NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

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North Carolina Department of Health and Human Services

November 2, 2026

U.S. Census Bureau, U.S. Department of Commerce

Re: Decennial Census of the Population of Americans; Proposed Residence Criteria and Proposed Regulations for Demographic Questions
Docket No. 260903-0005 | FDMS USBC-2026-0628 | RIN 0607-AA75

Dear Census Bureau Officials:

The North Carolina Department of Health and Human Services (NCDHHS) provides essential services to improve the health, safety and well-being of all North Carolinians. Our mission includes protecting North Carolina communities from communicable diseases, directing critical services to vulnerable populations, responding to natural disasters and public health emergencies, and providing policymakers with high-quality health data, records and research. Our health surveillance, emergency response and service planning depend on complete, reliable population data. The Census Bureau's proposed rule would significantly degrade the quality of that data, and we urge you to withdraw it from consideration.

While not an exhaustive list, below are several key examples of how the proposed rule would impair the critical health and human services that North Carolinians rely on:

- The State Center for Health Statistics, housed within NCDHHS, uses Census-derived population denominators to calculate cancer and other health rates. Inaccurate denominators could produce apparent changes in disease burden without actual changes in health. Proposed § 70.2(a), prohibiting race and ethnicity questions on enumeration forms, would weaken our ability to identify disparities and evaluate interventions. Cancer prevention, immunization and injury prevention programs depend on these data to focus screening, vaccination and outreach where needs are greatest.[1,2]
- North Carolina is home to eight state-recognized Tribes and four urban Indian organizations. Our State Center for Health Statistics already reports difficulty producing reliable county-level estimates for American Indian residents because of small numbers and population-data limitations. Removing race and ethnicity questions, together with reduced geographic detail, could deepen these gaps, making

it harder to identify disparities in disease burden and health outcomes and to plan prevention and disaster recovery services for these communities.[5]

- Under proposed § 60.2, residence would be assessed for January 3-April 1 and evidenced by tax records. This risks misrepresenting communities experiencing displacement or temporary housing. After Hurricane Helene, Census data supported a Buncombe County household needs assessment that identified recovery priorities, including behavioral health services. Less accurate local data could compromise shelter planning, emergency communications in multiple languages and accessible formats, medication continuity and placement of emergency response resources.[1,3]
- NCDHHS' Division of Aging uses Census and American Community Survey (ACS) data for profiles of all 100 counties, including service planning and funding allocations to Area Agencies on Aging. The Division of Services for the Deaf and Hard of Hearing uses population data to estimate the burden of hearing loss and plan services. Less reliable data could obscure unmet needs and misdirect resources.[4]
- Finally, ACS data depend on decennial benchmarks for population estimates and survey weighting. Proposed § 70.3 and the separate disclosure policy could reduce local data detail, impeding disease-pattern investigations.

We ask the Bureau to retain race and ethnicity questions and existing residence standards, count all residents for apportionment, and preserve useful local demographic data while protecting confidentiality. Before adopting alternative data sources, the Bureau should demonstrate equivalent accuracy, geographic detail and comparability over time.[1,6,7]

Respectfully,

North Carolina Department of Health and Human Services

References

1. 91 Fed. Reg. 57524, 57529–57530 (Sept. 10, 2026), proposed §§ 60.2, 60.4, 70.2–70.4.
2. NCDHHS, NCDHHS Inputs-Proposed Changes to 2030 Census, "DIVISION INPUTS" worksheet, rows 4–5, 11–18, 33–45, 48–50, 54, 60–61.
3. Ibid., rows 19–22, 62–63 (Epidemiology/OEEB; Office of Minority Health and Health Disparities).
4. Ibid., rows 56–59 (Division of Aging) and 64 (Services for the Deaf and Hard of Hearing).
5. NCDHHS inputs, "DIVISION INPUTS," rows 21, 25, 39, 60–61; NC American Indian Heritage Commission, American Indians in NC; State Center for Health Statistics, Minority Health.
6. NCDHHS inputs, "DIVISION INPUTS" worksheet, rows 20–22, 38–45, 54, 60–61 (Epidemiology/OEEB; State Center for Health Statistics; Injury and Violence Prevention; Minority Health).
7. U.S. Census Bureau, Understanding the New Disclosure Avoidance Policy: What It Means for Data, Confidentiality and You (Aug. 17, 2026).