



July 6, 2021

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

Re: OMB-2021-0005: Methods and Leading Practices for Advancing Equity and Support for Underserved Communities Through Government

Dear Acting Director Young,

On behalf of the Catholic Health Association of the United States (CHA) and Catholic Charities USA (CCUSA), we are writing to share our comments on the Request for Information (RFI) on *Methods and Leading Practices for Advancing Equity and Support for Underserved Communities Through Government* published on May 5 of this year. CHA is the national leadership organization of more than 2,200 Catholic health care systems, hospitals, long-term care facilities, service providers and organizations. Catholic health care currently makes up the largest group of nonprofit health care providers in the nation. Every day, more than one in seven patients in the U.S. is cared for in a Catholic hospital. CCUSA is the national membership organization representing 167 diocesan Catholic Charities agencies that operate more than 2,600 social service and community outreach locations and served more than 15 million individuals in need last year. Catholic Charities remains one of the largest organizations in the country that provides holistic social services focusing on the social determinants of health.

We welcome this opportunity to share our organizations' more than 100 years of experience standing with and serving communities in need in response to the Office of Management and Budget's request for information on "Practices for Advancing Equity and Support for Underserved Communities Through Government." We welcome the Administration's efforts to place greater priority on addressing barriers to full and equal participation of historically underserved communities in our country. The request for information is a welcome process for reassessing how our nation's federal programs can better empower the voices and change the lives of low income and marginalized groups. The President's Executive Order (13985) calling for each federal agency to develop plans for addressing any barriers to full and equal participation in programs and procurement opportunities is another welcome and critical first step in improving equity and inclusion in government programs

As Catholic health and social service providers committed to the inherent dignity of all people, we believe that government and civil society have a shared responsibility to provide equal opportunity to services that are essential for human life and to care for those in need. Together our efforts must promote the common good. We recognize the profound and unjust effect racism has on the health and well-being of individuals and the nation. We continue our commitment to addressing the systemic causes of the economic, social and health disparities that disproportionately affect

underserved and vulnerable populations.

Through our recently launched [We Are Called: Confronting Racism by Achieving Health Equity](#) initiative, Catholic health providers have affirmed their strong commitment to reducing health disparities and have increased efforts to promote health equity. Already, these initiatives include bringing safe and effective COVID-19 testing, treatment and vaccination to minority populations and hard-to-reach communities; putting our own houses in order; building just and right relationships with our communities; and advocating for policies to end systemic racism and health inequity. Every day in communities across the country, our members provide essential health care and social services to people of all ages, gender, race, ethnicity, sexual orientation or sociodemographic characteristics. In addition to providing culturally competent care to highly diverse groups, we have considerable experience in addressing specialized needs of patients whose social risk factors complicate their care, such as physical and sensory disabilities, housing and nutrition insecurity, and limited English proficiency.

In a powerful recognition of the interconnectedness of racism and its deep relationship to poverty, Catholic Charities USA and its member agencies across the country released the paper [Poverty and Racism: Overlapping Threats to the Common Good, and have launched important initiatives](#) to eradicate racial disparities and provide equitable opportunities for poor vulnerable persons to live in dignity. These efforts are a renewal of our organizations' work to eradicate racial and ethnic disparities in access to quality health care and ensure that all people, especially the poor and vulnerable in our communities, can live with dignity.

In light of our organizations' longstanding experience and commitment to care for the poor, vulnerable and underserved, we recommend the following comments to Sections 1 (Equity Assessments and Strategies) 2 (Barriers and Burden Reduction), 4 (Financial Assistance) and 5 (Stakeholder and Community Engagement) of the [Request for Information on Methods and Leading Practices for Advancing Equity and Support for Underserved Communities Through Government](#).

### **Section 1 - Equity Assessments and Strategies**

An approach to providing holistic and programmatic assessments for equity is through greater support for programs that prioritize local input and collaboration on how best to meet the needs of their communities. Such local assessments, best developed with a collaboration of partners and those most impacted, not only allow for a more targeted federal programmatic response, but also ensure that communities that have long been ignored or excluded from participating in governmental programs have a voice and affirmative role in their communities' futures. These localized efforts require ongoing support from federal programs to ensure that racial minorities and low-income individuals are not excluded and have the vital financial support that is possible through our shared national resources.

One such strategy for improving equity and inclusion is the Community Health Needs Assessment (CHNA). The CHNA is a provision of the Affordable Care Act which requires tax-exempt hospital facilities to conduct an assessment of the key health needs and issues of their community at least once every three years. These assessments require input from state, local, tribal or regional public health departments, members of medically underserved and low-income and minority populations and provide an opportunity for comments on the assessment. Through these assessments, social service organizations like local Catholic Charities organizations, can come together to identify their needs and develop a community health improvement plan.

Catholic health care has long been a leader in working with and reaching out to low-income and other vulnerable persons to improve access to health care and working with local partners to make their communities healthier places to live, work and raise families. For over 30 years, CHA has been a recognized national leader in the community benefit field, helping not-for-profit health care organizations fulfill their community benefit mission. Even before the ACA, The Catholic Health Association advocated strongly for the importance of these assessments and provided valuable resources to assist health care organizations to assess the needs of their communities. Our educational material emphasizes the importance of using an equity lens in these assessments and addressing upstream root causes of health problems by prioritizing social determinants of health. Our assessment educational materials were developed with the Centers for Disease Control and Prevention, and can be found at <https://www.chausa.org/communitybenefit/assessing-and-addressing-community-health-needs>. Other tools and resources, also developed with CDC experts can be found here: <https://www.chausa.org/communitybenefit/community-benefit>

## **Section 2-- Barriers and Burden Reduction**

A barrier to local community health needs assessment is that the federal rules requirement that tax-exempt hospitals conduct CHNAs every 3 years conflicts with various state and local certification requirements calling for state and local health departments to conduct assessments every 5 years. IRS rules could offer flexibility for collaboration between hospitals and health departments.

## **Section 4 - Financial Assistance**

One approach that government programs can take to enhance the impact of grant and financial assistance programs is recognizing the catalyzing impact investments and partnerships with local anchor institutions, such as non-profit health care providers and local social service organizations. These collaborating anchor institutions ensure financial assistance supports more people. These anchor and social enterprise strategies are an increasingly important means to meet direct needs while at the same time promoting systemic workforce and community engagement.

Local non-profit hospitals, like Catholic health providers, are increasingly being recognized in their role as anchor institutions in their community. Often the largest employer and source of health care in their communities and regions, these hospitals play a critical role in addressing inequity and helping to optimize the impact that federal grant and financial assistance programs can have on a community. Catholic hospitals, systems, long-term care facilities and health care organizations not only serve the patients who walk in our doors, but also the broader community through our extensive community benefit programs, employment and economic development. The COVID-19 crisis has underscored the significant economic contribution our members make in channeling their institutional resources particularly related to hiring, sourcing and investing to improve residents' financial security and strengthen the local economic ecosystem.

Unfortunately, the deep-rooted health and social inequities exposed by the COVID-19 crisis have been built on long-existing social and economic inequities in our economic system and society. In response, Catholic health providers and Catholic Charities agencies recognize the important role they can continue to play in helping to ensure that government programs not only serve direct health needs but also promotes more equitable community development. Investing in these anchor

organization strategies provides a means for encouraging greater investment in local communities, supporting a more diversified supply chain and encouraging renewed investments.

As an example of the value of such efforts during the height of the COVID-19 crisis, Trinity Health based in Livonia, Michigan contracted with a locally woman-owned and -led Detroit company, Detroit Sewn, to produce 50,000 masks for the pandemic. This investment in their community not only helped address the ongoing mask shortage but led to 13 new expected hires. This is an illustration of the way anchor institution strategies can help foster greater impact on community development.

Another effective strategy for promoting greater impact and equity of federal grants and financial assistance programs is working to find flexible solutions which allow limited and targeted federal funding to be combined to addresses specific community and individual needs. Such braided and flexible funding models are a critical tool for meeting the real needs of low-income communities as the situation and pathway out of poverty often isn't a one-size-fits-all approach. Genuine equitable and long-term poverty reduction often requires a combination of food, housing, health, neighborhood improvements and other social service interventions to work together to meet an individual's needs to help them live a productive life. Encouraging models of collaboration between health care providers and local social service organizations provide a critical tool for addressing community needs and greater equity. For example, [healthy housing programs](#), [respite housing](#), and [community-based care transition programs](#) are all examples of innovative funding models which encourage partnerships to promote successful outcomes for individuals. By investing in such partnerships, financial assistance programs can help promote equitable and successful outcomes for individuals and communities.

An additional strategy could be ensuring sustainability of federal grants and other assistance programs. Funds that offer temporary help to a community that are later withdrawn can erode trust. The health care oath, “Do No Harm”, is at play. When federal programs start a program (and are proven effective) means must be found to ensure their continuation to deliver meaningful results.

Finally, another strategy to ensure that financial assistance programs promote greater equity for low-income individuals and communities is recognizing and investing in community social service programs that help clients develop skills necessary for contributing to their communities. Through the promotion of social enterprise and other forms of employee and community-owned businesses, government programs can ensure scarce federal resources are invested in business models that can promote more equitable growth and opportunity. Examples of effective social enterprise interventions are the Catholic Charities of Southern Missouri’s Purpose Home Repair & Plumbing social enterprise and the Catholic Charities of Omaha’s Microbusiness Program which is now being expanded by Caritas de Puerto Rico. Both programs work to address equity in their programs by providing low-income clients a voice and tools needed to address their underlying needs while contributing to their communities. By prioritizing federal grant and financial assistance in programs that promote social enterprise and workforce development, federal policy can make a larger and more sustained impact on low-income populations and the entire community.

## **Section 5 - Stakeholder and Community Engagement**

Catholic health organizations and Catholic Charities agencies are deeply rooted and invested in the communities they serve. As such, we recognize the critical role that community engagement and stakeholder input have on ensuring our organizations’ continued response to the needs of their

communities. As discussed earlier in this letter, the Community Health Needs Assessment is a critical tool for local civic and community groups to help address community needs while building upon their assets. Encouraging and strengthening such models of collaboration for community input is a useful resource for ensuring greater equity in our government programs.

The federal Emergency Food and Shelter Program (EFSP) is another successful model for ensuring local input on community needs. The EFSP was created by Congress to help meet the needs of hungry and homeless people throughout the United States and its territories by allocating federal funds for the provision of food and shelter. The program is governed by a national board of representatives from national social service organizations, like Catholic Charities USA, that receives requests for support from community organizations through local EFSP boards that determine how to use the monies. This program has disbursed over \$5.03 billion to over 14,000 local providers in more than 2,500 counties and cities. Programs like the EFSP provide a tangible, bottom-up approach to providing federal assistance to those in need while ensuring local voices have a proactive role in identifying and meeting their communities' needs.

Another way for improving stakeholder engagement is through greater input by stakeholder organizations before the development and release of federal regulations. We encourage federal entities to engage with our organizations early in developing their rulemaking, guidance or program directive documents. Currently, the federal government puts forth a notice of proposed rulemaking (NPRM) and solicits comments which include impact assessments under law. We encourage OMB to instruct federal agencies to meet with organizations serving underserved individuals and communities before promulgating policies to solicit feedback early in their rulemaking process.

We also encourage other federal agencies to create entities similar to the Advisory Committee on Minority Health at the U.S. Department of Health and Human Services (HHS), which has been a model to ensure the voices of racial and ethnic minorities are included in a formal process. This committee is made up of public members selected by the Secretary of HHS who serve a four-year term. Similar committees like the National Advisory Committee on Rural Health and Human Services, the Advisory Committee on Minority Farmers, and the Advisory Committee on Minority Veterans should be replicated and supported across the federal government.

The pandemic has helped to advance the use of technology to conduct business remotely and efficiently. As federal agencies explore engagement strategies to underserved communities, we recommend that this tool be utilized to include populations unable to travel to Washington, D.C. Our members can be effective partners as convening sites to conduct outreach and engagement with policymakers.

## **Conclusion**

CHA and CCUSA have relied on the guidance, regulations and engagement from the federal government, and welcome the opportunity to include underserved voices in their development. We look forward to continuing our longstanding partnership as an active and enthusiastic stakeholder to ensure the success of federal programs for our nation's vulnerable populations and to enhance the health and well-being of our country.

If you have any questions about these comments or would like additional information, please contact Paulo Pontemayor ([ppontemayor@chausa.org](mailto:ppontemayor@chausa.org)) or Lucas Swanepoel ([lswanepoel@chausa.org](mailto:lswanepoel@chausa.org)) at CHA or Lucreda Cobbs ([lcobbs@catholiccharitiesusa.org](mailto:lcobbs@catholiccharitiesusa.org)) or Anthony Granado

([agranado@CatholicCharitiesUSA.org](mailto:agranado@CatholicCharitiesUSA.org)) at CCUSA.

Thank you for the opportunity to share our views.

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa A. Smith".

Lisa A. Smith  
Vice President of Advocacy and Public Policy  
Catholic Health Association of the U.S.

A handwritten signature in blue ink, appearing to read "Brian Corbin".

Brian Corbin,  
Executive Vice President of Member Services  
Catholic Charities USA