

DR. JAMES ANDERSON: Welcome to this webinar on developing the NIH-Wide Strategic Plan for Diversity, Equity, Inclusion, and Accessibility. I'm Jim Anderson. I'm the NIH Deputy Director for Program Coordination, Planning, and Strategic Initiatives, and I will serve as one of the hosts of today's meeting. We very much appreciate your joining, to hear about the plan, to ask questions, and to offer your comments. Next, please. I will be serving as a host, along with the co-chairs of the team that's actually developing the plan, and they are listed here—first, Marie A. Bernard, M.D., Chief Officer for Scientific

s to submit your questions, either through the chat panel that's in familiar with after a couple of years, or you can do this by email, and ions or comments is there—NIHQuestions and so on. Next slide.

MS. JULIE BROUSSARD BERKO: Okay. I'm going to go over the overarching principles of the plan. So, these are the guiding principles. First, we're going to communicate a comprehensive, cohesive vision and aspiration that's speaking for all of NIH, and this scope is broad. It's going to articulate NIH's definitions of diversity, equity, inclusion, and accessibility for the purposes of this strategic plan. We're going to report example accomplishments—these can serve as best practices that will be modeled for others, and it's going to articulate what NIH is aiming to accomplish in the next 5 years and pave the way for continuous improvement. This plan will balance both descriptive and prescriptive language by providing broad overviews of what NIH hopes to accomplish for each objective, then specify priority activities. We'll also provide accountability by including metrics and measures of progress for each specified activity. And lastly, it will include input from a broad range of internal and external stakeholders, again, like the webinar today. Next slide. So, here's our draft mission statement focusing on...we're going to embrace, integrate, and str0.8 (i)-1.7gie, emg

incentivizing ch

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

DR. MARINA VOLKOV: Absolutely. Good afternoon, all. Okay, so this is for all of our co-

d

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

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

DR. MARIE BERNARD: Yes, we at NIH support institutions that hire extramural investigators, and so we anticipate that the changes that we make in our processes and practices could impact and include extramural researchers. We clearly have lots of evidence and firmly believe that a more diverse and equitable and inclusive and accessible workplace will benefit everyone. We have data that shows that diversity is associated with creativity and innovation, and thus, we do expect that te s ie een6 (7(r)-1.3 (ah)h)-3.7 (e-2.4 (

r nd he

ol

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

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

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

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

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

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

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

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

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

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

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

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

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

DR. MARIE BERNARD: Yeah, so that is what I was alluding to. The Center for Scientific Review that does about 80 percent of the reviews has been diligently trying to make sure that they enrich their group of researchers...or reviewers with a broad variety of researchers, and when you look at the demographics of the people who are on the standing review panels, they’re actually in keeping with—if not more diverse than—what you find in the general scientific workforce. They also have a program in place for early-career researchers to participate in the review process, which helps to...helps one become more successful in applications themselves. If you’ve been able to be there and hear the way that applications are dissected, you can be much more cognizant as you are developing your own. They also have in place a program for training in implicit bias that’s really very nicely done that’s specific to the review process that has been put in place recently that’s gotten rave reviews so h ioo-3.4-3.8 (p)-3.7eoappl whn earticipatn s

ampl)ff03,00-5T16(Tp)36822(4d)-727(d)-3e(t)Sib 0vTodyTd (-)T -0.001 T[4s0-1.7 (v)-1.7 n(v)-1.7g(l)-1.7 n(v)-1.7siov