Health Insurance and Health Status of Same-Sex Couples

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MOTIVATION

- LGBT persons tend to be in poorer health than non-LGBT persons 1-2
- Married people tend to be healthier than their unmarried counterparts³
- Marital gradients are stronger for opposite-sex couples than for same-sex couples.4

But existing research:

- Relies on a limited number of datasets, which might paint an incomplete picture of patterns of self-rated health.⁵
- Tends to focus only on a small set of outcomes. Health insurance coverage, which is a determinant of health and mortality, is often not considered.

Are there differences in self-rated health and health insurance by same-sex union status?

DATA AND METHODS

2017 Current Population Survey Annual Social and Economic Supplement (CPS ASEC) Research File.

- Includes improvements to the data cleaning, imputation, and weighting procedures.
- Contains richer health insurance information, improved imputation for health status, and better integration of same-sex married and cohabitating couples.
- Sample restricted to married and cohabitating persons ages 26-64.

Relationship status: same-sex married couples, same-sex cohabitating couples, opposite-sex married couples, and opposite-sex cohabitating couples.

Health status: fair/poor vs. good/very good/excellent

Health insurance status: full-year coverage vs. less than full-year coverage

Probabilities from a set of nested linear probability models:

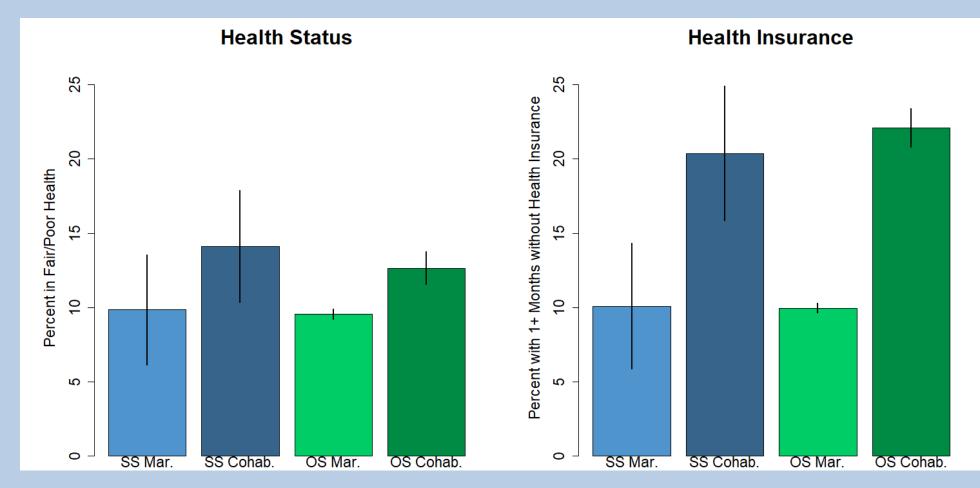
Model 1: Basic controls (age, sex, region).

Model 2: Model 1 + nativity, race, and ethnicity

Model 3: Model 2 + socioeconomic characteristics (educational attainment, poverty status, work status).

RESULTS

Figure 1. Health Status and Health Insurance Status, by Relationship Status



Descriptive Results

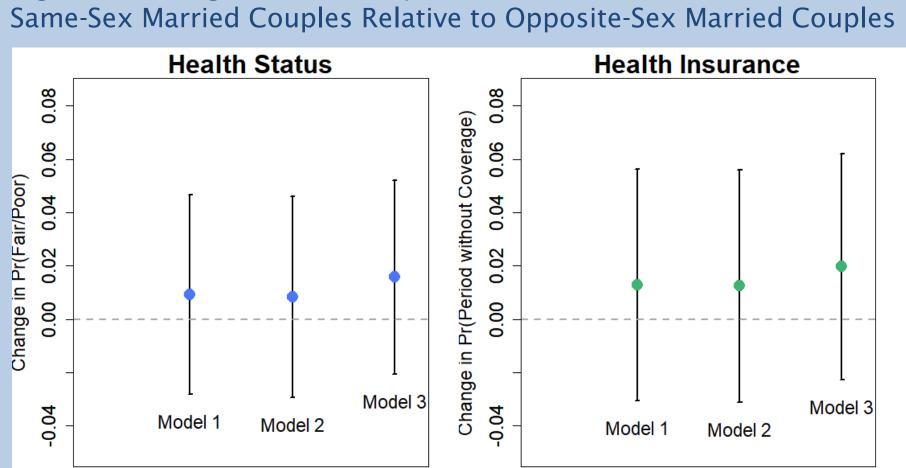
- Some differences between married and cohabitating couples.
- No differences between opposite- and same-sex couples within a relationship type.
- But the four groups likely differ with respect to sociodemographic characteristics.

Does the Association between Marriage and Health Status / Health Insurance Differ for Same-Sex Married Couples vs. **Opposite-Sex Married Couples?**

- The probability of being in fair/poor health is not statistically different for samesex married couples relative to opposite sex-married couples.
- Similarly, the probability of not having health insurance coverage for at least one month does not differ between the two married groups.

Figure 3. Change in Probability of Health Status or Health Insurance for

Population Association of America



Bars represent 95% Cls. Source: 2017 CPS ASEC Research File.

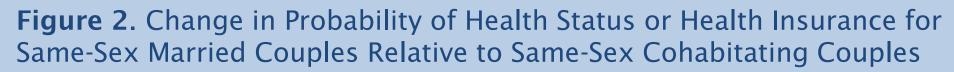
Austin, Texas

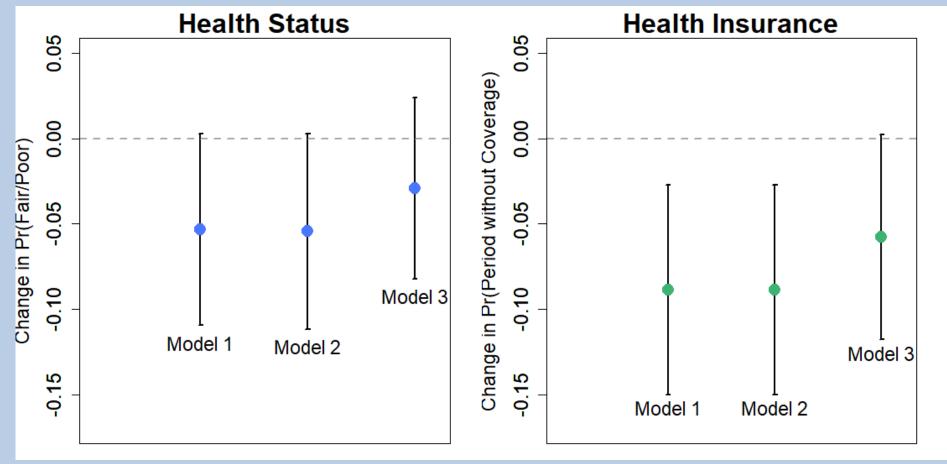
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Bars represent 95% Cls. Source: 2017 CPS ASEC Research File.

Does the Association between Marriage and Health Status / **Health Insurance Differ for** Same-Sex Married Couples vs. **Same-Sex Cohabitating Couples?**

- No evidence of a stronger or weaker relationship between marriage and health status for married same-sex couples compared with cohabitating samesex couples.
- However, same-sex married couples are less likely than samesex cohabitating couples to have one or more months without health insurance.
 - Socioeconomic differences between the two groups appear to explain this difference.





Bars represent 95% Cls. Source: 2017 CPS ASEC Research File.

DISCUSSION

- Socioeconomic status explains a share of the observed association between marital status and health insurance coverage for same-sex couples
- Overall, there is no significant difference in the health of same-sex married couples compared with opposite-sex married couples.
 - Could be due to small sample size or obscured variation by sex and race. Prior research suggests that marriage is related to health for women and white couples than for men and nonwhite couples.

NEXT STEPS

- Combine multiple years of data (once available) to stratify by sex, race, and/or age.
- Examine specific types of health insurance coverage (esp. Medicaid).

REFERENCES

health: age and gender effects in a population-based study. Social Psychiatry and Psychiatric Epidemiology 51(2):289-301.

2) Thomeer MB. 2013. Sexual minority status and self-rated health: The importance of socioeconomic status, age, and sex. American Journal of Public Health 103(5): 881–888.

3)Carr D, Springer KW. 2010. Advances in Families and Health Research in the 21st Century. Journal of Marriage and Family 72(3):743-761.

1) Bränström R, et al. 2016. Sexual orientation disparities in physical 4)Reczek C, Liu H, 2017. Spike R. Self-rated health at the intersection of sexual identity and union status. Social Science Research 63:242-

> 5) Salomon JA, Nordhagen S, Oza S, Murray CJL. 2009. Are Americans Feeling Less Healthy? The Puzzle of Trends in of Self-rated Health. American Journal of Epidemiology 170(3):343-351.

6) U.S. Census Bureau 2019. 2017 CPS ASEC Research File. https://www.census.gov/data/datasets/time-series/demo/income- poverty/data-extracts.html>



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