

US LGBTQ+ Community and the COVID-19 Vaccine: Attitudes and Drivers

12 June 2021

Key Findings

- The LGBTQ+ population in the US is **highly accepting** of the COVID-19 vaccine
 - More than **2 in 3** respondents are **already vaccinated**¹
 - **84%** of the remainder want to get the COVID-19 vaccine “**as soon as possible**”
- **Gender minority people**² are more likely to want to get the vaccine as soon as possible, but are **less likely to have already been vaccinated**
- **Wanting to protect others** is the most important reason LGBTQ+ people have gotten or will get vaccinated
- **Previous bad experiences with the healthcare system** is an important driver for LGBTQ+ people who say they will wait to get vaccinated

Background

On March 31, 2021, the Tegan and Sara Foundation fielded an [online survey](#) using their social media platforms and email list (including sharing with more than 30 grantees of the Foundation and over 50 community influencers) to understand experiences with the COVID-19 vaccine within the LGBTQ+ community. LGBTQ+ Americans are more likely to live in poverty and lack access to adequate medical care, paid medical leave, and basic necessities, and all of these issues have been exacerbated by COVID-19.

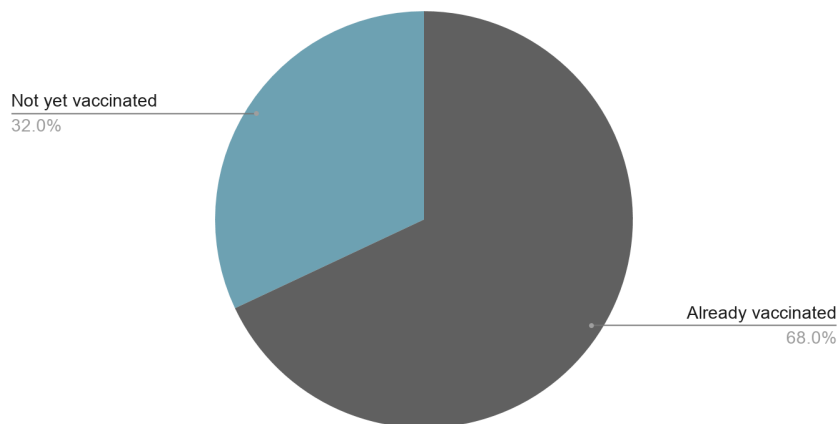
This document presents results of a US-focused analysis of the survey responses between March 31, 2021 and the closing of the survey on April 30, 2021. In that time frame, there were 7744 respondents, of whom **3516** provided a US ZIP Code and are included in the findings below. (The survey was open to all, regardless of location.)

¹ “Already vaccinated” means answering ‘yes’ to the question “Have you received a COVID-19 vaccination?” No data are available on the time passed since vaccination or number of shots received.

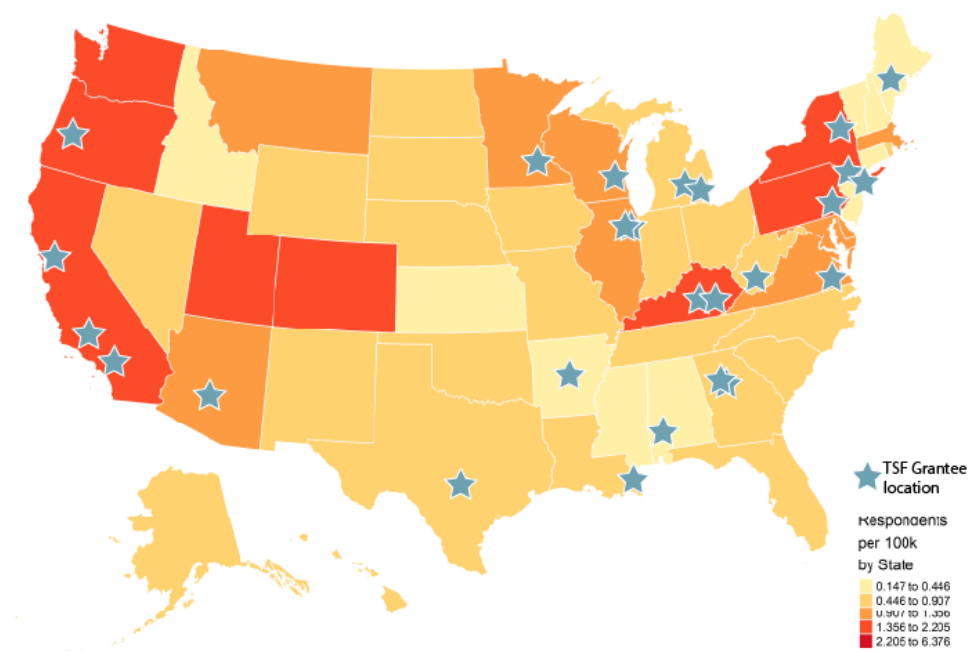
² Defined as people who identified with any of the following: agender, genderqueer, nonbinary, transgender, two-spirit, “a gender not listed.”

Respondent demographics

Vaccination status



Respondent locations



89% (3142 of 3516) of respondents are members of the LGBTQ+ community³.

<u>Sexual orientation⁴</u>		
	Respondents	% vaccinated ⁵
SEXUAL MINORITY ⁶	89% (n=3122)	69%
Asexual	4% (n=149)	54%
Bisexual and/or pansexual	29% (n=1034)	66%
Gay and/or SGL	20% (n=708)	69%
Lesbian	37% (n=1289)	71%
Queer	37% (n=1291)	68%
A sexual orientation not listed ⁷	2% (n=58)	45%
Straight	11% (n=381)	68%

<u>Gender identity⁸</u>		
	Respondents	% vaccinated ⁹
GENDER MINORITY ¹⁰	30% (n=1048)	62%
Nonbinary/ genderqueer ¹¹	25% (n=867)	63%
Transgender	11% (n=381)	59%
A gender not listed ¹²	2% (n=59)	51%
Cisgender	69% (n=2438)	72%

³ Defined as people who identified with any of the following: agender, asexual, bisexual, gay, genderqueer, lesbian, nonbinary, pansexual, queer, same-gender loving, transgender, two-spirit, "a sexual identity not listed," or "a gender not listed."

"Respondents could check as many as applied to them."

⁵ As of the date the respondent completed the survey, which was fielded from March 31 - April 13, 2021.

⁶ Defined as people who identified with any of the following: asexual, bisexual, gay, lesbian, pansexual, queer, same-gender loving, "a sexual orientation not listed."

⁷ For example, polysexual, panromantic, demisexual, or fluid.

⁸ Respondents could check as many as applied to them.

⁹ As of the date the respondent completed the survey, which was fielded from March 31 - April 13, 2021.

¹⁰ Defined as people who identified with any of the following: agender, genderqueer, nonbinary, transgender, two-spirit, "a gender not listed."

¹¹ Defined as people who identified with any of the following: agender, gendequeer, nonbinary, two-spirit.

¹² For example, demigirl, genderfluid, questioning.

<u>Race/ethnicity¹³</u>		
	Respondents	% vaccinated ¹⁴
PERSONS OF COLOR ¹⁵	25% (n=869)	69%
Asian/Pacific Islander ¹⁶	7% (n=241)	72%
Black, African American, or African	4% (n=138)	69%
Hispanic, Latinx, or Spanish	13% (n=452)	68%
Indigenous American ¹⁷	2% (n=71)	58%
Middle Eastern or North African (MENA)	1% (n=41)	68%
White ¹⁸	81% (n=2884)	69%

<u>Age</u>		
	Respondents	% vaccinated ¹⁹
Under 18	4% (n=132)	15%
18-24	16% (n=570)	60%
25-34	43% (n=1514)	71%
35-44	23% (n=795)	76%
45-54	9% (n=316)	73%
55-64	4% (n=141)	84%
65-74	1% (n=39)	97%
75+	0% (n=4)	75%

¹³ Respondents could check as many as applied to them.

¹⁴ As of the date the respondent completed the survey, which was fielded from March 31 - April 13, 2021.

¹⁵ Defined as anyone who identified with any of the following: American Indian or Alaska Native; Asian; Black, African American, or African; Hispanic, Latinx, or Spanish; Indigenous, First Nations, or Aboriginal; Middle Eastern or North African; Native Hawaiian or other Pacific Islander.

¹⁶ Defined as people who identified with either Asian and/or Native Hawaiian or other Pacific Islander.

¹⁷ Defined as people who identified with either American Indian/Alaska Native and/or Indigenous/First Nations/Aboriginal.

¹⁸ Includes people who checked white both alone and in conjunction with other racial/ethnic identities.

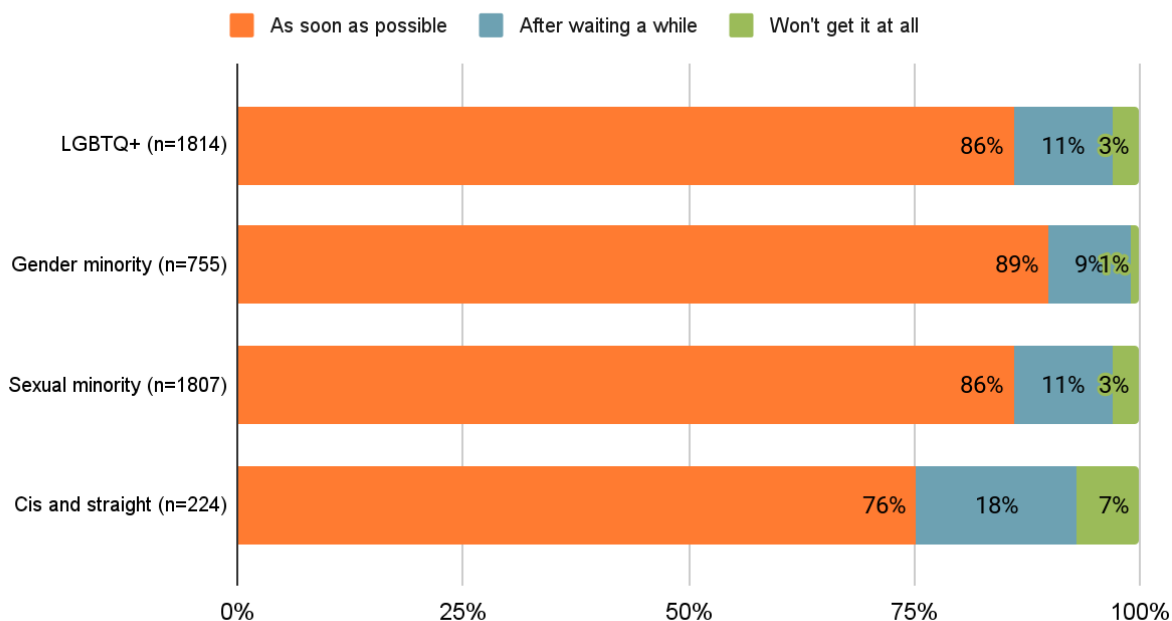
¹⁹ As of the date the respondent completed the survey, which was fielded from March 31 - April 13, 2021.

Findings

LGBTQ+ people want to get vaccinated

In this sample, more than two-thirds of respondents have already received the vaccine. Of the remainder, 86% (26% of total) report wanting to get the vaccine “as soon as possible.” Only 1% of respondents say they won’t get the vaccine at all. For comparison, a Harris Poll of the US population shows that 22% will go “on the first day I am able to” and 15% will not get a COVID-19 vaccine,²⁰ while the Kaiser Family Foundation’s COVID-19 vaccine tracker reports 4% of non-vaccinated residents of the US wanting to get the vaccine “as soon as [they] can” and 13% saying they will definitely not get the vaccine.²¹ In our sample, the lowest proportion of people who said they would get the vaccine as soon as possible was among cis, straight respondents (76%); among LGBTQ+ people, responses did not differ markedly by gender or sexual orientation.

How soon will you get a COVID-19 vaccination?



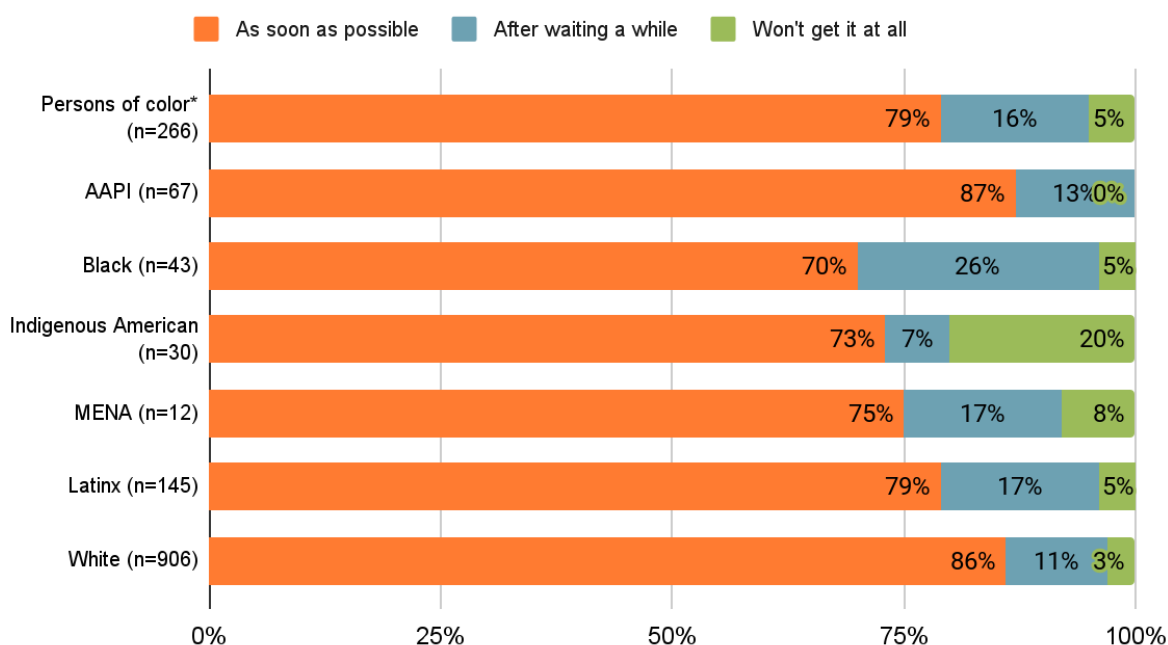
²⁰ Harris Poll March 19-21, 2021. n=1948. Available at <http://freepdfhosting.com/4dd5e80e97.pdf>.

²¹ Kaiser Family Foundation. KFF COVID-19 Vaccine Monitor (May 2021). <https://www.kff.org/coronavirus-covid-19/poll-finding/kff-covid-19-vaccine-monitor-may-2021/> Current data available at: <https://www.kff.org/coronavirus-covid-19/dashboard/kff-covid-19-vaccine-monitor-dashboard/>

Consistent with other reporting, LGBTQ+ people of color are more likely to wait to be vaccinated

While an overwhelming majority of respondents to this survey said they want to get vaccinated as soon as possible, we note that Black, Middle Eastern/North African, and Latinx people were more likely to say they would wait a while, and that Indigenous Americans were most likely to say that they would not get the vaccine at all. Although our sample was overwhelmingly white, our results are consistent with [widely reported data](#) showing higher levels of hesitancy around the COVID-19 vaccine among people of color, possibly due to contemporary and historic racism and barriers to healthcare.²²

How soon will you get a COVID-19 vaccination?



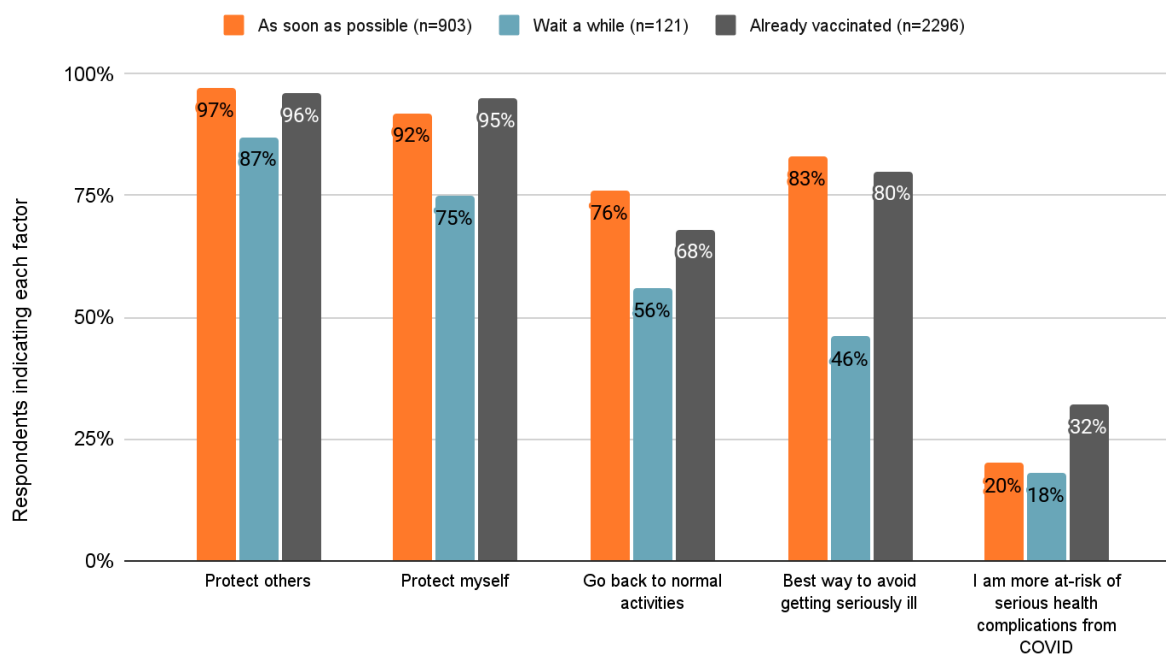
*"Persons of color" includes all people except those who only selected "white."

²²https://www.kaed.org/news/11861810/no-the-tuskegee-study-is-not-the-top-reason-some-black-americans-question-the-covid-19-vaccine?fbclid=IwAR0vD3GzUOf_-Ye4lq3P9SqH_sfB4qa_Lp9rtFZabISJ5wJaOKinC9A_t72k; <https://www.kff.org/coronavirus-covid-19/dashboard/kff-covid-19-vaccine-monitor-dashboard/>; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7912903/>

Protecting the community is the most important reason LGBTQ+ people have gotten or will get vaccinated

When asked why they got the COVID-19 vaccine, or will get the COVID-19 vaccine, a desire to protect others ranked highest among all groups. Among those who will wait to get vaccinated, there was a 12% difference between “I want to protect others” and “I want to protect myself,” which suggests that emphasizing the community-protection aspect of the vaccine should have the greatest impact on increasing vaccination levels. Returning to normalcy and avoidance of illness were much less important factors in respondents’ decisions to get vaccinated.

Why will you/did you get vaccinated?



Protecting the community was particularly important to LGBTQ+ people; the proportion of respondents indicating this would or did drive their decision to get vaccinated was substantially higher among LGBTQ+ people than among cis and straight people.

Why will you/did you get vaccinated?

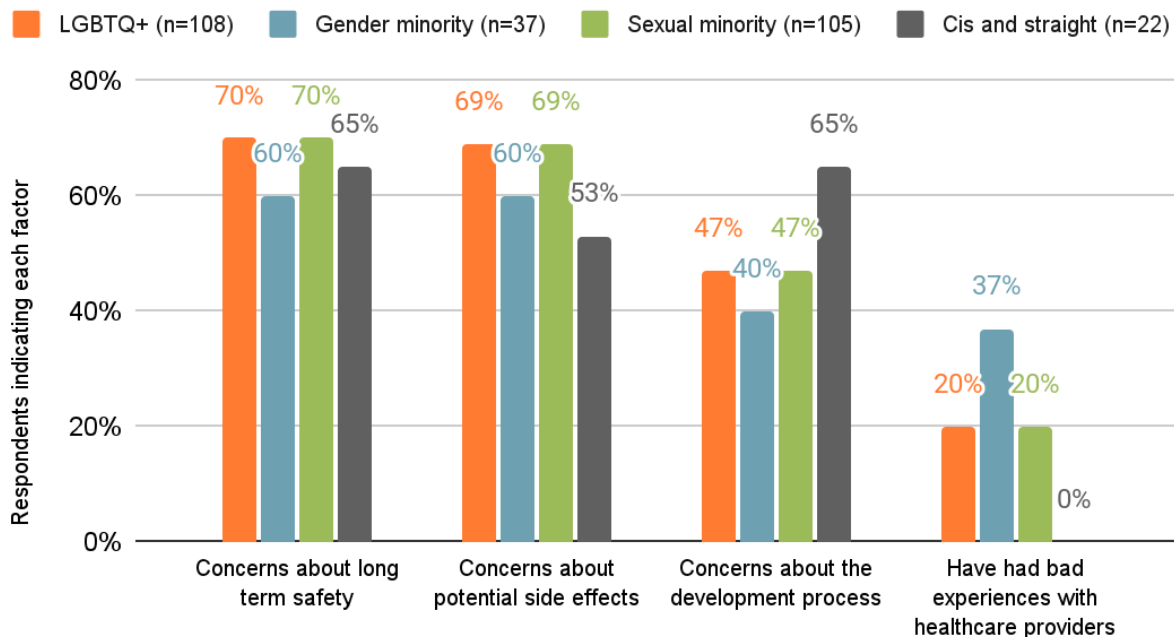


Reasons against vaccination are somewhat varied

When asked why they will wait to get vaccinated, or will choose not to get vaccinated, the top 2 concerns are broadly similar between LGBTQ+ people and cis, straight people, and between those who will wait and those who will choose not to get vaccinated. Many are concerned about long-term safety and potential side effects.

However, while LGBTQ+ people who will wait to get the vaccine have fewer concerns about the development process than cis, straight people, previous bad experiences with the health system are a more important factor among sexual and (particularly) gender minority people.

Why will you wait to get vaccinated?



Lower levels of healthcare utilization among LGBTQ+ people are well documented in other contexts²³ and believed to be related to perceived and actual discrimination in healthcare settings²⁴; it is unsurprising to find similar phenomena at play as related to COVID-19 vaccination. These findings do suggest, however, a potential approach to encouraging timely vaccination among LGBTQ+ people: a decreased focus on the “medicalized” aspects of vaccination.

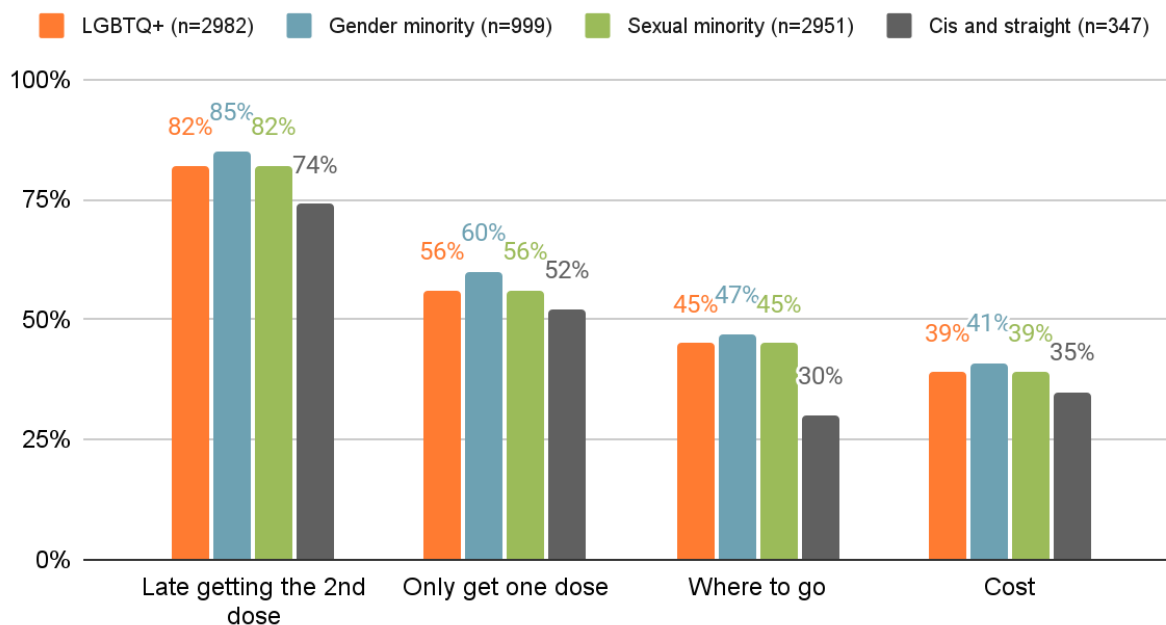
²³ Grant JM, Mottet LA, Tanis J, et al. : Injustice at every turn: A Report of the National Transgender Discrimination Survey. Washington, DC: National Center for Transgender Equality and National Gay and Lesbian Taskforce, 2011. Available at www.thetaskforce.org/static_html/downloads/reports/reports/ntds_full.pdf; Kates J, Ranji U, Beamesderfer A, et al. : Health and access to care and coverage for lesbian, gay, bisexual, and transgender individuals in the U.S. 2015. Available at <http://files.kff.org/attachment/issue-brief-health-and-access-to-care-and-coverage-for-lesbian-gay-bisexual-and-transgender-individuals-in-the-u-s-2>; Ward BW, Dahlhamer JM, Galinsky AM, Joestl SS: Sexual orientation and health among U.S. adults: National Health Interview Survey, 2013. National Health Statistics Reports; 2014, pp 1-12; Macapagal K, Bhatia R, Greene GJ. Differences in Healthcare Access, Use, and Experiences Within a Community Sample of Racially Diverse Lesbian, Gay, Bisexual, Transgender, and Questioning Emerging Adults. *LGBT Health*. 2016;3(6):434-442. doi:10.1089/lgbt.2015.0124

²⁴ Lambda Legal: When health care isn't caring: Lambda Legal's survey on discrimination against LGBT people and people living with HIV. 2010. Available at www.lambdalegal.org/sites/default/files/publications/downloads/whcic-report_when-health-care-isnt-caring.pdf; Wilson PA, Yoshikawa H: Improving access to health care among African-American, Asian and Pacific Islander, and Latino lesbian, gay, and bisexual populations. In: Meyer IH, Northridge ME, eds. *The Health of Sexual Minorities*. New York: Springer US, 2007, pp 607-637.

Multiple aspects of COVID-19 vaccination remain unclear to all groups

Across all gender, sexuality, race/ethnicity, and age groups, many questions remain. More than 80% of LGBTQ+ people report being “very unclear” or “somewhat unclear” about what will happen if they are late getting the second dose of a 2-dose vaccine. More than half are unclear about the consequences of getting only a single dose of a 2-dose vaccine. Concerningly, more than 1 in 3 (and nearly half of gender minority people) are not sure what the cost of getting a vaccine will be. And LGBTQ+ people are much more likely to be somewhat or very unclear where they will go to get the vaccine – potentially representing a desire to ensure their vaccination location is identity-affirming.

Aspects which are very unclear or somewhat unclear



Discussion and suggestions for further analysis

At the time this survey was fielded, COVID-19 vaccine eligibility was highly varied around the United States. Despite this, a high proportion of our respondents had already been vaccinated, although they were disproportionately young (under 55). This may be related to the increased likelihood of LGBTQ+ people to work in industries highly affected by the COVID-19 crisis.²⁵ Further analysis should include a comparison of state-level eligibility for vaccination and the proportion of vaccinated respondents by age, gender, and sexual orientation.

The gender minority community, although less likely than their cisgender counterparts to have been vaccinated already, showed a surprisingly high proportion of vaccinated individuals. Given that lower levels of health care access are well documented among gender minority populations,²⁶ what can we learn from the relative success of vaccination efforts in this population that can be applied to other areas of healthcare for gender minority people? Interestingly, the “community protection” message appears to be particularly resonant in this population.

More generally, the high rates of vaccination among LGBTQ+ people are a bright light amidst the overall darkness of healthcare disparities (e.g., HIV, mental health, substance use) experienced by sexual and gender minority people.²⁷ What relative successes in COVID-19 vaccination could be applied to non-COVID-related health issues?

Finally, because sexual orientation and gender identity (SOGI) data are not collected at point of vaccination nor in reports of COVID-related illness or death, the impact of COVID-19 on the LGBTQ+ population is less well understood. Future research should include retrospective mapping of electronic health record data (which increasingly contains SOGI information) to vaccination records.

Summary and Recommendations

These data show that the most effective messaging is community-oriented: *“I want to protect my community”* was a more motivating factor in choosing to be vaccinated

²⁵ Human Rights Campaign Foundation. Issue Brief: The Lives and Livelihoods of Many in the LGBTQ Community are at Risk Amidst COVID-19 Crisis. Available at: https://assets2.hrc.org/files/assets/resources/COVID19-IssueBrief-032020-FINAL.pdf?_ga=2.157584953.248806945.1619115955-446358281.1619115955

²⁶ Ruprecht MM, Wang X, Johnson AK, Xu J, Felt D, Ihenacho S, Stonehouse P, Curry CW, DeBroux C, Costa D, Phillips II G. Evidence of Social and Structural COVID-19 Disparities by Sexual Orientation, Gender Identity, and Race/Ethnicity in an Urban Environment. *J Urban Health*. 2021 Feb;98(1):27-40. doi: 10.1007/s11524-020-00497-9. Epub 2020 Dec 1. PMID: 33259027; PMCID: PMC7706696.

²⁷ Institute of Medicine Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities: The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding. Washington, DC: National Academies Press, 2011; Mustanski BS, Garofalo R, Emerson EM: Mental health disorders, psychological distress, and suicidality in a diverse sample of lesbian, gay, bisexual, and transgender youths. *Am J Public Health* 2010;100:2426-2432; US Department of Health and Human Services. Healthy People 2020: Lesbian, gay, bisexual, and transgender health. 2010. Available at www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health Accessed April, 2015

than “*I want to protect myself.*” And because bad previous experiences with the healthcare system are a substantial factor in some LGBTQ+ people’s decision to wait to get vaccinated, decreasing the emphasis on the medical nature of the vaccination process may prove influential.

Taken together, these findings suggest that one potential intervention to enhance vaccination rates among the LGTBTQ+ population would be the creation of/highlighting of explicitly LGBTQ+-friendly vaccine sites, staffed to the degree possible with people presenting in non-medicalized ways. The LGBTQ+ community can [learn from the success](#) of the Black community in deploying trusted messengers who are members of the community to encourage vaccination.

Future Plans

We will make the de-identified data available to others who are interested for further study. To request a copy of this data set, please email info@teganandsarafoundation.org

A Note on Methodology

TSF prioritized community inclusion in the construction of this survey. Therefore, we chose not to ask “sex assigned at birth”; all demographic questions were “check all that apply”; and respondents could skip any question. Additionally, although this survey adhered to high ethical standards, it has not been reviewed by any institution’s Institutional Review Board (IRB).

Suggested Citation

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Survey Design Team

- Jessica Halem, MBA; Board of Directors, Tegan and Sara Foundation (Boston)
- Kika Chatterjee; Program Manager, Tegan and Sara Foundation (Los Angeles)
- Szena Dayo; Executive Director, Tegan and Sara Foundation (Los Angeles)
- Megan Hall; Executive Vice President, Creative Director, Entrée Health (Seattle/NYC)
- Kenyatta Nickens; Account Supervisor, Entrée Health (Atlanta/NYC)
- Erin Pinkus; Senior Research Scientist, SurveyMonkey
- Carl Streed, MD, MPH, FACP; Boston Medical Center (Boston)
- Robbie Goldstein, MD, PhD; Massachusetts General Hospital (Boston)
- Juno Obedin-Maliver, MD, MPH; Stanford School of Medicine (San Francisco)
- Rehana Mohammed; Associate Director for Transparency; Pandemic Response Accountability Committee (DC)

Additional Contributors

- Ian Baldwin; Analyst, Valuate Health Consultancy (Data analysis)
- Sari Shulman; Analyst, Valuate Health Consultancy (Data analysis)
- Lauren Yee; Founder/ Spatial Data Scientist, Map Data Science (Geographic analysis)

About Tegan and Sara Foundation and this project

The survey was developed by the [Tegan and Sara Foundation](#) in collaboration with health communications firm [Entrée Health](#) and reviewed by researchers at [SurveyMonkey](#), with contributions from physicians and researchers specializing in LGBTQ+ healthcare. The survey instrument can be accessed at <https://bit.ly/tsf-covid>.

About Tegan and Sara Foundation

Tegan and Sara Foundation (TSF) was founded in 2016 by Tegan and Sara to address inequalities faced by LGBTQ+ women. TSF's mission is improving the lives of LGBTQ+ women and girls. This mission is founded on a commitment to feminism and racial, social and gender justice. Learn more about TSF's work and flagship programming at the [OFFICIAL WEBSITE](#).

About Tegan and Sara

Tegan and Sara have openly identified as queer since the beginning of their career in 1998, and have been outspoken feminist advocates for LGBTQ+ equality and gender justice. The essential message that underpins their worldview and identity is inclusion. The Tegan and Sara Foundation is an extension of their work, identity and longstanding commitment to supporting and building progressive social change.

As musicians, Tegan and Sara have sold more than one million albums, and have received seven Gold certifications, one Double Platinum certification, three Juno Awards, two Polaris Prize nominations, and a Grammy nomination. They have performed on some of the world's biggest stages, from the 2015 Oscar Telecast to major festivals such as Coachella, Lollapalooza and Glastonbury.