



LGBTQ+ HEALTH EQUITY & COVID-19: INFECTIONS, VACCINES AND THE FUTURE OF THE PANDEMIC

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New data collected by the Human Rights Campaign (HRC) Foundation in May 2022 highlights the ongoing impact of the COVID-19 pandemic on the LGBTQ+ community in the United States. Key findings from this report include:

1. One-third of LGBTQ+ respondents in the study tested positive for COVID-19 throughout the pandemic, which is lower than rates observed in the general adult population of the United States. Latinx LGBTQ+ respondents were more likely than respondents from all other racial/ethnic groups to have ever tested positive for COVID-19. Black, Indigenous, and people of color (BIPOC) LGBTQ+ respondents were twice as likely as white LGBTQ+ respondents to test positive more than once.
2. LGBTQ+ respondents continue to have received both the primary COVID-19 vaccine, and at least one COVID-19 booster, at higher rates than the general adult U.S. population. A majority of LGBTQ+ respondents support routine booster updates, and are willing to get boosted as frequently as the CDC recommends.
3. LGBTQ+ respondents enrolled in the study are split on whether they say their lives have either returned to normal or continue to be disrupted by the pandemic, with slightly more saying their lives are returning to normal. However, majorities of AANHPI and multiracial LGBTQ+ respondents have said their lives are still being disrupted by the pandemic.
4. Despite the impact of the pandemic on their lives, respondents indicated that the government's ability to respond to the COVID-19 pandemic and ongoing vaccination efforts were not major voting priorities for the 2022 midterms.
5. The pandemic has had both positive and negative impacts on all aspects of LGBTQ+ respondents' lives, from their physical and mental health to their social lives, and even including their own understanding of their sexual and gender identity.
6. Despite many respondents reporting that the pandemic negatively impacted their mental health, over half of LGBTQ+ respondents who wished to get mental health counseling were unable to receive it. The cost of mental health care, lack of provider availability, and difficulty finding LGBTQ+ inclusive care were the top three most listed reasons why they ultimately were unable to receive mental health care.

This research was developed in partnership between the HRC Foundation and Community Marketing and Insights (CMI) with support from The Rockefeller Foundation. For the project, 1,688 LGBTQ+ respondents throughout the United States were recruited in July 2021 to participate in a one-year longitudinal study involving three waves of survey questionnaires (baseline/ enrollment plus two subsequent follow-up surveys; more information can be found in the methodology appendix). This report presents cross-sectional data from the third and final wave of data collection, collected in May 2022, from 1,216 respondents (72% of the original sample).

COVID-19 ILLNESS AND LGBTQ+ PEOPLE

As of May 2022, **one-third (33%)** of LGBTQ+ respondents in this wave of the study said they have tested positive for COVID-19. This is **lower** than the incidence reported in the general population, with data reported by the CDC and Census Bureau suggesting that **more than 40% of adults** in the United States have had COVID-19 at least once.

BIPOC LGBTQ+ respondents in the sample, particularly Latinx LGBTQ+ respondents, were substantively more likely to report ever testing positive for COVID-19 than white LGBTQ+ respondents. Furthermore, BIPOC LGBTQ+ respondents were more likely than white LGBTQ+ respondents to have tested positive for COVID-19 more than once.

- +** **33% [95% confidence interval (CI): 30%, 36%]** of LGBTQ+ respondents tested positive for COVID-19 at least once since February 2020. This includes:

 - **32% [95% CI: 22%, 45%]** of AANHPI LGBTQ+ respondents
 - **31% [95% CI: 24%, 39%]** of Black LGBTQ+ respondents
 - **42% [95% CI: 35%, 49%]** of Latinx LGBTQ+ respondents
 - **30% [95% CI: 26%, 35%]** of white LGBTQ+ respondents
 - **29% [95% CI: 22%, 37%]** of multiracial LGBTQ+ respondents

- +** Among those who had ever tested positive for COVID-19, the vast majority tested positive only once, and thus, presumably, were only infected once.

 - **82% [95% CI: 77%, 86%]** tested positive for COVID-19 once.
 - **14% [95% CI: 10%, 19%]** tested positive twice
 - **1% [95% CI: 1%, 4%]** tested positive three or more times.
 - The remaining 2% were not sure how many times they had had COVID-19.

- +** Among those who had ever tested positive, BIPOC LGBTQ+ adults were substantially more likely than White LGBTQ+ adults to have tested positive two or more times, including:

 - **21% [95% CI: 8%, 45%]** of AANHPI LGBTQ+ respondents
 - **20% [95% CI: 10%, 35%]** of Black LGBTQ+ respondents
 - **22% [95% CI: 14%, 33%]** of Latinx LGBTQ+ respondents
 - **10% [95% CI: 5%, 18%]** of white LGBTQ+ respondents
 - **19% [95% CI: 10%, 35%]** of multiracial LGBTQ+ respondents

COVID-19 VACCINES AND BOOSTERS

Vaccination and boosters rates in the current report replicate trends in earlier [research conducted](#) by the HRC Foundation, which found that LGBTQ+ respondents are substantially more likely to be vaccinated and boosted against COVID-19 than the general population.

Over 95% [95% CI: 93%, 96%] of LGBTQ+ respondents in the sample were fully vaccinated, which is defined as receiving both doses of a two-dose vaccine series, or one dose of a single-dose vaccine. This is significantly higher than vaccination rates in the general US population; as of July 2022, the CDC estimates that [77% of U.S. adults \(age 18+\)](#) are fully vaccinated.

In addition, over **9 in 10** LGBTQ+ adults from each racial/ethnic group were fully vaccinated, including:

- **98% [95% CI: 94%, 99%]** of AANHPI LGBTQ+ respondents
- **91% [95% CI: 85%, 95%]** of Black LGBTQ+ respondents
- **95% [95% CI: 90%, 97%]** of Latinx LGBTQ+ respondents
- **96% [95% CI: 94%, 97%]** of white LGBTQ+ respondents
- **90% [95% CI: 84%, 94%]** of multiracial LGBTQ+ respondents

87% [95% CI: 85%, 90%] of fully vaccinated LGBTQ+ respondents in our sample received at least one booster shot--a figure which is also substantially higher than the [estimated 51% of adults in the general population](#) who have received at least one booster as of July 6, 2022.

- ✚ Among boosted and vaccinated LGBTQ+ adults, the vast majority had received a single booster shot at the time of the survey:
 - 83% [95% CI: 80%, 85%] received one booster shot
 - 16% [95% CI: 14%, 18%] received two booster shots
 - 1% [95% CI: <1%, 2%] received three booster shots

The vast majority of respondents from all racial/ethnic groups have received at least one booster, though Black LGBTQ+ adults, slightly lag behind others. **8 in 10 or more** vaccinated LGBTQ+ respondents from each racial/ethnic group have received at least one booster, including:

- **92% [95% CI: 81%, 97%]** of AANHPI LGBTQ+ respondents
- **80% [95% CI: 72%, 86%]** of Black LGBTQ+ respondents
- **87% [95% CI: 81%, 92%]** of Latinx LGBTQ+ respondents
- **89% [95% CI: 86%, 93%]** of white LGBTQ+ respondents
- **83% [95% CI: 75%, 89%]** of multiracial LGBTQ+ respondents

"I feel very lucky that the vaccine worked so well. I got C-19 that only lasted 5 days & I was able to still walk 5 miles each day."

As would be expected by the high vaccination and booster rates observed in this sample, the vast majority of vaccinated and boosted LGBTQ+ respondents were willing to continue getting booster shots.

- + **Less than 7% [95% CI: 5%, 9%]** of vaccinated and boosted LGBTQ+ respondents do not want to continue getting booster shots, with white LGBTQ+ respondents the most likely to not want any additional boosters
 - **4% [95% CI: 2%, 12%]** of AANHPI LGBTQ+ respondents
 - **6% [95% CI: 3%, 13%]** of Black LGBTQ+ respondents
 - **5% [95% CI: 3%, 9%]** of Latinx LGBTQ+ respondents
 - **8% [95% CI: 5%, 11%]** of white LGBTQ+ respondents
 - **3% [95% CI: 1%, 7%]** of multiracial LGBTQ+ respondents

In choosing how often to get these shots, they prefer to follow the recommendations of the CDC, rather than their personal health care provider.

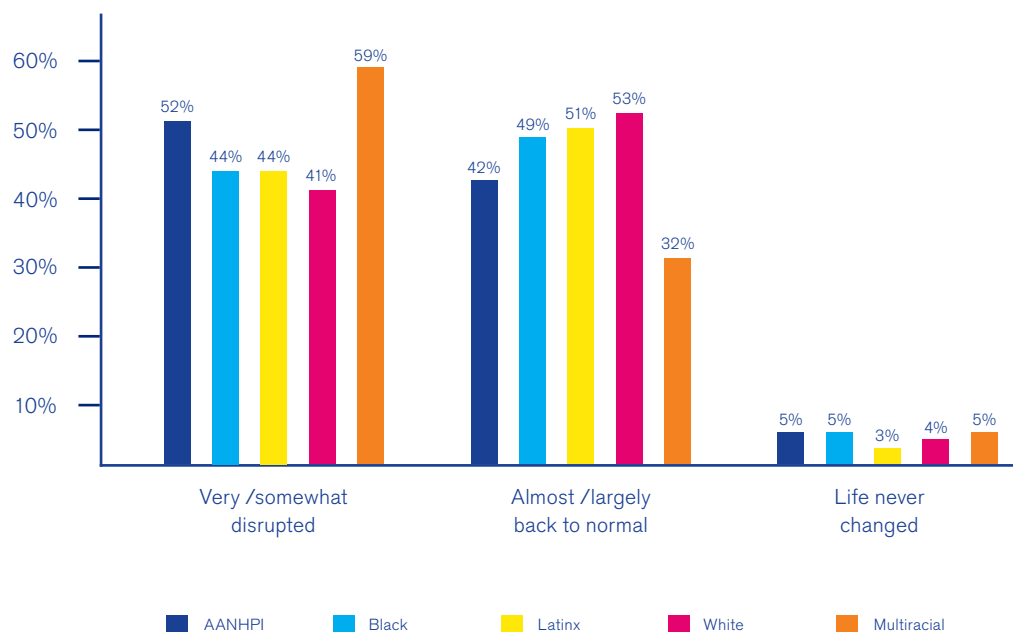
- + **More than half (59% [95% CI: 55%, 62%])** of LGBTQ+ adults say they are willing to get boosted as often as the CDC says they should
 - **63% [95% CI: 50%, 74%]** of AANHPI LGBTQ+ respondents
 - **47% [95% CI: 39%, 56%]** of Black LGBTQ+ respondents
 - **54% [95% CI: 46%, 61%]** of Latinx LGBTQ+ respondents
 - **61% [95% CI: 56%, 66%]** of white LGBTQ+ respondents
 - **70% [95% CI: 61%, 77%]** of multiracial LGBTQ+ respondents
- + **In contrast, a third (37% [95% CI: 33%, 40%])** would defer to their provider's lead, and get boosted as often as their personal health care provider recommends.
 - **49% [95% CI: 37%, 61%]** of AANHPI LGBTQ+ respondents
 - **31% [95% CI: 24%, 40%]** of Black LGBTQ+ respondents
 - **33% [95% CI: 26%, 41%]** of Latinx LGBTQ+ respondents
 - **37% [95% CI: 32%, 42%]** of white LGBTQ+ respondents
 - **48% [95% CI: 39%, 57%]** of multiracial LGBTQ+ respondents

LIVING WITH COVID-19

When asked about the personal impact of the Covid-19 pandemic on their day-to-day lives, **half of LGBTQ+ respondents** said their life was **almost or largely back to normal**. On the other hand, **more than four in ten** LGBTQ+ respondents report their lives are still very or somewhat disrupted. For 4%, however, "life never changed."

- + LGBTQ+ respondents report that, as a result of the pandemic, their day-to-day life is
 - **12% [95% CI: 10%, 15%]** "still very disrupted."
 - **31% [95% CI: 28%, 34%]** "still somewhat disrupted."
 - **30% [95% CI: 27%, 33%]** "almost back to normal."
 - **20% [95% CI: 17%, 23%]** "largely back to normal."
 - **4% [95% CI: 3%, 5%]** "never changed."

When looked across race/ethnicity, AANHPI and multiracial LGBTQ+ respondents were substantially more likely than others to report their life was still very or somewhat disrupted. On the other side, White and Latinx LGBTQ+ respondents were substantially more likely than others to report their life was almost or largely back to normal.



Interestingly, though the majority of LGBTQ+ respondents felt their own day-to-day life was back to normal, a very small proportion—only 4% (95% CI 3%, 5%) of all LGBTQ+ respondents--felt “we (in the US) are already back to life before” when asked when they thought concern around COVID for the US as a whole would be behind us, including:

- **1% [95% CI: <1%, 6%]** of AANHPI LGBTQ+ respondents
 - **1% [95% CI: <1%, 3%]** of Black LGBTQ+ respondents
 - **3% [95% CI: 1%, 7%]** of Latinx LGBTQ+ respondents
 - **5% [95% CI: 3%, 8%]** of white LGBTQ+ respondents
 - **3% [95% CI: 1%, 7%]** of multiracial LGBTQ+ respondents
- ✚ Conversely, **40% [95% CI: 36%, 43%]** of LGBTQ+ respondents think COVID-19 will never end and will always be a part of our lives in the United States. This includes:
- **44% [95% CI: 32%, 55%]** of AANHPI LGBTQ+ respondents
 - **35% [95% CI: 28%, 43%]** of Black LGBTQ+ respondents
 - **32% [95% CI: 25%, 39%]** of Latinx LGBTQ+ respondents
 - **42% [95% CI: 38%, 47%]** of white LGBTQ+ respondents
 - **47% [95% CI: 39%, 55%]** of multiracial LGBTQ+ respondents

The majority of LGBTQ+ respondents (**53% [95% CI: 50%, 57%]**) believe the pandemic is not over yet, but that it will end at some point. When this group was asked to estimate when the pandemic would end, **most LGBTQ+ respondents believed it will end within the next three years**. However, almost a quarter (23%) think the pandemic will end sometime longer than five years or more from now.

- **12% [95% CI: 9%, 15%]** say the pandemic will end in the next year
- **30% [95% CI: 26%, 35%]** say the pandemic will end in the next one to two years
- **28% [95% CI: 24%, 33%]** say the pandemic will end in the next two to three years
- **13% [95% CI: 10%, 16%]** say the pandemic will end in the next three to five years
- **10% [95% CI: 7%, 13%]** say the pandemic will end in five or more years

"It was simply an uncertain time that fully changed my understanding of the world and myself."

THE IMPORTANCE OF COVID-19 FOR LGBTQ+ PEOPLE IN VOTING

In light of the upcoming 2022 midterm election, respondents were asked to select from a provided list of issues and asked to select "*which issues do you think will be the most important when making your decision about who to vote for.*" Respondents could select as many as they would like, and were not required to rank them.

A little over four in ten LGBTQ+ respondents in our sample selected "ability to respond to the COVID-19 pandemic" (**45% [95% CI: 42%, 49%]**) and/or "COVID-19 ongoing vaccination efforts" (**45% [95% CI: 42%, 49%]**) as a top priority, placing them among the least selected issues across the sample.

Overall, **reproductive rights (83% [95% CI: 80%, 85%])** and **LGBTQ+ discrimination (81% [95% CI: 78%, 83%])** were the two most frequently selected important issues.

Other issues which a higher percentage of respondents selected included:

- **68% [95% CI: 65%, 71%]** healthcare quality and cost
- **67% [95% CI: 64%, 70%]** the environment and climate change
- **66% [95% CI: 63%, 69%]** transgender rights and safety concerns
- **65% [95% CI: 62%, 68%]** racial justice
- **61% [95% CI: 58%, 64%]** fair elections and voter suppression
- **53% [95% CI: 50%, 56%]** police reform or police violence

Only four issues were selected less frequently than COVID related issues:

- **42% [95% CI: 39%, 46%]** immigration policy reform
- **40% [95% CI: 37%, 43%]** education quality
- **22% [95% CI: 19%, 25%]** crime rates in their local area
- **20% [95% CI: 17%, 22%]** cybersecurity

“Our LGBTQIA+ communities have shown immense resilience, compassion, and brilliance in how we as people and groups have adapted to the new conditions so well, but we have also had to deal with the pandemic's effects having emboldened reactionary hate.”

THE MIXED IMPACT OF COVID-19 ON LGBTQ+ PHYSICAL AND MENTAL HEALTH

The COVID-19 pandemic has had a mix of both positive and negative effects on all aspects of LGBTQ+ respondents' lives, from their physical and mental health, to their social and family life, to even their own understanding of their LGBTQ+ identities.

The COVID-19 pandemic has altered the physical health of thousands of people ranging from physically damaging long COVID-19 symptoms to creating difficulty for people to safely exercise or be active. LGBTQ+ respondents in this sample were no different, with three-quarters experiencing at least some negative impact of the pandemic on their physical health.

- **32% [95% CI: 29%, 35%]** experienced only negative impacts to their physical health.
- **43% [95% CI: 40%, 47%]** experienced both negative and positive impacts to their physical health.
- **4% [95% CI: 3%, 6%]** experienced only positive impacts to their physical health.
- **18% [95% CI: 16%, 21%]** had no impact to their physical health at all.

The mental health impact of the pandemic on LGBTQ+ respondents was much clearer, with only **8% [95% CI: 7%, 10%]** reporting the pandemic had no effect on their mental health.

- **36% [95% CI: 33%, 40%]** experienced only negative impacts to their mental health
- **53% [95% CI: 49%, 56%]** experienced both negative and positive impacts to their mental health
- Less than 2% [95% CI: 1%, 3%] experienced only positive impacts on their mental health

The impact of the pandemic on LGBTQ+ respondents' relationships with friends and families was also mixed, with approximately half experiencing both negative and positive impacts to these relationships as a result of the pandemic:

- **11% [95% CI: 9%, 13%]** only negative
- **45% [95% CI: 41%, 48%]** both negative and positive
- **14% [95% CI: 12%, 16%]** only positive
- **26% [95% CI: 24%, 29%]** no effect

The impact of the pandemic on LGBTQ+ respondents' relationships to friends was:

- **14% [95% CI: 12%, 17%]** only negative
- **52% [95% CI: 48%, 55%]** both negative and positive
- **12% [95% CI: 10%, 15%]** only positive
- **19% [95% CI: 17%, 22%]** no effect



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At the same time, the pandemic offered opportunities for many LGBTQ+ respondents to further explore their sexual and gender identity. **Approximately a third** of LGBTQ+ respondents said the pandemic impacted their “*own understanding of their LGBTQ+ identity*,” as well as their “ability to live openly as LGBTQ+,” but to mixed effects.

+ **34% [95% CI: 31%, 37%]** of LGBTQ+ respondents said the pandemic had an **impact on their own understanding of their LGBTQ+ identity**. Among this group, the impact of the pandemic was largely positive:

- **2% [95% CI: 1%, 4%]** only negative
- **40% [95% CI: 24%, 45%]** both negative and positive
- **58% [95% CI: 52%, 64%]** only positive

+ **34% [95% CI: 31%, 37%]** said the pandemic impacted their ability to live openly as LGBTQ+, but for many, this impact was negative:

- **17% [95% CI: 13%, 22%]** only negative
- **31% [95% CI: 26%, 37%]** both negative and positive
- **52% [46%, 58%]** only positive

For transgender and non-binary respondents specifically (25% [95% CI: 22%, 28%] of the sample), **more than half (55% [95% CI: 48%, 62%]) reported the pandemic had an impact on their gender identity transition**, largely in positive ways. For this group, the impact of the pandemic was

- **11% [95% CI: 7%, 19%]** only negative
- **41% [95% CI: 32%, 51%]** both negative and positive
- **47% [95% CI: 38%, 57%]** only positive



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THE IMPACT OF THE COVID-19 PANDEMIC IN THEIR OWN WORDS:

"The world outside seems a more unsafe place, and I am more cautious around strangers. This has also affected the way I feel as a queer and genderqueer person in social settings. It has opened up old fears about society being an unsafe place for me."

"As far as gender goes, the pandemic was a great opportunity to fully reflect on myself. I began hormones a year and a half ago because of that reflection...But if I were a decade younger and halfway through high school this would have been devastating for me. School was my only escape as a queer kid and the thought of losing that makes me feel nauseous with dread even though I'm an adult with a life I control now. I'm so glad I was in a safe place by the time this hit as I have had some less than safe living situations."

"I'm lucky to say, the pandemic improved my overall quality of life. Being fired from my retail full time job forced me to accept some truths about myself, let go of some lies i was trying to convince myself of, and forced me to "grow up" and apply to more traditional and stable corporate jobs. I'm actually happy now but feel guilty it took this pandemic to be the catalyst."

"The pandemic has separated me from LGBTQ nightlife and isolated me from in person LGBTQ culture. This is one of the most important losses I have experienced as a result of the pandemic."

"I am a mental health counselor. I think socializing becoming restricted has been harmful to everyone, but more intense for our community because we benefit more by being with our cohorts. I believe social media has been helpful because many of my clients and friends have found a kinship with a more diverse population. Several of us, over 50, have new definitions - I moved from bi to pan, my wife is becoming more comfortable with the idea of being enby and other friends have accepted being demi and ace. I don't think we would have spent the time necessary on social media, or in thought concerning something we all thought we had figured out, without the pandemic."

Despite almost 9 in 10 LGBTQ+ respondents experiencing at least some negative impacts on their mental health as a result of the pandemic, **more than half** experienced an unmet need for mental health counseling.

- **56% [95% CI: 55%, 62%]** of LGBTQ+ respondents who wanted to receive therapy or counseling from a mental health provider had not been able to receive it since July 2021, when they enrolled in the study.

When asked why they did not receive the desired mental health services, the most commonly cited reason was cost: **More than half (58% [95% CI: 53%, 64%])** said that “*cost concerns or barriers*” prevented them from obtaining desired mental health services, statistically significantly more likely to be cited than any other reason.

Among other reasons for not obtaining mental health services:

- **36% [95% CI: 31%, 42%]** could not find a mental health care provider with availability
- **26% [95% CI: 22%, 32%]** could not find LGBTQ+ inclusive mental health care services
- **17% [95% CI: 12%, 22%]** did not know how to find a provider
- **13% [95% CI: 9%, 17%]** could not find a provider who took their concerns seriously
- **11% [95% CI: 8%, 16%]** do not believe their mental health can be fixed
- **7% [95% CI: 5%, 12%]** were afraid or ashamed of being labeled mentally ill

CONCLUSION

The COVID-19 pandemic has more intensely impacted the health of communities living at the intersections of multiply marginalized identities, with Latinx LGBTQ+ respondents reporting the highest rates of ever testing positive for COVID-19, and BIPOC LGBTQ+ respondents over twice as likely as white LGBTQ+ respondents to test positive more than once. Differences by race were also observed regarding opinion on the future of the COVID-19 pandemic. A majority of LGBTQ+ respondents think the pandemic will eventually end or has already ended, while roughly four in ten think the pandemic will become a part of our lives. Black and Latinx LGBTQ+ respondents were less likely to think the pandemic will become a part of our lives, compared to AANHPI and white LGBTQ+ respondents. With a vast array of viewpoints on COVID-19 and its importance to many in the community, policymakers, employers, health professionals and public officials may expect to dedicate some of their efforts to addressing the diversity of needs of the LGBTQ+ community. As monkeypox (MPV) begins to rise among the LGBTQ+ community in the United States, healthcare professionals must also continue to educate themselves on the needs of the LGBTQ+ people they serve in their institutions, as the pandemic was an opportunity for many in the community to better understand and grow in their LGBTQ+ identities. Specifically, the LGBTQ+ community will need concentrated efforts on providing affordable and accessible mental health care as the nation creates a new normal conscious of the destruction of the coronavirus pandemic, as well as continued efforts to ensure a wide range of LGBTQ+ inclusive providers.

METHODOLOGY

Data

The data come from a study of LGBTQ+ adults in the United States, 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 study's third of three waves of data. To date, three waves have been conducted: one in July 2021, enrolling 1,688 participants. The second wave, was fielded in February 2022, and enrolled 1,310 LGBTQ+ adults, or 78% of the original group of 1,688. The third wave, used in this analysis, enrolled 1,216 of the original group, or 72% of the original sample. 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:

$$\begin{aligned} r_i &= p_r(\widehat{p_r}^{-1}) \\ &= p_r\left(\frac{1}{\widehat{p_r}}\right) = \frac{p_r}{\widehat{p_r}} \end{aligned}$$

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

$$\begin{aligned} a_i &= p_a(\widehat{p_a}^{-1}) \\ &= p_a\left(\frac{1}{\widehat{p_a}}\right) = \frac{p_a}{\widehat{p_a}} \end{aligned}$$



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

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

Operationalizing Demographics

Race: For race, respondents were asked to select all that applied from a list. Note, a total of $N = 4$ 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.