NIH’s Efforts to Enhance Racial and Ethnic Equity

Session Transcript: 2022-2023 NIH Grants Conference

Ericka Boone: Hello, everyone. Thank you all for joining today's panel discussion focusing on NIH's Efforts to Enhance Racial and Ethnic Equity Panel Discussion. My name is Ericka Boone. I am currently serving as the Director for the Division of Biomedical Research Workforce, and I'm serving as your moderator today. I have been so excited about this particular session, because in 2020, the UNITE Initiative was established to identify and address structural racism within the NIH-supported and the greater scientific community. UNITE aims to establish an equitable and civil culture within the biomedical research enterprise and reduce barriers to racial equity. In this session, our awesome panelists will provide an overview of the UNITE Initiative and discuss current and future goals of the effort. We are joined today by our wonderful panelists: Dr. Marie Bernard, the Chief Officer for Scientific Workforce Diversity; Dr. Alfred Johnson, the NIH Deputy Director for Management; and Dr. Noni Byrnes, Director for the NIH Center for Scientific Review. So to begin our discussion today, I'm going to hand off the presentation to Dr. Marie Bernard.

Alfred C. Johnson: Ericka, no, that would be to me to kick it off. So thank you.

Ericka Boone: Thank you so much.

Alfred C. Johnson: We're so delighted to be with you today to share an update on the UNITE Initiative and the work that we have been doing at NIH and beyond to try to advance racial equity. And, so we are, again, just so proud to be here. So just to give you a bit of background on UNITE, back in 2020 - and we all remember how difficult things were in this country at that time - events such as the killing of George Floyd brought into .. . Really, just came right into our homes, into our eyesight, all the ongoing realities of racial injustice in this country. And so really, we, it just made us have to do something. We needed to do something, and so at the NIH, we engaged in a series of discussions at the highest level of leadership, not only the NIH leadership but Institute and Center Directors as well. Well, we really tried to hash out what we can do about these issues. We also looked at trying to deal with .. . looking to work with groups within the NIH such as Eight Changes for Racial Equity, the African American Black Scientists Group as well as the Anti-Harassment Steering Committee to work on this and figure out, what would be the next step. Out of these candid conversations came a shared commitment that we had to address structural racism and that this was a moment that we could not allow to pass, and out of this came this, the UNITE Initiative that really brought together a number of different work streams with the UNITE, the U-N-I-T-E. Identify five committees or five work streams that we initiated, but we look at this now as working across three domains that you see here, and all health disparities and minority health research, our internal workforce and the external workforce. And all of this is underpinned by a data-driven effort to make sure we are addressing the issues that are identified. We've also then looked at this as we did a progress report. We are now really looking at where we are and saying, okay, let's give a progress update as to what has been accomplished since our initiation. We formerly got started in February of 2021, and so this certainly was a great time. And so now, we're looking at four focus areas that have been developed, really, three foci and then the data-driven efforts. So we are focusing on elevating health disparities and the minority health research across the institutes and centers, promoting equity in the NIH-supported biomedical research ecosystem, again, the external look, promoting equity in our internal workforce, that internal look, as well as improving the accuracy and transparency of racial and ethnic equity data. Again, a bit of a challenge, but I think we've made quite a bit of progress along the way. And I will now turn this over to Dr. Marie Bernard to provide the progress report.

Marie Bernard: So as Dr. Johnson said, we have been conceptualizing our work in focus areas, also illustrated in that Venn diagram. And the first focus area is elevating health disparities and minority health research across the NIH institutes and centers. We started right out of the box after we publicly unveiled this February 26th of 2021 with an RFA, request for applications, to look at structural racism and discrimination and health disparities. Multiple institutes and centers joined it, and some $38 million was committed over 5 years to support that research, led by the National Institute of Minority Health and Health Disparities. We additionally unveiled the opportunity to compete for funds from the NIH Common Fund to do transformative research in health disparities. And at the end of fiscal year '21, we're able to announce 11 awards along those lines: six addressing this topic in general, five addressing this topic at minority serving institutions, with a commitment of $58 million over the subsequent 5 years. There was an additional competition, looking at minorities serving institutions, in fiscal year '22, and those awardees will be announced soon. And then for this fiscal year, fiscal year '23, we have an initiative that's looking at health disparities research via community-driven approach. It's called ComPASS, and the concept here is that there will be community academic alliances with the communities looking at their needs and dictating what it is that they feel needs to be addressed to rectify health disparities and then the academic institutions working with them to achieve that goal. Very different from the way that we've done things in the past at NIH, but very important if we're going to really make progress in addressing health disparities. For Focus Area 2, which is looking at the external biomedical research workforce, we have a number of things that have been initiated. We've improved the way that you can report harassment and discrimination through multiple means, and we've been able to put some teeth behind that in terms of the expectations of academic and research institutions in the Notice of Grants Awards. We've increased the transparency of our race and ethnicity data about funded researchers, and if you simply Google NIH UNITE, use one of the links that's being provided, you can see the data dashboard that's there. We've expanded existing grant progress, particularly to increase career opportunities for underrepresented groups in the K-through-12 STEM community. We recognize that there's quite a bit of diversity in the K-through-12 ranks, and that science identity is often solidified by middle school. So it's important to make that sort of outreach. So a program called the science education partnership award that has been led by the National Institute of General Medical Sciences, for many years, has now had 17 other institutes and centers to partner with them to expand the program. And we're developing a prize competition to reward institutions of higher education for innovative inventions that enhance faculty and student diversity, equity, inclusion and accessibility, or DEIA, as we call it. We expect that that announcement will come probably early spring. Additionally, we have some concepts that have been approved. When a concept is approved, that means that it's been brought to the advisory council of an institute or center, and once approved, it will likely be come a funding opportunity announcement. It's a long process. The first three concepts that are listed here were approved by the National Institute of General Medical Sciences Council in May of 2022. The last one is from the National Institute of Minority Health and Health Disparities Council, again, spring of 2022. They're winding their way through the processes here at NIH, and we're hopeful that they will all become funding opportunity announcements that are announced and that you can apply for. Sometimes, that doesn't happen, but most of the time, they do successfully make it through the process. What are they? There is an Institutional Climate Assessment and DEI Action Plan Development Grant that allows institutions to look at themselves and what their climate is and what needs to be done to make it an inclusive environment and provides funds to do that. There's an Excellence in DEIA Investigators Grant, which will provide people an opportunity to apply for funding from NIH because they have an excellent track record in mentoring, particularly, for individuals from diverse backgrounds to continue to support that mentors' work. Mentors, many times, don't get paid, so this is a great opportunity. And there's an Instrumentation Grant Program for Minorities Serving Institutions that is under development. There's already an Instrumentation Grant Program at NIH, but this is going to be specifically focused on minorities serving institutions. Finally, there's an Institutional Research Capacity Building Needs Assessment and Action Plan Development Grants program, quite a mouthful. That's the reason we have lots of acronyms. They'll come up with a nice acronym for this. That's designed to allow minorities serving institutions in particular to look at what their needs are and to develop a plan for addressing those needs. For Focus Area 3, we are looking at our own environment, making sure our own house is in order, so that we can role-model what we expect externally. We've established an Anti-Racism Steering Committee to inform our efforts, to identify and address any racial or ethnic inequities that may exist within NIH. We have some 500 volunteers from that group but a couple of really good suggestions that are now becoming reality at NIH to address some issues. We have had last fiscal year and, again, this fiscal year, a performance standard for leaders of the institutes and centers at NIH to address DEIA, and a component of that is developing racial and ethnic equity plans for the institutes and centers. People are busily working on those plans and seeing what sorts of interventions they need to make, based upon the qualitative and quantitative that they've gathered, and they will at least, once a year, step back and see, what has been in the impact of what we've done? What else do we need to do to make sure that there is true equity for all? We've published our own workforce demographic data to enhance transparency and better understand barriers to equity. Part of that has helped us to recognize that we're in equitable recognition, so we've revised our NIH Directors Awards program based upon the data. And we've done a project called The Power of an Inclusive Workforce Recognition Project. It's diversifying the portraiture across NIH. It's the brainchild of an early career scientist, Dr. Sadhana Jackson, who was a tenure-track scientist in the National Cancer Institute at NIH, and she's spoken very eloquently in an op-ed that was published in STAT about how it made her feel walking the halls of NIH and not seeing herself recognized. So this project is expanding the images of people on the walls at NIH. Usually, you just see the NIH directors or the Nobel laureates. Now, you see early career scientists. You see non-scientists. You see people with disabilities. There's just a whole array of individuals, all of whom are important to the success of science. And then our fourth area is data. As you saw up on the Venn diagram, data underlies all of what we do. We had a request for information as we launched the UNITE Initiative with 1,100 responses, and the formal report of the summary analysis of those 1,100 responses has recently been published. We've had listening sessions with more than 1,300 participants. You can see brief summaries of those listening sessions. Again, if you just do NIH UNITE in Google, or use one of the links that are provided, you can see those summaries. Both are by, as we call it, request for information or a listening session, data or helping to guide us as we're moving forward. And we've developed a data dashboard to foster transparency and better understand barriers to equity, which I invite you to take a look at. So there are lots of resources that have been put in the chat. The things that we'd really like you to take a look at would be our progress report. We have a progress report that was published in October that summarizes what we did in 2021 and 2022. I mentioned the RFI report that you might want to take a look at. We also published a monthly Cochair's Corner that summarizes what the latest developments are within UNITE. Please, take a look at that on the website. Sign up for it, and you'll automatically get the e-mail that lets you know what's going on. And we have a LinkedIn site that you might find to be useful. I think that's it, in terms of our formal presentation.

Ericka Boone: Thank you so much, Drs. Bernard and Johnson. We will begin our Q&A session or portion of our panel discussion now, and remember that the Q&A is open for questions. If members who are .. . individuals who are attending our session today are interested in having our panelists answer a question, please feel free to submit that question within the Q&A. So I'd like to begin by going back to one of your original slides. Dr. Johnson. You mentioned the initiation or what ended up prompting the beginning of UNITE. Can we talk a little bit more about that? How did staff influence the beginnings or set the trajectory for UNITE to begin? And how did it NIH kind of encapsulate what they thought UNITE would end up looking like and being, based on that feedback and input from staff?

Alfred C. Johnson: Yeah. Staff played a very important role in the development of UNITE. Again, I've been at NIH quite a while, and this was the first effort where I saw things .. . essentially, the stars aligning because the discussions that staff were having among each other and different groups of staff, as I mentioned in the presentation, 8cre, Eight Changes for Racial Equity, the African American Black Scientists, the Anti-Harassment Steering Committee - they're having conversations about this. At the same time, NIH leadership is having conversations about this. And staff actually approach NIH leadership, which actually triggered those to cut discussion to an even higher level. And as those discussions developed, it was decided that we need to identify staff at all levels who can come together to then essentially form whatever this initiative would be. We came up with the acronym UNITE, but it really was driven by staff. Each of those work streams had about 15 staff members, plus three leaders, so about 18 members per group, per work stream, all coming together to shape what each part of those work streams would be. And it was so nice to see how they came together to, play on word, how they united to really come up with this great initiative that we have that is now continuing into our, essentially, our third year, our second and third year.

Ericka Boone: So it's really great to hear that the staff here at NIH were really that catalytic spark that kind of set the trajectory for UNITE to be what it is right now.

Alfred C. Johnson: Right.

Ericka Boone: And hopefully will set the tone for where it's going to be in the future. Now, speaking of the future of UNITE, Dr. Bernard, have the initial goals or focus of the UNITE Initiative changed or adapted since its implementation?

Marie Bernard: I would say yes. UNITE is a continuously evolving initiative. As we got started, those five different working groups stood back and came forward with things that needed to be addressed, and that work has been largely done over this first phase, you might say, of UNITE. Many would say it's kind of the low-risk, high-reward things that have been highlighted in the progress report and briefly touched on during our presentation. But we knew as we were launching this that we were .. . I was the one who said this is a marathon, maybe even an ultramarathon, and that we would be passing the baton on, so mixing metaphors as time went on. So we're 2 years into it. We have Dr. Byrnes, who's a new cochair of UNITE overall. We have some new members as other members have rotated off. And we're at the point now that it's going to be a little longer to see results. It's going to be higher risk, high-reward projects that we're going to be working on, but we're going to continue working because we know that this is a long journey. And the beautiful part about it, from my viewpoint, is exactly what Dr. Johnson said. There are so many people who are out there and willing. Just look at the 500 people who have volunteered for the Anti-Racism Steering Committee. There's a lot of passion here. It's great.

Ericka Boone: So I'm going to ask a question about, where do you think that this will end up? How do you know that the job of UNITE has been completed? Is there a finish line? Or do we keep moving that finish line because we're setting new goals? So I would .. . Okay.

Alfred C. Johnson: I'll jump on this one, Ericka. The thing about UNITE that I've already noticed is that we had certain ideas when we started, but as we look around this country, we see how things change, and as Marie mentioned, we evolve with that. And so for me, I think that finish line will keep moving. I think we will get closer to it, but it'll keep moving because there will always be effort. We're not going to undo 200 years of issues within maybe even our lifetime. But I think this initiative can continue and get us much closer than we have ever been in the past.

Ericka Boone: So there's institutional leadership support for NIH UNITE initiative to continue and to move forward?

Alfred C. Johnson: Yes. And one of the things that we are trying to do, and Marie and I and others have talked about this is, how do we embed this UNITE effort into the fabric of NIH so that it's part of the NIH DNA, so that it continues to replicate as we go into the future? That's what we're trying to do. So, yeah, leadership is supportive, but we're trying to weave it into a point where it will continue, let me say, in spite of leadership. That's what we would love to do.

Ericka Boone: Thank you so much for that, Dr. Johnson. I see what you did there with the DNA and replication. You're still at it. It's late on a Thursday, and you've still got all of your .. . You're operating on all cylinders there. But speaking of DNA, let's talk a little bit about your own personal commitment to this. This is not an easy challenge. Even though we get a little pushback talking about this being a marathon because, as you said, 200 years is a long time. So sometimes people are tired of waiting on things to happen, but going back to your analogy with DNA, what's your personal connection, or why do you personally feel committed to advancing the goals of UNITE? We will start with Dr. Byrnes.

Noni Byrnes: Oh, thank you.

Ericka Boone: You're new. You're the new kid on the block, but we can .. . You're still committed. You're here.

Noni Byrnes: Of course, of course, and I think we're all committed, and I think, well, what was mentioned before is that: One thing I've noticed is this sort of strong leadership balance, [Indistinct] and commitment to the goals of UNITE so absolutely. For me personally, I think we're all committed to the NIH mission. The NIH mission [Indistinct], and to some extent, it affects all of us personally and our families. And I think when you don't have inclusivity in a generation of plans and ideas, you get less innovation, and I think this is very much directly connected to the plan of the commission. [Indistinct] But for me personally, I think that's the project. I do have experiences. My experiences don't match everyone else's. Each of us comes from a different background and experience. Mine has been from coming from a country where women not [Indistinct]. It's not the same as in the U.S., and it took a while for me to get used to that. I've also trained in a lab of an African American, prominent one who's actually who's actually speaking at [Indistinct] at the end of this month. And I saw just a glimpse of what he went through, you know, being full tenured professor. So I think there's things that are very entrenched in our system, but I'm very committed to fixing to the extent that we're able to. And I think we have a good pulpit here to do it.

Ericka Boone: Thank you so much for that, Dr. Byrnes. Dr. Bernard, of course you have a professional connection to this because of your role as COSWD, but what about your own personal connection to advancing UNITE?

Marie Bernard: So you see all the gray hair. I've earned it. In my life experience, I have often been the only woman or the only person of color or both in the room as I went through my training. And as I grew up, there were disparities that I could see and that I lived through that has left me with a commitment of paying it forward. I came into this role as the Chief Officer of Scientific Workforce Diversity just a little more than 2 years ago. And I'm very grateful to be in the position because it was as UNITE was being launched internally, and everything is aligned to allow us to make progress at this time. Heretofore, it was kind of my advocation and for it to be my vocation when everything is aligned: executive orders, the viewpoint of the leadership at NIH, the NIH staff. It's just a really exciting time, from my perspective.

Ericka Boone: Dr. Johnson?

Alfred C. Johnson: So I grew up in the segregated South. Went to an HBCU for undergraduate study. Went to a Tier 1 school for graduate school. And I've been able to see and witness the challenges that are faced as you go through that. And so I think what one of the things that has always inspired me is the quote that says, "To whom much is given, much is required." And so that is one of the things I think about each day - all that has been done for me to get me to the position I'm in. I need to be able to get back and to make a difference, and where I would love to make a difference in this country is in this vein: getting rid of structural racism, providing equity. So in my position, I try to do that on a day-to-day basis, and so that just so .. . It joins very nicely with the UNITE Initiative, and so that's why I'm deeply committed to it.

Ericka Boone: Thank you so much for that. I appreciate it. It kind of gives a human touch to hear more from your own personal perspectives. We do have a question within the chat, and it says, "Can you point us to a list or review of specific barriers to entry success for underrepresented scientists that NIH had identified? I can't seem to find anything like that on the site." As opposed to answering this question specifically as it is, I'd like for us to kind of talk about some of those barriers that we're addressing through our UNITE Initiatives. And you mentioned some of those within the presentation, Dr. Bernard. I'd like to start with you, and then I'd like to go to Dr. Byrnes so that we can hear more about this from the CSR Review perspective as well.

Marie Bernard: Yes, thank you. So you could talking that there are .. . Think of this in terms of of a theoretic framework to help address issues that women, people from underrepresented racial and ethnic groups may encounter in becoming successful scientists. Part of it is dealing with institutions that need to have a commitment to addressing things, and we clearly have that with NIH UNITE Initiative. It started with NIH Director and Principal Deputy Director stating that we're going to do this, and every institute and center director also issuing statements that we're going to do something about this. It then goes to holding people accountable. It's not just virtual posturing. We're going to make this statement. Are you really going to act on it? And as we've talked about, the fact that there is now a performance standard for out institute and center directors and racial and ethnic equity plans that are being pursued and measured to see how the various institutes and centers are performing. It's caused a bit of agita, but it's also trying to be objective about what's being accomplished. And then putting things in place to be supportive of the scientists, so things like the Mentoring Award that's out there, things like the prize that's going to recognize excellence at institutions, things like the opportunity to do institutional climate assessments and make changes, things like particularly for minorities serving institutions, instrumentation brands, the opportunity to do their own self-assessment,. And then things .. . You have to have things in place to take into consideration the person. Things like making it possible for people to report if they're running into issues of harassment or discrimination, things like our new approach to holding institutions accountable in the Notice of Grants Awards. So, a stick as well as a carrot, in terms of making sure that there is attention to issues of harassment, discrimination and having a civil environment for all to flourish. So those are some of the examples of things that are happening with the NIH UNITE Initiative. And I will drop into the chat a Nature Communications article that Dr. Janine Clayton, Director of Office of Research of Women's Health, and a couple of other colleagues and I wrote that shows you that theoretic framework that I'm referencing.

Ericka Boone: It's a beautiful framework. Dr. Byrnes, would you like to comment on some of the barriers that CSR is addressing with regards to the review of applications? So we hear all the time, "I've submitted this application. My scores are terrible. What do I do?" Or, "If I'm at an HBCU or an institution that doesn't receive as much funding as maybe what some of our R1 institutions do, but I always seem to find that my scores are just .. . They're just not fundable. I'm super frustrated. I don't know if there's some sort of thought process by reviewers that because I'm not in an R1, my research is not as good as others." How is CSR helping to tackle some of these structure barriers?

Noni Byrnes: All right. So one thing I like to remind people of is the peer review system is a microcosm of the broader biomedical [Indistinct].

Ericka Boone: It sure is.

Noni Byrnes: Reviewers don't suddenly become biased by coming into a review. bu They also don't suddenly become unbiased. They don't lose whatever biases they have by coming into the system and serving on a full review committee. Our focus has been to ensure that we are assessing the science, and we're doing what's focused on the scientific merit and making sure that there is a level playing field, right? And I think that's the biggest issue in biomedical science right now is the community or the network, and the connections are all disparate. It's a disparity for the [Indistinct] from there. So our focus has been, one, we have tried to diversify our panels, and the data is on website. It's had a considerable amount of success, and we're quite enriched in both women and underrepresented minorities, compared to whatever the applicant pool is. [Indistinct] you can compare it to global population, although we're nowhere near there. We still have a ways to go, but we've developed tools. We've had bias training for reviewers. That's actually been quite popular, and as we're working with [Indistinct] to sort of roll that out beyond the CSRs [Indistinct]. We have, as Marie mentioned, a reporting, so we have a direct reporting of bias mechanism, where anyone, whether it is an applicant or another reviewer who feels disrespected, because that can be very bad, we have some listening sessions we have started for the community back in 2020, three different listening sessions. And we tried to address those by allowing political bias reporting directly to us. And if we see that something is biased in review, we would read review lists in the same council [Indistinct] move around or support. But that said, I think we are focused right now on making outreach with NSI, [Indistinct] to make sure they're integrated in our process, working with their office that sponsors the program. We have an RFI out right now on the structured video criteria for everyone here. Okay? So look at it, and comment on it and [Indistinct] specific targeted outreach for an institution. So I think we're trying to assess the level playing field part, and getting there, not there yet.

Ericka Boone: Thank you so much.

Noni Byrnes: [Indistinct].

Ericka Boone: No, I appreciate that because oftentime what you hear, or what people's impressions are is that NIH is not listening to the community. And from you've all been saying for the last 38 minutes is that we are listening. And it's very important that we listen to the extramural community. Not just listen but also address the issues that are identified, so not only are we contributing to improving the science, but also, we're contributing to improving implementation and health overall within the United States by what we're doing by addressing these barriers. We have another question within the Q&A that says .. . I think this one might be more relevant for Dr. Bernard. The NIH FIRST U54 Mechanism was impressive, but the last submission date was 2022. Does NIH plan similar future programs? Are there other recommended funding routes for well-score unfunded NIH FIRST applications to pursue?

Marie Bernard: Yes. The FIRST part, FIRST, Faculty Institutional Recruitment for Sustainable Transformation initiative is a wonderful initiative that builds upon the evidence. The evidence shows that if you bring cohorts of individuals, you are likely to have greater diversity, because it's not a one-off sort of recruitment. It's a bunch of people being brought in and that they can end up being supportive to each other. So with the FIRST initiative, funds were made available to do that sort of recruitment, but it also acknowledged that you need to pay attention to the environment, the climate that you're bringing people to because you can bring people in and have them go right back out again if you don't have the appropriate support in the climate. So another very important component of the FIRST initiative was for the academic institutions and research institutions that were successful to have money to look at their environment and make improvements, enhancements to their environment, so it all feels supported and included. And, yes, the last opportunity for application has passed. We expect to get the funding list very soon and to make some decisions as to whether we'll have to do something called tin-cupping, going around and asking for extra money. We'll see. But the Institutional Climate Assessment concept that was approved by the National Institute of General Medical Sciences Council last spring, is an opportunity to do what is in first, at least in terms of looking at the climate and environment and making interventions there. And I would encourage every academic institution that had been interested in the FIRST initiative to look at that when that funding opportunity announcement comes out. People are very clever and creative. I would imagine you can get money from foundations or whatever to do the recruitment. It's harder to get money to do the less glitzy part of things, and that's looking at your environment and making changes. So take a look at that FOA and apply for it when it becomes a reality.

Ericka Boone: Thank you. We have another question in the chat, and that is, "What, if anything, can research administrators do to support our PIs and faculty as they attempt to tackle and address issues in diversity and equity?" So I recently attended the AAMC, or one of the AAMC meetings in Chicago this past October, and there was a lot of conversation about what institutions can do to tackle structural racism issues within their institutions and tackle issues related to DEIA? I want to broaden this question just a little bit and kind of connect it to other federal agencies or for other institutions that are seeking to kind of create a UNITE in and of itself. What would be some of those recommendations that you would provide from, one, the leadership level, but then also from staffing level? Because as Dr. Johnson said, there was an intermixing of activity communication recommendations they were all taking into consideration as UNITE was put together and as UNITE continues to grow and move. We will start with Dr. Johnson.

Alfred C. Johnson: So, Ericka, I think the UNITE Initiative approach worked for NIH.

Ericka Boone: Mm-hmm.

Alfred C. Johnson: And I think that's because of the community came together and said, "This is what we need to do, and this is how we get things done here at the NIH." Each institution, each government agency would have to do a similar analysis and say, "How do we really get things done at this place?" It could be that in some cases, top-down will work quite well.

Ericka Boone: Mm-hmm.

Alfred C. Johnson: In other cases, bottom-up might work well. But I will submit to you that the best outcomes will be when you get that intermingling of those who are the boots on the ground and those in leadership coming together. Because when you put all those perspectives on the table, you get a much better sense of what needs to be done and then can roll out and do it. And so I would engage as any institution to say, "Okay. What is it that we need to do to make this happen?" In terms of, what can research administrators do? Talk to the PIs. Ask them what they need, and then go to work to find a way to get that to them, so they can address diversity and inclusion and equity issues within their research program.

Ericka Boone: Dr. Bernard?

Marie Bernard: Let's say amen to what Dr. Johnson said. If it were easy to do, it would be done already, quite honestly. It's a multifactorial approach. Every environment is a little different, so you need to stand back and see what's in your environment. But again, there's certain basic principles. You have to have leadership commitment. You have to have more than just words. You have to hold people accountable. You have to stand back and look at your data and see where there are inequities and then move forward in addressing them. Develop a plan, act on that plan, measure and see what the impact has been and then readjust. And as a continuous cycle, so it's not easy. It takes persistence, perseverance, commitment.

Ericka Boone: And listening. Dr. Byrnes?

Noni Byrnes: I'll agree with my colleagues. [Indistinct] I can't add much, because I think they covered it all. I will say, not to [Indistinct] but if there's another question regarding the outcomes of [Indistinct], that is ending, but I don't really know how to add it to the [Indistinct]. I'll have a link to our initiatives and data and assessments people can [Indistinct].

Ericka Boone: Thank you so much for providing that, but as we close out, it is 9:45, we are at the end of our 45 minutes. I would like to, however, ask each one of our panelists, in about 20 seconds or so, what's your greatest proud moment or proudest accomplishment with regards to UNITE thus far? Whether it's your role or the role that NIH is playing or something else or someone else? What's that proudest moment for you? Dr. Byrnes?

Noni Byrnes: I'm new here in terms of the leadership, but let me tell you how impressed I am with the involvement of the staff, the enthusiasm and the energy of staff across the agency. That's remarkable and not something I ever thought would happen. Fantastic.

Ericka Boone: I appreciate that. There's so many people that when this thing started, they said that nothing is going to change. Nothing is going to happen, and it is. So I think that that is a proud moment. Dr. Johnson?

Alfred C. Johnson: So I totally with Noni. So I have to go elsewhere with my answer now, and that is that seeing other institutions come to the NIH and looking around and seeing, even just looking at the portraits here on the wall and saying, "We need to do something like that." So NIH being out in front and basically paving a way for others to come up with ideas, what they can do at their own institution. That is an accomplishment that I think will go even further than the UNITE Initiative itself.

Ericka Boone: Dr. Bernard?

Marie Bernard: Well, Dr. Byrnes and Dr. Johnson said things that I would've said, but I think one of my proudest moments was the publication of the UNITE Progress Report for 2021, '22. When you read that, and you stand back, and you look at everything that has been done, and you think about where we were in October 2020 when we started internally with people who were scientists, non-scientists, leaders, non-leaders, all kind of talking in different languages. It took a while to get everybody on the same page, and yet when you look at that report that was published in October 2022, look at everything that's been done already. It's remarkable. I'm impressed, and I'm really honored to be working with this group of folks.

Ericka Boone: Thank you so much. I agree with all three of you. Not only are we talking about it publicly, but we're also engaging in action to do something about it. So I think that I have a collection of proud moments, and I'm continuing to have those, and serving as your moderator today is one of those moments for me as well. So I'd like to thank you, say thank you, rather, to our presenters, and I'd like to say thank you for everyone for joining us for this informative session.