March 31, 2021

Dear NIH,

On behalf of the Society of Behavioral Medicine (SBM), the nation’s leading group of multi-specialty professionals dedicated to improving health and quality of life through proven behavioral science, we are pleased to comment on the Request for Information on Racial Equity, Diversity, and Inclusion in the Biomedical Research Workforce and Advance Health Disparities and Health Equity Research (NOT-OD-21-066). We recognize that the NIH has a longstanding history of efforts to promote equity and diversity in biomedical research, and congratulate you for continuing to pursue these goals. We are pleased for the opportunity to share our thoughts.

We are responding to the primary focus of this RFI, namely on the actions and solutions – through policy, procedure, or practice – that will help to achieve the objective of increasing diversity of the extramural research community. The overarching premise of these programs is that, by enhancing opportunities, diversity applicants will be more likely to assume the risks of aspiring to achieve a research career.

As NIH data has shown, one of the greatest needs is to increase the pool of successful, independent, minority investigators. We believe that this can be accomplished through several, sustained avenues, including: a) Creating new T33 training program that target aspiring scientists from diverse backgrounds; b) enhancing the IDeA program to include funding for T-32 awards or a similar mechanism; c) recognizing a “young diversity investigator” status; d) implementing a diversity percentile bonus, analogous to the percentile bonus provided to early stage investigators (ESIs), for the F-, K- and T-series training mechanisms; e) convert the current diversity supplement program to an administratively reviewed diversity F- and K-series program; f) creating early-education summer research training programs for children from diverse populations in order promote a culture of interest in the biomedical and behavioral sciences; and (g) create new mid-career investigator and senior scientist research awards that target scientists from diverse backgrounds and/or mentor scientist from diverse backgrounds. We address each of these in more detail below.

a) A new T33 training program and revised programs for non-clinician scientists.
Even the best and brightest of aspiring scientists can be deterred from applying for research training support by perceptions of a low probability of success. This is particularly true for individuals from underserved backgrounds, who may be deterred further by perceptions of bias in the review process. One solution is to create a T33 research training award, identical in all respects to the T32 except that it would target diversity applicants, with defined criteria for eligibility, including a record of experience in training diversity investigators. Applications would be reviewed by a T33 study section. A variation on this theme, and one that is perhaps more easily
and quickly implemented, is to provide a T33 diversity supplement to existing T32 grantees. The downside of this approach is that the number and type of funded institutions would not change. We also suggest careful consideration of reinstating awards like the K07 to support non-clinician scientists (including behavioral scientist) who have fewer opportunities for NIH-funded support.

b) Enhancing the IDeA program. The IDeA program is one of the most innovative of NIH programs. It could be enhanced by enabling adding a T32 component, targeting diversity applicants, through a process of administrative review of applications. This approach would be similar to the administrative review of the transition from K99 to R00. Every IDeA awardee would be eligible to submit a T32 administrative supplement for diversity investigators.

c) Recognizing a Young Diversity Investigator status. The relaxed pay line afforded to Early Stage Investigators (ESIs) has been a great success for launching research careers. At one time NIH recognized the concept of “Young Investigator,” which has been abandoned. We recommend that NIH consider recognizing Young Investigator status for diversity applicants, with the same percentile bonus that is afforded to ESIs. In other words, individuals who qualify as Young Diversity Investigators would benefit from the same percentile bonus that is now afforded only to ESIs. In addition, the number of years of ESI status should be extended for diversity applicants from 10 to 15 years.

d) Percentile bonus for F-, K- and T-series grant applications. Analogous to the percentile bonus that is now afforded to ESIs applying for R-series grants, a percentile bonus should be provided to existing training grant applications. T-series applications would qualify if they make a commitment for at least 25% of their training cohort to consist of diversity trainees.

e) Convert the current diversity supplements, which are awarded after administrative review, to F-or K-series designated awards, retaining the administrative review approach. This would bestow research training award status to the diversity supplement recipient and enhance their potential to develop as independent investigators.

f) Create NIH-supported summer research camp programs for elementary (E32) and high school (H32) diversity student research training. The primary objective of such summer programs is to create a culture of appreciation of science and familiarity with science that otherwise would not be achieved. Applications for E32 and H32 awards would be submitted by academic institutions in collaboration with local area elementary schools and high schools and provide support for high school and university mentors.
g) Create new mid-career investigator and senior scientist research awards. Research awards for established investigators from diverse backgrounds are needed to fix the leaks in the biomedical research pipeline, including scientists that leave the field when there are significant gaps in research funding and/or high burdens of teaching and mentoring without comparable value in academic promotion and tenure. Established investigators from diverse backgrounds are more likely than other groups to conduct research on topics related to health disparities and many are spending significant time mentoring junior scientist without institutional compensation. A new midcareer investigator award patterned after the K26 would support biomedical and behavioral scientists from diverse backgrounds to allow them protected time to devote to their research and mentoring junior scientist of diverse backgrounds. Likewise, a new senior scientist research award like the K05 program would provide protected time to established researchers from diverse backgrounds to devote effort to basic or clinical research and to act as research mentors to early-stage investigators from minority backgrounds.

These programs are not mutually exclusive - each has its own merits and has the potential of reaching different individuals. After ten or more years of experience, they should be assessed for relative effectiveness. Moreover, in order to succeed they must have significant funding, but funding should not be at the expense of the existing research and training programs that have placed the NIH in a position of global leadership in biomedical and behavioral research. In addition to responding to this RFI, we plan to reach out to the members of our organization to advocate for the additional funds needed to implement these and other NIH programs that are designed to increase diversity of the research workforce.

Respectfully,

The Society of Behavioral Medicine Executive Committee