Supplemental Information on Union Membership at Individual Level

The protocol on union membership addresses the goal of measuring community (e.g., state, metro-area, or county) level union membership for the purpose of estimating contextual-effects on health outcomes. This hypothesis draws on the premise that prevalence of union membership in a community has multiple direct and indirect effects on health care coverage and benefits. This includes predicted benefits for non-union workers and their families because non-union employers must wholly or partially match union employers on health benefits to attract and retain the best employees and/or to minimize union organizing activities at the employment site.

Researchers may also wish to assess the direct impact of union membership on health outcomes at the level of individual persons and families. One potential goal would be to assess the hypothesis that unions secure better health benefits for union members and in so doing promote better health outcomes for union members and their families. Unfortunately, the combination of detailed health information and direct measurement of union membership is uncommon. The major population health data sets distributed b the National Center for Health Statistics (e.g., the National Health and Nutrition Examination Survey, the National Health Interview Survey, and the National Survey of Family Growth) do not directly measure union membership.[[1]](#footnote-1) Similarly, the most comprehensive source for union membership over time and geography – the Bureau of Labor Statistic’s Current Population Survey, does not include any health measures.[[2]](#footnote-2)

One important national survey data set, the National Opinion Research Center’s General Social Survey (Smith et al 2017), does include the combination of a measure of self-rated health and a measure of union membership. Reynolds and Brady (2012) analyzed the GSS data to assess the impact of union membership on health and found positive effects in certain logistic regression analyses. Their finding was sensitive to the specific model specification used but they concluded the most appropriate model specifications provided support for the finding of a positive effect.

The GSS variable “UNION” is measured by the question “Do you (or your [SPOUSE]) belong to a labor union? (Who?)” coding answers as 1 Yes respondent (or spouse) belongs, 2 Both belong, or 3 Neither belongs.

The Current Population Survey assesses union membership for “employed wage and salary workers” if they answer “yes” either of the following two questions

“On this job, are you a member of a labor union or of an employee association similar to a union?”

“On this job, are you covered by a union or employee association contract?” (asked only of persons responding “no” to the first question)

The CPS classifies respondents as represented by a union if they answer “yes” to either of the two questions and “nonunion” if they answer “no” to both questions. Because it is a household level survey, the person records in the household can be used to assign union coverage to other family members that are living in the household.

The GSS is a survey of non-institutional adults and is not suitable for analyses focusing on children or household members who are not the survey respondent. In comparison to the CPS, the GSS measurement of union membership is narrow as it fails to identify individuals who are covered by union representation but are not personally members of unions.

Researchers investigating health outcomes for all family members including children would want to consider two issues when crafting a union membership/coverage question. The first issue to consider is whether to adapt the question for assess dependents (as well as spouses) by asking if the parent or guardian of the child (or other dependent) is a member of a union. If the survey is a household level survey, the assignment might be achieved by processing the person records for the household. The second issue to consider is whether to adopt the more expansive approach to measuring union coverage used by the CPS which allows the research to investigate both narrow (based on direct union membership only) and broad definitions of union coverage.

One caution regarding research seeking to assess the individual-level effect of union membership is that the individual-level effect can potentially be conflated with the contextual-level effect of union membership. An ideal research design would employ a multi-level analysis that simultaneously assess both individual-level and contextual-level effects of union membership. This would appear to be potentially feasible with available data. One option would be to use the restricted version of the GSS which identifies metro areas and merge in CPS-based union membership rates for metro areas.

Selected References

Smith, Tom W., Davern, Michael, Freese, Jeremy, and Hout, Michael. General Social Surveys, 1972-2016. [machine-readable data file]. Principal Investigator, Tom W. Smith; Co-Principal Investigators, Peter V. Marsden and Michael Hout, NORC ed. Chicago: NORC, 2017. 1 data file (62,466 logical records) and 1 codebook (3,689 pp)

Reynolds, Megan and David Brady. 2012. “Bringing You More than the Weekend: Union Membership and Self-Rated Health in the United States.” *Social Forces* 90(3):1023-1049.

1. The NHIS does include a question on how health benefit plans were purchased and including “through a union” as one response item. Unfortunately, this is a poor surrogate for union membership. Technical documentation on these NCHS data sets is available at the following link. <https://www.cdc.gov/nchs/surveys.htm#tabs-1-1> [↑](#footnote-ref-1)
2. Technical documentation on the CPS is available at the following link: <https://www.bls.gov/cps/documentation.htm> [↑](#footnote-ref-2)