



Targeting Academic and Workforce Structures to Dismantle Systemic Racism

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*Shifting the Paradigm: Targeting Structures, Communications, and
Beliefs to Advance Practical Strategies for Obesity Solutions*
National Academies of Sciences, Engineering, and Medicine

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Questions I was asked to Address

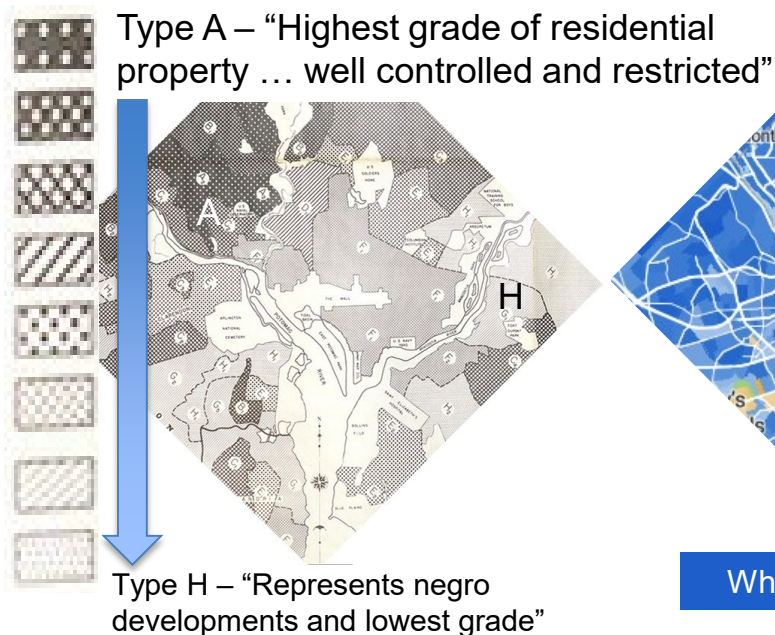
- **What are the effects of having a racist workforce/research enterprise?**
- **How does that affect the evidence that is generated/funding/research prioritization?**
- **What are practical solutions that have worked to address structural racism in the workforce/research enterprise? (Based on your work or work that others in the field have done)**



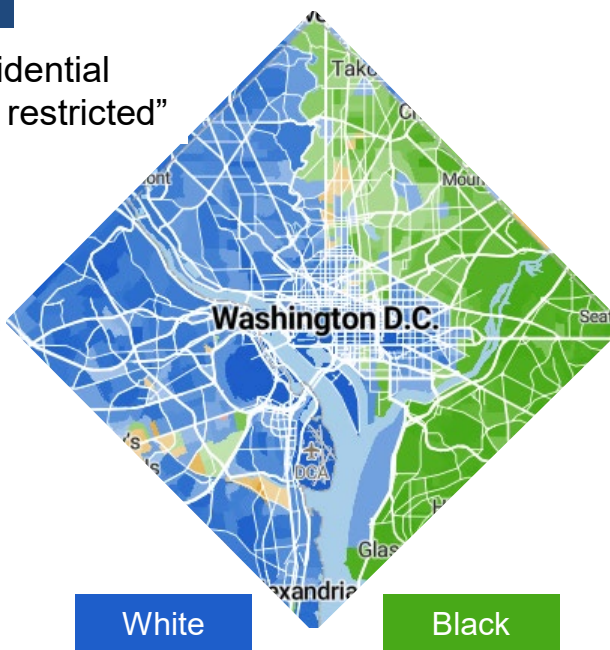
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Historical Redlining Policies Influence Social Segregation and Trajectory of Health Outcomes in D.C.

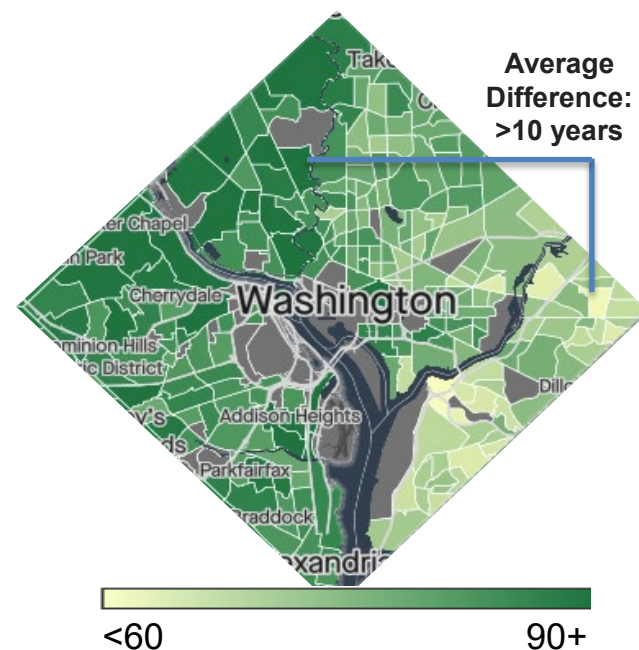
Federal Housing Administration
Residential Market Analysis, 1937



Majority Race by Area, 2020

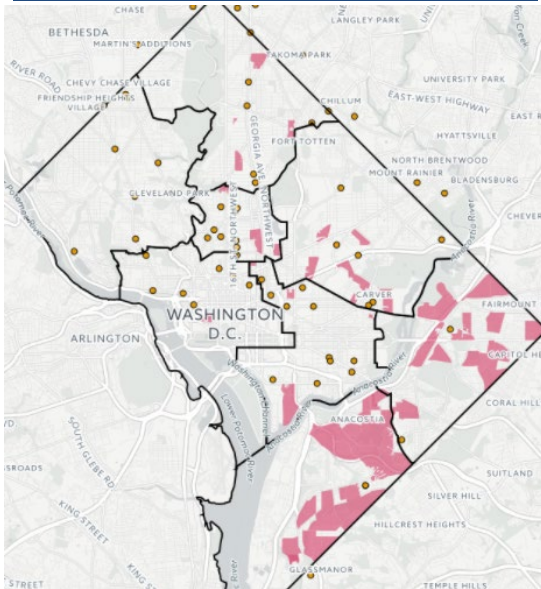


Average Life Expectancy, 2018

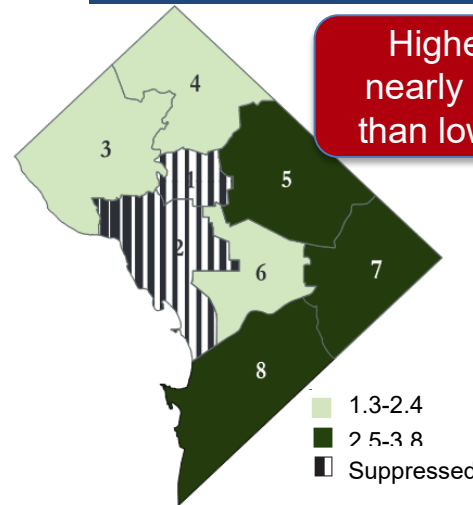


Where You Live Can Get “Under the Skin”: Environmental Factors Modulate Biological Systems in Health & Disease

Washington, D.C. Food Deserts



Adults Diagnosed with Heart Disease (%), 2016-17



Highest rate
nearly 3x more
than lowest rate

1.3-2.4
2.5-3.8
Suppressed

Interplay of Environmental Factors and SDoH on Pathobiology of Chronic Diseases

Racial Segregation

Socioeconomic Status

Food Desert
Unhealthy Options

Biosocial Interface

Microbiome / Metabolome

Immune System Activation

Oxidative Stress

Hypertension

Diversity in Science and Medicine is a Demographic Mandate

- Develop a diverse clinical workforce that will care for our patients
- Develop a diverse biomedical scientific workforce that will conduct *better* biomedical research in all areas of science
- Engage under-represented populations to participate in clinical research
- Ensuring fairness and leveraging intellectual capital with changing demographics



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Defining Critical Diversity

Herring and Henderson, 2011, Critical Sociology

- Equal inclusion of people from all backgrounds
- Special attention to those who are viewed differently because of exclusionary practices by the majority group with power
- Attention to parity at all levels
- Examines and confronts issues of equity, equality, education and discrimination
- Not Colorblind or Snowflake or a policy created just for “good will”



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Current Status of Diversity in the Workforce

- Medical School graduates in 2020: 7% AF Am, 6% L/H, <1% AI/AN
- New US-granted STEM PhDs in 2019: 6% Af Am, 8% L/H, <1% AI/AN, 3% >1 race
- Medical graduates from underrepresented groups are more likely to work in underserved areas after adjusting for sex, specialty and loan burden (\$200k)
- Evidence from multiple fields that more diverse teams are more innovative and conduct more rigorous research



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Challenges: URM Cultural Taxation

- **Serve on committees to “represent”**
- **Responsibility for all diversity efforts**
- **Excess mentorship of students, residents, other faculty**
- **Isolation — lack of community: 22% reported experiencing discrimination**
- **Discomfort with the “culture” – lower perception of relationships and culture**
- **No “credit” for service**
- **URM Faculty gave lower scores on equity and institutional efforts to improve diversity**

Pololi LH, J Gen Internal Med 2013; 28: 201-207



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Institutional Actions to Address Diversity

- **Leadership commitment with resources**
- **Promote organizational change: Metrics to evaluate climate**
- **Unconscious bias training?**
- **Track and promote diversity: Holistic review of admissions and hiring**
- **Diverse Faculty Hiring: group effect**
- **Mentors with networks to create pathways**



Faculty Institutional Recruitment for Sustainable Transformation (FIRST)

Overarching Goal of the Program:

–Create cultures of inclusive excellence to establish and maintain scientific environments that can cultivate and benefit from a full range of talent

Program Objectives are to fund Faculty cohort models for hiring, multi-level mentoring, and professional development. At these Cohort awardee institutions, implement and sustain cultures of inclusive excellence.

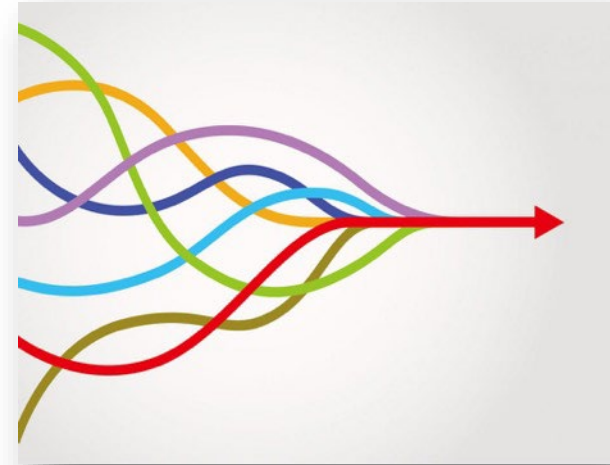
Establish a Coordination and Evaluation Center (CEC) to coordinate and facilitate development of strategies with Cohort awardees to conduct a comprehensive evaluation of the program. Develop and harmonize measures of institutional culture change to reflect inclusive excellence



Faculty Institutional Recruitment for Sustainable Transformation Awards

Aims to transform culture at NIH-funded extramural institutions

- Estimated budget is \$241 million over 9 years
- NIH FIRST Cohort awardees
 - Cornell University
 - Drexel University
 - Florida State University
 - Icahn School of Medicine at Mount Sinai
 - San Diego State University
 - University of Alabama at Birmingham/Tuskegee University (partnership)
- FIRST Coordination and Evaluation Center (CEC) award
 - Morehouse School of Medicine



<https://www.nimhd.nih.gov/programs/collab/first/index.html>



Concluding Thoughts

- **Diversity in scientific workforce is an inherent advantage to advance our missions**
- **Critical stage of underrepresentation: Action is needed now!**
- **Provide more access and better health care to minority patients**
- **Effect on science not fully studied**
- **Acknowledge the legacy of structural racism and discrimination**



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