

**Attachment F**

**2012 Economic Census**

**Information; Professional, Scientific, and Technical Services; Management of Companies and Enterprises; Administrative and Support and Waste Management and Remediation Services; Educational Services; Health Care and Social Assistance; Arts, Entertainment, and Recreation; and Other Services (Except Public Administration) Sectors**

**Consultations with Federal Agencies, Trade Groups, and Trade Publications:  
Selected Correspondence**

We sent copies of report forms from the 2007 Economic Census to 242 organizations, including Federal agencies, trade groups, and trade publications. We asked these organizations to review the report form(s) relevant to their data needs and interests and to provide recommendations on content, terms and definitions, instructions, and other aspects of report form design for the 2012 Economic Census. These consultations were provided individually and were not for the purpose of providing a group consensus opinion. Eighty-eight organizations responded by mail, fax, telephone, or email. This attachment provides a representative selection of the correspondence we received, with any identifying information omitted.

### **Response 1**

The following comments on form IN-51901 were included in a letter:

19A - your definition of a library includes “facilitating public access and use of collections.” If you define public access as access by the general public than many of our members/medical libraries do not fall within that definition of libraries. Though some hospital and academic medical center libraries do allow public access many more are open only to their own constituents, e.g. hospital staff or staff and students at medical schools.

### **Response 2**

The following comments on form PS-54103 were included in a letter:

For item #19, is it possible to simply list all of the ‘kinds of business or activity’ with their corresponding coding and not put them in the sub-groups as they appear on the 2007 form? Suggestion is to remove “Architectural Services”, “Other Design Services”, and “Other Kind of Business or Activity”. Landscape Architectural Services, urban/city planning, golf course design services, and land use planning are not architectural services.

Landscape architectural firms are not listed under item #20 and should be added.

For item #22, line 2d, does this intend to cover services including - environmental reclamation, wetlands/stormwater management and water conservation, healthcare and therapeutic design, greenways/trails, and others?

Landscape architects are not able to complete item #26 because the occupation does not appear on the list.

In item #26 Special Inquiries, PERSONNEL BY OCCUPATION, The 2007 Form PS 54103 list does not include “licensed or registered landscape architects”. Please add “licensed or registered landscape architects” as item number 3 following “licensed or registered engineers” or item number 4 following “licensed or registered surveyors”. Landscape architects are licensed by the states as are architects, engineers, and surveyors each as a distinct profession.

### **Response 3**

The following comments on form AS-56102 were included in a letter:

In section 19, Kind of Business or Activity, credit bureaus, collection, and repossession services, two classifications are offered for our members: collection agencies (561 440 00 4) and debt collection services (561 440 00 5). We are unclear as to why there are two variations for the 561 440 classification code, and our members may be confused as to which type of business to check under this section.

In section 22, Details of Sales, Shipments, Receipts, or Revenue, item 11 references Debt recovery and collection services, and delineates between *Individual* debt collection and *commercial* debt collection. We believe this delineation is confusing because commercial debt collection may be against an individual, or example, where a sole proprietorship owns a business. We recommend this section be amended to delineate between *commercial* debt collection and *consumer* debt collection.

#### **Response 4**

The following comments on form HC-62301 were included in a letter:

General Comments. Over the years, we have worked extensively with the Census Bureau to ensure that the Decennial Census process occurred quickly and efficiently within long term care settings; however, to date, we have heard very little about the Economic Census. Subsequently, it would be prudent to provide more information than just one line on the HC-62301 describing the purpose of the Economic Census; what the information gleaned is used for; how the Decennial Census compares to the Economic Census, etc.

Specific Comments. The title throughout the document is not clear - we suggest that you revise it to read *2007 Economic Census: Nursing, Assisted Living and Residential Care Facilities*. The terms “assisted living” and “residential care facilities” are not always interchangeable.

Under *Physical Location*, page 2 - There are numerous multi-facility corporations within the long term care profession. Would it be possible for these corporations to provide information for each of their facilities in one document or form?

Under *Sales, Shipments, Receipts, or Revenue*, page 3 - Change the title to read *Revenue or Receipts*. Long term care providers typically use the terms “sales” and “shipments” only to respect the vendor relationships.

Under Kind of Business or Activity, page 4 - Some of our long term care providers will have difficulty discerning which one box is appropriate for them to check. For example, one provider may have a nursing facility and an assisted living facility at one location. Further, we question whether the code numbers listed alongside the business or activity descriptions correspond to specific and unchangeable federal categories. If not, several of the descriptions listed are incorrect and should be updated:

Box 2 (623 210 002) should read: *Developmentally Disabled facility, including group homes and intermediate care facilities providing residential care for the cognitively impaired.*

Box 4 (623 110 00 1) should read: *Nursing care facilities providing nursing or rehabilitative services.* Currently, there are a few nursing facilities that do not provide rehabilitative services.

Box 6 (623 312 00 3) should read: *Home for the elderly, including independent living or assisted living facility.* Assisted living facilities may or may not have nursing care on site.

Under #20 and #21, page 5; and #23-29, page 7; it is unclear why there is a box that is labeled *Not Applicable.*

Under Detail of Sales, Shipments, Receipts or Revenue, pages 5-8 - The title should be changed to correspond with the new title on page 3 - Revenue or Receipts. The instructions on page 5, for Line 1-21, include terms, references to services and descriptions that would be confusing to long term care providers. We would need clarification from you in order to provide meaningful feedback, and would recommend we discuss this section at a face-to-face meeting. Also, there is no instruction for Lines 22-23.

## **Response 5**

The following comments on forms HC-62104, HC-62102, HC-62201, and HC-62301 were included in a letter:

General Comments. We have one conceptual question: What can be done to ensure that the forms get to the right organization - the organization that can provide the most accurate information for your needs? With the complexity of healthcare delivery, that's often the most challenging problem. For example, a hospital may operate many levels of care at locations scattered throughout a community. The hospital might, for example, operate a residential treatment facility, 4-5 out patient satellite centers, etc. you need to think through how the organization that receives the survey should respond. Does a hospital provide data for all of those sites in it's answer to the hospital form? Or do you intend the residential treatment center to also fill out a separate form? How will you avoid duplicate counts? There is no easy answer, but we wanted to raise the question.

You might consider providing a way to highlight where someone can call for answers to questions while filling out the forms. Perhaps that information could be placed in a box at the top of the information sheet and again on each form so that it is easy to find and use.

On Health Practitioners Form. There is a bias in definitions for mental health vs. behavioral health. Unlike facility forms that seem to want to know about mental health and addiction, these forms really ask only about mental health. For example, the form breaks out MDs vs "psychiatrists or other mental health physicians". Where do addiction MDs fit? Are they mental health? Why are you choosing these breakouts? Under the "other health practitioners": there are

“mental health practitioners, including psychologists, psychiatric social workers, clinical psychologists, and psychotherapists not having MD or DO degree”. That definition doesn’t mention psychiatric nurses or addiction counselors by name, but we assume that this is where they fit. (Or are nurses supposed to check the “other health practitioners including acupuncturists, dental hygienists, denturists, homeopaths, hypnotherapists, midwives, nurses, etc.?)

What is the reporting purpose of the data? Why focus on such specificity of things like massage therapists?

Under question 26, item 8, *mental health practitioners* is defined as “excluding practitioners with MD or DO degree....but include psychologists, licensed clinical social workers, etc.” But registered nurses who are psychiatric nurses are entered on line 10 (as RN). When data is reported this way, psychiatric RNs won’t count toward “mental health” practitioners - even if this is their primary specialty. RN counts will include all types of RNs from dental offices to chiropractors’ offices, etc. Again, what is the purpose of the data collection? Why group this way? And do you mean *mental health* to have the broad definition of *behavioral health* (including addiction treatment providers)?

On Outpatient Care Facilities. It is not totally clear who fills one of these forms out. We are assuming this goes to a facility operating at a street address (so it might be an outpatient center operated by a hospital company). If so, are they truly a “mental health clinic” (or are they more accurately the outpatient division of a hospital)? There is no such choice here. It makes it seem everything is a freestanding entity.

On Hospitals. The title fo the form is “Hospitals.” There is no indication in the title that it is really a survey form for “Hospitals and Residential Facilities.” Question 19 on the hospital form seems to make it clear that RTCs are included on this form. And yet the same information appears to be incorporated on the form for “Nursing and Residential Care Facilities.” We are not sure which form is really intended for the typical psychiatric RTC. This probably should be on one form or the other.

On Nursing and Residential Care Facilities. Overall, it is not clear who is filling this out. Do hospitals that have residential-level care fill out this form AND the hospital form? This is confusing.

## **Response 6**

The following comments on form AE-71201 were included in a letter:

I think the form generally makes sense for zoos and aquariums. I am a bit confused about the inconsistency of breaking out aquariums, however. Question #19 Kind of Business or Activity lists zoos and aquariums in separate places and yet Question #22 Detail of Sales, Shipments, Receipts or Revenue does not list aquariums separately or at all. I assume that for purposes of Question #22 that “zoological and similar institutions” includes aquariums but that is not clear and is actually confusing because of the earlier breakout in Question #19.

### **Response 7**

The following comments on forms OS-81204 and OS-81205 were included in a letter:

Item 19. Due to the diverse nature of today’s funeral businesses, it might be difficult in some cases to narrow the business activity to one field. I would recommend allowing for businesses engaged in multiple activities (e.g., funeral AND cemetery, crematory) to have a means to indicate their status as such.

Item 22.6 b. Use of the term “ashes” is not widely accepted in our industry. I would recommend using the term “cremated human remains.” We also use the industry specific term “cremains” professionally, but not with a grieving family.

