July 2, 2021

Hon. Shalanda Young
Acting Director, Office of Management and Budget
725 17th Street, NW
Washington, DC 20503

Sent via Federal eRulemaking Portal

RE: Request for Information – Methods and Leading Practices for Advancing Equity and Support for Underserved Communities Through Government

Dear Acting Director Young:

United States of Care is pleased to submit the following comments to the Office of Management and Budget's Request for Information (RFI) on Methods and Leading Practices for Advancing Equity and Support for Underserved Communities Through Government. Our comments will focus on areas 1, 2, and 5 of the RFI. We believe that only by making equity a major focus going forward can federal agencies ensure that programs and policies address inequities and meet peoples' needs.

United States of Care is a non-partisan non-profit founded in 2018 with a mission to ensure everyone has access to quality, affordable health care regardless of health status, social need, or income. We were established by a diverse Board of Directors and Founders Council to advance state and federal policies that solve the challenges people face with our health care system. We seek to understand people's unique needs to drive health policy innovation, and partner with elected officials and stakeholders to pass and implement those ideas.

At United States of Care, we have a vision of a better, more equitable, accessible, and affordable health care system that is centered on peoples' needs. Achieving equity in policymaking is at the core of what we do. It is the reason why a major component of our work consists of listening to people through one-on-one conversations, trusted messengers, polling, and focus groups. We know that only by putting the needs of people at the forefront of

our research and policy solution design work can we ensure that the policies we create and drive work for people.

The issues illuminated by the convergence of the pandemic, the economic crisis, and racial tensions in America are fundamental to our mission and the policies we have worked to advance. Over the past year, United States of Care has made substantial recommendations to policymakers based on peoples' needs to fight the pandemic and build a better, more equitable health care system in its wake. We are also encouraged by promising practices – within the federal government, in states, through advocates and entrepreneurs, and providers and health systems – to make this a reality.

Input on Area 1: Equity Assessments And Strategies. *Approaches and methods for holistic and program- or policy-specific assessments of equity for public sector entities, including but not limited to the development of public policy strategies that advance equity and the use of data to inform equitable public policy strategies.*

As the pandemic has made all too clear, individuals with low income and communities of color in particular face greater barriers to accessing care, including higher uninsured rates than Whites and those with higher incomes. Making matters worse, the ability to uncover the true extent of disparities and act on real-world evidence has been hampered by outdated, inconsistent, and inaccurate data available to be used by public health experts and health care practitioners.

United States of Care has increasingly made it a central priority to research, evaluate, and review various-methods and strategies that state, federal, and public health systems use to advance equity throughout their practices and policies. From our research, we have seen a number of promising approaches that if broadly embraced – by public health experts, practitioners, and policymakers – could establish a more equitable system of care throughout the United States.

Quality demographic information is essential to understanding how and why different groups, especially communities of color, low-income individuals and families, and people who live in rural areas, experience disparate health outcomes. That is why our nation needs more robust and complete demographic data collection, analysis, program evaluation, and improvement plans. Further, existing "broad race and ethnicity categories" do not help identify specific cultural communities experiencing disparities or measuring progress resulting from targeted interventions," concluded a Minnesota Health Equity Feasibility Study, the product of a joint three-year United States of Care initiative to develop a roadmap to end health inequities throughout Minnesota.

Based on this work and our research, we recommend taking the following four approaches:

- Stratify data by race, ethnicity, language, age, sex, gender, sexuality, disability, nationality, and social determinants of health (SDOH) needs, etc. and the social intersectionality of these identities. A useful example is a Princeton University report that looks at the [Stratification of quality measures by race/ethnicity/language preferences in Medicaid MCOs](#).
- Require direct data collection instead of proxy data collection, particularly from community members, key stakeholders, and research partners.
- Establish accountability measures that define success and measure progress.
- Make the data publicly available in a user-friendly format to ensure a broad range of stakeholders and other end users can access.

Another priority in our work is to engage with and receive feedback from communities that have been underserved by the current health system. Or, as the same Minnesota [report](#) cited above states, "Sharing power with communities to set direction and make decisions." An effective approach is to establish consumer or patient advisory groups. A successful example is [United States of Care's Voices of Real Life](#), a council of members across the country from diverse backgrounds and experiences within the health care system. Another example is the District of Columbia [Medical Care Advisory Committee (MCAC)](#), which advises the Department of Health Care Finance (DHCF) leadership on health and medical care services that may be covered by Medicaid. At least 51% of MCAC members must be beneficiaries and beneficiary advocates.

The federal government should be putting forward models of care delivery and collecting data critical to developing more equitable policies that meet people's needs. Not only would this provide invaluable insight into what works and what does not, but it would also move our nation's systems towards ones that work for as many people as possible.

In April, United States of Care released a set of [recommendations to the Center for Medicare & Medicaid Innovation (CMMI)](#) to create a better and more equitable health care system in the pandemic's wake that speaks to this priority. While initially aimed at CMMI, these recommendations are also applicable to the broader health care system and would benefit all agencies across the federal government. Highlights of the recommendations include:

- Infusing equity into all policies in an intentional and structured way.
- Incorporating regular focus group activities that are demographically representative of the larger population affected by a particular policy.
- Partnering with community-based organizations to facilitate focus groups.
- Issuing RFIs to broadly solicit ideas from community groups, local not-for-profit organizations, and other entities deeply embedded in neighborhoods. These RFIs should seek feedback on methods, models, and strategies to ensure the equitable distribution of care to traditionally underserved populations.

United States of Care has created its own People-Centered Equity Lens tool to continuously evaluate ways we have embedded equity in our work. This tool allows us to strategically address barriers within the health care system writ large and ensure accountability within our organization. To do this, our tool provides a means to evaluate policies, practices, programs and other efforts to advance equity. Specifically, our tool also guides our staff and stakeholders through a series of questions across five areas – that include which communities are most affected, which voices are included or missing from narratives, what barriers contribute to inequity, and how can we uniquely advance equitable solutions – to ensure equity implications are always considered in our organizational work. We review our staff's experience with it quarterly, and our Diversity, Equity, and Inclusion Committee continues to refine it to meet our goals. While it's not a one-size-fits-all tool, we recommend that a version of our tool be used *by and for* relevant agencies to evaluate processes for advancing equity and the use of data to inform equitable public policy strategies.

Input on Area 2: Barrier and Burden Reduction. *Approaches and methods for assessing and remedying barriers, burden, and inequities in public service delivery and access.*

United States of Care believes the best way to understand the barriers people experience accessing care is by listening to the people themselves. We implement a research methodology that ensures we follow a people-centered policy design approach and work with a large table of stakeholders to identify promising practices and models for innovation and care delivery. Embedded in our research plan is partnering with community-based organizations (CBOs) that work with people on the ground to develop a true understanding of people's needs.

Turning Peoples' Voices Into Policy Recommendations: Improving Access Through Virtual Care

United States of Care's people-centered policy design approach can be seen in our virtual care work. When COVID-19 struck, the country underwent a near-overnight change in how we obtain health care. The pandemic changed how we interact with our providers and greatly accelerated virtual care in various settings. However, while the pandemic indeed demonstrated the potential for enhanced access to virtual care as an equalizing force, it also exposed how this care modality can exacerbate access barriers.

United States of Care envisions a future for virtual care that moves us towards a more equitable health care system, one that is centered on people's needs, closes gaps, and removes barriers to access. We have closely examined the experiences people have had with virtual care and combined those learnings with leading research to identify recommendations that policymakers and health system leaders can implement to ensure enhanced access for more people. Each of our recommendations reflects a need or barrier people have encountered which we heard directly from individuals as they navigate our health care system. Our recommendations include:

- Blending in-person and virtual care;
- Maximizing locations for patients receiving virtual services and expanding broadband in rural and underserved areas; and
- Allowing audio-only care and remote device monitoring.

Partnering with Community-Based Organizations (CBOs) to Understand People's Needs

In addition to listening directly to people, agencies have an opportunity to extend their reach and impact by partnering with CBOs, similar to how we approach it in our research plan. CBOs – and their national umbrella organizations such as the National Association of Community Health Workers – can provide insight to agencies about the barriers people face in accessing services. As outlined in a 2018 report from the Association of State and Territorial Health Officials (ASTHO), there are 141 partnerships between healthcare delivery systems and CBOs aimed at improving behavioral health outcomes. ASTHO concluded there is tremendous value in working with communities to improve physical and behavioral health outcomes. Some of ASTHO's findings include:

- Partnerships with CBOs can connect healthcare delivery systems with experts on the social determinants of health and increase clinicians' ability to address the nonmedical issues that affect a patient's health.
- Community partnerships allow health systems to create connections with under-resourced populations who may not be engaged with the health system.
- Partnerships that pool resources and staffing can be cost-effective and increase access to health and social services. In addition, strong partnerships that pool and blend resources and staffing may achieve a greater impact.

Input on Area 5: Stakeholder and Community Engagement.
Approaches and methods for accessible and meaningful agency engagement with underserved communities.

United States of Care's people-centered policy design approach establishes a methodology for ensuring people are at the center of our work. To ensure this, we invest in community engagement as a priority, particularly those communities that experience inequity in health care.

Best Practices for Engaging with Stakeholders

As new policies and programs are developed, it is important to obtain input from stakeholders. Stakeholder outreach facilitates transparency among stakeholders, generates buy-in for the work, provides a deeper understanding of the impacts of an issue, and ensures policies and programs meet the needs of those they are intended to serve.

A key component to ensuring that policies and programs meet peoples' needs is soliciting stakeholder input, particularly from community members. Doing so ensures that policies meet the intended needs and helps cultivate a trusting

relationship with key stakeholder groups, the public, or the community. Based on our experience, research evidence, and expert input, the stakeholder engagement process should prioritize the following strategic recommendations and best practices:

- **Ensure equal representation of groups that policies will impact (positively and negatively).** When developing a policy or program, it's essential to understand all sides of the issue. Invite people and stakeholders who will benefit from the program or policy and those who are likely to be negatively impacted.

- **Cultivate and develop trusted messengers in the community that can effectively relay messages (where government officials may not always be trusted).** For some issues and population groups, people may hesitate to engage with government entities. In these instances, seek out community leaders and partners to serve as trusted messengers.

- **Cultivate partners' trust by ensuring that the input given will be beneficial, honored, and valued.** Showing proper respect when engaging communities is essential. It takes a long time to build strong and trusted relationships. But it can take even longer to repair damaged relationships. Approach all groups with humility and take the time to learn the subtle nuances of each community. The bottom line is that communities and other stakeholders will be far more open to providing honest and authentic feedback if they know the conversation comes from a place of trust and authenticity.

- **Ask consumers and communities what they need -- above a predetermined agenda -- to build trust and relationships.** Invest in taking the time to understand the true needs of people up front, as it's likely to save a great deal of time and money on the back end. Don't assume that people will trust a government agency to meet people's most pressing needs. During the discussion, ask open-ended questions that provide space for discussion and learning.

- **Share results back with communities and by having meetings to talk about the results to make sure it is captured correctly.** After receiving feedback from stakeholders -- whether through conversations, meetings or surveys -- publicly post the findings online and reconvene stakeholders to go over them.

- **Conduct sufficient research in advance to understand the issues, challenges, and priorities.** Before engaging with a community group, take the time to learn as much as possible about the community's culture, norms, values, power dynamics, political structures, economic conditions, social networks, demographic trends, and history. Also, closely examine the community's history of collaborating with other programs at your agency, other agencies, and your agency's partners, especially so you are familiar with previous barriers they've faced when

engaging with government entities.

- **Demonstrate impact -- why the policy or issue matters to each stakeholder.** Many times, community members may not initially understand *why* they should even care about it. Be sure to communicate the stakes in an accessible way to community members as it will facilitate their providing input.

- **Compensate consumer and public partners for their time, contributions, and feedback.** As a government agency, don't expect community members to volunteer their time or expertise. Show that you value what they bring to your project through compensation, reimbursement, or support for one of their priorities.

- **Evaluate processes and recognize that there is no one-size-fits-all approach to communities and partnerships.** Allocate resources and time to evaluating your efforts to learn *what worked* and *what didn't* so that you can adjust the process. A vital part of the evaluation process is defining *what success looks like*. Ideally, this gets done in concert with community members impacted by your effort, and the process is documented. You'll want to be able to make course corrections along the way in real-time versus waiting until the end. Be sure to also collect feedback through participant surveys, follow-up conversations, and meetings with stakeholders. For more robust impact studies, consider contracting with a professional evaluator.

Conclusion

As United States of Care embarks on its fourth year, we understand the critical importance of this moment to create a more equitable health care system in the wake of COVID-19 – and our role in making sure that policy solutions focus on meeting people's needs. United States of Care will continue its research efforts and hone its unique approach to listening to people to better understand shared and different needs and tie them to policy recommendations. We will also leverage our team's expertise in the existing health care system, working with our vast network to identify solutions that will meet people's needs and work with policymakers at the state and federal levels to enact change.

Thank you again for the opportunity to share our comments in response to this RFI. We hope that they can serve as a model for federal agencies in developing equitable programs and policies.

For additional information, please contact **Jennifer DeYoung, Director of Policy, Building Blocks of Health Reform** (jdeyoung@usofcare.org) or **Venice Haynes, Ph.D., Director of Research & Community Engagement** (vhaynes@usofcare.org).

Sincerely,

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United States of Care