



Sexual Orientation and Gender Identity (SOGI) Data Action Plan

The U.S. Department of Health and Human Services (HHS) mission is to enhance the health and well-being of all Americans by providing effective health and human services and by fostering sound, sustained advances in the sciences underlying medicine, public health, and social services. Healthy People 2030 defines ‘health equity’ as “the attainment of the highest quality of health for all people.” Demographic data collection on sexual orientation and gender identity (SOGI) metrics helps HHS achieve its mission and its Healthy People 2030 goals by identifying disparities in health and human services. As identified in the Federal Evidence Agenda on LGBTQI+ Equity, this departmental SOGI Data Action Plan seeks to *improve the health and well-being of lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQI+) people*.

The National Academies of Sciences, Engineering, and Medicine (NASEM)¹ considered measures across three broad categories of SOGI data: data collection in surveys and research settings, clinical and medical settings, and administrative settings. All three categories are necessary to better understand the needs, care, and services of people of all identities and the extent to which there may be disparities in health, services, and access to care challenges across LGBTQI+ populations. Precision public health is the emerging practice of utilizing specific data elements about targeted populations to ensure that HHS responses are directed where they are most needed. SOGI data collection is a necessary foundational element in the use and expansion of precision public health. It ensures intersectional understanding of how disparities are present in race, age, gender identity, and sexual orientation, for example how cancer screening disparities may be increased for people of color who are also LGBTQI+. It also ensures that health promotion efforts and human services for LGBTQI+ people are more accurately targeted.

For the purposes of this action plan, SOGI data means self-reported sexual orientation and gender identity demographic data and sex characteristics data as outlined in the Federal Evidence Agenda on LGBTQI+ Equality, when appropriate, and always on a voluntary basis (when not otherwise required by law or to carry out operations). This includes in Federal Statistical Surveys, as outlined by the Office of Management and Budget (OMB).² While research is still needed in some areas like proxy reporting, youth, and language other than English, evidence-based measures that work in a variety of contexts exist for adults whose primary language is English. To encourage interoperability of SOGI data, agencies should consult recent publications that outline best practices guidance in SOGI data collection. These include the OMB Best Practices for Collecting SOGI Data in Federal Statistical Surveys,² the Federal Evidence Agenda on LGBTQI+ Equity (for administrative data systems),³ and the 2022 NASEM report,

¹ National Academies of Sciences, Engineering, and Medicine. 2022. *Measuring Sex, Gender Identity, and Sexual Orientation*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/26424>.

² RECOMMENDATIONS ON THE BEST PRACTICES FOR THE COLLECTION OF SEXUAL ORIENTATION AND GENDER IDENTITY DATA ON FEDERAL STATISTICAL SURVEYS, OMB, available from: <https://www.whitehouse.gov/wp-content/uploads/2023/01/SOGI-Best-Practices.pdf>

³ Federal Evidence Agenda on LGBTQI+ Equity, National Science and Technology Council, 2023. Available from: <https://www.whitehouse.gov/wp-content/uploads/2023/01/Federal-Evidence-Agenda-on-LGBTQI-Equity.pdf>

*Measuring Sex, Gender identity, and Sexual Orientation.*¹ For the purposes of this action plan, data instruments are any tools utilized to solicit information from a respondent. This action plan refers to data collection developed or funded by HHS.

Hundreds of thousands of health care providers benefit from the U.S. Core Data for Interoperability (USCDI), which defines a baseline set of data elements for interoperable health data exchange (i.e., laboratory test results, medications, immunizations, and allergies) across the health system. USCDI helps build the foundation for the provider community to start systemizing the capture and use SOGI data in the clinical setting. However, the USCDI does not define or suggest validated questions for how to gather information in data instruments. Where possible, HHS should seek to test and incorporate measures of sex characteristics (including self-identification of the intersex population) and additional SOGI measures, such as self-identification of two-spirit populations, in collections that include demographic data. It is important for OpDivs and StaffDivs to recognize that different types of data collections might need slightly different SOGI questions, which is why each OpDiv and StaffDiv have flexibility to create their own workplan.

According to Executive Order 14075, agency heads shall include in their agency's annual budget submission to the Director of OMB a request for any necessary funding increases to support improved SOGI data practices. SOGI data collection will inform answers to the Learning Questions posed in Section 2 of the Federal Evidence Agenda on LGBTQI+ Equity (APPENDIX 1), will improve HHS's ability to make evidence-informed decisions related to HHS programs, policies, operations, regulations, and other actions, and will improve the ability of our federal partners to make similar evidence-informed decisions.

Evidence-Building Activities

ACTION ITEM 1: Developing Division-level Workplans

The goal of the HHS SOGI Data Action Plan is to better understand the needs, care, and services of people of all identities and the extent to which there may be disparities in health, services, and access to care across LGBTQI+ populations. Data protections should be in line with existing standards and requirements for data security. This plan is the beginning of expanding SOGI data collection, not the end, and HHS will continue to track and monitor progress on an ongoing basis. Collecting SOGI data are not enough; once collected, data should be analyzed and reported out to help make evidence-based decisions and develop programs for improving the health, wellness, and livelihood of all people, including LGBTQI+ people. **To build evidence related to the Learning Questions of the Federal Evidence Agenda on LGBTQI+ Equity, over the next 12 months, each OpDiv and StaffDiv at HHS will develop a workplan via a template provided by the HHS LGBTQI+ Coordinating Committee for their division to address the activities laid out in this Action Plan. The workplan will connect data instruments to the relevant Learning Questions. Additionally, each workplan will outline a reasonable timeline for implementation of each item.**

- HHS instructs each OpDiv and StaffDiv to catalog all their data instruments implemented by their division, including those used in surveys and research settings, clinical and medical settings, and administrative settings.

- Each OpDiv and StaffDiv should review all their data instruments implemented by their division from their catalog to assess whether data collected include any demographic information.
 - If no demographic data are collected, no further action related to this policy is necessary.
 - If the data instrument captures demographic information, assess whether all the demographic information collected is related to determining program eligibility, operations, or compliance (i.e., Ryan White program eligibility requires HIV status and income verification). If the only demographic information collected is directly related to program eligibility or program compliance, no further action related to this action plan is necessary unless SOGI information is required for making eligibility determinations.
 - If the data instrument captures demographic information that is unrelated to program eligibility or compliance, (i.e. information might be collected for surveillance/monitoring purposes, research purposes, or otherwise) a plan should be developed to include SOGI data, and the information collection request (ICR) should include the addition of SOGI questions, in consultation with the Federal Committee on Statistical Methodology (FCSM) SOGI Research Group or the HHS LGBTQI+ Coordinating Committee Subcommittee on Research and Data (unless there is a compelling legal reason not to collect such data). Wherever possible, the ICR should include the data elements to be collected and specify how they are interoperable with HHS-adopted or recommended standardized data classes (e.g., USCDI).
 - OpDivs and StaffDivs should understand that terminology occasionally changes and are encouraged to consider testing more expansive measures that keep up with emerging preferred terminology to have more opportunities to implement them.
 - For communicable disease-related data, ‘mode of transmission’ data are not a substitute for sexual orientation data. While collecting mode of transmission data may be valuable for other reasons, these data instruments should be updated to include sexual orientation as well.
- Each HHS OpDiv and StaffDiv should include in their workplan an outline of which data instruments for administrative data have been reviewed, which have plans in place to begin collecting SOGI data, and the anticipated timeline for doing so with each data instrument.

ACTION ITEM 2: Addressing Prioritized Data Instruments

All data instruments utilized by HHS collect incredibly important information. However, certain data instruments bring unique urgency regarding the collection of SOGI data. **The following actions should be prioritized to begin the process of adding SOGI data elements. It is understood that the process will be different for each item highlighted below, as well as for additional, non-specified items.** Data protections should be in line with existing standards and requirements for data security. These actions should be taken to the extent permitted by federal law or in a manner consistent with applicable federal law, to ensure consideration is given to existing legal requirements and limitations.

High-priority action items for HHS include:

- The Assistant Secretary for Administration (ASA), Office of the White House Liaison, and each OpDiv human resource office should incorporate/update SOGI data elements, as well as pronouns and chosen names, into new hire, onboarding, and employee benefit forms considering any

relevant guidance from the Office of Personnel Management (OPM) and Equal Employment Opportunity Commission (EEOC).

- Each HHS OpDiv and StaffDiv should develop a timeline to add SOGI data elements to all public health surveillance, epidemiology, and laboratory collections of adults implemented by their division. For instance:
 - Centers for Disease Control and Prevention (CDC) should add SOGI data elements to all HIV and sexually transmitted infections/disease case reports and will explore doing so for all case reports.
 - CDC should develop a timeline for including SOGI data elements into data use agreements for vaccine administration, within the confines of state and federal data authorities.
- Centers for Medicare & Medicaid (CMS) should identify opportunities to add SOGI data elements to applicable coverage programs and surveys.
- Indian Health Service (IHS) should incorporate SOGI data into their electronic health record.
- Each OpDiv and StaffDiv should encourage data collection supported by HHS-adopted data elements or consensus-based standard terminology to enable analysis and reporting requirements for evidence-based decisions in clinical settings.
- Each OpDiv and StaffDiv will consider use of elements adopted pursuant to Section 3004 of the Public Health Service Act (PHSA) when implementing, acquiring, or upgrading health IT systems used for the direct exchange of individually identifiable health information between agencies and with non-Federal entities to achieve consistent use of interoperable SOGI data elements.

ACTION ITEM 3: Exploring SOGI Data in Contractor and Grantee Datasets

Across HHS, many datasets are collected by contractors and grantees. Technical assistance may be needed for contractors and grantees, and further research may be needed to address non-English data collection, and measures of intersex and two-spirit populations. **At the next opportunity to modify or negotiate contracts, each OpDiv and StaffDiv should begin the following.** These actions should be taken to the extent permitted by federal law or in a manner consistent with applicable federal law, to ensure consideration is given to existing legal requirements and limitations.

- Add SOGI data elements to funding opportunities of contractor and grantee program participants (not including clinical trials).
 - For existing contractors and grantees: If they do not report any demographic data back to HHS, no further action is necessary.
 - For existing contractors and grantees: If they report only demographic data related to program eligibility, operations, or program compliance, no further action is necessary.
 - For existing contractors and grantees: If they report demographic data for reasons other than program eligibility, operations, or compliance, each OpDiv and StaffDiv should ask current grantees to voluntarily begin adding SOGI demographic data to data collections.
 - For new contractors and grantees: Each HHS OpDiv and StaffDiv should consider adding SOGI data reporting requirements in any new Notice of Funding Opportunities, contract agreements, and grant agreements where contractors and grantees are asked to report demographic data (other than solely for program eligibility) back to HHS.

- Where demographic data are collected about award grantees and contractors, SOGI data should also be collected via self-report.
- Each OpDiv and StaffDiv that conducts clinical trials should explore whether SOGI data are able to be incorporated in future studies.
- National Institutes of Health (NIH) should explore funding opportunities to advance research on SOGI measurement development. In particular, research is needed to test and advance our understanding of SOGI measures in languages other than English and testing demographic questions relevant two-spirit populations as well as sex characteristics measures. Additionally, priority SOGI measure testing should include questions designed for children and adolescents.
- Each HHS OpDiv and StaffDiv should explore field and cognitive testing of SOGI questions in languages other than English within their current surveys offered in languages other than English, when feasible. Results of non-English field and cognitive testing should be shared with the HHS LGBTQI+ Coordinating Committee Subcommittee on Research and Data.
- Each HHS OpDiv and StaffDiv should identify and work with other federal agencies where joint data collections take place or where SOGI data information sharing would be beneficial.
- Each HHS OpDiv and StaffDiv should provide robust technical assistance for states, tribes, territories, localities, and other service providers (sub-state grantees) on the collection of SOGI data across the life course.
- Each HHS OpDiv and StaffDiv should report annually to the HHS LGBTQI+ Coordinating Committee Subcommittee on Research and Data their evidence-building activities that they plan to conduct, such as:
 - Adding SOGI data elements to existing surveys and forms
 - Developing new SOGI data research projects
 - Seeking out SOGI data from non-HHS federal government sources (i.e., Census Bureau)

ACTION ITEM 4: Reviewing Current Usage of Binary Gender and Sex Questions

On an ongoing basis, each HHS OpDiv and StaffDiv should explore the following activities:

- When possible, any current usage of binary gender and sex data in HHS developed or funded data instruments and should be reviewed and replaced with tested and inclusive gender identity (which may include sex assigned at birth) data measures. If using a two-step gender identity question, ensure historical binary sex or gender questions are moved next to other gender identity questions or replaced to limit redundancy. Identify continued research in best practices for administrative SOGI data collection, following Federal Evidence Agenda guidelines.

Evidence-Building Infrastructure

Evidence-building activities often require infrastructure – policies, processes, staff, and resources – to successfully execute them. To support the evidence-building activities described above HHS will explore the following activities over the next 12 months:

- Policy:

- The Assistant Secretary for Planning and Evaluation (ASPE) and the Office of the Assistant Secretary for Health (OASH) will develop guidelines for division consideration to collect SOGI data in all information collection requests (ICR) where other demographic information is collected for purposes other than program eligibility, operations, or compliance. SOGI data should only be included where there are other demographic questions available because there aren't other instances where only one type of demographic data would be collected without other demographics (except in cases of program eligibility, operations, or compliance). Each ICR, including surveys, intake forms, and any other information collection that requires clearance from the Office of Management and Budget (OMB) under the Paperwork Reduction Act (PRA), should be assessed for inclusion of SOGI questions during the clearance process for its initial creation or renewal.
- ASPE should develop a toolkit for HHS staff, contractors, and grantees with information and approaches to encourage high response rates to SOGI data elements.
- The HHS LGBTQI+ Coordinating Committee Subcommittee on Research and Data will develop and conduct a comprehensive education and outreach program to help OpDivs and StaffDivs understand the need for and value in including and/or updating SOGI data where appropriate, including the importance of data measurements on intersex and two-spirit populations.
- Staff:
 - HHS is one of few departments that already has a position created and filled for an LGBTQI+ Senior Advisor within the Assistant Secretary for Health's Office at the Secretary level.
 - Each HHS OpDiv and StaffDiv will identify an LGBTQI+ data point person who can serve as a central contact and coordinating point of contact for implementation of the HHS SOGI Data Action Plan on the OpDiv / StaffDiv level. Each HHS OpDiv and StaffDiv's LGBTQI+ data point person will also be asked to represent their OpDiv/StaffDiv on HHS LGBTQI+ Coordinating Committee Subcommittee on Research and Data to ensure cross-departmental collaboration about SOGI data implementation at HHS. Separate funding does not exist to support this. OpDivs and StaffDivs are asked to identify a person with existing, similar responsibilities.
- Process:
 - Within the next three months, OASH will initiate conversations with OMB about the approval process for any non-substantive change in data elements to expedite the many places in HHS data collections where a binary sex and gender question may be replaced by a tested and inclusive gender identity measure, and when possible, measures for sexual orientation and sex characteristics.
- Within the next 12 months, HHS will develop and implement a process for tracking both survey and administrative data implementation of SOGI data across HHS. The tracking tool will be developed by the HHS LGBTQI+ Coordinating Committee Subcommittee on Research and Data and approved by the co-chairs of the HHS LGBTQI+ Coordinating Committee. Once the tracking tool is completed, each HHS OpDiv and StaffDiv should report their evidence-building activities to the HHS LGBTQI+ Coordinating Committee Subcommittee on Research and Data.

Evidence Use Activities

To ensure that evidence generated related to the Learning Questions is used in decision-making, HHS will explore the following activities over the next 12 months:

- Each HHS OpDiv and StaffDiv will conduct a review of areas where other demographic data are utilized in programmatic decision-making, but SOGI data are not collected.
- Deidentified SOGI data should be shared with the public as public health trends are identified, in contexts where other disparity information is shared, and following established (or work to establish appropriate) data standards (such as for small cell sizes) for other disparity groups in the specific data collection context, in accordance with data sharing protocols established by each OpDiv or StaffDiv.

Monitoring Progress

Milestones and metrics: HHS will use the following milestones or metrics to ensure progress is made in implementing the activities laid out in the SOGI Data Action Plan:

- Key milestones will be communicated to the White House Office of Science and Technology Policy (OSTP) on an ongoing basis regarding major progress, such as inclusion of SOGI data in key surveys and forms, the recruitment of SOGI data subject matter experts, and successful testing of new measurements on intersex data.
- HHS will provide an annual update to OSTP Subcommittee for Equitable Data on agency progress regarding implementation of the SOGI data action plan.

APPENDIX: Learning Questions from Section 2 of the Federal Evidence Agenda on LGBTQI+ Equity

1. To what extent can the Federal Government protect and strengthen equitable access to high-quality and affordable healthcare for LGBTQI+ people across the lifespan?

Illustrative Questions

- To what extent do federal policies and programs affect choice, affordability, and enrollment among LGBTQI+ individuals and families in high-quality healthcare coverage?
- To what extent do federal programs and policies improve quality of healthcare services for LGBTQI+ people?
- To what extent do federal programs and policies support and promote gender-affirming care and improved health outcomes for transgender, intersex, and non-binary individuals?
- To what extent do federal programs and policies strengthen and expand access to mental and behavioral health services, primary care, and preventive services for LGBTQI+ people?
- What role do local, state, and federal laws play in restricting or enhancing equitable access to quality and affordable healthcare for LGBTQI+ individuals and families?
- To what extent do restrictions and criminalization of healthcare receipt affect health outcomes for LGBTQI+ people?
- To what extent do LGBTQI+ people experience disparate rates of access to health insurance coverage? Does coverage for LGBTQI+ people differ compared to other insured people?
- To what extent do LGBTQI+ people face disproportionate denials of health insurance claims? To what extent do these denials impact health outcomes for this population?
- Which federal programs and policies advance equitable access of culturally and clinically competent health care to various vulnerable subpopulations, such as LGBTQI+ older adults or LGBTQI+ youth engaged in the foster care system?
- How can disparities experienced by LGBTQI+ youth be mitigated to reduce suicide risk among various subgroups?

2. To what extent can the Federal Government safeguard and improve health conditions and outcomes for LGBTQI+ people?

Illustrative Questions

- To what extent are improvements to federal capabilities needed to predict, prepare for, respond to, and recover from public health emergencies and threats to LGBTQI+ people in the nation and across the globe?
- How effective are federal programs and policies at protecting LGBTQI+ people from infectious disease and preventing non-communicable disease through development and equitable delivery of effective, innovative, and readily available treatments, therapeutics, medical devices, and vaccines?
- How do federal policies and programs enhance promotion of healthy behaviors and wellness among LGBTQI+ people to reduce occurrence of and disparities in preventable injury, illness, and death?
- How effective are federal programs and policies at mitigating the impacts of occupational and environmental factors, including climate change, on health outcomes among LGBTQI+ people?

- What training do medical providers receive in cultural competency and health care for LGBTQI+ people? To what extent does this training affect care and health outcomes for LGBTQI+ patients?
- What barriers do LGBTQI+ minors and LGBTQI+ adults with disabilities face in accessing health services that require participation from guardians?
- To what extent do elder LGBTQI+ people experience differential treatment and services in long-term care settings? What effect, if any, do these disparities in treatment and services have on their well-being?
- To what extent do health outcomes for LGBTQI+ people vary by geographic region?
- To what extent do health outcomes for LGBTQI+ people vary by demographic characteristics, including, but not limited to, race and ethnicity, age, and whether the individual has a disability?
- What progress has been made in achieving national, state, and local health objectives for LGBTQI+ youth?
- What improvements would strengthen public health surveillance, epidemiology, and laboratory capacity to understand and equitably address diseases and conditions that impact LGBTQI+ people?

3. **How can the Federal Government increase housing stability and security for LGBTQI+ people?**

Illustrative Questions

- What is the prevalence of homelessness among LGBTQI+ adults? How does this compare to their non-LGBTQI+ peers?
- How does the prevalence of homelessness vary among subgroups within LGBTQI+ populations (e.g., by age, by race and ethnicity, for particular populations such as youth in the foster system, by geography, etc.)?
- What barriers do LGBTQI+ individuals and families face in accessing homelessness services, especially federal services related to shelter access and housing affordability? Do those barriers vary among subgroups within the LGBTQI+ population (e.g., transgender or non-binary individuals, LGBTQI+ families, younger or older LGBTQI+ people, LGBTQI+ people in urban or rural areas)?
- What are the experiences of LGBTQI+ people during episodes of housing instability?
- Which approaches and/or strategies are effective in reducing homelessness and/or increasing access to safe and stable housing for LGBTQI+ people?
- How do housing outcomes among LGBTQI+ youth vary across geographic areas? What factors contribute to or are associated with better or worse outcomes?
- What is the rate of home ownership among LGBTQI+ people? How does this compare to their non-LGBTQI+ peers?
- Are there differences in rates of homeownership among different groups within the LGBTQI+ population (e.g., transgender or non-binary individuals, LGBTQI+ people of different races and ethnicities)?
- What factors contribute to home ownership rates among LGBTQI+ people?
- How does rent burden differently impact LGBTQI+ people?
- How do the housing experiences of elderly LGBTQI+ people differ from elderly non-LGBTQI+ people (e.g., aging in place, social supports, housing insecurity and stability, home equity, and reverse mortgages)?

4. **How can the Federal Government reduce the incidence of housing-related discrimination experienced by LGBTQI+ people?**

Illustrative Questions

- To what extent do LGBTQI+ people experience discrimination when renting or buying a home?
- Are there differences in rates of reporting discrimination when renting or buying a home among different groups within the LGBTQI+ population (e.g., transgender, non-binary individuals, youth vs. older populations, etc.)?
- What other types of discrimination do LGBTQI+ people face related to housing (e.g., in long-term care facilities or in rent burden)?
- To what extent do LGBTQI+ people face barriers in access to mortgage financing? To what extent do these barriers differ among different subgroups (e.g., transgender individuals, non-binary individuals, low-income LGBTQI+ people)?
- What policies, programs, or interventions are effective to counter housing-related discrimination for LGBTQI+ people?

5. **How can the Federal Government promote equitable outcomes for LGBTQI+ people in income, economic well-being, and the workplace?**

Illustrative Questions

- What are earnings, incomes, unemployment rates, and labor force participation rates for LGBTQI+ people? How do related outcomes differ across sexual orientation and gender identities and for LGBTQI+ people who also identify as people of color? How do they differ across different occupation categories such as science, technology, engineering, and mathematics occupations?
- How prevalent are various forms of job-related discrimination, harassment, or retaliation against LGBTQI+ people, such as discrimination in hiring, in wages, in equal employment opportunity, in fair treatment, in promotion or advancement, or in termination?
- What is the distribution of family incomes and poverty rates for families or households that include LGBTQI+ individuals?
- What are the income and poverty rates for LGBTQI+ people based on age? To what extent do LGBTQI+ older adults experience differential rates of poverty?
- Do LGBTQI+ people or LGBTQI+-owned businesses face discrimination as entrepreneurs when they seek loans with which to launch a business or compete for federal and other contracting opportunities?
- What types and levels of wealth or assets are LGBTQI+ people able to build at different stages of their life course compared to non-LGBTQI+ people?
- What are the regional or local incidences of employment or income differences for LGBTQI+ populations? Do we observe differences in certain states, regions, or the urban/rural divide?

6. **How can the Federal Government promote equitable educational opportunities and outcomes for LGBTQI+ people?**

Illustrative Questions

- What is the distribution of educational attainment among LGBTQI+ people?

- How prevalent are various types of discrimination, harassment, bullying, or physical abuse experienced by LGBTQI+ people at different ages or levels of schooling? How do those experiences affect their educational outcomes?
- What institutional contexts, policies, or practices promote a positive academic environment and contribute to higher rates of LGBTQI+ student retention and graduation? What individual-level, family-level, or community-level protective factors do LGBTQI+ people employ that help them to succeed in education and the workforce?
- What are the incidences of exclusionary school discipline (including out-of-school suspension and expulsion) or chronic absence experienced by LGBTQI+ people at different ages or levels of schooling?
- What training is required or provided for teachers and school staff on creating welcoming and safe school environments and supporting equitable academic outcomes?
- To what extent does inclusion of LGBTQI+ experiences in teacher/staff training vary across geographic areas and school levels?

7. **How can the Federal Government promote equitable access to and engagement in federal programs, benefits, and funding opportunities for eligible LGBTQI+ people?**

Illustrative Questions

- What are the rates of participation for LGBTQI+ people in federal benefits programs, and how do these rates compare to their non-LGBTQI+ peers? Do these participation rates differ by geographic units such as states, regions, or the urban/rural divide?
- What social, economic, and programmatic factors can account for observed differences between LGBTQI+ people and their non-LGBTQI+ peers in observed rates of participation in federal programs, benefits, and funding opportunities? In observed engagement rates?
- How well do LGBTQI+ populations understand the federal programs and benefits they are eligible for and how to access them? How are understanding levels impacted by factors such as low literacy and language access needs? Examples of such programs include the Supplemental Nutrition Assistance Program (SNAP); Temporary Assistance for Needy Families (TANF); Medicaid; the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); unemployment insurance; Supplemental Security Income; Social Security Disability Insurance; Head Start and Early Head Start; benefits in various forms for veterans; and the Earned Income Tax Credit, among others.
- To what extent do award rates differ for LGBTQI+ applicants to federal funding opportunities, holding other characteristics constant? Do these rates differ for subgroups of the LGBTQI+ population?
- How do discrimination and lack of cultural competency in healthcare and human services affect LGBTQI+ people's ability to apply for benefits?
- How do federal agencies communicate to and tailor communications about their programs and benefits to LGBTQI+ people?
- To what extent does having identity documents that do not reflect an individual's affirmed name or gender affect access to benefits and programs? To what extent can the Federal Government mitigate barriers related to acquiring or updating identity documents?
- To what extent do LGBTQI+ people experience challenges in receiving benefits compared to their non-LGBTQI+ peers?
- To what extent do LGBTQI+ older adults experience disparate access to benefits and services?

- To what extent do LGBTQI+ people report discrimination or mistreatment when accessing benefits? Do rates of discrimination or mistreatment experienced by LGBTQI+ people differ from rates experienced by non-LGBTQI+ people? Do rates of discrimination or mistreatment experienced by LGBTQI+ people of color differ from rates experienced by other LGBTQI+ people or from non-LGBTQI+ people of color?
- To what extent do LGBTQI+ minors or LGBTQI+ people with disabilities face barriers in accessing federal programs and benefits that require participation from guardians?
- To what extent does collection and use of SOGI data affect the customer experiences of LGBTQI+ populations when accessing federal services and programs?
- What is the likelihood among LGBTQI+ populations to avoid seeking services or programmatic access due to concerns about being asked questions about sexual orientation or gender identity or due to other concerns around processes?

8. How can the Federal Government support equal access for LGBTQI+ people to shared public space, especially public spaces that provide services like transportation?

Illustrative Questions

- To what extent do LGBTQI+ people feel safe in public spaces? What factors contribute to their feelings of safety?
- What types of social barriers do LGBTQI+ people experience to participating safely in their communities?
- How do feelings of safety and security affect LGBTQI+ people's participation in society?

9. How can the Federal Government help ensure equal treatment of LGBTQI+ youth and promote inclusive environments for them?

Illustrative Questions

- What are the trends in risk behaviors among LGBTQI+ youth compared with their non-LGBTQI+ peers?
- Which school- and community-based supports for LGBTQI+ youth are effective at reducing risk behaviors among youth?
- Which school- and community-based supports for LGBTQI+ youth are effective at increasing or supporting positive behaviors among youth?

10. To what extent can the Federal Government understand LGBTQI+ children, youth, and families that touch the child welfare and foster care systems, improve any potential disparities in treatment while in care, and address potential disparate outcomes after leaving these systems?

Illustrative Questions

- To what extent do the experiences of LGBTQI+ youth that led them to be in contact with the foster care system differ from their non-LGBTQI+ peers?
- To what extent do the relationships between the experiences of LGBTQI+ foster youth (e.g., number of placements, placement in a group home, kinship placements) and their outcomes differ from those of their non-LGBTQI+ peers?
- To what extent are there disparities in experiences and outcomes of specific subgroups of LGBTQI+ foster youth, including transgender or non-binary foster youth, LGBTQI+ youth living in rural areas, or LGBTQI+ youth of color, during and after their time in care?

- What programs, services, or other approaches are effective in improving outcomes for LGBTQI+ youth who come into contact with the child welfare system?
- To what extent do LGBTQI+ families that come into contact with the child welfare system experience differential treatment and disparate outcomes?
- To what extent do rates of removal differ for LGBTQI+ parents? Do these rates differ amongst specific subgroups of LGBTQI+ parents (e.g., by race or ethnicity or for individuals with disabilities)? What, if anything, contributes to these rates of removal?

11. What can be done to reduce the disproportionately high rate of violent crime committed against LGBTQI+ people?

Illustrative Questions

- To what extent do LGBTQI+ people experience a higher rate of intimate partner violence or domestic violence compared to the general population?
- To what extent do LGBTQI+ people experience bias-motivated hate crimes?
- What have been effective or promising practices that prevent or interrupt violent crime targeting LGBTQI+ people?
- To what extent do LGBTQI+ people utilize crime victim service assistance compared to the general population?
- To what extent do LGBTQI+ students experience bullying compared to the general student population?
- How effective are bullying interventions for LGBTQI+ youth compared to non-LGBTQI+ youth?

12. To what extent do LGBTQI+ people have different experiences inside the criminal justice system compared to non-LGBTQI+ people?

Illustrative Questions

- To what extent do LGBTQI+ people have different experiences with law enforcement than non-LGBTQI+ people?
- To what extent do LGBTQI+ people have different experiences with the correctional system (e.g., prisons, jails, juvenile facilities) than non-LGBTQI+ people?
- What are the differences in rates of recidivism for LGBTQI+ people compared to non-LGBTQI+ people?
- To what extent do intake assessments and safe housing policies impact rates of violence and victimization for LGBTQI+ people in incarceration?
- To what degree and in what forms do LGBTQI+ adults in incarceration experience victimization as compared to the total population of people in incarceration?
- To what extent do LGBTQI+ young people in incarceration experience more victimization compared to all young people in incarceration? Does this differ by type of facility (e.g., facilities that primarily house adults vs. those that house youth)?
- What have been effective or promising practices that improve the conditions of confinement in jails and prisons for LGBTQI+ persons?
- To what extent does law enforcement engage with LGBTQI+ stakeholders to solicit their recommendations on how law enforcement officials can improve their investigative, prosecutorial, and victim services response?

13. To what extent can the Federal Government promote inclusive environments and equitable outcomes for LGBTQI+ people in the immigration and asylum systems?

Illustrative Questions

- How many immigrants in the United States identify as LGBTQI+?
- To what extent are LGBTQI+ people's experiences of harassment and victimization impacted by their immigration status?
- To what extent do the outcomes of asylum seekers and refugees differ for subpopulations that identify as LGBTQI+?