Evidence for Action

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Date: July 13, 2026
ATTN: The Office of Management and Budget
RE: OMB Docket Number 2026-0034

Dear members of the Office of Management and Budget,

I am writing as the Director of Evidence for Action (E4A) to **oppose the proposed revisions to section §200.218 and section §200.340 of the Guidance for Federal Financial Assistance.** E4A is a national grantmaking program that funds non-partisan, action-oriented health equity research in the United States, with a history of funding community-driven research that uplifts the knowledge, expertise, and power of U.S. communities to develop or test solutions that advance health and wellbeing. I am a nationally and internationally recognized social epidemiologist and health equity scholar and have brought that lens and expertise to E4A to help inform grantmaking best positioned for real world impact.

The proposed changes to the rule, as written, will have harmful and detrimental impacts on advancing health outcomes for communities across the nation and stall scientific progress in America.

Section 200.218, the proposed prohibition on the use of disparate-impact liability in the context of federal awards, **would undermine the government's ability to evaluate whether federally funded programs are achieving their intended purpose.** The proposed rule emphasizes the importance of accountability, transparency, and ensuring that federal programs benefit *all* Americans. Restricting the use of disparate-impact analyses will make it impossible to achieve this goal. Achieving the proposed objectives requires the ability to assess how programs affect different populations, groups, and communities—who experience different risks and vulnerabilities and therefore have different needs—and to use that evidence to improve policy and program decisions. Understanding differences in health outcomes is essential to improving population health. For example, maternal mortality and suicide risk vary considerably across communities. Research that examines these differences helps identify where health needs are greatest, informs more effective prevention strategies, and ensures that federal health investments are responsive to communities across America – from rural Appalachia to the Mississippi delta, from mountain communities in Utah, Colorado, and Wyoming, to farming communities in the Midwest and wealthy suburbs in the Northeast. Without these analyses, we have fewer tools to determine whether taxpayer investments are working as intended and delivering meaningful benefits to *all* Americans. Such analyses strengthen, not weaken, accountability by providing policymakers with the evidence needed to ensure that federal programs effectively and appropriately serve communities across the country.

The word “equity” has been met with significant resistance. However, equity simply means providing resources according to need. Population health promotion is

about improving health for all. For many health outcomes, including the leading causes of death (e.g., heart disease, cancer, diabetes, unintentional injuries, suicide), it is well established that measures intended to improve health for all often miss those most at risk. This is because there is no one size fits all approach to improving population health. Understanding and translating knowledge about what works for which populations is essential to meeting the diverse health needs of Americans. Not having that knowledge will severely limit our ability to improve health for all. It's tantamount to handing out identical size 8 running shoes to an entire city and expecting everyone to run a marathon. For a small percentage of the population, the shoe fits perfectly, but for most the shoe causes long term injury or is completely useless.

Again, the purported goal of OMB's proposed revisions is to improve transparency, accountability, and oversight for how taxpayer dollars are used in the context of Federal grantmaking. **The proposed changes to section 200.340 would have the opposite effect, creating uncertainty for federal research funding recipients working to improve the health of the American public.** Terminating funding after substantial resources have already been invested in the selection, administration, and implementation of an award wastes taxpayer dollars.

Advancing American health and well-being requires a robust evidence base to inform effective policies, programs, and practices. Federally funded research is intended to generate that evidence and ensure that public funding produces meaningful benefits for society. Many health research projects are intentionally designed as multi-year studies because solutions-oriented projects require sustained participant recruitment and engagement, long-term data collection, and ongoing partnerships with communities. Ending research projects prematurely can damage these long-term relationships with participants and communities, disrupt data collection and analysis efforts, and undermine years of trust-building and collaborative work, and creating substantial workforce instability as research teams are forced to reduce staff or eliminate positions.

We witnessed these harms firsthand when thousands of health equity research projects were interrupted by recent shifts in federal administration priorities. In response, we released a rapid response funding opportunity through E4A and awarded approximately $7 million to 44 organizations across multiple sectors whose federal research funding had been precipitously terminated. This $7 million only covered a fraction of federal funding losses. Additionally, this funding could have supported other innovative research projects focused on advancing health, maximizing knowledge generation and expanding the evidence base for action. Instead, E4A used these resources to provide an emergency stopgap for organizations whose federal funding had been abruptly terminated, thereby reducing the resources available for new research initiatives.

The research supported through our rapid response opportunity highlights the very type of work that could be vulnerable under the proposed revisions to section 200.340. These projects represent timely, action-oriented research on topics that matter to American communities across the country, from small, rural towns to

large, urban cities. The research focuses on pressing issues of national concern, including suicide prevention, substance use prevention and treatment, addressing food and housing security, among others. Additionally, the populations targeted by the cuts (e.g., women, people of color, Native Americans, etc.) have historically been underrepresented in research. Excluding these communities is antithetical to the notion that federally funded research should benefit *all* Americans. The following examples of the types of grants that have been impacted by the administration's preemptive application of the proposed rule changes further illustrate the detrimental impacts of broadening discretionary purview.

- A research grant intended to evaluate a large, multi-million-dollar investment to improve the quality of public housing and to assess its cost-effectiveness was canceled early. This type of study reflects the exact accountability the federal government has stated it seeks to uphold. Its termination deprives communities across the country of evidence that could improve accountability and the value of federal housing investments. OMB's proposed revision states a goal of improving accountability. However, this is an example of how canceling research funding reduces accountability because there is no evidence about whether federal investments actually work and how to best use federal resources to most efficiently and effectively improve population health.
- A federal grant dedicated to strengthening local food systems and supporting more sustainable, community-rooted food solutions was also canceled. The project was intended to help rural midwestern communities build more resilient local food systems in response to the ongoing rise in grocery costs.
- A grant responding to urgent needs among American youth was also terminated. The project was designed to address youth trauma, substance use, and suicide risk through compassionate evidence-based interventions.

These projects represent the type of research that helps demonstrate which federal investments improve health or reduce costs. When projects are cut short, communities, policymakers, and practitioners lose valuable insights that could have informed solutions to the varied health needs of the American people.

OMB's proposed changes also purport to reduce recipient burden, ensuring that grant recipients can focus on the timely and efficient delivery of core program purposes. However, the proposed changes to 200.340 would have the opposite effect, increasing both the administrative and financial burdens on recipients and creating an unpredictable, chaotic federal funding environment. Rather than allowing organizations to focus on carrying out federally funded work, they would instead have the added burden of preparing contingency plans in case federal funding is rescinded, devoting time and resources to minimizing disruptions to participants, partners, and ongoing research activities. Allowing research projects to begin, invest resources, hire staff, establish partnerships, and launch data collection, only to capriciously end them before completion, results in wasted taxpayer dollars and is inconsistent with responsible, transparent grant-making practices.

While E4A's rapid response funding provided timely support for unfinished federal projects, it only scratched the surface of the funding losses nationwide. The consequences extended beyond lost dollars. For example, organizations were forced to lay off staff, halt data collection before studies were complete, scale back or abandon planned research activities, and in some cases were unable to fulfill commitments to community and research partners, jeopardizing relationships that had taken years to build. It also interrupted the careers of many researchers and scientists, particularly those early in their professional trajectory who rely on sustained funding to build expertise, publish findings, and secure future funding opportunities. Additionally, while a large share of federal research funding goes to universities and academic institutions, many community-based organizations and other small nonprofit organizations are also beneficiaries of federal investments, which is critical for sustaining their work. When federal funding was rescinded, we saw the harmful impacts on these small businesses, with some forced to shutter. OMB asserts the provisions would ensure recipients are held accountable when they fail to meet relevant standards. Yet, as we saw with the previously targeted cuts to federal funding, there was no indication that the recipients had failed to meet grant requirements or were otherwise noncompliant.

While OMB states that the proposed rule changes would ensure federal grants serve the national interest, broadening discretionary decision-making based on politically motivated shifting interests rather than rigorous scientific standards and the priorities of the American people will make it harder to generate and translate evidence to improve Americans' health. E4A is committed to developing the evidence base to advance health and well-being; to ensure we continue to invest in health equity research, **E4A opposes the proposed changes to sections 200.218 and 200.340 and strongly encourages OMB to withdraw this provision.**

Thank you for your time and attention.

Sincerely,

Amani Nuru-Jeter, Ph.D., M.P.H.
Director

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