July 6, 2021

Shalanda Young, Acting Director
Office of Management and Budget
3101 Park Center Dr.
Alexandria, VA 22302

Methods and Leading Practices for Advancing Equity and Support for Underserved Communities Through Government [2021-09109]

Dear Acting Director Young:

Thank you for the opportunity to respond to this Request for Information (RFI) on effective methods for assessing whether agency policies and actions equitably serve all eligible individuals and communities, particularly those that are underserved.

Benefits Data Trust (BDT) is a national nonprofit that harnesses the power of data, technology, and policy to provide efficient and dignified access to public benefits, improving people’s health, and financial security. Through our work operating benefits access initiatives in partnership with six states (Colorado, Maryland, New York, Pennsylvania, North Carolina, South Carolina) and providing policy and technical assistance in several others (focusing primarily on SNAP, WIC, and Medicaid), BDT has significant experience working with underserved communities. The individuals we serve are adversely affected by poverty, and more than half of our clients are Black, Indigenous, and People of Color (BIPOC). In addition, more than a third of our clients are older adults over age 60.

We bring more than 15 years of experience in the following areas that are directly relevant to this RFI: serving diverse populations; using data to target outreach and inform equitable public policy strategies; leveraging technology to advance equity; and incorporating human-centered design to ensure services are informed by — and responsive to — clients’ needs. BDT has compiled resources and recommendations for the US Department of Agriculture Food and Nutrition Services (FNS) and the Centers for Medicare and Medicaid Services (CMS) from our experience and expertise that address Areas 1, 2, and 5 of the RFI, as outlined in the following table. However, much of the information presented below can be applied across the government services space, not just in the social safety net.

Table 1: Key Recommendations for US Department of Agriculture Food and Nutrition Services (FNS) and the Centers for Medicare & Medicaid Services (CMS)

Transforming Benefits Access
<table>
<thead>
<tr>
<th>Area</th>
<th>Recommendation</th>
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<tbody>
<tr>
<td><strong>Area 1: Equity Assessments and Strategies</strong></td>
<td>1. Recognize the power imbalance that exists between administering agencies and underserved communities by actively engaging stakeholders as co-creators in the equity assessment process and evaluations to be carried out in the action plan.</td>
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<td></td>
<td>2. Examine the historical and structural decisions that have led to how public benefits are currently administered.</td>
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<td></td>
<td>3. Employ data collection and analysis methods that are sensitive to the complex and intersecting identities that members of underserved communities hold including engaging populations of interest in their creation.</td>
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<td>4. Engage diverse stakeholders in the evaluation of data and identifying solutions (i.e. action plan items).</td>
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<tr>
<td><strong>Area 2: Barrier and Burden Reduction</strong></td>
<td>5. Consider how silos in administration across benefits amplify barriers to access.</td>
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<td>6. Consider how to facilitate cross-benefit outreach and no wrong door approaches as near-term solutions to reducing barriers to cross-benefit access among eligible underserved communities.</td>
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<td>7. Review how staff training standards can be aligned to advance equitable benefits access.</td>
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<td>8. Assess how access can be placed on equal footing with other program integrity measures. Specifically: ○ Explore specified metrics for program access; ○ Disaggregate data when evaluating programs; and ○ Explore how to incorporate feedback from program participants into compliance monitoring.</td>
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<tr>
<td><strong>Area 5: Stakeholder and Community Engagement</strong></td>
<td>9. Include stakeholders in processes that involve benefit design, implementation, and evaluation — including participants, eligible non-participants, and community-based organizations.</td>
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<td></td>
<td>10. Develop formalized structures and dedicate resources to advance equity work and engage community stakeholders.</td>
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**Area 1: Equity Assessments and Strategies**

For agencies to be successful in identifying and evaluating new ways to assess how proposed policies, budgets, regulations, grants, or programs will help advance equity, it is critical that underserved communities be the central focus of and actively engaged in the evaluation process. The following recommendations are drawn from evidence-based frameworks and guides that articulate the power dynamics, cultural competencies, and other factors that must be addressed to meaningfully engage.

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underserved communities in a way that will achieve the goal of advancing equity through the Federal Government. These recommendations include:

1. **Examine and address the power imbalance** that exists between administering agencies and underserved communities by actively engaging stakeholders as co-creators in the equity assessment process and evaluations to be carried out in the action plan.\(^2\)

2. **Examine the historical and structural decisions** that have led to how public benefits are currently administered.\(^3\)

3. **Employ data collection and analysis methods** that are sensitive to the complex and intersecting identities that members of underserved communities hold including engaging populations of interest in their creation.\(^4\)

4. **Engage diverse stakeholders** in the evaluation of data and identifying solutions (i.e. action plan items).\(^5\)

**Area 2: Barrier and Burden Reduction**

As noted in the RFI, public benefits access is an equity issue and there are many barriers that prevent underserved communities from accessing those benefits,\(^6\) including simply not knowing the eligibility rules or how to apply.\(^7\) The recommendations below are based on BDT’s direct experience in helping low-income clients navigate accessing benefits across the country. The following recommendations for the barrier and burden reduction component of equity assessments are **intended particularly for FNS and CMS**. This is because among federally-funded means-tested benefits, BDT has the most experience working with SNAP, WIC, and Medicaid and because these benefits have significant reach and impact for low-income people; however, the following recommendations could be applied to most benefits.

5. **FNS and CMS should consider how silos in administration across benefits amplify barriers to access and work to address.** For instance, separate applications for each benefit, requiring submission of the same verifications to different agencies, uncoordinated renewal timelines, and siloed policy, administration, and compliance requirements\(^8\) broadly increase burdens on a population already experiencing chronic scarcity.\(^9\) Equity assessments should consider how existing program linkages\(^10\) can be promoted to reduce these barriers while also reviewing gaps in existing

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\(^3\) [https://www.equitableeval.org/framework](https://www.equitableeval.org/framework)

\(^4\) [https://www.eval.org/Portals/0/Docs/aea.cultural.competence.statement.pdf](https://www.eval.org/Portals/0/Docs/aea.cultural.competence.statement.pdf); [https://www.equitableeval.org/framework](https://www.equitableeval.org/framework)

\(^5\) [https://www.cdc.gov/dhdsp/docs/cultural_competence_tip_sheet.pdf](https://www.cdc.gov/dhdsp/docs/cultural_competence_tip_sheet.pdf)

\(^6\) [https://www.federalregister.gov/d/2021-09109/p-47](https://www.federalregister.gov/d/2021-09109/p-47)


6. **FNS and CMS should consider how to facilitate cross-benefit outreach and no wrong door approaches to reduce access barriers to cross-benefit access by:**

7. **Promoting cross-benefit outreach.** Despite meeting the eligibility criteria for multiple public benefits programs, means-tested benefit participants often may only connect to one or a few such programs. Matching data across programs to facilitate outreach and enrollment is generally allowable under existing regulations\(^\text{11}\) and effective at increasing access (i.e. reducing barriers) for underserved communities. **FNS and CMS should assess what gaps exist in current guidance including documentation of legal authorities and examples in action for state and local agencies.** Following are examples of this practice in action from BDT’s experience.

A peer-reviewed study found that conducting targeted SNAP outreach and telephonic application assistance to Medicaid enrollees aged sixty and older tripled their likelihood of enrollment into SNAP following intervention, while even a letter notifying an individual of their likely eligibility and how to apply nearly doubled enrollment (Figure 1). This intervention was also observed to benefit Black people, people with a primary language other than English, and especially the elderly.\(^\text{12}\)

*Figure 1: Impact of data-driven outreach on SNAP enrollment of older Medicaid beneficiaries*\(^\text{13}\)

![Intervention Impact on SNAP Enrollment](image)

Another analysis across four states found that data matching between WIC and programs that confer adjunctive eligibility including SNAP and Medicaid is an effective way to identify likely

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\(^\text{11}\) [https://www.alluma.org/sites/default/files/2021-01/SIS_MaximizingLinkages_041919.pdf](https://www.alluma.org/sites/default/files/2021-01/SIS_MaximizingLinkages_041919.pdf)


eligible WIC families and even simple, low-cost SMS text-based outreach can increase enrollment.10

- **Ensure all states employ a coordinated, comprehensive ‘no wrong door’ approach.** In order to ensure people can effectively get the benefits information they need, it is crucial that states offer multiple access points — whether online, over the phone, in-person at county/local assistance offices, or at sites in the community where people already frequent. For example, BenePhilly, a joint initiative led by the City of Philadelphia Office of Community Empowerment and Opportunity and BDT, has helped over 125,000 Philadelphians access up to 19 benefits by offering coordinated, citywide benefits access services through a network of community-based organizations (CBOs), a mobile benefits access unit, a dedicated referral hotline that can complete applications telephonically in more than 170 languages, and a web-based quick screening tool that can direct individuals to these other services. To support the successful implementation of a no wrong door approach, agencies should utilize the equity assessments to inform how to:
  
  - **Create dedicated (or braided) funding and coordinate guidance that facilitates multi-benefit access activities.** Even where funding is available to government agencies and CBOs to promote benefits access, it is typically focused on one or a few benefits causing outreach efforts to become siloed, as many agencies aren’t equipped to support an incredibly sophisticated funding practice, and leading to members of underserved communities missing out on other benefits for which they’re eligible. Dedicated funding, or at least intentional coordination of existing funding along with guidance, can help close this gap.
  
  - **Promote working with CBOs that serve with underserved populations to identify the barriers that prevent them from engaging in more benefit information sharing.** Many marginalized groups are distrustful of government due to a long history of discrimination. Leveraging partnerships with trusted CBOs can bridge the trust gap.
  
  - **Enhance (and/or establish) written and oral communication standards not only in English but for all commonly spoken languages.** Plain language14 and good design15 can help individuals navigate to the assistance they need. Applying these standards to not only English communications but other languages can further help advance equity. Equipping frontline workers and community partners with the training to communicate eligibility and participation requirements in simple and culturally appropriate terms will also help reduce barriers.

8. **FNS and CMS should seek to align program integrity standards and program evaluation activities toward equitable access.** Current program integrity measures disincentivize administering agencies from pursuing solutions that reduce burdens and barriers to public benefits access by focusing financial penalties and significant efforts on keeping ineligible people off

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14 [https://www.plainlanguage.gov/](https://www.plainlanguage.gov/)
benefits. Equity assessments should employ the following recommendations in advancing equity through program integrity and compliance:

- **FNS and CMS should assess how access can be placed on equal footing with other program integrity measures.** Unlike penalties imposed for providing benefits to ineligible participants, there are no financial penalties in SNAP or Medicaid when an eligible individual/household is incorrectly denied benefits. As a result, administering agencies end up focusing on policies and practices that avoid fiscal penalties rather than building systems and measures that facilitate benefits access. Given that the core purposes of programs are to help individuals in need,\(^{16}\) it is arguable that not prioritizing program access among eligible people is counter to program integrity. **One specific solution to consider is to incorporate measures of program access, similar to the former SNAP Program Access Index performance bonus measure, into compliance requirements.** This measure could further advance equity efforts by being broken down by specific underserved populations such as eligible immigrants, older people, and people with disabilities.

- **FNS and CMS should seek to disaggregate data when evaluating programs.** Part of the program monitoring and evaluation process should include disaggregating and analyzing data to identify where (i.e. state and substate geographies) and to whom (e.g. eligible immigrants, older people, people with disabilities, etc.) specific policies and practices – such as interview and verification requirements, staffing and workflow processes, and population specific requirements such as work activity reporting\(^ {17} \) – are having a disproportionate impact on particular underserved communities. Where this is currently infeasible, agencies should document gaps in data collection/evaluation practices and include a strategy for addressing.

\(^{16}\) Insert references to Congressional intent statements

• **FNS and CMS should explore specified metrics for program access.** Formulated accessibility standards have not been updated and/or leave significant room for interpretation. For example, core SNAP application form regulations have not been updated in decades despite advancement in technology and design. And while Medicaid regulations require that individuals be allowed to apply in-person, online, by phone, by mail, or other prevailing technologies, there is little guidance on what this should look like in practice. As a result, the quality of user experiences vary greatly from state to state\(^\text{18}\) (and county to county, in some places). Agencies should develop (cross-agency) standards as part of the equity assessment process to reduce functional and design barriers can make the process of accessing benefits needlessly cumbersome. See Figure 2 for examples of dimensions to consider in improving online benefits access. Considering those with unstable housing situations can face especially high barriers to accessing and maintaining benefits, some specific metrics to consider are:

- Attempts to deliver forms and notices in addition to the mail, such as online or by text message;
- Attempts to update addresses for returned mail (and phone numbers for disconnected numbers); and
- Successful case transfers when a participant reports moving to the jurisdiction of a different administering agency.

• **FNS and CMS should explore how to incorporate feedback from program participants into compliance monitoring.** SNAP Quality Control and Medicaid PERM reviews are largely based on administrative records. As a result, for example, a substantial portion of participants might be exiting SNAP at recertification but reapplying within 60 days. While administrative records could indicate the reason for closure was failure to complete recertification interview and not trigger an error, many of the affected participants indicate that they did not receive the interview notice and so were unable to complete the necessary action. Engaging applicants and participants directly to understand their experiences of navigating benefits access can help uncover barriers to program access, such as this example, where current review processes may not. Developing procedures to capture qualitative experiences and incorporating them into agency corrective action plans can help advance equitable access.

9. **FNS and CMS should review how staff training standards can be aligned to advance equitable benefits access.** Too often frontline workers, as well as program management, do not have training

in evidence-based theories and practices for understanding and assisting underserved communities. Proper training is important because benefits administration bring their own lives, experiences and biases to the positions they hold. BDT recommends agencies consider the following as part of an equity-advancing training curricula:

- Diversity, equity, and inclusion (DEI) training, that includes critical race theory and other core equity concepts including unconscious bias, and the historical context that has led to formalized policies and processes that have had adverse impacts underserved communities and increased the stigma and frustration associated with navigating these benefits;
- Cultural competency training to enhance effectiveness in interacting with people of different backgrounds and cultures; and
- Two-generation (2Gen) training to help understand the unique challenges created by multi-generational poverty and create approaches that work with people and their capabilities not against them.

In addition, special consideration should be given to frontline staff needs and supports. As an organization that provides direct public benefits application assistance, BDT has firsthand experience of the mental and emotional toll, known as compassion fatigue,\(^{19}\) assisting clients in crisis can cause without proper supports. Frontline workers who interact with those seeking assistance can experience vicarious trauma negatively affecting their mental and emotional well-being while simultaneously generating/reinforcing negative experiences particularly for many underserved communities. As such, states should consider implementing processes that (1) help recognize the signs of vicarious trauma and compassion fatigue; and (2) support the mental and emotional needs of staff.

**Area 5: Stakeholder and Community Engagement**

Stakeholder engagement is an integral step to achieving equity. Successful stakeholder engagement and the engagement of community-based organizations should seek to empower communities to have an active role in decisions surrounding new policies and/or processes. Ongoing, intentional stakeholder engagement and investment as early as possible not only increases the prospect of advancing equity in program administration, it also ensures that the responsibility for success is shared across multiple entities and shifts power from agencies to communities.

Importantly, agencies must recognize that stakeholder and community engagement is a marathon, not a sprint. There is well-documented understanding that underserved communities mistrust government.\(^ {20}\) Gaining the trust of communities will take time, and sufficient resources must be invested to ensure sustainable community engagement. In addition to the training identified above, agencies (FNS, CMS, and others) should consider the following strategies to improve stakeholder and community engagement in order to carry out EO13985:

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\(^{19}\) [https://www.compassionfatigue.org/](https://www.compassionfatigue.org/)

10. Agencies should include stakeholders including participants, eligible non-participants, and community-based organizations into processes that involve benefit design, implementation, and evaluation. To successfully incorporate community voices to advance equity, agencies must ensure that underserved communities are genuinely empowered to raise concerns and identify solutions and that agency leadership are listening and responding to their recommendations.²¹ It is important to ensure members are appropriately compensated for their time and expertise. Longstanding Medicaid administration requirements²² present examples of how this might be achieved as seen in Table 2.

**Table 2: Examples of Medicaid Stakeholder Engagement**

<table>
<thead>
<tr>
<th>State</th>
<th>Example</th>
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<tbody>
<tr>
<td>Colorado</td>
<td>The Member Experience Advisory Council engages Medicaid enrollees to share their perspectives and provide input on administration and communications. Participants are compensated for their time and expertise with gift cards and childcare.²³</td>
</tr>
<tr>
<td>Oregon</td>
<td>Medicaid Coordinated Care Organizations' (CCOs), local health plans, operate community advisory councils (CAC) that “make recommendations about how to improve health care quality and services in their community.”²⁴</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>Medicaid Managed Care Organizations (MCOs) contracts require community-based organizations be included in plans to move Medicaid toward a value-based purchasing system.</td>
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<tr>
<td>Virginia</td>
<td>The Medicaid Member Advisory Committee provides “a formal method for enrollees’ voices to be included in the Department of Medical Assistance Services (DMAS) decision-making proves and to inform DMAS change management strategies.”²⁵</td>
</tr>
</tbody>
</table>

11. Agencies should develop formalized structures and dedicate resources to advance equity work and engage community stakeholders. Developing and implementing intentional strategies that improve community and stakeholder relationships in order to advance equity will require dedicated resources including staff and funding. Table 3 includes examples where states have established offices and roles that work across agencies dedicated to supporting this work. Federal agencies may want to explore replicating these examples that may provide guideposts for the equity assessment process and beyond:

**Table 3: Government Investment in Dedicated Resources to Drive Equity Engagement**

<table>
<thead>
<tr>
<th>State</th>
<th>Example</th>
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<tbody>
<tr>
<td>Indiana</td>
<td>Governor Eric Holcomb appointed the state’s first Chief Equity, Inclusion, and Opportunity Officer in November 2020. The officer reports directly to the</td>
</tr>
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</table>

²¹ [https://www.urban.org/urban-wire/community-voice-expertise](https://www.urban.org/urban-wire/community-voice-expertise)
²² 42 CFR 431.12
²³ [https://hcpf.colorado.gov/meac](https://hcpf.colorado.gov/meac)
²⁴ [https://www.oregon.gov/oha/HSD/OHP/Pages/CCO-Community-Advisory-Councils.aspx](https://www.oregon.gov/oha/HSD/OHP/Pages/CCO-Community-Advisory-Councils.aspx)
²⁵ [https://www.dmas.virginia.gov/#/memberAdvisory](https://www.dmas.virginia.gov/#/memberAdvisory)
<table>
<thead>
<tr>
<th>State</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Louisiana</td>
<td>Louisiana’s <a href="#">Office of Community Partnerships and Health Equity</a> works to address health disparities and implement agency-wide health equity plans, protocols, and tools. Local health departments have health equity action teams that help create Louisiana’s <a href="#">Health Equity Action Plan</a>.</td>
</tr>
<tr>
<td>Washington</td>
<td>Washington established Office of Equity within the governor’s office with the passage of <a href="#">HB 1783</a> in June 2020.</td>
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