

Consumer Engagement in Health Care Among Millennials, Baby Boomers, and Generation X: Findings from the 2017 Consumer Engagement in Health Care Survey

By Paul Fronstin, Ph.D., Employee Benefit Research Institute and Edna Dretzka, Greenwald & Associates

AT A GLANCE

The EBRI/Greenwald & Associates Consumer Engagement in Health Care Survey (CEHCS) is an online survey that examines issues surrounding consumer-driven health care, including the cost of insurance, the cost of care, satisfaction with health care, satisfaction with health care plans, reasons for choosing a plan, and sources of health information. It is co-sponsored by the Employee Benefit Research Institute (EBRI) and Greenwald & Associates, with support from seven private organizations.

The 2017 survey was conducted online Aug. 10 to Sept. 1, 2017, using the Ipsos' consumer panel. Over 3,560 adults ages 21–64 who had health insurance provided through an employer, purchased directly from a carrier, or purchased through a government exchange participated in the survey. However, most survey participants (82 percent) received coverage through an employer. The sample was weighted to reflect the actual proportions in the population ages 21–64 with private, health-insurance coverage.

This *Issue Brief* focuses on differences in consumer engagement in health care by generational cohorts – i.e., Millennials, Baby Boomers, and Gen Xers.

Key findings:

- **Millennials are more satisfied than other generational cohorts with various aspects of their health coverage.** More than other generational cohorts, Millennials are satisfied with their health coverage, out-of-pocket costs, and health plan choices.
- **Millennials and Generation X engage with health care providers differently than Baby Boomers.** Baby Boomers are more likely than Gen Xers and Millennials to have a primary care provider (PCP). Among those with a PCP, Baby Boomers are more likely than Generation X and Millennials to report that they make healthier lifestyle choices after seeing a PCP; that it is important that their PCP knows them and their medical history personally; that their PCP is aware of all of the other medical care that they receive; and that they are comfortable telling their PCP about their health issues. Both Millennials and Generation X are more likely than Baby Boomers to report that they have used a walk-in clinic.
- **Millennials have the highest rates of wellness program participation.** Millennials are nearly across the board more likely than Baby Boomers to participate in various aspects of wellness programs. They are more likely to report that they have visited an on-site clinic; made a tobacco-free pledge or participated in a smoking cessation program; participated in counseling or stress management training; participated in activity-based wellness challenges; received reimbursement for fitness club memberships; attended free seminars; and received financial wellness resources. Millennials are less likely than Baby Boomers to have completed a health risk assessment or biometric screenings.

Paul Fronstin is director of the Health Education and Research Program at the Employee Benefit Research Institute (EBRI). Edna Dretzka is senior director of healthcare at Greenwald & Associates. This *Issue Brief* was written with assistance from the Institute’s research and editorial staffs. Any views expressed in this report are those of the authors and should not be ascribed to the officers, trustees, or other sponsors of EBRI, Employee Benefit Research Institute-Education and Research Fund (EBRI-ERF), or their staffs. Neither EBRI nor EBRI-ERF lobbies or takes positions on specific policy proposals. EBRI invites comment on this research.

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Consumer Engagement in Health Care Among Millennials, Baby Boomers, and Generation X: Findings from the 2017 Consumer Engagement in Health Care Survey

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Introduction

The Millennial generation, also known as Millennials or Generation Y, is the demographic cohort with birth years ranging from 1977 to 2000 (Strauss and Howe 1991). The Millennial generation numbers over 75 million, which is currently larger than the baby-boom generation (individuals born 1946-1965) of about 74.9 million. In addition, the population of Generation X (those born 1966-1976 and also known as Gen Xers) is projected to pass the ageing baby-boom generation in size by 2028.¹

There is a lot of interest in how Millennials differ from prior generations. Much of the research reflecting this interest examines Millennials in the context of retail markets because of their spending power. Employers are interested in the role of Millennials in the labor force and how that might be different from the roles of prior generations. For example, as employers try to better engage their workers in their health care, they want to understand how different workers may react to different plan design features and other engagement efforts.

This *Issue Brief* focuses on differences in consumer engagement in health care by generational cohorts – i.e., Millennials, Baby Boomers, and Gen Xers.

Baby Boomers and Millennials have higher health coverage satisfaction rates than Gen Xers

When it comes to overall satisfaction with their health care plan, 55 percent of Baby Boomers and 56 percent of Millennials are extremely or very satisfied (Figure 1). Baby Boomers and Millennials are generally in line when it comes to satisfaction with the quality of their health care received and the ease of getting doctor appointments (about two-thirds are extremely or very satisfied). However, Gen Xers are generally less satisfied than other generations with various aspects of their health coverage: only 47 percent note they are extremely or very satisfied overall with their health care plan.

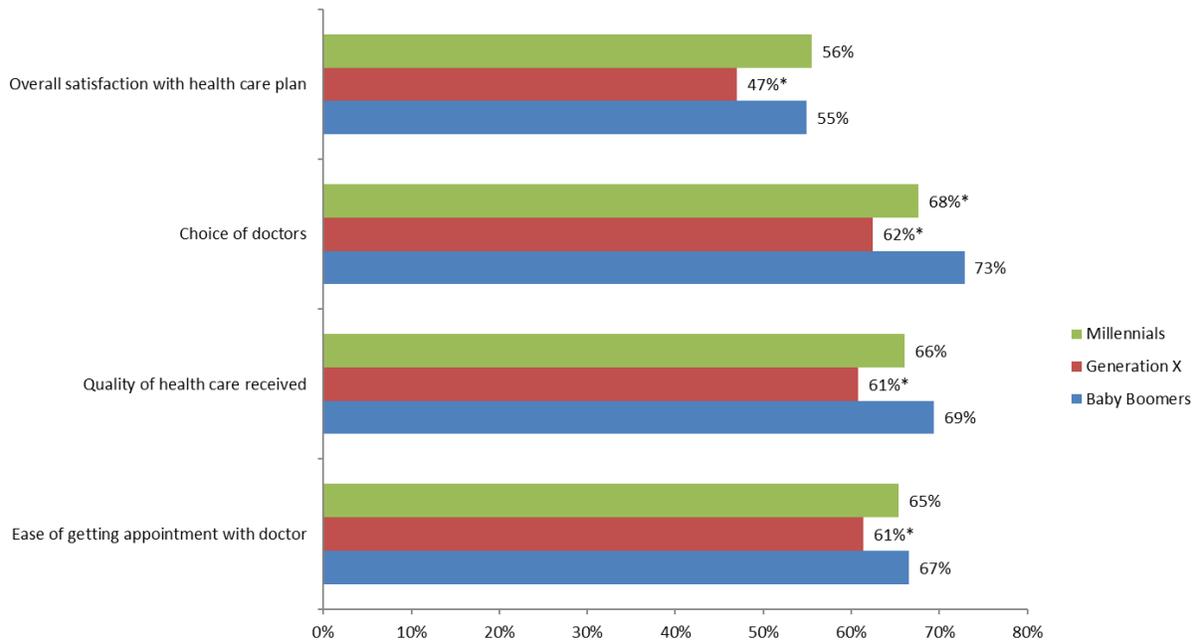
Millennials are more satisfied than Gen Xers and Boomers with financial aspects of their plan

With respect to out-of-pocket costs, Millennials are more satisfied than Gen Xers and Baby Boomers. About one-half (53 percent) of Millennials are extremely or very satisfied with out-of-pocket costs for prescription drugs, compared with 45 percent of Baby Boomers and 44 percent of Gen Xers (Figure 2). Similarly, 42 percent of Millennials are extremely or very satisfied with out-of-pocket costs for other medical services, compared with about one-third among Baby Boomers and Gen Xers.

Millennials are more satisfied than other generational cohorts with enrollment

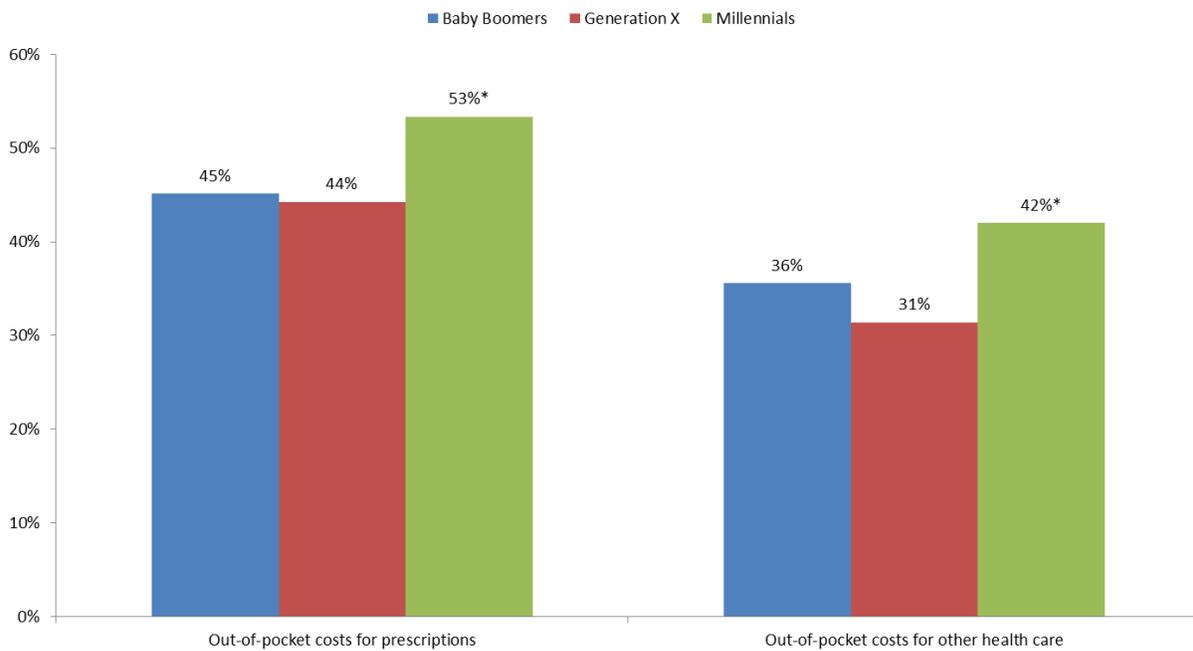
When it comes to various aspects of health plan choices, Millennials are more satisfied than Baby Boomers and Gen Xers. Millennials are more likely than Baby Boomers and Gen Xers to be extremely or very satisfied with the ease of selecting a health plan; the information available to help understand health plan choices; the number of health plans to choose from; and the availability of affordable health plans. Between 46 percent and 56 percent of Millennials are extremely or very satisfied with these aspects of health plan choices, whereas 29 to 46 percent of Baby Boomers and 33 to 46 percent of Gen Xers are extremely or very satisfied (Figure 3). This perhaps reflects their comfort in researching consumer decisions online.

Figure 1
Satisfaction With Various Aspects of Health Coverage
(Percentage Extremely or Very Satisfied)

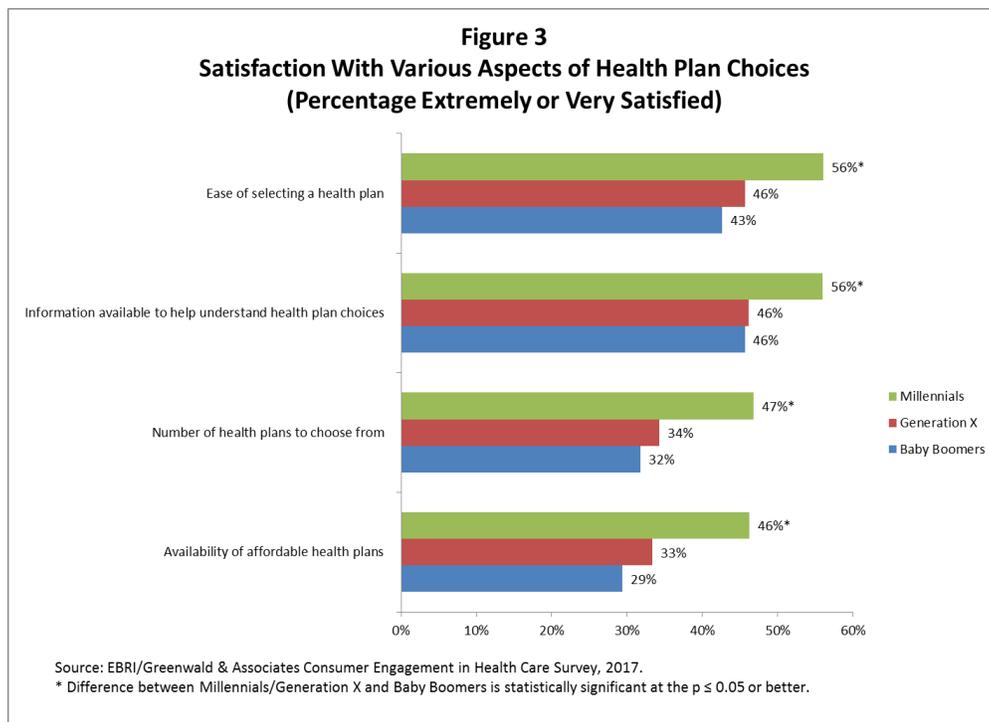


Source: EBRI/Greenwald & Associates Consumer Engagement in Health Care Survey, 2017.
 * Difference between Millennials/Generation X and Baby Boomers is statistically significant at the $p \leq 0.05$ or better.

Figure 2
Satisfaction With Financial Aspects of Health Coverage
(Percentage Extremely or Very Satisfied)



Source: EBRI/Greenwald & Associates Consumer Engagement in Health Care Survey, 2017.
 * Difference between Millennials/Generation X and Baby Boomers is statistically significant at the $p \leq 0.05$ or better.



Health plan trade-offs

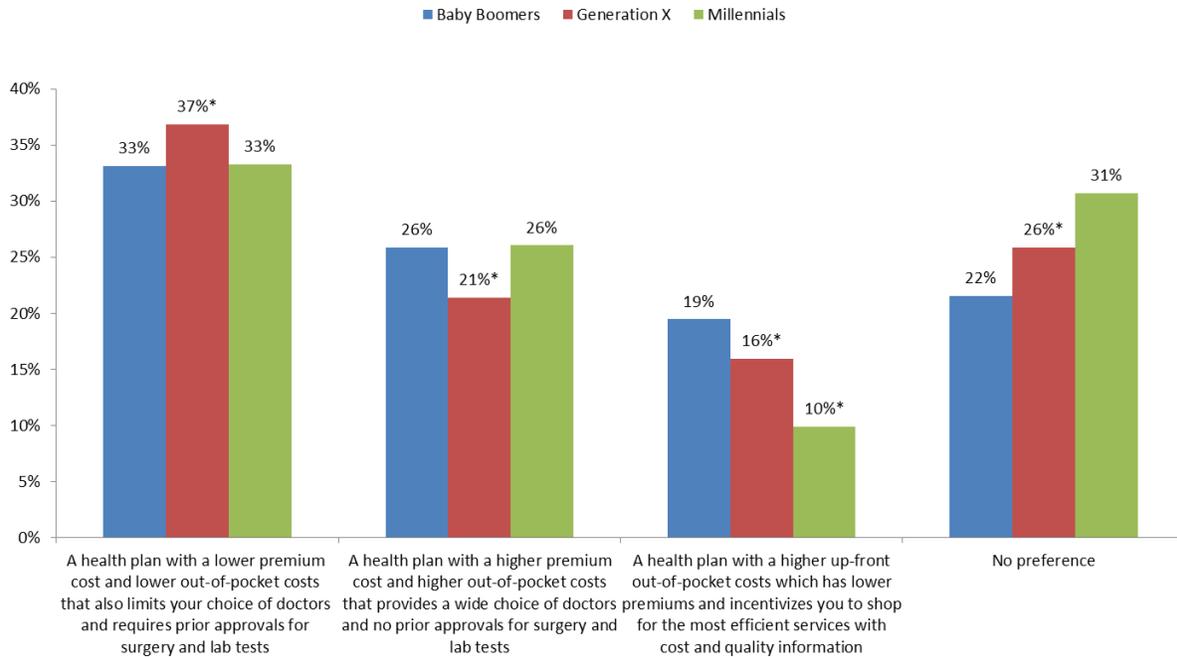
When it comes to the various trade-offs that plan participants report that they are willing to make, we found only one difference between Millennials and Baby Boomers: Millennials are less likely than Baby Boomers to report that they prefer a health plan with higher up-front out-of-pocket costs and lower premiums and incentives to shop for the most efficient services using cost and quality information (Figure 4). However, there are more differences between Gen Xers and Baby Boomers. Gen Xers are more likely than Baby Boomers to prefer a health plan with lower premiums, lower out-of-pocket costs, limits on choice of doctors and pre-approval for various health care services. Gen Xers are less likely than Baby Boomers to prefer a health plan with higher premiums, higher out-of-pocket costs, a wide selection of doctors and no prior approvals for health care services. They are also less likely to prefer a health plan with higher out-of-pocket costs, lower premiums and incentives to shop for the most efficient services.

Millennials and Gen Xers engage with health care providers differently than Baby Boomers

Baby Boomers are more likely than Gen Xers and Millennials to have a primary care provider (PCP). Eighty-five percent of Baby Boomers have a PCP, compared with 78 percent among Gen Xers and 67 percent among Millennials (Figure 5). Among those with a PCP, Baby Boomers are more likely than Gen Xers and Millennials to report that they make healthier lifestyle choices after seeing a PCP; that it is important that their PCP knows them and their medical history personally; that their PCP is aware of all of the other medical care that they receive; and that they are comfortable telling their PCP about their health issues (Figure 6). While these differences are statistically significant, they are not large in magnitude. Millennials are more likely than Baby Boomers to report that their PCP does not have the expertise to deal with complex health issues, and that they rely on themselves more than their PCP to make medical care decisions.

Both Millennials and Gen Xers are more likely than Baby Boomers to report that they have used a walk-in clinic. Only 14 percent of Baby Boomers report that they have used a walk-in clinic, compared with 18 percent among Gen Xers and 30 percent among Millennials (Figure 7).

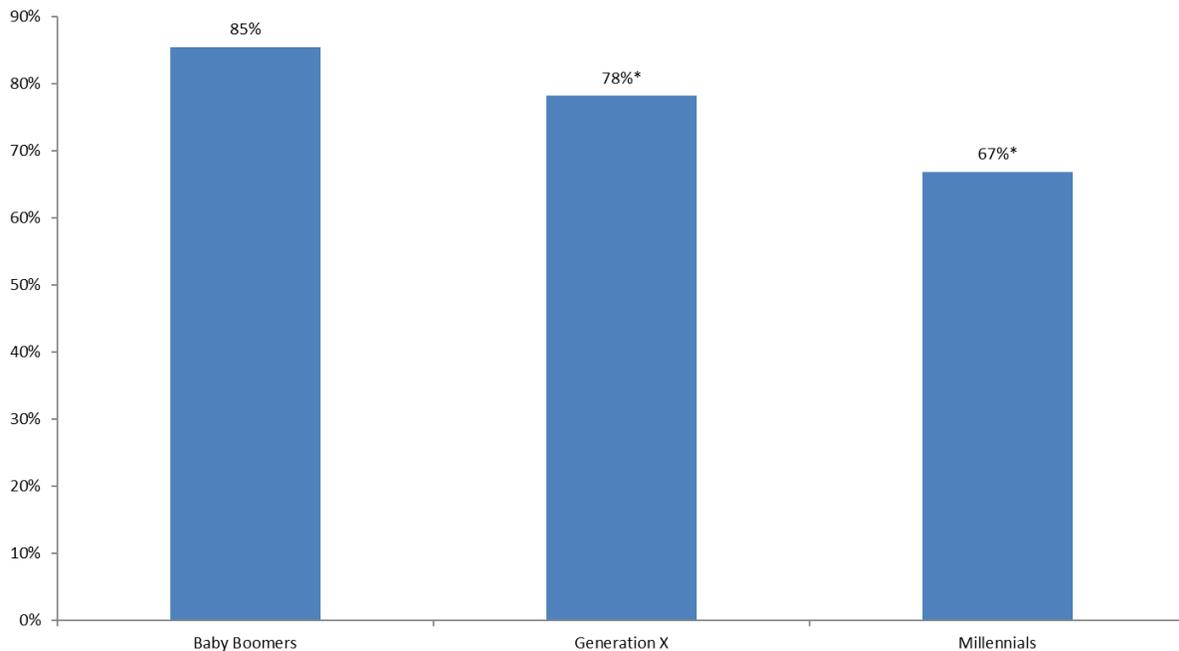
Figure 4
Health Plan Preferences



Source: EBRI/Greenwald & Associates Consumer Engagement in Health Care Survey, 2017.

* Difference between Millennials/Generation X and Baby Boomers is statistically significant at the $p \leq 0.05$ or better.

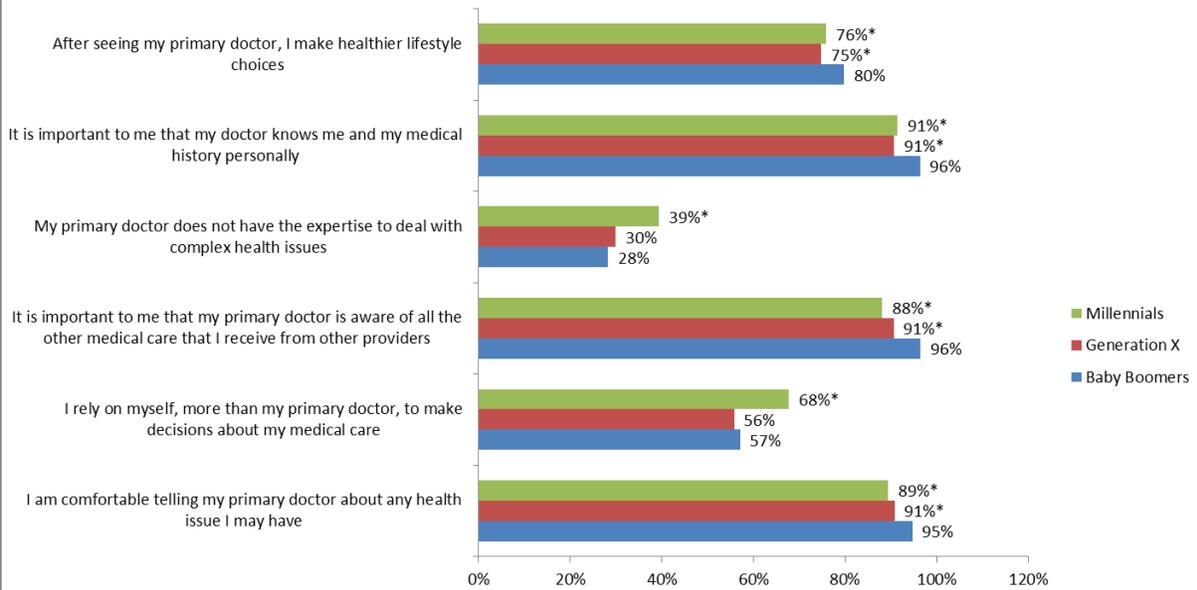
Figure 5
Percent With a Primary Care Provider



Source: EBRI/Greenwald & Associates Consumer Engagement in Health Care Survey, 2017.

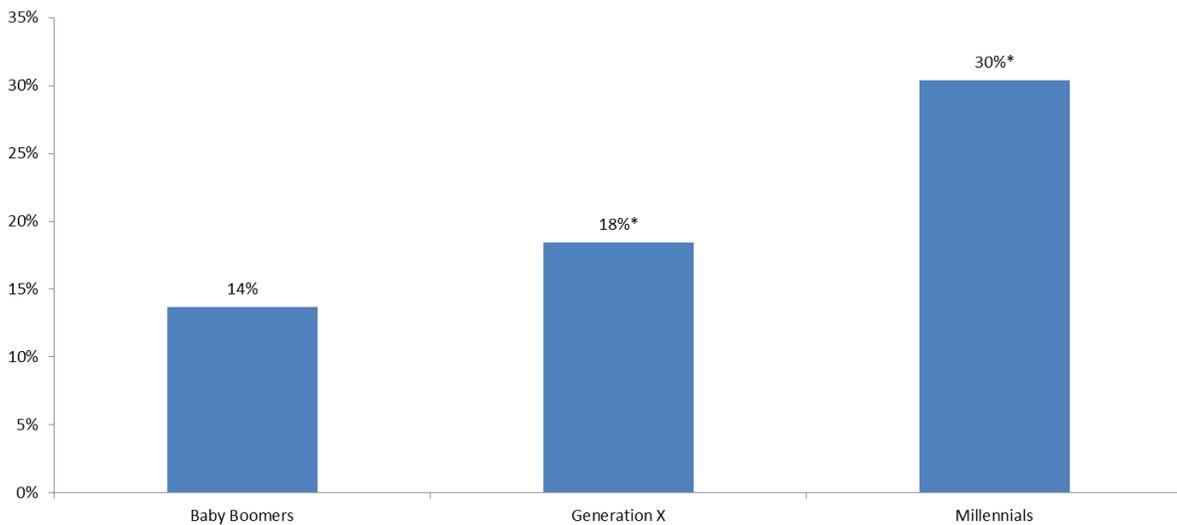
* Difference between Millennials/Generation X and Baby Boomers is statistically significant at the $p \leq 0.05$ or better.

Figure 6
Opinions About Relationship with Primary Care Provider (PCP),
Among Those with a PCP
(Percentage That Strongly or Somewhat Agree With the Statement)



Source: EBRI/Greenwald & Associates Consumer Engagement in Health Care Survey, 2017.
 * Difference between Millennials/Generation X and Baby Boomers is statistically significant at the $p \leq 0.05$ or better.

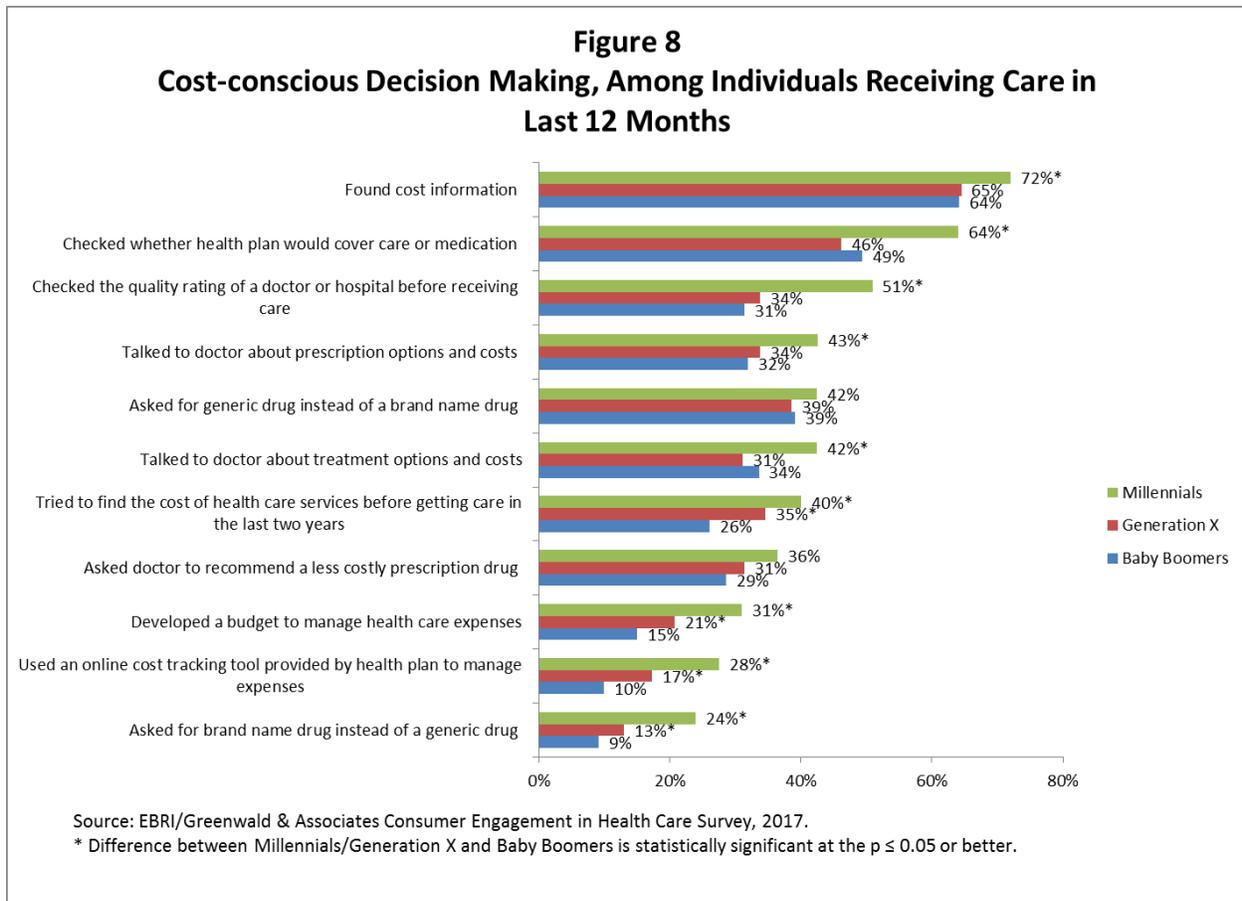
Figure 7
Walk-in Clinic Usage



Source: EBRI/Greenwald & Associates Consumer Engagement in Health Care Survey, 2017.
 * Difference between Millennials/Generation X and Baby Boomers is statistically significant at the $p \leq 0.05$ or better.

Millennials are more likely than Baby Boomers and Gen Xers to get engaged in researching health care options. For example, Millennials are more likely than the other generational cohorts to report that they found cost information; checked whether a health plan would cover care or medication; checked the quality rating of a doctor or hospital before receiving care; talked to a doctor about prescription options and costs; talked to a doctor about treatment options and costs; tried to find the cost of health care services before getting care; developed a budget to manage health care expenses; and used an online cost tracking tool provided by a health plan to manage expenses (Figure 8).

Millennials are the most likely group to request a brand name instead of a generic. This finding may seem counter intuitive, though there are some possible explanations for it. One explanation may be that Millennials may be more likely to state a preference than the other age groups.² Another explanation may be that Millennials are unaware that generic drugs are bioequivalent to brand name drugs.

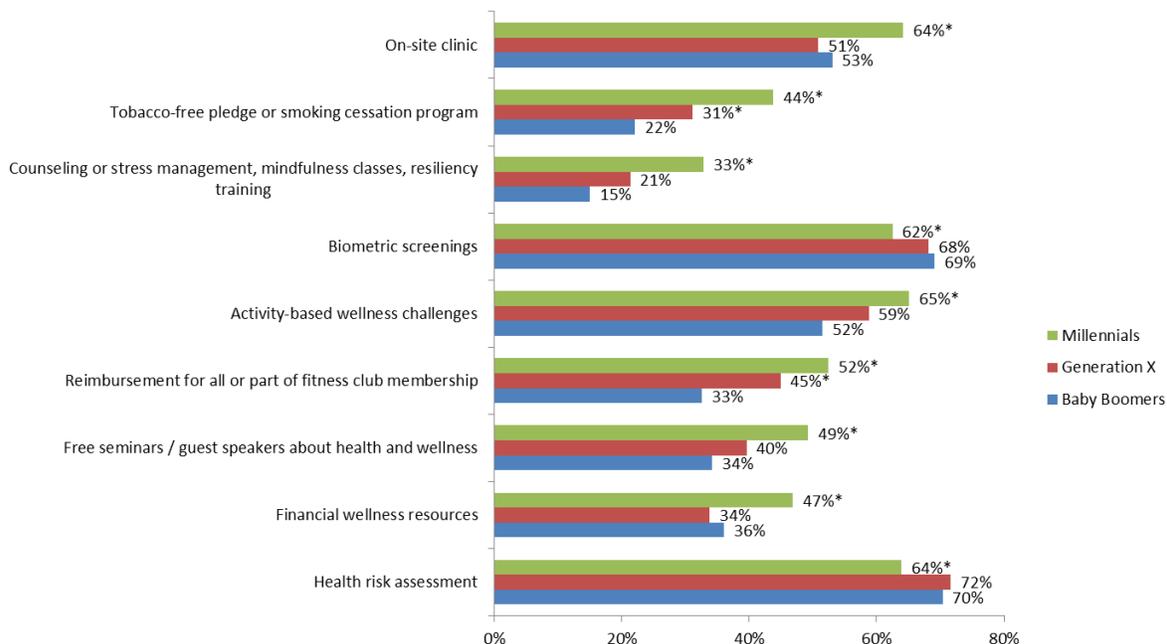


Millennials have the highest rates of wellness program participation

Millennials are nearly across the board more likely than Baby Boomers to participate in various aspects of wellness programs. They are more likely to say they have visited an on-site clinic; made a tobacco-free pledge or participated in a smoking cessation program; participated in counseling or stress management training; participated in activity-based wellness challenges; received reimbursement for a fitness club membership; attended free seminars; and received financial wellness resources (Figure 9). Millennials were less likely than Baby Boomers to say that they have completed a health risk assessment or biometric screenings. For the most part, Gen Xers and Baby Boomers report that they have participated in wellness programs to the same degree.

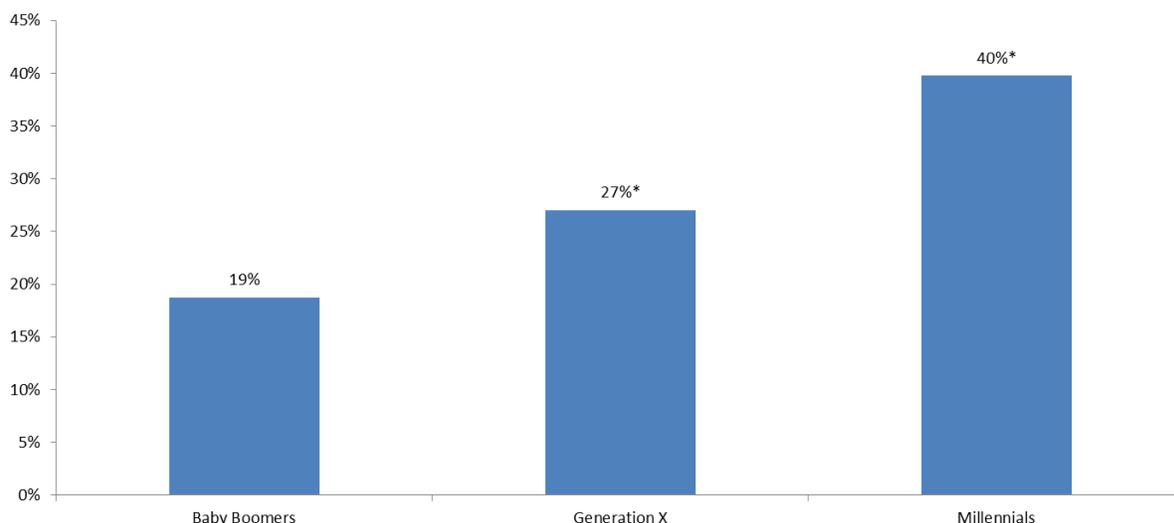
Millennials and Gen Xers are more likely than Baby Boomers to report that a telemedicine option is extremely or very important. Forty percent of Millennials report that telemedicine is an extremely or very important option, compared with 27 percent among Gen Xers and 19 percent among Baby Boomers (Figure 10).

Figure 9
Wellness Program Participation



Source: EBRI/Greenwald & Associates Consumer Engagement in Health Care Survey, 2017.
* Difference between Millennials/Generation X and Baby Boomers is statistically significant at the $p \leq 0.05$ or better.

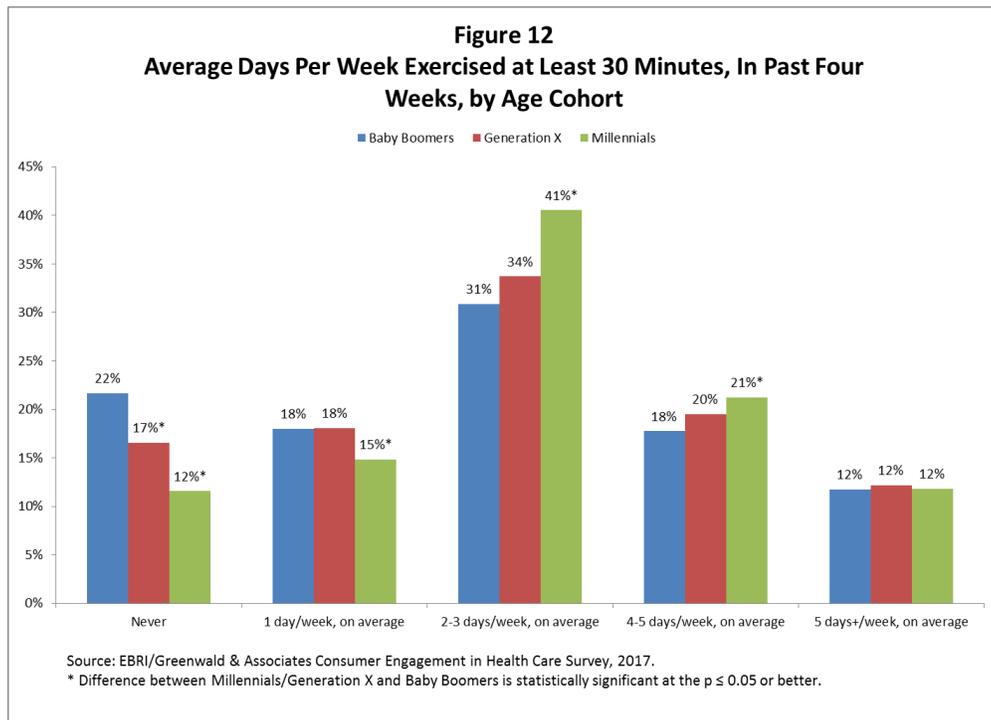
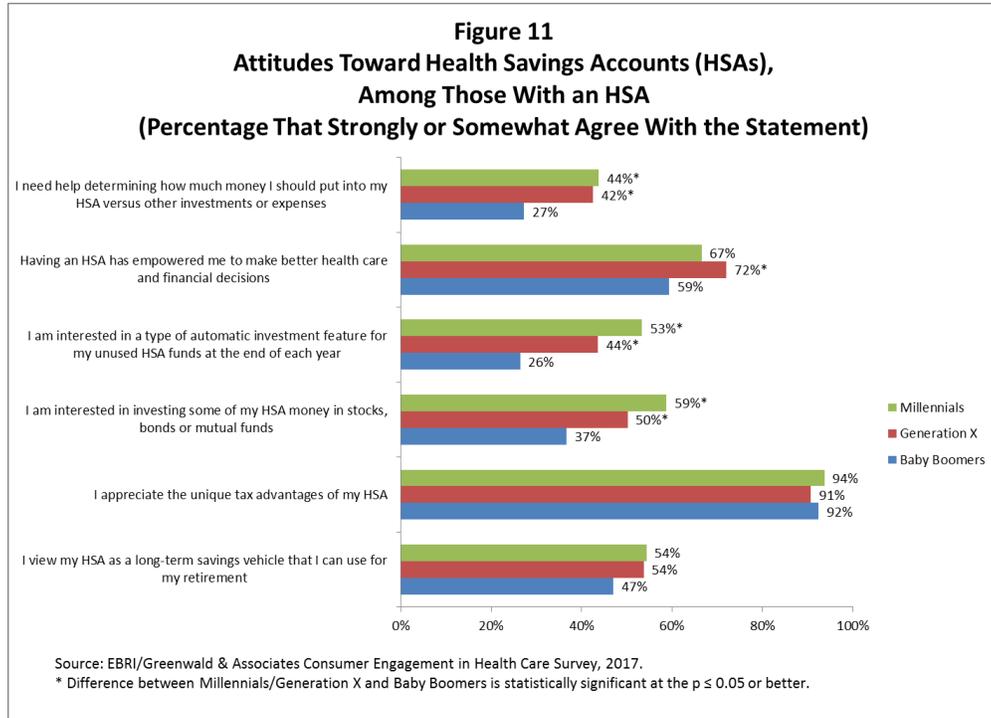
Figure 10
Interest in Telemedicine
(Percent Reporting That Telemedicine Option is Extremely or Very Important)



Source: EBRI/Greenwald & Associates Consumer Engagement in Health Care Survey, 2017.
* Difference between Millennials/Generation X and Baby Boomers is statistically significant at the $p \leq 0.05$ or better.

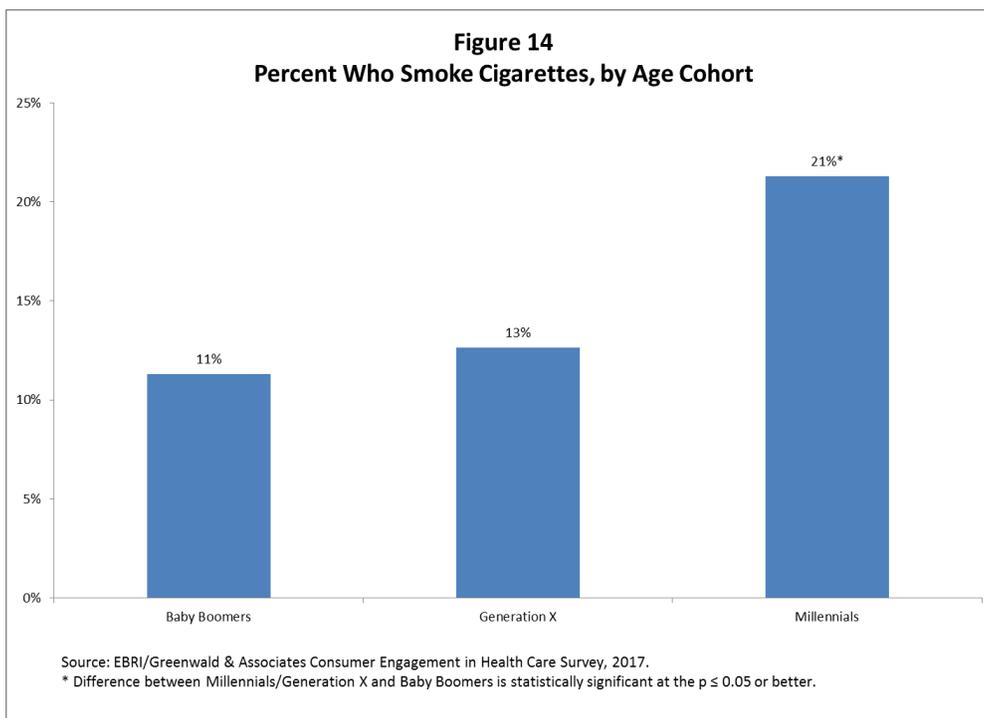
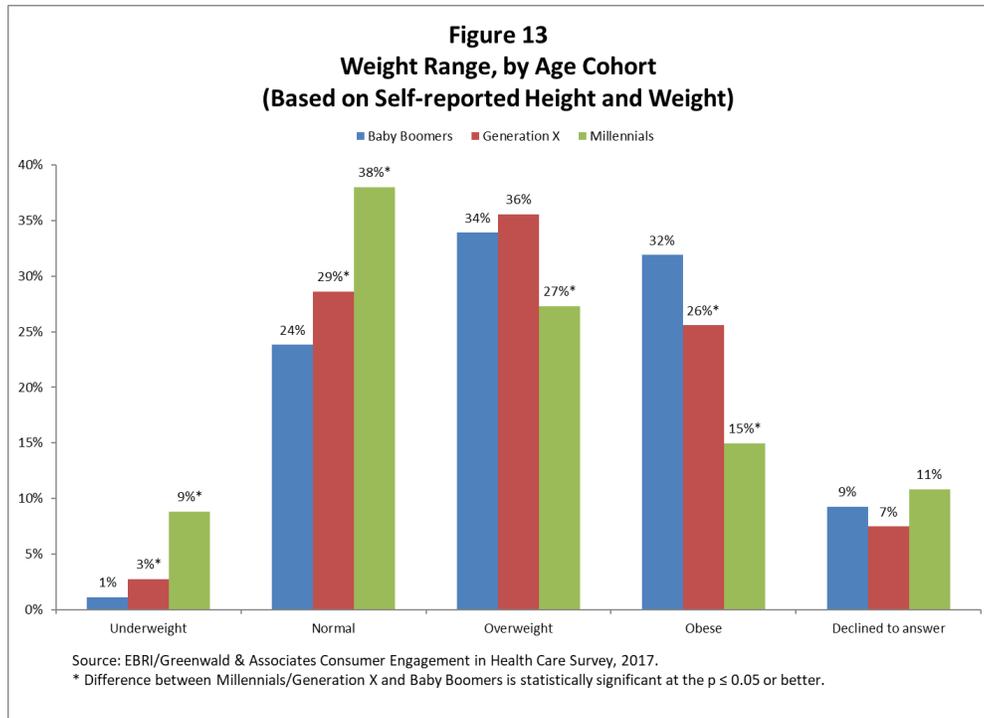
Millennials and Gen Xers are more active HSA investors than Baby Boomers

Millennials and Gen Xers are more likely than Baby Boomers to report that they are interested in investing some of the money in their Health Savings Accounts (HSAs) in stocks, bonds, and mutual funds (Figure 11). They are also more likely to report that they are interested in automatic investment features for unused HSA funds. Gen Xers are more likely than Baby Boomers to say that having an HSA has empowered them to make better health care and financial decisions.



Millennials have the highest rates of many healthy behaviors

Millennials are more likely to report that they engage in healthy behaviors than Gen Xers and Baby Boomers. More specifically, they are more likely to say that they regularly exercise (Figure 12) and they are more likely to report that they have a normal weight (Figure 13). However, Millennials are also more likely than Baby Boomers or Gen Xers to report that they smoke cigarettes (Figure 14).



Conclusion

This *Issue Brief* focuses on differences in consumer engagement in health care by Millennials, Baby Boomers, and Gen Xers. The survey found profound differences by cohort. Millennials are much more satisfied than Baby Boomers and Gen Xers with respect to several aspects of their health coverage. They engage with health care providers differently than Baby Boomers. And Millennials have the highest rates of wellness program participation, though they are less likely than Baby Boomers to have completed a health risk assessment or biometric screenings.

The Millennial generation numbers over 75 million, which is currently larger than the baby-boom generation of about 74.9 million. In addition, population of Generation X is projected to pass the ageing baby-boom generation in size in about a decade. It is therefore no surprise that employers are interested in the role of Millennials in the labor force and how that might be different from the roles of prior generations. It is important for employers to understand differences in generational cohorts to better adapt to a changing workforce. For instance, employers may need to engage Millennials differently than older generations because of different expectations and experiences regarding health care and health coverage as an employee benefit. However, an open question is whether the way Millennials engage with the health care system changes as they age, and as a higher percentage of them move away from being dependents on their parents' plans. Millennials may answer questions one way today because of their current lifestage, but that may change in the future. While employers should better understand how different workers may react to different plan design features and other efforts to engage workers in their health, and use of health care services, they should also understand that to some degree they may be facing a moving target as Millennials age.

Appendix—Methodology

The findings presented in this paper were derived from the 2017 EBRI/Greenwald & Associates Consumer Engagement in Health Care Survey (CEHCS), an online survey that examines issues surrounding consumer-driven health care, including the cost of insurance, the cost of care, satisfaction with health care, satisfaction with health care plans, reasons for choosing a plan, and sources of health information. The 2017 CEHCS was conducted within the United States between Aug. 10 and Sept. 1, 2017, through a 15-minute internet survey. The national or base sample was drawn from Ipsos' online panel of internet users who have agreed to participate in research surveys. Over 2,300 adults ages 21–64 who had health insurance through an employer, purchased directly from a carrier, or purchased through a government exchange were drawn randomly from the Ipsos sample for this base sample. This sample was stratified by gender, age, region, income, and race. The response rate was 10 percent. As a non-probability sample, traditional survey margin-of-error estimates do not apply.

Because the base sample (national sample) included only 354 individuals in a CDHP and 275 individuals with an HDHP, an oversample of individuals with a CDHP or HDHP was added. The oversample included 747 individuals with a CDHP and 515 individuals with an HDHP, resulting in a total sample (base plus oversample) of 1,101 for the CDHP group and 790 for the HDHP group. After factoring out the base sample—the 259 individuals with a CDHP and the 255 individuals with an HDHP—there were 1,674 individuals in the sample with traditional health coverage.

In addition to being stratified, the base sample was also weighted by gender, age, education, region, income, and race/ethnicity to reflect the actual proportions in the population ages 21–64 with private, health-insurance coverage.³ The CDHP and HDHP oversamples were weighted by gender, age, income and race/ethnicity, using the demographic profile of the CDHP and HDHP respondents to the omnibus survey described below.

While panel internet surveys are nonrandom, studies have demonstrated that such surveys, when carefully designed, obtain results comparable with random-digit-dial telephone surveys. (Taylor 2003), for example, provided the results from a number of surveys that were conducted at the same time using the same questionnaires both via telephone and online. He found that the use of demographic weighting alone was sufficient to bring almost all of the results from the online survey close to the replies from the parallel telephone survey. He also found that in some cases propensity weighting (meaning the propensity for a certain type of person to be online) reduced the remaining gaps, but in other cases it did not reduce the remaining gaps. Perhaps the most striking difference in demographics between telephone and online surveys was the under-representation of minorities in online samples.

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Endnotes

¹ See <http://www.pewresearch.org/fact-tank/2016/04/25/millennials-overtake-baby-boomers/>

² Note also that just because an individual initially asks for a brand name prescription does not mean they get it. Many insurance plans automatically substitute generic drugs for brand name prescriptions. Furthermore, once an individual sees the difference in the cost sharing between the generic and brand name prescription, he or she may then decide to accept the generic drug.

³ In theory, a random sample of 2,000 yields a statistical precision of plus or minus 2.2 percentage points (with 95-percent confidence) of what the results would be if the entire population ages 21–64 with private health insurance coverage were surveyed with complete accuracy. There are also other possible sources of error in all surveys that may be more serious than theoretical calculations of sampling error. These include refusals to be interviewed and other forms of nonresponse, the effects of question wording and question order, and screening. While attempts are made to minimize these factors, it is impossible to quantify the errors that may result from them.

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