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Re: Request for Information [NOT-OD-21-066](#) (Advance and Strengthen Racial Equity, Diversity, and Inclusion in the Biomedical Research Workforce and Advance Health Disparities and Health Equity Research)

Submitted electronically at: <https://rfi.grants.nih.gov/?s=601d737cb50a0000740038a2>

The Federation of Associations in Behavioral and Brain Sciences (FABBS) is a coalition of 27 scientific societies and over 60 departmental affiliates that share an interest in advancing cognitive, brain, and behavioral sciences in support of furthering research, knowledge, and improving public health and welfare. FABBS scientists include leading experts studying bias and health disparities by race, gender, and culture. FABBS members are grateful for your leadership addressing racism and for the opportunity to provide comments.

According to our members, NIH is perceived as investing in biomedical research at the expense of -- and without adequate consideration of -- the behavioral and social sciences. This view has been reinforced by this RFI, in its description of the NIH mission as being limited to biomedical research, whereby NIH leadership in effect disregards the behavioral and social sciences.

In addition, FABBS members perceive a lack of transparency when it comes to available information about the NIH intramural research portfolio, thus obscuring the places where bias may influence the internal processes at the NIH. The cornerstone research conducted by Ginther et. al indeed finds that the typical measures of scientific achievement -- NIH training, previous grants, publications, and citations -- do not translate to the same level of R01 application success across race and ethnic groups¹. Racial inequality has been well documented in the scientific processes of psychological science² and the methodology of this analysis proves valuable across the disciplines. Cumulative advantage is a potential factor first introduced by sociological literature, though its application remains apt to predict such observed characteristics of scientific

¹ Ginther, D. K., Schaffer, W. T., Schnell, J., Masimore, B., Liu, F., Haak, L. L., & Kington, R. (2011). Race, ethnicity, and NIH research awards. *Science (New York, N.Y.)*, 333(6045), 1015–1019.
<https://doi.org/10.1126/science.1196783>

² Roberts, S. O., Bareket-Shavit, C., Dollins, F. A., Goldie, P. D., & Mortenson, E. (2020). Racial Inequality in Psychological Research: Trends of the Past and Recommendations for the Future. *Perspectives on psychological science : a journal of the Association for Psychological Science*, 15(6), 1295–1309.
<https://doi.org/10.1177/1745691620927709>

careers³. FABBS members find that the appreciation for and investment in the behavioral and social sciences change over time and vary by institute, despite aligning with NIH strategic priorities.

This perception relates to the NIH advocacy for racial and gender equity in NIH-funded research. When considering both the demographics of the researchers and the topics of research, behavioral and social scientists play a critical role in elucidating the role of social environments and contexts on health. Furthermore, identifying meaningful outcomes in patient care for underrepresented populations requires social science perspectives. The roles of external stressors (poverty, trauma, and discrimination, among other societal pressures) and socio-economic determinants (disability status, immigration status, literacy characteristics, among others) in the health of underserved populations are topics deeply considered by the social sciences.

There is a pressing need to consider inclusivity when research on NIH funding reveals that Black researchers receive less funding than their white counterparts⁴, and women and minorities are less likely to reapply, despite their growth in numbers of awardees and applicants⁵. Novel research reveals that topic choice explains the lower rate of NIH awards to African-American/Black scientists, who are more likely to pursue research at the community and population level, as opposed to mechanistic or fundamental investigations⁴. The narrow focus on pharmacotherapy and biomedical research, at the expense of the preventive strategies studied by behavioral and social scientists to benefit underrepresented populations, could thus be perceived as a failure to be wholly inclusive of minority researchers and populations⁶.

We applaud the explicit inclusion of ‘behavioral science’ to the research mission in the current draft of the NIH-wide strategic plan. Specifying the behavioral sciences better serves all aspects of health, as it is critical in addressing health disparities and in considering racial and gender equity. As NIH moves forward to finalize the strategic plan, FABBS encourages an increased investment in the Office of Behavioral and Social Science Research (OBSSR) and the National Institute of Minority Health and Health

³ DiPrete, T., & Eirich, G. (2006). Cumulative Advantage as a Mechanism for Inequality: A Review of Theoretical and Empirical Developments. *Annual Review of Sociology*, 32, 271-297. Retrieved April 9, 2021, from <http://www.jstor.org/stable/29737740>

⁴ Hoppe, T. A., Litovitz, A., Willis, K. A., Meseroll, R. A., Perkins, M. J., Hutchins, B. I., Davis, A. F., Lauer, M. S., Valantine, H. A., Anderson, J. M., & Santangelo, G. M. (2019). Topic choice contributes to the lower rate of NIH awards to African-American/black scientists. *Science advances*, 5(10), eaaw7238. <https://doi.org/10.1126/sciadv.aaw7238>

⁵ Nikaj, S., Roychowdhury, D., Lund, P.K., Matthews, M. and Pearson, K. (2018). Examining trends in the diversity of the U.S. National Institutes of Health participating and funded workforce. *The FASEB Journal*, 32: 6410-6422. <https://doi.org/10.1096/fj.201800639>

⁶ Lewis-Fernández, R. (2016, October 13). In mental health research, NIH needs to focus less on tomorrow and more on today. *Washington Post*. https://www.washingtonpost.com/opinions/in-mental-health-research-nih-needs-to-focus-less-on-tomorrow-and-more-on-today/2016/10/13/37d09d7a-5da4-11e6-9d2f-b1a3564181a1_story.html

Disparities (NIMHHD), which both play critical roles coordinating and informing social and behavioral research relevant to racial and gender equity and workforce diversity.

In addition to engaging with HBCUs, HSIs and TCUs, we encourage NIH to consider a particular focus on Asian American and Native American Pacific Islander-Serving Institutions (AANAPISI), who serve a diverse student population. The COVID-19 pandemic, which originated in China, has afflicted these racial and ethnic groups with reported increases in discrimination and racism^{7,8}, consequently exacerbating mental and physical health disparities in this population. It is evidently even more important now to place emphasis on the fact that those that fall within the AANAPI group have also historically received less research and funding attention⁹ and greater efforts must be enacted to provide support to these disparaged groups.

This RFI asks for input on factors that present obstacles to training, mentoring, or career path and barriers inhibiting recruitment and hiring, promotion, retention and tenure. FABBS commends NIH on the FIRST program to secure scientific talent across all groups, promote enrichment in the quality of training environment, and balance and broaden perspectives in setting research priorities. This program has the potential to advance inclusion in both recruitment and institutional support for underrepresented scientists and medically-underserved communities. Further, it serves as a model to hold institutions accountable for long-term transformational change in advancing the careers of traditionally underrepresented, diversity-focused scholars. FABBS recommends that NIH adopt some of the associated conditions and requirements of FIRST to the NIH intramural operations.

Funding

One of the key obstacles to the advancement of Black/African American behavioral and biomedical researchers is the historical underfunding of under-represented scholars, aptly resulting in coined terms such as 'grant gap' and 'persistent gap'¹⁰. In the research enterprise, federal funding for research affects not only the principal investigators, but also the career advancement of the entire pipeline (e.g., post-docs, graduate students, undergraduate students). Scholars of color are often best served by mentors of color¹¹.

⁷ Cheah, C., Wang, C., Ren, H., Zong, X., Cho, H. S., & Xue, X. (2020). COVID-19 Racism and Mental Health in Chinese American Families. *Pediatrics*, 146(5), e2020021816. <https://doi.org/10.1542/peds.2020-021816>

⁸ *Discrimination and Violence Against Asian Americans: Hearing before the United States House of Representatives Judiciary Committee, Subcommittee on the Constitution, Civil Rights, and Civil Liberties*, 117th Cong. (2021) (written testimony of Asian American Psychological Association). [[AAPA Testimony to House Judiciary on 3.18.2021 \(aapaonline.org\)](https://aapaonline.org)]

⁹ Chen M. S., Jr (2019). Rectifying Disparities in Funding of Asian American, Native Hawaiian, and Pacific Islander Research by the US National Institutes of Health. *JAMA network open*, 2(7), e197561. <https://doi.org/10.1001/jamanetworkopen.2019.7561>

¹⁰ Buchanan, N.T., Perez, M., Prinstein, M.J., Thurston, I.B. (2021). Upending Racism in Psychological Science: Strategies to Change How Our Science is Conducted, Reported, Reviewed & Disseminated [Manuscript submitted for publication].

¹¹ Padilla, A. M. (1994). Research news and Comment: Ethnic Minority Scholars; Research, and Mentoring: Current and Future Issues. *Educational Researcher*, 23(4), 24–27. <https://doi.org/10.3102/0013189X023004024>

According to the article, ‘Topic choice contributes to the lower rate of NIH awards to African-American/black scientists,’ choice of research topic accounts for 20 percent of the funding gap between white and African American Principal Investigators (PIs)³. This points to an opportunity for NIH to reevaluate the process used to determine topics worthy of funding and to investigate the possibility that the prioritization of topics reflects bias.

Additional obstacles to diversity with regard to hiring, training, mentoring, and retention include lack of detailed data about the composition of the NIH workforce. The demographic data, as reported on the NIH Office of Equity, Diversity, and Inclusion website, is not disaggregated by job type/level of seniority. The lack of disaggregation makes it difficult to understand the extent to which the NIH workforce is vertically stratified by race and ethnicity, sex, and disability status. If NIH resembles other federal agencies, the disaggregated data could show that—for example—people of color (POC) are less well represented in mid-level, senior-level, and especially Career Senior Executive Service positions.

Another question is the degree of success that NIH has in retaining POC employees. For example, according to a job satisfaction and expected turnover survey conducted among employees of the Centers for Disease Control and Prevention (CDC), people of color were more likely than non-Hispanic Whites to say they were considering leaving their job within the coming year. It will be equally important to look at application and hiring processes. For example, a number of employee associations issued an open letter to the Department of Justice (DOJ) in 2020 raising concerns about its use of salary histories in the hiring process through USAJOBS.gov, which can disadvantage women, POC, and LGBTQ+ employees. Although only anecdotal, we also understand that the process of applying for a job with the NIH can be burdensome, necessitating the assistance of career coaches to help navigate USAJOBS.gov requirements and language. This could likely disadvantage underrepresented groups. Similarly, it might be worthwhile to look at the effects on diversity, both positive and negative, of fellowship and other early career “pipeline” programs, as NIH likely relies on such programs more than other (non-scientific) federal agencies.

FABBS encourages the NIH to publicly report on the race and ethnicity of funding recipients, communities studied, and of the NIH workforce, stratified by job level. Based on the findings, NIH should develop a strategic plan for addressing workforce disparities.

Intramural Barriers

FABBS notes several key barriers inhibiting recruitment and hiring promotion, retention and tenure: workload inequalities and work climate, including transparency of racial/ethnic diversity.

With regard to promotion, chairs and leaders of departments of psychology have documented that scholars of color, particularly if they are underrepresented in their institutions, are often asked to participate in heavy professional and academic service activities, and are also called upon to mentor students of color, creating workload inequalities. While many universities raise the possibility of revisiting the tenure review process to include public scholarship, mentoring and other meaningful contributions not directly related to research agendas, few have made much progress.

Institution climate is a significant concern among department leadership when working to retain scholars of color. FABBS scholars of color have noted that even in departments that are welcoming and committed to diversity, the reality of being underrepresented faculty of color can be isolating, demanding, and tiresome.

Successful Actions by the NIH

The National Institute of Mental Health (NIMH) Health disparities RFI. The impact of racism, both individual and systemic, on mental and physical health is well-documented in the social and behavioral sciences. In addition, cognitive and behavioral scientists have shown how bias, including implicit bias¹², operates to disadvantage minorities. Further, behavioral scientists and health psychologists have explored how racism “gets under the skin” to impact mental and physical health. The development of a minority mental health research agenda will provide much-needed attention and a coherent strategy for addressing a long-standing public health problem.

The [NIMH James Jackson Memorial Award](#) in honor of renowned social psychologist James Jackson, who was the Daniel Katz Distinguished Professor of Psychology at the University of Michigan. To acknowledge Dr. Jackson’s great impacts on the fields of disparities research and minority mental health, the NIMH will honor an outstanding researcher who has demonstrated exceptional individual achievement and leadership in mental health disparities research and excellence in mentorship, influence, and support of students (particularly POC students).

Policies and Partnerships

Our members have raised concern that the omission of Asian American communities (or subsuming them under “other communities of color”) in the UNITE RFI perpetuates the invisibility of these communities. While Asian American applicants have not been a focus of disparities in funding, science that focuses on the health concerns of Asian American communities has been notably underfunded by the NIH. Two recent analyses of NIH funding observed that less than 1 percent of the NIH budget supports research on Asian American and Pacific Islander communities. In 2018, 0.21 percent of the NIH

¹² Onyeador, I. N., Hudson, S. T. J., & Lewis, N. A. (2021). Moving Beyond Implicit Bias Training: Policy Insights for Increasing Organizational Diversity. *Policy Insights from the Behavioral and Brain Sciences*, 8(1), 19–26.
<https://doi.org/10.1177/2372732220983840>

budget was awarded to research on Asian Americans and Pacific Islanders^{4,13}. Asian Americans are the fastest growing racial group in the United States. This neglect of research on Asian Americans contrasts with rising anti-Asian discrimination and its deleterious health outcomes amidst the COVID-19 pandemic and growing anti-Asian sentiment resulting from a focus on China as an economic competitor to the U.S. and threat to the security of international research collaboration. It is essential that NIH considers the concerns and lived experiences of Asian American communities.

Research Areas

NIH has already taken important steps to identify and address bias in the review process. FABBS members appreciate the efforts by the NIH Center for Scientific Review, which facilitated listening sessions,¹⁴ to better understand the systematic biases in the peer review process. The solutions of creating an avenue for reporting concerns regarding bias, integrating bias awareness training, and transparency on reviewer and review officer demographics indeed provided a recourse for integrity for the concerns voiced by the scientists of color during these sessions.

One important research gap is regarding that of science efforts focusing on topics of racial and ethnic diversity, as it is not currently incentivized in academia. Studies posit that this may be because such work regarding topics of race and ethnicity is seen as lacking objectivity, scientific rigor, and personal detachment^{15,16}. Experimental research finds that researchers of color are perceived as more biased than White researchers when they conduct research on communities of color¹⁰. FABBS would argue that concerns about bias in work on racialized topics should lead to an increased investment to advance scientific research regarding race/ethnicity/gender in the NIH intramural portfolio. FABBS members of color have noted that when including populations of color in their research samples, NIH reviewers often demand comparisons to White samples as the control group. In contrast, investigators are rarely asked to compare their predominantly White samples to other racial/ethnic groups, a concern that is consistent with an article in 1994 detailing prioritization of cross-cultural comparisons even when the research goal is to better understand a specific racial/ethnic group and diversity within that group¹¹.

Other research gaps exist when considering the distinct health concerns and disparities of specific minority populations. To this end, FABBS recommends that NIH disaggregate data by ethnicity in terms of 1) the workforce (NIH's internal workforce and NIH-funded workforce), as well as 2) research on different communities. This is particularly important for Asian American, Pacific Islander, and Latinx communities,

¹³ Doan, L. N., Takata, Y., Sakuma, K. K., & Irvin, V. L. (2019). Trends in Clinical Research Including Asian American, Native Hawaiian, and Pacific Islander Participants Funded by the US National Institutes of Health, 1992 to 2018. *JAMA network open*, 2(7), e197432. <https://doi.org/10.1001/jamanetworkopen.2019.7432>

¹⁴ <https://nexus.od.nih.gov/all/2021/03/08/csrs-commitment-to-advancing-equity-diversity-and-inclusion-in-peer-review/>

¹⁵ Torrez, B., Dupree, C. H., Kraus, M. W. (2020). Who tells your story: How race influences perceptions of objectivity in journalism [Manuscript submitted for publication]. School of Management, Yale University.

¹⁶ Zuberi, T., Bonilla-Silva, E. (2008). *White logic, white methods: Racism and methodology*. Rowman & Littlefield.

given the vast ethnic diversity within those groups. For example, while Asian American investigators are four percentage points less likely to receive NIH investigator-initiated research funding compared with whites¹, we are unable to see the distribution across ethnic groups within this domain. In research with Asian American communities, ethnic differences in health outcomes and influences are masked when data are not disaggregated¹⁷.

A recent report by the National Coalition for Asian Pacific American Community Development (National CAPACD, June 2013) noted that nearly two million persons of Asian American or Native Hawaiian and Pacific Islander heritage live in poverty. This number comprises individuals from over two dozen Asian and Pacific Islander subpopulations but masks substantial variability across groups in terms of the rates of poverty. Rates of poverty by subgroups range from 5 percent of Fijian to 27 percent of the Hmong population. This disparity reveals a compelling need for greater inclusion of Asian American subgroups in large-scale national studies as well as intervention evaluations.

¹⁷ Yoshikawa, H., Mistry, R. and Wang, Y. (2016), Advancing Methods in Research on Asian American Children and Youth. *Child Dev*, 87: 1033-1050. <https://doi.org/10.1111/cdev.12576>

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