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
Co-Chairs

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Director
Office of Research on Women’s Health
Division of Program Coordination, Planning, and Strategic Initiatives
Office of the Director (OD/NIH)

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Acknowledgments

Common Fund Program Leaders
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Tiffany Wallace, NCI
Miya Whitaker, OD
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Julia Zur, NIDA

(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

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

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 partnerships
  - 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

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

- Zoning code modifications (e.g., fast food, alcohol)
- Housing eviction moratorium
- Capping of expressways
- Green infrastructure enhancement
- Pharmacy development
- Federal nutrition program revisions
- Smart growth policies
- Transit oriented developments
- Maternal health insurance
- Community revitalization programs
- Broadband expansion
- Medical homes
- Education Access and Quality
- School desegregation policies
- Early childhood screening
- Early childhood education policies and programs
- Transit oriented developments
- Social and Community Context
- Restorative justice and police de-escalation programs
- Junk food taxes
- Reparation policies
- Economic Stability
- Universal basic income
- Earned income tax credit
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).**

<table>
<thead>
<tr>
<th>Initiatives</th>
<th>FY23</th>
<th>FY24</th>
<th>FY25</th>
<th>FY26</th>
<th>FY27</th>
<th>FY28</th>
<th>FY29</th>
<th>FY30</th>
<th>FY31</th>
<th>FY32</th>
<th>Total</th>
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<tbody>
<tr>
<td>1) Community-Driven, Health Equity Structural Interventions</td>
<td>$18,750</td>
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<td>2) Coordination Center/ Health Equity Research Assembly (HERA)</td>
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<td>3) Health Equity Research Hubs</td>
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<td>RMS: NIH staff salary, travel</td>
<td>$1,893</td>
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</table>
## ComPASS Deliverables

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

Discussion