NIH UNITE initiative
U Committee Update
June 10, 2022
U Committee Charge

To perform a broad, systematic self-evaluation to delineate elements that perpetuate structural racism and lead to a lack of diversity, equity, and inclusion within the NIH and the external scientific community.
Overview

Cross-Cutting Observations

Proposed Solutions
U Committee: Background

• Purpose: To listen and learn about perspectives and experiences related to racial and ethnic equity in the biomedical research enterprise. The insights provided will help inform ongoing and future efforts of UNITE.

U Committee Framework

ACKNOWLEDGING
The existence of elements that perpetuate the status quo in biomedical research both internal to NIH and external community leading to a lack of personal inclusiveness, equity, and diversity of thought

INTERNAL & EXTERNAL EFFORTS

LISTENING
To accounts and experiences related to the charges of the NIH UNITE Committees

CATALYZING
Action, presenting immediate, short-term, medium-term and long-term recommendations for consideration by NIH leadership

EVALUATING
The qualitative and quantitative data to inform structural changes, policy changes or additions, budgetary modifications, and programmatic reform ideas

Request for Information

Internal Listening Activities

External Listening Sessions
Approach to External Listening Sessions: Socioecological Model (SEM)

- **Individual experiences, values, beliefs, and demographics of NIH staff (e.g., race/ethnicity, gender, age)**
- **Interpersonal experiences between various NIH staff and those they interact with in the external biomedical community**
- **NIH level policies, practices, culture, work environment, fiscal resources, facilities, leadership, and research priorities**
- **Biomedical research community at large, including researchers, advocacy organizations, patients, etc.**
- **Policies related to research, hiring, Civil rights, federal government, and Congressional requirements**
U Committee: Overview

• **Approach to External Listening Sessions**

  • **External NIH Community**: Multi-sectoral contributors and/or individuals who have an interest in biomedical research

  • **Outreach**:
    - NIH networks, listservs, and social media accounts
    - Direct emails to points of contact (POCs) within and related to target sectors

  • **Format**:
    - Virtual sessions held via Zoom with American Sign Language (ASL) interpreters
    - External facilitator to create a safe space for participants
    - Opportunities to speak or provide comments in the chat

Together, We Are Stronger.
### U Committee: Overview

**Listening Session Engagement - 1,295 Participants**

<table>
<thead>
<tr>
<th>Participant Group</th>
<th># Attendees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colleges and Universities</td>
<td>347</td>
</tr>
<tr>
<td>Historically Black Colleges and Universities</td>
<td>195</td>
</tr>
<tr>
<td>Minority Serving Colleges and Universities</td>
<td>142</td>
</tr>
<tr>
<td>Students and Trainees</td>
<td>78</td>
</tr>
<tr>
<td>Research Staff (Assistants, Associates, Technicians)</td>
<td>90</td>
</tr>
<tr>
<td>Health Centers and Systems</td>
<td>74</td>
</tr>
<tr>
<td>Tribal Nations and American Indian / Alaska Native Communities</td>
<td>52</td>
</tr>
<tr>
<td>Faith Based Organizations and Houses of Worship</td>
<td>52</td>
</tr>
<tr>
<td>Non-Profit Organizations, Community-Based Organizations, Advocacy Organizations</td>
<td>157</td>
</tr>
<tr>
<td>Foundations and Professional Societies</td>
<td>108</td>
</tr>
</tbody>
</table>

Together, We Are Stronger.
Overview

Cross-Cutting Observations

Proposed Solutions
U Committee: Cross-Cutting Observations

Listening Session Topics

- State of equity in biomedical sciences
- Challenges in career pathways and workforce
- Practices and policies as barriers to equity
- Challenges in health disparities research
- Challenges in addressing healthcare equity and health outcomes
- Actions and initiatives to address equity at participant institutions
- Proposed solutions for NIH to consider

Summaries of the external listening sessions are available at [www.nih.gov/ending-structural-racism/unite-events](http://www.nih.gov/ending-structural-racism/unite-events)
Systemic inequities are vast across the biomedical research ecosystem

<table>
<thead>
<tr>
<th>Individual</th>
<th>Interpersonal</th>
<th>Institutional</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Disparities in NIH Grant Funding</strong></td>
<td><strong>Micro and Macroaggressions</strong></td>
<td><strong>Disparities in NIH Grant Funding at MSIs</strong></td>
<td><strong>Emerging Issues</strong></td>
</tr>
<tr>
<td>Adverse impacts of peer review bias on URM scientists, leading to lower likelihood of funding</td>
<td>Experiences of discrimination in workplace settings, URM trainees and scientists perceived as less qualified, racial and ethnic minority groups viewed as monolithic</td>
<td>Adverse impacts of bias against MSIs, HBCUs, HSIs, PBIs, and smaller colleges, power differential between PWIs and MSIs</td>
<td>The disproportionate impact of the COVID-19 pandemic among racial and ethnic minority communities laid bare the structural inequities in the healthcare system</td>
</tr>
</tbody>
</table>

“We are still surrounded by a White male environment in the workplace. It is more of what checking the box is what matters and what I am wondering is if there is a mechanism that there is a genuine structural change to foster a more diverse and inclusive environment without instrumentalizing the minority groups that are accepted into those spaces…”

nih.gov/ending-structural-racism

Together, We Are Stronger.
### Challenges in Career Pathways and Workforce

Challenges for underrepresented minority (URM) groups begin with primary education and extend throughout secondary education and professional careers.

<table>
<thead>
<tr>
<th>Limited Pathways</th>
<th>Resource Inequities</th>
<th>Lack of Representation and Mentorship Opportunities</th>
<th>Minority Tax</th>
</tr>
</thead>
</table>
| Inadequate K-12 STEM education, limited opportunities for URM graduate-level trainees, and challenges in career development and/or advancement among URM faculty members. | Smaller, less resourced institutions often lack funds and infrastructure needed to attract and retain trainees and scientists, or to conduct cutting edge science. | Few role models for youth and early-career scientists (*limits entry*)
- Few URM mentors / sponsors (*limits advancement*) | URM scientists are often “taxed” with solving EDI problems, providing education around race and ethnicity, detracting from their science, and without compensation or recognition. |

“We need to be intentional about giving opportunities and give Black students who are really interested in these pathways. It has to be more holistic about how we treat our youth. How do we remove these barriers for our youth? There was an intentional move to build these barriers, so we must be as intentional to break down those barriers that were built.”

nih.gov/ending-structural-racism

Together, We Are Stronger.
### PRACTICES AND POLICIES AS BARRIERS TO EQUITY

**NIH funding structures disadvantage URM scientists and Minority-Serving Institutions**

<table>
<thead>
<tr>
<th>Complexity in NIH Grant Submission System</th>
<th>Bias in Scientific Review</th>
<th>Bias Toward MSIs/HBCUs</th>
<th>Few Infrastructure Support Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complicated NIH grant application process creates disadvantages for less resourced MSIs with limited research infrastructure</td>
<td>The lack of racial and ethnic diversity on grant review panels, inconsistent review critiques, and devaluing of health disparities research results in (often) unintentionally biased scoring and funding decisions</td>
<td>Perceived inadequacies in MSI/HBCU environment, qualifications; and application requirements that facilitate discrimination and reinforce implicit biases</td>
<td>Most grant mechanisms exclude resources for infrastructure and capacity-building, which facilitates funding inequities</td>
</tr>
</tbody>
</table>

“The scoring criteria favors [R1 and R2 institutions], folks who have established reputations and a history of cited research. When they talk about the team and research environment, they are not talking about people like me who serve communities of color.”
## CHALLENGES IN HEALTH DISPARITIES RESEARCH

<table>
<thead>
<tr>
<th>Acontextual Health Disparities Research</th>
<th>Need for CBPR*</th>
<th>Data Aggregation</th>
<th>Culturally Incompetent Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>A lack of diversity, limited health disparities expertise (&quot;health disparities tourism&quot;), and lack of cultural knowledge within the research teams</td>
<td>Importance of early and continuous engagement of community collaborators, equitable compensation, address community needs, provide support to ensure sustainability and improve outcomes</td>
<td>Combining data from diverse racial and ethnic groups, such as Latino/Hispanic and AANHPI* populations presumes subgroups have same needs and obscures between group differences</td>
<td>Use of complex terminology, not translated into multiple languages, ineffective patient-clinician communication, reduces inclusion in clinical research</td>
</tr>
</tbody>
</table>

"Some in the field are starting to use the term ‘context expert’ to signify that many are experts in their own community, condition, context, culture, etc. And they advocate for ‘context experts’ to be paid just as much as ‘content experts.’"

*CBPR = Community Based Participatory Research
*AANHPI = Asian American, Native Hawaiian, and Pacific Islander
CHALLENGES IN ADDRESSING HEALTHCARE EQUITY AND HEALTH OUTCOMES

Existing barriers and biases reduce the quality of healthcare and outcomes among racial and ethnic minority patients

**Lack of Patient Advocacy**
The healthcare system can put the onus of advocacy on the patient, yet community members are often unaware of how to advocate effectively for themselves or others; patient navigation is needed.

**Diverse Representation on Medical Teams**
Racial and ethnic underrepresentation within fields of medicine may deter help-seeking, maintain implicit and explicit biases, and negatively impact health outcomes.

**Lack of Cultural Humility**
Medical professionals often lack knowledge about the patients they serve may not understand the nuances within communities, historical impacts, and reasons for distrust of healthcare systems.

**Adverse Social Determinants of Health**
Challenges such as transportation, limited patient access to medication, treatment, and other health-related resources can negatively impact outcomes.

"It is important to have increased representation in all medical fields. Clinical and non-clinical fields within a healthcare setting. That is one of the biggest obstacles we have faced in health equity work. It is hard to address implicit bias when we don’t have workers who look like the population they serve."

nih.gov/ending-structural-racism

Together, We Are Stronger.
Socioecological Model (SEM)

- **Individual experiences, values, beliefs, and demographics of NIH staff (e.g., race/ethnicity, gender, age)**
- **Interpersonal experiences between various NIH staff and those they interact with in the external biomedical community**
- **NIH level policies, practices, culture, work environment, fiscal resources, facilities, leadership, and research priorities**
- **Biomedical research community at large, including researchers, advocacy organizations, patients, etc.**
- **Policies related to research, hiring, Civil rights, federal government, and Congressional requirements**

Together, We Are Stronger.
• **Individual Level**
  • Instituted initiatives and trainings to increase the cultural competency of staff

• **Interpersonal Level**
  • Incentivized and supported faculty, staff, and students to engage in EDI initiatives
  • Implemented EDI models, discussions, initiatives, and centers to address structural racism

• **Institutional Level**
  • Redesigned recruiting and hiring practices to be more inclusive, including implementing cluster hiring
  • Improved data and metrics on social determinants of health and shared information back with communities
  • Augmented mentorship programs to support skill-building, relationship development, and research funding
  • Focused on building capacity and infrastructure at their institute, identifying appropriate funding opportunities

• **Community Level**
  • Hired participant recruitment specialists and translators to engage communities in their own language
  • Piloted CPBR studies, enabling research teams to immerse themselves in the community
  • Leveraged virtual platforms and networks to engage communities
  • Enhanced networks by establishing partnerships with other institutions, government agencies, and communities
PROPOSED SOLUTIONS FOR NIH

- **Institutional**
  - Require EDI report cards from grantees and prospective grantees
  - Monitor grantee EDI inputs and results to hold them accountable to their grant proposals
  - Implement more cluster hiring and mentorship programs to support URM researchers, staff, and students
  - Change the requirements, incentive structure, and timelines for NIH grants funding to support capacity building
  - Institute appropriate implicit bias training for grant reviewers and other key decision-makers
  - Invest in more health disparities and community-based participatory research (CBPR) studies and training

- **Community**
  - Leverage virtual platforms established during COVID-19 to engage with communities
  - Collect, disaggregate, track, and share data to identify gaps and progress in addressing structural racism
  - Promote more visibility into historical and current diverse trailblazers within the biomedical sciences
  - Appoint designated cultural liaisons at NIH and NIH-funded campuses to provide education and awareness
  - Conduct outreach to diverse K-12 and undergraduate (non-R1) institutions to engage them in STEM
  - Pair R1 and smaller institutions for grant application mentorship, establishing a mutually beneficial partnership
  - Create community-forums to serve as the connector between researchers, organizations, and communities
‘U’ Committee Membership

Monica Webb Hooper (NIMHD)
Courtney Aklin (IMOD/OD)
Mia Rochelle Lowden (ORIP/OD)
Shelli Avenevoli (NIMH)
Dexter Collins (FIC)
Laura Cooper (NIAMS)
Kevin Davis (CIT)
Cara Finley (OD) *
Charlene Le Fauve (COSWD/OD)
Melissa Laitner (OD) *
Leslie Littlejohn (NIAMS)

Vanessa Marshall (NIMHD) *
Troy Muhammad (NCI)
Roland Owens (OIR/OD)
Kamilah Rashid (OD) *
Melanie Reagan (NEI)
Ian Myles (NIAID)
Denisha Simmons (NCCIH)
Kelly Ten Hagen (NIDCR)
Brian Trent (NEI)
Della White (NIGMS)

*U Committee Staff Leads
N Committee Charge

To address long-standing health disparities and issues related to minority health and advance health equity (HD/MH/HE) in the United States by ensuring NIH-wide transparency, accountability and sustainability in marshaling resources for HD/MH/HE research.
N Committee: Priorities

**Coordinated Support for HE Research**

- Achieve equitable support for HD/MH/HE research to measurably reduce health inequities

**Progress and Accomplishments**

- **Common Fund Transformative Health Disparities Research Initiative**
  - 2 FY21 Common Fund FOAs → robust application response with 11 projects funded
  - **MSI FOA** recently re-released providing additional funding opportunities
  - Stakeholder Technical Assistance Sessions and web site development under Common Fund

- **Community Partnerships to Advance Science for Society (ComPASS)**
  - WG developed FY23 Common Fund effort
  - Approved by Council of Councils
  - 10-year program budget totaling $397,680,000

**Next Steps (ongoing)**

- Await MSI applications
- Webinars, Technical Assistance Workshops
- Prepare for release of FY23 ComPASS FOAs
- Identify opportunities to develop additional FOAs that focus on IC-specific disease/topic areas

**Metric(s) of Success**

- Increased and sustained funding of HD/MH/HE research
N Committee: Priorities

Trans-NIH ‘N’ Committee Data Working Group

• Ensure NIH-wide transparency, accountability, and sustainability of HD/MH/HE research
• Facilitate analysis of grant application & award data to reveal structural elements that result in ‘underfunding’ and track progress toward goals

• Progress and Accomplishments
  - Automated methodology to identify & characterize the HD/MH/HE research portfolio
    - Thorough analysis of potential tools, approaches & processes
    - Began development & validation process with SMEs across NIH
  - Developing dashboard to facilitate internal portfolio analysis and track progress on goals
    - Have identified funding source and use cases for dashboard

• Next Steps (ongoing)
  - SMEs to complete validation of new portfolio identification approach
  - Continue to develop, operationalize, and test the dashboard

• Metrics of Success
  - Data informed approach to increase funding and programmatic prioritization of HD/MH/HE
  - Ability to track progress against NIH MH/HD/HE goals (including those in Strategic Plans)
N Committee: Priorities

NIH Coordination & Tracking toward HE Goals

• Coordinate, monitor and analyze HD/MH/HE research at NIH to achieve health equity goals of the NIH Minority Health and Health Disparities Strategic Plan 2021-2025

• Progress and Accomplishments
  - N Committee recommendation to Empanel Trans-NIH HD/MH/HE Research Coordinating Working Group
    – Approved
  - Charter developed by ‘N’ Committee and presented to NIMHD Director for action
  - NIMHD Director to oversee implementation

• Next Steps
  - Support efforts of Trans-NIH HD/MH/HE Research Coordinating Working Group under the direction of NIMHD

• Metric(s) of Success
  - Well integrated IC-specific plans to: a) increase racial equity in funding; b) achieve increases by all ICs in HD/MH/HE research; c) remedy underrepresentation of populations disproportionately affected by target conditions in funded studies.
  - NIH meets research sustaining goals outlined in strategic plan
‘N’ Committee Membership

Michele K. Evans (NIA)  
Anna María Nápoles (NIMHD)  
Robert Rivers (NIDDK)  
Gwen Bishop (NIDCD)  
Vence Bonham (NHGRI)  
Juanita Chinn (NICHD)  
Janine Clayton (ORWH/OD)  
Christine Cutillo (NCATS)  
Kathy Etz (NIDA)  
Justin Hentges (AoU/OD)  
Daryl Holder (CC)  
Jasmine Kalsi (NCATS)  
Nathan Moore (NHGRI)  
Joan Romaine (NIAAA)  
Asha Storm (NIBIB)  
Shannon Zenk (NINR)  
+Marzjah Esther (OD)
NIH UNITE initiative
I Committee Update
June 10, 2022
I Committee Charge

To change the NIH organizational culture and structure to promote diversity, equity, and inclusion throughout the NIH workforce.
I Committee: Priorities

- **Establish an NIH Anti-Racism Steering Committee (ARSC)**

- **Progress and Accomplishments**
  - ARSC established ~ 500 members
  - Established 11 ARSC/SME and task-specific sub committees

- **Next Steps**
  - Develop specific and actionable proposals

- **Metric(s) of Success**
  - IC representation in ARSC;
  - Successful implementation of proposals
I Committee: Priorities

Anti-Racism Steering Sub-Committees

Subcommittees

- ARSC Communications & Outreach
- Policy Review
- Recruitment Recommendations - Extramural
- Retention & Recognition - Extramural
- Recruitment Recommendations - Intramural
- Retention & Recognition - Intramural
- Recruitment Recommendations - Non-Scientific
- Retention & Recognition - Non-Scientific
- Program Manager
- Program Support
- Trainees
- Training & Development

Together, We Are Stronger.
I Committee: Priorities

• Enact IC specific Racial & Ethnic Equity Plans (REEPs)

• Progress and Accomplishments
  - All ICs submitted REEPs April 1, 2022

• Next Steps
  - Implementation/Activation of IC REEPs

• Metric(s) of Success
  - Progress in achieving IC REEP goals
I Committee: Priorities

Racial and Ethnic Equity Plan Process

Establish

The Need for a New Approach

Adopt a Racial and Ethnic Equity Lens (REEL)

Prepare

Develop Leadership Commitment

Establish Infrastructure

Understand the Overarching Goals

Identify Focus Areas

Engage Stakeholders

Manage

Assess: Select Goal and Focus Areas

Design: Identify root causes and select actions

Implement: Implement Actions and Track Progress

Report: Report Progress and Share Information

Goals

1. Apply the Racial and Ethnic Equity Lens (REEL) Framework to IC’s workforce, structures, and systems.

2. Identify and dismantle any racial and ethnic disparities in the IC’s workforce.

3. Enhance the diversity of IC’s workforce.

Together, We Are Stronger.
I Committee: Priorities

- Generation of reliable and accessible data regarding the demographics of the NIH extramural staff

- Progress and Accomplishments
  - Have begun to pull staffing data using eRA system to identify Program Officials and Scientific Review Officers and then identify their supervisors using –the NIH Enterprise Directory and the Office of Human Resource (OHR) data

- Next Steps
  - Each IC needs to validate the list, identify leadership roles where applicable, and add any missing employees to the list. Once ICs validate and correct their lists, the data will be submitted to the Office of Equity, Diversity and Inclusion for them to complete their Ethnicity Race Indicator (ERI) analysis

- Metric(s) of Success
  - Utilization of data in developing hiring/retention/promotion strategies across ICs
I Committee: Priorities

• Address disparities in NIH Awards

• Progress and Accomplishments
  - Broadened NIH Director’s awards categories

• Next Steps
  - Develop New recommendations for Awards/Categories
  - Monitor nomination demographics and success rates

• Metric(s) of Success
  - Greater equity in NIH Awards
I Committee: Priorities

• Develop a listserv for Federal affinity groups and other groups internal and external to NIH to promote vacancy announcements

• Progress and Accomplishments
  - New initiative in implementation stages

• Next Steps
  - Meet with IC Leadership to promote listserv
  - Collaborate with OHR to implement listserv
  - Collaborate with the Office of Communications and Public Liaison for marketing and launch of listserv

• Metric(s) of Success
  - Broaden and increase the pool of applicants from underrepresented populations who apply to NIH job vacancies.
<table>
<thead>
<tr>
<th>‘I’ Committee Membership</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Trevor Archer (NIEHS)</strong></td>
</tr>
<tr>
<td><strong>Marie A. Bernard (COSWD)</strong></td>
</tr>
<tr>
<td><strong>Alfred Johnson (OD)</strong></td>
</tr>
<tr>
<td>Shelma Middleton Little (OD/EDI)</td>
</tr>
<tr>
<td>Gwyn Collins (NCI)</td>
</tr>
<tr>
<td>Charles Egwuagu (NEI)</td>
</tr>
<tr>
<td>Melissa Espinoza (NIA)</td>
</tr>
<tr>
<td>Courtney Fitzhugh (NHLBI)</td>
</tr>
<tr>
<td>Kenneth Gibbs (NIGMS)</td>
</tr>
<tr>
<td>Kendall Hill (CSR)</td>
</tr>
<tr>
<td><strong>Camille Hoover (NIDDK)</strong></td>
</tr>
<tr>
<td><strong>Laura Koehlerly (NHGRI)</strong></td>
</tr>
<tr>
<td><strong>Charlene Le Fauve (OD)</strong></td>
</tr>
<tr>
<td><strong>Shawn Lewis (NINR)</strong></td>
</tr>
<tr>
<td><strong>Joe Martin (OD)</strong></td>
</tr>
<tr>
<td><strong>Marguerite Matthews (NINDS)</strong></td>
</tr>
<tr>
<td><strong>Darryl Murray (OD)</strong></td>
</tr>
<tr>
<td><strong>Brenda Robles (NCC)</strong></td>
</tr>
<tr>
<td><strong>Victoria Rucker (OD)</strong></td>
</tr>
<tr>
<td><strong>Shaun Sims (NIBIB)</strong></td>
</tr>
</tbody>
</table>
NIH UNITE initiative
T Committee Update
June 10, 2022
T Committee Charge

To ensure transparency, accountability, and sustainability of all UNITE efforts amongst NIH Internal and External Stakeholders.

Includes coordinating NIH-wide efforts and communicating findings from UNITE committees to internal and external stakeholders and the general public, and facilitating communication among NIH Institutes, Centers, and Offices.
T Committee: Priorities

• Develop resources to communicate UNITE efforts and change the culture around diversity, equity, inclusion, and accessibility at NIH and in the biomedical research ecosystem

SELECT 2022 ACCOMPLISHMENTS

• Provided ongoing content development and strategy for the Ending Structural Racism (ESR) webpages
• Enhanced the UNITE intranet site and toolkit with new content and resources
• Provided insights to help launch the UNITE Co-Chairs’ Corner
• Updated racial and ethnic demographic data via the UNITE Data Dashboard
• Authored publication - Dr. Sadhana Jackson’s STAT news Op-Ed – The power of inclusion: Overturning the ‘white wall’ standard – detailing academic medical journey and the Recognition Project
• Facilitated internal DEIA virtual discussions via UNITE Teams
Together, We Are Stronger.
T Committee: Priorities

ONGOING

• Providing insights on a comprehensive UNITE communications plan using the UNITE Problem Statement & Goals (Summer 2022)
• Developing an internal communications plan of NIH staff who serve as “knowledge ambassadors” for UNITE and DEIA efforts
• Improving the NIH onboarding process to be more inclusive for new NIH staff
• Growing UNITE’s GovDelivery distribution list through email updates and LinkedIn
• Expanding The Power of an Inclusive Workplace Recognition Project with more external facing artwork throughout campus

METRICS

• Increase traffic to ESR webpages (E.g., Data Dashboard, Recognition Project) and LinkedIn to expand awareness of and enhance engagement with UNITE
• Provide input on the evaluation methodology that will be included in the UNITE communications plan
‘T’ Committee Membership

Amy Bany Adams (NINDS)
John Burklow (OD)
Sadhana Jackson (NCI/NINDS)
Mohammed Aiyegbo (NIAID)
Albert Avila (NIDA)
Samantha Calabrese (NICHD)
Marzjah Esther (OD)
Carla Garnett (OCPL)
Paule Joseph (OIR)

Eric Refsland (NIAID)
Cathy Rowe (NIDCD)
Wendy Rueda (NCI)
Eric Sid (NCATS)
Wayne Wang (NHLBI)
E Committee Charge

To perform a broad systematic evaluation of NIH extramural policies and processes to identify and change practices and structures that perpetuate a lack of inclusivity and diversity within the extramural research ecosystem.
E Committee: Extramural Research Ecosystem

**FRAMEWORK**

- Changing NIH policies, culture and structures to promote extramural workforce diversity and inclusion

---

**URG CAREER PATHWAYS**

**INEQUITIES AT EXTRAMURAL INSTITUTIONS: ENVIRONMENT & CULTURE**

**RESEARCH RESOURCES & CAPACITY AT MSIs**

**INEQUITIES AT NIH: POLICIES & PROCEDURES**

**Evaluation & Stakeholder Engagement**

**Immediate Actions**

**Develop Short- & Long-Term Objectives**

Together, We Are Stronger.
E Committee: Priorities

Current Implementation Teams (More to Come)

**FOAs and Prizes**
1. Institutional Climate/Self-Studies
2. Structured Institutional Needs Assessment and Action Plan Development Grants for MSIs
3. S10 Instrumentation Grant for minority-serving institutions
4. Expansion of SPAD Services and Activities for MSIs Implementation
5. Institutional Excellence in DEI Prize Implementation
6. Excellence in DEI Investigator Award Implementation
7. Dos and Don’ts in Inclusive FOA Development

**Policies**
1. Incorporate Diversity and Mentoring Language into Parent T and F FOAs
2. Development of Guidance Language for ICs to use Diversity Principles in Funding Decisions
3. Institutional Promotion and Tenure and Recognition of DEI Policies
4. Developing “Do’s and Don’ts” for Writing Inclusive FOAs”
5. Harassment Portal (completed)

**Other (Training and Outreach)**
1. SBIR/STTR Diversity Supplement Matchmaking and Outreach Implementation
2. PO/SRO Training for Inclusive and Equitable Communications Implementation

Together, We Are Stronger.
E Committee: Priorities

URG CAREER PATHWAYS

• Expansion of Science Education Partnership Awards (SEPA) Program

  • Supports innovation in preK-12 STEM education to build interest of students from diverse backgrounds in careers in biomedical research
  
  • [NOT-HG-22-017](#): Participation of Additional NIH Institutes and Centers in SEPA
  
  • 17 NIH Institutes and Centers and Offices (ICOs) have Joined NIGMS to fund SEPA awards
  
  • All applications will be submitted to NIGMS. Participating ICs may select applications they are interested in funding after review
  
  • SEPA awardees funded by all ICs will participate in program-wide activities
  
  • Goal is to receive more SEPA applications and fund more SEPA grants
E Committee: Priorities

URG CAREER PATHWAYS

• Additional Initiatives Under Development: Career Pathways

• Incorporate additional diversity and mentor training language into parent training grant (T32) and fellowship (F) FOAs
  - Expectation of mentor training and assessment
  - Making Recruitment Plan to Enhance Diversity score-driving

• Expand use of diversity supplements for small business grants (SBIR/STTR)

• Increase opportunities for entrepreneurial training for faculty, students and trainees at minority-serving institutions

• Expand use of Plan to Enhance Diverse Perspectives in NIH FOAs
  - Developed by BRAIN initiative
  - Being piloted by several additional ICs
Why is institutional culture important?
“Campuses that strive to become functional multicultural learning environments can now rely on a body of empirical information to guide practice and critical self-assessment to deepen their commitment to diversity.”
E Committee: Priorities
INEQUITIES AT EXTRAMURAL INSTITUTIONS: ENVIRONMENT & CULTURE

• Planned New Program: Institutional Climate Assessment and DEI Action Plan Development Grants

• Grants to institutions to provide support for:
  - Conducting objective climate assessments using validated instruments
  - Performing critical self-studies of institutional culture change needs, starting with the results of the climate survey
  - Developing action plans for culture change, including metrics and methods for assessing progress, disseminating results, and sustaining efforts

• Would take institutional needs and available resources into account when making awards

• ICs would sign on and fund and manage grants with overall coordination by a lead IC (TBD)

• Concept cleared by NIGMS Council
Addressing disparities in academic medicine: what of the minority tax?

José E Rodríguez, Kendall M Campbell & Linda H Pololi

BMC Medical Education 15, Article number: 6 (2015) Cite this article

The burden of service for faculty of color to achieve diversity and inclusion: the minority tax

JoAnn Trejo

The time tax put on scientists of colour

The pressure on researchers from ethnic minority groups to participate in campus diversity issues comes at a cost.

Virginia Gewin
E Committee: Priorities
INEQUTIES AT EXTRAMURAL INSTITUTIONS: ENVIRONMENT & CULTURE

• Planned New Program: Excellence in DEIA Investigator’s Grants

• 5-year combined research and mentoring grants for PIs who have demonstrated excellence in promoting diversity, equity, inclusion and accessibility in biomedical research

• Would provide support for:
  - The PI’s research program
  - Continuing DEIA efforts

• Help offset the diversity tax and promote advances in DEIA and the scientific research of investigators committed to advancing DEIA

• ICs would sign on and fund and manage grants in their mission areas with overall coordination by NIGMS

• Concept cleared by NIGMS Council
Inviting Comments and Suggestions on the Development of a Prize Competition for Institutional Excellence in Diversity, Equity, Inclusion, and Accessibility.

Notice Number: NOT-OD-22-109

Key Dates

- Release Date: April 29, 2022
- Response Date: July 28, 2022

Related Announcements

None

Issued by

NATIONAL INSTITUTES OF HEALTH (NIH)

“This potential prize competition aims to acknowledge transformative cultures, systems, projects, and processes that institutions of higher education have developed to achieve inclusive excellence by creating research environments that promote and value a culture of diversity, equity, inclusion, and accessibility... Another objective of this prize competition is to seek best practices for implementing institutional approaches that lead to successful transformative and enhanced culture change and advancement of students and faculty from underrepresented groups in biomedical and biobehavioral disciplines in institutions of higher education.”
Notify NIH about a concern that harassment or discrimination (including but not limited to sexual harassment and racial discrimination) is contributing to an unsafe or hostile work environment affecting an NIH funded project at a grantee institution.

While NIH can and will follow up on all notifications of concerns related to NIH-funded research, NIH cannot take personnel or legal actions on behalf of non-NIH employees. NIH strongly encourages individuals to report allegations to the appropriate authorities, which may include:

- your local police department;
- your organization/institution equal opportunity office, human resources offices, or Title IX Coordinator; and/or
- the HHS Office for Civil Rights (OCR, https://www.hhs.gov/ocr/index.html) to obtain additional information and to file a complaint.

Fields marked with an * are required.
E Committee: Priorities
INEQUITIES AT NIH: POLICIES & PROCEDURES

• Additional Initiatives Under Development: NIH Policies & Procedures

• Program Officer and Scientific Review Officer training for inclusive and equitable community interactions
• NIH-wide reporting of potential bias in peer review
• Anti-bias training for reviewers
• Reducing potential biases in peer review language and criteria
• Development of guidelines for writing inclusive and culturally appropriate FOAs
• Development of guidelines for ICs to use to enhance portfolio diversity
  - Areas of research, approaches, regions, institutions, investigators

nih.gov/ending-structural-racism

Together, We Are Stronger.
E Committee: Priorities

RESEARCH RESOURCES & CAPACITY AT MSIs

• Instrumentation Grant Program for Minority-Serving Institutions

• Develop an equipment grant FOA that is targeted to Minority Serving Institutions (MSIs) with limited resources
• The FOA will help provide instrumentation that can develop research capacity at low resourced MSIs
• NIGMS has agreed to serve as lead IC to support overall coordination of the program
• Other ICs to participate by signing on and funding awards
• Concept cleared by NIGMS Council (May 2022)
E Committee: Priorities

**RESEARCH RESOURCES & CAPACITY AT MSIs**

- **Institutional Research Capacity Building Needs Assessment and Action Plan Development Grants**
  
  - Allow minority-serving institutions to assess their needs for enhancing their biomedical research and training capacities
  - Provide support for development of action plans based on the results of the assessments
  - Identified needs might include, e.g.:
    - Development/enhancement of sponsored programs administrative capabilities
    - New equipment
    - Targeted hiring in specific scientific or administrative areas
    - Changes in institutional policies or expectations to better support research mission
  - NIH should align and publicize programs to support institutional needs
  - Concept cleared by NIMHD Council (May 2022)
E Committee: Priorities

RESEARCH RESOURCES & CAPACITY AT MSIs

- Additional Initiatives Under Development: Capacity Building
  
  - Reissuance of Sponsored Programs Administration Development (SPAD) program
  - Enhance NIH Pathways to Excellence and Innovation (PEI) Initiative
  - Enhance communication between the NIH and minority-serving institutions
    - Better understanding of MSI strengths, capabilities and needs
    - Better publicity for available NIH funding opportunities and services
    - Create Office of Minority Serving Institutions to support this work?
    - Pursue development of a program to address endowment needs
    - Bi-annual meeting between NIH and MSI leadership
‘E’ Committee Membership

Erika Boone (OER)
Jon Lorsch (NIGMS)
Anna E. Ordóñez (NIMH)
Eddie Billingslea (ORWH)
Tiffany Calvert (NIBIB)
Rena D’Souza (NIDCR)
Zeynep Erim (NIBIB)
Leonardo Garzon-Velez (FIC)

Bettie Graham (NHGRI)
Leah Hubbard (NCI)
Patricia Jones (NIA)
Vonda Smith (CSR)
Mark Stevens (OD)
James Washington (NINDS)
Maryam Zaringhalam (NLM)
<table>
<thead>
<tr>
<th>UNITE E Implementation Team</th>
<th>Chair or Co-Chairs</th>
<th>Team Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institutional Excellence in DEI Prize</td>
<td>Zeynep Erim (NIBIB) Charlene La Fauve (COSWD)</td>
<td>Joan Greve (NCI) Teraya Donaldson (ORWH) Bob Eisinger (OD)</td>
</tr>
<tr>
<td>Excellence in DEI Investigator’s Award</td>
<td>Alison Gammie (NIGMS)</td>
<td>Andrea Beckel-Mitchener (NIMH) Albert Avila (NIDA) Pamela Tamez (COSWD)</td>
</tr>
<tr>
<td>S10 for MSIs/Research-Active Institutions</td>
<td>Desirée L. Salazar (NHLBI)</td>
<td>Franziska Grieder (ORIP) Anthony Dibello (NCI) Anil Wall (NCI) Fed Bernal (NIGMS) Alena Horska (ORIP) Xiang-Ning Li (ORIP)</td>
</tr>
<tr>
<td>Institutional Climate Assessment and Action Plan Development Awards</td>
<td>Rina Das (NIHMD) Behrous Davani (NIGMS)</td>
<td>Bruce Fuchs (ORIP) Charlene La Fauve (COSWD) David Banks (NINR)</td>
</tr>
<tr>
<td>SPAD Services and Activities</td>
<td>Sydella Blatch (NIGMS)</td>
<td>Ericka Boone (DBR/OD) Selina Keryte (OD) Consult with Della White Mose Herne (THRO/OD) Sharon Smith (NHLBI)</td>
</tr>
<tr>
<td>Institutional Promotion and Tenure and DEI Recognition Policies</td>
<td>Deb Tucci (NIDCD)</td>
<td>Marie Bernard (COSWD) Janine Clayton (ORWH) Tyrone Spady (OSP) Mike Lauer (OER)</td>
</tr>
<tr>
<td>Draft Guidance Language for ICs to use diversity principles in funding decisions</td>
<td>Tracy Waldeck (NIMH/EPMC) Karl Malik (NIDDK/EPMC)</td>
<td>Leah Hubbard (NCI) Kenny Gibbs (NIGMS) Michelle Bulls (OER) Maria Carranza (NIA)</td>
</tr>
<tr>
<td>Entrepreneurship Training - SBIR/STTR Diversity Supplement Outreach</td>
<td>Eddie Billingslea (ORWH) Stephanie Fertig (SEED/OER)</td>
<td>Monique Pond (NCI) Joy Toliver (NIA) Natalie Trzcinski (NINDS)</td>
</tr>
<tr>
<td>PO/SRO Training for Inclusive and Equitable Community Interactions</td>
<td>Paula Goodwin (OER/PLC) Rosalina Bray (OER)</td>
<td>Eric Refsland (NIAID) Kristin Kramer (CSR) Melissa Stick (NIDCD/RPC) Patricia Jones (NIA)</td>
</tr>
<tr>
<td>Improve and expand existing measures to identify and report bias during the NIH peer review process</td>
<td>Kathy Salaita (NIAMS) Gabriel Fosu (CSR)</td>
<td>Maryam Zaringhalam (NLM) Kristin Kramer (CSR) Alfonso Latoni (NIEHS) Nick Gaiano (NIMH)- RPC Lisa Dunbar (NIGMS) Lataisia Jones (NINDS)</td>
</tr>
</tbody>
</table>