

Strengthening Infrastructure for Research on Structural Racism and Aging

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Commentary

Affirming NIH's commitment to addressing structural racism in the biomedical research enterprise


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NIH has acknowledged and committed to ending structural racism. The framework for NIH's approach, summarized here, includes understanding barriers; developing robust health disparities/equity research; improving its internal culture; being transparent and accountable; and changing the extramural ecosystem so that diversity, equity, and inclusion are reflected in funded research and the biomedical workforce.

Funding Opportunity Title	
Activity Code	
Announcement Type	
Related Notices	
Funding Opportunity Announcement (FOA) Number	
Companion Funding Opportunity	
Number of Applications	
Assistance Listing Number(s)	
Funding Opportunity Purpose	

Understanding and Addressing the Impact of Structural Racism and Discrimination on Minority Health and Health Disparities (R01 Clinical Trial Optional)

R01 Research Project Grant

New

- April 23, 2021** - Notice of Pre-Application Technical Assistance Webinar for RFA-MD-21-004. See Notice [NOT-MD-21-018](#).

RFA-MD-21-004

None

See [Section III. 3. Additional Information on Eligibility](#).

93.307, 93.855, 93.172, 93.273, 93.399, 93.867, 93.866, 93.846, 93.242, 93.113, 93.865, 93.286, 93.310, 93.121, 93.279, 93.213, 93.853, 93.173, 93.859, 93.361, 93.313, 93.837, 93.838, 93.839, 93.840, 93.233, 93.847

This initiative will support (1) observational research to understand the role of structural racism and discrimination (SRD) in causing and sustaining health disparities, and (2) intervention research that addresses SRD in order to improve minority health or reduce health disparities.

Key Dates

Posted Date	
Open Date (Earliest Submission Date)	
Letter of Intent Due Date(s)	

March 23, 2021

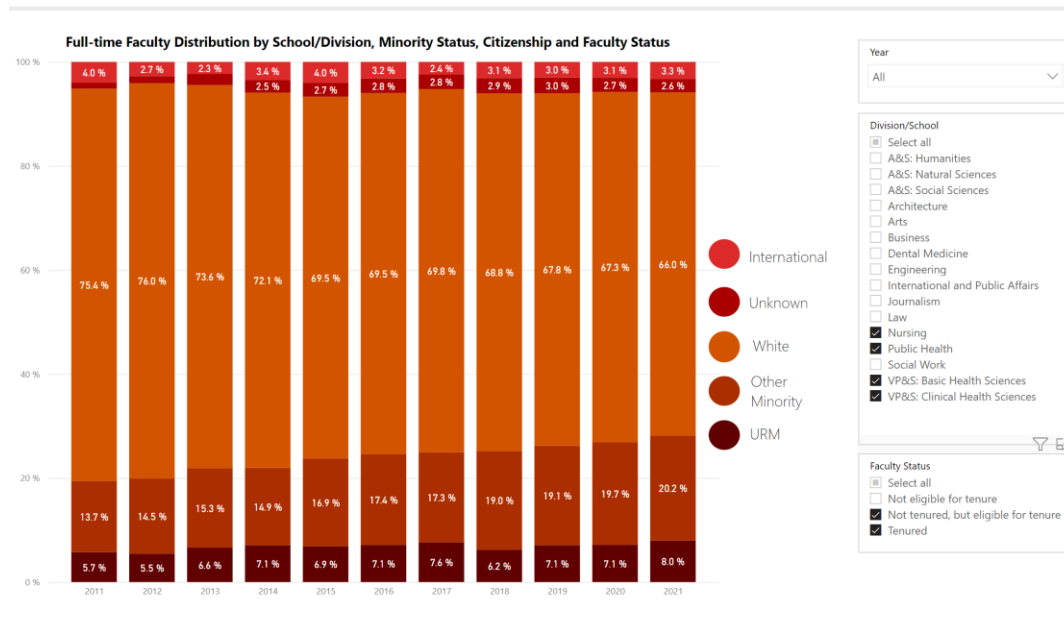
July 20, 2021

July 20, 2021

Application Due Dates			Review and Award Cycles		
New	Renewal / Resubmission / Revision (as allowed)	AIDS	Scientific Merit Review	Advisory Council Review	Earliest Start Date
August 24, 2021	Not Applicable	August 24, 2021	November 2021	January 2022	April 2022

Institutional commitment

- Commitment of resources to assess and eliminate racism
- Align promotion and tenure with best practices for health equity
- Sustainable over the long term



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FACILITIES AND OTHER RESOURCES

The Scientific Environment

The [Taub Institute for Research on Alzheimer's Disease and the Aging Brain](#), includes over 50 scientists from across Columbia University who study neurodegenerative diseases and aging through cell biology, genetics, cognitive neuroscience, and epidemiology. The [Sergievsky Center](#) is a multidisciplinary center concentrating on the epidemiological studies of neurological disorders, with particular emphasis on neurodegeneration. The faculty consists of individuals trained in epidemiology, biostatistics, genetics, clinical medicine, neuroscience, and psychology.

The [Robert N. Butler Columbia Aging Center](#) (CAC) is a university-wide aging center with global reach. Daniel W Belsky is faculty co-lead of the CAC program in Biological Aging and Health inequalities. CAC is physically located within the Mailman School of Public Health on the Columbia University Irving Medical Center (CUIMC) Campus (168th Street). Launched in July 2013 by Dean Linda P. Fried, MD, MPH, with an endowment of \$20m, the CAC mobilizes the intellectual resources of Columbia University to investigate the science of human aging and uses research findings to inform the creation of societies that are better adapted for our longer lives. The CAC has full-time and part-time faculty, as well as full-time administrative staff members. The scientific and translational components of the CAC focus on advancing the science and practice of promoting healthy aging at every age and stage of life. The center pursues activities in aging across the life course serving both academic and public audiences: Research, education, expert advising, and events. Across Columbia University, the CAC brings together scientists, researchers, and leaders in the life, neuro, behavioral, and social sciences, public health, medicine, as well as business management, engineering, and the humanities. To cultivate new streams of aging research, the CAC has offered competitive seed grant funding to Columbia researchers; successful applicants become Faculty Research Fellows of the center. To date, 15 fellowships have been awarded to tenure-track faculty, who are key members of the center's network. The CAC also convenes Columbia's aging science researchers quarterly at its University Seminar: The Future of Aging Research. Here, current projects are discussed from an interdisciplinary perspective with the intention of incubating novel research proposals. The CAC is also home to the Mailman School's Health of an Aging Society academic certificate for MPH students.

The [Joseph L. Mailman School of Public Health](#) (MSPH) is one of the three oldest accredited schools of public health in the country. MSPH serves as the physical home to the four participating departments, Biostatistics, Environmental Health Sciences, Epidemiology, and Sociomedical Sciences. The School is notable for its excellence in public health education, cutting-edge research, and service to local, national, and international communities. MSPH has over 1,100 graduate students and over 500 faculty members (over 40% of whom hold joint or interdisciplinary appointments in 34 Columbia University departments, schools, and centers. The School trains public health professionals in the Departments of Biostatistics, Epidemiology, Environmental Health Sciences, Health Policy and Management, Population and Family Health, and Sociomedical Sciences. The School has renowned programs in mental health, HIV/AIDS, maternal/fetal health, population health, history and ethics of public health, emerging pathogens, and public health preparedness. Areas of priority include global health, chronic diseases, urban health and aging. In addition to teaching and research, MSPH faculty members participate in service and outreach activities in communities in New York City and beyond. MSPH has several ongoing centers and programs that facilitate global collaboration on education and scientific research that foster leadership and excellence in public health education, research, and practice.

[Columbia University Irving Medical Center](#) (CUIMC) is situated on a 20-acre campus in Northern Manhattan and accounting for roughly half of Columbia University's nearly \$4.4 billion annual budget. CUIMC provides global leadership in scientific research, health and medical education, and patient care. CUIMC is consistently ranked

Building competencies among research teams

- Framework for research
 - Historical, dynamic, relational, contextual
- Team that represents communities in study should be score-driving
 - Proven success in engagement
- Personal awareness and adapting behaviors
 - What to do when you don't have the expertise
- Building multidisciplinary teams
- How to prioritize community ownership of research goals, resources, and capacities

Inclusion is not Equity – research teams

PLOS ONE



[PLOS One](#). 2022; 17(2): e0263750.

Published online 2022 Feb 7. doi: [10.1371/journal.pone.0263750](https://doi.org/10.1371/journal.pone.0263750)

PMCID: PMC8820610

PMID: [35130331](https://pubmed.ncbi.nlm.nih.gov/35130331/)

Beyond inclusion: Enacting team equity in precision medicine research

[Melanie Jeske](#), Data curation, Formal analysis, Investigation, Writing – original draft, Writing – review & editing,¹

[Emily Vasquez](#), Formal analysis, Investigation, Writing – original draft, Writing – review & editing,²

[Stephanie M. Fullerton](#), Conceptualization, Investigation, Writing – original draft, Writing – review & editing,³

[Aliya Saperstein](#), Conceptualization, Investigation, Writing – review & editing,⁴ [Michael Bentz](#), Formal analysis,

Investigation, Writing – review & editing,⁵ [Nicole Foti](#), Formal analysis, Investigation, Writing – review & editing,¹

[Janet K. Shim](#), Conceptualization, Funding acquisition, Investigation, Methodology, Writing – review & editing,¹ and

[Sandra Soo-Jin Lee](#), Conceptualization, Funding acquisition, Investigation, Methodology, Writing – original draft, Writing – review & editing^{5,*}









Instrumental diversity risks undermining goals of equitable inclusion

Participants described what we call *instrumental diversity*: that is, efforts that enlist underrepresented team members for instrumental goals (e.g. recruitment) but do not prioritize them in leadership roles or stages of the study lifecourse (e.g., conceptualizing study aims and design). Leveraged as on-the-ground staff who might more successfully connect with participants who “look like them” or as tokenized experts on underrepresented communities, instrumental diversity efforts further inequities in PMR teams and limits underrepresented team members from actively participating in knowledge making processes. Tokenism has also been shown to lead to higher depression, anxiety, and social exclusion [21, 22]. Underrepresented team members often perceive that they are valued for contributions on diversity matters, but can be excluded from contributing to study activities unrelated to diversity.

Inclusion is not Equity – participants

- Irresponsible research approaches have lasting impacts
- Community mistrust is not a fundamental driver of health inequalities

Addressing Disparities in Alzheimer's Disease and African-American Participation in Research: An Asset-Based Community Development Approach

 Gina Green-Harris^{1,2},  Sheryl L. Coley^{3*},  Rebecca L. Kosciuk³,  Nia C. Norris¹,  Stephanie L. Houston¹,  Mark A. Sager³,  Sterling C. Johnson^{3,4,5} and  Dorothy Farrar Edwards^{5,6,7}



Investment in Communities

Offspring Study R01AG054070 (n = 1,970 as of 5/2022)

Social services (used among 142 participants)

Focus of social services interaction	% of participants
Housing	12%
Food Assistance	18%
Medical	24%
Mental Health	25%
Home Health Aide	5%
Migration	8%
Pandemic Action Plan	5%

Raising the Bar

HealthAffairs

COVID-19

Topics

Journal

Forefront

Podcasts

HEALTH AFFAIRS FOREFRONT

RELATED TOPICS:

RACISM | HEALTH DISPARITIES | HEALTH OUTCOMES | DISEASES | ACCESS TO CARE

On Racism: A New Standard For Publishing On Racial Health Inequities

[Rhea W. Boyd](#), [Edwin G. Lindo](#), [Lachelle D. Weeks](#), [Monica R. McLemore](#)

JULY 2, 2020

10.1377/forefront.20200630.939347



Research Briefs | [Published: 17 July 2019](#)

A Call to Focus on Racial Domination and Oppression: A Response to “Racial and Ethnic Inequality in Poverty and Affluence, 1959–2015”

[Dedric T. Williams](#) 

[Population Research and Policy Review](#) **38**, 655–663 (2019) | [Cite this article](#)

2001 Accesses | **16** Citations | **80** Altmetric | [Metrics](#)

Sustainable data infrastructure for SR research on health and aging

- Representative, not convenience samples
 - Oversampling techniques should reflect heterogeneity within groups
- Lifecourse, longitudinal design
- Core support for multiple sources of data
 - Residential history
 - Tell Us Your Story
 - Individual sources of stress and positive wellbeing
 - Biomarker collection
 - In-home assessment
 - Administrative linkages
- Incentivize focus on structural and policy change
 - De-emphasize individual resilience

