

## **Concept Clearance, May 2022**

### **ADVANCE: Advancing Prevention Research for Health Equity**

#### **Background**

Health disparities related to race/ethnicity, socioeconomic status, rural residence, sexual orientation, and gender identity persist in the United States. Although progress has been made in reducing disparities in some health outcomes for some populations, troubling patterns regarding increasing [racial/ethnic and other disparities in excess deaths due to both COVID-19 and non-COVID-19 causes](#) during the COVID-19 pandemic illuminate the urgency of addressing health disparities and the social and structural determinants that drive and sustain them. The modifiable nature of these determinants points to the critical role of prevention in reducing and eliminating health disparities.

In FY 2020, as part of a [published portfolio analysis of NIH-funded prevention projects](#) from FY 2016 to 2019, the ODP found that only 3.6% of prevention projects included a randomized intervention to address a leading risk factor for death or disability (e.g., smoking, low physical activity) in populations that experience health disparities. Further, such projects comprised less than 1% of the total NIH extramural research portfolio in FY2019, highlighting a pressing need for more research in this area. The ODP launched ADVANCE to bring together NIH Institutes, Centers, and Offices (ICOs) to support research to develop and test new prevention interventions and new strategies to deliver existing evidence-based interventions and preventive services in populations that experience health disparities.

#### **ADVANCE as a Trans-NIH Effort**

Beginning in December 2020, the ODP engaged in discussions with NIH ICOs regarding their interest in participation in ADVANCE. Twenty-four ICOs agreed to participate in ADVANCE planning discussions. The proposal for ADVANCE was presented to the NIH Institute/Center (IC) Directors in February 2021, receiving broad support.

In April 2021, the ODP distributed a web-based survey among the participating ICOs to assess interests in supporting research addressing leading risk factors, preventive services related to the leading risk factors and causes of death, and specific populations experiencing health disparities. The ODP analyzed the survey data and identified four clusters reflecting shared interests in risk factors and preventive services: (1) Cardiometabolic (e.g., dietary risks, high body mass index, low physical activity), (2) Alcohol, Tobacco, and Other Drugs; (3) Cancer, and (4) Mental Health. These clusters serve as the basis for four ADVANCE Workgroups that will develop Funding Opportunity Announcements (FOAs) relevant to each cluster topic, with each workgroup co-chaired by the ODP and one or more ICs. In July 2021, the ODP held an ADVANCE Kickoff Webinar, an internal planning meeting with participating ICOs to solicit additional input and ICO participation in the Workgroups. ICO membership of the four Workgroups currently consists of the following:

- Cardiometabolic: NHLBI/ODP (co-chairs), NCI, NEI, NIA, NIAA, NIAMS, NICDR, NIDDK, NIEHS, NIMHD, NINDS, NINR, OAR, OBSSR, ORWH. Initiated November 2021.
- Alcohol, Tobacco, and Other Drugs: NIAAA/NIDA/ODP (co-chairs), NCCIH, NCI, NHLBI, NIDCR, NIMH, NIMHD, NINR, OAR, OBSSR, ONR, ORWH, SGMRO. Initiated February 2022.
- Cancer: NCI/ODP (co-chairs), NIAAA, NIDCR, NIEHS, NIGMS, NIMHD, OAR, ONR, ORWH. Initiated March 2022.

- Mental Health: NIMH/ODP (co-chairs), NEI, NIA, NIAAA, NIBIB, NIDCR, NIEHS, NIMHD, NINR, OAR, ORWH, SGMRO, THRO. To begin June 2022.

### **Objective: Development of ADVANCE FOAs**

The charge to the four ADVANCE Workgroups is to develop FOAs focused on developing and testing new preventive interventions or new implementation strategies for existing interventions that address leading risk factors in populations that experience health disparities. FOAs across Workgroups will share common foci:

- NIH-designated populations with health disparities (racial/ethnic minorities, socioeconomically disadvantaged populations, underserved rural populations, and sexual and gender minorities).
- Testing prospective preventive interventions rather than observational or etiological studies.
- Testing multi-level interventions (i.e., interventions that address determinants at one or more socioecological levels of influence, including individual, interpersonal, organizational, community, and societal) using rigorous study designs and analytic methods.
- Collaborations between researchers, community partners, and service providers to enhance intervention acceptability, feasibility, and sustainability.

Within this framework, participants in each Workgroup will identify priorities consistent with their IC mission and objectives. Priorities may be related to specific health disparity populations of interest (e.g., American Indian/Alaska Natives, low-income individuals experiencing mental illness, individuals served in rural health clinics), the type or locus of preventive interventions (e.g., universal prevention in school settings, screening interventions in community health settings), or the health outcomes of interest (e.g., modification of risk factors, uptake of screening or preventive services, changes in health status).

Across Workgroups, FOA types are anticipated to include the following:

- Notices of Special Interest (NOSIs), to solicit applications relevant to IC priorities using a variety of different activity codes (e.g., R01, R21, R34, UG3/UH3).
- R01 PARs, to solicit full-scale preventive intervention projects relevant to IC priorities, with special review criteria emphasizing multi-level interventions and community and service provider partnerships.
- Network PARs, to support preventive intervention projects that share common features and coordinated data collection (e.g., UG3/UH3 or U01 with U24 coordinating center) within or across Workgroups.

Training, professional development, and/or capacity building FOAs may also be produced if the Workgroups determine that resource or personnel development is needed to successfully conduct research in this area. Each Workgroup is anticipated to generate 1-3 FOAs.

**Funds Available:** Funding for ADVANCE FOAs will be based on each participating IC's funding process, with co-funding possible from participating NIH Offices. The ODP will prioritize ADVANCE FOAs for its own co-funding support.

**Timeline:** FOAs are anticipated to be published starting in Summer 2022 for funding starting in FY2023.