

National Cancer Institute (NCI)
National Cancer Advisory Board (NCAB)
ad hoc Subcommittee on Population Science, Epidemiology, and Disparities

Gaithersburg Marriott Washingtonian Center
Gaithersburg, MD
3 September 2024
7:15 p.m.–8:15 p.m. EDT

SUMMARY

Subcommittee Members

Dr. Karen M. Winkfield, Chair
Dr. Nilofer S. Azad
Dr. Philip E. Castle, Executive Secretary
Dr. Luis Diaz (absent)
Ms. Ysabel Duron (absent)

Dr. Christopher R. Friese (absent)
Dr. Nikan Khatibi (absent)
Dr. Ana Navas-Acien (absent)
Dr. Fred K. Tabung
Dr. Susan Thomas Vadaparampil

Other Participants

Dr. H. Nelson Aguila, NCI
Mr. Mark Alexander, NCI
Dr. LeeAnn Bailey, NCI
Dr. Cheryl Anne Boyce, Division of Program
Coordination, Planning, and Strategic
Initiatives (DPCPSI), National Institutes of
Health (NIH)
Dr. Callisia N. Clarke, NCAB*
Dr. Behrouz Davani, NCI
Dr. Gary Ellison, NCI
Ms. Tamika Felder, NCAB*

Dr. Katrina A.B. Goddard, NCI
Dr. Douglas R. Lowy, NCI
Ms. Anne Lubenow, NCI
Dr. Diane Palmieri, NCI
Ms. Stacey Vandor, NCI
Dr. Tiffany Wallace, NCI
Dr. Ashani T. Weeraratna, NCAB
Ms. Joy Wiszneauckas, NCI
Dr. Tamara Korolnek, The Scientific
Consulting Group, Inc., Rapporteur

Welcome and Opening Remarks

Dr. Karen M. Winkfield, Executive Director, Meharry-Vanderbilt Alliance, Ingram Professor of Cancer Research, Professor of Radiation Oncology, Vanderbilt University School of Medicine

Dr. Karen M. Winkfield, Subcommittee Chair, welcomed the participants to the NCAB *ad hoc* Subcommittee on Population Science, Epidemiology, and Disparities (Subcommittee) meeting. She reminded the meeting participants that the Subcommittee's purpose is to identify opportunities to address populations facing disparities through multidisciplinary programs in cancer research, surveillance, prevention, care, and education. Dr. Winkfield noted that the Subcommittee is currently reviewing NCI projects to identify new areas of focus and opportunities to address health disparities.

* Pending appointment.

Community Partnerships to Advance Science for Society (ComPASS) Program: Goals, Current Projects, Past Accomplishments

Dr. Cheryl Anne Boyce, Assistant Director for Re-engineering the Research Enterprise, Office of Strategic Coordination—The Common Fund, DPCPSI, NIH

Dr. Cheryl Anne Boyce shared updates from the ComPASS Program, which was launched by the NIH Common Fund to advance health equity research and the science of health disparities. Dr. Boyce reminded the Subcommittee members that the Common Fund is managed by the Office of the Director in partnership with NIH institutes, centers, and offices (ICOs). Common Fund programs are designed to address high-priority scientific opportunities and pressing challenges in biomedical and behavioral research that no NIH IC can address alone. The NIH Common Fund is a collaborative and interdisciplinary endeavor that requires input and effort from many members of the biomedical research and NIH communities. Dr. Boyce acknowledged the ComPASS Co-chairs, Drs. Janine Austin Clayton, Shelli Avenevoli, Eliseo J. Pérez-Stable, and Shannon N. Zenk, who are situated across NIH ICOs.

Despite long-standing investments to reduce and eliminate health disparities, certain racial and ethnic groups continue to bear a disproportionate burden of adverse health outcomes across diseases and conditions. 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. SDOH include such domains as education access and quality, economic stability, health care access and quality, neighborhood and built environment, and social and community context. The ComPASS Program focuses on community-led research to address structural factors because interventions to address fundamental, structural causes of health disparities offer the greatest opportunity to advance health equity and eliminate health disparities. The overall goals of ComPASS are (1) to leverage partnerships across multiple sectors to develop and evaluate community-led health equity structural interventions to reduce health disparities and (2) to develop a new health equity research model for community-led, crosscutting structural intervention research across NIH and other federal agencies.

Given the historical disenfranchisement of several populations that experience health disparities, community-engaged approaches are recognized as key research strategies to address health disparities and advance health equity. As part of the strategic planning for ComPASS, NIH conducted eight listening sessions in 2021 to solicit input regarding the initiative. More than 500 representatives from academic institutions (including minority-serving institutions), Tribal communities and organizations, foundations, think tanks, advocacy groups, professional societies, and nonprofit, community-based, and faith-based organizations participated. Community partners shared in the planning and co-led the sessions. Discussion themes included community ownership and methods to build trust and capacity. Through this effort and based on insights from community partners, the initiative's focus shifted from researcher-led to community-led health equity structural intervention research, a key aspect of ComPASS's innovative approach.

The duration of the ComPASS program is expected to be 10 years, with a planned budget of approximately \$200 million for the next 5 years. Under the ComPASS umbrella, the Common Fund manages 25 Community-led, Health Equity Structural Intervention (CHESI) Other Transaction (OT) awards. Funds are awarded directly to community organizations, which subsequently choose high-priority structural factors to address and research partners to help implement appropriate structural interventions. The OT mechanism allows the nimble addition or subtraction of expertise, tools, methodologies, technologies, and partnerships to meet program needs. CHESI awards include three phases. The first phase (years 1–2) focuses on planning, developing, and piloting structural interventions; building capacity and partnerships; and developing a local Health Equity Research Assembly (HERA). A project's local HERA should include regional federal agency representatives from such organizations as the U.S. Department of Housing and Urban Development (HUD), Indian Health Service, Substance Abuse

and Mental Health Services Administration, community organizations, nonprofit organizations, public and private-sector organizations, and local health care organizations. The second phase (years 3–8) will focus on implementing the structural interventions in partnership with the local HERAs. The final phase will be dedicated to assessment, dissemination, and sustainability activities. A national HERA is being established with representatives from HUD, the Health Resources and Services Administration (HRSA), U.S. Department of Agriculture, U.S. Department of Transportation, and the U.S. Department of Health and Human Services (HHS) Office of the National Coordinator for Health Information Technology.

The first CHESI technical assistance webinar had 780 attendees. ComPASS has hosted eight CHESI webinars with more than 2,400 participants total; three technical assistance videos on YouTube have been viewed more than 3,300 times. Outreach was facilitated by a group of federal partners who leveraged trusted partnerships with community organizations, many of which had never previously applied for an NIH grant. CHESI awards currently support research on criminal justice system policy, universal basic income programs, high-speed internet expansion in underserved communities, community revitalization projects, and other interventions that can potentially influence health outcomes. The CHESI awardees are located in all 10 HHS regions, address health disparities experienced by diverse populations, and include four federally qualified health centers (FQHCs).

In addition to the CHESIs, the ComPASS program includes up to five NCI-managed UC2 Health Equity Research Hub (Hub) awards and a U24 award to support a ComPASS Coordination Center (CCC) managed by the National Institute of Nursing Research. The Hubs will provide scientific support and ongoing technical assistance, interface with the CCC and HERAs to support local research training and capacity building, and support quality assurance and risk management. The CCC will provide oversight for the planning, implementation, and evaluation of the ComPASS program, providing the administrative assistance, data, and training needed to help community-led ComPASS research projects achieve their goals. The CCC also will support the long-term management of research projects and Hubs and the dissemination and sustainability phase of the overall ComPASS initiative. Together, the Hubs and CCC will enable CHESI awardees to build and share a repository of evidence-based health equity interventions in real time.

Dr. Boyce reviewed the ComPASS Program's timeline. Funding opportunities for CHESI awards and the CCC were published in fiscal year (FY) 2022 and FY 2023. CHESI awardees currently are planning and developing their interventions. Hub award recipients will be announced on 2024 September 10. Intervention pilot studies should be completed by FY 2026, and interventions will be implemented between FY 2026 and FY 2029. ComPASS outreach and dissemination plans will be completed by FY 2031. Dr. Boyce encouraged the Subcommittee members to connect with the program via the ComPASS website and listserv.

Discussion

Dr. Winkfield asked about the number of CHESIs focused on cancer prevention and care. Dr. Boyce answered that many structural interventions chosen by CHESI awardees broadly address cancer-causing risks. Dr. Boyce emphasized the flexibility of the OT mechanism and remarked that CHESI awardees will perform needs assessments and might identify cancer-related disparities that can be addressed with future ComPASS supplements. In response to a follow-up question from Dr. Winkfield about the challenge of accountability with the OT mechanism, Dr. Boyce explained that the ComPASS Program will operate using a model that focuses on providing the necessary support to help grantees succeed. Hubs will be assigned five projects to guide toward completion by assisting with compliance and other processes. Hubs will also serve as consultants for additional CHESI projects based on their subject-matter expertise. ComPASS has recruited program scientists, clinical trial specialists, and other experts to support grantees.

Dr. Nilofer S. Azad asked about collaborations with other federal agencies to disseminate outcomes from the ComPASS Program. Dr. Boyce explained that almost all federal agencies' strategic plans include a health equity component; initial communications with the agencies leveraged these components as a basis for partnering with ComPASS. From the early stages of the program, ComPASS staff have met with representatives from appropriate federal agencies to keep them updated on relevant projects. Federal partners have supported outreach efforts and assisted with several CHESI applications.

Dr. Fred K. Tabung asked about approaches to ensure the quality and rigor of community-led research. Dr. Boyce answered that partnerships between community organizations and research experts ensure that both teams can focus on their strengths and areas of expertise to ensure success. ComPASS is unique in that the community partners drive the research agenda. The goal is for ComPASS to serve as a model for changing the perception of community-based research efforts.

Dr. Phillip E. Castle requested that Dr. Boyce share the September 10 press release (regarding the Hub awards) with the Subcommittee when it is distributed.

Subcommittee Discussion on Potential Topics for Conversation

Subcommittee

Dr. Azad pointed out that one CHESI project focuses on facilitating transportation equity for patients traveling to cancer screening appointments. She added that transportation is a top barrier to cancer care in the United States. Community organizations do not usually prioritize cancer-related disparities, even when cancer is a major cause of mortality within that community. She suggested that the Subcommittee discuss cancer-specific ComPASS supplements with the Common Fund. Additionally, addressing community priorities can establish trust that leads to future collaborations. Dr. Castle agreed. He shared his experience with community advisory boards as an academic researcher and noted that community members do not want to be seen as boxes to check on a grant application.

Dr. Winkfield observed that the innovative ComPASS model might reveal unexpected research partners. She provided an example of realtors spreading awareness about radon mitigation to prevent lung cancer.

Future Agenda Items

Dr. Phillip E. Castle, Director, Division of Cancer Prevention, NCI

Dr. Castle requested input from the Subcommittee about possible future agenda items. He reviewed the group's previous efforts, which included a report on health equity gaps in NCI's cancer research efforts that revealed major disparities. Dr. Castle noted that the Subcommittee's mandate is broad, but all efforts must be related to research. Although the Subcommittee cannot change policy, it can study the effects of different policies or support research that informs policy.

Dr. Winkfield emphasized the influence of the Subcommittee and expressed an interest in reporting on downstream outcomes from Subcommittee efforts. She requested ideas from the Subcommittee regarding cancer-related ComPASS supplements. Dr. Azad highlighted the community-led research focus of the ComPASS Program. Dr. Ashani T. Weeraratna noted the opportunity to collaborate with Hubs and receive insights into current cancer-related research. Dr. Tabung agreed and added that standardization of common data elements should be another area of focus.

The Subcommittee discussed the intersections between cancer research and education. Dr. Castle remarked that education is important across the cancer continuum. Education is an underlying factor in access to care and informed decision-making. Dr. Weeraratna noted that education is critical for training caregivers, which could be an overlooked point for intervention. She mentioned the Manage the Accelerating Cancer Screening (AxCS) Award, which partners HRSA-funded health centers with

NCI-Designated Cancer Centers to improve equity in cancer screening. Dr. Castle suggested inviting an AxCS representative to speak during a Subcommittee meeting.

Dr. Winkfield requested that the Subcommittee members consider future areas of focus and potential partners for collaboration. Virtual meetings will be convened to identify future steps more quickly and potentially establish an *ad hoc* Working Group.

Closing Remarks and Adjournment

Dr. Winkfield thanked the participants and adjourned the meeting at 8:17 p.m. EDT.

Dr. Karen M. Winkfield
Chair

Date

Dr. Philip E. Castle
Executive Secretary

Date