

AMERICAN COMMUNITY SURVEY *FACT SHEET*

How the Census Bureau's Largest Survey Benefits America's

HEALTH CARE SYSTEM

Background:

The U.S. Census Bureau's **American Community Survey (ACS)** is part of the constitutionally required decennial census. While the census counts the population every ten years, the ACS (which replaced the traditional census *long, or sample, form* in 2005) provides more detailed information about the nation's states, counties and cities, towns and rural communities, and neighborhoods every year, giving policymakers a unique, irreplaceable and timely tool to understand and address the nation's needs. The **ACS** samples 3.5 million homes a year (most households will never receive it), producing annual data on commuting patterns and travel modes, education, housing, occupation, disability status, income and poverty, ethnicity, veterans, and other vital social and economic characteristics. In fact, **Congress** requested, directly or indirectly, *all* of the data gathered in the **ACS**, and reviews the questionnaire each decade (13 U.S.C. §141(f)). Congress uses **ACS** data to allocate at least \$450 billion annually in federal aid to state and local governments. A majority of states use **ACS** data, directly or indirectly, to set tax and spending limits.

The ACS and Health Care:

The **ACS** collects data on **household relationships, age and gender, income, race/ethnicity/ancestry, disability, veteran disability status, migration, health insurance coverage**, and other socio-economic variables that public and private policymakers use to evaluate and meet the nation's vast health care needs. Examples include:

- *Medicaid* reimbursement to states depends on **ACS** data to determine *per capita income*.
- The VA uses *veteran disability status* data in its annual report to Congress that determines sufficient funding for VA health care services, providing county-level estimates for planning.
- **ACS** data on *veteran status, race, ethnicity, ancestry, and place of birth* are key factors in identifying segments of the population who might lack needed medical services or require special assistance under the Public Health Service Act.
- State and local agencies use **ACS migration** data (residence one year ago) to track changes in the location of older Americans and ensure the availability of appropriate health care services.
- States, localities, and nonprofits use *health insurance coverage* data to target Medicaid and SCHIP outreach and enrollment efforts to the uninsured, and public and private health grants to areas of greatest need. Only the **ACS** provides county-level data and the ability to assess coverage by other variables, such as disability status, ethnicity, household income, education levels, and more.
- States and counties use **ACS** data on *household relationship and gender* to allocate health care services funds for low-income women with children. The federal government uses *age* data to forecast eligibility for Medicare benefits.
- State and local agencies use **ACS disability** data to plan health care specifically for the disabled elderly under the Older Americans Act and to forecast eligible recipients under the Medicare and Medicaid programs.
- **ACS** data on *industry and occupation* are used to estimate demand for health care staff.



Issues:

- In the FY2015 Commerce, Justice, and Science Appropriations bill (H.R. 4660), the House cut \$238 million (20 percent) from the Census Bureau's budget request. *The House-passed funding level could jeopardize the Census Bureau's ability to produce reliable ACS data for smaller and less populous areas, leaving many communities without comparable, valid, and objective data about population and housing characteristics.*
- The House also voted to make ACS response **voluntary, a change from 220 years of census history that would leave 40 percent of U.S. counties, small cities and towns, rural areas, neighborhoods, and American Indian reservations without any ACS data at all!**
- A 2003 Census Bureau test of voluntary ACS response showed that response rates would drop and survey costs would increase, *both dramatically*, jeopardizing the validity and availability of data for many U.S. counties, cities, and towns.
- The Census Bureau would not have an extra \$90 million a year to overcome lower response rates, so making response optional will eliminate all data for rural areas, towns, and neighborhoods.
- The ACS is a unique source of information about the nation's communities. *No other federal survey or database provides comparable information.* The private sector cannot replicate the ACS, even if the federal survey disappeared. In fact, the ACS is the denominator for most public and private sector surveys, as well as for other core Census Bureau programs.
- Without the **ACS**, American businesses would lose vital tools to guide capital investment, location of facilities, hiring, and merchandise and service decisions, all of which drive economic growth, job creation, and sustained business success.
- Without a mandatory **ACS**, Congress would not have the data it needs to allocate grants and other program assistance to rural areas, smaller communities, and less populous counties.

Solution:

To ensure the ACS remains a representative, valid, and comprehensive source of information for the public and private sectors, Congress must fully fund the ACS and not risk losing data for most American communities and counties by making participation optional.

