LGBTQ+ Health Economics

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ASHEcon
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Disclosures

- We have no conflicts to disclose.

- Carpenter reports financial support for LGBTQ+ research from RWJF.

Some terminology

- Sexual orientation: One's innate sense of being attracted to men, women, both, neither
- Gender identity: One's innate sense of feeling male, female, both, or neither
- Sexual and gender minorities (SGM), sexual and gender diverse (SGD) populations
- LGBTQ+: Lesbian, gay, bisexual, transgender, queer/questioning, +: intersex, asexual/aromantic, nonbinary, 2-spirit, etc.

A Plug…


Committee on the Status of LGBTQ+ Individuals in the Economics Profession
AMERICAN
ECONOMIC
ASSOCIATION

About the AEA

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Committee on Equity, Diversity, and Professional Conduct

Committee on Government Relations

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Committee on the Status of LGBTQ+ Individuals in the Economics Profession

Committee on the Status of LGBTQ+ Individuals in the Economics Profession

The mission of the Committee on the Status of LGBTQ+ Individuals in the Economics Profession (CSQIEP) is to provide support for LGBTQ+ economists and economic research relevant to LGBTQ+ populations. The American Economic Association has supported the LGBTQ Economics Working Group since 2016 by hosting an annual meeting at the AEA/ASSA conference and by supporting the production of an LGBTQ Economics Newsletter. The Ad Hoc Committee was made a full committee in June 2019.

CSQIEP is pleased to announce that it has created an annual **Award for Outstanding Research in LGBTQ+ Economics**. Nominations of recently published or forthcoming economics research papers with relevance to or about LGBTQ+ populations are welcome! Click here for more information.

Economics of LGBTQ+ Individuals Virtual Seminar Series
Tuesdays at Noon ET (16:00 UTC)

The one-hour seminar includes a 35-minute presentation by the author and 25 minutes for questions and discussion. Please contact Michael Martell at mmartell@bard.edu with any questions or feedback.

Please sign up to receive the link to the Zoom meeting each week.

Statement by the Ad Hoc LGBTQ Economics Working Group's Subcommittee on Professional Climate, Conduct, and Inclusivity

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CSQIEP maintains a Google Group with announcements about events and research relevant to LGBTQ+ economists and allies and those who study LGTBQ+ peoples; interested individuals can request to join at https://groups.google.com/forum/#!forum/lgbtqeconnewsletter or email lgbtq.econ.newsletter@gmail.com with a request to join.

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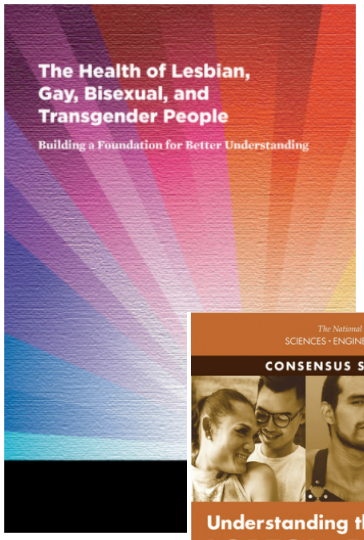
LGBTQ+ Health Economics

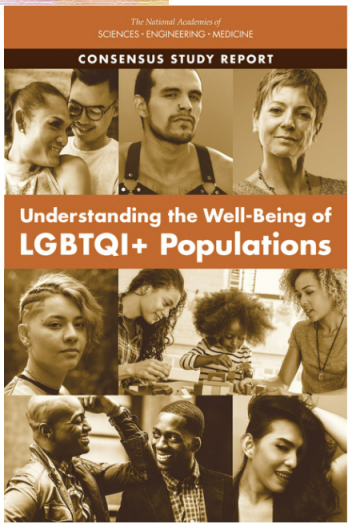
- What do we already know?
- How can health economists contribute?
- Why you might consider working on this!
- What are the challenges?
- Some examples of LGBTQ+ Heath Economics
- Q&A/Discussion/Please interrupt/Chat!

What we know about LGBTQ+ Health

- Many disparities exist, likely due in part to minority stress (Meyer 1995).
- IOM Report (2011)



- NASEM Report (2020)



How can economists contribute?

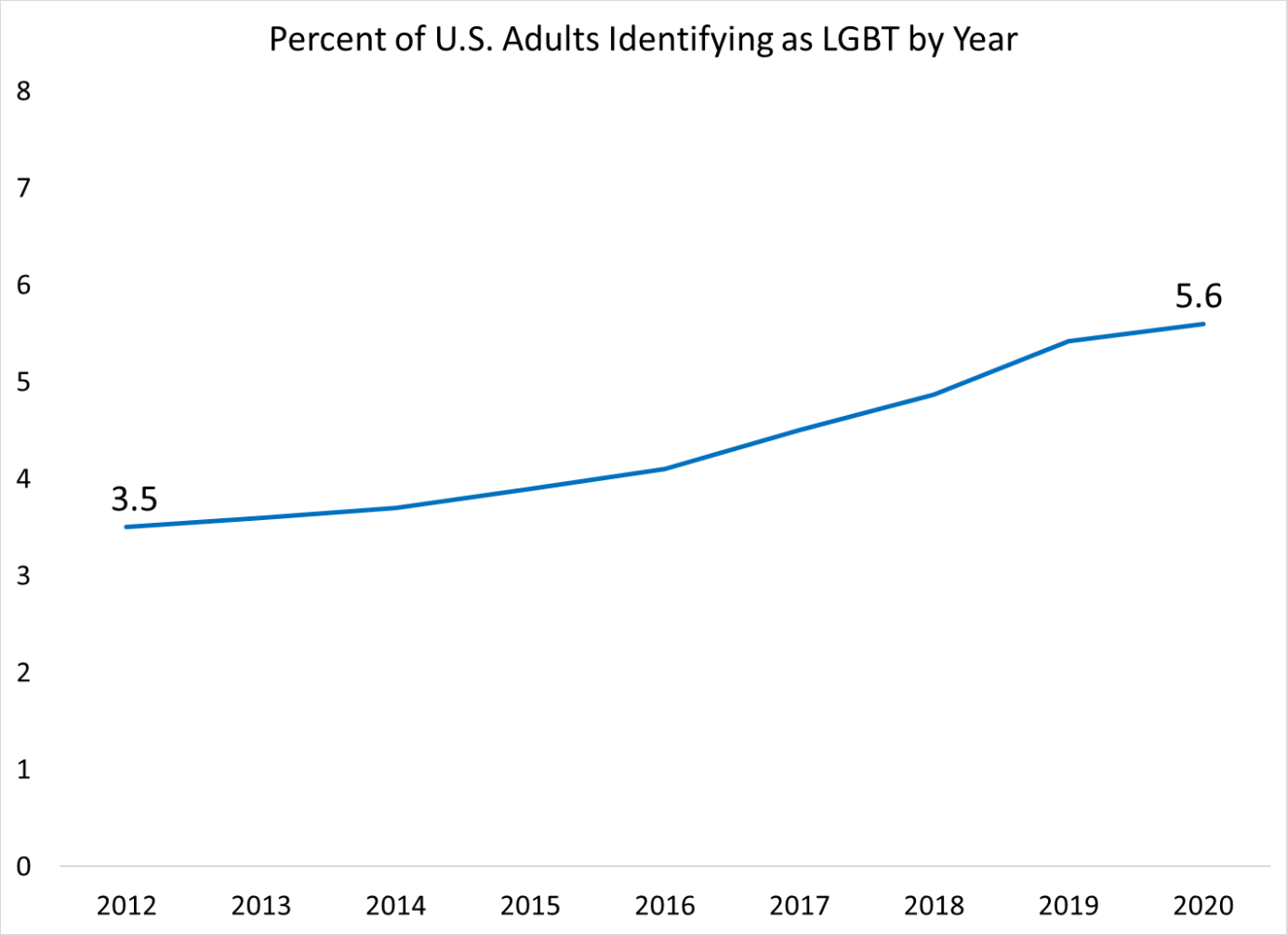
- Most research on LGBTQ+ health is descriptive, documenting disparities.
  - Very little of it has been done by economists.
  - Relatively little in understanding where the disparities come from and how to lower them.

How can economists contribute?

- Economics can add a lot!
  - Applying modern causal inference methods to study effects of interventions
  - Conceptual frameworks and tools for understanding behavior and analyzing implications of policies
  - Many important questions squarely in domain of health economists
    - E.g., cost and welfare implications of health-related policies; relationships among health and labor market disparities; optimal design of insurance to address disparities

Why consider working on these Qs?

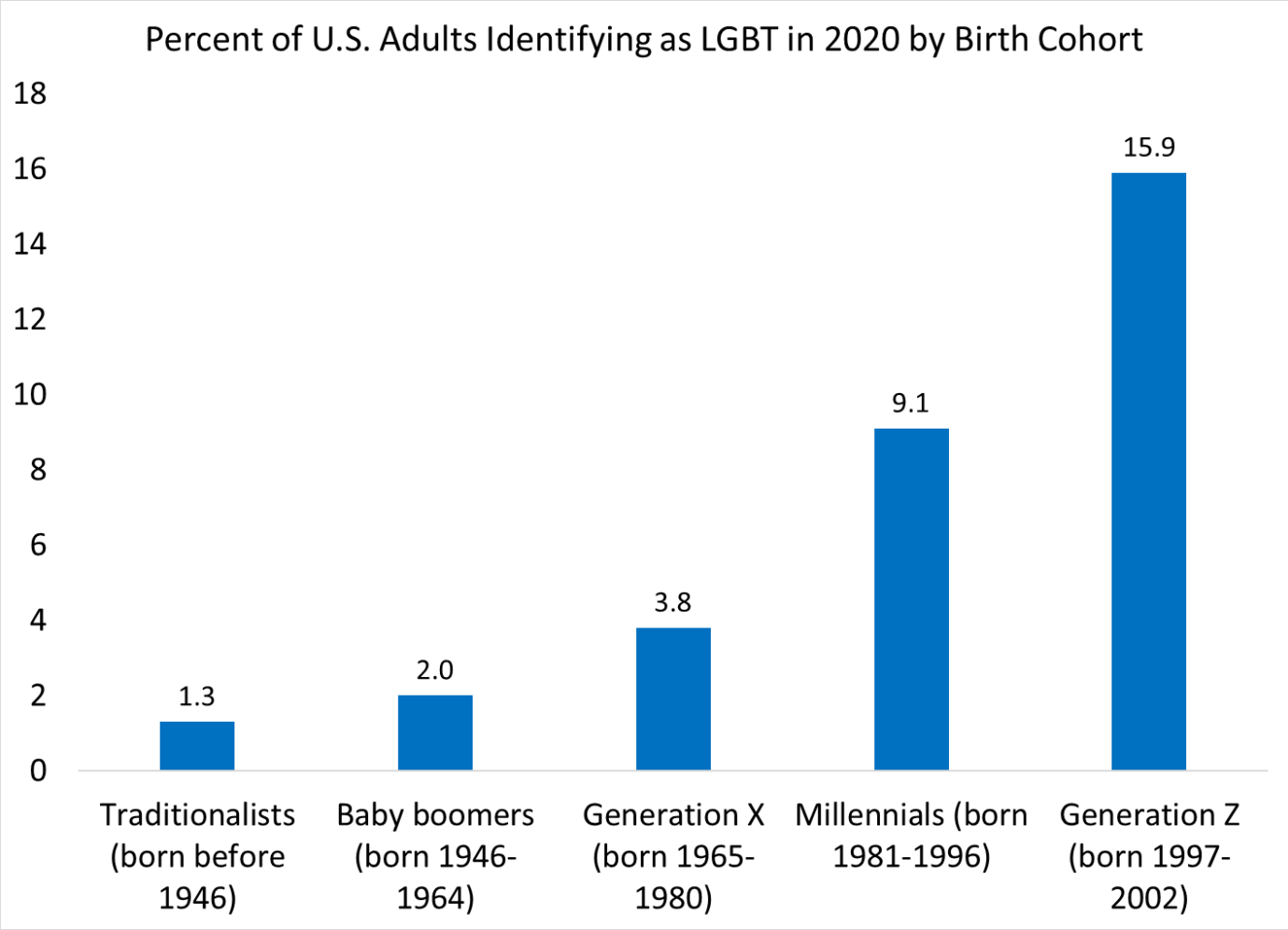
- Population is nontrivial and increasing



Source: Gallup

Why consider working on these Qs?

- Increasing shares of youth identify as LGBTQ+



Source: Gallup

Why consider working on these Qs?

- LGBTQ+ population vulnerabilities…
  - Several times more likely than straight people to have been the victim of violence and attempted suicide
  - More likely to be uninsured, meet poverty definition, have experienced homelessness, have had difficulties accessing health care
  - Often have unique (and costly) health care needs
- lead to (and are perhaps often the result of) disproportionate policy attention
  - Health insurance and health care policies
  - Drug development protocols
  - Same-sex marriage and adoption policies
  - Employment and housing discrimination policies
  - Bathroom bills and conversion therapy, even sports participation rules
  - Education policy

Why consider working on these Qs?

- The field needs LGBTQ+ health economists and cisgender, heterosexual health economists studying these topics.

Main challenge: Data

- Although there is room for theoretical contributions to LGBTQ+ health economics most of us do empirical work.
- This is hard for LGBTQ+ folks because most surveys do not ask about SO or GI.
- This is changing in US and globally, but makes over time comparisons difficult.
- Describe data landscape, soon visit AEA CSQIEP website with links to datasets.

Data, continued

- Surveys with direct SO (GI*) questions
  - NHIS, NSDUH, NESARC, Pulse*, AddHealth*, CHIS, BRFSS*, YRBS
- Surveys that permit ID of same-sex couples
  - Census, ACS, CPS, most of the adult svys above
- Linked admin. records (various countries)
  - Generally big hoops to jump through
- Experiments (field, lab)

Two examples of LGBTQ+ health economics research

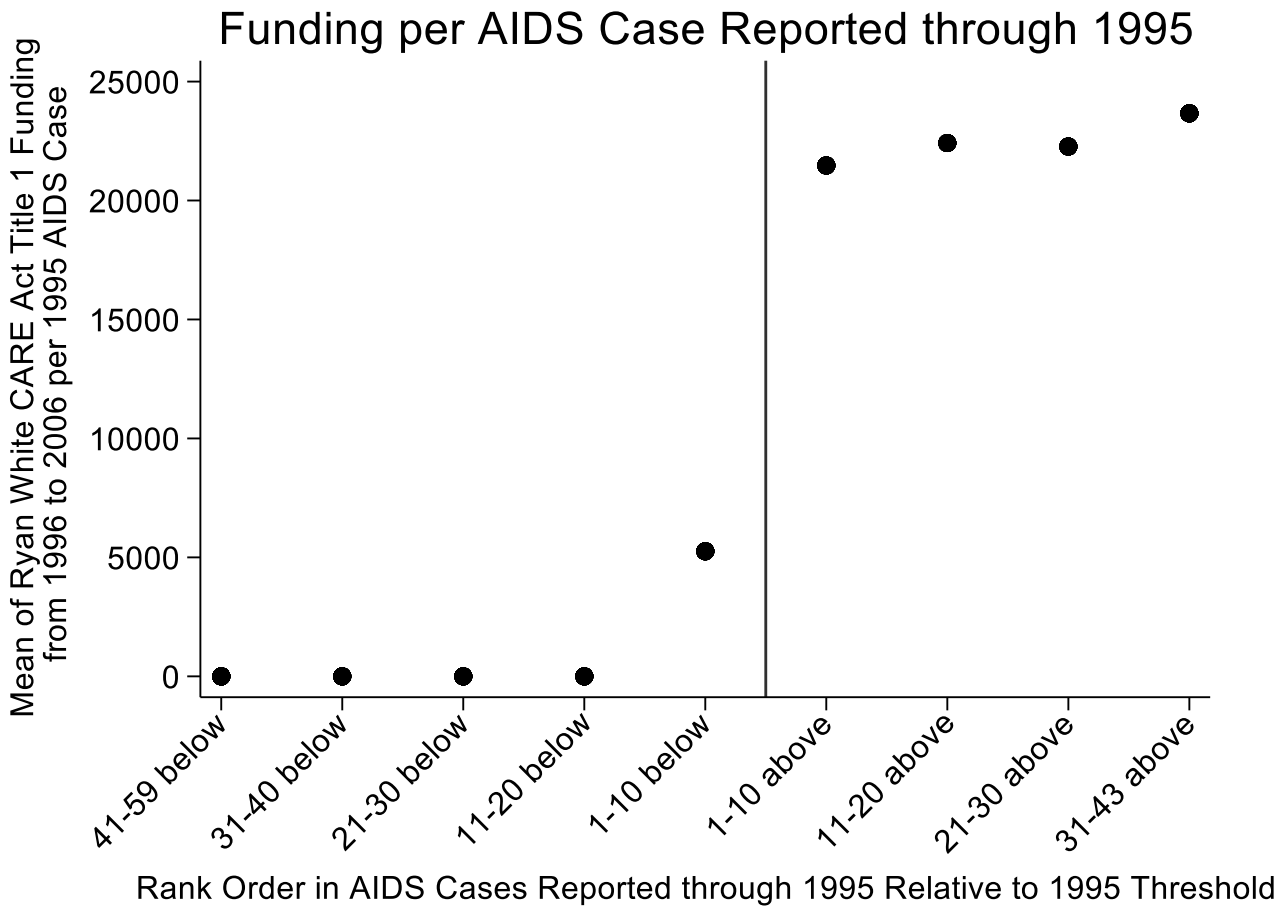
- Dillender (2021) studies the health effects of public funding for HIV

- Carpenter et al. (2021) study the differential effects of the ACA Dependent Coverage mandate on individuals in same-sex couples

Federal Public Health Funding in the Fight against HIV/AIDS (Dillender 2021)

- AIDS has killed more than 700,000 Americans.
  - Many of deaths are people in their 20s, 30s, and 40s.
  - Stark disparities—Lifetime risk of HIV infection: 0.04% for straight white men, 9% for white gay men, and 50% for gay black men.
- A lot of resources spent on HIV.
  - In 2019 federal gov spent almost $35 billion on HIV.
  - More than spent on Head Start, CHIP, TANF, and Pell Grants
- **This study:** Examines the impact of federal public health funding allocated to cities to fight HIV/AIDS through Ryan White CARE Act.

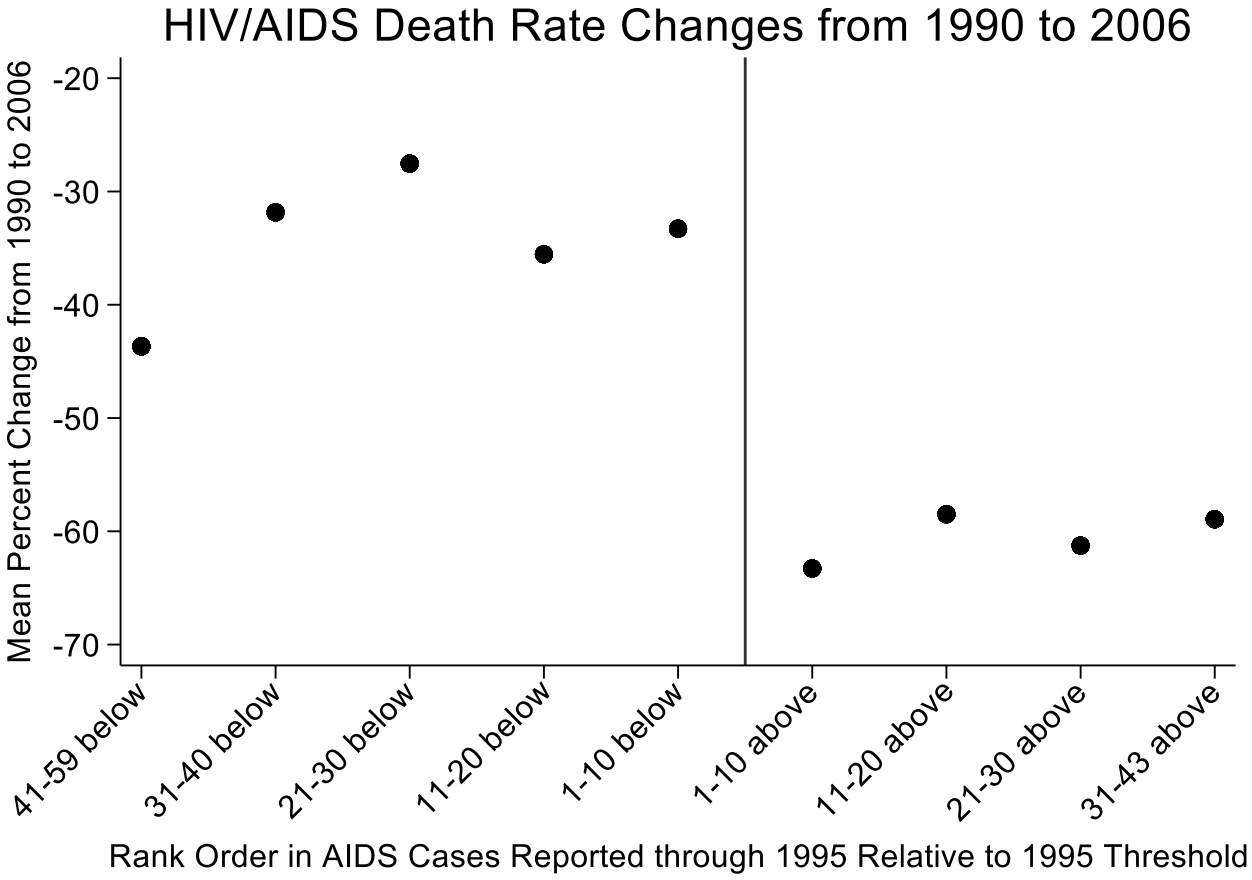
Large Funding Differences across Cities



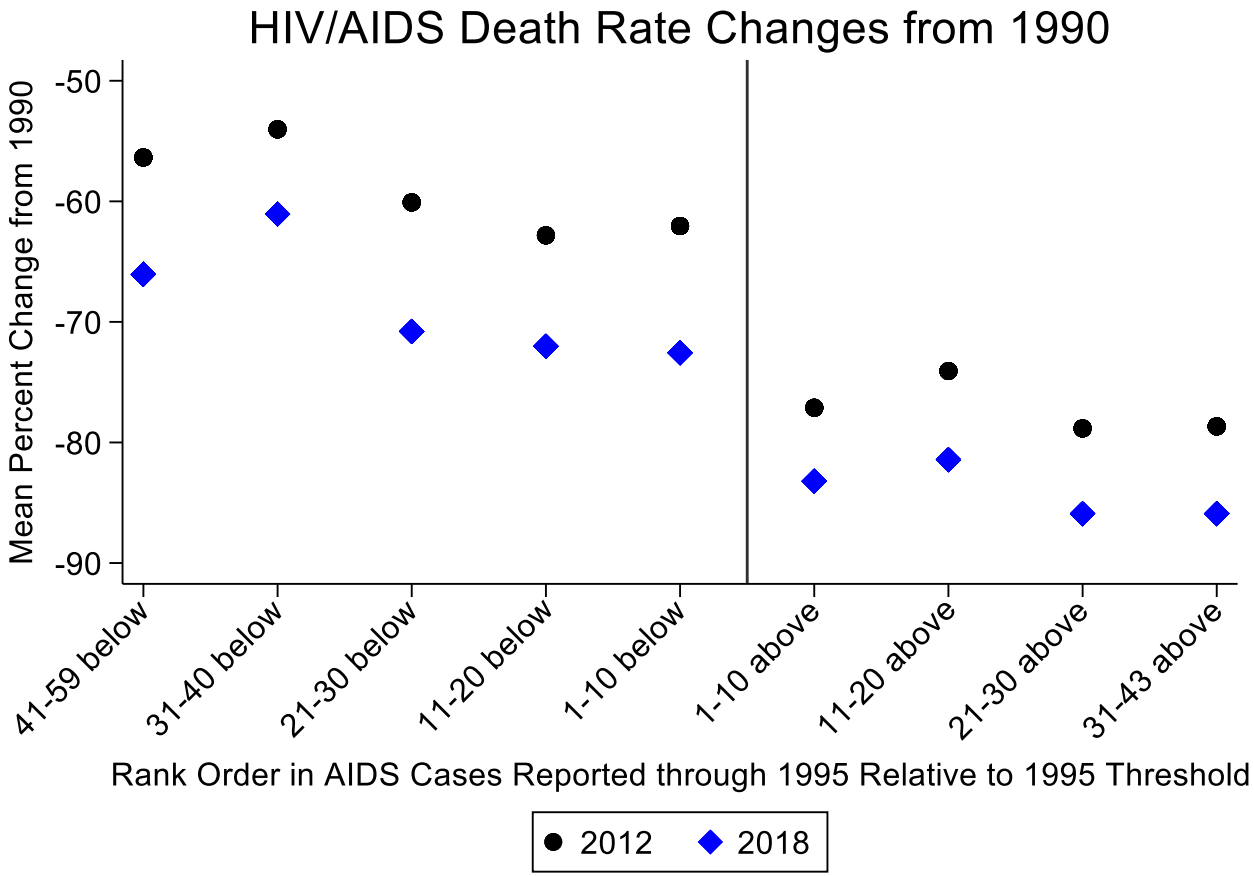
rule change + grandfather clause + treatment timing/nature

➔ large funding differences orthogonal to need

Corresponding Differences in Progress



Differences Persist through Today



Estimated Total Lives Saved: Approximately 60,000 through 2018

Federal City-Level Spending per Live Saved: $314,000

Demography (2021)
DOI 10.1215/00703370-9429469 © 2021 The Authors

ADVANCE PUBLICATION

Effects of the Affordable Care Act Dependent Coverage Mandate on Health Insurance Coverage for Individuals in Same-Sex Couples

Christopher S. Carpenter, Gilbert Gonzales, Tara McKay, and Dario Sansone

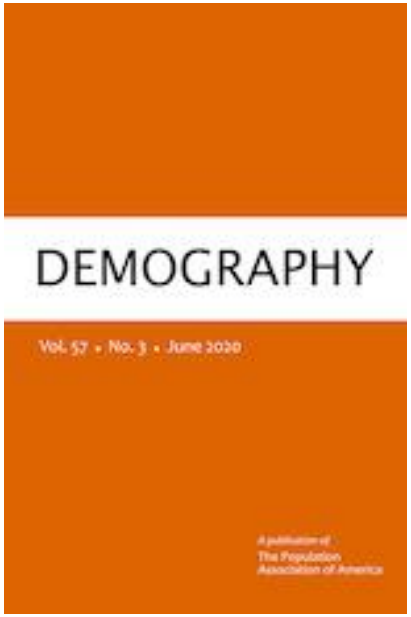
ABSTRACT A large body of research documents that the 2010 dependent coverage mandate of the U.S. Affordable Care Act was responsible for significantly increasing health insurance coverage among young adults. No prior research has examined whether sexual minority young adults also benefitted from the dependent coverage mandate despite previous studies showing lower health insurance coverage among sexual minorities. Our estimates from the American Community Survey, using difference-in-differences and event study models, show that men in same-sex couples aged 21–25 experienced a significantly greater increase in the likelihood of having any health insurance after 2010 than older, 27- to 31-year-old men in same-sex couples. This increase is concentrated among employer-sponsored insurance, and it is robust to permutations of periods and age groups. Effects for women in same-sex couples and men in different-sex couples are smaller than the associated effects for men in same-sex couples. These findings confirm the broad effects of expanded dependent coverage and suggest that eliminating the federal dependent mandate could reduce health insurance coverage among young adult sexual minorities in same-sex couples.

KEYWORDS Affordable Care Act • Health insurance • Dependent coverage • Sexual minority • LGBTQ

Introduction and Motivation

Substantial research has documented that sexual minorities (lesbian women, gay men, bisexual individuals, and other nonheterosexual populations) have worse health outcomes, including increased prevalence of mental health and substance use disorders; HIV infection; and risk factors for chronic diseases, such as cigarette smoking and heavy alcohol consumption (Boehmer 2002; Bostwick et al. 2010; Carpenter and Sansone 2021; Cochran et al. 2013; Gonzales and Henning-Smith 2017; Gonzales et al. 2016; Gorman et al. 2015; Hatzenbuehler et al. 2008; Meyer 1995). Despite having greater health care needs, sexual minorities also experience barriers to medical care, given that they are more likely to be uninsured and delay or forgo med-

ELECTRONIC SUPPLEMENTARY MATERIAL The online version of this article (https://doi.org/10.1215/00703370-9429469) contains supplementary material.

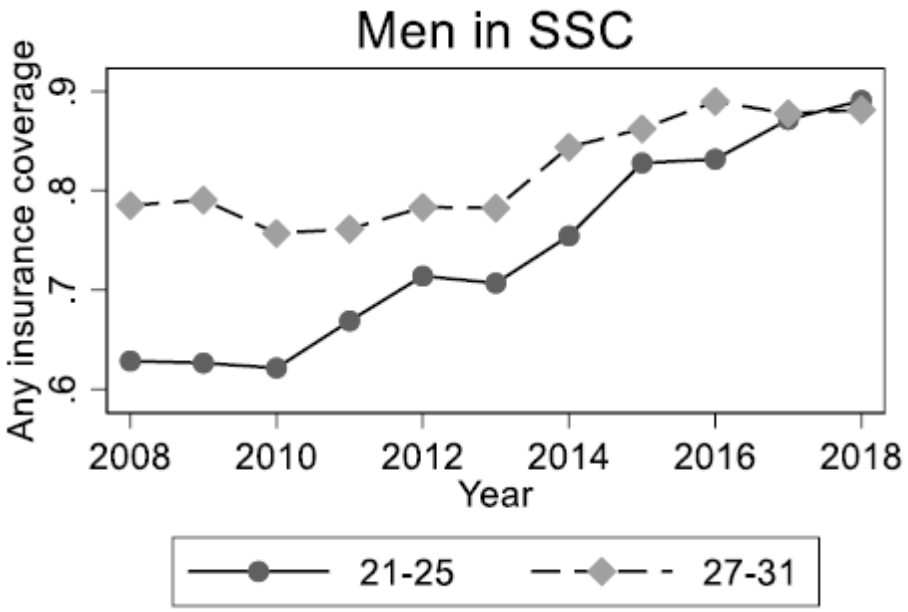


ACA Dependent Mandate

- 2010 provision of ACA
- Required private insurance plans to allow parents to keep children covered on family plan up to and including age 25.
- Officially went into effect September 2010.

- Difference-in-differences design: Compare outcomes for 21-25 year olds to those for 27-31 year olds before and after 2010.

Figure 1: Pr(any health insurance)



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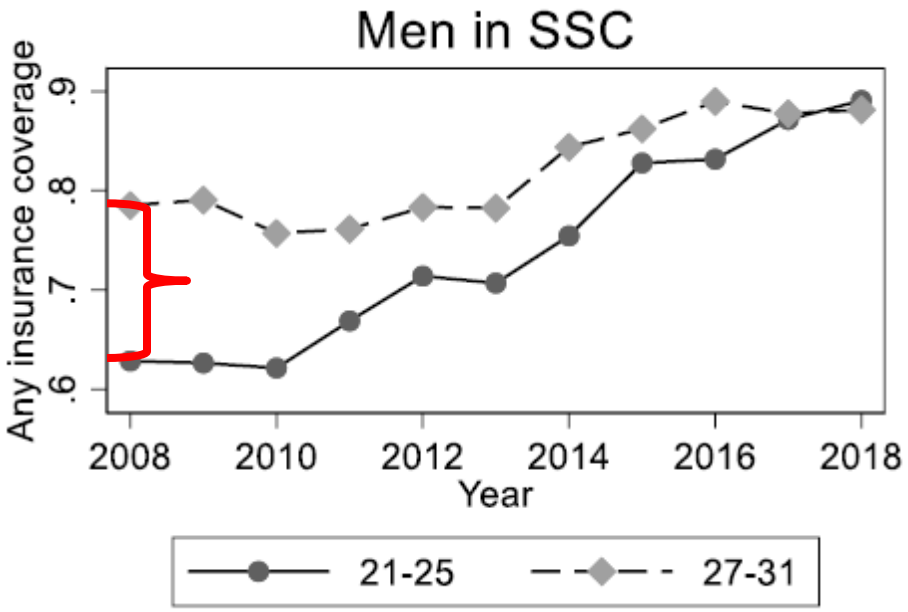

Older individuals are more likely to be insured than younger individuals

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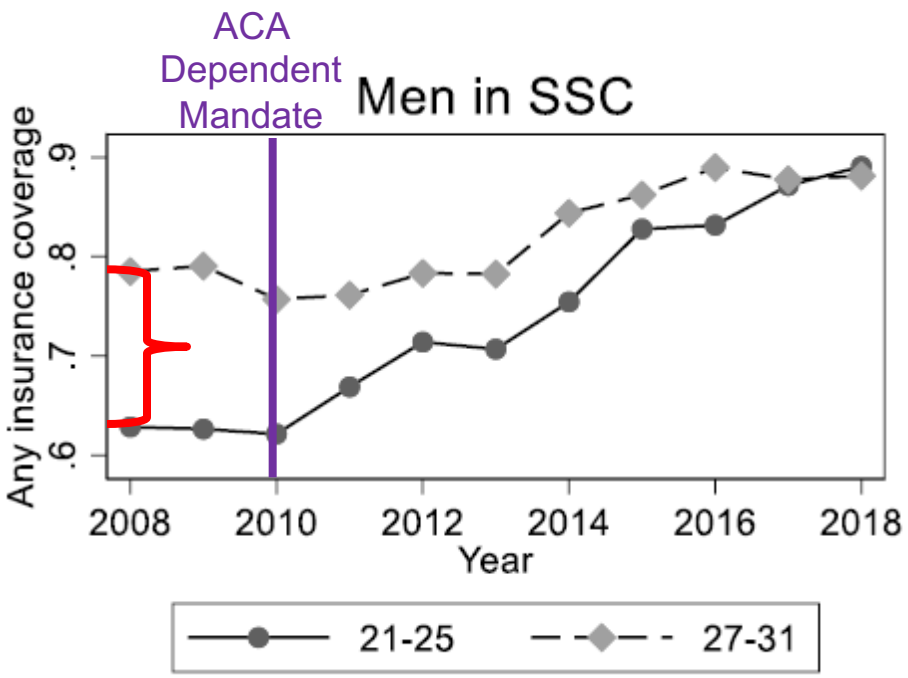

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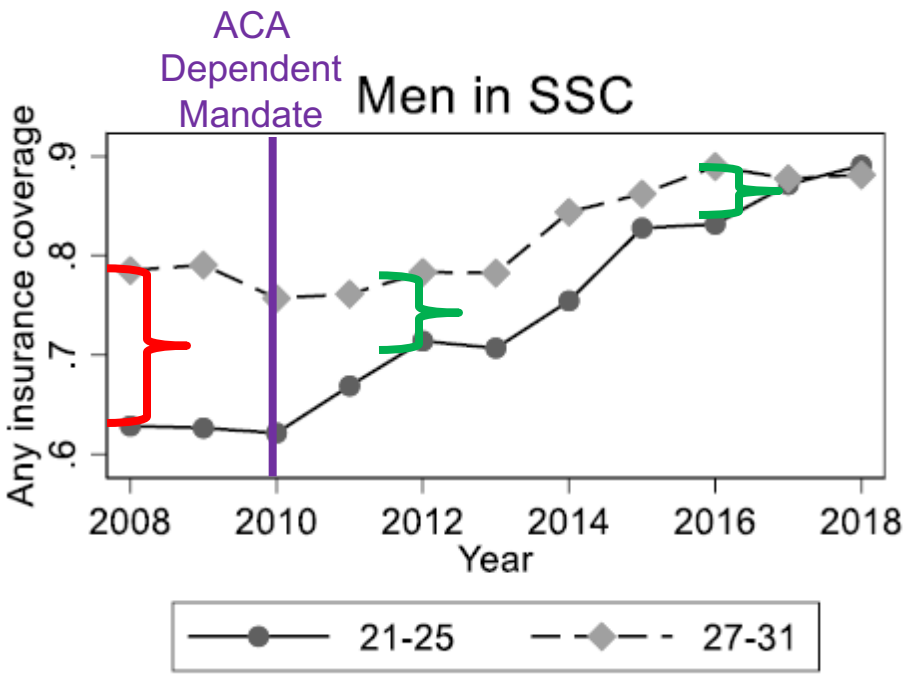

Key: the age-based gap started to fall on/after 2011, consistent with a role for ACA dependent coverage provision

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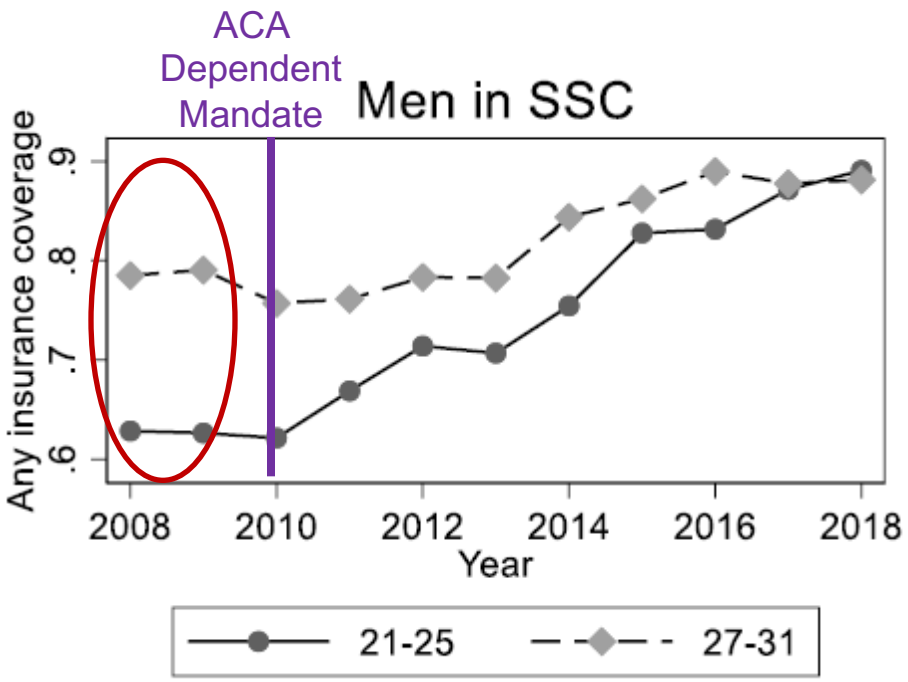
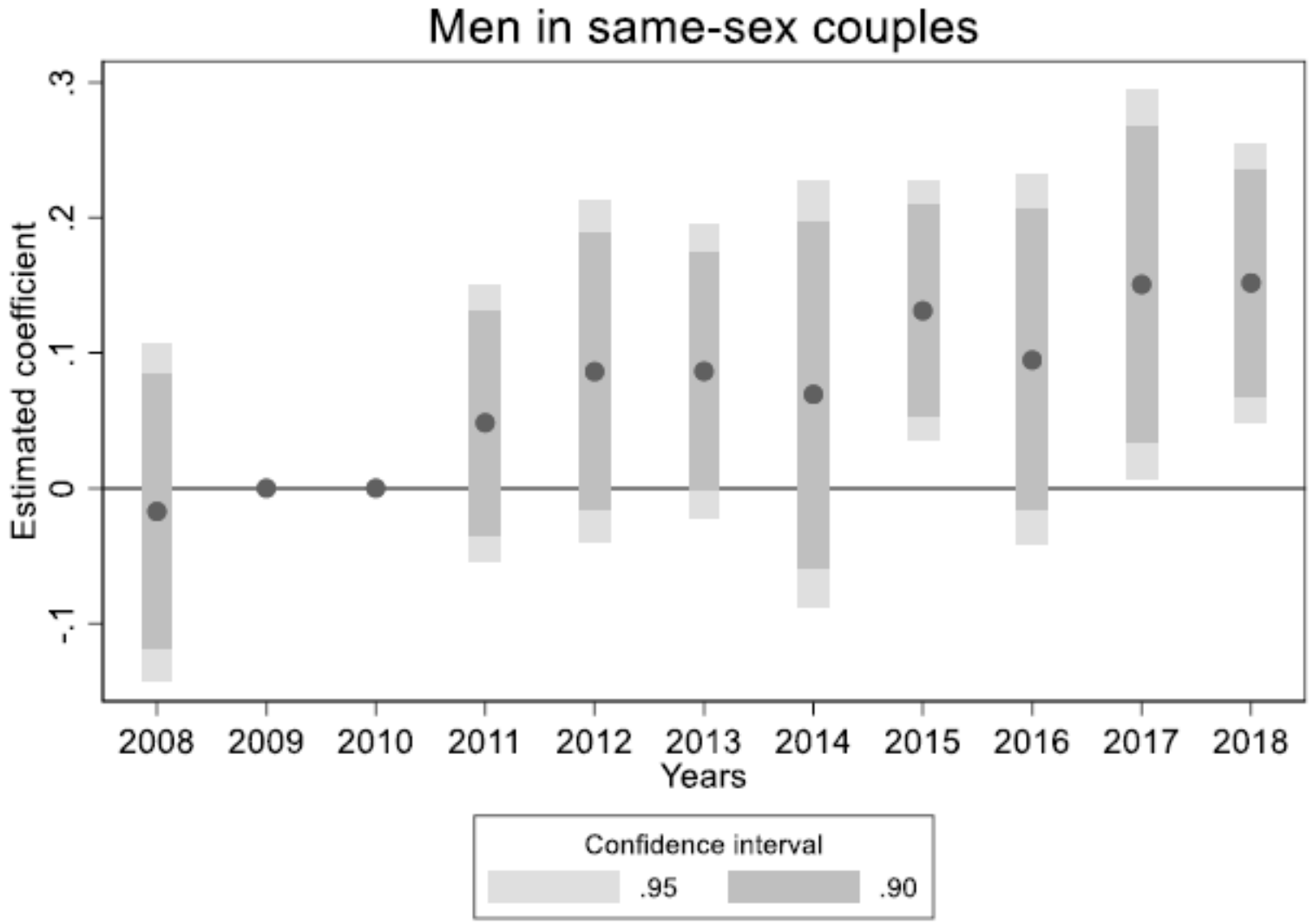


And: No strong evidence of differential pre-treatment trends.

Figure 3: Event study, any insurance



Summary

- LGBTQ+ people are important and understudied.
- Economists' focus on understanding behavior/tradeoffs and expertise with causal empirical methods → we can play a key role in understanding LGBTQ+ disparities.
- Continued data improvements and growing funding attention → exciting opportunities for health economists to study LGBTQ+ people.

Punchline: Health economists (and not just LGBTQ+ health economists) should study LGBTQ+ people.

Thank you!

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