



July 6, 2021

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

Re: Response to OMB RFI “Methods and Leading Practices for Advancing Equity and Support for Underserved Communities Through Government”

Dear Ms. Young,

The National Alliance to Impact the Social Determinants of Health (NASDOH) is pleased to respond to the Office of Management and Budget’s Request for Information on “Methods and Leading Practices for Advancing Equity and Support for Underserved Communities Through Government” [FR Doc # 2021-09109](#). NASDOH appreciates the Biden administration’s priority on equity as evidenced in [Executive Order 13985](#) ‘Advancing Racial Equity and Support for Underserved Communities Through the Federal Government’ (Equity EO), which lays out the ambitious yet necessary goal that *“that the Federal Government should pursue a comprehensive approach to advancing equity for all, including people of color and others who have been historically underserved, marginalized, and adversely affected by persistent poverty and inequality.”*

NASDOH believes this RFI can yield important input into how federal policies and actions can equitably serve all eligible individuals and communities. Achieving equity and addressing adverse social determinants of health are interconnected aims, and we offer our perspective on how these goals can be accomplished through the administration of federal programs.

About NASDOH

NASDOH is a group of stakeholders working to systematically and pragmatically build a common understanding of the importance of addressing social needs as part of an overall approach to health improvement. We seek to make a material improvement in the health of individuals and communities and, through multi-sector partnerships, advance holistic, value-based, person-centered health care that can successfully impact the social determinants of health.

NASDOH brings together health care, public health and social services expertise, local community experience, community-convening competence, business and financial insight, technology innovation, data and analytics competencies, and policy and advocacy acumen to assess and address current regulatory frameworks, funding environments and opportunities, and practical challenges to implementing and sustaining social determinants of health efforts.

COVID-19 Amplified the Importance of Federal Programs in Achieving Equity

Federal health and social programs have a profound effect on the wellbeing of individuals and families. The importance of these programs is amplified in any health emergency, and likewise in an economic downturn, where they serve as lifelines and provide counter-cyclical stimulus for the economy. The COVID-19 pandemic was unprecedented in that it was simultaneously a public health and an economic emergency, underscoring the importance of programs addressing both health and underlying social and economic determinants of health.

Social determinants of health (SDOH) are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Federal programs address many of the underlying conditions that can influence health by meeting social needs such as housing (*e.g.*, through the housing choice voucher program – previously called section 8 vouchers – and homelessness prevention programs); nutrition (*e.g.*, WIC and SNAP); and income (*e.g.*, TANF, child support, unemployment insurance, and the Earned Income Tax Credit). Additionally, the Federal government directly or indirectly provides health coverage for 37.4% of Americans (*e.g.*, through Medicare, Medicaid, SCHIP, and private insurance subsidies under the Affordable Care Act).¹ It is important that the federal government embed equity principles into all these programs individually, as well as consider how they work in combination, particularly for vulnerable and underserved individuals and communities.

Response to Specific Questions

Equitably serving all eligible individuals and communities, particularly those who are historically underserved, is an important goal and we appreciate the detailed and thoughtful questions posed in the RFI. It will take the kind of sustained attention and focus embedded in the questions posed in the RFI to break down historical barriers, foster community engagement, and assess whether policies are meeting intended aims. NASDOH offers the following comments in response to specific questions posed:

How can agencies address known burdens or barriers to accessing benefits programs in their assessments of benefits delivery?

Addressing known barriers and burdens to accessing benefit programs is an important step in promoting equity. Any person or community seeking to access federal programs can face obstacles in doing so. However, these challenges are amplified for individuals and communities who face resource constraints or challenges applying for assistance, which include educational or language barriers which make it difficult to understand program requirements, or social barriers which make it difficult to apply for programs (*e.g.*, in-person interview requirement can be prohibitive for hourly wage earners or those with transportation or childcare challenges). “Navigating the system” takes experience and expertise that can be difficult to acquire without significant resources or the assistance of a navigator or experienced guide who can help tackle these challenges.

The magnitude of the COVID-19 pandemic provided clear motivation for agencies to use any and all existing flexibilities, and for Congress to enact new authorities to make federal programs quickly accessible to the millions of people impacted by the pandemic and the states and local governments

¹ Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services (HHS). September 2020. Health Insurance Coverage: Early Release of Estimates From the National Health Interview Survey, 2019. <https://www.cdc.gov/nchs/data/nhis/earlyrelease/insur202009-508.pdf>.

who administer some of them. These steps included pushing existing administrative flexibilities to the limits, using authorities to grant temporary waivers, legislative enactment of new program rules, and new programs designed specifically for the COVID-19 environment (e.g., the Paycheck Protection Program). In NASDOH's issue brief, [Waivers and Program Flexibilities: Lessons from COVID-19](#), we recommend that federal policymakers consider how program flexibilities and waivers deployed during the pandemic can be used beyond the COVID-19 public health emergency. The use of waivers and flexibilities is one mechanism that can continue to improve the use and integration of these programs and promote equity in the distribution of federal resources.

Another strategy that can help states, localities and private and non-profit sector recipients of federal funding is to allow federal funds to be pooled, braided and blended² with other federal and non-federal funding sources. In NASDOH's issue brief, [Opportunities to Advance SDOH Efforts Through Pooled Funding](#), we provide several recommendations about how to make these arrangements easier to adopt while still providing necessary and appropriate guardrails to ensure public funds are used responsibly. We recognize these arrangements can be complex to initiate, but believe they are important in driving towards equity. Particularly for individuals with complex social needs who may be eligible for a variety of federal programs, the ability for a state or other grantee to blend, braid or pool funding may enable better service for the beneficiary who can then be served by a single program meeting several of their needs rather than requiring services to be provided by separate organizations.

Additionally, these arrangements may enable multi-sector partnerships involving smaller local and community-based organizations to play a role in service delivery where it would not be feasible for them to directly apply for and manage federal funding alone. Focusing on multi-sector collaborations is an effective way to break out of the pattern of funding individual organizations to deliver narrowly defined services to individual beneficiaries, when in fact those beneficiaries actually have multiple needs that might be served through multiple federal funding streams. Collaborations across relevant stakeholders in the community increase the potential for identifying the full range of needs of individuals and hold the potential for moving toward more integrated approaches. Organizations that collaborate are also in a better position to identify opportunities to blend and braid federal funding to the benefit of the populations they serve. Multi-sector partnerships can also be more sustainable than organizations that live and die by narrowly defined grant cycles, and once there is a broader base of Federal funding, they may have greater potential for attracting private sector investment in achieving equity. NASDOH views the administration's investments in COVID-19 and economic recovery to be opportunities to focus Federal grantmaking on these multi-sector approaches, and recently sent a [letter to the Biden administration](#) including recommendations for how to focus recently appropriated funding towards expanding multi-sector partnership. Additionally, NASDOH has compiled a [compendium of resources](#) for communities seeking to establish and grow such collaborative approaches.

Multi-stakeholder and cross-sector community approaches take coordination, but are effective in reducing burdens and improving benefits delivery. Leadership and direction from the White House

² "Pooled funding" is a term used to describe the collection and combination of funding from multiple sources, which are "pooled" together in one organization for use in a common effort. "Blending" is a type of fund pooling where resources are combined, allocated, and monitored together rather than by the funding source. "Braiding" is a type of fund pooling where resources are coordinated, but are allocated and monitored exclusively by each funding source.

Office of Management and Budget to departments that pooling, braiding, and blending arrangements are allowable and should be promoted could be a significant step towards helping federal agencies address known barriers and burdens to accessing benefits programs.

Additionally, in the longer term, the federal government, state and local governments and grantees should continue to improve the delivery of programs to emphasize bringing care and services to where people work, live, worship and play. This will require flexibility and creative thinking, but can make programs more accessible to underserved communities and individuals. The use of community health workers (CHWs) is one important approach that is being used in many communities. CHWs serve as the link or intermediary between health and social services, facilitating access to services for individuals, and improving the quality and cultural competence of service delivery.

How might agencies incorporate into their equity assessments barriers or duplicative burdens a participant is likely to experience when seeking services from multiple agencies?

Barriers and duplicative burdens are rarely intentional on the part of the agencies administering federal programs. They often stem from well intentioned and necessary goals of ensuring programs are following statutory and regulatory requirements and fiscal and program management needs. However, this has led to requirements which are burdensome and require individuals to apply separately for each benefit and produce the same documentation repeatedly to enroll in those individual programs and differing eligibility criteria, sometimes for unclear reasons. This puts more strain on program administrators and offices, which are processing the same data repeatedly. As noted above, NASDOH has provided in its waivers and flexibilities issue brief recommendations for how to examine program requirements that can be waived or altered to meet program needs. Streamlined enrollment in federal programs (e.g., using SNAP income data for Medicaid renewals) can save both state agencies and beneficiaries time and effort and prevent disenrollment of eligible individuals. On the ground providers (e.g., the benefits specialist at a community health center or food bank or the social worker at a hospital) who assist beneficiaries with enrollment are knowledgeable about program requirements and where duplication or idiosyncrasies exist. Surveying and seeking feedback from these individuals could be an important way to understand where there are opportunities for improvement and streamlining.

Additionally, the federal government could support states in developing integrated data systems and technology to support communities and facilitate “one stop shopping” for benefits. Using trusted data collected and verified by one public program (such as income data) to enroll eligible beneficiaries in another trusted program can reduce time and effort by local and state administrators and save the beneficiary from providing the same paperwork to multiple offices. The [Benefits Data Trust](#) estimates that more than \$60 billion in public benefits through programs such as SNAP, WIC, CHIP and Medicaid go unclaimed each year. Streamlined enrollment, with appropriate data sharing and privacy agreements in place could be an important strategy to increase enrollment of eligible individuals, particularly those facing barriers and burdens to enrollment. States are already doing this to varying degrees, such as through [Express Lane Eligibility](#) for Medicaid and CHIP coverage, which permits states to rely on findings for things like income, household size, other factors for eligibility from another program designated as an express lane agency to facilitate enrollment in health coverage.

Once duplicative and burdensome requirements are identified, it will take cross-departmental coordination, collaboration, and leadership to enact changes or waivers of program requirements. In NASDOH’s [policy recommendations to the incoming Biden administration](#), we called for a bold

leadership agenda that elevates the importance of advancing health equity and addressing the social determinants of health. We were pleased to see the Equity EO as an early administration action and continue to recommend that the administration create a cross-departmental coordinating body to consider policy, guide budgets, and evaluate interventions to address SDOH, to ensure that efforts at different departments and agencies are complementary and will help drive toward equity. These formal coordination leadership structure would be well positioned to make these kinds of program changes to promote equity.

We appreciate the opportunity to provide NASDOH's views and recommendations on advancing equity and support for underserved communities through government. We are happy to discuss any of the information outlined above or provide further assistance that would be valuable. For more information on NASDOH, please visit our website at www.nasdoh.org or contact Sara Singleton at Sara.Singleton@leavittpartners.com

Sincerely,

Sara Singleton

Sara Singleton
Principal, Leavitt Partners and Advisor to NASDOH