



**Association of  
American Medical Colleges**  
655 K Street, N.W., Suite 100, Washington, D.C. 20001-2399  
T 202 828 0400 F 202 828 1125  
www.aamc.org

April 1, 2022

National Institutes of Health  
9000 Rockville Pike  
Bethesda, Maryland 20892

**RE: Request for Information (RFI): Inviting Comments and Suggestions on a Framework for the NIH-Wide Strategic Plan for Diversity, Equity, Inclusion, and Accessibility (NOT-OD-22-061)**

*Submitted electronically at <https://rfi.grants.nih.gov/?s=61e9a09a971100006d005012>*

The Association of American Medical Colleges (AAMC) appreciates the opportunity to provide feedback to the National Institutes of Health (NIH) on the framework for the NIH-Wide Strategic Plan for Diversity, Equity, Inclusion, and Accessibility (DEIA). The NIH's vision of strengthening DEIA intramurally and extramurally is well-aligned with the AAMC's mission<sup>1</sup>. Specifically, the AAMC's strategic plan seeks to create more inclusive, equitable environments in the research community, medical schools, and teaching hospitals; attract and advance a diverse workforce; foster inclusive and innovative research and discovery; and improve the health of all people.

The AAMC (Association of American Medical Colleges) is a nonprofit association dedicated to improving the health of people everywhere through medical education, health care, medical research, and community collaborations. Its members comprise all 155 accredited U.S. and 16 accredited Canadian medical schools; approximately 400 teaching hospitals and health systems, including Department of Veterans Affairs medical centers; and more than 70 academic societies. Through these institutions and organizations, the AAMC leads and serves America's medical schools and teaching hospitals and the millions of individuals employed across academic medicine, including more than 191,000 full-time faculty members, 95,000 medical students, 149,000 resident physicians, and 60,000 graduate students and postdoctoral researchers in the biomedical sciences. In 2022, the Association of Academic Health Centers and the Association of Academic Health Centers International merged into the AAMC, broadening the AAMC's U.S. membership and expanding its reach to international academic health centers.

The AAMC recognizes and commends the NIH for launching this strategic plan in alignment with complementary initiatives, including the UNITE initiative to address structural racism and the Chief Officer for Scientific Workforce Diversity (COSWD) Strategic Plan (SP) to bolster inclusive excellence in the biomedical workforce – both efforts to which the AAMC has responded<sup>2,3</sup>. These NIH-wide initiatives occur amidst the national backdrop of overdue social change spurred by persistent racial and

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<sup>1</sup> [AAMC Strategic Plan](#)

<sup>2</sup> [AAMC Submits Comments to NIH on UNITE Initiative](#)

<sup>3</sup> [AAMC Comments on Chief Officer for Scientific Workforce Diversity Strategic Plan](#)

social inequities and injustices, and the AAMC commends the NIH for advancing equity, diversity, and inclusion during this critical time.

The framework for the NIH-Wide Strategic Plan for DEIA, below, articulates NIH's priorities in three key areas (Objectives).

*Objective 1: Implement Organizational Practices to Center and Prioritize DEIA in the Workforce*

*Objective 2: Grow and Sustain DEIA through Structural and Cultural Change*

*Objective 3: Advance DEIA Through Research*

The AAMC has garnered perspectives from the academic medicine community<sup>4</sup> to give feedback to the NIH as you undertake this extensive mission.

### **Objective 1: Implement Organizational Practices to Center and Prioritize DEIA in the Workforce**

We applaud the NIH for recognizing that a diverse, inclusive, equitable and accessible workforce is the cornerstone of a strong biomedical enterprise. As stated in the AAMC's response to the [UNITE initiative](#), the dearth of tenure track faculty from underrepresented groups is a multidimensional and complex issue – one that arises from the nexus of a history of permitted overt discrimination, implicit bias, microaggressions, and unique (and often unmet) cultural needs. As such, efforts to bolster diversity of the biomedical workforce must likewise address inclusion, community, and equity – without which even the most well-strategized and funded initiatives are at risk. Below we describe two models – the cohort model and cluster hiring method – that we believe will be effective in helping the intramural and extramural research community achieve greater DEIA.

#### *Cohort Model*

As previously referenced<sup>2</sup>, building and utilizing a 'cohort' model to connect underrepresented trainees and faculty funded by the same mechanism (e.g., F31) can promote a sense of community and mitigate the isolation experienced by scarce racial and/or ethnic representation at home institutions. The NIH Distinguished Scholars Program is one example of a cohort-building program that could be used as a model to scale up across the country. The AAMC commends the NIH for the newly established MOSAIC program, which is testing the added value of building a multi-institutional cohort to the successful transition to and retention in research faculty positions. The AAMC is excited to be one of NIH's inaugural MOSAIC Cooperative Agreement (UE5) partners, to engage the MOSAIC scholars in a curriculum that includes skills-building, mentorship, and other leadership and professional development activities. Other successful programs that integrate this national community-based 'cohort' model are the Gilliam Fellowships for Advanced Study and the Hanna H. Gray Fellow Programs sponsored by the Howard Hughes Medical Institute and the Meyerhoff Scholars Program at the University of Maryland, Baltimore County, targeted to promote diversity in the trainee and early career scientific workforce.

#### *Cluster Hiring*

Cluster hiring is a relatively new approach in which multiple faculty members engaged in related scholarship are recruited concurrently. Cluster hiring can promote interdisciplinary research and can also

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<sup>4</sup> Including the following AAMC professional development groups: the Group on Research Advancement and Development (GRAND); the Group on Research, Education and Training (GREAT); the Group on Women in Medicine and Science (GWIMS); the Group on Faculty Affairs (GFA); and the Group on Diversity and Inclusion (GDI)

have a transformative effect on community building. Preliminary research shows that cluster hiring can lead to a more diverse, inclusive research environment.<sup>5,6</sup> The AAMC commends the NIH for investing in the Faculty Institutional Recruitment for Sustainable Transformation (FIRST) cohort model to transform culture at NIH-funded extramural institutions. By supporting institutional efforts to hire diverse, early-career faculty cohorts and sustain cultures that benefit from the full range of scientific talent in the United States, the AAMC believes that FIRST, which was recently awarded in FY 2021 to seven institutions, is a mechanism that will foster DEIA in the workforce. As FIRST progresses, we urge the NIH to partner with smaller and/or less resourced institutions as they may be less able to hire as many positions concurrently.

## **Objective 2: Grow and Sustain DEIA through Structural and Cultural Change**

### *Stewardship*

Stewardship of any DEIA enterprise necessitates a realistic and comprehensive understanding of the obstacles to DEIA. In the following segments we make plain three key factors that often emerge as barriers to diversity, equity, and inclusion.

As mentioned extensively in the AAMC's response to the UNITE initiative, "an emphasis on mentoring is not required uniformly across all funding mechanisms – introducing variability and leaving blind spots in the continuum of mentoring." To modify this, we propose increasing mentoring initiatives and codifying mentoring and sponsorship requirements in R level grants. Funding more K awards and adding childcare funds to existing grant mechanisms beyond the T award are strategies that can retain and promote scientists (especially from underrepresented groups) along the pathway to the professoriate. Lastly, the composition of study sections is largely homogenous and lacking in representation<sup>7</sup>.

### *Partnerships and Engagements*

For good reason, a considerable amount of attention and resources are given to graduate student, postdoctoral and professor level training programs. A focus on the continuum of science education, starting from K-12 settings, is an important component to building a pathway for underrepresented students to enter scientific areas of study in college and graduate school. As the AAMC has previously recommended<sup>2</sup>, we urge the NIH to collaborate to fund programs with other federal science agencies such as the National Science Foundation and Department of Energy.

The [AAMC Principles of Trustworthiness](#) heralds the community not simply as passive bystanders, but rather, as informed and engaged experts. As such, we urge the NIH to catalyze the wisdom and lived experiences of those who have experienced barriers to inclusivity, equity, belonging, and accessibility. Listening to voices, both from established organizations and individual perspectives, is key.

The AAMC response to the [COSWD RFI](#) emphasizes that partnerships within the biomedical community must thoughtfully integrate the international population, which provide an immeasurable contribution to our scientific enterprise.

As previously referenced<sup>2</sup>, the NIH should consider cross institutional collaborations with Historically Black Colleges and Universities (HBCUs), Hispanic-Serving Institutions (HSIs), Tribal Colleges and Universities (TCUs), racial equity organizations, and professional societies as essential partners to reach

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<sup>5</sup> [We're Not All White Men: Using a Cohort/Cluster Approach to Diversify STEM Faculty Hiring](#)

<sup>6</sup> [ASBMB today. The evolution of cluster hiring.](#)

<sup>7</sup> On March 23, 2022, the AAMC to the NIH Center for Scientific Review on ways to improve representation in study sections. Among them is the strategy of redefining the definition of "impact" so that particular areas of study are not penalized.

its goals of increasing diversity in the biomedical research workforce. Existing programs such as Bridges to the Doctorate Program, Innovative Programs to Enhance Research Training (IPERT), and Institutional Research and Academic Career Development Awards (IRACDA), are viewed by the research community as extremely effective at the graduate and postdoctoral level.

### *Accountability and Confidence*

We support the inclusion of accountability and confidence in the DEIA framework, as both are required to achieve objective 2 and beyond. However, recognition of inequities does not necessarily equate with progress towards equity. By implementing measures of accountability, the NIH can effectively narrow the schism between written strategies and the actual reforms. Confidence is beholden to and cannot extend beyond an institution's culture. To bolster confidence, we urge the NIH to invest in meaningful conversations and mechanisms (e.g., the NSF ADVANCE program)<sup>8</sup> to measure "culture". A focus on culture can allow the NIH to prevent the over-fixation on measurable outcomes (e.g., number of women faculty) without true transformation of culture (e.g., end to sexual harassment, prevalence of "manels", etc.).

### **Objective 3: Advance DEIA through Research**

#### *Workforce Research*

As previously noted<sup>3</sup>, while collecting additional workforce data is essential, readily available data is plentiful and can be used to inform current efforts. For example, a massive amount of evidence demonstrates that the COVID-19 pandemic has disrupted the careers of women in STEM fields<sup>9</sup>, the effect of which has been especially acute for academic mothers. We therefore urge the NIH to think about how workforce research, in the context of the NIH DEIA SP, will be conducted and evaluated in the context of a national pandemic<sup>10</sup>. The NIH must have mechanisms<sup>11,12,13,14</sup> in place to help individuals from groups that are disproportionately impacted by the pandemic<sup>15</sup>.

#### *Health Research*

The economic, racial, and social roots of health inequities are multiple and interconnected. This demands a shift in our science to a paradigm that (a) centers community wisdom, recognizing the lived experience of people who for decades and centuries have navigated health injustice, and (b) incentivizes team science with partners whose expertise spans entire sectors. Medical care and public health are necessary, but insufficient partners if we are to identify and spread local solutions on a national scale. The process of this

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<sup>8</sup> [NSF ADVANCE program](#)

<sup>9</sup> Minello A (2020). The pandemic and the female academic. *Nature*. <https://doi.org/10.1038/d41586-020-01135-9>

<sup>10</sup> Bernard M, Lauer M (2021). The Impact of COVID-19 on the Extramural Scientific Workforce—Outcomes from an NIH led survey. National Institutes of Health Extramural Nexus. Available at: <https://nexus.od.nih.gov/all/2021/03/25/the-impact-of-the-covid-19-pandemic-on-the-extramural-scientific-workforce-outcomes-from-an-nih-led-survey/>

<sup>11</sup> [ACS. 2021. Turning the Tide for Academic Women in STEM: A Post pandemic Vision for Supporting Female Scientists](#)

<sup>12</sup> [AAMC. Workforce: Women of Color Initiative](#)

<sup>13</sup> Tilghman S, Bruce A, Colón-Ramos D, Dzirasa K, Kimble J, Varmus H (2021). Concrete Steps to Diversify the Scientific Workforce. *Science* 372,133–135.

<sup>14</sup> National Academies of Sciences, Engineering, and Medicine (2020). Promising Practices for Addressing the Underrepresentation of Women in Science, Engineering, and Medicine: Opening Doors. Washington, DC: The National Academies Press. Available at: <https://doi.org/10.17226/25585>.

<sup>15</sup> [NYT. 2021. Could the Pandemic Prompt an 'Epidemic of Loss' of Women in the Sciences?](#)

science is as important as the product of the research itself, so we urge NIH to ensure communities can partner on the development, implementation, and dissemination of health equity research. This includes the facilitation of “fiscal readiness” so that organizations can pay community partners in a timely manner, as well as codifying expectations about authentic, bidirectional community engagement and scientific co-creation. Funding for community-based, population health equity research must be increased so that it is commensurate with the scale and intransigence of health injustice. Finally, NIH and the organizations it funds must work to demonstrate they are worthy of their nation’s and their community’s trust as without it, discovery will be limited and advances unsustainable. We therefore urge NIH to explore the AAMC Center for Health Justice’s [Principles of Trustworthiness, as referenced earlier in this letter](#), and to encourage funded investigators to delve into the tenets and actions described in the Toolkit with their teams and their community partners in an iterative and ongoing way.

In summary, the AAMC appreciates the opportunity to submit these comments that the NIH have expressed as priorities. If you have any questions regarding this response, please contact me at [rmckinney@aamc.org](mailto:rmckinney@aamc.org) or Julia Omotade, PhD, Senior Specialist, Science Policy, at [jomotade@aamc.org](mailto:jomotade@aamc.org). For questions on the AAMC’s Center for Health Justice, please contact Philip Alberti, PhD, [palberti@aamc.org](mailto:palberti@aamc.org)

Sincerely,

A handwritten signature in blue ink that reads "Ross McKinney, Jr., MD". The signature is stylized and cursive.

Ross McKinney, Jr., MD  
Chief Scientific Officer