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The NIDA Racial Equity Initiative
National Institute on Drug Abuse (NIDA)
Submitted electronically to REIFeedback@nida.nih.gov

**Request for Information (RFI): Inviting Input on NIDA’s Racial Equity Initiative Action Plan;
Notice Number: NOT-DA-22-052**

The AAMC (Association of American Medical Colleges) and the AAMC Center for Health Justice (“the Center”) appreciate the opportunity to comment on the National Institute on Drug Abuse’s (NIDA) plan to organize and reframe the Institute’s approach to structural racism, including a re-evaluation of the systems and processes that perpetuate exclusion and inequity within NIDA’s workplace, workforce, and research portfolio. The impact of institutional racism, including the perpetuation of disparities and inequalities in health care, has immediate social and ethical implications. The AAMC has expressed strong support for the NIH’s broader commitment to strengthening diversity, equity, inclusion, and accountability in our comments on the *NIH-Wide Strategic Plan for Diversity, Equity, Inclusion, and Accessibility*;¹ the *UNITE Initiative*;² and the *Chief Officer for Scientific Workforce Diversity Strategic Plan*.³ We have also supported the Federal governments equity agenda, including implementation of *Agency Equity Action Plans* in furtherance of Executive Order (EO) 13985, *Advancing Racial Equity and Support for Underserved Communities Through Federal Government*.⁴

The AAMC 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. Learn more at aamc.org.

The AAMC Center for Health Justice was founded in 2021 with the primary goal for all communities to have an equitable opportunity to thrive — a goal that reaches well beyond medical care. Achieving health justice means addressing the common roots of injustice through implementation of policies and practices that are explicitly oriented toward equity. The AAMC Center for Health Justice partners with public

¹AAMC Comment Letter, *Inviting Comments and Suggestions on a Framework for the NIH-Wide Strategic Plan for Diversity, Equity, Inclusion, and Accessibility* NOT-OD-22-061 (April 1, 2022); <https://www.aamc.org/media/60231/download?attachment>.

²AAMC Comment Letter, *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* NOT-OD-21-066 (April 9, 2021); <https://www.aamc.org/media/52231/download?attachment>.

³AAMC Comment Letter, *Inviting Comments and Suggestions on the Draft NIH Chief Officer for Scientific Workforce Diversity Strategic Plan for FYs 2022-2026* NOT-OD-22-054 (February 10, 2022); <https://www.aamc.org/media/58846/download?attachment>.

⁴AAMC Comment Letter, *Methods and Leading Practices for Advancing Equity and Support for Underserved Communities Through Government*, OMB 2021-0005 (July 2, 2021); <https://www.aamc.org/media/55326/download?attachment>.

health and community-based organizations, government and health care entities, the private sector, community leaders, and community members to build a case for health justice through research, analysis, and expertise. Additional information about the AAMC Center for Health Justice is available at www.aamc.org/healthjustice.

The objectives in the NIDA Racial Equity Initiative Action Plan (“Action Plan”) cover a broad array of issues. The AAMC’s comments address four key aspects of the Plan: community engagement, workplace, workforce activities, and NIDA’s research portfolio.

I. Equitable Community Engagement

The AAMC appreciates NIDA’s explicit recognition that community engagement plays an integral role in the Action Plan, and agrees that “in order to succeed, these efforts must be informed by the experiences and perspectives of those impacted by racial inequity.” Addressing structural racism is an effort that reaches far beyond the biomedical research enterprise to disrupt and dismantle deeply rooted racial, social, and economic inequities in regulations, policies, practices, and societal beliefs. It is also one that requires an understanding of the impact of all determinants of health (e.g., social, behavioral, political, environmental) as well as the structural factors that have been used to systematically subjugate people from racial and ethnic minority groups.

Meaningful, long term community engagement is one critical component of NIDA’s Action Plan. NIDA states that it has undergone an extensive information-gathering process from the convening of working groups, town halls, and scientific meetings to conducting staff surveys on NIDA’s workforce and workplace climate. We commend these efforts and note that *all* of the goals and objectives in the Plan would benefit from continued NIH and external engagement with impacted communities in order to develop and implement sustainable changes within the Institute, across the NIH, and throughout the research community as a whole.

The NIH and NIDA have stated that the target goal is to “dismantle any NIH policies and discontinue any practices in [...] science that perpetuate racism.”⁵ The AAMC believes that in order to meet this goal, there must be a clearly defined avenue for the cultivation and bi-directional transmission of knowledge and evidence-based solutions between the NIH/NIDA and interested individuals and communities. This should also include a recognition that not all communities have the financial resources or access to participate in virtual or in person convenings, highlighting the need for increased funding opportunities to ensure their voices are equitably represented.

We recommend NIDA add an additional section to the Action Plan dedicated *solely* to the development of tools and approaches for ongoing community engagement, a responsibility that should not rest on the shoulders of one office or individual such as the soon-to-be appointed NIDA-wide Diversity and Inclusion Officer. Rather, this should be an Institute-wide effort, taking into account the need for broader coordination with the overall NIH strategic plan, including the UNITE initiative to end structural racism.⁶

⁵ *NIH and NIDA Work to End Structural Racism in Biomedical Science*; <https://nida.nih.gov/about-nida/noras-blog/2021/03/nih-nida-work-to-end-structural-racism-in-biomedical-science> (March 1, 2021); last visited May 16, 2022.

⁶ AAMC’s recommendations on community engagement are also applicable to NIDA’s interest in developing strategies to increase community engaged research and develop solutions that work in community settings to ensure clinical trials include underrepresented groups (*Goal 3, Research Goals and Objective*). In furtherance of this goal, NIDA should consider the Food and Drug Administration’s ongoing efforts to increase diversity in clinical trials. *See*, FDA *Guidance on Patient Focused Drug Development*, <https://www.fda.gov/drugs/development-approval-process-drugs/fda-patient-focused-drug-development-guidance-series-enhancing-incorporation-patients-voice-medical> (last visited May 16, 2022).

Recently, there have been tremendous efforts to advance equity and support for underserved communities across the Federal government (e.g., Exec. Order 13985), including the White House Office of Science and Technology Policy’s commitment to elevate traditional indigenous ecological knowledge in Federal policy and processes.⁷ Additionally, community engagement was identified as a “major theme and takeaway” in the public responses to the OMB’s request for information pertaining to EO 13985:

“[E]ngaging community members, especially those with lived experience, from the very early stages of program discussion and design, and in any decision-making processes; establishing advisory boards, task forces, and commissions that are inclusive of (and compensate) representatives from underserved communities; and including participatory budgeting processes where feasible to ensure communities can indicate collectively how resources should be spent and directed.”⁸

In collaboration with the AAMC Center for Health Justice’s multi-sector and community partners,⁹ the Center developed the *Principles of Trustworthiness* and corresponding toolkit to facilitate collective decision-making and action.¹⁰ Staff from the Center would be glad to discuss how these Principles could be utilized to solicit ongoing community input, including the identification of “community anchors” or “cultural brokers” to forge relationships with communities that would directly benefit from NIDA’s racial equity activities.

II. Workplace

It is evident from the RFI that NIDA has engaged institute staff in the development of the Action Plan. In *Goals 1 and 2*, NIDA indicates that it will “continue regular town hall meetings to increase transparency, trust and communication,” noting that Town Hall meetings will be conducted on a monthly basis and a Town Hall on NIDA’s Racial Equity Initiative (REI) will occur at least *once* per year. These meetings are important forums for discussion and action, helping to create awareness and promote a culture that embraces justice, equity, diversity, and inclusion. **However, we recommend increasing the frequency of the REI meetings, at least in the beginning stages of implementation of the Action Plan, given the need to effectively and efficiently meet NIDA’s stated goals and objectives.**

Goal 2 states that with the assistance of an independent contractor, NIDA will conduct annual surveys to assess the workplace climate (i.e., “assess racial and ethnic justice, equity, diversity, and inclusion concerns in the workplace”). Employee surveys are a helpful mechanism for gathering actionable data, and the publication of survey results. This activity, in addition to the final report on the NIDA intranet, is important for purposes of transparency. **However, a clear objective holding NIDA accountable for the identification and implementation of solutions based on the issues identified in the survey results is critical. The perception of inaction whether actual or perceived, can lead to a decrease in public trust.**

⁷ *White House Commits to Elevating Indigenous Knowledge in Federal Policy Decisions* (Press Release, November 2021).

⁸ *Methods and Leading Practices for Advancing Equity and Support for Underserved Communities through Government, Summary of Stakeholder Responses to the OMB RFI*, <https://www.performance.gov/equity/rfi-summary/> (last visited, May 16, 2022).

⁹ See, AAMC Collaborative for Health Equity: Act, Research, Generate Evidence (CHARGE); CHARGE cultivates the health equity community by advancing collaborative research, policy, and programmatic solutions to health and health care inequities. <https://www.aamchealthjustice.org/get-involved/aamc-charge/>; Also see, AAMC Center for Health Justice Multisector Partner Group, <https://www.aamchealthjustice.org/all-health-equity/>; last visited May 16, 2022.

¹⁰ AAMC Center for Health Justice, <https://www.aamc.org/healthjustice/>; Also see, AAMC Principles of Trustworthiness, <https://www.aamc.org/trustworthiness>, *Principles of Trustworthiness Toolkit*, <https://www.aamc.org/trustworthiness#toolkit>; *AAMC Community Engagement Tool*, <https://www.aamc.org/what-we-do/mission-areas/medical-research/healthequity/community-engagement/toolkits> (last visited May 16, 2022).

For example, NIDA conducted one survey in 2020, briefed staff on the survey results, and a follow-on survey is expected in 2022. According to the objectives in *Goal 2*, it is unclear what specific actions NIDA will take in response to the previous survey results. Thus, following the administration of the 2022 survey, NIDA should clearly communicate how it will use the results to inform change, outlining the concerns presented in the survey(s) and propose solutions with a timeline for when next steps will be taken.

The AAMC and AAMC Center for Health Justice are committed to decreasing all forms of harassment and appreciate that NIDA's goals include bystander trainings and education on reporting instances of racial bias. Specifically, *Goals 3 and 4* are consistent with the U.S. Equal Employment Opportunity Commission's recommendations on harassment in the workplace and need for "bystander intervention training" and "workplace civility training" (see, *Select Task Force on the Study of Harassment in the Workplace Report, June 2016*). This report also includes a check list for employers which recommends compliance training for managers and front line supervisors, partnership with researchers to evaluate the organizations approach, and the allocation of financial resources and prevention efforts.¹¹ For additional reference, NIDA should review the National Academies of Sciences, Engineering, and Medicine's May 2022 report on *Applying Procedural Justice to Sexual Harassment Policies, Processes, and Practices*.¹² While the recommendations are focused on higher education institutions, the inclusion of procedural justice in sexual harassment policies, processes, and practices is directly applicable to NIDA's activities.

The AAMC acknowledges the appropriateness of having many of NIDA's goals related to fostering a harassment-free work environment overlap with the strategies outlined in the NIH Strategic Plan, including those related to sexual harassment and bullying.¹³ For example, the NIH plan highlights the importance of proactive management of a harassment free work environment, including any place where NIH-funded activities occur. **Addressing harassment requires a multipronged,¹⁴ multi-stakeholder approach, and to ensure consistency we encourage continued coordination across the NIH. We also suggest the promotion of opportunities for input from a diverse cohort of NIH-funded grantees, including those in the academic research community.**

Finally, *Goal 5 (Objective 5.2)*, establishes a NIDA-wide Diversity and Inclusion Officer following receipt of guidance from the NIH to ensure consistency across NIH Institutes and Centers. This new position presents another unique opportunity for collaboration with the NIH's new Chief Officer for Scientific Workforce Diversity, Dr. Marie Bernard. The AAMC provided relevant comments on the *Draft Chief Officer for Scientific Workforce Diversity Strategic Plan*, recommending in our letter:¹⁵ the conceptualization and definition of diversity using an evidence-based approach; mechanisms to disseminate evidence and bolster workforce diversity; and strategies for implementation accountability (brief recommendations on how these efforts intersect with NIDA's workforce goals below).

III. Workforce

We applaud the NIH and NIDA for recognizing that a diverse, inclusive, equitable and accessible workforce is the cornerstone of a strong biomedical enterprise. As stated in *Section I (Community Engagement)* and reiterated here, communities should not be passive bystanders, but rather, informed and

¹¹ U.S. Equal Employment Opportunity Commission, *Select Task Force on the Study of Harassment in the Workplace Report of Co-Chairs Chai R. Feldblum & Victoria A. Lipnic Executive Summary & Recommendations* (June 2016).

¹² Umphress, E. and Thomas, J.M. (Eds.). 2022. *Applying Procedural Justice to Sexual Harassment Policies, Processes, and Practices*. Washington, DC: National Academies of Sciences, Engineering, and Medicine; <https://doi.org/10.17226/26563>.

¹³ *NIH-Wide Strategic Plan, Fiscal Years 2021-2025*, <https://www.nih.gov/sites/default/files/about-nih/strategic-plan-fy2021-2025-508.pdf> (Last visited, May 16, 2022).

¹⁴ AAMC *Sexual and Gender Harassment Resources*, <https://www.aamc.org/what-we-do/equity-diversity-inclusion/harassment>.

¹⁵ Supra Note 3.

engaged experts. As such, it is imperative that the NIH catalyze the wisdom and lived experiences of those who have experienced barriers to inclusivity, equity, belonging, and accessibility.

NIDA's Action Plan outlines a roadmap to integrate the concerns, feedback and critique regarding NIDA's work environment and culture and we believe that listening sessions will serve as a fundamental pillar of NIDA's effort to promote racial equity in the workforce. Another crucial aspect of NIDA's success will be the alignment with the NIH's *Chief Officer for Scientific Workforce Diversity Strategic Plan (COSWD)*, which uses evidence-based approaches to promote a culture of inclusive excellence.

As we commented in the AAMC's response to the NIH's request for comments on the COSWD strategic plan, the collection of feedback must integrate the concept of intersectionality.¹⁶

Advancing diversity, equity, inclusion and access in the scientific workforce is a multi-dimensional and complex issue, for which intersectionality plays a key role. Further, we urge NIDA to capitalize on the information gained from the systematic evaluation of community input through the UNITE initiative, especially given the direct applicability to NIDA's biomedical workforce. Listening sessions and the collection of feedback from the community is a fundamental pillar of the NIH UNITE Initiative to end structural racism within the NIH and broader research community.

IV. Research Gaps and Opportunities

The final section of the Action Plan includes a comprehensive strategy to increase support for research projects that will impact disparities (i.e., "where the Institute has greatest potential to reduce inequities in substance abuse and addiction."). This is a commendable goal, and we have several recommendations for consideration:

Equitable Funding

The need for more robust, ethical, and equitable distribution of resources across the NIH/NIDA research community is an issue of paramount concern to the AAMC and the AAMC Center for Health Justice, and we appreciate NIDA's explicit commitment to this area in *Goal 3*, to build research partnerships with state/local agencies and private health systems to develop models to eliminate systemic barriers to addiction care. **As a first step, NIDA should identify the specific barriers preventing certain communities from receiving funding opportunities with direct input from those communities. One action that could be implemented immediately is the establishment of hyper-local, multisector collaborations to ensure the distribution of information across various locales.**¹⁷ In comments to the OMB on advancing equity across the Federal government, the AAMC Center for Health Justice emphasized the need for expansion beyond the current "one-size-fits all approach to procurement, contracting, and financial assistance" which is also applicable to NIDA's interests:

"...to achieve equity ... [i]nstituting evaluation criteria that include geographic and sociodemographic parity will help broaden the applicant pool and achieve an even distribution of resources. Funding opportunities often reach larger organizations located in metropolitan areas or affiliated with renowned institutions/organizations, inhibiting the flow of resources to smaller or

¹⁶ Rooted in Black feminist scholarship, intersectionality is the perspective that various "social categories various "social categories (e.g. race, gender, sexual orientation) are not independent and unidimensional" but rather intersect "at the micro level of individual experience to reflect interlocking systems of privilege and oppression (i.e., racism, sexism, heterosexism, classism) at the macro social structural level." (Crenshaw, 1994; Bowleg, 2012).

¹⁷ See, *Federal Long-Term Recovery and Resilience Plan*, a multi-agency effort to align Government actions and develop long term strategies that support individual and community recovery from COVID-19. This effort runs parallel to a similar initiative – Resilient American Communities, a public/private multi-organizational collaboration committed to reducing the impact of COVID-19 on American communities with a focus on vulnerable communities.

emerging organizations that may not have equal access. Opportunities could be stratified by resources, geography, or other factors to ensure equitable competition.

Determinants of Health

Goals 1 and 2 focus on social determinants of health, an issue the AAMC Center for Health Justice continues to explore, utilizing the expertise of its multi-sector partners. In the last few years, the COVID-19 pandemic, coupled with racial and social justice issues including police brutality and racially motivated violence, has amplified the intersectional impact of factors on the health of individuals and populations. It has also highlighted the need to quickly identify interventions.

We encourage NIDA's interest in understanding of the role of determinants of health in substance use and misuse, including the implementation of evidence-based interventions in disproportionately impacted populations. We also recommend the exploration of additional avenues for inter-agency collaboration as this issue is currently being addressed across the Federal government and research community. For example, the Environmental Protection Agency is exploring the connection between climate change and human health, and has identified a multitude of health effects that directly intersect with NIDA's interests (e.g., the impact of extreme heat on food and water quality and impact in mental health).

Additionally, the NIH National Center for Complementary and Integrative Health (NCCIH) is currently soliciting public comment on defining key factors and determinants that contribute to “whole person health” – “factors that can influence health either positively or negatively, and that encompass the full continuum of biological, behavioral, social, and environmental domains.”¹⁸ The AAMC Center for Health Justice plans to respond to this request, informed by input from a survey of AAMC staff and community stakeholders on determinants that have a major impact on health, including those that are critical but under-acknowledged.¹⁹

Related, *Goal 2 (Objective 2.4)*, recommends health equity research in the justice system, focusing on a link between substance use and HIV treatment. Also relevant to this objective, and an issue of great importance to the health equity and the social justice community, is the increased use of marijuana and the incarceration of individuals over low-level offenses which disproportionately impacts racial and ethnic minorities and their families and communities. A recent article in *Lancet* further highlights this issue— “[j]ail incarceration rates are potential drivers of many causes of death in US counties [and] can be harmful not only to the health of individuals who are incarcerated, but also to public health more broadly.”²⁰ Further, as stated by Dr. Nora Volkow, Director of NIDA, in a *Health Affairs* blog:

“We have known for decades that addiction is a medical condition—a treatable brain disorder—not a character flaw or a form of social deviance. Yet, despite the overwhelming evidence supporting that position, drug addiction continues to be criminalized. The US must take a public health approach to drug addiction now, in the interest of both population well-being and health equity.”²¹

The promotion of marijuana and substance abuse research requires Federal support for the expansion of federally-funded marijuana research. This should include opportunities for researchers to obtain samples from states that have legalized marijuana instead of relying on the

¹⁸ *Identification of a Set of Determinants for Whole Person Health*, Notice Number: NOT-AT-22-019 (April 4, 2022).

¹⁹ See, *Health People 2020*, <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>.

²⁰ Sandhya Kajeepeta et. al., *Association between county jail incarceration and cause-specific county mortality in the USA, 1987–2017: a retrospective, longitudinal study*; *The Lancet Public Health*, (February 23, 2021).

²¹ *Addiction Should Be Treated, Not Penalized*; <https://www.healthaffairs.org/doi/10.1377/forefront.20210421.168499/full/> (April 27, 2022).

extremely limited number of federally-licensed marijuana growers. As acknowledged in a recent NIH Notice of Special Interest on the management of cancer treatment: “[d]espite the increase in cannabis and cannabinoid use, research about their health effects, including potential harms and benefits, remain limited.”²²

Structural racism has implications far beyond health care, imposing limitations on individuals’ full participation in society. We applaud NIDA’s genuine interest in dismantling racism and creating more opportunities for equal representation. While there is much work to be done, it is not unattainable when it is done together. The AAMC and AAMC Center for Health Justice would appreciate the opportunity to work with NIDA on the implementation of the Racial Equity Initiative Action Plan, especially as it relates to the specific ways NIDA could better identify the role community input can play in the advancement of the NIH and NIDA’s goals.

We look forward to working with the Institute as it moves forward in finalizing, implementing, and evaluating its success on the Action Plan. Please do not hesitate to reach out to me or my colleagues Daria Grayer (dgrayer@aamc.org) or Heather Pierce (hpierce@aamc.org). For questions about the AAMC Center for Health Justice, please contact Philip Alberti (palberti@aamc.org).

Sincerely,

A handwritten signature in blue ink, appearing to read "Ross E. McKinney, Jr., MD". The signature is stylized and includes a small circular mark at the end.

Ross E. McKinney, Jr., MD
Chief Scientific Officer

cc: David J. Skorton, AAMC President and Chief Executive Officer

²² Notice of Special Interest (NOSI): *Basic Mechanisms of Cannabis and Cannabinoid Action in Cancer*; Notice Number: NOT-CA-22-085 (May 5, 2022).