Equity Considerations for Delivering Human Services Virtually

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Federal, state, and local human service agencies across the United States quickly pivoted to provide services virtually when the COVID-19 pandemic hit. Agencies and staff shifted service delivery modes immediately and unexpectedly, with little time to prepare for the transition. As the pandemic continued and state and local public health orders evolved, agencies refined how they provided services virtually and which elements of their service array to offer virtually. Agencies' virtual service offerings changed over time in response to participants' needs, agencies' capacities, and other contextual factors.

In providing virtual services, many agency staff thought holistically about their programming, from outreach to outcomes. Some agencies moved all services and programming to a virtual format, while others used a hybrid approach to service delivery that is becoming increasingly common.

Hybrid approaches provide select services in person, typically because of participants' needs, preferences, abilities, or safety considerations, and offer the rest through virtual methods. Whether agencies provide in-person, virtual, or hybrid services often depends on the service type and component and population characteristics and preference, which can evolve over time. For example, agencies offering skills-based workshops frequently provided those workshops online through a video or telephone platform. Other components of their programming, such as signing enrollment paperwork or delivering food or other items, remained in person, often performed at a distance or with protective barriers. While the pandemic accelerated human service agencies' shift to providing

Virtual services[1]

For this brief, virtual services include all services that moved online, to video or telephone, or to another platform besides in-person interaction. Agencies often do not deliver all service elements virtually or face-to-face. Some agencies use mail or in-person drop-offs to exchange paperwork with participants or use a combination of virtual and in-person methods ("hybrid" approaches).

Equity

For this brief, equity is defined as the consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, Indigenous and Native American persons, Asian Americans and Pacific Islanders, and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.

Underserved communities are populations sharing a particular characteristic, as well as geographic communities, that have been systematically denied the full opportunity to participate in aspects of economic, social, and civic life, as exemplified by the listing in the preceding definition of equity.◣

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[1] See "Executive Order on Advancing Racial Equity and Support for Underserved Communities through the Federal Government" at https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/20/executive-order-advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government/.

more services virtually, hybrid models are likely here to stay (Benton et al. 2021e). These changes may have important implications for equity.

Human service agencies and their programs serve a variety of individuals and families, including those facing multiple economic and social barriers—both historical and current—to accessing, continuing, and achieving positive outcomes from services. Human service agencies do not generally exclude eligible people from services intentionally outside of funding and capacity constraints. But persistent infrastructure, social, economic, and other inequities may reinforce preexisting disparities when delivering services. In fact, most human service programs are designed to serve people who have not had access to equal opportunity as a result of long-standing and persistent social inequity and structural racism in our society.[2]

But we do not yet know the effects of moving toward a greater emphasis on virtual services and, in particular, how this shift will affect equity in human service access or outcomes for participants. In fact, research and practice suggest a number of challenges to equity that virtual services may pose. For example, some people cannot access or complete virtual services if they do not have adequate technological devices and broadband internet, either because they cannot afford them or because broadband internet is not available or reliable in their location. Before the pandemic, human service agencies likely had limited time, capacity, and resources to assess equity in their service provision and outcomes, a trend likely to persist in the immediate future. Little available information addresses how to provide virtual human services most effectively and efficiently, who benefits and who misses out when agencies provide services virtually, and how to provide virtual services equitably. We know that how agencies design and deliver programming, the quality of services provided, and participant outcomes all have equity implications.

To advance a shared understanding of the adoption of virtual services and to identify next steps for the field, the U.S. Department of Health and Human Services' Office of the Assistant Secretary for Planning and Evaluation (ASPE), together with the Institute for Research on Poverty at the University of Wisconsin–Madison, held a virtual convening in April 2021.[3] At this event, federal, national, and local staff, as well as stakeholders, researchers, and providers, presented research findings and exchanged lessons on providing virtual human services.

Building on that convening and ASPE's related studies, this brief describes equity issues that can arise when agencies deliver human services virtually (Box 1).[4] While virtual services may address some long-standing equity issues, particularly accessibility of some services for some populations, equity implications are specific to the population, service component, geography, and other contextual factors. This brief highlights how four human service fields pivoted to provide services during the pandemic and discusses their relative successes and challenges in doing so. Finally, the brief suggests potential next steps to ensure that equitable access to appropriate, sufficient, and effective services for all participants is

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[2] See "Executive Order on Advancing Racial Equity and Support for Underserved Communities through the Federal Government" at https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/20/executive-order-advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government/.

[3] For information on this convening, see "2021: Virtual Human Services Delivery: Initial Findings," Institute for Research on Poverty, University of Wisconsin–Madison, at https://www.irp.wisc.edu/virtual-human-services-delivery-initial-findings/.

[4] Access briefs from ASPE's studies of virtual human services delivery at https://aspe.hhs.gov/virtual-human-services.

possible in a virtual service environment, as virtual and hybrid programming are likely to continue in some form moving forward. Whether virtual services produce similar outcomes for different populations will remain unclear for some time. Monitoring outcomes closely will allow agencies to quickly restructure programs and policy decisions (as needed) to increase equity in service delivery.

Box 1. Consider equity issues *before* delivering services.

- Equity considerations touch every aspect of human services, whether delivered virtually, in person, or by means of a hybrid approach. These aspects include how agencies advertise programs and services, how staff recruit participants, which services and components staff deliver virtually, the quality of virtual services, and participants' potential outcomes.

- Integrating participants into decisions about program design and implementation can promote choice, access, and dignity while ensuring that agencies offer virtual, in-person, and hybrid services equitably to different populations, particularly underserved communities.

- Individuals and families who lack transportation or child care may find virtual services easier to access than in-person services. For this reason, making services available virtually can improve equity. However, people who have limited access to broadband and technological devices, or people whose living arrangements make privacy difficult to find, may find virtual services harder to access, which may pose challenges for equity.

- Measuring service quality and considering how it varies across delivery methods can ensure that participants have equitable access to the same quality of services regardless of the delivery method.

- Organizations' capacity to measure equity was uneven before the pandemic. Measurement is even more critical now to ensure equitable provision of human services in any context, especially in the emerging field of virtual services.

Equity issues in virtual human service delivery

Limited evidence prevents the field from determining whether the substantial pivot to virtual service provision worsened or improved existing equity issues overall, but the shift likely did both to some degree. Certain populations, such as some historically underserved communities, might face particular effects from the shift to virtual human services. Although virtual approaches may reduce barriers to services and historical inequities for some participants, they can present new barriers for others. Equity, however, depends on more than just the population served. Equity has inherent links to service design, delivery methods, and the quality of services. Therefore, policymakers and program managers can focus on equity at each point in the service delivery process. Five main equity considerations follow.

1. Ensuring appropriate technology to meet service and equity needs

Virtual services may be easier to access than in-person services for individuals and families who lack transportation or child care, thus improving equity in a shift toward virtual service. However, people with limited access to broadband and technological devices may find virtual services difficult to access.

Some programs still deliver services over a landline telephone, but most virtual human services require technology such as smartphones, tablets, and other devices that often benefit from broadband internet access. Using technology can present immediate accessibility barriers because some populations—

including some people with low income, some communities of color, tribal populations, older adults, and people living in rural communities—are less likely to have broadband access, which can hinder their access to many virtual human services (Swenson and Ghertner 2021). Requiring use of technology may also limit access for people who are not comfortable with technology, including people who do not use e-mail, and for people with disabilities when platforms are not accessible.

A key part of accessing virtual services is the technology and device functionality, including whether a mode of communication is even possible and whether the connection is of sufficiently high quality. Even with broadband access, barriers such as data limits, prepaid phone plans, and lack of webcam or integrated devices can limit participation in certain virtual services (Benton et al. 2021a). Individuals without smartphones, tablets, or laptops might not be able to send pictures, electronically sign documents, or engage in videoconferencing. In these cases, participants may benefit from individualized follow-up with methods such as mail or in-person drop-off. Agencies may want to consider how technological factors affect populations who already face historical barriers to service access, such as rural populations and people in urban areas that lack broadband coverage.

Leverage technology in virtual service delivery by:

- Making services available live and asynchronously (prerecorded or on-demand)
- Integrating the whole household in service delivery
- Choosing technology when it adds value and providing non-technological options as needed.
- Providing technology accommodations, such as closed captioning, to promote digital accessibility for all populations. ◢

Access issues can be location specific. For example, some buildings might not have access to the same technological infrastructure as other buildings in the community. One event participant described a situation in which lead paint blocked internet signals, even though an internet access map indicated connectivity.

Access issues are also specific to the individual or family. Event participants suggested considering participants' family circumstances and individual comfort using technology. For example, some large families or multiple families living together may experience problems with stable internet access and finding privacy to interact with services. These factors could affect the quantity and quality of information participants give to caseworkers and the ability of participants to receive effective services. Privacy and confidentiality considerations are even more important for participants experiencing intimate partner violence or families involved in the child welfare system.

> **"Virtual services are likely here to stay and will be driven by what works best for customers on the ground."** –*Event participant*

> **Lessons from the field: Youth employment services**
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> **Pandemic response:** The U.S. Department of Labor's Division of Youth Services learned workforce professionals and other employment service providers began:
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> - Connecting with youth through media such as video games, online trivia, TikTok, Snapchat, and Instagram
> - Engaging youth virtually in career and self-care mini-challenges
> - Partnering with community-based organizations, libraries, and businesses to offer broadband hotspots or guest Wi-Fi so youth without internet have different options for access
> - Hosting virtual employer recruitment meetings to solicit virtual workplace experiences, encourage businesses to host virtual business tours, and connect youth to virtual job fairs and online job search engines.
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> **Successes:** Communication between staff and youth helped share critical resources with youth; provided opportunities, such as virtual job fairs and virtual mentoring; and helped youth learn and practice skills.
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> **Challenges:** Access to broadband, especially in rural areas, limits how much employment programs can engage youth. In some virtual services, disability accommodations may vary (for example, some technology platforms charge extra for captioning). Youth may benefit from additional training on soft skills like e-mail writing.

2.   Focusing on equity before and during initial outreach

Agency staff can analyze equity challenges and opportunities before engaging with potential participants. Event participants highlighted the importance of ensuring that agencies target their programs and services broadly to avoid systematically excluding any populations, particularly when outreach occurs virtually or through hybrid (in-person and virtual) methods. No matter how programs deliver services, staff can consider the equity implications of how they recruit program participants to avoid making it harder for people to equitably access services and achieve the intended outcomes.

Agency staff can consider how to reach underserved communities before they try to contact potential participants, particularly if they use virtual recruitment methods. One event participant cautioned that individuals and families who knew how to access in-person services before the pandemic may not know how to use technology to find or request services, and virtual outreach may not reach these potential participants. Therefore, programs may want to assess their practices to ensure they reach the intended participants regardless of the mode of outreach and recruitment. To be equitable, programs may need to take extra steps to recruit and enroll specific populations or to review their practices to ensure they are not missing any populations when reaching out and recruiting—whether virtually or in person.

Staff can learn more about potential participants' needs and connect participants to services and resources through universal screenings of needs and streamlined eligibility, whether assessments are conducted virtually or in person. One event participant suggested that connecting participants to services regardless of whether they reached out in person, over the telephone, or virtually could enhance providers' ability to serve more individuals and families and

> **"How do you actually find families when you're not going door to door or in WIC clinics?"** –Event participant

provide more stabilizing and sustainable services. Other participants implied that these approaches may even keep participants engaged in services longer, which could improve outcomes and potentially reduce inequities. Universal screenings of needs, when conducted online, can potentially reduce the paperwork burden for some staff during intake and enrollment, but online screenings of needs may pose a challenge for people who struggle with technology or access to broadband.

Lessons from the field: Home visiting

Pandemic response: The Rapid Response–Virtual Home Visiting collaborative quickly created webinars to respond to requests from the field about how to deliver virtual home visiting services most effectively and efficiently during the pandemic. Webinar topics covered engaging and screening individuals and families virtually as well as training the home visitors in the virtual environment.

Members of the collaborative recorded the webinars and clustered them into e-learning modules that the home visiting workforce can access on demand.

Successes: Home visitors were often one of families' few connections to the outside world during the pandemic. Home visitors met participants' basic needs; helped families with vouchers from the Special Supplemental Nutrition Program for Women, Infants, and Children; connected participants to alternatives when their usual services were unavailable; and helped them put food on the table.

Challenges: Home visitors typically recruited families in person before the pandemic and found online outreach difficult. Engaging families in parent-child interactions over telephone or video was difficult because of distractions in the home. Home visitors struggled to conduct children's developmental screenings virtually.

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3. **Redesigning services to align with participants' preferences and needs and tailoring approaches to enhance equity**

Service design can improve or worsen inequities. Event participants agreed that, to improve equity, providers can enable participants' preferences to drive service design and build in meaningful, ongoing participant feedback mechanisms. Service providers can also explore how service quality varies across delivery methods and ensure equitable quality regardless of access or delivery method.

Gauging participants' preferences is critical to providing services that participants need and want. Event participants suggested asking participants what works for them and engaging them in designing or redesigning human services. For example, programs can create meaningful feedback loops with participants to assess ongoing equity considerations (such as access and the ability to remain in services) through online surveys or other tools. Methods that rely on technology, however, can exacerbate historical digital divides, creating a potential bias in who can contribute feedback (Benton and Vandenberg 2021).

Carefully consider modifications to services before bringing them online

It is usually not sufficient to swap in-person care for virtual care without considering how the virtual provision will work in practice. Similarly, swapping in-person services for the same services provided over the telephone may not be sufficient.◢

Providers can better understand the variety of ways that increased technology use can ease or worsen cognitive and administrative burdens for certain participants. For example, the transition to electronic signatures helped some people access services but made it impossible for others. Event participants noted

that some program participants described burnout from having many virtual calls, particularly calls with video components. Therefore, service design might require tailoring to specific populations or services.

Embedding equity in service delivery will also require careful consideration of the range of roles and identities that participants reflect in their needs and preferences. For example, an undocumented working mother may benefit from the flexibility to access virtual services without arranging child care, but she could also be hesitant to provide personal data online because of confidentiality concerns. Understanding the range of considerations participants face can help inform more inclusive service delivery.

Understanding participants' needs can also support continued program participation. For example, one event participant noticed in their program that certain participants, including some immigrants, were less likely than others to answer phone calls from unknown numbers. Providers used text messaging instead, demonstrating the importance of understanding how cultural factors in virtual service design affect how people access and use technology.

Equity also encompasses the quality of the services received. High-quality services delivered online or virtually may look different from services delivered in person. Many existing quality metrics might be useful, but agencies can consider introducing new ones to measure outcomes specific to the virtual environment (Benton and Vandenberg 2021). Providers can avoid disadvantaging participants who choose in-person or virtual services by attempting to offer the same service quality regardless of the access method. Event participants noted the importance of educating participants about the full array of methods for accessing services, which empowers them to choose methods that work best for them and potentially reduces outcome disparities among underserved communities.

To maintain participants' options, providers can take care to avoid adjusting their service delivery methods to align with specific models or populations in a way that might be based on preconceptions. For example, even if most participants receiving in-person services are older than age 65, a provider would not limit in-person service delivery by age. Sustaining this flexibility could have cost implications and, for example, might mean having language interpreters available for participants with limited English proficiency in person and virtually and ensuring consistent service quality across all delivery methods.

Service providers can maintain flexibility to serve more participants. Whenever possible, providers can use multiple modalities to provide virtual services, including asynchronous methods. For example, requirements for signatures, consent, and enrollment might benefit from flexibility that accommodates participants' situations and technology preferences. Event participants stressed the importance of allowing program participants to transition between in-person and virtual services depending on their preferences and needs. This flexibility can mean offering multiple methods to access support groups or services. For example, providers can use audio, audiovisual, or text-based options for case management, referrals, and e-mailing forms to participants, and they can provide non-technology-based services for participants who do not have or prefer not to use technology. Services approaches that do not rely on technology might include mailing or providing drop boxes for hard-copy forms when participants cannot come into the office and cannot fax or e-mail documents. Providers can get creative about connecting participants to broadband (Box 2).

> **Box 2. Explore creative strategies for bringing broadband access to participants**
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> - Partner with local companies, community-based organizations, and educational institutions to offer broadband hotspots or devices and guest Wi-Fi networks so people can access the internet from outside these buildings.
> - Link students to school district buses outfitted with Wi-Fi access.
> - Create resources showing where to buy used or refurbished technology devices and locations offering free broadband or Wi-Fi in the community (such as restaurants, libraries, and businesses).
> - Use grant or program funds to buy, rent, or borrow laptops or other devices with internet access or to reimburse participants' purchases.
> - Share information on local and regional cable and telephone companies offering free or reduced-price internet services.

4. Building on staff perspectives and paying attention to their needs to promote equity

Programs can promote equity for staff and participants through thoughtful hiring, engagement, and continuous support. Event participants said that programs such as home visiting and youth services sometimes hire former program participants. Their prior programmatic experiences can offer useful insights into barriers that program participants may face in adapting to a largely new form of service delivery, and they can suggest improvements in program design to promote equitable access and outcomes.

Programs can consult with staff to identify programmatic challenges and opportunities, relying on the lived experience of staff members and their proximity to participants through their work. These consultations can inform inclusive service delivery designs that also account for staff members' own needs and challenges. Program staff may themselves belong to communities disparately impacted by the COVID-19 pandemic and recession. Because of the need to recognize challenges staff might be facing at home and in their communities, programs can promote equity by adopting staffing strategies that consider how best to support employees and balance their personal and work burdens. Therefore, event participants stressed that staff support and retention strategies—especially in relation to front-line service providers, who are often women of color doing stressful, demanding work—can benefit from thoughtful consideration. Adequately providing for the workforce that administers virtual services facilitates equitable service quality and ensures emerging policies and practices do not place additional burdens on participants and staff.

Hiring from within

Home visiting programs sometimes hire former program participants. Before the pandemic, potential home visitors traveled for an in-person, multiday training, which could be burdensome for them. When the training moved online, it removed the barriers that many of these potential home visitors faced, including lack of child care while they traveled for training and inability to cover the cost of airfare and hotel stays while waiting for reimbursement. Removing some of these barriers helped facilitate a more inclusive staff pipeline.◢

All staff may need support to provide virtual services equitably. At a minimum, staff need their participants to have adequate access to technology, and staff themselves need the proper technological infrastructure, devices, and training to serve participants. At the beginning of the pandemic, when many

human service programs pivoted to offer services virtually, some staff relied on their personal smartphones or other devices and data plans to provide services. Inadequate technology could have inequitable economic or social implications for staff (for example, some participants used providers' personal cell phone numbers). For participants, inadequate technology could affect the quality of services received and the confidentiality that vulnerable populations could expect. Agencies can support their staff by issuing the appropriate technology, such as laptops, cellphones, smartphones, virtual private networks, or masked telephone numbers (Benton et al. 2021a). Training on multiple technologies—including different platforms and device types—can help staff serve participants equitably by enabling staff to provide tailored support for participants to access services. In addition, training staff on the many ways to serve participants can empower them to support participants who need or prefer low- or no-technology methods, such as dropping off or mailing documents and offering support over a landline telephone, reducing potential barriers to equity. Staff may also need training and support to deliver services virtually, such as how to conduct virtual motivational interviewing. Programs can further consider staff preferences for virtual, hybrid, or in-person services when shaping program designs and implementation.

Lessons from the field: Community Action Agencies (CAAs)

Pandemic response: CAAs around the country used flexible funding to quickly pivot to provide essential services. For example:

- One agency shifted to a 24/7 intake system for participants to get access to utility and water payment services.
- This agency also created an online system for participants to get nutritional and culturally specific foods delivered to them.
- A different agency engaged in a whole-family approach, hiring licensed social workers to provide weekly virtual parent support groups and one-on-one counseling.

Successes: CAAs created flexibility to give participants choice. CAAs increased access to benefits by using virtual universal intake systems and streamlining eligibility, potentially improving equity.

Challenges: Staff and participants sometimes lacked access to necessary technological equipment. Broadband and technology disparities affected staff and participants, especially in rural areas and on tribal lands with extreme poverty.

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5.   Ensuring program outcome measures capture dimensions of equity

Organizations' capacity to measure access to services and quality of services delivered to underserved communities was uneven before the pandemic. Now, ensuring equitable program outcomes across populations, services, and service delivery methods, as well as rectifying unintended consequences resulting from virtual human service delivery, is even more important. To fully capture participants' experiences and develop more appropriate measures, agencies can begin by listening to participants. Program staff can examine their processes for collecting outcome measures with a focus on inclusivity and accessibility among different participant populations. For example, some people might have difficulty filling out online surveys or taking part in virtual focus groups. Programs can examine the user-friendliness of their virtual platforms and explore the extent to which high-quality services reach their intended audience (Benton and Vandenberg 2021). Programs can also consider tailoring their processes for collecting outcome data and participants' feedback to ensure each process captures the experiences of underserved populations, particularly those who lack broadband access.

Program managers can monitor program outputs and outcomes continuously and make midcourse corrections when they identify inequities. This approach will help ensure policy safeguards to avoid creating unintended consequences related to participants' choice of virtual, in-person, or hybrid services.

When practitioners deliver services virtually, the outcomes of interest related to equity are likely similar to the outcomes measured for in-person service delivery. Outcomes will continue to include holistic measures of individual and family well-being, economic security and mobility, and other program-specific gains in knowledge, skills, and abilities. Along with these overall measures, programs can look carefully at the actual services delivered—in amount and quality—and measure the range of services, the delivery methods, and variations in outcomes among different

> **Using a virtual format for educational programs or workshops can enable greater participation**
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> Home visiting staff found that young mothers especially did not have to worry about transportation or child care for virtual services, and they could participate at any time.
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> Similarly, child welfare staff found that holding family team meetings virtually allowed increased participation and support from a broader group.◢

populations. Event participants were particularly interested in comparing the effectiveness of service delivery types (in-person, virtual, or along the spectrum of hybrid approaches). Program staff can also look at outcomes based on population to ensure that historically underserved populations receive equitable services and that those with multiple economic and social barriers can achieve equitable outcomes.

In addition, event participants noted that the shift to virtual services potentially jeopardized funding tied to achieving requirements for enrollment numbers or using evidence-based programs with fidelity (that is, delivering them as intended) despite their lack of adaptation for virtual use. Program staff can assess compliance with these funding regulations by collecting data on the entire service delivery process, from enrollment numbers to outcomes achieved, and comparing the effectiveness of different delivery mechanisms.

> **Lessons from the field: Child welfare**
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> **Pandemic response:** Casey Family Programs contracted with Health Management Associates to help child welfare systems learn from telehealth and adapt to virtual service delivery. Through this work, Health Management Associates created a decision-making tool to help agencies decide which services to bring online to create a hybrid model. The tool (available here) guides users through policy and implementation questions to find the delivery model with the best fit.
>
> **Successes:** Drawing on lessons from telehealth helped agencies develop hybrid service models. Assessing the entire system identified opportunities to move to virtual service delivery. Virtual service delivery enabled more people to participate in family team meetings and other collaborative sessions.
>
> **Challenges:** The child welfare field did not have a standardized process for moving to virtual services. Including participant voice could improve the process.

Next steps in understanding and promoting equity in human service delivery

Equitable service delivery is imperative for supporting individuals, children, and families fairly and appropriately. Program staff, advocates, researchers, and policymakers can take steps to improve equity in human service delivery, whether services are provided virtually, in person, or through a hybrid approach.

Program staff and advocates can talk to participants and find out what they want and need. Integrating participants' preferences into programming can ensure that virtual, in-person, and hybrid services are provided in equitable and effective ways. Open lines of communication with participants can help alert program staff to unintended consequences of service delivery methods early, enabling midcourse corrections to avoid systematic inequities. Program managers can assess whether participants may hesitate to complain to staff who hold the key to their benefits and use a neutral third party to collect feedback as needed.

Researchers can support program managers, front-line staff, and the field of human services in several ways. First, researchers can help programs think strategically about how to collect and use data on virtual human services. They can work with programs to develop outcome measures that assess the extent and quality of services and that can formulate measures to assess the equity and effectiveness of virtual and hybrid services. Second, researchers could provide critical information about how to recruit and serve populations that have historically faced barriers to services. They can study which services lend themselves to virtual delivery models for those populations and why. They can research how to engage families, how to keep them engaged, and, when appropriate, how to support parent–child interaction and conduct children's developmental screenings. Finally, researchers can solicit participants' perspectives and perceptions of virtual human services to assess fit and equity.

Policymakers can invest in research and programming to explore the effectiveness of different platforms and ways of delivering services, and they can elevate and disseminate emerging and best practices from the field. Policymakers can also provide timely information, technical assistance, flexibilities when appropriate, resources, and guidance to support programs and staff implementing and delivering services. For example, they could provide information about potential resources to bridge access gaps, such as funding for broadband or technological devices. One event participant requested infrastructure support and policy investments such as expanding broadband access and supporting state-based or local innovations in service delivery.

> **"Position access to broadband as a right or as a utility."** –*Event participant*

Finally, policymakers can support efforts to understand how and when virtual services pose barriers to equity. This understanding can improve service access and quality for all current participants and for future participants beyond the pandemic. For example, policymakers might provide funding for program evaluations to explore outcomes by participants' characteristics and demographics individually and in combination, enabling agency staff to assess the equity of their outcomes across participants. Policymakers could invest in data toolkits or guidance on data collection and best practices for delivering virtual services. Policymakers could create flexible funding streams to help fill programmatic or technological gaps. They could also provide guidance on allowable use of funding and other flexibilities to allow programs to adapt in-person evidence-based models for virtual delivery while meeting outcome and fidelity requirements for federal, state, or other funding streams. These investments can inform equitable human service delivery well beyond the pandemic by providing guidance that helps program staff and participants.

Conclusion

Virtual platforms are, and will continue to be, a crucial tool for delivering human services. Hybrid delivery models that combine in-person and virtual services are likely here to stay. Providing services virtually can improve and worsen equity concerns for different populations and individuals, depending on

their characteristics, identities, and experiences. How practitioners and policymakers implement programs and service elements virtually will determine whether they deliver those services equitably. Because most human service agencies design programs to support historically underserved communities, the human services field is at a watershed moment in which agencies can carefully examine participants' preference and service data to ensure quality services and equitable program outcomes.

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