



CORRESPONDENCE

NIH research funding disparities affect diversity, equity and inclusion goals of the ACNP

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I read with interest a Correspondence from Hart and Cadet [1], written in reaction to a Commentary from Henningfield et al. [2] on diversity, equity and inclusion (DEI) as it relates to the membership of the American College of Neuropsychopharmacology (ACNP). Hart and Cadet address themselves to the failure of the ACNP to increase its Black membership, the failure of Henningfield et al. to mention this issue (while addressing female gender, Hispanic ethnicity and Asian race at some length) and the question of whether Black scientists would even find the ACNP attractive as an academic society. I am unaffiliated with the ACNP but attended the annual meeting several times over the past two decades, first as a travel awardee and then as a member of the Editorial Board of this journal. From this experience, I concur with Hart and Cadet that seeking membership in ACNP is a thorny decision for Black neuropharmacologists and this decision is influenced in no small part by the membership and attendees at the Annual Meeting. Entities such as ACNP that wish to improve on DEI, as Henningfield et al. assert, will be best served by considering all of the manifold, and often subtle, ways that inequity of opportunity is maintained in academia.

I note that Henningfield et al. mention the potential barriers of the costs of membership dues and the costs of attending the Annual Meeting but, curiously, omit any discussion of grant funding, the regular process of being selected for membership in ACNP and how this process may cripple DEI efforts if not addressed. I refer specifically to the ACNP membership criteria that are related to research grant funding. The membership frequently-asked-questions page (<https://acnp.org/membership/membership-faq/>) on the ACNP website addresses a query specific to grant funding “Do I have to have my own funded R01 grant to be eligible for ACNP membership?”. The answer is illuminating:

Being PI of an NIH R01 is not a requirement for membership, but independent peer-reviewed federal funding is generally considered necessary to be in the top candidate pool. Thus, high quality applications without an active R01 [sic] or similar grant can be acceptable. This is usually from individuals with one or more of the following characteristics: significant high impact publications, significant past NIH funding, or significant funding from other sources, including NSF, VA, DoD or major foundations.

In a word, “yes”; for academic scientists the accomplishment of having won a NIH R01 award, or very similar, is indeed a requirement for membership in ACNP. The only apparent alternative, “significant high impact publications”, is nearly unimaginable without some source of significant financial research support, even if that support is not technically a research grant. Given this criterion for membership, the ACNP should be aware that the NIH reported a

significant disparity of grant award success for Black PIs amounting to a 1.7-fold advantage for white PIs in 2011, and confirmed in 2019 that this disparity had not changed with a subsequent set of applications [3, 4]. To make this more salient for your grant-seeking readership, in the latter sample, applications with Black PIs were funded at a rate of 10.7% while those with white PIs were funded at a rate of 17.7%. Attempts to model the disparity away with other contributing factors [3], to explain it based on supposedly objective publication metrics or PI seniority [5] or to attribute it to preferred research topic [4] all failed to account for the majority of the disadvantage for Black PIs. The NIH argument that Black PIs apply disproportionately to NIH Institutes or Centers with less funding [6] simply turns the question of appropriate resource allocation back on them—why are NIH priorities disfavoring the topics of interest to Black applicants?

I will note that this relates in a tangible way to a recent statement on racism, discrimination and abuse of power published by the leadership of *Neuropsychopharmacology* [7]. This commentary made claim to several admirable strategies to oppose injustice including “ensuring fairness in all journal processes” and “promoting...inclusion...in all aspects of journal function”. In the spirit of the expression that journal leadership is open to “any and all ideas to improve [your] processes”, I would suggest you take a long hard look at the topics [4] and “methodologies” (as mentioned by the NIH Director Francis Collins, M.D [8]) you find appropriate for publication in *Neuropsychopharmacology*. One takeaway message from Hoppe et al. (2019) is a recognition of the inherent circularity of what is considered the “best” science, i.e., that science which is of interest to those in power. I am sure, after 2020, I do not have to further dissect how this is a root cause of systemic racism in academic science. Numerous psychiatric disorders of interest to the membership of the ACNP differentially affect communities of color, as reviewed recently by Harnett [9] in this journal. Disproportionate rejection of manuscripts on topics that are of interest to communities of color, or to scientists of color, falls afoul of many of the “Tangible examples of NPP’s ongoing efforts” you have described [7]. This is, of course, information that is only available to journal staff. It would be a useful starting point for NPP leadership to consider using the “word2vec” analysis used by Hoppe et al. on their accepted and rejected manuscripts. It would also be useful to review the many topics described by Harnett [9] to determine acceptance success for such issues at NPP.

In closing, I suggest that one very clear action item for the ACNP, if it is serious about DEI and membership, is to use its considerable clout to demand the NIH take decisive action to

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redress the funding bias against Black Pls. Discussion of the numerous specific actions that could be taken is beyond the scope of this Correspondence but this includes, most pertinently, direct discussion with NIH Program representatives who attend, or are members of, ACNP. Additional suggestions can be found in a preprint Op/Ed that is directed more broadly at these issues [10]. This applies to the College as a whole, to the leadership of *Neuropsychopharmacology* and to each of the members of ACNP. Anti-racism statements from the College have some value and should continue, but they are only minimally effective in the absence of anti-racism actions.

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