

UNITE PROGRESS REPORT



2021–2022





TABLE OF CONTENTS

Message from UNITE’s Co-Chairs	3
Executive Summary.....	5
The Genesis of UNITE	9
Structure	11
Challenge Statements and Goals.....	12
UNITE and the NIH Ecosystem.....	13
Progress Reporting.....	15
FOCUS AREA 1: Elevating Health Disparities and Minority Health Research Across Institutes and Centers	16
FOCUS AREA 2: Promoting Equity in the NIH-Supported Biomedical Research Ecosystem.....	20
FOCUS AREA 3: Promoting Equity in the Internal NIH Workforce.....	25
FOCUS AREA 4: Improving the Accuracy and Transparency of Racial and Ethnic Equity Data.....	29
What’s Next for UNITE?	33
Appendix A: NIH DEIA Organizational Chart.....	34
Appendix B: Past and Present UNITE Committee and Subcommittee Members	35



MESSAGE FROM UNITE'S CO-CHAIRS

Dear Colleagues,

Since 2020, we've witnessed far too many horrific events that have shaken our nation, including the murder of George Floyd, the shooting of six Asian American women in Georgia, and the stark health inequities highlighted by the COVID-19 pandemic.

These experiences illuminate the inequalities that people of color have endured for centuries in the United States. Our country's history of racial and ethnic disparities, combined with recent tragic events and our communities' reactions to them, have created a once-in-a-lifetime tipping point.

Here at NIH, we saw with fresh eyes the reality of racial inequities in biomedical and behavioral science and were dismayed by the inestimable loss of talent, creativity, and innovation due to the cultures of exclusion that have existed for decades.

We recognized that it was time to *unite* and enact a seismic shift in our systems, policies, and cultures to advance racial and ethnic equity and address disparities.

From this desire for change, the UNITE initiative was formed. We began with a series of internal conversations among leadership around structural racism's role in health disparities and the biomedical and behavioral research enterprise. We drew on lessons learned from many of NIH's diversity efforts and initiatives generated by the NIH institutes and centers.

UNITE was officially announced on February 26, 2021, with a commitment from former NIH Director Francis Collins, M.D., Ph.D., and then-Principal Deputy Director Larry Tabak, D.D.S., Ph.D., who is now performing the duties of the Director of NIH, to address structural racism in biomedical and behavioral science.

In the early days of UNITE, we focused our efforts on listening and learning to lay the groundwork for change. This included a request for information, which received over 1,100 responses from the public.

UNITE primarily focuses on three intersecting areas—health disparities and minority health research, the internal NIH workforce, and the external research workforce. UNITE helps enable greater transparency, accountability, and communication across NIH and the biomedical and behavioral research community. Five UNITE committees with more than 80 NIH staff volunteers concentrate on catalyzing change and enacting real solutions to foster equity for all.

Since it began, UNITE has facilitated support for funding opportunities on the [impact of structural racism on minority health](#) and transformative research to address [health disparities](#). Through the [NIH Common Fund](#), in sync with the purpose of UNITE, we launched the [Faculty Institutional Recruitment for Sustainable Transformation \(FIRST\) program](#) to enhance and maintain scientific environments that cultivate and benefit from a full range of talent. We also harnessed the power of inclusive imagery with [The Power of an Inclusive Workplace Recognition Project](#) in the hopes that more NIH staff would “see themselves” reflected on the walls and web pages of NIH.

We are proud of UNITE's achievements but understand that much more needs to be done to identify and address structural racism so that all who are involved with moving the scientific research enterprise forward experience actual change. We aim to integrate UNITE activities, goals, and principles into all that NIH does.

The UNITE Progress Report gives you an inside look at the story of UNITE, some of our accomplishments, and where we're headed next. We thank everyone who has contributed to this immense effort. It is our hope that as we continue our united work across all three primary domains of the UNITE initiative, we will achieve even more.



“Injustice anywhere is a threat to justice everywhere. We are in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly.”

Dr. Martin Luther King, Jr.

UNITE drew upon the experiences of many efforts at NIH, including the work of NIH institutes and centers, the [Working Group on Diversity in the Biomedical Research Workforce](#), and NIH offices involved in equity and inclusion, including the [Office of Equity, Diversity, and Inclusion \(EDI\)](#), [Office of Human Resources \(OHR\)](#), [Chief Officer for Scientific Workforce Diversity Office \(COSWD\)](#), [Office of Extramural Research \(OER\)](#), [Office of Intramural Research \(OIR\)](#), and the [Civil Program](#).



Marie A. Bernard, M.D.

*Chief Officer for Scientific Workforce Diversity
NIH Office of the Director*



Alfred C. Johnson, Ph.D.

*Deputy Director for Management
NIH Office of the Director*



Tara A. Schwetz, Ph.D.

*Acting Principal Deputy Director
NIH Office of the Director*



EXECUTIVE SUMMARY

UNITE is a working group that reports to the NIH Steering Committee (Appendix A) and acts as a think tank to promote equity, generate bold ideas, and catalyze new actions. Collectively, it identifies and addresses any structural racism that may exist within the agency and throughout the biomedical and behavioral workforce (Exhibit 1). UNITE facilitates activities to identify opportunities, make recommendations, and develop and implement strategies to spur widescale, systematic change.

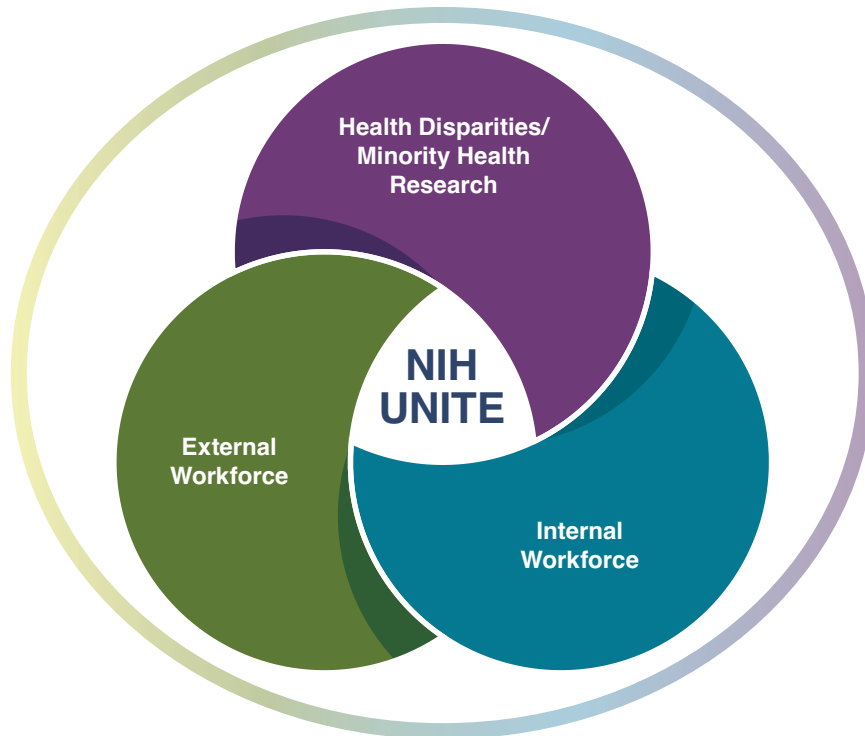


Exhibit 1: UNITE's Role Intersecting HD/MH and Internal/External Workforces

A Catalyst for Change

The surge in racially motivated violence during 2020 and 2021 and health inequities highlighted by the COVID-19 pandemic further illuminated the reality of racial injustice in the United States and our shared responsibility to address it. As a result, UNITE was publicly launched on February 26, 2021, at [a special meeting of the NIH Advisory Committee to the Director](#). As a part of this effort, former NIH Director Dr. Francis Collins committed to [identifying and addressing structural racism](#) in biomedical and behavioral science. Principal Deputy Director Dr. Larry Tabak, now performing the duties of the director of NIH, is continuing this commitment.

UNITE is comprised of five interacting committees staffed by NIH volunteers from all 27 NIH institutes and centers (ICs), as well as the NIH Office of the Director (OD), from various job categories and career stages. Committees meet regularly to discuss racial and ethnic equity at NIH and generate ideas to address inequities in the biomedical and behavioral research enterprise. Their proposals are vetted by UNITE leadership and implemented after a thorough review. These efforts foster equitable and inclusive environments that enable scientists and staff from all backgrounds to engage, contribute, and thrive at NIH.

Major Milestones and Accomplishments

As of the summer of 2022, UNITE leadership and committees developed challenge statements and goals with priority “focus areas” for action. We describe select accomplishments associated with each focus area during Fiscal Year 2021–2022 (FY21–22) below.

FOCUS AREA 1

Elevating health disparities and minority health research across institutes and centers

Focus Area 1 ensures that ICs prioritize health disparities and minority health research (HD/MH) across clinical trials and human subject research.

[RFA-MD-21-004](#), developed by the National Institute on Minority Health and Health Disparities (NIMHD) and robustly supported by 25 NIH institutes, centers, and offices (ICOs) as advocated by UNITE, was published in FY21. It supports observational research on structural racism and discrimination in causing and sustaining health disparities and intervention research that improves minority health or reduces health disparities through a commitment of up to \$30.8 million over five years, which started in 2022.

The UNITE-inspired [Common Fund’s Transformative Research to Address Health Disparities and Advance Health Equity initiative](#) published two funding opportunity announcements (FOAs) and made 11 awards in 2021, committing up to \$58 million over five years, with five awards going to minority-serving institutions (MSIs). A third FOA released in FY22 will support additional projects addressing health disparities at MSIs.

The FY23 [Community Partnerships to Advance Science for Society](#) (ComPASS) initiative is a new Common Fund effort that began because of UNITE deliberations. ComPASS is a 10-year, \$400 million Common Fund effort to increase funding for health disparities research.

FOCUS AREA 2

Promoting equity in the NIH-supported biomedical research ecosystem

As a result of ideas generated by UNITE, initiatives in this focus area were developed to promote diversity and inclusion in the NIH extramural research ecosystem.

To promote supportive workplace climates, NIH enhanced its harassment reporting by updating the [eRA Commons](#) to include racial discrimination as a specific concern that grantee institutions can report to NIH. To identify and address racial and ethnic disparities and enhance the diversity of its funded researchers, NIH increased the [transparency of data regarding funded researchers](#), a necessary step toward promoting equity.

UNITE also spurred funding opportunities intended to enhance equity and researcher diversity. For example, the [Plan for Enhancing Diverse Perspectives](#), a component of grant reviews that was originally developed by the NIH BRAIN initiative, is being expanded through UNITE to multiple FOAs. The [NIH Science Education Partnership Award \(SEPA\) program](#) has been expanded, with 17 ICs joining the National Institute of General Medical Sciences (NIGMS) in focusing on projects that generate resources to increase career opportunities for underrepresented groups from diverse backgrounds, including those underrepresented in biomedical research, as well as outreach to these groups in the K–12 Science, Technology, Engineering, and Math (STEM) community.

NIH is also developing a [Diversity, Equity, Inclusion, and Accessibility \(DEIA\) prize competition](#) to reward and recognize institutions of higher education for innovative interventions that enhance faculty and student DEIA.

In the first half of calendar year 2022, the National Advisory General Medical Sciences Council approved three concepts [to enhance the participation of underrepresented groups](#) in biomedical and behavioral research: Institutional Climate Assessment and DEI Action Plan Development Grants, Excellence in DEIA Investigator’s Grants, and Instrumentation Grant Program for MSIs. Additionally, the National Advisory Council for NIMHD approved a concept for Institutional Research Capacity Building Needs Assessment and Action Plan Development Grants. It is anticipated that there will be funding announcements based on these concepts in FY23.



FOCUS AREA 3

Promoting equity in the internal NIH workforce

Efforts in Focus Area 3 concentrate on enhancing equity within the NIH internal workforce, role modeling expectations of the external biomedical ecosystem.

New initiatives driven by UNITE include the Anti-Racism Steering Committee (ARSC), comprised of more than 500 volunteers, which was established to help address racial and ethnic equity in the internal workforce.

In keeping with [Executive Order 13985](#), UNITE recommended that each IC develop a Racial & Ethnic Equity Plan (REEP), similar to the anti-harassment plans developed in 2018, in response to concerns about [sexual harassment in the workplace](#). UNITE’s publication of the [NIH workforce demographic data](#) promotes greater transparency and enables the understanding of disparities that may present barriers to equity. In addition, [The Power of an Inclusive Workplace Recognition Project](#), led by UNITE staff volunteers, diversified the portraiture in NIH buildings and digital spaces to recognize the contributions of all NIH staff.



FOCUS AREA 4

Improving the accuracy and transparency of racial and ethnic equity data

Greater data transparency and availability enhances stakeholder efforts to address structural racism and discrimination.

A 2021 [UNITE Request for Information \(RFI\)](#) received more than 1,100 stakeholder responses on how NIH might advance diversity within the biomedical and behavioral research workforce and expand research to eliminate or lessen health disparities and inequities. UNITE hosted [14 external listening sessions](#) with over 1,300 participants to learn and gather information, which is being translated into action.

Input from the UNITE RFI and listening sessions affirmed the direction of UNITE efforts and is leading the way for [future developments](#) to address structural racism. Additionally, a foundational principle for fostering change is the clear and transparent sharing of data. To that end, UNITE is committed to accountability and communicating progress through its [Data Dashboard](#), which provides facts and figures regarding aggregated diversity, equity, and inclusion-related data and analyses related to funding, the internal NIH staff, and the external scientific workforce.

UNITE's Work Continues

While we are proud of UNITE's achievements, we recognize that there is much more to be done.

We thank everyone who has contributed to this colossal effort. The UNITE Progress Report tells the story of UNITE and outlines accomplishments since its public unveiling in February 2021.



THE GENESIS OF UNITE

As noted in the [NIH diversity statement](#), NIH's ability to help ensure that the nation remains a global leader in scientific discovery and innovation is dependent upon a pool of highly talented scientists from diverse backgrounds who will help to further NIH's mission.

[Research shows](#) that diverse teams working together and capitalizing on innovative ideas and distinct perspectives outperform homogeneous teams. Scientists, staff, trainees, and fellows from diverse backgrounds and life experiences bring different perspectives, creativity, and individual enterprise to address complex scientific problems. However, despite the evidence-based benefits of a diverse, equitable, and inclusive workforce, racial and ethnic disparities persist, leading to substantial harm to the scientific enterprise.

The surge in racially motivated violence during 2020 and 2021 and health inequities highlighted by COVID-19 further illuminated the reality of racial injustice in the United States and our shared responsibility to identify and address it.

Structural racism has significantly disadvantaged the lives of people from racial and ethnic backgrounds underrepresented in biomedical and behavioral research, including NIH staff who support our biomedical research mission and the external biomedical and behavioral scientific community.

The former NIH Director, Dr. Francis Collins, and the Principal Deputy Director, Dr. Larry Tabak, now performing the duties of the director of NIH, have [publicly committed](#) to identifying and addressing structural racism in the biomedical research enterprise. NIH is [reinvigorating its efforts](#) to enhance diversity, equity, and inclusion, using multiple resources to remediate structural racism—a chronic threat to public health.

The groundwork for UNITE began with a series of pivotal internal conversations around structural racism's role in health disparities and the biomedical and behavioral research enterprise. [This included conversations with senior African American/Black intramural NIH scientists; 8 Changes for Racial Equity \(8CRE\)](#), a group of volunteers from intramural and extramural NIH staff; and subsequently [the NIH Federation of Asian Americans, Native Hawaiians and Pacific Islanders Network \(FAN\)](#). UNITE was built on the foundation of the activities across NIH within the ICs and many NIH Offices involved in equity and inclusion, including the following:

- [Chief Officer for Scientific Workforce Diversity Office \(COSWD\)](#)
- [Civil Program](#)
- [Office of Equity, Diversity, and Inclusion \(EDI\)](#)
- [Office of Extramural Research \(OER\)](#)
- [Office of Human Resources \(OHR\)](#)
- [Office of Intramural Research \(OIR\)](#)

UNITE was publicly launched at a special meeting of the [Advisory Committee to the Director](#) on February 26, 2021, with a commitment from former NIH Director Dr. Collins to identify and address structural racism in biomedical and behavioral science.

UNITE Major Milestones

2020	Summer 2020 NIH leadership and IC Directors meet with internal stakeholders to deliberate on societal changes highlighting the impact of racial and ethnic inequities—disproportionate morbidity and mortality from COVID-19 and racially motivated violence	October 2020 Internal launch of UNITE	
2021	February 2021 Special meeting of the Advisory Committee to the Director to externally announce UNITE, and Dr. Collins publicly acknowledges structural racism in the biomedical and behavioral research enterprise	March 2021 March 1, 2021, UNITE website launched, including Dr. Collins' statement acknowledging structural racism. RFI released soliciting input from the biomedical and behavioral research community FOAs: Common Fund Transformative Research to Address Health Disparities and Advance Health Equity FOA: NIMHD Effects of Structural Racism and Discrimination on Health Disparities and Inequities Establishment of an NIH-wide Anti-Racism Steering Committee April 2021 UNITE RFI closes	August 2021 FOA: NIH-wide BRAIN Initiative Plan for Enhancing Diverse Perspectives October 2021 Common Fund initiative makes 11 awards (RFA-RM-21-021 , RFA-RM-21-022) FIRST initiative funds six cohorts/seven institutions (RFA-RM-20-022) November 2021 The Power of an Inclusive Workplace Recognition Project unveiled December 2021 UNITE Data Dashboard goes live
2022	December 2021–January 2022 UNITE Listening Sessions January 2022 Launch of UNITE Co-Chairs' Corner April 2022 NIH ICOs submit Racial and Ethnic Equity Plans (REEPs) Expansion of Science Education Partnership Awards Program (SEPA)	May 2022 NIGMS Council approves three concepts generated by UNITE: Institutional Climate Assessment and DEI Action Plan Development Grants, Excellence in DEIA Investigator's Grants, and Instrumentation Grant Program for Minority-Serving Institutions NIMHD Council approves concept generated by UNITE: Institutional Research Capacity Building Needs Assessment and Action Plan Development Grants	Planned Winter 2022/2023 Launch of DEIA Institutional Prize competition



STRUCTURE

UNITE is collaborative in nature, with participation and commitments from leadership and staff across all 27 NIH ICs and the NIH OD. It marks the first time that all ICs have come together collectively to identify and address structural racism within the biomedical and behavioral research enterprise and bolster the efforts of ICs and NIH offices involved in efforts to enhance equity. In May 2022, UNITE became a Working Group of the NIH Steering Committee, providing input to the NIH Director (Appendix A).

UNITE is committed to addressing racial and ethnic inequities in the greater scientific community via strategic, short- and long-term actions and funding initiatives that will result in significant, lasting change. UNITE focuses on HD/MH research, the internal NIH workforce, and the external research workforce—topics that intersect and enable greater transparency, accountability, and communication across NIH and the biomedical and behavioral research community. These efforts are driven by data gathered and analyzed by NIH staff.

UNITE’s five committees have coordinated objectives for tackling the challenge of racial and ethnic equity in science (Exhibit 2). Each committee has a unique mission, while working collaboratively to develop methods that enhance equity across the scientific enterprise.

U COMMITTEE	N COMMITTEE	I COMMITTEE	T COMMITTEE	E COMMITTEE
Understand stakeholder experiences through listening and learning	Facilitate and develop new research on HD/MH	Improve the NIH culture and structure for equity, inclusion, and excellence	Foster transparency, communication, and accountability with internal and external stakeholders	Change policy, culture, and structure to promote diversity and inclusion in the extramural research ecosystem

Exhibit 2: Five UNITE Committees and Their Charges



CHALLENGE STATEMENTS AND GOALS

UNITE recognizes the challenges associated with addressing racial and ethnic equity in science. To create meaningful objectives, UNITE identified concrete challenges and goals (Table 1). This report discusses progress toward each goal as a separate focus area.

REPORT FOCUS AREA	CHALLENGE	GOAL
1 ELEVATING health disparities and minority health research across ICs	HD/MH research and related disciplines and methodologies remain understudied in many areas, and research prioritization and expenditures are insufficient to address existing gaps.	Encourage and provide tools to support ICs in prioritizing HD/MH research to address existing gaps, including joining relevant FOAs and optimizing funding levels for MH and HD research over the next five years.
2 PROMOTING equity in the NIH-supported biomedical research ecosystem	Across the NIH extramural community, funding success rates for grant applications supporting scientists from underrepresented racial and ethnic groups have been shown to be lower compared with their non-Hispanic white peers.	Reduce disparities in NIH funding rates such that race and ethnicity are not predictive of or correlated with funding success. Ensure that funding success rates for institutions that have shown a historical commitment to educating students from underrepresented groups are on par with that of other institutions.
3 PROMOTING equity in the internal NIH workforce	A perception of barriers to employment opportunities and successful promotion into leadership positions persists for underrepresented populations across the internal NIH workforce. These perceptions may negatively affect the work environment and organizational culture and risk impacting recruitment, hiring, salary, benefits, awards, recognition, promotion, and long-term staff retention.	Promote and sustain an equitable work environment and organizational culture by ensuring equal opportunity for career success for all employees, including those from underrepresented populations across the internal NIH workforce. Ensure that race and ethnicity do not predict staff positions or grade levels at NIH.
4 IMPROVING the accuracy and transparency of racial and ethnic equity data	A lack of accurate, comprehensive, and easily accessible data hampers NIH's efforts to identify and address any structural racism and discrimination that may exist within NIH and the greater scientific community.	Improve the accuracy and transparency of racial and ethnic equity data, and ensure that aggregate data collected is broadly available and easily accessible to internal and/or external stakeholders.

Table 1: UNITE Challenges and Goals



UNITE AND THE NIH ECOSYSTEM

UNITE operates in tandem with other DEIA-related entities within and outside of NIH. To ensure high levels of collaboration and minimize redundancies, UNITE co-chairs and committees aligned their goals and charges with the fundamental tenets of the [NIH-Wide Strategic Plan for 2021–2025](#) and the [NIH Minority Health and Health Disparities Strategic Plan 2021–2025](#). The [NIH-Wide DEIA Strategic Plan for 2022–2026](#), slated for release in fall 2022, incorporates UNITE and its tenets within the wider DEIA umbrella.

The NIH-Wide Strategic Plan is grounded in three major objectives and five crosscutting themes (Exhibit 3). While all these factors impact the long-term goals of UNITE, there are three primary points of synergy between the NIH-Wide Strategic Plan and UNITE:

- NIH is “**developing, maintaining, and renewing scientific research capacity (objective 2).**”
 - This effort includes acknowledgments and actions related to the value of a diverse and equitable workforce to ultimately ensure innovative and high-quality science, an objective that is closely linked to the goals of UNITE.
- NIH prioritizes “**exemplifying and promoting the highest level of scientific integrity, public accountability, and social responsibility in the conduct of science (objective 3).**”
 - This includes the equitable conduct of research with an emphasis on inclusion, another primary goal of UNITE and its committees.
- The NIH plan features a crosscutting theme woven throughout each objective: “**improving minority health and reducing health disparities.**” This effort works in synergy with UNITE’s Focus Area 1 to elevate research into health disparities and minority health. This is also the focus of the [2021–2025 Minority Health and Health Disparities Strategic Plan](#), which UNITE seeks to amplify and support.

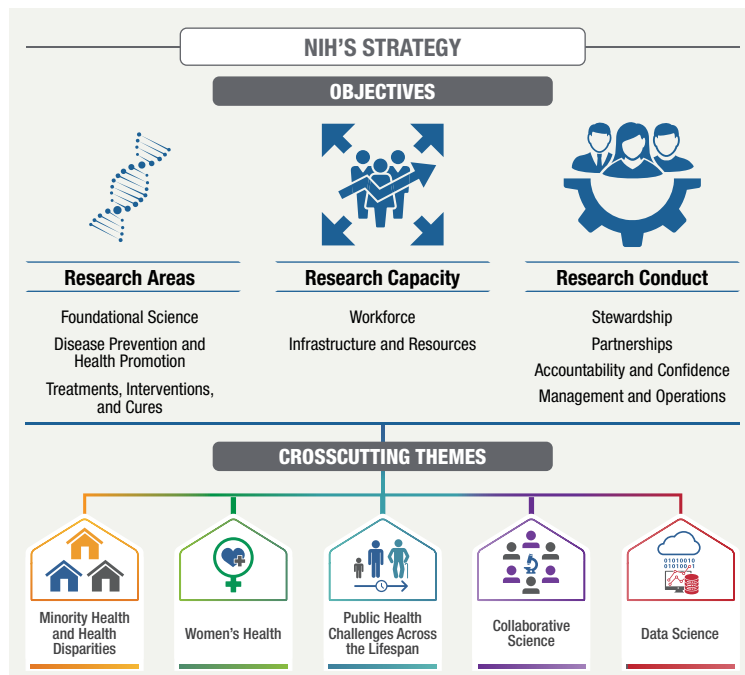


Exhibit 3: NIH-Wide Strategic Plan Objectives and Crosscutting Themes

As mentioned, the NIH-wide DEIA Strategic Plan is targeted for release in fall 2022. In a [June 2022 presentation](#) to the Advisory Committee to the Director, UNITE co-chair Marie A. Bernard, M.D., described the proposed objectives of the plan, which align closely with the foundational elements of UNITE (Table 2).

NIH-WIDE DEIA STRATEGIC PLAN OBJECTIVES	UNITE FOCUS AREA			
	1 ELEVATING health disparities and minority health research across ICs	2 PROMOTING equity in the NIH-supported biomedical research ecosystem	3 PROMOTING equity in the internal NIH workforce	4 IMPROVING the accuracy and transparency of racial and ethnic equity data
1. Implement organizational practices to center and prioritize DEIA in the workforce			○	○
2. Grow and sustain DEIA through structural and cultural change		○	○	○
3. Advance DEIA through research	○		○	○

Table 2: Alignment of NIH-Wide DEIA Strategic Plan and UNITE Focus Areas

NIH is the largest source of funding for biomedical and behavioral research in the world and involves many DEIA-related entities working in unison. Many of these entities focus on a single domain, such as the internal NIH workforce, the external biomedical and behavioral workforce, or advancing HD/MH research. To take on issues as pervasively entrenched in the scientific enterprise as structural and systemic racism, UNITE works across these domains as previously illustrated in Exhibit 1. UNITE was designed to operate outside of silos, include staff and leadership from each of the 27 ICs and NIH OD, and bolster communication and collaboration between domains.

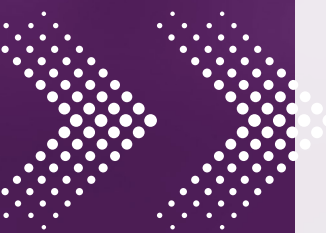


PROGRESS REPORTING

Transparency and accountability are cornerstones of UNITE as it seeks to identify and address structural racism across the biomedical and behavioral research enterprise. Quantitative data (e.g., UNITE Data Dashboard) and qualitative data (e.g., UNITE listening sessions) are shared across multiple, accessible NIH communications channels.

UNITE emphasizes evidence-based communications to share progress with partners, stakeholders, and the public. These channels include the [NIH staff intranet](#), the [Ending Structural Racism](#) website, internal and external [listservs](#), the monthly [Co-Chairs' Corner](#), a dedicated [LinkedIn page](#), [peer-reviewed articles](#) in major journals, and [presentations](#) for internal and external audiences.

UNITE intends to develop and distribute progress reports to maintain transparency and accountability with its audiences and to share successes over time. The FY21–22 UNITE Progress Report is the inaugural report, which was developed in collaboration with UNITE co-chairs, committees, and stakeholders. The information summarized in the following sections was developed from many sources, including UNITE's [Milestones and Progress](#) webpage, presentations at the [Advisory Committee to the Director \(ACD\) meetings](#), [peer-reviewed publications](#) led by UNITE co-chairs, [Co-Chairs' Corner](#) posts, and a white paper on the racial funding gap (“Ginther Gap”) posted on the [Open Mike](#) and [COSWD](#) blogs.



FOCUS AREA 1:

**Elevating Health Disparities
and Minority Health Research
Across Institutes and Centers**

FOCUS AREA 1: ELEVATING HEALTH DISPARITIES AND MINORITY HEALTH RESEARCH ACROSS INSTITUTES AND CENTERS

Progress Snapshot

ISSUE	ACTIVITIES	INTENDED CHANGE
Underfunded HD/MH translational research projects and low research capacity at MSIs.	<ul style="list-style-type: none"> • Launched Common Fund webpage for the Transformative Research to Address Health Disparities and Advance Health Equity initiative. • Released RFA-MD-21-004, RFA-RM-21-021, RFA-RM-21-022, and reissued RFA-RM-21-022. 	Will fund and expand the capacity of HD/MH research at research institutions, including MSIs with a historical commitment to training individuals from underrepresented groups.
Insufficient NIH-wide transparency, accountability, and sustainability regarding HD/MH research funding.	<ul style="list-style-type: none"> • Developed an automated method to characterize the NIH HD/MH research portfolio and apply additional strategies to identify the research portfolio more precisely. • Worked with the National Library of Medicine (NLM) to expand Medical Subject Headings (MeSH terms) pertaining to the social determinants of health. 	Will improve transparency, accountability, and sustainability of HD/MH research, and facilitate analysis of grant application and award data to assess any identified structural inequities and track progress.
Scarcity of community-driven health disparities research and structural interventions.	<ul style="list-style-type: none"> • Fostered the design of the FY23 Community Partnerships to Advance Science for Society initiative via the Common Fund. 	Will bolster interventions to enhance HD/MH research through a 10-year research investment of nearly \$400 million.

As described in the [NIH Almanac](#), NIH is the “Federal focal point for health research” and the “steward of medical and behavioral research for the Nation.” Fundamental to this role is the agency’s ability to use rigorous scientific methodologies to conduct research pertaining to HD/MH research. This mission is led by NIMHD. UNITE has worked to enhance this mission, incorporating HD/MH research as part of Focus Area 1 and encouraging ICs to prioritize this type of research across clinical trials and human subject research.

Transformative Research to Address Health Disparities and Advance Health Equity Initiative

Based on a UNITE recommendation, a committee was formed that led to the Common Fund Transformative Research to Address Health Disparities and Advance Health Equity Initiative. This initiative is described on the Common Fund [webpage](#) (Exhibit 4).

As part of the initiative, the Common Fund issued two FY21 FOAs, one focused on the [general scientific community](#) and the other on [MSIs](#). The MSI FOA was reissued in [FY22](#) to continue addressing health disparities and advance HD/MH research at MSIs. Thus far, [11 grants](#) were issued under this initiative, five of which were to MSIs, with cumulative funding of approximately \$58 million over five years.



Exhibit 4: New Common Fund Webpage on Health Disparities Transformation

Portfolio Analysis

To ensure NIH-wide transparency and accountability in sustaining resources for HD/MH research, UNITE evaluated and developed new strategies to characterize this portfolio as a foundation for further analysis, tracking, and reporting. UNITE developed a “proof of concept” automated methodology to identify and characterize the NIH HD/MH research portfolio, a critical first step to characterize and track investments using the [Data Dashboard](#), as well as internal tools.

There was also an initiative to expand and diversify Medical Subject Headings (MeSH) terms, a vocabulary maintained by NLM to index journal articles and books (i.e., the scientific research products). Subject matter experts (SMEs) worked to add 80 MeSH terms and concepts related to the social determinants of health (SDOH), available for indexing as of November 2021. In collaboration with NLM and the [Office of Behavioral and Social Sciences Research](#), UNITE is also developing, with public input, an expanded vocabulary of proposed MeSH concepts and terms to better represent racial/ethnic/tribal/geographically defined groups. The venture will allow for better tracking of the scientific productivity and results associated with NIH’s investments in HD/MH research.

Community Partnerships to Advance Science for Society (ComPASS) Initiative

Based on UNITE recommendations, the Common Fund's Community Partnerships to Advance Science for Society (ComPASS) was established. ComPASS was presented to the Council of Councils at its [January 27–28, 2022](#) meeting and approved for a 10-year research investment of nearly \$400 million as of FY23. A notice of information ([NOT-RM-23-001](#)) and a notice of intent to publish ([NOT-RM-23-002](#)) were released on August 22, 2022. The first solicitation of applications was released [September 12, 2022](#), and a solicitation for the coordinating center was issued [October 3, 2022](#).

ComPASS aims to bolster funding for HD/MH research. It is led by NIMHD, the National Institute of Mental Health, the National Institute of Nursing Research, the Office of Research on Women's Health, and the Tribal Health Research Office. The proposed program will include health disparities research hubs, which will provide technical, scientific, and partnership assistance. The hubs will be centered around a primary coordinating center and National Health Equity Research Assembly (HERA) (Exhibit 5).

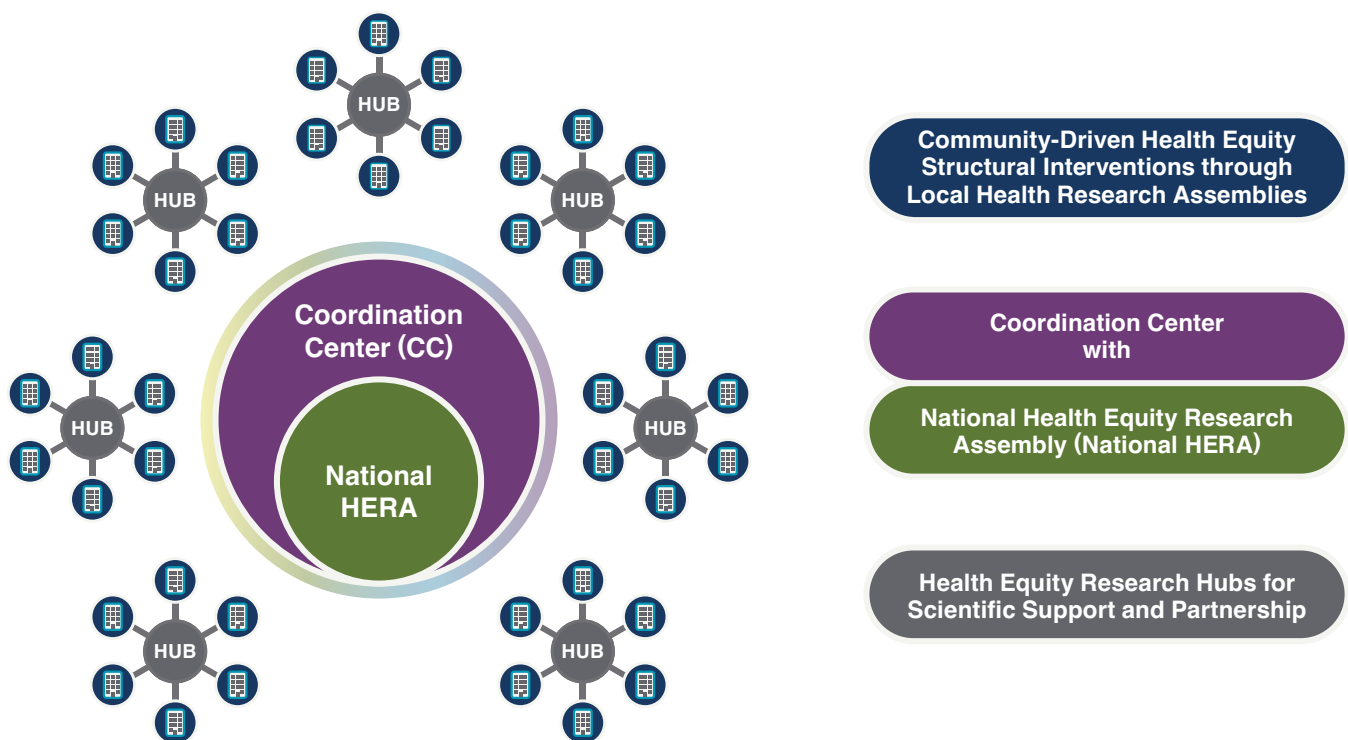


Exhibit 5: Proposed Structure of the FY23 ComPASS Initiative


Future Directions

UNITE will continue enhancing its understanding of NIH investments in health disparities research in partnership with NIH stakeholders and fostering the design and implementation of new initiatives to enhance HD/MH research. Future directions pertaining to this focus area may include developing actionable recommendations based on the Health Disparities and Minority Health Research Data Dashboard and the dissemination of these recommendations to the NIMHD-led Minority Health and Health Disparities Research Coordinating Committee, ICO directors, and NIH leadership. UNITE is also encouraging additional FOAs that focus on IC-specific diseases or topic areas in the context of HD/MH research.



FOCUS AREA 2:

**Promoting Equity in the
NIH-Supported Biomedical
Research Ecosystem**



FOCUS AREA 2: PROMOTING EQUITY IN THE NIH-SUPPORTED BIOMEDICAL RESEARCH ECOSYSTEM

Progress Snapshot

ISSUE	ACTIVITIES	INTENDED CHANGE
Urgent need to ensure that diverse scientific talent is nurtured, recognized, and supported across all groups.	<ul style="list-style-type: none"> • Launched Faculty Institutional Recruitment for Sustainable Transformation (FIRST) program. 	Will facilitate institutions in the recruitment of early-career faculty who have a demonstrated commitment to inclusive excellence, and positively support faculty development, retention, progression, and eventual promotion.
Students from underserved communities experience barriers to advancement in their scientific training, leading to persistent underrepresentation of certain groups in the scientific workforce.	<ul style="list-style-type: none"> • Expanded the Science Education Partnership Awards (SEPA). 	Will provide opportunities for students from underserved communities to consider careers in basic or clinical research, provide teachers with professional development in science content, and improve community health literacy.
Institutions are not sufficiently incentivized to prioritize DEIA as a foundation of their operations.	<ul style="list-style-type: none"> • Planned and solicited public comment for DEIA Institutional Prize. 	Will acknowledge and reward transformative interventions developed by institutions to create research environments that promote and value DEIA.
Certain groups remain underrepresented in the scientific workforce due to systemic and structural barriers.	<ul style="list-style-type: none"> • Received NIGMS Council clearance for three new initiatives to support extramural DEIA efforts. • Received NIMHD Council clearance for a new initiative to support extramural DEIA efforts and enhance MSI capacity. 	Institutions will receive support to conduct organizational climate assessments and conduct needs assessments. Support will enhance the research portfolio of Principal Investigators who prioritize DEIA and develop research capacity at low-resource MSIs.

Scientific innovation and progress are driven by a workforce that is diverse, inclusive, and equitable. This report highlights some of the extramural DEIA initiatives that NIH is engaged in.

UNITE is working to provide funding to reduce disparities and enhance diversity, equity, and inclusion throughout the workforce, including the inclusion of extramural scientists from underrepresented groups. A theoretical framework for the approach is shown in Exhibit 6.



Exhibit 6: Extramural Research Ecosystem—Framework

Faculty Institutional Recruitment for Sustainable Transformation (FIRST)

In keeping with the spirit of UNITE and in line with the goals of Focus Area 2, the Common Fund launched the [Faculty Institutional Recruitment for Sustainable Transformation](#) (FIRST) program in FY21 with a commitment of up to \$241 million over 10 years (Exhibit 7). FIRST supports extramural institutions in building a self-reinforcing community of scientists through the recruitment of a critical mass of early-career faculty who have demonstrated a commitment to inclusive excellence. The program also seeks to have a positive impact on faculty development, retention, progression, and eventual promotion, as well as the development of inclusive environments that are sustainable.

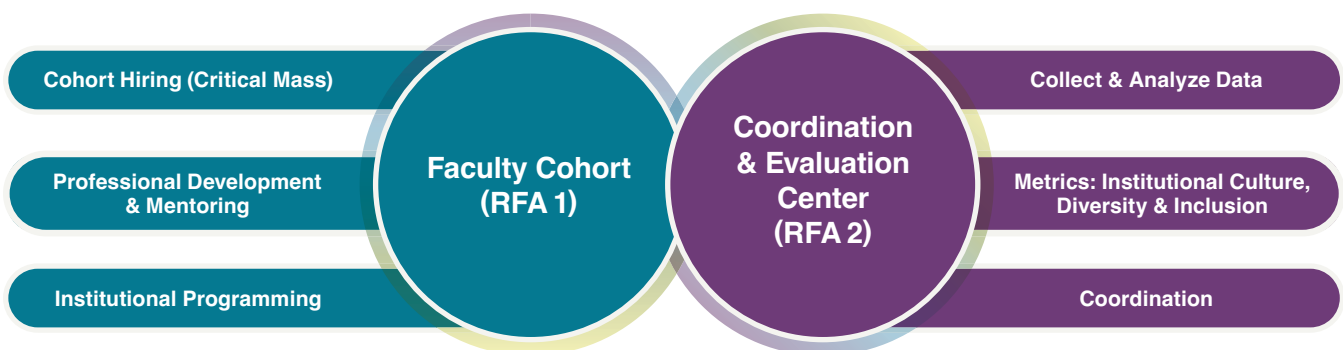


Exhibit 7: Faculty Institutional Recruitment for Sustainable Transformation (FIRST) Structure

Science Education Partnership Awards (SEPA)

As of FY22, 17 NIH ICOs signed on to expand the [Science Education Partnership Awards](#). This award program provides opportunities for students from underserved communities to consider careers in basic or clinical research, gives teachers professional development in science content creation, and improves community health literacy through science centers and museum exhibits on health and medicine.

DEIA Institutional Prize

Through the efforts of UNITE, NIH is [establishing a DEIA Prize Competition](#). The primary goal of the prize competition is to acknowledge and reward the transformative interventions developed by institutions to create research environments that promote and value DEIA. A secondary objective is to identify and highlight evidence-based best practices proven to create more inclusive environments for students and faculty. This DEIA Institutional Prize is expected to launch in fall 2022 or early 2023.

Future Directions

UNITE is anticipating the release of new priority programs to enhance workforce diversity, equity, and inclusion in FY23. The National Advisory General Medical Sciences Council approved the first three concepts below to [enhance the participation of underrepresented groups](#) in biomedical and behavioral research. The National Advisory Council for the NIMHD approved the fourth concept.

1. **Institutional Climate Assessment and DEI Action Plan Development Grants.** These grants will provide institutions with support for conducting objective climate assessments using validated instruments, performing self-studies of institutional culture change needs (e.g., surveys), and developing action plans for culture change.
2. **Excellence in DEIA Investigator Grants.** These five-year combined research and mentoring grants will support Principal Investigators (PIs) who have demonstrated excellence in promoting DEIA in biomedical research. The grant would provide support for PIs' research programs and continuation of DEIA efforts. The COSWD office provided a FY22 administrative supplement opportunity to lay the groundwork for this [initiative](#). The robust response of the scientific community demonstrated the need for support and recognition of outstanding mentors and their role in fostering the success of early-career scientists from diverse backgrounds, including those from underrepresented groups.
3. **Instrumentation Grant Program for MSIs.** These grants will provide instrumentation to develop research capacity at low-resource MSIs.
4. **Institutional Research Capacity Building Needs Assessment and Action Plan Development Grants.** These grants will support MSIs in assessing their needs for enhancing their biomedical research and training capacities. The funds will also support the development of action plans based on the results of each needs assessment.

As noted at the [June 10, 2022, Advisory Committee to the Director meeting](#), there are several other initiatives under consideration, including the following:

Funding Opportunity Announcements (FOAs)

- Expansion of Sponsored Program Administration services and activities for MSI implementation, with the aim of increasing the productivity of sponsored programs activities to enhance biomedical research and/or research training.

Policies

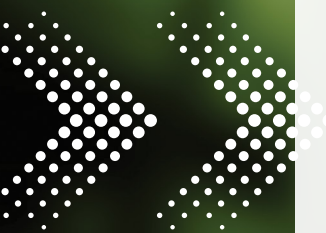
- Incorporating diversity and mentoring language into parent T and F series FOAs. (Parent announcements are broad FOAs allowing applicants to submit investigator-initiated applications for [specific activity codes](#).)
- Developing language for ICs to use DEIA principles in funding decisions.
- Fostering institutional recognition of diversity, equity, and inclusion activities as part of promotion and tenure policies.
- Developing “do’s and don’ts” for writing inclusive FOAs.

Other (Training and Outreach)

- Small Business Innovation Research (SBIR) and Small Business Technology Transfer (STTR) diversity supplement matchmaking and outreach implementation.
- Program Officer/Scientific Review Officer (PO/SRO) training for inclusive and equitable communications implementation.



FOCUS AREA 3:



**Promoting Equity in the
Internal NIH Workforce**

FOCUS AREA 3: PROMOTING EQUITY IN THE INTERNAL NIH WORKFORCE

Progress Snapshot

ISSUE	ACTIVITIES	INTENDED CHANGE
Need for a coordinated anti-racism advisory body, akin to the Anti-Harassment Steering Committee, with representation from all NIH ICs.	<ul style="list-style-type: none"> Established the NIH-wide Anti-Racism Steering Committee. Generated a new initiative to enhance outreach regarding NIH job opportunities to ensure a broad range and diversity of applicants. 	Will guide NIH-wide efforts to address organizational issues to promote equity.
Variations in IC-level organizational cultures lead to racial and ethnic disparities in IC workforces.	<ul style="list-style-type: none"> Guided the development of NIH IC and OD Racial & Ethnic Equity Plans. 	Will identify areas that may lead to apparent inequities and provide interventions or policy changes to mitigate any identified issues.
Insufficient transparency and accountability of NIH-internal workforce metrics to assess progress toward equity goals.	<ul style="list-style-type: none"> Published data on the demographic composition and profiles of the NIH workforce to promote transparency. 	Will enhance the availability and quality of NIH workforce data.
Limited staff representation and diversity in NIH building portraits.	<ul style="list-style-type: none"> Spearheaded The Power of an Inclusive Workplace Recognition Project. 	Staff will see themselves represented throughout NIH buildings and online and experience a greater sense of inclusiveness.
Disparities in nominations for NIH Director's Awards by demographics, grade, and workforce category.	<ul style="list-style-type: none"> Establish a task force to recommend changes to the NIH Director's Awards. 	Will recognize and celebrate the accomplishments of staff at all levels and across all workforces.
Perception of structural inequity for staff at the GS-11 level and below.	<ul style="list-style-type: none"> Developed a career development opportunity for staff at the GS-11 and lower levels. 	Will provide skills development opportunities and focus on equity in NIH-wide career development opportunities.

NIH seeks to solve many of the world's health and well-being challenges. This mission relies on the contributions of thousands of diverse staff and researchers.

NIH Anti-Racism Steering Committee (ARSC)

New NIH-wide initiatives driven by UNITE include launching and maintaining the [Ending Structural Racism](#) website and establishing the [Anti-Racism Steering Committee](#) (ARSC), comprising more than 500 employees, trainees, and contractor volunteers. The committee is made up of subcommittees focused on addressing organizational issues, such as recruitment, retention, and training. The ARSC led to the development of a listserv to promote NIH job openings to a broader range of potential applicants.

Racial and Ethnic Equity Plans (REEPs)

To enhance racial and ethnic equity and the diversity of its workforce, each IC and the OD are implementing a REEP. The goals of the REEP development and implementation process are to apply a racial and ethnic equity lens to the IC's workforce, structures, and systems; identify and address any racial or ethnic disparities that may exist in the IC's workforce; and enhance the diversity of the IC's workforce. Areas identified with apparent inequities are targeted for intervention. It is anticipated that policy changes will benefit all NIH employees. An example of a policy change intended to enhance equity within NIH is a UNITE-inspired initiative establishing a special training program for staff at the GS-11 level and below. This approach was prompted by perceived apparent inequities in upward mobility for these staff members when examining NIH-wide demographic data.

Enhanced NIH Workforce Data

In collaboration with UNITE, EDI [published data](#) on the demographic composition and profiles of the NIH workforce as of March 31, 2021.

To improve the transparency and accountability of internal workforce metrics, data were analyzed and categorized by total workforce, selected pay plans, and leadership. NIH implemented an FY22 performance expectation for IC directors to be accountable for equity, diversity, and inclusion efforts and actively participate in NIH-wide diversity efforts through a diversity, equity, and inclusion officer or other appropriate means. Numerous ICs are in the process of hiring a chief diversity officer.

UNITE's efforts also led to an updated [internal NIH policy \(manual chapter 1311\)](#) to acknowledge the full range of protected categories for reporting harassment and discrimination. NIH expanded recruitment efforts for intramural investigators to include Senior Distinguished Scholars. With the help of the [NIH Distinguished Scholars Program](#), the percentage of NIH tenure-track investigators from underrepresented groups increased from 8% in 2017 to 16% in 2021. In FY22, [Dr. Neil Hanchard](#) of the National Human Genome Research Institute became the first recruited scholar to become tenured, rising to the status of Senior Investigator. Also, a new Distinguished Scholar, [Dr. Dondrae Coble](#) of the National Institute of Environmental Health Sciences, was hired as a Senior Investigator.

The Power of an Inclusive Workplace Recognition Project

Another UNITE accomplishment is [The Power of an Inclusive Workplace Recognition Project](#), which diversified the portraiture in NIH buildings and digital spaces to engender a spirit of inclusion by acknowledging the rich diversity of the scientific workforce (Exhibit 8).

In a [STAT article](#), Dr. Sadhana Jackson, a T committee co-chair and NIH Distinguished Scholar, shared how the project highlights inclusive excellence to help foster organizational change and a sense of belonging among underrepresented groups in administrative, scientific, and executive careers at NIH. Dr. Jackson wrote, *"What does 'I feel seen' mean and why is it so important? Being seen is experiencing a close bond or relationship with a person or place. Identifying common ties provides a foundation of belonging and togetherness that motivates positive interactions and potentiates constructive systemic changes."*




Exhibit 8: Imagery from The Power of an Inclusive Workplace Recognition Project

Future Directions

In the future, UNITE will continue to bolster NIH’s culture of inclusive excellence and support diverse and equitable hiring practices. Our plans include examining Intramural Research Program (IRP) recruitment, retention, and mentoring strategies to foster a diverse and inclusive biomedical and behavioral research workforce. We also intend to facilitate implementation of additional cluster hiring and mentorship programs to support researchers, staff, and students from diverse backgrounds, including those from groups underrepresented in science. Regarding REEPS, UNITE will support ICOs in implementing and proposing action steps based on their plans. Finally, we will build on the meaningful foundation of the Power of an Inclusive Workplace Recognition Project by continuing to expand representation of the NIH workforce across career stages and levels.



FOCUS AREA 4:



**Improving the Accuracy
and Transparency of
Racial and Ethnic Equity Data**

FOCUS AREA 4: IMPROVING THE ACCURACY AND TRANSPARENCY OF RACIAL AND ETHNIC EQUITY DATA

Progress Snapshot

ISSUE	ACTIVITIES	INTENDED CHANGE
<p>Lack of robust, recent baseline data on scientists' needs and experiences pertaining to racial and ethnic equity.</p>	<ul style="list-style-type: none"> • Fielded a UNITE RFI with over 1,100 responses. • Conducted 14 listening sessions with the extramural community with over 1,300 attendees to understand needs and priorities. 	<p>Will provide robust, thoughtful baseline data from a diverse pool of individuals related to their racial and ethnic equity needs, experiences, and priorities.</p> <p>Will affirm current UNITE directions and guide future developments.</p>
<p>Need to improve transparency and accountability in communicating UNITE progress to partners, stakeholders, and the public.</p>	<ul style="list-style-type: none"> • Developed, launched, and maintained a public-facing Data Dashboard. • Launched UNITE Co-Chairs' Corner with monthly updates on UNITE developments. • Communicated UNITE news and updates via GovDelivery. • Promoted events and updates using the UNITE LinkedIn page. • Promoted events, news, published articles, and diversity, equity, and inclusion content on the Ending Structural Racism (ESR) website and intranet. 	<p>Clear, publicly available information on aggregated facts and figures regarding diversity, equity, and inclusion-related data and analyses from NIH.</p> <p>Ongoing, real-time information regarding UNITE—with 6,600+ included in the GovDelivery notifications as of September 28, 2022.</p>

In 2021, former NIH Director Dr. Francis Collins publicly committed to [stand against structural racism in biomedical and behavioral research](#) by identifying and correcting scientific policies and practices that may have helped to perpetuate structural racism. Foundational to these efforts is strengthening the accuracy and transparency of data.

UNITE Request for Information (RFI)

Although evidence exists regarding the needs and experiences of underrepresented scientists in the biomedical and behavioral research community, more robust baseline data were needed to inform UNITE activities. UNITE developed an [RFI](#) for the public: Inviting Comments and Suggestions to Advance and Strengthen Racial Equity, Diversity, and Inclusion in the Biomedical Research Workforce and Advance Health Disparities and Minority Health Research. The RFI generated more than 1,100 responses, which were systematically reviewed and assessed to document feedback on NIH's racial and ethnic equity efforts. The full report will be published on the UNITE website

in the near future. An [overview of the findings](#) was presented at the December 2021 Advisory Committee to the Director meeting. The themes identified within the RFI are foundational to UNITE planning and activities.

Extramural Listening Sessions

Another vital initiative to assess feedback on NIH’s DEIA efforts was a series of [14 listening sessions with external stakeholders](#). Listening sessions were composed of individuals working in or connected to diverse settings related to biomedical or behavioral sciences. The sessions were conducted virtually with American Sign Language interpreters and an external facilitator to create an accessible and safe space for participants. Insights shared in these sessions helped inform the issues and challenges facing diverse talent and the development of UNITE priorities and action plans. Summaries of each session are on the [Ending Structural Racism](#) website.

Topics of interest during the listening sessions included the following:

- Changing culture to promote equity, inclusivity, and justice.
- Improving policies, transparency, and oversight.
- Strengthening career pathways, training, mentoring, and the professoriate.
- Ensuring fairness in review and funding deliberations.
- Enhancing funding and research support for diverse institutions and historically under-resourced research areas.
- Structural racism in the scientific enterprise.

The listening sessions used the [social-ecological model](#) to inform its approach (Exhibit 9). The model accounts for factors on the individual, interpersonal, institutional, community, and policy levels.

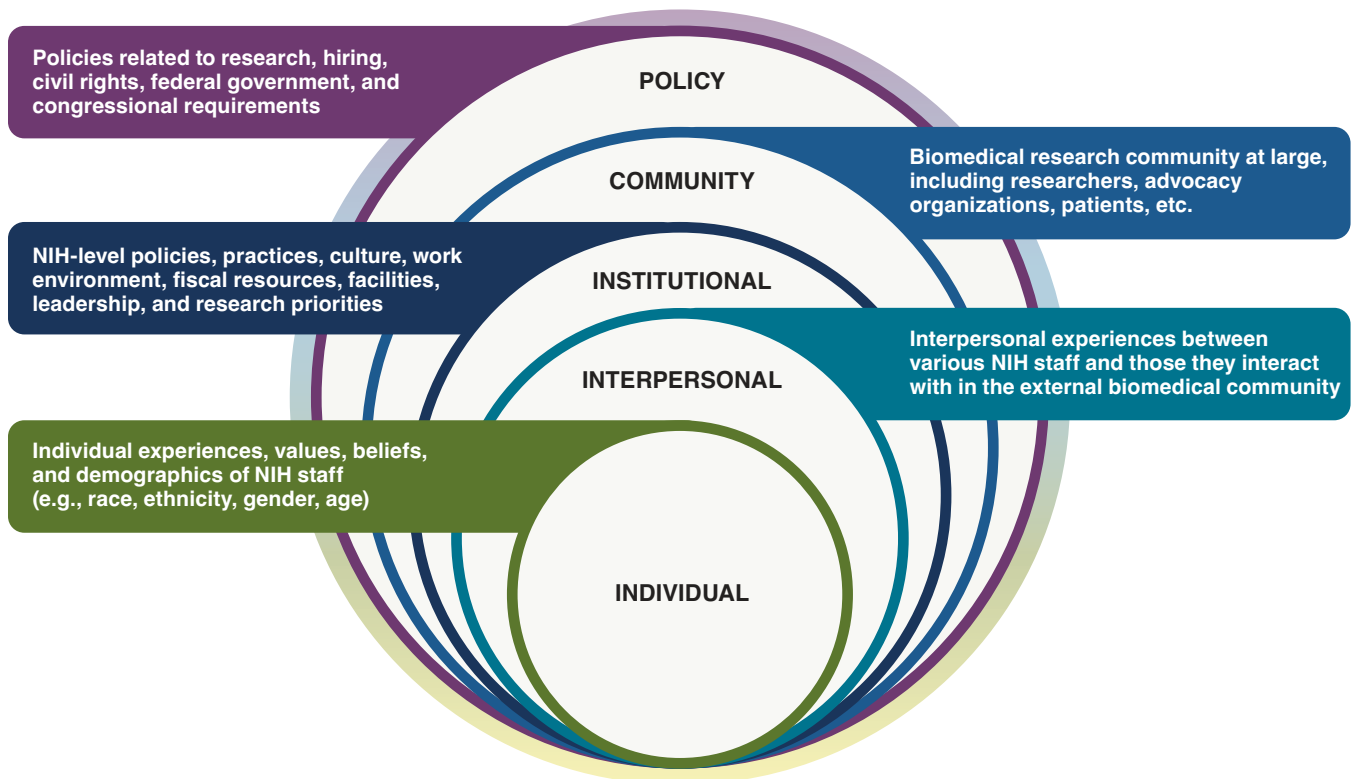


Exhibit 9: Social-Ecological Model Approach to External Listening Sessions

UNITE Data Dashboard

To further improve the transparency and accuracy of data, UNITE improved transparency and accountability in communicating progress to partners, stakeholders, and the public. A major accomplishment during FY21–22 was the development and launch of the UNITE [Data Dashboard](#). The Data Dashboard brings together these data sources across NIH for the first time.

The Data Dashboard, which is on the [Ending Structural Racism](#) website provides information on aggregated facts and figures regarding diversity, equity, and inclusion-related data and analyses from NIH. Data are accessible through links to NIH data stewards responsible for the publication of this information. This centralized dashboard features seven diversity data “domains” (Exhibit 10), including health disparity funding data, demographics of the NIH workforce, NIH-funded research workforce, and the IRP.

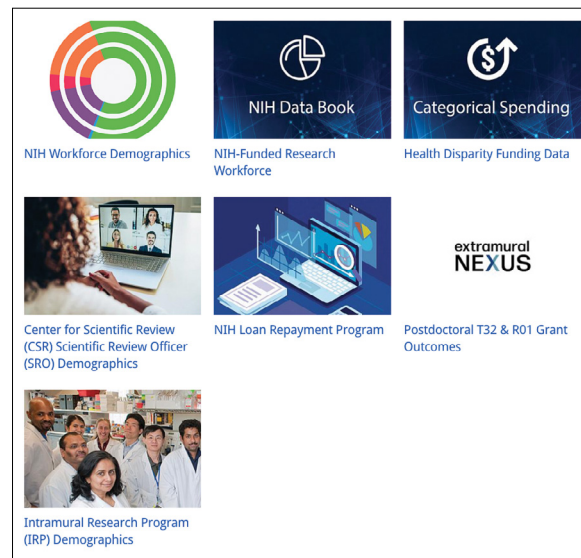


Exhibit 10: Aggregate Diversity Data Dashboard (launched December 2021)

Some domains were enhanced based on feedback obtained through UNITE’s efforts:

- **IRP** (Exhibit 10, bottom left): This domain captures aggregated employee demographics data from 2019–2020. The domain allows cross-tabulations of sex, race, ethnicity, and career stage, a critical functionality to assess progress.
- **NIH-Funded Research Workforce** (Exhibit 10, top middle): This domain provides interactive chart visualizations and underlying data tables on demographics associated with extramural grants and contract awards, grant applications, NIH-supported organizations, trainees and fellows, and the research workforce.
- **Health Disparity Funding** (Exhibit 10, top right): This domain displays the annual support level for health disparities [research, condition, and disease category](#) based on grants, contracts, and other funding mechanisms used across NIH.

Future Directions

UNITE intends to build on the Focus Area 4 accomplishments described in this section by continuing to intentionally create opportunities to listen to the needs and experiences of its audiences. This includes facilitating additional RFIs as appropriate and continuing to distill and apply findings from the listening sessions. UNITE also intends to maintain and disseminate the DEIA dashboard and associated data visualizations and to improve data accuracy and transparency in a sustained manner. The various routes of communication of UNITE advances, including [Co-Chairs’ Corner](#), [LinkedIn](#), and the UNITE website, will foster UNITE’s goal of transparency in sharing these and other data.



WHAT'S NEXT FOR UNITE?

UNITE had its beginnings at a moment of intense sociocultural change.

It started as a group of diverse volunteers who shared a deep commitment to effecting fundamental, sustained transformation in our biomedical and behavioral research workforce and HD/MH research.

Since it was publicly unveiled in February 2021, UNITE has harnessed the energy and enthusiasm of our committed staff volunteers to catalyze and leverage new approaches and programs across NIH. In this report, we describe UNITE's initial impact on research funding, the external biomedical and behavioral research community, and our own staff.

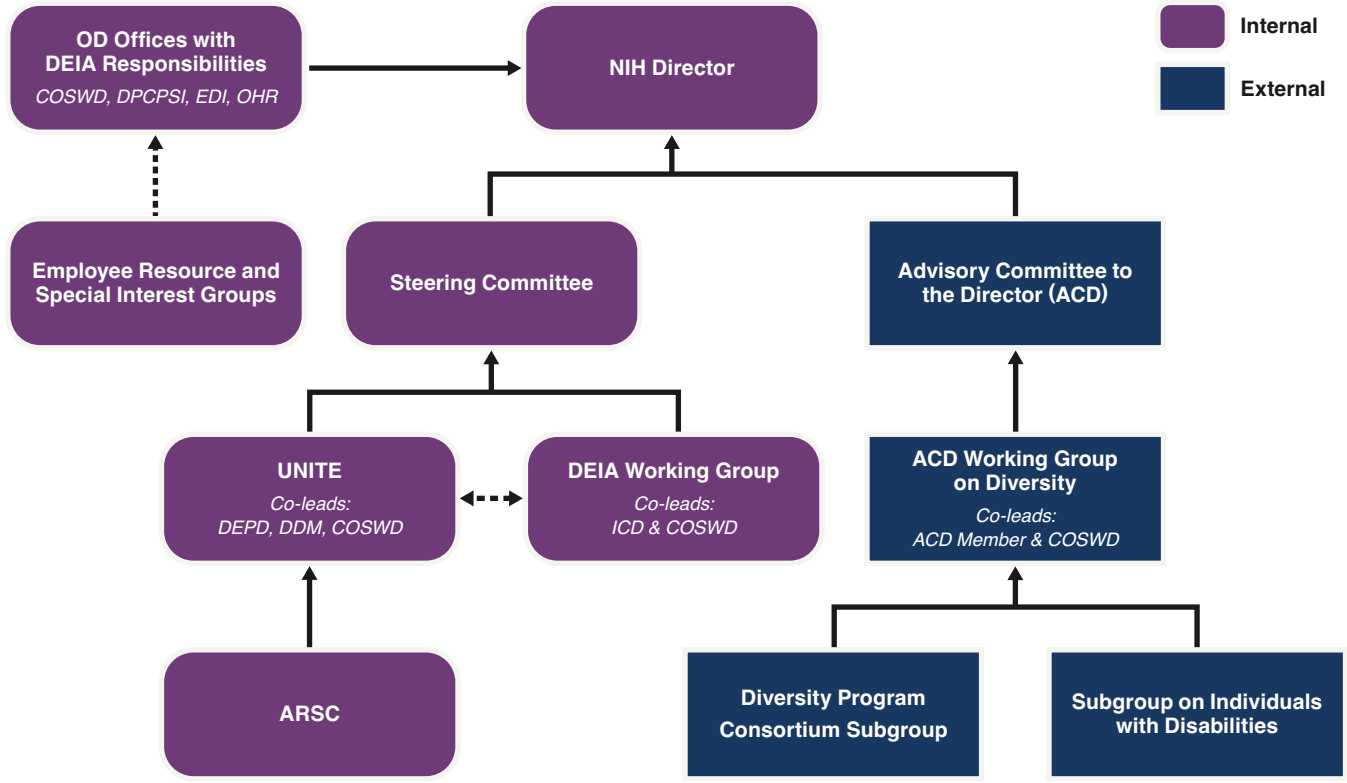
As featured in the Future Directions sections for each UNITE Focus Area, we intend to expand UNITE's efforts in the coming years—from new funding opportunities, to expanded educational programs, to enhanced data transparency. NIH is proud of UNITE's achievements thus far and looks forward to additional meaningful achievements with the help of its dedicated volunteers and subject matter experts.

We thank everyone who has contributed or is currently contributing to this immense effort—in Dr. Martin Luther King, Jr.'s words, "*an inescapable network of mutuality.*" Your enthusiasm, dedication, and compassion have led us to where we are today, and we look forward to continued collaboration and innovation.





APPENDIX A: NIH DEIA ORGANIZATIONAL CHART



ENTITY	
Internal The Steering Committee and DEIA Working Group are internal to NIH and are not linked.	Chief Officer for Scientific Workforce Diversity (COSWD)
	Division of Program Coordination, Planning, and Strategic Initiatives (DPCPSI)
	Office of Equity, Diversity, and Inclusion (EDI)
	Office of Human Resources (OHR)
	Employee Resource and Special Interest Groups (ERGs)
	Steering Committee
	UNITE Initiative
	Principal Deputy Director (DEPD)
	Deputy Director of Management (DDM)
	Anti-Racism Steering Committee (ARSC)
	DEIA Working Group
	IC Director (ICD)
External	Advisory Committee to the Director (ACD)
	ACD Working Group on Diversity (WGD)
	ACD WGD Diversity Program Consortium (DPC) Subgroup
	ACD WGD Subgroup on Individuals with Disabilities



APPENDIX B: PAST AND PRESENT UNITE COMMITTEE AND SUBCOMMITTEE MEMBERS

Although there is fiscal support for some UNITE functions, such as communications, listening sessions, the program manager, and a staff support member, most accomplishments have been the result of the volunteer efforts of NIH staff. We are perpetually grateful to UNITE members for their time and efforts and to their supervisors for supporting them.

Committee U

Courtney Aklin, Ph.D.—Co-Chair

NIH Office of the Director

Mia Rochelle Lowden, Ph.D.—Co-Chair

NIH Office of Research Infrastructure Programs

Monica Webb Hooper, Ph.D.—Co-Chair

National Institute on Minority Health and Health Disparities

Shelli Avenevoli, Ph.D.

National Institute of Mental Health

Dexter Collins, M.P.A.

Fogarty International Center

Kevin Davis, M.Ed.

Center for Information Technology

Cara Finley, M.P.H.

NIH Office of the Director

Charlene Le Fauve, Ph.D.

NIH Office of the Director

Leslie Littlejohn

National Institute of Arthritis and Musculoskeletal and Skin Diseases

Vanessa Marshall, Ph.D.

National Institute on Minority Health and Health Disparities

Troy Muhammad, Ed.D., M.S.

National Cancer Institute

Ian Myles, M.D., M.P.H.

National Institute of Allergy and Infectious Diseases

Kamilah Rashid, Pharm.D.

NIH Office of the Director

Melanie Reagan

National Eye Institute

Denesha Simmons

National Center for Complementary and Integrative Health

Kelly Ten Hagen, Ph.D.

National Institute of Dental and Craniofacial Research

Past Members:

Melissa Laitner—Staff Lead

NIH Office of the Director

Laura Cooper

National Institute of Arthritis and Musculoskeletal and Skin Diseases

Roland Owens

NIH Office of the Director

Brian Trent

National Eye Institute

Della White

National Center for Complementary and Integrative Health

Committee N

Michele Evans, M.D.—Co-Chair

National Institute on Aging

Anna María Nápoles, Ph.D.—Co-Chair

National Institute on Minority Health and Health Disparities

Robert Rivers, Ph.D.—Co-Chair

National Institute of Diabetes and Digestive and Kidney Diseases

Gwen Bishop

National Institute on Deafness and Other Communication Disorders

Vence Bonham, Jr., J.D.

National Human Genome Research Institute

Juanita Chinn, Ph.D.

Eunice Kennedy Shriver National Institute of Child Health and Human Development

Janine Clayton, M.D.

NIH Office of Research on Women's Health

Christine Cutillo, M.M.C.i.

National Center for Advancing Translational Sciences

Marzjah Esther, M.P.H.

NIH Office of the Director

Kathy Etz

National Institute on Drug Abuse

Justin Hentges

NIH All of Us Research Program

Daryl Holder, M.S.

NIH Clinical Center

Jasmine Kalsi, M.S.

National Center for Advancing Translational Sciences

Nathan Moore, Ph.D.

National Institute of General Medical Sciences

Joan Romaine, M.P.H., M.S.

National Institute on Alcohol Abuse and Alcoholism

Asha Storm

National Institute of Biomedical Imaging and Bioengineering

Shannon Zenk, Ph.D., M.P.H., R.N.

National Institute of Nursing Research

Past Members:

Samantha Johnson

National Center for Advancing Translational Sciences

Committee I

Trevor Archer, Ph.D.—Co-Chair
National Institute of Environmental Health Sciences

Marie A. Bernard, M.D.—Co-Chair
NIH Office of the Director/Chief Officer for
Scientific Workforce Diversity

Alfred Johnson, Ph.D.—Co-Chair
NIH Office of the Director/Office of Management

Talin Barnes
National Institute of Environmental Health Sciences

Gwyn Collins, M.S.
National Cancer Institute

Charles Egwuagu, Ph.D., M.P.H.
National Eye Institute

Melissa Espinoza, M.P.H.
National Institute on Aging

Courtney Fitzhugh, M.D.
National Heart, Lung, and Blood Institute

Kenneth Gibbs, Ph.D., M.P.H.
National Institute of General Medical Sciences

Kendall Hill
Center for Scientific Review

Camille Hoover, M.S.W.
National Institute of Diabetes and Digestive and
Kidney Diseases

Laura Koehly, Ph.D.
National Human Genome Research Institute

Charlene Le Fauve, Ph.D.
NIH Office of the Director (ex officio)

Shawn Lewis
National Institute of Nursing Research

Joe Martin
NIH Office of the Director

Past Members:

Bernard Harper
NIH Clinical Center

Marguerite Matthews, Ph.D.
National Institute of Neurological Disorders and Stroke

Shelma Middleton Little, Ph.D.
Acting Director, Office of Equity, Diversity, and
Inclusion and I Committee Advisor

Darryl Murray, Ph.D.
NIH Office of the Director

Stephon Scott, M.P.A.
NIH Office of the Director

Shaun Sims
National Institute of Biomedical Imaging and
Bioengineering

Julie Segre, Ph.D.
National Human Genome Research Institute

Brenda Robles
NIH Clinical Center

Victoria Rucker, M.P.A.
NIH Office of the Director

Committee T

Amy Bany Adams, Ph.D. — Co-Chair
National Institute of Neurological Disorders and Stroke

John Burklow — Co-Chair
NIH Office of the Director

Sadhana Jackson, M.D. — Co-Chair
National Cancer Institute/National Institute of Neurological Disorders and Stroke

Mohammed Aiyegbo, Ph.D.
National Institute of Allergy and Infectious Diseases

Albert Avila, Ph.D.
National Institute on Drug Abuse

Samantha Calabrese, M.P.H.
Eunice Kennedy Shriver National Institute of Child Health and Human Development

Angie Cruz-Albertorio, M.B.A.
National Center for Advancing Translational Sciences

Carla Garnett, M.A.
NIH Office of Communications and Public Liaison

Paule Joseph, Ph.D.
NIH Office of Intramural Research

Eric Refsland, Ph.D.
National Institute of Allergy and Infectious Diseases

Cathy Rowe
National Institute on Deafness and Other Communication Disorders

Wendy Rueda
National Cancer Institute

Eric Sid, M.D.
National Center for Advancing Translational Sciences

Wayne Wang, Ph.D.
National Heart, Lung, and Blood Institute

Past Members:

Jesse Isaacman-Beck, Ph.D.
NIH Office of the Director/Office of Science Policy

Committee E

Ericka Boone, Ph.D. — Co-Chair
NIH Office of Extramural Research

Jon Lorsch, Ph.D. — Co-Chair
National Institute of General Medical Sciences

Anna E. Ordóñez, M.D. — Co-Chair
National Institute of Mental Health

Eddie Billingslea, Ph.D.
NIH Office of Research on Women's Health

Tiffany Calvert, M.Ed.
National Institute of Biomedical Imaging and Bioengineering

Rena D'Souza, D.D.S., Ph.D., M.S.
National Institute of Dental and Craniofacial Research

Zeynep Erim, Ph.D.
National Institute of Biomedical Imaging and Bioengineering

Leonardo Garzon-Velez
Fogarty International Center

Bettie Graham, Ph.D.
National Human Genome Research Institute

Leah Hubbard, Ph.D.
National Cancer Institute

Patricia Jones, Dr.PH., M.P.H., M.S.
National Institute on Aging

Vonda Smith, Ph.D.
Center for Scientific Review

Mark Stevens, D.P.A.
NIH Office of the Director/Office of Management

James Washington, Ph.D., M.S.
National Institute of Neurological Disorders and Stroke

Maryam Zaringhalam, Ph.D.
National Library of Medicine

As of September 29, 2022, these names reflect past and current UNITE members. As an evolving working group, we also extend our thanks to those who may not be listed or joined UNITE after final approved publication of this progress report.

