

Request for Proposals for a Health Equity Fellowship

EMD Serono's 2025 "I'M IN" Neurodisparity Fellowship

Advancing Health Equity: Reducing Disparities in Neurologic Care
for Patients with Multiple Sclerosis

- Deadline for submitting a Proposal is midnight (EST) **September 30, 2024**
- Proposals must be submitted at www.grants.emdserono.com



Synopsis:

A first-of-its-kind initiative, the **EMD Serono I'M IN Neurodisparity Fellowship Initiative** was launched in 2022 to help identify strategies to address the barriers leading to inequality of Multiple Sclerosis (MS) care that exist in institutions and within society at large. Since its launch, the MS community's response has been overwhelming!

Over the past 3 years, EMD Serono has awarded funding for Neurodisparity Fellowships to 7 institutions to support 12 fellows. Some of the Neurodisparity research projects funded include:

- **Medstar Georgetown University Hospital** to address healthcare disparities in metro Washington DC area – Two fellows worked to evaluate factors limiting access to MS specialists by Hispanic/Latinx patients and implement strategies extending MS care to underserved Hispanic/Latinx patients. They established a first-of-its-kind mobile Neurology Clinic extending MS care to the Hispanic/Latinx community. Research has also been presented evaluating the concordance of self-reported race and ethnicity information compared to that in their hospital's EMR to better understand the incidence and prevalence of the disease. Strategies for improving self-reporting were recommended, which in turn can assist with outreach to the Hispanic/Latinx community at large and patients with MS within that community.
- **The Division of MS and Related Disorders, Center for Neuroinflammation and Experimental Therapeutics, Perelman School of Medicine, University of Pennsylvania** to address healthcare disparities in the Philadelphia area – Two Fellows were trained on how to recognize and address disparities limiting clinical trial participation by underserved MS populations. They are acting as neurodisparity stewards by teaching students and faculty strategies addressing disparities and are participating in Penn Medicine's "Bridging the Gaps Program" connecting providers to community grassroots approaches to healthcare. Research presented at the 2024 CMSC examined the disparities in care and resources which existed between patients with MS followed in resident clinics and those

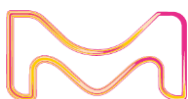


followed by sub-specialty providers. Strategies for addressing the disparities were recommended.

- **The State University of New York – Buffalo** to address healthcare disparities in the greater Buffalo area and MS research – Their fellow has identified barriers to the enrollment of African American and Hispanic patients in MS research and developed solutions including targeting educational programs to overcome barriers. He also served as principal clinician for the Jacobs MS Center’s funded MS Health Equity program.
- **University of Florida** to address healthcare disparities in the Florida area – Their fellows presented an abstract at the 2024 CMSC examining the impact of race, ethnicity, geographic location, education, and utilization of outside specialty pharmacies and infusion centers on DMT start-up time in the MS population treated at the MS center.
- **Rush University Medical Center** to address disparities in the Chicago area – This fellowship work will use a mixed method approach combining qualitative and quantitative data to explore the social determinants of health and create effective interventions for patients with MS. Specifically, the work will be community based and will identify the poverty-related barriers to medication adherence in patients who are uninsured, on Medicare, and/or privately insured.
- **The University of Texas at Austin** to address healthcare disparities in Texas – This fellowship work will leverage the Texas MS Consortium to better understand the complex problems of barriers to MS care in Texas populations living below poverty and without insurance, and develop initiatives to improve access to care in underserved Texas communities.

Given the success and impact of these Fellowships, EMD Serono is once again seeking proposals from eligible organizations (see below) interested in establishing fellowship programs at their institutions that are ***dedicated to reducing disparities in neurologic care for MS patients***, thereby advancing health equity.

Note: EMD Serono is *not* seeking to establish a fellowship training program within our company, nor are we seeking applications from residents or fellows looking for fellowship opportunities. Instead, EMD Serono aims to provide funding to a qualified third-party (academic medical center, medical society, etc.) that will, in turn,



establish a health equity fellowship at its own institution to address neurodisparity for up to two fellows.

1. Our Commitment

At EMD Serono, we are deeply committed to increasing healthcare knowledge and advancing patient care. Our corporate vision is to transform lives by developing and delivering meaningful therapies for difficult-to-treat diseases, especially in the area of MS.

Closely aligned with that vision is our commitment to corporate responsibility, which includes addressing health equity in our communities, medical schools, research labs, medical practices, clinical trials, and classrooms. Our financial giving reflects this vision and commitment.

We prioritize our financial support for activities that increase healthcare knowledge and advance patient care, while also advancing health equity in the practice of medicine, the treatment of patients, and the training of healthcare providers (HCPs).

2. Purpose and Scope of this Request for Fellowship Proposals

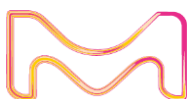
The *EMD Serono Office of Grants and Giving* is seeking fellowship proposals for consideration that address the following needs:

Advancing Health Equity: Reducing Disparities in Neurologic Care for Patients with MS

a. Background Information

Disparities in healthcare reflect larger social justice issues we face in America today. Implicit bias permeates virtually every facet of our modern life and healthcare is no exception. Although HCPs take an oath to safeguard the health and well-being of all patients, implicit bias shapes their attitudes and behaviors towards patients, especially those who may be of a different race/ethnicity, gender, sexual orientation, socioeconomic status, or disability status. Implicit bias in physician decision-making significantly contributes to perpetuating health care disparities. However, implicit bias can be addressed successfully, and its impact mitigated in meaningful ways.

In 2017, the American Academy of Neurology (AAN) Diversity Leadership Group (the Task Force) published groundbreaking report with recommendations to the AAN aimed



at reducing disparities in neurologic care (often called neurodisparity).¹ Their report, entitled “*Reducing Neurodisparity: Recommendations of the 2017 AAN Diversity Leadership Program*,” noted that advances in neurologic care have not benefitted all patients equally.

“A growing body of evidence indicates that barriers to care often fall along racial and ethnic lines, with persons of color frequently having lower rates of evaluation, diagnosis, and intervention, and consequently experiencing worse neurologic outcomes than their white counterparts.”²

The Task Force noted that other classes, characteristics, and categories of patients – such as women, elders, members of LGBTQ+ communities, Native Americans, prisoners and some religious minorities – also experience neurodisparity.

The Task Force pointed out that neurodisparity “spans the entire breadth and scope of neurologic practice and clinical research” and affects the “entire timeline of care delivery for patients, from acute interventions to subsequent rehabilitation care.”³ In their report, they proposed various practical steps for AAN to take “to position itself to be a leading voice in alleviating neurodisparity,”⁴ with the goal being “to start to put into place strategies that ensure that all patients with neurologic diseases receive the highest-quality patient-centered care,”⁵ free of racially-centered or other types of implicit bias.

Importantly, the “authors propose[d] strategies in 3 areas (provider/systemic bias, health literacy, and promotion of neurodisparity research and education) that can be implemented to achieve a solution.”⁶

The report concludes with the hope that its recommendations “spur the development of more concrete plans” and “serve as a catalyst for further concerted, sustained and far-reaching efforts to combat neurodisparity.”⁷

¹ Marulanda-Londoño ET, Bell MW, Hope OA, Leacock RO, O'Carroll CB, Posas J 3rd, Stover NP, Young R, Hamilton R. Reducing neurodisparity: Recommendations of the 2017 AAN Diversity Leadership Program. *Neurology*. 2019 Feb 5;92(6):274-280. doi: 10.1212/WNL.0000000000006874. Epub 2019 Jan 18. PMID: 30659140.

² *Id.* at 275.

³ *Id.*

⁴ *Id.*

⁵ *Id.* at 276.

⁶ Moawad, Heidi, and Charles Flippen. “Reducing Disparity in Neurologic Care.” *Neurology*, vol. 92, no. 6, 2019, pp. 257–258., <https://doi.org/10.1212/wnl.0000000000006901>.

⁷ Marulanda-Londoño at 279.



b. EMD Serono's Initiatives to Enhance Health Equity in Healthcare

In connection with our "As One For Patients" and "I'M IN" initiatives, EMD Serono has firmly committed to improving diversity in its clinical trials and drug development process. In our mission to transform the lives of patients with difficult-to-treat diseases, we understand that our treatments need to meet the needs of a diverse patient population, which means we need to *include* a diverse patient population in our clinical trials and throughout the drug development lifecycle. We also recognize the importance of including diverse healthcare providers in those trials and encouraging the healthcare ecosystem to support those providers. We are committed to continuously challenging the status quo and strive to be at the forefront of enhancing the diversity of our clinical trial populations by including certain historically underrepresented groups. Enhancing diversity in the patient population of our clinical trials, as well as the investigators conducting our research, are important and meaningful steps towards reducing disparities in healthcare.

As another step in our commitment to reduce disparities in healthcare, EMD Serono is answering the call of AAN to elevate the emphasis on neurodisparity and develop "concrete plans" for promoting research and education in neurodisparity. To this end, EMD Serono seeks to make fellowship funding available to support institutions in their pursuit of "grooming the next generation of leaders in neurodisparity" to ensure a more equitable future for MS patients.

Reflecting on the Task Force's recommendations and proposed strategies, EMD Serono seeks to develop neurodisparity-focused leaders by helping to create opportunities through fellowship funding to implement one or more of the proposed strategies.

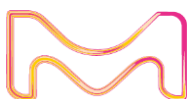
c. Scope of Request for Fellowship Proposals

EMD Serono is seeking proposals from eligible organizations (see below) interested in establishing a unique, first-of-its-kind fellowship program that is ***dedicated to reducing disparities in neurologic care for MS patients***, thereby advancing Health Equity in healthcare.

- **Therapeutic Area:** Neurology
- **Disease State:** Multiple Sclerosis
- **Eligible Organizations:** Per EMD Serono's fellowship policy, only the following types of organizations may submit a fellowship Proposal in response to this RFP:



1. **Medical societies** (e.g., AAN, ACNS, etc.)
 2. **Academic medical centers and clinical centers**
 3. **Universities**
 4. **Other Scientific Organizations**
 5. **NIH** – The US National Institutes of Health and similar federal or state agencies
- **Ineligible Organizations and People:** Proposals will not be accepted from individual HCPs, fellows, residents, physician group practices, physician owned clinics, managed care organizations, or pharmacy benefit managers.
 - **Nature of the Fellowship:**
 - We are open to consider creative fellowship proposals that are thoughtfully designed and ***dedicated to reducing disparities in neurologic care for MS patients*** in meaningful, concrete ways.
 - We are interested in expanding the impact of our fellowship initiative by ***expanding the geographic scope*** of our fellowship funding. We have previously awarded funding to institutions in Washington D.C., Pennsylvania, New York, Florida, Texas, and Illinois. Geographic reach is important to create a national “ripple effect” (see below).
 - We are interested in supporting fellowship proposals at institutions committed to increase the number of Black, Indigenous, Latinx, and People of Color physicians that they train in order to ***change the face of medicine in MS care*** to better reflect and serve our diverse nation, and will train tomorrow’s diverse health care leaders to have the knowledge, skills, cultural competency, and commitment to achieve health equity.
 - While we do not wish to be prescriptive, the fellowship program should be designed to go beyond the purely descriptive task of identifying the problem of neurodisparity (which has been described by the AAN’s report discussed above). It should focus on ***potential action items and strategies***, such as those discussed in the AAN report and other resources cited therein, such as the Department of Veterans Affairs’ Center for Health Equity Research and Promotion, which aims to evaluate interventions that alleviate health disparities.

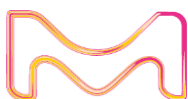


- As a reminder, the Task Force proposed strategies in 3 specific areas:
 1. provider/systemic bias
 2. health literacy, and
 3. promotion of neurodisparity research and education

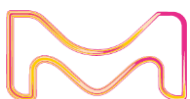
Preference will be given to proposals which seek to **implement** one or more of these strategies to achieve a solution to neurodisparity.

- Please include ideas about how to **maximize the impact** of the work of the fellows participating in the program. In other words, we are not looking for a fellowship program to educate or impact one or two fellows; we seek to support a program that strives to **create a ripple effect** that has a much greater impact on the institution where the fellow is being trained and, importantly, which can be replicated by other institutions and practices in the country. Publications, presentations, and enduring materials may enhance the ripple effect. “Just as ripples spread out when a single pebble is dropped into water, the actions of individuals can have far-reaching effects.”⁸ Shoot high for far-reaching effects.
 - Also, please consider **how to measure the success** and outcomes of the fellowship.
- **Amplifying Your Fellow’s Work**
 - We want to create a ripple effect in the MS community by having other institutions around the country learn about your Fellow’s excellent work and potentially replicate it at their own institutions. The first step towards that goal involves raising awareness of your Fellow and their neurodisparity work.
 - Historically, we have presented the fellowship awards at an “I’M IN” event at congresses, like CMSC and ACTRIMS. We have also issued press releases, posted on social media, and highlighted the Fellows’ research work on panels at our Medical booths at congresses. We have provided Fellows with speaking opportunities at national and international events where their research work was highlighted, and they have had the opportunity

⁸ Dalai Lama



- to explain to national and international KOLs how to replicate their neurodisparity work at their own institutions.
- We are planning similar amplification efforts for this year, with the goal of encouraging even more replication by institutions across the country.
 - When deciding whether to respond to this RFP, please consider if your institution is comfortable with these types of amplification efforts.
- **Budget:** Proposals should not exceed \$150,000 USD. This amount may be dedicated to one fellow or split between two fellows. Preference will be given to proposals which fund more than one fellow.
 - Fellowships funds may be used to pay salaries of Fellows and HCPs directly involved in the fellowship (e.g., delivering unconscious bias training with the fellow to other HCPs) for their work directly within the scope of their fellowship and other direct expenses (such as institutional overhead, etc.).
 - If the fellowship includes any clinical work involving both billable services and research or teaching, EMD Serono's funding shall be made conditional on funding only the activities devoted to non-billable teaching or research. Fellowships funds shall not be used to pay for salary or any portion of a position that bills for services.
 - When Fellows present the outcomes from their fellowships at scientific or educational conferences, fellowship funds may be used to cover the costs of travel, lodging, and registration at the conferences or professional meetings.
 - Furthermore, consistent with the PhRMA Code, fellowship funds may be used to cover the costs of travel, lodging and registration for Fellows to attend major educational, scientific, or policymaking meetings of national, regional or specialty medical associations that directly relate to their work on the fellowship.
 - **Selection of Fellows – Independence**
 - Fellows must be selected independently by the institution submitting a Proposal to establish its fellowship program, or if designated by that



institution, the institution at which the fellows will be trained or by another independent selection organization.

- EMD Serono shall not be involved in the review of fellowship applications or the selection of fellows.
 - If your institution’s fellowship selection process has already closed (i.e., you have already selected one or more fellows for the particular Fellowship program for which you are requesting funding), then you may disclose in your Proposal the Fellows’ names, CVs, biographies, and their specific research or activities to be undertaken. This may provide important factual information to inform EMD Serono’s evaluation of the nature, scope, and quality of the fellowship work to be undertaken by the institution, as well as the qualifications of the institution’s personnel performing such work.
 - If your institution’s fellowship selection process has not already closed and Fellows have not yet been selected, please do not disclose in your Proposal the Fellows’ names, CVs, or biographies. The proposed research to be undertaken may be disclosed, as it provides important factual information to inform EMD Serono’s evaluation of the nature and scope of the Proposal.
- EMD Serono may be involved in an awards ceremony at which the fellowships are announced.
- If NIH or another similar federal or state agency is the organization submitting a Proposal, fellows must be intramural physicians at those agencies.

- **Reconciliation of Funding**

At the end of your fellowship program (typically in the summer of 2025), you will need to provide a reconciliation of funds, which certifies fellowship funds have been used for their intended purpose and no funds remain unused. The reconciliation is completed in EMD Serono’s *Request Management System*, and you will be sent a reminder when it is time to log in and complete your reconciliation.

- d. **How to Respond to this Request for Proposals**

Please see the **Fellowship Proposal Checklist** at end of this RFP for guidance on preparing your Proposal.



Proposals must be submitted through EMD Serono's *Request Management System* at www.grants.emdserono.com.

Important: In the "Program Title" field on your Proposal in the *Request Management System*, type in "**RFP: 2025 I'M IN EMD Serono Neurodisparity Fellowship.**" This must be the title of your Proposal to be considered for this fellowship funding.

e. Deadline for Submission of Proposals

The deadline for submitting a Proposal in response to this Request for Proposals is midnight (EST) on **Monday, September 30, 2024**.

f. Expected Date Decision

EMD Serono's Grant Review Committee expects to decide on all Proposals within three to four weeks of the submission deadline.

If you have any questions about this Request for Proposals, please contact Gretchen Terry-Leonard, US Medical Affairs, at Gretchen.terry-leonard@emdserono.com or (949) 375-2316.

If you have any questions about how to use the EMD Serono *Request Management System*, please contact: Claudia White, our Request Coordinator, at fundingrequests@emdserono.com or (212) 589-3507.

g. Other Terms, Conditions and Disclaimers

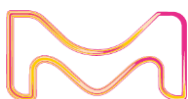
1. The purpose of this Request for Proposals is to make eligible organizations aware that EMD Serono is interested in receiving proposals for a fellowship program. It is not an offer to contract or a commitment to provide funding.
2. A decision on all proposals will be made by EMD Serono Grant Review Committee.
3. All organizations must bear their own costs associated with responding to this Request for Proposals and submitting a Proposal.
4. EMD Serono reserves the right to amend or terminate this Request for Proposals at any time and for any reason. EMD Serono reserves the right to not approve any of the Proposals.



5. EMD Serono reserves the right to verify all information provided by an organization in its Proposal.
6. If approved, the organization shall be required to disclose that financial support was received from EMD Serono in announcements, invitations, brochures, and other written communications related to the fellowship.
7. Approval shall be conditioned on the organization's consent to public disclosure on EMD Serono's website, if required by law. The website disclosure will include the organization's name, a brief description of the activity for which funding was provided, and the amount of funding. The website disclosure will be updated quarterly.

h. EMD Serono's Compliance Commitment

EMD Serono is committed to the independence of medical education for HCPs, including fellowships. When providing financial support, EMD Serono will not do so as a reward or in exchange for prescribing or purchasing EMD Serono products or to induce the prescription or purchase of EMD Serono products in the future. Funding recipients are not expected or obliged to prescribe, purchase, or recommend an EMD Serono product.



Fellowship Proposal Checklist ⁹

How to Use This Checklist

You will enter information about your Proposal in EMD Serono's *Request Management System* at www.grants.emdserono.com.

- See the PowerPoint slide deck called "**How to Submit Your Proposal Using EMD Serono's Request Management System**" for instructions on how to use this portal (included with RFP and available on the grants website).

You will need to prepare two documents to upload into the portal:

- **Letter of Request** – This should be on institutional letterhead and from the person responsible for your Fellowship Program. The letter may be brief – just a few sentences long, as detailed information about your Proposal will appear in the following document.
- **Detailed Information about Fellowship Program** – This Checklist explains how to prepare the "Detailed Information" document you must upload.

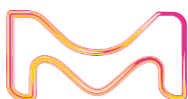
Both documents will be uploaded on the "**Documents Uploads**" tab in the portal. See PowerPoint slide deck, slide 23.

How you organize your "Detailed Information" document is up to you, however, please consider adding **bold headers**, an outlining or numbering system, or both, and use them consistently throughout.

Title Page of Document should include:

- Title of Proposal: "RFP: 2025 I'M IN EMD Serono Neurodisparity Fellowship"
- Name of Your Organization
- Name of Person submitting the Proposal, including department affiliation

⁹ This Fellowship Proposal Checklist was developed using NIH's "Write Your Research Plan" at <https://www.niaid.nih.gov/grants-contracts/write-research-plan#A7>.

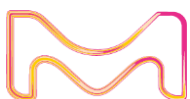


- Contact information for that person, including mailing address, direct dial phone number and email – this will be used to contact you for any follow-up information or clarifying questions that need to be answered to consider your Proposal.
- Total amount of funding requested
- Number of Fellows to be supported with funding
- Abstract** (one page maximum)
 - Scientific Abstract** (500 words) describing the Proposal, including the potential immediate impact of the Fellow’s work and potential ripple effect (see pp. 7-8 in RFP)
 - Lay-Person Abstract** (200 words) describing the project in general terms
- Narrative**

Use at least half the page to provide the rationale and significance of the Fellowship’s research or activities. A good way to start is with a sentence that states the Fellowship’s goals. For the rest of the narrative, describe the significance of the research or activities and give your rational for choosing that particular research or those activities.
- Specific Aims** of the research or activities in the Proposal (1 page maximum)

This should be a one-page statement of your objectives for the Proposal. Note the significance of your Proposal and then list 2 to 3 concrete objectives which are your aims. Enter your aims as bold bullets points. State your plans using strong verbs like *identify*, *define*, *quantify*, *establish*, *determine*. Describe each aim in one to three sentences. Consider adding bullets under each aim to refine your objectives.
- Fellowship Strategy** (4 pages maximum)

This is the nuts and bolts of your Proposal and describes the rational for the Fellowship and the work the Fellows will do to achieve each aim. These main sections should be used:



1. **Significance** – We want to understand how your Fellow’s work will move forward the health equity goals set out in your Proposal. Make a case for the importance of your Fellow’s research/activities and how that work will address barriers leading to inequality of MS care that exist in institutions and within society at large.
2. **Approach** – The Proposal should be designed to go beyond the purely descriptive task of identifying the problem of neurodisparity (which has been described by the AAN’s Task Force report). It should focus on **potential action items and strategies**, such as those discussed in the AAN report and other resources cited therein, such as the Department of Veterans Affairs’ Center for Health Equity Research and Promotion, which aims to test interventions that alleviate health disparities. Identify which of the Task Force’s 3 specific areas for proposed strategies your Fellowship program will address: (1) provider/systemic bias, (2) health literacy, and (3) promotion of neurodisparity research and education. Preference will be given to proposals which seek to implement one or more of these strategies to achieve a solution to neurodisparity.
3. **Ripple Effect** - Please include ideas about how to **maximize the impact** of the work of the fellows participating in the program. In other words, we are not looking for a fellowship program to educate or impact one or two fellows; we seek to support a program that strives to **create a ripple effect** that has a much greater impact on the institution where the fellow is being trained and, importantly, which can be replicated by other institutions and practices in the country. **Publications, presentations at your institution and conferences, and enduring materials** may enhance the ripple effect. “Just as ripples spread out when a single pebble is dropped into water, the actions of individuals can have far-reaching effects.”¹⁰ Shoot high for far-reaching effects. We expect Fellows to strive to present the outcomes from their fellowships at scientific or educational conferences.

¹⁰ Dalai Lama



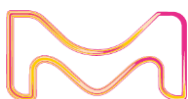
4. **Timeline for Fellowship start up, implementation and completion** – We want to determine if the Fellow will be able to get the work done within the project timeline or if the proposed work is over ambitious. The Fellowship work should finish by **July 1, 2026**.

Biosketch

- Applicant’s Biosketch** – The applicant (i.e., the person submitting this Proposal or overseeing the Fellowship) should include a biosketch which includes a description of the applicant’s role in the proposed Fellowship project and should not exceed 5 pages.
- Fellow’s Biosketch** – If your organization’s fellowship selection process has already closed (i.e., you have already selected one or more fellows for your Fellowship program), then you may include a biosketch of him, her, or them. However, if you have not already selected your fellow(s), then please do not include a biosketch of him, her, or them.

Budget – maximum of \$150,000

- A detailed budget and budget justification for the Fellowship.
- Direct expenses - Fellowships funds may be used to pay salaries of Fellows and HCPs directly involved in the fellowship (e.g., delivering unconscious bias training with the fellow to other HCPs) for their work directly within the scope of their fellowship and other direct expenses (such as institutional overhead, etc.).
For compliance reasons, if the fellowship includes any clinical work involving both billable services and research or teaching, funds may not be used to pay for salary or any portion of a position that bills for services.
- Funds may be used to cover the costs of travel, lodging, and registration at the conferences or professional meetings where Fellows present the outcomes from their fellowship work.



- Funds may be used to cover the costs of travel, lodging and registration for Fellows to attend major educational, scientific, or policymaking meetings of national, regional or specialty medical associations that directly relate to their work on the fellowship.
- Formatting**
 - Documents may be typed in any font in 11 or 12-point with 1 inch margins and page numbers.
 - The entire “Details About the Fellowship” document must be submitted as ONE PDF FILE which is uploaded** on the “**Documents Uploads**” tab of EMD Serono’s *Request Management System* at www.grants.emdserono.com. Please do not create separate documents for your aims, budget, biosketches, etc.

Deadline for submission: Monday, September 30, 2024, midnight (EST)

