

OSC (Common Fund)

Concept Clearance: New Common Fund Program

TITLE: Community Partnerships to Advance Science for Society
(ComPASS)

Initiatives:

1. Community-Driven, Health Equity Structural Interventions
2. Coordination Center (CC)/National Health Equity Research Assembly (HERA)
3. Health Equity Research Hubs

Program Duration: 10 years

Council Action: Vote on support of Program



Community Partnerships to Advance Science for Society (ComPASS)

Lead ICOs: NIMH, NIMHD, NINR, ORWH, THRO

Working Group: CSR, NCI, NEI, NHGRI, NHLBI, NIA, NIAMS, NICHD, NIDA, NIDDK, NIEHS,
NIMH, NIMHD, NINDS, NINR, NLM, OBSSR, ODP, ORWH, SGRMO, THRO



National Institutes of Health

Office of Strategic Coordination–The Common Fund

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*(Members who served but are no longer participating as 12/1/2021 or former Institute, Center, or Office)
Alt: Alternate IC Working Group representatives*

NIH stands against structural racism in biomedical research



Ending Structural Racism



nih.gov/ending-structural-racism

UNITE



"Affirming NIH's commitment to addressing structural racism in the biomedical research enterprise"

[https://www.cell.com/cell/fulltext/S0092-8674\(21\)00631-0](https://www.cell.com/cell/fulltext/S0092-8674(21)00631-0)

Proposed ComPASS Goals

1. Facilitate and implement **cross-IC framework** for health equity structural intervention research
2. Catalyze, deploy, and evaluate *community-driven* **health equity structural interventions** that leverage multisectoral partnerships to reduce health disparities

Why health equity structural interventions?

- Health disparities are pervasive, persistent, and seem intractable
- **Upstream structural drivers** of these disparities
 - ❖ span many sectors
 - ❖ require innovative solutions
- Limited NIH research focuses on **health equity structural interventions**
- **Community-driven** rigorous research is needed in partnership with scientists

Health equity:

Every person can attain their full health potential, with no one disadvantaged because of their social position or other socially determined circumstances. (CDC)

<https://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/overview/healthequity.htm>

Why a Common Fund program?

- Health equity structural interventions are disease agnostic – they tackle **common, upstream risk factors** that lead to disparities in multiple diseases/conditions
- This Common Fund start-up investment will **advance future health equity research across ICOs** by:
 - ❖ Cultivating community trust and partnerships¹
 - ❖ Building research capacity across all partners
 - ❖ Enhancing competitiveness for future IC funding, contributing to greater diversity and inclusion in research
 - ❖ Providing proof of concept to spur implementation projects by other partners
- Program focus is consistent with **NIH-wide commitment to end structural racism**

Stakeholder Listening Sessions

The screenshot shows a website header for the NIH Common Fund's Transformative Health Disparities Research Initiative. The main title is "TRANSFORMATIVE HEALTH DISPARITIES RESEARCH INITIATIVE" in blue. To the right, a blue box contains the text "OCT-NOV 2021" in white. Below the title, there is a blue button that says "Community Listening Sessions" and the NIH logo with the text "National Institutes of Health Office of Strategic Coordination - The Common Fund". A navigation menu includes links for HOME, REGISTRATION, BACKGROUND INFORMATION, LISTENING SESSION DISCUSSION QUESTIONS, and TECHNICAL ASSISTANCE. The main content area features the title "The NIH Common Fund's Transformative Health Disparities Research Initiative" in blue, followed by "Community Listening Sessions" in yellow. Below this is the text "The NIH Common Fund Wants to Hear from You!" and the dates "October 26, 28 | November 2, 4, 9, 10, 16, 18".

OVER 2,100 TOTAL REGISTRANTS
and
OVER 500 ATTENDEES
across **8** listening sessions

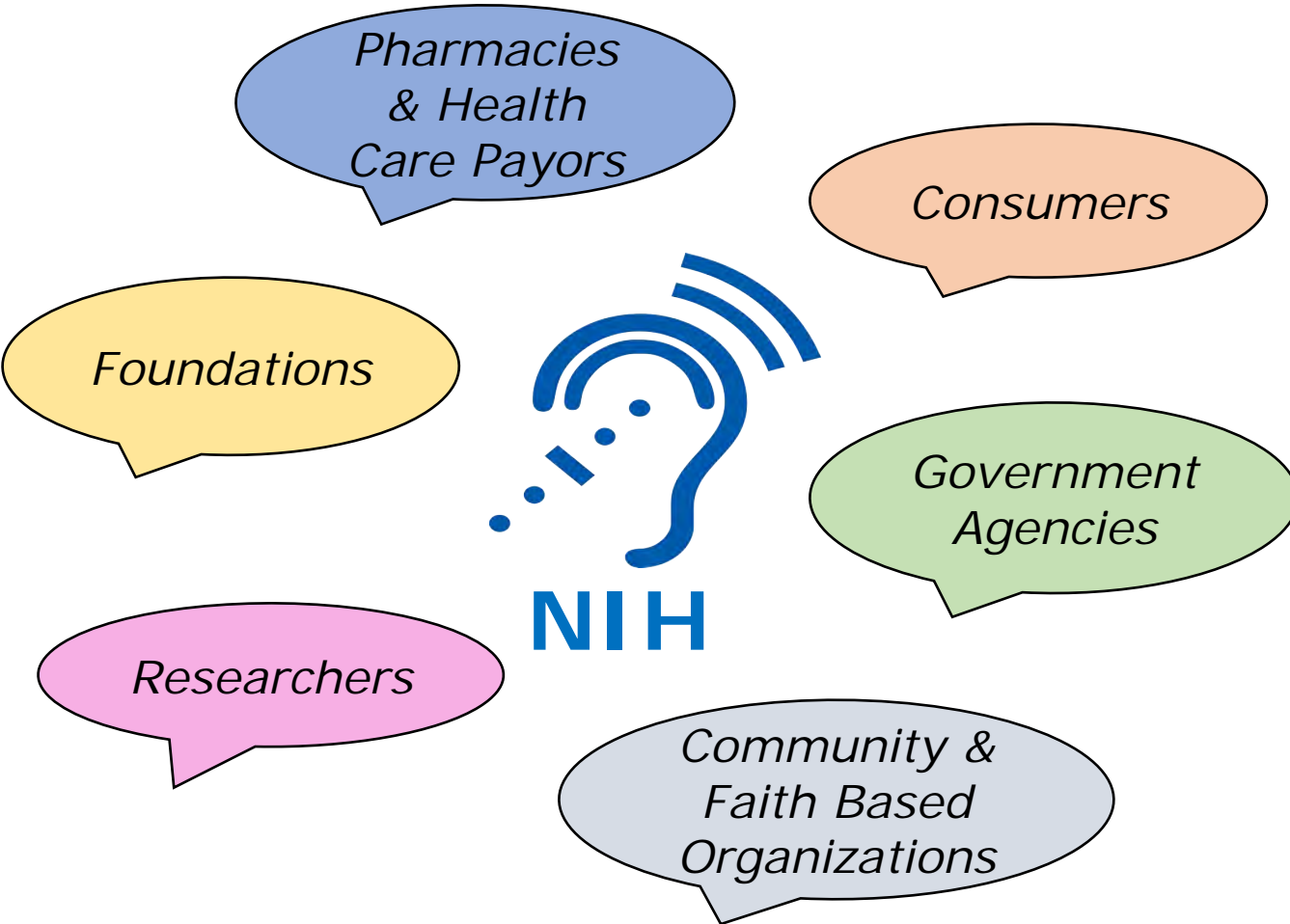
Representing

Community Based Organizations (CBOs)

- *Non-profit Organizations*
- *Faith-based Organizations*
 - *Tribal Communities*
- *Academia and Research Organizations*
- *Local and State Public Health Departments*

Community partners shared planning and co-led sessions

Partners' Listening Sessions - Themes

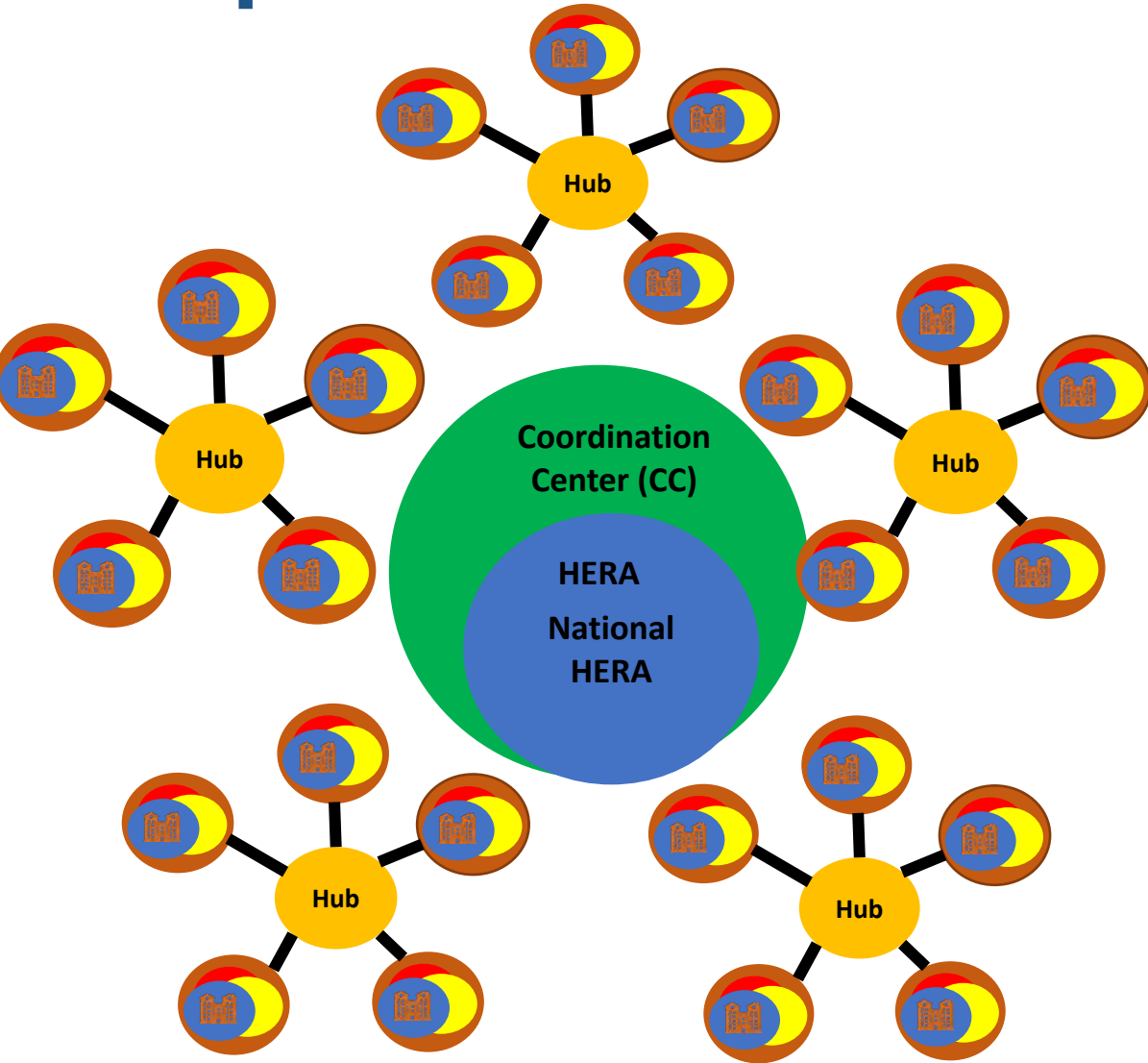


- Importance of time to build authentic **relationships** and **trust** with communities
 - ❖ Avoid health equity research tourism
 - ❖ Mutually beneficial relationships and allies
- **Community capacity building** needs
- Innovative **public-private partnerships** in community health
- Enhanced **NIH-federal agency collaboration** to create multisectoral intervention partnerships
- **Local level data** needs to inform health in all policies
- **Return on Investment (ROI)** data and evidence for structural interventions are needed

Examples of Community-Driven Health Equity Structural Intervention Targets



Proposed ComPASS Initiatives



Community-Driven, Health Equity Structural Interventions

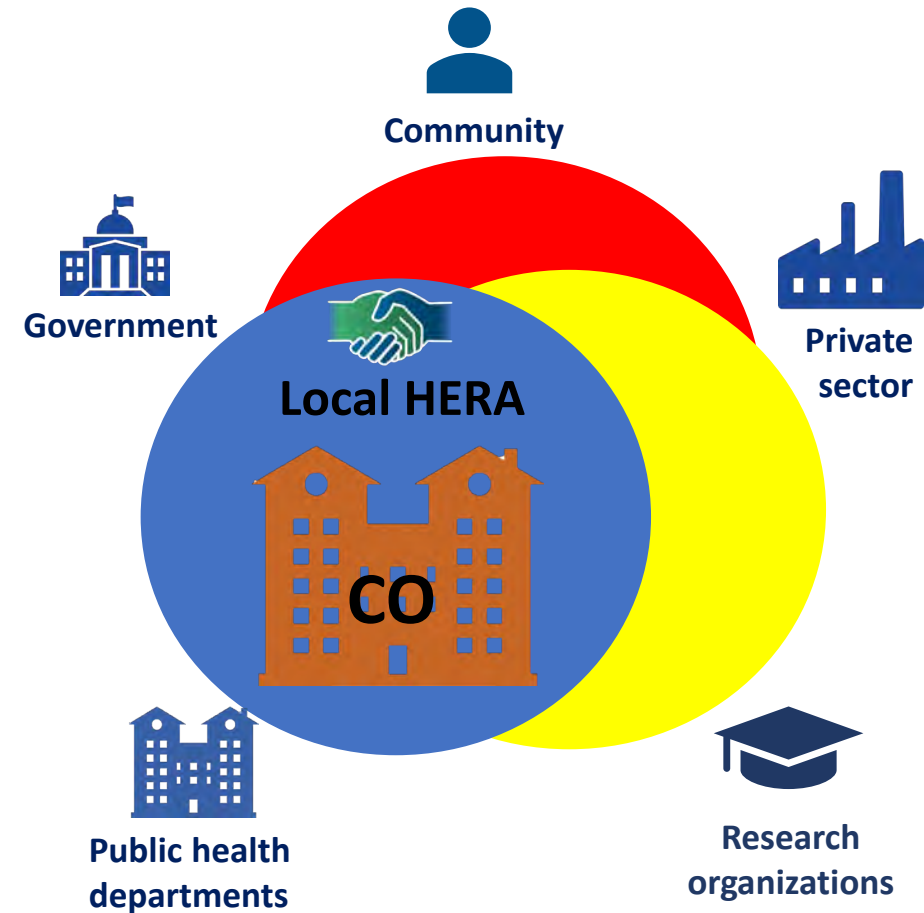
Local Health Equity Research Assembly (Local HERA)

Coordination Center with

National Health Equity Research Assembly (National HERA)

Health Equity Research Hubs for Scientific Support and Partnership

The Core of ComPASS: Community-Driven, Health Equity Structural Interventions

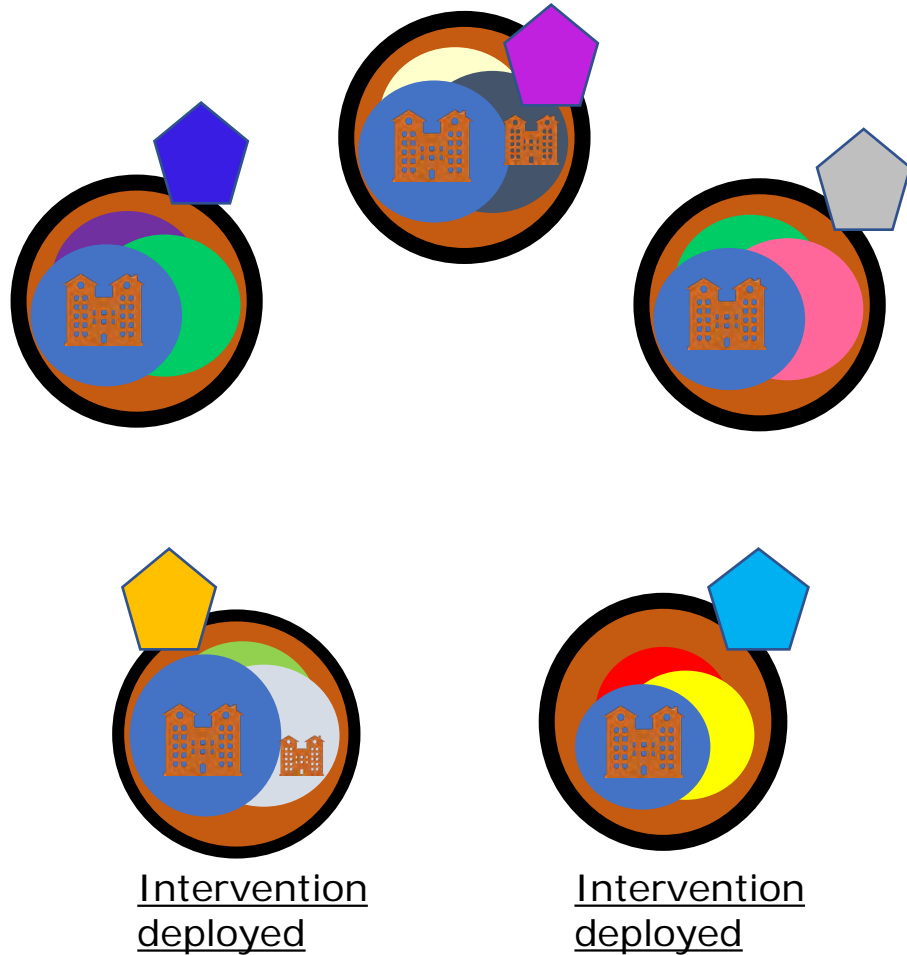


ROA #1:

Community-Driven, Health Equity Structural Interventions (Planning) (Phase 1: Y1-2)

- **Community organization (CO)-led**
- Intervention development that targets structural factor(s)
- Capacity and partnership building
- Develop local HERAs including research organizations, policy-makers, public health depts, other COs, private sector

The Core of ComPASS: Community-Driven, Health Equity Structural Interventions



ROA #1: *Community-Driven, Health Equity Structural Interventions (Implementation)* (Phase 2: Y3-7)

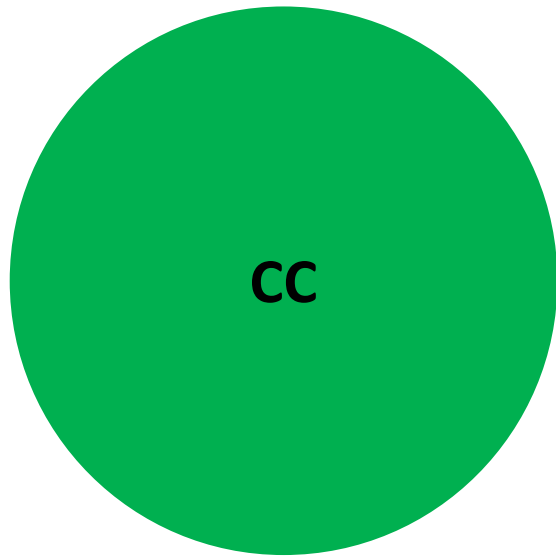
- In partnership with local HERAs and Health Equity Research Hubs
- Implementing and evaluating community-driven health equity structural interventions
- Common outcome measures in multiple domains of health

The Core of ComPASS: Community-Driven, Health Equity Structural Interventions

ROA #1: *Community-Driven, Health Equity Structural Interventions (Dissemination)* (Phase 3: Y8-10)

- Sustainability planning for structural interventions with partners
- Repository of interventions with rigor and reproducibility
- Dissemination of best practices including tool kits, publications, and multimedia products with health literacy for diverse audiences

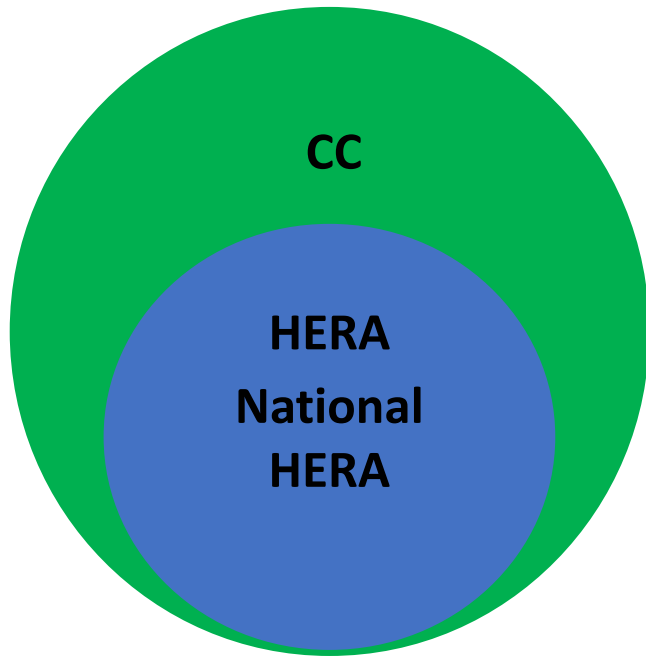
Coordination Center (CC) / National Health Equity Research Assembly (HERA)



ROA #2: Coordination Center + National HERA

- **Coordination**
- **Common Data Elements (CDEs)**
- Help define **health outcomes**
- **Capacity-building & training** curricula and programs
- **Repository** of health equity structural interventions
- Infrastructure for **data** sharing
- **Dissemination** and **outreach**

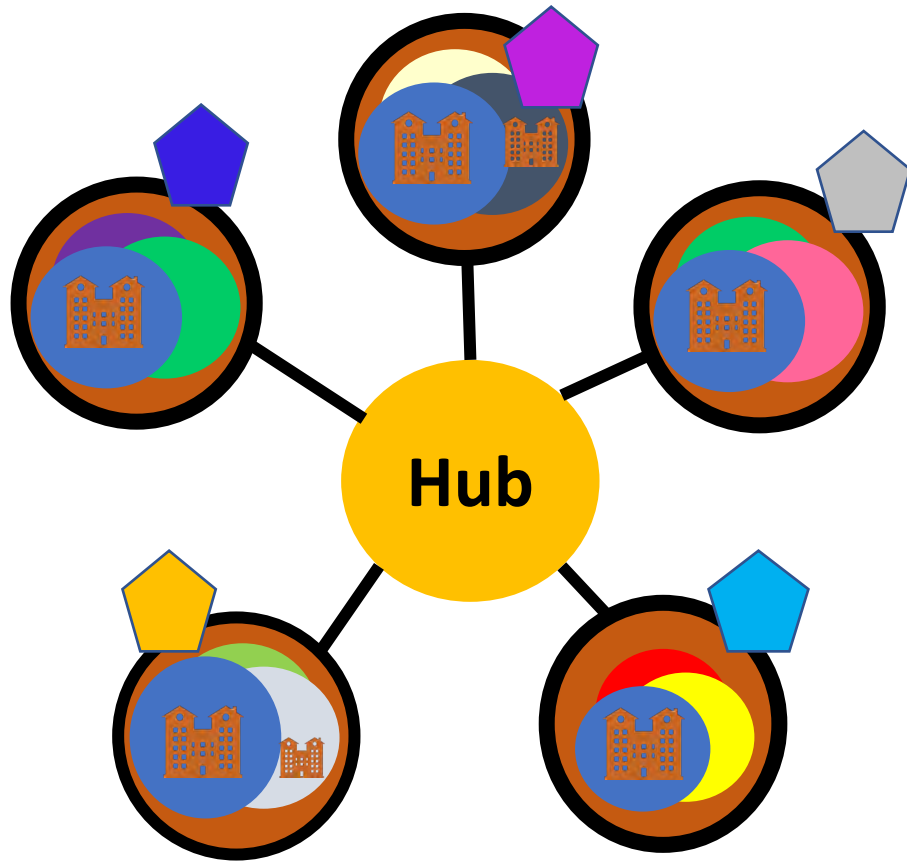
Coordination Center (CC) / National Health Equity Research Assembly (HERA)



ROA #2: Coordination Center (CC) + National HERA

- Interdisciplinary subject matter experts
- Federal agencies/partners
- Policy makers
- Community organizations
- Private sector organizations
- Health care organizations
- Partner with the CC in governance and facilitation of the research
- Assist COs in identifying local partners

Health Equity Research Hubs



ROA #3: *Research Hubs for Scientific Support and Partnership of CO-Led Research*

- Hubs co-created from planning phase activities
- Collaborations with COs and their research partners for study design and intervention evaluation, measurement, data acquisition, analysis, and dissemination
- Support local training & capacity building

ComPASS Budget

Budget: 10-year initiative. Numbers are (\$1000s).

Initiatives	FY23	FY24	FY25	FY26	FY27	FY28	FY29	FY30	FY31	FY32	Total
1) Community-Driven, Health Equity Structural Interventions	\$18,750	\$18,750	\$37,500	\$37,500	\$37,500	\$37,500	\$37,500	\$18,750	\$18,750	\$18,750	\$281,250
2) Coordination Center/ Health Equity Research Assembly (HERA)	\$3,000	\$3,000	\$6,000	\$6,000	\$6,000	\$6,000	\$6,000	\$3,000	\$3,000	\$3,000	\$45,000
3) Health Equity Research Hubs	0	\$3,750	\$7,500	\$7,500	\$7,500	\$7,500	\$7,500	\$3,750	\$3,750	\$3,750	\$52,500
RMS: NIH staff salary, travel	\$1,893	\$1,893	\$1,893	\$1,893	\$1,893	\$1,893	\$1,893	\$1,893	\$1,893	\$1,893	\$18,930
Total (\$)	23,643	27,393	52,3893	52,893	52,893	52,893	52,893	27,393	27,393	27,393	\$397,680

ComPASS Deliverables

<i>Improved Health Outcomes</i>	<i>Capacity Building & Training</i>	<i>Health Equity Research Framework</i>	<i>Dissemination & Implementation</i>
<p>Improve multiple health outcomes for underserved populations</p>	<p>↑ research capacity including staffing, training, & knowledge & skill development, among all partners in community-driven, health equity structural interventions</p>	<p>Common data measures, tools, and applications</p>	<p>Evidence-based health equity intervention repository</p>
<p>Health equity structural interventions that address structural racism</p>	<p>↑ competitiveness for IC-funded research</p>	<p>Shared framework for research (e.g., training, data)</p>	<p>Innovative models to hasten translation of discoveries into policy and practice</p>
<p>↑ understanding of the mechanisms of social determinants of health</p>	<p>↑ diversity & inclusion of investigators and participants</p>	<p>Integrated cross-hub cohort for longitudinal follow-up</p>	<p>New capacity-building and training curricula & resources</p>
		<p>Disease-agnostic network of multisector health equity research assemblies (HERAs - national and local)</p>	<p>New knowledge that informs health equity-enhancing policies and programs</p>

Thank you

Discussion