This RFI was submitted in response to NIH's notice requesting feedback on the Framework for the NIH-Wide Strategic Plan for Diversity, Equity, Inclusion, and Accessibility (DEIA). The framework for these answers was taken directly from previous DEI RFIs the Endocrine Society put together with the help of the Research Affairs Core Committee and the Committee on Diversity and Inclusion.

RE: Request for Information (RFI): Inviting Comments and Suggestions on a Framework for the NIH-Wide Strategic Plan for Diversity, Equity, Inclusion, and Accessibility
Objective 1: Implement Organizational Practices to Center and Prioritize DEIA in the Workforce
- NIH Workforce
- Workforce at Institutions Supported by NIH Funding

As we stated in our comments on the UNITE initiative and elsewhere, 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, inclusion, and accessibility (DEIA). Institutions should encourage the development of non-URM allies who can shoulder some of the work needed to achieve DEIA 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.

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.

Training and mentoring will be significant aspects of NIH's overall approach to prioritize DEIA in the workforce. To ensure that efforts supporting a pipeline that fully integrates DEIA are successful, 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 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.

Objective 2: Grow and Sustain DEIA through Structural and Cultural Change
- Stewardship
- Partnerships & Engagements
- Accountability & Confidence
- Management & Operations

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 DEIA goals.

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

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 service on study sections or in a mentorship capacity on training grants and 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 where diverse perspectives could help foster a more inclusive workforce. Additionally, some 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 DEIA in the training environment.

To further grow and sustain DEAI through structural and cultural change, 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 workload placed on them and support training other faculty to act as allies.
- Consider that the current rules which govern participation in important decision-making panels are themselves barriers to diversity, inclusion, and equity, and test the effects of removing these rules on outcomes related to DEIA.
- Increase participation of URM scientists in the early career reviewer program and report metrics that track URM participation and career progression.