



March 1, 2021

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:

We write in response to the U.S. Census Bureau notice requesting comments on the Household Pulse Survey (see 86 FR 7692).¹ Specifically, we aim to address the need for the Household Pulse Survey to include data collection on sexual orientation and gender identity (SOGI).

The Center for American Progress (CAP) is an independent non-partisan think tank. Our LGBTQ Research and Communications Project conducts research and participates in advocacy on issues affecting LGBTQ people in the United States. We have provided and continue to provide valuable research to the public, government entities, and advocates regarding the necessity and benefits of SOGI data collection in federally funded surveys.² Our deep interest and expertise in this area compel us to communicate the need for SOGI data to be incorporated into the Household Pulse Survey. Doing so will offer valuable insight into how the COVID-19 pandemic is impacting the economic wellbeing, health and everyday lives of LGBTQ Americans, and is crucial to ensuring an equity-centered government response to the pandemic.

I. Background on the Household Pulse Survey

The Household Pulse Survey (HPS) consists of a 20-minute online survey designed to measure the social and economic experiences of households during the coronavirus pandemic.³ Crucially, the data is deployed in near real-time to inform how federal and state government strategically plan and

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 See Kellan Baker, Laura E. Durso, and Aaron Ridings, “How to Collect Data About LGBT Communities” (Washington: Center for American Progress, 2016), available at <https://www.americanprogress.org/issues/lgbtq-rights/reports/2016/03/15/133223/how-to-collect-data-about-lgbt-communities/> and Kellan Baker and Laura E. Durso, “Filling in the Map: The Need for LGBT Data Collection,” Center for American Progress, September 16, 2015, available at <https://www.americanprogress.org/issues/lgbtq-rights/news/2015/09/16/121128/filling-in-the-map-the-need-for-lgbt-data-collection/>.

³ 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).

respond to the pandemic's impact across many areas of life.⁴ To ensure the HPS data meet the informational needs of governments and capture the pandemic's evolving impacts on households, the questions are open to revision across the three phases of the survey.⁵ Combined, Phase 1 which ran from April 23, 2020 through July 21, 2020 and Phase 2 which ran from August 19, 2020 through October 26, 2020 included questions about employment status, food and housing security, physical and mental health, access to health care, k-12 and post-secondary educational disruption, receipt of benefits, facility and capacity to telework, spending patterns, availability of financial resources, and travel practices.⁶ To better understand how experiences alter over time, the survey continues to retain many questions while also offering opportunities to add additional questions.

The HPS is currently in the midst of Phase 3, which began October 28, 2020 and is expected to continue through March 1, 2021 with further revisions anticipated beginning in March.⁷ In January, the Census Bureau revised the survey to remove questions that now offer less utility, while adding topics based on public comment and consultation with other agencies, including those related to intent to receive a COVID-19 vaccination and consumer spending related to stimulus payments.⁸ In its most recent comment request, the Census Bureau notes that in addition to continuing to remove less useful survey questions, the latest iteration of the survey would include new questions related to disability, child health access, telehealth and childcare.⁹

Accurate and comprehensive data collection is imperative to inform evidence-based social, economic and health policies, as well as to support an effective government response to the multifaceted impacts of the COVID-19 pandemic. While the HPS collects demographic information about race, sex, and national origin, it does not include measures of SOGI. As the Census Bureau continues to revise survey questions and improve the data collection process for the HPS, CAP urges it to include questions on individual's SOGI to better capture the experiences of LGBTQ communities during the pandemic.

II. Economic and Health Disparities of LGBTQ Communities

The COVID-19 pandemic is having unprecedented detrimental impacts on the public health, health care system and economy of the United States. These health and economic crises are exacerbating existing inequalities experienced by LGBTQ people, particularly those who are Black, Latinx, low-income and persons with disabilities. Research illustrates the health and economic disparities that LGBTQ communities face predate the pandemic, while also making them particularly vulnerable to the adverse impacts of the current crises.

⁴ Ibid.

⁵ U.S. Census Bureau, "Measuring Household Experiences during the Coronavirus Pandemic," available at <https://www.census.gov/data/experimental-data-products/household-pulse-survey.html> (last accessed February 2021).

⁶ Ibid.

⁷ Ibid.

⁸ Ibid.

⁹ 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>.

For example, LGBTQ communities are at greater risk of suffering severe illness from COVID-19 due to experiencing higher rates of chronic health conditions that compromise their immune systems. As of 2017, an estimated 65 percent of LGBTQ adults had underlying preexisting conditions¹⁰ such as diabetes, heart disease, or HIV, meaning they were immunocompromised, and therefore face increased risk of severe illness if they contract COVID-19.¹¹ Indeed, a recent report by the Center for Disease Control and Prevention¹² (CDC) found that LGB people experience greater risk of health conditions associated with serious COVID-19 illness such as asthma, smoking, chronic obstructive pulmonary disease, heart disease, obesity, diabetes, hypertension and stroke. CAP analysis of data from the 2019 Behavioral Risk Factor Surveillance System¹³ reveals that 49% of LGBTQ adults smoke every day or some days, compared with 39% of non-LGBTQ adults, while 20% of LGBTQ adults have been informed they have asthma compared with 14% of non-LGBTQ adults. Overall, the CDC study found “the risk for more severe COVID-19–related illness were more prevalent among sexual minority persons than heterosexual persons, both within the overall population and within specific racial/ethnic groups”.

Additionally, data from CAP’s nationally representative June 2020 survey¹⁴ document the cost and discrimination barriers that LGBTQ face when accessing medical care – obstacles that drive health care disparities and long predate the pandemic. For example,¹⁵ according to CAP’s data 29% of LGBTQ adults, 51% of transgender adults, 29% of Black LGBTQ adults, 30% of Hispanic LGBTQ adults, 40% of LGBTQ adults with disabilities, and 35% of LGBTQ adults making less than 25,000 annually reported postponing or avoiding health care in the past year due to cost; while 15% of LGBTQ adults, 28% of transgender adults, 14% of Black LGBTQ adults, 16% of Hispanic LGBTQ adults, and 22% of LGBTQ adults with disabilities reported postponing or avoiding health care in the past year to avoid discrimination.

Compared with the general population, LGBTQ people are also at greater risk of experiencing economic insecurities due to disproportionate economic hardships, such as higher rates of poverty and unemployment, greater food insecurity and vulnerability to homelessness, and workforce

¹⁰ Caroline Medina and Lindsay Mahowald, “Repealing the Affordable Care Act Would Have Devastating Impacts on LGBTQ People,” Center for American Progress, October 15, 2020, available at <https://www.americanprogress.org/issues/lgbtq-rights/news/2020/10/15/491582/repealing-affordable-care-act-devastating-impacts-lgbtq-people/>.

¹¹ Center for Disease Control and Prevention, “People with Certain Medical Conditions,” available at <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html> (last accessed February 2021).

¹² 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,” *Morbidity and Mortality Weekly Report* 70 5 (2021): 149–154 available at <https://www.cdc.gov/mmwr/volumes/70/wr/pdfs/mm7005a1-H.pdf>.

¹³ Center for Disease Control and Prevention, “Behavioral Risk Factor Surveillance System 2019 Data” available at https://www.cdc.gov/brfss/annual_data/annual_2019.html (last accessed February 2021).

¹⁴ Sharita Gruberg, Lindsay Mahowald, and John Halpin, “The State of the LGBTQ Community in 2020: A National Public Opinion Study” (Washington: Center for American Progress, 2020), available at <https://www.americanprogress.org/issues/lgbtq-rights/reports/2020/10/06/491052/state-lgbtq-community-2020/>.

¹⁵ Caroline Medina and Lindsay Mahowald, “Government Strategies To Address the Coronavirus Must Include Targeted Assistance for LGBTQ Communities,” Center for American Progress, February 1, 2021, available at <https://www.americanprogress.org/issues/lgbtq-rights/news/2021/02/01/495205/government-strategies-address-coronavirus-must-include-targeted-assistance-lgbtq-communities/>.

discrimination based on SOGI.¹⁶ A key driver of employment instability and unemployment among LGBTQ communities is the prevalence of discrimination when attempting to enter the workforce and maintain employment. For example,¹⁷ 35% of LGBTQ adults said their ability “to be hired” has been negatively affected to a moderate or significant degree in the past year due to discrimination, along with 31% who have faced negative impacts on their “salary or ability to be promoted” or their “ability to retain employment.” Notably, 53% of transgender individuals expressed that discrimination moderately or significantly affected their capacity to be hired, while 47% reported that discrimination had a moderate or significant impact on their ability to retain employment. Other critical problems LGBTQ people encounter include¹⁸ disproportionate unemployment rates, wage disparities, discrimination and harassment, overrepresentation in low-income jobs, and underrepresentation in high-wage, high-quality jobs. All of these problems adversely affect workforce experiences, serve as barriers to workforce entry, and narrow critical pathways to economic advancement for LGBTQ people, their families, and communities.¹⁹ For LGBTQ people living at the intersection of multiple identities, such as LGBTQ people of color, these challenges are even greater.

III. The Pandemic’s Impact on LGBTQ Communities

Over the course of the pandemic, a handful of state governments and private entities started to include SOGI measures in surveys and other data collection activities. Early reports based on data collected through these resources shed light on the disproportionate impacts that the pandemic is having on LGBTQ people and emphasize the need for greater data collection and investigation into the experiences of these communities.

For example, in February 2021, the Williams Institute published a report based on data collected through the Ipsos-Axios survey between August and December 2020.²⁰ The report found that LGBT communities of color have disproportionately experienced the health and economic impacts of COVID-19. Among those tested, an estimated 15% of LGBT people of color have tested positive for COVID-19, compared to 7% of non-LGBT White people.²¹ About one-third of LGBT people of color personally knew someone who died of COVID-19 compared to one-fifth of White LGBT and White non-LGBT people.²² In addition, LGBT respondents were more likely than non-LGBT respondents to have been laid off (12% vs 8%) or furloughed from their jobs (14% vs 10%), report

¹⁶ Caroline Medina and Lindsay Mahowald, “Lessening the Pandemic’s Burden on LGBTQ Workers and Families,” Center for American Progress, February 11, 2021, available at <https://www.americanprogress.org/issues/lgbtq-rights/news/2021/02/11/495675/lessening-pandemics-burden-lgbtq-workers-families/>.

¹⁷ Sharita Gruberg, Lindsay Mahowald, and John Halpin, “The State of the LGBTQ Community in 2020: A National Public Opinion Study” (Washington: Center for American Progress, 2020), available at <https://www.americanprogress.org/issues/lgbtq-rights/reports/2020/10/06/491052/state-lgbtq-community-2020/>.

¹⁸ Caroline Medina, Sharita Gruberg, Lindsay Mahowald, and Theo Santos, “Improving the Lives and Rights of LGBTQ People in America” (Washington: Center for American Progress, 2020), available at <https://www.americanprogress.org/issues/lgbtq-rights/reports/2021/01/12/494500/improving-lives-rights-lgbtq-people-america/>.

¹⁹ Ibid.

²⁰ Brad Sears, Kerith J. Conron and Andrew R. Flores, “The Impact of the Fall 2020 COVID-19 Surge on LGBT People in the US” (Los Angeles: University of California School of Law, 2021), available at <https://williamsinstitute.law.ucla.edu/wp-content/uploads/COVID-LGBT-Fall-Surge-Feb-2102.pdf>

²¹ Ibid.

²² Ibid. at 3

problems affording basic household goods (24% vs 12%), and report having problems paying their rent or mortgage (20% vs 12%).²³ These economic disparities were even greater when comparing LGBT people of color to non-LGBT White people: 29% of LGBT people of color reporting having less ability to pay for household goods and 26% reported being unable to pay their rent or mortgage compared to 14% and 9% of non-LGBT White respondents, respectively.²⁴ Moreover, compared with non-LGBTQ people, LGBTQ people endure disparate experiences of homelessness²⁵ and are more likely to be renters – meaning they are particularly vulnerable to housing insecurity during the pandemic, which has placed as many as 30 to 40 million Americans, approximately 20 percent²⁶ of renter households, at risk of eviction.

Additional data from the Movement Advancement Project²⁷ based on data collected through the polling series by NPR, the Robert Wood Johnson Foundation, and the Harvard T.H. Chan School of Public Health found that compared with 44% of non-LGBTQ households, 95% of Black LGBTQ households, 70% of Latino LGBTQ households, 66% of LGBTQ households, and 78% of LGBTQ households with an income lower than \$30,000 per year experienced serious financial problems, including paying utilities, affording medical care, and paying credit card bills, loans or other forms of debt. The study also found that compared with 19% of non-LGBTQ households, 54% of Black LGBTQ households, 45% of White LGBTQ households, 28% of LGBTQ households, 24% of Latino LGBTQ households, and 40% of LGBTQ households with an income lower than \$30,000 per year reported being unable to receive or delayed receiving needed medical care during the pandemic.²⁸ The analysis also revealed that compared with 45% of non-LGBTQ households, 71% of Latino LGBTQ households, 68% of White LGBTQ households, 64% of LGBTQ households, 60% of Black LGBTQ households, and 68% of LGBTQ households with an income lower than \$30,000 per year experienced employment or wage loss during the pandemic.²⁹

Overall, COVID-19 appears to be exacerbating existing barriers to stable employment for LGBTQ people, who are overrepresented in industries highly affected by the pandemic—such as restaurants and food services, hospitals, K-12 education, colleges and universities, and retail. Analysis by the Human Rights Campaign³⁰ (HRC) reveals that these five industries make up approximately 40% of all industries where LGBTQ people work, compared with 22% of industries where non-LGBTQ people work. This suggests that due to disproportionate employment in these industries, nearly 5 million

²³ Ibid.

²⁴ Ibid. at 4.

²⁵ Adam P. Romero, Shoshana K. Goldberg, and Luis A. Vasquez, “LGBT People and Housing Affordability, Discrimination, and Homelessness” (Los Angeles: University of California School of Law, 2020), available at <https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-Housing-Apr-2020.pdf>.

²⁶ Center on Budget and Policy Priorities, “Tracking the COVID-19 Recession’s Effects on Food, Housing, and Employment Hardships” (Washington: 2021), available at <https://www.cbpp.org/research/poverty-and-inequality/tracking-the-covid-19-recessions-effects-on-food-housing-and-employment-hardships>.

²⁷ Movement Advancement Project, “The Disproportionate Impacts of COVID-19 on LGBTQ Households in the U.S.” (Washington: 2020), available at <https://www.lgbtmap.org/file/2020-covid-lgbtq-households-report.pdf>.

²⁸ Ibid.

²⁹ Ibid.

³⁰ Human Rights Campaign, “The Lives and Livelihoods of Many in the LGBTQ Community are at Risk Amidst COVID-19 Crisis” (Washington: 2020), available at https://assets2.hrc.org/files/assets/resources/COVID19-IssueBrief-032020-FINAL.pdf?_ga=2.105560000.293143299.1609796026-867693953.1600960438.

LGBTQ workers are enduring financial hardships created by the pandemic and governments' varying responses to mitigating COVID-19 transmission and infection rates.³¹ Further analysis by HRC illustrates the specific harms being felt by transgender people and transgender people of color due to compared with white LGBTQ people and the general population during the pandemic.³² These disproportionate impacts occur with respect to having work hours reduced (54% and 58% vs. 27% and 23%), becoming unemployed (19% and 26% vs. 13% and 12%), having to take unpaid leave (29% and 31% vs. 15% and 7%), and experiencing a pay cut (27% and 37% vs. 8% and 7%).³³

IV. The Need for SOGI Data Collection in the HPS

All of these studies document the health and economic disparities that LGBTQ communities experienced prior to the pandemic and how these communities have been disproportionately impacted by the adverse impacts of the current crises. While valuable, the data sources that these studies rely on are not as comprehensive as the HPS, which is distinct in its scope and breadth of information that cannot be collected elsewhere. The HPS survey will directly inform how the federal government and states provide targeted assistance, support and allocation of resources to communities in need. Including SOGI data collection, monitoring and timely reporting will substantially enhance governments' abilities to understand and respond to the pandemic's impacts in a more fair and inclusive way.

Indeed, including SOGI data collection, monitoring and timely reporting is an essential step to meaningfully advance the current administration's commitment to ensuring an equity-centered approach to tackling the pandemic. This stance is evident from the issuance of executive orders such as Executive Order 13994 Ensuring a Data-Driven Response to COVID-19 and Future High-Consequence Public Health Threats³⁴, Executive Order 13995 Ensuring an Equitable Pandemic Response and Recovery and the creation of the COVID-19 Health Equity Task Force.³⁵

V. Conclusion

For the reasons stated above, the Center for American Progress respectfully urges the U.S. Census Bureau to include SOGI data collection, monitoring and timely reporting in the HPS using appropriate privacy standards which maintain the confidentiality of respondents' medical and demographic information. While we recognize that SOGI measures are not included in the current proposed revisions for Phase 3, we hope the agency will add these questions through the current revision process. Doing so is a crucial step to shedding light on the social and economic experiences of

³¹ Ibid.

³² Human Rights Campaign, "The Economic Impact of COVID-19 Intensifies for Transgender and LGBTQ Communities of Color (Washington: 2020), available at https://assets2.hrc.org/files/assets/resources/COVID19-EconImpact-Trans-POC-061520.pdf?_ga=2.95164383.293143299.1609796026-867693953.1600960438

³³ Ibid.

³⁴ Executive Office of the President, "Executive Order 13994 Ensuring a Data-Driven Response to COVID-19 and Future High-Consequence Public Health Threats" *Federal Register* 86 (15) (2021): 7189-7191, available at <https://www.govinfo.gov/content/pkg/FR-2021-01-26/pdf/2021-01849.pdf>

³⁵ Executive Office of the President, "Executive Order 13995 Ensuring an Equitable Pandemic Response and Recovery" *Federal Register* 86 (15) (2021): 7193-7196, available at <https://www.govinfo.gov/content/pkg/FR-2021-01-26/pdf/2021-01852.pdf>

LGBTQ households, which have endured disproportionate hardships throughout the pandemic. Such data is critical to informing federal and state policies that promote the economic security and health of LGBTQ people, their families and communities.

Please do not hesitate to contact Caroline Medina, cmedina@americanprogress.org, if you need any additional information.

Sincerely,

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