

Health Disparities in Employer-Sponsored Insurance

Executive Summary

July 2022

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Morgan Health commissioned NORC at the University of Chicago (NORC) to produce a first-of-its-kind data analysis leveraging three nationally-representative, public surveys and national vital statistics records to produce a snapshot of health outcomes and disparities among adults with employer-sponsored insurance (ESI). The analysis examines engagement in preventive health behaviors, health outcomes associated with chronic conditions, maternal health, substance use and behavioral health conditions, access to care and food insecurity.

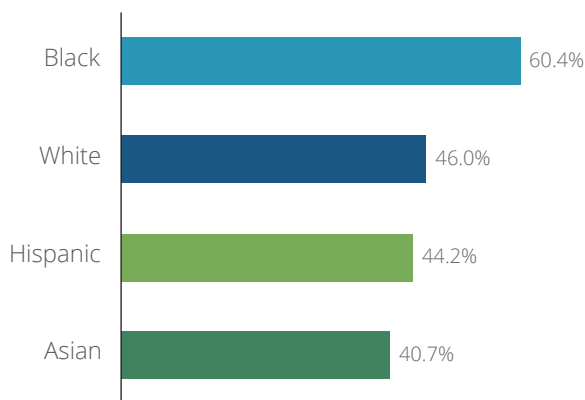
The Morgan Health-NORC analysis reveals important insights about the state of health care and outcomes in the employer market — the largest source of health insurance coverage in the U.S. — with a comprehensive look at disparities prior to the onset of the COVID-19 pandemic. This work will support future analyses focused on accessibility of care, health disparities, health outcomes and social needs in the ESI market during and after the pandemic.

The analysis found large health disparities across chronic conditions, maternal health and behavioral health among enrollees with employer-sponsored coverage. Some of the most significant differences appear to be statistically associated with race. Furthermore, the analysis uncovered significant substance use issues and disparities across sexual orientation subgroups. Lastly, the analysis revealed challenges related to care accessibility, which was primarily associated with income differences.

Below are some key findings from the Morgan Health-NORC analysis:

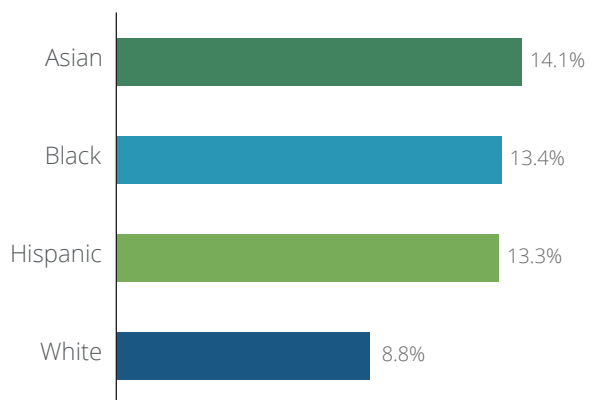
- **The burden of chronic disease varied significantly across race/ethnic groups.**
 - 60.4 percent of Black enrollees had high blood pressure, as compared to 40.7 percent of Asian enrollees, 44.2 percent of Hispanic enrollees and 46.0 percent of white enrollees (Figure A).
 - Black (13.4 percent), Hispanic (13.3 percent) and Asian (14.1 percent) enrollees were more likely to have diabetes than white enrollees [(8.8 percent) (Figure B)].

FIGURE A Unadjusted prevalence of high blood pressure among enrollees, by race and ethnicity



Source: 2017–March 2020 NHANES (CDC/NCHS)

FIGURE B Unadjusted prevalence of diabetes among enrollees, by race and ethnicity



Source: 2017–March 2020 NHANES (CDC/NCHS)

- **Behavioral health and substance use issues were prevalent among all enrollees.**
 - The overall rates of serious psychological distress, anxiety and depression among enrollees were 9.5 percent, 13.3 percent and 14.1 percent, respectively.
 - The analysis found 19.8 percent of enrollees use tobacco, 30.1 percent report heavy alcohol use and 18.8 percent use illicit drugs.
- **There were stark differences in severity of behavioral health and substance use issues and related outcomes for white and Lesbian, Gay or Bisexual ESI enrollees.**
 - Lesbian, Gay or Bisexual enrollees were nearly three times more likely to report serious psychological distress than straight enrollees (23.4 percent v. 8.8 percent). White enrollees were more likely to report heavy alcohol use (31.7 percent) and illicit drug use (20.6 percent) compared to Black, Asian and Hispanic enrollees.
- **The analysis found widespread variation in Cesarean section (C-section) delivery rates among races within the ESI market, reinforcing persistent maternal health gaps across the health system.**
 - Of enrollees with a low-risk pregnancy, 14.9 percent delivered by C-Section; 20.1 percent, 17.7 percent and 17.0 percent of low-risk deliveries among Black, Asian and Hispanic enrollees, respectively, were performed via C-section, compared to a rate of 13.6 percent of white enrollees.
- **For enrollees with low-to-moderate incomes, the analysis revealed high rates of difficulty paying medical bills and emergency department utilization, which signals access to care could be a challenge for this subset of the population.**
 - 21.5 percent of enrollees earning less than \$50,000 annually had difficulty paying medical bills compared to 11.9 percent of enrollees across all income levels.
 - After adjusting for age and sex, enrollees in the lowest income bracket in the analysis were 7.1 percent more likely than enrollees in the highest income bracket to visit an emergency department.
- **Even with employer coverage and job-based income, food insecurity is prevalent within the employer-sponsored coverage population.**
 - 7.7 percent of enrollees were food insecure. These unmet social needs can further exacerbate negative outcomes and widen health gaps.

Morgan Health commissioned NORC at the University of Chicago to conduct this analysis. Staff from NORC's Health Care Strategy and Public Health Departments worked collaboratively to produce the analysis: Caroline Pearson, David Rein, Ph.D., Mairin Mancino, Matthew Brault, Ph.D., Morgan Clausen.

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