

forefront of our efforts in this area ([bit.ly/2qliW0E](http://bit.ly/2qliW0E)).

Yet in 2017, the new administration is signaling that we may be heading backward. In addition to the proposed elimination of a question on the National Survey of Older Americans Act Participants, other negative actions include the Administration for Community Living halting the planned addition of a question to identify LGBT people with disabilities on the Centers for Independent Living Program Performance Report; the US Department of Housing and Urban Development indicating that it may no longer evaluate the effectiveness of programs developed to reduce homelessness among LGBT youths in three US cities ([apne.ws/2rc2ZHH](http://apne.ws/2rc2ZHH)); and the Census Bureau continuing to claim a lack of federal need to include sexual orientation and gender identity questions in the American Community Survey ([bit.ly/2nhKWO2](http://bit.ly/2nhKWO2)). Congressional leaders have called on these agencies to reinstate deleted questions ([bit.ly/2qKstQf](http://bit.ly/2qKstQf)) or move forward with expanding data collection efforts to include sexual orientation and gender identity ([bit.ly/2pOtClQ](http://bit.ly/2pOtClQ)), but without

further action, progress in this area may be stalled for years to come.

Contemporary debates on enacting comprehensive non-discrimination protections in employment, housing, and education; protecting the right of transgender and gender-nonconforming people to fully participate in public life; and developing and evaluating treatments to end health disparities are all hampered by the lack of data to identify LGBT people. In particular, the persistent lack of data from government surveys with large sample sizes hinders the ability to understand the relationships among sexual orientation, gender identity and expression, race and ethnicity, age, socioeconomic status, disability, and other key characteristics that help paint a complete picture of health and wellness. The academy has made significant contributions to understanding these complex interactions and, in doing so, has a central role to play in conducting research that directly affects public policy. These contributions, however, cannot be a replacement for the value and power that government data bring to the advancement of LGBT rights.

Those who report knowing an LGBT person hold more

positive attitudes about the population, and disclosure of sexual orientation and gender identity paired with acceptance promotes better health. Visibility can be a tool to improve both the social climate and civil rights, but that visibility is not without cost. In a nationally representative survey conducted by the Center for American Progress, more than half of LGBT people who had experienced discrimination in the past year avoided speaking about topics related to LGBT issues in social situations.<sup>7</sup> As LGBT people continue to experience discrimination unchecked by explicit and comprehensive civil rights protections, data can move us closer to full equality by speaking for those who cannot. **AJPH**

Laura E. Durso, PhD

#### ACKNOWLEDGMENTS

I thank Caitlin Rooney and Shabab Mirza for formatting assistance, and Meghan Maury and Kellan Baker for reviewing earlier versions of this editorial.

#### REFERENCES

1. Singh S, Durso LE, Tax A. The Trump administration is rolling back data collection on LGBT older adults. March 20, 2017. Available at: <https://www.americanprogress.org/issues/lgbt/news/2017/03/20/428623/trump-administration-rolling-back-data-collection-lgbt-older-adults>. Accessed May 12, 2017.

2. LGBT Movement Advancement Project, Services and Advocacy for Gay, Lesbian, Bisexual and Transgender Elders. Improving the lives of LGBT older adults. March 2010. Available at: <http://www.lgbtmap.org/file/improving-the-lives-of-lgbt-older-adults.pdf>. Accessed May 15, 2017.

3. Beauchamp J, Trebino L. Results from the Administration on Aging's Third National Survey of Older Americans Act program participants: final report. March 12, 2007. Available at: [https://aoasurvey.org/docs/3rd\\_NPS\\_Final\\_%20Report\\_Mar2008\\_final.pdf](https://aoasurvey.org/docs/3rd_NPS_Final_%20Report_Mar2008_final.pdf). Accessed May 12, 2017.

4. Coulter RWS, Kenst KS, Bowen DJ. Research funded by the National Institutes of Health on the health of lesbian, gay, bisexual, and transgender populations. *Am J Public Health*. 2014;104(2):e105–e112.

5. US Department of Housing and Urban Development. Community-wide prevention of LGBTQ youth homelessness [news release]. June 2015. Available at: <https://www.hudexchange.info/resources/documents/LGBTQ-Youth-Homelessness-Prevention-Initiative-Overview.pdf>. Accessed May 15, 2017.

6. Pérez-Stable EJ. Sexual and gender minorities formally designated as a health disparity population for research purposes. October 6, 2016. Available at: <https://www.nlm.nih.gov/about/directors-corner/message.html>. Accessed May 15, 2017.

7. Singh S, Durso LE. Widespread discrimination continues to shape LGBT people's lives in both subtle and significant ways. May 2, 2017. Available at: <https://www.americanprogress.org/issues/lgbt/news/2017/05/02/429529/widespread-discrimination-continues-shape-lgbt-peoples-lives-subtle-significant-ways>. Accessed May 12, 2017.

## LGBT Data Collection Amid Social and Demographic Shifts of the US LGBT Community

A strong call for better data resources constitutes a key recommendation in the 2011 Institute of Medicine's landmark assessment of how to improve our understanding of lesbian, gay, bisexual, and transgender (LGBT) health needs.<sup>1</sup> Since

then, publicly funded and accessible data resources in the United States that measure sexual orientation and gender identity have improved. Two high-profile examples of this improvement include the Department of Health and

Human Services' (HHS) National Health Interview

Survey, which added sexual orientation measurement in 2013, and the Department of Justice's National Crime and Victimization Survey, which now includes both sexual orientation and gender identity measurement ([bit.ly/2pDiXKs](http://bit.ly/2pDiXKs)).

#### ABOUT THE AUTHOR

Gary J. Gates is retired. He served as the Williams Distinguished Scholar at the Williams Institute, University of California, Los Angeles.

Correspondence should be sent to Gary J. Gates (e-mail: [gigates@gmail.com](mailto:gigates@gmail.com)). Reprints can be ordered at <http://www.ajph.org> by clicking the "Reprints" link.

This editorial was accepted May 17, 2017.

doi: 10.2105/AJPH.2017.303927

**TABLE 1—Percentage of US Adults (≥ 18 Years) Identifying as Lesbian, Gay, Bisexual, or Transgender**

Data Source	2008, %	2010, %	2012, %	2013, %	2014, %	2015, %	2016, %
2008–2016 General Social Survey	2.7	2.6	3.7		4.3		5.4
2012–2016 Gallup Daily Tracking			3.5	3.6	3.7	3.9	4.1

Note. The General Social Survey measures only identification as lesbian, gay, or bisexual, whereas Gallup Daily Tracking measures identity as lesbian, gay, bisexual, or transgender.

## MULTIPLE SETBACKS

Recent events suggest that these advances may be in jeopardy. The Department of Housing and Urban Development withdrew funding for data collection designed to evaluate an initiative focused on reducing homelessness among LGBT youths. Sexual orientation measurement has been removed from two HHS-sponsored data collection activities: the National Survey of Older Americans Act Participants and the Annual Program Performance Report for the Centers for Independent Living. Both surveys are designed to improve our understanding of the needs and services provided to seniors. The US Census Bureau also edited a report that was submitted to Congress by deleting language suggesting that they would consider measuring sexual orientation and gender identity in the American Community Survey.<sup>2</sup> This backtracking comes at a time of rapid social and demographic changes affecting the LGBT community. Tracking these changes through high-quality data collection efforts is critical to understanding LGBT health and well-being.

Health disparities associated with sexual and gender identity stem in large part from the vulnerabilities created by social

stigma and discrimination. In a thoughtful *AJPH* editorial, Meyer points out that increasing social and legal equality have not eliminated these disparities, in part because of the great diversity of the LGBT population. The many communities within this population experience different and complex interactions between their sexual and gender identities and other social and legal vulnerabilities associated with age, gender, race, and ethnicity.<sup>3</sup>

## GROWING AND YOUNGER

Reduced social stigma and accompanying advancements in legal equality are contributing to marked changes in the demographic composition of the visible LGBT community. Most notably, it is growing, and the growth is most pronounced among young people, women, and racial and ethnic minorities. The percentage of adults identifying as LGB has doubled from 2.7% in 2008 to 5.4% in 2016 in the General Social Survey.<sup>4</sup> Gallup's Daily Tracking survey shows an increase in LGBT identification, from 3.5% in 2012 to 4.1% in 2016 (Table 1).

In the Gallup data, the younger millennial generation

drives virtually all the increases in LGBT identification in the last five years.<sup>5</sup> The percentage of older age cohorts identifying as LGBT has remained stable or declined despite large increases among millennials, who are now three times more likely than baby boomers to identify as LGBT (7.3% vs 2.4%).

## STIGMA AND HOMELESSNESS

The difficult history of stigma and discrimination experienced by members of older generations may still have a salience in their lives that results in hesitancy toward greater visibility, even in a climate of positive social change. Older LGBT people often report conflict between their sexual and gender identity and navigation of senior service systems that do not signal much openness toward or understanding of LGBT issues and concerns. Some opt to return to the closet, hiding their LGBT identities rather than risking further experiences of stigma and discrimination.<sup>6</sup> Curiously, the portion of baby boomers identifying as LGBT in Gallup data declined from 2.7% in 2012 to 2.4% in 2016.

Increases in LGBT identification among younger people can create unintended challenges. Anecdotal evidence from providers of services to LGBT homeless youths suggested a spike in homelessness following the implementation of marriage equality. Carl Siciliano, executive director of the Ali Forney Center, an LGBT homeless youth service agency in New York City, stated, "When marriage equality passed in New York, back in 2011, we saw an enormous surge of homeless

kids." He surmised that LGBT-related legal advancements embolden young people to come out, perhaps before some more socially conservative parents are ready to be supportive of an LGBT child.<sup>7</sup>

## FEMINIZATION AND DIVERSIFICATION

The Gallup data analyses also show that increases in LGBT identification are more pronounced among women, Hispanics, and Asians. Age, gender, and race/ethnicity can all affect our health and probably also affect how we experience our sexual and gender identities. Finding ways to improve LGBT health requires us to understand how demographics and sexual and gender identities interact and affect the lives of LGBT people.

In a time of rapid change in the demographic composition of the visible LGBT community, high-quality data that measure sexual orientation and gender identity become even more important. The salience of research findings about LGBT-related health disparities may change with the population. For example, the changes observed in Gallup data suggest that young women's health research should be integrated more into assessments of LGBT health disparities, as young women make up a rapidly growing portion of LGBT-identified adults. Stalling or eliminating LGBT data collection activities in US federal agencies represents a serious setback in our ability to assess the specific vulnerabilities and patterns of resilience that can contribute to and mitigate health and well-being disparities. *AJPH*

Gary J. Gates, PhD

## REFERENCES

1. Institute of Medicine. *The Health of Lesbian, Gay, Bisexual, and Transgender People*. Washington, DC: National Academies Press; 2011.
2. Sedensky M. Federal surveys trim LGBT questions, alarming advocates. *AP News*. March 20, 2017. Available at: <http://bigstory.ap.org/article/8443749ce29947f3b57f5e86e6c038e9/federal-surveys-trim-lgbt-questions-alarming-advocates>. Accessed May 6, 2017.
3. Meyer IH. The elusive promise of LGBT equality. *Am J Public Health*. 2016; 106(8):1356–1358.
4. Smith TW, Marsden P, Hout M, Kim J. General Social Surveys, 2008–2016 [machine-readable data file]. NORC at the University of Chicago. Data accessed from the University of California Berkeley's Survey Documentation and Analysis. Available at: <http://sda.berkeley.edu/sdaweb/analysis/?dataset=gss16>. Accessed May 6, 2017.
5. Gates GJ. In US, more adults identifying as LGBT. Gallup. January 11, 2017. Available at: <http://www.gallup.com/poll/201731/lgbt-identification-rises.aspx>. Accessed May 6, 2017.
6. Allen KR, Roberto KA. Family relationships of older LGBT adults. In: Harley DA, Teaster PB, eds. *Handbook of LGBT Elders*. Cham, Switzerland: Springer International Publishing; 2016: 43–64.
7. Villarreal Y. Will marriage equality cause a spike in homeless LGBT youth? *Advocate*. June 30, 2015. Available at: <http://www.advocate.com/politics/marriage-equality/2015/06/30/will-marriage-equality-cause-spike-homeless-lgbt-youth>. Accessed May 6, 2017.