



Congressional Efforts To Cut Census Bureau Funding Threaten Public Health In Rural North Carolina and Throughout the U.S.

By

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Data from the decennial census and the American Community Survey (ACS) are a crucial resource for fair allocation of federal health funding, as well as for effective research and planning to combat health disparities and develop programs that assure effective service delivery. But the accurate data needed to assure equitable allocation of federal funding for health care service delivery, community development, and compensatory education, are now being seriously threatened by misguided efforts in Congress to drastically cut the federal budget in FY24—even beyond the levels agreed on in a May, 2023 bipartisan budget cap agreement.¹

The FY24 funding now proposed in the House markup of funding for the Census Bureau² represents a 15% cut to the administration’s request³ and is more than 30% below experts’ recommendations for the level of support needed to improve census data quality in an era when public willingness to respond to surveys such as the ACS and the census is decreasing.⁴ It is not clear who the winners will be in the Congressional wrangling but it is clear that the health of families in North Carolina’s poorest communities will be those who lose out.

The Census Bureau has acknowledged the shortcomings of Census 2020 and ACS data⁵ and committed itself to a decade-long initiative to improve it—with a focus on improving the longstanding undercount of racial/ethnic minorities in “hard-to-count” communities. The Census Bureau needs adequate funding to actually do this. Ultimately, accurate data improves health system equity and cost-effectiveness, more than offsetting the modest investment in funding needed for the Census Bureau to generate it.

Improved census data quality is a particularly important priority for rural health—in North Carolina and in many other rural areas of the U.S. because Census 2020 is almost certain to have seriously undercounted rural residents. Census undercount has both immediate and long-term implications for rural health because federal funding is distributed based on census-driven data from the American Community Survey and the decennial census.

The issue of rural undercount is more serious in North Carolina than in some other rural states for several reasons. North Carolina, with a rural population close to 4.5 million is the state with the second-largest rural population in the U.S.⁶ Moreover, it has a higher proportion of African-



Americans, Latinos, and American Indians than many other rural states. Slightly more than one-third of the state's population belongs to one of these racial/ethnic minority groups⁷, all of which are severely undercounted.⁸

Evaluation of Census 2020 data showed that 4.99% of Hispanics were undercounted and that 5.64% of American Indians were undercounted. There are likely to be still more deep pockets of undercount in some counties. Demographic data suggests, for example, that Robeson County, center of Lumbee tribal lands, may have been undercounted by more than 10% in 2020.⁹ Rural North Carolina also has a very high proportion of low-income households than the rest of the rural U.S. These community characteristics, coupled with uneven broadband access, are associated with census undercount¹⁰ and lower response to the ACS.¹¹

As the National Association of Community Health Centers has documented, the service population of community health centers consist of these very groups.¹² Improved decennial census and ACS data will be crucial in order for rural North Carolina communities to get their fair share of health system funding.

The stakes are high, not only for North Carolina's rural healthcare system but for the health industry as a whole, and for the American public. It is estimated that more than \$431 billion in federal funding for Medicaid, Medicare, and Community Health Care Centers is allocated via formulae that rest on census-derived data.¹³ With 90 million American benefiting from Medicaid-funded services¹⁴, 65 million from Medicare¹⁵, and 30 million served by Community Health Centers¹⁶, securing the high-quality data needed for equitable allocation of federal funding is a major consideration in efforts toward good government and fiscal accountability.

At a point when public distrust of government and survey research continues to plummet, there are formidable challenges—to improve Census Bureau operations in hard-to-count neighborhoods and communities, and for more intensive messaging to promote census response—in FY24 and in successive years leading up to Census 2030. Broader partnerships with local communities to better count their residents have great promise—but this will require adequate funding.

Policy disagreement about priorities and funding level are routine and understandable. But using federal budget cuts to subvert progress toward more equitable and cost-effective health care is amazingly irresponsible. All Americans will benefit from responsibly allocating adequate funding to assure top-quality Census Bureau data is available to policymakers, funders, planners, and health care providers.

Rural health care providers, local officials, and concerned citizens should urge their Congressional representatives to provide the Census Bureau the funding it needs to provide us with comprehensive, high-quality data that provides an accurate mirror for America.



About the author: Ed Kissam has conducted research and published on census data issues for more than three decades. He is a member of a national network of experts and stakeholders, The Census Quality Reinforcement Task Force. He has used census data extensively in efforts to improve agricultural workers' and rural communities' access to COVID testing, vaccination, and treatment during the pandemic.

END NOTES

¹ David Reich, "Debt Ceiling Deal Squeezes Non-Defense Appropriations, Even With Agreed-Upon Adjustments", Center on Budget and Policy Priorities, June 21, 2023. <https://www.cbpp.org/research/federal-budget/debt-ceiling-deal-squeezes-non-defense-appropriations-even-with-agreed-upon>

² The House markup for the Census Bureau FY24 budget is on page 7, lines 7-21 of the document. See <https://docs.house.gov/meetings/AP/AP19/20230714/116251/BILLS-118--AP--CJS-FY24CJSSubcommitteeMark.pdf>

³ <https://thecensusproject.org/2023/03/03/fiscal-year-2024-presidents-budget-request-and-the-census-project-funding-recommendation/>

⁴ John Czajka, Amy Beyler, "Declining Response Rates in Federal Surveys: Trends and Implications", Mathematica Policy Research, June, 2016. <https://www.mathematica.org/publications/declining-response-rates-in-federal-surveys-trends-and-implications-background-paper>

⁵ https://www.census.gov/content/dam/Census/library/working-papers/2021/acs/2021_Rothbaum_01.pdf

⁶ <https://www.osbm.nc.gov/blog/2023/05/25/15-things-we-learned-new-2020-census-data>

⁷ <https://www.census.gov/quickfacts/fact/table/NC/PST045222>

⁸ <https://www.census.gov/library/stories/2022/03/who-was-undercounted-overcounted-in-2020-census.html#:~:text=The%20PES%20estimated%20statistically%20significant,and%20Hispanic%20or%20Latino%20populations.>

⁹ J. Gregory Robinson, "Estimates of the Resident Population for Selected States and Counties and Comparison To Corresponding Census Counts: 2000, 2010, and 2020 in Counties with American Indian/Alaskan Native Concentrations of 30% or More", April, 2022.

¹⁰ <https://www.brookings.edu/articles/mapping-rural-americas-diversity-and-demographic-change/>

¹¹ Kissam, E. and Robinson, J. G., "Variations in Fresno County ACS and 2020 Census Response Rates: Implications for Allocating Social Program Funding", paper prepared for ACS Data Users' Annual Conference, Population Reference Bureau, May, 2023.

¹² <https://www.nachc.org/wp-content/uploads/2020/01/Chartbook-2020-Final.pdf>

¹³ Andrew Reamer, "Fifty-Five Large Federal Census-guided Spending Programs: Distribution by State", GW Institute of Public Policy, May, 2019.



<https://gwipp.gwu.edu/sites/g/files/zaxdzs2181/f/downloads/Counting%20Dollars%20Brief%20%235%20May%202019.pdf>

¹⁴ Kaiser Family Foundation, <https://www.kff.org/mental-health/issue-brief/10-things-to-know-about-medicaid/#:~:text=Medicaid%20covers%2041%25%20of%20all,non%20elderly%20adults%20with%20HIV>.

¹⁵ Center for Medicare Advocacy, , June 29, 2023 <https://medicareadvocacy.org/medicare-enrollment-numbers/#:~:text=The%20Centers%20for%20Medicare%20%26%20Medicaid,are%20enrolled%20in%20Original%20Medicare>.

¹⁶ HRSA Health Care Center Program <https://bphc.hrsa.gov/about-health-centers/health-center-program-impact-growth#:~:text=HRSA%20funds%20nearly%20%2C400%20health,funded%20health%20centers%20for%20care>.