

April 9, 2021

Dr. Francis S. Collins, MD, 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,

On behalf of the Academy Council for Racial Equity (ACRE) of the American Academy of HIV Medicine, we thank the National Institutes of Health (NIH) Office of the Director for the opportunity to respond to the *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*. The ACRE is a group of medical providers representing various medical disciplines who provide care for people with HIV. As a group, we work to support the American Academy of HIV Medicine and the HIV community in addressing problems associated with racial disparity.

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

NIH is perceived as forward looking and genuine in its concern for workforce diversity and racial equity, however the efforts of the NIH at advocating and achieving racial and gender equity in research have been at best very minimal and the impact has been even less so. The community sees a lot of research in healthcare disparities but unfortunately most of these research efforts are not targeted at solutions.

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

NIH as the nation's primary research institute with a reach both nationally and internationally has a wide latitude in its impact across the research landscape. In many instances though direct community impact by the NIH is limited and can be enhanced productively by strategic partnerships across community, organizational, professional, federal agencies, and institutions. NIH stands to benefit and broaden its impact and reach with such partnerships. Such activities would need to be encouraged and nurtured to allow NIH to fulfill its mandate to the American people.

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

The disparities we see start right from the cradle and efforts to reverse them must start at that level. This may go beyond the scope of NIH but in the realm of research NIH through its appropriate ICs can support implementation research targeted towards some of the upstream factors that help entrench these disparities. Also, research looking at methodologies to strengthen support systems for minorities across the biomedical research pipeline are important. If NIH wants more minorities in biomedical research, we need to broaden the scope of supportive research to advance equity in educational opportunities across the spectrum of subject areas. A targeted RFI seeking input from appropriate minorities within the research field to solicit information on both positive and negative career experiences and input on proposed solutions as in this RFI would be useful. A commitment by NIH to fund such implementation research initiatives from such an RFI widely which may include seeking support from other federal agencies and state or municipal governments to ensure such initiatives have the desired impact. This could include modification of state level practices and legislation to allow comparison across states or municipalities without a change. Such studies are complex, and NIH would need to fund the human resource development to support such initiatives.



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

This is a very important place to look at and must be addressed as comprehensively as possible. We suggest that in this area NIH encourage research that emphasizes the external institutional environment may also impact longevity of minority faculties in academic careers. We believe there are non-research related reward systems that act as barriers to minority advancement in academic and research careers. In some situations, mentoring committees and mentoring efforts are very much dependent on prior relationships. Minimal or non-existent reward for work that may have been rewarded if performed by a non-minority slowly degrades enthusiasm and may contribute to high attrition rates of both race and gender minorities in these white male dominated spaces. There are limits to how far people can go in the quest for academic success when even antecedent successes along the way are not recognized or celebrated in any manner. At the end of the day the few resilient minority scientist who are able to bypass all these barriers are held up as good role models. If we need to change the system, we need to seek out the non-heroes who fell by the wayside and could not make it to the top and address the barriers that kept them from making it.

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.

We believe NIH is seeking more staff feedback to ensure that all staff feel represented and heard. That is a laudable goal but that is just the beginning.

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)



The NIH peer review does sometimes consider the prior experience of the investigator or having a mentor with prior experience in a field. This requirement whilst ensuring that money is appropriately utilized to achieve identified goals may act as a structural barrier to some minority investigators who may have difficulties finding mentors in their field of interest. Some (Early Stage Investigators) ESI may thus find themselves in fields that may not really be their ideal field just because that may be what their mentor is doing. NIH should develop systems that could allow some ESIs in some predicaments to bypass this hurdle.

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.

NIH must use and develop funding mechanisms that reward collaboration across different institutes at varying stages of the resource development cycle. Such funds should encourage the development of more team- based research networks that can be used over time to develop both infrastructural and human resource capacity at the low resource institutions whilst enabling the higher resource institutions the ability to engage a more diverse participant population. The focus of complementarity could be the key to keeping some partnerships longer lasting and ensuring that all partners find value beyond doing research together.

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)

NIH should be more cognizant of the limitation of health focused research in addressing structural racism. The determinants of structural racism lie in processes and regulations, some of which are even being enacted mostly at the state and federal levels as we are considering reversing the impact. In some cases, these are innocent acts by individuals who are just responding to cues placed in the environments by racist actors who seek to perpetuate certain stereotypes. NIH as the nation's premium research institution should consider direct partnerships in these areas to start the discussion to would lead to research in those sectors of society that will lead to dismantling of these systems with a focus on health. In the area of machine learning and other computer developed algorithms we need to be aware that such algorithms



could perpetuate racist attitudes that have been programmed in and be more open to research to investigate such algorithms.

