
The Census and Health Care

Why is the census important to the health care sector?

The U.S. Constitution requires an accurate count of the nation's population every 10 years through a nationwide census. In addition, the Census Bureau collects more detailed socio-economic data on U.S. households each year through the American Community Survey (ACS), which, by law, is part of the decennial census.¹ Together, the census and the ACS produce some of the nation's best data for understanding the health of people living in the United States.

The 2020 Census and the ACS are currently facing fiscal, operational, and policy threats that could jeopardize a fair and accurate count, which would weaken data used to support our health care system. The health sector should engage now in efforts to protect these crucial data collection activities.

Health care providers, health insurance companies, government agencies, and beneficiaries need accurate information to make decisions regarding the products and services they provide and utilize. An inaccurate measure of the U.S. population and its characteristics could deprive the health care sector of vital resources needed to ensure it is meeting each community's needs.

How does a fair and accurate census benefit the health care sector?

Impact on Health-Related Data: The census and ACS produce health data and inform surveys that are important to the health sector. Examples include:

- **Detailed Population Demographics:** The ACS is the most detailed federal survey with local data on many racial/ethnic groups, some of which have little representation in other data reporting; these data help ensure more equitable access to health care.²
- **Social Determinants of Health:** The ACS and census-derived Current Population Survey (CPS) both track factors that impact health, such as income, housing, and national origins.³ The factors' influence on health can be tracked by linking them with the Census Bureau's uniquely rich and compatible data.
- **Insurance:** The ACS generates key data programs like the Small Area Health Insurance Estimates, which gives local coverage estimates.⁴ The CPS Annual Social and Economic Supplement (ASEC) includes health insurance data and depends on the census.⁵ These data have been crucial in measuring uninsured rates and Medicaid and Medicare coverage.
- **Public Health:** The Centers for Disease Control and Prevention's (CDC) data collection methodology for the National Health Interview Survey (NHIS) is based on the decennial census and is redesigned after each decennial.⁶ The CDC, the Department of Health and Human Services (HHS), and researchers in many fields use the NHIS to track issues ranging from disease to barriers to care to federal programs' success.
- **Hospitals:** HHS's Healthcare Cost and Utilization Project utilizes decennial and ACS data in its longitudinal hospital database, which is used to study service delivery and patient well-being, at the national, state, and local levels.⁷
- **Fertility:** The ACS and CPS' June Fertility Supplement provide fertility data.⁸ The Supplement examines population growth and informs policies concerning family demographics.⁹
- **Disability:** The ACS and CPS ASEC record disability types and related work outcomes.¹⁰

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Impact on Funding for Federal Health Programs: Census and ACS data also help determine hundreds of billions of dollars¹¹ in federal funding for health care programs each year. Examples of the largest programs supported by these data include:

- **Medicaid:** The formula that calculates Medicaid reimbursement levels includes the average income per person in each state from the census-derived Bureau of Economic Analysis.
- **Medicare Part B:** Medicare uses the Geographic Practice Cost Indices, which are based on ACS data, to determine reimbursement rates based on how much it costs to practice in a certain area.
- **Children’s Health Insurance Program (CHIP):** CHIP uses the HHS poverty guidelines and the CPS ASEC to determine eligibility and allocation of funds.
- **Supplemental Nutrition Program for Women, Infants, and Children (WIC):** WIC uses the HHS poverty guidelines for eligibility, the census-derived Consumer Price Index to set monthly food vouchers’ prices, and the ACS to decide how much funding each state receives.
- **Health Centers Program:** This program depends on the census-derived Index of Medical Underservice from the HHS to determine which groups in which areas are underserved.
- **Reproductive Health Programs:** Title X Family Planning Grants, Title V Maternal and Child Health Block Grants, the 340B Drug Pricing Program, and Social Services Block Grants (SSBG) all use census-derived population counts in order to allocate their funds.¹²

Impact on Geography and Community-Based Services: The ACS, the only source of reliable, comparable community-level data, helps leaders locate health facilities and Health Professional Shortage Areas, plan for essential services, and hire medical professionals.¹³ Census data assist in the delivery and research of geographically driven health systems. For example, the federal Rural Health Program utilizes census data to define “non-urbanized areas” to serve Medicare patients.¹⁴ Regionally, this classification is used to collect data in urban and rural areas, which is important, as those in rural areas may be more likely to use public insurance.¹⁵

Why is the census an urgent issue right now?

Decisions made now by Congress and federal agencies—including the Commerce Department, the Census Bureau, and the Office of Management and Budget¹⁶—will determine whether planning and funding are sufficient to do the job right.

Congress must oversee census preparations and allocate a sufficient ramp up in funding in the final years of the decade to ensure that the 2020 Census counts all communities equally well, including historically undercounted population groups. Certain populations, such as communities of color and people living in poverty, are more likely to be missed by the census, which can adversely impact the allocation of resources to people and places that need them.¹⁷

How can you help ensure a fair and accurate 2020 Census?

There are many ways health care stakeholders can improve the fairness and accuracy of the 2020 Census. Here are some ideas:

- **Help your members of Congress understand why it’s important to support adequate resources for the Census Bureau to conduct the 2020 Census in a way that will accurately collect health-related data.** The Census Bureau needs a major annual funding ramp up several years before a decennial census to perform critical tests and build out a massive infrastructure. Already—due to funding constraints—important activities needed for a fair and accurate 2020 Census have been postponed or canceled. Without a sufficient increase in the Census Bureau’s

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budget, a complete count will be in jeopardy, and census costs could increase by billions of dollars when the count starts.

- **Stay informed about key census policy and operational developments.** The Census Project (<https://thecensusproject.org/>) provides regular updates on census-related activities in Congress and the administration. The Leadership Conference on Civil and Human Rights also publishes many helpful resources at <https://civilrights.org/census/>.
- **Join a Census Complete Count Committee to raise awareness about the 2020 Census in local health care institutions.** As the 2020 Census approaches, advocates can join Complete Count Committees that will be established in many states and localities to help ensure a complete census.¹⁸ It is important that Complete Count Committees include voices for health care to remind leaders and local census staff of the issues specific to this field.
- **Become a Census Bureau partner and help ensure that the Census Bureau’s partnership program gets the resources it needs.** Budget shortfalls are also putting the effectiveness of this important outreach program at risk. Partners (community organizations, businesses, faith and educational institutions, and the like) get timely updates from the Census Bureau as well as educational and promotional material.¹⁹

If you would like to learn more about these or other ways you and your organization can be involved, contact Mara Youdelman, Managing Attorney, National Health Law Program, at youdelman@healthlaw.org, Ben D’Avanzo, Senior Policy Analyst, APIAHF, bdvanzo@apiahf.org, or Chris Harley, Census Counts Campaign Director, at harley@censuscounts.org.

¹ “American Community Survey: Information Guide.” U.S. Census Bureau, October 2017. Available at https://www.census.gov/content/dam/Census/programs-surveys/acs/about/ACS_Information_Guide.pdf.

² “Race and Ethnicity.” U.S. Census Bureau, Retrieved 9 January 2017. Available at <https://www.census.gov/mso/www/training/pdf/race-ethnicity-onepager.pdf>.

³ “Questions on the Form and Why We Ask.” U.S. Census Bureau, Retrieved 9 January 2018. Available at <https://www.census.gov/acs/www/about/why-we-ask-each-question/>; “About the Current Population Survey.” U.S. Census Bureau, 30 November 2015. Available at <https://www.census.gov/programs-surveys/cps/about.html>.

⁴ “Model-Based Small Area Health Insurance Estimates (SAHIE) for Counties and States.” U.S. Census Bureau, Retrieved 12 December 2017. Available at: <https://www.census.gov/programs-surveys/sahie.html>.

⁵ “Fact Sheet: Differences Between the American Community Survey (ACS) and the Annual Social and Economic Supplement to the Current Population Survey (CPS ASEC).” U.S. Census Bureau, 16 May 2016. Available at <https://www.census.gov/topics/income-poverty/poverty/guidance/data-sources/acs-vs-cps.html>.

⁶ “About the National Health Interview Survey.” Centers for Disease Control and Prevention, 11 July 2017. Available at: https://www.cdc.gov/nchs/nhis/about_nhis.htm.

⁷ “HCUP Methods Series: Methods Applying AHRQ Quality Indicators to Healthcare Cost and Utilization Project (HCUP) Data for the 2016 National Healthcare Quality and Disparities Report (QDR), Report # 2017-03.” Healthcare Cost and Utilization Project, 2015. Available at <https://www.hcup-us.ahrq.gov/reports/methods/2017-03.pdf>.

⁸ “Surveys and Programs Contributing to Fertility.” U.S. Census Bureau, 21 March 2017. Available at <https://www.census.gov/topics/health/fertility/surveys-programs.html>.

⁹ “66 FR 57032: Current Population Survey (CPS) Fertility Supplement.” U.S. Census Bureau, 14 November 2001. Available at <https://www.federalregister.gov/documents/2001/11/14/01-28529/current-population-survey-cps-fertility-supplement>.

¹⁰ “American Community Survey (ACS).” U.S. Census Bureau, Retrieved 12 December 2017. Available at <https://www.census.gov/topics/health/disability.html>; “CPS Annual Social and Economic Supplement.” U.S. Census Bureau, Retrieved December 11 2017. Available at: <https://www.census.gov/topics/health/disability.html>.

¹¹ Reamer, Andrew. “Counting for Dollars: The Role of the Decennial Census in the Geographic Distribution of Federal Funds.” GW Institute of Public Policy, 4 June 2017. Available at <http://civilrightsdocs.info/pdf/census/CountingForDollars-Intro.pdf>; “FY 2015 Budget & Performance.” U.S. Department of Health and Human Services, 11 February 2015. Available at <https://www.hhs.gov/about/budget/fy2015/index.html>.

¹² “2020 Census and Women’s Reproductive Health.” Bauman Foundation, September 2017.

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¹³ “Shortage Area Geographic Compilation Logic.” U.S. Department of Health and Human Services, Retrieved 12 December 2017. Available at: <https://datawarehouse.hrsa.gov/data/aboutdata/shortagelogic.aspx>; “American Community Survey.” U.S. Census Bureau, April 2013. Available at: https://www.census.gov/content/dam/Census/programs-surveys/acs/about/ACS_Information_Guide.pdf.

¹⁴ “Rural Health Clinic.” U.S. Department of Health and Human Services, Retrieved 12 December 2017. Available at <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/RuralHlthClinfctshst.pdf>.

¹⁵ “HCUP Methods Series: Methods Applying AHRQ Quality Indicators to Healthcare Cost and Utilization Project (HCUP) Data for the 2016 National Healthcare Quality and Disparities Report (QDR), Report # 2017-03.” Healthcare Cost and Utilization Project, 2015.; Foutz, Julie, Samantha Artiga, and Rachel Garfield. “The Role of Medicaid in Rural America.” Kaiser Family Foundation, 25 April 2017. Available at <https://www.kff.org/medicaid/issue-brief/the-role-of-medicaid-in-rural-america/>.

¹⁶ Cohn, D’Vera. “Federal Official May Revamp How Americans Identify Race, Ethnicity on Census and Other Forms.” Pew Research Center, 4 October 2016. Available at <http://www.pewresearch.org/fact-tank/2016/10/04/federal-officials-may-revamp-how-americans-identify-race-ethnicity-on-census-and-other-forms/>.

¹⁷ Fernandez, Leticia, Rachel Shattuck, and James Noon. “Using Administrative Records and the 2010 Census to Assess the Characteristics of Undercounted Young Children.” Southern Demographic Association Conference. 14 October 2016.

¹⁸ As a reference, the 2010 Complete Count Committee guide can be found at “Complete Count Committee Guide.” U.S. Census Bureau, November 2008. Available at <https://www.census.gov/2010census/partners/pdf/cccGuide.pdf>.

¹⁹ For more information, see “Partnerships.” U.S. Census Bureau, Retrieved 11 December 2017. Available at <https://www.census.gov/geo/partnerships/>.

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