

NIMHD NATIONAL ADVISORY COUNCIL CONCEPT CLEARANCE FORM

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Title of Initiative: Community-Level Interventions to Improve Minority Health and Reduce Health Disparities

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Objectives: The purpose of this initiative is support research to develop and test community-level interventions to improve minority health and reduce health disparities.

Background: This initiative reflects the next iteration of the NIMHD Community-Based Participatory Research (CBPR) program that was established in 2005. The most recent Funding Opportunity Announcement, RFA-MD-15-010, *Advancing Health Disparities Interventions Through Community-Based Participatory Research (U01)*, involved cooperative agreement awards (U01) to evaluate community-based interventions led by or in collaboration with community-based organizations. Of the 135 applications submitted, 18 intervention projects were funded.

Although these projects are still in their final stages of data collection and analysis, it appears that the initiative was successful in contributing to the evidence base regarding community-based interventions to improve minority health and reduce health disparities. However, objectives for the proposed renewal of the CBPR initiative are based less on specific successes of the previous cycle and more on current research gaps and opportunities regarding community-based intervention research. As CBPR and other forms of community-engaged research have become more common in NIH- and NIMHD-funded projects, the need to have an initiative focused on the CBPR approach rather than specific research questions or topic areas has decreased. Instead, this initiative will emphasize research priorities that can be addressed through community-engaged research.

Recommendations generated from NIMHD Science Visioning indicated the need for a shift from individual-level and researcher-derived interventions to more community- and practice- derived, structural, multi-level, and multi-sectoral interventions in order to effectively and sustainably improve minority health and eliminate health disparities. Community-level interventions, in which interventions target determinants associated with community physical, built, or sociocultural environments; resources; or functioning, address many of these identified priorities, and by necessity, require community engagement in order to develop and/or evaluate them.

Despite the promise of community-level interventions, either alone or in combination with individual-, interpersonal-, or organizational-level interventions, they only represent a minority of submitted and funded intervention applications for NIH and NIMHD. For example, with RFA-MD-15-010, only 3 of the 18 awarded CBPR intervention projects included community-level interventions. A similar pattern is seen with investigator-initiated research project applications. Among funded R21 and R01 applications reviewed by the Community-Level Health Promotion study section at the Center for Scientific Review since 2017, none of the 12 NIMHD projects included community-level interventions, and only 5 of the 77 awards made by other NIH Institutes and Centers included community-level interventions. Therefore, it seems unlikely that NIH and NIMHD will receive significant numbers of community-level intervention research projects in the absence of a specific solicitation.

Description of Initiative:

For the purposes of this initiative, “community” is defined as “a social group of any size whose members reside in a specific locality, share government, and often have a common cultural and historical heritage” ([Dictionary.com](https://www.merriam-webster.com/dictionary/community)). Examples of communities include but are not limited to neighborhoods, towns, cities, counties, school districts, reservation or tribal communities, military bases, or college campuses. Virtual or other communities that do not reside in the same geographic location are not a priority for this initiative.

Community-level intervention projects are expected to:

- Be led by or conducted in collaboration with appropriate community partners, such as community-based organizations, faith-based organizations, local businesses, neighborhood associations, labor unions, patient or consumer advocacy groups, public health departments, health care systems, school systems, law enforcement or criminal justice agencies, social service agencies; or departments of commerce, labor, transportation, housing, or recreation. Multi-sectoral collaborations involving partnerships with multiple types of organizations in the public and private sector are strongly encouraged.
- Focus on improving health outcomes or reducing health disparities in one or more NIH-designated health disparity populations in the US (Blacks/African Americans, Hispanics/Latinos, American Indians/Alaska Natives, Asians, Native Hawaiians and Other Pacific Islanders, socioeconomically disadvantaged populations, underserved rural populations, and sexual and gender minorities).
- Focus on the entire population in communities (e.g., an intervention to increase the availability of fresh produce or walkable green spaces) or a specific population within communities (e.g., an intervention to improve physical activity among high school students or older adults within the community).
- Use cluster randomized trials or rigorous quasi-experimental designs with the community as the level of analysis. Individual-level randomized designs are not responsive to this initiative, though multi-level interventions also including intervention elements at the individual, interpersonal, or organizational level are encouraged.
- Include health outcomes at the individual, interpersonal/organizational, or community level, or a combination.
- Use appropriate measures and analytic methods appropriate for examining community-level mechanisms of action and health outcomes.

Examples of interventions that would not be considered community-level include the following:

- Interventions that are community-based (i.e., delivered in community rather than academic or hospital settings) but do not target community-level determinants of health.
- Interventions to help individuals to address or cope with community-level determinants without operating directly on those community-level determinants (e.g., providing a referral to a food bank for individuals living in a food desert, helping individuals cope with community racism and discrimination).

- Interventions that include community-wide elements (e.g., a public health campaign about COVID-19 vaccination), but intervention effects are tested only at the individual or interpersonal/organizational level.
- Community-wide outreach and recruitment of participants into interventions that are not community-level.

Research Priorities:

Community-level intervention targets of special interest include but are not limited to the following:

- Increasing affordable healthy food options and opportunities for physical activity outside the home.
- Changing community norms and reducing structural barriers related to health promoting behaviors, such as breastfeeding, vaccination, physical activity, and preventive health screening.
- Improving community attitudes, prejudice, stigma, or discrimination towards sociodemographic groups (e.g., racial/ethnic minorities, sexual and gender minorities) or health conditions (e.g., HIV, mental illness) that are detrimental to the health and well-being of these populations.
- Promoting detection, help-seeking, and self-management related to acute or chronic illnesses (e.g., COVID-19, HIV, stroke, diabetes, cardiovascular disease, depression, substance use disorders).
- Enhancing the ability of community-dwelling older adults to age in place or individuals with disabilities to live independently and maintain health and well-being.
- Promoting community reintegration and health of individuals returning to the community after incarceration, hospitalization, or institutionalization.
- Preventing injury, violence, or suicide.