

Community Partnerships to Advance Science for Society (ComPASS) Program

Community-Led, Health Equity Structural Interventions (CHESIs)

OTA-22-007

Full Application Technical Assistance Pre-Application Webinar

Please send your questions to CFComPASS@od.nih.gov



National Institutes of Health
Office of Strategic Coordination–The Common Fund

WELCOME



Community Partnerships to Advance Science for Society (ComPASS) Program



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Pre-Application Webinar Panelists



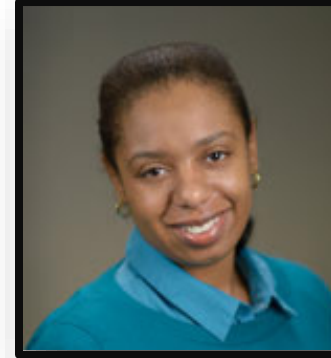
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AGENDA

TOPIC	PRESENTER
What is ComPASS and Overview of NIH Common Fund	Yvonne Ferguson, Program Leader
Social Determinants of Health, Structural Interventions and Community-Led Research	Jennifer Alvidrez, WG member
ComPASS Overview, Initiatives, and CHESI Phases	Shalanda Bynum, WG Program Coordinator
Full Application Requirements	Alison Brown, WG Program Coordinator
Data Management, Budget Details and Application Submission	Nathan Stinson, WG Program Coordinator
Review Information	Kristina Faulk, NIH Office of Strategic Coordination
Other Transactions Authority (OTA) Mechanism	Yvonne Ferguson, Program Leader
ASSIST Overview	Yvonne Ferguson, Program Leader
Timeline	Alison Brown, WG Program Coordinator
Question Submission	Alison Brown, WG Program Coordinator

What is ComPASS?

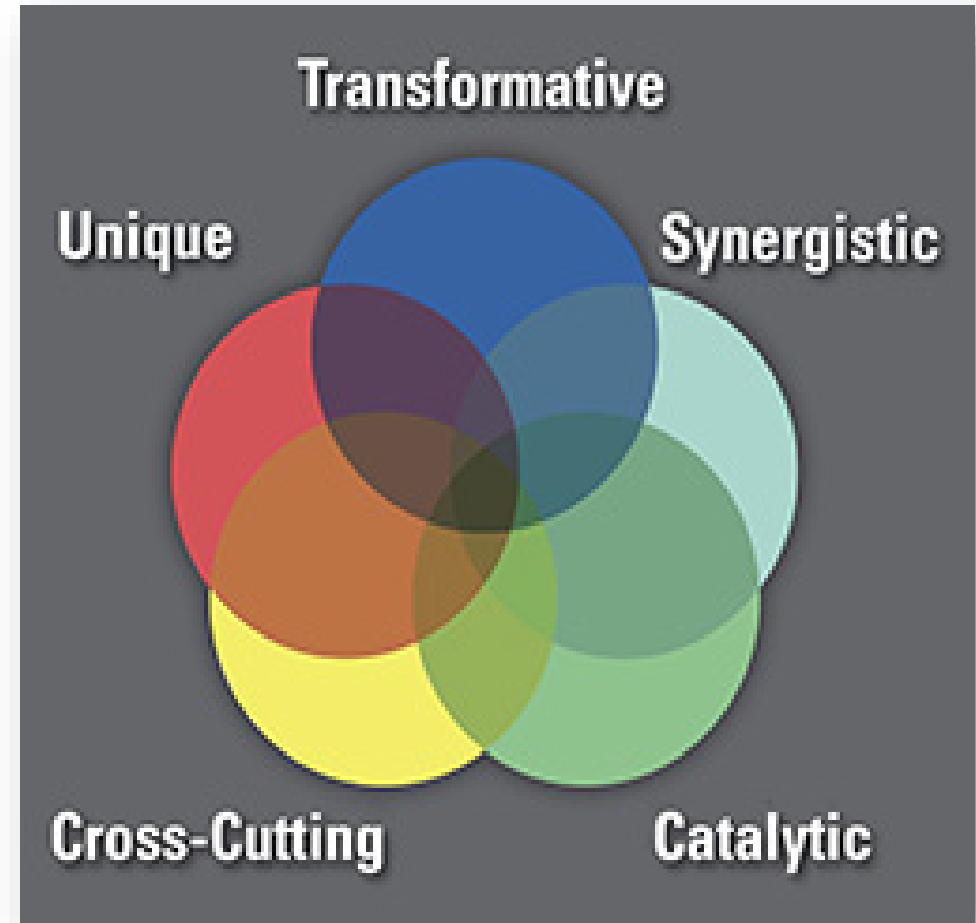
HEALTH EQUITY



- Community Partnerships to Advance Science for Society (ComPASS)
- Supported by the NIH Common Fund
- Health Equity Focus
- Community-Led
- Leveraging Structural Interventions and Multi-Sectoral Partnerships
- Intervening on Social Determinants of Health
- Improve Health Outcomes
- Reduce Health Disparities
- Advance Health Equity Research

What is the Common Fund?

- Funded by the Office of the Director, managed in partnership with the NIH Institutes and Centers
- Supports a set of NIH-wide scientific programs
- Fosters innovative ideas with the potential for transformative impact
- Intended to benefit the broad biomedical and behavioral research community



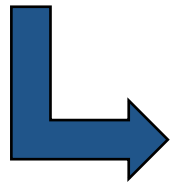
The Common Fund Moves the NIH Mission Forward-Faster

- Supporting bold scientific programs that **catalyze discovery** across all biomedical and behavioral research
- Advances areas of biomedical and behavioral research important to the missions of multiple NIH Institutes and Centers
- Spurs subsequent biomedical and behavioral advances that otherwise would not be possible without an initial strategic investment

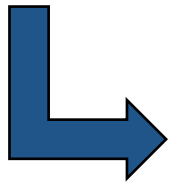


Social Determinants and Health Disparities

Addressing health disparities and advancing health equity is a **profound challenge that involves many sectors and extends** beyond the reach of traditional health care settings.



Social determinants of health (SDOH) are a major contributor to health disparities and **operate on a continuum from fundamental structural causes to individual and family circumstances.**



Addressing fundamental, structural causes of health disparities offers the **greatest opportunity to advance health equity** and eliminate health disparities

Structural Interventions to Address Social Determinants

“Structural interventions attempt to change the social, physical, economic, or political environments that may shape or constrain health behaviors and outcomes, altering the larger social context by which health disparities emerge and persist”

-Brown, et al 2019, American Journal of Public Health



Structural Interventions Span Multiple Sectors



Human and
Social
Services



Commerce



Health
Care



Economic and
Urban
Development



Transportation



Education



Housing



Justice

Examples of Structural Interventions

These examples have the potential to influence health outcomes:

- Criminal justice system policy changes to address structural racial/ethnic and socioeconomic discrimination
- Universal basic income programs and policies to address issues of economic instability
- High-speed broadband internet expansion to enhance internet connectivity and telehealth access in rural and other underserved communities
- Community revitalization investment projects to enhance neighborhood and community resources and facilitate health promoting behaviors

See OTA-22-007 for additional examples

Innovations in Community-Led Research

- Community engaged approaches are recognized as key research strategies to address health disparities and advance health equity.
- Community-led research changes the process by which research has traditionally been conducted
- Community-led research requires a transformation in the processes and practices that govern research engagement
- Unique approach aligns with NIH's goal to enhance acceptability and sustainability of effective interventions to improve health equity and sustain positive impacts.



Community Partnerships to Advance Science for Society (ComPASS)

NIH Common Fund launched a new program in fiscal year 2023 to accelerate the science of health disparities and advance health equity research.

Overall Goals of ComPASS

HEALTH EQUITY



1. To catalyze, deploy, and evaluate community-led health equity structural interventions that leverage partnerships across multiple sectors to reduce health disparities
2. To develop a new health equity research model for community-led, multisectoral structural intervention research across NIH and other federal agencies

ComPASS Initiatives

HEALTH EQUITY



Community-Led, Health Equity Structural Interventions (CHESIs)



Health Equity Research Hubs (Hubs)



ComPASS Coordination Center (CCC)

ComPASS Program Information

- Program duration: 10 years
- Planned budget: ~ \$153M over a 5-year period
- Up to 25 awards for Community-led Structural Interventions (FY 2023)
- Up to 5 awards for Health Equity Research Hubs (FY 2024)
- 1 award in for ComPASS Coordination Center (FY 2023)



Community-Led, Health Equity Structural Interventions (CHESIs)



Health Equity Research Hubs (Hubs)



ComPASS Coordination Center (CCC)



ComPASS Program Activities

- Support community organizations and their research partners in co-creating and evaluating health equity structural intervention research;
- Engage multisectoral partnerships in advising, guiding, and sustaining the community-led health equity structural interventions;
- Build the research capacity in structural intervention research and implementation
- Develop methods for capturing social determinants of health information, and collecting and analyzing data to evaluate outcomes from community-led health equity structural interventions; and
- Disseminate promising approaches resulting from the community-led health equity structural interventions.



Community-Led, Health Equity Structural Interventions (CHESIs) Initiative



- Community organizations will develop, implement, assess, and disseminate innovative, co-created community-led, health equity structural interventions in partnership with research organizations, by intervening upon structural factors that produce and perpetuate health disparities.

Community-Led, Health Equity Structural Interventions (CHESIs) Initiative: Three-Phased Approach

1

PLANNING (Year 1-2)

- Plan, develop, pilot (as appropriate) structural interventions
 - Capacity and partnership building
- Develop local Health Equity Research Assembly (HERA)

2

IMPLEMENTATION (Year 3-8)

- Implement community-led, health equity structural interventions, with local HERAs
 - Interventions will influence health outcomes across multiple health conditions and diseases

3

DISSEMINATION (Year 9-10)

- Assess health impacts of structural intervention research findings
- Develop dissemination and sustainability plan for structural interventions

Community-Led, Health Equity Structural Interventions (CHESIs) Full Application Requirements



National Institutes of Health
Office of Strategic Coordination–The Common Fund

Core Application Sections

- Abstract
- Specific Aims
- Senior/Key Personnel and Other Significant Contributors
- Application Research Plan
- Data Management and Sharing Plan
- PHS Human Subjects and Clinical Trials Information
- Organizational Letter of Support
- Letters of Support
- Bibliography
- Copy of "Invitation to Submit"
- Budget Details

See funding opportunity (OTA-22-007) for complete sections and details

Abstract and Specific Aims

Abstract

- No more than 250 words

Specific Aims

- Provide a cogent overview of proposed structural intervention. Some questions for consideration, but not limited to:
 - What is the challenge or opportunity that is the focus of your proposed structural intervention?
 - Why is this significant for health disparities or health equity research?
 - What is the overall approach you are proposing?

Senior Key Personnel and Other Contributors

- No more than three (3) pages in length per individual
- Biosketch of all key personnel, which include:
 - Name and position title
 - Education and/or other training
 - List of positions and employment in chronological order (including dates)
 - Personal statement that briefly describes the individual's role in the project and why they are well-suited for the role.

Application Research Plan

- No more than 10 pages including any charts or figures
- **Organized into the following sections:**
 - Significance
 - Investigators
 - Organizational Capacity
 - Structural Intervention Research Planning Process



Application Research Plan (cont.)

Significance	<ul style="list-style-type: none">▪Describe the health problem(s) being addressed by the proposed project using local-level data, community health assessment data, and/or other relevant data sources▪Discuss the upstream structural factors contributing to the NIH-designated population experiencing health disparities
Investigators	<ul style="list-style-type: none">▪Identify key personnel, community partners, other personnel▪Describe the research partner(s) and their specific role

Application Research Plan (cont.)

Organizational Capacity

- Describe the team's experience working within partnerships to address health
- Demonstrate the organizational commitment to support the research

Structural Intervention Research Planning Process

- Describe the structural factors of focus for the proposed intervention, how they will be measured, and how the structural factors influence the NIH-designated population(s) experiencing health disparities
- Describe the proposed primary and secondary health outcomes of interest and plans for how they will be measured

Data Management and Sharing Plan

- In accordance with [NIH Policy for Data Management and Sharing](#), describe how the proposed data generated from the project will be managed and shared.
- For elements to include in the Data Management and Sharing Plan, please see [Writing a Data Management & Sharing Plan | Data Sharing \(nih.gov\)](#) and [NOT-OD-21-014: Supplemental Information to the NIH Policy for Data Management and Sharing: Elements of an NIH Data Management and Sharing Plan](#)

PHS Human Subjects and Clinical Trials Information for Data-Delayed Onset Study

- All projects submitted for this funding opportunity involve human subjects research and are designated as clinical trials.
 - Answer “Yes” to the question, “Are Human Subjects Involved?” on the [\(R&R\) Other Project Information Form](#)
- Proposed project is required to be designated a [Delayed Onset Study](#).
- Applicant is responsible for identifying a local institutional review board (IRB) for the project site(s)

Additional Information

- Organizational Letter of Support
 - A letter of support from the applicant's organization indicating institutional commitment for the project and to enter negotiated OT agreements.
- Letters of support from proposed research partners, collaborators, consultants, and partnering community organizations
- Bibliography
- Copy of "Invitation to Submit" email from NIH

Budget Details

- Provide a fully justified annual budget and cost proposal for the three (3) phases.
- Annual budgets are expected not to exceed:
 - Year 1 and Year 2: \$750,000 total costs
 - Year 3 - Year 8 : \$1.5 million total costs
 - Year 9 and Year 10: \$750,000 total costs

Budget Details

- Provide the overall expected cost for each of the following categories:
 - Personnel
 - Travel (e.g., to attend in-person annual ComPASS consortium meeting in Bethesda, Maryland.
 - Subawards/subcontracts/consultants: For research partners and community partners
 - Institutional Review Board-associated costs
 - Other direct costs
 - Total costs (with indirect costs included)

Proposers must provide a budget justification for all budget items. Subawards need to provide details of cost breakdown.

See <https://commonfund.nih.gov/OTforms> for budget instructions and forms

Full Application Submission

- Must be prepared and submitted using NIH's [ASSIST](#) no later than January 23, 2023, 11:59pm ET
- The NIH will not review and will return applications of those who were not invited to submit a full application
- Complete applications must be submitted by the organization's Recipient Business Official/Signing Official
- Organization must be registered in eRA Commons with one person designated as the primary investigator (PI) and one person designated as the Signing Official (SO)

Full Application Review Information



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Review Process

- Applications not reviewed by the standard NIH peer review process
- Applications undergo custom review process referred to as Objective Review
 - Involves the submission of written critiques by subject matter experts against the Review Criteria
 - Interactive discussions between those experts and NIH program staff

Review Criteria

Applications will be evaluated based on the following criteria:

- Significance (15 points)
- Community Investigators (30 points)
- Organizational Capacity (25 points)
- Structural Intervention Planning (30 points)

Funding Decisions

- Funding decisions will be based on the outcome of the objective review
- Agreements for all awards will be negotiated with applicants determined to provide the best value to the NIH in achieving the ComPASS goals
- Funding decisions will also consider achieving a balance of awards:
 - Representing the diversity of NIH-designated health disparities populations
 - Geographic diversity across the U.S.
 - Diversity of the proposed structural intervention ideas, topics, and approaches
- Appeals of funding decisions will not be accepted

Other Transactions Authority (OTA) Mechanism



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Other Transactions Authority

- **Neither a grant, cooperative agreement, nor a contract**
- OTs allow the **nimble addition or subtraction** of expertise, tools, technologies, and partnerships to meet program needs
- OTs facilitate **engagement of nontraditional partners** as well as flexible cost-sharing and ownership
- **NIH may propose or require changes** outside the scope of the ROA and/or application to meet program needs
- Reporting requirements are **tailored for each award**
- Award **funding is different** (e.g., variable segment lengths, no future commitment, can be terminated or extended by NIH...)
- Further information in the NIH [OT Policy Guide](#)

Other Transactions Authorities

Support or acquisition mechanism	Type of Funding	Research directed by	Responsive to changing priorities	Grant or procurement laws and regulations apply?	Governed by overarching federal <i>research</i> laws, regulations, policies	Review of Applications
Grant	Financial assistance mechanism to support research for the public good	Investigator	No	OMB Uniform Guidance & NIH Grants Policy and Statement	Yes	Peer review of broad criteria
Cooperative Agreement		Investigator with significant government involvement	Some		Yes	
Contract	Legally binding instrument to acquire good or services for the direct use or benefit of the Government	Government	Not really	Federal Acquisition Regulation (FAR)	Yes	Award based on stated evaluation factors
Other Transactions Authorities	Legally binding instrument that may be used for a broad range of research and activities based on an OT Authority	Government / Investigator Collaboration	Yes	Neither apply, federal laws and NIH policy applicable to all award instruments & Congressional authorizing language	Yes	Scientific Evaluation or Objective Review

Other Transactions Authority (OTA)

Opportunity Announcement

No specific template, not required to publish in the NIH GUIDE
Reach nontraditional partners.

ROA not FOA

Review

Custom review process:

- New reviewer voices
- Interactive discussion with Program staff
- Selection of pieces of a proposal
- Non numerical feedback by reviewers considered by the NIH in award selection

Award Management

Awarded activity can be expanded, modified, partnered, not supported, or later discontinued based on program needs, emerging methods, or approaches, and availability of funds

Application Submission System & Interface for Submission Tracking (ASSIST) Overview



National Institutes of Health
Office of Strategic Coordination–The Common Fund

How to submit an NIH Other Transactions application?

Announcements for OTs will provide specific instructions for each opportunity. Applications for Other Transactions are required to be submitted through eRA ASSIST. In addition to any additional specific instructions provided in the ROA, applicants are to follow the instructions here: <https://era.nih.gov/help-tutorials/assist/era-training-assist.htm>.

Resource only for Other Transactions Authority (OTA) Users of ASSIST



This guide is only for those applying for Other Transaction Authority (OTA) awards. These are neither grants nor contracts but a different kind of award.

- [Instruction Guide for OTA Submissions via ASSIST](#) -- 5/17/2018

What is ASSIST?

ASSIST is a web-based used to prepare and submit applications electronically to NIH and other Public Health Service agencies

A Application Submission System & Interface for Submission Tracking (ASSIST)
Sponsored by the National Institutes of Health

Login

User Name

Password

Login Cancel

[Forgot Password/Unlock Account?](#)

Note: Effective March 22, 2018: If you are registering a new entity in SAM.gov, you must provide an original, signed [notarized letter](#) stating that you are the authorized Entity Administrator before your registration will be activated. Read [FAQs](#) to learn more about this process change.

Note: When application and grant reporting submission delays occur because the applicant or recipient organization is officially closed due to a natural disaster or other emergency, the NIH will consider accepting late applications and reports, on a case-by-case basis. Please reference notice [NOT-OD-17-106](#) in the NIH Guide for Grants and Contracts for additional details.

Submit grant applications electronically to NIH and other Public Health Service Agencies...

Prepare To Apply

- At the time of submission, the Program Director/Principal Investigator (PD/PI) and their organization must be registered at [eRA Commons](#).*
- In addition to the PD/PI, an individual with the role of Signing Official (SO) is needed.
- If an application is awarded, additional registrations (e.g. [System Award Management](#)) will be required.
- OTA applications must be submitted using NIH's [ASSIST](#). Users can access ASSIST directly or through eRA Commons.
- To complete the application, users must have access to a browser, a pdf generator, and Adobe Reader software.

***Note that registration in eRA Commons may take up to six (6) weeks or more to complete**

OTA Applications

- Specific instructions in ROAs
 - These instructions are different than those for organizations applying for grants through ASSIST.
- Should anyone have questions about their application, they can reach out to the contacts listed on the ROA or to the eRA service desk by submitting a web ticket or calling them at 866.504.9552.
- Should anyone reach out to the service desk, indicate that you are requesting assistance for an Other Transitions application for OTA-22-007, so it is clear from the beginning of the request being made.

Timeline

- Invitation to Submit Full Application: December 8, 2022
- Live Full Application Webinar: December 13, 2022
- Full Application Office Hours December/January (date TBD)
- Application Submission Due: January 23, 2023
- Peer Review: March 2023
- Negotiation: April - August 2023
- Earliest Start Date: September 2023

Question Submission

Please email your questions to: **CFComPASS@od.nih.gov**.

Please remember that scientific inquiries and plans for individual research projects will not be addressed on the webinar. Please e-mail scientific inquiries to: **CFComPASS@od.nih.gov**

Today's slides and Frequently Asked Questions will be posted to our website: **<http://www.commonfund.nih.gov/compass>**



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