

June 29, 2021

**VIA ELECTRONIC TRANSMISSION**

Shalanda Young  
Acting Director, Office of Management and Budget  
725 17th Street, NW  
Washington, DC 20503

**RE: Methods and Leading Practices for Advancing Equity and Support for Underserved Communities through Government [OMB-2021-0005-0001]**

Dear Ms. Young:

On behalf of the Endocrine Society, thank you for the opportunity to provide comments on the Office of Management and Budget's (OMB) Request for Information (RFI): Methods and Leading Practices for Advancing Equity and Support for Underserved Communities through Government. Founded in 1916, the Endocrine Society is the world's oldest, largest, and most active organization devoted to research on hormones and the clinical practice of endocrinology. The Society's membership of over 18,000 includes experts in all research and clinical aspects of hormone health.

The Endocrine Society has a deep commitment to diversity, equity and inclusion (DEI) and has prioritized issues related to these core values. Our comments and recommendations were developed by our Committee on Diversity and Inclusion and our Advocacy and Public Outreach Core Committee. We hope that our input will assist the OMB in its efforts to advance racial equity, diversity, and inclusion in underserved communities.

***Equity Assessment and Strategies***

The COVID-19 pandemic has amplified major inequities that exist throughout the country. This has been experienced not only by people with health diseases and conditions, but also in the scientific workforce where the lack of sustainable research funding has created job losses and lab closings across the country. This has been particularly detrimental to underrepresented minority (URM) scientists.<sup>1</sup>

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<sup>1</sup> Woolston, Chris. 'It's like We're Going Back 30 Years': How the Coronavirus is Gutting Diversity in Science, Nature (<https://www.nature.com/articles/d41586-020-02288-3>)



Data reporting the participation of URM in the federal scientific workforce is important. Federal agencies should report transparent data and analysis of their workforce, particularly of the federal scientific workforce and pipeline, and identify interventions that can help prevent trainees and early-career scientists from leaving the field. The National Institutes of Health (NIH), for instance, provides a good example of how it uses data to collect information about the diversity of its grantees.<sup>2</sup> This type of data collection on a federal level can be modeled to allow the federal government to better understand URM gaps and opportunities in its workforce.

For clinical and applied health care research, better data collection and analysis is essential to understand emerging and existing disparities. One such emerging disparity is between how COVID-19 affects female and male patients. While male patients are more likely to suffer from hospitalization and death<sup>3</sup>, female patients are more likely to experience long-lasting symptoms of COVID-19.<sup>4</sup> An appreciation of sex differences in all aspects of health and physiology must continue in order to better personalize the results of scientific inquiry and healthcare for all Americans. The NIH's Sex as a Biological Variable (SABV) policy serves as an example of how federal agencies can be inclusive in their research and consider sex as a relevant biological variable at all levels of science. Paying attention to relevant biological variables in research design, analysis, and reporting will only help enhance the reproducibility and translatability of all biomedical research.<sup>5</sup> Failing to consider sex differences can lead to the failure of promising drug candidates. Drugs are tested in cell lines or animals before drug trials are conducted in humans, and most of these foundational studies rely predominantly on male animals or cell lines. Many published studies that use animal models either do not report the breakdown of animals by sex or do not aggregate results by the sex. Clinical studies may similarly fail to consider sex as a variable and instead often report it as a confounding factor.

However, the SABV policy only applies to research funded or affiliated with the NIH. Other federal agencies, particularly the National Science Foundation (NSF) and the Food and Drug Administration (FDA) should move forward to adopt similar policies where applicable. For instance, FDA and the Environmental Protection Agency should expect that safety

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<sup>2</sup> National Institutes of Health, Racial Disparities in NIH Funding (<https://diversity.nih.gov/building-evidence/racial-disparities-nih-funding>)

<sup>3</sup> Centers for Disease Control and Prevention, Men and COVID-19: A Biopsychosocial Approach to Understanding Sex Differences in Mortality and Recommendations for Practice and Policy Interventions ([https://www.cdc.gov/pcd/issues/2020/20\\_0247.htm](https://www.cdc.gov/pcd/issues/2020/20_0247.htm))

<sup>4</sup> Chinnappan, Shivani. Long COVID: The Impact on Women and Ongoing Research, Society for Women's Health Research (<https://swhr.org/long-covid-the-impact-on-women-and-ongoing-research/>)

<sup>5</sup> Lauer, Mike. Consideration of Relevant Biological Variables in NIH Grant Applications, National Institutes of Health, Office of Extramural Research (<https://nexus.od.nih.gov/all/2016/01/29/consideration-of-relevant-biological-variables-in-nih-grant-applications/>)



assessments may discover different effects for males and females and design chemical and other safety review processes to reflect this.

The need for better data to assess disparities also extends to issues like access to affordable insulin and other medications. Currently, we are not aware of any database that tracks the disparities and accessibility of life-dependent drugs like insulin for URM. Rising costs have made access to affordable insulin far more difficult for people with diabetes, especially low-income individuals, those on high deductible health plans, beneficiaries using Medicare Part B to cover insulin delivered via pump, Medicare beneficiaries in the Part D donut hole, and those who turn 26 and must transition from their parents' insurance, to manage their diabetes and avoid unnecessary complications and hospitalizations.<sup>6</sup> Consequently, we need clear, complete data to understand the true magnitude of accessibility issues, who they are affecting and where, in order to develop appropriate interventions.

Furthermore, agencies must consider the population needs of their primary constituency. Whether this is educating senior citizens on technological literacy or helping ensure reliable broadband connectivity for rural patients, there are many opportunities for government engagement with on-the-ground community leaders which we expand upon in the *Stakeholder and Community Engagement* section of this response.

**To advance equity and the use of data to inform equitable public policy strategies, we recommend the federal government:**

- **Ensure accurate and transparent collection of federal data to inform public policy strategies.**
- **Track staff demographics to reflect the diversity of the constituency which they serve to better understand community needs.**
- **Develop a deep workforce analysis of federal employees to better understand the workforce pipeline and develop ways to target initiatives to increase the pool of potential workforce, particularly for URM.**
- **Track and report the hiring of URM employees, as well as their salaries, raises, and promotions in comparison to overrepresented groups in similar jobs within federal agencies.**
- **Ensure the inclusion of all sexes in all aspects of biomedical and applied health research, and design outcomes reflecting sex-specific analysis across all federal agencies, e.g., for dosing recommendations.**
- **Consider population needs and gaps of an agency's primary constituency to identify improvements that can lead to better health outcomes and increased**

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<sup>6</sup> Increasing Insulin Affordability: An Endocrine Society Position Statement Endocrine Society (<https://www.endocrine.org/advocacy/position-statements/increasing-insulin-affordability>)



**DEI. For instance, reliable broadband connectivity can lead to more telehealth visits and follow ups.**

### ***Barriers and Burden Reduction***

Our members report that many of the obstacles facing URM scientists throughout their training, mentoring, and career path are compounded by the lack of diversity among faculty at all career stages; this is particularly pronounced at the highest academic ranks and career stages. It is important that early-career URM scientists can see themselves among institutional leaders and have mentors available who can relate to their experiences. The limited number of URM faculty therefore often have significant mentorship responsibilities, with few professional incentives to promote a significant mentorship load that may be unsustainable. In fact, taking on mentorship and other administrative responsibilities without associated effort can constrain URM faculty in their ability to get promoted, which is exactly the opposite of the desired outcome.

We are encouraged by many of the forward-thinking programs developed by agencies in their efforts to advance DEI, including strategies at the NSF<sup>7</sup> such as the New Inclusion Quotient (the New IQ), which helps create specific metrics that allow NSF to measure inclusiveness within the agency based on several factors tied to employee engagement and organizational performance. This program is an example of an agency-specific DEI initiative that other agencies could model.

The Future Leaders Advancing Research in Endocrinology (FLARE) program<sup>8</sup> funded by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) and coordinated by the Endocrine Society is another example of how agencies can engage URM scientists to break down barriers. FLARE generates cohorts of URM investigators and helps ensure that these cohorts have viable pathways to a stable mid-career position with a robust pool of URM advisors, mentors, and role-models. Since its launch, there have been over 100 FLARE fellows that have completed the program.

While not a substitute for URM representation, non-URM scientists should be expected to participate in DEI efforts at federal agencies and at grantee institutions. Federally funded research institutions should encourage the development of non-URM allies who can shoulder some of the work needed to achieve DEI goals. We also note that training programs that might benefit from a more diverse candidate pool often focus on traditional entry points to scientific research and may be missing opportunities to engage URM candidates elsewhere in educational systems. Diversified outreach to candidates

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<sup>7</sup> National Science Foundation, Diversity Initiatives (<https://www.nsf.gov/od/odi/diversity.jsp>)

<sup>8</sup> Future Leaders Advancing Research in Endocrinology (FLARE), Endocrine Society (<https://www.endocrine.org/our-community/career-and-professional-development/future-leaders-in-endocrinology>)



throughout various undergraduate or graduate programs could help federal institutions recruit more trainees, but retention will require a diverse pool of senior scientists and mentors to provide support and develop confidence in promising URM candidates.

**To advance the training and mentoring of URM scientists, we recommend federal research agencies:**

- **Initiate programs that seek to retain URM scientists by providing targeted funding at critical career points. For example, NIH could create a transition funding mechanism from post-doctoral fellowship to K award, and from K to R award, etc.**
- **Allow URM faculty to serve as a mentor on training grants, irrespective of funding status.**
- **Create incentives for URM mentorship activities. For example, in the case of NIH, creating incentives for mentors of F- and K08 or K23 awardees, or for K24-supported mentoring activities, and for individuals within a Cancer Center or as trainers in Cancer Center education cores.**
- **Recruit promising URM candidates at all training stages through outreach to students/trainees who take non-traditional career pathways (e.g., a postdoctoral fellow who works in industry for a time) or who temporarily explore other careers due to interest or a gap in funding.**

### ***Financial Assistance***

The lack of diversity at federal institutions itself creates additional challenges and barriers for URM faculty, especially in the biomedical research workforce. For example, URM faculty who have secured long-term or stable funding at their institutions are often highly sought after for service activities and other campus activities to enhance diversity. While recognizing their importance, these service activities take time away from research and other career development activities, potentially resulting in diminished research productivity, challenges in applying for grants in the future, and ultimately loss of stable funding.

This reinforces the need to engage non-URM allies to share in the work required to advance DEI goals. Because funding is a critical element of any scientist's career path, grant review panels, for instance, have a tremendous amount of influence over the retention of faculty, including URM scientists. It is therefore particularly important for diverse perspectives and viewpoints to be present on study sections and review panels. In the near-term, this will require training allies to reduce the burden on URM faculty and also recruiting more URM faculty as participants. Unconscious bias training is helpful and should be encouraged, but it is not a substitute for inclusive review panels that are able to mitigate bias that can persist in subtle ways.



To promote retention of URM faculty, we recommend federal research agencies:

- Provide mechanisms for bridge funding (e.g., matching institutional bridge support) for URM faculty when there is a break in funding due to their efforts to enhance minority recruitment, engagement, and mentorship.
- Incentivize universities by providing funding through center grants or training grants for URM faculty that are working to increase diversity, including compensating faculty for the extra administrative burdens that are placed on them and supporting training other faculty to act as allies, so that URM faculty are not the only individuals called upon to serve in these important roles.
- Consider that the current rules which govern participation in important decision-making panels (e.g., requirement to have current stable funding for grant study section participation) are themselves barriers to diversity, inclusion, and equity, and test the effects of removing these rules on outcomes related to DEI.
- Increase participation of URM scientists in programs that provide exposure to grant review processes, and report metrics that track URM participation and career progression.
- Consider funding mechanisms for universities that do not have a medical school but have a diverse student body. Often, these are land grant schools or historically black colleges and universities that have a diverse student body. However, their lack of medical schools can often disqualify or impede them from receiving funding from traditional funding streams like the NIH.

### ***Stakeholder and Community Engagement***

Community engagement is a key element to addressing disparities and advancing health equity. Federal agencies are especially primed to work with local governments and community organizers that have the infrastructure necessary to engage with communities that trust them. The NIH and Centers for Disease Control and Prevention's (CDC) Diabetes Prevention Program (DPP) is a prime example of this. DPP, and the ongoing DPP Outcomes Study, is a partnership with the NIH's NIDDK and CDC, that studies how people who are at a higher risk of type 2 diabetes can prevent or delay the disease through lifestyle changes. Through public-private partnerships with organizations already established within communities like the YMCA, state and local health departments, universities, and public and private insurers, the program has successfully reached many underserved communities across the country.<sup>9</sup>

However, when engaging with communities of all sizes and varied demographic characteristics, it is important to keep in mind their different needs. For instance, during the

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<sup>9</sup> Centers for Disease Control and Prevention, National Diabetes Prevention Program  
<https://www.cdc.gov/diabetes/prevention/about.htm>



pandemic, our members spoke about the difficulty many of their patients, especially elderly patients, had adjusting to online platforms and video telehealth visits. Technological literacy is not uniform across all communities. Another example our members provided is the need for robust broadband infrastructure. This is especially important for patients who live in rural areas and do not have easily accessible Wi-Fi hot spots or the infrastructure that would allow for Wi-Fi. Such issues can be addressed through public-private partnerships and engagement with local organizations who can provide technological education or by providing grants to local companies to expand broadband connections.

It is also important to engage with physicians and provide incentives to further minimize inequities related to access to healthcare. This may be in the form of compensation strategies for telehealth visits that receive high satisfaction ratings or parity for video, telephone, and in-person visits when appropriate for patients who meet certain requirements (e.g., elderly, living in a rural setting, without access to reliable transportation). Doing so could not only help reach more vulnerable communities, but also create informative data to better understand how some socio-economic factors affect a community's health over time.

**To increase meaningful agency engagement with underserved communities, we recommend federal agencies:**

- **Partner with community organizations that have ready, on-the-ground infrastructure with trusted community leaders to increase engagement with underserved communities.**
- **Consider population needs and how barriers such as unreliable broadband connection or technological literacy contribute to inequities and health disparities and how they can be addressed.**

### ***Conclusion***

We are committed to addressing all facets of inequity in health care and research and hope to work with you on this critical issue for the country. Thank you for considering the Endocrine Society's comments. If we can be of further assistance and provide additional information, please have your staff contact the Endocrine Society's Chief Policy Officer, Mila Becker at [mbecker@endocrine.org](mailto:mbecker@endocrine.org).

Sincerely,

Carol Wysham, MD  
President, Endocrine Society