NIH UNITE Initiative

Meeting of the Advisory Committee to the Director
December 10, 2021

nih.gov/ending-structural-racism
The NIH UNITE Initiative

- Driven by events of 2020 – the disparate morbidity and mortality of the COVID-19 pandemic, the murder of George Floyd, and the killings of Asian women in Atlanta in 2021.
- This brought into sharp relief the ongoing reality of **racial and ethnic injustice** in our country, and the responsibility of all of us to address this issue. We could not be silent.
- We developed a **shared commitment** to address **structural racism** in the biomedical research enterprise.

nih.gov/ending-structural-racism
The NIH UNITE Initiative

Understanding stakeholder experiences through listening and learning

New research on health disparities/minority health/health equity

Improving the NIH Culture and Structure for Equity, Inclusion, and Excellence

Transparency, communication, and accountability with our internal and external stakeholders

Extramural Research Ecosystem: Changing Policy, Culture, and Structure to Promote Workforce Diversity
Committee Updates

Understanding stakeholder experiences through listening and learning

Monica Webb Hooper, NIMHD; Mia Rochelle Lowden, ORIP/OD; Courtney Aklin, IMOD/OD

New research on health disparities/minority health/health equity

Improving the NIH Culture and Structure for Equity, Inclusion, and Excellence

Transparency, communication, and accountability with our internal and external stakeholders

Extramural Research Ecosystem: Changing Policy, Culture, and Structure to Promote Workforce Diversity
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
Solicit feedback from NIH staff and the extramural community (e.g., RFI, listening sessions, focus groups, townhalls, anonymous options, etc.)

• **Progress, Accomplishments**
  - Completed preliminary analysis and report of the over 1100 RFI responses
  - Completed 32 Internal NIH Listening Sessions
  - Launched external listening sessions and completed 1 session
  - Completed analysis and report for the IC data call on current DEI efforts

• **Next Steps**
  - Complete listening sessions (internal and external) by February 2022

• **Metric(s) of Success**
  - Hear from a wide-range of NIH staff and external stakeholders, beyond the usual suspects
Submit IC Data Request to all ICs and review responses on recent past, ongoing, and upcoming DEI activities

• Progress, Accomplishments
  - Received responses from all ICs
  - Analysis and final report of responses is complete

• Next Steps
  - Create materials to share the results with the NIH internal community

• Metric(s) of Success
  - Identify and report best practices, lessons learned, and areas for collaboration across NIH. Achieve a better understanding of DEI activities across the NIH.
U Committee: Priorities

Conduct qualitative data analysis from listening activities (e.g., RFI, listening sessions, focus groups, etc.)

• **Progress, Accomplishments**
  - Completed a preliminary analysis of the RFI
  - Completed a preliminary analysis of listening sessions with scientific staff

• **Next Steps**
  - Complete RFI final report for public release in early 2022
  - Complete analysis of listening session data and report in spring 2022

• **Metric(s) of Success**
  - Reports provide insights to guide and support the work of UNITE
NIH UNITE Initiative

U Committee – Preliminary RFI Findings
December 10, 2021
Outline

Overview, Approach, Team, and Results

Preliminary Cross-Cutting Findings

Next Steps
Overview: The RFI solicited input on how NIH can advance EDI and advance health disparities research

Overview

- **Why**: To solicit feedback on how NIH can advance racial equity, diversity, and inclusion (EDI) and expand research to eliminate or lessen health disparities and inequities
- **What**: 4 categories and 9 sub-categories for input
- **Who**: Open to the public, organizations were encouraged to respond, though individuals could also submit responses
- **When**: RFI submissions were accepted from March 1\textsuperscript{st} to April 23\textsuperscript{rd} 2021
- **Where**: RFI submissions were accepted via an online portal and via email

RFI Categories

- All Aspects of the Biomedical Workforce
- Policies and Partnerships
- Research Areas
- Further Ideas
Approach: The RFI responses are being analyzed in a phased approach using the socioecological model (SEM)

**Approach Overview**

- A 3-phased process is being used to identify trends, topics, and themes
- Coding was framed using SEM, utilizing both deductive and inductive coding
- A more detailed analysis will be available after Phases 2 and 3 have been completed

**Socioecological Model (SEM)**

<table>
<thead>
<tr>
<th>Public Policy</th>
<th>Laws &amp; Regulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community</td>
<td>Organizations/ Relationships</td>
</tr>
<tr>
<td>Organizational</td>
<td>Social Institutions</td>
</tr>
<tr>
<td>Interpersonal</td>
<td>Family, Friends, Social Networks</td>
</tr>
<tr>
<td>Individual</td>
<td>Knowledge, Skills and Behaviors</td>
</tr>
</tbody>
</table>

**3-Phase Data Analysis Process**

- **Completed**
- **Upcoming: full report expected for release in early 2022**

1. Initial Qualitative Analysis
2. Analysis within the RFI Tool
3. Final Analysis
Team: RFI Coding Team is made up of staff volunteers and U Committee leads from across NIH

<table>
<thead>
<tr>
<th>NIH Staff Volunteers</th>
<th>U Comm. Staff Leads</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Melissa Antman (OD)</td>
<td>• Cara Finley (OD)</td>
</tr>
<tr>
<td>• Teresa Estrada (NCI)</td>
<td>• Melissa Laitner (OD)</td>
</tr>
<tr>
<td>• Jamie Gulin (NHLBI)</td>
<td>• Vanessa Marshall (NIMHD)</td>
</tr>
<tr>
<td>• Shadab Hussain (NCATS)</td>
<td>• Kamilah Rashid (OD)</td>
</tr>
<tr>
<td>• Doug Joubert (NLM)</td>
<td></td>
</tr>
<tr>
<td>• Anu Sharman (NCI)</td>
<td></td>
</tr>
<tr>
<td>• Laura Thomas (NIEHS)</td>
<td></td>
</tr>
<tr>
<td>• Ryan Richardson (OD)</td>
<td></td>
</tr>
</tbody>
</table>
## U Committee Members & Staff Leads

<table>
<thead>
<tr>
<th>U Committee</th>
<th>U Comm. Staff Leads</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Courtney Aklin (IMOD/OD)</td>
<td>• Cara Finley (OD)</td>
</tr>
<tr>
<td>• Mia Rochelle Lowden (ORIP/OD)</td>
<td>• Melissa Laitner (OD)</td>
</tr>
<tr>
<td>• Monica Webb Hooper (NIMHD)</td>
<td>• Vanessa Marshall (NIMHD)</td>
</tr>
<tr>
<td>• Shelli Avenevoli (NIMH)</td>
<td>• Kamilah Rashid (OD)</td>
</tr>
<tr>
<td>• Dexter Collins (FIC)</td>
<td></td>
</tr>
<tr>
<td>• Laura Cooper (NIAMS)</td>
<td></td>
</tr>
<tr>
<td>• Kevin Davis (CIT)</td>
<td></td>
</tr>
<tr>
<td>• Charlene Le Fauve (COSWD/OD)</td>
<td></td>
</tr>
<tr>
<td>• Leslie Littlejohn (NIAMS)</td>
<td></td>
</tr>
<tr>
<td>• Troy Muhammad (NCI)</td>
<td></td>
</tr>
<tr>
<td>• Ian Myles (NIAID)</td>
<td></td>
</tr>
<tr>
<td>• Roland Owens (OIR/OD)</td>
<td></td>
</tr>
<tr>
<td>• Kelly Ten Hagen (NIDCR)</td>
<td></td>
</tr>
<tr>
<td>• Brian Trent (NEI)</td>
<td></td>
</tr>
<tr>
<td>• Della White (NCCIH)</td>
<td></td>
</tr>
</tbody>
</table>
Results: The RFI received more than one thousand responses that spanned stakeholder type

- **Over 1,100 responses**
- **Wide-range of respondents** spanning across sectors, with the majority of respondents from academia

<table>
<thead>
<tr>
<th>Stakeholder Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic</td>
<td>46%</td>
</tr>
<tr>
<td>NIH Staff</td>
<td>13%</td>
</tr>
<tr>
<td>Health professional</td>
<td>11%</td>
</tr>
<tr>
<td>Nonprofit/professional society</td>
<td>8%</td>
</tr>
<tr>
<td>Student/postdoc researcher</td>
<td>6%</td>
</tr>
<tr>
<td>Other</td>
<td>16%</td>
</tr>
</tbody>
</table>

*HBCU (2%)*

(e.g., Advocacy organizations; Members of the public; Community partners; and Industry, among others)
Three preliminary cross-cutting findings emerged

1. Actions Beyond Words
2. Enhance Programs & Activities
3. There is no “easy button”

A small number of respondents perceived no issues with racism or EDI at NIH and the broader biomedical community, demonstrating that there is still a misunderstanding or denial of structural racism among some NIH stakeholders.
The NIH UNITE Initiative to Strengthen Diversity, Equity, and Inclusion: Together, We’re Stronger

Deeper dive into preliminary cross-cutting findings (1 of 3)

1. Actions Beyond Words

• NIH is saying the right things to acknowledge structural racism, but for years NIH has had data demonstrating the:
  – **Lack of diversity** in the workforce, particularly at leadership levels
  – **Funding discrepancies** among NIH grantees

Yet nothing has changed, the disparities persist as evidenced by the data

• There is a **lack of tangible actions** to address the historical societal, institutional, organizational, and governmental structures that exist to influence disparities within the biomedical workforce as barriers; in order to dismantle structural racism **specific actions are needed to change existing structures**

Note: detailed preliminary findings by sub-category can be found in the appendix
Deeper dive into preliminary cross-cutting findings (2 of 3)

2. Enhance Programs & Activities

- Existing NIH initiatives are well-designed but often under-resourced, NIH should:
  - Increase funding and support for these initiatives
  - Improve monitoring and program evaluation

- Communication and coordination across initiatives working to address EDI could be improved

- Many respondents feel that NIH should expand UNITE to be inclusive of all dimensions of diversity, by including other underrepresented groups (e.g., AAPI) and by including other factors beyond race (e.g., socioeconomic status, geographical region, disability, gender, with a focus on intersectionality)

Note: detailed preliminary findings by sub-category can be found in the appendix
Deeper dive into preliminary cross-cutting findings (3 of 3)

### 3. There is no “easy button”

- Ending structural racism will require a **multifaceted approach** that reviews and redefines NIH’s **policies, processes, practices, and cultural norms** while ensuring accountability, sustainability, and transparency.

- Proposed solutions reimagine how NIH approaches:
  - Grantmaking and research priorities
  - Recruitment, hiring, training, retention, and promotion practices
  - Mentorship, sponsorship, and networks
  - Communications, support, and partnerships with underrepresented groups and communities

Among other aspects to help reset the practices and culture at NIH and the biomedical community.

*Note: detailed preliminary findings by sub-category can be found in the appendix*
Overview, Approach, Team, and Results

Preliminary Cross-Cutting Findings

Next Steps
Next Steps

• Continue to conduct analysis within the RFI Tool

• Analyze and synthesize findings for full report (expected in early 2022)

• Triangulate findings with other data (e.g., U Comm. listening activities findings, climate survey results)

3-Phase Data Analysis Process

1. Initial Qualitative Analysis
2. Analysis within the RFI Tool
3. Final Analysis

✓ Completed

Upcoming: full report expected for release in early 2022
Committee Updates

UNITE

Understanding stakeholder experiences through listening and learning

New research on health disparities/minority health/health equity
Anna María Nápoles, NIMHD; Robert Rivers, NIDDK; Michele K. Evans, NIA

Improving the NIH Culture and Structure for Equity, Inclusion, and Excellence

Transparency, communication, and accountability with our internal and external stakeholders

Extramural Research Ecosystem: Changing Policy, Culture, and Structure to Promote Workforce Diversity
N Committee Charge

To address long-standing health disparities and issues related to minority health to advance health equity in the United States by ensuring NIH-wide transparency, accountability and sustainability in marshaling resources for HD/MH/HE research
Reductions in U.S. Expectancy due to COVID-19

Andrasfay T & Goldman N PNAS 2021
N Committee: Priorities

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

• **Progress, Accomplishments**
  - Transformative Health Disparities Research: 2 FY21 Common Fund FOAs- 11/174 grants funded success rate= 6.3 %; catalyzed many unfunded meritorious apps that can be funded by ICs
  - WG convened to develop FY23 Common Fund FOAs, Listening Sessions underway

• **Next Steps (Ongoing)**
  - Presented to Unite ICD Implementation Committee Request for additional funding for FY23 Common Fund FOAs
  - Identify strategies to:
    - Develop additional FOAs that focus on IC-specific disease/topic areas
    - Increase CBPR and research on SDoH, structural racism
    - Leverage large cohort studies funded by NIH to increase HD/MH/HE research

• **Metric(s) of Success**
  - Increased and sustained funding of HD/MH/HE research
N Committee: Priorities

HD/MH/HE Research Investment Analytic Data Dashboard tracks trends of research investments with key performance indicators and metrics to set and monitor targets

• Progress, Accomplishments
  - Trans-NIH N Committee Data Working Group of portfolio analysis experts characterizing the HD/MH/HE research portfolio to develop dashboard prototype

• Next Steps
  - Resources approved to further develop prototype, operationalize and produce the dashboard

• Metrics of Success
  - Data informed approach to increase funding, including FOAs, for programmatic prioritization of HD/MH/HE
  - Inclusion of relevant RCDC, MeSH concepts and terms, clinical trials, longitudinal studies, funded and unfunded grants, funding mechanisms
  - Ability to track progress against NIH MH/HD/HE Strategic Plan goals
N Committee: Priorities

Analyze, coordinate and improve business process from ideation to funding to achieve equity

Progress, Accomplishments

- Identifying expertise and resources required for analysis of business model using the data dashboard and other approaches

Next Steps

- **2010: P.L. 111-148, the Patient Protection and Affordable Care Act** gave the NIMHD authority to plan, review, coordinate, and evaluate the minority health and health disparities research and activities conducted and supported by the NIH Institutes and Centers.

  - **Immediately Empanel Trans-NIH HD/MH/HE Research Coordinating Working Group that is resourced and reports to the NIMHD Director.**

  - **Develop transition plan for ‘N’ Committee activities to Trans-NIH HD/MH/HE Research Coordinating Working Group**

Metric(s) of Success

- IC-specific plans to: a) increase racial equity in funding; b) IC director led increased support in all ICs for HD/MH/HE research; c) remedy underrepresentation of populations disproportionately affected by target conditions in funded studies.
Thanks to N Committee Members

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 (NIGMS)
Joan Romaine (NIAAA)
Asha Storm (NIBIB)
Shannon Zenk (NINR)
+Marzjah Esther (OD)
Committee Updates

**UNITE**

- Understanding stakeholder experiences through listening and learning
- New research on health disparities/minority health/health equity
- Improving the NIH Culture and Structure for Equity, Inclusion, and Excellence
  *Trevor Archer, NIEHS; Marie A. Bernard, COSWD/OD, NIA; Alfred Johnson, OM/OD*
- Transparency, communication, and accountability with our internal and external stakeholders
- Extramural Research Ecosystem: Changing Policy, Culture, and Structure to Promote Workforce Diversity
I Committee Charge

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

Revise Manual Chapter 1311 - Preventing and Addressing Harassment and Inappropriate Conduct

• Progress, Accomplishments
  - Received feedback from all stakeholders and Anti-Harassment Steering Committee representatives; Published October 2021

• Next Steps
  - Promote awareness to reduce incidents and reporting where necessary

• Metric(s) of Success
  - Alteration in the number/type of reports
I Committee: Priorities

Publication of reliable and accessible data regarding the demographics of the NIH workforce by sex, race, ethnicity, accessibility, and job grade

- **Progress, Accomplishments**
  - Data published on EDI website (May 14, 2021)
    https://www.edi.nih.gov/people/resources/advancing-racial-equity/nih-workforce-profile-fy21q02
  - EDI anticipates posting NIH’s 4th quarter 2021 demographic data on the website in early January.

- **Next Steps**
  - Refine and expand data, allow specific use (e.g., make queries possible by ICs) - 2022

- **Metric(s) of Success**
  - Utilization of data in developing hiring/retention/promotion programs across ICs; Winter 2021/Spring 2022
I Committee: Priorities

Establish an NIH Anti-Racism Steering Committee (ARSC) and work collaboratively with the committee to develop racial & ethnic equity plans (REEPs) for each IC and DEIA PMAP elements for each ICD

• Progress, Accomplishments
  - ARSC established Spring 2021; ~ 500 members

• Next Steps
  - Established ARSC/SME and task-specific working groups (Summer 2021)
  - Established PMAP element for ICDs and SLs

• Metric(s) of Success
  - IC representation in ARSC; REEP guidance provided (Fall 2021)
  - Development of IC REEPs (Winter 2021/Spring 2022)
I Committee: Priorities

Anti-Racism Steering Committee

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

Anti-Racism Steering Committee
Co-Chairs: Marie A. Bernard, Alfred Johnson, Lawrence Tabak

Program Manager
Program Support

Trainees
Training & Development
I Committee: Priorities

NIH Executive Performance Requirements

Develop a performance expectation for IC Directors to be accountable for equity, diversity, and inclusion efforts – Language under development, completion by October 2021 for inclusion in FY22 performance plans. – This element will include the expectation of Racial & Ethnic Equity Plans for all ICs by 2022
The NIH UNITE Initiative to Strengthen Diversity, Equity, and Inclusion: Together, We’re Stronger

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

Receive Guidance: Nov. 4
Iteratively Establish, Prepare, Assess, and Design: Nov. 4 – April 1
Final Review and Approval of REEPs: By May 1
Report and Share REEPs: Annually
Committee Updates

**UNITE**

Understanding stakeholder experiences through listening and learning

New research on health disparities/minority health/health equity

Improving the NIH Culture and Structure for Equity, Inclusion, and Excellence

Transparency, communication, and accountability with our internal and external stakeholders

*Sadhana Jackson, NCI, NINDS; Amy Bany Adams, NINDS; John Burklow, IMOD/OD*

Extramural Research Ecosystem: Changing Policy, Culture, and Structure to Promote Workforce Diversity
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 a webpage to communicate NIH efforts including a data dashboard to highlight and be transparent with NIH and UNITE data

• Progress, Accomplishments
  - Advised on, helped to develop the NIH *Ending Structural Racism* webpage
  - High-level data dashboard – **will go live 12.10.21**

• Next Steps
  - Quarterly updates of high-level internal, external DEIA data on NIH ESR webpage

• Metric(s) of Success
  - Acknowledge NIH and UNITE progress through fully transparent resources/links to granular data
  - Enhanced trafficking to NIH data webpages, especially around marketing of UNITE efforts
T Committee: Priorities

Disseminate and bolster NIH efforts to advance racial and ethnic equity through Town Halls, an intranet page, and a UNITE “toolkit” (slides, best practices, etc...)

• Progress, Accomplishments
  - Supported 2 NIH Town Halls on Advancing Racial and Ethnic Equity at NIH and beyond
  - Launching NIH Ending Structural Racism (ESR) Intranet with UNITE “toolkit” – **will go live 12.10.21**

• Next Steps
  - Define best practices provided through the toolkit, shared with external community
  - Support twice yearly NIH Town Halls and quarterly updates of the NIH ESR Intranet

• Metric(s) of Success
  - Constructive feedback received on accessibility of central hub for ESR resources
  - Enhanced trafficking to NIH intranet, especially around marketing of UNITE efforts
T Committee: Priorities

• **The Power of an Inclusive Workplace Recognition Project**: Centered on broadening artworks amongst NIH and its global digital spaces - acknowledging and appreciating diversity of the NIH workforce and larger biomedical enterprise. Also, to promote inclusivity and belonging of underrepresented staff for recruitment and retention

• **Progress, Accomplishments**
  - Developed concept design with NIH medical arts for physical and electronic campaigns.
  - Artwork installation in building 10 with filming with NIH leadership
  - Additional artwork installation planned installation in buildings 1, 10 and 31 – **by 12.15.21**

• **Next Steps**
  - Formal public rollout of the campaign – **by 12.15.21**

• **Metric(s) for Success**
  - Physical campaign evident at all NIH campuses
  - Fully operational online digital campaign to recognize importance of displaying diversity to larger biomedical network
The Power of an Inclusive Workplace Recognition Project:

Centered on broadening artworks amongst NIH and its global digital spaces - acknowledging and appreciating diversity of the NIH workforce and larger biomedical enterprise. Also to promote inclusivity and belonging of underrepresented staff for recruitment and retention.
The Power of an Inclusive Workplace Recognition Project:
The Power of an Inclusive Workplace Recognition Project:

Expanded NIH Color Palette:

- Expanded NIH color palette: colors are expressive, inclusive, and non-ethnic specific when used properly.
- Contemporary diverse portrait illustrations of NIH staff
  - Crafted from NIH directory or submitted by staff
- All staff represented
- Graphical illustrations with notable quotes
The Power of an Inclusive Workplace Recognition Project: 
Building 10, Warren G. Magnuson Clinical Center 
Leadership walk-through
The Power of an Inclusive Workplace Recognition Project: Building 10, B1 Cafeteria
The Power of an Inclusive Workplace Recognition

Project: Buildings 31 and 1
The Power of an Inclusive Workplace Recognition Project: Upcoming Installations

Outside Murals, Banners, Blank Walls, Fence Displays
The Power of an Inclusive Workplace Recognition Project: Future

- Online Digital Campaign/Social Media Campaign
- Potential influences on the larger biomedical workforce
  - Trainees
  - Current and future STEM and STEM support professionals
  - Global academic institutions

At the National Institutes of Health, Hope and Humanity, all are welcome in our ranks and who we serve.

Dr. Anne Sumner
Committee Updates

- Understanding stakeholder experiences through listening and learning
- New research on health disparities/minority health/health equity
- Improving the NIH Culture and Structure for Equity, Inclusion, and Excellence
- Transparency, communication, and accountability with our internal and external stakeholders
- Extramural Research Ecosystem: Changing Policy, Culture, and Structure to Promote Workforce Diversity

Anna E. Ordóñez, NIMH; Ericka Boone, OER/OD; Jon Lorsch, NIGMS
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

Includes developing strategies to address funding disparities and increase applications that would support individuals from under-represented groups
E Committee: Overall Update

• Progress, Accomplishments
  - Developed initial set of recommendations for new initiatives, program expansions and policy changes
  - Discussed these with the UNITE Committee, NIH leadership (October 2021 Leadership Forum), and the NIH Extramural Activities Working Group

• Next Steps (Winter 2021/2022-Summer 2022)
  - Begin implementing proposals, starting with highest priority

• Early Metric(s) of Success
  - # FOAs issued; # applications/FOA; # grants awarded
  - # policy changes implemented
  - # additional programs/initiatives launched
  - Increase in diversity of NIH-funded investigators and trainees
E Committee: Priorities

Increasing Career Opportunities for URGs

• Examples of implementation priorities:
  - Expand Science Education Partnership Awards (SEPA) Program to be trans-NIH
    - preK-12 diversity-focused career enhancement grants
  - Strengthen diversity and mentoring language in parent training grant and fellowship FOAs
    - Piloted by NIGMS in training grants and endorsed by ACD already
  - Increase use of diversity supplements for SBIR/STTR awards
    - Enhanced outreach and publicity, e.g., via NIH-funded diversity programs
    - "Matchmaking" service
  - Incorporate BRAIN initiative Plan to Enhance Diverse Perspectives (PEDP) into NIH research FOAs
    - Already being piloted in some ICs’ FOAs in addition to BRAIN
E Committee: Priorities

Promote Extramural Institutional Culture Change in Support of Inclusivity and Equity

• Examples of implementation priorities:
  - Launch program to fund Excellence in DEI Investigator’s Grants
    - Offset “diversity tax”
    - Fund investigator’s continued DEI efforts as well as their research
  - Launch program to provide support for institutions to conduct objective climate assessments and critical self-studies, then develop action plans based on the results
    - Literature indicates these are critical steps in positive culture change
  - Launch prize for institutional innovation and advancement in DEI
    - Reward progress & disseminate best practices
    - Modeled on ORWH Enhancing Faculty Gender Diversity Prize
E Committee: Priorities

Identify and Change NIH Processes and Policies Contributing to Inequities in Extramural Funding

• Examples of implementation priorities:
  - Develop and launch training program for SROs and POs to reduce implicit bias and enhance equity and inclusivity of NIH interactions with extramural community
  - Develop guidance to help ICs enhance the diversity of PIs funded in their research portfolios
  - Improve review criteria descriptions to decrease possible sources of bias, e.g., institutional and reputational bias (Environment and Investigator)
E Committee: Priorities

Build and Sustain Research Capacity at Minority-Serving Institutions

• Examples of Implementation Priorities:
  - S10 Instrumentation grant program for minority-serving institutions
    - ICs can sign on and fund awards
  - Targeted institutional training grants
    - E.g., HBCUs, TCUs
  - Expand Sponsored Programs Administration Development (SPAD) grants program
  - Entrepreneurial training program
    - Increase commercialization and SBIR/STTR applications and awards
  - Organize yearly meeting between NIH leadership and MSI leaders
    - Analogous to yearly AAMC medical school deans meeting
Questions?