How Has Same-sex Marriage Affected Same-sex Cohabitors?
Changes in Couple Characteristics from 1997-2017

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ABSTRACT

An explosion in research on same-sex couples occurred alongside a shift in the legal right to same-sex marriage. Many such studies aggregate from before marriage equality with data from time periods when same-sex marriage was increasingly available. Marital selection may affect the generalizability of older results to the present. If sexual minorities follow similar selection patterns to heterosexuals, legal marriage may lead to a decrease in "married-like" same-sex cohabitors. Alternatively, same-sex couples may follow different selection patterns and same-sex cohabitors may resemble same-sex spouses. Using data in from the 1997-2017 National Health Interview Surveys, I examine changes in demographic, economic, and health characteristics over time. I find little evidence that the demographic and economic profiles of same-sex cohabitors changed over the time period. However, I also find large health disadvantages for same-sex couples compared to different-sex couples, suggesting that health risks may have increased over time.

The United States saw a rapid adoption of same-sex marriage from 2004 to 2015. During that time, social interests and research agendas also compelled an explosion of scholarship on the relationship between sexual minority status and health. A number of studies used data from the National Health Interview Surveys (NHIS) to investigate health differences between same-sex cohabitors, different-sex cohabitors, and different-sex spouses (Denney, Gorman, and Barrera 2013; Liu, Reczek, and Brown 2013; Reczek, Liu, and Spiker 2014; Reczek, Liu, and Spiker 2017; Spiker, Reczek, and Liu 2016). Those studies largely found that same-sex cohabitors' health risks were comparable to different-sex cohabitors and worse than different-sex spouses.

One criticism of that research stems from the fact that same-sex cohabitors do not resemble different-sex cohabitors in their demographic, economic, or relationship profiles due to historical restrictions on same-sex marriage. Prior to marriage equality, different-sex cohabitors selected out of marriage despite its availability; same-sex cohabitors were selected out of marriage by default. That may explain why same-sex cohabitors have been more "marriage-like" in their characteristics than different-sex cohabitors. Some scholars (Cherlin 2013; Gonzales 2014; Lau and Strohm 2011; Ross and Mirowsky 2013) predicted that marriage equality might lead "married-like" same-sex cohabitors to become spouses, which would change the population characteristics of same-sex cohabitors in ways that disadvantage health. This *marital selection* perspective assumes that same-sex couples follow similar selection patterns to their different-sex counterparts. Others (Reczek, Elliot, and Umberson 2009; Stacey 2009) suggest that gay and lesbian culture partially institutionalized cohabitation through commitment ceremonies and contracts in ways that might reduce, or change, marital selection in the same-sex

cohabiting population. This *alternative commitment* perspective proposes that "married-like" same-sex cohabitors may be less likely to become spouses than their different-sex counterparts.

In this paper, I investigate whether the economic and demographic profiles of same-sex cohabitors have become less "married-like" over the time, and whether those changes were associated with health. Using the 1997-2017 International Public Use Microdata Series National Health Interview Surveys (IPUMS-NHIS) (Blewett et al. 2018), I examine how the increasing availability of same-sex marriage is associated with same-sex cohabitors' population characteristics and health. The answer to this question provides relevant insight into theories of marital selection, the marital contexts of same-sex and different-sex couples, and health disparities.

BACKGROUND

The impact of same-sex marriage on same-sex cohabitors is both a theoretical and empirical concern for family and health researchers. According to Gallup (Jones 2017), the time period surrounding the US Supreme Court's legalization of same-sex marriage nationwide in *Obergefell v. Hodges* saw an increase in same-sex marriage (from 7.9% of sexual minorities in 2014 to 10.2% in 2017) and a decrease in unmarried same-sex cohabitation (from 12.8% in 2014 to 6.6% in 2017). A large amount of research before the legalization of same-sex marriage compared same-sex cohabitors to different-sex couples (e.g., Denney et al. 2013; Liu et al. 2013; Reczek et al. 2014), but we do not know whether those findings hold after the legalization of same-sex marriage. If advantaged same-sex couples are selecting into marriage, then same-sex cohabitors may

now face heightened disadvantages. Alternatively, same-sex cohabitors may remain similar both pre-marriage equality and post-marriage equality if they follow different marital selection and resources pathways than different-sex couples.

The economic and demographic differences between different-sex spouses and cohabitors are well documented by research, but less research exists for same-sex spouses and cohabitors. Theory and empirical research on heterosexuals' marital selection shows spousal assortative mating promotes demographic and economic homogamy among over cohabitation (Becker 1991; Blackwell and Lichter 2000, 2004; Lillard and Panis 1991; Oppenheimer 1987). Different-sex spouses also experience socioeconomic advantages over different-sex cohabitation (Light 2004; Link and Phelan 1995; Smith and Zick 1994; Waite 1995). Homogamy and socioeconomic advantages promote health and relationship stability in different-sex couples over different-sex cohabitors (Carr and Springer 2010; Link and Phelan 1995; Waite 1995). However, same-sex couples do not appear to follow similar patterns, which calls into question our understanding of matching and relationships. Below, I compare the demographic and socioeconomic characteristics of same-sex and different-sex couples in the US to shape hypotheses about the impact of same-sex marriage on same-sex cohabitors.

Demographic Differences between Couples

Same-sex couples, historically, have resembled different-sex cohabitors more than different-sex spouses in demographic composition. For example 14.5% of same-sex cohabitors are interracial couples, compared to 14.2% of different-sex cohabitors and 6.9% of different-sex spouses (Lofquist, Lugailla, O'Connell, and Feliz. 2012). Same-sex

cohabitors are less similar in age and education, and more similar in nativity status, than different-sex spouses (Jepsen and Jepsen 2002; Lofquist 2012; Schwartz and Graf 2009). Those demographic differences may diminish over time if same-sex spouses follow the same selection patterns as different-sex spouses. Alternatively, demographic selection criteria may differ for same-sex and different-sex couples.

Existing evidence suggests that marriage equality probably did not change the demographic profiles of same-sex cohabitors. According to Gates (2015), same-sex spouses and cohabitors largely look the same in terms of racial composition and age. Overall, it appears that race and age matter less for same-sex marriage than they do for different-sex marriage. The major difference pre-*Obergefell* was regional: same-sex spouses made up larger proportions of couples in the Northeast and West, where same-sex marriage was more widely available (Gates 2015). As a result of these demographic patterns, it is unlikely that the legalization of same-sex marriage changed the race and age profiles of same-sex cohabitors to be less "married-like." It is also likely that married same-sex couples are more equally represented across different regions of the US.

Economic Differences between Couples

Economically, same-sex cohabitors resemble different-sex spouses more than different-sex cohabitors. Often, same-sex cohabitors have aggregate socioeconomic advantages to different-sex married couples. Compared to different-sex spouses, they have similar (or higher) average household incomes, higher average educational attainment, and a greater chance of being employed full time (Black, Gates, Sanders, and Taylor 2000; Black, Sanders, and Taylor 2007; Gates 2015; Schwartz and Graf 2009);

their poverty rates are also lower than different-sex cohabitors (Gates 2015; Liu et al. 2013). However, they are more likely than different-sex spouses to lack health insurance (Gonzales and Blewett 2014). Overall, same-sex cohabitors appear to have some economic advantages over different-sex couples.

Marriage equality likely affected the socioeconomic profiles of same-sex cohabitors. According to Gates (2015), same-sex cohabitors face notable economic disadvantages compared to same-sex spouses. In this regard, same-sex and different-sex couples are similar, although the economic gap is larger for different-sex couples; the income gap between spouses and cohabitors is twice as large for different-sex couples (Gates 2015). Socioeconomic status may be one dimension on which same-sex cohabitors became less "married-like" after the legalization of same-sex marriage. Given that socioeconomic status is a fundamental driver of health (Link and Phelan 1995), an increase in socioeconomic disadvantage might lead to worse health for same-sex cohabitors.

Union Status and Self-rated Health

Previous research on union status and self-rated health reveals that same-sex cohabitors face somewhat higher risk of poor health than different-sex spouses, but not different-sex cohabitors. Using data from before 2010, two studies showed that same-sex cohabitors resemble different-sex spouses in health, but that socioeconomic status suppresses a disadvantage for same-sex cohabitors (Denney et al. 2013; Liu et al. 2013). Same-sex cohabitors did not face self-rated health disadvantages compared to different-sex cohabitors. Evidence suggests that same-sex cohabitors have higher health risk than

different-sex spouses, but similar health risk to different-sex cohabitors. It additionally suggested that socioeconomic status protects the population health of same-sex couples.

In response to these studies, commentaries suggested that the findings would need re-examination after the legalization of same-sex marriage (Cherlin 2013; Ross and Mirowsky 2013). The second goal of this paper examines whether the demographic and socioeconomic covariates of same-sex cohabitation changed with the availability of same-sex marriage, and whether same-sex marriage affected self-rated health for same-sex cohabitors. This marital selection perspective predicts that same-sex cohabitors would be disadvantaged by same-sex marriage because advantaged couples would select into marriage and receive greater marital resources (e.g., Cherlin 2013; Ross and Mirowsky 2013). In contrast, the alternative commitment perspective suggests that same-sex cohabitors would not be disadvantaged by same-sex marriage because same-sex couples do not follow similar selection patterns to different-sex couples (e.g., Reczek et al. 2009). If that is the case, then marriage and cohabitation may not differentiate same-sex couples as much as they do for different-sex couples.

The "marital selection perspective" offers testable hypotheses because they suggest change over time. I base the hypotheses on testing this perspective, rather than the patterns suggested by previous literature. In line with the idea that marriage has changed the composition of cohabiting couples, I investigate the following hypotheses:

H1: Same-sex cohabitors' individual demographic characteristics (H1a) and couple composition (H1b) have become less "married-like" (e.g., greater racial dissimilarity, less likely to be white, greater age difference, younger mean age,

higher degree of nativity status similarity) with the availability of same-sex marriage.

H2: Same-sex cohabitors' individual economic characteristics (H1b) and couple-level resources (H2b) have decreased with the availability of same-sex marriage.

Given that same-sex spouses have higher socioeconomic status than same-sex cohabitors, it may follow that same-sex cohabitors experienced an associated decline in self-rated health that would be explained by socioeconomic status. I test the following hypothesis.

H3: Same-sex cohabitors' population-level health has declined with the availability of same-sex marriage.

METHOD

This study used data on adults reporting either married or living with an "unmarried partner" from the 1997-2017 IPUMS-NHIS (Blewett et al. 2018) (N = 411,104 couples; 829,525 individuals), which is representative of the US non-institutionalized population. Inclusion required both partners in a couple to be aged 18-65 and have valid data on all variables except the imputed income-to-needs measure. This study focused on the working-age population to remain consistent with previous research and account for mortality selection (Denney et al. 2013; Liu et al. 2013).

The NHIS sampling strategy asks a short questionnaire of all adults present in the household, using a proxy for those not present. Unfortunately, the NHIS does not identify when a proxy was used unless the adult was part of a more detailed questionnaire. Thus, the dyadic data is not perfect (National Center for Health Statistics 2014). Although more

complete dyadic data would be preferable, the IPUMS-NHIS still provides the most robust population-level data on both partners in same-sex couples.

Variables

Self-rated health is a recode of the IPUMS-NHIS variable HEALTH that is dichotomized at the individual level (0 = Excellent/very good/good; 1 = Poor/fair) following research conventions and evidence that dichotomizing captures an important distinction for predicting overall health (Conron et al. 2010; Denney et al. 2013; Idler and Benyamini 1997; Liu et al. 2013). Partners' scores are combined into the following categories for the dyadic variable: "neither in poor/fair health," "one in poor/fair health," and "both in poor/fair health."

Same-sex Marriage Availability. Same-sex marriage measures the percentage of a region's population that had access to same-sex marriage for a given month and year. The IPUMS-NHIS only provides geographic data down to the regional level, and only provides time data to the month, so this variable was constructed for each of the four regions (Northeast, North Central/Midwest, West, South) by rounding to the nearest month of same-sex marriage availability. If a state had same-sex marriage before that 16th day of the month (15th day for February), it was coded as available that month; if a state had same-sex marriage after that point, it was coded as available the next month.

To attain the regional measures, each state's 2010 population (including Washington, DC) was attained from the US Census, along with the regions to which they belonged (Northeast, Midwest, South, West) (United States Census Bureau 2013). The

percentage of the population with access to same-sex marriage was then calculated by dividing the number of states with same-sex marriage by the total regional population for each month of the survey data. This provides a rough estimate of how much of a region's population could access same-sex marriage at a given time. To make associations more interpretable in the results, the percentage was divided by ten.

Union Status. Union status measures the marital status and sexual composition of a couple. It was calculated using three variables. First, RELATE measures respondents' relatedness to the household reference person. Individuals were retained if they reported being the reference person (owner or renter of the property), the reference person's spouse, or the reference person's unmarried partner. Second, MARSTCOHAB, which measures marital status including cohabitation, was used to check individuals' reported relationship status. If two people reported different relationship statuses (e.g., a reference person reported "single" and an "unmarried partner of reference person" reported "living with unmarried partner") that case was dropped. Finally, SEX was compared for both partners to determine whether the couple was same-sex or different-sex. The final variable, "union status," measures whether a couple is same-sex or different-sex, married or cohabiting. For same-sex couples, union status also denotes the sex of the couple.

Furthermore, self-reported same-sex married couples before 2003 were excluded because same-sex marriage was not legal in any states. Same-sex married couples from 2004 to 2007 are excluded because of classification errors for that subsample (National Center for Health Statistics 2015). Finally, same-sex couples were also excluded in 2008 because of the time period examined in this study; the 2005-2008 period would only have

a small number of same-sex married couples in late 2008. Couples in the IPUMS-NHIS self-identify as married; interviewers did not check their legal marital status.

The final sample included 368,256 different-sex married couples, 39,551 different-sex cohabiting couples, 533 same-sex married couples, and 2,764 same-sex cohabiting couples. The sample included and 741,782 different-sex spouses, 81,059 different-sex cohabitors, 1,072 same-sex spouses, and 5,612 same-sex cohabitors. Individual counts were not exactly double the couple count because couples with missing info for one partner were dropped from the sample, whereas the individual sample included all individuals without missing information.

Demographic Characteristics. Demographic characteristics at the individual level include race (white [ref], black, Asian, or other race; recoded from RACEA), age (in single years, zeroed at 18; recoded from AGE), nativity status (US born [ref], not US born; recoded from USBORNYN), region (Northeast [ref]; Midwest, South, West), number of children (NUMKIDS).

Demographic characteristics at the couple level include interracial status (not interracial couple [ref]; interracial couple), mean age, age difference (absolute value of the difference in partners' ages), nativity composition (both US born [ref]; one US born; both foreign born), and number of children. These variables are consistent with previous research of same-sex cohabitors at the individual level (Denney et al. 2013; Liu et al. 2013) and also differ between same-sex and different-sex couples at the population level. Survey year was also controlled in both individual and couple-level models.

Socioeconomic Status. Individual socioeconomic measures included education (less than high school [ref], high school or GED, some college, AA degree, BA degree, MA degree or higher; recoded from EDUCREC1), insurance status (insured [ref], uninsured), and employment status (employed [ref], with job but not at work, unemployed, not in labor force; recoded from EMPSTAT).

Couple-level socioeconomic measures included educational homogamy (separate variables for homogamous; 1-degree level difference, and 2 or more degree-level difference), insurance status (both insured [ref], one insured, neither insured), employment status (both employed [ref], one employed, neither employed), and income-to-needs ratio (0 = 0-99%, 1= 100% to 199%, 2 = 200% to 299%, 3 =300% to 399%, 4 = 400% and up; recoded from POVERTY2). Data for income-to-needs were imputed using Stata 15's "mi impute" commands (StataCorp 2017) using the POVIMP variables.

Plan of Analysis.

All analyses were survey-weighted with Stata15's *svy* commands by dividing the PWEIGHT variable (at the individual-level) and the HHWEIGHT variable (at the couple-level) by the number of sample years, using PSU as the primary sampling unit, and STRATA as the stratum weight.

First, all health, demographic, and economic variables were compared over 4-5 year periods (1997-2000; 2001-2004; 2005-2008; 2009-2012; 2013-2017) and the two years before the *Obergefell* decision (2013-2014) and after the *Obergefell* decision (2016-2017). That allowed for an assessment of whether the population of partnered individuals was changing over time in both relative and absolute terms. Because the

decision happened in June of 2015, excluding 2015 provided an easy way to put the decision roughly in the midpoint of the two periods and allow time for couples to become married. Similar analyses were performed for couple-level variables.

Second, regression analyses were performed for each individual-level characteristic and each couple-level characteristic controlling for the percentage of the regional population that could access same-sex marriage, regional fixed effects, and year fixed effects. These analyses were done only for same-sex cohabitors; the goal was to establish whether marriage availability was associated with any changes in couples' characteristics independent of confounding year and regional effects.

Third, individual self-rated health was regressed on union status and year and region (Model 1), demographic characteristics (Model 2), SES (Model 3), same-sex marriage availability (Model 4), and the interaction of same-sex marriage availability and union status (Model 5). Model 5 was not presented because the interactions were not significant and added no additional information. Similar couple-level regressions were performed but not included in this paper because of redundancy and space concerns. The goal of this section of the analysis was to replicate and update previous research (Denney et al. 2013; Liu et al. 2013). An additional analysis restricting the sample to the time periods of those studies was performed; the goal was to assess whether the results of those studies were reflected with the same sample but slightly different variable structure; those results are not shown but are available on request but were consistent with previous studies.

RESULTS

Descriptive Statistics—Individual

Table 1 presents descriptive statistics for individuals in different couples over 4-5 year periods from 1997 to 2017 and in the two years pre- and post-*Obergefell*. Because of the large amount of data, I focus on the most identifiable trends for same-sex cohabitors.

Demographically, same-sex cohabitors have experienced some changes over the full study period, or in the time period post-*Obergefell*. They became different from different-sex spouses over time in nativity status. In the post-*Obergefell* period, same-sex cohabitors were less likely to be women than different-sex couples, but that was not accompanied by a rise in same-sex married women. Over time, same-sex couples became more likely to live in regions where they were underrepresented in early years compared to different-sex couples; that also occurred in the post-*Obergefell* years. Additionally, in the post-*Obergefell* period, same-sex cohabitors were younger than same-sex spouses.

There were also socioeconomic changes for same-sex cohabitors, and SES differentiates same-sex cohabitors from same-sex spouses. In the post-*Obergefell* period, same-sex cohabitors had generally lower educational attainment than same-sex spouses, who also had higher rates of graduate degrees pre-*Obergefell*. Same-sex cohabitors became less likely to be uninsured over time alongside other couples, but were more likely to be uninsured than same-sex spouses post-*Obergefell*. Insurance is a marital resource that advantages spouses over cohabitors regardless of sex composition.

There were no significant differences between union status groups in the likelihood of reporting poor or fair self-rated health. The point estimates suggest a slight

increase in poor-to-fair health over time for all couples, but the differences remained statistically nonsignificant.

Descriptive Statistics—Couple

Table 2 presents the descriptive statistics for individuals in different couples over 4-5 year periods from 1997 to 2017 and in the two years pre- and post-*Obergefell*. Again, I focus primarily on trends pertaining to same-sex cohabitors and spouses, in keeping with the hypotheses.

Few demographic changes reflected a shift in same-sex couples over the study period. Post-*Obergefell,* same-sex cohabiting couples were younger than same-sex married couples. Pre-*Obergefell*, same-sex cohabiting couples had higher age gaps than same-sex spouses, but that disappeared post-*Obergefell*.

Similarly, there were few socioeconomic changes over time for same-sex couples. Same-sex spouses had higher rates of educational similarity than same-sex cohabitors in 2009-2012, but that reversed in 2013-2017. Uninsurance rates fell for same-sex cohabiting couples during the post-*Obergefell* period but remained higher than same-sex or different-sex spouses. In the early study period, same-sex cohabitors had higher income-to-needs ratios than different-sex spouses and cohabitors. Over time, that advantage disappeared relative to different-sex spouses, and in 2013-2017 same-sex cohabitors had lower income-to-needs ratios than same-sex spouses. However, that disadvantage persisted through the pre- and post-*Obergefell* periods.

Finally, there was only one notable change in self-rated health during the study period. In the pre-*Obergefell* period, same-sex cohabitors were more likely to report

dissimilar self-rated health than different-sex spouses, but that difference disappeared in the post-*Obergefell* period.

Regression Results—Same-sex Cohabitors over Time

Table 3 shows select results from regressions of same-sex cohabitors' individual characteristics on same-sex marriage availability controlling for year and region. All individual-level characteristics were included in separate regressions; only those that were significant are reported here. All tests were one-tailed because the hypotheses were directional, but most associations were significant with two-tailed tests.

Overall, the availability of same-sex marriage was associated with a small number of changes to the population of same-sex cohabitors independent of year and regional effects. Every 10 percentage point increase in same-sex marriage availability was associated with a 5 percent increase in the odds of being foreign born ($p = 0.019$), a 19 percent decrease in the odds of living in the Midwest ($p < 0.001$), a 26 percent decrease in the odds of living in the South ($p < 0.001$), and a 17 percent decrease in odds of living in the West, a 9 percent decrease in the odds of being unemployed ($p < 0.001$), and an 8 percent decrease in the odds of being uninsured ($p = 0.006$). Additionally, each 10 percentage point increase in same-sex marriage availability was associated with a 0.22-year decrease in age ($p = 0.033$). Race, sex, number of children, educational attainment, and self-rated health were not associated with the availability of same-sex marriage.

Additionally, same-sex cohabiting couples' characteristics and resources were regressed on same-sex marriage availability controlling for year and region. Only significant results are reported in Table 4. Couple-level region and age were significant,

but are not included because they restate the individual-level results. One-tailed tests were used, but most associations were significant with two-tailed tests.

Same-sex marriage availability was primarily associated with economic resources for same-sex couples. Relative to full employment for both partners, each 10 percentage point increase in marriage availability was associated with 4 percent lower odds of one partner being employed ($p = 0.028$) and 5 percent lower odds of both partners being unemployed ($p = 0.46$). Relative to both partners being insured, each 10 percentage point increase in marriage availability was associated with 9 percent lower odds of one partner being insured ($p < 0.001$) and 7 percent lower odds of both partners being uninsured ($p = 0.048$). Interracial status, nativity difference, educational homogamy, age difference, income-to-needs ratio, and health status were not associated with marriage availability.

Regression Results—Re-examining Health and Union Status

Table 5 presents results for the logistic regression of individual self-rated health status on union status, demographic characteristics, SES, year, region, and marriage availability. The results do not reproduce the findings of Denney and colleagues (2013) or Liu and colleagues (2013), but they also do not suggest that this is due to a change in same-sex cohabitors specifically.

Before controlling for demographic factors, different-sex cohabitors and same-sex spouses do not significantly differ in their odds of reporting poor or fair health relative to different-sex spouses, and same-sex cohabitors report poor or fair health at a lower rate than either different-sex cohabitors or spouses. Controlling for demographic characteristics, different-sex cohabitors and same-sex cohabitors face higher risk of

worse health than different-sex cohabitors, while same-sex cohabitors and spouses face lower risk than different-sex cohabitors. The demographic characteristics of same-sex cohabitors may partly suppress the risk of poor health.

SES explains most of the difference between different-sex cohabitors and spouses. Same-sex spouses and cohabitors face higher health risks than different-sex cohabitors or spouses. The higher risk of poor health than different-sex cohabitors runs counter to previous research that found SES explained health differences between same-sex and different-sex cohabitors (Denney et al. 2013; Liu et al. 2013). SES is associated with health for same-sex couples regardless of marital status.

Controlling for the same-sex marriage availability (and its interaction with union status) did not significantly change these associations. That suggests that same-sex cohabitors' health risk was not altered by marriage availability.

DISCUSSION

The legalization of same-sex marriage was not associated with many changes in the same-sex cohabiting population, and those changes that did occur could not be easily attributed to positive selection into marriage. Unlike their different-sex counterparts, same-sex cohabitors and spouses appear more similar to one another. While this reflects well on the past decade of research on sexual minority couples, it calls into question theories of marital selection and resources that based primarily on different-sex couples.

Demographic Characteristics: How Have Same-sex Cohabitors Changed?

Same-sex spouses and cohabitors rarely differed in demographic comparisons, unlike different-sex spouses and cohabitors. I found little support for H1 that same-sex cohabitors were becoming more likely to be interracial, less likely to be foreign born, or further apart in age over time. Same-sex cohabitors have not demographically become more "cohabiting-like" over time. The results show that same-sex cohabitors became *more* similar to different-sex spouses in their likelihood of being foreign born, and *less* similar in that they became younger. Although the study lacks the statistical power to accept the null hypothesis, I find no evidence of selection either by comparing four-year periods or the pre- and post-*Obergefell* periods.

Additionally, using the lens of research on different-sex couples one could argue that same-sex spouses are "cohabiting-like" for two reasons. First, they rarely differ from same-sex cohabitors, and second, their demographic patters are more similar to cohabitors than different-sex spouses. Different-sex spouses tend to experience greater racial similarity, greater age similarity, more nativity status heterogeny, and higher mean age than the three other couples included in this study, consistent with prior research and theory (Becker 1991; Blackwell and Lichter 2001; Lofquist et al. 2012; Oppenheimer 1987; Schwartz and Graf 2009). Same-sex spouses were slightly older than same-sex cohabitors, on average, but were otherwise similar on race, likelihood of being female, and nativity status. That suggests that demographic similarity may not influence assortative mating as strongly for same-sex couples as it does for different-sex couples, which is consistent with prior research (Schwartz and Graf 2009). Marital selection theories should be more sensitive to the centering of heterosexuality in their assumptions.

Future studies should explore selection among diverse couples, and its association with health, in greater detail.

Socioeconomic Status: Evidence of Marital Resources?

Over time, some of same-sex cohabitors' socioeconomic characteristics changed in relation to other couples. For example, same-sex cohabitors became more similar to different-sex cohabitors in employment status over the study period. Conversely, they also became more like different-sex spouses in their probability of being uninsured. They also experienced a relative decrease in income-to-needs ratio compared to different-sex spouses. However, it is worth noting that same-sex cohabitors in later years were not significantly different from same-sex cohabitors in earlier years; the changes were more relative than absolute. Overall, I find inconsistent evidence supporting Hypothesis 2 that the socioeconomic profiles of same-sex cohabitors changed with same-sex marriage.

Same-sex spouses experience some notable socioeconomic differences from same-sex cohabitors, providing some support for the idea that marriage conveyed extra resources to same-sex spouses. Same-sex spouses are more highly educated, experience slightly less educational difference between partners, are more likely to be insured, and have higher income-to-needs ratios than same-sex cohabitors. However, those differences are rarely as pronounced as they are for different-sex spouses and cohabitors. The findings are somewhat consistent with research and theory on the material benefits of marriage (Smith and Zick 1994; Light 2004; Waite 1995), but also reflect prior research showing that same-sex partners are more racially diverse, have higher rates of labor force participation, and higher income-to-needs ratios than different-sex partners (Black et al.

2000; Black et al. 2007; Jepsen and Jepsen 2002; Schwartz and Graf 2009). They also reflect findings from the American Community Survey showing that same-sex spouses have greater average income and education than same-sex cohabitors (Gates 2015). Thus, while same-sex spouses do not appear to select on demographic traits like different-sex spouses, they experience socioeconomic marriage benefits, albeit to a smaller degree.

Marital Selection or Alternative Commitment? Implications for Couple Theory

Overall, the findings provide little support the marital selection hypothesis. While same-sex cohabitors experience lower rates of insurance, lower income-to-needs ratios, and lower education than same-sex spouses, there is little evidence that those differences are a result of changes in the population of same-sex cohabitors as predicted by some scholars (Cherlin 2013; Lau and Strohm 2011; Ross and Mirowsky 2013) and by theory based on different-sex marriage. Rather, those differences may reflect marital benefits such as insurance status and marital wage premiums. Notably, that was also part of the above scholars' predictions, and should be examined in future research as same-sex marriage continues to proliferate.

There is strong evidence that same-sex marriage increased over time: marital availability was most clearly associated with lower probability of same-sex cohabitation in all regions of the US and the share of same-sex spouses post-*Obergefell* was significantly higher (2.6% of the sample in 2013-2014 vs. 6.3% of the sample in 2016-2017). Also, that change did not appear to alter the population characteristics of same-sex cohabitation. That could mean that same-sex couples follow different patterns of commitment and selection than different-sex couples, in line with theory that same-sex

cohabitors had partially institutionalized cohabitation and use different selection criteria than different-sex couples (e.g., Reczek et al. 2009; Schwartz and Graf 2009; Stacey 2009). This is especially fruitful area for longitudinal and qualitative research to investigate the ways sexual minorities choose same-sex partners and navigate cohabitation and marriage.

However, I also did not have statistical power to reject the "marital selection" or accept the hypothesis. It is important to note that the sample size is still relatively small; although there were 922 same-sex married couples in the 2013-2017 period, and 459 in the 2016-2017 period, standard errors were still high for same-sex spouses. I cannot rule out that future studies with larger sample sizes will reveal greater differences between same-sex spouses and cohabitors.

Re-examining Union Status and Health After Obergefell

The predictions that sparked this paper came from commentaries on research on self-rated health and union status. Two papers by Denney and colleagues (2013) and Liu and colleagues (2013) investigated the health of same-sex cohabitors relative to other union statuses. They found, broadly, that same-sex cohabitors experienced an advantage in self-rated health compared to different-sex cohabitors, and that advantage disappears after controlling for SES. Those findings prompted the commentaries that questioned whether same-sex cohabitors would become more disadvantaged over time as same-sex marriage becomes more commonplace.

This paper expands on those findings with surprising results: both same-sex spouses and cohabitors are at increased risk of poor health compared to different-sex

couples. Despite the fact that same-sex cohabitors have not changed much demographically or socioeconomically, and that same-sex spouses experience socioeconomic advantages over them, the results differ from previous work (Denney et al. 2013; Liu et al. 2013). Additionally, when the sample was restricted to the time period of those two studies (analysis available upon request), the results were similar to their original findings. That may suggest that the risk of poor health for same-sex couples increased in recent years, or that previous years were affected by negative selection in which more disadvantaged couples decided not to disclose their relationships.

In line with prior research, same-sex cohabitors experience health advantages prior to adding controls. Unlike previous research, their health is better than different-sex cohabitors and different-sex spouses, rather than just cohabitors in prior work (Denney et al. 2013; Liu et al. 2013). After controlling for demographic characteristics, same-sex cohabitors experience disadvantages compared to different-sex spouses and different-sex cohabitors had higher risk of poor health than people in same-sex couples. That suggests that demographic characteristics may suppress some population health risks for same-sex cohabitors. After controlling for SES, both same-sex cohabitors and spouses report worse health than either different-sex cohabitors or spouses, suggesting a more severe health risk that was seen in previous research. That risk persists after controlling for marriage availability, and is slightly higher for same-sex spouses; it does not appear that same-sex marriage was associated with better health for same-sex couples.

These findings suggest that socioeconomic status provides an important buffer against poor health for sexual minority couples. Without their SES advantage, even same-sex spouses have higher risk of poor health than different-sex cohabitors. That may

reflect the impact of minority stress and discrimination, which drive sexual minority population health disadvantages (Institute of Medicine 2011; Meyer 2003). Future research should investigate whether SES plays a role in mediating sexual minority health risk. Another important follow-up is to split the analysis by sex, as both earlier papers report evidence that same-sex cohabiting women face more health disadvantages than men. Subsequent work should also ascertain whether the association exists for other health outcomes and in other data. If so, it may mean that smaller samples sizes or negative selection in earlier research masked sexual minority health risks. More alarmingly, it may signal that the risk to same-sex partners' health has increased with time.

Limitations

Several limitations warrant consideration when interpreting these results. First, the data is cross-sectional and the analyses reflect association rather than proving causation. This paper tests predictions about selection that need further exploration with longitudinal data on couple formation. Second, the couples are identified using household roster data rather than sexual identity variables; although the IPUMS-NHIS provides such variables post-2013, they are only collected for one partner and the sample sizes remain small. Thus, these findings should not be generalized to "gay," "lesbian," or "straight" couples. They also say nothing about single sexual minorities. Third, sample sizes remain somewhat small for same-sex spouses in particular, which reduces the statistical power of comparisons. Finally, the IPUMS-NHIS only provides region-level geographic data. State-level data would be ideal for this study, but most samples that provide state-level

data (such as the Behavioral Risk Factor Surveillance System) do not provide robust data on both partners in a couple. Future research should use the BRFSS to expand on this project. The regions provided by IPUMS-NHIS still provided a meaningful way to assess the relative likelihood that marriage was available to a given couple, and the state-level data provided by BRFSS would refine that while losing some of the couple-level data.

Conclusion

I find little evidence that marital selection led to a change in the demographic composition or socioeconomic resources of same-sex cohabitors. Same-sex spouses experience some SES advantages over same-sex cohabitors, but are overall quite similar. Cohabitation and marriage for same-sex couples are more similar than for different-sex couples, and same-sex couples tend to compare similarly to different-sex couples regardless of marital status (with some notable exceptions). Those patterns suggest that marriage and cohabitation may mean different things and/or operate via different selection mechanisms for sexual minorities than for different-sex couples. The results also suggest that marriage provides some socioeconomic benefits for spouses, but there is not enough evidence to suggest whether that results from advantaged same-sex cohabitors becoming married or from a resources boost associated with marriage.

Interestingly, even though same-sex couples did not change much over the study period, the results from the health-related analyses differ strongly from previous research (Denney et al. 2013; Liu et al. 2013). Those studies found, broadly, that same-sex cohabitors experienced higher risk of poor health than different-sex spouses, but not different-sex cohabitors. This study finds that both same-sex spouses and same-sex

cohabitors face higher risk of poor health than different-sex cohabitors and spouses. Socioeconomic status, which is higher on average for same-sex couples, may create a buffer against that health disadvantage. These findings may simply be due to higher sample size than previous research, or then may reflect that same-sex couples' risk of poor health increased with time.

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Table 1 — Individual-level Bivariate Statistics on Health, Demographic, and Economic Characteristics by Union Status (N = 829,525)

	1997-2000	2001-2004	2005-2008	2009-2012	2013-2017	2013-2014	2016-2017
Poor or Fair Health %							
DSM	9.96	10.55[c]	10.99	11.09	10.59	10.72	10.46
DSC	9.31	9.98[c]	10.75	11.66	11.08	11.08	10.65
SSM	--	--	--	8.60	9.13	6.69	11.06
SSC	7.66	6.94*[a]	9.20	11.05	9.85	11.44	7.16
Foreign Born %							
DSM	13.28[ac]	15.05[ac]	16.81[ac]	18.09[ac]	20.28[ac]	19.96[ac]	20.74[abc]
DSC	9.78*	12.38*[c]	12.81*[c]	13.34*[c]	13.66*[c]	14.47*[c]	12.55*
SSM	--	--	--	6.97	12.82	14.09	12.46*
SSC	8.54*	8.22*[a]	7.37*[a]	7.98*[a]	9.60*[a]	7.53*[a]	12.09*
Female %							
DSM	49.53	49.49	49.55[ac]	49.43[a]	49.48[abc]	49.33[ac]	49.63
DSC	49.36	49.30	48.97*[bc]	48.77*	48.93*[bc]	48.84*	48.81
SSM	--	--	--	58.95	56.00*[a]	55.85	56.17
SSC	45.30	49.00	55.10*[a]	51.20	55.35*[a]	59.73*[a]	51.40
Race							
White %							
DSM	86.91[a]	86.99[a]	86.83[a]	85.98[a]	84.5[ab]	84.91[ab]	84.05[a]
DSC	80.01*[c]	80.91*[c]	81.68*	81.42*[bc]	81.29*[bc]	81.50*[b]	81.39*[b]
SSM	--	--	--	93.07[a]	89.13*[a]	91.73*[a]	87.93[a]
SSC	88.84[a]	87.55[a]	84.41	87.14[a]	87.17[a]	87.99	86.92
Black %							
DSM	6.99[a]	7.25[a]	7.40[ac]	7.69[a]	7.77[a]	7.85[ab]	7.69
DSC	14.11*[c]	13.69*[c]	13.92*	13.64*[bc]	13.58*[bc]	13.41*[bc]	13.58*[bc]
SSM	--	--	--	2.74[a]	6.04[a]	6.44*[a]	5.92[a]
SSC	1.98[a]	1.14[a]	2.65*	2.28[a]	1.99[a]	8.36[a]	8.00
Asian %							
DSM	3.47[a]	3.75[ac]	4.71[ac]	5.28[ac]	6.46[abc]	6.12[abc]	6.85[ac]
DSC	1.77*	2.03*	2.26*	2.54*	2.76*	2.78*	2.47*
SSM	--	--	--	3.05	2.72*	0.59*	3.53
SSC	1.92	1.22*	2.67*	2.30*	1.96*	1.80*	2.49*
Other Race %							
DSM	2.63[a]	2.01[ac]	1.07[ac]	1.04[ac]	1.26[ac]	1.13[a]	1.41[ac]
DSC	4.12*	3.37*	2.13*	2.40*	2.37*	2.32*	2.56*
SSM	--	--	--	1.14	2.10	1.24	2.62
SSC	2.72	3.46*	2.35*	1.85*	2.52*	1.85	2.59*
Region							
Northeast %							
DSM	18.71	18.49	17.55	17.35	17.63	17.13	18.33

DSC	19.03	18.77	18.27	17.43[b]	17.12[b]	16.73[b]	17.54
SSM	--	--	--	37.73*[ac]	23.84*[a]	34.07*[ac]	19.18
SSC	18.06	23.16	20.52	20.85[b]	17.13	17.77[b]	16.22
Midwest %							
DSM	25.51	24.42	23.66	23.81[bc]	22.64[b]	23.13	22.24[a]
DSC	26.71	26.38	25.84	23.88[bc]	26.19[b]	25.86[bc]	26.55*
SSM	--	--	--	5.19*[ac]	15.49*[a]	12.80[a]	18.24
SSC	20.88	20.52	15.83	15.43*[ab]	20.16	18.08[a]	20.19
South %							
DSM	36.18[a]	36.63[a]	36.78[a]	36.61[ab]	37.07[ab]	37.69[ab]	36.13
DSC	32.49*	34.08*	32.79*	33.96*	33.51*	34.54*[b]	32.26
SSM	--	--	--	22.02*	29.75*	17.34*[ac]	33.05
SSC	34.87	30.73	36.68	35.32	35.39	35.29[b]	35.94
West %							
DSM	19.60[ac]	20.46[c]	22.01	22.23[ac]	22.66[bc]	22.05[bc]	23.30
DSC	21.78*	20.77[c]	23.10	24.73*	23.17[b]	22.87[b]	23.65
SSM	--	--	--	35.06	30.92*[a]	35.79*[a]	29.54
SSC	25.91*	26.04*[a]	26.99	28.22*	27.56*	28.85*	27.65
Mean Age (Zeroed at 18)							
DSM	29.05[ac]	29.81[ac]	30.79[ac]	31.92[abc]	32.93[abc]	32.64[abc]	33.27[abc]
DSC	16.81*[c]	17.56*[c]	17.92*[c]	19.13*[bc]	19.70*[bc]	19.43*[bc]	19.93*[bc]
SSM				26.95*[a]	28.97*[ac]	28.13*[a]	29.25*[ac]
SSC	21.11*[a]	22.26*[a]	22.27*[a]	25.76*[a]	25.02*[ab]	25.04*[a]	23.79*[ab]
Mean Number of Children							
DSM	0.94[ac]	0.93[ac]	0.90[ac]	0.86[abc]	0.84[abc]	0.84[abc]	0.84[abc]
DSC	0.75*[a]	0.75*[c]	0.73*[c]	0.78*[bc]	0.76*[bc]	0.77*[bc]	0.76*[bc]
SSM	--	--	--	0.31*[a]	0.31*[a]	0.30*[a]	0.29*[a]
SSC	0.27*[a]	0.24*[a]	0.36*[a]	0.29*[a]	0.31*[a]	0.34*[a]	0.31*[a]
Educational Attainment							
Less than High School %							
DSM	15.11[ac]	13.66[ac]	13.02[ac]	11.54[abc]	10.31[abc]	10.92[abc]	9.75[abc]
DSC	19.85*[c]	18.80*[c]	18.17*[c]	16.51*[bc]	13.87* [bc]	14.64* [bc]	13.09* [bc]
SSM	--	--	--	3.64*[a]	2.15*[a]	2.37*[a]	2.59*[a]
SSC	7.41*[a]	6.64*[a]	5.81*[a]	6.46*[a]	5.25*[a]	4.76*[a]	4.40*[a]
High School/GED %							
DSM	31.33[ac]	30.11[ac]	28.83[ac]	26.49[abc]	24.13[abc]	25.18[abc]	23.30[abc]
DSC	35.18*[c]	35.64*[c]	34.90*[c]	32.01*[bc]	31.51*[bc]	31.65*[bc]	31.29*[bc]
SSM	--	--	--	12.63*[a]	13.68*[a]	14.07*[a]	12.14*[ac]
SSC	17.82*[a]	19.76*[a]	21.76*[a]	17.92*[a]	18.64*[a]	18.06*[a]	18.43[ab]
Some College %							
DSM	17.28a	17.11a	16.28a	16.85[abc]	15.74[abc]	16.08[ac]	15.28[ac]
DSC	20.36*	20.31*	19.49*	21.02*[bc]	20.18*[bc]	20.84*[bc]	19.67*[bc]
SSM	--	--	--	8.54*[ac]	12.41*[ac]	11.22[a]	13.02[ac]

SSC	20.43	17.80	18.55	20.57*[ab]	20.64*[ab]	20.52*[a]	21.90*[ab]
AA Degree %							
DSM	9.62	10.00[a]	10.19	11.21	11.75	11.61	11.88
DSC	8.82	8.25*	9.33	10.47	12.03	11.58	12.11
SSM	--	--	--	15.64	9.71	10.93	8.91
SSC	9.63	9.14	9.87	11.80	12.57	14.04	10.78
BA Degree %							
DSM	17.24[ac]	18.64[ac]	20.26[ac]	21.14[abc]	23.05[abc]	22.19[a]	23.80[ab]
DSC	12.18*[c]	12.68*[c]	13.80*[c]	14.78*[bc]	16.50*[bc]	15.51*[bc]	17.69*[bc]
SSM	--	--	--	30.34[a]	31.09*[a]	29.83[a]	31.28*[a]
SSC	24.88*[a]	27.82*[a]	28.26*[a]	25.96*[a]	25.82*[a]	26.74[a]	26.97[a]
Graduate/Professional Degree %							
DSM	9.42[ac]	10.49[ac]	11.43[ac]	12.77[abc]	15.01[abc]	14.03[ab]	15.99[ab]
DSC	3.60*[c]	4.32*[c]	4.30*[c]	5.21*[bc]	5.90*[bc]	5.78*[bc]	6.14*[bc]
SSM	--	--	--	29.22*[ac]	30.97*[ac]	31.58*[ac]	32.06*[ac]
SSC	19.82*[a]	18.84*[a]	15.75*[a]	17.29*[ab]	17.07[ab]	15.88[ab]	17.52[ab]
Employment Status							
Employed %							
DSM	68.63[ac]	68.12[ac]	68.01[ac]	65.24[ac]	65.38[abc]	65.11[abc]	65.46[abc]
DSC	78.64*[c]	76.88*[c]	76.83*[c]	71.19*[c]	75.33*	74.49*	76.51*
SSM	--	--	--	78.17*	76.23*	78.54*	76.01*
SSC	85.09*[a]	83.57*[a]	82.52*[a]	75.88*[a]	78.30*[a]	76.78*	82.51*
Unemployed %							
DSM	0.98[ac]	1.81[ac]	1.66[a]	3.76[a]	2.16[abc]	2.57[ac]	1.86[a]
DSC	3.35*	5.64*	5.11*[c]	9.19*[c]	5.47*	6.11*	4.88*
SSM	--	--	--	6.89	3.79*	3.11	3.53
SSC	2.06*	4.08*	1.93[a]	5.57[a]	4.11*	5.76*	3.09
Not in Labor Force %							
DSM	30.39ac	30.08ac	30.33ac	31.00[abc]	32.46[abc]	32.32[abc]	32.68[abc]
DSC	18.00*[c]	17.49*[c]	18.06*	19.63*	19.21*	19.41*	18.61*
SSM	--	--	--	14.94*	19.98*	18.35*	20.45*
SSC	12.85*[a]	12.34*[a]	15.55*	18.55*	17.59*	17.46*	14.41*
Uninsured %							
DSM	10.09[ac]	10.42[ac]	11.05[ac]	11.76[ac]	8.38[abc]	10.29[ac]	7.13[abc]
DSC	31.33*	32.31*	33.33*	32.63*[b]	22.76*[b]	28.40*	18.47*
SSM	--	--	--	10.42[ac]	5.00*[ac]	6.36[ac]	3.99*[ac]
SSC	17.91*[a]	16.77*[a]	17.85*[a]	20.81*[ab]	13.27*[ab]	16.98*[ab]	13.14*[ab]

Notes: "DSM" = Different-sex Married, "DSC" = Different-sex Cohabiting, "SSM" = Same-sex Married, "SSC" = Same-sex cohabiting; * Differs from Different-sex Married, [a] Differs from Different-sex cohabiting, [b] Differs from Same-sex Married, [c] Differs from Same-sex Cohabiting; alpha = 0.05 for all comparisons

Table 2 — Couple-level Bivariate Statistics on Health, Demographic, and Economic Characteristics by Union Status (N = 411,104)

	1997-2000	2001-2004	2005-2008	2009-2012	2013-2017	2013-2014	2016-2017
One Partner Poor/Fair Self-rated Health %							
DSM	10.46	10.94	11.23	11.76	11.22	11.23[c]	11.23
DSC	10.60	10.63	11.72	11.31	11.81	12.15	11.37
SSM	--	--	--	10.14	11.64	11.65	12.85
SSC	9.67	8.84	10.47	10.39	12.29	16.23*	7.69
Both Partners Poor/Fair Self-rated Health %							
DSM	4.79	5.10[c]	5.44	5.28	5.05	5.11	4.96
DSC	4.13	4.80	5.14	6.27	5.28	5.14	5.09
SSM	--	--	--	4.48	3.41	0.77	4.53
SSC	2.88	2.45*	4.27	6.00	3.96	3.59	3.50
Dissimilar Nativity Status %							
DSM	6.57[ac]	7.23	7.58	8.20[a]	8.90[b]	8.72	9.04[b]
DSC	7.71*[c]	8.04	7.81	8.72	8.25[b]	7.64	8.46[b]
SSM	--	--	--	13.59	15.85*[a]	14.90	16.93*[a]
SSC	11.46*[a]	9.57	8.19	11.17*	10.12	7.95	11.54
Interracial %							
DSM	3.17[ac]	3.34[ac]	3.01[ac]	3.68[abc]	4.12[abc]	3.91[ac]	4.26[abc]
DSC	7.97*	7.94*	7.09*	7.76*	8.36*	7.93*	8.59*
SSM	--	--	--	6.58*	9.28*	5.05	11.57*
SSC	6.54*	10.43*	8.44*	10.49*	8.32*	7.87*	9.35*
Mean Age							
DSM	29.33[ac]	30.00[ac]	31.20[ac]	32.24[abc]	33.38[abc]	32.85[abc]	33.94[abc]
DSC	17.33*	18.07*	18.43*	19.68*	20.41*[bc]	19.97*[bc]	20.81*[bc]
SSM	--	--	--	27.15*[a]	29.51*[ac]	28.34*[a]	29.94*[ac]
SSC	21.56*[a]	22.69*[a]	22.98*[a]	26.20*[a]	25.55*[ab]	25.29*[a]	24.56*[ab]
Mean Age Difference							
DSM	3.79[ac]	3.78[ac]	3.80[ac]	3.78[abc]	3.76[abc]	3.78[ac]	3.73[abc]
DSC	5.10*	4.99*	5.07*	4.95*[bc]	4.64*[bc]	4.63*[bc]	4.63*[bc]
SSM	--	--	--	6.45*[a]	5.65*[a]	4.82[ac]	5.81*[a]
SSC	6.60*[a]	6.39*[a]	5.98*[a]	6.73*[a]	6.28*[a]	6.52*[bc]	6.23*[a]
Educational Homogamy							
1 Degree Educational Difference							
DSM	30.51[a]	30.05[a]	30.06[a]	31.26	31.10[b]	30.79	31.39
DSC	33.94*[c]	33.10*[c]	32.37*	32.33	31.34[b]	32.58	29.67
SSM	--	--	--	33.92	24.65*[a]	24.55	24.68
SSC	26.44[a]	27.12[a]	27.28	32.31	33.33	32.97	31.33
>1 Degree Educational Difference							
DSM	23.98[c]	24.46[a]	24.64[c]	25.51[c]	26.10[b]	25.86[b]	26.05

DSC	22.46[c]	21.98*[c]	23.43[c]	25.02[c]	26.69[b]	24.59	27.79
SSM	--	--	--	23.08[c]	34.32*[ac]	38.42*	32.60
SSC	32.93*[a]	28.15[a]	31.97*[a]	30.59*[ab]	25.10[b]	24.46	28.14
Employment Status							
One Partner Employed %							
DSM	29.28[ac]	30.24[c]	30.51[ac]	32.18[c]	30.82[bc]	31.34	30.31
DSC	26.01*	28.36[c]	28.20*[c]	32.56[c]	29.31[c]	30.27	28.54
SSM	--	--	--	31.62	24.50*	22.74	26.37
SSC	18.38*	21.18*[a]	20.51*[a]	26.17*[a]	23.57*[a]	27.51	24.14
Neither Partner Employed %							
DSM	17.04[ac]	16.93[ac]	17.10[ac]	19.13[abc]	19.86[abc]	19.63[ac]	20.28[abc]
DSC	8.32*	8.96*	9.43*	12.66*	10.23*	10.53*	9.59*
SSM	--	--	--	7.02*	11.65*	10.76	10.87*
SSC	5.43*	5.82*	7.18*	11.28*	10.01*	9.03*	5.55*
Insurance Status							
One Partner Insured %							
DSM	4.19[ac]	4.59[ac]	5.01[ac]	5.85[ac]	4.48[ac]	5.42[ac]	3.80[ac]
DSC	29.90*[c]	30.26*[c]	30.25*[c]	30.19*[bc]	22.38*[bc]	26.34*	19.14*
SSM	--	--	--	9.04[a]	4.99[ac]	5.21[ac]	4.47[ac]
SSC	17.04*[a]	18.49*[a]	17.84*[a]	22.47*[a]	15.78*[ab]	21.45*[ab]	12.89*[ab]
Neither Partner Insured %							
DSM	4.77[ac]	4.71[ac]	5.14[ac]	6.03[ac]	4.74[ac]	7.22[a]	4.77[ab]
DSC	30.81*[c]	31.36*[c]	31.32*[c]	31.22*[bc]	24.23*[bc]	14.62*[bc]	8.33*[b]
SSM	--	--	--	9.76[a]	5.35[ac]	3.90[a]	1.55*[a]
SSC	18.16*[a]	19.51*[a]	19.89*[a]	23.09*[a]	17.55*[ab]	5.85[a]	6.69
Mean Income-to-Needs Ratio							
DSM	2.19[ac]	2.21[ac]	2.23[a]	2.20[ab]	2.26[ab]	2.21[ab]	2.30[ab]
DSC	1.90*[c]	1.88*[c]	1.85*[c]	1.76*[bc]	1.83*[bc]	1.76*[bc]	1.91*[bc]
SSM	--	--	--	2.56*[a]	2.60*[ac]	2.63*[a]	2.62*[a]
SSC	2.51*[a]	2.44*[a]	2.32[a]	2.31[a]	2.28[ab]	2.31[bc]	2.31[bc]

Notes: "DSM" = Different-sex Married, "DSC" = Different-sex Cohabiting, "SSM" = Same-sex Married, "SSC" = Same-sex cohabiting; * Differs from Different-sex Married, [a] Differs from Different-sex cohabiting, [b] Differs from Same-sex Married, [c] Differs from Same-sex Cohabiting; alpha = 0.05 for all comparisons

Table 3—Regression Results for Select Individual-level Outcomes Regressed on Marriage Availability, Survey Year, and Region (N = 5,612)

Type of Regression	Variable	Coefficient	SE
Logistics	**Foreign Born**	1.05*	0.03
Multinomial Logistic	**Region (Ref: Northeast)**		
	Midwest	0.81***	0.02
	South	0.74***	0.02
	West	0.83***	0.02
OLS Regression	**Mean Age**	-0.22*	0.12
Multinomial Logistic	**Employment Status (Ref: Employed)**		
	Unemployed	0.91***	0.03
	Not in Labor Force	0.98	0.02
Logit	**Uninsured**	0.92**	0.02

Note: All tests one-tailed. * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$; OLS coefficients are unstandardized; Logit coefficients are odds ratio coefficients.

Table 4—Multinomial Logistic Regression Results for Select Couple-level Outcomes Regressed on Marriage Availability, Survey Year, and Region (N = 2,764)

Variable	Odds Ratio	SE
Employment Status (Ref: Both Employed)		
One Employed	0.96*	0.02
Neither Employed	0.95*	0.03
Insurance Status (Ref: Both Insured)		
One Insured	0.91***	0.02
Neither Insured	0.93*	0.04

Note: All tests one-tailed. * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$. Coefficients from logit and OLS regressions for age and region are not shown; they replicate Table 3.

Table 5—Logistic regression of Poor/Fair Self-rated Health on Union Status, Same-sex Marriage Availability, and Controls (N = 829,525)

Variable	Model 1		Model 2		Model 3		Model 4		Model 5	
	OR	**SE**	**OR**	**SE**	**OR**	**SE**	**OR**	**SE**	**OR**	**SE**
Union Status (Ref: Different-sex Married)										
Different-sex Cohabiting	1.01[c]	0.02	1.01[c]	0.02	1.79***[bc]	0.03	1.15***[bc]	0.02	1.15***[bc]	0.02
Same-sex Married	0.83	0.13	0.83	0.13	1.07[a]	0.17	1.59**[a]	0.22	1.63**[a]	0.23
Same-sex Cohabiting	0.86*[a]	0.05	0.86*[a]	0.05	1.28***[a]	0.08	1.39***[a]	0.09	1.39***[a]	0.09
Same-Sex Marriage Availability									0.99***	0.00
Region/Year Controls	No		Yes		Yes		Yes		Yes	
Demographic Controls	No		No		Yes		Yes		Yes	
Socioeconomic Controls	No		No		No		Yes		Yes	

Note: All tests two-tailed. * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$. a denotes ($p < 0.05$) compared to different-sex cohabitors, b denotes ($p < 0.05$) compared to same-sex spouses, c denotes ($p < 0.05$) compared to same-sex cohabitors. Demographic controls include race, sex, age, number of children, and nativity status. Socioeconomic controls include educational attainment, employment status, insurance status, and income-to-needs ratio. Model 6 with Interactions not shown for space.