

Health Status and Health Insurance in Same-Sex Married Couples

Edward R. Berchick, U.S. Census Bureau (edward.berchick@census.gov)*

Family diversity has been increasing in the United States over the last few decades, especially as same-sex marriage and same-sex parenthood become more common. Although recent research has extended knowledge about their health status and their health insurance coverage dynamics, many aspects are still relatively unknown. This paper will examine the health status and health insurance status of same-sex married couples and children of same-sex married couples. By using a new source of data, the Current Population Survey Annual Social and Economic Supplement (CPS ASEC) Research Files, this paper will seek to extend the current literature by examining subannual health insurance dynamics that might be obscured through an annual measure and a direct measure of same-sex couples' marital status.

Family diversity has been increasing in the United States over the last few decades, especially as same-sex marriage and same-sex parenthood become more common (Goldberg et al., 2014; McLanahan & Percheski, 2008). Recent research has provided a number of key demographic insights about this population (e.g., Buchmuller & Carpenter, 2010; Cenegy, Denney, & Kimbro, 2018; Crouch et al., 2018; Gonzalez & Henning-Smith, 2015; Heck et al., 2005). For example, research has documented that persons in same-sex relationships are less likely to have accessed health care during the past year (Buchmuller & Carpenter, 2010), and, once accounting for social and economic differences, children of same-sex parents fare as well as their children of opposite-sex parents (Cenegy, Denney, & Kimbro, 2018).

* This paper is released to inform interested parties of ongoing research and to encourage discussion. Any views expressed on statistical, methodological, technical, or operational issues are those of the authors and not necessarily those of the U.S. Census Bureau.

In this paper, I will examine the health status and health insurance status of same-sex married couples and children of same-sex married couples. This paper seeks to extend current knowledge in three key ways.

First, this paper will use data from a key demographic survey, the Current Population Survey Annual Social and Economic Supplement (CPS ASEC). Most existing research relies on a small number of surveys, including studies explicitly focused on same-sex couples and families (such as the National Longitudinal Lesbian Family Study). Data sources that use nationally representative probability samples and collect information about health and marital status for same-sex couples are relatively limited. Most research uses the National Health Interview Survey (NHIS), the National Survey of Children's Health, or state-specific components of the Behavioral Risk Factor Surveillance System (BRFSS). However, by only using a small subset of probability-sample-based data, substantive conclusions about the level of wellbeing might be incomplete. Salomon and colleagues (2009) show that both the levels of health status and trends over time differ considerably across major social surveys. Using only one or two surveys to make claims about wellbeing, therefore, may paint an incomplete portrait.

Second, by using the CPS ASEC, this paper will move beyond an annual measure of health insurance coverage and consider the role of subannual dynamics. Only a small number of studies also examine the role of health care access and/or health insurance coverage status of health same-sex married couples. Estimates of health insurance provide insight into their social and economic wellbeing, such as their ability to access preventative services and afford care if they experience illness or injury. Beyond annual coverage, which has been the focus of existing research (Buchmuller & Carpenter, 2010; Badgett & Lee, 2015), within-year dynamics may also affect health and wellbeing. Health insurance coverage gaps may lead to deferred preventative care (e.g., DeVoe et al., 2008; Olson et al., 2005; Short & Graefe, 2003)

that might not be observed on health outcomes for several years. As the necessary data were not previously available, existing research has not been able to consider these subannual dynamics.

Third, same-sex married couples will be identified through an explicit measure of marital status. A number of studies have measured same-sex couples through an indirect measure based on the gender composition of the household (e.g., Badgett & Lee, 2015; Buchmuller & Carpenter, 2010). However, married couples tend to be healthier than unmarried couples (Kalmijn, 2015; Liu & Umberson, 2008). Regardless of whether marriage carries health advantages above and beyond cohabitation or if there is health selection into marriage, capturing the legal status of persons allows for a more straightforward comparison between same-sex and opposite-sex married couples (especially as selection processes may differ between the groups). Moreover, marital status is important to consider for health insurance coverage, as many people obtain their health insurance coverage through a spouse, and unmarried couples may not be eligible to be covered on their partner's plan.

Data and Methods

This paper will use data from the 2017 CPS ASEC preliminary research file, which includes health insurance and income information from the previous calendar year (2016). If data are available in time, it will also use data from the 2018 CPS ASEC preliminary research file, which includes information from 2017.

The preliminary file takes advantage of a new editing and imputation system that includes additional information about same-sex married couples, income, and health insurance status. In 2014, the CPS ASEC introduced redesigned questions, but the data were processed using the traditional system (to

handle missing, incomplete, and logically inconsistent data). After several years of development, new imputation and assignment strategies are beginning to be debuted, starting with data from the 2017 ASEC.

Analyses will compare the health status (measured through the standard question on a scale from “excellent” to “poor”) and health insurance status (uninsured entire year, experienced a gap in coverage) of same-sex married couples with the statuses of opposite-sex married couples and non-married couples. Estimates will be presented separately for adults ages 18-64, as well as for children under 18 years old who live in the same household as their same-sex married parents.[†]

Models will sequentially introduce a range of social, economic, and demographic variables, such as age, region, sex, income, education, and occupation, as some observed differences in health status and health insurance coverage patterns could be due to differences in these characteristics, not due to the family type per se (see Cenegy, Denney, & Kimbro, 2018).

[†] Importantly, many children, particularly older children, will not have spent their entire childhoods with the same-sex married couple, and instability is associated with worse health for children (McLanahan & Percheski, 2008).