Subject: Docket No. 260903-0005; regulations.gov Docket No. USBC-2026-0628, RIN 0607-AA75; Decennial Census of the Population of Americans; Proposed Residence Criteria and Proposed Regulations for Demographic Questions
Public Health Institute (PHI) submits this comment on the U.S. Census Bureau's proposed rule adding 15 CFR Parts 60 and 70, Docket No. 260903-0005, RIN 0607-AA75, 91 FR 57524 (September 10, 2026).

PHI is a national nonprofit public health institute rooted in 60 years of public health research and practice. We provide operational infrastructure for more than 40 public health programs. Decennial census data are foundational to this work. They set the population denominators used to measure health outcomes and disparities, identify outcome disparities between population groups, determine how federal health funding is distributed across communities, and are an evidentiary basis for enforcing civil rights protections in health care and housing. A count devoid of critical demographic detail degrades the data infrastructure on which public health research, funding, and civil rights enforcement are based. Without complete data, there is also no accurate metric to measure institutional accountability to public health commitments. We raise the following four concerns.

1. Excluding categories of residents from the apportionment count could also distort the population data on which public health disease surveillance depends (Sections 60.2 and 60.4).
Section 60.4 would exclude from the apportionment count any foreign citizen who is not a U.S. citizen or lawful permanent resident as of Census Day. That category includes international students, H-1B and other visa holders, and undocumented residents. The proposed rule does not say whether these residents would still be enumerated and included in the census counts used for other purposes. These include the redistricting data required under Public Law 94-171 and the base for the Census Bureau's annual population estimates. Section 60.2 deepens this uncertainty. It defines usual residence as the place where a person has "lawfully spent the greatest number of days" during the enumeration period, and it counts a day only if the person was "physically and lawfully present." Under that definition, some residents may have no usual residence at all.

This uncertainty matters for public health. An essential function of public health is monitoring disease, injury, health status, and chronic illness by tracking case counts against the total population where they occur. These counts are expressed as a rate per 100,000 people, by place, time period, and subgroup. That rate calculation depends on an accurate denominator. If residents excluded from apportionment are also left out of the counts used to build population estimates, disease rates calculated for every neighborhood, city, county, and state would be distorted. This distortion affects more than the excluded population. Neither disease surveillance nor disease itself stops at the line between who was counted and who was not. Accurate denominators are necessary to measure progress against widely supported goals to reduce disease

burden and improve the health of Americans. An inaccurate denominator threatens the ability to detect and respond to disease across the entire community.

PHI urges the Census Bureau to withdraw Section 60.4 and retain the residence criteria used in the 2020 census. Under those criteria, any person living in the United States, regardless of legal status, was counted at their usual residence. If the Census Bureau finalizes Section 60.4 despite these concerns, PHI asks that the final rule state that every person living in the United States will still be counted at their usual residence for all purposes other than apportionment, and that the word "lawfully" be removed from Section 60.2.

2. Ending race and ethnicity data collection on the census form removes data used to identify and address health disparities (Section 70.2(a)).
Section 70.2(a) would prohibit any question about race or ethnicity on the short-form questionnaire. These data are essential to public health work, and the cost of losing them is not merely rhetorical. A 2023 NIH-funded study published in JAMA found that racial and ethnic health inequities carried an estimated economic burden of $421 billion to $451 billion in 2018 alone[1]. Reducing health disparities could add an estimated $2.8 trillion to U.S. GDP by 2040, according to a separate analysis by Deloitte[2]. Race and ethnicity data collected through the decennial census are foundational to research and program evaluation that identifies where those costs are concentrated and whether interventions are working. **PHI urges the Census Bureau to withdraw Section 70.2(a) as it applies to race and ethnicity, and to retain those questions on the short-form questionnaire.**

3. Tying the residence standard to tax records risks undercounting populations already hardest to reach (Section 60.2).
Under Section 60.2, a person's usual residence "should be consistent with, and evidenced by, their tax records (e.g., tax returns, W-2 forms)," but the rule does not say what happens when a person has no tax record or one that lists a different address. No single administrative source covers the full population. The Bureau's own research shows that even the best single source, individual tax returns, covers at most 76 percent of the population[3]. No other single source comes close, and the Bureau combined 31 separate sources to achieve more comprehensive coverage. That combined count was higher than the 2020 Census nationally, but it fell more than 15

[1] LaVeist TA, Pérez-Stable EJ, Richard P, et al. The Economic Burden of Racial, Ethnic, and Educational Health Inequities in the US. JAMA. 2023;329(19):1682-1692. doi:10.1001/jama.2023.5965. https://jamanetwork.com/journals/jama/fullarticle/2804839
[2] Gebreyes K, Bhatt J, Rabinowitz D, Gerhardt W, Williams MA, Keita M. The US$2.8 trillion opportunity: How better health for all can drive US economic growth. Deloitte Insights. September 25, 2024. https://www.deloitte.com/us/en/insights/industry/health-care/health-equity-economic-impact.html
[3] Brown JD, Murray-Close M. Producing U.S. Population Statistics Using Multiple Administrative Sources. U.S. Census Bureau, Center for Economic Studies Working Paper CES-WP-23-58. November 2023. https://www2.census.gov/library/working-papers/2023/adrm/ces/CES-WP-23-58.pdf

percent below the census count in 5 percent of U.S. counties. Most administrative sources omit children, and infants appear on tax returns only after a lag of about one year. Independent review of the Bureau's administrative data linkage work has found that it is less effective for people of color, children, immigrants, people less familiar with English, people with lower incomes, and residents of group quarters[4]. These are the same communities that public health surveillance depends on reaching: the ones with the highest rates of chronic disease and the least existing capacity to fill data gaps on their own. Rural communities face a related risk. A pre-2020 census analysis by the Urban Institute found that remote addresses, seasonal agricultural work, and areas without city-style addresses already make rural populations harder to count, and in 21 states a larger share of rural residents than urban residents lived in hard-to-count areas[5]. Building the residence standard around tax records risks compounding, not correcting, these existing undercounts. **PHI urges the Census Bureau to state in the final rule that direct enumeration remains the primary basis for usual residence, and that a missing or conflicting tax record will never by itself be grounds for excluding a person or changing where they are counted.**

4. The American Community Survey is not an adequate substitute for the demographic data this rule would remove (Section 70.4).

Section 70.4 preserves the Census Bureau's ability to ask demographic questions on the American Community Survey, and the preamble notes that the Bureau may also continue to receive demographic data from administrative records. The ACS is a sample survey, not a full enumeration. It produces no block-level data, and its estimates for census tracts and other small areas carry large margins of error. The ACS release schedule has also proven vulnerable. Following a June 2026 Commerce Department order on disclosure avoidance, the Census Bureau postponed the 2025 ACS 1-year estimates from their usual September release to October 29, 2026[6]. Those estimates cover only areas with 65,000 or more residents. The ACS 5-year estimates, the only ACS product with tract-level detail, still have no release date. A smaller and less granular sample survey is not a substitute for the data the short-form questionnaire currently collects. **PHI urges the Census Bureau to acknowledge in the final rule that the ACS cannot replace decennial-level demographic detail, and, in the alternative to withdrawing Section 70.2(a), not to finalize it unless the Bureau can**

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[4] Herbert K. The Census Bureau Must Improve Coverage of Historically Undercounted Communities in Administrative Data Linkage Projects. Georgetown Center on Poverty and Inequality. December 13, 2023. https://www.georgetownpoverty.org/issues/the-census-bureau-must-improve-coverage-of-historically-undercounted-communities-in-administrative-data-linkage-projects/

[5] Gold A, Su Y. Rural Communities Aren't Immune from a Census Undercount. Here's How They Can Prepare for 2020. Urban Institute, Urban Wire. October 31, 2019. https://www.urban.org/urban-wire/rural-communities-arent-immune-census-undercount-heres-how-they-can-prepare-2020

[6] U.S. Census Bureau. 2025 ACS Data Release Schedule. https://www.census.gov/programs-surveys/acs/news/data-releases/2025/release-schedule.html. See also U.S. Department of Commerce, Department Administrative Order 216-26, Disclosure Avoidance for Statistical Products (effective June 4, 2026). https://commerce.gov/opog/disclosure-avoidance-statistical-products

demonstrate that the ACS will reliably provide race and ethnicity data at the tract level with precision comparable to the decennial census.

Conclusion

PHI supports the Census Bureau's obligation to conduct an accurate, constitutionally sound enumeration. Public health organizations rely on complete and detailed data to implement measures to improve health outcomes in the United States. We have serious concerns that this rule, as proposed, narrows who gets counted, removes the data used to detect and address disease, and leans on administrative records that were not designed for comprehensive enumeration. The decennial census is the base layer under a large share of the nation's public health data infrastructure. These changes will have much larger impacts on communities across the country than just apportionment. We urge the Census Bureau to consider broader, and essential, usage applications of decennial census data and withdraw or substantially revise the proposed residence criteria and demographic question restrictions before finalizing this rule.

Respectfully submitted,

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