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

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

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