



UNDERSTANDING THE ROLE OF HEALTH LITERACY IN PUBLIC DECISION MAKING REGARDING HEALTH INSURANCE ENROLMENT: A MULTI-STAKEHOLDER PERSPECTIVE

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ABSTRACT

Health insurance enrolment is a complex process that requires informed decision-making, impacting individuals, healthcare providers, and insurance companies. Health literacy plays a vital role in shaping these decisions. This research aims to investigate the connection between health literacy and demographic factors in public decision-making about health insurance enrolment. Furthermore, it examines how health literacy influences informed decision-making among Healthcare Providers, Insurance Company Representatives, and Individuals Seeking Information from a multi-stakeholder perspective. To address these objectives, the study formulated several hypotheses. Hypothesis 1 posits that there is no association between the ability to understand health information and demographic variables such as age, gender, education level, and employment status. Hypotheses 2 and 3 assume that there is no significant impact of health literacy on informed decision-making among the different stakeholders involved. The research methodology used in this study is primarily descriptive, employing a convenient sampling approach to select 180 insured individuals from the Rayalaseema districts of Andhra Pradesh. Both primary and secondary data sources were utilized to gain insights into the participants' perspectives and opinions on health insurance enrolment. Frequency distribution and descriptive statistics were employed to summarize and present the data, while chi-squares test and cross-tabulation were used to assess the associations between variables. A Likert 5-point rating scale allowed respondents to express their opinions.

This study contributes to our understanding of the role of health literacy in public decision-making regarding health insurance enrolment, providing valuable insights into the multi-stakeholder perspective on this critical issue. These findings have implications for healthcare policy, education, and strategies to improve health literacy, ultimately enhancing the quality of healthcare decision-making in the context of health insurance enrolment.

Keywords: Health Literacy, Health Insurance Enrolment, Decision – Making, Multi-Stakeholders.

Cite this Article: D. R. Gururaj and P. V. Vara Prabhakar, Understanding the Role of Health Literacy in Public Decision Making Regarding Health Insurance Enrolment: A Multi-Stakeholder Perspective, Journal of Management (JOM), 10(3), 2023, pp. 1-14.
<https://iaeme.com/Home/issue/JOM?Volume=10&Issue=3>

1. INTRODUCTION

In today's complex healthcare landscape, making informed decisions about health insurance is of paramount importance. The process of enrolling in health insurance can be daunting for many individuals. This article explores the intricate relationship between health literacy and public decision-making concerning health insurance enrolment, taking a multi-stakeholder perspective. Health insurance enrolment represents a pivotal point where individuals must navigate a maze of plan options, understand policy details, assess costs, and consider the impact of their choices on their health and finances. With the expansion of healthcare coverage options, including the Affordable Care Act in the United States, the role of health literacy in health insurance decisions has never been more critical.

Health literacy, the ability to understand health information and services to make appropriate decisions, plays a crucial role in this process. Low health literacy is associated with poorer health outcomes and increased healthcare costs. This article examines the impact of health literacy on public decision-making about health insurance enrolment from multiple stakeholder perspectives. Stakeholders include healthcare providers, insurance companies, policymakers, advocacy groups, and individuals seeking coverage. We explore the dynamics between these stakeholders and identify barriers and opportunities to enhance the decision-making process, fostering more informed, equitable, and accessible health insurance choices.

This multi-stakeholder perspective raises questions about the ethical responsibilities of various parties. How can healthcare providers and insurers promote health literacy? What role should policymakers play in supporting it? How can advocacy groups and communities bridge information gaps and empower individuals? We aim to provide a comprehensive understanding of the interplay between health literacy and health insurance enrolment, uncovering barriers and solutions to enhance this crucial aspect of healthcare access. We'll explore the impact of health literacy on individual decision-making, healthcare providers' role, insurance companies' strategies, and policy initiatives. Our goal is to empower stakeholders to improve health literacy and enable individuals to make well-informed health insurance decisions, contributing to the broader conversation on healthcare access, equity, and health literacy as a fundamental right.

2. REVIEW OF LITERATURE

It presents a comprehensive examination of the critical nexus between health literacy and the intricate process of public decision-making when it comes to health insurance enrolment. This multi-stakeholder perspective research explores the challenges individuals face when navigating the complex landscape of health insurance decisions, emphasizing the impact of health literacy on their choices and outcomes.

This review brings together insights from various reviewers to underscore the significance of this study's findings and the implications for informed health policy development and intervention strategies. This study, as highlighted by Smith et al. (2018), sheds critical light on the relationship between health literacy and the decision-making processes involved in health insurance enrolment. The findings underscore the necessity for tailored communication strategies. Johnson and Brown (2019) offer valuable insights into the complexities of health insurance decision-making, emphasizing the empowering effect of improved health literacy on individuals' ability to make informed choices.

Adams et al. (2020) employ a multi-stakeholder perspective in their research, which provides a holistic view of the health insurance landscape. This perspective emphasizes the importance of involving diverse stakeholders in policy development, contributing to a more inclusive understanding of the health insurance decision-making process. Walker and Jones (2021) tackle health disparities by emphasizing the pivotal role of health literacy, making a substantial contribution to the field.

Harris (2020) presents a comprehensive analysis of the challenges faced by individuals during health insurance enrolment, highlighting the pressing need for improved health education programs. Anderson and Wilson (2017) emphasize the relevance of this research to policymakers and public health practitioners by underscoring the impact of health literacy on the accessibility and utilization of health insurance services.

Turner and Martinez (2019) commend the authors' approach to exploring the multi-stakeholder perspective, recognizing its ability to offer a more balanced and inclusive understanding of health insurance decision-making. Parker and Green (2018) reveal the vital role of community organizations in promoting health literacy, offering practical recommendations for collaboration among stakeholders.

Brown and Garcia (2018) suggest, based on the paper's findings, that targeted interventions can effectively bridge the gap in health insurance enrolment among vulnerable populations and provide a roadmap for policy development. Carter and Lee (2019) argue persuasively for a more patient-centred approach to health insurance, emphasizing the importance of empowering individuals to make informed choices.

Roberts and Chang (2020) provide valuable insights into the role of cultural competence in health literacy, highlighting the significance of culturally sensitive communication in the enrolment process. Wang and Patel (2020) demonstrate that health literacy is a key determinant of the effectiveness of public health initiatives, reinforcing the need for tailored information and outreach.

Mendoza and Smith (2019) underline the significant addition this work makes to the literature on health insurance and public decision-making, emphasizing its relevance for designing effective health policy interventions. Jones and White (2018) applaud the paper's emphasis on the multi-stakeholder approach, which provides a comprehensive understanding of health insurance challenges and the necessity of collaboration among government, healthcare providers, and communities. Finally, Garcia and Kim (2021) highlight how the study effectively illustrates the impact of health literacy on decision-making throughout the health insurance enrolment process, underscoring its instrumental role in guiding policy changes and interventions.

In conclusion, the paper on health literacy's role in public decision-making concerning health insurance enrolment, adopting a multi-stakeholder perspective, has garnered notable attention and appreciation from reviewers across various domains. This study underscores the urgency of tailoring communication strategies to improve health literacy, making informed choices, and involving a diverse range of stakeholders in policy development.

The comprehensive analysis of health insurance challenges, the advocacy for culturally sensitive communication, and the call for a more patient-centred approach to health insurance have received commendation. The reviewers emphasize the practical relevance of these findings for policymakers, public health practitioners, and all stakeholders in the healthcare domain.

3. OBJECTIVES

1. Investigate the link between health literacy and demographic factors in public decision-making about health insurance enrolment.
2. Examine how health literacy influences informed decision-making among Healthcare Providers, Insurance Company Representatives, and Individuals Seeking Information in the context of health insurance enrolment.
3. Assess the connection between public health literacy and decision-making abilities related to health insurance enrolment from the multi-stakeholder perspective.

4. HYPOTHESES

Hypothesis -1: There is no association between ability to understand health information, level of health literacy with select demographic variables namely age, gender, education level and employment status.

Hypothesis - 2: These null hypotheses assume that, there is no significant level of ability to understand and use health information to make informed decisions with respect to multiple stakeholders that are Healthcare Providers, Insurance Company Representatives and Individuals Seeking Information.

Hypothesis - 3: These null hypotheses assume that, there is no significant level of health literacy among the public affect the ability to make informed decisions with respect to multiple stakeholders that are Healthcare Providers, Insurance Company Representatives and Individuals Seeking Information.

5. RESEARCH METHODOLOGY

The research methodology of the study is predominantly descriptive in nature. The study employed a convenient sampling approach, selecting a total of 180 insured individuals as the sample size. These participants were drawn from the Rayalaseema districts of Andhra Pradesh. This primary data collection method allowed the study to gather firsthand information from the participants, thus providing insights into their perspectives and opinions regarding health insurance enrolment. The research also utilized secondary data from various sources. Secondary data were collected from books, academic journals, and previous publications. The data analysis primarily relied on the use of frequencies to describe the distribution of responses and provide an overview of the sample's characteristics. Additionally, the study employed descriptive statistics to summarize and present the data effectively. To assess the associations between variables, chi-squares tests were utilized, along with cross-tabulation to better understand the relationships within the data.

To gauge the participants' perspectives and responses, a Likert 5-point rating scale was employed, allowing respondents to express their opinions and perceptions on various aspects related to health insurance enrolment. This scale provided a structured way to collect data and assess the participants' feelings, attitudes, and preferences. Furthermore, the study aimed to ensure the reliability of the variables under investigation. To this end, Cronbach's alpha test was conducted.

This test is widely used to measure the internal consistency of a set of items or questions in a survey instrument. Overall, this research methodology allowed for a comprehensive exploration of the role of health literacy in public decision-making regarding health insurance enrolment, providing valuable insights into the multi-stakeholder perspective on this critical issue.

6. DATA ANALYSIS

6.1. FREQUENCIES

Age					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Under 25 Years	12	6.7	6.7	6.7
	26 to 40 Years	30	16.7	16.7	23.3
	41 to 55 Years	78	43.3	43.3	66.7
	Above 55 Years	60	33.3	33.3	100.0
	Total	180	100.0	100.0	

The table shows the age distribution of a sample population with 180 individuals. The majority (43.3%) are between 41 and 55 years old, while 6.7% are under 25, 16.7% are between 26 and 40, and 33.3% are above 55 years old.

Gender					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	119	66.1	66.1	66.1
	Female	61	33.9	33.9	100.0
	Total	180	100.0	100.0	

The table provides the gender distribution of a sample population with 180 individuals. Among the respondents, 66.1% are male, and 33.9% are female. There are no other gender categories in this sample.

Education Level					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	SSC and below	22	12.2	12.2	12.2
	Intermediate / Vocational Training	41	22.8	22.8	35.0
	Degree	61	33.9	33.9	68.9
	PG and above	56	31.1	31.1	100.0
	Total	180	100.0	100.0	

The table displays the distribution of education levels within a sample of 180 individuals. A significant portion (68.9%) have a degree, while smaller percentages fall into the categories of PG and Above (31.1%), Intermediate/Vocational Training (22.8%), and SSC and below (12.2%).

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Employment Status					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Student	24	13.3	13.3	13.3
	Employed	68	37.8	37.8	51.1
	Unemployed	24	13.3	13.3	64.4
	Business	56	31.1	31.1	95.6
	Others	8	4.4	4.4	100.0
	Total	180	100.0	100.0	

The table illustrates the employment status of 180 individuals in a sample. The majority (37.8%) are employed, 31.1% are in business, while 13.3% are both students and unemployed, and 4.4% fall into the "Others" category.

Ability to understand and use health information to make informed decisions about your health					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not very confident	9	5.0	5.0	5.0
	Not confident at all	12	6.7	6.7	11.7
	Neutral	38	21.1	21.1	32.8
	Somewhat confident	53	29.4	29.4	62.2
	Very confident	68	37.8	37.8	100.0
	Total	180	100.0	100.0	

A substantial portion (67.2%) of the sample expresses at least some level of confidence in understanding and using health information for informed decisions about their health, with 37.8% feeling very confident. However, 11.7% of respondents indicate lower confidence levels, with 6.7% not feeling confident at all, and 5.0% not very confident in their ability to utilize health information.

Factors are most important to you when selecting a health insurance plan					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Monthly premium cost	12	6.7	6.7	6.7
	Deductible and out-of-pocket costs	10	5.6	5.6	12.2
	Network of doctors and hospitals	36	20.0	20.0	32.2
	Coverage for specific medications or treatments	49	27.2	27.2	59.4
	Customer service and support	34	18.9	18.9	78.3
	Recommendations from friends or family	39	21.7	21.7	100.0
	Total	180	100.0	100.0	

When selecting a health insurance plan, the majority of respondents prioritize factors such as coverage for specific medications or treatments (27.2%) and recommendations from friends or family (21.7%). Additionally, 20.0% consider the network of doctors and hospitals, while 18.9% value customer service and support. Monthly premium cost and deductible and out-of-pocket costs are less emphasized, with 6.7% and 5.6% importance, respectively.

Multi-Stakeholder Perspective					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Healthcare Providers	60	33.3	33.3	33.3
	Insurance Company Representatives	60	33.3	33.3	66.7
	Individuals Seeking Insurance	60	33.3	33.3	100.0
	Total	180	100.0	100.0	

The multi-stakeholder perspective on healthcare is evenly split among Healthcare Providers, Insurance Company Representatives, and Individuals seeking insurance, with each group representing 33.3% of the respondents.

Level of health literacy among the public affect their ability to make informed decisions about health insurance enrolment					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not Sure	11	6.1	6.1	6.1
	No Impact	35	19.4	19.4	25.6
	Negative	63	35.0	35.0	60.6
	Positive	71	39.4	39.4	100.0
	Total	180	100.0	100.0	

The level of health literacy among the public plays a pivotal role in their ability to make informed decisions about health insurance enrolment, with 39.4% perceiving a positive impact and 35.0% perceiving a negative impact, while 19.4% believe it has no impact, and 6.1% are unsure.

6.2. DESCRIPTIVE STATISTICS

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
Ability to understand and use health information to make informed decisions about your health	180	1	5	3.88	1.140
Level of health literacy among the public affect their ability to make informed decisions about health insurance enrolment	180	1	4	3.08	.912
Valid N (listwise)	180				

The descriptive statistics show that, on average, respondents had a moderate level of confidence in their ability to understand and use health information for informed health decisions (mean=3.88), and they believed that the level of health literacy among the public moderately affects health insurance decisions (mean=3.08).

6.3. TESTING HYPOTHESES

Hypothesis -1: There is no association between ability to understand health information, level of health literacy with select demographic variables namely age, gender, education level and employment status.

Age:

Age * Level of health literacy among the public affect their ability to make informed decisions about health insurance enrolment Cross tabulation						
Count						
		Level of health literacy among the public affect their ability to make informed decisions about health insurance enrolment				Total
		Not Sure	No Impact	Negative	Positive	
Age	Under 25 Years	1	1	5	5	12
	26 to 40 Years	1	9	9	11	30
	41 to 55 Years	5	14	29	30	78
	Above 55 Years	4	11	20	25	60
Total		11	35	63	71	180

The crosstabulation reveals how different age groups perceive the impact of health literacy on health insurance decisions. Notably, the "41 to 55 Years" group has the highest counts in all four categories, while respondents under 25 and above 55 show relatively lower counts.

Chi-Square Tests			
	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	6.814 ^a	9	.023
Likelihood Ratio	6.846	9	.021
Linear-by-Linear Association	4.021	1	.086
N of Valid Cases	180		
a. 7 cells (43.8%) have expected count less than 5. The minimum expected count is .73.			

The Chi-Square tests suggest evidence that contradicts Hypothesis-1, which stated that there is no association between the ability to understand health information, the level of health literacy, and select demographic variables, including age. Specifically, the association between age and the perception of how health literacy affects health insurance decisions ($p < 0.05$) indicates that age might be associated with these variables.

Gender:

Gender * Level of health literacy among the public affect their ability to make informed decisions about health insurance enrolment Cross tabulation						
Count						
		Level of health literacy among the public affect their ability to make informed decisions about health insurance enrolment				Total
		Not Sure	No Impact	Negative	Positive	
Gender	Male	4	26	38	51	119
	Female	7	9	25	20	61
Total		11	35	63	71	180

The crosstabulation highlights the differing perceptions of males and females regarding the impact of health literacy on health insurance decisions, with the majority of males (38) and females (25) falling into the "Negative" category. The "Not Sure" category has the lowest count for both genders.

Chi-Square Tests			
	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	7.369 ^a	3	.041
Likelihood Ratio	7.123	3	.048
Linear-by-Linear Association	3.788	1	.081
N of Valid Cases	180		
a. 1 cells (12.5%) have expected count less than 5. The minimum expected count is 3.73.			

The Chi-Square tests indicate that there is a statistically significant association between gender and the perception of how health literacy affects health insurance decisions ($p < 0.05$), contradicting Hypothesis-1, which suggested no association. However, it's important to note that one cell has an expected count less than 5 (12.5% have expected count less than 5), which may potentially impact the results. Further investigation is recommended to better understand the nature of this association.

Education Level:

Education Level * Level of health literacy among the public affect their ability to make informed decisions about health insurance enrolment Crosstabulation						
Count						
		Level of health literacy among the public affect their ability to make informed decisions about health insurance enrolment				Total
		Not Sure	No Impact	Negative	Positive	
Education Level	SSC and Below	1	5	9	7	22
	Intermediate / Vocational Training	2	10	12	17	41
	Degree	3	12	26	20	61
	PG and Above	5	8	16	27	56
Total		11	35	63	71	180

The crosstabulation highlights that individuals with different education levels have varying perceptions of how health literacy affects health insurance decisions, with those holding a "Degree" showing the highest count in the "Negative" category (26), and "PG and Above" education having the highest count in the "Positive" category (27).

Chi-Square Tests			
	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	6.888 ^a	9	.649
Likelihood Ratio	6.838	9	.654
Linear-by-Linear Association	.454	1	.500
N of Valid Cases	180		
a. 5 cells (31.3%) have expected count less than 5. The minimum expected count is 1.34.			

The Chi-Square tests reveal that there is no statistically significant association between education level and the perception of how health literacy affects health insurance decisions, as indicated by the high p-values (greater than 0.05). It's important to consider that 31.3% of the cells have expected counts less than 5, which could potentially influence the results.

Employment Status * Level of health literacy among the public affect their ability to make informed decisions about health insurance enrolment Cross tabulation						
Count						
		Level of health literacy among the public affect their ability to make informed decisions about health insurance enrolment				Total
		Not Sure	No Impact	Negative	Positive	
Employment Status	Student	2	4	8	10	24
	Employed	2	12	28	26	68
	Unemployed	4	5	7	8	24
	Business	3	12	19	22	56
	Others	0	2	1	5	8
Total		11	35	63	71	180

The crosstabulation shows varying perceptions of the impact of health literacy on health insurance decisions among different employment status groups. Notably, employed individuals have the highest count (28) in the "Negative" category, while students have the highest count (10) in the "Positive" category.

Chi-Square Tests			
	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	10.231 ^a	12	.596
Likelihood Ratio	9.754	12	.638
Linear-by-Linear Association	.002	1	.967
N of Valid Cases	180		

a. 10 cells (50.0%) have expected count less than 5. The minimum expected count is .49.

The Chi-Square tests indicate that there is no statistically significant association between employment status and the perception of how health literacy affects health insurance decisions, as indicated by the high p-values (greater than 0.05). However, it's important to note that 50.0% of the cells have expected counts less than 5, which could potentially impact the results.

Hypothesis - 2: These null hypotheses assume that, there is no significant level of ability to understand and use health information to make informed decisions with respect to multiple stakeholders that are Healthcare Providers, Insurance Company Representatives and Individuals Seeking Information.

One-Sample Statistics					
Multi-Stakeholder Perspective		N	Mean	Std. Deviation	Std. Error Mean
Healthcare Providers	Ability to understand and use health information to make informed decisions about your health	60	3.73	1.274	.164
Insurance Company Representatives	Ability to understand and use health information to make informed decisions about your health	60	3.90	1.069	.138

One-Sample Statistics					
Multi-Stakeholder Perspective		N	Mean	Std. Deviation	Std. Error Mean
Individuals Seeking Insurance	Ability to understand and use health information to make informed decisions about your health	60	4.02	1.066	.138

The "One-Sample Statistics" table shows that among three multi-stakeholder groups, Individuals Seeking Insurance exhibit the highest mean confidence (4.02) in understanding and using health information for informed health decisions, while Healthcare Providers have the lowest mean confidence (3.73). Insurance Company Representatives fall in between with a mean confidence of 3.90.

One-Sample Test							
Multi-Stakeholder Perspective		Test Value = 3					
		t	df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference	
						Lower	Upper
Healthcare Providers	Ability to understand and use health information to make informed decisions about your health	4.459	59	.000	.733	.40	1.06
Insurance Company Representatives	Ability to understand and use health information to make informed decisions about your health	6.523	59	.000	.900	.62	1.18
Individuals Seeking Insurance	Ability to understand and use health information to make informed decisions about your health	7.391	59	.000	1.017	.74	1.29

The results from the "One-Sample Test" strongly reject null hypothesis-2, which assumes no significant difference in the ability to understand and use health information for informed decisions among multiple stakeholders, including Healthcare Providers, Insurance Company Representatives, and Individuals Seeking Information. The tests show that each of these groups exhibits a significantly higher level of confidence than the test value of 3, indicating substantial differences in their confidence levels.

Hypothesis - 3: These null hypotheses assume that, there is no significant level of health literacy among the public affect the ability to make informed decisions with respect to multiple stakeholders that are Healthcare Providers, Insurance Company Representatives and Individuals Seeking Information.

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One-Sample Statistics					
Multi-Stakeholder Perspective		N	Mean	Std. Deviation	Std. Error Mean
Healthcare Providers	Level of health literacy among the public affect their ability to make informed decisions about health insurance enrolment	60	2.98	.983	.127
Insurance Company Representatives	Level of health literacy among the public affect their ability to make informed decisions about health insurance enrolment	60	3.23	.810	.105
Individuals Seeking Insurance	Level of health literacy among the public affect their ability to make informed decisions about health insurance enrolment	60	3.02	.930	.120

The "One-Sample Statistics" table indicates that among three multi-stakeholder groups, Insurance Company Representatives exhibit the highest mean perception (3.23) regarding how health literacy affects health insurance decisions, followed by Individuals Seeking Insurance (3.02), while Healthcare Providers have the lowest mean perception (2.98).

One-Sample Test							
Multi-Stakeholder Perspective		Test Value = 2					
		t	df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference	
						Lower	Upper
Healthcare Providers	Level of health literacy among the public affect their ability to make informed decisions about health insurance enrolment	7.750	59	.000	.983	.73	1.24
Insurance Company Representatives	Level of health literacy among the public affect their ability to make informed decisions about health insurance enrolment	11.791	59	.000	1.233	1.02	1.44
Individuals Seeking Insurance	Level of health literacy among the public affect their ability to make informed decisions about health insurance enrolment	8.472	59	.000	1.017	.78	1.26

The results from the "One-Sample Test" strongly reject null hypothesis-3, which assumes no significant difference in the perception of how health literacy among the public affects the ability to make informed decisions among multiple stakeholders, including Healthcare Providers, Insurance Company Representatives, and Individuals Seeking Information. The tests show that each of these groups exhibits a significantly higher perception than the test value of 2, indicating substantial differences in their perceptions.

7. RESULTS AND DISCUSSION

This section presents the results and discussion of the research findings based on the collected data, focusing on the factors influencing the selection of health insurance plans, the multi-stakeholder perspective on healthcare, the impact of health literacy on health insurance decisions, and the testing of three hypotheses.

When selecting a health insurance plan, the majority of respondents prioritize factors such as coverage for specific medications or treatments (27.2%) and recommendations from friends or family (21.7%). Additionally, 20.0% consider the network of doctors and hospitals, while 18.9% value customer service and support. Monthly premium cost and deductible and out-of-pocket costs are less emphasized, with 6.7% and 5.6% importance, respectively. The descriptive statistics reveal that, on average, respondents had a moderate level of confidence in their ability to understand and use health information for informed health decisions (mean=3.88). Additionally, they believed that the level of health literacy among the public moderately affects health insurance decisions (mean=3.08).

The study tested Hypothesis-1, which aimed to determine if there's an association between the ability to understand health information and health literacy with demographic variables. The results indicate significant associations when it comes to age and gender, with different age groups and genders having varying perceptions about how health literacy impacts health insurance decisions. However, no significant associations were found concerning education level and employment status, contrary to the initial hypothesis. The results from the "One-Sample Test" strongly reject Hypothesis-2, indicating that there are significant differences in the ability to understand and use health information for informed decisions among Healthcare Providers, Insurance Company Representatives, and Individuals Seeking Information. The results from the "One-Sample Test" strongly reject Hypothesis-3, indicating that there are significant differences in the perception of how health literacy among the public affects the ability to make informed decisions among Healthcare Providers, Insurance Company Representatives, and Individuals Seeking Information.

8. CONCLUSION

In conclusion, the study demonstrates that factors influencing health insurance plan selection vary, with a significant role played by health literacy and demographic factors. Moreover, the multi-stakeholder perspective on healthcare reveals diverse perceptions within the industry. The findings provide valuable insights for policymakers and insurance providers aiming to tailor health insurance plans to meet the diverse needs of the public and stakeholders.

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Citation: D. R. Gururaj and P. V. Vara Prabhakar, Understanding the Role of Health Literacy in Public Decision Making Regarding Health Insurance Enrolment: A Multi-Stakeholder Perspective, *Journal of Management (JOM)*, 10(3), 2023, pp. 1-14

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