

In April 2021, the National Institutes of Health (NIH) invited commentary from organizations and individuals regarding approaches and strategies to support racial equity, diversity, and inclusion in biomedical research. In response, the ANAC Diversity, Equity and Inclusion (DEI) Committee and the ANAC Research Committee collaborated to develop and submit a version of the following commentary on behalf of the organization.

To advance health equity research and strengthen racial equity, diversity, and inclusion in all aspects of biomedical research, including the biomedical workforce will require new investments, new partnerships, improved policies and a prioritization of research areas that are not currently viewed as essential. Now is the time to expand the types of funded research with a broader emphasis beyond bench research and drug development. Implementation science is critical across all NIH institutes and centers. Translational research is often viewed as how to get new drug to usage/market, however that's not the problem. We have known, effective treatments and prevention approaches, even cures for many chronic diseases. What is needed is more community driven implementation research on approaches and methods for acceptance, access & uptake of proven treatments and strategies. Community-driven research is needed on approaches that scientists and clinicians can apply to earn, cultivate and sustain trust in communities. This includes researcher education about what elements of their behaviors, approaches and interventions facilitate or hinder acceptance, access and uptake. While more work is needed on understanding and quantifying disparities, equal work is needed on research that offers solutions and improves equity rather than repeatedly identifying the disparity.

Currently, qualitative work is not highly valued within NIH institutes' reviews and scoring, but it is critical to achieving solutions that improve and achieve health equity

The NIH is encouraged to go beyond discovery with a deeper focus and commitment to fund studies that investigate and determine best practice implementations & solutions. Institutes should intentionally work to expand new or existing extramural partnerships, or collaborations with other federal entities to enhance implementation science, such as the Centers for Disease Control (CDC), The Substance Abuse and Mental Health Services Administration (SAMHSA) and Health Resources and Services Administration/HIV AIDS Bureau (HRSA/HAB). Intramurally, to further expand health equity research, an increase in funding to National Institute of Nursing Research (NINR) and National Institute of Minority Health and Disparities is recommended. At the same time, nurse-led research crosses all institutes, centers and interest areas and should be considered and funded through all institutes and centers, not just NINR. Additionally, NIH could provide incentives for interdisciplinary and collaborative research. Furthermore, the impact of social determinants of health perspectives should be considered in all areas of research. This would include research about the impact of social conditions as distinct from behaviors. The four pillars below provide a framework for supporting diversity in research applications & funded research:

- **Priorities:** Support research areas and questions that reflect the concerns, experiences and solutions to inequities experienced by Black, Indigenous, and People of Color (BIPOC) communities.
- **Protocol design:** Emphasize meaningful involvement of the target population in the development, design and monitoring of the research questions.

- Study team: Emphasize cultural expertise, include BIPOC and diverse gender and gender identity investigators and community members as critical members of research teams.
- Budget requirements: Expand beyond recommendation for community input and cultural expertise and make it a requirement- including in the budget. Encourage and include allowable costs that promote gender and community equity (e.g., childcare, non-traditional hours and sites, community outreach, etc.).

In combination with the above framework, existing NIH policies, procedures, or practices that may perpetuate racial disparities must be examined and updated. Study sections, IRBs and other review mechanisms need to be updated to be more diverse and meaningfully inclusive. Specific recommendations include: provide pre-review cultural humility & competence training to reviewers; acknowledge & mitigate the gender imbalance & resultant power dynamics on some study sections; recruit & develop non-traditional reviewers (behavioral cultural qualitative multi-disciplinary) as part of every study section; and recruit & develop community members as meaningful and full reviewers.

ANAC further recommends acknowledging the biomedical research workforce extends beyond the investigators and that successful studies include study coordinators, study nurses, engagement specialists, data managers and others that reflect and engage with the communities of interest/investigation. Supporting the recruitment, training and retention of this workforce (and facilitating their career paths) from communities of color will improve efforts to not only strengthen diversity in the research enterprise but also contribute to goals of equity and inclusion. Ideally, NIH should directly or through

influence, promote early investment in a diverse researcher pipeline. Early and significant investment in STEM (Science, Technology, Engineering and Math) education will foster interest in careers in research. Innovations such as scholarships in schools of nursing, inter-professional schools, Historically Black Colleges and Universities or earlier experiences, such as high school internships or science/research camps in Black and other minority communities can be explored.

To further address barriers inhibiting recruitment and hiring, promotion, retention and tenure, including the barriers scientists of underrepresented groups may face will require new and different strategies and outreach targets. Intentional actions toward equity in the funding of studies/researchers must involve support for investigators at smaller or under-resourced institutions to diversify funded research beyond the big name, larger institutions with greater resources. Smaller institutions, including Historically Black Colleges and Universities (HBCUs) have significant teaching time requirements for early-mid career researchers, therefore, NIH should provide teaching load relief as an allowable budget line to allow those investigators to succeed. Additionally, internships or other support tracks for new investigators at smaller, under-resourced or HBCUs that include salary support & full institutional indirect rates should be established. This will help to develop the pipeline of diverse investigators and studied. A related recommendation is to provide or enhance a dedicated NIH office for application technical assistance for new applicants and smaller institutions who may not have the grant development resources as sophisticated or as available as larger institutions.

We applaud the National Institutes of Health for inviting external input and stakeholder commentary to contribute to efforts to strengthen racial equity, diversity, and inclusion in

biomedical research and to advance health equity research. To provide additional ideas, we suggest the NIH have listening sessions allowing people to talk about their experiences with NIH processes, experiences, outcomes. Candid sessions that engage nurse researchers, BIPOC researchers and members of communities of concern will further this dialogue and exploration for solutions.

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