

Submitted electronically via www.regulations.gov

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RE: OMB Request for Information: Methods and Leading Practices for Advancing Equity and Support for Underserved Communities Through Government, OMB 2021-0005

The Association of American Medical Colleges (AAMC) is a not-for-profit association dedicated to transforming health through medical education, patient care, medical research, and community collaborations. Its members are all 172 accredited U.S. and Canadian medical schools, more than 400 teaching hospitals and health systems, including the Department of Veterans Affairs medical centers; and more than 70 faculty and academic societies. Through these institutions, the AAMC serves the leaders of America’s medical schools and teaching hospitals and their more than 179,000 full time faculty members, 92,000 medical students and 140,000 resident physicians, and thousands of graduate students and post-doctoral trainees. Additional information about the AAMC is available at www.aamc.org.

The AAMC Center for Health Justice was founded in 2021 with the primary goal for all communities to have an equitable opportunity to thrive — a goal that reaches well beyond medical care. Achieving health justice means addressing the common roots of injustice, implementing policies and practices that are explicitly oriented toward equity. The AAMC Center for Health Justice partners with public health and community-based organizations, government and health care entities, the private sector, community leaders, and community members to build a case for health justice through research, analysis, and expertise. Additional information about the AAMC Center for Health Justice is available at www.aamc.org/healthjustice.

We appreciate the opportunity to offer comments to the Office of Management and Budget (OMB) on the methods and practices for advancing equity and support for underserved communities across the Federal Government and applaud the OMB for taking steps to collect feedback in furtherance of Executive Order (EO) 13985, *Advancing Racial Equity and Support for Underserved Communities Through Federal Government*. Achieving equity is about ensuring all communities have equitable beginnings, not equal endpoints. The AAMC Center for Health Justice recognizes that those closest to historic and contemporary injustice and inequity are also those closest to solutions to that injustice and inequity. Stakeholder and community engagement is the foundation upon which strategies and practices for advancing equity, civil rights, racial justice, and equal opportunity must be built.

I. Stakeholder and Community Engagement [Issue Area 5]

EO 13985 instructs agencies to increase engagement with “members of communities that have been historically underrepresented in the Federal Government and underserved by, or subject to discrimination in, Federal policies and programs.”¹ In furtherance of these efforts, the OMB has requested feedback on specific approaches and strategies to community engagement that agencies could deploy. The AAMC

¹ Executive Order 13985, *Advancing Racial Equity and Support for Underserved Communities Through Federal Government*, January 20, 2021.

Center for Health Justice appreciates the OMB’s interest in ensuring community wisdom shapes agency policies and priorities and believes the expertise of community stakeholders is essential to close gaps in communication and participation, better enabling agency programs and policies to truly benefit those they serve.

Bidirectional Communication

As a starting point, the AAMC recommends that agencies, in partnership with community stakeholders, codevelop broad bidirectional channels of communication to help build and sustain a shared leadership of agency activities and objectives. As an example, agencies could integrate mechanisms for robust, direct community feedback across the spectrum of policy and program development – from the formulation of new policies and programs through program implementation and retrospective evaluation of those activities using metrics that matter both to the government and to diverse communities.² This will ensure information about agency activities reaches *all* intended communities, is useful to those communities, and achieves their intended aims.

Building and Maintaining Community Trust – AAMC Center for Health Justice Principles of Trustworthiness

The OMB is also interested in identifying opportunities for proactive engagement with underserved individuals most affected by agency programs, policies, and operations (Issue Area 5, Question 1). We recommend agencies establish a role for “Community Anchors” – trusted, respected, and knowledgeable individuals, institutions, or organizations from a specific community to facilitate meaningful interaction between the agency and community members/community partners.

Community partnerships are most successful when they are built on trust, respect, and a shared vision. The AAMC Center for Health Justice, in partnership with community stakeholders, recently released *10 Principles of Trustworthiness* and a corresponding toolkit to guide organizations, including government entities, in their efforts to equitably partner with communities and build trust among members of those communities. The principles and toolkit integrate local perspectives with established precepts for community engagement, serving as valuable resources that agencies can proactively adopt as they are developing and implementing engagement priorities and strategies.³

The AAMC Center for Health Justice [Principles of Trustworthiness Toolkit](https://www.aamc.org/trustworthiness-toolkit) can serve as a useful tool to help agencies facilitate discussions with community members and develop strategies to address the issues raised in the RFI, including inequities in awarding contract and subcontracts.

II. Procurement, Contracting and Financial Assistance [Issue Areas 3 & 4]

The AAMC Center for Health Justice agrees with the OMB that “[t]he work of advancing equity requires a holistic assessment of agency practices and policies” and that “[s]ome Federal agencies will need to implement new approaches to assess whether future proposed policies, budgets, regulations, grants, or programs will be effective in advancing equity.”⁴

² AAMC Comments to the *Commission on Evidence-Based Policymaking*, Docket ID USBC-2016-0003, November 14, 2016 <https://www.aamc.org/media/12066/download>.

³ AAMC Center for Health Justice, <https://www.aamc.org/healthjustice>; Also see, AAMC *Principles of Trustworthiness*, <https://www.aamc.org/trustworthiness>, *Principles of Trustworthiness Toolkit*, <https://www.aamc.org/trustworthiness#toolkit>; *AAMC Community Engagement Tool*, <https://www.aamc.org/what-we-do/mission-areas/medical-research/health-equity/community-engagement/toolkits> (last visited June 24, 2021).

⁴ *Methods and Leading Practices for Advancing Equity and Support for Underserved Communities Through Government*, Office of Management and Budget, 86 Fed. Reg. 24029 (May 5, 2021).

Leverage Existing Resources across the Federal Government

To ensure equitable opportunity, there is an immediate need for an increase in procurement and contracting dollars to individuals and communities that are historically and currently marginalized and under-resourced. There is also a need for the identification of barriers preventing communities from receiving information about or participating in those opportunities. We recommend that agencies establish hyper-local channels to communicate funding opportunities across agencies conducting similar work in an effort to break down information silos and increase synergy and information flow about relevant programs and policies to interested stakeholders.

The harmonization of equity-related activities across agencies would also strengthen existing agency partnerships in support of the OMB's interest in expanding the use of equity assessments across the Federal Government. As an example of such collaboration, EO 13985 requires the establishment of the *Interagency Working Group on Equitable Data (Data Working Group)*, and in consultation with agencies, will "facilitate the sharing of information and best practices [...]" and develop recommendations and approaches for addressing inadequacies in federal data collection programs to measure and advance equity and diversity.⁵ Data with relevance across sectors and federal agencies will also enhance collaboration and facilitate comprehensive evaluations of the government's efforts. The AAMC Center for Health Justice supports the establishment of the Data Working Group and encourages similar efforts to share information and best practices related to ongoing assessments and implementation of the Federal Government's equity agenda. One such example would be an inter-agency task force or working group to coordinate with the White House Domestic Policy Council to implement agency action plans.

Stakeholder Involvement in Procurement and Contract Activities

As previously noted in Section I, *Stakeholder and Community Engagement*, there is a critical need for robust bidirectional community engagement to achieve a comprehensive approach in the advancement of equity across the Federal Government,⁶ including engagement in the areas of procurement, contracting activities, and financial assistance.

Broadly, we propose the OMB's *Equity Action Plan* include the following actions:

- Incorporate strategies for the engagement and retention of diverse groups of stakeholders and community experts across *all* five OMB-identified Issue Areas (i.e., Equity Assessments and Strategies, Barrier and Burden Reduction, Procurement and Contracting, Financial Assistance, Stakeholder and Community Engagement).
- Ensure coordination, communication, and engagement with individuals, community-based organizations, and civil rights organizations at *all stages* of agencies' assessments of the state of equity. This engagement should apply to policies, regulations, programs, operations, and activities and should continue beyond performance of the agency's initial assessments, extending through implementation of action plans.

Specifically, examples of the types of community and stakeholder input to inform equitable action in the areas of procurement, contracting, and financial assistance might include: identification of culturally appropriate ways to phrase questions in grant applications, facilitating engagement with members of marginalized communities such as business owners and entrepreneurs to promote opportunities with the Federal Government, and development of educational trainings and tools to build cultural humility for agency staff and leadership.

⁵ Supra Note 1.

⁶ Supra Note 1 (24030).

Community and stakeholder partnerships are an essential component of an agency’s plan to support equitable grantmaking practices, helping agencies connect with local community members and organizations who have well established, authentic relationships with local residents and leaders. It also sets important precedent for demonstrating accountability in the spirit of the shared goal to advance “equity for all.”⁷

Strategies for Equitable Grantmaking

Agencies can implement several strategies to achieve more equitable grantmaking practices. First, agencies should evaluate internal employment procedures to ensure they reflect the Government’s commitment to diversity and inclusion set forth by EO 13985. A workforce consisting of individuals from culturally and linguistically diverse backgrounds better equips agencies with the expertise to identify and rectify gaps in grantmaking.

Second, consideration should be given to factors that limit the pool of potential grantees, including broadband and telecom infrastructure issues impacting access to resources and funding opportunities, especially for rural and low-income areas (i.e., the digital divide). To increase accessibility for those communities and enact greater equity in grantmaking practices, agencies should assess constraints on current grant application systems, relying, in part, on community insight to help identify areas for improvement. Agencies should also ensure the utility and accessibility of information for people with disabilities, low literacy, and/or language barriers which may require the incorporation of alternative communication formats such as auxiliary aids or video capabilities.

Finally, opportunities to achieve equity in procurement, contracting, and financial assistance should not be viewed as a one-size-fits-all approach. Instituting evaluation criteria that include geographic and sociodemographic parity will help broaden the applicant pool and achieve an even distribution of resources. Funding opportunities often reach larger organizations located in metropolitan areas or affiliated with renowned institutions/organizations, inhibiting the flow of resources to smaller or emerging organizations that may not have equal access. Opportunities could be stratified by resources, geography, or other factors to ensure equitable competition.

We encourage agencies to work, in coordination with community stakeholders, towards achieving equity among potential grantee organizations of different sizes and operating budgets. One way is through the establishment of hyper-local, multi-sector collaborations so that information and resources are sufficiently distributed across various locales. As one model example, agencies should look to the Federal *Long-Term Recovery and Resilience Plan*, a multi-agency effort to align Government actions and develop long term strategies that support individual and community recovery from COVID-19. Notably, these efforts run parallel to a similar initiative – *Resilient American Communities*, a public/private multi-organizational collaboration committed to reducing the impact of COVID-19 on American communities with a focus on vulnerable communities.⁸ Together, these activities demonstrate the need for and importance of robust inter-agency collaboration - grounded in community assets and local expertise - to expand the impact and reach of equity-related work.

Another avenue for the equitable distribution of information is through partnership with agencies’ local offices who have knowledge of and are well-positioned to address specific barriers impacting the communities’ needs. As an example, the United States Department of Agriculture has numerous service

⁷ *Id.*

⁸ Resilient American Communities, <https://resilientamericancommunities.org/> (last visited, June 24, 2021). Also see, Presidential Memorandum -- *Promoting Diversity and Inclusion in Our National Parks, National Forests, and Other Public Lands and Waters*, January 12, 2017, <https://obamawhitehouse.archives.gov/the-press-office/2017/01/12/presidential-memorandum-promoting-diversity-and-inclusion-our-national> (last visited, June 24, 2021).

centers across the United States that serve individuals in the local area.⁹ Public libraries, nonprofit organizations, and social service organizations are other example of partnerships that could serve as centralized engagement hubs for coordinating agency communication and outreach.

III. Equity Assessments and Strategies [Issue Area 1]

Race and Ethnicity Data and in Data Collection Activities

The AAMC Center for Health Justice supports the OMB’s interest in receiving feedback on the integration of equity assessments and strategies into agency policies and practices. In the service of achieving a “systematic approach [...] [to embed] fairness in decision-making processes,” it is imperative that agency decision-making is rooted in evidence-based practices. It is equally important that equity assessments capture race and ethnicity data along with societal and environmental impact data. Given the proliferation of data available (e.g., public health data sets, repositories, electronic health records), we also recommend the development of a national data collection system that captures race and ethnicity information,¹⁰ and supports the development of standards for the collection of additional demographic data to capture groups often excluded from definitions related to “health equity/health disparity” (i.e., LGBTQ+, persons with disabilities). Further, the AAMC Center for Health Justice recognizes that demographic data are a starting point for a comprehensive data collection system and that national efforts must include that capture of individual-level social need data (e.g., homelessness, food insecurity, etc.) and community/area-level social determinant data (availability of affordable housing, food desert status, etc.), factors that are amenable to intervention in ways that demographics are not.

In 2016, the OMB requested feedback on the collection and use of racial and ethnic data across Federal agencies to ensure the validity and utility of the information captured in Federal data collection activities (*Standards for Maintaining, Collecting, and Presenting Federal Data on Race*). The AAMC’s letter to the OMB, included two key recommendations which should be adopted. First, the minimum set of racial and ethnic categories used by agencies when collecting or presenting data *should not* limit agencies from collecting *additional*, more granular race or ethnicity data, provided any subgroup can be aggregated into the minimum set when required. Second, the creation of a subcategory for individuals who self-identify as Middle Eastern/North American (MENA), a group often aggregated into the “White” race category, is critical to ensuring the accurate collection of disparities germane to MENA and other groups. Equally important, is that any effort to refine the OMB’s racial and ethnic categories, *must* be rooted in community guidance. Self-identified race and ethnicity must remain the gold standard and every effort must be made to ensure all populations can “see” themselves in the response categories. This assures these groups are able to select a race/ethnic category that most appropriately reflects their self-identify and obviates the need to rely on unreliable methods to impute race or ethnicity when such data are missing.¹¹

Collection of Geographic and Demographic Data & Common Definitions

The RFI includes definitions for the terms “equity” and “underserved communities,” cross referencing the definitions in EO 13985. To achieve a unified equity agenda, we agree with the need to have defined terms that can be adopted consistently across agencies. However, the term “underserved communities,” should capture intersectionality to account for the myriad of factors (e.g., age, occupation) that may render a community as “underserved.” Currently, it refers to “underserved communities” as “populations

⁹ U.S. Department of Agriculture *Service Center Locator*, <https://offices.sc.egov.usda.gov/locator/app> (last visited, June 24, 2021).

¹⁰ AAMC Calls for Enhanced COVID-19 Data Collection on Health Disparities, April 10, 2020, <https://www.aamc.org/news-insights/press-releases/aamc-calls-enhanced-covid-19-data-collection-health-disparities> (last visited, June 24, 2021).

¹¹ AAMC Letter to the Office of Management and Budget, *Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity*, Docket No. OMB-2016-23672, October 26, 2016, <https://www.aamc.org/media/11646/download>.

sharing a particular characteristic [and] geographic communities, that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life [...].” For consideration, this definition should recognize communities that are not traditionally by definition regarded as “underserved” but face similar challenges.

Equity Methods and Community Engaged Research

Ensuring equity evaluations incorporate strategies for community engaged research is also paramount. Researchers, patients, and other stakeholders deeply interested in minimizing or eradicating inequities should be incorporated at every stage of equity assessment – from idea generation, data definition, and data collection to the dissemination of related information and results back to interested stakeholders.

IV. Barrier and Burden Reduction [Issue Area 2]

Mechanism for Prospective and Retrospective Evaluation

In the interest of accountability, we recommend that agencies integrate evidence-based mechanisms for the prospective and retrospective review of agency activities (e.g., policies, regulations, programs) into their action plans. This would help to proactively identify and address potential barriers and burdens, in addition to providing useful evidence on whether agencies are meeting the objectives of EO 13985.¹²

We agree that diversity is one of the country’s greatest strengths and stand in strong support of the Federal Government’s vision for advancing racial equity through implementation of an inter-agency agenda. While this is an ambitious undertaking it is one that is not beyond attainment with meaningful collaborations and partnerships.

The AAMC Center for Health Justice is committed to advancing these efforts and would appreciate the opportunity to work with the OMB and the White House Domestic Policy Council on any of the issues or recommendations discussed in our letter. We would also be happy to provide additional information on the research and policy priorities of the center, as well as potential opportunities for collaboration with our constituent community and health equity partners. For questions, please contact me at palberti@aamc.org or my colleagues at the [AAMC Center for Health Justice](#).



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¹² Commission on Evidence Based Policymaking, https://obamawhitehouse.archives.gov/omb/management/commission_evidence (last visited, June 24, 2021).