



BACKGROUND & OBJECTIVES

Back ground: Australia public health system with its universal Medicare has been recently facing challenges of growing burden of chronic health conditions. Private health insurance (PHI) has been promoted as supplemental to Medicare.

Objectives: To understand associations between PHI covers, chronic conditions & personal factors, and to estimate effects of PHI on preventive care use.



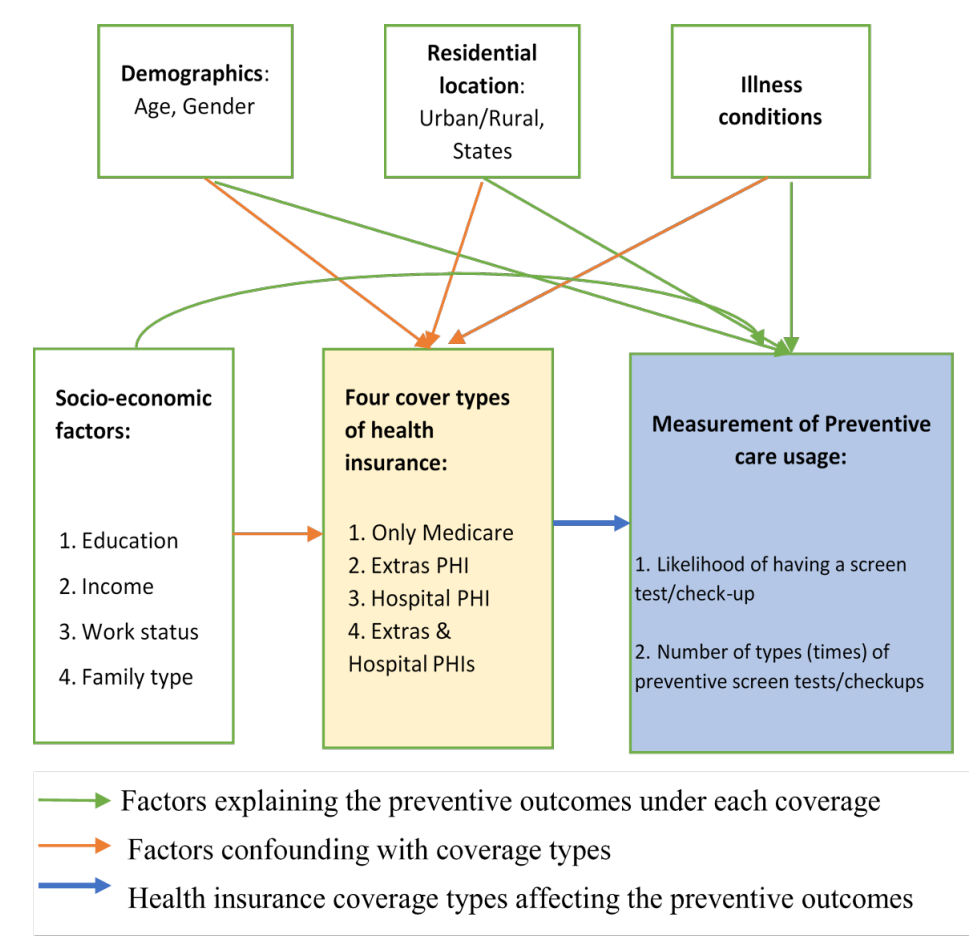
DATA

Australia's nationally representative surveys, the *Household Income and Labor Dynamics in Australia*, waves 2009, 2013 & 2017 provided ten chronic conditions, seven checkup-screening tests of preventive-care, three PHI covers & Medicare, individual demographics & geo-socio-economic characteristics.

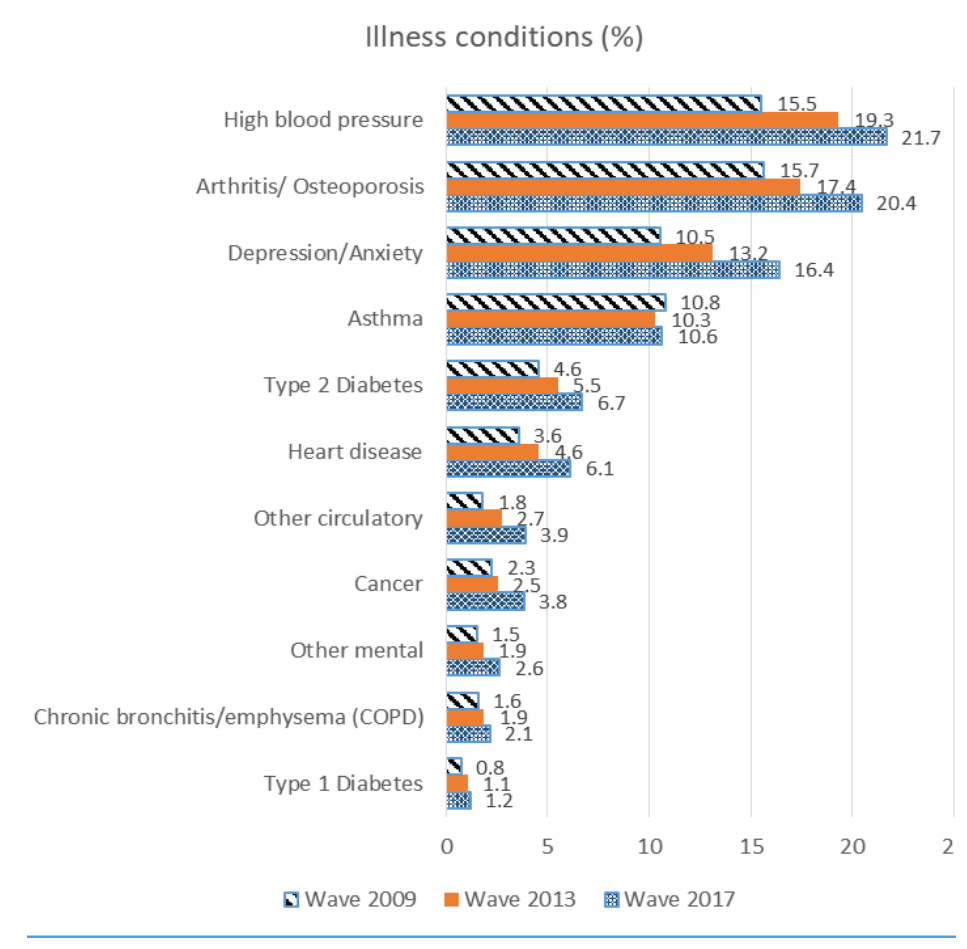
STUDY DESIGN & METHOD

- Study Design:** A longitudinal study included 9,829 respondents (51.4% of women) ≥15 years of age in 2009, & were followed up in 2013 & 2017.
- Method:**
- Multinomial logistic regression associated PHI cover choices with illness conditions, geo-socio-economic with wave effects
 - Negative binomial regression highlighted factors associated with the rates of having an additional checkup/screening test, stratified by gender and types of PHI
 - An augmented inversed probability weighting model used to account for possible confoundedness, & estimate effects of PHI on preventive-care use.

COHORT CHARACTERISTICS & PREFERENCES OF PHI COVERS



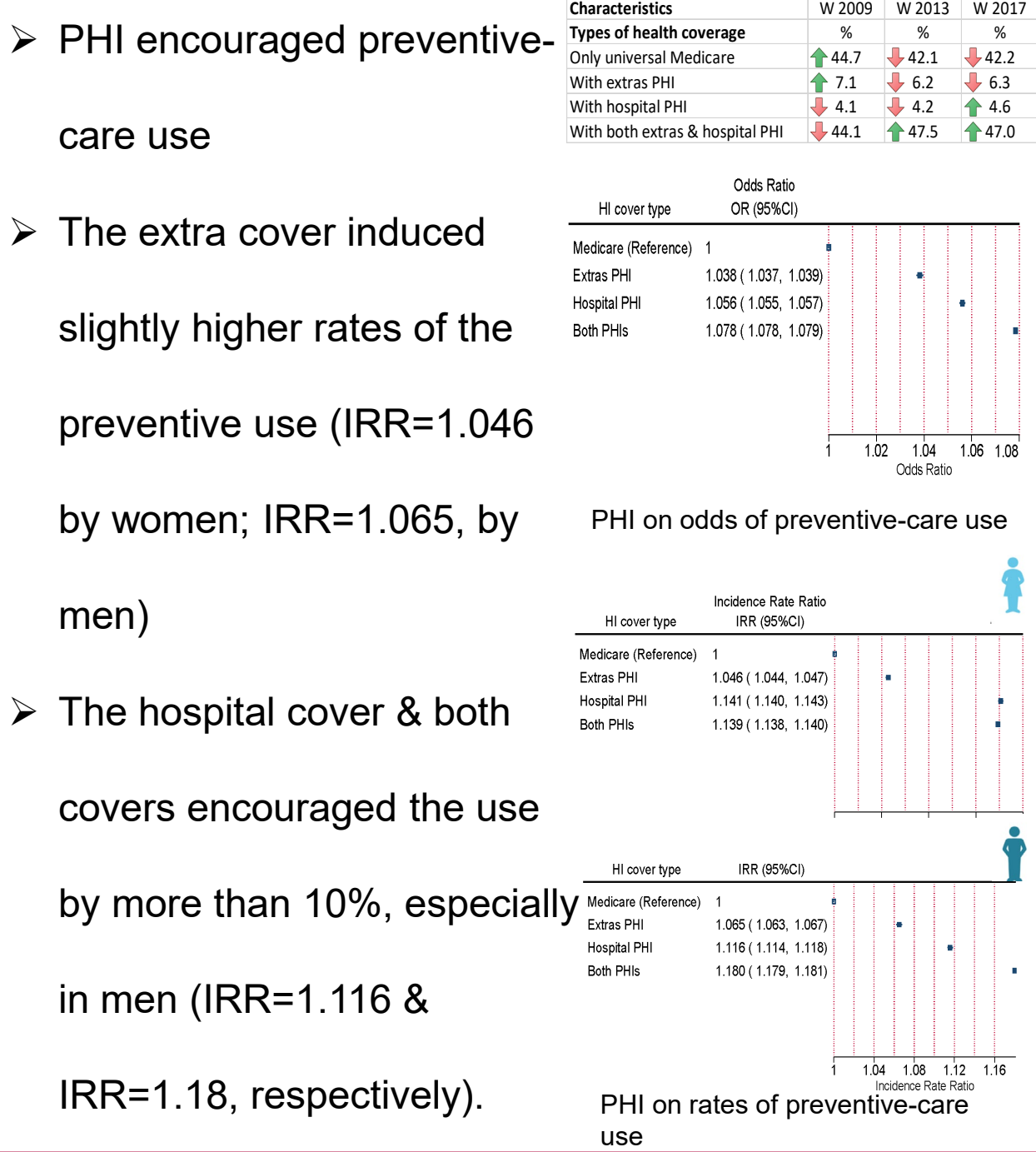
Characteristics	W 2009	W 2013	W 2017
Age group	%	%	%
Ages 15-29	26.3	19.0	11.4
Ages 30-44	27.6	27.4	27.4
Ages 45-64	33.2	35.3	37.1
Ages 65+	12.9	18.2	24.2
Education attainment			
Diploma/BA/higher	30.3	34.0	37.6
Up to 12 years/ Certificate IV	37.6	39.8	37.7
Up to 11 years/ undetermined	32.1	26.2	24.7
Work status			
Employed	66.3	64.9	62.3
Other duties or non-work	15.8	12.3	9.7
Retired from work	14.9	19.6	25.2
Unemployed	3.0	3.2	2.8
Family type	%	%	%
Couple family	73.6	72.9	70.6
Lone parent/person	20.8	22.9	25.4
Group/Multi-family/Others	5.6	4.2	4.0
Household annual income†			
Household income ≤ \$AUD 87,000	44.5	43.8	42.7
HHinc 87K-leq180K	41.2	39.0	37.4
HHinc gt 180K	14.3	17.2	19.9
Residential location			
Major cities	70.8	71.0	70.0
Inner regional AU	18.9	19.1	20.0
Outer regional AU	9.0	8.7	8.9
Remote AU	1.3	1.2	1.1



Preferences of PHI covers across 3 waves spanning over 12 years:

- Older age (especially 65+), women, couple family, high income households, BA-or-higher graduates were more likely to have PHI covers than the others
- Retirees preferred the hospital PHI cover. Persons unemployed, or on non-work/other duties were less likely to have any PHI cover
- Residing outside major cities was associated with lower chances of adding either an extra or an extra & hospital covers, yet not a hospital cover.

PHI ON PREVENTIVE-CARE USE



CONCLUSIONS

- Preferences of PHI covers were different between men & women, among age groups, working status, and geo-socio-economic conditions in Australia. After controlling for these differences, the effects of PHI on preventive-care use were significantly positive
- The findings underscored the role of PHI as supplemental to Medicare to address growing chronic conditions in an aging population in Australia

REFERENCES

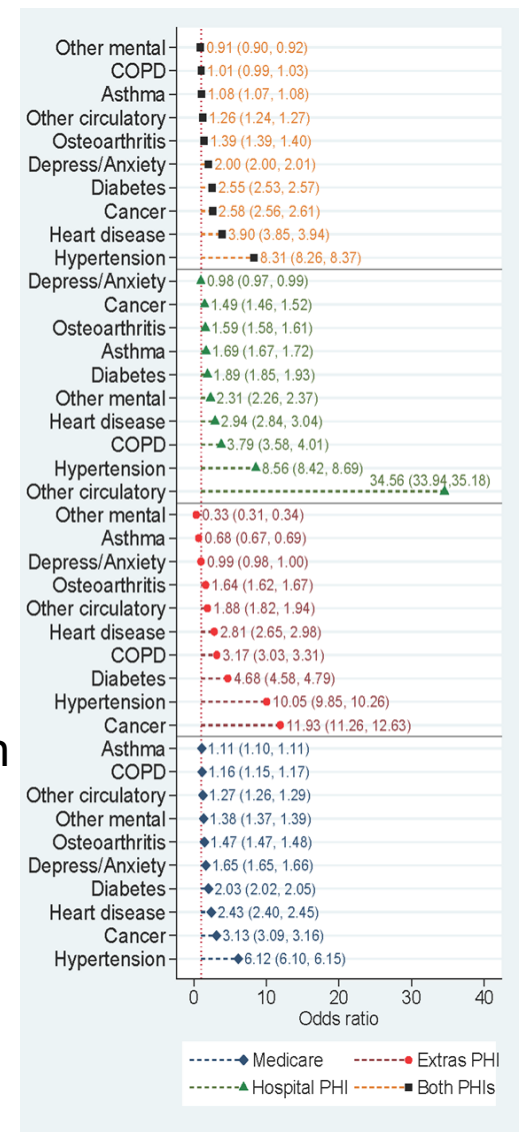
Roger Wilkins FB, Esperanza Vera-Toscano and Mark Wooden. The Household, Income and Labour Dynamics in Australia Survey: Selected Findings from Waves 1 to 18. Melbourne Institute: Applied Economic & Social Research: University of Melbourne; 2020 Politiques de sante. 2020;15(4):13-20 (and more...)

NUMBER OF CHECKUP/SCREENING TESTS, STRATIFIED BY GENDER AND PHI COVERS

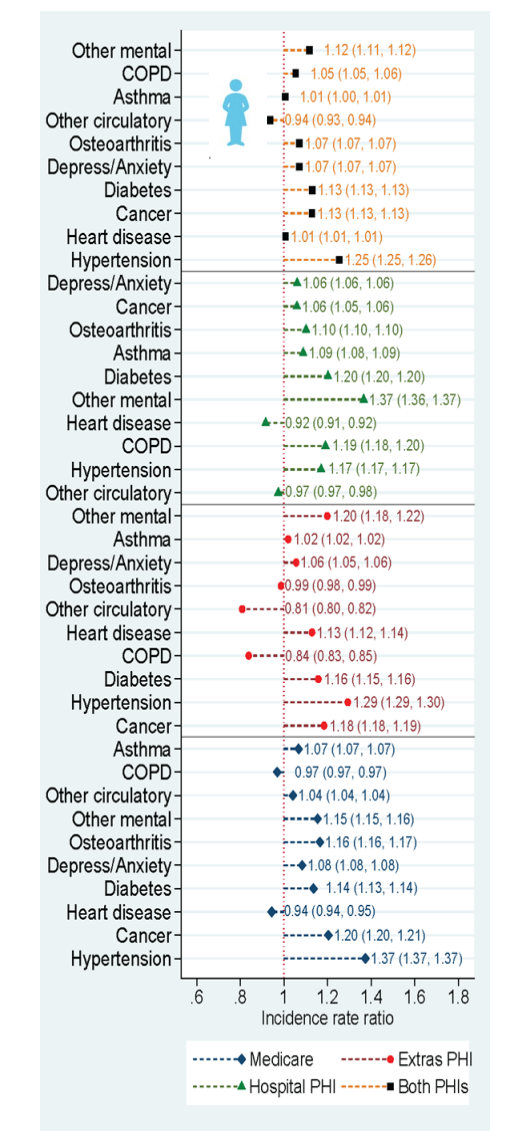


Number of checkup/screening tests

- Men tended to have more preventive-care than women
- Hypertension, diabetes, cancer, depression & heart diseases were most influential on preventive-care use
- Among women and men with hospital covers, diabetes & depression/ anxiety were associated with higher rates of preventive use (IRRs = 1.20 & 1.06), yet lower rates by men (IRRs = 0.89 and 0.88, respectively). On contrast, heart disease was associated with lower rates by women (IRR=0.92) and higher rates by men (IRR=1.19).



Illness on likelihood of preventive-care use



Illness on frequent rates of preventive-care use