

**Developing the NIH-Wide Strategic Plan for Diversity, Equity, Inclusion, and Accessibility (DEIA)
Webinar Transcript
March 29, 2022**

DR. JAMES ANDERSON: Welcome to this webinar on developing the NIH-Wide Strategic Plan for Diversity, Equity, Inclusion, and Accessibility. I'm Jim Anderson. I'm the NIH Deputy Director for Program Coordination, Planning, and Strategic Initiatives, and I will serve as one of the hosts of today's meeting. We very much appreciate your joining, to hear about the plan, to ask questions, and to offer your comments. Next, please. I will be serving as a host, along with the co-chairs of the team that's actually developing the plan, and they are listed here—first, Marie A. Bernard, M.D., Chief Officer for Scientific Workforce Diversity here at NIH; next, Julie Broussard Berko, M.P.A., Director of the Office of Human Resources; and Shelma Middleton Little, Ph.D., who is the Acting Director of the Office of Equity, Diversity, and Inclusion. I also want to acknowledge those who planned this webinar from our Office of Evaluation, Performance, and Reporting. They are here in the background, and they are Drs. Marina Volkov, Sarah Rhodes, Kelly Singel, and Rachel Diamond, and they will be collecting your questions and feeding us...feeding them to us as you submit them. And I'll also say this is the group that's staffing and supporting development of the plan, along with a working group of our staff of about 100 people, so thanks to the entire team here today. Next slide. If you wish to enable closed caption during the meeting, please click the CC icon at the bottom of your screen and select "Show subtitles." We are planning for a 1-hour meeting starting with a presentation on the strategic plan development process and the proposed framework—that is, the objectives that will be given by our hosts—followed by time for comments and questions that I will direct to our hosts. And if I develop technical issues, Dr. Volkov is going to jump in and take over. So, there are two ways to submit your questions, either through the chat panel that's in Zoom that you're all probably very familiar with after a couple of years, or you can do this by email, and the email address to send your questions or comments is there—NIHQuestions and so on. Next slide.

DR. SHELMA MIDDLETON LITTLE: So, good afternoon. Today we're going to tell you about the impetus and genesis of NIH's Diversity, Equity, Inclusion, and Accessibility Strategic Plan; the process for developing the plan; the scope of the plan; and the plan's framework. So, there are two primary external driving forces for NIH's DEIA Strategic Plan. One is in the Appropriations Act language. Congress directed NIH to develop a strategic plan with long- and short-term goals to do two things: first, to identify and address racial, ethnic, gender...racial, ethnic, and gender disparities at NIH; and second, to identify and address barriers in access to NIH funding by investigators researching health disparities. The report language also required that the plan be developed and implemented by a working group comprised of a wide range of representatives and stakeholders. In addition to responding to the

congressional report language, the strategic plan is also responsive to relevant Executive Orders, specifically Executive Order 14035: DEIA Accessibility in the Federal Workforce. Now, this Executive Order was issued on June 25th of last year, and this Executive Order launched a whole-of-government initiative to cultivate a federal workforce that draws from the full diversity of the nation and that advances equitable employment opportunities. The Executive Order is also specific to the internal federal workforce and calls on the government to be a model equal employment opportunity employer. Next. So, a government-wide strategic plan to advance diversity, equity, and inclusion in the federal workforce was released on November 23, 2021, and this provided a roadmap for implementing the Executive Order—the DEIA Executive Order—and it laid out key steps that agencies can take to strengthen DEIA and their workforce policies, practices, and culture. Essentially, this government-wide plan charged agencies with developing a DEIA strategic plan by March 23 of this year. This deadline applied to HHS, and HHS did indeed develop a departmentwide plan. The government-wide plan did several things. One, it provided a vision, as well as a mission statement. It established five operating principles to advance and sustain DEIA within agencies, and it further outlined DEIA priorities expressed in the Executive Order. It also provided an example maturity model to support growth, and it outlined steps to create a comprehensive framework to address workplace harassment. And finally, it explained the next steps in advancing DEIA. Next. So, where are we in the process for developing this plan? So, Phase 1 began in the summer of 2021, and during Phase 1, we planned a timeline and a process for developing the plan, and that included who should be involved in the development. There was also...the working group was formed of approximately 100 subject-matter experts from across NIH. In Phase 2, the work group developed the draft strategic plan framework with input from the NIH leadership. We're currently in Phase 3, and in Phase 3 we're gathering public input in ways, such as this webinar today. The Council of Councils was also given a briefing in January. The request for information opened on February 1 and will close on April 3, and the goal of this is to gather input from a broad range of NIH public stakeholders. We'll also reiterate the framework...I'm also reiterating that the framework is still under development, so your input is extraordinarily important. We're also gathering NIH feedback. We put together an inventory of the DEIA activities that are going on across the NIH. This contains accomplishments at the IC level, as well as ongoing activities and planned initiatives. Now, the next stage is Phase 4, and in that phase, the work group will draft the plan—the actual plan—using the framework with the content that has been identified, and the work group will incorporate all of the public feedback, as well as NIH feedback that was gathered during the current Phase 3. And then in the final phase, we will present the draft at various levels across the NIH and obtain the final NIH leadership approval. Next.

MS. JULIE BROUSSARD BERKO: Okay. I'm going to go over the overarching principles of the plan. So, these are the guiding principles. First, we're going to communicate a comprehensive, cohesive vision and aspiration that's speaking for all of NIH, and this scope is broad. It's going to articulate NIH's definitions of diversity, equity, inclusion, and accessibility for the purposes of this strategic plan. We're going to report example accomplishments—these can serve as best practices that will be modeled for others, and it's going to articulate what NIH is aiming to accomplish in the next 5 years and pave the way for continuous improvement. This plan will balance both descriptive and prescriptive language by providing broad overviews of what NIH hopes to accomplish for each objective, then specify priority activities. We'll also provide accountability by including metrics and measures of progress for each specified activity. And lastly, it will include input from a broad range of internal and external stakeholders, again, like the webinar today. Next slide. So, here's our draft mission statement focusing on...we're going to embrace, integrate, and strengthen for all activities, and this is in line with the government-wide DEIA Strategic Plan, which is to adopt a collaborative, whole-of-agency mandate with partnership engagement at all levels of the organization. Next slide. So, this is a reminder that the NIH-Wide Strategic Plan for DEIA articulates NIH's visioning for...to strengthen the diversity, equity, inclusion, and accessibility, and it's going to capture those activities to meet the vision for the entire workforce, and that is going to be the internal NIH workforce—those working at NIH—and also the workforce at institutions supported by NIH. The strategic plan is harmonized in the NIH-Wide Strategic Plan's framework with DEIA...with NIH's DEIA priorities organized around the framework of three key areas of accomplishments, needs, opportunities, and challenges in the DEIA space. Next slide.

DR. MARIE BERNARD: So as noted, the framework is harmonized with the NIH-Wide Strategic Plan and reflective of the basic structure of that plan, but with the three objectives slightly reorganized to better align with the goals in the DEIA space, so you see workforce first as opposed to research, and then conduct and then research. Next slide. In the first objective, we're looking at implementing organizational practices to center and prioritize DEIA in the workforce, so we're proposing two sub-objectives—one for the NIH workforce, which encompasses the scientific, health, research and infrastructure occupations, including federal employees, volunteers, and trainees. This will be focused on our workforce with their...providing our workforce with their full and fair opportunities for employment, career advancement, recognition, and access to resources and programs that facilitate a diverse, equitable, inclusive, and accessible culture for everyone. The second sub-objective is workforce at institutions supported by NIH funding. NIH is committed to funding a broad range of institutions and organizations to ensure that the diversity of researchers and topic areas are being supported to address the nation's biomedical research needs. So, through targeted outreach programs, increased accountability, and

incentivizing change, NIH will ensure that a diversity of individuals, institutions, and organizations are supported as part of the biomedical research enterprise. Next, please. The second objective is to grow and sustain DEIA through structural and cultural change. We're proposing four sub-objectives here aligned with those included in the NIH-Wide Strategic Plan. First, stewardship... and this articulates NIH's priorities around fostering a good culture of stewardship regarding DEIA, including priority setting, grant review processes, data-informed decision making. Through these efforts, NIH and the community of researchers and supports will be equipped with the tools, resources, and knowledge to enhance efficiently and effectively DEIA goals that support the diversity of the biomedical workforce and the whole nation. The second sub-objective is partnerships. This covers how NIH will leverage public and private partnerships to enact the vision of this plan, with the effective engagement being vital to advancing DEIA across the entire research enterprise. The third [sub-]objective is accountability and confidence. This covers how NIH will work to ensure accountability and public confidence with respect to DEIA. It includes transparency, ethical, and equitable conduct research policies. We must...we—NIH—must be committed to achieving DEIA principles throughout all of our scientific and administrative functions while not tolerating harassment, discrimination, or other real or perceived issues that deter from our mission. The fourth sub-objective is management and operations. This section focuses on the management and operations of the NIH enterprise, including its administrative functions; mission support; program management; and physical, technological, and cultural infrastructures, creating an environment to advance science. Management and operations at NIH are committed to integrating DEIA principles and practices to increase organizational effectiveness in equity, ensure program integrity, and minimize enterprise risk as an operational failure. Next slide, please. Our third objective is to advance DEIA through research. Here we have two sub-objectives: workforce research supporting scholarly research to determine what policies, practices, and procedures work best for advancing DEIA within the NIH-supportive workforce and how enhancing DEIA in the workforce furthers the NIH mission; and secondly, health research. This section focuses on research to understand and address health disparities, as well as research to examine challenges and opportunities. Next slide.

DR. JAMES ANDERSON: So, that's an overview of how the plan's being developed in its framework, or what we call its three objectives. The details of the plan are still being formulated with input from experts across NIH and public input in events like today. Our goal is to gather input from a very broad range of stakeholders. Among that input, we are asking: What should be NIH's priorities across the three objectives, including potential benefits, drawbacks, or challenges, and other priority areas for consideration? So, since time is going to be limited today, we may not have the opportunity to respond to everyone's questions, so we would also encourage you to submit your feedback via the Request for

Information, RFI, that NIH has posted online. This, as has been mentioned, will be open for 60 days—it started February 1, it will close April 3—and the details of how to respond to the RFI are posted in the link here that’s on the slide, and we’ll leave this up. Today we’re asking you to think broadly about the DEIA priorities of NIH as a whole. As researchers, patient advocates, and other stakeholders, we all have our own specific interests and priorities. The hope today is to discuss how best NIH can achieve a broad, wide-reaching impact in DEIA, and again, as we move into the questions and answers and comments, again I ask you to submit your questions now in one of two ways. You can use the chat panel function that’s on your Zoom functions group...Zoom screen, and you can also use this email site, NIHQuestions@scgcorp.com, and we will...we’ll be collating these and will get to them as they come in. We have a few already that we can start with. What I’m going to do is try and address them to the host who I think is most appropriate or that the area that they’re responsible for at NIH but also invite all of you to comment if you’d like to. So, let’s begin here with a question for Shelma. “Will you have individuals with lived experiences (i.e., a person with a disability, both visible and invisible) be part of the planning process? Having a diversity of lived experiences, including different dimensions of diversity, will be of great value to the structure of the strategic plan.” So, Shelma?

DR. SHELMA MIDDLETON LITTLE: Okay. Thank you for the question. So, our internal strategic planning work group has over 100 representatives from across the National Institutes of Health, including staff from underserved populations with expertise in lived experiences. Now, this includes individuals with disabilities, as well as individuals from various racial and ethnic groups, sexual and gender minorities. So, the way this was set up is each IC Director was asked to identify representatives inclusive of individuals from underserved communities to serve on the work group. We’ve also included the Special Emphasis portfolio strategists to represent the interest of their respective communities, and we have diversity portfolio strategists—women, sexual and gender minority, Asian, Native Hawaiian/Pacific Islanders, American Indian, Hispanic, as well. So these...these portfolio strategists are advised by individuals from their respective communities so that these interests can also be representative...represented. And finally, forums such as this—this webinar—as well as the Request for Information, we’re looking for wide input from individuals from the various communities, including individuals with disabilities. Thank you.

DR. JAMES ANDERSON: Thank you. So, this is a very general question. I think we should open it up to all three of you. Why...I’m sorry...I’m having a little trouble with receiving this. Okay, here we are. “Why should the public think that this latest effort will produce anything meaningful in terms of lasting culture changes, and how does Department of Health and Human Services/NIH respond to the

perception that these DEIA efforts are not being set up to succeed and are only compliance exercises?” So, that’s a serious question and a general, and I opened it up to all of you.

MS. JULIE BROUSSARD BERKO: I’ll start. That’s...that’s a heavy question to start us off. So, I think that it’s different because we’re taking a ground-up approach. In the past, it’s really been a top-down approach, and so, it’s been difficult to really identify all the issues because we’re not hearing directly from employees that are affected or impacted by these issues, and now, they’re involved. So, I think their investment in the process will change the outcomes.

DR. MARIE BERNARD: Add to that that, although I have a lot of gray hair, I’ve not been at NIH for decades. For those that have been here for decades, I hear that this feels very different. Things are aligned in a way that hasn’t been the case in the past with employees, with leadership, with Executive Orders from outside, congressional mandates. Everything is aligned to allow us to make some significant progress in this area, and to build into the system better ways of approaching DEIA going forward.

DR. SHELMA MIDDLETON LITTLE: Yes, and the only thing that I’ll add to this that is it’s a different time in our country now, and we see that across the board, including in the NIH workforce, as my colleagues have stated, we see how employees are involved now and not just employees that are in the Office of Equity, Diversity, and Inclusion or the COSWD, but employees at every stage, every grade, every pay plan that are involved, providing advice and guidance to the leadership, and you see the leadership actually participating, leaning in, and listening.

DR. JAMES ANDERSON: Thank you. We’ll go on. The next...this looks like this is probably most appropriate for Marie, so, “Will this plan address implicit bias?”

DR. MARIE BERNARD: Thank you for the question. Yes, we have taken a lead in developing mandatory implicit bias training for all NIH employees, and the evidence shows that implicit bias training is necessary but not sufficient to make for change. People do need to recognize that there are implicit biases, but they need to then have action plans to address those biases, and that’s the beauty of the DEIA plan. The intent here is to bring together all of the things that we are doing across NIH and to be purposeful in moving forward to have action plans to address issues that have led to inequities, and it’s exciting to see all of that.

DR. JAMES ANDERSON: Okay. And I think I’ll take the next one because it deals with the NIH-Wide Strategic Plan. So, the question is, “Why do we need a strategic plan for DEIA when we already recently released an NIH-Wide Strategic Plan?” And the reason for that is the NIH-Wide

Strategic Plan deals with everything we do, and much of that is research and research in many, many different areas, although I will point out that one of the crosscutting themes of our NIH-Wide Strategic Plan is improving minority health and health disparities, and DEIA issues are mentioned; it's not in great detail, so we felt we needed another plan that was...that included those details and covered, specifically, the objectives that Dr. Bernard set out. Okay, so Marina, can I ask you to take over with the next question?

DR. MARINA VOLKOV: Absolutely. Good afternoon, all. Okay, so this is for all of our co-chairs. "Will the DEIA strategic plan encompass people who have disabilities—both visible and invisible—when addressing NIH's priorities around all aspects of diversity, equity, inclusion, and accessibility?"

DR. SHELMA MIDDLETON LITTLE: So, the goal of the plan...the goal of the plan is to address the needs of all communities, and the Executive Order of...the DEIA Executive Order lays that out. We have to take into consideration the needs of all the communities that have historically been underserved, and that's why it's important for us to hear from all employees and take that into consideration as this plan is developed, as well as, as we monitor it to hear from all of the constituents, all of the stakeholders.

DR. JAMES ANDERSON: Okay. Thank you. And, Julie, this one is clearly in your area, and the question is, "Does the plan cover contractors?"

MS. JULIE BROUSSARD BERKO: So, the plan does not cover contractors. The...I think, indirectly, contractors will benefit from the outcomes of the strategic plan, but they are not federal employees, so they are not included in the process.

DR. JAMES ANDERSON: Okay. Thank you. And, Shelma, this looks like it's more in your area. "In the outlined goals of addressing racial, ethnic, and gender disparities at NIH, does the working definition of 'gender' include sexual orientation and gender identity as outlined in an Executive Order?"—that some folks will know, it's 13998 of January 20, 2021, which is preventing and combatting discrimination on the basis of gender identity or sexual orientation.

DR. SHELMA MIDDLETON LITTLE: So, looking at sexual orientation as well as gender identity, that's a part of being inclusive. We have to look at the entire workforce—the needs of the entire workforce, assess barriers for the entire workforce so that we can ensure that there are equal employment opportunities for all. One of the areas at the NIH that we have needed work in is we don't currently have

data to let us know how many...what are the demographics of people in the workforce who identify as sexual and gender minorities? That's something that we're actively working toward every day. A pending HHS workforce survey intends to collect some of that information, as well as the report. The NASEM Report has just been released with appropriate questions for asking those types of questions, so we hope to move forward with that so we can get a good sense of the number of people in the workforce who identify, but in the meantime, we still have to include the needs of everyone.

DR. JAMES ANDERSON: Okay. Thank you. So, the next question is going to be very important to all of our extramural investigators, who are our partners in research, and so this is probably for Marie. "How does the plan extend to extramural investigators?"

DR. MARIE BERNARD: Yes, we at NIH support institutions that hire extramural investigators, and so we anticipate that the changes that we make in our processes and practices could impact and include extramural researchers. We clearly have lots of evidence and firmly believe that a more diverse and equitable and inclusive and accessible workplace will benefit everyone. We have data that shows that diversity is associated with creativity and innovation, and thus, we do expect that there will be an impact, although we don't directly hire those researchers.

DR. JAMES ANDERSON: And this one, I think, is probably best for Julie. "What is the relationship of this plan we're discussing today with the Department's plan?"

MS. JULIE BROUSSARD BERKO: I'm trying to find my notes. I think it is aligned to complement the Department's DEIA plan, which is in draft and, hopefully, will be finalized [soon], and then the details for implementing that plan will be...it's using a similar model that we're using here at NIH, where they're getting staff and SMEs to help develop the strategies and objectives for the plan. And then, the NIH plan will complement and support those goals, as well.

DR. SHELMA MIDDLETON LITTLE: And if I may just add, so, each of the operating divisions, including the NIH, was asked to weigh in on the overall HHS plan, and part of it is that we will report up in terms of what we're doing—how our plan actually undergirds the overall HHS plan, as well.

DR. JAMES ANDERSON: So the next one, I think, is most appropriate for Marie. It's, "How much of the work of the NIH UNITE's subcommittees is integrated into the framework [for the NIH-Wide Strategic Plan for DEIA]?" It's possible some people need a slight introduction to the UNITE effort.

DR. MARIE BERNARD: Okay. So, the NIH UNITE initiative is something that was unveiled February 26 of 2021, with the very ambitious goal of ending structural racism. We recognize structural racism is much larger than what's under our purview, but we are focused on the things that we do control in terms of biomedical research funding, so you can look at it in three content areas—health disparities research, minority health, and health equity research; looking internally at our own policies, practices, and procedures; and looking externally at our policies for funding institutions that support various extramural researchers. And thus, all of those things overlap with what's in this DEIA Strategic Plan. We have UNITE members who are involved with the [the NIH-Wide Strategic Plan for DEIA] working group, and outcomes from UNITE funding opportunity announcements, and other sorts of plans from UNITE will be integrated into this [strategic plan]. The DEIA Plan is broad. It's an umbrella for all activities that are DEIA related. I will acknowledge, the UNITE initiative is ending structural racism, so it's a subcomponent of everything that will be there.

DR. JAMES ANDERSON: Okay. And, again, the NIH-Wide Strategic Plan we're talking about today is all-encompassing. It's all the things in all areas here that we are...we're addressing, and it's sort of related to this next question, which, I think, is best for Shelma—which seems like a simple question—but it's, “How will NIH define D, E, I, and A?” That actually seems pretty critical to how we write the plan. Shelma, you're on mute, you have to...

DR. SHELMA MIDDLETON LITTLE: Pardon me. The Executive Order—the 14035 DEIA Executive Order—actually lays out the definitions for diversity, equity, inclusion, and accessibility so that everyone, all of the agencies, would be working from the same conceptual definition so that they can then operationalize it.

DR. JAMES ANDERSON: Okay. Thank you. And then the next one, I would think, is for Marie or for me. “Will there be another round of public comment on the strategic plan once a full draft is available, or will this current RFI period be the final opportunity to weigh in?”

DR. MARIE BERNARD: I would certainly vote as one of the co-chairs that we should probably give the public another opportunity to weigh in, but I'm one of three co-chairs, and it's ultimately going to be your team that going to have to do the heavy lifting, Jim.

DR. JAMES ANDERSON: Well, I would agree with you. We're at an early stage, and we're looking for the input to how to flesh out our sub-objectives and examples of the efforts that we do, so today...today's the first round, I would think. So the next one, again, looks like it's probably best addressed from your three perspectives. “Given the administrative's...the administration's change and the

policies put in place by one may change when another President is elected—okay—how does NIH intend to keep DEIA present and part of all processes regardless of administrations?”

DR. SHELMA MIDDLETON LITTLE: So, I think this DEIA Strategic Plan is a major step in that direction. It's a 5-year plan that lays out what it is that the NIH is going to do, so having that plan in process, I think, will be very helpful to us, as well as we're looking at changing the culture, so, you know, the very essence of who we are and how we operate.

DR. JAMES ANDERSON: Do others want to address this?

MS. JULIE BROUSSARD BERKO: I was just going to just add that I think that we have a practice of kind of taking this approach of really trying to change the culture so that if we do have changes in leadership, that staff are...their expectations of us are going to change, and they're going to demand that we continue this process.

DR. MARIE BERNARD: And I think that given all of the data that demonstrates that diversity leads to better outcomes, better problem solving, better creativity, better innovation, this is something that will be very difficult to stop. We need to take advantage of all of the talent that's out there, and our process in developing this plan is going to facilitate that.

DR. JAMES ANDERSON: I think this next question is also...it could use all of your perspectives, and that's "How will NIH measure progress towards this plan, and what will success look like?" A very good question.

DR. SHELMA MIDDLETON LITTLE: So, I would say, in terms of measuring progress toward the plan...so right now, we just have the framework, so as the details of the plan are laid out, we can take a data-driven approach to actually measuring if we're doing what we said we were going to do...that we are going to do. I also think another way of measuring is utilizing the maturity model that's outlined in the DEIA Executive Order, and from my perspective, success looks like when we've achieved an environment where everyone has the opportunity to reach their full potential and feels as if they're included, that their contributions are making a difference as we execute the NIH mission.

MS. JULIE BROUSSARD BERKO: And I would just add that staff at all levels of the organization feel comfortable about speaking up and being heard and being included in different committees, work groups—not just work groups that are for DEIA.

DR. MARIE BERNARD: And I would round that out by saying that we would be successful when you are not able to predict, based upon any identifying characteristics, what role a staff member might hold within NIH.

DR. JAMES ANDERSON: Okay, I just...a slightly additional perspective values in the Division that I direct is NIH is here to improve human health, and we need everyone to participate in achieving that mission, and so I want everyone in our Division to come to work and feel that there's no cultural impediment to their being respected and including...included and being able to contribute to the utmost in achieving our mission; just another way to say it. So, another...this is sort of a process question. I'll give this to Shelma. "How did you select the people to write your DEIA Strategic Plan?"

DR. SHELMA MIDDLETON LITTLE: So, a request went out to each of the Institute Directors asking them to designate individuals to participate in this...in the DEIA work group, and in that request they were also asked to include individuals from various communities, including individuals who might be a part of ERGs, etc. Another thing that we did was to embed the NIH Special Emphasis program managers. These are individuals whose...their function is to work with the various populations, be it women, the SGM population, disability population, etc., to understand: What are the issues in the workplace for them? What barriers may exist? And then, develop ways to...help the agency develop ways to eliminate those barriers. So, we embedded those individuals in the writing process, as well, so that's how the members on the work group were selected.

DR. JAMES ANDERSON: Okay. This one, Shelma, I think this is probably good for you and for Julie. "How do we make the workforce more inclusive?"

DR. SHELMA MIDDLETON LITTLE: So, we've got to be willing to lean in and hear from everyone. Everyone has to have a sense of belonging, knowing that they're wanted here, that what they have to contribute is very vital. So, I would say those are some of the ways to make the workplace more inclusive, and we have to be intentional. I believe Julie mentioned earlier, when there are workgroups, etc., to think about who needs to be at the table, and if we're not intentional about that, some groups can be left out, but we need to have the , across the table.

MS. JULIE BROUSSARD BERKO: I'm going to echo what Shelma said, and it starts with awareness and asking questions as you are creating opportunities to seek input, whether it be on a, you know, strategic priority in your office or anything else; you know, constantly asking, "Who's missing from this discussion? Who are we not reaching? How can we reach them? You know, what is the barrier to their participation? And how do our policies contribute or exacerbate an issue that we've identified?"

And lastly, I would say, is the...how you create a working environment where people that don't feel included also then feel comfortable raising their hand and saying, "Hey, I think my voice needs to be a part of this discussion."

DR. JAMES ANDERSON: Okay. So, Marie, you presented the objectives. One is on research, so I'm going to ask if you could start addressing this, and how will you meet all of these new research priorities with existing funding, with this being cutbacks on other NIH-funding commitments?

DR. MARIE BERNARD: So, our funding commitments are flexible and can accommodate priorities as they arise. I would contend that, in order to do good science, you should have a diverse lens to the way you approach things, your team, the way you approach your questions, so it would really be incorporating good approaches to your science.

DR. JAMES ANDERSON: Okay, and then, Marie, here's another one that I think is probably closest to your area: "How will this plan build upon research priorities set forth in the NIH-Wide Strategic Plan for Minority Health and Health Disparities?" This is a very good question because we do have multiple strategic plans.

DR. MARIE BERNARD: Yes, we do have multiple strategic plans. Just putting in the plug, the Chief Officer for Scientific Workforce Diversity Strategic Plan will be released at the end of this week. We have a plan for the Office of Research [on] Women's Health, for the Tribal Health Research Office, for the Sexual & Gender [Minority Research] Office, and for the National Institute [on] Minority Health and Health Disparities. And all of those are contributing to what we think about in terms of this DEIA Plan. We are not looking to fully replicate what's in the NIMHD Plan, but to reference that in the final document and to take advantage of the leadership provided by NIMHD in the health disparities space.

DR. JAMES ANDERSON: Okay. And so, Marie, I'm going to ask you to address the next one, as well, and this is from one of our staff, so it might require a little more explanation for our colleagues outside NIH. "What is the desired goal and/or outcome of our workforce research study?"

DR. MARIE BERNARD: So, for those who are not NIH-ers, workforce research studies are studies that help us to get a better handle on where we...what are the best practices and approaches to enhance diversity, equity, inclusion, and accessibility in the scientific workforce. There are...there's a body of knowledge that's out there that's ready for implementation. It needs to be translated and disseminated. There are new things that need to be discovered, and that's part of what will, hopefully, be incentivized by our developing this DEIA Strategic Plan.

DR. JAMES ANDERSON: Thanks. Okay, this is one, I think, for the whole group: “How is NIH communicating its DEIA efforts across the agency?” Despite the question, this does come from the public.

DR. MARIE BERNARD: I might start and just say that we will have a DEIA plan prominently displayed and advances associated with that displayed. As I alluded to, there are a number of activities already ongoing where there’s information that can help you to track advances, like from the Equity, Diversity, and Inclusion Office, from the Office of Human Resources, from the COSWD Office, from the NIH UNITE websites, so there are places where you can currently find information. But it will be our goal, as this plan gets finalized, to bring it all together at one URL, so it will be one-stop shopping to find all of the information. Shelma and Julie, you may want to elaborate.

MS. JULIE BROUSSARD BERKO: I was only going to add that I think another aspect of that is that we would want to ensure that all of our Offices then are able to reference it in our website so that we can direct, you know, prospective employees, current employees, members of the public. If they come and they’re looking for a job, they may have a question about what we’re doing in this space. They’ll immediately be able to go there and find more information instead of having to dig and wonder, “What’s NIH doing in this space?”

DR. SHELMA MIDDLETON LITTLE: Absolutely. And ultimately, our goal was to have this plan not just come alive but be alive, so we will diligently work to make sure that it’s readily accessible to all internal as well as external stakeholders.

DR. JAMES ANDERSON: Great. So, again, this next one is probably best addressed by everyone, but Marie may want to contribute from a UNITE perspective, and the question is, “What is the process to identify/engage a diverse group of external stakeholders, and how is NIH ensuring representation from patient advocacy organizations serving those from underserved communities?” And I..I’ll just point out there’s another very similar question about, “How have we engaged the broad community of stakeholders?”

DR. MARIE BERNARD: Sure. I’d be happy to start on that. In terms of engaging a broad community of stakeholders, we’ve tried to be very intentional about that, as was mentioned internally as well as externally. For instance, on the UNITE side, we’ve had a series of listening sessions, making outreach to lots of different communities. Some 1,200 individuals have participated thus far. We had an RFI to gather data with more than 1,100 responses, so those are kind of standard things that we do at NIH—listening sessions, RFIs. In terms of broad stakeholders, when it comes to grant reviews, etc., I

really have to take my hat off to colleagues at the Center for Scientific Review that take the lead in those sorts of evaluation activities, and they've been working very hard to try to make sure that they have a diverse group of scientists who are involved in those reviews and to make sure that they have a diverse group of scientific review officers who are leading that. Shelma, Julie? Would you like to elaborate?

DR. SHELMA MIDDLETON LITTLE: Well, I say another way that we've been ensuring that, you know, the masses know about this plan also is that the staff in EDI as well as other Offices have been tweeting about it for at least the last month continuously to get the word out regarding the plan.

MS. JULIE BROUSSARD BERKO: And then I would just add that we have solicited through our various committee members and other organizations that our Institutes and Centers are engaged with that maybe we didn't know about so that we can have them...solicit input from them.

DR. JAMES ANDERSON: Okay. The next question is...it's from an internal person. I think it's probably best if both...if all of you can try and address this. "How can someone intramurally"—it could be the intramural research program, I think—"find which groups are working in DEIA space in their workspace and what programs they successfully run? Finding best practices are a great way to change/spread."

DR. SHELMA MIDDLETON LITTLE: So, I think you have identified the very thing that Marie mentioned earlier in terms of there's so much going on in the NIH space in terms of DEIA, but you have to know where to find it, and that's why we're working to pull together this webspace that harnesses all that information so that there's this kind of one-stop shopping so that you'll know where you can learn about various things. I'd say, in the meantime, if you reach out to one of our Offices, we might be able to point you in the right direction.

DR. JAMES ANDERSON: Yeah, I'll just chime in and note that as we began just preparing a process for writing the strategic plan, we did a call of all of the activities going on at NIH, and we were pretty surprised there were hundreds of things we could identify, so it's reassuring that there's such...there's been a commitment, but part of our challenge is to try and coordinate that and communicate it through the plan. Okay, here's an interesting question related to the RFI. "Should employees use their personal email addresses for responding to the RFI? Is there no risk of reprisal or retaliation regardless of which email address is used?" So, the answer to that is that this is anonymous, and we will respect that. You won't be re-contacted. What we will do, though, is provide a summary at a higher level of the issues that were submitted in the RFI, and we'll make that public but not any individual or any way that someone could be identified. Okay, so this is a general question about how we

review grants. This is interesting. “What are the plans to assure that reviewers of the study sessions for extramural research applications represent underserved scientists, MSIs, and HBCUs?” I think that’s probably a question for Marie.

DR. MARIE BERNARD: Yeah, so that is what I was alluding to. The Center for Scientific Review that does about 80 percent of the reviews has been diligently trying to make sure that they enrich their group of researchers...or reviewers with a broad variety of researchers, and when you look at the demographics of the people who are on the standing review panels, they’re actually in keeping with—if not more diverse than—what you find in the general scientific workforce. They also have a program in place for early-career researchers to participate in the review process, which helps to...helps one become more successful in applications themselves. If you’ve been able to be there and hear the way that applications are dissected, you can be much more cognizant as you are developing your own. They also have in place a program for training in implicit bias that’s really very nicely done that’s specific to the review process that has been put in place recently that’s gotten rave reviews from people who participate in the process. So, in the course of that, you will see reviewers who come from historically Black colleges and universities, tribal colleges and universities, Hispanic-serving institutions, and other minority-serving institutions, and you’ll see a great variety of people there.

DR. JAMES ANDERSON: We are...our time is very close here, and so, we’ll take one more, and this is very clearly for Julie. “If contractors are not covered now, would language be included when companies renew contracts to work with NIH that would ensure DEIA? That’s a...there’s a significant number of contractors working at NIH.”

MS. JULIE BROUSSARD BERKO: Say, I’m going to pivot a little bit because it is really a contracting question, and I know that the Contracting Office is looking at some language to encourage contract companies to do things differently, but ultimately, I think that NIH is hoping to serve a model, both for our contract companies and extramurally of how to implement and enhance diversity, equity, inclusion, and accessibility.

DR. JAMES ANDERSON: Okay, and with that, I want to thank all the people who joined today. I hope you learned a bit about how this process is going and also how you can continue to contribute your comments and questions, either through the RFI that’s listed here, and I also want to thank our hosts who I think did an excellent job of responding to these questions on the fly. So, with that, thank you all again, and we’ll close the meeting.