

A Demographic Analysis of the Health Care Status of Children from Same-Sex Couples

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A decorative graphic consisting of a thick teal horizontal bar at the top, followed by a white bar, and then three thin horizontal lines (one teal, one white, one teal) on the right side of the slide.

ABSTRACT

- According to the Child Welfare League of America (CWLA), as of 2013 an estimated 2 million children are believed to be raised by an LGBT parent.
 - These children and their parents face various obstacles in their access to healthcare due to federal and state family policies that dictate what types of families are legally recognized.
- The purpose of this study is to analyze secondary national data from the Medical Expenditure Panel Survey (MEPS) and provide a statistical review of health care access that LGBT families obtain in order to evaluate how health care guidelines affect their access to healthcare.
- This study evaluates the type of parent child relationship (biological, stepchild) along with the reported healthcare status of the children in LGBT and heterosexual families to examine whether there are differences across the parent-child relationships.

Literature Review

- *Family Policy and the Government; Unequal Healthcare Access for the LGBT community*
 - The current research on the healthcare access of the LGBT community reflects an unequal opportunity to obtain adequate and stigma-free healthcare compared to heterosexual individuals.
 - Same-sex couples face a federal income tax burden on dependent employer-sponsored health coverage that creates an unequal economic burden that heterosexual marriages avoid.
 - Legislation directly affects the healthcare access of the same-sex households by limiting the health insurance benefits that an LGBT individual can extend to a family member or unmarried partner which buttress Hayman et al that sexual orientation can be considered a social determinant of health through exclusion and reported refusal of services.
 - In addition, the American Medical Association acknowledged that “same-sex marriage bans do contribute to health disparities in the U.S.” and Buffie states that there is empirical evidence that link negative health effects with discriminatory policies in regards to marriage

- *Disparities of Healthcare Outcomes of LGBT Individuals*
 - Same sex individuals must deal with heterosexual assumptions by medical professionals that highlight the hetero-normative structure in the health care system
 - An article by Rosser examined lesbian health care concluded that the major focus of obstetrics and gynecology deals with issues surrounding procreation and heterosexual activity which define women's health as centered on a heterosexual lifestyle.

Lesbian women have higher rates of breast cancer, heart disease, stroke, obesity, substance abuse disorders and tobacco smoking which lead to high morbidity rates and a need for adequate healthcare access (Hayman et al., 2013).

Brown and Tracy concluded that lesbian women are less likely to participate in routine cancer screening than heterosexual women such as Pap testing and more likely to report less satisfaction with the health care they receive from providers which may be a result of the marginalization that lesbians feel from the health care system (2008).

Lesbian women are also at higher risks of being uninsured compared to heterosexual women even among lesbians in unmarried partnerships (Ponce et al., 2010).

- There is reluctance among gay men to disclose their sexuality in health care settings which added with the social pressures and minority stress they encounter, results in mental health needs remaining unrecognized by health professionals.
- Robertson concludes that due to the heterosexist language that health professionals use, gay men are forced to lie about their sexuality or make an explicit statement; with the various health disparities among gay men, distrust towards health care professionals can be problematic.
- The health disparities experienced by gay men are abundantly documented which include higher rates of suicidal ideation and depression in adolescence, higher rates of alcohol, tobacco and an increase in mood and anxiety disorders.
- Gay men have been reported to be three times more likely than heterosexual men to abuse marijuana, crystal methamphetamine and inhalants and represent the largest proportion of new HIV infections.
- The research conducted on lesbian women and gay men indicate that there are some reservations that the LGBT community hold towards medical providers and this study seeks to identify the insurance coverage that LGBT parents seek for their children and analyze whether these reservations may influence the type of coverage they seek for their children.

• *Determinants of Health Insurance Status*

- The population of uninsured Americans has increased in the last three decades and according to Keene and Prokos, family contexts and employment structures jointly influence individual choices about their health benefits (2010).
- Currently individuals who lack insurance are either poor, a minority, a rural resident, unemployed, a resident in the West and South, less educated and a young adult aged 18-24 (Markowitz et al, 1991).
 - Thus, health insurance status is influenced by several factors including an individual's social economic status and demographic variables such as age, race, geographical location, households headed by women and marital status. This in turn can affect the access to healthcare.

In a study conducted by Litaker and Cebul on insurance and managed care, they found that the insurance status influenced the expectations of health care and the perception of events qualifying as a problem (2003).

- As Litaker et al states, “one’s characteristics, whether related to risk behaviors, health attitudes, or perceived needs, do not arise at random or in a vacuum but are shaped by exposures both beneficial and harmful in one’s context” (2005:538).
 - In regards to the LGBT community, the reported negative experiences with health care providers can result in certain negative attitudes and reluctance towards seeking health care.
 - Paired with the unequal healthcare access individuals face based on health insurance status, the reported negative experiences LGBT individuals face may contribute to the lower rate of health care services that they seek.
 - This threatens the stability of the family structure and may impact the children in a negative way.

- *Health Care Access of Children; Uninsured, Public Insurance and Private Insurance*

Current research has concluded that the health insurance status of children influences the medical care experience as reflected by a study conducted by Dougherty et al, in which they found that parents of publicly insurance children were less likely than other groups to report being able to get an appointment as soon as needed and that their health care providers “never” listen or explain things carefully or spend enough time as opposed to parents with children with private insurance who are more likely to respond that their providers are “always” patient centered (2005).

Thus, the type of health care insurance that a child obtains may influence the experience they receive by medical providers. The health care insurance status of children also influences the access to care and utilization of medical care as reflected in current research.

For LGBT families, the restricted legal choices for medical insurance coverage may influence their experience, access to care and utilization of medical care of children.

In a study by Selden and Hudson on the access and utilization of medical care among children, they found that since the 1980s there has been an increase in public insurance coverage and a decrease in private coverage (2006). Selden and Hudson also found that privately insured children report slightly better health and higher use of medical care than publicly insured and uninsured children, except when it comes to emergency room visits which publicly insured children utilized at higher rates than privately insured children (2006)

The National Health Interview Survey (NHIS) presents annual trends in health insurance coverage and concludes that due to current legislation in public health policy that have expanded the eligibility of Medicaid and SCHIP, there has been an increase in the percentage of publicly insured children; more children in the United States are receiving public insurance benefits since the 1990s (2009).

Additionally, the data from the NHIS in 2013 reported that there were approximately 7.1% of uninsured children and 42.5% of publicly insured children, of which 85% of those receiving public insurance were poor and 66.3% were near poor children; children of lower economic status are more likely to have public insurance coverage.

- *Children in LGBT families*

- Children being raised by same-sex couples are twice as likely to live in poverty with the average household lagging by 20% of the average heterosexual couples raising children and are more likely to be raised by interracial parents.
- Unfortunately, most government safety net programs use a narrow definition of family that is tied to marital status which often excludes same-sex partners and non- legally recognized parents and children
- According to the report produced by All Children Matter in 2011, children raised by step-LGBT parents do not receive the same legal benefits as heterosexual step-parents such as adoption, authorization to sign consent forms or petition for custody.
- Children raised in LGBT families cannot access family tax credit reductions and do not have the legal protection from the government if one of their same-sex parents die or becomes disabled.
- Children raised in LGBT families also do not have equal access to government programs such as Temporary Assistance for Needy Families and Supplemental Security Income (SSI) (All Children Matter, 2011).

Methodology

- **Data**

- I utilized data from the Medical Expenditure Panel Survey (MEPS) 2011 to analyze any links among parent-child relationships and health care status in same-sex families.
 - The MEPS is a set of large-scale surveys of families and individuals, their medical providers, and employers across the United State; it is the most complete source of data on the cost and use of health care and health insurance coverage.
 - This study utilizes data from the MEPS Household Component which is a subsample of households participating in the previous year's National Health Interview Survey (NHIS).
 - The analytical sample utilized for this study was about 15,000 households. MEPS HC provides estimates of demographic and socio-economic characteristics, employment, and family relationship information to the respondent of the survey.

- **Measures**

- *Health Insurance status.* The measure of health insurance status for children in same-sex families is based on the reported responses on the MEPS. This will be the dependent variable and consists of no insurance, public insurance, and private insurance. No insurance consist of an individual indicating that they did not have health insurance for 2011. Public insurance consists of a report of Medicaid or SCHIP as health insurance coverage for 2011. Health insurance through private insurance consists of any self-pay health insurance. The MEPS survey provides data on the source of payment for health care services.
- *Parent-Child relationship.* The measure of parent-child relationship is based on the reported responses on the MEPS to questions regarded the household family demographics. This will be the independent variable and consists of biological and stepfamily for this study. A biological parent-child relationship is defined as one in which the child is the biological offspring to the parent. A stepfamily parent-child relationship is defined as a relationship in which the adult is not the legal guardian or biological parent but resides with the child and sustains a relationship with the child's parent. The MEPS survey provides data on the family relationship of each individual in the household which is utilized in this study for analysis.

• Design

This study will test the following hypotheses:

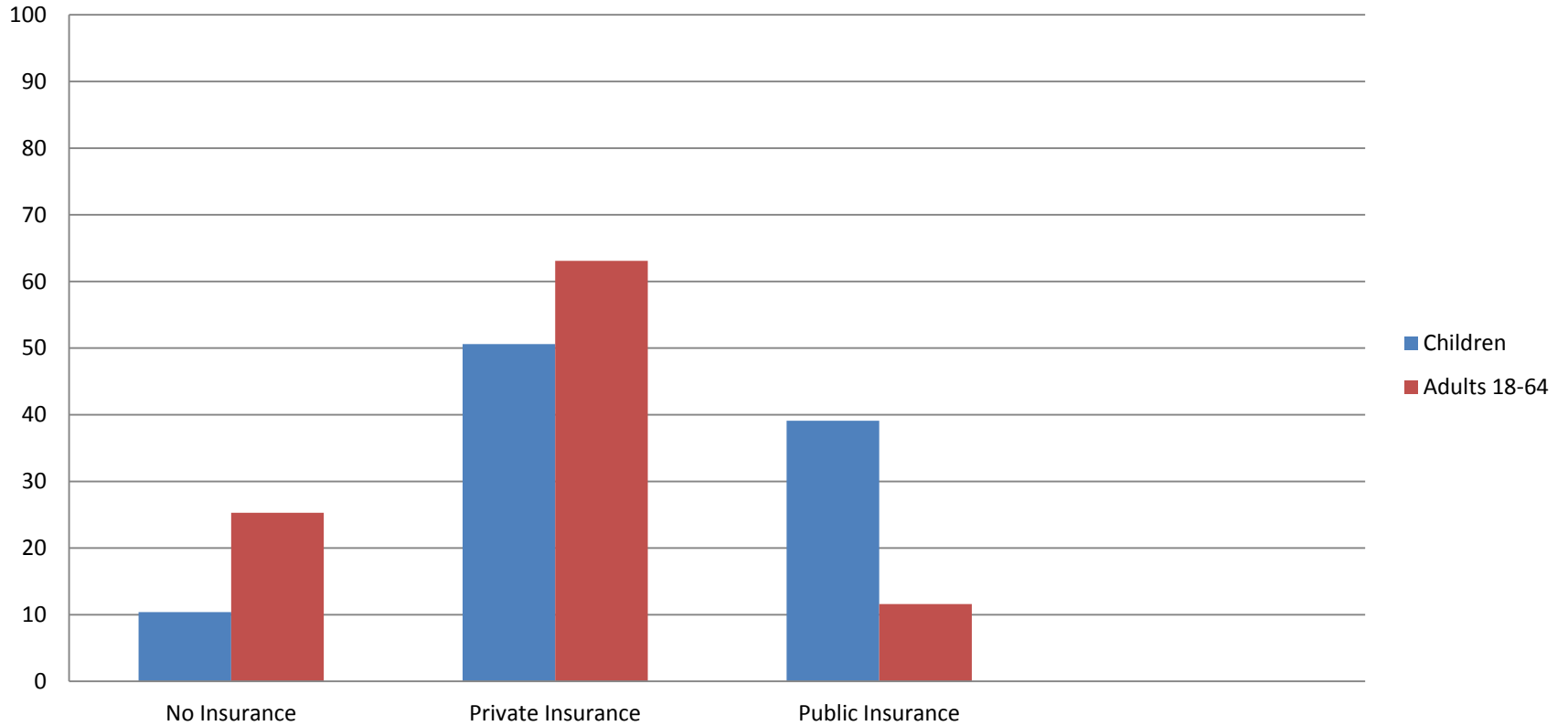
- Parents of children in same-sex families will report either no insurance or public insurance compared to private-insurance.
- I utilized a linear regression on the health care status variables and parent child relationship variables to evaluate any statistical significance.
- I controlled for income, race, education and sex.
- Private insurance data was obtained by evaluating how many individuals reported having employer group insurance, non-group insurance and other group insurance in the survey. According to the MEPS an individual is considered to have private insurance if “at minimum that coverage provided benefits for hospital and physician services” (MEPS).
- Public insurance data was obtained by evaluating how many individuals reported having Medicaid or SCHIP and no insurance was obtained by analyzing how many individuals reported not having any type of insurance coverage.

• Sample

- The sample size consisted of heterosexual and same sex families.
- The MEPS HC has demographic variables from each reporting unit (RU) which serves as the analytical unit and consists of “group of persons in the sampled dwelling unit who are related by blood, marriage, adoption, foster care or other family association” (MEPS HC).
- The sample size was obtained by evaluating the dwelling unit (DU), FAMID13, FAMSIZ13, and RFREL13X variable from the survey which identifies a person’s family affiliation and family size. The FAMID13 and FAMSIZ13 variables reflect information about family size and the RFREL13X variable indicates the relationship of each individual to the reference person (RU) filling out the survey; relationship to the reference person is indicated by codes representing husband/spouse, wife, spouse, son, daughter, female partner, male partner etc.
- Since the MEPS does not have a specific variable for LGBT families, family demographic variables were analyzed to determine which children live in homes with same sex parents.

Results

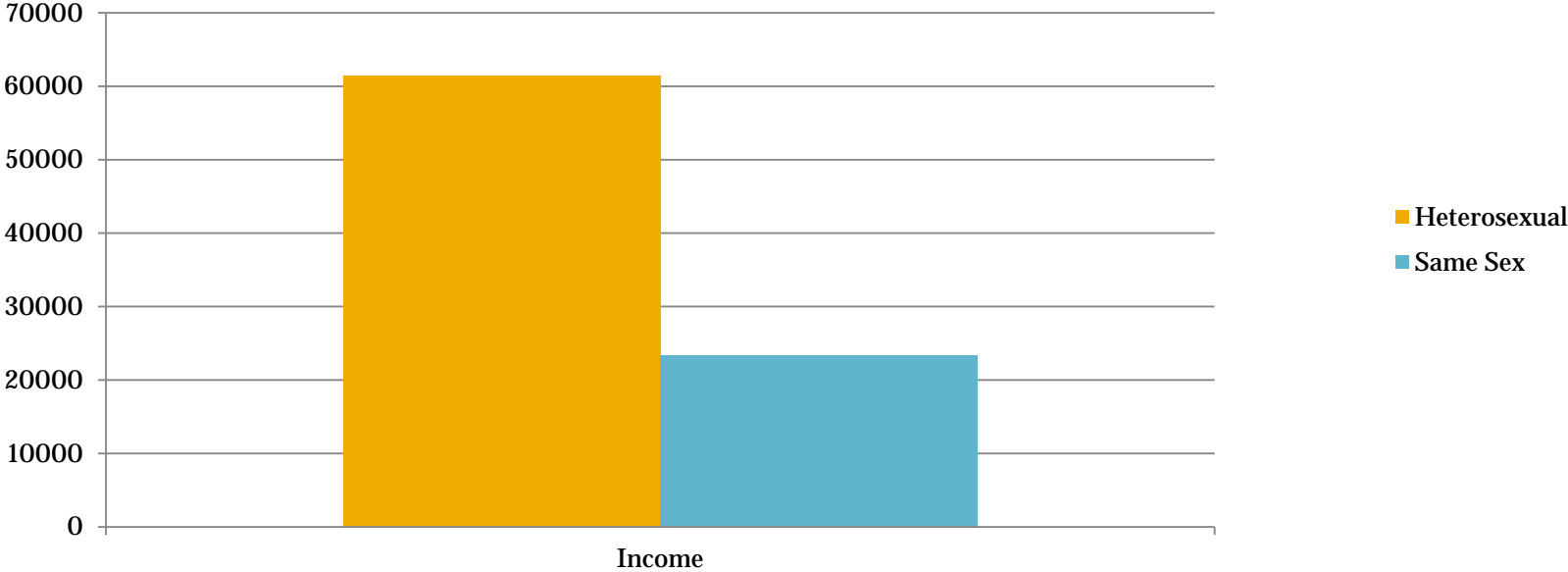
Percentage of Health Insurance Status



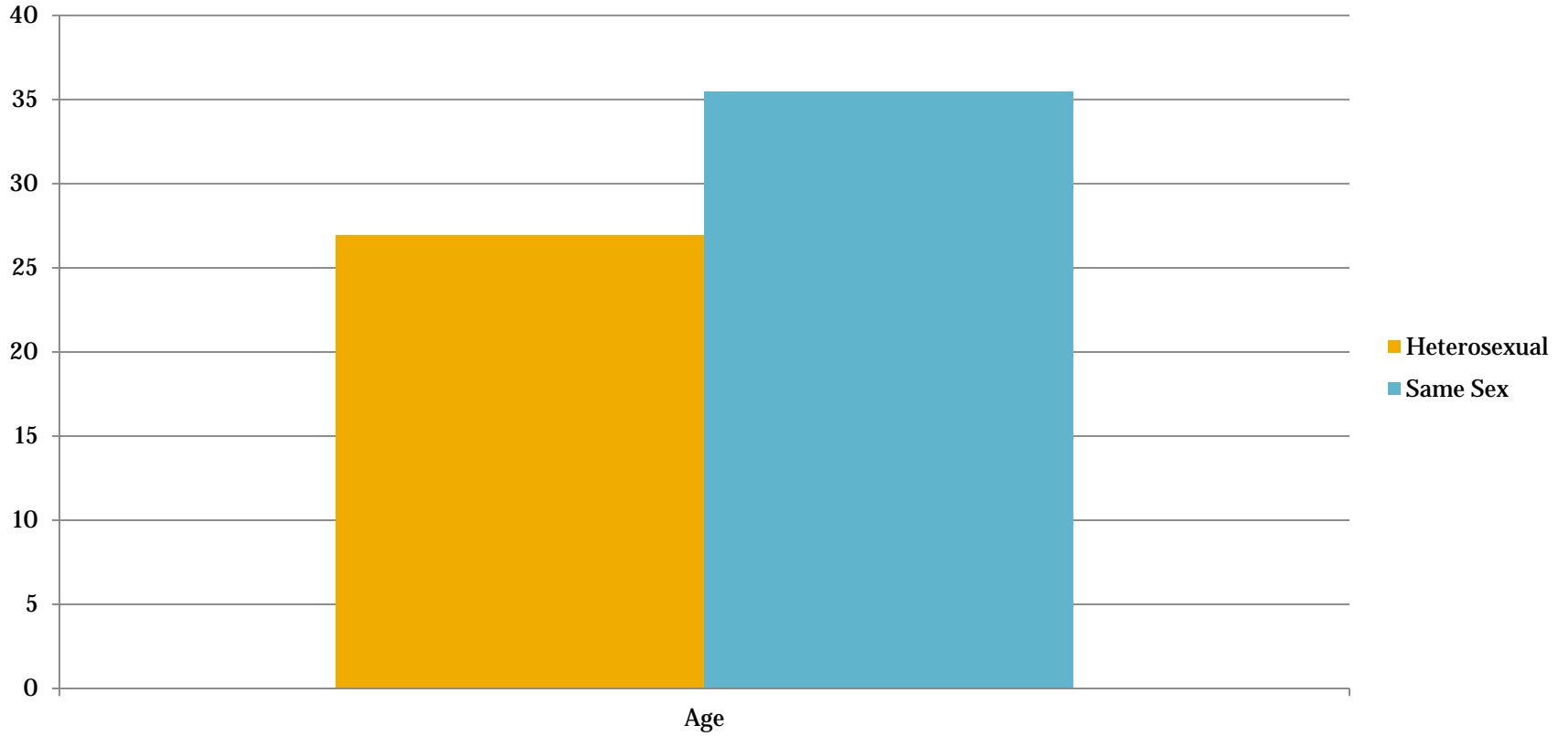
Distribution of Health Insurance status

Dependent	Unable to get necessary medical care	Uninsured	Private Insurance	Public Insurance
<i>Heterosexual Families</i>				
Observations	23014	23014	23014	23014
R-squared	.017	.202	.021	.138
F-statistic	100.531	1455.051	122.053	922.753
P-value	.000	.000	.000	.000
Stand Error.	.611	.303	.494	.439
<i>Same Sex families</i>				
Observations	513	513	513	513
R-Squared	.034	.080	.105	.092
F-statistic	4.517	11.033	14.835	12.919
P-value	.001	.000	.000	.000

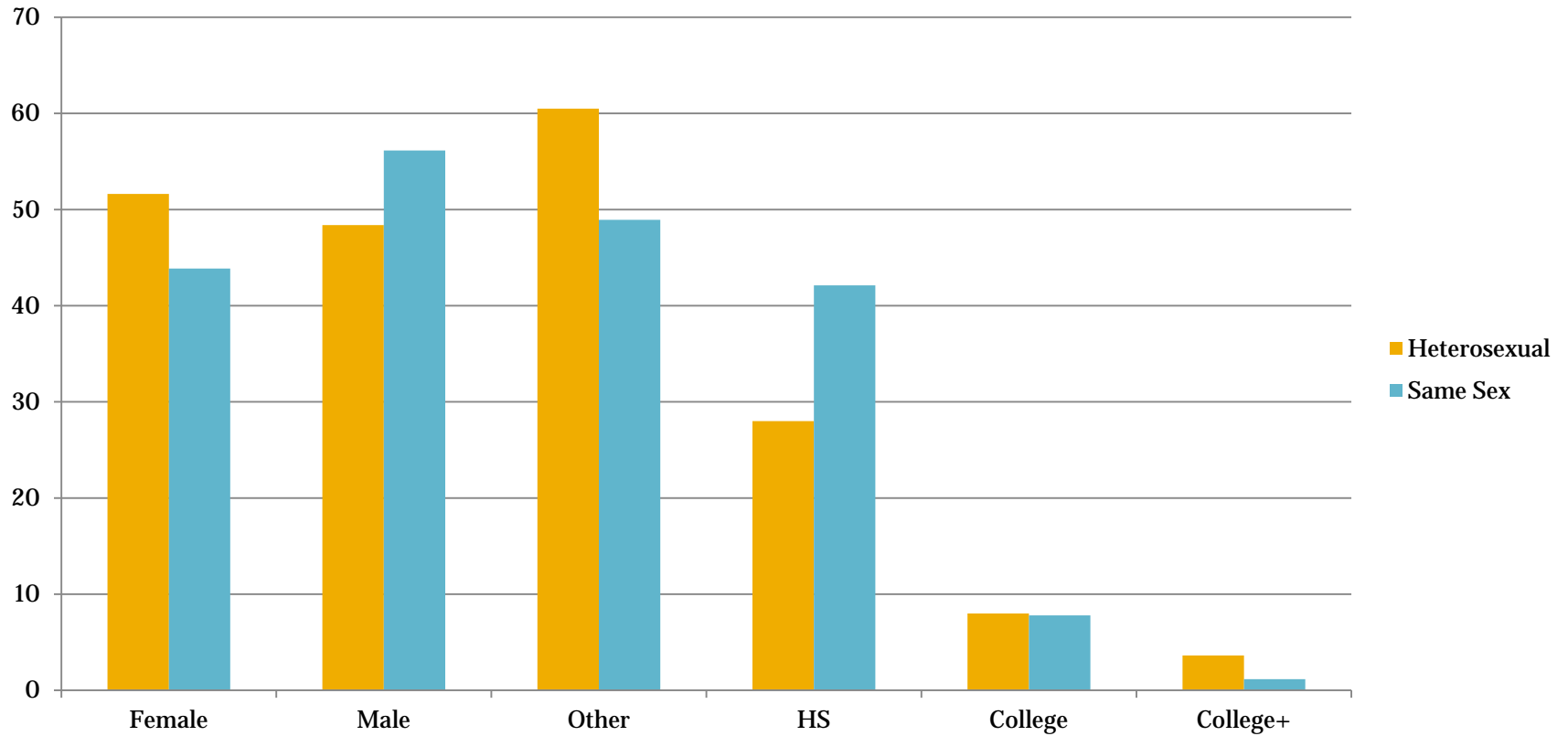
Income Average



Age Average



Percentage of Demographic Variables



Dependent Variables	Child <u>will</u> have healthy <u>life</u>	Child needs med/other services	Rating of healthcare	Uninsured	Private Ins.	Public Ins.
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Heterosexual

Male	41%	8%	8	19.8%	48.4%	4.1%
Female	36.3%	5.4%	9	17.4%	46.8%	4.9%
Black	40.6%	9.1%	10	13.9%	39.9%	6.5%
White	38.2%	6.4%	10	20.6%	47.8%	3.7%

Same-Sex

Male				47.9%	34.4%	16.3%
Female				28%	35.1%	39.6%
Black				29.7%	40.5%	28.8%
White				42.2%	31.7%	26.3%

Distribution of Health Insurance status in different family structures

Dependent Variables	Uninsured	Private Insurance	Public Insurance
<hr/>			
<i>Heterosexual</i>			
<i>families</i>			
Biological (N=774)	33.6%	22.3%	30%
Step-family (N=20)	45%	40%	5%

Distribution of child healthcare attitude by type of family

Dependent healthcare	Child will have healthy Life	Child needs med & other services	Rating of
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Heterosexual Families

Observations	23014	23014	23014
R-squared	.522	.554	.239
F-statistic	6282.269	7146.470	1810.344
P-value	.000	.000	.000
Stand. Error	.820	.995	3.858
