

August 24, 2015

National Institute on Minority Health and Health Disparities (NIMHD)  
6707 Democracy Boulevard, Suite 800  
Bethesda, Maryland 20892

**Re: Request for Information: Interdisciplinary Training in Health Disparities Science  
(NOT-MD-15-014)**

The Association of American Medical Colleges (AAMC) thanks the NIH and NIMHD for the opportunity to comment on the development of predoctoral and postdoctoral interdisciplinary training and mentoring programs in health disparities science. The AAMC is a not-for-profit association representing all 144 accredited U.S. medical schools, 400 major teaching hospitals and health systems, including 51 Department of Veterans Affairs medical centers, and 90 academic and scientific societies. Through these institutions and organizations, the AAMC represents 148,000 faculty members, 83,000 medical students, 115,000 resident physicians, and thousands of graduate students and post-doctoral trainees.

Health and health care inequities derive from causes existing across various levels and systems: genetics, biology, individual behavior, the built environment, and social and economic factors all contribute to health gaps endemic in the United States. It follows that solutions to health disparities will derive from multi-system interventions that comprehensively address the varied drivers of inequity and the interactions between them.

Training researchers in collaborative health disparities science is vital to develop these interventions that will move our nation further along the path toward health and health care equity. Moving along this path requires not only experts focused on health disparities science, but the commitment of all research training program directors, regardless of discipline, to encourage research mentors and their trainees to apply a health equity lens to their research. We are pleased to offer these comments.

**Cross-disciplinary Health Equity Science**

Increasingly, scientists train to work in teams and in collaborations on cross-disciplinary research. Often this training is *interdisciplinary* in nature with researchers working jointly to address a research question, each scientist drawing from his or her own discipline-specific skill

set and perspective<sup>1</sup>; however, AAMC encourages NIH and NIMHD to consider *transdisciplinary* approaches to health disparities science training whereby trainees develop a shared conceptual framework beyond discipline-specific theories and methods to create new models of learning that can position learners to address health inequity in new, highly integrated ways. The complex relationships between causes and correlates of disparity and the imperative of defining a priori target populations, appropriate counterfactuals, and reasonable comparators call for innovative and forward looking approaches to training.

To achieve this common conceptual framework, AAMC suggests NIMHD work with training directors to determine fundamental research skills and concepts all disciplines should develop. Areas for exploration include study design, biostatistics, epidemiology, and principles of bidirectional community engagement. Common skills and language will facilitate transdisciplinary collaboration and teams' ability to develop shared outcomes, measures, and frameworks crucial for effective health equity research.

### **Building a diverse workforce**

If transdisciplinary research aims to leverage diversity in scientific approach toward a common research objective, workforce diversity aims to leverage the broad array of personal and interpersonal experience that individuals from diverse sociodemographic and socioeconomic backgrounds bring to bear on developing research questions and productive research partnerships. Health equity research in particular, given its focus on improving the health and well-being of disadvantaged communities, benefits from a diverse biomedical research workforce able to address inequity from a variety of perspectives.

Early career researchers, especially individuals underrepresented in the biomedical workforce, often lack mentorship networks to advise on career development, grant submissions, and other professional development skill development. The AAMC commends the NIH for new initiatives such as the National Research Mentoring Network (NRMN), Building Infrastructure Leading to Diversity (BUILD), and Coordinating and Evaluation Center (CEC) aimed at encouraging individuals from diverse backgrounds to enter careers in biomedical research. Any new mentoring efforts related to health equity science should consider coordinating with the NRMN.

### **NIH Pipeline Programs**

Pipeline programs play an integral role in increasing the number of racial and ethnic minorities in biomedical research and health sciences. AAMC applauds the NIH Office of Intramural Training and Education for creating programs that provide valuable resources and expand biomedical research opportunities for students of all ages. We encourage NIH to provide more initial guidance to students about how to navigate through such programs in order to maximize the positive impact on their biomedical research careers.

### **Training Programs**

We commend NIH for creating training programs to increase the number of underrepresented minorities pursuing careers in the biomedical sciences. Research programs such as the

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<sup>1</sup> Stokols D, Hall KL, Taylor, BK & Moser RP, (2008) "The Science of Team Science, Overview of the Field and Introduction to the Supplement". *Am J Prev Med*, 35 (2S).

Postbaccalaureate Research Education Program (PREP) (R25) and Initiative for Maximizing Student development (IMSD) program have a track record of success of producing research doctorates, but many of the programs are limited to STEM (science, technology, engineering, and mathematics) and behavioral sciences. We encourage NIH to expand the eligibility of such programs to include social sciences and other interdisciplinary areas of inquiry in order to produce scholars from diverse backgrounds prepared to address health and health care inequities.

We would be pleased to further discuss these comments and answer any questions. Please contact me or my colleagues Philip M. Alberti, Ph.D. ([palberti@aamc.org](mailto:palberti@aamc.org)) or Jodi Yellin, Ph.D. ([jyellin@aamc.org](mailto:jyellin@aamc.org)) with any questions about these comments.

Sincerely,



Ann C. Bonham, Ph.D.  
AAMC Chief Scientific Officer