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# COVID-19 VACCINE ACCESS IN THE LGBTQIA COMMUNITY

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# What are the Vaccine Barriers for the LGBTQIA Community?

## *Improving vaccine access in Los Angeles*

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While a growing percentage of Los Angeles residents are now fully vaccinated (41% as of May 5, 2021), there are still huge disparities in access to the COVID-19 vaccines.

In March and April of 2021, we conducted **focus groups** with healthcare providers who serve the **LGBTQIA community** in Los Angeles. Our goal was to identify **barriers** and **facilitators** to vaccine uptake among members of the LGBTQIA communities. We also wanted to identify potential opportunities to **improve** COVID-19 vaccine delivery and ensure that vaccine delivery services align with the diverse health care **needs** and **values** of the Los Angeles LGBTQIA community.



In order to recruit the most representative population of providers who serve **transgender/trans\* and non-binary people**, we conducted tailored outreach in advance of the focus groups. Ultimately, we held **five** focus groups with **33** service providers that care for diverse LGBTQIA populations, such as racial and ethnic minorities, adolescents and young adults, gender minorities, and seniors. These focus groups were conducted virtually and were **120** minutes in duration. The focus group participants were compensated for their time and effort.

## KEY TAKEAWAYS

- We found out whom within the LGBTQIA community is experiencing some of the greatest disparities, especially with respect to accessing available vaccines.
- We obtained LGBTQIA-centered perspectives on what constitutes a safe and inclusive vaccination site.
- Our findings demonstrate the need for better LGBTQIA representation and resources, namely a "by us, for us" approach to facilitating better vaccine access in the LGBTQIA community of Los Angeles and beyond.



### 01 **BARRIERS TO THE VACCINE ARE MOST HARMFUL TO TRANS\* PEOPLE, LGBTQIA AGING ADULTS, AND LGBTQIA PEOPLE EXPERIENCING HOMELESSNESS.**

Getting the vaccine to these communities requires improving access for those who are isolated, and with limited mobility and resources. We must also focus on limiting the physical and emotional violence involved in the process of getting the vaccine.

### 02 **STRUCTURAL COMPETENCY NEEDS TO BE AN INTEGRAL PART OF MEDICAL EDUCATION CURRICULUM TO BETTER SERVE LGBTQIA COMMUNITIES OF COLOR.**

Acknowledging involvement in historical and ongoing medical trauma and violence, including misgendering and emotional violence, is an important step in re-gaining the LGBTQIA community's trust in the medical field.

### 03 **BETTER LGBTQIA REPRESENTATION IS NEEDED IN DEVELOPING VACCINE PROGRAMS THAT REFLECT LGBTQIA LIVED EXPERIENCES.**

Developing inclusive and safe vaccine delivery programs for the LGBTQIA community means that LGBTQIA leaders are part of the decision-making process. This ensures that the many intersections of the community are represented in health communications.

# 01. Who is Most Impacted by Vaccine Barriers?

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*Better access to the vaccine is needed for trans\* people, LGBTQIA aging adults, and LGBTQIA people experiencing homelessness.*

## BY THE NUMBERS:

- More than 4,000 transitional youth are homeless in L.A. County, and about 40% are estimated to be LGBTQ (LA Homeless Services Authority)
- LGBTQ older people are twice as likely to be living alone and four times less likely to have children, which means that older LGBTQ people are especially at risk to lack care or support from family (SAGE)
- LGBT individuals are at greater risk of worse COVID-19 outcomes due to higher rates of comorbidities due to - (i) living on lower average incomes than non-LGBT people, (ii) experiencing stigma and discrimination related to sexual orientation/gender identity, (iii) increased difficulties in accessing health care, and for transgender individuals (iv) being less likely to have health coverage (Kaiser Family Foundation)



### **VIOLENCE AGAINST TRANS\* PEOPLE CREATES FEARS IN GOING OUT TO GET VACCINE**

"They are afraid that they are going to be beat. This fearfulness for their lives. Trans women are being attacked in Hollywood, in LA. They are afraid to come out of their homes to get the vaccination."



### **LACK OF AFFIRMING VACCINE RESOURCES FOR AGING LGBTQIA ADULTS**

"The programming and resources around the vaccine for Trans or Queer elder of color may not be the safest or affirming for you. We've seen waves where Queer older adults go back into the closet because they fear they're gonna get mistreated... when they're checking in to get the vaccine. If they're a woman, [getting asked by vaccinator] like 'Oh, did your husband go on vacation?' It's that kinda [misgendering] talk."



### **FOR THE UNHOUSED THE MAIN PRIORITY IS SURVIVING, NOT GETTING VACCINATED**

"When someone is unhoused, it's almost like survival trumps getting a vaccination."

# Areas of Opportunity for Breaking Down Vaccine Barriers

The COVID-19 vaccine is not viewed as a magic bullet for many in the LGBTQIA community. Offering resources such as food, housing, and name changing services in addition to the vaccine is seen as a better way of meeting and listening to community needs.

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## Provide LGBTQIA-centered services... *and* the vaccine.

Provide the vaccine in a way that **complements people's needs and lives**, and offers more than just "survival."

*"A lot of my clients are in survival mode. They're just trying to get the basic necessities."*

*They are looking for food, they are looking for housing, they are looking for clothes, they are looking for jobs... Because it's not just about the vaccine, it's about life. Offer other services when offering the vaccine [such as] name change. That would really draw people in to come and get the vaccine."*

Create real incentives, **not barriers**, to getting the vaccine that promotes "holistic" care and provides financial support.

*"We need holistic care that's meeting people where they're at for all of their needs, not just the vaccine."*

*"Set [it] up so the Trans community can come here, get their COVID test, and get the vaccine. Give them a little gift card, some food, drink, and send them back into the universe feeling positive. When we say we got \$25 gift cards [to] get HIV tested, believe me, everyone in the community gonna figure out a way to come and get that test and get that \$25, even if they already know their status."*

Developing trust begins with **meeting the community where they are**, rather than expecting them to seek out and access the vaccine on their own and by their own means.

*"There's gotta be medical professionals walking out, like when we did Midnight Stroll. We are giving community to-go bags, a nosh bag, and we are talking to them one-on-one as people, not as people that are unhoused. And it may take more than one walk-out. I think it's 17 visits before that trust develops."*

## 02. What do Safe Vaccine Spaces Look Like?

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*Given the historical and ongoing mistrust fostered by the medical system, LGBTQIA people express not feeling welcomed and even mistreated in accessing and receiving the vaccine.*

### BY THE NUMBERS:

- Fifteen percent of LGBTQ+ Americans postponed or avoided medical treatments due to discrimination (Center for American Progress, 2020 Survey)
- More than 1 in 10 LGBTQ+ Americans reported mistreatment by a doctor or a health care provider (Center for American Progress, 2020 Survey)
- Around 3 in 10 LGBTQ+ Americans faced difficulties last year accessing necessary medical care due to cost issues, including more than half of transgender Americans (Center for American Progress, 2020 Survey)



# What do Safe Vaccine Spaces Look Like?



## MEDICAL MISTRUST IS ROOTED IN CURRENT AND HISTORICAL MEDICAL TRAUMA

"You can't disconnect vaccine resistance from the communities in which folks live, who have historically been discriminated against and/or abused by the medical system."



## GETTING THE VACCINE REQUIRES TRUST OF MEDICAL SYSTEM

"How can there be trust when people are still living with HIV after 40 years? Where's the vaccine for that?"

"The public health messaging has failed. We are being made responsible for fixing this pandemic that has disenfranchised us. it's a gigantic ask that's on the behalf of marginalized communities."



## PROVIDERS LACK COMPETENCY AND EDUCATION ON HEALTH ISSUES IMPACTING LGBTQIA PEOPLE

"[Providers] will say certain things to me that I then will have to correct them on, or the fact that we still have to have the cultural training with organizations on how to talk to [LGBTQIA] people. The fact that my primary care physician doesn't know anything about PEP or PrEP, and that I'm the first person to walk in and have this conversation with is not okay."

"Everybody [at the vaccine site] referred to me as 'sir.' Mind you, the [medical] form I filled out had asked all those questions. But did they read it? No. Was anybody actually paying attention to me as a person? No.."



# Opportunity Areas for Creating Safe Vaccine Spaces

Given the historical and ongoing medical mistreatment endured by LGBTQIA people, medical services need to provide welcoming COVID-19 vaccine spaces. Otherwise, they should take the vaccine directly to the community.

## Provide affirming vaccinations at medical sites or better yet, in the community itself.

To build trust in the vaccine, medicine needs to acknowledge its role in current and historical trauma of LGBTQIA people, especially Black, Indigenous, People of Color (BIPOC).

*"In terms of overcoming medical mistrust... acknowledge the historical precedence of abuse by the medical institution, collusion with Big Pharma and the state... These are real things. They're not just conspiracy theory. And unfortunately it's all mixed in with a lot of misinformation. The best way to cut through [misinformation] is to acknowledge what's real-- that people are concerned-- in order to build that trust and rapport with them."*

*"It makes it hard for people to trust their public health officials if the government has a history of mistreating people that aren't white."*

If vaccines are provided at medical sites, staff need to educate themselves on LGBTQIA rights and on how to create an inclusive and welcoming vaccine space.

*"When we are onsite, we can brief the [medical] staff: Be careful of pronouns. Wear a pronoun button. Give out pronoun buttons. Use it as an opportunity to actually exhibit a sense of pride."*

*"Will I be affirmed? Will I have to wait forever [in line to get the vaccine]? Will I be mistreated in the process?"*

*"LGBTQI people front and center...I would love to see an outside space with lots of flags representing our community, making our community feel safe and comfortable to come and get the vaccine or information there."*

Another option is to completely remove the vaccine from large medical sites and meet LGBTQIA people in their communities.

*"Take the vaccine to the people. This nonsense of these major sites is not working, it's not getting out there. And most of the time, you would assume that if you have a mobile site, trusted community members will be there to soothe misgivings. Because if you can't get it to the people, what's the point of the vaccine, right? And the trust has to happen at the interpersonal onsite, not in some big arena, not from your car, but socially distanced people being reassured by people who look like them, and who've also gotten the vaccine."*

*"Put the vaccines in places that are more suitable for the LGBTQ+ community so they can feel safe getting the vaccine."*

## 03. How can Decisions around Vaccine Rollout Better Represent the LGBTQIA Community?

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*LGBTQIA-centered vaccine  
education and design starts with  
LGBTQIA leaders having a seat  
the table*

### BY THE NUMBERS:

- People of color who did not identify as LGBT (40.3%) report that they intend to get the first generation of COVID-19 vaccines less than LGBT white (54.0%) and non-LGBT white respondents (49.0%) (UCLA School of Law's Williams Institute)

# How can Decisions Around Vaccine Rollout Better Represent the LGBTQIA Community?



## **ENSURE LGBTQIA REPRESENTATION AT EVERY STEP OF VACCINATION PROCESS.**

"The people sticking the needle in the arm for the vaccine, have [they] even been trained? Not just [by] the big LGBT organizations, but people with lived experience who are experts on the ground, who are also queer and trans people of color?"



## **LET LGBTQIA LEADERS LEAD, BRIDGING TRUST BETWEEN COMMUNITY AND VACCINE.**

"Let us run our own communities. Stop coming into our communities, telling us what to do, and running our communities. Give us the opportunity to do that. And until you do that, you're gonna not get anywhere."



## **BEING SEEN AND ACKNOWLEDGED WHEN GETTING THE VACCINE.**

"What influences decision-making when it comes to getting vaccinated is relatability. I think a lot of times when you can see someone [who looks like you], then it brings out honesty and integrity and sincerity. It allows you to really connect."

# Areas of Opportunity for LGBTQIA Representation in Vaccine Rollout Process

This "by us, for us" approach means involving community LGBTQIA leaders and implementing their values and needs at every step of the COVID-19 vaccine process to ensure vaccine spaces that affirm this community.

**LGBTQIA representation is essential to the development of successful COVID-19 vaccine spaces for LGBTQIA communities.**

LGBTQIA people, including trans\* athletes and celebrities, should be made visible in vaccine rollout resources and ads with the use of positive and hopeful health messages.

*"And right now, there's so much confusion and disparity in this world. And so if we can provide some hope by providing visual representations of real life people getting vaccinated, for us, by us, it's gonna really relate. And spread it out as far as you can."*

*"If we have trans athletes talk about being vaccinated, being healthy, and being, I don't want to use the word alive, but to fight back, maybe that's the type of activism type messaging that will resonate with our community."*

Provide LGBTQIA organizations with the vaccine and funding for them to develop their own community vaccine spaces.

*"How about y'all just come in, use our space, or you know, and just fly with it? Because that is something that we're fighting for, is having a vaccination clinic sponsored by us. People feel a lot safer. People will feel a lot more comfortable."*

*"I know DHSP's [Department of HIV and STD Programs] already gonna push back, gonna say 'We don't have the manpower to distribute these amount of people.' But that's where us, as nonprofits, can just staff it, and then they do all the distribution of things...we can step in for our communities and staff these vaccination sites, rather than run the vaccination sites."*

Support LGBTQIA organizations to run their own vaccine spaces where they have already established trust in their communities and are run by people who look like the community they are serving.

*"I believe the trusted voices are people who have lived experience. So often the [MD or PhD] letters after the names [are given too much importance], how about giving people with lived experience opportunity?"*

*"Let us do our own. Give us the funding and give us the opportunity for us to make a decision to take care of ourselves and our own. That is power in that. And when people see that decisions are made by our own community, the level of trust is higher at that point."*

## About the Funders

**The NIH Community Engagement Alliance (CEAL) Against COVID-19 Disparities:** The CEAL research teams will focus on COVID-19 awareness and education research, especially among African Americans, Hispanics/Latinos, and American Indians — populations that account for over half of all reported cases in the United States. They also will promote and facilitate the inclusion and participation of these groups in vaccine and therapeutic clinical trials to prevent and treat the disease.

**NIH National Institute on Drug Abuse (NIDA):** NIDA is the lead federal agency supporting scientific research on drug use and its consequences.

## Meet the Research Team



### Michele Kipke

Michele Kipke serves as co-director of the Southern California Clinical and Translational Science Institute (SC CTSI) at USC and vice chair of research in pediatrics at Children's Hospital Los Angeles. A nationally known health researcher and policy expert, Dr. Kipke has been intimately involved in the HIV/AIDS epidemic since its onset in the U.S. and has made significant scientific contributions to the field of HIV prevention.



### Rachel Carmen Ceasar

Rachel Carmen Ceasar is a medical anthropologist and a National Institute of Drug Abuse Diversity Postdoctoral Researcher at the USC Department of Preventive Medicine. Her research uses mixed quantitative-qualitative methods to understand the social construction of substance use among under-studied populations.



### Damaris Garcia Valerio

Damaris Garcia Valerio is a Behavior Research Assistant at CHLA with a background in Psychology and Art. Her research interests are in health inequities, community-based participatory research, immigration, and mental health.



### Danny Azucar

Danny Azucar is a Behavioral Researcher with a background in Psychology and Public Health. His research interests include ensuring Quality of Life at-risk populations, personality traits' associations to substance use, and the creation of collaboration ecosystems to efficiently translate research into practice



### Lindsay Lee Slay

Lindsay Lee Slay is a Senior Programs Manager at the Division of Research on Children, Youth and Families at Children's Hospital Los Angeles. She received her Social Work degree from the University of Washington in Seattle and subsequently has worked in the HIV field with LGBTQ communities of color in medical, community and research settings for the past 14 years.