

PROJECT TITLE: INSURANCE COVERAGE AND USAGE ANALYSIS

Prepared For:

Project Collaboration and Practice

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INSURANCE COVERAGE AND USAGE ANALYSIS

1. Project Background and Overview

Health insurance coverage and healthcare utilisation are critical indicators of public health and accessibility. This analysis explores the disparities and trends within a dataset representing a sample population of **6,158 records analysed**. The findings aim to inform policies and strategies to improve healthcare access for underserved groups.

Key Metrics Tracked:

- Percentage of individuals with health insurance.
- Influence of employment and income on insurance access.
- Hospital visit frequency differences between insured and uninsured individuals.

Objectives:

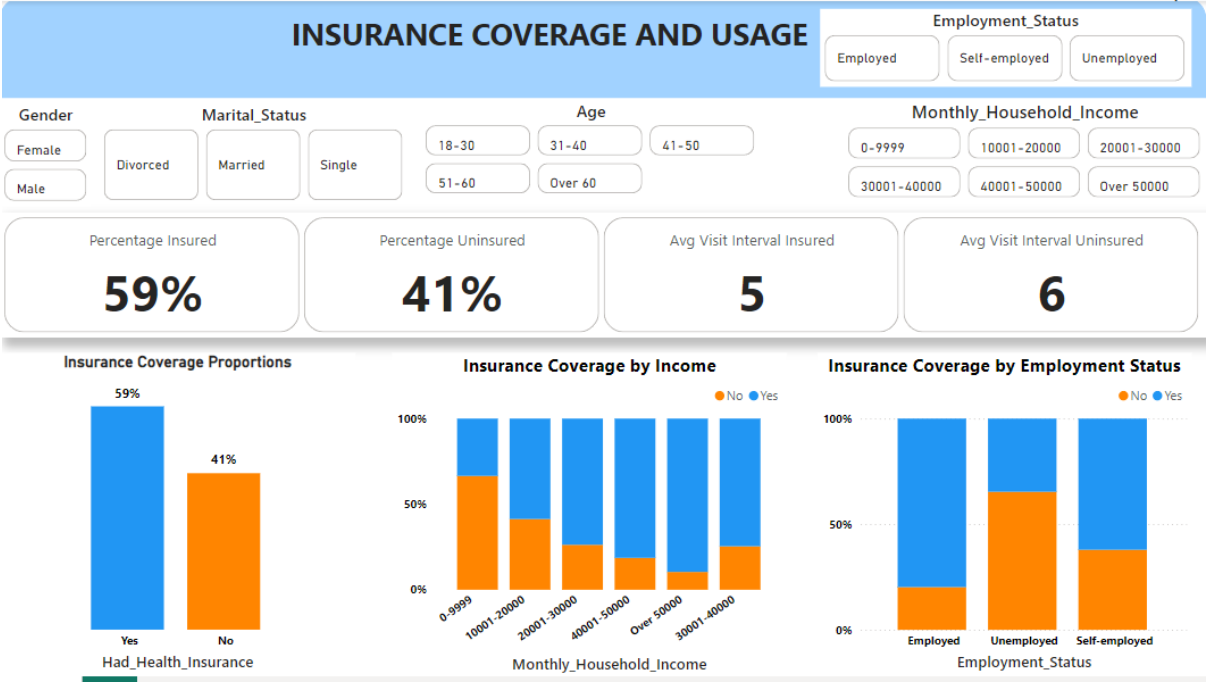
1. Quantify the proportion of individuals with health insurance.
2. Identify the socioeconomic factors influencing insurance coverage.
3. Assess the impact of health insurance on hospital visit frequency.

By addressing these objectives, this analysis seeks to guide stakeholders in enhancing health insurance penetration and healthcare equity.

2. Executive Summary

1. **Insurance Coverage:** 59% of the population is insured, while 41% lack coverage. Employment and income significantly influence these rates.
2. **Socioeconomic Disparities:** Higher-income earners (90% insured) have significantly better coverage compared to low-income groups (35%).
3. **Healthcare Utilization:** Insured individuals visit hospitals more frequently (average interval: 6 months) compared to the uninsured (7 months).
4. **Key Metrics:** Proportion of insured individuals, socioeconomic impact on coverage, and healthcare utilisation trends.

Dashboard: Insurance Coverage And Usage Analysis



4. Data Structure Overview

The dataset consists of **6,158 records** and includes variables providing insights into demographics, socioeconomic status, insurance coverage, and healthcare usage. Key relationships include:

- Demographics:** Age, gender, and marital status as factors influencing healthcare decisions.
- Socioeconomic Status:** Employment status and income levels as determinants of insurance coverage.
- Healthcare Usage:** Frequency of hospital visits and routine checkups as indicators of access and utilisation.

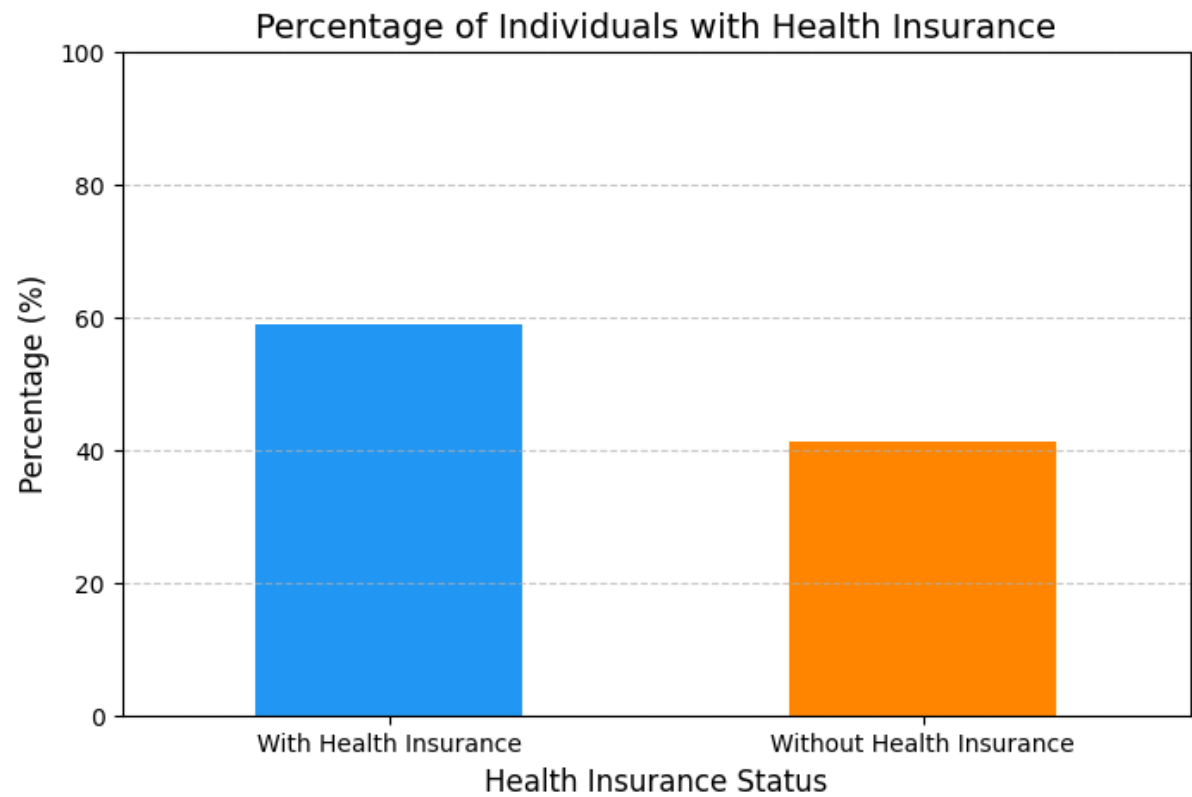
Healthcare Data Relationship

Healthcare_Table
Date
Age
Gender
Marital_Status
Num_Children
Employment_Status
Monthly_Household_Income
Had_Health_Insurance
Insurance_Cover_Count
Insurance_Cover
Last_Hospital_Visit_Months
Had_Health_Insurance_During_Last_Visit
Had_Routine_Checkup
Checkup_Interval_Years
Had_Cancer_Screening
Cancer_Screening_Interval_Years

5. Key Insights

Insight 1: Demographic Disparities in Health Insurance Coverage

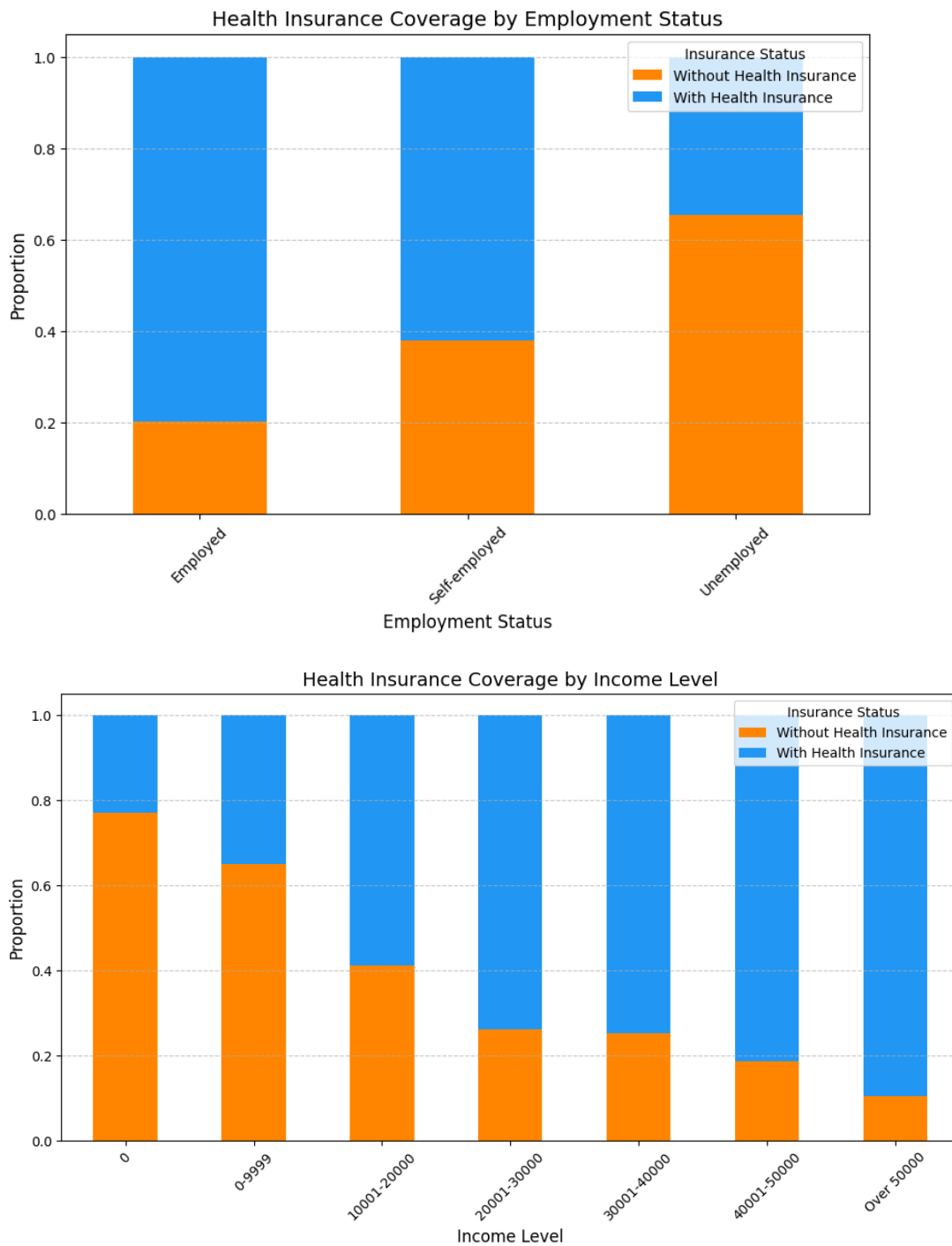
Insurance Coverage by Demographics



- **Key Metric:** 59% insured, with coverage rates varying by employment and income levels.
- **Implication:** Vulnerable groups (unemployed, low-income) exhibit lower coverage, indicating a gap in accessibility.

Insight 2: Socioeconomic Impact on Insurance Access

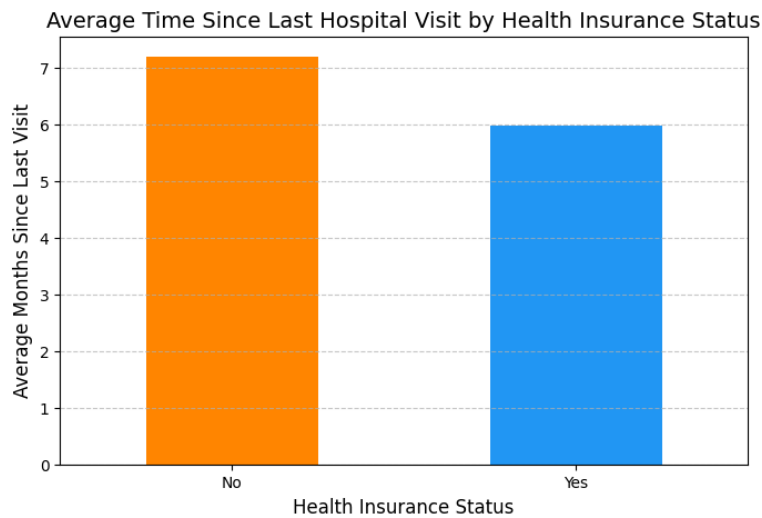
Coverage by Employment and Income



- **Key Metric:** Income correlates strongly with insurance rates (90% for high-income vs. 35% for low-income).
- **Implication:** Subsidised health programs could address disparities among low-income groups.

Insight 3: Healthcare Utilization by Insurance Status

Hospital Visit Frequency by Insurance Status



- **Key Metric:** Insured individuals have shorter intervals between hospital visits (6 months vs. 7 months).
- **Implication:** Insurance improves healthcare access and usage.

6. Recommendations

1. Targeted Subsidies:

- Develop subsidised health insurance programs focused on low-income and unemployed groups.

2. Employer Engagement:

- Promote employer-sponsored insurance to increase coverage among employed individuals.

3. Community Health Initiatives:

- Expand community-driven health programs to provide basic healthcare for uninsured individuals.

4. Awareness Campaigns:

- Launch public campaigns emphasising the benefits of health insurance, particularly in underserved regions.

5. Communication

- **To Policymakers:** Highlight the disparities in insurance coverage and recommend targeted subsidies for low-income populations.
- **To Employers:** Emphasise the role of employer-sponsored insurance in improving coverage rates.
- **To Community Organizations:** Advocate for localised initiatives that enhance healthcare access for the uninsured.

6. Caveats and Assumptions

1. Data Limitations:

- The dataset may not represent the entire population, potentially skewing results.

2. Self-Reported Bias:

- Variables like income and hospital visits are self-reported and may contain inaccuracies.

3. Temporal Context:

- The analysis reflects a specific period and may not capture ongoing trends.

4. Unmeasured Variables:

- Factors like regional healthcare policies and cultural differences were not accounted for.