

Testimony of Kerith Conron, ScD, MPH in Support of SB 109

Members of the Senate Committee on Government Affairs, Chair Dondero Loop and Vice Chair Ohrenschall, my name is Kerith Conron and I am the Research Director of the Williams Institute -- a research center at UCLA School of Law that conducts independent, rigorous research to inform law and public policy. I have been studying sexual orientation and gender identity (SOGI) and how to gather data about LGBT people for the last 20 years. It is my pleasure to testify on behalf of Senate Bill No. 109 in support of SOGI data collection in local and state systems.

There are three points that I'd like to make today:

- 1. We know how to ask questions about SOGI.**
- 2. People know how to answer questions about SOGI and are willing to do so.**
- 3. Nevada needs these data to effectively plan and implement government programs and services.**

We know how to ask questions about SOGI. Questions about sexual orientation identity have been asked on federal surveys like National Health and Nutrition Examination Survey (NHANES) and National Survey of Family Growth (NSFG) and added by states to surveys like Behavioral Risk Factor Surveillance Survey (BRFSS) and Youth Risk Behavior Survey (YRBS) for nearly two decades. Questions to identify transgender respondents have also been in use for two decades and have become more commonly included on publicly-funded surveys in the last seven years. The Williams Institute, in partnership with scholars from across the country, published best practices reports for sexual orientation and gender identity data collection in 2009 and 2014, respectively [1, 2]. These reports, and other articles published since, show that SOGI can be measured accurately.

Nevada youth and adults know how to answer SOGI questions and are willing to do so. In 2019, almost 15% of Nevada youth self-identified as LGBT on the state Youth Risk Behavior Survey [3] and between 2015 and 2017, 5.5% of Nevada adults identified as LGBT [4]. Over 500 of about 12,000 Nevada adults self-identified as LGBT on the state Behavioral Risk Factor Surveillance Surveys conducted between 2014-2017 [5]. In my experience analyzing federal and state datasets, more people refuse to answer questions about income than demographic questions about SOGI.

Nevada needs the data these questions provide to effectively implement programs and services. Analyses conducted by the Williams Institute show that LGBT people in the state are incredibly diverse [6]. More than half of LGBT adults in Nevada are people of color, including about a third (32.5%) who are Latino/a and nearly one in five (18.9%) who are multi-racial. More than one in five (22.4%) LGBT adults over the age of 25 are raising children.

Our analyses of Nevada 2014-2017 BRFSS data indicate that 23% of LGBT adults in the state were living in poverty before the COVID-19 pandemic [5]. Nearly two in five (37%) transgender adults and one in three (31%) of LGBT people of color were living in poverty.

Recent work conducted by the Williams Institute, and others, indicate that economic vulnerabilities experienced by LGBT people, particularly LGBT people of color, have been exacerbated by the pandemic [7]. Survey data collected in the fall of 2020 show that LGBT adults in the US were more likely to be laid off (12.4% v. 7.8%) or furloughed from their jobs (14.1% v. 9.7%), and to report problems affording basic household goods (23.5% v. 16.8%) and paying their rent or mortgage (19.9% v. 11.7%) than their non-LGBT counterparts [7].

More than one in four LGBT people of color reported increased difficulty paying for household goods (28.7%) and for housing (26.3%) in the few weeks before the fall survey and at levels two to three times higher than observed among non-LGBT white people (14.2% and 8.8%, respectively). A majority (63%) of LGBT people of color were very concerned about their ability to pay their bills as compared to 42% of LGBT White and a third (33%) of non-LGBT White people [7].

Now, more than ever, data about sexual orientation and gender identity are needed to monitor the health and well-being of LGBT people and to ensure that services and programs are available to LGBT residents.

References

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