



NIH UNITE Initiative

Marie A. Bernard, MD, Chief Officer for Scientific Workforce Diversity and Co-Chair, NIH unite

The NIH UNITE Initiative



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- **Two self-assembled affinity groups at NIH (8CRE, AA/B Scientists) and the Anti-Harassment SC met with NIH leadership for candid discussions that informed next steps**
- **We have arrived at a shared commitment to address structural racism: we must not allow this pivotal moment to pass**

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Initial Issues Identified:



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- **We must ensure that biomedical research, and the administrative system that supports it, is devoid of hostility grounded in race, sex, and other federally protected characteristics**

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- **We must ensure that biomedical research, and the administrative system that supports it, is devoid of hostility grounded in race, sex, and other federally protected characteristics**
- **In this new initiative, we are committed to delineate elements that may perpetuate structural racism in biomedical research both within NIH and the extramural community leading to a lack of personnel inclusiveness, equity, and diversity**

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Initial Issues Identified:

- **All ideas must be given an equal and fair review, without regard to current dogma, precedents, or who presents the ideas**
- **As COVID-19 has made painfully clear, health disparities and inequities continue to contribute to morbidity and mortality in our nation, making it essential to redress the fundamental causes of these disparities/inequities and identify research programs that could identify effective interventions**

The NIH UNITE Initiative



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

Initial UNITE Recommendations

- **Publicly commit to identifying and correcting any NIH policies or practices that may have helped to perpetuate structural racism**



Acknowledgement



“

“To those individuals in the biomedical research enterprise who have endured disadvantages due to structural racism, I am truly sorry. NIH is committed to instituting new ways to support diversity, equity, and inclusion, and identifying and dismantling any policies and practices at our own agency that may harm our workforce and our science.”

— Francis S. Collins, M.D., Ph.D., NIH Director

”

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

Initial UNITE Recommendations and Actions



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- Launch a multi-phased, -tiered, and -integrated Common Fund Initiative focused on transformative health disparities research initiatives to reduce health disparities/inequities

Action



NIH Common Fund Transformative Research to Address Health Disparities and Advance Health Equity – Committed up to \$24M

Two FOAs released 3/26/21:

- 1) RFA-RM-21-021 Transformative Research to Address Health Disparities and Advance Health Equity (U01 Clinical Trial Allowed) - <https://grants.nih.gov/grants/guide/rfa-files/RFA-RM-21-021.html>
- 2) RFA-RM-21-022 Transformative Research to Address Health Disparities and Advance Health Equity at Minority Serving Institutions (U01 Clinical Trial Allowed) - <https://grants.nih.gov/grants/guide/rfa-files/RFA-RM-21-022.html>

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- Ensure a robust NIH Enterprise-wide commitment to support the NIMHD FOA focused on the effects of structural racism and discrimination on health disparities/inequities; encourage funding levels that are commensurate with overall IC resources

Action



Funding Opportunity Title
Activity Code
Announcement Type
Related Notices
Funding Opportunity Announcement (FOA) Number
Companion Funding Opportunity
Number of Applications

Understanding and Addressing the Impact of Structural Racism and Discrimination on Minority Health and Health Disparities (R01 Clinical Trial Optional)

R01 Research Project Grant

New

None

RFA-MD-21-004

None

See [Section III. 3. Additional Information on Eligibility.](#)

With the commitment of up to \$30.8 M by 25 ICOs:

- Letters of intent due 7/20/21

- Applications due 8/24/21

<https://grants.nih.gov/grants/guide/rfa-files/RFA-MD-21-004.html>

Action – BRAIN FOA

First NIH FOA using Plan to Enhance Diverse Perspectives as a consideration for scoring



Department of Health and Human Services

Part 1. Overview Information

Participating Organization(s)	National Institutes of Health (NIH)
Components of Participating Organizations	<div>National Institute of Mental Health (NIMH)</div> <div>National Eye Institute (NEI)</div> <div>National Institute on Aging (NIA)</div> <div>National Institute on Alcohol Abuse and Alcoholism (NIAAA)</div> <div>National Institute of Biomedical Imaging and Bioengineering (NIBIB)</div> <div>Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)</div> <div>National Institute on Deafness and Other Communication Disorders (NIDCD)</div> <div>National Institute on Drug Abuse (NIDA)</div> <div>National Institute of Neurological Disorders and Stroke (NINDS)</div> <div>National Center for Complementary and Integrative Health (NCCIH)</div>

Funding Opportunity Title

<https://grants.nih.gov/grants/guide/rfa-files/RFA-MH-21-180.html>

BRAIN Initiative: Reagent Resources for Brain Cell Type-Specific Access and Manipulation to Broaden Distribution of Enabling Technologies for Neuroscience (U24 Clinical Trial Not Allowed)

Initial UNITE Recommendations



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- Launch a multi-phased, -tiered, and -integrated Common Fund Initiative focused on transformative health disparities research initiatives to reduce health disparities/inequities – *RFAs published 3/26/21*
- Ensure a robust NIH Enterprise-wide commitment to support the NIMHD FOA focused on the effects of structural racism and discrimination on health disparities/inequities; encourage funding levels that are commensurate with overall IC resources – *RFA published 3/23/21 with 25 ICOs*
- Develop a sustainable process to systematically gather and make public the demographics of our internal and external workforce

Action – NIH Data by Race/Ethnicity, Disability Status



REPORTS

[Home](#) > [Report Catalog](#) > Report Catalog Results

Search Results for Reports and Statistics

[NEW SEARCH](#)

Topic: **Funding Mechanism:** **Fiscal Year:**

Admin Institute/Center: **Activity:**

Portfolio: **Variable:**

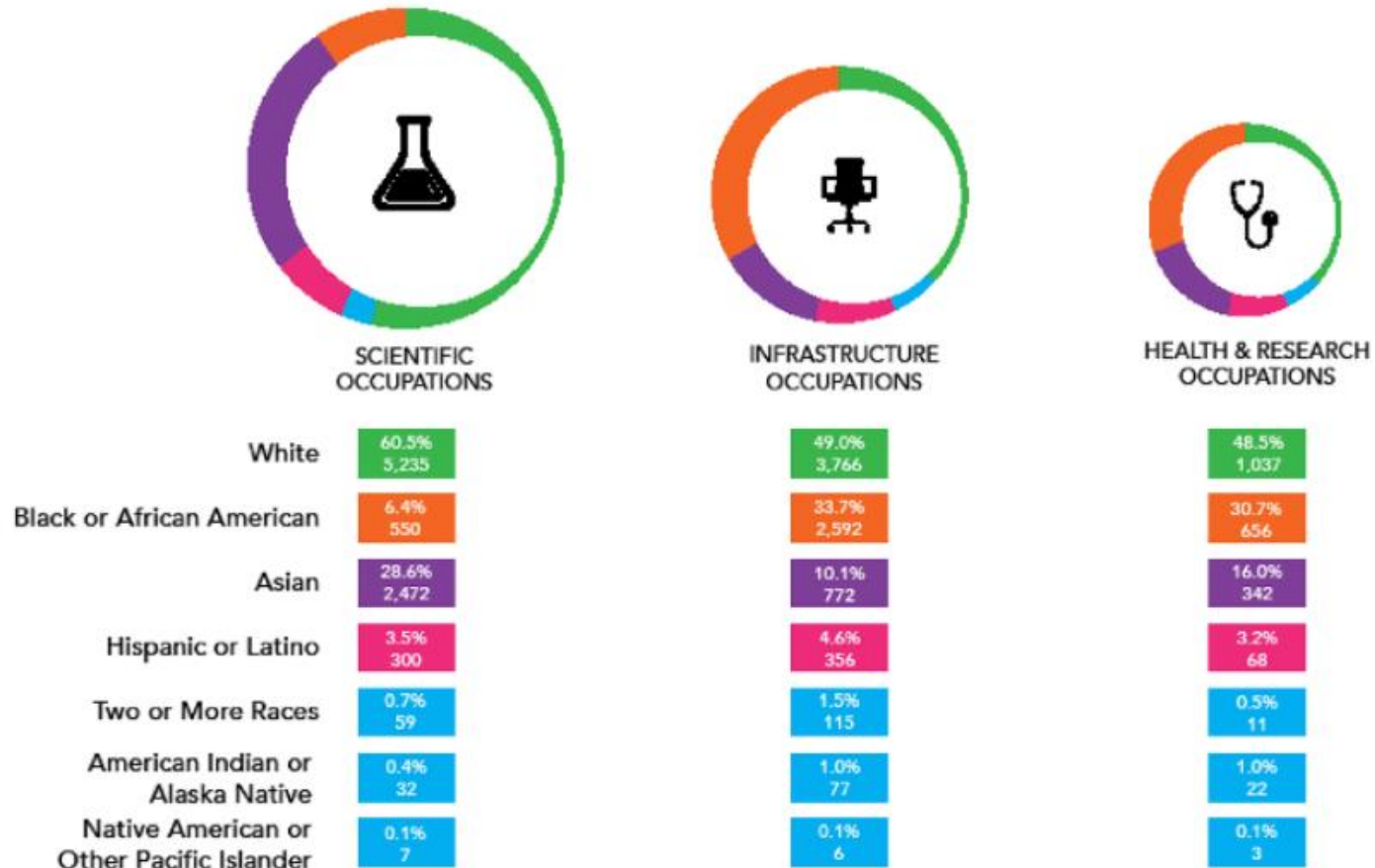
2 records found.

Report Title	Topic	Variable	Start Year	End Year	Format
▶ Research Grant Investigators by Mechanism, Gender, Race, Ethnicity, and Disability Status, FY2016-FY2020	Investigators, Funded Investigators, Funding Rates Investigators, Gender Investigators, Race/Ethnicity	Disability Status FY Gender IC Mechanism Race/Ethnicity	2016	2020	VIEW REPORT

[https://report.nih.gov/sites/report/files/docs/NIH Principal Investigators by Gender Race Ethnicity and Disability 2016-2020 02 23 2021 PDF.pdf](https://report.nih.gov/sites/report/files/docs/NIH_Principal_Investigators_by_Gender_Race_Ethnicity_and_Disability_2016-2020_02_23_2021_PDF.pdf)

Action – NIH Internal Data FY 21, Q2

RACE / ETHNICITY



Employees classified in the five racial groups or Two or more races are all non-Hispanic or Latino. Employees classified as Hispanic or Latino may identify with any combination of the five racial categories.

<https://www.edi.nih.gov/people/resources/advancing-racial-equity/nih-workforce-profile-fy21q02>



UNITE Recommendations and Actions Going Forward

UNITE Actions/Priorities Going Forward – Next 6 Months



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- To facilitate HD/MH/HE research, the President's budget has proposed increased funding for NIMHD, NINR, NHLBI, and FIC



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- Continue to listen and learn from a wide variety of stakeholders, including those who are not frequently engaged

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- Develop actionable data dashboards that track and provide visualizations of intramural workforce and NIH HD/MH/HE research investments with key performance indicators and metrics

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- Additional FOAs that focus on IC-specific disease/topic areas related to HD/MH/HE

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- **Develop programs to spur institutional culture change in support of inclusivity and equity**

Faculty Institutional Recruitment for Sustainable Transformation (FIRST)

Overarching Goal

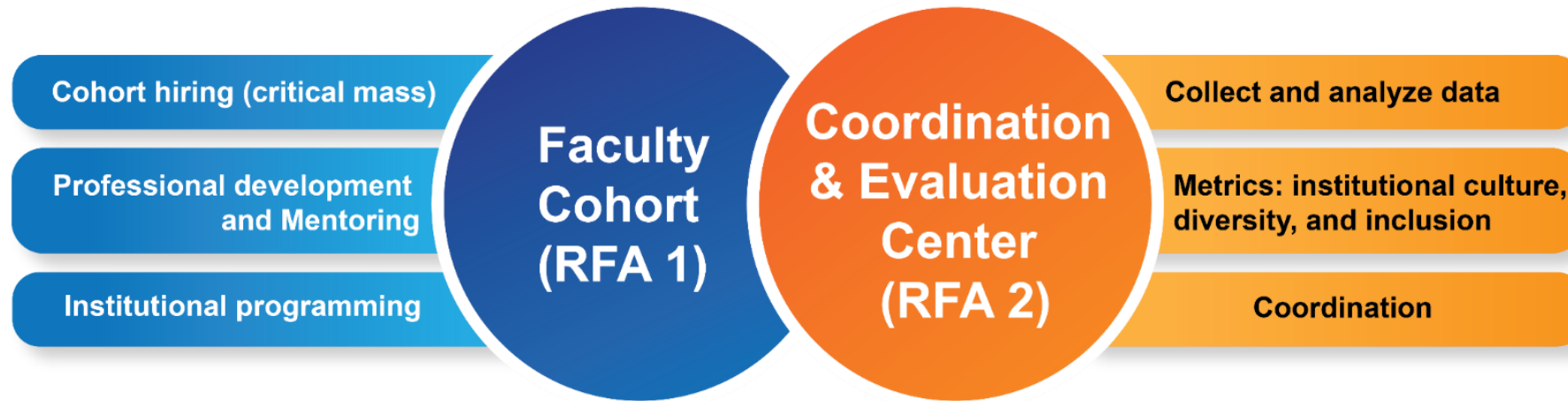
- Create cultures of inclusive excellence

Program Objectives:

- Faculty cohort model for hiring, multi-level mentoring, professional development
- Integrated, institution-wide systems to address bias, faculty equity, mentoring, and work/life issues
- Coordination and Evaluation Center (CEC): Independent program evaluation - faculty and institutional level

Estimated Funds Available: \$241 M over 9 years

FIRST – Program Structure



Cohort Features

- Institutional cohort - ≥ 10
 - ≥ 120 new hires over 3 years (nationally)
- Mentoring, sponsorship
- Community building to limit isolation
- Enhanced networking for career advancement

Example Faculty Metrics

- Time to tenure, tenure rate
- Research productivity, bibliometrics
- Time to independent funding
- Interdisciplinary collaborations

Culture/Climate Metrics

- Culture: e.g., C-Change metrics

Three Levels of Analysis

- Cohort
- Departmental
- Institution-wide

FIRST – FY 22 Solicitation

Department of Health and Human Services

Part 1. Overview Information

Participating Organization(s)	National Institutes of Health (NIH)
Components of Participating Organizations	<p>Office of Strategic Coordination (Common Fund)</p> <p>This Funding Opportunity Announcement (FOA) is developed as a Common Fund initiative (https://commonfund.nih.gov/) through the Office of the NIH Director, Office of Strategic Coordination. All NIH Institutes and Centers participate in Common Fund initiatives. The FOA will be administered by a trans-NIH team, which will be led by the National Cancer Institute (NCI) on behalf of the NIH.</p>
Funding Opportunity Title	NIH Faculty Institutional Recruitment for Sustainable Transformation (FIRST) Program: FIRST Cohort (U54 Clinical Trial Optional)
Activity Code	U54 Specialized Center--Cooperative Agreements
Announcement Type	Reissue of RFA-RM-20-022

<https://grants.nih.gov/grants/guide/rfa-files/RFA-RM-21-025.html>



Cell

Leading Edge

 **CellPress**

Commentary

Affirming NIH's commitment to addressing structural racism in the biomedical research enterprise

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[DOI: 10.1016/j.cell.2021.05.014](https://doi.org/10.1016/j.cell.2021.05.014) (2021).

UNITE Going Forward



- Advisory Committee to the Director presentation, 6/11/21 - <https://videocast.nih.gov/watch=42270>.
- Full UNITE Power Point presentation - https://www.acd.od.nih.gov/documents/presentations/06112021_UNITE.pdf.



*Injustice anywhere is a threat to justice
everywhere*

Martin Luther King, Jr

The NIH UNITE Initiative

UNITE Co-Chairs

- **Marie A. Bernard**, NIH Office of the Director/Office of Scientific Workforce Diversity
- **Alfred Johnson**, NIH Office of the Director/Office of Management
- **Lawrence Tabak**, NIH Office of the Director

UNITE Program Manager

- **Victoria Rucker**, Center for Information Technology/NIH Office of the Director

UNITE Program Support

- **Jordan Gladman**, NIH Office of the Director
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Vonda Smith (CSR)
James Washington (NINDS)
Maryam Zaringhalam (NLM)
+Mark Stevens (OM/OD)

Committee Co-Chairs
+Staff Leads

Developing a Pipeline of Diverse Investigators and Leaders in Pragmatic Clinical Trials

Perspectives from the NHLBI

George A. Mensah, MD, FACC

Director

Center for Translation Research and
Implementation Science (CTRIS)

National Heart, Lung, and Blood Institute (NHLBI), NIH

Presented at the

NIH Collaboratory's Special Grand Rounds Series

July 30, 2021



Disclaimer and Disclosure Statements

- I have no conflicts of interest to disclose.
- The contents of this presentation should not be construed as representing an official position of the NIH or the United States Department of Health and Human Services.

The Bottom Line Up Front (BLUF)

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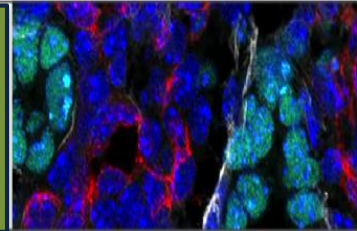
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5. Create mentor/mentee dyads of trainees/early-stage researchers with senior investigators with expertise in PCTs.

The Eight Strategic Objectives National Heart, Lung, and Blood Institute

Objective 1: Normal Biology



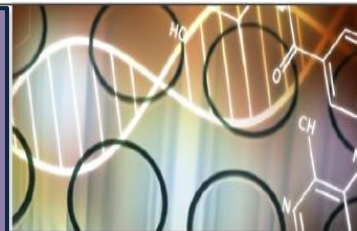
Objective 2: Pathobiology, Onset, & Progression of HLBS diseases



Objective 3: Population Differences



Objective 4: Precision Medicine



Objective 5: Novel Diagnostics & Therapeutics



Objective 6: Clinical & Implementation Research



Objective 7: Data Science



Objective 8: Workforce & Resources

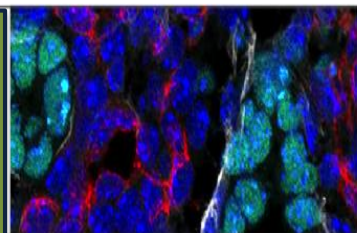


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Objective 8: Workforce & Resources



An Excellent Starting Point for Appreciating the Challenges and Potential Solutions for Building the Pipeline

RESEARCH ARTICLE

Open Access



Pragmatic clinical trials embedded in healthcare systems: generalizable lessons from the NIH Collaboratory

Kevin P. Weinfurt^{1,2,3*}, Adrian F. Hernandez^{2,4}, Gloria D. Coronado⁵, Lynn L. DeBar⁵, Laura M. Dember⁶, Beverly B. Green⁷, Patrick J. Heagerty⁸, Susan S. Huang⁹, Kathryn T. James⁸, Jeffrey G. Jarvik⁸, Eric B. Larson¹⁰, Vincent Mor¹¹, Richard Platt¹², Gary E. Rosenthal¹³, Edward J. Septimus¹⁴, Gregory E. Simon⁷, Karen L. Staman¹⁵, Jeremy Sugarman¹⁶, Miguel Vazquez¹⁷, Douglas Zatzick¹⁸ and Lesley H. Curtis^{2,4}

Other Ideas for Improving Health Care System Participation in Embedded PCT Research & Supporting Diversity & Inclusion



The NEW ENGLAND
JOURNAL of MEDICINE

Richard Platt, MD, Gregory Simon, MD,
and Adrian Hernandez, M.D.

- Expand the workforce at both the leadership and implementation levels to accommodate the added workload of sustaining participation in embedded PCTs.
- Support permanent PCT infrastructure in health systems that serve traditionally marginalized populations, such as FQHCs.
- The NIH, PCORI, FDA, and public–private partnerships can help develop and support the needed platforms.

Use the Lessons Learned from the NIH Collaboratory to Support Education and Training in PCTs for Diverse Investigators

1. Because there are few research teams with the knowledge and experience to conduct successful PCTs, it is critical to first **create and support a larger pool of competent PCT research teams.**

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3. **Incentivize the few existing PCT experts** to devote time to teaching and mentoring diverse clinical investigators and trainees along the pipeline.

Developing the Pipeline by Enhancing Research Awareness, Exposure, and Ultimately Interest

1. Draw on the NIH Collaboratory's network to identify prospective mentors.
2. Provide guidance to trainees on how best to benefit from their interaction with mentors and to network effectively as they advance in their careers.

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3. Encourage institutions to broaden their criteria for promotion and tenure beyond the classic measures of success for independent researchers.
4. Advertise and promote existing diversity-focused programs more effectively.
5. Encourage more short-term summer undergraduate research programs (R25); and T32 summer slots.
6. Principal investigators with eligible research grants and contracts to support under-represented trainees with diversity supplements.

Stepping Stones to Success: Mechanisms to Support Developing a Diverse Biomedical Workforce

Trans-NIH Biomedical Workforce Support



**BUILD
MARC U-STAR**

NIGMS MOSAIC

Maximizing Opportunities
for Scientific and Academic
Independent Careers

- **SuRE:** Supporting Research Excellence
- Institutional Award to promote diversity
 - Focused on research-intensive institutions
- **K99/R00 Awards** to promote diversity

<https://www.training.nih.gov/programs/sip>

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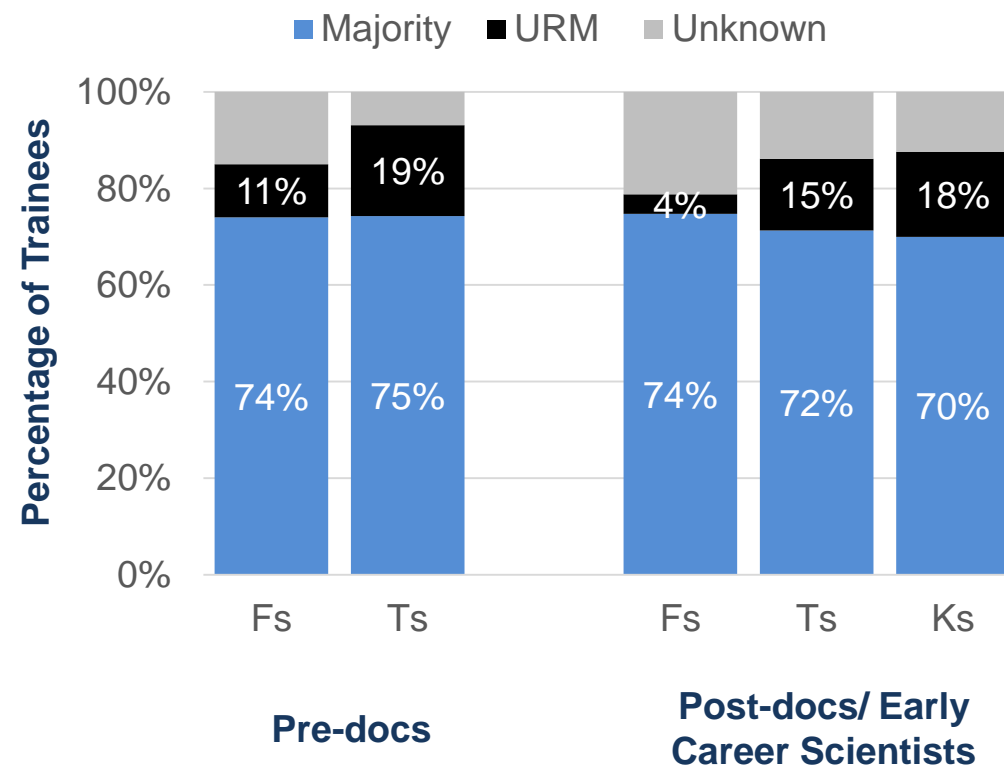
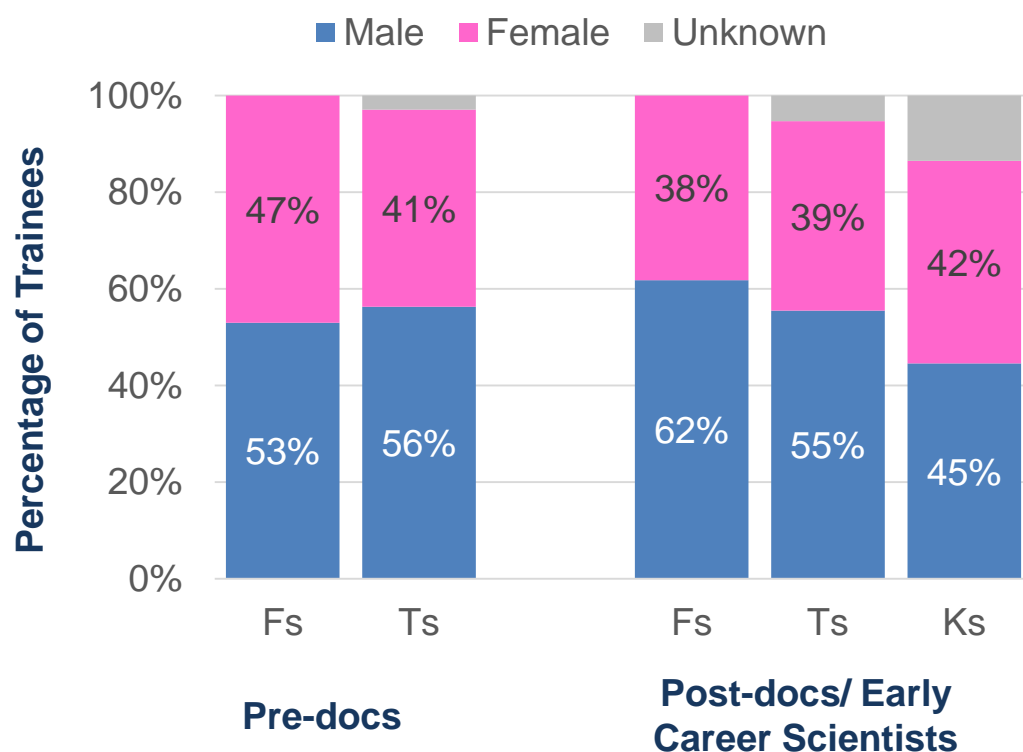
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ESI: Early-Stage Investigator

Challenges in Inclusive Excellence

FY2019 NHLBI-supported T/F/K Trainees



Conclusions

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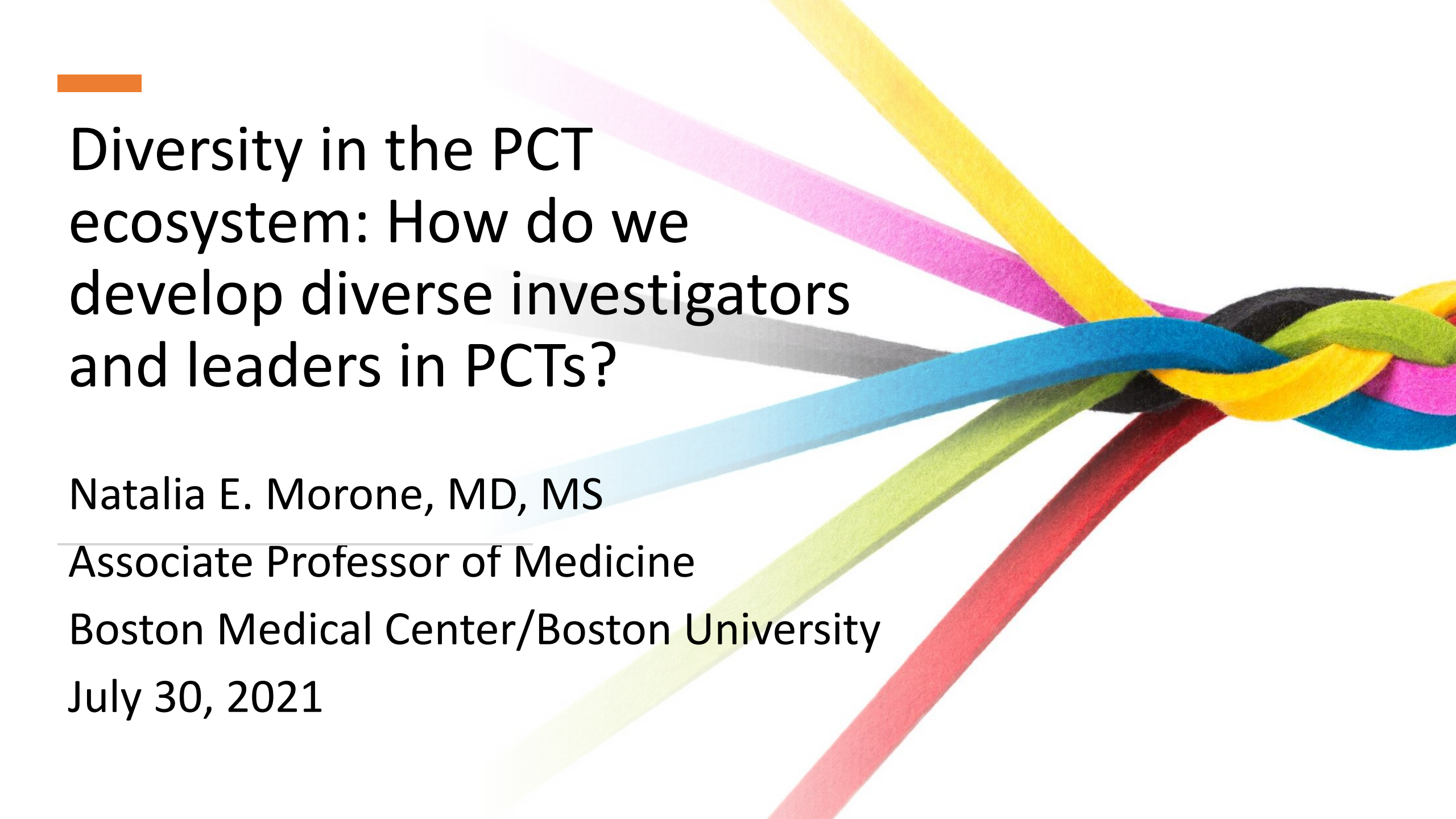
National Heart, Lung,
and Blood Institute

**Advancing science.
Improving health.**

VISIT US AT
www.nhlbi.nih.gov



[Twitter.com/NHLBI_Translate](https://twitter.com/NHLBI_Translate)

A decorative graphic on the right side of the slide features several thick, colorful ribbons in shades of yellow, pink, blue, green, red, and black. These ribbons are intertwined and cross each other, creating a complex, abstract pattern that suggests diversity and interconnectedness.

Diversity in the PCT ecosystem: How do we develop diverse investigators and leaders in PCTs?

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Associate Professor of Medicine

Boston Medical Center/Boston University

July 30, 2021

Faculty from underrepresented backgrounds:

- Are **less likely** to have their research ideas heard and validated
- Disproportionately **leave** the workforce
 - the average cost of losing a faculty member in a department of medicine exceeds \$400,000
- Face expectations to take on **diversity-related work** and equity issues linked to their race

Valantine HA, Lund PK, Gammie AE. From the NIH: A Systems Approach to Increasing the Diversity of the Biomedical Research Workforce. CBE Life Sci Educ. Fall 2016;15(3)doi:10.1187/ cbe.16-03-0138

Blackstock U. Why Black doctors like me are leaving faculty positions in academic medical centers. First Opinion. STAT; 2020. January 16, sed April 22, 2021.

Retaining Underrepresented Faculty in Research

- Increases faculty **productivity**
- Improves faculty **retention**
- Fosters a more **diverse** environment

Abebe KZ, Morone NE, Mayowski CA, Rubio DM, Kapoor WK. Sowing the “CEED”s of a more diverse biomedical workforce: The Career Education and Enhancement for Health Care Research Diversity (CEED) program at the University of Pittsburgh. *Journal of Clinical and Translational Science*. 2019;3(1):21-26. doi:10.1017/cts.2019.364



Developing Underrepresented Faculty in Research

- CEED: Career Education and Enhancement for Health Care Research Diversity
 - Longitudinal program and multi-faceted approach
 - A year-long program designed for **postdocs** and **early-career faculty** who are underrepresented in health-related sciences
- Content: **Monthly meetings, Mentoring, Networking, and Coursework** in Granting Writing and Manuscript Writing

CEED Key Lessons

Representation Matters

- Monthly speakers are **leaders** in research and many are themselves underrepresented

Safe space is critical

- Develops a sense of **community** among underrepresented junior faculty who can speak freely with others in the group

Being heard matters

- May be the **first time** their research ideas are validated and encouraged

Results of CEED experience

- All CEED compared to non-CEED URB trainees enrolled in University of Pittsburgh CTSI programs 2007-2017
- 45 graduates
- 76% percent women
- 78% are non-White
- 33% are Latinx
- more peer-reviewed publications ($P=0.0261$),
- more likely to be an assistant professor ($P=0.0145$)

Abebe KZ, Morone NE, Mayowski CA, Rubio DM, Kapoor WK. Sowing the “CEED”s of a more diverse biomedical workforce: The Career Education and Enhancement for Health Care Research Diversity (CEED) program at the University of Pittsburgh. *Journal of Clinical and Translational Science*. 2019;3(1):21-26. doi:10.1017/cts.2019.364



Building Up a Diverse
Pipeline for the Biomedical
Research Workforce

Principal Investigators

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Funded by NIGMS

NIH – Diversity Program Consortium

Office of the Director

Build sites

NRMN

U01 – Cooperative Agreement





Building Up - Aims

1. Conduct a Cluster Randomized Controlled Trial to test two different models of intervention
2. Study what factors impact the participants
3. Disseminate the CEED Intervention to other institutions

At conclusion of
interventions:

All participants followed for
two years

Intervention A	Intervention B
Monthly Sessions	Monthly Webinars
Courses in Grant Writing & Medical Writing	Courses as needed
Mentoring provided by intervention	Mentoring provided by institution
Networking provided by intervention	Networking provided by institution

Institutions Involved

- Northwestern
- East Carolina University
- University of Chicago
- Washington University School of Medicine St. Louis
- University of Michigan
- Tufts Medical Center
- Illinois Institute of Technology
- University of Minnesota
- Loyola Chicago
- Medical University of South Carolina
- University of Pennsylvania
- UC Davis
- Oregon Health and Science University
- University of Southern California
- Rush University Medical Center
- Columbia University Medical Center
- University of Wisconsin – Madison
- Penn State Health
- University of Texas Southwestern +
- University of Texas Health Sciences San Antonio •
- University of New Mexico Health Sciences Center
- Texas A&M
- University of Colorado Denver – Anschutz Medical Campus
- University of Buffalo
- Vanderbilt University

Participants

- Target participants – 208 post-doctoral fellows or early career faculty (26 institutions)
- Enrolled

225!

Participant Characteristics

Age	Median = 36
Female	80%
Race/ethnicity	
Hispanic/Latinx	34%
Non-Hispanic/Latinx	66%
White	13%
Black	33%
Other	13%
Multi-race	6%
Career status	
Post-doc	47%
Faculty	53%

Opportunity

"Thank you so much for giving me the opportunity to be part of Building Up"

"I feel this is a much needed opportunity for underrepresented biomedical researchers. Looking forward to participating in the intervention"

"This is an amazing opportunity and I am extremely grateful for being selected to participate. I look forward to a fruitful learning experience"