



U.S. Census 2020: Engagement Opportunities for Rural Health Stakeholders

Introduction

The Decennial Census, mandated in the Constitution, is designed to count the entire population of the nation. It establishes a baseline for electoral districting and for representation in legislative bodies — federal, state and local. It also is used for allocation of federal, state and local program resources.

Undercounts are an acknowledged problem and can result in a population not being recognized for the full extent of its needs. An undercounted population will likely not get a representative share of program investments. This is a significant concern for rural, minority, immigrant, low-income and other underserved populations.

Anticipated Undercount and Rural Areas

The Census Bureau (Bureau) recognizes the challenge of undercounts. In its plans for the 2020 Census it has developed a set of **'Hard-to-Count' target areas** for enhanced enumeration. Many of these areas — defined down to the census tract level — are rural in nature.

Rural health stakeholders can use the map to see the anticipated rural undercount areas in their own state. The Bureau has developed a targeted strategy to reduce undercounts in rural areas. A thorough description of special challenges for Census enumeration in rural areas, and the proposed response of the Bureau, can be found at: <http://www.georgetownpoverty.org/wp-content/uploads/2018/10/GCPI-ESOI-Counting-Rural-America-20181010.pdf>

It should be noted that, in years past, the Bureau adjusted the counts of certain communities to compensate for likely undercounts. These adjustments were made based on limited resampling and used accepted statistical methods. Court cases and legislation have eliminated the ability of the Bureau to make these adjustments. This makes assuring a full count even more important.

Census 2020 Enumeration Process

The 2020 Census is designed to determine the size and location of the nation's population on April 1, 2020 — the official Census Day. To gather this information, the Bureau will take the following steps for most locations:

Mailed Invitations to Respond: In mid-March the Bureau will mail an **'invitation to respond'** to most households. Those households can **respond online**,

by phone, or by mail. This is a significant departure from past years, when households were mailed census forms to complete and return by mail. It may create special problems for rural communities with limited connectivity.

Outreach to Residents in Group Quarters:

In early April the Bureau will make face-to-face contact with college students and people living in group quarters (long-term care facilities, prisons, etc.). The Bureau will also use special face-to-face techniques to count the homeless.

Outreach to Non-Responding Households: In May and June, the Bureau will conduct *outreach to households from which there was no response*. Efforts will include face-to-face follow-up visits.

The Census anticipates that more than half of respondents in 2020 will respond online or by phone.

Special Enumeration Approaches for Hard to Count Areas

The Bureau recognizes that the approach used for most locations will not necessarily prevent undercounts in Hard to Count Areas. It is planning different enumeration approaches for many of these target areas. This will include different first contacts where face-to-face enumeration or non-mail drop-offs response invitations are used as the first attempt to gain information.

Special approaches are planned for many rural and frontier census tracts. Intensive face-to-face enumeration is planned for much of remote Alaska. Special approaches are also planned for census tracts with large numbers of immigrants. The planned special approaches for data collection for each census tract in the nation can be viewed after toggling on a special layer of the [Hard-to-Count census tract map](#). SORHs and rural stakeholders can use this feature to coordinate any Census support efforts with the federal strategy.

Engagement Opportunities for Rural Healthcare Providers

Rural healthcare providers, including critical access hospitals (CAHs), rural PPS hospitals, rural health clinics (RHCs), federally qualified health centers (FQHCs), and some local health departments (LHDs), **can play an important role in assuring a complete enumeration of the population in rural communities.** Rural healthcare providers can engage in census support activities, including:

- **Patient and Community Education:** Providers can promote Census response by educating their patients and the community at large using Census posters and other materials. These can be prominently displayed in provider facilities. Factsheets and pamphlets can be made available in patient areas. A sampling of available materials can be downloaded at: <https://2020census.gov/en/partners/outreach-materials.html>
- **Patient Engagement:** Providers can set up a process for interacting with each patient about Census issues as part of each visit intake. Providers can enquire whether the patient has received an invitation and has submitted a response. Patients who have not received an invitation or who have not responded can be informed of how they can respond. They can also be provided submission support, as described below.
- **Submission Support:** Providers can facilitate Census submission by patients by providing counseling and support for response. This can include the use of health provider staff to assist in individual responses by phone and the installation of census response kiosks within health care facilities. Providers may also establish public Wi-Fi hotspots so that patients can use their mobile phones for census response. Special counseling and education can be provided to patients without an invitation so that they can submit a non-invitation response — called a “Non-ID Response”.
- **Local Complete Count Committees:** Providers can participate in Local Complete Count Committees — collaborations of local agencies

working together to promote participation in the Census. A listing of these committees can be found on a website with an interactive map: <https://www.census.gov/library/visualizations/interactive/2020-complete-count-committees.html>

Engagement Opportunities for SORH and Other Rural Health Stakeholders

State Offices of Rural Health (SORH) and other rural health stakeholders can play a key role in assuring a complete enumeration of the population in rural communities. Rural stakeholders can enlist the help of local community action groups, community foundations, and healthcare providers to promote Census responses. Particular attention should be paid to cross-sector partnerships in these efforts. The impact of undercounts could result in a loss of resources for rural health, but also for other community partners in education, transportation, housing, and more. Connecting with these partners early will help build a unified approach and may help improve response rates in hard to count areas.

Statewide rural health stakeholders should also consider engagement with their State Complete Count committees, to interface with other statewide agencies and associations in their efforts. In some

states, a Census Liaison has been established within the Governor's Office to assist their Statewide Complete Count committee. Rural health stakeholders that are participating on these Committees have an opportunity to raise awareness of rural enumeration issues to key decisionmakers.

Some rural stakeholders are already engaged in efforts to assist their communities to complete the Census. Look for opportunities with existing programs through state hospital associations, state primary care associations, and state library networks. Existing efforts by some state and local libraries have included the addition of submission kiosks or individuals attempting to complete an online Census submission. These existing efforts may just need assistance in communicating their efforts within the local communities.

Conclusion

The long list of resources dependent upon the Census counts impacts all sectors, for all communities. The importance of an accurate rural and frontier count cannot be understated, particularly for vulnerable populations. While not an exhaustive list, rural healthcare providers, SORH and other rural health stakeholders can take a leadership role to ensure an accurate count, and ultimately ensure equality in the distribution of federal resources.