Health Insurance Disparity between Heterosexual and Homosexual Women

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Extended abstract for submission to PAA 2012

Several studies indicate a pressing need for research on health issues among sexual minorities in the US (Bradford, Ryan and Rothblum 1994; Cochran, Sullivan and Mays 2003; Institute of Medicine 2011; Mayer et al. 2008). One of the main concerns facing sexual minorities is access to health insurance (Mayer et al. 2008).

Prior national and regional studies exposed disparities in access to health insurance between partnered lesbian and heterosexual women. The two most important national studies, the National Health Interview Survey 1997-2003 (Heck, Sell and Gorin 2006) and the Current Population Survey (CPS) 1996-2003 (Ash and Badgett 2006) both revealed a substantial gap in access to health insurance coverage. More recent regional studies also report a disparity between lesbian and heterosexual women in terms of access to health insurance. For example, a key California study finds that partnered lesbian women there are more than twice as likely to be uninsured as married heterosexual women (Ponce et al. 2010). Diamant and colleagues (Diamant et al. 2000), using 1997 Los Angeles County Health Survey, report that lesbians are significantly less likely than heterosexual women to have health insurance and thus are more likely to have had difficulty obtaining needed medical care.

We propose to take a closer look at whether the rate of health insurance coverage among lesbian and heterosexual women differs nationally. We use the 2009 American Community Survey Public Use Microdata Sample (ACS). ACS data has previously been used to investigate the income differences between same-sex and opposite-sex households (McCoy 2011) and between gay men and lesbians (Montag 2011).

In addition to establishing whether the rate of health insurance coverage among lesbian and heterosexual women differs, the ACS data allow us to address new research questions, such as:

- Are some types of health insurance easier to gain for homosexuals?
- Is there a regional variation in this disparity?
- Is there a racial variation in the disparity?

It is likely that an important reason for lower rates of coverage is lack of dependent coverage. In California, partnered lesbians have been estimated to have only a 28% chance of getting dependent coverage compared to married women (Ponce et al. 2010). While the ACS does not directly allow us to estimate the coverage rates of dependents, it does allow differentiation between private, public, and employer-based insurance. It is possible that, while the overall rate of health insurance is lower among lesbian women, the rate of private insurance is higher because of the lack of dependent coverage that would apply for lesbian women.

Regional variation in health insurance rates between lesbian and heterosexual women can give us indication whether and how much the differences in health insurance legislature change the disparity. For example, the 2004 California Insurance Equality Act extended spousal dependent coverage to domestic partners (Gorn 2010). The ACS allows us to investigate whether the health insurance rates for lesbians are statistically different in different regions and states.

Finally, we are interested in the cumulative effects of race and sexual minority. Mays and colleagues (2002), in their study in Los Angeles county, focused on minority women and found that the disparity between lesbian and heterosexual women in terms of access to health insurance is present also among racial minority groups. However, their data did not allow full comparisons across racial groups and sexual orientation status. ACS data permit us to estimate interaction effects between race and sexual orientation, thus allowing to gauge whether the disparity between lesbian and heterosexual women is greater among minority racial groups than it is among whites.

The ACS does not directly ask questions concerning sexual orientation; however, it allows us to identify lesbian women by the designation of "same-sex partner to the householder." Black, Gates, Sanders, and Taylor (2000) find that households in this category are largely homosexual couples. Gates (2010) reports that 90 percent of same-sex couples chose either the "husband/wife" or the "unmarried partner" options on the Census 2010 form. Thus, in our analysis we focus on partnered women and are able to compare lesbian partnered women with married and unmarried heterosexual women.

The ACS began gathering health insurance information in 2008 (Lynch, Boudreaux and Davern 2010). Health insurance is captured by a single question that asks whether respondents have any of the seven types of coverage at the time of survey: 1) health insurance through a current or former employer or union; 2) insurance purchased directly from an insurance company; 3) Medicare; 4) Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or disability; 5) TRICARE or other military health care; 6) VA; or 7) Indian Health Service.

As the United States continues to search for solutions to its health care challenges, it is vital for the health care needs of sexual minorities to be well documented. While the overall disparity in the health insurance coverage has been suggested with other data (Ash and Badgett 2006; Diamant et al. 2000; Heck, Sell and Gorin 2006; Ponce et al. 2010) little has been done to address more specific questions about this disadvantage. Our research directly addresses this critical gap in the current literature on the health of lesbians. It brings the latest data to bear on rates of coverage, regional and racial variations in coverage, and the types of coverage used or avoided. Theory and policy analysis of health insurance initiatives for the broader population would do well to consider their effects on this important subpopulation.

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