

POLICY

PRESCRIPTIONS

SAME-SEX DISPARITIES IN ACCESS

Same-sex couples have a level of access to insurance coverage and health care that is intermediate to that of married and unmarried different-sex couples.

The authors of this study analyzed data from the Behavioral Risk Factor Surveillance Survey, a large telephone survey conducted annually by the Centers for Disease Control and Prevention. For the sake of categorizing respondents, the authors opted to define same-sex couples as two same-sex individuals cohabitating as “a member of an unmarried couple.” In order to constrain the analysis to comparable situations for different-sex couples, only 2-adult households were evaluated. Therefore, this analysis excludes any other type of household structure other than the 2-adult couple.

The relevant outcomes of this study were access to insurance coverage and unmet medical needs such as routine doctor visits, Pap smears, and mammography. Men and women in same-sex relationships were compared to men and women in different-sex relationships (both married and unmarried). Statistical analysis relied on multiple regression analysis to sort out the many confounding variables affecting the above mentioned relevant outcomes.

Both men and women in same sex relationships are less likely to have health insurance coverage (80 percent and 71 percent, respectively) than individuals in different-sex relationships. However, when inspecting these trends as compared to married



Cedric Dark, MD, MPH
is founder and executive editor of Policy Prescriptions. A *summa cum laude* graduate of Morehouse College, where he received a B.S. in biology, Dr. Dark earned his medical degree from New York University School of Medicine. He holds a master's degree from the Mailman School of Public Health at Columbia University. He is completing his Emergency Medicine residency training at George Washington University and serves as Chief Resident in the 2009-2010 academic year.



POLICY PRESCRIPTIONS



different-sex couples versus unmarried different-sex couples, same-sex couples are more likely to be insured than unmarried different-sex couples but less likely to be insured than married different-sex couples.

Same-sex couples are more likely (nearly twice as likely among men) to report unmet medical needs. Women in same-sex couples are about 75 percent less likely to have had a Pap smear or a mammogram than women in different-sex relationships. Women in same-sex relationships are also about 72 percent less likely to have had a routine doctor visit in the prior year. Contrary to these other trends, men in

same sex relationships have approximately 36 percent greater chance of having a doctor visit compared to men in different sex relationships.

In addition to these sexual orientation based disparities, several other well known factors causing disparities were confirmed. Racial and ethnic minorities remain less likely than white to have health insurance coverage. Income and educational achievement are both positively correlated with the likelihood of having insurance. Of an interesting note, smokers are less likely than nonsmokers to have health insurance.

Key Points

- Same-sex couples face barriers to access to doctors, preventive care, and insurance
- Same-sex couples are more likely than unmarried different-sex couples to have insurance

AJPH. 2010; 100: 489-495.

Commentary

Health disparities often stem from lack of access to insurance and therefore health care services. This report clearly documents that for same-sex couples, disparities in health insurance exist even though compared to unmarried couples, same-sex couples often do better.

Other apparent contradictions include juxtaposition of higher unmet medical needs among gay men even though these

individuals have nearly one-third more doctor visits than their heterosexual counterparts.

One of the obvious reasons why such disparities exist is the difficulty including non-spouse domestic partners under the primary workers insurance policy. Perhaps the reason that same-sex couples are intermediate in health coverage between married and unmarried different-sex couples is that some states extend benefits to

same-sex domestic partners for which unmarried different-sex couples may not qualify.

This research should prompt further study into the landscape of health disparities based on sexual orientation and specifically family structure. As the new health reform law evolves during implementation, family structures will play critical roles in the determination of insurance benefits and federal subsidies to pay for health care.