

The Covid-19 pandemic has rendered U.S. racial, ethnic, and social health inequalities too stark to ignore. In the face of continuing disparities in health risk and staggering inequalities in Covid-19

morbidity and mortality, the scientific workforce must confront the structural racism that has shaped not only the pandemic but also centuries of disparate health outcomes. The health crisis and its sociopolitical context have underscored how ill prepared our health care and public health systems are to mitigate inequalities. We believe that if the clinical and translational research enterprise is to help resolve current and future health crises and ensure that all people in the United States, including members of historically disenfranchised communities, have

Goals and Strategies for Achieving Diversity, Equity, and Inclusion in Clinical and Translational Research.

**Goals**

- Transform the ranks of institutional research leadership, faculty, trainees, and staff to reflect the demographic diversity of the communities their organizations serve
- Fund health equity and community-oriented research at parity with biomedical research
- Build community capacity for research and improve public understanding and trust in science by means of shared investments in research
- Ensure that enrollment for all clinical trials reflects the demographic diversity of people with the health conditions under study

**Selected Recommended Strategies from the Clinical and Translational Science Awards National Consortium\***

*Leadership*

- Develop transparent institutional policies, qualifications, and application and selection processes for leadership roles
- Recognize the value of equity work and mentoring trainees in these areas in promotions and recognition processes
- Cultivate and “create space” for diverse leaders and identify diverse leaders in thoughtful succession planning

*Training*

- Prioritize developing diverse trainee groups at all stages of training
- Develop partnerships and new programs (industry-academic; precollegiate, collegiate, and graduate) to enhance training opportunities and move opportunities upstream to cultivate early careers
- Recognize and reward mentors who support trainees from groups that are underrepresented in medicine
- Develop a culture that values and supports trainees holistically, acknowledging diversity in lived experiences (including race, gender identity, and rural vs. urban background)

*Research*

- Increase funding for innovative health equity and community-engaged research
- Ensure that a diversity of lived experiences is reflected in funding priorities and on research teams
- Require training in the principles and methods of community engagement for all who conduct research with community members and organizations
- Provide interested community members with opportunities for training in research
- Fund studies that build community health; share funds for research with community stakeholders by hiring diverse community members and through formal agreements (e.g., contracts)

*Clinical Trials*

- Partner with trusted community organizations in designing data collection and engagement procedures for trials
- Integrate the perspectives of people from marginalized groups in trial design and planning
- Hire research staff from the communities in which research is to be conducted
- Train research teams in cultural humility and effective communication
- Support asset-based (i.e., building on existing community strengths), community-led approaches to trial recruitment
- Embed researchers with expertise in minority health and health disparities in clinical trial teams

\* The strategies were developed at the 2020 meeting of the Clinical and Translational Science Awards national consortium.

These inequities, especially in the primary care and specialty care settings, are a major barrier to achieving the goals of the clinical and translational research enterprise.

Major goals, including the national consortium of the Clinical and Translational Science Awards (CTSAs) (funded by the NIH National Center for Advancing Translational Sciences), have been stressing this imperative. In a survey conducted at a 2020 meeting of C TSA consortium leaders, 94% of 231 respondents said that the belief in DEI in clinical and translational science is important, and 86% said that they were committed to making changes in C TSA processes to improve DEI. During the meeting, panel and breakout sessions identified DEI goals and strategies for clinical and translational research (see below).

These commitments and others by organizations in clinical and translational science are a good starting point, but will not be sufficient

unless we believe that a general, sustained, and significant change, bold and visionary goals must be set. Research institutions must move beyond incremental improvements and take action to align our demographics, the workforce, the communities we serve. In many places, especially academic centers, we will mean aggressive recruitment and promoting diverse researchers. Robust funding will be needed for new training programs, including those establishing early pathways (e.g., from pre-high school, high school, collegiate, and predoctoral programs), science careers for members of groups underrepresented in medicine.

Mentors who invest time and effort in supporting scholars should be recognized and rewarded. Institutions should place as much emphasis on improving the health and health equity of

diverse communities as the place on advancing fundamental biological discoveries. Such a realignment requires generalizing equitable standards for recognition and promoting faculty and staff who conduct health equity-oriented or community-engaged research, mentoring trainees in these areas, and emphasizing fundraising and endowments to support health equity research. Institutions can attract scholars for appointment to influential research leadership positions and create space for diverse leaders through leadership succession planning.

The U.S. government, for its part, should increase its funding for health equity-related and community-engaged research, especially in underserved areas, and more funds provided to multiple relevant federal agencies (including the NIH, the FDA,

and the Centers for Disease Control and Prevention) to accomplish his mission. These changes could be accompanied by enhanced federal investments in programs to engage diverse community stakeholders in research and to establish and strengthen research mechanisms that have sustained health inequities.

When research institutions receive federal funding, they should share these public investments with local communities to build capacity and demonstrate responsibility. Such sharing can be done in transparent ways for instance, by entering into contracts with community-based organizations and other partners. Furthermore, all clinical trials should be de-