

Diversity Program Consortium Style Guide

How to use this Style Guide

This guide is divided into topic areas that should be considered when writing a document or giving a presentation regarding the Diversity Program Consortium (DPC) that will be available to the broader community. Each topic area may have Background, Sample Text and suggestions for what information to include or exclude (DPC Do's and Don'ts) described briefly below. The Table of Contents is hyperlinked to allow for jumping to specific areas.

Background: Information that provides context for the topic. This is primarily provided for the reader's information.

Sample Text: Text that is taken from NIH websites, funding opportunities, and other approved, published materials. This text should be used by consortium members for publications, product, websites, etc.

Sometimes there is overlap between "Background" and "Sample Text" sections.

DPC Do's & Don'ts: Important DPC-specific notes to remember when writing.

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DPC OVERVIEW

Describing the DPC

Sample Text:

The DPC is a national collaborative research project in which the NIH works together with institutions to advance the overarching goal of developing, implementing, assessing and disseminating innovative, effective approaches to:

- Engaging, training and mentoring **students**
- Enhancing **faculty** development, and
- Strengthening **institutional** research and research training infrastructure.

Through this national research project, grantees implement and evaluate approaches intended to improve research training, mentoring, faculty development and institutional capacity building. Ultimately, through analysis and evaluation of the interventions developed by DPC awardees, these efforts will help to engage a more diverse field of individuals in biomedical research careers.

DPC Do's & Don'ts: Describing the DPC

The DPC was developed as an experiment; **however, use of the term “experiment” sometimes leads to confusion about how training or mentoring interventions can be “experimental.”** Consider the audience for whom you are writing. When producing content for a lay audience, or for a venue in which less context will be provided, consider using other terms in place of “experiment.” When writing for a more technical audience, or a peer-reviewed publication in which context will be provided, using the term “experiment” most likely will be fine.

Suggested phrases to use in place of “experiment” include:

- Describing how the DPC awardees are **assessing the outcomes of** [innovative interventions].
- The consortium is working to **determine the most effective methods** to [improve training/ mentoring/ etc.].
- The DPC is a **national research project that uses an empirical approach** to [better understand factors affecting...].

Scope of the DPC

Background:

Since 2014, the DPC awardees have implemented interventions and evaluative practices designed to understand effective approaches to mentoring, student engagement, research capacity building, faculty development, and infrastructure development. **While this has resulted in a wealth of data, the DPC does not have the scale to, for example, directly close gaps in representation in the biomedical research workforce.** As a consortium, we use the [Hallmarks of Success](#) to evaluate interventions and track progress toward short-, medium- and long-term hallmarks.

Sample Text:

- The DPC initiatives are intended to test what works, for whom, and in what contexts. The results from these interventions will yield useful information, which, through dissemination and

implementation, could have a widespread impact and ultimately enhance the diversity of the NIH-funded workforce.

- The long-term impact of the DPC will be in the dissemination of the consortium’s research findings and implementation of the interventions that have been found to be effective for enhancing student, faculty and institutional development.
- The DPC is working to advance understanding of the individual and institutional factors that affect training experiences and career development of biomedical researchers who are from a wide variety of backgrounds (e.g., see [NIH’s Notice of Interest in Diversity](#)).
- *From the [DPC Common Fund site](#):*
“In 2012, the NIH Advisory Committee to the Director (ACD) Working Group on Diversity in the Biomedical Research Workforce explored ways to improve the recruitment of individuals from diverse backgrounds underrepresented in biomedical research and prepare them for successful biomedical research careers. The Working Group provided recommendations, endorsed by the ACD, about how to develop and support individuals from diverse backgrounds across the lifespan of a biomedical research career. In response to these recommendations, the NIH established the Enhancing the Diversity of the NIH-Funded Workforce program.”

DPC Components

Background/ Sample Text:

- The core DPC is made up of **three** closely integrated initiatives:
 - BUILD: Building Infrastructure Leading to Diversity
 - NRMN: National Research Mentoring Network
 - CEC: Coordination and Evaluation Center
- The DPC awardees work together toward the consortium’s overarching goals. Although each initiative has a different focus and works with different populations, they all contribute to the overall research goals of the consortium.
- Two initiatives were added to the DPC for the final five years of the grant: the Sponsored Programs Administration Development (SPAD) program and the DPC Dissemination and Translation Awards (DPC DaTA). Development of these initiatives was based on lessons learned from the first five years of the grant period, as well to provide an opportunity for new awardees to take a rigorous scientific approach to implementing DPC-relevant programs and employ DPC experimental methods.

DPC Do’s & Don’ts: Scope of the DPC

The DPC is a research experiment. Empirical research, including that of [Ginther, et al.](#), can be used to provide background and justification for why the DPC was developed. However, the DPC is NOT designed to “solve” underrepresentation in biomedical research fields.

- **It is best to avoid** making direct comparisons between the [2011 Ginther paper](#) and the projected DPC outcomes (e.g., avoid stating that the DPC will close the “Ginther gap.”).
- The goal of the DPC is to provide an evidence-base founded on the high-quality analysis of the DPC initiatives. **The scope of the DPC is to gather evidence.**

Funding

(See the section on [Citing Grants](#) for details on how to properly cite grant funding. For publications, see the [Publications and Presentation Guidelines on the DPC intranet](#))

- The following can be used in the main body of text, such as an overview provided on a website:
 - The DPC is funded by the NIH Common Fund and managed by NIGMS. (*Preferred phrasing, if space and format allow*).
- It is also accurate to state that the DPC is funded by the National Institutes of Health/ NIH.

Consortium-Wide Evaluation Plan (CWEP)

Background:

- The **consortium-wide evaluation plan (CWEP)** is the core set of data collected at intervals across the DPC awardee sites.
- Participation in the CWEP is **mandatory for all core DPC awardees**; however, the implementation of and data collection processes vary by awardee. All initiatives are strongly encouraged to incorporate relevant CWEP measures in their survey tools.
- Participation in the CWEP is **not mandatory for all the individuals who participate in DPC initiatives** (e.g., students, faculty, research participants, mentors, mentees, etc.). Individuals choose whether to opt into the evaluation. Data are only collected and stored from those who sign the consent form to be included in the CWEP.

Sample Text:

From the [Data Sharing Agreement, approved Sept. 6, 2019](#):

“Consortium-Wide Evaluation Plan Data: Data collected to complete the ESC-approved CWEP. The CWEP includes the scheduled collection of both qualitative and quantitative data elements to measure psychosocial factors as well as outcomes. The CWEP is divided into the following broad categories: (1) student/mentee, (2) faculty/mentor, and (3) institutional/site as outlined in the logic models and the associated DPC Hallmarks of Success. The specific CWEP data elements are listed or referenced in the Appendices. Consortium-wide data are collected at defined intervals and include participant rosters for BUILD activities, survey responses, institutional records, and transcripts from CEC case studies.”

Consortium Participants

Sample Text:

- The DPC-funded programs are available for U.S. citizens and permanent residents and are situated at a variety of institutions across the country.

DPC Do's & Don'ts: Hallmarks of Success

Use concise, direct language when describing projected outcomes and clearly note for whom the outcomes are projected. See examples below:

- E.g., The DPC evaluation plan will not track undergraduate students until they are at the career stage to apply for a Research Project Grant (RPG), so this would not be an appropriate outcome by which to measure “success” of a **BUILD** program
- Being awarded an RPG may be a reasonable outcome for many participants in the **NRMN** grant writing programs or for **BUILD faculty**, and thus a potentially appropriate measure of “success” for

- BUILD and the DPC DaTA institutions serve a geographically and racially diverse population and include Historically Black Colleges and Universities (HBCUs), Hispanic-Serving Institutions (HSIs), Asian American/Native American/Pacific Islander-Serving Institutions (AANAPISIs), and projects with targeted outreach to special populations (e.g., individuals in foster care).
- The DPC initiatives are not specifically targeted at individuals of certain racial or ethnic backgrounds.
- The DPC awardees are encouraged to recruit participants from all backgrounds, including individuals from backgrounds traditionally underrepresented in the biomedical sciences.

Background:

- BUILD awardees develop program-specific application processes, which include interviews, essays, personal statements, field of interest, etc.
- NRMN’s [web-based resources](#) are free and available to anyone who is interested. Some resources are intended for audiences at different career or education stages, and cater to the level of participation that the individual is willing to commit (e.g., students can join a conference group and post as frequently as they choose; formal mentorship appointments can be made for set time-frames; webinars and web-based tools can be accessed through nrmnet.net as needed).
- DPC DaTA awardees develop focused, hypothesis-based interventions for a variety of study participants. Each awardee institution develops specific application processes, survey/ evaluation measures, and follow-up plans to track outcomes.

Hallmarks of Success/ DPC Outcomes

Background:

- The DPC developed “**Hallmarks of Success**” which are a series of goals to achieve or move towards over the course of the initiative. If the hallmark is already at a high level, then the goal should be to maintain or sustain that level.
- The hallmarks are written to be broadly applicable to training and mentoring initiatives outside the DPC, as well as for the DPC awardees.
- It is not expected that any single program will achieve all hallmarks, or that they will all apply to an individual participant’s research and career development pathway.
- **For the purpose of evaluation and empirical analysis, the hallmarks are both outcomes as well as the correlates, or predictors, of subsequent outcomes of interest.**
 - Example of a hallmark as an outcome: acceptance into a subsequent biomedical research training program (STU-17).
 - Example of a hallmark as a correlate/ predictor: high self-efficacy as a researcher (STU-2) may be

Notes on DPC Project-Level Outcomes

An outcome for an NRMN project might be increasing the number of grant applications submitted by participants; however, this is not an overall outcome for the DPC.

The site-specific and project-specific outcomes feed into the overall outcomes of the DPC. In the above example, we are learning about factors that contributed to increasing the number of grant applications submitted by those research participants.

These findings help build the body of knowledge the DPC is developing.

significantly associated with outcomes such as completion of a biomedical degree or a research training program.

- There are short-, medium-, and long-term hallmarks.
 - These differ for the intervention levels: a long-term hallmark for an undergraduate student could be attaining a Ph.D., whereas a long-term hallmark for an early career faculty member might be promotion or award of a research grant.

What is the difference between Site-Level/ Project-Level Outcomes and Overall Outcomes?

Some DPC initiatives have unique outcomes that are of interest to their site and the populations with whom they work. These outcomes can be evaluated using the hallmarks, as well as site-specific indicators. These are site-level (or “project-level,” “program-level,” etc.) outcomes, which are different than the overall outcomes from the entire DPC (see section on DPC Scope).

NIH Working Group Consortium Leadership

Background:

- **Alison Gammie, Ph.D.** is the DPC Program Lead
- The **DPC Working Group Leaders** are:
 - Gary H. Gibbons, M.D., Director, National Heart, Lung, and Blood Institute (NHLBI)
 - Jon R. Lorsch, Ph.D. (Co-Chair), Director, National Institute of General Medical Sciences (NIGMS)
 - Eliseo J. Pérez-Stable, M.D., Director, National Institute on Minority Health and Health Disparities (NIMHD)
 - Marie A. Bernard, M.D. (Co-Chair), NIH Chief Officer for Scientific Workforce Diversity, Office of the Director; Deputy Director, National Institute on Aging

Sample Text:

In addition to serving as the Deputy Director of the NIH National Institute on Aging (NIA), **Marie A. Bernard, M.D.**, “serves as Chief Officer for Scientific Workforce Diversity (COSWD) at the National Institutes of Health (NIH). She assumed this role Oct. 1, 2020, following the visionary leadership of Hannah A. Valantine, M.D., who retired from this position on Sept. 30, 2020...[Dr. Bernard] has been involved in a broad variety of NIH activities to further diversity, including serving as a founding member of both the Diversity Working Group and NIH Equity Committee, and co-chairing the NIH Inclusion Governance Committee, which oversees inclusion in clinical research by sex/gender, race/ethnicity, and age.” (from <https://diversity.nih.gov/about-us>) Similarly to the service that Dr. Valantine provided for the DPC, Dr. Bernard offers guidance and suggestions for the direction of the DPC and advocates for the goals of the consortium.

DPC Do's & Don'ts: NIH Working Group, DPC Leadership

- Always double check the spelling of leaders' names. Autocorrect frequently has incorrect suggestions!
- Do not refer to any individual in the DPC Working Group as “the leader of the DPC,” a “DPC partner,” etc.
- For more information on SWD visit: <https://diversity.nih.gov/>

Recommended Practices

Presenting Data

Background:

When using any source of data (e.g., CWEP, site-level, sub-consortium data sets, etc.), be sure to:

- Provide **total N** alongside any reporting of percentages.
- Use **consistent sample sizes across analyses**. If differing sample sizes are reported, indicate the reason why, and test that missingness is not leading to biased estimates.
- **Avoid using the words ‘frequency’ and ‘likelihood’ interchangeably**, given that each has a specific and different meaning in statistics. ‘Frequency’ is a count and is used to refer to the relative size of one value against others (e.g., the largest group compared to the smallest group), as in descriptive statistics. ‘Likelihood’ is used to refer to statistically significant predictive values resulting from analytic models. Relatedly, phrases such as “more likely to...” or “less likely to...” should not be used when making comparisons about frequencies.
- Include **error bars** in figures and describe the type of error (e.g., standard deviation, standard error of the mean, etc.).
- Indicate the survey(s) and their respective wave(s)/year(s) and include a **citation of the data set** in the Reference section.
- Reference figures and tables in the text. Check that the information provided in different sections of the document/product align.
- Preferred to use “**non-duplicative individuals**” in place of “unique individuals.” This lets us be both affirming (every person is unique!) and clear that every participant is counted only once.

DPC Do’s & Don’ts: Citing Grants

- Only cite the grant(s) that supported the research described in the publication.
- Publications citing DPC support should be within the **scope of the DPC**.
- Contact your PO if you have questions about whether you should cite your DPC grant(s) in a publication.
- Reference the DPC Publications & Presentations Guidelines for examples of how to list the DPC-associated grants in publications.

Citing Grants

Background:

- The Notice of Award requires that NIH grant support is cited in any publication, press release, data brief, etc.
- **Be sure to only cite the grant(s) that supported the research described in the publication. The specific aims should be the determining factor.**
- Acknowledging multiple awards in a publication may be taken as an indicator of scientific overlap among the cited projects.

Defining Behavioral and Social Sciences (BSS)

Background:

When discussing biomedical degree classification, be cognizant of the distinction between behavioral sciences and social sciences, as not all social sciences examine behavior. **Use of the**

phrase “behavioral and social sciences” captures the full range of undergraduate majors and degree fields that may be biomedical or health-related. At the same time, clarify that some social sciences (e.g., political science) may not be applicable biomedical or health-related disciplines.

Underrepresented groups

Background/ Sample Text:

Different groups are underrepresented at different stages of the biomedical science educational and career pathway. Consider the context when referencing different populations.

From the Notice of NIH’s Interest in Diversity ([NOT-OD-20-031](#)):

- The following **racial and ethnic groups** have been shown to be underrepresented in health-related sciences on a national basis: Blacks or African Americans, Hispanics or Latinos, American Indians or Alaska Natives, Native Hawaiians and other Pacific Islanders.
- In addition, it is recognized that **underrepresentation can vary from setting to setting**; individuals from racial or ethnic groups that can be demonstrated convincingly to be underrepresented by the grantee institution should be encouraged to participate in NIH programs to enhance diversity ([NCSES Publications and Data; Education: Minorities](#)).
- **Individuals with disabilities**, who are defined as those with a physical or mental impairment that substantially limits one or more major life activities, as described in the [Americans with Disabilities Act of 1990, as amended](#).
- **Individuals from disadvantaged backgrounds**, defined as those who meet *two or more* of the criteria listed in the Notice. These criteria include if the individual [was or currently is homeless](#), [was or currently was in the foster care system](#), was eligible for the [Federal Free and Reduced Lunch Program](#), received support from the [Special Supplemental Nutrition Program for Women, Infants and Children](#) as a parent or child, were or currently are eligible for [Federal Pell grants](#), grew up in an [area designated as a U.S. rural area](#) or a [Centers for Medicare and Medicaid Services-designated Low-income and Health Professional Shortage Areas](#).
- **Women** have been shown to be underrepresented in doctorate-granting research institutions at senior faculty levels in most biomedical-relevant disciplines, and may also be underrepresented at other faculty levels in some scientific disciplines ([NCSES, Women, Minorities and Persons with Disabilities in Science and Engineering](#))
- Please see [Appendix B](#) for further suggestions and guidelines to follow when writing about individuals from different underrepresented groups.

DPC Do’s & Don’ts: Underrepresented Groups/ Diversity

- Be specific when using the term “underrepresented groups.”
- Do not refer to an individual as “diverse” and do not write “diverse individuals.” Consider, e.g., “individuals from backgrounds that are historically underrepresented in [the biomedical sciences].”
- Reference the Evaluation and Implementation Working Group ([EIWG](#)) [October 2019 PowerPoint](#) for details on how “underrepresented” and “well-represented” are coded in the consortium-wide evaluation plan

Sexual and Gender Minorities (SGM)

Background:

- Clear *data* on SGM underrepresentation in the biomedical sciences is still needed; however, there is clear *evidence* that students from SGM backgrounds experience challenges in the biomedical sciences and SGM populations experience health disparities. This creates research opportunities for understanding how to enhance diversity in the biomedical sciences, as long as they are well-described and justified.
- SGM-status may not be collected uniformly by the CWEP surveys, so it is strongly suggested that researchers work closely with the CEC to determine whether the data to answer SGM-related questions exists, and whether it can yield results that will be significant.

Sample Text:

- From the NIH Notice: **Sexual and Gender Minority Populations in NIH-Supported Research (NOT-OD-19-139)**:
 “In October 2016, the National Institute on Minority Health and Health Disparities (NIMHD), in collaboration with the Agency for Healthcare Research and Quality (AHRQ), announced that SGM populations had been officially designated as a health disparity population for NIH and AHRQ research. This designation has since facilitated the creation of tailored research projects, programs, and activities intended to tackle the distinct issues encountered by SGM individuals. In addition, ascertainment of SGM status in ongoing and planned population studies has been enhanced. However, SGM-specific health disparities persist today, and novel methods to measure, address, and prevent them are still needed.”

Definition of Sexual and Gender Minorities, from (NOT-OD-19-139):

“SGM populations include, but are not limited to, individuals who identify as lesbian, gay, bisexual, asexual, transgender, two-spirit, queer, and/or intersex. Individuals with same-sex or -gender attractions or behaviors and those with a difference in sex development are also included. These populations also encompass those who do not self-identify with one of these terms but whose sexual orientation, gender identity or expression, or reproductive development is characterized by non-binary constructs of sexual orientation, gender, and/or sex.”

DPC Do’s & Don’ts:

- Avoid using the term “**pipeline.**” *Suggested substitutes include:* career trajectory; career developmental stages; pathway(s)
- “**Underrepresented group(s)**” (URG) may be used in place of “underrepresented minorities” (URM). Both are frequently used.
- Use of the gender-neutral term “**Latinx**” is growing in place of the word “Latinos.”

BUILD-specific Notes

Background

There are **10** BUILD institutions:

- California State University, Long Beach: [CSULB BUILD](#)
- California State University, Northridge: [BUILD PODER](#) (Promoting Opportunities for Diversity and Education and Research)
- Morgan State University: [BUILD ASCEND](#) (A Student-Centered, Entrepreneurship Development Training Model to Increase Diversity in the Biomedical Research Workforce)
- Portland State University: [BUILD EXITO](#) (Enhancing Cross-Disciplinary Infrastructure Training at Oregon)

- San Francisco State University: [SF BUILD](#): Enabling Students to Represent in Science
- University of Alaska, Fairbanks: [BUILD BLaST](#) (Biomedical Learning and Student Training)
- University of Detroit, Mercy: [ReBUILD Detroit](#)
- University of Maryland, Baltimore County: [STEM BUILD at UMBC](#)
- The University of Texas at El Paso: [BUILDing SCHOLARS](#) (Southwest Consortium of Health-Oriented Education Leaders and Research Scholars)
- Xavier University of Louisiana: [Project Pathways](#)

Eligibility requirements for the primary BUILD institutions include: (from [RFA-RM-13-016](#)):

- Applicant Primary Institutions were limited to domestic baccalaureate-granting colleges/universities that received less than \$7.5 million (total costs) of NIH research project grant (RPG) funding annually* and have an award-eligible pool of undergraduate students, at least 25 percent of whom are supported by Pell grants.
- These eligibility requirements were intended to target funds to relatively under-resourced institutions with a demonstrated commitment to students from financially disadvantaged backgrounds. These requirements were based on the recognition that (1) many students from low-income backgrounds are also from groups that are nationally underrepresented in biomedical research, and (2) institutional commitment to these students often comes at the expense of investments in research infrastructure.
- *For the purposes of determining eligibility as a Primary Institution, the annual level of NIH RPG funding received was the average level calculated over the three fiscal years preceding application for Phase I: FY 2011, FY 2012 and FY 2013, excluding SBIR/STTR funding and RPGs received through the American Recovery and Reinvestment Act (ARRA) as reported on the NIH RePORT website under NIH Awards by Location & Organization (<http://projectreporter.nih.gov/reporter.cfm>). The percentage of undergraduates with Pell grants was based on 2012 student financial aid data for the applicant institution, as reflected in the National Center for Education Statistics IPEDS Data Center website (<http://nces.ed.gov/ipeds/datacenter/Default.aspx>).
- The applicant (Primary) institution has responsibility for the conduct and oversight of the award, along with the flexibility to determine the optimal configuration with its partners (if applicable) to have the maximum impact.

**DPC Do's & Don'ts:
BUILD Participants**

- Be as specific as possible when describing the student and/or faculty population being studied and use consistent language throughout the work.
- **BUILD participants**, at a minimum, include students who receive funding through the TL4 mechanism (NRSA trainees).
- When counting additional students as BUILD participants **explain the criteria and rationale for why they are "BUILD participants."**
- **Not all CWEP survey respondents are BUILD participants.** Those who serve as part of the comparator group have little to no exposure to BUILD activities and interventions.

Sample Text: What is BUILD?

From the NIGMS [BUILD webpage](#):

"BUILD awards consist of linked grants issued to undergraduate institutions to implement and study innovative approaches to engaging and retaining students from diverse backgrounds in biomedical research, potentially helping them on the pathway to become future contributors to the NIH-funded

research enterprise. BUILD awards differ from other NIH-funded training grants in that they aim to achieve simultaneous impact at the student, faculty, and institutional levels. Through implementing a variety of innovative approaches to research skill building and training, mentorship, and institutional change, the BUILD-funded institutions address various challenges faced by students, faculty and institutions. In addition, by disseminating effective interventions and strategies to diversify biomedical research, BUILD institutions contribute to broader transformational impact at an institutional level.”

“Funded BUILD institutions partner with nearly 100 institutions, both pipeline and research-intensive, to broaden the pool of students participating in biomedical research training and maximize opportunities for faculty/staff development. As part of the Diversity Program Consortium, BUILD is a cooperative agreement, thus, NIH project scientists and program officials work closely with each BUILD institution, and the institutions collaborate with each other on planning and sharing ideas for new, creative ways to address their students’ needs. Each site has a core for administration, institutional development, student training, and research enrichment, which helps ensure programming is targeted to each of the three levels. During this second phase, the BUILD sites are encouraged to increase their focus on sustaining interventions developed during Phase I, and to disseminate their findings to a broader audience. This will contribute to the impact of the Diversity Program Consortium, because institutions throughout the United States will be able to benefit from the consortium’s research findings.”

Use clarity when writing about the different group(s)/ populations in the DPC

- Define the population being referred to in any written materials.
- Use adjectives and nouns to differentiate between populations or groups discussed in the work or choose unique terms to differentiate each group (e.g., BUILD participants vs. CWEP study participants).
- While there is ongoing discussion through the consortium as to what level of participation defines a “BUILD participant,” the term “BUILD participants” should never be used to describe all respondents to a CWEP survey at a BUILD site or across the consortium.
- Awardees may choose whether to refer to their students who receive BUILD funding as “scholars.”
- Because the BUILD initiatives developed undergraduate training programs, the students involved in these programs may be referred to as “participants,” “trainees,” “students.” etc.

NRMN-specific Notes

NRMN Phase I:

Background/ Sample Text:

- In FY2014, one U54 NRMN award which included five cores was issued.
- During Phase I, NRMN worked to develop a national network of mentors and mentees from all biomedical disciplines relevant to the NIH mission. The five cores provided mentorship, professional development, mentor/mentee training and networking opportunities to individuals from the undergraduate to early career faculty levels. Their programming included an active schedule of online webinars, mentor training sessions, professional networking opportunities and seminars. In addition, NRMN collaborated with over 100 scientific and professional society

partners, health-serving organizations and organizations that support students underrepresented in the biomedical sciences.

- The Phase I NRMN cores were:
 - Administrative Core (Boston College)
 - Mentorship and Networking Core (University of North Texas Health Science Center)
 - Mentor Training Core (University of Wisconsin-Madison)
 - Professional Development Core (University of Utah, School of Medicine)
 - Research Resources and Outreach Core (Morehouse School of Medicine)
- [Read more about NRMN Phase I](#)

NRMN Phase II:

Background/ Sample Text:

- NRMN Phase II began in FY2019. Twelve awards were issued: 11 U01 Research Projects, 1 U24 NRMN Resource Center and 1 U24 NRMN Coordination Center.
- During the second phase of the NRMN initiative, researchers are continuing to develop mentoring and networking opportunities for biomedical researchers from diverse backgrounds, including those from underrepresented groups, from the undergraduate level through early career faculty. To broaden the number of innovative strategies explored and increase the likelihood of impact, sustainability, and dissemination, NRMN Phase II will be organized as a consortium of independent research projects, with a Coordination Center and a Resource Center.
- **NRMN Coordination Center:** ([RFA-RM-003](#), the University of Wisconsin-Madison) will play two main roles in NRMN Phase II. One of the Center’s responsibilities is to coordinate the early stages of data collection from the 11 NRMN Science of Mentoring interventions and provide feedback to on the data collected from the interventions to maximize the research benefit of activities. The Center’s second primary responsibility is promoting synergies between the NRMN consortium and the DPC’s Center for Coordination and Evaluation (CEC), for the long-term collection and storage of data.
- **NRMN Resource Center:** ([RFA-RM-18-002](#), the University of North Texas Health Science Center) provides a web-based mentoring tool to facilitate mentor-mentee engagement and networking. During Phase II, the Center will refine the existing [MyNRMN](#) application and other services offered through the [NRMNet website](#). This Center also oversees management of the NRMN website, reports on outputs from NRMN components and will create a platform for publicly available mentoring resources and tools.
- **NRMN Science of Mentoring, Networking, and Navigating Career Transition Points:** There are 11 unique research projects that make up this ([RFA-RM-18-004](#)) segment of NRMN Phase II. Using robust experimental designs, the projects are intended to expand the scientific scope of the NRMN initiative by exploring a variety of evidence-based mentoring and networking approaches to advance careers of individuals from diverse backgrounds, including those from underrepresented groups in the biomedical research workforce. The 11 projects are based at

DPC Do’s & Don’ts: NRMN U01s

- **The NRMN U01 grants are not programs**, and the individuals who participate in these research projects should never be referred to as “scholars.”
- Participants in the NRMN U01 research projects should always be referred to as “**research study participants.**”
- **The NRMN U01 grants are experiments.**

institutions across the United States, and each will collect data as part of the Consortium-wide Evaluation Plan. Please see the [NIGMS NRMN Phase II webpage](#) for list of the 11 projects.

CEC-specific Notes

Background

- The CEC is a DPC awardee/ site. The CEC manages the administration of the consortium-wide surveys and survey data collection, in coordination with each of the BUILD sites. Furthermore, the CEC manages the cleaning and harmonization of consortium-wide data and serves an integral role in consortium dissemination efforts to share DPC findings, information about effective approaches and other outcomes with the broader research training and mentoring communities.
- The Higher Education Research Institute (HERI) surveys provide the basis for the consortium-wide student and faculty surveys. The surveys and their acronyms are:
 - HERI's The Freshman Survey (TFS)
 - HERI's College Senior Survey (CSS)
 - HERI's Faculty Survey (FAC)
 - HERI's Faculty Survey STEM Module (FAC-STEM)
 - HERI's Faculty Survey Mentoring Module (FAC-MENTOR)
 - DPC Student Annual Follow-up Survey (SAFS)
 - DPC Faculty Annual Follow-up Survey (FAFS)
 - NRMN Annual Follow-up Survey (NRMN FUP)
- In further describing the role and function of the CEC, note that its responsibilities include facilitating working group meetings (not running them except where agreed upon by the consortium, e.g., the evaluation and implementation working group).

Sample Text: What is the CEC?

From the NIGMS [CEC webpage](#):

"The CEC implements the Diversity Program Consortium (DPC)'s vision and design of activities, and is responsible for the longitudinal, consortium-wide evaluation of the training and mentoring interventions that BUILD and NRMN awardees develop and put into practice. In addition, the CEC facilitates ongoing, consortium-wide discussions of interventions, progress, outcomes and lessons learned, and serves as the focal point for disseminating effective approaches to the broader research training and mentoring communities."

SPAD Program-specific Notes

Background

- The Sponsored Programs Administration Development (SPAD) Programs were added to the DPC for Phase II. There are 10 total SPAD Program awardees.
- Four sites were funded during the first round (sometimes referred to as Cohort 1):
 - Research Administration Modernization Program at University of North Carolina Greensboro (UNCG)
 - SPAD at Midwestern State University
 - SPAD at California State University, Dominguez Hills

- SPAD at California State University, San Bernardino
- Six sites were funded during the second round (sometimes referred to as Cohort 2):
 - Alaska Pacific University
 - Auburn University at Montgomery
 - Bowie State University
 - Kennesaw State University
 - Stillman College
 - University of the Virgin Islands
- Institutional eligibility requirements to apply for the SPAD Program were based on the same requirements used for the BUILDS; i.e., “Applicant institutions are limited to domestic associate’s degree-granting and baccalaureate degree-granting colleges/universities that received an average of NIH research project grant (RPG) funding of less than \$7.5 million total costs per year over the past 3 fiscal years and have at least 25 percent of undergraduate students supported by Pell grants.” (<https://www.nigms.nih.gov/training/dpc/Pages/SPAD.aspx>) Health Professional Schools were not eligible to apply.
- There were two receipt dates for the SPAD Program: July 2019 and June 2020.
- Awards are limited to \$200,000 direct costs per year and the project period may not exceed three years.
- As a DPC initiative, the SPAD awardees are expected to use elements of the CWEP in their evaluation plans. Selection of survey elements varies by awardee; however, all SPAD awardees are encouraged to agree to common measures whenever possible, so as to add to the body of knowledge being collected by the DPC awardees.

Sample Text: What is the SPAD Program?

From the NIGMS [SPAD webpage](#):

“One of the lessons learned from Phase I of the DPC was the importance of a robust, efficient, consistent, and responsive Office of Sponsored Programs (OSPs). Accordingly, for the second phase of the DPC, this new initiative will focus on establishing Offices of Sponsored Programs (OSPs) or enhancing the services of existing OSPs or similar entities at domestic institutions of higher learning.

The objective of the SPAD program is to increase the productivity of sponsored programs activities to enhance biomedical research and/or research training. The objective may be determined by short-term metrics such as an increase in the number of grant application submissions, awards, and subcontracts, and longer-term metrics such as enhanced research activity (e.g., publications, presentations, awards), and/or an increase in the number of students who pursue biomedical research careers.”

DPC DaTA-specific Notes

Background:

- The DPC Dissemination and Translation Awards (DPC DaTA) was added to the DPC for Phase II. After an open competition, seven projects were funded:
 - Initiative to Enhance Diversity in the Biomedical Research Workforce at CSU Channel Islands, at California State University, Channel Island
 - Families for STEM Success, at California State University, San Marcos
 - Investigating Family Support Interventions for Freshmen, at Delaware State University

- HU-CHEM: Deploying evidence-based interventions in Chemistry at Hampton University to plug leaks in the biomedical training pipeline, at Hampton University
- An Adaptation and Evaluation of an Entrepreneurial Research Training Model in Hawai'i: The HUI SRC, at Hawai'i Pacific University
- Enhancing Career Development of HBCU Biomedical Researchers: Extended Training in Grantsmanship and Mentoring, at Savannah State University
- The University of Puerto Rico at Cayey METAS+: Maintaining, Engaging, and Tracking Alumni in Science and Health Research, at the University of Puerto Rico Cayey University College
- The maximum project period is three years, and the application budgets were limited to \$250K with no funds allowable for alterations and renovations, large equipment, and student financial support.
- Institutional eligibility mirrored that of the BUILD and SPAD awards: "NIH intends to fund primarily undergraduate institutions with a commitment to providing educational opportunities to research-oriented students from diverse backgrounds (see NIH's Interest in Diversity). Eligible institutions are expected to be:
 - Domestic associate degree-granting and/or baccalaureate degree-granting colleges/universities that received an average of NIH research project grant funding of less than \$7.5 million total costs per year over the past 3 fiscal years; and,
 - Have at least 25 percent of undergraduate students supported by Pell grants."
- As a DPC initiative, the DPC DaTA awardees are expected to use elements of the CWEP in their evaluation plans. Selection of survey elements varies by awardee; however, all DPC DaTA awardees are encouraged to agree to common measures whenever possible, so as to add to the body of knowledge being collected by the DPC.
- Similar to those funded through the BUILD initiative, the DPC DaTA awardees are expected to provide the scientific community with evidence of the efficacy of their interventions. Dissemination is an important part of these projects and awardees are expected to share their findings with the broader scientific community through publications, conference presentations, webinars, etc. with the aim of informing others about what factors effectively enhance diversity in the biomedical research workforce and why those factors have an influence.

**DPC Do's & Don'ts:
DPC DaTA**

- The DPC DaTA projects are not intended to replicate those developed by the BUILD awardees.
- DPC DaTA awardees should not be referred to as "mini-BUILDS" or other BUILD diminutives.
- DPC DaTA awardees have the ability, and are encouraged to, collaborate with the BUILD awardees when possible.
- As DPC initiatives, the DPC DaTA awardees are expected to conduct robust evaluations of their interventions. They are encouraged, but not required, to use elements from the CWEP where appropriate.

Sample Text:

From the NIGMS [DPC DaTA webpage](#):

- "The Diversity Program Consortium (DPC) Dissemination and Translation Awards (DaTA) initiative is designed to broaden the consortium's national impact. The DPC DaTA initiative

provides an opportunity for institutions not currently part of the DPC to apply for funding to take a rigorous scientific approach to understanding the effectiveness of a biomedical research training, mentoring, or research capacity building intervention by employing DPC experimental methods (see DPC data elements/survey instruments and hallmarks of success).”

- The awardees must conduct hypothesis-driven research; use DPC methods for evaluation; and, disseminate results to inform the biomedical community on what factors enhance diversity in the biomedical research workforce and why those factors have an influence.

Useful Diversity-Related References

Background/ Sample Text:

Notice of NIH’s Interest in Diversity, Diversity Statement:

“Every facet of the United States scientific research enterprise—from basic laboratory research to clinical and translational research to policy formation—requires superior intellect, creativity and a wide range of skill sets and viewpoints. NIH’s ability to help ensure that the nation remains a global leader in scientific discovery and innovation is dependent upon a pool of highly talented scientists from diverse backgrounds who will help to further NIH’s mission.

Research shows that diverse teams working together and capitalizing on innovative ideas and distinct perspectives outperform homogenous teams. Scientists and trainees from diverse backgrounds and life experiences bring different perspectives, creativity, and individual enterprise to address complex scientific problems. There are many benefits that flow from a diverse NIH-supported scientific workforce, including: fostering scientific innovation, enhancing global competitiveness, contributing to robust learning environments, improving the quality of the research, advancing the likelihood that underserved or health disparity populations participate in, and benefit from health research, and enhancing public trust” ([NOT-OD-20-031](#)).

NIH’s Commitment to Diversity, from the NIH Office of the Director, Scientific Workforce Diversity Strategic Plan:

- Diversity increases creativity and performance, and it is a key component of achievement in the workforce, particularly when innovation is a critical goal.
- When diverse teams address complex problems, such as those that characterize biomedical and behavioral research, technology, and health, they broaden the scope of inquiry.
- A diverse scientific and health care workforce that addresses the needs of underrepresented racial and ethnic minorities is essential for understanding and reducing health disparities.
- Finally, as a steward of public funds, and as a matter of basic fairness, NIH should ensure that access to careers in biomedical investigation is equally open to all Americans. ([NIH Scientific Workforce Diversity Strategic Plan, 2016 – 2020](#), pg. 3).

Appendix A: Diversity Program Consortium Frequent Acronyms and Abbreviations

General:

BUILD: Building Infrastructure Leading to Diversity

BSS: Behavioral and Social Sciences

CEC: Coordination and Evaluation Center

CWEP: Consortium-wide Evaluation Plan

DPC: Diversity Program Consortium

DPC DaTA: DPC Dissemination and Translation Awards

NRMN: National Research Mentoring Network

NRMN-CC: NRMN Coordination Center

NRMN-RC: NRMN Resource Center

SPAD Program: Sponsored Programs Administration Development Program

BUILD Cores:

AC: Administrative Core (UL1)

IDC: Institutional Development Core (UL1)

NRSA Training: Training Core (TL4)

REC: Research Enrichment Core (RL5)

CEC Cores:

AC: Administrative Core

CDC: Communications/ Dissemination Core

DCC: Data Coordination Core

EC: Evaluation Core

NRMN Mechanisms for Phase II:

NRMN-CC: U24

NRMN-RC: U24

NRMN U01s: the 11 “Science of Mentoring, Networking, and Navigating Career Transition Points”

Frequently Used Acronyms/ Abbreviations in Reporting

A&R: alterations and renovations

ESC: Executive Steering Committee

F&A: Facilities and Administrative

HERI: Higher Education Research Institute

PPsC: Publications and Presentations Subcommittee

R&R: Research & Related

RCMAR: Resource Centers in Minority Aging Research

TRE: Training Related Expenses

Linked BUILD Awards:

UL1: primary, Linked Specialized Center Cooperative Agreement. Supports activities in the Administrative and Institutional Development Cores

RL5: Linked Education Project. Supports activities described through the Research Enrichment Core

TL4: Linked Training Award will support activities described through the Training Core.

BUILD Initiatives and Institutions

ASCEND: Morgan State University

ASCEND: A Student-Centered, Entrepreneurship Development Training Model to Increase Diversity in the Biomedical Research Workforce

BLaST: University of Alaska, Fairbanks

BLaST: Biomedical Learning and Student Training

BUILD EXITO: Portland State University

EXITO: Enhancing Cross-Disciplinary Infrastructure Training at Oregon

BUILD PODER: California State University, Northridge

PODER: Promoting Opportunities for Diversity and Education and Research

BUILDing SCHOLARS: The University of Texas at El Paso

SCHOLARS: Southwest Consortium of Health-Oriented Education Leaders and Research Scholars

CSULB BUILD: California State University, Long Beach

Project Pathways: Xavier University of Louisiana

ReBUILDetroit: University of Detroit, Mercy

SF BUILD: San Francisco State University

STEM BUILD: University of Maryland, Baltimore County

DPC Working Groups

Comms WG: Communications Working Group
EIWG: Evaluation Implementation Working Group
ESC: Executive Steering Committee
PIWG: Program Implementation Working Group
PPSc: Publications and Presentations Subcommittee

Consortium-Wide Surveys

CSS: HERI's College Senior Survey
D-FAFS: DPC Faculty Annual Follow-up Survey
D-SAFS: DPC Student Annual Follow-up Survey
FAC: HERI's Faculty Survey
FAC-MENTOR: HERI's Faculty Survey Mentoring Module
FAC-STEM: HERI's Faculty Survey STEM Module
NRMN FUP: NRMN Annual Follow-up Survey
TFS: HERI's The Freshman Survey

DPC Governance/ Leadership

ACD: Advisory Committee to the Director
ACD WGD: ACD Working Group on Diversity
ACD WGD DPC Subcom: The ACD Working Group on Diversity, DPC subcommittee
COSWD: Chief Officer of Scientific Workforce Diversity (Formerly: Hannah Valantine, M.D. Currently: Marie A. Bernard, M.D., acting COSWD)
NIGMS: National Institute of General Medical Sciences
SWD: Scientific Workforce Diversity

Appendix B: Additional Guidance for Writing About Individuals from Underrepresented Groups

Indigenous: Capitalize “Indigenous” when referring to a person or people, environment, or knowledge system (from [Alaska Native Studies Guide](#)).

Native: Capitalize “Native” in reference to the people, environment, and knowledge systems. Ex: Alaska Native, Native American, Native Hawaiian, etc. (from [Alaska Native Studies Guide](#)).

Individuals who are Deaf/ hard of hearing:

- **American Sign Language:** Specify American Sign Language on first reference, capitalizing all three words. ASL is acceptable on second reference (From [National Center on Disability and Journalism Style Guide](#), NCDJ).
- **Deaf:** Lowercase when referring to a hearing-loss condition or to a deaf person who prefers lowercase*. Capitalize for those who identify as members of the Deaf community or when they capitalize Deaf when describing themselves (From NCDJ).
 - Deaf should be used as an adjective, not as a noun; it describes a person with profound or complete hearing loss (From NCDJ).
 - Other acceptable phrases include “woman who is deaf” or “boy who is hard of hearing.” When quoting or paraphrasing a person who has signed their responses, it’s appropriate on first reference to indicate that the responses were signed. It’s acceptable to use the word “said” in subsequent references. (From NCDJ).
 - E.g., “This internship has been a great opportunity to interact with many people from different backgrounds,” Mercado, who is Deaf and spoke through an ASL interpreter, said.
 - *If including this information is pertinent to the story, please check with the individual to determine which is the correct spelling (deaf or Deaf).
- **Hard of hearing:** Avoid “hearing impaired” or “hearing impairment.”
 - Note: there are no hyphens in “hard of hearing.”
 - NCDJ writes that this term is generally acceptable. However, unless it is of importance to the story, it may not be needed, and *it is best to check with the individual for their preference.*
- **Interpreter:** use only for those who have completed advanced training. (From NCDJ. See also: **Signer**)
 - *Recommended to ask the individual with whom you are working whether you should use “interpreter” or “signer.”*
- **Signer:** use for a person who may be able to communicate conversationally with deaf persons but who may not necessarily possess the skills and expertise to accurately interpret complex dialogue or information. (From NCDJ. See also: **Interpreter**).
 - *Recommended to ask the individual with whom you are working whether you should use “interpreter” or “signer.”*