



POST- 65ers: IS THERE A GENERATION GAP IN HEALTHCARE PERCEPTIONS AND EXPECTATIONS?

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foundation



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SINGAPORE HEALTHCARE SYSTEM



❖ DUAL SYSTEM OF HEALTHCARE DELIVERY



❖ HEALTHCARE DELIVERY SYSTEM

- Primary healthcare
- Secondary
- Tertiary

❖ HEALTH INSTITUTIONS

- Polyclinics
- Hospitals
- Nursing homes

HEALTHCARE FINANCING



This is not a welfare system and all Singaporeans are encouraged to look after themselves.

- ❖ Emphasis on the individual to assume responsibility towards their own health (principle of co-payment applies)
- ❖ Their own health expenditure (principle of co-payment applies)
(predominantly funded by private rather than public expenditure)

3M POLICIES

- Medisave
- Medishield
- Medifund

SUBSIDIES

ELDERSHIELD

WORLD – CLASS HEALTHCARE SYSTEM

Severe disability insurance eligible between age 40-69 years old will pay a small premium until they are 65 but will be covered for the rest of their lives for \$166 per month

INTRODUCTION



- ❖ Singapore's economic success since independence in 1965
- ❖ Commensurate improvements in healthcare since 1965
- ❖ Improved general living and healthcare standards of generation of post-65ers (those born after 1965) than their parents
- ❖ Increasing concern over affordability of healthcare by the average Singaporean

OBJECTIVE



We sought to determine differences in perceptions and expectations of healthcare between those born before (pre 65ers) and after independence (post 65ers).

❖ **Measuring ‘Public Perceptions’**

- focus groups to examine qualitatively public perceptions
- a survey to determine quantitatively public perceptions

❖ **SingHealth Centre for Health Services Research undertook**

- survey design
- questionnaire preparation
- testing

❖ **The survey was carried out during August 2006**

A 5-POINT LIEKART SCALE WAS USED FOR THE MAJORITY OF QUESTIONS

❖ **Respondents were asked to score their agreement with specific statements using the scale below:**

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
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❖ **The questions were grouped in 6 factors:**

- Service at public institutions
- Service at private institutions
- Affordability at public institutions
- Affordability at private institutions
- Individual responsibility
- Healthcare financing

❖ **Additional questions:**

- Health seeking behavior
- Demographics

Data on 1,763 respondents with full information on age was used for analysis.

SURVEY METHOD AND SAMPLE



- ❖ Random numbers were generated from telephone directory listings.
- ❖ Specially trained nurses contacted members of the public and conducted the survey via telephone.
- ❖ Audit of data quality was conducted and accuracy was found to be 99.98%.
- ❖ There were 1,783 respondents. Of the non-respondents, approximately half were un-contactable at the number listed and the other half declined to participate. There was no difference with respect to ethnic group and housing type between respondents and non-respondents.

ALL SURVEY INTERVIEWS WERE INITIATED WITH A STANDARD SCRIPT AS BELOW:

Hello, Sir/ Mdm. My name is Nurse _____ from Singapore Health Services. We are conducting a survey on behalf of the Ministry of Health on the affordability of healthcare and I would like to ask you a few questions. The entire survey will take less than 10 minutes and all information will be kept strictly confidential. This survey is conducted regularly to understand better the public's concerns about healthcare. The last survey was conducted in 2003 and is available online.

SAMPLE CHARACTERISTICS



Table 1

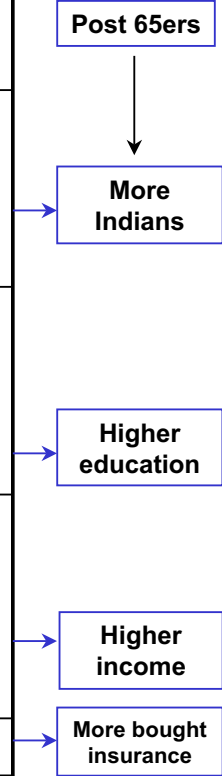
<u>Variables</u>	<u>Survey participants</u> (N= 1763)	<u>National</u>
Race %	Missing 1.4%	
Chinese	74.2	75.56
Malay	12.6	13.64
Indian	10.5	08.70
Others	02.6	02.10
Monthly Household Income (S\$)	Missing 11%	
<1500	17.97	19.06
1500 – 3000	36.33	22.26
3000 – 5000	28.61	18.72
5000 – 7000	09.1	19.12
> 7000	7.98	10.69
Education	Missing 5%	
Primary	21.6	43.8
Secondary	44.1	36.5
Polytechnic	17.6	13.1
University	16.7	6.6
Age		
= born after 1965: 40 years	36.7	56.5
>born before 1965: 40 years	63.3	43.5
		(From Singapore Census of Population 2005)

Respondents with monthly HH income between \$1501 – 5000 were over represented while respondents with income > \$5001 were under represented.
Respondents born before 1965 were over and those born after 1965 were under represented.

Table 2 COMPARISON BETWEEN PRE 65 YRS AND POST 65 YRS



Variables	Post 65ers 647 (36.7%)		Pre 65ers 1116 (63.3%)		Total 1763 (100%)	P value
	No	%	No	%		
Race%						
Chinese	450	(70.98)	840	(76.09)	1290	(74.22)
Malay	078	(12.30)	142	(12.86)	220	(12.66)
Indian	085	(13.41)	097	(08.79)	182	(10.47)
Others	021	(03.31)	024	(02.17)	045	(02.59)
						0.02
Education%						
Primary	049	(07.84)	313	(29.75)	362	(21.59)
Secondary	226	(36.16)	512	(48.67)	738	(44.01)
Polytechnic	182	(29.12)	113	(10.74)	295	(17.59)
University	167	(26.72)	114	(10.84)	281	(16.76)
						0.0001
Income%						
< 1500	043	(7.24)	241	(24.44)	284	(17.97)
1500 – 3000	215	(36.20)	359	(36.41)	574	(36.33)
3000 – 5000	204	(34.34)	248	(25.15)	452	(28.61)
5000 – 7000	070	(11.78)	074	(07.51)	144	(09.11)
>7000 –	062	(10.44)	064	(06.49)	126	(07.98)
						0.0001
Insurance: Yes%	412	(64.78)	559	(50.68)	971	(55.9)
						0.0001



DIFFERENCES IN PERCEPTIONS TOWARDS OWN RESPONSIBILITY



Figure 1

I should be personally responsible for my own health.

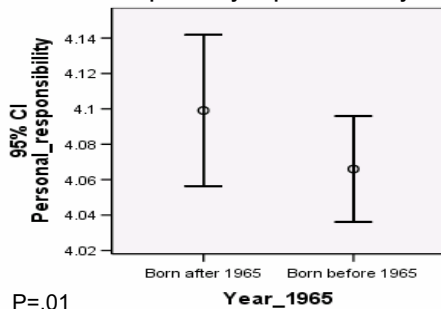


Figure 2

It is my personal responsibility to build my own savings to help pay for my healthcare expenses.



Figure 3

It is my personal responsibility to buy medical insurance to help me pay for high medical bills.

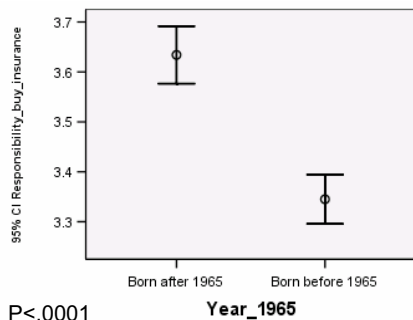


Figure 1, 2 and 3 show that significantly more post 65ers as compared to pre 65ers:

- felt more responsible for their own health
- felt responsible to build their own savings for their health.
- felt responsible to buy health insurance on top of Medishield.

DIFFERENCES IN PERCEPTIONS TOWARDS GOOD TREATMENT



Figure 4 I can receive good medical treatment at GP clinics

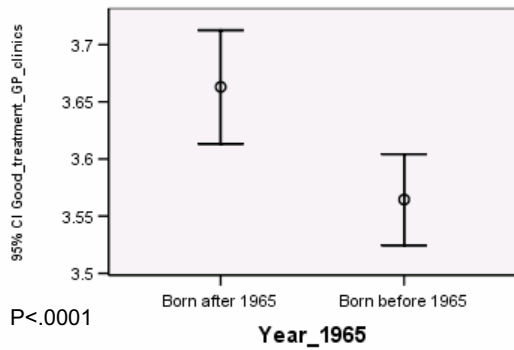


Figure 5 I can receive good medical treatment at Polyclinics

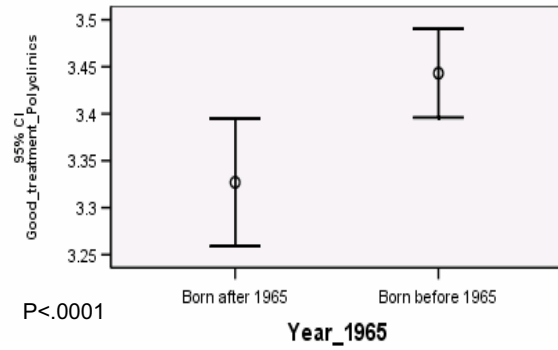
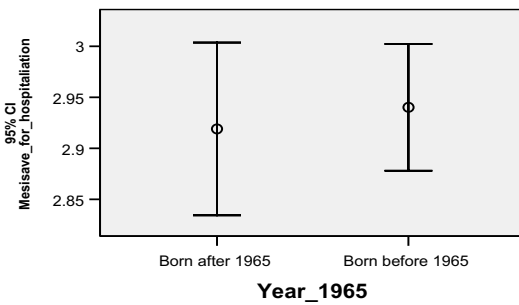


Figure 6 Medisave should be used mainly for hospitalization expenses.



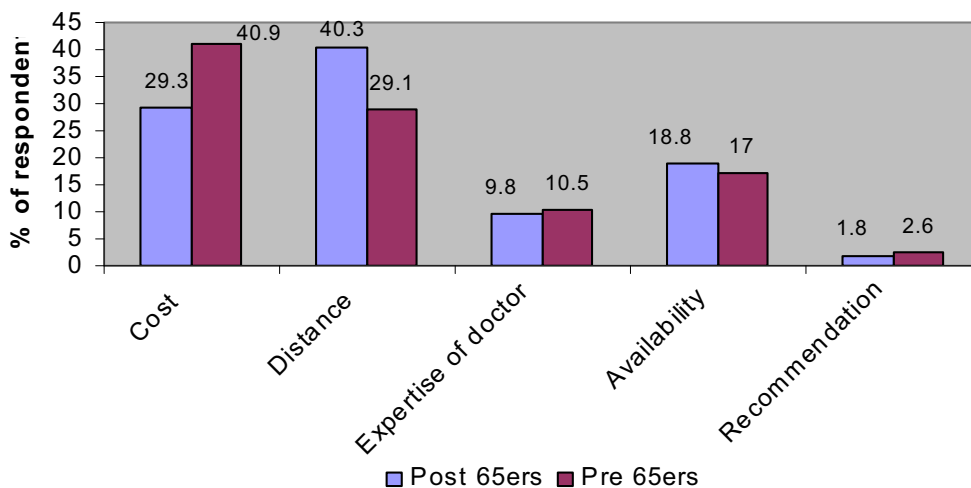
Significantly more post 65ers felt that they received good treatment at GP clinics (Figure 4) while those born before 1965 felt that they received good treatment at polyclinics (Figure 5).

Pre 65ers, as compared to post 65ers, felt that Medisave should be used mainly for hospitalization expenses (Figure 6).

IMPORTANT FACTORS DECIDING WHERE TO SEEK PRIMARY HEALTHCARE



Figure 7



“Cost” was perceived as the most important deciding factor (41%) by pre 65ers while “Distance” was the most important factor for post 65ers (40%) in deciding where to seek primary healthcare. “Availability (18%), expertise (10%) of the doctor” and “recommendation” (2%) were the three other factors which received a similar response rate by pre and post 65 ers.

Post 65ers are experiencing better healthcare facilities than their parents



Figure 8

Treatment at public and private clinics

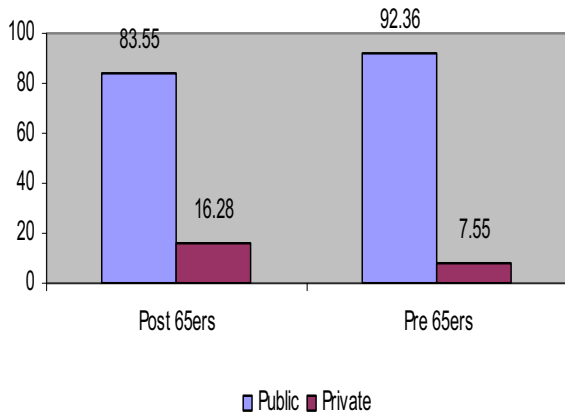
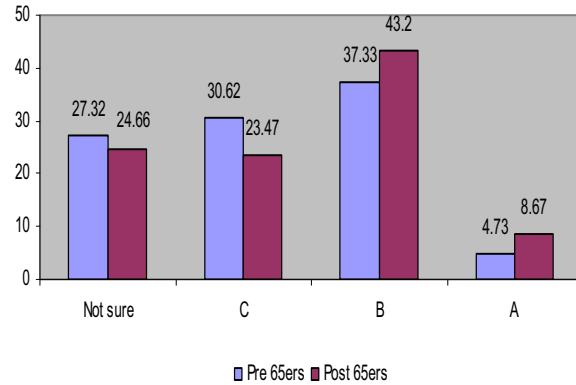


Figure 9

Treatment at different wards



P<.0001

P<.0001

Significantly more post 65ers as compared to pre 65ers, received treatment at private healthcare clinics. They also enjoyed better facilities provided at ward A and B.

POST 65ERS WERE MORE LIKELY TO PROCURE INSURANCE



Table 3

Logistic regression with purchase of insurance as dependent variable

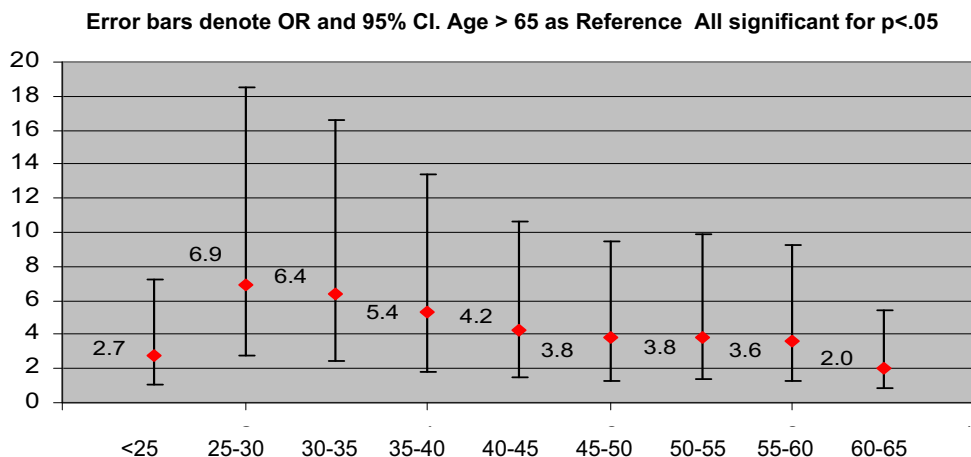
Variables	OR	95% C.I.	P-value
Univariate: Age (years)			
Born before 1965	Ref.		
Post 65ers	1.787	1.461 – 2.184	<.0001
Multivariate			
Born before 1965	Ref.		
Post 65ers	1.278	1.014 – 1.612	.038
Income ≤ \$1500	Ref.		
>\$1500	2.209	1.639 – 2.977	<.0001
Education upto primary	Ref.		
Above primary	2.267	1.715 – 2.997	<.0001

Post 65ers were significantly more likely (p<.001) to purchase insurance (OR = 1.79). The result persisted after adjusting with income and education.

ASSOCIATION OF AGE WITH PURCHASE OF INSURANCE



Figure 10



Post 65ers were more likely to purchase insurance as compared to those born before independence.

Likelihood of purchase of insurance was 6 times more with respondents whose age was between 30 – 40 years as compared to above 65 years old.

Likelihood of purchase of insurance decreased with increasing in age.

SUMMARY OF THE RESULTS



- ❖ Significantly more post-65ers agreed that:
 - Individuals were primarily responsible for personal health.
 - Individuals were responsible for building up savings to help pay for personal medical expenses.
 - Individuals should purchase their own medical insurance.
 - Good medical treatment was available at GP clinics ($p < .0001$).
Fewer post-65ers felt that they received good medical treatment at polyclinics ($p = 0.030$).
- ❖ More post-65ers rated convenience (distance and access) rather than cost as the most important factors influencing their choice of primary healthcare provider.
- ❖ After adjusting with income and education, post-65ers were more likely to buy insurance (OR = 1.28, $p < .0001$, 95% CI: 1.01 – 1.61) despite believing Medisave, Medishield and Medifund were sufficient to help Singaporeans pay for their healthcare needs ($p = 0.003$).

CONCLUSION



- ❖ Majority of post 65 respondents have confidence in the healthcare system. They expect better and efficient medical treatment.
- ❖ There continues to be a strong sense of personal responsibility among the post 65ers towards health and they acted upon this belief by purchasing medical insurance over and above Medishield.
- ❖ This trend is consistent with national thinking of community risk pooling for health expenses and should be encouraged.

Thank you







