

Demographic Differences in the Consumer Engagement in Health Care Survey

According to findings of the Employee Benefit Research Institute (EBRI)/Greenwald Research [Consumer Engagement in Health Care Survey](#), there are a number of differences between men and women that are worth noting. There are also differences between traditionally marginalized and non-marginalized groups. Some of those differences are summarized below.

Women vs. Men

- Women are less familiar than men with consumer-directed health plans (CDHPs). Forty-one percent of women were not very or not at all familiar with CHDPs vs. 25 percent among men.
- Women were less likely than men to have a CDHP (15 percent vs. 24 percent).
- Women were less satisfied than men with their health plan (57 percent vs. 69 percent). They were less satisfied with the cost they pay out of pocket for prescription drugs (56 percent vs. 64 percent), the ease of understanding the terms of coverage (52 percent vs. 64 percent), the overall experience with the carrier (56 percent vs. 65 percent), the quality of mental/behavioral care they receive (56 percent vs. 67 percent), and the cost they pay out of pocket for other health care (46 percent vs. 55 percent).
- Women were less sure than men if they have a choice of health plan (8 percent vs. 3 percent). Fifty-four percent of women reported having a choice vs. 66 percent of men.
- Women were less satisfied than men with the availability of affordable health insurance plans (55 percent vs. 66 percent), the information available to help them to understand the plan choices (57 percent vs. 66 percent), and the number of plans to choose from (51 percent vs. 62 percent).

Marginalized Groups (Non-White and/or LGBTQ) vs. Non-Marginalized

- Historically marginalized individuals were more likely than non-marginalized individuals to have a traditional plan (73 percent vs. 65 percent) and less likely to have a CDHP (16 percent vs. 22 percent).
- Historically marginalized individuals were less likely than non-marginalized individuals to be satisfied with their choice of doctors (62 percent vs. 71 percent), the ease of getting an appointment (57 percent vs. 66 percent), and the quality of health care they receive through their plan (57 percent vs. 69 percent).
- Historically marginalized individuals were more likely than non-marginalized individuals to have a choice of plans (69 percent vs. 54 percent), especially four or more plans (20 percent vs. 8 percent).
- Historically marginalized individuals were more satisfied than non-marginalized individuals with the availability of affordable health insurance plans (65 percent vs. 56 percent).

- Historically marginalized individuals were more likely than non-marginalized individuals to have checked whether their plan would cover care or medication (61 percent vs. 52 percent), talked to their doctor about prescription options and costs (55 percent vs. 38 percent), checked the price of a health care service before receiving care (54 percent vs. 40 percent), checked the quality rating of a doctor or hospital before receiving care (51 percent vs. 39 percent), talked to their doctor about other treatment options and costs (48 percent vs. 38 percent), used an online cost-tracking tool provided by their health insurance plan (43 percent vs. 26 percent), and developed a budget to manage health care expenses (44 percent vs. 26 percent).
- Historically marginalized individuals were more likely than non-marginalized individuals to select a health plan with a high deductible if it covered preventive care for chronic conditions (30 percent vs. 20 percent).

More information about the EBRI/Greenwald Research Consumer Engagement in Health Care Survey can be found [online](#).

The 2022 Consumer Engagement in Health Care Survey was an online survey of 2,015 Americans ages 21–64 with private health insurance coverage. It was fielded in October and November of 2022. The survey is made possible with funding support from the following organizations: Blue Cross Blue Shield Association, HealthEquity, Millennium Trust Company, Segal, TIAA, UMB Financial, and Voya Financial.

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