

April 9, 2021

Dr. Francis S. Collins, M.D., PhD  
National Institutes of Health  
Office of the Director  
9000 Rockville Pike,  
Bethesda, MD 20892

**RE: Notice Number NOT-OD-21-066 Request for Information (RFI): Inviting Comments and Suggestions to Advance and Strengthen Racial Equity, Diversity, and Inclusion in the Biomedical Research Workforce and Advance Health Disparities and Health Equity Research**

Dear Dr. Collins:

We thank the National Institutes of Health (NIH) Office of the Director for the opportunity to provide comments in response to the aforementioned RFI. On behalf of the National Black Women's HIV/AIDS Network & National Black Gay Men's Advocacy Coalition, we submit the following actionable recommendations that can be implemented in a short period of time but have long-term effects in the elimination of long-standing disparities and inequities in health, especially in the Black community.

***Perception and reputation of NIH*** as an organization, specifically as an employer (e.g., culture), with respect to support of workforce diversity and as an overall advocate for racial and gender equity in NIH-funded research

- Survey or some other mechanism of Black researchers, NIH employees (current, former), and applicants to the NIH (i.e., individuals who applied for positions but were not interviewed or interviewed but not offered a position) to get a better sense of specific issues and perceptions and experiences of racism and racial and gender equity. *Evaluation Metric: Prevalence of specific issues around NIH as an employer, and racial and gender equity. Time-Period: Within the first 6 months.*
- Survey of Black (and other minority) Scientific Review Officers to understand their inherent experiences during study section, including attitudes, perceptions and biases of Reviewers especially toward Black researchers and/or Researchers from HBCUs. *Evaluation Metric: Prevalence of perceptions and experiences of racial and gender equity and biases toward Black researchers and/or Researchers at HBCUs. Time-Period: Within the first 3 months.*
- Survey of Black graduate biomedical students (e.g., Schools of Public Health, Schools of Allied Health, Medical and Engineering Schools). *Evaluation Metric: Knowledge, attitudes and beliefs of NIH, especially as an employer, and culture of racial and gender equity at the NIH.*

***New or existing influence, partnerships, or collaborations*** NIH could leverage to enhance its outreach and presence with regards to workforce diversity (both the internal NIH workforce and the NIH-funded biomedical research enterprise); including engagement with academic institutions that have shown a historical commitment to educating students from underrepresented groups (especially Historically Black Colleges and Universities (HBCUs), Hispanic-Serving Institutions (HSIs), Tribal Colleges and Universities (TCUs), and other institutions), racial equity organizations, professional societies, or other federal agencies

- Leverage the NIH-funded Research Centers in Minority Institutions (RCMI) Translational Research Network (RTRN) to support minority institutions in the expansion of existing partnerships and collaborations as well as develop pipeline programs for undergraduate and graduate students interested in biomedical research. *Evaluation Metric: Number of biomedical pipeline (training) programs and students trained at HBCUs; Number of submitted R-series grant application (and award amounts). Time-Period: Within 12 months.*
- Development of R15/R25 training programs at selected HBCUs (implemented in collaboration with a local, well-funded predominately white institution, PWI). *Evaluation Metric: Number of R15/R25 training programs at HBCUs; Number partnerships between HCBUs and PWIs; Number of biomedical trainees/mentor-mentee relationships. Time-Period: Within 24 months.*
- Similar to the NIH-funded RTRN, develop a consortium of Black researchers and/or Black-led research-capable agencies (e.g., community-based, non-profit organizations) to support the development and implementation of culturally relevant and appropriate research across NIH Institutes (or specific institutes such as NIAID, NIMHD, NIMH, NIDA). *Evaluation Metric: Number of pipeline (training) programs; Number of community-academic partnerships. Time-Period: Within 24 months.*
- Develop pipeline (training) programs at community-based, Black-led non-profit organizations with the capacity to conduct research and that have historically served as a recruitment partner for hard-to-reach (research) populations, which will likely have a greater public health impact. *Evaluation Metric: Number of pipeline (training) programs; Number of community-academic partnerships. Time-Period: Within 12 months.*
- Promote qualified Black researchers into leadership positions (e.g., PIs or co-PIs) of NIH funded networks (e.g., HPTN, MTN) and epidemiological studies (e.g., Jackson Heart Study, Women's Interagency HIV Study, Multicenter AIDS Cohort Study, Multi-Ethnic Study of Atherosclerosis, Coronary Artery Risk Development in Young Adults Study). *Evaluation Metric: Number of Black Researchers in PI roles of landmark, NIH-funded studies. Time-Period: Within 18 months.*
- Support an RFA for Black-focused (priority population), community-academic partnered observational and interventional research. *Evaluation Metric: Number of awarded applications; Number of community-academic partnerships; Number of health improvements / interventions developed among focus population. Time-Period: Within 12 months.*
- Sponsor career fairs/days (virtually, in-person) during large-scale community events (e.g., Essence, Black Prides) and at HBCUs, especially those that have the potential to serve as Research I institutions (e.g., Norfolk State university, Howard University, Meharry Medical College, Morehouse School of Medicine). *Evaluation Metric: Number of career fairs/days; Number of job applicants and hires. Time-Period: Within 6-9 months.*
- Serve as a high-level sponsor of (and vendor) community-focused conferences such as the United States Conference on HIV/AIDS, Saving Ourselves Symposium, and NAESM. *Evaluation Metric: Number of sponsorships; Number of vendor opportunities; Number of job applicants and hires. Time-Period: Within 6-9 months.*
- Provide young Black faculty (researchers) at PWIs that serve on Diversity and Inclusion committees with direct funding to develop innovative ideas to increase representation of racial, ethnic and gender groups in biomedical research. This direct funding could be a new mechanism that buttresses the Research dossier for tenure and promotion. *Evaluation Metric: Number of funding awards; Number of biomedical trainees. Time-Period: Within 12-18 months.*

**Factors that present obstacles to training, mentoring, or career path** (e.g., training environments) leading to underrepresentation of racial and ethnic groups (particularly Black/African Americans) in the biomedical research enterprise throughout the educational and career continuum and proposed solutions (novel or proven effective) to address them.

- Limited access to pipeline training programs at HBCUs and community-based, non-profit organizations (such as Us Helping Us). *Evaluation Metric: Number of NIH-funded training programs at HBCUs and community-based, non-profit organizations compared to predominately white institutions. Time-Period: Within 12 months.*
- Faculty at HBCUs are oftentimes burdened with large course/teaching loads (e.g., 3-4 courses per semester) and the only way to 'buy out' these courses is through grant funding and have limited administrative/supportive resources in developing and submitting grant application. *Evaluation Metric: Number R-series grant applications from Researchers at HBCUs (compared to PWIs). Time-Period: Within 12 months.*
- Lack of access to and/or utilization of administrative supplements that are part of R-series grants, which provide career development opportunities across the career spectrum (i.e., ranging from high school students to career-transition senior investigators) and serve as another approach for pipeline training programs. *Evaluation Metric: Number of awarded administrative supplements from Black Researchers – compared those at HBCUs to those at PWIs. Time-Period: Within 12-18 months.*
- Lack of or limited number of Senior-level (as defined by NIH) Black researchers across all academic institution types. *Evaluation Metric: Number of Black Researchers with NIH funding. Time-Period: Within 12 months.*
- Select a certain number of HBCUs and non-profit organizations to develop career/training programs that are infused with pilot award funding and/or other small R-series funding mechanisms. This will provide Black Researchers at all career stages with financial/administrative resources to collect preliminary data for larger NIH awards – R, U and P series grants). *Number of pipeline (training) programs; Number of biomedical trainees/mentor-mentee relationships; Number of subsequent grant applications. Time-Period: Within 12-18 months.*

**Barriers inhibiting recruitment and hiring, promotion, retention and tenure**, including the barriers scientists of underrepresented groups may face in gaining professional promotions, awards, and recognition for scientific or non-scientific contributions (e.g., mentoring, committees), and proven strategies or novel models to overcome and eliminate such barriers

- Implicit and explicit biases, especially during Study Section, toward Black researchers that do not matriculate through well-known/established Senior-level investigators labs or not mentored by a Senior investigator in a certain field. *Evaluation Metric: Number of R-series grants; Comparison of Investigator scores during Study section. Time-Period: Within 12-18 months.*
- Limit access to valuable opportunities and resources to buttress the careers of Black researchers across all academic institution types.
- Review compensation (wage) packages/systems at HBCUs compared to PWIs, governmental agencies and industry.

**Successful actions** NIH and other institutions and organizations are currently taking to improve representation, equity, and inclusion and/or reduce barriers within the internal NIH workforce and across the broader funded biomedical research enterprise

- Provide supplemental funding to the CDC-funded Minority HIV/AIDS Research Initiative (Website: <https://www.cdc.gov/hiv/dhap/eb/mari/index.html>). Despite the strong work of MARI and demonstrated outcomes (Publications: <https://pubmed.ncbi.nlm.nih.gov/24134360/> & <https://pubmed.ncbi.nlm.nih.gov/33128188/>), the CDC Division of HIV/AIDS Prevention (DHAP) has decreased support for the program in recent years. For example, in its current funding cycle, the CDC/DHAP is only funding five (5) awards compared to the initial 10 outlined in the RFA. *Evaluation Metric: Number of funded awards; Number of publication in peer-reviewed journals; Number of funded R-series grants from investigators. Time-Period: Within 12-18 months.*
- Although NIH provides K-series (career development) awards, the NIH should develop a MARI-like training program for early-stage investigations, and Black researchers in particular. Note: This will require top-down leadership support, hiring/assembling a capable and strong internal team, and long-term NIH support to observe substantial results. *Evaluation Metric: MARI-like training programs; Number of funded Researchers; Number of Number of funded R-series grants from investigators. Time-Period: Within 12-18 months. Time-Period: Within 12 months.*
- Support community-academic partnerships through faculty (research) affiliations at community-based, non-profit organizations. A great example is the Detroit Community-Academic Urban Research Center: <https://detroiturc.org/>. *Evaluation Metric: Number of funded partnerships; Number research studies; Improvement in community health. Time-Period: Within 24 months.*

## **Policies and Partnerships**

**Existing NIH policies, procedures, or practices that may perpetuate racial disparities/bias in application preparations/submissions, peer review, and funding**, particularly for low resourced institutions, and proposed solutions to improve the NIH grant application process to consider diversity, inclusion, and equal opportunity to participate in research (e.g., access to application submission resources, changes to application submission instructions/guidance, interactions with and support from NIH staff during application process)

- Develop specific scoring metrics for the rating of Investigators and Environment during Study Section. As an example of limited consistency in scoring, during the January cycle Study Section, a Black researcher now situated at community-based organizations received scores of 1s-3s from the three (3) Reviewers despite having over 100 scientific manuscripts in peer-reviewed journals (across different disease states), being a recipient of funding from the CDC and NIH, completed nearly 10 epidemiological studies with primary data collection. Needless to say the Researchers also received 2s-3s for Environment. *Evaluation Metric: Revised scoring metrics. Time-Period: Within 12 months.*
- Develop specific scoring metrics that encourage community-academic partnered research studies. *Evaluation Metric: Number of applicable policies; Additional points/criteria for community-academic partnerships. Time-Period: Within 24 months.*

**Best practices or proven approaches to build new or enhance existing partnerships and collaborations** between investigators from research-intensive institutions and institutions that focus on under-resourced or underrepresented populations but have limited research resources

- Building on the success of the “point addition” for Early Stage Investigators submitting R01 grants (pathway to R01), provide a similar “point addition” for community-academic partnerships as well as a “point addition” HBCU/non-HBCU partnered research. *Evaluation Metric: Number of award applications; Revised point system. Time-Period: Within 24 months.*
- Points are deducted from applications that simply include Letters of Support from community-based organizations that agree to assist with recruitment or applications that include Investigators used for ‘representation’ and have limited responsibilities and financial support (resources).

## **Research Areas**

**Significant research gaps or barriers to expanding and advancing the science of health disparities/health inequities research** and proposed approaches to address them, particularly those beyond additional funding (although comments could include discussion of distribution or focus of resources)

- Develop and release RFAs/PAs specifically for community-based and faith-based organizations, coalitions, and other advocacy groups (with less than \$1 million in NIH funding) to develop disease, behavioral, cultural, social determinant-focused research. This RFA/PA should require the inclusion of an academic partner to ensure scientific rigor, etc., but the academic institution can receive no more than 10/20% of direct costs. *Evaluation Metric: Number of RFAs/Pas; Number of funded applications; Improvement in community health. Time-Period: Within 12-18 months.*
- Fund discrimination/racism-focused research led by Black researcher(s). *Evaluation Metric: Number of RFAs/Pas; Number of funded applications; Improvement in community health. Time-Period: Within 12-18 months.*

## **Further Ideas**

**Additional ideas** for bold, innovative initiatives, processes or data-driven approaches that could advance the diversity, inclusion, and equity of the biomedical research workforce and/or promote research on health disparities

- Develop an online directory of Black researchers and CBOs to understand research perspectives, interests, and strengths, and that will facilitate research collaborations, which will strengthen grant applications. *Evaluation Metric: Number of online directories; Number of Black researchers across disciplines. Time-Period: Within 24-30 months.*
- Develop Congressional-supported set asides to the NIH/NIMHD for racial and ethnic-specific funding opportunities across biomedical research areas that focus on racial and ethnic-focused research and involvement of community-academic partnerships. *Evaluation Metric: Number and amount of Congressional appropriations; Number Black-led, Black-focused research. Time-Period: Within 30-36 months.*

The above-mentioned recommendations are informed by the collective experience of Black biomedical researchers, community members, and advocates and are actionable next steps that the NIH can take in its effort to advance and strengthen racial and gender equity, diversity and inclusion in biomedical research. Importantly, these recommendations enhance the ability of Black researchers, community members and advocates to shape the biomedical research workforce and ultimately eliminate racial and ethnic health disparities and inequities in health.

We appreciate the efforts of the NIH (and the federal government) to address these socio-structural factors.

Please do not hesitate to contact Dr. Ivy Turnbull, Chair, National Black Women's HIV/AIDS Network at [driturnbull@gmail.com](mailto:driturnbull@gmail.com), or Ernest Hopkins, Chair, National Black Gay Men's Advocacy Coalition at [hobby6@mac.com](mailto:hobby6@mac.com) and for any further information you may require.

Sincerely,



Dr. Ivy Turnbull  
Chair  
National Black Women's HIV/AIDS Network



Ernest Hopkins, BA  
Chair  
National Black Gay Men's Advocacy Coalition

### **About Us:**

#### National Black Women's HIV/AIDS Network

The National Black Women's HIV/AIDS Network is organized to provide leadership and expertise in the prevention and spread of HIV/AIDS and other health disparities that affect Black women and girls nationally and internationally. The mission of the Network is to reduce the burden of morbidity, mortality and stigma of HIV/AIDS and other health disparities associated with gender, social, and economic inequities among Black women and girls with and at risk of HIV/AIDS.

#### National Black Gay Men's Advocacy Coalition

NBGMAC formed in 2006 in response to the federal government's inaction to research data from the CDC indicating that 46 percent of Black gay men tested during the course of a five city study were found to be living with HIV, and of the 46 percent, 63 percent of them were unaware of their vulnerability to HIV acquisition. NBGMAC achieves its mission by engaging federal and state policy makers, legislators, public health officials, community advocates, and the media.

### **Contributors (alphabetically):**

DeMarc A. Hickson, PhD  
Ernest Hopkins, BA  
Deborah Levine, MCSW, ACSW  
Pamela Payne-Foster, MD, MPH  
Ivy Turnbull, MA, EdM, DLP