

# **Request for Information: Inviting Comments and Suggestions to Advance and Strengthen Racial Equity, Diversity, and Inclusion in the Biomedical Research Workforce and Advance Health Disparities and Health Equity Research**

**Notice Number: NOT-OD-21-066**

**Release Date: March 1, 2021**

**Response Date: April 09, 2021**

**Issued by: Office of the Director, National Institutes of Health (OD)**

## **How to Submit a Response**

All comments must be submitted electronically on the [submission website](#).

**Responses must be received by 11:59:59 pm (ET) on April 9, 2021.**

## **MLA/AAHSL COMMENTS**

Name: Mary Langman

Email Address: langman@mail.mlahq.org

Name of Organization: Medical Library Association (MLA) & Association of Academic Health Sciences Libraries (AAHSL)

Respondent Type: Professional Society

The NIH seeks comments on any or all of but not limited to, the following topics:

### All Aspects of the Biomedical Workforce

*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*

The Medical Library Association (MLA) and Association of Academic Health Sciences Libraries (AAHSL) applaud NIH for its work with the NIH stakeholder community on the development of agency policy regarding civil rights, health disparities, and diversity and inclusion. The NIH Director's annual statement to the workforce underscores its commitment to non-discriminatory approaches to provide all employees—regardless of race, gender, age, ethnicity, sexual

orientation, or disability—with diverse, equitable, and inclusive workspaces, free from harassment. Practicing these values at NIH is critical to continued employee engagement and commitment to the mission. Our organizations are especially pleased that NIH has established the [UNITE initiative](#) to address structural racism and promote racial equity and inclusion at NIH and within the larger biomedical research enterprise. This initiative and the appointment of the first NIH Chief Officer for Scientific Workforce Diversity to promote inclusive excellence across the NIH support the Medical Library Association and Association of Academic Health Sciences Libraries initiatives to build a better future. Believing that diversity, equity, and inclusion are the threads that strengthen the fabric of our associations, MLA and AAHSL seek to ensure that these core values and professional behaviors are entwined throughout all our strategic goals and are now included as specific strategies for each strategic goal.

MLA and AAHSL concur with NIH that promoting diversity in the extramural scientific workforce is critical to the success of the NIH mission. MLA and AAHSL believe that achieving this goal will generate research that ensures better healthcare outcomes among our nation's underserved and under-represented populations. It is critical to develop strategies to make this happen.

Although NIH's goals are noteworthy and well-intended, a [2021 study](#) highlights that inequity in NIH grant funding has not seen significant improvement in recent years. This 2011 study illustrated that grant applications submitted to the National Institutes of Health in the US by African-American or Black Principal Investigators (PIs) were less likely to be funded than applications submitted by white PIs, and efforts to narrow this funding gap have not been successful as reported in a 2019 follow-up study. The authors address inadequacies in the NIH's approaches and recommend how the NIH can address racial disparities in grant funding and call on scientists to advocate for equity in federal grant funding.

*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 organizations, professional societies, or other federal agencies.*

The health sciences library community has undertaken several Diversity Equity and Inclusion (DEI) initiatives in the last few years and worked to incorporate the core values of diversity, equity, and inclusion into all of its strategic goals and programs.

The [NLM/AAHSL Leadership Fellows Program](#) recognizes and values the importance of diversity and inclusion in enriching and supporting the mission of academic health sciences libraries, and actively seeks applications from individuals with varying identities and backgrounds. The Program prepares emerging leaders for the position of library director in academic health sciences libraries. Fellows develop their knowledge and skills in a variety of learning settings, including exposure to leadership in another environment. They are paired with mentors who are academic health sciences library directors. The program takes advantage of flexible scheduling and an online learning community to minimize disruption to professional and personal schedules. The sponsors, NLM and AAHSL, will provide financial support for a small cohort of fellows and will underwrite travel and meeting expenses. In its commitment to diversity and inclusion, the program actively seeks applicants from racially and ethnically diverse backgrounds. In 2019, the AAHSL Diversity, Equity and Inclusion Committee and the Leadership Fellows Committee reviewed the application, the application process and marketing to eliminate bias and to develop strategies to attract underrepresented librarians into the cohort.

The MLA Diversity, Equity, and Inclusion (DEI) Committee is the coordinating and advisory body that evaluates and seeks to improve MLA practices and

programs as they relate to diversity, equity and inclusion. The committee promotes and encourages a diverse MLA leadership at all levels; is a voice for DEI within MLA; advises and collaborates with MLA communities and committees on DEI-related issues; encourages, recommends and contributes to DEI-related programs, events and resources for MLA members and the public; and recommends strategies to increase diversity in the profession.

The AAHSL Diversity, Equity, and Inclusion (DEI) Committee is the coordinating and advisory body that evaluates and seeks to improve AAHSL practices and programs as they relate to diversity, equity, inclusion, and belonging. The committee advises and collaborates with AAHSL communities and committees on DEI related issues and coordinates programming with the MLA and the NNLM. The committee developed and promotes the Association's Code of Conduct; develops Land Acknowledgments and activities recognizing our indigenous peoples; and coordinates professional development on matters of diversity, equity, inclusion, and belonging.

[The Medical Library Association's Research Training Institute](#) (RTI) is an online continuing education program for health sciences librarians that provides advanced research methods training and an intensive level of support for health sciences librarians to design, conduct and successfully disseminate a research project. The RTI program supports DEI goals in health librarianship in several ways. The online delivery format with reduced fees opens the project to library staff with limited means. We seek to maximize the diversity of participating library and library professionals by recruiting librarians via MLA caucuses (groups of members who coalesce around major themes of long-term concern to the membership) and regional MLA chapters, the National Network Libraries of Medicine (NNLM) network members, and affiliated organizations that foster and support librarian diversity, equity, and inclusivity. We offer two scholarships per year to applicants that propose research projects that explore diversity, equity, or inclusion in health library services. RTI Online employs universal design strategies and techniques (UDL) to inform the design of our online curriculum to accommodate widely varying learner needs of all types, including librarians with disabilities.

The [MLA InSight Initiative](#) to advance collaboration within the health sciences information community is a thought-leadership initiative uniquely designed to address our common problem of disintermediation by engaging health sciences librarians and information providers in high-level, high-value dialogue on issues that matter to both our communities. It aims to reinforce, expand, and communicate the value that we contribute in the chain of moving information from the author to the reader. Since 2018, five summits have brought together librarians and information providers where topics including engaging users in a disruptive era, meeting the evolving information needs of library users, and user behavior: a collaborative working summit. Participants in the 2021 summit will engage in the transformative opportunity of *Moving toward Equitable Health Sciences Knowledge Sharing* through the lenses of Dissemination, Diversity, and Disinformation.

MLA's Professional Recruitment and Retention Committee works to attract and retain individuals from diverse populations into the health sciences librarianship field. It determines ways to offer mentoring, outreach, and training opportunities to organizations and to individuals already in the field, transitioning to new roles or seeking information about the field. The committee collaborates with local chapters, especially those serving minority students to promote health sciences librarianship as a viable career option; to promote health sciences librarianship to library and information school educators to encourage the inclusion of health sciences courses and curriculums; and to collaborate with MLA caucuses, including the African American Medical Library Alliance and Latinx Caucuses, and other MLA groups to recruit and retain professionals.

The associations are working to address bias in publishing related to whiteness. MLA and AAHSL recommend expanding editorial boards to include diverse peer-reviewers, editors, and other decision makers in editorial and review processes. The Editorial Board of the *Journal of the Medical Library Association* (JMLA) is actively working to create more equitable opportunities for authors, peer reviewers, and editorial team members and to publish more articles that address social injustices and speak to diversity, equity, and inclusion (DEI) among our health sciences librarian workforce and user communities. Led by a diverse workgroup comprised of editors, editorial board

members, and representatives of MLA affinity caucuses, JMLA has taken steps toward reducing the power imbalance between editors and authors, ensuring that peer reviewers are well equipped to comment on DEI-related manuscripts, increasing the inclusivity and diversity of the editorial team, and educating members of the editorial team about how systemic inequities impact scholarly publishing and editorial decision-making.

The MLA Scholarship for Underrepresented Students provides up to \$5,000 to a student who shows excellence in scholarship and potential for accomplishment in health sciences librarianship. The scholarship is announced at the annual conference of the association, where the recipient will also receive a one-year MLA student membership and free inclusive student registration at the association's annual conference.

[The 2021 Ithaka Library Director Survey on Equity, Diversity, Inclusion, Antiracism Reveals Disconnects](#) between values and actionable strategies.

The survey was disseminated to all deans and directors in four-year academic institutions across the United States. Some 83 percent of the respondents self-identified as white, pointing up the lack of diversity among library leadership (directors of color, and Black directors specifically, are more likely to be found at doctoral universities).

We know equity, diversity, and inclusion have long been values held by academic libraries and NIH. However, beyond the low numbers of library leaders of color—consistent with the lack of diversity in librarianship as a whole—the survey indicates that *actionable EDI strategies, have yet to catch up with the national conversation.*

MLA & AAHSL recommend that the NIH adopt a format similar to the [toolkits](#) developed by the Coalition of Diversity and Inclusion in Scholarly Communication to develop training materials that could help transform our workplaces and organizational cultures.

*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.*

NIH's commitment to diversity, equity, and inclusion is recognized and documented throughout the NIH websites. However, information addressing the outcomes of specific goals and strategies that are outlined in the strategic plan (e.g., model practices and evidence-based outcomes) are not readily available and discoverable. Until NIH's extramural funding policies mandate that research applicants provide evidence of meaningful integration of practices that promote DEI, researchers and institutions will continue to pay lip service to these values.

MLA and AAHSL maintain that efforts to increase diversity in research and the peer review process must begin as early as the second to fifth grades. It is during these ages that our future researchers and clinicians are most vulnerable to systemic racism. STEM programs must be funded in all schools and students must have incentives to enter and remain in these programs. Partnerships between vulnerable, resource poor K-12 institutions and institutions of higher learning should be prioritized, and funding provided to student scholars who complete longitudinal STEM programs.

Health sciences librarians are key to training health sciences professionals to access and using information for evidence-based decision making, providing researchers in clinical and basic sciences with information and skills to advance discovery, and improving the capability of the public to access and understand health information. Though health sciences librarians play these essential roles, only limited opportunities exist as pipelines for bringing BIPOC into the profession. The NIH, through the National Library of Medicine, provides several key initiatives that could expand and tailor to create a diverse workforce, including the NLM/AAHSL Leadership Fellows program and the NLM Associate Fellows program, both of which are critically important to the growth of health sciences librarianship. NIH and NLM, working with MLA and AAHSL, could form relationships with HBCUs, HSIs, and TCUs to develop pipeline programs, scholarship and fellowship programs, and other opportunities.

Moving ahead in their career path can be difficult for under-represented researchers. While many enter the pipeline, there are barriers to advancement. NIH efforts need to focus on creating an inclusive environment that encourages people to stay. MLA and AAHSL offer the following recommendations for how NIH can help us nurture such an environment.

- Mentoring programs need to be developed that provide structure and require accountability. This can be done by instituting accountability structures and providing education on how to be an effective mentor/mentee. We suggest partnering with the International Mentoring Association <https://mentoringassociation.org/>, and Executive Leadership in Academic Medicine (ELAM) <https://drexel.edu/medicine/academics/womens-health-and-leadership/elam/>
- Often programs are geared to PhDs, leaving Masters' qualified people behind creating prestige bias. While several programs exist to promote diversity in leadership, many of these programs require the candidates to be nominated by their institutions, senior leadership, etc. This process is inherently biased given the lack of meaningful diversity in academic medicine's senior leadership. Interested individuals should be encouraged to self-nominate and these nominations should not be penalized should they lack letters of support from potentially biased supervisors, institutions, etc. A potential model is the [AAHSL Leadership Fellows program](#).
- MLA and AAHSL recommend that NIH develop a longitudinal program that demystifies research culture and trains research skills. The program should begin early in a student's academic career, as early as junior high and high school. These programs must be marketed to underserved communities. Funding and infrastructure support (e.g., tools, resources, computers, wi-fi access, and labs) must be provided to ensure that students from resource poor areas have access to the education, training, and mentoring that will lead to success. This could

be achieved through cross community collaboration as well as federal, state, and local funding to the schools.

- The National Library of Medicine [Associate Fellows program](#) for librarians is a one-year postgraduate training fellowship at the NLM in Bethesda, Maryland, with an optional second year program component. The program is designed to provide a broad foundation in health sciences information services, and to prepare librarians for future leadership roles in health sciences libraries and in health services research.

Currently, institutions interested in hosting Fellows during the second year must be able to offer a competitive salary. This is an insurmountable barrier for most institutions. MLA and AAHSL recommend that funding be provided to NLM to support the one-year post NLM period salary rather than continue to push this fee to the host institution.

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

MLA and AAHSL recommend that NIH implement strategies to begin the process of overcoming and eliminating barriers that are addressed in the following resources:

- How to Take the Bias Out of Interviews: <https://hbr.org/2016/04/how-to-take-the-bias-out-of-interviews>
- 8 Interview Questions about Diversity and Inclusion that Every Job Seeker Should be able to Answer: <https://www.themuse.com/advice/diversity-inclusion-interview-questions-answers-examples>

- Unconscious Bias in Faculty and Leadership Recruitment: A Literature Review: <https://www.aamc.org/data-reports/analysis-brief/report/unconscious-bias-faculty-and-leadership-recruitment-literature-review>
- Proceedings of the Diversity and Inclusion Forum: Unconscious Bias in Academic Medicine: [https://store.aamc.org/downloadable/download/sample/sample\\_id/168/](https://store.aamc.org/downloadable/download/sample/sample_id/168/)
- Unconscious Bias & Faculty Recruitment and Retention: <https://med.nyu.edu/our-community/why-nyu-grossman-school-medicine/diversity-inclusion/sites/default/files/unconscious-bias-training-presentation.pdf>
- Break down barriers for career start, not just the PD but the equipment that people need for career start such as providing laptops and wifi to early career professionals
- University departments need to be held accountable for implementing strategies that reduce bias and enhance retention
- Diverse Slates and Building Accountability in Recruitment and Hiring: [https://www.diversitybestpractices.com/sites/diversitybestpractices.com/files/attachments/2020/08/diverse\\_slates\\_building\\_accountability\\_in\\_recruitment\\_and\\_hiring.pdf](https://www.diversitybestpractices.com/sites/diversitybestpractices.com/files/attachments/2020/08/diverse_slates_building_accountability_in_recruitment_and_hiring.pdf)
- Given the whiteness of research, especially as it appears across traditional high impact journals, NIH should encourage publication in Open Access journals. NIH should coordinate efforts of the academy to reduce the tenure process' reliance on publication in high impact journals and recognize those institutions that discontinue the use of bibliometrics in the tenure review process.
- Women and Minorities are disproportionately asked/assigned to 'housekeeping' assignments and are asked to check the box of diversity representation in faculty governance, recruitment committees, etc. Renumeration for these assignments is rarely provided. MLA and AAHSL recommend that NIH develop guidelines, including a salary structure, for participation in non-research, teaching, and clinical endeavors.

- MLA and AAHSL recommend that grants panel reviewers receive substantive training to eliminate bias, including alternatives to research impact analysis. Guidance needs to be developed for leadership and PIs to follow to support best practices for eliminating bias in the review of grant applications.
- MLA and AAHSL recognize the value of requiring leadership, PI's, research groups, and others to participate in implicit bias training. However, compliance needs to move beyond asking participants to check a box that they have completed the training. It's important that value added behaviors occur post training; lip service does not cut it.
- As early as 2008, NIH recognized that reliance on bibliometrics is flawed. Yet impact metrics, such as the journal impact factor and the h-index, continue to proliferate even though their legitimacy as a means of professional research assessment is questioned. MLA and AAHSL recommend that NIH promote more valid modes of assigning value. Current grant evaluation metrics that lead evaluators to focus on scholarly communication metrics which are inherently flawed and biased, such as publication venue, number of citations, journal impact factor, and h-index, may bias funding decisions to a non-diverse group of individuals. Training evaluators on alternate ways to look at scholarly communication is essential, particularly to reflect the importance of open science and open scholarly communication.

*Steps 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*

- MLA and AAHSL strongly encourage NIH to implement the following practices related to recruitment and retention to decrease barriers for recruits:
  - Share interview questions in advance to allow for thoughtful preparation.

- Reduce financial burdens on candidates through prepay of travel expenses such as flights. Eliminate reliance on reimbursement culture.
- Include fact sheets in interview packets for the candidate such as a face sheet with persons with whom the candidate will meet.
- Add DEI related information to an interview packet, this might include a DEI statement or links to core values and mission statements that highlight DEI themes.
- Professional development for eliminating implicit bias from recruitment, develop retention strategies, creating inclusive work environments
- The time-honored mechanism of allocating funds based on ranking of proposals by scientific peer review is no longer effective, because review panels cannot accurately stratify proposals to identify the most meritorious ones. Bias has a major influence on funding decisions, and the impact of reviewer bias is magnified by low funding paylines. Despite more than a decade of funding crisis, there has been no fundamental reform in the mechanism for funding research.

*Research Areas – Significant research gaps or barriers to expanding and advancing the science of health disparities/health inequities research and proposed approaches to address them, particularly those beyond additional funding (although comments could include discussion of distribution or focus of resources)*

MLA and AAHSL recommend that NIH implement

- health literacy programs funded through NLM to help reduce health disparities
- separate grants panels to work on health disparities because they are generally scored lower and do not receive funding
- bias training programs for reviewers

- funding for reducing health disparities that does not depend on potential for high profit return rather focuses on long term benefits and reducing costs in the future