



February 26, 2020

Sheleen Dumas
Department PRA Clearance Officer
Office of the Chief Information Officer
U.S. Department of Commerce
Submitted via regulations.gov

RE: Agency Information Collection Activities; Submission to the Office of Management and Budget (OMB) for Review and Approval; Comment Request; Household Pulse Survey (OMB No. 0607-1013)

Dear Sheleen Dumas:

Thank you for the opportunity to comment on the Department of Commerce's proposed revisions to the Household Pulse Survey (see 86 Fed. Reg. 7692).¹ We understand that including data collection regarding sexual orientation and gender identity (SOGI) are not in the current proposed revisions. We hope that the agency will consider adding these questions in future revisions. Our comments explain why including SOGI measures in the Household Pulse Survey is important and would improve Agency data collection efforts to support health and economic wellbeing for LGBTQ households.

The Center for LGBTQ Economic Advancement & Research (CLEAR) is a nonprofit organization that produces research and information about economic issues for lesbian, gay, bisexual, transgender, and queer (LGBTQ) communities. CLEAR educates members of the public and advocates for private and public solutions to alleviate present economic gaps for LGBTQ households, organizations, and communities. CLEAR produces original data and analyzes data from government, private, and nonprofit sources in creating our research and education.

1. Background about the Household Pulse Survey

The Household Pulse Survey (HPS) consists of a 20-minute online survey designed to measure household health and economic experiences during the COVID-19 pandemic. Crucially, federal and state governments use the HPS data to plan and respond to the pandemic's impact across many areas of life.²

The HPS and other data collection activities collect demographic data, including race, sex, and national origin, but they do not presently include SOGI. The omission of these questions makes it impossible to measure to impact of the COVID-19 pandemic on LGBTQ communities using federal data. Data collected through the HPS and other COVID-19 monitoring systems would be enhanced by including these questions in future surveys.

¹ U.S. Census Bureau, Agency Information Collection Activities; Submission to the Office of Management and Budget (OMB) for Review and Approval; Comment Request; Household Pulse Survey, *Federal Register* 86 (19) (2021): 2021-02076, available at <https://www.govinfo.gov/content/pkg/FR-2021-02-01/pdf/2021-02076.pdf>

² U.S. Census Bureau, Household Pulse Survey: Measuring Social and Economic Impacts during the Coronavirus Pandemic, available at <https://www.census.gov/programs-surveys/household-pulse-survey.html> (last accessed February 2021).

2. LGBTQ people lived with health and economic disparities before March 2020, making them more vulnerable to health and financial issues during the pandemic.

Most of the currently available studies about health and economic conditions for LGBTQ people in the United States do not measure how the pandemic has affected LGBTQ people because they utilize data collected before March 2020. However, those studies reveal that LGBTQ people were more likely to suffer from health disparities, including conditions that would increase their risk of serious illness or hospitalization if infected with COVID-19, and to suffer from economic insecurity that would leave them more vulnerable to negative economic effects of the pandemic.

A 2021 report by the Centers for Disease Control (CDC), based on data collected by the CDC's Behavioral Risk Factor Surveillance System from 2017 to 2019, found that sexual minorities were at higher risk for health conditions linked to serious COVID-19 illness, including asthma, chronic obstructive pulmonary disease, stroke, kidney disease, cancer, and heart disease.³ A 2020 report released by the Human Rights Campaign (HRC) similarly found LGBTQ adults were more likely to have asthma than non-LGBTQ adults (21% vs. 14%) and were also more likely to smoke than non-LGBTQ adults (37% vs. 27%).⁴ Adding to existing health issues, HRC found that one-in-five LGBTQ adults had not seen a doctor when needed because they could not afford it. Black LGBTQ adults (23%), Latinx LGBTQ adults (24%), and transgender women (29%) were the most likely to have avoided going to the doctor because of cost.⁵

Before the pandemic, LGBTQ people also were more likely to suffer from problems related to their economic wellbeing. The Williams Institute reported in 2019 that one-in-five LGBTQ adults in the United States live in poverty (22%), as compared to an estimated 16% of non-LGBTQ adults.⁶ Disparities were even greater for particular LGBTQ people. Transgender adults (29%) and cisgender bisexual women (29%) had even higher rates of poverty,⁷ and Black (40%) and Latinx (45%) transgender adults were the most likely to live in poverty among transgender people.⁸ LGBTQ people were also more likely to be unemployed than non-LGBTQ people before the pandemic and face barriers to employment. A 2018 report by the Harvard T.H. Chan School of Public Health using data from the Growing Up Today Study found that Sexual minority women and men were about 2x more likely than heterosexual peers to be unemployed and uninsured.⁹ Adding to LGBTQ adults prior unemployment underemployment issues in 2020, LGBTQ people were also likely to work in industries hardest hit by the pandemic: HRC's 2020

³ Kevin C. Heslin & Jeffrey E. Hall, Sexual Orientation Disparities in Risk Factors for Adverse COVID-19-Related Outcomes, by Race/Ethnicity—Behavioral Risk Factor Surveillance System, United States, 2017-2019, 70 MMWR 149 (2021), available at <https://www.cdc.gov/mmwr/volumes/70/wr/pdfs/mm7005a1-H.pdf>.

⁴ Charlie Whittington et al., The Lives & Livelihoods of Many in the LGBTQ Community are At-Risk amidst the COVID-19 Crisis, Human Rights Campaign Foundation 5 (2020), https://assets2.hrc.org/files/assets/resources/COVID19-IssueBrief-032020-FINAL.pdf?_ga=2.94294430.205881203.1588012193-590966580.1588012193.

⁵ *Id.* at 2

⁶ M.V. Lee Badgett et. al, LGBT Poverty in the United States: A Study of Differences Between Sexual Orientation and Gender Identity, Williams Institute 2 (2019) <https://williamsinstitute.law.ucla.edu/wp-content/uploads/National-LGBT-Poverty-Oct-2019.pdf>

⁷ *Id.* at 3

⁸ *Id.*

⁹ Brittany M Charlton et. al., Sexual orientation-related disparities in employment, health insurance, healthcare access and health-related quality of life: a cohort study of US male and female adolescents and young adults *BMJ Open* (2018) 10.1136/bmjopen-2017-020418

report found that 40% of LGBTQ workers included restaurant and food services, health care, education, and retail workers—an estimated 5 million LGBTQ workers.¹⁰

3. Available data shows LGBTQ people are suffering greater impacts to their health and economic wellbeing during the COVID-19 pandemic.

Although SOGI are not measured currently in the HPS or other Federal data collections monitoring COVID-19, data collected by private and nonprofit organizations has documented some of the ways LGBTQ people are suffering disproportionate health and economic impacts during the pandemic.

Using data collected in the Ipsos-Axios Coronavirus Index between August and December 2020, the Williams Institute found that LGBTQ people were more likely to have been laid off (12% vs. 8%) or furloughed from their job (14% vs. 10%).¹¹ They were also more likely to report difficulties affording household necessities (24% vs. 12%) and difficulties paying their rent or mortgage (20% vs. 12%).¹² Disparities were even greater for LGBTQ people of color. 29% of LGBTQ people of color reported having less ability to afford household goods, and 26% reported being unable to pay their rent or mortgage.¹³ Nearly one-in-three LGBT people of color personally knew someone who had died of COVID-19 (32.1%) compared to one-in-five White LGBT (21.3%) and White non-LGBT people (19.8%).¹⁴

The Movement Advancement Project has also produced another notable report about COVID-19's effects on LGBT communities using data collected in a poll by NPR, the Robert Wood Johnson Foundation, and the Harvard T.H. Chan School of Public Health. Nearly two-thirds (64%) of LGBTQ people reported a loss of work since the pandemic began, compared to less than half (45%) of non-LGBTQ people.¹⁵ Likewise, about two-thirds of LGBTQ people and less than half of non-LGBTQ people reported one or more serious financial problems since the pandemic started (66% vs. 44%).¹⁶ LGBTQ people were also more likely to report food insecurity (19% vs. 6%)¹⁷ and unable to get or delay medical care (38% vs. 19%) than non-LGBTQ people.¹⁸

4. Adding sexual orientation and gender identity measures would enhance Federal data collection, improve data-informed policy, and help reduce health and economic disparities for LGBTQ communities.

Recent studies produced from available data sources shine a little light on some of the pandemic's dire effects on LGBTQ communities. Still, these sources are not as comprehensive as the HPS. In addition to more general questions about housing, food, and employment, the HPS also asks additional questions about respondents' facility to telework, travel patterns, income loss, spending patterns, food and housing

¹⁰ Whittington, *supra* note 4, at 2.

¹¹ Brad Sears et al., *The Impact of the Fall 2020 COVID-19 Surge on LGBT People in the US*, Williams Institute 3 (2021), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/COVID-LGBT-Fall-Surge-Feb-2102.pdf>.

¹² *Id.* at 3-4.

¹³ *Id.* at 3.

¹⁴ *Id.*

¹⁵ Movement Advancement Project, *The Disproportionate Impacts of COVID-19 on LGBTQ Households in the U.S.* 1 (2021), <https://www.lgbtmap.org/file/2020-covid-lgbtq-households-report.pdf>

¹⁶ *Id.* at 3

¹⁷ *Id.* at 2

¹⁸ *Id.* at 4

security, access to benefits, mental health, access to healthcare, and educational disruption, COVID diagnosis, and vaccine uptake. Adding SOGI measures will produce much-needed information about LGBTQ adults and their families' health and economic conditions.

Adding LGBTQ measures to existing Agency data collection efforts would improve knowledge about LGBTQ communities, inform more effective data-driven policy responses, and reduce health and economic disparities for LGBTQ people. In light of health disparities for sexual minorities, the 2021 CDC report authors lament “COVID-19 surveillance systems do not capture information about sexual orientation,” but observe inclusion of SOGI would “inform[] more equitable responses to the pandemic” and “improv[e] knowledge about disparities in infection and adverse outcomes by sexual orientation.”¹⁹

Some states have addressed the need for more health data about LGBTQ communities by including measures of SOGI in state health surveys and data collection related to COVID-19. In September 2020, California enacted a bill requiring health care providers to collect information about patients’ SOGI to track the pandemic’s impact on LGBTQ communities.²⁰ In May 2020, Pennsylvania also announced it would collect SOGI data in its coronavirus monitoring systems.²¹

However, Federal data collection remains limited because of a lack of SOGI measures. Data collected by the HPS will help inform Federal and State public health and recovery efforts. Without the inclusion of sexual orientation or gender identity measures, LGBTQ people and the effects that COVID-19 has had on their communities’ risk being rendered invisible in those data-driven discussions to determine policy priorities and allocate resources. Including these questions would empower policymakers and advocates to undertake actions to support LGBTQ health and economic wellbeing and reduce existing disparities for LGBTQ people, their families, and communities.

5. Conclusion

We request that the Department of Commerce update the HPS and other data collection activities related to COVID-19 to include measures of SOGI.

Given the health and economic vulnerabilities LGBTQ people had before the coronavirus, the withering effects the pandemic has had on their communities, and the positive policy effects of including SOGI measures, we believe including SOGI questions on the HPS and other COVID-19 surveillance surveys will provide critical information to support LGBTQ peoples’ economic wellbeing and recovery.

For any questions regarding these comments, please feel free to contact me at spencer@lgbtq-economics.org or 415-278-7358.

Sincerely,

Spencer Watson
Executive Director
Center for LGBTQ Economic Advancement & Research

¹⁹ Heslin & Hall, *supra note 3* at 149.

²⁰ S.B. 392, 2019-2020 Gen. Assem. (Cal. 2020) (enacted).

²¹ Press Release, Gov. Tom Wolf Announces Inclusion of Gender Identity, Sexual Orientation or Expression in COVID-19 Data Collection (May 13, 2020), <https://www.governor.pa.gov/newsroom/gov-wolf-announces-inclusion-of-gender-identity-sexual-orientation-or-expression-in-covid-19-data-collection/>.