

Transcript of Webinar

Exploring Census Data Webinar Series: Healthcare

Lynda Lee: Good Afternoon everyone, my name is Lynda Lee, and thank you for attending today's webinar. I want to welcome everyone to our series on "Exploring Census Data." If you've been following our series, we began in April with the first in the series on International Trade. Since then, the series have included other topics such as "Employment," and, "Emergency Management," presented on a monthly basis. For anyone who may have missed the sessions, we have our presentation recording and transcript archived on our site [census.gov](https://www.census.gov) found under "Recorded Webinars."

Fourth in the series today is on our healthcare data. For anyone who may have tuned in into our 2018 series on healthcare, today's session will serve as part two where we will feature additional information not covered in last year's session. In this webinar, our speakers will dive into health care data from our demographic and various economic programs. The webinar is a standalone session where you don't need to have seen part one in order to track along. If you're interested in viewing part one, please visit our [census.gov](https://www.census.gov) where you will be able to obtain an archived copy of the recording, slides, and transcript.

Today's webinar will be presented by Mr. Andrew Hait who is an economist with over 30 years of experience at the Bureau. Our second speaker today is Mr. Caleb Hopley, who is a statistician and subject matter expert from our demographic program, the American Community Survey. In a moment, Andy and Caleb will be presenting practical ways to use our healthcare data. Our speakers will also be showing you how to obtain the data using the available data tools. Before we begin let me give you a quick look into our series. The "Exploring Census Data Webinar Series" consists of six webinars presented monthly on popular topics. On the right side of the screen we have included the upcoming topics and session dates. Other items consistent throughout the series is the use of real-life case scenarios to illustrate practical ways to use the data. Each of the webinars in the series is presented by subject matter experts, with the opportunity for Q&A at the end of each session. And, if you missed a webinar, want to refer a colleague to a session you found to be helpful or simply would like to

view it again, each of the sessions will be recorded and posted at the link provided here. Archived for you as well is our 2018 series.

So let's begin with general information about the Census Bureau. The Census Bureau is the federal government's largest statistical agency. We conduct over 100 surveys each year with some of our highly visible programs such as the Decennial, the American Community Survey, and Economic Census listed here. Now out of these 100-plus surveys over 60 of them collect business data. So, when it comes to our data a pyramid is a good illustration of the relationship between details and timeliness. So, in general the more timely the data, the less details. With that being said the Economic Census is a periodic survey that takes place every five years. It is illustrated at the bottom of the pyramid because it is the most comprehensive program when you're looking for business data. During today's webinar the healthcare data you will see is a mixture of the different categories on the pyramid.

On the next slide, I'm going to briefly provide a general overview of our Decennial Census. The primary purpose of the 2020 Decennial census is to collect data on population and housing but there are many other important purposes. The data from the 2020 help with drawing Congressional, and State legislative districts, school district, and voting precincts, distributing billions of dollars annually in funding to state and local communities. These outcomes affect every person in the United States which is why it is important that we have a complete and accurate census. Since the 2020 will touch our lives in the near future here's a timeline on our activities so you can know what's coming down the road. In March of next year households will be receiving an invitation to participate and respond. As you can see from the timeline, reminders will be delivered to those who may have missed the initial mailings. Every household will have the option of responding online, by phone, or by mail.

So what can you do to get involved to help make the 2020 census a complete and accurate count of the nation's people? You can actively support and spread the word about completing your 2020 Census in your community. You can learn more about the approximately 500,000 temporary census jobs that may come available in the spring of 2020. You can remind others that census is important, easy, and safe. Lastly, you can join your local complete count committee and lend your expertise to ensure all areas of

your community are accurately counted in 2020. And at this point I would like to turn the presentation over to Andy who will begin today's webinar on health care.

Andy Hait: Great. Thank you so much Lynda. So, as Lynda mentioned a few moments ago this year's webinar, is going to provide information in the part two about the health care sector. I want to quickly do a quick overview of the information that was included in last year's healthcare webinar just to kind of build on what we're going to cover this year. So last year's webinar started off by talking about the national level data that we have on the healthcare sector available from two of our services surveys, the Quarterly Services Survey and the Services Annual Survey. These two programs provide information on employer businesses. These are businesses with one or more paid employees and these two surveys cover all of the businesses in the services sector which does include the health care area. These two programs publish basic information on revenue but also they publish additional information on other data variables. For the healthcare sector for example this data includes patient visits and even informational and health records systems expenses. Second, we talked about the local area data that's available on the healthcare sector from two of our most important business programs, County Business Patterns, and Non-Employer statistics. County business patterns produces information on employer businesses. In this case employer health care businesses. It produces information that includes the number of businesses, or what we call "establishments," employment, and, annual payroll. And the data are shown at the national level all the way down to county and even zip codes. Non-employer statistics, in contrast, produces information on non-employer businesses. These are self-employed people. Folks receive a 1099 from the business that they work at and then report that income to the IRS on the 1040 Schedule C or the Schedule SE. The non-employment statistics program publishes information on the number of businesses or firms and their revenue and like County business patterns, data are shown at the national level and then down to county level. Non-employer statistics does not, unfortunately, produce information at the zip code level. If you're interested in learning something about these data that were released in last year's Healthcare webinar, we've provided the link to the recording for last year's recording, transcript, and the PowerPoint.

So let's talk about the business data we're going to talk about in today's webinar. I'm going to cover five of our different public programs that we have at the Census Bureau

that produce information on the healthcare sector. Then my colleague Caleb will come in and talk about the demographic data that is available on the healthcare sector. Throughout our two demos and discussions we're going to specifically focus on hospitals as our use case but the data are available for many other healthcare businesses other than just simply hospitals. So let's get started with the business data available from the Annual Capital Expenditure Survey. This survey provides information on how much businesses are spending on capital improvements. It includes information on both new and used structures and equipment and it includes companies that both do have and don't have paid employees – the so-called Employer, and Non-Employer businesses. Data are available for major industry sectors and Industry specific breakouts for just for the employer businesses. The total capital expenditures shown are only shown for the non-employers. Because this is a sample survey data are only shown at the national level and we've provided a link here to the ACES program for you to learn more. Now just to give you a taste of the types of information that is available for the annual capital expenditure survey, in 2017 healthcare sector businesses spent about 104.9 billion dollars on total capital expenditures. That number is up a little over twelve percent from the amount that they spent in 2016. Just to give you a point of comparison the manufacturing sector spent about 248 billion dollars in capital expenditures so a little bit more than double the healthcare sector but still a fairly substantial amount of amount of money. Now that 104 billion dollars is split between structures and equipment about 56 billion in structures and about 48 billion in equipment. Looking specifically at the data for general medical and surgical hospitals -a specific industry within this healthcare sector- we can see that about 58 billion dollars in capital spending was spent for hospitals and about 11.7 billion was spent by nursing residential care facilities. This just gives you a screenshot from the annual capital expenditure survey website highlighting the information that I just provided.

The second program I wanted to talk about is our E-Commerce statistics or E-Stats report. The E-Stats report measures the value of goods and services that businesses sell online. I want to point out that the word "online" does not just include internet sales. It also includes things like electronic data interchanges, or "EDIs." So, for example when a healthcare business orders all of its supplies and materials to run that business from their supplier but they make that order electronically, no paper exchanges hands, that's actually considered E-Commerce via an EDI. So, this program does include that type of

information. The E-Stats report only covers companies that have paid employees - it does not publish information on those non employers, and like the previous program, data are also shown at the national level only. Again, I've provided a link to E-Stats website where you can learn more about this particular program. To give you an example about some of the key statistics for 2016 from the E-Stats report for the healthcare sector, the total E-Commerce receipts of healthcare businesses was about 1.8 billion dollars which was up almost 11% from the information from the data reported in 2015. Now that is still a relatively small portion about 0.1 percent of the 2.4 trillion dollars in total revenue of healthcare businesses. Just to give us a point of comparison, the retail trade sector that we typically think of as being much more engaged involved in E-Commerce than healthcare, retail trade sector generated about 389 billion dollars of data of revenue from e-commerce. That's about 14% of 4.9 trillion dollars in their total sales. Again here is a screenshot from the E-commerce or E-Stats report highlighting the information that I just talked about.

The third program I want to talk about is our public sector program. Just like the information that we publish on private sector businesses the Census Bureau also conducts programs that cover governments or what we call public the public sector this covers both state and local governments and information are published on government employment in payroll, government finances, government tax statistics, and other information like the counts of Governments, and other special topics. Data on employment and payroll is shown both for annual data on the number of both full-time and part-time employees and their payrolls, by functional category. This is a really great feature, so what are those workers doing. The finances data include annual and quarterly information on revenue expenditures, debts, and assets, and that program also includes information on government employee retirement systems. The tax statistics information includes annual and quarterly data on tax revenues and these data are seasonally adjusted for the quarterly tax statistics. Finally, again we have the counts of governments and these special topics.

Now, just to give you a feel for the types of information that are available for the healthcare sector from our public sector programs, there were about 905 full-time employees of government hospitals in 2018. Their payrolls were about 5.1 billion dollars in 2018. Those hospitals had about 219,000 part-time employees who generated about 740 million dollars in annual payroll I can tell you that I was quite

surprised when I saw just how many part-time employees there are from of hospitals 219,000 of the 905,000 compared to full-time, it's pretty substantial of share. Revenues from government-owned hospitals were about 151 billion dollars in 2016 and the expenditures that governments made on hospitals were about 183 billion dollars. This chart shows some information on that we just talked about. I have circled the bar for hospitals looking at state and local government employment by their function.

When we typically think of government employees yes there are certainly government employees in hospitals and in the health care sector the bar just to the left of hospitals but the area that we typically think of as being most dominant in government employment is education and those are those two bars that are sticking up way above the other ones education for both elementary and second schools and higher education employment. Similarly this information looks at this bar chart looks at the similar information but looking at it broken out by local versus state government employees. Once again I've circled the bar for hospitals seeing that there are far more employees that work for local government run hospitals as opposed to state government hospitals but when you then compare that bar to the education bar you really see the dominance of local government employees that are engaged in local education. There's actually a much much smaller number of employees that work for state government in education. Looking at that same type of information but instead of looking at employment but by looking at payroll we see a similar distribution. We see a small relatively small bars for health healthcare and for hospitals and this much larger bars for the education areas.

This is a tool that we have called the state local government snapshot that provides a really nice way to look at some of this data for our public sector programs. At the bottom of the slide I've included the URL where you can go to get to that particular data and what I've actually gone into here is I've chosen the state of Maryland in this tool and chosen the healthcare sector healthcare services sector there at this red bar and we can now look at the information available unemployment on expenditures and in other data in a really nice intuitive way.

The next tool I want to now talk about is the Quarterly Workforce Indicators. QWI provides information on employment, job creation, and earnings. It's a really great quarterly program because it also provides data broken out by firm and by worker

characteristics. So for example on the firm side data are broken out by the geography, the area that the business is located in, the industry that they're classified in, the age of the firm, and size of the firm. Workers are also broken out by different characteristics, these include information on the sex, the age, the educational attainment level, the race, and the ethnicity of the workers that are in the workforce. Like some of our other programs this program quarterly workforce indicators covers companies that have employees only- it does not cover the non-employer data but this program does break down the data down to the county level. I've included the link to the QWI website for you to go ahead and learn more but again we provide some key statistics from the 2018 second quarter for general medical and surgical hospitals in the state of Maryland. So we can see that general medical and surgical hospitals in Maryland had about 91,436 employees in the second quarter of 2018. In that quarter they hired about 5,537 employees and about 5,212 separated- left their their job. That translates to a firm job gain of about 640 employees or firm job loss of about 320 employees. The average monthly earnings for those employees was about 4,790 dollars and again I provided the link here for you to learn more and drill into this data into more detail.

QWI data are available in a really wonderful data tool called "QWI Explorer." The tool lets you go in and look at quarterly employment of the workers and what we've looked at here is quarterly employment of general medical and surgical hospitals in the state of Maryland broken out by worker age one of those demographic characteristics. You can clearly see that I've highlighted the section of the table that covers workers in the 25 to 34 age bracket, you can see that's where the largest number of workers in the state of Maryland exists. QWI also provides that same time information broken out by the other characteristics. In the top left-hand corner I have a screenshot looking at the hires data by the educational attainment. I know I was somewhat surprised to see that the largest number of employees that were hired by general medical and surgical hospitals in the state of Maryland in the second quarter of 2018 had some college or a baccalaureate type of a program. You do not need apparently to have a bachelor's or an advanced degree to be hired by general medical and surgical hospitals in the state of Maryland- that was somewhat interesting certainly would be great information for parents trying to decide where their kids should go to school if they're interested in health care maybe they maybe they really don't need to make that investment of a four-year education and still be able to have a good job in a medical facility.

Similarly, I've provided some information in the bottom right hand corner for monthly wages by the sex of the worker and I've highlighted the bar for or the column for male versus female I think we've all heard about the gender gap the wage gap and this is obvious clearly obvious looking at the Maryland data for the healthcare sector. This chart that I pulled from there looks at firm job change by NAICS sector so this is looking at every sector of the US economy and comparing how those firms jobs are changing from quarter to quarter to quarter. I've highlighted the column for the healthcare sector and as you can see that yellow highlighted line in the chart in the upper right hand corner shows that the hires do not dramatically vary from quarter to quarter in certainly in comparison to some other sectors where you're seeing bigger swings in their months where they have lower hires versus months that they have more hires.

So that brings us finally to the Economic Census. The economic census is our largest and most comprehensive business program that we conduct at the Census Bureau it covers nearly every two through six digit NAICS code that is covered by the Census Bureau. There are some exclusions, it excludes of course agriculture NAICS 11 because the US Department of Agriculture covers that. And I've also provided a link to some other- a list of other industries that are excluded. Data are shown down to much lower levels of geography than some of our other programs those areas do vary by sector so some sectors like retail trade publish information right down to the place, city, town, village, borough where other sectors like utilities only go down to state and Metro. The economic census also publishes its data by business size. Census Bureau doesn't actually recognize the official SBA definition of what a small business is, instead we publish data broken out by the size of the establishment versus the firm so the individual business location versus the company and we break out that size breakout both by employment size and by revenue size.

The economic census also publishes information on legal form of organization so for example if I was interested in finding out how many businesses in the healthcare sector are corporations versus proprietorships versus partnerships that type of information would be available in our LFO tables. And finally the economic census includes information on franchise status. Franchising is not just fast-food there are actually more than 300 industries that we publish detailed data for that are engaged in franchising and yes there are such things as franchise health care businesses so census does publish that information. The economic census is our most comprehensive

program because it also publishes the most detailed data variables. The census includes over 200 unique data variables which includes basic statistics like number of businesses, employment, payroll and sales but it also includes a lot of sector specific variables things like inventories, assets, capital expenditures, etc.

Finally the economic census includes information on Product Lines. These are the detailed products and services that are produced or sold by businesses. And product line data are available for the healthcare sector. Just to give you a flavor for the types of information that we published in the 2012 economic census for general medical and surgical hospitals, there were 5,001 general medical and surgical hospitals in the United States in 2012. They had about 5.2 million employees and generated about 291 billion dollars in annual payroll. Those businesses had about 816 billion dollars in total receipts. This slide shows information about the release schedule for the economic census. On September 19th we will be releasing the first look release -this provides information including information on the economic, excuse me, on the healthcare sector at the national level. I've also though, circled when the information is going to be available geographically at the state, county, city, zip code, etc-levels for the services sector and you can see those data will start coming out in January. We've provided a link to the actual release schedule where you can learn more about this releases and where you can sign up to receive updates.

So there are a couple of changes that you will be seeing in the data released as part of the 2017 economic census and these changes of course impact the healthcare sector. There are of course geography changes that are constantly happening in the United States. Going from the 2012 economic census to the 2017 Economic Census, 15 states had metropolitan areas that had some type of change, and three states had counties with some type of change these include Alaska, South Dakota, and Virginia. Every state had some type of economic Place change. These are cities, towns, villages and boroughs. About 58 percent of places that we published in the economic census had some type of change, so when users are comparing data for the health care sector across time by geography they ought to be aware of these geography changes so that they can make sure they're comparing data properly. We have provided a link to our Geographies website where you can learn more information about these geographic area changes.

While there certainly were some NAICS changes in 2017 none of those changes impacted the healthcare sector, however we are going to be implementing the new NAPCS-based product line data. This is a new way of looking at product data that makes it easier for users to combine data across sectors of the economy. So users would for example be able to look at the product lines of health care businesses in comparison to the product lines of other types of related businesses. The economic census is also seeing many structural product changes- these includes things like aggregations and consolidations of many of our tables so if someone was interested in detailed information on small healthcare businesses and small retail businesses, in the past they would have had to go to two separate tables to access that data now they can access it together in one file. We are implementing some new and expanded disclosure rules that will be impacting our data, and finally we're going to be disseminating data on our new data.census.gov dissemination platform. My colleague Caleb will actually be talking about that in just a few moments.

So with that I just want to quickly show some data from the 2012 economic census for general medical and surgical hospitals. The chart in the upper left-hand corner provides information on businesses in that sector broken out by whether or not they are subject to or exempt from federal income tax the chart in the middle- the table in the middle- shows a brief snapshot of the product lines data published for the healthcare sector and in the bottom right hand corner we have some information on the data broken out by employment size, those size tables. So with that let me turn it over to my colleague Caleb to talk about the demographic data

Caleb Hopley: Thanks, Andy. So, for this next portion of the webinar, I'd like to focus on how you can use Census Bureau demographic data from the American Community Survey for information related to healthcare. My name is Caleb Hopley, and I am from the American Community Survey Office's Outreach and Education Branch. Not only will I show you the depth and breadth of sources and topics that the American Community Survey offers, but I will also show you data tools that make it easy and intuitive to access this data. We will talk about how you can use these data at all levels of America's healthcare demographics.

While exploring these demographics, we'll cover information on health insurance coverage, then we'll take a look at some income and benefits data that are available for

healthcare-related topics, and finally look at healthcare demographics by industry and occupation.

Afterwards, I'll provide ways for you to stay in touch with the American Community Survey with our news, our updates, and data releases, as well as to show how to contact us if you have any data-related questions.

The American Community Survey, or ACS, is the nation's most current, reliable, and accessible data source for local statistics on critical planning topics. These include such things as age, children, veterans, commuting, education, income, and employment. The survey samples approximately 3.5 million addresses. These data are collected continuously throughout the year to produce annual social, economic, housing, and demographic estimates.

The ACS is also used to distribute more than \$675 billion of federal government spending each year. These estimates cover more than 40 topics and support more than 300 known federal uses and countless nonfederal uses. Businesses and communities use these 11 billion estimates each year to make vital decisions including where to locate hospitals and schools, what transportation needs exist, and what goods and services businesses should provide to customers.

We release three different sets of estimates each year. 1-year estimates are collected over a period of one calendar year and include geographies with populations above 65,000 people. 1-year supplemental estimates are, as the name implies, supplemental estimates for some of our more popular tables for geographies with populations above 20,000. And then third, our 5-year estimates are collected over a period of 60 months, or 5 calendar years, and are available at the more granular levels of geography such as Census Tract and Block Group level. The many types of geography make the ACS such a great source for healthcare-related research, where all levels of communities can get a clearer picture of the characteristics of their area.

So, if you look at the blue bar on the right, I have included real estimates from our 2017 5-year data. From these broad categories that I mentioned earlier you can see how we have very specific topics that are directly related to information that you might want to know about healthcare at the national level here. The content collected by the ACS

can be grouped into these four main areas, as I mentioned: social, demographic, economic, and housing.

So, starting on the left with social characteristics, disability status, fertility, grandparents as primary caregivers, language spoken at home, and marital status generally particularly useful characteristics for an area to consider when it comes to healthcare. We can use data to quickly determine what areas have people that may qualify for a particular healthcare plan, for example, or perhaps identify areas that may be in need based on these considerations.

The ACS also collects basic demographic characteristics such as age, Hispanic origin, race, relationship, and sex. You might recognize that this is the same information collected on the Decennial census. Considering basic demographics of who is in an area for healthcare-related research is important. For example, you might want to know how much of the affected population is elderly or determine the racial distribution of a community and combine these demographics with other topics we've discussed. If you look below, economic characteristics can give us information on poverty status, those on public assistance, and different types of industries of workers who live in the community to determine the economic vulnerabilities or strengths in the affected area.

And finally, we can look to the right for topics that tell us about the housing stock. So, for example, how old is the housing stock? And what types of heating fuel are people using in these areas? What is the home value and how much is being paid per month in either mortgage, rent, taxes, or insurance. For context here, you can see the different levels of geography that we offer. The ACS provides data for more geographies on an annual basis than any other household survey. The great thing about this slide is that we can see how the different levels of geography fit within one another. So, this is helpful if you'd like to combine these geographies to see how a specific area is going to be affected when looking at healthcare. Lower geographic areas fit neatly within the larger areas directly connected with the lines. So, for example, school, congressional, and state legislative districts fit neatly within states and do not cross state boundaries. However, they may cross boundaries of counties or metropolitan areas. So, as you can see at the bottom, the smallest geographic building block is the Block Group.

So, now that we've started with the logistics of the survey, we'll take a look at how we can apply these data to healthcare planning. As you can see on the screen, health insurance is asked on the American Community Survey, asking if the person is currently covered by any of the following types of health insurance or health coverage plans. Options available are insurance through a current or former employer or union, purchased directly from an insurance company, Medicare, Medicaid, TRICARE, VA, Indian Health Service, or, if other, it will ask the respondent to specify.

And, here we have a real life example of ACS data in action in hiring for bilingual staff and pharmacists for a business. In order to meet the local needs of communities within whom the national chain, Walgreens, had locations, Walgreens used ACS data to understand the demographic makeup. They noticed that a high percentage of the community around one of the store locations in Chicago were Polish and that many of the households did not speak English at home as their primary language. So, therefore, they posted a job opening for bilingual staff and pharmacists who can speak both Polish and English. Now, the Polish community is better served by this pharmacy, and can have healthcare needs met by a pharmacist in their own language.

And, so now I'd like to transition to a live demo to show how you can access ACS data through data.census.gov, which is our new data dissemination platform. More information on this platform will be given towards the end of this webinar. And so I'll show some tables that are available that you can access for health insurance coverage, but also income and benefits, and data on healthcare by industry and occupation. So, let's say we first want to check out what percentage of the population of the United States has no health insurance coverage.

So, I'm typing in "No health insurance coverage" into the single search bar and then I'll just go ahead and hit enter key to search. So as it's loading we can see the tables section right here on the first main screen. We can also scroll down a little bit for pages and scrolling back up on the right we can see related searches. So since I'm only wanting the data right now I'm gonna go to the bottom here and click view all tables bringing list of tables on the left maximize one on the right now the first couple of tables are for public health insurance but I want general overall percentage of health insurance coverage so scrolling down, I'm going to find table S 2701 which we can see

the title to be Selected Characteristics of Health Insurance Coverage in the United States.

So to further maximize this table as well as to customize and download the data, I'm clicking customized table right here. So we can see here that for the United States the percent uninsured is 8.7 percent. Note that this is provided by one year data automatically set to the latest data year available which is currently 2017. So if you'd like to see it as a percentage over five-year time period from 2013 to 2017 I'm going to go over to the right here and click on the Chevron or the double arrows to customize the table. I'm selecting five year from the drop-down box and the estimates section, and as you can see you also be able to change geography in year toggle margin of error on or off you can transpose the table or further customize the table. I can download, print or share from here and view data notes.

Now I'm going to close the customization options by clicking the Chevron and I'm going to refresh the page to enact our changes. Now we see that over five years percent uninsured was 10.5% so switching gears let's say that we want to view health insurance benefits for the private sector in the state of Maryland so I'm clicking on the census logo top left corner to clear out any selections and go back to the main page and I could show you how to find this information in the single search bar again, but I'd like to switch to the advanced search option. So let's first go over to topics and we're going to select health and select health insurance.

Then moving over to geography this will actually show summary levels automatically and if you don't know your summary level you're looking for don't worry you can just toggle that on or off and then go down to the geographic area we're looking for. So since I'm going for Maryland I clicked into State clicking Maryland and scrolling down I'm checking to see if my variables have been selected which they are. Going into view all tables here, I'm looking for private health insurance coverage. So here we go table s 2703 I'm going to customize table to view it and so I can see that 68.4 percent of the working population from age 19 to 64 years old have private health insurance coverage provided through an employer whether their own or that of a family member. So let's find data on selected characteristics of the uninsured in the United States. As I'm typing this I can see a suggestion so I click that one the one that I want to bring it up. And here I can see with table s 2702 total estimate or percentage of the

uninsured in the United States and see this by industry or occupation just by scrolling down.

Now, if I want to look at healthcare occupations by sex and let's just say Clark County Nevada I can do that as well. Back to advanced search, I'm choosing occupation through the employment topic and then Clark County in the geography section. I'll be going to county, first select state within where I want the counties to be found Hart County. Checking my variables and then view all results. So here the first table is actually what I want so I'm going to view all tables and I can see right here this is what I'm looking for so customize table and just to bring this up please note the universes when looking at tables to the universe for this table is civilian employed population 16 years and older. So then scrolling down we can see healthcare practitioner and technical occupations such as health diagnosing and treating practitioners and other technical occupations, and health technologists and technicians and we can also see healthcare support occupations this is found under services occupations. And so we see in the data that 70.4% of Health technologists and technicians are women in Clark County Nevada and men 29.6%. And so likewise, I can find data by industry by sex so I'm searching in the search bar Clark County Nevada, Healthcare by industry. Opening the first table, I can see the data by sex for health care and social assistance down here at the bottom.

So, for my last demo I'll show how to find median earnings in the past twelve months in 2017 inflation adjusted dollars for the United States by occupation and by sex. So in order to do this I'm going to clear out the selections again. I'm going to go up to the census logo, click it here, click the advanced search option. Under topics come back to occupation and then income and earnings, check my variables and then view all results. So with the third table here I can see median earnings as an estimate and as a percentage, see this for men women in total, and the median earnings in 2017 in inflation adjusted dollars for healthcare support occupations 2017 was 24,665 with a margin of error of \$199. And that in a nutshell are some ways to access our data in our new data dissemination platform data.census.gov.

Finally, we invite you all to stay in touch. You can sign up for and manage alerts on the ACS via [govdelivery](https://govdelivery.com), visit our website or you can connect on the various social media platforms using the hashtag [ACSDData](https://twitter.com/ACSDData). For support please reach out to us at

acso.users.support@census.gov. And if you're using ACS estimates in your work, please make sure to source us it helps people figure out where they can get the detailed information that we are giving you today. And we invite you all to stay in touch tell us how you are using data from the American Community Survey, for example have you or your organization used the ACS to make an important decision, help your community or expand a business? Please visit the link at the bottom and share your story and explain how data nerds across the country are using ACS data in creative ways. And now I would like to switch gears and pass this back to Lynda. Lynda?

Lynda Lee: Thank you Andy and Caleb for presenting our audience today with a wide array of data that we have here at the Census Bureau on health care. Now that we've seen different ways the health care data can be helpful to your business needs, an important part of providing gold standard data to you is to promote response. If you or anyone you know receive our survey your response matters so please encourage others you know to participate. Fifth in the series is a webinar on small and minority-owned businesses scheduled for August 22nd at 2 p.m. To learn more about this upcoming webinar please visit the link provided here. Thank you everyone for taking the time out of your busy day today to attend today's webinar if anyone has questions please use the contact information provided here. This concludes the webinar, have a wonderful day