

## Community Partnerships to Advance Science for Society (CompPASS) - A Common Fund Proposal

### Background

Advancing health equity for communities is a complex challenge that extends beyond the reach of traditional health care settings. Efforts to improve health outcomes must recognize and intervene upon the structural factors that shape the conditions in which people are born, live, learn, work, play, worship, and age, the upstream drivers of health and health disparities. Therefore, innovative, community-driven research is needed to develop a health equity research agenda focused on multisector structural interventions addressing critical social determinants of health. An unprecedented opportunity to advance health equity and catalyze societal change exists through research led by the community organizations in full partnership with research organizations, private sectors, government, and others.

### Program Goal

To catalyze, develop, and evaluate **community-driven, health equity structural interventions** that leverage multisectoral partnerships to advance health equity and facilitate and implement a cross-IC framework for health equity structural intervention research.

### Initiatives

The proposed initiatives incorporate input and recommendations gathered from a series of listening sessions with over 500 stakeholder attendees (e.g., academic and research institutions, community-based organizations (CBOs), tribal communities, faith-based organizations, and others) and meetings with public and private sector community leaders and federal partners.

- **Community-driven, Health Equity Structural Interventions.**
  - **Planning** (Phase 1: Years 1-2): Community organizations will be funded for the first two years of the initiative to plan and develop community-driven, health equity structural interventions in collaboration with local partners to form local Health Equity Research Assembly (HERA), which will include academic researchers, public health departments, other government sectors, and other public and private entities, tailored to the local intervention and needs.
  - **Implementation** (Phase 2: Years 3-7): Community organizations and their research partners will comprise Health Equity Research Hubs that are funded for five years to implement and evaluate community-driven, health equity structural interventions. Interventions are expected to influence outcomes across multiple domains of health. Through this model, community-organization awardees will have support and partnership for the research.
  - **Dissemination** (Phase 3: Years 8-10): Sustainability models for structural interventions and best practices will be disseminated within communities to scale up and inform policy change.
- **Coordination Center/National Health Equity Research Assembly (National HERA)**
  - **Coordination Center (CC).** CC initiates CompPASS research activities, including harmonizing common data elements, establishing health equity structural intervention repository, and creating data infrastructure for management and sharing. The CC will also support the long-term management of cross-intervention research projects and Research Hubs (described below) and the dissemination and sustainability phase of the overall CompPASS initiative.
  - **Health Equity Research Assembly (National HERA).** An assembly of interdisciplinary subject matter experts, federal agency representatives, policymakers, community organizations, non-profit organizations, foundations, public and private sector organizations, and funded awardees will collaborate and advise the overall national CompPASS initiative. Logistics and infrastructure are needed to establish and maintain the National HERA.
  - **Health Equity Research Training and Capacity Building.** These awards will include developing common capacity-building and research training curricula for all partners to better work with each other. Topics will consist of community-participatory research approaches, structural racism and social determinants of health, research fundamentals, health equity, cultural bias, and structural intervention design.
- **Health Equity Research Hubs for Scientific Support and Partnership.** Health Equity Research Hubs comprise community organizations and their partners who collaborate on the research: e.g., intervention implementation, assessment, and data

acquisition and analysis. Hubs will interface with the CC/National HERA to support local training and capacity building, common measures, and other elements.

### Deliverables

1. **Improve Health Outcomes.** Specific health equity structural interventions that address structural racism and mechanisms that tackle the social determinants of health will improve health outcomes.
2. **Capacity Building and Training.** Increase research capacity, including staffing, training, and knowledge and skill development, among all partners in community-driven, health equity structural interventions. Enhance diversity and inclusion of research investigators and participation in clinical research. Build competitiveness for NIH-funded research.
3. **Health Equity Research Framework.** Common data measures, shared implementation frameworks, evidenced-based health equity structural interventions, and disease-agnostic networks of public-private, multisector partners to move from scientific discovery through translation into practice in the community (i.e., national and local HERAs)
4. **Dissemination and Implementation.** Evidence-based, health equity structural intervention and resource repository. Innovative models to hasten the scaling up of evidence-based interventions, enhance programs, and inform policy at the local and national levels.

### Budget

<b>Budget: 10-year initiative. Includes direct &amp; indirect costs. Numbers are (\$1000s).</b>											
<b>Initiatives</b>	<b>FY23</b>	<b>FY24</b>	<b>FY25</b>	<b>FY26</b>	<b>FY27</b>	<b>FY28</b>	<b>FY29</b>	<b>FY30</b>	<b>FY31</b>	<b>FY32</b>	<b>Total</b>
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)/Research Training and Capacity	\$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
<b>Total</b>	<b>23,643</b>	<b>27,393</b>	<b>52,893</b>	<b>52,893</b>	<b>52,893</b>	<b>52,893</b>	<b>52,893</b>	<b>27,393</b>	<b>27,393</b>	<b>27,393</b>	<b>\$397,680</b>