



Analyses of out of pocket spend on Health (and Employee Benefits) by Ethnicity in the UK

July 2025

Introduction

This survey has been conducted by Deloitte Health Institute Europe aiming to investigate the additional cost that ethnic minorities face surrounding their health, and respondent's attitudes towards workplaces offering various health benefits, including women's health, to alleviate this cost gap.

In October 2023, we surveyed a nationally representative sample of working adults in the UK and asked 5 questions on their healthcare spend and how they view women's health in the workplace. The sample size was 3156 men and women aged 18+ (350 from an ethnic minority background), and the survey was conducted through YouGov.

All respondents have self-identified their ethnicity and gender. Whilst we take a binary view of gender to complete the analysis of the survey results, we acknowledge that not all people are represented within this binary, and costs associated with women's health services can extend to individuals who do not identify as women.

This research reveals a complex picture of healthcare experiences and perceptions among white and ethnic minority employees. While spending patterns on personal health and care appear similar between the two groups, ethnic minority employees demonstrate consistently higher awareness of, desire for, and are more influenced by the presence of employer-provided women's health benefits. This suggests that while both groups face potential financial constraints in accessing healthcare, ethnic minority employees may place a higher value on employer-provided healthcare, potentially due to factors like perceived difficulties accessing the NHS, cultural differences in healthcare expectations, and past experiences with healthcare systems. Further research is needed to understand the nuances behind these trends fully and to explore potential biases within the data collection and analysis process.

Get in Touch



Elizabeth Hampson, Life Sciences and Health Innovation Partner, and Leader of Deloitte's Health Institute Europe
ehampson@deloitte.co.uk



Nicole Advani, Health Strategy Senior Manager
nicoleadvani@deloitte.co.uk

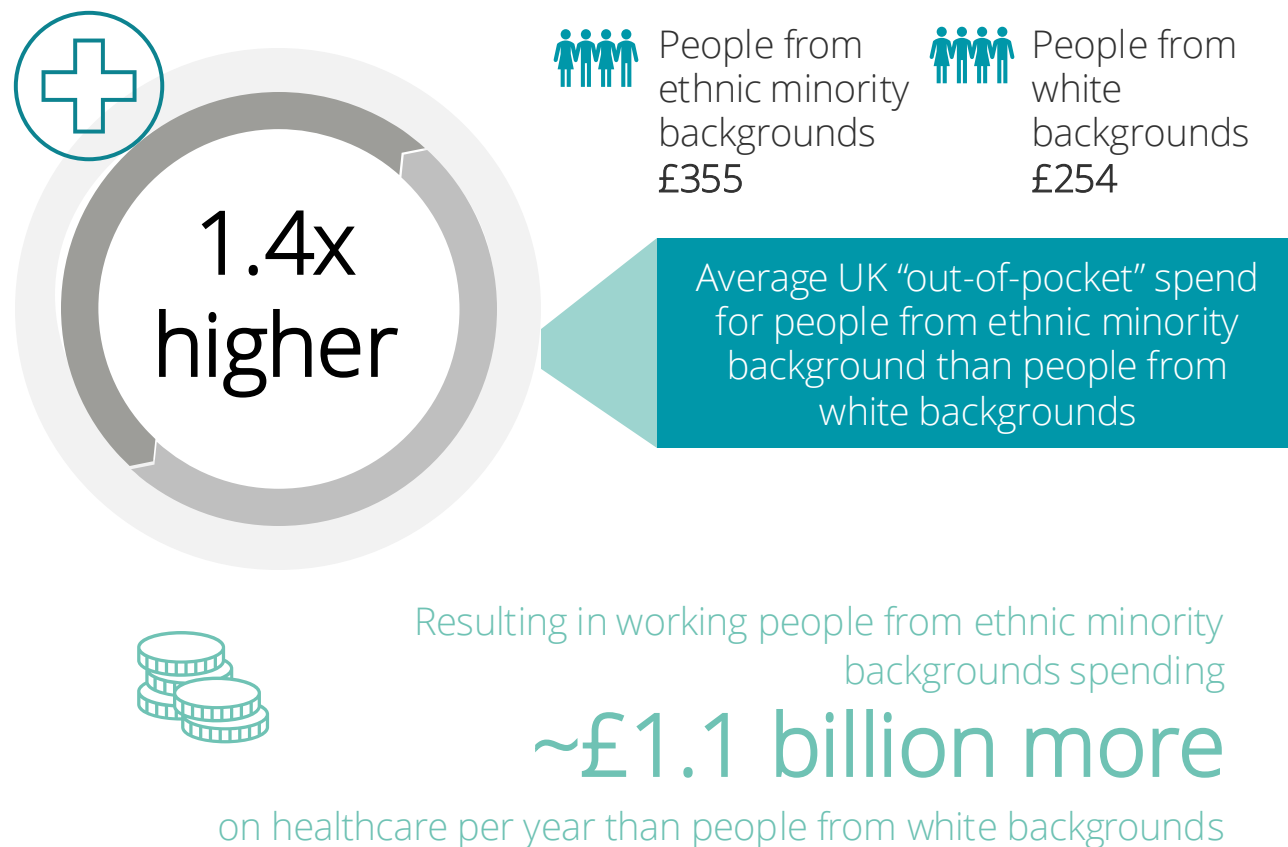
Contributors: Stephanie Delanbanque, Imogen Fitzpatrick, Victoria Katzer, Zara King

Out-of-pocket spend

Employed people from ethnic minority backgrounds spend more out-of-pocket on their health per year than employed people from white backgrounds

You indicated you spent money on the following personal health and care categories in the last 12 months... Approximately how much did you spend in each health category?

(An average was taken for people of different backgrounds across each health category)



In the UK working population, people from ethnic minority background spend 1.4x more out-of-pocket on their health per year, and have a higher average spend than people from white backgrounds do

- 'Out-of-pocket' spend is outlined as when respondents spend money on the listed personal health and care categories
- Based on the survey results, out-of-pocket health costs for people from ethnic minority backgrounds are £355, whilst for people from white backgrounds it is £254
 - This means that employed **people from ethnic minority backgrounds in the UK are spending almost 1.4x more out-of-pocket on health** per year than employed people from white backgrounds in the UK
 - This could potentially be attributed to people from an ethnic minority backgrounds potentially having difficulty accessing the public health services and therefore needing to supplement their care themselves
- The out-of-pocket healthcare spend equates to the **working people from ethnic minority backgrounds spending ~£1.07 billion more than working people from white backgrounds per year***

*£1.07bn was calculated by multiplying the surplus amount that people from ethnic minority backgrounds spent out-of-pocket on health per year (£101) by the number of working-age people from ethnic minority backgrounds in the UK (10.57 million)

Total number of respondents: 2680 white background, 350 ethnic minority background

Copyright © 2025 Deloitte Development LLC. All rights reserved.

Employed people from ethnic minority backgrounds spend more out-of-pocket on their health per year than employed people from white backgrounds

You indicated you spent money on the following personal health and care categories in the last 12 months... Approximately how much did you spend in each health category?
(An average was taken for people of different backgrounds across each health category)



In the UK working population, people from ethnic minority background spend more out-of-pocket on their health per year, and have a higher average spend than people from white backgrounds do

- Individuals from ethnic minority backgrounds spend considerably more (£355) out-of-pocket on healthcare than those from white backgrounds (£254)
- Ethnic minority individuals spend substantially more (£154) compared to those from white backgrounds (£123) on general healthcare
 - This suggests a higher reliance on private general healthcare services within the ethnic minority group
- While both groups spend on diagnostics and wearables, ethnic minority individuals spend more (£75) than those from white backgrounds (£29)
 - This could indicate a greater proactive approach to health monitoring or access to more advanced diagnostic tools
- Spending on private counselling/mental health support and long Covid treatment is higher among ethnic minority individuals, but the difference is less pronounced than in general healthcare
 - This may reflect disparities in access to NHS mental health services or the prevalence of long Covid within the community

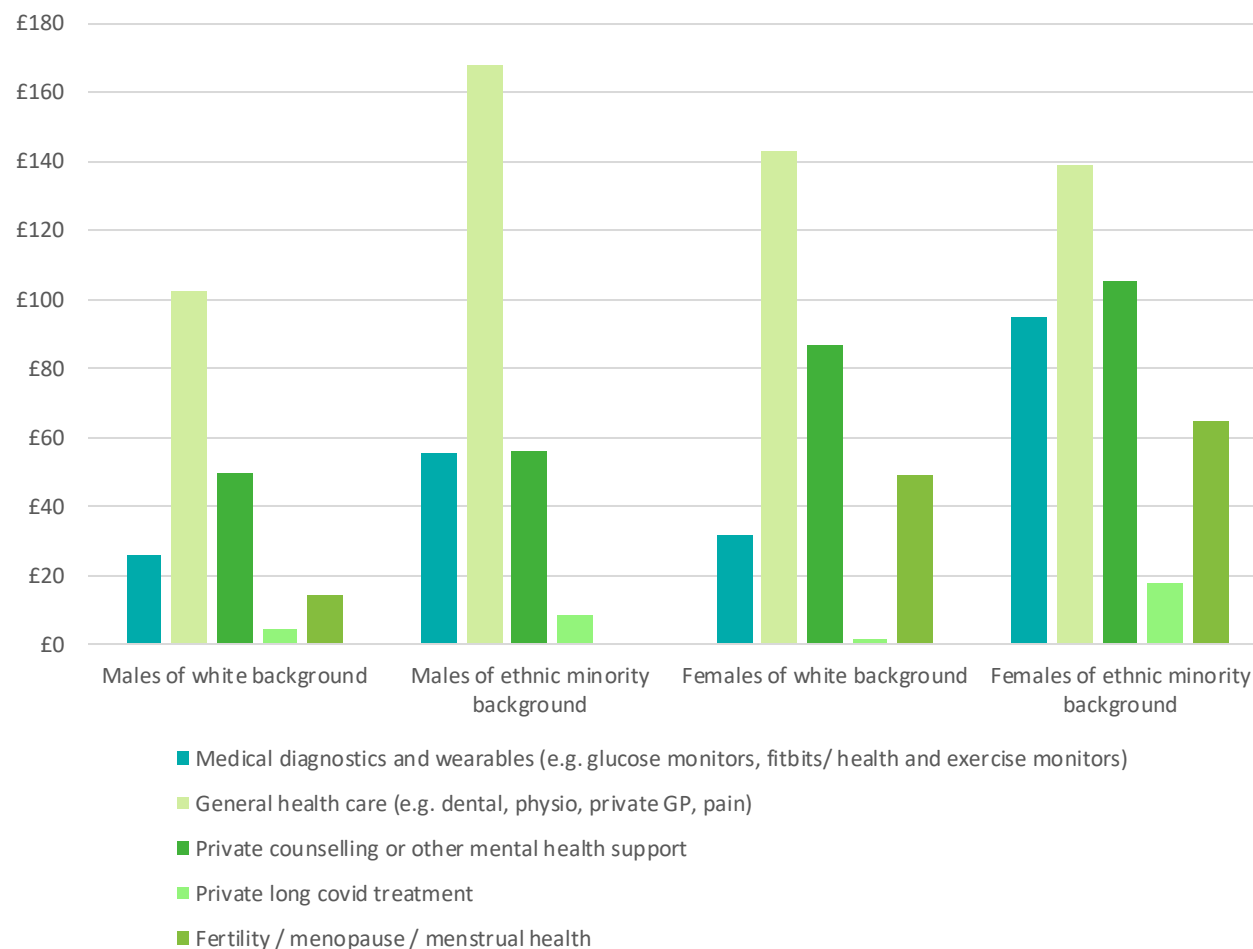
*£1.07bn was calculated by multiplying the surplus amount that people from ethnic minority backgrounds spent out-of-pocket on health per year (£101) by the number of working-age people from ethnic minority backgrounds in the UK (10.57 million)

Total number of respondents: 2680 white background, 350 ethnic minority background

Copyright © 2025 Deloitte Development LLC. All rights reserved.

Out-of-pocket spending on personal health and care based on ethnicity

Approximately how much money did you spend in each category?



People from ethnic minority backgrounds, both male and female, generally show higher average spending across most categories compared to people from white backgrounds

- Regardless of gender or ethnicity, all respondents who had out-of-pocket spending spent the most money in the “General health care” category, and the least in the “Private long covid treatment” category
- **Individuals from ethnic minority backgrounds, both male and female, generally show higher average spending across most categories** compared to their white counterparts. This difference is particularly noticeable in the “Medical diagnostics and wearables” category.
 - This could point to potential inequalities in healthcare access or affordability
- **Females generally have higher average spending than males across both ethnicity groups.** This is more evident in all categories except for “General health care”.
- Males in the ethnic minority group spend more on general healthcare than females in the ethnic minority. Female spending on general healthcare is similar across both groups and lower than that of ethnic minority males, indicating that higher spending in this category is primarily driven by ethnic minority men.
 - This could be influenced by a variety of factors, including differing healthcare needs and societal expectations

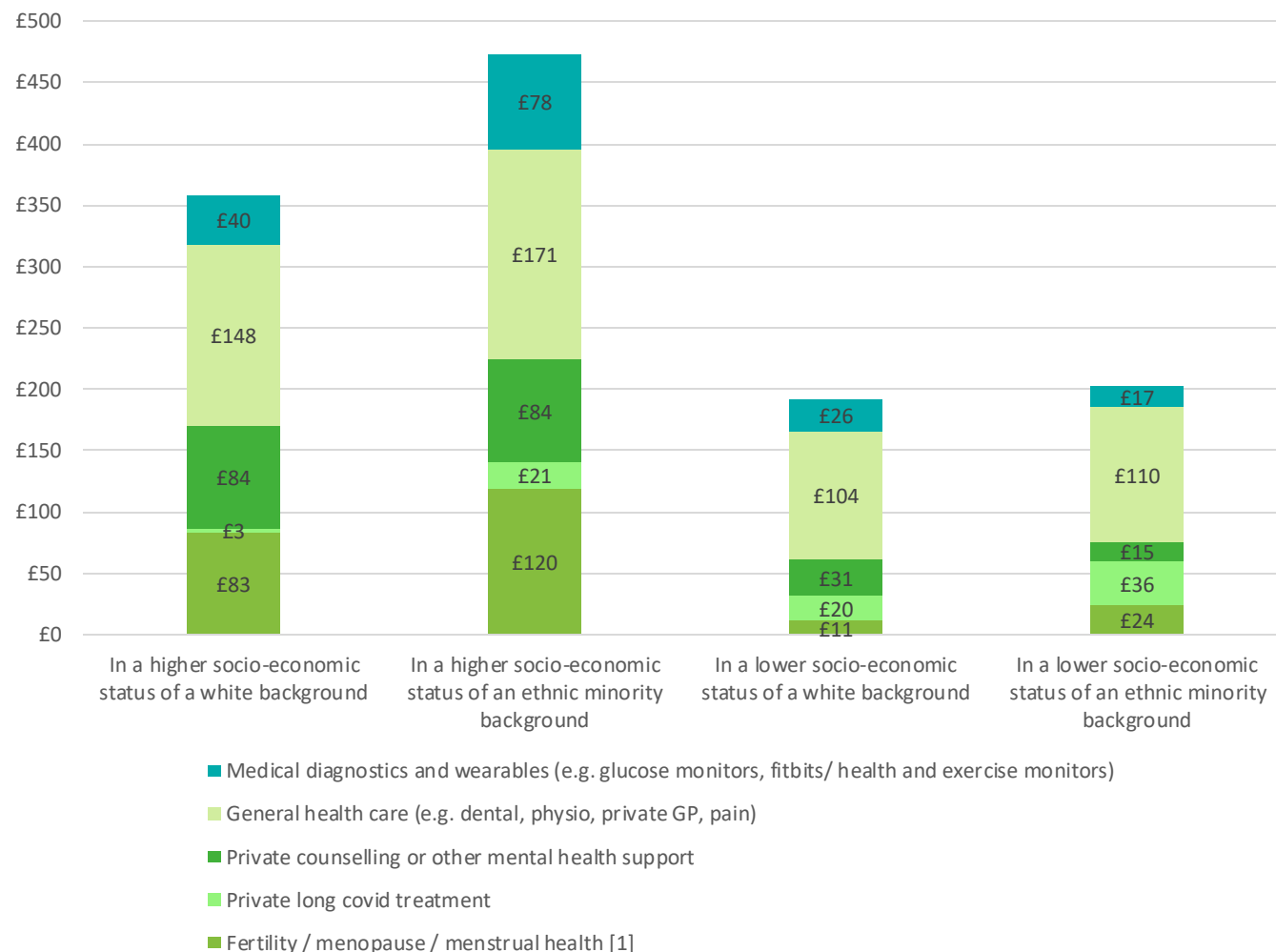
[1] e.g. diagnostics, egg freezing, fertility treatment, menopause treatment or support etc

Total number of respondents: 2680 white background, 350 ethnic minority background

Copyright © 2025 Deloitte Development LLC. All rights reserved.

Out-of-pocket spending on personal health and care based on socio-economic status

Approximately how much money did you spend in each category?



Spending habits of different social-economic groups on various private healthcare services.

- Overall, **socio-economic status seems to have a greater influence than ethnicity on absolute spending level on healthcare**. However, the category spend differs and people from ethnic minority backgrounds of high socio-economic status spend more than people from white backgrounds of the same socio-economic status.
 - Lower **socio-economic ethnic minority employees spend more on general healthcare and less on preventative** care like diagnostics and mental health support, potentially exacerbating future health inequalities.
 - More significant out-of-pocket spending disparities exist between higher socio-economic ethnic minority and white individuals, particularly in diagnostics, women's health, highlighting the need to consider these factors when designing NHS and private healthcare programmes.
- Employees in a **higher socio-economic status spend more out-of-pocket on health than people from a lower socio-economic status**
 - General health care attracts the highest spending across all groups, with a notable difference between white and ethnic minority groups within the higher socio-economic status group
 - Fertility/menopause/menstrual health follows a similar pattern with more spending in the higher socio-economic status overall
 - Private counselling out-of-pocket spending is approximately 4x higher within the higher socio-economic group

[1] e.g. diagnostics, egg freezing, fertility treatment, menopause treatment or support etc

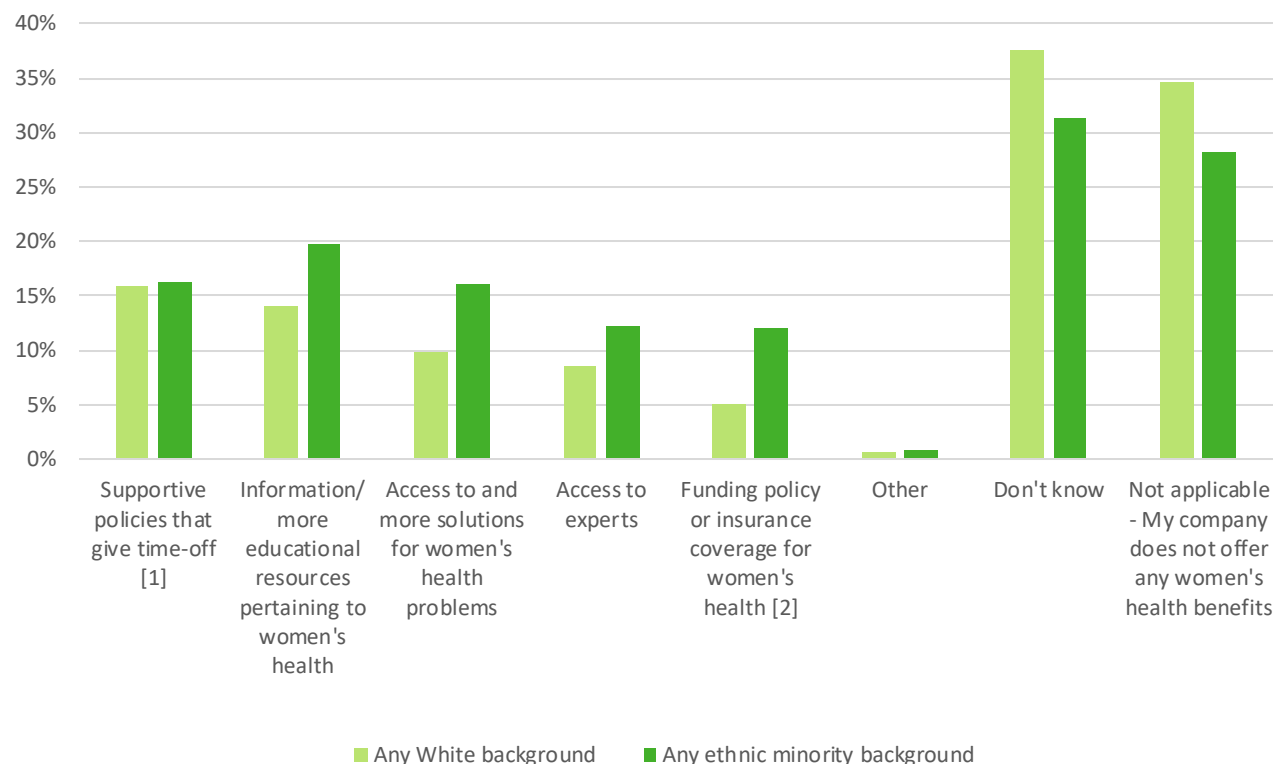
Total number of respondents: 2680 white background, 350 ethnic minority background

Copyright © 2025 Deloitte Development LLC. All rights reserved.

Attitudes in the Workplace

People from ethnic minority backgrounds are consistently more aware of the women's health benefits offered by their company than white colleagues

Which, if any, of the following women's health benefits are you aware that the company you work for offers?



[1] e.g. for fertility treatment, menstrual pain, menopause etc

[2] e.g. diagnostics, egg freezing, fertility treatment, menopause treatment or support etc

[3] All percentages where averaged have been rounded upwards or downwards to nearest 1 percentage point.

Total number of respondents: 2680 white background, 350 ethnic minority background

Copyright © 2025 Deloitte Development LLC. All rights reserved.

Source: [1] Institute for Fiscal Studies. (2020). Living standards, poverty and inequality in the UK: 2020. <https://ifs.org.uk/publications/15251>

[2] NHS Digital. (2019). Health Literacy in England 2019. <https://digital.nhs.uk/data-and-information/publications/statistical/health-literacy-in-england/health-literacy-in-england-2019>

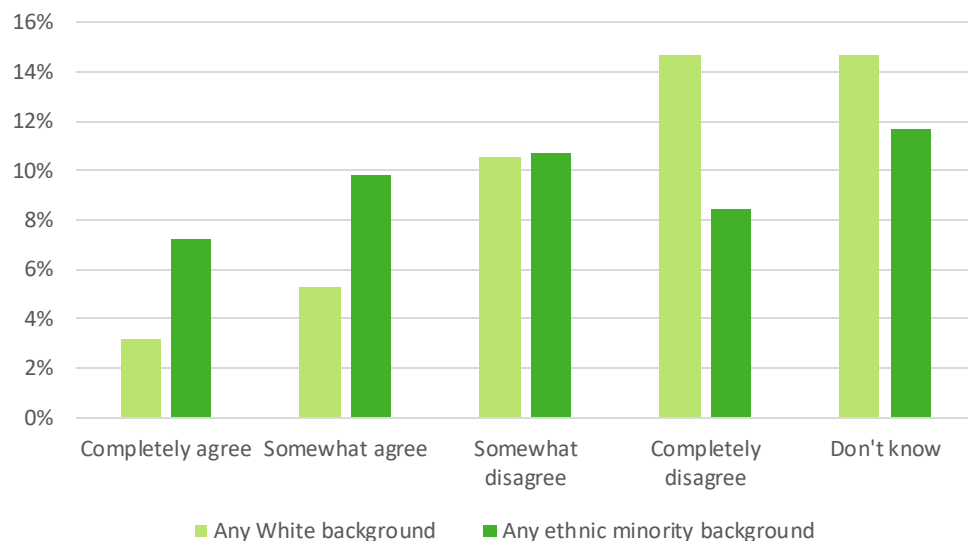
Employees from ethnic minority backgrounds consistently demonstrate higher awareness of company-provided women's health benefits compared to their white counterparts across all benefit categories

- Across every category of women's health benefits, **ethnic minority respondents had higher awareness of what their company offers**
 - White respondents were also more likely (37% versus 30%) to work at a company that did not offer women's health benefits
 - **Respondents from ethnic minority backgrounds were more than twice as likely to be aware of the funding policy or insurance coverage** at their company for women's health benefits (12% versus 5% for white colleagues)
- Respondents from ethnic minority backgrounds may place a higher value on workplace health benefits due to greater reliance on employer-provided healthcare and the cost of private healthcare
- The gap in awareness regarding funding policies may suggest that respondents from ethnic minority backgrounds might have a greater need for employer-funded healthcare which is why they are more mindful of it [1]
- Higher awareness of informational resources among respondents from ethnic minority backgrounds **could be linked to existing disparities in health literacy or the need to better advocate for themselves when accessing services** [2]

Note: for the question listed, respondents were able to select multiple answer choices therefore the total percentages add up to more than 100%. The chart is illustrative only of the potential relative difference in awareness of women's health benefits offered by companies based on background.

Women's health benefits are a key factor in the decision to take or leave a job for more people from an ethnic minority background than those from a white background

Please assess to what extent you agree with the following statement:
“Women's health benefits are a key factor in my decisions to take or leave a job”



Respondents with minority backgrounds are more likely to consider women's health benefits a key factor in job decisions compared to respondents with a white background

- **A significant 30% of people from a white background completely or somewhat disagreed with the statement versus 14% for people from an ethnic minority background**
 - People from a white background consistently disagreed more, whilst people from an ethnic minority background consistently agreed more.
- The disparity in responses suggests a **potential difference in priorities and perceived value of women's health benefits** between the two groups
- The data suggest that **employees with ethnic minority backgrounds may be more reliant on employer-provided healthcare** due to potential difficulties accessing public health services
 - **Negative past experiences or perceived discrimination within healthcare systems** may lead people with ethnic minority backgrounds to prioritize employers who offer comprehensive health benefits [1]

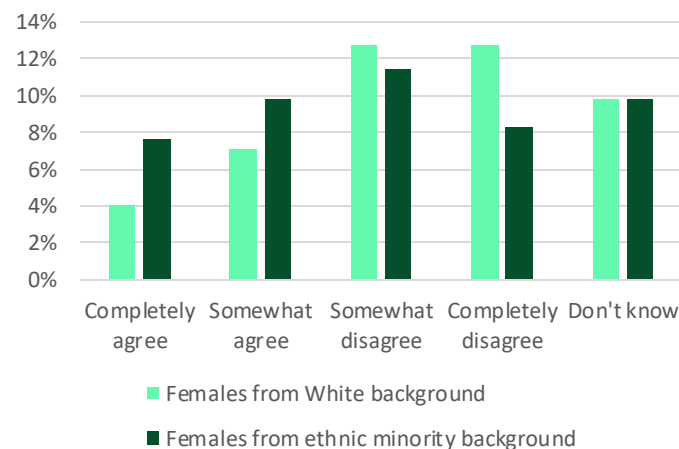
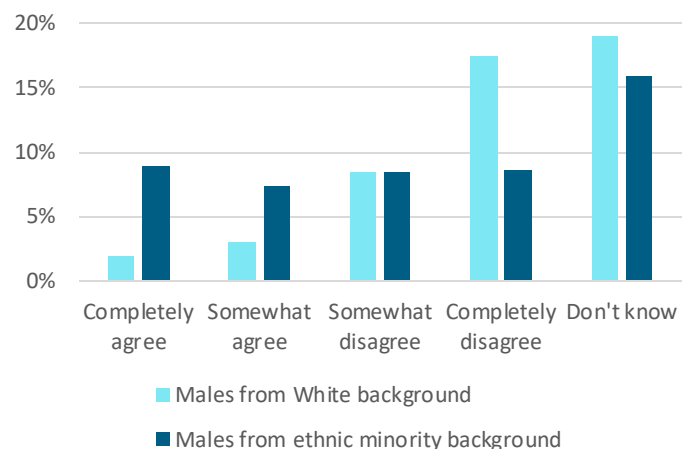
Note: Scoring has been done as follows - responses 1,2,3 constitute “disagree”, responses 4,5 constitute ‘somewhat disagree’, responses 6,7 constitute ‘somewhat agree’, and responses 8,9,10 constitute ‘agree’

Total number of respondents: 2680 white background, 350 ethnic minority background

Copyright © 2025 Deloitte Development LLC. All rights reserved.

Both men and women from ethnic minority backgrounds are more driven by the availability of women's health benefits at work than men and women from a white background

Please assess to what extent you agree with the following statement:
“Women's health benefits are a key factor in my decisions to take or leave a job”



Women's health benefits are more of a key factor in the decision to take or leave a job for both men and women from an ethnic minority background than for men and women of a white background

- **18% of women from ethnic minority backgrounds strongly agreed that women's health benefits are a key factor in job decisions**, compared to 16% of men from ethnic minority backgrounds, **11% of white women** and only 5% of white men
- The findings highlight the intersectionality of gender and ethnicity in shaping healthcare needs and preferences
 - Across the spectrum of responses, **people from ethnic minority backgrounds despite their gender felt strongest that whether a company invested in women's health benefits was an impacting factor in where they decided to work**
 - This could potentially reflect the fact that people from an ethnic minority background may be more reliant on healthcare support offered by their employer due to difficulty accessing the public health services
- The data suggests a need for **employers to consider the specific needs of diverse employee groups when designing and communicating benefits packages**

Note: Scoring has been done as follows - responses 1,2,3 constitute “disagree”, responses 4,5 constitute ‘somewhat disagree’, responses 6,7 constitute ‘somewhat agree’, and responses 8,9,10 constitute ‘agree’

Total number of respondents: 2680 white background, 350 ethnic minority background

Copyright © 2025 Deloitte Development LLC. All rights reserved.

Recommendations

How can we address ethnicity-based disparities in health?

Addressing ethnicity-based disparities in health requires a collaborative and multi-sectoral approach that involves action at the individual, community, institutional, and policy levels. By working together, stakeholders can help create a system that promotes equitable access to high-quality care for all individuals.

Employers



- **Culturally Sensitive Benefits:** Offer health benefits packages that are culturally sensitive and cater to the specific needs of different ethnic groups. This might include access to culturally competent healthcare providers, language translation services, or coverage for traditional healing practices.
- **Health Literacy Programs:** Implement health literacy programs that are tailored to different literacy levels and cultural backgrounds to ensure that all employees can understand and access health information.
- **Workplace Policies:** Review and revise workplace policies (e.g., health benefits, flexible work arrangements) to ensure they are equitable and do not disproportionately disadvantage employees from certain ethnic backgrounds.

Providers



- **Cultural Competency Training:** Provide mandatory cultural competency training for all staff to increase awareness of health disparities and equip providers with the skills to deliver culturally sensitive care.
- **Interpreter Services:** Offer readily available and high-quality interpreter services to facilitate effective communication with patients who have limited English proficiency.
- **Diverse Workforce:** Recruit and retain a diverse healthcare workforce that reflects the ethnic makeup of the patient population.
- **Community Health Outreach:** Engage in community health outreach programs targeting underserved communities to improve access to preventive care and health education.

Policy makers



- **Equitable Health Policies:** Develop and implement health policies that explicitly address ethnicity-based health disparities. This could involve targeted funding for underserved communities, addressing social determinants of health, and promoting diversity in healthcare leadership.
- **Data Collection and Monitoring:** Mandate the collection of ethnically disaggregated health data to monitor disparities and track the effectiveness of interventions.
- **Anti-Discrimination Laws:** Enforce anti-discrimination laws in healthcare settings to ensure equal access to care regardless of ethnicity.



R&D organizations (academia, life sciences etc.)

- **Inclusive Research:** Prioritise research that investigates the causes of and solutions for ethnicity-based health disparities. Ensure diversity in research participants to improve the generalisability of findings.
- **Drug Development:** Consider the impact of ethnicity in drug development and clinical trials to ensure safety and efficacy for all populations.
- **Dissemination of Findings:** Disseminate research findings to healthcare providers, policymakers, and communities to promote evidence-based interventions.



Health insurers

- **Coverage Equity:** Review and revise health insurance policies to ensure equitable coverage for all ethnic groups, including access to essential health services and medications.
- **Provider Networks:** Develop provider networks that include a diverse range of healthcare professionals who are culturally competent and represent the communities they serve.
- **Community Partnerships:** Partner with community organisations to improve health literacy, outreach, and access to care in underserved ethnic communities.



Investors

- **Impact Investing:** Direct investments towards companies and organisations that are actively working to address ethnicity-based health disparities.
- **Shareholder Advocacy:** Engage in shareholder advocacy to encourage companies in the healthcare sector to prioritise diversity, equity, and inclusion in their practices.
- **Support for Research:** Fund research focused on understanding and addressing health disparities.

Appendix

Survey Questions

1. Which of the following women's health benefits are you aware that the company you work for offers? (Please select all that apply)
 1. Supportive policies that give time off
 2. Information/more educational resources pertaining to women's health
 3. Access to and more solutions for women's health problems
 4. Access to experts
 5. Funding policy or insurance coverage for women's health
 6. Other
 7. Don't know
 8. Not applicable – no women's health benefits offered
2. On a scale from 1 to 10, where 1 is "Completely disagree" and 10 is "Completely agree", to what extent do you agree or disagree with the following statements? (Please select one option for each row)
 - Women's health benefits demonstrate a company is serious about attracting and retaining female talent
 - Women's health benefits are a key factor in my decisions to take or leave a job
 - I am more attracted to join companies which invest in women's health benefits for their workforce
3. In which of the following ways would you like your company to support you and your colleagues' needs better? (Please select all that apply)
 - Supportive Policies giving time-off for fertility treatment, menstrual pain, menopause etc.
 - Information and more educational resources pertaining to women's health
 - Access to and more solutions for women's health problems
 - Access to experts
 - Funding policy or insurance coverage for women's health (e.g. diagnostics, egg freezing, fertility treatment, menopause treatment or support etc)
 - Other
 - Don't know
 - Not applicable - My company does not offer any women's health benefits
4. Have you spent money on any of the following health and personal care categories in the last 12 months (i.e. since October 2022)? (Please select all that apply)
 - Fertility / menopause / menstrual health
 - Private long covid treatment
 - Private counselling or other mental health support
 - General health care (e.g. dental, physio, private GP, pain)
 - Medical diagnostics and wearables (e.g. glucose monitors, Fitbits/ health and exercise monitors)
 - Other
 - Don't know
 - Not applicable - I have not spent any money on personal health
5. Approximately how much did you spend in each category?
 - Up to £100
 - Between £100 and £249
 - Between £250 and £499
 - Between £500 and £999
 - Between £1000 and £2499
 - Between £2500 and £4999
 - £5000 or more
 - Don't know

Analysis Details

- 'Out-of-pocket' spend was determined by the answers to questions 4 and 5.
- To determine the average spend, we used the midpoint of each range to determine the mean spend for each category. We then multiplied this by the total number of respondents within that category to give the total average spend per category. We then divided this figure by the total number of male or female respondents to show the average spend across the whole population. We repeated this for both men and women to give the average 'out-of-pocket' spend for each.