

# Final Report

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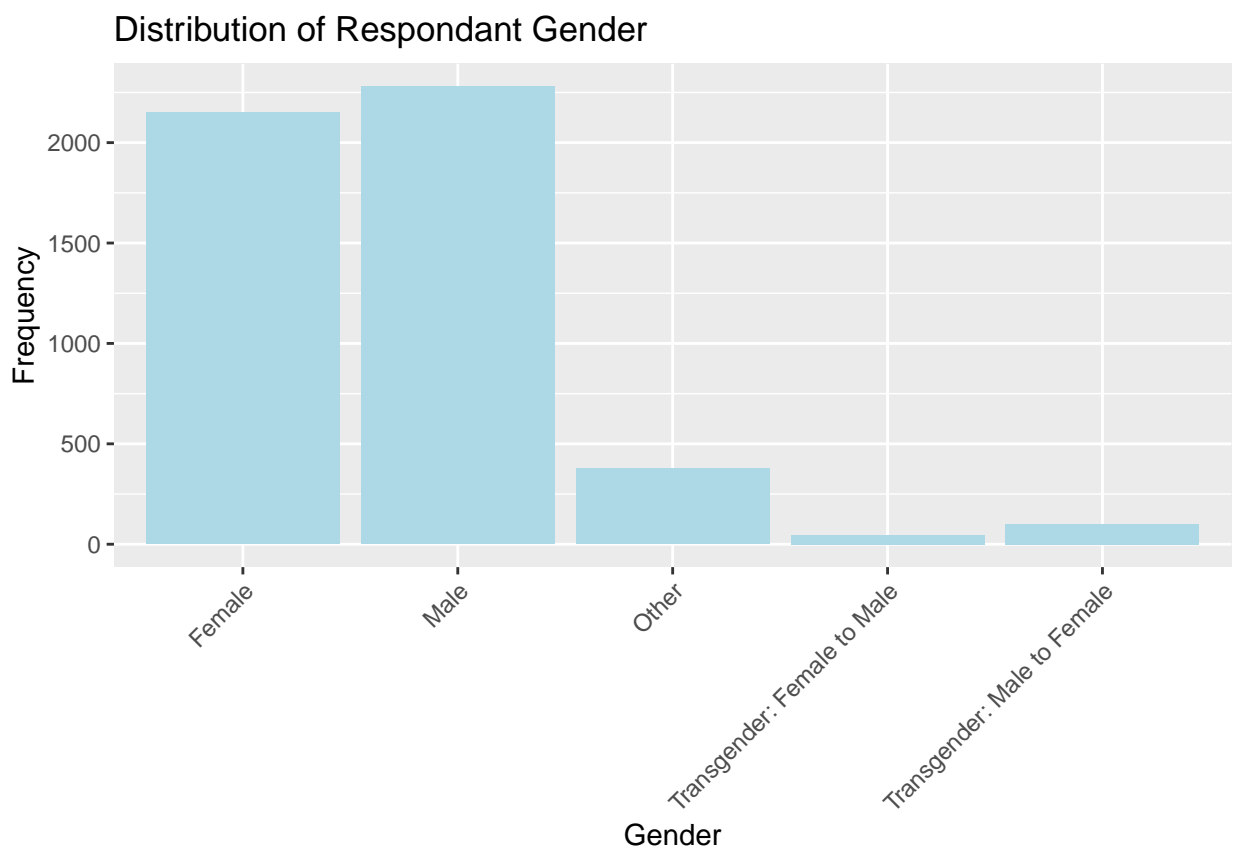
## Load Packages

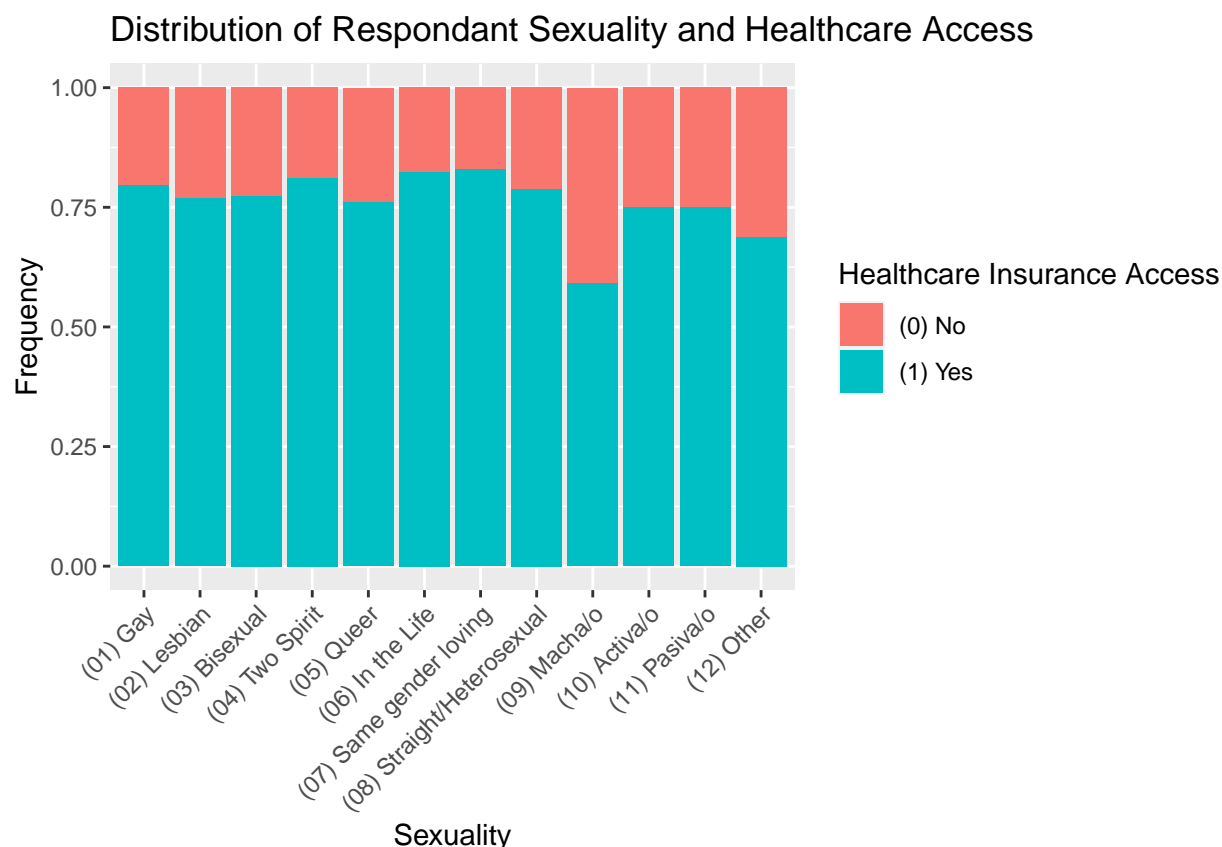
```
library(tidyverse)
library(readxl)
library(dbplyr)
library(ggplot2)
```

## Load Data

```
load(file = "~/sta198/Jackie-Fan-Club/data/ICPSR_34363/DS0001/34363-0001-Data.rda")
#rename file
data <- da34363.0001
```

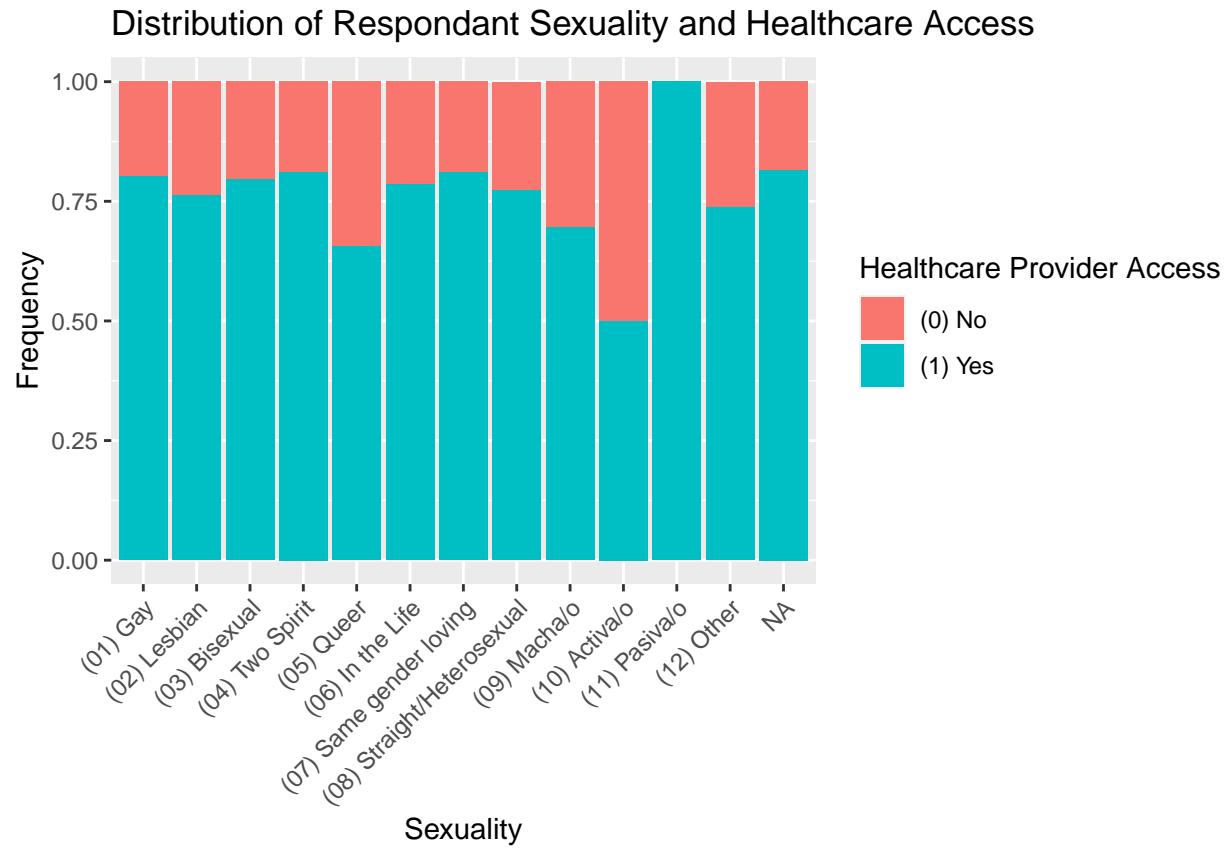
Data Citation: Battle, Juan, Pastrana, Antonio Jay, and Daniels, Jessie. Social Justice Sexuality Project: 2010 National Survey, including Puerto Rico. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor], 2013-08-09. <https://doi.org/10.3886/ICPSR34363.v1>

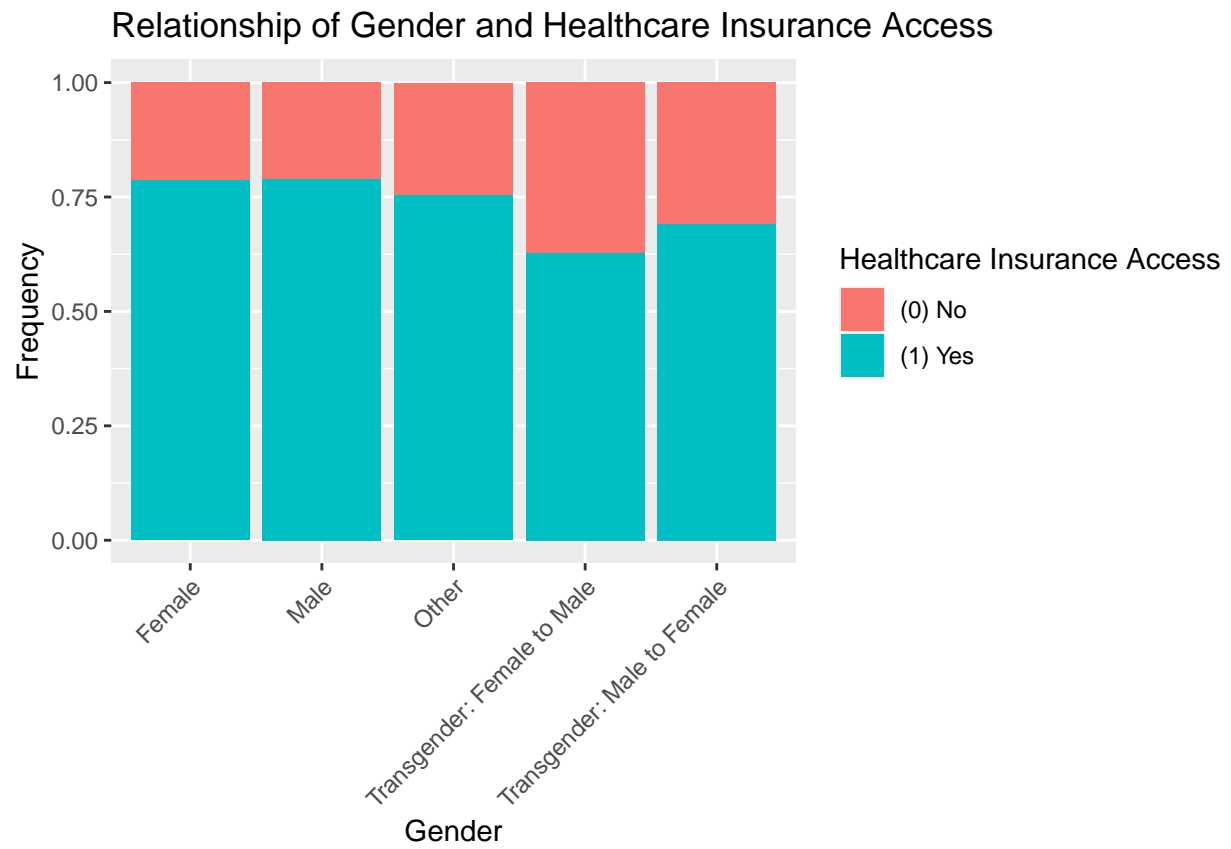


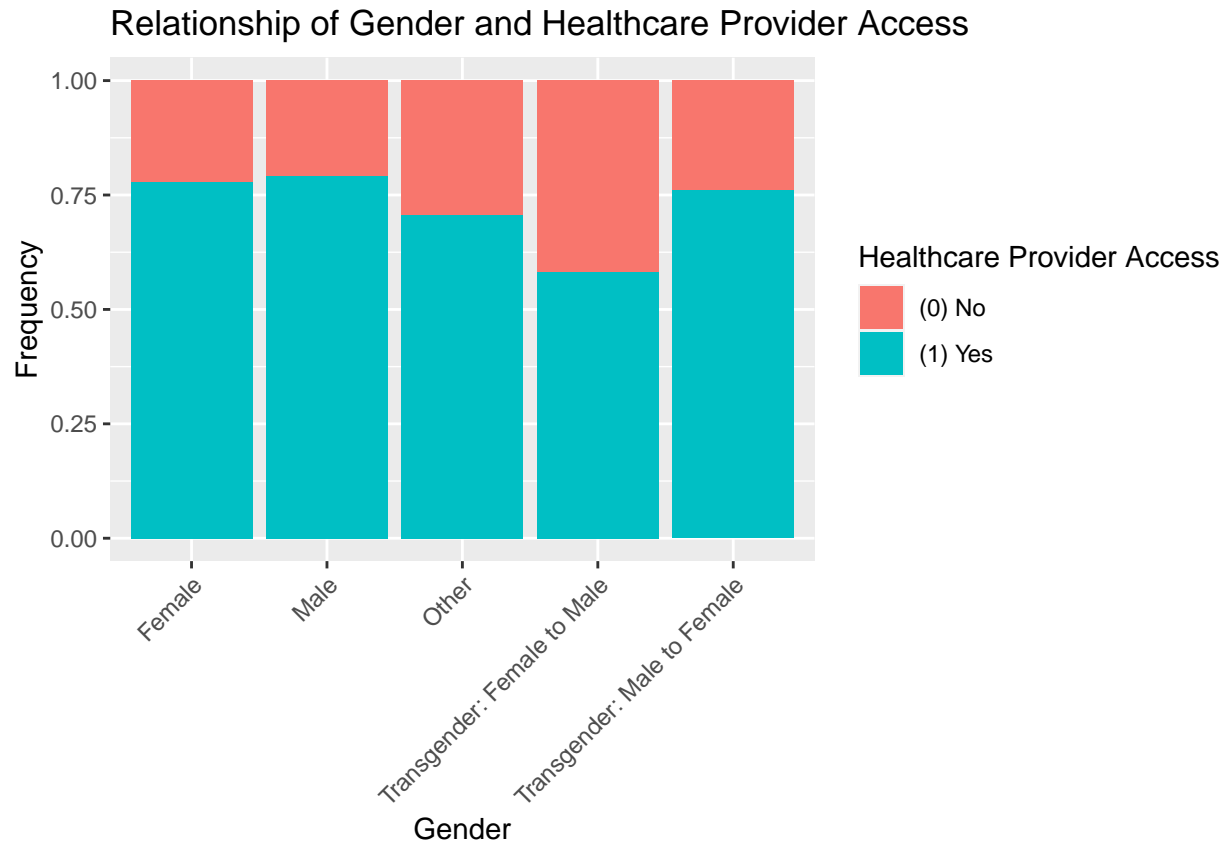


We used a segmented bar graph to visualize sexuality of respondents and their access to healthcare. The differences are not so visually distinct, especially when attempting to compare straight/heterosexual individuals to other historically and presently marginalized sexual identities. This is especially so in groups with many NA responses. In addition, the multitude of identities of sexuality which also may overlap or have culturally distinct attributes may complicate data analysis. The respondents are also prompted to choose only one identity, to the question “Which one label comes closest to how you describe your sexual identity?”

In the second visualization of sexuality and access to healthcare, we visualized the with NA values removed. This helps us more clearly visualize the data. We can see more clearly that the group with least health insurance access is those identifying as macha/o.







In the above segmented bar graphs, respondents respond to “Do you have health insurance?” and “Do you have a regular doctor or health care provider?”, respectively. The visualizations show that a greater percentage of transgender individuals answered “no” than cisgender individuals. The greatest percentage of “no” responses came from the group of F2M transgender individuals. Also, when comparing the gender groups, note that there are more missing values for transgendered individuals than cisgendered respondents for both access to insurance and regular healthcare provider, which may provide more insight to the disparity. It appears that one’s gender identity may have a relationship to access to healthcare.