HUMAN RIGHTS CAMPAIGN FOUNDATION

LGBTQ+ HEALTH EQUITY & COVID-19: VACCINES, BOOSTERS AND PATHWAYS TO POSITIVE LONG-TERM HEALTH

Last updated 3/24/22

For the past two years, the COVID-19 pandemic has fundamentally altered many aspects of life across the globe. New research by the Human Rights Campaign (HRC) Foundation shows that not only do vaccination rates continue to remain high among LGBTQ+ respondents relative to the general population, but LGBTQ+ adults are more likely to have received a COVID-19 vaccine booster as well. As further detailed below, a supermajority (79%) of LGBTQ+ adults surveyed in the United States have received a COVID-19 booster vaccination, with an additional 17% planning to receive one or having an appointment to receive one in the future, substantially higher than the 48% of US adults who have received a booster. Despite high vaccination rates, however, BIPOC LGBTQ+ people are more likely than their white peers to have tested positive for COVID-19. Many LGBTQ+ people continue to have concerns about their health and the health of their loved ones. Leaning in on LGBTQ+ inclusive practices in health care will help ensure greater pathways to a healthy community in the long-term.

The following research presents results from a survey developed in partnership between the HRC Foundation and Community Marketing and Insights (CMI) with support from The Rockefeller Foundation. The data come from the Project's second of three waves in a longitudinal survey of 1,688 LGBTQ+ adults throughout the United States. To date, two waves have been conducted: one in July 2021, enrolling 1,688 LGBTQ+ adult participants, results of which were detailed in a brief released in November 2021. The second wave, which is the focus of this brief, was conducted in February 2022, and enrolled 1,310 participants, or 78% of the original group of 1,688. A third wave will be conducted in late March/early April 2022.

COVID-19 ILLNESS AND LGBTQ+ PEOPLE

In March 2020, HRC Foundation released a report detailing some of the unique health risks facing the LGBTQ+ community as the pandemic began to unfold. For example, smoking is believed to increase the risk of contracting a more severe case of COVID-19 and LGBTQ+ people in the United States are much more likely than the general population to smoke. In this report, HRC Foundation analyzed 2018 BRFSS data and found that 37% of LGBTQ+ adults who smoke do so every day, compared to 27% of non-LGBTQ+ people. In addition, noting that those with asthma are considered at high risk of severe symptoms as a result of COVID-19, this report highlighted that 21% of LGBTQ+ adults have asthma, compared to 14% of non-LGBTQ+ people, further increasing vulnerability to COVID-19.

HUMAN RIGHTS CAMPAIGN FOUNDATION

The present analysis shows the extent to which COVID-19 has had a health toll on the community, approximately two years into the pandemic. Overall, almost a quarter of LGBTQ+ people had tested positive for Covid at least once since February 2022 This is higher, though only slightly, than the 21% who had tested positive in the first wave of data collection. BIPOC LGBTQ+ people were more likely to report having the virus than white LGBTQ+ people, with further differences found by individual race/ethnicity Overall, Native American LGBTQ+ people were most likely to report testing positive for COVID-19, reported by almost half (45%) of all Native American LGTBQ+ respondents in the sample. Black and Latinx LGBTQ+ people were also more likely than white LGBTQ+ people to test positive for COVID-19. Asian/Asian Pacific Islander LGBTQ+ adults, and White LGBTQ+ adults, were equally likely to have tested positive (both at 21%).

- **24%** [21%, 26%] of LGBTQ+ people report they have tested positive for COVID-19 since February 2020.
  - Native American: **45%** [26%, 65%]
  - Latinx: **29%** [23%, 36%]
  - Black: **28%** [22%, 36%]
  - Asian/Asian Pacific Islander: **21%** [18%, 32%]
  - White: **21%** [17%, 25%]

VACCINES AND BOOSTERS

- Over **nine in ten (93%)** respondents are fully vaccinated. An additional 3% have received at least the first dose of a two-dose vaccine.
  - **93%** are fully vaccinated, including
    - 85% [82%, 87%] Received both doses of two-dose vaccine.
    - 8% [6%, 10%] Received one-dose vaccine.
  - **3%** [2%, 5%] are partially vaccinated, having received only the first dose of a two-dose vaccine.
  - **4%** [3%, 5%] are unvaccinated and have not received any vaccine doses.
- Less than 1 in 10 respondents in each racial/ethnic group are unvaccinated, though there are small differences.
  - **8%** [5%, 14%] Black LGBTQ+ respondents are unvaccinated.
  - **4%** [1%, 2%] Native American LGBTQ+
  - **4%** [2%, 8%] Latinx LGBTQ+
  - **3%** [2%, 5%] white LGBTQ+
  - **2%** [<1%, 6%] Asian/Asian Pacific Islander LGBTQ+
- Among the vaccinated LGBTQ+ respondents, a **supermajority** (79%) have received a booster shot for the COVID-19 vaccine, and **almost a fifth** (17%) have plans and/or an appointment to receive one. Less than 1 in 20 had no plans to get boosted. There were no differences in booster rates across race/ethnicity.
  - **79%** [76%, 81%] Received COVID-19 booster.
  - **15%** [13%, 18%] Have not received a booster, but plan to receive one.

HUMAN RIGHTS CAMPAIGN FOUNDATION

- **2%** [1%, 3%] Have not received a booster, but have an appointment to receive one.
- **4%** [3%, 6%] Have not received a booster, and do not plan to receive one.

EXPERIENCES WITH LGBTQ+ INCLUSIVE VACCINATION AND BOOSTER SITES

Inclusive spaces in healthcare prove critical for the health of LGBTQ+ people, and **42%** [38%, 45%] said they strongly agreed that the place where they received their last booster or vaccine was LGBTQ+ inclusive. Transgender people were less likely (**37%** [28%, 46%]) than LGBTQ+ people overall to strongly agree that the place where they received their last vaccine or booster was LGBTQ+ inclusive.

REASONS FOR VACCINATING

Some of the most commonly endorsed reasons LGBTQ+ people chose for why they received a vaccine, defined as answering "a lot" in response to the question prompt "to what extent would you say the below reasons were and important reason for you to get vaccinated?" were related to protecting the health of themselves and others. Other important reasons included support for healthcare professionals, protecting other members of the LGBTQ+ community and believing in the science behind the vaccines.

- **88%** [85%, 90%] said they received a vaccine to protect their health.
- **82%** [80%, 85%] said they received a vaccine to prevent others from getting sick.
- **80%** [77%, 83%] believe in the science behind the COVID-19 vaccines.
- **78%** [76%, 81%] said they wanted to protect the people they live with.
- **75%** [72%, 77%] want to protect themselves from new variants.
- **60%** [57%, 64%] believe it is important to protect the LGBTQ+ community.
- **59%** [56%, 62%] said they received a vaccine in order to be safe at work.
- **47%** [44%, 50%] said they wanted to show support for healthcare workers.

LESSONS FROM THE HIV EPIDEMIC

The parallels to HIV/AIDS and the COVID-19 pandemic are alarmingly similar as those bearing much of the brunt of the crisis are Black and Brown people. Many LGBTQ+ people, about four in ten, said that the LGBTQ+ community's experience with the HIV epidemic shaped their decision to get vaccinated. Overall, **24%** [22%, 27%] strongly agreed the HIV epidemic influenced their decision and **17%** [15%,20%] somewhat agreed.

ONGOING CONCERNS

The LGBTQ+ community continues to express strong concerns with the pandemic, especially with regards to morbidity and mortality. The most frequently reported concerns were the

HUMAN RIGHTS CAMPAIGN FOUNDATION

fear that a loved one would die from a new variant (**43%** [40%, 46%]) or that the respondent themself would become sick due to a new variant (**39%** [36%, 42%]). While many LGBTQ+ people are vaccinated, many fear the vaccinations will not protect them from new variants (**21%** [18%, 23%]).

Economic fears also continue to concern the LGBTQ+ community. A substantial number of LGBTQ+ people reported concerns about losing income (23% [20%, 26%]. A large body of research shows how the COVID-19 pandemic decimated the economic well-being of the LGBTQ+ community, further underscoring the need to prioritize economic health as much as physical or mental health.

Some LGBTQ+ people also fear that restrictions will increase again (**16%** [15%, 19%]). Likewise, some fear that a lockdown will resume (**15%** [13%, 18%]). This is perhaps unsurprising, given that this data was collected at the tail end of the spikes in cases and, in some locations, restrictions, in response to the Delta and Omicron waves.

One-third (**33%**, [31%, 37%]) of LGBTQ+ people think that COVID-19 will be a part of life and never something the world moves past. However, **a majority** of LGBTQ+ people think the world will move past the pandemic within the next five years.

When respondents were asked when they believed "the pandemic will be behind us" they answered as follows:

- **33%** [31%, 37%] Never, the pandemic will be a part of life.
- **7%** [5%, 8%] Sometime in the next year.
- **17%** [15%, 20%] Between one and less than two years.
- **19%** [16%, 21%] Between two and less than three years.
- **12%** [10%, 14%] Between three and less than five years.
- **5%** [4%, 7%] In more than five years.
- **7%** [5%, 9%] Not Sure

A PATH FORWARD

While few LGBTQ+ people believe that the pandemic will end sometime in the next year, cases of the coronavirus have been going down – which is especially critical for BIPOC LGBTQ+ people who have disproportionately tested positive for coronavirus. The decline in cases may largely be attributed to people receiving vaccinations and boosters, something the LGBTQ+ community has done in large numbers to protect their health and the health of their friends, family and loved ones. **We encourage LGBTQ+ people, and all people, to get vaccinated and boosted.** It's a note recognizing medical mistrust in the Black and Brown LGBTQ+ communities. This research is also written to validate this mistrust based on the history of those communities while still encouraging vaccination.

HUMAN RIGHTS CAMPAIGN FOUNDATION

METHODOLOGY

Data

The data come from the LGBTQ+ Health Equity and COVID-19 Project, developed in partnership between the HRC Foundation and Community Marketing and Insights (CMI) with support from The Rockefeller Foundation. In this briefing, data come from the Project's second of three waves of data. To date, two waves have been conducted: one in July 2021, enrolling 1,688 participants. The second wave, used in this report, was fielded in February 2021, and enrolled 1,310 LGBTQ+ adults, or 78% of the original group of 1,688. A third wave will be conducted in late March or early April 2022. Research participants were mostly recruited through CMI's proprietary LGBTQ research panel. HRC Foundation networks were leveraged in some cases for increasingly hard to reach populations, such as young trans people of color.

Potential Limitations

The respondent pool is not fully representative of the "entire LGBTQ community." Instead, readers of this report should view results as a market study on LGBTQ community members who interact with LGBTQ media and organizations. Results do not reflect community members who are more closeted or do not interact much with LGBTQ community organizations. Bi+ people may be underrepresented in the survey, comprising 38% of the analysis (weighted) sample. Gay and lesbian individuals comprise 61% of the unweighted sample. Previous research suggests that Bi+ people have been disproportionately impacted by the pandemic in some cases, so the results may underestimate disparities.

Sample & Weighting

In order to reduce some of the bias due to the nonprobability sampling strategy, HRC Foundation implemented survey weights. Covariates considered for weighting included age and race. HRC Foundation used available population data from the William's Institute as benchmarks for weighting adjustments. Weighting allows the sample to closely mirror the LGBTQ+ adult population based on select demographics. A race distribution of 3% Asian, Native Hawaiian or Pacific Islander, 12% Black or African American, 21% Latinx, 1% Native American, 58% white and 5% multiracial encompassed the race and ethnicity benchmark. As well, an age distribution of 30% aged 18-24, 26% aged 25-34, 36% aged 35-64 and 7% aged 65 and older encompassed the age benchmark.

Construction of the survey weight included a three-step process. First, HRC Foundation created the race and ethnicity (race) weights. Second, HRC Foundation created the age weights. The product of the race and age weights equals the analytical weight used for analysis of data. Below details the process for survey weight creation. Let w_i represent the final analytical weight used for analysis and indexed by *i* for the individual. Let r_i represent the race weight and a_i represent the age weight.

For the construction of r_i and a_i HRC Foundation multiplied the population benchmark value by the inverse of the observed value in our sample (the unweighted sample). Let p_r represent the population proportion benchmark value from the William's Institute data (the percent of the LGBTQ+ population for a given race or ethnicity) and let p_r represent the observed proportion in the sample (the percent of our sample for a given race or ethnicity), indexed by *r* for the race.

Expressed:

$$r_i = p_r(\widehat{p_r^{-1}}) = p_r(\frac{1}{\widehat{p_r}}) = \frac{p_r}{\widehat{p_r}}$$

For age weights the process is similar, indexed by *a* for the age group:

$$a_i = p_a(\widehat{p_a^{-1}}) = p_a(\frac{1}{\widehat{p_a}}) = \frac{p_a}{\widehat{p_a}}$$

HUMAN RIGHTS CAMPAIGN FOUNDATION

Therefore, the final weight equals the product of both r_i and a_i or:

$$
\begin{aligned}
w_i &= r_i a_i \\
&= p_r(\widehat{p_r{}^{-1}})p_a(\widehat{p_a{}^{-1}}) \\
&= p_r(\frac{1}{\widehat{p_r}})p_a(\frac{1}{\widehat{p_a}}) \\
&= \frac{p_r}{\widehat{p_r}}(\frac{p_a}{\widehat{p_a}}) \\
&= w_i
\end{aligned}
$$

Operationalizing Demographics

Race: For race, respondents were asked to select all that applied from a list. Note, a total of N = 9 respondents who identified as Middle Eastern or North African were excluded due to sample size and a lack of weighting benchmarks available. The identities included in the analysis are Asian and Native Hawaiian or Pacific Islander (combined into a single category), Black, Latinx, Native American, or white as their exclusive race or ethnicity. Also, a category was created for multiracial individuals who either indicated multiracial or selected more than once race or ethnicity.

Age: Respondents were asked to identify from a series of age ranges to report their age. Ranges included 18-24, 25-34, 35-44, 45-54, 55-64, and aged 65 and older. For the purposes of weighting, age was operationalized into four categories as defined by the William's Institute: 18-24, 25–34, 35-64, and aged 65 and older.

Gender Identity: Transgender respondents were those who answered "Yes" to the question "Do you personally identify as transgender?"

Sexual Orientation: Respondents were asked "which of the following best describes you personally?" for sexual orientation identification. The following answer choices were available: asexual, bisexual or pansexual, gay or lesbian, heterosexual or straight, something else (specify), or don't know/no answer.

Analyses

All estimates were computed using STATA IC Version 17. All reported proportions, as well as the surrounding 95% Confidence Intervals, are weighted using the survey weights constructed by the HRC Foundation, as described above.