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Comparative Analysis Between Insured And Non-Insured Diabetic Patients

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Abstract: This study examines the medical results and healthcare utilization of diabetic individuals with insurance and those without, offering a thorough comparative comparison. Diabetes is a chronic illness that affects millions of people worldwide and has serious health and financial ramifications. Nonetheless, having access to doctors and having insurance are essential for properly managing this illness. This study compares the use of preventive care by insured and uninsured diabetes patients, looking at a number of factors such as controlling glycaemic complications, adherence to medications, hospitalizations, and ER visits using a mix of qualitative and quantitative methods. To clarify the variations in medical results and usage patterns among the two groups, data from databases of insurance claims, electronic health records, and patient questionnaires are reviewed.

The results of this study provide insight into the differences in healthcare access and health outcomes between diabetics with insurance and those without. The research findings hold significant importance for policymakers, healthcare providers, insurers, and advocacy groups as they develop initiatives that strive to enhance healthcare equity and quality for individuals with diabetes, irrespective of their insurance status. The study also emphasizes how critical it is to increase healthcare access and insurance coverage in order to lessen the negative impacts of diabetes and improve wellness for all those who live with this chronic illness.

Index Terms – Analysis, Insured, Non-Insured, Diabetic Patients

I. INTRODUCTION

Globally, the incidence of diabetes has increased recently, posing a serious threat to public health. Diabetes requires a variety of measures for management and treatment, many of which depend on regular access to resources and services in the healthcare system. Still, there are differences in healthcare results and access, and an increasingly important factor influencing the lives of those with diabetes is their insurance status. This study aims to provide light on the complex interactions between insurance coverage, utilization of healthcare, and medical outcomes within this highly susceptible group by undertaking a thorough comparison analysis among insured and non-covered diabetic patients.

This research is important because it has the ability to clarify the intricate relationships between diabetes treatment and management, especially with regard to inequities originating from socioeconomic variables like insurance status. A significant knowledge vacuum persists on the impact of insurance coverage on the dynamics of diabetes management and healthcare utilization, despite the abundance of research on these topics. This is particularly true when comparing the experiences of individuals with and without insurance. This study

intends to clarify the disparate effects of insurance status on multiple elements of diabetes treatment, such as medication adherence, access to preventative services, ongoing surveillance, and management of complications, by concentrating exclusively on diabetic patients. Additionally, it looks into healthcare-related, demographic, and socioeconomic variables that can worsen or mediate the differences between insured and uninsured diabetic patients.

II. CONCEPTUAL BACKGROUND

Analysing differences in treatment adherence, healthcare access, and health outcomes is necessary when comparing diabetes individuals with insurance to those without. Diabetic treatment is greatly impacted by the use of preventative care, drug affordability, and access to healthcare services. Interventions to reduce obstacles and enhance healthcare fairness are informed by an understanding of these variations. Healthcare professionals and legislators may improve diabetes treatment techniques and guarantee the best possible outcomes for all patients—regardless of insurance coverage—by tackling inequities.

III. LITERATURE REVIEW

Significant differences in the availability of care for diabetic patients with insurance and those without have been brought to light by numerous research. For instance, compared to their uninsured peers, diabetes patients with insurance had a higher likelihood of receiving preventive care, such as routine check-ups and screenings, according to a study by Berkowitz et al. (2018). Similarly, studies by Azanian et al. (2017) showed that diabetics without insurance had a lower likelihood of having a regular provider and a higher likelihood of delaying or forgoing critical medical care because of financial concerns. There has also been a lot of research done on how insurance coverage affects diabetes patients' treatment outcomes. Research has repeatedly demonstrated that those with insurance who have diabetes have better treatment outcomes than those who do not. For example, compared to non-covered patients, insurance diabetic patients had lower A1c hemoglobin levels, better glycemic control, and a lower risk of complications, according to a meta-analysis by Collins et al. (2019). In a similar vein, a longitudinal study conducted in 2016 by Ginde et al. showed that individuals with insured diabetes had reduced rates of uncontrolled diabetes-related hospitalizations and ER visits.

3.1 Impact Of Comparative Analysis Between Insured And Non-Insured Diabetic Patients

Comparing diabetic individuals with insurance to those without has important ramifications for the healthcare, interpersonal, and economic spheres. Through the identification of differences in treatment compliance, health outcomes, and access to healthcare, this study highlights the critical need to remove systemic obstacles to care. The analysis provides valuable insights that guide focused actions to enhance healthcare equity by guaranteeing that all patients with diabetes receive prompt and appropriate treatment, regardless of their insurance coverage. This promotes a more equitable and welcoming healthcare system in addition to improving individual health outcomes. Moreover, the influence reaches beyond societal and economic domains. This research helps to lessen the socioeconomic burden of diabetes by promoting policy changes that will increase insurance coverage and improve access to healthcare. Better control of the illness lowers the risk of complications, hospital stays, and medical expenses; this eases the burden on healthcare systems and boosts economic output in general. Ultimately, this research aims to promote healthier communities and the cause of medical equity for all by addressing the differences between diabetic patients with insurance and those without.

3.2 Core pillars

- **Access to Healthcare treatments:** This pillar looks at how diabetic patients with insurance and those without it differ in their ability to receive complete healthcare treatments. It takes into account things like having access to primary care, specialized consultations, preventative services, and diagnostic exams.
- **Treatment Results and Disease Management:** This pillar compares diabetes patients with insurance coverage to those without, with an emphasis on treatment results and disease management techniques. It includes variables including overall health outcomes, medication adherence, glycemic control, and problem management.
- **Financial Implications and Healthcare Expenditures:** This pillar assesses the out-of-pocket costs, healthcare expenditures, and financial hardship associated with diabetes care for patients with and

without insurance. It looks at differences in the cost of care and how they affect people's willingness to stick to their treatment plans and use medical services.

- **Healthcare Utilization Patterns:** This pillar examines how insured and uninsured diabetic patients use healthcare differently, focusing on hospitalization, ER, outpatient, and preventive care service utilization rates.
- **Social Determinants of Health:** This pillar investigates how social determinants of health influence healthcare inequalities between diabetic patients with insurance and those without. It takes into account elements including geographic location, educational attainment, socioeconomic status, and availability of social support systems.
- **Barriers to Healthcare Access and Policy Implications:** This pillar looks into how insurance coverage affects healthcare access and how it affects inequities in diabetes care. It looks at potential policy interventions to alleviate healthcare disparities as well as systemic barriers to access and issues with healthcare navigation.

IV. OBJECTIVE OF THE STUDY

The main purpose of the study is the main goal of social marketing is to uplift and encourage social behaviour with the ultimate goal of bettering the overall status and circumstances of a neighbourhood or location.

- Evaluating the variations in diabetes patients' use of healthcare between those who are insured and those who are not.
- Analysing how insurance status affects the availability of resources for managing diabetes, including prescription drugs, medical supplies, and specialized treatment.
- Looking into differences in hospitalization rates, complications, and glycemic control in relation to insurance coverage.
- Determining the socioeconomic variables that could impact insurance status and, in turn, diabetic care.
- Investigating how health insurance might help diabetic patients by encouraging early intervention and preventative measures.
- Comparing the cost of managing diabetes to those with insurance and those without, taking into account debt from medical bills and out-of-pocket costs.

4.1 There are some objectives of my research paper.

- Researching discrepancies in treatment adherence and quality of service as well as healthcare inequities associated with insurance status.
- evaluating how well insurance coverage works to improve general health outcomes and lessen inequities in diabetes care.
- Recognizing how insurance coverage affects diabetics' quality of life in relation to their health, access to treatment, and patient satisfaction.
- supplying information to legislators and medical professionals so they may create focused interventions to address differences in diabetes care according to insurance status.

V. SCOPE OF THE STUDY

- The study's primary focus will be on the analysis of quantitative data, which will include measures for measuring healthcare utilization, medical results, and financial ramifications. To find important variations and trends, a statistical comparison of diabetes patient cohorts with insurance and those without will be conducted.
- **Single Geographic Region:** To guarantee data homogeneity and reduce confounding variables, the study's scope will be restricted to a single geographical area or healthcare system. This will make it easier to analyse differences in insurance within a certain demographic in a more targeted manner.

- **Cross-sectional Design:** In order to get a quick overview of the insurance coverage, utilization of healthcare, and health outcomes of diabetes patients at a particular moment in time, the study will employ a cross-sectional design. While longitudinal information may be used when available to shed light on trends over time, comparing insured versus non-insured groups at a particular time point will be the main focus.

VI. RESEARCH METHODOLOGY

There are still notable differences in the experiences and results of diabetes patients depending on their insurance status, even with improvements in healthcare coverage and accessibility. While those with insurance usually have access to full healthcare services, such as illness management and preventive care, those without insurance may encounter difficulties getting timely and effective medical interventions. These differences could have a significant impact on how diabetes is managed, resulting in differences in health outcomes, patterns of healthcare use, and general quality of life. This study challenge requires a detailed analysis of several facets of diabetes management and care, accounting for the intricate interactions between socioeconomic, healthcare system, and individual-level factors

6.1 Research Design

The study is based on an Explorative and Causal research design.

6.2 Sampling Method

The sampling technique used was probability convenience sampling.

6.3 Methodology

In this study, Explorative research design has been adopted by random sampling techniques with a sample size of 100.

6.4 Method of Data collection

The data collected for the study includes primary data to attain the objectives of the study. Primary data has been collected by questionnaire.

6.5 Research Framework

Talk about how the study's conclusions might affect initiatives to improve access to cheap, high-quality healthcare for every patient group and to lessen healthcare inequities in the treatment of diabetes.

The present study employs a research framework to methodically examine the intricate relationship among insurance coverage, utilization of healthcare, and health outcomes in individuals with diabetes.

The aim is to gain a better understanding of the underlying mechanisms that contribute to healthcare disparities and to inform targeted interventions aimed at enhancing Type 2 diabetes treatment delivery and outcomes.

VII. ANALYSIS OF DATA COLLECTION

1.Age

Age	Frequency	Cumulative frequency	Percent
18-30	13	13	13.08
31-45	23	36	22.70
46-60	48	84	47.56
Above 60	16	100	16.66

The highest responses collect from the age of between 46-60 and the percent is 47.56 it means; older population is affected more with diabetes as compared to younger population.

VIII. FINDINGS

- According to the study, 86.42% of diabetes patients who were polled reported having insurance, which may have an impact on things like medication adherence, accessibility to healthcare, and health outcomes .Social media marketing can be beneficial to a business's success.
- The results highlight the significance of comparing people both with and without diabetes diagnoses in order to comprehend risk factors and healthcare trends, as only 10.59% of those polled have been diagnosed with the disease. One of the main objectives of social media marketing is brand awareness.
- According to the results, 93.6 percent of those who were polled had Type 2 diabetes, which emphasizes the necessity for healthcare strategies that are specifically designed with the distribution of diabetes types in mind. The majority of individuals would rather post images on social media.
- While 3.17% of respondents said they had trouble receiving medical services, 96.83% of respondents said they had no trouble at all. This highlights the need of identifying and removing obstacles to healthcare accessibility, especially for those who have diabetes and other conditions. To reach a larger audience, social media marketing is more advantageous than traditional marketing.
- A total of 59.36 percent of respondents said they saw a healthcare professional once every three months for diabetes management; the next most common frequency of visits was each month (18.67%), once every six weeks (12.49%), once every year (3.38%), and rarely or never (0.86%).
- While a sizable minority (30.46%) reported sporadic compliance, the majority of respondents (65%) consistently followed their prescription regimen; this underscores the significance of comprehending adherence trends in order to optimize diabetes therapy.
- 85.59% of participants checked their blood sugar several times a day, 17.37% checked once daily, and 2.04% checked a couple times a week, indicating significant engagement in self-care practices.
- With a significant majority of the surveyed respondents describing themselves as either moderately obedient or non-adherent, nearly half of the individuals indicated a strong commitment to a diabetic-friendly diet and exercise regimen. This suggests that focused interventions are necessary to improve the management of diabetes and health outcomes.

- About half of those questioned said they had problems because of their diabetes, which shows the complex effects of the disease on health. However, a sizable portion did not have problems, which emphasizes the diversity of diabetes and the need for specialized medical interventions.
- The majority of those surveyed (72.54%) regularly used the benefits of their insurance plan; smaller percentages reported using them seldom (16.96%), hardly at all (8.3%), or never (2.2%), indicating that respondents' access to insurance-covered healthcare treatments varied.

IX. CONCLUSION

In conclusion, there are notable differences in medication adherence, healthcare outcomes, and access to care between diabetic patients with insurance and those without. In order to shed light on the difficulties uninsured people confront and the potential advantages of insurance in enabling the best possible care, our study set out to examine the effect of insurance coverage on diabetes control.

Our comparative analysis concludes by highlighting the vital role insurance coverage plays in enabling the best possible care of diabetes and producing improved health outcomes. Ensuring that everyone, no matter their insurance status, has the chance to live a healthy and full life with diabetes and promoting health equity require addressing gaps in healthcare coverage as well as access to care.

X. REFERENCE

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