Counting during COVID-19: Physicians needed in census effort

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The COVID-19 pandemic erupted just as the 2020 U.S. decennial census was kicking into high gear. To help ensure an accurate count—which will ultimately affect the distribution of trillions of dollars in resources—census officials are turning to a group that people trust: the nation’s physicians.

The U.S. Census Bureau advertises heavily and engages in many partnerships to promote how important it is for communities to respond and be counted, and one top census official acknowledged that it hasn’t gone unnoticed that—in survey after survey—people say they trust their doctors. So, it’s only natural that the bureau would partner with the nation’s physicians.

Kathleen M. Styles, the Census Bureau’s chief of decennial communications and stakeholder relations, was interviewed by Aletha Maybank, MD, the AMA’s chief health equity officer, for an AMA Moving Medicine podcast. Listen on Apple Podcasts, Google Play and Spotify.

“You're absolutely right,” Dr. Maybank told Styles regarding the issue of trust. “The trusted voices are absolutely critical, and I really think about that for folks who may be fearful to interact with government, fearful to have government coming in their homes—based on their own historical context and their community’s historical context—so, I agree, that trust is absolutely critical.”

Ways physicians can help include posting Census Bureau resources on their practice websites, downloading and displaying Census posters in their offices and exam rooms, and including Census messages on billing statements, Styles said.

Before taking her post with the AMA, Dr. Maybank was an assistant commissioner in the Brooklyn Public Health Office of the New York City Department of Health and Mental Hygiene, where she said activist physicians would write patients prescriptions for voting.

Styles replied that she loved the idea of doctors doing the same for the Census and writing the bureau’s website url, 2020census.gov, on their prescription pad.
“Banner” beginning is stalled

The bureau sent out its initial invitations in mid-March and the census received much promotion, publicity and digital outreach, resulting in a “banner haul” of responses, Styles said. In the meantime, however, a two-week pause in operations was announced March 18, followed by another on March 28.

The latest plan calls for reactivating census field operations June 1, with any in-person activities incorporating current guidelines for appropriate personal protective equipment and physical distancing.

Reports showing the spread of COVID-19 and its state-by-state impact are made possible by data from the previous census. “They’re using our data when they put that up,” Styles explained.

While it may seem advantageous to continue when people are more likely to be at home during the day, Styles noted that “this is not a time that people are going to want somebody knocking on their door.”

She added that officials hope for personal outreach efforts later in the spring. But, in the meantime, efforts to count everyone continue online. The online application is available in English, Spanish and 11 other languages. For person-to-person engagement, Styles said efforts are made to hire people who speak the “locally prevalent language” of the neighborhood.

Counting traditionally undercounted

The bureau is aware of groups that have been traditionally undercounted and has taken aggressive steps to engage them. This includes African Americans, Hispanics, Asians, Native Americans, the LGBTQ community, and younger people—particularly children under five years old, according to Styles.

Dr. Maybank noted that these groups may also live in areas without broadband internet access or in homes without computers. Styles replied that people who can’t use computers to participate in the census can still do so by mail or telephone.

Some 60 million people live in rural areas and, rather than mail questionnaires, the bureau has found it more effective to drop them off in person and recording the addresses of where this is done.
In addition, the bureau has special operations to count people in group living facilities running the gamut from prisons, college dormitories and nursing homes, as well as homeless or transient populations in campgrounds and recreational vehicle parks.

“The general rule is that we count people where you live and sleep,” Styles explained, adding that reaching hard-to-count communities—such as the 56.7 million persons with disabilities “is woven into the entire design” of the 2020 census.

Growing potential for optimal health

While the constitutional purpose of census is to allocate the number seats states get in the U.S. House of Representatives, the data it collects are also used to calculate the distribution of an estimated $1.5 trillion in federal resources each year and factored into strategic decisions made by private businesses and health care organizations.

“We produce information that is really critical to the health care in this country,” Styles said, referring to the decennial census and other surveys that collect data on social determinants of health such as income, housing, national origin, health insurance coverage—including Medicare and Medicaid, public health, fertility, family demographics and persons with disabilities.

These data, in turn, are used by researchers to track disease, barriers to care and the success of government programs, she said. The data are also used by the Children’s Health Insurance Program, the Supplemental Nutrition Assistance Program, the Special Supplemental Nutrition Program for Women, Infants and Children, community health centers, reproductive health programs, child health block grants, and Social Security block grants.

Dr. Maybank noted the importance of this, saying that if you’re not counted in the census, “it decreases the power and the advocacy to get resources distributed equally and equitably.”

Check 2020census.gov for the latest information on outreach activities and timing of the census.