National Rural Health Association

George M. Cook
Deputy Under Secretary
Office of the Under Secretary for Economic Affairs
Department of Commerce
4600 Silver Hill Road
Washington, DC 20233

RE: Docket No. 260903–0005; Decennial Census of the Population of Americans; Proposed Residence Criteria and Proposed Regulations for Demographic Questions

Comment submitted electronically via regulations.gov

Dear Deputy Under Secretary Cook,

The National Rural Health Association thanks the Census Bureau for the opportunity to comment on its proposed rule governing the decennial census. The census is a critical undertaking that illustrates the geographic and demographic makeup of the United States. Accordingly, the data about the country's population that the census provides is a valuable source of information that guides policymaking and programs affecting rural Americans.

NRHA is a non-profit membership organization with more than 21,000 members nationwide that provides leadership on rural health issues. Our membership includes nearly every component of rural America's health care, including rural community hospitals, critical access hospitals, doctors, nurses, and patients. We work to improve rural America's health needs through government advocacy, communications, education, and research.

I. Proposed Residence Criteria.

The Census Bureau proposes to amend its regulations to use new residence criteria for identifying a person's "usual residence" for the decennial census. Specifically, Census proposes to define where a person lives by where they "lawfully spent the greatest number of days" between January 3 and April 1, "evidenced by" their tax records.

NRHA is writing to express its concerns about how this change will impact the census count in rural America. In general, it is more difficult to count the population in rural areas because of their remoteness, limited internet access, and resources required to conduct outreach to and collect census data on rural people. These structural barriers can lead to inaccurate counts in rural areas and ultimately threaten access to much-needed federal funding. The Bureau's proposed changes may exacerbate these existing challenges with obtaining an accurate count in rural areas.

Federal funding has an outsized impact on the quality of life in rural areas as these communities have fewer local resources, lower local tax revenues, and more infrastructure challenges. **A total of 69 federal programs rely upon census data to allocate funding to rural regions ranging from hospital assistance to housing loans to electricity and broadband programs.**[1] NRHA raises the issues below that may undercount populations in rural areas and therefore impact resource allocation to these communities.

[1] https://www.pogo.org/reports/census-matters-how-census-shapes-funding-for-rural-communities

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Additionally, population data from the census underlies federal definitions of rural and urban areas. In particular, the Office of Management and Budget (OMB) delineates metropolitan and micropolitan statistical areas according to data from the decennial census. OMB metropolitan and micropolitan statistical areas[2] are then used to inform further geographic definitions, like the Federal Office of Rural Health Policy definition.[3] OMB delineations are also used to determine whether an area is urban or rural for the Centers for Medicare and Medicaid Services programs, such as Medicare funding. In essence, accurate census data is critical for informing federal definitions of rural and urban and ultimately deciding which areas are eligible for rural-specific funding. **Ultimately, NRHA is extremely concerned that the proposed changes will lead to flawed data underpinning federal definitions of rural and that these inaccurate definitions will be used in federal policymaking and programming for ten years until the 2040 census.**

NRHA is concerned that the change at 15 CFR § 60.2 could lead to miscounting rural populations and therefore risk communities' access to federal funding that is meant for them. The proposed regulations change both how residence is determined and how it is proven. To prove residency, the Bureau proposes to use tax records. Determining usual residence through tax records will lead to challenges in getting accurate population counts. For example, older adults that live on Social Security may not file tax returns and rural America has a higher proportion of older adults compared to urban areas.[4] Additionally, the Census Bureau already hand delivers forms in rural and hard-to-reach towns where residents may only receive mail through a post office box. Tax records use mailing address, which would be a post office box rather than the home address where a person lives. This proposed methodology could skew the count in an area if homes are not counted, but post office boxes are.

The Bureau's proposal to not count illegal aliens will undercount populations, including in rural areas. **NRHA urges the Census Bureau to count all individuals living in an area.** Rural areas that rely upon seasonal, migrant workers for farm and agricultural labor will be hit especially hard. The decision to not count this population does not mean that they do not exist; instead, resource allocation that uses census data to make distribution decisions will be skewed because noncitizens will continue to use community resources without being considered part of the population in the area. The number of individuals living in an area is what is important to collect in the census. The census not counting those who are living in the area and subsequently using community resources will hurt the whole community when funding decisions based on census data are made.

Last, the proposal to codify the enumeration period, which would change how residence is determined, at § 60.2 as January 3 to April 1 is also problematic. A person's residence is proposed to be where they spend the greatest number of days during this time period. NRHA is concerned about how this strictly defined period will impact rural areas that have high population shifts, like agricultural workers or tourist-based economies. Rural patients frequently travel long distances, often out of state, for cancer care, behavioral health, or rehabilitation that can last weeks or months. Under a "greatest number of days" test, these residents could be counted where they receive care rather than in the rural communities they will return to. NRHA is concerned that the proposal removes the existing residence categories for health care facilities, residential treatment centers, and the workers' residential facilities, like farmworker housing. Additionally, retirees and others that spend parts of the year in different states may be counted in the state where they do not spend most

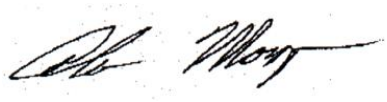
[2] OMB does not have a rural definition. OMB decides which areas are metropolitan, micropolitan, or neither. Generally, areas that are "neither" are considered to be rural.
[3] https://www.hrsa.gov/rural-health/about-us/what-is-rural
[4] https://www.census.gov/library/stories/2019/10/older-population-in-rural-america.html

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of their year and thus use resources because they spend part of their time during the enumeration period in another state. **We ask that the Census abandon the proposal to define the enumeration period as January 3 to April 1.**

Thank you for the opportunity to comment on this proposed rule. If you have any questions or would like further information, please contact NRHA's Government Affairs and Policy Director, Alexa McKinley Abel (amckinley@ruralhealth.us).

Sincerely,



Alan Morgan
Chief Executive Officer
National Rural Health Association

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