



April 16, 2021

The American Geriatrics Society (AGS) submitted these recommendations in response to the National Institutes of Health’s (NIH) [RFI](#) on requesting input on strategies to Advance and Strengthen Racial Equity, Diversity, and Inclusion in the Biomedical Research Workforce and Advance Health Disparities and Health Equity Research. AGS is appreciative of the NIH focus on this topic and we look forward to collaborating on efforts to develop a more diverse and inclusive biomedical research workforce and to advancing diversity in research.

Topics:	Comments:
<p>All Aspects of the Biomedical Workforce</p> <ul style="list-style-type: none"> <i>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</i> 	<p>The American Geriatrics Society (AGS) enthusiastically endorses the steps that NIH has taken to support a diverse biomedical workforce and to encourage diversity in research. Although we have made progress on this front, we recognize that much remains to be done and appreciate the NIH’s commitment to devoting more resources to promoting racial and gender equity in NIH-funded research.</p> <p>One key issue for racial and gender equity for NIH funded research is access to resources at research institutions that help investigators to incorporate diversity into their studies and do that well. As an example, translation of materials into other languages is costly and requires expertise in principles of cross-cultural research time consuming, and there are not easily accessible resources in many places. If the NIH could both encourage institutions to share resources through allotment of funding to create resources and, also ensure that development of these types of resources is funded through its grants, that would ensure researchers have the appropriate tools when working with diverse populations.</p>
<ul style="list-style-type: none"> <i>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</i> 	<p>The American Geriatrics Society (AGS) agrees with NIH efforts to establish new or existing influences, partnerships, or collaborations. We recommend that the NIH consider partnerships deep within communities where people live, work, pray and age. Partnerships should prioritize enabling and building an infrastructure that centers around community-based entities, thus ensuring research is designed with their access needs and limitations as a priority. Moving beyond academic institutions only would bridge the ability for a full range of translational research. An example of the consequences of a lack of community-based research infrastructures in 2020</p>

<p>organizations, professional societies, or other federal agencies</p>	<p>was the lack of access to COVID-19 trials and therapeutics beyond large hospitals and academic medical centers. Partnerships must create a nexus of connection points that truly link representative aspects of underserved and vulnerable communities (including highly disadvantaged areas, nursing homes, rural communities).</p> <p>Making it easier to apply for diversity supplements to grants, and moving beyond pathway models as a singular solution is key. The barriers are multifaceted and so too must the solutions be.</p>
<ul style="list-style-type: none"> • <i>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</i> 	<p>The American Geriatrics Society (AGS) suggests that large debt may be a factor affecting the choices that underrepresented racial minorities make in career paths. An additional factor may be the lack of diversity in the workforce and the pace at which this is being addressed.</p> <p>Also, strong, recent evidence shows that bias is a major obstacle to advancements in research careers (DOI: 10.1126/sciadv.aaz4868) only further complicating the efforts needed to meet the needs of an increasingly diverse aging population.</p> <p>One solution would be that the NIH require that CTSA grants support mentoring and research programs to allow for more inclusive research and training. In reviewing Early Stage Investigators, there should be an emphasis on understanding an individual's life and career trajectory, the disproportionate burden borne by persons of color (especially women of color) and the toll taken by overcoming these challenges. Key factors to be taken into account include context (immigration status, working in a different culture, poverty, poor access to resources as youth, single parent households, first generation to higher education) and challenges overcome including exceptional hardship. It is key to understand that the 'distance traveled' by these individuals to get to the starting point is much more and the trajectory more likely to be unconventional and nonlinear (an example would be gap years working low-wage jobs to support their family). NIH should consider requesting information on 'distance travelled' as a metric in evaluating Early Stage Investigators with the goal of ensuring that reviewers are not blinded by their own implicit biases.</p> <p>The AGS also suggests possibly funding investigators that are between a K23 and a K24 that trains people to be mentors (with a focus on diversity and lived</p>

	<p>experience given their impact on career choices) and gives them some effort for time to mentor.</p>
<ul style="list-style-type: none"> • <i>Barriers inhibiting recruitment and hiring, promotion, retention and tenure</i>, 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 	<p>The American Geriatrics Society (AGS) suggests extending training programs into underserved areas and institutions that predominantly serve and admit underrepresented scientists.</p> <p>In addition, the NIH should undertake a review of the requirements and criteria that are common across all funding announcements with the goal of ensuring that these are not in and of themselves barriers to increasing the diversity of the workforce. This review should include an assessment of whether additional training is needed for study section members and how NIH can support further development of mentors so that they are prepared to mentor a diverse workforce.</p>
<ul style="list-style-type: none"> • 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 	<p>The American Geriatrics Society (AGS) is appreciative of the commitment across the NIH leadership to achieving the ambitious goals that are encompassed by the UNITE initiative. We believe it is important for all of us to own the work of addressing the impact that structural racism has had on the biomedical research enterprise. We applaud the NIH leadership for leaning into and leading this work.</p>
<p><i>Policies and Partnerships</i></p> <ul style="list-style-type: none"> • <i>Existing NIH policies, procedures, or practices that may perpetuate racial disparities/bias in application preparations/submissions, peer review, and funding</i>, 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) 	<p>The American Geriatrics Society (AGS) suggests reconsidering the way indirects flow which can discourage partnering with other institutions.</p> <p>For example, center grants (P30 or R24) tend to be at large institutions with well-established research enterprises. Many have pilot mechanisms. You cannot currently budget indirects on the first 25K for the prime, as well as budgeting for anticipated indirects to an external institution for years 2-5 since specific projects and institutions are not named. This creates a disincentive for big centers to give money to outside institutions that were not named with specific projects when they wrote the grant. While not specific to outside institutions that have less well-funded research enterprises, it overall creates a barrier for big centers to engage investigators from less resourced institutions.</p> <p>Also, we recommend that it would reasonable (as noted under biomedical workforce) to review all existing policies to ensure they do not disadvantage researchers or institutions.</p> <p>Finally, research teams should self-identify their background and a mechanism needs to be put in</p>

	<p>place that addresses the harm to an application when study sections assess diversity in the absence of data.</p>
<ul style="list-style-type: none"> • <i>Best practices or proven approaches to build new or enhance existing partnerships and collaborations</i> between investigators from research-intensive institutions and institutions that focus on under-resourced or underrepresented populations but have limited research resources 	<p>One best practice the American Geriatrics Society (AGS) proposes is to invest in the network capacity that is needed so that investigators from different institutions can work collaboratively using the same data. The additional advantage of this investment is that researchers from other institutions will also be able to conduct additional analysis on data generated by another institution.</p>
<p>Research Areas</p> <ul style="list-style-type: none"> • <i>Significant research gaps or barriers to expanding and advancing the science of health disparities/health inequities research</i> and proposed approaches to address them, particularly those beyond additional funding (although comments could include discussion of distribution or focus of resources) 	<p>The American Geriatrics Society (AGS) proposes funding efforts to test and confirm best strategies for research recruitment retention and engagement across diverse populations. Ethnogeriatric populations are the most vulnerable Americans and experience disproportionate morbidity and mortality due to a variety of reasons including social determinants of health. There is a pressing need to devote funding to better understand the challenges faced by these populations</p>
<p>Further Ideas</p> <ul style="list-style-type: none"> • <i>Additional ideas</i> 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 	<p>The American Geriatrics Society (AGS) suggests ensuring DEI is included in all career development activities and that NIH continue to work with stakeholders to recruit, support, and retain a diverse biomedical workforce which will help build trust in this workforce and contribute to increasing the diversity in study populations.</p> <p>NIH should also consider how to better align policies to support the increasing gender diversity in the workforce. In particular, NIH should focus on policies that support all researchers to be fully present for their families. Innovative ideas to consider include allowing for flexible time frames for career development awards that reflect awardees may be starting families at the same time that they are embarking on careers focused on research. We appreciate that NIH currently allows for no-cost extensions of grants but believe that there is room for more flexibility at the time an award is made.</p> <p>For some early career development awards, the % of time that an awardee is required to devote to the research is often far greater than the award funding. NIH should explore whether this impacts the career trajectory of diverse researchers given competing demands on their time.</p>

	<p>Finally, NIH could lead an interagency review of the differing ways in which awards programs are created to better align requirements and criteria across federal agencies. We recognize that there is not a one-size fits all approach to grants and awards but believe that, particularly for career development awards, there needs to be more alignment between award requirements across agencies so that we are building the academic workforce that we need.</p>
--	--