Dear Director Collins,

The American Academy of Nursing (Academy) and the Council for the Advancement of Nursing Science (CANS) appreciate the opportunity to offer comments regarding the National Institutes of Health’s (NIH) approaches to advance racial equity, diversity, and inclusion within all facets of the biomedical research workforce, as well as expand research to eliminate or lessen health disparities and inequities. The Academy serves the public by advancing health policy through the generation, synthesis, and dissemination of nursing knowledge. Academy Fellows are inducted into the organization for their extraordinary contributions to improve health locally and globally. With more than 2,900 Fellows, the Academy represents nursing’s most accomplished leaders in policy, research, administration, practice, and academia. As the scientific voice for the Academy, CANS formulates and advances research, scientific training, and career development within the profession. In the effort to promote better health, CANS enhances communication among nurse scientists and the public to develop, disseminate, and utilize nursing research.

The vision of the Academy is healthy lives for all people. To actualize this vision, the Academy’s mission is to improve health and achieve health equity by impacting policy through nursing leadership, innovation, and science. We appreciate the NIH’s efforts to convene this dialogue to generate creative and collaborative solutions to complex challenges in health and health care in order to achieve health equity, eliminate racism, and improve research and expand the research workforce. This can be meaningfully accomplished when we consider what voices may not be present in these critical conversations. To that end, the Academy and CANS found the request for information (RFI) missed a important opportunity to expand the culture within the NIH on these issues. By focusing on the inclusion of internal voices rather than including external voices, the potential for a siloed approach could emerge. We recommend the NIH include extramural scientists on the UNITE committees to provide diverse scientific perspectives.

Amplifying the need to increase the diversity of the research workforce, the NIH developed a robust Strategic Plan (2016-2020) for the Scientific Workforce Diversity Office. The research community writ large would benefit from understanding the agency’s analysis of the strategic plan and whether the goals and objectives were successful in the diversification of the research workforce. We appreciate the agency’s efforts to tackle the difficult issues of diversifying the biomedical workforce and achieve health equity in research. Both the Academy and CANS believe that if the effort is focused exclusively internally, it may not lead to real and sustainable change with NIH. Therefore, we recommend greater transparency of the NIH’s efforts to diversify their intramural program as this will allow for there to be
true change in the diversification of the workforce as well as research equity. Our comments below are specific to the areas where the RFI requested input.

**All Aspects of the Biomedical Workforce**

The Academy has a clear and distinct focus on health equity and uses this lens to advance policies and solutions that protect and enrich safe and healthy communities. The Academy’s position is that to truly improve health, policies must expand access to quality care across the lifespan through novel approaches, aimed at eliminating discrimination and racism and improving health equity. This requires a distinct focus on removing disparities and enhancing health care experiences. A culturally diverse health care workforce is essential to providing quality, culturally sensitive patient care. Having a diverse biomedical workforce is also essential to conducting research that is culturally competent to the vulnerable populations that would benefit from this research. Our current biomedical workforce not only does not represent the diverse population of our country, but it also severely limits research opportunities to achieve health equity.³

The Academy and CANS recommend the NIH focus attention on where they recruit research scientists and who they recruit. This will require the NIH to diversify the hiring process as well as invest funding into this process. The NIH will also need to ensure the search committees for potential recruits are diverse as well. We remain concerned about the ability of diverse scientists to secure research funding as they are less likely to receive awards than their peers.⁴ A diverse biomedical workforce will depend on cultivating and attracting future scientists and we further recommend the NIH support early career programs and partnerships. The NIH must expand funding allocations for key programs with goals to increase diversity in the research workforce such as the Common Fund’s Faculty Institutional Recruitment for Sustainable Transformation (FIRST) program as well as the Programs to Increase Diversity among Individuals Engaged in Health-Related Research (PRIDE). Additionally, the NIH should actively engage and help develop scientists from smaller universities that may have or had an R1 designation, but may not be listed as a highly ranked NIH-funded university. The recruitment and development of promising scientists with diverse backgrounds is a key strategy, regardless of their institutions’ rankings.

**Policies and Partnerships**

While it is important to strengthen mechanisms that already exist, a change in culture will only happen by changing incentives such as withholding funding or mandating directives. We further recommend the NIH develop funding streams and incentives to encourage institutions that have consistently been successful in securing research grants to work with those with lower success such as Historically Black Colleges and Universities (HBCU) or Tribal Colleges and Universities (TCU). This will allow HBCU, TCU, and other diverse academic institutions to build capacity as the diverse biomedical research workforce is developed.

**Research Areas and Further Ideas**

As the NIH looks to improve health equity in biomedical research, the agency must prioritize research opportunities in this area. The Academy and CANS recommends the NIH identify research disparity gaps and prioritize funding for research that looks at the communities where we live, work, and play. Research areas to explore and prioritize include the political consequences of the social of determinants of health and how colonization or slavery affected the lives of Indigenous and black communities. Another research area we recommend the NIH explore includes a focus on rural health and wellness research.
The Academy and CANS thank you for the opportunity to provide comments to the NIH’s RFI to diversify the biomedical research workforce as well as advance health disparities and health equity research. We applaud your continued efforts to see meaningful progress by seeking diverse perspectives. If we can be of any assistance to you or your staff, please do not hesitate to contact the Academy’s Senior Director of Policy, Christine Murphy, at cmurphy@aannet.org or 202-777-1174.

Sincerely,

Eileen Sullivan-Marx, PhD, RN, FAAN
President
American Academy of Nursing

Nancy S. Redeker, PhD, RN, FAHA, FAAN
Chair
Council for the Advancement of Nursing Science