



Perspective

Why Counting Black Lives Matters — The 2020 Census

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The U.S. Census is broken. In the midst of a massive health crisis and a national equity crisis, the infrastructure behind the count that affects how much health-related funding is

distributed has been suspended until various dates over the summer, with no guarantee that counts will approach previous levels of completeness or accuracy. But even before Covid-19, the chronically underfunded and underappreciated census was already undercounting disadvantaged groups. This year's undercount, with implications spanning the entire coming decade, will most likely be worse. And now, more than ever, we need a complete and accurate census.

Over \$1.1 trillion in census-guided federal funding for fiscal year 2017 paid for health-related programs including Medicaid and the Children's Health Insurance Program (CHIP), and an additional \$400 billion funded a range

of programs, from Section 8 housing choice vouchers to Temporary Assistance for Needy Families to the National School Lunch Program.¹ The U.S. Department of Health and Human Services relies on census data to conduct population-level assessments of the quality of health care delivery and disparities in care. Public health departments use census data for health-related analyses such as estimating the prevalence of infection in a community, and hospitals and health care centers use the data to better understand the health needs of the populations they serve. Census data also determine congressional district boundaries, the allocation of congressional seats, and population figures used to

inform the distribution of state budgets that further affect health and health care spending.

Inaccuracies in the count distort the distribution of funding and representation, and the pattern of distortion is all too familiar. In the 2010 census, at least 10 million people were missed, while as many as 10 million people were counted at least twice. Although the overall count appeared accurate, the non-Hispanic Black population was undercounted by 2.1%, the Hispanic population by 1.5%, the American Indian/Alaskan Native population by 4.9%, children under 5 by 4.6%, and renters by 1.1%. By contrast, the non-Hispanic White population was overcounted by 0.8%, and homeowners by 0.6%.² Similar miscounts in 2020 would cause shifts of tens of billions of dollars of federal funding and a handful of House seats from less-White to more-White states and districts.³

The 2020 census may end up missing more people than its 2010 predecessor. Even before widespread disruptions related to Covid-19, the Urban Institute predicted a potential 2020 census undercount of up to 1.2%, with Black people, Hispanic people, and children under 5 years old undercounted by 3.7%, 3.6%, and 6.3%, respectively.⁴ The 2020 census has since faced multiple hurdles, starting with less generous congressional funding in the years leading up to this census, relative to the two previous decennial counts.⁵ As a result, the Census Bureau cut back on testing new response-collection strategies. In addition, although a Trump administration attempt to add a citizenship question, despite a constitutional requirement to count everyone regardless of citizenship status, was blocked by the Supreme Court in mid-2019, the attempt is believed to have scared many Latinx and other immigrant groups, documented and undocumented alike, from completing their census forms. The President's July 2020 executive order stating that undocumented immigrants would not be counted, though it was immediately challenged on constitutional grounds, may reinforce impressions that some groups should avoid the census.

Covid-19 has raised the possibility of even greater undercounts, especially of non-White populations. Because of the pandemic, the Census Bureau shut down field operations for 2 months this spring, slowly reopening field offices in selected parts of the country starting in early May, and postponed in-person enumeration efforts until July and later. Before Covid-19, Census Bureau

researchers predicted that national self-response rates would reach 60.5% by April 9 (nonresponse follow-up, originally scheduled to begin that day, has been postponed until August 11). Instead, only 47.1% of households had responded by then, a near one-quarter shortfall. As self-response numbers have lagged, the Bureau has extended the self-response deadline from July 31 to October 31.

Even recent measures to facilitate a broader response — such as collecting responses online and using administrative records from other agencies to search out missing respondents or fill in missing information for them — may make the census more accurate overall but simultaneously increase the gaps affecting historically undercounted groups. For example, the Bureau found that rural communities and under-resourced communities in urban areas are among the least likely to respond online (or even to have Internet access) and that using administrative records, such as program records for Temporary Assistance for Needy Families, Supplemental Nutrition Assistance Program, and Women, Infants, and Children, amplifies existing racial disparities in the count by covering non-Hispanic White populations more accurately than other groups. An increase in overall accuracy paired with a relative increase in the undercount of certain groups would widen the disparity and increase consequent underfunding of states and communities with greater proportions of groups that are missed.

This confluence of events substantially increases the likelihood of both absolute and relative undercounts of non-White popula-

tions at a time when such undercounts might be particularly damaging to urgent societal efforts in the coming decade to improve racial and ethnic equity.

So what can be done to improve the 2020 census response? The health care community, as well as community leaders and government officials, can take action.

Several key messages should be included in efforts to support the census, especially among undercounted groups. First, the census determines how many health care dollars come to your state to protect you against illness and pandemics. Second, it determines how many representatives speak and vote on your behalf in state legislatures and in Congress. Third, it can be completed online, on paper, or by phone — census phone interpreters are available in 13 languages. And fourth, it does not ask about citizenship — the data collected are confidential and cannot be used to track you, whether or not you're documented.

To make up for lost time, federal and state governments should expand their efforts to promote the census. Beyond that, however, health care and other community organizations can complement government outreach with their own efforts.

Simple interventions such as reminding people of the impact of the census and reducing barriers to filling out the questionnaire will make people who have not yet responded more likely to do so. This sort of “nudging” has been a familiar strategy in behavioral economics for more than a decade and has demonstrated success in a broad range of applications, from public health to

product marketing to education. The Census Bureau has found that when people make the connection between filling out the questionnaire and the possibility of increased funding or support for their community groups and services, they are more likely to respond to the census. Health care providers can help their patients make that connection by reminding them — in person, with printed materials, or digitally through telehealth, email, and social media — to complete the census. They can also reduce barriers by making computers or tablets available in clinical settings so that patients can fill out the census whenever they wait to be seen. The combination of conveying the relevance of the census and facilitating its completion can be a potent strategy.

Looking to the future, legislators should ensure that the census is adequately funded to achieve a genuinely complete count regardless of circumstances, to assess new strategies and technologies, and to make sure that such strategies do not inadvertently increase disparities while increasing overall response rates. The constitutional right to be counted belongs to everyone.

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