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Re: Docket No. OMB-2021-0005 Methods and Leading Practices for Advancing Equity and Support for Underserved Communities Through Government

To Whom It May Concern:

We write to offer public comment on the request for information published on May 5, 2021 (Document 2021-09109). We are employed by the [Urban Institute](#)—a nonprofit research and policy organization based in Washington, DC—but we are presenting our own views and, in doing so, sharing a portion of the tools, resources, and analyses available from our colleagues that agencies can use to advance the aims of Executive Order 13985.

Urban’s policy experts study a range of issues, including housing, employment, financial health and wealth, the safety net, health care, and safety and justice. This submission does not cover the full breadth of equity-related tools, resources, and evidence that Urban’s experts have available to inform agencies, but it features some of our key data assets from which agency staff can either conduct racial equity analyses on their own or request analyses from some of our surveys or microsimulation models.

This submission contains responses to questions in sections 1. Equity Assessments and Strategies; 2. Barrier and Burden Reduction; 4. Financial Assistance; and 5. Stakeholder and Community Engagement.

For questions or to request a follow-up dialogue, discussion, event, or competitive opportunity based on this response, please contact Shena Ashley, vice president for nonprofits and philanthropy and director of the Racial Equity Analytics Lab, and Amy Elsbree, senior director for external affairs, at [externalaffairs@urban.org](mailto:externalaffairs@urban.org).

## Area 1: Equity Assessments and Strategies

*Q: What are some promising methods and strategies for identifying systemic inequities to be addressed by agency policy?*

**Relevant tools for equity analysis.** Equity analysis can help agencies identify measurable and meaningful steps toward more equitable policy outcomes. Current localized data, disaggregated by race, are essential for identifying systemic inequities. While agencies have long produced and consumed analysis of disparities by race, the executive order takes an unprecedented step by committing the federal government to pursuing more equitable outcomes across all agencies and policy areas and to build the analytic capacity to support that pursuit. Below, we provide a set of interactive tools that agencies can use to determine whether existing services are equitably distributed and to anticipate whether new initiatives are likely to have equitable impact. There is no repository for these types of data tools that can strengthen the capacity of agencies and stakeholders to assess equity in their programs, but we hope this foundational list contributes to the development of a comprehensive and annotated repository that is widely accessible across government agencies.

**Spatial Equity Tool.** Released in September 2020 by a team of Urban Institute data experts, the freely available Spatial Equity Tool has been featured by the National League of Cities, the Harvard Kennedy School's Data-Smart City Solutions project, the American Planning Association's podcast, and many others. The tool has been used by experts and nonexperts alike to assess the equity impacts of traffic cameras in Chicago, 911 requests for service in Denver, Amazon facilities in Chicago, new construction building permits in Chicago, and child care centers in Marin County. Several public agencies, such as the Bloomington Pedestrian and Bicycle Safety Commission and the Washington Joint Legislative Audit and Review Committee, have used it to inform decisions and recommendations.

This tool, [illustrated here](#) in an example using Wi-Fi hotspot locations in New York City, allows users to upload their own city-level data and quickly assess spatial and demographic disparities, provided the data have geographic identifiers in the form of latitude and longitude columns. The tool uses census tract-level data from the five-year American Community Survey and allows users to select from a precompiled list of "baseline" datasets to compare their uploaded data against. When users upload their data, the tool automatically determines the dataset's source city, pulls in the relevant census data, computes specific measures of geographic and demographic representativeness, and visualizes them on a dashboard. One of the tool's innovations is that it constructs standardized metrics of equity and representativeness to systematically measure disparities in user-uploaded data against a set of precompiled baseline variables. This means that users can easily and quickly make comparisons across time, across policy domains, and even across cities. This opens the door to many types of analyses that would previously have been prohibitively time consuming for busy agency leaders and stakeholders. All users have to do is upload two datasets and compare the results.

In its current form, the tool can be used to analyze equity only within a particular city. By the end of summer 2021, we will enhance the tool so that it can compare data across multiple geographies at once, work with data at state and national levels, and use a greater variety of built-in datasets. This would enable federal agencies to easily analyze equity in the distribution of federal programs and resources at the geography of their choice and quickly compare results over time and across jurisdictions. For example, users would be able to analyze the distribution of resources across an entire state or the entire nation, with findings available for small geographies—typically at the neighborhood level—across urban, rural, and suburban areas. We will also add capacity to do spatial equity analysis at the county level, regardless of county size, and expect this functionality to be ready by the end of the year.

*The following tools are attuned to providing timely data, disaggregated by race, to assist leaders who are seeking to understand trends during the COVID-19 response and recovery period to develop policies and solutions that resolve inequities, rather than exacerbate them.*

**Job Loss Tracker.** Urban Institute researchers developed this tool to help decisionmakers identify and target resources to neighborhoods where low-income jobs have been lost by workers living in each census tract. The estimates are updated monthly using Bureau of Labor Statistics national and state employment numbers as well as five-year American Community Survey IPUMS microdata. The data track losses of low-income jobs by the neighborhoods and counties where workers live (not where the jobs are located). Low-income jobs are defined as jobs with annual earnings below \$40,000, and the tool excludes some workers, such as independent contractors and those working in the gig economy.

**People’s Health, Housing, and Livelihoods throughout the COVID-19 Period Tracker.** Urban researchers in the Racial Equity Analytics Lab developed this tool to make it easier for decisionmakers to track the pandemic’s effects, by race and ethnicity, on people’s health, housing, and livelihoods. This tool, which is updated biweekly as new data are released, draws from the federal Household Pulse Survey to reveal how different communities are faring. From the data, we see that across trends and levels of geography, racial and ethnic disparities have remained, and in some cases worsened, amid the recovery.

**Emergency Rental Assistance Tool.** This dynamic decision-assist tool draws from an index that estimates the level of need in a census tract by measuring the prevalence of low-income renters who are at risk of experiencing housing instability and homelessness. The index emphasizes an equitable approach, accounting for risk factors that are higher for certain groups, particularly Black, Indigenous, and Latinx<sup>1</sup> renters. The tool is designed for local decisionmakers who want to prioritize an [equitable COVID-19 response](#), and agency leaders can use it to identify areas where resources for residents and nonprofit organizations are likely to have the greatest impact on reducing housing instability and homelessness.

**Credit Health Tool.** This tool uses credit bureau data beginning in February 2020 to provide a timeline of various credit health measures and to show how the pandemic has affected residents’ credit health at the county, state, and national levels. The tool highlights racial disparities in credit health caused by historical inequities that reduced wealth and limited economic choices for communities of color. As many continue to face financial challenges related to the pandemic’s economic fallout, agencies can use this tool to make decisions about additional supports to help struggling families and communities.

**Unequal Commute.** To inform stakeholders making transportation decisions, Urban Institute experts created metrics for analyzing transportation equity for neighborhoods—which are approximated with census block groups—within four metropolitan regions: Baltimore, Lansing, Nashville, and Seattle. The analysis shows evidence of a mismatch between where low-wage workers live and which jobs they have access to via transportation, making it difficult for job seekers to find jobs and for employers to find employees. These data can help agencies target resources to neighborhoods with the greatest need and identify which transit lines to reopen first to maximize equity as we recover from the pandemic.

*The following tools offer equity analysis capabilities specific to programs and policies related to financial health and wealth, the safety net, education, and community development.*

**Capital Flows.** This tool was developed to explore how much capital is flowing to cities, counties, and states and how evenly investment is distributed across census tracts within them. This tool uses average funding per capita from private, federal, and mission financing sources between 2005 and 2019. Users can see how cities, counties, or states compare with their peers in how much investment they receive and how equitably capital is distributed across neighborhoods with different racial and income demographics. Agencies can use this tool to understand the need for equitable investments in a wide range of communities.

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<sup>1</sup> Note: We’ve chosen to use “Latinx” because it may be more inclusive of the way members of this population self-identify, but we also recognize that not every member of this population identifies with the term. We know that language is constantly evolving—and so will we.

[Debt in America Tool](#). This interactive map displays the geography of debt in America, including maps for overall debt, medical debt, student debt, and auto debt. The tool focuses on debt differences between white communities and communities of color, which can be used to assess the relationship between debt and wealth inequality in America.

[Pell Grant Simulator](#). With this tool, users can simulate the effects of modifications to the Pell program to see how program costs and grant amounts would change and which students would be affected. Users can change the program's generosity within the current formula or experiment with a simplified system. Higher education decisionmakers can use this to better understand the Pell program's impact on the college students' financial aid.

[Opportunity Zone Tool](#). The Opportunity Zone Community Impact Assessment Tool assesses the potential social impact of a local development project using evidence-based indicators. The tool is available for any stakeholder interested in the social impact of an eligible investment in an Opportunity Zone, whether an operating business; a residential, commercial, or industrial development; or some combination of these types. Public-sector and community leaders can use the tool to identify projects that risk harming communities and negotiate with project sponsors to make improvements.

[Food Distribution Sites](#). This case study provides access to methods and code that programs focused on food distribution can use to make equity-focused decisions about the location of food distribution sites across communities. The method in this case was community informed, integrating food distribution priorities for residents into a map for ideal sites.

**Using microsimulation modeling to help federal agencies assess the future impacts of policies and programs.** Agencies can request and support analysis drawing from Urban's field-leading expertise in policy-oriented microsimulation modeling to assess the racial equity impacts of policies and proposals. Below, we describe some of the microsimulation capabilities at the Urban Institute currently being deployed and adapted to estimate equity impacts of different policy designs.

[Social Genome Model](#). The Social Genome Model uses large longitudinal datasets to show how circumstances and policy interventions at developmental milestones from birth to early adulthood affect income and well-being at age 30 for different racial and ethnic groups. Urban recently updated the model and gave it the capacity to analyze mobility pathways for states and many localities. The Social Genome Model can be a quick and inexpensive laboratory in which to investigate ideas about the effects of early life interventions on later life outcomes. For example, if we could reduce the number of children born below a healthy weight, what improvements would we see in school performance, high school graduation rates, and adult incomes? Similarly, if we could improve reading scores in elementary school, how much improvement might we see in high school grade point averages and graduation rates?

[Health Insurance Policy Simulation Model \(HIPSM\)](#). The HIPSM microsimulation model of the health care system is drawn from American Community Survey data and is designed to estimate the costs and coverage effects of proposed health care policy options. HIPSM has been used to investigate racial and ethnic disparities in coverage and other outcomes and can be used to assess the equity-improving effects of policy proposals through equity scoring. Recently, HIPSM demonstrated that the Affordable Care Act (ACA) [reduced income inequality](#) between racial and ethnic groups. The model's ability to produce estimates at the state and local levels also allows for studying important [local variation](#) in the race and ethnicity of the uninsured, including, where sample size allows, [investigating](#) Hispanic and Asian and Pacific Islander populations in greater detail and addressing health coverage disparities involving [American Indians and Alaska Natives](#). Analyses from HIPSM have been influential in most of the major health policy issues of the ACA era. HIPSM results were cited in the majority opinion in the Supreme Court case *King v. Burwell* and were quoted by the plaintiff and several amicus briefs in the recently decided *California v. Texas*.

[Analysis of Transfers, Taxes, and Income Support \(ATTIS\)](#). The ATTIS model, which draws from American Community Survey data, can provide critical information for agencies to explore policy choices to advance equity and upward mobility. ATTIS can simulate the effects not just of one policy change in a safety

net program but of several policy changes in a single program or across programs, as well as their interactions. The model estimates eligibility, enrollment, and benefits for the Supplemental Nutrition Assistance Program (SNAP, formerly known as Food Stamps); Temporary Assistance for Needy Families; child care subsidies through the Child Care and Development Fund; the Low-Income Home Energy Assistance Program; the Special Supplemental Nutrition Program for Women, Infants, and Children; public and subsidized housing; and Supplemental Security Income. In particular, the results broken down by race and ethnicity can highlight important racial equity issues in safety net programs.

*Q: How might agencies collect data and build evidence in appropriate and protected ways to reflect underserved individuals and communities and support greater attention to equity in future policymaking?*

**Ethical imputation.** Many sources of data vital for understanding the health and well-being of individuals and communities do not include information on race and ethnicity, limiting their usefulness in efforts to identify and remedy patterns of structural racism. This includes a wide range of public data, such as tax records, and private data, such as medical or financial records. Data scientists and analysts have developed techniques for combining data that lack racial identifiers with other data in ways that can shed light on the causes of racial disparities. Urban's [Racial Equity Analytics Lab](#) has developed an [Ethics and Empathy](#) platform to help establish widely accepted ethical principles and practices for combining data with racial and ethnic identifiers with other public and private data sources to inform race-conscious policies and practices in ways that avoid reinforcing oppressive structures or causing unintended harms.

*The following resources can be shared across agencies to provide a foundational understanding of practices and standards to approach data imputation methods in ways that center ethics and empathy considerations.*

**Do No Harm Guide.** In this guide, featured on the [Racial Equity Data Hub from the Tableau Foundation](#), Urban researchers focus on how data practitioners can approach their work through a lens of diversity, equity, and inclusion. To develop the guide, researchers conducted more than a dozen interviews with nearly 20 people who work with data to hear how they approach inclusivity in their work. The guide does not aim to prescribe what to do or not do; rather, it is intended to encourage thoughtfulness in how analysts work with and present their data. Some recommendations in the guide are as follows:

- **Use people-first language.** Data labels and framing should start with the people behind the data, not their characteristics. Using labels such as “Black people” rather than “Black” is more inclusive and centers people, not their skin color. And a label such as “Percentage of people in poverty” refers to an experience rather than using a static description like “more poverty.”
- **Order labels and responses purposefully.** Often, surveys and other data collection methods will order responses in ways that reflect historical biases. Rather than using orders that reinforce “white” and “male” categories as norms, consider ordering labels by sample size or magnitude of results.
- **Carefully consider colors, icons, and shapes.** In many visualizations, colors can be associated with stereotypes (e.g., pink for women, blue for men) that can reinforce biased perceptions in readers. Similarly, images or icons can reinforce stereotypes (e.g., a woman as a nurse but a man as a doctor). In visualizations, images and colors can help readers connect with the data, but researchers should be mindful of their capacity to exacerbate stereotypes.

**Ethical Imputation Standards Guide.** This report proposes principles and standards for ethical imputation and data matching. The standards offer guidance for considering the following:

- Whether, and for which types of data, imputation techniques are appropriate.
- What alternatives exist to imputation, given the research needs and relevant ethical barriers.
- How and to whom researchers release data, if to anyone.
- How and to what extent existing and emerging standards for ethical work in data science can inform questions about appending race and ethnicity data. For example, the National Institute of Standards

and Technology always factors in the risk for bias in its algorithmic training datasets and considers the potential for damage to populations. Are these standards applicable to data linkages and imputation work? In another example, the US Department of the Interior has a standard for maintaining, collecting, and presenting federal data on race and ethnicity but has nothing on linking federal race and ethnicity data to other federal data sources. Which standards are applicable to such linkage efforts?

**A case study in navigating the ethical issues of imputing race and ethnicity (attachment).** This forthcoming case study focuses on the application of [the Bayesian Indirect Surname Geocoding \(BISG\) tool](#), used by the Consumer Financial Protection Bureau and other federal agencies, to develop an innovative method for imputing race onto real-time credit bureau data using Census Bureau data. With these data, Urban researchers are looking to monitor and build tools throughout the economic recovery that will help policymakers and practitioners identify spikes in credit risk, especially in communities of color, and develop race-conscious interventions that will allow them to prevent massive numbers of families from experiencing a destabilizing crisis. Although there is great potential for using these data to inform public and philanthropic responses, this application of the BISG tool should be examined for potential risks related to consent, privacy, and small geographies. In this use case, we grapple with options for mitigating potential ethical dilemmas while undertaking the technically and analytically rigorous work of imputing race and ethnicity onto credit bureau data through discussions among the analysts and in consultation with data leaders and advocates in the field.

**Synthetic data.** Federal programs cannot legally or ethically share confidential data that—absent privacy concerns—would provide a wealth of information for assessing equity impacts. The need for confidentiality inhibits the flow of disaggregated data within federal agencies and prevents the release of data and findings that would be of enormous value to researchers and advocates. This is particularly a barrier for data on rural geographies. Most economic data for rural communities are not publicly available because of privacy concerns surrounding the small counts of businesses and employees within certain industries. This means policymakers and researchers may lack the fundamental information needed to promote evidence-based economic development planning and investments for small rural economies. To address this problem, Urban researchers and data scientists [applied modern data privacy methods](#) to the Bureau of Labor Statistics Quarterly Census of Employment and Wages data to generate differentially private synthetic data by census tract. In the five nonmetropolitan counties we tested, these differentially private synthetic datasets reflect the true data well while maintaining privacy.

## Area 2: Barrier and Burden Reduction

*Q. What data, tools, or evidence are available to show how particular underserved communities or populations disproportionately encounter these barriers? Which underserved communities experience multiple, cumulative barriers and are disproportionately burdened by specific administrative processes or requirements?*

Urban researchers have produced extensive studies on barriers related to a broad array of safety net and health programs. Below, we feature some of the recent health- and health care-related insights that provide evidence to reduce barriers and burdens for underserved communities.

**Barriers to immigrant families.** Anti-immigrant rhetoric, executive [actions](#), and proposals under the prior administration have led to the avoidance of safety net benefits among immigrant families because of fears of immigration-related consequences. The Urban Institute's nationally representative Well-Being and Basic Needs Survey (WBNS), which has tracked individual and family well-being annually from 2017 to 2020 and will continue, includes [questions](#) about benefits [avoidance](#) caused by immigration concerns (i.e., chilling effects) and questions about material hardship and well-being among adults in immigrant families.

Analysis of the [WBNS](#) finds that more than one in four adults in low-income immigrant families reported they or a family member avoided noncash benefits or other help with basic needs because of immigration concerns in December 2020, despite their families suffering serious employment impacts from the economic crisis, experiencing high rates of food insecurity in the past year, and being worried about meeting their basic needs in the next month. Adults in immigrant families with children were even [more likely](#) to report chilling effects than their counterparts without children. Moreover, the survey can assess variation by families' immigration and citizenship statuses, and those in families with nonpermanent residents (who would have been more likely than other immigrant families to be affected by expansion of the public charge rule and are likelier to face risks of immigration enforcement) were most likely to report both chilling effects and hardships. This research builds on findings of chilling effects of the expansion of the public charge rule before the rule's implementation in [2018](#) and [2019](#) and, together as a [body of research](#), suggests effects of anti-immigrant actions persisted and may continue. It will be important to monitor whether and how fears of using benefits among immigrant families change in the future as well as effective messaging strategies to counteract immigration-related worries. The Urban Institute's survey research program has also included follow-up [in-depth interviews with adults in immigrant families](#) to learn more about benefit avoidance and subsequent consequences.

The nation's maternal morbidity and mortality crisis among Black women, which has been further [jeopardized](#) by the COVID-19 pandemic, has underscored the importance of comprehensive health insurance coverage before conception, during pregnancy and delivery, and throughout the first year postpartum. [Most births](#) are covered by insurance (more than 4 in 10 by Medicaid). But Urban Institute [analysis](#) of new mothers with Medicaid-covered prenatal care in 2015–18 from 43 states participating in the Pregnancy Risk Assessment Monitoring System ([PRAMS](#)) recently found that 26.8 percent of new mothers with Medicaid-covered prenatal care were uninsured before pregnancy, 21.9 percent became uninsured two to six months postpartum, and 34.5 percent were uninsured in either period, with higher perinatal uninsurance rates in states not participating in the Affordable Care Act's (ACA's) Medicaid expansion and for Hispanic women who completed the survey in Spanish. Though [more than half](#) of maternal deaths occur after delivery, the [postpartum public health insurance landscape](#) leaves many uninsured, as eligibility for pregnancy-related Medicaid/Children's Health Insurance Program (CHIP) coverage ends 60 days after the end of pregnancy. Urban Institute analysis of the [American Community Survey](#) found that the ACA's Medicaid expansion [reduced uninsurance and increased Medicaid coverage](#) among new mothers living in poverty. Recent analysis of the [National Health Interview Survey](#) also found that postpartum uninsurance [fell](#) following implementation of the ACA and access and affordability of care improved, but many new mothers were uninsured and [faced problems](#) affording care, worried about medical

bills, and experienced negative health conditions. Even after coverage gains following the ACA, racial and ethnic disparities in postpartum insurance coverage remained in 2017, when [uninsurance rates were 24.4 percent for Hispanic new mothers, 12.1 percent for Black new mothers, and 7.0 percent for white new mothers](#).

According to Urban Institute analysis of the [American Community Survey](#) using a [Medicaid/CHIP Eligibility Simulation Model](#), 28 percent of the nation's estimated 440,000 women uninsured during the first year postpartum, or [123,000 new mothers](#) annually, would likely be newly eligible for coverage if all states adopted the American Rescue Plan's option to extend pregnancy-related Medicaid/CHIP for 12 months postpartum, which could improve access to postpartum care. But because immigration-based eligibility rules for Medicaid/CHIP disproportionately exclude noncitizen new mothers from the program, noncitizens would have higher rates of uninsurance and lower rates of eligibility for Medicaid/CHIP under both current rules and a postpartum extension unless rules around the five-year waiting period before legally present noncitizens can obtain Medicaid/CHIP and federal rules barring undocumented immigrants from enrolling in Medicaid/CHIP were changed. Furthermore, though Black women would constitute about one in eight new mothers who could gain 12-month continuous eligibility under an extension, broader efforts to improve access and quality and eliminate structural [disparities](#) would also be needed to improve equity in maternal health. Additional work could also draw on vital records data.

Publicly subsidized health insurance is intended to provide coverage for otherwise uninsured people and families with low incomes, who are disproportionately represented among racial and ethnic minorities. A substantial body of research has identified numerous barriers to enrollment in programs such as Medicaid, CHIP, and subsidized Marketplace plans, and eliminating those barriers can reduce coverage gaps for racial and ethnic minorities and other underserved communities. Moreover, the Families First Coronavirus Response Act's continuous coverage requirement means that all Medicaid enrollees are provided continuous coverage until after the end of the public health emergency. But when the emergency ends and the requirement expires, it will be important to minimize coverage loss, which could have disparate effects on Black and Latinx populations, given their high rates of Medicaid/CHIP coverage. Among the strategies Urban Institute researchers have explored to reduce barriers to coverage are as follows:

**Raising awareness of eligibility for publicly subsidized coverage and of processes for enrolling.** Many uninsured individuals do not know about, do not think they qualify for, or do not understand how to access publicly subsidized health insurance coverage. [Cost](#) is the main [reason](#) most people report for not seeking Marketplace coverage, but [research](#) using the Urban Institute's Coronavirus Tracking Survey finds low awareness of the Marketplaces and especially of available financial assistance, providing evidence that affordability concerns could depress Marketplace take-up and that raising awareness of the recently lifted cap on eligibility for tax credits and larger subsidies is needed. Overall, [nearly half](#) of uninsured adults have neither looked for information on Marketplace coverage (most commonly because of cost concerns) nor tried to obtain Medicaid/CHIP coverage (most commonly because they thought they would not qualify), but [most uninsured people](#) would be willing to enroll in Medicaid if told they were eligible, indicating a need for broad and targeted outreach about publicly subsidized coverage options.

**Removing bias in enrollment and renewal processes and in the health care system.** Some families, especially Black and Latinx adults or adults with low incomes, report unfair treatment when applying for social services and when [using](#) health care. The Urban Institute has a program of survey research that explores the experiences nonelderly adults have when applying for public assistance or trying to use the health care system that includes surveys fielded in September and December 2020 and April 2021 and surveys that will be fielded in December 2021 and in the first half of 2022. The Urban Institute's research on this topic has also included follow-up interviews to probe the circumstances and consequences surrounding reports of unfair treatment. For instance, the Well-Being and Basic Needs Survey examines reports of unfair treatment or judgment based on race or ethnicity and explores the consequences of those experiences, including not getting public assistance or social services, which could have adverse consequences that undermine the health and well-being of the individuals who are directly affected, their families, and their communities. This research also considers steps that would build more accountability into enrollment and

health care systems to reduce unfair treatment and increase the [respect](#) with which applicants are treated by enrollment staff and [throughout](#) the health care system.

**Using express lane eligibility (ELE) and related mechanisms for enrollment and renewal.** Urban Institute research has shown that ELE [increased](#) Medicaid/CHIP enrollment among children and that children's Medicaid/CHIP participation is [higher](#) among families also participating in the Supplemental Nutrition Assistance Program. These findings suggest that improving participation in both programs could particularly benefit Black and Latinx families, given their higher poverty rates and [higher rates of food insecurity](#). Another policy that could have equity implications is automatic enrollment; a recent [Commonwealth Fund report](#) uses the Urban Institute's Health Insurance Policy Simulation Model to estimate coverage and cost implications of two autoenrollment strategies.

**Telehealth.** Though virtual provision of care has been necessary during the pandemic, it has raised critical questions regarding how to ensure equitable access for vulnerable groups such as pregnant and postpartum women. Urban Institute research found that inequities in telehealth also likely exacerbated long-standing maternal health inequities during the pandemic. The Urban Institute's survey program has been examining equity considerations associated with telehealth and found that in September 2020, though Black and Latinx adults were more likely to have used telehealth than white adults, Latinx adults were [more likely](#) to have wanted a telehealth visit but not received one than white adults. Ongoing Urban Institute research is further examining such topics using new data from April 2021.

## Area 4: Financial Assistance

*Q: What are promising practices for equitable grantmaking and the administration of financial assistance programs that agencies should consider in their equity assessments?*

[Strategies to Fund Organizations Led by and for People of Color](#). Urban researchers have identified promising practices that decisionmakers in grant programs can use to include equity principles in grantmaking. Insights from a recent publication include the following recommendations:

- **Develop new request for proposal and grant guidelines:** To reach a more diverse set of grantees, grant applications should be manageable without a multimillion-dollar development office; they should be easy to fill out and accepted online or in the mail.
- **Develop new grant management strategies:** Once awarded, grant reports should fund the collection and inclusion of outcomes relevant to both communities and governments. Reporting requirements need to be achievable for small, effective organizations. Finally, there must be a clear understanding and guidelines for when and why grants may be terminated.
- **Develop and support smaller organizational infrastructure:** Government agencies could bid on contracts to support fiscal sponsorship organizations that understand their community's needs and can support infrastructure development for smaller organizations that provide culturally and linguistically effective, equity-oriented health care.
- **Develop evaluation and impact assessment strategies:** Grants could include the ability for all organizations, including smaller, less-resourced ones, to evaluate their impact. Ideally, grants should include resources to help build evaluation capacity and fund data collection and analysis. Organizations led by and for communities of color are often less resourced because of [historical wealth development and funding patterns](#). Government, partnered with private foundations, could fund technical assistance and staff to help organizations develop the information technology and infrastructure to collect, analyze, and act on any disparities or inequities identified using disaggregated data. This would allow projects to assess impact and outcomes and evaluate whether they are achieving equitable outcomes. It could also help organizations secure funding from other private and public entities, which could lead to greater scale, impact, and sustainability.

Some of these practices are already being modeled in federal programs like the Institute for Museum and Library Sciences (IMLS) grants to African American museums and historically Black colleges and universities. Recently, at the request of the IMLS, researchers in the Urban Institute's Center on Nonprofits and Philanthropy completed the [first retrospective evaluation](#) of the African American History and Culture (AAHC) museum grant program. Created by federal legislation in 2003, IMLS's AAHC program has, over its 15-year grantmaking history, awarded 215 grants totaling \$22 million to nurture and build the capacity of African American museums, cultural institutes, and historically Black colleges and universities.

Applicant experiences and perceptions affirmed the value of many of these equity-enhancing practices and informed new directions for strengthening the AAHC program's administrative practices, including broadening program goals, rethinking the program's cost-sharing requirements, and increasing funding, outreach, webinars, and engagement.

## Area 5: Stakeholder and Community Engagement

*Q: What tools and best practices might agencies deploy to establish advisory boards, task forces, and commissions that are inclusive of underserved communities?*

Researchers at the Urban Institute have conducted several studies that employ [community engaged methods](#) work and, through these experiences, have documented best practices for ensuring that advisory boards, task forces, and commissions are inclusive of underserved populations. [Engaging people with lived experience](#) can happen on a spectrum (see graphic below) from input to empowerment, sometimes fluctuating between different levels of engagement in a single initiative, depending on the task at hand. Considering where agency efforts will fall on this spectrum, it is important to communicate clear expectations and to decide which approaches to use.



Best practices include the following:

- Ensure agencies have permanent staff who can accurately and respectfully capture input and demands of community representatives, serving as a bridge between people with lived experience and those with professional experience.
- Provide fair compensation that values lived experience as you would value academic degrees or professional experience.
- Develop a robust onboarding process and provide support throughout.
- Offer transparency on goals, resources, and the parameters of what will be accomplished through their work. Do not overpromise.
- Share all progress, decisions, and next steps clearly and transparently.
- Offer times, locations, transportation, and other logistics that make meetings accessible and welcoming to underserved populations.

In addition to these best practices, we highlight a toolkit and worksheet that agencies can use to inform more equitable engagement through community advisory boards.

**CEM toolkit and worksheet for fostering community voice and sharing power.** Practitioners often face questions about what they can do to start and sustain the activities and processes needed to authentically engage communities:

- What are the goals of community engagement for my given project?
- What do I have to offer the community in return for their efforts?
- Who are the community members that could contribute the most? What subcommunities need to be included?
- How can I ensure community members feel heard and valued across project stages?

To answer these questions and many more, Urban Institute researchers have produced toolkits and worksheets to advance the community engaged methods (CEM) dialogue from the “what” to the “how.” These comprehensive practitioner’s tools support the practical, real-world application of CEM among local community members and other stakeholders. One of the toolkits is featured below.

**The Project-Based Community Advisory Board (CAB) Toolkit and Resources (attachment).** This toolkit is a key element of CEM with the aim of bringing community voices to the table. A CAB is a diverse group of local community members who are selected to voice community perspectives as project coleaders, advisers, or decisionmakers as part of the project team. This component provides key tools and resources for planning, forming, and operating a CAB, including a considerations checklist, selected profiles of Urban’s project-based CAB, an institutional review board tool, and a budget tool. This component also provides a shortened CAB checklist with tips and tools as a quick fingertip resource for CAB planning.

[Data Walks](#) are another tool that agencies can use to facilitate information sharing and dialogue. This method allows agencies to include community members as co-analysts of data and decisionmakers who help highlight key takeaways and set recommendations and next steps. This method was developed as a means of returning data to the communities they are collected from and engaging the community to provide their own interpretation of the data and thoughts on how policy and practice should change. This methodology has been used by Urban researchers in several projects, including the [Housing Opportunities and Services Together Initiative in Action](#) and the [Promoting Adolescent Sexual Health and Safety demonstration](#).

A recent Urban Institute publication offers guidance for using these techniques and others for [engaging Child Care and Development Fund stakeholders](#) in research. This brief provides useful guidance, drawing from examples of stakeholder engagement, for agencies seeking stakeholder voices to shape operational and policy decisions.

[Leveraging Community Expertise to Advance Health Equity](#). In the context of advancing health equity, Urban Institute researchers drew on interviews with representatives from national organizations, health equity experts, and stakeholders in four states, including representatives from state agencies, community-based organizations, consumer advocacy groups, and foundations, to investigate ways community engagement is being used to advance health equity and factors that promote or hinder community engagement. Key guidance from the brief includes the following:

Community engagement requires sufficient and flexible funding and cross-sector support.

- Secure flexible and sustainable financial resources.
- Adequately compensate staff and community members.
- Collaborate across public health, health care, and social service sectors.

Community engagement should be continuous and sustained.

- Allocate considerable time and patience.
- Provide infrastructure, technical assistance, and support.
- Follow through and “close the loop.”

Community engagement should pay explicit attention to eliminating structural racism.

- Hire from the community.
- Address participation barriers.
- Address racism inside and outside governments and organizations.

In sum, we recognize the Executive Order on Advancing Racial Equity and Support for Underserved Community’s potential to transform agency practice and policymaking. We and other researchers across the Urban Institute are prepared to provide tools, resources, and expertise to agencies as they prepare their equity assessments. The resources provided in this response only scratch the surface of the breadth and depth of insights we and our colleagues are prepared to share with agency staff. Urban’s [Racial Equity](#)

[Analytics Lab](#) will continue to catalyze and lead efforts that draw on Urban’s senior leadership and experts across disciplines to meet the intense demand within the federal government and across the broader policy ecosystem (including many city and state governments) for advice and information about how best to fulfill the executive order’s vision.

As the work of equity assessment continues throughout the federal government, we welcome any future opportunities to work with agencies to offer analyses, analytic tools, resources, and guidance as they examine their practices and report progress to the Office of Management and Budget. Thank you for your review and consideration of these comments.

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## Errata

This publication was corrected on August 23, 2021, to include Jennifer M. Haley among the authors.