

# Disparities in Health Insurance and the Intersection of Race/Ethnicity, Sexuality, and Gender Identity

Dina Alnabulsi | Department of Sociology

Ryan Talbert | Department of Sociology

## INTRODUCTION

- Health insurance improves health, increases health care utilization, and enhances health behaviors (Kattih, N., 2022)
- Despite its benefits, marginalized social groups are less likely to have insurance and more likely to be denied coverage (Artiga et al. 2022)
- This study examines the association between healthcare insurance coverage and coverage denial and intersections of race, ethnicity, sexual orientation, and gender identity

## BACKGROUND AND THEORY

- Intersectionality Theory (Collins and Bilge 2020; Crenshaw 1989)
- Emphasizes differences in power, exposure to risk, and access to resources across race, ethnicity, sexuality, and gender that lead to disparities in health coverage
- Leads us to expect that interactions of oppressive social structures leave groups at marginalized intersections with less access to healthcare

## METHODOLOGY

- Data are extracted from the 2021 Behavioral Risk Factor Surveillance System (n=305,832)
- Nationally representative, telephone-based, random dial survey of noninstitutionalized adults
- The world's largest on-going telephone health survey and tracks health conditions and risk behaviors among adults across the U.S.

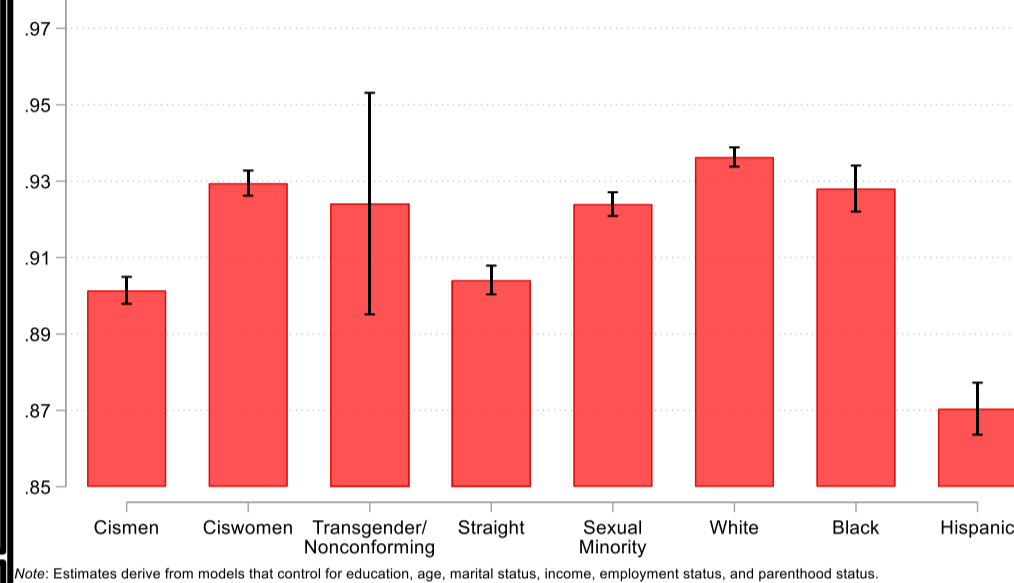
### Dependent Variables

- Covered by any insurance plan (yes=1)
- Type of insurance (1) employer-based, (2) private, (3) public, or (4) none

### Key Independent Variables

- Race/ethnicity: White, Black, or Hispanic
- Gender Identity: Cismen, ciswomen, or Transgender/gender nonconforming
- Sexual Orientation: Straight or sexual minority

Figure 1: Predicted Probability of Having Insurance for U.S. Adults in the Behavioral Risk Factor Surveillance System, 2021.



## RESULTS

- Hispanic adults are less likely to have insurance in comparison to White and Black adults
- Straight adults are also less likely to be insured in comparison to sexual minorities and transgender/nonconforming adults
- Transgender/nonconforming adults are more likely to have public insurance
- Hispanic straight cis men are the least likely to have insurance
- Black trans sexual minority adults appear to be most likely to have insurance, but it is often private or public insurance
- Trans adults are more likely to have public insurance if they are of color

## DISCUSSION

- Hispanic adults overall appear to have the lowest probability of attaining health care insurance. However, sexual minorities and trans adults who are Hispanic appear to have a slightly higher probability of having insurance
- Under the lens of the intersectionality theory this does show that being Hispanic and a sexual minority does bring disadvantage compared to other racial groups and their intersections
- However, it does appear that for each racial group straight men with each intersection of race and sexual orientation are less likely to be insured
- White adults regardless of their gender identity and sexual orientation are more likely to be insured than Black and Hispanic adults with their intersections included

Figure 3: Predicted Probability of Having Insurance for U.S. Adults across Intersectional Statuses in the Behavioral Risk Factor Surveillance System, 2021.

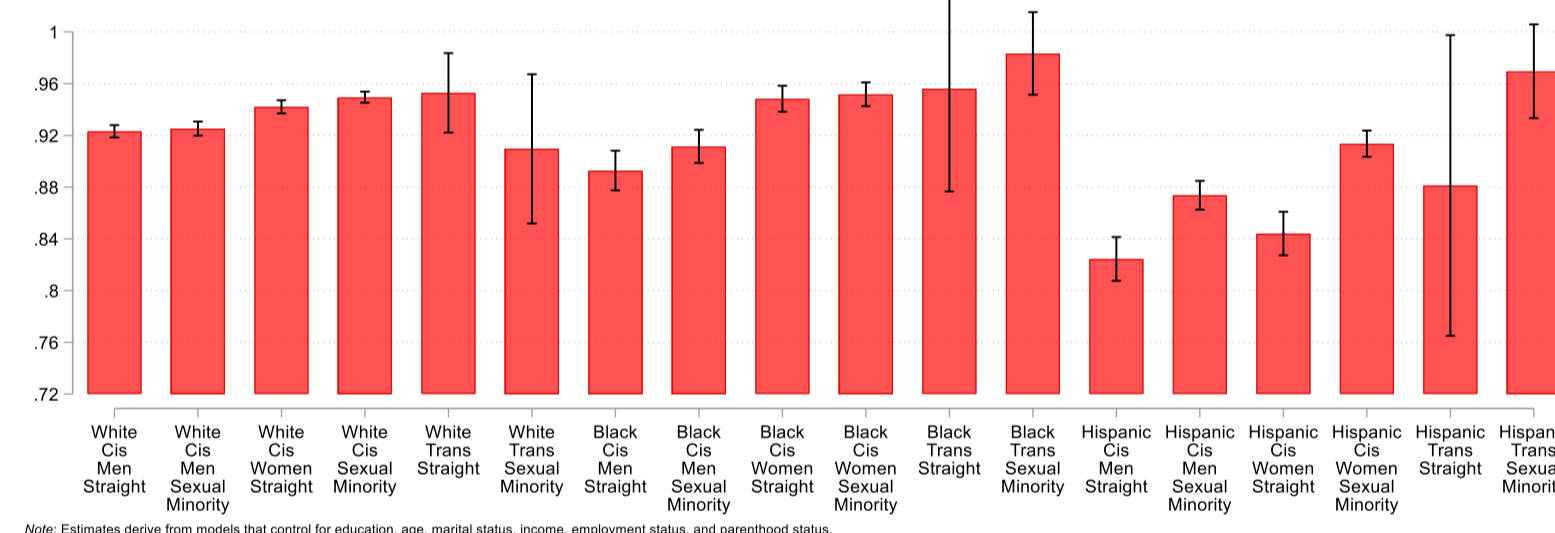
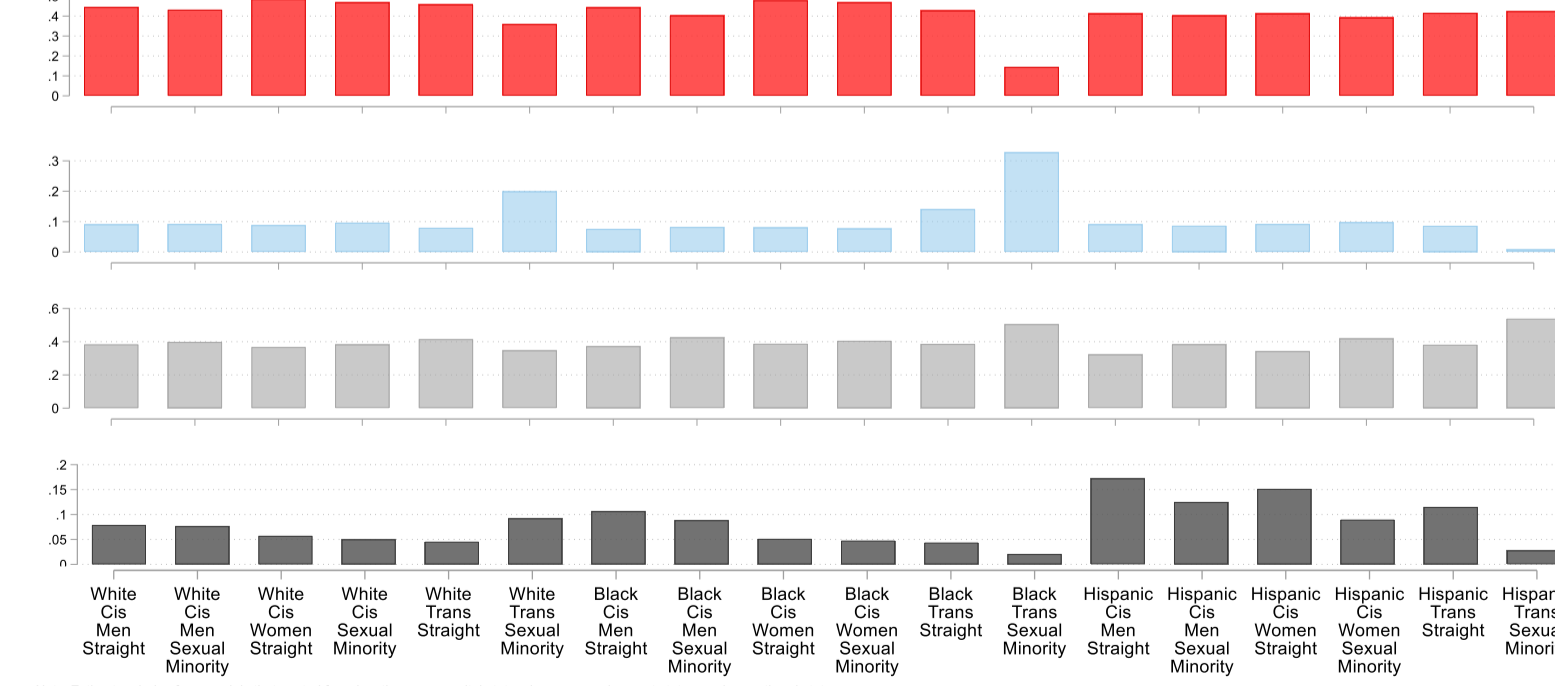


Figure 4D: Predicted Probability of Having No Insurance for U.S. Adults across Intersectional Statuses in the Behavioral Risk Factor Surveillance System, 2021.



## CONCLUSIONS

- Ethnoracial inequalities exist in access to quality health insurance most especially for trans adults
- Equitable access to health coverage is essential to ameliorate health disparities across social groups
- Policies and programs should direct attention to intersectionally marginalized groups that have reduced access to health care

Figure 2: Predicted Probability of Insurance Type for U.S. Adults in the Behavioral Risk Factor Surveillance System, 2021.

