



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). Specifically, we aim to address the need for the Household Pulse Survey to include data collection on sexual orientation and gender identity (SOGI).

As COVID-19 unfolded there was a great level of concern in the LGBTQI communities about the lack of data collection. Early concerns from available public health and economic evidence have only been substantiated as limited data become available. Lessons from this once in a lifetime pandemic will be analyzed in the public health world for years and we cannot retroactively collect data that have been suppressed.

As you consider the Pulse measures we are writing to bring your attention to several important items urging SOGI data collection to help both monitor and redress potential sexual and gender minority (SGM) health disparities related to COVID-19.

- In March 2020 over 100 LGBTQI and allied organizations signed a letter outlining the public health case statement for increased risk for the SGM communities with COVID-19. This letter outlined ten asks, one of which was "Ensuring surveillance efforts capture sexual orientation and gender identity as part of routine demographics."¹
- In April 2020 another open letter was created, this one signed by over 170 LGBTQI and allied organizations. This letter outlined three particular challenges, one of which was the ongoing lack of data collection. "One of the greatest challenges facing the LGBTQ+

¹ Coronavirus Information. National LGBT Cancer Network. Accessed February 10, 2021. <https://cancer-network.org/coronavirus-2019-lgbtq-info/>

- communities is invisibility to policymakers, public health officials and health care providers due in significant part to the failure to collect data on sexual orientation and gender identity (SOGI) from patients and in government-sponsored surveys.” As with the first letter this also asked for SOGI data collection related to COVID-19.²
- In May 2020, U.S. Representatives Menendez and Grijalva sent a letter to HHS co-signed by almost 100 members of the House asking for increased SOGI COVID-related data collection. An excerpt from the letter is presented below.³

“Achieving health equity in this pandemic includes taking an equitable approach in COVID-19 surveillance systems that collect data on patients' race, ethnicity, sex, primary language, sexual orientation, gender identity, disability status, and socioeconomic status in line with federal standards. The fact remains that we know little about the social and economic circumstances of the LGBTQ population at large. For these reasons, we believe that it is critical for the federal government to work with states and localities to provide disaggregated data on sexual orientation, gender identity, and other demographic characteristics when reporting COVID-19 tests, cases, and fatalities to the CDC.”
 - In December 2020, a third community signed letter was created, specifically related to vaccine outreach and again, data collection. This letter was signed by over 120 organizations. This letter went into further detail outlining why “SOGI plus intersex data collection would be consistent with a decade of federal initiatives.” Particularly noting that over the past decade an increasing number of federal surveillance systems have added SOGI data collection, as well the Joint Commission, the American Medical Association, and other medical societies have adopted position statements calling for such data collection.⁴
 - In January 2020 some of the first data emerged about COVID-19 vaccine hesitancy, showing LGBT persons were nearly twice as likely to be vaccine hesitant than the full population.⁵
 - In February 2020, after meeting a series of community leaders CDC released their first internal analysis of available data on SGM COVID-19 risk. Their analysis did confirm increased risks for a wide range of health issues for sexual minorities. The authors conclude “this data gap underscores the need to extend COVID-19 surveillance and other studies to include measures of sexual orientation and gender identity.”⁶

² National LGBT Cancer Network. Second Open Letter About COVID-19. Accessed March 1, 2021 at <https://cancer-network.org/wp-content/uploads/2020/04/Second-Open-Letter-LGBTQ-COVID-19-Final-1.pdf>.

³ U.S. Senator Cory Booker Cosigns HHS SOGI Letter. Accessed March 1, 2021. <https://www.booker.senate.gov/news/press/booker-pushes-the-trump-admin-to-start-collecting-data-on-sexual-orientation-and-gender-identity-during-the-covid-19-pandemic>

⁴ National LGBT Cancer Network. LGBTQI COVID-19 Vaccine Letter. Accessed March 1, 2021 at <https://cancer-network.org/wp-content/uploads/2021/03/LGBTQI-Data-Vaccination-Letter-Final.pdf>.

⁵ Vaccine Hesitancy in the LGBTQ Community Poses Potential Challenge. US News & World Report. Accessed March 1, 2021. <https://www.usnews.com/news/health-news/articles/2021-02-25/vaccine-hesitancy-in-the-lgbtq-community-poses-potential-challenge>

⁶ Heslin KC. Sexual Orientation Disparities in Risk Factors for Adverse COVID-19–Related Outcomes, by Race/Ethnicity — Behavioral Risk Factor Surveillance System, United States, 2017–2019. *MMWR Morb Mortal Wkly Rep.* 2021;70. doi:[10.15585/mmwr.mm7005a1](https://doi.org/10.15585/mmwr.mm7005a1)

We hope you consider the expressed concerns by over two hundred outside organizations, nearly 100 members of Congress, and one federal agency and take this opportunity to add SOGI demographic questions to the Pulse Survey.

Sincerely,

A handwritten signature in dark ink, featuring a large, stylized 'S' that loops around and extends into a long, horizontal stroke.

Scout, MA PhD
Executive Director