CONNECTICUT HOSPITAL ASSOCIATION

October 30, 2026

George M. Cook
Acting Director
United States Census Bureau
4600 Silver Hill Road
Washington, DC 20233

RE: [USBC-2026-0628] Decennial Census of the Population of Americans; Proposed Residence Criteria and Proposed Regulations for Demographic Questions

Dear Acting Director Cook:

On behalf of the Connecticut Hospital Association (CHA), we appreciate the opportunity to comment on the proposed regulations governing residence criteria and demographic questions for the 2030 Census. CHA represents Connecticut hospitals and health systems, which rely extensively on census-derived population and demographic data for Community Health Needs Assessments (CHNAs), health equity measurement, emergency preparedness, service-area planning, demographic analyses, and community health improvement activities.

CHA opposes the proposed rule as written and urges the Census Bureau to revise it substantially before finalization. While the proposal raises numerous concerns, our primary concern is that it could reduce the completeness, representativeness, and usefulness of census-derived data on which hospitals, public health agencies, researchers, and community organizations rely. The recommendations below reflect CHA's most significant concerns and the areas where revision or further assessment is most urgently needed.

Maintain residence criteria that support a complete and accurate count of people living in communities.

Connecticut hospitals provide care for all of the people who live in their communities regardless of citizenship or immigration status. Hospitals continue to provide emergency, inpatient, behavioral health, maternity, preventive, and other services based on patient and community needs. An accurate census, which counts everyone our hospitals are required to serve, is a critically important element in their strategic planning efforts to meet the appropriate levels of staffing and services on which communities rely for their healthcare.

Our central concern is that communities must plan for the people who actually live there. A community does not require fewer hospital beds, behavioral health services, schools, transportation resources, housing supports, or public health programs simply because some residents are excluded from a population measure. The people remain, and so do their needs.

Reconsider the proposed residence framework and reliance on administrative-record criteria.

CHA is concerned that the proposed residence test and greater reliance on administrative records could make it more difficult to accurately count populations with complicated or changing living arrangements, including individuals in temporary housing situations, recent movers, seasonal workers, and children in foster care.

The Census Bureau should preserve residence standards that prioritize accurately identifying where people live and receive services and should carefully evaluate whether the proposed changes could reduce the accuracy and comparability of population data over time.

Clarify and mitigate the effects on the Population Estimates Program, American Community Survey, and related statistical products.

Although the proposed rule indicates that the Census Bureau expects to continue producing statistical products separate from the population figures used for apportionment, CHA is concerned that the effects of these changes could extend well beyond apportionment itself. Census-derived products, including annual population estimates and the American Community Survey (ACS), are foundational data sources for healthcare planning, community assessment, and resource allocation.

If the census count becomes less reflective of all people residing in the United States, the effects could carry through to the population and demographic data on which hospitals, public health agencies, researchers, and policymakers rely. Connecticut hospitals regularly use these data to conduct CHNAs, measure health disparities, understand community demographics, support grant applications, and plan services.

CHA therefore urges the Census Bureau to clearly explain how the proposed residence criteria would affect the Population Estimates Program, the ACS, and other census-derived statistical products, and to evaluate the potential downstream consequences for communities and organizations that depend on these data.

Retain race and ethnicity questions in the decennial census.

The proposed removal of race and ethnicity questions raises significant concerns for hospitals, public health agencies, researchers, and community organizations.

Race and ethnicity data are critical for measuring and addressing disparities in maternal and infant health, chronic disease, preventive care, behavioral health, and healthcare access. Connecticut hospitals routinely use these data in community health assessments, health equity initiatives, community benefit planning, and evaluation of interventions designed to reduce disparities.

Removing these questions would diminish the ability of healthcare providers and policymakers to understand who lives in their communities and whether investments are improving outcomes for populations experiencing disproportionate health burdens.

Conduct and publicly release a comprehensive impact analysis.

Before implementing these changes, the Census Bureau should publicly evaluate and communicate the anticipated effects on population counts, demographic distributions, annual population estimates, and other census-derived statistical products used by states and local communities.

Stakeholders should have an opportunity to understand how the proposed changes could affect planning, resource allocation, and population measurement before the rule is finalized.

Consider implications for Connecticut hospitals and communities.

Connecticut hospitals are federally required to conduct CHNAs and develop implementation strategies addressing significant community health priorities. These efforts depend on reliable population and demographic data that accurately reflect the communities hospitals serve.

In Connecticut, census-derived data help hospitals and community partners identify priority needs related to behavioral health, maternal and child health, chronic disease, housing instability, transportation barriers, and food insecurity. These data are also used to support CHNAs, grant applications, emergency preparedness activities, and long-term healthcare planning.

The relevant question is not whether a population measure reflects a narrower administrative definition of residency; it is instead whether the data used for planning and resource allocation accurately reflect the people living in Connecticut communities and relying on Connecticut services. When population measures become less representative of community residents, hospitals and local leaders may face greater difficulty demonstrating need and securing resources even though the underlying demand for services remains unchanged.

CHA urges the Census Bureau to extend the public comment period to 90 days, through December 10, 2026. Given the significance of the proposed changes and their potential implications for population estimates, federal statistical programs, public funding, and community planning, additional time is warranted to allow healthcare organizations, state and local governments, researchers, and community stakeholders to fully evaluate and respond to the proposal.

As noted, CHA opposes the proposed rule as currently drafted because it risks producing population measures that are less complete, less representative, and less useful for healthcare planning, community health assessment, health equity measurement, and resource allocation. While the proposal contains numerous provisions that warrant further review, the recommendations outlined above represent CHA's most significant concerns and the areas where revision is most urgently needed.

For these reasons, CHA urges the Census Bureau either to withdraw or substantially revise the proposal before finalization. At a minimum, the Bureau should:

- Extend the public comment period through December 10, 2026.
- Maintain residence criteria that support a complete and accurate count of people living in communities.
- Reconsider proposed residence standards that could reduce the accuracy or comparability of population data.
- Clarify and mitigate the effects on the Population Estimates Program, American Community Survey, and related federal statistical products.
- Retain race and ethnicity questions in the decennial census.
- Conduct and publicly release a comprehensive impact analysis before implementation.

Without substantial revision, the proposal risks weakening the data infrastructure that hospitals, public health agencies, researchers, policymakers, and communities rely on to understand needs, allocate resources, and improve population health.

Thank you for your consideration.

Sincerely,



Maria Carabello, Ph.D.
Senior Data Scientist

MC:ljs
By email