ENDOCRINE SOCIETY
Hormone Science to Health

April 9, 2021

The following comments were submitted via an online submission form in response to the National Institutes of Health Request for Information (RFI): Inviting Comments and Suggestions to Advance and Strengthen Racial Equity, Diversity, and Inclusion in Biomedical Research and Advance Health Disparities and Health Equity Research. Our comments and suggestions were jointly developed by the Society's Committee on Diversity and Inclusion and Research Affairs Core Committee. We hope that our input will assist NIH in their efforts to advance racial equity, diversity, and inclusion within all facets of the biomedical research workforce.

Factors that present obstacles to training, mentoring, or career path

Our members report that many of the obstacles facing underrepresented minority (URM) scientists throughout their training, mentoring, and career path are compounded by the lack of diversity among faculty at all career stages; this is particularly pronounced at the highest academic ranks and career stages. For trainees, it is important that URM scientists can see themselves among institutional leaders and have mentors available who can relate to their experiences. The limited number of URM faculty therefore often have significant mentorship responsibilities, with few professional incentives to promote a significant mentorship load that may be unsustainable. In fact, taking on mentorship and other administrative responsibilities without associated effort can constrain URM faculty in their ability to get promoted, exactly the opposite of the desired outcome. While not a substitute for URM representation, non-URM scientists should be expected to participate in efforts to advance diversity, equity, and inclusion (DEI). Institutions should encourage the development of non-URM allies who can shoulder some of the work needed to achieve DEI goals.

We also note that training programs that might benefit from a more diverse candidate pool often focus on traditional entry points to biomedical research and may be missing opportunities to engage URM candidates elsewhere in educational systems. Diversified outreach to candidates throughout various undergraduate or graduate programs could help institutions recruit more trainees, but retention will require a diverse pool of senior scientists and mentors to provide support and develop confidence in promising URM candidates.

To advance the training and mentoring of URM scientists, NIH should:

- Initiate programs that seek to retain URM scientists by providing targeted funding at critical career points, for example the transition from post-doctoral fellowship to K award, and from K to R award, etc.
- Allow URM faculty to serve as a mentor on training grants, irrespective of funding status.

2055 L Street NW
Suite 600
Washington, DC
20036

T. 202.971.3636
F. 202.736.9705

endocrine.org

- Create incentives for URM mentorship activities, e.g., for mentors of F- and K08 or K23 awardees, or for K24-supported mentoring activities, and for individuals within a Cancer Center or as trainers in Cancer Center education cores.
- Recruit promising URM candidates at all training stages through outreach to students/trainees who take non-traditional career pathways (e.g., a postdoctoral fellow who works in industry for a time) or who temporarily explore other careers due to interest or due to a gap in funding.

Barriers inhibiting recruitment and hiring, promotion, retention and tenure.

The lack of diversity at institutions itself creates additional challenges and barriers for underrepresented minority (URM) faculty in the biomedical research workforce. For example, URM faculty who have secured R01 funding at their institutions are often highly sought after for service activities and other campus activities to enhance diversity. While recognizing their importance, these service activities take time away from research and other career development activities, potentially resulting in diminished research productivity, challenges in applying for grants in the future, and ultimately loss of R01 funding. This reinforces the need to engage non-URM allies to share in the work required to advance DEI goals.

Because funding is a critical element of any scientist's career path, NIH review panels have a tremendous amount of influence over the retention of faculty, including URM scientists. It is therefore particularly important for diverse perspectives and viewpoints to be present on study sections and review panels. In the near-term this will require training allies to reduce the burden on URM faculty, and also recruiting more URM faculty as participants. Unconscious bias training is helpful and should be encouraged, but it is not a substitute for inclusive review panels that are able to mitigate bias that can persist in subtle ways.

To promote retention of URM faculty NIH should:

- Provide mechanisms for bridge funding (e.g., matching institutional bridge support) for URM faculty when there is a break in funding due to their efforts to enhance minority recruitment, engagement, and mentorship.
- Incentivize universities by providing funding through center grants or training grants for URM faculty that are working to increase diversity, i.e. compensate faculty for the extra administrative burdens that are placed on them and support training other faculty to act as allies, such that URM faculty are not the only individuals called upon to serve in these important roles.
- Consider that the current rules which govern participation in important decision-making panels (e.g., requirement to have current R01 funding for NIH study section participation) are themselves barriers to diversity, inclusion, and equity, and test the effects of removing these rules on outcomes related to diversity, equity, and inclusion (DEI).
- Increase participation of URM scientists in the early career reviewer program and report metrics that track URM participation and career progression.

Existing NIH policies, procedures, or practices that may perpetuate racial disparities/bias in application preparations/submissions, peer review, and funding.

NIH policies that restrict participation in certain activities to R01 grantees often create additional barriers for URM faculty. Like all faculty, URM faculty benefit from activities such as service on study sections or in a mentorship capacity on training grants and the rigid eligibility rules on these activities create further barriers to URM participation if they face a gap in funding. Restricted eligibility rules, on top of the general disparities in funding that URM faculty face, help perpetuate a vicious cycle where URM faculty are not included in key activities (e.g., study section and training grant involvement) where diverse perspectives could help foster a more inclusive workforce.

Additionally, some NIH policies to reduce bias are well-intentioned but lack enforcement mechanisms. For example, training and center grant applications have a diversity component; however, this is not a scorable component of the grant. Institutions are therefore less incentivized to prioritize and pay close attention to DEI in the training environment.

Finally, while we enthusiastically support NIH programs such as the Future Leaders Advancing Research in Endocrinology (FLARE) program to generate cohorts of URM investigators, NIH should take a broader look at the pipeline to ensure that these cohorts have viable pathways to a stable mid-career position and beyond. Additional programs targeted to mid-career investigators would not only help stabilize the pipeline, but also ensure that early-stage investigators have a robust pool of URM advisors, mentors, and role-models.

To reduce these policy-based barriers to URM participation in critical career-advancement activities, NIH should:

- Enhance diversity by making exceptions to funding rules for URM faculty that would allow them to serve on a study section and/or be eligible to be trainers on training grants if they face a gap in funding.
- Incentivize institutional commitment to DEI by giving grants with strong DEI components preferential treatment for funding decisions.
- Initiate programs aimed at retaining mid-career URM faculty, for example by payline adjustments or encouraging ICs to advance URM "at-risk" candidates for beyond-payline funding.

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.

Our members urge NIH to carefully review the existing rules and policies that unintentionally prevent URM scientists from participating fully in the biomedical research enterprise. Although our comments and recommendations focus on increasing representation of URM faculty, efforts to create a more diverse, equitable, and inclusive workforce should build on and be coupled to initiatives to promote and retain individuals of all genders.

To reduce obstacles to the training and mentoring of URM scientists, NIH should:

- Initiate programs that seek to retain URM scientists by providing targeted funding at critical career points, for example the transition from post-doctoral fellowship to K award, and from K to R award, etc.
- Allow URM faculty to serve as a mentor on training grants, irrespective of funding status.
- Create incentives for URM mentorship activities, e.g., for mentors of K08 or K23 awardees, or fo K24-supported mentoring activities, and for individuals within a Cancer Center or as trainers in Cancer Center education cores.
- Recruit promising URM candidates at all training stages through outreach to students/trainees who take non-traditional career pathways (e.g., a postdoctoral fellow who works in industry for a time) or who temporarily explore other careers due to interest or due to a gap in funding.

To promote retention of URM faculty NIH should:

- Provide mechanisms for bridge funding (e.g., matching institutional bridge support) for URM faculty when there is a break in funding due to their efforts to enhance minority recruitment, engagement, and mentorship.
- Incentivize universities by providing funding through center grants or training grants for URM faculty that are working to increase diversity, i.e. compensate faculty for the extra administrative burdens that are placed on them and support training other faculty to act as allies, such that URM faculty are not the only individuals called upon to serve in these important roles.
- Consider that the current rules which govern participation in important decision-making panels (e.g., requirement to have current R01 funding for NIH study section participation) are themselves barriers to diversity, inclusion, and equity, and test the effects of removing these rules on outcomes related to diversity, equity, and inclusion (DEI).
- Increase participation by URM scientists in the early career reviewer program and report metrics that track URM participation and career progression.

To reduce these policy-based barriers to URM participation in critical career-advancement activities, NIH should:

- Enhance diversity by making exceptions to funding rules for URM faculty that would allow them to serve on a study section and/or be eligible to be trainers on training grants if they face a gap in funding.
- Incentivize institutional commitment to DEI by making the DEI section a scorable component of grants.
- Initiate programs aimed at retaining mid-career URM faculty, for example by payline adjustments or encouraging ICs to advance URM “at-risk” candidates for beyond-payline funding.

Significant research gaps or barriers to expanding and advancing the science of health disparities/health inequities research

Our members appreciate the role that program officers play in providing guidance to researchers throughout their careers as they navigate the NIH funding landscape. Program officers are critical windows to the operation and focus areas of review panels; they provide crucial links between applicants, funding decisions, and therefore retention. The study of health disparities often involves innovative interdisciplinary approaches that include issues like community engagement. This can create challenges for ICs that may not have expertise about these subjects among their program officers. In addition to targeted funding opportunity announcements that incentivize health disparities research, we encourage NIH to implement additional guidance and training so that program officers can develop relationships with health disparities researchers in their portfolio, and also help investigators connect their research interests to the appropriate multi-disciplinary review panels.