

April 9, 2021

Submitted online at <https://rfi.grants.nih.gov/?s=601d737cb50a0000740038a2>

RE: Request for Information (RFI): Inviting Comments and Suggestions to Advance and Strengthen Racial Equity, Diversity, and Inclusion in Biomedical Research and Advance Health Disparities and Health Equity Research

Howard Brown Health would like to thank you for the opportunity to provide comment on this RFI. Howard Brown is the largest LGBTQ health center in the Midwest, serving over 38,000 patients across twelve clinic locations in Chicago. As a federally qualified health center (FQHC), Howard Brown provides primary care, behavioral and mental health services, HIV/STI prevention, social services and community outreach to our patients regardless of insurance coverage or ability to pay. Howard Brown's Center for Education, Research and Advocacy (ERA) conducts rigorous community-based clinical and behavioral research, supports the next generation of LGBTQ healthcare professionals, and advances policies that affirm the lives of LGBTQ people. ERA develops and disseminates community-driven, evidence-based, high quality best practices in LGBTQ health. We are happy to provide input on advancing and strengthening racial equity, diversity, and inclusion in research.

Perception and reputation of NIH

- There is a perception that the NIH prefers to fund researchers who have previously received NIH funding. Consistently funding the same researchers can create a feedback loop that privileges established researchers and results in less diversity among NIH-funded researchers. This also creates additional barriers for less established LGBTQ and POC researchers in applying for NIH-funding, which can result in less innovative and equitable NIH-funded research overall, especially in terms of racial and gender equity.

New or existing influence, partnerships, or collaborations

- In addition to the potential partnerships with Historically Black Colleges and Universities, Tribal Colleges and Universities, and other racial equity organizations that are mentioned in the RFI, the NIH could also consider collaborations with LGBTQ health, advocacy, and research organizations. For example, there is a national network of LGBTQ FQHCs, including Howard Brown, and many of these FQHCs are conducting biomedical research with sexual and gender minority populations and developing the next generation of LGBTQ health researchers. The NIH could collaborate with these and other LGBTQ health organizations to enhance

workforce diversity, support innovative health equity research, and mentor the next generation of health researchers.

Factors that present obstacles to training, mentoring, or career path

- There are many obstacles that prevent people with marginalized identities from pursuing careers in research. Structural and systemic discrimination and racism, especially against Black and Brown people, has led to unequal distribution of resources and opportunities to pursue things like higher education and research internships and certifications that are often required to join the research workforce. Career advancement for non-MD/PhD people working in research is often hindered by a general lack of funding and opportunities for professional development. Career advancement is even more difficult for people with marginalized identities because workplace discrimination is still commonplace and acts as a barrier to employment and career development. For example, the 2015 U.S. Transgender Survey of 28,000 transgender and gender nonconforming people from across the country found that 30% of respondents who had a job in the past year reported being fired, denied a promotion, or otherwise harassed or mistreated because of their gender identity or expression.¹
- One solution to some of these issues could be to offer smaller research grants specifically to researchers from underrepresented communities, to do research within their communities. This would both increase investment in building a diverse research workforce and expand the portfolio of NIH-funded research with underrepresented and marginalized communities.
- The NIH could also provide more incentives and resources for NIH-funded projects to develop the skill base of program staff and invest in professional development to build future PIs and workforce members.

Existing NIH policies, procedures, or practices that may perpetuate racial disparities/bias in application preparations/submissions, peer review, and funding

- The grant review process is unblinded, and as such, it is very open to bias based on race, gender, perceptions around institutions, previous NIH funding, etc.
- The application process for NIH grant funding is very involved and can be quite overwhelming, especially for younger and less established researchers. The NIH could create application coaching clinics specifically to help new applicants, applicants of color, LGBTQ applicants, and other underrepresented applicants understand the application process and submit successful applications.

¹ James SE, Herman JL, Rankin S, Keisling M, Mottet L, Anafi M. (2016). The Report of the 2015 U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality.

- Diversity applications and supplements provide funding for research teams to recruit students and researchers from underrepresented backgrounds, including racial/ethnic minorities, people with disabilities, and people who have struggled with housing and financial security. However, these diversity supplements do not allow for recruitment of sexual and gender minority researchers.
- While the NIH has grants available to support career development (K series) and research training and fellowships (T and F series), many of these grant opportunities are still inaccessible to young aspiring researchers, especially those who are people of color and/or LGBTQ. For example, many of these grants require advanced degrees and connections to research mentors/research institutions with extensive records of previous NIH funding. In order to support the development of a more diverse workforce, the NIH should consider creating grants specifically for high school, undergraduate, and even graduate researchers from underrepresented communities to help them develop fundamental research skills and get connected to mentors and research institutions. This series of grants could serve as a precursor to the existing K, T, and F series grants.
- Restrictive policies around compensation for study participants and community stakeholders can hinder research projects aimed at reducing health disparities in marginalized communities. Community members can provide valuable and necessary insights on study design, research questions, strategies for implementation, and dissemination of study results. Engaging with community members strengthens research projects, and as such, community members should be meaningfully compensated for their time and knowledge. We have heard from community members that food, housing resources, and especially direct cash are all more useful as forms of compensation, but these are rarely allowable through federal research funding.

Significant research gaps or barriers to expanding and advancing the science of health disparities/health inequities research

- Community based participatory research (CBPR) is a great research model for advancing science around health disparities experienced by marginalized communities. One barrier to conducting more CBPR is a general lack of funding for this type of research. Because CBPR requires time to build trust and relationships with community members, it can take longer and require differing funding guidelines (e.g., food allowance, community stipends, access to professional development, memberships, or certifications) than more traditional research models. However, there are many advantages to CBPR, including that it empowers community members to be agents of change and it ensures that the research is

applicable, credible, and useful to the impacted communities.² This is incredibly important for research that is aimed at improving health outcomes and reducing disparities among marginalized communities.

- More research and funding is needed to explore structural barriers to care, such as systemic and historic racism, homophobia, transphobia, and other forms of discrimination. Research should be focused on exploring how the negative health outcomes and disparate resource allocation resulting from systemic discrimination can be mitigated and reversed.

Thank you for the opportunity to provide comment. If you have any questions or feedback, feel free to contact Tim Wang, Director of Policy and Advocacy, at timothyw@howardbrown.org.

Sincerely,

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² AHRQ Activities Using Community-Based Participatory Research to Address Health Care Disparities. Content last reviewed April 2020. Agency for Healthcare Research and Quality, Rockville, MD. <https://www.ahrq.gov/research/findings/factsheets/minority/cbprbrief/index.html>