



UNITE

2022 EXECUTIVE SUMMARY

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



National Institutes of Health
Turning Discovery Into Health

EXECUTIVE SUMMARY

In 2021, the National Institutes of Health (NIH) launched the [UNITE initiative](#),¹ an agency-wide effort committed to ending structural racism and advancing racial equity and inclusion practices to positively influence the biomedical research enterprise. As part of this initiative, the U Committee, a subcomponent of the UNITE initiative, was charged with listening and learning to understand perceptions of diversity, equity, and inclusion (DEI) issues in the biomedical research workforce. With the goal of understanding through listening and learning, the U Committee published a [Request for Information \(RFI\)](#)² in March 2021 that invited respondents to provide feedback on approaches NIH can take to advance racial equity within all facets of the biomedical research workforce and expand research to eliminate or lessen health disparities and health inequities. In this report, the U Committee summarizes the comments received in response to the RFI, including five key topic areas that emerged, and six cross-cutting themes that underscore changes NIH can consider to improve DEI within NIH and across the biomedical research enterprise. This feedback represents the opinions of the RFI respondents and is summarized in this report to help inform NIH's future plans and approaches.

SUMMARY OF COMMENTS BY TOPIC AREA

The UNITE RFI resulted in more than 1,100 responses from individuals and organizations across the biomedical research community, with respondents representing groups including academia, health care professionals, NIH staff, other Federal staff, nonprofits and professional societies, researchers, trainees, and students. The responses encompassed a wide range of feedback that were grouped into five key topic areas, which include 1) Grant Process, 2) Student-to-Workforce and Career Pathways, 3) Biomedical Research Workforce, 4) Health Disparities and Health Equity Research, and 5) Community Partnerships and Outreach (Figure 1).



Figure 1: Key Topic Areas of Feedback

Grants Process

The grants process was the most common topic across responses and respondent types. Overall, the NIH grant review process and lack of diversity in review panels were identified as significant drivers of bias and funding gaps across individuals underrepresented in science. Several responses indicated that the grant application process and submission requirements are burdensome, difficult, and not always well understood. Funding policies and priorities were also mentioned as major contributors to gaps in funding in response

1. UNITE. National Institutes of Health (NIH). Published February 24, 2021. Accessed May 24, 2022.

<https://www.nih.gov/ending-structural-racism/unite>

2. 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. National Institutes of Health Grants & Funding. Accessed May 18, 2022.

<https://grants.nih.gov/grants/guide/notice-files/NOT-OD-21-066.html>

to the question about existing policies, procedures, and practices that perpetuate disparities and bias. There were additional suggestions related to expanding the pool of funded investigators through select pay procedures and grant caps for highly funded investigators. Respondents focused on aspects of the grants process that they commented disadvantage early-career researchers, researchers from racial and/or ethnic minority groups, individuals underrepresented in science more broadly, and lower-resourced research institutions.³ Recommendations to address these gaps included greater support for the application and submission process, revising grant review criteria, anonymizing the grant review process, increasing diversity of review panels, and requiring DEI training for those involved in grant review.

Student-to-Workforce and Career Pathways

Barriers to training and lack of access to educational opportunities, persisting from early childhood through early career, were highlighted as significant challenges for groups underrepresented in science. Respondents noted that racial and ethnic minority students often do not have exposure to science, technology, engineering, and math (STEM) during K-12 education, which impacts overall career trajectories. These respondents provided recommendations on how NIH can best foster student engagement and interest in STEM from kindergarten through undergraduate years. Moreover, responses suggested that financing training and education is a key barrier for students from groups underrepresented in science who hope to pursue a career in biomedical research. Mentorship and strong academic networks were also noted as crucial to career success. However, respondents reported struggling to find strong mentorship, with some experiencing isolation and ‘othering’ within the predominantly White, male-dominated world of academia.

Biomedical Research Workforce

Respondents described how implicit and explicit biases affect hiring and promotion decisions within the NIH workforce and the broader biomedical research ecosystem. Respondents asserted that diversifying NIH leadership and hiring committees would bring more members of racial and ethnic minority groups into the workforce and into supervisory positions, ultimately helping the NIH workforce to be more representative of the U.S. population. Respondents acknowledged that overall diversification of NIH and the broader biomedical workforce will require prioritization and diversification of recruitment, hiring, promotion, and retention strategies that eliminate barriers faced by groups underrepresented in the workforce. Respondents also encouraged NIH to support career advancement by providing targeted mentoring, outreach, and training opportunities for racial and ethnic minority staff members.

Health Disparities and Health Equity Research

A lack of adequate funding prioritization within NIH and limited knowledge among reviewers about health disparities and health equity research methods were cited as key barriers to expanding and advancing health disparities and health equity research. Respondents urged NIH to prioritize these research areas across Institutes and Centers (ICs) and increase resources and support for the National Institute on Minority Health and Health Disparities (NIMHD). Many comments discussed the need for cross-culturally appropriate, inclusive study designs and data disaggregation and cohort studies to better understand the impact of research findings on underrepresented communities.

3. National Association-Student Financial Aid Administrators. Under-Resourced Schools Thought Force Report.; 2021:10.

Community Partnerships and Outreach

Respondents commented on how meaningful partnerships with community organizations can eliminate or remove barriers that negatively impact groups underrepresented in the biomedical research workforce. Respondents highlighted that partnerships also support community-engaged research designed to address or reduce health disparities. While some respondents noted that current NIH efforts to build and enhance partnerships and outreach are well-designed, others highlighted that NIH could better incentivize researchers to incorporate community-based approaches. Respondents emphasized that community partnerships require trust and collaboration and that more can be done to enhance NIH-funded research by integrating community members at every stage of the grant process.

Cross-Cutting Themes

Along with the five key topic areas that emerged from the data, five cross-cutting themes were identified from respondents' comments that captured common messages across all topic areas. These themes are 1) Expand the Scope of Inclusion, 2) Implement DEI Initiatives, 3) Operationalize Diversity Metrics, 4) Improve Communication and Outreach, and 5) Acknowledge Structural Racism and Its Impact. These themes are presented in Figure 2. They emerged independent of RFI topic area, respondent type, or response focus. Three themes were related to the overall concepts of structural racism and DEI: broad requests to expand NIH's definition of DEI; concern that NIH's focus on structural racism, as represented in this RFI, will not be followed by significant, tangible action; and disagreement regarding the existence or implications of structural racism in the biomedical workforce. Two additional themes were frequently recommended. Respondents called upon NIH to expand reporting and transparency of DEI metrics within the grant application and review process, across the NIH workforce, and as relevant to NIH-funded intramural and extramural research. Similarly, respondents encouraged NIH to strengthen and mandate DEI training for various internal and external NIH groups, including NIH staff, grant reviewers, and principal investigators supported under grant awards. Finally, improved communication was highlighted as a fundamental way to improve NIH institutional partnerships, community engagement, the grant submission process, and relationships with current or potential NIH trainees and staff.

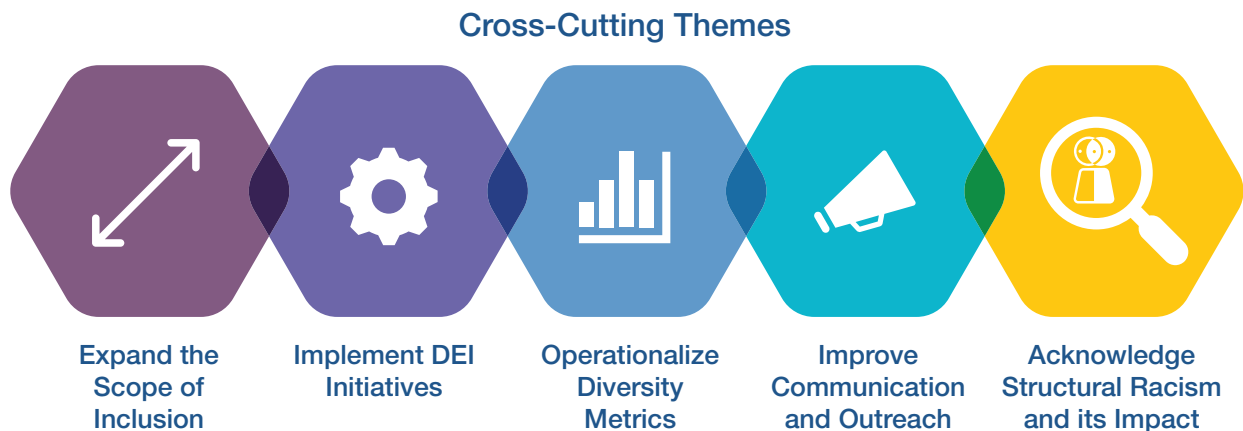


Figure 2: Cross-Cutting Themes