# NIDA Diversity and Health Disparities Research and Funding Initiatives

# NIDA Career Development Workshop

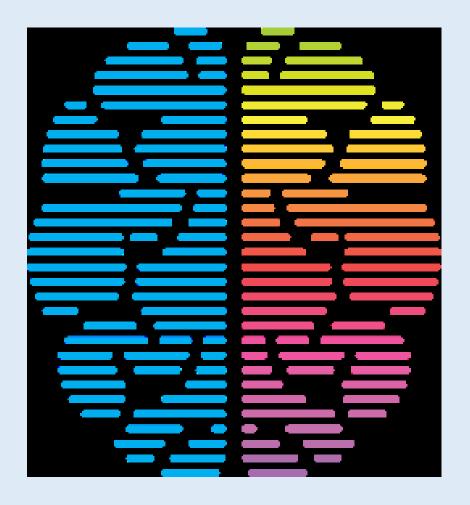
November 9, 2020

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**Great minds think Differently** 

Lack of diversity "is limiting the promise of our biomedical enterprise for building knowledge and improving the nation's health...recruiting and retaining adverse set of minds and approaches is vital to harnessing the complete intellectual capital of the nation."

Valantine & Collins, PNAS, 2015

# Office of Diversity and Health Disparities

Mission: Strengthen the NIDA extramural scientific portfolio through a diverse and robust extramural biomedical workforce, by recruiting and retaining talented individuals from historically underrepresented backgrounds in order to fulfill the research mission of NIDA

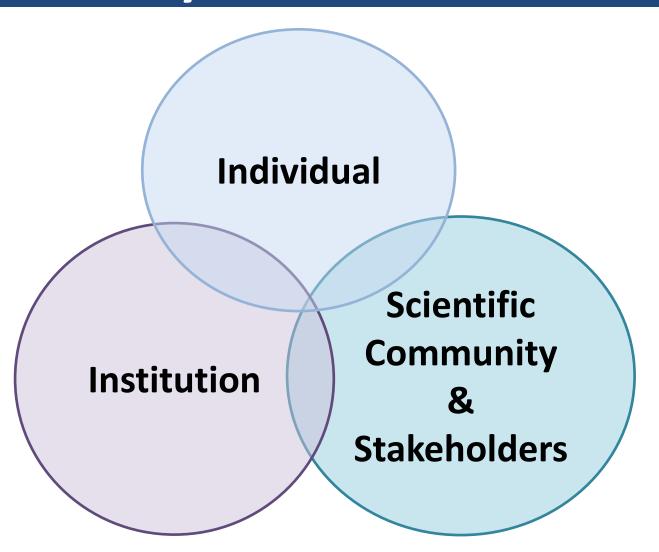
#### **Goals:**

- Promote and support underrepresented scholars and researchers actively participating in research
- Enhance the pool of underrepresented scholars and researchers independently funded to conduct addiction research



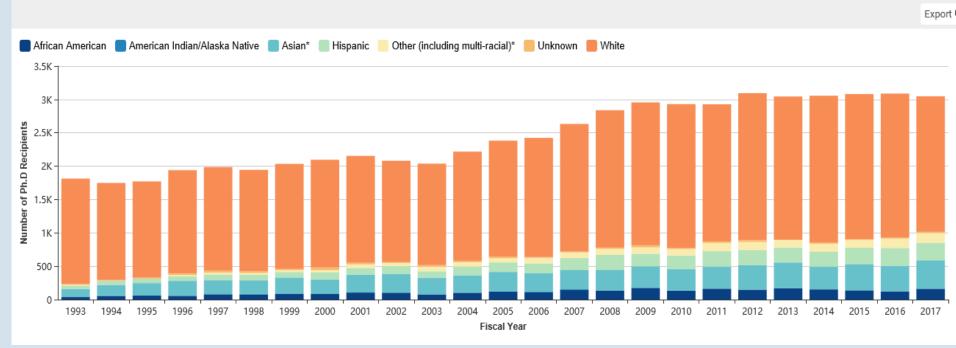
 Ensure that research addressing health disparities is adequately and appropriately represented in NIDA's extramural research portfolio

# Systematic Approach to Enhancing Diversity in Addiction Research



## Trends in Race/Ethnicity of NIH-Supported Ph.D. Recipients

NIH Data Book Report ID: 270 Share &

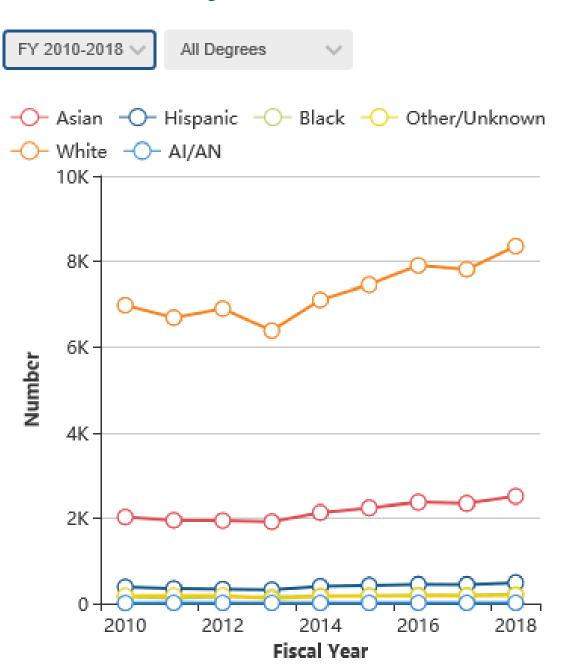


# 2000 African American: 85 American Indian/Alaska Native: D Asian\*: 217 Hispanic: 109 Other (including multi-racial)\*: 31 Unknown: 39 White: 1,615



# **RPG Awardees By Race**



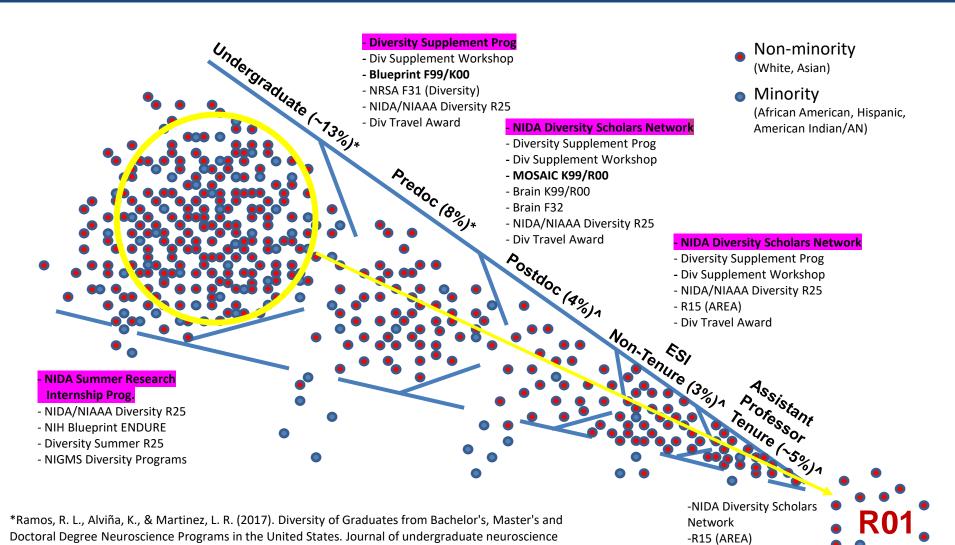


# 2010 Asian: 2,024 Hispanic: 389 Black: 162 Other/Unknown: 184 White: 6,979 Al/AN: 12

# 2018

- Asian: 2,505
- Hispanic: 485
- Black: 214
- Other/Unknown: 195
- White: 8,360
- AI/AN: 18

# The Leaky Pipeline—Race/Ethnicity Neuroscience Disparities



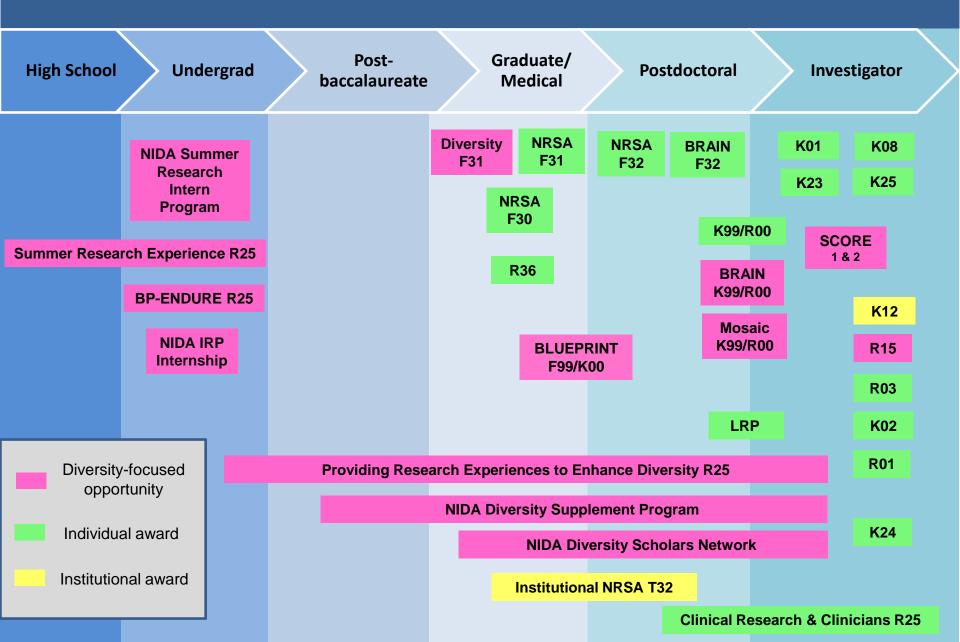
education: JUNE: a publication of FUN, Faculty for Undergraduate Neuroscience, 16(1), A6-A13.

^Sved A, Society for Neuroscience (2013) Report of survey of neuroscience graduate,

postdoctoral, and undergraduate programs (Academic Year 2010-2011).

National Institute on Drug Abuse
The Science of Drug Abuse & Addiction

# NIDA Research Training & Diversity Opportunities



After completing a funded diversity supplement, what are recommended NIH mechanisms that ESIs should apply for?

Process and best practices to submit Diversity supplements to R01 grants

# NIDA Diversity Supplement Program

Feeder Program and Bridge to Independent Funding

PA-20-222

Goal:

Enhance the diversity of the addiction research workforce by recruiting and retaining postbaccalaureate, pre-doctorate, post-doctorate, and junior investigators from groups that have been shown to be underrepresented in biomedical research

# **Approach:**

- Administrative supplements to existing NIH research grants
- Typically 2-3 years of funding to provide 'bridge funds' while the trainee gains the research experience, preliminary data, and other needed training to apply for independent grant funding
- Supplements provide salary, fringe benefits, funds for supplies and travel

# Follow-up/ Support:

- Two-day grant application and professional development workshop
- Connect with ODHD staff & POs, and receive individualized feedback
- Additional Travel Award Opportunities
- Peer to peer support
- Feeder program to Diversity Fs and Ks and other NIH mechanisms
- **Program Evaluation** and Analysis

# NIH Blueprint Diversity Specialized Predoctoral to Postdoctoral Advancement in Neuroscience (D-SPAN) (F99/K00) RFA-NS-19-011

Purpose	Duration	Allowable Cost	URL
to support a	Predoc 1-	Stipend- F99 Phase: \$24,324;	https://grants.nih.
defined pathway	2 yrs	K00 Phase: \$58,000	gov/grants/guide/
across career			rfa-files/RFA-NS-
stages for	Transition	Tuition & fees- F99 Phase: up to	<u>19-011.html</u>
outstanding	to	\$16K; not allowed on K00 Phase.	(clinical trial not
graduate students	Postdoc		allowed)
who are from	up to 4 yrs	Institutional Allowance – F99 Phase:	
diverse	of support	similar to the F31 plus \$1000 for	
backgrounds		additional travel to attend mandatory	
underrepresented		NIH Neuroscience Blueprint	
in neuroscience		conference; K99 Phase: \$3,000 per	
research		year toward research development	
		costs plus \$1000 to defray cost of	
		travel to NIH Neuroscience Blueprint	
		Conference.	



Is there diversity specific funding for postdocs to transition to the early-stage investigator level?

# **MOSAIC K99/R00 - Features**

- Supports postdoctoral scientists from diverse backgrounds conducting research in areas within the missions of participating ICs by providing up to 5 years of support in two phases:
  - The <u>initial (K99) phase</u> provides support for up to 2 years of mentored postdoctoral research training and career development.
  - The <u>second (R00) phase</u> provides up to 3 years of independent research support, which is contingent on satisfactory progress during the K99 phase and an approved, independent, tenure-track (or equivalent) faculty position.
- Scholars will be part of organized scientific cohorts and will participate in mentoring, networking, and professional development activities coordinated by MOSAIC Institutionally-Focused Research Education Award to Promote Diversity (UE5) grantees

Applicants must have no more than **4 years** of postdoctoral research experience at the time of the initial or the subsequent Resubmission application. US citizen or permanent resident by time of award

\*Try to apply no later than the third year of your postdoctoral training to ensure that you receive maximum benefit from both the K99 phase of the award, and to facilitate a timely transition to independence.

# The BRAIN Initiative® Advanced Postdoctoral Career Transition Award to Promote Diversity (K99/R00)



#### Postdoctoral fellow

- Less than 5 years experience
- Requires at least 12 months of training



#### **BRAIN** Initiative research

 Must be relevant to the scientific goals of the BRAIN 2025 Report, in areas including but not limited to: engineering, computer science, statistics, mathematics, physics, chemistry, and neuroethics



## Eligible individuals

- Individuals from underrepresented racial and ethnic groups (NOT-OD-18-129)
- Individuals with disabilities
- Women



U.S. citizen or permanent resident by time of award



U.S. domestic institution

# NIDA Initiative to Promote Diversity



# NIDA Racial Equity Initiative

NIDA Workplace

June 4, 2020 By Dr. Nora Volkow

- Scientific Research
   Workforce
- Research Gaps and Opportunities











# **NIDA's Health Disparities Priorities**

 Health disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.

## Research Priorities:

- COVID-19
- Health Services
- Opioid epidemic
- Native Americans and Opioids
- Criminal Justice System

Is health disparities research a funding priority for NIDA?

How should I decide whether to submit my proposal to NIDA or NIMHD?

I would like to know what are some funding opportunities available for the doctoral degree path in Preventive Medicine - reducing health disparity among minority groups.

# PAR-20-310

# Health Services Research on Minority Health and Health Disparities

 Research encouraged under this FOA includes the examination of populationspecific clinical presentation and/or manifestation of diseases and their complications within the context of health care settings

Projects may address health services pertaining to:

- health promotion, screening for disease or risk factors, prevention at any level, diagnosis and the treatment of particular health conditions (including chronic diseases, mental and substance abuse disorders, and infectious diseases such the 2019 Novel Coronavirus)
- specific segments of populations affected by health disparities (e.g. pregnant women, children, persons with disabilities, older adults), or more general indicators (e.g., access to primary care services or specialty care) that may not be condition-specific.
- Projects may include observational/descriptive, or interventional studies (including randomized clinical trials, pragmatic trials and others) and may involve primary data collection and/or secondary analysis of existing datasets.

# PAR-18-747

# Addressing the Challenges of the Opioid Epidemic in Minority Health and Health Disparities Research in the U.S.

- This initiative will support research projects that examine the following:
  - sociodemographic, cultural, economic, epidemiologic, and biological factors in opioid care specific to health disparity populations that increase the risk of OUD and the consequences of OUD;
  - ways to improve resource availability among defined health disparity populations to reduce opioid treatment gap;
  - underlying mechanisms for the variation in the prevalence of OUD in health disparities populations.
  - Research projects are encouraged to utilize rigorous innovative multi multidisciplinary approaches with integration of multiple factors that are known to be related to opioid health disparities.

## NOT-DA-20-033

# Social Network Analyses to Reduce American Indian and Alaska Native Opioid Use Disorder and Related Risks for Suicide and Mental Health Disorders

- The proposed supplements must focus on opioid use and social network characteristics and should augment or add assessments of other drug use, mental health, and suicide risk if they are not already sufficiently measured. The administrative supplements selected for funding will be paid with funds from the NIH Helping to End Addiction Long-term (HEAL) program.
- Examples of potential research areas include, but are not are not limited to:
  - Research to expand knowledge of social network characteristics that increase risk or confer protection for opioid use and related behavioral health and drug use outcomes, including suicide.
  - Research that informs enhancing social networks as a tool for intervention for opioid use and related behavioral health outcomes, including suicide.
  - Each project funded under this supplement program must be able to address social network characteristics, opioid use and both drug and behavioral health outcomes (including risk for suicide) using data either from the supplement or from the supplement in combination with data from the parent grant.

# NOT-MD-20-025 Notice of Special Interest (NOSI): Simulation Modeling and Systems Science to Address Health Disparities

- The purpose of this Notice of Special Interest is to support investigative and collaborative research focused on developing and evaluating simulation modeling and systems science to understand and address minority health and health disparities.
- Examples of potential topic areas include but are not limited to:
- Change in demographics -including migration, return migration, and fatalities- following the disaster(s) and/or public health emergencies and subsequent change in actual or projected population health profile, health care needs (e.g., age-specific health services including prevention and treatment, subspecialty care, home-based care, long-term and hospice care) and health/health care disparities across the lifespan
- Strategies (including best practices) to ensure access to services and continuity of care
  and enhance prevention and treatment of acute exacerbations of chronic diseases especially among patients with multiple medical conditions, disabilities and/or complex
  medical needs- for example, mitigation strategies to ensure storage, availability and
  delivery of medications and protection of electronic health records and health care
  system functionality
- Post-disaster and/or public health emergency health care systems re-design strategies

## PA-20-172

# Long-Term Effects of Disasters on Health Care Systems Serving Health Disparity Populations

- The purpose of this Funding Opportunity Announcement (FOA) is to support investigative
  and collaborative research focused on understanding the long-term effects of natural and/or
  human-made disasters on health care systems serving health disparity populations in
  communities in the U.S
- Research Methodology
- The initiative will support retrospective quantitative research, mixed-methods analyses, simulation and modeling analyses, and evaluations of existing interventions and practices in communities with health care disparities whose health care systems have been disrupted by one or more natural or human-made disasters.
- Examples of research methods could include, but are not limited to:
- Use of large-scale longitudinal data sets (e.g., public health surveillance, hospitals and
  outpatient health records, health insurance claims and other administrative datasets,
  registries), data mining techniques and integration of quantitative and qualitative frameworks
  and techniques to assess trends and projections on health care needs, access, delivery and
  utilization of health care services, patient population health profile and disparities or health
  care workforce

### PA-17-042

# Addressing the Etiology of Health Disparities and Health Advantages Among Immigrant Populations (R21)

• The goal of the Immigrant Health Initiative is to support exploratory and developmental research to understand the risk/protective factors and challenges affecting the health of U.S. immigrant populations (particularly migrant workers, recent and 1st generation immigrants) and address issues that promote health equity.

#### Specific Areas of Research Interest

- Interplay of social, cultural, environmental, and biological factors that affect health disparities and health advantages in the U.S. (host country) among recent immigrant populations;
- Acculturation stress in conjunction with other forms of psychological or physical stress that affect health outcomes among various immigrant sub-populations and migrant workers;
- Biomarkers (e.g. allostatic load, telomere length) of cumulative immigration-specific stress, that may relate to health disparities or health advantages among immigrants;
- Changes in the genome, epigenome, metabolome or microbiome through the immigration and acculturation process due to diet and lifestyle factors in the native country and the U.S. and how that relates to health advantages and/or disparities in different immigrant populations;
- How migrations shape the genomic diversity in African-Americans, Latinos, Asian and other U.S. health disparities immigrant populations and how that may impact health;

# Thank You

Feel Free to contact us if you have any questions.

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Katrina Foster, PhD fosterkl@nih.gov

# Questions

- Eager to hear vision and best practices for mentoring for diversity, equity,
   and inclusion
  - Publish, apply and re-apply for grants, culturally sensitive mentoring,
     NIH is committed to this area and provides support in this are
- Are there challenges that I should be aware of and plan as a minority student?
- Being at a minority serving institution, what would be the best target for submitting R-type grants.

# NIDA Research Training & Diversity Opportunities

