Virginia Commonwealth University Biostatistics

Director Robert Santos' remarks as prepared for delivery

January 17, 2025

- Good afternoon, everyone. I'm Robert Santos, director of the U.S. Census Bureau. It's a pleasure to be with you.
- Today, I want to start by talking about some of the research I've done over my 40-year career, which started in surveys but ended up in the last 20 years being in public policy research.
- It ran the gamut—I did everything from unemployment studies to education studies, public health studies, epidemiology, program evaluation, food insecurity, etc.
- I've even been involved in things like firefighter safety and deployment. We built buildings, burned them down, measured the gases and toxins, and sent in crews to see which type of fire crew is the most efficient.
- We've done solemn things, too. I've been involved in projects like surveys of the survivors of the World Trade Center to look at how they came out and what type of sample design you need.
- So, I've been around the block a little bit, and I've come to some really interesting conclusions.
- I'm going to start them by telling a story that I often tell.
- As part of my career, back in the mid-90s, I was part of a study section for the Agency for Healthcare Research and Quality (AHRQ). If you're not familiar with study sections, basically, it's where an agency recruits folks to evaluate and score proposals for applications. I had been doing this for a few years.
- I was the sole statistician—a non-PhD statistician—and the other 30 folks there were all PhDs, MDs, and some of the most famous healthcare researchers in the nation. It was kind of intimidating for me, but they needed a statistician, so I guess they picked me for some reason. Maybe because at the time, I was the director of survey operations at a unit at the Survey Research Center, University of Michigan.
- Typically, you'd review proposals and look at things like sample design, is it really an experimental design, what's the sample size, what's the power, and so on. You get assigned to a few applications, but you're responsible for reading all of them.
- There was this one time, though, that an application came up that I hadn't been assigned to, but I looked at it. It was from the 90s, before the Affordable Care Act, and it was about people presenting to ER units without health insurance. These hospitals were taking huge financial hits.
- The researcher had an idea: take people without health insurance and offer them an alternative therapy, in this case, transcendental meditation. The idea was that it would be a more affordable path to treatment, which would prevent the hospital from taking a financial hit.
- There were ethical issues right away. You're catching people at a very vulnerable time—they're in pain. I wasn't even thinking about the design yet, but I was concerned about implementation. You're trying to treat people in a vulnerable state. You wouldn't even need to tell them; it would be random treatment. But let me tell you what happened.

- It was an excellent design—amazing literature review, great background research, and power. It was a true clinical design, and all the health researchers were like, "Yes! Let's do it! It's a win-win for everyone!"
- But I saw something that none of them saw, and I raised my hand. I said, "Excuse me, I don't think this project should be funded in the way that it's written." They asked, "What do you mean?" I said, "Think about it. You're saying, 'If you come through the door with health insurance, you get the best treatment. If you don't, you get alternative therapy.'"
- If we fund this wonderful design, we're contributing to a two-tier health system. If it's a good therapy, open it up to everybody, regardless of health insurance. There are plenty of people with insurance who would prefer alternative therapies instead of meds.
- I talked to them, and then I kind of chickened out because I was still kind of shy. To my surprise, they agreed! I couldn't believe it. They said, "Yes."
- It occurred to me later that I'd done something unique—something only a Latino could see. I had come from a family with no health insurance. My aunt, my grandmother—they deserved the same healthcare as anyone else. It was because of my culture, my life experiences, and my values that I had this insight.
- That was the beginning of my realization that if we want to be the best statisticians, health policy researchers, data scientists—we need to bring our whole selves to the table.
- Our culture, values, perspectives, and life experiences provide a unique perspective that no one else can possibly have because it's based on us.
- And so that's my message to students: think about this. Bring yourself to the table.
- Let me give you a little more clarity on this. Has anyone ever heard of the SF36 (Short Form 36)? It's a battery of questions, 36 in total, designed to measure health status.
- One of the questions, on mobility, says something like, "Can you do daily activities like house cleaning and such?" It also includes questions like "Can you bowl or play golf?"
- This was back in the 90s, before Tiger Woods made golf popular. Golf courses were typically for rich, white people, and bowling was more working-class but still largely white. The person who developed the question only considered their own perspective—what they knew. But what was missing was the diverse perspectives at the table.
- That's why I'm here, and that's why I love all the beautiful, diverse faces I see. It's because it's your diverse perspectives, based on your own cultures, that create the excellence we need.
- We need to create better methods to collect more accurate and relevant data for communities. That's the message I've been preaching at the Census Bureau. We need to think differently. We need to bring in diverse voices. We need to hear alternative perspectives.
- And by the way, it's not just valuable internally. We also need the perspectives of the communities we serve. That's why we've been holding tribal listening sessions. We've been engaging with the African American community, Latino communities, Asian-American perspectives—every community, including the White community. All voices are important.
- That's the message I'm preaching to the Census Bureau, and it's the message I'm sharing with you. So, hopefully, you'll take that to heart.
- Finally, there's one more story that's important to me as a policy researcher. Back in the 90s, I was reading a monthly newsletter from the NIH. They listed a project on Spanish-speaking clients in health clinics.
- The study found that when Spanish-speaking patients were treated by staff who knew even a little Spanish, their health outcomes were better. I laughed at first. I thought, "Of course! If you understand the instructions, you're going to have better outcomes!"

- But then it hit me: this was the first time I saw a federal program where the institution was adapting to a more diverse society. If you extend that, it means that outcomes—whether for patients or programs—are necessarily the result of an interaction between the person and the institution. In this case, it was a clinic, but more broadly, it was the healthcare institute.
- Now, we are becoming a beautifully more diverse nation as the years go by. Inevitably, society will acculturate to us collectively, because there is no choice, but it can take a while, as we've seen in other countries.
- Valuing and using diverse perspectives in your work—be it health policy, statistics, or data science—is crucial. We not only need treatments for individuals to change behaviors, but we also need treatments for organizations and industries on how to better acclimate to an increasingly diverse society.
- That's really important, and we don't often talk about it, but that's how you get things done: by having institutional change.
- Now, I've shared a few stories, but as you know, I am the Census Bureau director, so I am going to talk a little bit about data. I want to share a couple of datasets that focus on equity and disparities.
- The first is My Community Explorer, a dashboard that's really designed for community-based organizations and others, but it's useful for everyone—students, faculty, and so on. It pulls in data from the American Community Survey, which is our rich treasure trove of socioeconomic variables, and it reports things down to the census-tract level.
- You can start with a big visualization of the U.S., click down to your particular neighborhood or community, and it will pop up a table reflecting that specific area. This tool is great for community needs assessments.
- There's also something called the Census Business Builder that takes that to the next level. It combines the American Community Survey data with economic elements. We collect a ton of economic information, and we just finished an economic census of all the businesses in the United States.
- Many of you know that when you pick up the news or click on news feeds, you often see economic indicators. Most, if not all, of those economic indicators are generated by the Census Bureau or from data we collect and provide to other federal agencies for processing.
- The Census Business Builder provides really great information down to the census-tract level about what businesses are in a given area—how many there are, what industries they represent, what the employee base looks like, and how much people are spending in that community. It's a very useful tool for understanding local community capacity, which is important for health policy and public health.
- Finally, there's something called the Community Resilience Estimates. What they do is take several social determinants of health and wealth—like poverty, the availability of a vehicle for transportation, the percentage of disabled elderly, access to broadband, and so on—and create indices.
- If any of these indicators are above a certain threshold, it's marked accordingly. These indices are summed up to indicate how many of those "risk factors" for resilience exist at the census-tract level.
- Originally, this tool was designed to assess the ability of local neighborhoods and communities to overcome natural disasters, like wildfires, tornadoes, hurricanes, or even events like COVID-19.
- However, because these are social determinants, they can be used to explore a variety of other issues in public health, public policy, and epidemiology. So, keep this tool in mind as you think about using data for your own work.
- There are many other tools and data resources, but these are some of the key ones focused on equity and disparities.

- Now, I've talked a great deal today about the value of diverse perspectives. At the Census Bureau, we want and need to hear from diverse voices and experiences. I hope you will consider bringing your voice and experience to work for us, and help us to paint a more accurate portrait of our wonderfully diverse nation.
- Thank you so much for having me today. I look forward to your questions.