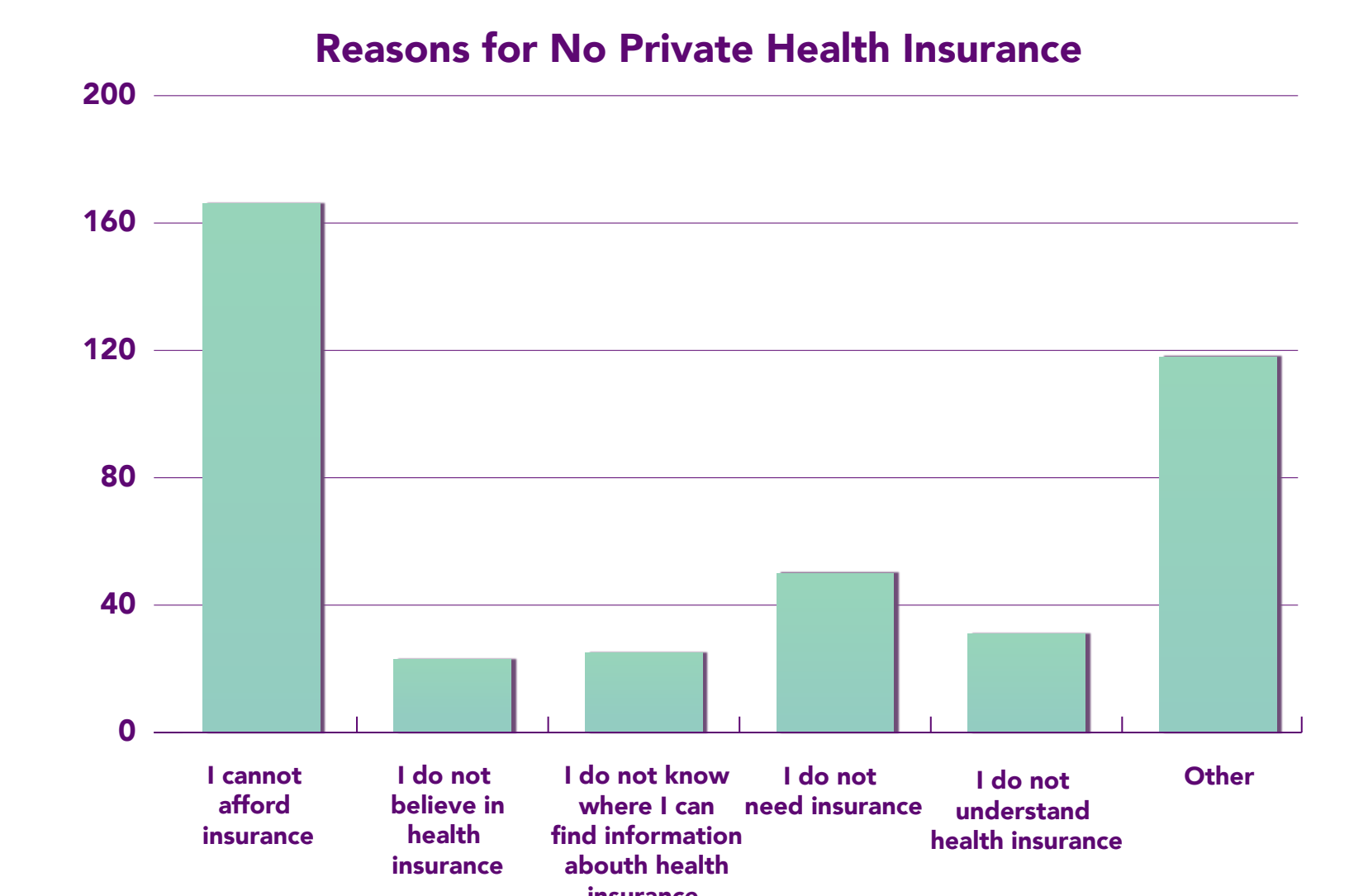


Figure 5. Reasons for No Private Health Insurance

Summary

Financial and access barriers seem to be the main contributor to lack of households purchasing private health insurance. While most respondents agree health insurance is important not every household can purchase private health insurance. Legislation to increase access such as removing limits on age and pre-existing conditions for private health insurance can potentially increase access. Similarly, incentivizing employers to provide private health insurance plans may also increase enrollment in the population. Eliminating or reducing out-of-pocket expenses can potentially increase satisfaction among current enrollees and attract new members.

Conclusion

The findings from this survey can be used to inform policy for health financing in Grenada and other SIDS facing similar challenges. As many SIDS seek to explore health financing mechanisms to achieve universal health coverage (UHC) in their respective jurisdictions, it is imperative to analyze the role of PHI in that agenda.

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