



IMPACT OF EXECUTIVE ORDERS ON ACCESS TO FEDERAL DATA

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On January 20, 2025, President Trump signed executive orders declaring that the United States officially recognizes only “two sexes, male and female,” and ending “DEI programs and preferencing” from all federal policies and practices.¹ On January 29, 2025, a memorandum was sent to all department and agency heads instructing them to comply with the orders by removing webpages and documents that “promote gender ideology” by January 31, 2025.² Based on these directives, public-use datasets, webpages, and published research containing information or wording related to sexual orientation and gender identity and HIV/AIDS were removed or edited to remove references to sexual orientation, gender identity, and DEI from governmental websites.³ These actions were temporarily blocked by a court order.⁴ Because of these executive orders and the chaotic manner in which they were

¹ Exec. Order No. 14168, 90 FR 8615 (2025). <https://www.federalregister.gov/documents/2025/01/30/2025-02090/defending-women-from-gender-ideology-extremism-and-restoring-biological-truth-to-the-federal>; Exec. Order No. 14151, 90 FR 8339 (2025). <https://www.federalregister.gov/documents/2025/01/29/2025-01953/ending-radical-and-wasteful-government-dei-programs-and-preferencing>

² U.S. Office of Personnel Management. (2025, January 29). *Memorandum to heads and acting heads of departments and agencies: Initial guidance regarding President Trump’s executive order defending women*. <https://www.opm.gov/media/yvlh1r3i/opm-memo-initial-guidance-regarding-trump-executive-order-defending-women-1-29-2025-final.pdf>

³ Steenhuisen, J., & Hesson, T. (2025, January 31). US health agencies scrubbing websites to remove ‘gender ideology’. *Reuters*. <https://www.reuters.com/world/us/us-health-agencies-scrubbing-websites-remove-gender-ideology-2025-01-31/>; Johnson, C. K. (2025, February 1). Health data, entire pages wiped from federal websites as Trump officials target ‘gender ideology’. *Associated Press*. <https://apnews.com/article/trump-gender-ideology-sex-pronouns-order-transgender-2d7e54837f5d0651ed0cefa5ea0d6301>; Frieden, J. (2025, January 31). CDC purging its website after Trump orders. *MedPage Today*. <https://www.medpagetoday.com/publichealthpolicy/generalprofessionalissues/114039>; *Doctors for America v. U.S. Dep’t of Health & Human Servs.*, Order No. 1:25-cv-00321 (D.D.C. 2025). https://storage.courtlistener.com/recap/gov.uscourts.dcd.277069/gov.uscourts.dcd.277069.11.0_1.pdf

⁴ As of the writing of this brief, a federal judge issued a temporary restraining order on February 11, 2025, requiring the Department of Health and Human Services (HHS), the Centers for Disease Control and Prevention (CDC), and the Food and Drug Administration (FDA) to restore public access to health-related webpages and datasets removed in compliance with the executive order (*Doctors for America v. Office of Personnel Management*, No. 25-322 (JDB), 2025 U.S. Dist. LEXIS 24578 (D.D.C. Feb. 11, 2025)). The judge found that the removal of these resources harmed public health and disproportionately affected underprivileged Americans. (Kunzelman, M. (2025). Judge tells agencies to restore webpages and data removed after Trump’s executive order. AP. Accessed online 2/21/2025 <https://apnews.com/article/trump-cdc-fda-doctors-for-america-5263fc6b6cbc723ca0c86c4460d02f33>). The administration complied with the order but issued a disclaimer that claimed that “Any information on this page promoting gender

carried out, it is uncertain whether data that have been removed and restored temporarily will be permanently deleted and whether future surveys will capture information on sexual orientation and gender identity.⁵

Just 10 days after the executive orders had been signed, datasets, questionnaires, codebooks, and methodology documents related to the Behavioral Risk Factor Surveillance System (BRFSS) and the Youth Risk Behavior Surveillance System (YRBS) were removed from the CDC website.⁶ The Census Bureau's Household Pulse Survey (HPS) data and documentation had been deleted, and Census data could no longer be downloaded from the FTP site.⁷ Other datasets related to monitoring HIV/AIDS in the U.S. and around the world were also removed.⁸ Data removals also included years of research results, including scientific papers, reports, and presentations.⁹

Among the threatened documents are important sources of information accumulated over years that researchers, policymakers, and the public rely on to understand LGBT¹⁰ populations and to design policies and interventions that affect them.¹¹ The vast range of actions by the administration so far threatens to adversely impact the health and well-being of LGBT populations.¹²

ideology is extremely inaccurate, and disconnected from the immutable biological reality that there are two sexes, male and female. The Trump Administration rejects gender ideology and condemns the harms it causes to children, by promoting their chemical and surgical mutilation, and to women, by depriving them of their dignity, safety, well-being, and opportunities. This page does not reflect biological reality and therefore the Administration and this Department rejects it." Centers for Disease Control and Prevention. (2013). *Youth Risk Behavior Surveillance System (YRBSS)* <https://www.cdc.gov/yrbs/index.html> (Accessed 2/21/2025).

⁵ Some CDC health data and webpages were still offline after judge's order. *CBS News*. <https://www.cbsnews.com/news/some-cdc-health-data-webpages-still-offline-judge-order/>

⁶ Stobbe, M., & Schneider, M. (2025, February 3). Trump administration's data deletions set off 'a mad scramble,' researcher says. *The Washington Post*. https://www.washingtonpost.com/health/2025/02/03/cdc-census-federal-data-trump/2f52f636-e269-11ef-ab83-bb30e4340014_story.html; Wu, K. J. (2025, January 31). The CDC is altering data to follow Trump's DEI order. *The Atlantic*. <https://www.theatlantic.com/health/archive/2025/01/cdc-dei-scientific-data/681531/>; Wang, H. L. (2025, February 12). *The public lost access to Census Bureau data for days after a Trump order*. *NPR*. <https://www.npr.org/2025/02/12/nx-s1-5289329/us-census-bureau-survey-data>

⁷ Kurtzleben, D. (2025, February 1). Some federal web pages still down as agencies implement order 'defending women'. *NPR*. <https://www.npr.org/2025/01/31/g-s1-45887/trump-opm-gender-ideology-defending-women-websites-transgender>; Wang, H. L. (2025, February 12). *The public lost access to Census Bureau data for days after a Trump order*. *NPR*. <https://www.npr.org/2025/02/12/nx-s1-5289329/us-census-bureau-survey-data>

⁸ Cox, C., Rae, M., Kates, J., Wager, E., Ortaliza, J., & Dawson, L. (2025, February 2). A look at federal health data taken offline. *Kaiser Family Foundation*. <https://www.kff.org/policy-watch/a-look-at-federal-health-data-taken-offline/>

⁹ Singer, E. (2025, February 2). Thousands of U.S. government web pages have been taken down since Friday. *The New York Times*. <https://www.nytimes.com/2025/02/02/upshot/trump-government-websites-missing-pages.html>; Cooper, J. J. (2025, January 31). A list of government web pages that have gone dark to comply with Trump orders. *CBS 42*. <https://www.cbs42.com/news/national/ap-a-list-of-government-web-pages-that-have-gone-dark-to-comply-with-trump-orders/>; Rabin, R., & Mandavilli, A. (2025, January 31). Health resources vanish following D.E.I. and gender orders. *The New York Times*. <https://www.nytimes.com/2025/01/31/health/trump-cdc-dei-gender.html>; Sun, L. H., Keating, D., & Nirappil, F. (2025, February 1). CDC removes gender, equity references in public health material. *The Washington Post*. <https://www.washingtonpost.com/health/2025/01/31/cdc-website-gender-lgbtq-data/>; Mandavilli, A., & Rabin, R. C. (2025, February 3). C.D.C. site restores some purged files after 'gender ideology' ban outcry. *The New York Times*. <https://www.nytimes.com/2025/02/03/health/trump-gender-ideology-research.html>; Miller, N. S. (2025, February 3). As the US government removes health websites and data, here's a list of non-government data alternatives and archives. *The Journalist's Resource*. <https://journalistsresource.org/home/as-the-us-government-removes-health-websites-and-data-heres-a-list-of-non-government-data-alternatives/>

¹⁰ We use the general term *LGBT* to refer to lesbian, gay, bisexual, queer, pansexual, transgender, and nonbinary individuals.

¹¹ Schreiber, M. (2025, February 10). Trump's anti-diversity executive orders threaten Americans' health, experts say. *The Guardian*. <https://www.theguardian.com/us-news/2025/feb/10/trump-health-dei-orders-risk>

¹² Nuzzo, J. (2025, February 2). Epidemiologist reacts to removal of certain health data. *CNN*. <https://www.cnn.com/2025/02/02/health/video/>

HISTORY OF SEXUAL ORIENTATION AND GENDER IDENTITY DATA COLLECTION

In 1999, when the Public Health Service was designing its next iteration of a 10-year blueprint of health priorities for the U.S., a group of researchers advising the process recommended the inclusion of LGBT populations in that plan. They concluded, however, that there was not sufficient quality population data to allow rigorous assessment of the health needs of LGBT people. The researchers noted that “clinical and public health research for these populations has been scarce ... [and] there is currently no public health infrastructure for funding and supporting research on the health of LGBT communities.”¹³ Using data mostly from non-probability studies, sufficient evidence was culled to include lesbian, gay, and bisexual people (LGB) in the plan for the nation’s health, Healthy People 2010. (The transgender population was included in Healthy People 2020).¹⁴

In part because of the inclusion of public health goals for LGBT populations in Healthy People 2010 and 2020 (published in 2000 and 2010, respectively) and an influential Institute of Medicine (IOM) report published in 2011,¹⁵ data collection of sexual orientation (and later gender identity) increased beginning in the early 2000s through 2024¹⁶ with some interruptions during the first Trump administration.¹⁷

[cdc-websites-gender-lgbtq-datasets-dr-nuzzo-foa-digvid](#); Yanny, A. M. (2025, February 7). *CDC data disappearance worries Wisconsin researchers and health officials*. *Wisconsin Public Radio*. <https://www.wpr.org/news/cdc-data-disappearance-trump-executive-orders-gender-dei-wisconsin-researchers-health-officials>; Loewy, K. L. (2017). Erasing LGBT people from federal data collection: A need for vigilance. *American Journal of Public Health*, 107(8), 1217–1218. <https://doi.org/10.2105/AJPH.2017.303914>; Smith, J. (2025, January 31). CDC removes data on sexual orientation and gender identity from website. *STAT*. <https://www.statnews.com/2025/01/31/cdc-removes-data-on-sexual-orientation-gender-identity-from-website/>; Tan, T & Kelley, C. (2025, January 31). *Removal of HIV- and LGBTQ-related CDC webpages creates dangerous gaps in scientific information* [Press release]. Infectious Diseases Society of America. <https://www.idsociety.org/news--publications-new/articles/2025/removal-of-hiv--and-lgbtq-related-cdc-webpages-creates-dangerous-gaps-in-scientific-information/>

¹³ Dean, L., Meyer, I. H., Robinson, K., Sell, R. L., Sember, R., Silenzio, V. M. B., Bowen, D. J., Bradford, J., Rothblum, E., White, J., Dunn, P., Lawrence, A., Wolfe, D., & Xavier, J. (2020). Lesbian, gay, bisexual, and transgender health: Findings and concerns. *Journal of the Gay and Lesbian Medical Association*, 4(3), 102–151. <https://doi.org/10.1023/A:1009573800168>, (p. 104).

¹⁴ U.S. Department of Health and Human Services. (2000). *Healthy People 2010: Understanding and improving health*. U.S. Government Printing Office. https://www.cdc.gov/nchs/healthy_people/hp2010.htm; U.S. Department of Health and Human Services. (2010). *Healthy People 2020: Understanding and improving health*. U.S. Government Printing Office. <https://www.healthypeople.gov>

¹⁵ National Academies of Sciences, Engineering, and Medicine. (2011). *The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding*. National Academies Press. <https://doi.org/10.17226/13128>

¹⁶ Congressional Research Service. (2024, April 2). *Proposed expanded collection of statistics on sexual orientation and gender identity by the federal government*. <https://crsreports.congress.gov/product/pdf/IN/IN12342>; Julian, C. A., Manning, W. D., & Westrick-Payne, K. K. (2024).

Responses to sexual and gender identity measures in population-level data by birth cohort: A research note. *Demography*, 61(1), 15–30. <https://doi.org/10.1215/00703370-11164985>

¹⁷ For example, during the first Trump administration sexual orientation and gender identity (SOGI) questions were removed from the population survey of victimization in the U.S.—the National Crimes Victimization Survey (NCVS). Romero, A.P. (2018, May). *Comment on the National Crime Victimization Survey (NCVS)*. UCLA School of Law. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Comment-NCVS-May-2018.pdf>; Meyer, I. H., Vasquez, L. A., & Mallory, C. (2021, October). *Comment on the reinstatement of SOGI measures in the National Crime Victimization Survey (NCVS)*. Williams Institute, UCLA School of Law. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Comment-NCVS-Reinstatement-Oct-2021.pdf>; GLAAD. (2025, January 20). *Trump Accountability Tracker*. <https://glaad.org/trump-accountability-tracker/>; Flores, A. R., Stotzer, R. L., Meyer, I. H., & Langton, L. L. (2022). Hate crimes against LGBT people: National Crime Victimization Survey, 2017-2019. *PLoS one*, 17(12), e0279363. <https://doi.org/10.1371/journal.pone.0279363>

Federal surveys that have collected sexual orientation and gender identity data for years include the CDC’s National Health Interview Survey (NHIS), National Health and Nutrition Examination Survey (NHANES), Behavioral Risk Factor Surveillance System (BRFSS), and Youth Risk Behavioral Survey (YRBS), the Bureau of Justice Statistics’ National Inmate Survey (NIS) and National Crime Victimization Survey (NCVS), and the Census Bureau’s Household Pulse Survey (HPS), among others.¹⁸

Other surveys were being considered for the inclusion of sexual orientation and gender identity data before President Trump took office in 2025. Particularly important is the American Community Survey (ACS), a vital source of information about employment and earnings, housing conditions and expenses, education, citizenship, family composition, veteran status, disability, and insurance coverage.¹⁹ Researchers at the Census have been testing the inclusion of sexual orientation and gender identity measures for over a year and were expected to report their findings soon.²⁰ Other surveys recently began to include questions about sexual orientation and gender diversity, such as the Department of Housing and Urban Development’s American Housing Survey (AHS) and the Administration for Community Living’s National Survey of Older Americans Act Participants (NSOAAP).²¹ The NSOAAP includes important topics affecting LGBT aging populations, such as economic and food insecurity, mental and physical health outcomes, and barriers to receiving health care and social support. The Williams Institute had submitted public comments to support the addition of sexual orientation and gender identity questions to these and other public surveys.²²

¹⁸ Centers for Disease Control and Prevention. (n.d.). *National Health Interview Survey (NHIS)*. <https://www.cdc.gov/nchs/nhis/index.html>; Centers for Disease Control and Prevention. (n.d.). *National Health and Nutrition Examination Survey (NHANES)*. <https://www.cdc.gov/nchs/nhanes/index.html>; Centers for Disease Control and Prevention. (n.d.). *Behavioral Risk Factor Surveillance System (BRFSS)*. Centers for Disease Control and Prevention. (n.d.). *Youth Risk Behavior Surveillance System (YRBSS)*. <https://www.cdc.gov/yrbs/about/index.html><https://www.cdc.gov/brfss/>; Bureau of Justice Statistics. (n.d.). *National Inmate Survey (NIS)*. <https://bjs.ojp.gov/data-collection/national-inmate-survey-nis>; Bureau of Justice Statistics. (n.d.). *National Crime Victimization Survey (NCVS)*. <https://bjs.ojp.gov/data-collection/ncvs>; U.S. Census Bureau. (2025). *Household Pulse Survey (HPS)*. <https://www.census.gov/data/experimental-data-products/household-pulse-survey.html>

¹⁹ Bajko, M. S. (2024, August 29). Census LGBTQ questions test underway with monthly survey. *Bay Area Reporter*. <https://www.ebar.com/index.php>; U.S. Census Bureau. (2024). Comment request; American Community Survey methods panel: 2024 sexual orientation and gender identity test. *Federal Register*. <https://www.federalregister.gov/documents/2024/04/29/2024-09101/agency-information-collection-activities-submission-to-the-office-of-management-and-budget-omb-for>; U.S. Census Bureau. (n.d.). *American Community Survey (ACS)*. <https://www.census.gov/programs-surveys/acs>

²⁰ The Census Bureau webpage no longer provides information about this effort, noting “Sorry, the page you requested has either been moved or is no longer available.” <https://www.census.gov/newsroom/press-releases/2024/test-sogi-questions.html>

²¹ U.S. Department of Housing and Urban Development. (2023). *American Housing Survey 2023: Codebook*. U.S. Census Bureau. https://www.census.gov/data-tools/demo/codebook/ahs/ahsdict.html?s_keyword=sexual%20orientation&s_year=2023%20National,2023%20Metro; Administration for Community Living. (2023). *17th ACL National Survey of Older Americans Act Participants* [Questionnaire]. U.S. Department of Health & Human Services. <https://acl.gov/sites/default/files/about-acl/2023-07/AllOtherServicesSurvey.pdf>; Administration for Community Living. (2024). *NSOAAP 2024 Data collection instruments*. Administration on Aging. <https://www.aoasurvey.org/Public/PriorResults.aspx>; Medicaid and CHIP Payment and Access Commission. (2023, December 14). *Medicaid sexual orientation and gender identity data collection* [PowerPoint slides]. Medicaid and CHIP Payment and Access Commission. https://www.macpac.gov/wp-content/uploads/2023/12/01-December-Slides_Medicaid-Sexual-Orientation-and-Gender-Identity-Data-Collection.pdf

²² Tentindo, W. & Bouton, L.J.A. (2023, October). *National Survey of Older Americans Act Participants: Public Comment*. Williams Institute, UCLA School of Law. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Comment-NSOAAP-Oct-2023.pdf>; Vasquez, L. A., & Conron, K. J. (2022, May). *American Community Survey / Puerto Rico Community Survey: Public Comment*. Williams Institute, UCLA School of Law. <https://williamsinstitute.law.ucla.edu/publications/acs-prcs-comment/>; Conron, K. J. (2021, March). *Current Population Survey: Public Comment*. Williams Institute, UCLA School of Law. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Comment-CPS-Mar-2021.pdf>; Vasquez, L. A. (2022, November). *2030 Census Preliminary Research: Public Comment*. Williams Institute, UCLA School of Law. <https://williamsinstitute.law.ucla.edu/>

THE IMPORTANCE OF LGBT FEDERAL DATA COLLECTION

The collection of data about LGBT people in federal datasets has consisted of the inclusion of sexual orientation and gender identity questions in ongoing, large governmental surveys of the U.S. population (or regions therein). This inclusion allows researchers to identify the subpopulation of LGBT people among the larger study group, providing estimates specific to LGBT populations in various areas of interest and enabling comparisons between LGBT and non-LGBT populations.²³

The inclusion of sexual orientation and gender identity measures required a long process and significant public investment that included determining which questions to use, the validity and reliability of these questions, the impact of adding questions to the integrity of the survey as a whole, as well as political considerations relevant to federal and state governments.²⁴

Federal datasets are especially unique and important because they typically provide large numbers of participants—for example, the BRFSS surveys over 400,000 adults annually across all 50 U.S. states, the District of Columbia, Puerto Rico, Guam, and the U.S. Virgin Islands.²⁵ Because the proportion of LGBT people in the general population is small (ranging from 0.5% for transgender individuals to 5.5% for sexual minority individuals),²⁶ a large number of survey participants is required to obtain a large enough LGBT sample to arrive at accurate statistical estimates for this population.²⁷ Such efforts are impossible for non-governmental agencies to replicate.²⁸

[wp-content/uploads/Comment-2030-Census-Nov-2022.pdf](#); Mallory, C., Vasquez, L. A., Redfield, E., & Conron, K. J. (2022, October). *Office of Science and Technology Policy: Public comment*. The Williams Institute, UCLA School of Law. <https://williamsinstitute.law.ucla.edu/publications/ostp-comment/>; Vasquez, L. A. (2022, May). Medicare current beneficiary survey: Public comment. *Williams Institute*. <https://williamsinstitute.law.ucla.edu/publications/medicare-survey-comment/>

²³ Gates, G. J. (2013). Demographics and LGBT health. *Journal of Health and Social Behavior*, 54(1), 72-74. <https://doi.org/10.1177/0022146512474429>; Patterson, J. G., Jabson, J. M., & Bowen, D. J. (2017). Measuring sexual and gender minority populations in health surveillance. *LGBT Health*, 4(2), 82–105. <https://doi.org/10.1089/lgbt.2016.0026>; Shanker, A., & Korniejczuk, M. (2024). Collecting data on sexual orientation and gender identity: A promising practice for improving population health and advancing health equity. *Public Health Reports*, 00333549241308401. <https://doi.org/10.1177/00333549241308401>

²⁴ Williams Institute. (n.d.). *Issues: Data collection*. UCLA School of Law. <https://williamsinstitute.law.ucla.edu/issues/data-collection/>; National Academies of Sciences, Engineering, and Medicine. (2022). *Measuring sex, gender identity, and sexual orientation for the National Institutes of Health*. The National Academies. <https://www.nationalacademies.org/our-work/measuring-sex-gender-identity-and-sexual-orientation-for-the-national-institutes-of-health>; The White House. (2023). *Federal evidence agenda on LGBTQI+ equity*. Subcommittee on SOGI Data, National Science and Technology Council. The original link is broken however, the full text can be viewed [here](#).

²⁵ Centers for Disease Control and Prevention. (2013). *Behavioral Risk Factor Surveillance System User Guide (BRFSS)*. https://www.cdc.gov/brfss/data_documentation/pdf/UserguideJune2013.pdf

²⁶ Flores, A.R. & Conron, K.J. (2023). *LGBT adults in the U.S. population*. Williams Institute, UCLA School of Law, Los Angeles. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-Adult-US-Pop-Dec-2023.pdf>; Herman, J. L., Flores, A. R., & O'Neill, K. K. (2022, June). *How many adults and youth identify as transgender in the United States?* Williams Institute, UCLA School of Law. <https://williamsinstitute.law.ucla.edu/publications/trans-adults-united-states/>

²⁷ Meyer, I. H., Marken, S., Russell, S. T., Frost, D. M., & Wilson, B. D. M. (2020). An Innovative Approach to the Design of a National Probability Sample of Sexual Minority Adults. *LGBT health*, 7(2), 101–108. <https://doi.org/10.1089/lgbt.2019.0145>; Conron, K.J., & Williams Institute Scholars. (2021, April). *SOGI data collection in the BRFSS: Public Comment*. UCLA School of Law, Los Angeles. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Comment-SOGI-BRFSS-Apr-2021.pdf>

²⁸ Mandt, R., Seetharam, K., & Cheng, C. H. M. (2020, August 20). *Federal R&D funding: The bedrock of national innovation*. MIT Science Policy Review. <https://sciencepolicyreview.org/2020/08/federal-rd-funding-the-bedrock-of-national-innovation/>

The future of LGBT data is now uncertain. It seems likely that government agencies perceive that compliance with the president's executive orders requires that at least gender identity questions, and potentially sexual orientation questions, be eliminated.²⁹ Indeed, reports of removals of both sets of questions have recently begun to surface.³⁰ Funding of research by independent researchers through National Institutes of Health (NIH) grants and contracts, for example, is also at risk under the president's executive orders.³¹ As just one example, the NIH has recently removed many grants that were scheduled for review because they focused on or included LGBT populations.³²

FEDERAL DATASETS THAT INCLUDE LGBT POPULATIONS

Federal data play a crucial role in monitoring and addressing the health and well-being of LGBT adults and youth in America. This is demonstrated by their widespread use among researchers nationwide and the wealth of knowledge gathered over time on various issues affecting the LGBT community.³³

The federal data on LGBT populations is a result of ongoing efforts to improve and expand data collection over several decades. At the onset of the AIDS epidemic in 1981, national and state data did not exist in the United States to allow an assessment of the impact of the epidemic on LGBT communities despite the heavy burden of AIDS-related illnesses and deaths among gay and bisexual men, men who have sex with men, and transgender women.³⁴

The CDC began collecting national data on behavioral risk factors for HIV only in 2003—more than 20 years after the beginning of the AIDS pandemic—through the establishment of the National HIV Behavioral Surveillance (NHBS)

²⁹ Belluz, J. (2025, February 10). *Trump's shocking purge of public health data, explained*. Vox. <https://www.vox.com/future-perfect/399319/trump-cdc-health-data-removed-obesity-suicide>

³⁰ Wang, H. L. (2025, February 21). *Census Bureau stopped work on data for protecting trans rights, former director says*. NPR. <https://www.npr.org/2025/02/21/nx-s1-5305265/census-lgbtq-sogi-data-robert-santos>; Nandy, B. (2025, February 11). *New York Census workers banned from asking gender questions on surveys to comply with President Trump's executive order*. *News 12 Long Island*. <https://longisland.news12.com/new-york-census-workers-banned-from-asking-gender-questions-on-surveys-to-comply-with-president-trumps-executive-order>; U.S. Census Bureau. (2025, February 14). *HTOPS non-substantive change request submission* (ICR No. 152412000). Office of Management and Budget. <https://omb.report/icr/202502-0607-003/doc/152412000>; Herman, B. (2025, February 12). *Medicare enrollment forms to remove gender, sexual orientation questions under Trump order*. *STAT News*. <https://www.statnews.com/2025/02/12/medicare-enrollment-forms-remove-gender-sexual-orientation-trump-order/>

³¹ Johns, M. (2025, February 13). *How cuts to NIH research funding would hurt states*. Center for American Progress. <https://www.americanprogress.org/article/how-cuts-to-nih-research-funding-would-hurt-states/>

³² Mervis, J. (2025, February 5). *Trump orders cause chaos at science agencies*. *Science*. <https://www.science.org/content/article/trump-orders-cause-chaos-science-agencies>; Chen, A., McFarling, U. L., & Wosen, J. (2025, January 27). *Researchers reel as Trump administration moves quickly to cut funding and end DEI health programs*. *Stat News*. <https://www.statnews.com/2025/01/27/trump-dei-executive-order-quick-nih-funding-cuts/>

³³ National Academies of Sciences, Engineering, and Medicine. (2021). *Understanding the well-being of LGBTQI+ populations*. National Academies Press. <https://nap.nationalacademies.org/catalog/25877/understanding-the-well-being-of-lgbtqi-populations>; Baker, K. E., Streed, C. G., Jr, & Durso, L. E. (2021). *Ensuring that LGBTQI+ people count - Collecting data on sexual orientation, gender identity, and intersex status*. *The New England Journal of Medicine*, 384(13), 1184–1186. <https://doi.org/10.1056/NEJMp2032447>; Vasquez, L.A. (2022, November). *Streed, C.G., Jr, Grasso, C., Reisner, S. L., & Mayer, K. H. (2020). Sexual Orientation and Gender Identity Data Collection: Clinical and Public Health Importance*. *American Journal of Public Health*, 110(7), 991-993. <https://doi.org/10.2105/AJPH.2020.305722>; Meyer I. H. (2001). *Why lesbian, gay, bisexual, and transgender public health?*. *American Journal of Public Health*, 91(6), 856–859. <https://doi.org/10.2105/ajph.91.6.856>; Human Rights Campaign. (2020). *LGBTQ data collection: A call to action*. <https://assets2.hrc.org/files/assets/resources/HRC-LGBTQ-DataCollection-Report.pdf>

³⁴ Curran, J. W., & Jaffe, H. W. (2011). *AIDS: The early years and CDC's response*. *Morbidity and Mortality Weekly Report*, 60(4), 64–69. <https://www.cdc.gov/mmwr/preview/mmwrhtml/su6004a11.htm>; Herbst, J. H., Jacobs, E. D., Finlayson, T. J., McKleroy, V. S., Neumann, M. S., Crepez, N., & HIV/AIDS Prevention Research Synthesis Team (2008). *Estimating HIV prevalence and risk behaviors of transgender persons in the United States: a systematic review*. *AIDS and behavior*, 12(1), 1–17. <https://doi.org/10.1007/s10461-007-9299-3>

system.³⁵ With the NHBS, the CDC was able to begin to systematically collect information on risk factors for HIV and assess prevention strategies to inform HIV prevention programs.³⁶ Even with the important contributions of the NHBS to our nation's public health goals, the surveys used suboptimal methods for recruiting study participants—including methods that aimed to estimate probability samples (e.g., venue-based sampling, respondent-driven sampling) but were not true probability sampling methods (e.g., random digit dialing, address-based sampling). These methods have been criticized for their limitations in simulating probability samples and suitability for sampling LGBT people.³⁷ To comply with President Trump's executive order on gender identity, the CDC has announced that it will now stop collecting data on transgender identity.³⁸

In 2002, the National Survey of Family Growth (NSFG) became one of the first federal surveys to ask respondents about their sexual orientation.³⁹ NSFG provides important data about LGB people, same-sex couples, and their families. Researchers using these data have published hundreds of articles on LGBQ families, parenting intentions among LGB people, economic and food insecurity among LGB people, sex education and HIV testing rates among men who have sex with men, adverse pregnancy experiences, contraceptive use among lesbian and bisexual women, and various other topics.⁴⁰ The Williams Institute used NSFG data from 2002 to produce some of the first estimates of gay men and lesbians who had or wanted to have children.⁴¹

Census Bureau surveys played a key role in early demographic research of LGB people by first providing a source for calculating population counts and estimates of same-sex couples and parents based on the sex of spouses and unmarried partners and later by adding the option for same-sex couples to be identified beginning with the 2013 ACS and the 2020 Decennial Census.⁴² In 2021, the Household Pulse Survey (HPS) was the first Census Survey to directly include both sexual orientation and gender identity questions. With that, researchers were able to track detailed economic- and health-related experiences of LGBT people.⁴³

³⁵ Centers for Disease Control and Prevention. (n.d.). *National HIV Behavioral Surveillance (NHBS)*. U.S. Department of Health and Human Services. <https://www.cdc.gov/hiv-data/nhbs/index.html>

³⁶ Centers for Disease Control and Prevention. (2021). *National HIV Behavioral Surveillance System Round 6: Model Surveillance Protocol*. www.cdc.gov/hiv/statistics/systems/nhbs/operations.html.

³⁷ Meyer, I. H., & Wilson, P. A. (2009). Sampling lesbian, gay, and bisexual populations. *Journal of Counseling Psychology*, 56(1), 23–31. <https://doi.org/10.1037/a0014587>

³⁸ Gaffney, T. (2025). CDC will no longer process transgender data. STAT News, February 25, 2025: <https://www.statnews.com/2025/02/25/cdc-will-no-longer-process-transgender-data/>

³⁹ Federal Interagency Working Group on Improving Measurement of Sexual Orientation and Gender Identity in Federal Surveys. (2016, August). *Current measures of sexual orientation and gender identity in federal surveys*. https://nces.ed.gov/FCSM/pdf/current_measures_20160812.pdf

⁴⁰ Mallory, C. (2023, September). *Comment on the National Survey of Family Growth (NSFG)*. Williams Institute, UCLA School of Law. <https://williamsinstitute.law.ucla.edu/publications/nsfg-comment/>

⁴¹ Gates, G. J., Badgett, M. V. L., Macomber, J. E., & Chambers, K. (2007). *Adoption and foster care by gay and lesbian parents in the United States*. The Williams Institute, UCLA School of Law. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Adopt-Foster-GL-Parents-US-Mar-2007.pdf>

⁴² Gates, G. J. (2010, August). *Same-sex couples in U.S. Census Bureau data: Who gets counted and why*. Williams Institute, UCLA School of Law. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/SS-Couples-US-Census-Bureau-Data-Aug-2010.pdf>; U.S. Census Bureau. (n.d.). *Same-sex couples*. <https://www.census.gov/hhes/samesex/index.html>; <https://web.archive.org/web/20120304062240/http://www.census.gov/hhes/samesex/index.html>; Retrieved from Wayback Archive due to removal from Census website.

⁴³ PBS NewsHour. (2021, November 4). *The Census Bureau's first-ever data on LGBTQ+ people indicates deep disparities*. PBS. <https://www.pbs.org/newshour/economy/the-census-bureaus-first-ever-data-on-lgbtq-people-indicates-deep-disparities>; Williams Institute. (2021, March 11). *LGBT poverty dropped to 17% during the COVID-19 pandemic* (Press release). UCLA School of Law. <https://williamsinstitute.law.ucla.edu/press/lgbt-poverty-covid-press-release/>; Herman, J. L., & O'Neill, K. K. (2022, November). *Well-being among transgender people during the COVID-19 pandemic*.

The National Health Interview Survey (NHIS), which began asking questions about sexual orientation in 2013, is another important source of health data, providing population-based evidence about illness and health care access and allowing policymakers, researchers, and the public to track progress over time toward health objectives set by the Public Health Service.⁴⁴ As of February 2025, approximately 145 scientific papers have been published using NHIS data on LGB individuals.⁴⁵ Many of these studies focused on investigating the prevalence of physical and mental health outcomes such as cancer and psychological distress, health-related behaviors such as smoking, disease screening and vaccination, and health care access and insurance coverage among LGB people and compared to heterosexual people.⁴⁶ Through this, researchers have been able to identify significant differences in health outcomes and characteristics related to one's sexual orientation.⁴⁷

The BRFSS and the YRBS are two national surveys widely used by federal, state, and local governments, researchers, health policymakers, and public health interventionists. These datasets have provided essential health information about the U.S. population, including invaluable data on LGBT adults and youth (respectively).⁴⁸

The BRFSS, which began including an optional sexual orientation and gender identity module in 2014,⁴⁹ is the largest continuously conducted health survey in the world, with 400,000 survey participants. It collects data on health-related risk behaviors, chronic conditions, and preventive service use among adults, providing a detailed picture of public health across the U.S.⁵⁰ Since the implementation of the sexual orientation and gender identity module in 2014, the number of states electing to include the module has grown, from about 20 states in 2014 to 35 states in 2022.⁵¹ Due to the large sample recruited by BRFSS, researchers can assess differences among LGBT subgroups, such as groups defined by race/ethnicity, age, and socioeconomic status.

Institute, UCLA School of Law. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Trans-Pulse-Toplines-Nov-2022.pdf>; Conron, K. J., Bouton, L. J. A., Brush, A. M., Meyer, I. H., Conron, K. J., & O'Neill, K. K. (2023, January). *LGBT adults aged 50 and older in the U.S. during the COVID-19 pandemic*. Williams Institute, UCLA School of Law. <https://williamsinstitute.law.ucla.edu/publications/older-lgbt-adults-us/>

⁴⁴ Office of Health Promotion. (n.d.). *Healthy People 2030*. U.S. Department of Health and Human Services. <https://odphp.health.gov/healthypeople>

⁴⁵ As of February 18, 2025, a PubMed search resulted in 125 publications and an additional 20 via Web of Science and APA PsycINFO.; A Google Scholar search, which includes white papers and grey literature, resulted in 9,860 results.

⁴⁶ PubMed (2013-2025). [Citation search for studies using NHIS sexual orientation data]. National Institutes of Health. Accessed February 18, 2025.

⁴⁷ Conron, K. J. (2020). *National Health Interview Survey: Public comment*. Williams Institute, UCLA School of Law. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Comment-NHIS-Jun-2020.pdf>; Gonzales, G., Przedworski, J., & Henning-Smith, C. (2016). Comparison of health and health risk factors between lesbian, gay, and bisexual adults and heterosexual adults in the United States: Results from the National Health Interview Survey. *JAMA Internal Medicine*, 176(9), 1344–1351. <https://doi.org/10.1001/jamainternmed.2016.3432>

⁴⁸ Baker, K., & Hughes, M. (2023, March 30). *Sexual orientation and gender identity data collection in the Behavioral Risk Factor Surveillance System*. Center for American Progress. <https://www.americanprogress.org/article/sexual-orientation-and-gender-identity-data-collection-in-the-behavioral-risk-factor-surveillance-system/>

⁴⁹ Some states incorporated SOGI questions into their BRFSS questionnaires prior to 2014.

⁵⁰ Centers for Disease Control and Prevention. (n.d.). *Behavioral Risk Factor Surveillance System (BRFSS)*. <https://www.cdc.gov/brfss/index.html>; Baker, K., & Hughes, M. (2016, March 29).

⁵¹ SOGI data from additional states including CA and NY are not included in the national dataset since they use different questions from the BRFSS module. Baker, K., & Hughes, M. (2023, March 30). *Sexual orientation and gender identity data collection in the Behavioral Risk Factor Surveillance System*. Center for American Progress. <https://www.americanprogress.org/article/sexual-orientation-and-gender-identity-data-collection-in-the-behavioral-risk-factor-surveillance-system/>; National LGBT Cancer Network. (n.d.). *State-level SOGI data in the Behavioral Risk Factor Surveillance System (BRFSS)*. [https://cancer-network.org/state-data/#:~:text=The%20Behavioral%20Risk%20Factor%20Surveillance%20System%20\(BRFSS\)%20is%20the%20U.S.,used%20their%20own%20SOGI%20questions.](https://cancer-network.org/state-data/#:~:text=The%20Behavioral%20Risk%20Factor%20Surveillance%20System%20(BRFSS)%20is%20the%20U.S.,used%20their%20own%20SOGI%20questions.); Jesdale B. M. (2021). Sources of Missing Sexual Orientation and Gender Identity Data in the Behavioral Risk Factor Surveillance System. *American journal of preventive medicine*, 61(2), 281–290. <https://doi.org/10.1016/j.amepre.2021.02.027>

The BRFSS has been foundational to LGBT research and public policy in many ways. For example, BRFSS data were used by the Williams Institute to estimate the LGBT population and separately the number of transgender adults.⁵² Research using the LGBT module of the BRFSS has resulted in over 215 scientific articles.⁵³ This research has provided invaluable insights, such as documenting health disparities between LGBT and heterosexual cisgender populations and estimating the number of parents and rate of poverty among LGBT subgroups in the United States.⁵⁴

The YRBS is indispensable for understanding youth health behaviors and shaping effective interventions. The survey is conducted every two years in schools across the U.S. among youth aged 13-17. Sexual orientation questions were added in 2014, and gender identity questions were added in 2017.⁵⁵ Since then, over 200 scientific articles and hundreds more publications have cited YRBS sexual orientation and gender identity data.⁵⁶ These data have identified serious disparities in suicidality for LGBT youth, something that was suggested previously but could not be studied as rigorously before the YRBS data became available.⁵⁷ The YRBS has documented the increased stress and violence experienced by LGBT students compared to non-LGBT students, including skipping school because they felt unsafe, having property stolen or damaged at school, high levels of bullying and cyberbullying, and involvement in more fights.⁵⁸ It has also shown disparities in many other important health risk behavior areas, like smoking.⁵⁹

⁵² Flores, A.R. & Conron, K.J. (2023). *LGBT adults in the U.S. population*. Williams Institute. UCLA School of Law. Los Angeles. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-Adult-US-Pop-Dec-2023.pdf>; Herman, J. L., Flores, A. R., & O’Neill, K. K. (2022, June). *How many adults and youth identify as transgender in the United States?* Williams Institute, UCLA School of Law. <https://williamsinstitute.law.ucla.edu/publications/trans-adults-united-states/>

⁵³As of February 18, 2025, a PubMed search resulted in approximately 190 citations and an additional 25 via Web of Science and APA PsychInfo.; As of February 18, 2025, a Google Scholar search, which includes white papers and grey literature resulted in 8,440 citations.

⁵⁴ Meyer, I. H., Brown, T. N., Herman, J. L., Reisner, S. L., & Bockting, W. O. (2017). Demographic characteristics and health status of transgender adults in select US regions: Behavioral Risk Factor Surveillance System, 2014. *American Journal of Public Health, 107*(4), 582–589. <https://doi.org/10.2105/AJPH.2016.303648>; Gonzales, G., & Henning-Smith, C. (2017). Health Disparities by Sexual Orientation: Results and Implications from the Behavioral Risk Factor Surveillance System. *Journal of Community Health, 42*(6), 1163–1172. <https://www.jstor.org/stable/48716558>; Restar, A. J., Jesdale, W. M., Pederson, L. L., Durso, L. E., & Scout, N. F. N. (2019). *Advancing sexual orientation/gender identity (SOGI) measures in the Behavioral Risk Factor Surveillance System (BRFSS)*. National LGBT Cancer Network. <https://cancer-network.org/wp-content/uploads/2019/04/SOGI-DATA-SHEET.pdf>; Wilson, B. D. M., Bouton, L. J. A., Badgett, M. V. L., & Macklin, M. L. (2023, February). *LGBT poverty in the U.S.* UCLA School of Law. <https://williamsinstitute.law.ucla.edu/publications/lgbt-poverty-us/>; Wilson, B. D. M., & Bouton, L. J. A. (2024, July). *LGBTQ+ parenting in the United States*. The Williams Institute, UCLA School of Law. <https://williamsinstitute.law.ucla.edu/publications/lgbt-parenting-us/>

⁵⁵ The Trevor Project. (2021). *Measuring youth sexual orientation and gender identity*. The Trevor Project. <https://www.thetrevorproject.org/wp-content/uploads/2021/07/Measuring-Youth-Sexual-Orientation-and-Gender-Identity.pdf>

⁵⁶ As of February 19, 2025 via PubMed; N = 9,630 via Google Scholar on February 18, 2025.

⁵⁷ Garofalo, R., Wolf, R. C., Wissow, L. S., Woods, E. R., & Goodman, E. (1999). Sexual orientation and risk of suicide attempts among a representative sample of youth. *Archives of Pediatrics & Adolescent Medicine, 153*(5), 487–493. <https://doi.org/10.1001/archpedi.153.5.487>; Verlenden, J. V. (2024). Mental health and suicide risk among high school students and protective factors—Youth Risk Behavior Survey, United States, 2023. *MMWR Supplements, 73*, 1-13. <https://www.cdc.gov/mmwr/volumes/73/su/su7304a9.htm>; Gonzales, G., & Deal, C. (2022, April 19). Health risk factors and outcomes among gender minority high school students in 15 US states. *JAMA, 327*(15), 1498-1500. <https://doi.org/10.1001/jama.2022.3087>

⁵⁸ Russell, S. T., Everett, B. G., Rosario, M., & Birkett, M. (2014). Indicators of victimization and sexual orientation among adolescents: Analyses from youth risk behavior surveys. *American Journal of Public Health, 104*(2), 255–261. <https://doi.org/10.2105/AJPH.2013.301579>; Angoff, H. D., & Barnhart, W. R. (2021). Bullying and cyberbullying among LGBQ and heterosexual youth from an intersectional perspective: Findings from the 2017 National Youth Risk Behavior Survey. *Journal of School Violence, 20*(3), 274–286. <https://doi.org/10.1080/15388220.2021.1879099>

⁵⁹ Fish, J. N., Turner, B., Phillips, G., & Russell, S. T. (2019). Cigarette smoking disparities between sexual minority and heterosexual youth. *Pediatrics, 143*(4). <https://doi.org/10.1542/peds.2018-2749>

In addition to these health surveys, federal data are collected on an array of topics relevant to the well-being of LGBT populations. The National Crime Victimization Survey (NCVS) added sexual orientation and gender identity questions in 2016.⁶⁰ The NCVS is important because it collects victim reports of victimization regardless of whether the incidents were reported to the police or persecuted. Analyses of NCVS data have shown alarming rates of victimization of LGBT people in the United States.⁶¹ Most recently, 2022-2023 NCVS data analyzed by the Williams Institute has shown that LGBT people experienced violent victimizations at a rate five times higher than non-LGBT persons.⁶² LGBT people experienced a higher rate of serious violence, defined as rape or sexual assault, robbery, or aggravated assault, than non-LGBT people, including higher rates of violence involving a weapon and serious violence resulting in injuries, and they were more likely than non-LGBT people to experience violent hate crimes.⁶³

In the area of criminal justice, the National Inmate Survey (NIS) has been a unique source of data on criminal justice system-involved LGBT people. Conducted by the Department of Justice as part of the mandate of the Prison Rape Elimination Act of 2003, the NIS provided data on a nationally representative sample of persons incarcerated in jails and prisons.⁶⁴ Analysis of 2011-2012 NIS data showed that the rate of incarceration of LGB people is approximately three times higher than the already-high general U.S. incarceration rate and that incarcerated LGB people were more likely to experience mistreatment, harsh punishment, and sexual victimization than straight inmates.⁶⁵

CONCLUSION

Federal datasets that include questions about sexual orientation and gender identity status have provided invaluable information that has helped researchers, clinicians, policymakers, and the public to understand factors that affect the health and well-being of LGBT populations in the United States. Researchers using these data come from many fields, including epidemiology, public health, psychology, aging, health policy, and health economics. The knowledge gained from federal datasets on LGBT populations has been pivotal in guiding interventions aimed at enhancing the health and well-being of LGBT people, as well as providing guidance to policymakers and legislators at both the local, state, and federal levels.

⁶⁰ Truman, J. L., Morgan, R. E., Gilbert, T., & Vaghela, P. (2019). Measuring sexual orientation and gender identity in the National Crime Victimization Survey. *Journal of Official Statistics*, 35(4), 835–858. <https://doi.org/10.2478/jos-2019-0039>

⁶¹ Flores, A. R., Langton, L., Meyer, I. H., & Romero, A. P. (2020). Victimization rates and traits of sexual and gender minorities in the United States: Results from the National Crime Victimization Survey, 2017. *Science Advances*, 6(40), eaba6910. <https://doi.org/10.1126/sciadv.aba6910>; Flores, A. R., Stotzer, R. L., Meyer, I. H., & Langton, L. L. (2022). Hate crimes against LGBT people: National crime victimization survey, 2017-2019. *PLOS ONE*, 17(12), e0279363. <https://doi.org/10.1371/journal.pone.0279363>; Flores, A. R., Meyer, I. H., Langton, L., & Herman, J. L. (2021). Gender identity disparities in criminal victimization: National Crime Victimization Survey, 2017–2018. *American Journal of Public Health*, 111(4), 726–729. <https://doi.org/10.2105/AJPH.2020.306624>; Flores, A. R., Wilson, B. D., Langton, L. L., & Meyer, I. H. (2023). Violent victimization at the intersections of sexual orientation, gender identity, and race: National Crime Victimization Survey, 2017–2019. *PLOS ONE*, 18(2), e0281641. <https://doi.org/10.1371/journal.pone.0281641>

⁶² Meyer, I. H., & Flores, A. R. (2025, February). *Anti-LGBT victimization in the United States: Results from the National Crime Victimization Survey (2022–2023)*. Williams Institute, UCLA School of Law. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Anti-LGBT-Violence-Feb-2025.pdf>

⁶³ Meyer, I. H., & Flores, A. R. (2025, February). *Anti-LGBT victimization in the United States: Results from the National Crime Victimization Survey (2022–2023)*. Williams Institute, UCLA School of Law. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Anti-LGBT-Violence-Feb-2025.pdf>

⁶⁴ Bureau of Justice Statistics. (n.d.). *National Inmate Survey (NIS)*. U.S. Department of Justice. <https://bjs.ojp.gov/data-collection/national-inmate-survey-nis>

⁶⁵ Meyer, I. H., Flores, A. R., Stemple, L., Romero, A. P., Wilson, B. D., & Herman, J. L. (2017). Incarceration rates and traits of sexual minorities in the United States: National Inmate Survey, 2011–2012. *American Journal of Public Health*, 107(2), 267–273. <https://doi.org/10.2105/AJPH.2016.303576>

Including questions about sexual orientation and gender identity in these surveys has been a long process of deliberation and planning that required methodological assessments, testing, and consideration of political contexts. These surveys have an important role because of the vast aspects of life they cover. They uniquely offer large numbers of respondents that allow for analysis of subpopulations based on sexual orientation and gender identity. Furthermore, they enable researchers to assess the intersection of LGBT identity with other important demographic characteristics, such as race/ethnicity, socioeconomic status, and urbanicity. These datasets are also unique for their scientific rigor and their longevity, which allows tracking of changes over time. The removal of such data from the public record and the loss of future data would set the United States decades backward to a time when little was known about the current demography, health, and well-being of the 14 million LGBT people in the United States.⁶⁶

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