

COVID-19 Vaccine Community of Practice Video Call Minutes

Date and time: March 16, 2022 – 10am PST // 11am MST // 12pm CST // 1pm EST // 2pm AST

Attendance: 19 attendees

Welcome and opening: Kevin Barlow and Courtney Pankratz

Presenter: Cameron Schwartz (he/him) is a content writer and editor with the Community Based Research Centre (CBRC) with a background in public health work around substance use and HIV prevention in the context of queer populations.

The CBRC promotes the health of people of diverse sexualities and genders through research and intervention development. Their core pillars of work focus on community-led research, knowledge exchange, network building and leadership development. Their microgrant project was focused on COVID-19 vaccination among 2SLGBTQ+ populations.

Background:

Main concerns around the pandemic included:

- A greater prevalence of factors associated with the among 2SLGBTQ+ population for COVID-19 outcomes, such as underlying conditions that could worsen COVID (e.g., asthma, COPD)
- Impact of COVID-19 mitigation efforts on the mental health burden disproportionately for among 2SLGBTQ+ (e.g., social distancing, quarantine)
- Impact on service disruption (e.g., HIV care, sexual health care, trans-affirming surgeries, etc.)

Little was known, and not much research done around how the population is in terms of vaccine prevalence, and what the enablers and barriers were. In North American contexts, studies show that there are higher rates of flu vaccinations in queer populations.

Project:

Aim: Investigate vaccine prevalence and distribution among GBT2SQ+ men and mobilize the data for vaccine uptake.

They mobilized data collected from the Sex Now survey, the largest and longest running survey of GBT2Q+ men's health (online results from 2020 and 2021) around motivations for vaccine uptake or hesitancy. Historically, the survey had a focus on GBT2SQ+ populations, the primary population at risk for HIV. This data was used as a proxy for other queer populations in Canada.

Results:

- Preliminary results show that 92% of queer men say they were likely to get the vaccine
- There were no differences among their population sample around wanting to get vaccinated based on age, ethnoracial identity, being born in Canada, disability status, and HIV status.
- Vaccine barriers include being concerned about side effects, getting infected, don't like needles, don't think vaccines work very well – idea around personal health
- Those who were less likely to get vaccine included single people, bisexual and straight identified GBT2SQ+ people experiencing financial strain, with poor mental health, and less social support.

- Vaccine enablers included wanting to protect their families and community by getting vaccinated, and that life wouldn't get back to normal if they weren't vaccinated
- Those who were more likely to get vaccine include those who work from home, easily understood public health guidelines during COVID, people who used alcohol or drugs, PrEP users, and those who trusted federal and provincial public health officers.
- Queer and trans people were early adopters of COVID vaccines. Wanted to celebrate that and mobilize this data to promote more people to get vaccinated

Data mobilization

Strategy through social media and online campaign, with the aim to increase vaccination coverage, to encourage people to continue getting boosters and to follow public health guidelines in the future, as appropriate.

Theory of planned behavior and the various domains that can influence people's behaviors:

- Attitude – what do people think of the vaccine and COVID?
 - Reinforcing that public health messaging, hoping to influence people's attitudes in continued uptake and positive conceptions of the vaccine
- Subjective norms – what norms do people perceive related to the vaccine?
 - The community can support and alert each other to potential harms, promote healthy behavior amongst each other as part of a social norm within that group
- Perceived behavioral control – do people feel confident in their ability to get vaccinated?
 - The notion that this was not their first pandemic, reminiscent of HIV
 - STI testing, daily mediations, HIV treatment, PrEP are all routine activities that they engage in to promote health for themselves and those around them
 - Queer people have often been on the forefront of infectious disease prevention efforts, and it seems COVID-19 vaccination is no exception

Evaluation

A quantitative evaluation was done that focused on reach and engagement of outputs that included 6 infographics and 2 blog posts – with a total of approximately 16,000 total reach and 700 on social media

Future work

Initial findings will help inform their upcoming study, Our Health: Canada-Wide 2SLGBTQIA+ Community Study at the end of March. There is more KT work to come, that will address instances of anti-Asian and anti-Black racism, address confusing and incorrect messaging relating to anti-retrovirals and COVID-19

Discussion

Q: Were the ratios in your initial slides adjusted?

- A: Yes, they were, based on several things. This was based on a publication from the CDC that was specifically looking at underlying conditions that would have been a concern for COVID. It was concerning.

Q: Could you speak to the importance of involving people with lived and living experience and the queer community in general in creating the messages and disseminating them out to the community?

- A: This was something we find ourselves taking seriously. Much of our staff involved in the community are part of the community in question, so in terms of data collection, designing survey questions, data analysis, messaging, they were all part of that. Because there is oftentimes a discourse around blame and responsibilities specifically relating to HIV and other STBBIs around the queer community, it was important for us that we do share these positive findings, which you wouldn't often hear in public health efforts to prevent disease.

Q: Did you develop any best practices for engagement in social media, particularly for when people might have been offering conflicting views from what your messaging was?

- A: We measured engagement broadly, through clicks, likes, comments, or shares. In terms of best practices, one thing we have prioritized is just supporting people who are responding to hateful or negative comments, because having to respond to these various people's opinions online is not necessarily easy to do all the time.

Q: What suggestions do you have for healthcare providers who are looking to rebuild trust with folks who identify as Two Spirit, queer, trans, or gender-diverse?

- A: One positive way to start is putting in the time and resources to devote to that learning. This will help them feel more confident in their ability to interact with, making it much more likely for a conversation with a patient to be started and make them feel comfortable talking about it with their doctor. Having people in leadership roles in healthcare settings to start that dialogue with others can be powerful.

Q: Were there any barriers or reluctancies you faced specifically with this population?

- A: Most reluctancies and barriers were related to personal health concerns, such as those who were worried about a bad reaction or side effects to the vaccine. A limitation was that we did not ask about trauma or past experiences engaging with clinical or health systems. Mostly, there was a distrust for the medical systems.

Q: Do you foresee any of the messaging that has been developed to be adapted in the future? Are there any plans to address some of the identified anti-racism issues in campaign strategies moving forward?

- A: Yes. The messaging piece is something we might need to push for again in the fall, depending on public health and booster shots. In terms of other work, there is a study currently being led by several researchers across Canada and the US, looking into the experiences of racism, HIV positive people who have negative experiences in terms of messaging, etc.
- We have a similar campaign coming out in the next month or two, looking at a similar online strategy, and some of the researchers are keen to do some more targeted work around behavioral interventions and training especially for anti-racism work.

Closing: Evaluation led by Amanda Paleologou, closing and thank you facilitated by Courtney Pankratz



Community-Based Research Centre

COVID-19 Vaccination among GBT2Q men

March 16th 2022

Cameron Schwartz (He/Him) *Content Writer and Editor*

What do we do?

Community-Based Research Centre (CBRC) promotes the health of people of diverse sexualities and genders through research and intervention development.

Our core pillars are:

- Community-led research
- Knowledge exchange
- Network building
- Leadership development



Overview

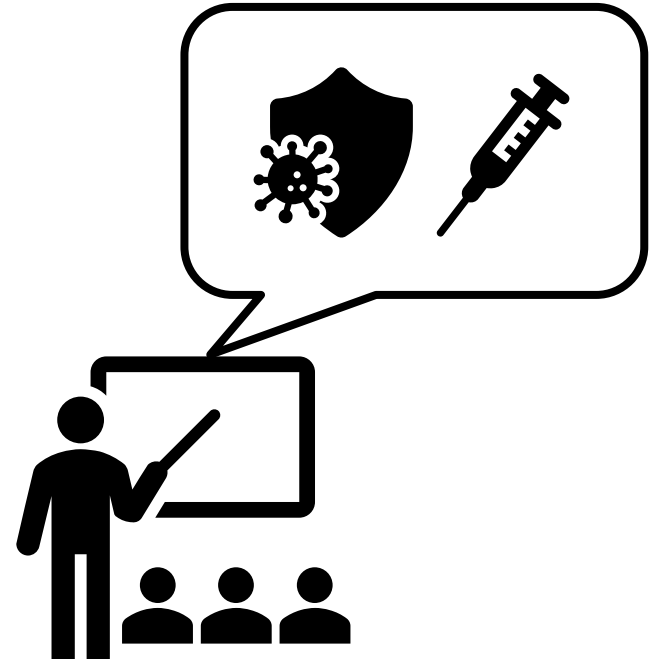
Background

- COVID-19 and 2SLGBTQ+ populations
- Vaccination and 2SLGBTQ+ populations

Our work

- Data analysis
- KT products
- Evaluation

Next steps



2SLGBTQ+ populations and COVID-19

- Greater prevalence of factors associated with poor COVID-19 outcomes
- CDC study (February 2021) examining underlying health conditions
 - data from the 2017–2019 Behavioral Risk Factor Surveillance System (BRFSS)
 - Collection on population health surveys from across the US
 - (n=643,956)



Risk factors for poor COVID-19 outcomes

| Underlying Condition | Prevalence (Adjusted prevalence ratio) |
|----------------------|--|
| Asthma (current) | 13.8% (1.55) |
| Cancer (ever) | 9.2% (1.26) |
| Heart disease | 8.0% (1.19) |
| COPD | 10.3% (1.49) |
| Diabetes | 12.5% (1.08) |
| Hypertension | 35.7% (1.06) |
| Kidney Disease | 4.7% (1.47) |
| Obesity | 34.1 (1.07) |
| Smoking (current) | 22.1% (1.43) |
| Stroke | 4.7% (1.37) |

Additional concerns relating to COVID-19 mitigation

- Disproportionate mental health burden pre-COVID-19
 - E.g., Mood or anxiety disorders (19% - 40%), compared to heterosexual (11%)
 - E.g., Suicide ideation (5% - 13%), compared to heterosexual (2.3%)
- Service disruptions could impact...
 - HIV care
 - Sexual health care
 - Trans-affirming surgeries



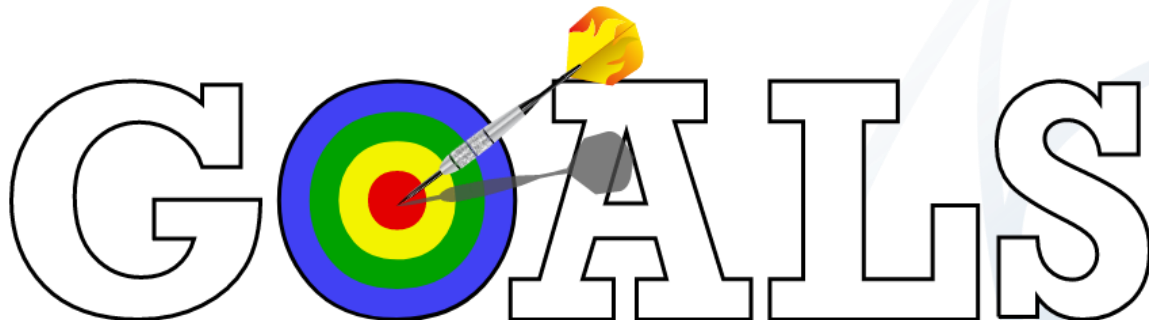
But, we know vaccination is highly effective(Hooray!)

What do we know about 2SLGBTQ+ populations and Vaccination?

- Little research has been done on this
 - Some evidence suggests higher vaccination (e.g., for influenza)
 - One Statcan report showed higher willingness to get vaccinated (83.3% versus 76.8% of non-2SLGBTQ+ respondents)

We wanted to...

1. Find out vaccine prevalence and distribution among GBT2Q men
2. Mobilize this data in a way that promotes vaccine uptake



Our research

- Sex Now 2020
- Sex Now 2021
- Canada's largest and longest running survey of GBT2Q men's health
- Periodic cross-sectional survey
- GBT2Q focus



sex
NOW

Data Analysis

- **92%** of GBT2Q said they were **likely to get the COVID-19 vaccine!** (as of August/September 2020)
- **76%** of the Canadian population said they were **likely to get the COVID-19 vaccine** in Sept 2020*
- In July-September 2021, **92%** of GBT2Q had **received at least one dose** of COVID-19 vaccine. (83.8% fully vaccinated, plus an additional 8.5% partially vaccinated = 92%)
- As of September 19, 2021, **85%** of people in Canada aged 12+ had **received at least one dose** of COVID-19 vaccine. (79% fully vaccinated, plus an additional 6.1% partially vaccinated = 85%) *

No differences among GBT2Q wanting to get vaccinated based on age, ethnoracial identity, being born in Canada, disability status, and HIV status.

Data Analysis

| Who was more likely to want the vaccine | Who was less likely to want the vaccine? |
|--|---|
| <ul style="list-style-type: none">• Those working mostly from home (assume want to get back to work)• Those who easily understood public health guidelines during COVID19• Those who trusted federal and provincial public health officers• PrEP users• People who used alcohol or drugs | <ul style="list-style-type: none">• Single people• Bisexual and straight-identified GBT2Q• Experiencing more financial strain (e.g. cannot make ends meet)• Poorer mental health• People with less social support |

Barriers

(Why not get a vaccine?)

Why not get a vaccine?

- 75% I would be concerned about side effects from the vaccine
- 14% I would be concerned about getting infected with the Coronavirus from the vaccine
- 13% I am not concerned about getting seriously ill from the Coronavirus
- 11% I do not like needles
- 8% I do not think vaccines work very well
- 6% The Coronavirus is not as serious as some people say it is

Why get vaccinated?

- 85% I want to protect my family
- 85% I want to protect my community
- 76% Life won't go back to normal until most people are vaccinated
- 75% It would be the best way to avoid getting seriously ill from COVID
- 74% It would allow me to feel safe around people
- 24% My doctor recommends vaccines

Enablers

(Why get vaccinated?)

An asset-based approach



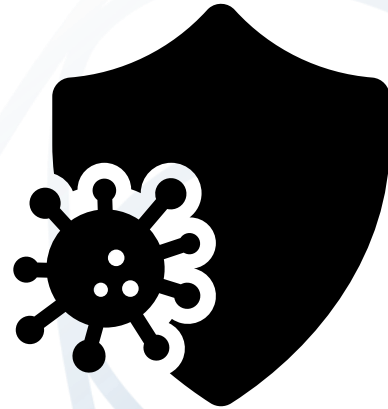
➔ **Queer and Trans People were Early Adopters of COVID-19 Vaccines, Sex Now Survey Finds**

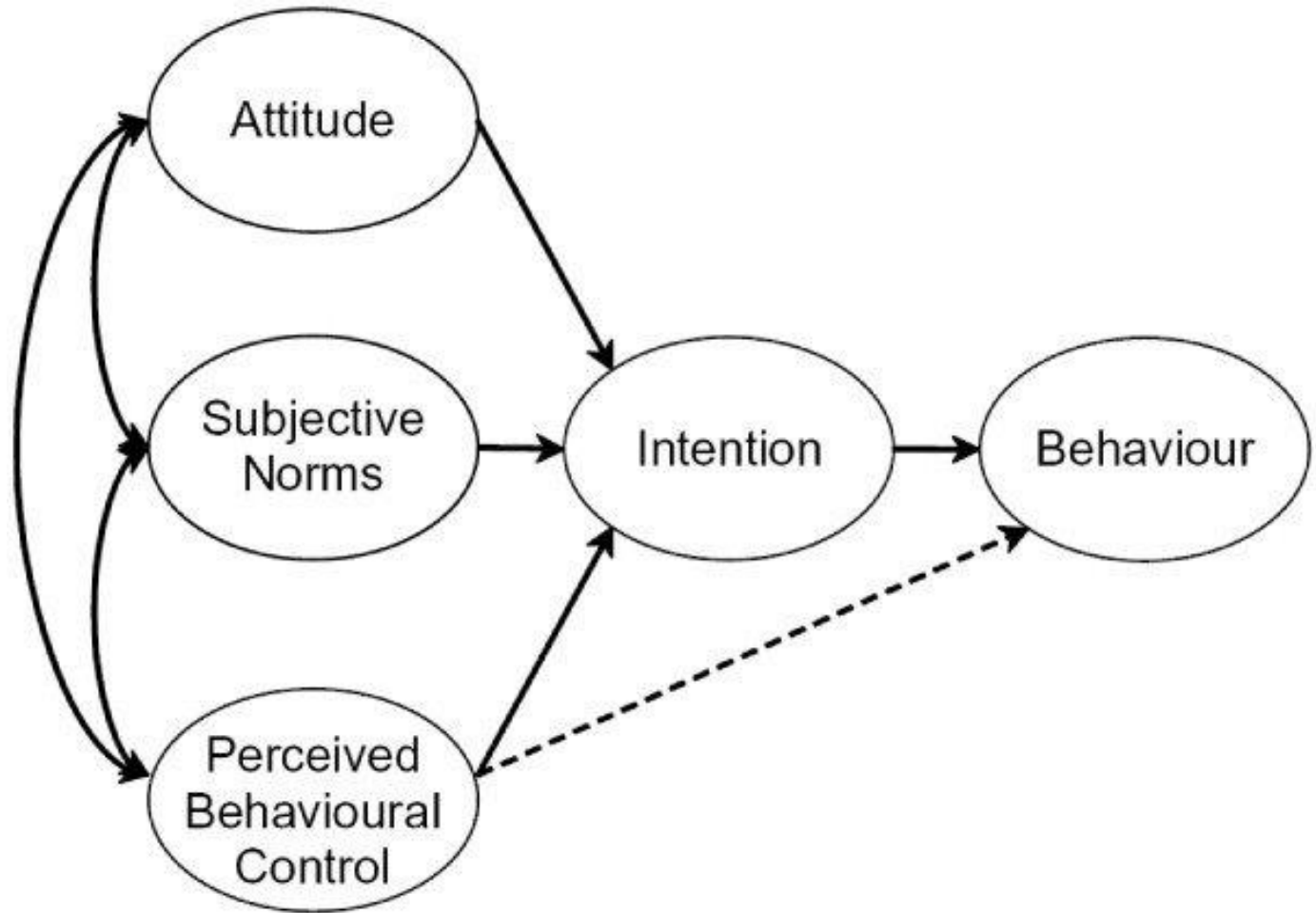
Strategy

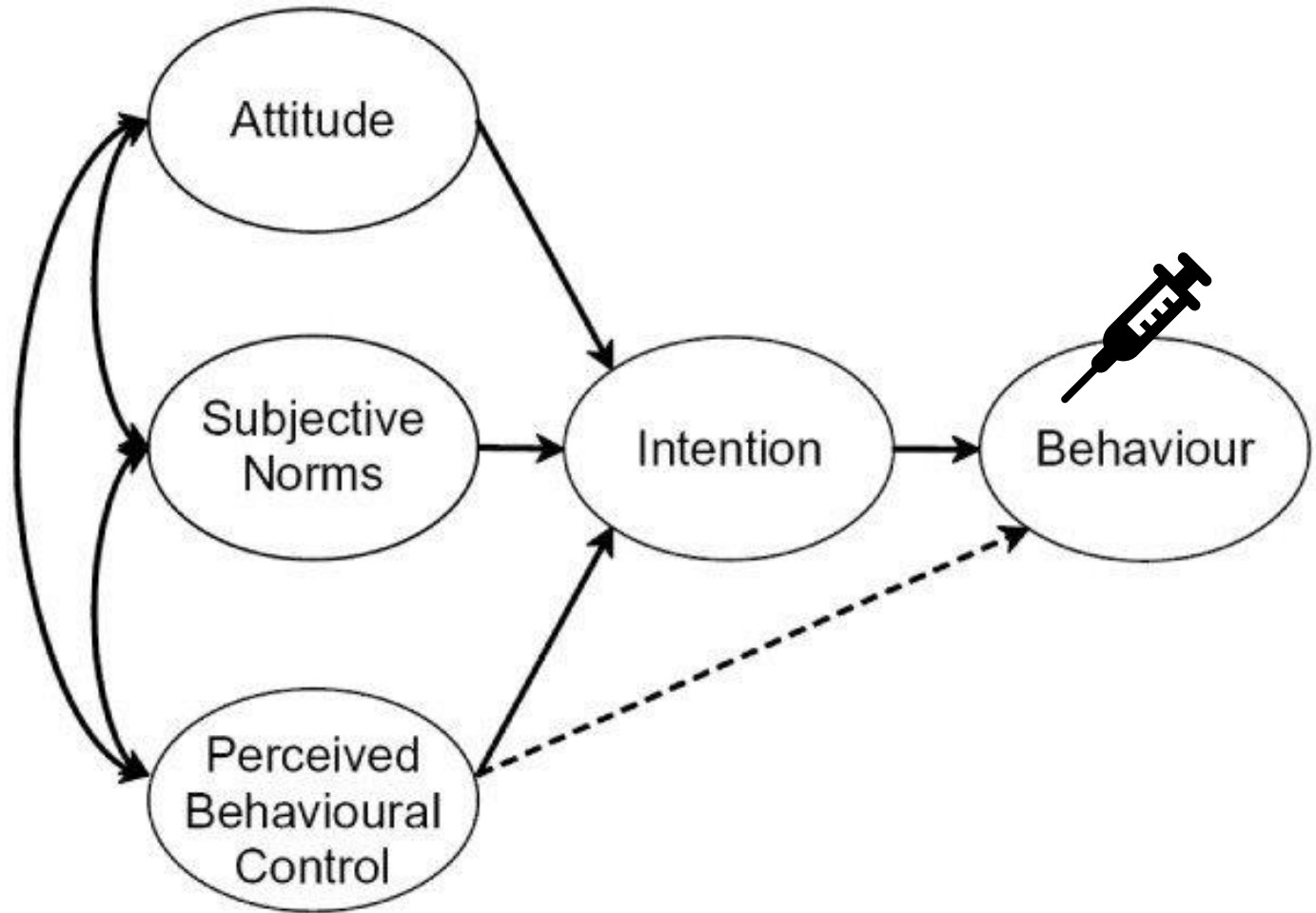
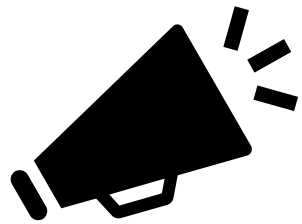
The proportion of queer people getting vaccinated is already very high.
That's great!

Now what?

- Aim: to increase vaccination coverage
- To encourage people to continue engaging in boosters as guided by public health



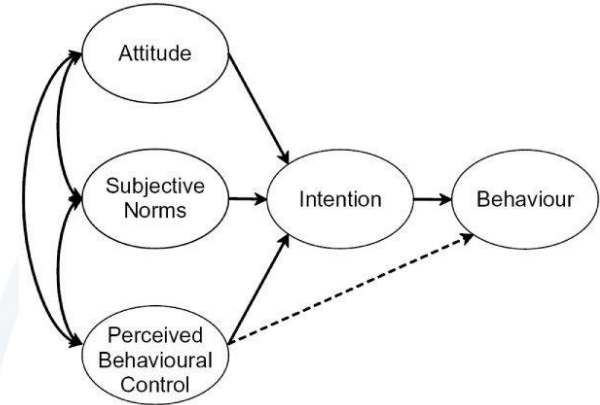




Attitude

(What do people think of COVID-19 and the vaccine?)

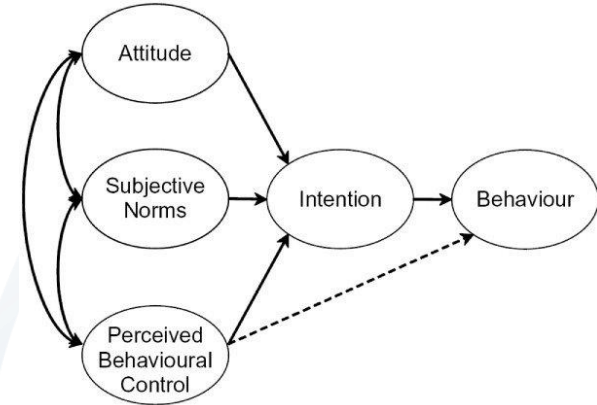
- “...high vaccination rates are encouraging, given the ability of vaccines to not just improve health outcomes for individuals but reduce the rates of COVID-19 in community.”
- “We can applaud the high vaccination rates observed for queer people and encourage even more community members to take action against COVID-19. In getting vaccinated, we can each play a part in protecting ourselves, our communities, and the ones we love from the impacts of COVID-19.”



Subjective Norms

(What norms do people perceive related to the vaccine?)

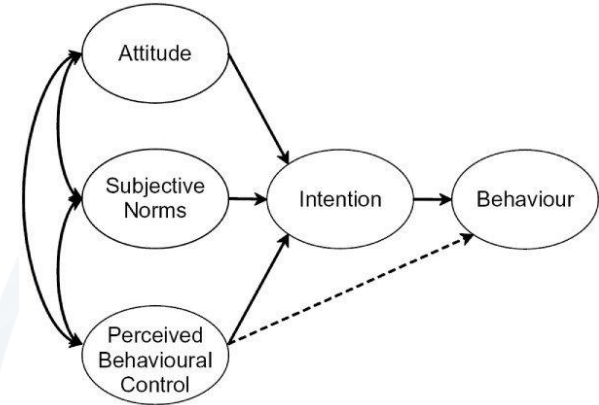
92% of GBT2Q guys got vaccinated!
here's why...



Perceived behavioural control

(Do people feel confident in their ability to get vaccinated?)

- “[COVID-19 is] not our first pandemic. For many queer people, public health efforts to prevent COVID-19 are reminiscent of those to prevent HIV/AIDS.”
- “For many of us, things like STI testing, or daily medications (such as HIV treatment, or PrEP) are routine activities that we engage in to promote health for ourselves and those around us. Queer people have often been on the forefront of infectious disease prevention efforts, and it seems COVID-19 vaccination is no exception.”



Join the vaccine club! You're in good company.

92% ofGBT2Q folks said they were likely
to get a COVID-19 vaccine.



*Data from CBRC's Sex Now 2020 COVID-19 Survey.
To learn more visit: cbrc.net/sexnow

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We all got vaccinated, did you?

92% of GBT2Q folks had received at least
one dose of a COVID-19 vaccine.



*Data from CBRC's Sex Now 2021 Test@Home Survey.
To learn more visit: cbrc.net/sexnow

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Congrats queers!

85% of GBT2Q folks listed protecting family and community as a reason they would get a COVID-19 vaccine.



*Data from CBRC's Sex Now 2020 COVID-19 Survey.
To learn more visit: cbrc.net/sexnow

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HOME // NEWS + IDEAS

// QUEER AND TRANS PEOPLE WERE EARLY ADOPTERS OF COVID-19 VACCINES, SEX NOW SURVEY FINDS

Queer and Trans People were Early Adopters of COVID-19 Vaccines, Sex Now Survey Finds

Posted on March 01, 2022

[> Articles](#)[Sex Now](#)[COVID19](#)[> Announcements](#)

Data from CBRC's Sex Now Survey show that gay, bisexual, trans, Two-Spirit, and queer men and non-binary people (GBT2Q) were early adopters of the COVID-19 vaccine. Ninety-two percent of GBT2Q folks surveyed July to September 2021 had at least one vaccine, compared to 85%¹ of the general population.

These findings align with other studies, including from the Centres for Disease Control and Prevention (CDC), that show higher COVID-19 vaccination rates among queer people than their straight counterparts.²

"These high vaccination rates are encouraging, given the ability of vaccines to not just improve health outcomes for individuals but reduce the rates of COVID-19 in community," says Michael Kwag, CBRC's Acting Executive Director.

Is there a reason queer folks have been more receptive to vaccines? "It's possible that diverse factors, like cultural values or political affiliation contributed to these findings," says Kwag,

Evaluation—Did this work?

- Quantitative evaluation focussed on reach and engagement
- Outputs were:

6

Infographics



(En)



(Fr)

2

Blog posts



(En)



(Fr)

Evaluation

Newsletter



- 4290 recipients
- 32.47% open rate (1393)

Website analytics



- 139 pageviews
- 94 unique pageviews

Social media



Facebook

- 7984 Reach/Impressions
- 509 Engagement/interactions

Instagram

- 712 Reach/Impressions
- 108 Engagement/interactions

Twitter

- 1546 Reach/Impressions
- 56 Engagement/interactions

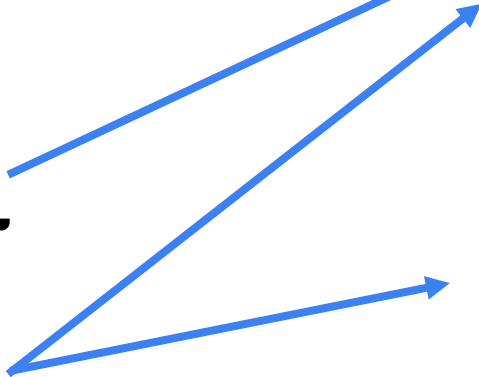
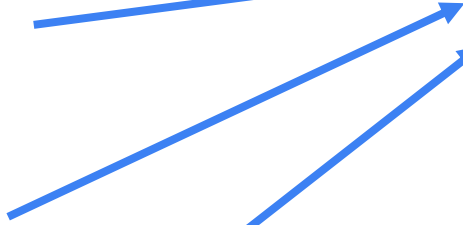
LinkedIn

- 1615 Reach/Impressions
- 43 Engagement/interactions

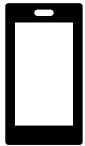
Evaluation



16,241 total reach



716 engagements



Future work

- These initial findings will help inform our upcoming study
 - Our Health: Canada-Wide 2SLGBTQQIA+ Community Study
- We were pleased to find such high vaccination rates, but we know COVID-19 will have a lasting impact on our communities...
- More data needed on the MANY ways in which covid is impacting inequities withing the 2SLGBTQ+ community

Future work

- More KT work to come (Engage COVID-19 dataset)



- Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes*, 50(2), 179–211.
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- Nowaskie, D. Z., & Roesler, A. C. (2022). The impact of COVID-19 on the LGBTQ+ community: Comparisons between cisgender, heterosexual people, cisgender sexual minority people, and gender minority people. *Psychiatry research*, 309, 114391. <https://doi.org/10.1016/j.psychres.2022.114391>
- Public Health Agency of Canada. Canadian COVID-19 vaccination coverage report. Ottawa: Public Health Agency of Canada; December 23, 2021. <https://health-infobase.canada.ca/covid-19/vaccination-coverage/>
- Statistics Canada. (2021). COVID-19 willingness among Canadian population groups. Retrieved from: <https://www150.statcan.gc.ca/n1/pub/45-28-0001/2021001/article/00011-eng.htm>
- Statistics Canada. [Table 13-10-0806-01 Canadians' health and COVID-19, by age and gender](#)

Some final considerations

- Many concerns still exist around exclusion and distrust for 2SLGBTQ+ people accessing medical care
- Efforts to increase cultural competency can be very impactful
 - Many resources exist for this (take time to engage, and share with colleagues)
 - <https://cbrc.teachable.com/>
- Policies and infrastructure
 - E.g., 2SLGBTQ+ affirming messaging/signage
 - E.g., All gender washrooms, or other clear trans-inclusive washroom policies
 - E.g., Intake forms that ask preferred pronouns, with diverse gender options



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Thank you!

cameron.schwartz@cbrc.net